

Child and Family Services Reviews Program Improvement Plan

Indiana

October 29th, 2024

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Program Improvement Plan

Section I: General Information

*State Information

State/Territory: Indiana

Date Submitted: March 29, 2024

Date Resubmitted: May 31, 2024; July 25th, 2024; August 15, 2024; October 29, 2024; resubmitted again on October 29, 2024

Date Approved: November 22, 2024

PIP Effective Date: January 1, 2025

End of PIP Implementation Period: December 31, 2026

End of Post-PIP Evaluation Period: June 30, 2028

Reporting Schedule and Format: Quarterly progress reports completed and submitted 30 days after the end of the reporting period. Indiana will utilize the tables in each section of the Performance Improvement Plan document outlining goals, strategies, and key activities.

Following the results of the stakeholder interviews, Indiana sought technical assistance from the Child Welfare Group (CWG) to support the initial phase of Program Improvement Plan development workgroups and strategy development. Workgroups were formed around safety, permanency, well-being, training, and foster parent recruitment and retention in preparation for the CFSR Final Report. These workgroups consisted of various stakeholders including the Department of Child Services (DCS), Indiana Office of Court Services (IOCS), probation staff, judicial officers, CASA/GALs, providers, clinicians, and individuals with lived experience. The groups met 1-3 times per month and held additional sub-group meetings leading up to the Final Report.

Indiana sought additional technical assistance from the Capacity Building Center for States (herein referred to as the Center) to support the planning for and dissemination of the Final Report, review of the final report feedback for cross-cutting themes, as well as support for problem exploration, data analysis, and root cause analysis conducted by the workgroups.

Indiana organized the areas needing improvement under the domains of Workforce Development, Foster Parent Recruitment and Retention, Cross Collaboration with Courts, and Service Array and Resource Development. New workgroups were formed around the cross-cutting themes and were assigned specific problem statements and areas needing improvement based on feedback in the Final Report:

- **Workforce Development** – The Final Report indicated Indiana's performance on the Statewide Data Indicators related to safety were statistically worse than national performance. Additionally, Indiana needs to improve in initiating and making face-to-face contact with children in accepted child maltreatment reports within the timeframes established by agency policy, as well as improving the thoroughness of risk/safety and needs assessments. Indiana was encouraged to look closely at safety-related practices in in-home cases as they performed lower than out-of-home cases. Problem exploration and root cause analyses performed by phase I and phase II workgroups identified that the quality and effectiveness of ongoing training, mentoring, and coaching of front-line case management and probation staff, especially those in supervisory roles, directly impact safety

outcomes, data integrity, worker capacity, and family engagement.

- **Service Array and Resource Development** – Indiana was not in substantial conformity with the Service Array systemic factor. There were promising practices noted in this area, such as Indiana's Family Preservation Services and a tool available to case managers and probation staff that allows them to see Family Preservation provider availability and offerings called the Service Hub. Workgroup problem exploration and root cause analyses showed that Indiana generally has service availability in all areas of the state but lacks a clear record for demand that exceeds the supply of services or when there is a gap in the ability to provide for a more specialized service with low demand. Additionally, the state is experiencing capacity issues related to the national shortage of mental health providers/therapists. Problem exploration revealed that the availability and customization of services depend on accurately assessing family needs, involving them in developing plans, making timely referrals, and clarifying roles with system partners for optimal service recommendations.
- **Foster Parent Recruitment and Retention** – Indiana was not in substantial conformity with the Foster Parent Recruitment and Retention systemic factor. Indiana's performance on the statewide data indicator on placement stability is better than national performance. Case reviews support that Indiana has strong performance on items pertaining to placement stability and placement with siblings. The Final Report and workgroup analyses highlighted opportunities related to placement stability for youth with more complex needs (e.g., behavioral health/mental health diagnoses, medically diagnosed conditions, physical disabilities, visual/hearing impairments, emotional disturbance, sexually maladaptive behavior, juvenile delinquency involvement, history of congregate care settings) or who are part of the LGBTQIA+ community. Additionally, children aged 11–16 and Black children consistently experienced higher rates of placement moves. Indiana continues to experience a decline in the number of active licensed homes. The goals and strategies around this domain are built around the effectiveness of diligent recruitment and retention plans, the informal and formal support given to resource parents, and identifying the best-matched placement for a child at the onset of removal to improve the stability of placements and ensure children maintain connections to their communities, family, and kin whenever possible.
- **Cross Collaboration with Courts** – Indiana performed better or no different than national performance on all five permanency indicators over the past six reporting periods. Despite the strong performance on these data indicators, performance on items pertaining to timely achievement of permanency were mixed in the onsite review. Some cases reviewed experienced delays in case progression and timely permanency related to court processes and internal agency practices. The Final Report emphasized a need for the agency and the legal and judicial systems to clearly identify practices that support and impede the achievement of timely and appropriate permanency for children and families and address the ability to monitor and ensure the timeliness of periodic reviews, permanency hearings, and TPR hearings. Workgroups exploring these problems identified a need for more transparent information sharing, enhanced data visualizations, incorporation of continuous quality improvement mechanisms, and improved local relationships between the agency and legal/judicial partners to support shared decision-making.

Stakeholders Involved in PIP Development

Name	Role	Agency
Rhonda Allen	Deputy Director of Field Operations	Department of Child Services
Allison Bannister	Assistant Deputy Director of Field Operations	Department of Child Services
Nikki Ford	Division Director Information Technology	Department of Child Services
Barb Bowling	Assistant Deputy Director of Field Operations	Department of Child Services
Gil Smith	Assistant Deputy Director of Field Operations	Department of Child Services
Nathan Johnson	Assistant Deputy Director of Field Operations - Child Abuse and Neglect Hotline	Department of Child Services
Angela Smith Grossman	Assistant Deputy Director of Field Operations - Kinship, Foster and Adoption Support and Older Youth Case Management	Department of Child Services
Waylon James	Assistant Deputy Director of Juvenile Justice Initiatives and Support	Department of Child Services
Andrea Lamontagne	Assistant General Counsel of Legal Operations	Department of Child Services
Rebecca Roy	Clinical Consultant	Department of Child Services
Ellissa Willis	Collaborative Care Family Case Manager	Department of Child Services
Jessica Killion-Arvin	Collaborative Care Family Case Manager	Department of Child Services
Tanya Fry	Collaborative Care Local Office Director	Department of Child Services
Jennifer O'Malley	Communications Director	Department of Child Services
Abbey Venable	External Communications Coordinator	Department of Child Services
Tracy Hopkins	CQI Director	Department of Child Services
David Reed	Deputy Director of Child Welfare Services	Department of Child Services
Harmony Gist	Deputy Director of Strategic Solutions & Agency Transformation	Department of Child Services
Donald Travis	Deputy Director of Juvenile Justice Initiatives & Support	Department of Child Services
Kerri Dabbs	Deputy Director of Staff Development	Department of Child Services
Austin Hollabaugh	Division Director of Child Welfare Services	Department of Child Services
Haley Inman	Division Director of Strategic Solutions & Agency Transformation	Department of Child Services
Sonya Rush	Division Director of Strategic Solutions & Agency Transformation	Department of Child Services
Jodi Straus	Adoption Consultant	Department of Child Services
Autumn Rhoads	Education Consultant	Department of Child Services
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Chelsea Hemmerlein	Family Case Manager	Department of Child Services
Leah Fenner	Family Case Manager	Department of Child Services
Lindsey Eads	Family Case Manager	Department of Child Services
Mason Hutcheson	Family Case Manager	Department of Child Services
Paula Wilson	Family Case Manager	Department of Child Services

Caryn Timmons	Family Case Manager Supervisor	Department of Child Services
Hilary Bemis	Family Case Manager Supervisor	Department of Child Services
Morgan Enterline	Family Case Manager Supervisor	Department of Child Services
Rachel Gershin	Family Case Manager Supervisor	Department of Child Services
Tammie Thompson	Family Case Manager Supervisor	Department of Child Services
Allison Lovins	Family Case Manager Supervisor, Foster/Adoptive Parent	Department of Child Services
Gretchen Grier	Foster Care and Kinship Care Director, Central Region, Southeast Region & Southwest Region	Department of Child Services
Karen Hayden-Sturgis	Foster Care and Kinship Care Director, Northeast Region & Northwest Region	Department of Child Services
Rebecca Downing	Foster Care Specialist	Department of Child Services
Stephany Branson	Kinship Navigator/Foster Care Specialist	Department of Child Services
Amelia Champer	Foster Care Supervisor	Department of Child Services
Jessica Rice	Foster Care Supervisor	Department of Child Services
LaKesha Thomas	Foster Parent Communication & Support Liaison	Department of Child Services
Corajean Medina	IT Business Systems Consultant Manager	Department of Child Services
Amanda Bullock	IT Operations Analyst	Department of Child Services
Angela Receveur	IT Operations Analyst	Department of Child Services
Jesse Fisher	IT Operations Analyst	Department of Child Services
Matt Weiper	IT Operations Analyst	Department of Child Services
Todd Albin	IT Operations Analyst	Department of Child Services
Christina Leonard	Lean Improvement Facilitator	Department of Child Services
Jason Shampo	Lean Improvement Facilitator	Department of Child Services
Joey Hamby	Lean Improvement Facilitator	Department of Child Services
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Kaylee Crites	Legal Operations Deputy General Counsel	Department of Child Services
Debbie Burke	Legal Operations Assistant General Counsel	Department of Child Services
Kim Spindler	Legal Operations Assistant General Counsel	Department of Child Services
Shari Vanderploeg	Legal Operations Assistant General Counsel	Department of Child Services
Amanda Egger	Local Office Director	Department of Child Services
Catina Anderson	Local Office Director	Department of Child Services
Denise Burton	Local Office Director	Department of Child Services
Melissa Hayden	Local Office Director	Department of Child Services

Tamara Perkey	Local Office Director	Department of Child Services
Teresa Zornig	Local Office Director	Department of Child Services
William Ammerman	Local Office Director	Department of Child Services
Anisa Evans	Older Youth Initiatives Program Director	Department of Child Services
Rachael Hudgins	Permanency Initiatives Director	Department of Child Services
Laura Drake	Policy Director	Department of Child Services
Lyndsay Flores	Practice Model Consultant	Department of Child Services
Nakia Bouchard	Practice Model Supervisor	Department of Child Services
Ashley Starling	Probation Services Consultant	Department of Child Services
Janet Bohner	Probation Services Consultant	Department of Child Services
Jessie Stevens	Probation Services Consultant	Department of Child Services
Ryan Treesh	Probation Services Consultant	Department of Child Services
Shannon Hickey	Probation Services Consultant	Department of Child Services
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Debi Beddow	Quality Assurance Analyst	Department of Child Services
Dennis Martin	Quality Assurance Analyst	Department of Child Services
Kristina Donahue	Quality Assurance Analyst	Department of Child Services
Linda Gray	Quality Assurance Analyst	Department of Child Services
Lindsay Castro	Quality Assurance Analyst	Department of Child Services
Regina Drummond	Quality Assurance Analyst	Department of Child Services
Taysia George	Quality Assurance Analyst	Department of Child Services
Angela Guimond	Regional Manager	Department of Child Services
Jaclyn Allemon	Regional Manager	Department of Child Services
Joanie Crum	Regional Manager	Department of Child Services
Kelly Broyles	Regional Manager	Department of Child Services
Kelly Owens	Regional Manager	Department of Child Services
Laura Fish	Regional Manager	Department of Child Services
Peggy Surbey	Regional Manager	Department of Child Services
Traci Eggleston	Regional Manager	Department of Child Services
Ashley Gutierrez	Regional Service Coordinator	Department of Child Services
Dion Smith	Regional Service Coordinator	Department of Child Services
Gwen Girten	Regional Service Coordinator	Department of Child Services
Jason Nelson	Regional Service Coordinator	Department of Child Services
Brian Goodwin	Research & Evaluation Analyst	Department of Child Services
Ciana Sorrentino	Research & Evaluation Analyst	Department of Child Services
Lori Stephens	Research & Evaluation Analyst	Department of Child Services
Morgan Leever	Research & Evaluation Analyst	Department of Child Services
Angela Shamblin	Research & Evaluation Director	Department of Child Services
Ashley Krumbach	Safe Systems Director and CIRT Liaison	Department of Child Services
Ashley Kaelin	Safe Systems Reviewer	Department of Child Services
Lyndsay Krauter	Safe Systems Reviewer	Department of Child Services
Amanda Bills	Staff Development Trainer	Department of Child Services

Carlye Gibson	Staff Development Trainer	Department of Child Services
Elizabeth Gaither	Staff Development Trainer	Department of Child Services
Kendra Asemota	Staff Development Trainer	Department of Child Services
Brandi Murphy	Staff Development Training Director	Department of Child Services
Arlene Jones-Joiner	Staff Development Training Supervisor	Department of Child Services
Melissa Anderson	Staff Development Training Supervisor	Department of Child Services
LeVelle Harris	Strategic Equity Officer	Department of Child Services
Hon. Lori Morgan	Judge	Allen County Superior Court
Hon. Stephanie Campbell	Judge	Fountain Circuit Court
Hon. A. Christopher Lee	Judge	Fulton Circuit Court
Hon. Muriel Bright	Judge	Jennings Circuit Court
Mag. Jeff Miller	Magistrate	Lake Superior Court Juvenile Division
Hon Nancy Gettinger	Senior Judge	Indiana Office of Court Services
Mag. Jennifer J. Hubartt	Magistrate	Marion Superior Court, Juvenile Division
Mag. Pauline Beeson	Magistrate	Marion Superior Court
Hon. Sarah Mullican	Judge	Vigo Superior Court Division III/Vigo Circuit Court
Lindsey Pettitt	Court Improvement Program Administrator, CFSR Legal/Judicial Specialist	Indiana Office of Court Services
Colleen Saylor	Court Improvement Program Data Analyst	Indiana Office of Court Services
Vicki Davis	Deputy Director, Education Division	Indiana Office of Court Services
Chris Biehn	Deputy Director, Justice Services	Indiana Office of Court Services
Leslie Dunn	Deputy Director, Children & Families Division	Indiana Office of Court Services
Nancy Wever	Director, Indiana Juvenile Detention Alternatives Initiative	Indiana Office of Court Services
Chad Long	Program Coordinator	Indiana Office of Court Services
Jennifer Weaver	Program Coordinator	Indiana Office of Court Services
Mindy Pickett	Staff Attorney, Legal Support Division	Indiana Office of Court Services
Mary Kay Hudson	Executive Director	Indiana Office of Court Services
Megan Horton	Juvenile Justice Strategist	Indiana Office of Court Services
Angela Reid-Brown	Legal Judicial Specialist	Indiana Office of Court Services
Nick Ackerman	Youth Justice Strategist	Indiana Office of Court Services
Sadia Maqsood	Youth Justice Strategist	Indiana Office of Court Services
Rae Feller	GAL/CASA State Director	Indiana Office of Court Services
Jordan Morris	Assistant Chief Probation Officer	St. Joseph County Probate Court
Kevin Elkins	Chief Probation Officer	Lake County Probation
Susan Lightfoot	Chief Probation Officer	Henry County Probation
Greg Peters	Assistant Chief Probation Officer	Allen County Juvenile Probation
Clare Banet	Probation Officer	Clark County Probation Department
Natalie Williams	Probation Officer	Switzerland County Probation Department

Brian Cook	Probation Officer Supervisor	Vanderburgh Superior Court Juvenile Division
Rebecca Helm	Probation Officer Supervisor	Vanderburgh Superior Court Juvenile Division
Stephanie Eddy	Probation Officer	Wells County Probation
Shane Rogers	Probation Officer	Marion County Probation
Brook Trice	Probation Officer	Huntington County Probation
Nancy Springer	CASA	Allen County Superior Court
Katie Hall	CASA	Crossroads CASA
Deena Hubler	CASA	Dubois County CASA
Teresa Lyles	CASA	Indiana Office of Court Services
Emily Angel-Shaw	CASA	Kids' Voice of Indiana
Joann Price	CASA	Lake County CASA
Kristin Bishay	CASA	Monroe County CASA
Jane Christopherson	CASA	Montgomery County Youth Service Bureau
Erin Rowland Jones	Executive CASA Director	CASA of Kosciusko County
Mike Deranek	Congregate Care Provider, Vice President of Programs	Bashor Children's Home
Jaime Price	Licensing Team Supervisor	Bethany Christian Services of Central Indiana
Elena De La Cruz	Family Preservation Service Provider	Bowen Center
Jessica Hynson	Director of County Operations	Cummins Behavioral Health
Bethany Goodwin	Service Provider	Director - Children's Bureau & Families First
Lynne Carter	Service Provider	Director, Centerstone
Amy Hammond	Service Provider	Families United, Inc.
Stacy McCaughn, LMHC	Director of Clinical Services / Therapist	Family Focus Inc.
Emily Robinson	Family Preservation Service Provider	Oaklawn
Becky Southwick	Service Provider	Regional Manager - Raintree Consulting
Jeanean Jacobs	Out-of-Home Service Provider	The Family Ark
Mary Balle	Manager of Pediatric Behavioral Health	Riley Physicians
James Fry	Public Defender	Indiana Public Defender
Renee Ortega	Public Defender	Indiana Public Defender
Stephanie Kress	Public Defender	Indiana Public Defender
Nicole Slivensky	Deputy Public Defender	Lawrence County Public Defender Agency
Michael Moore	Assistant Executive Director	Indiana Public Defender Council
Julia Stevens	Public Defender	Indiana Public Defender Council
Chris Cook	IU Curriculum	Indiana University School of Social Work
Keah Cuautle	IU Curriculum	Indiana University School of Social Work

Nick Carpenter	IU Curriculum	Indiana University School of Social Work
Vicki Simpson	IU Curriculum	Indiana University School of Social Work
Lauren Little	IU Trainer	Indiana University School of Social Work
Mary Engle Burton	IU Training Director	Indiana University School of Social Work
Danielle Kelb	Foster Parent Advisor	Lived Experience
Dawn Arnold	Foster Parent Advisor	Lived Experience
Denise Goodman	Foster Parent Advisory	Lived Experience
Karen Woolfork	Foster Parent Advisor	Lived Experience
Lisa Roberts	Foster Parent Advisor	Lived Experience
Melissa Bachtel	Foster Parent Advisor	Lived Experience
Morgan Terry	Foster Parent Advisor	Lived Experience
Noelle Carr	Foster Parent Advisor	Lived Experience
Jarrold Hummer	Parent Advisor	Lived Experience
Lauren Virgen	Parent Advisor	Lived Experience
Mandy Hummer	Parent Advisor	Lived Experience
Nafeesah Davis	Parent Advisor	Lived Experience
Alayna Leonard	Young Adult Advisor	Lived Experience
Alik Schmidt	Young Adult Advisor	Lived Experience
Ashellmee Gann-Gatt	Young Adult Advisor	Lived Experience
DeOnyae-Dior Valentina	Young Adult Advisor	Lived Experience
Emma Blackwell	Young Adult Advisor	Lived Experience
Landon French	Young Adult Advisor	Lived Experience
Praise Ferguson	Young Adult Advisor	Lived Experience
Rosie Ferguson	Young Adult Advisor	Lived Experience
Freida Baker	Executive Director	Child Welfare Policy and Practice Group
Sue Steib	Senior Advisor	Child Welfare Policy and Practice Group
Margaret Bonham	Senior Advisor	Child Welfare Policy and Practice Group
Rachael Stinson	Consultant	Child Welfare Policy and Practice Group
Mason Hobbie	Consultant	Child Welfare Policy and Practice Group
Sophy Shore	Consultant	Child Welfare Policy and Practice Group

Description of Stakeholder Involvement in PIP Process

Indiana began early problem exploration and root causing following the stakeholder interviews and near the close of the onsite review. Workgroups were formed around the themes of Safety, Permanency, Wellbeing,

Training, Service Array, and Foster Parent Recruitment, Retention, and Preparation. Initial workgroup participants were identified by the agency's internal CFSR Steering Team. Group leads were identified as agency subject matter experts on the group's focus topic. Workgroups were then tasked with identifying additional group members based on whose perspectives were needed and missing. Group members were added as additional voices were needed. Additionally, participants who reached out to ask about the groups were invited to join if interested. Workgroup memberships included agency staff across various divisions/subject matters, executive leadership, legal/judicial partners including Indiana Office of Court Services representatives, judges, magistrates, and public defenders, CASA/GAL, probation staff, providers, clinicians, lived experts, and technical assistance providers. These initial workgroups met 1-3 times per month to review case review data, administrative data, and statewide data indicators and outline problem areas, contributing factors, and suggested root causes.

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

Indiana received the CFSR Final Report on January 2, 2024. The state held its Final Results and PIP Kickoff on January 8, 2024. On the morning of January 8, 2024, the Children's Bureau, Indiana, and other key partners met in person for the presentation of Indiana's Round 4 CFSR Final Results. This presentation was also broadcast via a live event in Microsoft Teams, which was available to all agency staff, system partners, and individuals with lived experience. Key system partners received virtual invitations to join the live event in advance. On the afternoon of January 8, 2024, Indiana, the Center, members of the core CFSR/PIP team (CWG consultants, workgroup leads, co-leads, legal/judicial specialist, executive leadership) and workgroup members, including lived experts, attended an in-person working meeting. During this meeting, participants were provided an overview of the PIP process and the purpose/goals for the workgroups. Participants were provided with timelines and milestones needed to successfully complete PIP writing and reminded of the purpose and value of their participation and voice, as well as the potential impact on measurable outcomes for families.

Following the Final Report, workgroups were organized around the cross-cutting themes: Workforce Development, Service Array, Foster Parent Recruitment and Retention, and Collaboration with Courts. These workgroups met weekly to develop new problem statements around the cross-cutting themes, conduct problem exploration, root cause analyses, identify their theory of change, and make recommendations with the support of the Center and CWG. Goals, strategies, and key activities were derived from these activities in addition to the deliverables from the initial fall workgroups.

Indiana continuously pursued youth, parent, and foster parent voices through the duration of these workgroups. In addition, Indiana pursued input and engagement of the Pokagon Band Tribe on workgroups and pre-submission of the PIP. At this time no input was received; however, ongoing efforts to keep tribal partners updated, informed, and given a voice in child welfare improvements will be continued. Individuals with lived expertise were recruited through existing engagements like the Indiana Youth Advisory Board and Birth Parent Advisory Board, as well as through direct invitations from the lived experts themselves and staff who had existing relationships with these individuals. In addition to workgroup meetings, lived experts could attend preparation and debriefing sessions so they felt prepared to contribute to group work. To ensure youth, parent, and foster parent advisors could contribute their voices across the workgroups, two sessions were held using Mentimeter surveys and Canva whiteboards to capture their input on problems being discussed across all workgroup topics. Lived experts were compensated for their time and participation in workgroup activities, including any necessary homework or travel time.

List of Goals to Address Outcomes, Items, and Systemic Factors per the Final Report

Goals	Outcome/Item/Systemic Factor
Goal 1: Indiana will improve safety and risk assessment practices and ensure ongoing safety management from initial contact through case closure.	Safety Outcome 1 (Item 1) Safety Outcome 2 (Item 2, Item 3) Well-Being Outcome 1 (Item 14) Staff and Provider Training: (Item 26, Item 27)
Goal 2: Indiana will enhance parent engagement and collaboration.	Permanency Outcome 2 (Items 8,11) Well-Being Outcome 1 (Items 13, 15)
Goal 3: Indiana will improve the capacity of frontline supervisors to support the values, principles, and standards of quality practice.	Statewide Information System (Item 19) Quality Assurance System (Item 25) Staff and Provider Training (Item 26, Item 27)
Goal 4: Indiana will enhance the identification of the family's underlying needs, improve matching of services to needs, and address accessibility of services.	Wellbeing Outcome 1 (Item 12) Wellbeing Outcome 2 (Item 16), Wellbeing Outcome 3 (Item 17, Item 18) Service Array and Resource Dev (Item 29 and 30)
Goal 5: Indiana will improve the diligent recruitment and retention of foster parents and enhance their capacity to care for youth with complex needs.	Foster and Adoptive Licensing, Recruitment and Retention (Items 34 & 35) Permanency Outcome 1 (Item 4) Permanency Outcome 2 (Item 7, 9, 10)
Goal 6: Indiana will enhance partnerships across child welfare and judicial entities to reduce systemic barriers for timely achievement of permanency.	Permanency Outcome 1 (Items 5 and 6) Case Review System (Items 21, 22, & 23)

Rationale for Item Exclusion

Indiana will address the rationale for each goal/strategy and its link to the cited outcome, item, and/or systemic factor(s) in the upcoming sections. Indiana is requesting to focus on the systemic factor items needing improvement cited in the table above and exclude the following:

- Items 20 and 24** – Feedback in Indiana's Final Report emphasized the challenges surrounding the timeliness of hearings, the availability of this data, and the effect these hearings have on the timely achievement of permanency. As such, Indiana plans to address the areas needing improvement related to the Case Review System systemic factor through targeted improvement efforts in Items 21, 22, and 23. Indiana believes the challenges in items 20 and 24 will be addressed indirectly through the goals and strategies emphasizing the importance of family engagement and the enhancement of practice model skills. Further, these items will be addressed through the strategies in frontline supervisor skill development for assisting best practices.
- Item 28** – Feedback in Indiana's Final Report noted that Indiana is able to track that training requirements are met for all licensed foster and adoptive parents, but that the training was not

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

- **Item 36** – Feedback in Indiana’s Final Report noted that Item 36 was an area needing improvement based on information in the Statewide Assessment indicating that the state lacks valid data to support timely completion of home studies and does not have a mechanism to track overdue or delayed requests. This issue has been remedied since that assessment was completed.

Section II: Goals, Strategies/Interventions, and Key Activities

Workforce Development

The Children and Families Services Review (CFSR) Round 4 Final Report identified Safety Outcome 1, Item 1, and Safety Outcome 2, Items 2 and 3 as areas needing improvement. Additionally, Indiana's performance on the Statewide Data Indicators related to safety were statistically worse than national performance. These performance areas were explored by the Workforce Development workgroup, which was made up of representatives from DCS, IOCS, legal and judicial partners, individuals with lived expertise, service providers, and technical assistance providers. The workgroup developed the following problem statements and research questions to explore the challenges related to risk and safety.

Problem exploration and root cause analyses performed by phase I and phase II workgroups identified that the quality and effectiveness of initial and ongoing training, mentoring, and coaching of front-line case management and probation staff, especially those in supervisory roles, directly impact practice surrounding safety outcomes, data integrity, worker capacity, and family engagement.

Problem Statement 1: When safety concerns were present, the agency did not consistently make concerted efforts to assess and address the risk and safety concerns relating to the child(ren) in their own homes or while in foster care.

Research Questions:

The Workforce Development Workgroup explored the following research questions in relation to Problem Statement 1:

1. Of the cases that scored ANI on Item 3 in CFSR Round 4, were there any themes found in rationale statements?
 - a. What was the reason for the ANI?
2. Is there a difference in performance depending on case type (e.g., in home, out of home)?
3. Was there any observed difference in performance for cases receiving Family Preservation Services?
4. In the case review sample, what were the most referred services used to establish safety?
5. In the case review sample, how often did a removal occur prior to services being established?
6. Are certain populations more affected than others (e.g., age, race/ethnicity, gender, etc.)?
7. Is the problem statewide or localized in certain areas? If localized, which areas are most impacted?
8. What policies and/or practices might be contributing to the problem (e.g., broader cross-system policies, court practices, child welfare policies/practices)?
 - a. If a policy related to this issue already exists, why is it not working in practice?
9. Are there any concerns about data quality and reliability?
10. How are safety and risk being defined?
 - a. How does the agency definition of safety and risk differ from providers, courts, etc.?
11. What assessment tools are being utilized?
12. What is the policy surrounding risk and safety assessments?
13. What is the practice surrounding risk and safety assessments?
14. Are assessments consistent?
15. What does documentation of safety and risk assessments look like?
16. How are families included in the process?
17. What does training on safety and risk look like? Is it up to date (in line with policy/practice, reflective of national best practice)?
18. What do conversations about this in safety huddles look like?

- a. What tools are used to monitor those children for whom safety has not been ensured, and how are these incorporated into the huddle discussion?
- b. How do staff monitor and follow up with direction given day to day to ensure assessments are initiated in a timely manner?
- c. What does the brainstorm for ideas to locate children/families within the timeframe look like?
- d. What does the brainstorm for ideas to engage families look like?
- e. How do staff determine if exigent circumstances can be utilized?
- f. How do permanency staff address the safety of children during huddles?

The DCS Quality Service and Assurance team, Research and Evaluation team, Continuous Quality Improvement team, and workgroup members with subject matter expertise provided and examined evidence and data relevant to these research questions, which was reviewed by the larger workgroup. In addition, qualitative evidence was obtained from case review interviews, workgroup members, individuals with lived experience, and stakeholder interviews.

Key Findings for Research Questions Related to Problem Statement 1:

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

Through exploration of Round 4 CFSR statewide data indicators, Item 3 results, data from safe systems reviews, and stakeholder interviews, the workgroup discovered that statewide, all populations have the potential to be at risk of being affected by this problem. Specific to the SWDIs on recurrence of maltreatment, overall performance improved between FYs 2018–19 and 2020–21, with a 12% decrease in initial substantiated or indicated maltreatment reports and 16% decrease in recurrence of maltreatment within 12 months. Children aged 1–5 years represented a significant portion of victims, with performance worsening in this age group. Despite decreases in the number of initial and recurring victims over the last three years, 5 of the top 10 counties representing half of all initial victims in the state reported an increase in the number of recurring victims during this period. Although there are many policies in place related to safety planning, the policies are broad and do not provide adequate practice assistance. The workgroup did note that inconsistencies in entering data may not allow for a full picture of the state of safety planning in Indiana.

Contributing Factors:

Based on Round 4 CFSR results (Item 3C), stakeholder interviews, data from safe systems reviews, and workgroup discussions, the following contributing factors were identified regarding Problem Statement 1:

- Turnover and staff capacity
- Completing safety plans too quickly without using supports and protective factors to mitigate threats.
- Not monitoring safety plans closely, both externally between the FCM and family and internally between the FCM and FCMS
- Not updating/including service providers in safety planning
- Not including the family/children in the development of safety plans
- Not developing clear, realistic, and attainable safety plan goals
- Not utilizing standardized safety tools as intended
- Policy does not provide clear practice guidance on what should be included in safety plans.
- Lack of quality visits

Root Cause Analysis:

After identifying the contributing factors, workgroup members collaborated via Microsoft Teams and utilized the “5 Whys” method of root cause analysis to determine the following root causes for problem statement 1:

- There is no shared understanding or definition of safety/risk across the system.
- FCMs do not utilize practice skills to effectively engage with families in safety planning.
- Lack of fidelity to the practice model and practice drift
- Supervisors are not effectively coaching FCMs on how tools assist in structured decision making in the development of safety plans.
- Staff have a lack of knowledge regarding what should be included in safety planning.
- There is variation throughout the state in what can/should be included in safety plans.
- Staff do not feel that the formal safety/risk tools are as useful as their own firsthand case knowledge for informing case decisions related to safety/risk.

Problem Statement 2: Face-to-face initiations of new assessments/investigations are not timely in accordance with the state's timeframes and requirements and do not meet the federal threshold of substantial conformity (95%).

Research Questions:

The Workforce Development PIP Workgroup explored the following research questions in relation to Problem Statement 2:

1. Are certain populations more affected than others (e.g., age, race/ethnicity, gender, etc.)?
2. Are certain areas of the state more affected than others?
3. Are certain report types more affected than others?
 - a. Response time?
 - b. Allegation type?
4. Is the problem statewide or localized in certain areas? Which areas are most impacted?
5. Is there a difference in performance depending on case type (e.g., in home, out of home, probation)?
6. What policies and/or practices might be contributing to the problem (e.g., broader cross-system policies, court practices, child welfare policies/practices)?
7. If a policy related to this issue already exists, why is it not working in practice?
8. Are there any concerns about data quality or reliability?

The DCS Quality Service and Assurance team, Research and Evaluation team, and workgroup members with subject matter expertise provided evidence and data relevant to these research questions, which was reviewed by the larger workgroup. In addition, qualitative evidence was obtained from case review interviews, workgroup members, individuals with lived experience, and stakeholder interviews.

Key Findings for Research Questions Related to Problem Statement 2:

All children alleged to be victims of abuse or neglect are at risk of experiencing this problem; however, in the case sample, allegations regarding female victims were initiated timely less often than allegations involving male victims. Initiation rates were nearly equal across races and similar across case types. There were differences in timely initiation based on the response time of the report, as 24-hour timeframes were more likely to be missed than 2-hour or 5-day timeframes.

The data showed local differences in the successful and timely initiation of assessments across the state. Administrative data from calendar year 2023 shows that 8 of Indiana's 18 regions (Regions 2, 12, 15, 16, 17, 6, 7, 9) performed at or above the federal standard (95%) per agency policy. Four additional regions performed above the state average (Regions 5, 1, 8, 18). Only 6 regions performed below the state average

(Regions 13, 4, 3, 14, 11, 10). Region 10, Indiana's largest metropolitan area, stood out as performing significantly lower (two standard deviations below the mean) than all other regions. Most regions performing below average have child populations in the top 20% and the highest rates of children entering care. Additionally, most of the regions meeting or exceeding the federal standard are made up of mostly rural counties or counties that are considered "mixed" (urban/rural). Region 16 stands out among the highest performing regions, as it is mostly rural but contains one of the state's largest urban areas with the second-highest child population in the state and the highest percentage of total entries into care.

Policy provides some practice guidance but does not capture all extenuating circumstances or the applicability of each circumstance. This allows for subjectivity in interpretation of applicable circumstances.

Contributing Factors:

Based on Round 4 CFSR results and workgroup discussions, the following contributing factors were identified regarding Problem Statement 2:

- Staff feel a lack of capacity to complete work duties.
- Lack of clear expectations about requirement of face-to-face contact
- Data entry errors
- Inconsistent and/or inappropriate use of "Extenuating Circumstances" and "Exigent Circumstances;" consistent documentation is lacking for both.
- Potential for inaccurate or incomplete information in the initial intake/310 due to errors in entry, incomplete information from the reporter, or outdated information in the case management system.
- There is no established statewide standard procedure for assigning new reports, causing some staff to feel overburdened.

Root Cause Analysis:

After identifying the contributing factors, workgroup members collaborated via Microsoft Teams and utilized the "5 Whys" method of root cause analysis to determine the following root causes for problem statement 2:

- There is not an efficient way for the FCM or hotline workers to correct alleged victims or household members after an assessment is created.
- Extenuating circumstances and exigent circumstances are interpreted and applied inconsistently across the state.
- There is not a shared practice definition of when exigent circumstances exist to interview a child without parental consent.
- There is no standard documentation for concerted efforts to initiate timely or reasons why an initiation was missed.

Problem Statement 3: The quantity and quality of visits with children is not consistently sufficient to address issues pertaining to the safety, permanency, and well-being of the child(ren) and promote achievement of case goals.

Research Questions:

The Workforce Development PIP Workgroup explored the following research questions in relation to Problem Statement 3:

1. Is there a difference in performance between quantity of visits and quality of visits?
2. Are certain populations more affected than others (e.g., age, race/ethnicity, gender, etc.)?
3. Is the problem statewide or localized in certain areas? Which areas are most impacted?
4. Is there a difference in performance depending on case type (e.g., in home, out of home, probation)?

5. What policies and/or practices might be contributing to the problem (e.g., broader cross-system policies, court practices, child welfare policies/practices)?
6. If a policy related to this issue already exists, why is it not working in practice?
7. Are there any concerns about data quality or reliability?

The DCS Quality Service and Assurance team, Research and Evaluation team, and workgroup members with subject matter expertise provided evidence and data relevant to these research questions, which was reviewed by the larger workgroup. In addition, qualitative evidence was obtained from case review interviews, workgroup members, individuals with lived experience, and stakeholder interviews.

Key Findings for Research Questions Related to Problem Statement 3:

A substantial difference in performance was observed in quantity of visits compared with quality of visits, with 90.77% of all cases reviewed scoring a strength for sufficient pattern of visits (quantity) and only 67.19% of cases scoring a strength for sufficient quality of visits. Through analysis of Round 4 CFSR Item 14 results and stakeholder interviews, the workgroup discovered that statewide, all populations have the potential to be at risk of being affected by this problem and are impacted relatively the same. There was not a significant difference in performance by case type with 67.5% of out-of-home cases scoring a strength and 64% of in-home cases scoring a strength. However, there were variations in performance by case type regarding quantity and quality. Out-of-home cases had fewer cases scoring strength in quantity of visits (87.5%) than in-home cases (96%) but had more cases scoring strength in quality of visits (69.23%) than in-home cases (64%).

The agency has policies related to minimum contact and meaningful contact, but only one of these policies clearly articulates that children should be met with alone to discuss and ensure safety, stability, permanency, and well-being. There is no corresponding requirement for probation staff to meet with children alone.

The workgroup noted that missing or inconsistent data entry and documentation may prevent a full understanding of this issue.

Contributing Factors:

Based on Round 4 CFSR results, stakeholder interviews, the previous Reflective Practice Survey rapid improvement event, and Workforce Development and Safety workgroup discussions, the following contributing factors were identified regarding Problem Statement 3:

- Staff feel a lack of capacity/time to meet with their families.
- There is a lack of guidance as to the expectations for meeting with children alone and what constitutes a “quality visit.”
- Lack of comfort and skill level of FCMs
- Lack of emphasis on visitation quality in clinical supervision/staffing
- No standardized documentation for good-faith attempts to interview/meet with children alone.
- This topic is not emphasized in huddles.
- Current key performance indicators only capture if the contact happened and not the quality of the contact.
- Policy states that DCS will honor a parent’s request to be present during the interview as long as that does not impede or influence the child’s response but does not provide further guidance on this.

Root Cause Analysis:

After identifying the contributing factors, workgroup members collaborated via Microsoft Teams and utilized the “5 Whys” method of root cause analysis to determine the following root causes for problem statement 3:

- FCMs do not have the skillset to effectively engage with families.
- Supervisors and managers are not effectively coaching staff or holding them accountable to what best practice looks like.
- There is no shared understanding or standard work regarding the quality of face-to-face visits with children and families.

Problem Statement 4: The agency does not engage well with all parties to a case, including but not limited to children, parents, caregivers, guardians, relatives, providers, and other internal and external stakeholders.

Research Questions:

The Workforce Development PIP Workgroup explored the following research questions in relation to Problem Statement 4:

1. Is performance the same across all parties to the case?
2. Are certain populations more affected than others (e.g., age, race/ethnicity, gender, etc.)?
3. Is the problem statewide or localized in certain areas? Which areas are most impacted?
4. Is there a difference in performance depending on case type (e.g., in home, out of home, probation)?
5. What policies and/or practices might be contributing to the problem (e.g., broader cross-system policies, court practices, child welfare policies/practices)?
 - a. If a policy related to this issue already exists, why is it not working in practice?
6. Are there any concerns about data quality or reliability?

The DCS Quality Service and Assurance team, Research and Evaluation team, and workgroup members with subject matter expertise provided evidence and data relevant to these research questions, which was reviewed by the larger workgroup. In addition, qualitative evidence was obtained from case review interviews, workgroup members, individuals with lived experience, and stakeholder interviews.

Key Findings for Research Questions Related to Problem Statement 4:

Through exploration of the evidence and data, the workgroup determined that this is a problem statewide that impacts all parties to a case. However, these items show lower performance with fathers than mothers; incarcerated fathers appear to be a subset of fathers who require specific attention and improved engagement. The agency had stronger engagement with mothers (68.63%) regarding case planning than with fathers (65.12%). At 71.43%, engagement of children in case planning was the highest performing item in this area. Strength ratings for in-home and out-of-home cases were nearly identical; however, there were differences by party across case types. For example, the agency engaged more fathers (66.67%) than mothers (59.26%) in out-of-home cases but engaged more mothers (79.17%) than fathers (63.16%) for in-home cases.

Contributing Factors:

Based on Round 4 CFSR results, birth parent interviews, the youth advisory board, stakeholder interviews, monthly contacts entered in KidTraks by probation, and workgroup discussions, the following contributing factors were identified regarding Problem Statement 4:

- Stakeholders do not fully understand each other’s roles.
- Probation documents in two different systems.

- There is a lack of understanding of what each party has access to and what meetings they can attend.
- Parents do not initially want all parties involved and there is a lack of follow-up afterward to engage all parties.
- Each case may have different teams composed of multiple parties from different agencies.
- The agency and other stakeholders have different requirements for engaging the individual and addressing their strengths and needs.
- Bias exists that impacts attitudes and decisions.
- There is a lack of communication regarding expectations of standard work regarding engaging foster parents when there is a case manager and foster care specialist involved.
- Staff's perception of the family impacts engagement with relatives.
- There is not a shared vision of collaboration and transparency.
- Mothers are more likely to be in the home/primary caregivers for children. Fathers are more likely to be considered "not involved."

Root Cause Analysis:

After identifying the contributing factors, workgroup members collaborated via Microsoft Teams and utilized the "5 Whys" method of root cause analysis to determine the following root causes for problem statement 4:

- There is a lack of understanding of how to apply the skillset of quality engagement.
- There is a lack of collaboration between the agency and parents to ensure that the family has a voice in desired outcomes.
- Staff are reluctant or ill-equipped to have challenging conversations with families.
- There is a lack of clarity in roles and responsibilities for all partners. (Who is responsible for what, when, and to what degree?)
- There is a focus on frequency metrics regarding visitation with children rather than engagement and quality.
- Time constraints placed on staff prevent engagement.

Problem Statement 5: Case manager supervisors are not effectively coaching their staff to develop their skillsets beyond initial training.

Research Questions:

The Workforce Development PIP Workgroup explored the following research questions in relation to Problem Statement 5:

1. What does the current training curriculum teach regarding coaching and skill development?
2. How equipped do supervisors feel to coach their staff?
3. What does "coaching" look like in clinical supervision/staffing?
4. How much does turnover impact case manager supervisors' level of experience?
5. What is the average level of experience for staff at the various levels (FCM, FCMS, DM, LOD, RM)?
 - a. How many years of experience do they have with the agency overall and how many years of experience do they have in their current role?
6. What are the opinions of stakeholders, families, and partners regarding the experience and skill level of staff?
7. Is the problem statewide or localized in certain areas? Which areas are most impacted?
8. Is there a difference in performance depending on case type (e.g., in home, out of home, probation)?
9. What policies and/or practices might be contributing to the problem (e.g., broader cross-system policies, court practices, child welfare policies/practices)?
10. If a policy related to this issue already exists, why is it not working in practice?

The DCS Quality Service and Assurance team, Research and Evaluation team, and workgroup members with subject matter expertise provided evidence and data relevant to these research questions, which was reviewed by the larger workgroup. In addition, qualitative evidence was obtained from case review interviews, workgroup members, individuals with lived experience, and stakeholder interviews.

Key Findings for Research Questions Related to Problem Statement 5:

Although the agency has not been immune to turnover, this does not appear to be impacting the overall level of experience among case managers and case manager supervisors. As of 12/31/23, case manager supervisors (n=457) average just over 12 years of experience with the agency. Additionally, 89.1% have been a supervisor for five or more years. As of 12/31/23, most case managers (n=2,077) have been in their roles for more than two years (63%) while roughly one-fourth of case managers (26%) have less than one year in the role. All staff, both veteran and new, are at risk of being impacted by a lack of effective coaching and ongoing skill development. All populations are equally affected and there is no performance difference by case type. This problem is occurring statewide.

Regarding probation staff, initial probation officer training is current and updated regularly in line with probation standards. However, these standards do not necessarily align with DCS expectations for standard case management as the approach and reason for involvement in probation cases is different. Probation staff experience less turnover overall. Probation staff and DCS staff partner when a child/youth is involved with both systems.

Contributing Factors:

Based on Round 4 CFSR results and workgroup discussions, the following contributing factors were identified regarding Problem Statement 5:

- Limited understanding/skill of support role in supervision
- There is not a true definition of coaching within the agency and there are unclear expectations of how to apply/implement coaching.
- The ability, or lack thereof, to coach team members through challenges in engaging children and families
- Questionable validity of tools used to gather data to assist in coaching (i.e. Reflective Practice Survey)
- Lack of experience with coaching and a limited modeling of coaching and the use of the parallel process.
- The tools and resources related to leadership and coaching are surface-level and don't support practical application.
- Time and workload constraints; supervisors have time constraints due to the frequency of mandatory meetings.
- Staff feeling a lack of support from upper management and leadership.
- Training content is mostly based on measures of performance (metrics) rather than coaching of practice skills. Some of these metrics focus solely on quantity and do not emphasize quality, leading to a culture of "managing by checklist".

Root Cause Analysis:

After identifying the contributing factors, workgroup members collaborated via Microsoft Teams and utilized the "5 Whys" method of root cause analysis to determine the following root causes for problem statement 5:

- Supervisors lack standard work.
- The agency lacks a clear definition or practice of coaching, resulting in ambiguous expectations regarding its use and execution.

- Supervisors feel a lack of capacity to use the full complement of skills, tools, and resources related to practice and coach others to use them.
- There is an emphasis on quantitative measures of performance (metrics) rather than the quality of practice skills.
- Supervisors are unable to focus their attention upstream, as they are more often addressing critical incidents or “firefighting.”

Problem Statement 6: The statewide information system lacks complete, accurate, and reliable data.

Research Questions:

The Workforce Development PIP Workgroup explored the following research questions in relation to Problem Statement 6:

1. What factors impact the accuracy and reliability of system data?
2. Are certain involvement types affected than others?
3. Are certain processes impacted more than others?
4. Is the problem statewide or localized in certain areas? Which areas are most impacted?
5. How does data entry for probation cases differ from child welfare cases?
6. What policies and/or practices might be contributing to the problem (e.g., broader cross-system policies, court practices, child welfare policies/practices)?

The DCS Quality Service and Assurance team, Research and Evaluation team, and workgroup members with subject matter expertise provided evidence and data relevant to these research questions, which was reviewed by the larger workgroup. In addition, qualitative evidence was obtained from case review interviews, workgroup members, individuals with lived experience, and stakeholder interviews.

Key Findings for Research Questions Related to Problem Statement 6:

Based on exploration of the available evidence and data, the workgroup determined that all case types experienced this problem in some form. There were more inaccuracies in the available data for youth with probation-only cases because probation officers must enter data into two systems and these systems do not interface. Additionally, there is a lack of clarity in roles/responsibilities in terms of who is responsible for entering certain data. Timeliness of data entry and workers having the capacity to complete data entry played a role.

Contributing Factors:

Based on Round 4 CFSR results, birth parent interviews, stakeholder interviews, and workgroup discussions, the following contributing factors were identified regarding Problem Statement 5:

- FCMS must focus on higher intensity issues
- FCMS time in current position
- There is not consistency across counties and systems/judges.
- Lack of time/capacity to complete all required data entry/documentation.
- Staff have varying levels of data proficiency and do not understand the “why” behind entry/documentation.

Root Cause Analysis:

After identifying the contributing factors, workgroup members collaborated via Microsoft Teams and utilized the “5 Whys” method of root cause analysis to determine the following root causes for problem statement 6:

- Data integrity and data literacy are not viewed by staff as a potential child safety issue.
- There is a lack of accountability for accurate and timely data entry for staff at all levels.

- Probation data is missing, incomplete, or inaccurate because it must be manually entered into two systems, which leads to human and systemic error.

Goals, Strategies, Key Activities, and Rationales:

Workforce Development Goal 1- Indiana will improve safety and risk assessment practices and ensure ongoing safety management from initial contact through case closure. Safety Outcomes 1 & 2 (Items 1,2, & 3) and Well-Being Outcome 1 (Item 14):

- Rationale: Indiana chose this goal because it addresses the broad theme of improving safety and risk assessment and management, which encompasses several identified opportunities for improvement, including the timely initiation of assessments, thoroughness of safety/risk assessments, ensuring that all allegations are formally reported and investigated, substantiating when an assessment meets the threshold for substantiation, and implementing appropriate safety plans that are monitored throughout the life of the case. This goal recognizes that a family's level of safety and risk is not defined by a moment in time but rather fluctuates over time; therefore, it must be continuously monitored and adjusted throughout the life of the case. Progress on this goal will be measured by review of Safety Outcomes 1 and 2 (Items 1-3) and Well-Being Outcome 1 (Item 14).

Based on this goal, the following strategies were developed:

Strategy 1.1: Indiana will enhance the coordination among key child welfare stakeholders to improve the practice and implementation of initial and ongoing assessments of children by fostering a shared understanding of risk and safety factors **and establish quarterly safety vision alignment activities and baseline.**

- Rationale: This strategy recognizes that all staff must have a firm foundation in safety and risk to effectively carry out all safety and risk-related duties, including each of the above-mentioned opportunities for improvement. Involving key stakeholders in this process will allow for safety and risk concerns to be consistently identified and discussed amongst DCS, probation, service providers, and the courts.

Strategy 1.2: Indiana will improve the use and quality of meaningful safety planning for each family throughout the life of the case **through establishing a quality safety assessment process.**

- Rationale: During root cause analysis, the Workforce Development Workgroup identified that staff do not have a clear understanding of how to develop an appropriate safety plan that mitigates all identified safety threats. This strategy will allow for the development of practice guidance on when to initiate a safety plan, what should and should not be included in a safety plan, and how to adequately monitor and adjust safety plans throughout the life of the case.

Strategy 1.3: Indiana will address barriers to timely initiation and the prioritization of establishing child safety **through huddles and improved data integrity.**

- Rationale: This strategy recognizes that the agency's ability to ensure safety begins at assessment initiation, but there are often several barriers that prevent timely initiation. Overcoming these barriers and improving the timely initiation rate is essential.

Workforce Development Goal 2-Indiana will enhance parent engagement and collaboration. Permanency Outcome 2 (Items 8 & 11) and Well-Being Outcome 1 (Items 13 & 15):

- Rationale: Indiana chose this goal because engagement is the cornerstone of child welfare practice. Engagement affects many key facets, including assessment of needs (particularly underlying needs), provision of services, and parental involvement in case planning. This goal will not only improve overall engagement of parents but will allow Indiana to further explore the barriers to engagement of fathers, ultimately improving engagement for this subset of stakeholders. Progress on this goal will be measured by review of Permanency Outcome 2 (Items 8-11) and Well-Being Outcome 1 (Items 13 & 15).

Strategy 2.1: Indiana will strengthen frontline staff's ability to recognize and utilize engaging behaviors throughout the life of a case.

- Rationale: Uncovering a family's underlying needs often involves difficult and intimate conversations about not only their current circumstances but also their life history. During root cause analysis, the Workforce Development Workgroup learned that staff often feel ill-equipped to have difficult conversations. Staff are also often unaware of the inherent power differential between them and the children and families they serve. This strategy will not only equip staff to be cognizant of this but will also better prepare them for engaging families from initial contact through case closure. Additionally, this strategy will allow Indiana to further examine the system from a parental lens, which will provide invaluable insight into how they view many components of the system, including how they are engaged in teaming, case planning, services, and court, and what they ultimately need from each of these system partners.

Workforce Development Goal 3 - Indiana will improve the capacity of frontline supervisors to support the values, principles, and standards of quality practice. Systemic Factors Statewide Information System (Item 19), Quality Assurance System (Item 25), and Staff and Provider Training (Items 26-27):

- Rationale: From initial training throughout their entire career, frontline staff learn and adapt their practice skills based on what is modeled by their direct supervisors. Indiana chose this goal because it recognizes that frontline supervisors play a vital role in child welfare and improving their capacity and skill will ultimately improve practice throughout the agency.

Strategy 3.1: Indiana will further define the role and expectations of frontline supervisors.

- Rationale: The Workforce Development Workgroup determined that for frontline supervisors to effectively coach frontline staff, they must first have a clear understanding of their role and what is expected of them. Conversations suggest that currently, the expectations vary across the state and that some specialized roles may contribute to role confusion and a lack of ownership. This strategy will establish this, allowing for frontline supervisors to then model the values, principles, and standards of quality practice.

Strategy 3.2: Indiana will increase the skills and development of frontline supervisors to ensure fidelity and implementation of the practice model.

- Rationale: Root cause analysis revealed that frontline supervisors are not holding staff accountable to the standards of the Indiana practice model. For this to happen, frontline supervisors must first have a clear understanding of best practice and the Indiana practice model. This strategy will

establish this requisite foundation for frontline supervisors, thus allowing them to model the values, principles, and standards of quality practice.

Goal 1: Safety

Indiana aims to improve child safety through a goal comprised of three main strategies, each aimed at a different touch point with children and families. Indiana will work towards enhancing worker skills and reducing barriers that impede timeliness of the initial contact with the child victim(s) and required caretakers. Additionally, activities will address how effectively staff are assessing/establishing child safety at the initial contact, monitoring the status of uninitiated assessments and immediately communicating barriers to initiation. This strategy will reinforce the urgent nature of establishing child safety within initiation timeframes. Next, Indiana will increase the use and quality of safety and risk assessments not only in this initial stage, but throughout the life of the case and with any child. This will build on the momentum of the activities centered on urgency and will focus on establishing safety and reinforce the ongoing nature of assessing safety in child welfare. Lastly, Indiana will improve data entry and overall data quality to ensure accurate and reliable information on the safety and whereabouts of all children, supporting both preceding strategies.

Goal 1	Safety Outcomes 1 & 2 (Items 1-3) and Well-Being Outcome 1 (Item 14): Indiana will improve safety and risk assessment practices and ensure ongoing safety management from initial contact through case closure. All impacted/improved by the goal: Safety Outcomes 1 & 2 (Items 1-3), Well-Being Outcome 1 (Item 14), and Systemic Factor Staff and Provider Training (Items 26-27) Implementation Site(s): Statewide		
Strategy 1.1	Indiana will enhance the coordination among key child welfare system partners to improve the practice and implementation of initial and ongoing assessments of children by fostering a shared understanding of risk and safety factors and establish quarterly safety vision alignment activities and baseline. Implementation Site(s): Statewide	<input type="checkbox"/> Completed	
Key Activities		Responsible Party	Projected Completion Date
Key Activity 1.1.1	Beginning in Q1, Indiana will create a PIP Task Force to oversee the implementation and monitoring of the final approved PIP. This task force will meet quarterly to discuss progress, barriers, and review feedback from system partners. The PIP Task force will track strategy and activity progress	PIP Monitoring Task Force, Department of Child Services (DCS), Indiana Office of Court	Q1

	<p>and progress on item measurements to (a) submit to the Children's Bureau and (b) adjust agency activities to target the improvement goals.</p> <p>The PIP Task Force will require a two-year commitment from the following key decision-makers/representatives:</p> <ul style="list-style-type: none"> • DCS Executives and Senior Advisor • Indiana Office of Court Services (IOCS) Leadership and CASA Director • Representative of DCS Continuous Quality Improvement and Quality Service and Assurance • Representative of probation • Representative of Family Case Managers • Representative of FCM Supervisor • Representative of Field Local Director and Regional Manager • Representative of service providers (Family Preservation and Out of Home Services) • Representatives with Lived Experience - youth, birth parent and foster parent. • Representative of judicial branch • Notetaker and progress report writer 	Services (IOCS), judicial officers, Court Improvement Program (CIP), Probation, DCS Juvenile Justice Initiatives and Support, Service Providers	
Key Activity 1.1.2	<p>Indiana will create a council consisting of internal and external decision-making entities such as DCS, IOCS, judicial officers, and probation representatives, to gather and compare practices/policies pertaining to the identification of child risk and safety factors. The purpose of this activity is to create more alignment across partners regarding risk and safety as it pertains to child abuse and neglect.</p>	Department of Child Services (DCS), IOCS, contracted providers, schools, Court Appointed Special Advocates (CASA), courts, public defenders (PD), prosecutors, Probation, pediatricians, Indiana Department of Health (IDOH), foster parents, birth parents	Q1
Key Activity 1.1.3	<p>Beginning in Q2, the PIP Task Force will receive ongoing updates from the various teams, workgroups, and committees referenced in subsequent key activities. Based on these updates, the PIP Task Force will develop agenda items and obtain regular feedback from the following collaborative meetings and councils:</p>	PIP Monitoring Task Force, Department of Child Services (DCS), Indiana Office of Court Services (IOCS), judicial	Q2

	<ul style="list-style-type: none"> • Collaborative Communication Committee (to capture probation department input) • Local Administrative Teams (judges, local DCS leadership, CASA, probation) • Family Case Manager Advisory Council (perspective of frontline DCS) • Family Case Manager Supervisor Advisory Council (perspective of DCS frontline supervision) • Legal Council (DCS litigation perspective) • Regional Services Council (local community experience with services) • Local Safety Councils (perspective of local communities regarding safety efforts) 	officers, Court Improvement Program (CIP)	
Key Activity 1.1.4	Council members will propose to court and DCS leadership that the aligned expectations and definitions related to risk and safety, specifically regarding child abuse and neglect (as identified in section 1.1.2), be utilized and shared for common understanding whenever possible.	Indiana Office of Court Services (IOCS), DCS leadership, judicial officers, Court Improvement Program (CIP)	Q1
Key Activity 1.1.5	Using council members in 1.1.2 and products adopted in 1.1.4, Indiana will develop communication and dissemination plans to effectively educate partners on the newly adopted/shared expectations, understanding, and policies related to risk and safety. Information will be shared regarding the use of existing internal meetings, existing cross-collaboration meetings, and other training/development activities.	Department of Child Services (DCS), IOCS, contracted providers, schools, Court Appointed Special Advocates (CASA), courts, public defenders (PD), prosecutors, Probation, pediatricians, Indiana Department of Health (IDOH), foster parents, birth parents	Q2
Key Activity 1.1.6	Indiana will use products of 1.1.4 to have intentional discussions with providers and frontline safety decision-makers. These discussion points will be added to each Family Pres Friday meeting to increase staff's knowledge and keep best practice guidance at the forefront and prioritized for those who go into the family's homes. This discussion is to bridge the gap of understanding and clarify that the responsibility of safety lies with DCS despite other professionals being in the home. Learning from these	DCS Field Operations, Probation, JJIS, Service Providers, DCS Child Welfare Services	Q2

	discussions is to be shared with local leadership monthly to assist with providing clarity and guiding practice improvement efforts/plans.		
Key Activity 1.1.7	<p>Applying the deliverables from 1.1.4, Indiana will create quarterly safety vision alignment activities to be completed virtually by frontline case managers and frontline case manager supervisors responsible for making safety decisions.</p> <p>Representatives from teams in the Strategic Solutions and Agency Transformation (SSAT) Division will collaborate with field leadership and DCS Legal leadership to develop written vignettes/case scenarios to be used in quarterly vision alignment activities. These activities are focused on the accurate identification of safety and risk factors. Activities will be conducted electronically (e.g., Microsoft Forms) and will include a standard set of questions for frontline staff to answer about the vignette. The form will automatically score responses and provide immediate feedback/rationale based on the pre-determined answer key. Results from these activities will be compiled and analyzed by the DCS Research and Evaluation team to identify trends in the responses.</p>	<p>Department of Child Services (DCS) Family Case Managers and Family Case Manager Supervisors,</p> <p>Department of Child Services (DCS) Field Leadership</p> <p>DCS Strategic Solutions and Agency Transformation</p>	Q1
Key Activity 1.1.8	Scoring from the activity in 1.1.7 will be used to establish a baseline of performance, examine inter-rater reliability in scores across individuals in various job roles (e.g., case manager, supervisor, frontline upper management), and to determine if additional support is needed to address practice drifts or gaps in practice skills/ability.	DCS, Research and Evaluation, field leadership	Q2
Key Activity 1.1.9	Results of activities in 1.1.7 will be shared with local and executive leadership via a quarterly report. The report will be emailed to all leadership with instructions to review the results with their teams at their regional management meetings (held in all 18 regions). Results will be used to identify improvement opportunities and develop experiments/actions to be included improvement (PDCA) cycles.	DCS leadership, DCS Research and Evaluation, DCS Quality Service and Assurance, DCS Continuous Quality Improvement, DCS Research and Evaluation, DCS Safe Systems	Q2
Strategy 1.2	Indiana will improve the use and quality of meaningful safety planning for each family throughout the life of the case through establishing a quality safety assessment process.		<input type="checkbox"/> Completed

Key Activities		Responsible Party	Projected Completion Date
Key Activity 1.2.1	<p>Indiana will reestablish best practice guidance for safety planning. This will increase awareness of elements that are vital for safety maintenance. This guidance will be developed based on the information in activity 1.1.2 and is to be communicated through field leadership and safety councils. Guidance for safety planning must establish at least:</p> <ul style="list-style-type: none"> • Who is monitoring the plan each day? • When the plan is to be updated • Transparency of the plan to all parties of the case • Driven and developed by the family voice. • Inclusion of family support outside of the home • Discussed with age-appropriate children. • Easily accessible in the file and distributed to the family at the time it is developed. <p>Performance/compliance with updated practice guidance will be assessed through the various quality assurance activities such as the Practice Model/PIP Reviews, desk reviews, and supervisor observation.</p>	DCS Safety Quality Analysts, Safety Council, DCS Staff Development, DCS Field Operations, DCS Quality Service and Assurance,	Q1
Key Activity 1.2.2	<p>Indiana will use practice guidance in 1.2.1 to provide additional training for internal and external partners that may play a role in safety planning. This training will be available in-person and online for partners of the child welfare system. This training will discuss safety planning at initial safety establishment, ongoing updated safety planning, and safe case closure.</p> <p>The option to take this training will be discussed at the local administrative meetings with court partners to explain the purpose of the course and why it is important for these roles. Tracking of who takes the training will be provided to the court partners for their awareness and internal use. Ongoing discussions around safety planning will occur at local safety councils as an ongoing follow-up to the learning and application of good safety planning.</p> <p>Safety plans will be provided to the courts at all critical case junctures, available in case files, and available to each party of a case responsible for child safety or supervision of the child.</p>	DCS, CASA Or Guardian Ad Litem, Contracted Providers, Foster Parents, Youth, Judges, Birth Parents, Family Case Manager Supervisors	Q2

Key Activity 1.2.3	Beginning in Q1, Indiana will establish a quality safety assessment process with analysts that review assessments and in-home cases. They will review safety planning, teaming notes, risk and safety assessment tools, as well as contacts with children in the home. These analysts will score assessments and in-home cases based on a quality tool developed using standards of 1.1.2. These results will be provided at least quarterly to local leadership and improvement teams.	DCS Safety Quality Analysts, Field Leadership, Research and Evaluation	Q3
Key Activity 1.2.4	<p>Safety Quality Analysts will provide quarterly data reports that consider multiple sources of safety information to the safety council members and the PIP Task Force for consideration in decision-making and improvement activities.</p> <p>Data Sets include:</p> <ul style="list-style-type: none"> • Safe Systems tool results from critical incidents • Repeat maltreatment • Re-entry into care • Trends and observations from safety quality reviews • OSRI scores on safety-related items <p>This team will present findings at executive team meetings, to local office leadership, and the PIP Task Force. Findings will be used to develop and adjust action plans.</p>	DCS Safety Analysts, DCS Quality Service and Assurance, DCS Continuous Quality Improvement, DCS Safe Systems, DCS Field Leadership, DCS Staff Development, DCS Child Welfare Services, Safety Councils	Q3
Key Activity 1.2.5	<p>Indiana safety quality analysts will share the scores and findings with local leadership to establish areas of the state that need additional support. This support will be offered from leadership in the field, staff development, and other identified divisional resources. Support may include:</p> <ul style="list-style-type: none"> • Additional coaching • Reviewing the findings transparently with teams/leadership • Recommendations to individuals/teams on how to improve the quality of their safety-related activities. • Additional training needs suggested to staff development and then provided to local teams as needed. <p>This cycle of reviews and feedback rendered will occur at least quarterly. Patterns/trends across the state will be reported to PIP Task Force for the</p>	DCS Safety Analysts, DCS Field Leadership, DCS Staff Development	Q4

	ongoing assessment of functioning and creation of additional action plans/improvement efforts.		
Key Activity 1.2.6	<p>The quality of safety plans following activity 1.2.2 will be monitored through:</p> <ul style="list-style-type: none"> • Family case manager supervisor observation of staff • Quarterly desk reviews conducted by local office leadership. • All quality assurance case review activities <p>The initial safety planning will be discussed with supervisors as part of their huddles for initiation.</p> <p>Results of these activities will be communicated to agency/field leadership, Family Case Managers, Family Case Manager Supervisors, the Continuous Quality Improvement team, Staff Development, and the PIP Monitoring Taskforce. This data will be used to collaboratively identify/develop improvement activities/action plans that will be implemented in areas experiencing challenges.</p>	DCS Safety Analysts, DCS Quality Service and Assurance, DCS Continuous Quality Improvement, DCS Safe Systems, DCS Field Leadership, DCS Staff Development, DCS Child Welfare Services, Safety Councils	Q5
Strategy 1.3	Indiana will address barriers to timely initiation and the prioritization of establishing child safety through huddles and improved data integrity.		<input type="checkbox"/> Completed
Key Activities		Responsible Party	Projected Completion Date
Key Activity 1.3.1	<p>Outline expectations for initiations after a hotline report is sent to the local county for assignment.</p> <ul style="list-style-type: none"> • Conduct daily safety huddles which discuss initiation statuses for new abuse and neglect reports. • Establish clarity in those huddles around the difference of new assessments and linking assessments to make certain that the data reflects accurate initiations required. • Further explain to staff the extenuating circumstances application and monitor the use to ensure safety initiation is viewed as urgent. This will be an ongoing discussion point for morning huddles. • Use recently developed on-call standards to use on-call staff appropriately for 24-hour assessments when they come in after 3pm and on weekends. 	DCS field leadership, regional managers, and communications	Q1

	Expectations communicated to staff, huddle boards reflect all assessments until safety is established, and on-call processes are updated with 24-hour assessment urgency		
Key Activity 1.3.2	<p>Timely initiation discussion points will be consistently incorporated into existing frontline daily huddles with assessment case managers/supervisors statewide. Managing for Daily Improvement (MDI) Huddles will be used to monitor and prioritize initiation of new and existing assessments and identify/address any barriers to timely initiation of these assessments. Additionally, discussion points and escalations related to barriers/trends in initiation data will be included in huddles between case manager supervisors and local office leadership.</p> <p>Frontline teams will monitor their performance via initiation metrics on huddle dashboards. Local offices will add components to their huddle documentation to track issues related to the initiation of 24-hour assessments to identify the barriers to initiating these assessments specifically.</p> <p>The CQI team will coach agency leadership on effective use of MDI and related tools through monthly sustainment meetings.</p>	DCS field leadership, DCS Communications, DCS Continuous Quality Improvement team	Q2
Key Activity 1.3.3	<p>Indiana will improve data integrity as part of safety decision-making for children in Indiana:</p> <ul style="list-style-type: none"> • Reestablish the reasons for “why” timely and accurate data entry are paramount for child safety through ongoing communication with staff, training/reference materials, and coaching in clinical supervision. Establish a baseline of data entry needs, and provide “Gold, Silver, Bronze” awards to counties that accomplish the most efficient levels of data entry in an established period of time. Those levels will be placed on the agency community page. • Maintain the use and functionality of the non-placement tracker for children who have not been successfully matched to a home for tracking of where children are at all times. <p>Note: for probation youth, this will be tracked and entered by the probation services consultant</p>	DCS field leadership, DCS Communications, Strategic Solutions and Agency Transformation, DCS Data Team	Q2

	<ul style="list-style-type: none">• Conduct data spot checks for accuracy with results escalated to field leaders each month to resolve issues.		
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Goal 2: Engagement

Indiana will work toward improving authentic engagement with parents and caregivers, which in turn fosters trust-based relationships. This strategy involves reaffirming effective helping behaviors and providing frontline staff with the training and tools necessary to replicate these behaviors. This will include using evidence-based practices from the clearinghouse and gaining a deeper understanding of the stages of change among involuntary client populations.

Goal 2	Permanency Outcome 2 (Items 8-11) and Well-Being Outcome 1(Items 13 & 15): Indiana will enhance parent engagement and collaboration. All impacted/improved by the goal: Permanency Outcome 2 (Items 8-11) and Well-Being Outcome 1 (Items 13 & 15) Implementation Site(s): Statewide		
Strategy 2.1	Indiana will strengthen frontline staff's ability to recognize and utilize engaging behaviors throughout the life of a case. Implementation Site(s): Statewide		<input type="checkbox"/> Completed
Key Activities		Responsible Party	Projected Completion Date
Key Activity 2.1.1	DCS will work to establish key behaviors to recognize the use of engagement skills (positive involvement in the helping process). These behavioral examples will be provided upon onboarding as a case manager and will be integrated into the cross training between DCS and Probation twice yearly for probation staff that work with dual status youth.	DCS, DCS Probation Consultants, Local Probation Departments, lived experience, DCS Staff Development	Q2
Key Activity 2.1.2	DCS will incorporate content into initial and ongoing case manager training that enhances workers' knowledge and understanding of the theory of stages of change and the role this plays while engaging with families (Prochaska et al): <ul style="list-style-type: none"> • Precontemplation • Contemplation • Preparation • Action 	DCS Staff Development, DCS Field Operations	Q2

	<ul style="list-style-type: none"> • Maintenance 		
Key Activity 2.1.3	<p>Indiana will establish discussion points throughout the life of the case to utilize with supervisors, families, and providers that provide insight about each family's unique needs.</p> <ul style="list-style-type: none"> • What biases exist with those working with the family? Have we had personal experiences that shaped our viewpoint? Are we aware of them? Are they affecting our engagement with the family team? • Normalize the discussion of bias through regular supervision discussions to develop ongoing awareness. • How are we countering and checking the bias present in decision-making and approach? Intentionally calling out barriers to providing authentic service and engagement. <p>Discussion points developed and distributed to frontline staff in training, as well as in ongoing supervision. Required quarterly observations between supervisors and case managers will include how staff approached a family once any bias discussion occurred and feedback is provided to the case manager from the supervisor. This happens through the Reflective Practice Survey.</p>	DCS field operations, service providers, lived experience, DCS Strategic Equity and Inclusion Officer	Q2
Key Activity 2.1.4	DCS will integrate activities into the onboarding and supervision process to turn learned skills from Strategy 2.1.1. into practice behaviors (experiential learning and application of what they read and hear).	DCS, staff development	Q3
Key Activity 2.1.5	<p>Indiana will utilize existing lived experience councils to walk through the key touchpoints of the child welfare system to provide feedback about the engagement opportunities. The perspective from lived experts will inform strategies to increase the system's ability to better engage with families at various milestones of a case that may otherwise be overlooked. Key touch points may include court experiences, home visits, attending a provider appointment, and supervised visitation.</p> <p>Feedback gleaned about these experiences will be provided to field leadership, policy and training teams, and the PIP Task Force for discussion and incorporation into continuous improvement activities focused on improving engagement with families throughout the life of a family's involvement or at any point of contact with the agency. Improvement activities</p>	DCS, lived experience, Birth Parent Advisory Board, Foster Parent Advisory Board, Youth Advisory Board, strategic solutions, PIP Task Force.	Q3

	may include local office level PDCA cycles, or Improvement Projects/Rapid Improvement Events facilitated by the Continuous Quality Improvement team.		
Key Activity 2.1.6	Insights obtained through activities 2.1.1, 2.1.2, and 2.1.5 will be used to inform discussion topics/agenda items for existing advisory meetings and committees such as the Family Case Manager Advisory Council, Supervisor Advisory Council, Collaborative Communication Committee, and the PIP Task Force. These councils will provide ongoing summaries of discussions, feedback, and recommendations opportunities to executive and field leadership for consideration in existing and planned improvement cycles.	DCS, IOCS, case manager advisory council, supervisor advisory council, collaborative communication committee for probation, PIP task force.	Q3
Key Activity 2.1.7	Beginning in Q3, Indiana will work with local providers to make Motivational Interviewing training available to frontline staff. This is a skill that engages families with authenticity. This will enhance the outlined behaviors in 2.1.1. Once the distribution plan is made and communicated, the state will train 75% of frontline case managers and supervisors by Q5.	DCS Field Operations, DCS Staff Development, Indiana Association of Resources and Child Advocacy (IARCA)	Q5
Key Activity 2.1.8	Indiana will integrate activities 2.1.1, 2.1.2, and 2.1.7 to enhance workers' ability to demonstrate engagement skills with families in each stage of change. This will include synthesizing and learning behaviors that support effective engagement in each stage of change and understanding how using motivational interviewing enhances the ability to gain family voice in the process. Field leadership will assess progress through quarterly desk review/audit activities. Data from reviews will capture the number of case plans reviewed that reflect effective engagement and application of skills learned in 2.1.1, 2.1.2, and 2.1.5. This includes descriptions of goals and services that include incremental and progressive action steps.	Staff Development, Probation Services Consultants, case managers, supervisors, service providers	Q5

Goal 3: Increase Front Line Supervisory Capacity

Indiana will utilize two strategies to position their frontline supervisors, a key role in child welfare, to improve capacity for supporting frontline case managers enhance the capacity of frontline supervisors, a critical role in child welfare, to better support case managers in implementing engagement and child safety practices, as outlined in the first two goals. These strategies will leverage Indiana's practice model skills. The first strategy will inventory necessary tasks and develop standard work for supervisors. Those will then be incorporated into onboarding training and provide structure and a blueprint for daily, weekly and monthly deliverables and expectations. The second strategy defines the skills necessary to complete this standard work and provides ongoing development of such skills including experiential learning activities. This goal aims to protect the role from additional "catch-all" duties that come with new initiatives that the frontline may need shielded from to maintain fidelity to the practice model.

Goal 3	Indiana will improve the capacity of frontline supervisors to support the values, principles, and standards of quality practice. All impacted/improved by the goal: Systemic Factors Statewide Information System (Item 19), Quality Assurance System (Item 25), and Staff and Provider Training (Items 26-27). Implementation Site(s): Statewide		
Strategy 3.1	Indiana will further define the role and expectations of frontline supervisors.		<input type="checkbox"/> Completed
Key Activities		Responsible Party	Projected Completion Date
Key Activity 3.1.1	Indiana will update written standard work for frontline supervisors within DCS. This will increase accountability and focus points for supporting skill development. Minimally, this should include: <ul style="list-style-type: none"> • A list of deliverables expected each month. • Reports/data to review for successful supervision. • Understanding the responsibility to take lead on skill development of case managers during and after cohort training. • Responsibility to bridge activities from cohort training and county for experiential and meaningful learning 	Staff Development, Field Operations, Continuous Quality Improvement (CQI), Policy	Q2

Key Activity 3.1.2	<p>Outline the skills necessary for successful supervision of frontline child welfare work.</p> <ul style="list-style-type: none"> • Incorporate feedback from case managers and probation consultants about what is needed and what is working via focus groups and surveys. • Incorporate and make mandatory Indiana's data proficiency training to increase knowledge and application of managing with data for all supervisors, which is vital for child safety. 	DCS Staff Development, DCS Field Operations, and DCS Legal	Q3
Key Activity 3.1.3	<p>Conduct a gap analysis of desired and needed development opportunities for supervisors based on supervisor input via Supervisory Council, surveys, and focus groups.</p> <p>Results of this activity will be compiled, analyzed, and provided to Staff Development and Field Operations Deputy Directors for implementation of improvement efforts and revision of training curriculum.</p>	DCS Staff Development, DCS Field Operations, DCS Legal	Q2
Key Activity 3.1.4	<p>Make updates to the case manager supervisor onboarding/training core curriculum based on information from activities 3.1.1, 3.1.2, and 3.1.3 to ensure new supervisors receive clear expectations and training that directly connects to the skills identified as necessary for successful supervision. Onboarding for supervisors is offered for new supervisors every quarter and new supervisors are auto enrolled into the core training once promoted. The Staff Development team will review the materials in 3.1.1, 3.1.2, and 3.1.3 to modify onboarding to include these deliverables and expectations for the foundation of the onboarding process.</p>	Staff Development, Regional Managers, Supervisor and Case Manager Councils	Q3
Strategy 3.2	Indiana will increase the skills and development of frontline supervisors to ensure fidelity and implementation of the practice model.		<input type="checkbox"/> Completed
Key Activities		Responsible Party	Projected Completion Date
Key Activity 3.2.1	<p>Supervisors will receive ongoing and regular development and feedback from their supervisors quarterly.</p> <ul style="list-style-type: none"> • Relevant observations by local directors/direct supervisors 	Regional managers, Local Office Directors, Indiana	Q2

	<ul style="list-style-type: none"> Accountability will be established for the achievement of skills and the provision for their own development, through their supervisors observing their skills and completing a rating scale after observation. Lack of skills will trigger their supervisor to create a development plan with them. This plan establishes which skills need further enhancement and how that will be accomplished. DCS will utilize supervisory councils to review new training or strategic implementation ideas before rollout to the frontline. This ensures they can appropriately provide guidance and expertise. 	Office of Court Services, and frontline supervisors	
Key Activity 3.2.2	Indiana will research and explore various supervisor coaching models nationally to determine the best fit of application with their practice model. Examine the current CAMI model for expansion and capacity within the agency.	Practice Model team, Coaching and Mentoring Indiana (CAMI)	Q2
Key Activity 3.2.3	Experiential learning application tools will be developed and implemented for initial skill development of supervisors upon onboarding.	Staff Development, Field Operations	Q4
Key Activity 3.2.4	Indiana will develop a method to conduct aggregate tracking of all initial and ongoing training received by frontline case managers and supervisors. This will ensure Indiana can track completion of mandatory training, including training developed to support PIP implementation, in one system of record. This involves enhancing the agency's use of SAP SuccessFactors and training design to allow the agency to track training completion as well as scores on activities included in the computer assisted training. Access to this information will allow the agency to identify skill gaps and additional training/developmental needs for staff. Trends in scores and training completion will be available through system data pulls conducted as needed (e.g., following launch of new training materials, as requested by leadership, as needed to inform reports/improvement activities).	DCS, Staff Development, SPD	Q4
Key Activity 3.2.5	Develop evaluation processes for skill development of frontline case managers and supervisors (3.1.1) that identifies employee opportunities and strengths, post-training for ongoing improvement, and driving toward results identified in 3.1.2	Research and Evaluation, Staff Development, Field Operations	Q5

Service Array and Resource Development

The CFSR Round 4 Final Report identified Items 12, 13, 14, 17, 18, 20, 29, and 30 as areas needing improvement. Comprised of a Child Welfare Group consultant, a person with lived experience, a GAL/CASA, a provider, and representatives of DCS, including CQI, QSA, field staff, legal, research and evaluation, and probation, the Service Array and Development PIP Workgroup developed the following problem statements they believe are directly influencing service array and development in Indiana:

Problem Statement 1: Services are not consistently matched to the participants' underlying needs.

Problem Statement 2: The department is not consistently providing equitable, accessible, and timely services to meet the behavioral, developmental, cultural, and linguistic needs of families.

Research Questions:

The Service Array and Development PIP Workgroup explored the following research questions in relation to both Problem Statements 1 and 2:

1. How did the state perform on all case review items pertaining to service provision and individualization of services?
2. What themes are found in case review rationale statements?
3. Is there data to support that referrals are individualized/specific to each case?
4. When there are delays in service provision, what causes these delays?
5. Are certain populations more affected than others (e.g., age, race/ethnicity, gender, etc.)?
6. Is the problem statewide or localized in certain areas? Which areas are most impacted?
7. Is there a difference in performance depending on case type (e.g., in home, out of home, probation)?
8. What policies and/or practices might be contributing to the problem (e.g., broader cross-system policies, court practices, child welfare policies/practices)?
9. If a policy related to this issue already exists, why is it not working in practice?
10. Are there any concerns about data quality (e.g., missing or incorrectly entered data)?
11. Are there any concerns about data reliability (e.g., if research was conducted again, would the same results occur?)?

The DCS Quality Service and Assurance team, Research and Evaluation team, and workgroup members with subject matter expertise provided evidence and data relevant to these research questions, which was reviewed by the larger workgroup. In addition, qualitative evidence was obtained from case review interviews, workgroup members, individuals with lived experience, and stakeholder interviews.

Key Findings for Research Questions Related to Problem Statement 1:

Through exploration of Round 4 CFSR Item 12A and 12 B results and the disproportionality report, the workgroup discovered that statewide, several populations are more affected than others. Those most impacted include children of color, fathers, LGBTQIA+ youth, those struggling with substance use or other specialized presentations, households with multiple children, and families needing translation services. The workgroup also found that case type impacted performance, with out-of-home cases and probation cases having poorer performance in this area. However, it should be noted that the larger case sample reviewed as part of the agency's internal case review (Practice Model Review) showed better performance for out-of-home cases, whereas CFSR results indicate better performance for in-home cases. Although the practice model emphasizes the core skills of teaming, engaging, assessing, planning, and intervening, these skills

are not consistently implemented throughout the agency. Additionally, Informal Adjustment forms and pre-dispositional reports are formulaic and not individualized.

Key Findings for Research Questions Related to Problem Statement 2:

Outside of the Round 4 CFSR results and an agency referral analysis, the workgroup relied on qualitative data from stakeholder interviews and lived experience focus groups. The workgroup determined that youth with more complex needs, individuals with developmental disabilities, and individuals needing translation/language services were more affected than other populations. Although this is a problem statewide, rural areas tend to have more barriers due to fewer providers and the resulting lower provider availability. The workgroup noted that provider availability issues related to provider turnover are outside of the agency's control, but there are practice-related activities that could address the issue of access and availability. As with Problem Statement 1, probation cases and out-of-home cases had poorer performance.

Contributing Factors:

Based on Round 4 CFSR results, birth parent interviews, stakeholder interviews, and workgroup discussions, the following contributing factors were identified regarding Problem Statement 1:

- Lack of engagement with families
- Initial informal assessments not being thorough.
- Not reassessing families' needs throughout the life of the case.
- Not tracking and adjusting services throughout the life of the case
- Lack of tailored services for individuals with developmental needs
- Not having difficult conversations with families

Through review of the Round 4 CFSR results, OSRI Practice Performance Report 2023, and interviews with youth with lived experience, the following contributing factors were identified regarding Problem Statement 2:

- Issues with the Service Hub
- Lack of transparent waitlists to track unavailable services.
- Lack of availability for specialized services
- Lack of diversity among provider staff
- Delays in creating referrals.
- Delay in service initiation.

Root Cause Analysis:

After identifying the contributing factors, workgroup members collaborated via Microsoft Teams and utilized the "5 Whys" method of root cause analysis to determine the following root causes for each problem statement:

Problem Statement 1:

- Cohort, mentoring, and on the job training are not preparing FCMs to understand their level of power and how to share power while working with families to more accurately identify their needs.
- Cohort, mentoring, and on the job training are not preparing FCMs to know what resources are available to supplement the existing service array (i.e., knowledge of service array, service standards, nuances/resources in their communities, and utilization of non-contracted providers).
- There is a perceived and observed lack of fidelity to the agency's practice model.
- We are not conducting thorough, initial assessments of a family's needs or reassessing their needs as the case progresses.

Problem Statement 2:

- DCS and Probation Departments do not explicitly share a practice model. Probation cases are approached from the criminal justice system perspective rather than family-centered practice, as removals in probation cases are based on the child's behavior and needs associated with that.
- Workers aren't familiar with services' processes to address gaps/needs in their areas, who to reach out to for next steps, the process to address meeting families' needs, etc.
- Services may be repeated, referrals delayed, or services extended beyond the needed timeframe, as critical case information can be lost in the case transfer process, even when using the case transfer guide. Although policy provides guidance for transferring cases from assessment to permanency, transferring cases between counties, and transferring cases to collaborative care, there is a lack of standard work for transferring cases from one permanency FCM to another.
- Standard work for casework varies from county to county; there is no standard work statewide.

Goals, Strategies, Key Activities, and Rationales:

Service Array and Resource Development Goal 1-Indiana will enhance the identification of the family's underlying needs, improve matching of services to needs, and address accessibility of services. Well-Being Outcome 1 (Item 12), Well-Being Outcome 2 (Item 16), and Well-Being Outcome 3 (Items 17-18):

- Rationale: This goal was chosen because the Service Array and Resource Development Workgroup found that frontline workers were not accurately assessing the underlying needs of families and/or matching families to the services most appropriate for their needs. When families are not engaged in the identification of their needs and the matching of services, there can be increased feelings of disempowerment and resistance to engaging in referred services, ultimately leading to delays in achieving permanency.

Based on this goal, the following strategies were developed:

Strategy 1: Indiana will ensure that frontline staff routinely conduct thorough assessments of families' underlying needs over the life of the case.

- Rationale: The Service Array and Resource Development Workgroup determined that two of the main root causes impacting a family's lack of access to needed services were staff not initially thoroughly assessing the family's needs and staff not reassessing the family's needs as the case progressed. This strategy addresses both root causes. Conducting more thorough assessments, which accurately identify families' underlying needs, throughout the life of the case will allow families to be matched with needed and individualized services timelier.

Strategy 2: Indiana will design and implement mechanisms for better informing and accessing needed services array for frontline staff.

- Rationale: Another significant root cause identified by the Service Array and Resource Development Workgroup was that staff are not knowledgeable about what services are available in their community and how to access certain services when they face a barrier or gap. This prevents families from accessing needed services that are available timely and contributes to the underutilization of community support that would follow the family post-case closure and relieve excess demand on contracted providers. By implementing mechanisms to better inform staff of available services and how to access them, staff will be able to match families with individualized services timelier.

Goal 4: Matching Services to the Underlying Needs of Families

Indiana will utilize two strategies to better target a family's underlying needs that contributed to their involvement with the child welfare system. The first is to assess, both initially and ongoingly, the culture and traditions of each individual family, utilizing the skills of engagement to learn more about the needs, and then document those needs in the case management system. The second strategy is to ensure that all the services identified to meet each family's unique needs are not only available, but urgently available to the family when they need it. This strategy creates escalation pathways and engages local councils as a check and balance to the availability of resources. This also allows for community involvement in the development of new resources.

Goal 4	<u>Well-Being Outcome 1 (Item 12), Well-Being Outcome 2 (Item 16), and Well-Being Outcome 3 (Items 17-18):</u> Indiana will enhance the identification of the family’s underlying needs, improve matching of services to needs, and address accessibility of services. All impacted/improved by the goal: Well-Being Outcome 1 (Item 12), Well-Being Outcome 2 (Item 16), Well-Being Outcome 3 (Items 17-18), Safety Outcome 2 (Items 2-3), Permanency Outcome 1 (Item 4) and Service Array and Resource Development (Items 29 and 30) Implementation Site(s): Statewide		
Strategy 4.1	Indiana will ensure that frontline staff routinely conduct thorough assessments of families’ underlying needs over the life of the case.		<input type="checkbox"/> Completed
Key Activities		Responsible Party	Projected Completion Date
Key Activity 4.1.1	Desk reviews conducted monthly by field leadership and ongoing quality assurance review activities will assess Indiana’s use of quality engagement skills, including asking questions about the family’s culture and individual family story, to effectively identify and match services that meet the family’s individual needs. This includes incorporating motivational interviewing skills as learned through activity 2.1.3. <ul style="list-style-type: none">Strategy 2.1 will build the foundation for assessing and understanding updated needs at every juncture.	DCS Practice team, DCS Field Operations, Probation Consultants, Indiana Office of Court Services (IOCS), DCS Legal team	Q2

	<ul style="list-style-type: none"> Practice guidance will be provided to ensure the established safety plans (1.2.4) will be discussed in every family contact, and will be reflected in CFTM notes, court reports and case plans, mirroring each other. Frontline to utilize the family story to understand the progression of life situations that have shaped the family's life. Desk reviews that include dual status youth, will provide feedback and results to local supervising probation officer 		
Key Activity 4.1.2	<p>Indiana will consider and seek to understand each family's cultural and individualistic family norms, routines, and values:</p> <ul style="list-style-type: none"> Learning about families to serve them best. Utilize this information to create meaningful plans that get to the root issues. Applying cultural humility by asking about the family and not allowing bias or assumptions to drive planning. Ensure that the family's culture is discussed in court documentation. <p>Questions assessing the progress of this item will be added to quality assurance activities such as field leadership desk review guides. Results from these activities will be communicated to the PIP Task Force quarterly for the ongoing assessment of progress/functioning and incorporation into improvement activities.</p>	DCS Practice Model team, DCS Strategic Solutions team, IOCS, DCS Legal	Q3
Key Activity 4.1.3	<p>Indiana will skillfully update service referrals to the family's current needs to achieve the goals outlined in their case plan and dispositional orders:</p> <ul style="list-style-type: none"> Staff will utilize the skills and guidance in key activity 4.1.1 to drive service referrals. Staff will discuss a family's unique needs with the service providers after referral is made. Staff will document this process in case staffing notes in the system of record, which will inform the Local Office Director's coaching of local supervisors. 	Service providers, IOCS, DCS Child Welfare Services, DCS Field Operations, Probation, DCS Legal, courts	Q3

	<p>DCS case staffing notes will reflect the discussion of service referrals matching current assessment of underlying needs. Local Directors/Division managers will include a review of notes and referrals in the desk review of cases conducted quarterly. Trends in desk reviews and scores on Practice Model/PIP Reviews related to this item will be communicated to the PIP Task Force and continuous improvement teams to inform ongoing improvement activities.</p> <p>Probation preliminary inquiry reports, pre-dispositional reports, review summaries and modification reports will reflect the assessment of the child and family's underlying needs throughout the life of a case.</p>		
Strategy 4.2	Indiana will design and implement mechanisms for better informing and accessing needed services array for frontline staff.	Who	When
Key Activity 4.2.1	<p>Invite and encourage local probation officers to attend Family Preservation Friday to learn about Family Preservation services, escalate any needs/issues pertaining to these services to the relevant teams in real time, and participate in vision alignment discussions. This will give probation staff the opportunity to enhance their knowledge of these services, how and when to access them, and ensure their feedback is heard.</p>	DCS Child Welfare Services, Probation Services Consultant, Probation Officers	Q1
Key Activity 4.2.2	<p>Indiana will pilot the expansion of the current Services Hub App or similar software, for all services available, to support more timely referrals for services for both in home and out of home cases.</p> <p>In three counties chosen by readiness, size and service provider engagement levels, Indiana will:</p> <ul style="list-style-type: none"> • Evaluate each provider's feasibility to accurately update the software with "real-time" capacity for new referrals. • Explore technical support to expand the Services Hub or use technical support to find other options of apps that have the compatibility to hold the large amount of information needed. • Add queries for searching in the app for cultural considerations, such as language, accessibility/transportation, expertise in subject matters and juvenile probation. • Have local courts, CASA, Probation and lived experience walk through the app for input and feedback and increased awareness. 	DCS Child Welfare Services team, Probation Service Consultants, courts, frontline staff	Q2

Key Activity 4.2.3	<p>To ensure families have timely access to services that meet their needs, Indiana will create an escalation process so frontline staff can communicate in “real-time” if a needed service is not available or the quality of the service provision is in question. This process aims to locate a provider/service with availability the same day when a service need is identified and unavailable.</p> <p>This escalation process/pathway will be available to field staff via the service coordinator assigned to their region or county and to probation staff through their region’s probation services consultant. An escalation process map will be provided to frontline teams to use while in the field.</p> <p>This escalation process will include tracking of information like location and service type to identify service deserts and aid with faster identification and development of services in the areas that need them. This data will be reviewed quarterly with the PIP Task Force and Regional Service Councils to inform action plans to improve the agency’s service array.</p>	Case managers, supervisors, probation consultants, service providers, service coordinators, Child Welfare Services team/leadership	Q2
Key Activity 4.2.4	<p>Indiana will launch the statewide provision of Intensive Foster Care and Intensive Respite Care Services. These are services designed to maintain children with intensive medical, mental, emotional, and/or behavioral needs in a single placement to encourage safety and stability, while supporting the resource family and assisting children in their transition to permanency through the introduction of appropriate services for the family. These services are provided with the goal of preparing the foster parent(s) to provide care and support for the child without the need for additional services from either DCS or other providers.</p> <p>Intensive services must still be individualized to the children and families’ unique needs including considerations for accessibility and culture.</p> <p>This activity will include:</p> <ul style="list-style-type: none"> • Reviewing provider responses to the Request for Proposals • Establishing the rate system • Contracts implemented with providers to offer Intensive services statewide 	DCS Child Welfare Services, service providers, foster parents, individuals with lived experience	Q3

	<ul style="list-style-type: none"> Planning an evaluation to measure the effectiveness of this service with the DCS Research and Evaluation team. 		
Key Activity 4.2.5	<p>Beginning in Q2, Indiana will work to revitalize the effective use of Regional Services Councils with the goal to be fully functional by Q4</p> <ul style="list-style-type: none"> Councils will meet quarterly in each region. Councils will discuss the service array in the region and advise DCS of any needed services (including tracked escalations in 4.2.3) Councils will provide quarterly written feedback/recommendations to agency leadership for use in improvement efforts tracked and provided to existing planning meetings. Councils/regional DCS staff will engage an array of system partners in the exploration of service needs in the region including (e.g., regional DCS leadership, Local Office Directors, Case Managers, Case Manager Supervisors, judicial/court staff, probation, Guardian ad Litem/CASA, and providers. Councils will include DCS legal (local office attorneys and/or chiefs) in council activities to ensure knowledge and awareness of the purpose of services is understood to avoid court orders that are unnecessary. A designated Regional Service Council representative (chair or designee) will compile a summary of council meeting minutes, summary of progress, summary of changes made as a result of council discussions/recommendations, and a description of how any changes have impacted the work to be submitted to and reviewed by the PIP Task Force to monitor ongoing progress/systemic factor functioning. The PIP Task Force will communicate information back to the Regional Service Councils and relevant teams (Child Welfare Services team) such as performance data and escalations from other meetings/committees to inform quarterly council discussions. 	Regional Service Coordinators, Regional Managers, Probation Consultants, local office attorney, service providers	Q4

Foster Parent Recruitment, Retention, and Preparation

Problem Statement 1: There is a lack of active and available foster homes that are representative of the cultural, accessibility, and linguistic needs of children in care.

Research Questions:

The Foster Parent Recruitment and Retention PIP Workgroup explored the following research questions in relation to Problem Statement 1:

1. Are certain populations more affected than others (e.g., age, race/ethnicity, gender, etc.)?
2. Is the problem statewide or localized in certain areas? Which areas are most impacted?
3. Is there a difference in performance depending on case type (e.g., in home, out of home, probation)?
4. What policies and/or practices might be contributing to the problem (e.g., broader cross-system policies, court practices, child welfare policies/practices)?
5. If a policy related to this issue already exists, why is it not working in practice?
6. Are there any concerns about data quality (e.g., missing or incorrectly entered data)?
7. Are there any concerns about data reliability (e.g., if research was conducted again, would the same results occur?)?

The DCS Quality Service and Assurance team, Research and Evaluation team, and workgroup members with subject matter expertise provided evidence and data relevant to these research questions, which was reviewed by the larger workgroup. In addition, qualitative evidence was obtained from case review interviews, workgroup members, individuals with lived experience, and stakeholder interviews.

Key Findings for Research Questions Related to Problem Statement 1:

Indiana has experienced a decline in active foster homes each year over the last four years. There are fewer minority foster families or foster families who speak a language other than English. This means minority children are more likely to be placed in homes that are not reflective of their community of origin. Black children experience a higher number of placement moves than children of other races. Older children and children who do not speak English as their primary language are also affected more than other populations.

Youth aged 14-18, youth who identify as LGBTQIA+ (particularly transgender youth), youth with developmental disabilities, youth with a dual diagnosis, and youth involved in the juvenile justice system are most impacted by this problem. This is a problem statewide, but urban areas are more impacted, as they have a greater proportion of youth who reflect these characteristics. Generally, rural communities are less likely to have homes willing to foster these youth but have a smaller child population overall. Although this is a problem statewide, rural, less-populated areas of the state are less likely to have foster homes that are willing to foster youth with certain characteristics or that are culturally or racially diverse.

Contributing Factors:

Based on Round 4 CFSR results, focus groups, the statewide assessment, foster parent discussions, a Gallup poll on distrust in foster care, and interviews of individuals with lived experience, the following contributing factors were identified regarding Problem Statement 1:

- Targeted recruitment plans are not successful.
- Not all children in care are placed with relatives/kin.
- Lack of trust-based rapport between the agency and minority communities

Root Cause Analysis:

After identifying the contributing factors, workgroup members collaborated via Microsoft Teams and utilized the “5 Whys” method of root cause analysis to determine the following root causes for problem statement 1:

- The agency has historically not allowed a separate licensing process for relative homes and non-relative foster homes.
- Some DCS local offices lack strong relationships with key community partners.
- Individual bias regarding the local community (e.g., high volume of DCS involvement in that community, socio-economic status of the community, etc.) impacts placement decisions and recruitment efforts.

Problem Statement 2: Children aged 11-16 have the highest rate of placement moves.

Research Questions:

The Service Array and Development PIP Workgroup explored the following research questions in relation to both Problem Statements 1 and 2:

1. Are certain populations more affected than others (e.g., age, race/ethnicity, gender, etc.)?
2. Is the problem statewide or localized in certain areas? Which areas are most impacted?
3. Is there a difference in performance depending on case type (e.g., in home, out of home, probation)?
4. What policies and/or practices might be contributing to the problem (e.g., broader cross-system policies, court practices, child welfare policies/practices)?
5. If a policy related to this issue already exists, why is it not working in practice?
6. Are there any concerns about data quality (e.g., missing or incorrectly entered data)?
7. Are there any concerns about data reliability (e.g., if research was conducted again, would the same results occur?)?

The DCS Quality Service and Assurance team, Research and Evaluation team, and workgroup members with subject matter expertise provided evidence and data relevant to these research questions, which was reviewed by the larger workgroup. In addition, qualitative evidence was obtained from case review interviews, workgroup members, individuals with lived experience, and stakeholder interviews.

Key Findings for Research Questions Related to Problem Statement 2:

Indiana has experienced a decline in active foster homes each year over the last four years. The number of available homes willing to foster youth steeply declines when youth are 14 or older or are identified as having certain characteristics, such as a mental health or physical health diagnosis, a pattern of violent, sexually maladaptive, or criminogenic behaviors, or are part of the LGBTQIA+ community. This is true for both genders, though foster homes are less likely to accept males with these characteristics than females. Youth aged 11-16 represented 22% of all days in care and 30% of all placement moves (IN Supplemental Context). Regions in the bottom 20% for willingness to foster youth ages 11-16 were regions 12, 6, 8, and 17. Regions with the highest rates of placement instability were regions 5, 8, 12, 3, 10, 13, and 18.

Workgroups explored data regarding relative and kinship care and whether these placements are more stable. On average, kinship placements are significantly more stable lasting an average of 129 days compared to non-kinship placements, which last an average of 77 days. Additionally, more placement moves occur from a non-kinship/non-relative setting to a kinship setting than the converse. This supports the theory that pursuing kinship and relative placements at the onset of removal would positively impact

placement stability. However, it was noted that in some counties, judicial preference for obtaining required background check waivers limits the ability to place directly in kinship care.

Contributing Factors:

Based on Round 4 CFSR results, the foster home availability report, the willingness to foster report, foster parent advisory board discussions, stakeholder interviews, and workgroup discussions, the following contributing factors were identified regarding Problem Statement 2:

- Inadequately prepared/supported caregivers.
- Not identifying the best placement at the time of first placement (i.e. placing in foster care first and then moving to relative/kinship)
- Placing in the first available placement rather than the best-fitting placement
- Services needed but not available for the youth (i.e. mental health services)
- Foster parents having unrealistic expectations of adolescents due to a lack of knowledge of developmentally appropriate behaviors and/or children's responses to trauma.
- Lack of staff knowledge regarding waiver processes

Root Cause Analysis:

After identifying the contributing factors, workgroup members collaborated via Microsoft Teams and utilized the "5 Whys" method of root cause analysis to determine the following root causes for problem statement 2:

- This age group has specific developmental and behavioral needs, which can be amplified because they have experienced trauma.

Problem Statement 3: Youth with complex needs experience less stability in their placements.

Research Questions:

The Foster Parent Recruitment and Retention PIP Workgroup explored the following research questions in relation to Problem Statements 3:

1. Are certain populations more affected than others (e.g., age, race/ethnicity, gender, etc.)?
2. Is the problem statewide or localized in certain areas? Which areas are most impacted?
3. Is there a difference in performance depending on case type (e.g., in home, out of home, probation)?
4. What policies and/or practices might be contributing to the problem (e.g., broader cross-system policies, court practices, child welfare policies/practices)?
5. If a policy related to this issue already exists, why is it not working in practice?
6. Are there any concerns about data quality (e.g., missing or incorrectly entered data)?
7. Are there any concerns about data reliability (e.g., if research was conducted again, would the same results occur?)?

The DCS Quality Service and Assurance team, Research and Evaluation team, and workgroup members with subject matter expertise provided evidence and data relevant to these research questions, which was reviewed by the larger workgroup. In addition, qualitative evidence was obtained from case review interviews, workgroup members, individuals with lived experience, and stakeholder interviews.

Key Findings for Research Questions Related to Problem Statement 3:

The willingness to foster report shows that only one-fifth or less of licensed homes are willing to take youth aged 14-18, children who are seriously emotionally disturbed, children who display sexually maladaptive behaviors, children who are physically disabled, and children with involvement in juvenile probation. Children with sexually maladaptive behaviors and children involved in juvenile probation have the fewest homes available. Twice as many youths with complex needs spend more time in non-placement settings,

such as the local DCS office, than other youth. Although this is a statewide problem, urban areas have a higher volume of needs, but rural communities have fewer placement options.

Contributing Factors:

Based on Round 4 CFSR results, stakeholder interviews, MaGIK data/reports, the foster parent survey, the foster parent workgroup, and PIP workgroup discussions, the following contributing factors were identified regarding Problem Statement 3:

- High-acuity children have significant needs that placement, including residential, foster care, and family are not able to meet.
- A foster home might have availability but lack the knowledge needed to care for youth with high-acuity needs.
- Services to support foster placements are not readily available.

Root Cause Analysis:

After identifying the contributing factors, workgroup members collaborated via Microsoft Teams and utilized the “5 Whys” method of root cause analysis to determine the following root causes for problem statement 3:

- Not all placement decisions are made with the child’s best interests and well-being as the top priority.
- The foster care unit does not have the ability to refer the foster home for therapeutic services.
- There is an overall decline in the number of foster homes, especially those willing to accept youth with complex needs.

Goals, Strategies, Key Activities, and Rationales:

Foster Parent Recruitment and Retention Goal 1- Indiana will improve the diligent recruitment and retention of foster parents and enhance their capacity to care for youth. Permanency Outcome 1 (Item 4) and Permanency Outcome 2 (Items 7, 9, 10):

- Rationale: Indiana chose this goal because it addresses the two main themes identified by the Foster Parent Recruitment and Retention Workgroup: Indiana does not have enough available foster homes and of the available homes, not enough are equipped to care for children with complex needs. Achieving this goal will increase the number of new homes, increase the number of foster homes that retain their license, and increase the number of foster parents able to care for youth with complex needs.

Based on this goal, the following strategies were developed:

Strategy 1: Indiana will continue to build a body of foster care families that embrace and reflect the characteristics and diversity of our youth population.

- Rationale: Through root cause analysis and the development of causal links, the Foster Parent Recruitment and Retention Workgroup determined that for retention plans to be effective, they must be data driven, each local office must build and/or enhance community relationships, and staff responsible for the plans must have both buy-in to the plan and support from leadership. This strategy will allow Indiana to address all of these factors.

Strategy 2: Indiana will improve individualized placement matching through culturally informed strategies and enhance support to foster parents to increase their capacity to support children and youth in their care.

- Rationale: For children to have placement stability, they must be matched to homes that are matched to their specific needs. This requires that thorough information about youth be collected and given to potential placements, caregivers be equipped with the skills necessary to care for youth with complex needs, and caregivers receive support and services to meet their needs.

Goal 5: Increase positive matches of homes to children that need placement

Indiana will utilize two strategies to increase foster home availability and support the retention of foster homes. The first strategy examines the diverse need for homes that match the population of children removed from homes, to provide the best experience for each child while in care. This strategy seeks to expand the availability of black or multi-racial foster families that are willing to accept older youth and are available in both metro and rural communities. The second strategy is to equip each family with the necessary skills and resources to meet the needs of the children placed in their care, by matching the needs of the child to the capacity and skills of the foster home. This strategy builds on the use of effective engagement skills to better understand each family's unique situation, then using that information to inform placement decisions. Through these strategies, Indiana aims to retain foster families longer and create more foster homes, resulting in a better, more stable foster care experience for children in Indiana and expedite permanency.

Goal 5	<p><u>Permanency Outcome 1 (Item 4) and Permanency Outcome 2 (Item 7):</u> Indiana will improve the diligent recruitment and retention of foster parents and enhance their capacity to care for youth.</p> <p>All impacted/improved by the goal: Permanency Outcome 1 (Item 4), Permanency Outcome 2 (Items 7, 9, 10), and Systemic Factor Foster and Adoptive Licensing, Recruitment, and Retention (Items 34-35)</p> <p>Implementation Site(s): Statewide</p>		
Strategy 5.1	Indiana will continue to build a body of foster care families that embrace and reflect the characteristics and diversity of our youth population.	<input type="checkbox"/> Completed	
	Key Activities	Responsible Party	Projected Completion Date
Key Activity 5.1.1	<p>Utilize the existing Foster Parent Recruitment and Retention committee led by the Assistant Deputy Director of Field Operations over Kinship, Foster and Adoption Support and Older Youth Case Management in collaboration with the foster care licensing team to guide and oversee recruitment efforts in the state.</p> <p>This committee will set goals/objectives for local teams as they plan local recruitment and retention activities/events.</p>	Foster Care Division, Kinship Navigator Team, Recruitment and Retention Committee Members	Q1

Key Activity 5.1.2	<p>Establish local, regionally based teams responsible for planning, implementing, and tracking recruitment and retention efforts. These teams will be led by foster care staff and will consist of front-line field staff, field leaders, representatives from foster care, adoption, and older youth initiatives teams, and probation (e.g., probation consultants or probation officers).</p> <p>These local teams will plan and coordinate events/activities alongside external partners (as applicable) such as foster parents, faith communities, and community centers. Plans will be shared with the committee in activity 5.1.1.</p>	Foster Care Division, Kinship Navigator Team, Adoption consultants, Recruitment and Retention Committee Members, Probation Consultants	Q1
Key Activity 5.1.3	Local sub committees (Activity 5.1.2) will develop quarterly data one-pagers to share with internal stakeholders to raise awareness among partners that have less interaction with recruitment and provide guidance to the regional foster staff. This information will inform regional action plans and goals.	Foster Care Division, Recruitment and Retention Committees	Q1
Key Activity 5.1.4	Quarterly, the Foster Care Team will collaborate with individuals, community organizations, and partner agencies to develop action plans that address needs identified in quarterly data one-pagers.	Foster Care Division	Q2
Key Activity 5.1.5	<p>The oversight committee referenced in activity 5.1.1 will establish a tracking system to (a) produce a statewide calendar of events and (b) capture the following points from local recruitment efforts:</p> <ul style="list-style-type: none"> • Number of events • Date of event • Type of event • Location of event • Reach/event attendance. • Targeted Population(s) for each event/activity • Required Components (as specified by committee in 5.1.1) • Event Feedback Survey Data 	Recruitment and Retention Committees, Continuous Quality Improvement, Foster Care Division	Q1
Key Activity 5.1.6	Data from 5.1.5 will be reviewed by committees referenced in 5.1.1 and 5.1.2 to inform the planning of future events and recruitment/retention goals.	Recruitment and Retention Committees	Q2

Key Activity 5.1.7	<p>Frontline staff will be re-educated on the importance of capturing comprehensive information about youth and the value this information has when identifying a stable, best-fit placement. This will include:</p> <ul style="list-style-type: none"> • Highlights in the agency newsletter • Messaging from Assistant Deputy of Field Operations • One-pagers/reference guides created/shared. • Features in Spaced Education activities/quizzes. <p>Feedback provided by the placement line and LCPAs will provide insight on improvements made or needed adjustments.</p>	DCS Foster Care Division, DCS Field Operations, DCS Safe Systems, DCS Communications	Q2
Key Activity 5.1.8	<p>Indiana will build a visualization that combines available data reports to allow counties to see available resource homes based on selected criteria:</p> <ul style="list-style-type: none"> • Willingness to accept placements Age, geographical location, race, ethnicity, language, gender, disabilities, behavioral health needs, Juvenile Delinquency involvement (probation). • Active license, but not accepting placements. • Current Placements • Capacity • Corrective Action Plans and Placement Holds 	Department of Child Services (DCS), Licensed Child Placing Agencies (LCPA), Foster Parent Advisory Board, DCS Data and Analytics	Q4
Key Activity 5.1.9	A communication plan will be developed to inform leadership, placement line staff, foster care staff, and local office staff about the visualizations created in 5.1.8, how to utilize it, and use case scenarios.	DCS Communications, DCS Data and Analytics, Foster Care Team, DCS Field Operations, Juvenile Justice Initiatives and Support/Probation	Q2
Key Activity 5.1.10	Placement line staff will receive internal training on how to use the visualizations developed in 5.1.8. Training and desk guides will be provided to new placement line staff who onboard after the initial training.	Staff Development, DCS Foster Care Staff, DCS Placement Line Staff	Q2
Key Activity 5.1.11	A survey will be administered to placement line staff to obtain feedback on the dashboard/tool and adjust as needed.	DCS Research and Evaluation, DCS	Q3

		Placement Line Staff, DCS	
Key Activity 5.1.12	<p>Indiana will advocate for and pursue a separate licensing process for relatives/kinship caregivers that reduces barriers (e.g., financial means to care for additional children, square footage per child requirements, etc.) and expedites licensing to stabilize and maximize support of relative/kinship placements. This separate process will still emphasize ensuring the safety of children in these placements.</p> <p>This process requires a change to the Indiana Administrative Code. Agency policy will be updated to reflect the language/requirements upon approval of the rule change.</p>	DCS, Indiana Office of Court Services (IOCS), Licensing agencies	Q3
Strategy 5.2	Indiana will improve individualized placement matching through culturally informed strategies and enhance support to foster parents to increase their capacity to support children and youth in their care.		<input type="checkbox"/> Completed
Key Activities		Responsible Party	Projected Completion Date
Key Activity 5.2.1	<p>Reinforce the practice of front-line staff performing diligent searches for relatives/kin. Accountability for this practice will be embedded in existing touchpoints and quality assurance activities.</p> <p>Questions pertaining to a diligent search for relatives/kin will be addressed when:</p> <ul style="list-style-type: none"> • Staffing with FCMS regarding removal of the child • Contacting the Placement Line to identify a placement. • Conducting a Legal staffing • Conducting MDI huddles <p>Existing quality assurance activities will be updated to assess practice compliance including:</p> <ul style="list-style-type: none"> • Practice Model Review • Reflective Practice Survey (RPS) 	DCS Foster Care Division, DCS Field Operations, DCS Safe Systems, DCS Communications, DCS Quality Service and Assurance, DCS Continuous Quality Improvement, DCS Staff Development	Q1

	<ul style="list-style-type: none"> Regional Manager/Local Office Director Desk Review <p>Frontline staff are provided with feedback from the above reviews to improve their practice moving forward. Feedback following Reflective Practice Surveys is provided to Case Managers by their supervisors and includes making any necessary revisions to the case file and discussing additional action plans.</p> <p>Aggregate data from these activities will be reviewed by local office and field operations leadership teams to develop local and statewide action plans. Additionally, data and action plans will be reviewed by the PIP Task Force to assess systemic factor functioning ongoingly.</p>		
Key Activity 5.2.2	<p>Ensure diligent efforts for finding and placing children with relatives/kin are exhaustive and ongoing. Updates regarding diligent efforts will be provided at all critical case junctures, including:</p> <ul style="list-style-type: none"> When calling the placement line to locate a non-relative, licensed placement. At every court hearing. Or every 3 months, whichever comes first. <p>Documentation regarding the diligent search for relatives/kin will be required:</p> <ul style="list-style-type: none"> In accordance with Policy 5.23 - Diligent Search for Relatives/Kin and Case Participants. Documented in court reports. Included in the Preliminary Inquiry Added as required documentation in case plans. <p>The agency will assess performance and progress through scores on quarterly RM/LOD Desk Reviews and quarterly Reflective Practice Surveys (RPS).</p>	DCS Front Line, Placement Line, DCS Probation Consultants, DCS Legal, IOCS	Q1
Key Activity 5.2.3	<p>Indiana will conduct an improvement activity regarding the standard removal/placement process and the emergency removal/placement process. The purpose of this activity is to remove unnecessary steps in the process, improve/develop tools/resources, identify key opportunities to utilize engagement skills, and clearly define the timeline and ownership of each step. This will ensure staff are following best practice and making diligent efforts to</p>	DCS Front Line, DCS Leadership, DCS CQI, DCS Legal, DCS Probation Consultants, IOCS/Court Representatives	Q2

	<p>identify relatives/kin whenever possible or a foster home that is the best fit for the child(ren) from the onset of removal.</p> <p>Outputs from this activity will include:</p> <ul style="list-style-type: none"> • Process maps for the standard process, including the identification of touchpoints. • Process maps for the emergency/expedited process, including the identification of touchpoints. • Identification of waste and recommendations to streamline the process. • Clarity in roles/responsibilities throughout the process. • Identification of support for front line staff throughout the process. • Creation of new/updated resources for staff. 		
Key Activity 5.2.4	<p>Indiana will address practices/behaviors that contribute to (a) biases toward children and (b) foster parents having an inadequate understanding of a child or youth's needs when making placement decisions.</p> <ul style="list-style-type: none"> • Existing questionnaires and tools will be reviewed and updated to ensure comprehensive information about the child's strengths, race, ethnicity, language, gender, age, medications, medical diagnoses and/or disabilities, and behavior is available in the case file, accessible to placement staff, and considered when identifying a best-fit placement. • FCMs will use person-first language when documenting the child's placement needs and when describing a child and their needs to any person. • Placement line questionnaires will be reviewed and updated to ensure questions capture an accurate picture of the child and their needs while avoiding "buzzwords" or subjective/biased language. • Placement line staff will receive ongoing coaching on the importance of identifying "buzzwords" and asking questions to functionalize information about child/youth behavior and needs. 	DCS Field Operations, DCS Foster Care Division, DCS Placement Line Team, DCS Probation Consultants	Q2

Key Activity 5.2.5	<p>Conduct an improvement project to enhance the current process used to track and monitor placement line data.</p> <p>Enhanced placement line data will be able to highlight gaps in placement availability, identify characteristics and needs of youth who are more difficult to place, and will be used to inform the recruitment and retention efforts of the committee referenced in activity 5.1.1.</p>	DCS Continuous Quality Improvement, DCS Placement Line Team, DCS Foster Care Division, DCS Field Operations	Q2
Key Activity 5.2.6	<p>Complete a messaging campaign with input from active foster parents to re-introduce the Foster Parent Bill of Rights, and the Foster Youth Bill of Rights broadly to DCS staff, Licensed Child Placing Agencies (LCPAs), probation staff, court staff, and resource families. Some example activities include:</p> <ul style="list-style-type: none"> • Spotlighting articles from the Foster Parent Bill of Rights in the DCS newsletter, newsletter to court staff/judicial officers, and foster parent newsletter. • Development of new Computer Assisted Trainings and ongoing trainings incorporating the Bill of Rights. • Integration into new employee cohort trainings • Foster Youth Bill of Rights will be reintroduced to probation through IOCS in conjunction with DCS through existing workgroups and communication pathways. 	Department of Child Services (DCS), DCS Communications, Licensed Child Placing Agencies (LCPA), Probation, Indiana Office of Court Services (IOCS)	Q2

<p>Key Activity 5.2.7</p>	<p>Local office staff will take a customer service approach to all interactions with Foster Parents. Support and services to foster parents during the initial 90 days of a new placement will be increased to promote stability.</p> <ul style="list-style-type: none"> • Upon placement, provide the foster parent with detailed information about the child/youth and their needs. • Provide foster parents with local office and escalation information (e.g., chain of command). • Conduct face-to-face contact with the child and foster parent within three (3) business days following placement. • Incorporate the foster parent into the 30-day visit, including asking about any support or service needs for the foster parent(s) or child(ren). • Ensure referrals for additional clinical, medical, or supportive services are entered within one business day. • Provide foster parents with any additional information learned about the child from family/parents. • Provide foster parents with updates on court processes and notice of hearings. • Return emails and phone calls within 48 hours. • When the family is willing, invite foster parent(s) to the Child and Family Team Meeting (CFTM). • Inform foster parent(s) of their right to call a team meeting and offer foster parent(s) their own team meeting. • Respect the foster parent's schedule/availability. <p>Supervisors and leadership will incorporate engagement with foster parents in MDI Huddle conversations and escalate concerns as appropriate. Progress will also be measured through responses on the annual Foster Parent Survey, through Foster Parent focus groups, via scores on Reflective Practice Surveys, and through foster care staff and field leadership home visits.</p>	<p>DCS Field Operations, DCS Foster Care Division</p>	<p>Q2</p>
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Key Activity 5.2.8	<p>Regular touchpoints will be used to monitor activity 5.2.7 and build a productive and supportive relationship between DCS leadership and foster parents in their county that will translate to all county FCM and Supervisory staff.</p> <ul style="list-style-type: none"> Regional Managers, Local Office Directors, and Division Managers will conduct a monthly home visit to a sample of locally licensed homes. Foster care staff will conduct quarterly home visits. <p>Questionnaires used will be developed around the Foster Parent Bill of Rights (communication, safety, support, collaboration, and respect).</p> <p>Trends in these observations communicated via summaries to executive leadership and the PIP Task Force will inform ongoing improvement efforts and retention activities.</p>	DCS Foster Care Division, DCS Field Operations, DCS Field Leadership	Q3
Key Activity 5.2.9	<p>Indiana will facilitate bimonthly focus groups with foster parents from around the state to learn from their experiences.</p> <ul style="list-style-type: none"> Questions will be developed through internal conversations with Research and Evaluation, Continuous Quality Improvement, Quality Service and Assurance, the Recruitment and Retention Committee (5.1.1), and executive leadership. Information from focus groups will be used to inform the development of foster parent training, frontline staff training, licensing processes and overall system improvement activities. 	Director Miller, Executive Leadership, Research and Evaluation, Quality Service and Assurance, Continuous Quality Improvement, Recruitment and Retention Committee	Q3
Key Activity 5.2.10	<p>The committee in 5.1.1 will lead the enhancement of the existing annual Foster Parent Survey by:</p> <ul style="list-style-type: none"> Engaging with foster parents to identify feedback areas most important to them. Partnering with the Research and Evaluation team to rewrite and refine survey questions that will produce actionable insights. Exploring new methods to increase the survey response rate. 	Foster Care Team, Research and Evaluation, Recruitment & Retention Committees	Q3
Key Activity 5.2.11	<p>Foster Parent Survey Results will be analyzed and communicated by the DCS Research and Evaluation team via Agency Memo to executive staff, Assistant Deputy Directors, Regional Managers, Local Office Directors, Probation</p>	DCS Research and Evaluation, DCS Foster Care Team, Foster	Q4

	<p>Leaders, and the recruitment and retention committees in 5.1.1 and 5.1.2. Results will be used to inform diligent recruitment and retention plans and local improvement cycles.</p>	<p>Parent Recruitment and Retention Committees</p>	
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Collaboration with Courts

Problem Statement 1: For children who do not achieve permanency within the first 12 months, changes to the permanency plan, including adoption of a concurrent plan, are not consistently made timely.

Research Questions:

The Cross Collaboration with Courts PIP Workgroup explored the following research questions in relation to Problem Statement 1:

1. Are certain populations more affected than others (e.g., age, race/ethnicity, gender, etc.)?
2. Is the problem statewide or localized in certain areas? Which areas are most impacted?
3. Is there a difference in performance depending on case type (e.g., in home, out of home, probation)?
4. What does permanency look like for children when TPR is filed at or after 15/22 months and then dismissed?
5. What policies and/or practices might be contributing to the problem (e.g., broader cross-system policies, court practices, child welfare policies/practices)?
6. If a policy related to this issue already exists, why is it not working in practice?
7. Are there any concerns about data quality (e.g., missing or incorrectly entered data)?
8. Are there any concerns about data reliability (e.g., if research was conducted again, would the same results occur?)?

The DCS Quality Service and Assurance team, Research and Evaluation team, and workgroup members with subject matter expertise provided evidence and data relevant to these research questions, which was reviewed by the larger workgroup. In addition, qualitative evidence was obtained from case review interviews, workgroup members, individuals with lived experience, and stakeholder interviews.

Key Findings for Research Questions Related to Problem Statement 1:

Exploration of this data revealed that children who have been in care for more than 12 months are most at risk of being affected by this problem, with children ages 14 and above being more impacted than other groups. This is a problem statewide. The workgroup noted that in some case types (e.g., probation involvement) data may be impacted by data entry errors since the same information has to be entered into different systems and the systems do not interface with one another.

Indiana's CFSR R4 Final Report highlighted concerns regarding Indiana's practice of filing and dismissing petitions for termination of parental rights (TPR). Indiana statute requires that a petition for TPR be filed when a child has been out of the home for 15 of the most recent 22 (15/22) months; however, statute allows for these petitions to be dismissed under specific circumstances. To understand how this affected timely achievement of permanency, data was reviewed for all children statewide who had been in care for 15/22 months but not had TPR filed in January 2022. Analysis of this data pull revealed that regardless of whether TPR was filed and dismissed or proceeded with, over 90% of these children did not achieve permanency timely. For most children, waiting until they reached 15/22 did not allow for enough time to achieve permanency timely. It is important to note that when TPR was filed then dismissed, several more children were left waiting to achieve permanency over three years after their case opened (43) than when the agency proceeded with the TPR (10). This highlights the need to develop a process for monitoring and refiling TPR when the agency files and dismisses the initial TPR petition.

Contributing Factors:

Based on Round 4 CFSR results, internal PMR data, 12-month data indicators, legal barrier focus groups, tableau permanency reports, and the statewide assessment, the following contributing factors were identified regarding Problem Statement 1:

- Case planning does not always authentically engage/include all case participants.
- Changes in the permanency plan and/or the addition of a concurrent plan is not occurring timely; there is a lack of ongoing assessing if the current plan is the best plan.
- Case managers are not effectively communicating differences between concurrent plans and alternate plans during Child and Family Team Meetings.
- Case progression, or lack thereof, is not consistently being addressed during court hearings (e.g., lack of parental engagement, increasing visitation, addressing protective orders, criminal charges, paternity, addressing absent parents, etc.).
- Termination of parental rights petitions may be filed at different times for different parents.
- Delays in court orders being issued can impact timeliness of case progression.
- Initial and subsequent periodic review and permanency hearings are not always held in a timely manner.
- Pending criminal charges for parents can impede the timeliness of CHINS proceedings/case progression.
- Court delays occur when parents are incarcerated as it impacts their ability to attend/participate in hearings.

Root Cause Analysis:

After identifying the contributing factors, workgroup members collaborated via Microsoft Teams and utilized the “5 Whys” method of root cause analysis to determine the following root causes for problem statement 1:

- Delays in court processes (i.e. establishing paternity, locating absent parents, inclusion of parents with criminal charges/perpetrator, timeliness of hearings) contribute to permanency delays and there is insufficient communication and collaboration between the agency and courts focused on resolving these issues locally.
- Court proceedings do not fully address case progression, appropriateness of permanency plans, shared understanding among all participants of expectations and timelines to achieve permanency plan or standard work when making changes in permanency plans.
- Standard work for quality case transitions does not exist to prevent loss of case information/history when there is turnover of case participants (i.e., case workers, attorneys, court representatives, etc.).

Problem Statement 2: The agency’s data regarding the frequency and quality of periodic review hearings and permanency hearings is lacking or unreliable.

Research Questions:

The Cross Collaboration with Courts PIP Workgroup explored the following research questions in relation to Problem Statement 2:

1. Are certain populations more affected than others (e.g., age, race/ethnicity, gender, etc.)?
2. Is the problem statewide or localized in certain areas? Which areas are most impacted?
3. Is there a difference in performance depending on case type (e.g., in home, out of home, probation)?
4. What policies and/or practices might be contributing to the problem (e.g., broader cross-system policies, court practices, child welfare policies/practices)?
5. If a policy related to this issue already exists, why is it not working in practice?
6. Are there any concerns about data quality (e.g., missing or incorrectly entered data)?

7. Are there any concerns about data reliability (e.g., if research was conducted again, would the same results occur?)?

The DCS Quality Service and Assurance team, Research and Evaluation team, and workgroup members with subject matter expertise provided evidence and data relevant to these research questions, which was reviewed by the larger workgroup. In addition, qualitative evidence was obtained from case review interviews, workgroup members, individuals with lived experience, and stakeholder interviews.

Key Findings for Research Questions Related to Problem Statement 2:

All parties to a case where entry of court data is necessary are at risk of being affected by this problem; however, it is unknown if certain populations are more affected than others. This problem occurs statewide. There are no differences in performance across case types.

Contributing Factors:

Based on Round 4 CFSR results, court services data, internal data, and workgroup discussions, the following contributing factors were identified regarding Problem Statement 2:

- Parties do not use the same systems to track these hearings and the systems do not interface with one another, so updates must be entered manually in each system.
- Duplicate data entry is required.
- Manual data entry is subject to human error.

Root Cause Analysis:

After identifying the contributing factors, workgroup members collaborated via Microsoft Teams and utilized the “5 Whys” method of root cause analysis to determine the following root causes for problem statement 2:

- There is no standard work regarding what data is to be entered, timelines to enter, and who is responsible for entering the data.
- Reports to monitor the timeliness of all key hearings for active cases are not readily available.
- Guidelines for hearing timeframes may have been misinterpreted resulting in hearings being set outside of recommended timeframes.

Problem Statement 3: Roles, responsibilities, and expectations of court participants (DCS staff, probation, families, placements, and judicial system partners) are not clearly known or understood.

Research Questions:

The Cross Collaboration with Courts PIP Workgroup explored the following research questions in relation to Problem Statement 3:

1. Are certain populations more affected than others (e.g., age, race/ethnicity, gender, etc.)?
2. Is the problem statewide or localized in certain areas? Which areas are most impacted?
3. Is there a difference in performance depending on case type (e.g., in home, out of home, probation)?
4. What policies and/or practices might be contributing to the problem (e.g., broader cross-system policies, court practices, child welfare policies/practices)?
5. If a policy related to this issue already exists, why is it not working in practice?
6. Are there any concerns about data quality (e.g., missing or incorrectly entered data)?
7. Are there any concerns about data reliability (e.g., if research was conducted again, would the same results occur?)?

The DCS Quality Service and Assurance team, Research and Evaluation team, and workgroup members with subject matter expertise provided evidence and data relevant to these research questions, which was reviewed by the larger workgroup. In addition, qualitative evidence was obtained from case review interviews, workgroup members, individuals with lived experience, and stakeholder interviews.

Key Findings for Research Questions Related to Problem Statement 3:

This is a statewide problem that can impact anyone collaborating with the courts. There are not certain populations that are more impacted by this than others and there are no performance differences across case types. The workgroup did note that there is not any data intentionally collected regarding collaboration and diversity. Additionally, data entry has historically been an issue that can lead to misinformation.

Contributing Factors:

Based on Round 4 CFSR results and workgroup discussions, the following contributing factors were identified regarding Problem Statement 3:

- At both the state and local levels, divisions/stakeholders operate in silos.
- Turnover has led to a loss of institutional knowledge.
- Not all court participants are knowledgeable of or use trauma-informed practices. This contributes to different sets of expectations related to timelines/appropriate case progression.
- Lack of teaming approach among system collaborators in court proceedings gives the appearance of conflicting or adversarial goals and prevents effective collaboration.

Root Cause Analysis:

After identifying the contributing factors, workgroup members collaborated via Microsoft Teams and utilized the “5 Whys” method of root cause analysis to determine the following root causes for problem statement 3:

- MOUs and MOAs are not in effect for all system collaborators included in the court proceedings. Additionally, some MOUs never expired, resulting in a loss of shared knowledge/understanding of expectations.
- Lack of teaming approach among system collaborators in court proceedings gives the appearance of conflicting or adversarial goals and prevents effective collaboration.
- Turnover in system collaborators results in loss of specialized and/or institutional knowledge.
- CHINS cases are a specialized area of court proceedings where changes in the law and processes occur frequently, and the nuances and changes are not understood by all parties.
- At both the state and local levels, divisions/stakeholders operate in silos.

Goals, Strategies, Key Activities, and Rationales:

Collaboration with Courts Goal 6 - Indiana will enhance partnerships across child welfare and judicial entities to reduce systemic barriers for timely achievement of permanency and improved outcomes for Indiana children. Permanency Outcome 1 (Items 5-6):

- Rationale: This goal was chosen because the Collaboration with Courts Workgroup found that systemic barriers and a lack of collaboration between child welfare and judicial entities were negatively contributing to the timely achievement of permanency. Ultimately, permanency cannot be achieved through the efforts of one agency alone and requires joint efforts between child welfare, the courts, and other entities. Successful completion of this goal will result in more cases achieving permanency timely.

Strategy 1: DCS and IOCS will collaborate to enhance available reports and improve data quality for decision-making and improving child welfare outcomes through additional practice

enhancements.

- Rationale: There is not currently a mechanism to monitor and track the quality of permanency hearings. When the quality of the hearing is not sufficient to determine progress toward case plan goals and the appropriateness of maintaining or changing the permanency plan, timely achievement of permanency is negatively impacted. This strategy will address these issues.
- Rationale: There is not currently a sufficient mechanism to monitor/track all key performance indicators related to legal processes and hearing timeliness for active DCS cases. While IOCS has accurate data for hearing timeliness, these metrics only capture exit cohort data. Existing DCS data reports do not currently exist that report the timeliness of hearings and related reports are impacted by data entry errors in the case management system. Initial analyses conducted through the Statewide Assessment reported court hearing timeliness data that did not accurately capture hearing timeliness and suggested that hearing timeliness was a significant issue. Further data analysis and additional root cause analysis suggests that hearings are timely between 90-95% of the time for initial hearings. When hearings are not held timely, timely achievement of permanency is negatively impacted. Without appropriate data, DCS and partners cannot sufficiently identify issues across the state or target improvement plans. This strategy will address these issues.
- Rationale: Root cause analysis and the development of causal links highlighted that the timely achievement of permanency is negatively impacted when a child's case plan goal remains reunification with no concurrent plan when case circumstances or length of involvement suggests an alternative plan is appropriate. Additional data gathering and stakeholder conversations also highlighted the need for closer monitoring of cases that have filed and dismissed a petition for Termination of Parental Rights (TPR). This strategy will address practice and process issues that impede timely adjustments to permanency plans.

Strategy 2: DCS and IOCS will partner to improve Family Case Manager and Probation Officer collaboration, practice, and documentation when youth are involved with both systems (dually identified, dually involved, or dually adjudicated).

- Rationale: Though separate entities, DCS and local probation offices collaborate when youth are dually involved with both systems (i.e., Dual Status Youth). Root cause analysis and the development of causal links revealed that different stakeholders working in silos and turnover across agencies often results in an absence of shared knowledge and collaboration. As Dual Status cases make up a small proportion of the case population, Family Case Managers and Probation Officers often lack experience with these case types. This contributes to a lack of clarity in roles/responsibilities and the appropriate division of tasks. Additionally, the lack of interfacing case management systems requires duplicate data entry. This contributes to missing, late, or inaccurate data entry. This strategy will address these challenges that impact Dual Status cases.

Strategy 3: DCS and the Indiana Office of Court Services (IOCS) will improve the timely achievement of permanency by establishing continuous improvement processes that provides ongoing monitoring of interventions, data, and practice changes.

- Rationale: Root cause analysis and the development of causal links revealed that different stakeholders working in silos and turnover across agencies often results in an absence of shared knowledge and collaboration, ultimately delaying the timely achievement of permanency. Improving engagement, collaboration, and information sharing will enhance understanding of performance at the statewide, local, and individual case levels. When all parties better understand case status,

progression, and the impact of their roles, the timely achievement of permanency will improve as a result of increased clarity and shared responsibility. Additionally, the workgroup identified that there are an array of barriers (e.g., parents with pending criminal charges related to the underlying CHINS petition, a lack of timely hearings, etc.) that delay the timely achievement of permanency. Identifying and addressing each of these through improved coordination will be necessary to improve the timely achievement of permanency. It is the assertion of the state that barriers that impede timely permanency can be effectively addressed by creating intentional spaces where DCS staff and court partners regularly discuss key performance metrics and identify shared action plans for improvement.

Goal 6: Reduce systemic barriers through collaboration of courts and child welfare entities

Indiana will utilize three strategies to improve the identification and elimination of systemic barriers that impact legal/court processes to support the faster achievement of permanency for children in care. The first strategy is to develop/enhance data reports and increase the transparency of the reports that support accurate and timely joint decision making between the agency and courts. The second strategy focuses on best practice, cross training and enhanced documentation and coordination with DCS and Juvenile Justice when youth are dually involved. The third strategy focuses on increasing the transparency of both court DCS quality assurance processes to share findings, identify macro-level trends and develop strategies that address these findings. The child welfare system can then leverage the bright spots in the state to expand best practices. This goal will ideally create feedback loops that do not currently exist, as well as sustain improvement efforts.

Goal 6	Permanency Outcome 1 (Items 5-6): Indiana will enhance partnerships across child welfare and judicial entities to reduce systemic barriers for timely achievement of permanency. All impacted/improved by the goal: Permanency Outcome 1 (Items 5-6) and Systemic Factor Case Review System (Items 21-23) Implementation Site(s): Statewide		
Strategy 6.1	DCS and IOCS will collaborate to enhance available reports and improve data quality for decision-making and improving child welfare outcomes through additional practice enhancements.	<input type="checkbox"/> Completed	
Key Activities		Responsible Party	Projected Completion Date
Key Activity 6.1.1	DCS and IOCS will work collaboratively to choose the pilot counties for activity 6.1.1. These choices will be based on data showing lower rates of timely permanency and review hearings, readiness of the court to participate, and rate of filing. The engagement of the court and DCS attorney will be strategized based on relationships that are strong to	IOCS, DCS	Q1

	explain and gain buy in. Once agreed upon, these county names will be provided to the PIP Task Force.		
Key Activity 6.1.2	IOCS and DCS will pilot in 3- 5 counties (chosen due to longer permanency rates) to have both the review and permanency hearings set in court at the time of initial hearing. This will be set by the judge on their docket before leaving the hearing. DCS attorneys will request the hearings be set as well as Judge's having this on their calendars and include the dates of the future hearings in the court order. This change of practice will reduce delays in dockets being crowded, deadlines being missed, and increase awareness of permanency timelines. This potentially has a larger impact as many public defenders and DCS counsel for these counties will discuss this with colleagues and bring this practice to other courts. Marion County will be included in this activity as they have buy-in and readiness with their Magistrate.	IOCS, DCS legal team	Q2
Key Activity 6.1.3	<p>The court report, Preliminary Inquiry, that accompanies the filing of a CHINS cause number, will include more specific information regarding paternity of each child. Currently this question is a yes/no response. This question change will reflect answers with specific documentation acquired by DCS to establish proof of paternity. It will then reflect diligent efforts being made if documentation is not provided to court.</p> <p>The goal of this question modification is to shift the focus from a check box to evidence of completion or ongoing efforts to increase priority and awareness for permanency efforts at the onset of a case.</p> <ul style="list-style-type: none"> • For juvenile delinquency filings, the paternity establishment question will be added to the DCS case plan for out of home placements. • In a CHINS filing, when no evidence is provided to court to show paternity establishment, DCS will fill out a IV-D application on behalf of the child, these efforts will be listed in the court reports as ongoing diligent efforts being made by the department. • Paternity establishment will be included to discuss with the child and family team ongoingly on the agenda to accompany the 	DCS Field, DCS Legal, Juvenile Justice Initiatives	Q3

	planning and use the team engagement to reach permanency timely.		
Key Activity 6.1.4	<p>DCS and Probation cases will receive a permanency staffing at the six-month mark for out of home cases, to establish critical components of the child's planning, missing actions, and readiness for concurrent recommendations.</p> <ul style="list-style-type: none"> • In juvenile delinquency cases, probation services consultants will pull a list of all out of home cases that receive paid services through DCS to establish a standard and document permanency staffing. This meaningful clinical staffing will be reflected in the upcoming court report filed for the next hearing. • In CHINS filings, DCS will utilize existing case lists for children out of home to establish a standard and meaningful clinical staffing with the FCM and supervisor, to include the CFT's input, concurrent plans, service referrals, progress of the case and paternity establishment when appropriate. This staffing will be documented in the system of record. The recommendations will be included in the upcoming court report filed and consulted with the CASA or GAL assigned. • If the permanency staffing yields systemic barriers or lacks permanent options, a referral to be reviewed by the Strategic Permanency Roundtable will be made for a larger focus group of diverse professionals to support the case. 	DCS Field, DCS Permanency Initiatives, Probation Services Consultant, DCS Legal	Q2
Key Activity 6.1.5	Practice Model Review checklists are used to prepare cases for the review process to ensure all information is entered timely, accurately, and all documentation needed is uploaded and labeled in the system of record. This checklist is provided when a case is pulled for review and has been instrumental in review success. DCS will pilot having 5 counties (chosen due to size and readiness from leadership but will include Marion) use this checklist for ALL cases every quarter. This will be monitored from supervisor to FCM to complete, and then from Supervisor to LOD. Each LOD will then provide the documentation to the Regional Manager to review, and those documents will be provided to the PIP task force each quarter. Key functions of this activity are to assist in the data cleanup and increase accurate information while	DCS QSA, Field Operations	Q2

	<p>teaching the importance and accurate way to manage cases in a system of record.</p> <ul style="list-style-type: none"> 5 counties will include Marion, Allen, Madison, Crawford, Pike 		
Key Activity 6.1.6	<p>Indiana Office of Court Services will add a new event code in the court system of record to record the date of the final TPR hearing. This will allow the TPR data to be available upon request for wardships terminated, and entered, after October 1st, 2024 (Court Performance Measures Report). Performance measures will be reviewed/discussed at quarterly Court Performance Measures Data Advisory Workgroup meetings, Child Welfare Improvement Committee meetings, court stakeholder meetings, local PIP Taskforce Meetings, and local multidisciplinary team meetings.</p>	<p>Indiana Office of Court Services, Judicial Officers, Court Performance Measures Data Advisory Workgroup, Child Welfare Improvement Committee, PIP Task force</p>	Q2
Key Activity 6.1.7	<p>Indiana will use existing data points to enhance data reports and visualizations related to Termination of Parental Rights hearings. Enhanced visualizations will allow the agency to monitor trends related to cases that had an initial TPR filing that was dismissed until these cases reach permanency.</p>	<p>DCS Data and Analytics, Courts, DCS Legal, DCS Field Operations</p>	Q4
Key Activity 6.1.8	<p>DCS will enhance data reports and visualizations related to Termination of Parental Rights hearings. Enhanced visualizations will allow the agency to monitor trends related to cases that had an initial TPR filing that was dismissed, until these cases reach permanency.</p> <p>A series of activities specific to court hearing data entry will be conducted to resolve existing data entry errors and sustain these improvements more accurate and timely entry will allow Indiana to monitor performance more accurately on Items 21 and 22 on an ongoing basis. Activities will include:</p> <ul style="list-style-type: none"> Revision of existing reports to pull hearing data at the state, region, and county level. DCS field staff and legal staff mining the case record and official court record for cases identified as not timely. 	<p>DCS Data and Analytics, DCS Research and Evaluation, Courts, DCS Legal, DCS Field Operations, DCS Quality Service and Assurance, DCS Continuous Quality Improvement Team</p>	Q4

	<ul style="list-style-type: none"> DCS front line staff entering missing records identified through previous activities. Ongoing monitoring of missing records performed through the LOD/RM desk review and supervisor spot checks resulting in the file being corrected. Quarterly reviews and discussions of data quality issues through local data teams and the Court Improvement Program Data Advisory Workgroup (consisting of judicial officers, Indiana Office of Court Technology, DCS Data Manager, CIP analyst, CIP Administrator, 2 senior judges) <p>Performance will be measured through ongoing monitoring of hearing timeliness data locally with aggregated data reviewed bi-monthly alongside PIP reviews. Performance will be communicated to the PIP Task Force and local teams for monitoring/development of action plans.</p>		
Strategy 6.2	DCS and IOCS will partner to improve Family Case Manager and Probation Officer collaboration, practice, and documentation when youth are involved with both systems (dually identified, dually involved, or dually adjudicated).		<input type="checkbox"/> Completed
Key Activities		Responsible Party	Projected Completion Date
Key Activity 6.2.1	<p>Indiana will revise and update inter-agency agreements between (a) the Department of Child Services and probation departments and (b) the Department of Child Services and CASA to enhance collaboration and information sharing. Agreements shall expire and be renewed every 2 years to ensure leadership and staff are aware of the information in the agreements, regardless of staff turnover.</p> <ul style="list-style-type: none"> When turnover occurs in judicial leadership, a new copy shall be provided for awareness and new signature. (tracked by JJIS division in DCS and get communication from each local probation office when there is any judicial turnover) These agreements will be included in the New Juvenile Judge Training 	Juvenile Justice Initiatives and Support, local probation departments, CASA	Q1

Key Activity 6.2.2	<p>Probation staff can more easily recognize when youth are involved with the Department of Child Services (DCS) because they have access to the child welfare system of record. This allows them to review any current or former involvement with DCS. In contrast, DCS Family Case Managers are less likely to be aware of a youth's active probation status due to more limited access to this information.</p> <p>To improve agency data regarding dual status youth, Indiana will establish a practice expectation for Family Case Managers to identify when youth have current or past involvement with probation.</p> <ul style="list-style-type: none"> • FCMs will ask the youth/family directly. • FCMs will contact their local probation department for case status for each youth identified as a Child in Need of Services (CHINS). • DCS will explore the ability to utilize Quest Repository access in each county for quick and accurate history or prior involvement with probation <p>This will be monitored through documentation in case notes and clinical supervision/case staffing.</p> <p>IOCS will collaborate with IPAC, IPDC, DOC, DCS, DMHA and behavioral health providers to provide informational sessions on the IYAS Tools to assist stakeholders in better understanding the purpose of risk and needs assessments, the proper use of assessment results, and the value of this information for making decisions and providing services to justice involved youth and their families. IOCS will develop the training and determine the format and will be offered over a few different platforms and available ongoing.</p> <p>Probation officers will continue to check the youth's history of child welfare involvement as required by the Dual Status Screening Tool as part of the Preliminary Inquiry. Probation will provide their IYAS scores to all parties in advance of key decision-making, per HEA1359. This will allow DCS and Probation to have a transparent understanding of the assessment tool and the implications for trajectory of the case.</p>	IOCS, DCS, Probation, lived experience, youth voice	Q3
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Key Activity 6.2.3	<p>Indiana Department of Child Services and the Office of Court Services will work cooperatively to ensure there is a statewide understanding of the established procedures between probation and DCS for when a family has been or is currently involved with both systems (dually identified, dually involved, or dually adjudicated). Activities include:</p> <ul style="list-style-type: none"> • Outlined procedures included in inter-agency agreements referenced in key activity 6.2.1 • Revising/updating training materials • Training/re-training of Family Case Managers and Supervisors • Ongoing, collaborative training opportunities with probation staff and DCS staff (hosted by DCS) • Ongoing training opportunities for the judicial and legal community. The first will be in September 2024. • IOCS will provide an in-person refresher training on Dual Status at the Juvenile and Family Court Judges conference to highlight the successful use of dual status facilitation and benefits to families. This will include key findings of both DCS (PMR) and IOCS (quality review tool) quality reviews for the 2024 & 2025 conferences. 	DCS Legal, Indiana Office of Court Services, DCS Staff Development, DCS Quality Service and Assurance, DCS Juvenile Justice Initiatives and Support/Probation Consultants	Q2
Strategy 6.3	DCS and the Indiana Office of Court Services (IOCS) will improve the timely achievement of permanency by establishing continuous improvement processes that provides ongoing monitoring of interventions, data, and practice changes.		<input type="checkbox"/> Completed
Key Activities		Responsible Party	Projected Completion Date
Key Activity 6.3.1	The child welfare agency director and Chief Administrative Officer (CAO) for the Office of Judicial Administration (OJA) will establish and communicate an Administrative Expectation for collaboration between the child welfare agency and court system partners on efforts to improve the child welfare and juvenile justice/probation systems through relationship building and regular touchpoints.	DCS Director/Agency Head Indiana Office of Court Services	Q1

	<ul style="list-style-type: none"> • The CAO of the OJA will send a memo/letter to communicate the importance of reviewing local data to expedite court processes, reduce delays and improve the time to permanency in collaboration with DCS to ensure all stakeholders receive a consistent message. • The communication from OJA will emphasize the importance of timely permanency being the responsibility of all system stakeholders, not just one agency • DCS and IOCS will also encourage the continued use of dual status facilitations, as required by I.C. 31-41 • DCS And IOCS will collaborate with 3 counties (choice description in activity 6.3.3) to pilot county-level meetings as set forth in 6.3.2 • PIP task force will help formulate the agenda for these meetings using progress including “report card” of local data and efforts. 		
Key Activity 6.3.2	<p>DCS monitoring of 6.3.1 expectations will be established by Regional Managers. An initial county-level meeting is to be scheduled between the Regional Manager, Local Office Director(s), the local Judicial Representative(s) (i.e., Judge or Magistrate), Chief Probation Officer/designee, DCS Local Office Attorney and/or Chief Counsel. The purpose of the meeting is to establish these local relationships and:</p> <ul style="list-style-type: none"> • Review local data and performance in comparison to state average • Identify improvement opportunities and reduce unnecessary delays. • Develop improvement plans/working agreements. • Establish a path for escalations. • Propose new initiatives. <p>At the initial meeting, this group will strategize future meeting schedules with a minimum frequency of quarterly meetings. Working agreements, meeting schedules, and meeting minutes will be shared with the PIP Monitoring Task Force.</p>	Regional manager, Local Office Director, Judge/Magistrate, Chief Probation Officer/or designee, DCS Local Office Attorney/Chief Counsel, and DCS probation consultant when available	Q2
Key Activity 6.3.3	DCS and IOCS will collaborate to determine pilot county sites for	IOCS, DCS	Q1

	administrative meetings with local teams. This collaboration will start in Q1 and be finalized in Q1 so the letter of expectations outlined in 6.3.1 and 6.3.2 will coincide in Q1 as well. County choice will be based on overall size and number of judges of each county, in addition to readiness of each judge to participate, along with leadership stability of the DCS office. The approach to gain buy-in for each judge will be tailored based upon DCS attorney and IOCS closeness in relationship to present and talk through the activity. Once agreed upon and discussed, the three counties will be documented and provided to the PIP task force		
Key Activity 6.3.4	The local teams established in activity 6.3.2 will review relevant data and identify issues contributing to delays in hearings and court continuances. This information will be used to establish plans to improve these metrics. The team's problem exploration and improvement plans will be shared with the PIP Monitoring Task Force to inform ongoing measures of systemic factor functioning.	RMs, LODs, Chiefs, Judges/Magistrates, Chief Probation Officers,	Q1
Key Activity 6.3.5	DCS and IOCS will collaborate to determine pilot county sites for a quality hearing review activity (6.3.6). This collaboration will start in Q1 to prepare for reviews to take place in Q2. County choice will be based on permanency timelines by county, size and entry rate of each county in addition to readiness of each judge to participate. The approach to gain buy-in for each judge will be tailored based upon DCS attorney and IOCS closeness in relationship to present and talk through the activity. Once agreed upon and discussed, the three counties will be documented and provided to the PIP task force.	IOCS, DCS Legal	Q1
Key Activity 6.3.6	IOCS will assess permanency hearings for accuracy of timing, quality and effectiveness through observations by retired judges. These court observations will be conducted in 3 counties as determined in 6.3.5. The results of the findings will be provided as feedback to courts/judges in the form of recommendations to each judge for improving permanency through concrete actions. The bright spots observed will be praised and highlighted for other counties to learn. Aggregate results will be analyzed by IOCS with the help of CBCC to determine if there are systemic trends found that need to be addressed by system stakeholders through existing communication channels:	DCS Legal Division, IOCS	Q4

	<ul style="list-style-type: none"> • Wednesday Weekly messages sent by OJA to all judicial officers and Chief Probation Officers • CWIC to distribute the findings through the public defender council. • CWIC to distribute the findings to the State Office of GAL/CASA at IOCS • CWIC to distribute to all DCS attorneys through DCS General Counsel. <p>Implementation of the reviews will be by Q3 and results and recommended action steps provided by Q4.</p>		
Key Activity 6.3.7	<p>DCS will create additional addendums of legal-focused questions to the existing DCS Practice Model Review process. This information is to be collected, analyzed, and shared by the DCS Quality Service and Assurance team to inform improvement efforts among litigation attorneys serving child welfare cases. Qualitative Information about barriers to achieving timely permanency and associated metrics will be collected using existing case review procedures conducted by DCS QSA and trained reviewers.</p> <ul style="list-style-type: none"> • Specific focus of reviews will include the use of concurrent planning in compliance with HEA1310, to provide a concurrent permanency plan when a child has been removed for 12 months, and a focus on continuances for TPRs. • Data and findings will be distributed after each measurement period to the PIP Taskforce, associated workgroups, and the DCS legal team as efforts are used to reduce those barriers. • DCS will provide transparency of findings to key stakeholders including IOCS for partnering in improvement interventions and/or continued positive practices. • DCS legal leadership will provide concrete feedback and action steps for their counsel to take to improve quality of hearings and representation of CHINS cases as it pertains to timely permanency and safety. 	Indiana Office of Court Services, DCS legal division, DCS Quality Service and Assurance	Q2

