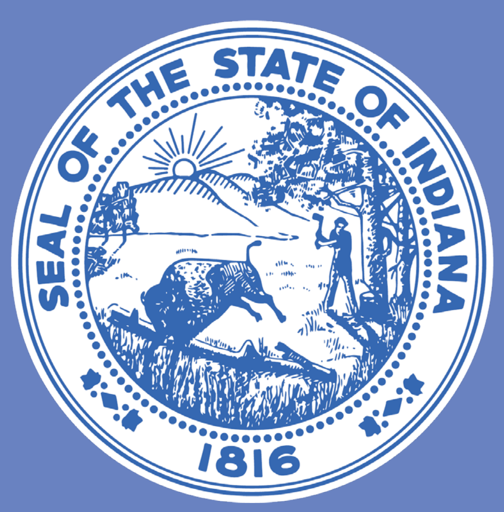
Indiana Child and
Family Services Plan

Annual Progress and Services Report

July 1, 2021 – June 30, 2022



Submitted to the Children's Bureau
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I. COLLABORATION AND VISION

A. AGENCY INFORMATION

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

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

DCS' infrastructure includes 12 divisions that work together to provide the necessary services and support to families. Those divisions are: Field Operations, Legal Services, Legislative Services, Child Welfare Services, Strategic Solutions and Agency Transformation, Juvenile Justice Initiatives and Support, Staff Training and Development, Child Support Bureau, Information Technology, Finance and Administration, Human Resources, and Communications. DCS formerly had a Permanency and Practice Support (PPS) Division that supported practice in the field. In May of 2021, this division was restructured to move away from an independent division and reassigned to align work. The programs being offered through the PPS division have been realigned under Child Welfare Services, Strategic Solutions and Agency Transformation, and Field Operations.

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

The Department of Child Services is charged with providing direct attention and oversight of two critical areas: protection of children and child support enforcement. DCS does this by partnering with families and communities to provide safe, nurturing, and stable homes." In December 2005, DCS initiated a major shift in how Indiana provided services to children and families called the "Practice Model."

The DCS Practice Model was founded on five core competency areas: Teaming, Engaging, Assessing, Planning, and Intervening (TEAPI). The practice model incorporates an approach which includes engaging families, teaming, and planning with families, and supporting families, when possible, while still holding parents accountable for their children. This model operates through Child and Family Team Meetings, in which a DCS Family Case Manager facilitates an individualized team including the family members, informal supports, and relevant service providers that reviews strengths, risks, and needs, and develops and monitors the implementation of a collaborative service plan.

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

B. MISSION, VISION AND VALUES STATEMENTS

1. Mission

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

2. Vision

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

3. Values

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

- Respect for all
- Racial justice
- Diversity and inclusion
- A culture of safety
- A commitment to continuous improvement

C. COLLABORATION

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

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

DCS worked diligently with personnel from the Administration for Children and Families (ACF) on developing Indiana's Program Improvement Plan (PIP), which is embedded within the APSR, as a result of the findings of the CFSR that was completed in June of 2016. DCS received approval for Indiana's proposed PIP on February 14, 2019. Indiana successfully met substantial conformity for all CFSR items in the spring of 2020 for all CFSR items that it had not met substantial conformity for following the review in 2016. The first Quarter of PIP implementation began on January 1, 2019. DCS successfully completed the key activities and goals outlined in its program improvement plan as of December 31, 2020.

DCS continues to collaborate with internal and external stakeholders across the state. Specifically, DCS has collaborated with other state agencies including the Family and Social Services Administration (FSSA) and the Indiana Department of Health (IDOH). Each of these state agencies is responsible for administering health programs, including mental health and substance abuse prevention and treatment services in Indiana. DCS has collaborated with other public and private agencies with experience in administering child and family services (including community-based and faith-based organizations) to foster a continuum of care for children, parents, and caregivers who are receiving prevention services. Select executive staff traveled the state in 2019 to meet stakeholders around Indiana to discuss FFPSA vision and planning. DCS executives met with community members, members of the court, service providers, court appointed special advocates, foster parents,

community mental health providers, juvenile probation officers, members of the Indiana Legislature, and youth and families with experience with the system.

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

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

Kyle Horine	Probation service consultant	Juvenile Justice
Liz Day	Prevention services provider	Lifeline Inc.
Matt Gooding	Residential licensing coordinator	DCS
Melissa Norman	Prevention services provider	Choices Coordinated Care Inc.
Michelle Madley	Gibault	QRTP provider
Rachel Fisher	Community-based provider (service continuum)	Community Mental Health Center
Todd Fandrei	Administrative services	DCS

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

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

1. Regional Service Councils & Biennial Regional Services Strategic Plan

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

The Regional Management Team and Regional Service Council, in conjunction with regional service coordinators developed the BRSSP for SFY 2021-2022. As in past years, the plans were developed using a collaborative approach, which included representation of stakeholders from the provider community, foster parents, youth,

clients, probation, courts, CASA/GAL, and prosecutors. Providers from the community were invited to participate in focus groups which concentrated on four (5) areas of the BRSSP:

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

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

2. Community Mental Health Centers (CMHC)

Meetings with all CMHCs continue to occur monthly to discuss initiatives and current challenges, including those related to serving families and children during the COVID-19 pandemic. The increased frequency was critical in helping to plan for the implementation of the new Indiana Family Preservation Services (INFPS), which started statewide on June 1, 2020. At any given time, these comprehensive, per-diem and home-based services are delivered to approximately 2,000 families across the state and include the provision of evidence-based models and concrete supports to families in which there are children at risk of entering foster care due to concerns about abuse and/or neglect. Approximately 35% of these cases are being served by CMHCs.

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

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

- Planning and implementation of Indiana Family Preservation Services
- Planning for FFPSA

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

3. Service Specific Workgroups

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

Family-Centered Treatment

- A Regional Service Coordinator facilitates an individual meeting with FCT providers monthly to review performance data, share successes, and discuss challenges or barriers in cases or other service delivery issues. FCT is currently being delivered to families who have children with open probation involvement, cases in which DCS is trying to reunify families, and cases involving families that are receiving Indiana Family Preservation Services.

Community Partners for Child Safety

- The DCS Prevention Team facilitates a monthly meeting to review current practice in the field, discuss programmatic issues, and troubleshoot any challenges/barriers to services and currently exploring curriculum to better meet programmatic needs. The group continuously discusses how to continue to meet the needs in the different regions.

Healthy Families

- Healthy Families Indiana has several committees that meet on a regular basis and focus on different areas of the program to ensure best practice and fidelity to the model. The committees provide feedback to the DCS Prevention Team on program improvement.

Family Preservation Service

- To keep families together and to offer holistic supportive services with one provider, the Department developed Indiana Family Preservation Services (INFPS). The Indiana Family Preservation Service standard is a new standard for delivering family preservation services to families in which there are children who are at risk of entering foster care due to abuse or neglect concerns. Secondary to the Families First Prevention Services Act (FFPSA) that was signed into federal law in February of 2018, this standard addresses the need to give families and children evidence-based services in their homes to prevent the need for placement in foster care. The service provides per diem reimbursement to the referred agency to provide "any and all" needed services to the family to allow the children to remain safely in the family home. The minimum requirements are that the provider agency meet with the focus child(ren) and caregivers within the family's home at least on a weekly basis. The provider agency must utilize evidence-based practices (EBPs) that are classified as at minimum a promising practice on the California Evidence-Based Clearinghouse for Child Welfare. Provider agencies must align service frequency, intensity, needs, and supervision to the chosen evidence-based practices, but must also collaborate with DCS and the family on the development of safety and treatment plans. Concrete needs must be addressed through service delivery if failing to do so would result in the child having to be removed from the home. DCS sought diverse providers to deliver these services and have a number of minority and women-owned businesses who earned contracts. Currently there are 96 provider agencies contracted for INFPS. In addition, as with all DCS services, if any interpretation services are needed, DCS will reimburse the provider dollar-for-dollar for any associated costs.
- DCS is looking closely at our data concerning disproportionality in our system. Indiana Family Preservation Services will allow us to measure outcomes on a provider-level in ways we have not been able to do before, including identifying providers who, due to overt or unconscious biases have disproportionate outcomes with families of color. This will allow for meaningful conversations with these providers, using clear data, which is in stark contrast to previous conversations when most families had multiple provider agencies all working with them at the same time. This made meaningful outcomes tracking at the provider level extremely difficult, and likely contributed to our problems with disproportionate outcomes for families and children of color. INFPS will help both providers and DCS to better understand the impact of our work on all Hoosier families.

Father Engagement

- A Regional Service Coordinator facilitates quarterly meetings with Father Engagement providers to discuss what is going well with the program, review survey results, discuss any issues around fulfilling

service components and how to resolve them and then provide time to have an open forum for the providers to network and get their questions answered. The Regional Service Coordinator provides continuous quality improvement (CQI) support to the Father Engagement providers to improve outcomes measures.

Home Based Coalition Workgroup

- This group is the sub-group of the larger Indiana Coalition of Home-Based Service Providers. The sub-group works on issues, assigned by the larger coalition group, that affect home-based providers. The sub-group then makes recommendations to DCS to resolve the presenting issue and/or expand services for children in need.

Homebuilders

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

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

- Multi-Disciplinary Team (MDT) (DCS, Division of Mental Health and Addictions, Bureau of Developmental Disabilities Services (BDDS), Division of Aging)
    - The MDT consists of a team of individuals from a variety of systems who meet bi-weekly to discuss high needs youth and how to navigate the service delivery systems to meet their individualized needs. This team joins forces to review specific cases that need guidance and manoeuvring through the system array, to ensure families are being served within the most appropriate service delivery system, to provide assistance to the local communities so families do not get bounced from one agency to another, to enhance supportive services within local

communities, to assist local and community members find the appropriate services for families and children that prove best outcomes, and review any gaps in services throughout the state that arise through a multiagency approach.

- State-wide Residential Provider Meetings
  - All Residential facilities are invited to participate in a conference call monthly. The meetings provide direct guidance, updates and allow for opportunities for discussion regarding items related to the residential contract, licensing, and programming. DCS divisions participate in the meeting including Services, Legal, Finance (Administrative Services), Field, Juvenile Justice, and Staff Development.

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

- State Interagency Collaboration
  - The State Interagency Collaboration meets monthly and is designed to prevent service duplication and share data between state agencies including, but not limited to: DCS, DMHA, BDDS, DWD, DOC, CJI, and others.

- Children's Justice Act Task Force
  - The Children's Justice Act (CJA) Task Force meets four to eight times a year to review policies on the handling of cases, training of provider staff and the community, and discuss trends in child abuse and neglect in Indiana. The taskforce has reached their three-year goal of ensuring all counties had access to a Child Advocacy Center (CAC) within an hour drive and are now refocusing efforts on various other opportunities. The Taskforce continues to allocate funding for Pediatric Evaluations and Diagnostic Services (PEDS) which provides state of the art medical consultation to DCS in cases of suspected child abuse and neglect. Following a three-year assessment, the taskforce recognized the need for more robust professional training for DCS attorneys and thus has funded various trainings.
  - The CJA Task Force received information about the goals and strategies of the Program Improvement Plan (PIP) in 2019. To complete the three-year assessment for CJA, the Task Force

provided a survey to stakeholders to work towards identifying systemic problems in the State's response to maltreated children, in hopes of improving front-end work related to victims of child abuse and neglect. DCS will continue to work collaboratively with the CJA Task Force and share updates to the PIP and CFSP/APSR. The taskforce is incorporating data and trends from the three-year assessment, PIP, CFSR, APSR, Court Improvement Projects to determine where to best focus their improvement efforts and allocate funding. Results of the three-year assessment has sparked discussion within the taskforce on re-allocating finances based off the needs identified by stakeholders.

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

- COVID-19-Related Provider Meetings/Communication
    - As a response to the COVID-19 pandemic, DCS implemented a focused communication plan with all its providers using Webex and Microsoft Teams. These meetings were held to ensure that DCS-contracted providers had up-to-date guidance on how to deliver services to children and families, balancing both COVID-19 and child-safety risks. The state authorized the use of remote interventions/services with families and children soon after the first positive COVID-19 case was identified in the state on March 6, 2020. DCS mandated that the decision to use exclusively remote contacts for services, however, be made on the Child and Family Team (CFT) level as some child-safety risks cannot be effectively mitigated through remote contacts alone. The CFTs were empowered to address how specific cases received their services, and our regular provider meetings during the pandemic provided direction to the provider community about how to deliver services face-to-face, when necessary, to address child-safety concerns using guidance shared with them from the Indiana State Department of Health and the Centers for Disease Control and Prevention (CDC). Telephonic or virtual platform meetings with provider groups to address COVID-19 began on March 16, with the following frequency:
        - All provider calls: Twice weekly from March 16 – April 6, then weekly from April – August, and then every two weeks from August through April 2021, and monthly May 2021 through present
        - LCPAs—Weekly through June 2020, and then monthly through present
        - Residential Providers—Weekly through June 2020, and then monthly through present
        - Family Preservation Services—Biweekly

- Providers were asked to submit questions before each call, with responses given during the calls and posted on the DCS COVID-19 Resource website.
- The Indiana Department of Health presented with all provider calls throughout the pandemic to give updates and guidance to providers.

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

4. Commission on Improving the Status of Children in Indiana

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

The mission of the Commission is to improve the status of children in Indiana through systemic collaboration. The vision of the Commission is that every child in Indiana will have a safe and nurturing environment and be afforded opportunities to reach their full potential and live a healthy and productive life. The Commission cooperates with other child focused commissions, the executive branch, the judicial branch, stakeholders, and members of the community. DCS deputies serve on various task forces and sub-committees and present information to the Commission when requested.

The following members serve on the Child Services Oversight Committee: Representative Ed Clere (Chair), Hon. Dana Kenworthy, Senator Jon Ford, Senator Frank Mrvan, Michael Moore (the Indiana Public Defender Council), Jim Oliver (the Indiana Prosecuting Attorneys Council), Sean McCrindle (Bashor Children's Home), Representative Carolyn Jackson, Terry Stigdon (DCS) and Leslie Dunn (the Indiana CASA/GAL program). The top

duty of this committee is to: review bi-annual data reports from DCS, review annual reports from the DCS Ombudsman, and make recommendations to CISC.

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

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

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

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

Sarah Sailors, DCS Deputy Director of Field Operations, serves as co-chair of the Child Health and Safety Task Force. The goal of that task force is to improve the health and safety of vulnerable children and youth.

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

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

5. Older Youth Services Collaboration

To continue to evolve and improve upon older youth services programming, DCS meets with key internal and external stakeholders bi-monthly to seek feedback on older youth services delivery, best practice to make program adjustments and program improvements. More information regarding OYS collaborations can be found in section XI. John H. Chafee Foster Care Program for Successful Transition to Adulthood (The Chafee Program).

6. Youth Advisory Board

The Indiana Youth Advisory Board (IYAB) is comprised of current and former foster youth from the 18 regions within the state of Indiana and is coordinated by Foster Success. The IYAB meets at least four times per year to develop and implement their mission to positively impact the foster care system in Indiana. More information regarding IYAB can be found in Section XI. John H. Chafee Foster Care Program for Successful Transition to Adulthood (The Chafee Program).

7. Additional Collaborations

In late 2020, DCS launched a Racial Justice, Equity, and Inclusion steering committee whose purpose is to direct the work and goals for the subsequent workgroups and their purpose listed below. The steering committee is comprised of the following members: DCS Director Terry Stigdon, DCS Chief of Staff Eric Miller, DCS SSAT Deputy Director Heather Kestian, Bashor Children's Home COO Sean McCrindle, and Dejuna Rodriguez, young adult leader. Each workgroup below is chaired by staff who work with a diverse group of internal and external stakeholders with focused goals around racial justice, equity, and inclusion:

- Culture and Climate Workgroup
  - Address the issues within the agency's culture that promote racism, inequities, and lack of inclusion
  - Support team members, partners and stakeholders while improving the work environment so everyone feels valued and safe.
  - Equip all areas of the agency with the tools needed to sustain a safe culture
- Private and Public Partnership Workgroup
  - Develop relationships with service provider partners and public stakeholders.
  - Identify and share data regarding disparities in the child support and child welfare system.
  - Ensure a diverse representation of partners within communities to promote resources that help prevent entry into the system.
- Policy and Practice Workgroup
  - Adjust policies and practices that contribute to the disparities seen in agency outcomes.
  - Develop an assessment tool to guide the evaluation of policies and legislative proposals for their impact on racial justice, equity, and inclusion.
  - Implement assessment tool to use during the development, review and approval processes of new policies and legislative proposals.
- Hiring and Employee Relations Workgroup

    - Assess and address issues within the agency’s processes for recruitment, hiring, promotions and determination of eligibility for rehire.
    - Develop resources for leaders to understand the impact of implicit bias on agency operations.
    - Collaborate with the State Personnel Department and different organizations to recruit a more diverse staff.
- Services and Resources Workgroup
    - Evaluate current data to examine how race is reflected in outcomes and the experiences of children and their families.
    - Review provider trainings related to race equity, diversity, and inclusion to ensure content is relevant, clear, and impactful.
    - Examine service standards to make sure provider organizations run by and predominately represented by people of color are not excluded.
- Training and Curriculum Workgroup
    - Enhance trainings to educate and inform staff on the history of race, equity, inclusion, and diversity.
    - Equip trainers with the tools to pass these teachings onto staff.
    - Develop trainings that focus on the history of race and racism.
- Young Adults with Lived Experience Workgroup
    - Inform the racial justice, equity, and inclusion workgroups by sharing their experience in the system.
    - Empower the voice of the customer and the people we serve to transform this system.

In addition to the work occurring with the Regional Service Councils (RSCs), DCS holds regular meetings with other groups to monitor data, assess areas for improvement, and implement strategies to improve outcomes for families and children.

The current areas of focus for such additional collaborations include:

Community Mental Health Centers

- Improve access to mental health services for children outside the child welfare system through the Children’s Mental Health Initiative. DCS has implemented access sites in all 92 counties with the opportunity to assist with wraparound services through the CMHC’s and other Wraparound certified agencies throughout the State through the Children’s Mental Health Initiative.

- Implementation of Family Preservation Services
- Planning for FFPSA
- Effective implementation of evidence-based practices
- Improve access and effectiveness of substance abuse treatment services, including MAT.
- Improve the utilization of Medicaid Rehabilitation Option (MRO) funded services.

Psychotropic Medication Advisory Committee

The Indiana Psychotropic Medication Advisory Committee (PMAC) was launched in January 2013. The PMAC is an oversight committee that meets quarterly to review the psychiatric treatment of DCS-involved youth, with a specific focus on psychotropic medication utilization patterns. This committee includes representatives from Indiana University School of Medicine (IUSM) Department of Psychiatry, DCS, Office of Medicaid Policy and Planning (OMPP), Family and Social Services Administration (FSSA), Division of Mental Health and Addiction (DMHA), pediatricians, social workers, psychologists, pharmacists, child advocates and other identified stakeholders. The PMAC monitors Federal legislation, reviews best-practice guidelines for psychotropic medication use, monitors Indiana prescription patterns, reviews formularies, and makes policy recommendations to DCS and OMPP.

- Specific responsibilities of the committee include the following:
    - Review the literature on psychotropic medication best practice (e.g., American Academy of Child and Adolescent Psychiatry (AACAP)) and provide guidance to DCS, OMPP, IUSM and prescribing providers.
    - Provide assistance to DCS for oversight of youth in state care who are prescribed psychotropic medications.
    - Publish guidelines for the utilization of psychotropic medications among DCS-involved youth, with revisions made on a semi-annual basis, as needed.
    - Review DCS policies for requesting and obtaining consent to treat DCS-involved youth with psychotropic medications and make recommendations for change to DCS; and
    - Identify non-pharmacologic, evidence-based mental health treatments for DCS-involved youth.

Home-based Providers

DCS maintains frequent and intentional conversations across our entire provider community—prevention, community-based intervention, foster care, residential, and older youth services which has been essential in our preparation for implementation of FFPSA. Providers have been involved from the beginning of our FFPSA planning, particularly around accreditation, aftercare services, nursing, residential treatment programs, development of candidacy definition, and especially Family Preservation Services which will serve as a "bridge" to FFPSA for the state in its requirement to utilize EBPs with families in which there is a child at imminent risk of removal. We meet monthly with IARCA, the Indiana Coalition of Family-Based Services, and all our Community

Mental Health Centers. In addition, leadership from DCS actively participates in the Commission on Improving the Status of Children (David Reed co-chairs the Mental Health and Substance Abuse committee), the Indiana Council of Community Mental Health Centers (who meets quarterly to review policy and legislation), the State Interagency Child Collaborative Group, the Lt. Governor's Intellectual and Developmental Disabilities Task Force, as well as monthly meetings with the Indiana Division of Mental Health and Addiction.

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

Indiana Association of Resources and Child Advocacy (IARCA)

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

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

These meetings have continued in 2021 through virtual contact and are planned in future months. The topics will continue to be surrounding Aftercare, QRTP, LCPA capacity, IMD and audit streamlining.

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

The Department of Child Services continues to support field staff in the usage and understanding of CANS. Four CANS Consultants, along with the CANS Program Manager, received training from CANS Creator, Dr. John Lyons, to provide education and support of the CANS Model within the DCS System. In addition, this DCS CANS Training Team continues to collaborate with Dr. Betty Walton to ensure the system and all training materials are current.

The DCS CANS Training Team concluded their participation with the Breakthrough Series Collaborative (BSC) with much knowledge gained on how to promote a more trauma informed and family informed assessment and application using CANS. The CANS 101 and CANS 102 training curricula was updated to emphasize more of how DCS Field Staff can more effectively use the CANS with their families. This training is now called CANS: Meaningful Use and is offered monthly virtually throughout the State. In addition to CANS Meaningful Use

training, a half (½) day Super User Training is also offered virtually. This training is delivered in collaboration with Dr. Walton for all DCS Super Users who are field staff acting in a supervisory role. Additional CANS training is being developed to support supervisors to become more knowledgeable on how to support staff with application and understanding of the CANS tool.

State Interagency Collaboration

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

Collaborative Communication Committee (CCC)

For the past five (5) years, DCS has collaborated with the 91 probation departments across Indiana on the implementation of Federal and state statutes, regulations, and guidance. Each Chief Probation Officer is invited to participate in the CCC meeting, which occurs every other month each year. The CCC is utilized as an implementation committee, offering guidance and collaboration to DCS on the issues that affect the juvenile justice population that is served by and through DCS.

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

Consulates from Other Nations

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

The International and Cultural Affairs Liaison holds meetings monthly with the Consulate of Mexico in Indianapolis. These meetings are held with an assigned Consular agent of the Protection Department. DCS has a positive working relationship with the Mexican Consulate in Indianapolis and communication is frequent. These meetings focus on the review of relevant cases, including reunification efforts, parental engagement, assessing the services that are either being provided or could be provided in Mexico, relative placement, and preservation

of family connections, as well as, developing protocols to regularize our procedures. The Mexican Consulate provides various types of assistance including the following, which are the most frequently used by Indiana DCS and part of our monthly meeting reviews: obtaining a home study for a parent/relative in Mexico who is being considered for placement; repatriation procedures; contacting and verifying location of a parent in Mexico; referring to services in Mexico; communication with incarcerated parents under Immigration and Customs Enforcement (ICE) custody and the verification and issuance of vital records for Mexican Nationals.

The International and Cultural Affairs Liaison has quarterly meetings with the General Consulate of Mexico in Chicago. The objective of these meetings is also the review of cases and the development of protocol for our current processes. The General Consulate of Mexico in Chicago has jurisdiction over the counties of Adams, Allen, Benton, Cass, Dekalb, Elkhart, Fulton, Huntington, Jasper, Kosciusko, Laporte, Lagrange, Lake, Marshall, Miami, Newton, Noble, Porter, Pulaski, St. Joseph, Starke, Steuben, Wabash, Wells, White, and Whitley. The remaining Indiana counties are under the jurisdiction of the Consulate of Mexico in Indianapolis.

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

Due to the increase of Honduran and Salvadorian Nationals DCS is meeting with the Consulate General of Honduras in Chicago and the Consulate General of El Salvador in Chicago on an as needed basis. During these meetings in addition to reviewing cases, the Consulates assist with vital documents, attempting to locate parents abroad, parental engagement and reunification of the child(ren) with one or both parent(s) residing in their country of origin.

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

Indianapolis Consulate office. Meetings held periodically with the Mexican Consulate offices are used to consult on specific cases and develop protocols that are culturally competent and ultimately improve collaboration.

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

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

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

Dual System Youth (DSY) – As a certain percentage of youth are identified in both the juvenile delinquency and CHINS systems, DCS has collaborated with IOCS on the implementation of policies, procedures, and best practices for dual status youth. On July 1, 2015, a statute went into effect in Indiana to specifically focus on dual status youth. Upon passage of the statute, the juvenile courts around Indiana in 61 counties participated in implementation training, additional technical assistance has been offered by the IOCS and the DCS, sending staff to counties across Indiana to offer additional resources and expertise on implementation including best practices and "tips and tricks" that have been discovered since implementation. The implementation committee incorporated the "tool" into the preliminary inquiry for both the DCS and probation to ensure completion of the tool. Statistically, state data on the number of youth who have either been determined to be dual status or have been through a dual status assessment team is unavailable. Despite the efforts of the implementation team to develop a process to track data, it was determined that neither the DCS case management system nor the court case management system operated by the Supreme Court had the ability to track data. The DCS CCWIS system being developed will include dual status tracking information to address this issue. During the 2021 legislative session, the Dual Status Statute was modified that allows through specific court findings on individual cases that the Court "may" order the dual status process allowing discretion by the Courts. This was a change to the previous "shall" that was in part of the code and led to inconsistencies in the statute's implementation. The new 4-year MOA's were sent to the LOD's in May 2021 to work with the local Judiciary and Chief Probation Officers for the signatory process. To date, DCS has received approximately 30% (26 of 91 counties) of the MOA's for Director Stigdon's signature. DCS is continuing to work with the local counties to have those counties who wish to participate in dual status work have the MOA signed by sending additional information to remaining counties.

The current focus on data is the improvement in the court and DCS processes which would be more measurable in the short-term. The current work of the Dual Status Implementation Committee includes redeveloping and publishing the dual status resource guide to help new counties with implementation and developing new training. The team set a 2021 vision for this work, "To achieve consistent system collaboration to better serve the best interests and wellbeing of dual status youth".

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

The Indiana Commission to Combat Drug Abuse

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

Indiana Protection for Abused and Trafficked Humans (IPATH)

DCS is partnering with other Indiana agencies as a part of Indiana Protection for Abused and Trafficked Humans (IPATH) Task Force. DCS continues to work with IPATH on human trafficking awareness efforts throughout the state of Indiana. DCS also works with members of IPATH on individual cases to ensure collaboration regarding interviews and services for victims and to assist in investigations and prosecution. Members of IPATH include various law enforcement agencies, federal agencies, external stakeholders, and service providers. IPATH members have been asked to join the committee that fits their professional role. Indiana DCS is part of the Youth Victim Services Committee (Y-VSC) and the Youth Working Group of the Community Awareness, Prevention and Education (CAPE) Committee. DCS staff also attend meetings with the regional coalitions that are a part of IPATH throughout the state. Currently there are 7 regional coalitions, with 2 new coalitions forming. DCS also partners with Indiana Youth Services Association (IYSA) with the Indiana Trafficking Victims Assistance Program (ITVAP) regional coalition coordinators. Over the last year, Focused Needs Director (FND) Moore has developed and implemented the DCS Human Trafficking Response System. Currently, DCS has 66 Human Trafficking Regional Leads across the state that consult on regional HT cases. Each DCS HT regional lead attends quarterly human trafficking training as well as quarterly meetings. The DCS HT regional leads are also assisting in facilitating the ITVAP/DCS HT 102 training to all regions within the state.

As of March 2020, Yvonne Moore, Focused Needs Director has been attending the IPATH core meetings. Yvonne Moore is also attending meetings with the commercial sexual exploitation of children (CSEC) committee which is part of the Commission on Improving the Status of Children in Indiana to address the identification and encourage adoption of effective and promising practices for identification, referral, and appropriate services for victims of commercial sexual exploitation of children. The CSEC committee is a collaboration of several state agencies serving juvenile populations in Indiana.

DCS is participating in workgroups through OTIP, The National Compendium for ACF Region 5 focusing on human trafficking. FND Moore is also participating in the National Human Trafficking Child Welfare Collaborative Meetings and is working with National Human Trafficking Training and Assistance Center to identify continuing needs of the Indiana Department of Child Services.

Indiana Adoption Program Council (DCS, SAFY, Children's Bureau, Villages, and Wendy's Wonderful Kids recruiters)

The Indiana Adoption Program (IAP) continues to schedule and facilitate the Adoption Council monthly, to review presentations of prospective adoptive family home studies to provide a recommendation to adopt a DCS ward available for adoption.

CCWIS Transition Information

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

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

The contract for Indiana's Design, Development, and Implementation (DDI) vendor was awarded to Accenture in March 2020, with contract execution and official start date of August 2020, and is anticipated to be completed over a 23-month period. Indiana has defined the development of CCWIS into 17 modules: Intake, Assessment & Investigation, Risk Management, Person Management, Case Management & Service Delivery, Placement, Provider Management, External User Portal, Court Hearings, Permanency, Reporting & Analytics, Operational Management, Eligibility, Bi-Directional Data Exchanges, Healthy Families, Referral Management, Finance Management and Conversion. These modules are being developed over the course of two phases. Phase 1 is

intended to replace existing child welfare functionality in Casebook while utilizing the existing KidTraks financial as a transition system. Phase 2 will conclude with replacing the KidTraks functionality so all DCS child welfare functionality will reside in the same platform, and KidTraks will join Casebook in retirement. User stories are currently being created and tracked via Jira software to measure rate for development and to build a traceability matrix with DCS Policy and utilization of the Jira Service Desk. DCS has established Product Owner teams to meet with Accenture to review the details of the user stories, log items needed for business decisions, and provide any needed analysis for impact for DCS users. Training and organizational change management are being integrated into the development of these user stories to develop curriculum for DCS staff and strategies to prepare for the change from the current DCS applications to I-KIDS.

DCS has engaged a Project Management Office via Computer Aid, Inc. (CAI) who began their work in October 2020 to help facilitate the execution of the CCWIS project via an agile methodology. CAI has come alongside DCS IT to engage with Accenture and C!A to develop a PMO practice within the CCWIS project and DCS IT. CAI will help support the requirements management created by Accenture, provide quality assurance of Accenture deliverables, and ensure I-KIDS will meet all federal and state reporting requirement.

Indiana Family and Social Services Administration (FSSA) Collaboration

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

Interagency Coordinating Council

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

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

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

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

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

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

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

As of January 2021, the Department has launched the Practice Model Review (PMR), to replace the previous quality service review, to ensure continued measurement of the key outcomes related to federal measures as well as including factors that are important for Indiana's practice model. The instrument and the tool that is being utilized, is modeled closely after the OSRI to ensure alignment of strengths, and needs to federal outcomes. Indiana piloted this tool in the fall of 2020 and after making minor changes launched it Statewide in January 2021. To date Indiana has conducted 11 PMR's spanning across 11 of our 18 regions, including Marion County in which 64 cases were reviewed. By the end of 2021, a PMR will have been conducted in every region in the state. The PMR looks at 20 different items grouped under the tenants of the practice model: Teaming, Engaging, Assessing, Planning, and Intervening.

Indicators at a Glance						
% Of Cases Scoring Strength						
Item # and Explanation		**Strength**	**ANI**	**NA**	**Total Applicable**	**% Cases Scoring Strength**
Teaming						
Item 1	**Team Formation**	93	157	0	**250**	37%
Item 2	**Quality CFTMs**	137	102	11	**239**	57%
Item 3	**Informal Supports**	99	115	36	**214**	46%
A	**Mother**	128	74	48	**202**	63%
B	**Father**	73	98	79	**171**	43%
24%						
Engaging						
Item 4	**FCM Contact with Child(ren)**	173	77	0	**250**	69%
Item 5	**FCM Contact with Parents**	78	136	36	**214**	36%
A	**Mother**	109	93	48	**202**	54%
B	**Father**	57	113	80	**170**	34%
Item 6	**Involvement in Case Planning**	102	148	0	**250**	41%
A	**Mother**	140	62	48	**202**	69%
B	**Father**	76	94	80	**170**	45%

C	Child(ren)	83	56	111	**139**	60%
D	Resource Parents	110	63	77	**173**	64%
27%						
Assessing						
Item 7	**Services to Prevent Removal/Re-Entry**	**78**	**12**	**160**	**90**	87%
Item 8	**Risk and Safety Assessments**	**166**	**84**	**0**	**250**	66%
Item 9	**Stability for Child(ren)**	**209**	**41**	**0**	**250**	84%
Item 10	**Assessing Needs & Services of Child(ren)**	**154**	**96**	**0**	**250**	62%
Sub-Item 10 A	**Educational**	**139**	**22**	**89**	**161**	86%
Sub-Item 10 B	**Physical Health**	**177**	**30**	**43**	**207**	86%
Sub-Item 10 C	**Mental/Behavioral Health**	**119**	**45**	**86**	**164**	73%
Sub-Item 10 D	**Independent Living Skills**	**6**	**25**	**219**	**31**	19%
Sub-Item 10 E	**Social Skills**	**216**	**34**	**0**	**250**	86%
Item 11	**Assessing Needs & Services of Parents**	**90**	**63**	**97**	**153**	59%
A	**Mother**	**102**	**38**	**110**	**140**	73%
B	**Father**	**50**	**26**	**174**	**76**	66%

Item 12	Assessing Needs & Services of Resource Parents	139	35	75	174	80%
55%						
Planning						
Item 13	Placement with Siblings/Relatives	119	60	71	179	66%
Sub-Item 13 A	Sibling	120	10	120	130	92%
Sub-Item 13 B	Relatives/Kinship	119	56	75	175	68%
A	Maternal Relatives	31	48	171	79	39%
B	Paternal Relatives	27	51	172	78	35%
Item 14	Permanency Goal for Child(ren)	134	49	67	183	73%
Item 15	Planning Process	143	107	0	250	57%
41%						
Intervening						
Item 16	Intervention Adequacy	81	162	7	243	33%
A	Mother	82	113	55	195	42%
B	Father	50	103	97	153	33%
C	Child(ren)	164	59	27	223	74%

D	**Resource Parents**	**99**	**25**	**126**	**124**	80%
Item 17	**Achievement of Permanency**	**125**	**125**	**0**	**250**	50%
Item 18	**Maintaining Family Connections**	**88**	**71**	**91**	**159**	55%
A	**Mother**	**100**	**38**	**112**	**138**	72%
B	**Father**	**65**	**54**	**131**	**119**	55%
C	**Sibling**	**72**	**21**	**157**	**93**	77%
Item 19	**Resource Availability**	**189**	**47**	**14**	**236**	80%
A	**Mother**	**175**	**22**	**53**	**197**	89%
B	**Father**	**134**	**22**	**94**	**156**	86%
C	**Child(ren)**	**200**	**15**	**35**	**215**	93%
D	**Resource Parents**	**105**	**6**	**139**	**111**	95%
Item 20	**Provider Quality**	**179**	**52**	**19**	**231**	77%
26%						

Indiana remains on an AFCARS Improvement Plan (AIP), which serves to continually identify areas for the state to improve AFCARS submission data. The AIP lists findings, tasks, and notes for each element that needs discussion. Errors can be found due to codes, extractions, data dictionaries, information systems, policy, procedure, and/or cross-validation checks. The AIP brings these issues to light to discuss clarifications or changes to the data being pulled. With upcoming changes to AFCARS 2.0 starting in October 2022, the AIP has not been provided to DCS at this time. DCS is currently on pause until we start sending in the new AFCARS data in May 2023.

DCS goals, objectives, and interventions are discussed in the Update to the Plan for Enacting the state's vision and progress made to improve outcomes section, which contains a detailed outline of the approved Program

Improvement Plan. Tools used to determine DCS' current performance throughout the Assessment of Performance section include DCS' performance on the following:

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

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

A. AGENCY GOALS

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

1. Long-Term Agency Goals

- Improve employee experience to attract and retain a diverse and high performing workforce in a safe learning culture
- Appropriately identify the right family at the right time and provide the right service to fit the needs of the family while achieving racial equity
- Embrace and utilize a public health approach by supporting unique partnerships to enhance family well-bring
- Upgrade IT systems for CSB and CW to build a process driven organization with alignment of people, processes, and technology
- Maximize investments to achieve and sustain financial stability with variable funding streams

2. 2021 Goals

- Develop and empower management to understand and address the root causes of turnover that then results in improve retention.
  - Improve employee retention through an enhanced employee experience

    - Improve the internal customer service experience
- Build a lean management system that empowers staff and key stakeholders to identify and solve problems and supports change that aligns to agency goals.
    - Accurately identify children and families in need of DCS intervention through Lean
    - Improve upon therapeutic foster care resources for children in need of treatment
    - Prioritize permanency by facilitating timely reunification, guardianship, or adoption
    - Rapid Permanency Reviews statewide expansion
    - Support guardianship as a permanency option
- Develop and enhance relationships with community-driven stakeholders who can support grass roots initiatives that support the well-being of children and families.
    - Identity and implement a screening process that reports the strengths and needs of children and families to better coordinate appropriate services and placements
    - Utilize racial, justice, equity, and inclusion (RJEI) advisory council to address and eliminate inequities and bias that impact the outcomes of children and families in need
    - Support community initiatives that allow for family preservation
- Adhere to Advanced Planning Document (APD) timelines for Invest and CCWIS systems to move IT systems to a common platform.
    - Complete implementation of phase one for I-Kids and INvest
- Create appropriate traceability for accurate reporting and claiming of federal and state dollars.
    - Improve upon the process of federal claiming and reporting

B. AGENCY PROGRESS

The Department, over the past year, has been marked by positive changes. In every region across the state, our service to Hoosier families has improved: from the first call to the hotline to the ultimate placement of children in forever homes where they are safe and loved. We have addressed barriers to permanency, provided timely child support payments, and improved agency processes. On March 31, 2021, DCS submitted the Title IV-E Prevention Plan to ACF. Annually, all staff are updated on the great work we are doing as a state, as well as, within our own divisions. Notable achievements within each division are as follows:

1. Field Operations

- Eckerd Connects
    - The team had the highest review volume of all Eckerd RSF jurisdictions across the county, with nearly 2600 assessments for review since its inception in 2018. They held their first virtual training in region 8 regarding coaching and mentoring to safety.
- Special investigators positioned in Regions 5 & 11

    - The investigators assisted DCS staff with navigating complicated cases, improving communication with law enforcement agencies, assist staff in court case preparation, locating parents and runaway children, recognizing staff safety issues and enhanced training for assessments involving domestic violence for 700 assessments.
- 2,000 finalized adoptions
- Safe Act build out and implementation planning

REGIONAL IMPROVEMENT

Region 1:

- Ended regional budget for June 30, 2020, with a $4.5 million surplus
- Decreased children in care by 15%
- Maintained the highest number of children placed locally in the state with an 86% average
- Increased relative placement by 7%

Region 2:

- Increased the region's average Child and Family Team Meetings to 90% occurring at least once every 3 months. Quality of those meetings has increased from an average score of 12 to 24 on a 30-point quality scale.

Region 3:

- Served more youth in their homes to preserve the family unit. The Safely Home, Families First, initiative increased 3%
- Placed children with relatives more often (3% increase) when removal was necessary to keep the child safe
- Decreased the number of overdue assessments to less than 10 by year's end

Region 4:

- Dedicated a FCM to track residential placements to decrease use facilities unless treatment is necessary
- Placed children locally in 70% of out-of-home cases

Region 5:

- Participated in the Rapid Permanency Review in September and finalized adoptions for 10 children by the end of October
- 98% of the children on the RPR list are currently placed in adoptive homes

- Increase relative placements to 46%

Region 6:

- Decreased CHINS cases by 99
- Decreased out-of-home placements by 87

Region 7:

- Held 4,900 CFTMs between January and November which is an increase of 1,257 over 2019
- Averaged 82.8% timely initiation compliance through October 2020

Region 8:

- Focused on decreasing how often children are sent to residential facilities for treatment. Cases are reviewed more frequently to ensure appropriate plans. Children with long lengths of stay have their cases reviewed at least quarterly to ensure there are solid transition plans. These efforts have resulted in 12 fewer children in residential settings.

Region 9:

- The practice team led a region-wide emphasis on teaming throughout 2020, which focused on children having a CFTM within 180 days. At the close of 2020, 99.74% of the children in Region 9 had been teamed in the last 180 days.

Region 10:

- Held a rapid improvement event to improve the work experience for their FCMs. As a result, Region 10 has implemented a method to assign ongoing cases based on the location of the case within the county. Each office also has a front-line team member driven committee to determine the new processes that will help the FCMs experience better work-life balance.

Region 11:

- Expanded the practice enhancement group for additional membership and practice skill development within each office. An alternative to residential work group was developed later in the year to prevent and reduce the length of time children and youth spend in residential facilities for treatment.

Region 12:

- With a focus on finding permanency for children served, the CHINS caseload has been reduced by 156 children.

Region 13:

- Focused on decreasing the number of children placed in residential care. One child moved to a foster home after living two years in residential facilities. Another child was able to move to Mexico with her father after more than a year of work between the two governments.

Region 14:

- I January, the region was at 76.1% engagement with parents with a high of 92% in September. The region's average for 2020 was approximately 85% of parents engaged.

Region 15:

- Decreases in CHINs cases and residential care and an increase in children living with their relatives when they were not deemed safe in their home of origin. Initiated a residential workgroup including community service providers, field staff, foster care and LCPA representatives to help remove barrier for children who are ready to leave residential care.

Region 16:

- The newly launched Isaiah 117 in Evansville is a valuable addition to the area.

Region 17:

- The region has a fully staffed legal team, allowing counties to tackle a backlog of TPR filings. Additionally, the new fatality review team meets regularly with FCMs to address issues surrounding prevention.

Region 18:

- Worked to improve relationships with CASAs and the court over the past year. Focused on decreasing residential placements and creating immediate step-down plans for children in residential facilities.

FOSTER, KINSHIP AND COLLABORATIVE CARE

- Collaborative Care staff partnered with the Foster Youth Independence Initiative to provide affordable, stable, and supported housing for youth transitioning to adulthood. This effort has increased this resource from 1 county in the state providing this service to 13.
- Collaborative Care reduced the number of children in a residential setting by 13 and have increased the number of children in Collaborative Care by 79.
- The agency now has seven individual caseworkers who focus on retaining current foster families and recruiting new homes in their region. They have partnered with Hands of Hope and have begun

nurturing community-based relationships that can support caregivers across the continuum of placement.

- Reduced pending foster home revocations by 31.5%
- Increased the number of children in a quality early learning childcare setting by 40%

CHILD ABUSE AND NEGLECT HOTLINE

- Began making changes to the structured decision-making tool to better help intake specialists determine the appropriate level of involvement for the agency. This will inform decision making so the agency puts resources where they are more needed while preventing unnecessary intervention.
- 30% of the Hotline management team has completed the Leadership Academy for Supervisors
- On the most recent hotline quality assurance review, the division scored an average of 99%

2. Strategic Solutions and Agency Transformation

- Rolled out the new Practice Model Review process to measure fidelity to the DCS practice model and compliance with federal standards.
- The CQI team launched a virtual training on lean improvement and launched three value streams.
- The safe system review team was created and reviewed more than 100 cases since the beginning of 2020. The team has identified several system-level improvement opportunities, which led to the roll out of the spaced education initiative, which provides mini-quizzes to staff in hopes of helping with retention of material.
- The research and evaluation team submitted two manuscripts to child welfare-focused journals in 2020 as part of an effort to expand the use of research and evidence-based information. These focused on understanding screening threshold analysis and hotline text analysis.

3. Permanency and Practice Support

- During the pilot of rapid permanency review (RPR) process the Department reviewed 108 children and within a year 78% of the children reviewed had been adopted. In 2020, RPR’s rolled out virtually to regions 5, 6, 9, 11, 17, and 18.
- The policy team in collaboration with ChildFocus developed a new policy template and workflow.
- Developed and implemented the DCS Human Trafficking Response System, comprised of 55 DCS human trafficking regional leads across the state.
- The Indiana Birth Parent Advisory Board took shape in 2020 with the technical assistance of the Children’s Trust Fund Alliance (CFTA). CFTA assisted the permanency team and a dedicated group of birth parents to lay groundwork for board development and recruitment.

- Conducted a statewide “All-In for Adoption” virtual panel event co-hosted by DCS and the Administration for Children and Families following national recognition on the number of adoptions.

4. Juvenile Justice Initiatives and Support

- Central Office Background Check Unit (COBCU) conducted the following evaluations: 61,270 fingerprint transactions, 461 criminal and/or CPS waivers, 79,004 CPI checks, 1,965 out-of-state inquiries
- Probation consultants received 1,094 referrals to process and worked to decrease the number of juvenile justice youth in residential care by 20%
- In 2020, 1,147 ICPC cases were processed (551 outgoing/596 incoming). Regional managers receive monthly notifications and access to the ICPC electronic environment to monitor these cases.

5. Finance and Administrative Services

- Following recommendation of a rapid improvement event the DCS travel team now consistently processes travel vouchers under the 30-day requirement.
- The DCS field audit team completed virtual desk audits in 2020 and increased production by 30% by completing 71 audits.
- Conducted a mock Title IV-E audit in preparation for the upcoming federal audit. This audit found that all 80 of the sample cases met the eligibility requirements and were deemed non-error cases.
- The DCS finance grant and projects team implemented a new project characterization standard to help track and report on federal as well as state projects.

6. Information Technology

- The Invest Project, which replaces Child Support Bureau’s legacy application ISETS, started on June 1, 2020. This project has a plan to pilot in May 2022 with final implementation slated for November 2022.
- The CCWIS project, I-Kids, will replaced child welfare’s current case management system MAGIK. The new system has three vendor teams working with DCS to ensure successful implementation. Phase 1 is expected to replace Casebook by October 2021.
- In 2020, DCS IT completed 61 projects for both the child support and child welfare business teams. One project for COVID tracking was developed in Salesforce, rolled out to field in five days and nominated for an award.

7. Legislative Affairs

- Received and processed almost 1,100 constituent and legislative inquires in 2020.

- To better manage incoming inquiries from the General Assembly, the Legislative Services team implemented a legislative inbox for emails.
- Worked with agency leadership to develop the DCS COVID-19 Emergency Response Report.

8. Human Resources

- Decreased turnover by 18.6%
- Processed 114 promotions within the agency
- Implemented the Trustline which allows employees to communicate concerns to DCS leadership
- Launched goal setting in SAP Success Factors to utilize in the annual appraisal
- Recruiting Initiatives:
    - Virtual job fairs- 5 events held in Marion and Madison counties. Interviewed 198 people and hired 61.
    - College fairs- Hosted 12 events in partnership with colleges and universities across the state
    - Partnered with local and national cultural organizations to promote DCS openings including Nation Association of Black Social Workers, the Latino Social Workers Organization, and the Hispanic National Bar Association

9. Communications

- Led the efforts to update the DCS mission, vision, and values to better reflect the agency's commitment to racial equity in the delivery of child welfare and child support services.
- Designed and distributed safety procedure signage to all county offices and published a detailed back-on-track guide to help DCS leaders manage remote workers, adjusted scheduled and more due to the COVID-19 health crisis.
- Hosted the agency's first virtual town hall to engage staff members in quarantine. More than 1,200 attended the event and participated in an interactive Q&A.
- Increased the number of followers on Twitter to @IndianaDCS by 22% and @tstigdon by 35%. Increased the number of Instagram followers by nearly 200 people.

10. Child Welfare Services

- The Older Youth Initiative team collaborated with public housing authorities and continuum of care organizations to roll out HUDs Foster Youth Interdependence Voucher program, providing housing vouchers, services, and support.

- Focused on primary and secondary prevention through increased Community Partners funding to help families get through the pandemic; close involvement in the “My Healthy Baby” infant-mortality prevention program with FSSA and IDOH.
- Created a new work group with LCPAs focusing on successfully parenting therapeutic-level foster children, which will be key to limiting the use of congregate care to be prepared for our FFPSA implementation
- In collaboration with group homes and residential treatment facilities, DCS developed a QRTP attestation form to ensure access to high-quality treatment services and opened an RFI to get provider input into how to best deliver aftercare services.
- Launched Indiana Family Preservation Services June 1, 2020, with 96 providers statewide to help keep families safely in their homes together.

11. Legal

- The DCS legal training team implemented a coaching program to ensure training skills are applied. The team created and delivered over a hundred virtual webinars to support the 200+ lawyers employed by the Department and transitioned all training to a virtual platform.
- The legal policy review team was created to provide faster and more comprehensive legal reviews of policies, forms, and tools.
- A process was created for expungement requests from field to Central Office.
- DCS legal led the charge to encourage courts to continue moving children to permanency despite the daunting challenges of the public health emergency. Field litigation attorneys and clerical staff across Indiana acted quickly and decisively to transition from traditional court to an often-changing broad spectrum of hybrid and virtual hearings to ensure that permanency for children was not interrupted.

12. Staff Development

- Continued to develop and offer trainings and transitioned from in-person classroom training to a virtual platform.
    - 44 New cohort trainings- 848 participants
    - 318 Experienced trainings- 45 in-person and 273 virtual
    - 16 Clerical, Support, Admin trainings- 377 participants
- The leadership academies for supervisors and managers launched and graduated 49 leaders
- The annual supervisor and director conferences launched, and the leadership forums and workshop trainings were facilitated to all agency leaders

13. Child Support Bureau

- The Indiana child support program was ranked 7th in the nation for overall performance
- As of Federal Fiscal Year, 2020, the CSB rate of current support collections was 66.91%.
- CSB was granted two waivers to benefit Indiana's child support program during COVID-19.
- CSB implemented an online enrollment form for child support services. This is the first-time families were able to sign up for child support services on a digital platform. This is an additional route to sign up for child support services in addition to signing up for services at the local county prosecutor's offices.

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

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

Indiana's PIP maintained a strong focus on enhancing the way we gather, track, and use data. DCS has several projects that have assisted in PIP progress to date to allow Indiana to improve the way we gather and use data. Indiana is currently in the process of building a new case management system to be CCWIS compliant. Indiana has enhanced and relaunched its previous qualitative service review to meet both federal requirements, as well as, ensuring that Indiana's practice model is being measured and used to fidelity, this was fully launched in 2021 as the Practice Model Review (PMR). Indiana can quickly synthesize regional data on the 20 Items being scored for the PMR and deliver feedback to the regions within a matter of weeks following a review. The Quality Service and Assurance Team works closely with regional Staff Development employees on ensuring that areas of needed practice development within the regions are met following a review.

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

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

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

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

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

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

The CFSR identified issues in both the timeliness of initial investigations and ongoing safety monitoring and evaluation. To reflect these issues, the goal has been updated with language to focus on both the timeliness of initial investigations and ongoing monitoring. The activities and progress below reflect the ongoing commitment in improvement of these areas.

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

a) Ensure timely initiation of assessments by changing practice or policy, as needed.

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

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

b) Institute daily safety staffings to ensure face to face contact is made timely. Create a new policy to institutionalize safety staffings.

(i) Supervisors will meet with assessment workers daily to receive an update on cases where face-to-face contact has not yet occurred, including whether there are barriers or challenges that need to be addressed.

(ii) Trends around timeliness identified throughout the state will be addressed at monthly regional manager meetings. Problematic trends that are identified and specific to a region or regions will utilize CQI processes to improve timely face-to-face contact with child.

Target Completion Date	Current Status	Progress to Date
Q1	(i) Completed	Policy Revision 11/1/2018 (Timely Initiation report will be reviewed by supervisors)
Q1-Q8	(ii) Completed	**Q1 & Q2:** Continued review of timely initiation report for trends, a timely initiation tracking mechanism has been built for field staff use. **Q3 & Q4:** The CQI team pulled data from the timely initiation tracker and presented the information to field leadership at the end of quarter 4. The CQI team will be working with field

		leadership to determine whether the appropriate information is being gathered, trends across the state, and opportunities for improvement projects to move towards more consistent timely initiation. **Q5 & Q6**: There is a daily auto generated email that goes to the regional managers and field executives to monitor timely initiation data. DCS is working with a change team to look at intake processes to ensure efficiency on the front end of field staff receiving the necessary information to do an assessment. DCS continues to work with Center for States and University of Colorado on a screening threshold analysis to assist in informing the work that Indiana is doing to ensure that appropriate reports are being screened in for assessment purposes. **Q7 & Q8:** The state will continue to track timely initiation through the tracker that was built for field staff use. Along with the tracker, DCS also has access to a Tableau Dashboard to monitor trending data. This data is live and allows for constant monitoring. The ability to watch this data and see trends early on allows us to meet needs as they arise. DCS has embarked on a Lean (continuous quality improvement) journey. One of the large areas of focus, where a value stream steering team has been developed, is within Intake/Assessment. Over the course of

		the next 15 months, this value stream will continually monitor metrics in regard to the intake/assessment process including timely initiation to identify improvement work in the future.

OBJECTIVE 1.2 IMPROVE THE QUALITY OF INITIAL AND ONGOING SAFETY AND RISK ASSESSMENTS.

a) Ensure quantity and quality of safety and risk assessments at each contact with child, family, providers, and caregivers by utilizing clinical supervision to include the following:

(i) Utilize clinical supervision in order to ensure that there are specific agenda items included at the unit, LOD, and RM levels that identify strengths and challenges in assessing safety and risk. When challenges are discovered, the RM will address issues with CQI efforts as needed.

(ii) FCM Supervisors will continually monitor, coach, and mentor FCMs on the use of safety and risk assessments during clinical supervision with FCMs and ensure the safety and risk assessments are properly documented in the computer system.

(iii) Local office directors and FCM Supervisors will receive education on the use of the Reflective Practice Survey (RPS) as a means to support clinical supervision.

(iv) Local office directors and FCM Supervisors will complete RPSs as required in order to model excellent social work practice while in the field with their FCMs. RPSs will be completed on a quarterly basis for each FCM by either their FCM supervisor or local office director.

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

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

Target Completion Date	Current Status	Progress to Date
Q1-Q8	(i)Completed	**Q1 & Q2:** Regional Managers continue to work with LOD's to ensure these items are addressed at the local office level and work with the CQI team on identified issues. **Q3 & Q4:** This is an ongoing agenda discussion item at the north, central, south RM meetings. This is then filtered down for the RM to have it as an agenda item regularly at their regional management meetings. These items are then discussed at the local office level as well in order for large issues to trickle back up. Supervisors are required to do daily safety staffings with the case managers until safety is established, this is captured in an electronic safety staffing form. **Q5 & Q6:** The use of clinical supervision is being reinforced in policies through practice guidance to help supervisors and staff understand the use of clinical supervision throughout all of work that is done. DCS is in the process of exploring ways to enhance coaching and mentoring for field staff in regards to safety through morphing the responsibilities of the Rapid Safety Feedback team. The goal of this staff would be to work with supervisors across the state by engaging in a dialogue about current assessments in regards to safety threats. This work will support safe learning and coaching in a safe environment. This is a proactive front-end approach to coaching and mentoring that supports a safe culture to explore and discuss crucial decisions as to the future health and safety of children and families.

		Q7 & Q8: DCS continues to explore the needs of employees at every level and hosted a rapid improvement event in November 2020 that focused on enhancing the role of the supervisor in the field to better support direct staff. The ratio of FCMs/Supervisor is currently at 4.76 to 1, which allows for supervisors to spend more time with their staff enhancing the opportunities for clinical supervision. The Out of Home value stream has an event that will be focusing on the safety and risk assessment to ensure continued use and fidelity. Both the FFPSA prevention plan and PMR address safety and risk.
Q1- Q8	(ii) Completed	**Q1 & Q2:** Continued review of reports by the field regarding safety and risk assessment completion. **Q3 & Q4:** Marion County requires these assessments to be submitted to the court at initial filing, which helps to ensure that in our largest county these assessments are being completed properly and informing decisions. The Department is in the process of putting together a case manager and supervisor focus group around the safety and risk assessment tools to gain information on how to help staff better understand the use of the tool. **Q5 & Q6:** The Department hosted focus groups for both FCM's and Supervisors on February 14th and February 21s of 2020. The purpose of the focus groups was to understand how staff differentiate between risk and safety and how they use the tools in the field. The results showed a conflation of safety and risk and a need

		to provide ongoing training on utilizing the safety and risk tools in the field to fidelity. The research and evaluation team will be meeting with field leadership and staff training and development to discuss next steps. The research and evaluation team will also be scheduling electronic feedback meetings to the focus groups to discuss the results. DCS is in the process of exploring ways to enhance coaching and mentoring for field staff in regards to safety through morphing the responsibilities of the Rapid Safety Feedback team. The goal of this staff would be to work with supervisors across the state by engaging in a dialogue about current assessments in regards to safety threats. This work will support safe learning and coaching in a safe environment. This is a proactive front-end approach to coaching and mentoring that supports a safe culture to explore and discuss crucial decisions as to the future health and safety of children and families. **Q7 & Q8:** The enhanced RPS which was launched in July 2020, asks questions regarding safety/risk assessment completion. This provides the supervisor an opportunity on a quarterly basis to discuss with each staff member through clinical supervision any strengths or concerns regarding safety and risk assessments. A part of the RPS tool is ensuring that the safety/risk assessment for each case/assessment has been entered correctly and completed in our electronic system of record. DCS will continue to track this data within the PMR which launched in January 2021. During the pilot in Q4 of 2020 in which 65 cases were

		reviewed from 3 regions, Item 8 (focuses on safety planning and safety and risk assessments) scored a strength 66% of the time.
Q1- Q8	(iii)Completed	**Q1 & Q2:** Staff attended quarterly workshops regarding RPS. **Q3 & Q4:** Indiana is currently revamping the RPS. The new RPS tool will be rolled out statewide as of April 2020. Staff in regions 10, 15, 18, and Collaborative Care have received training. A training plan is currently being developed for staff to have regionally based training in March 2020. **Q5 & Q6:** All supervisors were trained on the enhanced RPS tool in the month of March. Following the trainings field staff were provided with a t-chart tool to assist them in ensuring they complete clinical supervision with their staff and provide necessary feedback. The new tool went live for field use on April 17, 2020. The tool is built around the Indiana practice model. Due to restrictions from COVID 19, the Department has delayed implementation of the tool considering social distancing guidelines. Supervisors will resume regular duties of shadowing staff to complete the survey for use of enhancing clinical supervision as of July 2020. **Q7 & Q8:** LODs and FCM Supervisors were trained on how to complete the new RPS throughout the month of March 2020. This training included a component on how to deliver feedback to staff during clinical supervision following the completion of the RPS. Supervisors are now able to print the survey from the system

		and review the results, including the FCM's areas of strengths and improvement opportunities during clinical supervision.
Q1- Q8	(iv)Completed	**Q1 & Q2:** Quarterly RPS completion and ongoing monitoring by field leadership. **Q3 & Q4:** Indiana is currently revamping the RPS. The new RPS tool will be rolled out statewide as of April 2020. Staff in regions 10, 15, 18, and Collaborative Care have received training. A training plan is currently being developed for staff to have regionally based training in March 2020. **Q5 & Q6:** All supervisors were trained on the enhanced RPS tool in the month of March. The new tool went live for field use on April 17, 2020. The tool is built around the Indiana practice model. Due to restrictions from COVID 19, the Department has delayed implementation of the tool considering social distancing guidelines. Supervisors will resume regular duties of shadowing staff to complete the survey for use of enhancing clinical supervision as of July 2020. **Q7 & Q8:** The enhanced RPS tool went live for field use in July 2020, with the first quarter of surveys being completed as of September 2020. DCS has completed its 2nd quarter of reviews as of the end of December 2020.
Q2- Q8	(v)Completed	**Q1 & Q2:** RPS workgroup continues to meet with plans to pilot the updated tool in August of 2019. **Q3 & Q4:** The pilot was increased to include Region 10 as well. There is a plan to train all leadership in the new tool and usage in the

		month of March 2020. The state plans to roll out the new tool and process statewide April 2020. In the meantime, regions not involved in the pilot continue to utilize the old RPS. **Q5 & Q6**: All supervisors were trained on the enhanced RPS tool in the month of March. The new tool went live for field use on April 17, 2020. The tool is built around the Indiana practice model. The tool has been launched with analytics and the ability to pull trending reports. The reports will continue to be assessed and developed based upon the needs of the field staff. Due to restrictions from COVID 19, the Department has delayed implementation of the tool considering social distancing guidelines. Supervisors will resume regular duties of shadowing staff to complete the survey for use of enhancing clinical supervision as of July 2020. **Q7 & Q8:** The enhanced RPS tool went live for field use in July 2020, with the first quarter of surveys being completed as of September 2020. DCS has completed its 2nd quarter of reviews as of the end of December 2020. Following the completion of the survey the supervisor is provided with an opportunity to print out a form and create a feedback sheet to utilize in supervision with the case manager. There are specific questions contained within the survey regarding safety and risk assessments. During the PMR pilots held this year, of the 65 cases that were pulled, DCS scored a strength 66% of the time in Item 8, which focuses on Safety planning and safety and risk assessments. DCS will continue to track this data through the PMR and RPS Dashboards.

Q1	(vi)Completed	Safety Planning CAT has been created and implemented as of 7/6/2018

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

a) Provide coaching and guidance to staff via clinical supervision on what needs to be in an individualized safety plan and ensure documentation in the computer system.

(i) DCS to create a Computer Assisted Training ("CAT") with Indiana University Training Partnership ("IU") in order to provide instructional opportunities to staff on what needs to be in an individualized safety plan.

(ii) FCM Supervisors will discuss the CAT through clinical staffings with FCMs in order to support ongoing learning and application of safety planning.

Target Completion Date	Current Status	Progress to Date
Q1	(i)Completed	Safety Planning CAT has been created and rolled out to all staff on 7/6/2018
Q1- Q6	(ii)Completed	**Q1 & Q2:** As new staff complete the training; supervisors discuss safety planning during supervision. **Q3 & Q4:** Indiana is currently revamping the RPS. The new RPS tool will be rolled out statewide as of April 2020. The RPS tool will assist supervisors in clinical supervision with their staff and specifically has questions around safety planning. This will help supervisors have a good understanding of the areas of improvement and how to tailor training with their staff to meet their individual needs. **Q5 & Q6**: All supervisors were trained on the enhanced RPS tool in the month of March. Following the trainings field staff were provided with a t-chart tool to assist them in ensuring they

		complete clinical supervision with their staff and provide necessary feedback. The new tool went live for field use on April 17, 2020. The tool is built around the Indiana practice model. The tool has a specific module around safety planning and the quality of those plans. Due to restrictions from COVID 19, the Department has delayed implementation of the tool considering social distancing guidelines. Supervisors will resume regular duties of shadowing staff to complete the survey for use of enhancing clinical supervision as of July 2020. Supervisors continue to discuss safety planning with their staff during clinical supervision as necessary. Supervisors are able to refresh learning by using the CAT, which was developed on 7/6/2018.

b) Utilize clinical staffings and ensure there are specific topic agenda items on the development of safety plans at the unit, local office director, and regional manager levels to more effectively identify strengths and challenges in assessing safety and risk.

(i) FCM Supervisors will promote and model, as needed, effective engagement between workers and families in order to develop safety plans that address the needs of children and families and delineate the roles and responsibilities of parents and caregivers in providing a safe environment for their child or children.
(ii) FCM Supervisors will continuously monitor safety plans and guide FCMs by assessing safety through updated safety plans. Safety plans will assess and address the changing needs of the family and child.

Target Completion Date	Current Status	Progress to Date
Q1- Q6	(i)Completed	**Q1 & Q2:** Clinical supervision is consistent and documented. **Q3 & Q4:** Indiana is currently revamping the

		RPS. The new RPS tool will be rolled out statewide as of April 2020. The RPS tool will assist supervisors in clinical supervision with their staff and allow for them to model areas in which the case manager may need further skill development. Safety planning is a component of the RPS which the supervisor should observe when out with their case manager. The RPS is built around the TEAPI model which has a strong focus on engagement. **Q5 & Q6:** All supervisors were trained on the enhanced RPS tool in the month of March. Following the trainings field staff were provided with a t-chart tool to assist them in ensuring they complete clinical supervision with their staff and provide necessary feedback. The new tool went live for field use on April 17, 2020. The tool is built around the Indiana practice model with a focused module on safety planning. Due to restrictions from COVID 19, the Department has delayed implementation of the tool considering social distancing guidelines. Supervisors will resume regular duties of shadowing staff to complete the survey for use of enhancing clinical supervision as of July 2020.
Q1- Q8	(ii)Completed	**Q1 & Q2:** Safety Planning CAT has been completed and rolled out. Safety plans are documented and staffed with FCM's during supervision. **Q3 & Q4:** Indiana is currently revamping the RPS tool, with a planned statewide roll out of April 2020. An important component in this tool is to ensure that supervisors are monitoring safety

		planning and discussing those safety plans with their staff. As the Department builds the Practice Model Review, a qualitative case review system, safety planning and ensuring the ongoing assessment of will be included. This will allow the Department to pull trends and do focused improvement work in areas where needs are not being met. **Q5 & Q6**: All supervisors were trained on the enhanced RPS tool in the month of March. The new tool went live for field use on April 17, 2020. The tool is built around the Indiana practice model with a module focused on safety planning and monitoring the safety plans completed. Due to restrictions from COVID 19, the Department has delayed implementation of the tool considering social distancing guidelines. Supervisors will resume regular duties of shadowing staff to complete the survey for use of enhancing clinical supervision as of July 2020. The Department also continues to work on launching the Practice Model Review which will include safety planning and the ongoing assessment of the plan in January 2021. **Q7 & Q8:** DCS continues to offer the safety planning CAT to staff and expresses the importance of monitoring and adjusting safety plans with families. The RPS launched for use in July 2020 and the state has completed two quarters of reviews as of December 2020. Individual supervisors are asked to review safety plans with staff through the individual surveys. A dashboard has been created in Tableau which

		allows for the state to see how safety planning is trending both regionally and statewide. During the PMR pilots held this year, the state scored a strength 66% of the time in Item 8 which focuses on Safety planning and safety and risk assessments. DCS will continue to track this data through the PMR and RPS Dashboards.

c) Improve the rate of supervisor review and approval of appropriate safety plans.

(i) Utilize quarterly Reflective Practice Surveys (RPS) to enhance supervision of safety plans. The RPS requires supervisors to review a randomly selected case for each family case manager (FCM) under their supervision. As part of that review, the supervisor gathers field observations and provides a qualitative assessment of the FCM's practice skills, including those related to assessing safety planning.

(ii) Supervisors will review trends related to the quantity and quality of safety plans learned from the RPS and RPS trends will be shared within the unit, among local office directors and regional managers.

Target Completion Date	Current Status	Progress to Date
Q2- Q8	(i)Completed	**Q1 & Q2:** RPS workgroup continues to meet with plans to pilot the updated tool in August of 2019. **Q3 & Q4:** The tool was piloted in Region 10, 15, 18, and Collaborative Care in the fall of 2019. The tool is currently being built in Indiana's new CCWIS with an expected launch date of April 2020. Field staff will be trained on the tool in March 2020. **Q5 & Q6**: All supervisors were trained on the enhanced RPS tool in the month of March. Following the trainings field staff were provided with a t-chart tool to assist them in ensuring they complete clinical supervision with their staff and provide necessary feedback. The new tool went live for field use on April 17, 2020. The tool is

		built around the Indiana practice model with a module on safety planning and the quality of those plans. Due to restrictions from COVID 19, the Department has delayed implementation of the tool considering social distancing guidelines. Supervisors will resume regular duties of shadowing staff to complete the survey for use of enhancing clinical supervision as of July 2020. **Q7 & Q8:** The RPS launched for use in July 2020 and the state has completed two quarters of reviews as of December 2020. Individual supervisors are asked to review safety plans with staff through the surveys they complete. Supervisors are then asked to go over the results during clinical supervision. A dashboard has been created in Tableau which allows for the state to see how safety planning is trending both regionally and statewide.
Q2- Q8	(ii)Completed	**Q1 & Q2:** RPS workgroup continues to meet with plans to pilot the updated tool in August of 2019. **Q3 & Q4:** The tool as piloted in Region 10, 15, 18, and Collaborative Care in the fall of 2019. The tool is currently being built in Indiana's new CCWIS with an expected launch date of April 2020. Field staff will be trained on the tool in March 2020. Reporting analytics to gather trends are being built in the system where the tool is being completed. **Q5 & Q6:** All supervisors were trained on the enhanced RPS tool in the month of March. The new tool went live for field use on April 17, 2020. The tool is built around the Indiana practice model. The tool has been launched with analytics and the ability to pull trending reports. The

		reports will continue to be assessed and developed based upon the needs of the field staff. Due to restrictions from COVID 19, the Department has delayed implementation of the tool considering social distancing guidelines. Supervisors will resume regular duties of shadowing staff to complete the survey for use of enhancing clinical supervision as of July 2020. **Q7 & Q8:** The RPS launched for use in July 2020 and the state has completed two quarters of reviews as of December 2020. A dashboard has been created in Tableau which allows for the state to see how safety planning is trending within a county, region, and statewide. Supervisors can pull individual survey results to review with their staff and units in regards to safety planning.

d) Include the safety plan with the case plan and as part of clinical staffings of the case plan. Family case manager supervisors will review the case plan at defined intervals, per policy requirements.

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

Target Completion Date	Current Status	Progress to Date
Q1- Q8	(i)Completed	**Q1 & Q2:** Consistent clinical supervision- policy review, safety plan review, and case plan overdue report review. **Q3 & Q4:** Indiana is currently revamping the RPS tool, with a planned statewide roll out of April 2020. An important component in this tool is to ensure that supervisors are monitoring safety planning and discussing those safety plans with their staff. As the Department builds the Practice Model

		Review, a qualitative case review system, safety planning and ensuring the ongoing assessment of will be included. This will allow the Department to pull trends and do focused improvement work in areas where needs are not being met. **Q5 & Q6:** All supervisors were trained on the enhanced RPS tool in the month of March. The new tool went live for field use on April 17, 2020. The tool is built around the Indiana practice model with a module focused on safety planning and monitoring the safety plans completed. Due to restrictions from COVID 19, the Department has delayed implementation of the tool considering social distancing guidelines. Supervisors will resume regular duties of shadowing staff to complete the survey for use of enhancing clinical supervision as of July 2020. The Department also continues to work on launching the Practice Model Review which will include safety planning and the ongoing assessment of the plan in January 2021. A workshop was held in Region 7 & 11 in October of 2019, which was intended to increase DCS staff, judicial officers, and stakeholders' knowledge about the DCS safety planning process, to develop a common understanding of safety planning terms, and to help all system participants make more informed recommendations and decisions regarding safety of children. Due to COVID-19 DCS has been unable to expand these trainings to more parts of the state, following the pandemic DCS will reassess.

		Q7 & Q8: DCS continues to offer the safety planning CAT to staff and expresses the importance of monitoring and adjusting safety plans with families. The RPS launched for use in July 2020 and the state has completed two quarters of reviews as of December 2020. Individual supervisors are asked to review safety plans with staff through the individual surveys. A dashboard has been created in Tableau which allows for the state to see how safety planning is trending both regionally and statewide. During the PMR pilots held this year, the state scored a strength 66% of the time in Item 8 which focuses on Safety planning and safety and risk assessments. DCS will continue to track this data through the PMR and RPS Dashboards. DCS policy dictates that supervisors are to review and sign the approved safety plan developed with families.

e) Submit the safety plan with the case plan for review by the court in advance of court hearings.

(i) DCS will work with the Court Improvement Program (CIP) to provide online safety workshops to judicial officers so that judicial officers receive similar information provided to family case managers on safety planning.
(ii) DCS will ensure that safety plans are completed and submitted to the court during review hearings or at detention hearings when there are child safety concerns.

Target Completion Date	Current Status	Progress to Date
Q5	(i) Completed	**Q1 & Q2:** Currently working with CIP and Casey Family Programs to implement a safety training workshop for judicial officers, DCS staff, and other stakeholders in the fall of 2019. The workshop is intended to increase judicial officers and stakeholders' knowledge about the DCS safety planning process, to develop a common understanding of safety planning terms,

		and to help all system participants make more informed recommendations and decisions regarding safety of children. **Q3 & Q4:** The face-to-face training took place in Region 7 and Region 11 on 10/1/19 and 10/2/19. Indiana will continue to work with the CIP to ensure that this training is available electronically for statewide dissemination. **Q5 & Q6**: The training scheduled in the previous quarters in Clark and Lake County were cancelled due to COVID19 restrictions. The Department will work on the possibility of rescheduling those in the future. As of June 2020, the ABA safety training has been made available to judicial officers online.
Q3- Q6	(ii)Completed	**Q1 & Q2:** Currently working with CIP and Casey Family Programs to implement a safety training workshop for judicial officers, DCS staff, and other stakeholders in the fall of 2019. The workshop is intended to increase judicial officers and stakeholder's knowledge about the DCS safety planning process, to develop a common understanding of safety planning terms, and to help all system participants make more informed recommendations and decisions regarding safety of children. **Q3 & Q4:** These trainings occurred on 10/1/19 and 10/2/19. There is a meeting scheduled, in conjunction with Casey Family Programs, on 1/8/20 with the public defender's commission and counsel and on 1/9/20 with DCS legal to discuss lessons learned from the trainings and how we can spread the training and ensure more

		attendance from multi-disciplinary teams. **Q5&Q6:** DCS has provided the necessary training to stakeholders to understand the importance of safety planning. In building our CCWIS DCS is considering adding the ability to track what plans/documents (outside of the court report) are submitted to the court, which would allow for future monitoring of safety plans being provided to the court.

OBJECTIVE 1.4 PARTNER WITH THE SERVICE PROVIDER COMMUNITY TO ENSURE SERVICES ARE PROVIDED TIMELY AND THERE IS ALIGNMENT ON DCS EXPECTATIONS IN ASSESSING SAFETY WHEN PROVIDERS ARE PROVIDING SERVICES, INCLUDING INTEGRATING ONGOING ASSESSING AND MONITORING OF RISK AND SAFETY OF CHILDREN RECEIVING SERVICES.

a) Ensure contracted services are provided timely and that the family is accessing and participating in services, particularly in informal adjustment (IA) cases.

(i) Leverage existing service provider coalition to collaborate on prioritizing and developing solutions with DCS for ensuring safety. Efforts will be focused on making sure providers understand 1) how DCS defines safety and 2) the efficient and orderly transfer of documents (e.g., safety plans, case plans, risk assessments, etc.) between DCS and providers that are critical to making informed and timely safety decisions.

(ii) Standardize training/education provided by regional service coordinators to local offices on the appropriateness of services to address underlying needs.

(iii) Ensure child safety by putting services in place that are individualized for specific family circumstances. For example, services are provided that are the correct intensity, duration, and are tailored to the child and family.

Target Completion Date	Current Status	Progress to Date
Q1	(i)Completed	Better defined guidance on sharing of case history and case plan to inform interventions and common understanding of how to determine safety concerns. All providers participate in uniform training. This is located at: https://www.in.gov/dcs/3493.htm

Q1	(ii)Completed	Better defined training, which is standardized and rolled out to providers and staff via the regional service coordinators. All staff participate in uniform training provided by regional service coordinators to local offices on the appropriateness of services to address underlying needs.
Q1- Q8	(iii)Completed	**Q1 & Q2:** Supervisors will review safety plans and service referrals to ensure the needs match provided services through clinical staffings with FCMs and referral approval process. **Q3 & Q4:** Supervisors and regional peer coach consultants support this work through ensuring case managers understand the TEAPI model and purpose behind CFTM's. Case staffing includes discussing child and family team meetings, which is the opportunity for the family and team to discuss needs and to ensure that the current services are individualized and meeting the needs of the family. As Indiana looks at building a Practice Model Review, a qualitative review of cases, this will be a component that is reviewed with the ability to pull trends around this component to assess needs and improvement opportunities. **Q5 & Q6**: As of June 2020, the Family Preservation Services line will begin to be offered to families in their home. This service is geared at ensuring that children can remain in the home with their family in a safe manner. This service ensures one provider is providing for the individual needs for the specific family they are working with. This service is comprehensive and can include concrete assistance if necessary. This

		will also for the Department to ensure that family needs are being specifically targeted and met to work towards successful case closure in an efficient and safe manner. **Q7 & Q8:** DCS service line of Family Preservation has been launched and DCS is currently in the process of doing a program evaluation. Every IA and In-home CHINS receives this service at the same intensity and same reimbursement for every county in our state, however the services provided are based on the needs of the child and family. This service line also ensures that children not only have regular contact with their family case manager, but there are weekly safety checks conducted by the provider. DCS is working to ensure that as we leave kids in their homes, with less court intervention, we are able to provide appropriate intensive services to meet the needs of the family.

OBJECTIVE 1.5 THE INDIANA OFFICE OF COURT SERVICES (IOCS) AND DCS WILL PARTNER TO STRENGTHEN PROBATION PRACTICES FOR ASSESSING THE RISK, SAFETY, AND NEEDS OF SIBLINGS/OTHER CHILDREN IN THE HOME.

a) The Probation Preliminary Inquiry (PI), Predispositional Report (PDR), and Modification Report forms provides a standardized format for collecting and reporting information regarding a juvenile offender. The primary use of the PI is to provide the court with basic information regarding the offender. Based on this information, an appropriate decision may be made regarding probable cause and detention/release options. The primary use of the PDR is to provide information to the Court which is essential to the judge in making an appropriate disposition. Complete and accurate information about all aspects of the case, with a recommendation when appropriate, enhances the Court's ability to order a disposition which represents the best interest of the juvenile, the family, and the community. Both the PI and PDR contain elements that require a probation officer to assess the functioning of the family. The PI, PDR and Modification report instruction manual will be updated to provide explanations for performing child welfare related risk, safety, and needs assessments of siblings/other children and parents in the home; and instructions will be provided on

how to document the assessment findings in the PI, PDR and Modification reports. For the manual to be updated, the following steps will need to occur:

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

Target Completion Date	Current Status	Progress to Date
Q2	(i) Completed	Indiana met with the committee on 3/19/19 to draft the language and then met again on 5/14/19 to approve the language.
Q2	(ii) Completed	The proposed draft language, for the manual update, was presented to the Probation Officer Advisory Committee on 7/9/19.
Q4	(iii) Completed	**Q1 & Q2**: New language was presented on October 4, 2019. Indiana requested to move this activity from Q3 to Q4 due to the state presenting the language in Q4. **Q3 & Q4:** This was completed on 10/4/2019 at the Juvenile Justice Improvement Committee meeting.

Q6	(iv) Completed	This language was presented and approved on March 17, 2020, by the Probation Committee.
Q7	(v) Completed	**Q1 & Q2:** Indiana requested to move this activity from Q3 to Q4 due to Indiana reporting that the Board of Directors will not meet to review this information until 12/12/2019. **Q3 & Q4:** The committee did not approve or endorse the language and requested more information. This information was provided in January 2020. The committee provided a recommendation of a statewide standard, and a committee is working on re-written language. The committee meets again in February 2020, the next Board of Directors meetings are in March and June of 2020. Indiana requests a change from Q3 to Q6 for this item. **Q5 & Q6:** This was supposed to be voted on at a scheduled meeting on 3/31 this meeting was cancelled due to Covid 19. The Chief Justice requested that the Probation Committee make a few edits to the proposed standards, this will go for a vote to the Board of Directors in September 2020. **Q7 & Q8:** The endorsements have been presented to the Board of Director's and were approved on September 15th, 2020. Indiana does not propose a language revision change for this activity at this time.
Q7	(vi) Completed	**Q1 & Q2:** Indiana requested to move this activity from Q4 to Q5 as the state reported this change in quarters was requested due to publishing of the manual occurring following all necessary committee's and the board reviewing the proposed changes, making any necessary

		adjustments, and approving the language to publish the updated manual. Following the meeting held in December the group will be able to move forward with ensuring that the manual is updated and published. **Q3 & Q4:** Due to a change in quarters requested for the presentation of the information to the Board of Directors of the Judicial Conference of Indiana to Q5. Indiana requests that this be moved to Q7 to achieve approval from the board prior to updating the manual. The committee requested a change to a probation standard instead of updating the manual. This is reflected in the updated key activity language. **Q5 & Q6:** This was supposed to be voted on at a scheduled meeting on 3/31 this meeting was cancelled due to COVID-19. The Chief Justice requested that the Probation Committee make a few edits to the proposed standards, this will go for a vote to the Board of Directors in September 2020. Following the approval, the standard will be able to be published. **Q7 & Q8:** Notice to judges and probation officers regarding the amended standards were provided on November 11, 2020. The standards will be published by December 31, 2020. Indiana is not asking for a language revision at this time. **http://gopopai.org/probation-standards-amendments/**
Q8	(vii) Completed	**Q1 & Q2:** Indiana anticipates receiving all the necessary layers of approval for the new language by Q4 and train new and experienced probation officers during Q5.

		Q3 & Q4: Since a change in quarters was requested for the presentation of the information to the Board of Directors of the Judicial Conference of Indiana to Q6, Indiana requests that this activity be moved to Q8 to achieve approval from the board prior to training probation officers on the changed expectations. **Q5 & Q6:** Since a change in quarters was requested for the presentation of the information to the Board of Directors of the Judicial Conference of Indiana to Q6, Indiana requests that this activity be moved to Q8 to achieve approval from the board prior to training probation officers on the changed expectations. Indiana has also proposed a language revision for the activity to develop a plan which is reflected in the key activity column. **Q7 & Q8:** Notice to judges and probation officers regarding the amended standards was provided on Wednesday November 11, 2020. The standards will be published by December 31, 2020. The next juvenile probation officer training is scheduled for April 6, 2021, at which time training will be provided on the new standards.

SAFETY MEASURES OF PROGRESS

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

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

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

- Absence of Maltreatment after Involvement.

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

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

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

In 2019, DCS began an initiative to bring a safety culture to the Department. The goal of this initiative is twofold: improve safety of children within the Department and focus on improving the psychological safety of staff to provide a healthier work environment. DCS has been working with members of the University of Kentucky to implement the use of the Safe Systems Improvement Tool (SSIT), which is designed to review critical incidents such as fatalities and near fatalities, gauge trends within the Department, and quantify areas of systematic opportunities. DCS has a Safe System Director who manages a team of reviewers responsible for evaluating critical incidents using the SSIT and collaborating with internal and external stakeholders to improve safety outcomes for staff as well as Indiana’s youth. A critical incident will qualify for a safe system review when DCS or a primary prevention partner (Nurse Family Partnership/Healthy Families) was involved with the child victim or an immediate household member within the preceding 12 months. A review consists of an electronic review of records and interviews, or debriefs, with staff and stakeholders who interacted with the family in the last 12-24 months.

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

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

2. Goal, Strategies, and Objectives Related to Permanency

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

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

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

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

a) In an effort to improve and capture the quantity and quality of visitation, roll out an updated Visitation Facilitation Service Standard to require service providers that provide visitation to document the quality of face-to-face visits. Ratings will be completed by providers in the Individual Visitation Report to determine how the parent(s)/caregiver(s) did in each of the following areas:

- Demonstrated parental role;
- Demonstrated knowledge of child's development;

- Responded appropriately to child's verbal/nonverbal signals;
- Put child's needs ahead of his/her own;
- Showed empathy towards child; and
- Focused on the child when preparing for visits and during interactions

(i) If the quantity and quality of visits does not improve, CQI staff will work to identify root causes of lack of improvement in visits.

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

b) Reinforce the importance of the development and/or discussion of visitation plans during child and family team meetings.

(i) Add the visitation plan to the child and family team meeting template to prompt staff to discuss.
(ii) DCS Practice Team will develop training and guidance on the development of the visitation plan at child and family team meetings and improving the culture around visitation.
(iii) DCS Practice Consultants receive training and guidance during the biannual meeting.
(iv) Training and guidance rolled out to peer consultants (many of which are supervisors).

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

c) Improve utilization of Fatherhood Engagement Services to increase contact with fathers in order to enhance their engagement in the case.

(i) Continue CQI efforts initiated following the analysis of quarterly provider surveys that identified DCS/Provider communications as an area of opportunity.
(ii) Monitor communication and outcomes metrics for improvement and leverage monthly provider workgroup call to discuss additional opportunities to enhance collaboration. Roll-out individual provider reports to identify strategic areas of improvement at the provider level.

Target Completion Date	Current Status	Progress to Date
Q1	(i)Completed	Survey and report completed, results delivered to DCS and providers in the fall of 2018. There results were also delivered during the Fatherhood Engagement Summit on 5/13/2019.
Q1-Q6	(ii)Completed	**Q1 & Q2:** Service Standards and reports have been updated. Continued monitoring of reports and subject to ongoing audits. **Q3 & Q4:** DCS is currently working with providers on a standardized tool for customer satisfaction for better data gathering. DCS continues to work with IARCA on their outcome

		measurement project and partnering with Chapin Hall on looking at performance-based contracting. DCS released a RFI for family preservation goals for the creation of the service standard and created goals with provider input to keep families together, reduce repeat maltreatment, and ensure concrete assistance is available when needed. DCS is currently working with its residential providers on creating outcomes for after care in building towards FFPSA compliance. **Q5 & Q6**: Data is provided to services quarterly regarding the rate of referral denials and DCS provides individual documents for any provider who asks. IARCA has launched their outcomes measurement project and DCS will receive quarterly and annual reports. Since COVID-19: DCS is currently meeting weekly with all providers to ensure consistent messaging across service lines and an additional meeting is held with the following service groups weekly as well: Residential, LCPA, Family Preservation. Prior to COVID-19 DCS conducted monthly meetings to discuss any information that needs to be shared and work through concerns with IARCA, home-based coalition, CMHCs, LCPAs and Residential providers. DCS has been engaging with LCPAs on serving higher acuity youth in therapeutic foster care and Residential providers on ensuring FFPSA compliance in terms of aftercare outcomes, nursing, accreditation, contracting, and the role of shelter care.

		As Family Preservation is a new service line that begins in June 2020, DCS will maintain regular calls to monitor implementation and assess problems as they arise.

d) Ensure children, parents, families, and resource parents have access to appropriate services to support meaningful and timely visits between children, siblings, and parents.

(i) DCS will strengthen its formal and informal assessments to better identify the needs of the mother and improve on meaningful and timely visits between mothers and their children.

(ii) DCS will strengthen its formal and informal assessments to better identify the needs of the father and improve on meaningful and timely visits between fathers and their children.

(iii) DCS will strengthen its formal and informal assessments to better identify the needs of the children and improve on meaningful and timely visits between siblings in an effort to support the needs of resource parents and children.

<table>
<tr><th>Target Completion Date</th><th>Current Status</th><th>Progress to Date</th></tr>
<tr><td>Q2-Q8</td><td>(i)Completed</td><td rowspan="2">Q1 & Q2: Increase in our assessing and understanding of parents, children, resource parents in the PIP reviews to reach substantial conformity at 51.5%.

Q3 & Q4: Indiana is currently revamping and rebranding its previous qualitative service review (QSR), this review will be called the Practice Model Review (PMR) and will be a case/system review process. Indiana piloted the initial questions in the protocol in October 2019. Indiana will be piloting an improved version of the protocol in February 2020, with an anticipated date of completion in the CCWIS system and full tool roll out and usage in August 2020. DCS will continue to measure its progress in quality assessments and visitation in working with mothers and fathers via this tool.

Q5 & Q6: Due to COVID-19 Indiana will launch its</td></tr>
<tr><td>Q2-Q8</td><td>(ii)Completed</td></tr>
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		Practice Model Review in January 2021, which will ensure ongoing measurement in regards to assessing mothers and ensuring meaningful visits. DCS requires, via all service standards, that assessments are provided to parents to assess the level of needs in regards to services and support. **Q7 & Q8:** For cases where the child remains in the home, DCS continues to provide Family Preservation services that are geared towards timely assessment of needs and quick access to services by one provider. This continues to help ensure accuracy in the assessment of the needs of parents. DCS continues to track this data through its PMR which will be fully implemented in January 2021. Results of the data collected during the pilot, which occurred in 3 regions for a total of 65 cases, showed that DCS scored a strength in assessing the needs of mothers 74% of the time. A subset in Maintaining Family Connections, which looks at visits between the mother and child(ren) scored a strength 78% of the time during the pilot. Results of the data collected during the pilot, which occurred in 3 regions for a total of 65 cases, showed that DCS scored a strength in assessing the needs of fathers 66% of the time. A subset in Maintaining Family Connections, which looks at visits between the father and child(ren) scored a strength 77% of the time during the pilot.
Q2-Q8	(iii)Completed	**Q1 & Q2:** Increase in our assessing and understanding of parents, children, resource

		parents in the PIP reviews to reach substantial conformity at 51.5%; DCS Regions 1 and 4 have been piloting projects to address engagement of parents. DCS is in the process of reviewing and researching safety, risk, and needs assessment tools geared towards improving practice **Q3 & Q4:** Indiana is currently revamping and rebranding its previous qualitative service review (QSR), this review will be called the Practice Model Review (PMR) and will be a case/system review process. Indiana piloted the initial questions in the protocol in October 2019. Indiana will be piloting an improved version of the protocol in February 2020, with an anticipated date of completion in the CCWIS system and full tool roll out and usage in August 2020. DCS will continue to measure its progress in quality assessments of resource parents and visitation via this tool. The Department is also preparing to do focus groups with both family case managers and supervisors to assess current safety, risk, and needs assessment knowledge and use. **Q5&Q6**: Due to COVID-19 Indiana will launch its Practice Model Review in January 2021, which will ensure ongoing measurement in regards to assessing children and ensuring meaningful visits. In July 2020 the Department will launch a survey for foster parents to assess their needs, this will be offered twice a year and will drive improvement opportunities. The Department hosted focus groups for both FCM's and Supervisors on February 14th and February 21st. The purpose of the focus groups

		was to understand how staff differentiate between risk and safety and how they use the tools in the field. The results showed a conflation of safety and risk and a need to provide ongoing training on utilizing the safety and risk tools in the field to fidelity. The research and evaluation team will be meeting with field leadership and staff training and development to discuss next steps. The research and evaluation team will also be scheduling electronic feedback meetings to the focus groups to discuss the results. **Q7 & Q8:** Results of the data collected during the pilot of the PMR, which occurred in 3 regions for a total of 65 cases, showed that DCS scored a strength in assessing the needs of child(ren) 68% of the time and assessing the needs of resource parents scored a strength 80% of the time. A subset in Maintaining Family Connections, which looks at sibling visits scored a strength 75% of the time during the pilot. DCS will continue to track this data through its PMR which will be fully implemented in January 2021.

OBJECTIVE 2.2 PARTNER WITH THE INDIANA OFFICE OF COURT SERVICES (IOCS) AND JUDICIAL OFFICERS TO PROMOTE MEANINGFUL ENGAGEMENT OF FOSTER/RESOURCE PARENTS AND CAREGIVERS IN COURT PROCEEDINGS AND PROMOTE QUALITY PERMANENCY HEARINGS AND TIMELY TPR FILINGS.

a) DCS and IOCS will collectively focus on increasing awareness of a foster/resource parent's opportunity for participation at court hearings.

(i) IOCS will reinforce to judges during judicial conferences/trainings the foster/resource parents opportunity for participation in court hearings.
(ii) DCS will discuss court-related concerns raised by foster parents with the IOCS in an effort to promote understanding among all stakeholders of how to support the sharing of knowledge related to the care of the children in foster homes.

(iii) DCS will highlight during foster/resource parent trainings of the foster/resource parent's right to be heard.
(iv) DCS will work with the IOCS, CIP, and the Juvenile Benchbook Committee to revise the CHINS Benchbook to highlight requirements that foster/resource parents have the right to be provided notice of hearings and meaningful opportunity for participation in court hearings for children who are placed with the foster/resource parent.

Target Completion Date	Current Status	Progress to Date
Q4	(i) Completed	This was reinforced at the Juvenile Judges Orientation on 3/28/19 & 3/29/19. This was also reinforced at the annual meeting of Juvenile Court Judicial Officers on 6/20/19 & 6/21/19.
Q1-Q6	(ii)Completed	**Q1 & Q2:** Meetings occur regularly between DCS and IOCS to address concerns and share issues to improve both systems. **Q3 & Q4:** DCS continues to have regularly scheduled phone calls with IOCS to discuss any pertinent issues that may arise and/or project collaboration. DCS regularly attends and participates in Juvenile Justice Improvement Committee meetings and continues to host MDT trainings which offer an opportunity to discuss area specific issues that may arise. In moving forward with MDT trainings in the future DCS is intentionally partnering with IOCS to increase the court involvement. **Q5 & Q6:** DCS has meetings scheduled to meet regularly with IOCS to discuss concerns that arise, however due to Covid-19 those meetings have been less frequent. Communication continues to occur in regards to issues related to the court system and the response for COVID-19. In April, DCS and IOCS collaborated to provide necessary communication in regards to COVID-19. IOCS led

		an initiative in partnership with DCS, PDs, and CASA to respond to questions/concerns for foster parents regarding parenting time and COVID-19.
Q4	(iii) Completed	During the RAPT conference for foster/resource parents there was a specific breakout session on the Foster Parent Bill of Rights. This conference occurred on 8/16/19 & 8/17/19.
Q6	(iv) Completed	In conjunction with IOCS, a foster parent advocacy group, and the Juvenile Bench Book Committee, the foster parent form has been completed. Foster parents are able to locate this form in two places: the foster parent portal website and the DCS website. The link to the DCS website is below: https://www.in.gov/dcs/3332.htm

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

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

Target Completion Date	Current Status	Progress to Date
Q1	(i)Completed	Data is available, reviewed, and shared. This data is available on a dashboard and has been discussed with the regional managers.

Q2	(ii)Completed	Common understanding reached between DCS and the courts. There was a presentation at the Juvenile Justice Committee on 2/1/2019, as well as an update of the timely filing of TPR rapid improvement event presented in May of 2019.
Q5	(iii)Completed	**Q1 & Q2:** Indiana requested a change in quarters for this item as they have been working with CIP and Casey Family Programs to implement a safety and permanency training workshop for judicial officers, DCS staff, and other stakeholders on 10/1/19 & 10/2/19 which will target Regions 7 & 11. **Q3 & Q4:** Indiana, along with CIP and Case Family Programs hosted a workshop for judicial officers, DCS staff, and other stakeholders on 10/1/19 & 10/2/19 in regions 7 & 11 regarding training on safety and permanency. **Q5**: Indiana DCS in conjunction with CIP will be hosting a webinar on June 19th for judicial officers in regards to permanency. Staff from DCS will be presenting on the definition of permanency, DCS permanency philosophies and values, and the 4 elements of permanency. The webinar will be recorded and stored in a location where judicial officers will be able to watch it at later date as needed.
Q2	(iv)Completed	Child welfare leaders receive similar data points on permanency rates in their county or region. In June 2019, there was a Court Improvement Performance Measures Report developed.

c) DCS will design a trial advocacy course that will allow DCS local office attorneys (LOA), family case managers, defense attorneys, and court personnel to work together on trial advocacy skill development in an effort to streamline court processes and trials. This will assist in making court proceedings more efficient and orderly and increase timely permanency.

(i) In collaboration with court-related partners (defense attorneys, court personnel,

etc.), DCS will create a trial advocacy course that will support efficient legal proceedings.

(ii) DCS will partner with courts who are interested in participating in the trial advocacy course and who will host the trial advocacy course within their county.

(iii) DCS will review the efficiency of the trial advocacy course by using the performance management system to determine whether courtroom skills and competencies are improving. DCS will work with the courts to review the efficiency of the trial advocacy course as well.

Target Completion Date	Current Status	Progress to Date
Q2	(i)Completed	DCS has created a trial advocacy training course in conjunction with its partners. Tippecanoe County hosted this training in April of 2019.
Q4	(ii)Completed	DCS piloted the training in Tippecanoe County in April 2019. DCS plans to replicate this training in the following counties during the remainder of 2019: Monroe, Allen, Vanderburgh, and Grant County. This training will continue into 2020, while working closely with IOCS to ensure judicial involvement.
Q6	(iii)Completed	This has been completed twice once in October 2019 to gather a baseline, the second survey just ended in April 2020. DCS found that DCS attorney's rank themselves highly competent in all areas except for cross examination of experts. As attorneys complete more trainings, they rank themselves as more competent. DCS CQI is currently working with the legal department on improvement opportunities in working with expert witnesses.

d) Continue collaborating with IOCS, the Child Welfare Improvement Committee and the Court Improvement Program (CIP) on the Children's Bureau approved (CIP Strategic Plan Priority Area # 2: Timeliness/Permanency) Legal Orphan's project. This project aims to increase the amount and speed at which legal orphans, defined here as children aged 14-18 whose parents' rights have been terminated reach permanency. The entities are collaborating to identify specific solutions that will increase the number of older youth that reach permanency and the rate at which they do so. Data

from the CIP Timeliness measures and data from DCS identified this as a need. Data from the CIP timelines measures indicated children whose permanency plan is adoption reached permanency in 987 days. Data from DCS in early 2016 indicated that children 14-18 were the most difficult age group to successfully achieve adoption.

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

(ii) PRT Plus Model will be finalized with DCS and the IOCS.

(iii) PRT Plus Model will be implemented and evaluated in one DCS region.

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

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

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

Target Completion Date	Current Status	Progress to Date
Q4	(i)Completed	Every court order will contain information that specifically delineates the reasons for the appropriateness of the permanency plan for the child. For permanency hearing orders, the REPP findings are already a required checkbox to complete, however, Indiana will add an instruction box to prompt the attorney to explain the reasons and facts in support of the finding. For permanency hearing orders, additional explanations will be required for a permanency plan to be granted or approved, as well as, an "other" box that will allow a narrative form to further capture and explain conversations that occurred in court and were considered a part of the court's record. These enhancements were completed in December 2019 for DCS generated reports.
Q4	(ii)Completed	MaGIK updates have been explored and future improvements will be included in the new CCWIS. MaGIK does currently capture dismissal reasons. This was completed in April of 2019.
Q4	(iii)Completed	DCS and IOCS meet regularly to review relevant child welfare, and CIP Timeliness Measures to identify, and address any roadblocks to achieving permanency. Indiana reported there are regular meetings in which data is shared. There are also meetings regarding the integration. The

		meetings have been occurring since the fall of 2018.

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

(i) Review the current data elements for hearings added by probation officers into the MaGIK/KidTraks system.

(ii) Add hearing types (periodic review hearings, permanency hearings) and add specific outcomes to these hearing.

(iii) Develop a report that can be accessed as in 5.5(b) below, in addition to DCS administrative staff. These reports will also ensure Federal compliance with timeliness of hearings.

Target Completion Date	Current Status	Progress to Date
Q4	(i)Completed	KidTraks allows for hearings to be entered by probation officers. This was effective as of October 2018.
Q4	(ii)Completed	KidTraks allows for both periodic review and permanency hearing types to be entered, as well as an outcome added specific to these hearings. This was effective as of October 2018.
Q7	(iii)Completed	**Q1 & Q2:** KidTraks allows for hearings to be entered. The CCC is looking at developing reports to ensure that permanency and periodic review hearings are entered timely. Also working with Quest and INCite to possibly pull over hearing information entered as well. **Q3 & Q4:** The Department is in the process of developing a report to track entry of both review and permanency hearings with outcomes. An ad hoc version of this report was sent for review. The report will be completed with access to chief probation officers by the end of January

		2020. This will require a change for completion from Q4 to Q5. **Q5 & Q6:** Currently working with JJIS to ensure that the correct data is in the report that matches the needs of the probation officers, and their data entry processes. IT is working to complete this by the end of May 2020. The reports are to be reviewed at a meeting on 9/15/2020 with probation. **Q7 & Q8:** This report was completed on 8/26/2020 and reviewed with probation officers on 9/15/2020.

OBJECTIVE 2.3 DCS RECOGNIZES REDUCING TIME TO PERMANENCY AS A CRITICAL ELEMENT TO IMPROVING THE STATE'S CHILD WELFARE SYSTEM. DURING THE STATE'S CFSR, PERMANENCY WAS IDENTIFIED AS A STRENGTH IN ONLY 52.5% OF THE CASES. TO REDUCE TIME TO PERMANENCY DCS WILL IMPLEMENT THE OUTLIER PERMANENCY APPLICATION AND REGIONAL PERMANENCY TEAM PROCESSES STATEWIDE.

a) Test and evaluate the effectiveness of the permanency application in innovation zones. The permanency application identifies outlier involvements and provides a workflow to prioritize cases for supplemental review in either monthly Regional Permanency Team meetings or quarterly Permanency Round Tables (PRTs). Outlier cases are identified based on current case duration and a set of key characteristics that have been predictive of time to permanency (e.g., placement, age, drug involvement, etc.). Since implementation of the permanency application in innovation zone regions 3, 5 and 9; 2,059 involvements have been processed as outliers (time period of implementation is February 2017 to July 31, 2018). As of July 31, 2018, 60.91% of those involvements have closed in regions 3, 5 and 9.

(i) Complete an analysis of the permanency outlier application to review for effectiveness in identifying cases and moving cases to case closure.
(ii) If the permanency outlier application is deemed to be effective, DCS will roll-out permanency application process in three phases state-wide.
(iii) DCS will pilot the Rapid Permanency Review (RPR) process in Region 16 and Region 7 in an effort to gather information and better understand the reasons for delay in permanency for children whose case plan is adoption. DCS will analyze the available data and roll out the RPR process as appropriate.

Target Completion Date	Current Status	Progress to Date
Q2	(i)Completed	Analysis has been completed and presented to field leadership. The Department did not find that the tool was being used uniformly therefore impacting the effectiveness of comprehensive use. This occurred in the fall of 2018.
Q4	(ii)Completed	DCS has deemed this was not effective in Q1 of 2019, as there was no more than 10% effectiveness. DCS will not be rolling out this application statewide. DCS will use this as a data touch point in future systems, however through exploring other options with Casey Family Programs and will be piloting Rapid Permanency Reviews.
Q4	(iii)Completed	**Q1 & Q2:** Permanency and Practice Support will take over the continuation of review and evaluation of this and work with the field in regards to permanency outlier application use and identifying and addressing future needs. Indiana has trained RPR reviewers in region 16 and region 7 on the RPR tool. Initial cases have been reviewed and the P&PS team are reviewing the trends. **Q3 & Q4:** Indiana has completed its first set of reviews in regions 7 and 16. Data has been reviewed from the initial process. In region 7 there were 46 children reviewed and in region 16 there were 72 children reviewed. The Department plans to spread this process to region 3 in early 2020, with a plan to train in the first quarter of the year and the reviews to occur in quarter 2 of the year.

b) Standardize a Regional Permanency Team process and identify best practices for identifying if a case is appropriate for a shorter review in the Regional Permanency Team meeting, or the lengthier discussion at a PRT. Continue to track outcomes by case types and adjust strategy based on results.

(i) After reviewing for effectiveness, roll-out standardized Regional Permanency Team process in three phases state-wide.

Target Completion Date	Current Status	Progress to Date
Q4	Completed	The regional permanency team policy was finalized on December 10, 2019. A decision was made to separate information regarding regional permanency team and permanency round table into two separate policies. The policy regarding regional permanency team can be accessed here: Regional Permanency Team. The policy regarding permanency roundtables can be accessed here: PRT.
Q4	(i) Completed	Indiana was able to complete the roll out of the regional permanency team policy is one phase verses three phases. Most regions were already conducting a version of permanency meetings to discuss cases. The policy standardizes the work related to regional permanency team meetings.

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

a) Improve the data and reports currently available to DCS staff to better leverage its use for enhanced targeted recruitment efforts. Educate staff and licensed child placing agencies on how to leverage the data in recruitment.

(i) Central Office foster care staff and the Office of Data Management will collaborate to study and make recommendations on changes necessary for syncing of the Willingness to Foster Characteristics Report and Foster Parent Recruitment Report to better capture characteristics for improved matching. Recommendations may include adjusting the characteristic data elements captured and/or focusing on data

quality issues.

(ii) Identify strategy for distributing key data reports to regional DCS teams and licensed child placing agency foster care licensing staff to assist in identifying target needs for their region/county/agency.

(iii) DCS will partner with LCPAs, local providers and the faith-based community to align recruitment efforts and support foster parents.

Target Completion Date	Current Status	Progress to Date
Q5	(i) Completed	The new combined report is more detailed regarding who is willing and able to provide care for youth with certain characteristics. This report is in a dashboard format which allows for customization based upon the needs of the user. The worker can filter by region/county and several characteristics (licensed by DCS vs. LCPA; and characteristics based upon the willingness of the foster parent), upon doing so the worker receives information regarding potential availability for placement. The report has been developed and went live April 30, 2020.
Q5	(ii)Completed	DCS staff began to have access to the Willingness to Foster Characteristics dashboard in April 2020 to better understand the gaps of what is needed in their community to foster youth. DCS is currently meeting weekly with LCPA's to discuss COVID 19 related issues. DCS is in the process of scheduling a meeting with LCPAs to discuss data sharing. DCS will use the new dashboard built regarding willingness to foster characteristics to target appropriate areas and needed populations. DCS will also continue working with youth in residential facilities and LCPA's to target step down needs and opportunities.
Q8	(iii) Completed	**Q7 & Q8:** DCS is currently working with Hands of Hope, LCPAs, other local providers and community faith-based organizations to focus on retention and recruitment efforts. These

		meetings are held quarterly, in super regions across the state. The strategies of these meetings during 2020 have included: shared development of local recruitment plans, efforts to promote foster care and kinship appreciation month, and develop action steps from the results of the foster care survey to better support foster parents. To continue to assist our partners in these efforts, DCS is working to have a better understanding of where inquiries from foster parents through the foster care portal are coming from. This helps DCS have a stronger understanding of where to focus it' recruitment efforts in attaining the knowledge of where the referral for the individuals who wants to become a foster parent came from, i.e., church, current foster parent, advertisement on TV, etc. This functionality went live November 1st but is able to pull the information from March of 2020 to better focus recruitment effort and inform the work that is already being done locally.

b) Continue development and use of regional recruitment and retention plans for DCS and private child placing agencies that integrate DCS developed reports.

(i) Monitor via contract audits the new requirement in licensed child placing agency contracts that require the development and implementation of diligent recruitment plans utilizing available data, including data provided by DCS.

(ii) DCS foster care specialists will work with regional leadership to review past regional diligent recruitment plans and create new plans utilizing DCS provided data reports. As specific needs are identified, the regional recruitment plans will include steps for focusing recruitment efforts around those needs and will inform state-wide plan development.

(iii) DCS foster care specialists will work with regional leadership to develop retention plans. As specific needs are identified, the regional retention plans will include steps for focusing retention efforts around those needs and will inform state-wide plan development.

Target Completion Date	Current Status	Progress to Date
Q1-Q6	(i)Completed	**Q1 & Q2:** As contract audits are completed, data is shared between DCS and partners in order to make data driven decisions on needs identified in audits. **Q3 & Q4:** Recruitment plans are required to be submitted via the contract audits. The language within the contract's states: The Contractor shall have a plan in place to evaluate the needs of the community or communities the Contractor serves and ensure that the agency's recruitment efforts are consistent with those needs. Evaluation of the needs of the community may include, but is not limited to, a review of demographic information provided by DCS and coordination with the appropriate Regional Services Council(s). As DCS is working on better developing reports around trends and specific areas of needs, for the placement of youth and foster parents, the Department will share that information during the meetings held between the Department and LCPAs. **Q5 & Q6**: DCS is currently meeting weekly with LCPA's to discuss COVID 19 related issues. DCS is in the process of scheduling a meeting with LCPAs to discuss data sharing. DCS will use the new dashboard built regarding willingness to foster characteristics to target appropriate areas and needed populations. DCS will also continue working with youth in residential facilities and LCPA's to target step down needs and opportunities.

Q1-Q6	(ii)Completed	**Q1 & Q2:** Data available will be basis for recruitment plans. **Q3 & Q4:** Recruitment plans are updated regularly regionally and inform the statewide plan. Foster care is now managed under one umbrella of leadership which allows for easier dissemination of information and plan formation. DCS is currently working on ensuring necessary data is being captured and reported to inform efforts in recruitment. Indiana offers events across the state for foster parent recruitment and retention purposes. The foster care division is in the process of requesting several new positions with the purpose of community engagement. This individual will be responsible, regionally, to coordinate, establish and connect community resources for both the recruitment and retention of foster parents. The foster care team is working on utilizing a new template for recruitment plans in hopes of incorporating the following information in recruitment purposes: measurable goals, use of existing reports to inform goals, concerted plan monitoring by the management team, and more targeted goals around homes using the willingness to foster characteristics report. **Q5 & Q6**: DCS has been approved for 7 Community Engagement Specialists who will be located in Northeast and East Central Indiana that start in June of this year. These individuals will receive specialized training and work with local communities on building care communities to help support and recruit potential foster parents. DCS is working on a marketing campaign called Indiana CARES which will have a focus on

		developing best practices for recruitment efforts while building community involvement. In April 2020 DCS was able to complete development of an interactive dashboard regarding willingness to foster characteristics to assist with matching children with the appropriate families and identifying areas of need within the state for recruitment purposes.
Q1-Q6	(iii)Completed	**Q1 & Q2:** Data available will be basis for retention plans. **Q3 & Q4:** Retention plans for foster parents are updated regularly within the region. Many regions focus efforts on retention activities to recognize and celebrate foster parents around the holidays. There are regional/county-based support groups for foster parents. The Department has developed a newsletter, a foster parent portal (which will continue to have enhancements) and is working on the foster parent self-assessment to ensure that regional and system-wide issues can be addressed as needed and included in foster parent retention planning. **Q5 & Q6:** DCS is doing a special edition newsletter for the month of May which is foster care month. DCS is currently in the process of getting a Facebook page specifically for foster parent as another method of information dissemination. The 7 new Community Engagement Specialists slated to start in June will be positioned to assist in retention related activities for the areas in which they will be working. Indiana is developing a community partner coalition (Indiana CARES) to develop programs offering benefits to foster parents,

		build community involvement, and increase retention. The foster parent needs survey will go live in July 2020 and the Department looks forward to gathering results of the survey to look at opportunities to better meet the needs of its foster parents.

c) Improve ongoing communication with foster/resource parents so they are aware of resources available and have a direct line of communication with DCS. Foster Parent Bill of Rights will be drafter and approved to enhance understanding and communication between DCS and foster parents.

(i) Although some regions produce a newsletter for foster/resource parents, a state-wide newsletter does not currently exist. Leveraging those regional publications, DCS will produce a state-wide foster/resource parent newsletter to communicate information regarding available resources and services along with important contact information.

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

Target Completion Date	Current Status	Progress to Date
Q3	(i) Completed	The first foster parent newsletter was distributed 9/3/2019, the next subsequent newsletter was distributed 12/3/2019. These newsletters will continue to be distributed quarterly with a special edition newsletter in May.
Q1-Q6	(ii)Completed	**Q1 & Q2**: Report received from the group in March 2018 & February 2019, group has received responses regarding their recommendations. **Q3 & Q4:** The foster parent advisory group continues to meet quarterly. These meetings involve an update on activities happening within DCS (particularly areas that impact or effect foster parents) and provide input/feedback on a variety of topics pertinent to foster parents.

		During this calendar year the advisory panel has been instrumental in providing feedback as it relates to the foster care portal. The group is looking to refresh in the upcoming year and add to/change some of its members. The kinship advisory board was created and began meeting in July of 2019. **Q5 & Q6**: The Foster Care Advisory Board provided recommendations in February to the Department via their role as a Citizen's Review Panel. The Department is in the process of synthesizing information from the review panels and a meeting is scheduled in May with stakeholders to craft a response. The recommendations from the review panel from 2019 include: development of a foster parent peer mentoring program, more training on the foster parent bill of rights, and feedback for continued development of the foster parent self-assessment survey.

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

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

Target Completion Date	Current Status	Progress to Date
Q3	Completed	The strategy has been finalized and all 3 events have been planned. The first two events were held on 5/18, 6/8, and the final event will be held

		on 7/27. The state has garnered more than 900 leads from this partnership.

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

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

(i) DCS will expand and formalize educational resources for FCMs by developing an ICPC checklist and desk guide and providing training on their use.
(ii) Implement standard trainings developed as part of NEICE system rollout. Initial rollout will be focused on counties with highest volume of ICPC processing.

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

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

Target Completion Date	Current Status	Progress to Date
Q5	Completed	The Deputy and Assistant Deputy of Juvenile

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

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

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

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

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

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

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

Target Completion Date	Current Status	Progress to Date

Q2-Q6	Completed	**Q1 & Q2:** The CQI division is working with the Permanency and Practice Support division on a value stream steering team to identify issues and direct the work around permanency related issues. The Assistant Deputy of Agency Transformation of Lean Principles and Advanced Lean Practitioners conduct regular check-ins with regional managers to assess any existing and ongoing regional or county-based issues. **Q3 & Q4:** The CQI team continues to work with regional managers to identify issues within their region. The team will review/collect data as necessary within the region and discuss results to plan for improvement. The CQI team is working in conjunction with the quality service and assurance team. The Practice Model Review is slated to go live in August 2020, once the review is completed the CQI team, QSA team, and the regional leadership will work together to review the necessary data to focus improvement efforts. In February 2019 Indiana conducted a rapid improvement event around timely filing of TPR. Indiana has been tracking the data and made significant improvements in this area. The CQI team is working with the internal legal team to spread this improvement project process and solution statewide. As larger system issues are identified in regards to permanency the executive steering team will ensure workgroups are formed to address the needed areas of improvement. **Q5 & Q6**: The Department continues to take a multi-faceted approach in their work to increase permanency outcomes for kids in care. The Department is currently focusing on several

		initiatives in hopes of helping youth achieve permanency in a timely manner. DCS continues to use PRT+ for older youth, free from adoption; Rapid Permanency Reviews for youth who are free for adoption and have been in care for at least 2 years, and an increase in adoption consultants to better support field staff and stakeholders through all phases of the adoption process. DCS is evaluating expanding guardianship assistance program (GAP) by increasing the number of kids who can benefit by expanding the age parameters of receipt. The Department will continue to monitor permanency related improvement needs through its executive steering team.

PERMANENCY MEASURES OF PROGRESS

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

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

DCS continues to utilize PRT's to support permanency planning for youth in care. In 2020-2021, DCS along with many other agencies was impacted by COVID-19. As a result, all permanency related trainings associated with PRT's were moved to a virtual platform and remain there to date. This adjustment did not interrupt permanency efforts. Permanency Values Trainings are now conducted monthly rather than quarterly which has increased participation. PRT's also pivoted virtually allowing for increased participation from internal stakeholders. The year 2020 allowed DCS to begin exploring more closely the disproportionately data of children of color and how their permanency may be affected. The Permanency Team has begun to develop presentations for each region to educate all staff on these data points and to begin to think critically regarding the view of permanency through a racial justice lens from case selection, the PRT itself, and PRT Follow-Up.

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

DCS continues to monitor the utilization of kinship placement options through the Kinship Navigator Program. The KISS Assessment has been adopted to ensure that kinship planning can be measured in improvement for safety, stability, well-being, and permanency of youth in that setting. The pilot was initiated in mid-2019 in one Region and grant monies used to contract for evaluation that began in October 2019 by Indiana University Purdue University Indianapolis (IUPUI). The evaluation was concluded by IUPU in the fall of 2020. At that time, the program model expanded to Region 1 in its full version. In January 2021, an abbreviated version of the model deployed state-wide with the other regions for uniform crisis response to kinship commiserate with the level of human resources allocated to those areas of the state.

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

Region 1, the first region to participate will complete the 12-month Accountability for Outcomes in August 2021. As of June 30, 2021, 41% of the children included in the RPR had achieved permanency through adoption.

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

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

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

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

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

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

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

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

a) Implement a strategic rollout that clearly defines how each position in the organization plays a vital role in the implementation of the DCS Practice Model.

   (i) With there being DCS leaders new to the agency, many executives may not be as familiar with the DCS Practice Model. To establish buy-in at the executive level, DCS will initially dedicate an Executive Staff Meeting solely to the practice model. Thereafter, DCS will schedule a retreat/seminar for Executive Staff and Regional Managers.
   (ii) LODs and Local Office Attorneys (LOAs) will be trained on the importance and consistent use of the DCS Practice Model.
   (iii) Central Office staff will be trained on the importance and consistent use of the DCS Practice Model. Central office staff must understand the role they play in supporting the agency and enhancing the work of the FCM.
   (iv) Supervisors will be trained via a Quarterly Supervisor Workshop.
   (v) Family Case Managers will receive additional support about the importance and use of the Practice Model. LODs and FCM Supervisors will provide such guidance to FCMs on a continual basis.
   (vi) For employees who are unable to attend the initial face to face trainings, annual trainings will be available, as needed, for employees to attend to receive this important information in person.

Target Completion Date	Current Status	Progress to Date
Q2	(i) Completed	Executive training completed 11/15/18. Regional Managers were trained with Regional Chief Councils on 5/16/19.
Q3	(ii) Completed	All local office directors and local office attorneys were trained on the consistent use of the DCS practice model by August 2019.
Q4	(iii) Completed	Practice Model Trainings within each division of central office were completed as of November 2019.
Q3	(iv)Completed	All Practice Model trainings were completed with local office leadership as of August 2019. The Practice Model will be weaved into ongoing training/workshops.
Q1-Q8	(v)Completed	**Q1 & Q2:** Practice Model discussions continue to occur at all levels of the organization with a rededication and ongoing communication in many forms (newsletters, trainings, emails, etc.) regarding the use and fidelity of the model. **Q3 & Q4:** The regionally based peer coach consultants continue to work with local leadership on goal setting around the Indiana Practice Model. **Q5 & Q6:** Peer coach consultants, in conjunction with members from the Strategic Solutions division, continue to work with regional leadership on identifying specific needs in the region. Since July 2019 the below are some practice model related initiatives that have occurred on the regional level: Region 1: Quality of CFTMs in assessments Region 2: Monthly CFTM note scoring by PCC

		Region 3: Quality and documentation of CFTMs in assessments Region 4: Identifying leaders with practice experience Region 5: Improving quality of CFTMs to decrease repeat maltreatment Region 6: CFTMs in assessments Region 7: Improve engagement with parents and children through meaningful prep Region 8: Improving engagement and prep for CFTMs Region 12: CFTM/Contact note quality project Region 13: CFTM notes quality improvement Region 14: Practice champion team and mentor support team (practice skill enhancement) Region 15: Observation of FCMs throughout the region by a PCC to provide feedback Region 16: Increase quality of CFTMs Region 18: Improving the quality of CFTM notes **Q7 & Q8:** Staff Development has implemented a process that will allow for ongoing assistance to FCMs in regard to the practice model and will allow the LODs and Supervisors to provide that ongoing support. On a monthly basis, Peer Coach Consultants which are stationed in each region, have a practice discussion with the regional management staff regarding needed practice assistance. This can lead to trainings for staff or

		practice discussions based on the needs of the region. The practice model continues to be embedded within the trainings for DCS. The Cultural Humility training, which was mandatory for all agency leadership, had practice model principles embedded throughout. This training is also available for front line staff and is continuously offered.
Q1-Q6	(vi)Completed	**Q1 & Q2:** Staff Development has created and made available a CAT in regards to the Practice Model. **Q3 & Q4:** The peer coach consultants are currently working with all regions and divisions on scheduling follow-up practice model trainings for 2020. **Q5 & Q6**: All DCS staff have been initially trained and new employees with the state receive this training in cohort. As DCS updates and creates new trainings now and in the future, we are adding a practice model centered focus.

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

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

Target Completion Date	Current Status	Progress to Date
Q1	(i)Completed	Supervisory staff in Clark County have been trained as Peer Coaches.
Q1	(ii)Completed	Supervisory staff in Jackson County have been

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

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

Target Completion Date	Current Status	Progress to Date
Q2	Completed	Region 13 focused their project on the frequency of Child and Family Team Meetings. During the time of the Region 13 project implementation, Region 18 began work on a project around the quality of child and family team meetings. The results and learning from Region 13 & 18 are being utilized in other regions to focus on

		enhancing quality and frequency of child and family team meetings.

d) Local Office Directors will use feedback gained from the reflective practice survey to enhance clinical supervision. Implement a coaching and feedback mechanism for local office directors to use with supervisors on guidance for providing a quality CFTM.

Target Completion Date	Current Status	Progress to Date
Q8	Completed	**Q1 & Q2:** RPS workgroup continues to meet with plans to pilot the updated tool in August of 2019. There is ongoing implementation of supervisors being trained as peer coaches across the state with regionally supportive practice model consultants. **Q3 & Q4:** The new tool will be built in our new system and ready to launch statewide by April 2020. The tool is focused on the practice model incorporating the importance of quality team meetings. Trainings for all management field staff will occur in March 2020. The pilot group of regions 10, 15, 18 & Collaborative Care will continue to test the tool until the launch date. **Q5 & Q6:** All supervisors were trained on the enhanced RPS tool in the month of March. Following the trainings field staff were provided with a t-chart tool to assist them in ensuring they complete clinical supervision with their staff and provide necessary feedback. The new tool went live for field use on April 17, 2020. The tool is built around the Indiana practice model with a focused section on teaming. Due to restrictions from COVID 19, the Department has delayed implementation of the tool considering social distancing guidelines. Supervisors will resume regular duties of shadowing staff to complete the

		survey for use of enhancing clinical supervision in July 2020. **Q7 & Q8:** The use of the enhanced RPS tool launched in July 2020. As of December 2020, field staff have completed two quarters worth of surveys. LODs can view trending data in regards to the quality of teaming for their local office and region through a Tableau dashboard to enhance supervision with staff. As concerns around quality teaming arise, local office staff can engage with practice consultants in the region to provide any additional training or guidance around quality child and family team meetings.

e) Evaluate the critical case juncture and required frequency of CFTMs to ensure practice alignment. Encourage the use of CFTMs in a more strength based or positive way (i.e., using them more proactively and/or following positive case events).

Target Completion Date	Current Status	Progress to Date
Q4	Completed	**Q1 & Q2:** Policy has been updated to reflect language and define case junctures which will be effective 7/1/19, however additional revisions from the practice team for this policy around child and family team meetings is currently pending. Indiana updated the critical case juncture language, and the policy was finalized on 7/1/19 to align with best practices. The link to the policy is here: **CFTM Policy 5.07** **Q3 & Q4:** Additional changes to the policy regarding teaming in situations of domestic violence has been added and finalized as of December 2019.

OBJECTIVE 3.2 ENSURE THAT CHILDREN AND PARENTS HAVE FREQUENT, HIGH-QUALITY VISITS WITH THEIR FAMILY CASE MANAGER.

a) The DCS policy on meaningful contacts incorporates the DCS Practice Model to provide staff with guidance to improve the quality of visits.

(i) DCS will use quarterly Reflective Practice Surveys (RPS) to review, with a real-time modeling and coaching model, whether the principles of the DCS Practice Model are being utilized to produce quality visits between the FCM and the child and the FCM and the parent.

(ii) Results of the RPS will be used to monitor visit quality (for example, are visits with a child occurring one-on-one, when possible, are suggested questions being used to attain the status of safety, stability, permanency, and well-being, etc.). Every level of management will review the results of the RPS for specific and general trends in order to improve practice.

(iii) Clinical supervision at every management level will be used to provide feedback and strategies for improvement, when necessary.

Target Completion Date	Current Status	Progress to Date
Q7	Completed	**Q1 & Q2:** Indiana asked that this quarter change to Q6 due to the continuation of the development of the enhanced RPS tool. The tool began its pilot in August 2019, with a plan for a full development of the tool in early 2020. **Q3 & Q4:** The new tool will be built in our new system and ready to launch statewide by April 2020. The tool is focused on the practice model incorporating the importance of quality visits. Trainings for all management field staff will occur in March 2020. The pilot group of regions 10, 15, 18 & Collaborative Care will continue to test the tool until the launch date. **Q5 & Q6:** All supervisors were trained on the enhanced RPS tool in the month of March. Following the trainings field staff were provided with a t-chart tool to assist them in ensuring they complete clinical supervision with their staff and provide necessary feedback. The new tool went live for field use on April 17, 2020. The tool is

		built around the Indiana practice model incorporating the importance of quality visits. Due to restrictions from COVID 19, the Department has delayed implementation of the tool considering social distancing guidelines. Supervisors will resume regular duties of shadowing staff to complete the survey for use of enhancing clinical supervision in July 2020. **Q7 & Q8:** DCS implemented its revamped RPS statewide in July 2020. The field now has two quarters worth of data as of December 2020 to better assist in growing the best social work practice. One of the specific data elements is around the FCM's interaction with the child and parent. Supervisors shadow staff during a visit, team meeting, or assessment initiation to observe. Following the visit, they complete a survey and provide feedback to the case manager regarding strengths and areas of opportunity during clinical supervision.
Q7	(i) Completed	**Q1 & Q2:** Indiana asked that this quarter change to Q7 due to the continuation of the development of the enhanced RPS tool. The tool began its pilot in August 2019, with a plan for a full development of the tool in early 2020. By Q7 the Department will have fully launched the tool and will have the ability to work with management levels to review and assist in making practice decisions. **Q3 & Q4:** The new tool will be built in our new system and ready to launch statewide by April 2020. The tool is focused on the practice model. Trainings for all management field staff will occur in March 2020. The pilot group of regions 10, 15, 18 & Collaborative Care will continue to test the

		tool until the launch date. The tool is being built with analytics to pull trend reports from the supervisor level to statewide. **Q5 & Q6:** All supervisors were trained on the enhanced RPS tool in the month of March. The new tool went live for field use on April 17, 2020. The tool is built around the Indiana practice model. The tool has been launched with analytics and the ability to pull trending reports. The reports will continue to be assessed and developed based upon the needs of the field staff. Due to restrictions from COVID 19, the Department has delayed implementation of the tool considering social distancing guidelines. Supervisors will resume regular duties of shadowing staff to complete the survey for use of enhancing clinical supervision in July 2020. **Q7 & Q8:** DCS implemented its revamped RPS statewide in July 2020. The field now has two quarters worth of data as of December 2020 to better assist in growing the practice of family case managers. One of the specific data elements is around the FCM's interaction with the child and parent. Field management staff can review the trending in this data point on a Tableau dashboard at the county, region, and statewide level.
Q8	(ii) Completed	**Q1 & Q2:** Indiana requested a quarter change to Q5 following the implementation of the new RPS tool and in the increased clinical supervision in its use. **Q3 & Q4:** The new RPS tool will be built in our new system and ready to launch statewide by April 2020. The tool is focused on the practice model. Trainings for all management field staff

		will occur in March 2020. The pilot group of regions 10, 15, 18 & Collaborative Care will continue to test the tool until the launch date. The rest of field staff continue to utilize the old RPS told to assist in conversations regarding improvement strategies in clinical supervision. **Q5 & Q6:** All supervisors were trained on the enhanced RPS tool in the month of March. Following the trainings field staff were provided with a t-chart tool to assist them in ensuring they complete clinical supervision with their staff and provide necessary feedback. The new tool went live for field use on April 17, 2020. The tool is built around the Indiana practice model. Due to restrictions from COVID 19, the Department has delayed implementation of the tool considering social distancing guidelines. Supervisors will resume regular duties of shadowing staff to complete the survey for use of enhancing clinical supervision in July 2020. **Q7 & Q8:** DCS implemented its revamped RPS statewide in July 2020. The field now has two quarters worth of data as of December 2020 to better assist in growing the practice of family case managers. There is a clinical supervision feedback loop that is a part of the results of the survey and a t-chart was created to assist supervisors in that conversation with their staff. Field management staff at every level can review the trending in this data point on a Tableau dashboard at the county, region, and statewide level to enhance their direct staff clinical supervision.

OBJECTIVE 3.3 ASSESS THE NEEDS OF KEY PARTICIPANTS IN THE CASE INCLUDING THE CHILD, MOTHER, FATHER, CAREGIVER, AND RESOURCE PARENTS TO HELP ENSURE PROPER SERVICES AND PLACEMENT.

a) Continue to assess the needs of children with consistent use of the Child and Adolescent Needs and Strengths (CANS) tool.

(i) Ensure all staff receive CANS 101/102 training, provide regular clinical supervision to FCMs, and increase use of CANS as a communication tool with service providers. **CFSR in 2016=83%, March 2018=97%

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

b) Strengthen formal and informal assessments through better engagement and increased teaming to better identify the needs of the father and the mother and improve on the timely delivery of services in order to address the needs of each parent throughout the life of the case.

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

Target Completion Date	Current Status	Progress to Date
Q2	(i)Completed	Accuracy of assessments have been reviewed to ensure that they are reflecting the needs. There is a formal assessment for every service standard.

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

		Q3 & Q4: The rate of service referrals continues to be tracked and presented quarterly, including a rejection analysis. DCS was able to meet substantial conformity within the PIP review in the spring of 2019 at 50.9% on Item 12B which focuses on assessing parents for service purposes and continued assessing this in the fall of 2019 for an increase to 59.7%. DCS is currently revamping its previous quality service review process and will continue to track this information in the Practice Model Review that is being built to ensure the agency continues to accurately assess the needs and addresses issues whenever necessary. **Q5 & Q6:** As a part of our service standards all providers are required to do an assessment of the family upon intake for all services lines and should use the assessment to determine the treatment plan. Family Preservation, which goes live in June 2020 will require a protective factors survey in the beginning within 30 days and every 3 months. Services will be provided in-home to the families with an evidence-based model.

c) Strengthen formal and informal assessments to better identify the needs of foster/resource parents and improve on the timely delivery of services in order to support and retain foster/resource parents.

(i) DCS will strengthen its formal and informal assessments to better identify the needs of foster/resource parents and improve on the timely delivery of services by developing two tools: 1. foster/resource parent self-assessment and 2. family visit checklist completed by family case managers that assists in the monitoring of ongoing needs. Development of the self-assessment and family visit checklist will incorporate foster/resource parent stakeholder advisory feedback.

(ii) Indiana will require foster parents to complete the self-assessment at least twice per year. Indiana will review the results on a regular basis to determine and address needs of the foster/resource family.

(iii) Indiana will continually review the Voluntary Withdrawal of License Reasons Report (i.e., an exit survey for licensed foster/resource parents). Licensing and field staff will review for common trends and develop plans to address issues in an effort to understand why foster parents are voluntarily withdrawing their license.

Target Completion Date	Current Status	Progress to Date
Q6	(i)Completed	**Q1 & Q2:** Family visit checklist has been created. The development of the self-assessment for foster and resource parents will occur in Q4. **Q3 & Q4:** The family visit checklist/face to face contact sheet can be located at: https://forms.in.gov/Download.aspx?id=6904 The foster/resource parent self-assessment/survey is in the beginning stages of development with an expected completion date in Q6 as a part of Indiana's newly released foster parent portal. **Q5 & Q6:** The final version of the survey has been completed and built in survey monkey. The survey will be funneled through the foster parent portal website and offered two times a year. The Department is still working on finalizing the data sharing from casebook. This survey will launch in July 2020.
Q8	(ii)Completed	The self-assessment was deployed to foster families 6/19-7/3. The survey response rate was more than 25% and the data has been converted to a Tableau visual for use long term. This is the baseline data and was shared with RMs and foster care staff in September to assist in presenting to all field staff. This data was also shared with LCPAs on 10/28/2020. DCS will continue to provide this feedback opportunity to foster parents on an ongoing basis and adjust as needed.

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

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

a) Provide guidance to FCMs on the proper use of the CFTM process to support strong case planning for the family. Supervisors will model strong practice by attending CFTMs when necessary, to engage workers and families in understanding strong social work practice.

(i) Management staff will use clinical supervision and discuss the preparation of all parties for the topics to be addressed at the CFTM and include development or tracking of needed adjustments in the case plan on a regular basis.

(ii) Finalize development plan of the case planning module in CCWIS to strengthen the use of CFTMs and engage families in case planning by pulling in identified strengths and needs from CFTM notes, CANS scores, visitation summaries, and any other data points that can be utilized to support comprehensive case planning.

Target Completion Date	Current Status	Progress to Date
Q1-Q8	(i)Completed	**Q1 & Q2:** Regional Managers will work with field leadership to ensure that clinical supervision is being completed at all levels. Field staff will utilize regionally based members of the practice team to address issues related to child and family team meetings. **Q3 & Q4:** The peer coach consultants embedded in the regions continue to offer quarterly trainings in regards to teaming based upon the specific needs of the region. The peer coach consultants, continuous quality improvement team, and quality service and assurance team are working together within each region to help ensure that the needs in the regions are being supported. This collaboration will help ensure that when practice issues arise around ensuring that case plans are developed and tracked appropriately that the region can receive assistance to support continued improvement. **Q5 & Q6**: Every region has received a Practice Model Relaunch and Peer Coach Orientation & Training. Staff development has worked with regional leadership to offer trainings specific to the needs of the staff within specific regions. Some of those trainings geared at enhancing skills in teaming that have been provided are:

		-Engaging Difficult Clients -Building Supports -Case Plan In-Service -10 Tips to Effective Communication -Improving CFTM notes/documentation -Practice Discussions (notes appraisals and review) -Prep Practice Discussion -CFTM Practice Training -Conflict Management -Teaming On-The-Go Review **Q7 & Q8:** Field staff continue to work with staff development to ensure that all supervisors are trained as peer coaches to better support their staff during clinical supervision. Staff Development has implemented a process that will allow for ongoing assistance to FCMs in regards to the practice model and will allow the LODs and Supervisors to provide that ongoing support. On a monthly basis, Peer Coach Consultants, which are stationed in each region, have a practice discussion with the regional management staff regarding needed practice assistance. This can lead to trainings for staff or practice discussions based on the needs of the region. The practice model continues to be embedded within the trainings for DCS. The Cultural Humility training, which was mandatory for all agency leadership, had practice model principles

		embedded throughout. This training is also available for front line staff and is continuously offered.
Q8	(ii)Completed	Indiana proposes changing the key activity for this item to read as finalizing the plan development. DCS has partnered with Accenture who is developing this module for our new CCWIS. The finalization of the plan for the case planning module was completed by December 31, 2020.

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

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

Target Completion Date	Current Status	Progress to Date
Q4	(i)Completed	**Q1 & Q2:** Case plan and transition plan documents have been made available in probation case management on 10/1/17. On 6/29/19 change deployed in KidTraks for probation officers to upload the Case Plan uniformly. Case Plan activity report has been deployed and captures case plans uploaded within 60 days. **Q3 & Q4:** The report has been developed which tracks probation's completion of case plans.

OBJECTIVE 3.5 ENSURE THE DELIVERY OF APPROPRIATE SUBSTANCE USE/ABUSE TREATMENT SERVICES FOR FAMILIES WHERE SUBSTANCE USE/ABUSE IS IDENTIFIED.

a) Assess statewide client needs for substance use treatment and work with local providers to build capacity in underserved areas.

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

Target Completion Date	Current Status	Progress to Date
Q1	(i)Completed	In 2018 DCS identified scalable Sobriety Treatment and Recovery Team (START) practices that can be implemented in communities and created the work plan that will be used for future spread of principles.
Q1-Q6	(ii)Completed	**Q1 & Q2:** Work plan is in place with Casey Family Programs with specific quarterly measurements. **Q3 & Q4:** Trainings occurred in Q3 & Q4 in Lawrenceburg (10/31) and Evansville (11/1). The Child Welfare Services division within the Department of Child Services will continue to host these trainings in conjunction with JJIS and Staff Development in 2020. They are currently working on the 2020 plan with targeted areas of Vigo County, Wayne County, and Marion County. These trainings are offered for the treatment community, DCS, and judicial partners. **Q5 & Q6:** Due to COVID 19- the plan for training in different areas per quarter has been put on

		hold for other parts of the state that have not received them. The services division will be conducting these trainings in the future and will be planning for this roll out following the pandemic.
Q1-Q6	(iii)Completed	**Q1 & Q2:** Family Recovery Courts are being expanded to identify locations across the state. **Q3 & Q4:** The below is the status of the Family Recovery Court expansion project: 11 Certified (Noble, Allen, Wabash, Grant, Howard, Delaware, Marion, Vigo, Bartholomew, Clark & Vanderburgh) 6 Planning Stage (LaPorte, Pulaski, Boone, Wayne, Knox, Floyd) 4 Pre-Planning Stage (Kosciusko, Huntington, Madison, Monroe). **Q5 & Q6:** As of May 2020, there are currently 14 certified FRC's with 6 additional in the planning stages of being certified.
Q1-Q8	(iv)Completed	**Q1 & Q2:** Partnerships with other state agencies have been established to work together to enhance substance use treatment and access to services. **Q3 & Q4:** This is a large part of the START training that is being provided in different communities across the state. The focus in working with local CMHC's and other substance abuse providers is quick access to treatment for those in need. In some areas of the state, providers of this treatment type are sharing office space with DCS staff.

		DCS meets regularly with DMHA and the Indiana Council of Mental Health, which is an interagency collaboration on substance use and mental health. **Q5 & Q6:** DCS, in conjunction with DMHA, has recently joined the state steering committee for the Leadership for Organizational Change Implementation which is funding a pilot of substance use disorder evidence-based practices. This group meets monthly with a goal to ensure quicker access to better treatment with better outcomes. Currently the groups focus is on funding training and ongoing supervision for MI-CBT, there are currently 7 CMHCs participating in this. **Q7 & Q8:** DCS continues to meet bi-monthly with the DMHA adult substance use treatment team and quarterly with the Juvenile Justice and Substance Use work groups to discuss ongoing services and needs. David Reed, DCS Deputy Director of Services, co-chairs the mental health and substance use task force with Dr. Hulvershorn from DMHA. DCS is working hard to allow families quicker access to substance abuse treatment, one large step towards doing this is through the Family Preservation services line, which serves all families with children remaining in the home. This allows for quick access to care and substance abuse treatment as needed.
Q1-Q6	(v)Completed	**Q1 & Q2:** Volunteers of America applied for and received the regional partnership grant to expand treatment and support for mothers and children during substance abuse treatment.

		Q3 & Q4: DCS is working with several providers across the state on access to this service line. Providence Self-Sufficiency Ministry in Floyd County services this population with not only substance abuse needs but those with mental health needs as well. YWCA Hope House in Fort Wayne and Oxford and Recovery House in Indianapolis both accept mothers and children during substance abuse treatment. **Q5 & Q6:** DCS continues to work with existing providers and engages with any new providers who are interested in providing additional access to these services. DCS regularly speaks with VOA regarding expansion possibilities. DCS has ongoing discussions with DMHA during check-ins regarding this type of treatment. DCS is working on aligning our rates with Medicaid rates to remove barriers to treatment and placement.

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

a) Probation officers will visit all probation youth removed from the home and placed in foster care or residential care every thirty (30) days.

(i) DCS and IOCS began collaborating on updating monthly visit requirements starting in Q1 of 2014. The new visitation requirements went into effect October 1, 2014; however, the visitation requirements have not been formally incorporated in the minimum contact standards adopted by the Judicial Conference of Indiana. The monthly visit requirements will be presented to Board of Directors of the Judicial Conference of Indiana. The Board of Directors meets quarterly.

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

Target Completion Date	Current Status	Progress to Date
Q7	(i)Completed	**Q1 & Q2:** The new visitation language and contact standards were approved by the Community Collaborations Collaborative Committee 5/14/19 and will be presented to probation officer advisory board on 7/9/2019. A new Standard for Probation Supervision of youth in placement was developed and presented to the Probation Officer Advisory Board on 7/9/19, to the Juvenile Justice Improvement Committee on 10/4/19 and will be presented to the Probation Committee on 10/25/19 and to the Board of Directors on 12/12/19 for final adoption. **Q3 & Q4:** The language has been approved by the other committees in July and October 2019, however Indiana is requesting a change in quarters to Q6 as the Board of Directors of the Judicial Conference of Indiana will not be able to view the information for approval until their meeting in March 2020. **Q5 & Q6:** This was supposed to be voted on at a scheduled meeting on 3/31 however this meeting was cancelled due to Covid 19. The Chief Justice requested that the Probation Committee make a few edits to the proposed standards, this will go for a vote to the Board of Directors in September 2020. DCS requests an additional extension on this item to Q7. **Q7 & Q8:** The endorsements were presented and approved by the Board of Director's on 9/15/2020.

Q5	(ii)Completed	This report was completed in January 2020. This report allows for the tracking of monthly visit requirements for probation cases.

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

(i) DCS and IOCS will evaluate current DCS and Probation training curriculums to identify current training topics that can be adopted or modified. (DCS provided the New Worker Participant manual to IOCS in March 2017 and the CIP Administrator and an Education Attorney for IOCS audited the New Probation Officer Orientation on October 11-13, 2017).

(ii) Family Centered Training Program for Juvenile Probation Officers was developed. Training topics will be identified for delivery via on demand distance education (computer assisted training) and for delivery via in-person training. Training topics will focus on assessing risk, safety and needs of a family, case planning, transition planning, termination of parental rights (TPR), adoption, visitation (visitation between probation youth and other siblings/children in home; visitation between probation youth and parents); contacts (between probation officers and probation youth, and between probation officer and parents); documenting visitation/contacts in MaGIK/KidTraks.

(iii) In person training will be provided to experienced probation officers at the Probation Officer annual meeting May 9-10, 2018.

(iv) Training curriculum for new probation officers will be piloted in fall/winter 2018.

(v) Training curriculum for new probation officers will be implemented in 2019.

(vi) Training on Family-Centered Practices will be measured by recording the names of probation officers that attend each training session and conducting surveys after each training session.

Target Completion Date	Current Status	Progress to Date
Q1	(i)Completed	DCS provided the new worker participant manual to IOCS in March 2017 and the CIP Administrator and an Education Attorney for IOCS audited the new probation officer orientation on October 11-13, 2017.
Q1	(ii)Completed	In person training was provided to experienced probation officer on May 9 &10, 2018. The topics covered included: Family Centered Practice (Part 1 & 2), Case Plan and Transition Planning for Juveniles, and recognizing signs of abuse and

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

WELL-BEING MEASURES OF PROGRESS

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

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

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

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

To better support parents who have substance use as a factor in involvement in the child welfare system, DCS will partner with the IOCS to determine whether the expansion of Family Recovery Courts will assist in improving engagement for families. Family Recovery Courts ("FRC") apply a non-adversarial, collaborative approach and utilize a multidisciplinary team including a judge, DCS attorney, defense attorneys, case-managers, CASA/GALs, and treatment providers. FRCs specifically target cases of child abuse or neglect wherein the parent or primary caregiver suffers from a substance use disorder and/or co-occurring disorders. On August 1, 2018, the IOCS and DCS, in partnership with the Center for Children and Family Futures and the Office of Juvenile Justice and Delinquency Prevention, sponsored a Family Recovery Court Best Practices Training. Fifteen counties were represented by teams comprised of judges, magistrates, referees, DCS Attorneys, defense counsel representatives, DCS local office directors, treatment providers, probation officers and DCS family case managers. Over the past year, Indiana has continued to increase the number of Family Recovery Courts that have been certified by the Indiana Office of Court Services with more currently in process. Prior to 2018, Indiana had 7 certified FRC's. As of May 2021, Indiana has 19 certified FRCs with two additional FRCs in the planning stages of being certified.

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

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

Continuous Quality Improvement ("CQI"), along with Indiana's modified Onsite Review Instrument ("OSRI") activities continue to be strengthened in an effort to not only improve outcomes, but also improve the culture and climate of the agency. Indiana uses information gathered through the CQI process and CFSR to work with

staff, both executive and field, to note strengths and challenges, thus bringing the information full circle. Indiana recognizes that staff at all levels need to be engaged in CQI efforts on a regular and ongoing basis. DCS supports CQI by educating staff on Lean principles and ensuring their participation and input in Lean projects and events is supported by all levels of the agency.

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

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

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

Target Completion Date	Current Status	Progress to Date
Q1-Q6	Completed	**Q1 & Q2:** Each division has staff trained in Six Sigma. CQI staff continue to be trained and receive training upon hire. **Q3 & Q4:** Each division has participated in sending staff through Green Belt training. The last green belt class took place in the fall of 2019 and those participants continue to work on their projects to receive their green belt certification. The Department has 25 staff certified in Six Sigma Green Belt. **Q5 & Q6:** Since the last update the Department has added 12 more staff who have completed their Green Belt projects and earned their certification. Currently- 13 staff remain in various

		stages of the process to finish their project for the final certification. One of the DCS Advanced Lean Practitioners continues to provide support to the remaining green belt staff to ensure they can complete their certification.

b) Create training with a project driven approach to engage line staff supervisors and management and expand knowledge of CQI and understanding of data.

Target Completion Date	Current Status	Progress to Date
Q5	Completed	**Q1 & Q2:** Initial training for staff participating in improvement events and workgroups has been created. Currently CQI and staff development are working on creating a training that can be offered to all staff with a project driven approach. **Q3 & Q4:** The CQI team is in the development stages of an interactive computerized training of a high-level overview of continuous quality improvement and lean principles to provide to all staff in February 2020. The Department has 25 staff certified in Six Sigma Green Belt. **Q5 & Q6:** The Department has created and launched a mandatory interactive computerized training of a high-level overview of continuous quality improvement and Lean principles that was provided to staff in March 2020. In March of 2020 the CQI team began providing 8-week, one hour, training programs to staff to gain an even deeper understanding of CQI principles. The course allows staff to participate with a cohort of 10 people, throughout the course of 8 weeks learning through participating in a mock improvement project. Presently there are 211 staff enrolled in the Lean training series.

c) Employees who attend the Six Sigma Green Belt Training will obtain their Green Belt certification by facilitating field driven projects throughout the state.

Target Completion Date	Current Status	Progress to Date
Q1-Q6	Completed	**Q1 & Q2:** All training will be completed by 2019, the DCS Advanced Lean Practitioner is mentoring those who have passed the class to complete their projects to achieve their green belt. **Q3 & Q4:** Since beginning green belt training, there are 25 individuals who have achieved their green belt through project completion, 23 remain pending completion and continue to work closely with the Advanced Lean Practitioner on their project and charter completion. The Department has 25 staff certified in Six Sigma Green Belt. **Q5 & Q6:** Since the last update the Department has added 12 more staff who have completed their Green Belt projects and earned their certification. There are a total of 41 individuals who have attained their Green Belt Certification through the Department, 4 of those no longer work for DCS. There are currently 13 staff who remain in various stages of the process to finish their project for the final certification. One of the DCS Advanced Lean Practitioners continues to provide support to the remaining green belt staff to ensure they are able to complete their certification.

OBJECTIVE 4.2 SUPPORT PRACTICE IMPROVEMENTS AT THE REGIONAL LEVEL BY ENGAGING LINE STAFF, SUPERVISORS AND MANAGEMENT IN CQI PROJECTS AND DATA DRIVEN SUPERVISION.

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

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

b) Continue development and implementation of MaGIK FCM Reporting Dashboard of easy to understand data measures that can be used during supervision and can enhance FCM's ability to see how their successes impact overall agency key performance measures.

i. Develop and deliver "Coaching with Data" trainings to supervisors on how to effectively coach and develop staff using data and CQI principles that lead to improved outcomes for children and families
ii. Survey supervisors after training through random selection to identify effectiveness of training.

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

OBJECTIVE 4.3 UTILIZE THE CQI PROCESS TO STRATEGICALLY SUPPORT THE IMPLEMENTATION OF PIP GOALS.

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

Target Completion Date	Current Status	Progress to Date
Q1-Q6	Completed	**Q1 & Q2:** Regular meetings occur with regional leadership and CQI to discuss data driven improvement efforts. **Q3 & Q4:** The CQI team is currently in the process of partnering with the Quality Service and Assurance team, as well as the regionally based peer coach consultants to work with regional leadership on practice improvement opportunities and goal setting for the region. The CQI team continues to work with regional managers on identified improvement areas. **Q5 & Q6:** Staff Development and Training in conjunction with Strategic Solutions have worked closely with several regions across the state to identify practice activities, specific to the needs of the regions, to focus continuous quality improvement efforts. Those areas of focus have included: quality CFTMs, timely case plans, CFTMs during the assessment, quality contacts, length of stay, engaging with parents, and CFTM notes review processes. In July, Indiana hosted two rapid improvement events in the spirit of continuous quality improvement that focused on subpoenas of expert legal witnesses and employee travel. The teams assigned to investigate these processes did a deep dive to better understand the needs of the respective customers and refine a process that supports the work and the customer.

b) Implement Regional CQI projects. Escalate systemic “root causes” to both field leadership and cross functional Strategic Solutions Committee to address with statewide policy and procedure changes where appropriate.

i. The Executive Steering Team will meet at least once per month to evaluate root causes of system-wide issues in an effort to quickly assess and address issues within the system.

Target Completion Date	Current Status	Progress to Date
Q1-Q6	Completed	**Q1 & Q2:** CQI projects at both the regional and statewide level continue to be facilitated. **Q3 & Q4:** The CQI team continues to work with regional leadership to ensure regional concerns are addressed. The executive steering committee meets weekly and discusses issues that arise that need to inform policy and procedure statewide. Current initiatives are: Case planning (Region 3, 16, & 17), Length of Stay (Region 1), quality engagement with parents (Region 6), Repeat Maltreatment (Region 8), Placement Disruptions (Region 15), quality team meetings (Region 18), teaming in assessments (Region 11), safety staffing's (Region 14). **Q5 & Q6:** The Department is currently on a Lean journey and is in the process of launching value streams to focus on specific areas within the work that we do to ensure that our CQI efforts are driving the right metrics in the right direction. Improvement projects and opportunities will come out of two places, the value streams that help identify areas where improvement is necessary and the Practice Model Review which will measure state and federal requirements being adhered to at the regional level. The CQI team is currently working (all at varying stages) on the following regionally based projects:

		Region 2: Quality CFTM teams page and form (special project) Region 3: Timely Case Plans Region 5/11: Special Investigator (special project) Region 10: Employee Engagement & Child Watch (placement) Region 11: CFTMs during assessment Region 14: Eligibility & Quality Contacts Region 15: Placement Disruptions Region 16/17: Quality Case Plans Region 18: Quality CFTMS
Q1-Q6	(i)Completed	**Q1 & Q2:** The Strategic Solutions Committee meets monthly to act as an executive steering team to help direct the work of the value stream steering teams as they move forward continuous quality improvement work both regionally and statewide. **Q3 & Q4:** The Strategic Solutions Committee stopped meeting in November 2019. The work that this committee was doing was transitioned to the Executive Steering Team which meets weekly with cross divisional representation to discuss current projects and areas of concern that need to be addressed. Indiana will revisit a combined work group in 2020 as the EST deems necessary. **Q5 & Q6:** The team has been chosen and has met every week since the beginning of Q5. Members of the team include executives from the

		following divisions: Field, SSAT, Director, Chief of Staff, Staff Development, Fiscal, IT. The group continues to work on the transformation plan of care which will direct goal setting and improvement work within the agency.

OBJECTIVE 4.4 PROBATION: A JUVENILE PROBATION QUALITY ASSURANCE PROCESS COMPLIANT WITH CFSR STANDARDS WILL BE INSTITUTIONALIZED. THE FRAMEWORK OF THE CFSR/PIP CASE REVIEW PROCESS AND ELEMENTS OF THE OSRI WILL BE UTILIZED.

a) Representatives from DCS and IOCS will meet with the Collaborative Communication Committee to develop draft updates to Probation Standard 1.21-Case Audits and Quality Assurance to require audits that are CFSR compliant. Currently Probation Standard 1.21 states "Departments shall adopt policies and procedures to conduct case audits and IYAS/IRAS quality assurance. Audit of case files should be conducted at least once year and shall review case files for: properly administered IRAS/IYAS assessments, case plans linked to assessments finding/criminogenic needs, appropriate use of incentives and sanctions, appropriate supervision levels based on assessment, program/services matched to probationer risk levels."

i. The proposed update to Probation Standard 1.2 will be presented to the Probation Officer Advisory Committee
ii. The proposed update to Probation Standard 1.2 will be presented to the Juvenile Justice Improvement Committee for possible endorsement.
iii. The Juvenile Justice Improvement Committee endorsed update to Probation Standard 1.2 will be presented to the Probation Committee.
iv. Present endorsements from the Juvenile Justice Improvement Committee and the Probation Committee to the Board of Directors of the Judicial Conference of Indiana for adoption.
v. Develop a plan to inform and train probation officers on revised probation standard 1.2
vi. Develop a plan to implement new probation standard 1.2

Target Completion Date	Current Status	Progress to Date
Q3	(i)Completed	Proposed new language has been developed and approved by the Community Collaborations Committee and the Probation Office Advisory Committee as of 7/9/19.
Q4	(ii) Completed	The proposed standard was presented and

		approved by the Juvenile Justice Improvement Committee on October 4, 2019.
Q4	(iii)Completed	The proposed standard was approved by the Probation Committee on 10/25/2019.
Q7	(iv) Completed	**Q1 & Q2:** Indiana requests a change in quarters due to the meeting of the board not occurring until 12/12/19, at which time the standard language will be presented. **Q3 & Q4:** Indiana requests a change in quarters from Q4 to Q6 for this item as the new language will cannot be presented until the Board of Directors of the Judicial Conference of Indiana meets in March of 2020. **Q5 & Q6:** This was supposed to be voted on at a scheduled meeting on 3/31 this meeting was cancelled due to Covid 19. The Chief Justice requested that the Probation Committee make a few edits to the proposed standards, this will go for a vote to the Board of Directors in September 2020. **Q7 & Q8:** The endorsements were presented and approved by the Board of Directors on 9/15/2020.
Q8	(v)Completed	**Q1 & Q2:** Following approval from the board regarding the new language of the standard in December, training of the standard will roll-out. **Q3 & Q4:** Indiana requests a change in quarters for this item as the new language cannot be presented until the Board of Directors of the Judicial Conference of Indiana meets in March of 2020. Therefore, probation officers will be unable to be trained and informed until Q8. **Q5 & Q6:** NA

		Q7 & Q8: DCS changed the language to develop a plan to train probation officers. Notice of the amended standards were provided to judges and probation officers on November 11, 2020. The standards will be published by December 31, 2020. IOCS has a plan to do a training on the new standards at the next juvenile probation officer training on April 6, 2021.
Q8	(vi)Completed	**Q1 & Q2:** Following approval from the board regarding the new language and training the standard will be implemented. **Q3 & Q4:** Indiana requests a change in quarters for this item as the new language will cannot be presented until the Board of Directors of the Judicial Conference of Indiana meets in March of 2020 and therefore probation officers will be unable to be trained and informed until Q8, which delays implementation. **Q5 & Q6:** NA **Q7 & Q8:** The language of the key activity has been modified to develop a plan for implementation. The notice regarding the amended standards was provided to judges and probation officers on November 11, 2020. The standards will be published by December 31, 2020 and are effective and will be implemented as of January 1, 2021.

OBJECTIVE 4.5 PROBATION: DEVELOP RECOMMENDATIONS THAT INFORM SHORT AND LONG-TERM STRATEGIES REGARDING DATA NEEDS AND INTEGRATION BETWEEN DCS AND PROBATION'S MULTIPLE DATA SYSTEMS THAT WILL RESULT IN COMPLIANCE WITH FEDERAL GUIDELINES.

a) A workgroup of subject matter experts on information exchange and practitioners will be tasked with review of: current information structure of probation data being entered in MaGIK and sharing process between agencies; re-evaluating current business rules associated with access to the MaGIK

ecosystem; general system limitations and practices; and federally required data elements that will lead to the development of recommendations that inform a short and long-term strategy regarding data needs, integration, and reporting obligations. Workgroup will make recommendations to DCS and Office of Judicial Administration.

i. Assess the data fields in the DCS case management system entered by probation to determine the required field for the purposes of the CFSR, QSR and AFCARS reporting
ii. Determine (in the systems utilized by probation) if similar data fields exist
iii. Determine the methodology of plausible data integration

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

b) Improve case management process for juvenile probation officers.

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

v. Re-convene initial stakeholder group to determine whether the needs and purposes of reports are meeting the needs of probation.

Target Completion Date	Current Status	Progress to Date
Q1	(i)Completed	A Collaborative Communication Committee meeting was held in September 2018 and met with a group of probation administrators and reviewed every report that is available to help case manage and from that developed a list of 17 reports that's in development for probation administrators.
Q1	(ii)Completed	A list of key reports (17) has been identified by the Collaborative Communication Committee and is currently in the process of being developed.
Q7	(iii)Completed	**Q1 & Q2:** Currently piloting a case planning report to ensure appropriate access of probation administrators and in the process of building other identified key reports. **Q3 & Q4:** Indiana has modified the case plan report and 10th of the month contact report for probation officers. Indiana is currently in the process of modifying other reports related to contacts and court hearings for probation. Indiana requests a change in quarters from Q4 to Q7. DCS will continue to modify existing reports as needed for probation. **Q5 & Q6:** DCS is currently working on 22 reports to be modified for use by probation officers. This will be completed by Q7. **Q7 & Q8:** DCS had a CCC meeting on 9/15 to discuss reports. To date, 35 Chief probation officers have been trained on how to access these reports. Following feedback from probation, DCS has created 16 reports for probation based upon current DCS reports. There were 6 reports, from the original request, that

		were unable to be developed due to lack of data points in the DCS case management system for probation.
Q2	(iv)Completed	Probation officers are able to access MaGIK reports through the KidTraks portal.
Q7	(v)Completed	**Q1 & Q2:** Currently piloting case planning report and creating other identified key reports for probation administrators, evaluation will occur in Q4. **Q3 & Q4:** NA **Q5 & Q6:** Reports are still being developed at this time. At the next CCC meetings, scheduled 5/19 they will review reports that have been created and make sure that they have appropriate access to the reports. The test group continues to review reports as they are completed. Indiana requests that this actively be moved to Q7 for completion. **Q7 & Q8:** DCS held a CCC meeting with probation on 9/15 to discuss reports and ensure ongoing training to probation officers in accessing the reports.

CQI MEASURES OF PROGRESS

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

DCS remains focused on improving the effectiveness and efficiency of child welfare services through expanded eligibility and a broader service array. DCS will continue to monitor effectiveness of the Practice Model through its newly developed tool, which also measures federal requirements. To further support these efforts, DCS has implemented a Continuous Quality Improvement (CQI) process that will serve as the foundation for setting

agency priorities, structure for internal and external collaborations, and interventions as well as the continuum of service provision. DCS, through its partnership with Simpler Consulting, is committed to continuing its sustainable CQI approach that will serve as the basis for evaluating and improving child welfare practice and using data analytics to inform targeted and timely interventions for children and families to improve safety, permanency, and well-being outcomes. DCS is focused on a Lean approach in continuous improvement, as well as, having CQI staff and other agency staff trained in Six Sigma.

The Department through its work in setting a True North and completing a Transformation Plan of Care (TPOC) and X-Matrices has provided a road map for the direction of improvement efforts and the metrics by which to measure improvement. Throughout the course of 2021 and 2022 DCS will be implementing strategies and projects around continuous quality improvement directed by our True North. DCS plans on focusing improvement efforts in areas where it can make significant gains towards improving the lives of children and families in the state of Indiana. More information regarding the specifics of the continuous quality improvement work can be found in the CQI section of the APSR.

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

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

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

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

Indiana recognizes child welfare is challenging and difficult work that can lead to high stress and challenges in balancing work and life. Indiana offers an Employee Assistance Program (EAP) that can help employees in a number of areas (both professionally and personally), including but not limited to, finding childcare or elder care resources, legal aid, and counseling services. Indiana also has a Critical Incident Response Team ("CIRT") that is available when there are critical incidents that staff are involved in at a local office level. For example, a CIRT Team can be requested when there are any of the following: death of a child, near-fatality of a child, threat of

harm, death of a parent on the caseload, death of a co-workers, or cumulative stress (multiple incidents in several weeks). Indiana will re-visit employee resources with staff to ensure they are encouraged to use these resources and are addressing work-life balance needs.

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

a) Recruitment and retention needs vary widely around the state and as such, each DCS region will develop its own workforce recruitment and retention plans.

   (i) DCS will create and compile the regional recruitment and retention plans developed by regional field staff (supported by data and information from the regional and local level) to identify where trends or commonalities can be addressed.

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

Target Completion Date	Current Status	Progress to Date
Q2	(i)Completed	Regional Managers completed regional recruitment and retention plans in conjunction with HR in 2018.
Q1-Q6	(ii)Completed	**Q1 & Q2**: Indiana is utilizing social media and Success Factors, a new hiring management system to help meet recruitment efforts. In regards to retention: DCS adjusted salaries to meet the demands of the job, right size staffing, better aligned case load standards, increase in EAP sessions, development of SAP allows for managers to be involved with those they are hiring sooner, and LinkedIn Learning allows for more ongoing training opportunities. Communications Department has worked at ensuring that people feel connected and creating more targeted newsletters. DCS is working with Chapin Hall on creating a Safety Culture. DCS has created FCM, FCMS, and Local Office Attorney

		advisory councils to discuss ongoing system change. Weekly updates from the Director and ongoing field visits continue to make staff feel connected and valued. **Q3 & Q4:** Retention: Increase in attorney salaries in October 2019, nearly 100 supervisors have been added to field with a current supervisor/case manager ration of 4.9, in October 2019 the Department released a BSW/MSW financial incentive program and to date has awarded over 300 individuals salary increases as a result, virtual reality pilot to simulate an assessment is being used in staff development and in Region 1 to assist in training, and developing an annual new employee (1 yr. or less), experienced worker (more than a year), 30 & 60 day out of cohort surveys. The Department has an established statewide recruitment plan, it continues to be updated based upon specific needs in specific areas. Recruitment: Virtual reality is being utilized during the interview process in Region 10 as a pilot to give individuals at the onset a realistic preview of an aspect of the job, currently working with both the IUPUI school of social work and Indiana Wesleyan University with students in both social work and criminal justice programs, and future plans to begin targeting school that offer psychology degrees for staff recruitment purposes. **Q5 & Q6:** Recruitment: Created the under-fill percentage report based on findings from the field staff survey, this report gives a percentage of which offices are currently training and have staff not carrying a caseload to have a better

		understanding of the percentage of staff that are maintaining the current workload. This is provided to field leadership to have a better understanding of local office impact and employee allocation. Due to COVID-19 DCS has moved to virtual hiring. There have been two virtual events: Madison County on 5/8 (around 13 were selected for hire) and Marion County on 4/27 (31 were selected for hire). Marion County will likely have another event in June and DCS will continue to use current technology to continue hiring in the counties where it is needed most. DCS continues to have a partnership with universities to assist in recruitment. During the pandemic, DCS HR participated in a virtual event with Indiana Tech students and an IU Southeast video advertisement and virtual zoom meeting to speak with candidates Retention: Since the launch of the employee surveys HR and field are analyzing surveys to determine appropriate initiatives for continued retention. HR generalist in region 11 conducted a SWAT analysis to assist in retaining staff for that specific region. Due to COVID-19 DCS has moved what we can virtually for staff to ensure people have access to resources regarding COVID. Since the pandemic employee turnover has dropped dramatically.

b) DCS HR and the Office of Information Technology will conduct and monitor new FCM cohort surveys to measure engagement of new employees during the employee's first year in a local office. Sample questions include how many times they have met with their supervisor, relationship with their mentor, have they had the ability to shadow, and their confidence in their decision to become a family case manager.

(i) A new FCM cohort employee survey will be developed for employees who are in

their first year of employment.

(ii) Survey responses for the New FCM Employee Survey will be captured at defined intervals. An analysis will be provided to executive level staff once per quarter and executive level staff will review and address trends as needed.

(iii) Survey responses and retention data will be monitored as changes to new hire procedures are made. Based on the findings, examples of changes might include adjustments to procedures/orientation for local offices when new hires begin, improvements to cohort training, and enhancements to job descriptions.

(iv) The employee exit survey will be improved to better understand the reasons why employees are leaving DCS.

Target Completion Date	Current Status	Progress to Date
Q4	(i)Completed	**Q1 & Q2:** A new FCM cohort employee survey is currently in development: 30, 60, 90-day surveys will be developed. **Q3 & Q4:** The development of the survey was completed in December 2019. The state will be launching the annual survey for staff who have been with the agency for less than a year in January 2020, 30-day post cohort survey in January 2020 and the 60-day post cohort survey in February 2020.
Q6	(ii)Completed	**Q1 & Q2:** The new FCM employee survey will be developed by Q4. Indiana requested a change in quarters for this item to allow for the completion of development and an opportunity for staff to complete the survey and evaluation to occur in Q6. **Q3 & Q4:** NA **Q5 & Q6**: The FCM cohort survey was launched in January 2020. The Department is currently working to gather information to provide trending analysis with the executive level staff as

		of June 2020.
Q7	(iii) Completed	**Q1 & Q2:** Indiana requests a change in quarters for this item from Q4 to Q7 as it builds off previous items in this section. The survey is projected to be completed by Q4, initial results gathered, and trends presented by Q6, which will then allow for continuous quality improvement based upon the results. **Q3 & Q4:** NA **Q5 & Q6:** NA **Q7 & Q8:** Based on the findings from the completed surveys, FCMs reported the amount of paperwork and time constraints for data entry as a main stressor, HR worked to mitigate this with a screening question on the application process to make applicants more aware of the paperwork component of the job. A link has been included to the realistic job preview, within the application, to ensure that applicants can "see/understand" the duties of the position. A screening question in regards to technology platforms that staff are familiar with has also been added. Staff Development has been provided with feedback regarding cohort training to make necessary improvements. The employee experience VSA has targeted an improvement event around the hiring process which will allow for continued utilization of the ongoing survey data gathered to make necessary process improvements. Data will continue to be shared with both field and staff development from the surveys to allow for continuous improvement opportunities.
Q2	(iv)Completed	The updated employee exit survey was completed and rolled out April 1, 2019.

c) DCS HR and the Office of Information Technology will conduct and monitor surveys to measure engagement of experienced employees at least once per year after their first year of employment.

(i) An experienced employee survey will be developed for employees who have been with the agency for more than one year.
(ii) Survey responses for the Experienced Employee Survey will be captured at least once per year. An analysis will be provided to executive level staff and executive level staff will review and address trends as needed.
(iii) Survey responses and retention data will be monitored. Based on the findings, examples of continuous improvement efforts might include adjustments to procedures for local offices, improvements to ongoing FCM training, and enhancements to job descriptions.

Target Completion Date	Current Status	Progress to Date
Q4	(i)Completed	**Q1 & Q2:** This is currently in the development phase and will focus on employees who have been with the agency for more than one year. Indiana requested the quarter change as this survey will be developed in December of 2019, with a targeted roll out in January of 2020. **Q3 & Q4:** The development of the survey was completed in December 2019 and the survey will roll out to experienced employees (those who have been here greater than a year) in January 2020.
Q6	(ii)Completed	**Q1 & Q2:** Indiana requested this quarter change due to the date of implementation of the experienced employee survey. The survey will be rolling out in January of 2020; therefore, the agency will be able to do an analysis and trending in Q6 following staff completion of the survey. **Q3 & Q4:** NA **Q5 & Q6**: These results have been pulled, and information has been provided to executive level staff. The under-fill report was created because

		of this survey. Staff felt that even though they were considered to be fully staffed by numbers, a large part of their work force was still in training, which left a smaller subset to do all the actual work. DCS is now using this under fill report to better ensure staff allocations and understand the culture in local offices. Another large finding was the disconnect between feeling committed to DCS vs. feeling DCS was committed to them, DCS has responded by ensuring that we continue to provide information regularly regarding EAP. These results will continue to be shared with executives to ensure that planning can occur to better retain and understand the needs of staff.
Q7	(iii)Completed	**Q1 & Q2:** DCS requested a change in quarters for this item. Following the roll out of the survey in early 2020 and the analysis of the results in Q6, the Department will be able to use the information to focus CQI efforts and necessary procedural or training adjustments for staff. **Q3 & Q4:** NA **Q5 & Q6:** NA **Q7 & Q8:** Following the results of the experienced employee survey there were changes made to the job description to make the language more personable to help psychologically put the applicant in the mind of the case manager (ex. Using the word “you” instead of the word “incumbent”). The employee experience VSA will be doing an improvement event around the future hiring process utilizing the survey data gathered to make necessary process improvements. This data is provided to the field and staff development following the survey completion to make any necessary

		changes and allow for focused improvement. Utilizing this data, HR can work with regions who may be experiencing high turnover. One of the large findings from the survey is that FCMs feel more connected to the agency and agency's mission vs. the way they perceive the agency supports them. As a result, HR is looking at a way to automate an anniversary certificate for staff and working to push EAP reminders at 9 months to state phones.

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

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

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

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

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

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

b) With the assistance of Indiana University, DCS launched an employee survey for Marion County employees (the agency's largest office with highest turnover) to measure such engagement topics as

employees' feelings of respect and support, balance of work & personal life, and adequate supervision.

(i) Continue distribution of surveys to Marion County employees at 6-month intervals (over a total of 18 months) to track progress as initiatives and changes are made to improve culture and climate as part of the Marion County Localization Project.

(ii) Monitor surveys as changes are made and ensure successful changes that support employee engagement are shared with Marion County staff.

Target Completion Date	Current Status	Progress to Date
Q1-Q8	(i) Completed	**Q1 & Q2:** The surveys have been distributed and completed. **Q3 & Q4:** Indiana University will be conducting a survey in March of 2020 to gather information to compare the results to the baseline data. Indiana University will release another survey in September 2020. Indiana will ensure a feedback loop is instituted to discuss the results of the survey and next steps towards improvement. **Q5 & Q6:** The initial surveys were distributed and completed. Indiana University put together a new survey in March of 2020 to gather information to compare to the results of the baseline data. This survey was released on April 20, 2020 and will close on May 1st. Indiana will ensure that a feedback loop is instituted to discuss the results of the survey and next steps toward improvement. **Q7 & Q8:** Following an analysis of the survey, all Marion County staff received a presentation of the results during the month of September. These presentations were first conducted with the leadership team and then each local office was provided with a presentation. This data was utilized in exploring process improvement
Q1-Q8	(ii) Completed	

		opportunities in Marion County during a rapid improvement event September 14th- 17th which focused on the employees' voice and right sizing the work within their 4 respective offices. This survey was again distributed on 10/12/2020.

c) DCS will continue to expand training on organizational culture and climate throughout all levels of the agency and discussions will continue as part of the re-launching of the DCS Practice Model.

(i) All executive staff will participate in practice model discussions with a focus on how utilization of the model throughout the agency impacts culture and climate.
(ii) Engage executive staff on the topic of culture and climate and provide guidance on how they can work with their individual divisions to implement strategies for sustaining the practice model.
(iii) DCS executive staff will model the parallel process through the continued use of the practice model on an ongoing basis with their employees.
(iv) During a quarterly supervisor's workshop, include recently developed training on culture and climate and how to enhance supervision.

Target Completion Date	Current Status	Progress to Date
Q1	(i)Completed	A discussion regarding a recommitment to the practice model has been completed with all the executive staff as of 11/15/18.
Q1	(ii)Completed	DCS Mission statement has been revised and delivered. Training of all executive staff occurred 11/15/18.
Q1-Q8	(iii)Completed	**Q1 & Q2:** Executive staff have established practice model expectations with each of their divisions. Continuous use of the parallel process will continue. **Q3 & Q4:** In 2020 each division will look at their established practice model expectations to make any necessary changes. Each division will again do a practice model follow-up training in 2020. **Q5 & Q6:** Due to Covid-19, this remains in the planning stages. Staff Development will be working on a new training regarding the practice

		model with an incorporation of the Lean, Indiana's continuous quality improvement framework, for Executive staff. **Q7 & Q8:** DCS has created divisional practice consultants to continually champion and ensure the practice model is being used within the division they are embedded in. Consultants for each division were identified by the end of October 2020 and the orientation for the consultants was on December 10th. On November 20th, the executive team participated in a mandatory training on lean principles and the practice model. This allowed for shared understanding and learning to occur regarding how the Indiana Practice Model and Lean methodology intersect and complement one another.
Q1	(iv)Completed	This was delivered during a supervisor quarterly workshop and completed in December of 2017. This training included information on culture and climate and how to enhance supervision.

6. Implementation Plan and Supports

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

Indiana worked closely with the Children Bureau's Measurement and Sampling Committee to develop a measurement plan that utilizes a thorough case review method and practice appraisal process that uses the OSRI. The practice appraisal process uses a modified version of the OSRI tool to measure practice during the current review year. Indiana allocated the necessary resources to execute a statewide review process and was able to successfully meet substantial conformity as mentioned before regarding all 9 remaining CFSR items that

were previously not in compliance. DCS was able to work closely with Children's Bureau to successfully complete its remaining CFSR items, as well as successfully complete all the necessary step-out activities on its PIP for a successful closure of the PIP.

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

DCS partners with Casey Family Programs on a number of things to assist in implementing initiatives throughout the state. The list below is the current partnership initiatives for 2021:

- Support the DCS Director's Racial Justice workgroup to reduce disproportionality and promote equity and inclusion
- Promote congregate care reform and support redirecting funds from bed reduction interventions to community supports for families. Work with jurisdiction to decrease reliance on congregate care.
- Support of engagement of judicial officers, court administrators, CIP leadership, attorney, GAL and CASA on court best practices, trainings, and peer learning activities to reduce entries and expedite exits.
- Technical assistance and consultation in the launch of a Birth Parent Advisory Committee to enhance policies, practices, and services for birth families
- Provide technical assistance and support to the Commission for Improving the Status of Children to study issues concerning vulnerable youth. Support CISC's efforts to promote constituent voice, information sharing and best practice
- Provide ongoing support for the Family Connection Network and technical assistance and support to the DCS Kinship Advisory Committee
- Continue technical assistance in Rapid Safety Feedback identification and coaching
- Provide ongoing support, via the National Partnership for Child Safety Collaborative which aims to improve safety and prevent child maltreatment related fatalities. Continue work in conjunction with the University of Kentucky to continue program implementation of the Safe Systems Improvement Tool.

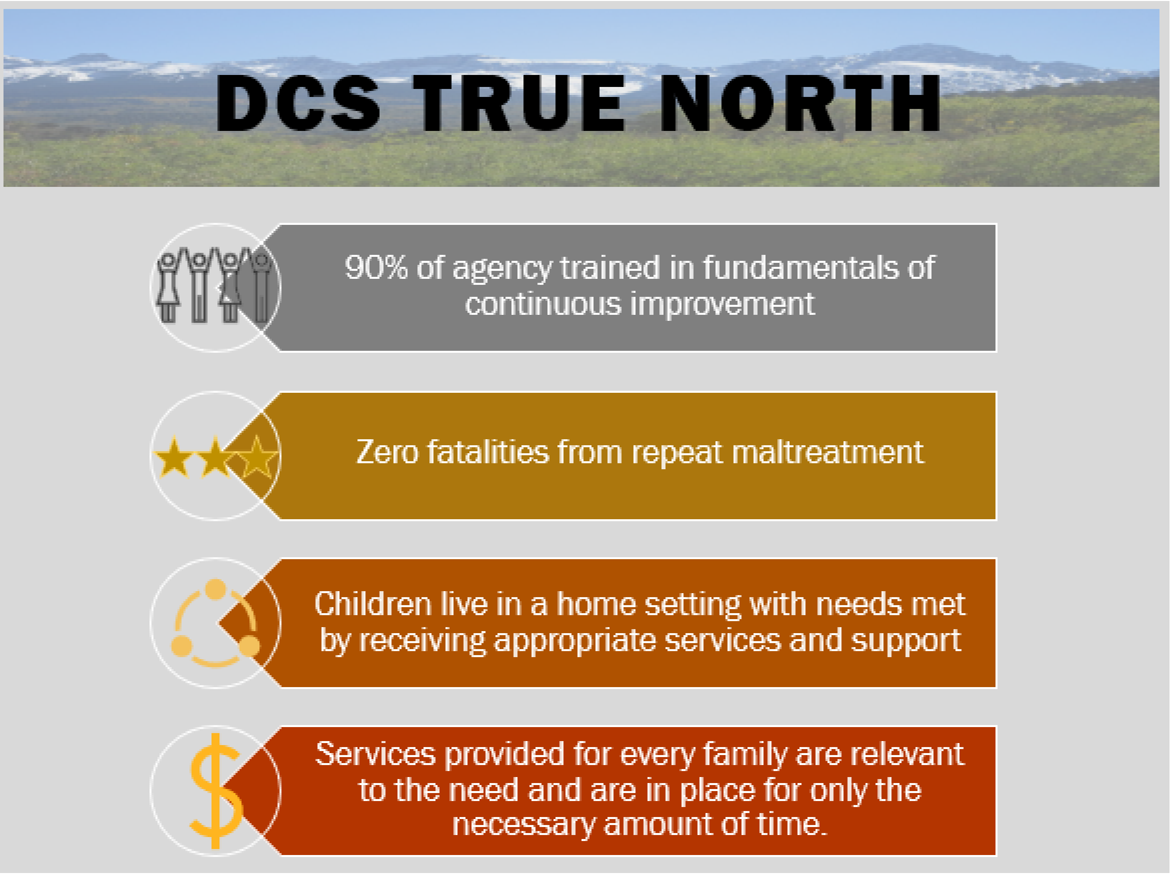
DCS continues to partner with the Capacity Building Center for States on the hotline intake screening threshold analysis. Through collaboration with Dr. Lisa Merkel-Holguin, Dr. John Fluke, and internal partners this project has the potential to benefit both Indiana and the community of child welfare. The agency utilizes data and input from staff to identify areas for improvement in the screening process and to inform regular ongoing piloted changes for Indiana's SDM tool. The results from the original intake screening threshold analysis project have been submitted to a child welfare journal to inform the larger community on our results, techniques, and next steps. Ongoing improvements are being monitored for a period of one-year minimum following implementation.

The Capacity Building Center for States as also provided technical assistance to DCS in regards to human trafficking and internal review board research.

IV. CONTINUOUS QUALITY IMPROVEMENT AND QUALITY ASSURANCE SYSTEM

A. CQI STRUCTURE

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



The CQI team works with Simpler Consulting to direct quality improvement work for the agency and facilitate Value Stream Analysis (VSAs), Value Stream Steering Teams (VSSTs), and Rapid improvement Events (RIEs) all

geared toward reaching the established goals for the agency. These goals tie into the True North that were selected by the executive team and impact the operational metrics set forth by the agency X-matrix.

- Reduce employee turnover to 17%
- Understand and reduce inequities in employee turnover by 25%
- Implement regional consult process for safety determination for assessments
- Implement FFPSA by September 29, 2021
- Implement a process to accurately identify appropriate placements for children in need of out of home care
- Accuracy rate of federal claiming and reporting is at least 95%
- Reduce by 50% youth without treatment need placed in residential facilities
- Reduce by 10% CHINS youth in residential facilities
- Improve screening threshold accuracy by 15%
- Reduce time from TPR to adoption by 15%
- Complete initial RPR process rollout statewide by June 30, 2021
- 50% of children adopted within 6 months of RPR
- Reduce time from change in permanency plan to guardianship
- Reduce number of assessment open for >40 days by 20%

With these driving goals, DCS has launched 3 value streams to have the largest impact on the above metrics. Value Stream Analysis were completed in the following areas: Employee Experience, Intake/40 Day Assessment, and Out of Home CHINS. These value streams have created many opportunities for improvement work through the driving force of their VSST.

The Employee Experience VSST has conducted 6 RIEs and 1 improvement project centered around hiring practices, mentoring, workplace flexibility, and the role of the supervisor. The Intake and Assessment VSST has conducted 4 RIEs, 6 improvement projects, 4 just stop its, and 2 just do its, some of which have been centered around case transfers, screen outs, hotline screening tools, and creating efficiencies in the hotline to assessment process. The Out of Home VSST has conducted two RIEs and 1 just do it regarding the relative search process, court orders for travel, and understanding safety and risk.

DCS will be completing a second pass at the Employee Experience value stream in August 2021 to further narrow the scope to look at the FCM’s experience in their first two years of employment. While the other two VSSTs will continue with further work during the remainder of the year in RIEs, just stop its, just do its, and improvement projects to drive DCS closer to their True North goals.

In addition to these statewide initiatives to drive metrics, the CQI team will work with individual regions and divisions through a process called Managing for Daily Improvement (MDI). This is a system that allows us to

know daily whether we are on track or off track to meeting our goals, take quick corrective action, and check that past actions and improvements are being sustained.

How MDI Works

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

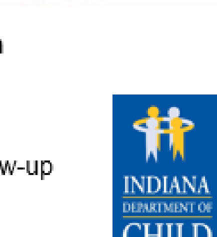
Visual Management
- Develop visual boards to display performance on identified goals.

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

Continuous Improvement

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

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



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

The structure of CQI is such that it lends itself to potential initiatives, measuring current and projected performance, and evaluating impact and outcomes. Along with the CQI team, staff from several other divisions were included for Green Belt Certification. The CQI team continues to offer Lean training for the entire agency consisting of an Introduction video to acquaint the agency with Lean terminology and a series of trainings aimed at vision alignment across the agency, preparing staff members to participate in RIEs, and introducing the idea

that continuous quality improvement should be utilized to improve their own everyday processes. The CQI team is currently in the process of developing an advanced Lean training series in conjunction with Staff Development to further enhance the skills and knowledge of staff in Lean methodologies and processes.

DCS remains focused on improving the effectiveness and efficiency of child welfare services through expanded eligibility and a broader service array. The CQI team consists of an Assistant Deputy Director, two Advanced Lean Practitioners, and 7 Lean Improvement Facilitators to coordinate and facilitate CQI efforts, federal compliance needs, and to assist in improving the agency.

B. CQI STEERING COMMITTEE: EXECUTIVE STEERING TEAM (EST)

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

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

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

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

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

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

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

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

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

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

The PMR was intended to be a process that would roll out with interviews and reviews occurring face to face within the regions. Due to COVID 19, the quality assurance team pivoted their process to support doing these reviews virtually. The process now includes team members working together through a virtual platform and interviewing participants via phone or other virtual means. Even though the process had to change its direction the team has been able to gather quality data and information in order to help continuing improving practice in Indiana.

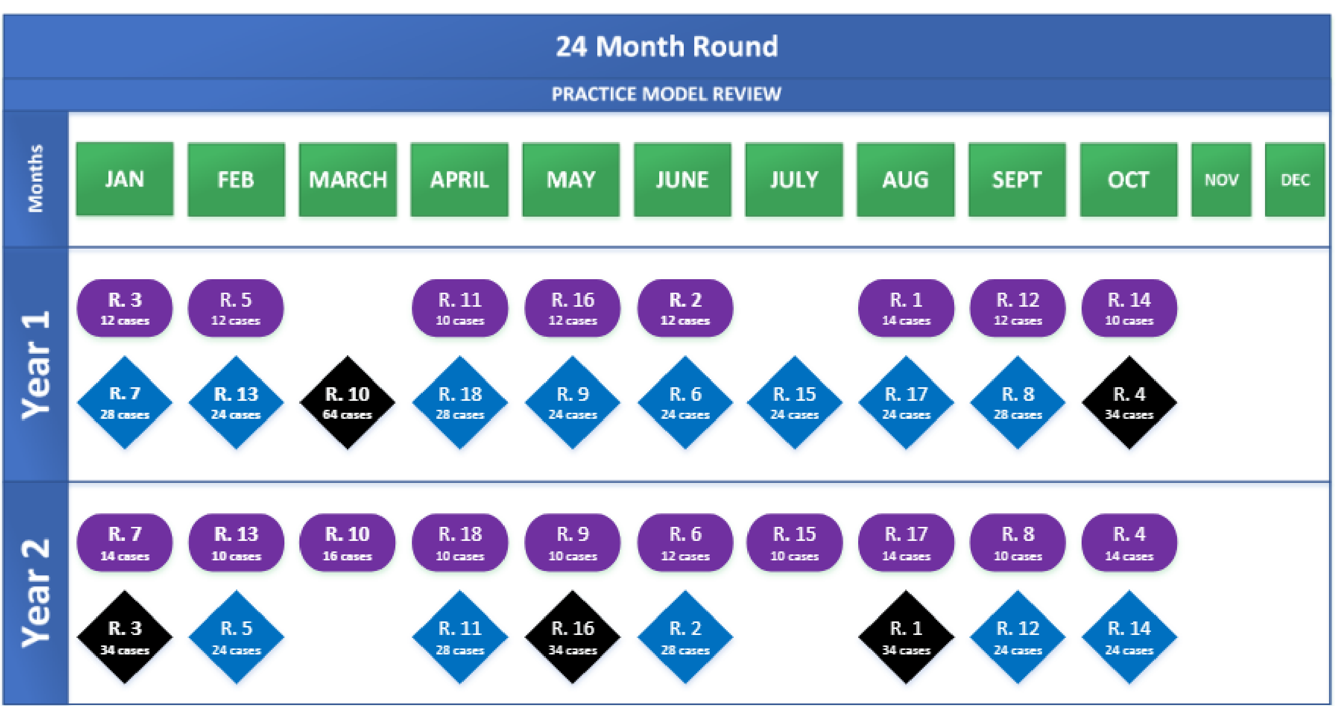
The RPS provides an opportunity for supervisors to go into the field with each staff member each quarter and observe them in action. It was developed as a tool for management to help workers grow in their practice model skill set. The tool defines the components of quality, so standards are consistent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

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

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

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

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



V. UPDATE ON THE SERVICE DESCRIPTIONS

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

A. CHILD AND FAMILY SERVICES CONTINUUM

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

1. Prevention Services

Kids First Trust Fund

A member of the National Alliance of Children's Trusts, Indiana raises funds through license plate sales, filing fee surcharges, and contributions. This fund was created by Indiana statute and is overseen by a Board of Directors appointed by the State Senate, State House of Representatives, and Indiana Governor. DCS and the Indiana Department of Health also have representatives on the Board. The Board is required to meet at least quarterly. The purpose of the trust fund includes the prevention of child abuse and neglect as well as reducing infant mortality. The Board is supportive of DCS efforts to develop a strategic framework and toolkit on the prevention of child abuse and neglect. The goal for this project is for the toolkit on prevention to be completed and available by early 2022.

Youth Service Bureau

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

Project Safe Place

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

Child Abuse Prevention and Treatment Act (CAPTA)

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

Healthy Families Indiana (HFI)

A combination of federal, state, and local funding provides prevention home visiting services to women and children in all 92 counties through contracts with 31 HFI providers. The purpose is to promote healthy families and healthy children through a variety of services including child development, access to health care, and parent education. The program also advocates for positive, nurturing, non-violent discipline of children. See the Healthy Families Indiana web page, https://www.in.gov/dcs/2459.htm.

Community Partners for Child Safety (CPCS)

The purpose of this service is to develop a child abuse prevention service array that can be delivered in every region of the state. This service builds community resources that promote support to families identified through self-referral or other community agency referral to a service that will connect families to the resources needed to strengthen the family and prevent child abuse and neglect. It is intended, through the delivery of these prevention services, that the need for referral to Child Protective Services will not be necessary. Community resources include, but are not limited to: schools, social services agencies, local DCS offices, Healthy Families Indiana, Prevent Child Abuse Indiana Chapters, Youth Services Bureaus, Child Advocacy Centers, the faith-based community, local school systems and Twelve Step Programs. See the Community Partners for Child Safety web page, https://www.in.gov/dcs/2455.htm.

Maternal Infant Early Childhood Home Visiting (MIECHV)

Maternal Infant Early Childhood Home Visiting (MIECHV) funds are designed to: (1) strengthen and improve the programs and activities carried out under Title V of the Social Security Act; (2) improve coordination of services for at-risk communities; and (3) identify and provide comprehensive services to improve outcomes for families who reside in at-risk communities.

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

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

These goals are measured in six Federal benchmark areas:

- Improved maternal and newborn health;
- Reduction in child injuries, abuse, neglect, or maltreatment and reduction of emergency department visits;
- Improvements in school readiness and achievement;
- Crime or domestic violence;
- Family economic self-sufficiency;
- Coordination and referrals for other community resources.

Indiana's MIECHV grants are currently funding two evidence-based home visiting programs Healthy Families Indiana and Nurse-Family Partnership. Healthy Families Indiana serves MIECHV funded families in Elkhart, Lake, LaPorte, Marion, St. Joseph, and Scott Counties. For more information about MIECHV Indiana visit: https://www.in.gov/isdh/25565.htm.

Children's Mental Health Initiative

The Children's Mental Health Initiative (CMHI) provides service access for children with significant mental and behavioural health issues who have historically been unable to access high level services. The Children's Mental

Health Initiative specifically focuses on those children and youth who do not qualify for Medicaid services and whose families are struggling to access services due to their inability to pay for the services or find gaps in the service array. The CMHI helps to ensure that children are served in the most appropriate service delivery system and that they do not enter the child welfare system or probation system for the sole purpose of accessing mental and/or behavioral health services.

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

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

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

- DSM-IV-TR Diagnosis- Youth meets criteria for two (2) or more diagnoses.
- CANS 4, 5, or 6 and DMHA/DCS Project Algorithm must be a 1
- Child or adolescent age 6 through the age of 17
- Youth who are experiencing significant emotional and/or functional impairments that impact their level of functioning at home or in the community (e.g., Seriously Emotionally Disturbed classification)
- Not Medicaid Eligible/Lack funding for service array
- Other children who have been approved by DCS to receive services under the Children's Mental Health Initiative because they are a danger to themselves or others

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

2. Preservation and Reunification Services

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

Home Based Services

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

Counseling, Psychological and Psychiatric Services

- Counseling
- Clilnical Interview an Assessment
- Bonding and Attachement Assessment
- Trauma Assessment
- Psyhcological Testing
- Neuropsychological Testing
- Functional Family Therapy
- Medication Evaluation and Medication Monitoring
- Parent and Family Functioning Assessment

Treatment for Substance Use Disorder

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

Domestic Violence Services

- Batterers Intervention Program
- Victims and Child Services

Services for Children

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

Services for Parents

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

Global Services

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

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

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

Services currently available under the array include:

Family Preservation Service

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

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

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

Comprehensive Home-Based Services

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

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

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

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

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

		distorted thinking, the modification of beliefs, the practice of pro social skills, and the changing of specific behaviors
Intercept	Children of any age with serious emotional and behavioral problems	Treatment is family-centered and includes strength-based interventions, including family therapy using multiple evidence-based models (EBM), mental health treatment for caregivers, parenting skills education, educational interventions, and development of positive peer groups.
CBT-Cognitive Behavioral Therapy	•Children and adults •Depression •Anxiety •Cognitive distortions •Unlearn negative emotional and behavioral reactions	This program offers approaches to assist clients in facilitating many types of behavior change including cognitive distortions which tend to reinforce feelings of anger and self-defeat. CBT is based on the premise that negative emotional and behavioral reactions are learned, and the goal of therapy sessions are to help unlearn these unwanted reactions and learn new ways of reacting. This model has been proven effective with youth and adults who have significant depression or anxiety, those who lack motivation, and those who need mental health treatment to safely change behavior. It can assist parents who appear to be unmotivated in taking initiative on behalf of their children, largely due to history and pattern of being a victim of childhood neglect/abuse, dysfunctional family patterns, domestic violence, or sexual assault. In addition, it can also be effective in addressing inappropriate discipline, and assisting with children who are noncompliant, have learning disabilities, social anxiety, or bullying behaviors

Trauma Assessments, TF-CBT

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

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

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

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

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

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

Kinship Care

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

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

Indiana DCS continues to receive funding from the Kinship Navigator Grant. As DCS utilizes the Kinship Navigator Grant dollars, the Kinship Indiana Support Services (KISS) Assessment has been adopted to ensure that kinship planning can be measured in improvement for safety, stability, well-being, and permanency of youth in that setting. The pilot was initiated in mid-2019 in one Region and grant monies used to contract for evaluation that began in October 2019 by IUPUI. The research and evaluation by IUPUI has concluded. The DCS Research and Evaluation team will take over ongoing evaluation of the program beginning in the summer of 2021.

Indiana Department of Child Services continues to establish a standardized method for working with and offering services to relative and kinship placements via KISS.

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

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

Foster Care

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

With regard to foster family homes, DCS licenses these homes through DCS local offices and through licensed child placing agencies (LCPAs). LCPAs are private agencies that are licensed by DCS and in turn license foster homes on behalf of DCS. For foster homes licensed through DCS local offices, DCS has 156 Regional Foster Care Specialists (RFCS), who are dedicated to recruiting, licensing, and supporting/retaining foster homes. As of March 2021, DCS has 2,980 foster homes licensed through a DCS local office (out of the total 5,437 licensed foster homes in Indiana).

The Department has centralized foster care leadership to ensure continuity of services and best practices by ensuring that the foster care field division is housed under one Assistant Deputy Director. Following additional reorganization the DCS central office foster care consultant group comprised of 10 consultants and 2 managers work to do the following to support foster care specialists in the field: support ongoing training efforts to LCPAs and DCS through data utilization and case audits; provide technical support to LCPA/DCS foster care coalitions; provide recruitment input through best practice strategies, report analysis and stakeholder feedback to contribute to regional recruitment/retention plans; and coordinate the licensing review functions to maintain integrity of decisions making for licensing. There are currently 5 Division Managers who manage both the foster care and relative care supervisors across the state. There are currently 40 relative support specialists who work to support our relative/kinship placements. The Department has a Foster Care Communication and Support Liaison, Foster Care Local Office Director, and a Kinship Navigator program manager to continue developing better programs and supports in working with our relative/kinship placements.

In response to COVID-19 to ensure continued support of our foster parents, DCS issued an Administrative Letter

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

Group Homes

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

Residential Care

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

Psychiatric Residential Treatment Facilities (PRTF)

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

Residential Program Service Categories & Basic Standards

Aftercare: As a part of FFPSA implementation, DCS conducted a weeklong rapid improvement event in August 2019. Multiple state agencies, all divisions of DCS, Probation Departments, and Residential Facilities worked to create a definition of aftercare that would meet the requirements in Aftercare and address the needs identified by Probation Officers and Family Case Managers. The definition is that the residential facility will have a case manager that works to implement the discharge plan through securing recommended/needed services, holding monthly team meetings, identifying barriers, and talking to the entire team to ensure that there is a shared understanding of the progress the youth completed in residential treatment. The focus will be to ensure the youth successfully reintegrates into their family, their school, and their community. The service will be implemented in July 2021.

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

Drug and Alcohol Abuse Services: This program provides, highly structured, intensive substance abuse

treatment services that are designed to modify behaviors and/or alleviate causative factors that have attributed to high risk behavior to children who are using, who have a history of using and/or who have a dependence on illegal substances. This service may be provided in a setting licensed as a group home, child caring institution or private secure facility.

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

High Acuity Behavior Residential Services: This program provides intensive services to children characterized by their display of excessive and inappropriate aggression combined with other high risk behaviors. This program is designed to decrease the occurrence of aggression and other behaviors that are a barrier to societal integration and permanency. This program, which is a specialized Secure Treatment Services program, may only be provided in a setting licensed as a private secure facility. This service shall be in a living unit which houses only this program.

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

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

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

Secure Treatment Services: This program provides generalized residential services at a secure level, to children with severe and/or chronic needs and who present a significant risk of being a danger to themselves or others. This program provides a full range of therapeutic, educational, recreational, and support services that are the most intense, which occur with the greatest frequency and for which there is the most intense staffing pattern

as compared to other programs in the service continuum. Intense behavioral health and/or behavior management services are also provided within a locked, secure setting. This program can only be operated in a setting that is licensed as a private secure facility.

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

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

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

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

Teen Mom and Baby Services: This program provides comprehensive, specialized services to pregnant or parenting teens and their children, designed to increase/improve the parenting skills, and increase independent

living skills of mothers while they are in a setting that assures the safety of their children. This program may be located within a setting that is licensed as a group home or child caring institution.

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

State Operated Facilities

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

Adoption Services

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

Independent Living: Older Youth Services

The service array for Independent Living is described in detail in Section XI.

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

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

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

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

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

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

1. Fatherhood Initiative

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

2. Indiana Family Preservation Services

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

3. Service Mapping

For those families involved in the child welfare system, DCS initiated Service Mapping. Service Mapping utilizes the outputs from the Risk Assessment and CANS to identify those families who are at high risk of repeat maltreatment. Using a developed algorithm, Service Mapping will create service recommendations for evidenced-based models most appropriate for the child and family based on their unique needs.

Service Mapping will continue to be evaluated and enhanced through collecting and analyzing service recommendations. The recommendation data along with service referral trends, will provide insight into service gaps within the state, and allow for opportunities to assist in targeted service development. It's important to note the Service Mapping is not required to referrals to Family Preservation Services, as those services with its provision of evidence-based models and concrete supports for families in times of need are available to all Informal Adjustment and In-Home CHINS cases as of June 1, 2020.

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

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

When DCS completes a child fatality assessment, the Family Case Manager (FCM) gathers relevant data from a variety of sources, including, but not limited to:

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

Indiana state law (IC 36-2-14-18) requires the county coroner to provide child death autopsy reports to DCS to help determine if the child died because of abuse or neglect. All data gathered by the Family Case Manager during the child fatality assessment is entered into the State's child welfare information system. For DCS to substantiate allegations of abuse or neglect for any child death, the alleged perpetrator must meet the statutory definition of parent, guardian, or custodian. DCS pulls data from MaGIK on all substantiated child fatalities to submit for the National Child Abuse and Neglect Data System (NCANDS) child maltreatment fatality measure.

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

The law requires that the local Prosecutor establish a Local Child Fatality Review Committee (Committee) in coordination with representatives from the coroner, health department, DCS and law enforcement. The Committee is responsible for determining whether to create a County Fatality Review Team or a Regional Fatality Review Team and to appoint the team members. To support the transition of the child fatality review teams from DCS to the local level the Indiana legislature created a "Statewide Child Fatality Review Coordinator" position under the Indiana Department of Health (IDOH). The position also supports the State Child Fatality Review Team.

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

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

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

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

The most recent report of annual Child Abuse and Neglect Fatalities can be found here:
https://www.in.gov/dcs/files/2019_Annual_Report_of_Child_Abuse_and_Neglect_Fatalities_in_Indiana.pdf

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

Indiana is in the process of identifying eligible expenses and plans to utilize the funding by the obligation date. Planned uses include funding for personal protective equipment (PPE), cleaning, and modifications of local offices as well as other items necessary for allowing our front-line workers to perform their duties under the COVID restrictions in place.

To support providers who were financially impacted by the COVID-19 pandemic, DCS released two Request for Funding (RFF) opportunities for providers. The first RFF was released on October 9, 2020 and closed on November 5, 2020. This RFF was open to all providers (community based, LCPA, residential, etc.) and covered the period of March 6, 2020 through June 30, 2020. Information on this RFF can be found here: https://www.in.gov/dcs/files/DCS%20CARES%20Act%20Boilerplate%20ADD%201.pdf. The second RFF, at the request of providers, opened on December 1, 2020 and closed on December 15, 2020. Information on this RFF can be found here: https://www.in.gov/dcs/files/CARES%20Act%20Boilerplate%20Version%202.pdf.

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

Each region identifies the services needed for their families, and then DCS contracts with agencies through a fair bid process. As part of this identification of services, the regions utilize service data including contracted agencies, service utilization, and service outcome reports to determine which service gaps need to be addressed. These DCS contracts include the specific services and the counties where they will be provided. The service standard defines the family population as a family involved in the Child Welfare or Juvenile Delinquency systems. Additionally, the DCS services standards have been amended to include language ensuring that Lesbian Gay Bisexual Transgender and Questioning youth will have services provided in a culturally sensitive manner.

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

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

Family Support: Prevention

20%

- Community Partners for Child Safety
- Healthy Families Indiana

Family Preservation

20%

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

Time Limited Reunification

20%

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

Adoption Services

20%

- Post Adoption Services

Planning

10%

- Families First Prevention Services Act

Administration

10%

- Outcomes Monitoring
- Provider Reviews/Audits

1. Family Preservation (20%)

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

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

Services may include but are not limited to:

- Home Based Services
- Indiana Family Preservation Services

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

The Service section includes a description of available services.

Services are restricted to the following eligibility categories:

1) Children and families who have substantiated cases of abuse and/or neglect and will likely develop into an open case with IA or CHINS status.
2) Children and their families which have an Informal Adjustment (IA), or the children have the status of CHINS or JD/JS.
3) Children with the status of CHINS or JD/JS and their Foster/Kinship families with whom they are placed.

2. Family Support (20%)

This category is designed to cover payment for community–based services which promote the well-being of children and families and are designed to strengthen and stabilize families (including adoptive, foster, and extended families). They are preventive services designed to alleviate stress and help parents care for their children's well-being before a crisis occurs.

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

3. Time Limited Family Reunification (20%)

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

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

2021. The RFI can be viewed here:
https://fs.gmis.in.gov/psc/guest/SUPPLIER/ERP/c/SCP_PUBLIC_MENU_FL.SCP_PUB_BID_CMP_FL.GBL The responses to this RFI will be used to finalize the program's service standards, clarify the target population, establish clear program goals and objectives, and help determine the program's per diem rates. Reunification cases have different variables that are not present with preservation cases (distance from the child's placement and the targeted caregiver for reunification, siblings potentially in different placements, differing placement types, etc.), DCS does envision having more than one per diem for these services, but is committed to using a per-diem reimbursement model as we believe this allows providers to focus on helping families achieve positive outcomes, rather than on billable time.

Services may include but are not limited to:

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

The Service section includes a description of available services.

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

1) Children and families who have substantiated cases of abuse and/or neglect and will likely develop into an open case with IA or CHINS status.
2) Children and their families which have an Informal Adjustment (IA), or the children have the status of CHINS or JD/JS.
3) Children with the status of CHINS or JD/JS and their Foster/Kinship families with whom they are placed.

4. Adoption Promotion and Support Services (20%)

Services and activities available encourage more adoptions out of the foster care system, when adoptions promote the best interests of children. Services and activities are designed to expedite the adoption process and support adoptive families. Adoption services include-preparing the child for adoption, preparing prospective families for adoption, and supporting families post adoption through community-based services and supports. Child preparation services work to help the child work through loyalty, grief, and loss issues related to their birth family, and family preparation services prepare the prospective adoptive family and make a recommendation regarding appropriateness of the family to adopt special needs children.

Target Population

1) Foster parents and the foster/relative children in their care that have expressed an interest in adoption.
2) Pre-adoptive parents and adoptive parents with recently adopted children.
3) Long term adoptive parents experiencing challenges with their adopted children.
4) Families who have successfully completed the Resource and Adoptive Parent Training (RAPT) and are interested in adopting.
5) Families who are interested in parenting children who have suffered abuse or neglect.
6) Families who are interested in adopting children with serious medical and/or developmental challenges, older children, and sibling groups who are in the custody of the State of Indiana.

Desired Outcomes

1) Minimize the number of disrupted pre-adoptive and adoptive placements.
2) Ensure that prospective adoptive families and children free for adoption are adequately prepared for adoption.
3) Ensure that each prospective adoptive family is informed of issues related to children with special needs and that informed choices are made when matching children free for adoption and adoptive families.
4) Increase the number of adoptive parents available for special needs children.
5) Decrease the number of children waiting for adoptive parents.
6) Decrease the number of disrupted adoptions.

Based on the benefits of the Child and Family Team Model and the CANS assessment, the post-adoption service standards have been developed with the goal of creating cross-system coordination and adoptive family-centered care service delivery. Services provided to families include a comprehensive strength-based assessment and upon completion, the provider will work with the family to develop a plan to support the needs of the family. This service is based on the belief that children and their families are remarkably resilient and capable of positive development when provided with community-centered support. It is meant to provide a comprehensive system of care that allows families to find support after adoption.

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

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

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

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

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

- Clarify DCS policy regarding adoption
- Manage referrals for recruitment services, child social summaries, and adoption home studies
- Assist in interviewing and matching families for waiting children.
- Help identify adoption resources available for children and families
- Assist with child and family recruitment events designed to allow children and families to meet and interact in a not-threatening manner
- Prepare and provide support to waiting families
- Provided guidance to families and the children's case managers to facilitate smooth transitions and adoption needs
- Provide training, when needed, and support staff in their adoption work
- Participate in Child and Family Team meetings and other regional meetings relating to permanency

- Participate in Rapid Permanency Reviews and conduct follow up and assist in the development of action plans after the reviews to ensure that positive permanency outcomes are achieved

G. SERVICE COORDINATION COLLABORATIONS

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

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

1. Indiana Department of Health

The Indiana Department of Health (IDOH) houses a number of divisions that receive federal funding to administer several programs that are vital to families and children in Indiana. At the state level, a number of partnerships have been formed between DCS and IDOH to better coordinate federal and state resources.

State-wide Safe Sleep Program

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

Program Plans:

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

My Healthy Baby

The My Healthy Baby, Indiana's OB Navigator Program, is a cross-agency collaboration between the Indiana

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

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

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

The primary focus of 2020 was the initial build and implementation in the first 22 target communities. The primary focus in 2021 is expansion to additional communities as well as building and implementing enhancements to the program. Additional information regarding My Health Baby can be located at: https://www.in.gov/isdh/28233.htm

Maternal and Child Health (MCH)

At the state level, MCH is funded in large part by the federal Maternal and Child Health Bureau (MCHB) Title V Block Grants. MCH also houses a number of projects, programs and services that are vital to the families and children served as DCS Prevention clients and/or those at risk for involvement in DCS intervention services, as outlined in more detail below.

Early Childhood Comprehensive System (ECCS)

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

program can be located at https://www.in.gov/isdh/27274.htm.

Help Me Grow Indiana

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

Early Learning Advisory Committee (ELAC)

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

1. Conducting periodic statewide needs assessments concerning quality and availability of early education programs for children from birth to the age of school entry, including the availability of high-quality prekindergarten education for low-income children in Indiana.
2. Identifying opportunities for and barriers to collaboration and coordination among federally and state funded child development, childcare, and early childhood education programs and services, including governmental agencies that administer programs and services.
3. Assessing capacity and effectiveness of two- and four-year public and private higher education institutions in Indiana for support and development of early educators including professional development and career advancement plans and practice or internships with pre-kindergarten programs.
4. Recommending to the Division procedures, policies, and eligibility criteria for the Early Education Matching Grant program.

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

Maternal Infant Early Childhood Home Visiting (MIECHV)

Maternal Infant Early Childhood Home Visiting (MIECHV) funds are designed to: (1) strengthen and improve the programs and activities carried out under Title V of the Social Security Act; (2) improve coordination of services for at-risk communities; and (3) identify and provide comprehensive services to improve outcomes for families who reside in at-risk communities.

The Indiana MIECHV funding supports direct client service through the expansion of two evidenced-based home visiting programs, Healthy Families Indiana (HFI) and Nurse Family Partnerships (NFP), to pair families—particularly low-income, single-parent families—with trained professionals who can provide parenting information, resources, and support during a woman's pregnancy and throughout a child's first few years of life. These models have been shown to make a real difference in a child's health, development, and ability to learn and include supports such as health care, screenings for developmental concerns, early education, parenting skills, child abuse prevention, and nutrition education or assistance. For more information about MIECHV Indiana visit: https://www.in.gov/isdh/25565.htm.

Indiana Home Visiting Advisory Board (INHVAB)

The INHVAB, ECCS, and Help me Grow Indiana boards continued to meet. In 2020, a facilitator was engaged to create a more efficient meeting space as well as maximize the value of time for participants. Evaluation of the board membership also took place to ensure that all the right people are currently at or brought to the table. In addition, the board discussed the role of the board and spent time creating a Vision, Mission, and Approach that clearly defined the roles of board members and their commitment to early childhood initiatives. Meetings will continue to be held at least quarterly through 2021.

Local Safe Sleep

At the local level, the Safe Sleep Program Staff will continue to look for opportunities to establish a footprint in communities disproportionally affected by high SUID rates. The DOSETM (Direct On-Scene Education – an innovative program to help eliminate sleep related infant death due to suffocation, strangulation, or positional asphyxia by using First Responders to identify and remove hazards while delivering education on-scene during emergency and non-emergency runs) training sessions brought in new community partners committed to tackling the high SUID rates in their counties. IDOH will continue to provide strong foundation, consistent safe sleep messages, technical assistance, and resources to those counties.

2. Family and Social Services Administration (FSSA)

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

Department of Family Resources (DFR)

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

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

Prevention Leaders Group

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

Indiana Head Start

Also housed in DFR, the Indiana Head Start Collaboration Office (IHSCO) and the Prevention Manager (CBCAP Lead) have a long-time partnership which includes annual financial support from the IHSCO for the Institute for Strengthening Families conferences which allows for significant attendance from Head Start and Early Head Start Program staff.

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

The IHSCO completed a state-wide needs assessment in 2020, which is located at https://www.in.gov/fssa/carefinder/head-start-and-early-head-start/

Bureau of Child Developmental Services (First Steps)

At the state level, FSSA's Bureau of Child Developmental Services administers the First Steps program which is Indiana's Early Intervention Program, Part C of the Individuals with Disabilities Education Act (IDEA). First Steps

is a family-centered, locally based, coordinated system that provides early intervention services to infants and young children with disabilities or who are developmentally vulnerable. First Steps brings together families and professionals from education, health, and social service agencies. By coordinating locally available services, First Steps is working to give Indiana's children and their families the widest possible array of early intervention resources. Families who are eligible to participate in Indiana's First Steps include children ages birth to three years, who are experiencing developmental delays and/or have a diagnosed condition that has a high probability of resulting in developmental delay.

Preschool Development Grant (PDG 0-5)

Using funding from the Federal Administration for Children and Families, the FSSA's Office of Early Childhood and Out of School Learning concluded, a needs assessment and strategic plan that involved maximizing parental choice and knowledge around early childhood care and education, and implementation of best practices toolkit in early childhood care and education. The Department of Child Services along with many of our prevention services participated as a member of the Advisory Council as collaborating partners in the strategic planning as well as providing data for the need's assessment. The Strategic plan developed targets four focus areas: Grow High-Quality Birth-5 Programs and Supports, Support Strong Transitions to School and Kindergarten Readiness, Promote Birth-5 Family and Community Engagement, and Increase Collaboration and Coordination in the Birth-5 Service Array. The strategic plan in its entirety can be found at https://www.in.gov/children/files/Birth-5%20Strategic%20Plan%209.30.19.pdf. DCS will continue to be a collaborative partner throughout the implementation of the strategic plan over the next two years.

3. Additional Collaborations

Governor's Domestic Violence Prevention and Treatment

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

Indiana Coalition Against Domestic Violence (ICADV):

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

Indiana Perinatal Quality Improvement Collaborative (IPQIC)

The mission of IPQIC is to improve maternal and perinatal outcomes in Indiana through a collaborative effort with the use of evidence-based methods. The Governing Council of IPQIC is co-chaired by the IDOH Commissioner and the President of the Indiana Hospital Association, and is comprised of members across various hospital, medical, state and community health departments and social services organizations from both the state and community levels including participation for DCS Prevention and IDOH MCH Division. The IPQIC serves as an advisory board to the IDOH with the primary goal of improving the health of women and children throughout Indiana.

National Family Support Network and Strengthening Indiana Families Steering Committee

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

Systems of Care

Systems of Care meet within local communities and are composed of community agencies, schools, law enforcement, prosecutors, families, and others who focus on ensuring that services are available in the community to meet the needs of families. Systems of Care play a critical role in implementation of high-fidelity wraparound that is funded through Medicaid or the Children's Mental Health Initiative. High fidelity wraparound is aimed at preventing youth with high mental and behavioural health needs that may otherwise be placed in residential placement an alternative by providing targeted individual services and family support services. Other services include residential as well as state operated facilities for those children who cannot be safely served in the community.

Regional Service Councils

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

fill regional service gaps. Additionally, Indiana continues to work with its partner agencies to evaluate progress and identify areas for continued improvement.

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

DCS selects agencies and organizations to provide services through a Request for Proposal (RFP) process. RFPs are issued broadly for services every 2 years but can be extended for 2 additional years. DCS released a Request for Proposals for most Prevention and Community Based services on December 3, 2018 and closed on January 11, 2019 for contracts beginning on July 1, 2019. The winning bidders for service procurement entered into a contract on July 1, 2019 and the contracts will expire on June 30, 2021. These contracts are currently being extended. Over the past year additional RFPs were released for the following service lines: Family Preservation Services, Health Families Indiana, Child Advocacy Centers, and Community Partners for Child Safety Program. DCS also plans to develop an RFP for future per-diem based comprehensive Family Reunification Services.

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

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

HEALTHY FAMILIES INDIANA (HFI)

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

To be eligible for HFI, families must be referred either prenatally or shortly after birth of the target child and fall below 250% of the federal poverty level. Additionally, families must be identified at increased risk for child maltreatment as determined by the Parent Survey process. Referred families are initially screened by HFI assessment staff.

If a family screens positive, the Parent Survey includes an in-depth conversational interview by HFI assessment staff with expectant or new parents to learn about their individual experiences, competencies, and strengths. HFI staff are trained to engage the family conversationally, weaving in ten areas of focus (parent’s childhood experience, lifestyle behaviours and mental health, parenting experience, coping skills and support system, current stresses, anger management skills, expectations of infant’s development, plans for discipline, perception

of new infant, and bonding and attachment). After the assessment interview is complete, the HFI assessment staff and supervisor review the results. Potential HFI clients must score 40 and above to be eligible for HFI services.

If families score 25 to 40 and have any of the risk factors outlined below, they may also be offered services.

- Safety concerns expressed by hospital staff,
- Mother or father low functioning,
- Teen parent with no support system,
- Active untreated mental illness,
- Active alcohol/drug abuse,
- Active interpersonal violence reported,
- Cumulative score of 13 or above or 3 on question #10 (suicidal) on the Edinburgh Postpartum Depression Scale,
- Target child born at 36 weeks gestation or less,
- Target child diagnosed with significant developmental delays at birth, or
- Family assessment worker witness's physical punishment of the child at visit.

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

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

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

In June 2019, the kinship navigator program established the Kinship Care Advisory Committee. Members include the DCS kinship navigator program director; kinship caregivers; private partners/businesses; community-based organizations; faith-based organizations; and nonprofits. The purpose of the Kinship Care Advisory Committee is to: (1) identify barriers and gaps in policy and practice; (2) identify strategies and make recommendations to

address those challenges; (3) explore creative solutions to improve the well-being and support of kinship caregivers and the children in their care; (4) promote public awareness about the challenges and responsibilities of kinship care; (5) explore outreach and support to informal kinship caregivers; and (6) develop and expand relationships within the community to provide additional support to kinship caregivers.

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

We continue to cultivate relationships with community and faith-based organizations around the state. These connections will help the kinship navigator program identify outreach challenges, issues faced by kinship families, and ways the community can generate support for the betterment of Hoosier families and children. The kinship advisory group has been instrumental to helping Indiana identify effective strategies to build non DCS family outreach strategies and continues to be utilized to inform DCS efforts.

Indiana designated a sole kinship placement coordinator position but due to the early focused work and resources generated made it necessary to add a second individual to work in this capacity. Indiana now has two individuals serving as kinship managers, one in northern Indiana and one in the south. This structure permits them to lead efforts across the placement continuum and offer more efficient systems to step down youth into supported kinship families from other placement types. The coordinators will provide a uniform service model for all kinship care providers in the state. These individuals have continued to build a sustainable infrastructure and policies for how every Relative Support Specialist and Regional Foster Care Specialist works with and provides support to kinship and relative placements via the Kinship of Indiana Support Services (KISS) model. The KISS model is used by DCS relative support specialists to assess and plan the placement of a child during the period immediately following removal and throughout the case. The goal of the KISS model is to ensure a smooth transition for children as they enter the home of their new kinship caregiver. An important part of the KISS model is the Kinship of Indiana Support Services (KISS) Assessment. The KISS assessment was developed to identify the underlying, unmet needs of families. This needs assessment will more easily and uniformly identify family needs to route the family to the appropriate services. The Department was able to add 6 more positions to facilitate this effort, however, has been unable to add more currently due to the economic impact of COVID-19. In 2020, DCS began expanding its staff resources to provide more comprehensive services to kinship across the state. In addition to our kinship program in Region 7 that offers more intense and structured case management to families, we have added an additional 6 new relative care supervisors to coordinate services and resource connections in more regionally based relationships. These leadership positions will be providing more field emphasis on relative placement in custody cases but also building and coordinating community resources to meet the needs of kin families prior to entry into DCS case. This assessment has been deployed and is in use in DCS Region 7, with the goal of eventual statewide integration. The goal of these individuals are

- establish guideposts that uniformly prescribe timelines and practices for responding to relatives in their home,
- assist in providing training to those who work with kinship caregivers and provide learning opportunities for kinship caregivers,
- assist in creating a website to connect kinship placement providers,
- research best practices for kinship and relative placement strengths and needs assessments,
- establish expectations for how to better provide services and programs to kinship caregivers, and
- develop a concise resource guide for kinship families.

VI. MONTHLY CASEWORKER VISIT FORMULA GRANTS AND STANDARDS FOR CASEWORKER VISITS

DCS requires that family case managers have monthly face-to-face contact with all children under DCS care and supervision and those who are at imminent risk of placement. This includes children and their families participating in an Informal Adjustment (IA). These contacts/visitations may alternate monthly between the home and other locations. The FCM must document the visit and any new information gained (e.g., health, educational services) in MaGIK within three (3) business days following each visit with the child, and parent, guardian, or custodian.

During case junctures involving the child and/or family (e.g., Trial Home Visits, potential placement disruptions, new child abuse and/or neglect (CA/N) allegations, potential runaway situations, pregnancy of the child, lack of parental contact, etc.), face-to-face contact with the child; parent, guardian, or custodian; and resource parent must be made weekly. The Family Case Manager (FCM) will monitor and evaluate the situation, as well as convene the Child and Family Team (CFT), to assess whether the situation warrants continued weekly face-to-face contacts, additional services or supports to the family.

While monthly visits conform to DCS policies, best practice indicates a need to see the child on a more frequent basis early on to ensure monitoring and adherence to Visiting and Monitoring of Plans, Family Support/Community Services/Safety Plan (SF 53243), for example, as determined by the Child and Family Team Meeting process.

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

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

1. Is there any reason you have been instructed to self-quarantine or isolate? If yes, why?

2. Have you had contact with any person for COVID-19 within the last 14 days, OR with anyone with confirmed COVID-19?
3. Do you have any symptoms of a respiratory infection (e.g., cough, sore throat, fever, or shortness of breath)?

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

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

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

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

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

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

A. FEDERAL MONTHLY CASEMANAGER CONTACTS PROGRESS REPORT

A chart of Monthly Family Case Manager Visits is listed in the report below which is designed to show a running total of Federal standards for FCM contacts for the year-to-date months within the current federal fiscal year. This report is used to determine the progress of FCM contacts throughout the year. It provides a monthly breakdown of FCM children with whom FCM's have visited and with whom FCM's have visited in the child's

home setting. In April 2020, Indiana saw a decrease in the percentage of physically visiting with children in their home setting due to COVID-19. As the state has begun to lift stay at home restrictions, Indiana would expect for that number to go back up in the coming months. As evidenced in the chart below, Indiana continues to meet the requirements for federal contacts:

Monthly Family Case Manager Visits							
	Children with Contacts				Children with Contacts in Home Setting		
Month	Contacted Children	Total Children	Percentage		Contacted Children	Total Children	Percentage
May 2020	10457	10588	98.76%		6346	10457	60.69%
June 2020	10250	10387	98.68%		8365	10250	81.61%
July 2020	12567	12685	99.07%		12421	12567	98.84%
August 2020	12523	12618	99.25%		12390	12523	98.94%
September 2020	12518	12607	99.29%		12358	12518	98.72%
October 2020	9929	10051	98.79%		8451	9929	85.11%
November 2020	9752	9871	98.79%		7911	9752	81.12%
December 2020	9540	9629	99.08%		8086	9540	84.76%
January 2021	9443	9528	99.11%		8013	9443	84.86%
February 2021	9407	9506	98.96%		7703	9407	81.89%

March 2021	9253	9324	99.24%		7926	9253	85.66%
April 2021	9177	9274	98.95%		7724	9177	84.17%
May 2021	9071	9190	98.71%		7611	9071	83.90%

VII. ADOPTION AND LEGAL GUARDIANSHIP INCENTIVE PAYMENTS (SECTION 473A OF THE ACT)

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

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

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

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

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

Adoption Savings will be used to fund additional Adoption Consultants and staff completion of rapid permanency previews. In 2020 the Department increased the number of staff serving as Adoption Consultants from seven to eighteen to provide assistance to the field in an effort to reduce time in care for children and increase time to permanency through adoption. This increase in positions allows for a wider range of services to assist and partner with the field. In 2019 DCS in collaboration with Casey Family Programs, began the

implementation process of Rapid Permanency Reviews (RPR). Rapid Permanency Reviews are designed to address the functioning of the child welfare system as a whole-executive, legislative, and judicial branches-to achieve system transformation and timely permanency. The target population for RPR's are "long stayers" who are close to adoptions. Case selection criteria are: (1) children/youth who have been in care for two plus years, (2) termination of parent rights (TPR) has been granted in regard to both parents and all appeals have been exhausted, (3) permanency plan of adoption, and (4) in the same family-like setting for the past six months.

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

In the fall of 2021 DCS will be issuing a request for proposal (RFP) for pre- and post- adoption services, as well as pre- and post- guardianship services. DCS hopes to change and enhance its services for adoption through this new RFP and contracts. DCS is looking at adding guardianship services, as this is not something that the state currently has in place.

IX. FAMILY FIRST PREVENTION SERVICES ACT TRANSITION GRANTS

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

X. FAMILY FIRST TRANSITION ACT FUNDING CERTAINTY GRANTS

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

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

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

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

The primary purposes of the OYS program are:

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

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

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

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

Indiana DCS - Older Youth Services Providers

Service Area	*Region*	*Agency*
1	1 & 2	Geminus
2	3 & 4	The Villages
3	5 & 6	Damar
4	8 & 9	The Villages
5	10 & 11	Children's Bureau
6	7 & 12	Children's Bureau
7	13 & 14	George Junior Republic
8	16 & 17	George Junior Republic
9	15 & 18	George Junior Republic

The DCS OYI team hosts bi-monthly meetings with the OYS Providers and Collaborative Care (CC) management staff. Program success, challenges, potential improvements, and best practices are discussed during the meetings. DCS Collaborative Care Case Managers (3CM), Collaborative Care Supervisors, Independent Living Specialist, OYS provider direct staff and Supervisors come together at the DCS local/regional level (per Service Area, which is comprised of two DCS Regions) to discuss individual cases, local resources, and CC practices. DCS Independent Living Specialists are in consistent communication with the OYS Providers and DCS local office staff to provide technical assistance for program and contract questions. DCS also gathers feedback on service delivery, gaps and quality from youth participating in services provided under the OYS service array. Due to COVID and the public health emergency, the provider meetings have been held virtually. The last meeting for this fiscal year was held on May 18th.

2020 OYS Provider Meetings	
Meeting Dates	**# of Participants**
7/28/20	22
9/22/20	39
11/17/20	21
1/19/21	30
3/23/21	30

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

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

To increase wellbeing of youth the OYI team has made improvements to the older youth services system by adapting the Youth Thrive CSSP framework of protective and promotive factors. There are five protective and promotive factors that promote well-being and drive successful outcomes for youth: youth resilience, social connections, knowledge of adolescent development, concrete support in times of needs, and cognitive and social-emotional competence. Adapting the Youth Thrive framework into the DCS older youth system provides structure around ensuing the OYS providers support transition aged youth through promoting interaction with adults and mentors.

B. DESCRIPTION OF PROGRAM DESIGN AND DELIVERY

1. Program Design

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

Youth Engagement:

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

Youth Serving:

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

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

2. Service Delivery

Indiana Department of Child Services / Older Youth Initiatives provides services through the John H. Chafee Foster Care Program for Successful Transition to Adulthood (The Chafee Program). Older youth services consist of a series of developmental activities that provide opportunities for young people to gain the skills required to live healthy, productive, and responsible lives as self-sufficient adults. Older Youth Services are services to youth that will help them successfully transition to adulthood, regardless of whether they end up aging out of the

foster care system, are adopted, enter a guardianship, or are reunified. Youth's OYS needs are based on the Casey Life Skills Assessment (CLSA) following the youth's referral for services. Youth receiving older youth services must participate directly in designing their program activities, accept personal responsibility for achieving interdependence, and have opportunities to learn from both positive and negative experiences.

Services are provided according to the developmental needs and strengths of each youth. Youth are engaged in activities that are designed to support the youth in attaining a level of self-sufficiency that allows for a productive adult life. Older Youth Programs are designed to assist youth by advocating, teaching, training, demonstrating, monitoring and/or role modeling new, appropriate skills to enhance self-sufficiency. Services must allow the youth to develop skills based on experiential learning and may include the below outcomes based on the youth's needs as identified through the Independent Living assessment.

The OYS providers currently complete the Casey Life Skills Assessment (CLSA) with each youth referred to OYS. The CLSA in a comprehensive assessment designed to assess various life domains that identify the strength and needs. The tool is used to engage youth in their transition into adulthood by calculating their scores that help drive the SALP. Youth in foster care are required to complete a life skills assessment at age 16 or older. Completion of the CLSA is as follows:

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

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

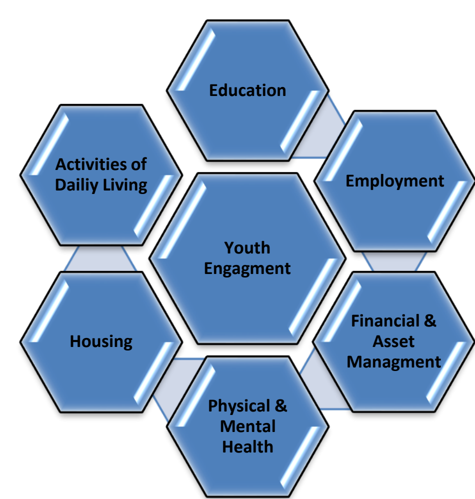
The Successful Adulthood Learning Plan (Learning Plan) is a written document detailing the goals, objectives, and tasks youth will complete to develop and enhance skills in the outcome areas as they transition into adulthood. Learning plans are individualized and based on the strength and needs of the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

- Be developed with the youth.
- Initially completed within 30 calendar days of the youth's initial OYS referral.
- Be reviewed monthly and during critical junctures within a youth life.

- Be updated annually and upon completion of the CLSA.
- Be signed by the youth and the youth should receive a copy.

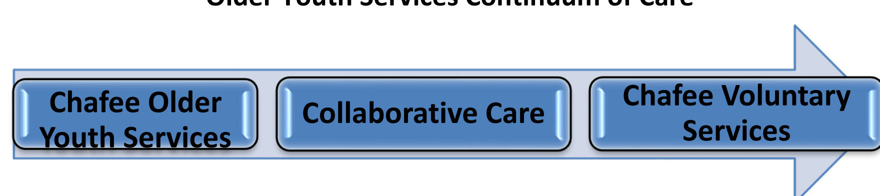
The learning plan is used as a tool to help teach older youth the planning and goal making process as well as a tool to document when task have been completed for the youth's individual case record. New objectives and task must be developed annually and if need during the review of the plan.

Indiana's Chafee Older Youth Service Outcome Areas



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

Older Youth Services Continuum of Care



Indiana DCS opted to extend IV-E foster care to provide youth the option of voluntarily remain in foster care up to their 21st birthday. Indiana's extended foster care program is known as Collaborative Care (CC) the state moved to a broker of resources model prior to implementation of CC. The CC program and practice model for

case managing older youth in foster care was built upon five foundational pillars: Youth Voice; Social Capitol; Relational Permanency; Authentic Youth-Adult Partnerships; Teachable Moments and Adolescent Brain Research. Youth transition to a 3CM at age 16 with a permanency plan of APPLA. Cases are staffed at the local office level to determine if all efforts have been met to ensure permanency prior to a youth case plan changing to APPLA. The goal of the CC program is to help youth practice living interdependently to gain the skills and knowledge to transition successfully into adulthood, as youth age out of the foster care system. Identified youth move into independent living settings (that are developmentally appropriate) that the youth can continue to live in once DCS closes the case. The CC program also allows youth to voluntarily return to foster care on or after the age of 18.

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

Youth are empowered and have a strong voice in choosing who is a part of their team. The youth's team meets every 6 months or more often if a critical case juncture occurs. There are outlined topics to discuss at each meeting, such as youth's housing, employment, and educational goals. Steps to reach each goal are identified as well as which member of the youth's team is responsible for assisting the youth in achieving the goal.

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

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

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

The DCS OYI team developed an official COVID-19 response to ensure current and former foster youth have their essential needs met. DCS and the OYS service providers will continue to provide support to transition aged youth by offering and connecting youth to emergency resources and support. The DCS OYI team has given direct guidance to OYS service providers to offer service and support to displaced youth due to dorm closure, moving services, housing issues, and financial loss. Other types of support and guidance that has been provided are food assistance, mental health services, and virtual youth engagement. These services will remain fluid during the pandemic to ensure youth's essentials needs are being met. As new services and resources become available within the state the OYS providers will ensure youth are connected.

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

Determining eligibility for the Chafee Program older youth services begins at age 16 and the youth's placement drives who provides services. Youth in out of home care are eligible for OYS beginning at age 16 up to the day before their 23rd birthday. When youth are placed in a DCS licensed foster home, a relative home or another court appointed placement, a referral is made to an OYS provider. When youth are placed in residential facilities, group homes or a Licensed Child Placing Agency foster home, the facility/agency is responsible for providing the older youth services, according to the OYS Service Standards. DCS has determined the following youth meet the eligibility requirements for older youth services:

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

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

- A youth who turns 18 years of age while placed in foster care; or

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

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

DCS opted into all eligibility criteria outlined in the Fostering Connections Act for extending Title IV-E Foster Care. Collaborative Care (CC) is Indiana’s extended foster care program. In addition, DCS decided that youth who are not IV-E eligible are included in the population. Eligibility is determined the same way for all youth in the following categories.

- CHINS: youth who have an open CHINS case can remain in care until age 21. When it is in the youth’s best interest, the CHINS case will be dismissed, and a Collaborative Care court case will open.
- Re-Entry: youth who have aged out of foster care (turned 18 in a foster care placement) either with an open CHINS or Juvenile Probation case, who are 18 years of age, but not yet 21 years of age and meet Collaborative Care eligibility may re-enter foster care. Youth sign the Voluntary Collaborative Care Agreement, agreeing to come back into foster care, meet at least monthly with a 3CM and be under the supervisor of the Juvenile Court. Youth who re-enter care can remain in an open Collaborative Care case until their 21st birthday.

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

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

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

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

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

Older Youth Services	Collaborative Care	Voluntary Services
•Referral for services at age 16 •Youth Driven CFTM at age 14 •TPSA begins at age 14 •Youth Bill of Right provided at age 14 •Youth prepare thier own court report beginning at age 14 •Ends at age 21	•Eligible at age 18 •Must meet eligiblity requirements for extended foster care •Permanency plan is APPLA •Continued foster care placement with additional placement options •Continued services and planning •Ends at 21	•Former foster youth •Aged out of foster care at age 18 or CC case closed. •Case Management Services •Emancipation of Goods & Services funding •Room & Board Funding •Ends at age 23

2. Voluntary Services

Youth 18 through 23 may voluntarily agree to participate in voluntary older youth services as needed. A referral is made to an the OYS provider contracted to provide services where the young adult lives. A voluntary agreement is signed by the youth and service provider for case management services. This agreement outlines the services to be provided, the length of time expected for the service, and the plan for the youth's contribution. This level of participation does not require a current open DCS case. The provider completes the

CLSA, SALP, and provides guidance on financial issues, housing, health care, counselling, employment, education opportunities, and other support services that are unique for the development of self-sufficiency and stability. Services are provided based on the youth's level of engagement. The goal is to ensure the young adult can assume responsibility and understand how to use their community resources once services have ended. Voluntary Services are delivered within 3 levels, each level has increased support provided to assist the youth. The voluntary level of services is determined by the youth eligibility status which is determined by the age of the youth and how the youth exited foster care due to their legal permanency plan.

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

Voluntary Services offer the following additional supports:

- Room and Board

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

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

Ongoing Assistance: Ongoing costs are identified as ongoing monthly rental assistance and is tailored to the need to the youth. Youth who need the maximum assistance may access these funds using the payment guide below. While receiving R&B funds, youth are expected to make incremental payments toward their own housing and utility expenses beginning in the third month of assistance and should be prepared to accept full responsibility by the sixth month unless there are extenuating circumstances. Requests for an extension of this capped amount will be considered on a case-by-case basis by DCS Older Youth Initiatives Manager or designee, based on availability of funds. R&B payments will only be made through a contracted service provider who is providing older youth case management services to the youth.

Payment Guide:

- Deposit and 1st and 2nd month's rent can be paid for youth
- Youth pays 25% of the rent the 3rd month

- Youth pays 50% of the rent the 4th month
- Youth pays 75% of the rent the 5th month
- Youth pays all the rent the 6th month

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

- Emancipation of Goods & Services

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

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

Potential housing options for youth accessing Voluntary Services may include host homes with foster families, relatives other than biological or adoptive parents, or other adults willing to allow the youth to reside in their home with or without compensation. This setting does not require the same responsibilities provided by the host home adult as the Host Home placement type in Collaborative Care. Other housing options may include youth shelters, shared housing, single room occupancy, boarding houses, semi-supervised apartments, their own apartments, subsidized housing, scattered site apartments, and transitional group homes.

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

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

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

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

This federal requirement is extended through age 22 or September 30, 2021. Indiana will continue to monitor and both the state and federal polices and will provide services under both to ensure young adults participating in CC have their needs meet through the public health emergency. Currently, there are 303 youth participating. The Indiana Department of Child Services in collaboration with the Indiana Youth Advisory Board worked together to develop plans to ensure the provisions of the act are being executed with the guidance of youth voice. On January 29th, the OYI team and IYAB met as a work group to discuss the Chafee provisions of the act. With the assistance of IYAB the OYI team developed the Division X – Supporting Foster Youth and Families through the Pandemic: Indiana Chafee Plan. As part of the plan DCS will roll out direct payment to youth, increase transportation services, increase room, and board, and provide additional services and support as needed. The OYI team, IYAB and the OYS providers continue to strategize on how DCS can best service youth through the pandemic. To ensure youth are being informed about the Chafee Provision, IYAB hosted a Town Hall and the OYI scheduled an informational training for the Collaborative Care team and the OYS providers. Currently, the OYI team is collaborating internally with the DCS communications team and IYAB to develop a marketing campaign. The DCS Indiana Chafee Plan is Attachment B.

E. SERVING YOUTH ACROSS THE STATE

Medicaid

Under Indiana current Medicaid eligibility requirements, coverage for individuals who aged out of foster care between the ages of 18 and 21 should be maintained until the former foster care recipient reaches age 26; without the young adult having to act, submit additional information or verify income. Former foster care children as an eligibility group went into effect on January 1, 2014. The program covers all former foster care children 18, 19, or 20 years of age and have been a ward in foster care on their 18th birthday in a state other

than Indiana. To ensure Medicaid benefits continue for former foster youth 18 year or older, Indiana passed Senate Bill (SB) 497 which became effective July 1, 2017. SB 497 makes Medicaid eligibility for individuals who: (1) are at least 18 years of age or emancipated; (2) received foster care in Indiana and in other states before residing in Indiana for at least six months; and (3) are less than 26 years of age. SB 497 also requires the following:

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

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

Credit Reporting

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

adult in obtaining his or her credit report for free through the Annual Credit Report resource. The youth will receive assistance in obtaining, interpreting, and resolving any inaccuracies in the credit report from Indian's older youth services service providers.

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

Family Unification Program Youth Voucher

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

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

FUP vouchers used by youth are limited, by statute, to 36 months of housing assistance. DCS has a direct contact with IHCDA and all FUPY referral applications are submitted via email to the IHCDA Family Unification Program email address. Identified youth FUPY applications are reviewed and approved by the Housing Choice Programs Senior Analyst. A FUP committee has been formed to review the voucher process, address barriers, and improve housing outcomes. The committee members consist of DCS OYI Manager, DCS Leadership, IHCDA Housing Choice Program Specialist and CSH staff. The committee meets monthly. At this point 5 youth have applied for FUPY. Two young adults have housing, one is currently looking for housing, and two did not complete the application process.

Foster Youth Independence Voucher Program

During this year, DCS has increased its partnership with HUD and has entered into Memorandum of Agreements (MOA) with 14 Public Housing Authority (PHA) across the state to provide rental and housing assistance through

the FYI voucher. This program provides Housing Choice Vouchers (HCV's) to eligible former foster youth. Eligible youth must:

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

In each city, DCS and the PHA are developing housing committees with local community partners to develop the FYI enrollment process and create strategies to increase housing stability. There have been 40 vouchers issued and 21 youth housed through the program. Two state-wide strategies have been identified:

- Increase awareness of the FYI program within the foster youth population.
    - Currently, DCS is working in conjunction with the Indiana Youth Advisory Board, FYI partners, and other community stakeholder to increase awareness of the FYI program within selected cities.
- Engage landlords.
    - Each committee will be hosting a landlord symposium. The first landlord symposium was held in April 2021.

Pregnant & Parenting Youth Prevention

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

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

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

The service providers collaborate between programs and individual community providers to offer effective, comprehensive support to enhance protective factors for youth in care who are pregnant or parenting. Financial

support may be provided, via state funding and/or community resources to the custodial parenting youth based on the needs of the youth and child.

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

Youth with Histories of Substance Abuse

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

Youth with Mental Health and/or Trafficking Histories

DCS provides individualized case planning for youth with histories of mental health or human trafficking. Youth are provided services through contracted mental health providers. DCS and the mental health provider explore transitional services for youth on the case-by-case bases. Youth are a part of the decision-making process as it pertains to their mental health services.

Per DCS Human Trafficking policy 2.21, DCS will identify and/or assess allegations of suspected human trafficking as a part of a comprehensive assessment of Child Abuse and/or Neglect (CA/N). DCS will coordinate with the local Law Enforcement Agency (LEA) and federal agencies when completing an assessment regarding a child who is an alleged victim of CA/N and is suspected to be a victim. If it is determined that a human trafficking forensic interview is appropriate, the interview will be completed by federal agency partners or the local CAC and LEA agencies when federal partners are not involved. The FCM will follow all human trafficking procedures as stated in policy. Youth who have a history of trafficking are provided specialized services around trafficking. The Indiana Trafficking Victim Assistance Program works to identify and provide comprehensive services to victims (24 and under) of trafficking or sexual exploitation. There are regional and state-wide service providers and resources. DCS continues to track human trafficking cases and the DCS OYI team continues to provide training on best practices for intervention services, service coordination/management, placement, and aftercare services for this group of older youth. DCS will continue to work to gain an understanding of the needs of youth who have experienced trafficking and identify best practices. To increase efforts and supports DCS created a Focused Need Director. The Focused Needs Director has worked with the Collaborative Care/OYS team to provide specific HT

training regarding working with older youth. Two members of the collaborative care team have been identified as a HT regional lead as well.

Juvenile Probation Involved Youth

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

Youth with Disabilities

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

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

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

Transportation

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

Youth Connections Program

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

OLDER YOUTH INITIATIVE PROGRAMS

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

Youth Specialized Career Training Program

Youth Specialized Career Training Program (YSCT): YSCT provides life skills and career development services to at-risk youth by combining the best hands-on experiential learning and community resources. YSCT gives youth the tools and the opportunity to use skills needed to build a successful and sustainable future. Services focus on youth who are likely to age out of foster care by providing interactive learning and skill building to help prepare youth for a career and their transition into adulthood. YSCT provides specialized skills services consisting of boot camp programming, which is characterized by intensive experiential learning and hands-on lessons in culinary Arts, ServSafe certification, building trades, car maintenance, life skills and other unique programs. During 2020 YSCT hosted 60 virtual camps to meet the needs of youth across the state.

Indiana Youth Advisory Board

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

Regional Meetings		
Region	**Date**	**Number of Attendees**
IYAB Northwest Regional Mtg	9/17/2020	19
IYAB Central Regional Meeting	9/22/2020	13
IYAB Southern Regional Meeting	9/24/2020	9
IYAB North Central Regional Mtg	9/28/2020	2
IYAB Leadership Retreat	10/28/2020	6
IYAB Southwest Regional Mtg	11/10/2020	3
IYAB Southeast Regional Mtg	11/12/2020	7
IYAB Central Regional Mtg	11/17/2020	12
IYAB Northern Regional Mtg	12/8/2020	25
IYAB Leadership Retreat	12/19/2020	6
IYAB Leadership Retreat	1/22-1/24	6
IYAB Leadership Retreat	3/1/2021	6
IYAB Northwest Regional Meeting	3/9/2021	10
IYAB Southern Regional Meeting	3/11/2021	4
IYAB Central Regional Meeting	3/16/2021	13
IYAB Northeast Regional Meeting	3/18/2021	2

IYAB Leadership Retreat	4/13/2021	4

The Normalcy Conference was held virtually on June 17, 2021.There were 250 individuals in attendance for the virtual conference, 80 of those were youth currently placed in residential treatment. IYAB has hosted two town halls, attended, or facilitated various trainings:

Town Hall, Training, Conferences, Events			
Event Type	**Topic**	**Date**	**Number of Attendees**
Virtual Round Table	Youth Voice & Engagement	7/30/20	2
Casey Summit	Youth Engagement	8/26/20 – 8/27/20	2
Town Hall	Back to School	8/27/20	33
Juvenile Justice Summit	Real Talk: Criminal Justice Reform	9/28/20	29
Indiana Summit	Racial Justice, Equity, and Inclusion	9/30/20	5
Town Hall	Planning through the Pandemic	3/3/21	76
Meeting	Thing of Us w/ Sixto Cancel	3/22/21	9
Training	Authentic Youth Engagement	3/24/21	150

DCS has developed a strategic plan to empower and engage youth through youth voice. Indiana DCS participated in a 2-day virtual event August 26th & August 27th of 2020 to develop a strategy on youth voice and youth – adult partnerships. The Indiana state team consisted of two IYAB members, the Indiana DCS Director, the OYI Manager, a local Juvenile Court Judge, and the IYAB contracted provider's Youth Engagement Director. An action plan was created with goals and implemented. The Indiana Team began meeting bi-weekly and now meets monthly to review the action plan items and tasks. The action plan items are as follows:

Indiana Youth Engagement Action Plan	
Action Items	**Status**
Youth lead judicial training	A Juvenile Court Conference will be held on June 24th & 25th. IYAB has been working with a Juvenile Court Judge to develop court training for the conference as well as a judicial bench card.
Youth leadership in DCS Racial Justice, Equity, and Inclusion Workgroup	A Racial Justice, Equity, and Inclusion work group has been formed of IYAB leaders and each leader is participating in an additional racial justice, equity, and inclusion sub work group.
Youth involvement with CQI project evaluating older youth services	The NYTD provider and NYTD Youth Ambassadors hosted "Youth Impact Day" to share NYTD data with youth. Participants from youth impact day were selected along with the NYTD Youth Ambassadors to participate in a CQI project. The CQI team is supported by the DCS CQI team using the LEAN process.

Peer navigator program	IYAB has developed a peer navigator committee to develop the DCS peer navigator program. The committee has conducted research on different state child welfare peer navigator programs.
Data aggregation	DCS has reviewed different data sources to break down OYS service demographics such as court data, NYTD Data, and other data sources (Think of Us, CASEY)

Indiana IYAB members participated in a virtual round table July 30, 2020. This round table provided an opportunity for youth to address their concerns and highlight major themes and ongoing supports for youth and young adults aging out of foster care. Indiana youth gave feedback to increase youth voice within system improvement for the department and closing the feedback loop. As a result, many IYAB members are now participating in various state agency workgroups or committees for agency development and planning in system change. The following is a list of the current committees:

- Indiana Youth Engagement Workgroup
- DCS Racial Justice Equity and Inclusion Advisory Council
    - Racial Justice, Equity, and Inclusion: Policy and practice
    - Racial Justice, Equity, and Inclusion: Services and Resources
    - Racial Justice, Equity, and Inclusion: Hiring and Employee Retention
    - Racial Justice, Equity, and Inclusion: Training and Professional Development
    - Racial Justice, Equity, and Inclusion: Private and Public Partnership
    - Racial Justice, Equity, and Inclusion: Culture and Climate
    - Racial Justice, Equity, and Inclusion: Youth with Lived Experience
- Human Trafficking
- OYS Providers CQI projects
- The Consolidation Appropriations Act - Division X Indiana DCS State Plan
- Youth Engagement Committee

Casey Youth Opportunity Passport

Casey Youth Opportunity Passport (OPP) is a trademarked program of the Jim Casey Youth Opportunities Initiative (JCYOI), which is under the umbrella of the Annie E. Casey Foundation. OPP is a program designed to organize resources to create opportunities: financial, educational, vocational, health care, entrepreneurial, and recreational for alumni of the foster care system and youth still in foster care. The goals of the project are to help youth leaving foster care become financially literate, gain experience with the banking system, and gain experience with asset purchasing. Youth are eligible to participate in OPP between the ages of 14-25. The primary component of OPP is an Individual Development Account (IDA) or a match savings account. Indiana Foster Success is a co-investment site for JCYOI which allows Foster Success to serve as the exclusive provider of

the OPP curriculum, Keys to your Financial Future. In addition to the support from JCYOI, Foster Success leverages support from the Indiana Department of Child Services, Nina Mason Pulliam Charitable Trust and our banking partners, PNC Bank, and the National Bank of Indianapolis to deliver this program. Due to COVID and the public health emergency these classes were held virtually.

College Dorm Placement Program

The College Dorm Placement Program provides financial assistance to youth who are placed in a college dorm setting through Indiana's extended foster care program, Collaborative Care. Collaborative Care Case Managers monitor the college dorm placement/attendance to assist youth with support and services and to ensure youth meet the program eligibility requirement. All college dorm participants must be placed in a college dorm setting as a placement through DCS. Financial assistance is paid as a reimbursement; starting the first day the youth move into the dorm. The dorm per diem is $25.27 per day and funds are disbursed via an ADP Aline Card. Funding is transferred to the youths Aline card the second and fourth Monday of each month. To receive financial assistance through the dorm program, youth must complete the dorm enrolment form with their Collaborative Care Case Manager and submit to the contracted provider. The contracted provider monitors the reimbursement and helps ensure youth receive their disbursements timely. The OYI team collaborates with the CC team to monitor the dorm and youth eligibility status. Due to COVID and the universities policies on residing in college dorms many youths have had to locate alternative housing, however, some youth opted to remain in the dorm while pursuing their post-secondary education. There are currently 39 youth participating in the college dorm program.

Catalyst

Catalyst is a summer bridge program designed to provide Indiana's foster youth an opportunity to prepare for their post-secondary education and experience. Catalyst provides experiential learning for youth who may lack the necessary skills to be successful in college through hands on support. Participating youth attend 6-week summer sessions while living in a college dorm setting. Youth earn 6 college credits to jumpstart their college career while building their communication skills, social and cultural awareness, gaining emotional supports, and information on how to access student services within their college campuses. The Catalyst program hires former or current foster youth who are receiving ETV as student supports mentors. Catalyst 2020 hosted 25 youth through June 29th – August 7th. The Catalyst 2021 program accepted applications through May 7th and the program will begin June 28th – August 9th

F. NATIONAL YOUTH IN TRANSITION DATABASE

DCS conducts NYTD outcomes surveys throughout the State for 17-, 19- and 21-year-olds who are a part of the baseline and follow-up population. DCS contracts with a vendor who oversees the administration of the Indiana specific NYTD outcomes survey for 19- and 21-year-old youth who are in the follow up population, distribute

incentives to youth who participated in the 17-, 19- and 21-year-old survey and follow up survey; and actively engage youth 17 through 21 years of age who are in the survey and follow up population through outreach to meet the NYTD reporting requirements.

Incentives

- 17-year-old Baseline population: $25
- 19-year-old Follow up population: $50
- 21-year-old Follow up population: $75

The NYTD DCS team was established to inform the implementation and sustainability of the federal National Youth in Transition Database, which include: the NYTD surveys, NYTD service outcomes, and completion of the NYTD Quality Improvement Plan. In recognition of NYTD as the system to track the independent living services states provide to youth and develop outcome measures that may be used to assess States' performance in operating their independent living programs the Indiana NYTD DCS team has integrated, as a standing team to ensure Indiana Department of Child Services is in federal compliance with the Administration of Children and Families (ACF). The key deliverables of the Indiana NYTD team include the following:

- Report to NYTD the four types of information about youth: services provided to youth, youth characteristics, outcomes, and basic demographics.
- Coordinate NYTD survey process of data collection and reporting outcome information on a new 17-year-old baseline population cohort every three years,
- Coordinate NYTD survey process of data collection and reporting outcome information on the follow up population of each cohort at age 19 and again at age 21.
- Review the progress of technical NYTD enhancements to KidTraks database system as relates to the following:
    - NYTD Survey
    - NYTD Maintenance Screen
    - NYTD Portal
    - NYTD Survey Logs
    - NYTD Quality Improvement Plan (QIP)
    - Review of all NYTD information and process

The NYTD team meets bi-weekly to address issues during the current survey period, prepare for the upcoming survey period, and implement strategic plan to design a better NYTD practices and processes within the DCS OYI system. The OYS team shares this information during quarterly meetings with providers and field staff. The team also shares this information with the youth via the NYTD Ambassadors and during youth engagement events.

NYTD Outcomes Survey

- NYTD Cohort 4
    - 17-year-old Outcome Surveys (baseline population)

Survey Population	Date of Submission	Total Served	Total Population
Population A	May 12, 2020	2432	357
Population B	November 10, 2020	2370	403

The NYTD data collection for Cohort 4 – 17-year-old baseline survey population B began April 1, 2020 and ended September 30, 2020. There have not been issues identified related to COVID-19 because of the "stay at home" order as the NYTD team has been able to engage youth and FCMs virtually to ensure surveys are completed timely and incentives are requested. The file submission was submitted within the required timeframe by November 15, 2020.

- 19-Year-Old Outcome Survey (follow-up population)

The Cohort 4 19-year-old follow up outcomes survey will begin October 1, 2021. In May 2021, the NYTD team started preparation with review of tasks that need to occur prior to beginning the survey. The team also reviewed technical issues to improve the NYTD database system for survey notification and completion. The NYTD provider has engaged youth in Cohort 4 through their NYTD Facebook page as well as the YouNYTD website to ensure contact information has been maintained. The provider is hosting a Contact Campaign to ensure all contact information is up to date. The "Contract Campaign" is in collaboration with DCS and the OYS service providers.

- NYTD Cohort 3
    - 21-Year-Old Outcome Survey (follow-up population)

Survey Population	Date of Submission	Total Served	Total Population
Population A	5/13/21	2297	122
Population B	N/A	N/A	N/A

On October 1, 2020, the DCS NYTD team began the NYTD survey outcomes collection for Cohort 3 – 21-year-old follow up population A. Population A, NYTD outcomes survey ended March 31st. The file is to be submitted by May 15, 2021.

On April 1, 2021, Cohort 3 population B outcomes survey began. This survey population will be surveyed through September 30, 2021. The DCS NYTD provider is conducting surveys on behalf of DCS for Cohort 21-year-old follow up population. The NYTD provider distributed incentives to the 21-year-old within the follow – up population who have complete their survey.

NYTD Service Logs

Indiana uses service logs as an internal data collection process to verify older youth services provided to youth. The OYS provider and placement contracted providers are required to enter documentation on specific NYTD service elements and the OYS outcome area. Services provided must adhere to federal definitions and DCS Service Standards. NYTD data is also used to inform practice, enhance services delivery, and initiate CQI projects.

NYTD Program Improvement

The Department has implemented several strategies for program improvement regarding NYTD. The following are identified areas of improvement: DCS older youth service system, information gathering/locating youth, communication, youth engagement, and training. For these identified areas of improvement, the Department has created goals and necessary tasks to achieve a successful outcome.

Goal 1: Improve NYTD within the DCS OYS Service System- **This has been completed.** The OYI team has incorporated NYTD into the child welfare system. DCS has contracted with a vendor to locate and engage discharged youth. The DCS NYTD team has developed a charter and protocol and meets bi-weekly to review NYTD. NYTD language has been written into OYS service standards for the new contract year starting July 1, 2020, providing guidance to OYS providers on giving information to youth regarding the NYTD outcomes survey as well as gathering contact information on NYTD youth.

Goal 2: Improve Information Gathering and Locating Youth- **This has been completed but will be ongoing** The NYTD team has implemented the task within goal 2 by developing ways to gather and locate youth. The provider has created a private NYTD Facebook page: NYTD Surveys & Resource Group as well as the YouNYTD website: https://younytd.com/ to improve information gathering and locating youth. There are about 96 youth who are members of the Facebook group. The provider has started planning a “Contact Campaign” to gather information on Cohort 4 youth to ensure they have contact information for the 19-year-old follow up population.

Goal 3: Improve the Communication of NYTD to Internal and External Stakeholders- **This has been completed but will be ongoing.** DCS and the NYTD provider have developed communication tools such as flyers, fact sheets, a power point slideshow, and video. These tools will be used as an ongoing method to ensure there is

continuous communication. The NYTD team has also meet with the DCS communications team to develop a NYTD communication plan for the agency as a strategy for ongoing communication to agency staff. The tools that have been created continue to be used in communicating and training DCS staff.

Goal 4: Continued Youth Engagement Throughout and Between the Report Periods per Cohort- **This has been completed but will remain ongoing.** The NYTD provider is maintaining contact with cohort youth through a private NYTD Facebook page as well as the NYTD website. The provider continues to make improvements on their website to make it youth friendly and to provide resources. The provider has created a NYTD newsletter called “UpBeats” that is sent out quarterly to all NYTD survey participants. The provider has rolled out the NYTD Youth Ambassadors. The NYTD Youth Ambassadors were fully trained on NYTD and hosted NYTD Youth Impact Day face to face for their peers on October 24, 2020. During Youth Impact Day, the NYTD Ambassadors conducted a data walk using the Indiana NYTD Data Snapshots and facilitated conversation around the data. There were 25 youth in attendance at Youth Impact Day, 20 youth participants and 5 NYTD Youth Ambassador’s. The NYTD Youth Ambassadors are also conducting a CQI process with the DCS CQI team using LEAN. The NYTD provider hosts other events with youth to continue engagement. The NYTD Youth Ambassador is a year commitment. The provider will begin accepting applications in June 2021, for the 2021 fiscal year.

Goal 5: Educate Internal and External Stakeholders on NYTD- **This has been completed but will be ongoing**. The OYI team has provided education about NYTD during the provider meetings. There will be further in-depth training provided to the OYS provider. The NYTD team has provided NYTD updates and information during each provider meeting. A NYTD training was conduct for the NYTD Ambassador’s as part of their learning process. The NYTD Youth Ambassador’s hosted NYTD “Youth Impact Day” to provide information about NYTD to their peers. The NYTD provider has hosted other events such as “Family Dinners” to have NYTD data discussions with youth.

G. THE CHAFEE PROGRAM IMPROVEMENT EFFORTS AND INVOLVEMENT

The OYI team conducts state-wide site visits with each older youth services contracted providers on an annual basis. The purpose of the Older Youth Services site visits is to review adherence to Indiana’s older youth services service standards and protocol. The Department of Child Services seeks to understand the strength and needs of the Older Youth Services – service provider and what is needed to improve the overall service array in each service area; to meet the needs of the older youth service population. We will review resources to understand whether those resources are being used in the most effective and efficient manner to fulfill the DCS’s older youth initiatives objectives. Specifically, the site visit will:

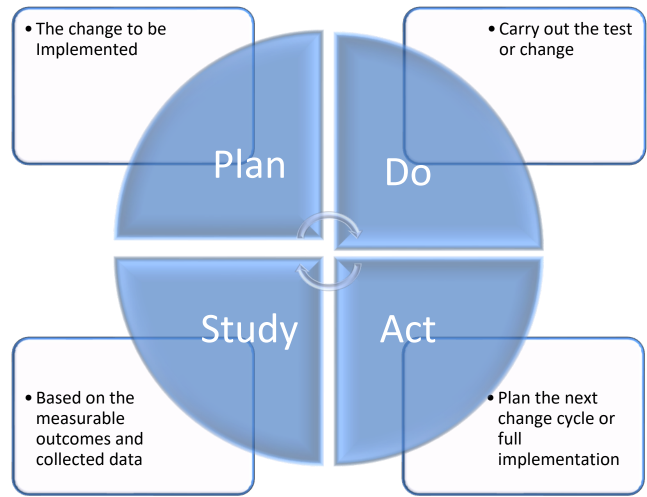
- Focus on continuous quality improvement
- Ensure each agency is complying with Older Youth Services service standards and protocol
- Identify areas of strength and best practices
- Identify gaps and/or areas needing improvement
- Provide recommendations or program improvements/enhancements

The OYS site visit is an assessment of how each OYS provider assists and services youth in their transition to self-sufficiency and to determine what is needed to improve the overall service delivery in each service area. The OYI team reviews the service delivery, NYTD service logs, outcomes data, case file documentation, and continuous quality improvement efforts. During the site visit the OYI team completes an agency and systems review, which includes an employee interview and CQI process. After the site visits each provider receives a review summary of the visit and their service log data. OYS providers are to use the information and recommendations to identify service delivery gaps and areas of improvement to enhance and increase service delivery and outcomes for youth. DCS continues to evaluate the older youth services outcome measures, service standards, and policies to ensure Indiana continues to meet federal compliance and is improving outcomes for foster youth transitioning into adulthood. During the current contract year, the OYI team conducted site visits for each OYS provider, Education and Training Voucher and College Dorm provider (ETV/Dorm), Opportunity Passport provider (OPP), National Youth in Transition Database provider (NYTD) and the Youth Career Training provider (YCT). These visits were completed as of May 2021.

2020 Site Visits	
OYS Program & Contracted Provider	**Date**
OYS Services – Children's Bureau	2/18/21
OYS Services – George Junior Republic	3/16/21
OYS Services – Damar	4/7/21
OYS Services – Geminus	4/29/21
ETV / Dorm, IYAB, OPP – Foster Success	5/11/21
NYTD, YCT – Pink Leaf	5/12/21

The DCS OYS providers address service gaps, through implementing a continuous quality improvement (CQI) cycle. Each provider is responsible for completing one (1) CQI project per fiscal year. The OYS providers utilize the Plan–Do-Study–Act (PDSA) Model. The PDSA model is a framework for developing, testing, and

implementing changes.



Using the PDSA cycle allows the OYS providers to test changes on a small scale and provide an opportunity to learn from the cycle of what does and does not work.   The OYS providers designates a CQI champion to oversee PDSA. Each provider forms CQI teams that consist of their agency staff, a youth, DCS staff, and community stakeholders. Each team develops a team charter, identifies an aim statement, and begins the PDSA cycle. The OYS providers continually track and monitor the activities of their CQI projects which includes collecting data and reviewing their plan. The DCS OYI team monitors the CQI process by reviewing each providers CQI projects during site visits and having the providers report out on their projects during bi-monthly provider meetings. CQI has been added to the OYS service standards to ensure we are removing barriers and gaps in services by taking a data-driven approach to improving outcomes. Current CQI projects include review of IL curriculum, increase in financial management with the use of the "Your Money Your Goals" Toolkit, and increasing youth engagement skills.

Future Planning

DCS will continue to build upon the foundations of the Older Youth Initiatives practice model, improve individualized services to the various special need's populations, continue active collaboration with the whole Older Youth Services community (includes DCS program, youth, DCS CC case management, OYS providers and other key stakeholders) and explore strategies to build public awareness regarding the needs of older youth in care and those transitioning out of foster care.

DCS is in the process of developing a public awareness campaign about the option to re-enter foster care and to raise awareness on the needs of young adults in foster care. The goal of this campaign is to provide information to disconnected foster youth of the services available through DCS. DCS engaged with members of the older youth community regarding this initiative, and all believe a public awareness campaign would be beneficial.

DCS continues to participate in the homeless youth taskforce in the development of services related to housing stability and support for young adults. The Coalition for Homelessness Intervention and Prevention of Greater Indianapolis Inc. (CHIP) was awarded the YDHP grant to assist the Indianapolis area in reducing the number of youth who experience homelessness, including the prioritization of foster youth as a special population. This grant allows for innovative projects and technical assistance from HUD. This opportunity has allowed DCS to partner with CHIP to implement the HUD Foster Youth Independence Voucher. As a result of this voucher the Continuum of Care (CoC) Youth and Families Committee is working to address barriers of supportive housing, one initiative is hosting a landlord symposium during the next reporting period.

DCS has assessed the current OYS service outcome measures to ensure better data quality for program improvement. The data will be collected by providers on a yearly basis and submitted with their annual reviews. The reports for this year are due August 2021.

H. COLLABORATION WITH OTHER PRIVATE AND PUBLIC AGENCIES

DCS' OYI Team identifies public and private entities that might be able to assist youth achieve interdependence. Some examples of partnerships are the Department of Workforce Development (DWD), Indiana Foster Success, One Simple Wish, Coalition for Homelessness Intervention & Prevention (CHIP), Indiana Commission of Higher Education/Twenty-First Century Scholars Program, and the Bureau of Developmental Disabilities.

More specifically, the Department of Workforce Development and DCS have created a partnership to work more closely in identifying youth that both agencies serve. Foster youth are prioritized for local Work One initiatives and DCS works closely with DWD Jobs for American Graduates (JAG) program to identify foster youth in their junior and senior year of high school. Partnering with JAG to specifically recruit foster youth for their program builds better resources for and increases foster youth preparedness for post-secondary education and/or employment. The OYI team is also represented on the older youth DWD committee to address older youth employment and education.

DCS has partnered with CHIP to collaborate in the implementation of the Indianapolis Youth Homelessness Demonstration Program (YHDP). As recipients of the YHDP grant the Indianapolis community will receive housing and service programs that will address the needs of homeless youth and minors. In addressing youth homelessness, service projects must assess the needs of special populations; this includes youth involved in the foster care system. The committee has developed a coordinated community plan approved by HUD and has issued an RFP for community agencies to propose innovative projects to address youth homelessness. Also, as part of this collaboration, DCS participates on the homeless youth taskforce. DCS will continue to collaborate with CHIP to enhance housing for homeless foster youth through implementing the HUD Foster Youth Initiatives voucher.

DCS is currently collaborating with several housing authorities across the State to issue the foster youth independence voucher as well as the Dream Center. The Dream Center is a faith-based organization that serves as a resource center; focused on providing support to those affected by homelessness, hunger, and the lack of education through residential and community outreach programs. The Dream Center has brought their resources to Indiana to provide community housing to older youth in foster care to prevent homelessness.

DCS continues to partner with One Simple Wish (OSW), a not-for-profit organization based out of New Jersey created in 2008 by a foster/adoptive parent. OSW takes advantage of the internet to bring an awareness to foster youth. OSW is a wish granting program that allows private citizens or organizations to grant wishes posted by youth in foster care. Examples of what youth could wish for include sports equipment/uniforms, name brand clothing, money for a shopping trip, computers, prom dresses, limo for prom, furniture and tickets to a theme park or concert.

DCS continues to partner with the Twenty-First Century Scholars program, which is a program supervised by the Indiana Commission for Higher Education (ICHE). ICHE's vision is to provide every Hoosier with clearer and more direct paths to timely college completion, quality competency-based credentials that deliver the learning outcomes students need and employers expect, and purposeful career preparation that equips graduates for fulfilling employment and lifelong learning. ICHE promotes awareness of Indiana financial assistance programs through its website, guidance counsellor workshops, financial aid nights, college fairs, community forums and other state-wide events such as College Goal Sunday.

With the continued partnership, DCS and ICHE entered a memorandum of understanding to share outcome data and to improve the application and systems process for ensuing all foster youth have applied to the 21st Century Scholarship program. At this time, DCS and the 21st Century scholarship database work to auto enrol all youth who enter foster care who fit the eligibility requirements of the 21st Century scholars' program. With the new enrolment process, DCS will continue to increase the enrolment and verification process for foster youth.

DCS continues partnering with the Indianapolis Colts and Cargo Services to focus on providing resources to young adults in foster care graduating from high school that may not otherwise be available. Youth selected to participate in Project Open House exemplified excellence in their schools and community or have overcome challenges and barriers while obtaining their high school diploma. This program recognizes the accomplishments of foster youth by providing an opportunity for foster youth to share their success with friends and family. Since the program's inception the number of youth participants has continued to grow. The next Open House is scheduled for June 2021.

DCS partners with Job Corps to ensure youth have knowledge and access to their programs. Through this collaboration DCS and Job Corp have enhanced the system to overcome barriers to ensure youth success.

The OYS providers, are expected to collaborate with public and private partners within their service area. Providers collaborate with various agencies and business to provide services to youth. This includes the following:

- B and W Plumbing – Corporate that provides employment opportunities.
- Women's Auxiliary – Children's Bureau Inc. Women's Auxiliary has provided funding in multiple situations for holiday parties, graduation events, or college dorm needs.
- Public Allies – A resource intended to focus on the mentoring of employment relationships. Positions are specific to the youth's interest, and they can receive a stipend for the 9-month internship.
- Resource Fairs - Provider's sponsor resource fairs to provide information and awareness to youth of their community resources such as housing, employment, education, physical health, mental health, and family planning.
- Agape Equine Therapy – Improving trust and building relationships through interactive drills from certified equine instructors.
- RESPECT event – Specific to Region 7, 11, and 12 regarding prevention, healthy decision making, and family planning for parenting clients.
- Faith Based Organizations – Many faith-based organizations provide gifts and sponsor events such as graduation or holiday parties across the state.

The OY I team has also partnered with other agencies that may have services that youth can access concurrently or in replacement of the Chafee program services. The Older Youth Initiatives team and the Collaborative Care team make themselves available to give presentations to agencies, departments, and companies that interact with youth on a regular basis. These presentations provide updated information about Indiana's Chafee program services.

1. Federally Funded Transitional Living Programs

There are two federally funded transitional living programs in Indiana. When DCS learns of a youth who is homeless that young person is brought into care under a CHINS petition (assuming the youth is under age 18). Therefore, the youth is eligible to access the Chafee program services. DCS meets with local youth shelters to inform and educate about extended foster care services for former foster youth who aged out of foster care at age 18.

2. Plan to Coordinate Services with Local Youth Shelters and Other Programs Serving Young Adults at Risk of Homelessness

Through participation with the homeless youth taskforce extended foster care has been added in the homeless youth coordinated entry process. This strategy provides information to former foster youth experiencing

homelessness on Collaborative Care and direct contact to re-entry. DCS continues to provide OYI programs and services information to local youth shelters by providing education material on extended foster care and access to voluntary services. The OYS providers have formed relationships with local youth shelters in their service area to build better partnerships to serve youth who may face homelessness. Through DCS investment in rolling out the FYI program in various cities across the state, DCS has increased its relationships with several CoC's across the state. Through these partnerships, the OYS providers have strengthened their ability to serve youth in an emergency.

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

I. EDUCATION AND TRAINING VOUCHER PROGRAM

DCS provides Education and Training Voucher (ETV) funding to eligible students to support post-secondary education training goals. The ETV program is a federally funded, state-administered program designed to provide financial and academic support to youth who have aged out of the foster care system and who are enrolled in an accredited college, university, or vocational training program. Current and former foster youth must have been in foster care on their 18th birthday and youth who were adopted or placed in a kinship guardianship from foster care on or after their 16th birthday are eligible for ETV. Students may receive up to $5000 per academic year based on the cost of attendance. Youth must enrol between the ages of 18 up to their 21st birthday. Students may continue to receive ETV support until the age of 26 or 5 consecutive years of schooling. Foster youth, who graduate high school at age 16 and will be attending a post-secondary institution can apply for ETV. DCS verifies the eligibility of all ETV applicants prior to approval for funding. In addition, to meet federal requirement, applicants must submit all required documentation which includes the following:

- Verification of high school diploma or high school equivalency
- Complete FAFSA
- Financial aid award package
- Verification of maintaining a 2.0 GPA or higher - college transcript
- Verification of foster care status

DCS utilized a fair bid Request for Proposal (RFP) process to award the ETV contract. There is one vendor awarded to administer the ETV program state-wide. This vendor is required to create and maintain a web-based application system, funding methodology that ensures ETV award does not exceed the cost of attendance, administer funds directly to students, monitor student grades, and offer academic support. The current program model includes student ambassadors and ETV Specialists. The student ambassador role offers peer support to other students and provides education on ETV to new and incoming students. The ETV Specialist role offers support, guidance, and advocacy to ETV students and helps students navigate the campus process.

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

All financial aid directors at educational institutions that ETV recipients attend are informed each academic year, about the ETV program and ETV aid is reported to the higher education institutions via sharing of documentation. In addition, ETV program staff are aware of each student's total financial aid package to ensure that ETV funds are used to fill the funding gaps up to but not exceeding the cost of attendance.

ETV staff work closely with The Commissioner of Higher Education (CHE) to ensure all parties are updated on all financial aid rules, regulations, changes, and supports. The ETV vendor monitors and participates in a listserv sponsored by Department of Education and CHE for higher education financial aid directors. ETV staff are also connected to the American Bar Association Center on Children and the Law Foster Care Education group. Higher education institutions are updated each academic year and the ETV vendor encourages and has leveraged the institutions to designate a key person to work with ETV students on required documentation.

The ETV staff also works closely with all Financial Aid directors and staff where ETV students are enrolled. The higher education institutions report student grants and additional aid on the financial aid form. The ETV vendor tracks all student aid dollars by category and student demographic. The ETV staff, CHE, and DCS co-facilitated a workshop during the National College Access Network Conference held September 18, 2019 in Indianapolis, which focused on working with foster youth in a post-secondary setting.

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

DCS works closely with the ETV vendor to improve and strengthen Indiana's postsecondary educational assistance program. The ETV support model is in place at nine state colleges/universities. The model allows the ETV Regional Specialist to work in collaboration with the campus support services. The campuses listed below offer office space to the ETV Regional Specialist, campus staff assigned in the financial aid, and Student Accounts/Bursar office to work with ETV students, and a streamlined enrolment process for student support services.

- Ball State University
- Indiana State University

- Indiana University- Bloomington
- Indiana University- Southwest
- Indiana University Purdue University (IUPUI)
- Ivy Tech Community College- Fort Wayne
- Ivy Tech Community College- Indianapolis
- Purdue Northwest
- Vincennes University

The ETV Regional Specialists referred students to numerous college student support service programs and community resources. Students were referred to TRiO, 21st Century Scholar Campus Support Disability Services, tutoring and basic need resources. ETV Specialists were trained on the education case management, Foster Success model developed by Western Michigan University. ETV Specialist were able to support students in learning how to reach a decision after looking at all options. The model helps the student develop a voice and learn about advocacy. The current ETV vendor has collaborated with IV-Tech Community College, Indianapolis branch to hire an Engagement Coach who will work on behalf of Ivy Tech Community College in partnership with Indiana Foster Success, the Indiana Department of Child Services, the Indiana Commission for Higher Education to increase the number of individuals with a post-secondary degree or certificate. The Engagement Coach's responsibility is to actively recruit former ETV students and students, statewide, who may be eligible for ETV funds for enrollment in a post-secondary program. The Engagement Coach works as a champion for current and former foster youth, providing resources and assisting youth to overcome barriers in persistence and attainment of a post-secondary degree or certificate.

Finally, Indiana offers the Nina Scholars program/scholarship for residents who face barriers to obtaining higher education. Foster Success' ETV program manager works closely with the Nina Scholars program board and submits student names for the program.

The ETV provider, Foster Success, began assisting youth during the beginning of the COVID-19 pandemic by coordinating with DCS and OYS providers to ensure displaced dorm youth had housing. This included advocating for youth who needed to remain in the dorm setting. The ETV specialist maintained virtual contact with youth to ensure the youth had a reliable internet connection and assisted in preparing them for online learning. ETV meetings were held virtually, which allowed students to continue to receive academic support, remain connected to resources in their local communities, and maintain/regain connection to older youth services. Foster Success hosted a virtual graduation celebration for graduates due to ceremonies being cancelled.

DCS has ensured the ETV provider has been provided information on the Consolidation Appropriation's Act, 2020; Division X – Supporting Foster Youth and Families Through the Pandemic. IYAB and DCS have worked to develop strategies to implement the provisions that effect Chafee ETV. DCS has increased the maximum Chafee ETV award amount from $5,000 up to $12,000 per youth - per year for post-secondary education for eligible foster youth. (This change is effective through 9/30/22).

- Process Distribution of Funds:
  - ETV funded youth who are not receiving additional services
  - Youth who are receiving Voluntary Services
  - Collaborative Care Youth who are need of additional support not offered under current services
    - Note: pregnant and parenting youth will be given priority.

DCS has temporarily suspend the ETV SAP (Satisfactory Academic Progress) program requirements for youth who are unable to achieve it due to the pandemic. Youth who do not meet their post-secondary SAP school requirement will continue to receive ETV funding to remain in their post-secondary program. These youth will continue to receive support from their ETV Specialist and complete an academic success plan. DCS has also permitted the use of the ETV voucher for expenses that are not a part of the cost of attendance to allow flexibilities for eligible current and former foster youth to allow the youth to remined enrolled in a post-secondary institution through September 30, 2021.

J. THE CHAFEE PROGRAM TRAINING

The OYI team facilitates quarterly trainings for internal DCS staff in the local offices on the Chafee program and OYS. The OYI team also facilitates a bi-monthly training for 3CMs and trains the OYS provider staff twice a year. The OYI team will explore the option of requesting OYS be a reoccurring training topic for the annual Local Office Director and Supervisor workshops. The OYI team continues to provide training to external stakeholders and Licensed Child Care Placement Agency's on older youth services and authentic youth engagement when requested. During the OYS provider meetings training goals are identified that focus on best practices in working with older youth. IYAB facilitates case management training for DCS staff and providers on working with older youth in foster care, assisting in transition planning from a youth's perspective, and additional topics. The OYI team will work with youth on developing the trainings, explore methods of training the youth as professional trainers, and support youth as trainers. The OYI team also co-facilitates various national trainings. Indiana has co-facilitated a peer lead training on Division X of the Consolidation's Appropriation's Act on May 10, 2021 and will be co-facilitating a peer lead training on May 19th as the FosterClub State Spotlight Series: Implementation of the Older Youth Provisions of the Consolidated Appropriations Act in Indiana.

To adjust to COVID-19, the OYI team developed a plan to provide virtual trainings which began June 2020. All trainings have been conducted via Microsoft teams.

Foster parents receive training on fostering older youth and preparing them for independence. Training includes identifying the different phases of independent living development (Phase I: Informal learning, Phase 2: Formal Learning, Phase III: Practice, and Phase IV: Self-sufficiency), the challenges foster youth face in the transition to independence, and practices foster parents can put in place to help in the transition, including outside resources that are available, as well as the availability of ETV funds to help with different phases of development.

Type of Training	Audience	Date of Training	Number of Attendees
OYS Timeline	DCS Staff	8/5/2020	68
OYS Provider Training - Programming	OYS Provider - Geminus	8/12/2020	20
OYS Timeline	DCS Staff	9/21/2020	54
OYS Timeline	DCS Staff	11/5/2020	38
NYTD & Youth Engagement	OYS Provider - Geminus	11/9/2020	17
OYS Timeline	DCS Staff	11/5/2020	20
OYS Timeline	DCS Staff	11/12/2020	50
OYS Timeline	DCS Staff	11/13/2020	53
OYS Timeline	DCS Staff	1/27/2021	49
OYS Timeline	DCS Staff	1/28/2021	50
OYS Timeline	DCS Staff	3/2/2021	30
Foster Youth Independence Voucher & Authentic Youth Engagement	DCS 3CM & OYS Providers	3/24/2021	100
Older Youth Services	CC/Villages	4/8/2021	18
Older Youth Services	CC/Damar	4/16/2021	12
Older Youth Services	Geminus	4/20/2021	15
Older Youth Services	CC/Geminus	4/27/2021	35

K. CONSULTATION WITH TRIBES (SECTION 477(B)(3)G))

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

Additionally, although they do not currently operate education and training voucher and independent living program, the Pokagon Band is aware that should they request it, DCS would work with them to arrange for the Chafee program funds to be made available for youth in the tribe's care.

XII. CONSULTATION AND COORDINATION BETWEEN STATES AND TRIBES

A. INTRODUCTORY INFORMATION

The Pokagon Band of Potawatomi Indians (hereinafter Pokagon Band) maintains their headquarters in Dowagiac, Michigan, however members of this Pokagon Band have lived in the lower Great Lakes area for

hundreds of years and the Pokagon Band's homeland covers six northern Indiana counties including LaPorte, St. Joseph, Elkhart, Starke, Marshall, and Kosciusko. The Pokagon Band also maintains sovereign (self- governing) land within St. Joseph County, South Bend, Indiana. DCS recognizes the Pokagon Band as their federally recognized tribe. Pokagon Band has jurisdiction for any incident which occurs on their sovereign land within St. Joseph Co. in Indiana.

DCS has also worked with other tribes as Native American children have come into the DCS system to ensure that the heritage of children with tribal connections is maintained. DCS remains committed to continually working to expand the knowledge of staff regarding native culture and ensuring collaboration and coordination with tribes, their tribal courts, and families of children with tribal connections.

B. POKAGON BAND

DCS has established partnership/collaboration semi-annual meetings with representatives from the Pokagon Band.

On October 26, 2018, DCS experts along with the Pokagon Band experts, gathered to develop specific protocols addressing the disposition of child abuse/neglects reports, and advise on the language to include in a DCS Tool to be utilized by child welfare field staff. The DCS Tool 2.B and policy was in effect as of March 1, 2021. Policy 3.1 Hotline Receiving Calls was updated to include current information on allegations of CA/N occurring on tribal land of the Pokagon Band of Potawatomi Indians in St. Joseph County. This provides guidance and protocol on how to proceed with reports of abuse or neglect occurring on Pokagon Band tribal land in St. Joseph County. Specific questions related to Pokagon Band have been included to general ICWA questions in the DCS Hotline Intake Guidance Tool.

DCS has continued to provide education to its staff for improved identification of ICWA eligible children/cases which will result in more accurate and consistent feedback for data/statistics. DCS is exploring the possibility of allowing Pokagon Band's child welfare staff the opportunity to receive DCS trainings.

1. Ongoing Coordination and Collaboration with Tribes

The state currently meets with the Pokagon Band of Potawatomi semi-annually to collaborate, share ideas, provide feedback, and address any concerns regarding ICWA cases involving their members, as well as other ICWA and tribal related information. Both social services director Mark Pompey and family services supervisor Karen Mikosz have utilized the DCS ICWA Coordinator as their point person to contact at any other time throughout the year to discuss any challenges or needs regarding specific cases.

The Department continues to ensure meetings with the tribe twice a year and/or as needed. A virtual meeting between Mark Pompey, social services director and Karen Mikosz, family services supervisor for the Pokagon

Band occurred on October 9, 2020. Continued discussions occurred around training and recruitment of foster care parents. Furthermore, DCS assisted Mark Pompey and Karen Mikosz in attending a DCS regional managers meeting virtually to provide information and allow for a dialogue with field leadership.

DCS met virtually on February 19, 2021 with Mark Pompey, social services director and Karen Mikosz, family services supervisor to discuss Indiana's IV-E Prevention Plan. DCS also met with Mark and Karen on March 12, 2021 to discuss entering into a Tribal-State IV-E agreement. The Pokagon Band would like to enter into an agreement with Indiana DCS.

2. Child Welfare Services and Protections for Tribal Children

The state's International and Cultural Affairs (ICA) page on the DCS Internet site is available to the public. Updates and resource information are posted for public use. Contact information is posted on the site for questions and requests regarding entering into IV-E agreements for tribes who are interested in entering into an IV-E agreement with DCS. DCS policy (2.12) outlines this information and is also available to the public through our public website.

DCS Staff Attorneys continue to be responsible for providing proper and timely notifications to the tribe(s) about DCS involvement, per DCS policy 2.12. Accompanying the policy were updates in MaGIK in early 2017 that included new fields and validations. These new fields and validations require users to answer a set of questions regarding if the person is a member of Native American (American Indian or Alaskan Native tribe). If Native American is chosen, the user is required to choose the tribe (from a list of both federally recognized, and not recognized) as well as answer questions and document if verification is pending, ineligibility confirmation letter from tribe, membership confirmation letter from tribe or verified Tribal membership ID card.

DCS ICWA policy 2.12 provides clarification for the FCM's responsibility. In policy there is a form 'Indian Status Identification' that the FCM completes with the family when determining potential ICWA eligibility. The local staff attorney utilizes this information to complete proper notification. DCS policy 2.12 related to ICWA was updated effective 11/1/2019 to continue to be in alignment with ICWA regulations.

The FCM completes a referral in KidTraks under International and Cultural Affairs (ICA) for each potential or identified ICWA child for tracking purposes, per Policy 2.12

3. Assessment of Ongoing Compliance with ICWA

DCS continues to make every effort to remain compliant with all ICWA requirements in 25 USC 1900 et seq., 25 CFR 23 et seq, and 45 CFR 1355-1357.

DCS continues to notify Indian parents, tribes, federal partners and Indian custodians of state proceedings and their right to intervene. The notification responsibility remains with each local staff attorney for a timelier notification process and the above-mentioned enhancements to MaGIK are aimed at improving ICWA identification by FCMs and producing data that can better track compliance.

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

The DCS' referral system is utilized as one method for ICWA tracking within Indiana. In the calendar year of 2020, there were 30 referrals received for potential ICWA eligible children and 4 referrals for verified ICWA eligible children. Furthermore, with the updated policy 2.12 DCS continues to attempt to identify Indian status from the first point of contact, at the hotline and continuously throughout the life of the case by utilizing the Indian Status Identification form. DCS continues to strive and create new ways of tracking ICWA cases to improve the accuracy of our data.

4. Notification of State Proceedings

The state continues to notify Indian parents, tribes, and Indian custodians of state proceedings and their right to intervene. This responsibility was given to each local staff attorney to expedite and provide a timely notification process.

5. Tribal Right to Intervene

The Pokagon Band and their attorney, judges and social services personnel are aware of their right to intervene in Indiana juvenile court proceedings involving children in their tribe and of their ability to request a transfer of proceedings to their tribal court. Indiana juvenile court judges are also aware of these rights.

Indiana's ICWA Notification Form is served on tribes by the DCS local staff attorneys and includes language informing the tribe of their right to intervene, and/or have the proceedings transferred to the Tribal Court.

The ICWA Tribal Transfer of Jurisdiction Tool is included in the DCS Child Welfare Policy Manual, Chapter 2.12, for DCS staff's guidance.

6. Continued ICWA Compliance

DCS will make every effort to remain compliant with all ICWA requirements in 25 USC 1900 et seq., 25 CFR 23 et seq, and 45 CFR 1355 – 1357.

As stated above, DCS will continue to work with all tribes and specifically with the Pokagon Band of Potawatomi Indians. DCS will continue to maintain ongoing communication and meetings with tribal officers and members. DCS will also continue to coordinate information regarding services and other information that may be of assistance to a tribe. DCS will continue its integration of meaningful supports for improved identification of ICWA eligible children and will continue to refine and improve interactions with American Native tribes to ensure that tribal heritage is maintained.

DCS is utilizing already existing Permanency Roundtables (PRTs) for identifying and reviewing ICWA cases and as a means of checks and balances for identification, compliance, and services. Ongoing presentations, training and education will continue to occur for DCS staff, which includes, verbal, written, computer assisted, and face-to-face delivery.

Indiana is currently in the beginning stages of developing CCWIS, there will continue to be fields in the case management system related to ICWA reporting requirements.

7. Discussions regarding Chafee Program

The Pokagon Band cares for their youth and they are not interested in the Chafee Program. DCS will continue to discuss the Chafee Program with the Pokagon Band as collaborative meetings take place throughout the year.

8. Exchange of CFSP and APSR

Approved copies of the CFSP and subsequent APSRs will be made available to officials of the Pokagon Band. This information was last provided on August 6, 2020. Social Services Director Mark Pompey reviews these and will continue to receive subsequent APSRs annually.

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

DCS will follow established procedures for the transfer of responsibility for placement and care of a child to a Tribal Title IV-E agency or Indian Tribe with a Title IV-E agreement. Policies explaining this procedure can be found in DCS Child Welfare Policy Manual, Chapter 2.12 and the ICWA Tribal Transfer of Jurisdiction Tool, which is currently under revision, can be found within that same policy. DCS is prepared to enter negotiations with any

federally recognized tribe to share IV-E benefits. DCS is currently in the initial phase of establishing a Title IV-E agreement with the Pokagon Band.

XIII. CHILD ABUSE PREVENTION AND TREATMENT ACT (CAPTA) STATE PLAN REQUIREMENTS

A. SUBSTANTIVE CHANGES TO LAW AND REGULATIONS EFFECTING ELIGIBILITY FOR CAPTA

There have been no substantive changes in Indiana law or regulations that would affect Indiana's eligibility for CAPTA, create any complications in complying with CAPTA regulations, or require changes to Indiana's State Plan. DCS outsources the work of Administrative Law Judges however the department will retain final agency authority.

B. SIGNIFICANT CHANGES IN APPROVED CAPTA STATE PLAN

The State of Indiana has not made any significant changes from the State's previously approved CAPTA plan in how the State proposes to use funds to support the 14 program areas.

C. USE OF CAPTA FUNDS

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

CAPTA supplemental funding awarded from the American Rescue Plan will be used to increase funding for the Community Partners for Child Safety (CPCS) program. The CPCS program provides individual case management services to families to connect them to resources to strengthen the family and prevent child abuse and neglect or provide direct service such as parent education. In addition, each CPCS agency collaborates with other partners, both private nonprofits and public sector services, in local communities and builds resources to ensure there is a coordinated prevention network throughout each region. Indiana currently contracts with 5 agencies to provide the program statewide. Additional information about the CPCS program and the service standard can be located at: https://www.in.gov/dcs/prevention/community-partners-for-child-safety/. Increased investment in existing statewide prevention programming that is successful in keeping children and families out of the child welfare system is part of Indiana's upstream approach. Additional funding for the CPCS program may support expansion of Family Resource Centers or marketing of the *Helpline* which is the prompt added to our DCS hotline allowing callers to connect directly with a CPCS agency if they or a family that they are calling about, needs information or connection to resources for things such as food, clothing, shelter, children's behavior, etc.

D. CITIZEN REVIEW PANEL ANNUAL REPORTS

Indiana Law requires three Citizens Review Panels (CRP): a Foster Care Advisory Board, a Child Fatality Review Team, and a Child Protection Team. Each panel serves a 3-year term. The foster care advisory board is the only panel that can extend the length of their term beyond three years. DCS requires Citizen Review Panels to submit their reports on an annual basis which ensures inclusion in the APSR. DCS established two new teams in 2020 to meet the fatality review and child protection team requirement. The child fatality team representation will be from Madison County, which is led by the DCS local office director in the county in conjunction with the prosecutor. The CPT acting as a CRP for the next three years will be Randolph County. In an effort towards continuous improvement, an annual report out was provided to the DCS executive team by members of each panel. This allowed for the panel members to explain what they did over the course of the year, as well as provide their recommendations and answer any questions the executive team has. This format was met with positive feedback and will be implemented going forward.

1. Foster Care Advisory Board

A Foster parent advisory council (the Foster Care Citizens Review Panel) continues to function as the citizen review panel and is focused on making recommendations on supporting foster parent learning and access to information. The 2020 Foster Care Citizens Review Panel CRP annual report and response are attached as Attachment C.

2. Child Fatality Team

The 2020 Madison County Child Fatality Team CRP annual report and response are attached as Attachment D.

3. Child Protection Team

The 2020 Randolph County Child Protection Team CRP annual report and response are attached as Attachment E.

E. UPDATE ON SERVICES TO SUBSTANCE EXPOSED INFANTS

Substance-exposed newborns is an issue of concern for the state of Indiana. The traumatic effects of substance abuse during pregnancy on a newborn and at many stages later in life is being seen more often by our community. Data from Safe System Reviews has revealed that of child fatalities and near fatalities where DCS or a primary prevention agency had history in the previous 12 months, in 18% of those cases, the infant had a prior substantiation as a drug exposed infant. Additionally, in 60% of the reviews completed, the parents either had a history of drug use or were currently using substances.

Pursuant to Indiana's mandatory reporting law, all hospital employees are mandatorily required to report instances of child abuse and neglect. Indiana Code 31-33-5-1 contains Indiana's mandatory reporting

requirement and reads "in addition to any other duty to report arising under this article, an individual who had reason to believe that a child is a victim of child abuse or neglect shall make a report as required by this article." Per IC 31-33-5-2, if an individual is required to make a report in the individual's capacity as a member of the staff of a medical or other public or private institution, school, facility, or agency, the individual shall immediately notify the individual in charge of the institution, school, facility, or agency or the designated agent of the individual in charge of the institution, school, facility, or agency and the that individual shall report or cause a report to be made." The issue of hospital reporting is an ongoing topic with the Neonatal Abstinence Syndrome Subcommittee (a description of this subcommittee can be found below).

In addition to the State law for mandatory reporting, Indiana Code 31-34-1-10 reads that "a child is a child in need of services if: (1) the child is born with : (A) fetal alcohol syndrome; or (B) any amount, including a trace amount, of a controlled substance or a legend drug in the child's body; and (2) the child needs care, treatment, or rehabilitation that: (A) the child in not receiving; or (B) is unlikely to be provided or accepted without the coercive intervention of the court." Indiana Code 31-34-1-11 reads that "a child is a child in need of services if: (1) the child: (A) has an injury; (B) had abnormal physical or psychological development; or (C) is at a substantial risk of a life threatening condition; that arises or is substantially aggravated because the child's mother used alcohol, a controlled substance, or a legend drug during pregnancy; and (2) the child needs care, treatment, or rehabilitation that: (A) the child in not receiving; or (B) is unlikely to be provided or accepted without the coercive intervention of the court."

Legislation was passed that went into effect on July 1, 2017 that amends IC 31-34-1-10 to include Neonatal Abstinence Syndrome (NAS) and clarify testing mechanisms. The updated statute states that infants born with NAS or controlled substances in their bodies, including positive tests of the blood, meconium, and urine, are considered a child in need of services.

Indiana Codes 31-34-1-12 and 31-34-1-13 provide an "exception for mother's good faith use of a legend drug and use of a controlled substance according to prescription."

Each DCS local office has established a relationship and protocol with their local hospitals to ensure a Plan of Safe Care that provides for proper referrals and services being put in place when necessary. Furthermore, local DCS staff provide training on child abuse and neglect to local hospitals. Regional Child Protection Plans also include agreements between hospitals and DCS on reporting child abuse and neglect. While the policies and procedures mentioned herein are currently in effect, DCS Executive and Field Staff will continue to monitor and evaluate the agency's response to substance exposed newborns to ensure the Plan of Safe Care includes the most up-to-date best practices. DCS monitors service utilization reports along with risk and safety assessments and safety plans to monitor Plans of Safe Care and identify frequency of use. Reports and data are continuing to be enhanced to better capture the services and Plans of Safe Care that are put in place and to meet the data element requirements that are required to be provided in NCANDS submittals.

DCS Field Management provides regular guidance to regional and local field staff on this issue as well, such as:

- If a newborn and/or mom test positive, a DCS assessment (investigation) and a substance abuse screen of the mother *must* be completed;
- If the mom tests positive at delivery, a drug screen must be performed after discharge from the hospital;
- If a drug positive newborn assessment is going to be unsubstantiated, the Regional Manager must be notified and receive the Assessment Report before any decision is finalized.

DCS performed public service campaigns to remind the public of their mandatory duty to report. Examples include developing a website that has been setup with training information (https://reportchildabuse.dcs.in.gov/), social media campaigns (including YouTube videos and Twitter) and partnering with local media outlets to inform the public.

Indiana recognizes that this issue is not just isolated to the child welfare system but has significant impact on other state systems. There are many task forces at the local levels as well as the state level working to address these issues. DCS has programs in place to assist pregnant mothers involved in the child welfare system who have been identified as having addiction issues. Furthermore, DCS is increasing its support of providers by:

- Providing technical assistance through a consultant from Child and Family Futures, the National Center for Substance Abuse and Child Welfare. This service is supported by Casey Family Programs.
- Supporting Evidence Based Practices.
- Contracting for Residential services for mothers and young children
- Contracting for Transitional Housing programs
- Working with the Perinatal Network on development of Plans of Safe Care prenatally

In 2014, the Indiana legislature, in Senate Enrolled Act 408, brought Neonatal Abstinence Syndrome to the forefront. SEA 408 established a clinical definition of Neonatal Abstinence Syndrome and directed the Indiana Department of Health to meet with medical and pediatric stakeholders to develop recommendations regarding diagnosis, screening, and reporting of NAS. The Task Force made the following recommendations for a uniform process for both pregnant women and newborns for the purpose of correctly identifying pregnant women at risk for delivering a baby with NAS.

The Obstetric Protocol focuses on two points in time:

- The first prenatal visit; and
- Presentation at the hospital/birthing center for delivery.

First Prenatal Visit

At the initial prenatal visit, as part of routine prenatal screening, the primary care provider will conduct a standardized and validated verbal screening process and a urine toxicology screen. The toxicology screen is voluntary, and the pregnant woman can opt out of the toxicology screen. At the discretion of the primary care provider, INSPECT and/or repeat verbal and toxicology screenings may be performed at any visit. The toxicology screen is always voluntary on the part of the pregnant woman.

Presentation at the hospital/birthing center for delivery.

When the pregnant woman arrives at the hospital for delivery, hospital personnel will conduct a standardized and validated verbal screening on all women. Medical staff will request that the woman consent to a urine toxicology screening for anyone with a positive screening result at any point during her pregnancy including presentation for delivery. Babies whose mothers had a positive verbal screen or positive toxicology screening results or babies whose mothers did not consent to the toxicology screen will be screened using urine, cord, or meconium.

The Neonatal Protocol focuses on three cohorts of babies:

- Newborns with **no identifiable risk**;
- Newborns **at risk** for NAS; and
- Newborns with **unknown risk.**

Mother's Status	Level of Risk for Infant	Suggested Action
Negative verbal and toxicology screens	Newborn with **no identifiable risk**	No testing recommended at birth
Positive verbal screen and/or positive toxicology screen at any time	Newborn **at risk** for NAS	• Perform urine and meconium or cord toxicology screening at birth • Perform Modified Finnegan scoring • Evaluate maternal support resources
• No known verbal or toxicology screen during pregnancy • Negative verbal screen but no known toxicology screen	Newborns with **unknown risk**	• Perform urine and meconium or cord toxicology screening at birth. • Perform Modified Finnegan scoring or use the Eat, Sleep, Console method.

Further Initiatives for Plans of Safe Care

After submission of the NAS Report, the Task Force reformed as a subcommittee of the Indiana Prenatal Quality Improvement Collaborative (IPQIC). DCS Executive and Field Staff are continuing to examine the issue and work with fellow state stakeholders to develop a comprehensive plan to combat this epidemic. Specifically, DCS has been partnering on the following:

- Full Committee and Sub-Committees for IPQIC (Indiana Perinatal Quality Improvement Collaborative Perinatal Substance Use Task Force)
    - Focus on keeping the infant with women- developed a pamphlet for discharge to inform the mother of what Neonatal Abstinence Syndrome is what symptoms the infant may show post-discharge etc.
    - Developed a pamphlet for the woman to inform about possible involvement with DCS- goal is to present DCS and Hospitals as collaborative & assisting mom in building a team of supports, specifically to find a way to get a sober caregiver in the home.
    - Created the letter/guidance for pediatricians and provided protocols on how to handle drug exposed infants consistently throughout the State.
    - Pharmacologic Protocol
    - Non-pharmacologic Protocol
    - Transfer Protocol
    - The IPQIC Subcommittee developed a toolkit for hospitals and medical providers to use in assisting women and caregivers before, during and after the birth of a child who is born substance exposed. DCS aided in the development of these tools.

- Some regions have partnered with the CMHCs to bring a clinician into the office to complete substance use disorder assessments to lessen the time to get someone assessed and into treatment
- Effective May 1, 2019, DCS issued a Policy (4.42) regarding Plans of Safe Care, along with a Plan of Safe Care form that staff can utilize when working with families. This plan was developed to meet the federal requirement that a Plan of Safe Care must be developed for each infant under the age of one (1) year who is identified as being born affected by or exposed in utero to substance use (the drugs may be legal or illegal), experiencing symptoms of withdrawal, diagnosed with Neonatal Abstinence Syndrome, and/or diagnosed with Fetal Alcohol Spectrum Disorder (FASD). Each Plan of Safe Care developed will address the mental and physical health and substance use treatment needs of the infant, parent(s), household members, and the infant's caregiver(s). A Plan of Safe Care will be developed for identified infants regardless of the decision to substantiate or unsubstantiate the assessment. DCS created an informational podcast that was released to all staff regarding when and how to use the Plan of Safe Care and understand the policy to ensure staff were able to begin utilizing it immediately. This has subsequently been followed up with developed spaced education for ongoing understanding for staff and it is covered in new worker training.
- Throughout 2020, DCS was included as a member of the Practice and Policy Academy along with representatives from FSSA, IDOH, and other experts on substance exposed newborns. Through this Practice and Policy Academy, Indiana decided to further develop and support Plans of Safe Care as part

of a broader public health approach to supporting Plans of Safe Care to improve outcomes for infants, their parents, and caregivers. There is a new focus and recognition that Plans of Safe Care are better when used to support the needs of the infant and caregivers as opposed to only being used when child welfare is involved with a family. This public health approach will continue to be supported and implemented with DCS and IPQIC. IPQIC has created a draft Indiana Plan of Safe Care that will utilize a public health approach for plans of safe care for women, children, and caregivers in Indiana. This work will continue throughout 2021 and 2022.

F. STATE LIAISON OFFICER INFORMATION

The State Liaison Officer is Heather Kestian, Indiana Department of Child Services, 302 W. Washington St. Room E306, Indianapolis, IN 46204: Heather.Kestian@dcs.in.gov. Information regarding CAPTA can be found on the DCS website at www.in.gov/dcs/2329.htm. A link to DCS Administrative Policies and CAPTA forms can be found at www.in.gov/dcs/2539.htm.

XIV. UPDATES TO TARGETED PLANS WITHIN THE 2020-2024 CFSP

A. FOSTER AND ADOPTIVE PARENT DILIGENT RECRUITMENT PLAN

The 2020-2024 Foster and Adoptive Parent Diligent Recruitment Plan has been updated and is Attachment F.

B. HEALTH CARE OVERSIGHT AND COORDINATION PLAN

Indiana, like the nation, was impacted by the COVID-19 pandemic and national public emergency. Indiana was able to pivot with the rest of the nation to ensure that appropriate health care was provided to children in care. The pandemic prompted Indiana to make changes to the ways that we ensure that youth receive appropriate health care. DCS worked closely with our resource parents to ensure that children had primary care providers identified and were able to access health care either through telehealth or in person, when warranted. Hospitals remained viable options for our children in care to receive the necessary emergency health care. Indiana like many other states has moved to having more in-person access to all necessary health care related appointments in the past six months. The updated Health Care Oversight and Coordination Plan is Attachment G.

C. DISASTER/EMERGENCY OPERATION PLAN

DCS developed a Continuity of Operations Plan (COOP) in 2020 as part of a continuous improvement effort and learning about COVID-19. DCS was not affected by any natural disaster in the past year, however, the Department was impacted by the COVID-19 global pandemic and public health emergency disaster declaration. DCS pivoted to doing virtual work with our children and families, when appropriate, to ensure that the health of our staff, children, and families were considered. DCS used prescreening questions through the hotline to determine the level of potential exposure in a home prior to an assessment worker initiating an assessment. The

Department moved many CFTM's and visits to a virtual platform when the needs of the families were able to be safely met. The Department employed a group of individuals who would visit with youth in residential treatment. This model allowed for one or a small group of people to do face to face visits with all youth placed at a facility to ensure that someone was seeing them in person, along with virtual contact with their assigned family case manager. This approach allowed for the facilities to safely house youth with less potential exposure due to limiting the number of people coming in and out of the facility. The COOP replaces the Emergency Operation Plan submitted with CFSP and is Attachment H.

D. TRAINING PLAN

Due to the global pandemic the DCS Training Plan was updated to reflect the pivot to a virtual training environment. The updated DCS Training Plan is Attachment I.

XV. STATISTICAL AND SUPPORTING INFORMATION

A. INFORMATION ON CHILD PROTECTIVE SERVICE WORKFORCE:

FCM Preferred Experience:

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

FCM Supervisor Preferred Experience:

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

Local Office Director Preferred Experience – Varies

E7: Experience:

- Four (4) years of experience in public welfare, education, public administration, business administration, or social services; plus
- An additional three (3) years of supervisory experience in these areas.
- Education: Bachelor's degree from an accredited four-year college. (Concentration in Business Administration, Child Development, Counseling and Guidance, Economics, Education, Health Care, Home Economics, Law, Psychology, Public Administration, Social Sciences, Social Work, or Sociology

preferred.)
- A combination of experience and accredited graduate training in any of the above areas may be considered.

E6: Experience:
- Four (4) years of experience in public welfare, education, public administration, business administration, or social services; plus
- An additional four (4) years of supervisory experience in these areas.
- Education: Bachelor's degree from an accredited four-year college. (Concentration in Business Administration, Child Development, Counseling and Guidance, Economics, Education, Health Care, Home Economics, Law, Psychology, Public Administration, Social Sciences, Social Work, or Sociology preferred.)
- A combination of experience and accredited graduate training in any of the above areas may be considered.

E5: Experience:
- Four (4) years of experience in public welfare, education, public administration, business administration, or social services; plus
- An additional five (5) years of supervisory experience in these areas.
- Education: Bachelor's degree from an accredited four-year college. (Concentration in Business Administration, Child Development, Counseling and Guidance, Economics, Education, Health Care, Home Economics, Law, Psychology, Public Administration, Social Sciences, Social Work, or Sociology preferred.)
- A combination of experience and accredited graduate training in any of the above areas may be considered

Regional Manager Preferred Experience:
- Four (4) years full time professional experience in public welfare; education; public administration or social services; plus
- Six (6) years full time experience in an administration or supervisor capacity in the above areas or as a state-level public welfare consultant.
- Graduation from an accredited four-year college.
- Fifteen (15) semester hours in public administration; business administration; or social science; economic; law; child development; education; counseling and guidance; social work; home economics; sociology; psychology; or health care required.
- Substitutions: accredited graduate training in any of the above areas may be substituted for the required experience with a maximum substitution of two (2) years, except for the administration, supervisor, or consultative experience.
- Full time experience in state social services as a state PAT 1, SAMPAT 4 or higher may sub for the required experience and specialized education on a year for year basis.

Data on the education, qualifications, and training of such personnel

DCS does not track the number of child welfare workers with a Bachelor (BSW) and/or Masters (MSW) of Social Work degree; however, DCS does keep track of the number of staff with Title IV-E Supported Bachelor and Master of Social Work degrees. DCS in partnership with IU continues to offer the IV-E BSW and MSW programs. Participation in these programs are as follows:

In 2019:

- 42 Scholars started the program, with 34 finishing and accepting employment with DCS.
- As of 4/1/2021, 25 remain employed with DCS.

In 2020:

- 38 Scholars started the program, with 34 finishing and accepting employment with DCS.
- As of 4/1/2021, 34 remain employed with DCS.

In 2021:

- 37 Scholars started the program, with 29 moving forward with the hiring process.

DCS does not have information available related to the number of years of child welfare experience or other related experience working with children and families.

Child Protective Services Demographics – Age - As of **4/8/2021**

Family Case Managers & Family Case Manager Trainees

<22	22-25	26-30	31-40	41-50	51+	Total
3	420	623	772	443	288	2,549
>1%	16.48%	24.44%	30.29%	17.38%	11.30%	100%

FCM Supervisors & Division Managers

22-25	26-30	31-40	41-50	51+	Total
4	84	266	151	75	580

0.69%	14.%	45.86%	26.03%	12.93%	100%

Local Office Directors

26-30	**31-40**	**41-50**	**51+**	**Total**
3	25	36	25	89
3.37%	28.09%	40.45%	28.09%	100%

Executives

26-30	**31-40**	**41-50**	**51+**	**Total**
0	18	30	31	79
0%	22.79%	37.97%	39.24%	100%

Information on caseload or workload requirements for such personnel, including requirements for average number and maximum number of cases per child protective service worker and supervisor (section 106(d)(10) of CAPTA).

Pursuant to IC 31-25-2-5, amended in July 2019 by P.L. 198-2019, SEC. 2, DCS is required to ensure that Family Case Manager staffing levels are maintained so that each county has enough FCMs to allow caseloads to be at not more than: (1) twelve active cases relating to initial assessments, including investigations of an allegation of child abuse or neglect; or (2) twelve families monitored and supervised in active cases relating to ongoing in-home services; or (3) thirteen children monitored and supervised in active cases relating to ongoing services who are in out-of-home placements.

As currently set out in statute, DCS must comply with standards that include 12 new investigations, 12 families for in-home services or 13 ongoing children in out-of-home placement being supervised by a case manager. Following this change in standards, DCS continues to work with local leadership to ensure that cases can be weighted appropriately to meet the standards for each case manager set out in statute.

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

Reports are generated monthly to monitor the timely completion of new assessments within 40 days as well as periodic detailed reports which help managers track the length of time various case types remain open. This allows managers to further analyse how to provide permanency more consistently for those children and thereby close the case. All Regions have formed Regional Permanency Teams (RPTs) to review and provide recommendations to local offices for those cases where traditional measures have failed to achieve permanency. Each region participates in Permanency Roundtables i to gain a deeper understanding and garner ideas for youth who have been difficult to achieve permanency for.

B. JUVENILE JUSTICE TRANSFERS

This information is available as a part of the Indiana Probation Report prepared by the Indiana Supreme Court Division of State Court Administration at https://www.in.gov/courts/iocs/files/rpts-ijs-2019-probation.pdf

Listed below are the page numbers within the 2019 Indiana Probation Report where specific data can be found for juvenile justice transfers. The 2020 juvenile justice transfer data is not yet available.

2019 Juvenile Justice Report Section	Page #
Juvenile Probation	15
Juvenile Probation Referrals (2019)	15
Juvenile Probation Supervisions (2019)	17
Juvenile Probation Supervisions Method of Disposition (2019)	19
Juvenile Supervision Levels 2019	21
Juvenile Supervision as a Result of Substance Abuse Offenses	22
Juvenile Supervisions as a Result of Sex Offenses	22
Completed Predisposition (PDR) and Progress Reports for Juvenile Supervisions	23
Juvenile Law Services Report	24
2019 Juvenile Law Services Financial Report	28

C. EDUCATION AND TRAINING VOUCHERS

The number of ETV applicants including all semesters: fall, spring, and summer was received via the ETV report that was submitted to DCS in September 2020 and May 2021. The table below is a replica of Attachment D in the Program Instruction from ACYF-CB-PI-20-02.

	Total ETVs Awarded	Number of New ETVs
Final Number: **2019-2020 School Year** (July 1, 2019 to June 30, 2020)	255	117
2020-2021 School Year* (July 1, 2020 to June 30, 2021) Note: Not including summer semester	229	109

D. INTER-COUNTRY ADOPTIONS

During FY 2020, records indicate there were no children who were adopted from another country who entered into DCS custody because of a disruption.

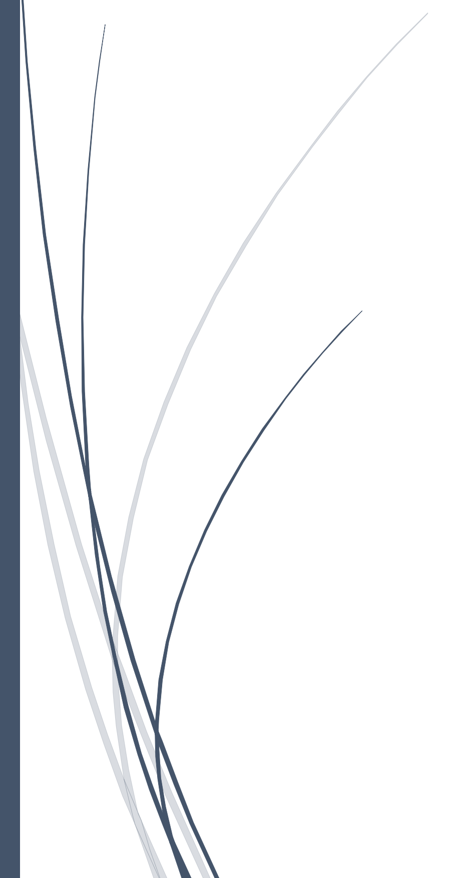
XVI. ATTACHMENTS

A. Practice Model Review Protocol
B. Indiana Chafee Plan
C. 2020 Citizen Review Panel Report —Foster Care Citizens Review Panel
D. 2020 Citizen Review Panel Report —Madison County
E. 2020 Citizen Review Panel Report —Randolph County
F. Foster and Adoptive Parent Diligent Recruitment Plan
G. Health Care Oversight and Coordination Plan
H. Disaster Plan (COOP)
I. Indiana Training Plan
J. Annual Reporting of ETV Awarded- Attachment D
K. CFS-101, Part I, II, and III (signed PDF)

7/1/2021

Practice Model Review

Protocol



Department of Child Services

STATE OF INDIANA

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Practice Model Review General Instructions

Period Under Review (PUR): For all items other than Item 17, the Period Under Review looks back six (6) months prior to the 2nd day of the review. Item 17 looks back twelve (12) months from the 2nd day of the review.

Out-of-Home Cases: Out-of-home cases should be scored considering only the identified target child on every item except Assessing Outcome Items 7 and 8 which apply to the target child and any other child in in the family home.

For Assessing Outcome Items 7 and 8, when considering who to score, include any children in the family involved in an open case and any parent/guardians home where they live or visit.

In-Home Cases: In-home cases should score every applicable child in each item. Child applicability questions should be answered in regards to each child to determine which children should be scored.

Parent Definition

In-Home Cases:

- "Mother" and "Father" are defined as the parents/caregivers with whom the child(ren) were living when the department became involved with the family and with whom the child(ren) will remain (for example, biological parents, relatives, guardians, adoptive parents)
- If a biological parent does not fall into any of the categories above, determine whether that parent should be included in this item based on the circumstances of the case
    - Some things to consider in this determination are:
        - The reason for the department's involvement and the identified perpetrators in the case
        - The status of the child(ren)'s relationship with the parent
        - The nature of the case (CHINS or IA) and the length of case opening
- If a biological parent indicates a desire during the period under review to be involved with the child(ren) and it is in the child(ren)'s best interests to do so, they should be assessed in this item

Out-of-Home Cases:

- "Mother" and "Father" are defined as the parents/caregivers from whom the child(ren) was removed
- "Mother" and "Father" include biological parents who were not the parents from whom the child(ren) was removed
- Step parents should only be scored as "Mother" or "Father" if they are married
    - If they are not married, they should be considered in the rating given to the parent they are associated with
- Parents who are of the same gender should be captured according to their role as you would for other parents
    - The protocol allows capturing more than one "Mother" and more than one "Father"

Case Information

Review Date: ____________________ **PUR:** ____________________

Region: ____________________ **County:** ____________________

Case Name: ____

Reviewer Names: ____

____

____

Case Type:

☐ Out-of-Home CHINS ☐ In-Home CHINS ☐ Informal Adjustment (IA) ☐ Adoption

Is this a Dual Status case? ☐ Yes ☐ No

If Yes, was the case led by DCS or Probation? ☐ DCS ☐ Probation

Case Opening:

- For In-Home cases, including Informal Adjustments, the date should be the date the department decided to open a case
- For Out-of-Home CHINS, if the case began with a removal, that is the date of case opening
  - If an In-Home case was open prior to removal, use the date of In-Home case opening

Length of Case:

- Calculate this by counting the number of months from the date of case opening until case closure or the 2nd day of the current review.

Case Closure:

- Case closure should be documented as the date the court ordered dismissal regardless of whether the department has received a copy of the court order or not

Date of Case Opening: ____________________ **Number of Months in Care:** ____________________

Date of Removal: ____________________

Date of Case Closure: ____________________ ☐ Not Yet Closed

Reason for Case Opening:

☐ Physical Abuse—Non accidental injury to child
☐ Suspicious Death of Child or Near Fatality
☐ Sexual Abuse
☐ General Neglect
☐ Failure to Protect
☐ Exposed to Domestic Violence in the Home
☐ Abandonment
☐ Medical Neglect
☐ Educational Neglect
☐ Emotional Injury
☐ Drug Exposed Infant
☐ Lack of Supervision
☐ Sexual Exploitation or Labor Trafficking
☐ Risk of Harm
☐ Other (Please Specify)

Current Placement:

- ☐ Foster Home
- ☐ Relative
- ☐ Residential/Group Home
- ☐ Pre-adoptive
- ☐ Kinship
- ☐ Custodial/Non-Custodial Parent

Number of Permanency FCMs throughout life of case: ________________________________

Length of time (months) current FCM has had case: __________________________________

Length of time (years/months) current FCM has been employed: ______________________

Caregiver Stress Factors:

- ☐ None
- ☐ Abused/Neglected as a child (wardship)
- ☐ Alcoholism
- ☐ Authoritarian Method of Discipline
- ☐ Domestic Violence
- ☐ Drug Addiction/Substance Abuse
- ☐ Emotionally Disturbed
- ☐ Family Discord/Marital Problems
- ☐ Heavy Child Care Responsibility
- ☐ Inadequate Housing
- ☐ Incarceration
- ☐ Insufficient Income
- ☐ Intellectual Disability
- ☐ Job Related Problems
- ☐ Lack of Parenting Skills
- ☐ Language Problems
- ☐ Learning Problems
- ☐ Legal Problems
- ☐ Mental Health Problems
- ☐ Other Medical Condition
- ☐ Physically Disabled
- ☐ Physical Health Problems
- ☐ Poor Money Management
- ☐ Pregnancy/New Child
- ☐ Recent Relocation
- ☐ Social Isolation
- ☐ Unstable Living Conditions
- ☐ Visual/Hearing Impaired

Children:

Target Child	Child's Name	Race	Ethnicity	Date of Birth	Gender	Interviewed

Case Participants:

Name	Role	Relationship to Child	Interviewed
	FCM		
	FCMS		
	Mother		
	Father		

TEAMING OUTCOME: TO ASSEMBLE OR COORDINATE A GROUP OF INDIVIDUALS WITH THE INTENT TO BRING IDEAS AND/OR SOLUTIONS TO ACHIEVE A COMMON GOAL

Item 1: Team Formation

Purpose of Assessment: To determine whether, during the period under review, the people who provide support and services for the child(ren) and family have been identified and formed a working team with the skills, family knowledge, and abilities necessary to organize effective services, meet the family's needs, and assist the child and family in achieving their desired outcomes.

Item 1 Applicable Cases: All cases are applicable for an assessment of this item.

Question A & B Definitions:

- Child and family team meeting (CFTM) is defined as a meeting established with parent(s), caregivers, child(ren), and their formal/informal supports to create a plan that ensures child(ren) safety and meets the family's needs and goals in achieving positive outcomes
  - In situations without parents; such as TPR, abandonment, or death of parents; teaming should occur around the child(ren) and/or caregivers
- The child, age 14 or older, should select up to two "Child Representatives"
  - "Child Representative" is defined as a person who is at least 18 years of age, a member of the team, and selected by the child
  - The child representative may not be a resource parent or FCM
  - The child may select one of the child representatives to also be his or her adviser and advocate
  - Child representatives are subject to the approval of the department and may be rejected if there is cause to believe that they would not act in the best interest of the child

Question A & B Instructions:

- Teams should always consist of at least one or more formal or informal supports identified by the family
- Efforts should always be made to meet the logistical needs of the family, including the time and location of the CFTM
- Concerted efforts toward forming a child and family team should occur throughout the period under review and may include:
  - Face-to-face engagement of family regarding process
  - Documented efforts to reach absent parents
  - Discussions with age appropriate child(ren)/youth regarding CFTM process
- Accommodations can include phone calls, skype, etc.
- Question A3 should be answered NA if none of the children are at least 14 years of age

A1. Indicate who has been included in the CFTM during the period under review.

☐ Mother
☐ Father
☐ Child(ren)
☐ Resource Parents
☐ Informal Supports
☐ CASA/GAL
☐ Service Providers/Formal Supports
☐ Other: ______________________________
☐ No team has been formed
☐ No team has been formed despite concerted efforts

A2. If there were team members unable to attend in person, were accommodations made to allow them to participate?

☐ Yes ☐ No ☐ NA

A3. If the child(ren) is 14 or older, were they given the opportunity to select up to two child representatives to be part of the team?

☐ Yes ☐ No ☐ NA

A. During the period under review, did the department make ***ongoing concerted efforts*** to engage the family in developing a Child and Family Team consisting of the people who provide supports and services for the child(ren) and family?

☐ Yes ☐ No ☐ NA

Question B Instructions:

- Separate teams may be warranted for each parent when:
  - There is concern that one parent and/or the child would be in danger or intimidated and is therefore unable to represent what he or she feels is in the child's best interest
  - A "no contact order' is in place
  - Domestic violence is a concern in the case
- If none of the above concerns are present, B should be answered NA

B. If separate teams for each parent were warranted, did the department make concerted efforts to engage each parent to form a team?

☐ Yes ☐ No ☐ NA

Question C Definitions:

- "Case juncture" is defined as any time there is a new awareness of significant information regarding the child(ren) or family's strengths or needs, which may impact the Case Plan and/or Safety Plan
  - Case junctures may include, but are not limited to,
    - Transition planning and/or positive or negative changes in placement, permanency plan, formal or informal supports, family involvement, visitation, behavior, diagnosis (mental or physical), sobriety, skills acquisition, education, or case closure

C1. During the period under review, what was the most typical pattern of CFTMs?

☐ More than once a month
☐ Once a month
☐ Less than once a month, but at least bi-monthly
☐ Less than bi-monthly, but at least quarterly
☐ Less than quarterly, but at least one every 180 days
☐ Never

C2. What is the date of the most recent CFTM during the period under review?

____/___/_________ ☐ No CFTM during the period under review

C. During the period under review, did the department facilitate CFTMs with the family on an ongoing basis and at critical case junctures?

☐ Yes ☐ No

Question D Instructions:

- A CFTM may fulfill the requirement to hold a Case Plan Conference if all required parties are invited
  - Required participants include the mother, father, placement, CASA/GAL (if one is appointed), Child (age 14 and older)
- If D is Yes, include date of Case Plan Conference
- D should be NA for an informal adjustment

D. If the family chose not to participate in the CFTM process, or if the Child and Family Team does not include the resource parent or CASA/GAL, was a Case Plan Conference held after notification of all required participants?

☐ Yes ☐ No ☐ NA

If yes, what is the date of the most recent Case Plan Conference during the period under review?

____/____/________

Item 1 Rating Criteria

Item 1 should be rated as a Strength if the following applies:

- Questions A, B, and C, are Yes and question D is Yes or NA
- The answers to A is Yes; B and C are answered NA; and D is answered Yes

Item 1 should be rated as an Area Needing Improvement if the following applies:

- The answer to any one of questions A, B, C, and D is answered No

There are no circumstances under which this item could be rated NA

Item 1 Rating (select one):

☐ Strength ☐ Area Needing Improvement

Provide item rating justification. Include any comments that highlight strengths or challenges related to specific practices, systemic issues, or resources that affected this item in the narrative field below:

TEAMING OUTCOME: TO ASSEMBLE OR COORDINATE A GROUP OF INDIVIDUALS WITH THE INTENT TO BRING IDEAS AND/OR SOLUTIONS TO ACHIEVE A COMMON GOAL

Item 2: Quality Child and Family Team Meetings

Purpose of Assessment: To determine whether, during the period under review, members of the family team collectively functioned as a unified and coordinated team in planning services and evaluating results. Actions of the family team reflected a coherent pattern of effective teamwork and collaborative problem solving that benefits the child(ren) and family in achieving positive results.

Item 2 Applicable Cases:

- Cases are applicable for an assessment of this Item if a CFTM has been held during the PUR
- If the answer to Item 1 question A1 was No team has been formed OR No team has been formed despite concerted efforts, then Item 2 should be rated as Not Applicable

Is this case applicable?

☐ Yes ☐ No

If the response is No, Item 2 will be rated NA

Item 2 Definitions:

- "Quality Teaming" provides a greater richness of family support and more inclusive decision making
    - This results in more effective plans and interventions to achieve positive outcomes and safe, sustainable case closure
- "Prep meeting" is defined as a conversation with parents(s)/caregiver(s)/child(ren) to prepare for the CFTM
    - Goals are set; team members selected; location, date, and time for the CFTM are established
    - Prep meetings may also occur with identified team members
- Answer this question based on a review of documented CFTM notes, reviewer interviews with team members, and your professional judgement regarding quality Child and Family Team Meetings

Item 2 Instructions:

- When scoring Item 2, base your response on the content of the meeting rather than the format in which it was done
- If the department made concerted efforts to complete a prep meeting but were unable to due to situations outside of their control, answer A "Yes"

A. During the period under review did the department make concerted efforts to complete a prep meeting prior to each CFTM?

☐ Yes ☐ No

B. Did the team discuss child(ren) safety in all settings during the CFTM?

☐ Yes ☐ No

C. Did the team address the needs of the family during the CFTM?

☐ Yes ☐ No

D. Did the team create or revisit the visitation plan during the CFTM?

☐ Yes ☐ No ☐ NA

E. Did the team identify measurable outcomes and the family's underlying needs during the CFTM?

☐ Yes ☐ No

F. Did the team make an action plan that indicated Who? What? When? during the CFTM?

☐ Yes ☐ No

Question G Instructions:

- Alternative Plan/Concurrent Plan relates to the overall permanency plan in the case
    - The team should be discussing the current permanency plan and what plan may be considered if this plan does not succeed

G. Did the team develop an alternative plan/concurrent plan during the CFTM?

☐ Yes ☐ No

H. Did the team plan around what could go wrong with the action plan developed during the CFTM?

☐ Yes ☐ No

I. Was there a shared understanding among team members of the plan for case progression?

☐ Yes ☐ No

Item 2 Rating Criteria

Item 2 should be rated as a Strength if the following applies:

- Questions A through I are all answered Yes
- Question I is answered Yes and no more than three questions, A through H, are answered No

Item 2 should be rated as an Area Needing Improvement if the following applies:

- Question I is answered No
- Question I is answered Yes and more than three questions, A through H, are answered No

Item 2 should be rated as NA if the response to the question of applicability is No

Item 2 Rating (select one):

☐ Strength ☐ Area Needing Improvement ☐ NA

Provide item rating justification. Include any comments that highlight strengths or challenges related to specific practices, systemic issues, or resources that affected this item in the narrative field below:

TEAMING OUTCOME: TO ASSEMBLE OR COORDINATE A GROUP OF INDIVIDUALS WITH THE INTENT TO BRING IDEAS AND/OR SOLUTIONS TO ACHIEVE A COMMON GOAL

Item 3: Informal Supports

Purpose of Assessment: To determine whether, during the period under review, the family engaged with an informal support system that assists them with caring for their child(ren) in order to achieve goals and attain safe, sustainable case closure.

Item 3 Definitions:

- In-home services cases:
  - "Mother" and "Father" are defined as the parents/caregivers with whom the child(ren) were living when the department became involved with the family and with whom the child(ren) will remain
    - Biological parents, relatives, guardians, adoptive parents, etc.
  - If a biological parent does not fall into any of the categories above, determine whether that parent should be included in this item based on the circumstances of the case. Some things to consider in this determination are:
    - The reason for the department's involvement
    - the identified perpetrators in the case
    - the status of the child(ren)'s relationship with the parent
    - the nature of the case (CHINS or IA) and the length of case opening
  - If a biological parent indicates a desire, during the period under review, to be involved with the child(ren) and it is in the child(ren)'s best interests to do so, they should be assessed in this item
- Out-of-home cases:
  - "Mother" and "Father" are defined as the parents/caregivers from whom the child(ren) was removed
  - "Mother" and "Father" include biological parents who were not the parents from whom the child(ren) was removed
  - Step parents should only be scored as "Mother" or "Father" if they are married
    - If they are not married, they will be considered in the rating given to the associated parent

Item 3 Applicable Cases:

- Because multiple case participants can be assessed in these questions, consider applicability for all appropriate case participants before determining that the rating should be NA.
- To determine if Item 3 should be answered NA, if any of the following applies to either the mother or the father being assessed in this item (check Yes for any that apply and No for any that do not apply)
  - Parent was deceased during the entire period under review ☐ Yes ☐ No
  - Parental rights remained terminated during the entire period under review ☐ Yes ☐ No
  - During the entire period under review it was documented in the case file that it was not in the child(ren)'s best interests to involve the parent in case planning ☐ Yes ☐ No
  - During the entire period under review, the parent has indicated he/she does not want to be involved in the child(ren)'s life and this was documented in the case file ☐ Yes ☐ No
  - Parent's whereabouts were not known during the entire period under review despite concerted efforts to locate the parent ☐ Yes ☐ No

Is Item 3 applicable for Mother?

☐ Yes ☐ No

If No, answer questions A1 and A2 NA

Is Item 3 applicable for Father?

☐ Yes ☐ No

If No, answer questions B1 and B2 NA

Indicate why participants are NA in this item

If both parents are NA, Item 3 will be NA in the Ratings section

Question A Definitions:

- "Informal Supports" are people who are part of the family's personal social network
    - They might be related to the family or be a friend, neighbor, colleague from work, school personnel, past foster parents, or members of a faith-based community
    - These meaningful connections can provide caregivers with important supports, knowledge, linkages, and opportunities

Question A & B Instructions:

- If A1 or B1 is Yes, the corresponding A2 or B2 should be NA
- The focus of this item is on determining the adequacy and durability of family supports in helping parents succeed in parenting their child(ren)
- Consider the role or contribution informal supports make in the family's life
- When families have an already functioning informal network, the goal of the Department is to engage, join, and build on their capacity to support the parents
- Concerted efforts toward assisting in developing informal supports should occur throughout the period under review and may include:
    - Face-to-face engagement to discuss family's informal supports
    - Documented efforts to engage informal supports
    - Assisting the family to identify community organizations, support groups, educational and/or recreational activities that can support them in parenting their child(ren)
- When considering the reliability and sustainability of a support system think about their influence on the mother or father
    - Do they promote good decisions and/or assist the parent in making progress toward permanency?
        - If they do not, this would be an area to develop and expand

A1. During the period under review, did the mother have an adequate (reliable and sustainable) informal support system to assist her to achieve and sustain the conditions necessary for safe, sustainable case closure?

☐ Yes ☐ No ☐ NA

A2. During the period under review, if the mother did not have an adequate informal support system, did the department make concerted efforts to assist her to develop or expand her informal supports?

☐ Yes ☐ No ☐ NA

B1. During the period under review, did the father have an adequate (reliable and sustainable) informal support system to assist him to achieve and sustain the conditions necessary for safe, sustainable case closure?

☐ Yes ☐ No ☐ NA

B2. During the period under review, if the father did not have an adequate informal support system, did the department make concerted efforts to assist him to develop or expand his informal supports?

☐ Yes ☐ No ☐ NA

Item 3 Rating Criteria

Item 3 should be rated as a Strength if the following applies:

- Questions A1 & B1 are answered Yes and A2 & B2 are answered NA
- Questions A1 & B1 are No but A2 & B2 are Yes
    - If mother is NA, B1 and B2 follow one of the patterns above
    - If father is NA, A1 and A2 follow one of the patterns above

Item 3 should be rated as an Area Needing Improvement if the following applies:

- Questions A2 or B2 are answered No

Item 3 should be rated as NA if the response to the question of applicability is No for both parents

Item 3 Rating (select one):

☐ Strength ☐ Area Needing Improvement ☐ NA

Provide item rating justification. Include any comments that highlight strengths or challenges related to specific practices, systemic issues, or resources that affected this item in the narrative field below:

TEAMING OUTCOME RATING

TEAMING OUTCOME: TO ASSEMBLE OR COORDINATE A GROUP OF INDIVIDUALS WITH THE INTENT TO BRING IDEAS AND/OR SOLUTIONS TO ACHIEVE A COMMON GOAL

What is the level of outcome achievement that best describes the extent to which this outcome is being or has been achieved, based on the ratings for Items 1, 2, & 3?

Instructions:

- Teaming Outcome should be rated as Substantially Achieved if the following applies:
    - Items 1, 2, and 3 are rated as Strengths
    - Items 1 is rated as Strength and Items 2 and 3 are rated as Strength or NA

- Teaming Outcome should be rated as Partially Achieved if the following applies:
    - If all 3 Items scored, at least two of Items 1, 2, and 3 are rated as a Strength
    - If only 2 items are scored, 1 item must be rated as a Strength

- Teaming Outcome should be rated as Not Achieved if either of the following applies:
    - All of Items 1, 2, and 3 are rated as Areas Needing Improvement
    - Item 1 is rated as Area Needing Improvement and Items 2 and 3 are rated as Area Needing Improvement or NA
    - At least 2 of items 1, 2, or 3 is rated as Area Needing Improvement

Select the appropriate response:

☐ Substantially Achieved ☐ Partially Achieved ☐ Not Achieved

ENGAGING OUTCOME: TO EFFECTIVELY ESTABLISH A RELATIONSHIP WITH ESSENTIAL INDIVIDUALS IN A MEANINGFUL WAY FOR THE PURPOSE OF SUSTAINING WORK THAT IS TO BE ACCOMPLISHED TOGETHER

Item 4: Family Case Manager Visits with Child(ren)

Purpose of Assessment: To determine whether, during the period under review, the frequency and quality of visits between the Family Case Manager and the child(ren) in the case are sufficient to ensure the safety, permanency, and well-being of the child(ren) and promote achievement of case goals.

Item 4 Applicable Cases: All cases are applicable for an assessment of this item.

Question A1 & A Definitions:

- A "visit" is defined as a face-to-face contact between the Family Case Manager or other designated individual from the department and the child(ren)

Question A1 Instructions:

- If this is an in-home services case, question A1 should be answered for all child(ren) in the case
- If this is an out-of-home case, question A1 should be answered only for the target child
- Consider only the pattern of visits during the period under review and not over the life of the case
- Focus on the visitation frequency of the department Family Case Manager responsible for the case and not on other service providers who may be visiting the child(ren)
- Determine the most typical pattern of visitation because the actual frequency may vary in specific time periods

A1. What was the most typical pattern of visitation between the Family Case Manager and the child(ren) in the case? Select the box that describes the usual pattern of visitation during the period under review.

☐ More than once a week
☐ Once a week
☐ Less than once a week but at least twice a month
☐ Less than twice a month, but at least once a month (and every 30 days)
☐ Less than once a month
☐ Never

Question A Instructions:

- If A1 is Never, question A is No
- If the typical pattern of visits is less than once a month, the answer to question A should be No unless you determine that there is a substantial justification for a Yes answer
- In responding to question A, consider the frequency of visits selected in question A1
    - Base your determination on the frequency necessary to ensure the child(ren)'s safety, permanency, and well-being along with state policy requirements regarding caseworker contacts or visits with the child(ren)
    - Frequency of visitation should be determined based on the circumstances of the case, such as any risk and safety concerns, the age and vulnerability of the child(ren), the reason for the department's involvement with the family, etc.
- If the child is in a placement in another state, you should determine whether a caseworker from where the child is placed, or a caseworker from the department, visits with the child in the placement on a schedule that is consistent with the child's needs and state policy

A. Was the frequency of the visits between the Family Case Manager and the child(ren) sufficient to address issues pertaining to the safety, permanency, and well-being of the child(ren) and promote achievement of case goals?

☐ Yes ☐ No

Question B Instructions:

- If A1 is Never, question B is NA
- Consider the length of the visit, the location of the visit, and the consistency of the worker completing the visit
  - Was it of sufficient duration to address key issues with the child(ren), or was it a brief visit
  - Was it in a place conducive to open and honest conversation, such as a private home, or was it in a more formal or public environment, such as a courthouse or restaurant
  - Did a worker not assigned to the case or a supervisor routinely visit with the child
- Consider whether the Family Case Manager saw the child(ren) alone or whether the parent or foster parent was usually present during the caseworker's visits with the child(ren)
  - The age and appropriateness of speaking with the child(ren) alone should be assessed
- Consider the topics that were discussed during the visits, if that information is available in the case file or through interviews
  - For the answer to question B to be Yes, there must be some evidence that the Family Case Manager and the child(ren) addressed issues pertaining to the child(ren)'s needs, services, and case goals during the visits

B. Was the quality of the visits between the Family Case Manager and the child(ren) sufficient to address issues pertaining to the safety, permanency, and well-being of the child(ren) and promote achievement of case goals?

☐ Yes ☐ No ☐ NA

Item 4 Rating Criteria

Item 4 should be rated as a Strength if the following applies:

- Questions A & B are answered Yes

Item 4 should be rated as an Area Needing Improvement if the following applies:

- Question A or B is No

There are no circumstances under which this item could be rated NA

Item 4 Rating (select one):

☐ Strength ☐ Area Needing Improvement

Provide item rating justification. Include any comments that highlight strengths or challenges related to specific practices, systemic issues, or resources that affected this item in the narrative field below:

ENGAGING OUTCOME: TO EFFECTIVELY ESTABLISH A RELATIONSHIP WITH ESSENTIAL INDIVIDUALS IN A MEANINGFUL WAY FOR THE PURPOSE OF SUSTAINING WORK THAT IS TO BE ACCOMPLISHED TOGETHER

Item 5: Family Case Manager Visits with Parents

Purpose of Assessment: To determine whether, during the period under review, the frequency and quality of visits between the Family Case Manager and the mother and father of the child(ren) are sufficient to ensure the safety, permanency, and well-being of the child(ren) and promote achievement of case goals.

Item 5 Definitions:

- In-home services cases:
  - "Mother" and "Father" are defined as the parents/caregivers with whom the child(ren) were living when the department became involved with the family and with whom the child(ren) will remain
    - Biological parents, relatives, guardians, adoptive parents, etc.
  - If a biological parent does not fall into any of the categories above, determine whether that parent should be included in this item based on the circumstances of the case. Some things to consider in this determination are:
    - The reason for the department's involvement
    - the identified perpetrators in the case
    - the status of the child(ren)'s relationship with the parent
    - the nature of the case (CHINS or IA) and the length of case opening
  - If a biological parent indicates a desire, during the period under review, to be involved with the child(ren) and it is in the child(ren)'s best interests to do so, they should be assessed in this item
- Out-of-home cases:
  - "Mother" and "Father" are defined as the parents/caregivers from whom the child(ren) was removed
  - "Mother" and "Father" include biological parents who were not the parents from whom the child(ren) was removed
  - Step parents should only be scored as "Mother" or "Father" if they are married
    - If they are not married, they should be considered in the rating given to the parent they are associated with

Item 5 Applicable Cases:

- Because multiple case participants can be assessed in these questions, consider applicability for all appropriate case participants before determining that the rating should be NA
- Corresponding questions will not be scored if any of the following applies to the mother or father being assessed in this item (check Yes for any that apply and No for any that do not apply)
  - Parent was deceased during the entire period under review ☐ Yes ☐ No
  - Parental rights remained terminated during the entire period under review ☐ Yes ☐ No
  - During the entire period under review it was documented in the case file that it was not in the child(ren)'s best interests to involve the parent in case planning ☐ Yes ☐ No
  - During the entire period under review, the parent has indicated he/she does not want to be involved in the child(ren)'s life and this was documented in the case file ☐ Yes ☐ No
  - Parent's whereabouts were not known during the entire period under review despite concerted efforts to locate the parent ☐ Yes ☐ No

Is Item 5 applicable for Mother?

☐ Yes ☐ No

If No, answer questions A1, A2, and A3 NA

Is Item 5 applicable for Father?

☐ Yes ☐ No

If No, answer questions B1, B2, and B3 NA

Indicate why participants are NA in this item

If both mother and father are NA, Item 5 will be NA in the Ratings section

Question A1, B1, A, & B Definitions:

- A "visit" is defined as a face-to-face contact between the Family Case Manager or other designated individual from the department and the mother and/or father

Question A1 & B1 Instructions:

- Determine the most typical pattern of visitation because the actual frequency may vary in specific time periods.
- In extenuating circumstances, for example when a parent is located out of state or a large distance from the county, other forms of contact may be considered including phone calls and virtual contact. When considering this, determine if this level of contact meets the circumstances of the case, including a non-custodial parent who the child will not reside with in the future, a parent who is not part of the Informal Adjustment, etc.
- Select Never for questions A1 and B1 if the department did not make concerted efforts to locate a mother or father whose whereabouts were unknown

A1. What was the most typical pattern of visitation between the Family Case Manager and the mother of the child(ren) during the period under review? Select the appropriate response:

☐ More than once a week
☐ Once a week
☐ Less than once a week, but at least twice a month
☐ Less than twice a month, but at least once a month
☐ Less than once a month
☐ Never
☐ NA

B1. What was the most typical pattern of visitation between the Family Case Manager and the father of the child(ren) during the period under review? Select the appropriate response:

☐ More than once a week
☐ Once a week
☐ Less than once a week, but at least twice a month
☐ Less than twice a month, but at least once a month
☐ Less than once a month
☐ Never
☐ NA

Question A2 & B2 Instructions:

- If the answer to question A1 or B1 is NA, the answer to question A2 or B2 for that parent is also NA
- Consider the frequency of visits that is necessary to effectively address:
  - The child(ren)'s safety, permanency, and well-being
  - Achievement of case goals
- Do not answer the question based only on the caseworker visit requirements that may be established by state policy
  - Consider attempts such as home visits, phone calls, texts, emails, virtual visits
- The answers to questions A2 and B2 should be No if the typical pattern of contact is less than once a month, unless you have a substantial justification for answering either question as Yes

A2. During the period under review, were concerted efforts made to ensure the frequency of the visits between the Family Case Manager and the mother were sufficient to address issues pertaining to the safety, permanency, and well-being of the child(ren) and promote achievement of case goals?

☐ Yes ☐ No ☐ NA

B2. During the period under review, were concerted efforts made to ensure the frequency of the visits between the Family Case Manager and the father were sufficient to address issues pertaining to the safety, permanency, and well-being of the child(ren) and promote achievement of case goals?

☐ Yes ☐ No ☐ NA

Question A3 & B3 Instructions:

- Consider the length of the visit, the location of the visit, and the consistency of the worker completing the visit
  - Was it of sufficient duration to address key issues with the mother/father, or was it a brief visit
  - Was it in a place conducive to open and honest conversation, such as a private home, or was it in a more formal or public environment, such as a courthouse or restaurant
  - Did a worker not assigned to the case or a supervisor routinely visit with the mother/father
- Consider whether the visits between the Family Case Manager and the mother/father focused on issues pertinent to case planning, service delivery, and goal achievement
- If the answer to question A1 or B1 is Never or NA, then the answer to the corresponding question (same parent) A3 or B3 should be NA

A3. Was the quality of the visits between the Family Case Manager and the mother sufficient to address issues pertaining to the safety, permanency, and well-being of the child(ren) and promote achievement of case goals?

☐ Yes ☐ No ☐ NA

B3. Was the quality of the visits between the Family Case Manager and the father sufficient to address issues pertaining to the safety, permanency, and well-being of the child(ren) and promote achievement of case goals?

☐ Yes ☐ No ☐ NA

Item 5 Rating Criteria

Item 5 should be rated as a Strength if the following applies:

- Questions A2, A3, B2, & B3 are answered Yes
- Questions A2 & A3 are Yes and B2 & B3 are answered NA
- Questions A2 & A3 are NA and B2 & B3 are answered Yes

Item 5 should be rated as an Area Needing Improvement if the following applies:

- Any one of questions A2, A3, B2, or B3 is answered No

Item 5 should be rated as NA if the response to the question of applicability is No for both parents

Item 5 Rating (select one):

☐ Strength ☐ Area Needing Improvement ☐ NA

Provide item rating justification. Include any comments that highlight strengths or challenges related to specific practices, systemic issues, or resources that affected this item in the narrative field below:

ENGAGING OUTCOME: TO EFFECTIVELY ESTABLISH A RELATIONSHIP WITH ESSENTIAL INDIVIDUALS IN A MEANINGFUL WAY FOR THE PURPOSE OF SUSTAINING WORK THAT IS TO BE ACCOMPLISHED TOGETHER

Item 6: Child(ren), Family, and Resource Parent Involvement in Case Planning

Purpose of Assessment: To determine whether, during the period under review, concerted efforts were made (or are being made) to involve parents, child(ren) (if developmentally appropriate), and resource parents in the case planning process on an ongoing basis

Item 6 Definitions:

- Most child(ren) who are elementary school-aged or older may be expected to participate to some extent in case planning
  - However, the capacity to participate will need to be decided on a case-by-case basis due to child(ren)'s current developmental abilities
- Out-of-home cases will also include any resource parents who are responsible for the care of the target child(ren) during the period under review
- In-home services cases:
  - "Mother" and "Father" are defined as the parents/caregivers with whom the child(ren) were living when the department became involved with the family and with whom the child(ren) will remain
    - Biological parents, relatives, guardians, adoptive parents, etc.
  - If a biological parent does not fall into any of the categories above, determine whether that parent should be included in this item based on the circumstances of the case. Some things to consider in this determination are:
    - The reason for the department's involvement
    - the identified perpetrators in the case
    - the status of the child(ren)'s relationship with the parent
    - the nature of the case (CHINS or IA) and the length of case opening
  - If a biological parent indicates a desire, during the period under review, to be involved with the child(ren) and it is in the child(ren)'s best interests to do so, they should be assessed in this item
- Out-of-home cases:
  - "Mother" and "Father" are defined as the parents/caregivers from whom the child(ren) was removed
  - "Mother" and "Father" include biological parents who were not the parents from whom the child(ren) was removed
  - Step parents should only be scored as "Mother" or "Father" if they are married
    - If they are not married, they should be considered in the rating given to the parent they are associated with
- Resource Home:
  - Any placement where the child is being cared for in a family setting
    - This does not include residential facilities, group homes, detention centers, or any other facility setting with staff members providing care

Item 6 Applicable Cases:

- Because multiple case participants can be assessed in these questions, consider applicability for all appropriate case participants before determining that the rating should be NA.
- Corresponding questions will not be scored if any of the following applies to the child, mother, father, or resource parents being assessed in this item (check Yes for any that apply and No for any that do not apply)

- Case involves child(ren) who are not of school age or for whom participating in planning is not developmentally appropriate ☐ Yes ☐ No
- Parent was deceased during the entire period under review ☐ Yes ☐ No
- Parental rights remained terminated during the entire period under review ☐ Yes ☐ No
- During the entire period under review it was documented in the case file that it was not in the child(ren)'s best interests to involve the parent in case planning ☐ Yes ☐ No
- During the entire period under review, the parent has indicated he/she does not want to be involved in the child(ren)'s life and this was documented in the case file ☐ Yes ☐ No
- Parent's whereabouts were not known during the entire period under review despite concerted efforts to locate the parent ☐ Yes ☐ No
- Child has not been in a resource home during the period under review ☐ Yes ☐ No
- Child has been placed in a secure facility, residential facility, group home, or emergency shelter for the entirety of the period under review ☐ Yes ☐ No

Is Item 6 applicable for Mother?

☐ Yes ☐ No

If No, answer question A NA

Is Item 6 applicable for Father?

☐ Yes ☐ No

If No, answer question B NA

Is Item 6 applicable for Child(ren)?

☐ Yes ☐ No

If No, answer question C NA

Is Item 6 applicable for Resource Parents?

☐ Yes ☐ No

If No, answer question D NA

Indicate why participants are NA in this item

If all participants are NA, Item 6 will be NA in the Ratings section

Question A, B, & D Definitions:

- "Actively involved" means the department involved the mother or father in
  - Identifying strengths and needs
  - Identifying services and service providers
  - Establishing goals in case plans
  - Evaluating progress toward goals
  - Discussing the case plan

Question A, B, & D Instructions:

- Focus on the mother's or father's involvement in ongoing case planning, particularly regarding evaluating progress and making changes to the plan
- Select No if the department did not make concerted efforts to locate a mother or father whose whereabouts were unknown
- Focus on the resource parents' involvement in ongoing case planning, particularly regarding evaluating progress and making changes to the plan regarding foster child(ren) in their care

A. Did the department make concerted efforts to actively involve the mother in the case planning process?

☐ Yes ☐ No ☐ NA

B. Did the department make concerted efforts to actively involve the father in the case planning process?

☐ Yes ☐ No ☐ NA

Question C Definition:

- "Actively involved" means the department consulted with the child(ren) (as developmentally appropriate) regarding the child(ren)'s goals and services, explained the plan and terms used in the plan in language that the child(ren) can understand, and included the child(ren) in periodic case planning meetings, particularly if any changes are being considered in the plan

Question C Instructions:

- If the case is out-of-home, this applies to the target child only
- If the case is an in-home services case, this applies to all child(ren) in the family home unless you determine that based on case circumstances only specific child(ren) in the home should be engaged in case planning
  - For example, only child(ren) receiving services from the department
- Identify the extent to which the child(ren) (if developmentally appropriate) were involved in determining:
  - Their strengths and needs
  - The type and level of services needed
  - Their goals and progress toward meeting them
- Determine whether this information was documented in the case file in any way
- Focus on the child(ren)'s involvement in ongoing case planning, particularly with regard to evaluating progress and making changes in the type and level of services needed as well as understanding changes made to their permanency goal (in out-of-home cases)
- Do not assume that child(ren)'s knowledge about their case plan is an indicator of active involvement

C. Did the department make concerted efforts to actively involve school aged and developmentally appropriate child(ren) in the case planning process?

☐ Yes ☐ No ☐ NA

D. Did the department make concerted efforts to actively involve the resource parents in the case planning process?

☐ Yes ☐ No ☐ NA

Item 6 Rating Criteria

Item 6 should be rated as a Strength if the following applies:

- Questions A, B, C, & D are answered Yes
- At least one question is answered Yes and all others are answered NA

Item 6 should be rated as an Area Needing Improvement if the following applies:

- Any one of questions A, B, C, or D is answered No

Item 6 should be rated as NA if the response to the question of applicability is No for all participants

Item 6 Rating (select one):

☐ Strength ☐ Area Needing Improvement ☐ NA

Provide item rating justification. Include any comments that highlight strengths or challenges related to specific practices, systemic issues, or resources that affected this item in the narrative field below:

ENGAGING OUTCOME RATING

ENGAGING OUTCOME: TO EFFECTIVELY ESTABLISH A RELATIONSHIP WITH ESSENTIAL INDIVIDUALS IN A MEANINGFUL WAY FOR THE PURPOSE OF SUSTAINING WORK THAT IS TO BE ACCOMPLISHED TOGETHER

What is the level of outcome achievement that best describes the extent to which this outcome is being or has been achieved, based on the ratings for Items 4, 5, & 6?

Instructions:

- Engaging Outcome should be rated as Substantially Achieved if the following applies:
  - Items 4, 5, and 6 are rated as Strengths
  - Items 4 is rated as Strength and Items 5 and 6 are rated as Strength or NA

- Engaging Outcome should be rated as Partially Achieved if the following applies:
  - At least one of items 4, 5, and 6 is rated as a Strength and no more than one item is rated as an Area Needing Improvement

- Engaging Outcome should be rated as Not Achieved if either of the following applies:
  - All of Items 4, 5, and 6 are rated as Areas Needing Improvement
  - Item 4 is rated as Area Needing Improvement and Items 5 and 6 are rated as Area Needing Improvement or NA

Select the appropriate response:

☐ Substantially Achieved ☐ Partially Achieved ☐ Not Achieved

ASSESSING OUTCOME: TO EVALUATE A SERIES OF EVENTS OR A SITUATION AND DETERMINE THE ABILITY, WILLINGNESS, AND AVAILABILITY OF RESOURCES FOR ACHIEVING AN AGREED UPON GOAL FOR THE AGENCY

Item 7: Services to the Family to Protect Child(ren) in the Home and Prevent Removal or Return Into Foster Care

Purpose of Assessment: To determine whether, during the period under review, the department made concerted efforts to provide services to the family to prevent child(ren)'s entry into foster care or return after reunification

Item 7 Definitions:

- When considering who to score, include any children in the family involved in an open case and any parent/guardian's home where the child(ren) live or visit

Item 7 Applicable Cases:

- In the list of criteria below, check Yes for any that apply and No for any that do not apply
- A case is applicable for assessment of this item if it meets at least one of the following criteria:
  - It is an in-home services case and the reviewer determines that there were concerns regarding the safety of at least one child in the family during the PUR ☐ Yes ☐ No
  - It is an in-home services case and services were provided for child(ren) at risk of out-of-home placement to remain safely in their homes ☐ Yes ☐ No
  - It is an in-home services case and the child(ren) was removed from the custodial parent and placed with the non-custodial parent ☐ Yes ☐ No
  - It is an out-of-home case and the child entered care during the PUR due to safety concerns ☐ Yes ☐ No
  - It is an out-of-home case and the child was returned to a trial home visit and the reviewer determines that there are concerns regarding the safety of that child in the home ☐ Yes ☐ No
  - It is an out-of-home case, and although the target child entered care before the PUR and remained in care for the entire PUR, there are other child(ren) involved in the open case and remaining in the home and the reviewer determines that there are concerns regarding the safety of those child(ren) during the PUR ☐ Yes ☐ No
- However, a case is NA for an assessment of this item if it meets the following criterion, even if the case is applicable based on the criteria above:
  - Only a safety plan was needed to ensure the child(ren)'s safety and no safety-related services were necessary based on the circumstances of the case. (In this situation, Item 7 would be NA and the safety plan would be assessed in Item 8.) ☐ Yes ☐ No

Is Item 7 applicable for this case?

☐ Yes ☐ No

If the response is No, Item 7 will be NA in the Ratings section

Question A Definitions:

- "Appropriate services," for the purposes of Item 7, are those that are provided to, or arranged for, the family with the explicit goal of ensuring the child(ren)'s safety. Examples include:
    - If there are safety issues in the home due to environmental hazards, homemaking services could be an appropriate safety-related service
    - If there are safety concerns related to the parent's ability to manage specific child(ren) needs or child(ren) behaviors, intensive in-home services could be an appropriate safety-related service
    - Child(ren) care services could be a safety-related service in cases where the child(ren) was being cared for in an unsafe setting or by an inappropriate caregiver
    - If there are safety concerns related to parental substance abuse, substance abuse treatment could be an appropriate safety-related service
- In most cases a child(ren)'s need for mental health services, education-related services, or services to address health issues, would not be considered relevant to the child(ren)'s safety if the child(ren) remained in the home
    - The department's efforts to meet those service needs are assessed in other items.
- "Concerted efforts," for the purposes of Item 7, refers to facilitating a family's access to needed services and working to engage the family in those services.
- Safety concerns include any substantiated report during the PUR
- When answering question 7A consider if the department had an opportunity to provide services prior to removal or re-removal. If there was a delay between the time the department received the report and the time of removal it would indicate there was an opportunity to provide services and this should be considered.

Question A Instructions:

- In answering question A, focus only on whether the department made concerted efforts to provide appropriate and relevant services to the family to address the safety issues in the family so that the child(ren) could remain safely in the home or would not return to foster care after reunification
    - Concerns about monitoring service participation and safety planning and assessment of progress made will be captured in Item 8
- If the department removed the child(ren) from the home without making concerted efforts to provide services, the answer to question A should be No, even if the department determined that it was necessary to remove the child(ren) for safety reasons
    - This issue will be addressed in question B

A. For the PUR, did the department make concerted efforts to provide or arrange for appropriate services for the family to protect the child(ren) to prevent their entry into foster care or return into foster care after reunification? (Be sure to assess the entire PUR.)

☐ Yes ☐ No ☐ NA

Question B Instructions:

- If the answer to question A is Yes, but, after making efforts to provide services, the child(ren) was removed from the home during the PUR due to unmanageable safety concerns, the answer to question B should be NA
- If the child(ren) was not removed from the home during the period under review, the answer to question B should be NA
- Focus on whether the circumstances of the case and of the removal suggest that services would not have been able to ensure the child(ren)'s safety if the child(ren) remained in the home
    - If the information indicates that it was necessary to remove the child(ren) immediately to ensure the child(ren)'s safety, the answer to question B should be Yes
    - If the information indicates that services could have been provided to prevent removal but the child(ren) was removed without providing those services, this question should be answered No
- If services should have been offered to protect the child(ren), but were not because those services were not available in the community, the answer to question B should be No

B. If during the PUR, any child was removed from the home without providing or arranging for services, was this action necessary to ensure the child(ren)'s safety?

☐ Yes ☐ No ☐ NA

Item 7 Rating Criteria

Item 7 should be rated as a Strength if the following applies:

- Question A is answered Yes and question B is NA
- Question A is answered No and question B is Yes

Item 7 should be rated as an Area Needing Improvement if the following applies:

- Question A is answered No and question B is No
- Question A is answered No and question B is NA

Item 7 should be rated as NA if the response to the question of applicability is No

Item 7 Rating (select one):

☐ Strength ☐ Area Needing Improvement ☐ NA

Provide item rating justification. Include any comments that highlight strengths or challenges related to specific practices, systemic issues, or resources that affected this item in the narrative field below:

ASSESSING OUTCOME: TO EVALUATE A SERIES OF EVENTS OR A SITUATION AND DETERMINE THE ABILITY, WILLINGNESS, AND AVAILABILITY OF RESOURCES FOR ACHIEVING AN AGREED UPON GOAL FOR THE AGENCY

Item 8: Risk and Safety Assessment and Management

Purpose of Assessment: To determine whether, during the PUR, the department made concerted efforts to assess and address the risk and safety concerns relating to child(ren) in their own homes or while in foster care

Item 8 Applicable Cases: All cases are applicable for an assessment of this item

Question A & B Definitions:

- "Safety Concern" is an active threat to child(ren) safety or an event that is currently impacting child(ren) safety
- "Risk" is defined as the likelihood that a child(ren) will be maltreated in the future
- An assessment of safety is made to determine whether a child(ren) is in a safe environment.
  - A safe environment is one in which there are no threats that pose a danger or, if there are threats, there is a responsible adult in a caregiving role who demonstrates sufficient capacity to protect the child(ren)
- "Target child" is defined as the child in an out-of-home case who is the subject of the review.

Question A & B Instructions:

- For in-home services cases, questions A and B should be answered for all child(ren) involved in the open case at any parent/guardians' home where the child(ren) live or visit
- For out-of-home cases, questions A and B should be answered for the target child in foster care and any child(ren) involved in the open case at any parent/guardians' home where the child(ren) live or visit
- When answering Question A, if the child(ren) was removed, consider the quality of the initial assessment of risk and safety concerns
  - Was the child(ren) removed and placed in foster care due to safety concerns?
    - If the answer is No, the placement may have been due to an inappropriate assessment
  - If reviewers determine the child(ren) was placed in foster care but there were no risk or safety concerns that would be captured in this question.
- Question A should be answered NA if the case was opened before the PUR, unless the initial assessment related to the case opening was pending or completed during the PUR
- In responding to questions A and B, consider any concerns selected in A1

A1. Did any of the following concerns exist during the PUR?

- There were maltreatment allegations about the family but they were never formally reported or formally investigated/assessed ☐ Yes ☐ No
- There were maltreatment allegations that were not substantiated despite evidence that would support substantiation ☐ Yes ☐ No

A. If the case was opened during the PUR, did the department conduct an initial assessment that accurately assessed all risk and safety concerns for the target child(ren) in foster care and/or any child(ren) in the family with open involvement remaining in the home?

☐ Yes ☐ No ☐ NA

Question B Instructions:

- In responding to question B, determine whether ongoing assessments (formal or informal) were conducted during the PUR including safety and risk assessment tools
  - If the department conducted an initial assessment of risk and safety at the onset of the case, but did not assess for risk and safety concerns on an ongoing basis and at critical times in the case, then the answer to question B should be No. Critical times may include:
    - When there were new allegations of abuse or neglect
    - Changing family conditions
    - New people coming into the family home or having access to the child(ren)
    - Changes to visitation
    - Upon reunification
    - At case closure
- Note that in some cases that were opened during the PUR, the issue of ongoing assessments may not be relevant because the case was opened for a very short period of time. For example,
  - If the case was opened shortly before the end of the PUR and during the initial assessment the department determined that there were no risk or safety concerns, then it may be reasonable to conclude that the department would not have conducted a second risk and safety assessment during the PUR
  - If the case was opened during the PUR and you believe that ongoing assessments were not necessary given the time frame and circumstances of the case, question B may be answered NA
- If a case was closed during the PUR, determine whether the department conducted a risk and safety assessment before closing the case
  - If not, the answer to question B should be No

B. During the PUR, did the department conduct ongoing assessments that accurately assessed all the risk and safety concerns for the target child in foster care and/or any child(ren) in the family with open involvement remaining in the home?

☐ Yes ☐ No ☐ NA

Question C Definitions:

- "Safety plan" refers to a plan that describes strategies developed by the department and family to ensure that the child(ren) is safe. Safety plans should address:
  - Safety threats and how those will be managed and addressed by the caregiver
  - Caregiver capacity to implement the plan and report safety issues to the department
  - Family involvement in implementation of the plan
- Safety plans may be separate from or integrated into the case plan

Question C Instructions:

- Question C is applicable to all case types if there is a safety concerns for the target child(ren) in foster care or child(ren) involved in the DCS case that are in the home
- Question C should be answered NA if the reviewer determines that, during the PUR, there were no apparent safety concerns for the target child(ren) in foster care or child(ren) involved in the DCS case that are in the home.
- Safety Plans must be written and known by all parties referenced in the plan for question C to be answered Yes

C. During the PUR, if safety concerns were present, did the department: (1) develop an appropriate safety plan with the family and (2) continually monitor and update the safety plan as needed, including monitoring family engagement in any safety-related services?

☐ Yes ☐ No ☐ NA

Question D Definitions:

- "Plan of Safe Care" will be completed for each infant under the age of one year who is identified as being born affected by or exposed in utero to substance use (the drugs may be legal or illegal), experiencing symptoms or withdrawal, diagnosed with Neonatal Abstinence Syndrome, and/or diagnosed with Fetal Alcohol Spectrum Disorder (FASD)
    - The plan will address the mental and physical health and substance use treatment needs of the infant, parent(s), household members, and the infant's caregiver(s)

Question D Instructions:

- If question D1 is No, question D should be answered NA

D1. Did this case meet the criteria for a Plan of Safe Care during the PUR?

☐ Yes ☐ No

D. Was a Plan of Safe Care (State Form 56565) completed and documented in the system of record and continually monitored and updated as needed during the PUR

☐ Yes ☐ No ☐ NA

Question E Definitions:

- "Recurring maltreatment" means there was at least one substantiated report on any child in the family during the period under review AND there was another substantiated report within a 6-month period before or after that report **that involved the same or similar circumstances**
    - In determining the similarity of the circumstances, consider the perpetrator of the maltreatment and other individuals involved in the incident

Question E Instructions:

- Question E is applicable to all cases
- Answer NA if no safety concerns were present during the PUR
- Answer Yes if all safety-related concerns were adequately addressed by the department
- Answer No if any safety-related incidents in E1 are selected

E1. Indicate whether any safety-related incidents occurred during the PUR. Select all that apply

☐ NA (no safety concerns were present during the PUR)

☐ All safety-related concerns were adequately addressed by the department

☐ Recurring maltreatment

☐ The case was closed while significant safety concerns that were not adequately addressed still existed in the home

☐ Other—describe any other safety-related concerns that were not adequately addressed by the department

____

E. During the PUR, did the department adequately or appropriately address safety concerns pertaining to the target child(ren) in foster care and/or any child(ren) in the family with open involvement remaining in the home?

☐ Yes ☐ No ☐ NA

Question F Instructions:

- Select NA if this is an in-home case, there was no visitation, or no visitation related safety concerns existed during the PUR
- Answer Yes If all safety concerns, related to visitation, were adequately addressed
- Answer No if any visitation related safety concerns in F1 are selected

F1. For out-of-home cases only, indicate whether any safety concerns related to visitation were present during the PUR. Select all that apply:

- ☐ NA (this is an in-home services case, or the target child(ren) did not have any visitation)
- ☐ NA, there were no safety concerns during the PUR
- ☐ All safety concerns, related to visitation, were adequately addressed
- ☐ Sufficient monitoring of visitation by parents/caretakers or other family members was not ensured
- ☐ Unsupervised visitation was allowed when it was not appropriate
- ☐ Visitation was court-ordered despite safety concerns that could not be mitigated with supervision
- ☐ Other (describe the safety concerns that existed with visitation): ____

F. During the PUR, was the target child in out-of-home care free from safety concerns during visitation with parents/caretakers or other family members?

☐ Yes ☐ No ☐ NA

Question G1 & G Definitions:

- "Resource parents" are defined as related or non-related caregivers who have been given responsibility for care of the child(ren) by the department while the child(ren) is under the placement, care, responsibility and supervision of the department

Question G Instructions:

- Answer NA if this is an in-home case, or there were no safety concerns.
- Answer Yes if all concerns were adequately addressed were noted in G1.
- Answer No if you determine that, during the PUR, the child was in at least one resource placement in which he or she was unsafe, and appropriate action was not taken. Examples include:
  - Providing closer monitoring of the placement
  - Placing fewer children in the home
  - Providing services to address potential problems or existing problems
  - Finding a more appropriate placement
- If any concerns are selected in G1, question G should be answered No

G1. For out-of-home cases only, indicate whether any safety concerns existed for the child in at least one foster care placement during the PUR. Select all that apply:

- ☐ NA, this is an in-home services case
- ☐ NA, there were no safety concerns
- ☐ All safety concerns for the target child, while in resource home placement, were adequately addressed
- ☐ There was a substantiated allegation of maltreatment of the child by a resource parent or facility staff member that could have been prevented if the department had taken appropriate actions
- ☐ There was a critical incident report or other major issue relevant to noncompliance by resource parents or facility staff that potentially make the child unsafe and the department could have prevented it or did not provide an adequate response after it occurred
- ☐ The child's placement during the PUR presented other risks to the child that are not being addressed, even though no allegation was made and no critical incident reports were filed
- ☐ You, as a reviewer, discover that there are safety concerns related to the child in the resource home or facility of which the department is unaware because of inadequate monitoring
- ☐ Other (describe the safety concerns that existed with placement):____

G. For out-of-home cases only, during the PUR, did the department adequately or appropriately address any concerns for the target child's safety related to the resource parents, members of the resource parents' family, other child(ren) in the resource home or facility, or facility staff member?

☐ Yes ☐ No ☐ NA

Item 8 Rating Criteria

Item 8 should be rated as a Strength if the following applies:

- Questions A, B, C, D, E, F, & G are all answered Yes or NA

Item 8 should be rated as an Area Needing Improvement if the following applies:

- Any one of questions A, B, C, D, E, F, or G is answered No

There are no circumstances under which this item could be rated NA

Item 8 Rating (select one):

☐ Strength ☐ Area Needing Improvement

Provide item rating justification. Include any comments that highlight strengths or challenges related to specific practices, systemic issues, or resources that affected this item in the narrative field below:

ASSESSING OUTCOME: TO EVALUATE A SERIES OF EVENTS OR A SITUATION AND DETERMINE THE ABILITY, WILLINGNESS, AND AVAILABILITY OF RESOURCES FOR ACHIEVING AN AGREED UPON GOAL FOR THE AGENCY

Item 9: Stability of the Child(ren)

Purpose of Assessment: To determine whether, during the PUR, the child(ren)'s daily setting, routines, and relationships are stable, consistent, and any changes in placement that occurred were in the best interests of the child(ren) and consistent with achieving the child(ren)'s permanency goals; and, if negative disruptions occurred, prompt and active measures were taken to restore the child(ren) to a stable situation

Item 9 Applicable Cases: All cases are applicable for an assessment of this item

Item 9 Instructions:

- In-home cases:
  - Do not complete the placement table or question A
  - Questions B, C, D, and E should be answered NA

Table A1 Definitions and Instructions

- Complete the placement table
  - Begin with the child(ren)'s placement type at the start of the period under review, or if the child(ren) was removed during the PUR, begin with the first placement type at time of removal
  - List each separate placement during the period under review
    - Runaways, respite care, and a brief hospitalization for acute care is not considered a placement if the child(ren) returns to the same home
- Select from the following options for placement type:
  - **Pre-Adoptive**—A home in which the family intends to adopt the child and may or may not be receiving a foster care payment or an adoption subsidy on behalf of the child
  - **Relative/Kinship Home—**A licensed or unlicensed home of the child's relatives or kinship
  - **Foster Home**—A licensed foster family home with no relationship to the child
  - **Group Home**—A licensed or approved home providing 24-hour care for the child in a small group setting that generally has from 7 to 12 children
  - **Residential**—A child care facility operated by a public or private department and providing 24-hour care and/or treatment for children who require separation from their own homes and group living experience
    - These facilities may include child care institutions, residential facilities, maternity homes, etc.
  - **Other**—A licensed or unlicensed placement setting that is not included in the list of placement types considered for this item AND is not one of the placement settings that could not be counted as a placement per Table A1 instructions, such as runaway, respite care, hotel, or department office
- Select from the following options for reason for change in placement setting:
  - NA, this is the current placement
  - Move to an adoptive or permanent guardian's home
  - Move from a more restrictive to a less restrictive placement
  - Move from a less restrictive to a more restrictive placement
  - Move to a relative or kinship placement
  - Move that brings the child closer to family or other important connections
  - Move to a temporary placement while awaiting a more appropriate placement
  - Move due to resource parent's request
  - Other (describe)

A1. Placement Table

Placement Date	Placement Type	Reason for Placement

Question A Definitions:

- "Placement setting" refers to a location in which a child resides while in out-of-home care
  - A new placement setting would result when a child moves from one resource home to another or to a group home or institution
  - If a resource family, with whom a child is placed, moves and the child moves with them, this does **not** constitute a change in placement or additional setting.

Question A Instructions:

- Add up the number of placement settings during the period under review
  - If the child was in the same placement for the entire period under review, then the response to question A should be 1
  - If a child moves from resource home (A) to resource home (B) then to relative caregiver home (A), then the response to question A should be 3
  - If a child is placed home on a THV with custodial or non-custodial parent this is not considered a placement setting.
    - If the child is moved from resource home (A) to THV (custodial/non-custodial) then back to resource home (A), this would only be 1 placement setting.
- Do not consider the following as a placement setting:
  - A trial home visit
  - A runaway episode
  - Temporary absences from the child's ongoing resource home placement, including visitation with a sibling, relative, or other caretaker
    - For example, pre-placement visits with a subsequent resource home or pre-adoptive parents
  - Hospitalization for medical treatment, acute psychiatric episodes, or diagnosis
  - Respite care
  - Day or summer camps
  - Locked facilities (for example, when a youth is held in a juvenile detention center)
  - Removal from custodial parent and placed directly with non-custodial parent

A. How many placement settings did the child experience during the PUR? ______________________________

Question B Definitions:

- "Placement changes" refers to a change in the placement setting in which a child is residing while under the care and responsibility of the department.
    - A change in placement would result, for example, when a child moves from one resource home to another or to a group home or institution
    - If, however, a resource family with whom a child is placed moves to another residence and the child moves with the family, this does not constitute a change in placement
- "Removal" refers to a child's removal from his or her parent, guardian, or custodian's normal place of residence and placement in a substitute care setting under the care and responsibility of the department

Question B Instructions:

- If the response to question A is 0 or 1, then the response to question B should be NA
- An initial removal from the home does not count as a placement change
    - This is captured in Item 7
- Placement changes that reflect the department's efforts to achieve case goals include
    - Moves from a resource home to an adoptive home
    - Moves from a more restrictive to a less restrictive placement
    - Moves from non-relative/kinship resource care to relative care
    - Moves that bring the child closer to family or community
- Placement changes that do not reflect the department's efforts to achieve case goals include
    - Moves due to unexpected and undesired placement disruptions
    - Moves due to placing the child in an inappropriate placement
        - Moves based on mere availability rather than on appropriateness
    - Moves to more restrictive placements when this is not essential to achieving a child(ren)'s permanency goal or meeting a child(ren)'s needs
    - Temporary placements while awaiting a more appropriate placement
    - Practices of routinely placing children in a particular placement type, such as shelter care, upon initial entry into foster care regardless of individual needs
- If ALL placement changes during the PUR reflect planned efforts to achieve the child(ren)'s permanency goals or meet the needs of the child, then the answer to question B should be Yes
    - Placement changes that occur as a result of unexpected circumstances that are out of the control of the department (such as the death of a resource parent or resource parents moving to another state) can be considered similar to those that reflect the department's efforts to achieve permanency goals for purposes of question B
- If any single placement change that occurred during the PUR was for a reason other than efforts to achieve permanency goals or to meet the child's needs, the answer to question B should be No

B. Were all placement changes during the period under review planned by the department in an effort to achieve the child's case goals or to meet the needs of the child?

☐ Yes ☐ No ☐ NA

C1. Indicate whether any of the circumstances below apply to the child's current placement. Select all that apply:

☐ NA – this is an In-Home case
☐ None apply, placement is stable
☐ The child's current placement is in a temporary shelter or other temporary setting
☐ There is information indicating that the child's current substitute care provider may not be able to continue to care for the child
☐ There are problems in the current placement threatening its stability that the department is not addressing
☐ The child has run away from this placement more than once or is in runaway status at the time of review
☐ Other (describe reason why the current placement is not stable): ____________________

Question C Instructions:

- If any of the circumstances in C1 apply to the child's current placement, the answer to question C is No

C. Is the child's current placement stable?

☐ Yes ☐ No ☐ NA

Question D & E Definitions:

- "Least restrictive setting" means
  - The child's current living arrangement meets the child(ren)'s needs to be connected to his or her community, extended family, tribe, faith, social activities, and peer group
  - The child's home community is generally the area in which the child has lived for a considerable amount of time and is usually the area in which the child was living prior to removal.
  - The child is ideally living with relatives or placed with siblings unless known barriers are present
  - The caregiver(s) is able to meet the child's daily needs for care and nurturing, including any special medical, behavioral, or cognitive needs
  - The child feels safe and well cared for in this setting
  - The child, parents, out-of-home caregivers, therapists, and FCM believe that this is the best place for the child to be living

Question D & E Instructions:

- Answer these questions based on your professional judgement regarding the appropriateness of the child's current living arrangement
- If the answer to D is Yes, the answer to E should be NA

D. Is the child living in the least restrictive setting?

☐ Yes ☐ No ☐ NA

E. Has the department made concerted efforts to locate and change placement to the least restrictive setting?

☐ Yes ☐ No ☐ NA

Table F1 & F Definitions:

- Complete the negative disruption table.
  - Only list negative disruptions during the PUR
  - "Negative Disruption" refers to an event or situation that **negatively** impacts the child(ren)
  - Any change in a child(ren)'s life may be disruptive to established relationships and the familiar comforts, rhythms, and routines of a normal, stable life
  - While change is a part of life, the focus of this table is placed on events or situations that may negatively impact the child(ren)'s permanency and/or routines
- Select from the following options for disruption type:
  - **Change of FCM**—The case is transferred from one FCM to another FCM without proper notice to the family/child(ren), transition meeting, and/or child(ren) was not introduced to the new FCM by previous FCM
    - Do not include transfer from assessment FCM to permanency FCM if the transfer ensured continuity of care for child(ren) and families, pertinent information is understood by the new FCM, and was a smooth and informative process
  - **Services**—Focus on provider changes that negatively impact the child(ren)
    - This would include home based case workers, therapists, and other individuals providing services to the child(ren)
  - **School**—Focus on school changes or disruptions that negatively impact the child(ren)
    - Repeated school suspensions or expulsions would be considered a disruption to a child(ren)'s education
    - Unplanned school moves
    - A normal age-related transition from elementary to middle school or high school is not a disruption
  - **Meaningful non-relative relationships**—Child(ren) is detained or moved and is unable to maintain connections with his or her neighborhood, community, faith, Tribe and/or friends
  - **Other**—A disruption that is not included in the list of disruption types considered for this item
- In the column, "Reason for Negative Disruption and How it Negatively Impacted Child(ren)", indicate why the change occurred and how it negatively impacted the child(ren)

Question F Instruction:

- Total the number of negative disruptions from Table F1
  - Each row may contain multiple disruptions
  - If multiple children are being rated, consider whether the same incident caused a disruption for each child
    - If there is a sibling group of 3 who have an FCM leave this would only count as 1 disruption even though all three experienced it
    - Within this same sibling group, if the children have two separate therapists who leave the case for different reasons, this would count as 2 disruptions in the services column, 1 for each child

F1. Negative Disruption Table

# of Negative Disruptions	Disruption Type	Reason for Negative Disruption and How it Negatively Impacted Child(ren)
	Change of FCM	
	Services	
	School	
	Meaningful non-relative relationships	
	Other	

F. How many negative disruptions did the child(ren) experience during the period under review? ___________________

Question G Instructions:

- If the response to F is zero and the child(ren) is not pending any imminent known disruptions, the answer to G is Yes
- If the response to F is greater than zero, the answer to G is No

G. Has the child(ren) been stable in all domains during the PUR?

☐ Yes ☐ No

Question H Instructions:

- If the response to F is zero (0) then the response to question H should be NA
- If the department made concerted efforts to address any disruptions and minimize the impact to the child(ren)'s life, then the response to question H should be Yes
- If the department did not make concerted efforts to mitigate any disruptions or was not aware of a disruption, then the response to question H should be No

H. Did the department make concerted efforts to appropriately address all life disruptions during the period under review?

☐ Yes ☐ No ☐ NA

Item 9 Rating Criteria

Item 9 should be rated as a Strength if the following applies:

- Questions B, C, & E are all answered Yes or NA and G is answered Yes and H is answered NA
- Questions B, C, & E are all answered Yes or NA and G is answered No but H is answered Yes

Item 9 should be rated as an Area Needing Improvement if the following applies:

- Any one of questions B, C, E, or H is answered No

There are no circumstances under which this item could be rated NA

Item 9 Rating (select one):

☐ Strength ☐ Area Needing Improvement

Provide item rating justification. Include any comments that highlight strengths or challenges related to specific practices, systemic issues, or resources that affected this item in the narrative field below:

ASSESSING OUTCOME: TO EVALUATE A SERIES OF EVENTS OR A SITUATION AND DETERMINE THE ABILITY, WILLINGNESS, AND AVAILABILITY OF RESOURCES FOR ACHIEVING AN AGREED UPON GOAL FOR THE AGENCY

Item 10: Assessing the Needs and Services of Child(ren)

Item 10 is divided into 5 sub-items: 10A: Educational Needs, 10B: Physical Health, 10C: Mental/Behavioral Health, 10D: Independent Living Skills, and 10E: Assessing Social Skills

Purpose of Assessment: To determine whether, during the period under review, the department (1) made concerted efforts to assess the needs of child(ren) (both initially, if the child(ren) entered foster care or the case was opened during the period under review, and on an ongoing basis) and identify the services necessary to achieve case goals and adequately address the issues relevant to the department's involvement with the family, and (2) provide the appropriate services

Item 10 Instructions:

- Assessment of needs may take different forms
  - Needs may be assessed through a formal evaluation conducted by another agency or by a contracted provider
  - Through a more informal case planning process involving intensive interviews with the child(ren), family, and service providers
- Answer questions based on a determination of whether the department made concerted efforts to achieve an in-depth understanding of the needs of the child(ren), regardless of whether the needs were assessed in a formal or informal manner
  - Consequently, the evaluation of the assessment should focus on its adequacy in accurately assessing the child(ren)'s needs in addition to whether one was conducted

Sub-Item 10A: Assessing and Services for Educational Needs of Child(ren)

Sub-Item 10A Applicable Cases:

- All out-of-home cases involving a school-aged child, including those in pre-school, are applicable for an assessment of this sub-item
  - If a child is 1 years old or younger and has been identified as having developmental delays, the case may be applicable if the developmental delays need to be addressed through an educational approach rather than through physical therapy or some form of physical health approach
- Out-of-home cases are NA if the child is age 2 or younger and there are no apparent developmental delays
- In-home cases are applicable for an assessment of this sub-item if
  - Educational issues are relevant to the reason for the department's involvement with the family
  - It is reasonable to expect that the department would address educational issues if the maltreatment appeared to be affecting the child(ren)'s school performance
- In-home cases are NA if there is no reason to expect that the department would address educational issues for any child in the family given the reason for agency involvement or circumstances of the case

Is this case applicable?

☐ Yes ☐ No

If the response is No, Sub-Item 10A will be NA in the Ratings section

Question A Instructions:

- All school-aged child(ren), including those in pre-school, are applicable for review
  - If a child is 2 years old or younger and has been identified as having developmental delays, the child may be applicable if the developmental delays need to be addressed through an educational approach rather than through physical therapy or some form of physical health approach
  - In these latter cases, the issue of developmental delays would be addressed under question 10C
- Question A should be answered Yes if there was evidence of an educational assessment in the case file, such as:
  - An educational assessment included in the comprehensive needs assessment
  - A separate educational assessment conducted by the school (and made available to the department) or by the department
  - An informal (and documented) educational assessment conducted by the department
- Question A should be answered Yes if reviewers determine, through interviews with key individuals, that the system assessed the child(ren)'s educational needs, even if the case file did not include the documentation identified above

A. During the PUR, did the department make concerted efforts to accurately assess the child(ren)'s educational needs?

☐ Yes ☐ No ☐ NA

Question B Instructions:

- Question 10B should be answered NA if an educational assessment was conducted (i.e., question 10A is answered Yes) but no needs were identified
- Review any services needed but not provided when responding to question 10B
  - Focus on system efforts (including school, community, and department), even if these efforts were not fully successful due to factors beyond the system's control
    - If the department made concerted efforts to advocate for special education classes, but those are not available at the school or in the community you may answer Yes to question 10B, although the child(ren) did not receive the needed services
    - This lack of resource availability will be addressed in Item 19 of the tool
    - Also consider whether the service need was recently identified during the PUR and the system has not had a reasonable amount of time to arrange for/request the service

B. During the PUR, did the department and other agencies engage in concerted efforts to address the child(ren)'s educational needs through appropriate services?

☐ Yes ☐ No ☐ NA

Sub-Item 10A Rating Criteria

Sub-Item 10A should be rated as a Strength if the following applies:

- Question A is answered Yes and B is answered Yes or NA

Sub-Item 10A should be rated as an Area Needing Improvement if the following applies:

- Either question A or B is answered No

Sub-Item 10A should be rated as NA if the response to the question of applicability is No

Sub-Item 10A Rating (select one):

☐ Strength ☐ Area Needing Improvement ☐ NA

Provide item rating justification. Include any comments that highlight strengths or challenges related to specific practices, systemic issues, or resources that affected this item in the narrative field below:

Sub-Item 10B: Assessing and Services for Physical Health of Child(ren)

Sub-Item 10B Applicable Cases:

- All out-of-home cases are applicable for assessment of this sub-item
  In-home cases are applicable for an assessment of this sub-item if:
  - Physical/dental health issues are relevant to the reason for the department's involvement with the family
  - It is reasonable to expect that the department would address physical/dental health issues if the maltreatment appeared to be affecting the child(ren)'s physical health
- In-home cases are NA if there is no reason to expect that the department would address physical or dental health issues for any child in the family given the reason for agency involvement or circumstances of the case

Is this case applicable?

☐ Yes ☐ No

If the response is No, Sub-Item 10B will be NA in the Ratings section

Question C Instructions:

- The purpose of these questions is to determine if the child(ren) is achieving and maintaining his/her optimum health status
  - If the child(ren) has a serious or chronic physical illness determine if the child(ren) is achieving his/her best attainable health status given the health diagnosis and prognosis
- For out-of-home cases, determine whether there is evidence that, during the PUR, the department arranged for assessment of the child(ren)'s health care needs, including dental care needs, both initially, and on an ongoing basis through periodic health and dental screening services conducted during the PUR
  - The evidence to consider would include, but is not limited to:
    - Conducting an initial health care screening or comprehensive medical examination upon entry into foster care (if the child(ren) entered foster care during the PUR)
    - Ensuring that, during the PUR, the child(ren) received ongoing periodic preventive physical and dental health screenings to identify and avoid potential problems
      - Preventive health care refers to initial and periodic age-appropriate dental or physical health examinations
    - Including an assessment of physical and dental health needs through ongoing needs assessments conducted to guide case planning
- For in-home services cases, determine whether there is evidence that, during the PUR, the system worked with the parent/caregiver to ensure that the child(ren)'s health and dental needs were assessed
  - The evidence to consider would include, but is not limited to:
    - Documentation in the system of record of health information the system was provided by the parent or child(ren)'s health care provider
    - Documentation in the system of record of conversations between the FCM and parent/caregiver regarding the child(ren)'s health and dental status

C. During the PUR, did the department and other agencies accurately assess the child(ren)'s physical and dental health care needs?

☐ Yes ☐ No ☐ NA

Question D Definition:

- Health records include:
  - The names and addresses of the child's health care providers
  - A record of the child(ren)'s immunizations
  - The child(ren)'s known medical problems
  - The child(ren)'s medications
  - Other relevant health information

D. For out-of-home cases only, determine whether, during the period under review, there was evidence that the health records criteria, required by federal statute, were met (select each one that was met)

☐ NA, this is an in-home services case

☐ No evidence found

☐ To the extent available and accessible, the child(ren)'s health records are up to date and included in the case file

☐ The case plan addresses the issue of health and dental care needs

☐ To the extent available and accessible, foster parents or foster care providers are provided with the child's health records

Question E Definition:

- "Appropriate oversight" includes, but is not limited to, the following:
  - Ensure a child is seen regularly by a physician to monitor the effectiveness of the medication, assess any side effects and/or health implications, consider any changes needed to dosage or medication type and determine whether medication is still necessary and/or if other treatment options would be more appropriate
  - Regularly following up with resource parents/caregivers about administering medication(s) appropriately and about the child(ren)'s experience with the medication(s), including any side effects
  - Following any additional state protocols that may be in place related to the appropriate use and monitoring of medications

Question E Instructions:

- If the child was not prescribed any medications for physical health issues during the period under review, select NA

E. During the period under review, did the system provide appropriate oversight of prescription medications for physical health issues?

☐ Yes ☐ No ☐ NA

Question F Instructions:

- If the answers to question C is Yes and no needs for services or treatment were identified, then question F should be answered NA
- If any services were needed but not provided, question F should be No, unless the service was recently identified during the period under review and the department has not had a reasonable amount of time to arrange for the service
  - If services were not provided due to delays on the providers part or the department, question F should be No
  - Do not include if services were unavailable in the community or the child(ren) was put on a waitlist as this is captured under Item 19 Resource Availability
- Answer No to question F if the case management criteria noted in question D was not met and you determine that had or has a negative impact on the department's ability to meet the child(ren)'s health and dental care needs. For example:
  - Resource parents were unable to effectively address health care needs because they had never seen the child(ren)'s health records
  - The child(ren)'s health care needs were not being met because there were no health records in the case file and the FCM was unaware of the child(ren)'s health care needs
- Routine exams can include both evaluations and services (e.g. teeth cleaning)
  - In cases where initial and/or ongoing assessments were conducted and the child(ren) received routine care but no follow-up services were needed, the answer to F should be Yes
  - If either routine care or any additional services were needed but not provided, the answer to F should be No

F. During the period under review, did the system ensure that appropriate services were provided to the child(ren) to address all identified physical and dental health needs?

☐ Yes ☐ No ☐ NA

Sub-Item 10B Rating Criteria

Sub-Item 10B should be rated as a Strength if the following applies:

- Question C is answered Yes and E & F are answered Yes or NA

Sub-Item 10B should be rated as an Area Needing Improvement if the following applies:

- Any one of questions C, E, or F is answered No

Sub-Item 10B should be rated as NA if the response to the question of applicability is No

Sub-Item 10B Rating (select one):

☐ Strength ☐ Area Needing Improvement ☐ NA

Provide item rating justification. Include any comments that highlight strengths or challenges related to specific practices, systemic issues, or resources that affected this item in the narrative field below:

Sub-Item 10C: Assessing and Services for Mental/Behavioral Health of Child(ren)

Sub-Item 10C Applicable Cases:

- Out-of-home cases are applicable for assessment of this sub-item if the reviewer determines that, during the period under review, the child had existing mental/behavioral health needs, including substance abuse issues
  - If the child had mental/behavioral issues before the period under review that were adequately addressed and there are no remaining needs during the period under review, the case is not applicable to be scored
- In-home cases are applicable for an assessment of this sub-item if:
  - Mental/behavioral health issues are relevant to the reason for the department's involvement with the family
  - It is reasonable to expect that the department would address mental/behavioral health issues if the maltreatment appeared to be affecting the child(ren)'s mental health
- In-home cases are NA if there is no reason to expect that the department would address mental/behavioral health issues for any child in the family given the reason for agency involvement or circumstances of the case

Is this case applicable?

☐ Yes ☐ No

If the response is No, Sub-Item 10C will be NA in the Ratings section

Question G Definition:

- "Behavioral health needs" includes needs related to behavioral problems that are not always specified as mental health needs, including substance abuse

Question G Instructions:

- An assessment of mental/behavioral health should include consideration of any trauma that the child(ren) may have experienced, including exposure to domestic violence

G. During the period under review, did the department and/or other agencies conduct an accurate assessment of the child(ren)'s mental/behavioral health needs initially and on an ongoing basis to inform case planning decisions?

☐ Yes ☐ No ☐ NA

Question H Instructions:

- If question G is answered Yes, but no mental/behavioral health service needs were identified, then the answer to question H should be NA
- If you identified any services needed but not provided, question H should be No, unless the service was recently identified during the period under review and the department has not had a reasonable amount of time to arrange for the service
  - Do not include if services were unavailable in the community or the child(ren) was put on a waitlist as this is captured under Item 19 Resource Availability

H. During the period under review, did the department provide appropriate services to address the child(ren)'s mental/behavioral health needs?

☐ Yes ☐ No ☐ NA

Question I Definition:

- "Appropriate oversight" includes, but is not limited to, the following:
  - Ensure that a child is seen regularly by a physician to monitor the effectiveness of the medication, assess any side effects and/or health implications, consider any changes needed to dosage or medication type and determine whether medication is still necessary and/or whether other treatment options would be more appropriate
  - Regularly following up with resource parents/caregivers about administering medications appropriately and about the child(ren)'s experience with the medication(s), including any side effects
  - Following any additional state protocols that may be in place related to the appropriate use and monitoring of medications

Question I Instructions:

- If the child(ren) was not prescribed any medications for mental/behavioral health issues during the period under review answer this question NA

I. During the period under review, did the department provide appropriate oversight of prescription medications for mental/behavioral health issues?

☐ Yes ☐ No ☐ NA

Sub-Item 10C Rating Criteria

Sub-Item 10C should be rated as a Strength if the following applies:

- Question G is answered Yes and H &I are answered Yes or NA

Sub-Item 10C should be rated as an Area Needing Improvement if the following applies:

- Any one of questions G, H, or I is answered No

Sub-Item 10C should be rated as NA if the response to the question of applicability is No

Sub-Item 10C Rating (select one):

☐ Strength ☐ Area Needing Improvement ☐ NA

Provide item rating justification. Include any comments that highlight strengths or challenges related to specific practices, systemic issues, or resources that affected this item in the narrative field below:

Sub-Item 10D: Assessing and Services for Independent Living Skills

Sub-Item 10D Applicable Cases:

- Only out-of-home youth age 14 or older are applicable for this question
  - For all other children answer No

Is this case applicable?

☐ Yes ☐ No

If the response is No, Sub-Item 10D will be NA in the Ratings section

Question J, K, & L Instructions:

- Determine whether the child(ren)'s needs for independent living services are being assessed on an ongoing basis as part of the child(ren)'s independent living plan. In making this determination, consider the following:
  - Did the department assess for independent living skills? (e.g. Ansell Casey Life Skills assessment)
  - Is there a transition plan for successful adulthood in the file? (This is required for all youth age 14 and older)
- Independent living services are required to be provided to all out-of-home youth age 16 and older and to child(ren) of any age with a goal of emancipation/independence or "another planned permanent living arrangement" who are expected to eventually exit care to independence
  - Consider whether concerted efforts were made to provide the child(ren) with services to adequately prepare the child(ren) for independent living when the child(ren) leaves foster care, such as
    - Post-high school planning
    - Life skills
    - Employment training
    - Financial planning skills
    - Transitional services
- Consider age and the ability of the youth when determining if the independent living skill needs were accurately assessed and supported.
- If the youth's needs have been accurately assessed but no needs identified, the answer to question K should be NA

J. For all out-of-home youth age 16 and older, did the department accurately assess the youth's independent living skills?

☐ Yes ☐ No ☐ NA

K. During the period under review for all out-of-home youth age 16 and older, were appropriate services provided to support the youth's independent living skills?

☐ Yes ☐ No ☐ NA

L. During the period under review, was a transition plan for successful adulthood completed/updated and documented within the case for all out-of-home youth age 14 and older?

☐ Yes ☐ No ☐ NA

Sub-Item 10D Rating Criteria

Sub-Item 10D should be rated as a Strength if the following applies:

- Questions J & L are answered Yes and K is answered Yes or NA

Sub-Item 10D should be rated as an Area Needing Improvement if the following applies:

- Any one of questions J, K, or L is answered No

Sub-Item 10D should be rated as NA if the response to the question of applicability is No

Sub-Item 10D Rating (select one):

☐ Strength ☐ Area Needing Improvement ☐ NA

Provide item rating justification. Include any comments that highlight strengths or challenges related to specific practices, systemic issues, or resources that affected this item in the narrative field below:

Sub-Item 10E: Assessing and Services for Social Skills

Sub-Item 10E Applicable Cases: All cases are applicable for this sub-item

Sub-Item 10E Instructions:

- If the case is an out-of-home case, determine whether the department assessed the needs of, and provided services for, the target child in the case, even if there are other children in the family in foster care or involved in the open case remaining in the home
- If the case is an in-home case, determine whether the department assessed the needs of, and provided services for, all children involved in the open case

Question M Instructions:

- Answer this question with regard to an assessment of needs other than those related to the child(ren)'s education, physical health, mental/behavioral health and independent living skills
- Needs that should be assessed in this sub-item include those related to social/emotional development that are not connected to other physical health or mental health issues. These may include
  - Social competencies
  - Attachment and caregiver relationships
  - Social relationships and connections
  - Social skills
  - Self-esteem
  - Coping skills

M. During the period under review, did the department conduct a formal or informal initial and/or ongoing comprehensive assessment that accurately assessed the child(ren)'s social/emotional needs?

☐ Yes ☐ No

Question N Instructions:

- If the answer to question M is Yes, but the result of the assessment was that no service needs were identified other than those related to education, physical health, mental/behavioral health, and independent livings skills and therefore no services were provided other than services to address those needs, the answer to question N should be NA
- Focus on the department's provision of services during the period under review
  - If services were provided before the PUR, and an assessment conducted during the period under review indicated no further service needs, then the answer to question N should be Not Applicable.
- Answer question N in regards to services other than those related to education, physical health, mental/behavioral health, independent living skills, and safety
- Examples of services that are assessed under this item include
  - Child care services not required for the child(ren)'s safety
  - Mentoring programs not related to education
  - Recreational services
  - Teen parenting education
  - Preparation for adoption and other permanency goals
  - Services that address family relationships
  - Services to assist with social skills or to boost self-esteem

N. During the period under review, were appropriate services provided to meet the child(ren)'s identified social/emotional needs?

☐ Yes ☐ No ☐ NA

Sub-Item 10E Rating Criteria

Sub-Item 10E should be rated as a Strength if the following applies:

- Question M is answered Yes and N is answered Yes or NA

Sub-Item 10E should be rated as an Area Needing Improvement if the following applies:

- Either one of questions M or N is answered No

There are no circumstances under which this item could be rated NA

Sub-Item 10E Rating (select one):

☐ Strength ☐ Area Needing Improvement

Provide item rating justification. Include any comments that highlight strengths or challenges related to specific practices, systemic issues, or resources that affected this item in the narrative field below:

Item 10 Rating Criteria

Item 10 should be rated as a Strength if the following applies:

- All Sub-Items are rated as a Strength or NA

Item 10 should be rated as an Area Needing Improvement if the following applies:

- Any Sub-Item is rated as an Area Needing Improvement

There are no circumstances under which this item could be rated NA

Sub-Item 10 Rating (select one):

☐ Strength ☐ Area Needing Improvement

ASSESSING OUTCOME: TO EVALUATE A SERIES OF EVENTS OR A SITUATION AND DETERMINE THE ABILITY, WILLINGNESS, AND AVAILABILITY OF RESOURCES FOR ACHIEVING AN AGREED UPON GOAL FOR THE AGENCY

Item 11: Assessing the Needs and Services of Parents

Purpose of Assessment: To determine whether, during the period under review, the department (1) made concerted efforts to comprehensively assess the needs of parents (both initially, if the child(ren) entered foster care or the case was opened during the period under review, and on an ongoing basis) and identify the services necessary to achieve case goals and adequately address the issues relevant to the department's involvement with the family, and (2) identified underlying needs of the parents.

Item 11 Definitions:

- Assessment of needs may take different forms
  - Needs may be assessed through a formal evaluation conducted by another department or by a contracted provider
  - Needs may also be assessed through a more informal case planning process involving intensive interviews with the child(ren), family, and service providers
- Answer questions based on a determination of whether the system made concerted efforts to achieve an in-depth understanding of the needs of the parents, regardless of whether the needs were assessed in a formal or informal manner
  - Consequently, the evaluation of the assessment should focus on its adequacy in accurately assessing the parents' needs in addition to whether one was conducted
- In-home services cases:
  - "Mother" and "Father" are defined as the parents/caregivers with whom the child(ren) were living when the department became involved with the family and with whom the child(ren) will remain
    - Biological parents, relatives, guardians, adoptive parents, etc.
  - If a biological parent does not fall into any of the categories above, determine whether that parent should be included in this item based on the circumstances of the case. Some things to consider in this determination are:
    - The reason for the department's involvement
    - the identified perpetrators in the case
    - the status of the child(ren)'s relationship with the parent
    - the nature of the case (CHINS or IA) and the length of case opening
  - If a biological parent indicates a desire, during the period under review, to be involved with the child(ren) and it is in the child(ren)'s best interests to do so, they should be assessed in this item
- Out-of-home cases:
  - "Mother" and "Father" are defined as the parents/caregivers from whom the child(ren) was removed
  - "Mother" and "Father" include biological parents who were not the parents from whom the child(ren) was removed
  - Step parents should only be scored as "Mother" or "Father" if they are married
    - If they are not married, they should be considered in the rating given to the parent they are associated with

Item 11 Applicable Cases:

- Because multiple case participants can be assessed in these questions, consider applicability for all appropriate case participants before determining that the rating should be NA.

- Corresponding questions will not be scored if any of the following applies to the mother or father being assessed in this item (check Yes for any that apply and No for any that do not apply)
  - Parent was deceased during the entire period under review ☐ Yes ☐ No
  - Parental rights remained terminated during the entire period under review ☐ Yes ☐ No
  - During the entire period under review it was documented in the case file that it was not in the child(ren)'s best interests to involve the parent in case planning ☐ Yes ☐ No
  - During the entire period under review, the parent has indicated he/she does not want to be involved in the child(ren)'s life and this was documented in the case file ☐ Yes ☐ No
  - Parent's whereabouts were not known during the entire period under review despite concerted efforts to locate the parent ☐ Yes ☐ No

Is Item 11 applicable for Mother?

☐ Yes ☐ No

If No, answer questions A1 and A2 NA

Is Item 11 applicable for Father?

☐ Yes ☐ No

If No, answer questions B1 and B2 NA

Indicate why participants are NA in this item

If both mother and father are NA, Item 11 will be NA in the Ratings section

Question A1 and B1 Instructions:

- If the case was opened during the period under review, focus on whether the department conducted an initial comprehensive assessment as a basis for developing a plan, and whether ongoing assessing was conducted as appropriate
- If the case was opened before the period under review, focus on whether the department conducted periodic comprehensive needs assessments (as appropriate) during the period under review to update information relevant to ongoing planning
- Assessment of mother's and father's needs refers to a determination of what the mother or father needs to provide appropriate care and supervision and to ensure the well-being of his/her child(ren). This could include:
  - Mental and physical health needs, if those needs impact the parent's capacity to care for the child(ren)
  - Needs related to supporting a biological parent's relationship with the child(ren) if they did not have an established relationship prior to the child(ren)'s entry into foster care
- Consider the strengths that were identified through formal and informal assessing. This could include:
  - Functional strengths—buildable characteristics, attributes, or interests that help the family make positive changes
  - Protective factors—characteristics that include nurturing and attachment, knowledge of parenting and of child and youth development, parental resilience, social connections, concrete supports, and social and emotional competence of children

A1. During the period under review, did the department conduct an informal or formal initial and/or ongoing assessment that accurately assessed the mother's strengths and needs?

☐ Yes ☐ No ☐ NA

B1. During the period under review, did the department conduct an informal or formal initial and/or ongoing assessment that accurately assessed the father's strengths and needs?

☐ Yes ☐ No ☐ NA

Question A2 and B2 Instructions:

- Underlying needs are the root source of an individual and/or family's challenges and determines the appropriate use of services or interventions
    - To identify the underlying need, the question of what does the family need or what needs to change in order to achieve the family's outcomes should be answered
    - The FCM will assist the family and team to identify these needs
    - The ability to determine the underlying needs is a crucial step in understanding the family and promoting safety, permanency, and well-being
    - We address underlying needs so that we understand the root of the problem and can provide accurate and effective services to address the needs and support safe sustainable case closure
    - A disproportionate focus on symptoms can overshadow underlying needs
        - For Example
            - A parent may have substance abuse issues that led to department involvement
            - The parent discloses a history of sexual abuse that was never discussed
            - The substance abuse may be they symptom of the underlying need--trauma of sexual abuse

A2. Did the department accurately assess the mother's underlying needs through an understanding of her family story and reasons for involvement?

☐ Yes ☐ No ☐ NA

B2. Did the department accurately assess the father's underlying needs through an understanding of his family story and reasons for involvement?

☐ Yes ☐ No ☐ NA

Item 11 Rating Criteria

Item 11 should be rated as a Strength if the following applies:

- All questions are answered Yes or NA

Item 11 should be rated as an Area Needing Improvement if the following applies:

- Any one of questions A1, B1, A2, or B2 is answered No

Item 11 should be rated as NA if the response to the question of applicability for both Mother and Father is No

Item 11 Rating (select one):

☐ Strength ☐ Area Needing Improvement ☐ NA

Provide item rating justification. Include any comments that highlight strengths or challenges related to specific practices, systemic issues, or resources that affected this item in the narrative field below:

ASSESSING OUTCOME: TO EVALUATE A SERIES OF EVENTS OR A SITUATION AND DETERMINE THE ABILITY, WILLINGNESS, AND AVAILABILITY OF RESOURCES FOR ACHIEVING AN AGREED UPON GOAL FOR THE AGENCY

Item 12: Assessing the Needs and Services of Resource Parents

Purpose of Assessment: To determine whether, during the period under review, the department (1) made concerted efforts to assess the needs of resource parents (both initially, if the child(ren) entered foster care or the case was opened during the period under review, and on an ongoing basis) and identify the services necessary in order for resource parents to provide appropriate care and supervision to ensure the safety and well-being of the children in their care and (2) provided the appropriate services

Item 12 Applicable Cases:

- In the list of criteria below, check Yes for any that apply and No for any that do not apply
- A case is applicable for assessment of this item if both criteria are marked No
  - In-Home case ☐ Yes ☐ No
  - Out-of-home case with child in a congregate care setting during the entire period under review ☐ Yes ☐ No

Is this case applicable?

☐ Yes ☐ No

If the response is No, Item 12 will be NA in the Ratings section

Item 12 Definitions:

- Assessment of needs may take different forms
  - Needs may be assessed through a formal evaluation conducted by another department or by a contracted provider
  - Needs may also be assessed through a more informal case planning process involving intensive interviews with the child(ren), family, and service providers
- Answer questions based on a determination of whether the system made concerted efforts to achieve an in-depth understanding of the needs of the parents, regardless of whether the needs were assessed in a formal or informal manner
  - Consequently, the evaluation of the assessment should focus on its adequacy in accurately assessing the parents' needs in addition to whether one was conducted
- Resource parents are defined as related or non-related caregivers who have been given responsibility for care of the child by the department while the child is under the placement and care responsibility and supervision of the department
  - This includes licensed and non-licensed caregivers as well as pre-adoptive parents

Question A Instructions:

- All resource parents who cared for the child during the period under review are included in this item
- Determine whether an assessment was conducted to identify what the resource parents needed to enhance their capacity to provide appropriate care and supervision to the children in their home, such as:
  - Respite care
  - Assistance with transportation
  - Counseling to address the child's behaviors
- Determine whether assessment of resource parent needs was done on an ongoing basis
  - If there is no evidence in the case file that the department assessed the needs of the resource parents at any time during the period under review, and the resource parents (if available for interview) indicate that they have not been assessed, then the answer to question A should be No

A. During the period under review, did the department adequately assess the needs of the resource or pre- adoptive parents on an ongoing basis with respect to services they need in order to provide appropriate care and supervision to ensure the safety and well-being of the children in their care?

☐ Yes ☐ No ☐ NA

Question B Instructions:

- All resource parents who cared for the child during the period under review are included in this question
- If needs were assessed but no service needs were identified, the answer to question B should be NA

B. During the period under review, were the resource or pre-adoptive parents provided with appropriate services to address identified needs that pertained to their capacity to provide appropriate care and supervision of the children in their care?

☐ Yes ☐ No ☐ NA

Item 12 Rating Criteria

Item 12 should be rated as a Strength if the following applies:

- Question A is answered Yes and B is answered Yes or NA

Item 12 should be rated as an Area Needing Improvement if the following applies:

- Question A or B is answered No

Item 12 should be rated as NA if the response to the question of applicability is No

Item 12 Rating (select one):

☐ Strength ☐ Area Needing Improvement ☐ NA

Provide item rating justification. Include any comments that highlight strengths or challenges related to specific practices, systemic issues, or resources that affected this item in the narrative field below:

ASSESSING OUTCOME RATING

ASSESSING OUTCOME: TO EVALUATE A SERIES OF EVENTS OR A SITUATION AND DETERMINE THE ABILITY, WILLINGNESS, AND AVAILABILITY OF RESOURCES FOR ACHIEVING AN AGREED UPON GOAL FOR THE AGENCY

What is the level of outcome achievement that best describes the extent to which this outcome is being or has been achieved, based on the ratings for Items 7 through 12?

Instructions:

- Assessing Outcome should be rated as Substantially Achieved if the following applies:
  - At least three items are rated as a Strength and no more than one item is rated as an Area Needing Improvement

- Assessing Outcome should be rated as Partially Achieved if the following applies:
  - At least two items are rated as a Strength and other items are rated as an Area Needing Improvement or NA

- Assessing Outcome should be rated as Not Achieved if both of the following apply:
  - One item is rated as a Strength and other items are rated as an Area Needing Improvement or NA

Select the appropriate response:

☐ Substantially Achieved ☐ Partially Achieved ☐ Not Achieved

PLANNING OUTCOME: TO PREPARE AN IMPLEMENTATION PROCESS THAT WILL PUT IN PLACE TEAM-DRIVEN DECISIONS THAT SUPORT THE DEPARTMENT'S MISSION. THE PLAN WILL INCLUDE AN EVALUATION TOOL FOR EFFECTIVENESS, A DETERMINED CELEBRATION FOR SUCCESSES, AND FLEXIBILITY FOR POTENTIAL SETBACKS.

Item 13: Placement with Siblings and/or Relatives/Kinship

Item 13 is divided into 2 sub-items: 13A: Placement with Siblings and 13B: Placement with Relatives

Purpose of Assessment: To determine whether, during the period under review, the department made concerted efforts (1) to ensure that siblings in foster care are placed together unless a separation was necessary to meet the needs of one of the siblings and (2) to ensure the child is placed with relatives when appropriate

Sub-Item 13A: Placement with Siblings

Sub-Item 13A Applicable Cases:

- Cases applicable for an assessment of this item include all out-of-home cases in which the child has one or more siblings who are (or were) also in out-of-home care during the period under review
    - If the child has no siblings in foster care during the period under review, the case is NA for an assessment of this sub-item
        - For example, if the child in foster care has an older sibling who was in out-of-home care at one time, but not during the period under review, this case would be NA

Is this case applicable?

☐ Yes ☐ No

If the response is No, Sub-Item 13A will be NA in the Ratings section

Question A1 Definition and Instructions:

- Siblings are children who have one or more parents in common either biologically, through adoption, or through the marriage of their parents, and with whom the child lived before his or her foster care placement, or with whom the child would be expected to live if the child were not in foster care
- In answering question A1, consider only the location of each of the siblings, not the reason for their location
    - If the child was placed with siblings for a portion of the period under review, or if the child(ren) was placed with one but not all siblings during the period under review, answer question A1 No

A1. During the entire period under review, was the child placed with all siblings who also were in foster care?

☐ Yes ☐ No ☐ NA

Question A2 Instructions:

- If question A1 was answered Yes, then question A2 is NA
- Consider the circumstances of the placement of siblings, focusing on whether separation was necessary to meet the child's needs. For example, were siblings separated
    - Temporarily because one sibling needed a specialized treatment or to be in a treatment foster home
    - One sibling was abusive to the other
    - Siblings with different biological parents were placed with different relatives
- If the separation of siblings is attributed by the department to a lack of foster homes willing to take sibling groups, question A2 should be answered No
- In cases of large sibling groups, reviewers should determine if concerted efforts were made to place the child with any of his or her siblings who were also in foster care, even if he or she was not placed with all siblings
    - If, for example, the department was able to split a large sibling group into two placements so that the target child was in fact placed with some of his or her siblings, it could be determined that the department made concerted efforts to place siblings together, and that would be reflected in the response to question A2.
- If siblings were separated for a valid reason, consider the entire period under review and determine whether that valid reason existed during the whole period of separation.
    - For example, the siblings were separated because one sibling needed temporary treatment services. However, during the period under review, the sibling's treatment services ended.
        - In this situation, determine whether concerted efforts were made to reunite the siblings after the treatment service was completed
        - If the need for separation no longer existed and no efforts were made to reunite the siblings, then the answer to question A2 should be No

A2. If the answer to question A1 is No, was there a valid reason for the child's separation from the siblings?

☐ Yes ☐ No ☐ NA

Sub-Item 13A Rating Criteria

Sub-Item 13A should be rated as a Strength if the following applies:

- Question A1 is answered Yes
- Question A1 is answered No, but question A2 is answered Yes

Sub-Item 13A should be rated as an Area Needing Improvement if the following applies:

- Questions A1 & A2 are answered No

Sub-Item 13A should be rated as NA if the response to the question of applicability is No

Sub-Item 13A Rating (select one):

☐ Strength ☐ Area Needing Improvement ☐ NA

Provide item rating justification. Include any comments that highlight strengths or challenges related to specific practices, systemic issues, or resources that affected this item in the narrative field below:

Sub-Item 13B: Placement with Relatives or Kinship

Sub-Item 13B Applicable Cases:

- All out-of-home cases are applicable for assessment of this sub-item except those in which
  - The agency determined upon the child's initial entry into foster care that his or her needs required a specialized placement (such as residential treatment services) and that they will continue to require such specialized treatment the entire time the child is in care and a relative placement would be inappropriate
  - Situations such as abandonment in which the identity of both parents and all relatives remains unknown despite concerted efforts to identify them

Is this case applicable?

☐ Yes ☐ No

If the response is No, Sub-Item 13B will be NA in the Ratings section

Question B1 & B2 Definitions:

- "Relative" is defined as a person related to the child by blood, marriage, or adoption
- "Kinship" is defined as a relationship that a child has with someone that is not blood related. In order to be considered kinship, 3 factors must be met:
  - The relationship should have the same characteristics or be similar to the relationship that the child has with an individual related to them by blood, marriage, or adoption
  - Have existed prior to the department's current involvement with the child or family
  - Be verified through interviews or attested by the written or oral designation of the child or of another person including other relatives related to the child by blood, marriage, or adoption

Question B1 & B2 Instructions:

- If the answer to question B1 is No, the answer to question B2 should be NA

B1. During the period under review, was the child's current or most recent placement with a relative or kinship?

☐ Yes ☐ No ☐ NA

B2. If the child's current or most recent placement is with a relative or kinship, is (or was) this placement stable and appropriate to the child's needs? (Not considered in scoring, captured in Item 9)

☐ Yes ☐ No ☐ NA

Question B3 & B4 Instructions:

- The answers to questions B3 and B4 are NA if the answers to both questions B1 and B2 are Yes
- If a child entered foster care during the period under review, determine whether the department followed the requirements of the title IV-E provision that requires states to consider giving preference to placing the child with relatives, and determine whether the state considered such a placement and how
    - For example, identifying, seeking out, and informing and evaluating the child's relatives
- If the parent's whereabouts were not known during the entire period under review despite department efforts to locate the parent, and as a result relatives could not be identified, the answer to question B3 and/or B4 should be NA
- If a child entered foster care before the period under review and the answer to either question B1 or B2 is No, determine whether, during the period under review, the department made concerted efforts to search for and assess relatives as placement resources, if appropriate
    - If all maternal and/or paternal relatives had already been appropriately considered and permanently ruled out before the period under review, the answer to question B3 and/or B4 can be NA
        - If, however, you determine that, during the period under review, the department should have reconsidered relatives who had previously been ruled out and they did not, the answer to question B3 and/or B4 should be No
        - Reasons for ruling out relatives as a placement resource may include
            - Improper fit
            - Relative's unwillingness
            - Child's best interest

B3. Did the department, during the period under review, make concerted efforts to identify, locate, inform, and evaluate maternal relatives as potential placements for the child during the period under review?

☐ Yes ☐ No ☐ NA

If No, specify the area(s) in which concerns existed

☐ Identify ☐ Locate ☐ Inform ☐ Evaluate

B4. Did the department, during the period under review, make concerted efforts to identify, locate, inform, and evaluate paternal relatives as potential placements for the child during the period under review?

☐ Yes ☐ No ☐ NA

If No, specify the area(s) in which concerns existed

☐ Identify ☐ Locate ☐ Inform ☐ Evaluate

Sub-Item 13B Rating Criteria

Sub-Item 13B should be rated as a Strength if the following applies:

- Question B1 is answered Yes and B3 & B4 are NA
- Question B1 is answered No, but question B3 and/or B4 is answered Yes or NA

Sub-Item 13B should be rated as an Area Needing Improvement if the following applies:

- Question B1 is answered No and question B3 or B4 is answered No

Sub-Item 13B should be rated as NA if the response to the question of applicability is No

Sub-Item 13B Rating (select one):

☐ Strength ☐ Area Needing Improvement ☐ NA

Provide item rating justification. Include any comments that highlight strengths or challenges related to specific practices, systemic issues, or resources that affected this item in the narrative field below:

Item 13 Rating Criteria

Item 13 should be rated as a Strength if the following applies:

- Sub-Items 13A and 13B are rated as a Strength or NA

Item 13 should be rated as an Area Needing Improvement if the following applies:

- Either Sub-Item 13A or 13B is rated as an Area Needing Improvement

Item 13 should be rated as Not Applicable if this is an In-Home case or the answer to the applicability questions to both 13A and 13B are No

Sub-Item 13 Rating (select one):

☐ Strength ☐ Area Needing Improvement ☐ NA

PLANNING OUTCOME: TO PREPARE AN IMPLEMENTATION PROCESS THAT WILL PUT IN PLACE TEAM-DRIVEN DECISIONS THAT SUPORT THE DEPARTMENT'S MISSION. THE PLAN WILL INCLUDE AN EVALUATION TOOL FOR EFFECTIVENESS, A DETERMINED CELEBRATION FOR SUCCESSES, AND FLEXIBILITY FOR POTENTIAL SETBACKS.

Item 14: Permanency Goal for Child

Purpose of Assessment: To determine whether appropriate permanency goals were established for the child in a timely manner

Item 14 Applicable Cases:

- All out-of-home cases are applicable for assessment of this item, unless the child has not been in foster care long enough (at least 45 days) for the department to have developed a case plan and established a permanency goal
- If the child has been in foster care for less than 45 days, but a permanency goal has been established, the case is applicable for assessment
- In-home cases are not applicable for this item

Is this case applicable?

☐ Yes ☐ No

If the response is No, Item 14 will be NA in the Ratings section

Table A1 Definitions:

- Permanency goals are defined as follows:
  - A goal of reunification is defined as a plan for the child to be discharged from foster care to his or her parents or primary caretaker
  - A goal of guardianship is defined as a plan for the child to be discharged from foster care to a legally established custody arrangement with an individual that is intended to be permanent. This could include permanent placement with a relative.
  - A goal of adoption is defined as a plan for the child to be discharged from foster care to the care and custody of adoptive parents through a legal adoption
  - A goal of another planned permanent living arrangement (APPLA) refers to a situation in which the department maintains placement and care responsibility for, and supervision of, the child, and places the child in a setting in which the child is expected to remain until adulthood. Examples of these "permanent" living arrangements include situations where:
    - Foster parents have made a commitment to care for the child until adulthood
    - The child is with relatives who plan to care for the child until adulthood
    - The child is in a long-term care facility to meet special needs and will be transferred to an adult facility at the appropriate time

Table A1 Instructions:

- Complete the table for each of the permanency goals in place during the period under review
  - Begin with the child's first permanency goal in place during the period under review, and end with the current or latest permanency goal or goals
  - If no permanency goal is specified in the case file, but the caseworker indicates that a permanency goal has been established reviewers should consider that goal
  - If two concurrent permanency goals have been established and are identified in the case plan, identify both goals in the table

A1. Permanency Goal Table

Permanency Goal	Date Established	Time in Foster Care Before Goal Established	Date Goal Changed	Reason for Goal Change

A. What is (are) the child's current permanency goal(s)? (If concurrent permanency goals have been established in the case plan, identify both goals.) Or, if the case was closed during the period under review, what was the permanency goal before the case was closed?

Permanency Goal 1: ______________________

Permanency Goal 2 (if applicable): ______________________

Question B Instructions:

- If the permanency goal is not specified anywhere in the case file, such as in the case plan or in a court order, the answer to question B should be No

B. Is the child's permanency goal specified in the case file?

☐ Yes ☐ No ☐ NA

Question C Instructions:

- The default goal is reunification except under special circumstances, such as a safe-haven situation
- Answer this question based on your professional judgment regarding the timeliness of establishing the goal, particularly with regard to changing a goal.
  - For a child who recently entered care, expect the first permanency goal to have been established no later than 45 days from the date of the child's entry into foster care
  - For a child whose goal was changed from reunification to adoption, consider the guidelines established by the federal Adoption and Safe Families Act regarding seeking termination of parental rights, which might affect the timeliness of changing a goal from reunification to adoption
- Answer this question for all permanency goals in effect during the period under review
  - If there are concurrent goals, the answer should apply to both goals
    - For example, if there are concurrent goals of reunification and adoption, and you believe that the reunification goal was established in a timely manner, but the adoption goal was not, the answer to question C should be No

C. Were all the permanency goals that were in effect during the period under review established in a timely manner?

☐ Yes ☐ No ☐ NA

Question D Instructions:

- Answer this question based on your professional judgment regarding the appropriateness of the permanency goal
- Consider the factors that the department considered in deciding on the permanency goal and whether all relevant factors were evaluated
- If one of the goals is another planned permanent living arrangement and the reviewer determines that the goal was established without a thorough consideration of other permanency goals, then the answer to question D should be No

D. Were all the permanency goals in effect during the period under review appropriate to the child’s needs for permanency and to the circumstances of the case?

☐ Yes ☐ No ☐ NA

Item 14 Rating Criteria

Item 14 should be rated as a Strength if the following applies:

- Question B, C, & D are answered Yes

Item 14 should be rated as an Area Needing Improvement if the following applies:

- Any one of questions B, C, or D is answered No

Item 14 should be rated as NA if the response to the question of applicability is No

Item 14 Rating (select one):

☐ Strength ☐ Area Needing Improvement ☐ NA

Provide item rating justification. Include any comments that highlight strengths or challenges related to specific practices, systemic issues, or resources that affected this item in the narrative field below:

PLANNING OUTCOME: TO PREPARE AN IMPLEMENTATION PROCESS THAT WILL PUT IN PLACE TEAM-DRIVEN DECISIONS THAT SUPPORT THE DEPARTMENT'S MISSION. THE PLAN WILL INCLUDE AN EVALUATION TOOL FOR EFFECTIVENESS, A DETERMINED CELEBRATION FOR SUCCESSES, AND FLEXIBILITY FOR POTENTIAL SETBACKS.

Item 15: Child(ren) & Family Planning Process

Purpose of Assessment: To determine whether, during the period under review, the planning process was individualized and relevant to the needs and goals for the child(ren) and family, organized into a coherent plan, and adjusted based on changing needs for the child(ren) and family

Item 15 Applicable Cases: All cases are applicable for an assessment of this item

Item 15 Definitions:

- Planning should be based on a big picture understanding of accurate and current assessments that explain underlying needs that must be addressed
- Planning should:
    - Clearly identify essential family changes
    - Reflect the views and preferences of the child(ren) and family
    - Be directed toward the achievement of conditions necessary for family independence and safe, sustainable case closure
    - Modified frequently to address changing needs and transitions

A. During the period under review, was there a specific and coherent plan developed with a clear understanding of when case objectives and activities were achieved?

☐ Yes ☐ No

B. Was the planning process individualized to the child(ren) and family's needs and goals to obtain safe, sustainable case closure?

☐ Yes ☐ No

C. During the period under review, did the department **effectively track** progress for the child(ren) and family in regards to the progress or lack of progress in achieving case objectives and activities?

☐ Yes ☐ No

Question D Instructions:

- If parents or child(ren) have not requested changes to their case plan or services, the answer to D should be NA

D. During the period under review, were case plan strategies adjusted for the child(ren) and family based on parent or child(ren) requests for changes?

☐ Yes ☐ No ☐ NA

Question E Instructions:

- If plans have been effectively tracked and no adjustments were needed during the period under review, question E can be NA
- If plans have not been effectively tracked, the answer to question E should be No

E. During the period under review, were case plan strategies **adjusted** for the child(ren) and family based on progress or lack of progress in achieving case plan objectives and activities?

☐ Yes ☐ No ☐ NA

F. If the case closed during the period under review, was there a plan for safe, sustainable case closure known by all team members?

☐ Yes ☐ No ☐ NA

Item 15 Rating Criteria

Item 15 should be rated as a Strength if the following applies:

- Questions B, & C are answered Yes and D, E, & F are answered Yes or NA

Item 15 should be rated as an Area Needing Improvement if the following applies:

- Any one of questions B, C, D, E, or F is answered No

There are no circumstances under which this item could be rated NA

Item 15 Rating (select one):

☐ Strength ☐ Area Needing Improvement

Provide item rating justification. Include any comments that highlight strengths or challenges related to specific practices, systemic issues, or resources that affected this item in the narrative field below:

PLANNING OUTCOME RATING

PLANNING OUTCOME: TO PREPARE AN IMPLEMENTATION PROCESS THAT WILL PUT IN PLACE TEAM-DRIVEN DECISIONS THAT SUPPORT THE DEPARTMENT'S MISSION. THE PLAN WILL INCLUDE AN EVALUATION TOOL FOR EFFECTIVENESS, A DETERMINED CELEBRATION FOR SUCCESSES, AND FLEXIBILITY FOR POTENTIAL SETBACKS.

What is the level of outcome achievement that best describes the extent to which this outcome is being or has been achieved, based on the ratings for Items 13 through 15?

Instructions:

- Planning Outcome should be rated as Substantially Achieved if the following applies:
  - Item 15 is rated as a Strength and Items 13 & 14 are rated as either Strength or NA

- Planning Outcome should be rated as Partially Achieved if the following applies:
  - At least one item is rated as a Strength
  - At least one item is rated as an Area Needing Improvement

- Planning Outcome should be rated as Not Achieved if both of the following apply:
  - No item is rated as a Strength

Select the appropriate response:

☐ Substantially Achieved ☐ Partially Achieved ☐ Not Achieved

INTERVENING OUTCOME: TO INTERCEDE WITH THE INTENT OF ALTERING A COURSE OF EVENTS THAT WOULD BE VIEWED AS A RISK TO THE DEPARTMENT'S MISSION

Item 16: Intervention Adequacy

Purpose of Assessment: To determine whether, during the period under review, concerted efforts were made to provide change-related interventions that (1) were timely and of sufficient frequency, duration, and intensity to produce intended results, (2) utilized information obtained from comprehensive formal and/or informal assessments, and (3) led to progress necessary to meet safe, sustainable case closure.

Item 16 Definitions:

- An intervention is a combination of services and/or strategies designed to produce positive changes for families
  - Interventions may include Parent Education, Family Preservation, Head Start, First Steps, Diagnostic and Evaluation Services, Therapy, Home-Based Casework, Concrete Services, etc.
- In-home services cases:
  - "Mother" and "Father" are defined as the parents/caregivers with whom the child(ren) were living when the department became involved with the family and with whom the child(ren) will remain
    - Biological parents, relatives, guardians, adoptive parents, etc.
  - If a biological parent does not fall into any of the categories above, determine whether that parent should be included in this item based on the circumstances of the case. Some things to consider in this determination are:
    - The reason for the department's involvement
    - the identified perpetrators in the case
    - the status of the child(ren)'s relationship with the parent
    - the nature of the case (CHINS or IA) and the length of case opening
  - If a biological parent indicates a desire, during the period under review, to be involved with the child(ren) and it is in the child(ren)'s best interests to do so, they should be assessed in this item
- Out-of-home cases:
  - "Mother" and "Father" are defined as the parents/caregivers from whom the child(ren) was removed
  - "Mother" and "Father" include biological parents who were not the parents from whom the child(ren) was removed
  - Step parents should only be scored as "Mother" or "Father" if they are married
    - If they are not married, they should be considered in the rating given to the parent they are associated with
- Resource parents are defined as related or non-related caregivers who have been given responsibility for care of the child by the department while the child is under the placement and care responsibility and supervision of the department
  - This includes licensed and non-licensed caregivers as well as pre-adoptive parents

Item 16 Applicable Cases:

- Cases are applicable for an assessment of this item if there were interventions during the PUR
  - If the child(ren), mother, father, or resource parent had existing needs before the period under review that were adequately addressed and there are no remaining interventions in place during the period under review, the item should be rated as NA

Is Item 16 applicable for Mother?

☐ Yes ☐ No

Is Item 16 applicable for Father?

☐ Yes ☐ No

Is Item 16 applicable for Child(ren)?

☐ Yes ☐ No

Is Item 16 applicable for Resource Parents?

☐ Yes ☐ No

Indicate why participants are NA in this item

If all participants are NA, Item 16 will be NA in the Ratings section

Question 1 Instructions:

- Interventions should address the reason for involvement
- Interventions should be based on an understanding of the underlying needs of the family or resource parents
- Ensure services are matched to the family or resource parents' needs
- Concerted efforts to provide appropriate interventions may include
    - Ensuring accessibility and availability of needed services by removing and/or addressing any barriers to participation
    - Monitoring participation to ensure needs are being met
    - Adjusting services or service levels as necessary

A1. During the period under review, did the department make concerted efforts to provide appropriate interventions based on all formal/informal assessments that evaluated the mother?

☐ Yes ☐ No ☐ NA

B1. During the period under review, did the department make concerted efforts to provide appropriate interventions based on all formal/informal assessments that evaluated the father?

☐ Yes ☐ No ☐ NA

C1. During the period under review, did the department make concerted efforts to provide appropriate interventions based on all formal/informal assessments that evaluated the child(ren)?

☐ Yes ☐ No ☐ NA

D1. During the period under review, did the department make concerted efforts to provide appropriate interventions based on all formal/informal assessments that evaluated the resource parents?

☐ Yes ☐ No ☐ NA

Question 2 & 3 Instructions:

- Determine if the referral was made in a reasonable amount of time
    - Policy states that referrals should be made within 10 days of an identified need
- Strengths, participation, and progress of the family should be reassessed throughout the life of the case and interventions adjusted as necessary
- Interventions should reflect identified risks and needs of the family or resource parent
- Answer NA if no interventions were needed or implemented for questions 2 and 3 for corresponding participant

A2. During the period under review, were the identified interventions initiated timely and with sufficient frequency, duration, and intensity to meet the needs of the mother?

☐ Yes ☐ No ☐ NA

B2. During the period under review, were the identified interventions initiated timely and with sufficient frequency, duration, and intensity to meet the needs of the father?

☐ Yes ☐ No ☐ NA

C2. During the period under review, were the identified interventions initiated timely and with sufficient frequency, duration, and intensity to meet the needs of the child(ren)?

☐ Yes ☐ No ☐ NA

D2. During the period under review, were the identified interventions initiated timely and with sufficient frequency, duration, and intensity to meet the needs of the resource parent?

☐ Yes ☐ No ☐ NA

A3. Were the interventions successful in moving the mother toward achieving safe, sustainable case closure?

☐ Yes ☐ No ☐ NA

B3. Were the interventions successful in moving the father toward achieving safe, sustainable case closure?

☐ Yes ☐ No ☐ NA

C3. Were the interventions successful in moving the child(ren) toward achieving safe, sustainable case closure?

☐ Yes ☐ No ☐ NA

D3. Were the interventions successful in meeting the resource parents' needs?

☐ Yes ☐ No ☐ NA

Item 16 Rating Criteria

Item 16 should be rated as a Strength if the following applies:

- At least one question is answered Yes, and all other questions are answered Yes or NA

Item 16 should be rated as an Area Needing Improvement if the following applies:

- Any one of the questions is answered No

Item 16 should be rated as NA if the response to the question of applicability is No

Item 16 Rating (select one):

☐ Strength ☐ Area Needing Improvement ☐ NA

Provide item rating justification. Include any comments that highlight strengths or challenges related to specific practices, systemic issues, or resources that affected this item in the narrative field below:

INTERVENING OUTCOME: TO INTERCEDE WITH THE INTENT OF ALTERING A COURSE OF EVENTS THAT WOULD BE VIEWED AS A RISK TO THE DEPARTMENT'S MISSION

Item 17: Achieving Reunification, Guardianship, Adoption, or Another Planned Permanent Living Arrangement

Purpose of Assessment: To determine whether, during the period under review, concerted efforts were made, or are being made, to achieve reunification, guardianship, adoption, or another planned permanent living arrangement

Item 17 Applicable Cases: All cases are applicable for an assessment of this item

- **SPECIAL NOTE: PUR for this item should be measured from the 2nd day of the review through the prior 12 months**

Question A1 Definitions and Instructions:

- "Entry into out-of-home care" refers to a child's removal from his or her normal place of residence and placement in a substitute care setting under the placement and care responsibility of the state
    - Children are considered to have entered foster care if the child has been in substitute care for 24 hours or more
- For in-home cases, including informal adjustments, use the date the department decided to open a case
- Use the MM/DD/YYYY format

A1. What is the date of the child's most recent entry into out-of-home care or date of case opening (for in-home cases)?

_____/___/_______

Question A2 Instructions:

- Calculate this by counting the number of months from the date entered into A1 until case closure or the 2nd day of the current review

A2. What is the time in care (in months) at the time of the onsite review?

____

Question A3 Definitions and Instructions:

- Case closure should be documented as the date the court ordered dismissal regardless of whether the department has received a copy of the court order or not
- Using the MM/DD/YYYY format, enter the date the child's case closed

A3. What is the date of case closure?

_____/___/_______ ☐ NA, not yet closed

B. What is (are) the child(ren)'s current permanency goal(s)? (If concurrent permanency goals have been established in the case plan identify both goals.) Or, if the case was closed during the period under review, what was the permanency goal before the case was closed?

☐ Reunification ☐ Guardianship ☐ Adoption ☐ APPLA ☐ IA

Question C Instructions:

- Trial home visits and runaway episodes are not included when calculating 15 out of 22 months
- Question C should be NA for in-home cases

C. Has the child been in foster care for at least 15 of the most recent 22 months?

☐ Yes ☐ No ☐ NA

Question D Definitions:

- The Adoption and Safe Families Act requires a department to seek termination of parental rights when the child has been in care for at least 15 of the most recent 22 months, or a court of competent jurisdiction has determined that:
  - The child is an abandoned infant
  - The child(ren)'s parents have been convicted of one of the felonies designated in Section 475(5)(E) of the Social Security Act
    - Committed murder of another child(ren) of the parent
    - Committed voluntary manslaughter of another child of the parent
    - Aided or abetted, attempted, conspired, or solicited to commit such a murder or such a voluntary manslaughter
    - Committed a felony assault that resulted in serious bodily injury to the child(ren) or another child of the parent

Question D Instructions:

- Question D applies to all children in foster care regardless of adjudication type
- If the answer to question C is Yes, the answer to question D should be NA
- Question D must be answered if the answer to question C is No
- If any of the conditions noted above apply to the case under review, question D should be answered Yes

D. Does the child meet other Adoption and Safe Families Act criteria for termination of parental rights?

☐ Yes ☐ No ☐ NA

Question E Instructions:

- If the answers to both questions C and D are No, the answer to question E should be NA
- Answer E as NA if this is an in-home case or both parents were either deceased or relinquished parental rights prior to the 15/22 month time frame
- Review the case file for evidence of petitioning for termination of parental rights
  - If there is no evidence of this in the file, then ask the caseworker for documentation regarding petitioning for termination of parental rights
  - If there is no evidence in the file or other documentation, then question E should be answered No

E. Did the department file or join a termination of parental rights petition before the period under review or in a timely manner during the period under review?

☐ Yes ☐ No ☐ NA

Question F1 and F Instructions:

- If the answer to E is NA, F1 and F should be NA
- If TPR was filed and proceeded on by the department, F1 should be No and F should be NA
- If TPR was dismissed prior to the PUR and has not been filed again at the time of the review, answer F1 Yes
- If TPR was filed and dismissed during the PUR, F1 should be Yes
- If F1 is Yes, F should be answered Yes or No
  - If a reason for dismissal was present, select Yes for F and Yes by the appropriate dismissal reason
    - If not, answer question F as No and mark No for each dismissal reason

F1. Did the department dismiss the filed petition for TPR?

☐ Yes ☐ No ☐ NA

F. Was one of the following reasons present to dismiss the filed petition?

☐ Yes ☐ No ☐ NA

- At the option of the department, the child is being cared for by a relative at the 15/22 month time frame ☐ Yes ☐ No
- The department documented in the case plan a compelling reason for determining that termination of parental rights would not be in the best interests of the child ☐ Yes ☐ No
- The department has not provided to the family the services that the state deemed necessary for the safe return of the child to the child's home ☐ Yes ☐ No

Question G Definitions and Instructions:

- If the current or most recent goal for the child(ren) during the period under review was another planned permanent living arrangement, and no other concurrent goals were in place, select NA.
- In determining a response to question G, consider the time the child(ren) has been in foster care or involved in an In-Home case as well as department and court efforts. The following time frames for achievement should be considered for each goal:
  - Informal Adjustment: 6 months
  - Reunification: 12 months
  - Guardianship: 18 months
  - Adoption: 24 months
- If the child(ren) has been in foster care or involved in an In-Home case for more than the suggested time frame (6, 12, 18, or 24 months, depending on the goal) and the goal has not yet been achieved, then the answer to question G should be No, unless there are particular circumstances that justify the delay. For example:
  - An informal adjustment was extended for a period of 3 months to ensure completion of objectives
  - The permanency goal of reunification has been in place for longer than 12 months, but the child(ren) was physically returned to the parents during or before the 12 month and remained at home on a trial home visit beyond the 12 month
  - If you determine that the length of time that the child(ren) spent in out-of-home care and on the trial home visit was reasonable given the child(ren) and family circumstances, then the item may be rated as a Strength even though the child(ren) was not discharged from foster care until after the 12 month
  - The permanency goal of adoption has been in place for longer than 24 months but there is evidence that the department has made concerted efforts to find an adoptive home for a child with special needs although an appropriate family has not yet been found, or a pre-adoptive placement disrupted despite concerted efforts on the part of the department to support it
  - If you determine that the department could have achieved the permanency goal before the suggested time frame, but there was a delay due to lack of concerted efforts on the part of the department during the period under review, then the answer to question G should be No even if the child(ren) achieved the goal within the suggested time frame

G. During the period under review, did the department make concerted efforts to achieve permanency in a timely manner?

☐ Yes ☐ No ☐ NA

Question H Instructions:

- If the child's only goal during the period under review was reunification, guardianship, or adoption, select NA

H. For a child with a goal of another planned permanent living arrangement during the period under review, did the department make concerted efforts to exhaust all other permanency options prior to a change in plan to APPLA?

☐ Yes ☐ No ☐ NA

Question I Instructions:

- FCM actions are considered in Question G
- Legal barriers can include barriers from the department's legal team or the family and/or juvenile courts. Things to consider include:
  - Timeliness of requesting hearings for the DCS assessment or case
  - Continuations for the DCS assessment or case
  - Legal availability including docket time and attorney time for the family or juvenile court
  - Legal change to APPLA prior to the child's 16th birthday or before all other options exhausted
  - Denial of requests by the family or juvenile court
- If there are no legal barriers that delayed achieving permanency, I should be No

I. Were there legal barriers present that lead to a delay of achieving permanency?

☐ Yes ☐ No

Item 17 Rating Criteria

Item 17 should be rated as a Strength if the following applies:

- Questions E, G, & H are answered Yes or NA and question I is answered No

Item 17 should be rated as an Area Needing Improvement if the following applies:

- Any one of questions E, G, or H is answered No or question I is answered Yes

There are no circumstances under which this item could be rated NA

Item 17 Rating (select one):

☐ Strength ☐ Area Needing Improvement

Provide item rating justification. Include any comments that highlight strengths or challenges related to specific practices, systemic issues, or resources that affected this item in the narrative field below:

INTERVENING OUTCOME: TO INTERCEDE WITH THE INTENT OF ALTERING A COURSE OF EVENTS THAT WOULD BE VIEWED AS A RISK TO THE DEPARTMENT'S MISSION

Item 18: Maintaining Family Connections

Purpose of Assessment: To determine whether, during the period under review, concerted efforts were made to (1) ensure that visitation between a child(ren) in foster care and their mother, father, and siblings is of sufficient frequency and quality to promote continuity in the child(ren)'s relationship with these close family members and (2) promote relationships between parents and child(ren) outside of visitation

Item 18 Definitions:

- "Mother" and "Father" are defined as the parents/caregivers from whom the child(ren) was removed
- "Mother" and "Father" include biological parents who were not the parents from whom the child(ren) was removed
- Step parents should only be scored as "Mother" or "Father" if they are married
    - If they are not married, they should be considered in the rating given to the parent they are associated with

Item 18 Applicable Cases:

- In-home cases are Not Applicable for assessment of this item
- Because multiple case participants can be assessed in these questions, consider applicability for all appropriate case participants before determining that the rating should be NA.
- Corresponding questions will not be scored if any of the following applies to the mother or father being assessed in this item (check Yes for any that apply and No for any that do not apply)
    - Parent was deceased during the entire period under review ☐ Yes ☐ No
    - Parental rights remained terminated during the entire period under review ☐ Yes ☐ No
    - During the entire period under review it was documented in the case file that it was not in the child(ren)'s best interests to involve the parent in case planning ☐ Yes ☐ No
    - During the entire period under review, the parent has indicated he/she does not want to be involved in the child(ren)'s life and this was documented in the case file ☐ Yes ☐ No
    - Parent's whereabouts were not known during the entire period under review despite concerted efforts to locate the parent ☐ Yes ☐ No
- Corresponding questions will not be scored if the following does not apply to the target child (check Yes if it applies and No if it does not apply)
    - Target child has at least one sibling who is in foster care and in a different placement setting during any part of the period under review ☐ Yes ☐ No

Is Item 18 applicable for Mother?

☐ Yes ☐ No

If No, answer questions A1, A2, and A3 NA

Is Item 18 applicable for Father?

☐ Yes ☐ No

If No, answer questions B1, B2, and B3 NA

Is Item 18 applicable for a sibling?

☐ Yes ☐ No

If No, answer questions C1, C2, and C3 NA

Indicate why participants are NA in this item

If all participants are NA, Item 18 will be NA in the Ratings section

A1. What was the most typical pattern of visits between the mother and child during the period under review? Select the appropriate response:

- ☐ More than once a week
- ☐ Once a week
- ☐ Less than once a week, but at least twice a month
- ☐ Less than twice a month, but at least once a month
- ☐ Less than once a month
- ☐ Never
- ☐ NA

B1. What was the most typical pattern of visits between the father and child during the period under review? Select the appropriate response:

- ☐ More than once a week
- ☐ Once a week
- ☐ Less than once a week, but at least twice a month
- ☐ Less than twice a month, but at least once a month
- ☐ Less than once a month
- ☐ Never
- ☐ NA

Questions C1 Instructions:

- Answer C1 NA if the child
  - Has no siblings in foster care
  - Is placed with all sibling(s)
  - If contact with all siblings who are in foster care was not considered to be in the best interests of the child for the entire period under review (for example, one sibling is a physical threat to the other sibling or has a history of physical or sexual abuse of the other sibling and this concern remained throughout the period under review)

C1. What was the most typical pattern of visits between the child and his or her siblings during the period under review? Select the appropriate response:

- ☐ More than once a week
- ☐ Once a week
- ☐ Less than once a week, but at least twice a month
- ☐ Less than twice a month, but at least once a month
- ☐ Less than once a month
- ☐ Never
- ☐ NA

Questions A2, B2, and C2 Instructions:

- If A1, B1, or C1 is NA, corresponding question A2, B2, or C2 is answered NA
- Determine whether the frequency of visitation during the period under review was sufficient to maintain the continuity of the relationship between the child and the mother, father, or sibling depending on the circumstances of the case. For example:
  - Frequency may need to be greater for infants and young children who are still forming attachments
  - Frequency also may need to be greater if reunification is imminent
  - Visitation should be as frequent as possible, unless safety concerns cannot be appropriately managed with supervision
  - The opportunity for visitation should not be used as a consequence or reward for parents or for children
- If, during the period under review, frequent visitation with the mother, father, or sibling was not possible (for example, due to incarceration in a facility where visitation is not feasible, or if the family lives in another state), determine whether there are documented concerted efforts to promote other forms of contact between the child and the mother, father, or sibling such as telephone calls or letters, in addition to facilitating visits when possible and appropriate.
- Address the question of appropriate frequency based on the circumstances of the child and the family

A2. During the period under review, were concerted efforts made to ensure that visitation (or other forms of contact if visitation was not possible) between the child and his or her mother was of sufficient frequency to maintain or promote the continuity of the relationship?

☐ Yes ☐ No ☐ NA

B2. During the period under review, were concerted efforts made to ensure that visitation (or other forms of contact if visitation was not possible) between the child and his or her father was of sufficient frequency to maintain or promote the continuity of the relationship?

☐ Yes ☐ No ☐ NA

C2. During the period under review, were concerted efforts made to ensure that visitation (or other forms of contact if visitation was not possible) between the child and his or her sibling(s) was of sufficient frequency to maintain or promote the continuity of the relationship?

☐ Yes ☐ No ☐ NA

Questions A3, B3, and C3 Instructions:

- If A1, B1, or C1 is NA or Never, corresponding question A3, B3, or C3 is answered NA
- Determine whether concerted efforts were made to ensure that the quality of parent-child or sibling visitation, and/ or other forms of contact, was sufficient to maintain the continuity of the relationship. For example,
  - Did visits take place in a comfortable atmosphere and were they of an appropriate length
  - Did visitation allow for sufficient interaction between mother/father/sibling and child
  - If siblings were involved, did visits allow mother or father to interact with each child individually
  - Did sibling visits only occur in the context of parent visitations
  - If appropriate, were unsupervised visits and visits in the mother's or father's home in preparation for reunification allowed

A3. During the period under review, were concerted efforts made to ensure that the quality of visitation (or other forms of contact if visitation was not possible) between the child and the mother was sufficient to maintain or promote the continuity of the relationship?

☐ Yes ☐ No ☐ NA

B3. During the period under review, were concerted efforts made to ensure that the quality of visitation (or other forms of contact if visitation was not possible) between the child and the father was sufficient to maintain or promote the continuity of the relationship?

☐ Yes ☐ No ☐ NA

C3. During the period under review, were concerted efforts made to ensure that the quality of visitation (or other forms of contact if visitation was not possible) between the child and the sibling(s) was sufficient to maintain or promote the continuity of the relationship?

☐ Yes ☐ No ☐ NA

Item 18 Rating Criteria

Item 18 should be rated as a Strength if the following applies:

- At least one question is answered Yes and all other questions are answered Yes or NA

Item 18 should be rated as an Area Needing Improvement if the following applies:

- Any one of questions A2 through C3 is answered No

Item 18 should be rated as NA if the response to the question of applicability is No

Item 18 Rating (select one):

☐ Strength ☐ Area Needing Improvement ☐ NA

Provide item rating justification. Include any comments that highlight strengths or challenges related to specific practices, systemic issues, or resources that affected this item in the narrative field below:

INTERVENING OUTCOME: TO INTERCEDE WITH THE INTENT OF ALTERING A COURSE OF EVENTS THAT WOULD BE VIEWED AS A RISK TO THE DEPARTMENT'S MISSION

Item 19: Resource Availability

Purpose of Assessment: To determine whether, during the period under review, identified services for child(ren), parents, and resource parents were available locally, timely, and available for the identified needs

Item 19 Definitions:

- In-home services cases:
  - "Mother" and "Father" are defined as the parents/caregivers with whom the child(ren) were living when the department became involved with the family and with whom the child(ren) will remain
    - Biological parents, relatives, guardians, adoptive parents, etc.
  - If a biological parent does not fall into any of the categories above, determine whether that parent should be included in this item based on the circumstances of the case. Some things to consider in this determination are:
    - The reason for the department's involvement
    - the identified perpetrators in the case
    - the status of the child(ren)'s relationship with the parent
    - the nature of the case (CHINS or IA) and the length of case opening
  - If a biological parent indicates a desire, during the period under review, to be involved with the child(ren) and it is in the child(ren)'s best interests to do so, they should be assessed in this item
- Out-of-home cases:
  - "Mother" and "Father" are defined as the parents/caregivers from whom the child(ren) was removed
  - "Mother" and "Father" include biological parents who were not the parents from whom the child(ren) was removed
  - Step parents should only be scored as "Mother" or "Father" if they are married
    - If they are not married, they should be considered in the rating given to the parent they are associated with
- Resource parents are defined as related or non-related caregivers who have been given responsibility for care of the child by the department while the child is under the placement and care responsibility and supervision of the department
  - This includes licensed and non-licensed caregivers as well as pre-adoptive parents

Item 19 Applicable Cases:

- Cases are applicable for an assessment of this item if there were services referred or services that should have been referred, for child(ren), parent(s), and/or resource parents
  - If the case was opened during the PUR and has only been open for 45 days and services have not been able to start, the item should be rated NA
  - If the child(ren), mother, father, or resource parent had existing needs before the period under review that were adequately addressed and there are no remaining services in place during the period under review, the item should be rated as NA

Is Item 19 applicable for Mother?

☐ Yes ☐ No

Is Item 19 applicable for Father?

☐ Yes ☐ No

Is Item 19 applicable for Child(ren)?

☐ Yes ☐ No

Is Item 19 applicable for Resource Parents?

☐ Yes ☐ No

Indicate why participants are NA in this item

If all participants are NA, Item 19 will be NA in the Ratings section

Item 19 Definitions:

- Resource availability refers to the degree a formal support, service, and/or resource necessary to implement planned change is available as required.
- Things to consider for availability include
  - Timeliness of the service
  - Ability to meet specific needs identified in Items 10, 11, and 12 including intensity and duration
  - Locally accessible

A. Were all identified services available as needed for the mother?

☐ Yes ☐ No ☐ NA

B. Were all identified services available as needed for the father?

☐ Yes ☐ No ☐ NA

C. Were all identified services available as needed for the child(ren)?

☐ Yes ☐ No ☐ NA

D. Were all identified services available as needed for the resource parents?

☐ Yes ☐ No ☐ NA

Item 19 Rating Criteria

Item 19 should be rated as a Strength if the following applies:

- At least one question is answered Yes and all other questions are answered Yes or NA

Item 19 should be rated as an Area Needing Improvement if the following applies:

- Any one of questions A, B, C, or D is answered No

Item 19 should be rated as NA if the response to the question of applicability is No

Item 19 Rating (select one):

☐ Strength ☐ Area Needing Improvement ☐ NA

Provide item rating justification. Include any comments that highlight strengths or challenges related to specific practices, systemic issues, or resources that affected this item in the narrative field below:

INTERVENING OUTCOME: TO INTERCEDE WITH THE INTENT OF ALTERING A COURSE OF EVENTS THAT WOULD BE VIEWED AS A RISK TO THE DEPARTMENT'S MISSION

Item 20: Provider Quality

Purpose of Assessment: To determine whether, during the period under review, service providers accurately and appropriately developed a service array to meet the individual needs of the family with the correct duration, frequency, and intensity, tracked and adjusted services based on case progression, and had frequent communication with the department regarding family participation and progress

Item 20 Applicable Cases:

- Most cases are applicable for assessment of this item, unless during the period under review interventions were not offered to any case participants, whether due to a lack of assessment and referral by the Department or the need for services did not exist

Is this case applicable?

☐ Yes ☐ No

If no, please explain:

If the response is No, Item 20 will be NA in the Ratings section

Question A Instructions:

- Only consider referrals made during the Period Under Review
  - If no referrals were made, question A should be answered NA
- When looking at referrals consider whether client history information was included, reason for referral, and specific objectives of the service
- Use your professional judgement and feedback from providers in considering the quality of referrals

A. Was the written referral provided to the service provider detailed in explaining the need for assessment and/or services?

☐ Yes ☐ No ☐ NA

B. Did the providers' assessment(s) convey adequate and appropriate recommendations for interventions?

☐ Yes ☐ No ☐ NA

Question C Instructions:

- Consider whether the services being provided match those referred for by the agency
  - If the agency referred for intensive outpatient services but the client is receiving individual therapy sessions, assess the reason for the discrepancy and whether referral objectives are being met with the modified services
- If the service is not being offered due to the service not being available, the lack of resource should be captured in Item 19 while the quality of the offered service should be captured here
- Question C should be answered NA if a referral was made but services have not yet started

C. Did the intervention strategies delivered by service providers meet the frequency, duration, and intensity identified in the department's referral for ongoing services?

☐ Yes ☐ No ☐ NA

D. Did the provider make recommendations to maintain and/or adjust intervention strategies based on the family's continuing needs?

☐ Yes ☐ No ☐ NA

E1. What was the most common form of communication between providers and the department? (Select all that apply)

☐ Monthly report
☐ Phone conversations
☐ Face-to-face
☐ E-mail
☐ Text messages
☐ CFTMs
☐ Other ____

E. Besides monthly reports, did the provider communicate with the Department as needed to deliver ongoing information regarding the achievement of service objectives?

☐ Yes ☐ No ☐ NA

F. Did providers deliver appropriate monthly documentation that is reflective of current information regarding the family's interventions?

☐ Yes ☐ No ☐ NA

Item 20 Rating Criteria

Item 20 should be rated as a Strength if the following applies:

- At least one question B, C, D, E, or F is answered Yes, and all other questions B, C, D, E, or F are answered Yes or NA

Item 20 should be rated as an Area Needing Improvement if the following applies:

- Any one of questions B, C, D, E, or F is answered No

Item 20 should be rated as NA if the response to the question of applicability is No

Item 20 Rating (select one):

☐ Strength ☐ Area Needing Improvement ☐ NA

Provide item rating justification. Include any comments that highlight strengths or challenges related to specific practices, systemic issues, or resources that affected this item in the narrative field below:

INTERVENING OUTCOME RATING

INTERVENING OUTCOME: TO INTERCEDE WITH THE INTENT OF ALTERING A COURSE OF EVENTS THAT WOULD BE VIEWED AS A RISK TO THE DEPARTMENT'S MISSION

What is the level of outcome achievement that best describes the extent to which this outcome is being or has been achieved, based on the ratings for Items 16 through 20?

Instructions:

- Intervening Outcome should be rated as Substantially Achieved if the following applies:
  - If four or less items are scored
    - No items are rated as an Area Needing Improvement
  - If five items are scored
    - At least four items are rated as a Strength AND
    - No more than one item is rated as an Area Needing Improvement

- Intervening Outcome should be rated as Partially Achieved if the following applies:
  - If two items are scored
    - One item is rated as an Area Needing Improvement AND
    - One item is rated as a Strength
  - If three or more items are scored
    - At least one item, but fewer than all five items, are rated as an Area Needing Improvement AND
    - At least two items are rated as a Strength

- Intervening Outcome should be rated as Not Achieved if both of the following apply:
  - No more than one item is rated as a Strength
  - At least one item is rated as an Area Needing Improvement

Select the appropriate response:

☐ Substantially Achieved ☐ Partially Achieved ☐ Not Achieved

DIVISION X—SUPPORTING FOSTER YOUTH AND FAMILIES THROUGH THE PANDEMIC

Indiana Chafee Plan

Section 2: Definitions

1. Defines the COVID Public Health Emergency period for policies and funding with this bill to begin **April 1, 2020 and end September 30, 2022**

Summary of Chafee/ ETV Provisions from Division X		
Timeframe	Provisions	Citation
October 1, 2020 to September 30, 2022	Maximum ETV award amount increased to $12,000	• section 477(i)(4)(B) of the Act • section 3(a)(5) of Division X
October 1, 2019 to September 30, 2021	Chafee and ETV services and assistance to eligible youth until age 27	• section 3(b) of Division X
April 1, 2020 to September 30, 2021	Waive the requirement that a youth must be enrolled in a post-secondary education or training program or making satisfactory progress toward completing that program if a youth is unable to do so due to the COVID-19 public health emergency	• section 477(i)(3) of the Act • section 3(d)(1) of Division X
April 1, 2020 to September 30, 2021	Support youth to remain enrolled in a post-secondary education or training program, including expenses that are not part of the cost of attendance	• section 3(d)(2) of Division X
April 1, 2020 to September 30, 2021	Use Chafee room and board amounts for otherwise eligible youth who are aged 18-26 and experienced foster care at age 14 or older	• section 3(d)(3)(B) of Division X
April 1, 2020 to September 30, 2021	Provide an otherwise eligible youth aged 15-26 with up to $4,000 per year in Chafee funds for driving and transportation assistance	• section 3(d)(4)(B) of Division X

Section 3: Support to Older Foster Youth

1. Provides an additional $400 million for the John H. Chafee Foster Care Program for Successful Transition to Adulthood (Chafee), and $50 million for the John H. Chafee Educational and Training Vouchers Program for Youths Aging out of Foster Care (Chafee ETV)

    Special Rules:
    With respect to funds made available by reason of subsection (a) that are used during the COVID–19 public health emergency period to support activities due to the COVID–19 pandemic, the Secretary may not require any State to provide proof of a direct connection to the pandemic if doing so would be administratively burdensome or would otherwise delay or impede the ability of the State to serve foster youth.

    a. Eliminates the state matching requirement for the additional $400 million. Funding is deemed to be 100%

    ### DCS Response:

    - DCS will apply additional Chafee funding to Older Youth Services once it has been received from the Administration of Children and Families – Health and Human Services Children's Bureau.

    ### DCS OYS Provider:

    - The OYS providers will apply additional Chafee funding to their older youth services array to meet the needs of youth within their service areas. These funds will provide additional support and services such as:
        - Living Expenses - including rent, groceries, grocery or meal delivery, utilities, pay back payments and fees.
        - Purchase cell phones, tablets, laptops, internet service, cell phone plans or other technological tools
        - Provide respite care services and additional support for parenting or pregnant youth.
        - Employ youth/young adults to provide outreach and support to fellow youth and young adults. This could include paid internships for youth/young adults to help prepare them to re-enter the job market.
        - Assist youth in paying medical expenses, including COVID testing and treatment, **if these expenses are not already covered by other health insurance or Medicaid.**
        - Purchase or reimburse youth for personal protective equipment (PPE), including cloth masks.
        - Provide services and support to combat young peoples' social isolation during the pandemic. This could include sending gift boxes, cooking kits, puzzles, art and hobby supplies, or other interactive items to connect youth/ young adults.
        - Use social media and other strategies to perform outreach to youth, young adults, and other community providers to make them aware of expanded Chafee funding and available supports.
    - The OYS provider will accept global service referral for pandemic related cost from DCS.
    - The OYS providers will submit Emancipation of Goods and Services form for pandemic related cost to the IL Specialist for approval for voluntary youth.

- The OYS Provider's will:
  1) Disburse Chafee relief stimulus funds to all voluntary youth within their service area.
     a) Disbursement of Funds
        - Disburse $500 to each voluntary youth
        - Disburse $100 each month to youth who participate in services
        - Have youth complete youth acknowledgement and Receipt for COVID Relief expenses.

b. Exempts the additional funds from any penalties for failure to meet any National Youth in Transition Database reporting requirements effective April 1, 2020 – end of fiscal year 2022 **(September 30, 2022**). None of the additional funds made available by reason of the pandemic shall be a part of an allotment to a state.

2. Expands eligibility through age 27 through FY 2020 – 21 **(September 30, 2021)**

Special Rules:
A youth may be eligible for services and assistance until the youth attains 27 years of age.

DCS Response:
- DCS will extend the age requirement of Chafee supports and services up to the day before the youth 27th birthday during the public health emergency.

DCS OYS Providers:
- The OYS providers will accept Voluntary Services referral for youth / young adults who are over the age of 23; up to the day before the youths 27th birthday with their service area during the terms of the Consolidations Appropriations Act, 2020 – Division X.
- The OYS provider will extend voluntary services to youth / young adults up to the day before the youth 27th birthday during the terms of the Consolidations Appropriations Act, 2020 – Division X within their contracted service area.

3. Removes the 30% cap on Room & Board (R&B).

Special Rules:
States may use more than 30 percent of the amounts paid to the State from its allotment under act for a fiscal year, for room or board payments; and any of such amounts for youth otherwise eligible for services who have:
1) attained 18 years of age and not 27 years of age; and
2) experienced foster care at 14 years of age or older.

DCS Response:
- DCS will remove the 30% cap on R&B expenses to ensure funding is available for housing stability.

DCS OYS Providers:

- The OYS provider will continue to assist youth and young adults with Room and Board / housing cost. Youth and Young adults may receive assistance in the following:
    - Start-Up Assistance: Start-up cost covers application fees, security deposit, first month's rent and utility installation fees. Utilities are limited to electric, gas, water, and sewage.
    - Ongoing Assistance: Ongoing cost are identified as ongoing monthly rental assistance.
    - Emergency Assistance: Emergency cost is a payment for youth who present in an emergency or crisis that is temporary or extenuating.
        - *Note: Youth receiving additional assistance for housing through ETV funding will not be eligible to access Room and Board.*

4. Technical Assistance.
    a. To provide technical assistance to a State implementing or seeking to implement a driving and transportation program for foster youth.

    Special Rules:
    The Secretary shall set aside 1.5% of supplemental funding (approximately $6 million) for evaluations, technical assistance (TA), and data collection, from which at least $500,000 must be reserved for TA to states implementing or seeking to implement a driving and transportation program for youth in foster care (sec. 477(g)(2) of the Act; sec. 3(a)(3)(A) and (B)(i) of Division X):

    1) Successfully administer activities in 1 or more States to provide driver's licenses to youth who are in foster care under the responsibility of the State; and
    2) Increase the number of such foster youth who obtain a driver's license.

    b. Report to Congress:
    Within 6 months after the end of the expenditure period, Secretary shall submit to the Congress a report on the extent to which, and the way, the funds to which subsection (a)(3) applies were used to provide technical assistance to State child welfare programs, monitor State performance and foster youth outcomes, and evaluate program effectiveness

5. Allows funding for up to $4000 per year to be used for driving and transportation assistance

    Special Rules:
    Assistance provided for each eligible youth shall not exceed $4,000 per year, and any assistance provided shall be disregarded for purposes of determining the recipient's eligibility for, and the amount of, any other Federal or federally supported assistance, accept that the State agency shall take appropriate steps to prevent duplication of benefits under this and other Federal or federally supported programs.

1) Funds may be used to provide driving transportation assistance to youth who have attain 15 year up to 26 years of age with cost related to obtaining a driver license and driving lawfully in a State (such as vehicle insurance costs, driver's education class and testing fees, practice lessons, practice hours, license fees, roadside assistance, deductible assistance, and assistance in purchasing an automobile).

DCS Response:

- DCS utilizes Chafee funding for Chafee eligible foster youth to attend driver's education classes. Per DCS policy Chafee eligible youth initial permit and driver's license fees are waived by the Bureau of Motor Vehicles (BMV).
- DCS will also utilize Chafee funding to assist with additional transportation cost to ensure their learning plan goals can be met.

DCS OYS Providers:

- OYS providers will increase their $450 Chafee allotment for Drivers Education up to $4000 funding for Chafee eligible foster youth to attend driver's education classes. Per DCS policy Chafee eligible youth initial permit and driver's license fees are waived by the Bureau of Motor Vehicles (BMV).
- OYS providers will also utilize Chafee funding to assist with additional transportation cost to ensure their learning plan goals can be met. These additional costs include item number 1 under special rules.
- The OYS providers will accept global service referrals for pandemic transportation cost from DCS for youth over $450.
- The OYS providers will submit Emancipation of Goods and Services form for pandemic transportation cost to the IL Specialist for approval for voluntary youth.

Note: *Please see transportation guidance for more details on how to support youth with the transportation funds.*

6. Increases the maximum Chafee ETV award amount from $5,000 up to $12,000 per youth per year for training and postsecondary education for eligible foster youth. **(Effective through 9/30/22)**

DCS Response:

- DCS will increase the award amount of ETV from $5000 up to $12,000 per academic year for eligible current & former foster youth through the end of fiscal year 2022; (9/30/22).
    - Process Distribution of Funds:
        - ETV students will receive an additional $500 to assist with their needs. This makes the median distribution of ETV at $1500 after the cost of attendance.
        - Youth will be advised to complete the Foster Success Financial Modules (recommendation not a requirement). Youth who complete the Financial Modules will receive $75.
        - Funds will be distributed by use of “Opportunity Passport” type application that will be added to the ETV portal.
        - Young adults will complete the application to request additional funds,

- Prioritizing Utilization of Funds
    - ETV funded youth who are not receiving additional services
    - Youth who are receiving Voluntary Services
    - Collaborative Care Youth who are need of additional support not offered under current services.

Note: Pregnant and parenting youth should be given special consideration.

- DCS previously raised the ETV program maximum age requirement up to 26. DCS will continue to provide ETV funding to Chafee eligible former foster up to age 26.

7. Temporarily provides necessary programmatic flexibilities for older youth in foster care:
    a. Suspends certain training and postsecondary education requirements,

    Special Rules:
    Suspends the requirement that a youth must be enrolled in a postsecondary education or training program or making satisfactory progress toward completion of that program if a youth is unable to do so due to **the COVID– 19 public health emergency**.

    b. Clarifies that under these provisions the Chafee ETV vouchers may be used to maintain training and postsecondary education costs.

    Special Rules:
    ETV voucher may be used for maintaining training and postsecondary education, including less than fulltime matriculation costs or other expenses that are not part of the cost of attendance but would help support youth in remaining enrolled.,

    DCS Response:
    - The Education and Training Voucher may be used for maintaining training and post-secondary education.
    - DCS will temporarily suspend the ETV SAP (Satisfactory Academic Progress) program requirements for youth who are unable to achieve it due to the pandemic. Youth who do not meet their post-secondary SAP school requirement will continue receive ETV funding to allow the youth to remain in their post-secondary program.
        - Note: The youth must continue to work with their ETV Specialist and compete an Academic Success Plan

    - DCS will permit the use of the ETV voucher for expenses that are not a part of the cost of attendance to allow flexibilities for eligible current and former foster youth to allow the youth to remined enrolled in a post-secondary institution through **September 30, 2021**

Section 4: Preventing Aging out of Foster Care During the Pandemic – Effective through 9/30/21

Summary of Provisions and Timeframes for the temporary requirements for Title IV-E agencies to prevent aging of foster care and allow re-entry into foster care for youth over age 18 (section 4 of Division X)		
Timeframe	Provisions	Citation
Before October 1, 2021 Provision has no force or effect after September 30, 20215	May not require a youth to leave foster care solely due to age	• section 475(8)(B) of the Act • section 4(a) of Division X
Before October 1, 2021 Provision has no force or effect after September 30, 2021	May not find a youth ineligible for title IV-E foster care maintenance payments due to age or failure to meet the education and employment conditions	• section 475(8)(B) of the Act • section 4(a) of Division X
Before October 1, 2021 Provision has no force or effect after September 30, 2021	Permit any youth who left foster care due to age during the COVID-19 public health emergency (currently between January 27, 2020 to April 20, 2021, subject to be extended) to voluntarily re-enter foster care	• section 4(b)(1) of Division X
Before October 1, 2021 Provision has no force or effect after September 30, 2021	Youth who re-enter foster care during the emergency period of April 1, 2020 and September 30, 2021 may not be determined ineligible for title IV-E foster care maintenance payments solely due to age or the education/employment conditions	• section 4(d)(2)(D) of Division X
Before October 1, 2021 Provision has no force or effect after September 30, 2021	Provide notice of the option to re-enter foster care to each youth who aged out during the COVID-19 public health emergency (currently between January 27, 2020 to April 20, 2021, subject to be extended)	• section 4(b)(2) of Division X
Before October 1, 2021 Provision has no force or effect after September 30, 2021	Public awareness campaign about the option of re-entry for youth who have not attained 22 years of age, who aged out of foster care in FYs 2020 or 2021 (October 1, 2019 through September 30, 2021), and who are otherwise eligible to return to foster care	• section 4(b)(4) of Division X

No timeframe Provision has no force or effect after September 30, 2021	The title IV-E agency must continue to ensure the safety, permanency, and well-being of older youth who remain in or who age out of foster care and re-enter foster care and continue transition planning	• section 475(5)(H) of the Act. • section 4(c) of Division X
Costs incurred between December 27, 2020 and September 30, 2021 Provision has no force or effect after September 30, 2021	• May use the additional Chafee appropriation for certain costs incurred in meeting the requirements related to preventing youth from aging out of foster care, re-entry into foster care, and protections for youth in foster care. • Must not use the additional Chafee appropriation for specified foster care costs identified in Division X for title IV-E eligible youth, including youth age 18 or older who are eligible due to a temporary waiver of the age or education/employment requirements. • Must make reasonable efforts to determine the title IV-E eligibility of each older youth who remains in or re-enters foster care for the reasons specified in Division X.	• section 4(d)(1), (2)(A), (B), and (C) of Division X

1. Provides older foster youth with assurance that they may continue to receive foster care supports and services during the pandemic.
    a. Requires states to provide youth who would otherwise "age out" of foster care during the public health emergency period with the option of remaining in care.

    Special Rules:
    States may not require a child who is in foster care under the responsibility of the State to leave foster care solely by reason of the child's age. A child may not be found ineligible for foster care maintenance payments solely due to the age of the child or the failure of the child to meet a condition of extended foster care.

    DCS Response:

    - Since the onset of the COVID pandemic, as of April 2020, youth / young adults have been extended the opportunity to continue to receive foster care services / supports and remain under the care of DCS despite exceeding the age requirements. May of 2020, Governor Holcomb signed an executive order extending the age requirement of

Indiana's Extended Foster Care Program – Collaborative Care through the Indiana statewide public health emergency.

- DCS will continue to extend foster care services and supports to youth and young adults who are presently participating in Collaborative Care and have reached the age of 21 or older.
- DCS will continue to provide the option for youth / young adults to receive foster care supports and services who would otherwise age out during the public health emergency.

DCS OYS Providers:

- The OYS providers will continue to provide placement supervision and supports to youth and young adults who are presently participating in Indiana's extended foster care program – Collaborative Care who are in a supervised independent living placement and have reached the age of 21 or older through the Indiana statewide public health emergency.
- The OYS provider will not require DCS to make a new referral for youth who have reached the age of 21 and have remined in foster care.

  Note: A new referral may be requested if the referral end date falls during the terms of the Chafee pandemic relief provisions.

b. For youth who already "aged out" of foster care during the pandemic, requires states to permit youth to voluntarily re-enter care, and requires stats to notify them of them of the option in several ways.

Special Rules:

PANDEMIC: A State operating a program under the State plan approved plan can extend assistance and shall:

1) Permit any youth who left foster care due to age during the COVID–19 public health emergency to voluntarily re-enter foster care.
2) Provide to each such youth who was formally discharged from foster care during the COVID–19 public health emergency, a notice designed to make the youth aware of the option to return to foster care.
3) Facilitate the voluntary return of any such youth to foster care; and
4) Conduct a public awareness campaign about the option to voluntarily re-enter foster care for youth who have not attained 22 years of age, who aged out of foster care in fiscal year 2020 or fiscal year 2021, and who are otherwise eligible to return to foster care.

DCS Response:

- DCS offers Foster Care Re-Entry as a component of the Indiana's Extended Foster Care Program - Collaborative Care. Former foster youth who have aged out of foster care or Collaborative Care on their 18th birthday or older and meet the Chafee eligibility requirements are able to re-enter foster care services and supports from age 18 though the day before a youth / young adult 21st birthday.

- DCS will continue to permit former foster youth who "aged out" of foster care during the pandemic to voluntarily re-enter care on or after their 18th birthday though the terms of the Consolidations Appropriations Act, 2020 – Division X.
- DCS will work with the Older Youth Services providers to notify youth of their re-entry options.
    - Youth and young adults can initiate the re-entry process by contacting the DCS hotline, reaching out to a case manager, or through working with their local IL provider and articulating their request to return to care.\
- DCS will conduct a public awareness campaign to ensure all eligible youth have information on the extension of services through the public health pandemic.
    - DCS OYI and DCS Communications team is hosting an "Older Youth Marketing Campaign Contest" among DCS youth who signed up to participate. The winner will work with DCS OYI and DCS Communications to finalize their design to use in the campaign.
    - IYAB will be hosting a town hall to discuss the new Chafee provisions.
    - IYAB will develop an incentivized grassroots campaign that spreads the message regarding the updated Chafee provision under the "Appropriations Act"

DCS OYS Providers:

- The OYS providers will provide supervision and support to youth and young adults who reentered foster care through the Indiana Extended Foster Care Program – Collaborative Care who previously aged out of foster care on or after their 18th birthday and have not reach the age of 22.
- The OYS providers will work with DCS to notify youth of their re-entry options.
    - Youth and young adults can initiate the re-entry process by contacting the DCS hotline, reaching out to a case manager, or through working with their local IL provider and articulating their request to return to care.

c. Lifts certain educational and work requirements associated with remaining in extended foster care.

DCS Response:

- DCS will lift the following extended foster care – Collaborative Care requirements as outlined on the Voluntary Collaborative Care Agreement:
    - Enrolled in a secondary education institution or a program leading to an equivalent credential, e.g., a youth age 18 and older is finishing high school or taking classes in preparation for a High School Equivalency (HSE) exam. OR enrolled in an institution which provides post-secondary or vocational education, e.g., a youth could be enrolled full-time or part-time in a university or college or enrolled in a vocational or trade school.
    - Employed for at least 80 hours per month, e.g., a youth could be employed part-time or full- time, at one or more places of employment.

DCS OYS Providers:

- The OYS providers will accept Collaborative Care referrals from DCS of youth / young adults who have re-entered into Indiana's Extended Foster Care program - Collaborative Care during the terms of the Consolidations Appropriations Act, 2020 – Division X, who do not meet the extended foster care eligibility requirements and would have otherwise not been eligible.
- The OYS providers will provide placement supervision and support to youth / young adults who have re-entered into Indiana Extended Foster Care program – Collaborative Care who are placed in a supervised independent living placement.

d. Ensures protections for youth in foster care, including continued services to ensure the safety and well-being of youth, and transition plans.

Special Rules:

1. Continue to ensure that the safety, permanence, and well-being needs of older foster youth, including youth who remain in foster care and youth who age out of foster care during that period but who re-enter foster care pursuant to this section, are met, and.
2. Work with any youth who remains in foster care after attaining 18 years of age (or such greater age as the State may have elected to develop, or review and revise, a transition plan consistent with the plan and assist the youth with identifying adults who can offer meaningful, permanent connections.

DCS Response:

- DCS will continue to ensure the protection of support and services for foster youth, which will support their safety and wellbeing. This will include continued transition planning, life skills assessments, and learning plans.

DCS OYS Providers:

- The OYS providers will continue to ensure older youth services, collaborative care and voluntary services are provided to current and former youth / young adults, which will support their safety and wellbeing. This includes continued case management, conducting life skills assessments and assisting youth with the development of a learning plan, monthly contact etc.
- The OYS providers will continue to provide older youth services as directed withing the Older Youth Service Standards and the Older Youth Protocol.
- The OYS provider will provide support

2. Permits states to use new Chafee funds to offset the cost of meeting requirements in this section for youth who are ineligible for Title IV-E foster care. In cases where youth are eligible for Title IV-E foster care funds, federal match of administrative and maintenance costs remains available.

Special Rules:

State to which additional funds are made available

1) May use supplemental Chafee funds for certain costs incurred in meeting the requirements related to preventing youth from aging out of foster care, re-entry into foster care and protection for youth in foster care.
2) The cost must be incurred after enactment and before October 1, 2021. (sec. 4(d)(1) and (2)(A) of Division X).
3) States and tribes must not use the supplemental Chafee appropriation for specified foster care costs identified in Division X for title IV-E eligible youth, including youth age 18 or older who are eligible due to a temporary waiver of the age or education/employment requirements (sec. 4(d)(2)(B) of Division X).
4) Title IV-E agencies must make reasonable efforts to determine the title IV-E eligibility of each older youth who remains in or reenters foster care for the reasons specified in Division X (sec. 4(d)(2)(C) of Division X).
5) Youth who re-enter foster care during the emergency period of April 1, 2020 and September 30, 2021 may not be determined ineligible for title IV-E foster care maintenance payments solely due to age or the education/employment conditions before October 1, 2021 (sec. 4(d)(2)(D) of Division X).
6) Sec. 4 has no force or effect after September 30, 2021 (sec. 4(e) of Division X).

DCS Response:

- DCS has provided extended foster care services since 2012 and has made reasonable efforts to ensure that eligibility for foster care maintenance payment is determined when a youth remain, or re-enters foster care.
- DCS will ensure youth are not determined ineligible for title IV-E foster care maintenance payment solely due to age or the education / employment eligibility requirements before October 1, 2021.
- DCS will not use supplemental Chafee appropriations for youth identified as title IV - E eligible. DCS will utilize Title IV-E maintenance cost or State funding.

Section 5: Examples of How Chafee Pandemic Funds Can be Used

Indiana Department of Child Services has been committed in engaging youth to implement strategies to ensure the Chafee Pandemic allotted funding is used to service and support youth through the pandemic. Below are examples of allowable use of these funds for eligible youth/young adults.

- Provide targeted payments and supports to allow youth/young adults to remain at home during the COVID-19 pandemic and public health emergency, when needed to ensure their health and well-being. Individuals requiring such assistance may include youth with medical conditions, pregnant or parenting youth, and youth who need to quarantine due to exposure to COVID-19.

- Assist youth in meeting living expenses, including rent, groceries, grocery or meal delivery, and utilities. Such assistance may include helping youth pay back payments and fees and/or paying for expenses for youth/young adults who need to stay home for extended periods of time.

- Purchase cell phones, tablets, laptops, internet service, cell phone plans or other technological tools for young people.
- Provide respite care services and additional support for parenting or pregnant youth.
- Assist youth in paying medical expenses, including COVID testing and treatment, if these expenses are not already covered by other health insurance or Medicaid.
- Purchase or reimburse youth for personal protective equipment (PPE), including cloth masks.
- Provide services and support to combat young peoples' social isolation during the pandemic. This could include sending gift boxes, cooking kits, puzzles, art and hobby supplies, or other interactive items to connect youth/ young adults.

Eric J. Holcomb, Governor
Terry J. Stigdon, MSN, RN, Director

Indiana Department of Child Services

302 W. Washington Street
Indianapolis, Indiana 46204-2738

PH: 317-234-KIDS
FAX: 317-234-4497

www.in.gov/dcs

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

Annual Citizen Review Panel Report

Background

The 2020 Foster Parent Citizens Review Panel also called Foster Parent Advisory Board consisted of both former and first time panel members. The members were all licensed foster parent with either DCS or a Licensed Child Placing Agency. There was one Licensed Child Placing Agency personnel member whom served on the panel as well. Attending Guest were from DCS Foster Care Division and Permanency and Practice Support Division.

During 2020 the Panel met quarterly as planned. The meeting dates were: March 27th, June 25th, September 24th, and December 10th. All meeting were held via Microsoft Teams. All members agreed that this platform was appropriate and convenient to them.

Foster Parent Citizens Review Panel Members 2020:
Valarie Hawkins, Licensing Specialist LCPA
Robert Duane Brown, Foster Parent DCS Region 13
Mary Beth Brown, Foster Parent DCS Region 13
Rebecca LaHue, Foster Parent DCS Region 17
Susan Mahan, Foster Parent LCPA
Taylor Eckert, Foster Parent DCS Region 18
Susan Hyde, Foster Parent DCS Region 5
Cari Kelm, Foster Parent DCS Region 11
Tonya Wilson, Foster Parent LCPA
Mary Norris, Foster Parent DCS Region 18

Panel Coordinator:
LaKesha Thomas, Foster Parent Communication and Support Liaison DCS

Guest:
Gretchen Grier, Foster Care and Kinship Care Director DCS
Jennifer Lee, Permanency and Practice Support Program Manager DCS
Racheal Hudgins, Permanency and Practice Support Consultant DCS
Kimberly Barlowe-Gay, Adoption & Youth Programs DCS

Priorities reviewed/discussed

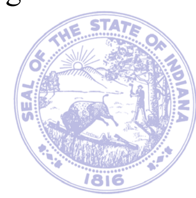
Areas of focus were based on the 2019 recommendations, the FFPSA, concerns of individual Panel members, and DCS agency advances.

During 2020 the Foster Parent Citizens Review Panel discussed the following information:

- Citizens Panel purpose and ways to strengthen outputs
- Indianafostercare.org awareness, usage, and helpfulness
- Foster Parent Portal feedback
- Foster parents court reports
- Foster Parent Portal additions:
    - Immunization records
    - Court dates
- New Foster Care Division position
    - Community Engagement Specialist
- Foster Parent Survey/ Assessment
    - Survey Trial and feedback from Foster Parent Citizens Review Panel was provided
    - Survey rollout finalization
- 2019 Director's Response
- 2019 Remaining recommendations reviewed and agency update provided
    - Foster parent mentors further explored
    - Foster parents co-training RAPT further explored
- Family First Prevention Service Act
- Panel members participation on the Shared Birth & Foster Parent Advisory Board

Recommendations

- Foster Care Consultants provide LCPA Staff with some form of education/ refreshers on the Foster Parent Portal on a yearly basis.
    - What to expect when logging on, what type of information the Portal should provide, Portal limitations, etc.
    - It would be helpful for Licensing Consultants to provide LCPA staff with Foster Parent Portal access instructions annually
- Improve process of Portal registration for DCS and LCPA foster parents
    - Decrease the steps to becoming registered
    - Add Portal information and the web address to browse Indiana fostercare.org to placement letters, or new foster parent welcome letters
- DCS to provide some form of training on Portal use to foster parents at initial licensing and periodically
    - Possibly a web based training



    - Support guide sheet, can be electronic (FAQ Portal tool was developed after the Panels 2020 meeting)
- As a part of FFPSA rollout, provide improved support to help children successfully transition out of residential care into foster homes
    - Have the residential team provide some follow-up to the child versus a complete drop off of support from individuals that the child has become most familiar with
        - Virtual support would be helpful, from the residential team
    - Improve service provider range of services to children stepping down out of residential care to reduce recidivism

Eric J. Holcomb, Governor
Terry J. Stigdon, MSN, RN, Director

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

Date: August 3, 2021

Foster Parent Citizen Review Panel
RE: DCS Response to the Foster Parent Citizen Review Panel Report for 2020

Dear Foster Parent Citizen Review Panel Team Members:

DCS has received your 2020 Foster Parent Citizen Review Panel Annual Report and we would like to thank the Panel for volunteering its expertise in examining issues and needs related to foster parents. DCS looks forward to working together to collaboratively solve issues with a focus on increasing communication and knowledge sharing between DCS and the foster parent community.

Responses to each of your recommendations are listed below:

Recommendation #1: Provide LCPA staff with some form of education/refreshers on the Foster Parent Portal on a yearly basis.

> Thank you for this feedback, DCS continues to work on further developing its foster-parent portal website. DCS will provide more education in the future as more interactive components are added following the upcoming internal transition to a new electronic case management system. DCS currently provides LCPA's updates and information during the multi-disciplinary monthly phone calls. A current FAQ has been created and distributed regarding the portal.

Recommendation #2: Improve the process of portal registration for DCS and LCPA foster parents by decreasing the number of steps to become registered and adding portal information to placement letters.

> DCS has streamlined the portal registration process by ensuring that foster parents are signed up as a part of the licensing process. During their initial licensure foster parents are provided with information regarding the use of the portal.

Recommendation #3: Provide some form of training on portal use to foster parents at initial licensure and periodically

> Thank you for this recommendation, DCS now provides foster parents with registration and information regarding use of the portal during their initial licensure. DCS is currently transitioning its electronic case management system. Following that integration additional features will be made available on the portal and education will be provided to foster parents.

Recommendation #4: As a part of FFPSA rollout, provide improved support to help children successfully transition out of residential care into foster homes.

> We feel this recommendation aligns with changes that we are making in order to support FFPSA. DCS recently began conducting a Child-Focused Treatment Review process to adequately assess a child's need for residential treatment and a structured process to begin discharge planning at admission when

treatment is deemed appropriate. This process requires a residential treatment focused CFT to occur every 30 days and step down planning to occur every 90 days until the child is discharged. This process was implemented in March 2021 and to date we have seen a reduction of children in residential by 20%. We continue to partner through workgroups with our LCPA providers to ensure that we can continue to brainstorm to meet the needs of high-acuity youth in lesser-restrictive settings.

DCS is thankful for the time your Panel has devoted to reviewing current issues affecting foster parents throughout 2020 and for submitting your Annual Report. DCS is committed to open communication with Citizen Review Panels in order to receive feedback that will assist DCS in learning how to better serve foster parents, children, and families throughout the State of Indiana.

Respectfully,

Terry J. Stigdon, Director
Indiana Department of Child Services

SEAL OF THE STATE OF INDIANA 1816

Protecting our children, families and future

Citizens Review Panel Annual Report

Fatality Review

Prepared by:

Madison County Child Fatality Review Team

Submitted to:

Department of Child Services

March, 2021

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Introduction

Indiana Code (IC31-25-2-20.4) provides for the establishment by the Department of Child Services of at least 3 citizen review panels in accordance with the requirements of the federal child abuse prevention and treatment act under 42 U.S.C 5106a. Each citizen review panel (CRP) is appointed for a 3 year term. One of the CRP's must be either the statewide child fatality review committee or a local child fatality team.

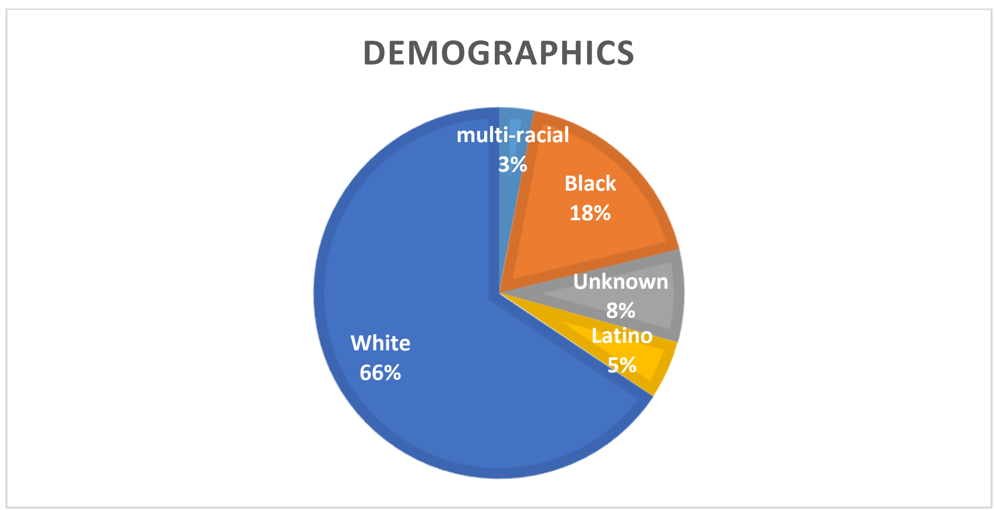
The main purpose of the CRP's is to evaluate how effectively a child welfare agency is discharging the agency's child protection responsibilities. This evaluation can be done by examining the agency's practices, policies and procedures; reviewing specific child protective services cases; and any other criteria the CRPs consider important to ensure the protection of children. CRPs are to submit an annual report describing the summary of its activities, conclusions, and recommendations. In turn, the Department of Child Services is to provide within 6 months a written response indicating whether and how it will incorporate the recommendations of the citizen panel review.

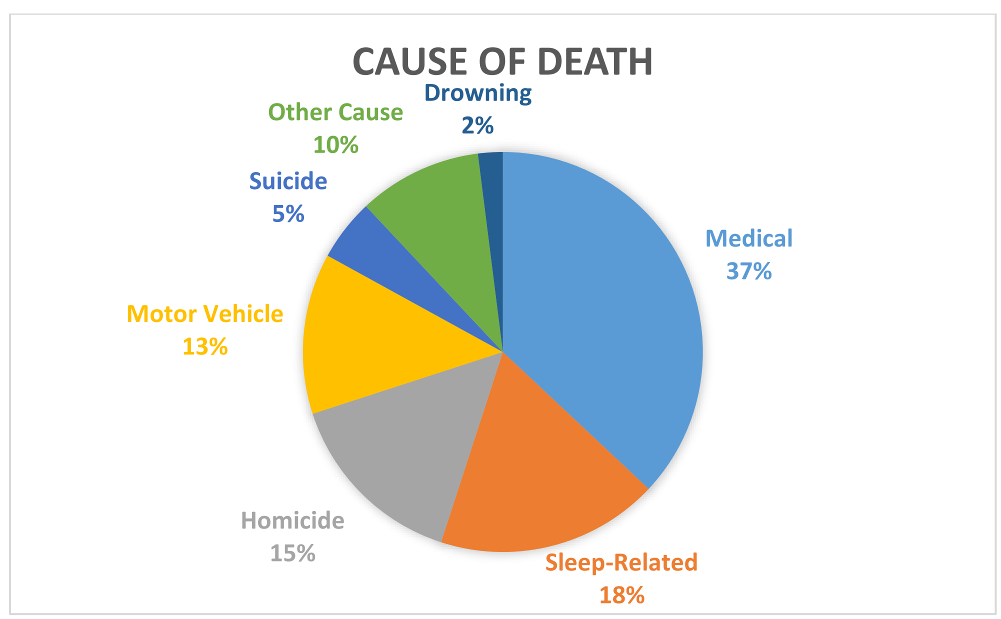
The Madison County Fatality Review Team accepted a three year term as the state Fatality Citizen Review Panel in January 2020. The Madison County Fatality Review team is comprised of dedicated community leaders and stakeholders who are aimed at reducing child fatalities in Madison County.

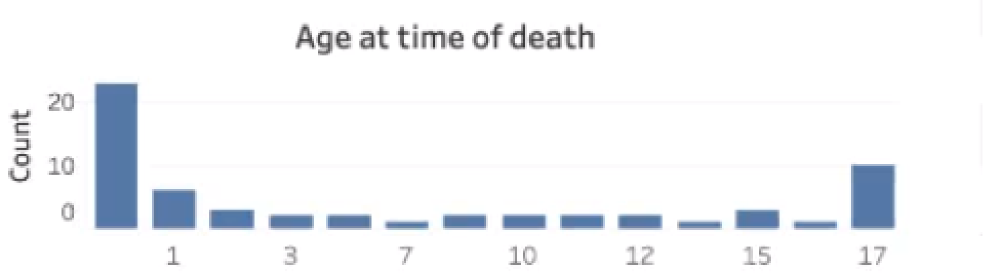
The Madison County Fatality Review Team meets the statutory requirements for membership and has active attendance though monthly meetings. All members signed dual confidentiality. The Madison County Fatality Review Team was re-formed in 2018 to review local fatalities and advice the local chapter of Prevent Child Abuse.

II. Priorities, themes, and cases reviewed:

Madison County is part of the Child Safety Forward 5 year retrospective review of all fatalities from 2014-2018. Child Safety Forward is funded by the U.S. Department of Justice to develop multi-disciplinary strategies and responses to address fatalities and near fatalities as a result of child abuse and neglect. The Indiana Department of Health chose 4 counties (Grant, Madison, Delaware and Clark) to identify family and systematic circumstances for child fatalities. In partnership with IDOH and the IU School of Social Work the Madison County Review Team is developing a plan to mitigate risk factors which affect children in order to reduce child fatalities attributed to child abuse and neglect. As part of this initiative the Madison County Review Team completed reviews of 60 child fatalities where the decedent either resided or died in Madison County. This differed from past years when only suspicious or unexpected deaths were reviewed.







The team identified several hurdles throughout the year in completing these reviews. Over a third (37%) of the fatalities identified for review were medical causes of death and the team was not able to obtain information and records in the vast majority of these cases. The team also struggled to receive case information regarding motor vehicle accidents (10% of fatalities). The remaining cases the team had relied heavily on the information obtained during fatality assessment at DCS and the internal records the department was able to provide.

In only 13% of the cases did the immediate child victim or a parent have prior contact with DCS. Nationally according to 2019 data 34.3% of child fatalities had at least one touchpoint with the state or local child protection system in the 5 years preceding the death. (Child Maltreatment 2019, Children's Bureau).

In a review of the sleep-related deaths (11 in total) 5 children were placed in an adult bed, 2 in a bassinet, 2 in a chair, 1 in a play pen and one was not entered. 5 of the children were under the care of their biological mother at the time of the fatality. 27% of the children were sleeping in their usual sleeping arrangement at the time of the death. In 5 of the 11 cases an adult was sleeping with the child, in 4 of the cases the child was placed with a blanket, in 2 cases a comforter and in 2 cases a pillow. Of note in all 11 sleep related fatalities none indicated the primary caregiver was actively impaired at the time of the fatality. In 36% of the safe sleep related fatalities the children had a safe sleep option available which was not being utilized.

The team reviewed several homicide cases. The emerging trend for these cases was the presence of a male caregiver in the home who was not the father to the victim. In the cases reviewed there was often a co-occurring theme of domestic violence in the home as well. Mothers were entering into violent relationships for a myriad of reasons but one which came up several times was the need for support in raising kids and childcare. In some cases the perpetrator of the fatal abuse had pending or dismissed prior criminal charges. In several of the murders there were multiple professional touchpoints with the families in the months leading up to the death. Several deaths were deemed preventable by the team if the professionals within the community were aware of the risks seen and identified and had had the opportunity to come together and understand the family dynamics and needs. In too many instances information regarding the family were in siloes and the responses were not coordinated resulting in no single agency having a full picture of the risks in the home.

The team reviewed two cases where children died of acute diabetic ketoacidosis (DKA. Factors in these cases were lack of knowledge of warning signs when a child was in DKA, lack of knowledge of quick

onset diabetes and children or family's reluctance to go to the doctor when warranted. The lack of knowledge outside the medical community regarding warning signs and symptoms of childhood diabetes was prevalent within these cases. In one of the cases the child had been seen by the doctor within a week of the fatal incident and had been misdiagnosed and as the children continued to deteriorate caregivers did not seek follow up or emergent medical care. Follow up calls from providers to caregivers may alert medical providers to deteriorating symptoms.

Several suicides were reviewed as well. The prevailing theme in these reviews were the statements from many family members that said they never saw the suicide coming. The current potential for cyber bullying and inability to shut off from the pressures of school (particularly now with COVID restrictions) has left some children with no safety net and no escape. In these cases, the team believed the children had been bullied but this was not recognized prior to the death by professionals and family members as bullying as the phrase "they were just getting called names" and this was equated with a normal part of growing up. In one case during a school assessment, a child had indicated suicidal tendencies but this information was not followed up on, not shared with the parents and no intervention was completed. The other item to highlight was how various tools and resources were available both nationally, within Indiana, and within the county which were available which many team members were not previously aware of.

Recommendation:

- Safe Sleep
  - The team discussed ensuring all children have access to a pack-n-play or other appropriate sleeping surface prior to being released from the hospital at birth just as car seats are required. This could be something obtained or verified via insurance providers. The team feels this would assist families who do not have the resources to purchase a pack-n-play or crib ensure they have a safe space for their child to sleep.
  - In a majority of the cases the infant had a safer alternative sleeping space available. The team would like to ensure there are alternative ways to work with mothers and new born babies. Discussion around barriers to safe sleep with mother focused on the stigma of professionals telling new mothers what to do and not having robust, honest conversations with families to understand their culture and views and helping to identify the safest way for them to move forward. Professionals may gloss over the reality of exhaustion with new babies in the home.
    - The team would like to review a harm reduction plan for safer sleeping approach and find a way to increase support groups for new moms.
    - The team also recommends having real Indiana mothers tell their story of loss so mothers understand it can happen to anyone.
  - DCS to partner with prevention providers and first responders to facilitate and store pack n plays for first responders to provide to staff when they recognize the need.
- Access to and the ability to share data and information during a child's life continues to be a barrier within Madison County. Agencies operate in silos and do not share information regarding vulnerable children in a timely manner. The burden appears to fall on DCS if and when they have open assessments regarding children to obtain releases of information and convene case conferences so all relevant providers are able to share case history and the family's strengths and needs.
  - DCS should collaborate with external agencies to develop a single acceptable release of information so multiple releases are not warranted for each child and family to allow agencies to work together and collaborate to meet the needs of the vulnerable youth in our state.
  - Greater messaging and education regarding access to medical and other records following the death of a child.
  - DCS should partner with law enforcement to explain and educate on the purpose and process of completing joint assessments. DCS should revise policy to explain why it is important to notify law enforcement on emergency assessments. DCS shall work with law enforcement regarding the varying timeframes for completing DCS assessment versus criminal investigations and have a standard operating procedure for both agencies to follow during joint assessments to ensure timely follow up, information sharing and teamwork and coordination.
- The team would like community resource fairs across the state where all contracted and non-contracted providers come together. Often all resources were not known to members of the

taskforce and a comprehensive guide (or app) should be developed. If an app were created all professionals who identified a family in need would have the ability to immediately connect that family to services.

- DCS shall consider partnering with medical providers and local stakeholders to educate parents on the signs and symptoms of diabetics and when to seek care. All children involved in DCS cases shall have diabetic screenings with their primary care physician on an annual basis.
- DCS should research the differences and effectiveness of The Hope Squad and Sources of Strength and partner with the Department of Education to ensure all schools have peer support groups to prevent suicides and recognize signs of suicides in their peers.

Madison County Fatality Review Team Membership:

Ashley Krumbach, DCS

Amy Waltermire, DCS

Laura Houston, DCS

Courtney Rusk, DCS

Jay Kay, DCS

Nick Oldam, DCS

Rachel Parrett, DCS

Peter Beyel, Madison County Prosecutor's Office

Steve Koester, Madison County Prosecutor's Office

Betsy Baxter, Victim's Advocate, Prosecutor's Office

Joanne Ray, MD

Elaine Smith, Community Health Anderson

Joni Brickman, Community Hospital Anderson

Sharine Todd, Ascension Health

Darren Isaacs, St. Vincent Anderson

Ellison Cameron, St Vincent Police

Joey Cole, Sheriff's Department

Darrell Hunter, EMS

Freddie Tevis, APD

Bryce Gibbons, Alternatives Inc.

Laura Taylor, Alternatives Inc.

Megan Wills, Children's Bureau

Kim Bales, Juvenile Probation

Adam Matson - Alexandria Fire Dept. / Madison County Chief Deputy Coroner

Ben Gosnell, Elwood PD

Pam Ashby, IDOH

Kacie Chase, Indiana Department of Health - Child Safety Forward

Donna Barker, Aspire

Denise Valdez, Kids Talk Child Advocacy Center

Allie Houston, IDOH

Caitlin Morency, Madison County Sheriff's Department

Traci Barber, CASA

Annette Craycraft, CASA

2020 Meeting Schedule:

January 3, 2020

February 7, 2020

March 6, 2020

April 10, 2020

May 1, 2020

June 5, 2020

No July Meeting

August 7, 2020

September 11, 2020

October 2, 2020

November 6, 2020

December 4, 2020

Eric J. Holcomb, Governor
Terry J. Stigdon, MSN, RN, Director

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Child Support Hotline: 800-840-8757
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Date: August 3, 2021

Madison County Child Fatality Review Team, Citizen Review Panel
RE: DCS Response Citizen Review Panel Report for 2020

Dear Madison County Child Fatality Review Team and Citizen Review Panel Team Members:

DCS has received your 2020 Child Fatality Review Team Citizen Review Panel Annual Report and we would like to thank the Panel for volunteering its expertise in examining issues and needs related to child fatalities. As you know, fatality reviews are critical to understanding the causes for child fatalities as we strive to prevent fatalities in the future. While significant effort has been devoted to preventing child deaths, DCS recognizes that there is still room for improvement.

Responses to each of your recommendations are listed below:

Recommendation #1: Safe Sleep: access to appropriate sleeping surfaces prior to hospital release, review harm reduction and increase support groups, promote Indiana parents sharing their stories, and partner with prevention providers and first responders.

> Thank you for this recommendation. DCS works closely with its community partners to provide pack-n-plays to families in need. Some first responders participate in DOSE (Direct On Scene Education) and provide them as well. DCS continues to partner with the Department of Health and will continue exploring doing work around parents publicly sharing their stories to promote safe sleep.

Recommendation #2: Access to Information: create a single release of information, improve joint assessments with law enforcement agencies, improve education regarding access to medical and other records

> At DCS we agree that this is something that needs to be addressed. In May of 2021, DCS released an updated uniform consent for the release of information form for medical, mental health, and substance use records. The Office of Court Services is currently working on an information sharing application which would house all releases in one centralized location. This would allow staff to have easy access to the type of information that may or may not be shared without a signed release of information, as well as any agency specific releases easily accessible.

Recommendation #3: The team would like community resource fairs across the state where all contracted and non-contracted providers come together. Often all resources were not known to members of the taskforce and a comprehensive guide or app should be developed. If an app were created all professionals who identified a family in need would have the ability to immediately connect the family to services.

DCS Regional Service Coordinators assist local offices in planning and hosting resources fairs for DCS staff. These resource fairs are an opportunity to ensure staff are aware of the contracted and non-contracted resources available in their community. DCS will consider working with local jurisdictions to ensure that external stakeholders and partners are invited to these resource fairs. Each Community Partner for Child Safety provider creates a list of local resources available. DCS will work with these Community Partners to ensure these resource guides are shared with all local stakeholders.

Recommendation #4: DCS shall consider partnering with medical providers and local stakeholders to educate parents on the signs and symptoms of diabetics and when to seek care. All children involved in DCS cases shall have diabetic screenings with their primary care physician on an annual basis.

Thank you for this recommendation. DCS continues to collaborate internally with our integrated care team to create "one-pagers" regarding different types of ailments children may suffer from. DCS will consider working with the foster care bridge clinic and other medical providers through Docs In Case to educate kinship and foster parents on the signs and symptoms of diabetes. DCS will continue to complete children's medical passports and discuss with caregivers when children may be predisposed to or at higher risk of a certain illness. DCS will continue to ensure that children in care receive regular medical attention.

Recommendation #5: DCS should research the differences and effectiveness of The Hope Squad and Sources of Strength and partner with the Department of Education to ensure all schools have peer support groups to prevent suicides and recognize signs of suicide in their peers.

Thank you for this recommendation. In many facets DCS continues to partner with the Department of Health, Department of Mental Health and Addiction, and the Department of Education regarding suicide prevention. DCS is a part of a suicide learning collaborative that has created and will maintain a state suicide prevention infrastructure plan which is managed by a State Suicide Prevention Coordinator.

DCS is thankful for the time your Citizen Review Panel has devoted to reviewing child fatalities throughout 2020 and for submitting your Annual Report. DCS is committed to open communication with Citizen Review Panels in order to receive feedback that will assist DCS in learning how to better serve the children throughout the state of Indiana.

Respectfully,

Terry J. Stigdon, Director
Indiana Department of Child Services

Citizen Review Panel

2020 Annual Report

Prepared by:

The Randolph County, Indiana Child Protection Team

Background

The Randolph County Child Protection Team accepted a three year term as the state Citizen Review Panel under Indiana Code 31-25-2-20.4 in January 2020. The purpose of the Citizen Review Panel is to evaluate and make recommendations regarding the effectiveness of child welfare practice, policy, and procedure implementation. The Randolph County Child Protection team is composed of dedicated and compassionate community leaders and stakeholders who all share a commitment to bettering the communities within Randolph County for the sake of vulnerable and at-risk youth. The team holds many collective years of experience in several areas related to working with the children within Randolph County communities. They all express a commitment to utilizing their experience for the advancement of practices, policies, and procedures that impact the work they complete on a daily basis. Each team member agrees that ensuring the safety and well-being of children is dependent on a community collaboration, and is not the sole responsibility of one particular community agency. The team is in full support of the mission behind the Citizen Review Panel, and are additionally in support of any child safety initiatives that are recommended as a result of this Panel.

The Randolph County Child Protection Team (CPT) meets statutory requirements for membership and has active attendance and participation through monthly meetings. The COVID-19 health pandemic presented unique challenges to the team, however regular participation was fostered through the virtual engagement platform, Microsoft TEAMS. The Randolph County Child Protection Team is led by the Director of the local Special Education Cooperative. The remaining composition of the team includes medical professionals, law enforcement officers, court designees, mental health providers, a county commissioner, and a foster parent, several of whom are also county residents (Appendix A). In 2020, the primary focus of the Randolph County Child Protection Team was the review of substantiated allegations of child abuse or neglect. The team met on the following dates in 2020 in order to discuss the circumstances surrounding a finding of substantiated neglect or abuse:

- January 9, 2020
- February 13, 2020
- March 12, 2020
- April 9, 2020
- May 14, 2020
- June 11, 2020
- July 9, 2020
- August 13, 2020
- September 10, 2020
- October 8, 2020
- November 12, 2020
- December 10, 2020

Certain team members agreed to serve on a Citizen Review Panel (CRP) Committee for the purpose of research and data collection. The CPT Members that served in a role on the Citizen Review Panel Committee included:

- Jessica Maxwell - Local Office Director, Randolph County DCS
- Danielle Ankrom – Family Case Manager Supervisor, Randolph County DCS
- Nicole Mock – Family Case Manager Supervisor, Randolph County DCS
- Karen Frame – Family Case Manager Supervisor, Randolph County DCS
- Mackenzie Clawson – Family Case Manager, Randolph County DCS
- Natalie Crist – Family Case Manager, Randolph County DCS
- Debra Farrell – Family Case Manager, Randolph County DCS
- Martha Jolley – Family Case Manager, Randolph County DCS
- Lisa Waber - CPT Team Leader, Director of Local Special Education Cooperative
- Lareina Medler - Local Probation Officer
- Shelly Monfort - Local Foster Parent and Wraparound Services Coordinator
- William Bradbury - Assistant Chief of Police, Union City, Indiana Police Department
- Debra McGriff-Tharp - Child Advocate Director
- Samantha Morris - Nurse Practitioner

The CRP Committee met on the following dates in 2020 in order to hold conversations pertinent to the needs identified for the Citizen Review Panel:

- February 13, 2020
- May 28, 2020
- July 9, 2020
- September 10, 2020
- October 8, 2020

Reviewed Priorities

The Citizen Review Panel Committee (hereafter referred to as the CRP) focused on ongoing mental health and behavioral issues experienced by youth during the 2020 period. The team had identified a trend of recurring Department of Child Services (DCS) assessments related to children who were experiencing significant mental health and behavioral crises that often required immediate intervention from DCS or Local Law Enforcement Agencies (LEA). The team found that these children continued to experience recurring incidents of crisis despite these interventions. One child in particular became a significant influence on the work completed through the CRP. This child had numerous involvements with DCS and LEA due to behaviors of fire setting, physical aggression, and elopement. The child also experienced mental health symptoms that included auditory and visual hallucinations. This child had completed numerous acute hospitalizations and had been enrolled in Wraparound Services for a number of years, yet continued to experience these incidents of crisis which resulted in requests for immediate

intervention by LEA and DCS. It became the goal of the CRP to identify gaps in service delivery in order to develop recommendations of how to better help these children in the community.

First Set of Data Collection

The CRP began by developing criteria for data that could be collected in relation to the goal identified above. The CRP decided to collect data regarding the children that met at least one of the following criteria:

- Exhibit sexually maladaptive or sexually reactive behaviors.
- Partake in substance use or misuse.
- Exhibit suicidal ideations or acts of self-harm or suicide attempts.
- Demonstrating disruptive behaviors that include but are not limited to:
    - Involvement with Juvenile Probation
    - Behaviors that resulted in LEA involvement
    - Behaviors that resulted in disciplinary actions at school
    - Behaviors that caused harm to the child's self or someone else

The Randolph County DCS Central Intake Queue was then reviewed over a three-month period between November 1, 2019 and February 1, 2020. Over the course of these three months, 49 reports of alleged abuse or neglect involving a total of 33 children included a child who met at least one of the criteria met above. Trends within the data related to these 49 reports are outlined as follows:

- Out of these 33 children, five of them had been known by DCS to have had an inpatient residential placement for treatment at one time.
- Out of these 33 children, nine of them either were previously involved or were involved with Juvenile Probation.
- 61% of these reports were screened in and assessed by the Randolph County Department of Child Services to review the allegations of abuse or neglect. 39% of these reports were screened out and did not meet the screening and response time guidelines to warrant assessment by DCS (Appendix B).
- The presence of data criteria included:
    - 17% of these reports involved a child experiencing sexually maladaptive or sexually reactive behaviors.
    - 25% of these reports involved a child experiencing suicidal ideations or thoughts of self-harm.
    - 21% of these reports involved a child partaking in substance use or misuse.
    - 37% of these reports involved a child demonstrating disruptive behaviors such as those outlined above.
- The age groups represented in this data included:
    - 3% of these reports involved a child age 0-5.

  - 18% of these reports involved a child age 6-10.
  - 61% of these reports involved a child age 11-15.
  - 18% of these reports involved a child age 16-18.
- The presence of DCS history in this data included:
  - 64% of these reports had a SUBSTANTAITED history of DCS involvement.
  - 36% of these reports had an UNSUBSTANTIATED history of DCS involvement.

Second Set of Data Collection

Following the review of the data related to reports received by Randolph County DCS, the CRP committee decided to seek some additional feedback from professionals within the community. The CRP committee decided to target law enforcement officers, teachers and education providers, medical providers, mental health providers, and Court Appointed Special Advocate volunteers, as each of these systems play a vital role in the safety and well-being of Randolph County children. Committee members worked together to create standardized surveys for individuals in each of these professions. Surveys included closed-ended questions answered through the use of a Likert Scale. Surveys also included open-ended questions related to the participants' specific profession. All of the data was presented to the CRP and considered while developing recommendations (Appendix C). Pertinent highlights include:

- Common systemic barriers noted across professions included a lack of access to resources, lack of parental involvement and education, and a lack of education related to trauma and Adverse Childhood Experiences.
- All survey participants agreed that it is not the sole responsibility of a single agency, and is rather the responsibility of community collaboration to overcome mental health and behavioral crises experienced in children.
- All survey participants agreed that unaddressed mental health issues within children results in additional struggles including poor academic achievement, poor physical health, and an increased likelihood for engagement in criminal activity.

Recommendations:

1) ***The current functioning of the local Child Protection Team in Randolph County should be reevaluated in order to identify how this process could be most effective at the county level.***

   This is recommended due to current practices not being conducive to the intent of effective community collaboration. Current team members do not feel that current practices are in alignment with the overall purpose of the CPT.

   a. This evaluation should be conducted in a way that utilizes a LEAN Management System that is encouraged by DCS on a state level (Appendix D). The use of this management system will provide a manner of identifying efforts that are being

made that provide no value to the CPT. In addition, this will also identify strengths, along with potential obstacles. This will allow the development of appropriate plans in order to build upon these strengths and overcome these obstacles.

b. Specific action steps for this evaluation should include:
    i. Review the following documents to ensure that all mandated requirements for CPT are maintained:
        1. Indiana Statute related to CPT formation and development (Indiana Code 31-33-3)
        2. DCS Policy 1.1 (Community Child Protection Team)
        3. Community Child Protection Teams: A Manual for Team Members

    ii. Observe CPT meetings in surrounding counties in order to identify what is working well, and what practices have been eliminated as wasted efforts.

    iii. Upon completion of the evaluation, recommendations for revamped CPT practices should be presented to all team members. It should be ensured that all team members are fully aware of their roles and responsibilities in the CPT.

    iv. The implementation of a cross-systems training would be beneficial. The purpose of a cross-systems training would be to provide awareness and understanding in relation to the individual responsibilities, limitations, and perspectives of each team member and the agency they represent (Appendix E). By providing this knowledge there is a likelihood of an increased level of accountability, cooperation, communication, and coordination (Jivanjee, Brennan, Sellmaier, Gonzalez-Prats, & Collaborative, 2016).

2) ***Opportunities for the relaunch of the DCS Family Evaluations program should be explored.***

This is recommended as an opportunity to generate community collaboration as a preventative measure, as these evaluations can be completed without an identified incident of child abuse or neglect and can potentially prevent an incident of abuse or neglect from occurring.

a. The implementation of the Family Evaluation was introduced in 2013 as a way for the Indiana DCS to determine if services were needed in order to ensure the

safety of a child or family members. Family Evaluations are not assessments of abuse or neglect. These evaluations are rather utilized as an opportunity for the Family Case Managers (FCM) to act as an advocate for a family and connect them to the most appropriate service system.

b. The Family Evaluation program is highly underutilized. Over the past three years, the Randolph County Department of Child Services has only completed four Family Evaluations.

   i. There is currently no formal policy in the Indiana Child Welfare Policy Manual regarding Family Evaluations. It is recommended that a policy be developed for this process.

   ii. It is recommended that additional Family Evaluation training be provided to all frontline staff in DCS field operations. This is not currently provided to Family Case Managers or Family Case Manager Supervisors during their new worker or experienced worker trainings.

   iii. It is recommended that the process for reporting or requesting a Family Evaluation be outlined and presented to community agencies in order to increase the utilization of this process. Most agencies in the Randolph County community are unaware of this option for collaboration.

c. It is recommended that the Family Evaluation process be required to utilize a multidisciplinary team (MDT) approach (Appendix F), such as that demonstrated through the Child Protection Team or the model used by local Child Advocacy Centers. The MDT approach takes advantage of the experience and expertise of various professionals in the community in order to develop collaborative, well-informed decisions.

   i. The U.S. Department of Justice acknowledges benefits of an effective MDT through work published by Mark Ells, J.D. (1998). These benefits include (1) less systemic inflicted trauma onto children and families, (2) better agency decisions, more accurate investigations, and more appropriate interventions, (3) more efficient use of limited resources, (4) development of more competent professionals, and (5) less burnout among professionals. All of these benefits have the ability to create safer, trauma-informed communities.

ii. It is recommended that all Family Evaluations in Randolph County be required to be presented to the Local Community Child Protection Team for accountability purposes.

3) ***Sources of community capital should be identified in order to offset the lack of resources in the rural area of Randolph County.***

This is recommended due to several community members reporting a lack of social service resources and credentialed mental health providers in Randolph County.

a. It is recommended that Indiana DCS Staff Development develop and provide a training related to how child welfare services in rural areas differ from services in urban communities.

i. Community capital is built upon a foundation of trust, mutual understanding, and shared values that bind human networks together in order to make more cooperative action possible (Cohen & Prusak, 2002). The collaboration of these human networks and their personal resources provide a public services that cannot be provided through privately owned businesses and organizations (Morris, 2011). This makes the identification of sources of community capital crucial in rural social work.

ii. During this training, the definition of community capital and the five types of capital should be explained. The five types of community capital are as follows (Appendix G):

1. Economic capital
2. Physical capital
3. Human capital
4. Social capital
5. Cultural capital

iii. The benefit of utilizing community capital to offset a lack of formal resources in rural communities is that rural communities often function on a personalized basis in which they tend to be open to building relationships and networking (Ginsberg, 1998). Research conducted by Sadri and colleagues (2018), studied the role of community capital and resilience in rural Indiana communities. This research concluded that families that resided in an area with a high level of developed community capital were more likely to recover quicker following times of crisis.

b. It is additionally recommended that the responsibility for maintaining current and updated guides on how to utilize community capital be placed on one specific individual at a county or regional level within DCS. This individual would be responsible for seeking out this information on a regular basis in order to adjust for frequent changes. It is recommended that this position be similar to the role of Regional Community Engagement Specialists that currently exist through the Indiana DCS foster care unit. These specialists partake in community outreach efforts for the purpose of recruiting and retaining licensed foster parents. Rather, community outreach efforts could be made in order to build community capital that would benefit Indiana DCS clients.

4) ***The development of a Crisis Intervention Team (CIT) should be developed for rural Indiana communities.***

a. Rural communities like Randolph County lack sufficient resources that are able to respond in times of immediate crisis, and therefore this responsibility often falls back on the DCS Family Case Manager (FCM). Although the intended role of a DCS FCM is not to serve as a first responder in times of crisis, FCMs are typically one of the first professionals, along with LEA, to engage with a family during these times. In Randolph County specifically, FCMs are commonly dispatched to homes with a request for immediate LEA assistance when children are demonstrating violent or emotionally escalated behaviors. FCMs currently do not receive sufficient training related to stabilization of a mental health crisis and they are therefore not equipped to serve in this role.

b. In more urban areas, such as the Greater Indianapolis area, CIT programs (Appendix H) are available through the National Alliance on Mental Illness (NAMI) to provide 40 hours of specialized training to law enforcement officers and mental health professionals, who are then equipped to divert individuals (including children) suffering from a mental health crisis away from the criminal justice system and into appropriate treatment (National Alliance on Mental Illness: Greater Indianapolis, 2020).

c. Skubby and colleagues (2012) published research supporting the implementation of effective CIT programs in rural communities. The implementation of CIT programs show to increase collaboration, communication, and understanding between mental health and criminal justice personnel. This research also provides a discussion and recommendations on how to adapt this model that is typically used in more urban communities to a more rural area, while also providing recommendations on how to overcome anticipated barriers.

d. The implementation of similar crisis intervention teams in more rural communities will lessen the responsibility that is often placed on DCS FCMs during times of mental health crises.

5) ***Gaps in DCS service standards should be explored in order to identify any potential availability for more resources.***

a. As of October 2020, a workgroup was being led by Crystal Whitis, DCS Child Welfare Services Manager, in order to identify gaps in services standards enforced by DCS when compared with service standards enforced by Indiana Medicaid. Conversations such as this are recommended to be continued.

b. There is a possibility that DCS service standards limit the pool of available service providers, therefore making a lack of resources in a rural community an even bigger obstacle to overcome.

i. Credentials for the standard of Recovery Coach Services, for example, include a requirement of a Bachelor's Degree or a Bachelor's Degree in combination of a minimum of two years of work experience. The responsibilities of a Recovery Coach, however, are similar to goals that can be serviced by a Homemaker/Parent Aid who does not have to meet the same credentials (Appendix I).

Conclusion

In conclusion, the Citizen Review Panel identified numerous children in rural Randolph County that continue to experience mental health and behavioral crises on a recurring basis, despite frequent intervention by DCS and LEA. Because of these recurring involvements, the CRP worked to identify the gaps in service delivery throughout the community. The Child Protection Team and local DCS office are working hard to address these gaps, and are actively working on implementing the recommendations outlined above, to the best of their ability, on a county level. The formation of the Randolph County Child Protection Team itself was revamped based upon the recommendations above, and relaunched with new and improved practices in January 2021. Rural counties in the State of Indiana are struggling to meet the needs of the families within their borders. There is not enough attention and training provided at the state level to address the specific systemic challenges experienced by those working with rural populations. There is also not enough attention at the state level regarding the benefits of interagency collaborations, which is additionally crucial in the functioning of rural communities. The recommendations outlined above would provide some relief to smaller counties who are working within their means and outside of their credentials in order to keep Indiana children and families safe and healthy.

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Appendix A

Randolph Child Protection Team Member Roster – Year 2020

Member Name	Role	Phone	Email
Lisa Waber	CPT Team Leader Special Education Director / GRIC	765-584-7602	lwaber@randolphcentral.us
Vickie Nunez	Designated by the Prosecutor Prosecutor Manager	765-584-2644	procsemgr@randolph.in.gov
Kelley Smithson	Designated by the Prosecutor Prosecutor Investigator	765-584-2644	prosinv@randolph.in.gov
Chad Puterbaugh	Designated by the Sheriff Detective	765-584-1721	ucpd724@gmail.com
Tom Pullins	Designated by the Sheriff Captain	765-584-1721	detpull@randolph.in.gov
Mallory Stevenson	Executive Director, Children's Advocacy Center of Randolph County	765-576-1116	mstevenson@cacofrandolph.org
Kirsten Heitkamp	Manager & Therapist at Centerstone	765-584-1735 ext. 7469	Kirsten.Heitkamp@centerstone.org
Shelly Monfort	Foster Parent Wraparound Coordinator & Supervisor at Centerstone	765-584-1735	Shelly.Monfort@centerstone.org
Lareina Medler	Randolph County Probation	765-584-5805	aduprob1@randolph.in.gov
Samantha Morris	Nurse Practitioner	765-584-0480	smmorri1@ascension.org
Wendy McDavid	Public Health Nurse	765-584-1155	hlthpubnur@randolph.in.gov
William N. Bradbury	Assistant Chief of Police – Union City, Indiana Police Department	765-964-5328	WBradbury@unioncity-in.gov

Gary Girton	County Commissioner	765-584-6700	lynnview@rcwifi.com
Jackie Hendrickson	Juvenile Court	765-584-0465	cirjuv.rep@randolph.in.gov
Deb McGriff-Tharp	Child Advocate Director	765-584-0465	childrensadvocatesofrandco@yahoo.com
Jessica Maxwell	Randolph County DCS Director	765-584-2811	Jessica.Maxwell@dcs.in.gov
Danielle Ankrom	Randolph County DCS Supervisor	765-584-2811	Danielle.Ankrom@dcs.in.gov
Karen Frame	Randolph County DCS Supervisor	765-584-2811	Karen.Frame@dcs.in.gov
Nicole Mock	Randolph County DCS Supervisor	765-584-2811	Nicole.Mock@dcs.in.gov

Appendix B

INDIANA DEPARTMENT OF CHILD SERVICES r: 8/16
SDM® CHILD ABUSE AND NEGLECT SCREENING AND RESPONSE TIME ASSESSMENT

Report Name (last, first)**: Referral Date:** / /
MAGIK #: Referral Time: ____:____ ☐ a.m. ☐ p.m.
Hotline Worker :

SECTION 1. PRELIMINARY SCREENING

One or more elements of the child abuse/neglect (CA/N) policy are not met:
☐ No victim is currently a child
☐ Child/young person was allegedly abused/neglected outside Indiana and there is no current risk of harm
☐ Alleged perpetrator is not a parent, guardian, or custodian as defined by Indiana law AND the report does not include allegations of sexual abuse

Report does not require screening, but does require a non-investigatory response by the agency:
☐ Service request/courtesy interview for another jurisdiction
☐ Safe Haven case
☐ Mental Health and Developmental Disability Family Evaluation
☐ Other:

If any item in Section 1 is marked, the screening and response time assessment is complete.

SECTION 2. MALTREATMENT TYPE

SUSPICIOUS DEATH OF A CHILD
☐ Suspicious death or near fatality of a child before his/her third birthday
☐ Suspicious death of a child and there is concern of abuse or neglect

PHYSICAL ABUSE
☐ Injury that appears non-accidental, suspicious, or is inconsistent with explanation
☐ Caregiver action that will likely cause injury

SEXUAL ABUSE
☐ Rape of a child
☐ Child molestation
☐ Child exploitation
☐ Child pornography
☐ Child seduction
☐ Sexual misconduct with a minor
☐ Public indecency
☐ Child prostitution
☐ Patronizing a child prostitute
☐ Promoting child prostitution
☐ Incest
☐ Sexual trafficking
☐ Sexual battery
☐ Vicarious sexual gratification
☐ Child solicitation

NEGLECT

General Neglect
☐ Drug-exposed newborn
☐ Giving child toxic chemicals, alcohol, or drugs
☐ Inadequate food, or signs of malnutrition
☐ Exposure to unsafe conditions in the home
☐ Inadequate clothing or hygiene
☐ Lack of supervision
☐ Unaccompanied minor in a shelter
☐ Exposure to domestic violence (violence between intimate partners) in the home
☐ Known sexual perpetrator has unsupervised or unrestricted access to child
☐ Sexual predator in the home
☐ Exposure to or forced participation in illegal activity
☐ Risk of sexual abuse
☐ Living in the same household with an adult who committed or is charged with human or sexual trafficking
☐ Known trafficker has unsupervised or unrestricted access to a child
☐ Labor trafficking

Failure to Protect
☐ The caregiver does not intervene despite knowledge (or reasonable expectation that the caregiver should have knowledge) that the child is being harmed (includes physical or sexual abuse, neglect, or mental injury) by another person

Abandonment
☐ A child of any age has been abandoned
☐ A child is being discharged from a facility and parents refuse to accept the child back or make appropriate alternative arrangements

Risk of Harm
☐ Current open case and a new child is now living in the home
☐ Prior failed case and a new child is now living in the home
☐ Prior death or serious injury of a child due to child abuse or neglect, services were not offered or successfully completed, and a new child is now in the home
☐ Child's basic needs are likely to be unmet due to caregiver impairment

Medical Neglect
☐ The unreasonable delay, refusal, or failure on the part of the caregiver to seek, obtain, and/or maintain necessary medical, dental, or mental health care

Educational Neglect
☐ A child age 5 or 6 is currently or was previously enrolled in school, and the parent is now refusing to allow or failing to support the child in attending school or receiving homeschooling
☐ A child is age 7–12 and there is unreasonable delay, refusal, or failure on the part of the caregiver to seek, obtain, and/or maintain education for the child
☐ A child is age 13 or older, enrolled in school, and not attending to the extent that educational neglect is present

EMOTIONAL INJURY
☐ A child has an observable, identifiable, and substantial impairment of his/her mental or psychological ability to function as a result of an act or failure to act by a parent, caregiver, or household or family member

SECTION 3. RECOMMENDATION AND OVERRIDES

Initial Screening Recommendation
○ Screen out (select only if no maltreatment type is marked in Section 2. One or more of the sub-items must be selected.)
☐ Allegation does not reach threshold of abusive or neglectful behavior by parent/caregiver. Community resource information provided to reporter, if appropriate.
☐ Family has a currently open case; information indicates possibility of a failed safety plan. Provided to ongoing case worker for response.
☐ Criminal matter that will be handled exclusively by the police.
☐ Other, specify:
○ Screen in (one or more maltreatment types are marked)

Overrides (must select one of the items below)
○ No overrides apply: Initial screen-in or screen-out recommendations will be followed.

○ Screen out: Initial recommendation is to screen in, but referral will be screened out because (*mark all that apply*):
☐ Insufficient information to locate child/family.
☐ Report of historical event and no current risk of harm described. (Time since alleged incident:)
☐ Allegations have been assessed for the same incident of alleged physical abuse, sexual abuse, or neglect.
☐ Meets statutory definition of sexual abuse but consideration of factors (age differential, cognitive functioning, behavior, force, parental response) do not warrant an assessment.
☐ Other (specify):

○ Screen in: Initial recommendation is to screen out, but referral will be opened and assigned for child protective services (CPS) assessment because (*mark all that apply*):
☐ Report made by or on behalf of a court/judge.
☐ Report made by or on behalf of a prosecutor.
☐ Law enforcement requests assistance.
☐ Local office staff requesting assessment for their office.
☐ Other (specify):

Final Screening Decision *(after consideration of overrides)*
○ Screen out: No maltreatment type is marked AND no screen-in overrides apply OR a screen out override is marked.
○ Screen in: At least one maltreatment type OR screen-in override is marked. Complete Section 4, Response Time Decision.

SECTION 4. RESPONSE TIME DECISION *(Complete for all screened-in reports. Review immediate response criteria for all allegations and expedited response criteria for neglect allegations. Mark all that apply. Quickest response time marked will be assigned response time.)*

Immediate response required based on one or more criteria below (*mark all that apply*):
☐ Child fatality or near fatality
☐ Serious injury to child, and that child or other children remain in home
☐ Child under 3 years old and physical abuse perpetrator lives with or has access to the child
☐ Child left alone/abandoned and requires immediate care
Age of youngest child in years:
☐ Sexual abuse; perpetrator lives with or has access to the child
☐ Active meth lab
☐ Child currently in the hospital and same-day release anticipated
☐ Other (specify):

Neglect allegation, within-24-hours response time required
☐ Neglect allegation, and domestic violence incident occurred within past 48 hours
☐ Domestic violence incident that involved a deadly weapon is part of the allegation
☐ Parent victim or child reporting domestic violence
☐ Alleged victim has an open or pending case type for a different allegation

 Alleged victim is under 3 years old
 Child in hospital or emergency room
 Unattended minor in a shelter
 Labor trafficking
 Other (specify):

No immediate or expedited response criteria exist. The report includes the following allegation type(s) and requires quickest identified response time:
 Physical abuse—**response within 24 hours**
 Sexual abuse—**response within 24 hours**
 Neglect—**response within 5 days**
 Screen-in override—**indicate response time**

Appendix C

Copies of Dispersed Surveys and Data Overview

Dear Survey Participant,

A Citizen Review Panel has been developed in Randolph County in order to evaluate and make recommendations regarding the effectiveness of child welfare practice, policy, and procedure implementation within our community. Panel participants include community members from various settings, including mental health services, medical providers, local law enforcement, community probation, school professionals, children's advocates, and staff from the Department of Child Services.

We have worked to collect data regarding children involved in assessments of abuse and neglect, with a specific focus on children who meet at least one of the following criteria: (1) exhibits sexually maladaptive or sexually acting-out behaviors, (2) partakes in substance use or misuse, (3) exhibits suicidal ideations, acts of self-harm, or suicide attempts, (4) demonstrates disruptive behaviors that include but are not limited to: (a) involvement with Juvenile Probation, (b) behaviors that result in law enforcement involvement, (c) behaviors that result in disciplinary actions at school, or (d) behaviors that cause harm to the child's self or someone else. This data, in combination with your feedback, will be utilized to complete our project's mission.

Thank you, in advance, for your willingness to participate in the questionnaire attached to this letter. The purpose of receiving your feedback is to gain a holistic understanding of the services available in our community and to understand how each agency collaborates with one another. Our overall project focus is to compile recommendations on service gaps in the community, how to better improve existing services in the community, and how to increase the level of resilience and protective factors within families in the community. Our hope is that these recommendations will increase the likelihood of positive outcomes for the children we all interact with on a daily basis.

The questionnaire attached is a series of scaling and open-ended questions. Once you are able to complete your answers, please forward your responses to the individual who sent you the survey. Again, thank you for your participation, and we look forward to your genuine feedback!

Respectfully,

Citizen Review Panel of Randolph County

Citizen Review Panel

Questionnaire for CASA Volunteers

Name (Optional): ________________________ Position/Affiliation (Preferred): ________________________

Scaling Questions – Please determine whether or not you agree with the following statements.

1 = Strongly Disagree / 2 = Disagree / 3 = Neither Agree nor Disagree / 4 = Agree / 5 = Strongly Agree

	Strongly Disagree	Disagree	Neither Agree Nor Disagree	Agree	Strongly Agree
I am confident in understanding what my affiliations's practice/procedure entails when handling a child who has expressed any form of suicidal ideations.	1	2	3	4	5
I am familiar with the local DCS and probation departments.	1	2	3	4	5
I often refer children and families for social services in the community.	1	2	3	4	5
I am confident in being able to identify problematic behaviors in children.	1	2	3	4	5

Open-Ended Questions – Please answer these to your best ability.

1. What is your process/procedure in working with a child who has identified problematic behaviors?
2. What are some specific trends you are seeing regarding behaviors from youth in the community?
3. What systemic barriers exist regarding providing treatment to these children?
4. What practices/policies are in place that are working well when treating these children? What could be improved?
5. What community agencies do you tend to collaborate with? Please elaborate.
6. Please describe, in your own words, your perspective regarding the roles of DCS, Juvenile Probation, school professionals, medical professionals, mental health professionals, and local law enforcement when it comes to identifying and working with children with problematic behaviors?
7. Do you feel this is a need that can be addressed by one specific agency, or do you feel this requires community collaboration?

Citizen Review Panel

Questionnaire for Law Enforcement

Name (Optional): ______________________ Position/Affiliation (Preferred): ________________________

Scaling Questions – Please determine whether or not you agree with the following statements.

1 = Strongly Disagree / 2 = Disagree / 3 = Neither Agree Nor Disagree / 4 = Agree / 5 = Strongly Agree

	Strongly Disagree	Disagree	Neither Agree Nor Disagree	Agree	Strongly Agree
I am confident in understanding what my agency's practice/procedure entails when handling a child who has expressed any form of suicidal ideations.	1	2	3	4	5
I am familiar with the local DCS and probation departments.	1	2	3	4	5
I often refer children and families for social services in the community.	1	2	3	4	5
I am confident in being able to identify problematic behaviors in children.	1	2	3	4	5

Open-Ended Questions – Please answer these to your best ability.

1. What is your process/procedure when a child is demonstrating problematic behavior?
2. What are some specific trends you are seeing regarding behaviors from youth in the community?
3. What systemic barriers exist regarding providing treatment to these children?
4. What practices/policies are in place that are working well when treating these children? What could be improved?
5. What community agencies do you tend to collaborate with? Please elaborate.
6. Do you see an elevated risk of ongoing criminal activity into adulthood for the children with problematic behaviors? Please elaborate.
7. Please describe, in your own words, your perspective regarding the roles of DCS, Juvenile Probation, school professionals, medical professionals, mental health professionals, and local law enforcement when it comes to identifying and working with children with problematic behaviors?
8. Do you feel this is a need that can be addressed by one specific agency, or do you feel this requires community collaboration?

Citizen Review Panel

Questionnaire for Medical Professionals

Name (Optional): ______________________ Position/Affiliation (Preferred): ________________________

Scaling Questions – Please determine whether or not you agree with the following statements.

1 = Strongly Disagree / 2 = Disagree / 3 = Neither Agree nor Disagree / 4 = Agree / 5 = Strongly Agree

	Strongly Disagree	Disagree	Neither Agree Nor Disagree	Agree	Strongly Agree
I am confident in understanding what my agency's practice/procedure entails when handling a child who has expressed any form of suicidal ideations.	1	2	3	4	5
I am familiar with the local DCS and probation departments.	1	2	3	4	5
I often refer children and families for social services in the community.	1	2	3	4	5
I am confident in being able to identify problematic behaviors in children.	1	2	3	4	5

Open-Ended Questions – Please answer these to your best ability.

1. What is your process/procedure when a child is demonstrating problematic behavior?
2. What are some specific trends you are seeing regarding behaviors from youth in the community?
3. What systemic barriers exist regarding providing treatment to these children?
4. What practices/policies are in place that are working well when treating these children? What could be improved?
5. What community agencies do you tend to collaborate with? Please elaborate.
6. Do you see a negative impact on the overall health of the children with problematic behaviors? Please elaborate.
7. Please describe, in your own words, your perspective regarding the roles of DCS, Juvenile Probation, school professionals, medical professionals, mental health professionals, and local law enforcement when it comes to identifying and working with children with problematic behaviors?
8. Do you feel this is a need that can be addressed by one specific agency, or do you feel this requires community collaboration?

Citizen Review Panel

Questionnaire for Mental Health Professionals

Name (Optional): ______________________ Position/Affiliation (Preferred): ________________________

Scaling Questions – Please determine whether or not you agree with the following statements.

1 = Strongly Disagree / 2 = Disagree / 3 = Neither Agree nor Disagree / 4 = Agree / 5 = Strongly Agree

	Strongly Disagree	Disagree	Neither Agree Nor Disagree	Agree	Strongly Agree
I am confident in understanding what my agency's practice/procedure entails when handling a child who has expressed any form of suicidal ideations.	1	2	3	4	5
I am familiar with the local DCS and probation departments.	1	2	3	4	5
I often refer children and families for social services in the community.	1	2	3	4	5
I am confident in being able to identify problematic behaviors in children.	1	2	3	4	5

Open-Ended Questions – Please answer these to your best ability.

1. What is your process/procedure in initiating services with a child who has identified problematic behaviors?
2. What are some specific trends you are seeing regarding behaviors from youth in the community?
3. What systemic barriers exist regarding providing treatment to these children?
4. What practices/policies are in place that are working well when treating these children? What could be improved?
5. What community agencies do you tend to collaborate with? Please elaborate.
6. Please describe, in your own words, your perspective regarding the roles of DCS, Juvenile Probation, school professionals, medical professionals, mental health professionals, and local law enforcement when it comes to identifying and working with children with problematic behaviors?
7. Do you feel this is a need that can be addressed by one specific agency, or do you feel this requires community collaboration?

Citizen Review Panel

Questionnaire for School Staff

Name (Optional): ______________________ Position/Affiliation (Preferred): ________________________

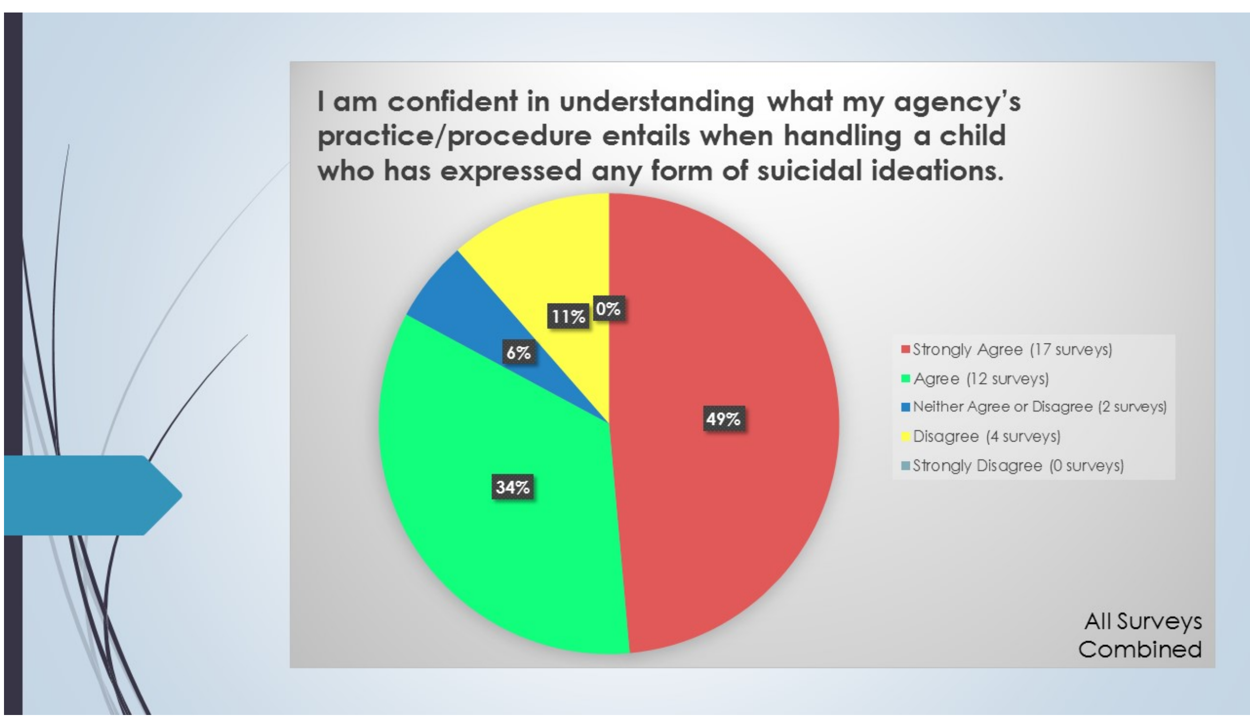
Scaling Questions – Please determine whether or not you agree with the following statements.

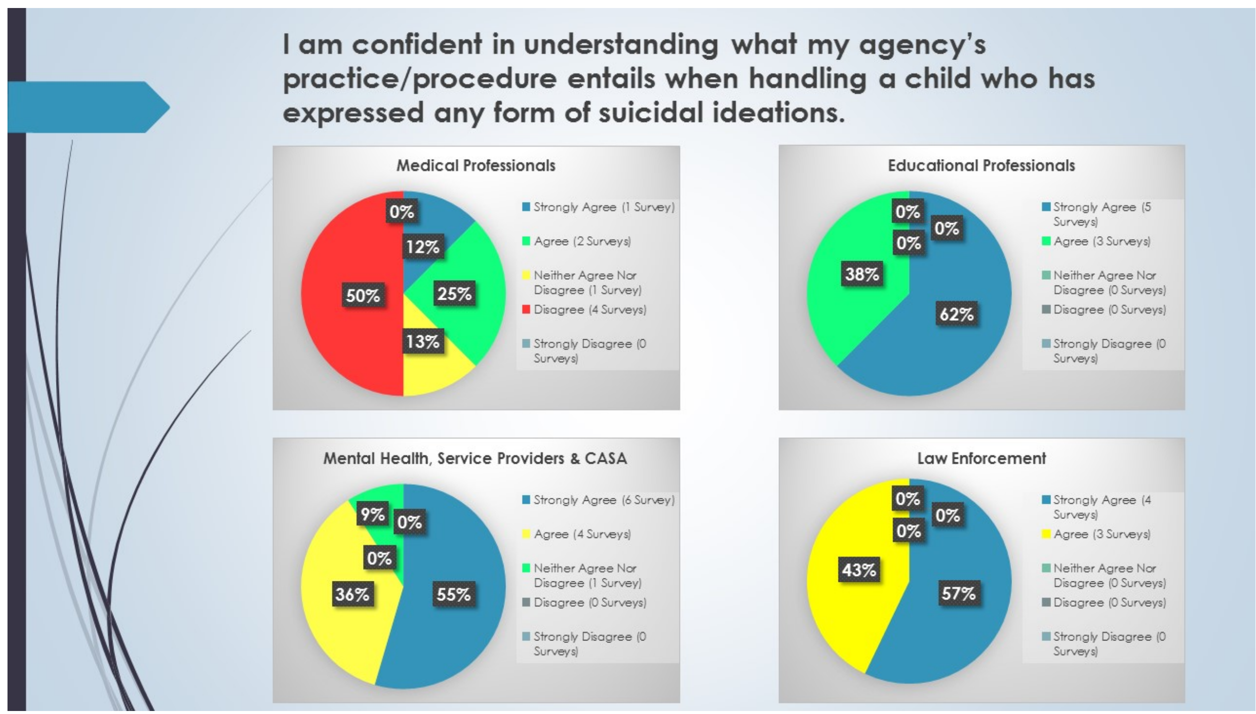
1 = Strongly Disagree / 2 = Disagree / 3 = Neither Agree Nor Disagree / 4 = Agree / 5 = Strongly Agree	Strongly Disagree	Disagree	Neither Agree Nor Disagree	Agree	Strongly Agree
I am confident in understanding what my agency's practice/procedure entails when handling a child who has expressed any form of suicidal ideations.	1	2	3	4	5
I am familiar with the local DCS and probation departments.	1	2	3	4	5
I often refer children and families for social services in the community.	1	2	3	4	5
I am confident in being able to identify problematic behaviors in children.	1	2	3	4	5

Open-Ended Questions – Please answer these to your best ability.

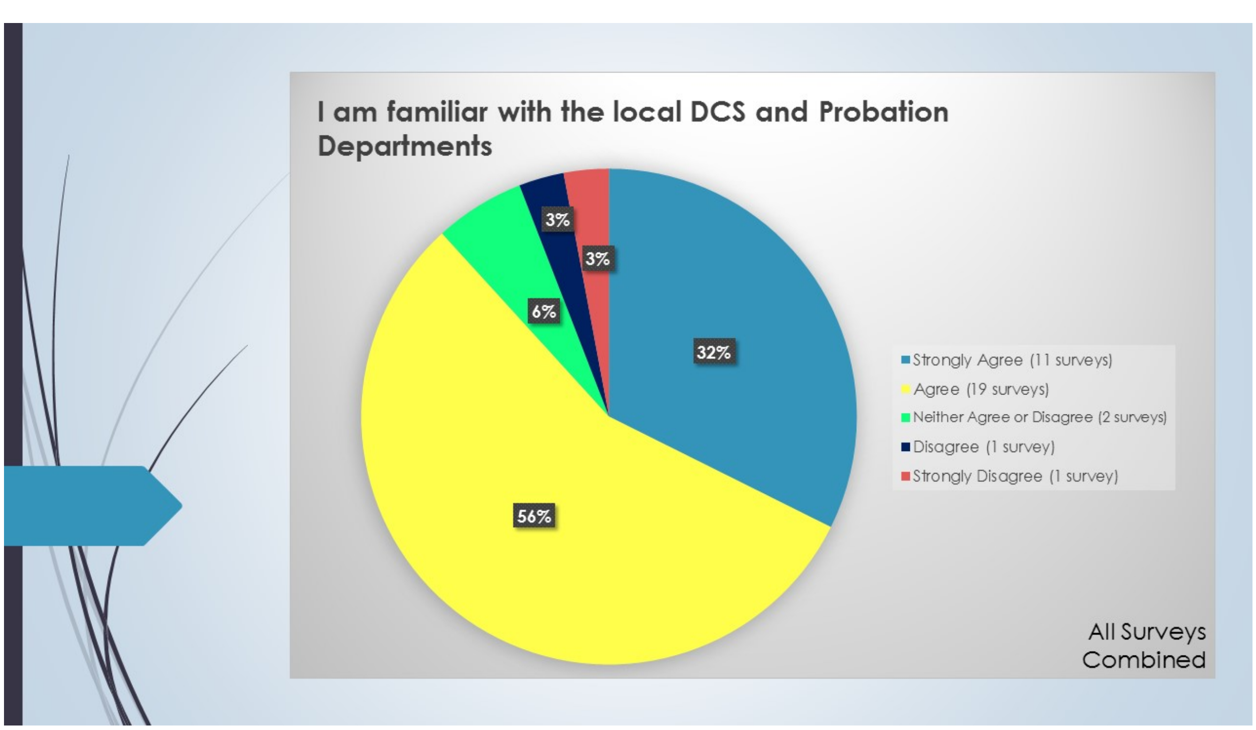
1. What is your process/procedure when a child is demonstrating problematic behavior?
2. What are some specific trends you are seeing regarding behaviors from youth in the community?
3. What systemic barriers exist regarding providing treatment to these children?
4. What practices/policies are in place that are working well when treating these children? What could be improved?
5. What community agencies do you tend to collaborate with? Please elaborate.
6. Do you see a negative impact on academic performance for the children with problematic behaviors? Please elaborate.
7. Please describe, in your own words, your perspective regarding the roles of DCS, Juvenile Probation, school professionals, medical professionals, mental health professionals, and local law enforcement when it comes to identifying and working with children with problematic behaviors?
8. Do you feel this is a need that can be addressed by one specific agency, or do you feel this requires community collaboration?

Citizen Review Panel of
Randolph County
2019-2020
Data Collection Summary

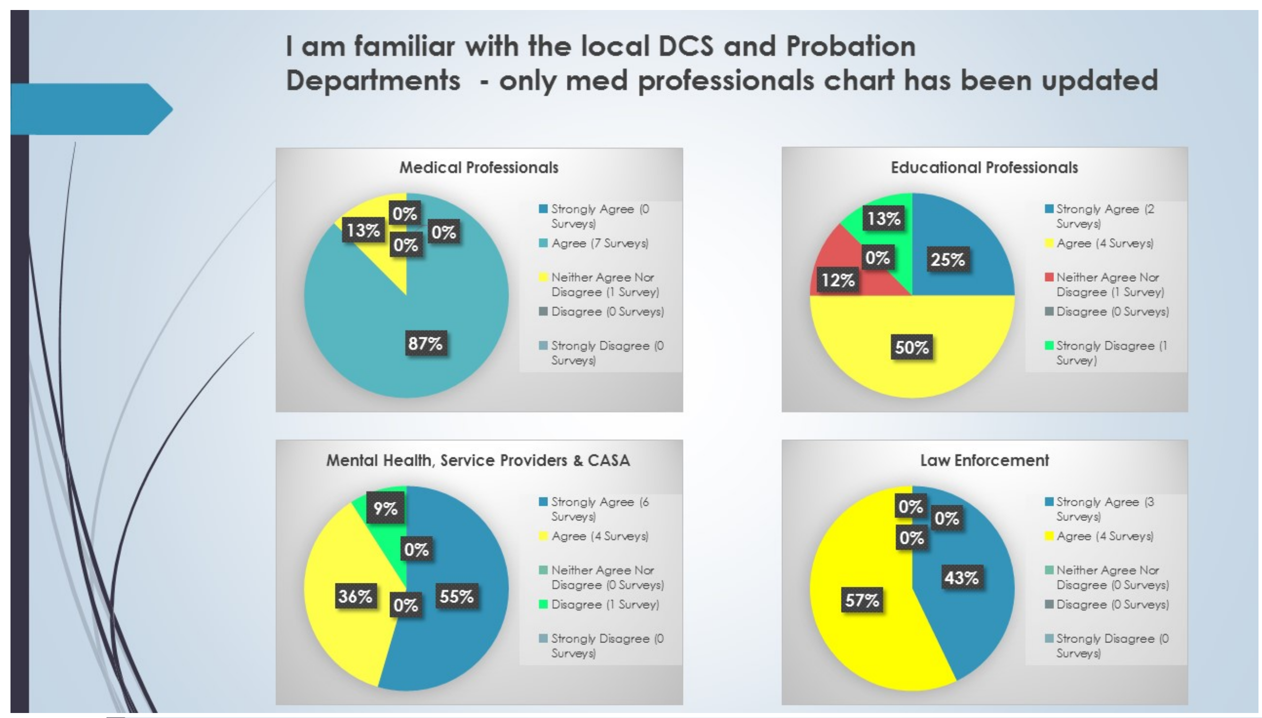

I am confident in understanding what my agency's practice/procedure entails when handling a child who has expressed any form of suicidal ideations.
49%
34%
6%
11%
0%
Strongly Agree (17 surveys)
Agree (12 surveys)
Neither Agree or Disagree (2 surveys)
Disagree (4 surveys)
Strongly Disagree (0 surveys)
All Surveys Combined

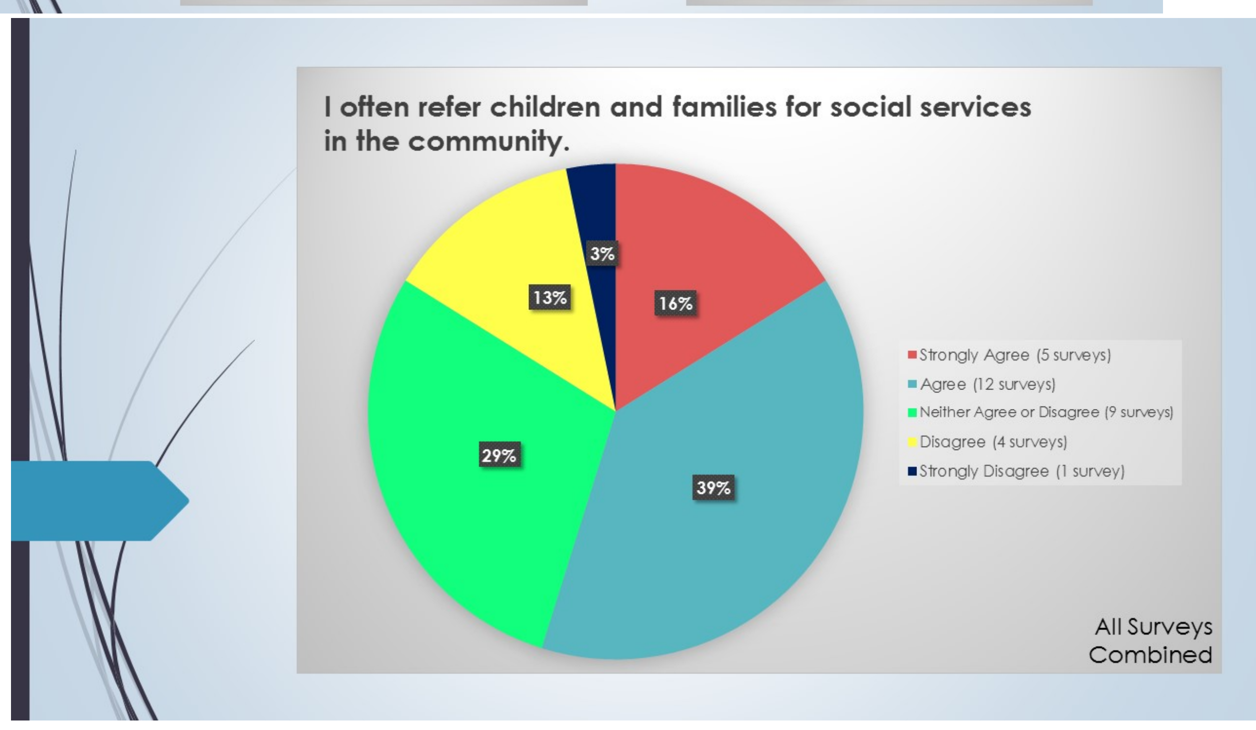


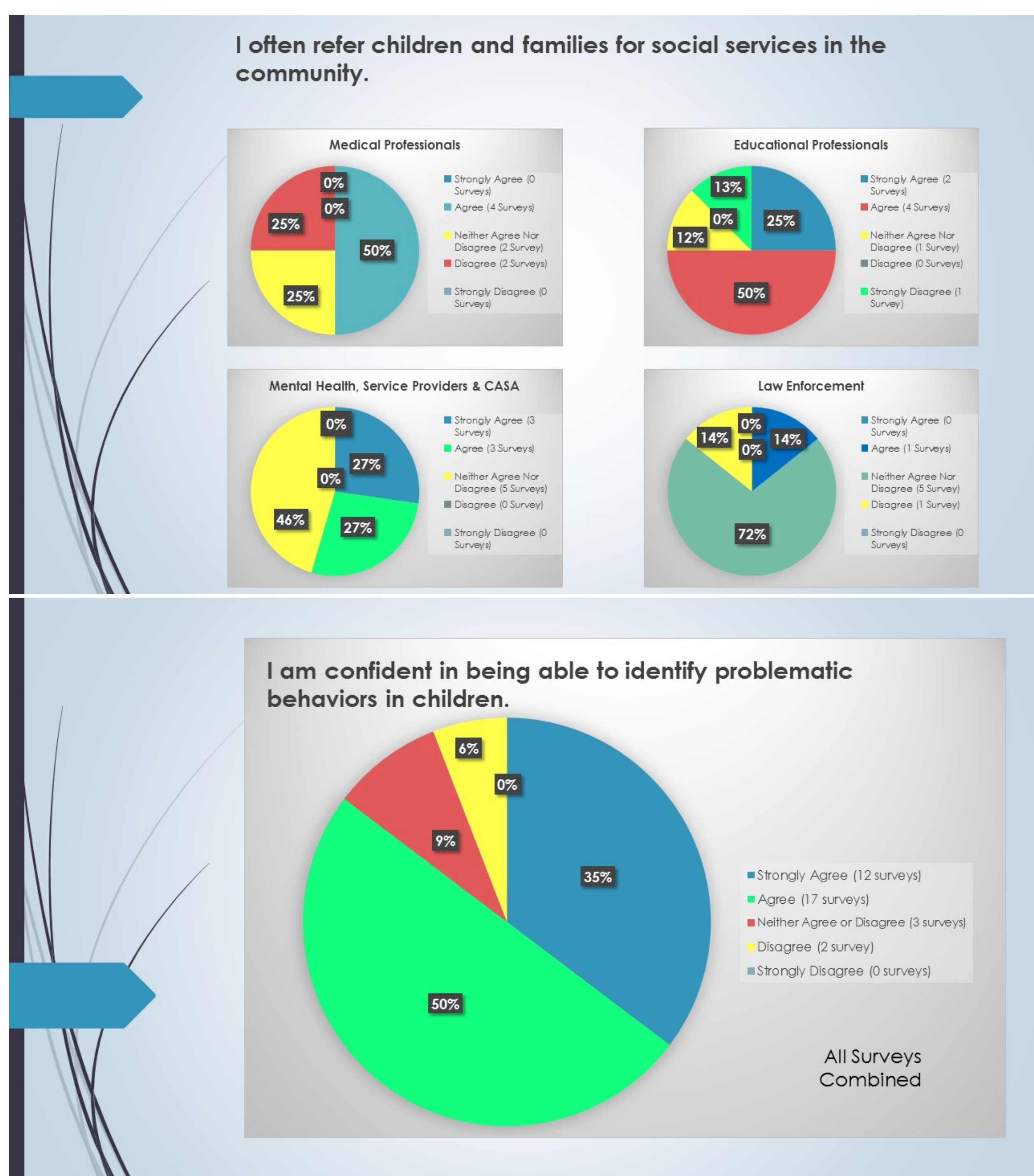
I am confident in understanding what my agency's practice/procedure entails when handling a child who has expressed any form of suicidal ideations.
Medical Professionals
Strongly Agree (1 Survey)
Agree (2 Surveys)
Neither Agree Nor Disagree (1 Survey)
Disagree (4 Surveys)
Strongly Disagree (0 Surveys)
0%
12%
25%
13%
50%
Educational Professionals
Strongly Agree (5 Surveys)
Agree (3 Surveys)
Neither Agree Nor Disagree (0 Surveys)
Disagree (0 Surveys)
Strongly Disagree (0 Surveys)
0%
0%
0%
38%
62%
Mental Health, Service Providers & CASA
Strongly Agree (6 Survey)
Agree (4 Surveys)
Neither Agree Nor Disagree (1 Survey)
Disagree (0 Surveys)
Strongly Disagree (0 Surveys)
9%
0%
0%
36%
55%
Law Enforcement
Strongly Agree (4 Surveys)
Agree (3 Surveys)
Neither Agree Nor Disagree (0 Surveys)
Disagree (0 Surveys)
Strongly Disagree (0 Surveys)
0%
0%
0%
43%
57%



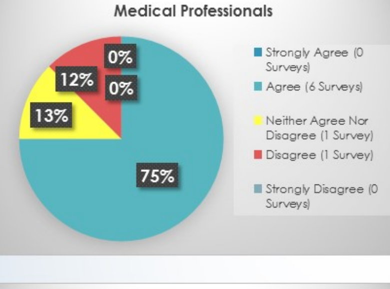
I am familiar with the local DCS and Probation Departments
3%
3%
6%
32%
56%
Strongly Agree (11 surveys)
Agree (19 surveys)
Neither Agree or Disagree (2 surveys)
Disagree (1 survey)
Strongly Disagree (1 survey)
All Surveys Combined

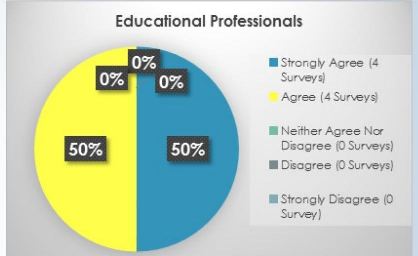

I am familiar with the local DCS and Probation Departments - only med professionals chart has been updated
Medical Professionals
Strongly Agree (0 Surveys)
Agree (7 Surveys)
Neither Agree Nor Disagree (1 Survey)
Disagree (0 Surveys)
Strongly Disagree (0 Surveys)
87%
13%
0%
0%
0%
Educational Professionals
Strongly Agree (2 Surveys)
Agree (4 Surveys)
Neither Agree Nor Disagree (1 Survey)
Disagree (0 Surveys)
Strongly Disagree (1 Survey)
25%
50%
12%
0%
13%
Mental Health, Service Providers & CASA
Strongly Agree (6 Surveys)
Agree (4 Surveys)
Neither Agree Nor Disagree (0 Surveys)
Disagree (1 Survey)
Strongly Disagree (0 Surveys)
55%
36%
9%
0%
0%
Law Enforcement
Strongly Agree (3 Surveys)
Agree (4 Surveys)
Neither Agree Nor Disagree (0 Surveys)
Disagree (0 Surveys)
Strongly Disagree (0 Surveys)
43%
57%
0%
0%
0%

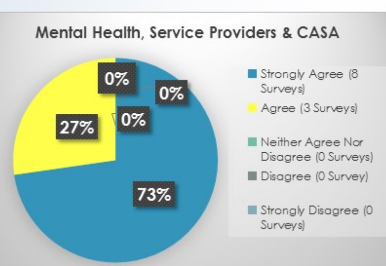

I often refer children and families for social services in the community.
16%
39%
29%
13%
3%
Strongly Agree (5 surveys)
Agree (12 surveys)
Neither Agree or Disagree (9 surveys)
Disagree (4 surveys)
Strongly Disagree (1 survey)
All Surveys Combined

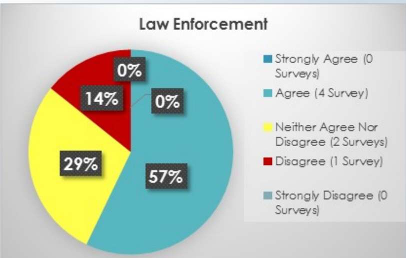

I often refer children and families for social services in the community.
Medical Professionals
0%
0%
25%
50%
25%
Strongly Agree (0 Surveys)
Agree (4 Surveys)
Neither Agree Nor Disagree (2 Survey)
Disagree (2 Surveys)
Strongly Disagree (0 Surveys)
Educational Professionals
13%
0%
25%
12%
50%
Strongly Agree (2 Surveys)
Agree (4 Surveys)
Neither Agree Nor Disagree (1 Survey)
Disagree (0 Surveys)
Strongly Disagree (1 Survey)
Mental Health, Service Providers & CASA
0%
27%
0%
46%
27%
Strongly Agree (3 Surveys)
Agree (3 Surveys)
Neither Agree Nor Disagree (5 Surveys)
Disagree (0 Survey)
Strongly Disagree (0 Surveys)
Law Enforcement
14%
0%
0%
14%
72%
Strongly Agree (0 Surveys)
Agree (1 Surveys)
Neither Agree Nor Disagree (5 Survey)
Disagree (1 Survey)
Strongly Disagree (0 Surveys)
I am confident in being able to identify problematic behaviors in children.
6%
0%
9%
35%
50%
Strongly Agree (12 surveys)
Agree (17 surveys)
Neither Agree or Disagree (3 surveys)
Disagree (2 survey)
Strongly Disagree (0 surveys)
All Surveys Combined

I am confident in being able to identify problematic behaviors in children.









Summary of Identified Opportunities from Scaling Questions

- 11% of all survey participants DO NOT feel confident in understanding their agency's practice/procedure when handling a child who has expressed any form of suicidal ideations.
- Specifically, 50% of medical professional participants DO NOT feel confident in understanding their agency's practice/procedure.
- One educational professional reported strongly disagreeing with being familiar with the local DCS and Probation Departments.
- 45% of all survey participants scored neither agreeing or disagreeing, disagreeing, or strongly disagreeing when asked if they refer children and families to community resources.
- This opportunity is reflected in law enforcement, medical and mental health/service provider settings.
- 15% of all survey participants reported neither agreeing or disagreeing, or disagreeing with feeling confident in identifying problematic behaviors. This opportunity is specifically reflected in the medical provider setting.

Open-Ended Responses from Medical Professionals

Question: What is your process/procedure when a child is demonstrating problematic behavior?

- Assess – Open-ended questions, Vanderbilt Testing
- Refer – Behavior PEDS, Counseling, DCS, Payton Manning Hospital, Utilize Liaison for help
- Medication – Adjust as needed

Question: What behavior trends are you seeing from youth in the community?

- Depression, Isolation, Self-Harm
- Substance Use
- Bullying, lack of respect

Question: What systemic barriers exist regarding providing treatment to these children?

- Lack of access to resources
- Lack of parental involvement, education, and follow through

Question: What is working well? What can be improved?

- Limited answers on this question.
- One provider asked if policies even existed, while another said the Evidence Based Policies at the same agency were working well. This shows that not all providers are aware of what is in place.

Question: What community agencies do you collaborate with?

- None
- Centerstone, Meridian, DCS, School

Question: Do you see a negative impact on the overall health of children?

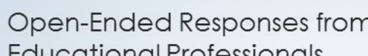
- Yes (Nutritional, Emotional, and Social deficits)

Question: What are the roles of various community settings?

- Limited answers. Requesting more help.

Question: Does this require one agency or a community collaboration?

- Community Collaboration



Open-Ended Responses from Educational Professionals

Question: What is your process/procedure when a child is demonstrating problematic behavior?

- Talk with the Child. Contact Parents. Collaborate with administration staff, counselors, and DCS as needed.

Question: What behavior trends are you seeing from youth in the community?

- Depression
- Substance Use
- Lack of trust in adults, lack of structure at home, lack of parental involvement
- Behavior can often be traced back to trauma at home

Question: What systemic barriers exist regarding providing treatment to these children?

- Lack of access to resources
- Lack of parental involvement and follow through

Question: What is working well? What can be improved?

- Working well: Meridian and Centerstone working within the school building. Counselors being utilized to talk with children.
- Can be improved: Increased education on trauma-informed practices to learn more about positive reinforcement and understanding what children have going on at home.

Question: What community agencies do you collaborate with?

- Community Partners, DCS, Meridian, Centerstone

Question: Do you see a negative impact on the overall academic performance of children?

- Yes (Unable to focus – act out or shut down with so much on their minds)

Question: What are the roles of various community settings?

- Limited answers. Requesting more help and guidance.

Question: Does this require one agency or a community collaboration?

- Community Collaboration

Open-Ended Responses from Law Enforcement

Question: What is your process/procedure when a child is demonstrating problematic behavior?

- Talk with the child and parents to attempt to find solutions.

Question: What behavior trends are you seeing from youth in the community?

- Lack of respect, Disobedience to Authority, Parental Disobedience, Substance Use

Question: What systemic barriers exist regarding providing treatment to these children?

- Lack of access to resources

Question: What is working well? What can be improved?

- Developing a relationship between youth and LEA tends to help. Probation tries to help.
- Environmental / Living situations need to be improved for children

Question: What community agencies do you collaborate with?

- Probation, DCS, other LEA. Youth Guidance Program in UC.
- Lack of understanding between agencies is a problem

Question: Do you see a increased risk of ongoing criminal activity for these children?

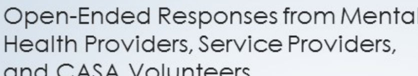
- Yes! These children also come from poverty and from parents who also have had criminal trouble.

Question: What are the roles of various community settings?

- We don't have a good system in place. DCS is restricted by laws and policies. Probation only helps when the child is on probation. Schools do not involve LEA. We lack mental health services.

Question: Does this require one agency or a community collaboration?

- Community Collaboration



Open-Ended Responses from Mental Health Providers, Service Providers, and CASA Volunteers

Question: What is your process/procedure when a child is demonstrating problematic behavior?

- Assess / Intake
- Refer for additional services based on intake results

Question: What behavior trends are you seeing from youth in the community?

- Trauma-Induced Behaviors beginning at younger ages (Under age 10)
- Increased incidents of self-harm
- Substance Use
- Lack of extra-curricular and community involvement
- Lack of trust in adults, lack of respect for authority

Question: What systemic barriers exist regarding providing treatment to these children?

- Lack of access to resources
- Lack of parental involvement, education, and follow through
- Lack of education to community regarding trauma and ACES
- Lack of credentialed providers (DCS service standards)
- Obtaining a payment source (Private insurance does not cover all services – insurance can delay services)

Question: What is working well? What can be improved?

- We need to attract qualified providers.
- In home and in school services from qualified staff are working (Family Preservation)

Question: What community agencies do you collaborate with?

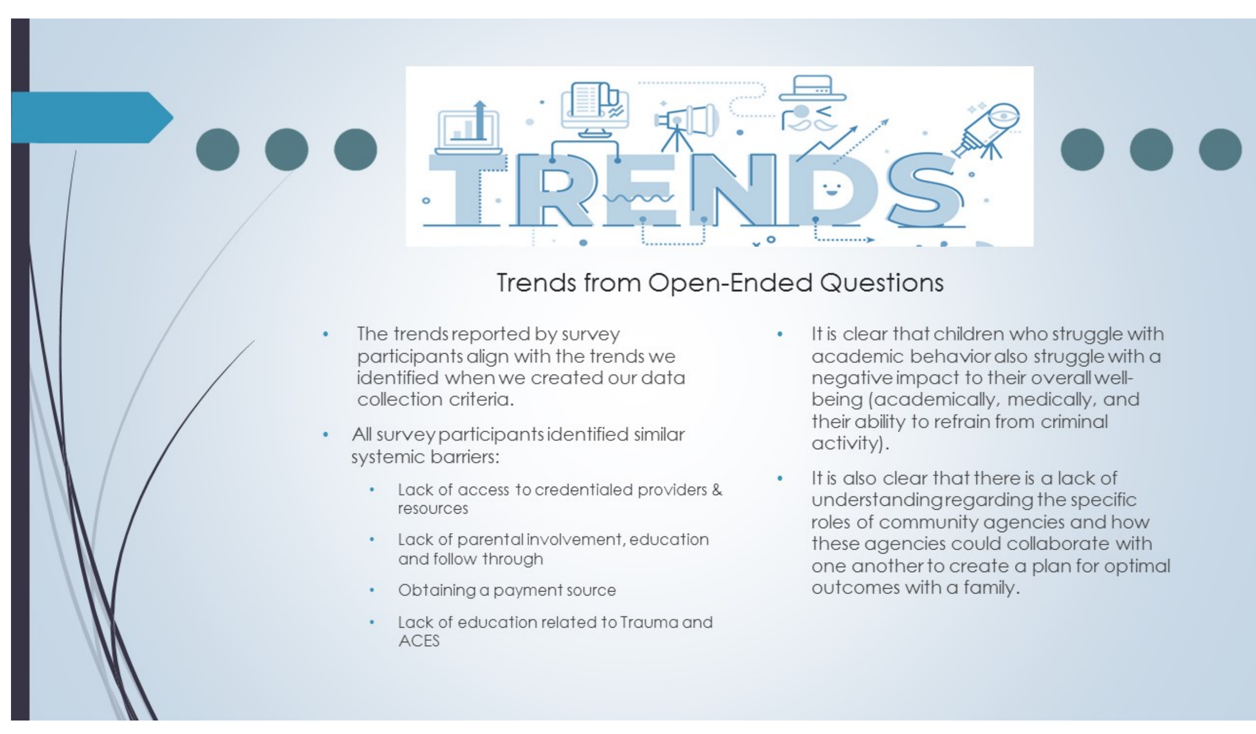
- Community Partners, DCS, Meridian, Centerstone, Probation
- Services are often not being provided in the most effective manner and are sometimes duplicated

Question: What are the roles of various community settings?

- All settings have an underlying requirement to look out for the best interest of the child and help families

Question: Does this require one agency or a community collaboration?

- Community Collaboration


TRENDS
Trends from Open-Ended Questions
The trends reported by survey participants align with the trends we identified when we created our data collection criteria.
All survey participants identified similar systemic barriers:
Lack of access to credentialed providers & resources
Lack of parental involvement, education and follow through
Obtaining a payment source
Lack of education related to Trauma and ACES
It is clear that children who struggle with academic behavior also struggle with a negative impact to their overall well-being (academically, medically, and their ability to refrain from criminal activity).
It is also clear that there is a lack of understanding regarding the specific roles of community agencies and how these agencies could collaborate with one another to create a plan for optimal outcomes with a family.

Appendix D

LEAN Management System

Lean Improvement

WHAT IS LEAN? A methodology to provide a new way to think about how to organize human activities to deliver more benefits to society and value to individuals while eliminating waste.

PRINCIPLES IN ACTION

Rapid Improvement Event (RIE): Four consecutive days when the root cause is determined, and an implementation plan is created. The process is intense, and the solution is immediately implemented.

Just Do It: Process to develop an implementation plan or an already known solution. Commonly completed in a single daylong meeting.

Improvement Project: Similar to an RIE, the root cause is determined, and an implementation plan is created. The scope is too large for a RIE, so the issue is addressed over a series of meetings.

LEAN PRINCIPLES

- Customer defines value
- Deliver value to the customer on demand
- Standardize to solve and improve
- Transformational learning means deep personal experience
- Mutual respect and shared responsibility enable higher performance

KEY TAKEAWAYS

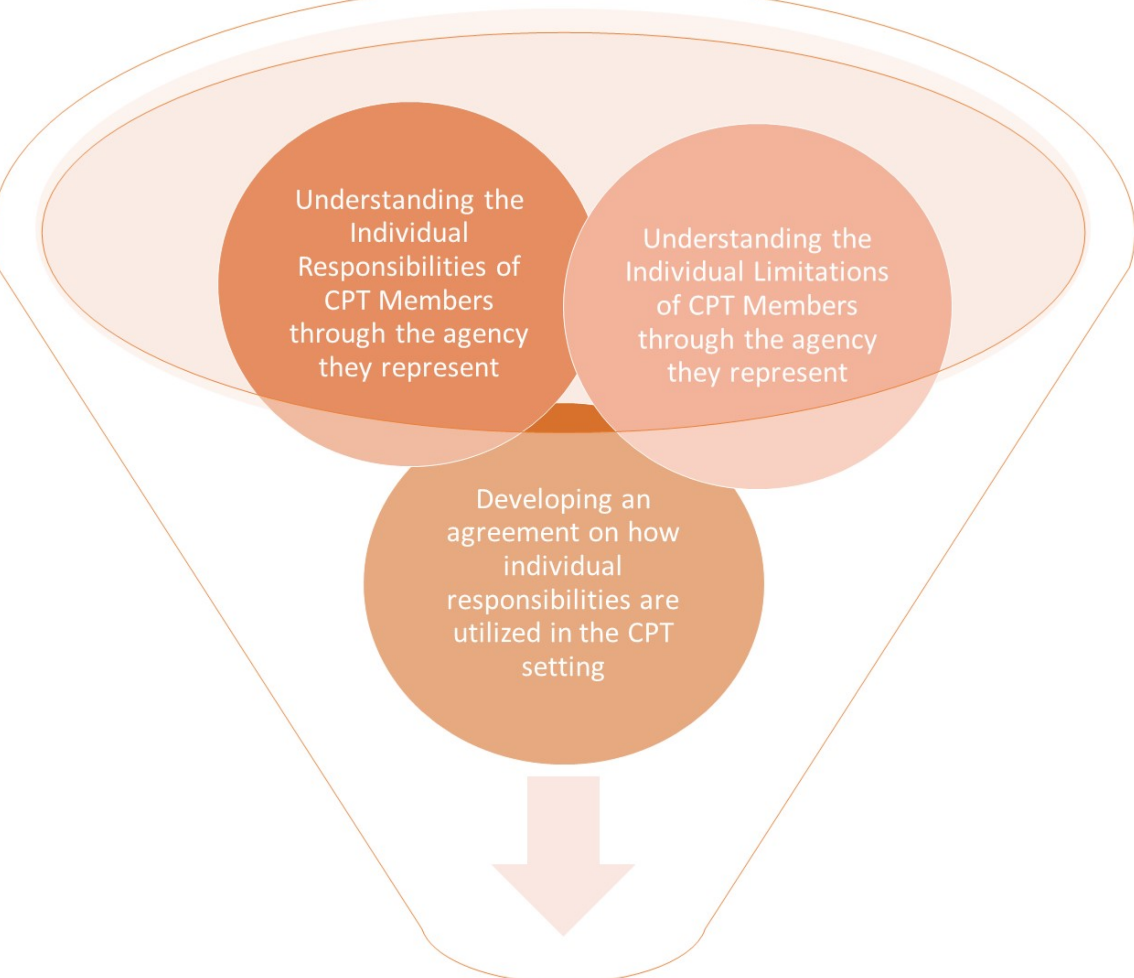
- Respect the people involved
- Continuously pursue perfection
- Be an engaged employee
- Know your customers and their values
- Identify and eliminate waste
- Begin to see and ask why
- Never stop learning

Questions: SSAT@DCS.in.gov LEAN IMPROVEMENT SURVIVAL GUIDE 2

The Lean Improvement Survival Guide - Retrieved from Indiana DCS Community Sharepoint

Appendix E

Cross-Systems Training



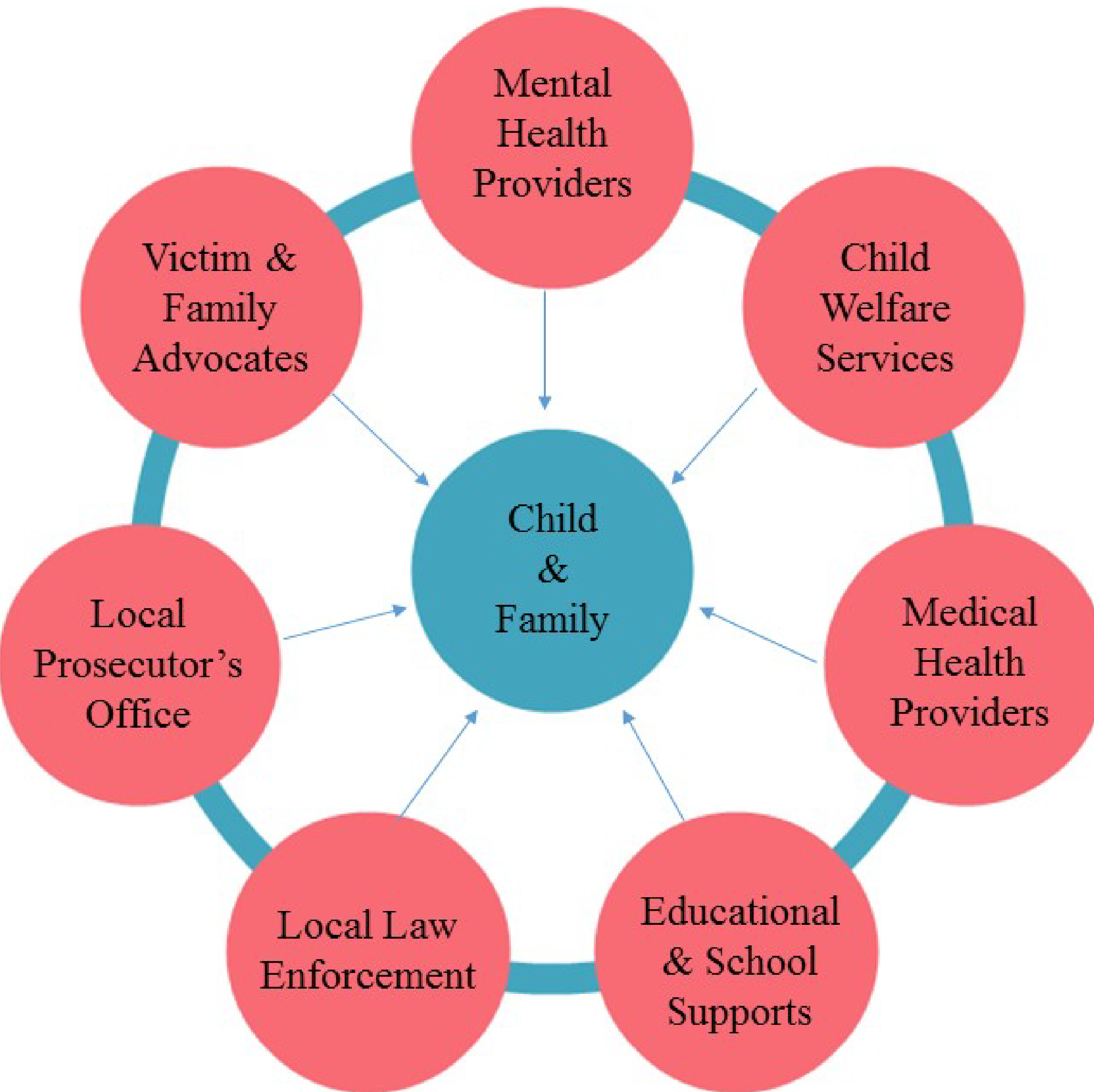
Cross-Systems Collaboration develops the following skills:

Cooperation: Acknowledging and respecting other opinions while being willing to examine and change your own personal perspective	**Responsibility:** Accepting and sharing responsibilities when participating in group decision-making and planning	**Communication:** Clearly sharing important information and exchanging and discussing ideas	**Autonomy:** Being able to work independently	**Coordination:** Coordinating group tasks and assignments	**Leadership skills:** These include recognizing group dynamics and respecting the different cultures of members

Jivanjee, P., Brennan, E. M., Sellmaier, C., Gonzalez-Prats, M. C., & Collaborative, T. T. (2016). A Tip Sheet for Service Providers.

Appendix E

Muti-Disciplinary Approach



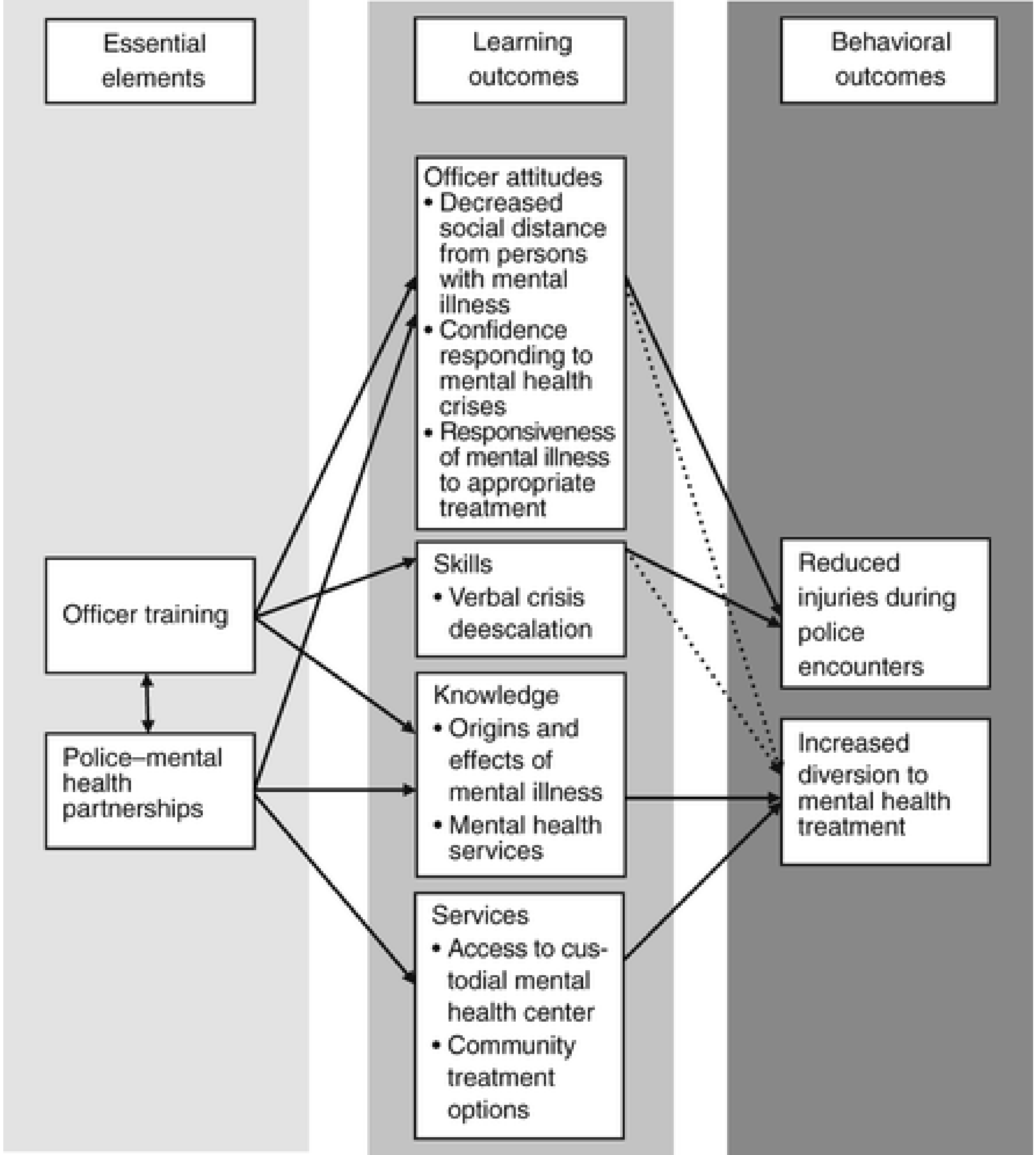
Appendix F

Community Capital Framework

Community Capital Framework	Building Resilient Communities
Economic & Financial Capital	Poverty & Employment Rates Banking and Borrowing Opportunities
Physical Capital	Basic Infrastructures Housing / Roadways / Recreational Landscapes / Access to Utilities
Human Capital	Education and Skills Training Opportunities
Social Capital	Relationships & Personal Connections Church Membership / Support Groups / Socialization Events
Cultural Capital	Knowledge of Cultural Competence Shared Values / Traditions / Behaviors

Appendix G

Crisis Intervention Team Outcomes



Cross, A. B., Mulvey, E. P., Schubert, C. A., Griffin, P. A., Filone, S., Winckworth-Prejsnar, K., . . . Heilbrun, K. (2014). An agenda for advancing research on crisis intervention teams for mental health emergencies. *Psychiatric Services, 65*(4), 530-536. doi:10.1176/appi.ps.201200566

Appendix H

Comparison between Recovery Coach and Homemaker/Parent Aid Service Standards

Please note the differences in minimum qualifications despite the similarities in roles and responsibilities within these service standards.

Recovery Coach Service Standards
As Outlined in the Service Standard for Substance Use Outpatient Treatment

Minimum Qualifications

1. Recovery Coach:
    a) Bachelor's Degree in Social Work, Psychology, Sociology, or directly related human service field from an accredited college.
    b) Other Bachelor's Degree will be accepted in combination with a minimum of two (2) years-experience working directly with families in the child welfare system.
    c) Individuals must possess a valid driver's license and have the ability to use a private car to transport self and others.
    d) Individuals must comply with the contract requirements concerning minimum car insurance coverage.
    e) In addition to the above:
        (1) Official certification as a Recovery Coach is preferred; however, in lieu of the official certification, the individual may have extensive training in the area of substance abuse and addiction.
        (2) Trained in Motivational Interviewing- preferred
        (3) Trained in Trauma Informed Care- preferred
        (4) Knowledge in addiction and how addiction impacts an individual and their family
        (5) Knowledge in the stages of change and how to motivate an individual through the different stages
        (6) Knowledge in the barriers individuals have in accessing and completing treatment
        (7) Knowledge of child abuse and neglect, child and adult development
        (8) Knowledge of community resources, particularly the recovery community, and willingness to work as a team member.
        (9) Belief in helping clients change their circumstances, not just adapt to them

Service Description

1. Utilization of Recovery Coaches in treatment can provide a strength-based approach in assisting the client in connecting with recovery community supports and community resources.
2. The Recovery Coach does not provide the primary treatment for the substance use disorder, but rather complements the treatment and works in partnership with the client and primary treatment personnel.

2. Recovery Coaches build on the client's strength, abilities, and resources.
3. Recovery Coaches work to decrease or stop substance use, increase the belief that recovery is possible, and increase life skills.
3. Recovery Coaches are to support positive changes made by the client and help the client overcome any obstacles that might inhibit the positive change.
4. Recovery Coaches work with the client on developing a Relapse Prevention Plan; develop means in dealing with past triggers and identifying healthy coping skills to deal with life stressors.
5. Recovery Coaches will primarily serve the clients in the home but may also serve the client in the community.
4. The goals of Recovery Coaches are to:
    a) Decrease and/or eliminate substance use
    b) Guide client through the recovery process
    c) Assist clients in identifying their treatment goals
    d) Increase client belief that recovery is possible and sustainable
    e) Increase life skills, time management, and build healthy relationships
    f) Empower client to advocate for themselves
5. Activities permitted under Recovery Coaching:
    a) Identifying community/recovery supports
    b) Attend a support meeting with client
    c) Help identify client needs and benefits to the treatment program
    d) Engage the client into treatment
    e) Develop a recovery support plan
    f) Identify triggers and ways to work through them
    g) Identify alternative activities to maintain sobriety
    h) Develop client self-wellness goals
    i) Work on client-driven life goals, short and long term (e.g. education, treatment, and employment)
    j) Create a budget
    k) Teach and/or model life skills (e.g. opening a bank account, filling out a job application)
    l) Locate safe housing
    m) Coach on advocating for self
    n) Help identify client's strengths and develop self-esteem
    o) Develop structure/time-management goals
    p) Coach through crisis/emergency situations effectively
    q) Facilitate transportation and planning to be self-independent
    r) Participate in Child and Family Team Meetings
    s) Assist with coordinating services
    t) Identify a support system
    u) Develop problem-solving techniques
    v) Develop parenting skills
    w) Help understand child development and nutrition
    x) Assist with parent/child interactions
    y) Assist with understanding and implementing child safety

z) Parenting sober: what that looks like through modeling and/or coaching with child and parent
aa) Assist with family communication and rebuilding relationships
bb) Education on Reactive Attachment Disorder (RAD), conflict management, domestic violence, mental health, and addiction

Homemaker / Parent Aid Service Standards

Minimum Qualifications

1. High school diploma or GED
2. Must be at least 21 years of age.
3. Must possess a valid driver's license and
    a) Have the ability to use private car to transport self and others
    b) Must comply with state policy concerning minimum car insurance coverage
4. Qualities:
    a) Ability to work as a team member
    b) Ability to work independently
    c) Patience
    d) Non-judgmental
    e) Emotional Maturity
    f) Knowledge of Child Development
    g) Knowledge of Community Resources
    h) Belief that Change is Possible
    i) Strong Organizational Skills
    j) Exercise Sound Judgement
    k) Belief in Family Preservation Philosophy
    l) Knowledge of Child Abuse and Neglect
    m) Thorough and Empathetic Communication Skills

Service Description

Homemaker/parent aid provides assistance and support for parents who are unable to appropriately fulfill parenting and/or homemaking functions.

Paraprofessional staff assists the family through advocating, teaching, coaching, demonstrating, monitoring, and/or role modeling new, appropriate skills for coping with the following areas in an effort to build self-sufficiency:

1. Time management
2. Care of children (Life Skills Training not the provision of Child Care)
3. Child development
4. Health care
5. Community resources (referrals)
6. Supervise visitation with child(ren)
7. Identify support systems
8. Problem solving

9. Family reunification/preservation
10. Resource management/Budgeting
11. Child safety
12. Child nutrition
13. Home management
14. Parenting skills
15. Housing
16. Self esteem
17. Crisis resolution
18. Parent/child interaction
19. Transportation
    ii. Homemaker transportation limited to client goal-directed, face-to-face as approved/specified as part of the case plan or goals/objectives identified at the Child and Family Team Meeting. (e.g. housing/apartment search, etc)

Eric J. Holcomb, Governor
Terry J. Stigdon, MSN, RN, Director

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

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

www.in.gov/dcs

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

Date: August 3, 2021

Randolph County Child Protection Team, Citizen Review Panel
RE: DCS Response Citizen Review Panel Report for 2020

Dear Randolph County Child Protection Team and Citizen Review Panel Team Members:

DCS has received your 2020 Child Protection Team Citizen Review Panel Annual Report and would like to thank the Panel for volunteering its expertise in examining child protection related issues and practices. In considering the factors at play in child protection efforts and continuously evaluating the needs of the community, we can work together to address issues with an eye on prevention.

Responses to each of your recommendations are listed below:

Recommendation #1: The current functioning of the local CPT in Randolph County should be reevaluated in order to identify how this process could be more effective at the county level.

> During your report out it was clear the Randolph County CPT made the decision to move to a new format and took it upon themselves to develop this framework and implement it for the team during 2021. Great work in embracing continuous improvement!

Recommendation #2: There is an opportunity for the relaunch of the DCS Family Evaluation program should be explored.

> Thank you for the recommendation regarding Family Evaluations. Leadership at DCS agrees that there is an opportunity for us to do things differently in regards to these interventions. As we are embarking on a Lean journey, we have a value stream whose continuous improvement work is focused on the intake and assessment process. As a part of the work within that value stream DCS will be reviewing Family Evaluations and the process through a rapid improvement event. In conjunction with this work our partners at DMHA are also taking strides to look at this process to ensure that families are getting the help that they need.

Recommendation #3: Sources of community capital should be identified in order to offset the lack of resources in the rural area of Randolph County.

> The CPT team worked with Children's Bureau in their community to create a community-wide resource guide which has been distributed in Randolph County. During the report out it was noted that this is a live document that is updated monthly at CPT and the guide is reviewed quarterly to ensure relevance. CPT members are responsible for the disbursement of the guide based on their represented role.

DCS would offer that if there is an ongoing need or gap in services that the county could reach out to their local service coordinator.

Recommendation #4: The development of a Crisis Intervention Team (CIT) should be developed for rural Indiana communities.

DCS continues to support any community efforts towards creating opportunities for families to receive the necessary help that they need. For families who are already involved with DCS and receiving services our service standards require providers to respond to families in crisis 24 hours a day/7 days a week. While DCS recognizes the benefits of CITs in communities this innovative community-based approach requires interest and buy-in from local law enforcement, community mental health centers, and hospital emergency service providers. DCS would recommend local communities collaborate with these partners who show an interest and that they engage with the National Alliance on Mental Illness to better understand the process and next steps.

Recommendation #5: Gaps in DCS service standards should be explored in order to identify any potential availability for more resources.

Last fall DCS began evaluating service standards to examine self-imposed limitations based on how they are written and maximize the resource availability potential. DCS began this work with home-based case management, our most used service, in combination with community mental health centers. A work group was formed and qualifications for direct staff and supervisors were reviewed in conjunction with Medicaid qualifications for direct staff and supervisors that are employed by CMHC's in which similar work is performed. DCS moved to better align its standards with Medicaid standards with regard to staff qualifications. These new standards rolled out June 15, 2021, which allow more flexibility for providers to hire individuals based on a combination of their education and experience. This allows providers to have a more robust hiring pool and increased opportunities for those in rural communities to ensure that they are able to access the services they need. DCS continues to review all service standard requirements and applied a similar revision to the Visitation Facilitation service standard on July 21, 2021.

DCS is thankful for the time your Panel has devoted to reviewing current issues through a child protection framework throughout 2020 and for submitting your Annual Report. DCS is committed to open communication with Citizen Review Panels in order to receive feedback that will assist DCS in learning how to better serve the children and families throughout the state of Indiana.

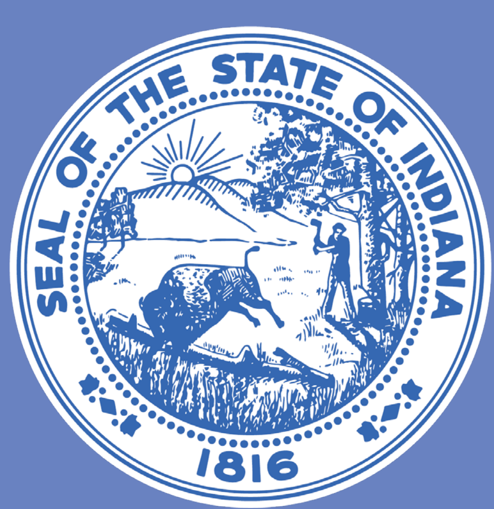
Respectfully,

Terry J. Stigdon, Director
Indiana Department of Child Services

Indiana Child and Family Services Plan

Foster and Adoptive Parent Diligent Recruitment Plan

FFY 2020-2024



Submitted to the Children's Bureau
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Recruitment

When child placement is necessary, the main preference for DCS is relative and/or kinship care. Although DCS continues to have success in placing children with relatives and in kinship care homes as a first preference however, there continue to be obstacles to traditional placement due to behavioral concerns, mental health challenges, special medical needs or conditions, and the developmental or intellectual disabilities experienced by children entering the foster care system. Other challenges include sibling groups of 3 or more, delinquency issues, or the child's age. There is considerable difficulty in finding well-matched homes for older youth. As a result, many regions and private agencies have had increased difficulty finding appropriate, least-restrictive placement options for these children that allow them to remain with their siblings and/or within their own communities.

Each of the 18 DCS regions has developed, and will continue to refine and improve, regionally specific foster parent recruitment and retention plans throughout the duration of the FFY 2020-2024 Child and Family Services Plan (CFSP). The intent of these plans was to better define the children for whom foster parents are needed within specific regions and counties, as well as potential target audiences/venues that might be accessed to find appropriate candidates. These plans are reviewed and updated on an annual basis. As a part of the contract for our Licensed Child Placing Agencies (LCPA), there is a requirement for LCPAs to create annual recruitment and retention plans of their foster parents as well. In 2021, DCS has been able to add data benchmarks to the regional plans and share that data more robustly with LCPA partners so recruitment can be targeted towards current caregiving gaps and system needs.

In 2021, during the COVID pandemic, inquires for licenses has declined. Most of the events that have been conducted have been virtual which has led to some innovations but lack the frequency and face to face interaction that has resulted in more robust inquiries previously. The DCS foster care team has developed recordings and electronic communications in collaboration with the DCS communications team that has been used for internal and external instruction and foster licensing exposure. As restrictions continue to life DCS plans to conduct more recruitment activities at face-to-face events.

In October 2019, all foster care functions related to licensing new foster homes was consolidated under Field Operations to provide more flexibility and efficiency in the use of human resources and in maintaining integrity in licensing. This resulted in 6 additional consultant positions that are now positioned to partner with the field staff in recruitment efforts, analysis and action. Specific consultants are assigned to each super-region and lead projects and provide data to support foster parent recruitment and retention. Each consultant is responsible for monthly education and initiatives that will improve the conditions for Indiana's foster system.

To further aid foster care staff in understanding and planning for recruitment needs, regional recruitment reports are used by field staff in monitoring their placements and foster home needs. These reports contain regional data (which can be drilled down to individual counties within each region) regarding the numbers of children in foster care. This information is further broken down to allow for analysis of the numbers of children in DCS and LCPA homes, the numbers of children in placement by age categories, gender, race, the numbers of children whose placements are consistent with CANS placement recommendations, and the number of children placed as part of sibling groups. These reports are intended to be a tool for determining the current ability of available homes to meet the needs of children coming into care. DCS continues to ensure that licensing workers are aware of this data and has

started sharing it with LCPA licensing workers in order to ensure that targeted recruitment can occur. Reports have been and are continually modified to be more helpful in identifying special characteristics of youth and the capacity of regional homes in order for better matching of placed youth as well as targeted recruitment for placement gaps.

DCS continues working on a multi-pronged strategy to increase foster parent recruitment and retention. Aspects of this strategy include developing a multi-disciplinary community partner coalition that would meet regularly to develop programs offering benefits to foster parents, develop best practices for recruitment efforts, and present a unified message about the current needs of the foster care community. The goal of this coalition will be to improve adoption outcomes, improve foster parent recruitment and retention, and build community involvement. Dually the Department is currently working on a foster parent research-based marketing plan to assist in determining current needs of foster children in Indiana.

A recruitment/retention work group was created in October 2019 and has been meeting monthly to coordinate Indiana's efforts from various Divisions within DCS who do work that impacts foster care and/or foster parents. This has allowed for a more coordinated and efficient effort to communicate recruitment needs and tool revision. The work group has contributed to the revision of reports to help identify more specific fostering needs. They also contributed to revision of forms to better assess why families withdraw from fostering. The group continues to meet to review metrics and strategize target groups to increase fostering capacity. They work closely to assess current recruitment and retention activities, data regarding recruitment and retention, and to discuss future planning during the duration of the CFSP. During 2020, DCS selected a Foster Care America fellow to support recruitment strategies. A partnership with Hands of Hope was nurtured and that endeavor has resulted in funds being raised by that organization with the help of the FCA fellow. That collaboration resulted in a pilot project in Lake County targeted to teach marketing strategies and support recruitment with LCPA partners. That project deployed March 2021 and will extend through the end of the year before metrics and results are measured.

Monthly meetings are held with LCPA leaders and a smaller working committee led by DCS to focus on barriers families and administrators experience but also to partner in knowledge and efforts around fostering. These meetings are well attended by approximately 75 LCPA partners, DCS staff development, field foster care leadership and child welfare services division. Content varies from data reporting and updating information and policy to soliciting feedback for problems DCS encounters so there is wide stakeholder feedback to solutions.

The state is broken down into five core teams of leadership and each manager team leads a quarterly meeting with community stakeholders, field staff, Licensed Child Placing agencies, faith communities and service providers supporting resource families. These meetings are purposed to discuss recruitment both in macro ways but also for individual placing need for specific children to help shape the resources and services that foster parents need to sustain in their caregiving.. These areas across the state are broken down geographically and the foster care team in these areas share a division manager, the areas are: northwest, northeast, central, southwest and southeast. These collaborations are working to include older youth who are members of Indiana's Youth Advisory Board (IYAB) in order to ensure there is a good understanding of the needs of older youth in foster care. DCS continues to work with Foster

Success in hosting town halls that allow older youth to weigh in on a wide array of issues impacting them in foster care.

In May of 2020, DCS added7 Community Engagement Specialists. These specialists will be piloted in Northeast and East Central Indiana to specialize in group engagement towards recruitment, focus on generating new inquiries, provide retention efforts, partner with IYAB and increase inquiries to licensure. During the pandemic, these positions were utilized to build resources, virtual panels, coordinate state efforts for outreach and continued to work within their own regions to build networks for existing families and develop new inquiries and applicants to fostering. Covid restrictions limited the measurable outcomes from adding these positions but the contributions have been helpful in retention activities and allowing the time to develop uniform panels and presentations that were deployed internally to team members to improve the customer services to our current families. As restrictions lift, the Department plans to begin measuring the increase in inquiries in the areas where these positions were deployed.

The foster care website is continually developing to offer resources to families interested in fostering and direct interaction with the DCS System. A foster care survey was finalized in June 2020 and has been deployed twice, once in June and once in December 2020. The purpose of the survey is to assess needs of current foster families for training, support, capacity building and provide feedback to DCS to help identify strategies for retention and recruitment opportunities. The results are being utilized with regional staff and LCPAs to target conditions for improvement. The survey was deployed again in June 2021 with similar results. DCS is going to continue to do this survey annually in order to implement improvement following results. DCS will continue to use this survey in the development of our state recruitment targeting across Indiana.

Lastly, DCS contracts with the Children's Bureau, Inc. (CB) for the recruitment of adoptive families. CB's collaborates with local diverse neighborhoods, faith-based organizations, and community leaders in order to recruit appropriate families that reflect the diversity of children in the state for whom foster and adoptive homes are needed. CB hires Adoption Champions who are part-time, contractual staff with a personal tie to adoption who can answer the public's questions at various events. CB conducts outreach activities to who participate in foster care or public adoption. CB also conducts outreach aimed at recruiting families of color. Outreach activities could include, but are not necessarily limited to, advertising in local media targeted toward communities of color, pitching interviews and news to local media targeted toward communities of color, and conducting educational presentations at   churches, civic organizations, and community groups each with a high percentage of membership of color. Materials include child-specific aspects, allowing the membership to see actual children who are awaiting adoption in Indiana. Additionally, DCS has Adoption Consultants on staff that are available in each region to engage and prepare potential adoptive parents through the preparation and process. Adoption Consultants also serve as the contact for post-adoption service referrals.

Current and Future Enhancements Regarding Methods of Dissemination

DCS will continue to refine and improve foster parent recruitment and retention plans throughout the duration of the FFY 2020-2024 Child and Family Services Plan (CFSP). The items below are part of the current and future enhancements:

- The DCS website, along with the newly developed Foster Care Portal.

  - Throughout the duration of the 2020-2024 Child and Family Services Plan DCS will continue to develop the functionality of the Foster Care Portal as we continue to move towards a CCWIS compliant system. Some of the focus areas for the portal are the ability to follow your foster care license through the process and becoming more interactive for the foster parents with the ability to upload information for the family case manager into a child's case within their care (i.e. reports cards, doctor's visits, etc).
- Foster Parent Recruitment brochures, which include general information about how to become a foster parent, as well as contact information to get linked with foster care staff for further information or to initiate the process.
- Virtual events will be held to provide general information about fostering and to meet with partners wanting to support existing foster families.
- Recruitment and/or education booths or tables at targeted health or service fairs, conferences or other community events/locations that draw a wide population of attendees.
- Financial Assistance for Relative Caregivers brochures are given to relative caregivers at placement and include preliminary information on the foster home licensing process/benefits
- Relative Resource Guide, which is reviewed at the follow-up visit with relative caregivers and contains more detailed information related to foster home licensing process/benefits
- Targeted radio PSA's during Foster Care Month and Adoption month that highlight the need for foster parents
- Foster Parent quarterly newsletter
  - During the duration of the CFSP, DCS will continue to enhance the quarterly newsletter to ensure that foster parents are getting the information that they need and feel connected to policy and practice changes within the agency.
- Local/Regional information provided via reminder emails and letters for non-email users
- Representation at support groups
- A recruitment video that is embedded on the DCS website, which features foster parents and former foster children.
- DCS contracts with CB to maintain a digital adoption picture book which features children referred to the Adoption Consultants for recruitment of adoptive families. This can be located at: https://www.indianaadoptionprogram.org/indianas-waiting-children/
- DCS contracts with CB to maintain a confidential portal that allows families prepared to adopt to access and review information about children waiting for families, and processes inquiries that families make on the children that have been referred to the Adoption Consultants for recruitment of adoptive families.
- DCS contracts with AdoptUSKids to feature specific children referred to the Adoption Consultants for recruitment of adoptive families.
- DCS collaborates with America's Kids Belong and Grant Me Hope to produce videos and feature specific children referred for recruitment of adoptive families.
- DCS collaborates with an Indiana news station to produces Wednesday's Child segments that feature specific children referred to the Adoption Consultants for recruitment of adoptive families.
- Foster Care toolkit for use by Local Office staff when engaging in community outreach forums. This toolkit will include templates which may be customized with local information about children in care and foster parent needs. Included in the toolkit is a recruitment power point, a

recruitment letter to the editor for local print or online newspapers, and a recruitment news release to engage local news outlets in possible media coverage.
- Use of the DCS Twitter account or other social media sites to disseminate information about fostering.

DCS has a toll-free foster care hotline, and a toll-free phone number for adoption questions (which is directed to the appropriate regional Adoption Specialist based on call origination). Also, the DCS website, as well as, the new Foster Care Portal lists hours and contact information for each local DCS office across the state, each Adoption Consultant, and for the licensed child placing agencies. Staff who license foster parents may be reached by contacting these offices.

Cultural Diversity Training and Translation Services

DCS does not have any policies limiting the array of available foster homes in terms of cultural diversity. DCS provides cultural diversity training for new staff as part of the initial cohort training curricula. DCS encourages cultural competency in its staff, contracted providers, and foster family homes through specific training offerings. All training provided via DCS can be located in the comprehensive DCS Training Plan.

DCS has a contract with a translation service which may provide assistance when linguistic barriers exist in the licensing or training process. This service is only modestly successful at meeting the needs of applicants and foster parents across the state. The Department will continue work in identifying more effective ways to utilize the language line and other interpreter services.

Fee Structure

The Department of Child Services ensures both DCS and LCPA foster parents are reimbursed with a fee structure that is based on each child's individual CANS score, not cultural, racial, or socio-economic factors of the child or placement resource. DCS does not charge a fee to become a licensed foster parent, the Department covers the costs of background checks, trainings, etc.

Adoptive Parent Recruitment

DCS utilizes a digital adoption picture book, AdoptUSKids website, IBelong website and social media, Wednesday's Child news segments, and Wendy's Wonderful Kids recruiters throughout the state to recruit prospective adoptive parents. DCS contracts with CB to coordinate and host matching events state-wide for the purpose of allowing waiting children and prepared/recommended prospective adoptive families to meet and interact in an informal, fun setting. The Adoption Consultants assist the local offices with prospective adoptive family interviews and participate in the selection recommendation that is sent on to the Local Office Director.

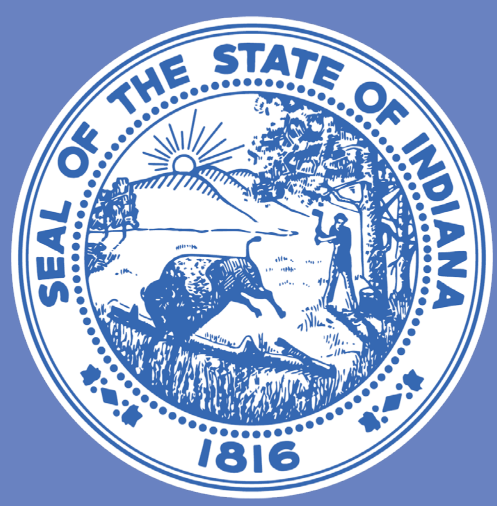
In 2020, Indiana received the top monetary incentive in the nation regarding adoption and legal guardianship due to an increase in adoptions in 2019 at nearly 2,500 adoptions. Indiana has embraced the All-In Foster Adoption Challenge and has asked providers to be "ALL IN" with our work to support Indiana's adoptive families using high quality pre- and post-adoption services. More information can found here: https://www.in.gov/dcs/adoption/all-in-for-adoption/

DCS is working to enhance recruitment for adoptive parents over the next several years. Currently, DCS is partnering with America's Kids Belong and Grant Me Hope to create recruitment videos for children waiting for families. These videos are hosted on the digital pictures book of Indiana's Waiting Children, social media sites, and will be shared with Indiana news media stations to all potential adoptive parents to see the children and hear their voices.

Indiana Child and Family Services Plan

Health Care Oversight and Coordination Plan

FFY 2020-2024



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Ongoing Oversight and Coordination of Health Care

Families First Prevention Services Act (Section 422(b)(15)(A)) contains a provision requiring each state, under Title IV-B, to create a plan to ensure ongoing oversight and coordination of health care for foster children. State child welfare agencies and state agencies that administer Medicaid are required to work collaboratively in crafting the plan and include consultation with pediatricians and other health care experts.

DCS joined forces with the Indiana Family and Social Services Administration (FSSA), which is the agency that administers Medicaid in Indiana, and collaborated with pediatricians and other health care experts in Indiana to develop the Health Care Oversight and Coordination Plan.

Reflecting all recent amendments, the Health Care Oversight and Coordination Plan, developed in coordination with the State Medicaid agency, must now include an outline of the items listed below:

1. A schedule for initial and follow-up health screenings that meet reasonable standards of medical practice;
2. How health needs identified through screenings will be monitored and treated, including emotional trauma associated with a child's maltreatment and removal from home;
3. How medical information will be updated and appropriately shared, which may include developing and implementing an electronic health record;
4. Steps to ensure continuity of health care services, which may include establishing a medical home for every child in care;
5. The oversight of prescription medicines, including protocols for the appropriate use and monitoring of psychotropic medications;
6. How the State actively consults with and involves physicians or other appropriate medical or non-medical professionals in assessing the health and well-being of children in foster care and in determining appropriate medical treatment for the children; and
7. The procedures and protocols the State has established to ensure that children in foster care placements are not inappropriately diagnosed with mental illness, other emotional or behavioral disorders, medically fragile conditions, or developmental disabilities, and placed in settings that are not foster family homes as a result of the inappropriate diagnoses; and
8. Steps to ensure that the components of the transition plan development process required under section 475(5)(H) that relate to the health care needs of youth aging out of foster care, including the requirements to include options for health insurance, information about a health care power of attorney, health care proxy, or other similar document recognized under State law, and to provide the child with the option to execute such a document, are met.

P.L. 110-351 stipulates that the Health Oversight and Coordination provision does not reduce or limit the responsibility of Medicaid agencies in administering and providing care to children served by the state child welfare system.

The following outlines Indiana's coordinated strategy to identify and respond to the health care needs, including mental and dental, of foster children.

The Indiana Department of Child Services (DCS) joined forces with the Indiana Family and Social Services Administration (FSSA), the state agency responsible for administering Medicaid, to ensure that the

physical, dental, and mental health needs of DCS foster children and youth are being met. They also work to ensure that all DCS foster children and youth are enrolled in Medicaid and therefore eligible for Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) and managed care services.

There are several program options available under Indiana Medicaid, with programs designed to meet the medical needs of certain groups of people. Indiana Medicaid programs include, but are not limited to the following:

- Traditional Medicaid
- Fee-for-Service Programs
- Managed Care Programs (Hoosier Care Connect and Hoosier Healthwise)
- Special Programs

All children entering care are generally enrolled in Hoosier Care Connect, unless eligible for a higher Medicaid category or are placed with a parent. All Medicaid plans provide reminders and educational materials, as well as assistance with scheduling and transportation for EPSDT appointments. Enrollment of all eligible wards of DCS and youth in foster care in Medicaid provides the basis for a coordinated interagency strategy to identify and respond to the health, mental, and dental care needs of wards of DCS and youth in foster care.

DCS and FSSA created an administrative, legal, and technical framework for more efficiently facilitating youth in foster care with enrollment in Medicaid and improving health outcomes. DCS is engaged in an on-going dialogue with FSSA, the Office of Medicaid Policy and Planning (OMPP), the Division of Mental Health and Addictions (DMHA), and the Division of Family Resources (DFR) to coordinate strategies for responding to the physical and behavioral health needs of wards of DCS and youth in foster care.

The framework between the two state agencies is supported through: Memorandums of Understanding (MOU); the creation of a specialized Medicaid Enrollment Unit (MEU) within DCS to enroll youth in foster care in Medicaid; as well as, an on-going and regularly scheduled exchange of relevant medical data between the two agencies.

Traditional Medicaid

Traditional Medicaid provides assistance for medical expenses such as doctor visits, prescription drugs, dental and vision care, family planning, mental health care, surgeries, and hospitalizations. It does not require that the member choose a specific doctor or provider of services.

Hoosier Care Connect:

Hoosier Care Connect is a risk-based managed care program designed to improve the quality of care and clinical outcomes for members eligible for the IHCP on the basis of age, blindness, wardship status or disability. Hoosier Care Connect Members pick a Managed Care Entity (MCE) and a primary doctor. The MCE assists members in coordinating their healthcare benefits and tailoring the benefits to individual needs, circumstances and preferences. Hoosier Care Connect members receive full Medicaid State Plan benefits, in addition to care coordination services and other FSSA-approved enhanced benefits developed by the MCEs.

Individuals in the following eligibility categories who do not reside in an institution, are not receiving services through a home and community-based services (HCBS) waiver, and are not enrolled in Medicare will be enrolled in Hoosier Care Connect:

- Aged individuals (age 65 and over)
- Blind individuals
- Disabled individuals
- Individuals receiving Supplemental Security Income (SSI)
- Individuals enrolled in Medicaid for Employees with Disabilities (M.E.D. Works)
- Foster children, unless placed with a parent

Children who fit the following descriptions may voluntarily enroll in Hoosier Care Connect:

- Former foster children who were in care on their 18th birthday
- Children receiving adoption assistance

Individuals will be removed from the Hoosier Care Connect program and transitioned to another IHCP program if they:

- Become eligible for Medicare
- Enter a nursing home for a length of stay greater than 30 days
- Enter a state psychiatric facility, a psychiatric residential treatment facility (PRTF), or an intermediate care facility for individuals with intellectual disabilities (ICF/IID)
- Begin receiving hospice benefits in an institutional setting
- Become eligible for and choose to enter an HCBS waiver program

Hoosier Healthwise

Enrollment in Hoosier Healthwise is mandatory for aid categories that include children and those children who are eligible for the Children's Health Insurance Program (CHIP), unless they are a member of an exempted group.

Medicaid Enrollment

The DCS Medicaid Enrollment Unit (MEU) assists with the initial enrollment of DCS wards and youth in Collaborative Care in the Managed Care program. Once a child is enrolled, those individuals who are authorized to talk to the MCE about the child's health care, including the child's Family Case Manager (FCM) and foster care provider, are provided to the MCE.

MEU contacts the FCM to obtain the name of an eligible child's physicians and other health care providers so that an MCE plan can be selected. Each child must have an initial health assessment completed upon entry into the Hoosier Care Connect program. The initial health assessment helps determine the level of care coordination that is needed for the child.

Once an MCE is selected, a care coordinator from the MCE contacts the FCM to obtain the names of the child's physicians and other health care providers so that a primary medical provider (PMP) can be identified. The PMP is the doctor that the child will see for most of his/her health care services. The care coordinator may also contact the FCM to assist in coordinating the child's health care appointments and transportation.

Administrative Framework:

Medicaid Enrollment Unit (MEU)

DCS works collaboratively with Indiana FSSA, Division of Family Resources (DFR,) to facilitate enrollment of DCS wards and youth in foster care in Medicaid.

DCS created a specialized, internal, Medicaid Enrollment Unit (MEU) which was piloted in select counties and then implemented statewide effective August 1, 2010. MEU workers partner with Indiana's DFR and OMPP to ensure coverage and appropriate category choice for each DCS child or youth in placement. MEU facilitates the Medicaid enrollment process as the authorized representative for the child.

Legal Framework:

A legal framework for interagency collaboration to meet the health needs of wards of DCS and youth in foster care is supported and guided by Memorandums of Understanding (MOU).

The purpose of this MOU between DCS and OMPP is to define the programmatic and administrative responsibilities of DCS, DFR, and OMPP, in order to administer state aid to wards and foster children, and to work collaboratively in formulating a plan and sharing information to ensure that the health needs of children in foster care are being adequately met.

DCS is also engaged with FSSA Division of Mental Health and Addictions through an MOU.

The purpose of this MOU is to define DMHA and DCS' programmatic and administrative responsibilities for the provision and management of behavioral health services for wards of DCS and youth in foster care. The MOU provides for the implementation of uniform assessments through the use of the CANS assessment tool discussed earlier. It provides for the exchange of data to support the programs, staff training and certification, and ongoing interagency communication. Additionally, it provides for outcome quality management processes using data to support decisions at the child and family intervention, program and policy levels.

Technical Framework

DCS and OMPP worked together to develop a technical framework that allows for the sharing of relevant medical data and other information related to health. This allows for a mutual and regularly scheduled electronic exchange of medical information for wards of DCS and youth in foster care. This information is used to enhance detail already contained in the electronic health record or Medical Passport for each youth and assists in ensuring that all youth in foster care receive the most appropriate medical care possible.

Initial and Follow-Up Screenings

Efforts to improve health outcomes for DCS children and youth in foster care are supported through improved consistency and the frequency of initial and follow-up health screens. Improvement is being addressed by implementing statewide use of a standardized assessment tool by all DCS Family Case Managers, as well as increasing the frequency of youth receiving an Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) screen.

Additionally, in 2019 DCS implemented the Integrated Care Team. This team consists of our clinical consultants and nurse consultants. The nurse consultants, specifically, support the DCS Family Case Managers by answering medical questions, addressing medical concerns and facilitating more efficient medical support of kids in our care. This program has been well received and a major support to the DCS Field team in working with medical concerns of our clients.

The Child and Adolescent Needs and Strengths (CANS) Assessment

To improve consistency and provide for better mental health outcomes for children and youth in the care of DCS, DCS partnered with the FSSA Division of Mental Health and Addictions to implement the Child and Adolescent Needs and Strengths Assessment (CANS) Comprehensive tool. The CANS refers to a group of outcome management tools that have been developed by John Lyons, PhD, University of Ottawa, in collaboration with stakeholders across multiple states.

In January 2008, DCS contractually required that DCS licensed residential providers administer the age appropriate CANS assessment unless an assessment had been completed on the child within 30 days of admission by another qualified resource (most often a mental health provider). In August of 2009, DCS began the implementation of the CANS Pilot Protocol by DCS Family Case Managers (FCMs), with the statewide rollout completed in April 2010.

Statewide use of the CANS allows DCS to document the intensity of behavioral health services needed by the child and family and is the basis for planning individualized services for children. The implementation of this tool provides a more uniform initial assessment of social, emotional, and behavioral level of care needs of wards of DCS and youth in foster care. The CANS assessment plays a critical role in informing decision-making regarding the type and level of placement a child needs once the decision to place a child outside of the home has been made. The CANS assessment is completed by FCMs who are trained and certified in its use.

In 2012, DCS developed three CANS Consultants who provide Education and Support to field staff and all levels of management to ensure consistent level of understanding in CANS administering and its understanding. These CANS Consultants received specialized training from Dr. Lyons in 2014 and are certified CANS Trainers.

Two versions of the CANS were previously used by DCS staff – the short CANS and the comprehensive CANS. In 2014, DCS eliminated use of the short CANS, requiring staff to complete the comprehensive CANS in all circumstances. DCS learned that when it was utilizing the short CANS that it did not provide the comprehensive information needed about the child/family. Below please find a summary of the DCS policy requirements for CANS completion.

- Will be completed within 5 days of removal;
- Will be completed for every child under the supervision of DCS, regardless of age, who is in an out of home placement prior to the initial Case Plan being due;
- Will be completed for every child age 3 and under when an assessment is substantiated.

Reassessments

- After the initial comprehensive CANS, reassessments are due every 180 days (prior to the updated Case Plan being due) and anytime there is an apparent change in the child's needs that might need a different intensity of services.
- DCS will continue to complete a CANS a minimum of 180 days and at critical case junctures (i.e. any time this is a new awareness of significant information regarding the child or family's strengths or needs), which may impact the Case Plan and/of the Safety Plan/Plan of Safe Care during the life of the CHINS case.
- A CANS must be completed at case closure unless one has been completed in the past 30 days.

Assessment information regarding an individual child is used by residential providers, children and families, DCS FCMs, and other members of the Child and Family Team to plan appropriate interventions, monitor progress, and adjust intervention plans based on the child and family's needs and strengths. The CANS guides the FCM and the Child and Family Team in deciding what type of behavioral health services the child needs and what level of placement best suits his/her needs. Additionally, this information can be incorporated in the Care Plan developed as a part of the four-step Care Management Model.

Early and Periodic Screening Diagnosis and Treatment

DCS strives to make certain that every DCS child or youth in foster care has an Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) evaluation completed by an approved physician. This practice is supported by DCS Policy 8.29 -Routine Health Care – which addresses continuity of healthcare services to vulnerable children, as well as requires DCS to facilitate the provision of a general health exam, consistent with the HealthWatch/EPSDT screening protocols, to all children in out-of-home care within 10 business days of placement.

To maximize the developmental capacities of all children, regardless of circumstance and in compliance with Federal guidelines, Indiana provides EPSDT services for children and young adults enrolled in a Medicaid health insurance program. In Indiana, these services are provided through the HealthWatch/EPSDT Program.

The HealthWatch/EPSDT program screening includes:

- Comprehensive health and developmental history, including assessment of both physical and mental health development;
- Comprehensive unclothed physical exam;
- Appropriate immunizations according to age and health history;
- Laboratory tests including a lead toxicity screening;
- Nutritional Assessment;
- Health Education, including anticipatory guidance;
- Vision screens;
- Hearing screens; and
- Dental screens.

The HealthWatch/EPSDT program facilitates the provision of timely and responsive health care to Medicaid recipients' ages birth through 21 years old, capturing much of the child population with whom

DCS is involved. Implemented through initial and subsequent periodic health screenings consistent with the recommendations of the American Academy of Pediatrics (AAP), the HealthWatch/EPSDT Program is designed to mitigate the risks of long-term impairment through the earliest possible detection and treatment of medical, developmental, and psychological conditions.

DCS FCMs often work with a Care Coordinator through *Care Select* to assist in finding an approved physician for conducting the EPSDT screens. The information from the EPSDT screen is then incorporated into the youth's Care Plan developed as a part of the four-step Care Management Model.

Monitoring and Treatment of Health Needs

Screening

In order to monitor and treat emotional trauma associated with a child's maltreatment and removal, in addition to other health needs identified through screenings, DCS will screen all youth entering the system using the CANS-Adjustment to Trauma measure. The information gathered through the CANS and EPSDT screens will be incorporated into each youth's Case Plan. Driven by the Case Plan, the FCM, Child and Family Team, and Care Coordinator (for those in *Care Select*) take the necessary steps to meet the child's physical, mental, dental, visual, auditory, and development needs. In addition to, and in conjunction with, the child's Care Management Plan, DCS will ensure:

- A general health exam within 10 days of placement.
- An initial dental exam and cleaning is scheduled no later than six months after the date of the child's last known exam and cleaning. If no records exist, the child will receive an initial exam and cleaning within 90 days of placement.
- A hearing exam is conducted every 12 months for children with corrected hearing or as recommended by the child's physician.
- FCMs complete at least annual health care surveys to ensure the youth's physical, hearing, and vision exams occur and provide updates from these screenings.
- DCS will ensure the implementation of protocols to prevent inappropriate diagnoses per SEC.50743 of the Family First Prevention Services Act.
- The Child and Family Team is empowered to assist in the on-going monitoring and treatment of the youth.

DCS has implement an Integrated Care Team comprised of Registered Nurses and Licensed Clinicians throughout the state supervised by a Licensed Clinician. The Integrated Care team is available to consult with the Family Case Managers on the medical and emotional needs of the youth.

Nursing Consultants are available to ensure those items identified in initial and ongoing medical assessments are understood by the Case Manager and properly addressed. The Nurse Consultants provide ongoing support, education and information for cases that involve complex medical needs and to answer general questions about health and wellbeing.

Clinical Consultants are available to provide consultation for those youth and families with complex trauma histories. The Clinical Resource Team provides consultation to FCMs and local DCS offices on cases involving complex mental health, substance abuse and/or domestic violence issues. One of the key roles of the Clinical Resource Team is to work with contractual providers to deliver evidence based,

trauma-informed services and to develop trauma-informed treatment plans on a case-by-case basis. The Clinical Resource Team may be utilized any time that DCS has a question about the mental health needs of a child or family. Another key role of the Clinical Resource Team is to assess for the need for residential treatment.

DCS screens all youth entering foster care using the CANS-Trauma Module to identify trauma-related needs associated with a child's maltreatment and removal from the home. Youth who score a "3" on the CANS "adjustment to trauma" item may be referred to a DCS mental health contractor for a trauma assessment or therapy, or the child's FCM may be referred for a clinical consultation with a member of the Clinical Resource Team to determine the best course of treatment. Recommendations from the clinical assessment are incorporated into the DCS case plan, including any recommendations for specific, trauma-informed services.

Trauma-Informed Services

DCS continues to offer a "Trauma-Informed System of Care" training curriculum in collaboration with the Indiana University School of Social Work (and based on The National Child Traumatic Stress Network (NCTSN) materials). This training is available to staff, as well as, utilized in RAPT for foster parent training.

At the programmatic level, DCS requires contractual providers to include trauma-informed care as a "core competency" in their programs and services. For additional information on the evidence-based, trauma-informed service array and associated provider trainings, please see Section V, A (2), Preservation and Reunification Services in the 2020-2024 Child and Family Services Plan.

DCS continues to work with the Indiana Community Mental Health Centers (CMHC). Multidisciplinary group meetings continue with a focus on improving access and effectiveness of services for DCS clients. The Indiana Council of Community Mental Health Centers partners with DCS to provide conferences and training which includes CMHC leadership and DCS local and central office leadership. The 2019 conferences include an Opioid Summit (https://www.eventbrite.com/e/3rd-annual-south-central-opioid-summit-tickets-65945676293#), an Opioid Data to Action conference (https://socialwork.iu.edu/event/?id=133) and three quarterly conferences which were held on 2/6/2019, 5/8/2019, and 9/10/2019. Also in 2019 these trainings provided around START principles and where held in the areas on the dates listed below:

- Valparaiso, Indiana on May 30, 2019
- Fort Wayne, Indiana on May 31, 2019
- Lawrenceburg, Indiana on October, 31, 2019
- Evansville, Indiana on November 1, 2019

Maintaining the Medical Record

DCS maintains written and electronic (detailed in Technical Framework section) documentation of healthcare services received by wards of DCS and youth in foster care.

A written summary of the child's medical history is included in each child's Case Plan. All children who are placed in out-of-home care are issued a Medical Passport, as well as additional forms for authorization for medical services; consent to release mental health and addiction records, record of medical treatments, and a log of medical treatment. These forms are included with the Medical Passport. The Medical Passport is the place of record for a broad range of health care services, including medical, dental, mental health, developmental, vision, hearing and speech care. The Medical Passport remains with the child and in the possession of the resource family throughout all out-of-home placements.

DCS requires the child's resource family, to work with the family case manager, to keep the child's Medical Passport up-to-date with the child's most recent healthcare information. Additionally, DCS keeps a separate record of the child's healthcare information in the child's medical section of our system of record, the Management Gateway for Indiana's Kids (MaGIK). When the child achieves permanency (e.g., reunification, adoption), DCS requires that the permanent caregiver or the child, if released from substitute care after his or her 18th birthday, receives the Medical Passport.

DCS completed an MOU with the Indiana Office of Medicaid Planning and Policy (OMPP) which, allows for the exchange of medical claim history from the Medicaid system to DCS' MaGIK system. Working towards the ability to allow FCMs to view wards' medical events such as doctor visits, ER visits, prescriptions, and immunizations by selecting the appropriate medical screen in MaGIK. The DCS technical team is currently working with the technical team from OMPP to establish the framework to allow this information sharing to occur as DCS builds CCWIS .

Continuity of Health Care Services

To ensure the continuity of health care services for DCS foster children and youth with significant mental or medical needs, DCS has worked in collaboration with FSSA to implement the use of a Care Management Model. As discussed above MCE Care Coordinators work in a collaboration with the youth, the Primary Medical Provider, the Family Case Manager, the Resource Family or care giver, the Child and Family Team, and other stakeholders to implement the individualized health care plan the youth. Additionally, Indiana's system of care provides that each child is linked to a Primary Medical Provider (PMP) who becomes the child's Medical Home enhancing continuity of care.

Oversight and Monitoring of Prescription Medication

Informed and Shared Decision Making

DCS Policy 8.30 – Psychotropic Medication – addresses current procedures for handling of psychotropic medication for DCS foster children and youth who are in out-of-home placement. By policy, DCS requires that informed consent be obtained from the parent, guardian, or custodian and from the appropriate DCS Local Office Director or designee before a child in out-of home care is placed on psychotropic medication. DCS provides an exception to the requirement to obtain parental consent, if:

1. The parent, guardian, or custodian cannot be located;
2. Parental rights have been terminated;
3. The parent, guardian, or custodian is unable to make a decision due to physical or mental impairment; or
4. The child is admitted for acute psychiatric treatment; or

5. Prior court authorization has been obtained.

If the parent, guardian, or custodian denies consent, a Child and Family Team Meeting (CFTM) is convened immediately to determine if DCS will seek a court order for authorization of the recommended medication. Medication can be administered without prior consent if it is needed to address an emergency condition in which the child is a danger to himself or herself or others, and no other form of intervention will mitigate the danger. Notification for one time doses or consent for ongoing administration must be made/obtained within 24 hours of administering the initial dose of medication on the weekends or holidays.

DCS has the right to request a second opinion, if there are questions surrounding the need for and/or use of psychotropic medication. Including a referral to PMAC for a review of requests for consent of psychotropic medications (see below for description).

Information about all medications is maintained in child's Medical Passport. In addition to the information maintained in the paper Medical Passport, oversight of prescription medications will be enhanced through DCS' collaboration with OMPP in developing the technical framework for sharing relevant medical data electronically. The monthly electronic exchange will include information regarding prescription medications. This will allow for oversight as well as the opportunity for enhanced case management to improve health outcomes for wards, foster and adoptive children.

Psychotropic Medication Advisory Committee (PMAC)

The Indiana Psychotropic Medication Advisory Committee (PMAC) was initiated in January, 2013, to provide oversight and guidance for psychotropic medication utilization among DCS-involved youth. This committee includes representatives from Indiana University Department of Psychiatry, DCS, OMPP, DMHA, pediatricians, social workers, psychologists, pharmacists, child advocates and other identified stakeholders. The advisory committee monitors Federal legislation, reviews best-practice guidelines for psychotropic medication use, monitors Indiana prescription patterns, reviews formularies and makes policy recommendations to DCS. Specific responsibilities of the committee include the following:

- Review the literature on psychotropic medication best practice (e.g., AACAP) and provide guidance to DCS, OMPP, IUSM and prescribing providers;
- Provide assistance to DCS in establishing a consultation program for youth in state care who are prescribed psychotropic medications;
- Publish guidelines for the utilization of psychotropic medications among DCS-involved youth, with revisions made on a semi-annual basis, as needed;
- Review DCS policies for requesting and obtaining consent to treat DCS-involved youth with psychotropic medications and make recommendations for change to DCS and identify non-pharmacologic, evidence-based mental health treatments for DCS-involved youth.

Psychotropic Medication Guidelines for Youth in Care

This document was developed in 2014 by the Psychotropic Medication Subcommittee of the PMAC (Leslie Hulvershorn, MD, DMHA – Chair), with input and guidance from a wide variety of medical and behavioral health professionals across the state. The Guidelines provide "best practice" recommendations for the use of psychotropic medications in child and adolescent populations, including research-based dosage parameters, "red flag" indicators, etc.

The Guidelines were recently updated and approved on 7/24/2020 to reflect the updated Texas Parameters (Psychotropic Medication Utilization Parameters for Children and Youth in Foster Care 6th Version). A copy of the updated (2020) Guidelines has been posted on the DCS internet site, under the Psychotropic Medication link (http://in.gov/dcs/3635.htm). DCS requires all contracted providers to adhere to the Guidelines when using psychotropic medications with our youth. In addition, the Guidelines have been approved by the Mental Health Quality Assurance Committee (FSSA) and are being considered for broader adoption with all Medicaid-eligible youth in Indiana.

Mental Health/Trauma Screening

All DCS youth are screened using the CANS upon entry into the system and at critical case junctures thereafter. The CANS identifies mental health needs, and a placement algorithm is used to generate a level of care recommendation. In addition, all youth entering the foster care system receive a comprehensive mental health evaluation within the first 30 days of placement.

To identify trauma-related needs associated with a child's maltreatment and removal from the home, DCS will screen all youth entering the system using the CANS-Trauma Module. This is one section of the CANS assessment that specifically addresses trauma. Youth who score a "3" on the CANS "adjustment to trauma" item may be referred for a trauma assessment with one of our contractual providers, or the case may be staffed with a member of the Clinical Resource Team to determine the best course of treatment. Recommendations from these clinical assessments will be incorporated into the DCS case plan, including any recommendations for specific, trauma-informed services. Training materials have been developed regarding the reliable rating of trauma needs using the CANS, and all DCS Family Case Managers have been trained on these measures.

Assessment

All children should receive a comprehensive health evaluation and identification of acute medical problems prior to the administration of psychotropic medications. The physical evaluation is performed by a physician or other healthcare professional qualified to provide this service. Except in the case of an emergency, consent for psychotropic medication will not be provided until the child has received a thorough health history, psychosocial assessment, mental status exam and physical exam. In some cases, medical problems mimic and/or occur co-morbidly with psychiatric disorders. In those instances, the identification of target symptoms will be critical. When pharmacologic intervention is identified as part of the treatment plan, considerations such as diagnostic medical evaluations, drug-drug interactions, polypharmacy, treatment compliance, informed consent, and the safe storage and administration of medications will need to be documented.

The assessment of a medication trial is facilitated by the initial identification of target symptoms and the regular evaluation of those target symptoms. Secondly, the consideration of ongoing life events, particularly in children and adolescents, is essential in assessing benefits of medication. Removal from the home, a change in living situation, physical illness, parental functioning, traumatic events, etc. can all impact functioning and can confound the evaluation of a medication trial. Thirdly, compliance may need to be investigated through pharmacy records or medication administration records in order to clearly assess efficacy of a medication trial. Once an informed decision is made about a particular medication, changes in the treatment plan may be necessary, including changes in medication regime, adjustment in non-pharmacologic treatment strategies, and re-evaluation of the diagnosis.

In children and adolescents, re-evaluation of the working diagnosis is critical not only when there is a lack of treatment response, but in other situations as well. By nature, children and adolescents are developing and changing during treatment. Longitudinal information may become available revealing temporal patterns of functioning that may alter the initial diagnosis. In addition, the successful treatment of one disorder may then expose an underlying co-morbid disorder that requires treatment. Ultimately, the resolution of a disorder or the ineffectiveness of a medication requires the medically supervised discontinuation of medications. Because withdrawal or discontinuation effects may arise and confound the clinical picture, ongoing assessment is vital to sort out the illness from the medication effects.

Psychotropic Medication Consultation

The IU Psychotropic Medication Consultation Program was initiated on June 1, 2015. The Indiana University School of Medicine Department of Psychiatry was contracted by DCS to monitor and optimize psychotropic medication use in the out-of-home CHINS population by reviewing outlier cases. Outlier cases are those deemed potentially problematic, utilizing criteria developed by the Indiana Psychotropic Medication Advisory Committee (PMAC) and outlined in the 2020 Guidelines. IU psychiatrists provide tiered consultation to prescribing providers in those instances where an outlier has been identified. IU may choose to conduct a review of records, a review of records with follow-up questions for the prescribing provider, or a direct physician to physician consultation in instances where there are significant concerns regarding the medication use and regimen. In addition, the IU Consultation Program employs two part-time clinical psychologist to provide comprehensive assessments when there is diagnostic uncertainty, to consult with existing providers, and to provide behavioral support to caregivers. In 2021, we added a process for IU to consult on requests for new psychotropic medication. The prescribing physician is asked to provide additional information about the request, the Nurse Consultant sends the referral and request to IU who provides a recommendation within one business day of receiving it.

As part of the DCS contract with IU, a Program Evaluation Team (PET) has been established – under the direction of Dr. Brea Perry from the Indiana University, Bloomington – to review monthly evaluation data. The PET aggregates and analyzes data to determine changes that have occurred as a result of program reviews and consultation with prescribing providers. Brea Perry, PhD, Indiana University Sociology Department, completed a two-year evaluation of the effectiveness of the DCS Psychotropic Consultation Program, utilizing program data from 6/1/15 through 7/1/17. For those cases selected for peer-to-peer review, the top three concerns cited by the IU reviewing clinicians included concurrent prescription of four or more psychotropic medications, inadequate monitoring of lab tests, and insufficient evidence for a particular agent. In terms of provider response to consultation, 87% agreed with the recommendations provided by IU, while only 6% disagreed. In addition, the consulting IU physicians had no remaining concerns in a majority of cases following the intervention (80%).

Outcomes from the two-year evaluation were overwhelmingly positive and included the following:

- Average number of psychotropic medications prescribed (for cases receiving consultation) declined from four to about one;
- Use of six or more prescriptions concurrently decreased from 0.50 to 0.004;
- Use of potentially unsafe, off-label medication fell from 0.50 to 0.07;

- Acute psychiatric hospitalization among youth with more severe psychiatric problems fell from 0.50 to 0.003;
- Average monthly healthcare expenditures declined from an estimated $20K to $5K; and
- The number of outlier cases meeting criteria for review declined consistently from a high of 99 in September, 2015 to a low of 20 in June, 2017.

As of 12/31/2020 IU had processed a total of 1799 outlier cases and had completed 568 peer-to-peer reviews with 65 follow up reviews (to address remaining concerns). The most prevalent concern cited by reviewing physicians was medication quantity, and specifically, four or more psychotropic medications being prescribed simultaneously. The second most common reason for concern was insufficient evidence for a particular agent, followed by inadequate documentation and inadequate monitoring of lab results. With respect to provider response, in 95% of cases reviewed the prescribing physician agreed with the IU recommendations, indicating substantial agreement between IU consultants and prescribing physicians about next steps toward bringing the medication regimen in line with PMAC criteria. DCS receives a monthly report regarding concerns and discusses this during the quarterly PMAC meetings.

During2020, IU processed a total of 229 outlier cases for the year. They conducted 66 peer to peer reviews with 5 follow-ups. There were 26 direct referrals from DCS for 2020 and 242 since program inception. The most prevalent concern for 2020 cited by reviewing physicians was medication quantity, and specifically, four or more psychotropic medications being prescribed simultaneously. The second most common reason for concern was the medication not being appropriate for child's diagnosis/symptoms, followed by inadequate monitoring of lab results and current psychotherapy being insufficient. PMAC continues to have physician to physician consultation, and if a provider continues with the concerning practice, then DCS finds a different provider. This is handled on a case by case basis. PMACs recommendations go to the FCM and DCS clinician for additional follow up regarding services and lab work.

Guidelines for Safe Utilization of Psychotropic Medications

In order to safeguard the health and welfare of DCS youth who are prescribed psychotropic medications, the following guidelines have been adopted in the *Psychotropic Medication Guidelines for Youth in Care with Indiana's Department of Child Services*:

General Principles:

1. In the state of Indiana, a comprehensive evaluation prior to the use of medications should be performed by a licensed professional *or a qualified professional under the supervision of a licensed professional.*
2. To clarify, a physical examination is not typically completed by a child psychiatrist or necessarily required for the use/start of psychotropic medications (excluding evaluation for extrapyramidal or other movement side effects). If warranted, it is the responsibility of the evaluating mental health professional to refer the child for a physical examination.
3. A standardized trauma assessment (e.g., CANS, Trauma Symptom Checklist) is preferred for clinical assessment of exposure of trauma and maltreatment. For youth with more extensive

trauma histories, a comprehensive trauma assessment may be recommended by DCS. The service standard for comprehensive trauma assessments can be found at http://www.in.gov/dcs/3159.htm .

4. In addition to the need to identify DSM-5 diagnoses to direct treatment, diagnoses outlined in the relevant version of the International Classification of Diagnoses (e.g., ICD-10) are also appropriate.
5. In addition to diagnoses, benefits/risk, lab findings, adverse events, alternatives, and risks of no treatment, informed consent should also include a discussion of possible medication interactions.
6. If a non-child psychiatrist is treating a child and they are not improving Texas Parameters recommend referral to be initiated. We would like to clarify that the window for expected improvement for most childhood psychiatric disorders is 3 months.
7. When treating youth with medication for aggression, Texas Parameters recommend a slow taper with discontinuation every 6 months. To clarify, youth with aggression resulting from any of the following disorders should be given an opportunity for a taper: oppositional defiant disorder, conduct disorder, disruptive mood dysregulation disorder, developmental disabilities and autism spectrum disorder. We would like to further note that such tapers may not be routine in current clinical practice, but they are now highly recommended.

Medication-Specific Recommendations:

1. Although short acting alpha agonists for use in the treatment of ADHD and tics are not FDA approved, they remain the recommended first line agents.
2. Tapering antipsychotics in children may require longer than a 4 week period.
3. See Tables for additions (See the full report from Indiana 2018 Guidelines here: https://www.in.gov/dcs/files/Indiana%20Psychotropic%20Medication%20Guidelines%20(2018%20Update).pdf, tables for additions are located on pgs 9-14)
4. Routine lipid screening is recommended to be every year, rather than every 6 months, as outlined in the Texas Parameters. If abnormal values are detected, more regular monitoring (every 3-6 months) are recommended.
5. Fasting lipids and glucose are recommended to be checked on every pediatric patient prior to starting (or at first contact if medication has already been started) medications known to impact these labs (e.g., antipsychotics).
6. Evaluation of blood pressure, heart rate, weight and height is recommended for every medication monitoring visit and initial evaluation.
7. Clomipramine is only recommended for obsessive compulsive disorder if the child or adolescent has failed to complete trials of serotonin reuptake inhibitors.
8. Due to concerns about the potential for cardiac conduction abnormalities citalopram should not be prescribed at doses greater than 40 mg daily.
9. Orap should only be used for the treatment of tics if Haldol use was a failure or intolerable.
10. Aripiprazole dosage for the treatment of tics will follow package instructions.

Guidelines retained from the Texas Psychotropic Utilization Parameters for Youth in State Care (Texas Parameters):

- A DSM-5 psychiatric diagnosis should be made before the prescribing of psychotropic medications.
- Clearly defined target symptoms and treatment goals for the use of psychotropic medications should be identified and documented in the medical record at the time of or before beginning treatment with a psychotropic medication. These target symptoms and treatment goals should be assessed at each clinic visit with the child and caregiver.
- Whenever possible, standardized clinical rating scales (clinician, patient, primary caregiver, teachers, and other care providers) or other measures should be used to quantify the response of the child's target symptoms to treatment.
- In making a decision regarding whether to prescribe a psychotropic medication in a specific child, the clinician should carefully consider potential side effects, including those that are uncommon but potentially severe, and evaluate the overall benefit to risk ratio of pharmacotherapy.
- Except in the case of an emergency, informed consent should be obtained from the appropriate party(s) before beginning psychotropic medication. Informed consent to treatment with psychotropic medication entails diagnosis, expected benefits and risks of treatment, including common side effects, discussion of laboratory findings, and uncommon but potentially severe adverse events. Alternative treatments, the risks associated with no treatment, and the overall potential benefit to risk ratio of treatment should be discussed.
- Whenever possible, trauma-informed, evidence-based psychotherapy, should begin before or concurrent with the prescription of psychotropic medication.
- Before starting psychopharmacological treatment in preschool-aged children even more emphasis should be placed on treatment with non-psychopharmacological interventions.
- Medication management should be collaborative. Youth, as well as caregivers, should be involved in decision making about treatment, in accordance with their developmental level.
- During the prescription of psychotropic medication, the presence or absence of medication side effects should be documented in the child's medical record at each visit.
- Appropriate monitoring of indices such as height, weight, blood pressure, or laboratory findings should be documented.
- Monotherapy regimens for a given disorder or specific target symptoms should usually be tried before polypharmacy regimens.
- Medications should be initiated at the lower end of the recommended dose range and titrated carefully as needed.
- Only one medication should be changed at a time, unless a clinically appropriate reason to do otherwise is documented in the medical record. (Note: starting a new medication and beginning the dose taper of a current medication is considered one medication change).
- The use of "prn" or as needed prescriptions is discouraged. If they are used, the situation indicating need for the administration of a prn medication should be clearly indicated as well as the maximum dosage in a 24 hour period and in a week. The frequency of administration should be monitored to assure that these do not become regularly scheduled medications unless clinically indicated.
- The frequency of clinician follow-up should be appropriate for the severity of the child's condition and adequate to monitor response to treatment, including: symptoms, behavior,

function, and potential medication side effects. At a minimum, a child receiving psychotropic medication should be seen by the clinician at least once every ninety days.

- The potential for emergent suicidality should be carefully evaluated and monitored, particularly in depressed children and adolescents as well as those initiating antidepressants, those having a history of suicidal behavior or deliberate self-harm and those with a history of anxiety or substance abuse disorders.
- If the prescribing clinician is not a child psychiatrist, referral to or consultation with a child psychiatrist, or a general psychiatrist with significant experience in treating children, should occur if the child's clinical status has not shown meaningful improvement within a timeframe that is appropriate for the child's diagnosis and the medication regimen being used.
- Before adding additional psychotropic medications to a regimen, the child should be assessed for adequate medication adherence, appropriateness of medication daily dosage, accuracy of the diagnosis, the occurrence of comorbid disorders (including substance abuse and general medical disorders), and the influence of psychosocial stressors.
- If a medication has not resulted in improvement in a child's target symptoms (or rating scale score), discontinue that medication rather than adding a second medication to it.
- If a medication is being used in a child for a primary target symptom of aggression associated with a DSM-5 non-psychotic diagnosis (e.g., conduct disorder, oppositional defiant disorder, intermittent explosive disorder), and the behavior disturbance has been in remission for six months, then serious consideration should be given to slow tapering and discontinuation of the medication. If the medication is continued in this situation, the necessity for continued treatment should be evaluated and documented in the medical record at a minimum of every six months.
- The clinician should clearly document care provided in the child's medical record, including history, mental status assessment, physical findings (when relevant), impressions, rationale for medications prescribed, adequate laboratory monitoring specific to the drug(s) prescribed at intervals required specific to the prescribed drug and potential known risks, medication response, presence or absence of side effects, treatment plan, and intended use of prescribed medications.

A more detailed version of these parameters can be found here:
https://www.dfps.state.tx.us/Child_Protection/Medical_Services/documents/reports/2016-03_Psychotropic_Medication_Utilization_Parameters_for_Foster_Children.pdf

Additional Recommendations:

1. Rating scales used to identify response to treatment can be identified in numerous sources. A large number of evidence-based assessment tools are available free of charge for provider use in the DSM-5 (www.psychiatry.org/practice/dsm/dsm5/online-assessment-measures).
2. Given problematic weight gain among youth on psychotropic agents, diet and exercise counseling with referrals to primary care physicians, dieticians and specialized pediatricians are recommended for any child with weight changes, ideally early in the treatment course.

Data Management

DCS has an MOU with FSSA to share Medicaid claims data, including psychotropic medication data. As part of the MOU, OMPP produces monthly utilization reports for the out-of-home CHINS population.

These reports capture psychotropic medication prescriptions on a “real time” basis, allowing for identification of cases that fall outside of best practice parameters. The monthly utilization reports identify all “red flag” outliers listed in the Guidelines (including names of the prescribing providers), and this information is used by the IU Consultation Program to select cases for review. The utilization reports are also used to generate a monthly psychotropic medication report card, allowing for comparison of Indiana psychotropic medication rates vs. other states. DCS is in the process of formatting the monthly report card data for publication on the DCS internet site, under the Psychotropic Medication link – target date 7/1/19.

“Red Flag” Indicators

The Indiana PMAC has established “red flag” indicators based on the American Academy of Child and Adolescent Psychiatry practice parameters (AACAP, 2009) and the Texas Psychotropic Medication Utilization Parameters for Foster Children (2016). DCS “red flag” indicators are listed in Table 1. Any youth who meets one or more of these criteria may be referred to the IUSM Department of Psychiatry Consultation Team for case review and follow up.

DCS “Red Flag” Indicators

1. Absence of a complete DSM-5 (or comparable ICD-10) diagnosis in the youth’s medical record
2. Four (4) or more psychotropic medications prescribed concomitantly
3. Any psychotropic medication prescribed to a child less than one (1) year of age
4. Prescribing of:
    - Stimulants to a child less than three (3) years of age
    - Antipsychotics to a child less than four (4) years of age
    - Antidepressants to a child less than four (4) years of age
    - Mood stabilizers to a child less than four (4) years of age
5. The psychotropic medication dose exceeds usual recommended doses (FDA and/or literature based maximum dosages).
6. The prescribed psychotropic medication is not consistent with the appropriate care for the patient’s diagnosed mental disorder or with documented target symptoms usually associated with a therapeutic response to the medication prescribed.
7. Psychotropic polypharmacy (2 or more medications) for a given mental disorder is prescribed before utilizing psychotropic monotherapy.
8. Prescribing of:
    - Two (2) or more concomitant stimulants*
    - Two (2) or more alpha-2 agonists, including the combination of short- and long-acting agents (i.e. clonidine ER plus clonidine immediate release)
    - Two (2) or more concomitant antidepressants
    - Two (2) or more lithium-based agents
    - Three (3) or more concomitant lithium-based mood stabilizers or other mood stabilizers (e.g., anticonvulsants)
    - Two (2) or more antipsychotics
    - Three (3) or more sedative-hypnotics
    - Two (2) or more benzodiazepines
    - Any long acting injectable antipsychotic
    - Excessive (2 weeks of 4 or more days with PRN use) or inappropriate (3 or more at once; high dose) PRN medication use

*The prescription of a long-acting stimulant and an immediate release stimulant of the same chemical entity (e.g., methylphenidate) does not constitute concomitant prescribing.

9. Use medications (in a particular age range, when specified) when no evidence exists to support their use for psychiatric indications:

Education and Training

The PMAC has developed a psychotropic medication training curriculum for DCS staff and other key stakeholders across the state. The training curriculum includes information about best practice guidelines, current psychotropic utilization trends and issues unique to youth in the child welfare system. On an annual basis, the PMAC develops a training plan to provide education on psychotropic medications for DCS staff, residential and community based providers, foster parents, child advocates (e.g., CASA/GAL), and other child welfare stakeholders. In addition, the Psychotropic Medication curriculum was posted on the DCS internet site, under the Psychotropic Medication link. In 2020 PMAC was able to provide two different trainings to foster parents virtually.

Information Portal

DCS has developed a psychotropic medication information portal through the DCS internet site. The site can be found by clicking the "Psychotropic Medication" link in the left hand column of the DCS internet site. The information portal includes an overview of the DCS psychotropic medication initiative, contact information, copies of the Guidelines, and links to relevant research, resources and Federal legislation. The information portal also includes links to relevant state agencies and resources for providers (e.g.,. Medicaid, Managed Care, etc.).

Ongoing Monitoring for Individual Youth in Foster Care

DCS facilitates ongoing communication, through the Child and Family Team Meetings, case staffing, Permanency Roundtables and other venues, between the youth, parent/guardians and others who understand the youth's behavioral/emotional needs best. This communication is intended to ensure a) that psychotropic medication effectiveness is monitored, b) that treatment is appropriate to the youth's needs, c) that treatment includes the family and/or other essential connections, d) that treatment builds upon the youth's strengths, and e) that permanency planning is incorporated into treatment.

Pediatric Evaluation and Diagnosis (PEDS)

DCS has continued to expand and update the Pediatric Evaluation and Diagnosis (PEDS) program which was extended for a new four year contract. The DCS Nurses are the oversight for this program. The program is administered by the IU Child Protection Program Staff within Riley Hospital for Children and has been a service to DCS since 2008. The physicians within this program are board certified physicians in Pediatrics with the accredited subspecialty in Child Abuse Pediatrics.

The goal of the PEDS Program is to provide expert knowledge and consultation regarding medical issues and /or questionable injuries to children when the current information available renders it difficult for us to determine if abuse or neglect was the cause of injury. Since the inception of the PEDS program, we have witnessed an increased volume of cases which has resulted in the overall success of the program. Its success is noted by actual lives saved as determined by the PEDS physicians. The actual data of this program is gathered and reported to DCS quarterly.

The PEDS program entails two types of referrals: Mandatory and Non-Mandatory. Mandatory referrals are any allegation of a suspected injury to the head or neck of a child less than 6 years old; and any allegation of a bone fracture or burn to child under the age of 3. This age group is susceptible to inflicted injury, and having additional injuries that aren't easily recognizable without specific medical evaluation. In addition, many physicians report young children with fractures but are unable to provide an opinion about the likelihood of abuse. The child abuse pediatricians and IUCPP staff are ready to take on the evaluation of fractures and burns in these young children.

Non-Mandatory referrals are all the other referrals that do not fall within the guidelines of Mandatory referrals. The PEDS program is also utilized in this manner as a resource in medical diagnosis, assessment, and determination of possible accidental injuries and medical conditions. FCMs, Supervisors, and the DCS Nurses can contact the Riley / IU Child Abuse Pediatricians to staff potential cases to determine the type and appropriateness of the referral.

The Pediatric Center of Hope is part of the IUCPP that handles sexual abuse. A PEDS referral is not the same as a referral for a sexual abuse exam / consultation to the Pediatric Center of Hope. Many Indiana Regions have plans in place with local Child Abuse Centers (CAC) for sexual abuse evaluations.

A new component of the PEDS contract allows the Indiana University Child Protection Program (IUCPP) to provide certain education and training for Indiana physicians on child abuse and neglect identification and reporting, as well as providing training and education to certain secondary level community physicians so that they are available to DCS for medical evaluations and related services. These sub-contracted physicians are called Doctors for Indiana Child Abuse Screening and Education (Docs INCASE).

DCS is currently collaborating with the Indiana State Department of Health (ISDH) who works with local fatality teams to create Community Action Teams. These teams are multidisciplinary coalitions made up of agencies involved in family care, which includes but is not limited to professionals from the following fields; medical, social services, government and faith-based organizations. There are also online training modules, specifically Safe Sleep Practices: Reducing Sudden Unexpected Infant Death Module 1, located at the following website, https://secure.in.gov/apps/fssa/childcare/portal/home. The plan for this program continues to develop thru our collaboration / partnership with ISDH providing the staffing, program development, oversight, education / training and the data collection, evaluation and reporting components in order to ensure that all families have access to service; and by DCS providing the funding, technical support and assistance with program implementation.

Inappropriate Diagnosis Protocols

In order to monitor and treat emotional trauma associated with a child's maltreatment and removal, in addition to other health needs identified through screenings, DCS will screen all youth entering the system using the CANS-Adjustment to Trauma measure. To better serve youth and families with complex trauma histories, DCS has developed and implemented a Clinical Resource Team. This team consists of twelve licensed mental health clinicians, based regionally throughout the state and supervised by a licensed psychologist. The Clinical Resource Team provides consultation to FCMs and local DCS offices on cases involving complex mental health, substance abuse and/or domestic violence issues. One of the key roles of the Clinical Resource Team is to work with contractual providers to deliver evidence based, trauma-informed services and to develop trauma-informed treatment plans on

a case-by-case basis. The Clinical Resource Team may be utilized any time that DCS has a question about the mental health needs of a child or family.

To ensure that children in foster care are not being inappropriately diagnosed with a mental disorder that could preclude placement with a foster all youth being considered for out-of-home placement will be staffed with a DCS Clinical Services Specialist, per DCS Policy 8.4 *(Emergency Shelter Care and Residential Placement Review and Approval*). The Clinical Services Specialist will review treatment summaries, diagnostic evaluations and other relevant mental health records to ensure the child's mental health needs/symptoms are consistent with the recorded diagnosis. Any questions or concerns about a child's diagnosis will be staffed with the DCS Clinical Services Manager, who is a licensed psychologist (Health Services Provider in Psychology) in the state of Indiana. If questions remain after this staffing, the Clinical Services Manager will request additional diagnostic evaluation and/or consultation with the Indiana University Department of Psychiatry to clarify the child's diagnostic presentation.

Medical Coverage for Older Youth

DCS began Collaborative Care in 2012, which provides services and Medicaid for eligible youth from age 18 to age 20 and is available for former DCS foster children. DCS foster children may also remain a foster child through age 21. Adoption assistance and guardianship assistance are also available to age 20 if the youth continues to meet the eligibility requirements.

To ensure the Medicaid enrollment of all eligible wards, when a child is not IV-E eligible or loses IV-E eligibility for any reason, the MEU submits a transmittal, a Referral to Medicaid Foster Care Independence Program, proof of income (if applicable), an application for Medicaid (if applicable) and eligibility conditions (if applicable) to the Division of Family Resources (DFR). The MEU monitors the application processing timeframes and serves as a single point of contact for DFR regarding questions or issues related to the child's Medicaid eligibility. The MEU intervenes if a child's eligibility has not been determined timely, there are questions, or there is negative result.

DCS has an extended foster care program, Collaborative Care (CC), which provides services and ensures youth between the ages 18 – 21 maintain Medicaid while in foster care. Collaborative Care is available to former DCS foster youth who aged out of foster care and meet the CC eligibility requirements. DCS foster children may also remain a foster child through age 20 and in some qualifying situations, to age 21. Adoption assistance and guardianship assistance are also available to age 20 if the youth continues to meet the eligibility requirements.

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

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

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

In order to ensure that children aging out of the foster care system have the opportunity to discuss their future health care options, 90 days before the youth reaches age 18, the Family Case Manager (FCM) will convene a Child and Family Team Meeting to complete the Transitional Services Plan portion of the Independent Living/Transition Plan.

DCS Policy 11.6 – Transition Plan for Successful Adulthood

The Transition Plan for Successful Adulthood (TPSA) is a comprehensive, written, plan, personalized for each youth and is used at each meeting with the youth and at each Child and Family Team meeting to guide the transition planning process with the youth. The TPSA is developed with the youth's participation. The TPSA must include information and specific options relating to the following:

1. Education and training;
2. Employment services and work force supports;
3. Housing, which may include a Transitional Living Placement when appropriate;
4. Health care, including prevention and treatment services and referral information;
5. Health insurance availability and options;
6. Local opportunities for mentors and continuing support services, including development of lifelong adult relationships and informal continuing supports;
7. Identification and development of daily living and problem-solving skills;
8. Procedures available under Indiana law for, and the importance of, stating in advance an individual's desires concerning:

a. health care treatment decisions if the individual is unable to participate in those decisions when required, and
b. designation of another person to make health care treatment decisions for an individual who is unable to make those decisions when required; and

9. Availability of local, state, and federal resources, including financial assistance, relating to any parts of the plan described above.
10. Independent living services may include any of the following kinds of services that are intended to prepare the youth for self-support and living arrangements that are self-sufficient and not subject to supervision by another individual or institution:

    a. Arrangements for and management of a transitional living placement for a youth who is seventeen (17) and six (6) months of age or older, if appropriate:
    b. Activities of daily living and social skills training
    c. Opportunities for social, cultural, recreational, or spiritual activities that are designed to expand life experiences in a manner appropriate to the youth's cultural heritage and needs and any other special needs.
    d. Matching of a youth on a voluntary basis with caring adults trained to act as mentors and assist the youth to establish lifelong connections with caring adults.

Pursuant to sections 4, 5, and 8, listed above, DCS will ensure the youth is provided information and education regarding the importance of designating a health representative to make health decisions and the importance of executing a health care power of attorney, health care proxy, or other similar document recognized under State law. The FCM will distribute an Advance Directives packet along with the information letter at the Transition Planning meeting. The FCM will also ensure that the youth has the opportunity to view the Advance Directives information video.

The Advance Directives packet advises youth that DCS is providing health care decision forms for the youth to use, but that DCS cannot provide legal advice. It advises them to seek legal advice if they have any questions and that many local communities have bar associations that provide legal services for free or at a reduced cost and that they can access these services at the following link: http://www.indianalegalservices.org/providers. Youth are also advised of services offered through Indiana Legal Services (ILS), which provides legal services to low income individuals, and they are given their toll free number, (800) 869-0212. They are also advised that they may ask their Family Case Manager to request that the Judge appoint a public defender to discuss these forms and answer any questions at the next court hearing.

Indiana Department of Child Services

Emergency Operations Plan (EOP)

FFY 2021

– for official use only –

Introduction

The Indiana Department of Child Services (DCS) conducts essential operations in the event of an emergency or disaster. While the impact of any emergency or disaster cannot be predicted, planning for pertinent agency operations and functions under such conditions could mitigate negative impacts to DCS and the children and families served. Therefore, any emergency or disaster (directly or indirectly) affecting our staff, facilities, mission, and constituents' demands requires deliberate planning. The emergency operations plan (EOP) is a vital resource in providing essential services, maintaining vital records and systems, and continuing essential functions.

An EOP for DCS ensures essential operations and functions can be performed during an incident, emergency, or disaster. An incident is an occurrence by chance or due to a combination of unforeseen circumstances, which, if not handled in an appropriate manner, can escalate into an emergency or disaster. An emergency is a sudden, unexpected event requiring immediate action due to its potential threat to health and safety, the environment or property. A disaster is a sudden, unplanned event that causes great damage or serious loss to an organization. It results in an organization failing to provide critical business functions for a pre-determined minimum time period. Therefore, having an EOP prior to an event may likely mitigate or lessen the severity and increase the agency's capabilities to resume usual agency functions with minimal negative impact to our internal and external customers.

EOP distribution will be provided to those who are part of the orders of succession and will be delegated to respective agency authorities. A complete distribution list can be found in Annexes A and B.

Recommended changes to this plan may be sent to Jessica Dugan and/or Lori Ahmed at Jessica.Dugan@dcs.in.gov and/or Lori.Ahmed@dcs.in.gov or call 317-234-5437 (KIDS).

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Terry Stigdon
Executive Director
Indiana Department of Child Services

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Eric Miller
Chief of Staff
Indiana Department of Child Services

Indiana Access to Public Records Act (APRA):

In response to a public records request under the APRA, Indiana Code 5-14-3, *et seq*., DCS may exercise its discretion to withhold this document from public disclosure pursuant to Indiana Code 5-14-3-4(b)(19). If anyone requests a copy of this document, please refer them to the DCS communications director at DCS.Connection@dcs.in.gov and the DCS public records department at dcspublic.Recordsrequest@dcs.IN.gov.

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General Overview

Government must provide public and private resources to alleviate suffering and aid citizens whose personal resources have been impacted by the effects of an incident. A consistent, well-defined approach with practiced procedures and organized structures is required to employ those resources in an organized and effective manner. This plan outlines procedures and organizational structures and assigns responsibilities to accomplish the mission of reorganizing and maintaining continuity of operations at the Indiana Department of Child Services (DCS) in the event of a single-incident emergency or a long-term emergency such as a pandemic. It is an operational guide, not an administrative plan, and does not describe how operations occur under normal circumstances and conditions. The responsibilities and coordination structures outlined herein align as closely as possible with day-to-day responsibilities, but their accomplishment during an incident must be coordinated.

At the federal level, the National Response Framework (NRF) is a guide to how the nation responds to all types of disasters and emergencies. It is built on scalable, flexible and adaptable concepts identified in the National Incident Management System (NIMS) to align key roles and responsibilities. The NIMS creates an environment of coordinated structures, capabilities and resources. The DCS EOP incorporates the principles of NIMS.

Planning is a continual process that draws upon what is learned over time by all who are involved in incident response. Improved understanding, broader knowledge and technological breakthroughs continue to improve the cooperation and coordination of effort. The NIMS incorporates policies and procedures that have been shaped by mutual experiences nationwide. The continual refinement of plans and procedures and the mandated use of NIMS will accommodate situational changes and promote preparedness for all kinds of emergency situations.

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

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

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

- Respect for all
- Racial justice
- Diversity and inclusion
- A culture of safety
- A commitment to continuous improvement

DCS shall be responsible for providing child protection services under IC Article 31-25:

1. Providing and administering child abuse and neglect prevention services,
2. Providing and administering child services,
3. Providing and administering family services,
4. Providing family preservation services,

5. Regulating and licensing of childcare institutions, foster family homes, group homes and child placing agencies,
6. Administering the state's plan for the administration of the Title IV-D child support services of the Federal Social Security Act,
7. Administering foster care services,
8. Administering successful adulthood services,
9. Administering adoption and guardianship services,
10. Certifying and providing grants to youth service bureaus,
11. Administering the project safe program,
12. Paying for services and programs under IC 31-40, [and]
13. Obtaining on an annual basis a consumer report for each child at least 14 years of age who is in state foster care, pursuant to IC: 31-25-2-7.

DCS protects children from abuse or neglect and facilitates child support payments. Each state is federally required to have a single and separate organizational unit to administer Title IV-D child support services. In Indiana, the DCS Child Support Bureau (CSB) fills that role. CSB is responsible for paternity establishment, support order establishment (both child and medical support), modification, enforcement, and child support payment processing. While CSB is the single state agency responsible for administering the IV-D child support services program, it contracts through a cooperative agreement with the local county prosecutors who implement the program at the county level. CSB also has cooperative agreements with clerks of circuit courts and some county courts who have special hearing officers specifically to adjudicate Title IV-D child support cases. The primary constituents for the child support program are custodial parties and non-custodial parents who have requested services, custodial parties who currently or formerly received TANF, and intergovernmental cases.

DCS protects children who are victims of abuse or neglect and strengthens families through services focusing on family support and preservation. DCS also administers child support, child protection, adoption and foster care for all of Indiana's 92 counties. The DCS executive office is in the Indiana Government Center South at 302 West Washington Street, Room E306, Indianapolis, IN 46204, (317) 234-5437 (KIDS).

Purpose and Activation of Emergency Operations

The purpose of the EOP is for DCS to adequately mitigate, prepare for, respond to and recover from a disaster or emergency. This will be done to protect the health and safety of the staff and children we serve and is coordinated with other responding federal, state and local authorities and agencies.
The reason for the approach is to:

- Provide maximum safety and protection from injury and illness for clients and staff.
- Provide care promptly and efficiently to all individuals who we serve.
- Provide a logical and flexible chain of command to enable maximum use of resources.
- Maintain and restore essential services as quickly as possible following an emergency incident or disaster.
- Protect DCS property, facilities and equipment.

Executive management recognizes that the children in our care, the staff who serve these children, and the families of our staff are of primary concern during an incident. We support and encourage each employee to develop a personal preparedness plan for their families in times that the staff member may

have incident response duties with DCS. It is expected that all employees will be prepared and ready to fulfill their duties and responsibilities as part of the team to provide the best possible case management and fulfillment of normal operations of local offices.

DCS will work in close coordination with local health departments and other local emergency officials, agencies, and service providers to ensure our children are safe and cared for during emergency situations.

The primary goal of the DCS EOP is the continuation of organization-essential operations and functions. To accomplish the DCS mission, the agency must ensure its operations are performed efficiently with minimal disruption. This plan provides planning guidance for implementing the DCS EOP to ensure the organization can conduct its mission and functions under all potential threats and conditions. This EOP is to ensure the following 10 elements are addressed:

- Essential functions
- Orders of succession
- Delegations of authority
- Continuity facilities
- Continuity communications
- Records management
- Human capital
- Test, training and exercises
- Devolution of control and direction
- Reconstitution operations

To maintain accurate and up-to-date information, the DCS EOP should be reviewed annually. The EOP will be maintained by the DCS administrative services section. The continuity planning team will determine if the DCS emergency capabilities are sufficient and if the EOP meets all applicable state and federal guidelines. A review cycle is established to update internal directives, external rules and regulations for information that may impact the EOP.

The decision to activate the DCS EOP and any related actions will be tailored to the ongoing situation and based on projected or actual impacts. To support the decision-making process regarding plan activation, the DCS director, chief of staff, deputy director of field operations or designated successor may use the incident decision matrix to support the process.

Incident Decision Matrix		
	Work Hours	Non-Work Hours
Incident with Warning	• Is the threat aimed at the facility or surrounding area? • Is the threat aimed at organization personnel? • Are employees unsafe remaining in the facility and/or area?	• Is the threat aimed at the facility or surrounding area? • Is the threat aimed at organization personnel? • Who should be notified of the threat? • Is it safe for employees to return to work? When?
Incident without Warning	• Is the facility affected? • Are personnel affected? Have personnel evacuated or are they sheltering in place? • What are instructions from first responders? • How soon must the organization be operational?	• Is the facility affected? • What are the instructions from first responders? • How soon must the organization be operational?

Immediate Actions Upon Plan Implementation

Emergencies, with or without a warning, during work hours will be assigned a level of emergency, one through five. Emergencies, with or without a warning, during non-working hours will utilize the same classification system. The DCS executive leadership team (DCS director, chief of staff and deputy director of field operations) will also consider information from the Indiana State Police, Indiana Department of Homeland Security, Indiana State Department of Health and Indiana Department of Transportation when utilizing the incident decision matrix to activate the DCS EOP.

Level of Emergency	Impact on Agency and EOP Decision
1	**Impact**: Disruption of up to 12 hours, with little effect on services or impact to essential functions or critical systems. **Example**: Major accident on highway or transit system. **Decision**: No EOP activation required.
2	**Impact**: Disruption of 12 to 72 hours, with minor impact on essential functions. **Example**: Computer virus, small fire or moderate flooding. **Decision**: Limited EOP activation, depending on transportation agency requirements.
3	**Impact**: Disruption to one or two essential functions or to a vital system for no more than three days. **Example**: Power outage or heightened Homeland Security Advisory System Threat Level. **Decision**: May require partial EOP activation to move certain personnel to an alternate facility or location in the primary facility for less than a week.
4	**Impact**: Disruption to one or two essential functions or to the entire agency with potential of lasting for more than three days but less than two weeks. **Example**: Snow/ice storm, hurricane, workplace violence, rioting, major telecommunications failure or major power outage. **Decision**: May require partial EOP activation. For example, orders of succession for some key personnel may be required; in addition, movement of some personnel to an alternate work site or location in the primary facility for more than a week may be necessary. Personnel not supporting essential functions may be instructed not to report to work or be re-assigned to other activities.
5	**Impact**: Disruption to the entire agency with a potential for lasting at least two weeks. **Example**: Explosion in/contamination of primary facility; major fire or flooding; pandemic or epidemic; rioting lasting longer than 24 hours; earthquake; major air or water contamination. **Decision**: EOP activation. May require activation of orders of succession for some key personnel. May require movement of many, if not all, essential personnel to an alternate work site for more than two weeks. Personnel not supporting essential functions may be instructed not to report to work or be re-assigned to other activities.

Scope

Within the context of this EOP, an incident is an occurrence by chance or due to a combination of unforeseen circumstances, which, if not handled in an appropriate manner, can escalate into an emergency or disaster. An emergency is a sudden, unexpected event requiring immediate action due to its potential threat to health and safety, the environment, or property. A disaster is a sudden, unplanned event that causes great damage or serious loss to an organization. The EOP describes the processes that the agency will follow to prepare for, respond to and recover from the effects of incidents. This plan applies to all DCS office locations.

Responsibilities, Delegations of Authority and Succession Planning

1. Order of succession

If there is ever an incident, the designated successors will be given the authority to act on behalf of the person whom they succeed. Successor listings can be found in **Annex A**.

2. Delegation of authority

To ensure rapid response to any emergency requiring EOP implementation, DCS has established a pre-delegation of authority to essential personnel who will make policy determinations and decisions for headquarters, regional levels, field offices and other organizational locations as appropriate. These personnel are listed in **Annex B**; these delegations are based upon position.

3. Identification of essential functions, operations, and personnel

DCS has prioritized its essential functions. The list of essential functions and priority of essential functions can be found in **Annex C**. The list of essential operations and key personnel can be found in **Annex D**.

Authorities and References

DCS is required to maintain continuous operations and essential functions in accordance with state and federal legal authorities and guidance. The relevant legal authorities and guidance are listed below:

State Authorities

- State of Indiana Executive Order 17-02, or any subsequent executive order that modifies or supersedes it.
    - Executive orders: https://www.in.gov/gov/2384.htm
- State of Indiana Emergency Management and Disaster Law, IC 10-14-3, *et. seq*., as amended.
- Emergency Management and Assistance Compact, IC 10-14-5, *et. seq*.
- Indiana Department of Homeland Security Established, IC 10-19-2, *et. seq*.
- State of Indiana Comprehensive Emergency Management Plan (CEMP), Jan. 9, 2017

Federal Guidance

- Section II of the State of Indiana CEMP lists federal legal authorities and references in support of COOP planning by state and local governments. Also see:
    - Continuity Guidance Circular 1 (CGC1), Continuity Guidance for Non-Federal Governments (States, Territories, Tribes, and Local Government Jurisdictions), July 2013, USDHS, FEMA.
    - Continuity Guidance Circular 2 (CGC2), Continuity Guidance for Non-Federal Governments: Mission Essential Functions Identification Process (States, Territories, Tribes, and Local Government Jurisdictions), FEMA P-789 / October 2013, USDHS, FEMA
    - Emergency Preparedness, Response, and Recovery – Resources from Federal Partners, Nov. 22, 2017, Administration for Children & Families, https://www.acf.hhs.gov/archive/ohsepr/preparedness-resiliency/emergency-preparedness-response-and-recovery-resources-from-federal-partners
    - Disaster Planning for Child Welfare Agencies Factsheet, May 2016, Child Welfare Information Gateway, Children's Bureau. https://www.childwelfare.gov/pubPDFs/disasterplanning.pdf

Emergency Management Cycle

The emergency management cycle is illustrated below:

This diagram illustrates the cyclical relationship of the steps of the emergency management cycle. Readiness and preparedness for a disaster or emergency shall be a responsibility of every agency department. A comprehensive continuity operations plan should contain certain elements. Those are as follows:

1. Activation of the DCS EOP and relocation to an alternate location, if warranted, shall be within 12 hours after an incident.
    - Staff will be notified via chain of command – by their immediate supervisors via telephone (landline and/or cell), text and/or email. Further, the activation of relocation information shall be posted on the DCS public social media accounts (e.g., Twitter and Facebook) as well as on the DCS intranet web page.
    - Activation of the alternate location information shall be updated at least twice during every 12-hour operational period – or at least every six hours.
2. Continuity of operations shall be maintained within 12 hours after an incident and until resumption of full agency operations. If a particular agency department cannot be fully operational within 30 days, devolution may likely need to be implemented. This means delegation of duties and responsibilities to others within the agency but from a different department and/or location. It is preferable to utilize agency staff for devolution.
3. Reconstitution (recovery, mitigation and termination) shall be implemented if devolution of duties is not a viable option. This would be a rebuilding period of the DCS agency. This rebuilding module may need to be implemented for a local or regional office, or within the central office. For practical purposes, the CSB and sub-departments within shall be considered part of the agency's central office; they will have their own EOP.

Mitigation

Mitigation is defined as continuous and pre-event planning and action steps that aim to lessen the effect of a potential disaster or emergency. Mitigation activities may occur both before and following an incident. DCS will undertake ongoing risk assessments, continuous quality improvement and hazard mitigation activities to lessen the severity and impact of a potential incident by identifying potential emergencies (or hazards) or disasters that may affect the organization's operation.

Preparedness

Preparedness activities build organizational capacities to manage the effect of incidents.
DCS will develop plans and operational procedures to improve the effectiveness of the local office and state office response to incidents. There will be an annual review of the procedures in this EOP by DCS staff.

DCS will:

- Review and update the EOP and other related documents,
- Review the organization's emergency response role,
- Train personnel on incident response procedures,
- Conduct drills and exercises and revise the Emergency Operations Plan and related documents as needed, and
- Present any changes that need approval to the director and designees.

Preparation for Incidents

To ensure the safety of all children under the care and supervision of DCS and to continue to provide needed services, it is essential that each DCS local office, contracted provider and licensed foster parent have plans in place for what to do in the event of an incident. The regional manager is responsible for developing incident response plans that are appropriate for the needs of the region. These plans include but are not limited to evacuation plans, alternative shelter, supplies, etc. Plans will be developed for:

1. DCS local offices – Each DCS local office is responsible for preparing a local office emergency operations plan including:
    - Emergency phone numbers – a list of phone numbers for local law enforcement, fire departments, emergency medical services and hospitals,
    - Employee emergency phone List – a list of all employees assigned to a particular local office, phone numbers and their supervisors,
    - Accountability list – a list of employee names for accounting of each employee when they arrive at their "safe" location during an emergency,
    - Evacuation plan – instructions on how to evacuate the building and get to the safest place outside of the building via the quickest route, and
    - Reconstruction plan – Instructions and expectations on how to reassemble after an emergency or disaster.
    - The DCS Local Office Emergency Operations Plan can be located at: https://ingov.sharepoint.com/sites/DCSPortal/Pages/Safety-and-Emergency-Ops.aspx. See **Annex F**.
2. Resource parents (DCS and LCPA) and licensed providers (group homes, child caring institutions, and private secure facilities) – All resource parents and licensed providers need to prepare a plan for sheltering in place or evacuation during an emergency or disaster. Requirements include but are not limited to the following items:
    - All providers are required to prepare a plan for evacuating and sheltering during an emergency or disaster,

- All providers, other than resource parents, must have a posted plan for evacuation in case of fire and other emergencies,
- Resource parents must have a plan for evacuation that is easy to implement in case of fire and other incidents,
- All providers are to train staff regarding sheltering or evacuation plans for the agency as a part of their orientation,
- All providers must conduct emergency drills,
- Documentation of a plan, inspections of emergency materials, and drills are addressed in annual review by the state fire marshal under the Indiana Department of Homeland Security (DHS) for those providers that are inspected by the state fire marshal,
- All providers must have readily accessible child placement information (see **Annex G**),
- All providers should include the following as a part of their incident plan:
  - First aid/evacuation kit (see **Annex H**), and
  - Three locations where they might seek refuge, including one in the area (i.e., same city or county) and one outside the area (i.e., a different city or county).
- All providers should have emergency contacts for the appropriate DCS personnel needing to be contacted for accounting of children in care. All resource parents and licensed providers need to prepare a plan for sheltering or evacuation during an emergency or disaster. Information about emergency and disaster preparedness planning and training can be found on the following websites:

Agency	**Website**
Indiana Department of Homeland Security (IDHS)	http://www.in.gov/dhs/
Indiana Department of Homeland Security Continuity of Operations / Government page	https://www.in.gov/dhs/4270.htm
Indiana Department of Health	https://www.in.gov/isdh/
American Red Cross	http://www.redcross.org/
Federal Emergency Management Agency (FEMA)	http://www.fema.gov
Federal Emergency Management Agency (FEMA) Site for Children and Disasters	https://www.fema.gov/children-and-disasters
Centers for Disease Control and Prevention	http://www.cdc.gov/
Child Welfare Information Gateway	https://www.childwelfare.gov/

The following information applies to all DCS staff and DCS contracted providers, DCS licensed resource parents, unlicensed relatives, and licensed child placing agency (LCPA) resource parents. In an emergency:

- Listen to the National Oceanic and Atmospheric Administration (NOAA) Weather Radio, which broadcasts watches and warnings from the National Weather Service, or access information via the National Weather Service webpage at http://www.nws.noaa.gov;
- Monitor local television news stations and/or their websites for emergency information and updates regarding closings from fire, police and emergency-management agencies;
- Check the DCS website at www.in.gov/dcs for updated information regarding declared emergencies or disasters. DCS staff should continue to regularly check DCS email accounts for updates regarding operations; and
- Keep DCS-issued cellphones turned on and/or be prepared to receive phone calls at the

number listed as the main contact number in the PeopleSoft system.

Action Plans

Action plans establish the priorities and objectives of the response. Action plans are developed for specified time periods which may range from a few hours to several days. The action plans should be sufficiently detailed to guide the response.

The action plans should specify the incident objectives, state activities to be completed, and should be written and organized. Each action plan must include four elements:

1. What do we want to do?
2. Who is responsible for doing it?
3. How do we communicate with each other? and
4. What is the procedure if someone is injured?

Action plans should be reviewed at least annually to include any updates to contact information, policies, or changes in legislations that affect DCS' response to an emergency incident.

Safe Shelter in Place

Prepare for the need to safe shelter in place by designating an area where employees and visitors should go in the event of an emergency. Safe-shelter places should be designated in both interior and exterior locations.

Interior Safe-Shelter Place – Inside

An interior safe-shelter place is a designated room(s) in the interior of the building (preferably with no windows) where employees and visitors can safely remain during an emergency. The room should be clearly labeled with a sign and should be identified on the office floor plan.

Exterior Safe-Shelter Place – Outside

When an emergency requires employees and visitors to evacuate or leave the building, the exterior safe-shelter place is the location outside the building where everyone will assemble. The safety officer will take this plan and any necessary safety or first aid materials. Supervisory personnel should complete the building-occupancy form for their employees and visitors. Everyone should remain at the exterior safe-shelter place until further instructions are provided.

Internal and External Incidents

Please refer to specific incident action plan guidelines attached as **Annex I** for additional guidance. Specific incident action plans should be created for internal and external incidents. Examples of internal incidents include, but are not limited to, the following: fire, bomb threat, active shooter, explosion, and utility emergencies. Examples of external incidents include, but are not limited to, the following: weapons of mass destruction and natural disasters (e.g., tornado, blizzard, earthquake, forest fire, epidemic, pandemic, etc.).

In the event of an incident, some offices (including central office) may be unreachable. Each local office should take direction from local emergency-management authorities, such as police, fire, and town/city/county leadership, while continuing to ensure safety until the incident command center is operational.

If an incident requires planning for surge housing for affected children, a surge plan operation process is attached as **Annex J**. This was developed because of the COVID-19 pandemic and can be used anytime there may be an increased number of children who do not have adult supervision and safe housing. A list of potential surge housing options is included here:

Provider Name	Region	Contact Phone	Address
Carmelite	1	(219) 397-1085	4840 Grasselli St, East Chicago, IN 46312
Bashor	3	(574) 875-5117	62226 Co. Rd 15, Goshen, IN 46527
Crossroads	4	(260) 484-4153	1825 Beacon St, Fort Wayne, IN 46805
Children's Bureau	10	(317) 292-3414	2115 Central Ave., Indianapolis, IN 46202
Southwest Regional Indiana Youth Villages	16	(812) 886-3000	2290 Theobald Ln, Vincennes, IN 47591
Childplace	18	(502) 741-9762	2420 East 10th Street, Jeffersonville, IN 47130

Access Control Policies for Inclement Weather and Emergency Lockdowns

Inclement Weather

The following guidelines have been established to clarify how DCS IT supports access control during inclement weather (snowstorm, tornado, flood, etc.):

In the event of inclement weather, local county staff members will need to contact DCS IT support to ensure their offices are secure. As it currently stands, the system automatically unlocks county offices for public access at 8 a.m. With early notification, DCS IT will be able to remotely lock county offices when staff members are restricted from traveling to work.

For these types of situations or any other type of access control emergency, please contact the below personnel to ensure a timely response:

- Kevin Huston: 317-696-4053, Kevin.Huston@dcs.IN.gov
- Todd O'Brien: 317-619-5803, Todd.OBrien@dcs.IN.gov
- Mark Morris: 317-650-2879, Mark.Morris@dcs.IN.gov

Emergency Lockdown

The following guidelines have been established to clarify how DCS IT supports access control during an emergency lockdown:

In the event of an emergency that requires immediate lockdown, local county staff members will need to contact DCS IT support to ensure their offices are secure. For these types of situations or any other type of access control emergency, please contact the below personnel to ensure a timely response:

- Kevin Huston: 317-696-4053, Kevin.Huston@dcs.IN.gov
- Todd O'Brien: 317-619-5803, Todd.OBrien@dcs.IN.gov
- Mark Morris: 317-650-2879, Mark.Morris@dcs.IN.gov

Evacuation Procedures for Individuals With Disabilities

The following emergency evacuation procedures are written primarily to inform staff with disabilities of the procedure for evacuation in the event of an emergency. However, as is the case for those without disabilities, a person with a disability must take personal responsibility for their own safety. Everyone should read and review this information and know what is expected in each building in case of an emergency.

Ground Floor / Below Ground Floor

Persons with physical disabilities should evacuate via accessible exits along with the other occupants of the building.

Second Floor and Higher

Individuals with mobility impairments

1. Ambulatory
   - If danger is imminent and the person can walk downstairs with some assistance, it is advisable that they wait until the heavy traffic has cleared before they attempt to evacuate. The local office director or a designee should walk beside them to provide assistance, if needed.
   - If it is apparent that there is no immediate danger (obvious smoke or fire), the person may choose to stay in a designated area of the building until emergency personnel arrive and determine the necessity to evacuate. The designated area should be marked on the evacuation plan.
   - **NOTE:** Persons on respirators should be given priority assistance in emergencies involving smoke or fumes, because their ability to breathe is seriously jeopardized.

2. Non-Ambulatory
   - In keeping with current philosophy and preference to "stay in place," the most recent advice from fire and building safety experts is that unless danger is imminent, a wheelchair user should remain in the designated area of the building until emergency rescue personnel arrive and determine the necessity for their evacuation. Whenever possible, someone should remain in the facility with the person with the disability.

- It is best to let professional emergency personnel handle the evacuation of those with disabilities. The firefighters will determine the best way to evacuate the person with the mobility limitation.
- **NOTE:** The person with the disability is the best authority on how to be moved. The person should discuss evacuation procedures with their supervisor and develop a plan for emergencies and evacuation assistance, including any other requirements (e.g., Braille).

Individuals with Vision Impairments

In the event of an emergency, do not force any person with vision impairment to evacuate the building. The person is responsible for their own safety. It is appropriate to aid a vision-impaired person as you leave the building.

Individuals with Hearing Impairments

Emergency instructions can be given by verbalizing or simple gestures, or by a short, explicit note. It is appropriate to aid a hearing-impaired person as you leave the building.

Contact Lists

Internal Contacts

The local office director, program manager, division or unit manager or designee will update the staff call list in their local office at least quarterly, or when information changes. This staff list will be maintained centrally.

The state level executive call list will be maintained by the executive administrative assistant and updated at least quarterly, or as information changes. Executive contact information is available in **Annex B**.

Every manager should keep a list of the staff that reports to them at their office and home.

External Contacts

The DCS local office will maintain a list of external contacts, including addresses, phone numbers and email addresses. The DCS local office will verify the accuracy of this information at least twice a year. At a minimum, this list should include the following contacts:

- Sheriff's department and all other law enforcement agencies within the county
- Indiana State Police district
- All fire departments within the county
- All hospitals within the county
- Emergency management agency
- Emergency operations center / 911 dispatch
- County commissioners
- County health department

- County highway department
- County planning department
- County building department
- County auditor
- Waste management company
- Electric utility company
- Gas utility company

Response

Continuity of Operations

There are five phases of continuity of operations that should be addressed.

Phase I: Readiness and Preparedness

All DCS offices should prepare for an incident and determine mitigation plans for their respective departments and/or locations. Employees and contractors are encouraged to develop individual and/or family support plans to increase personal and family preparedness for at least 72 hours and preferably for seven days. For example, if one is assigned a laptop and/or agency cellphone, these items shall always remain with the person. Exceptions would be if someone is on family medical leave or has received orders to complete military duties for the state and/or country.

Furthermore, DCS essential personnel are encouraged to create and regularly maintain drive-away kits and three-day bug-out bags. These essential personnel shall be responsible for transporting their personal three-day bug-out-bag kits and facility kits to the continuity facility or pre-positioning the kits at the continuity facility.

Phase II: Activation & Relocation

To ensure DCS can attain operational capability at the identified continuity facilities with minimal disruption to its essential operations, DCS will execute the activation and relocation plans as described in **Annex C**. With this annex, the agency administrators will coordinate with the agency communications department to prepare and effectively disseminate the information.

Alert and Notification Procedures: For additional information about the DCS notification information, please see **Annex B** and **Annex D**.

Phase III: Continuity Operations

Upon activation of the DCS EOP, DCS will continue to operate at its primary operating facility until notified to cease operations via the notification process as described beginning on page 28. At that time, essential functions will transfer to the continuity facility. DCS must ensure that the continuity plan can be operational within 12 hours of activation or the next business day. Some tasks will need to resume immediately, and others may be able to wait 24 to 48 hours. Staff members shall always maintain the capability to telework.

Human Resources: DCS human resources staff will perform the process of receiving and processing employee claims or requests during the continuity event, including workers' compensation, family medical leave, overtime pay, etc.

Phase IV: Reconstitution Operations

Reconstitution will commence when the DCS agency director, chief of staff or designated agency authority ascertains that the emergency has ended and is unlikely to reoccur. The reconstitution plan is viable regardless of the level of disruption that originally prompted implementation of the continuity plan. Within 72 hours of an emergency relocation, the individuals identified in **Annex A** will initiate and coordinate operations to salvage, restore and recover the DCS primary operating facility after receiving approval from the appropriate state and local law enforcement and emergency services.

Phase V: Devolution of Control and Direction

The primary DCS devolution of operations site will be located at one or more of the agency local office locations. DCS is prepared to transfer all essential functions and responsibilities to personnel at a different location should emergency events render leadership or staff unavailable to support the execution of DCS essential functions. If deployment of essential personnel is not feasible due to the unavailability of personnel, the DCS agency director will work with the chief of staff, the deputy director of field operations and the deputy director of human resources to identify and triage availability of staff.

During an activation of the DCS EOP, the DCS agency director and/or chief of staff shall maintain responsibility for control and direction of DCS. Should the DCS agency director and the chief of staff become unavailable or incapacitated, the organization will follow the order of succession in **Annex A.**

The DCS Incident Command Center Team

DCS will organize its incident response structure to mobilize appropriate resources and take actions required to manage its disaster response by utilizing the incident command system. This is a standardized management system used by other government agencies and emergency responders at local, state, and federal levels. The incident command system is flexible and can be increased or decreased based on the size and nature of the incident.

The incident command system employs four main sections: operations, planning, logistics and finance/administration (See **Annex K** for the organizational chart). Each section reports to the incident commander in the organizational structure. Each activated section will have a person in charge of it, and a supervisor may oversee more than one functional element.

The incident command team is responsible for the strategic thinking of the disaster response. The incident command team collects, gathers and analyzes data; makes decisions that protect life and property; and maintains continuity of DCS. The incident command team disseminates decisions to all impacted agencies and individuals. The **DCS incident command team** includes:

1. DCS agency director,
2. Chief of staff,
3. Deputy director of field operations,

4. Deputy director of human resources,
5. Communications director, and
6. Any DCS executive leaders as required by the incident commander.

Incident Commander:

- Is the first person on the scene, until the duties are transferred typically to the local office director, regional manager or state executive team member,
- Oversees the command/management function,
- Provides overall emergency response policy direction,
- Oversees emergency response planning and operations, and
- Coordinates the responding DCS staff and organizational units.

The staff supporting the incident commander consists of the following roles:
- Public information officer (e.g., communications department or designee)
- Safety/security officer (e.g., deputy director of field operations or designee)
- Liaison officer (e.g., chief of staff or designee)

The incident commander is typically the DCS agency director, chief of staff or designee as needed based on location of incident. This person is the leader at the site of the incident command system.

Operations Section Chief:

The operations section chief typically has firsthand knowledge of operations of the section affected by the emergency incident. This is typically the assistant deputy director of field operations or CSB IV-D director.

The operations section chief will:
- Coordinate all operations in support of the response to the emergency or disaster and implement the incident action plan for a defined operational period,
- Manage field and client operations, and
- Designate and assign roles to operations section participants; these participants could be local- or state-level staff.

Planning Section/ Logistics Section Chief:

The planning and logistics section chief is typically the deputy director of strategic solutions and agency transformation, staff development or DCS state personnel director. This person has access to alternate resources (people, equipment, supplies) that would need to be deployed to the area impacted by the emergency incident. This position:
- Collects, evaluates, and disseminates information.
- Develops the incident action plan in coordination with other functions.
- Performs advanced planning and documents the status of the DCS offices/areas impacted.

- Secures and provides alternate workspace, personnel, equipment, and materials to support the response operations.
- Manages volunteers when needed.

Finance and Administrative Section Chief:

The finance and section chief is typically the chief financial officer or that person's designee. This position:
- Tracks personnel and other resource costs associated with the response and recovery.
- Provides administrative support to response operations.

The chain of command shall remain the same during a declared emergency as during routine operations. In the event communication with the DCS incident command team is not possible, local DCS leadership and the highest-ranking person within each DCS service area will assume management of field operations for the area until such time as communication is possible with the DCS incident command team.

If the incident lasts longer than 48 hours, the following incident command team meetings will be implemented to provide timely, clear, and direct communication. The meeting schedule will be determined by the chair of the respective meeting as noted below. A sample agenda is in **Annex M**.

1. Command and staff meeting
    a. Who chairs the meeting? Incident commander
    b. Time: Early morning to triage issues from the previous day and set a rhythm for the day
    c. Frequency: Daily or twice per day, depending on the need
    d. Participants: Chosen by the incident commander and should include the chairs for the other meetings as noted below
2. Operations meeting
    a. Who chairs the meeting? Operations officer
    b. Time: After the command and staff meeting, to share information with the operations staff and share action steps as needed to address the incident
    c. Frequency: Daily or twice per day, depending on the need
    d. Participants: Chosen by the incident commander and should include the chairs for the other meetings as noted below
3. Planning/Logistics/Finance meeting
    a. Who chairs the meeting? Planning officer
    b. Time: After the command and staff meeting, to share information with the planning and logistics staff and share action steps as needed to address the incident
    c. Frequency: Daily or twice per day, depending on the need
    d. Participants: Chosen by the planning officer
4. Communications meeting:
    a. Who chairs the meeting? Communications officer
    b. Time: After the command and staff meeting, to share information with the communications staff and share action steps as needed to address the incident
    c. Frequency: Daily or twice per day, depending on the need
    d. Participants: Chosen by the communications officer

5. Recovery
    a. Who chairs the meeting? Planning officer and incident commander
    b. Time: After the command and staff meeting, to share information with the recovery staff and share recovery steps as needed
    c. Frequency: When the incident is over, recovery efforts should begin immediately and continue until the AAR is completed.
    d. Participants: Members of the incident command team

DCS Incident Command Center

The DCS incident command center is a central command and control area where the incident command center team meets to carry out the functions at a strategic level in an emergency and ensures the continuity of operations of DCS.

Dependent upon the nature and scope of the disaster or emergency, the incident command center location may vary depending on the location of the emergency. The state-level incident command center will be located at the Indiana Government Center South building or within the closest non-affected DCS location (e.g. 500 N. Meridian or a local county office).

Both the state and local incident command centers should communicate as needed with police, fire and emergency personnel, as well as other state agencies such IDHS, IDOA, FSSA, ISDH and the governor's office.

Incident Command Center Location

In the event an emergency or disaster is declared, the following locations will function as the command center for DCS operations:

DCS Central Office – Indiana Government Center South
302 West Washington Street Room E306
Indianapolis, Indiana 46204
(317) 234-5437

In the event Central Office is not functional, the CSB and DCS Mainscape offices will function respectively as the command center. These offices are located at:

Second Choice Location
DCS CSB
500 N Meridian, Suite 110
Indianapolis, Indiana 46204
(317) 234-5437

Third Choice Location
DCS Mainscape Office
4160 N Keystone Ave.
Indianapolis, Indiana 46205
(800) 800-5556

Core Areas of Emergency Operations Plan

Emergency Response Role

The ultimate authority in any incident situation will be the local incident command structure (ICS) in place, as applicable. This ICS may include the local fire department, local law enforcement or emergency response personnel. DCS will work alongside the local ICS to ensure business continuity. To support the DCS mission, the DCS emergency operations plan addresses five core areas to focus on during the disaster management cycle regarding the following:

1. Locating children in care,
2. Identification and handling of new child support and child welfare cases,
3. Provision of ongoing services,
4. Coordination of services and information sharing with other states,
5. Preservation of vital records and records in the current DCS information management system.

During a local emergency, the local office director or most senior available staff member will determine if normal operations are possible. If normal office operations are not possible, the incident command protocol will be enacted.

I. Locating Children in Care

During an emergency or disaster, the priority of DCS will be to locate all children in out-of-home care. DCS will presume children in DCS care that reside with parents (in-home CHINS or informal adjustment) will be safeguarded by those individuals. As soon as possible after the incident, a full account of the location of each child in care should be determined and communications will occur through assigned staff within the operations section.

DCS staff will account for all children in care by following the communication chain as outlined below, using the disaster plan for children in care, and checking off children as they are accounted for. Regional managers and the deputy director of juvenile justice initiatives and support will access the “Disaster Plan Children in Care Daily Report” located in MaGIK under the executive summary tab. The report will provide information regarding the location of all children in DCS care.

1. Resource parents (DCS):
   a. The DCS licensing specialists will obtain the “Disaster Plan Children in Care Daily Report” from the regional managers. DCS licensing specialists will contact all DCS licensed foster homes within 48 hours. After accounting for all children in their care and securing appropriate shelter, the licensing specialist will gather the following information:
      (i) Names of children in care with date of birth (DOB),
      (ii) Location of all children, and
      (iii) Phone contacts for where children are located.
   b. Resource parents must contact DCS each time they have to relocate by following the communications chain; and
   c. The DCS licensing specialist will communicate with the regional manager regarding the status of the homes and identifying homes with urgent needs.

2. Resource parents (LCPA):
   a. The DCS licensing consultants will contact their assigned LCPAs within 48 hours. After accounting for all children in their care and securing appropriate shelter, the LCPA will provide the following information to the DCS licensing consultant:
      (i) Names of children in care with date of birth (DOB),
      (ii) Location of all children, and
      (iii) Phone contacts for where children are located.
   b. Resource parents must contact DCS each time they have to relocate by following the communications chain; and
   c. The DCS licensing consultant will communicate with the regional manager regarding the status of the LCPAs and their homes and identify any homes with urgent needs that the LCPA is unable to address.
3. Group homes, child care institutions and private secure facilities*:*
   a. The DCS services division licensing specialists (SDLS) will contact their assigned facilities within 48 hours. After accounting for all children in care and securing appropriate shelter, the SDLS will gather from providers the following information:
      (i) Names of children in care with DOB,
      (ii) Location of all children, and
      (iii) Phone contacts for where children are located.
   b. Group homes, child care institutions and private secure facilities must contact DCS each time they have to relocate by following the communications chain; and
   c. The DCS licensing unit manager will gather all the information and will communicate with all regional managers regarding the status of the DCS licensed facilities and identify any facilities with urgent needs that the facility is unable to address.
4. Juvenile Justice Initiatives and Support:
   a. The deputy director of JJIS will pull the "Probation Placements" report, located in MaGIK under the probation tab, monthly for those youth who have been placed in care and DCS is responsible for payment.
   b. The probation service consultants will review reports from the probation file server of youth placed from each county ("Probation Consultants" drive, "Residential Placement List" folder).
   c. Each probation services consultant shall be responsible for maintaining a list of chief probation officers for the regions and counties served. (completed list, "Probation Consultants" drive, "CPO Mailing List" folder).
   d. The probation services consultant will contact the chief probation officers in all 92 counties for a status and location of each probation youth in DCS placement on the master list of children in care for that county. A query will also be made regarding children in care who may not be recorded on this list.
      (i) Results of these contacts will be given to the deputy director of juvenile justice initiatives and support and the assistant deputy director of juvenile justice initiatives and support outlining the status, concerns and urgent issues.
   e. The deputy director of juvenile justice initiatives and support will initiate a conference call within 48 to 72 hours with the chief probation officers to discuss updated information and planning regarding the state of emergency.

5. Birth parents, including alleged fathers:
    a. If birth parents contact DCS, staff will provide the status of the child if the information is known. If the status of the child is not known, then birth parents will be told the status of the child as soon as reasonably possible.
6. In-home CHINS:
    a. DCS will presume children in DCS care that reside with parents (in-home CHINS or informal adjustment) will be safeguarded by those individuals. The assigned FCM will contact those families to discuss impact of state on emergency related to housing, safety, environment, and food within 48 hours. The FCM will inform their FCMS of any identified concerns.

Emergency Operations Plan for Children in Care

An electronic report titled "The Disaster Plan for Children in Care" is in MaGIK under the DCS Reports Executive Summary. The report is run daily and can be accessed by:

1. DCS agency director.
2. Chief of staff.
3. General counsel.
4. Agency state personnel director.
5. Director of communications.
6. Any DCS executive leaders as required by state of emergency incident,
7. Hotline director and deputy directors.
8. Assistant deputy directors of field operations.
9. Assistant deputy director of juvenile justice initiatives and support.
10. Regional managers. The regional managers will transfer the list to a portable electronic storage device at a minimum of every 30 days, which may be accessed in the event of a disaster or emergency.

The disaster plan for children in care shall include the following information, listed by county:

1. Names of children (including older youth in foster care & JD/JS).
2. Names of primary caregivers.
3. Names of biological parents, as available.
4. Names of any siblings in care.
5. Addresses of children and primary caregivers.
6. Phone numbers of children and primary caregivers (including cell phones, if applicable).
7. Locations of children's schools.
8. FCM assigned for each child.
9. Identification of placements from other states or in other states through the Interstate Compact for the Placement of Children (ICPC).

Master List of Licensed Facilities and Resource Parents

The following reports are electronically available for all licensed facilities and resource parents. The reports mentioned below will be placed on the DCS field operations reports SharePoint monthly to be accessed by the:

1. DCS agency director,
2. DCS chief of staff,
3. Deputy director of field operations,

4. Hotline director,
5. Assistant deputy directors of field operations, and
6. Regional managers. These individuals will transfer the list to a secure electronic storage device, which may be accessed in the event of a disaster or emergency.

These reports shall include:

1. Names of licensed facilities,
2. Addresses of facilities,
3. Names of facility administrators,
4. Phone information for administrators,
5. Email information for administrators,
6. Names of licensed resource parents,
7. Addresses of licensed resource parents, and
8. Phone numbers for licensed resource parents.

The DCS licensing unit manager will download monthly the following reports and upload them to the shared folder for all files that the regional manager needs to store on their portable electronic storage device:

1. Active foster home addresses – report is titled “Active Foster Home Addresses.”
2. CHINS and collaborative care licensed and unlicensed placements; and (MaGIK -> DCS Reports -> CHINS and Collaborative Care Licensed and Unlicensed Placements Report)
3. Licensed residential resource verification. (MaGIK -> DCS Reports -> Active Residential Licenses (all facilities and LCPAs). Run the report for “Fire Inspection” – choose Yes – it shows facility/agency address and contact number.

Master List of Contract Service Providers

An electronic copy of all contracted service providers will be maintained and updated every six months through the DCS deputy director of child welfare services. The list will be updated as contracts with service providers are updated. The list will be placed on the DCS executive SharePoint and the DCS field operations reports SharePoint to be accessed by the:

1. DCS agency director,
2. DCS chief of staff,
3. Deputy director of field operations,
4. Deputy director of juvenile justice initiatives and support,
5. Hotline director,
6. Executive managers,
7. Assistant deputy directors of field operations,
8. Hotline deputy directors, and
9. Regional managers: these individuals will transfer the list to a portable electronic storage device, which may be accessed in the event of a disaster or emergency.

The master list of contract service providers will include:

1. Name of service providers or transitional housing providers,
2. Name of two (2) emergency liaisons for each contracted agency,
3. Emergency phone information for liaisons,
4. Emergency email information for liaisons, and
5. Address of facilities.

II. Identification and Handling of New Child Welfare Cases and Child Support Cases

DCS Hotline

The DCS hotline is utilizing a centralized intake process for receiving all incoming reports of child abuse and neglect (CA/N). See Annex N for the EOP for the DCS hotline for specific details. In an emergency, DCS must continue to respond to any new cases of abuse and neglect. Reports of CA/N will still be routed through the DCS hotline (1-800-800-5556). FCMs and all DCS staff will respond to each new allegation per DCS child welfare policies and Indiana statute.

Staff will follow the chain of communications for DCS staff to identify their location. Through the hotline, DCS will be able to respond accordingly to reports of CA/N. Some staff may be required to be temporarily reassigned by the executive management team to address any staffing shortages that may have resulted from the emergency.

If case management databases are not accessible, then the appropriate paper forms should be used. Each DCS local office will maintain a supply of template 310s, contact logs and a detention packet to use until computers and the case management system are available. These forms will be checked and replenished annually so the correct forms are available for use during an incident. See Annex N for the EOP for the DCS hotline for specific details.

DCS Child Support Collection and Cases

The DCS CSB will protect all data and facilitate child support fund collections continuously and disburse with limited interruption during an emergency. See Annex O for the EOP for the DCS Child Support Bureau for specific details.

III. Provision of Ongoing Services

Facilitation of ongoing services to children in care and families is paramount during an emergency. To ensure the continuity of services, it is essential that DCS staff and providers remain in contact with each other during an emergency. DCS will initiate an all-provider call within 48 to 72 hours to discuss updated information and planning regarding the state of emergency. Throughout the incident, the planning section of the DCS incident command team will maintain records of critical information from the incident command system activities to describe the severity and scope of the emergency. As soon as possible after the incident, the assigned staff within the operations section will ensure needed services for children and parents involved with child welfare services, including child support functions, resume.

DCS Child Welfare Staff

DCS staff should continue to perform all regular duties during an emergency. In cases where DCS staff are not able to perform all duties, staff should follow the communication chain to notify appropriate members of the management team for instructions on how to proceed.

The DCS incident command team may temporarily reassign DCS staff to areas in need. As soon as possible after the incident, the assigned planning section officer will report on staff whereabouts to the DCS state-level incident commander.

Contracted Services

DCS' services coordinator team will communicate with all providers that they are expected to report the status of their operations and capability to deliver services per contract requirements within four hours of a declared state of emergency. DCS' service coordination team determines their capacity to provide services during an emergency. Daily updates are to be provided to DCS during the state of emergency. Communication between emergency points of contact will continue until the declared state of emergency is terminated. Contracted service providers are to report the following information to the DCS logistics officer and/or DCS deputy director of child welfare services:

1. Status of facility or community-based service delivery capacity,
2. Status of employees, including work capacity assessment,
3. Status of support services needed to maintain service delivery as specified per contract, and
4. Changes in service delivery caused by the emergency and a plan to return to original services.

IV. Coordination of Services and Sharing Information with other States

The Request

When the governor of Indiana and the DCS agency director agree to accept dependent children from another state or jurisdiction for placement in Indiana during an emergency in another state, the DCS agency director will request that the sending state first obtain custody of the children who are not already in the state's custody.

After the sending state initiates custody, it will then initiate an expedited ICPC process. The expedited process will consist of the sending state submitting the appropriate ICPC paperwork to the ICPC coordinator in Indiana. DCS will place out-of-state children in approved and trained foster homes.

If the sending state is unable to obtain custody of children due to the nature and magnitude of the emergency, the state of Indiana and DCS agency director may still approve accepting the children for placement when the request is made by a high-level official from the sending state. Any legal issues will be resolved at a later date.

The Placement

The DCS ICPC team will coordinate with the DCS assistant deputy director of field operations for placement support to expedite the ICPC process to utilize DCS licensed foster parents who would be willing to accept children from other states during an emergency. In an emergency, DCS may approve temporary placement of children exceeding the allowable number of children for the home. Placements exceeding an allowable number will only occur if the safety and well-being of the children already in the placement are not jeopardized. Children may be placed by DCS using contracted foster care or group care.

V. Preservation of Vital Records

Providing payments to foster parents, adoptive parents and service providers, and enforcing child support payments are paramount to ongoing care of children in DCS' care. Additionally, the records for all children in care are vital to the DCS' ability to continue to provide services.

DCS Databases

DCS has taken steps, through the Indiana Department of Administration, and in compliance with state protocols, to protect the agency's vital records. Case management systems are backed up to a secure off-site location.

Notification Process

Communication Systems

Communications systems are essential elements of continuity of operations in support of critical processes and services. Communications respective to continuity of operations include all forms:

- Landline and cellphone systems
- Email via Microsoft Outlook and Marketing Cloud
- Website(s) including, but not limited to, the intranet site DCS Community
- Internal data sharing portals, e.g. DCS System of Record, KidTraks, INvest, SharePoint, Confluence
- Microsoft Teams, instant messenger applications such as Jabber
- Media: print, TV, radio and all other digital platforms, including social media, e.g., Facebook, Twitter, Instagram, YouTube, etc.

Accurate and timely information must be communicated according to specific policies which support the continuation of essential activities as the event or situation evolves. To strengthen the essential communications systems, alternate modes of communications are instituted.

In the event of a state or local incident, all DCS staff should be notified. A tiered communication approach will be implemented, or an all-staff message sent through email, which will be determined by the agency director or an appointed executive, such as the communications director. In the event no phone, text or email opportunity is available, a media alert and/or a public service announcement will be made via the DCS public information officer.

Notification of incident command staff for activation will be via phone, email and/or text. Each incident command staff member, including all executive level staff, regional managers, local office directors and supervisors should keep a hard copy of this EOP in their office space and home for reference of command structure and potential assigned duties.

Alert, Warning, Notifications

Incidents can occur both with and without warning. The local office director, the unit manager/director or staff receiving the alert will:

- Notify key next level managers to inform law enforcement and/or emergency management systems,
- Implement incident command system at the appropriate level,
- Activate the incident command center, and
- Review plans and consider possible actions.

Depending upon the nature of the warning and potential impact of the emergency on DCS locally or statewide, the incident commander may decide to:

- Evacuate threatened buildings,
- Suspend and move all critical office operations,
- Ensure essential equipment is secured and essential computer files are backed up, and
- Communicate status to next level supervisor if local event.

Chain of Communications

In a declared emergency incident, it is essential all DCS staff members assist in the accounting of all children in care, address new child welfare cases and continue to provide ongoing services. To maintain continuity of services to children and families, the DCS agency director or designee may temporarily reassign staff to meet a need created by an emergency or disaster.

To meet the needs of DCS during a declared emergency or disaster, DCS staff must follow the communications chain by contacting the appropriate individuals to determine staff availability and identify employees who may be displaced due to the emergency or disaster. Regional managers and upper management will be responsible for distributing the emergency contact information, which includes contact phone numbers and emails for all staff.

1. DCS staff: To account for all DCS staff during an emergency or disaster, staff members will follow the chain of communication outlined below. (For example, staff will contact their immediate supervisor. After the supervisor has accounted for all staff, they will then contact the next person in the communications chain until the executive-level leader is notified.)

2. LCPA staff, group homes (GH), child care institutions (CCI) and private secure facilities (PSF): Account for all children in care, then utilize the following chain of command:
    a. The DCS deputy director of child welfare Services, or
    b. DCS hotline (1-800-800-5556).

3. Direct service providers: To account for the location of all contracted direct service providers during a declared emergency or disaster, utilize the following chain of communications:
    a. Contracted frontline workers,
    b. Contracted supervisors,
    c. Contracted agency's emergency liaison, and
    d. The DCS deputy director of child welfare services.

4. Dissemination regarding availability of services and provider updates will be done via the following communications chain:
    a. DCS deputy director of child welfare services,
    b. DCS deputy director of field operations,
    c. DCS deputy director of juvenile justice initiatives and support,
    d. DCS assistant deputy directors for field operations,
    e. DCS regional managers,
    f. DCS LODs, and
    g. Field staff.

Media Relations

All media calls should be directed through the DCS incident command center public information officer or director of communications or designee by contacting DCS at communication@dcs.in.gov. The DCS communications handbook is located at https://ingov.sharepoint.com/sites/DCSCommunity/Communications%20Toolbox/DCS_Communications_Handbook.pdf?csf=1&e=VCC3G6&cid=4513613b-5372-49b0-9d09-0cf64ab8e463

Key Partners

The DCS incident command team will serve as liaisons to the specified key contacts during an emergency (see Annex P).

Response Activation

This plan may be activated in response to events happening internally or externally to DCS.
Any employee who observed an incident or condition that could result in an emergency condition should report it immediately to their supervisor.

Staff will report fires, serious injuries, threats of violence and other serious emergencies to the fire or police department by calling 9-1-1.

All staff should initiate emergency response actions consistent with the emergency response procedures.

Local Office Operations

In a declared emergency or disaster as defined in IC 10-14-3-12, DCS local offices will continue to operate during regular business hours unless the offices are impacted by the emergency or if the LOD is instructed by the DCS agency director or designated member of the incident command team to relocate to another office or structure. In the event conditions in the DCS local office would adversely impact the safety of employees or clients or the ability of employees to perform required duties, and there is no reasonable alternative site for staff to perform the work, the LOD should contact the deputy director of human resources to determine whether emergency conditions leave may apply as soon as is practical after the commencement of normal business hours.

In the event a DCS local office is not functional and an alternate location for conducting business is designated, the LOD must notify the regional manager, who will notify the deputy director of field operations, director of communications and deputy director of human resources as soon as is practical. The LOD must ensure that notice and contact information for the alternate location are posted on the door to the DCS local office and that phones are forwarded appropriately.

Protocols for Supporting Children in a Temporary Disaster Shelter

In the event of an incident, it is likely that the Red Cross and/or other local community partners (i.e., local shelter, emergency personnel, etc.) will establish temporary disaster shelters for individuals who are displaced. If children are abandoned at the shelter or their parents are unable to be located by shelter staff, a report

should be made to the hotline and DCS will respond accordingly. The LOD is responsible for working with the county's incident command team to develop plans specific to meeting the needs of their community.

Protocols for Supporting Employees

DCS employees who may need additional support during a disaster or routine drill may complete the Disaster Preparedness Employee Self-Identification Form. This document is a ***voluntary self-identification form*** through which employees may identify their need for assistance during an emergency. Information requested on the form is for the sole purpose of deploying assistance to the employee during an emergency. Any information provided will be kept confidential and shared only with medical professionals, emergency coordinators, emergency-evacuation personnel (wardens), buddies and security officials who need to confirm that everyone has been evacuated, and other non-medical personnel who are responsible for ensuring emergency-preparedness.

Operations During a Temporary Shutdown of Government

DCS Field Operations

In the event of an announced temporary shutdown of state government or should a declared incident require it, DCS field operations will establish a skeleton crew of 22 workers on call statewide to perform only the most basic child protection service (CPS) functions. The CPS worker distribution is one worker per region except Lake (2), Allen (2) and Marion (3) counties, for a total of 22.

DCS will use the following protocols:

1. Regional managers will identify a reasonable number of field staff to cover the region.
2. The employee's name, cellphone number and PeopleSoft employee number are to be sent to the DCS agency director, deputy director of field operations, and the assistant deputy directors of field operations prior to the shutdown.
3. The chief counsel will cover his or her region.
4. The deputy director of field operations will disseminate contact information for all CPS workers and chief counsels to employees on the skeleton crew for communication purposes. The list will also be sent to all members of the DCS incident command team, assistant deputy directors of field operations and regional managers.
5. CPS workers are to stock paper 310s and contact logs and save templates of 310s and contact logs on flash drives, if the case management system is unavailable.
6. Each LOD or designee is to call local law enforcement and advise them of a possible government shutdown. The LOD will provide law enforcement with contact information for any DCS staff on call.
7. In the event of a temporary government shutdown or disaster, the hotline will continue to respond to CPS reports if conditions allow as determined by the incident command team.
8. Most ongoing functions will be suspended. Placement disruptions in out-of-home care will be routed to the on-call worker.
9. The assigned worker must either seek help from an FCM supervisor or LOD in the impacted county, or ask law enforcement to detain the child until placement into foster care or shelter care can be facilitated if DCS is unable to respond timely because of the small number of CPS workers available.
10. A bordering region may provide support as necessary depending on the circumstances of the incident.

Recovery

Recovery planning should begin as soon as possible during the incident response. The recovery process begins as soon as practical, based on the circumstances of the incident. This may occur quickly after the incident or within days based on the type of incident. Depending on the incident's impact on a local office or at state level, this phase may require a large amount of resources and time to complete.

The recovery phase includes activities taken to assess, manage and coordinate the return to normal business operations. These activities include:

- Deactivation of emergency response: The incident commander of either the local or state incident management team will call for the deactivation of the emergency response when the local or state office can return to normal or near-normal services, procedures and staffing,
- After action report: Post-event assessment of the emergency response will be conducted to determine the need for improvements, and
- Establishment of an employee support system: The state personnel department (SPD) will coordinate referrals to employee-assistance program as needed.

Resuming Normal Office Operations

As soon as possible after the incident, the operations, planning and logistics section will ensure normal or near-normal office functioning resumes. To ensure seamless transition back to normal operations, the planning section will provide all necessary information.

Accounting for Incident-Related Expenses

The chief financial officer will account for disaster-related expense. Documentation will include:

- Direct operating cost,
- All damaged or destroyed equipment,
- Replacement of capital equipment, and
- Return to normal office operations.

The finance and administration section chief will develop and implement a plan to identify items that are purchased, damaged or destroyed because of the incident and outside the course of normal operations. DCS will document damage and losses of equipment during the emergency incident and inform the finance and administration section chief and any other appropriate parties for necessary replacements.

Internal Testing and Exercises

The DCS EOP team will develop a multi-year training and exercise program that outlines the long-term development and maintenance of the Plan. DCS uses the FEMA Continuity Practitioner Program[1] as a framework for a better understanding of how the DCS EOP planning should be incorporated, see generally https://www.fema.gov/emergency-managers/national-preparedness/continuity/excellence-series/level-1.

[1] DCS has a continuity practitioner who can assist with documentation compilation and possible training, testing and exercise. This DCS agency liaison shall coordinate with the Indiana Department of Homeland Security continuity program director.

The DCS EOP development program shall include discussion-based conversations, DCS EOP-focused games, planning seminars and workshops with the goal leading up to a full-day tabletop exercise. These various trainings, discussions, tests, and exercises will vary; the primary scope focused on improving the overall DCS response capabilities to better serve their constituents. These exercises have a focus to start small and then one goal at a time determine the correct options for the operation of equipment and systems that support the organizational infrastructure. The testing process will ensure that equipment, personnel, and systems:

- Familiarize staff with current plans, policies, agreements and procedures.
- Develop new (strategic) plans, policies, agreements and procedures.
- Explore decision making processes and examine consequences of those decisions.
- Conform to specifications and practice the delegation of authority to others in the agency.
- Closely approximate the operations of the primary equipment and systems.
- Work in the required environments – especially if the primary location is not available.

The DCS director of real estate will ensure that discussion-based workshops will be scheduled throughout the year. These trainings, and eventually (tabletop) exercises, will be designed to validate the effectiveness of the continuity plans and delegation of authority to familiarize associates with the plan implementation process. This will include identifying and correcting gaps of service. These discussions and trainings may encompass a deliberate blend of hands-on activities, seminars, orientation, workshops, online or interactive programs, briefings and lectures.

Local office directors and the DCS safety officer should develop a drill and complete the emergency drills, alternating different types of emergencies during the year (e.g., tornado, fire, active shooter)

Dates of Emergency Drills	
Name and Contact Information for Safety Officers	

After-Action Report (AAR)

The DCS incident command team will conduct an after-action debriefing with staff and participate in inter-agency debriefings as necessary and requested.

DCS will produce an after-action review (AAR) report describing the activities and corrective action plans, including recommendations for modifying needed procedures to ensure future mitigation from damages in similar scenarios.

The DCS incident command team and the staff development team will use information gathered from the AAR to determine any adjustments necessary to the educational plan for DCS team members.

After-Action Report Program

After an exercise is completed, or real-world continuity situation has ended, appropriate stakeholders should conduct an AAR. The AAR process should begin upon return to the primary

operating facility or the new permanent primary operating facility. DCS administrative services shall be responsible for initiating and completing the AAR. The AAR will:

- Address the effectiveness of the continuity plans and procedures,
- Identify areas for improvement,
- Document these in the DCS corrective action program (CAP),
- Develop a remedial action plan as soon as possible after the reconstitution, and
- Digitally archive and upload documents into the respective electronic folders.

DCS administrative services shall be responsible for documenting areas for improvement in the CAP (corrective action plan) and developing a remedial action plan. Both the AAR and CAP documentation are maintained by DCS administrative services and will be archived by this department.

Annex A: Order of Succession

In the event of an emergency, designated successors will be given the authority to act on behalf of the person who they succeed. The designator listings are below:

Indiana Department of Child Services				
Key Position	**Successor 1**	**Successor 2**	**Successor 3**	**Successor 4**
Agency Director	**Chief of Staff**	**Deputy Director of Field Operations**		
Deputy Director of Field Operations	**Asst Deputy Director of Field Operations (1)**	**Asst Deputy Director of Field Operations (2)**	**Asst Deputy Director of Field Operations (3)**	**Region 10 Manager**
Agency Hotline Director	**Agency Hotline Deputy (1)**	**Agency Hotline Deputy (2)**	**Agency Hotline Deputy (3)**	
Deputy Director of Child Support/ISETS	**Asst. Deputy Director of Child Support/ISETS**	**Program Director of Child Support/ISETS (1)**	**Program Director of Child Support/ISETS (2)**	**Program Director of Child Support/ISETS (3)**
Communications Director	**Deputy Director of Communications**	**External Communications Specialist**		
Deputy Director of Child Welfare Services	**Assistant Deputy Director of Child Welfare Services (1)**	**Assistant Deputy Director of Child Welfare Services (2)**	**Program Manager of Child Welfare Services (1)**	**Program Manager of Child Welfare Services (2)**
Deputy Director of Juvenile Justice Initiatives and Support	**Asst Deputy Dir of Juvenile Justice Initiatives and Support**	**Program Director of Background Check Unit (1)**	**Program Director of Background Check Unit (2)**	**ICPC Administrator**
Deputy Director of Staff Development	**Assistant Deputy Director of Staff Development (1)**	**Assistant Deputy Director of Staff Development (2)**	**Assistant Deputy Director of Staff Development (3)**	
DCS IT	**DCS IT**	**DCS IT**	**DCS IT**	**DCS IT**

Chief Information Officer	**Director of IT Product Delivery**	**Assistant IT Director**	**ISETS IT Support**	**Business Systems Consultant Manager IT**
Chief Financial Officer	**Deputy Chief Financial Officer**	**Administrative Services** **Controller**		
Deputy Director of SSAT	**Assistant Deputy Director of SSAT**	**Assistant Deputy Director of SSAT (2)**	**Safe Systems Director**	
DCS MEU / CEU **Assistant Deputy Director of Client Eligibility and Enrollment**	**DCS MEU/CEU** **Central Eligibility Unit Manager**			
Facility and Safety Real Estate & Facilities Director	**Facility and Safety** **Safety & Emergency Operations**	**Facility and Safety** **Project Manager**		

Annex B: Essential Personnel (Central Office)

The positions listed below have been deemed essential personnel. Essential personnel are defined as those positions, stated or implied, that are required to be filled by statute or executive order, or other positions deemed essential by the heads of principal organizational elements.

#	Position Title	Current Employee	Email	Phone Number	Alternate Work Location
	Agency Head Chief of Staff				
	General Counsel Deputy General Counsel				
	Deputy Director of Child Support				
	Deputy Director of Field Operations				
	Communications Director				
	Deputy Director of Child Welfare Services				
	Deputy Director Juvenile Justice Initiatives and Support				
	ICPC Compact Administrator				
	Chief Information Officer				
	Assistant Deputy Director, COBCU				
	Deputy Director of Staff Development				

	Legislative Director				
	Deputy Director of Strategic Solutions and Agency Transformation				
	Chief Financial Officer				

Annex C: Essential Functions

Essential functions are a subset of overall organization activities that are determined to be critical. These functions enable the organization to provide vital services, exercise civil authority, maintain the safety of the community and sustain the industrial/economic base during an incident. The functions must be continued under all circumstances.

Essential Function	Responsible Department
1. Providing and administering child abuse and neglect prevention services. Answering and processing telephone calls from 800-800-5556 and 317-234-KIDS (5437).	Field operations, hotline, communications, prevention and executive (1).
2. Providing and administering child and family permanency services. This includes family preservation, immigration/legal status and respective ethnic and/or Native American issues.	Field operations, permanency and preservation (1).
3. Interstate Compact Placement of Children (ICPC), central office background unit services and probation.	Juvenile justice initiatives and support (1)
4. Agency payroll and travel per diem for staff.	Fiscal and finance (1).
5. Information technology needs of the agency. This includes, but is not limited to, cellular and landline telephones.	MaGIK, KidTraks and DCS IT (1).
6. Licensed child placing agency (LCPA) foster home licensing.	Field operations (2)
7. Residential and central office foster care licensing.	Child welfare services (2)
8. Administering the Indiana child support program and the Parenting Time Hotline.	Child Support Bureau (2).
9. Providing administrative remedy to constituents and legal representation to agency staff in coordination with state AGO.	Legal (2).
10. Administering adoption and/or guardianship services and similar family-preservation services.	Adoption and Foster Care Unit (2).
11. Administration of Medicaid and the Title IV-D of the Social Security Act.	Medicaid eligibility unit, central eligibility unit (2).
12. Administering foster care services and older youth services.	Adoption and Foster Care Unit (3).
13. Certifying and providing grants to youth service bureaus as well as paying vendors for services and programs, IC 31-40.	Fiscal and finance (3).
14. Quality assurance and CQI (continuous quality improvement).	Strategic solutions and agency transformation (3).
15. Annually obtaining a consumer report for each child at least 14 years of age who is in state foster care, pursuant to IC: 31-25-2-7.	Field operations (3).

16. Continuing education, primarily for field operations staff, but can include the supervisory and legal staff members.	Staff training and development and legal (3).
17. Legislative services, governor letters and ombudsman.	Legislative affairs (3).

PRIORITY OF ESSENTIAL FUNCTIONS

Essential Function	RTO / RPO	Priority
1. Providing and administering child abuse and neglect prevention services. Answering and processing telephone calls from 800-800-5556 and 317-234-KIDS (5437).	Within 12 hours but before 24 hours.	1 (within 24 hours of event or incident).
2. Providing and administering child and family permanency services. This includes family preservation, immigration/legal status and respective ethnic and/or Native American issues.	Within 12 hours but before 24 hours.	1 (within 24 hours of event or incident).
3. Interstate Compact on the Placement of Children (ICPC), central office background unit services and probation.	Within 12 hours but before 24 hours.	1 (within 24 hours of event or incident).
4. Agency payroll and travel per diem for staff.	Within 12 hours but before 24 hours.	1 (within 24 hours of event or incident).
5. Information technology needs of the agency. This includes, but is not limited to, cellular and landline telephones.	Within 12 hours but before 24 hours.	1 (within 24 hours of event or incident).
6. Licensed child placing agency (LCPA) foster home licensing.	Within 48 hours but before 72 hours	2 (up to two days but no more than three days).
7. Residential and central office foster care licensing.	Within 48 hours but before 72 hours	2 (up to two days but no more than three days).
8. Administering the Indiana child support program and the Parenting Time Hotline.	Within 48 hours but before 72 hours	2 (up to two days but no more than three days).
9. Providing administrative remedy to constituents and legal representation to agency staff in coordination with state AGO.	Within 48 hours but before 72 hours.	2 (up to two days but no more than three days).

10. Administering adoption and/or guardianship services and similar family-preservation services.	Within 48 hours but before 72 hours.	2 (up to two days but no more than three days).
11. Administration of Medicaid and Title IV-D of the Social Security Act.	Within 48 hours but before 72 hours.	2 (up to two days but no more than three days).
12. Administering foster care services and older youth services.	Within 96 hours but before 120 hours	3 (up to four days but no more than five days).
13. Certifying and providing grants to youth service bureaus as well as paying vendors for services and programs, IC 31-40.	Within 96 hours but before 120 hours	3 (up to four days but no more than five days).
14. Quality assurance and CQI (continuous quality improvement).	Within 96 hours but before 120 hours	3 (up to four days but no more than five days).
15. Annually obtaining a consumer report for each child at least fourteen (14) years of age who is in state foster care, pursuant to IC: 31-25-2-7.	Within 96 hours but before 120 hours	3 (up to four days but no more than five days).
16. Continuing education, primarily for field operations staff, but can include the supervisory and legal staff members.	Within 96 hours but before 120 hours	3 (up to four days but no more than five days).
17. Legislative services, governor letters and ombudsman.	Within 96 hours but before 120 hours	3 (up to four days but no more than five days).

Annex D: Essential Operations and Key Positions

Indiana Department of Child Services (DCS)	
Essential Function (listed by priority)	**Key Positions**
1. Providing and administering child abuse and neglect prevention services. Answering and processing telephone calls from 800-800-5556 and 317-234-KIDS (5437).	Field operations, hotline, communications, prevention and executive (1).
2. Providing and administering child and family permanency services. This includes family preservation, immigration/legal status and respective ethnic and/or Native American issues.	Field operations, permanency and preservation (1).
3. Interstate Compact Placement of Children (ICPC), central office background unit services and probation.	Juvenile justice initiatives and support (1)
4. Agency payroll and travel per diem for staff.	Fiscal and finance (1).
5. Information technology needs of the agency. This includes, but is not limited to, cellular and landline telephones.	MaGIK, KidTraks and DCS IT (1).
6. Licensed child placing agency (LCPA) foster home licensing.	Field operations (2)
7. Residential and central office foster care licensing.	Child welfare services (2)
8. Administering the Indiana child support program and the Parenting Time Hotline.	Child Support Bureau (2).
9. Providing administrative remedy to constituents and legal representation to agency staff in coordination with state AGO.	Legal (2).
10. Administering adoption and/or guardianship services and similar family-preservation services.	Adoption and Foster Care Unit (2).
11. Administration of Medicaid and the Title IV-D of the Social Security Act.	Medicaid eligibility unit, central eligibility unit (2).
12. Administering foster care services and older youth services.	Adoption and Foster Care Unit (3).
13. Certifying and providing grants to youth service bureaus as well as paying vendors for services and programs, IC 31-40.	Administrative services (3).
14. Quality assurance and CQI (continuous quality improvement).	Strategic solutions and agency transformation (3).

15. Annually obtaining a consumer report for each child at least fourteen (14) years of age who is in state foster care, pursuant to IC: 31-25-2-7.	Field operations (3).
16. Continuing education, primarily for field operations staff, but can include the supervisory and legal staff members.	Staff training and development and legal (3).
17. Legislative services, governor letters and ombudsman.	Legislative affairs (3).

Annex E: Regional Manager Map and Contact Information

A map of DCS' regions and regional managers is available online at https://www.in.gov/dcs/files/Regional_Managers_Directory_Map.pdf. You can find contact information at https://www.in.gov/dcs/2369.htm.

Annex F: Sample DCS Local Office Emergency Operations Plan

Online at https://ingov.sharepoint.com/sites/DCSCommunity/SitePages/Safety-and-Emergency-Operations.aspx.

DCS LOCAL OFFICE

____

COUNTY

In the event of an emergency,

____

(safety officer)

shall take this book to the safe-shelter place

Annex G: Child Placement Information for LCPAs & Resource Parents

The child placement information should remain in a secure location that is easily accessible. The placement information must be taken when evacuating and should include:

1. Names and phone numbers of the three emergency locations provided to DCS,
2. Emergency contact information for DCS,
3. Names of all children in care,
4. Birth certificate or copy of the birth certificate (if in possession of the LCPA or resource parent),
5. Insurance or Medicaid card,
6. Supply of medications, authorization to treat and medical information, and
7. List of current medications.

Annex H: First Aid or Evacuation Kit

The following are recommended items for a first aid/evacuation kit. Sufficient quantities should be maintained to be able to address the needs of the number of employees, staff, visitors, children, and resource parents that may need supplies at any given time.

1. Sterile adhesive bandages in assorted sizes,
2. Sterile gauze pads (46),
3. Hypoallergenic adhesive tape,
4. Sterile roller bandages (3 rolls),
5. Scissors,
6. Personal protective equipment (enough for each person in the home),
7. Masks,
8. Tweezers,
9. Needle,
10. Moistened towelettes,
11. Antiseptic,
12. Thermometer,
13. Tube of petroleum jelly or other lubricant,
14. Assorted sizes of safety pins,
15. Cleansing agent or soap,
16. Nitrile gloves,
17. Sunscreen,
18. Non-prescription drugs, such as:
    i. Aspirin or non-aspirin pain reliever,
    ii. Antidiarrheal medication, and
    iii. Antacids (for stomach upset).
19. Current maps of the area surrounding the provider's home or facility,
20. Non-electric can opener,
21. Extra batteries,
22. 72-hour supply of drinking water and non-perishable food, and
23. Duct tape.

Essential Evacuation Items

Additional recommended items to take when evacuating include:

1. A portable, battery-powered radio and extra batteries,
2. Flashlight and extra batteries,
3. First aid kit and placement information for each child in care,
4. Supply of prescription medication for each child,
5. Credit cards and cash,
6. Personal ID,
7. An extra set of car keys,
8. Phone numbers of your DCS and emergency contact persons, and
9. Special needs items (e.g., baby items, spare eyeglasses).

Annex I: Specific Incident Plan Protocols

Building Evacuation

1. **EXIT** the Building calmly through the nearest exit.
2. **PROCEED to SAFE PLACE or shelter in place**
3. **CALL 911.**
4. **ACCOUNT** for all employees using the building occupancy form.
5. **DO NOT RE-ENTER** the building for any reason until reentry is authorized by highest person in command.

Threatening or Disruptive Behavior

1. Remain **CALM** and **LISTEN** attentively.
2. Maintain **EYE CONTACT**.
3. Be courteous, patient, and respectful.
4. If threat continues, **SIGNAL** a coworker using the **CODE WORD** ______________________________
   a. Optional - Different codes for different types of threat
   b. Code words should be unique and not descriptive of the situation.
5. Activate alarm (if available).
6. If behavior continues:
   a. **GET OUT** of the situation and lock door behind you.
   b. If you can't lock the door behind you, hide – block entrance, turn off lights, and **TURN OFF CELL PHONE ringer** and **vibration.**
7. **CALL 911** when safe to do so.
8. **LOCK** all exterior doors, if safe to do so.
9. Notify other employees.

Information to Relay to 911 Operator

1. **LOCATION** of the violent person.
2. **NUMBER of violent persons**, if more than one.
3. **NUMBER of personnel.**
4. Physical description of attacker(s).
5. Number and type of **WEAPONS** held.
6. Number of potential **VICTIMS** at the location.

When Law Enforcement Arrives

1. Remain **CALM** and follow officers' instructions.
2. **RAISE HANDS** and spread fingers.
3. Always keep hands visible.
4. Avoid making quick movements toward officers such as attempting to hold on to them for safety.
5. Don't point, scream or yell.
6. When evacuating, **DON'T STOP** to ask officers for help or directions, just proceed to the safe place. Their only objective is to find the threat.

Medical Emergency

1. **CALL 911 - DO NOT DELAY. TIME IS CRITICAL.**
2. Do not move the injured person unless necessary to protect them from further harm.
3. Help the injured person remain calm until help arrives.
4. Have someone meet medical personnel and escort them to the injured person.

Inclement Weather

1. **REMAIN CALM & QUIET.**
2. Go to the closest **INTERIOR SAFE PLACE.**
3. **STAY AWAY** from **WINDOWS** and exterior doors.
4. **SIT** on the floor against an **INTERIOR Wall**.
5. Cover your eyes and face with your arms.
6. Remain in the interior safe place until released by safety officer.

Fire

If you smell smoke:

1. Call 9-1-1
2. Implement **RACE**:
    a. **R**escue: Rescue those you can as you are exiting the area.
    b. **A**ctivate alarm: Pull the fire alarm.
    c. **C**ontain: Close any doors, if possible.
    d. **E**xtinguish/evacuate: Use fire extinguisher for small fires.
        i. Use **PASS** to operate the fire extinguisher:
            1. **P**ull the pin in the handle.
            2. **A**im at the base of the fire.
            3. **S**queeze the extinguisher trigger.
            4. **S**weep side-to-side while squeezing the trigger and aiming at the base of the fire.
3. The highest-level local leadership is responsible for providing head count information to emergency response services.
4. Basic care for injured should be provided until emergency management services are available. The highest level of local leadership will report to incident command system the known extent of injuries and contact staff's emergency contacts.

Flood

If advance notice is provided:

1. Contact central office for assistance in removing vital records.
2. Establish alternative working locations.
3. FCM's should contact all children on their caseloads to determine and document their planned temporary relocation.
4. Safety coordinator should contact all staff to determine and document their planned temporary relocation.

Earthquake

1. **TAKE COVER** under a desk or in a supported doorway.
2. If outside, **MOVE AWAY** from buildings and utility wires.
3. If inside, stay inside. If outside, stay outside.
4. **REMAIN CALM.**
5. Stay prepared for **AFTERSHOCKS**.
6. **DON'T USE ELEVATORS.**

Bomb Threat

1. **BE CALM & COURTEOUS** to the caller or person making the threat**.**
2. Enlist aid of coworker using the **CODE WORD** ______________________________ so the coworker can **CALL 911** and notify their supervisor.
3. **KEEP CALLER ON THE LINE for as long as possible.**
4. **Use the bomb checklist or ask the following questions:**
   a. Where is the bomb?
   b. When will it explode?
   c. What does it look like?
   d. What kind of bomb is it?
   e. What will cause it to explode?
   f. Did you place the bomb?
   g. Why?
   h. What is your address?
   i. What is your name?
   j. From where are you calling?
5. **DOCUMENT EVERYTHING THE CALLER SAYS IF YOU CAN** during or after the call.

Suspicious Mail

1. DO NOT OPEN.
2. Leave mail piece where it was found.
3. Do not try to clean up any suspicious substance.
4. **CALL 911**.
5. Close off or SECURE THE AREA.
6. Everyone in or around the area should wash their hands.
7. SHUT DOWN all equipment in the immediate area and the HVAC systems (heating, air conditioners and ventilation).

Without disturbing the mail piece or substance, DOCUMENT:

- Location of mail piece or substance
- Description of substance
- Description of mail piece (markings, label, declarations, postage)
- Addressee's Name
- Address
- Mailer's Name
- Address

Active Shooter

The primary goal is to get out of the situation. The following page details the steps for how to respond to an active shooter or agitated person with a weapon. (Keep in mind it may not be a sole individual.)

1. The most important step is to discuss and plan the escape route in advance and have at least one planned destination.
2. Leave your belongings behind; you can get them later.
3. Prevent others from entering the building during the incident.
4. If you cannot leave, HIDE, LOCK THE DOOR, & SILENCE CELL PHONES.

For further information and instructions, refer to the details and instructions on the next page, which can also be found at:

https://www.in.gov/isp/files/How_to_Respond_to_an_Active_Shooter_Event.pdf

Scheduling an ISP Active Shooter Presentation:

https://www.in.gov/isp/3255.htm

ISP Active Shooter Information:

https://www.in.gov/isp/3496.htm

Integrity ~ Loyalty ~ Community

How to Respond to an Active Shooter Event

HOW TO RESPOND WHEN AN ACTIVE SHOOTER IS IN YOUR VICINITY

Quickly determine the most reasonable way to protect your own life. Remember that customers and clients are likely to follow the lead of employees and managers during an active shooter situation.

Evacuate: If there is an accessible escape path, attempt to evacuate the premises.

- Have an escape route and plan in mind
- Evacuate regardless of whether others agree to follow
- Leave your belongings behind
- Help others escape, if possible
- Prevent individuals from entering an area where the active shooter may be
- Keep your hands visible
- Follow the instructions of any police officers
- Do not attempt to move wounded people
- Call 911 when you are safe

Hide: If evacuation is not possible, find a place to hide where the active shooter is less likely to find you. Your hiding place should:

- Be out of the active shooter's view
- Provide protection if shots are fired in your direction (i.e., an office with a closed and locked door)
- Not trap you or restrict your options for movement. To prevent an active shooter from entering your hiding place
- Lock the door
- Blockade the door with heavy furniture

If the Active Shooter is Nearby:

- Lock the door
- Silence your cell phone and/or pager
- Turn off any source of noise (i.e., radios, televisions)
- Hide behind large items (i.e., cabinets, desks)
- Remain quiet if evacuation and hiding out are not possible:
- Remain calm
- Dial 911, if possible, to alert police to the active shooter's location
- If you cannot speak, leave the line open and allow the dispatcher to listen

Fight: Take action against the active shooter. As a last resort, and only when your life is in imminent danger, attempt to disrupt and/or incapacitate the active shooter by:

- Acting as aggressively as possible against him/her
- Throwing items and improvising weapons
- Yelling
- Committing to your actions

HOW TO RESPOND WHEN LAW ENFORCEMENT ARRIVES

Law enforcement's purpose is to stop the active shooter as soon as possible. Officers will proceed directly to the area in which the last shots were heard.

- Officers may wear regular patrol uniforms or external bulletproof vests, Kevlar helmets, and other tactical equipment
- Officers may be armed with rifles, shotguns, handguns
- Officers may use pepper spray or tear gas to control the situation
- Officers may shout commands, and may push individuals to the ground for their safety
- Remain calm, and follow officers' instructions
- Put down any items in your hands (i.e., bags, jackets) • immediately raise hands and spread fingers
- Keep hands visible at all times
- Avoid making quick movements toward officers such as holding on to them for safety
- Avoid pointing, screaming and/or yelling

A. **Loss of telephone/computer services**: In the event of telephone and/or computer service disruption, the aware employee will contact the next-level supervisor immediately. The next-level supervisor will inform the next level of leadership until the executive leadership is aware. IOT will be notified to determine the plan for response and recovery.

B. **Explosion:** In the event of an explosion, persons witnessing the explosion should alert other persons in danger immediately. The response may be like the fire response.

C. **Weapons of mass destruction**
Preparations for an event involving weapons of mass destruction (chemical, biological, radiological, nuclear, or explosives [CBRNE]) should be based on existing programs for handling hazardous materials.
   - If staff suspects an event involving CBRNE weapons has occurred, they should:
      - Remain calm,
      - Contact appropriate authorities in the area, and
      - Report information to the next-level supervisor for enactment of the incident command system.

   Where there is a chance that radiation, hazardous materials or biological agents have been released in proximity to a DCS Office, the safest response might be to shelter in place.

D. **Natural disaster**
   a. Tornado/earthquake: follow tornado/earthquake protocol by proceeding to the designated tornado/earthquake shelter within the office.

E. **Epidemic and pandemic**
   a. When a state of emergency has been declared because of an epidemic or pandemic, the DCS executive administration will determine when and to what extent DCS is affected.
   b. The DCS Back on Track guide for employees (created for the COVID-19 pandemic) is available at the following DCS SharePoint link: https://ingov.sharepoint.com/sites/DCSCommunity/SiteAssets/Forms/AllItems.aspx?id=%2Fsites%2FDCSCommunity%2FSiteAssets%2FSitePages%2FDCSCommunity%2FEmployee%20Guide%20to%20DCS%20Back%20on%20Track%208%2E6%2Epdf&parent=%2Fsites%2FDCSCommunity%2FSiteAssets%2FSitePages%2FDCSCommunity

F. **Utility emergencies:** If a utility in any office fails, the central office administrative services team or local office director (or their designee) will submit a building engines work order and let staff know what action needs to be taken. the local office director or safety officer will also notify central office at DCS.Connection@dcs.IN.gov. Central office will ensure all staff are notified how to contact the local office during the outage and coordinate with DCS IT/IOT should the issue have a potential impact on IT equipment.

NOTE: If the water or gas valve is ever shut off, call or email the landlord/property manager and regional manager and contact Donna Roberts (DCS property manager) at 317-447-7647 or Donna.Roberts@dcs.IN.gov. Do not turn water or gas back on.

a. Data Communication Outage:

1.	Local office director will contact DCS IT support to find out if there is a GENUINE emergency.
2.	DO NOT use telephones until you are advised that it is safe.
3.	If evacuation becomes necessary, there will be an announcement and the safety officer will direct and assist in the evacuation.

b. Water Outage:

1.	DO NOT use telephones until you are advised that it is safe.
2.	DO NOT drink from water fountains or use restrooms until notified that the problem is corrected.
3.	You may be directed to go home.
4.	If evacuation becomes necessary, there will be an announcement and the safety officer will direct and assist in the evacuation.

c. Electrical Outage:

1.	DO NOT use telephones until you are advised that it is safe.
2.	DO NOT use elevators. Elevators should remain clear for use by emergency personnel.
3.	Your building has emergency backup power for critical IT equipment.
4.	You may be directed to go home.
5.	If evacuation becomes necessary, there will be an announcement and the safety officer will direct and assist in the evacuation.

d. Steam Outage:

1.	DO NOT use telephones until you are advised that it is safe.
2.	If evacuation becomes necessary, there will be an announcement and the safety officer will direct and assist in the evacuation.

e. Telephone Communication Outage:

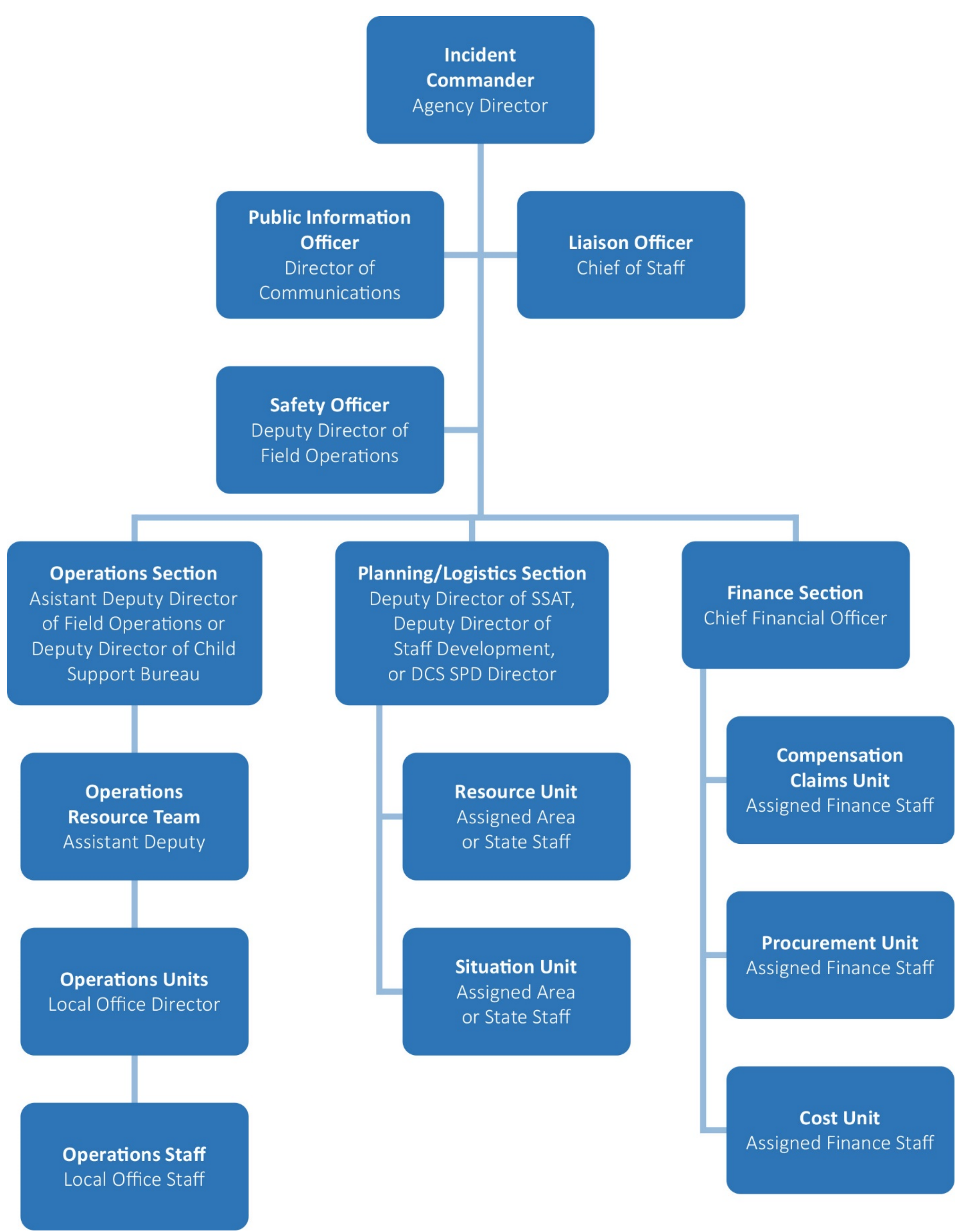
1.	DO NOT use telephones until you are advised that it is safe.
2.	DO NOT use elevators. If you became stuck the emergency telephone may not be operational.
3.	If evacuation becomes necessary, there will be an announcement and the safety officer will direct and assist in the evacuation.

Annex J: Surge Housing Process Map

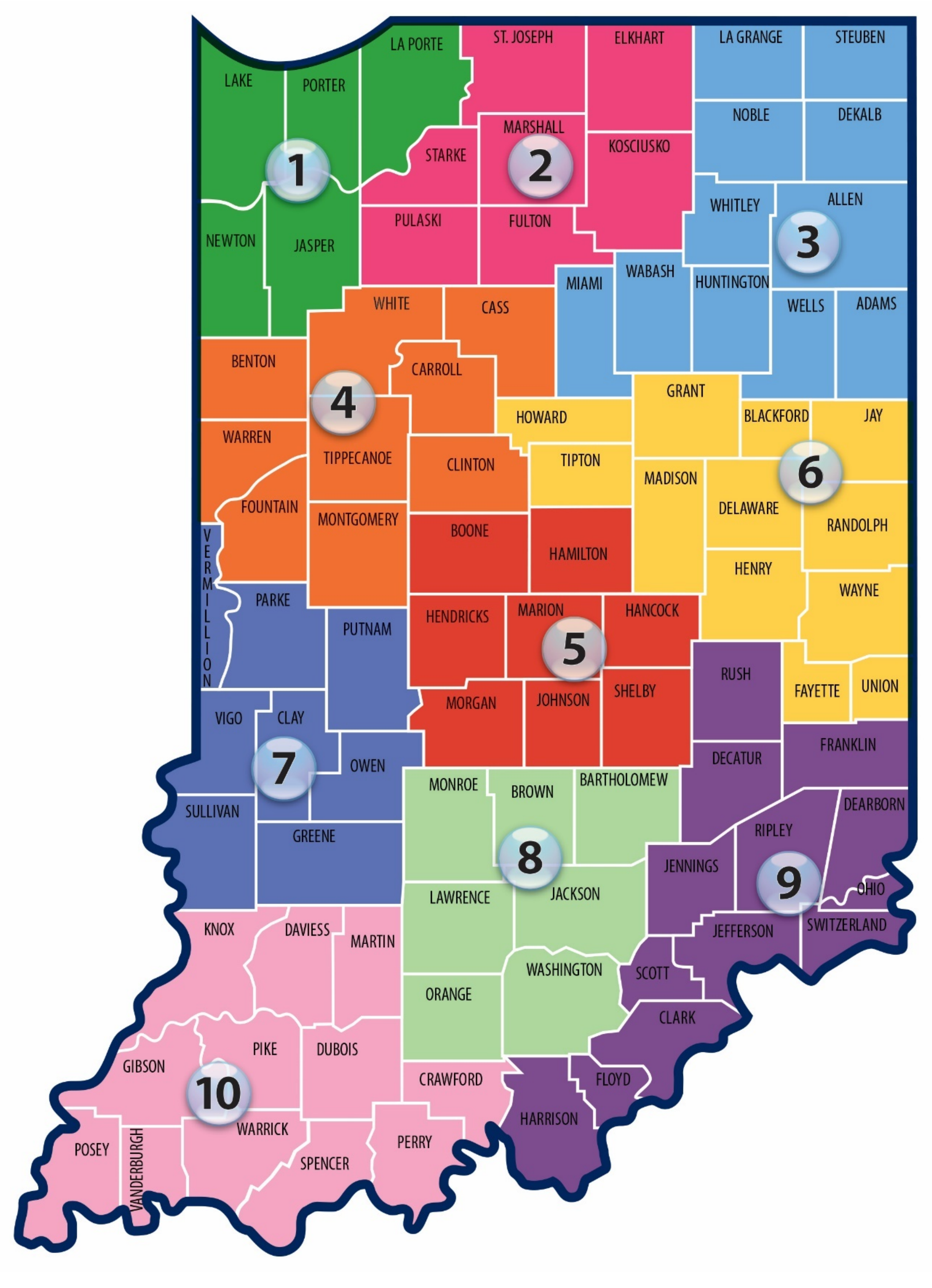
Glossary

CPI: Child Protection Index
FCM: Family Case Manager
FE: Family Evaluation
IS: Hotline Intake Specialist
PPS: Permanency & Practice Supports
RS: Report Source
310: Preliminary Report of Child Abuse and Neglect

Annex K: The DCS Incident Command System



Annex L: Indiana Department of Homeland Security Districts



Annex M: Sample Meeting Agenda for Incident Command Meetings

☐ Agency Director	☐ Chief of Staff	☐ General Counsel	☐ Legislative Director
☐ Dep. Director, Field Operations	☐ Dep. Director, Child Support Bureau	☐ Dep. Director, Staff Development	☐ Chief Information Officer
☐ Chief Financial Officer	☐ Communications Director	☐ Dep. Director, Human Resources	☐ Dep. Director, Child Welfare Services
☐ Hotline Director	☐ Dep. Director, Strategic Solutions & Agency Transformation	☐ Dep. Director, Juvenile Justice Initiatives & Support	☐ Asst. Dep. Director, Field Operations (1)
☐ Dep. General Counsel (1)	☐ Asst. Dep. Director, Field Operations (2)	☐ Asst. Dep. Director, Field Operations (3)	☐ Asst. Dep. Director, Field Operations (4)
☐ Dep. General Counsel (2)	☐ Dep. General Counsel (3)	☐ Asst. Dep. Director, Child Welfare Services	☐ Asst. Dep. Director, Purchasing & Pricing
☐ Asst. General Counsel (1)	☐ Asst. General Counsel (2)	☐ Asst. General Counsel (3)	

Attendees:

Agency Overview:
IT:
Admin Services:
Legal:
Field Ops:
SPD:
Child Welfare Services:
Communications:
CSB:
JJIS:
Staff Development:
SSAT:
Legislative Affairs:
Chief of Staff:

Date	Follow up required/Question	Team or person responsible	Completed?
			YES
			NO

Annex N: Hotline Disaster Plan for Communication and Emergency Operations

In the event of an emergency or disaster where the hotline location is unavailable, the following hotline chain of communication will be followed:

1. The hotline director will contact the deputy director of field operations.
2. The deputy director of field operations will notify the chief information officer, the deputy director of communications, and the deputy director of human resources as part of the incident command structure.
3. The public information officer or director of communications will:
   a. Contact the Indiana Department of Administration (IDOA) for a 24-hour back-up site, security badges and parking for Hotline operations,
   b. Contact Capital Police and the Indiana State Police Data Center to alert them of the situation and, if staff are relocated to the Indiana Government Center, to notify them of staff presence during overnight hours,
   c. Collaborate with the deputy director of field operations to communicate the same message to the field, and
   d. Ensure notice and contact information for how to make CA/N reports during the emergency is posted on the DCS website and pre-drafted communications prompts are in place.
4. The operations section chief or chief information officer will contact:
   a. The Indiana Office of Technology (IOT) helpdesk, and
   b. All remaining members of the DCS incident command team (agency director, chief of staff, general counsel, chief financial officer and all deputy directors) to advise of the emergency situation and report back once a final plan is put into place.
5. The IOT helpdesk will:
   a. Open a trouble ticket and assign it to IOT contact center support. IOT contact center support will do initial troubleshooting to determine if the problem is a contact center-related issue and re-route the trouble ticket to the appropriate support group if the issue is not a contact center-related,
   b. IOT contact center support will evaluate the issue to determine if the problem can be resolved internally by an IOT contact center support engineer,
   c. IOT contact center support will escalate trouble ticket and open a trouble ticket with Avtex for level 3 Contact center support for any major contact center outage. IOT contact center support will then notify DCS hotline management/supervision,
   d. For network-related outages IOT contact center support will work with the IOT network management group.
   e. In cases where there are complete outages, IOT contact center support will update DCS hotline management/supervisor and/or contacts of trouble ticket status every 30 minutes until the issue is resolved.

f. IOT contact center support will work with the DCS hotline staff to test and verify contact center functionality has been fully restored. If problems persist, IOT contact center support will re-engage on the issue.

Note: If the Hotline director or deputy director is unavailable, their designee will initiate this chain of communication.

In the event there is an emergency or disaster declared by the governor or SPD director regarding DCS operations, the incident command and hotline team will be responsible for evaluating the severity of the emergency situation and making decisions with regard to the appropriate course of action including:

1. Whether hotline operations should be managed remotely and/or reassigned to DCS local offices.
2. Receive, document and track reports of abuse and neglect, including paper 310s and screen outs.
3. Appropriate staffing levels.
4. Resuming normal operations and implementing a communication plan to notify impacted individuals.
5. Scheduling appropriate debriefing meetings and making necessary revisions to practices and procedures as appropriate.
6. Managing operations from an alternative location.
7. Reassignment of staff to surrounding local offices.
8. Activating remote access sites.
9. Making determinations whether to initiate an assessment or screen out a report as well as determining the appropriate timeframe for initiation and completion of the assessment; and
10. Transmitting all reports to the hotline (via email attachment or fax) for data entry into case management system.

In the event the case management system is unavailable:

The intake specialist (IS) will:

1. Take all reports on the report template that is used during system migrations (also located in the share folder); and
2. Submit the report electronically via email to the DCS hotline written reports box for review. The subject line should include the report name, decision and response time if an assessment.

The hotline supervisor will:

1. Review incoming reports in the DCS hotline written reports box for approval. Once approved, move to the disaster subfolder titled “assign”.
2. If a two- or 24-hour assessment report, or an I&R where involvement is suspected, the hotline supervisor will forward the report to the appropriate

county distribution list.
3. Inform IS that the report has been approved; and
4. Flag the email signifying it has been approved.

When hotline is back up, hotline supervisor(s)/management will:

1. Assign reports from the "assign" folder to available intake specialists via email to maintain a chain of custody. Ask that the IS respond back with the completed report number via email.
2. When the completed report number is received, file it in the disaster subfolder titled "completed."
3. Go through the "assign" folder and verify all backlog has been entered into the case management system and as backlog is confirmed, change flag status to checked, signifying the report has been confirmed to have been entered.

In the event the hotline is unable to function in any manner, the DCS local offices will be expected to take intake calls and act upon them should the report call for immediate action. DCS local offices should email the report to dcshotlinereports@dcs.in.gov. All faxes are automatically routed to this email address via RightFax.

Annex O: CSB Disaster Plan for Communication and Operations

In the event of an emergency or disaster which results in the CSB location being unavailable, the deputy director of CSB will contact the:

1. Director of communications,
2. DCS operations manager,
3. DCS chief information officer, and
4. Deputy Director of HR.

Note: If the deputy director of CSB is unavailable, his or her designee will the initiate CSB disaster plan communication and operations.

Announced Temporary Shutdown

In the event of an announced temporary shutdown of state government, DCS CSB will establish a skeleton crew of 10 to 12 workers, including both state employees and vendors, to perform only the most basic child support functions. The CSB disaster plan skeleton crew and duties contained in this disaster plan are effective ONLY if the disaster is for a period of one, three or 30 days (in the event it will take longer than 30 days, other directions will be provided by the executive management team).

1. DCS CSB will use the following protocols:
    a. CSB deputy director, assistant deputy directors and managers will identify CSB staff to cover during the shutdown, and
    b. The CSB worker's name, cellphone number and PeopleSoft number are to be sent to the incident command team prior to the shutdown.
2. The director of communications will:
    a. Ensure that notice and contact information about how to make child support payments and inquires during the emergency is posted on the DCS website and pre-drafted communications prompts are in place,
    b. Contact IDOA for a 24-hour backup site, security badges and parking for CSB senior management operations, and
    c. Collaborate with the deputy director of field operations to communicate one message to the field.
3. The chief information officer will contact:
    a. The IOT helpdesk; and
    b. All remaining members of the DCS incident command team (e.g., DCS agency director, chief of staff, deputy chief of staff, general counsel, chief financial officer and all deputy directors) to advise of the emergency situation and report back once a final plan is put into place.

Declaration of an Emergency

In the event there is an emergency or disaster declared by the governor or State Personnel Department (SPD) director regarding DCS operations, the incident command and CSB team will evaluate the severity of the emergency situation and make decisions with regard to the appropriate course of action including:

1. Deciding whether CSB operations should be managed remotely,
2. Managing appropriate staffing levels (skeleton crew),
3. Resuming normal operations and implementing a communication plan to notify impacted individuals, and
4. Scheduling appropriate debriefing meetings and making necessary revisions to practices and procedures as appropriate.

When Plan is Effective

The CSB disaster plan skeleton crew and duties contained in this disaster plan are effective ONLY if the disaster is for a period of one, three or 30 days (in the event it will take longer than 30 days, other directions will be provided by the executive management team):

1. The system administrator will ensure the following:
    a. Information and case management systems are up and running in the counties and stay running throughout the emergency incident,
    b. Mini-check sum completions,
    c. Banking files are transmitted, and
    d. Tape backup.

Annex P: Key Contacts

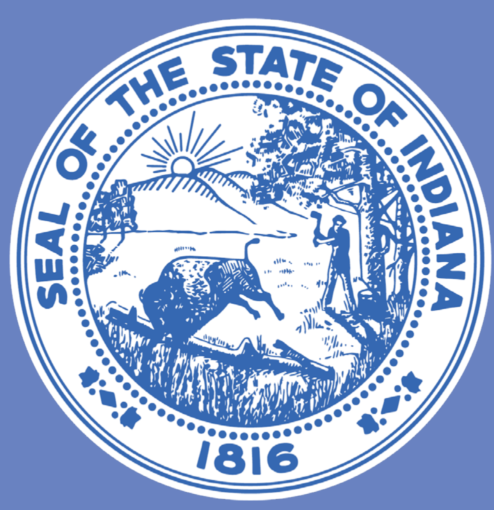
Key Contact	Phone/Email
Governor's office	317-232-4567
Indiana Department of Homeland Security Emergency Operations Center	317-232-2222 watchdesk@dhs.in.gov
Pokagon Band of Potawatomi	269-462-4216
Bureau of Indian Affairs Midwest Regional Office	612-713-4400 612-725-4500
IARCA	317-849-8497
Association of Indiana Counties (AIC)	317-684-3710
Indiana Prosecuting Attorney's Council (IPAC)	317-233-1836
DCS Central Office	(317) 234-5437
DCS Communications	DCS.Connection@dcs.in.gov
DCS Operations (Facilities/Safety)	Jessica Dugan 317-619-0152 Jessica.Dugan@dcs.IN.gov
DCS Operations (Facilities/Safety)	Lori Ahmed 317-650-3381 Lori.Ahmed@dcs.IN.gov
DCS Operations (Facilities/Safety)	Donna Roberts 317-447-7647 Donna.Roberts@dcs.IN.gov
DCS IT Support	Mark Morris 317-650-2879 Mark.Morris@dcs.IN.gov
DCS IT Support	Kevin Huston 317-696-4053 Kevin.Huston@dcs.IN.gov
DCS IT Support	Todd O'Brien 317-619-5803 Todd.OBrien@dcs.IN.gov

INDIANA
DEPARTMENT OF
CHILD
SERVICES

Indiana Child and Family Services Plan

Department of Child Services Training Plan

FFY 2020-2024



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

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New Family Case Manager Training

Pre-Service Training and Ongoing Staff Development Training

The Indiana Partnership for Child Welfare Education and Training (a Partnership between the Department of Child Services and the Indiana University School of Social Work) is designed to provide high quality, competency-based training for staff in the Department of Child Services throughout Indiana. Program activities include assessment of training needs, development of curricula, development of trainers and other resources, training of trainers, delivery of training, evaluation of training programs and consultation to local offices as well as external stakeholders. The Partnership includes Full-time trainers, supervisors, a curriculum manager, curriculum writers, evaluators, production personnel, fiscal staff, and records management personnel.

A comprehensive Training Records Tracking System called Enterprise Learning Management (ELM) is utilized to allow staff to register on-line for identified trainings, and upon completion of the training as verified by trainers, the establishment of a permanent training record which can be used to track/verify all training of any staff member throughout their employment history. This Records Management System is embedded within the PeopleSoft State Personnel System so that official Personnel Records also include this training history. Currently, the State of Indiana is developing a new learning management system that will be more conducive to employees' current needs and will include video conferencing and more of a virtual platform. It will also include all the functions of ELM.

The Partnership offers training for newly hired Family Case Managers know as Cohort. This is 12 weeks in length including 26 classroom days, 32 transfer of learning days. A summary of this program is:

New Worker Cohort Training Schedule

Effective 2020

59 Training Days (21Virtual Classroom & 38 TOL); 8:00am-4:30pm daily

1 Day – Human Resources
Orientation 4-5 Days – TOL Session
(Field Start)

Unit 1

1 Day – **Getting to Know DCS**
- Introduction to DCS and cohort

training 1 Day – **Engagement**
- Learn communication and build trust-based

relationships 1 Day – **Critical Thinking/Intervention Generated Risk**
- Define and practice the process of thinking

critically 1 Day – **Worker Safety**
- Covers policies and concepts to keep the FCM

safe 1 Day – **Car Seat*/Hotline/Ethics**
- Apply techniques for installing car seats for safe transportation; Understand the role of hotline staff;

Presentation about DCS specific ethics
4-5 Days – **TOL Session II**

Unit 2

2 Days – **Trauma and its Effects on Children and Families**
- Learn about the effects of child abuse, neglect, and

trauma 1 Day – **Interviewing**
- Develop information-gathering

skills 1 Day – **Teaming & Facilitation**
- Introduce the CFTM

process 1 Day – **Culture & Diversity I**
- Learn the basics of Cultural

Humility 4-5 Days – **TOL Session III**

Unit 3

2 Days – **Legal Roles & Responsibilities**
- Overview of the life of a case from the legal

lens 3 Days – **Assessing Child Maltreatment**
- Apply assessment techniques to

practice 4-5 Days – **TOL Session IV**

Unit 4

1 Day – **Culture & Diversity II**
- Expand understanding of Cultural Humility

3 Days – **Case Planning and Intervening for Permanence**
- Apply permanency techniques to

practice 1 Day – **Self Care & Post-Test**
- Learn Self Care practices for sustained personal well-

being 12-16 Days – **TOL Session V**

All training is designed to promote culturally competent child welfare practice. Courses related to the Indiana Practice Model which include Teaming, Engaging, Assessing, Planning and Intervening (TEAPI) have been incorporated into new worker training. New cohorts begin every 2 to 3 weeks and complete the entire cycle above. All curricula have been updated to reflect the Indiana Practice Model and address concerns raised by evaluations from previous cohorts. Continuous feedback from the Qualitative Service Review process, the training evaluation process (described below) and legislative or policy changes are reflected in ongoing curriculum revisions.

Prior to completing pre-service training, all Family Case Managers are assigned a Peer Coach within their region to assist them in becoming trained facilitators. Following a prescribed shadowing, observation and mentoring program, Peer Coaches support these Family Case Managers to complete their Child and Family Team Meetings independently. De-Brief feedback forms are completed and Supervisors quarterly complete Observation forms to maintain fidelity to the model. Eighteen Regional Peer Coach

Consultants (who are part of Staff Development) monitor progress and provide additional information and support as necessary including fidelity monitoring.

During pre-service, all Family Case Managers are also assigned a Field Mentor. Following a one-day training for field mentors, the Field Mentor and the trainee work side by side during the transfer of learning days and the last two weeks of the on-the-job training period. Required and optional activities have been developed for the Transfer of Learning days that align with the coursework completed in the classroom sessions immediately prior to these field experiences. The Field Mentor also completes skill assessment scales at the time of graduation.

These are behaviorally anchored scales designed to assess the strength of the trainees' skills in each of 52 areas. Supervisors receive a copy of this assessment and can use as a basis to strengthen their newly hired staff's skills. Three months after graduation, the new employee's supervisor also completes Skill Assessment Scales to assist Staff Development with analyzing any additional training needs during the pre-service period.

This feedback process provides the necessary link between classroom training and transfer of learning to job performance and provides specific knowledge about the strengths and challenges of training provided. When challenges are noted, training can be adjusted to better facilitate the transfer of learning from classroom to the actual practice of public child welfare. This project is on the cutting edge of national best practice in the training and supervision of frontline child welfare workers and has been presented at the annual National Staff Training and Development Association's workshop. Feedback from this process is also used to provide necessary modifications to new worker curriculum.

The pre-service training for newly hired FCM's is comprised of 21 virtual classroom days, 20 Computer Assisted Trainings (CATs), 38 transfer of learning (TOL) days back in each participant's base county, and graduation from the Institute. The redesign changed the model from that of primarily instructor led lecture to that of learner-based facilitation. The redesign focused on the development of critical thinking skills that are needed to effectively do the job of family case manager. They are enhanced by small and large group discussion using real-life examples.

The transfer of learning days (TOL) consists of working with both the assigned supervisor, the assigned mentor, and the peer coach, doing activities such as reviewing CATs, observation and shadowing activities in the office, court, and field visits, as well as interviews with families and service providers. In addition, each Cohort is assigned a two Cohort Sponsor. This is a Staff Development Trainer.

Prior to graduation from the pre-service training new cohort members are certified as facilitators for Child and Family Team Meetings (CFTM) for the families on their caseloads. Oversight for this facilitation is provided by 21 Peer Coach Consultants located throughout the state who monitor the Regional Peer Coaches as they train new cohort members.

All new field staff must complete pre-service training, including pre-tests and post-tests prior to being assigned a caseload. This requirement is monitored through the statewide database (MaGIK) since all cases are assigned through the system. The Training Year-end Report of 2020 indicated that the Partnership collected 35 cohorts of pre-test and post-test. Participants improved 8.8% on average from pre-test to post-test. All but 39 trainees improved (n=720, 94.9%). Over 53% improved by 10 or more questions. About 43% improved by ten questions or fewer. Trainees improved by at least

15% on the Getting to Know DCS, Legal Overview, and Case Planning and Intervening. They improved at least 10% on Assessing Child Maltreatment, Worker Safety, and Effects of Abuse and Neglect. They improved less than 10% on Engagement, Culture & Diversity, Legal Roles, Teaming, Time Management Permanency. The test has been redesigned and is being programmed for all new cohorts electronically, both pre- and post.

New cohort members spend their first 5 days in their local offices completing on-the-job training activities after one day of Human Resources Orientation. This initial week in the county provides an opportunity to establish relationships with the local office staff, getting to know the community in which they will work, and providing opportunities for shadowing prior to classroom training afforded many advantages in increasing job readiness, expectations and understanding the context of the curricula. This has been effective since 2017.

Ongoing Training for Family Case Managers

Starting in January of 2010, Indiana established yearly required training hours for Family Case Managers, Supervisors and Field Management Staff. This consisted of 24 annual hours (12 of which could be on-line) for Family Case Managers and 32 hours (16 of which could be on-line) for Supervisors and other Field Management Staff. DCS staff have been extremely responsive to this directive and has clearly sought out training opportunities to fulfil this requirement.

This policy was updated on January 1, 2012 (see http://www.in.gov/dcs/files/Internal_Training.pdf) to establish required training hours for all DCS personnel in all divisions. Staff Development worked with these divisions to establish a process to assist with providing and/or facilitating trainings that would meet each division's needs.

DCS has also implemented a policy that addresses external trainings. The External Training policy outlines the procedures staff must follow to participate in external trainings and details the criteria that the External Training Review Committee will use to approve/deny such requests. The External Training Policy was effective June 1, 2011 (see http://www.in.gov/dcs/files/External_Training.pdf).

A comprehensive analysis of training needs was completed for Family Case Managers, and training needs were identified in 2019. Many suggestions were given for new/updated and relevant information. Some of these suggestions included drugs/substance abuse, court/legal, sex abuse, adoption, domestic violence, development disabilities, mental health, CFTM, foster care, and fatalities. Respondents requested region or county specific trainings that incorporated real-life experiences evidence-based practice from experienced field workers.

The most common topic for job issues were self-care/burnout/work-life balance/time management and documentation. Many stated a need for more training on managing stress, time, and how to prepare and/or defend oneself when crisis or threatening situations arise. DCS specific trainings requested were Forensic Interviewing, Effects of Abuse & Neglect, Engaging challenging clients, Meaningful Contacts, Mentor, Peer coach, TIC, Worker Safety. Information on federal and local resources, both inside and outside the agency were requested. The most requested resources were child support, paternity/custody, and CPR/first aid.

The staff training requirements for non-management staff include a minimum of 24 hours of training per year. Training hours are logged into Peoplesoft (ELM System) for classroom courses and CATs populated into that system for course enrollment and completion. This database is managed through the Training Partnership. If enrollment for a course is not completed through Peoplesoft, a hardcopy enrollment form is used and must be signed by the trainer and maintained in each employee file. Each employee's supervisor documents the training hours as part of the employee's annual performance appraisal. In 2021, DCS has begun rolling out the new Learning Management System by partnering with IU to move the trainings that will be housed within this system. DCS plans to do a full roll-out in 2022.

In 2019, Cohort Training was revised, and DCS began implementing the new revisions in January 2020. Also, in 2020, Worker Safety, Substance Use, Court Testimony, Trauma Informed Care, Intimate Partner Violence, Meaningful Contacts, Trainer Mentor, and Protective Factors were revised. In addition, the Partnership developed the following new trainings for experience workers: Motivational Interviewing, Engaging Clients in Child Welfare, Implicit Bias, Empowering Older Youth, Family Preservation CAT, PPE CAT, Safety Planning Mini Training, Understanding Child Support CAT, and Cultural Humility.

The Red Cross contract was amended in September 2019 to add the train the trainer program and was fully executed in February 2020. This allowed twenty-one (21) Staff Development trainers to become certified instructors to train field staff to include FCMs, FCM Supervisors, Collaborative Care (CC) Case Managers, & CC Supervisors statewide on First Aid, CPR and AED. The goal will be for Trainers to continue to provide this training to field staff to maintain two (2) year certifications once COVID 19 restrictions are lifted. The statewide roll out plan continues to be on hold due to COVID 19.

Enhanced Practice Model Training

Peer coach consultants provide additional coaching/mentoring as needed and provide mini "information" sessions related to the Indiana practice model utilizing material from the initial practice model training.

The twenty-one Peer Coach Consultants, three Practice Model Supervisors and the Practice Model Manager continue to respond to the practice needs that are identified through the CFSR/newly created PMR, Permanency Roundtable process and the Executive Team. This is the Practice Model Unit for the state that supports the Field Operations in applying our practice model to each case, and with one another in the agency. Each Peer Coach Consultant is assigned to a region to support the trained Peer Coaches and assist local management in identifying local training needs and practice advancement.

In 2020, the Practice Consultants and Peer Coach Consultants expectations were updated to reflect additional support to field and sustainability of the Practice Model. By the end of 2020 all DCS Field Operations Supervisors were successfully trained as Peer Coaches. In 2020 the Practice Model Re-Launch was successful to provide all stakeholders in the community, including a recording of the re-launch given to all court systems in Indiana through the Indiana Office of Court Services.

The Practice Team has worked in conjunction with the Strategic Solutions and Agency Transformation (SSAT) team to collaborate on training the new Practice Model Review and to be present during the formulation of each practice goal after the review results.

In-Service trainings that have been created or enhanced include: Teaming in Assessment, Teaming to Develop a Case Plan, CFTM Note Entry and Race Equity and Inclusion case examples for enhanced best practice.

Management Gateway for Indiana's Kids (MaGIK) Training

The MaGIK Project has maintained a presence on the DCS SharePoint, with a regular update, including a significant archiving event in the late summer/early fall of 2018 to better assist users in finding information about recent enhancements. The DCS IT newsletter, the MaGIK Times, is published periodically and emailed to all MaGIK Users, especially after a deployment of new feature. The newsletter provides helpful hints, current information, and other items to support the DCS practice model using MaGIK as an important tool for FCM's.

MaGIK Consultants continue to provide user support and trainings to both new and experienced staff in the local office, and through Staff Development provide a half day classroom training for the monthly New Supervisor Onboarding. During new worker pre-service training, new employees participate in an on-line MaGIK training that is self-paced. The MaGIK Consultants also provided an index of twenty-nine (29) supplemental topics for MaGIK training alongside topics listed in the Transfer of Learning activities. Transfer of Learning activities are field based activities for new workers to supplement their classroom training during their new cohort training. Additional trainings are scheduled based on the requested needs of the local office or business unit. The Consultants also utilize tools such as instant messaging, WebEx, Zendesk, e-mail and telephone support for users across the state.

As Indiana transitions to a new CCWIS system, these same consultants, within the information technology division, will continue to provide training and support. The new system will be called I-Kids and will roll out in 2021.

Permanency Roundtable Process and Training

In 2011, Indiana adopted a process for specialized staffing called "Permanency Roundtables" based on work completed by Casey Family Programs. These structured internal staffings focus on reviewing youth in extended care without attainable permanency goals. They are designed to identify and address system barriers, improve case decision-making, strengthen practice, and influence timely permanency for children in out of home care.

Training on this process includes a one-day values training, Permanency and PRT Training, which reviews the importance of establishing and maintaining the value of permanency throughout the life of the case as well as the roles and responsibilities of Permanency Roundtables. This training has been broadly provided to DCS staff as well as external stakeholders. Other trainings were also developed to supplement and support the other roles of Permanency Roundtables. These PRT supplemental role trainings include a one-day facilitator training designed to equip individuals with the facilitation skills necessary to ensure model fidelity and conduct the Permanency Roundtable process effectively. A Webinar for Permanency Roundtable Scribes. And finally, a Computer Assisted Training (CAT) for Field Staff to assist in their readiness for presenting a case at a Permanency Round Table. The CANS and Permanency Consultant staff has continued to take the lead in providing these training. Permanency Values and Roundtable Trainings are held six times during the year and include DCS staff. There are

monthly trainings for the scribes who record the Roundtables, as well as trainings available for Roundtable Facilitators.

Supervisory and Management Training

All new supervisors receive a comprehensive training over a 5-month period covering five modules. The new Supervisors participate in 4-days of On-boarding training prior to the training modules. Topics include: Payroll and Travel Supervisory Review and Approvals, Data Reports, Human Resources for Supervisors, Ethics, Eligibility Determinations, Background Checks, Funding Appeals and Fiscal Approvals, Supervisory Functions in KidTraks, and MaGIK. In 2018, information regarding permanency and practice supports was added to on-boarding

The five modules include four 3-day trainings covering the areas of (1) personnel and technology issues (2) administrative supervision (3) educational supervision and (4) supportive supervision. It is recognizing that well-prepared and competent supervisors are a key to successful outcomes for children. The afore mentioned supervisor curriculum was piloted and implemented with the assistance of experienced trainers from the Butler Institute for Families who worked with Indiana trainers to develop competency in delivering the curriculum. Results have been very positive, and Indiana Trainers are now delivering this training to all new supervisors who are hired. This training continues to be offered based on need. For 2021, Supervisor Core will be revised, and will be based on evaluations provided from previous supervisor trainings. This will allow the Staff Development Department an opportunity to enhance and revise these trainings to make them more practical and provide more alignment of our current practice and policies.

A Supervisor Mentor program has also been established following a process like that of the Field Mentor. A series of Skill Assessment Scales were developed, based on the modules described above and the identified mentor supervisor who is assigned to a new supervisor completes the scales approximately one month after each module. The completion of these scales provides additional information to both the new supervisor regarding strengths and needs as well as to the Staff Development area to identify additional training needs. A manual is provided to the supervisor mentor that includes information about learning styles, the program protocol, and a description of the scales. A computer assisted training was also developed in 2012 to assist Supervisor Mentors with understanding expectations related to their mentoring role and continues to be available for all newly appointed supervisors. In 2018, it was determined that classroom training would be more helpful for Supervisor Mentors, and this has been developed.

In 2018, ongoing supervisory training began to include a specialized course that is called Supervisor Seminar. Supervisors attend this 6-month after their Supervisor Core graduation. In addition, a yearly workshop for all supervisors continues in addressing training needs identified by the Supervisors.

Indiana DCS, in partnership with Casey Family Programs, acquired the rights to make the Staff Retention for Better Outcomes in Child and Family Services workbook series available for use within the State. This included tailoring the workbook content to align with the State's Practice Model and Practice Indicators.

Workshops based on this series occurred quarterly facilitated by individuals who had completed the DCS sponsored MSW program, or by other identified experts in the topic area. Videoconferencing equipment

assisted with connecting supervisors from across the state for these sessions which focus on a particular topic.

The steering committee who developed the ongoing training plan reviewed the flexible workbook design, which allowed for the workbooks to be used in many ways. This series was furthered developed into the Supervisor Core Training.

Training of supervisors – Indiana's trained facilitators/trainers have been able to support and train other leaders and supervisors. Participants who attend a training session have the information and tools at their fingertips to refresh their learning and to use as needed long after they attend the training.

The training department continues to ensure utilization of the DISC Behavioral Profiles, and Leadership principles are woven throughout the curriculum. DISC Behavioral Profiles measure your personality and behavioral style and describes how you react in various situations and interact with others based upon that profile. The curricula was designed to include less instructor lecture and more participant facilitation and small group activities. Feedback to date on the enhancements has been positive.

Curriculum Content of Supervisor Workbooks

The curriculum was based on extensive literature review on the topics of leadership, staff retention and turnover in child and family services, human services, and business. Surveys conducted with supervisors and front-line staff in child and family services served to inform content. Curriculum authors and advisors had extensive firsthand experience in agency management and child and family services. Throughout this program, there was a strong emphasis on the day-to-day skills and practices needed by front-line supervisors to build mutually respectful relationships with their staff and meet agency outcomes within the context of family centered practice. Workbook subjects included:

- Workbook 1 – The Role of Leaders in Staff Retention: presents a leadership model that introduces self- mastery and teaches ways of cultivating both hard and soft leadership skills; provides information, tools, and methods for leaders to use to support staff in creating and sustaining a positive culture and organizational climate for staff retention.
- Workbook 2 – The Practice of Retention-Focused Supervision: promotes supervisory competencies for retaining effective staff, including self-assessment, and planning tools; includes methods and tools for setting objectives, structuring the supervisory process, encouraging self-care, and managing stress in the workplace. Intentional use of the supervisory relationship to meet individual and organizational goals is stressed.
- Workbook 3 – Working with Differences: provides understanding, methods, and tools for tailoring supervision to the diverse characteristics, learning and behavioral styles and professional development needs of staff; encourages the development of self-awareness, self-mastery, and relationship skills.
- Workbook 4 – Communications Skills: provides specific information, tools, and activities to model effective communication skills within the supervisory relationship.
- Workbook 5 – The First Six Months: provided a structure, methods, and tools for orienting, supporting, and training new staff during their first six months on the job; promoted particular attention to raising supervisory awareness and skills in helping staff cope with and manage the stressors of the job, as well as the growing workload.

- Workbook 6 – Recruiting and Selecting the Right Staff: provided information on promising practices and tools for recruiting and selecting front line staff; included profiles of desirable qualities needed in front- line supervisors and staff and processes for managing timely hiring and conducting successful interviews, including behavioral interview questions.

Initially these quarterly workshops were conducted using Videoconferencing equipment. The materials are now embedded in Supervisor Core training, offered for new Supervisors.

Emerging Leaders Academy (ELA)

In 2021, DCS launched its inaugural Emerging Leaders Academy for frontline staff to pursue a more in-depth training series to learn about Leadership and how to become an effective leader. The targeted staff are not yet managers but are promising or emerging as leaders. This program series builds a foundation of Leadership Theory and how to understand your own leadership style. This program develops their own personal growth and goal and has 4 training sessions with pre-work between sessions, in addition to a kickoff and graduation ceremony. Microsoft Teams is the medium by which all training sessions are held, in addition where all files are kept and from which communication is sent. Each academy participant is matched with a mentor, who has graduated the Leadership Academy for Supervisors (LAS). There were 41 participants selected for 2021.

Leadership Academy for Supervisors (LAS)

Indiana has adopted the National Child Welfare Workforce Institute curriculum to continue training the Leadership Academy for Supervisors. This core curriculum consists of the Introductory Module and five subsequent modules. Learning activities include some pre-learning in preparation for each of the five modules following the Introductory Module as well as follow up peer-to-peer networking to each of the modules facilitated.

Modules include: (1) Introductory Module; (2) Foundations of Leadership; (3) Leading in Context: Partnerships; (4) Leading People: Workforce Development; (5) Leading for Results: Accountability and (6) Leading Systems Change: Goal setting. The Department has had supervisory participants in this program on an annual basis since 2014 averaging around 20 participants a year.

In 2019 we had 28 Supervisors participating in LAS and subsequently in 2020 there were 30 Participants. LAS has been modified in 2021 to condensed sessions for a virtual platform and has 32 participants.

Indiana has made a few enhancements to the organization of the program by putting the curriculum, worksheets, modules and announcements on Indianan University's virtual classroom platform, MS Teams.

Leadership Academy for Middle Managers (LAMM)

In 2019 work was completed to re-organize and create a LAMM program using the NCWII curriculum as the foundation.

In 2020, there were 23 program managers, local office directors, chief counsels, and hotline managers selected for participation in the Leadership Academy for Middle Managers (LAMM).

In 2021 the LAMM program accepted 25 participants, representing almost all DCS Divisions and partnering each with an individual coach. The curriculum has been expanded to include the Studer

Principles, the Healthcare Flywheel, LEAN Principles and StraightTalk Communication Assessment online. The program has been modified to have 4 virtual sessions, with pre-work between each training session; required individual coaching with an assigned mentor; a change initiative based on the agency's 2021 goals; and a kickoff and graduation ceremony. This program was also enhanced for organization by placing the material and communication through MS Teams.

Management Trainings

Staff Development has developed formal curriculum for a leadership series which is completed yearly for all newly hired Local Office Directors. Management staff from other areas had also been identified to complete this training (including the legal division, the hotline division, the programs and services division and staff development). Individuals trained through the "train the trainer" program provided by the Leadership Transformation Group continued to facilitate this training. Each individual also identified a mentor to assist them through the training process and activities, although a formal mentor program has not been developed.

Currently, the Partnership is redesigning the Leadership series and gearing curriculum toward Local Office Directors and renamed it, Directors' Core. The Partnership will create a Core training for other Director level staff in the future as well.

Staff Development continued offering quarterly workshops for Supervisors and Directors in 2019 and 2020. The topics included True Collaboration, Appropriate Staffing, Skilled Communication, and Effective Decision-making, Leaning into Excellence, and Cultural Humility. Quarterly Workshops will continue in 2021 to reflect the LEAN Daily Huddles and Safe Act.

In 2018, Staff Development received and hired three Leadership Advisors. The Leadership Advisors train Quarterly Workshops for supervisors and Directors. In addition, they train Supervisor Orientation. They are working closely with the Supervisor and Local Office Director/Division Manager (LOD/DM) Advisory Boards. In addition, they are providing Quarterly Leadership Training for the Partnership. In 2020, they launched a Senior Level training series that continued into 2021. The first Leadership Advisor training was delivered at the end of April 2019. They continue to provide Leadership Coaching for managers or frontline staff as requested. They are currently involved in supporting the Leadership Academy for Supervisors, Leadership Academy for Middle Managers, as well as the development and training of the 2021 Inaugural Emerging Leaders Academy.

In looking towards the future, Staff Development Partnership will develop an Executive Leadership Institute that will enhance the previous Management Innovations Institute with plan to be implemented in 2022. Due to COVID this has been delayed in order to ensure a more effective in-person experience.

Other Training Initiatives

Staff Development continues to partner with both internal divisions as well as external partners in various training initiatives. Two one-day legal trainings occur each year addressing relevant legal topics for all DCS Staff Attorneys, and monthly legal trainings occur using videoconferencing equipment. Independent Living Specialists provide quarterly trainings for Collaborative Care staff and regional informational sessions. This information can be found in the APSR Chaffee Program Training section. Legal Training related to the Indiana Practice Model is available upon request by Regional Offices. Regular trainings occur to prepare individuals to participate in the Practice Model Review (PMR)

process. The CQI team in an effort to continually support continuous quality improvement, provides ongoing awareness training to staff in regard to Lean principles. Numerous other trainings are available and can be facilitated based on results from the Individual Needs Training Assessment, an assessment of organizational needs or if needed based on unique local needs.

In addition, the Staff Development Division, in cooperation with the Indiana Judicial Center, continued to partner on providing training to Court personnel relative to child welfare practice. Several workshops have been provided which included cross training regarding safety planning and permanency related items, to court personnel, probation officers, Guardian ad Litem/Court Appointed Special Advocate personnel and other stakeholders. Specifically, DCS partnered with the State Court Appointed Special Advocate (CASA) program to provide training to CASA's/GALS through 4 regionally based trainings which occurred in Lafayette, Warsaw, Evansville, and Indianapolis. Topics covered in this training included: Legal Requirements for the Identification of Child Abuse and Neglect, The Role of an Attorney Guardian ad Litem in Juvenile Court, Developmental Considerations in Working with Abused and Neglected Children and Adolescents, Treatment of Child Abuse and Neglect: Trauma Informed Care and Ethics.

There has been ongoing collaboration on the development/re-design of the DCS and Probation interface and DCS and the Judicial Center hosted a webinar to train Probation staff on the new referral and Individual Child Placement Referral (ICPR) process. Indiana's Round 3 CFSR found that probation officers that serve youth in the delinquency setting and receive IV-E funded services lack sufficient child welfare training. DCS will be collaborating with counterparts in the Indiana judiciary to finalize curriculum updates for probation officers as part of the continued PIP development process and those changes will be reflected in future DCS Training Plan updates.

DCS representatives routinely attended meetings with the Juvenile Justice Improvement Committee and the Child Welfare Improvement Committee to discuss permanency and other child welfare issues, including the use of emergency shelter care, statutory timelines in CHINS and TPR cases, the statewide IV-E waiver program and DCS Services and Outcomes.

In April 2019, DCS Attorneys, FCMs, Public Defenders and CASA/GALs participated in a 3- day Legal Training in Tippecanoe County (Region 5). This training provided an opportunity to hold a mock court trial with feedback provided to all participants.

Staff Development successfully re-launched the Practice Model training to every person in the agency. Also, the following CATs were developed in 2019: Practice Model, Salesforce App., Human Trafficking I, Human Trafficking II for FCMs and Supervisors, Visitation Planning, National Youth Transition Database, Safety Planning as well as an interactive power point titled Data and Coaching for FCMs and Supervisors. New Worker Cohort Training was revised in 2019 and then rolled out in January 2020. RAPT Pre-service trainings was revised and rolled out in 2020. Director's Core training was developed in 2019, and the final module was completed in early 2020. The Engaging Resource Parent classroom training was developed and rolled out in May 2019. The individual Training Needs Assessment for FCMs rolled out in May 2019. The results of this assessment were evaluated by the Partnership and delivered to the FCM and Supervisor. In 2020, the Partnership hosted an Annual Director and an Annual Supervisor Workshop. Due to COVID 19, these were held virtually. A Continuous Quality Improvement CAT was developed in 2020 and began rolling out in March 2020 for all DCS staff.

During 2020, Staff Development was also tasked with providing training opportunities for all divisions. They have provided various trainings as requested. For 2021, we are providing training to all divisions as requested as well as trainings on Racial Justice, Equity, and Inclusion. Many divisions, such as fiscal and child support, have developed their own methods of training staff to meet this requirement and enhance their professional development, as well.

For the next five years (2020-2024), the Partnership will develop an Onboarding training plan for all Central Office employees and revise Supervisor Core for new FCM Supervisors.

Statewide Conferences

Marion County, Indiana's largest jurisdiction, continues to hold a "Trauma Informed Symposium" in May of every year highlighting the following topics: How Resilience Trumps ACES, Trauma Informed Care and Domestic Violence and Models of Care to Engage Young Men in Caring for Themselves and Others". Stakeholders included DCS staff, Juvenile Court Staff, Child Advocates, Prevention Partners, Child Protection Team Members as well as Community Members. This symposium was rescheduled in 2020 due to COVID-19 19.

An annual conference for Resource and Adoptive Parents was being held. Topics included education and support to Resource and Adoptive Parents. In 2018, the annual conference was held in August. Topics included: LGBTQ information, Self-Care, Understanding Adoption, Trauma Informed Care, Preventing Suicide, Human Trafficking, Loss and Grief, Attachment Trauma, and Creating a Healing Home. For the 2019 workshop, presentations centered on Foster Care Bill-of-Rights, teen behaviors, LGBTQ, transracial children, child trafficking, mental health, self-care, and reunification with biological families. This was held August 16-17, 2019.

Due to COVID -19 concerns the 2020 RAPT Conference was cancelled.

In 2021, this conference will be a one day virtual experience that will occur on August 21st.

Additional Assessment Training

Following an agency initiative in 2009 focusing on better assessment of children's behavioral health needs, a decision was made to adopt the utilization of the Child and Adolescent Needs and Strengths (CANS) tool developed by John Lyons, Ph.D. In Collaboration with the Indiana Division of Mental Health and Addictions (DMHA), all DCS Supervisors receive a two-day training to become "Super Users" of the tool so they in turn could assist the Family Case Manager staff to become certified by completing an on-line training and certification process. All Super Users also complete a yearly "booster" session which DCS is coordinating with DMHA.

In 2013 Permanency and Practice Support recognized additional support was needed to educate and support all Field Staff as to their understanding and use of the CANS. As a result, Permanency Consultants received certification training from Dr. Lyons to become CANS Consultants. These CANS Consultants now provide quarterly trainings throughout the state on the basic understanding of CANS, CANS 101, and CANS 102. These trainings include content in how the CANS is understood and scored using the trauma module. As practice evolves, so does the need for training, therefore in 2019 an updated version of these trainings was implemented that discussed the general knowledge of CANS

tool, how trauma should inform our understating of not only our scores, but how we also practice as Child Welfare professionals. This training is called Meaningful Use of CANS.

Training for Indiana Physicians, Docs INCASE, DCS Staff and Other Relevant Parties

Indiana University continues to provide program development, implementation and training on child abuse and neglect identification and/or reporting and related topic to ER physicians, family physicians, pediatricians, Docs INCASE (pediatricians identified from across the state who provide local expertise and assistance to DCS through consultation and participation in community child protection and fatality review teams), and others who see infants and children in a medical setting. The contract provides for a minimum of six regionally based trainings along with on-line modules/webinars with Continuing Medical Education credit that can be provided across the state of Indiana on such topics as: identification, reporting, mechanisms of injury and appropriate medical evaluation.

In 2018, an amendment was prepared for the Pediatric Evaluation and Diagnosis Program Contract with Indiana University to develop and provide new trainings tailored to fit different hospital systems and different training scenarios/participants for DCS Staff. The child abuse pediatricians of the PEDS program piloted the trainings developed by presenting 12 training presentations to a group of 26 statewide DCS professionals from seven different roles (FCM, FCM Supervisor, Local Office Director, Regional Manager, Staff Attorney, Healthcare Specialist, and Assistant Deputy Director) on Monday, June 18, 2018 to evaluate the training material before rolling out the trainings across the state. This much needed training clearly benefits Indiana's children. These trainings continued rolling out throughout the state in 2019.

Foster Parent Specialist Training

There are currently 156 current Foster Parent Specialists and approximately 32 supervisors. New staff have continued to complete a two-day training covering the topics of: (1) Roles and Responsibilities of a Foster Care Specialist, (2) Identification and Recruitment of Foster Parents, (3) The Licensing Process, (4) Foster parent Engagement and Support and (5) Facilitating the Perfect Placement. Tools from the SAFE home study are used to effectively work with foster parents using this inventory.

In October 2019, all foster care functions related to licensing new foster homes was consolidated under Field Operations to provide more flexibility and efficiency in the use of human resources and in maintaining integrity in licensing. Foster Care training was then redeveloped to provide new incoming staff with the technical skills necessary to fulfill their roles. Foster Care Consultants facilitate the two-day training, which transitioned to five (5) two-hour virtual sessions due to COVID-19 around March of 2020. The training delivered covers the topics of: (1) Unit Structure (2) Communication expectations for Continuous Quality Improvement (3) Partnership & Needs of Stakeholders (4) Roles and Responsibilities of a Foster Care Specialist.

New Foster Care staff are provided mentorship as additional guidance and support in the field. They are also required to complete various tasks from a Transfer of Learning (TOL) Checklist with their supervisor, mentor and individually. SAFE home study training with the focus being on guiding them through the processes to follow at the start of a foster parent's initial inquiry through completion of licensure. This training tool is offered for all new staff and as a refresher for staff that have not received training in over two years.

Supervisors also receive the same training as new incoming frontline staff and assigned mentors while also attending the Supervisors training offered through Staff Development.

As continuous education, frontline foster care staff receive skill building and program enhancement from the Assistant Deputy Director for three hours monthly. Additional monthly in-service meetings are planned with the Division Managers (DMs) across the State of Indiana to further support the learning and development of the team. Foster care staff also receive some of the same trainings that are also offered to DCS foster parents to further enhance their skills. Staff Development and Foster Care Teams engage in ongoing collaboration to meet the needs of DCS foster parents.

Indiana Child Abuse and Neglect Hotline Training

In 2010, DCS implemented a centralized intake hotline beginning with the largest region (Marion County) and continuing with a roll-out plan until all regions were included in the summer of 2010. Training for Hotline staff has gone through significant changes since 2010. In 2010, new staff to the Hotline saw a very condensed training lasting approximately two weeks. Currently, depending on the experience of the new Hotline Intake Specialist (IS), training can take two different paths. For a new IS without recent experience as a Family Case Manager with DCS, training is more like that of a new Family Case Manager hired for the local office. The new IS will go through DCS's full cohort training, with transfer of learning days at the Hotline. While at the full cohort training, the new IS will receive training on topics such as Getting to Know DCS, Culture and Diversity, and The Effects of Abuse and Neglect. While participating in the transfer of learning days, the new IS will be trained on Hotline specific topics including, but not limited to: Structured Decision-Making Tool, Intake Guidance Tool, Management Gateway for Indiana's Kids (MaGIK), Customer Service, etc. As part of the transfer of learning days, the new IS will shadow with experienced Intake Specialists, participate in mock calls, and have their first set of real calls live monitored for assistance. This entire training program takes approximately twelve weeks. For a new IS with recent experience as a Family Case Manager with DCS, training is condensed down to a Hotline specific training program that lasts approximately four weeks.

Intake Trainers also train all staff who go through cohort for a half day training so that they understand the report process that takes place prior to sending the reports out to the local county offices.

Extensive Family Preservation Training

In 2020, DCS focused on Family Preservation services and will continue this focus in 2021. This will continue to be available to staff. This aligns with the expectations of the Families First Prevention Services Act. A Computerized Assisted Training was developed based on the service standards for this service. In addition, educational information is being provided through DCS's Communication Division. DCS has also provided informational training sessions, with the ability to participate in a live Q&A, for staff as well as our providers.

Clinical Resource Team

DCS has Clinical Consultants who are available to provide behavioral health expertise to field staff related to underlying needs and effective interventions for children, youth and adults involved in the child welfare system. Training and technical assistance was initially provided by Nationwide Children's Hospital and Franklin County Children's Services, and supported by Casey Family Programs. Training for the Clinical Consultants is developed and/or reviewed by the Integrated Care Director, a Licensed

Clinical Social Worker and Staff Development. The Clinical Consultants have provided training at various workshops on related topics such as trauma informed care.

Educational Consultants

DCS has Educational Consultants who are available to aid field staff regarding children's educational needs. These regionally based specialists have developed training which they provide to stakeholder groups as coordinated by the Educational Consultant Program Director in collaboration with Staff Development. Training topics include: Special Education Alphabet Soup, Life After High School, Talking State Test Talk/What if a Child Doesn't Pass, let's Think About the Swimming – Planning for Summer. In addition, these individuals have prepared training related to educational topics for field staff.

Cost Allocation Methodology

Cost allocation for the training program continues to be determined by an analysis of the content of each curriculum and by tracking the job responsibilities of each person attending each training session. All ongoing courses are provided from 9 to 12 and 1 to 4 each training day, or 6 hours per training day. The allocation methods for child welfare training are described in Appendix E: Child Welfare Trainings/Allocation Methods.

Improving the Quality of Visits

Indiana worked with the Child Welfare Policy and Practice Group from Montgomery, Alabama to develop and pilot a three-day workshop entitled Making Visits Matter, Home Visiting to Improve Safety, Well-Being, Stability and Permanence for Children and Families in 2008. This curriculum was finalized, and Partnership Staff were prepared to deliver this training. After the initial roll-out which provided this training to every Field Operations Family Case Manager, Supervisor and Local Office Director, the training continues to be provided regularly for more recently hired staff. Prior to the registration for this training, staff members are asked to have completed six months of service so that they will have the background and experience necessary to receive maximum benefit from attending.

In this workshop participants explore "levels of knowing" in the context of their work with children and families. This helps them get to know families and caregivers based on the principles that guide the work (Practice model) in efforts to achieve the four major outcomes in child welfare (safety, permanency, well-being, and stability).

Participants also learn to know children within their context by examining ways of connecting or joining with children, families, and their informal and formal support network in achieving individualized goals and resources to achieve outcomes. This training has been updated and is now titled Meaningful Contacts.

Outcomes for Quality of Visits Training

This curriculum was focused on the critical role of worker visits and the relationship visits have in improving safety to children and supporting effective case plan development, implementation, and adaptation. In addition, special considerations related to engagement, interviewing, and taking a team approach was integrated throughout the three-day curriculum. The following resulting practices were discussed and practiced within the training session:

- Identification of purposes and the value of partnership in worker visits with children and families
- Development of strategies toward effective working agreements for visiting
- Identification of and practice in safety assessment during visits, including observation and interviewing information
- Individualization of visiting techniques and observations based on developmental considerations, case progress and key decision points in work with children and families.

Realistic Job Preview

Building on research regarding worker recruitment and retention and based on the work of the Butler Institute for Families, Indiana has developed a Realistic Job Preview video for use during the recruitment process.

Calamari Production Company, an award-winning company that specializes in child welfare/juvenile justice issues was contracted to develop this video. This production company has hundreds of hours of footage from developing documentaries with unprecedented access to Juvenile Courts. In addition, several staff have been interviewed to provide a realistic review of what the position of a direct line work consists of. Coordinating interview questions and evaluation material has also been provided by the Butler Institute of Families. This video has now been incorporated into the recruitment process including the funded BSW students so that all potential family case managers view the video prior to accepting a field position. Formal research has not been completed, but anecdotal feedback indicates that several individuals have withdrawn their applications for the position after they have viewed the video.

- Tracking and adaptation of case plan goals, tasks, and accomplishments
- Development of worker engagement strategies with children, families, and caregivers
- Development of strategies toward team building during visits to promote progress and stability for children and families

DCS Human Resources is currently retooling the recruitment and realistic job preview activities to improve the hiring process and better prepare new employees for the work they will be performing.

DCS continues working with Accenture to develop virtual reality trainings, one of which is a hiring module with which the interviewee “job shadow” a family case manager’s typical day job. This is helping candidates self-select whether this is the correct job for them or if they find themselves uncomfortable with the work or environment.

Providers of All Training Activities

Beginning in January 2010, the Indiana Department of Child Services entered a Partnership Contract with the Indiana University School of Social Work to identify, develop, implement, and provide all identified training needed to establish a well-prepared workforce in child welfare focusing on child safety, well-being, and permanency. DCS continues in the Partnership with IU.

Through its Staff Development Division, DCS currently has full-time equivalent positions including a Deputy Director, 3 Assistant Deputy Directors, Training Manager, 6 supervisors, 15 classroom trainers, 12 RAPT Trainers, 21 peer coach consultants, and 4 support staff. The Partnership Contract provides for the following full- time equivalent staff positions: Training Manager, two supervisors, four curriculum

writers, 10 trainers, 2 production staff, fiscal staff, evaluation staff, a multi-media staff person and support staff. Most trainings offered are by Partnership staff.

A Trainer Bootcamp was developed in 2020 using the Competency Based format and is offered to all new trainers hired through the partnership. This covers curriculum development, use of media and presentation skills. In addition, each newly hired trainer completed a rigorous preparation phase prior to delivering material which includes observation, co-training with feedback and mentorship/coaching by experienced trainers and supervisors.

Settings for Training Activities

New worker training primarily had occurred in downtown Indianapolis, which is referred to as 500 North. Classroom space was also utilized through the University Partnership and is in northwest Indianapolis. Training space has also been identified in each of the 18 Regional Hubs established so that regional classroom training can occur minimizing the travel required for staff. In addition, video teleconferencing equipment has been installed in all these hubs, and training can be provided through this medium with one or two trainers located in one location and 4 or 5 sites connected to observe and participate in the training. Other Government buildings including city/county centers, libraries and local offices have also been used. In 2020 all training was held virtually due to COVID 19. This is how training continues to be held.

Computer Assisted trainings (CATs) have been used to easily provide information to staff members in a short period of time. During 2018 and beginning of 2019, new CATs were developed. These included Compassionate Confrontation, Nepotism, Random Moment Sample, Assessment Initiation, and Safety Planning. The Practice Model CAT has been revised as well. Additionally, the following CATs were developed in 2019/2020: Visitation Planning, RPS (Reflective Practice Survey), the National Youth in Transition Database, Human Trafficking; Personal Protective Equipment, Family Preservation, and Understanding Child Support. Also, in 2019, a Podcasts were created for the Plan of Safe Care and Legislation Changes.

In addition, a contract was executed with 30 courses called "Essential Learning", so that additional computer based relevant trainings can be offered to staff.

Essential Learning Course Name and Description

- A Culture-Centered Approach to Recovery (3 hrs)

A review of the many dimensions of culture, the impact of a worldwide view on psychosocial rehabilitation practice (PSR), and the steps to becoming a culturally competent service provider. It includes exercises which help the learner explore their own culture and worldview as well as identify biases which could impact their relationships with others.

- ADHD: Diagnosis and Treatment (4 hrs)

This course will help you identify the symptoms and diagnosis of ADHD, and understand the possible causes of the disorder. Additionally, you will learn some of the latest treatment options for children, teenagers, and adults. These skills will help you in the treatment of your clients who have ADHD.

- Adolescent Suicide (2.5 hrs)

In 2004, suicide was the third leading cause of death in children, adolescents, and young adults. Common warning signs of suicide include suicidal threats both direct and indirect, dramatic changes in personality or appearance, severe drop in school performance and giving away belongings. High risk factors in this age group include a history of alcohol and substance abuse, family history of maltreatment or neglect, recent bereavement, physical illness, and school failure. Important elements of suicide assessment include asking directly about the presence and nature of suicidal thoughts, a plan for suicide, determining the availability of lethality, previous thoughts or attempts, exploring beliefs and values and barriers to suicide.

- Alcohol and the Family (2.5 hrs)

Alcohol use can have a destructive effect on individuals as well as their families and loved ones. In this course, you will gain in-depth knowledge about research concerning the impact of alcohol use disorders on the family context. You will learn the "brass tacks" of the family systems approach to understand the complicated dynamics of families struggling to deal with the impact of alcohol use disorders. Furthermore, you will be able to identify specific risk factors that are related to developing an alcohol use disorder. Vignettes and interactive exercises give you the opportunity to apply what you learn so that you can easily apply these competencies in your own setting.

- Attachment Disorders and Treatment Approaches (1.5 hrs)

This presentation given by the Center for Behavioral Health's as part of their ongoing Breakfast Learning Series addresses the concept of attachment theory and treatment of attachment disorders. Assessment parameters, treatment goals, ethical issues, and related disorders are also covered in this video course.

**Audio/Video Required

- Attitudes at Work (2 hrs)

An employee's attitude at work impacts performance, office culture, and the overall success of an organization. Unfortunately, an employee's attitude is often overlooked and considered a factor that is uncontrollable and unchangeable. Because of this perception, poor attitudes can easily infect the workplace and cause significant problems for both the employees and the organization. This course will give you valuable information about the importance of employees' attitudes in an organization, how certain attitudes can be promoted or changed, and how to create a workplace environment that fosters helpful attitudes.

- Bipolar Disorder in Children and Adolescents (1 hr)

This course discusses the signs and symptoms of Bipolar Disorder in children and adolescents, reviews the latest pharmacological and psychotherapeutic treatment for this population.

- Child and Adolescent Psychopharmacology (2 hrs)

This course – intended for non-MD mental health professionals, including marriage-family therapists and licensed clinical social workers – will give you in-depth knowledge of psychotropic medications used to treat children and adolescent psychiatric issues. This includes anxiety, mood, psychotic, and behavioral disorders. You will learn about to the unique issues surrounding psychopharmacology for pediatric populations, including common uses, side effects, and timelines for medication response.

Through interactive games, quizzes, and vignettes, this course will help you to take the learning back to your real- world work environment.

- Communication Skills and Conflict Management for Children's Services Paraprofessionals (2 hrs)

The ability to communicate with the children and families you serve is essential to your work with them. Passing along those basic communication skills that we take for granted--communicating successfully with others, basic social skills, coping with conflict or anger, and solving problems--is another important part of your work. In this course, we will be focusing on various forms of communication, communication skills, and how to use communication effectively in solving problems and conflicts.

- Cultural Diversity for Paraprofessionals (1.5 hrs)

This course is an introduction to understanding the various components of cultural competence and how they apply to providing mental health and other human services to various groups of people and to individuals from within those groups.

- Domestic and Intimate Partner Violence (2 hrs)

This course gives an overview of domestic violence, discusses the risk factors and clinical issues associated with domestic violence. It also describes the psychology of abuse and the best treatment strategies.

- Dual Diagnosis Treatment (3 hrs)

Dual Diagnosis Treatment is for people who have co-occurring disorders: Mental illness and a substance abuse addiction. This treatment approach helps people recover by offering services for both disorders at the same time. In this course, we will discuss treatment options that address the various mental and substance abuse issues.

- Fundamentals of Fetal Alcohol Spectrum Disorders (1.5 hrs)

This course gives you key information about Fetal Alcohol Spectrum Disorders (FASDs) and the commonly associated complications. You will learn ways to identify common symptoms, and the benefits of proper diagnosis treatment for those who have an FASD. Strengths and difficulties for these individuals will be emphasized to help you better recognize when someone you work with has an FASD. Finally, you will learn ways that you can raise awareness for these disorders – this can ultimately result in proper treatment and prevention of FASDs. You will have a chance to review what you have learned through a series of interactive exercises and vignettes.

- Identifying and Preventing Child Abuse and Neglect (2 hrs)

This course will familiarize you with different types of child abuse, how to identify them, and what to do if you suspect that a child has been abuses. Definitions of child abuse – along with how and when to report it- vary from state to state so you must always check with your local state reporting agency regarding laws and requirements. Regardless of your location, this course will give you a solid overview of the most common types of abuse that a mandated reported is likely to encounter.

- Making Parenting Matter Part 1 (2.5 hrs)

Many parents find themselves wondering if parenting matters. They may ask themselves if they know what decisions a "good" parent should make and whether their parenting style is good, bad, common, or unique. Working effectively with children, adolescents, and their families can be quite challenging if you are not adequately prepared with the best tools for the job. Drawing upon content developed by Carol Hurst, Ph.D. of the Corporate University of Providence, this series of trainings is designed to empower clinicians who work with parents and their children with clear, relevant, and actionable information about best practices. This first course gives you an overview of the importance that parenting plays on child development by covering various parenting styles and typologies, as well as the theoretical perspectives of psychologists Freud, Bowlby, Baumrind, and Bandura. The instructive information, interactive exercises, and case vignettes in these courses will leave you prepared to successfully apply these concepts in your work with parents and children. *Flash required

- Methamphetamine: Effects, Trends, and Treatment (1.5 hrs

The course provides a comprehensive overview of the drug methamphetamine including how the drug is created, the short- and long-term effects of meth abuse, recent law enforcement trends for manufacturing and trafficking, and the physical and psychological nature of methamphetamine dependence. It also describes treatment options and outcomes including the Matrix Model Intensive Outpatient Program. **Audio/Video Required

- Motivational Interviewing (4 hrs)

This course helps you understand what Motivational Interviewing is and become familiar with strategies to help you with your client counseling.

- Overview of Psychopharmacology (4 hrs)

This course describes four major categories of medications by their generic and trade names (brand names used by pharmaceutical companies): anti-psychotics, mood stabilizers, antidepressants, and anti-anxiety medications. It presents information about clinical indications, dosages, and side effects. Medications that specifically affect children, the elderly, and women during the reproductive years are also discussed.

- Overview of Serious Mental Illness for Paraprofessionals (3 hrs)

This course provides an overview of serious mental illness including schizophrenia, bipolar disorder, and children and adolescents' mental disorders.

- Overview of Suicide Prevention (3.5 hrs)

This course is designed for professionals in the prevention, addictions, mental health, and related fields. The nature of the topic of suicide prevention also makes this course relevant to community members, including the gatekeepers identified in this course (healthcare workers, school personnel, protective service workers, law enforcement, members of faith communities, program planners, volunteers, and juvenile justice personnel) and any community members who have been touched by suicide. The content is adapted from the National Strategy for Suicide Prevention which is published on the Substance Abuse and Mental Health Services Administration website (SAMHSA).

- Post-Traumatic Stress Disorder (3 hrs)

This course discusses the prevalence and diagnostic criteria for PTSD; it discusses treatments for PTSD including psychotherapy and medication as well as PTSD in children and adolescents.

- Safety Crisis Planning for At-Risk Adolescents and Their Families (2 hrs)

This course focuses on how social service workers and mental health clinicians can work to create effective family safety/crisis plans with high-risk families in the community. As you are probably aware, high-risk adolescent consumers and their families face several obstacles that may seem impossible to manage. However, with the techniques you will learn in this course will help you to keep the family and the community safer. After completing this training, you will understand a clear step-by- step process to safety/crisis planning- and you will even get a sample crisis/safety plan form that you will use to apply the knowledge you gain during the course.

- Strength-Based Perspectives for Children's Services Paraprofessionals (1.5 hrs)

While the medically oriented “deficit model” is standard training for most staff who work directly with children, the strength-based/recovery movement emphasizes the need to have a balanced view of clients. That balanced view includes learning the values, terminology, and interventions that allow clinicians and the consumers you serve to address strengths along with challenges throughout the treatment process. In this course, you will learn about assumptions about the strength-based perspective including the definition, principles, and beliefs about working with children and their families from the strengths perspective. You will also learn concrete strategies to apply these principles with children and their families at home.

- Stress Management for Mental Health Professionals (2 hrs)

As mental health professionals, you are prone to stress, which may lead to physiologic, emotional, and spiritual symptoms. This course explains the sources and types of stress unique to mental health professionals like you and the physiological mechanisms of stress. The interactive course identifies symptoms of stress and discusses several stress management, reduction, and prevention techniques that you can use. It provides an opportunity for you to assess your own levels of stress through the Compassion Fatigue Inventory. The course includes current resources for you to access as you develop your personal stress management strategy. We use a blend of experiential vignettes, interactive activities, and didactic information as tools to prevent stress in the workplace. This information is especially relevant to mental health professionals in all treatment settings. You can also use this information to teach patients stress management techniques. **Audio Included

- Substance Abuse and Violence Against Women (3.5 hrs)

This course provides a comprehensive review of the nature and prevalence of substance abuse problems and its association with violence against women. The course discusses social, family, and cultural aspects associated with domestic violence. It also provides a comprehensive review of services available to women and men who are in this cycle of violence. A detailed discussion about legal options for women is also contained in this course.

- Time Management (2.5 hrs)

The bottom line in many organizations is productivity. If you find yourself overwhelmed, working too many hours, or running behind you may have room to improve your approach to time management.

This course will give you an overview of the top issues related to managing your time effectively at work. You will learn ways to streamline your daily work along with skills that can help you to get more work done in less time.

- Trauma Informed Treatment for Children with Challenging Behaviors (3 hrs)

This course is about how to help children who have been severely traumatized to regulate their emotions more effectively and better manage their challenging behaviors.

- Valuing Diversity in the Workplace (2.5 hrs)

In today's increasingly diverse workplace, recognizing and valuing diversity has never been more important for an organization's success. The differences and similarities that we share with our colleagues contribute to the successes and difficulties we experience. The key to valuing differences is to be appropriate about recognizing them so that they don't hold us back from performing at the highest level possible. In this course, you will learn about your own attitudes toward diversity along with specific skills to work effectively with other employees who have different backgrounds and training.

- Working with Children in Families Affected by Substance Use (4 hrs)

This course is designed to help you assist families experiencing Substance Use Disorders (SUDs) and the child maltreatment that often results. You will learn how to address each problem by gaining an understanding of SUDs, including their dynamics, characteristics, and effects. You will also learn how Child Protective Services workers recognize and screen for SUDs in child maltreatment cases. Finally, you will find out how to establish plans for families experiencing these problems, including how to support treatment and recovery, as appropriate. By completing this training, you will have opportunities to apply what you have learned in a series of interactive exercises, games, and vignettes that are designed to address issues you may encounter. The knowledge you gain will contribute to your understanding, helping you to identify avenues for enhanced services to families.

This form of training has been extremely popular with staff. Numbers of each selected training continue to be further reviewed so that courses not used frequently can be replaced with others from the Essential Learning catalog.

Virtual Capability

DCS is currently using Microsoft Teams to provide training for new and experienced workers. This platform was chosen due to COVID 19. It is also being used for In-services, Emerging Leaders Academy, Leadership Academy for Supervisors, and Leadership Academy for Middle Managers. It is anticipated that this medium will be used extensively in the future to disseminate information quickly throughout Indiana efficiently and effectively.

Evaluation Infrastructure

Evaluation forms continue to be collected from all trainees after each module and cover issues relating to the training, the trainer(s), and the location. Many of these evaluations are collected on-line. They are summarized by evaluators from Indiana University. Level I addresses trainee satisfaction and Level II addresses knowledge gained from training. Level III addresses the application of skills learned in training. Added to each question for Level I is the relative rank of each question, class, or trainer by quarter and

overall. Because the Partnership is committed to continually assessing training effectiveness, the reports are valuable information.

Regarding Level I: Rather than rank all the types of classes together each category (new worker, experienced worker, supervisor, and resource and adoptive parent) is compared to itself. Trainer evaluations are presented alphabetically. A subtotal of each training type (EW, NW, RAPT, and SUP) and overall total is given for trainer questions. For 2020, 1,619 classes were evaluated. This is 15 (0.9%) fewer classes than the previous year. The overall response rate for classes was 83% and ranged from 62% for SUP trainings to 87% for RAPT trainings. This is an 11% decrease in class level response rate from 2019. For 2020, 24,487 trainees evaluated submitted evaluations. This is 516 fewer responses than the previous year. The overall response rate for trainees was 50% and ranged from 59% for RAPT trainings to 81% for Supervisor trainings. This is a 43% decrease in trainee response rate from 2019 most likely due to changing to online only evaluations. There were 418 (26%) classes with unknown attendance rates and 99 classes with extras from 1-16 (response rate: min 3%, max 233.3%). Additionally, 677,845 responses were collected to evaluate the satisfaction trainees felt with the training content, process, location, and general trainer skills. Of these responses, the mean score ranged from 3.92 for Supervisors to 4.75 for RAPT, indicating that trainees rated the training as "exceeding" their expectations. The lowest rated question for all groups was Question 6. Ample practice time was given to demonstrate knowledge/skills. The highest rated for all groups was about the importance of training (question 14b). These numbers are consistent with last year's results. As mentioned above, trainer characteristics were also highly rated, with an overall mean of 4.42 for all classes with a range of 4.11 for SUP to 4.50 for RAPT. Overall, trainees have very positive opinions about the training.

The following classes with (15 or more people) ranked in the top 10% for the selected questions identified for strategic planning: EW Forensic Interviewing, EW Sexual Abuse, NW Engagement and Interviewing, and Worker Safety. For RAPT: Trauma Informed Care III, Fostering Older Youth, Developmental Disabilities, Attachment, Discipline, and Effects of Caregiving. For Supervisors: Supervisor Core Module I – Supervisor as Manager and Supervisor Core Module III – Supervisor as a Coach.

Level II is designed to assess the knowledge gained from training with a pre-test and a post-test. In 2019, we collected 35 cohorts of pre-test and post-test. Participants improved 8.8% on average from pre-test to post-test. All but 39 trainees improved (n=720, 94.9%). Over 53% improved by 10 or more questions. About 43% improved by ten questions or fewer. Trainees improved by at least 15% on the Getting to Know DCS, Legal Overview, and Case Planning and Intervening. They improved at least 10% on Assessing Child Maltreatment, Worker Safety, and Effects of Abuse and Neglect. They improved less than 10% on Engagement, Culture & Diversity, Legal Roles, Teaming, Time Management Permanency. The test has been redesigned and is being programmed for all new cohorts electronically, both pre- and post.

Level III Skill assessments were only submitted in the first and third quarters of 2019. Eleven mentors submitted skill assessment in the first quarter. Sixty-one mentors and nine supervisors submitted assessments in the third quarter. As part of the next three years of strategic planning, the skill assessment will need to be revised.

Level IV Evaluations; measuring the impact of training relative to outcomes for the caseload of individual workers. There was no Level IV data for 2018/2019. Beginning in the first quarter of 2020, a work group convened to plan next steps for Level IV.

In August of 2020, Teaming in Assessment intervention was piloted in one DCS region. The goal was to look at the pre-intervention data and compare to 6 months post-intervention data. The specific data would evaluate if there was an increase in CFTMs for Unsafe and Conditionally Safe assessments. This data has been pulled and is currently being analyzed.

By September 2020, Teaming with Families (CFTM) and Engaging Resource Parents was piloted in one DCS Region.

In this summary, we have highlighted information that shows differences between FCMs trained before and after the 2008 Practice Reform was implemented.

Below is a summary of the data.

- The total number of cases were slightly higher for FCMs trained after Practice Reform.
- We see that for the average total days that children were in care, for FCMs trained before and after the 2008 Practice Reform was implemented, the numbers are better for FCMs trained after Practice Reform.
- Average number of days per case were lower for FCMs trained after Practice Reform. Average total placements were lower for FCMs trained after Practice Reform.
- Average number of placements per child were lower for FCMs trained after Practice Reform. Average number of placements per case were lower for FCMs trained after Practice Reform.
- For length of placement, the average percentage of cases that were less than 12 months was higher for FCMs trained after Practice Reform. This is a positive indicator for the FCMs trained after practice reform. For longer placements, the average percentage of cases that were more than 15 months was lower for FCMs trained after Practice Reform
- And finally, for the type of placement being in the child's own home or relative home, the average percentage of cases in these homes was slightly higher for FCMs trained after Practice Reform.

Again, we have just listed the comparisons in which there is some difference between the two sets of workers.

Not all comparisons yielded any difference, and we do not know what the causes are of the differences we do note. But of all the differences, the numbers are in favor of the FCMs trained after Practice Reform. As we continue to gather more data, we hope to revise and refine this method and gain more meaning.

Resource Parent Training

Staff Development Division continues to assume responsibility for all resource parent trainings. There are currently fourteen RAPT positions, including two (2) supervisory positions, twelve (12) full-time trainer positions and three (3) full-time coordinator positions. The Assistant Deputy position added in July of 2019, continues to oversee the Resource and Adoptive Parent Training team within Staff Development. One (1) curriculum writer is utilized through the IU partnership to develop and revise curriculum to better align with the vision, mission, and values specific to the department. Ongoing training modules for licensed resource parents are developed and revised so that consistent and quality training can continue to be offered regionally to resource parents at convenient times and in convenient

locations. Rules and policies relating to resource parent trainings are revised on a routine basis by our IU partnership curriculum team to align with the most up-to-date rules and policies. A contract is maintained with Central Indiana American Red Cross for resource parents to receive appropriate certification in First Aid and CPR. In fourth quarter of 2020, Blood borne Pathogen training was developed via Canvas to replace the Blood borne Pathogen training resource parents completed through Central Indiana American Red Cross. This training was rolled out and made available for resources parents in January of 2021.

At the end of third quarter in 2019, major updates were completed to the RAPT I pre-service training. Some updates included were adding the Foster Parent Bill of Rights, tying in the Practice Model, revising the organizational charts to reflect the most current positions, adding policies and resources most relevant to resource parents' needs. In January 2020, Staff Development began training this pre-service training to resource parents statewide.

In January 2020, a workgroup was developed to begin revisions for RAPT III. The workgroup and executive team made the decision to increase the number of hours this training was being offered, increasing it from three to four hours. This pre-service training has been revised and is being reviewed for final approval of updates. In addition, RAPT II training revisions began in April of 2020. This training will be reduced to three hours in place of RAPT III hours. RAPT II training will continue to be offered via Canvas. Policy revisions were submitted to reflect these changes and was made effective June 1, 2020.

In March of 2020, all RAPT trainings were transitioned to a virtual platform due to COVID-19. All trainings were offered to resource parents state-wide rather than by region to provide better flexibility of the frequency in which trainings were available to accommodate the needs of resource parents.

In quarter four of 2020, training revisions were completed for RAPT IV, Substance Use Disorder trainings. Sexual Abuse training was split into two 90-minute trainings, renaming them Sexual Abuse 101 and Sexual Abuse 201. Understanding Social Media was also developed as a Canvas training in quarter four and launched for resource parents in October of 2020.

Training for Licensed Child Placing Agencies (LCPAs)

In Indiana, therapeutic children are placed with private agencies called Licensed Child Placing Agencies (LCPA's). To ensure consistent basic training, DCS continues to provide quarterly trainings for representative trainers from these agencies on 10 hours of pre-service training and provides detailed curriculum to them as well. This lays the foundation for all foster parents in Indiana to have consistent, quality training as they consider whether they want to become licensed.

- RAPT I—Introduction to Foster Care
- RAPT II—Child Abuse and Neglect
- RAPT III—Attachment, Discipline and Effects of Care Giving Overview
- RAPT IV—Adoption
- Trauma Informed Care
- Sexual Abuse
- Managing Challenging Behaviors

In 2016, train-the-trainer classes were developed and provided by DCS trainers for newly hired trainers of the LCPA agencies each quarter on the above curricula. This was offered quarterly TOT; however, in 2019, RAPT Trainers provided LCPAs with train-the trainer (TOT) classes annually.

In 2020, four (4) additional TOT classes were added to offer LCPAs. These additional trainings continue to be offered in 2021.

- Teaming with Families: The CFTM
- My Family, Your Family
- Placement Disruption
- Fostering Older Youth

This TOT format continues and has been a good partnership to ensure that the training that foster parents receive in Indiana is uniform across public/private agencies.

Resource and Adoptive Training Advisory Board

In July of 2012, the RAPT Advisory Board held its first meeting. Consisting of both DCS staff and external stakeholders (including a foster parent), the identified purpose of this board is to help inform the training system by reviewing training trends and data and providing additional input regarding program improvement.

In 2020, members on the board consisted of both former and first-time panel members. The members were all licensed foster parent with either DCS or a Licensed Child Placing Agency. There was one Licensed Child Placing Agency personnel member who served on the panel as well. Attending Guest were from DCS Foster Care Division and Permanency and Practice Support Division. The Board reviews the training curricula, training numbers, successes, and challenges.

During 2020 the Panel met quarterly as planned. The meeting dates were: March 27th, June 25th, September 24th, and December 10th. All meetings were held via Microsoft Teams. All members agreed that this platform was appropriate and convenient to them. Areas of focus were based on the 2019 recommendations, the FFPSA, concerns of individual Panel members, and DCS agency advances.

During 2020 the Foster Parent Citizens Review Panel continued to meet quarterly and discussed the following information:

- Citizens Panel purpose and ways to strengthen outputs
- Indianafostercare.org awareness, usage, and helpfulness
- Foster Parent Portal feedback
- Foster parents court reports
- Foster parent portal additions:
  - Immunization records
  - Court dates
- New Foster Care Division position
  - Community Engagement Specialist
- Foster Parent Survey/ Assessment
  - Survey Trial and feedback from Foster Parent Citizens Review Panel was provided
  - Survey rollout finalization
- 2019 Director's Response

- 2019 Remaining recommendations reviewed, and agency update provided
    - Foster parent mentors further explored
    - Foster parents co-training RAPT further explored
- Family First Prevention Service Act
- Panel members participation on the Shared Birth & Foster Parent Advisory Board

As a result of the information shared and the discussions held during the 2020 quarterly meetings the Foster Parent Citizens Review Panel offered the following recommendations as opportunities for strengthening the child welfare system for Indiana's children:

- Foster Care Consultants for LCPA Staff with some form of education/ refreshers on the Foster Parent Portal on a yearly basis.
    - What to expect when logging on, what type of information the Portal should provide, portal limitations, etc.
    - It would be helpful for Licensing Consultants to provide LCPA staff with foster parent portal access instructions annually
- Improve process of Portal registration for DCS and LCPA foster parents
    - Decrease the steps to becoming registered
    - Add Portal information and the web address to browse Indiana fostercare.org to placement letters, or new foster parent welcome letters
- DCS to provide some form of training on portal use to foster parents at initial licensing and periodically
    - Possibly a web-based training
    - Support guide sheet, can be electronic (FAQ Portal tool was developed after the Panels 2020 meeting)
- As a part of FFPSA rollout, provide improved support to help children successfully transition out of residential care into foster homes
    - Have the residential team provide some follow-up to the child versus a complete drop off support from individuals that the child has become most familiar with
        - Virtual support would be helpful, from the residential team
    - Improve service provider range of services to children stepping down out of residential care to reduce recidivism

DCS will continue to work with its stakeholders and foster parents, to allow continued input, as well as making recommendations that impact foster parents and child welfare. The foster parent review board continues to be facilitated by the Foster Care Liaison.

IV-E Programs: Consulting Services Related to Training

Indiana continues to contract with the Maximus Consulting Group to aid in developing our IV-E programs. These services included a development of training presentations using PowerPoint's and supporting documents for both field staff and other business units in areas of: Best practice implementation, Centralized Eligibility Unit, eligibility reviews, technical support for audits, procedural reviews of denied cases, open eligibility cases, and SSI eligibility. They also provide recommendations regarding resource licensing process, policies and procedures and conduct cost report training for providers.

Staff Education and Training: MSW Program

The Indiana Partnership for Social Work Education in Child Welfare was created in 2001 to provide high quality social work education for public child welfare employees. It was designed to utilize funds from the Federal Government under Title IV-E of the Social Security Act as well as to meet the expectations of ongoing quality improvements of state child welfare programs as required by the Adoption and Safe Families Act of 1997. Approximately 20 identified DCS Field Staff are selected each year to participate in this program. Selection criteria includes an evaluation of leadership potential by supervisory staff and an interview process which focuses on commitment to the Department of Child Services and ability to utilize MSW knowledge and skills gained to further enhance the DCS workforce.

The MSW program is currently available to agency students in Indianapolis, Gary, Fort Wayne, Richmond, New Albany, and South Bend. In Indianapolis, classes are available during the evenings, or on Saturday. At the other campuses, classes are available in the evenings. Beginning in the January of 2012, an MSW program became available in Southern Indiana, addressing a need that was identified in the past.

In addition to student education, a major focus of this grant was to support the development of a child welfare concentration designed to provide the IV-E supported students, as well as other students interested in working in public or private child welfare agencies, with specific knowledge and skills for practice with children and families involved in the child welfare system. Four advanced practice courses and one child welfare policy course are now in place. The specific objectives of these courses were reviewed in relation to the Indiana Competencies as well as the list of competencies for child welfare practice developed by the University of California and currently utilized in their IV-E project. Advanced practice skills in working with children impacted by family violence, family work particular to the child welfare setting and community-based practice in child welfare are taught through these specialized courses.

The IV-E grant also supports specialized practicum placements for the IV-E funded students. The Council on Social Work Education requires that each student have a minimum of 900 clock hours of field practice, supervised by an experienced and licensed MSW practitioner. All MSW students have the option of completing one of the two required practicums in their employing agencies. This policy supports non-traditional students, like those in the IV-E program, who are employed full-time and have employment experiences in social-work related practice areas. Employment-based practicums require special planning and prior approval to ensure that students can have a learning experience beyond their day-to-day job responsibilities and are required to have a field instructor who is different from their employment supervisor to reduce conflicts of interest between work and practicum. Students in the IV-E program are encouraged to do one of their two practicums in an approved DCS program. Because of the large number of students who are involved in this undertaking, as well as the limited number of available supervisors who meet the minimum educational requirements, the IV-E program can arrange for field supervision from an MSW from outside of the agency. This service is not available to students who are not in the IV-E program, but is necessary for these students given our commitment to allowing the students and the agency to benefit from the special projects that students can be involved with during their practicums. Specific policy relating to work/class conflicts as well as work hours relative to practicum hours has been developed to provide more guidance to the field on how to balance these two responsibilities. See General Administrative Policies 8 (Employee Outside Internships and Practicum), 9

(BSW Scholars IV-E Practicum), 12 (Academic Students Expectations) and 14 (MSW IV-E Scholars Employment Based Practicum).

There continues to be emphasis on providing high quality social work education for public child welfare employees through creating opportunities for MSW education, while at the same time creating and implementing curriculum that meets the competencies for child welfare practice as defined by the State of Indiana. Since 2001, approximately 270 DCS employees have begun their MSW studies and over 200 have graduated. Many of these employees have been promoted to supervisory or management positions within DCS and are utilizing their expanded knowledge and skills to benefit child welfare in Indiana.

In 2016 there were 19 MSW scholars that began enrollment in the MSW program. There were no scholars selected in 2017. In 2018, there were 20 scholars that began the MSW program. In 2019, 20 scholars were identified for the MSW Program. The current contract allows for 20 MSWs. Indiana planned to expand the MSW contract to allow for 40 MSWs beginning in fiscal year 2020.

BSW Program

The Indiana Partnership for Social Work Education in Child Welfare expanded IV-E funded training opportunities to a Bachelor of Social Work (BSW) program offered through four universities on six campuses in January 2006. Indiana University-Purdue University Indianapolis serves as the lead university working with five other BSW programs. The partnership can include up to 36 students statewide per year. Required courses in child welfare were added to the existing BSW programs to integrate content from the DCS new worker training curriculum. A practicum experience in a local DCS office is also required of each participating student. During their time in the program, students receive support in the form of payment of tuition and fees, as well as a stipend. Upon graduation, participants are prepared for employment as a Family Case Manager. Participants have a two-year work commitment with the Department of Child Services if hired.

The first graduates of this program were offered positions in DCS Local Offices in the summer of 2007. Feedback on their training and preparation to provide quality casework has been positive. 20 Students completed this program during the 2007-2008 academic year and began employment in Local Offices during the summer of 2008. Additional students have participated in the program each year, and recently (June 2016) 43 students completed the required coursework and were offered positions within DCS.

Research completed by IU Professor Dr. Lisa McGuire established that the student's self-perceived competence for child welfare work was significantly higher than the self-perceived competence of trainees completing the established cohort training on 21 of 36 items. Also, retention analysis between the two groups demonstrated statistically significant difference between the two groups in retention with those completing the cohort training 3 times more likely to leave the job than the BSW graduates. As a result, DCS has modified its contract with the IU School of Social Work to fund 50 BSW students completing their senior year (compared with 36).

Forty-five BSW scholars started in 2016. In the second quarter of 2017 59 BSW students began the scholars program. In 2017, 36 BSW students began the Scholars Program. In 2018, 35 BSW students

began the Scholars Program. In 2019 we had 38 full scholarship and 3 stipend Scholar BSW students selected. For 2020, there are 20 MSW scholars selected. The current contract allows for 50 BSW's.

Attachment D

Annual Reporting of Education and Training Vouchers Awarded

Name of State/ Tribe: Indiana

	Total ETVs Awarded	**Number of New ETVs**
Final Number: **2019-2020 School Year** (July 1, 2019 to June 30, 2020)	255	117
2020-2021 School Year* (July 1, 2020 to June 30, 2021)	229	109

Comments:

*in some cases this might be an estimated number since the APSR is due on June 30, the last day of the school year.

Attachment B
OMB Approval #0970-0426
Approved through 09/30/2023

CFS-101, Part I: Annual Budget Request for Title IV-B, Subpart 1 & 2 Funds, CAPTA, CHAFEE, and ETV and Reallotment for Current Federal Fiscal Year Funding

For Federal Fiscal Year 2022: October 1, 2021 through September 30, 2022

1. Name of State or Indian Tribal Organization and Department/Division:	**3. EIN:** 35-6000158
Indiana	**4. DUNS:** 963484113
2. Address: (insert mailing address for grant award notices in the two rows below)	**5. Submission Type:** (select one)
402 W. Washington St., Rm E306, MS 08	☐ NEW
Indianapolis, Indiana 46204	☑ REALLOTMENT
a) **Email address** for grant award notices: Jennifer.White@dcs.in.gov	

REQUEST FOR FUNDING for FY 2022:

The annual budget request demonstrates a grantee's application for funding under each program and provides estimates on the planned use of funds. Final allotments will be determined by formula.

Hardcode all numbers; no formulas or linked cells.

Item	% of Total	Amount
6. Requested title IV-B Subpart 1, Child Welfare Services (CWS) funds:		$0
a) Total administrative costs (not to exceed 10% of the CWS request)		$0
7. Requested title IV-B Subpart 2, Promoting Safe and Stable Families (PSSF) funds and estimated expenditures:		
a) Family Preservation Services	#DIV/0!	
b) Family Support Services	#DIV/0!	
c) Family Reunification Services	#DIV/0!	
d) Adoption Promotion and Support Services	#DIV/0!	
e) Other Service Related Activities (e.g. planning)	#DIV/0!	
f) Administrative costs *(STATES ONLY: not to exceed 10% of the PSSF request; TRIBES ONLY: no maximum %)*	#DIV/0!	$0
g) Total itemized request for title IV-B Subpart 2 funds: *NO ENTRY: Displays the sum of lines 7a-f.*	#DIV/0!	*$0*
8. Requested Monthly Caseworker Visit (MCV) funds: *(For STATES ONLY)*		$0
a) Total administrative costs (not to exceed 10% of MCV request)		$0
9. Requested Child Abuse Prevention and Treatment Act (CAPTA) State Grant: *(STATES ONLY)*		$0
10. Requested John H. Chafee Foster Care Program for Successful Transition to Adulthood:		$0
a) Indicate the amount to be spent on room and board for eligible youth (not to exceed 30% of Chafee request).		$0
11. Requested Education and Training Voucher (ETV) funds:		$0

REALLOTMENT REQUEST(S) for FY 2021:

Complete this section for adjustments to current year awarded funding levels. This section should be blank for any "NEW" submission.

12. Identification of Surplus for Reallotment:

a) Indicate the amount of the State's/Tribe's FY 2021 allotment that will not be utilized for the following programs:

CWS	PSSF	MCV *(States only)*	Chafee Program		ETV Program
$0	$0	$0	$0		$0

13. Request for additional funds in the current fiscal year (should they become available for re-allotment):

CWS	PSSF	MCV *(States only)*	Chafee Program		ETV Program
$1,000,000	$1,000,000	$0	$1,000,000		$0

14. Certification by State Agency and/or Indian Tribal Organization:
The State agency or Indian Tribal Organization submits the above estimates and request for funds under title IV-B, subpart 1 and/or 2, of the Social Security Act, CAPTA State Grant, Chafee and ETV programs, and agrees that expenditures will be made in accordance with the Child and Family Services Plan, which has been jointly developed with, and approved by, the Children's Bureau.

Signature of State/Tribal Agency Official	***Signature of Federal Children's Bureau Official***
[signature]	
Title Director	***Title***
Date 7/12/2021	***Date***

CFS-101, Part I
U. S. Department of Health and Human Services
Administration for Children and Families

Attachment B
OMB Approval #0970-0426
Approved through 09/30/2023

CFS-101, Part I: Annual Budget Request for Title IV-B, Subpart 1 & 2 Funds, CAPTA, CHAFEE, and ETV and Reallotment for Current Federal Fiscal Year Funding

For Federal Fiscal Year 2022: October 1, 2021 through September 30, 2022

1. Name of State or Indian Tribal Organization and Department/Division:	**3. EIN:**	35-6000158
Indiana	**4. DUNS:**	963484113
2. Address: (insert mailing address for grant award notices in the two rows below)	**5. Submission Type:** (select one)	
402 W. Washington St., Rm E306, MS 08		☑ NEW
Indianapolis, Indiana 46204		☐ REALLOTMENT
a) **Email address** for grant award notices: Jennifer.White@dcs.in.gov		

REQUEST FOR FUNDING for FY 2022:

The annual budget request demonstrates a grantee's application for funding under each program and provides estimates on the planned use of funds. Final allotments will be determined by formula.
Hardcode all numbers; no formulas or linked cells.

Item	% of Total	Amount
6. Requested title IV-B Subpart 1, Child Welfare Services (CWS) funds:		$6,100,000
a) Total administrative costs (not to exceed 10% of the CWS request)		$0
7. Requested title IV-B Subpart 2, Promoting Safe and Stable Families (PSSF) funds and estimated expenditures:	**% of Total**	$5,200,000
a) Family Preservation Services	20.0%	$1,040,000
b) Family Support Services	20.0%	$1,040,000
c) Family Reunification Services	20.0%	$1,040,000
d) Adoption Promotion and Support Services	20.0%	$1,040,000
e) Other Service Related Activities (e.g. planning)	20.0%	$1,040,000
f) Administrative costs *(STATES ONLY: not to exceed 10% of the PSSF request; TRIBES ONLY: no maximum %)*	0.0%	$0
g) Total itemized request for title IV-B Subpart 2 funds: *NO ENTRY: Displays the sum of lines 7a-f.*	100.0%	*$5,200,000*
8. Requested Monthly Caseworker Visit (MCV) funds: *(For STATES ONLY)*		$210,000
a) Total administrative costs (not to exceed 10% of MCV request)		$0
9. Requested Child Abuse Prevention and Treatment Act (CAPTA) State Grant: *(STATES ONLY)*		$2,660,000
10. Requested John H. Chafee Foster Care Program for Successful Transition to Adulthood:		$6,100,000
a) Indicate the amount to be spent on room and board for eligible youth (not to exceed 30% of Chafee request).		$0
11. Requested Education and Training Voucher (ETV) funds:		$1,330,000

REALLOTMENT REQUEST(S) for FY 2021:

Complete this section for adjustments to current year awarded funding levels. This section should be blank for any "NEW" submission.

12. Identification of Surplus for Reallotment:
a) Indicate the amount of the State's/Tribe's FY 2021 allotment that will not be utilized for the following programs:

CWS	PSSF	MCV *(States only)*	Chafee Program		ETV Program
$0	$0	$0	$0		$0

13. Request for additional funds in the current fiscal year (should they become available for re-allotment):

CWS	PSSF	MCV *(States only)*	Chafee Program		ETV Program
$0	$0	$0	$0		$0

14. Certification by State Agency and/or Indian Tribal Organization:
The State agency or Indian Tribal Organization submits the above estimates and request for funds under title IV-B, subpart 1 and/or 2, of the Social Security Act, CAPTA State Grant, Chafee and ETV programs, and agrees that expenditures will be made in accordance with the Child and Family Services Plan, which has been jointly developed with, and approved by, the Children's Bureau.

Signature of State/Tribal Agency Official		*Signature of Federal Children's Bureau Official*
Terry Stigdon		
Title Director		*Title*
Date 7/12/21		*Date*

Attachment B
OMB Approval #0970-0426
Approved through 09/30/2023

CFS-101 Part II: Annual Estimated Expenditure Summary of Child and Family Services Funds

For FY 2022: OCTOBER 1, 2021 TO SEPTEMBER 30, 2022

Name of State or Indian Tribal Organization: Indiana

SERVICES/ACTIVITIES	(A) IV-B Subpart 1- CWS	(B) IV-B Subpart 2- PSSF	(C) IV-B Subpart 2- MCV	(D) CAPTA	(E) CHAFEE	(F) ETV	(G) TITLE IV-E	(H) STATE, LOCAL, TRIBAL, & DONATED FUNDS	(I) Number Individuals To Be Served	(J) Number Families To Be Served	(K) Population To Be Served	(L) Geog. Area To Be Served
1.) PROTECTIVE SERVICES	$ -			$ 118,000				$ 9,800,000	44,941	29,085	Report AB/NE	Statewide
2.) CRISIS INTERVENTION (FAMILY PRESERVATION)	$ -	$ 1,040,000		$ 500,000				$ 92,000,000	4,714	-	Children/Families at risk of AB/NE	Statewide
3.) PREVENTION & SUPPORT SERVICES (FAMILY SUPPORT)	$ 307,000	$ 1,040,000		$ 920,000				$ 4,000,000	12508	34314	Children/Families at risk of AB/NE	Statewide
4.) FAMILY REUNIFICATION SERVICES	$ 85,000	$ 1,040,000		$ 354,000				$ 84,365,000	16,325	9,785	Children in foster Care	Statewide
5.) ADOPTION PROMOTION AND SUPPORT SERVICES	$ -	$ 1,040,000						$ -	13,076	-	to Post Adopt Services	Statewide
6.) OTHER SERVICE RELATED ACTIVITIES (e.g. planning)	$ 958,000	$ 1,040,000						$ 206,000,000	44,941	29,085	NA	Statewide
7.) FOSTER CARE MAINTENANCE: (a) FOSTER FAMILY & RELATIVE FOSTER CARE	$ 500						$ 22,000,000	$ 103,000,000	16,026	-	Children in foster Care	Statewide
(b) GROUP/INST CARE	$ -						$ 14,000,000	$ 220,000,000	1,535	-	Children in foster Care	Statewide
8.) ADOPTION SUBSIDY PYMTS.	$ -						$ 70,000,000	$ 30,000,000	13,076	-	Adoptive Children	Statewide
9.) GUARDIANSHIP ASSISTANCE PAYMENTS	$ -						$ 670,000	$ 900,000	637	-	Assisted Guardianship	Statewide
10.) INDEPENDENT LIVING SERVICES	$ 276,000				$ 6,100,000			$ 620,000	3,205	-	All eligible Children	Statewide
11.) EDUCATION AND TRAINING VOUCHERS	$ -				$ -	$ 1,330,000		$ 85,000	255	-	Youth ages 18 - 20	Statewide
12.) ADMINISTRATIVE COSTS	$ -	$ -	$ -				$ 50,000,000	$ 103,000,000				
13.) FOSTER PARENT RECRUITMENT & TRAINING	$ -	$ -		$ 113,000			$ -	$ -				
14.) ADOPTIVE PARENT RECRUITMENT & TRAINING	$ -	$ -		$ 155,000			$ -	$ -				
15.) CHILD CARE RELATED TO EMPLOYMENT/TRAINING	$ -						$ -	$ -	-	-	N/A	Not applicable
16.) STAFF & EXTERNAL PARTNERS TRAINING	$ 1,400,000	$ -		$ 500,000	$ -	$ -	$ 5,900,000	$ 3,000,000				
17.) CASEWORKER RETENTION, RECRUITMENT & TRAINING	$ 3,073,500	$ -	$ 210,000				$ 301,000	$ -				
18.) TOTAL	$ 6,100,000	$ 5,200,000	$ 210,000	$ 2,660,000	$ 6,100,000	$ 1,330,000	$ 162,871,000	$ 856,770,000				
19.) TOTALS FROM PART I	$6,100,000	$5,200,000	$210,000	$2,660,000	$6,100,000	$1,330,000	----	----	----	----	----	----
20.) Difference (Part I - Part II)	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	----	----	----	----	----	----

(If there is an amount other than $0.00 in Row 20, adjust amounts on either Part I or Part II. A red value in parentheses ($) means Part II exceeds request)

21.) Population data required in columns I - L can be found:

- [x] On this form
- [x] In the APSR Narrative

CFS-101, Part III
U. S. Department of Health and Human Services
Administration for Children and Families

Attachment B
OMB Approval #0970-0426
Approved through 09/30/2023

CFS-101, PART III: Annual Expenditures for Title IV-B, Subparts 1 and 2, Chafee Program, and Education And Training Voucher

Reporting on Expenditure Period For Federal Fiscal Year 2019 Grants: October 1, 2018 through September 30, 2020

1. Name of State or Indian Tribal Organization:	**2. Address:**	**3. EIN: 35-6000158**
Indiana	402 W. Washington St., Rm E306, MS 08	**4. DUNS: 963484113**
5. Submission Type: (select one) ☑ NEW ☐ REVISION	Indianapolis, Indiana 46204	

Description of Funds	(A) Actual Expenditures for FY 19 Grants	(B) Number Individuals served	(C) Number Families served	(D) Population served	(E) Geographic area served
6. Total title IV-B, subpart 1 (CWS) funds:	$ 6,398,093	44,941	29,085	Report AB/NE	Statewide
a) Administrative Costs *(not to exceed 10% of CWS allotment)*	$ -				
7. Total title IV-B, subpart 2 (PSSF) funds: Tribes enter amounts for Estimated and Actuals, or complete 7a-f.	$ 5,188,767	44,941	29,085	Children/Families at risk of AB/NE	Statewide
a) Family Preservation Services	$ 259,438				
b) Family Support Services	$ 2,245,643				
c) Family Reunification Services	$ -				
d) Adoption Promotion and Support Services	$ 1,037,754				
e) Other Service Related Activities (e.g. planning)	$ 1,127,056				
f) Administrative Costs *(FOR STATES: not to exceed 10% of PSSF allotment)*	$ 518,876				
g) Total title IV-B, subpart 2 funds: NO ENTRY: This line displays the sum of lines a-f.	*$ 5,188,767*				
8. Total Monthly Caseworker Visit funds: *(STATES ONLY)*	$ 208,134				
a) Administrative Costs *(not to exceed 10% of MCV allotment)*	$ -				
9. Total Chafee Program for Successful Transition to Adulthood Program (Chafee) funds: *(optional)*	$ 6,043,166	3,204	-	All eligible Children	Statewide
a) Indicate the amount of allotment spent on room and board for eligible youth *(not to exceed 30% of Chafee allotment)*	$ -	-	-	N/A	Statewide
10. Total Education and Training Voucher (ETV) funds: *(Optional)*	$ 1,330,009	255	-	Youth ages 18 through 25	Statewide

11. Certification by State Agency or Indian Tribal Organization: The State agency or Indian Tribal Organization agrees that expenditures were made in accordance with the Child and Family Services Plan, which was jointly developed with, and approved by, the Children's Bureau.

Signature of State/Tribal Agency Official		*Signature of Federal Children's Bureau Official*	
[signature]			
Title	*Date*	*Title*	*Date*
Director	7/12/2021		