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Date: 6/30/2020

Charlene Blackmore, MSW
Child Welfare Program Specialist
Children's Bureau – Region V
Administration of Children and Families
233 N. Michigan Ave., Suite 400
Chicago, IL 60601

Dear Ms. Blackmore,

In accordance with Program Instruction ACYF–CB-PI-20-02, enclosed please find Indiana's 2021 Annual Progress and Services Report (APSR) and request for funding for FFY 2021. This APSR, which includes the CAPTA annual update, is an update to Indiana's 2020-2024 Child and Family Services Plan (CFSP), submitted on June 30, 2019.

As was the case last year, Indiana would again request consideration for any additional FFY 2021 funding that may become available in PSSF (IVB2) and MCV (IVB2) Caseworker Visits in the coming year. The requested increase is included in the CFS 101-Part I.

The CFSP and previous APSRs can be found on the DCS website under Reports and Statistics at http://www.in.gov/dcs/2329.htm. The 2021 APSR will be added to the website as soon as we receive your approval.

If you have any questions or need any additional information with regards to this submission, please do not hesitate to contact me.

Respectfully Submitted by:

Terry J. Stigdon, Director
Indiana Department of Child Services

Protecting our children, families and future

Eric J. Holcomb, Governor

Terry J. Stigdon, Director

Indiana Department of Child Services

302 West Washington Street, E306

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INDIANA
CHILD AND FAMILY SERVICES PLAN
2020-2024

ANNUAL PROGRESS AND SERVICES REPORT

JULY 1, 2020-JUNE 30, 2021

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

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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 13 divisions that work together to provide the necessary services and support to families. Those divisions are: Permanency and Practice Support, Legal Services, Legislative Services, Child Welfare Services, Strategic Solutions and Agency Transformation, Juvenile Justice Initiatives and Support, Staff Development, Child Support Bureau, Information Technology, Finance and Administration, Human Resources, Communications and Field Operations.

Field Operations is the largest division and includes the Indiana Child Abuse and Neglect Hotline, 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. DCS made the decision to divide its Marion County local office – DCS' largest office in the state's most populous city, Indianapolis – into four smaller local offices: Marion East, Marion West, Marion North and Marion South (the latter two will remain co-located in the current location). This localization plan was initiated to create a more community focused structure that will improve access and quality of interactions with families by fostering a community approach to child welfare as well as improve 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 "New 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.

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
- 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. Over the next five years, the Department will continue 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) 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.

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 and continuous quality improvement team staff, developed the BRSSP for July 1, 2018 – June 30, 2020. Completed plans were submitted to Central Office for review and signature by Director Stigdon. 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 (4) 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

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 and their utilization in SFY 2017. 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. In July 2018, the regions began the implementation plans for State Fiscal Year 2019-2020. 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 now occur monthly to discuss initiatives and current challenges. The increased frequency is to help plan for the implementation of the new Family Preservation Services starting statewide on June 1, 2020 and the eventual implementation of the Family First Prevention Services Act.

DCS also 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 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

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 on a monthly basis to review performance data, share successes, and discuss challenges or barriers in cases or other service delivery issue.

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

- In an effort to keep families in-tact and offer holistic supportive services with one provider the Department will be developing and offering a new service standard. The Family Preservation Service standard is a new standard for delivering family preservation services in the State of Indiana. Secondary to the Families First Prevention Services Act (FFPSA) that was signed into federal law in February of 2018, this standard is being developed to address the need to give families and children available services in their homes to prevent the need for 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) within the family's home at least on a weekly basis. The provider agency must utilize Evidence Based Practices (EBPs) classified, at minimum, as a promising practice on the California Evidence-Based Clearinghouse for Child Welfare. Provider agencies must align service frequency and intensity, needs, and supervision to the Evidence Based Practices (EBPs) that are utilized. 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. We sought out diverse providers to deliver these services, and have

a number of minority and women-owned businesses who earned contracts. In addition, as with all of our services, if any interpretation services are needed, DCS will reimburse the provider dollar-for-dollar for any interpretation services costs.

- DCS is looking closely at our data concerning disproportionality in our system. 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, unlike ones we've been able to have in the past.

- DCS has had frequent meetings with the provider community throughout the development of these services which will launch state wide on June 1, 2020. In preparation for the competitive Request For Proposals (RFP) that was used to select providers for this service, DCS posted a Request for Information (RFI) to obtain cost information from providers to help determine the per diem rate, as well as to solicit their input on the specific goals of the program, which focus on safely keeping children with their primary caregivers while building protective factors with families and reducing repeated maltreatment for children. Meetings in preparation for the launch of these services have occurred at least monthly with each potentially-involved provider group (Indiana Association of Resources and Child Advocacy (IARCA), Indiana Coalition for Family-Based Services, CMHCs) leading up to contract procurement, and biweekly with selected providers thereafter until the June 1 start date for these services.

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

- Monthly meetings are held with the providers to review referral information, capacity, discuss opportunities for training development and address any recommendations around programmatic needs. Consultants from the Institute for Family Development review CQI activities with participants.

- 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 or in person on a monthly basis. 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 or in person on a monthly basis. 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 eight (8) to ten (10) 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 CJA Task Force has historically hosted an annual conference for multidisciplinary team members across the state, however the CJA Task Force is considering different ways of providing information and training opportunities in 2019-2020.
    - The CJA Task Force received information about the goals and strategies of the Program Improvement Plan (PIP) in 2019. In anticipation of 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.

- 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 around 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 of 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 thereafter
- LCPAs—Weekly
- Residential Providers—Weekly
- 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.

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 (Commission). 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 Erin Houchin. A list of all Commission members can be found at www.in.gov/children. The Commission was created to bring together all governmental agencies that work with vulnerable youth to address:

- Access, availability, duplication, funding and barriers to services.
- Communication and cooperation by agencies.
- Implementation of programs or laws concerning vulnerable youth.

- The consolidation of existing entities concerning vulnerable youth.
- Data from state agencies relevant to evaluating progress, targeting efforts and demonstrating outcomes.

The goal of the Commission is to promote information-sharing, best practices, policies, and programs concerning vulnerable youth. In addition, 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), Representative Melanie Wright (Co-Chair), Hon. Dana Kenworthy, Senator Jon Ford, Senator Frank Mrvan, Michael Moore (the Indiana Public Defender Council), Jim Oliver (the Indiana Prosecuting Attorneys Council), Jeff Wittman (the Indiana Department of Education), Sean McCrindle (Bashor Children's Home), and Leslie Dunn (the Indiana CASA/GAL program). The top duties of this committee is to: review bi-annual data reports from DCS, review annual reports from the DCS Ombudsman, and make recommendations to CISC.

Don Travis, the DCS Deputy Director of Juvenile Justice Initiatives and Support, serves as co-chair of the Juvenile Justice and Cross-System Youth Task Force with Judge Steve Galvin. The Task Force focuses on the promotion of interagency communication and collaboration to improve safety and outcomes and to address the unique and complex needs of Juvenile Justice and/or cross-system involved youth. Cross-system collaboration continues to occur and involves court, probation, and child welfare personnel throughout the state to provide education on Indiana's Dual Status youth.

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 in the Permanency and Practice Support Division, 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.

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

Latrece Thompson, Deputy Director of Staff Development, serves on the Equity, Inclusion, and Cultural Competence Work Group whose "goal is to ensure cultural competence, equity, and inclusion are demonstrated in the work of the CISC and its Task Forces and Committees. As mentioned above, annual reports, member lists, meeting agendas, minutes, PowerPoint presentations, handouts, and other resources can be found on the website for the Commission on Improving the Status of Children, http://www.in.gov/children.

5. Older Youth Services Collaboration

In an effort 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. Workgroups have also been formed to review components of the service standards and make enhancement recommendations. Youth from the Indiana Youth Advisory Board (IYAB) are selected to participate in workgroups involving program improvement. During 2019, youth participated in both the older youth assessment work group and the foster parent Bill of Rights work group. In an effort to ensure racial and ethnic diversity youth who participated were from several areas around the state with both an urban and rural make-up. The Older Youth Services (OYS) Community is made up of youth accessing services, those who recently aged out of services, the DCS Older Youth Initiatives (OYI) team (program staff), the DCS Collaborative Care Case Management Team (3CM staff), older youth service providers, and other key stakeholders. In addition, 3CMs and OYS provider direct staff meet routinely (bi-monthly in some areas, more often in other areas) to discuss individual cases, resources at the local level and shared goals.

The Indiana Youth Advisory Board (IYAB) meets quarterly with the DCS executive team. IYAB members provide DCS with an update on their current projects including recommendations on programs, as well as, local and state child welfare improvements. IYAB members also collaborate with the older youth services contracted providers in the planning of various events and program recommendations. IYAB members advocate on the state and national level to improve child welfare policy.

The Indiana DCS Older Youth Initiatives Independent Living Specialists (ILS) participated on the planning committee for the National State/Tribal Chafee and ETV Coordinators Meeting held on March 5th through March 7th in Washington DC. The ILS' were selected to present on a webinar February 20, 2020 called "An Overview of the John H. Chafee Foster Care Program for Successful Transition to Adulthood Program for New State IL/ETV Program Coordinators."

The OYI team collaborated with Foster Success to address the lack of college degree and certificate persistence and attainment for youth who are receiving funding through the Education and Training Voucher (ETV) program. As a result of this collaboration DCS and Foster Success have created a working relationship with the Indiana Commission of Higher Education (CHE). Through this collaboration there has been outreach to various colleges

and universities to address how to improve outcomes for foster youth while focusing on race equity and inclusion.

The Older Youth Initiatives team is collaborating with an internal DCS stakeholder, the DCS Permanency Practice and Support Division to implement Permanency Roundtable Plus (PRT Plus). A Permanency Roundtable is a team of DCS experts that come together in a very structured setting to review permanency options for a child with uncertain permanency. The intervention is designed to facilitate the permanency planning process for these youth placed in out-of-home care by identifying solutions for obstacles to permanency. The PRT plus will add youth voice through participation in their own case permanency roundtable. The OYI team will provide expertise in authentic youth engagement strategies and support the youth through the roundtable process.

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. The IYAB meets at least four times per year to develop and implement their mission to positively impact the foster care system in Indiana. In efforts to increase IYAB participation and meet the needs of youth, IYAB meetings are held in different locations across the state.

The IYAB is designed to give youth ages 14 to 23, the opportunity to practice leadership skills and learn to be advocates for themselves and others. 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.

Each regional Youth Advisory Board meets at least 3 to 4 times annually. Meetings will include the following: (1) an orientation meeting and training for new members and a refresher of the goals of the IYAB as provided by DCS, the contractor selected to facilitate the IYAB, and/or national consultants; (2) a discussion of ideas related to services provided to foster youth and develop recommendations to the state Older Youth Initiatives Manager or designee; and (3) a discussion about the IYAB annual work plan and ways to implement this plan. Additional meetings can be held to address upcoming projects to meet the needs and goals of each regional board. Youth will be encouraged by DCS and supported to participate in other conferences or DCS events occurring throughout the year and their involvement may exceed prescribed annual meetings. However, the IYAB shall not exceed over 21 meetings annually, this includes the yearly conference.

Youth wanting to become members of IYAB complete an application form which allows them to express their interest in getting involved and ensure they meet the below eligibility requirements. IYAB is an inclusive

environment to all current and former foster youth regardless of race, ethnicity, gender, religion, creed, nationality, disability, sexual orientation, sexual identity or gender identity. The following are eligibility requirements to participate in the Indiana Youth Advisory Board:

- Youth between the ages of 14 to 21 who have been legally adjudicated a Child in Need of Services (CHINS), who are in the Indiana extended foster care program, Collaborative Care, or who have an adjudicated juvenile delinquent / juvenile status,
- Former foster youth ages 18 up to 23 who were in foster care for a period of six (6) months with a case plan identifying a need for older youth services,
- Youth receiving Education and Training Voucher funds may serve on the IYAB until age 23.

At least one youth from each regional board will be selected to participate in one conference per year as a state-wide Youth Advisory Board member. The conference will be of the Board's choosing. The statewide IYAB youth will participate in a preconference meeting with an overnight stay to finalize plans for participation in the conference. Statewide board members will be supported by DCS to ensure the youth's full participation.

A childcare allowance of $25 per meeting will be available for any participating IYAB member that requires child care assistance for their children. For those with multiple children, additional amounts may be approved by DCS. Financial stipends of $30 will be provided to each IYAB member participating in meetings as well as hotel expenses and meals for overnight stays. The state mileage rate will be made available for transporting the youth to the meetings. A stipend of $25 and hotel expenses will be provided for the youth's caregiver/transporter for overnight stays with the youth also. Sign-in sheets will be maintained for each meeting and will be completed by the youth participants and include each participant's name, contact phone number, and address.

DCS will support conference calling capability, on occasion, to enable the IYAB to continue to move their work plan forward, to meaningfully engage IYAB members in planning activities and to further connections and relationship building among members and staff.

Due to the COVID – 19 pandemic the IYAB spring meetings were held through a virtual format. The IYAB provider, the OYS providers and DCS partnered to ensure all participating youth had the electronic and internet capabilities to participate in the virtual meetings. To encourage youth participation and to connect youth across the state, three large meetings took the place of the 6 regional meetings. The meetings were focused on connections through the pandemic, creating a space for youth to process their experiences and discuss any other needs or concerns.

During the current state fiscal year the IYAB contract was posted for request for proposal (RFP) on November 20, 2019. During the RFP process, DCS hosted a bidder's conference and answered official questions regarding the IYAB contract. On February 3, 2020 all respondent proposals were due and each proposal was scored by an official score team and one (1) agency was selected and awarded the IYAB contract, which starts July 1, 2020.

The current contracted provider has been selected to provide IYAB services during the next contract term, July 1, 2020 – June 30, 2022. The vendor is required to hire an adult facilitator to facilitate meetings which includes planning, preparation for meetings, recruitment activities, arranging transportation for youth, and other activities related to facilitating IYAB meetings. The vendor manages five regional boards and one state board.

During the 2019 – 2020 fiscal year there were (15) regional meetings and IYAB hosted, attended and participated in 23 events, projects and opportunities. The following are the program highlights:

- IYAB hosted a youth-lead and youth-driven Friendsgiving-theme recruitment event,
- IYAB partnered with the older youth service providers to host resource fairs within their regions,
- An IYAB member attended and presented at the annual resource and adoptive parent training conference,
- IYAB members participated in the IL Coordinators meeting in March 2020

IYAB found creative ways to continue their advocacy during COVID-19. In addition to hosting spring meetings virtually, IYAB partnered with DCS to host two virtual town hall meetings. The first meeting was held May 4th and provided information and resources to youth on assistance during the pandemic as well as allowed for youth to voice their concerns. The main areas of focus were: mental health, maintaining social connections, funding and resources including access to employment, moving and transitions and continuity of services. There were approximately 65 attendees. The second town hall was held June 25th which provided an update to youth on Indiana's DCS response to COVID-19 and new guidelines which included Indiana's extension of its extended foster care program – Collaborative Care approved through an executive order signed by the Governor. DCS also discussed how it is currently supporting youth of color in the child welfare system. IYBA also hosted the 5th annual Normalcy Conference virtually. The conference was held June 19th, themed "2020: Year for Perfect Vision" with 136 individuals registered.

7. Additional Collaborations

In addition to the work occurring with the Regional Service Councils (RSCs), DCS holds regular meetings with provider workgroups and 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 Permanency and Practice Support Division; and
    - Identify non-pharmacologic, evidence-based mental health treatments for DCS-involved youth.
- 2020 PMAC membership:
    - Elayne Ansara, PharmD, Pharmacist, Eskenazi Health
    - Sirrilla Blackmon, Deputy Director, Division of Mental Health and Addictions
    - Heidi Monroe, Deputy Director, Indiana Department of Child Services
    - Leslie Miller, Assistant Deputy Director, Indiana Department of Child Services
    - Melissa Butler, PhD, Clinical Psychologist, Department of Psychiatry, IUSM
    - Chris Daley, Executive Director, Indiana Association of Resources and Child Advocacy
    - Lynn Doppler, COO, Youth Opportunity Center

- Jeff Waibel, Director of Clinical Services, Gateway Woods
- Leslie Hulvershorn, MD, Child Psychiatrist, Department of Psychiatry, IUSM
- Nancy Vinluan, RN, Director of Nursing, Campagna
- Stephanie Yoder, Director of Child and Adolescent Services, Adult and Child CMHC
- Martin Plawecki, MD, Child Psychiatrist, Department of Psychiatry, IUSM/ Indiana AACAP
- John Ross, RN, RPh, Pharmacist, Office of Medicaid Policy and Planning
- Sarah Sailors, Deputy Director, Indiana Department of Child Services
- David Reed, Deputy Director, Indiana Department of Child Services
- Reba James, Foster Care Program Director, Choices Coordinated Care Solutions
- Vinita Watts, MD, Child Psychiatrist, Centerstone of Indiana
- Brian Goodwin, Research Analyst, Indiana Department of Child Services
- Melaina Gant, Director of Education Services, Indiana Department of Child Services
- Matthew Gooding, Assistant Deputy Director, Indiana Department of Child Services
- Sonya Rush, Assistant Deputy Director, Indiana Department of Child Services
- Nicola Singleton, Administrative Assistant, Indiana Department of Child Services
- Ruth Sobieralski, Integrated Care Manager, Indiana Department of Child Services
- Tasha Brown, RN DCS Psychotropic Medication Consultation Program, Riley Hospital for Children at IU
- Ann Davis, Director of Engagement, IARCA
- Natalie Haidle, Care Coordinator, Choices
- Christine Negendank, MD, CCHP, Chief Medical Officer, Adult and Child
- Jennifer Tackitt-Dorfmeyer, Indiana Executive Director, Choices
- Stacey Warner, Admin Assistant, DCS Psychotropic Medication Consultation Program, Riley Hospital for Children at IU Health
- Valerie Washington, Executive Assistant Officer Manager, FSSA

Fatherhood Providers

Improve engagement of fathers through inclusion in case planning, Child and Family Team Meetings, visitation, and services. DCS has executed a memorandum of understanding (MOU) with the Department of Corrections to continue contact between the incarcerated parent(s) and their children. Monthly meetings are held with providers to continue developing the program and review data to identify opportunities for improvement.

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 of 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.

Since the COVID-19 pandemic began in March 2020, we've increased the frequency of our provider meetings to at least twice-monthly with all providers. In addition, we've 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 2019-2020, 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:

- Implementation of the monthly report upload process and the impact on provider invoicing
- Challenges and changes to the LCPA revocation, home study process, and increased SAFE awareness and support
- Implementation of the new LPCA and Residential streamlined audit
- 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

These meetings have continued in 2020 through virtual contact and are planned in future months. The topics will continue to be Aftercare, QRTP, LCPA capacity, 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 through the use of 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 on a quarterly basis throughout the State. In addition to CANS Meaning Use training, a half (½) day Super User Training was developed. This training is delivered in collaboration with Dr. Walton for all DCS Super Users who are field staff acting in a supervisory role.

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 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 Family First Prevention Service Act 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 has been increasingly serving children from immigrant families, in which at least one parent or child are foreign born. In order to improve effective child welfare practices when working with these challenging cases, DCS established the International and Cultural Affairs program that is responsible for supporting DCS staff and collaborating with various foreign Consulates and Embassies. Systematization of procedures for collaboration has grown from working with Mexico to predominantly all of Central and South America, as well as, frequent collaboration with Great Britain and Germany. Collaboration has also occurred recently with countries on the African continent and in South East Asia. According to the Migration Policy Institute this is likely due to significant changes in U.S. immigration and refugee laws and political instability in key sending countries. For example, FY 2019 has the highest numbers of unaccompanied minors and family units seeking asylum in the US

since record-keeping (2008 and 2012 respectively). Consequently, this was a significant increase over FY 2018. DCS also collaborates with other consulates on a case by case basis.

The International and Cultural Affairs Liaison holds meetings on a *monthly basis* 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.

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." We continue to work on the review of the MOU in order to enter into an updated agreement and to sign with our current DCS director and the current General Consul in Chicago, as well as, the current Consul in the Indianapolis Consulate Office. DCS hopes to have this MOU in place by the end of 2020. 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 has expressed interest in entering into a MOU with DCS. The first meeting with Counsel General of Guatemala, Billy Munoz was on January 27, 2020.

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 recently announced 7 additional counties to being involvement in JDAI, bringing the total number of Indiana JDAI counties to 38 of 92. JDAI's new 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 in regards to 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 pilot sites to develop 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. DCS and IOCS collaborated on the implementation of the statute. Since the passage of this statute, two-thirds (61 of our 92) of Indiana counties have signed Memorandums of Understanding to participate in the dual status process. Marion, stands out as one of the most advanced counties and has a dedicated Magistrate and two half-day dockets dedicated to dual status. In Marion County, when a child is determined to be dual status, not only does that child get "docketed" in this court, consolidating both child in need of services cases and delinquency cases, but also sibling cases are also brought to this court to help efficiency with the court and relieve parents of multiple court hearings on multiple days and times.

  Upon passage of the statute, the juvenile courts around Indiana in over 60 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. 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 the re-writing of the Resource Manual to assist counties with those best practice, tips and tricks in addition to the practical application of the statute. This committee is also working on data elements and understand the complete effects of the implementation of this process.

- 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, George Dremonas, General Counsel, and LaTrece Thompson, Deputy Director of Staff Development. These DCS members are able to 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 6 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. The person who is the Southern Indiana Human

Trafficking coalition task force liaison member also serves on the IPATH Core Group (Yvonne Moore). Yvonne Moore recently began as Focused Needs Director in which her job duties will include consulting on human trafficking cases within DCS as well as educating staff with trainings on human trafficking. Yvonne Moore attends the IPATH task force core meetings as well as collaborating with community stakeholders.

The IPATH Taskforce underwent a restructuring in December 2017. A part of that process was changing how the Core meetings are handled. The IPATH Core meetings are no longer open to all IPATH members; rather, they are attended by leadership from each committee and regional HT coalitions involved in IPATH. In March 2019, a representative from DCS began attending the quarterly IPATH Core Meetings in an effort to share and gather information regarding Human Trafficking. 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.

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 is currently engaged in the transition to a CCWIS application. A Request For Proposal (RFP) for Organizational Design was released in May 2019. The contract was awarded to Change And Innovation Agency (C!A) with a subsequent project kick off meeting on January 22nd, 2020. To date, C!A has conducted numerous meetings with a variety of users with DCS and has begun to closely examine work processes and potential requirements for change.

The RFP for Design, Development and Implementation (DDI) was released in December 2019. This contract was subsequently awarded to Accenture in March 2020. To date, contract negotiations with Accenture are ongoing with an anticipated start date of July 1st, 2020, however that date may require some flexibility given the current workplace and travel restrictions associated with COVID-19.

The RFP for the Project Management Office (PMO) was released in April 2020. The RFP has been posted with a close date of May 22, 2020 with an anticipated award date in late July 2020.

DCS is planning to replace the MaGIK system over the next two years in a two-phased approach. The first phase is planned to convert data and replace case management functionality with the new CCWIS system. This first phase is anticipated to be delivered in 13 months after the contract is executed with Accenture. At the end of Phase I, Casebook (CB) will be retired.

The second phase is targeting to replace the DCS Transitional system KidTraks (KT). KT functionality includes all aspects of DCS financial relationships, including services, placements, foster parent per diem, employee travel, etc. At the end of Phase II, all MaGIK-related functionality will reside in the new CCWIS system and KidTraks will join Casebook in retirement.

The Phase I DDI effort will include the creation of an application programming interface (API) layer to facilitate the efficient exchange of information between the new system functions and those of the KT Transitional CCWIS system, as well as a single standard data exchange with all Child Welfare Contributing Agency (CWCAs) and external systems, as defined by 45 CFR 1355.52 (e) and 45 CFR 1355.54.

Indiana Family and Social Services Administration Collaboration

Children and families that come into contact with DCS may be in need of many things, including medical care. DCS regularly collaborates with relevant agencies within FSSA to ensure that children and families are receiving the necessary services. These could include services offered within the Medicaid Managed Care atmosphere, such as Hoosier Healthwise or Hoosier Care Connect. 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 to read the Governor's Report presented November 2019.

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 implementing 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 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).

Of the nine items that were found to not be in substantial compliance in the summer of 2016, Item 1 reached and maintained substantial conformity in the fall of 2018 and subsequent reviews. In the spring of 2019, the state was able to reach substantial conformity for Items 12, 13, & 15.

The fall 2019 PIP review was completed from August through October of 2019 and measured practice during the Period Under Review (PUR) which began August 1, 2018 until the date of case review. Fall 2019 review scores revealed an increase in seven out of nine related outcome items when compared to the fall 2018 review. The Indiana Department of Child Services met the target goal established for three additional items, Safety, Permanency and Well-being Items 3, 6, and 14.

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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.*

Items 4 and 5 were the only pending items that were not at the requirements set by the Administration for Children and Families while preparing for the spring 2020 review. The CFSR Technical Bulletin #11 was received while preparing for the spring 2020 review. The CFSR Technical Bulletin #11 updated the way calculations for substantial conformity were completed. As a result of the changed methods in calculating substantial conformity found in Technical Bulletin #11, the State of Indiana was found to have met substantial conformity for Item 4 in the spring of 2019 with a score of 83%. As of the spring 2020 review, the target goals for Permanency Items 4 and 5 have reached substantial conformity in the State of Indiana. Following the spring review of 2020, DCS was 10% over the target goal for Item 4 and 19% over the target goal of Item 5.

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.

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%

The Department is in the process of developing a 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 Department is currently developing the instrument and the tool that will be utilized, modeled closely after the OSRI to ensure alignment of strengths and needs to federal outcomes. Indiana plans to pilot this tool in the fall of 2020, with a full statewide launch in January 2021. The PMR will look at 20 different items grouped under the tenants of the practice model: Teaming, Engaging, Assessing and Intervening.

Teaming Outcome	Engaging Outcome	Assessing Outcome	Planning Outcome	Intervening Outcome
Item 1: Team Formation	Item 4: Family Case Manager Visits with Child(ren)	Item 7: Services to the Family to Protect Child(ren) in the Home and Prevent Removal or Re-Entry into Foster Care	Item 13: Child(ren) & Family Planning Process	Item 16: Achieving Reunification, Guardianship, Adoption, or Another Planned Permanent Living Arrangement
Item 2: Quality Child and Family Team Meetings	Item 5: Family Case Manager Visits with Parents	Item 8: Risk and Safety Assessment and Management	Item 14: Placement with Siblings and/or Relatives/Kinship	Item 17: Legal System

Item 3: Informal Supports	Item 6: Child(ren), Family, and Resource Parent Involvement in Case Planning	Item 9: Stability for Children	Item 15: Permanency Goal for Child	Item 18: Meaningful and Essential Connections
		Item 10: Assessing the Needs and Services of Child(ren)		Item 19: Resource Availability
		Item 11: Assessing the Needs and Services of Parents		Item 20: Provider Quality
		Item 12: Assessing the Needs and Services of Resource Parents		

Indiana remains on an AFCARS Improvement Plan (AIP), which serves as a way to continually identify areas for the state to improve AFCARS submission data. The AIP lists findings, tasks, and notes for each element that is in need of 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 in order to discuss clarifications or changes to the data being pulled.

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; and
- Indiana's ongoing PIP measurement plan which incorporates the CFSR Onsite Review Instrument (OSRI)

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 Town Hall meeting held for all DCS staff statewide, those who were unable to attend in person were able to access the meeting via a live video stream.

1. Long-Term Agency Goals

- Create an empowered and engaged workforce; Decrease team member turnover by 40%
- Improve performance outcomes of child welfare to exceed federal benchmark
- Achieve financial stability; Decrease operating expenses by 12%
- Achieve IT system stability with robust reporting

2. 2020 Goals

- Reduce agency employee turnover
- Decrease time to permanency
- Improve stability for children in and out of homes
- Improve FFY 2020 child support collection
- Decrease time from TPR to adoption

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. Annually, all staff are updated on the great work we are doing as a state, as well as, within our own divisions. A few notable achievements are:

- Decreased the number of children in out-of-home case *(15,105 in November 2018 to 13,155 in November 2019)*
- Redesigned and relaunched the agency practice model
- Used virtual reality for lifelike training

- Reduced number of children still in care post TPR
- Improved process for child fatality reviews
- Developed and launched the Foster Care Portal
- Started transition to INvest child support system
- Decreased delays filing for TPR once cases qualify
- Decreased residential placements for youth in probation *(15.4% drop from November 2018 to November 2019)*

1. Field Operations

- Expanded Rapid Safety Feedback Program
    - Indiana's RSF team has been recognized by Eckerd Connects as having one of the highest review volumes of all Eckerd Rapid Safety Feedback jurisdictions across the nation. Since program inception, the RSF team has reviewed more than 1,300 assessments, completed more than 2,500 RSF survey tools, and served more than 3,700 children statewide, conducting reviews in 98% of all counties/jurisdictions and 100% of all regions. RSF has hosted three separate training/in-service sessions involving approximately 90 participants statewide. The program continues to receive positive feedback from the field staff and enhance permanency efforts for safe, sustainable case closure.
- Created special investigator positions
    - In 2019, three special investigators were hired with extensive law enforcement experience to assist in more complex child abuse investigations.
- Piloted new reflective practice survey program (RPS)
- Changed child fatality report process
    - The fatality team completed 691 fatality reviews and produced three reports that reflect trends across the State of Indiana. The fatality team developed an in-service to help guide field staff on the statutory requirements for the completion of a fatality training. This training has become available in numerous regions.

REGIONAL IMPROVEMENT

Region 1:

- There was a 10% decrease in caseloads and an increase in timely permanency.
- Q1: permanency achieved within 90 days in 5.5% of cases
- Q2: permanency achieved within 90 days in 24% of cases
- Q3: permanency achieved within 90 days in 35% of cases

Region 2:

- In 2019, there was an increase in parental engagement, a 21% increase for engaging mothers and a 53.9% increase for engaging fathers.

Region 3:

- As of October, 756 cases were open, and 837 were closed. This is an overall caseload reduction of 10% of those closed, 79% were within 24 months.

Region 4:

- The region's focus resulted in a decrease in residential placement. In Noble County, there was a 28% reduction in CHINS and a 50% reduction in residential CHINS placement.

Region 5:

- On average, 85% of children have had a child and family team meeting at least every 90 days. In Tippecanoe County, 371 children out of 389 children had a child and family team meeting, which is 95.37% of the caseload in that county.

Region 6:

- DCS staff worked together to find permanency for 10 higher-needs children. By November 2019, the length of stay is the 6th lowest in the state, with an on average of 553 days in care.

Region 7:

- Regional staff maintained a 10-month average of 404 CFTMs per month. Also, in January 2019, there were 227 children who did not have TPR filed in the 15/22 timeframe, that number has been reduced to 41.

Region 8:

- The region established a regional fatality assessment unit, which offers representation and collaboration in each county. The team has successfully used the information gathered from fatalities to educate and inform the public.

Region 9:

- In October 2019, the region was No. 1 in the state for timely initiations in regards to assessments. In Morgan County, staff were able to maintain an average length of stay for children in care of 419.40 days.

Region 10:

- The region has maintained a significantly lower number of days from termination of parental rights (TPR) to adoption than most regions. The length of time is at 260 days, with a goal of 180 days. The region also averaged about 35 more adoptions in 2019 than in 2018.

Region 11:

- The region has improved permanency through adoption by filing the backlog of TPRs. For instance, in Madison County there were 82 adoptions in 2019 compared to the year prior, when there were only 29.

Region 12:

- There was a 14% decrease in caseloads for the region, as well as a 19% reduction in expenses. Also, Wayne County is in the process of starting a family recovery court.

Region 13:

- The region has had an overall reduction of non-relative CHINS and residential placements. Children in foster care decreased by 11.25% in 2019, and residential placements were reduced by 22%.

Region 14:

- There were 40 residential placements in Region 14 in January 2019 and by September of that same year that number was reduced to 19. Thirteen of the placements were from Johnson County, and now there are only four residential placements from that county.

Region 15:

- Piloted the new reflective practice survey and will pilot the new Practice Model Review tool. Collaborations with peer coach consultants and local staff resulted in teaming cases from 180 days to within 90 days.

Region 16:

- Staff participated in evaluating CFTMs, engaging families and utilizing safety plans to achieve sustainable case closure. The evaluation resulted in changing protocols for writing and implementing case plans. The region is also focused on adopting the Lean principles of respect for people and continuous improvement.

Region 17:

- The region met its goal of reducing the number of children being placed more than an hour away from local offices and decreasing residential placements. Also, the region participated in the case plan initiative with Region 16.

Region 18:

- The region set the goal of serving the right child at the right time, and this has resulted in a 9% decrease in the total number of CHINS (both in home and out of home). The region also participated in the pilot for the reflective practice survey.

FOSTER, KINSHIP AND COLLABORATIVE CARE

- Collaborative Care staff partnered with providers in numerous regions across the state to host resource fairs and parenting youth conferences for youth.
- Held 11 graduation celebrations across the state to celebrate this monumental milestone.
- Built a statewide placement process to help staff access placement support and search quickly and effectively. This allows for more seamless searches across county and regional lines with a focus on placement matching.
- Reached more than 7,000 individuals in Indiana to foster or support fostering
- Positive progress made in the Kinship Navigator program, pilot region 7 implements practice and the program expands to 6 other areas in the state.

CHILD ABUSE AND NEGLECT HOTLINE

- Strengthened supervisor team by adding new positions
- Maintained an answering speed of 16 seconds despite the increase in calls
- Through three quality assurance reviews, the Hotline met or exceeded 94% of the time
- Created an intake to outcome program
    - A program to bridge the gap between the initial report and the outcome of a case. Every quarter, staff are invited to submit requests for the outcome of two reports they have taken.

2. Strategic Solutions and Agency Transformation

- Finalized DCS Child and Family Services Plan outlining the agency's visions, goals and steps to achieve those goals.
- Built a continuous quality improvement team who have worked to provide ongoing Lean training to all staff at different parts of their journey.

- Made substantial progress on the program improvement plan by passing all nine remaining indicators from the CFSR.
- Supported 24 employees by the end of 2019 in earning their Six Sigma Green Belt certification, with an additional 8 employees earning their Six Sigma Green Belt as of May 2020.
- In 2019, Indiana was chosen to join the National Collaborative for Child Safety. Indiana is one of a few jurisdictions that piloted the safe system improvement tool. In 2020, Indiana will expand its use to support a safe system culture.
- The research and evaluation team completed several rate work projects comparing the following:
    - Child abuse and neglect rates for IN in 2018 and 2019
    - Removal rate in IN for 2018 and 2019
    - Hotline seasonality of reports
    - Continued work on the screening threshold analysis in an effort to better understand the screening processes for potential improvement (work completed with Capacity Building Center for States)

3. Permanency and Practice Support

- Three nursing positions were added, and an integrated care team, made up of both clinicians and nurses to look at medical, behavioral and clinical needs of our youth, was created to help support family case managers with understanding the unique needs of each child.
- Expanded the investigator team by adding four more positions to help locate parents and kin for children in care.
- Rolled out rapid permanency reviews to pilot counties
- Expanded the educational liaison team by 2 staff to help focus on improving the educational experience of children in foster care
- Formed the agency's first birth parent advisory group. This board of former DCS involved parents will seek to promote open lines of communications between foster parents and family case managers.
- Worked with America's Kids Belong on doing I Belong Project video shoots in hopes of finding the perfect adoption match for each child.

4. Juvenile Justice Initiatives and Support

- Central Office Background Check Unit (COBCU) conducted the following evaluations: 70,304 fingerprint transactions, 780 criminal and/or CPS waivers, 94,072 CPI checks, 1,965 out-of-state inquiries
- Worked with IOCS to expand family recovery courts. There are currently 13 certified family recovery court with an additional 6 in the planning stages.
- Work with the Child Welfare Services Division to address service needs for the delinquent population

- Probation service consultants reviewed more than 1,450 recommendations for services and placement for juvenile probation youth. In 2019, the unit trained juvenile probation officers on Title IV-EFC (Extended Foster Care) and the DCS practice model and how both can assist in our work with juvenile probation officers and the juvenile court.
- The Interstate Compact on the Placement of Children team has worked hard in 2019 to develop standard practice, training for field staff, and communication of regular reports in order to increase the accuracy and efficiency in the work that they do.

5. Finance and Administrative Services

- Improved invoice processes by a clearly defined placement in KidTraks for all supporting documentation from vendors, therefore making the approval process more accurate and efficient for timely payment.
- Administrative services refined the process for wards entering a Psychiatric Residential Treatment Facility (PRTF). Wards have access to medically necessary services that are covered by Medicaid.
- In 2019, the IV-E eligibility unit reduced the returned applications backlog by 96.7% (adoption).
- Through collaboration and research, the administrative services division identified a more efficient process to determine initial and ongoing redetermination of eligibility for children in out-of-home care in a 12-month span.

6. Information Technology

- DCS implemented the use of VR headsets to give all FCM candidates the opportunity to experience a real-life scenario of entering a home during an assessment. DCS will also use this in training to provide situational awareness to seasoned FCMs. It will help with caseloads and assignments as well as continuous improvement of the DCS training curriculum.
- DCS awarded the first organizational change management (OCM) design RFP. DCS will go through a complete organizational process change. The new system, Comprehensive Child Welfare Information System (CCWIS), will utilize artificial intelligence and provide business intelligence to all aspects of DCS operations.
- DCS redesigned the original plans to award the INvest system design, development and implementation (DDI) contract at $42 million with 2-1/2 years to deliver. The system will have 100% more functionality and continuous improvement that will allow the child support system to stay updated and current with technology throughout its entire life cycle.
- Through its launch of the foster care and adoption portal DCS is engaging more than 2,600 members of the foster care community with real-time data about the children in our care. In addition, DCS received more than 460 leads to become potential foster parents

7. Legislative Affairs

- Celebrated passage of HB1006, which positions DCS to implement recommendations from the Child Welfare Policy and Practice Group. This bill extended the age of foster youth to receive Collaborative Care to 21, updated DCS case load standards to align with Child Welfare League of America (CWLA) best practice, amended the one-hour response time to two hours and amended the definition of neglect to exclude poverty as a sole justification for intervention.
- Celebrated the passage of HB1198, which included compliance with FFPSA and allowed DCS staff the option of removing their home address information from public databases.
- Implemented the DCS Director email inbox which funnels emails from constituents where they can be sorted and distributed to the appropriate parties.
- Responded to approximately 956 constituent and legislative inquiries.

8. Human Resources

- Increased the number of staff from 2018 to 2019 by 502 people, completed 1,274 new hires/rehires in 2019.
- Created 485 positions: 65 attorneys, 106 FCM Supervisors, 85 field clerical staff, 63 legal clerical staff, and 166 other positions
- Processed 368 promotions within the agency
- In 2019, 333 employees were approved for the BSW/MSW incentive program.

9. Communications

- Launched two campaigns: #TrashTalk and #InTheirShoes to educate the public on the challenges facing the foster care system and invited supporters to give back with donations of duffel bags for kids.
- Completed a road show across the state of Indiana hosting presentations along with question and answer sessions in regards to the Family First Act, which included staff, providers and other community stakeholders.
- Launched the foster care portal and newsletter dedicated to the needs of our foster families. The portal provides foster parents with 24/7 access to information about the children in their care, and the newsletter provides helpful information on caring for children who have experienced trauma.
- Launched internal podcast “Stories of DCS” which invites DCS employees to share the stories they will never forget and what they learned along the way.

- The DCS newsletter got a makeover and lots of fun new features last year. The communications division first surveyed staff members to better understand what employees value in a company-wide newsletter, then tailored The 92 to meet those expectations.

10. Child Welfare Services

- In determining how to invest Community Partners for Child Safety funds, DCS reviewed regional rates of child abuse and neglect reports to identify areas where families most struggled to meet their basic needs. DCS then allocated more dollars to these communities. This has helped to bring down the number of out-of-home CHINS cases by 23.5% and total DCS cases by 26.6% since September 2017.
- In 2019, DCS consolidated and streamlined the audit process to ensure it is less intrusive and allows providers to spend more time caring for their children and less time with DCS licensing and audit teams.
- Healthy Families Indiana celebrated 25 years of service. The program has continued to grow over the years. It served 11,124 families in SFY2019, up from 10,490 in SFY2018.
- DCS extended services to age 23 for former foster youth in February 2019. Prior to this, youth services ended at age 21. In addition, effective July 1, 2019, foster care was extended to young people up to age 21 on a voluntary basis (collaborative care).

11. Legal

- DCS' litigation division has added 45 new clerical/ administrative positions since Jan. 1, 2019. Having adequate support staff is important so attorneys can focus on the representation aspect of their job. Quality legal assistance frees up the attorneys to staff cases, research the law and prepare for hearings.
- In Federal Fiscal Year 2018, the legal division had a turnover rate of 30.2%. With the implementation of pay increases, development of new trainings and more over the past year, that number dropped to 17.2% in Federal Fiscal Year 2019 – an overall 43% improvement.
- DCS' litigation division has added 50 new child services attorney positions since Jan. 1, 2019. This number of attorneys allows each caseload-carrying attorney to maintain a caseload of 60-75 families with active cases. When all positions are filled, DCS will have a total of 209 caseload-carrying attorneys.
- The DCS Legal Training Department increased staff in the past year by 50% with the goal of offering more support to attorneys and the children and families they serve. Advanced and multi-disciplinary attorney trainings were added to the existing curriculum. The division developed a legal intern program to bolster recruitment efforts but COVID-19 has impacted the ability to fully implement the program.
- All DCS attorneys received salary adjustments on their Nov. 13 paycheck. Child services attorneys already employed by DCS all received a salary adjustment of 17.3 percent. The new minimum salary for child services attorneys increased from $52,000 to $61,022. Other employed attorneys received a salary adjustment of 10%.

12. Staff Development

- Staff development designated mandatory online courses to complete through LinkedIN Learning for clerical/support staff. The division also developed instructor-led trainings that can be attended by all clerical/ support staff.
- In 2019, DCS partnered with the Zero Abuse Project, an organization committed to transforming institutions so they can more effectively prevent, recognize and respond to child sexual abuse to provide multi-disciplinary trainings across the state of Indiana.
- Provided leadership development trainings via a director core series based on the National Child Welfare Workforce Institute leadership model.
- To support the practice model relaunch, every DCS employee received training in 2019 on the principles of the practice model. This was followed by similar training for providers and resource parents.
- Staff Development developed a one-day training for new central office supervisors and managers. The training includes presentations by a human resources representative as well as a representative from the DCS payroll division.

13. Child Support Bureau

- The Indiana child support program was ranked 6th in the nation for overall performance
- The DCS rate of current child support collections continues to rise. As of Federal Fiscal Year 2019, the CSB rate of current support collections was 66.96%. This indicates that 66.96% of all current child support owed is being collected. As of Federal Fiscal Year 2018, the national average of current support collections was 65.66%.
- CSB was awarded a federal Office of Child Support Enforcement (OCSE) 1115 demonstration research grant for a total value of $500,000. This grant will support efforts to improve collections and process paperwork when cases cross Indiana lines.
- The IV-D child support application was reduced from six to two pages, and its wording and structure were clarified and improved. This helps to remove barriers that prevent the public from accessing child support services in Indiana. This revised IV-D application is becoming a national model for other states and their IV-D applications.

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

The Indiana Department of Child Services (“DCS” or “Indiana”) began formal Program Improvement Plan (“PIP”) development after receiving the Child and Family Service Review (“CFSR”) Final Report and accompanying onsite presentation from the Children’s Bureau in January 2017.

Indiana's PIP focuses 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, previous Quality Service Review data ("QSR"), Reflective Practice Survey data ("RPS"), and Key Practice Indicator reports ("KPI"). While Indiana has had access to a myriad of data sources, the use of data to drive decision making has been inconsistent and unevenly approached. Indiana is moving towards a data-driven approach that will be used on a consistent basis to inform practice and to determine what is needed in order to effectuate change on both local and system levels.

Indiana's PIP maintains 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 in order to be CCWIS compliant. Indiana is working on enhancing and relaunching 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 will be piloted in 2020 and fully launched in 2021 as the Practice Model Review. DCS recently enhanced its reflective practice survey (RPS) to ensure it was capturing worker level data, as it relates to the practice model in order to allow for supervisors to provide regular clinical supervision on skill development. This enhanced RPS will allow 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 continue to progress on its journey in utilizing Lean as the means for continuous quality improvement.

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. In order 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) Ongoing Implementation	**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 in order 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 the Capacity Building Center for States 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.

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)Ongoing Implementation	**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.
Q1- Q8	(ii)Ongoing Implementation	**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.
Q1- Q8	(iii)Ongoing Implementation	**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 in light of 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	(iv)Ongoing Implementation	**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 in light of 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.
Q2- Q8	(v)Ongoing Implementation	**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 in light of 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	(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- Q8	(ii)Ongoing Implementation	**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 in light of 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.

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- Q8	(i)Ongoing Implementation	**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 in light of 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)Ongoing Implementation	**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 in light of 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.

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)Ongoing Implementation	**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 in light of 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.
Q2- Q8	(ii)Ongoing Implementation	**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 in order 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 in light of 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.

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)Ongoing Implementation	**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 in light of 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.

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- Q8	(ii)Ongoing Implementation	**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 defenders 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)Ongoing Implementation	**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.

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.
Q6	(v) In Progress	**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	(vi) In Progress	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.
Q8	(vii) In Progress	There was additional information provided to the committee, on January 10, 2020. There will be statewide probation language. There is a small committee to draft the standard language. This meeting is scheduled, for 1/23/2020. The goal is to have the information approved, in February 2020, and then for this to be approved, at the March, 2020 Board Meeting. There will be a notification that will go out regarding the standards update, prior to the training. There is training scheduled, on April 7, 2020, April 9, 2020, April 27, 2020, and April 29, 2020. The new worker probation training is scheduled, for October 2020.

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.

- 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. In April 2019, DCS rolled out an Assessment Initiation tracking tool in an effort to more accurately track timeliness, extenuating circumstances, and any linked report method of initiation for all assessments. DCS continues to utilize this tool in an effort 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 plans to identify ways to measure utilization and effectiveness of proven, home-based services, this performance based work will be utilized in the Family Preservation Service standard. This new service offered to families to maintain children in the home will begin to be offered by the Department on June 1st.

DCS continues the implementation of the Eckerd Rapid Safety Feedback® model as of January 2018. Rapid Safety Feedback is a coaching/mentoring model that uses predictive analytics to assist in prioritizing which assessments get assigned for review. The problem statement that "drives" the predictive analytics is: *mitigate repeat maltreatment whereas repeat maltreatment is defined as a substantiated allegation within one year of a prior substantiated allegation*. DCS will continue to develop methods of continued implementation and utilize this team to support our frontline staff by complimenting the work done in the field using evidence based practices to improve outcomes for our families and children.

In 2019, DCS began an initiative to bring a safe systems culture to the Department to support improvement work in the area of safety and promote psychological safety for its employees. DCS has been working with members of the University of Kentucky to implement the use of a Safe Systems Improvement Tool. This tool is designed to review critical incidents such as fatalities and near fatalities to gauge trends within the Department and quantify areas of systematic opportunities. DCS has hired a Safe System Director who will be managing a team of reviewers to complete work within this tool, as well as collaborate with internal and external stakeholders to improve safety outcomes for staff as well as Indiana's youth. The team will implement programs

to reduce child mortality rates in Indiana. The goal of this initiative will be two fold- improve safety of children within the Department and a focus on improving the psychological safety of staff to provide a healthier work environment.

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 is able to 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-Q8	(ii)Ongoing Implementation	**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.

Target Completion Date	Current Status	Progress to Date
Q2-Q8	(i)Ongoing Implementation	**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 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.
Q2-Q8	(ii)Ongoing Implementation	

Q2-Q8	(iii)Ongoing Implementation	**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.

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-Q8	(ii)Ongoing Implementation	**Q1 & Q2:** Meetings occur regularly between DCS and IOCS to address concerns and share issues in an effort 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.
Q5	(iii)In Progress	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. IT is currently working with Juvenile Justice Initiatives and Support 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.

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 statewide.
(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	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.

		DCS has been able to gather information to better understand the reason for a delay in Permanency for children whose case plan is adoption. DCS will analyze the available data, and roll out the RPR process as appropriate. There has been some high level analysis of the data gathered. There have been several adoptions finalized. There are some cases that are waiting for appeals and there are some families that were waiting until the child turned the age of 2. Through the analysis it was determined that cases without adoption assistance move quicker. The state is looking at the life of the case and the following milestones; TPR granted, placement in adoptive home, adoption petition, adoption determined, subsidy and adoption finalized, and case closed. Indiana plans on continuing to analyze the data to gather trends.

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 more lengthy 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 statewide.

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) Partner with DCS Communication Team to develop a targeted digital advertising campaign to incorporate targeted populations.

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.
Q6	(iii) In Progress	Due to COVID19 the ability to bring on the marking firm is still in the QPA process. DCS is working on creating an internal marketing plan called Indiana CARES to launch in November of 2020. This will be a statewide coalition of partners from all aspects of our provider community, as well as, local businesses and faith based communities.

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 statewide 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 statewide plan development.

Target Completion Date	Current Status	Progress to Date
Q1-Q8	(i)Ongoing Implementation	**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 contracts 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-Q8	(ii)Ongoing Implementation	**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-Q8	(iii)Ongoing Implementation	**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 around 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 statewide newsletter does not currently exist. Leveraging those regional publications, DCS will produce a statewide 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-Q8	(ii)Ongoing Implementation	**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 statewide 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-Q8	Ongoing Implementation	**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 are able to benefit by expanding the age parameters of receipt. The Department will continue to monitor permanency related improvement needs through its executive steering team.

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. Following the pilot of PRT Plus 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. A proof of concept for the PRT Plus process was utilized in region 4 (Northeast Indiana) 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.

In addition to the development of PRT Plus fidelity documents, the central office permanency team, developed the PRT Plus Facilitator Training and Master Practitioner Training to support the field in the implementation process. Other forms and documents were also created for field staff use to assist in engagement of both internal and external stakeholders. Special consideration and attention was given to the forms ensuring they were youth focused as the youth is the main participate in the PRT Plus process.

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 IUPUI. The research and evaluation period continues and components of the pilot program are beginning to be trained and used in other regions to support more comprehensive, responsive and uniform supports.

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* on a monthly basis 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 in MaGIK. The RPR proof of concept was completed in region 7 and region 16. Both regions are in the accountability for outcomes phase. RPR's are scheduled in regions 1 and 3 with the plan for statewide roll out being developed.

The Department has increased the number of staff serving as Adoption Consultants from seven to nineteen 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.

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 in order 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, in order 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)Ongoing Implementation	**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
Q1-Q8	(vi)Ongoing Implementation	**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-Q8	(iii)Ongoing Implementation	**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 the 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
Q6	In progress	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 strong focus on teaming. Due to restrictions from COVID 19, the Department has delayed implementation of the tool in light of social distancing guidelines. Supervisors will resume regular duties of shadowing staff to complete the survey for use of enhancing clinical supervision in July 2020.

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	Indiana updated the critical case juncture language and the policy was finalized on 7/1/19 to align with best practices. In December 2019, Indiana was able to finalize the policy adding information regarding teaming in domestic violence situations. **CFTM Policy 5.07**

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

Q6	In Progress	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 in light of 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	(i) In Progress	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 in light of social distancing guidelines. Supervisors will resume regular duties of shadowing staff to complete the survey for use of enhancing clinical supervision in July 2020.
Q5	(ii) In progress	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 in light of social distancing guidelines. Supervisors will resume regular duties of shadowing staff to complete the survey for use of enhancing clinical supervision in July 2020.

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-Q8	(iii)Ongoing Implementation	**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-Q8	(v)Ongoing Implementation	**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	**Q3 & Q4:** The family visit checklist/face to face contact sheet is completed and can be located at: https://forms.in.gov/Download.aspx?id=6904 **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)	Once developed and implemented Indiana will require foster parents to complete the survey twice a year and review results for improvement opportunities.
Q4-Q8	(iii)Ongoing Implementation	**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 of the case planning module in MaGIK 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)Ongoing Implementation	**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
Q8	(ii)	Indiana is building a CCWIS system that will have an updated case planning module built within it. The case plan module will be the first fully developed module.

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	Case plan and transition plan documents have been made available in probation case management on 10/1/2017. On 6/29/19 there was a deployment in Kidtraks for case plans to be uploaded uniformly. The case plan activity report has been deployed and captures case plans uploaded to track 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-Q8	(ii)Ongoing Implementation	**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-Q8	(iii)Ongoing Implementation	**Q1 & Q2:** Family Recovery Courts are being expanded to identify locations across the state. **Q3 & Q4:** The below is the current 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)Ongoing Implementation	**Q1 & Q2:** Partnerships with other state agencies have been established in order 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
Q1-Q8	(v)Ongoing Implementation	**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
Q6	(i)In Progress	The new visitation language and contact standards were approved by the Community Collaborations Collaborative Committee 5/14/19. A new Standard for Probation Supervision of youth in placement was presented and approved by the Probation Officer Advisory Board on 7/9/19, the Juvenile Justice Improvement Committee on 10/4/19 and the Probation Committee on 10/25/19. This standard 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.
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 of 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. The Permanency and Practice Support division employs specialists in several disciplines, including; Masters level clinicians and 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 PPS and Field divisions allows a holistic approach to each to family and child; combining best practices and interventions to support safe, healthy families in permanency and beyond.

In an effort 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 seen the near doubling of 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 2020, Indiana has 13 certified FRCs with six 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 CQI principles and ensuring their participation and input in CQI projects is supported by all levels of the agency.

CQI will continue to be strengthened through meaningfully created CQI projects developed at both divisional and the regional level 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 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-Q8	Ongoing Implementation	**Q1 & Q2:** Each division has staff trained in Six Sigma. CQI staff continue to 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 are able to 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	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 Lean training series 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-Q8	Ongoing Implementation	**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 in order 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- Q8	Ongoing Implementation	**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-Q8	Ongoing Implementation	**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

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-Q8	Ongoing Implementation	**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-Q8	(i)Ongoing Implementation	**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. Inform and train probation officers on revised probation standard 1.2
vi. 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.
Q6	(iv) In Progress	The new language was supposed to be presented at the Board of Directors of the Judicial Conference of Indiana in March 2020. 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.
Q8	(v)In Progress	The new language will be presented to the Board of Directors of the Judicial Conference of Indiana in September of 2020. Following that probation officers will be trained and informed of the new standard.
Q8	(vi)In progress	The new language will be presented to the Board of Directors of the Judicial Conference of Indiana in September of 2020. Following that the new standard will be implemented.

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)In Progress	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. DCS is currently working on modifying 22 reports for use by probation officers.
Q2	(iv)Completed	Probation officers are able to access MaGIK reports through the KidTraks portal.
Q5	(v)In Progress	**Q5:** 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.

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 of 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 developing a 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.

The Department through its work in completing a Transformation Plan of Care (TPOC) has provided a road map for the direction of improvement efforts and the metrics by which to measure improvement. The Department will be focusing on measuring outcomes related to people, quality & safety, and finance & growth. DCS completed the TPOC earlier this year and is in the final stages of a communication plan for staff statewide to become more familiar. Throughout the course of 2020 and into 2021, DCS will be implementing strategies and projects around continuous quality improvement directed by the TPOC. DCS plans on focusing improvement efforts in areas where it is able to 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 of data DCS has already accumulated and to put in place activities to improve worker recruitment and retention.

Indiana recognizes FCMs are able to provide better case management to children and families when they have manageable caseloads and clinical supervision. Indiana's current 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 child care 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.

DCS continues to focus improvement efforts in the updates to the activities within the PIP.

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 statewide plan in order to target workforce needs in order to inform a broader statewide 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-Q8	(ii)Ongoing Implementation	**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 work load. 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	The development of the survey was completed in December 2019. The state launched 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	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) In Progress	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. Following that the Department will review 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	The development of the survey was completed in December 2019. The survey rolled out to experienced employees (those who have been here greater than a year) in January 2020.
Q6	(ii)Completed	This survey was launched in January 2020. The results have been pulled, and information has been provided to executive level staff. The under fill report was created as a result 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 of 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)In Progress	These results continue to be gathered and shared with executive staff following the survey launch in January 2020. DCS will continue to review results for improvement opportunities.

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) Ongoing Implementation	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.
Q1-Q8	(ii) Ongoing Implementation	

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 of 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)Ongoing Implementation	**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.
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 in order 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 continues to work closely with the Children's Bureau to ensure monitoring and completion of goals lined out in the Program Improvement Plan and development and implementation of CCWIS.

DCS partners with Casey Family Programs on a number of things to assist in implementing initiatives throughout the state. Due to initiatives that the Department partnered with in 2019, the state saw a decrease of entries into foster care of 8.8% and an increase of exits from the system of 9%. The list below is the current partnership initiatives for 2020:

- Technical assistance and consultation in the development 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 sponsor a family and youth engagement conference for state employees to review and make recommendations that promote information sharing and best practices towards family and youth engagement across multiple family-serving agencies
- Provide training and technical assistance to legal community and DCS staff on safety and permanency practices and collaboration
- Provide assistance to DCS on approaches to and implementation of evidence-based prevention services. In conjunction with public policy, educate policy makers and other stakeholders on child welfare

issues/needs relevant to Indiana, including FFPSA. Create greater alignment between departmental policies and DCS Practice Model

- Provide technical assistance and consultation to DCS with the development and expansion of Guardianship support for families, including GAP, policy and practice
- Provide ongoing support for the Family Connection Network and technical assistance and support to the DCS Kinship Advisory Committee
- In conjunction with Chapin Hall, develop performance-based contracts for prevention services that incentivize evidenced based programs and improve outcomes
- Continue implementation for target population (long-stayers close to adoption) to identify systemic barriers and implement a robust accountability for outcomes approach utilizing Rapid Permanency Reviews
- Continue technical assistance and coordination in conjunction with Eckerd and the Rapid Safety Feedback program
- 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. John Fluke, and the Director of the Indiana Hotline this project has the potential to benefit both Indiana and the community of child welfare. The data from the hotline intake screening threshold analysis is being used to design a pilot for Indiana's SDM tool. This pilot will assist the agency in identifying areas for improvement in the screening process. The results from the intake screening threshold analysis project will also be submitted to a child welfare journal in order to inform the larger community on our results, techniques, and next steps.

IV. CONTINUOUS QUALITY IMPROVEMENT AND QUALITY ASSURANCE SYSTEM

A. CQI STRUCTURE

DCS has routinely monitored the effectiveness of the Practice Model in order to establish the goals and direction of the agency, Waiver spending, training, and service delivery. Recently, DCS has paired with Simpler Consulting to organize agency goals and drive toward common metrics in order to move the agency forward. Simpler has worked with DCS executives to set agency priorities, determine goals for the next year, and direct where CQI work will be focused for the next year. Simpler will also be 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 will work 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 are measured by True North Metrics and were selected by the executive team. These metrics are based around People, Safety and Quality, and Finance and Growth. The following are the established goals for DCS:

- People
    - Decrease Overall Employee Turnover
    - Increase the Number of Staff Participating in Rapid Improvement Events
    - Increase the Number of Improvement Events Held
- Quality and Safety
    - Increase Timely Permanency
        - Reunification (12 months)
        - Guardianship (18 months)
        - Adoption (24 months)
    - Decrease Recurrence of Repeat Maltreatment
    - Screening Threshold
    - Decrease Assessments not completed within 45 Days
- Finance and Growth
    - Increase Current Child Support Collections
    - Decrease Percent of Payments that exceed 90 Days
    - Decrease Budget Variance

With these goals in mind, DCS has identified 3 value streams to focus on in order to have the largest impact on the above metrics. Value Stream Analysis will be completed on all three over the next 9 months and will identify improvement projects. These VSAs have been scheduled as outlined below

- Employee Engagement – July 2020
- Hotline/45 Day Assessment – October 2020
- Out of Home CHINS – January 2021

In addition to these statewide initiatives to drive metrics, the CQI team will work with individual regions through a process called Regional Engagement and Managing for Daily Improvement (MDI). The Regional Engagement will be based around assisting regions in addressing areas identified through their Practice Model Review which measures adherence to the DCS Practice Model.

In the past year, all CQI staff received training on the Six Sigma Green Belt Certification program through Purdue University and training from Simpler Consulting regarding Lean methodology. Utilizing both methodologies, CQI engaged 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 i.e. Front Line Staff, Supervisor, Division Manager, Local Office Director, etc.

Moving forward, DCS intends to use Lean Principles in tandem with Six Sigma to further support transformation of the agency. 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 has also initiated 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 the continuous quality improvement should be utilized to improve their own everyday processes.

DCS remains focused on improving the effectiveness and efficiency of child welfare services through expanded eligibility and a broader service array. Over the past year, the CQI team has grown to include an Assistant Deputy Director, two Advanced Lean Practitioners, and 8 Lean Improvement Facilitators in order 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 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 six Deputy Directors and the Director. All executive staff members participated in a weekly group meeting to develop agency goals but 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 True North 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 in order 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. Since the team reached full capacity in July 2019, the research and evaluation division has worked on 67 projects. The goal of this team is to analyze data and share knowledge gained with both internal and external

stakeholders in child welfare. The division has conducted 15 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. As an example, a survey completed by the legal staff identified the need for additional training in cross examination. This information is being used to guide additional training in this area. Along with internal surveys the division has also completed 10 literature reviews that analyze policy, initiatives, and protocols from other states cps agencies in order to find the best initiatives for Indiana.

The research and evaluation team has partnered with several research universities to produce five academic publications. The team plans on submitting two publications on parenting foster youth and their children. The division will also 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 outcomes of children. Finally, the team has worked to create three Evaluation Plans for submission for FFPSA, as well as one transitional payment checklist. These submissions will help the agency care for children under the new FFPSA guidelines with programs that are highly used in Indiana.

DCS collaborates with Indiana University for evaluation of programs and training, including the finalization of the evaluation of Indiana's IV-E Waiver program. The DCS Quality Assurance procedures are currently being updated to add additional indicators to assess the quality and accuracy of data. As DCS continues to implement its Program Improvement Plan, additional reports and data will be developed.

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

The Quality Service and Assurance (QSA) team consists of ten team members: two managers and eight team members. The recent focus of this group was on completing the Child and Family Service Reviews (CFSR) focused around our program improvement plan (PIP) and revamping the quality service tools used to measure practice across the state. To complete the CFSR, this team prepared cases in addition to leading the review. In the fall of 2019, 65 cases were reviewed and in spring of 2020, 42 cases were reviewed utilizing teams of two reviewers. The review teams talk with case participants in order to determine compliance with the federal tool. The QSA team pairs with a field partner to complete quality assurance (QA) on the cases to ensure adherence to the federal tool and that proper justification is provided to support ratings. Once the case review is compete, the QSA team discusses the strengths and opportunities of the case with the family case manager and management staff. Overall numbers are also sent to executive management teams to provide updates after every review within the quarter. This information has been utilized to steer continuous quality improvement projects throughout the agency including those related to permanency and legal proceedings. 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.

In order to develop and maintain Indiana's own internal review processes, the QSA team is also working to revamp the quality service tools utilized within the agency. This includes an overhaul of the previous Quality Service Review (QSR), Reflective Practice Survey (RPS), hotline survey, institutional review, and the creation of a tool to measure the effectiveness of the rapid safety feedback team.

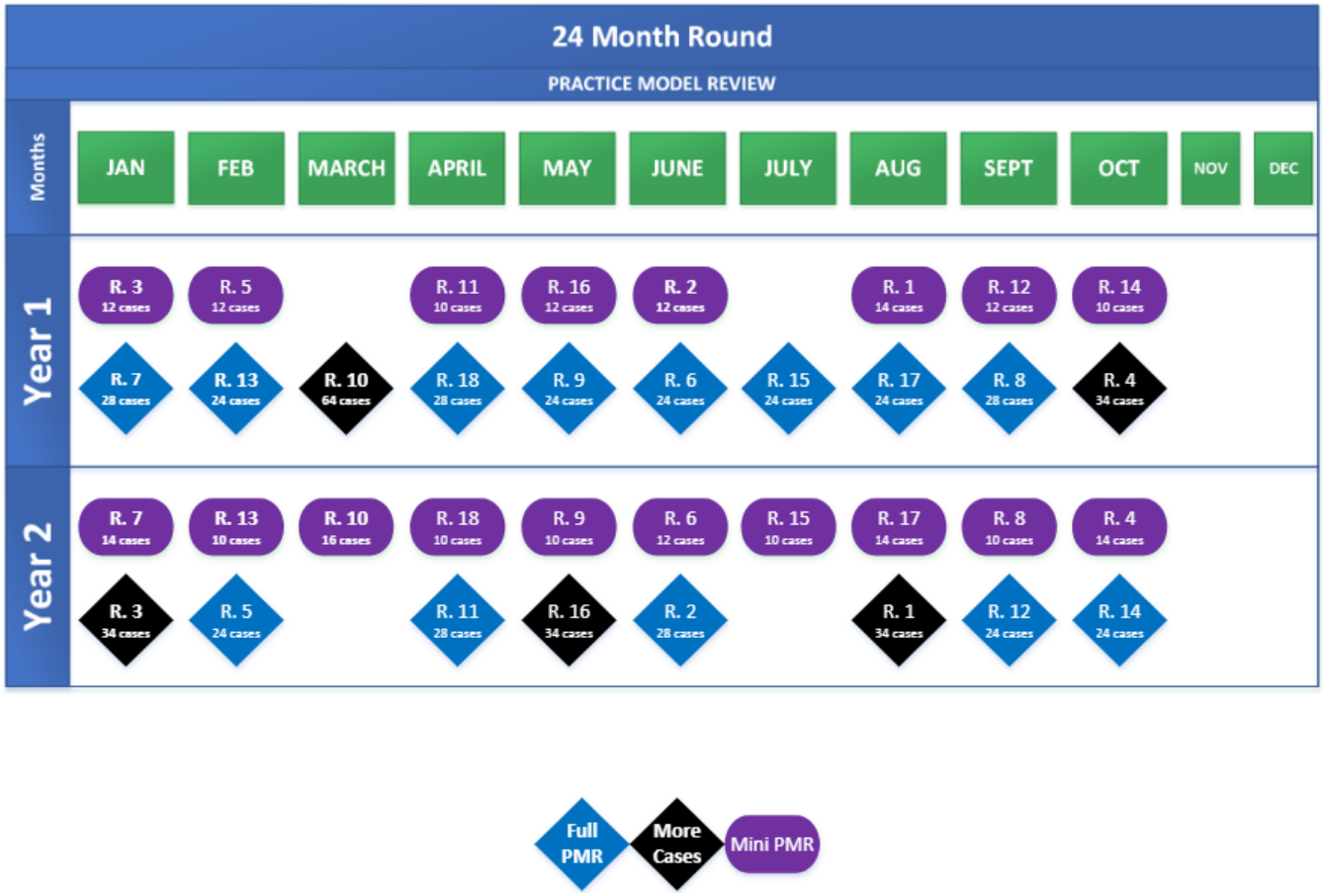
The QSR and RPS have been utilized by the state for many years, however, the agency is redeveloping these in order to focus on adherence to federal standards, by including measures currently captured in the CFSR, in addition to Indiana's practice model. It will measure the effectiveness of the overall child welfare system as it will 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 will be called the Practice Model Review (PMR) in order to keep the emphasis on our Practice Model and how it can be used to achieve positive outcomes for children and families.

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, Permanency, Older Youth Services (OYS) RPS were rolled out on April 17, 2020. An institutional RPS will be rolled out summer 2020. A foster care RPS is in development.

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 child tracking system. The QSA team has begun researching other states' processes for reviewing the quality of an assessment and Collaborative Care with a goal of developing a quarterly review of documentation and outcomes.

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.

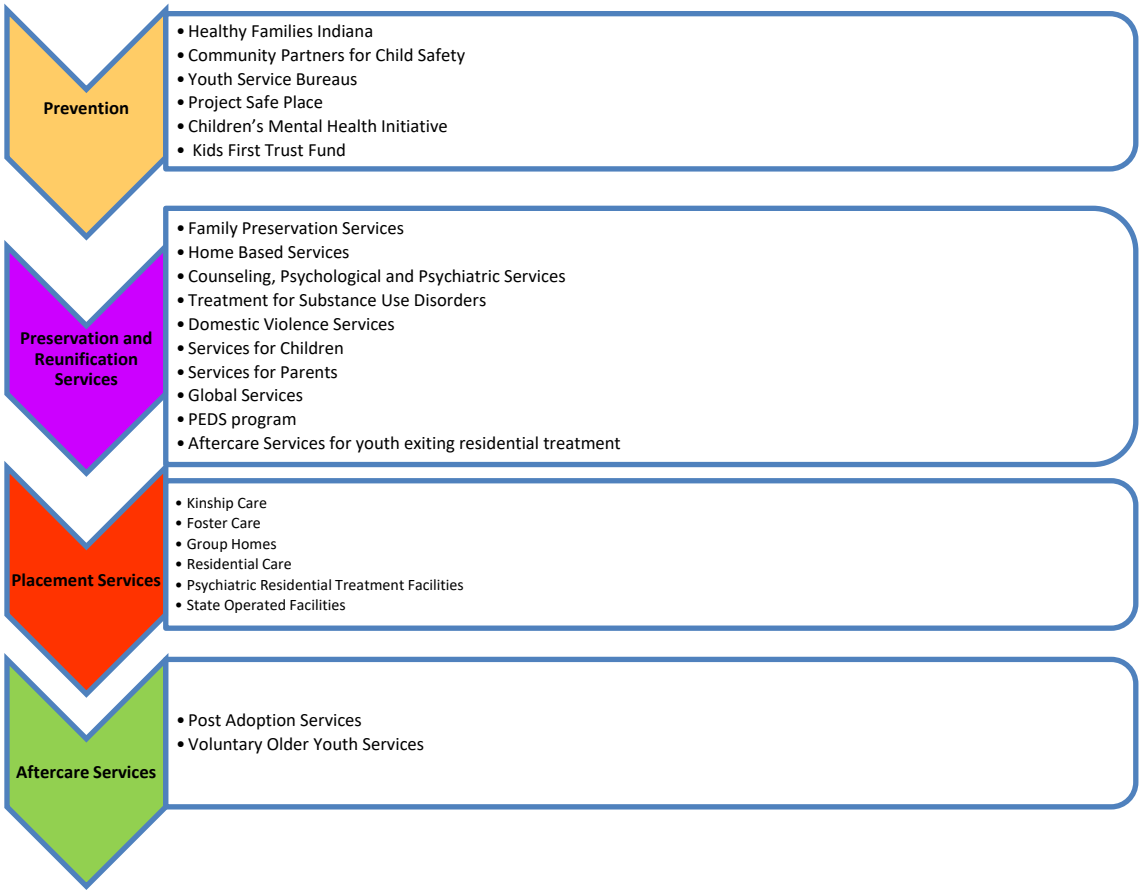
The below graphic is a representation of a 24 month round DCS intends to use when launching the PMR in January 2021:



V. UPDATE ON THE SERVICE DESCRIPTIONS

A. CHILD AND FAMILY SERVICES CONTINUUM (45 CFR 1357.15(N))

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 through contracts with the 32 local HFI providers to parents of children zero to three years old. 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 State 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 in order to access services.

The CMHI started as a pilot project in 2012 and has spread throughout Indiana in 2013 and early 2014. The program has shown success and is still running in collaboration with DMHA. The CMHI and the Family Evaluation process were implemented jointly to improve service access to families without requiring entry into the probation system or the child welfare system in order 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
- Homebuilders
- 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
Homebuilders ® (Must call provider referral line first to determine appropriateness of services) (Master's Level or Bachelors with 2 yr experience)	4 – 6 Weeks	Minimum of 40 hours of face to face and additional collateral contacts	**Placement Prevention**: Provision of intensive services to prevent the child's removal from the home, other less intensive services have been utilized or are not appropriate or in the pursuit of reunification**:** it is an unusually complex situation and less intensive services are not sufficient for reunification to occur. Services are available 24/7 Maximum case load of 2-3

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

	● Juveniles who have been found to need residential placement or are returning from incarceration or residential placement	
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 in order 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

Sobriety Treatment and Recovery Teams

DCS utilizes principles from a promising practice program that has shown very positive outcomes with families in Kentucky. The program combines a specially trained Family Case Manager, Family Mentor, and Treatment Coordinator to serve families where there are children under the age of 5 and the parent struggles with a substance use disorder. The Family Mentor is someone who has had history with the child welfare system and is currently in recovery. The program continues to be implemented in Monroe County. Currently there are two active Family Case Managers, two Family Mentor and one Treatment Coordinator in Monroe County. A decision was made to not expand to other sites but to use resources to expand START principles statewide. In late 2018 the Department began START Principles trainings, two trainings were offered in different areas of the state in 2018, additional trainings were offered in 2019. The trainings are intentionally structured to bring both child welfare staff and treatment staff together, as the START model prioritizes cross-system collaboration. These trainings also focus on current research-based best practices (Medication-Assisted Treatment, quick access to treatment, intensive services with relapse planning that doesn't involve automatic removal from treatment or automatic removals of children, usage of peer supports, etc.). Following the COVID-19 pandemic, DCS plans to continue to offer trainings regarding the spread of START principles to areas of the state that have not yet had the opportunity to have this training in their area.

Trauma Assessments, TF-CBT

DCS recently 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.

- The LGBTQ Practice Guidebook http://www.in.gov/dcs/files/GuidebookforBestPracticeswithLGBTQYouth.pdf and LGBTQ Computer Assisted Training (CAT) are both available online.
- All DCS child welfare service agencies are required to have all of their new staff understand the information in the LGBTQ Practice Guidebook within 30 days of start date. The Guidebook is located at: http://www.in.gov/dcs/files/LGBTQPracticeGuidebookFinalforOnlineViewing.pdf
- All DCS child welfare service agencies are required to have all of their new staff complete the LGBTQ Computer Assisted Training (CAT) within 30 days of start date. The training is located at: http://childwelfare.iu.edu/cat/DCS09030/. The providers are required to track completion of the training requirement on an on-going basis and completion is verified during a DCS contract audit.

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 period continues and components of the pilot program are beginning to be trained and used in other regions to support more comprehensive, responsive and uniform supports.

Indiana Department of Child Services continues to establish a centralized 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 in order 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 child care 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 124 Regional Foster Care Specialists (RFCS), who are dedicated to recruiting, licensing and supporting/retaining foster homes. As of May, 2020, DCS has 3,106 foster homes licensed through a DCS local office (out of the total 5,697 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 124 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.

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 XII, the Chafee Program.

B. SERVICE DESCRIPTION (45 CFR 1357.15(O))

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 State Department of Health

The Indiana State Department of Health (ISDH) 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 ISDH in an effort to better coordinate federal and state resources.

Statewide Safe Sleep Program

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

DCS has purchased Infant Survival Kits for families with an infant at risk for SIDS or sleep-related death. The kits, which include one infant portable crib aka Pack N' Play (PNP), a fitted sheet with safe sleep message printed on it, a wearable blanket, a pacifier and printed safe sleep recommendations) are provided to families in need, upon request. In partnership with ISDH and internal and external stakeholders, this program has been implemented across the state of Indiana. As a result of this collaboration, additional cribs have been distributed to parents since the First Candle National Crib Campaign began in 2008. As the program advanced, it became apparent that the crib distribution and delivery of the safe sleep education needed to be monitored and recorded to measure outcomes. Demographic information is collected on the recipients of the kits, as well as noting what staff person completed the safe sleep education.

Prior to the onset of this collaboration, there were 100+ distribution sites across the State. With a network this large, it was difficult to obtain accurate demographic information. This led to the revamping of the program through a series of phases. The number of distribution sites was decreased to 23 regional locations during the initial phase. This helped provide a more manageable network through which we could ensure accurate tracking of kit distribution and compliance with the submission of demographic information. Determination of distribution site location was assisted by the geographic boundaries set for the 18 DCS regions. Consistent tracking systems were developed and implemented and the distribution sites are adjusting to reporting timely outcomes. On May 18, 2015, oversight for the Safe Sleep Collaborative at ISDH moved from the Maternal and Child Health Division to the Indiana State Child Fatality Review Program. This change in oversight was made because infant safe sleep environment is so closely tied to child fatality review, and will provide consistent and ongoing support for the ISDH Safe Sleep Coordinator.

The second phase of this collaboration was to work closely with the distribution sites to develop organization and oversight. The Safe Sleep Coordinator accomplished this task by providing consistent and uniform guidance on best practices for distribution, education and the collection of reportable information. This level of management improved accountability for both the distribution sites and the program coordinators. It helped track to whom the kits were being disbursed and whether or not they were also receiving appropriate education. This systemic improvement helps us gather evidence-based data to determine the greatest areas of need.

The third phase addressed the inconsistent education that caregivers were receiving with their kits. In an effort to standardize the messaging, the Safe Sleep Coordinator, in conjunction with the Indiana State Child Fatality Review Program, developed a webinar to "Train the Trainer" and instruct the distribution sites on what education components they should be offering to each kit recipient. These components include teaching the caregivers safe sleep practices for their infants, the importance of early and adequate prenatal care and avoiding tobacco and drug use while pregnant and/or caring for an infant. To date, over 530 Safe Sleep Educators have taken part in the training and received certificates of completion.

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 in order 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 ISDH.

OB Navigator Initiative

The OB Navigator program is a cross-agency collaboration between the Indiana State Department of Health

(ISDH), 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 OB Navigator initiative 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. The first year of the project is targeting the 20 highest risk counties of the state. To start, the program is focusing on outreach to pregnant women on Medicaid and referral into home visiting/navigator services, as well as developing a Community Health Worker (CHW) model that will allow CHWs to be one of the home visiting/navigator options. An additional component of the project will be work to promote a culture that accepts and even expects home visiting/navigator services for all pregnant women. The project will include tracking of both process and outcome measures. To ensure the best possible outcomes, during the course of 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 will be initial build and implementation in the first 20 target communities. The primary focus in 2021 will be expansion to additional communities as well as building and implementing enhancements to the program.

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. The overall aim of this project is that within

60 months, the identified community will show a 25% increase from baseline in age appropriate developmental skills among their community's 3 year old children. Secondary aims include:

- Strengthen leadership and expertise in continuous quality improvement (CQI) and support innovation among state and community early childhood systems
- Achieve greater collective impact in early childhood systems at the state, county and community levels, with common aims, shared metrics and measurement systems, coordinated strategies, continuous communication, and a backbone organization at the state, county and community levels
- Develop primarily two-generation approaches to drive integration of early childhood services within and across sectors
- Develop and adopt a core set of indicators to measure Early Childhood system processes and outcome indicators that measure population impact around children's developmental health and family well-being
- Test innovative Early Childhood system change ideas, develop spread strategies and adopt new policies for sustaining the systems developed during this project that improve children's healthy development and family well-being

The stated goals will be achieved through the following activities:

1. Existing partnerships and collaborations
2. Integrating Help Me Grow into ISDH's MOMs Helpline
3. Sharing CoIIN activities and results
4. Facilitating Collective Impact at the state, county and community levels
5. Sustainability

ISDH MCH is partnering with the Indianapolis Near Eastside and IndyEast Promise Zone, which is also a community receiving Maternal, Infant and Early Childhood Home Visiting (MIECHV), to participate in the ECCS CoIIN. Through this partnership, Indiana's ECCS Impact team and local community will receive intensive, targeted technical assistance from the National ECCS CoIIN Technical Assistance Center in order to develop collective impact expertise. In addition, ISDH/MCH proposes to contract with Help Me Grow National Center to receive technical support to expand and integrate the evidence-based model within the existing MCH MOMs Helpline. This integration will provide a centralized telephone access point for connecting children ages 0-8 and their families to services and care coordination, child health care provider and community outreach to support early detection and intervention and data collection system.

Help Me Grow Indiana

The Indiana State 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 in order 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. The Early Learning Advisory Committee, Child Development Well Being workgroup are key partners in the implementation piece of HMG. The Help Me Grow National Forum was scheduled to be hosted in Indianapolis in May 2020, but has been postponed to 2021 due to COVID-19.

Early Learning Advisory Committee

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, child care, 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.

Maternal Infant Early Childhood Home Visiting (MIECHV)

As stated previously, 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)

In 2019 and early 2020, the INHVAB and ECCS boards continued to meet together and have added the Help Me Grow Indiana project as well as the OB Navigation Initiative to the scope of the board meetings

The September 2019 meeting included presentations on the OB Navigator Initiative and social determinants of health to discuss newly developed pilot projects in Indiana around home visiting and families' access to resources. From the MIECHV site visit report: The INHVAB routinely explores opportunities for systems strengthening. For example, the INHVAB is currently exploring the consequences of social determinants (including poverty) on child and adolescent health and well-being. Members will explore the role each member organization plays to address social determinants and then look for systems improvement opportunities.

The February 2020 INHVAB and ECCS meeting elicited discussion of the 2020 MIECHV and Title V Needs Assessments. Help Me Grow Indiana provided an overview of the Help Me Grow National forum that was to be hosted by Indiana in May 2020. The HMG National Forum has since been postponed to 2021 due to COVID-19.

Second Quarter of 2020, INHVAB and ECCS will engage a facilitator to create a more efficient meeting space that maximizes the value of time for participants as well as evaluates the membership to ensure that all of the right people are brought to the table.

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. ISDH 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 in an effort to better coordinate federal and state resources.

Department of Mental Health and Addiction (DMHA)

As stated previously, the Children's Mental Health Initiative (CMHI) is a collaboration between DCS and DMHA and local Community Mental Health Centers who serve as access sites to ensure children are served in the most

appropriate system to meet their needs. CMHI became available Statewide in March 2014. The purpose of the CMHI is to build a continuum of care for children with complex mental or behavioral health needs who are at risk for entering the child welfare or juvenile delinquency system. DCS, in collaboration with the Division of Mental Health and Addiction (DMHA), will serve children and the families through a practice model of high intensity wraparound to keep children in their own homes and communities. The wraparound model has proven results in the State of Indiana through the Community Alternative for Psychiatric Residential Treatment Facilities (CA-PRFT) Waiver, and is now offered to children and families regardless of financial ability or insurance. Wraparound Facilitators are assigned to each family from local Community Mental Health Centers. Their role is to facilitate access to both community based and residential services, therefore eliminating the need to enter the child welfare or juvenile delinquency system for the sole purpose of accessing services. The CMHI creates a process that is easy to access, multiagency, and strength-based. This is a major change in Indiana, as historically these families were unable to access services without an open child welfare or probation case and court involvement.

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 child care 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.

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.

The Collaboration Office completed a statewide needs assessment in 2018, which is located at https://www.in.gov/fssa/files/FINAL_2018_Needs_Assessment.pdf. The needs assessment reported data in the following areas: early childhood education and transition, professional development, child care, services to children with disabilities, services to children experiencing hopelessness, and community based services DCS is an active partner with the Head Start Collaboration Office and works to develop intermediate and advanced training seminars at the Institute for Strengthening Families scheduled in the spring and fall of each year.

At the local level, Federal grants are provided directly to local public and private non-profit and for-profit agencies to provide Head Start and Early Head Start programs which are comprehensive child development services to economically disadvantaged children and families, with a special focus on helping preschoolers develop the early reading and math skills they need to be successful in school. In FY 1995, the Early Head Start program was established to serve children from birth to three years of age in recognition of the mounting evidence that the earliest years matter a great deal to children's growth and development.

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.

Bureau of Child Developmental Services

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

First Steps

At the state level, First Steps is advised by the Interagency Coordinating Council (ICC). The ICC is a federally mandated group that assists and advises the state's program of early intervention services for infants and toddlers with disabilities and their families. It is a Governor-appointed council that includes membership of state agencies/departments, service providers, and family consumers. In addition, many First Steps providers regularly participate in the training opportunities available through the Institute for Strengthening Families.

At the local level, many of the CPCS and HFI providers have developed reciprocal referral relationships with their local First Steps offices as part of the outreach efforts to support families of children with disabilities.

3. Additional Collaborations Furthering Service Coordination

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.

ICADV also developed Indiana's Batterers' Intervention Program (BIP) Standards and certification process to ensure overall quality and consistency for service providers who work with batterers. An ICADV certified BIP is a community program that makes victim safety its first priority, establishes accountability for batterers and promotes a coordinated community response. These standards were developed by a committee of the Indiana Coalition Against Domestic Violence and were first adopted in November 2001 and is currently in the process of reviewing and updating the standards. Many of the BIP standards are based on the Duluth Model of power and control. ICADV recommends getting perpetrators into a BIP prior to the physical violence—when power and control issues are identified.

The ICADV BIP Standards are the result of extensive work among members of this committee and a review of the standards in other states. Many individuals from all areas of the state of Indiana participated in the process of developing these standards including judges, defense attorneys, prosecutors, law enforcement, probation officers, substance abuse counselors, mental health counselors, marriage and family therapists, social workers, clergy, academics, community activists, politicians, victim advocates, BIP providers, survivors, and many other concerned citizens. DCS Child Welfare Services has developed a relationship with ICADV to review service standards to ensure effective services.

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 needs 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.

Riley Child Development Center (RCDC)

RCDC is housed in Riley Hospital for Children and their mission is to provide leadership education excellence in neurodevelopment and related disabilities to professionals who are preparing for careers in health care and other fields which enhance the quality of life for children with developmental disabilities and their families. The mission is achieved primarily through interdisciplinary training of long term trainees at the graduate and postgraduate levels who develop the clinical expertise, competence and leadership attributes that extend basic knowledge and acumen which prepares graduate trainees for leadership roles within local, regional, state and national communities.

Activities of the RCDC reflect a commitment to persons with disabilities and their families through the pursuit of new knowledge by way of critical inquiry and research, the provision of professional consultation and technical assistance to state and local health authorities and the provision of continuing education activities for all issues that involve children and families at the local, state, regional and national levels. In addition, the RCDC promotes the inclusion of content regarding children, families and neurodevelopmental disabilities in all curricula within Indiana University.

RCDC activities are culturally sensitive and demonstrate respect for individual differences in behaviours, attitudes, beliefs, interpersonal styles and socioeconomic status. Members of the RCDC work closely with DCS and the Prevention team as part of the planning committee for the Institute for Strengthening Families which helps to ensure there are always affordable training opportunities for individuals seeking to achieve and maintain the IAITMH® Endorsement described above. The strong relationship between the DCS Prevention Team and RCDC has been critical in establishing future plans for support of DCS Field Staff and ensuring workers are able to receive and maintain the IAITMH Endorsement.

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.

4. Provider Workgroups

DCS has worked to engage service provider partners through continued meetings and workgroups. For example, DCS will continue its Yearly CMHC/DCS Collaboration Conference, ongoing meetings with the Community Mental Health Centers, and Regional Collaboration Meetings between local DCS offices and the CMHC's. Regional Service Coordinators will continue facilitating the ongoing support groups for specific services such as Family Centered Treatment, Father Engagement, Homebuilders, and Family Preservation Services. This facilitation includes monthly calls, yearly conferences, and break out workgroups.

Support Groups

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

Community-Based Providers and Indiana Association of Resources and Child Advocacy (IARCA)

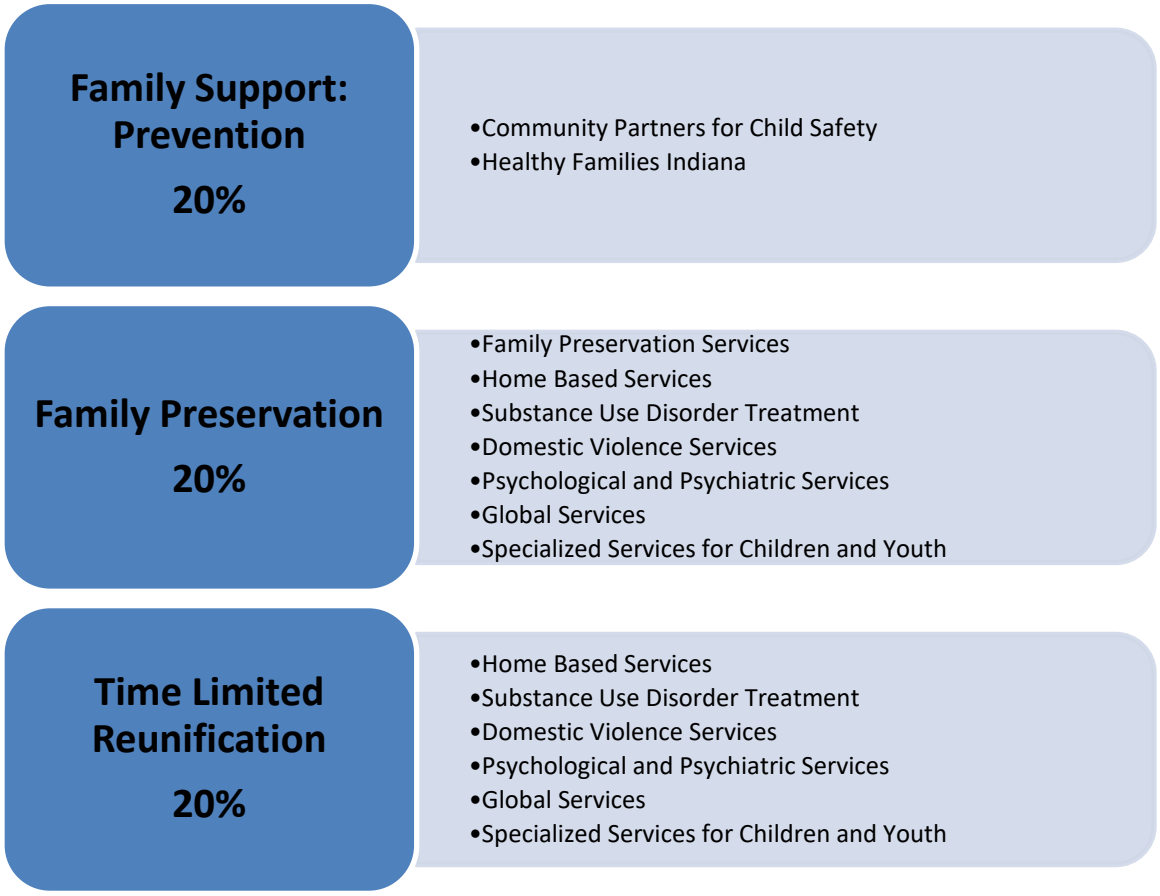
DCS will continue to elicit feedback from a Community Based Provider workgroup regarding referrals, billing, and service standard updates. DCS Executive Management will also continue regular meetings with IARCA leadership to work on systemic provider issues. Previously, DCS worked with providers on recruitment, bed holds, obtaining placement documentation, contract requirements, ESSA, and a variety of other issues. DCS Placement Support and Compliance will continue monthly conference calls with residential providers and monthly calls with LCPAs to collaborate on residential and foster care issues. DCS continues to work with IARCA on building a collaborative public-private partnership that can address the needs of the children in our care, such as ensuring service providers are able to play a central role in PIP implementation.

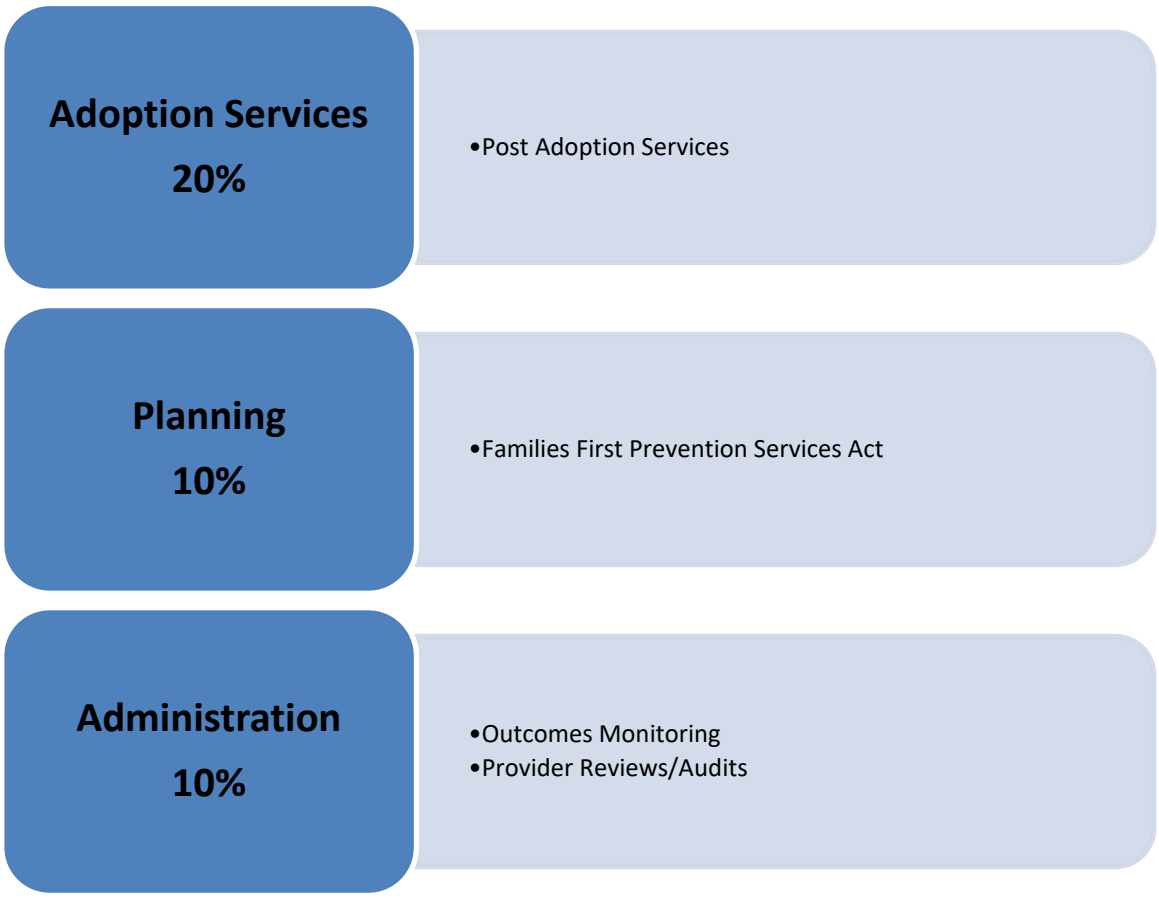
For a complete description of collaborative efforts, please review the Collaboration section under General Information above. Many of these efforts are described in more detail in previous sections.

C. SERVICE DESCRIPTION (45 CFR 1357.15(O))

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.





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

- 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 in order 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.

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 seven (7) to 19 staff member and the addition of two (2) 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

D. 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.

E. 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.
- The START program focuses on keeping the child in the home while increasing the accessibility and support for substance using parents. START principles will expand throughout the state.
- 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 in order 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 in an effort to increase cooperation and communication between the parents.

2. Substance Abuse Treatment and the START Program

START specifically works to increase permanency for children birth – 5 while improving access and availability to substance use services for the caregiver. This is a multi-team approach, including a close collaboration between DCS and the Community Mental Health Centers (CMHC). The CMHC employs a Treatment Coordinator who provides immediate substance use assessments, provides oversight of client treatment plan, and ensures communication with DCS and the mentor about client progress. Another component, the START Mentor, can support the substance using parent through the recovery process. It has been challenging to deliver this model

to fidelity, but the principles of the model are being trained all across the state as they can be implemented without having a formal START site.

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 will be available to all Informal Adjustment and In-Home CHINS cases on June 1, 2020.

F. 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 as a result of abuse or neglect. All data gathered by the Family Case Manager during the child fatality assessment is entered into MaGIK, the State's child welfare information system. In order for DCS to substantiate allegations of abuse or neglect for any child death, the alleged perpetrator must meet the statutory definition of parent, guardian, or custodian. 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. In order to support the transition of the child fatality review teams from DCS to the local level the Indiana legislature created a "Statewide Child Fatality Review Coordinator" position under the Indiana State Department of Health (ISDH). The position also supports the State Child Fatality Review Team.

While the responsibility for establishing the teams was amended, the team members and the team responsibilities 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.

In an effort 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 State Department of Health. The Children's Safety Network 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 ISDH via data sharing and matching to achieve a broader system understanding surrounding the issue of child fatalities. The ISDH was awarded a Child Death Review Grant from the Department of Justice. As a result of that grant, DCS and ISDH are partnering on understanding the factors in child fatalities in an effort to reduce child fatalities in the future. DCS and ISDH are working on a data mapping initiative that will allow a deeper understanding of child fatalities from the past five years.

DCS recently hired 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/2016_Fatality_Report.pdf.

G. 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 contract on July 1, 2019 and the contracts will expire on June 30, 2021. 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.

H. 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 statewide 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 witnesses physical punishment of the child at visit.

I. FY 2019 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 in an effort 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. As of November 30, 2019, 44.8% of out-of-home CHINS placements were in a relative home. Ultimately, as we improve practice and supports for kinship caregivers, we will also improve outcomes for children and families. DCS will continue to work with the IUPUI School of Social Work to evaluate the changed practice and help DCS build an evidence base to continually improve the program.

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.

In 2020, DCS is working towards cultivating stronger connections 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.

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. 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 in an effort to route the family to the appropriate services. 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/visitation 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 of 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 of the face-to-face contact with DCS and probation youth who are placed in that facility. This plan remains in place through the end of the year. 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.

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 2019	14205	14328	99.14%		11517	14205	81.08%
June 2019	13955	14097	98.99%		11997	13955	85.97%
July 2019	13647	13807	98.84%		11681	13647	85.59%
August 2019	13311	13432	99.10%		10626	13311	79.83%
September 2019	13359	13509	98.89%		10667	13359	79.85%
October 2019	10634	10835	98.14%		8504	10634	79.97%
November 2019	10550	10790	97.78%		8275	10550	78.44%
December 2019	10358	10489	98.75%		8305	10358	80.18%
January 2020	10320	10422	99.02%		8257	10320	80.01%
February 2020	10454	10537	99.21%		8384	10454	80.20%

March 2020	10394	10486	99.12%		8100	10394	77.93%
April 2020	10466	10581	98.91%		6218	10466	59.41%
May 2020	10457	10588	98.76%		6346	10457	60.69%
June 2020	10250	10387	98.68%		8365	10250	81.61%

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. A majority of payments are used to pay for adoption and recruitment programs including adoption education events, adoption program development, media events, and projects to inform the public of children waiting to be adopted.

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 of the foster children featured long for loving and safe homes. The dramatic photos put a face on a sometimes invisible need and remind families that adoption can change lives. DCS continues to use adoption incentive payments to contract with AdoptUSKids for online recruiting and national exposure associated with the Indiana Adoption Program.

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

Indiana is working with ACF through a program improvement plan in regards to adoption savings. Updates on this were submitted to ACF in December 2019 and March 2020. All of the post adoption services were funded through DCS' Federal Fund (62300). This fund also contains DCS' state match portion, which is funded through

Indiana General Fund dollars. The match for these amounts is dependent on whether Adoption Incentive, Adoption Admin, or IV-B2 federal programs were used. For this reason, DCS is in the process of amending its federal financial reports to indicate that we have not spent any of the savings to date due to the understanding that the savings must be used to supplement, not supplant, federal and non-federal dollars.

IX. 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 in order to assist older youth 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 Federal Education and Training Voucher program, directly to eligible youth. Services are available in all 92 counties across the state. DCS utilized a fair bid Request for Proposal (RFP) process to award contracts for the Chafee program services. 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 six (6) 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 as defied in the chart below, to ensure all youth are being provided services where they are placed.

Indiana DCS - Older Youth Services Providers

Service Area	*Region*	*Agency*
1	1 & 2	SAFY
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	Lifeline
9	15 & 18	George Junior Republic

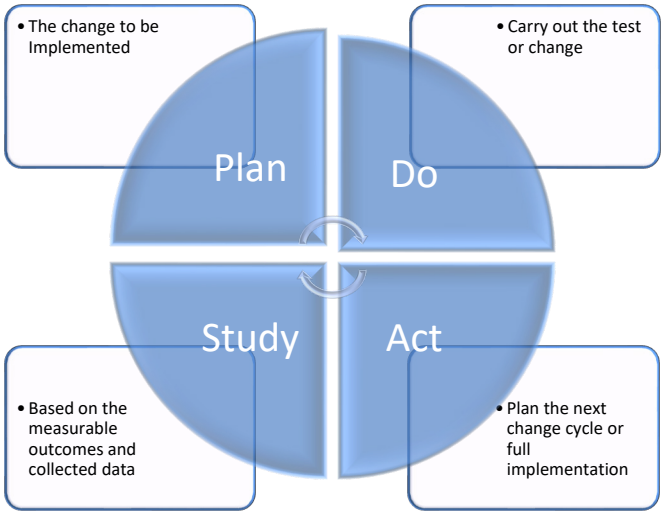
The DCS OYI team host bi-monthly meetings with the OYS Providers and Collaborative Care (CC) management staff. Program success, challenges, potential improvements and best practices are discussed during the meetings. DCS Collaborative Care Case Managers (3CM), Collaborative Care Supervisors, Independent 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. This practice will continue as the program plans and adjusts throughout the span of the CFSP.

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 in the area of education, employment, financial & asset management, physical & mental health, housing, activities of daily living, and youth engagement. Contract compliance is monitored by the DCS fiscal audit group, however, the DCS Older Youth Initiatives team conducts OYS site visits to review adherence to Indiana's OYS service standards and protocol. The OYS site visit is an assessment of how each OYS provider

assists and services youth in their transition to self-sufficiency and 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. During the site visit the OYI team completes an agency and systems review; which also includes 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.

The DCS OYS providers address service gaps, through implementing a continuous quality improvement (CQI) cycle. Each provider is responsible for completing one (1) CQI) cycle / 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 will allow 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 their CQI cycles. Each provider forms CQI teams that consist of their agency staff, a youth, DCS staff, and community stakeholders. Each CQI 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. During the OYS provider meeting each OYS provider presents their CQI project and discusses lessons learned and how they will move forward with their next project. 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 barriers and gaps in services by taking a data-driven approach to improving outcomes.

B. DESCRIPTION OF PROGRAM DESIGN AND DELIVERY

1. Current Practice

DCS' has enhanced the design and delivery of Indiana's Older Youth Services. Indiana's OYS has progressed into a youth focused service delivery system. A 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

The DCS Indiana Youth Advisory Board (IYAB) meets with the DCS executive team to make recommendation on system changes. IYAB has participated in the efforts or Indiana extending the Chafee program services to age 23 and is often called upon as the youth expert during program changes including being a team member of each OYS providers CQI process. Each OYS provider also has a youth leadership board that is involved in enhancements in program and service delivery. The Department continues to explore committees and opportunities to ensure that youth voice is involved in system changes and decision making.

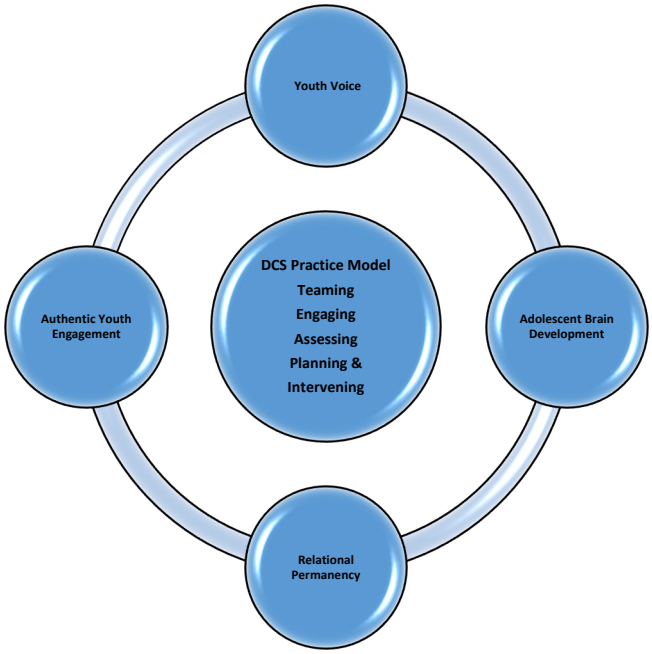
OYS service delivery method continues to utilize the broker of resources model, which is designed to: 1) ensure youth have or establish ongoing connections with caring adults; and 2) promote youth to develop as productive individuals within their community, by the acquisition and maintenance of gainful employment, the achievement of educational/vocational goals, and the receipt of financial skills training. This model shall also aid in future program development and design for other resources to facilitate the successful transition to adulthood for foster youth.

This model places the provider in the role of connecting youth with services provided in the youth's community or through a natural, unpaid connection to the youth rather than by the contracted provider. Over time, the youth should be able to depend on their social network and individual knowledge in order to accomplish tasks related to living independently.

The Indiana Older Youth Services practice model encompasses the department's practice model of principals and essential skills to effectively implement the mission, vision, and values of the agency. These skills are grounded in genuineness, empathy, respect and professionalism which help develop trust based relationships with children, families and stakeholders. In addition, the practice skills of teaming, engaging, assessing, planning,

and intervening help to ensure positive outcomes through the teaming process. Older Youth Initiatives has added another layer to the departments guiding principal; positive youth development to improve services and wellbeing for older youth in care.

DCS/OYI Practice Model



2. Service Delivery

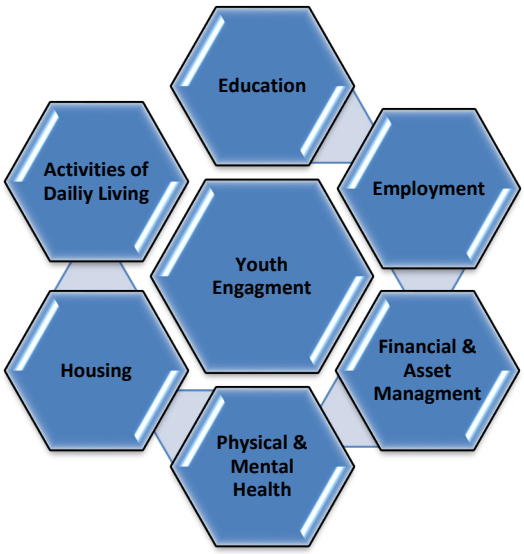
Indiana Department of Child Services / Older Youth Initiatives provides services through the John H. Chafee Foster Care Program for Successful Transition to Adulthood (The Chafee Program). Older youth services consist of a series of developmental activities that provide opportunities for young people 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. Services address all of the preparatory requirements for transition into adulthood and

recognize the evolving and changing developmental needs of the youth. Older Youth Programs are designed to assist youth by advocating, teaching, training, demonstrating, monitoring and/or role modeling new, appropriate skills in order 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.

Figure 2

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.

Figure 3

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 extended foster care / Collaborative Care (CC). 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 17 ½ (for all youth who will not achieve permanency within 3-6 months after obtaining age 17 ½). The goal of the extended foster care / 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 extended foster care / CC program also allows youth to voluntarily return to foster care on or after the age of 18. In efforts to increase service delivery, youth who have a case plan of Another Planned Permanent Living Arrangement (APPLA) at age 16 may transition to the CC team to initiate services. 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.

DCS begins successful adulthood case planning and transition planning for youth at age 14 and youth have the opportunity to select two (2) child representatives, one acting as the youth advisor or advocate as a part of their team.

Youth are empowered and have a strong voice in choosing who is a part of their team including the selection of two (2) child representatives. 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.

In order to support positive youth development during adolescence, services are adjusted to account for the unique needs of youth who are aging out of foster care. Services are designed in such a way to: 1) provide support; and, 2) foster interdependence (different from independence by the inclusion of/emphasis on social capital) to each youth. This is accomplished by designing services that allow for youth to learn from experiences and mistakes. These experiences and mistakes promote positive brain development at a time when adolescents' brains are in a state of plasticity, allowing youth to gain self-confidence, coping skills, and self-regulation and resiliency skills. Indiana's "broker of services" model for The Chafee Program support older youth in this manner by being structured to allow for youth-adult partnerships in the planning process. Additionally, the OYS service standards are structured in a way that allow for a myriad of individuals to role-model, teach, train, monitor, etc. particular successful adulthood skills. Youth have the opportunity to experience situations that build social relationships and networks. The contracted OYS provider is not solely responsible for the growth and

development of the youth participating in services. All youth should be supported by a team of people including formal and informal connections.

Finally, DCS' OYS service standards are designed to give differing levels of support to the youth depending on the youth's skill developmental and comfort level. Youth with less experience may require more guidance and face to face instruction time, while other youth may only need assistance occasionally with less guidance. The DCS OYS protocol is designed to provide the OYS providers with information, guidance and process of Indiana's OYS service delivery.

The expectation of OYS providers is to serve in the role of community resource broker for youth receiving OYS services (the Chafee program). This role focuses on increasing the youth's skills in accessing services within their community and building support networks that will exist after DCS services end. OYS providers first seek community resource providers to provide the direct services associated with the outcome areas outlined within the OYS Service Standards and OYS Protocol. OYS providers provides instruction, experiential learning or monitor that the youth receives services that include, but are not limited to the following: Education, Employment, Financial and Asset Management, Physical and Mental Health, Housing, Activities of Daily Living and youth engagement. Services are delivered through community resource, or direct service by the OYS provider.

3. Specific Accomplishments

The DCS Services Division – Older Youth Initiatives issued a state wide RFP November 2019 to begin the selection process of contracting providers for the new contract year beginning July 1, 2020. During the RFP process DCS held a bidders conference as well as provided an opportunity for potential respondents to ask questions regarding the RFP, responses were due February 5, 2020. Upon receipt of the official responses the OYI score team initiated a fair scoring process and based on the score, respondents were selected as OYS providers for the new contract year. After the scoring process respondents were notified of their status and agencies selected for contract moved on to the contract negotiation and signature.

As part of preparing for the new contract, the DCS OYI team formed an independent living assessment work group to review the current IL assessment used by the OYS providers. The goals of the workgroup were to:

a. To review the current assessment to determine the effectiveness of the tool with assessing the IL needs and strength of youth,
b. To review other independent living assessment tools for potential use by the OYS service providers,
c. Identify the top three assessment tools that meet the needs of the youth.

Members of the work group included a youth, OYS provider agency representative, members from the Collaborative Care team and the Older Youth Initiative team. The work group reviewed several IL assessments and rated each assessment based on the outcome measures identified in the OYS services standards, needs of the youth, and ability to track outcome data. Each member of the work group completed an IL assessment tool to provide recommendations for the best IL assessment to be used by the Indiana Older youth Services providers to assess the IL needs of Indiana's foster youth receiving older youth services. The outcome of the work group was to make a recommendation to the DCS OYI team of the 2 potential independent living assessment to be selected for use beginning the new older youth services contract year. The two IL assessments recommended were the current Casey life skills assessment and the Youth Thrive assessment. In phase 2, DCS selected an OYS provider to run a test pilot with youth within their service area. The goal of the project is to elevate youth voice in determining if Indiana should use the Youth Thrive Survey and/or the Casey life skills assessment; and in what capacity. The pilot ran for 6 months with 3 groups of randomly selected youth, each group was assigned to take either the Casey life skills assessment, Youth Thrive survey or both surveys during the time frame. The groups complete their assigned IL assessment during the beginning of the pilot, during the third month and the sixth month. After completing their assigned IL assessment each youth then take a satisfaction survey.

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 guidance has been provided on are: food assistance, mental health services, and virtual youth engagement. These services will remain fluid during the pandemic to ensure youth essentials needs are being met. As new services and resources become available within the state the OYS providers will ensure youth are connected.

Help youth transition to self-sufficiency

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 youths 18th birthday. DCS has also incorporated the term successful adulthood to mean services for youth under the age of eighteen (18).

DCS' extended foster care program, Collaborative Care (CC), provides the opportunity for youth to voluntarily agree to remain in foster care with services. Collaborative Care also allows former foster youth and probation youth the opportunity to voluntarily re-enter into foster care with services. Youth who have a case plan of Another Planned Permanent Living Arrangement (APPLA) at age 16, are transitioned to the Collaborative Care team to continue services and began planning for adulthood. The CC program has specialized case managers called, Collaborative Care Case Managers (3CMs). 3CMs are specifically trained in older youth services and youth engagement concerning older youth aging out of foster care. There is specialized ongoing training for 3CM's that target best practice, and research targeting older youth in, and transitioning out, of foster care. 3CM training focuses on positive youth engagement which is a foundational pillar in working with older youth and in ensuring appropriate service delivery. 3CMs manage youth at age 16 who have a case plan of APPLA to provide authentic youth engagement for those youth who have a case plan goal of APPLA. To ensure older youth in an out of home placement have an opportunity for permanency through reunification or with a forever family as a result of adoption or guardianship, DCS continues to pursue these case plan goal options for youth age 16 and older through child and family teaming, regional permanency teams and permanency round tables prior to changing a youths plan to APPLA. These efforts are put in place to ensure case plans are being developed appropriately.

DCS has extended OYS to young adults up to age 23 providing youth with a continuation of direct case management and support in housing, employment, education, and other outcome areas. Extending services increases the likelihood of youth obtaining self-sufficiency and stability. In addition, youth participating in Indiana's extended foster care program, Collaborative Care, are eligible until their 21st birthday.

Each OYS provider has developed a service array to help youth transition to self-sufficiency. The OYS Service Standards and Protocol provide guidance of how services should be implemented. Through providing instruction, experiential learning and coaching providers assist youth in the area of housing, education, employment, financial and asset management, physical and mental health, activities of daily living and youth engagement. OYS providers assist youth in working with landlords and property managers, as well as, providing information and knowledge on how to access their community resources. The OYS providers have created partnerships with local companies within their service areas to assist youth with obtaining employment.

In addition, the OYS providers have helped youth by providing specific programs such as:

- Thrive to Drive: A grant driven program that paid for the additional hours for a client to have supervised drive time. We have the ability to provide additional driving hours to serve youth beyond the 10 hours they receive from the preliminary payment.

- Assisting youth with transportation assistance by collaborating with community stakeholders that financially assist youth in paying their car insurance, car repair, or helping with car payment issues.

Help Youth Receive the Education, Training, and Services Necessary to Obtain Employment

DCS focused on education and employment preparation for older youth in foster care. Through transition and case planning academic youth develop a plan for education and employment. OYS providers and case managers assist youth in achieving their educational and employment goals through supportive services and training such as: tutoring, career & academic exploration, employment search and employment skills training.

Service providers and case managers ensure that youth are referred to WorkOne, through the Indiana Department of Workforce Development (DWD) for employment related services, TASC classes, and testing. DCS co-hosted with DWD a strategic planning meeting to increase youth participation in each service area.

DCS contract with a provider whom provides specialized youth career training program (YCT). This program is designed to assist youth with hands-on experiential learning and community resources. YCT provides tools and opportunity to use learned skills in the area of culinary arts, Serve Safe certification, building trades, car maintenance, and life skills. YCT promotes learning and peek career interest in youth.

Older youth who are receiving older youth services and have an Individualized Education Plan (IEP) continue to be referred to Vocational Rehabilitation when appropriate and to DCS Educational Liaisons, if additional education support and advocacy is needed. The partnership between DCS and DWD will continue.

The OYS providers provide specific programs to assist youth in obtaining and maintaining employment:

- Yearn to Earn: A grant program that awards youth for maintaining employment. Each quarter, clients receive a monetary amount for maintaining their employment, while also participating in an enrichment opportunity. This program is currently being modified to become an EmploIYABility Learning Program called Learning to Earn. This project is in the infancy stage in conjunction with a partnership with Foster Success. The hope is to provide a 4-day class that will provide young adults with employment soft skills for the purpose of increasing employment longevity, providing references, and potential long term employment mentors.

- Job Connections: In partnership with local companies ranging from fast food to full-time factory jobs, youth are able to obtain employment through the work based relationship the OYS provider has built with their local businesses.

- Employment Readiness Program: Group workshops and one on one interaction with youth on how to properly prepare for employment as indicated by writing a resume/cover letter, preparing and conducting oneself in an interview, proper work ethic and etiquette, how to handle disputes or disagreements with a boss or co-workers, how to respect the work environment as a whole i.e. being on time, respecting the boss's expectations, being aware of the job description and job duties, having the

confidence to ask for guidance, direction and clarification in regards to job duties. The program also refers youth to other employment programs to receive additional assistance if needed.

In addition, The Older Youth Initiatives team has cross trained with the DCS Educational Liaisons to ensure current information on services is being received according to the Every Student Succeeds Act (ESSA). The Independent Living Specialist has also trained case managers and OYS providers on various educational and vocational programs.

DCS refers youth to Indiana's Governor Holcomb's Next Level Jobs program. Next Level Jobs is a workforce ready program to provide free training for working-age Hoosiers in the state's highest demand jobs.

Help Youth Prepare for and enter post-secondary training and educational institutions

DCS assists youth in identifying and achieving their educational goals through transition and case planning. DCS ensures that youth have received information regarding their post-secondary educational options by providing educational information and having the youth sign the Acknowledgement of Receipt of Information about Various Educational Programs. The TPSA and case plan are updated every 6 months until case closure. The OYS providers support youth as they are planning to enter post-secondary training and educational institutions, which includes the opportunity to participate in college visits through the provider or their high school. Providers complete an educational assessment with youth to assist in understanding their post-secondary needs. Provider assist youth with completing their ETV application, FASFA and applying for additional educational grants and scholarships.

All 3CMs and the OYS providers have received training on financial aid and other steps needed for youth to access post-secondary education as well as associated funding. In efforts to increase educational resources for foster youth DCS and DWD is specifically identifying youth for recruitment for the Jobs for America's Graduates (JAG) program.

The ETV program has designed a post-secondary program that assists ETV eligible youth with college readiness and supports. The ETV Liaison hosts College 101 which assists in understanding how to navigate the post-secondary system and provide resources. The ETV provider also hosts a program called Catalyst, which is a state-wide college and career readiness program designed to prepare foster youth with their transition into post-secondary training or institutions. This program is for first-time college students who are currently or formerly in foster care and meet all ETV eligibility requirements. Youth who participate in Catalyst live on campus and earn up to six (6) credit hours transferable to all Indiana state colleges or universities. Foster youth also have the opportunity to participate in other gap programs through public or private post-secondary institutions that assist youth in transitioning between high school and college.

Provide Personal and Emotional Support to Youth Aging Out of Foster Care Through Mentors and the Promotion of Interactions with Dedicated Adults

The Collaborative Care program continues to use authentic youth engagement to provide personal and emotional support to youth aging out of foster care. The programmatic foundations is 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. Beginning at age 14, youth actively participate in the development of their case plan and the Transition Plan for Successful Adulthood. This plan ensures youth receive and sign an acknowledgment describing their rights with respect to education, health, visitation, court participation, medical documentation and safety. In addition, youth may select two child representatives to represent the child in the case plan and transition plan for successful adulthood development.

DCS continues to support the Youth Connections Program (YCP). The goal of the 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, finding 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.

To increase wellbeing of youth the OYI team has made improvements to the older youth services system by adapting the Youth Thrive CSSP frame work 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.

Provide Financial Housing, Counseling, Employment, Education, and other Appropriate Support and Services to Former Foster Care Recipients Between 18-23 Years of Age to Complement Their Own Effort to Achieve Self-Sufficiency and to Assure that Program Participants Recognize and Accept Their Personal Responsibility For Preparing for and Then Making the Transition into Adulthood

DCS provides additional services with Chafee dollars through the support of Voluntary Services. Voluntary services are a set of services for eligible youth ages 18-23 who have aged out of foster care or whose CC case closed at age 21. These services are designed as a safety net to support youth after their transition out of foster care and to promote stability. Voluntary Services include case management, emancipation of goods and services (EG&S) and room and board services. EG&S is a funding source not to exceed $1000 and are for goods and services youth may need as they become independent of the system while making a safe and successful transition into adulthood. EG&S funds must be approved by the IL Specialist on a dollar for dollar basis. R&B expenses are considered 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. The payment includes a maximum lifetime cap of $3,000 for assistance up to age 23. Youth must have turned 18 years of age while in foster care and/or the youths Collaborative Care case closed at age 21. Former foster youth are eligible to participate in Chafee Voluntary Services up to age 23. These services include: employment, education, housing financial management and other community based supportive services that aid youth in achieving self-sufficiency and stability. Older Youth Initiatives uses the "Broker of Service Model" to ensure youth / young adults are connected to services in their community.

Indiana's extended foster care program, Collaborative Care, continues to have a re-entry component for those youth who turned 18 in foster care, left the care of DCS, and are in need of supportive services. Youth sign a Voluntary Collaborative Care Agreement wherein the youth agrees to be under the supervision of the Juvenile court, to maintain the eligibility requirements for the program, to meet with their assigned 3CM at least once per month, and to actively participate with an OYS provider.

Make Available Vouchers for Education and Training, Including Post-Secondary Education to Youth who have aged Out of Foster Care

DCS provides Education and Training Voucher (ETV) funding to eligible students in efforts to support youth's post-secondary education training goals. As explained in the ETV section, DCS contracts with a vendor to disburse ETV funding to eligible youth. This service will continue in 2020-2024.

DCS' current ETV vendor offers student support to current and former foster youth on campuses by using the student support model called Fostering Success Coaching. The ETV Regional Specialist are level II Foster Success Coaches. The student support model encompasses the focus of awareness, education and collaboration. The ETV support model is in place at various colleges and universities in Indiana. The model allows the ETV Regional Specialists to work in collaboration with campus support services. The campuses listed below offer office space to the ETV Regional Specialists, campus staff assignment in the Financial Aid and Student Accounts/Bursar offices to work with ETV students, and a streamline enrolment process for student support services. The model is actively in place at Vincennes University, Purdue Calumet University, Ivy Tech Community College

(Indianapolis, Fort Wayne, and Gary), Indiana State University, IPFW, and IU Northwest. Key components of this model include:

- Implement a TRiO & Student Support meet 'n' greet day
- Secure office space for ETV specialists on campus
- Encourage open enrolment into the TRiO program for ETV student
- Develop a two-way referral format with Admissions, Financial Aid, and Student Support Services wherein the university identifies foster youth and sends information to the ETV specialist
- 21st Century Scholar campus offices receives a list of all ETV 21st Scholars on their campus
- TRiO director shares the Foster Success initiative and the ETV program information with other student support services staff and the faculty leadership

The OYS providers provide case management for youth who have aged out of foster care and assist the youth with post-secondary opportunities and planning. Youth complete an assessment and develop post-secondary goals. Post-Secondary services are brokered to the youth based on their needs. Youth are provided information and community resources that assist with their post-secondary financial needs. OYS providers collaborate with the DWD – Work One centers to connect youth to programs within the college and universities that assist high risk students. Youth are also referred and receive assistance in entering the Next Level jobs program, certificate programs, vocational programs and apprenticeships.

Per Indiana State code, children in foster care (out-of-home care) are eligible to enroll in the 21st Century Scholars Program from 7th-12th grade. DCS has partnered and collaborated with the Commission for Higher Education (CHE) to ensure all youth who have been placed in out of home foster care have been enrolled in the 21 Century Scholars program. The 21st Century Scholars scholarship provides up to four years of undergraduate tuition at any participating public college or university in Indiana. Youth who remain in foster care are assisted in completing the scholar success program activities at each grade level to ensure youth are able to receive funding. Students attending a post-secondary institution must continue to meet the program requirements to maintain funding.

In response to COVID-19 the ETV specialist are remaining in contact with youth who have aged out of foster care to ensure their post-secondary needs are being met. The contracted provider has also issued an official COVID-19 response which offers emergency funds.

Provide Services to Youth who, After Attaining 16 years of Age, Have Left Foster Care for Kinship Guardianship or Adoption

DCS to provide services for youth who transition out of foster care into a kinship guardianship program or adoption on or after the age of 16 up to age 23. Youth are eligible to receive voluntary services which include

case management and EG&S. The Education and Training Voucher program is also available to young adults who left foster care due to guardianship or adoption at the age of 16 or older. Youth who have been adopted are also able to receive post-adoption services.

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 policies and practices ensures youth 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 licensee 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 beginning at age 14 participate in their case planning and transition planning, including the discussion of any age appropriate activities that the youth is interested in pursuing. The youth may select two (2) Child Representatives to advice and advocate for the youth with respect to the application of the reasonable and prudent parent standard to the youth.

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.

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 whom 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 includes 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

NYTD Cohort 3

The NYTD data collection for Cohort 3 – 19 year old follow up population B began April 1, 2019 and ended September 30, 2019. The file submission was submitted within the required timeframe by November 15th. Cohort 3- 21 year old outcomes survey will begin October 1, 2020. In April 2020, the NYTD team started preparation with review of tasks 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 will continues to locate youth in the out of care population.

NYTD Cohort 4

On October 1, 2019, DCS NYTD began the Cohort 4 – 17 year old baseline survey population A. Population A NYTD outcomes survey ended March 31st. On April 1, 2020 Cohort 4 population B began. DCS internal staff are ensuring youth complete their NYTD outcomes survey. The NYTD provider disbursed incentives to the 17 year old within the baseline population who have complete their survey. The provider also maintains contact with Cohort 4 survey participants to engage them as the NYTD baseline population, to prepare the cohort for being a part of the 19 and 21 year old Cohort 4 follow up population. Due to Cohort 4 being the baseline population, there have not been issues identified related to COVID-19. As a result of the "stay at home" order the NYTD team has been able to engage youth and FCMs virtually to ensure surveys are completely timely and incentives are requested.

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 Indiana Youth Advisory Board.

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 in 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.

During the implementation of the Child and Family Services Plan, the Department plans on implementing several strategies for program improvement in regards to 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.

Objective	Task
Incorporate NYTD into the Older Youth Initiatives/DCS Child Welfare System	1. Contract NYTD services to conduct 19 & 21 year old surveys for the discharged youth follow up population

	2. Form a DCS NYTD state team (OYS, provider, IOT, youth, etc) 3. Improve services standards around NYTD 4. Develop agency NYTD charter and protocol

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 below. This will continue to be in ongoing status due to assessing how effective these are to locating out of care youth.

Objective	Task
Gather and maintain good locating information	1. Obtaining this information prior to the youth's transition from foster care increases the chances of their participation in any future survey. 2. Maintaining contact with youth after their transition from foster care. 3. Ensure that DCS / Provider staff complete an exit interview with youth before their transition from foster care. 4. Develop a locating form or contact requires for youth to complete after survey has been completed. 5. Enhancing NYTD maintained screen to access the youth contact information using BMV, White pages Facebook, DCS investigators, DOC search, and MaGIK and Case book, MY Case.in.gov.

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 as defined in the task below. 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.

Objective	Task

Develop communication tools that are accessible and informational to targeted audience.	1. Create NYTD Flyers 2. Create NYTD Fact Sheet 3. Create Power Point Slide 4. Create Video 5. Provide information to DCS staff and OYS provider of youth in the upcoming survey population 6. Vendor attend resource fairs, OYS events and meeting. 7. Vendor attends IYAB meeting

Goal 4: Continued Youth Engagement Throughout and Between the Report Periods per Cohort- **This is still in progress.** The NYTD provider is maintaining contact with cohort youth through a private NYTD Facebook page as well as the NYTD website. The provider is planning to implement NYTD youth ambassadors and host a NYTD data day. Many tasks have been completed, however, there are several tasks that are going to be implemented later in the contract year.

Objective	Task
Improve youth engagement and strategies to youth who participated in the base line survey.	1. Maintain contact with youth during and after the survey period. 2. Create NYTD Website 3. Develop Youth Ambassadors 4. Encourage Indiana Foster Youth to become NYTD Reviewer 5. Facilitate data day with DCS Youth 6. Data sharing with internal and external stakeholders 7. Increase survey incentives

Goal 5: Educate Internal and External Stakeholders on NYTD- **This has been completed but will be ongoing.** DCS has created a CAT training for youth and a power point slide for ongoing training. A video on youth taking the NYTD Survey has been uploaded on the Older Youth Initiatives website to be reviewed by youth. This will be a continual practice to ensure ongoing education is provided to internal and external stakeholders.

Objective	Task
Develop and facilitate training to educate youth, DCS	1. Create CAT training

Staff, Services / Placement Providers, and Foster Parents, Probation etc. on NYTD purpose, process, and procedures.	2. Create Power Point Slide 3. Provide information about NYTD during DCS local office quarterly meetings. 4. Provide information about NYTD during 3CM trainings 5. Provide Information about NYTD during provider meetings 6. Create informational training for youth and form for youth to sign to be completed each year.

4. Future Planning

DCS will continue to build upon the foundations of the Older Youth Initiatives practice model, improve individualized services to the various special needs 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. More specifically, DCS will:

1. Explore various assessment tools to ensure youth are receiving the most comprehensive assessment in line with best practice. DCS will develop focus groups consisting of youth, OYS providers and collaborative care staff to review independent living assessment and make recommendations to the OYI team.
    a. The OYI team has facilitated a work group with the IYAB and OYS Service Providers. The workgroup reviewed various life skills assessments to determine the best assessment for the state. It was determined the CSSP Youth Thrive assessment offers a more data outcomes driven assessment needed to assist youth and the OYS system with better outcomes. IYAB tested the Youth Thrive survey and Indiana DCS conducted a pilot with one of the OYS Service Providers to gather additional feedback from a variety of youth and case managers. DCS has reached out to CSSP to start the process of getting training on the Youth Thrive survey and framework. DCS originally planned to do this training in June of 2020, due to COVID-19 the Youth Thrive training is being scheduled at a later date. DCS has entered into a contract agreement with CSSP through June 2021 to ensure this training can be conducted in the future.
2. Continue assessing the provisions of the Families First Prevention and Services Act to increase Chafee ETV funding to youth up to age 26. DCS will review it capacity to increase ETV funding and eligibility requirement to youth / young adults who meet the federal eligibility requirements.

    a. DCS has updated the eligibility requirements for ETV funds for students to 5 consecutive years or up to age 26.
3. Continued participation on the homeless youth taskforce to continue development of services in housing stability and support for youth and young adults. The homeless youth taskforce is working on developing housing stability for Indiana's at-risk youth. This includes assisting the host agency, Coalition for Homelessness Intervention & Prevention of Greater Indianapolis, Inc. (CHIP) in applying for the Youth Homelessness Demonstration Project through HUD. DCS will also continue participating on the state-wide Continue of Care (CoC) Youth & Families Committee to address Indiana youth homeless.
    a. CHIP was awarded the YHDP grant, this initiative will assist the Indianapolis area with reducing the number of youth experiencing homelessness, including the prioritization of foster youth as a special population. As a grantee, CHIP will have the opportunity to implement new and innovative projects and receive technical assistance from HUD on planning and implementation of the coordinated community plan.
    b. DCS OYI team has started coordinating with CHIP, the Indianapolis Housing Authority and the DCS OYS providers to implement the HUD Foster Youth Initiatives voucher.
4. Explore increasing host home usage and program development for youth participating in Indiana's extended foster care program, Collaborative Care and voluntary services to increase supportive network and housing stability.
5. Assess current older youth services outcome measures to ensure data is being collected is being collected for review of services and outcomes for youth.
    a. DCS has assessed the current OYS service outcome measures to ensure better data quality for program improvement. The data will be collected by the providers on a yearly basis and submitted with their annual reviews.
6. Continue building NYTD within the OYI system through training and increased youth engagement.
    a. Improvements in the DCS NYTD system have been implemented, more information can be found in the NYTD section above.

C. SERVING YOUTH OF VARIOUS AGES AND STATES OF ACHIEVING INDEPENDENCE

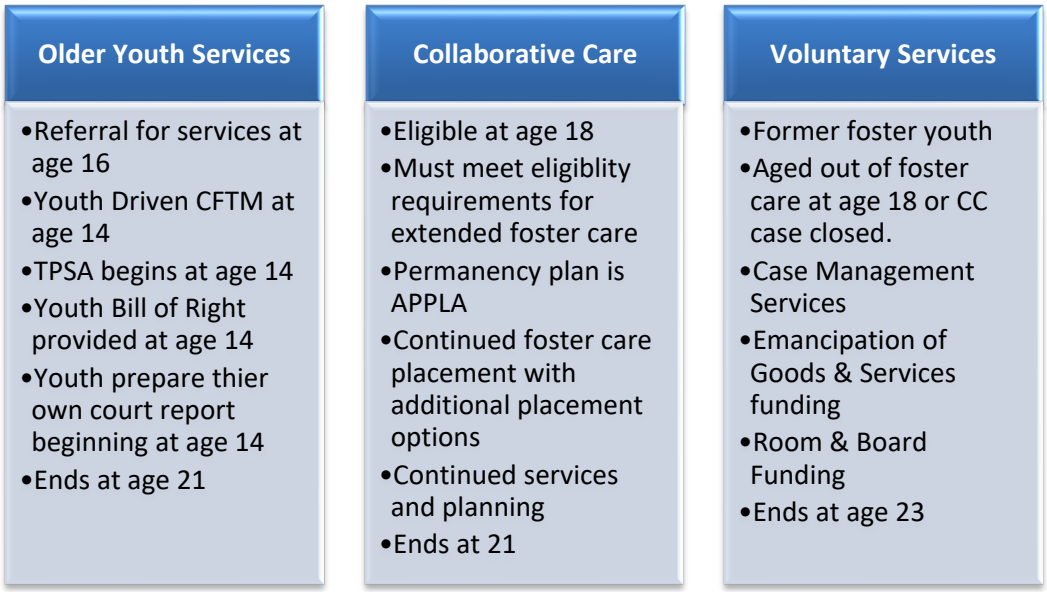
DCS offers Successful Adulthood Services: services for youth that are designed to assist youth who will age out of foster care with the skills and abilities necessary or desirable to be self-reliant in accordance with Federal and State law. This service is known as Older Youth Services (OYS). DCS, Older Youth Services are designed into three different programs; Chafee Independent Living Services, Indiana 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. The goals are to prepare youth to emerge into adulthood and move identified youth into a permanent housing setting that the youth can continue to live in once DCS closes the case. This program also includes allowing youth to voluntarily return to foster care on or after the youths 18th birthday.

The OYS service array (including the Chafee program) provides Successful Adulthood services that 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. Successful Adulthood services should be seen as a service to young people that will help them transition to adulthood, in conjunction with their permanency plan: APPLA, adopted, guardianship or reunification. OYS should be based on the Casey Life Skills Assessment (CLSA) following the youth's referral for services. Youth receiving OYS must participate directly in designing their program activities, accept personal responsibility for achieving independence, and have opportunities to learn from both positive and negative experiences.

Services are provided according to the developmental needs and differing stages of interdependence of the youth, but should not be seen as a single event, or as being provided in a substitute care setting, but rather as a series of activities designed over time to support the youth in attaining a level of self-sufficiency that allows for a productive adult life. Services address all of the preparatory requirements for interdependent adulthood and recognize the evolving and changing developmental needs of the youth/young adult.

OYS follows the broker of resources model and are designed to assist young people by advocating, teaching, training, demonstrating, monitoring and/or role modelling new, appropriate skills in order 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.

Figure 4: Older Youth Services



DCS older youth initiatives have 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 have been provided through a special procurement. These services provide experiential learning and support acquisition of successful adulthood skills that assist youth as they transition into adulthood.

1. **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 programing, 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.

2. **Indiana Youth Advisory Board (IYAB):** IYAB is Indiana's youth leadership board. IYAB 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 is 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 assist with preparing youth as they transition from adolescence to adulthood by recognizing and accepting personal responsibility, increasing well-being, and developing leadership skills. IYAB participated in or hosted the following events:
    - Hosted IYAB Normalcy Conference
    - DCS Leadership and IYAB meeting
    - Quarterly Regional Meetings
    - Hosted Holiday Celebration with local group homes.
    - IYAB planning retreat
    - Participated in the Indiana Foster Parents Bill of Rights focus group
    - Chafee IL Coordinator's Meeting Youth Ambassador
    - CASEY Results Based Accountability group

Due to COVID-19, IYAB hosted events and meetings using a virtual platform which includes the spring regional meetings, 5th annual Normalcy Conference, and two town hall meetings.

3. **Casey Youth Opportunity Passport (OPP):** 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 assets purchasing. Youth are eligible to participate in OPP between the ages of 14 – 25. The OPP focuses on improving the financial well-being of youth transitioning from foster care. 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 CB25 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.

4. **College Dorm Placement Program**: This 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.

5. **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 on a monthly basis. This will capture all youth during their birthday month and 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.

6. **Medicaid:** Through Indiana's extended foster care program, Collaborative Care (CC), participating youth are able to maintain their Medicaid while in foster care. DCS foster children may also remain a foster child through age 21 (as of July 1, 2019). Adoption assistance and guardianship assistance are also available to age 21 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.

7. **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 a 6 weeks summer sessions while living in a college dorm setting and receiving on-boarding. 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.

8. **Driver's License & Education:** Indiana provides an opportunity for foster youth who are at least 16 or older, under the care and supervision of the department, an opportunity 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:
    a. Initial Driver's Permit
    b. Initial Driver's License
    c. Indiana State Identification Card

DCS is serving the following age groups in the following ways:

Youth under the age of 16

The Chafee program is not offered to youth under the age of 16. However, DCS focuses on transition planning for youth at age 14. DCS Policy 11.6 Transition Plan for Successful Adulthood states all youth who enter foster care need skills, knowledge and abilities to ensure a successful transition home, to a new home, or to their own home. DCS has been improving youth engagement and well-being by empowering youth to participate in their transition plan as well as case plan beginning at age 14. Youth now have the ability to select two (2) child representatives to be a part of their team. One representative will represent the youth as an advisor and advocate. In addition, at age 14, youth will receive a list of their rights while in foster care regarding education, health, visitation, court participation, and safety. Youth beginning at the age of 14 are able to participate in other DCS older youth initiatives programs such as: Youth Career Training Program, Indiana Youth Advisory Board, Opportunity Passport, and receive a Youth Connections Program referral.

Youth ages 16 to 18

The Chafee program is offered to youth ages 16 -18 who are placed in foster care. DCS continues to focus on transition planning per DCS policy as described in the previous paragraph. Ninety days before a youth turns 18, the youth develops a "Transitional Service Plan for Successful Adulthood". This plan reviews and outlines the youth's needs prior to transitioning out of care in the area of housing, transportation, employment, education, supports, vital records and daily living. Youth within this age range may also participate in additional older youth initiative services as described. The provider of the service depends upon where the youth is placed. Youth who are placed in a residential facility, group home or a Licensed Child Placing Agency home receive older youth services provided by the placing facility or agency. If a youth is placed in a DCS licensed foster home, a relative home, or another court appointed placement, a referral is made to an OYS provider. At the age of 17.5 all youth are able to be referred to an OYS provider. As part of the older youth services array, youth receive a life skills assessment, learning plan, and direct services based on youth's voice, strengths and needs. Other assessments such as a career or educational assessment may be provided to help youth develop their transition plan.

At age 16 or older, youth whose permanency plans are changed to APPLA are transitioned to the Collaborative Care team for intensive specialized case management services. These youth are not officially in Indiana's extended foster care program, however, the youth benefits from the specialized case management of the collaborative care case manager. All services are delivered based upon the broker of resources model and should be based upon the individual youth's abilities and needs. In addition, prior to a youth transferring from a Family Case Manager to a 3CM, a team meeting is held to talk with the youth about their plan for after foster care and what skills and education they need to move forward with their plan. These transition meetings between case managers, the youth and the youth's team should also include discussion about the youth's stage of development, current services being utilized and future service needs.

Youth ages 18-21 in foster care

The Chafee program and Indiana's extended foster care program; Collaborative Care are offered to youth ages 18 – 21. Ninety days before a youth turns 18, the youth develops a "Transitional Service Plan for Successful Adulthood" and once a youth turns 18, their transition plan is updated every 6 months until case closure. The OYS array does not change with age as the method by which services are delivered varies based upon the youth's skill level, needs and abilities. Youth are expected to actively drive their transition plan and learning plan to ensure their personal responsibility in transitioning into adulthood. During this age range, youth are making a decision as to having their case closed or voluntarily entering into the Collaborative Care program. Youth participating in Collaborative Care voluntary agree to remain in foster care and receive continued supports and services through DCS as they work to achieve self-sufficiency. To better equip youth, DCS ensures that all youth 18 and older who have spent six months or more in care are provided the following documentation prior to leaving care: birth certificate, Social Security card, health insurance information, medical records, and a driver's license or State Identification. Youth in Collaborative Care host home and college dorms, may or may not be referred to an OYS provider, this decision is made with the youth and the youth's team and based upon what resources are being offered by the host home or college campus.

When a youth is leaving care prior to obtaining 21 years of age, re-entry procedures and procedures to access Voluntary IL Services are explained and given to the youth in writing. All youth continue to receive the full service array with goals focusing on transitioning out of care once it has been decided that the case will move towards case closure. All eligible youth can access Voluntary IL Services, once the case is closed. In most cases, the youth's OYS provider will not change if a youth moves from Collaborative Care to Voluntary IL Services. The full OYS array is offered in Voluntary IL Services with the addition of Room & Board and EGS funds.

Former foster youth ages 18 through 23

Youth who turned 18 in a foster care placement and are not yet 23 years of age are eligible for Voluntary IL Services. The full OYS array is available for youth participating in Voluntary IL Services. Services are to be

administered using the broker of resource model and should be individualized based upon the youth needs and abilities. The following youth ages 18 – 23 are also eligible for voluntary IL Services:

1. 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
2. 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 participating in voluntary services may be eligible for additional financial resources such as emancipation goods & services and room and board services. DCS utilizes the Casey Life Skills Assessment as a starting point to evaluate what skills, knowledge and abilities a youth needs to focus on while preparing to practice living independently. The Independent Living Plan is developed by the youth and OYS provider. The goals should be individualized and based upon the youth's abilities, skill level and needs.

Indiana's extended foster care program – Collaborative Care is available to former youth who meet the eligibility criteria. Former foster youth may re-enter into foster care and receive older youth services until the day before their 21st. birthday. Once the youth ages out of collaborative care the youth may participate in voluntary services until they meet the age requirement or 23.

D. SERVING YOUTH ACROSS THE STATE

1. State's Definition of "Room and Board"

Below is an excerpt from the OYS Service Standards regarding Room & Board funding:

Room and Board (R&B) expenses are considered 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.

Room and Board payments include a maximum lifetime cap of $3,000 for assistance up to age 21. Youth may access this assistance as long as they continue to participate in case management services and receive SSI (Supplement Security Income through Social Security) 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 cost are expected to be a one-time payment and are made available when youth move into their first apartment. 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. This assistance will be will be tailored to the need to the youth. Youth who need the maximum assistance may access these funds using the payment guide below. While receiving Room and Board 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. Room and Board payments will only be made through a contracted service provider who is providing older youth case management services to the youth.

Emergency Assistance: Emergency cost is a one-time payment to youth who present in an emergency or crisis situation. 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.

Youth receiving room and board assistance and planning to attend a post-secondary institution may access room and board funds to obtain off-campus housing prior to beginning their post-secondary program. Deposits for housing on campus may be made through Emancipation Goods and Services funding. Education and Training Voucher (ETV) funds are available for housing for youth attending post-secondary institutions. Those attending school full time or part time may access the ETV Program at www.indiananetv.org. If eligible for ETV funds, housing assistance must be accessed through this program and not Room and Board.

2. Housing Options

Potential housing options for youth accessing Voluntary IL 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 aged 18-21 who are eligible may remain in or return to foster care through participation in the Collaborative Care program. For youth whom are in the Collaborative Care program, available placement and housing options include all traditional foster care placements, such as foster home and congregate care, as well as Supervised Independent Living options such as Host Home, College Dorm, and own or shared housing. Youth in Collaborative Care are wards, thus all placements and housing is paid for by DCS.

Youth who wish to leave care at or after the age of 18 and are eligible can access voluntary independent living services. The service array is described above. Room & Board funds are reserved for only those youth accessing Voluntary IL Services. An additional, housing option is HUD's Family Unification Program Voucher (FUP). DCS has

partnered with Indiana Housing and Community Development Authority (IHCDA) in their goal to administer the FUP voucher. In this partnership, IHCDA agrees to ensure former foster youth between the ages of 18 – 24 are provided rental and housing assistance. DCS continues to support supportive housing programs throughout the state to ensure current and former foster youth have supportive and affordable housing.

On July 23, 2020 DCS hosted a roundtable for Indiana on foster youth initiatives in conjunction with HUD, HHS, the Indianapolis Housing Authority, and the Coalition for Homelessness Intervention and Prevention. There were two youth from DCS who participated in this event where the challenges that foster youth face in regards to homelessness were discussed. The event highlighted the work that is being done in order to ensure that homeless foster youth have access to assistance via vouchers for rent and supportive services.

3. Young Adults Who are Pregnant and Parenting

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

1. All services are coordinated with one team,
2. Case planning is used as a means 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 provide assistance to 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. The OYS providers provide services to the pregnant and or parenting young adult by using the broker of resource model. The provider uses a family-centred approach by ensuring service planning supports the family and works to increase the social capital and supports for young parents.

DCS 3CMs and OYS providers are trained on prevention programs and services. When necessary, youth are able to receive prevention services through Community Partners for Child Safety, Healthy Families Indiana, Youth Services Bureaus and Safe Place.

During the summer of 2019, each OYS provider hosted a Pregnant/Parenting and Prevention Event within their service area. Each provider was responsible for developing a committee to plan and coordinate the event. The type of events included: a provider fair, self-love emphasizing father engagement, parenting tools, safe sleep and prevention. Providers collaborated with youth, community stakeholders and DCS to ensure their events met the needs of the youth in their service area. Each event hosted an average of 25 – 40 youth participants. These events were held on the following dates in 2019:

- July 11, 2019 : Regions 10, 11 & 12
- July 16, 2019: Regions 13, 14, 15, 16, 17 & 18
- July 31, 2019: Regions 8 & 9
- August 6, 2019: Region 3 & 4
- August 9, 2019 Region 1

Due to COVID-19 DCS has not held or scheduled these conferences in 2020, however the group is discussing what a virtual format for these conferences could look like.

4. Young Adults with Histories of Substance Abuse

DCS has identified programs within the 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.

5. Young Adults 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 involved in their transition and case planning. Youth are a part of the decision making process as it pertains to their mental health services. As part of Medicaid each youth is able to select a care coordinator through their managed care provider. The care coordinator is also able to assist youth with mental health services and monitoring of medication after case closure.

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. The FCM will follow all human trafficking procedures as stated in policy. Youth who have a history of trafficking are provided specialized case management services up to specialized residential treatment. Residential programs are required to offer Trauma Focused Cognitive Behavioral Therapy as a core program, which should begin to address the youth's trauma history. Service are provided by a community stakeholder who has received grant funding to administer services. 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 statewide service providers whom provide services 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.

6. Youth with Criminal Histories

The OYS array does not differ for youth who have criminal histories. All youth in foster care experience circumstances that warrant individualized service delivery. Youth Voice and Authentic Youth-Adult Partnerships are foundational pillars for the Collaborative Care model. 3CMs have received training on youth engagement and use these skills to work alongside youth to overcome their pasts and look toward the future. 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 are able to 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 also eligible to receive ETV funding upon meeting the eligibility requirements.

7. Young Adults 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 Centers, Children's Mental Health Wraparound Services, and housing for youth who struggle with mental health issues. DCS and BDDS have a formalized partnership that allows DCS youth to enter the BDDS system at age 21, if not before.

Youth who have developmental and/or intellectual disabilities, but do not quality for BDDS receive a higher level of case management from 3CMs and the OYS provider. The 3CM meets with the DCS placement committee to review placement options and seek recommendations. During the transition and case planning meetings the 3CM, youth and the youths' team identify the needs of the youth and focus on connecting youth to appropriate services. The OYS provider assists the youth with developing a comprehensive plan which links the youth to community resources that will meet the youth's needs after case closure.

E. 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, Indiana Foster Success, One Simple Wish, Coalition for Homelessness Intervention & Prevention (CHIP), 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. DCS works closely with Department of Workforce Development (DWD) JAG (Jobs for American Graduates) 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 will build better resources for and increase foster youth preparedness for post-secondary education and/or employment.

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 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, and tickets to a theme park or concert, furniture, to name a few examples.

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 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 into 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 enroll 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.

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 – New corporate partner 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 – New relationship intended to focus on the mentoring of employment relationships. Positions are specific to youth interested in social in which they can receive a stipend for the 9-month internship.
- Resource Fairs - Providers sponsor resource fairs to provide information and awareness to youth of their community resources such as housing, employment, education, physical and 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 OYS 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 presentation provide updated information about Indiana's Chafee program services.

At this time, DCS does not have any campaigns to raise awareness on the needs of youth/young adults in foster care. DCS has consulted with key members of the Older Youth Community on this topic. Both Youth and OYS providers believe pursuing a public awareness campaign may be beneficial for the state. Some suggestions from stakeholders include: utilizing providers to form grassroots campaigns in each community; targeted outreach for Host/Foster Homes for Older Youth; an RFP for Older Youth Community Outreach and/or training; utilizing social media for cost effectiveness and widespread availability; and work with the IYAB. The Indiana Foster Success program communicated that they are already working with national partners on similar marketing projects aimed at raising public awareness about older youth in foster care and offered to bring DCS to the table.

DCS will continue to explore the idea of campaigns to raise awareness of the needs of older youth in foster care. DCS will also continue to consult with Older Youth Community as well as the Indiana Governor's Office on such efforts.

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 has meet 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. Abstinence Programs

The DCS older youth service providers continue to work one on one and provide groups to address building health life skills and relationships. The providers also provide resources and support to youth to develop healthy social skills, including but not limited to: boundaries and strategic sharing.

DCS continues to partner with the Indiana Health Department to ensure youth are included in and encouraged to attend programs to prevent unplanned pregnancies and to attend abstinence programs throughout the state. At this time, DCS does not have a direct partnership with any FYSB grantees. However, service providers work with local agencies in their service area/community to ensure youth are able to connect with programs in their area. DCS is adding a prevention component to the parenting events to provide education and resources to youth.

3. Local Housing Programs

DCS continues to partner with local housing programs such as the local Lafayette Housing Authority to ensure current and former foster care status is included as a preference in applying for subsidized housing, the Fort Wayne Housing Authority to ensure current and former foster youth are made aware of the ready to rent program and are being referred and the Courtyard, a local affordable housing initiative in Fort Wayne, IN for youth with identified disabilities. DCS is also partnering with Gateway Woods to provide housing supports to former foster youth.

4. Programs for Disabled Youth

At the state level, DCS has a partnership with FSSA - BDDS, as described in the collaborations/partnering sections.

5. School to Work Programs

At the state level, DCS has a partnership with the Department for Workforce Development, as described in the collaborations/partnering sections. At the local level 3CMs and OYS providers work with youth to ensure they know why and how to access local Work One offices. 3CMs also encourage youth to join the Jobs for America's Graduates (JAG, a DWD program) when available and appropriate. 3CMs have also been trained on alternative

certification programs that support school to work. DCS supports youth attending accredited vocational programs through ETV to further their education and employment opportunities. 3CM's and OYS providers have also received information and training on the Next Level Jobs program. During the case plan and transition meetings, 3CMs provide resources and information to youth on school to work programs as youth develop their transitional services plan. Transition plans are developed on a case by case basis.

6. 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 these partnerships, the OYS providers have strengthened their ability to serve youth in an emergency situation. DCS plans to work with CHIP and the Indianapolis Marion County Housing Authority to implement the FYI voucher. DCS plans to work with other local homeless program and housing authority across the state.

To enhance the Medicaid enrollment process for former foster youth, DCS has implemented an auto enrollment and renewal process for current and former foster youth ages 18 – 26. DCS provides information to youth, local homeless shelters, and other identifiable places youth may visit.

As mentioned above, DCS has partnered with The Courtyard in Fort Wayne, Indiana, a 36-unit development that targets youth leaving foster care. The Courtyard receives funding through the Fort Wayne Housing Authority which participates in HUD's Family Self-Sufficiency Program and provides housing vouchers. DCS is also partnering with CHIP and the state-wide CoC to apply for the YHDP round 3. The child welfare agency 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.

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

Services to be provided are the same and are based upon the Broker of Matrix section of the OYS Service Standard.

1. The Chafee Program Services

Eligibility for the Chafee program Services starts at age 16. Placement drives who provides services. 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 Chafee program Services, according to the OYS Service Standards.

The following youth meet the eligibility requirements for voluntary case management services:

- Youth ages 18 to age 21 who were formerly in foster care after the age of 16 for a period of six (6) months while a CHINS or probation youth or a "ward or in the custody of another state" or
- Youth ages 16 to age 21 who were formerly in foster care for a minimum of six (6) months as a CHINS or probation youth between the ages of 16-18 who have been adopted or placed in a guardianship from foster care and were receiving OYS services prior to the dismissal of their case.

DCS has determined the following former foster youth meet the eligibility requirements for room and board (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.

DCS will assure that all youth receiving R&B services also receive case management.

2. Collaborative Care

DCS opted into all eligibility criteria outlined in the Fostering Connections Act for extending Title IV-E Foster Care. 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 are able to 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, 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. Youth receive all the same service and placement options.

G. COOPERATION IN NATIONAL EVALUATIONS

DCS will cooperate in any national evaluations of the effects of the programs in achieving the purposes of the Chafee program.

DCS participated in the Pilot National Youth in Transition Database (NYTD) Assessment Review (NAR). The NAR is an onsite review that focused on two major areas: the eight general requirements for NYTD data collection and reporting and the 58 NYTD data elements. The NAR consist of findings based on onsite demonstration, case record review and stakeholder interviews. Progress in implementing the N-QIP is described in the NYTD section. See NAR section for more information.

H. 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.

I. THE CHAFEE PROGRAM IMPROVEMENT EFFORTS AND INVOLVEMENT

DCS will continue its efforts to gather youth feedback and ideas for program improvements. DCS will continue to consult with youth on the Indiana Youth Advisory Board on older youth related agency initiatives. DCS will explore avenues to partner with outside stakeholders to fund and facilitate focus groups to gather feedback from youth involved with the full OYS array as well as others who are involved with the program, such as providers, foster parents, host home adults, etc. DCS will revisit the practice of gathering youth input on new policies and procedures. As DCS develops the OYS evaluation plan, youth feedback, ideas and input have been included. DCS has embedded a comprehensive CQI process within OYS providers and conducted site visits using the data from the NYTD survey and NYTD service logs to explore needs of the service area. Indiana Youth Advisory Board members and stakeholders have been included as part of the OYS CQI teams.

Members of the Indiana Youth Advisory Board met with the DCS executive team to provide valuable insight on foster youth experiences in foster care and system improvement feedback.

The OYI team conducts state-wide site visits with each older youth services, Education and Training Voucher and Indiana Youth Advisory Board contracted providers on an annual basis. The purpose of the Older Youth Services site visits are 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

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 Local Office 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 also facilitates case management training for DCS staff and provider 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 the team of youth on developing the trainings; explore methods of training the youth as professional trainers and support youth as trainers.

In an effort to adjust to the changes that come with COVID-19, the OYI team developed a plan to provide virtual trainings which began in June 2020. The trainings that began in June focus on Indiana older youth services and an overview of the 21st Century Scholar program and enrollment. The below highlights the trainings that have occurred from 2019 to date:

3CM and/or OYS provider Training		
Date	**Who**	**Total # of People Trained**
9/25/19	3CM & OYS Providers	156
11/20/19	3CM	60

DCS Local Office Training	
Date	**Total # of People Trained**
2/25/20	35
2/10/20	20
2/13/20	25
6/9/20	9
6/10/20	17
6/11/20	16
6/12/20	19
6/17/20	5

Foster parents also 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.

Lesbian, Gay, Bisexual, Transgender or Questioning (LGBTQ): DCS designates a certain number of trainings that are required to be a part of the annual training hour requirement for ongoing case workers. DCS required all workers to take the LGBTQ Youth training. Furthermore, foster and adoptive parents also receive training on LGBTQ. The Foster and Adoptive Parent Training – Fostering Older Youth curriculum includes training on speaking and working with foster youth who might be LGBTQ. The training includes approaches to take in working with youth, examples of challenges these youth face, and outside resources that are available for assistance. One such resource is the Indiana Youth Group (IYG), which provides a safe place and confidential environment where self-identified LGBTQ youth are empowered through programs, support services, and leadership opportunities. The Collaborative Care staff were provided training on working with LGBTQ youth on November 20, 2019 and approximately 60 staff were trained.

K. EDUCATION AND TRAINING VOUCHER PROGRAM

The ETV program is a federally-funded, state-administered program designed to provide financial and academic support to youth who have aged out of the foster care system and who are enrolled in an accredited college, university or vocational training program. Current and former foster youth must have been in foster care on their 18th birthday and youth who were adopted or placed in a kinship guardianship from foster care on or after their 16th birthday are eligible for ETV. Students may receive up to $5000 per academic year based on the cost of attendance. Youth must enroll between the ages of 18 up to their 21st birthday. Students may continue to receive ETV support until the age of 26 or 5 consecutive years of schooling. Foster youth who graduate high school at age 16 and will be attending 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 student 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 to 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 insure 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.

The ETV vendor tracks retention and persistence of its ETV students. Retention is an institutional measure and persistence is a student measure. During the 2018-2019 academic year, the following data was collected for ETV students who received funding:

Status	**Number**	**Percent**
New Students	145	70%
Returning Students	63	30%
TOTAL	208	100%

2018-2019 Academic Standing		
Academic Standing	# of Students	Percentage
Freshman	145	69%
Sophomore	37	17%
Junior	20	10%
Senior	6	2%

Total	208	
Graduating Senior	5	2%

Demographics include the following information, parenting, marital status, age, gender, ethnicity and employment. ETV applicants are requested to report on their parenting and marital status on the application.

2018 - 2019 Gender Comparative		
	Number	Percentage
Male	71	34%
Female	137	66%
Total	208	

2018 - 2019 Age Comparative		
	Number	Percentage
Total	208	
17	7	3%
18	62	30%
19	63	30%

20	48	23%
21	16	8%
22	12	6%
23	0	0

2018 – 2019 Race Comparative		
	NUMBER	PERCENTAGE
TOTAL	208	
AFRICAN AMERICAN	61	22%
ALASKAN NATIVE	0	0%
ASIAN-AMERICAN	1	1%
BIRACIAL/MULTIRACIAL	20	13%
CAUCASIAN	113	56%
LATIN AMERICAN	7	4%
NATIVE AMERICAN	1	1%
PACIFIC ISLANDER	2	1%

OTHER/NO ANSWER/UNDISCLOSED	3	1%

For the current academic year 2019 – 2020, fall semester 2019:

Status	**Number**	**Percent**
New Students	100	44%
Returning Students	129	56%
Total	229	

Fall 2019 Academic Standing		
Academic Standing	# of Students	Percentage
Freshman	136	59%
Sophomore	43	19%
Junior	33	14%
Senior	15	17%
Graduating Senior	2	1%
Total	229	

Fall 2019 Gender Comparative		
	Number	Percentage
Male	80	35%
Female	148	64%
Non-Binary	1	1%
Total	229	

Fall 2019 Age Comparative		
	Number	Percentage
Total	229	
17	1	1%
18	35	15%
19	65	29%
20	56	24%

21	35	15%
22	23	10%
23	8	3%
24	4	2%
25	2	1%

Fall 2019 Race Comparative		
	Number	Percentage
Total	229	
African American	61	28%
Alaskan Native	0	0%
Asian American	0	0%
Biracial/Multiracial	17	10%
Caucasian	127	55%
Latin American	16	7%
Native American	0	0%
Pacific – Islander	0	0%
Other/No Answer/Undisclosed	4	2%

DCS works closely with the ETV vendor to improve and strengthen Indiana's postsecondary educational assistance program. The ETV has increased its service component to meet the needs of youth attending postsecondary institutions. The ETV Support model is in place at nine of the 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 enrollment process for student support services.

- Ball State University
- Indiana State University
- Indiana University- Bloomington
- Indiana University- Southwest
- Indiana University Purdue University (IUPUI)
- Ivy Tech Community College- Fort Wayne
- Ivy Tech Community College- Indianapolis
- Purdue Northwest
- Vincennes University

The ETV Regional Specialists referred students to numerous college student support service programs and community resources. Students were referred to TRiO, 21st Century Scholar Campus Support Disability Services, Tutoring and basic need resources. ETV Specialists were trained 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 students were able to utilize these effective tools to foster informed decision making. 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 older youth service 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. The ETV specialist continues to monitor academic performances to keep youth and DCS updated on each school's SAP policies. This ensures that youth who were not able to meet SAP requirements due to COVID-19 can continue on with their post-secondary education with supports in place.

X. 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: Disposition of CA/N Reports Involving an Indian Child from the Pokagon Band of Potawatomi Indians has been developed. This requires a last review before adding it into DCS policy which is expected to occur in 2020. 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 Presenting Officer Annette Nickel 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.

DCS staff and Pokagon Band staff met on May 6, 2019 and August 16, 2019 at which time they discussed continued collaboration with DCS and general operations regarding foster care. The Department will continue to ensure meetings with the tribe twice a year and/or as needed. DCS will be including their Foster Care Recruiting and Training experts in this meeting to discuss possibilities of future joint foster care recruitment and training with Pokagon Band staff. DCS has not had a semi-annual meeting with Pokagon staff this year due to COVID-19. The DCS ICWA liaison is working towards arranging a virtual meeting for October 2020.

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. An IV-E agreement template is also available for use. To date, no requests have been received by the state. 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 new policy were updates in MaGIK in early 2017 that included new fields and validations that require users to answer a question whether the victim is a member of a Native American tribe (including those on the federally recognized list and those that are not). Moreover, when a selection is made, the user will be prompted to verify the person's Native American membership, including whether a letter was received from the tribe, an ID card was presented, etc.

The latest (Dec 2016) ICWA policy revision (DCS Child Welfare 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 Permanency and Practice Support (PPS) 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, and Indian custodians of state proceedings and their right to intervene. The notification responsibility remains with each local staff attorney for a more timely 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 for the Permanency and Practice Support (PPS) Division is utilized as one method for ICWA tracking within Indiana. In the calendar year of 2019, there were 40 referrals received for potential or confirmed ICWA eligible children. This has given some measurable data to continue to improve upon. DCS continues to utilize AFCARS comparisons, QUEST reports, and Permanency Roundtables (PRTs) for identifying and reviewing ICWA cases and as a means of checks and balances for identification and services. 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 in order to expedite and provide a more 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 in order 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 as of August 2020. Social Services Director Mark Pompey has reviewed these previously and has provided helpful feedback to which DCS makes the necessary changes.

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. DCS provides additional instruction for DCS staff to follow in the event that the Tribe wishes to enter into an 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 into negotiations with any federally recognized tribe to share IV-E benefits.

XI. 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 is planning to outsource 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.

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. As both the CPT and Fatality Review

groups ended their term on December 31, 2019, DCS has established two new teams who will work in that capacity over the next three years. 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.

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 peer support and training. The 2019 Foster Care Citizens Review Panel CRP Annual Report is attached as Attachment A.

2. Child Fatality Team

DCS worked with the State Child Fatality Review Program Coordinator with the Indiana State Department of Health, Gretchen Martin, to identify the Knox County Child Fatality Team as Indiana's Citizens Review Panel effective January 2017. This team provided recommendations around DCS expanding its mental health resources to assist in finding specialized counselling for parents and their children, as well as, a more thorough understanding of domestic violence and the escalation of violence. The 2019 Knox County Child Fatality Team CRP Annual Report is attached as Attachment B.

3. Child Protection Team

The Monroe County Child Protection Team is one of the Citizens Review Panels that became effective January 1, 2017 with the end of its term in December 2019.

The 2019 Monroe County Child Protection Team CRP Annual Report is attached as Attachment C. Their report focused on recommendations of Handle with Care program implementation, expanding child fatality reviews, and working closer with schools and community mental health providers.

E. 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.

F. UPDATE ON SERVICES TO SUBSTANCE EXPOSED INFANTS

Substance-exposed newborns is an issue of great 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.

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."

New 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 safe care plans 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 an assessment is substantiated on a positive newborn, an IA or CHINS will be filed unless the Regional Manager determines otherwise;
- 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
- Expanding principles of the Sobriety Treatment and Recovery Teams (START) model

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 State 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

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.

- Spreading START Principles, as possible and appropriate. START principles include the following:
    - Quick Access to Treatment
    - Engagements of Families
    - Utilizing Peer Recovery Support to increase parent engagement
    - Shared Decision Model between DCS and treatment provider(s)
    - Treatment is based on level of need for the client & provided for all applicable family members
    - Increased face-to-face contacts between family and FCM during crisis points and critical case junctures
    - Increasing Recovery Capital/informal supports

- 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 are able to 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 in order to ensure staff were able to begin utilizing it immediately.

G. AMENDMENTS TO CAPTA MADE BY P.L. 115-424, THE VICTIMS OF CHILD ABUSE ACT REAUTHORIZATION OF 2018

This amendment expands the scope of assurance found for legal immunity for good faith reports of child abuse and neglect, to include professionals who are called upon to consult in a child abuse case, or provide a medical diagnosis. Indiana's current code is already in substantial compliance with this CAPTA change.

Indiana's current law regarding legal immunity is outlined in the code below:

IC 31-33-6 Chapter 6. Immunity of Persons Who Report Child Abuse or Neglect
31-33-6-1 Immunity from civil or criminal liability
31-33-6-2 Exception for malice or bad faith
31-33-6-3 Presumption of good faith
IC 31-33-6-1 Immunity from civil or criminal liability
Sec. 1. Except as provided in section 2 of this chapter, a person, other than a person accused of child abuse or neglect, who:
(1) makes or causes to be made a report of a child who may be a victim of child abuse or neglect;
(2) is a health care provider and detains a child for purposes of causing photographs, x-rays, or a physical medical examination to be made under IC 31-33-10;
(3) makes any other report of a child who may be a victim of child abuse and neglect; or
(4) participates in any judicial proceeding or other proceeding:
(A) resulting from a report that a child may be a victim of child abuse or neglect; or
(B) relating to the subject matter of the report;
is immune from any civil or criminal liability that might otherwise be imposed because of such actions.
IC 31-33-6-2 Exception for malice or bad faith
Sec. 2. Immunity does not attach for a person who has acted maliciously or in bad faith.
IC 31-33-6-3 Presumption of good faith
Sec. 3. A person making a report that a child may be a victim of child abuse or neglect or assisting in any requirement of this article is presumed to have acted in good faith.

XII. 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 D.

B. HEALTH CARE OVERSIGHT AND COORDINATION PLAN

The updated Health Care Oversight and Coordination Plan is Attachment E.

C. DISASTER/EMERGENCY OPERATION PLAN

The DCS Emergency Operations Plan was updated in conjunction with the submission of the 2020-2024 CFSP. There have been no additional updates in the past year and there are no changes needed at this time. DCS will be developing 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. Attachment F are the time-sensitive communications provided to our staff and providers during this unprecedented time.

D. TRAINING PLAN

The updated DCS Training Plan is Attachment G.

XIII. 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 Masters 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 2018:

- 36 BSW Scholars started the program with 34 finishing (11 were stipend only, 0 were unfunded.)
- Of the 34, 3 were selected for the Trauma fellowship for the MSW Scholar program, so they will not begin employment until 2019.
- As of 6/15/18:
  - 18 Scholars started in May.
  - 11 Scholars started in June.
  - 2 more still have upcoming start dates.

In 2019:

- 42 Scholars started the program, with 36 finishing and accepting employment with DCS.
- As of 5/8/19:
  - 2 scholars started on May 6, with 22 additional starting on May 20.
  - 4 will be starting in June
  - 8 more have upcoming start dates.

In 2020:

- 38 Scholars started the program, with 35 finishing and accepting employment with DCS.
- As of 4/30/20:
  - 4 scholars will start on May 4, with 14 more starting on May 18 and 5 starting on June 1.
  - Other start dates will be determined soon.

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 **4/30/2020**

Family Case Managers & Family Case Manager Trainees

<22	22-25	26-30	31-40	41-50	51+	Total
10	521	636	780	464	281	2692
>1%	19.4%	23.6%	28.9%	17.2%	10.4%	100%

FCM Supervisors & Division Managers

22-25	26-30	31-40	41-50	51+	Total
9	107	250	147	67	580
1.6%	18.4%	43.1%	25.3%	11.6%	100%

Local Office Directors

26-30	31-40	41-50	51+	Total
3	27	37	22	89
3.3%	30.3%	41.6%	24.7%	100%

Executives

26-30	31-40	41-50	51+	Total
0	16	30	30	76
0%	21.1%	39.4%	39.4%	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 45 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 more consistently provide permanency 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 in conjunction with assistance from the Permanency and Practice Support Division 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/judiciary/iocs/files/rpts-ijs-2018-probation.pdf

Listed below are the page numbers within the 2018 Indiana Probation Report where specific data can be found for juvenile justice transfers. The 2019 juvenile justice transfer data will not be available until later in the summer of 2020.

Juvenile Probation 16

Juvenile Probation Referrals (2018).....16

Juvenile Probation Supervisions (2018).....18

Juvenile Probation Supervisions Method of Disposition (2018).....20

Juvenile Supervision Levels 2018.....22

Juvenile Supervision as Result of Substance Abuse Offenses.....23

Juvenile Supervisions as Result of Sex Offenses.....23

Completed Predisposition (PDR) and Progress Reports for Juvenile Supervisions.....24

Juvenile Law Services Report.....25

2018 Juvenile Law Services Financial Report 29

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 on September 2019 and May 2020. 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: **2018-2019 School Year** (July 1, 2019 to June 30, 2019)	208	145
2019-2020 School Year* (July 1, 2019 to June 30, 2020) Note: Not including summer semester	229	100

D. INTER-COUNTRY ADOPTIONS

During FY 2019, records indicate two children who were adopted from another country entered into DCS custody as a result of a disruption.
Agencies responsible for the adoption or placement:

1. The adoption agency was Families Through International Adoption
2. The adoption agency was Adoption Ark

Plans for each child:

1. Reunification
2. The current plan is reunification, however due to the youth's age the Department is moving towards changing the plan to APPLA

Reasons for the disruptions include:

1. Youth alleged he was sexually assaulted by a legal guardian.

2. The adoption was disrupted due to the family's inability to handle the youth's behaviors. Following removal, the parents refused to allow the child back in the home.

XIII. ATTACHMENTS

A. 2019 Citizen Review Panel Report —Foster Care Citizens Review Panel
B. 2019 Citizen Review Panel Report —Knox County
C. 2019 Citizen Review Panel Report —Monroe County
D. Foster and Adoptive Parent Diligent Recruitment Plan
E. Health Care Oversight and Coordination Plan
F. Indiana DCS COVID 19 Updates
G. Indiana Training Plan
H. CFS-101, Part I, II, and III (signed PDF)

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

FOSTER PARENT CITIZENS REVIEW PANEL ANNUAL REPORT – 2019

During 2019 the Foster Parent Parent Citizens Review Panel arranged quarterly meetings on the following dates: March 19, June 18, September 17 (cancelled) and December 17, 2019. Participation occurred via phone conference/WebEx.

The following individuals were a part of the Panel during 2019:

Crystal Blevins, Brittany Bradley, Kelly Farmer, Hope Forth, Susan Hyde, Lori Herring, Jasmine Jones, Jackie Murray and Tonya Wilson. Kristi Cundiff, and Stephanie Kaser participated as Adoptive Parents.

The following participated as invited guests:
Rodney Bryant, Dawn Sanford, MaryEllen Hanback and Lynnette Huhn

During 2019 the Foster Parent Citizens Review Panel discussed the following information:

- Role of the new Foster Parent Support and Communication Liaison
- New Management Structure for the DCS Foster Care Division
- New Foster Care Portal
    - Medical Information Access for foster parents
    - New statewide quarterly newsletter for foster parents
- Support for Foster Parents
    - Community Resources available on the new foster care portal
    - New trainings available for foster parents
    - Regional Listening Forums available to foster parents
- New Kinship Navigator Program
- Indiana Relative/Kinship/Foster Parent Reporting Form
- Foster Parent Self-Assessment Survey

As a result of the information shared and the discussions held during the 2019 quarterly meetings the Foster Parent Citizens Review Panel offered the following suggestions as opportunities for strengthening the child welfare system for Indiana's children:

- The development of a foster parent peer mentoring program to support newly licensed foster parents and to utilize experienced foster parents in statewide retention efforts.
- Allow experienced foster parents to co-train with DCS staff development trainers so that newly recruited families can get first-hand knowledge from already licensed foster parents.
- Training on the Foster Parent Bill of Rights for foster parents as well as DCS staff.
- Utilize the panel to provide feedback in the development of the upcoming foster parent self-assessment survey

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

Date: __July 7, 2020_____

Foster Parent Citizen Review Panel
RE: DCS Response to the Foster Parent Citizen Review Panel Report for 2019

Dear Foster Parent Citizen Review Panel Team Members:

DCS has received your 2019 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: Develop a foster parent peer mentoring program to support newly licensed foster parents and to utilize experienced foster parents in statewide retention efforts.

> We appreciate this recommendation as this is something DCS believes would hold great value to our foster parents as well. We are currently doing some research with Casey Family to explore best practices from other states in regards to foster parent mentoring programs, including technology opportunities. Currently there is no systemic tracking of this, however there are some regions across the state that maintain a list of veteran foster parents to match with newer families. DCS continues to encourage the use of the foster parent support groups across the state to build relationships with other foster parents. In June, DCS will begin super region coalitions comprised of LCPAs, faith-based communities, DCS field staff, DCS foster care staff, support group agencies, and other child welfare stakeholders. Mentorship is on the agenda for all five of these coalition meetings across the state to discuss viability and potential next steps.

Recommendation #2: Allow experienced foster parents to co-train with DCS Staff Development trainers so that newly recruited families can get first-hand knowledge from already licensed foster parents.

> Per your recommendation, our staff training and development team is currently in the planning stages on a process to train experienced foster parents to ensure that feedback given during trainings also aligns with DCS policies. DCS is currently reviewing a pilot that was conducted in North Carolina and implications for use in Indiana, which is currently utilizing a new approach to foster care designed to emphasize foster care as a vehicle for reunification. DCS is working on recruitment strategies that would include panels of foster parents, from different regions across the state, to conduct virtual town halls for potential applicants.

Recommendation #3: Train DCS staff and foster parents on the foster parent bill of rights.

Information regarding the foster parent bill of rights has been added to training in several areas for both foster parents and DCS staff. For our foster parents this topic has been incorporated into: RAPT 1, Nuts and Bolts in-service training, and in 2019 was a standalone session offered at the RAPT conference. Information regarding the foster parent bill of rights was incorporated into the recently developed and piloted training, Engaging Resource Parents, for DCS field staff.

Recommendation #4: Utilize the panel to provide feedback in the development of the foster parent self-assessment survey.

Thank you for this recommendation and your support in providing the necessary feedback for the foster parent self-assessment survey. Your input is critical to ensuring that we are engaging with our foster parents and receiving the information necessary to meet the needs of our partners. Due to the hard work of the panel and our DCS foster care team this survey will go live in July 2020 and will be provided to foster parents twice a year.

DCS is thankful for the time your Panel has devoted to reviewing current issues affecting foster parents throughout 2019 and for submitting your Annual Report for 2019. 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

Citizens Review Panel

Annual Report

Prepared by:

Knox County Child Fatality Review Team

Submitted to:

Department of Child Services

March, 2020

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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.

Conclusion

This is the third year the Knox County Child Fatality Review Team has served as a CRP. The 2019 KCCFRT report documents the Panel's two reviews regarding a child's death due to inflicted injuries and an undetermined death.

The first review was on a 2 YO male born, 3/5/2016. His DOD was 8/12/2018. The history of the matter is that at 5:30am the mother woke up to the child crying. She checked on him and he felt feverish so she provided 5mL of Tylenol. He would only take the medicine through a bottle. He was laid back in bed at 6:00am. At 10:50am she checked on him again and found him unresponsive. 911 was called at 11:01am. He was taken by ambulance to the hospital where he was pronounced. Law Enforcement completed a death scene recreation but without the dolls/tools. The team reviewed this case in depth and reviewed all medical records. It was observed in the medical records that there was a prelim blood culture completed but final results were not noted. The prelim results included in the medical records indicate the bacteria, clostridium. The team was curious if this indicated an infection that resulted in the child's death. The pathologist was consulted and it was determined that this was not

the cause of the child's death. His manner of death remains Undetermined.

The child in our second review was 5 years of age. Through the review it was learned the Department had prior involvement with the family. The father had significant mental health concerns and it was requested he not be left alone with the child. The mother was frequently not home and continued to leave the child in the father's care. On 4/4/2017 a 911 called was received by a male stating his child was unresponsive and he just killed his son. The child was pronounced dead on 4/6/207 in Marion County. The father is currently incarcerated and sentenced to 65 years in prison.

The panel reviewed and discussed what topic to focus on for the year 2019. The team determined to focus on violent homes integrated with mental health services and how it impacts children.

A striking survey of psychiatric availability across 11 counties in Southwest Indiana shows Knox and Daviess County residents as highly vulnerable to a 250,000 to 2 ratio for psychiatrists to clients in the region. The mental health practitioner to children ratio is estimated to be closer to 1500 to 1. Access is further inhibited by the lack of private or public insurance coverage, increasing costs and

decreasing priority scheduling status. Clients through the child welfare system often need immediate crisis intervention services and continued mental health counseling. The need is to remove the barriers to care.

The impact of trauma on victims of crime, child abuse and neglect, and communities at large is now scientifically supported, and calls for intervention at the population level. Even so, widespread training on both the neurobiology of trauma and how to respond to victims of trauma has not been widely disseminated across service agencies, law enforcement, and prosecutors' offices that are foundational to the reporting and enforcement of crimes of child abuse and neglect. Rural agencies face even further deficits in training on current trauma-informed practices as they are regularly forced to allocate time and funds to direct service needs and away from comprehensive training initiatives. Understanding and operationalizing trauma-informed practices has not been accomplished in the various law enforcement agencies in Knox County. The need is to provide for comprehensive trauma-informed training and support to improve and sustain competencies.

According to the National Child Traumatic Stress Network (NCTSN), children whose families and homes do not provide consistent safety,

comfort, and protection experience compounded dosages of trauma, resulting in complex trauma that impairs normal brain development, physical health, emotional responses, behavior, learning, self-concepts, and future orientation. The stressors created in children exposed to regular and violent family interactions can result in immediate reaction such as sleeplessness, difficulty concentrating, increased aggression, anxiety about parental separation, and anxiety about parental safety. Longer- term effects can include physical health problems, delinquency, substance abuse and PTSD.

In addition to these effects, the NCTSN offers that exposure to family violence may result in children learning lessons about the use of violence and power in relationships. The perpetuation of the violence cycle can be seeded early in life, posing both individual and community implications around safety and wellbeing.

Three key challenges were identified over the past year.

Our first challenge is an inability to meet the needs of children living in the midst of violent homes. Our limited counseling capacity leaves us able to address only a fraction of primary victims. Whereas we are able to meet the basic concrete needs of children, we have only marginal capacity to address their more deeply-rooted mental health

needs. Also identified as a significant community disparity, the barriers children face in accessing behavioral health services leave them at high levels of risk for a range of anti-social consequences, such as education deficits, substance misuse and abuse, delinquency, poor physical health, and the perpetuation of violence.

A second challenge is the lack of trauma-informed training opportunities for DCS, law enforcement, and service providers. Basic information about trauma has been provided, but a true fundamental understanding and how professionals then practice what they learned in the field. Historically, funding restrictions related to travel and time away from local jurisdictions have influenced the training priorities of these agencies. In addition, public policy shifts and emerging threats have further splintered training focus and budgets, leaving clients interfacing with law enforcement or court systems, only marginally prepared for their victimization. The lack of a fundamental knowledge related to the neurobiology of trauma increases the likelihood of additional traumatization, and the forfeiture of opportunities to maximize information collection efforts.

The third challenge continues to be cultural norms that undermine our work. Tolerance of and insensitivity to violence against women at the highest levels of the federal government, the entertainment

industry, and professional athletics creates a significant chilling effect on those victimized and those that witness victimization.

Recommendations

Recommendation #1: The Department of Child Services (DCS) can offer more in depth and understanding of trauma and the neurobiology of trauma. An example would be that if one is disclosing about a sexual assault. Often those memories are fragmented and not always in chronological order. Instead of stating that the victim is lying or purposefully inaccurate, they understand that when "fear" kicks in; the victim has no control of how that information is stored or recorded.

Recommendation #2: Domestic Violence is often noted in the policy and procedure manual. However it is often times service providers place the burden of obtaining a protective order on the non-offending parent. The often implied or stated consequence of not following through with this command is that the children will be removed. This plan of action can often lead to abuser escalating and creating a more dangerous environment. Another concern is that

many Judges will not add children to a protective order unless significant evidence to support they are in danger. So now the non-offending parent has a protective order and cannot be with the children while they are visiting the abusive parent. Which again put the children in a more dangerous environment or higher lethality. An understanding of Domestic Violence and the escalation of violence would be helpful. Along with more detailed guidance to FCM's on how to assess and ensure safety while working with victims of violence.

Recommendation #3: We know that these deaths are preventable. A preventable tragedy inflicts collateral damage on families, friends and the community as a whole. Family case managers, first responders and others are also affected by their involvement in these cases.

Our third recommendation is to assist with finding specialized counseling for parents and their children. We have discussed above the client to therapist ratio, insurances, etc... Many clients involved in the system rarely have the resources to provide for the mental health care their children need in response to the trauma they have endured, and even less frequently do they have the resources to access that care in a timely manner. If the Department can assist

with funding to help expand current resources, then we may be able to fill the gap.

We want to close by stating we appreciate the Department and all the efforts put in place over the past year to continue to ensure safety for children.

Members of the 2018 Knox County Citizens Panel and Child Fatality Review Team

Dirk Carnahan, Knox County Prosecutor

Melissa Haaff, Hope's Voice (Chairwoman)

Rose Archer, Investigator for Knox County Prosecutor's Office

Misty Bullerdick, Knox County DCS

Nathan Noel, Knox County DCS

Bob Dunham, Chief of Vincennes Police Department

Doug Vantlin, Knox County Sheriff Department

Cameron Carr, Knox County Sheriff Department

Doug Lowe, Vincennes Police Department

Jonathon Alexander, Vincennes Police Department

Shane Cooper, DNR (Department of Natural Resources)

Jamie Dugan, Good Samaritan Trauma Unit

Mary Pargin, Good Samaritan Trauma Unit

Miranda Schneider, Good Samaritan Hospital

Denise Swink, CASA (Court Appointed Special Advocate)

Brian Hagen, Coroner

Karen Schmeling, Knox County Probation

Alissa Ricker, Knox County Probation

Steve Combs, Education

Tanya Bezy, Prevent Child Abuse

Will Vance, Knox County EMS

Sonny Pinkstaff, Vincennes Fire Department

Jan Dotson, Children and Family Services Prevention

Mollie Ewing, Children and Family Services Prevention

Dr. James Jacobi, Forensic Pathologist

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Date: July 7, 2020

Knox County Child Fatality Review Team, Citizen Review Panel
RE: DCS Response Citizen Review Panel Report for 2019

Dear Knox County Child Fatality Review Team and Citizen Review Panel Team Members:

DCS has received your 2019 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 in an effort 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: The Department of Child Services can offer more in-depth training and understanding of trauma and the neurobiology of trauma.

> Thank you for your recommendation regarding trauma training. Experienced DCS workers receive trauma informed care training, as well as, Trauma and Affects. DCS is currently exploring updating this training and as a result of your recommendation will be targeting and offering this to Knox County specifically in the near future.

Recommendation #2: Domestic violence is often noted in the policy and procedure manual, however an understanding of domestic violence and the escalation of violence would be helpful. DCS could provide more detailed guidance to FCMs on how to assess and ensure safety while working with victims of violence.

> DCS has three special investigators located in field who are positioned to assist case managers in particularly challenging situations. The investigators provide in-services to staff, one is specifically around domestic violence. DCS currently offers two trainings for staff around domestic violence: DV Critical Dynamics and DV & CFTM. DCS recently updated the CFTM policy to provide staff with information on how to handle DV during the child and family team. Currently information related to domestic violence is spread throughout several policies, the Department is considering creating a stand-alone domestic violence policy to allow staff one location to access information related to this.

Recommendation #3: Our third recommendation is to assist with finding specialized counseling for parents and their children. Many clients involved in the system rarely have the resources to provide for the mental health care their children need in response to the trauma they have endured and even less frequently do they have the resources to access that care in a timely manner. If the Department can assist with funding to help expand current resources then we may be able to fill the gap.

This recommendation is incredibly important and critical to ensuring the health and safety of Hoosier's across the state. Due to the recent COVID-19 pandemic providers across the state in conjunction with the Family Social Services Administration have expanded services available to individuals via telemedicine. This allows a broader access of services and providers to meet the needs of families. In June 2020, DCS launched its newest service line, Family Preservation Services. This service is geared towards ensuring families who are involved with the system are able to receive the necessary services and intensity, via one provider in the home, in an effort to ensure that they can remain together. These services will be shifting the way providers receive reimbursement and will incentivize them to expand their abilities to accept health insurance, including Medicaid. With the shift in this type of reimbursement DCS hopes that the number of providers who accept insurance will increase therefore increasing the necessary resources for Hoosier children and families.

DCS is thankful for the time your Citizen Review Panel has devoted to reviewing child fatalities throughout 2019 and for submitting your Annual Report for 2019. 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

Eric J. Holcomb, Governor
Terry J. Stigdon, MSN, RN, Director

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March 27, 2020

2019 Annual Report
Citizen Review Panel, Monroe County

Introduction:

In January of 2017, the Monroe County Department of Child Services (DCS), Child Protection Team began a three year appointment as a Citizen Review Panel defined in IC 31-25-2-20.4 of the Indiana Code. This report will serve as a summary to the 2019 Citizen Review Panel by the Monroe County Child Protection Team. The team met monthly in 2019 to go over areas of safety, stability, permanency and well-being for Monroe County children. The team consisted of child protection team members as defined by Indiana Code as well as DCS Policy, Chapter 1, Section 1 – Community Child Protection Team. The 2019 review year will conclude the three year appointment by the Monroe County Child Protection Team to participate in the Citizen Review Panel as defined in accordance with the requirements of the federal Child Abuse Prevention and Treatment Act under 42 U.S.C. 5106b.

System Challenges:

The Monroe County Citizen Review Panel (CRP) continued to focus on issues related to child fatality concerns, Handle With Care in the Monroe County schools focusing on children exposed to trauma, Truancy Issues, along with how children are assessed for trauma history by front line child welfare workers. Working more collaboratively with law enforcement in child abuse, sexual abuse, neglect and child fatalities was also a focus of the group.

The four main areas of challenge for the review team focused on:

1) Child Fatalities and working collaboratively with law enforcement;
2) Implementation of a Computer Adaptive Testing through the CAT-MH (or another tool) to help front line workers identify mental health challenges in the field.
3) Truancy issues affecting children's ability to gain academic success
4) Handle With Care – Collaborative with Law Enforcement and Schools to help identify children exposed to a traumatic event

Community Responses:

1) Monroe County Child Protection Team – Sub Committee – "Handle With Care"- focused on law enforcement informing school personnel when a child has had a traumatic life event so that school staff can support the children. Work is still being done to develop this process in Monroe County.
2) February 2019, Monroe County CRP consulted with Dr. Brian D'Onifrio, Professor and Director of Clinical Training Department of Psychology and Brain Sciences regarding his work with Computer Adaptive Testing

(CAT-MH) for identifying psychiatric disorders in adults and children. This testing could be utilized to assist with addressing issues of mental health in parents similar to the CANS process Indiana DCS currently uses to assess children's needs.

3) Truancy Issues were discussed frequently as a need to determine if additional services could be utilized for children missing several days of school and being at risk of school failure. A presentation was given over the summer 2019 by a Johnson County team driven to improve truancy.
4) Child Fatalities continued to be a focus as Monroe County had several difficult fatalities in 2019. Many of the Child Protection Team/CRP members also sit on the county Fatality Review Team. However, one case of severe abuse in particular in May 2019 definitely brought the community together to support each other and work on systems issues of collaboration, completing thorough assessments, and follow through with needed services from surviving family members and siblings.

Recommendations:

1) "Handle With Care," should be considered as a support to school systems in Indiana to support all students with trauma issues to receive mental health services not only those going through the DCS system.
2) Review and consider updated assessment process for mental health of children and adults possibly using Dr. D'Onifrio's Computer Adaptive Testing method.
3) Collaborate with schools and law enforcement on Truancy issues. The team wants there to be funding for truancy in Monroe County as well as more specific policy related to child neglect related to educational neglect.
4) Continue to Review Child Fatalities to learn from systems issues and expand on community supports for all involved. In addition, this can assist with Community Child Abuse/Neglect Prevention efforts for Child abuse and Neglect.

Note: Elizabeth Bullock, former Local Office Director of Monroe County DCS, was originally the Chair of the Monroe County Protection Team and the Citizen's Review Team until the end of August 2019 when she resigned from DCS. Sheriff's Department appointee, Shawn Karr, was also actively working on several of these projects with the teams and is no longer with the Monroe County Sheriff's Department as of December 2019. There are very infrequent notes to the Child Protection Team and Citizen's Review Panel for 2019, however, with interviews from past and current members this information was able to be summarized above. Though information specific to 2019 is difficult to locate the team continued many efforts from the 2017 and 2018 initiatives thus giving emphasis to the research and information shared during 2019.

In Summary, the Monroe County Child Protection Team served as the local county office representative for the statewide Citizen's Review Panel for three years (2017, 2018, 2019). Many of the members remain on the Child Protection team and have a vested interested in moving processes forward in Monroe County to help with the overall safety and well-being of children. Efforts to keep the programs started and continue to develop new process will continue in Monroe County. Thank you for the opportunity to serve Monroe County and Indiana Department of Child Services in this endeavor.

Respectfully Submitted,

Laura E. Fish-Fair
Regional Manager, Region 13
Indiana Department of Child Services
(812) 343-3283

References

Indiana Child Welfare Manual, Chapter 1, Section 1 – Community Child Protection Team

Indiana Code 2016, IC 31-25-2-20.4

SAMHSA: https://www.samsha.gov/capt/practicing-effective-prevention/prevention-behavioral-health/adverse-childhood-experiences

Handle With Care Michigan Initiative: http://www.handlewithcaremi.org/hwc-model.php

Handle with Care Maryland: http://handlewithcaremd.org/

D'Onofrio, B., PhD, (February 5, 2019) "Using Computer Adaptive Tests for Behavioral Health Problems." Indiana University, Department of Psychological and Brain Sciences. www.indiana.edu/~devpsych

Truancy Presentation. Summer 2019. Lori Meyers, Johnson County Community Corrections.

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Child Abuse and Neglect Hotline: 800-800-5556

Date: July 7, 2020

Monroe County Child Protection Team, Citizen Review Panel
RE: DCS Response Citizen Review Panel Report for 2019

Dear Monroe County Child Protection Team and Citizen Review Panel Team Members:

DCS has received your 2019 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: Consider "Handle with Care" as a support to school systems in Indiana to support all students with trauma issues to receive mental health services.

> In response to your recommendation DCS is looking at partnering with the Indiana State Department of Health through the Children's Justice Act (CJA) Taskforce to bring Handle with Care to more communities throughout the state of Indiana. The CJA Taskforce through the federal grant it receives every year has set aside specific funds in the coming grant cycle to commit to this work.

Recommendation #2: Review and consider updated assessment process for mental health of children and adults by possibly using Dr. D'Onifrio's computer adaptive testing method.

> Thank you for the recommendation of the use of this specific assessment. While DCS does not mandate the use of any specific tool for our providers, we do require through all of our service standards that a best practice screening assessment be completed within 30 days of a referral with our families. Through our CMHC initiative DCS is working with our mental health providers to look at some more standardized testing for screenings specifically for community mental health centers.

Recommendation #3: Collaborate with schools and law enforcement on truancy issues. Supply funding for truancy related issues and policy related to child educational neglect.

> Per your recommendation DCS discussed a policy in regards to educational neglect however has decided not to address that at this time. Indiana code currently defines educational neglect as: "Inability, refusal, or neglect of parent, guardian, or custodian to supply child with necessary ….education…" or "Parent, guardian, or custodian failing to participate in school disciplinary proceedings".

Truancy falls under the delinquency code I.C. 31-37-2-3, which is the responsibility of county juvenile probation departments. DCS continues to work closely with our partners in juvenile probation and in 2008 created a service standard in regards to a truancy related service, this service standard is currently being re-written to make it more applicable for use by probation officers and DCS alike.

Recommendation #4: Continue to review child fatalities to learn from system issues and expand on community supports for all involved in an effort to assist with prevention of child abuse and neglect.

DCS has been working with members of the University of Kentucky to implement the use of a Safe Systems Improvement Tool. This tool is designed to review critical incidents such as fatalities and near fatalities to gauge trends within the Department and quantify areas of systematic opportunities. DCS has hired a Safe System Director who will be managing a team of reviewers to complete work within this tool, as well as collaborate with internal and external stakeholders to improve safety outcomes for staff as well as Indiana's youth. The team will implement programs to reduce child mortality rates in Indiana. The goal of this initiative will be two fold- improve safety of children within the Department and a focus on improving the psychological safety of staff to provide a healthier work environment.

DCS is thankful for the time your Panel has devoted to reviewing current issues through a child protection framework throughout 2019 and for submitting your Annual Report for 2019. 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

Protecting our children, families and future

Foster and Adoptive Parent Diligent Recruitment Plan

FFY 2020-2024

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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 2020, the plan format changed (July 1, 2020) to add new community stakeholders to the process of developing the recruitment plan in each region that includes representation to that team from licensed foster care, special needs adoption worker, older youth voice, and Licensed Child Placing Agency and support group partners.

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.

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 is currently working on a multi-pronged strategy for state fiscal year 2020 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. DCS selected a Foster Care America fellow in October who has been instrumental in helping strategize marketing, reports and building foster parent voice in the process of retention and recruitment. DCS is working to ensure that all collaborations, both internal and external, are racially equitable.

DCS is meeting regularly with all Indiana contracted Licensed Child Placing Agencies and will be sharing data with them that demonstrates fostering gaps to leverage their presence and resources across the state. Additionally, DCS and LCPA stakeholders are meeting quarterly with super-regional recruitment teams in 5 areas across the state to address local issues and create local strategies in a public/private collaboration. 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 will be adding 7 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.

The new foster care website is continually developing to offer resources to families interested in fostering and also direct interaction with the DCS System. A foster care survey was finalized in June 2020 and launched. DCS is currently in the process of gathering the data from this survey. 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.

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. 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.
- One or two mass produced promotional items (i.e. hand sanitizer, ink pens, magnets), which contain DCS contact information and can be given to interested parties at recruitment events (described below). These catch people's attention and provide them with a useful item that can keep the idea of foster parenting and the contact information on their minds.
- 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 of "Opening Hearts, Changing Lives" which features children referred to the Adoption Consultants for recruitment of adoptive families.
- 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 to produce IBelong videos and feature specific children referred to the Adoption Consultants 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

search for prospective adoptive parents. DCS contracts with CB to work with the regional Adoption Consultants 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, when requested, also assist the local offices with prospective adoptive family interviews and participate in the selection recommendation that is sent on to the Local Office Director.

DCS is working to enhance recruitment for adoptive parents over the next several years. Currently, DCS is partnering with America's Kids Belong to work with children who are available for adoption. One aspect of this partnership is to develop videos featuring the children and allowing potential adoptive parents to see the children and hear their voices.

Health Oversight and Coordination Plan

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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

DCS foster children and youth are enrolled in Traditional Medicaid unless they have a qualifying medical condition. Those with qualifying medical conditions may be enrolled in Hoosier Case Connect, which is a managed care program. Both 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 wards of DCS and youth in foster care onto Medicaid and improving health outcomes. The framework between the two state agencies is supported through: Memorandums of Understanding (MOU); the creation of a specialized Medicaid Eligibility Unit (MEU) within DCS to enroll wards of DCS and 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 or disability. Hoosier Care Connect Members pick an 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)

Children who fit the following descriptions may voluntarily enroll in Hoosier Care Connect:

- Wards of the State
- Foster children
- Former foster children
- 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

The Hoosier Healthwise program provides coverage for children and for pregnant women who earn too much to qualify for HIP (138% FPL) but remain Medicaid eligible by having family income under 208% FPL. Enrollment in Hoosier Healthwise is mandatory for aid categories that include children and children who are eligible for the Children's Health Insurance Program (CHIP), unless they are a member of an exempted group.

DCS wards that are eligible for Title IV-E, youth in Collaborative Care, and former foster care youth may be eligible for one of the Managed Care programs. The DCS Medicaid Enrollment Unit (MEU) assists with the initial enrollment of eligible children on Managed Care programs. Once a child is enrolled, those individuals that 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 Eligibility 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 enrolls IV-E eligible children in Medicaid and facilitates the Medicaid application process for non-eligible children in care as the authorized representative for the child. The following addresses how these functions are carried out.

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.

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 are working together to develop a technical framework that allows for the sharing of relevant medical data and other information related to health. The intent is to allow 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 wards of DCS and youth in foster care receive the most appropriate medical care possible.

Additionally, the technical framework assists in facilitating statewide enrollment in Medicaid, as well as enhanced case management in regard to health outcomes by allowing for limited real time access to medical data, including prescription medications. This interagency collaboration is defined in a series of MOU's between DCS and FSSA.

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 newly hired 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 substantiated assessment which does not result in an open case.

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.

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 and Integrated Care Team comprised of Registered Nurses and Licensed Clinicians throughout the state supervised by a Licensed Clinician. The Integrated Care team are 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.

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 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.

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 Permanency and Practice Support Division; 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 at the 2/22/18 PMAC meeting to reflect the updated Texas Parameters (Psychotropic Medication Utilization Parameters for Children and Youth in Foster Care 5th Version). A copy of the updated (2018) 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 2018 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.

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 4/1/19 (the last quarterly reporting period), IU had processed a total of 1288 outlier cases and had completed 416 peer-to-peer reviews with 53 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.

During 2019, IU processed a total of 433 outlier cases for the year and 1570 since the program's inception. They conducted 117 peer to peer reviews with 10 follow ups for the year and 502 peer to peer reviews and 60 follow ups since inception. There were 21 direct referrals from DCS for 2019 and 217 since program inception. The most prevalent concern for 2019 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 multiple medication changes made at once. 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 2018, Dr. Hulvershorn facilitated trainings for community mental health centers, residential providers, foster parents, educators, and child advocates in a series of trainings around the state. In 2019, PMAC offered regional psychotropic medication trainings to include all child advocates, foster parents, and residential providers. Below is a list of training dates, locations, and number of registrations for the training:

- June 12, 2019, Marion County, 60 registrations
- June 26, 2019, Lake County, 65 registrations
- June 27, 2019, Delaware County, 65 registrations
- July 11, 2019, Marion County, Child Advocates
- July 31, 2019, Monroe County, 70 registrations

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 PPS division / 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.

Eric J. Holcomb, Governor
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www.in.gov/dcs

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

March 20, 2020

The Indiana Department of Child Services (DCS) has been developing guidance related to the coronavirus, knowing that information is rapidly changing. It is the agency's vision to ensure Indiana children live in safe, healthy and supportive families and communities. COVID-19 creates a barrier to meeting those needs, but it is imperative we continue to provide services, even if the way we provide services will look a bit different for the time being. This is our opportunity to let families in need know they're not alone, while we focus on the safety of children, families and our own team members. While it is imperative that caseworkers continue to ensure the well-being of children in care, that imperative must be balanced against the health of caseworkers, children in care, and all of the people with whom they come into contact.

Here are some guidelines to help everyone navigate these challenges. The guidelines are effective until at least May 1, 2020 unless you are otherwise notified by the DCS Director, DCS Chief of Staff, or DCS Communications. Remember that this situation is fluid and we are responding to changes to federal and state guidance as quickly as we can.

Pre-screening Questions

Hotline staff will pre-screen calls to assess if anyone is sick or has been exposed to COVID-19 utilizing the following questions:

Additional intake questions relating to COVID-19
**If the answer to any question below is yes, please explain which household member(s) are affected and provide as much detail as possible.*

☐Yes ☐No	Is anyone in the home self-quarantined? If yes, why?
☐Yes ☐No	In the past 14 days, has anyone in the household potentially been exposed to COVID-19 (close contact with someone who has recently traveled, been on a cruise, or is known to be ill with the virus)?
☐Yes ☐No	Has anyone in the household been tested for the COVID-19 virus?
☐Yes ☐No	If yes, did anyone in the household test positive for COVID-19?
☐Yes ☐No	Does anyone in the household have a fever, cough or other signs of illness?

Protocol for Initial Abuse/Neglect Investigations

For 2-hour or 24 hour assessments, please note the following:

- Alleged Child Victims – Face to face contact must occur.
- Parent or Other Adult Primary Caregiver – Face to face contact must occur.
- Alleged Perpetrator – Face to face contact must occur.
- Non-victim Child – Allowable alternatives permitted for contact required by policy.
- Others – Allowable alternatives permitted for contact required by policy.
- Home Visits – In-person home visits must only occur if observation of the home is critical to investigation of the complaint.
- Collateral Contacts – Non face to face collateral contact must occur to the extent possible to accurately assess child safety concerns.

***** Practicing good hand hygiene and following the CDC prevention practices is important when interacting face to face.**

For 5-day assessments, please note the following:

- Alleged Child Victims – Face to face contact must occur.
- Parent or Other Adult Primary Caregiver – Allowable alternatives permitted for contact required by policy.
- Alleged Perpetrator – Allowable alternatives permitted for contact required by policy.
- Non-victim Children – Allowable alternatives permitted for contact required by policy.
- Others – Allowable alternatives permitted for contact required by policy.
- Home Visits – In-person home visits must only occur if observation of the home is critical to investigation of the complaint.
- Collateral Contacts – Non face to face collateral contact must occur to the extent possible in order to accurately assess child safety concerns.

***** Practicing good hand hygiene and following the CDC prevention practices is important when interacting face to face.**

***Exception**: If CPS cannot make face to face contact with an alleged child victim and child safety is an immediate concern or the child is under 6 years old, consult your supervisor for further direction. Depending on circumstances, an allowable alternative contact may be appropriate, additional collateral contacts may be considered, or assistance from law enforcement may be needed.

***SAFETY PLANS:** Given potential interruption in services caused by the COVID-19 health emergency, it is especially critical that safety plans be developed and regularly reviewed and updated with all applicable case members.

*** If risk of removal is imminent, contact your supervisor and local office director to work through the safest way to accomplish removal.**

Maintaining contact with clients to ensure their safety and well-being continues to be an essential function for DCS. When contacting families to schedule initial contacts for initial assessments, staff need to review the information contained in the intake report and complete an additional pre-screen with the family using the questions below to determine if anyone in the household is sick or has been exposed to COVID-19:

If the answer to any question below is yes, please explain which household member(s) are affected and provide as much detail as possible and inform them to contact their local health department and primary care physician.

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 any of the above answers are yes, please consult with your supervisor and discuss a plan for alternative arrangements to accomplish the objectives of the planned visit. Alternatives include phone calls, video-conferencing and/or contacts with collaterals or others to gain necessary information. If the assessment worker is unable to complete in-person initial contacts, a plan will need to be made with the family to visit the home within the investigation timeframe.

It is crucial that staff members are diligent in their documentation during this time. Take detailed notes, documenting the reason the visit was conducted virtually and information from the visit that is pertinent to the child's wellbeing. Do not record the virtual visits, but take screen shots when applicable.

Monthly Face-to-Face Contacts

At this time, DCS will offer **virtual 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 of 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.**

Visitation Protocol

Effective immediately until at least May 1, 2020, parenting time and sibling visits are not required to occur in person unless required by the court. Efforts must be made to maintain parent child contact requirements by using an allowable alternative, such as phone, Skype, Facetime or other available technology. Caseworkers should not prohibit approved parenting time or sibling visits. However, the frequency, duration, and type of contact may be tailored to the case circumstances, government and local public health directives, and in consultation with and agreement among parents and caregivers. Staff should work with their local office and involved individuals to make every effort to utilize technology that allows for as much engagement as possible if in-person visits cannot occur. If virtual visits have to be used in lieu of face-to-face contacts, Child and Family Teams should consider

increasing the frequency and/or duration of visits to help families have more access to each other during these times.

If staff, caregivers, and parents are agreeable to having in- person parenting time and sibling visits, this contact may still occur provided everyone in the foster parent and birth parents home are pre-screened and answer "no" 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 an in-person visit can occur, conducting the visit outdoors should be explored as an alternative to an indoor visit, weather permitting. **Practicing good hand hygiene and following the CDC prevention practices is important when interacting face to face.**

Staff attorneys should contact their court to make them aware of any changes to court ordered parenting time due to public health and safety issues.

Staff Guidance for Before, During and After In-Person Visits

- Ensure screening questions above are asked of all involved participants and inquired of for all household members of participants.
- Limit exposure to unsanitized surfaces and large groups of people when determining location.
- Avoid handshakes.
- Ensure all individuals involved in the visit have thoroughly washed their hands prior to starting the visit and following the visit.
- Advise individuals involved to avoid touching their face.
- Advise individuals involved to cover their mouth with a tissue when sneezing/coughing or do so into their elbow.
- If the visit is occurring in a local office, ensure visiting space is thoroughly cleaned/sanitized prior to use by next family.
- For visits ocurring in local offices, ensure all community toys/table activities are cleared from the room. Parents, caregivers, foster parents should be invited to bring their own freshly sanitized toys/activities for use during the visit and take with them following the visit.

Visitation at Residential Facilities

Until May 1, 2020, in person face-to-face visits at residential facilities are suspended. DCS will continue to monitor updated guidance from ISDH and CDC during this time. Youth are expected to virtually meet with probation officers and their family case managers in a private setting that ensures confidentiality.

Child and Family Team Meetings

Social distancing is the key to minimizing exposure. Whenever possible, continue to convene/facilitate Child and Family Team Meetings in person for groups of fewer than 10 people spaced at least 6 feet apart if those attendees have answered no to all of the following questions.

If they have answered yes, or the attendee feels more comfortable, please proceed with a virtual meeting.

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)?

Court

Chief Counsels and local office directors continue to have open communication with their designated court regarding schedules. In many counties, the courts are closing except for emergency cases. Local attorneys will be in contact with your judge or magistrate to know what the immediate plan is regarding your county cases.

For updated court closures, click here.

Resource Parents

Foster care specialists will be conducting weekly check-ins with foster families, kinship families and licensed child placing agencies (LCPA). This is to evaluate how DCS can best support these families during this time.

Medical Appointments for Children in Foster Care

The COVID-19 outbreak has prompted the following changes to maintain required and recommended medical appointments for children in DCS care:

- It is important that resource parents identify the Primary Care Providers (PCP) for foster children placed in their homes. If a child is ill, or you have concerns, call the office of the PCP with any questions, and you will be guided whether to monitor the child from home, bring the child to the office, or go to the emergency department.
- If your foster child is a newborn or young infant, or the child has medical issues, the child should be seen as recommended by the medical provider who is caring for the infant.
- Be aware that as of now healthcare providers are canceling well-child visits. Please document if the provider was unable to conduct a well-child visit due to the current situation.

Youth in College

DCS has identified all of our youth in dorms and have put in place back-up plans. Contact is being maintained with those youth and their 3CMs if case plans fall through. 3CMs are asked to maintain routine weekly contact to make sure the older youth's needs are being met.

Office Coverage

- Effective as of Wednesday March 18th, local DCS offices will staffed by local leadership and essential personnel only. All appropriate precautions will be followed for any employee reporting to the office.
- Clerical staff will rotate schedules as needed and assist with printing documents for field staff, as well as other duties, unless determined by the local office director.

Remote Work Plans

- Staff who are working remotely will be required to respond in the field.
- The current process used to assign work to staff will continue to be utilized.

Training

- Cohort training is being conducted online. The mentorship program should be encouraged to be held virtually, through Skype, Webex or Microsoft Teams. Laptops are being mailed to local offices for staff in cohort.

General Health and Safety

- Staff who feel sick should remain at home. Staff should also stay home if a member of their household feels sick and make arrangements with their supervisor to work remotely.
- Staff who are sick should be directed not to report to the office. If appropriate, a plan for the staff to complete work from home for the period of time they are ill can be developed.
- If a staff member suspects they have been exposed to COVID-19 or have symptoms, they are to contact their local health department and primary care physician and then contact their direct supervisor.
- Central Office and district leadership must maintain the confidentiality of employees while ensuring the health and safety of other staff.
- Deep-cleaning (to help reduce the transmission of viruses) has begun for all offices, but offices are being prioritized determined by their exposure.
- Staff members are expected to perform essential work activities. If there are concerns about this or employees are unwilling to do so, they may request to use any leave time they have available. Otherwise, leave will be unpaid.
- If a household informs a DCS staff member that they have symptoms or have been exposed to COVID-19, tell them to contact the local health department and their primary care physician. The local health department will notify the person when the quarantine has expired.

Preventive actions to help contain the spread of respiratory viruses include:

- CDC: How to Protect Yourself
- Avoid close contact with people who are sick and stay home if you are sick.
- Maintain a distance of approximately 6 feet from others when possible.
- Avoid touching your eyes, nose and mouth with unwashed hands.
- Wash your hands often with soap and water for at least 20 seconds. Use an alcohol-based hand sanitizer that contains at least 60% alcohol if soap and water are not available.
- Cover your cough or sneeze with a tissue, then throw the tissue in the trash.
- Wipe down the things you touch often — door knobs, phone screens, home and workplace equipment — with disinfecting wipes.

Essential and Non-Essential Travel

- For now, in-state travel protocols are status quo. Remember to take the recommended precautions of washing your hands, practicing social distancing, etc.
- For staff members working remotely, travel will be calculated from the employee's home address.
- Staff will only travel out of state to complete essential functions related to child safety and well-being. If planning to travel out of state, please consult with your regional manager. It will be assessed on a case-by-case basis.

- No DCS staff member will attend any conferences, in state or out of state, until further notice.
- CDC: Considerations for postponing or Canceling a Mass Gathering

There are a list of resources on DCS Community for staff members to ensure business continuity while maintaining public safety.

To get the most updated information on COVID-19:

Indiana State Department of Health

Centers for Disease Control and Prevention

Please continue to check your email regularly for any changes or updates as this issue is quickly evolving. Thank you for your dedication to providing quality services to our children and families during these uncertain times, while also taking steps to maintain the health and well-being of staff, partners, families and children.

Terry J. Stigdon, MSN, RN
Director, Indiana Department of Child Services

Eric J. Holcomb, Governor
Terry J. Stigdon, MSN, RN, Director

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302 W. Washington Street
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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

Memo dated: May 1, 2020

The Indiana Department of Child Services (DCS) continues to develop and share guidance related to the coronavirus, knowing that information rapidly changes. It is the agency's vision to ensure Indiana children live in safe, healthy and supportive families and communities. It is still imperative we provide services, even if the way we provide them will be different potentially for some time. You have remained steadfast in your approach and care of children and families who look to us to remind them that they are not isolated and without support during this time of uncertainty. While it is imperative that caseworkers continue to ensure the well-being of children in care, it remains vital that all decisions are balanced against the health of caseworkers, our service provider partners, natural parents, resource parents, community partners, and of course, the children.

On March 20, 2020, I issued the first formal guidance on how we must adjust our how we provide care to the public. At that time, the adjustments in case management, parenting time, and visitation were given a deadline of May 1, 2020. Please note that while the adjustments will remain in place through May 24, we all must thoughtfully consider how we will transition to our new normal now that we have received further direction from Governor Eric Holcomb.

The guidelines implemented on March 20, 2020 will remain in place with following updates.

Screening 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 with symptoms of COVID-19 OR a confirmed COVID-19 diagnosis within the last 14 days?
3. Do you have any symptoms of a respiratory infection (e.g., cough or shortness of breath)?
4. Do you have at least 2 of the following symptoms:
    - Fever
    - Chills
    - Repeated shaking with chills
    - Muscle pain
    - Headache
    - Sore throat
    - New loss of taste or smell

**Note that the symptom list has expanded. Click on the embedded link to see the additional symptoms added by the CDC.

Child Abuse Hotline.

Hotline staff will pre-screen calls to assess if anyone is sick or has been exposed to COVID-19, utilizing the screening questions in addition to the routine intake questions.

Protocol for Initial Abuse/Neglect Investigations and Monthly Face-to-Face Contacts
Continue with March 20th guidance.

It is crucial that staff members are diligent in their documentation during this time. Take detailed notes, documenting the reason the visit was conducted virtually and information from the visit that is pertinent to the child's well-being. Do not record the virtual visits, but take screenshots if relevant.

Note: Practicing good hand hygiene and following the CDC prevention practices is important when interacting face to face.

Visitation Protocol
Effective through May 24, 2020, parenting time and sibling visits may be conducted virtually unless required by the court to be in person. It is critical for us to ensure that contact between children and their parents remain intact even via virtual means. Efforts must be made to maintain parent/child contact requirements by using an allowable alternative, such as phone, Skype, Facetime or other available technology. Caseworkers should not prohibit approved parenting time or sibling visits. However, the frequency, duration and type of contact may be tailored to the case circumstances, government and local public health directives, and in consultation with/agreement among parents and caregivers. Staff should work with their local office and involved individuals to make every effort to utilize technology that allows for as much engagement as possible if in-person visits cannot occur. If virtual visits have to be used in lieu of face-to-face contacts, child and family teams should increase the frequency and/or duration of visits to help families have more contact during this time.

If staff, caregivers and parents agree it is necessary to have in-person parenting time and/or sibling visits, this contact may still occur provided everyone in the foster parent and birth parents home is pre-screened and answers "no" to the screening questions.

When an in-person visit can occur, conducting the visit outdoors should be explored as an alternative to an indoor visit, weather permitting. Practicing good hand hygiene and following the CDC prevention practices is important when interacting face to face.

Staff attorneys should notify the court of any changes made to court-ordered parenting time because of public health and safety issues. For parenting time guidelines released by the Juvenile Justice Improvement Committee (JJIC), click here.

Visitation at Residential Facilities
In-person visits by assigned Family Case Managers for children at residential facilities remain suspended through May 24, 2020. DCS will continue to monitor guidance from ISDH and CDC during this time. Youth are expected to virtually meet with probation officers and their family case managers in a private setting that ensures confidentiality.
If you have questions or concerns related to facility plans or precautions, please direct these to the Residential Licensing Team: residential.licensing@dcs.IN.gov

Child and Family Team Meetings
Whenever possible, continue to hold Child and Family Team Meetings virtually. If the child and family team feels an in-person meeting is essential, aim for groups of fewer than 10 people, spaced at least 6 feet apart – using social distancing. Attendees must answer no all of the screening questions in order for an in-person visit to proceed.

Court

Chief counsels and local office directors continue to have open communication with their designated courts regarding schedules. In many counties, the courts are closed except for emergency cases. Local attorneys will be in contact with your judge or magistrate regarding your county cases.

For updated court closures, click here.

Resource Parents

Foster care specialists will continue to conduct weekly check-ins with foster families, kinship families and licensed child placing agencies (LCPA) to evaluate how DCS can best support these families during this time.

Medical Appointments for Children in Foster Care

The COVID-19 outbreak has prompted changes to maintain required and recommended medical appointments for children in DCS care. Please keep the following in mind:

- If a foster child is a newborn or young infant, or the child has medical issues, the child should be seen as recommended by the medical provider who is caring for the infant.
    - Some healthcare providers are providing virtual well-child and in-person well-child visits. Please document if the provider was unable to conduct a well-child visit due to the current situation.

Youth in College

DCS has identified all of our youth in dorms and has back-up housing plans in place. Contact is being maintained with those youth and their 3CMs if case plans fall through. 3CMs are asked to maintain routine weekly contact to make sure the older youth's needs are being met.

Office Coverage

Employees returning to the workplace will be implemented in phases. Your local leadership will have more information in the coming days. We will continue to serve the public by appointment only until at least May 24, 2020.

Remote Work Plans

The current process used to assign work to staff will continue to be utilized.

Training

Cohort, continuing education, resource parent training is being conducted online via Microsoft Teams. The mentorship program should be encouraged to be held virtually, through Skype, Webex or Microsoft Teams. Laptops are being mailed to local offices for staff in cohort.

Preventive actions to help contain the spread of respiratory viruses:

- CDC: How to Protect Yourself.
- Avoid close contact with people who are sick and stay home if you are sick.
- Maintain a distance of approximately 6 feet from others when possible.
- Avoid touching your eyes, nose and mouth with unwashed hands.
- Wash your hands often with soap and water for at least 20 seconds. Use an alcohol-based hand sanitizer that contains at least 60% alcohol if soap and water are not available.
- Cover your cough or sneeze with a tissue, then throw the tissue in the trash.
- Wipe down the things you touch often — doorknobs, phone screens, home, and workplace equipment — with disinfecting wipes.

Essential and Non-Essential Travel

In-state travel protocols are status quo. Remember to take the recommended precautions of washing your hands, practicing social distancing, etc. Staff will travel out of state only to complete essential functions related to child safety. If planning to travel out of state, please consult with your regional manager. Requests will be assessed on a case-by-case basis. No DCS staff member will attend any conferences, in state or out of state, until further notice.

There is a page on the DCS website with guidance for various programs and stakeholders regarding COVID-19.

To get the most updated information on COVID-19:

Indiana State Department of Health

Centers for Disease Control and Prevention

Please continue to check your email regularly for any changes or updates as this issue continues to evolve. Thank you for your dedication to providing quality services to our children and families during these uncertain times, while also taking steps to maintain the health and well-being of staff, partners, families and children.

Terry J. Stigdon, MSN, RN
Director, Indiana Department of Child Services

DCS Training Plan

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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 of 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 (21 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 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 focus is 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) consist 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.

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 18 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 Yearend Report of 2019 indicated that the Partnership collected 36 cohorts of pre-test and post-test. Participants improved 10.1% on average from pre-test to post-test. All but 32 trainees improved (n=742, 96.1%). About 60% improved by 10 or more questions. About 37% improved by ten questions or fewer. Trainees improved by at least 20% on the Getting to Know DCS and Case Planning and Intervening. They improved at least 10% on Legal Overview,

Assessing Child Maltreatment, Laptop, Effects of Abuse & Neglect, and Worker Safety. They improved less than 10% on Engagement, Culture & Diversity, Legal Roles, Teaming, Time Management, and Permanency. The test has been redesigned to match the new curriculum that rolled out in January 2020.

New cohort members spend their first 5 days in their local offices completing on-the-job training activities subsequent to 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

In January of 2010, Indiana established required 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.

Many divisions, such as finance and child support, have developed their own methods of training staff to meet this requirement and enhance their professional development. In addition, the Partnership developed Practice Model training for staff which includes a Computer Assisted Training that has been occurring throughout this fiscal year and counts toward these required annual training hours. During 2019, DCS made a renewed commitment to the Practice Model, which included providing training for all of the Department and an individualized focus on each division's role within the Practice Model.

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) and was updated April 1, 2015 to include the Child Support Division.

A comprehensive analysis of these assessments was completed and training needs 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 FIT, 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 commonly requested resources were child support, paternity/custody, and CPR/first aid.

As outlined below, FCMs provided valuable feedback on their training needs. The most common requests were about barriers/issues (such as domestic violence, sexual abuse, and substance abuse), assessments/interviews, working with developmental disabilities and/or mental illnesses, identifying and connecting families with resources, and work/job issues, such as creating new trainings, making trainings more in-depth, and managing time and stress.

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.

During the prior fiscal year, the curriculum team revised experienced worker trainings including the following:

Secondary Trauma; Engaging Challenging Clients; Customer Service for Non-FCMs, and Worker Safety. In an effort to increase the capacity of utilizing online training the following new CATS were completed, including PEDS; Hotline Intake; Use of the iPhone; CASA; Safe Haven; Experienced Worker Safety; RPS; and Human Trafficking (update). In 2018, the following curriculum had major revisions: Field Mentor Training and Forensic Interviewing Techniques. In 2019, Cohort Training was revised, and DCS began implementing the new revisions in January 2020. Currently, Worker Safety, Substance Use, Court Testimony, and Protective Factors are being revised. In addition, the Partnership will be developing Motivational Interviewing.

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. Trainers will continue to provide this training to field staff to maintain two (2) year certifications. The statewide roll out plan was set to start in April 2020 however, April and May trainings were cancelled due to the COVID-19 concerns. First Aid, CPR and AED trainings confirmed for September and beyond will remain as scheduled unless further directives are given.

Enhanced Practice Model Training

Peer coach consultants provide additional coaching/mentoring as needed and also provide mini "information" sessions related to the Indiana practice model utilizing material from the initial practice model training.

The twenty-one Peer Coach Consultants, 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 2019 the Practice Model Re-launch was successful across all divisions in the agency. All division were trained and able to tailor a plan of utilizing the Practice Model in their daily work of their division.

In 2019, Family Case Manager Supervisors began being trained as Peer Coaches. By the end of 2019 there were 234 supervisors successfully trained as peer coaches.

In 2020, the Practice Consultants and Peer Coach Consultants expectations were updated to reflect additional support to field and sustainability of the Practice Model.

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, in addition to the Practice Model Re-Launch for external stakeholders.

Management Gateway for Indiana's Kids (MaGIK) Training

The MaGIK Project has maintained a presence on the DCS SharePoint, with a regular updates, 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 through the use of 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 CCWIS system these same consultants within the information technology division will continue to provide training and support.

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 Permanency and Practice Support Division 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 first Module is an orientation module which provides an overview of clinical supervision and information about servant leadership and leadership behaviors. This is followed by four 3 day training modules 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.

Evaluations provided for these supervisor trainings 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 similar to 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 including a specialized course that is called Supervisor Seminar. Supervisors attend this 6 months after their Supervisor Core graduation. In addition, a yearly two day workshop for all supervisors continues in addressing training needs identified by the Field.

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 Supervisor Core training was redesigned effective March 2015 to begin with a Supervisor On-boarding session that includes content that the new supervisor will need immediately. This 3 day on-boarding session is occurring monthly in order to meet the immediate needs of the supervisors that are hired during that month. The information presented during On-boarding includes:

- 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, Permanency and Practice Support was added to on-boarding

The remainder of the Supervisory Core Modules are: Servant Leadership, Clinical Staffing, Administrative Supervision, Educational Supervision and Supportive Supervision. 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.

Supervisor Core is currently being evaluated and will be updated in 2021.

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.

In 2018, the Partnership began developing similar topics for Supervisors and Directors, and we continue to provide these quarterly. In 2019, the following quarterly workshops were held: True Collaboration, Appropriate Staffing, Skilled Communication, and Effective Decision-making. For 2020, DCS will be offering Cultural Humility and other Leadership topics for the Supervisor Quarterly Workshops.

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 the Leadership Academy for Supervisors, all of which graduated in October of 2019. The LAS class of 2020 has a total of 30 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, CANVAS.

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). The program continues to have an outside LAMM Coach to work with each participant; has 3 full days of curriculum; requires a change initiative; and an additional seminar will be held with a guest speaker on Race, Equity and Inclusion. This program was also enhanced for organization by placing the information and contacts on IU's virtual classroom platform, CANVAS.

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 Division Managers in Field renaming this 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. The topics included True Collaboration, Appropriate Staffing, Skilled Communication, and Effective Decision-making. Quarterly Workshops will continue in 2020.

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 will be developing a Leadership Series for Executives and Director Levels. In addition, they are currently assisting in the development of LOD/DM Core. The first training was delivered at the end of April 2019. They will also provide Leadership Coaching as requested for staff. They are currently involved in supporting the Leadership Academy for Supervisors as well as the Leadership Academy for Middle Managers.

Following a Request for Proposal Process, DCS selected the Indiana University School of Social Work in collaboration with The University's School of Public and Environmental Affairs (SPEA) Executive Education Program to develop a world class human services leadership program. Called the

"Management Innovations Institute", this academy was charged with preparing identified individuals with skills to assume enhanced executive positions. Learning opportunities were developed in the areas of critical thinking, leadership skills development, operational skills development, community partnership/resource development, effective team work and shaping an effective, loyal and retention-focused "service" culture. This program concluded in 2017. In looking towards the future, Staff Development Partnership will develop an Executive Leadership Institute that will enhance the previous Management Innovations Institute and will be implemented in 2021.

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 Child and Family Service Review process. 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.

Additionally during 2019-2020, the Partnership developed and implement additional trainings. An Example of this included Clerical and Administrative Assistant Training for all divisions which rolled out in October 2019. Staff Development successfully re-launched the Practice Model training to every person in the agency. 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 is revised and will roll out in 2020. Director's Core training was developed in 2019. The Partnership is currently in the process of completing the final module. 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 was evaluated by the Partnership and delivered to the FCM and Supervisor. In 2020, the Partnership was planning to host an Annual Director and an Annual Supervisor Workshop. Due to COVID 19, these were postponed. A Continuous Quality Improvement CAT was developed in 2020 and began rolling out in March 2020 for all DCS staff.

For the next five years (2020-2024), the Partnership will develop an Onboarding training plan for all Central Office employees, develop an Emerging Leaders Training Program for FCMs and frontline staff, and make revisions to 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.

An annual conference for Resource and Adoptive Parents continue to be held. Topics include 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.

Committee planning for the 2020 RAPT Conference started immediately following the 2019 annual conference. Due to COVID -19 concerns, planning is being made to continue as scheduled virtually, reducing the two-day conference to one day.

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 also how the CANS is understood and scored using the trauma module, CANS 201. As practice evolves, so does the need for training, therefore in 2019 an updated version of these trainings was implemented that discussed both 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

DCS made the decision following a review of best practice programs concerning foster care, that the development of specialists in this area would best meet the agency vision and mission. Therefore, the position of Foster Parent Specialist was fully developed and approximately 100 individuals were designated to complete these responsibilities along with approximately 20 supervisors. A two day training was developed and was delivered to these individuals 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. In addition, plans were made to train all of these specialists, based on the Program Improvement Plan, on the Casey Foster Family Inventory tools. Staff trainers completed a "train the trainer" program and were certified on this tool. They continued to provide this training for newly hired specialists on how to effectively work with foster parents using this inventory. Since July 1, 2011, all foster care specialists had been providing the pre-service orientation (RAPT 1) to prospective resource parents. Staff Development provided updates as needed.

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. This two day training was delivered to cover 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 quarterly skill building from planned in-service meetings with the District Managers (DMs) across the State of Indiana. 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 similar to 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

DCS is in the process of re-inventing Family Preservation services. This will align 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.

Clinical Resource Team

DCS has developed a unit of "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. Staff Development has coordinated the planning and implementation portion of this project which includes training. Now that the program is established, training is provided by the project's Clinical Director who is a licensed psychologist, however, staff development continues to review and approve all training materials. In addition, the Clinical Specialists have provided training at various workshops on related topics such as trauma informed care.

Educational Liaisons

DCS has developed a unit of "Educational Liaisons" who are available to provide assistance to field staff regarding children's educational needs. These regionally based specialists have developed training which they regular provide to foster parents as coordinated by Staff Development. Topics are pre-selected and curriculum is approved through Staff Development and include topics such as: 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 into 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. The majority of trainings offered are by Partnership staff.

A three (3) day training of the trainers (TOT) had been developed using the Competency Based format and had been offered to all new trainers hired through the partnership. The TOT covered 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. DCS had also worked with the Butler Institute of Families to further develop trainer competencies. In addition to providing this TOT to identified staff development trainers, this training had also been offered to the Regional Foster Care Specialists to assist them with providing resource parent orientations. A Trainer Bootcamp, which will replace the TOT, is currently being developed and will be implemented in 2020.

Settings for Training Activities

New worker training primarily occurs in downtown Indianapolis, which is referred to as 500 North. Classroom space is also utilized through the University Partnership and is in the area of 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 of 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.

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; and Personal Protective Equipment. Also, in 2019, a Podcast was created for the Plan of Safe Care.

Legislative training and policy training is now promoted extensively through this medium. 2 full-time positions has been established through the University partnership to continue to develop these types of trainings as appropriate. 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 also 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 as a whole. 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 actually 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 well aware, high-risk adolescent consumers and their families face a number of 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 more effectively regulate their emotions 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 worker. This platform was chosen due to COVID 19. It is also being used for In-services, Leadership Academy of 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, 667,740 responses were collected to evaluate the satisfaction trainees felt with the training content, process, location, and general trainer skills. Of these responses, the mean score ranged from 4.09 for Supervisors to 4.58 for RAPT, indicating that trainees rated the training as “exceeding” their expectations. The lowest rated question for all groups was about the physical locations of training (question 9). 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 4.54 for all classes with a range of 4.23 for SUP to 4.71 for RAPT. Focusing on the trainees’ feelings about the training itself, rather than the furniture and locations, 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 Engaging Fathers in Child Welfare, EW Forensic Interviewing, NW Worker Safety Essentials, RAPT Placement Disruption, RAPT Sexual Abuse, Supervisor Core module IV: Supervisor as Team Leader. The following classes ranked in the bottom 10% for the selected questions:

EW Trauma Informed Care, EW Introduction to Adoption, NW Child and Family Teaming, RAPT Training of Trainers, RAPT Teaming with Families—the CFTM, DIR Orientation to Directorship.

Level II is designed to assess the knowledge gained from training with a pre-test and a post-test. In 2019, we collected 36 cohorts of pre-test and post-test. Participants improved 10.1% on average from pre-test to post-test. All but 32 trainees improved (n=742, 96.1%). About 60% improved by 10 or more questions. About 37% improved by ten questions or fewer. Trainees improved by at least 20% on the Getting to Know DCS and Case Planning and Intervening. They improved at least 10% on Legal Overview, Assessing Child Maltreatment, Laptop, Effects of Abuse & Neglect, and Worker Safety. They improved less than 10% on Engagement, Culture & Diversity, Legal Roles, Teaming, Time Management, and Permanency. The test is being redesigned to match the new curriculum rolled out in January 2020.

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 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 four (4) full-time coordinator positions. One (1) additional coordinator position was approved in 2020 to manage the administrative duties of the Red Cross contract. In July 2019, an Assistant Deputy position was added 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 CPR, First Aid and Blood borne Pathogens.

At the beginning of 2019, a training for FCMs was developed regarding Engaging Foster Parents. In addition, there has been updates to the Pre-service Trainings. This includes updates to the Practice Model and policy changes.

During second quarter of 2019, select RAPT trainers became certified to offer resource parents Car Seat Training. This has been piloted often and is a part of the RAPT Catalog. This training course reviews the Indiana child vehicle restraint laws and basics of car safety and child passenger safety. Resource parents learn to identify and select appropriate child vehicle restraints for specific ages and sizes, practice installing and harnessing car seats, and receive resources to help safely transport children. This two (2) hour in-service training will be offered to resource parents statewide.

During third quarter of 2019, revisions were finalized for the Nuts & Bolts training. This training was piloted in the same quarter and is a part of the RAPT Catalog. More recent updates were made in March of 2020 to add new information.

At the end of third quarter in 2019, major updates were completed to the RAPT I 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 have been submitted to reflect these changes and is projected to be made effective June 1, 2020.

Additional training revisions will be made to RAPT IV, Sexual Abuse, and Substance Use Disorder trainings by the end 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 provide for consistent basic training, DCS provides 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.

- 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.

Membership on the Board includes foster parents, RAPT staff, regional foster care specialist staff, and foster care programs and services staff. The Board reviews the training curricula, training numbers, successes and challenges. They make recommendations for training improvements and enhancements to the computer system.

During 2019 the Foster Parent Citizens Review Panel continued to meet quarterly and discussed the following information:

- New Management Structure for the DCS Foster Care Division
- New Foster Care Portal
    - Medical Information Access for foster parents
    - New statewide quarterly newsletter for foster parents
- Support for Foster Parents
    - Community Resources available on the new foster care portal
    - New trainings available for foster parents
    - Regional Listening Forums available to foster parents
- New Kinship Navigator Program
- Indiana Relative/Kinship/Foster Parent Reporting Form
- Foster Parent Self-Assessment Survey

As a result of the information shared and the discussions held during the 2019 quarterly meetings the Foster Parent Citizens Review Panel offered the following suggestions as opportunities for strengthening the child welfare system for Indiana's children:

- The development of a foster parent peer mentoring program to support newly licensed foster parents and to utilize experienced foster parents in statewide retention efforts.
- Allow experienced foster parents to co-train with DCS staff development trainers so that newly recruited families can get first-hand knowledge from already licensed foster parents.
- Training on the Foster Parent Bill of Rights for foster parents as well as DCS staff.
- Utilize the panel to provide feedback in the development of the upcoming foster parent self-assessment survey.

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 provide assistance 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 the area of 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 are able to 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 is able to 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 plans 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.

Emergency Operations Plan

FFY 2020 - 2024

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Emergency Operations Plan

Indiana Department of Child Services

GENERAL OVERVIEW

In order to alleviate suffering and aid citizens whose personal resources are exceeded by the effects of a disaster or emergency, government at all levels must provide public and private resources to cope with any emergency. In order to employ those resources in an organized, effective manner requires a consistent approach, well-defined and practiced procedures, and organizational structures. This plan outlines procedures and organizational structures and assigns responsibilities to accomplish the mission of reorganizing and maintaining business continuity at the Indiana Department of Child Services (DCS) in the event of an emergency, mass-casualty event, or disaster. It is an operation, not an administrative plan. It does not describe how operations occur during non-disaster time. The responsibilities and coordination structures outlined herein align as closely as possible with day-to-day responsibilities, but their accomplishment during a disaster emergency must be coordinated.

At the federal level, the National Response Framework (NRF) aligns federal coordination structures, capabilities and resources into a unified, all-discipline and all-hazard approach to incident response. The National Incident Management System (NIMS) creates an environment of coordinated structures, capabilities, and resources. The Indiana DCS emergency operations plan will incorporate the principles of NIMS, while connecting with the state-wide emergency operation plan.

Planning is a continual process, drawing upon what is learned over time by all who are involved in emergency 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.

PURPOSE

The purpose of the DCS Emergency Operations Plan is to establish a basic emergency preparedness program to provide Mitigation, Preparation, Response, and Recovery in efforts for a coordinated response to a wide range of natural and man-made disasters that may disrupt the normal operations of the DCS. These disasters require a pre-planned response.

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, and
- Protect DCS property, facilities and equipment.

It is the intent for the Indiana DCS to adequately mitigate, prepare, respond, and recover from a natural or man-made disaster or other emergencies. This will be done in a manner that protects the health and safety of staff and children we serve, and is coordinated with other local community wide response to a large-scale disaster.

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 a disaster. We support and encourage each employee to develop a personal preparedness plan for their families in times that the staff member may have emergency response duties with the 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 management of cases and fulfillment of normal operations of local offices.

The DCS will work in close coordination with local health department and other local emergency officials, agencies, and service providers to ensure our children are safe and cared for during emergency situations.

SCOPE

Within the context of this Emergency Operations Plan, a disaster is any emergency event which interrupts or threatens to interrupt the routine operations of the DCS.

The Emergency Operations Plan describes the processes that the DCS will follow to prepare for, respond to, and recover from the effects of emergencies.

This plan applies to all office locations of DCS.

EMERGENCY MANAGEMENT CYCLE

The Emergency Management Cycle is illustrated below:

This diagram illustrates the cyclical relationship of the steps of the Emergency Management Cycle (FEMA).

MITIGATION

Mitigation defines continuous and pre-event planning and action steps that aim to lessen the effect of potential disaster. Mitigation activities may occur both before and following a disaster.

The DCS will undertake on-going risk assessments, continuous quality improvement and hazard mitigation activities to lessen the severity and impact of a potential emergency by identifying potential emergencies (or hazards) that may affect the organization's operation or the demand for initiation of new cases, monitoring of ongoing cases, and issuance of child support functions.

PREPAREDNESS

Preparedness activities build organizational capacities to manage the effect of emergencies.

The DCS will develop plans and operational procedures to improve the effectiveness of the local office and state office response to emergencies. There will be an annual review of emergency operations procedures by all DCS staff.

The DCS will:

- Review and update the Emergency Operations Plan and other related documents,
- Review the organization's Emergency Response Role,
- Train Personnel on emergency 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 Emergency Incidents

In order 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 a disaster or emergency situation. The RM is responsible for developing emergency 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:
    a. Emergency Phone Numbers- a list of phone numbers for local law enforcement, fire departments, emergency medical services, and hospitals,
    b. Employee Emergency Phone List- a list of all employees assigned to a particular local office, phone numbers, and their supervisors,
    c. Accountability List- a list of employee names for accounting of each employee when they arrive at their "Safe" location during an emergency, and
    d. Evacuation Plan- instructions on how to evacuate the building and get to the safest place outside of the building via the quickest route.

The DCS Local Office Emergency Operations Plan can be located at: https://ingov.sharepoint.com/sites/DCSPortal/Pages/Safety-and-Emergency-Ops.aspx.

2. Resource Parents (DCS and LCPA) and Licensed Providers (Group Home, Child Caring Institution and Private Secure Facility) - All resource parents and licensed providers need to prepare a plan for sheltering or evacuation during an emergency or disaster. Requirements include, but are not limited to, the following items:

a. All providers are required to prepare a plan for evacuating and sheltering during an emergency or disaster,
b. All providers, other than resource parents, must have a posted plan for evacuation in case of fire and other emergencies,
c. Resource parents must have a plan for evacuation that is easy to implement in case of fire and other emergencies,
d. All providers are to train staff as a part of their orientation regarding sheltering or evacuation plans for the agency,
e. All providers must conduct emergency drills,
f. Documentation of a plan, inspections of emergency materials, and drills are addressed in annual review by the State Fire Marshall under the Indiana Department of Homeland Security (DHS) for those providers that are inspected by the State Fire Marshall,
g. All providers must have readily accessible Child Placement Information (see Attachment B),

h. All providers should include the following as a part of their emergency plan:
    i. First aid/evacuation kit (see Attachment C and Attachment D), and
    ii. Three (3) locations where they might seek refuge, including one (1) in the area (i.e., same city or county) and one (1) outside the area (i.e., a different city or county).

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/
American Red Cross	http://www.redcross.org/
Federal Emergency Management Agency (FEMA)	http://www.fema.gov
Federal Emergency Management Agency (FEMA) Site for Children-	https://www.fema.gov/children-and-disasters
Centers for Disease Control and Prevention (CDC)	http://www.cdc.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:

1. 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 http://www.nws.noaa.gov;
2. Monitor local television news stations and/or their websites for emergency information and updates regarding closings from fire, police, and emergency management agencies;
3. Check the DCS website for updated information regarding declared emergencies or disasters at www.in.gov/dcs . DCS staff should continue to regularly check DCS email accounts for updates regarding operations; and
4. Keep DCS issued cell phones 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 a 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 4 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 the DCS' response to an emergency incident.

Examples of Internal Disasters (Incident Action Plan guidelines)

Fire: In the event of a fire or signs of a fire, procedures in the fire plan shall be followed.

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 first.
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 extend of injuries; contact staff's emergency contacts.

Bomb Threat: In the event of a bomb threat, procedures in the bomb threat procedures portion of the emergency management plan shall be followed.

Active Shooter: In an active shooter event, all staff and persons in the building should follow the RUN, HIDE, FIGHT, STOP THE BLEED process. Safe meeting places will be pre-designated in each office.

1. **Run** – Quickly move away from the sounds of fire
2. **Hide** – If unable to run, hide in a dark location. Close and lock doors, if possible. Be quiet.
3. **Fight** – If unable to run nor hide, fight the assailant.

When law enforcement arrives, have both hands high in the air and follow directions given as exiting the area.

Loss of Telephone/computer services: In the event of telephone service 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.

Explosion: In the event of an explosion, persons witnessing the explosion should alert other persons in danger immediately. The response may be similar to the fire response.

Examples of External Disasters

In the event of an external emergency, disaster, or large scale event, the DCS state office may be unreachable. Each Local Office should take the lead from local emergency management authorities, such as police, fire, Town/City/County leadership while continuing to ensure safety.

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 has been a chance that a release of radiation, hazardous materials, or biological agents in proximity to a DCS Office, the safest response may be to shelter-in-place.

Natural Disaster

Tornado/Blizzard/Earthquake

Follow Tornado/Earthquake protocol by proceeding to the designated tornado/earthquake shelter within the office.

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. All Managers should keep a copy of the staff that report to them at their office and home.

EXTERNAL CONTACTS

The DCS will maintain lists of external contact phone numbers, such as emergency response agencies, key vendors, stakeholders, and resources at least twice a year. Additionally, contact information for government response entities such as hospitals, clinics, media and others will be updated twice a year.

RESPONSE

(See Appendix A for specific details in the DCS response to emergency incidents)

Emergency Response Role

The ultimate authority in any disaster 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. The DCS will work alongside the local ICS to ensure business continuity. In order to support the DCS mission, the DCS Emergency Operations Plan addresses five (5) core areas to focus on during the disaster management cycle in regard to the following:

1. Locating children in care,
2. Identification and handling of new child support and child welfare cases,
3. Provision of on-going 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.

FIVE (5) CORE AREAS OF EMERGENCY OPERATIONS PLAN

Locating Children in Care

During an emergency or disaster, the first 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.

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:

1. Resource Parents (DCS & LCPA):
   a. Must contact the DCS following the communications chain (see page 8) after accounting for all children in their care and securing appropriate shelter;
   b. Will provide the DCS with the following information when they contact DCS:
      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.

   c. Must contact DCS again, within 12 hours if they have to relocate, by following the communications chain; and
   d. Must contact DCS immediately if the foster parent changes locations again.

2. LCPA staff, Group Homes, Child Care Institutions, and Private Secure Facilities*:*
   a. After accounting for all children in care and securing appropriate shelter, providers must contact the DCS licensing unit following the communications chain (see page 8);
   b. When the provider contacts DCS, they need to provide:
      i. Names of children in care with DOB,
      ii. Location of all children, and
      iii. Phone contacts for where children are located.

   c. Must contact DCS again, within 12 hours if the provider is relocated, by following the communications chain; and
   d. Must contact DCS immediately if the provider changes locations again.

3. Juvenile Justice Services:
   a. 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; and
   b. Results of these contacts will be given to the Assistant Deputy Director of Juvenile Justice Initiatives and Support and the Deputy Director of Juvenile Justice Initiatives and Support.

4. Birth parents, including alleged fathers:
   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.

Emergency Operations Plan for Children in Care

An electronic copy of information about all children in care is placed on DCS Reports daily to be accessed by the:

1. DCS Agency Director;
2. Chief of Staff;
3. General Counsel;
4. Agency State Personnel Director,
5. Director of Communications; and
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 RMs will transfer the list to an electronic storage device, 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; and
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:

1. Active Foster Home Addresses;
2. CHINS and Collaborative Care Licensed and Unlicensed Placements; and
3. Licensed Residential Resource Verification.

These reports will be placed on the DCS Field Operations Reports SharePoint quarterly to be accessed by the:

1. DCS Agency Director;
2. Deputy Director of Field Operations;
3. Hotline Director;
4. Assistant Deputy Directors of Field Operations; and
5. RMs. 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. E-mail information for administrators,
6. Names of licensed Resource Parents,
7. Addresses of licensed Resource Parents, and
8. Phone numbers for licensed Resource Parents.

Master List of Contract Service Providers

An electronic copy of all Contracted Service Providers will be maintained 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 to be accessed by the:

1. DCS Agency Director;
2. Deputy Director of Field Operations;
3. Deputy Director of Juvenile Justice Initiatives;
4. Hotline Director;
5. Executive Managers;
6. Assistant Deputy Directors of Field Operations;
7. Assistance Deputy Directors of Field Operations;
8. Hotline Deputy Directors; and
9. RMs. These individuals will transfer the list to an 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 e-mail information for liaisons; and
5. Address of facilities.

Child Support Bureau (CSB)

DCS CSB will protect all data and facilitate child support fund collections continuously and disburse with limited interruption during an emergency. See Attachment F for further information.

Identification and Handling of New Child Welfare Cases

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 re-assigned 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 should maintain a supply of printed 310's, contact logs, and a detention packet to use until computers and the case management system are available. See Attachment E for further information.

Provision of On-going Services

Facilitation of on-going services to children in care and families, as well as, addressing new child welfare cases 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 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.

Child Support Bureau (CSB)

The CSB will facilitate on-going services to ensure child support funds continue to post and disburse with limited interruption during an emergency.

Contracted Services

Providers are expected to report the status of their operations and capability to deliver services per contract requirements within four (4) hours of a declared state of emergency. Should DCS staff need to contact contracted services providers, they will use the list of contracted service providers to contact them and determine 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.
5.

Coordination of Services and Sharing Information with other States

The Request

When the Governor of the State 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

DCS plans to use existing 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.

Preservation of Vital Records

Payments to foster parents, adoptive parents, and service providers and providing child support payments is paramount to on-going care of children in DCS' care. Additionally, the records for all children in care are vital to 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 in Bloomington, Indiana.

DCS Hotline

The Hotline is utilizing a centralized intake process for receiving all incoming reports of CA/N. See Attachment E for further details.

NOTIFICATION PROCESS

In the event of a local or state wide emergency or disaster all DCS Staff should be notified of the issue. This notification should be in the form of an All DCS Staff email or All Staff Texts sent via the designated Incident Command Structure staff. In the event no phone, text, or email opportunity is available, 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, 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 Emergency Management Plan in their office space and home for reference of command structure and potential assigned duties.

ALERT, WARNING, NOTIFICATIONS

Disasters can occur both with and without warning. Upon receipt of an alert from a credible source the Local Office Director, Manager/Director of the unit receiving the alert, or State 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 the DCS locally or statewide, the Incident Commander may decide to:

- Evacuate any threatened buildings,
- Suspend and move all critical office operations,
- Ensure essential equipment is secured, 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 on-going services. In order to maintain continuity of services to children and families, the DCS Agency Director or designee may temporarily re-assign staff to meet a need created by an emergency or disaster.

To meet the needs of the 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 staff members who may be displaced due to the emergency or disaster. RMs and upper management will be responsible for distributing the Emergency Contact Information, which includes contact phone numbers 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 as deputy director 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. DCS Deputy Director of Placement Support and Compliance, 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. 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 RMs,
f. DCS LODs, and
g. Field Staff.

Media Calls

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 317-234-5437.

Key Partners

The DCS Incident Command Team will serve as liaisons to the specified Key Partners during an emergency (see Attachment B).

RESPONSE ACTIVATION AND INITIAL ACTIONS

This plan may be activated in response to events occurring internally or externally to the DCS.

Any employee or staff member who observed an incident or condition that could result in an emergency condition should report it immediately to his/her/their supervisor.

Staff will report fires, serious injuries, threats of violence and other serious emergencies to the fire or police by calling 9-1-1.

All staff should initiate emergency response actions consistent with the emergency response procedures.

DCS INCIDENT COMMAND CENTER

The 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 the 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 Marion County Mainscape).

Both the local Incident Command Center and the state Incident Command Center 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.

The DCS Incident Command Center Team

The DCS will organize its emergency response structure to mobilize appropriate resources and take actions required to manage its response to disasters utilizing the INCIDENT COMMAND SYSTEM. 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 is also a standardized management system used by other government agencies and emergency responders at state and federal levels.

The Incident Command System employs four (4) main sections (Operations, Planning, Logistics, and Finance/Administration) who report to the Incident Commander in its organizational structure. Each activated section will have a person in charge of it, but a supervisor may be in charge of more than one functional element.

The Incident Management Team is responsible for the strategic or "big picture" thinking of the disaster response. The Incident Management Team collects, gathers, and analyzes data; makes decisions that protect life, and property and maintains continuity of the DCS. The Incident Management Team disseminates decisions to all impacted agencies and individuals.

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 consist of the following roles:

- Public Information Officer – i.e. Communications Division
- Safety/Security Officer – i.e. Chief of Staff or Designee
- Liaison Officer – i.e. General Counsel

The Incident Commander is typically the State Director, Chief of Staff or Designee as needed based on location of incident. This person sits in the highest level of leadership at the site of the Incident Command System.

Operations Section (Operations Chief)

- The Operations Section Chief will coordinate all operations in support of the response to the emergency or disaster and implements the incident action plan for a defined operational period,

- Operations manages field and client operations, and
- Operations section participants are assigned by the Operations Chief and these participants could be local or state level staff.

The Operations Section Chief is typically one who has firsthand knowledge of operations of the section affected by the emergency incident. This is typically the Deputy of Field Operations, Chief Information Officer, or IV-D Director. .

Planning Section/ Logistics Section

- 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 work space, personnel, equipment and materials to support the response operations, and
- Manages volunteers if and when needed.

The Planning and Logistics Officer is typically a leader in Staff Development, State Personnel Department, or another supportive division. This person has access to alternate resources (people, equipment, supplies) that would need to be deployed to the area impacted by the emergency incident.

Finance and Administrative Section

- Track personnel and other resource costs associated with the response and recovery.
- Finance and Administration provides administrative support to response operations.

The Finance and Administration Section Chief may be the Chief Financial Officer or that person's designee.

The **DCS Incident Command Team** includes:

1. DCS Agency Director,
2. Chief of Staff,
3. General Counsel,
4. Agency State Personnel Director,
5. Director of Communications, and
6. Any DCS Executive Leaders as required by state of emergency incident.

The chain of command shall remain the same during a declared emergency or as during routine operations. In the event communications with the DCS Incident Command Team is not possible local DCS leadership, the highest ranking person within each DCS service area will assume management of the field operations for the area until such time as communication is possible with the Incident Command Team.

INCIDENT COMMAND STRUCTURE 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, MS47
Indianapolis, Indiana 46204
(317) 234-5437

1. 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

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.

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 either impacted by the emergency, or if the DCS LOD is otherwise 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 DCS LOD should contact the SPD Director 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 DCS LOD must notify the Regional Manager, who will notify the DCS Deputy Director of Field Operations, Director of Communications, and DCS SPD Director as soon as is practical. . The DCS LOD must also 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 emergency and disaster, 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 have become displaced. In the event that 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 DCS LOD is responsible for working with the county's Incident Command Team to develop plans specific to meeting the specific needs of their community.

Temporary Shut Down of Government

DCS Field Operations

In the event of an announced temporary shutdown of State Government or should an emergency or declared disaster require, 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 (1) worker per region except Lake (2), Allen (2) and Marion (3) counties for a total of 22.

DCS Field Operations will use the following protocols:

1. RMs will identify a CPS worker to cover the region;
2. The CPS worker's name, cellular phone 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 RMs;
5. CPS workers are to stock paper 310's and contact logs in the event that the case management system is unavailable;
6. Each DCS LOD or designee is to call local LEA and advise them of a possible government shutdown. The DCS LOD will provide LEA with DCS staff on call and contact information;
7. In the event of a temporary government shut down or disaster, the Hotline will continue to respond to CPS reports if conditions allow as determined by the Incident Command Team;
8. Most on-going functions will be suspended. Placement disruptions in out-of-home care will be routed to the on-call worker by LEA; and
9. The on-call worker must either seek help from an FCM Supervisor or LOD in the impacted county or ask LEA 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.

RECOVERY

Once it is determined that the emergency incident has ended, recovery processes will begin. This may occur quickly after the emergency or disaster or within days based on the type of event. Within the recovery process the following should occur:

Depending on the emergency's impact on a local office or 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: State Personnel Department (SPD) will coordinate referrals to employee assistance program as needed.

Accounting for the location of children

As soon as possible after the event, a full account of the location of each child in care should be determined. This will occur through assigned staff through the Operations Section.

Accounting for Service provisions

Throughout the incident, the planning section of the DCS Incident Command 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 event, the assigned staff through the Operations Section will ensure needed services for children and parents involved with child welfare services including child support functions resume.

Accounting for Staff whereabouts

As soon as possible after the event, the assigned Planning Section Officer will report on staff whereabouts to the DCS state level Incident Commander.

Resuming Normal Office Operations

As soon as possible after the event, the Operations, Planning, and Logistics Section will ensure normal or near normal office functioning resumes. In order to ensure seamless transition back to normal operations, the planning section will provide all necessary information

Accounting for disaster-related expenses

The Finance Section Chief 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 DCS will document damage and losses of equipment during the emergency incident and inform appropriate parties for necessary replacements.

After Action Report (AAR)

The DCS Incident Management Team will conduct an after-action debriefing with staff and participate in inter-agency debriefings as necessary and requested.

The DCS will produce an after-action report describing the activities and corrective action plans including recommendations for modifying needed procedures to ensure future mitigation from damages in similar scenarios.

The Staff Development team will use information gathered from the AAR to determine any adjustments necessary to the educational plan for DCS team members.

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APPENDICES

APPENDIX A

A. Key Partner Contacts

Agency	*Phone*
Governor's Office	317-232-4567
Pokagon Band of Potawatomi	269-462-4216
Bureau of Indian Affairs Midwest Regional Office	612-713-4400 612-725-4500
IARCCA	317-849-8497
Association of Indiana Counties (AIC)	317-684-3710
Indiana Prosecuting Attorney's Council (IPAC)	317-233-1836

Appendix B

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 certificates or copies;
5. Insurance or Medicaid Card;
6. Supply of medications and medical information; and
7. List of current medications.

APPENDIX C

First Aid or Evacuation Kit

The following are recommended items for a first aid/evacuation kit:

1. Sterile adhesive bandages in assorted sizes;
2. Sterile gauze pads (4-6);
3. Hypoallergenic adhesive tape;
4. Sterile roller bandages (3 rolls);
5. Scissors;
6. Tweezers;
7. Needle;
8. Moistened towelettes;
9. Antiseptic;
10. Thermometer;
11. Tube of petroleum jelly or other lubricant;
12. Assorted sizes of safety pins;
13. Cleansing agent or soap;
14. Nitrile gloves;
15. Sunscreen;
16. Non-prescription drugs, such as:
    a. Aspirin or non-aspirin pain reliever,
    b. Antidiarrheal medication, and
    c. Antacids (for stomach upset).
17. Current maps of the area surrounding the provider's home or facility;
18. Non-electric can opener;
19. Extra batteries;
20. 72-hour supply of drinking water and non-perishable canned food; and
21. 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. Map of the area and phone numbers of your DCS and emergency contact persons; and
9. Special needs items (e.g., baby items, spare eyeglasses).

EMERGENCY OPERATIONS PLAN

DCS LOCAL OFFICE

COUNTY

In the event of an Emergency,

_____

(Safety Officer)

shall take this book to the Safe Shelter Place

APPENDIX E

Hotline Disaster Plan Communication and Operations for Hotline Staff & Local Offices

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 DCS SPD Director 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 situation 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, Agency Associate 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 re-assigned to DCS local offices;
2. Receive, document, and track reports of Abuse and Neglect including paper 310's 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 (2)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 ISs 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 the dcshotlinereports@dcs.in.gov. All faxes are automatically routed to this email address via RightFax.

APPENDIX F

CSB Disaster Plan 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. 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 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 (1), three (3), 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, cellular phone number, and PeopleSoft number are to be sent to the Incident Command Team prior to the shutdown.
2. The Deputy Director of Communication will:
    a. Ensure that notice and contact information about how to make child support payments and inquires during the emergency situation is posted on the DCS website and pre-drafted communications prompts are in place;
    b. Contact IDOA for a 24 hour back-up site, security badges, and parking for CSB Senior Management operations; and
    c. Collaborate with the Deputy Director of Field Operations to communicate one (1) 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.

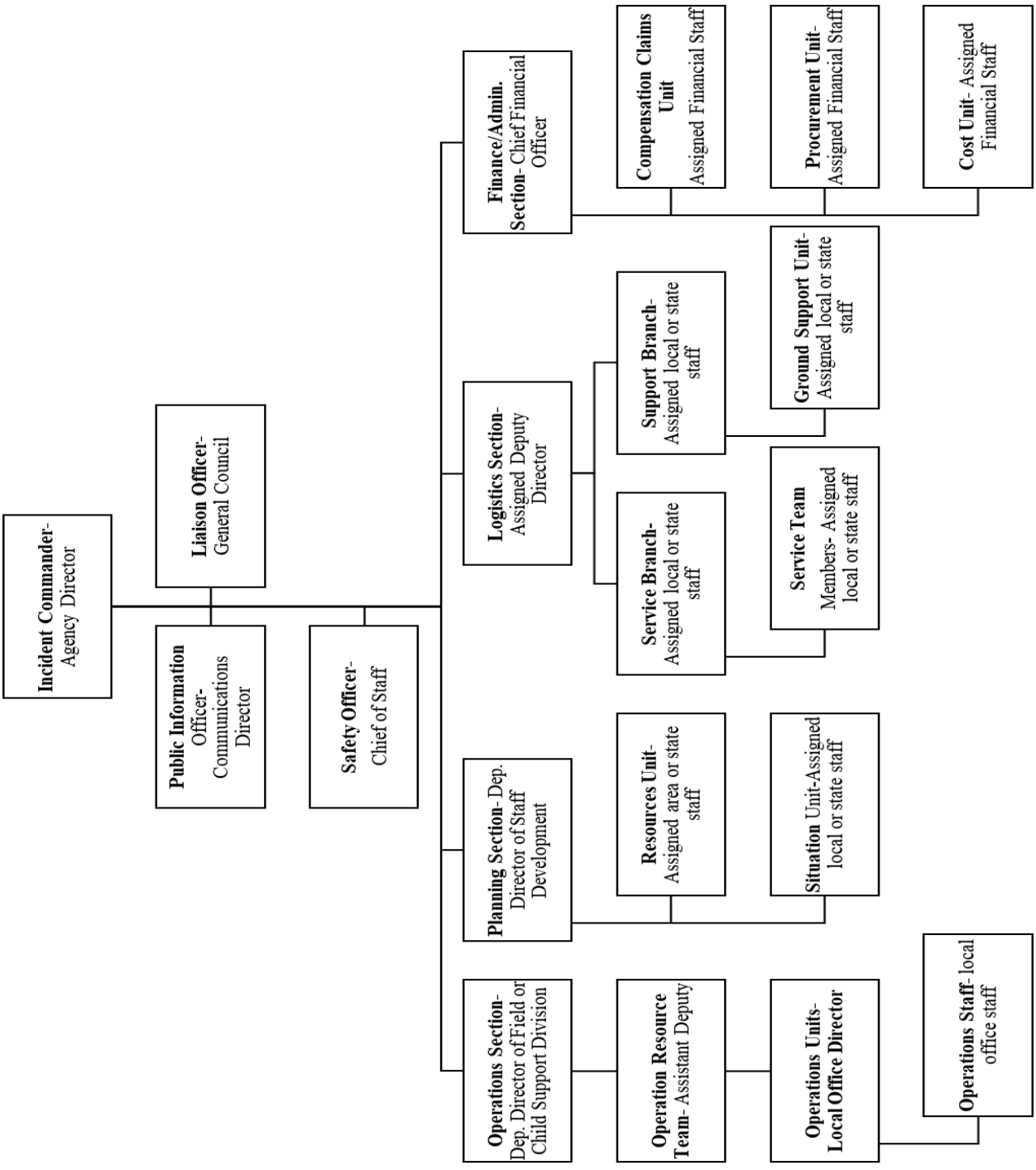
When Plan is Effective

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 (1), three (3), 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.

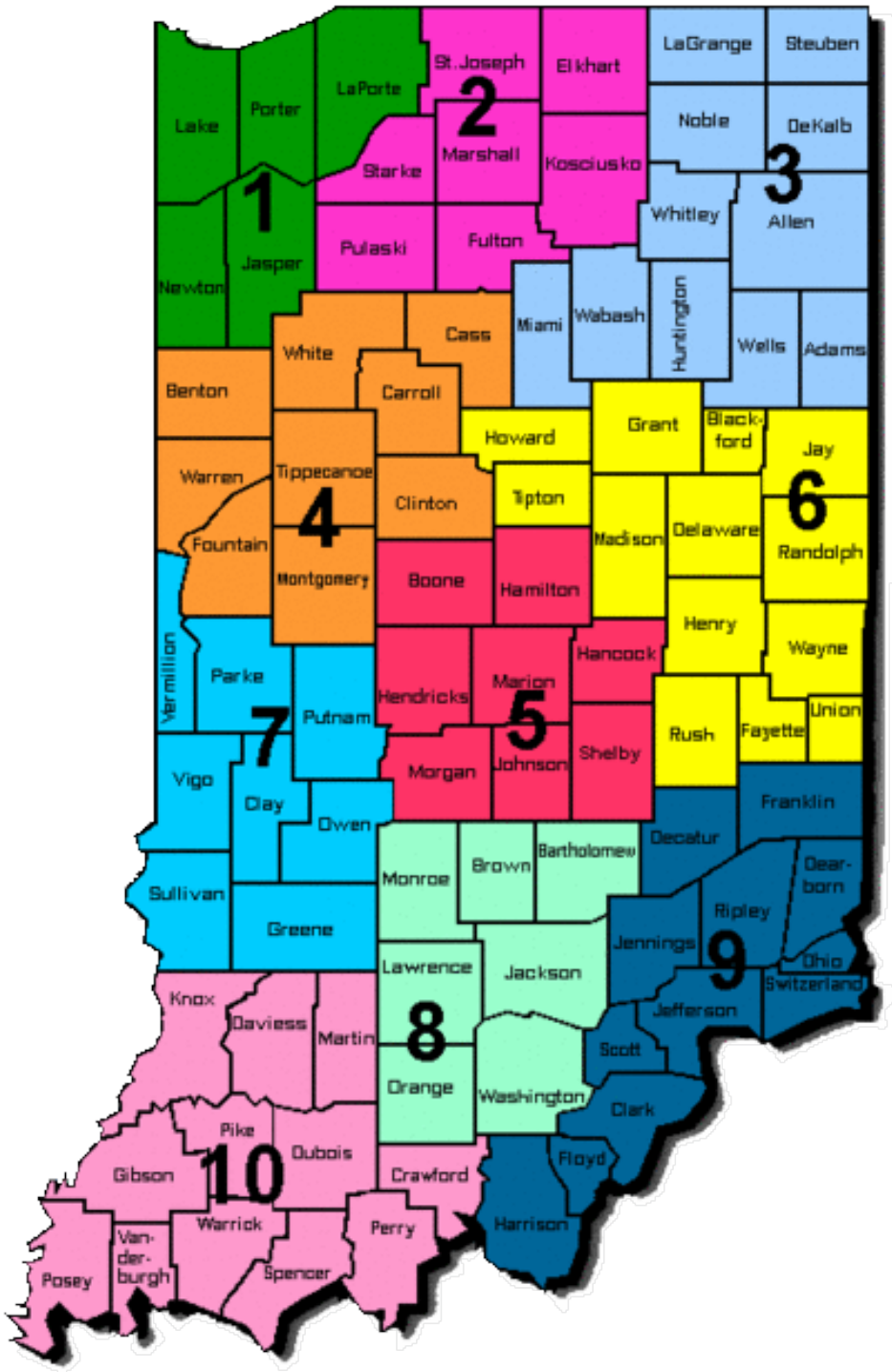
APPENDIX G

Incident Command System



APPENDIX H

Indiana Department of Homeland Security Districts



APPENDIX I

The DCS Regions