



## DEPARTMENT OF HEALTH & HUMAN SERVICES

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**ADMINISTRATION FOR CHILDREN AND FAMILIES**  
**Administration on Children, Youth and Families**  
330 C Street, S.W.  
Washington, D.C. 20201

October 24, 2019

Ms. Terry Stigdon, Director  
Indiana Department of Child Services  
302 W. Washington Street  
Room E306-MS47  
Indianapolis, IN 46204-2739

Dear Director Stigdon:

Thank you for submitting Indiana's Child and Family Services Plan (CFSP) Final Report for fiscal years (FYs) 2015-2019, the CFSP for FYs 2020-2024, and the CFS-101s to address the following programs:

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

These programs provide important funding to help child welfare agencies enact the state's vision of safety, permanency, and well-being for children, youth and their families. The CFSP planning process facilitates development, continued assessment, and implementation of a comprehensive continuum of services for children and families. It provides an opportunity to integrate more fully each state's strategic planning around the use of federal funds with its work relating to the primary prevention of maltreatment, the Child and Family Services Reviews Program Improvement Plan and continuous program improvement activities.

### **Approval**

The Children's Bureau (CB) has reviewed your CFSP Final Report for FYs 2015- 2019 (including the annual report on the use of CAPTA funds) and the CFSP for FYs 2020- 2024 and finds them to be in compliance with applicable federal statutory and regulatory requirements. Therefore, we approve FY 2020 funding under the title IV-B, subpart 1; title IV-B, subpart 2; CAPTA; Chafee and ETV programs. For the Chafee program, your state has elected to serve eligible youth up to age 23.

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

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

### **Training Plan**

The Training Plan for title IV-B and IV-E programs is also approved. Approval of the Training Plan does not release the state from ensuring that training costs included in the Training Plan and charged to title IV-E of the Act comply with the requirements at 45 CFR 1356.60(b) and (c) and 45 CFR 235.63 through 235.66(a), including properly allocating costs to all benefiting programs in accordance with the state's approved cost allocation plan.

### **Additional Information Required**

Pursuant to Section 424(f) of the Act, states are required to collect and report on caseworker visits with children in foster care. The FY 2019 caseworker visit data must be submitted to the Regional Office by December 16, 2019. States that wish to use a sampling methodology to obtain the required data must obtain prior approval from the Regional Office.

The CB looks forward to working with you and your staff. Should you have any questions or concerns, please contact Kendall Darling, Child Welfare Regional Program Manager in Region 5, at (312) 353-9672 or by e-mail at [kendall.darling@acf.hhs.gov](mailto:kendall.darling@acf.hhs.gov). You also may contact Charlene Blackmore, Children and Families Program Specialist, at (312) 886-4938 or by e-mail at [charlene.blackmore@acf.hhs.gov](mailto:charlene.blackmore@acf.hhs.gov).

Sincerely,



Jerry Milner  
Associate Commissioner  
Children's Bureau

Enclosure(s)

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



Eric J. Holcomb, Governor  
Terry J. Stigdon, MSN, RN, Director  
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**Child Support Hotline: 800-840-8757**  
**Child Abuse and Neglect Hotline: 800-800-5556**

Date: 6/6/2019

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-19-02, enclosed please find Indiana's 2015-2019 Child and Family Services Plan (CFSP) Final Report which includes the CAPTA annual update.

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 2015-2019 CFSP Final Report 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

Indianapolis, IN 46204

[www.in.gov/dcs](http://www.in.gov/dcs)

**INDIANA**  
**Child and Family Services Plan 2015-2019**

**Final Progress and Services Report**

Submitted to Children's Bureau  
Administration for Children and Families  
U.S. Department of Health and Human Services  
On or About June 30, 2019

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## I. GENERAL INFORMATION

## A. AGENCY INFORMATION

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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. Terry J. Stigdon has dedicated her career to saving and improving the lives of Indiana's children. Prior to joining DCS, Terry spent almost 20 years at Riley Hospital for Children at IU Health, where she began as a pediatric intensive care staff nurse. Most recently, she served as clinical director of operations, where she oversaw strategy, finance, personnel, research and programs for several hospital divisions, including emergency, trauma and nursing.

Terry's extensive pediatric experience has given her a first-hand view of the issues faced by children and families. She has a proven track record of building strong teams that result in positive outcomes for vulnerable children. Terry holds associate and bachelor's degrees in nursing and a master's in nursing leadership and management. She serves on the boards of Indiana Emergency Medical Services for Children and Legacy House, which advocates for victims of violence and provides free trauma counseling.

DCS' infrastructure includes 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. In November of 2018 DCS decided to do some county/regional realignment to create a more equitable workload amongst the regions. DCS moved the centralized Institutional Unit to report directly to field leadership in Marion County. DCS realigned Benton County from DCS Region 5 to Region 2. DCS also realigned three counties from Region 4, which historically was one of the largest geographical regions in the state, Huntington County is now a part of Region 6, Wells and Adams County are now a part of Region 7. DCS has a centralized hotline, in Indianapolis, with satellite locations in four other regions: Blackford, Lawrence, Vanderburgh and St. Joseph counties. 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.

Prior to 2005, child welfare services were provided by the Division of Family and Children (DFC), a division within an umbrella agency, the Family and Social Services Administration (FSSA). As a new cabinet-level Department, DCS was charged with providing more direct attention and oversight of two critical areas: protection of children and child support enforcement. The former mission statement, "helping families help themselves," was changed to "The Indiana Department of Child Services (DCS) protects children from abuse and neglect. 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.

In 2018, Indiana Governor Eric Holcomb hired the Child Welfare Policy and Practice Group (CWG) to complete a comprehensive assessment of the Indiana Department of the Child Services. The purpose of this assessment was to examine the current performance of the child welfare functions of the agency and compare it to generally accepted national practice standards and outcome measures, identify prominent strengths and challenges, and produce recommendations for changes in any areas needing improvement. Upon completion of the assessment, CWG made twenty recommendations to the Department with which DCS has hired an Associate Director with the explicit responsibility of ensuring that the agency explore each recommendation made.

## B. MISSION, VISION AND VALUES STATEMENTS

### 1. Mission

The Indiana Department of Child Services engages with families and collaborates with state, local and community partners to protect children from abuse and neglect and to provide child support services.

### 2. Vision

Indiana children will live in safe, healthy and supportive families and communities.

### 3. Values

**RESPECT** – Every person has value, worth and dignity

**PREVENTION** – Families should have access to the resources and knowledge to prevent their children from experiencing abuse and neglect

**SAFETY** – Every child has the right to be free from abuse and neglect

**STABILITY** – The best place for children to grow up is with their own families

**PERMANENCY** – Children and older youth have the right to permanency

**RESPONSIBILITY** – Parents have the primary responsibility for the care and safety of their children

**ACCOUNTABILITY** – Each person is accountable for outcomes and one’s own growth and development

**CONTINUOUS IMPROVEMENT** – The agency will engage in continuous improvement efforts to improve outcomes for children and families

## C. COLLABORATION

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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 2014 Child and Family Services Plan (CFSP).

DCS is working to leverage the recent Round 3 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 APSR with the Pokagon tribe during semi-annual collaboration meetings, as described in more detail in Section VI of this document.

DCS worked diligently with personnel from the Administration for Children and Families (ACF) on developing Indiana's Program Improvement Plan (PIP) 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 completed the baseline CFSR review of 65 cases between March and May 2018. 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 DCS regions conduct 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 will begin 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

Meetings with the CMHC Workgroup continue to occur monthly to discuss initiatives and current challenges. The CMHC workgroup is currently developing an agreement on the utilization of the workgroup to be effective for DCS and the mental health partners.

DSC 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:

- 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.
- 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 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.
- Sobriety Treatment And Recovery Teams (START)
  - Direct Line (comprised of field staff) and Steering Committee (comprised of management staff) meet on a monthly basis. Direct Line provides field staff the ability to discuss case issues and gain feedback on best practice. The Steering Committee drives field practice and ensures fidelity to the model. Programmatic changes/issues are addressed during this meeting. Quarterly calls are also held with substance use addiction providers.
  - Ongoing work is focused on program monitoring and the spreading of scalable START principles across the state.
- Children’s Mental Health Initiative Conference Calls

- Quarterly meetings are arranged to discuss state-wide access sites, the Children’s Mental Health Initiative, 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, 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 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 DOH.
- 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.

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 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 David Frizzel, and Senator Erin Houchin. A list of all Commission members can be found at [www.in.gov/children](http://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.

Terry Stigdon, Director of the Indiana DCS, also serves on the Child Services Oversight Committee. The other members of the Committee include Representative Wendy McNamara (Chair), Senator Frank Mrvan, Hon. Dana Kenworthy, Representative Melanie Wright, Senator Mark Messmer, Michael Moore (the Indiana Public Defender Council), Jim Oliver (the Indiana Prosecuting Attorneys Council), Jolene Bracale (the Indiana Department of Education), Sean McCrindle (Bashor Children’s Home), and Leslie Dunn (the Indiana CASA/GAL program). The top priority for the Child Services Oversight Committee is “to support the well-being of Hoosier children by strengthening the Indiana Department of Child Services (DCS).” The committee has focused on an increase in transparency of the agency and supporting Hoosier children all across the state (2016-2017 Annual Report of the Child Services Oversight Committee).

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 Charles Pratt. The Task Force focuses on the promotion of interagency communication and collaboration to improve prevention 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.

The Commission on Improving the Status of Children in Indiana (CISC) established a Commercially Sexually Exploited Children ("CSEC") Task Force in early 2016 in order to explore a statewide uniform assessment tool and process for identifying and working with youth who are victims of human trafficking. The CSEC Task Force (comprised of representatives from the judiciary, probation and correction officers, law enforcement, prosecutors and public defenders, and other public stakeholders) created several user-specific screening guides to assist probation officers, DCS employees, law enforcement, educators and medical practitioners in identifying possible victims of human trafficking. DCS has implemented the use of the Human Trafficking Screening Tool and a corresponding Human Trafficking Assessment Tool.

After the initial work was completed by the CSEC Task Force, the CISC reorganized the CSEC Task Force. The CSEC Task Force was placed under the Juvenile Justice & Cross-System Youth Task Force as a subcommittee. The CSEC subcommittee continues to meet on a quarterly basis to review issues and trends regarding the commercial sexual exploitation of children. The CSEC subcommittee has been working on screening tools and has partnered with specific probation departments across the state on pilot projects to implement the use of the CSEC Screening Tool with juvenile-justice involved youth who have been detained. The pilot will expand the use of the tool in additional jurisdictions throughout 2019. The CSEC subcommittee was also recently asked by the Indiana Legislature (through the Children's Commission) to provide input on two issues by the end of 2019. First, the CSEC subcommittee has been asked to provide input on whether to support changing the requirement for children to be asked to admit or deny the allegations in the petition alleging that the child is a victim of human trafficking. Second, the CSEC subcommittee has been asked to provide input on the employment of a Human Trafficking Coordinator with DCS and to discuss and provide feedback on potential duties, responsibilities, and scope of work for a Human Trafficking Coordinator.

Nikki Ford, Assistant Deputy Director of Strategic Data Driven Solutions 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 member of the Mental Health and Substance Abuse Task Force, which focuses on identifying and supporting creative and effective methods of improving assessment, access to treatment, and wraparound resources for vulnerable youth and households in need of mental health and substance abuse services.

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 promote interagency collaboration to better connect vulnerable youth with appropriate education and career pathways that lead to successful completion of high school or equivalency, post-secondary education, job certification, and sustainable employment."

Sarah Sailors, DCS Deputy Director of Field Operations, serves as co-chair of the Child Safety and Services Task Force. The goal of that task force is to support the well-being of children by promoting a continuum of prevention and protection services for vulnerable youth and their families.

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 routinely (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 recommendation enhancements. 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 meets with quarterly with the DCS executive team. YAB member provider DCS with an update on their current projects including recommendations on program, local and state child welfare improvements. YAB members participated on the Foster Parent Bill of Rights committee and also participate in foster parent recruitment events to bring awareness to the needs of foster homes. YAB members also advocate on the state and national level to improve child welfare policy.

Indiana DCS is a part of the planning committee for the National State/Tribal Chafee and ETV Coordinators Meeting which will be held August 22 – August 23, 2019.

The OYI team collaborated with Foster Success (CB25) 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 participant in the Jim Casey Youth Opportunity Initiative Results Based Accountability (RBA) Program, the Indiana State team lead focus groups with ETV funded participants and facilitated workshops with Indiana post-secondary student advocates to address the needs of improving post-secondary outcomes for foster youth with a focus on race equity and inclusion. The Indiana State team continues to meet monthly to address Indiana foster youth post-secondary needs. The state team consist of DCS OYI team, CB25 ETV program staff, Indiana Youth Advisory Board member, and Indiana Commission of Higher Education.

The Older Youth Initiatives team is collaborating with the DCS Permanency and Practice 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 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 (YAB) consists of youth that are currently or have been a part of the Indiana foster care system. The YAB is comprised of current and former foster youth from the 18 regions within the State of Indiana. The YAB 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 YAB participation and meet the needs of youth, YAB meetings are held in different locations across the State.

During the current state fiscal year there were (15) regional meetings held across the state and 23 community engagement activities. YAB events consisted of providing training to a mentoring agency on how to engage youth and young adults in foster care, sponsoring a holiday celebration for a group home, facilitating training for DCS staff, participating in a meeting with the Indiana DCS executive team, and joining the national youth board known as Foster Youth in Action.

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 YAB meetings. The vendor manages five regional boards and one state board.

The YAB 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 goal(s) of YAB 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 YAB development and youth participation will also further enhance collaboration, cultural competence and permanent connections with other youth and adults as they engage in the YAB process. This program will 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.

Each Regional Youth Advisory Board will meet at least 3 to 4 times annually. Meetings will include the following: (1) an orientation meeting and training for new members and as a refresher of the goals of the YAB as provided by DCS, the contractor selected to facilitate the YAB, 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 YAB 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 YAB shall not exceed over 21 meetings annually, this includes the yearly conference.

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 YAB 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 YAB 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 YAB 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. They 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 YAB to continue to move their Work Plan forward, to meaningfully engage YAB members in planning activities and to further connections and relationship building among members and staff.

## 7. Additional Collaborations

In addition to the work occurring with the RSCs, DCS holds regular meetings with provider workgroups to monitor data, assess areas for improvement, and implement strategies to improve outcomes for families and children.

The current areas of focus for current provider workgroups 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.
- Improve access and effectiveness of substance abuse treatment services.
- 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 IUSM Department of Psychiatry, DCS, OMPP, FSSA, 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., 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;
- Publish a DCS Approved List of Psychotropic Medications that contains a comprehensive listing of medications (generic and brand) approved for use with DCS-involved youth;
- 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.
- 2019 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
  - Sonya Rush, 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
  - Richard Ty Rowilson, PhD, Clinical Psychologist, Indiana Department of Child Services
  - Sarah Sailors, Deputy Director, Indiana Department of Child Services
  - Andria Hoying, 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

#### Fatherhood Providers

- Improve engagement of fathers through inclusion in case planning, Child and Family Team Meetings, visitation, and services. DCS is in the process of 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 from the CFSR to identify opportunities for improvement.

## Home-based Providers

- In 2017, DCS implemented standardized training in collaboration with the home-based coalition subcommittee, CMHCs, and IARCA for all DCS contracted providers' staff.
- Improve communication and information sharing between providers and DCS.
- DCS is working on revisions to service standards, including revisions to staff qualifications, to ensure quality services are delivered.

## Indiana Association of Resources and Child Advocacy (IARCA)

In 2018-2019, DCS and IARCA met at least quarterly, sometimes more often, with specific focus on addressing capacity building, workforce challenges, and preparation for implementation of the Family First Prevention Services Act (FFPSA).

- Address barriers to child care for foster parents
- Address limits on home-based therapist caseloads, which is currently 12
- Discuss contract compliance issues
- Discuss status of the Indiana Child and Family Services Review (CFSR) report

During 2018, the quarterly IARCA meetings evolved into monthly FFPSA workgroup meetings, which focused on topics such as QRTP requirements, options for aftercare, accreditation, availability of prevention services, and reimbursement for FFPSA services. Moving forward, meetings will focus on enhancing and streamlining our agency audit processes and providing additional support to agencies as deficient areas are identified.

## Licensed Child Placing Agencies

DCS continued monthly telephone calls with Licensed Child Placing Agencies (LCPAs) in 2018-2019, discussing a variety of topics including recruitment, bed holds, obtaining placement documentation, contracts, rate information, the Every Student Succeeds Act (ESSA), and additional topics to assist with providers' questions.

- Improve quality of services provided to children placed in licensed foster home settings.
- Improve relationship and communication between DCS and LCPAs.

Monthly phone calls are designed to improve communication and answer any questions the provider community has to quickly and effectively address issues as they arise.

## Residential Providers

DCS continued monthly telephone calls with residential providers in 2018-2019, discussing a variety of topics, including bed holds, obtaining placement documentation, contracts, rate information, Every Student Succeeds Act (ESSA), Medicaid prior authorization and billing requirements, and additional topics to assist with providers' questions. In addition, DCS created workgroups by inviting providers with subject matter expertise to focus on updating various service standards, such as the human trafficking and substance abuse service standards. These workgroups will continue as the residential licensing team works to update all current and active service standards.

- Improve access to high quality residential services.

- Improve relationship and communication between DCS and residential providers.
- DCS has continued its workgroup of providers who are currently serving youth who are victims of human trafficking, specifically sex trafficking. The group will focus on 1) developing best practices and service standard guidelines for consideration by DCS as they share treatment successes and setbacks, and 2) identifying gaps in the continuum of care for this population so that DCS can adequately address the gaps. The service standards have been completed

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

- Delivery of CANS Education and Support to all Field Staff
- Development of CANS Super User Training for DCS Supervisors
- Development of reports for evaluation and tracking
- Continuous review of CANS projects such as the Breakthrough Series
- Participants on the Steering committee include: the DCS Deputy of Field Operations, Managers of Data Management, Clinical Manager, Field Regional Managers; CANS Advisory: the DCS Program Manager, DCS CANS Consultants – and the outside partner is Dr. Betty Walton from DMHA.
- Continued Collaboration with the Center for Child Trauma Assessment and Service Planning (CCTASP) and Family Informed Trauma Treatment Center (FITT) with partners from the Breakthrough Series Collaborative (BSC) specialty at Northwestern University Feinberg School of Medicine in their efforts to promote trauma-focused, family informed comprehensive assessment and applications in practice through the use of the CANS

#### State Interagency Collaboration

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

#### Mexican Consulates

- 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 mainly been with Mexico as most of the foreign born children in DCS custody and the majority of the parents involved with DCS are Mexican nationals. 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 established 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; contacting and verifying the location of a parent residing 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 will have 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.
- 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 have been working 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.
- 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.
- DCS has been challenged by the increased influx of unaccompanied minors, primarily from Central America. The International and Cultural Affairs Liaison has been in closer communication with the Consulate of Guatemala and Honduras due to this migration phenomenon improving our collaboration efforts with these general Consulates in Chicago.

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

- Juvenile Detention Alternatives Initiative (JDAI) – DCS collaborates with the IOCS (along with other state agencies) in the implementation and rollout of JDAI statewide.
- During the Round 3 CFSR, Angela Reid-Brown, Court Improvement Program Manager, participated as a reviewer and program improvement plan stakeholder.
- 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 new statute went into effect in Indiana to specifically focus on dual status youth. DCS and IOCS collaborated on the implementation of the statute. Both agencies continue to work together to further put into practice Indiana Code IC-31-41 (Dual Status Youth), which includes identifying dually identified, dually involved and dually adjudicated youth. Furthermore, with the new statute, DCS continues to work with local juvenile justice partners in identifying service gaps for dual status youth and ways in which to serve this population.

- 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.
- Court Improvement Program Collaborative Conference: Above & Beyond Helping Youth Achieve Permanency – On May 25, 2017, stakeholders from across the state, including many from the judiciary and DCS, participated in and/or attended this important event to meet and discuss the role everyone plays in helping Indiana youth achieve permanency.
- 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.

#### 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. Topics addressed at this meeting directly impact the work DCS is doing with children and families to combat substance abuse. The Commission to Combat Drug Abuse discusses federal opioid funding updates, neonatal abstinence syndrome, and treatment service updates. Further information regarding the work of the task force can be found at <https://www.in.gov/recovery/1061.htm>. The 18 member commission made up of mainly department heads is focused on directing policy and working with the legislature:
  - Jim McClelland, Chairman, Executive Director for Drug Prevention, Treatment, and Enforcement
  - Kristina Box, MD, FACOG, Commissioner, Indiana State Department of Health
  - Douglas G. Carter, Superintendent of the Indiana State Police
  - Robert E. Carter, Jr., Commissioner of the Indiana Department of Correction
  - Dan Evans, retired CEO, IU Health
  - Deborah J. Frye, Executive Director, Indiana Professional Licensing Agency
  - Curtis T. Hill, Jr., Indiana Attorney General
  - Bernice Corley, Executive Director, Indiana Public Defender Council
  - Jennifer McCormick, Ph.D., Indiana Superintendent of Public Instruction
  - Jim Merritt, Indiana State Senator
  - Devon McDonald, Executive Director, Indiana Criminal Justice Institute
  - Mara Candelaria Reardon, Indiana State Representative
  - David N. Powell, Executive Director, Indiana Prosecuting Attorneys Council
  - Jacob Sipe, Indiana Housing & Community Development Authority
  - Mark A. Smith, Judge, Hendricks County Superior Court
  - Terry Stigdon, RN, MSN, Director, Department of Child Services



- Greg Taylor, Indiana State Senator
- Micah Vincent, Director, Office of Management and Budget
- Jennifer Walthall, M.D., MPH, Secretary, Indiana Family & Social Services Administration
- Cindy Ziemke, Indiana State Representative

#### 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), the Youth Working Group of the Community Awareness, Prevention and Education (CAPE) Committee, and has someone who serves on a regional HT coalition. The person who is the Southern Indiana HT coalition task force liaison member also serves on the IPATH Core Group (Yvonne Moore).
- 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 (Heather Kestian).

#### Indiana Supreme Court Commercial Sexual Exploitation of Children (CSEC) Sub-Committee

- The Commission on Improving the Status of Children in Indiana (CISC) established a Commercially Sexually Exploited Children (“CSEC”) Task Force in early 2016 in order to explore a statewide uniform assessment tool and process for identifying and working with youth who are victims of human trafficking. DCS had several representatives on the Task Force. Other members of the Task Force included representatives from the judiciary, probation and correction officers, law enforcement, prosecutors and public defenders, and other public stakeholders.
- The CSEC Task Force priorities of creating several user-specific screening guides to assist DCS employees, law enforcement, educators and medical practitioners in identifying possible victims and providing hotline information have been completed. DCS has implemented the use to the Human Trafficking Screening Tool and a corresponding Human Trafficking Assessment Tool (If the screening tool indicates that the youth may be a victim of Human Trafficking). Both the Screening Tool and The Assessment Tool are available for use by FCMs.
- After the initial work was completed by the CSEC Task Force, the CISC reorganized the CSEC Task Force. The CSEC Task Force was placed under the Juvenile Justice & Cross-System Youth Task Force as a subcommittee. The CSEC subcommittee continues to meet on a quarterly basis to review issues and trends regarding the commercial sexual exploitation of children. The CSEC subcommittee has been working on screening tools and has partnered with specific probation departments across the state on pilot projects to implement the



use of the CSEC Screening Tool with juvenile-justice involved youth who have been detained. The pilot will expand the use of the tool in additional jurisdictions throughout 2019. In addition, the CSEC sub-committee is developing a bench card for members of the judiciary. The CSEC Committee was also recently asked by the CISC vis-à-vis the Indiana Legislature to provide input on two issues by the end of 2019: First, the CSEC Committee has been asked to provide input on whether to support changing the requirement for children to have an opportunity to admit or deny the allegations in the petition alleging that the child is a victim of human trafficking. Second, the CSEC Committee has been asked to provide input on the employment of a Human Trafficking Coordinator with DCS and to discuss and provide feedback on potential duties, responsibilities, and scope of work for a Human Trafficking Coordinator.

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

- Presentation of prospective adoptive families for recommendation for Indiana Adoption Program and review of children eligible for adoption is ongoing.

## II. UPDATE ON ASSESSMENT OF PERFORMANCE, THE PLAN FOR IMPROVEMENT AND PROGRESS TO IMPROVE OUTCOMES

### ASSESSMENT OF PERFORMANCE

For Indiana's Update on Assessment of Performance (and Systemic Factors), please see Indiana's Round 3 CFSR Statewide Assessment completed in June 6-10, 2016 and the corresponding Final Report. Indiana's CFSR Statewide Assessment and Final Report can be found on the DCS website at the following link: <http://in.gov/dcs/3883.htm>.

Indiana finalized its PIP measurement plan in collaboration with the Children's Bureau Measurement and Sampling Committee (MASC). To measure PIP compliance, Indiana's PIP measurement plan will incorporate the CFSR Onsite Review Instrument (OSRI).

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. The CFSR is a review of the entire child welfare system, not merely a review of the child welfare agency. The CFSR allowed Indiana to look at many different areas of child welfare to determine how the system was functioning. As a result of receiving tremendous participation from a number of child welfare stakeholders in Indiana, DCS was able to form four multi-disciplinary work/focus groups comprised of DCS employees, juvenile court judges, attorneys, service providers, Court Improvement Program staff, and probation officers (as well as a variety of other stakeholders), that were tasked with meeting weekly to review the CFSR Final Report, CFSR stakeholder interview summary and other relevant qualitative and quantitative information to identify underlying factors that had the greatest impact on poorer performance areas within the child welfare system. These work/focus groups focused on developing solutions around specific CFSR items on safety, permanency, well-being, continuous quality improvement ("CQI"), and juvenile probation. The work/focus groups developed solutions that served as the foundation for the PIP. Furthermore, throughout the PIP development process, DCS worked closely with representatives from the Children's Bureau and the Capacity

Building Center.

Indiana's PIP was approved in February of 2019 (with an implementation date of January 1, 2019), the updated goals, objective, and measures of progress can be found in the 2020-2024 Child and Family Services Plan. Indiana has met or exceeded PIP measurement guidelines for Item 1 (Timeliness of Initiating Investigations of Reports of Child Maltreatment), Item 12 (Needs and Services of Child, Parents, and Foster Parents), Item 13 (Child and Family Involvement in Case Planning), and Item 15 (Caseworker Visits with Parents).

Prior to receiving approval of Indiana's Program Improvement Plan, DCS has made significant strides over the past five years in improving safety, permanency, and well-being for children and families. Indiana accepts more abuse and neglect reports than the national average. Only two states had a higher rate of completed child protection assessments than Indiana. Despite completing more assessments than almost any state, Indiana substantiates approximately 15 percent of those assessments. The rate of abuse and neglect reports grew by almost 63 percent from state fiscal year 2013 to state fiscal year 2017. Indiana's rate of referral to DCS is almost double the national average.

On July 1, 2016, Indiana instituted a new practice of screening in all reports for children under three years of age in an effort to enhance safety of children who are among the most vulnerable in our population. After reviewing data points, DCS determined that this practice change was not improving safety of children under three years of age. As such, in early 2018, DCS ended this practice. The Department has focused a significant amount of time on ensuring that investigations are occurring in appropriate time frames and safety is being established.

Improvements in safety have been prioritized and implementation continues. Indiana has institutionalized a standardized safety staffing process and complementary tracking mechanism in order to better triage uninitiated assessments. This has assisted Indiana by focusing on timeliness of initiation of assessments because supervisors will track initiations that are not completed on a daily basis through a standardized safety staffing process.

Indiana has worked closely with their partners at the Indiana Office of Court Services (IOCS) to ensure that children who are on probation and probation officers have uniform standards for assessing, visitation, documentation, case planning, and regular contact between the probation officer and probation youth. This has been messaged to probation officers via trainings completed from 2017 to 2019. Indiana continues to work closely with IOCS to ensure data is shared collaboratively between the Department and courts to work together in achieving more timely permanency for children in care. The Department meets regularly to share updates and information.

In 2018, the Indiana Department of Child Services relaunched the Indiana Practice Model, within every level of the agency to ensure that this revitalization through a top down approach would help staff have a better understanding and use of the core principles: teaming, engaging, assessing, planning, and intervening. The practice model is the cornerstone of the work we do with families in ensuring that we are teaming alongside and including families in case planning to improve outcomes in safety, stability, well-being and permanency. The Department began this relaunch with a ½ day training for supervisors in the field and over the course of 2018 and 2019 has been retraining staff in all divisions within the agency.

## PLAN FOR IMPROVEMENT AND PROGRESS MADE TO IMPROVE OUTCOMES

DCS was under an AFCARS Improvement Plan (AIP) as the result of the AFCARS Assessment Review (AAR) conducted by the Children’s Bureau in 2008. While working through the AIP, Indiana began working towards a new information system. As a result, the AIP was suspended to allow Indiana to focus on this new system, and also because it was realized that the new system would help to alleviate some of the issues found with the old system that affected AFCARS reporting. In July of 2012, Indiana launched its new information system, Management Gateway for Indiana’s Kids (MaGIK).

In 2013, Indiana voluntarily requested technical assistance (TA) to verify that MaGIK was accurately collecting AFCARS data and that the extraction code was accurately reporting the data. The National Resource Center for Child Welfare Data and Technology (NRC-CWDT) provided technical assistance, and a site visit was conducted in October 2013 under the auspices of the Children’s Bureau, Administration on Children, Youth, and Families, Administration for Children and Families (CB/ACYF/ACF). The purpose of the visit was to: (1) gain an understanding of aspects of State policy and practice that may impact the quality of AFCARS data; (2) evaluate the capability of Indiana’s current data collection processes and case management system to provide accurate data reporting to AFCARS; and (3) present recommendations to help ensure that the AFCARS reporting process meets Federal requirements.

The TA resulted in a report of suggested changes to improve data quality and reliability. Indiana worked closely with the Children’s Bureau to implement changes to its extraction code and any possible system changes. In early 2017, negotiations for a new AIP began to help transition Indiana to AFCARS 2.0. The AIP is still currently being reviewed.

Updates regarding the National Youth in Transition Database (NYTD) are detailed in Section XII (B)(4).

As mentioned in Section II, the Indiana DCS PIP was approved in January of 2019. Information regarding the approved PIP can be found in Section IV of the 2020-2024 Child and Family Services Plan.

### A. SAFETY GOALS, OBJECTIVES, AND INTERVENTIONS

Goal 1: Ensure the safety of children through timely informed decision-making beginning at initial assessment and continuing throughout the life of the case.

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 Biennial Regional Services Strategic Planning process is one example of the ways in which DCS identified areas of focus for the goals and objectives outlined below. Data evaluated by DCS regions as a part of the Biennial Regional Services Strategic Plan (BRSSP) process, and discussions with local stakeholders in reviewing this data, helped to identify service gaps, not only in individual regions, but allowed agency leadership to identify those gaps

that existed throughout the State.

A few examples of data and information used to develop the objectives outlined in this section include:

- Standardized Decision Making (SDM) Safety and Risk Assessment data, which identified a high frequency of substance abuse being identified as a risk factor in substantiated cases of abuse and neglect, consistent with information gathered through the BRSSP process, which supported service gaps in substance abuse assessment and treatment services.
- Review of Children’s Mental Health Initiative (CMHI) cases and discussions with the Multi-Disciplinary Team about service gaps for children who have very complex mental health, physical health and/or developmental delays / intellectual disabilities.
- Information from the Individual Training Needs Assessment (ITNA) Survey, as well as the FCM Field Mentors and FCM Supervisor Training Skills Assessment Scales on the effectiveness of new FCM training and ongoing training needs for experienced staff.
- 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. Activities in the approved PIP plan will also reflect a commitment to improving in these areas.

**OBJECTIVE 1.1      EXPAND UTILIZATION OF EFFECTIVE, PROVEN HOME-BASED SERVICES IN ORDER TO INCREASE THE NUMBER OF CHILDREN WHO CAN REMAIN SAFELY IN THEIR OWN HOMES AND TO REDUCE THE INCIDENCE OF MALTREATMENT FOR CHILDREN INVOLVED IN THE CHILD WELFARE SYSTEM.**

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a)Identify ways to monitor the utilization and effectiveness of services employed during the assessment phase.

**This objective is ongoing.** DCS has currently opened up a number of services that are provided in the assessment phase which can be a critical time for families and children. These services were made available in an effort to support families so that children and youth can be maintained at home and families are not entering the child welfare system. The services include:

- Homemaker
- Home Based Casework Services
- Home Based Therapy
- Crisis Response Homemaker
- Crisis Response Home Based Casework
- Crisis Response Home Based Therapy
- Homebuilders
- Group Counseling
- Family Counseling
- Individual Counseling
- Step 1: Clinical Interview and Assessment
- Psychosexual Assessment

- Child Hearsay Evaluations
- Provider Administered Non-Random Situational Drug Screens
- Outpatient Services
- Step 1: Substance Use Disorder Assessment
- Batterers Services
- Victim and Children Services
- Child Advocacy Center Child Interview
- Tutoring
- Services for Truancy
- Step 1: Assessment for Sexually Maladaptive Youth
- Psychosexual Assessment completed by an D&E provider
- Parent Education
- Father Engagement Services
- Visitation Supervision
- Global Services
- Community Partners for Child Safety
- Healthy Families Indiana

DCS is also working through Family Evaluations for children and youth with mental and behavioral health needs in order to ensure they have the opportunity to receive services at critical junctures as well. DCS allows for two months of the above services to be provided to families through Family Evaluations in order to ensure children and families have supports while linking to other appropriate service delivery systems, including, but not limited to, community-based prevention service providers who can provide services after the Family Evaluation has closed. Activities to develop methods for the utilization and effectiveness will continue over the next year.

This will be an ongoing goal for the Department as we move towards the implementation of Families First Prevention Services and the expansion of primary and secondary prevention resources and opportunities for our children and families.

- b) Train service providers on Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), Motivational Interviewing and Family Centered Treatment.

**This objective is complete** and implementation of training is ongoing. Family Centered Treatment Foundation, through a contract with DCS, trains service providers on family centered treatment in order to provide internal provider trainings when they have new staff join their agency. These programs were implemented as part of the Comprehensive Home Based Service array. DCS has tracked referrals to these programs from inception to date. See table below for the number of referrals to each service. DCS also provides motivational interview training for Homebuilder practitioners and START team members.

- c) Complete service mapping to ensure that children at high risk of maltreatment are recommended for the appropriate evidence-based service(s) based on the individually identified needs of the child and family.

**This objective is complete.** Service mapping is completed and enhancements are ongoing. See Service mapping

section of this report for a full description. In addition, DCS Clinicians are providing consultation where there are questions or concerns regarding clinical risk factors.

d) Educate field staff on the availability and appropriateness of evidence-based services.

**This objective is complete and implementation is ongoing.** When Field staff utilize service mapping, the mapped recommendations contain a description of the evidence based model. Regional field management staff will be trained in summer 2018 on referrals, service mapping, and identifying appropriate services to meet the family and children’s needs. Thereafter, all field staff will be trained on this information by the end of 2018.

Probation officers work closely with the probation service consultants to match children and youth with appropriate services that meet the individual needs of juvenile-justice involved youth.

Number of Cases Referred: June 2018 to May 2019	
<b>Children’s Mental Health Initiative</b>	
Number of Clients Served	1160
<b>Comprehensive Home-Based Services (864 total)</b>	
Cognitive Behavioral Therapy	13
Family Centered Treatment	304
Intercept	241
Motivational Interviewing	252
Trauma Focused Cognitive Behavioral Therapy	53
Alternatives for Families Cognitive Behavioral Therapy	1

**OBJECTIVE 1.2 EXPAND DCS SERVICE CAPACITY TO MEET THE NEEDS OF DCS INVOLVED CHILDREN WITH DEVELOPMENTAL AND INTELLECTUAL DISABILITIES, AS WELL AS THOSE WITH SIGNIFICANT MENTAL HEALTH ISSUES.**

a) Collaborate with the Bureau of Development Disabilities Services to maximize access to available services

and identify gaps that exist for children both within the child welfare and probation systems, as well as those outside of the systems in an effort to prevent their entry into foster care.

**This objective is complete.** DCS developed the Multi-Disciplinary Team (MDT) which consists of representatives from multiple Indiana agencies including DCS, Division of Mental Health and Addictions, Medicaid, Bureau of Developmental Disability Services, and Probation. This group has been implementing best practices related to serving this population effectively in the community with the most appropriate service delivery system within the local community.

- b) Collaborate with the Bureau of Development Disabilities Services (BDDS) and the Division of Mental Health and Addictions (DMHA) services to ensure children who are dually diagnosed have appropriate service access.

**This objective is complete and collaboration is ongoing.** The MDT continues to meet monthly and research best practices and anticipates new pilot projects will be helpful in determining appropriate services. This team was developed to ensure state agencies are coordinating services and children are not falling through cracks in service systems.

- c) Develop capacity within the Community Mental Health Center (CMHC) service system to provide high fidelity wraparound services to manage care and service access for children with mental health issues to prevent their entry into foster care.

**This objective is complete.** DCS continues to work with the DMHA and the CMHCs to implement high fidelity wraparound services. These services are currently available state wide. DCS has also reached out to the non-CMHC's throughout the State who provide high fidelity wraparound services. They are now providing services to children, youth and families in the CMHI in an effort to increase providers. DCS will issue another Request for Proposal if needed and appropriate to secure additional wraparound providers outside of the CMHC system.

- d) Collaborate with DCS providers to develop interest in serving this population.

**This objective is ongoing.** DCS meets with providers individually and discusses various needs on the monthly provider calls. In 2016-2017, DCS opened a new type of program service category, designed to quickly stabilize and provide diagnostic information for children in crisis. The program is called Stabilization and Diagnostic Services, and is a 60 day maximum program, with the goal being that the program serves children who are cycling in crisis but are not appropriate for acute admission. The program result should be stabilization, some skills building with the children, and a diagnostic evaluation and recommendation of the next step for the child. The program, focuses on children for whom there is some question as to whether developmental or intellectual disability exists. DCS is in the process of evaluating the program and requesting new data about the impacts on youth that have had the opportunity to utilize the 60 day diagnostic and evaluation program.

- e) Develop additional residential, group home, foster care and community-based service and treatment capacity.

**This objective is ongoing.** See subsection (a) above for a description of the pilot program being planned for Central

Indiana. Additionally, DCS is looking forward to establishing their Kinship Navigator Program.

- f) Ensure youth aging out of care have access to appropriate transition services for emerging adults.

**This objective is completed and implementation is ongoing.** The Collaborative Care program ensures there is specialized case management of older youth cases. Processes and procedures are in place to transition youth into adult services provided by the Bureau of Developmental Disabilities Services. The Collaborative Care program also works with the Social Security Administration to ensure youth have the financial means and adequate financial supports as they transition out of care. DCS is working closely with the Managed Care Entities (MCE) to determine what role they may play in assisting with this transition and also with monitoring health services. The MCE's are developing incentive programs to encourage youth to become more engaged in their health care and more consistent in their utilization of preventive services.

- g) Expand expertise in infant mental health by supporting efforts to increase the number of professionals and paraprofessionals in the state that are endorsed by the Indiana Association for Infant and Toddler Mental Health (IAITMH) to ensure that all Indiana families with very young children have access to well-trained providers in their home communities.

**This objective is ongoing.** DCS is collaborating with Mental Health Association in Indiana, doing business as Infancy Onward the endorsement agency in Indiana, to provide the necessary reflective supervision to HFI mental health clinicians serving Maternal Infant Early Childhood Home Visiting (MIECHV) funded families to encourage and promote obtaining the IMH-E endorsement and increase the endorsement among home visiting staff.

During the DCS hosted conference - The Institute for Strengthening Families - in April 2018, sessions were conducted by mental health clinicians with a focus on reflective supervision. The Institute is open to all home visiting and prevention based programs throughout the state.

**OBJECTIVE 1.3 RE-EVALUATE AND UPDATE TRAINING CURRICULUM FOR NEW FAMILY CASE MANAGERS TO ENSURE NEW FCMS HAVE THE BASIC SKILLS AND KNOWLEDGE TO ENSURE CHILD SAFETY AND SUPPORT POSITIVE OUTCOMES FOR CHILDREN AND FAMILIES.**

- a) Evaluate the role of peer coaches and field consultants in supporting new FCMS and helping to facilitate their skill development.

**This objective is complete.** Effective with the new Pre-service training design (January 2015), Peer Coach Consultants provide a 1 day training on Child and Family Teaming in Unit 2. The Peer Coach Consultants then provide oversight within the regions for the Peer Coaches as they train new cohort members as facilitators of Child and Family Team Meetings. This is now completed within pre-service training so that cohort members are trained facilitators prior to graduation from pre-service, instead of receiving their facilitator certification subsequent to pre-service training. Cohort members are then able to conduct CFTMs immediately upon being assigned a caseload.

- b) Identify opportunities to maximize knowledge-based learning through online training.

**This objective is complete.** Effective with the new Pre-service training design (January 2015), there are 28 computer assisted trainings (CATs) for cohort members to complete throughout their 58 days of pre-service training. The CATs are completed at the base office of each participant and reviewed with their supervisor and



mentor as part of the Transfer of Learning (TOL) Activities Checklist. Specific CATs are to be completed prior to specific classroom training units so that the learning achieved through completion of the CATs, discussions with the Supervisor and Mentor, and field observations can become a basis of discussion for the classroom activities that take place in each of the curricula areas. These various activities reinforce the various learning styles of adult learners.

In 2016, there were two additional computer assisted trainings (CATs) offered in Cohort training for a total of 30 CATs that are mandatory to be completed prior to graduation. By utilizing online training, new FCMs are able to spend more time at their base county interacting with their peers, mentors and supervisors as they debrief their new development areas. Additionally, there are online trainings accessible to experienced FCMs, supervisors, county directors and regional managers on the Enterprise Learning System. All staff are able to access these trainings in order to obtain training hours for their annual training requirement.

- c) Incorporate training on the safety and risk assessments into new FCM training to ensure that new FCMs have the skills they need to evaluate risk and ensure child safety.

**This objective is complete.** During Unit 1 - Activities at the base office, new FCMs observe an experienced FCM completing an assessment including a Safety, Risk and Family Strengths and Needs assessment in MaGIK. New FCMs will discuss their responses with the experienced FCM and the Field Mentor as part of the TOL Activities. This learning is reinforced during classroom activities using real case scenarios and facilitated classroom discussions.

Safety and Risk assessments continue to be part of the TOL activities that are required in order to graduate from new worker Cohort training as stated above. Safety outcomes for children, as measured by the two most recent rounds of Quality Service Reviews, had scores of 99 percent and 98 percent respectively in Refine/Maintain. This indicates that Indiana continues to make good safety decisions for children. In addition to working with these assessments during TOL, and completing paper copies during classroom training, this fall the training module of MaGIK will have electronic copies of these forms to enable completion electronically. This will more closely replicate the “real world” process and eliminate the necessity of using paper forms in training.

During the CFSR process in the summer of 2016, DCS was found to initiate face-to-face contact at 31%. While this measurement has changed (from the QSR metric to the CFSR metric), DCS will continue to monitor how we ensure the safety and risk associated with the families that we serve.

- d) Incorporate training on the Child and Adolescent Needs and Strengths (CANS) assessment tool to ensure new FCMs have the skills to appropriately address child trauma and service needs particularly for targeted populations (children age 0-5).

**This objective is complete.** Prior to graduation, each cohort is required to complete the Child and Adolescent Needs and Strengths Assessment (CANS) Certification. This is completed as part of the TOL Activities, with oversight provided by the Supervisor and the Field Mentor. Once they are certified, new FCMs assist their Field Mentor, or an experienced FCM, complete a Comprehensive CANS and case plan for a family. New FCMs are assigned a couple of cases prior to graduation so they can apply what they have learned to actual cases under the guidance of their Supervisor and Field Mentor.

Completion of the Child and Adolescent Needs and Strengths Assessment (CANS) Certification continues to be a requirement prior to graduation from the cohort training. This certification is done in conjunction with the Supervisor and Field Mentor during the TOL process. Once new FCMs are certified, these skills are applied to the cases assigned to them during training. A MaGIK report is generated that lists all cases that have not had a CANS in order to monitor CANS completion on each case. The quality of completion of CANS is monitored by supervisory oversight. In addition, a review of the CANS on cases that are presented to the Regional Placement Review Teams is completed as one of the case file documents. Three additional CANS trainings are offered to staff to ensure continuous improvement. CANS 101 and 102 are for both FCMs and supervisors. CANS 201 is for supervisors only.

The length of time a CANS certification is good for is dependent on the score the person received when they took the certification test (recertification range is from 6 months to 2 years). Individuals who are required to maintain CANS certification must recertify prior to their current certification expiring.

#### OBJECTIVE 1.4 IMPROVE ACCESSIBILITY AND EFFECTIVENESS OF SUBSTANCE USE DISORDER TREATMENT.

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- a) Document available evidence-based practices for the treatment of substance use disorders and determine service gaps, including services available for older youth.

**This objective is complete.** DCS partnered with Jeff Jamar, Behavioral Health Consultant for Children and Family Futures to conduct a survey of the Community Mental Health Center's (CMHC). The purpose was to survey Indiana's Community Mental Health Centers regarding the services they were providing to DCS clients who needed assessment and treatment for Substance Use Disorder (SUD). Several themes emerged from those surveys which were the focus of an all-day joint meeting in August 2016 with all Indiana CMHC leadership and DCS leadership to review these themes and to develop regional action plans based on that review. In addition, Dr. Nancy Young of Child and Family Futures was invited and presented on substance exposed infants and Medication Assisted Treatment (MAT).

- b) Collaborate with Community Mental Health Centers to educate DCS and CMHC staff on the effects of substance use disorders on children, best practices in substance abuse disorder treatment, and to develop local initiatives to address service gaps and improve outcomes for families.

**This objective is complete.** This objective was completed during the annual meeting with the Community Mental Health Centers in July 2014. Nonetheless, collaboration continues as DCS and the CMHCs addressed ongoing efforts to combat these issues at a joint summer conference in August 2016 (see above).

- c) Continue collaboration with the Commission on Improving the Status of Children Substance Abuse and Child Safety Task Force to (1) evaluate the availability of services; 2) determine the best evidence-based treatment programs, and 3) determine the best evidence-based prevention programs.

**This objective is ongoing.** As detailed in the Collaboration section above, DCS continues to participate with other stakeholders on this committee. In addition, the Commission has released its Annual Report which can be reviewed at <https://www.in.gov/children/files/cisc-2018-annual-report.pdf>. The Three-Year Strategic Plan for the Commission can be found at this link: <https://www.in.gov/children/files/cisc-strategic-plan-2017.pdf>. This task will continue to be ongoing as we further develop Indiana's prevention plan through the implementation of Families First Prevention Services Act.

- d) Develop an annual, mandatory staff training on substance abuse disorder and the impact on children, particularly drug-exposed infants and young children (ages 0-5).

**This objective is complete.** This training has been developed and was mandatory for all staff beginning January 1, 2016. During the period of July, 2016 – June, 2017 Substance Use training was scheduled into the super regions around the state for easy accessibility to this mandatory training. Additionally, cohort members are required to complete a Substance Abuse CAT as one of their TOL activities prior to graduation.

- e) Implement the Sobriety Treatment and Recovery Teams (START) program in appropriate communities.

**This objective is complete and rollout is complete.** DCS continues to work with its partners in Monroe County for the START program. The START program was in the start-up phase in Vigo County but ended programming in December 2017. DCS made the decision to invest in resources in expanding the START principles statewide. In addition to the START local committees which meet monthly, DCS continues a START Central Steering committee to assist with the rollout of spreading START principles. This committee focuses on statewide data. The committee is responsible for ensuring that the program is adequately supported from a central administration viewpoint. Also, through support from Casey Family Programs, DCS now has the support of consultants from Child and Family Futures to ensure model fidelity and assist in the planning for the roll out of START principles. DCS has completed a qualitative and outcome study to determine the effectiveness of the program. DCS created a fidelity report to monitor model fidelity.

- f) Consider service mapping to available evidence-based practices to ensure that families are referred to appropriate services based on their individually identified needs.

**This objective is complete.** Service mapping is in place. However, DCS has decided not to include substance use disorder services in service mapping.

- g) Review and realign new employee competencies and learning objectives to identify ways to streamline training content and ensure consistency with policy and practice.

**This objective is complete.** As part of the new hire initiatives, DCS Staff Development completed new hire training curriculum enhancements that incorporated this objective.

#### OBJECTIVE 1.5 BUILD STAFF COMPETENCY IN ENGAGING, ASSESSING AND WORKING WITH DOMESTIC VIOLENCE (DV) OFFENDERS TO APPROPRIATELY EVALUATE RISK AND PROMOTE SAFETY.

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- a) Review and revise existing policy, practice guidance and training to more clearly align with best practice standards and eliminate inconsistent or confusing language.

**This objective is complete.** The Department continues to ensure direction given via policy which was updated in July 2019 in regards to working with domestic violence offenders. DCS updated policy 5.7, which discusses the use of child and family team meetings with specific guidance in working with families experiencing domestic violence. This policy includes an updated tool for staff in considering domestic violence and the child and family team meeting (Tool 5.A). The following trainings have been updated in the past two years to reflect policy changes: Domestic Violence Critical Dynamics, the Cycle of Violence graphic, and the Domestic Violence CFTM training.

- b) Expand DCS policy, practice and training to include an emphasis on working with DV offenders.

**This objective is complete.** DCS completed updates to DV training and working with DV offenders, including guidance on holding a CFTM when DV is identified within the family and prepping for a CFTM with the alleged offender when it has been determined to be safe to hold a CFTM with the offender and victim. Also included is the incorporation of the Power and Control Wheel and Equality Wheel. DCS Policies on this topic include:

- Policy Tool 4.3 – Suggested Interview Questions for the DV Offender
- Policy 5.7 – CFTM When DV is Identified
- Policy Tool 5.1 – Suggested Alternatives when it is not possible to have both parties present at a CFTM.

Training continues to be provided to both new cohorts and experienced staff on working with families when DV is present. DV offenders are afforded separate CFTMs and case planning participation when it is not safely possible to hold these together with the DV victim. A Domestic Violence E-Learning Course is part of the TOL activities required in order to graduate from cohort. A one day training for experienced staff titled “Advanced Domestic Violence” was held in the super regions around the state during 2016 and 2017. A panel discussion which included DCS staff and DV community advocacy group members was presented at the 2017 Annual Director’s Workshop. This training is scheduled again during 2018. DCS offers an additional training program related to domestic violence for experienced workers titled “Domestic Violence: Critical Dynamics.”

- c) Strengthen local / regional collaborations with DV victim advocacy programs to improve DCS practice consistency and to enhance safety for families.

**This objective is ongoing.** DCS is collaborating with regional stakeholder groups to develop best practices around this topic.

#### OBJECTIVE 1.6 EVALUATE THE DCS SERVICE ARRAY AND MECHANISMS FOR PROVIDING QUICK ACCESS TO SERVICES DURING THE ASSESSMENT PHASE.

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- a) Evaluate the availability, utilization and effectiveness of crisis services to ensure children can be safely maintained at home.

**This objective is ongoing.** DCS has currently opened up a number of services that are provided through the assessment phase which can be a critical time for families and children. These services were made available in an effort to support families so that children and youth can be maintained at home and not have to enter the child welfare system. The services include:

- Homemaker
- Home Based Casework Services
- Home Based Therapy
- Crisis Response Homemaker
- Crisis Response Home Based Casework
- Crisis Response Home Based Therapy
- Homebuilders
- Group Counseling

- Family Counseling
- Individual Counseling
- Step 1: Clinical Interview and Assessment
- Psychosexual Assessment
- Child Hearsay Evaluations
- Provider Administered Non-Random Situational Drug Screens
- Outpatient Services
- Step 1: Substance Use Disorder Assessment
- Batterers Services
- Victim and Children Services
- Child Advocacy Center Child Interview
- Tutoring
- Services for Truancy
- Step 1: Assessment for Sexually Maladaptive Youth
- Psychosexual Assessment completed by an D&E provider
- Parent Education
- Father Engagement Services
- Visitation Supervision
- Global Services
- Community Partners for Child Safety

DCS is also working through Family Evaluations for children and youth with mental and behavioral health needs in order to ensure they have the opportunity to receive services at critical junctures as well. DCS allows for two months of the above services to be provided to families through Family Evaluations in order to ensure children and families have supports while linking to other appropriate service delivery systems.

DCS will also leverage the CFSR findings and PIP development to continue to address service gaps identified, such as substance abuse, mental health, domestic violence, and services to mentor youth. Through further implementation of the Families First Prevention Services Act DCS will continue to better develop primary and secondary prevention programs.

- b) Improve monitoring of service provider response times.

**This objective is will be addressed in upcoming plans with the start of our Family Preservation Service standard which is further addressed in the service array section of Indiana’s Child and Family Services Plan.**

## OBJECTIVE 1.7 IMPROVE COMMUNICATIONS WITH SERVICE PROVIDERS TO BETTER ENSURE CHILD SAFETY.

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- a) Ensure appropriate information is provided when a family is referred to a provider.

**This objective is complete.** The Regional Service Coordinators will implement a referral service training program in summer 2018 to ensure referrals are appropriate and delivered at the family's level of need. Field staff will be given tip sheets to utilize when making referrals.

Probation officers have access to the following website: <https://www.in.gov/dcs/3735.htm>, which gives a brief overview of services that may be appropriate for juvenile justice involved youth. This link is part of our Juvenile Justice Initiative web page related to services. This resource has been in existence for nearly three years for probation officers wanting information on the services. This was developed as a one-page document that should be provided to families when referrals are made for services. DCS' juvenile justice division completed training for probation officers on the availability of these documents. These documents are meant to be used by the probation officer and family.

- b) Ensure appropriate communication occurs between all service providers, formal and informal supports to collaborate for consistency and improved outcomes.

**This objective is complete.** The Regional Service Coordinators work as liaisons between local office staff and service providers, addressing any concerns/issues that might arise. The coordinators facilitate monthly/quarterly meetings with providers, in the regions they serve, to create a forum for providers to network, share successes, express their concerns and trouble shoot barriers or challenges specific to that region. Training on the child welfare system is provided to service providers as requested.

## SAFETY MEASURES OF PROGRESS

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Through implementation of the Goals, Objectives and Interventions outlined in this section of the CFSP, DCS will monitor, and anticipates improved outcomes related to the current and/or revised federal CFSR permanency 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.
- Re-Report of Maltreatment.

DCS also intends to develop additional reports and identify ways that technology can further support improved outcomes for children and families. As an example, DCS 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.

DCS continues to partner with Casey Family Programs in the implementation of the Eckerd Rapid Safety Feedback® model. Ongoing consultation calls are taking place as work continues on establishing a viable evaluation plan along with design and implementation strategies. The Eckerd model was highlighted in the final report of the federal Commission to Eliminate Child Abuse and Neglect Fatalities (CECANF).

DCS changed an initiative instituted in July 2016 that prohibited screen outs of reports received for children under three (3) years old. Effective January 1<sup>st</sup>, 2018, the Hotline implemented a new practice change in which the Structured Decision Making (SDM) Tool is utilized when making recommendations involving children under 3 years of age. This means that the practice of automatically recommending an assessment has ceased. If a report on a child under 3 does not meet SDM criteria, it should be recommended for screen out. Discretionary overrides may still be used. Currently, there are two supervisor reviews done on all screen outs involving a victim under the age of 3 years old.

## B. PERMANENCY GOALS, OBJECTIVES, AND INTERVENTIONS

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.

DCS decided to focus on these objectives following an analysis of CFSR permanency related outcomes, QSR permanency data and in evaluating the status of the foster care and adoption programs during development of the Foster and Adoptive Parent Diligent Recruitment Plan. While in recent years, DCS has either met or exceeded the national standard in CFSR permanency composites, in the FFY 2013 AFCARS submissions, DCS permanency composite scores for composites 1, 2 and 3 fell slightly. These decreases, combined with a decrease in the number of completed adoptions in 2013, prompted the agency to look more closely at data impacting permanency outcomes for children in care.

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 will be included in CQI efforts moving forward. Furthermore, the objectives below will be refined and adjusted as part of the recent Child and Family Service Review and implementation of any necessary program improvement plan.

### OBJECTIVE 2.1 EXPAND PLACEMENT AND PERMANENCY OPTIONS, AND IMPROVE PLACEMENT STABILITY FOR CHILDREN IN KINSHIP PLACEMENTS.

- a) Develop policy and procedures for the expansion of Indiana's definition of relative to include those with an established and significant relationship with the child.

**This objective is complete.** In response to the new sibling requirement in the Preventing Sex Trafficking and Strengthening Families Act, Indiana Law was modified effective July 1, 2015. More specifically, IC 31-9-2-107 was revised to add "any other individual with whom a child has an established and significant relationship" to the

definition of relative. DCS Policy 8.48, Relative Placement, was revised to include this new law and requirement.

- b) Evaluate system and fiscal application changes necessary to track and monitor use of the expanded definition of kinship care.

**This objective is complete.** As discussed above, Policy 8.48 Relative Placement was revised to include the new sibling definition required by the Preventing Sex Trafficking and Strengthening Families Act. In response to the goal, the Safely Home Family First report has been identified as a potential way to track these placements by adding an “other relative” section. Fiscal is also reviewing fiscal reports as a potential source for tracking relative and kinship expenses.

- c) Review and revise, as necessary, policies and procedures related to the Guardianship Assistance Program to include the expanded definition of kinship care.

**This objective is complete.** Policy 14.1 Guardianship Assistance Program (GAP) states: DCS will provide the Guardianship Assistance Program (GAP) to eligible relatives as define in 8.48 Relative Placement for whom the permanency option of guardianship is in the best interest of the child and reunification and adoption are not feasible.

- d) Evaluate resources available to kinship caregivers and revise policies, procedures and information systems to ensure these caregivers are well supported.

**This objective is complete.** Kinship is included in the definition of relative and all services and programs for relatives are also available to kinship caregivers.

- e) Expand the use of resources (staff, financial and service) to provide support to and ongoing assessment of the needs of kinship caregivers.

**This objective is complete and implementation is ongoing.** DCS continues to leverage relative support specialists and evaluate financial and service resources in furtherance of meeting this objective. DCS has received the Kinship Navigator grant, has hired an internal Kinship Navigator and is working towards further program development to support relative/kin placements.

- f) Improve utilization of the CANS to ensure children are placed and provided services according to their individualized needs.

**This objective is complete.** DCS implemented CANS in 2008-2009. To ensure sustainability, adequate and ongoing organizational supports were put in place through the development of CANS Consultants. Three CANS Consultants are assigned to various parts of the state, the North, Central, and Southern Regions. The CANS Consultants along with the Program Manager received certification to train the CANS from Dr. Lyons. This certification assisted the CANS Team in development of a series of internal trainings to Field Staff (CANS Education and Support). The first series was called CANS 101. The primary objective of CANS 101 was to educate the field on how the CANS can be integrated into DCS practice (Teaming, Engaging, Assessing, Planning, and Intervening: TEAPI) and supervision with discussion of the CANS Decision Models (algorithms). Another objective of CANS 101 was to provide information to staff to explain where they can go to get help with CANS. Staff can contact the CANS Mailbox for assistance with CANS-related questions. The CANS Mailbox is manned by the CANS Consultants. CANS 101 was completed with all field staff in September of 2014. The second series of CANS Education and Support was CANS 102. CANS 102



discussed the use of CANS to assess trauma related needs, identification and scoring of behavioural and emotional symptoms of trauma, and service planning for trauma needs. CANS 102 was completed in February 2015. CANS 101 and 102 continue to be offered on a quarterly basis in all DCS regions for new field staff and for anyone who would like a refresher.

The development of CANS 201 is complete and it is available for staff to receive training. CANS 201 focuses primarily on DCS Supervisors as to not only their understanding of the CANS from a trauma perspective but also to their role and responsibility as a CANS Super User/Implementation Coach for their staff. As discussed in the Collaboration section, DCS meets monthly with DMHA to continue dialogue and efforts to improve the CANS.

## OBJECTIVE 2.2 EXPAND PLACEMENT AND PERMANENCY OPTIONS, AND IMPROVE PLACEMENT STABILITY FOR CHILDREN IN FOSTER CARE PLACEMENTS.

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- a) Implement the Structured Analysis Family Evaluation (SAFE) to evaluate families for adoption, foster care licensure, relative placement and reunification readiness.

**This objective is complete.** DCS licensing workers have been utilizing the SAFE home study format, and LCPAs are required to use the SAFE home study format with the families they license as foster parents in the new contract cycle that began January 1, 2017. DCS hosted six (6) trainings by the Consortium for Children to train licensing workers and supervisors of Licensed Child Placing Agencies (LCPAs) in the SAFE home study model. Continuing each year, DCS plans to host SAFE home study trainings quarterly for staff turnover and to train promoted supervisors. In 2018, DCS also began offering SAFE Refresher trainings for DCS staff and supervisors.

In addition, all adopt-only families (those not licensed for foster care but who wish to adopt from DCS) will have a SAFE home study pursuant to a contract change effective July 1, 2016.

- b) Expand use of resources (staff, financial and service) to provide support to and ongoing assessment of needs of foster parents.

**This objective is ongoing.** DCS is actively meeting and reviewing ideas for services and supports that will better meet the needs of foster parents. Future benchmarks will include implementation of identified supports based upon feedback from specialists working with foster parents and the monthly meetings with supervisors. DCS recently moved its foster care specialists under centralized leadership in hopes of streamlining best practices to ensure that foster parents are supported and their needs are being met. DCS has recently developed, and is working to improve, a foster parent portal through our case management system, in order to provide more immediate feedback and to allow for self-assessment. In a workgroup with foster parents, parents and staff indicated that foster parents—even when asked to provide information about their own needs—provide information related to the needs of the children they have in care, rather than their own needs for support.

- c) Improve utilization of the Child and Adolescent Needs and Strengths (CANS) assessment to ensure children are placed and provided services according to their individualized needs.

**This objective is complete.** The second series of CANS Education and Support was CANS 102. CANS 102 discussed the use of CANS to assess trauma related needs, identification and scoring of behavioural and emotional symptoms of trauma, and service planning for trauma needs. CANS 102 was completed in February 2015. CANS 101 and 102 continue to be offered on a quarterly basis in all DCS regions for new field staff and for anyone who would like a

refresher.

The development of CANS 201 is complete and it is available for staff to receive training. CANS 201 focuses primarily on DCS Supervisors as to not only their understanding of the CANS from a trauma perspective but also to their role and responsibility as a CANS Super User/Implementation Coach for their staff. As discussed in the Collaboration section, DCS meets monthly with DMHA to continue dialogue and efforts to improve the CANS.

In order to measure progress in this area, DCS developed a report to measure improvement in CANS adjustment to trauma scores over the life of a case. DCS has been utilizing this report and has seen improvement in the field's recognition of trauma by the decrease in "zero" as a score on the trauma module on the CANS.

**OBJECTIVE 2.3 IMPROVE PLACEMENT STABILITY OF ADOPTED CHILDREN THROUGH PROPER IDENTIFICATION OF PLACEMENT OPTIONS BASED ON THE CHILD'S INDIVIDUALIZED NEEDS, AND BY PROVIDING SUPPORT FOR THAT PLACEMENT TO AVOID DISRUPTION.**

- a) Expand use of resources (staff, financial and service) to provide ongoing support to pre-adoptive parents.

**This objective is ongoing.** Family case managers utilize case resources and referrals to ensure that services are available to children and families preparing for adoption. Indiana Adoption Program also provides ongoing support to pre-adoptive parents. Additional resource needs have not yet been determined.

- b) Promote availability of post adoption services to increase the numbers of families engaged in post-adoption services, including trauma-informed trainings, to prevent adoption disruptions and dissolutions.

**This objective is ongoing.** A list of post-adoption service (PAS) representatives and post-adoption services brochures are available at all adoption events. DCS has provided training on post-adoption services to DCS staff. DCS employees have been provided a supply of brochures about PAS. In addition, adoption liaisons, and/or PAS providers present to local offices and/or attend CFTMs to discuss the availability of post-adoption services. The 2014 & 2015 RAPT Conferences were themed around trauma-informed care (Building a Healing Home) and were three days in duration. Keynote and breakout sessions were presented by state-wide and national trainers. Attendance at the RAPT conferences continue to grow every year.

A trauma training focusing on practical skill building for caregivers is being piloted in Region 15. Resource and Adoptive Parent Training (RAPT) Staff offers a three-part training series (four hours each) on trauma for all resource families. There is a RAPT training specific to adoption that is six hours in duration. This training talks about post-adoption services and is required prior to an adoption being finalized. Also, all three PAS providers have held 16 trauma-informed trainings in various regions throughout the state for families during the last SFY – most of these have been open to families not currently receiving PAS services in addition to their current PAS families. PAS providers provide annual retreats for adoptive families to promote self-care and resilience.

- c) Develop mechanisms to track and evaluate the post adoption service array to assess its overall utilization and effectiveness, including its interaction with the Children's Mental Health Initiative.

**This objective is complete.** In addition to monthly reports on each individual family receiving post adoption services, the three post adoption service providers also send quarterly reports which provide a summary of the number of new and renewed referrals, quarterly achievements and challenges, including systemic issues (navigating Medicaid issues, etc.).

There were 622 referrals for Post Adoptive Services (PAS) made between 7/1/2018 to 6/30/2019.

DCS tracks post adoption services by family, not by child, so it is difficult to compare the number of children served. However, the families served increased from 200 families in 2012 to 331 in 2016. DCS includes the number of post-adoption service cases which also have Child Mental Health Initiative (CMHI) involvement.

#### OBJECTIVE 2.4 INCREASE THE EFFECTIVENESS OF FOSTER AND ADOPTIVE PLACEMENTS.

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- a) Expand resources available to foster and pre-adoptive parents.

**This objective is ongoing.** DCS has begun monthly in-service meetings with foster care supervisors, managers and regional managers in hopes of providing current information regarding available resources. The meetings also allow them to problem solve and develop plans around any barriers to the provision of support and resources to foster parents. DCS continues to educate staff about referral procedures for supportive services for foster parents and situations in which these would be appropriate. DCS has also expanded a training foster parent workgroup to include topics such as supports and needs of foster parents more generally. This more formal mechanism of gathering feedback and providing a line of communication will assist DCS going forward in expanding resources in the way most beneficial for foster parents.

DCS also recently obtained a new foster parent liability insurance policy, which is providing more comprehensive coverage to foster parents than previously available. Every foster parent is automatically enrolled into this coverage when a placement occurs. This can be a meaningful support to foster parents if they incur costs and damages associated with their fostering experience.

Educational issues and fees can also be challenging for foster parents to navigate. Foster parents often don't understand whether a school fee should be assessed for children in their care, and who should be responsible for paying the fee. To assist in this regard, DCS has recently created new protocols for the Educational Liaisons to assist foster parents in handling issues related to school fees and equipment.

In 2018, DCS began working with a dedicated group of stakeholders to draft and implement a Foster Parent Bill of Rights after legislation was signed by the Governor in the spring of 2018.

In late 2018, DCS centralized leadership for current foster care specialists who work with our foster parents in hopes of streamlining best practices and ensuring our foster parents are supported. DCS will continue to work diligently with foster parents in the future to address the needs of foster children and families.

- b) Increase the effectiveness of matching foster children to resource homes.

**This objective is ongoing.** DCS has multiple resources and tools to assist in this regard. First, specialized staff members who work with families have a better knowledge of families' strengths and needs and can make placement matches more effectively. Additionally, MaGIK has a placement matching feature that allows for the filtering of foster homes with available capacity by various characteristics, such as age and gender preferences, special needs they can or are willing to accommodate, and location (down to school district). This feature can be very useful at quickly narrowing a potential list of options. At the end of 2016, DCS and our LCPA providers both undertook a "data cleanup" to assist in ensuring that this information was provided and is up to date. As mentioned in an earlier section, DCS is also exploring the potential for a Foster Parent Portal into our system so that foster parents can provide the most up to date information and see what information we have about their

skills and preferences. DCS will continue to educate staff on the need to enter this data in foster parent resource profiles so that this feature can be maximally effective. MaGIK enhancements to the configurability of the characteristics entered into the system will allow for reports identifying areas of need by county and region. These reports are not yet completed.

In November 2015, DCS hosted a forum for all LCPA licensing workers to provide data on demographics of children needing out of home placements by case county. The data was also provided to our DCS licensing workers through the Regional Managers. This data looks at the information of the children who need foster care by the county where their case originated (rather than county placed). This data allows for targeted recruitment based upon the makeup of the children in need of out of home placement in the county.

In November 2016, DCS shared demographic data related to all children coming into care who were in need of non-related out of home placements. There was not a formal meeting to provide the data, but the information was shared with providers and DCS licensing staff who have access to the report on Foster Parent Recruitment.

As indicated in last year's report, DCS has a comparison report indicating the race demographics of foster children and foster parents in given counties. The report provides information state-wide and by region and county. The state-wide information shows that a disparity remains between the distribution of foster homes that identify as Latino and children in need of out of home placement who identify as Latino, specifically a shift from 2.96% of foster homes as compared to 9.82% of placements in 2016 to 2.67% of foster homes identifying as Hispanic/Latino origin as compared to 8.67% of placements.

To address this area for improvement, DCS continues to work on an additional contracted provider who can provide training and guides to foster families in Spanish language. DCS has also increased the number of pamphlets available in Spanish and will be looking for ways to reach the Hispanic community.

Speaking only as to pre-adoptive matches, DCS uses the Indiana Adoption Program process of sharing Indiana Adoption Program recommended home studies with FCMs and Child Social Summaries with Indiana Adoption Program recommended families to help gauge interest. A team approach was established to interview and select the most appropriate family to ensure that various professionals provide input on the match.

- c) Minimize the number of disrupted placements.

**This objective is ongoing.** While DCS has matching capabilities to maximize the appropriateness of placements and supportive services to support placement challenges, there is currently limited information that can be extracted on the rate of placement disruption. As listed in an alternate section of this report, work continues on creating a reliable data report that would inform strategies to reduce the number of disrupted placements. Once meaningful data is available to track disruption episodes in aggregate form, DCS will be able to determine if efforts to better match children and foster parents and support placements are effective in reducing disruptions. In addition, the efforts to expand resources available to foster and pre-adoptive parents could prove beneficial in minimizing disrupted placements. As DCS continues to assess this issue, Region 15 has decided to do a continuous quality improvement project around how to minimize disruptions in placements, this project is in the data collection phase.

- d) Maximize retention of resource families.

**This objective is ongoing.** In recognition that foster parents' satisfaction with fostering often relates to their

interactions with agency staff, DCS is planning a practice in-service for all Family Case Managers in the last quarter of 2015 on the topic of engaging foster parents. The in-service will focus on reinforcing to staff their role in the foster parents' experience and provide information on utilizing practice skills when working with foster parents. As mentioned previously, the availability of a Regional Foster Care Specialist (RFCS) as a liaison to necessary resources and supports should bolster DCS's efforts to retain resource families and successful placements. DCS recently centralized leadership for the regional foster care specialists to ensure the streamlining of best practices in the work we do with our resource families. The Department has also received a Kinship Navigator Grant and is currently in the process of building a Kinship Navigator program.

**OBJECTIVE 2.5 EVALUATE THE STRUCTURE OF AND POLICY SURROUNDING THE USE OF THE CASE PLAN AND TRANSITION PLAN TO ENSURE IT SUPPORTS DEVELOPMENT OF GOALS THAT ARE IN THE BEST INTERESTS OF CHILDREN AND FAMILIES, AND FURTHERS TIMELY PERMANENCY.**

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- a) Determine methods to ensure permanency goals are appropriate to the child's needs and the circumstances to the case and that the goals are with input from the youth and parent.

**This objective is complete.** Both the Developing a Case Plan policy 5.8 and the Transition Plan policy 11.6, communicate the importance of utilizing the Child and Family Team (CFT) meeting process to create plans for assessment, safety, service delivery, and permanency. A CFTM fulfills the requirement to hold a Case Plan Conference, if all required parties are present. If a family chooses not to participate in the CFT Meeting process, a Case Plan Conference is held to develop the Case Plan. The Case Plan policy states: DCS will work with the parent, guardian, or custodian, extended family, child (if age and developmentally appropriate), and the CFT, if applicable, in developing the Case Plan. Policy goes on to state that when developing a Case Plan the Family Case Manager (FCM) will "Determine the Permanency and Concurrent Plans that are in the best interest of the child and ensure that the goals, objectives, and activities outlined in the Case Plan support the Permanency Plan". For older youth the Transition Plan policy states: The plan shall be:

1. Youth-focused and developed with the assistance of the Family Case Manager (FCM) or Collaborative Care Case Manager (3CM) and members of the youth's Child and Family Team (CFT);
2. As detailed as the youth elects;
3. An outline of the Older Youth Services the youth will receive;
4. Focused on short-term and long-term achievable and measureable goals;
5. Updated every six (6) months until the youth's case is closed; and
6. Given to the youth at each update.

- b) Determine methods to ensure case plans are completed timely and consistent with the court orders for permanency goals (no later than 60 days from the date the child entered foster care).

**This objective is complete.** To ensure that case plans are completed timely DCS requests that case plans be completed within 45 days of removal or disposition. The Developing a Case Plan policy 5.8 states: The Indiana Department of Child Services (DCS) will have a Management Gateway for Indiana's Kids (MaGIK) approved Case Plan within 45 days of removal or disposition, whichever comes first for:

1. Every child who has been adjudicated a Child in Need of Services (CHINS);

2. All children with an open case type;
3. Children who are at imminent risk of removal; or
4. A Juvenile Delinquent or Juvenile Status (JD/JS) for whom DCS has been ordered to pay for the placement and the child is IV-E eligible.

- c) Evaluate the existing case plan and transition plan to gather feedback on its current functionality and determine what information and or questions need to be revised or added to the Case Plan to ensure better outcomes for children.

**This objective is ongoing as plans continue to be improved and programmed in to MaGIK.** Both the Case Plan and Transition Plan are currently being revised. On June 28, 2017, the transition plan for successful adulthood form was programmed in MaGIK. The form will display only pages and questions relevant for the youth's age beginning with age 14, then every 6 months until age 21. The form will also initially display 30 days prior to the youth's 14th birthday so that it can be filled out ahead of time as needed for a CFTM, etc. An additional plan should be completed 90 days prior to the youth's 18th birthday. Some data will be auto-populated from Casebook.

Programming for effective case planning is an ongoing project. Due to the complicated nature of current MaGIK programming, any needed revisions to the Case Plan and Transition Plan are made to the forms to ensure compliance with Federal and State requirements. Indiana is currently in the process of transitioning to a Comprehensive Child Welfare Information System (CCWIS), which will make the task of improving both case plans and transition plans easier. As Indiana is building the case management module in CCWIS, steps are being taken to ensure compliance with both federal and state requirements. Indiana plans to have the case management module for CCWIS available in December 2020.

- d) Determine methods to ensure case plan goals are updated in a timely manner (e.g., when changing a goal from reunification to adoption). Consider system monitoring efforts.

**This objective is ongoing.** The Developing a Case Plan policy 5.8 states "DCS will ensure that the Case Plan is updated at least every 180 days from the effective date of the previous plan and anytime there is a significant change (e.g., change in placement, identified needs, change in permanency plan, parents failure to participate in services, parents cannot be located, changes with parent's income and employment, child's income and resources, etc.)". System monitoring efforts are being explored. PIP activities will also be developed to improve issues found in the CFSR regarding permanency goals not always being updated timely in the case file.

#### **OBJECTIVE 2.6 IMPROVE ENGAGEMENT AND PARTICIPATION OF FATHERS AND PATERNAL RELATIVES.**

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- a) Increase efforts to find fathers by utilizing available search tools and through referrals to the investigation unit.

**This objective is complete and efforts are ongoing.** The investigators utilize a variety of internet search tools, such as computer databases, Accurant, Federal Information Portal, Federal and State Department of Corrections, Federal and State Offender Registries, and the Indiana Bureau of Motor Vehicles. Social Media is utilized, including Facebook, Public Records, County Court Systems and records. FCMs make referrals to the Investigator unit through the KidTraks program when a need is recognized.

- b) Increase utilization and effectiveness of father engagement services.

**Analysis of this objective is ongoing.** Service training is being rolled out in summer 2018 for field staff and new supervisors, which includes the availability and overview of Father Engagement services. In addition, a father engagement call is held quarterly which allows providers the ability to trouble shoot issues and brainstorm solutions with other father engagement providers across the state. Quarterly, father engagement providers submit data on served clients. Information collected includes, successful visits, attended CFTMs, attended case plan conferences, successful contacts with incarcerated fathers, successful placements with the referred father, and genogram completion with the referred father. Genogram completion has assisted with identify paternal relatives who may be utilized as possible placement options, and assisted the father in identifying potential supports and CFTM participants.

- c) Increase engagement of fathers in child and family team processes, case planning activities, visitation and service provision.

**This objective is ongoing.** DCS continues to work with the father engagement providers to develop strategies to increase engagement. In March 2018, DCS held a provider retreat with Father Engagement providers and DCS staff. Fathers who have been involved with the program were interviewed by the providers and shown by video during the retreat. The videos offered an opportunity for providers and DCS to hear about successes and challenges of the program. In addition, DCS is in discussion with the Department of Corrections to develop a MOU to facilitate visits between incarcerated fathers with their children by other means than in person visitation.

- d) Engage paternal relatives as informal supports and placement and permanency options.

**Analysis of this objective has not yet been completed,** however DCS continues to work within its Research and Evaluation team utilizing survey methods to adjust the services needed to ensure ongoing Fatherhood Engagement efforts. DCS is currently working on a MOU with the Department of Correction in order to increase visitation and communication between the Department, fathers, and their children.

**Information regarding continued progress is addressed in Indiana’s current approved PIP and is located in the CFSP under Permanency Objective 2.1 (c & d).**

#### OBJECTIVE 2.7 IDENTIFY AND IMPLEMENT STRATEGIES TO BETTER TRACK AND MONITOR CHILD / PARENT VISITS.

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- a) Evaluate strategies for capturing parent / child visits supervised by either DCS or provider staff for both CHINS and Juvenile Delinquency cases.

**This objective is ongoing.** In November 2017, DCS revised the visitation services standard to focus on quality of services specifically to monitor and facilitate parent child interaction. The provider form and policy have both been updated.

- b) Implement technology solutions to support consistent monitoring of visits.

**Analysis of this objective has not yet been completed, however this will continue to be addressed in Indiana’s current PIP, located in the CFSP in section Permanency 1 (a & b).**



## PERMANENCY MEASURES OF PROGRESS

Through implementation of the Goals, Objectives and Interventions outlined in this section of the CFSP, 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

Since piloting PRTs in June 2011, DCS has completed 2,039 Permanency Roundtables. 1215 (59%) of these PRT cases have closed. Of the 1215 cases 719 (59%) have closed by achieving the “Gold Standard” of legal permanency through either reunification, adoption, or legal guardianship. The PRT data is currently being transferred to a new database housed within the DCS KidTraks system which makes it a challenge to provide information as to the percentage of cases that have increased in Permanency Status. However, our last data pull on June 14, 2017 states that 75% of our PRT cases have improved at least one Permanency Status level. Historically our numbers have stayed relatively consistent.

DCS also intends to monitor the utilization of kinship placement options, as well as post adoption services and consistent with its goals related to continuous quality improvement, will identify and implement strategies to further improve outcomes based on data trends.

In 2017, DCS engaged consultants from Katz Sapper and Miller (KSM) to build a permanency model that identifies cases that are close to permanency or should have already achieved permanency to see what characteristics the cases have in common. After identifying commonalities, DCS will work to develop strategies to minimize the number of cases not achieving permanency timely, specifically as it applies to the Permanency in 12 months (12-23 months & 24+ months). DCS recently began the rollout of the dashboard tool and has piloted it in five (5) DCS Regions – Regions 3, 4, 5, 9, and 14.

DCS Central Office will continue to 1) incorporate new enhancements to the dashboard tool based on user feedback to deliver a workflow application that identifies outlier involvements and facilitates review and informed intervention on identified outlier involvements by regional management teams and 2) formulate and execute a strategy for rolling out the application to the regional management teams.

## C. WELL-BEING GOALS, OBJECTIVES, AND INTERVENTIONS

### Goal # 3: Ensure the well-being of children and families through holistic and individualized practice

During the 2010-2014 CFSP, DCS implemented a number of new services and created several specialized staff functions all designed to further well-being for children involved with the child welfare system. Many of the objectives outlined in this goal are designed to continue moving forward with strategies put in place during the prior CFSP. These objectives focus on improving and/or evaluating how we are using the services and staff



resources we put in place in 2012 and 2013, as opposed to implementing new strategies to improve child well-being.

**OBJECTIVE 3.1 CONTINUE EXPANDING THE AVAILABILITY AND USE OF EVIDENCE-BASED AND EVIDENCE-INFORMED PRACTICES TO ENSURE CHILD AND FAMILY NEEDS ARE BEING MET.**

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- a) Document and train staff, CASAs, Judges and Probation on available evidence-based programs and target populations for these services.

**This objective has been completed.** Presentations have been provided to judges, probation and CASAs regarding the evidence based programs that are being supported by DCS. Additional training has been provided regarding how Service Mapping will assist in the selection of services.

- b) Improve the effectiveness of residential programs by requiring all residential programs to utilize an evidence-based program and auditing provider compliance with the program model.

**This objective has been completed.** The Residential Liaisons (RL), in the Permanency and Practice Support Division, work closely with DCS Residential Licensing/Contract staff. The RL is responsible for assessing, reviewing, and monitoring the quality of programming and clinical services provided to DCS children and adolescents in residential care. The RLs conduct annual contract compliance residential program reviews for assigned facilities using the Residential Programs Clinical/Quality Indicators Checklist. A quarterly review schedule was developed in collaboration with providers to ensure that all facilities receive a review. Visits may also be scheduled on an "as needed" basis, in response to feedback from Clinical Services Specialists, Residential Licensure/Contract Staff and/or Field Staff. Residential Liaisons coordinate residential reviews, summaries of findings, recommendations for improvement and other survey activities with DCS Residential Licensing/Contract Staff. Any concerns, findings and/or recommendations for improvement are integrated with information from the Contract/License Audit Tool.

RLs provide consultation to residential providers regarding trauma-informed, evidence-based practices and provide guidance, as necessary, to assist providers in meeting the expectations outlined in the DCS Contract. The RLs also work closely with members of the Clinical Resource Team to resolve identified concerns regarding specific DCS youth in placement and keep members of the Clinical Resource Team apprised of any concerns or trends involving specific residential providers. The RLs also assess provider capacity regarding evidence-based services for DCS youth on an ongoing basis and provide input to the Clinical Services Manager, the Deputy Director of Placement Support and Compliance and/or the Deputy Director of Programs and Services regarding needed services. On a quarterly basis, the RLs meet with the Clinical Services Manager to discuss residential providers' progress in implementing evidence-based programming (e.g., TF-CBT). As part of ongoing audits, when it is determined that an entity is not in compliance with contract and license requirements, the facility must develop and implement a plan of correction (POC).

- c) Improve the effectiveness of community-based programs by contracting for services that utilize an evidence-based program and auditing provider compliance with program model.

**This objective has been completed.** DCS monitors compliance and provides technical assistance with program models for the following evidence based practices:

- Family Centered Treatment through the contract with Family Centered Treatment Foundation
- Homebuilders through the contract with the Institute for Family Development

The above mentioned evidence based program models utilize service logs, which allow DCS to monitor model implementation. The DCS audit team ensures each agency implementing an evidence based program is certified and received the appropriate training to implement the model.

- d) Collaborate with stakeholders to address unmet service and placement needs through provider engagement.

**This objective is complete.** As part of the Biennial Regional Services Strategic Planning process conducted in the fall of 2017, providers and community stakeholders were asked to participate in focus groups that worked to identify the needs and create an action plan around the selected topic areas of prevention, substance abuse disorder treatment, preventing maltreatment after involvement and obtaining permanency for children in care 24+ months.

DCS also worked with Casey Family Programs on gathering information on evidence-based or evidence-informed practices for foster homes from other states and jurisdictions that have implemented new programs. Following several productive calls, DCS issued a Request for Information in January 2015 seeking innovative solutions for children under the age of 10 who have aggressive or antisocial behavior problems, or other social, emotional, or mental health needs that lead to difficulty in finding appropriate placements. DCS will continue to evaluate information related to this topic.

DCS is also working on developing a structured way to ensure that victims of human trafficking are receiving appropriate care that is focused for their specific needs. Current efforts include implementation of a residential service standard for programs that would like to serve the population of human trafficking victims, and educating the providers on human trafficking.

Lastly, as part of the PIP development process, numerous stakeholders from the service provider community, local DCS offices, probation, and the courts were involved in helping provide guidance on how service and placement needs could be addressed.

- e) DCS-involved youth who are identified as having significant needs associated with trauma (i.e., CANS “adjustment to trauma” item score = 3) will receive evidence-based, trauma-informed services to enhance their well-being.

**This objective is complete.** Service Mapping, which was deployed in 2015, provides service recommendations. Children who have experienced trauma as documented by the CANS are provided service recommendations to Evidence Based Practices (EBPs), which can address trauma. In addition, DCS Clinicians are providing consultation for these cases to ensure the child’s needs are being met. Service Mapping continues to be refined and improved in order to expand and increase its use among FCMs. Probation officers work closely with the probation service consultants to match children and youth with appropriate services that meet the individual needs of juvenile-justice involved youth.

**OBJECTIVE 3.2      ENHANCE STAFF CAPACITY TO UTILIZE SAFETY, RISK AND CANS ASSESSMENTS IN CONJUNCTION WITH ONE ANOTHER TO IDENTIFY UNDERLYING NEEDS OF CHILDREN**

AND FAMILIES, ENSURE APPROPRIATE CASE PLANS ARE ESTABLISHED, AND TAILORED SERVICES ARE PROVIDED.

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- a) Improve staff capacity to effectively assess trauma and the behavioral health and placement needs of children and youth to identify appropriate services through use of the Child and Adolescent Needs and Strengths (CANS) assessment tool.

**This objective is complete.** Certified and Trained CANS Consultants developed and implemented CANS 102. CANS 102 discussed the use of CANS to assess trauma related needs, identified and scoring behavioural and emotional symptoms of trauma, and service planning for trauma needs. CANS 102 was completed in February 2015. CANS 201 has been developed and focuses primarily on DCS Supervisors as to not only their understanding of the CANS from a trauma perspective but also to their role and responsibility as a CANS Super User/Implementation Coach for their staff as it relates to CANS.

Probation departments may complete an Indiana Youth Assessment System (IYAS) (assesses for Detention, Diversion, Community Supervision, Placement or Re-Entry) depending upon the situation. The IYAS would be considered a criminogenic Risk Needs assessment whereas the CANS is a strengths/needs assessment. For a probation involved youth, providers may complete the CANS according to their specific service standard.

- b) Improve assessment of the child and family's needs through utilization of the Safety and Risk Assessments and ensure results are being used to guide development of the case plan.

**This objectives is ongoing.** DCS has engaged Eckerd Kids, in collaboration with Casey Family Programs, in implementing the Eckerd Rapid Safety Feedback® model (<http://www.eckerd.org/programs-services/system-of-care-management/eckerd-rapid-safety-feedback/>).The Eckerd model was highlighted in the final report of the federal Commission to Eliminate Child Abuse and Neglect Fatalities (CECANF). Furthermore, the improvement of the Safety and Risk Assessments will be part of Indiana's finalized program improvement plan.

- c) Utilize the assessment tools to map to appropriate services to meet the individual needs of the family and child.

**This objective is complete.** The service mapping system utilizes information from the Child and Adolescent Needs and Strengths assessment as well as the Structured Decision Making tool for Risk Assessment to develop specific, evidence based program/service recommendations.

- d) Explore methods to improve participation and engagement of service providers in child and family teams and case planning activities.

**Analysis of this objective has not yet been completed.**

- e) Consider training and appropriate use of case plan goals associated with building social capacities, self-esteem, coping skills and re-establishing and maintaining relationships.

**Analysis of this objective has not yet been completed.** However, ongoing enhancements to the DCS case plan will positively impact the development and success of goals identified and will continue to be evaluated as Indiana moves towards a CCWIS compliant system.

- f) Improve the utilization of contracted providers to offer more in-depth assessments for trauma, bonding and attachment, psychological evaluations, and independent living skills.

**This objective is ongoing.** Utilization of services is evidenced through service mapping. Service mapping ensures appropriate cases are mapped to comprehensive services like Family Centered Treatment and Trauma Focused Cognitive Behavioral Therapy. The Child Welfare Services unit clarified the diagnostic and evaluation service standard so the correct tools would be used for bonding and attachment and trauma assessments. DCS also has Clinical Consultants available to field staff to consult on cases, make recommendations and act as a liaison between field staff and providers. As previously mentioned, a focus of the PIP will be improving the use of services, including the utilization of Service Mapping. Currently, the Child Welfare Services staff are improving the service standards.

**OBJECTIVE 3.3 IMPROVE PARTICIPATION AND ENGAGEMENT OF CHILDREN AND CAREGIVERS IN CHILD AND FAMILY TEAMS, CASE PLANNING ACTIVITIES AND SERVICE PROVISION.**

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- a) Explore methods to engage children and youth in child and family teams, case planning activities, and service provision.

**Analysis of this objective has not yet been completed.** However, development of the PIP will include strategies around improving overall engagement through all case related activities for each participant.

- b) Explore methods to engage noncustodial parents, kinship caregivers, foster parents, and pre-adoptive parents in child and family teams, case planning activities, and service provision.

**Analysis of this objective has not yet been completed.** However, development of the PIP will include strategies around improving overall engagement through all case related activities for each participant.

**The above step outs within this objective are being addressed in Indiana’s current PIP in Engagement Objectives 3.1, 3.3, and 3.4, more information regarding these sections can be located in Indiana’s CFSP.**

**OBJECTIVE 3.4 EVALUATE THE IMPACT OF TRAINING AND APPROPRIATE USE OF CASE PLAN GOALS ASSOCIATED WITH BUILDING SOCIAL CAPACITIES, SELF ESTEEM, COPING SKILLS AND RE-ESTABLISHING AND MAINTAINING RELATIONSHIPS.**

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- a) Identify ways to track whether nursing services staff are improving timely access to medical and dental care for children in care.

**Analysis of this objective is ongoing.** It is the role and responsibility of Family Case Managers (FCMs) / Field Operations to ensure that every child in out-of-home care is provided with health care services necessary to meet the child’s needs (e.g., physical, mental, dental, visual, auditory, and developmental). According to policy 8.25 Health Care Services, children receive the following initial screens/exams: A general health exam within 10 days of placement unless exceptions apply as outlined in separate policy, 8.29 Routine Health Care; (This exam should also include screens for dental, visual, auditory, and developmental health) and an initial dental examination and cleaning within 90 days of placement unless exceptions apply as outlined in separate policy, 8.29 Routine Health Care.

Upon receiving a Referral request prior to September 2017, the DCS Nurse Consultants assisted with improving access to medical care, treatment, and dental care by: assisting the FCM with communication with the Primary Care Physician (PCP) as well as other health providers and facilities; reviewing medical records and providing summaries based on physician orders and making recommendations based on approved standards of care;

interpreting medical terminology and laboratory findings; and attending / participating in meetings, staffings, care conferences, CFTMs, and PRTs that will provide essential information to continue to improve health / medical and dental care for children. However, the DCS Nurse Consultants program ended in September 2017. DCS is currently assessing the benefits of an integrated health and behavior health program.

- b) DCS Clinical Services Specialists will provide clinical consultation, as requested by the FCM, for any youth rated a 3 on the CANS “adjustment to trauma” item.

**This objective is complete.** All youth are screened for trauma using the CANS. DCS has developed a monthly report that identifies those youth rated a “3” on the CANS “adjustment to trauma” item. The Clinical Services Specialists review this report monthly and generate a notification email to each FCM with one or more youth listed. The FCMs can then generate a referral for clinical consultation with the Clinical Services Specialist, if they need assistance in planning for needs associated with trauma.

- c) Evaluate the impact of the education liaisons with regard to school attendance and graduation rates, incidence of suspension and expulsion and attendance in post-secondary education.

**Analysis of this objective is ongoing.** The Education Services Director has been actively working with DCS legal, Assistant Deputy Director of Strategic Data Driven Solutions, and the Department of Education (DOE) legal and student services departments to establish a MOU to obtain a data sharing agreement that will allow a disaggregated report to be created that will identify the academic progress, enrolment, and graduation rates of Indiana’s foster youth population. The MOU between DCS and DOE has been completed, which allows for data to be shared between the two agencies. DCS has been working collaboratively with DOE on several matters, including the implementation of ESSA. The Education Services team and DOE Student Services team co-created a collaborative process to ensure the implementation of the requirements of the Every Student Succeeds Act (ESSA) as they pertain to the data collection, best interest determination to support the educational stability of Indiana’s foster population, and transportation plan template for the local school corporations to utilize in their development of the written plans required by ESSA.

The Education Services team submitted an Enhancement Request to the KidTraks team August, 2017 to begin implementation of measurable outcomes based on the referral reasons for each child referred to the EL team. When completed, it will allow a data driven report to be cultivated identifying the impact the EL involvement has on the child’s education and DCS’ case plan. A request for specific data fields to be made mandatory fields of completion and reminders to update the fields has also been submitted to be added to MaGIK Casebook with the intent to efficiently track graduation rates, attendance, grade promotion/retention and grade level including post-secondary accomplishments.

Below are a list of action steps that highlight DCS Education Services team’s efforts in continuing collaboration with the DOE to effectively support the educational stability of Indiana’s foster youth population.

- DCS and DOE issued joint guidance pertaining to the transportation of foster youth in April 2017
- DOE has sent the Letter to Superintendents issued by DCS Education Services in December 2017 to local school corporations, attached it in Dr. McCormick’s newsletters twice and posted it on their website

- DOE has sent the Point of Contact Checklist created by DCS to local school corporations and it is posted on DOE website
- Through feedback received from local DCS offices, local school corporations, and DCS & DOE Leadership this form has been revised to support a more collaborative discussion and decision making process and will be submitted to the state forms committee prior to the close of the 2018-2019 school year.
- DCS/DOE collaboratively developed a written procedures template for local schools to use when negotiating with local DCS offices regarding the sharing of cost for transportation of foster youth, ESSA dispute resolution process, and best interest determination collaboration process. It is also posted on DOE's website.
- DCS and DOE meet quarterly to ensure full collaboration and communication between the agencies
- DOE also posts DCS Education Services resources for educators on their public website.
- DOE has cited the DCS Education Services team as a support to serve the special education needs of foster youth population in their State Plan submitted to the USDOE.
- DCS and DOE will also collaborate with the Indiana State Board of Education to develop a remediation plan to address any identified educational gaps from the report of disaggregated educational data for foster youth that will be issued annually beginning in January 2019.
- DOE held first annual Indiana Education for Homeless Children & Youth (INEHCY) in March in which DOE & DCS State Point of Contacts co-presented on the topic of ESSA and its impact on foster youth.
- DOE Director of Transportation also presented supporting the transportation requirements set forth in ESSA for foster and homeless youth and the responsibility of school of origin to transport these youth, when found in the best interests.
- DCS and DOE has collaborated to set up the required data collection in compliance with ESSA and newly passed legislation under HEA 1314 for foster youth in order to fully identify the educational needs of foster youth; including diploma track, attendance, graduation, grade promotion and retention, homebound, expulsion and suspension rates, percentages of youth with Individual Education Programs and standardized testing rates.

**This objective is ongoing.** The Permanency & Practice Support Division's CY 2015 Plan was to determine what needs to be measured and how it should be measured. For Calendar Year 2017, DCS Investigators processed approximately 74,450 referrals from Field staff and located approximately 30,543 individuals. CY 2017 investigators processed 54,232 referrals and located approximately 273,668 individuals. Work continues to identify a reliable process for drilling down on the above data and establishing a methodology for verifying the success of locating family members.

#### WELL-BEING MEASURES OF PROGRESS

Through implementation of the goals, objectives and interventions outlined above, DCS, through the QSR process, has historically monitored the measures outlined below to determine well-being outcomes for children and youth.

- Permanency and Practice Support reports related to the number and impact of referrals to nurses, clinical services specialists, investigators and education liaisons.
- CANS outcomes and compliance reports.

- Well-being Quality Service Review Child Status Indicators,
- Appropriate living arrangement,
- Physical Health,
- Emotional Status,
- Learning and Development,
- Pathway to Independence.

However, moving forward, DCS will use the OSRI through the CFSR process over the next two years (2018-2020) to monitor system performance.

#### D. CONTINUOUS QUALITY IMPROVEMENT (CQI) GOALS, OBJECTIVES AND INTERVENTIONS

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Goal #4: Promote a culture of learning whereby staff at all levels of the agency consider ways to improve practice, programs and policy.

##### OBJECTIVE 4.1 DEVELOP A POLICY AND ORGANIZATIONAL STRUCTURE TO BUILD SYSTEM CAPACITY TO BEGIN USING CQI AS THE METHOD FOR EVALUATING AND IMPROVING CHILD WELFARE PRACTICE.

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**This objective is ongoing.** During SFY 2015, DCS was successful in developing a decision-making structure within the executive staff and field staff through the multi-disciplinary CQI Steering Committee and workgroups tasked with achieving goals supporting the CQI process and larger DCS objectives.

DCS aspires to promote a culture where staff at all levels consider ways to improve practice, programs and policy. In order to achieve this, DCS is approaching CQI as a philosophy to implement policies, programs, and practices that drive continued efforts to support and maintain quality services on behalf of children and families in Indiana. DCS recognizes the need and value of integrating qualitative and quantitative data to provide a more comprehensive view of the agency's strengths and areas for improvement. The approach examines and involves all areas of the agency in a two-way exchange whereby CQI needs are identified, objectives are formed, and constant evaluation occurs throughout.

At the core of the CQI approach is the development of an organizational culture that supports continuous learning. DCS has already begun implementing a variety of data evaluation techniques to more closely align the agency to a culture of learning and discovery. Through the use of consultants, in conjunction with state resources, DCS has begun to analyze and learn from data with targeted management staff. This is just the first step in shifting the agency's culture.

DCS is always working to achieve improved outcomes for children and families, which it does by reviewing existing and emerging research and by analyzing data to continually guide and inform its practice. Data gathered, analyzed, and shared for the Title IV-E Wavier evaluation both support CQI efforts and permit DCS to make necessary changes to policy, programs, and practice through data-informed decision-making. The Title IV-E Waiver serves as a tool for targeted system improvements. The flexibility of the Title IV-E Waiver allows DCS to remain anchored in a



general theory of positive change on behalf of children and families in Indiana.

The Department is evaluating progress in achieving its CQI goals and objectives from a completion perspective as opposed to a more quantified data analysis method. To evaluate the agency's progress, DCS will monitor its success by developing a policy and organizational structure to support its utilization of CQI. In addition, the agency will develop a process and monitor progress for identifying opportunities to utilize CQI to further analyze problem areas and identify strategies for improvement. CQI will be used to identify strengths and determine how to share those strengths across the DCS system.

## 1. 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. 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. To better support this work, DCS created the Division for Strategic Solutions and Agency Transformation (SSAT), which employs CQI and service review staff as well as the Office of Data Reporting and Research.

CQI staff were trained on the Six Sigma Green Belt Certification program through Purdue University. CQI then engaged with various divisions to pursue initiatives which seek to create positive and lasting change to outcomes for children and families. These initiatives 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. FCM, Supervisor, Division Manager, Local Office Director, etc. Additionally, the Strategic Solutions Steering Committee shall set broader direction for innovation for the agency and evaluate the initiatives on a regular basis in order to determine if there is local learning and programs that can be used across the state for agency-wide improvement. The Strategic Solutions Committee will continue to monitor and shape the CQI efforts driving service delivery. In addition to the Strategic Solutions Committee, there are several work groups that help support continuous improvement efforts.

The structure of CQI is such that it lends itself to potential initiatives, measuring current and projected performance, and evaluating impact and outcomes. As the Continuous Quality Improvement Team has grown additional staff members were trained in Six Sigma for Green Belt Certification. Along with the CQI team, staff from several other divisions were included for Green Belt Certification, and throughout 2019, 24 more staff members will attend Six Sigma Training. Moving forward, DCS intends to use Lean Principles and has also employed Six Sigma as a mechanism for CQI. The agency is actively monitoring progress toward training agency personnel in Lean Principles, CQI methodologies and project management best practices.

The Assistant Deputy Director of Strategic Data Driven Solutions has responsibilities focused on data management and analysis within all DCS applications, research into effectiveness of programs and services, and an overall data strategy for the agency. DCS remains focused on improving the effectiveness and efficiency of child welfare services through expanded eligibility and a broader service array. In March of 2018, an additional Assistant Deputy Director position was added to the SSAT Division in order to coordinate, on an agency-wide level, CQI efforts, federal compliance needs, and to assist in improving the agency. The addition of CQI staff will allow DCS to further align the work the agency does with a continual feedback process and ensure support of data-informed decisions.



Information regarding the continued utilization and formation of CQI is housed on page 42 under the Continuous Quality Improvement and Quality Assurance section within the 2020-2024 Child and Family Services Plan. The Indiana Department of Child Services also focused a section on the PIP in ensuring that Indiana continues to focus on Continuous Quality Improvement to ensure safety, permanency, and well-being for Indiana's families by strengthening CQI efforts throughout the state via Goal 4 on page 104 of the CFSP.

## 2. CQI Steering Committee

DCS established a CQI Steering Committee (named the "Strategic Solutions Committee"), chaired by the Deputy Director of Strategic Solutions and Agency Transformation, to set agency priorities and oversee implementation and ongoing activities regarding DCS initiatives. The Strategic Solutions Committee is comprised of the executive staff from all DCS divisions, demonstrating the agency's commitment to continuous quality improvement and implementation of effective interventions and services to children and families. The Strategic Solutions Committee has been involved in establishing CQI structure as core to prioritizing initiatives, and monitoring and tracking of implemented interventions and services delivered. The Strategic Solutions Committee will continue to monitor and shape the CQI efforts driving interventions and service delivery.

The Strategic Solutions Committee was the primary oversight body for the Child and Family Services Review and the development of the larger Program Improvement Plan and Child and Family Services Plan. The Strategic Solutions Committee acts as the primary coordinating body for improvement initiatives whether they be broader, agency related, or more intricate improvements within specific divisions. The Committee recently began incorporating Value Stream Steering Team's divisionally in order to support the work and drive the change necessary within each agency division.

## 3. Data Analysis

DCS utilized a number of resources, including contracts with Case Commons and Katz, Sapper and Miller Consulting (KSM) to conduct an in-depth analysis of MaGIK data to assess entry and exit cohorts. The data revealed that children in care remained relatively stable even though there was a marked increase in the number of assessments, many of which were unsubstantiated. More recent analysis indicates that the rate of increase in new assessments is slowing down. Moreover, analysis has identified a new trend of increasing open cases and the agency is beginning to analyze agency data to identify the root cause(s) of this increase.

Casey Family Programs partnered with DCS to assist the agency in determining why more children were entering the system and what other contributors have resulted in an increase in children under state supervision. A team of agency executives reviewed existing intake practices, processes, supporting policies, completed safety/risk assessment tools and substantiation/case decisions to determine the cause of increased caseloads. As a result, three counties (Lake, Allen, and DeKalb) were identified to assess differences in how decisions are made and to determine an effective strategy for improvement. In the fall of 2015, Casey Family Programs co-facilitated county stakeholder meetings with local DCS management, DCS executives, DCS Central Office staff, and external partners (service providers, judges, etc.) to gain a better understanding of the data and formulate action plans. To further explore data and impact change in county caseloads, each of these counties has selected Plan, Do, Study, Act (PDSA) team members to begin working on a goal to reduce children/youth entering the system. In July 2015, Casey Family

Programs and the Director of Child Welfare Outcomes met with local PDSA team members from Lake, Allen, and DeKalb counties, DCS Executive staff, DCS PQI staff, and DCS Service Consultant staff to review quantitative and qualitative data with teams and kickoff the use of PDSA Cycles as a CQI model for DCS. Moving forward, DCS intends to use Six Sigma as a mechanism for CQI.

CQI staff were trained on the Six Sigma program. CQI then engaged with Field Operations to pursue initiatives which seek to create positive and lasting change from outcomes centered around children and families. These initiatives 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 majority of the discussions and group meetings about the initiatives were completed by the end of calendar year 2017. They consist of 5 project team meetings over the course of 10-12 weeks wherein CQI tools are outlined/trained on/completed/reviewed at every project team meeting. These project teams in Field Ops are cross-functional consisting of varying levels of responsibility i.e. FCM, Supervisor, DM, LOD etc. Additionally, the Strategic Solutions Committee shall set broader direction for innovation for the agency and evaluate the initiatives on a regular basis in order to determine if there is local learning and programs that can be used across the state for agency-wide improvement.

#### 4. Indiana University (IU)

##### QSR Process and Data

Indiana University (IU) staff completed work with DCS CQI staff to match previous rounds to new data tables for Round 4 and returned previous converted rounds to the CQI team. IU staff also completed work with CQI staff to redesign the database to capture data consistent with all previous rounds of the QSR. CQI is working to match MaGIK identification numbers to all File Maker data files for combined data analysis with MaGIK data.

Indiana's recent Round 3 CFSR renewed the discussion between DCS and Probation representatives to integrate the review of probation cases into the QSR process. Plans were made to incorporate work related to the Program Improvement Plan as a foundation for finalizing a probation review process.

The Office of Data Management (ODM) is developing DCS reports from MaGIK and data validation questions which have been added to the Reflective Practice Survey (RPS) tool in order to measure federal requirements. These qualitative and quantitative data reports, in conjunction with other DCS reports, will assess practice and monitor progress toward improvements.

While DCS is using the OSRI throughout the CFSR process for 2018-2020, the historical information from the QSR continues to inform DCS about practice history and measurements.

##### Title IV-E Waiver Project

Indiana University partnered with DCS to develop and monitor the IV-E Waiver Demonstration. The Waiver period is for five years, beginning July 1, 2012 and has been extended to September 30, 2019. Through the Waiver, DCS has utilized innovative methods to ensure families are provided with services that meet their needs and, when possible, allow children to remain safely in their home. Waiver funding is integral to the agency's delivery of services. Waiver funding enables DCS to offer an expanded array of concrete goods and services to help families succeed. These types of services are typically only available through other funding sources. Some of the concrete

services supported by Waiver funding include: payment of utility bills, vehicle repairs, before/after school care, respite care, baby monitors, and cleaning of the home environment. These are valuable services for families that often prevent the need for removal. For new programs funded by the Waiver, DCS will move towards a CQI driven method of evaluating service needs, quality of services, and the impact that those services have on child and family outcomes.

The Strategic Solutions Committee will continue to monitor and shape the CQI efforts driving service delivery. In addition to the Strategic Solutions Committee, there are several work groups that help support the Waiver.

## 5. Deloitte Consulting LLP

DCS commissioned Deloitte Consulting, LLP to conduct a Caseload and Workload Analysis. The Caseload and Workload Analysis assessed the current state of DCS field operations and evaluated the caseload standards in light of existing agency practices, activities, and performance. Included in this assessment was an analysis of DCS' current practices set against leading national child welfare practices that are aligned with improvement in caseload management and service delivery. Deloitte provided a prioritized roadmap and profile for each recommended option that DCS should consider implementing to improve its ability to meet future caseload standards while improving services to children and families.

Based on the Deloitte recommendations, the Strategic Solutions Committee identified the following priorities:

- Hire additional field staff for compliance with the 1:12 and 1:17 caseload ratios
- Improve organizational efficiencies
- Enhance staff training on use of existing technologies
- Improve data-driven decision making

## 6. Work Groups

In addition to the Strategic Solutions Committee, work groups were assigned to assess qualitative and quantitative data results from consultants and DCS reports and identify next steps toward achieving each of the agency's goals for safety, permanency, well-being and CQI. Executive staff were assigned as Leads for the identified goals and objectives. Current work groups have been established for Family Centered Treatment (FCT) team, Enhanced Multidisciplinary team, CANS Committee team, Substance/CMHC team, Placement Permanency Options and Supports team, Foster Care Supervisors/Managers team, Post Adoption/ Indiana Adoption Program/LCPA/Service Providers team, Placement Matching team, Concurrent planning team, Case Plan and Transition Plan team, Father Engagement/Providers/Investigators/Field/Legal team, CQI Central team, Evidence Based Practices and Service Mapping team, Collaborative Care Management team, Waiver Communications and Training Team, and Practice Model Refresh team. Each Lead initially determined internal staff representatives needed to serve as group members and sub group members. External stakeholder group members are selected according to objective goal and member's subject matter expertise. Leads establish a subgroup specifically assigned to CQI to monitor, track and adjust strategies related to implementation, communications, logistical issues, and fidelity to models chosen. The subgroup reports findings to the work group. Leaders report progress and findings to the CQI Steering Committee. Currently, Leaders have been assigned to all agency goals.

a) Identify regions for deployment of continuous quality improvement training centered on tool usage, data examination, and root cause analysis. Objectives which align to the Biennial Regional Strategic Services Plans and the Child and Family Services Plan will be identified and regional staff will be charged with making progress while working in tandem with the Directors of Continuous Quality Improvement and Outcomes and Evaluation along with the Performance and Quality Improvement Unit.

**This objective is in ongoing.** The CQI team developed a survey which was programmed and analyzed by the IU evaluation Team. Over 375 responses were received to the survey which assessed how likely they were to use data and reports to analyze and review their work. Regions will be selected to develop objectives and receive CQI training from the overall CQI group. All regional leadership has been given ongoing trainings regarding accessing the data and data analysis. The current Advanced Lean Practitioner, who manages the CQI team, and Quality Service and Assurance Director are traveling throughout the state meeting with regional leadership to discuss system and local issues to move forth CQI efforts.

b) Establish policy work group to define and draft agency policy around CQI including administrative structure, quality data collection, and processes for ongoing case reviews, data analysis and dissemination, and providing feedback. (Part of the PIP)

**This Objective has not been completed and will be completed in conjunction with the PIP.**

c) Engage stakeholders around CQI including revisiting the composition of and role of regional service councils (RSCs).

**This objective is ongoing.** In fall 2017, DCS involved stakeholders in preparation for the 2019 biennial planning for RSCs. Data packets that provide region specific info were used to evaluate services and develop new 2-year plans for each region.

d) Implement a train the trainer on CQI processes for continuous quality improvement staff and regional coordinators so they can serve as CQI experts on the regional teams.

**The preliminary stages of this objective have been completed.** Several staff members from CQI staff, Child Welfare Services, and employees from most divisions within DCS have been trained on the Six Sigma process improvement strategy. CQI projects have been completed throughout the state and are continuing on a regular basis.

e) Provide support to service providers as they identify ways to incorporate CQI processes into their way of doing business.

**This objective is ongoing.** DCS provides support to service providers through its regional services coordinators who work with service providers to incorporate CQI processes to evaluate and increase service qualities.

**OBJECTIVE 4.2 EVALUATE CURRENT QUALITY IMPROVEMENT AND QUALITY ASSURANCE POLICIES AND PROCESSES AND IMPLEMENT STRATEGIES TO FURTHER ENHANCE THESE SYSTEMS AND INTEGRATE THEM INTO THE LARGER AGENCY CQI MODEL.**

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a) Continue development of a QSR process for collaborative care.

**Work on objective 4.2(a) continues.** The DCS OYI team developed a specific protocol for older youth QSR. The older youth QSR process will need to be re-visited following the re-development of the internal quality review process. DCS is currently in the process of revamping its quality reviews and hope to pilot the Practice Model Review (PMR) at the end of 2019.

b) Continue further development of automated Quality Assurance Reports (QAR).

**Work on objective 4.2(b) continues as validation of the automated QAR reports is ongoing.** Initial QAR reports have completed the mapping and data pull verification stages. The reports were released during the summer 2015. QAR reports will be similar to other DCS reports which inform the agency of results on a statewide level, as well as to the employee level for all regions. The reports will enable supervisors to monitor cases and make changes to them on an ongoing basis. The reports will assist FCM Supervisors in engaging in ongoing conversations with FCMs on areas of strength and those needing improvement. The statewide data will be used to track progress and make adjustments to current strategies.

The automation of ongoing cases and Older Youth Services cases for QAR reports is ongoing and needs to be developed.

Automated assessment and ongoing data reports continue to be developed and refined. The most critical QAR questions will be measured in MaGIK. After these reports are made available, additional questions will be added to the QAR in MaGIK, based on the needs identified in the field.

#### OBJECTIVE 4.3 IMPROVE UTILIZATION OF INFORMATION SYSTEMS AND DATA FROM A VARIETY OF SOURCES TO SUPPORT THE MANNER IN WHICH THE AGENCY ASSESSES SYSTEM PERFORMANCE TO SUPPORT SYSTEM IMPROVEMENT.

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a) Improve manner in which we structure our data to provide more timely access to satisfy individual data requests.

**This objective is ongoing.** DCS has received preliminary recommendations on data strategy from KSM Consulting which include an organizational redesign and restructured data model. Implementation of these recommendations is ongoing, but has led to identification of new key performance indicators which will further be displayed in a dashboard format. Moreover, routine reexamination of critical juncture points within the life of particular involvement types is being analyzed so that the agency can develop estimates of the life of an involvement type.

b) Build staff capacity to utilize data for decision-making.

**This objective is ongoing.** As discussed in the Organizational Structure section above, DCS has recently changed how data and CQI efforts are managed. The Assistant Deputy Director for Agency Transformation and Lean Principles is chiefly tasked with deploying CQI utilization at all organizational levels, and making recommendations to drive initiatives. The Assistant Deputy Director of Strategic Data-Driven Solutions has

responsibilities focused on data management and analysis within all DCS applications, research into effectiveness of programs and services, and an overall data strategy for the agency. DCS continues to allocate resources to position itself to be able to increase the agency's ability to make data informed decisions. As mentioned previously, the Strategic Solutions Committee will help lead the agency's efforts in this endeavor.

c) Integrate qualitative and quantitative data to provide a more comprehensive view of child welfare system strengths and areas for improvement.

**This objective has not been completed.** See Data Analysis section above.

### CQI MEASURES OF PROGRESS

DCS continues to measure progress on the CQI goal from a completion perspective instead of a more quantified data analysis method. DCS has successfully made initial steps implementing CQI into its organizational structure. 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 has routinely monitored the effectiveness of the Practice Model in order to establish the goals and direction of the agency, Title IV-E Waiver spending, training, and service delivery. To further support these efforts, DCS is implementing 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 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.

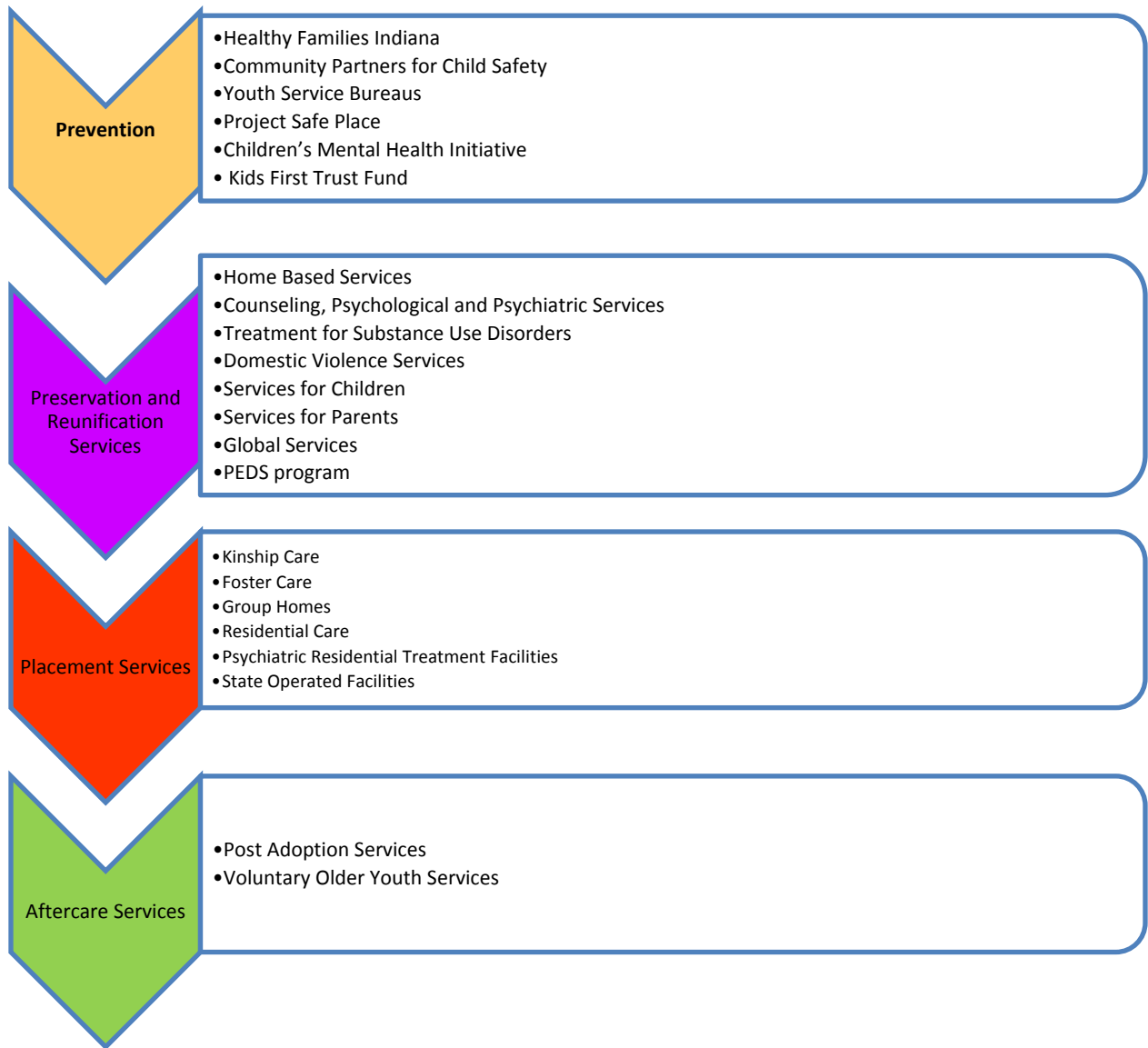
After assessing its CQI program following Round 3 of the CFSR, DCS continues to explore the viability of creating advisory councils with key stakeholders groups to formalize the feedback loop mechanism. Multiple advisory councils would be made up of stakeholder groups that would meet regularly and provide direct feedback to the Strategic Solutions Committee on proposed initiatives, targeted issues brought forth by DCS, and general feedback that the advisory council may want to bring to the attention of the agency.

## III. UPDATE ON SERVICE DESCRIPTIONS

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

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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. Kids First funds primary prevention efforts through the Prevent Child Abuse Indiana (PCAI) and the Community

Partners for Child Safety program. Kids First Trust Fund 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 to be completed and approved by early 2021.

#### 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 State Department of Health (ISDH) and the Department of Child Services (DCS) are co-leads of this federal grant, collaborate with Public Consulting Group, Goodwill Industries of Central Indiana, Riley Child Development Center, Women, Infants, and Children (WIC), and the Early Learning Advisory Council (ELAC) Initiative at the state agency level to achieve MIECHV goals.

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>.

### 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 behavioural 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

- 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
- Clinical Interview and Assessment
- Bonding and Attachment Assessment
- Trauma Assessment
- Psychological 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 Addictions
- Sobriety Treatment and Recovery Teams (START)

## Domestic Violence Services

- Batterers Intervention Program
- Victim 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
- Apartment Based Family Preservation
- Visitation Supervision

## Global Services

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

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:

Home Based Services			
Service Standard	Duration	Intensity	Conditions/Service Summary

<p><b>Homebuilders</b> * (Must call provider referral line first to determine appropriateness of services) (Master's Level or Bachelors with 2 yr experience)</p>	<p>4 – 6 Weeks</p>	<p>Minimum of 40 hours of face to face and additional collateral contacts</p>	<p><b>Placement Prevention:</b> Provision of intensive services to prevent the child's removal from the home, other less intensive services have been utilized or are not appropriate <b>or Reunification:</b> 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</p>
<p><b>Home-Based Therapy (HBT)</b> (Master's Level)</p>	<p>Up to 6 months</p>	<p>1-8 direct face-to face service hrs/week (intensity of service should decrease over the duration of the referral)</p>	<p>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.</p>
<p><b>Home-Based Casework (HBC)</b> (Bachelor's Level)</p>	<p>Up to 6 months</p>	<p>direct face-to-face service hours/week (intensity of service should decrease over the duration of the referral)</p>	<p>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.</p>
<p><b>Homemaker/ Parent Aid (HM/PA)</b> (Para-professional)</p>	<p>Up to 6 months</p>	<p>1-8 direct face-to-face service hours/week</p>	<p>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.</p>
<p><b>Comprehensive Home Based Services</b></p>	<p>Up to 6 months</p>	<p>5-8 direct hours with or on behalf of the family</p>	<p>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</p>

			<p>therapist to provide home based clinical services and treatment. These services are provided by one agency.</p> <p>This is referable through service mapping or the Regional Services Coordinator</p> <p>Maximum case load of 5-8.</p>
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**Comprehensive Home-Based Services**

Comprehensive 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 is being supported by DCS as a model of Comprehensive Home-Based Services. This service provides intensive therapeutic services to families with children at risk of placement 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.

Services Available Through Comprehensive Home Based Services		
Service Standard	Target Population	Service Summary
FCT – Family Centered Therapy	<ul style="list-style-type: none"> <li>● Families that are resistant to services</li> <li>● Families that have had multiple, unsuccessful attempts at home based services</li> <li>● Traditional services that are unable to successfully meet the underlying need</li> <li>● Families that have experienced family violence</li> <li>● Families that have previous DCS involvement</li> <li>● High risk juveniles who are not responding to typical community based services</li> <li>● Juveniles who have been found to need residential placement or are returning from incarceration</li> </ul>	<p>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.</p>

	or residential placement	
MI – Motivational Interviewing	<ul style="list-style-type: none"> <li>● effective in facilitating many types of behavior change</li> <li>● addictions</li> <li>● non-compliance and running away of teens</li> <li>● discipline practices of parents.</li> </ul>	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	<ul style="list-style-type: none"> <li>● Children ages 3-18 who have experienced trauma</li> <li>● Children who may be experiencing significant emotional problems</li> <li>● Children with PTSD</li> </ul>	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	<ul style="list-style-type: none"> <li>● Children diagnosed with behavior problems</li> <li>● Children with Conduct Disorder</li> <li>● Children with Oppositional Defiant Disorder</li> <li>● Families with a history of physical force and conflict</li> </ul>	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	<ul style="list-style-type: none"> <li>● Children with a diagnosis on the Autism Spectrum</li> </ul>	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.

<p>CPP – Child Parent Psychotherapy</p>	<ul style="list-style-type: none"> <li>● Children ages 0-5 who have experienced trauma</li> <li>● Children who have been victims of maltreatment</li> <li>● Children who have witnessed DV</li> <li>● Children with attachment disorders</li> <li>● Toddlers of depressed mothers</li> </ul>	<p>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.</p>
<p>IN-AJSOP</p>	<p>Children with sexually maladaptive behaviors and their families</p>	<p>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</p>
<p>Intercept</p>	<p>Children of any age with serious emotional and behavioral problems</p>	<p>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.</p>
<p>CBT- Cognitive Behavioral Therapy</p>	<ul style="list-style-type: none"> <li>● Children and adults</li> <li>● Depression</li> <li>● Anxiety</li> <li>● Cognitive distortions</li> <li>● Unlearn negative emotional and behavioral reactions</li> </ul>	<p>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</p>



		be effective in addressing inappropriate discipline, and assisting with children who are noncompliant, have learning disabilities, social anxiety or bullying behaviors
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### Sobriety Treatment and Recovery Teams

DCS utilizes 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 is being piloted in Monroe County. Currently there are two active Family Case Managers, two Family Mentor and one Treatment Coordinator in Monroe County. DCS expanded this program to Vigo County in 2015 and dissolved the site in 2017. A decision was made to not expand to other sites but to use resources to expand START principles statewide.

### 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 possible model that could be utilized. 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.

- a. The LGBTQ Practice Guidebook

<http://www.in.gov/dcs/files/GuidebookforBestPracticeswithLGBTQYouth.pdf> and LGBTQ Computer Assisted Training (CAT) are both available online.

b. 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>

c. 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.

Providers required to comply with the above are:

- Cross-Systems (CSCC)
- Community Partners (CP)
- Home-Based
- Community Mental Health Centers (CMHC's)
- Older Youth Services (OYS)
- Healthy Families Indiana (HFI)

Specific Services/Programming:

- Home-Based Services
- Extra Special Parents (Regions 7, 11, 13, 14, 15, 16, 17, 18):
- Groups and home-based casework for LGBTQ Youth

Older Youth Services:

- Indiana Youth Group (Regions 9, 10, 11, 12, 14).
- Broker services via community based program for youth who have self-identified LGBTQ and who are in need of additional supports. Program provides support, drop-in center programming and other referrals for youth enrolled.

#### Foster Care

DCS will continue to provide access to foster homes throughout the state. Foster homes are licensed through DCS and through licensed child placing agencies. More detailed information can be found in the Foster and Adoptive Parent Licensing, Recruitment, and Retention section.

#### 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.

As DCS utilizes the Kinship Navigator grant dollars, a more uniform assessment will be adopted to ensure that kinship planning can be measured in improvement for safety, stability, well-being and permanency of youth in that setting.

Among those efforts is that the Indiana Department of Child Services is establishing a centralized method for working with and offering services to relative and kinship placements. Indiana has identified that an evaluation of the centralized method will help support continuous quality improvement frameworks and build an evidence base for the continued use of this framework. Funds from the Kinship Navigator Grant will be used to establish a centralized infrastructure, set of policies, and standardized practice and procedures when delivering support to kinship and relative placements. Additionally, DCS will support training of staff on a family assessment tool, motivational interviewing techniques, as well as an evaluation of the program.

The Indiana DCS will continue to develop a website containing community resources for kinship families. This website will include 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 will be 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.

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. 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.

#### [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 COORDINATION \(45 CFR 1357.15\(M\)\)](#)**

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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 begun 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.

#### 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, is excited to be bringing the Help Me Grow (HMG) model to the state. 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 was instrumental in recommending that Indiana explore the HMG model and are key partners in the implementation piece of HMG.

### 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.

Indiana's Maternal Infant Early Childhood Home Visiting (MIECHV) Innovation grant was to strengthen and improve the delivery of MIECHV funded home visiting programs through the coordination of community resources and early childhood systems such as child health, behavioral health and human services. Through this award, ISDH/MCH and Department of Child Services (DCS) expanded the services provided by the existing MCH MOMs Helpline and implement the evidence-based approach of Help Me Grow (HMG), for the purpose of maximizing the continuum of services for women of child-bearing age through families with children. This will provide a centralized telephone access point for connecting families to services and care coordination; child health care providers and community outreach services to support early detection and intervention of

developmental concerns; and a data collection system that will inform gaps and barriers within these services.

#### Indiana Home Visiting Advisory Board (INHVAB)

As part of the MIECHV partnership between DCS and ISDH, Indiana created the MIECHV Indiana Home Visiting Advisory Board (INHVAB). The INHVAB includes stakeholders from DCS, ISDH, and Office of Medicaid Policy and Planning, Division of Mental Health and Addictions, and Office of Early Childhood and Out of School Learning including Indiana Head Start Collaboration Office (JHSCO) for the purpose of identifying aspects of the MIECHV project that should inform policy for home visiting within Indiana. DCS leaders believe that the advisory board not only provides benefits to both HFI and NFP, the board has and will continue to serve as catalyst for increasing collaboration and relationship building between DCS and ISDH, which will ultimately result in improved coordination and quality of home visiting services in Indiana. The majority of these INHVAB state partners are also members of the ECCS State Advisory Team. In order to align efforts and minimize meeting fatigue with state partners, it was decided to combine the INHVAB and ECCS State Advisory Team meetings. The initial joint meeting held on April 17, 2017 provided an excellent audience for the sharing of information across early childhood efforts including MIECHV, Help Me Grow, and Project LAUNCH. Attendees of the combined meeting felt that the combined meeting worked well therefore it was agreed that the groups would continue to meet in this manner. INHVAB continued to meet throughout 2018 and held four meetings in an effort to continue the work with stakeholders.

#### Local Safe Sleep

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

#### [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 behaviors, 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 behavioral health needs that may otherwise be placed in residential placement an alternative by providing targeted individual services and family support services. Other services include residential as well as state operated facilities for those children who cannot be safely served in the community.

### 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 START. 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 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. Currently, DCS worked with IARCA on residential and LCPA rate setting for 2018, on capacity building for difficult populations, on eliminating placement disruptions, and on access to psychiatric residential treatment centers, among other things. 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. The pertinent language in the service standards is as follows:

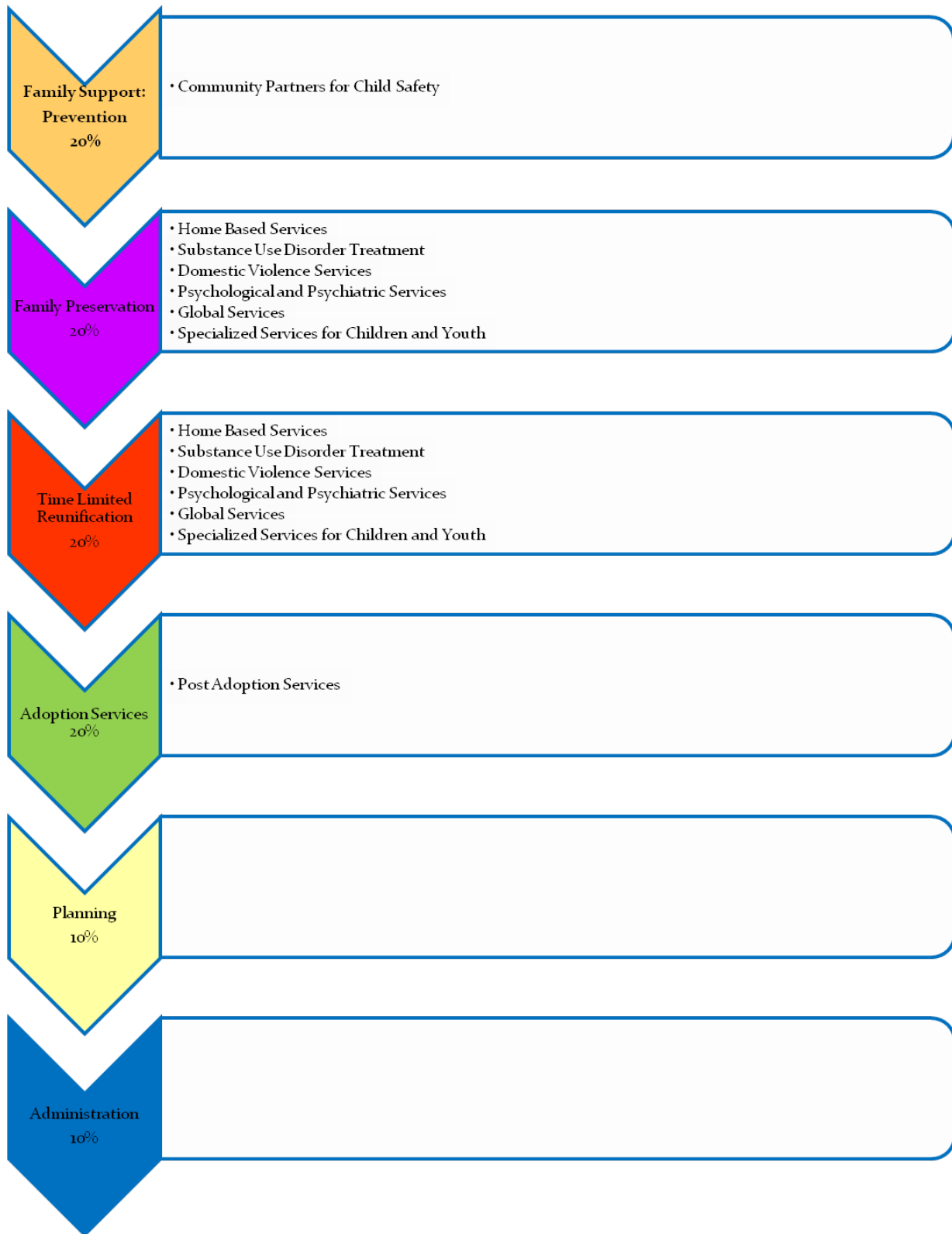
### Cultural and Religious Competence:

Provider must respect the culture of the children and families with which it provides services. All staff persons who come in contact with the family must be aware of and sensitive to the child's cultural, ethnic, and linguistic differences. All staff also must be aware of and sensitive to the sexual and/or gender orientation of the child, including lesbian, gay, bisexual, transgender or questioning 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 guidebook can be found at:

<http://www.in.gov/dcs/files/GuidebookforBestPracticeswithLGBTQYouth.pdf>

Efforts must be made to employ or have access to staff and/or volunteers who are representative of the community served in order to minimize any barriers that may exist. Contractor must have a plan for developing and maintaining the cultural competence of their programs, including the recruitment, development, and training of staff, volunteers, and others as appropriate to the program or service type; treatment approaches and models; and the use of appropriate community resources and informal networks that support cultural connections.

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
- 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. 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 are designed to encourage more adoptions out of the foster care system, when adoptions promote the best interests of children. Such services and activities are designed to expedite the adoption process and support adoptive families. This includes preparing the child for adoption with regard to loyalty, grief, and loss issues related to their birth family, as well as evaluating a prospective adoptive family and making 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 foster/relative placements.
- 2) Minimize the number of disrupted pre-adoptive and adoptive placements.
- 3) Ensure that prospective adoptive families and children free for adoption are adequately prepared for adoption.
- 4) 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.
- 5) Increase the number of adoptive parents available for special needs children.
- 6) Decrease the number of children waiting for adoptive parents.
- 7) 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 were restructured in 2011 with the goal of creating cross-system coordination and adoptive family-centered care for service delivery. Services provided to families include a comprehensive strength-based assessment. 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, defined by what is in the best interest of the child. 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 has an expanded contract to provide adoption recruitment throughout the State. Both DCS adoption liaisons and Children's Bureau Adoption Champions support field staff by performing the following services:

- Clarify DCS policy regarding adoption
- Assist in interviewing families for waiting children.

- Network and dialogue with various agencies, professionals and other states to help recruit families waiting for children
- Feature children at adoption fairs and public events to increase the pool of approved families and aid recruitment
- Help identify adoption resources available for children and families
- Provide support to waiting families
- Act as a liaison between families and the children's case managers
- Provide training, when needed, and support staff in their adoption work
- Participate in various educational settings, such as conferences and parent trainings, to promote current adoption practices and thinking
- Meet and photograph children needing recruitment
- Participate in case conferences relating to permanency when needed

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

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DCS selects agencies and organizations to provide services through a Request for Proposal (RFP) process. RFPs are issued broadly for services every 4 years. DCS released a Request for Proposals for most Prevention and Community Based services in late 2018 and early 2019 and will award new contracts to providers on July 1, 2019.

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

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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, comes into the care of DCS, 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.

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

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- 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.
- DCS has trained a cohort of 28 therapists to provide Child Parent Psychotherapy.
- 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.
- DCS issued a Policy (See Chapter 4, Section 42) regarding Plans of Safe Care, along with a Plan of Safe Care form staff are able to utilize when working with families of infants under the age of one (1) year who are 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).

### 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.

### 3. Service Mapping

For those families involved in the child welfare system, DCS initiated Service Mapping (described in detail in previous sections). Service Mapping utilizes 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.

#### 4. Plans of Safe Care

Effective May 1, 2019 DCS issued a Policy (See Chapter 4, Section 42) regarding Plans of Safe Care, along with a Plan of Safe Care form 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. 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.

#### 1. 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.

#### H. FY 2018 KINSHIP NAVIGATOR FUNDING (TITLE IV-B, SUBPART 2)

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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 that enhancement of practice will take place when there is a centralized kinship navigator program. When set policies and practices are instituted, kinship caregivers and families will have a better understanding

of what to expect and how to access services and supports. DCS believes this may also impact the retention of our workforce, as expectations are set for all employees and specific metrics are measured across the State. Ultimately, as we improve practice and supports for kinship caregivers, we will also improve outcomes for children and families. DCS will use the next grant cycle to evaluate the changed practice by hiring a third party evaluator who will help DCS build an evidence base and continually improve the program.

The kinship placement coordinator position began overseeing all DCS Regional Foster Care Specialists and DCS Relative Support Specialists in regard to the services and programs offered to kinship care families in January 2019. The coordinator will provide a uniform service model for all kinship care providers in the state. This individual will work to create an infrastructure and policies for how every Relative Support Specialist and Regional Foster Care Specialist works with and provides support to kinship and relative placements. The goal of this individual will be to:

- 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.

## I. CHILD WELFARE WAIVER DEMONSTRATION ACTIVITIES (APPLICABLE STATES ONLY)

### 1. Waiver Framework and Activities

DCS has had the benefit of participating in a Child Welfare Waiver Demonstration Project (herein referred to as 'Indiana's Waiver project') since 1998 and partnering with IU for evaluation services (as set out in more detail below). DCS' waiver was extended in 2003, 2005, 2010, and then again in 2012. On September 14, 2012, the U.S. Department of Health and Human Services (HHS), Administration for Children and Families (ACF), approved the Waiver Terms and Conditions for an extension of the State's waiver demonstration project. DCS accepted the Terms and Conditions on September 27, 2012. The IV-E waiver has been extended to September 30, 2019.

The original waiver (1998-June 2012) allowed for only a limited target population to participate in services. However, Indiana's 2012 waiver extension includes all children served by DCS under the age of 18 and their families, as well as a broader array of services. The extension enables waiver service provisions to more closely mirror DCS' TEAPI practice model (Teaming, Engaging, Assessing, Planning and Intervening.) The flexibility of

Indiana's waiver project better aligns the State's system of care with desired outcomes and DCS' overall philosophy of "Safely Home, Families First."

In conjunction with Safely Home, Families First, Indiana's Waiver project targets both Title IV-E eligible and Title IV-E ineligible children and youth who are at risk of or in out-of-home placement and their parents, siblings and caregivers of those children. Specifically, the target population served will include the following eligibility categories:

- Children and families who have substantiated cases of abuse and/or neglect and will likely develop into an open case with Informal Adjustment (IA) or Child in Need of Services (CHINS) status.
- Children and their families with IAs have the status of CHINS or Juvenile Delinquency Juvenile Status Offense (JD/JS).
- Children with the status of CHINS or JD/JS and their Foster/Kinship families with whom they are placed.

Through Indiana's Waiver project, DCS has utilized innovative methods to ensure families are provided with services that meet their needs, and whenever possible, allow children to remain safely in their home. Funding flexibility is integral to the agency's delivery of services and enables DCS to offer an expanded array of concrete goods and services to help families succeed. These types of services include: payment of utility bills, vehicle repairs, before/after school care, respite care, baby monitors, and cleaning of the home environment. These are valuable services for families that often prevent the need for removal.

Indiana's Waiver project also allows the State to invest in an improved and expanded array of in-home and community-based family preservation, reunification and adoption services. DCS implemented new services thanks to Indiana's Waiver project's flexibility such as: a Children's Mental Health Initiative, a family evaluation/multi-disciplinary team, Child Parent Psychotherapy, Sobriety Treatment and Recovery Teams, and comprehensive home-based services, such as Family Centered Treatment, Motivational Interviewing, and Trauma-Focused Cognitive Behavioral Therapy.

Child Parent Psychotherapy is an evidence based model which focuses on providing services to families with children age 0-5 who have experienced significant trauma. Services are provided in the home with the caregiver(s) and child, and works to improve the caregiver's understanding of the effects of the trauma and build a strong relationship between the caregiver(s) and child to reduce the effects of the trauma. The program is especially effective with children who have been exposed to domestic violence and/or child abuse. This program is not available in all parts of the state.

Sobriety Treatment and Recovery Teams is a promising practice model 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 is being piloted in Monroe County. Currently there are two active



Family Case Managers, two Family Mentor and one Treatment Coordinator in Monroe County. DCS expanded this program to Vigo County in 2015 and dissolved the site in 2017. A decision was made to not expand to other sites but to use resources to expand START principles statewide.

Additionally, Trauma Focused Cognitive Behavioural Therapy (TF-CBT) is another evidence based practice model that is being provided as a component of DCS' Comprehensive Home Based Services. DCS will be utilizing service mapping to identify appropriate families to participate in this service. Children who have experienced significant trauma and have a non-offending caregiver who is able to participate in services will be included in the target population. Children are identified utilizing the Child and Adolescent Needs and Strengths Assessment. DCS has provided TF-CBT training opportunities for therapists throughout Indiana since 2014. Currently Indiana has over 500 certified TF-CBT clinicians. The certification process requires the clinician be licensed and includes training, coaching and consultation which can take up to 2 years to complete. DCS has provided Trauma Focused - Cognitive Behavioral Therapy (TF-CBT) training opportunities for therapists throughout Indiana during SFYs 2014 and 2015. The Indiana Division of Mental Health and Addition (DMHA), the Indiana Association of Resources and Child Advocacy (IARCA) and other agencies also provided training during this time period.

The purpose of Indiana's Waiver project remains focused on improving the effectiveness and efficiency of child welfare services through expanded eligibility and a broader service array. As such, the waiver allows DCS to use a Continuous Quality Improvement (CQI) process as the foundation for their continuum of service provision. DCS has routinely monitored the effectiveness of the practice model in order to establish goals and direction with regards to waiver spending and service delivery. DCS is committed to developing a CQI approach that will serve as the basis for evaluating and improving child welfare practice. For new programs funded by the waiver, DCS will move towards a CQI driven method of evaluating service needs, quality of services, and the impact that those services have on child and family outcomes. Funding flexibility already supports the DCS practice indicators, including:

- Reduced use of substitute care,
- Increased use of relative care,
- Increased placement in own community,
- Reduced use of residential placement,
- Reduced number of placement moves,
- Increased sibling placements,
- Reduced length of stay,
- Increased permanency,
- Increased child & family visits, and
- Reduced incidence of repeat maltreatment.

With a shift in focus to a CQI driven approach, waiver services will be further embedded in our quality improvement processes. As outlined in Goal 4 and associated objectives, we are implementing a CQI approach

based on the use of regional CQI teams, engagement of stakeholders, increased education of staff on CQI, provision of CQI support to service providers, improvement in the manner in which data is structured, development of staff capacity to use data for decision making, and the integration of qualitative and quantitative data to provide a comprehensive view of strengths and areas for improvement.

At the core of our CQI approach will be the development of an organizational culture that supports continuous learning. As stated in Positioning Public Child Welfare Guidance, this is important because: “A well-trained, highly skilled, well-resourced and appropriately deployed workforce is foundational to a child welfare agency’s ability to achieve best outcomes for children, youth and families it serves.”<sup>1</sup> In partnership with the Michigan Public Health Institute (MPHI) Center for Healthy Communities, DCS provided key services staff and regional coordinators with quality improvement training and technical assistance support during the implementation of CQI. The goal of the training was to educate staff on the basic theory and strategies of quality improvement, the Plan-Do-Study-Act (PDSA) model, and key quality improvement tools. Staff also learned how to train other CQI staff on the content of the training. Staff served as DCS CQI experts and train and provide technical assistance to other DCS staff and/or providers so that all staff on the CQI team, as well as those providing core DCS services, have a common foundation from which to implement CQI. The Department has also trained key individuals across multiple divisions in the Six Sigma process which is another continuous quality improvement framework that is being utilized to facilitate change.

A Steering Committee was developed to oversee the implementation and ongoing activities of the waiver. The Steering Committee is comprised of executive staff and Deputies from all DCS divisions, demonstrating our commitment to waiver services and the importance of the funding to our organization’s service delivery. The Steering Committee has been involved in establishing CQI as core to services delivered under the waiver. The Steering Committee will continue to monitor and shape the CQI efforts driving service delivery.

In addition to the Steering Committee, there are several work groups that help support the Waiver.

## 1. COMMUNICATIONS AND TRAINING

The Communications and Training work group is responsible for maintaining the communication plan that encompasses all levels of internal and external stakeholders, as well as facilitating any training necessary to ensure the success of the Waiver.

In alignment with the CQI goals, members of DCS attended a CQI training to help implement the Plan-Do-Study-Act (PDSA) CQI model. The Steering Committee presented this model to the Regional Managers in November. At that same meeting, the Steering Committee, along with IU, presented a review of basic Waiver information,

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<sup>1</sup> Positioning Public Child Welfare Guidance can be found at: [www.ppcwg.org](http://www.ppcwg.org)

an update on the Waiver evaluation, and provided region-specific data from the 2013 and 2014 FCM survey studies and concrete service data.

The Indiana University (IU) Evaluation Team presented updated data to the Regional Managers (RM) during their meeting in April 2015 and then to additional DCS regional and central office staff during the statewide data presentation in September 2015. Data presented included concrete service distributions, the Quality Service Review (QSR) data regressions, and the RM interview findings. Through this process of dissemination of findings, the field had a great deal of input and feedback resulting in editing the Family Case Manager (FCM) survey. In early June 2016, the IU Evaluation Team surveyed field case managers to monitor progress in the implementation of IV-E Waiver and DCS Continuous Quality Improvement efforts. The most recent survey of FCMs related to ongoing evaluation of the effectiveness of the waiver was distributed between July 19, 2017 and September 5, 2017.

The IU Evaluation Team presented the community survey data to the Deputy Directors and the Regional Managers (RM) during their meetings in February 2016. Presented were data from service providers, the court (Judges/CASA/GAL/Prosecutors/Probation), and clients (Bio Parents/Foster Parents/Relative Caregivers/Youth). This sharing of data provided the field with insight into other stakeholders' perceptions of services being delivered and was a catalyst for ongoing informed discussions.

## 2. FISCAL ACCOUNTING AND REPORTING

The Fiscal Accounting and Reporting work group is responsible for all tasks related to cost allocation, fiscal accountability, and reporting for Indiana's Waiver project. The work group has responsibility for assessments of Waiver impact on Title IV-E eligibility and cost allocation systems, as well as internal accounting and reporting systems. This team also monitors financial and caseload data and trends to ensure the cost neutrality provisions of the terms and conditions are met.

The Fiscal Accounting and Reporting work group continued to compile baseline financial data for presentation in the mid-term Child Welfare Waiver Demonstration Project report. This work group and ACF also discussed reconciling the cost neutrality provisions in Indiana's Waiver Terms and Conditions, to the reporting format in Part 3 of the modified CB-496 Foster Care Financial Report. Finally, the work group researched trends in spending for out-of-home care versus in-home care, as well as shifts in placement types from residential care to less restrictive placement types since expansion of the Waiver Demonstration Project in 2012.

The Fiscal Accounting and Reporting work group worked on modification of the Quarterly Payment Schedule during the last half of 2015. The work group continued to monitor trends in spending for out-of-home care versus in-home care, as well as shifts in placement types from residential care to less restrictive placement types since expansion of the Waiver Demonstration Project in 2012.

### 3. EVALUATION

The Evaluation work group is responsible for maintaining a partnership with the Evaluation Team from IU. The Evaluation work group will also submit ongoing reports in support of the Waiver. The Evaluation team also includes two sub-groups: an FCT sub-study work group and a Data work group. The Evaluation work group continued monthly meetings for the overall evaluation, monthly data meetings, and bi-weekly FCT sub-study work group meetings. The majority of the Evaluation Team's effort during the Fall of 2015 involved the development, programming, implementation, and analysis of the community surveys. The Evaluation Team additionally provided support to the PQI team to implement a community survey during the QSR process. As part of the Biennial Regional Services Strategic Plan (BRSSP), the Executive Team produced a statewide data presentation for DCS Local Office Directors, Regional Managers and Central Office Managers who participate in the planning process in September 2015 that included a number of data points, including DCS' ranking in its Federal Data Profile. The BRSSP process includes an evaluation of the local child welfare service needs and a determination of appropriate delivery mechanisms. Each Region does a needs assessment, community meetings, review of data, and public hearings.

In addition to its own CQI process, DCS has contracted with the Indiana University School of Social Work to evaluate the effectiveness of the waiver. The evaluation will test the hypotheses that an expanded array of in-home and community-based care services available through the flexible use of Title IV-E funds will:

- Reduce the number of children who enter out-of-home placement;
- Increase the number of children who exit out-of-home placement to permanency;
- Reduce length of time to permanency;
- Decrease the incidence and recurrence of child maltreatment; and
- Enhance child and family well-being.

DCS will utilize the findings of the external evaluator and our CQI process in combination to improve the waiver services provided to the children and families that we serve. The most recent survey of FCMs related to ongoing evaluation of the effectiveness of the waiver was distributed between July 19, 2017 and September 5, 2017.

DCS and the Evaluation Team were pleased to present the final report to ACF in early January 2018. This report provided evidence to support the continuation of the Waiver and some opportunities for improvement in the Department.

DCS has committed to continuing the partnership with the IU Evaluation Team through this extension period. Monthly meetings have continued and planning has begun for the extension period. Using the final report as a guide, DCS and the Evaluation Team want to investigate and test possible methods that would lead to a reduction in the number of re-entries after a case closure. Additionally, the Evaluation Team would continue to collect data for the process study including the Family Case Manager annual survey, community surveys, and the Regional Manager interviews. These are valuable in assessing the climate of workers and stakeholders, especially as many of the positions making up the executive leadership team have changed since the last time

they were interviewed. The Evaluation Team will assess how these changes affect the mid-management and field staff in the first and second years of the new administration.

One of the most important products that has been developed as a result of Indiana's Waiver project is Service Mapping. DCS is in the fortunate position, as a result of Indiana's Waiver project, of being able to greatly enhance its community based service array. DCS has chosen to do this by enhancing the service array with multiple Evidence Based Practice models. With this expansion, and each EBP having a specific target population, the service array has become too complex to utilize traditional service referral methods, thus necessitating a more complex system of making referrals. Service mapping provides an electronic service consultant, allowing even inexperienced Family Case Managers to make quality service decisions. The system reduces the use of "cookie cutter" services, by utilizing assessment and other information to recommend services for families based on their individual circumstances, improving the chances for positive outcomes.

The system utilizes information from the Child and Adolescent Needs and Strengths assessment as well as the Structured Decision Making tool for Risk Assessment. In addition the Family Case Manager is asked seven questions about each child and two questions about the family. This information is then paired with the case information (demographics, case type, other information) and contract information to produce service recommendations for the family. The Mapping Engine utilizes more than 100 data points in order to determine individualized services for families out of more than 12,000 different ways for a family to map to a service. In addition to Service Recommendations, the Mapping Engine provides information about service gaps which are essentially summarizing what services would have been mapped had they been available in the community.

Service Mapping is a critical part of the continuous improvement of services and as DCS looks to make improvements, the focus will be on the outcomes of children, youth, and families. The Service Mapping engine will be altered as more information becomes available as to the success of the families involved in the various services. One option would be to provide alternative recommendations for families who are not successful in the recommended services. Additional questions may be added to determine more information about families to improve service recommendations as well. The process for providing these updates is ongoing and informed by DCS' program evaluation efforts.

Programs will be evaluated to determine their effectiveness with specific target populations. The Family Centered Treatment Sub study is one example of how a program evaluation is tied to service mapping because results from this study may expand or eliminate programs or alter the target population served by this specific EBPs. In addition to evaluating at the program level, DCS will evaluate at the provider level and this information will allow for comparison between providers. Additionally, these evaluations could lead to further refinement of the target population by service provider, further support and training of the provider, or elimination or expansion of some service provider services.

Service gaps will be identified and closely monitored by DCS. The information gathered will assist DCS as regional needs assessments are completed to develop the Biennial Regional Services Strategic Plans. The plan

could lead to an expansion or elimination of services in a particular county or region.

In 2016-2017, the Evaluation work group continued monthly meetings for the overall evaluation, FCT, and CQI. The IU Evaluation Team supported the CQI group by editing, programming, distributing, and analyzing the CQI readiness survey.

## 2. Coordination with Title IV-B & Objectives

DCS coordinates the use of IV-B funds with IV-E waiver dollars through use of a matrix that details how each program or service is funded. Examples of services funded by IV-B, but not by the waiver, include post-adoption services, child/parent support services, community partner services, and fatherhood engagement services. DCS continually reviews the matrix to ensure that resources are maximized to best serve children and families. The Waiver Steering Committee ensures that waiver activities align with the DCS' strategic plans and CFSP goals.

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

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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.

## IV. 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)

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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 Central Office 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 Management team which is made up of key personnel from Field Operations Divisions.

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***

<i>Service Area</i>	<i>Region</i>	<i>Agency</i>
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.

Indiana's extended foster care program, Collaborative Care consist of CC Case Managers located throughout the state. The CC management team has been restructured to included one (1) Deputy Director and 2 (two) Division Managers to improve efficiency and supports to the Collaborative Care team.

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, in 2016 the DCS Older Youth Initiatives team began conducting OYS site visits to review adherence to Indiana's OYS service standards and protocol. The OYS site visits is an assessment of how each OYS provider assist and service 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, service logs outcomes data, case file documentation and continuous quality improvement. During the site visit the OYI team completes and agency review, 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 provider 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 have completed phase two (2) of implementing continuous quality improvement (CQI) and is in the process of completing phase 3. In phase 2 of implementing CQI, each provider implemented CQI project within their agency. The OYS providers formed CQI teams that consist of community stakeholders, DCS staff, and youth. Each CQI team has developed a team charter, identified an aim statement and began the PDSA cycle. In phase 2, OYS providers continually track and monitor the activities of their CQI projects. The OYS providers reviewed their plans and collect data. The CQI teams continually reviewed the successes and challenges of their project. The OYS initial CQI project titles are as follows: Improving Housing Stability, Improving service delivery, College Readiness, Improving Financial Capabilities. Developing IL Skills Training. In phase 3 of the CQI cycle, the OYS providers develop a story board of their CQI project and present during a provider meeting. As part of the presentation the providers give a detailed account of their project and their outcomes. During the provider meeting each OYS provider discussed lessons learned and how they will move forward with their next project. Each OYS provider has started and / or completed at least one cycle of a CQI process. The DCS OYI team will continue to monitor 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. The OYI team will assess the capacity of each provider's ability to conduct CQI projects through ensuring providers adhere to the fidelity of the Plan-Do-Study-Act (PDSA) model and train provider staff when needed.

## B. DESCRIPTION OF PROGRAM DESIGN AND DELIVERY

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## 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.

1. Youth Engagement:
  - Youth involved in program development and service delivery
  - Youth led program development
  - Youth program / service evaluation and feedback
2. 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

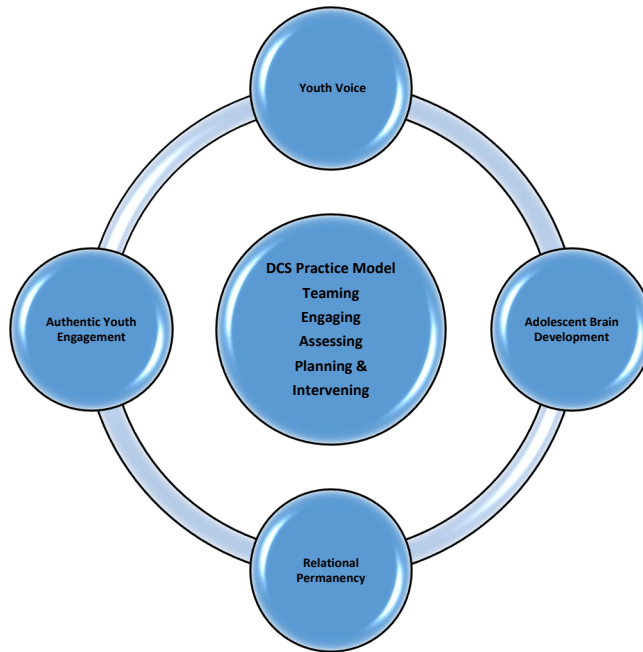
The DCS Indiana Youth Advisory Board (YAB) meets with the DCS executive team to make recommendation on system changes. YAB has participated in the efforts or Indiana extending the Chafee program services to age 23 and is often called upon as the youth expert during program changes including being a team 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.

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

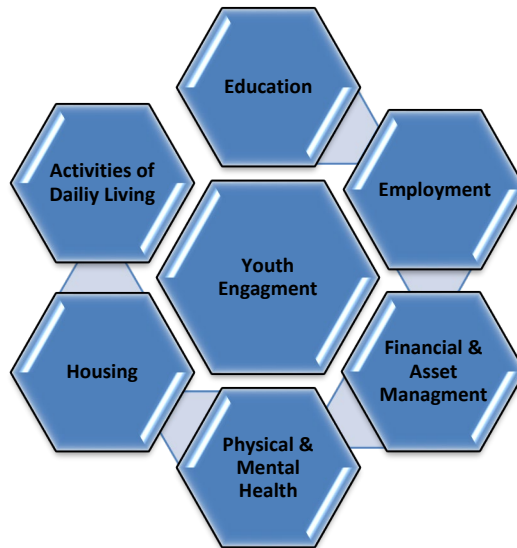
Indiana Department of Child Services / Older Youth Initiatives provides services through the John H. Chafee Foster Care Program for Successful Transition to Adulthood (The Chafee Program). Older youth services consist of a series of developmental activities that provide opportunities for young people 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 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 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 21 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 Capital; 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 enter foster care on or after the age of 18 (so long as certain conditions are met). 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 has 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

DCS has extended the Chafee program services up to age 23 as permitted by the Family First Prevention Services Act of 2018. DCS hosted focus groups with the OYS providers, youth and key internal stakeholder to assess the need of extending services and DCS capacity to extend services. Governor Holcomb approved DCS recommendations and signed the Chafee certification. In December 2018, DCS received approval of the Chafee certification to extend services for youth to age 23. The OYI team has updated the OYS service standards, OYS protocol, and OYS policies. As of February 1<sup>st</sup> 2019, Indiana began extending services to age 23 and grandfathered youth into Voluntary Services who turned 18 on or after February 8, 2018. Also in accordance with the Family First Prevention Services Act, DCS developed a Foster Youth Verification Letter to ensure all current and former foster youth have written official documentation of their time spent in foster care for the purpose of establishing eligibility and access to programs and services.

On March 25, 2019, Indiana General Assembly passed House Bill (HB) 1006 which provides that an older youth who received foster care is eligible to receive extended foster care - collaborative care services until the individual becomes 21 years of age. The age increase for extended foster care will be effective July 1, 2019. Increasing the age requirement in Indiana's extended foster care program (Collaborative Care) streamlines the older youth services process, which allows youth in foster care additional time to address their independent living needs prior to aging out of foster care and will have a safety net of continued services to age 23.

## 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 18<sup>th</sup> 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 call, 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 of OYS, CC and is essential practice and service delivery. 3CM's manage youth at age 16 who have a case plan of APPLA. In addition, the process of transitioning youth to a Collaborative Care Case Manager (3CM) at age 16 was developed 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.

To support the well-being of youth, in accordance with H.R. 4980, DCS has the "Indiana Youth Bill of Rights." This is a document that describes the rights of a child with respect to education, health, visitation, court participation, the right to be provided various documents specified in the law, and the right to stay safe and avoid exploitation. DCS Family Case Managers (FCM) engage youth of their rights at the age of 14 when they enter into care. Youth have the rights to submit a Youth Court Report prior to their court hearing to inform the courts of their progress towards self-sufficiency. DCS ensures youth ageing out of care, are provided a copy of their vital records, which includes a birth certificate, state identification card, medical records, etc.

The OYS providers assist youth with the development of a Successful Adulthood Learning Plan (SALP). The SALP is based off of the results of the CLSA, driven by the youths input and updated every 6 months. The SALP

includes information on specific steps that will be taken to ensure that the youth's successful adulthood needs are met, including: Identifying the youth's need/goal, what activities will be done to help complete that goal, who is responsible for completing specific activities and expected dates of completion for each activity and goal. The SALP is used as a tool to help teach older youth the planning and goal making process as well as a tool to document casework completed for the youth's individual case record.

In the Older Youth Services Protocol, Indiana specifically address LGBTQ under cultural and religious competence with a link to the Indiana Guidebook for Best Practices with LGBTQ Youth. The guidebook provides information of knowledge and appropriate skill sets of social services needed to effectively meet the needs of LGBTQ youth and their families. It is Indiana's practice to work one on one with youth as they explore their sexual orientation and gender identities by utilizing positive youth engagement. By listening to the youth voice, individuals working directly with youth are able to determine the needs of the youth and assist the youth with appropriate placements, resources, and building their social capital. The OYS Protocol also address service delivery for pregnant and parenting youth and youth with developmental disabilities. DCS extended foster care program collaborates with internal and external stakeholders to sponsor a pregnant and parenting conference annually.

DCS has extended OYS to youth and young adults up to age 23. Extending services provides youth with a continuation of direct case management and support in housing, employment, education, and OYI other outcome areas. Extending services increases the likelihood of youth obtaining self-sufficiency and stability. In addition, through state legislation the age eligibility requirement for Indiana extended foster care program, collaborative care has been approved to increase to age 21 with an effective date of July 1, 2019.

### **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 learn 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.

In addition, The Older Youth Initiatives team has cross trained with the DCS Educational Liaison 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.

To improve post-secondary outcomes for youth and young adults DCS is participated in a CQI – Result Based Accountability (RBA) project with Indiana Foster Success. In the fall of 2017, Indiana Foster Success (CB25), a Jim Casey Youth Opportunity Initiative (JCYOI) site was selected to participate in the initiative's 13-month Results Based Accountability (RBA) Program. RBA is a disciplined way of thinking and taking action that can be used to improve the performance of programs. The project aims to improve results for youth who participate in the ETV program by enhancing to increase persistence and degree / certificate attainment among Indiana's foster youth. Through RBA, DCS has enhanced its' partnership with the Indiana Commission of Higher Education (CHE). Due to the partnership, DCS has presented in the state-wide student advocates conference on the unique needs of foster youth in post-secondary institutions. The conference serves as an opportunity for Indiana college advisors, mentors, student leaders and other advocates to discover innovative practices, share success stories, and learn about the state policies and initiatives impacting college completion and student success. DCS and Foster Success have also formed a focus group which will continue to strategically plan how to address the post-secondary educational needs of youth in foster care with planning and developing successful outcomes.

### **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. Youth are provided the opportunity to participate in college visits through their high school or the OYS provider.

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 JAG program.

The ETV program has designed a post-secondary program that assist ETV eligible youth with college readiness and supports. The program is called Catalyst, which is formerly known as Summer Bridge. Catalyst 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. Student must 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 Youth provides for youth to receive and sign and 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.

**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. As of February 1, 2019, DCS extended Chafee Voluntary Services to former foster youth 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 INCBY25 initiative and the ETV program information with other student support services staff and the faculty leadership

During the 2017-2018 academic year, the ETV Regional Specialists provided the following supports and activities to youth:

- 52 students were referred to campus student support services
- 143 students received targeted case management services (Foster Success Coaching)
- 283 students received ETV website/application support
- 109 monthly on-campus student-focused group meetings
- 14 ETV 101 Meetings
- 7 College 101 Meetings
- 23 students completed the 2018 ETV Summer Bridge/Experience-Vincennes University

In addition, students were referred to TRiO, 21st Century Scholar, Campus Support, Disability Services, and Tutoring.

The ETV vendor also completed state-wide college 101, held state-wide education conference calls, implemented state-wide higher education in-service month, promoted Nina Scholars program to ETV students and attended DCS meetings, provider fairs and conferences. During the summer of 2018, the ETV vendor developed a Summer Bridge program for incoming college freshmen students who are eligible for ETV. This program is designed to prepare youth for their freshman year of college as they take summer classes.

During the 2017-2018 grant period, 127 youth were provided monthly care packages to ETV students. The ETV program values the student's voice and works closely with various ETV students in several different capacities; one being Student Ambassadors. ETV Regional Specialists recruit foster youth for the state youth board, the Indiana Youth Advisory Board (YAB). INCBY25 also developed Student Ambassadors who work in their region to support students by offering a student perspective at presentations and meetings. The number of Student

Ambassadors fluctuates from year to year. During the 2017-2018 grant period, nine (9) ETV students served as a Student Ambassador.

In addition, DCS Educational Liaison train and educate FCMs and youth on educational opportunities as well as provide educational support and advocacy. A breakdown of ETV vouchers is attached hereto as Attachment I.

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 provides collaborate with the DWD – Work one centres and guided 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.

#### **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 advise 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.

### **National Youth in Transition Database**

In May of 2018, DCS finalized a contract agreement to a vendor who oversee the administration of the Indiana specific NYTD 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 integrate, 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

The NYTD data collection for Cohort 2 - 21 year old follow up population began October 1, 2017 and ended September 30, 2018. The file submission was submitted timely. On October 1, 2018, DCS NYTD began the Cohort 3, 19 year old follow-up survey population A. The NYTD provider is currently locating and conducting survey of youth in the 19 year old survey out of care survey population. DCS internal staff are ensuring the 19 year old in care population are being surveyed. Survey population A ends March 31, 2019. The NYTD provider will begin surveying Cohort 3 19 year old follow-up population B April 1, 2019 and end the survey period September 30, 2019.

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.

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.

#### 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.
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 its capacity to increase ETV funding and eligibility requirement to youth / young adults who meet the federal eligibility requirements.
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 homelessness.
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.
6. Continue building NYTD within the OYI system through training and increased youth engagement.

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

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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 capital. 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 youth's 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**

Older Youth Services	Collaborative Care	Voluntary Services
<ul style="list-style-type: none"> <li>•Referral for services at age 16</li> <li>•Youth Driven CFTM at age 14</li> <li>•TPSA begins at age 14</li> <li>•Youth Bill of Right provided at age 14</li> <li>•Youth prepare their own court report beginning at age 14</li> <li>•Ends at age 21</li> </ul>	<ul style="list-style-type: none"> <li>•Eligible at age 18</li> <li>•Must meet eligibility requirements for extended foster care</li> <li>•Permanency plan is APPLA</li> <li>•Continued foster care placement with additional placement options</li> <li>•Continued services and planning</li> <li>•Ends at 21</li> </ul>	<ul style="list-style-type: none"> <li>•Former foster youth</li> <li>•Aged out of foster care at age 18 or CC case closed.</li> <li>•Case Management Services</li> <li>•Emancipation of Goods &amp; Services funding</li> <li>•Room &amp; Board Funding</li> <li>•Ends at age 23</li> </ul>

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 programming, which is characterized by intensive experiential learning and hands-on lessons in culinary Arts, ServSafe certification, building trades, car maintenance, life skills and other unique programs.
  
2. **Indiana Youth Advisory Board (YAB):** YAB is Indiana’s youth leadership board. YAB 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 YAB 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 YAB 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 YAB development and youth participation will also further enhance collaboration, cultural competence and permanent connections with other youth and adults as they engage in the YAB 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. YAB participated in or hosted the following events:
  - Hosted YAB Normalcy Conference
  - DCS Leadership and YAB meeting
  - Quarterly Regional Meetings
  - Hosted Holiday Celebration with local group homes.
  - YAB 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
  
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 (CB25) 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, CB25 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. Seventy-two youth participated in the program between July 2017 and June 2018.

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 report process. Reports will be processed monthly. 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 age 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 through the Annual Credit Report. The youth will receive assistance in obtaining, interpreting and resolving any inaccuracies in the credit report from Indian's older youth services service providers. Youth /young adults who have aged out of foster care and receiving voluntary services between 18 – 23 years of age will be advised on how to apply for their credit reports from each of the three CRA;s each year until the youth is no longer actively participating in voluntary services or services have ended. The youth will receive assistance in obtaining, interpreting, and resolving inaccuracies in the report.
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 18<sup>th</sup> 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 will 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.

To help youth who have experienced foster care at age 14 or older achieve meaningful permanent connection with a caring adult and build their social capital youth may be referred to the Youth Connections Program (YCP). The goal of YCP is to ensure all youth ageing 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 transition into adulthood. YCP is a DCS program supported by four (4) YCP Specialist who collaborate with youth and their FCM or 3CM to help youth find permanent connects. YCP Specialist work to find multiple connections to build youth social network. By having a network of supportive connections, youth / young adults have increase opportunity to have their needs met. The YCP Specialist acts as a liaison for the youth, possible connection and DCS staff. With each possible connection the YCP Specialist discusses their resources, abilities and availability, as well as the youth needs to determine the depth and strength of the commitment to the youth. Once the commitment is defined, the YCP Specialist validates the connection through the completion of a Certificate of Connection signed by both the youth and adult. The YCP offers youth ageing out of foster care the opportunity to reconnect with caring adults with whom they have lost contact. Re-establishing family or kinship connections increases successful permanency and relational permanency outcomes for youth.

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: YCTP, YAB, and OPP.

#### *Youth ages 16 to 18*

All youth in out of home care receive Successful Adulthood (SA) services at the age of 16. Who provides the service depends upon where the youth is placed. If a youth is placed in a residential facility, group home or a Licensed Child Placing Agency home, the facility or agency is responsible for providing the direct SA skills education. If a youth is placed in a DCS licensed foster home, a relative home, or another court appointed placement, a referral may be made to the OYS provider (if services are appropriate for the youth). At age 17.5 all youth should be referred to an OYS provider (if services are appropriate for the youth). Youth in Collaborative Care Host Homes 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 adult or

college campus. Youth who have a case plan of APPLA may have their case transferred to a 3CM to begin intensive OYS.

All services are delivered based upon the broker of resources model and should be based upon the individual youth's abilities and needs.

DCS also focuses on transition planning for youth ages 16 – 18 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 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.

#### *Youth ages 18-21 in foster care*

Youth ages 18 – 21 have the option to remain in foster care through Indiana's extended foster care program; Collaborative Care. Youth participating in Collaborative Care voluntarily agree to remain in foster care and receive continued supports and services through DCS as they work to achieve self-sufficiency. All OYS are based upon the youth's abilities and needs. 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 care, health insurance information, medical records, and a driver's license or State Identification. The OYS array does not change with age. The method by which services are delivered varies based upon youth's skill level, needs and abilities. Youth ages 18 -21 continue to receive transition planning as well as older youth initiative services. Youth are expected to actively drive their transition plan and learning plan to ensure their personal responsibility in transitioning into adulthood.

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.

#### *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 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 of 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 interdependently. 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.

#### 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 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](http://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 services. The service array is described above. Room & Board funds are reserved for only those youth accessing Voluntary IL Services. Room and Board funds are not used for youth who enter Collaborative Care. Room and Board funds are reserved for youth who access Voluntary Independent Services. At this time, DCS does not systemically track program participation per eligibility condition. This information is available through paper records only.

Through the CFTM process, placement opportunities are determined by giving consideration to the youth's developmental needs. Below is a comparison of placement types in April 2016, April 2017, April 2018, and April 2019:

Placement Locations	April 2016	April 2017	April 2018	April 2019
Relative Home	8.6%	22.8%	10.80%	9%
Non Relative Foster Home	39.1%	34.21%	27.0%	34.9%
Residential Setting	20.9%	25.98%	11.94%	20.5%
Own Apartment	11.3%	6.3%	18.82%	13.4%
Shared Housing	0.9%	0.5%	0.81%	0.6%
Host Home	12.6%	4.73%	15.87%	12%
College Dorm	4.0%	1.53%	8.01%	5.9%
Other Placement	2.6%	4.37%	6.71%	5.4%

### 3. Education and Employment

Education and employment preparation for older youth in foster care continues to be a focus. Service providers and case managers continue to ensure that youth are referred to Work One, through the Indiana Department of Workforce Development (DWD) for employment related coaching, TASC (Test Assessing Secondary Completion) classes, and testing. Specifically, DCS Collaborative Care team partners with the Department of Workforce Development (DWD) Jobs for American Graduates (JAG) program to identify foster youth in their junior and senior year in high school. Foster Youth continue to be prioritized for local Work One initiatives.

DCS contracts with a provider to provide Specialized Youth Career Training (YCT). The program provides life skills and career development services to at-risk youth by combining hands-on experiential learning and community resources. Youth are provided with tools and opportunities to use skills needed to build a successful and sustainable future. YCT services consist of boot camp style services with intensive experiential learning and hands-on lessons in the following service components: culinary arts, serve safe, building trades, car maintenance, life skills, and other identified camps that meet the needs of youth.

Information on the Next Level Jobs has been provided to the Collaborative Care team and the Older Youth Services providers. Next Level Jobs provides free employment training opportunity



Older youth who are receiving OYS services and have an Individualized Education Plan (IEP) continue to be referred to Vocational Rehabilitation, when appropriate and to DCS Educational Liaisons if they are in need of additional education support or advocacy.

Youth goals are supported in several ways; including the youth's educational goals. Youth must address education at each transition planning meeting that starts at age 14. This includes current educational status and future educational goals. Education is an outcome area addressed in the OYS Service Standards and outlines youth outcomes and provider responsibilities that will assist youth achieve the identified core competencies. Education may also be an area that is addressed in the IL Plan developed by the youth and the OYS provider. 3CMs may reach out to the DCS Education Liaisons for assistance with educational issues or barriers. The Education Services team has partnered with the Collaborative Care and Older Youth Services teams to provide trainings and attend joint meetings to assist in ensuring the educational needs of the other youth in care are being effectively met. 3CMs receive training in assisting youth who apply for post-secondary training or education. Youth who are enrolled in post-secondary training or education and are receiving ETVs can also utilize the regionally based ETV Specialists for assistance.

#### 4. 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 were 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.

Before leaving care, the youth and their team will make sure parenting youth have established sustainable resources, including: established paternity and a child support order entered for their child; developmental needs addressed for their child, including medical and dental health; and supportive, sustainable services are in place and planned around the family unit, through referrals to the Indiana Healthy Families program, First Steps/Head Start, Nursing Family partners and other social services.

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-centered 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.

DCS hosted a parenting conference in October of 2018 in order to provide support through education and resources to pregnant and parenting young adults. The parenting conference hosted 12 young ladies and their

significant other or supportive partner. During the conference, the youth received information on safe sleep, parenting tools and relationship building, a resource fair was provided to the youth and the youth received a gift package for their participation. DCS will continue to host a state-wide parenting youth event. These events will be hosted regionally across the state and will focus on pregnancy, parenting, and child abuse and neglect prevention. This change will allow DCS and OYS providers to increase the capacity to impact more youth and build collaborations with community stakeholders.

#### 5. 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.

#### 6. 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 service needs. 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.

## 7. 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. 3CM's have been trained on how to assist youth with expungement of their criminal records. Youth criminal history can be a barrier to education, housing, and employment. 3CM's 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.

## 8. Young adults with disabilities

Young adults 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, help youth apply for SSI and other special needs adult benefits a youth may be eligible for. 3CMs help youth develop and increase support and build social capital. OYS providers link youth to other supportive agencies such as the Bureau of Developmental Disabilities, local mental health agencies, vocational rehabilitation, and other local providers.

Youth who have developmental and/or intellectual disabilities, but do not qualify 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.

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.

After examining data, DCS has found that youth are leaving the program prior to turning age 21 for many reasons. Many youth are reuniting with biological family and requesting case closure. Some youth are entering adult services so the DCS case is closed. Other youth are struggling to maintain eligibility. Collaborative Care practice is to assist the youth in becoming eligible for services for up to 60 days. If youth have not obtained eligibility by the 60th day, the case needs to move towards case closure.

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 worker will not change if a youth moves from Collaborative Care to Voluntary IL Services. The full OYS array is offered in Voluntary IL Services. In addition Room & Board, funds are available for eligible youth to access.

#### E. COLLABORATION WITH OTHER PRIVATE AND PUBLIC AGENCIES

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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 and to apply for the U.S. Department of Housing and Urban Development (HUD) for funding through the federal Youth Homelessness Demonstration Program. DCS will continue to collaborate with CHIP to enhance housing for homeless foster youth through assessing the process of obtaining the Housing Choice Voucher through HUD for foster youth aging out of foster care. A representative from DCS OYI team is a part of the homeless youth taskforce.

DCS has partnered with Indiana Foster Success (CB25) to further the states work with older youth in foster care. CB25 is a strategy developed by a group of national funders, the Youth Transition Funders Group, which focuses on young people ages 14 to 25 either living in foster care, detained in the juvenile justice system, or who have dropped out, or had to leave school due to the school system not meeting their needs. This organization targets youth currently in foster care and youth who have aged-out of foster care (alumni). CB25 focuses efforts in 5 areas: Housing, Financial Literacy, Health, Education and Employment. CB25 has been able to leverage funding from DCS with private foundational funds to serve Indiana's Older Youth. CB25 has implemented the following initiatives.

Foster Success received funding to provide a Micro-Loan program to assist foster youth in establishing and building their credit history. The program uses small loans to help build credit relationships with community lenders through the act of making on-time monthly payments, and reporting the positive loan repayment behavior to the credit bureaus. The microloan program is 12 months long and divided into two, six month Phases.

DCS has partnered 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, tickets to a theme park or concert, furniture, to name a few examples.

DCS continues to support supportive housing programs throughout the State to ensure current and former foster youth have supportive and affordable housing.

DCS has strengthened its partnership 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.

In addition, ICHE provides student success initiatives such as Twenty First Century Scholars. Through the partnership with ICHE – Twenty First Century Scholars program, DCS has increased the number of foster youth eligible for the program by ensuring youth are applying and completing the scholar success program requirement. ICHE has trained staff on the program and has identified foster youth as a special population by providing all DCS staff with access to the website for foster youth enrolment and verifying enrolment status. DCS works closely with Twenty First Century Scholars program staff as a direct contact for approving foster youth

eligibility status. To move the collaboration forward DCS and ICHE is in the final process of completing a memorandum of understanding to share outcome data.

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. During the 2016 -2017 graduation year there were 13 youth who participated in Project Open House. The open house took place at the Indianapolis Colts facility where the youth received a buffet meal of their choice, graduation gifts, an individualized graduation cake, and formal recognition of their accomplishment in front of their invited guest of family, friends and supports. Prior to the open house each youth received a photo shoot for senior pictures, specialized invitations, and an opportunity to participate in the Opportunity Passport financial literacy program offered through Foster Success. For the 2017 – 2018 academic year, there were 14 participants and for academic year 2018 – 2019, there will be 17 participants.

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. Independent Living Specialists, the data analyst, and the Older Youth Initiatives Manager will make themselves available to give presentations to agencies, departments, and companies that interact with youth on a regular basis. In this way information about available services can be disseminated to the stakeholders in order to better reach youth.

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 YAB. 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. Thus that 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, Indiana Housing Authority to ensure current and former foster care status is included as a preference in applying for subsidize housing, the Fort Wayne, IN 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 for youth with identified disabilities.

DCS continues to partner with Coalition for Homelessness Intervention & Prevention of Greater Indianapolis, Inc. (CHIP) by participating in the implementation of the Indianapolis Youth Homelessness Demonstration Program (the "Program" or "YHDP") committee and application process and submission to the U.S. Department of Housing and Urban Development ("HUD") for funding through the federal Youth Homelessness Demonstration Program. The Indiana Department of Child Services ("DCS") supports the Indianapolis Continuum of Care, its Blueprint Council, and its Homeless Youth Taskforce in their efforts to adopt a plan to end youth homelessness in the Indianapolis community. DCS agrees to fully participate in the Program, to collaborate with the Indianapolis Continuum of Care, and to take an active role with the group as they address youth homelessness.3CMs and OYS providers have received training on various housing options throughout the state.

## 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 3CM's provide resources and information to youth on school to work programs as youth develop their TSPA goals. 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 program 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 strengthen their ability to serve youth on an emergency situations.

To enhance the Medicaid enrolment 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 received 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 presumed to remain in care until age 21. Youth receive all the same service and placement options. 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, youth 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 21<sup>st</sup> birthday. Youth receive all the same service and placement options.

## G. COOPERATION IN NATIONAL EVALUATIONS

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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)

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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

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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 conducted state-wide site visits with each older youth services, Education and Training Voucher and Indiana Youth Advisory Board contracted providers. 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

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The OYI team is facilitating quarterly trainings for internal DCS staff in the local offices on the Chafee program and OYS. The OYI Team has developed a state-wide plan for training internal DCS staff on the Chafee program and OYS. The OYI Team also facilitates a bi-monthly training for 3CM 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. During the OYS provider meetings training goals are identified that focus on best practices in working with older youth. YAB 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.

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.

#### K. EDUCATION AND TRAINING VOUCHER PROGRAM

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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 or foster care will end on their 18th birthday and youth who was adopted or placed in a kinship guardianship from foster care on or after their 16th birthday are eligible for ETV. Students may receive up to \$5000 per academic year based on the cost of attendance. Youth must enrol between the ages of 18 up to their 21st birthday. Students may continue to receive ETV support until age 23. 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 grads 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 and 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 also facilitated a workshop at the CHE student advocates conference on the needs of foster youth in post-secondary institution.

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 2017 - 2018 academic year, the following data was collected for ETV students who received funding:

<b>2017 - 2018 Academic Standing</b>
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Academic Standing	# of Students	Percentage
Freshman	177	73.14%
Sophomore	40	16.54%
Junior	13	5.37%
Senior	12	4.95%
Total	242	
Graduating Senior	6	50%

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.

<b>2017 - 2018 Gender Comparative</b>		
	Number	Percentage
Male	104	43%
Female	138	57%
Total	242	

<b>2017 - 2018 Age Comparative</b>
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	Number	Percentage
Total	242	
17	6	2%
18	88	36%
19	79	34%
20	27	11%
21	30	13%
22	12	4%
23	0	0

<b>2017 – 2018 Race Comparative</b>		
	NUMBER	PERCENTAGE
TOTAL	242	
AFRICAN AMERICAN	80	33.1%
ALASKAN NATIVE	0	0.00%
ASIAN-AMERICAN	1	0.4%

BIRACIAL/MULTIRACIAL	23	9.5%
CAUCASIAN	121	50%
LATIN AMERICAN	13	5.4%
NATIVE AMERICAN	1	0.4%
PACIFIC ISLANDER	0	0.00%
OTHER/NO ANSWER/UNDISCLOSED	3	1.2%

During the 1<sup>st</sup> semester of the 2018-2019 academic year fall 2018 there were 177 ETV applicants funded. The following data was collected for ETV students who received funding:

- 31 student received referrals to campus supports
- 16 students received targeted case management services
- 257 students received application support

<b>Fall 2018 Academic Standing</b>		
Academic Standing	# of Students	Percentage
Freshman	121	68%
Sophomore	30	17%
Junior	17	10%
Senior	8	4%



Graduating Senior	1	1%
Total	177	

Fall 2018 Gender Comparative		
	Number	Percentage
Male	60	34%
Female	117	66%
Total	177	

Fall 2018 Age Comparative		
	Number	Percentage
Total	177	
17	5	3%
18	54	31%
19	56	32%
20	38	21%

21	16	9%
22	8	4%

<b>Fall 2018 Race Comparative</b>		
	Number	Percentage
Total	177	
African American	51	28%
Alaskan Native	0	0.00%
Asian American	1	0.5%
Biracial/Multiracial	17	10%
Caucasian	97	55%
Latin American	5	3%
Native American	1	0.5%
Pacific – Islander	2	1%

Other/No Answer/Undisclosed	3	2%
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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 eight 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 enrolment process for student support services. 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. This Engagement Coach responsibility is to actively recruiting 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 INCBY25 ETV program manager works closely with the Nina Scholars program board and submits student names for program and scholarship application.

## V. PROGRAM SUPPORT

All training is coordinated through the Deputy Director of Staff Development and is incorporated in the DCS Training Plan. The recent expansion of post-training surveys has assisted in measuring the effectiveness of training programs. All training and technical assistance provided to local office and regional manager is included in the DCS Training Plan.

DCS has hired a Director of Research and Evaluation and an Assistant Deputy Director for Strategic Solutions and

Agency Transformation. These positions will be integral to measurements of performance through development of reports and data to assist in meeting agency goals and objectives. Additionally, these two positions will play a central role in creating, evaluating and measuring the PIP and will continue to work closely with the Children's Bureau Measuring and Sampling Committee and the Capacity Center for States. These positions will also help close the feedback loop and improve continuous quality improvement.

DCS collaborates with Indiana University for evaluation of programs and training, including the evaluation of Indiana's IV-E Waiver program. DCS has a research and evaluation division to assist with any research needed to assist with goals and objectives. MaGIK may be updated as necessary to add fields and data necessary to measure performance. The DCS Quality Assurance procedures are currently being updated to add additional indicators to assess the quality and accuracy of data. As DCS prepares to implement its Program Improvement Plan from the recent Round 3 CFSR, additional reports and data will be developed.

## VI. CONSULTATION AND COORDINATION BETWEEN STATES AND TRIBES

### A. INTRODUCTORY INFORMATION

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The Pokagon 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

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DCS has established partnership/collaboration semi-annual meetings with representatives from the Pokagon Band.

In 2017, DCS staff attended a meeting with the Pokagon Band to add their expertise, as well as learn and brainstorm with Pokagon staff, about the development of necessary protocols detailing the disposition of reports of child abuse/neglect that occur within Pokagon Band's jurisdiction in St. Joseph county. Once again at a meeting 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. (In attendance were: DCS General Counsel, George Dremonas; DCS Deputy General Counsel, Dianna Mejia; Pokagon Band Attorneys Annette Nickel and Elizabeth Eggert; ACF's Charlene Blackmore; DCS Region 3 Director, Erin Shidler; DCS Hotline Deputy Director, Nathan Johnson; DCS Assistant Deputy Director Child Welfare Services, Austin Hollabaugh; DCS Deputy Director of Permanency and Practice Support, Heidi Monroe; DCS Assistant Deputy Director of Permanency and Practice Support, Sonya Rush; Pokagon Band Director of Social Services, Mark Pompey; Pokagon Child Welfare and Family Services Supervisor, Karen Mikosz; DCS St. Joseph Co. local office Director, Teresa Zornig; DCS Division Manager St. Joseph Co., Ken Downs; DCS Division Manager St. Joseph Co., William Horton; DCS International and Cultural Affairs Program Manager, Tatiana Alvarez; and DCS ICWA Liaison, Sheryl Alyea.) Additionally, a discussion was held regarding getting Pokagon Band's child welfare staff the opportunity to receive DCS trainings. It was also determined that some specific questions to be included in the DCS Hotline staff's protocol would be developed.

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.

#### 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 will meet again on May 6, 2019. 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

#### 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. A 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 was updated effective 12/01/2016 to be in alignment with the new ICWA regulations. Policy 2.12 is also currently under revision once again and will include the 'protocol' tool for the disposition of CA/CN reports involving an Indiana child.

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. During this past year (April 15, 2018 to April 15, 2019), 37 referrals have been received for potential or confirmed ICWA eligible children. Although not yet a reliable number, it has given some measureable 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.

#### 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. Social Services Director Mark Pompey has reviewed these previously and has provided helpful feedback to which DCS makes the necessary changes accordingly.

#### 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.

## VII. 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.

### 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 3 Citizen's Review Panels: a Foster Care Advisory Board, a Child Fatality Review Team and a Child Protection Team. Each panel serves a 3-year term. The foster care advisory board is the only panel that can extend the length of their term beyond three years. DCS had decided to alter the reporting period for Citizens Review Panels to an annual basis to assist new panels in their report preparation. This will also assist DCS in having completed reports and associated responses for APSR reporting periods. As both the CPT and Fatality Review groups will end their CRP term this calendar year DCS has begun work on establishing who will



take over the next three year term for each respective group.

### 1. Foster Care Advisory Board

A Foster parent advisory council (the Foster Care Citizens Review Panel) has taken over citizen review panel duties and focused on researching and making recommendations around foster parent training, recruitment/retention, and other foster parent related activities. The 2018 Foster Care Citizens Review Panel CRP Annual Report is attached as Attachment B. Their report provided recommendations regarding the relationship between foster parents, DCS, and its stakeholders.

### 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 Citizen's Review Panel effective January 2017. This team provided recommendations on water safety training and providing grief support to DCS staff and first responders.

The 2018 Knox County Child Fatality Team CRP Annual Report is attached as Attachment C.

### 3. Child Protection Team

The Monroe County Child Protection Team is one of the Citizen's Review Panels that became effective January 1, 2017.

The 2018 Monroe County Child Protection Team CRP Annual Report is attached as Attachment D. Their report focused on several recommendations on the ability to identify and work with individuals who suffer from mental health challenges.

#### 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](mailto:Heather.Kestian@dcs.in.gov). Information regarding CAPTA can be found on the DCS website at [www.in.gov/dcs/2329.htm](http://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](http://www.in.gov/dcs/2539.htm).

#### F. UPDATE ON SERVICES TO SUBSTANCE-EXPOSED NEWBORNS

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 upcoming data element requirements that will be required to be provided in upcoming NCANDS submittals due in the later part of 2018.

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 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 <b>no identifiable risk</b>	No testing recommended at birth
Positive verbal screen and/or positive toxicology screen at any time	Newborn <b>at risk</b> for NAS	<ul style="list-style-type: none"> <li>• Perform urine and meconium or cord toxicology screening at birth</li> <li>• Perform Modified Finnegan scoring</li> <li>• Evaluate maternal support resources</li> </ul>
<ul style="list-style-type: none"> <li>• No known verbal or toxicology screen during pregnancy</li> <li>• Negative verbal screen but no known toxicology</li> </ul>	Newborns with <b>unknown risk</b>	<ul style="list-style-type: none"> <li>• Perform urine and meconium or cord toxicology screening at birth.</li> <li>• Perform Modified</li> </ul>

screen		Finnegan scoring
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### 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)
  - Medical Home for Women with Substance Use Disorder (Mom)—Pam Knight & Kristina Killen Participating
    - Focus on keeping the infant with women- developing a pamphlet for discharge to inform the mother of what Neonatal Abstinence Syndrome is, what symptoms the infant may show post-discharge etc.
  - Medical Home for Substance Exposed Infants—Cynthia Smith & Rhonda Allen Participating
    - Working on 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.
    - Creating the letter/guidance for pediatricians and providing 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 and hopes that the toolkit will be available for use upon approval of the required agencies.
  
- Safety Planning Training for DCS Field Staff
  - Barb Bowling, regional manager for Region 15, and her staff aided in writing the curriculum for Safety Planning (as a general use).
  
- Statewide Opioid Summit
  - Opioid Treatment Providers, Community Mental Health Centers and Judicial Staff (team includes probation, DCS, law enforcement, medical treatment, public defenders) from all 92 counties are educated on the science of addiction, evidence-based treatment for substance use disorder, an approved bench card, resources and an opportunity for stakeholders to discuss the crisis in their community.
  - Keynote speakers

- Douglas Marlow—discussed the science of addiction intersecting with the justice system.
    - Other speakers supported the overall message of the keynote address and there was a closing session on Best Practice for Persons with Opioid Use Disorder Supervision/Case Management.
  - Substance Abuse and Mental Health Services Administration (SAMHSA) is providing a speaker on Sequential Intercept Model and how each team will address the issues in the region and build an “intercept.”
    - SAMHSA’s criminal justice work is organized around a framework for intervention referred to as the Sequential Intercept Model. This model identifies five key points for “intercepting” individuals with behavioral health issues, linking them to services and preventing further penetration into the criminal justice system. This model builds on collaboration between the criminal justice and behavioral health systems; highlights where to intercept individuals as they move through the criminal justice system; identifies critical decision-makers who can authorize movement away from the justice system and into treatment; and delineates essential partnerships among mental health, substance abuse, law enforcement, pre-trial services, courts, judges, jails, community corrections, social services, and others. Through its criminal justice initiatives, SAMHSA aims to:
      - Bring about strategic linkages with community-based behavioral health providers, the criminal justice system and community correctional health
      - Promote effective diversion and reentry programs
      - Foster policy development at the intersection of behavioral health and justice issues
  - Breakout Session by Tina Willauer to focus on START (Sobriety Treatment and Recovery Teams) principles and operationalizing the principles into medication assisted treatment (MAT); Breakout on 211 and Openbeds partnership; Breakout on Vital Statistics (tentative); Breakout on project ECHO and INSPECT Rules & Requirements
- Annual Joint Training: The Center for Deaf and Hard Of Hearing Education Early Intervention- Opioid Epidemic – Helping Families in Need-Home Visiting Safety: Beyond the Basics (4/18/18)
  - Presentation by Kristina Killen & Cynthia Smith on Approaches with Families that will Lead to Improved Outcomes: Helping Families in Need, which focused on practical application on working with clients involved with substance use and how to connect them with treatment providers.
- DCS Drug Screening Policy released in January 2018 touches on medication assisted treatment (MAT) and how to work with MAT providers within the DCS case
- 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 Plan of Safe Care, along with a Plan of Safe Care form 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.

## VIII. STATISTICAL AND SUPPORTING INFORMATION

### A. INFORMATION ON CHILD PROTECTIVE SERVICE WORKFORCE:

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

#### Local Office Director Preferred Experience – Varies

##### E7: Experience:

- Four (4) years of experience in public welfare, education, public administration, business administration, or social services; plus
- An additional three (3) years of supervisory experience in these areas.
- Education: Bachelor's degree from an accredited four-year college. (Concentration in Business Administration, Child Development, Counseling and Guidance, Economics, Education, Health Care, Home Economics, Law, Psychology, Public Administration, Social Sciences, Social Work, or Sociology preferred.)
- A combination of experience and accredited graduate training in any of the above areas may be considered.

##### E6: Experience:



- Four (4) years of experience in public welfare, education, public administration, business administration, or social services; plus
- An additional four (4) years of supervisory experience in these areas.
- Education: Bachelor's degree from an accredited four-year college. (Concentration in Business Administration, Child Development, Counseling and Guidance, Economics, Education, Health Care, Home Economics, Law, Psychology, Public Administration, Social Sciences, Social Work, or Sociology preferred.)
- A combination of experience and accredited graduate training in any of the above areas may be considered.

E5: Experience:

- Four (4) years of experience in public welfare, education, public administration, business administration, or social services; plus
- An additional five (5) years of supervisory experience in these areas.
- Education: Bachelor's degree from an accredited four-year college. (Concentration in Business Administration, Child Development, Counseling and Guidance, Economics, Education, Health Care, Home Economics, Law, Psychology, Public Administration, Social Sciences, Social Work, or Sociology preferred.)
- A combination of experience and accredited graduate training in any of the above areas may be considered

E4 : Experience Considered as Regional Managers:

- 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 2014,

- 46 students were selected for the BSW program.
- 23 students were selected for the MSW program.
- 42 BSW students began employment as family case managers in May through August, 2014.

In 2015,

- 50 students were selected for the BSW program.
- 18 students were chosen for the MSW program.
- 34 BSW students will begin employment as family case managers in May and June of 2015.

In 2016,

- 52 students were selected for the BSW program (50 will be funded and 2 will not receive funding but will still matriculate with the other BSW students)
- Interviews and selection of students for the MSW program will be completed in July 2016. However, DCS expects close to 20 students being selected.
- 43 BSW students will begin employment as family case managers in May and June of 2016.

In 2017,

- 58 BSW students were selected for the BSW program (50 funded and 8 were unfunded but matriculated with other BSW students)
- The MSW Scholars program is under development for enhancement and will recommence in 2018.
- 58 BSW students began employment as family case managers in May and June of 2017.

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, 2019,
  - 4 will be starting in June, and
  - 8 more have start dates thereafter.

DCS does not have information available related to the number of years of child welfare experience or other related experience working with children and families.

Child Protective Services Demographics – Age - As of 5/8/18

**Family Case Managers and Family Case Manager Trainees**

<22	22-25	26-30	31-40	41-50	51+	Total
5	535	649	743	454	263	2649
>1%	20%	25%	28%	17%	10%	100%

**FCM Supervisors**

22-25	26-30	31-40	41-50	51+	Total
8	96	208	112	46	470
1%	20%	44%	24%	10%	100%

**Local Office Directors**

26-30	31-40	41-50	51+	Total
3	32	31	23	89
3%	36%	34%	25%	100%

## Executives

26-30	31-40	41-50	51+	Total
2	17	27	28	74
3%	23%	36%	38%	100%

Information on caseload or workload requirements for such personnel, including requirements for average number and maximum number of cases per child protective service worker and supervisor (section 106(d)(10) of CAPTA).

Pursuant to IC 31-25-2-5, enacted in the spring of 2007, DCS is required to ensure that Family Case Manager staffing levels are maintained so that each county has enough FCMs to allow caseloads to be at not more than: (1) twelve active cases relating to initial assessments, including investigations of an allegation of child abuse or neglect; or (2) seventeen children monitored and supervised in active cases relating to ongoing services. The 12/17 caseload standard is consistent with the Child Welfare League of America's standards of excellence for services for abused and neglected children and their families.

The issue of caseload data must include the current national discussion regarding caseload definitions. As currently set out in statute, DCS must comply with standards that include 12 new investigations or 17 ongoing children being supervised by a case manager. These definitions are clear in large to medium counties, where the large scale of operations allows FCMs to specialize in either investigations or on-going cases. In smaller counties, however, the issue of mixed caseloads is more difficult to determine, in large part because ongoing caseloads of 17 are fairly static while new investigation caseloads are fluid, changing day to day and week to week. DCS continues to work with national leaders and organizations as these discussions bring more mathematical certainty to those designations.

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

Reports are generated monthly to monitor the timely completion of new assessments within 30 days as well as periodic detailed reports which help managers track the length of time various case types remain open. This allows managers to further analyse how to more consistently provide permanency for those children and thereby close the case. All Regions have formed Permanency Review Teams (PRTs) to review and provide recommendations to local offices for those cases where traditional measures have failed to achieve permanency. Each region reports monthly on the status of all PRT cases to the Permanency and Practice

Support Division.

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

## B. JUVENILE JUSTICE TRANSFERS

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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-ajs-2017-probation.pdf>.

Listed below are the page numbers within the 2017 Indiana Probation Report where specific data can be found for juvenile justice transfers. The 2018 juvenile justice transfer data will not be available until later in the summer of 2019.

Juvenile Probation .....	16
Juvenile Probation Referrals (2008-2017).....	16
Juvenile Probation Supervisions (2008-2017).....	18
Juvenile Probation Supervisions Method of Disposition (2008-2017).....	20
Juvenile Supervision Levels 2017.....	22
Juvenile Supervision as Result of Substance Abuse Convictions (2008-2017).....	23
Juvenile Supervisions as Result of Sex Offenses (2010-2017).....	23
Juvenile Supervision Completed Predisposition and Progress Reports .....	24
Juvenile Law Services Report .....	25
2017 Juvenile Law Services Financial Report .....	29

## C. EDUCATION AND TRAINING VOUCHERS

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The number of ETV applicants including all semesters: fall, spring, and summer was received via the ETV report that was submitted to DCS in September 2018.

During the 2017-2018 academic year, 65% of new students received ETV funding and 35% of returning 2016-2017 students received ETV funding.

<b>Application 2017 – 2018 Snapshot</b>					
	# of Eligible, Unduplicated Applicants	Total # of Students Funded	# of Unduplicated Students Funded	# of New Awards	# of Returning Students Awarded
Total	382	362	242	158	84

“Total number of students funded” means that a student could have been funded for multiple semesters during an academic year. The “number of unduplicated students” means that a student was funded for only one semester.

The number of ETV applicants identified during the fall and spring received via the ETV report that was submitted to DCS on April 1<sup>st</sup> 2019:

<b>Application Fall &amp; Spring 2018-2019</b>				
	# of Applicants	Ineligible Applications	Total Number of Students Funded	Number of New Awards
Total	257	80	177	100

During the 2018-2019 mid-term academic year, 56% of new students received ETV funding and 44% of returning 2017-2018 students received ETV funding:

<b>ETV Funded Students 2018 - 2019</b>					
	# of Students Funded	Number of New Awards		Returning Students	
		Number	Percentage	Number	Percentage
Total	177	100	56%	77	44%

#### D. INTER-COUNTRY ADOPTIONS

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During FY 2018, records indicate three 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 is unknown and the child was adopted from Ukraine.
2. The adoption agency is unknown and the child was adopted from Ukraine.
3. The adoption agency is unknown and the child was adopted from Haiti.

Plans for each child:

1. The youth has a plan of Another Planned Permanent Living Arrangement and will participate in Collaborative Care.
2. Adoption is the current permanency plan.
3. Reunification remains the plan for the youth.

Reasons for the disruptions include:

1. The youth was sexually aggressive towards an adoptive sibling and placed in a residential facility. Adoptive parents refuse to allow youth back in the home following successful treatment completion in a residential facility for sexually maladaptive behavior.
2. Physical abuse, sexual abuse, and neglect. The adoptive parents were arrested at time of removal.
3. Failed services through the CMHI and sexual abuse of siblings in home.

#### E. MONTHLY CASEWORKER DATA

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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 day following each visit with the child, and parent, guardian, or custodian.

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. As evidenced in the chart below, Indiana has met the federal requirement for contacts since FY 2016.

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

October 2016	16359	16721	97.84%		13179	16359	80.56%
November 2016	16478	16795	98.11%		13178	16478	79.97%
December 2016	16400	16667	98.40%		13501	16400	82.32%
January 2017	16419	16727	98.16%		13074	16419	79.63%
February 2017	16507	16925	97.53%		13324	16507	80.72%
March 2017	16761	17077	98.15%		13853	16761	82.65%
April 2017	16990	17370	97.81%		13372	16990	78.71%
May 2017	17032	17319	98.34%		14093	17032	82.74%
June 2017	17090	17341	98.55%		14600	17090	85.43%
July 2017	17119	17377	98.52%		14701	17119	85.88%
August 2017	16959	17185	98.68%		13662	16959	80.56%
September 2017	17335	17581	98.60%		13825	17335	79.75%
October 2017	17313	17611	98.31%		14042	17313	81.11%
November 2017	17286	17571	98.38%		13862	17286	80.19%
December 2017	17066	17334	98.45%		13928	17066	81.61%



January 2018	16805	17044	98.60%		13680	16805	81.40%
February 2018	16766	17033	98.43%		13500	16766	80.52%
March 2018	16594	16814	98.69%		13656	16594	82.29%
April 2018	16565	16771	98.77%		13261	16565	80.05%
May 2018	16412	16608	98.82%		13455	16412	81.98%
June 2018	16100	16327	98.61%		13809	16100	85.77%
July 2018	15986	16157	98.94%		13740	15986	85.95%
August 2018	15523	15688	98.95%		12408	15523	79.93%
September 2018	15668	15899	98.55%		12546	15668	80.07%
October 2018	15441	15625	98.82%		12595	15441	81.57%
November 2018	15143	15298	98.99%		12166	15143	80.34%
December 2018	14871	15030	98.94%		11872	14871	79.83%
January 2019	14691	14789	99.34%		12137	14691	82.62%
February 2019	14577	14723	99.01%		11699	14577	80.26%
March 2019	14487	14597	99.25%		11888	14487	82.06%

April 2019	14285	14415	99.10%		11268	14285	78.88%
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## IX. ATTACHMENTS (SEPARATE DOCUMENT)

- A. CAPTA Assurance
- B. 2018 Citizen Review Panel Report and Response– Foster Care Citizens Review Panel
- C. 2018 Citizen Review Panel Report and Response– Knox County Child Fatality Team
- D. 2018 Citizen Review Panel Report and Response– Monroe County Child Protection Team

**ATTACHMENT A**  
**CAPTA Assurance**

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**Child Abuse Prevention and Treatment Act (CAPTA)  
Grant to States for Child Abuse or Neglect Prevention and Treatment Programs**

**State Plan Assurance amended by  
P.L. 115-424  
The Victims of Child Abuse Act Reauthorization Act of 2018**

**(This amendment to CAPTA became effective January 7, 2019)**

***Governor's Assurance Statement for  
The Child Abuse and Neglect State Plan***

As Governor of the State of Indiana

I certify that the State has in effect and is enforcing a State law relating to child abuse and neglect which includes:

Provisions for immunity from civil or criminal liability under State and local laws and regulations for individuals making good faith reports of suspected or known instances of child abuse or neglect, or who otherwise provide information or assistance, including medical evaluations or consultations, in connection with a report, investigation, or legal intervention pursuant to a good faith report of child abuse or neglect (see section 106(b)(2)(B)(vii) of CAPTA).

Signature of Governor:

ERIC HOLTZ

Date: 6/28/19

**ATTACHMENT B**

**2018 Citizen's Review Panel Report and Response- Foster Care  
Panel**

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## FOSTER PARENT CITIZENS REVIEW PANEL ANNUAL REPORT-2018

During 2018, the Foster Care Citizens Review Panel arranged quarterly meetings on the following dates: April 30th, July 16th, September 16<sup>th</sup>, and December 3rd. Participation occurred by phone conference/Webinar.

The following individuals were a part the Panel during 2018:

Crystal Blevins, Lorraine Conwell, Kelly Farmer, Hope Forth, Lori Herring, Susan Hyde, Jasmine Jones, Jackie Murray, Jeremy Patterson, Richard Skirvin, and Cari Kelm.

Kristi Cundiff, Stephanie Kaser, and David Kaser participated as Adoptive Parents

The following "invited guests" attended the Foster Care Citizens Review Panel meetings:

Rodnie Bryant, Dawn Sanford, MaryEllen Hanback, Laura Tibbets, Elisa Suarez

During 2018 the Foster Parent Citizens Review Panel discussed the following information:

- Current Foster Parent training curricula and new training development – this included training for Foster Parent Support Groups as well
- Foster Parent Bill of Rights
- Education and support of Foster and Adoptive Parents
- Utilization of the Medical Passport and the MaGIK/KidTraks system
- Licensing of Foster Parents versus expectations and licensing for Relative and Kinship Care
- Visitation Planning

As a result of the information shared and the discussions held during the 2018 quarterly meetings the Foster Parent Citizens Review Panel offered the following suggestions as opportunities for strengthening the child welfare system for Indiana's children:

### 1. Foster Parent Retention

- It would be helpful for Foster Parents to understand development and attachment health. In addition, there should be a right to a Bonding Assessment as it relates to trauma for the children.
- A team meeting should be held with birth parents, caregivers, and Foster Parents at the initial start of the case to discuss visitation schedules and begin planning together.
- A survey should be developed so that DCS can receive information from Foster Parents regarding their experience and relationship with DCS.

- It would be helpful for Community Partners and Service Providers to receive training on interaction with Foster Parents.
- It would be helpful if the Medical Passport is developed in the MaGIK/KidTracks system, and Foster Parents have the ability to access this electronically.
- It would be helpful to educate and support new Foster Parents in understanding how the system works and what their role is as part of the team -- update of initial training to include supportive materials and information.

## 2. Foster Parent Recruitment

- The Panel members would like to be involved in recruitment and are looking forward to working with the new Foster Care Division that is being developed by DCS.
- DCS should develop a Foster Parent Forum for each region so that there is open dialogue between DCS and Foster Parents, and this could include a focus on recruitment strategies.



Eric J. Holcomb, Governor  
Terry J. Stigdon, MSN, RN, Director  
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317-234-KIDS  
FAX: 317-234-4497  
[www.in.gov/dcs](http://www.in.gov/dcs)

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

Date: 5-29-2019

Foster Parent Citizen Review Panel  
RE: DCS Response to the Foster Parent Citizen Review Panel Report for 2018

Dear Foster Parent Citizen Review Panel Team Members:

DCS has received your 2018 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 between DCS and the foster parent community.

Responses to each of your recommendations are listed below:

*Recommendation #1: It would be helpful for foster parents to understand development and attachment health. In addition, there should be a right to a Bonding Assessment as it relates to trauma for the children.*

The Department currently has the ability to refer for a bonding and attachment assessment for children. A foster parent has the ability to advocate for a child in their care and discuss any concerns regarding this need with the child's family case manager or foster care licensing specialist.

During the mandatory training for foster parents, bonding and attachment information and theories are discussed. Resource and Adoptive Parent Training (RAPT) offers an Attachment class, which is elective. Additionally, there are several Trauma Informed Care classes for ongoing training. If one of these trainings is not currently being offered, the foster parent is able to speak with their foster care specialist about scheduling a specific training in their area.

*Recommendation #2: A team meeting should be held with birth parents, caregivers, and foster parents at the initial start of the case to discuss visitation schedules and begin planning together.*

The Department of Child Services is re-launching the practice model, which would encourage this process initially and on an ongoing basis (see generally, policy Chapter 5, Section 7). However, if the family is not amenable to the resource parent(s) being a part of the child and family team meeting, a case plan conference should be held to discuss case planning and address the needs of the child and family. This process is addressed in policy as well (see Chapter 5, Section 8).

Also, DCS is considering implementing a specific program model that would encourage those from the home of the child's origin and the child's foster parent or kinship provider to meet as close to the initial placement as possible in order to exchange important information and better understand and assess the needs of children and their families.

*Recommendation #3: A survey should be developed so that DCS can receive information from foster parents regarding their experience and relationship with DCS.*



*Indiana children will live in safe, healthy and supportive families and communities.*



DCS is currently working on a satisfaction survey for Resource Parents and it is currently in the development phase.

*Recommendation #4: It would be helpful for Community Partners and service providers to receive training on interaction with foster parents.*

The "Engaging Resource Parents" training is in the final stages of development by staff development. It will initially be available to DCS staff but may have some application to use for external providers. The new Foster Care Liaison is reaching out through support groups around the state to boost their contact and to provide education components to foster families.

*Recommendation #5: It would be helpful if the Medical Passport is developed in the MaGIK/Kidtraks system, and foster parents have the ability to access this electronically.*

There is a small committee of foster parents that are providing feedback in the new web design for the foster parent portal. Over time, the goal is for the website to become more interactive and provide more of the information desired by resource parents. We are unsure whether medical information can be shared safely and securely and comply with federal rules and requirements but we are diligently researching this issue.

*Recommendation #6: It would be helpful to educate and support new foster parents in understanding how the system works and what their role is as part of the team-update of initial training to include supportive materials and information.*

There is an active training plan from staff development to focus on training of foster parents, revamping RAPT, and have attorneys present on how the system works from a legal perspective.

*Recommendation #7: The panel members would like to be involved in recruitment and are looking forward to working with the new Foster Care Division that is being developed by DCS.*

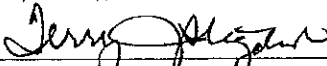
The foster care campaign is kicking off in May 2019 that provides a new media framework with logo, website and awareness. A committee is also being developed to collaborate with fiscal to better utilize the appreciation/recruitment funds.

*Recommendation #8: DCS should develop a foster parent forum for each region so that there is open dialogue between DCS and foster parents, and this could include a focus on recruitment strategies.*

Foster parent forums are currently available in all regions. DCS will continue to ensure that foster parents are aware of this option. This information will be included in the new portal and updated quarterly newsletters following their respective roll-outs.

DCS is thankful for the time your Panel has devoted to reviewing current issues affecting foster parents throughout 2018 and for submitting your Annual Report for 2018. 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



*Protecting our children, families and future*

**ATTACHMENT C**

**2018 Citizen Review Panel Report and Response- Knox County  
Fatality Review Team**

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Citizens Review Panel

Annual Report

Prepared by:

Knox County Child Fatality Review Team

Submitted to:

Department of Child Services

February 28<sup>th</sup>, 2019

## Table of Contents

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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 second year the Knox County Child Fatality Review Team has served as a CRP. The 2018 KCCFRT report documents the Panel's one review regarding a drowning.

Drowning is the second most prevalent cause of accidental deaths among children. In September 2018, DCS released the 2016 Child Fatality Review Report which showed the most common reasons for child deaths were neglect, were those children were left unattended near water or unsafe sleeping conditions.

The child in our review was 17 years of age. He was with friends swimming in a body of water. As he was swimming he seemed to struggle then went underwater. There are no known contributing factors to the drowning. The manner of death was accident.

After the death the community responded by providing students at the school with peer grief support. The family was offered grief counseling as well.

## Recommendations

The panel reviewed: 1. Current practices by the Department of Child Services to decrease the risks of drowning. 2. Risk factors that were present at the time of death. 3. The secondary/vicarious trauma that occurs with first responders to these investigations.

After reviewing the cases above, the team has made the following recommendations, with the understanding that the ability to fulfill these recommendations is dependent upon funding.

Recommendation #1: The Department of Child Services (DCS) can coordinate with Department of Natural Resources (DNR), Prevent Child Abuse, and or YMCA to provide water safety campaigns.

Recommendation #2: The team reviewed risk factors present at the time of death. This particular child was very involved with his community. He participated in church, extracurricular activities, and had a strong network of informal supports.

Adverse childhood experiences (ACEs) are significant factors either positive or negative that can assist to predetermine future violence victimization, perpetration, and or lifelong health disparities. There is

no evidence of substance abuse or child abuse/neglect. There seem to be no negative ACE's that would cause for intervention prior to the child's death.

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 that all Family Case Managers (FCMs) receive grief support. Many times it is selective if FCM's participate in debriefing after a fatality. The team recommends that it be mandatory they participate in a debrief.

The team feels that each agency shall provide case debriefings/grief support for every first responder and that includes everyone involved in the case including the dispatcher that received the call. Having proper grief support for staff can assist with any secondary trauma that they endure.



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

Dirk Carnahan, Knox County Prosecutor

Melissa Haaff, Hope's Voice (Chairman)

Rose Archer, Investigator for Knox County Prosecutor's Office

Erica Russell, Knox County DCS

Misty Bullerdick, Knox County DCS

Nathan Noel, Knox County DCS

Bob Dunham, Vincennes University Police Chief

Mike Fisher, Knox County Sheriff Department

Cameron Carr, Knox County Sheriff Department

Doug Lowe, Vincennes Police Department

Jonathon Alexander, Vincennes Police Department

Terry Stremming, Bicknell Police Department

Jim Dotson, Indiana State Police

Shane Cooper, DNR (Department of Natural Resources)

Jamie Dugan, Good Samaritan Trauma Unit

Mary Pargin, Good Samaritan Trauma Unit

Miranda Schneider, Good Samaritan Hospital

Dena Held, CASA (Court Appointed Special Advocate)

Brian Hagen, Coroner

Karen Schmeling, 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



Eric J. Holcomb, Governor  
Terry J. Stigdon, MSN, RN, Director  
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**Child Support Hotline: 800-840-8757**  
**Child Abuse and Neglect Hotline: 800-800-5556**

Date: 5.29.2019

Knox County Child Fatality Review Team, Citizen Review Panel  
RE: DCS Response Citizen Review Panel Report for 2018

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

DCS has received your 2018 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 coordinate with the Department of Natural Resources (DNR), Prevent Child Abuse, and/or YMCA to provide water safety campaigns.*

The Indiana State Department of Health currently offers a water safety training program called Water Awareness in Residential Neighborhoods (WARN). The Department of Child Services is working to partner with ISDH to provide this training to DCS field staff which would increase skills to identify and provide water safety information while in the home, as well as, to community groups as a prevention and community relations initiative. Additionally, there are continued efforts under way to increase water safety and drowning awareness from a subcommittee of the statewide Child Fatality Review Committee.

*Recommendation #2: The team reviewed risk factors present at the time of death. This particular child was very involved in his community. He participated in church, extracurricular activities, and had a strong network of informal supports. Adverse childhood experiences (ACES) are significant factors either positive or negative that can assist to predetermine future violence victimization, perpetration, and/or lifelong health disparities. There is no evidence of substance abuse or child abuse/neglect. There seem to be no negative ACEs that would cause for intervention prior to the child's death.*

The Department of Child Services continues to utilize the Child and Adolescent Needs and Strengths (CANS) Assessment to assist in determining the appropriate level of behavioral health services for the child. DCS updated the CANS policy (See Chapter 5, Section 19) in January of 2019. The Department is currently working on incorporating ACE information to help our staff make better decisions in service needs for the children we serve.



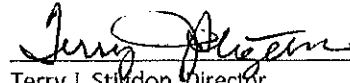
*Indiana children will live in safe, healthy and supportive families and communities.*

*Recommendation #3: Our third recommendation is that all Family Case Managers receive grief support. Many times it is selective if FCM's participate in debriefing after a fatality. The team recommends that it be mandatory they participate in a debrief. The team feels that each agency shall provide case debriefings/grief support for every first responder and that includes everyone involved in the case including the dispatcher that received the call. Having proper grief support for staff can assist with any secondary trauma that they endure.*

DCS has a Critical Incident Response Team that is available to assist in processing traumatic events. This is a formal, highly structured, and professionally recognized process to help those involved in a critical incident to share their experiences, vent emotions, learn about stress reactions and symptoms, and receive referrals for further assistance, if necessary and requested. DCS continues to understand the secondary trauma experienced by their staff and offers an Employee Assistance Program (EAP) which is confidential, available 24/7 and geared towards improving an employee's overall well-being.

DCS is thankful for the time your Citizen Review Panel has devoted to reviewing child fatalities throughout 2018 and for submitting your Annual Report for 2018. 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



*Protecting our children, families and future*

**ATTACHMENT D**

**2018 Citizen Review Panel Report and Response- Monroe  
County CPT**

## Citizens Review Panel

### 2018 Annual Report

Prepared by:

The Monroe County Child Protection Team

#### INTRODUCTION

The Monroe County Child Protection Team accepted a 3 year term as the state Citizen Review Panel under IC 31-25-2-20.4 in January of 2017. The purpose of the Citizen Review Panel is to evaluate and make recommendations regarding the effectiveness of child welfare practice, policy and procedure implementation. The Monroe County Child Protection Team continues to be composed of a passionate and diverse group of individuals, all with a vested interest in the safety, permanency, and well-being of Monroe County children. One of the strengths of the group is their belief that the safety of children is a community responsibility, not solely the responsibility of the state child welfare agency. Aligning well with the new DCS Mission, collaboration and accountability of all stakeholders in Monroe County to participate in child safety initiatives is strongly supported and implemented.

The Monroe County Child Protection Team generally meets statutory requirements for membership and has active attendance and participation through bi-monthly meetings. Team members include individuals from the medical field, local school systems, prosecutor's office, local law enforcement agencies, CASA, and social service agencies.<sup>1</sup> The team did not have county commissioner representation during this calendar year, however this was remedied in January of 2019 and the CPT is now in full compliance with statute. In 2018, the team primarily focused on screen out reports, suicide fatalities, high risk youth, and difficult youth/families who crossed multiple systems. The team met on the following dates in 2018 and held conversations pertinent to topics identified for the Citizen Review Panel:

- January 2<sup>nd</sup>, 2018
- February 6<sup>th</sup>, 2018
- February 20<sup>th</sup>, 2018
- March 6<sup>th</sup>, 2018
- March 20<sup>th</sup>, 2018
- April 17<sup>th</sup>, 2018
- May 1<sup>st</sup>, 2018
- May 15<sup>th</sup>, 2018
- June 6<sup>th</sup>, 2018
- June 20<sup>th</sup>, 2018
- July 5<sup>th</sup>, 2018
- July 18<sup>th</sup>, 2018

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<sup>1</sup> Please see Addendum #1 for a full list of Child Protection Team participants

- August 23<sup>rd</sup>, 2018
- September 4<sup>th</sup>, 2018
- October 2<sup>nd</sup> 2018
- October 19<sup>th</sup>, 2018
- November 14<sup>th</sup>, 2018
- December 5<sup>th</sup>, 2018

## SYSTEM CHALLENGES

The Citizen Review Panel team (hereafter referred to as the CRP) focused on ongoing mental health issues and teen suicide during the 2018 period. In 2017, the team observed ongoing challenges with youth who struggled with extreme mental health behaviors. Many of these youth had multiple acute stays at Meadows Hospital, exiting the program with improper diagnosis and often, without a plausible long term treatment plan.

The team made multiple attempts to meet with Meadows CEO in order enhance collaboration and relationships with the local acute facility, but has been unable to make headway. While the Meadows program presents plans to assure mental health needs are met after discharge, numerous barriers exist for most families and discharge plans fall apart. The team quickly noticed that many children serviced by Meadows were on the radar of multiple systems, including DCS, probation, the education system, and pediatrics. These children were familiar by name to many CRP members and all members had similar concerns about behaviors and lack of available interventions.

The team took a vested interest in suicide prevention in November of 2017 when a 13 year old female committed suicide in a family member's home. This youth had a significant history of abuse/neglect reports and numerous systems had concerns about mental health prior to her death. The youth overdosed on a relative's medications and had numerous healed and fresh cut marks on multiple parts of her body at her time of death. The fatality report generated through the DCS hotline was screened out and the county was not notified by phone. Therefore an informed decision could not be made about assessing the death. The criminal investigation and autopsy proceeded without DCS intervention. Days later, multiple subsequent reports were called into the DCS hotline and the fatality was eventually recommended for assessment. The criminal investigation was complete at this time, and DCS was forced to re-interview all parties and gather evidence after-the-fact. This was clearly traumatizing to the family, and did not permit a proper joint investigation with LEA.

This case was the focus of ongoing conversations with the CRP team. What was missed? Could DCS have intervened to prevent her death? Do multiple unsubstantiated assessments indicate there is increased risk in the family home? Did the school system miss signs that the youth's mental health was declining? Why didn't the family assure the youth was in services, and should the system have intervened to assure services were in place to support her mental health needs?

The team tightened their focus specifically on suicides in the fall of 2018 after the community experienced multiple teen suicides in the calendar year. The team began tracking these suicides, noting that many of these children were known to at least one team member prior to their death.

Sex	Age	Date of Death	Cause of Death
Female	13	11/25/2017	Overdose
Male	17	6/29/2018	Ligature Hanging
Male	13	9/1/2018	Ligature Hanging
Male	17	10/14/2018	Ligature Hanging
Male	18	12/11/2018	Gunshot wound to head

Only two of the five youth above had no known involvement with the probation, child welfare or mental health systems. Three of the youth had extensive history with the child welfare or probation system, and were flagged by the school system or pediatrics as requiring additional support and intervention.

The Department of Child Services Hotline initially screened out all 5 of these fatalities. One of the five was subsequently screened back in due to additional information received after the death which indicated possible abuse or neglect. 4 of the 5 deaths were reviewed by the Monroe County Child Fatality Review Team (MCCFRT) months after the deaths. Red flags and signs of high risk for suicide were identified in all 4 cases. The fifth case was only omitted from the MCCFRT review because the youth was 18. The CRP notes however, that the child turned 18 only two weeks prior to his death.

Additional anecdotal data from IU Health Bloomington Hospital showed 250 youth under the age of 18 received services in the Emergency Department to address suicidal/homicidal, self-harm or mental behavioral health issues in 2018. 150 of these children were sent to a psychiatric center instead of home after evaluation.

## COMMUNITY RESPONSES

The increase in suicides did not go unnoticed by the Bloomington community, and several initiatives are being implemented locally to reduce suicide numbers in 2019.

- 1) The Monroe County Suicide Prevention Coalition was established in 2018. The Coalition meets monthly and focuses on suicide prevention awareness and access to mental health services. This is a growing coalition supported by Mental Health America and LINC Alliance.<sup>2</sup>
- 2) The Monroe County Child Protection Team created a sub-committee in 2018 in order to implement a program called "Handle with Care" in the County. The overall goal of Handle with Care is to quickly identify Adverse Childhood Experiences (ACEs) and offer quick intervention to children through the school system in order to reduce long term negative effects associated with childhood trauma. The program is currently being utilized by Law Enforcement and schools in Michigan, Oklahoma City, and several other areas across the United States.

When a child has been identified as experiencing a traumatic event, the responding law enforcement officer will generate an email to a centralized inbox which notifies the school

<sup>2</sup> Mental Health America – Monroe County Suicide Prevention Coalition <http://mha-monroe.com/programs/monroe-county-suicide-prevention-coalition/>



systems that said child has had an adverse childhood experience. The officer will title the email "Handle with Care" and will provide only the name of the child in the narrative of the email. The officer will not document information about the traumatic event. The designated school personnel will then provide information to the appropriate school of legal settlement that the child experienced a traumatic event. This will allow the school social worker or teacher to "check in" with the child during the school day to determine if additional support is needed. School personnel can either refer the child to the school social worker, or make recommendations for ongoing mental health treatment through community resources.

The Monroe County Community School Corporation and Richland Beam Blossom Community School Corporation are both in support of this initiative. Sheriff Swain of the Monroe County Sheriff's Department and Deputy Chief Qualters of the Bloomington Police Department have also committed to participating in Handle with Care. A proposal was submitted to the Monroe County Commissioners Office requesting support of this initiative and was approved by the Council in March 2019.<sup>3</sup> The County is currently working on website design and establishing an email address. The team plans to have this program up and running by late 2019.

The CRP hopes that this program will increase awareness, sensitivity, and quick intervention for children faced with traumatic events. In turn, quick response and services should reduce escalation to suicide attempts by youth as they age.

- 3) The Monroe County CRP also welcomed Dr. Brian D'Onofrio of Indiana University to speak about his work in Computer Adaptive Testing. Dr. D'Onofrio is a Professor and Director of Clinical Training with the IU Department of Psychological and Brain Sciences. His research has included use of large-scale health data to study causes and treatment of psychiatric disorders, as well as testing and assessments in real-world settings. Dr. D'Onofrio presented his current research on use of the CAT-MH™, a computer adaptive test for identifying psychiatric disorders in adults and children. CAT-MH™ is a computed adaptive mental health screening tool which can be administered quickly (e.g., assessing depression, anxiety, or suicidality in less than 6 minutes) and with great precision. The test is able to measure depression, suicidality, substance use, anxiety, mania, PTSD, Psychosis, and Functional Impairment in adults. The Youth CAT-MH™ is able to measure the following in children ages 7-17; depression, anxiety, mania, ADHD, conduct disorder, oppositional defiant disorder and suicidality.

The CAT-MH™ is administered on a tablet or iPad with a medium severity question presented first. Subsequent questions are generated based on how the client answers the previous questions. After adaptive administration of 10 items in 2 minutes, the same level of precision in the measurement of depression is obtained as would be the administration of hundreds of standard test questions for that same person. The test is done individually by the client, and sometimes parent if the child is unable to answer questions independently. The scores are calculated immediately, and the individual administering the test can quickly see if a child scores high for suicidality, as the screen looks markedly different when the tablet is handed back to the administrator. While client honesty is still a factor which can impact testing answers, the CAT-MH™ offers a level of precision that has yet to be duplicated by other screening tools. The CAT-

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<sup>3</sup> Please see Addendum #2, Handle with Care Proposal.

MH™ requires some training for individuals administering the test, but it is simple and doesn't involve diagnosing or treating clients.

The Tennessee Department of Children's Services recently completed an initial pilot with the CAT-MH™ and there are plans to expand to a statewide rollout to youth in detention centers.<sup>4</sup> The Pilot Study focused on youth ages 13 and older with a legal order of delinquency or CHINS. This included 350 foster youth either living at home or in custodial care. The CAT-MH™ allowed frontline staff to administer the test quickly and easily so they could make immediate decisions about placement. It also allowed frontline staff to have a baseline mental health diagnosis so appropriate services could be implemented quickly without a long wait for clinical assessment.

Locally, IU Health Riley Physicians is now partnering with Indiana University to pilot the CAT-MH™ tool in pediatric care. Dr. D'Onofrio will be working with Riley Physician doctors to supply tablets and training so every pediatric client can take the CAT-MH™ during well-child visits. This will allow physicians to address mental health concerns in the moment, connecting youth and families with services based on precision scoring. Utilization of the same tool in frontline child welfare work in Bloomington would allow DCS to speak the same language as medical personal and would also help catch children who fall through the cracks through missed well-child care.

## RECOMMENDATIONS

- 1) All fatalities, including screen out recommendations, should be sent to the county as a 1-hour notification so the county can make a secondary determination about assessment need.

*Currently, the DCS hotline has the ability to screen out fatality assessments without immediately notifying the county. When a fatality report is received, the hotline uses the SDM tool to determine assessment recommendation. If the report is screened out, it is generated in the county queue as a screen out. An additional email is sent to the county indicating that a fatality report was received, and screened out. If the fatality occurs after hours or on the weekend, there is no method currently in place to notify the county immediately. The LOD or Regional Manager must check email to obtain notice of the child death.*

*The Citizen Review Panel recommends modification of this protocol so that all child death calls are reported by the hotline worker to the county on call worker by phone. This will allow the county to make a quick secondary decision so DCS can participate in the death investigation when the county determines that screen-in is warranted.*

*The CRP does not necessarily believe that all suicide facilities should be assessed by the Department of Child Services. The team simply believes that the local DCS office has the responsibility to have immediate knowledge of all child deaths, and an obligation to assess need for full assessment at the county level.*

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<sup>4</sup> Please See Addendum #3, Assessing Mental Health in Under Six Minutes

- 2) Implementation of Computer Adaptive Testing through the CAT-MH™ (or another appropriate tool) so field workers can identify mental health challenges on the frontline.

*While the Department of Child Services is a reactive agency by nature, once involved with families, actions of DCS can be preventative. The Department of Child Services should research options which would allow field staff to do quick mental health screening of youth in order to assure families are connected with appropriate services. Use of the CAT-MH™ could be beneficial for families both involved in open cases with DCS and those who are only involved through unsubstantiated assessments. The CAT-MH™ tool would allow Assessment workers to administer quick testing of youth **at assessment initiation**. The family would then have the duration of the assessment period to seek appropriate supportive services for the child. Use of the CAT-MH™ in open cases would help identify placement and service needs without waiting on Clinical Interview and Assessments for Youth. For example, if a child scores high for ADHD and ODD during an assessment where physical abuse is substantiated, it may be appropriate to refer the family to Family Centered Therapy. If a child scores high on suicidality and depression, a referral to Meadows for inpatient treatment may be more appropriate. The CAT-MH™ would also give baseline information to placements regarding mental health needs of the child.*

*The CRP notes that use of CAT-MH™ or a similar model shouldn't replace Clinical Interview and Assessment through a qualified mental health provider. Should a child score high on the CAT-MH™, they should be immediately assessed by a certified mental health provider.*

- 3) Relaunch of the Indiana Department of Child Services Family Evaluation program, including staff and community training in the CMHI and CMHW programs.

*Finally, the CRP recommends a state-wide relaunch of the Family Evaluation Program. Implemented in approximately 2013, Family Evaluations allow DCS to offer support and intervention to families without allegations of abuse or neglect. When the program initially began, select staff participated in training in completion of Family Evaluations. Documents were provided to FCMs for the Family Evaluation process and Supervisors were also trained in the process.*

*The Monroe County Child Protection Team prides itself in quickly and holistically meeting needs of families in our community. Over the years, the Local Office Director has had to remind the team numerous times of the Family Evaluation process. Thus, it is under-utilized and poorly trained by both DCS staff and community members, even in communities who are actively involved in child welfare work.*

*The CMHI and CMHW program rolled out after Family Evaluations, but remains widely unknown by DCS field staff and community members. A valuable resource which can **prevent** children from entering the child welfare system, CMHI/CMHW must be integrated in our common language of mental health treatment.*

*The CRP recommends that the Indiana Department of Child Services relaunches the Family Evaluation process by offering a training for all field staff (FCMs, Supervisors, Division Managers*

*and Local Office Directors). This training should explain criteria for Family Evaluations, the process of completing a Family Evaluation, and the possible outcomes of Family Evaluations. Further, the CRP recommends training for the community in the form of online CATS, fliers, or county-based trainings which bring awareness to the Family Evaluation process.*

In conclusion, the Citizen Review Panel saw an increase in youth suicides in 2018 which caused alarm for the community. 5 young people lost their lives in Monroe County within a 12 month period. While the county has worked hard to improve mental health screening and services for youth, gaps remain in our system. Identifying and addressing health concerns before they escalate is a first step in reducing incidents of suicide and improving outcomes for youth. Our state has a population of children who have high rates of Adverse Childhood Experiences (ACEs). Addressing trauma related to early ACEs, quickly assessing need, and subsequently implementing services will be crucial to reducing unnecessary child deaths due to suicide.

Respectfully submitted to the Indiana Department of Child Services by the Monroe County Citizen's Review Panel.

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- 3) Gibbons, R., Weiss, D., Frank, E., Kupfer, D. (2016). Computerized Adaptive Diagnosis and Testing of Mental Health Disorders. *Annual Rev. Clin. Psychology, University of Chicago.*
- 4) D'Onofrio, B., (February 2019) Using Computer Adaptive Tests for Behavioral Health Problems. *Indiana University.*



Eric J. Holcomb, Governor  
Terry J. Stigdon, MSN, RN, Director  
Indiana Department of Child Services  
Monroe County Office

1717 West 3<sup>rd</sup> St.  
Bloomington, Indiana 47404

PH: 812-336-6351  
FAX: 317-232-1553

www.in.gov/dcs

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

Monroe County Child Protection Team Members  
March 2018

1. Department of Child Services Designee: Elizabeth Bollock

Signature: [Signature] Date: 3/6/18

2. Juvenile Court Judge Designee: Victoria Thevenow

Signature: [Signature] Date: 3/20/18

3. Juvenile Court Judge Designee: Brittany Grenier

Signature: [Signature] Date: 3/6/18

4. County Prosecuting Attorney Designee: Joshua L. Paschke / Teresa Deckard

Signature: [Signature] Date: 3.6.18 1/4/3/18

5. County Executive Designee: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

6. CASA/GAL Designee: Kristin Bishop

Signature: [Signature] Date: 5/6/18

7. Public School Designee: Becky Rose / CAROL BERNEY

Signature: [Signature] Date: 6 Mar 18



8. Medical/Pediatric Designee: RICHARD MALONE/LORI TEDDLE  
Signature: [Signature] Date: 3/20/18

9. Medical/Pediatric Designee: Michele Simms  
Signature: [Signature] Date: 3/20/18

10. County Sheriff Designee: SHAWN KARR  
Signature: [Signature] Date: 05/06/18

11. City Police Designee: SARAH CARLES  
Signature: [Signature] Date: 03-06-2018

12. County Resident Designee: Nancy Hughes  
Signature: [Signature] Date: 3-6-18

13. County Resident Designee: Liz Franklin  
Signature: [Signature] Date: 3-6-18



## HANDLE WITH CARE PROPOSAL

The Monroe County Child Protection Team is composed of a passionate and diverse group of individuals, all with a vested interest in the safety, permanency, and well-being of Monroe County children. One of the strengths of the group is their belief that the safety of children is a community responsibility, not solely the responsibility of the state child welfare agency. As a result, collaboration and accountability of all stakeholders to participate in child safety initiatives is strongly supported and implemented.

The Monroe County Child Protection Team meets statutory requirements for membership and has active attendance and participation through bi-monthly meetings. Team members include individuals from the medical field, county commissioner, local school systems, prosecutor's office, local law enforcement agencies, CASA, and social service agencies. The team primarily focuses on screen out reports, high risk youth, prevention efforts, and difficult youth/families who crossed multiple systems.

The Child Protection Team developed a subcommittee at the end of 2018 to develop and implement the "Handle with Care" program in Monroe County. The program was brought to the table by an active Court Appointed Special Advocate (CASA) who obtained information about Oklahoma City and Michigan's implementation of Handle with Care.

Adverse Childhood Experiences (also known as ACEs), are stressful or traumatic events experienced during youth. These experiences may include abuse, neglect, witness to domestic violence, car accidents, or exposure to crime or substance use. Adverse Childhood experiences are strongly correlated with prevalence of health problems which extend into adulthood. <sup>1</sup>

Handle with Care provides youth with additional support in addressing traumatic events without compromising a family's confidentiality or privacy. As secondary caregivers to children, it allows school personnel to be sensitive to traumatic experiences so proper support can be offered to assure the stability and wellbeing of youth. Schools are often unaware of events that take place in the family home after school hours. This protocol will notify school personnel of problems in the home of origin so they can properly tailor their responses to the individual needs of the child. The program promotes safe and supportive homes, schools and communities which protect children and encourage traumatized children heal and thrive. The ultimate goal of Handle with Care is to support children exposed to trauma through improved communication and collaboration between Law Enforcement, schools, and mental health providers.

When a child has been identified as experiencing a traumatic event, the responding officer will generate an email to a centralized inbox which notifies the school systems that said child has had an adverse childhood experience. The officer will title the email "Handle with Care" and will provide only the name of the child in the narrative of the email. The officer will not document information about the traumatic event. The designated school personnel will then provide information to the appropriate school of legal settlement that the child experienced a traumatic event. This will allow the school social worker or teacher to "check in" with the child during the school day to determine if additional support is needed.



The Monroe County Community School Corporation and Richland Beam Blossom Community School Corporation are both in support of this initiative. Sheriff Swain of the Monroe County Sheriff's Department and Deputy Chief Qualters of the Bloomington Police Department have also committed to participating in Handle with Care. The Child Protection Team respectfully requests the support of Monroe County Government in implementation of this initiative.

While the Handle with Care Model has been primarily used by Law Enforcement Personnel in other states, Monroe County hopes to expand use to paramedics, hospitals, pediatrics, mental health facilitates, and families themselves. The team will work to promote use across all community partners during the upcoming Faces of Aces Conference on April 12<sup>th</sup> and 13<sup>th</sup>.

#### ***Request for Assistance***

- Creation of a web page and/or App for LEA and community use.
- Website/App Maintenance
- PR

*\*\* The Handle With Care Committee will provide the email address and all information for creation and maintenance of the website.*

#### **REFERENCES**

SAMHSA: <https://www.samhsa.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: <https://handlewithcaremd.org/>

# HANDLE WITH CARE

## LAW ENFORCEMENT

When a child is exposed to a traumatic event, a law enforcement officer will contact the designated school personnel who will take the initial information (Handle With Care Notice)



## SCHOOL DISTRICT



The designated school personnel will then ensure notification is provided to appropriate Teaching Staff and School Personnel

## TEACHING STAFF & SCHOOL PERSONNEL

Classroom Interventions  
Awareness  
Observation  
Support

Additional Support Needed

No Additional Support Needed

## SCHOOL COUNSELOR OR SOCIAL WORKER

Interventions  
Assessment



Additional Support Needed

No Additional Support Needed

## CONTINUE WITH CLASS/REGULAR ACTIVITY



## BACK TO CLASS- CONTINUE TO BE AWARE AND SUPPORT AS NEEDED

## MENTAL HEALTH THERAPIST

Contact Family Services and Children's Aide for additional supports



\*Addendum #3

# Assessing Mental Health in Under Six Minutes

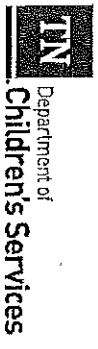
*Using Cutting-Edge Technology to Diagnose and Report on Behavioral Health Challenges Facing Foster Youth*

February 14<sup>th</sup>, 2018

Lisa Pellegrin  
Tennessee Department  
of Children's Services

Robert Gibbons  
The University of Chicago  
Adaptive Testing Technologies

Fred Wulczyn and Tami Walker  
The Center for State Child Welfare Data  
Chapin Hall at the University of Chicago



ADAPTIVE TESTING  
TECHNOLOGIES



The Center for  
State Child Welfare Data

**PART I**  
**CAT-MH™ - The Science**

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Robert D. Gibbons Ph.D.

Blum Riese Professor of Biostatistics, The University of Chicago

## What the CAT-MH™ Can Do

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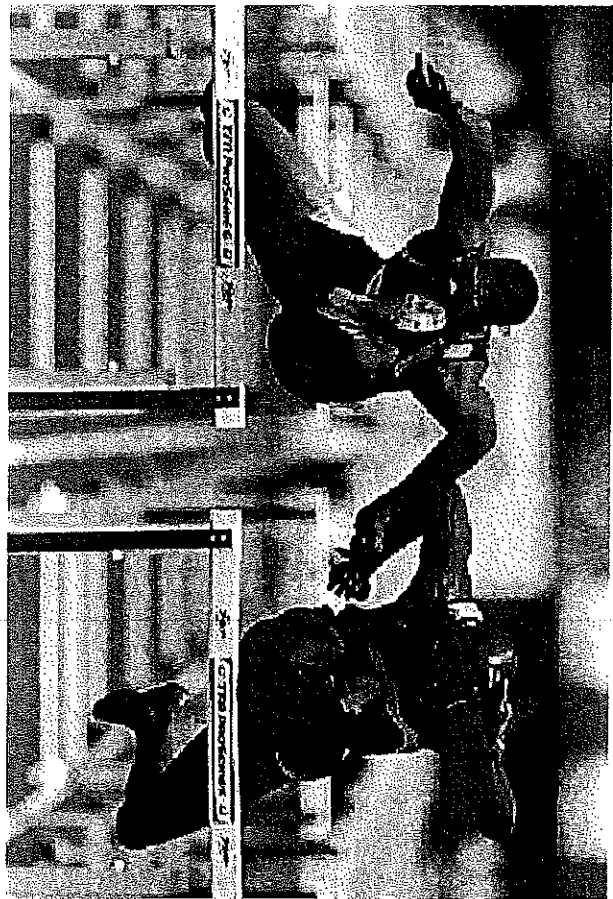
In less than 6 minutes the CAT-MH™ can:

- Identify the presence of mental health pathology
  - Depression
  - Anxiety
  - Mania/hypomania
  - Suicidality
  - Substance Abuse
- And measure the severity of these disorders
- Determine the need for treatment and type of treatment required
- Provide measurement-based treatment in or out of the clinic

# Classical vs. IRT Measurement

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Classical Measurement Model



# Classical vs. IRT Measurement

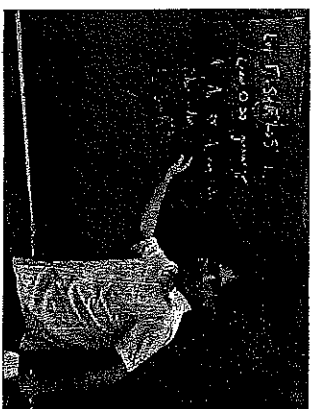
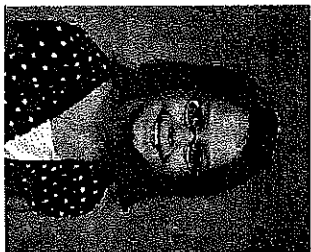
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IRT



# What is CAT?

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Arithmetic

Algebra

Calculus

Imagine a 1000 Item Math Test



# The Bifactor Model

---

$$\alpha = \begin{bmatrix} \alpha_{11} & \alpha_{12} & 0 \\ \alpha_{21} & \alpha_{22} & 0 \\ \alpha_{31} & 0 & \alpha_{33} \\ \alpha_{41} & 0 & \alpha_{43} \end{bmatrix}$$

$$P = \int_{-\infty}^{\infty} \left\{ \prod_{v=2}^d \int_{-\infty}^{\infty} \left[ \prod_{j=1}^n \left[ \Phi \left[ \frac{\gamma_j - \alpha_{j1} \theta_1 - \alpha_{jv} \theta_v}{\sqrt{1 - \alpha_{j1}^2 - \alpha_{jv}^2}} \right] \right]^{u_{jv}} \right] \right\} g(\theta_v) d\theta_v \left\} g(\theta_1) d\theta_1,$$

$$\hat{\theta}_{1i} = E(\theta_{1i} | \mathbf{u}_i, \theta_{2i}, \mathbf{K} \theta_{di}) = \frac{1}{P_i} \int_{\theta_1} \theta_{1i} \left\{ \prod_{v=2}^d \int_{\theta_v} L_{jv}(\theta_v^*) g(\theta_v) d\theta_v \right\} g(\theta_1) d\theta_1.$$

$$V(\theta_{1i} | \mathbf{u}_i, \theta_{2i}, \mathbf{K} \theta_{di}) = \frac{1}{P_i} \int_{\theta_1} (\theta_{1i} - \hat{\theta}_{1i})^2 \left\{ \prod_{v=2}^d \int_{\theta_v} L_{jv}(\theta_v^*) g(\theta_v) d\theta_v \right\} g(\theta_1) d\theta_1.$$

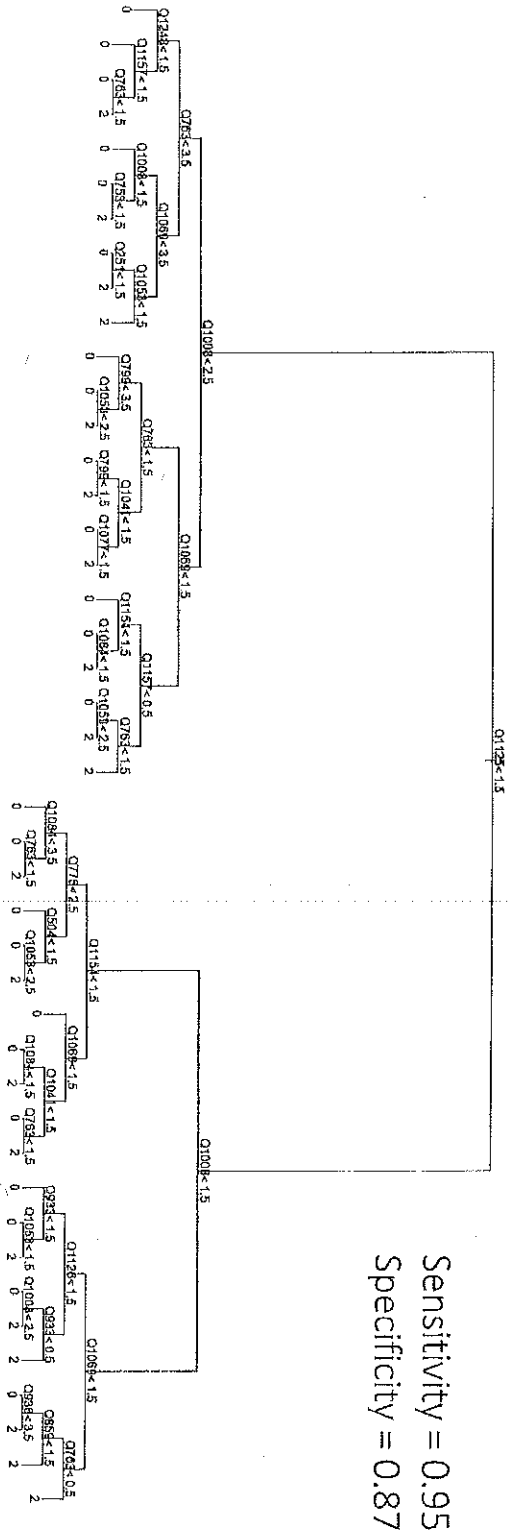
## What is the CAT-MH™ ?

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- The CAT-MH™ represents a computerized adaptive test (CAT) based on a multidimensional item response theory (MIRT).
- This means that we can, for example, extract the information from 400 depression symptom-items using an average of 10 adaptively administered items, yet maintain a correlation of  $r \geq 0.95$  with the 400 item test score.
- As such we can dramatically increase precision while eliminating clinician burden and minimize patient burden.

# CAD-MDD: Computerized Adaptive Diagnosis

Diagnosis and Measurement are fundamentally different things



Gibbons et al. JCP, 2013

## How Does the CAT-MH™ Work?

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- We administer a question with medium severity.
- We estimate severity based on the response to the question (symptom).
- We select the next most informative question out of the remaining symptoms-item questions.
- We stop when we reach the desired precision of measurement (e.g. 5 points on a 100 point scale)

## What are the Advantages of the CAT-MH™ ?

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- After adaptive administration of approximately 10 items in 2 minutes, we have attained the same level of precision that we would have from the administration of hundreds of items for that person.
- Different people get different items, targeted to their severity.
- The same person gets different items upon repeat testing eliminating response bias and permitting high frequency measurement.
- The CAT-MH™ is cloud-based and can be used anywhere.

# What can the CAT-MH™ Measure?

---

- Adult (English and Spanish) – valid for ages 12 and older
  - Depression\*
  - Anxiety\*
  - Mania/Hypomania\*
  - Suicidality\*
  - Psychosis
  - Substance Abuse\*
  - Functional Impairment
  - Quality of Life
  - PTSD
  - Functional status and well being (Thyroid Cancer Survivors)
- Perinatal (English and Spanish)
  - Depression\*
  - Anxiety\*
  - Mania/Hypomania\*
- Child and adolescent (child and parent ratings) Ages 7-12
  - Depression
  - Anxiety
  - Mania/Hypomania
  - ADHD
  - Conduct disorder
  - Oppositional defiant disorder
  - Suicidality

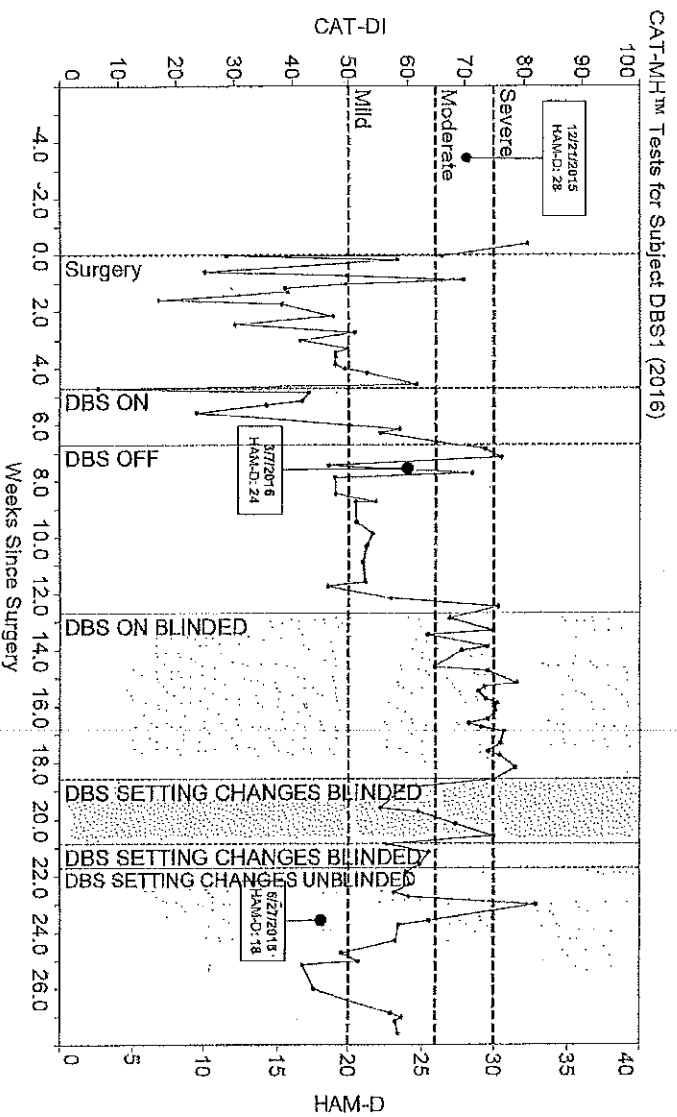
\* Completed, validated and available now

## Why is this So Important?

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- Emergency Department U of Chicago (n=1000)
  - 22% MDD positive screens (>90% confidence)
  - 7% MDD Positive + moderate or severe CAT-DI
  - 3% suicide screen positive
  - 3-fold increase in ED visits in moderate/severe
  - 4-fold increase in hospitalizations in moderate/severe
  - None of these patients had a psychiatric indication
- Primary Care Spain and US Latino Samples (n=1000)
  - 25% MDD positive screens (>90% confidence)
  - 9% MDD Positive + moderate or severe CAT-DI

# What if you Could Assess Youth at Any Interval in Time?



Daily measurement of a Deep Brain Stimulation patient for 6 months in her home.



## Select Uses/Users of the CAT-MH™

---

- State of Tennessee
  - Foster Care, Juvenile Justice, Detention Centers – 300 case workers trained
- Cook County Jail
  - Screening in Bond Court and the Cook County Jail
- UCLA Depression Grand Challenge
  - Screen all undergraduates at UCLA and triage to icBT
  - Screen 1.8 million to develop a Registry of 100,000 patients
- Indiana University Substance Abuse Grand Challenge
  - State-wide Survey
  - State-wide health care system integration
- NorthShore University Health Systems
  - Perinatal depression screening and follow-up
- Veteran's Administration/Department of Defense
  - Develop new PTSD scale and further validate suicidality scale

# Scientific Literature

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## PART II

# Linking the CAT-MH™ to the SACWIS Data

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Fred Wulczyn Ph.D.

Senior Research Fellow

The Center for State Child Welfare Data  
Chapin Hall at the University of Chicago

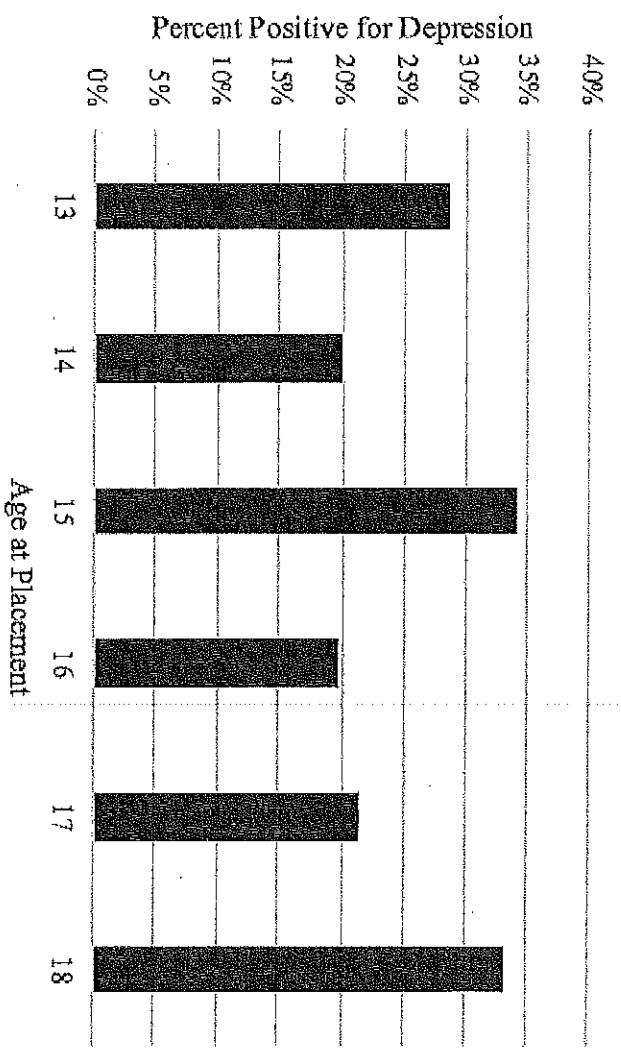
## Linking CAT-MH™ to SACWIS

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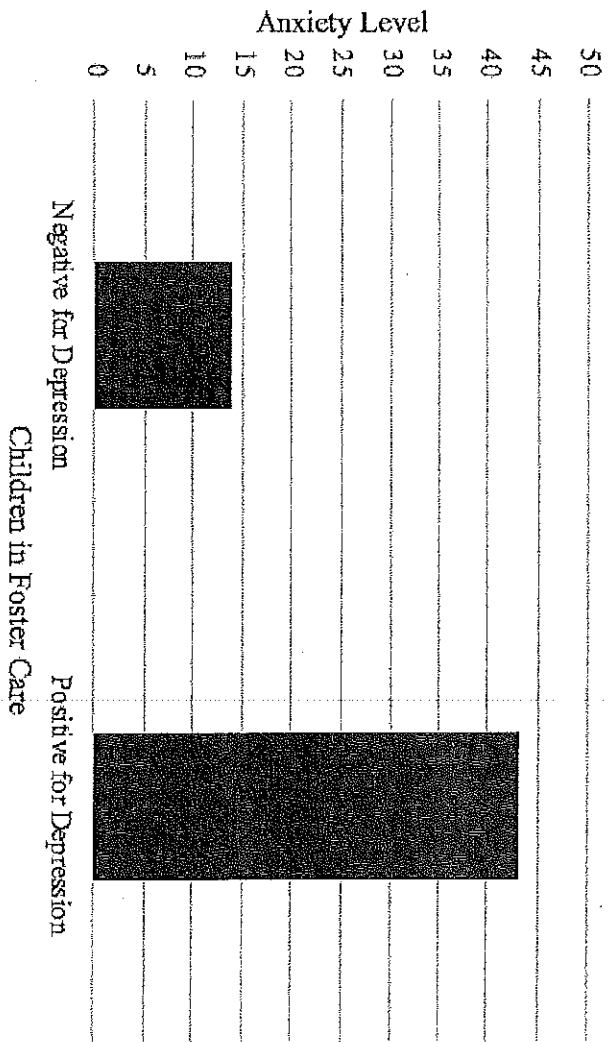
- The following data show the advantages of linking the CAT™ to SACWIS data (e.g., placement data)
- These data are illustrative of the benefits and are NOT indicative of any particular finding, set of findings, or conclusions.

# Positive for Depression by Age

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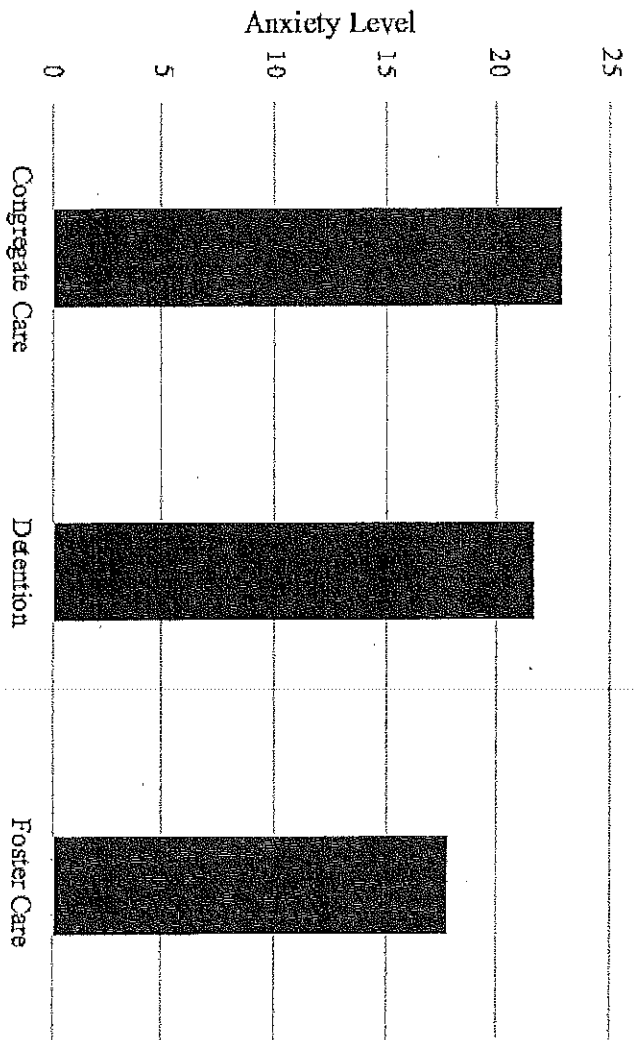


# Average Anxiety Level by Depression



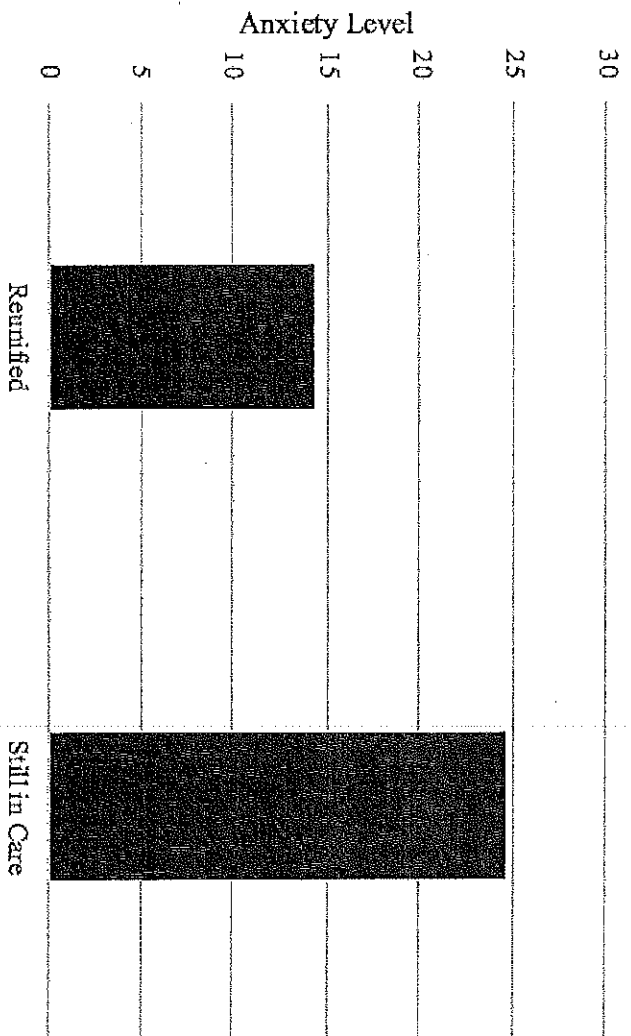
# Anxiety Level by Care Type

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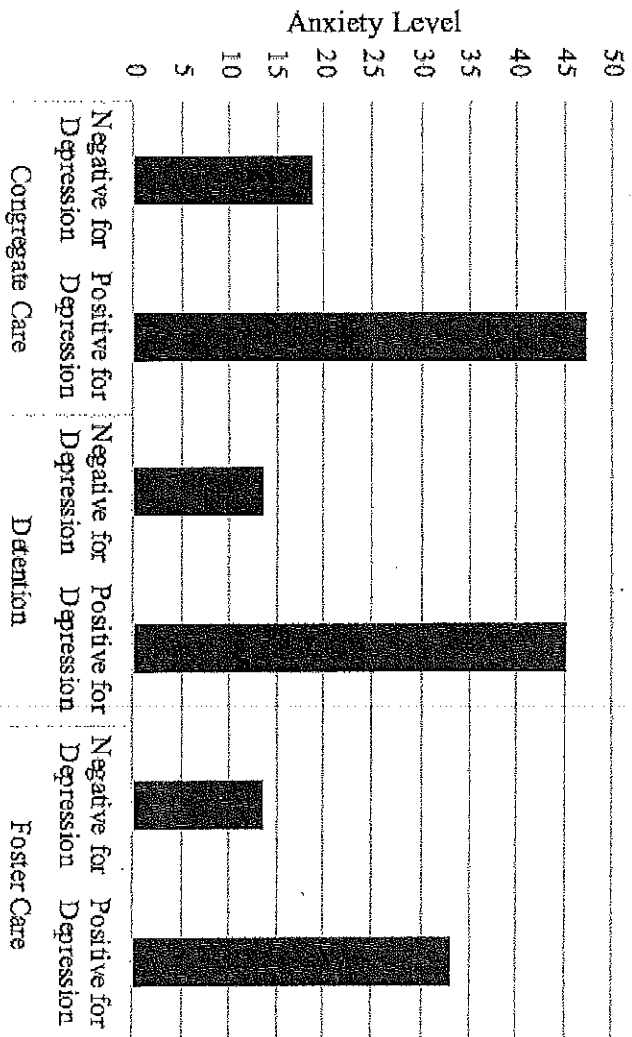
# Anxiety Level by Discharge Reason

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# Average Level of Anxiety by Depression Status and Placement Type



## PART III

# Use of the CAT-MH™ in Tennessee

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Lisa Pellegrin Ph.D.

Executive Director of Child Health

Tennessee Department of Children's Services

## Use of the CAT-MH™ in Tennessee

---

- Initial pilot with 2 regions of TN Department of Children's Services
- Expanded to statewide rollout for youth in state's custody who are in detention centers
- Why did TN choose CAT-MH™?
  - Administration by front line workers is possible
  - Able to make immediate determination about need for referral
  - Good for temporary placement situation because can't afford to wait a week or more for a clinician to come assess

## Use of the CAT-MH™ in Tennessee

---

- TN uses CAT-MH™ to test for anxiety, depression, and suicidal ideation
- Results are emailed to front line staff and clinician
- TN uses cutoffs established in the literature
- TN Family Service Workers (case managers) note whether youth has flagged for suicide
- TN Licensed Clinician is a consultant who emails worker about recommended referrals
- TN has contracted with a local provider to deliver services in detention centers

## PART IV

# Implementation successes and challenges

---

Tami Walker, LMSW

Associate Researcher

The Center for State Child Welfare Data  
Chapin Hall at the University of Chicago

# Implementation Successes

---

Easy, convenient interface

Email notification structure

Immediate clinical information

Training response

# Implementation Challenges

---

Use of temporary ID's

Wifi availability

Email notification structure

Concern over youth's responses



# PART V

## Questions and Information

---

**For further information about the CAT-MH™, please contact:**

Adaptive Testing Technologies

[info@adaptivetestingtechnologies.com](mailto:info@adaptivetestingtechnologies.com)

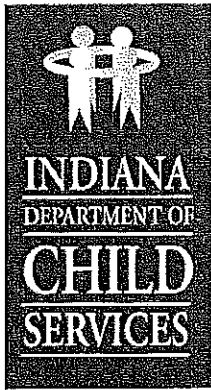
**For general questions about The Center for State Child Welfare Data:**

[analytics@chapinhall.org](mailto:analytics@chapinhall.org)

**Read more about the use of the CAT-MH™ to diagnose and report on behavioral health challenges facing foster youth:**

<https://fcd.chapinhall.org/data-center-news/under-six-minutes/>





Eric J. Holcomb, Governor  
Terry J. Stigdon, MSN, RN, Director  
Indiana Department of Child Services  
Room E306 – MS47  
302 W. Washington Street  
Indianapolis, Indiana 46204-2738  
317-234-KIDS  
FAX: 317-234-4497  
www.in.gov/dcs

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

Date: 5.29.2019

Monroe County Child Protection Team, Citizen Review Panel  
RE: DCS Response Citizen Review Panel Report for 2018

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

DCS has received your 2018 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: All fatalities, including screen out recommendations, should be sent to the county as a 1-hour notification so the county can make a secondary determination about assessment need.*

Thank you for this suggestion. The role of our on-call staff is to be available and respond to our most urgent situations coming to DCS's attention 24/7 during non-business hours. This vital work helps DCS ensure the safety of children 24/7. Children living in the home with their sexual abusers or homes with active methamphetamine production, are just a couple examples of when on-call staff will be responding immediately to ensure safety.

It is important that our on-call staff, if at all possible, have their time focused on receiving and responding to these calls where there are identified serious safety concerns of a child. If such a proposal were adopted, it would potentially pull the on-call worker's focus and time towards receiving calls/reviewing reports that have been determined to not meet criteria for DCS involvement. At the Hotline level, child fatality reports are given extra scrutiny to ensure proper processing. All fatality calls are live monitored by a Hotline supervisor. The supervisor is able to help direct the intake specialist during the call if needed. All recommendations on fatality reports must be staffed with a supervisor. If the fatality report is recommended to be screened out, a second Hotline supervisor must also review the report for decision appropriateness/accuracy.

For all reports recommended for screen out, in calendar year 2018, the agreement rate between local offices statewide and the Hotline, was 99%.

*Recommendation #2: Implementation of Computer Adaptive Testing through CAT-MH (or another appropriate tool) so field workers can identify mental health challenges on the frontline.*



*Indiana children will live in safe, healthy and supportive families and communities.*

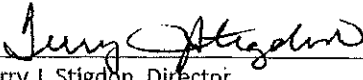
The Department of Child Services is currently in the process of evaluating our existing tools. DCS is looking at utilizing additional or revamping current evidence based tools to assist front line staff. The Department is actively working to incorporate ACEs in assessing youth and families to seek better outcomes.

*Recommendation #3: Relaunch of the Indiana Department of Child Services Family Evaluation program, including staff and community training in the CMHI and CMHW programs.*

The Child Welfare Services Division has been holding regional trainings to better support this work and understanding over the past year. Each local office is able to work with the Child Welfare Services Team to do refresh trainings in the local office and/or community regarding Family Evaluations, CMHI, and CMHW.

DCS is thankful for the time your Panel has devoted to reviewing current issues through a child protection framework throughout 2018 and for submitting your Annual Report for 2018. 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,

  
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Terry J. Stigdon, Director  
Indiana Department of Child Services



*Protecting our children, families and future*