

Child and Family Services Reviews

Statewide Assessment

February 1, 2023



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Children's Bureau

Administration for Children and Families

Minor formatting adjustments may have been made to this document for
508 compliance. Content is unaffected.

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INDIANA DEPARTMENT OF CHILD SERVICES

Child and Family Services Reviews Statewide Assessment 2023

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LIST OF STATEWIDE ASSESSMENT PARTICIPANTS

NAME	AFFILIATION	ROLE IN STATEWIDE ASSESSMENT PROCESS
Harmony Gist, MSW	DCS Executive Staff – SSAT	Information/Writing/Analysis
Haley Inman	DCS SSAT – CQI and QSA	Information/Writing/Analysis
Michelle Morrow	DCS SSAT – QSA	Information/Writing/Analysis
Jesse Fisher	DCS SSAT – QSA	Information/Writing/Analysis
Sonya Rush, MA	DCS SSAT – Permanency, Policy, and Focused Needs	Information/Writing/Analysis
Ashley Kaelin	DCS SSAT – Safe Systems	Information/Writing/Analysis
Ashley Krumbach	DCS SSAT – Safe Systems	Input/Data
QSA Team	DCS SSAT	Information/Writing/Analysis
CQI Team	DCS SSAT	Information/Data/Input
Angela Reid-Brown, Court Improvement Program Administrator	Indiana Office of Court Services	Legal/Judicial Specialist/Input/Review
Indiana Community of Practice Team <ul style="list-style-type: none"> - Haley Inman - Angela Reid-Brown - Barbara Bowling - Holly Dekock - Aimee Eckstein - Jesse Fisher - Michelle Morrow - Tracy Hopkins - Rachael Hudgins - Aubrey Kearney - Sonya Rush - Noelle Russell - Caitlyn Sherrill - Latrece Thompson - Mandy Hummer*¹ 	National Partnership for CFSR-Internal/External/Lived Experience Group	Input/information/national connections
CFSR State Steering Committee <ul style="list-style-type: none"> - Harmony Gist - Haley Inman - Angela Reid-Brown - Austin Hollabaugh - Barbara Bowling - Ryan Treesh - Erin Lahr - Latrece Thompson - Noelle Russell - Troy Barnes 	DCS/IOCS	Information/data/input/review

¹ * Represents lived experience

NAME	AFFILIATION	ROLE IN STATEWIDE ASSESSMENT PROCESS
- Brandi-Janai Carter		
Field Operations Leadership - Sarah Sailors - Barbara Bowling - Gilbert Smith - Rhonda Allen - Nathan Johnson	DCS Field Operations	Information/Data/Input
DCS Research and Evaluation Team - Aubrey Kearney - Brian Goodwin - Morgan Leveler - Ciana Sorrentino - Lori Stephens	DCS SSAT - Research and Evaluation	Information/Data/Input/analysis
DCS Legal Team - Joel McGormley - Kimberly Nightingale - Kimberly Spindler - Bethany Nine-Lawson		
Yvonne Moore, Program Director	DCS SSAT - Focused Needs	Information/Data/Input
Juvenile Probation - Donald Travis - Waylon James - Ryan Treesh CO-Background Check Unit - Cindy Hewett - Heidi Gaha	DCS Juvenile Justice Initiatives and Support (JJIS)	Information/Data/Input/analysis/Review
Melaina Gant, M.Ed., CYC-P	DCS Education Services, ESSA Point of Contact	Information/Data/Input/Review
Birth Parent Advisory Board* ²	Lived Experience	Information/Input/Experience
Older Youth Initiatives* Indiana Youth Advisory Board (IYAB)*	Lived Experience	Information/Input/Experience
- Latrece Thompson - Nikki Henderson	DCS Staff Development	Information/Input/Data/Review
- Keah Cuautle, MBA – Instructional Design Team Lead - Aaron Brutkiewicz, M.S. Ed – Instructional Technology Developer - Mary Burton, MSW - Assistant Director - Valerie Decker, Evaluation Manager	Indiana Child Welfare Education & Training Partnership School of Social Work	Information/Input/Data/Evaluation
Information Technology - Nikki Ford - Kara Riley	DCS Data Analysts	Information/Data/Input

² * Represents lived experience

NAME	AFFILIATION	ROLE IN STATEWIDE ASSESSMENT PROCESS
<ul style="list-style-type: none"> - Angela Receveur - Corajean Medina 		
Court Improvement Program <ul style="list-style-type: none"> - Angela Reid-Brown, Administrator - Colleen Saylor, Data Analyst 	Indiana Office of Court Services	Information/Data/Input/Review
Mark Pompey, MSW Social Services Director	Pokagon Band of Potawatomi	Information/Input/Data
Karen Mikosz, Families Services Supervisor	Pokagon Band of Potawatomi	Information/Input/Data
Amy Waltermire	Practice Model Manager	Information/Input/Data
Center for States <ul style="list-style-type: none"> - Joan Nelson-Phillips - Jeremy Harvey - Megan Fletcher 		Review/Guidance
Foster & Adoptive Parents (Interviews) (8 individual foster/adoptive parents)	Lived Experience	Input/Information/Lived Experience
Welfare Services <ul style="list-style-type: none"> - Austin Hollabaugh - David Reed - Crystal Byrne - Anisa Evans 	DCS-Child Welfare Services	Information/Data/Input/Analysis/Review
Local and Regional DCS Staff	DCS	Input/Information/Data
Foster Care System <ul style="list-style-type: none"> - Angela Smith-Grossman - Chatney Grice - Arlene Jones 	DCS Foster Parent Support and Training	Information/Input/Data/Review
Administrative Services <ul style="list-style-type: none"> - Aaron Atwell 	DCS CFO	Input/Data/Analysis
Constituent/Legislative Services <ul style="list-style-type: none"> - Angel Owens - Sarah Faulkner 	DCS Constituent Liaison DCS Legislative Deputy Director	Input/Data/Analysis
DCS Director Terry Stigdon	DCS Agency Head	Input/Review
Human Resources <ul style="list-style-type: none"> - Kim Pierson 	DCS HR Deputy Director	Input/Data

DESCRIPTION OF STAKEHOLDER INVOLVEMENT IN STATEWIDE ASSESSMENT PROCESS

DCS has valued and prioritized stakeholder engagement in the creation and evaluation of child welfare systemic processes. This approach to collaboration and input has been a practice of DCS since the completion of the CFSR Round 3 PIP. The inclusion of stakeholder input and voice on the Round 4 CFSR Statewide Assessment is interwoven and fluid to DCS operations and not segmented to a one-time engagement effort. In preparation and development of Round 4 CFSR DCS meet with various stakeholder groups to both provide information about CFSR as well as solicit input for the Statewide Assessment. DCS met with these groups with a specific set of questions to gain perspective, presented data and gathered information that increases agency understanding of statewide functioning of child welfare in Indiana. This input was specific to topics such as experiences with court, voice in case planning, service availability and accessibility, communication with the various agencies, overall family. Descriptions of engagement are outlined below.

CFSR STEERING TEAM

- DCS created a CFSR Steering team in August of 2022. This steering team meets monthly and consists of DCS leaders and Indiana Office of Court Services. These members represent: Probation services, child welfare services, staff development, legal services, communications, strategic solutions, court improvement programs, information technology, racial equity and inclusion officer, and field operations. The team is updated on CFSR steps, statewide assessment items, including team input, and prepares leaders for the reviews and ultimately the PIP development. The steering team is looking to expand as the reviews begin in April of 2023 to include external stakeholders, including those with lived experience. This team will be used to update all interested parties of case review results, the final report and assisting in developing PIP plans.

GROUP 1: INDIANA CITIZEN'S REVIEW PANEL-FOSTER PARENT ADVISORY BOARD

- This board began meeting regularly in 2020 once a quarter. Members consist of licensed foster parents with both DCS and Licensing Child Placing Agencies. The Foster Parent Advisory Board makes yearly recommendations to DCS Director Stigdon and department leaders.
- CFSR Round 4 overview was shared with this group and foster parent input for the statewide assessment was requested via foster parent email lists. Writers captured their input and voice in as many areas as possible.

GROUP 2: INDIANA YOUTH ADVISORY BOARD

- The Indiana Youth Advisory Board (IYAB) was created in 2012, but also gained new energy and engagement under current DCS Leadership starting in 2018. The board meets quarterly or more often as needed.
- Advisory Board Youth are engaged in activities and events including but is not limited to conferences, youth speakers, recruitment, volunteering, and other youth servicing opportunities.
- IYAB has also resulted in an additional opportunity called "Lunch with the Leader" consisting of a virtual lunch hour between older youth and Director Stigdon. This keeps our highest-level leader in touch with the realities and experiences of the youth DCS services.
- DCS informed IYAB of the CFSR Round 4. DCS then requested to meet with anyone willing to share their voice as it relates to the statewide assessment. A group of youth with current or previous case experience met with statewide assessment writers and gave input. This has been woven throughout the ratings and assessment writing.

GROUP 3: INDIANA BIRTH PARENT ADVISORY BOARD

- The BPAB meets 3 times monthly; first is a planning meeting, next is the BPAB full group meeting and lastly a group meets to review DCS policy changes or new drafts.
- BPAB members were advised of the CFSR process and what to expect from Round 4. Volunteers were requested to meet with statewide assessment writers to inform their experiences in child welfare around each item in the guide.

GROUP 4: PARTNERING ON PRACTICE FORUM

- DCS began engaging stakeholders from across the state in 2022 at their Partnering on Practice Forum. This forum is held bi-monthly (or 6 times a year). The vision behind its forums was to increase the authenticity of stakeholder engagement on a more aggregate and state level to discuss the strengths and opportunities of the current practices in child welfare.
- Attendees for these forums included but are not limited to schools, law enforcement, community service providers, DCS employees, medical personnel, CASA members, and more.
- DCS met with this forum in September of 2022 to inform them about the CFSR Round 4, including needing input for statewide assessment. The input from these forums has also been woven into the analysis.

GROUP 5: POKAGON BAND TRIBE

- DCS engages with the Pokagon Band, Indiana's only federally recognized tribe, to review and complete all federal reports.
- DCS engaged the tribe to gain insight for the purpose of the CFSR and statewide assessment. Assessment writers met with representatives to discuss experiences and incorporate the tribe's voice in the assessment.

GROUP 6: DCS LEADERSHIP

- Insight about processes and vision for child welfare work was gained from the various DCS leaders. This was specifically sought from the training, juvenile justice, legal, field, continuous improvement, equity and inclusion, services and outcomes, fiscal, and legislative perspectives. The information and voice were incorporated into each assessment item for analysis. These leaders were engaged in a CFSR presentation in the summer of 2022 to provide transparency of next steps and processes.

GROUP 7: INDIANA OFFICE OF COURT SERVICES (JUDICIAL, CASA, PROBATION)

- DCS and IOCS engage in regular collaboration and meetings for sharing information and ideas. The court improvement program director was specifically engaged in the CFSR steering committee to inform the CFSR prep and liaise between DCS and IOCS about the review.
- IOCS provided detailed information and insight for statewide assessment as it was written.

STAKEHOLDER VOICE

- DCS has ongoingly captured stakeholder voice each month in the case review process. As part of each case review (742 cases for 2021-2022), an interview with all parties and stakeholders including children, parents, and caregivers, occurred. This is a large amount of data and information DCS has compiled on behalf of those experiencing the child welfare system. DCS uses these voices to inform ratings on each case score, which ultimately comprise the analysis below. In addition, these trends and common voice themes are shared with local counties and regions as review debriefs occur to ensure the information is leveraged for leadership's direction and strategy to continuously improve.

SECTION II - STATE CONTEXT AFFECTING OVERALL PERFORMANCE

PART 1: VISION AND TENETS

Agency Information

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

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

DCS is made up of 10 divisions, of which Field Operations is the largest and includes the Indiana Child Abuse and Neglect Hotline, Adoption Services, Kinship, Foster, and Collaborative Care, as well as local offices in all ninety-two (92) Indiana counties, organized into eighteen (18. 19 regions). The Marion County local office – DCS' largest office in the state's most populous city, Indianapolis – is divided into four smaller local offices: Marion East, Marion West, Marion North, and Marion South. This localization plan creates a more community focused structure that improves access and quality of interactions with families by fostering a community approach to child welfare as well as improves employee retention.

The Department of Child Services is charged with providing direct attention and oversight of two critical areas: protection of children and child support enforcement. DCS does this by partnering with families and communities to provide safe, nurturing, and stable homes." In December 2005, DCS initiated the DCS Practice Model which 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. During CFSR Round 3 PIP, DCS relaunch the Practice Model to provide guidance to FCMs on the proper use of the CFTM process to support strong case planning for the family.

Mission

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

Vision

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

Values

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

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

Collaboration

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

DCS's current state of operations is attributed to the work of continuous improvement implemented since CFSP Round 3 completion. These continuous improvement efforts are driven by both DCS's Practice Model and Lean Transformation, which focus on inclusion of customer voice and respect for people. These efforts have led to the use of stakeholder input at all levels. DCS leaders have utilized engagement groups of important populations that meet regularly to drive changes, including policy and best practices.

In addition to the engagement describe, DCS also elevates stakeholder voice within DCS Rapid Improvement Events (a LEAN tool for driving change) to collaborate with DCS to formulate solutions to overcome system barriers. An example of this is when DCS had adoption attorneys participate in the brainstorming around adoption subsidy policy. The result of stakeholder voice was a much quicker negotiation process, and a higher rate of subsidies for adoptive parents in Indiana, starting in June of 2021.

DCS has involved the Court Improvement Program director in several events to bring perspective of judges and public defenders. DCS modelled this collaboration and stakeholder input as the agency prepared for and launched their plans for FFPSA, by developing a workgroup. The workgroup met monthly from July of 2020 through the end of 2021. The workgroup had representatives from IOCS, several DCS divisions, FSSA, Dept of Health, QRTP providers, Mental Health providers, 30-day assessment providers, federally recognized tribe Pokagon Band, birth parents with lived experience, and active Judges.

PART 2: CROSS-SYSTEM CHALLENGES

COVID-19

DCS has faced the realities of a pandemic that affected many lives. This pandemic impacted child welfare through the closing of schools and limiting access to supports and services. DCS utilized virtual visitation and services to ensure continuation of their mission. Many citizens across Indiana left social service positions due to the high level of stress or the inability to leave their home and assess allegations of abuse or neglect.

Once vaccinations were widely available, Governor Holcomb directed state employees to return to the office, effective in June 2021. This further impacted the workforce, as many employees found other positions in child welfare allowing full-time remote work. The State of Indiana now offers a hybrid work schedule, permitting most employees up to 15 hours remote work each week to improve work/life balance while maintaining business operations.

Case Manager Turnover

DCS experienced a larger amount of staff turnover in State Fiscal Year (SFY) 2021 and SFY 2022 as did many agencies, in the “great resignation” across the nation. This particularly impacted caseload sizes and ensuring there were enough staff in each county or region. According to the end of year staffing report, the statewide average was 89% staffed for case managers, with the largest need in the metropolitan of Indianapolis. The second largest need was the region just northeast of Indianapolis, region 11, which includes Hamilton, Madison, Tipton, and Hancock counties. In State Fiscal Year 2021, DCS lost 941 FCMs but only gained 602 new hires leaving vacancies.

One of Governor Holcomb’s strategies to improve the state employee experience, was a compensation study for state salaries for fair market value. The result of this study, in October of 2022, was an increase to case manager salary. Prior to the study, case managers started at \$40,092 annually, but began receiving \$47,320 annually in November of 2022. This has already impacted recruitment as seen in January of 2023’s new hire numbers increased to over 100 in cohort training, which is nearly triple the monthly average for 2022

In addition to the compensation study, DCS implemented an exception process to hire those with experience in lieu of a bachelor’s degree, as previously required. DCS implemented the exception process in September of 2022. The 3 exceptions are:

- Possess an associate degree and a minimum of two (2) years of human services experience;
- Have four (4) years of human services experience and the successful completion of thirty (30) college credit hours from an accredited college or university; or
- Have at least five (5) years of human services experience.

Employee Deaths

One of the system challenges faced in child welfare was the unusual amount of staff deaths that occurred between 2021 and 2022 for DCS. These employee deaths were almost all unexpected, with several being crisis situations occurring in office settings. In 2021 there were 6 DCS employees that passed away. In 2022 there were 9 DCS employees that passed away.

DCS offers Crisis Intervention Response Teams (CIRT) to help support these types of situations, and many others, including deaths of children or family members of open caseloads. Crisis responses in general were increasing as well. In 2021 CIRT responded to 54 requests, supporting a total of 179 employees. In 2022 CIRT responded to 81 requests, supporting a total of 290 employees.

These crisis situations compound the very nature of the secondary trauma faced by our frontline case managers and supervisors daily. This could have additional impact on staff turnover.

PART 3: CURRENT INITIATIVES

Lean Transformation

Current initiatives in DCS are all driven by and focused on the Lean transformation in the agency that began in 2019. Director Stigdon championed the adoption of Lean principles and began the Lean transformation to drive improvement efforts and increase agency capacity by reducing waste in current processes all while teaching the importance of voice of the customer and respect for all people.

The Lean transformation also taught agency leaders how to use MDI (Managing for Daily Improvements). This focuses on huddling with teams and ensuring that issues that need additional support are escalated up to the right people to help get answers and problem solve in a timely. MDI also pushes each team to manage with data and outcomes each week. MDI allows for objectivity in a child welfare.

The agency's Lean transformation also reinforced many components of the DCS practice model, including customer voice. While DCS engages and values parent voice in the planning process, Lean values any customer voice impacted within a process. This could be family for some processes, but it also might mean another division in the agency or external stakeholder in the child welfare system. The principles of lean challenge leaders to focus on deliverables by using metrics and creating less "defects" in the process. If the customer voice is at the table and their desired outcome is heard, then the process is built to meet that need vs the assumptions made about the desired outcomes. This is also captured by attending the Gemba, or the place the work is done. Lean efforts create open pathways between frontline employees and managers to ensure they feel empowered to try new things and are viewed as experts of the implementation of processes. This is reflective of how the agency's case planning process should go. More about Lean is outlined in Item 25: Quality Assurance System.

Racial Justice Equity and Inclusion (RJEI)

DCS has also worked to improve racial justice equity and inclusion across child welfare. DCS has created internal RJEI workgroups to inform practices, including diversifying interview panels and applicants. In 2022 DCS was able to hire the current Chief Equity Officer for DCS. This position works with all divisions and stakeholders to focus on agency goals and how to add the RJEI lens to all parts of child welfare work. The ability to incorporate RJEI lens into trainings, agency strategies, is what will sustain these efforts long-term. The goal of getting to root cause of disproportionality of children of color in out of home care is on the forefront of the equity officer's work. Efforts to dismantle system racism through rebuilding internal processes with inclusivity have begun on several layers. One example was the process by which leaders were selected for the various leadership academies. The nomination and selection process went through workgroups to evaluate questions, layers of bias through managers nominating who they want and recruitment efforts to reach diverse populations to apply for these academies.

Culture and Climate

DCS has partnered with the University of Kentucky to work on improving agency Culture and Climate. A tool for measuring outcomes for this work is an Annual Culture and Climate Survey. This all-staff survey was conducted in 2021 and 2022. The survey was modified slightly for 2022 adding Diversity, Equity, and Inclusion (DEI) questions to gauge employee knowledge, understanding, and comfort of key areas around DEI. These questions were developed by one of the RJEI workgroups. Based on 2021 survey results, the Safe System team collaborated with Leadership Advisors to provide additional tools and support for increasing a psychologically safe work culture, including reducing emotional exhaustion. Despite the cross-system challenges mentioned in Part 2 of section II above, DCS leadership and safe culture efforts were able to increase agency Psychological Safety at a statistically significant rate from 2021 to 2022

DATA SOURCES

QUANTITATIVE DATA SOURCES

Administrative Data Reports

System-generated data were used to determine the key performance metrics specific to the systemic factors. Report parameters vary by the type of report used and may provide aggregate data, monthly snapshot data, or live data. Reports may not have consistent populations reported as reports exclude certain case types. The parameters for the reports used are listed on each table. **Limitations:** Many datapoints require manual entry and are subject to data-entry errors that impact accuracy. Significant issues of accuracy/reliability are noted when applicable.

MAGIK REPORTS

- [DCS: Reports & Statistics \(in.gov\)](#)
- DCS Reports: [DCS Reports Home Page \(in.gov\)](#)

TABLEAU DASHBOARDS

- All Tableau Collections: [All - Tableau Server \(in.gov\)](#)
- [DCS Performance Measure \(Public\)](#)

Adoption and Foster Care Analysis and Reporting System (AFCARS) Error Progression Reports

The AFCARS is designed to collect uniform, reliable information on children who are under the responsibility of the title IV-B/IV-E agency for placement, care, or supervision. Title IV-E agencies are required to submit the AFCARS data twice a year based on two 6-month reporting periods.³ AFCARS reports provide a quantitative measure of data validity and reliability, and the error progression report shows the effectiveness of clean-up efforts. Specific limitations to this measure are noted in the individual items.

Indiana Court Performance Measures

All Indiana trial courts with jurisdiction over CHINS and TPR cases are required to submit quarterly data to the Indiana Office of Judicial Administration through the Indiana Court Information Technology Extranet (Incite). The court performance Measures were selected based on guidance from the Federal Court Improvement Program and resources developed by the Office of Juvenile Justice and Delinquency Prevention.⁴ These measures are a tool to help determine the effectiveness of Indiana's child welfare system. Data from the Indiana Court Improvement Program (CIP)'s annual Court Performance Measures Reports are used to describe the state's performance.

Parameters: Measures all qualifying child welfare Children in Need of Services (CHINS) and Termination of Parental Rights (TPR) cases across every court with CHINS and TPR jurisdiction in the state on a quarterly basis. The report/dashboard captures data for wardships that were terminated during the selected federal fiscal year reporting period (October 1 - September 30). The CIP Data Analyst reviews/validates the data for known/obvious errors quarterly.

Limitations: Factors that may affect the accuracy or reliability of the measure for the purpose of this analysis include:

- Reflects only children exiting care (exit cohort)

³ [AFCARS | The Administration for Children and Families \(hhs.gov\)](#)

⁴ [Court Performance Measures in Child Abuse and Neglect Cases: Key Measures](#), 2008

- Report uses the median as a measure of central tendency, which is less impacted by outliers in large samples, but is less reliable in sample sizes smaller than 10.
- Per interviews with the CIP Data Analyst, each court is independently responsible for entering their data. Missing or incomplete court data may be due to data entry errors, lack of timely data entry, or a failure to record the data in the system of record.

Disproportionality Findings

In 2019, Indiana DCS's Research and Evaluation team conducted an analysis of disproportionality in Indiana's Child Welfare System. Additional analyses were completed to examine State Fiscal Years 2019, 2020, and 2021 and were reported in memos disseminated in December 2022 and January 2023.

Statewide Assessment Data Queries

Data from Casebook and KidTraks was compiled by the Research and Evaluation team to measure when existing administrative data was not available in a standard report. All reports are subject to the accuracy and completeness of data entry in the case record.

TIME TO EVENT ANALYSIS: REPEAT MALTREATMENT

- Report captures all CHINS and JD/JS cases ending in the report year and the number of those cases that had a repeat maltreatment event within one year of case closure.

CASE PLAN TIMELINESS

- Report captures total CHINS and JD/JS cases active ≥ 45 days at any point in the report year. The percent of children with an initial case plan and the point in time they were completed (points between <30 and >60 days) are represented. Report captures total children with subsequent case plans and the time between them to measure timeliness.

HEARING TIMELINESS: PERIODIC REVIEWS AND PERMANENCY HEARINGS

- Periodic Reviews: Report captures all children with cases active greater than 60 days in a specific report year and all initial and subsequent periodic review hearing dates entered in the statewide information system. Limitations: A child's case may close in fewer than 60 days.
- Permanency Hearings: Report captures all children with cases active greater than 365 days in a specific report year and all Initial and subsequent permanency hearing dates entered in the statewide information system. Limitations: Duplicate records frequently exist for permanency hearings as multiple parties submit court documentation. This report captured the earliest date entered for a hearing. A child's case may close in fewer than 365 days.

FOSTER FAMILY WITHDRAWAL REASONS BY DEMOGRAPHIC CHARACTERISTICS

- Report captures all resource homes with an active license or pending re-licensure status in a report year and the race/ethnicity of the resource home. The report also shows the count of resource homes that withdrew their license during a report year and the reasons reported disaggregated by race/ethnicity.

QUALITATIVE DATA SOURCES

Indiana Code

Indiana Code is cited throughout this assessment to demonstrate that code meets or exceeds federal standards.

Policy

Agency policy is cited throughout this assessment to demonstrate that policy meets or exceeds federal standards.

DCS CHILD WELFARE POLICY MANUAL

JUVENILE JUSTICE INITIATIVES PLACEMENT RESOURCE MANUAL

DCS Federal Reports and Plans

The following reports and plans informed narrative information throughout the assessment:

CFSP

APSR

IV-E PREVENTION PLAN

FOSTER CARE DILIGENT RECRUITMENT AND RETENTION PLAN

REGIONAL SERVICE COUNCIL BIENNIAL PLANS

Meeting Minutes, Workgroup Reports/Plans

The following reports and meeting minutes informed narrative information throughout the assessment:

CHILDREN'S JUSTICE ACT (CJA) TASK FORCE REPORTS

PARTNERING ON PRACTICE FORUM EXECUTIVE SUMMARIES

REGIONAL SERVICE COUNCIL MINUTES

QUANTITATIVE AND QUALITATIVE DATA SOURCES

Practice Model Review (PMR)

The Indiana DCS Practice Model Review (PMR) is an internal review performed by DCS quality service and assurance staff in partnership with stakeholders across the agency (field staff, legal staff, central office staff, child welfare leadership, courts/judicial staff). The review examines a random sample of cases in a region every two weeks from January through October using the Indiana DCS Practice Model Review Protocol.⁵ This protocol closely mirrors the CFSR Onsite Review Instrument and assesses the agency's performance on key practice indicators, including safety, permanency, and well-being, while providing insight into the experience of children and families engaged in services with the state. This review identifies strengths and opportunities regionally and state-wide that guide practice development leading to better outcomes for children and families.

⁵ See Appendix [1] Attachment [1.1]

Performance is measured as a percentage of cases rated as a strength out of the total applicable cases reviewed in the region. Results may be viewed as high level as measures of the five practice skills – Teaming, Engaging, Assessing, Planning, and Intervening – or as granular as by individual question in the PMR Protocol or OSRI.⁶

PMR data **represents both quantitative and qualitative** measures as item ratings are determined using the case file and interviews with key case participants including parents, children (when developmentally appropriate), resource parents, service providers, CASAs, family supports, and DCS staff.

Limitations:

- Qualitative case reviews are subject to variability in rater reliability and agreement. The team uses second-level QA and secondary oversight to mitigate discrepancies in scoring.
- There are opportunities to add data validation and compliance questions. These enhancements are in progress.
- There are opportunities to view measures by demographics such as race and ethnicity and observe trends related to disproportionality. These enhancements are in progress.
- Sample sizes vary based on the region's respective population.

Parameters: Review dates, sample sizes, and case types reviewed are listed in the table below.

Cycle	Year	Dates	Cases Reviewed
1	1	1/14/21 to 10/26/21	395
1	2	1/14/22 to 10/27/22	347
Case Types		# Reviewed	
Dual Status ¹ - DCS Lead		12	
Dual Status - Probation Lead		1	
Informal Adjustment		112	
In-Home CHINS		78	
Out-of-Home CHINS		465	
Out-of-Home CHINS (Adoption)		74	
Total Reviewed		742	

¹Dual Status refers to combined Juvenile Probation (JD/JS) and CHINS case types. These may be serviced primarily by DCS (DCS Lead) or by Probation staff (Probation Lead).

Reflective Practice Survey (RPS)

The Reflective Practice Survey (RPS)⁷ uses case record reviews and field observation to evaluate the fidelity of case managers' (FCMs) practice to the Indiana Practice Model. Supervisors (FCMS) may observe the FCM during several activities (CFTM, home visit, supervised visit, court, or other meeting/contact) and interview case participants (families, providers, court staff, DCS staff) about needs and case progression. Questions on each Reflective Practice Survey align with key areas measured via the PMR and CFSR. Data is reported via Tableau dashboards.

RPS data represents both quantitative and qualitative measures as item ratings are determined using the case file and interviews with key case participants depending on the type of observation performed.

⁶⁶ Onsite Review Instrument

⁷ [2.18-Reflective-Practice-Survey-RPS.pdf \(in.gov\)](#)

Parameters: RPS is completed quarterly and each FCM will have either one (1) assessment, one (1) permanency case, or one (1) Older Youth Services (OYS) case selected for review. Permanency cases and OYS cases are randomly selected for review while a supervisor selects the assessment case to be reviewed with the FCM.

Limitations:

- Qualitative case reviews are subject to variability in rater reliability and agreement.
- RPS scores are consistently inflated relative to other quality assurance measures. Staff have shared they feel uncomfortable providing FCMs with lower scores as many still see this as a punitive tool.
- Response rates vary from region to region.
- There are opportunities to enhance the questions to capture more data validation and compliance points.
- Some RPS questions are not specific enough to identify root causes or measure/monitor specific defects.
- Q1-Q4 2022 was 73% with 5,774 surveys completed

Hotline Quality Assurance Reviews

The Quality Service and Assurance team review 400 Hotline calls each year (100 per quarter) using a 45-question quality assurance tool. Reviews assess the completeness/accuracy of the required information documented at Intake (i.e., demographic information). **Limitation:** This source relies on reporters who maybe an inaccurate or an unreliable source of information.

Foster Care Survey

The foster care survey is administered annually to all foster parents, adoptive parents, and kinship placement providers (DCS and LCPA licensed). This survey gathers feedback about foster parent experiences using multiple choice and Likert scale questions in addition to an open text field at the end of the survey.

Limitations: Survey respondents noted limitations to providing honest/accurate feedback: (1) the survey is not anonymous, (2) survey doesn't consider resource homes that have children from different cases with different workers, (3) impression that the survey was leading or designed to yield positive or neutral responses, and (4) needing more pointed questions to highlight key problem areas in the foster care system. Additionally, results are not disaggregated by race, ethnicity, or county/region.

Field Staff Survey

Dashboards:

- Survey Dashboard: <https://dataviz.dcs.in.gov/#/workbooks/127>
- Workforce Stability: <https://dataviz.dcs.in.gov/#/workbooks/37>
- Field Staff Report: <https://dataviz.dcs.in.gov/#/workbooks/164>

Table 1. Field Staff Survey Responses per year

<i>Total Responses/year</i>	2019	2020	2021
<i>Employed Less than 1 Year</i>	444	472	538
<i>Employed More than 1 year</i>	1142	1226	1070

Continuous Quality Improvement Reports

Event A3s were used to describe improvement events, event metrics, and root cause analyses previously conducted by the agency.

SECTION III - ASSESSMENT OF CHILD AND FAMILY OUTCOMES

SAFETY

Safety Outcomes 1 and 2

Safety outcomes include: (A) children are, first and foremost, protected from abuse and neglect; and (B) children are safely maintained in their homes whenever possible and appropriate.

Performance Data Highlights

The Indiana Department of Child Services (DCS) is committed to ensuring children will live in safe, healthy, and supportive families and communities. Indiana's statutes, policies, and data driven approach to continuous quality improvement aim to ensure that children are, first and foremost, protected from abuse and neglect.

Indiana has made notable strides in ensuring children are protected from abuse and neglect and maintained in their homes whenever possible and appropriate. Since completion of the Round 3 CFSR, improvement efforts utilized value streams, CB-generated data reports and tools, case record reviews, and administrative data to inform and maintain the change process which has resulted in:

- 13% reduction in the number of investigations
- Increased timely initiation of investigations from 31% in the Round 3 CFSR to 82% per state administrative data reports
- Increase in assessing and addressing risk and safety from 71% on item 3 in Round 3 CFSR to 78% in PMR
- Decreased the observed number of Indiana's children with recurring maltreatment to below the national average

Indiana utilizes administrative data to track screened-in reports of abuse or neglect, timely initiation of investigations, circumstances that prohibit timely initiation, provision of services and interventions to stabilize families, assessment of safety, repeat maltreatment, and maltreatment in care. These metrics coincide with the OSRI safety items as well as CB-generated state data profiles and are obtained from the statewide information system and visualized through Tableau dashboards. Ongoing quality case reviews, including the Practice Model Review (PMR) and Reflective Practice Survey (RPS), provide quantitative and qualitative data and stakeholder feedback to further inform key metrics and practice indicators. The Indiana Office of Judicial Administration provides quarterly updates on court performance measures for Children in Need of Services (CHINS) and Termination of Parental Rights (TPR) cases.

Although Indiana has observed improvements in safety outcomes 1 and 2, the state's performance is not above the 95% strength threshold as required by CFSR Round 4 and the risk standardized performance for recurring maltreatment and maltreatment in care is worse than the national performance as indicated by the CFSR R4 Data Profile.

Methodology

This section is evaluated using quantitative data including the Statewide Data Indicators and Risk-Standardized Performance scores generated by the Children's Bureau, descriptive statistics from the most recent, existing administrative data sources, and qualitative data obtained from interviews, surveys, and internal case reviews. A brief description of the most notable data used to evaluate this area is outlined below.

- CFSR Statewide Data Indicators
 - o Recurrence of Maltreatment—The numerator is the number of children who were the subject of a substantiated or indicated report of maltreatment in a 12-month period and who experienced subsequent maltreatment within 12-months of the initial victimization. The denominator is the number of children who were the subject of a substantiated or indicated report of maltreatment in a 12-month period.
 - o Maltreatment in Care—The numerator is the number of victimizations in foster care in a 12-month period that children experienced while under the state’s placement and care responsibility. The denominator is the number of days spent in care among children who entered care in a 12-month period.
- Administrative Data Reports
 - o Timely Assessment Initiation dashboard in Tableau pulls from the case management system and Salesforce. The numerator was the number of investigations for the specified month that were initiated timely, separated from the number that were untimely but had extenuating circumstances, and separated from the number that were untimely. The denominator was the total number of investigations for the specified month. This report was broken down further by counties to examine differences and potential disproportionality.
- Practice Model Review (PMR) – OSRI Item 1 was not reviewed as part of the PMR and instead relies on administrative data, tracked through Salesforce, to capture assessment initiation and track extenuating circumstances. Indiana was not required to score OSRI Item 2 as part of the PIP reviews. Round 3 CFSR performance was 90% strength for Item 2. Safety Outcome 2 looked at a maximum of 742 cases reviewed between January 13, 2021, and October 27, 2022.
- Reflective Practice Survey – The RPS information utilized in Safety Outcome 2 examined Assessment RPS results in collected between July 1, 2020, and December 31, 2022.
 - o Was a safety assessment completed within 24 hours of seeing the victim?
 - The numerator is the number of Assessment RPS results collected that quarter with a response of “Yes.”
 - The denominator is the number of Assessment RPS results collected that quarter.
- Disproportionality Findings – The Research and Evaluation team conducted an analysis of disproportionality in Indiana’s Child Welfare System that was completed in 2019. Additional analyses have been completed to examine SFYs 2019, 2020, and 2021 and were reported in a December 2022 memo.

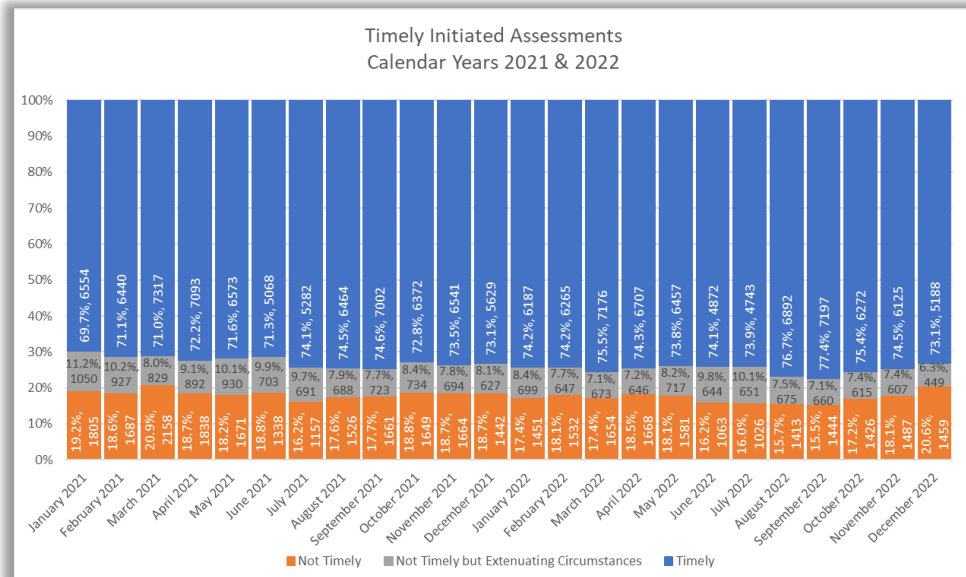
Existing data and findings were reviewed by relevant stakeholders to identify strengths and opportunities of the system and to determine next steps and recommendations.

Brief Analysis

Safety Outcome 1: Children are, First and Foremost, Protected from Abuse and Neglect

Indiana saw vast improvement in the timely initiation of investigations but did not achieve the 95% strength threshold. In CFSR Round 3 (2016), 31% of investigations were initiated timely and 63% were timely at PIP completion per OSRI data. In full calendar year 2022, administrative data showed **82% of investigations were initiated timely or had extenuating circumstances allowed by policy.**

Figure 1: Timely Initiation of Assessments Calendar Years 2021-2022



Administrative data captured through Salesforce aligns with the cases scored in the OMS during April through October of 2022.

Table 2: OSRI Safety Outcome 1, Item 1—Timeliness of Initiating Investigations

OSRI Item	Item Description	CFSR Performance (2016)	Item 1 PIP Completion (Fall 2019)	Administrative Data (CY 2022)
Item 1	Timeliness of Initiating Investigations	31% (11/35)	63% (25/40)	82% (81510/98924) ⁸

Indiana emphasizes safety from the first point of contact with the agency. The DCS Child Abuse and Neglect Hotline is a centralized Hotline that receives reports of child abuse and neglect via phone, email, fax, and mail. The Hotline is available 24/7, 365 days of the year. Reports that are recommended for an assessment are assigned a response time in accordance with DCS Policy and as determined by Indiana Law⁹. **Per Policy 4.38: Assessment Initiation**, DCS will initiate every child abuse and/or neglect (CA/N) assessment within the appropriate timeframe indicated.

In 2018 and 2019, clarification and updates to Policy 4.38: Assessment Initiation, changed how investigations are initiated and increased the clarity of expectations.

- Indiana’s one-hour response time for investigations was changed to 2 hours.
- Initiation is defined as completion of face-to-face contact with all alleged child victims.
- Extenuating circumstances were documented and tracked for applicable investigations.

In instances of an immediate response (2-hour) report, Intake Specialists call the local office or designated on call phone number to provide notice and details of the report. The FCM then has 2 hours to initiate the investigation, from the time they were notified and not 2 hours from the time the hotline intake specialist received the call. The clarification of when the clock started and additional time to see the victims face-to-face allowed the FCM to

⁸ Calendar year 2022 timely initiation based on administrative data through Salesforce as PMR did not include this item

⁹ [IC 31-33-8-1: Investigations by local child protection service; time of initiation](#)

examine the case management system, contact the report source, otherwise have background or context regarding the situation they are going to investigate, and make it to the destination within the timeframe.

An investigation is considered initiated upon face-to-face contact with all alleged child victims. The policy 4.38 update clarified the definition of initiation and removed the possibility of utilizing a phone call with a non-offending caregiver as a sole means to ensure safety.

When an FCM responds within the initiation timeframe but is unsuccessful in making face-to-face contact with all alleged child victim(s), the assessment has not been initiated. The department recognizes there may be situations outside of the worker's control that affect their ability to initiate an assessment timely and these are referred to as **extenuating circumstances**.¹⁰

Safety Outcome 2: Children are Safely Maintained in Their Homes Whenever Possible and Appropriate

Safety outcome 2 looks at services to families to protect children in the home and prevent removal or re-entry into foster care and risk and safety assessment and management.

Provision of services to maintain children in their homes was static across time. In CFSR Round 3, 90% of cases were rated as a strength in item 2. As part of the PMR in 2021-2022, 88% of cases rated as a strength in item 2. In-home cases were at 91% strength (148 rated as a strength out of 163 applicable cases) but out-of-home cases were at 85% (101 rated as a strength out of 119 applicable cases). Of the out-of-home cases reviewed, 41% (49/119) indicated a lack of concerted efforts to provide services to maintain children in their home.

Table 3: OSRI Safety Outcome 2, Item 2—Services to Protect Children in the home

OSRI Item	Item Description	CFSR Performance (2016)	PIP Completion (Not rated)	PMR (CY 2021-2022)
Item 2	Services to Protect Child(ren) in the Home	90% (26/29)	NR	88% (250/283)
	In-Home Cases	100% (15/15)	NR	91% (148/163)
	Out-of-Home Cases	79% (11/14)	NR	85% (101/119)

¹⁰ Examples of extenuating circumstances may include child victim is not at the location stated on the report (e.g., school trip, out of town/state), the parent refused to allow access to child and a motion to compel is needed, the report is assigned after the initiation timeframe, etc.

HEA 1006

June 13, 2019

On 6/13/2019, Governor Eric J. Holcomb signed House Enrolled Act 1006 detailing key changes to improve child welfare.

This included amending the 1-hour response time to 2 hours.

July 1, 2018

In 2018, the timeframe for initiating an investigation changed to starting at the **time the local office/assessment staff are notified of the intake report.**

FACE TO FACE CONTACT

Face to face contact with the alleged child victim is still required to successfully initiate the assessment. Contact with any other individual will not be valid for timely initiation.

In-home cases were at 100% strength in the Round 3 CFSR. The PMR was a strength for 91% in-home cases. PMR justifications noted multiple instances of referrals not being made in a timely manner, struggles in with Family Preservation Service providers having enough staff to accommodate the referrals, and lack of parental engagement by the agency.

The agency has made significant strides in providing services to keep children in their home through the work done with Family Preservation Services. The agency saw a shift in practice in June of 2020 where there was a strong focus on improving family preservation services. Under this change, family preservation service providers moved to a one-time referral where one provider will complete an evaluation with the family and provide all necessary services. The agency utilized roundtable discussions and Indiana Family Preservation Services (INFPS) office hours to ensure frontline staff had all information and updates regarding family preservation services and understood the reasoning behind these needed changes.

As of November 15, 2022, a total of 8,468 family preservation cases had been opened, serving a total of 17,266 children. Since that time, 9.44% of family preservation cases had a removal from the home after 90 days.

Assessing and addressing safety and risk has improved since completion of CFSR Round 3. For example, the PMR showed a steady improvement in item 3 since the CFSR Round 3 (71%) to PMR in 221-2022 (78%). Despite the improvements, there is still room for improvement, particularly with in-home cases.

Table 4: OSRI Safety Outcome 2, Item 3—Risk and Safety Assessment and Management

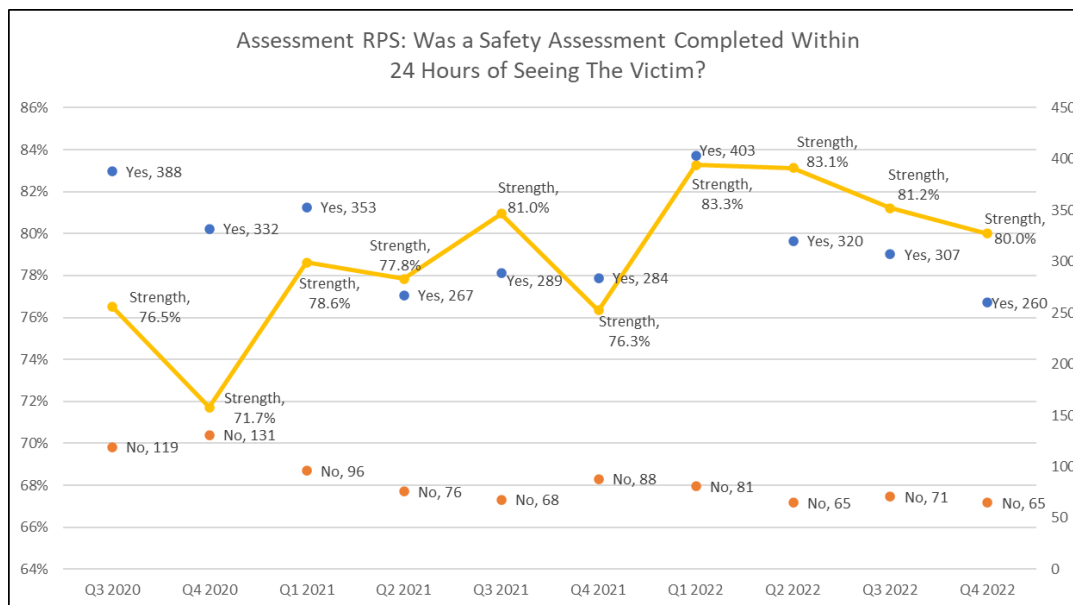
OSRI Item	Item Description	CFSR Performance (2016)	Item 3 PIP Completion (Fall 2019)	PMR (CY 2021-2022)
Item 3	Risk and Safety Assessment and Management	71% (46/65)	75% (50/67)	78% (581/742)
	In-Home Cases	64% (16/25)	77% (20/26)	68% (129/190)
	Out-of-Home Cases	75% (30/40)	73% (30/41)	82% (452/552)

A few notable factors contributed to performance displayed in Item 3. The PMR required that safety plans were written and documented in the case file to count as a strength whereas the OSRI allows plans that are known by case participants. As noted in item 14¹¹ the frequency and quality of visits with children declined in the PMR, in part due to not speaking alone each visit. Informal assessing during home visits is thus impacted.

Assessment RPS data suggests a safety assessment was completed within 24 hours of seeing a victim of abuse or neglect in 79% of the investigations observed. Similarly, in 98.7% of investigations observed, the supervisor found the FCM accurately identified all safety and risk factors.

¹¹ [Well-Being Outcome 1, Items 14 and 15](#)

Figure 2: Assessment RPS Safety Assessment Completion (2020-2022)



Indiana closely monitors safety outcomes using administrative data and visualizations in Tableau. These metrics are incorporated in local offices' Managing for Daily Improvement (MDI) and CQI processes. During huddles, discussions focus on how to initiate each case timely, major safety concerns and barriers. Safety concerns that need additional focus, and assessments with children not yet deemed safe, are discussed on an individual basis between the FCM and supervisor. These safety conversations, the increased awareness and use of data, and the implementation of the Coaching and Mentoring Indiana (CAMI) team helped to increase the focus on safety and safety assessing.

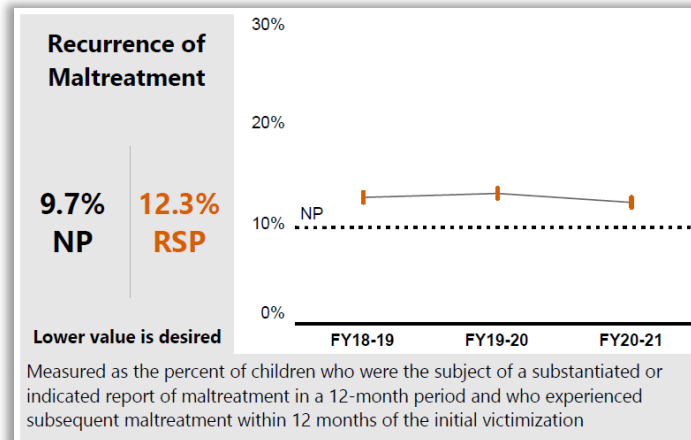
CAMI is the evolution of the rapid safety feedback team. This team was created with specially trained coaching leaders. The focus of the CAMI team is to assist supervisors in structuring their discussion around the staffing of assessments. CAMI identifies coaching points within the assessment phase for the assigned supervisor. Recently, CAMI introduced coaching and mentoring components for permanency cases. This new process will allow CAMI to work with permanency supervisors, as they have only historically worked with the assessment supervisors. DCS believes this will only further advance the front-line staff's ability to identify safety and risk factors when they are present.

Recurrence of Maltreatment

Recurrence of maltreatment in care is an identified Area of Opportunity. Per the CFSR Round 4 Data Profile, Indiana's risk-standardized performance (RSP) on recurrence of maltreatment is significantly higher than national performance (NP) of 9.7%.¹² Indiana's observed performance is consistent with the NP and trending slightly down, a positive when examining frequency of maltreatment. The RSP is also trending down.

¹² See Appendix I: CFSR State Data Profile

Figure 3: August 2022 Data Profile—Recurrence of Maltreatment

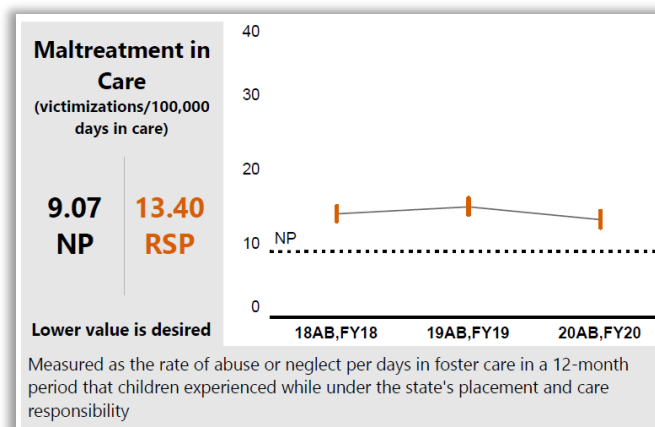


Indiana measures the maltreatment recurrence practice indicator as the percent of all children involved in a substantiated incident of maltreatment who experience a second substantiated incident within six months. The field utilizes this timeframe to get a quicker view of changing trends and explore root causes as necessary. Recurrence of maltreatment is also tracked across 12 months to ensure an understanding and anticipation of data profile results. Based on Indiana’s “Federal Maltreatment Recurrence,” calendar year 2020 had 9.15% recurrence of maltreatment, 2021 was at 8.79% and 2022 was at 7.46% recurrence of maltreatment.

Maltreatment in Care

Maltreatment in care is at 9.07 nationally and Indiana’s observed performance and RSP are both significantly above the NP. Any downward trend in Indiana children’s experience of maltreatment is a positive but indicates an opportunity for additional understanding and improvement.

Figure 4: August 2022 Data Profile—Maltreatment in Care



Absence of Repeat Maltreatment in Foster Care when the substitute caregiver is a perpetrator has been seen as a strength of Indiana for years and remains a strength with this smaller scope. In 2019, DCS had a 99.62% Absence of Repeat Maltreatment in Foster Care (with substitute caregiver as perpetrator). In 2022, DCS had a 99.63% Absence of Repeat Maltreatment in Foster Care (with substitute caregiver as perpetrator). These percentages are calculated by averaging all 18 regions monthly reported substantiated assessments on children in foster care with a new

incident of abuse or neglect. This number does include new disclosures while in foster care of previous sexual abuse prior to entering foster care. This data is pulled from the case management system's executive reports and serves as a deeper look at maltreatment in care to ensure the caregivers the agency supports are not maltreating the children in their care. Determining the driver of maltreatment in care will require further investigation.

Results of Deeper Data Exploration for Priority Focus Areas

Indiana collects demographic information on race, ethnicity, age and gender within the case management system and within the PMR. A missed opportunity is to utilize disparity information while interpreting data. While Indiana has begun the process of incorporating this lens into practice, reports and decision-making processes currently have this known opportunity.

Indiana counties with the largest populations generally had a lower rate of timely initiation. The counties accounting for approximately 52% of the state's total population¹³ had an average of 74% timely initiation/strength on OSRI Item 1. Additionally, all but one of these counties (Johnson County) have minority population sizes in the top 10% of the state (86% of the Black/African American population). If these driver counties were removed from the figures, the remaining counties average 91% timely initiation.

Table 5: Counties ranking in bottom 15% of Timely initiation for CY 2022 by population (MaGIK, Tableau)

County	% Timely including exceptions	Population	Population Rank
Marion North**	46%	236265	1
Marion South**	65%		
Marion East**	48%		
Marion West**	58%		
Marion**	50%		
Lawrence	76%	9908	38
Elkhart*	77%	56611	6
Sullivan*	77%	4017	75
St. Joseph*	78%	63866	5
Madison	78%	28038	12
Hamilton	80%	89010	4
Hancock	80%	17899	21
Allen*	80%	96482	3
*These counties are border counties			
** Marion Co. Is split into 4 localities (N/S/E/W). Assessments assigned to just "Marion" had county selection error			

As noted in the disproportionality study of state fiscal years 2019 through 2021, **disparity in substantiated assessments is increasing for all racial groups**, compared to white, across all fiscal years. Multiracial children are more than two times more likely to have a substantiated assessment when compared to white children in all fiscal years. The differences indicate a need to examine the assessment of safety for Indiana's non-white population to protect children and keep all families together whenever possible.

¹³ Marion, Lake, Allen, Hamilton, St. Joseph, Elkhart, Hendricks, Tippecanoe, Vanderburgh, Johnson

Figure 1: Disproportionality in Substantiated Assessments in SF 2019-2021 (Disproportionality Memo)

SFY19					
	White	Black	Hispanic/Latino	Multiracial	Other
Percent of Population	70.48%	11.30%	11.33%	4.18%	2.72%
Percent of Substantiations	65.15%	17.60%	8.21%	8.79%	0.25%
Disproportionality Metric	0.92	1.56	0.72	2.10	0.09
Disparity Index (vs. White)		1.69	.78	2.28	0.10
SFY20					
Percent of Population	70.02%	11.37%	11.53%	4.25%	2.83%
Percent of Substantiations	64.17%	17.93%	8.19%	9.35%	0.36%
Disproportionality Metric	0.92	1.58	0.71	2.20	0.13
Disparity Index (vs. White)		1.79	0.81	2.41	0.15
SFY21					
Percent of Population	69.65%	11.39%	11.66%	4.37%	2.93%
Percent of Substantiations	63.12%	18.44%	8.52%	9.53%	0.39%
Disproportionality Metric	0.91	1.62	0.73	2.18	0.13
Disparity Index (vs. White)		1.79	0.81	2.41	0.15
$\text{Disproportionality Metric} = \frac{\text{Child Reports (\%)}}{\text{Indiana Child Population (\%)}}$ $\text{Disparity Index} = \frac{\frac{\% (\text{Race})\text{child victims}}{\% (\text{Race})\text{children in Indiana}}}{\frac{\% \text{White child victims}}{\% \text{White children in Indiana}}}$					

Information Regarding CQI Change and Implementation Activities, As Applicable

The numerator and denominator for all metrics have changed year over year, with notable changes between 2020, 2021 and 2022. Between 2021 and 2022, the number of reports of abuse and neglect Indiana received declined by 16%, the number of reports screened in for investigation declined by 13%.

Table 1. Hotline Report Totals Over Time, CY 2018-2022 (Hotline Administrative Data Report, Tableau)

Year	% Screen In	Total Screen Ins Numerator	Total Screen Outs	Total Reports Denominator	% Difference from 2022
2018	62.2%	151,028	52,392	242,994	-20.5%
2019	59.3%	143,899	58,377	242,482	-20.4%
2020	57.8%	125,047	53,308	216,277	-10.7%
2021	54.9%	126,916	67,414	231,091	-16.4%
2022	58.4%	110,276	61,770	193,077	0.0%
% Change '21-'22	6.4%	-13.1%	-8.4%	-16.4%	

The volume of calls to the Hotline has increased substantially since becoming centralized in 2010, but the number of reports has trended downward since CY 2018. The Intake and Assessment Value Stream led several improvement projects to identify and eliminate non-value add work and eliminate the entry of duplicate reports: A Screening Threshold Analysis was conducted in 2018 by the Research and Evaluation team to identify report/allegation types that are poor predictors of abuse/neglect substantiations and repeat.

maltreatment yielding changes to screening practices and a reduction in the screen in rate/total number of assessments generated.

- On January 1st, 2018, a change eliminated a previous automatic screen in rule for children under three (3) years old, dramatically reducing the number of screened in reports.
- In 2020, there was a steep reduction in calls and reports due to the COVID-19 Pandemic and the closing of schools and childcare facilities. School personnel account for most reporters during the school year.

Improvement events conducted in partnership with the Change and Innovation Agency (CIA) resulted in implementation of the Safe Assessment Closure Team (SafeACT) in April 2021. This is believed to have **directly contributed to the improvement in timely initiation and ensuring safety** during initiation of assessments. SafeACT is comprised of (37) experienced case manager supervisors across the state. FCMs call this line upon completion of an assessment, in which the FCM arrives at a decision of safe for all children involved. The specially trained SafeACT team will assist with documentation and immediate closure of the assessment, barring no key information is missing. This innovative approach has aided in reducing open assessments from **24,000 to 6,000** at any given time in DCS by increasing worker capacity, allowing FCMs to initiate new assessments timely and focus more time and effort on higher risk assessments.

PERMANENCY

Permanency Outcomes 1 and 2

Permanency outcomes include: (A) children have permanency and stability in their living situations; and (B) the continuity of family relationships is preserved for children.

Performance Data Highlights

Indiana observed positive outcomes in placement stability for children, achieving permanency in a timely manner, placement with siblings, and timely filing of termination of parental rights (TPR). Since completion of the Round 3 CFSR, Indiana utilized improvement efforts as part of the PIP and the agency's lean journey, administrative data tracking, CB-generated data reports and tools, and case record reviews to generate change.

- Placement **stability is at 93% in the 2021-2022 PMR** and better than the national performance for both observed performance and RSP
- Efforts to achieve timely permanency increased to 67% in the 2021-2022 PMR from 54% in R3 CFSR
- Administrative data shows that starting in September 2020, more children were placed with relatives than with non-relative foster parents. As of December 2022, Indiana **increased to 50% of out-of-home placements with relatives** and 43% with non-relative foster parents
- **Placement with siblings is a strength in 92% of applicable cases in the 2021-2022 PMR**, up from 78% in the Round 3 CFSR

Indiana utilizes administrative data to track placement—type, moves, with siblings, and location; permanency goals and achievement timeframes; court involvement and TPR; and connection to family. Administrative data and case reviews track similar metrics to CB-generated data profiles to ensure Indiana remains on track. Indiana's observed and RSP on Permanency in 12 Months, for entries, 12-23 months, and 24+ months, as well as Placement Stability and Re-entry to Foster Care are all better than the national performance.

Indiana is not above the 95% strength threshold as required for the Round 4 CFSR. While risk standardized performance for all permanency outcome metrics and permanency outcome 1 have notable strengths, permanency outcome 2 identified areas for additional data tracking and opportunities for future improvement.

Methodology

This section is evaluated using quantitative data including the Statewide Data Indicators and Risk-Standardized Performance scores generated by the Children's Bureau, descriptive statistics from the most recent, existing administrative data sources, and qualitative data obtained from interviews, surveys and internal case reviews. A brief description of the most notable data used to evaluate this area is outlined below.

- CFSR Statewide Data Indicators
 - o **Placement Stability**--The numerator is the number of placement moves the children who entered care in a 12-month period experienced that year. The denominator is the number of days spent in care among children who entered care in a 12-month period
 - o **Reentry to Foster Care**--The numerator is the number of children who were discharged to permanency (excluding adoption) in a 12-month period and reentered care within 12-months of exiting care. The denominator is the number of children who discharged to permanency (excluding adoption) in a 12-month period
 - o **Permanency in 12 Months (entries)**--The numerator is the number of children who entered foster care in a 12-month period and exited foster care to reunification, adoption, guardianship, or living with a relative within 12 months of their entry. The denominator is the number of children who entered foster care in a 12-month period
 - o **Permanency in 12 Months (12-23 months)**—The numerator is the number of children in foster care at the start of the 12-month period who had been in care for 12 to 23 months and exited to permanency in the subsequent 12 months. The denominator is the number of children in foster care at the start of the 12-month period who had been in care for 12 to 23 months
 - o **Permanency in 12 Months (24+ months)**—The numerator is the number of children in foster care at the start of the 12-month period who had been in care 24 months or more and exited to permanency in the subsequent 12 months. The denominator is the number of children in foster care at the start of the 12-month period who had been in care 24 months or more
- Administrative Data Reports – Reports are generated by the statewide information system and visualized using Tableau dashboards
 - o **CHINS Average Number of Placements** looks at the average number of placements for out of home children on the last day of the reported month. The numerator is the total number of placement settings for the month. The denominator is the total number of CHINS children in out of home placement during the month
 - o **Court Hearing Outcomes** report utilized to determine timeframe from adjudication to permanency with timely noted as positive if achieved within 12 months for reunification, 18 months for guardianship, and 24 months for adoption; tracked by month but grouped by quarter for clarity. The numerator is the number who reached permanency that month and permanency was achieved within 24 months of adjudication. The denominator is the number of children who reached permanency that month
 - o **Out of Home CHINS Placement Types** looks at the number of children in relative placement and non-relative foster care each month and if these placements are in their county of removal or in a different county. The numerator is number of children in placement that month with relatives out-of-county, relatives in-county of removal, foster parents out-of-county, or foster parents in county of removal. The denominator is the total number of children in out-of-home care during that month.

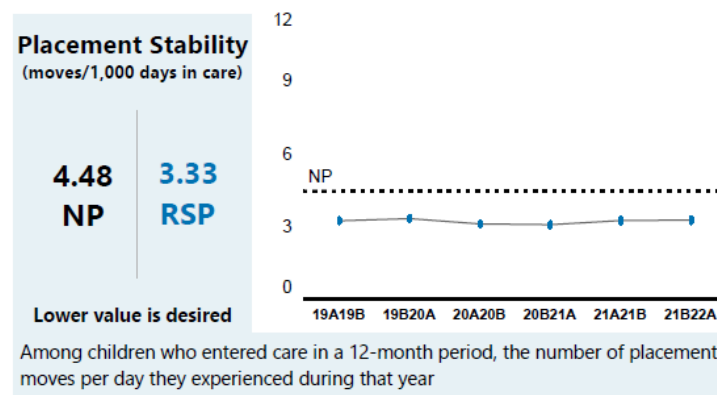
- **PI Sibling Placement** report shows the number of open cases in the report month that have more than one child in out of home placement, how many have all children placed together, and the average number of children per case. The numerator is the number of cases where all the children in out-of-home care are placed together. The denominator is the number of open cases with more than one child in out-of-home care in the report month.
 - **PI CHINS Placement Report** looks at where children with an open CHINS case are placed during the report month. The numerator is the number of CHINS placed in the specific placement setting that month. The denominator is the total number of children placed in out-of-home care for the specific month.
- **Practice Model Review (PMR)** - The permanency outcomes in the PMR looked at a maximum of 557 out-of-home cases. OSRI Items 9 and 11 were not included in the PMR. OSRI Item 9—Preserving Connections was considered within the holistic assessment of children scored in PMR Item 10. OSRI Item 11—Relationship of Child in Care with Parents was considered part of Visiting with Parents, in PMR Item 8. Items 9 and 11 were captured for 37 out-of-home cases in April 2022 through October 2022 as part of the state-led CFSR preparation process.
 - **Disproportionality Findings** – The Research and Evaluation team conducted an analysis of disproportionality in Indiana’s child welfare system that was completed in 2019. Additional analyses have been completed to examine SFYs 2019, 2020, and 2021 and were reported in a December 2022 memo.

Brief Analysis

Permanency Outcome 1: Children Have Permanency and Stability in their Living Situations

Indiana saw improvement in all three items in permanency outcome 1 and exceeded the national performance on all permanency data indicators.

Placement stability is a stand-out metric for Indiana’s children. The national performance on the data profile was 4.48. Lower values are preferred as this examines the number of moves per 1,000 days in care. The RSP was 3.33 and Indiana’s observed performance was 3.25.



Indiana tracks this metric in a slightly different way to watch for trends based on placements by child rather than on days in care. The report, “CHINS Average Number of Placements” looks at all out-of-home CHINS on the last day of the month and is calculated by dividing the number of placements by the total number of children in out-of-

home placements. Over three years, the average has minimally increased and remains between 2.1 and 2.5 placements.

Item 4, stability of foster care placement, was a strength in 84% of cases reviewed in the 2021-2022 PMR. In the Round 3 CFSR this item was at 78% strength. One question that drives this item is 4C: “Is the child’s current placement setting (or most recent placement if the child is no longer in foster care) stable?” Indiana is at a strength in 93% of cases reviewed in the PMR.

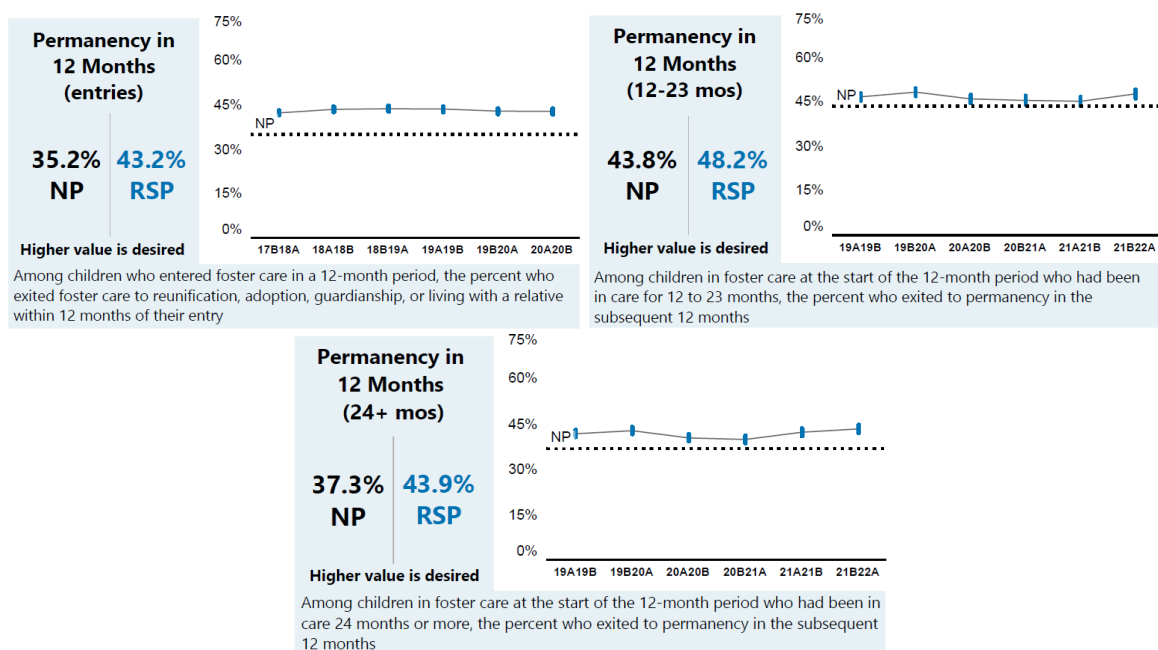
Table 7: OSRI Permanency Outcome 1, Item 4: Stability of Foster Care Placement

OSRI Item	Item Description	CFSR Performance (2016)	Item 4 PIP Completion (Spring 2020)	PMR (CY 2021-2022)
Item 4	Stability of Foster Care Placement	78% (31/40)	90% (38/42)	84% (467/557)
Question 4C	Is the child’s current placement setting stable?	90% (36/40)	91% (38/42)	93% (509/548)

This item was a focus of data literacy and tracking initiatives as well as continuous improvement projects. Combined with item 7: placement with siblings, and item 10: relative placement, Lean improvement efforts have taken a critical look at how and with whom children are placed upon initial removal. The goal of “right place, right time” kept the focus on stability from the beginning of each removal episode.

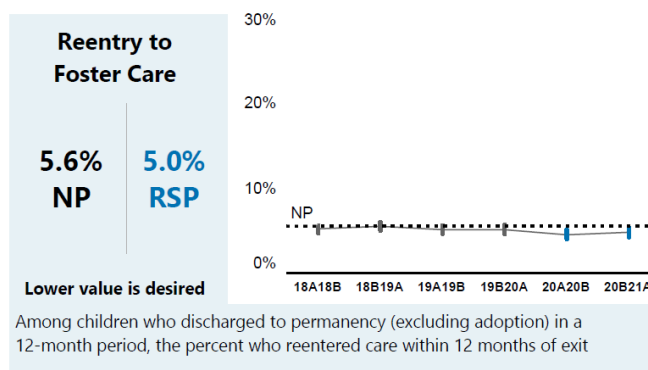
Another positive within Indiana’s practice was the focus on continually making concerted efforts to reach safe and sustainable permanency in a timely manner. The data profile showed national performance for Permanency in 12 Months was at 35.2% for entries, 43.8% for 12-23 months and 37.3% for 24+ months. The RSP is displayed below and all observed performance for Indiana, per the August 2022 data profile, was above 45%.

Figure 6: August 2022 Data Profile Permanency in 12 Months



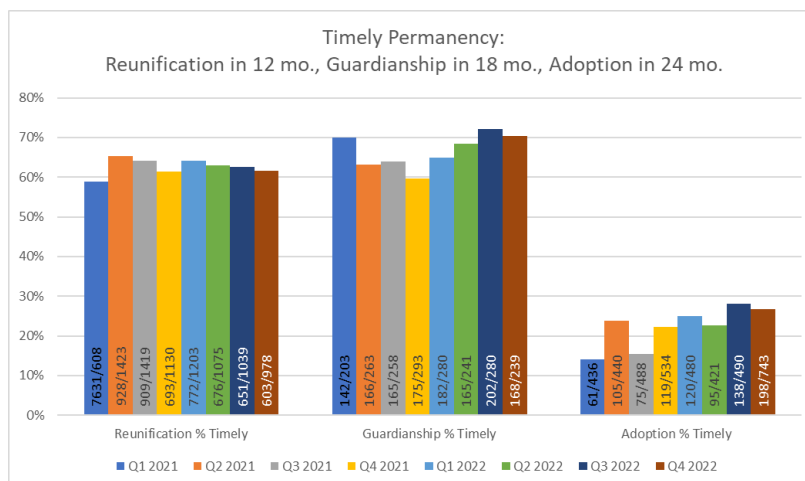
For children who achieved permanency, the Re-entry to Foster Care data indicator looks at those who reentered care within 12 months of exit. Indiana's observed performance, 4.8%, is consistently better than national performance, 5.6%, and the RSP is consistent with, or better than, national performance at 5.0%.

Figure 7: August 2022 Data Profile Re-entry to Foster Care



To highlight trends and track within regions, the Tableau permanency dashboard shows percentages of children reaching permanency in 12, 18 and 24 months in addition to the “Court Hearing Outcomes” report generated by the agency’s case management system. Across CHINS, children with permanency plans of reunification or guardianship reach permanency within a timely manner 60-70% of the time. Adoption within 24 months is trending up, reaching 27% timely in quarter 4 of 2022.

Figure 8: Timely Permanency by Goal



Item 5 looks at establishing appropriate permanency goals in a timely manner and taking the necessary steps with TPR as needed. This was a strength in 73% of cases in the 2021-2022 PMR and 60% in the Round 3 CFSR. Ensuring the right plan was in place for each child influenced the next item, achieving the permanency goal.

Achieving permanency, item 6 of the OSRI, increased from the Round 3 CFSR at 53% strength to 62% strength at the end of the 2021-2022 PMR. Similarly, question 6B: “During the PUR, did the agency and court make concerted efforts to achieve permanency in a timely manner?” was 54% strength in Round 3 CFSR and 61% strength in the PMR.

Table 8: OSRI Permanency Outcome 1, Items 5 and 6: Permanency Goal for Child and Achieving Permanency

OSRI Items	Item Description	CFSR Performance (2016)	PIP Completion (Spring 2020) ¹⁴	PMR (CY 2021-2022)
Item 5	Permanency Goal for Child	60% (24/40)	83% (35/42)	73% (404/557)
Question 5F	Did the agency file or join a TPR petition before the PUR or in a timely manner during the PUR?	52% (11/21)	75% (18/24)	85% (257/302)
Item 6	Achieving Reunification, Guardianship, Adoption, or APPLA	53% (21/40)	61% (25/41)	62% (343/557)
Question 6B	During the PUR, did the agency and court make concerted efforts to achieve permanency in a timely manner?	54% (21/39)	61% (25/41)	61% (335/550)

Part of achieving timely permanency is filing TPR in a timely manner. In 2019, an improvement event focused on identifying cases reaching 15/22 to ensure TPR is filed. As noted in Statewide Assessment Item 23: Timely TPR Filing¹⁵, quarter 3 of 2019 was the beginning of a trend of marked improvement with timely TPR filings occurring in 95% of cases in calendar years 2021 and 2022. In the PMR, TPR was filed timely, or before the period under review, in 85% of applicable cases.

The Indiana Office of Court Services collects court performance measures on all qualifying CHINS and TPR cases, reported quarterly. In line with the 85% strength seen in the 2021-2022 PMR, court performance measures saw a decreasing median time, at 488 days for federal fiscal year 2022, from filing the original CHINS petition to the filing of the TPR petition and an increase to 50% of cases with TPR filed within 12 months of disposition.

Table 9: Court Performance Measures for Questions Related to TPR in FFY 2018-2022

Measure	FFY 2018	FFY2019	FFY2020	FFY2021*	FFY2022**
Reporting Period:	10/1/17-9/30/18	10/1/18-9/30/19	10/1/19-9/30/20	10/1/20-9/30/21	10/1/21-9/30/22
4H Time to Termination of Parental Rights (TPR) Petition (median time from filing of the original CHINS petition to the filing of the TPR petition)	520 (N=2644)	524.5 (N=3326)	547 (N=2801)	505 (N=2002)	488 (N=2383)
4K Time from Disposition Hearing to Termination of Parental Rights (percentage of cases in which TPR is filed within 12 months of disposition)	40%	39%	43%	40%	50%
<i>Sample reflects wardships terminated during the listed federal fiscal year reporting period.</i> <i>*Marion County data is incomplete for 2021 due to transition from Quest to Odyssey on 1/25/21</i> <i>**Steuben and Crawford County data are incomplete as it was not submitted by the deadline.</i>					

Safety outcome 2 and well-being outcome 1 address the assessment and services provided to families to determine and meet their needs. The combination of identifying underlying need, matching needs with targeted services, and innovations in Indiana's service array are helping families successfully live independent of the agency.

¹⁴ OSRI Item 5 was completed in Spring 2020 and OSRI Item 6 was completed in Fall 2019 as part of Indiana's PIP.

¹⁵ [SWA Item 23: Timely TPR Filing](#)

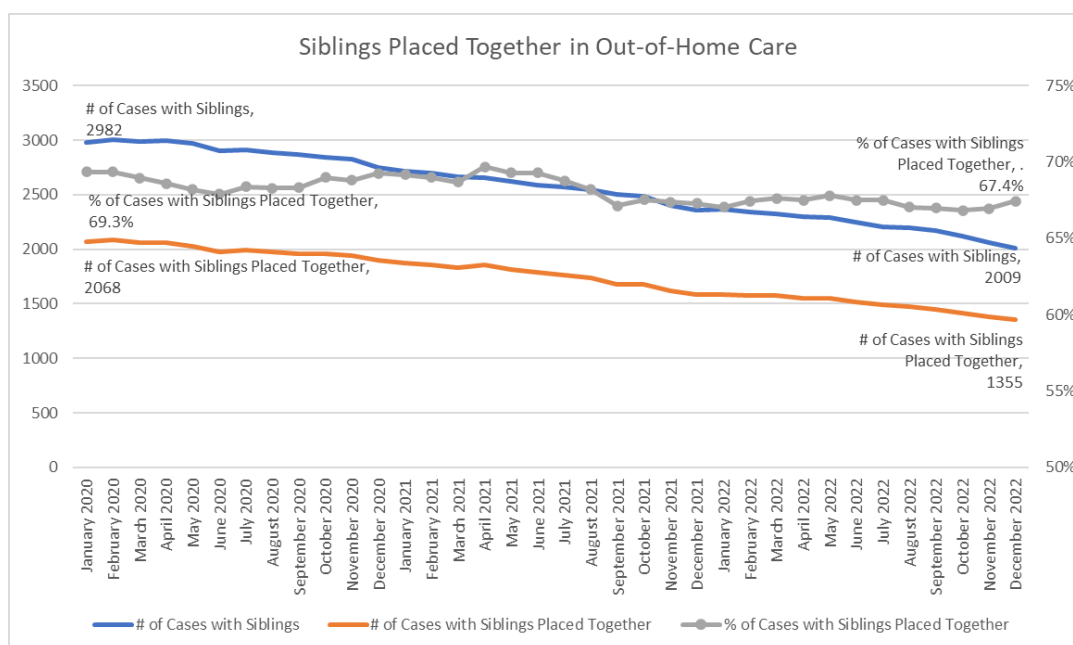
Additionally, resources targeted at relatives and those identified as informal supports ensure a natural team for children and families to rely upon.

Permanency Outcome 2: The Continuity of Family Relationships and Connections is Preserved For Children

Placement with siblings and the use of relatives for out-of-home placement have been successful for Indiana. While not at the 95% strength threshold, Indiana’s focus on keeping families together whenever possible has continued through permanency outcome 2.

Statewide, Indiana is placing siblings together in out-of-home care 68% of the time in calendar years 2020, 2021 and 2022, per the “PI Sibling Placement Report” generated by the agency’s case management system. The number of siblings sets in care has decreased but the percentage placed together has remained consistent.

Figure 9: Sibling Placement in Out-of-Home Care 2020-2022 (MaGIK Reports)



This administrative data report does not take into consideration the size of the sibling set or any other reasons it may not have been appropriate to place siblings together. The OSRI and PMR consider situations where it may not be possible to place siblings together. In Round 3 CFSR, item 7, placement of siblings was 78% strength and 2021-2022 PMR was 92% strength.

Table 10: OSRI Permanency Outcome 2, Items 7 and 8: Placement with Siblings and Visitation with Parents and Siblings

OSRI Items	Item Description	CFSR Performance (2016)	Not Rated as part of PIP	PMR (CY 2021-2022)
Item 7	Placement with Siblings	78% (21/27)	NR	92% (356/387)
Item 8	Visiting with Parents & Siblings in Foster Care	67% (22/33)	NR	57% (272/474)
Mother	Frequency of visits	83% (24/29)	NR	80% (329/410)
	Quality of visits	82% (23/28)	NR	88% (317/360)
Father	Frequency of visits	88% (14/16)	NR	62% (211/342)
	Quality of visits	93% (14/15)	NR	86% (198/230)
Siblings	Frequency of visits	56% (10/18)	NR	75% (160/212)
	Quality of visits	67% (10/15)	NR	85% (156/184)

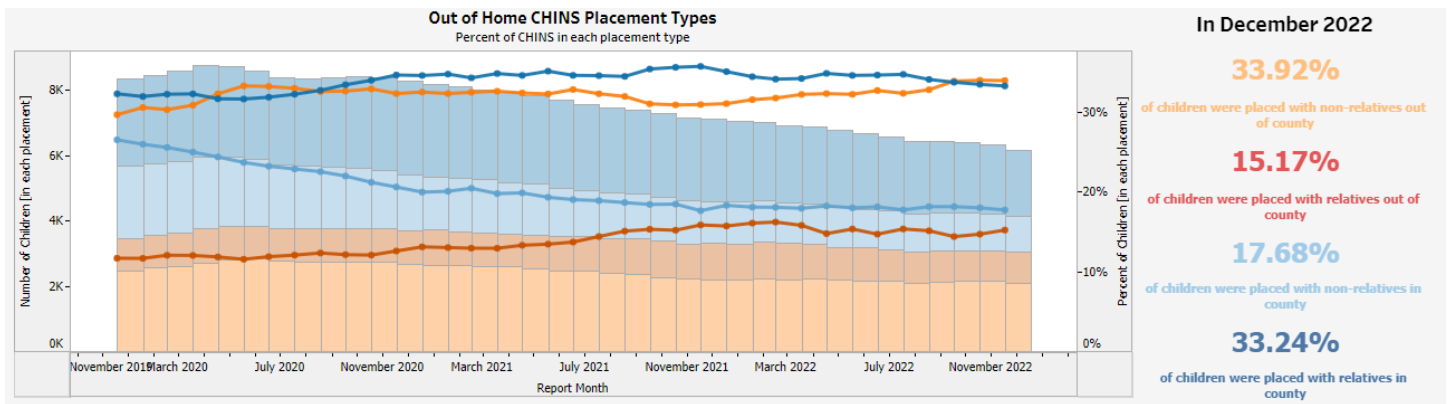
Item 8, visiting with parents and siblings in foster care, was at 67% strength in Round 3 CFSR but 57% in the 2021-2022 PMR. When siblings were in out-of-home care and not placed together, the frequency of visitation was a strength in 75% of cases. Of those visits, 85% were quality interactions. A noted opportunity within visitations is making concerted efforts to ensure visitation between children and fathers is sufficient to maintain or promote the continuity of their relationships. This was a strength in 88% of applicable cases in Round 3 CFSR and 62% of 2021-2022 PMR cases. Analysis of justifications from the PMR revealed numerous fathers' whereabouts were unknown and efforts were not made to locate them, there was a lack of attempts to engage with fathers regarding visitation, and fathers incarcerated and unable to visit with their children.

Items 9, 10, and 11 of the OSRI focus on preserving connections, placing with relatives whenever possible, and maintaining and strengthening the relationship between children in care and their parents. Indiana has maintained a consistent level of performance in these three items from the Round 3 CFSR to 2021-2022 PMR results.

Item 9 looks at how the agency helps children retain relationships with family, friends, tribes, communities, and others they identify as important. Indiana focused on improving children's connection with their communities. As part of CQI efforts in 2017 and 2018, regions began looking at where children were placed and how often they were placed in a different county from where they were removed. To maintain these children in their school of origin, special accommodations were required, when possible. Additionally, it was found that other connections, like religious groups and community ties to Boys and Girls Clubs and Girl or Boy Scouts, were lost when placed outside their home county. Improvement efforts resulted in tracking in- and out-of-county placement, development of regional on-call rotations, enhanced relative and kinship searches at initial removal, and foster parent recruitment efforts to bolster the number of licensed foster homes across the state. The "Out-of- Home CHINS Placement Types" looks at children who are with caregivers in or out of their county of removal when their plan is to reunify with their parent.

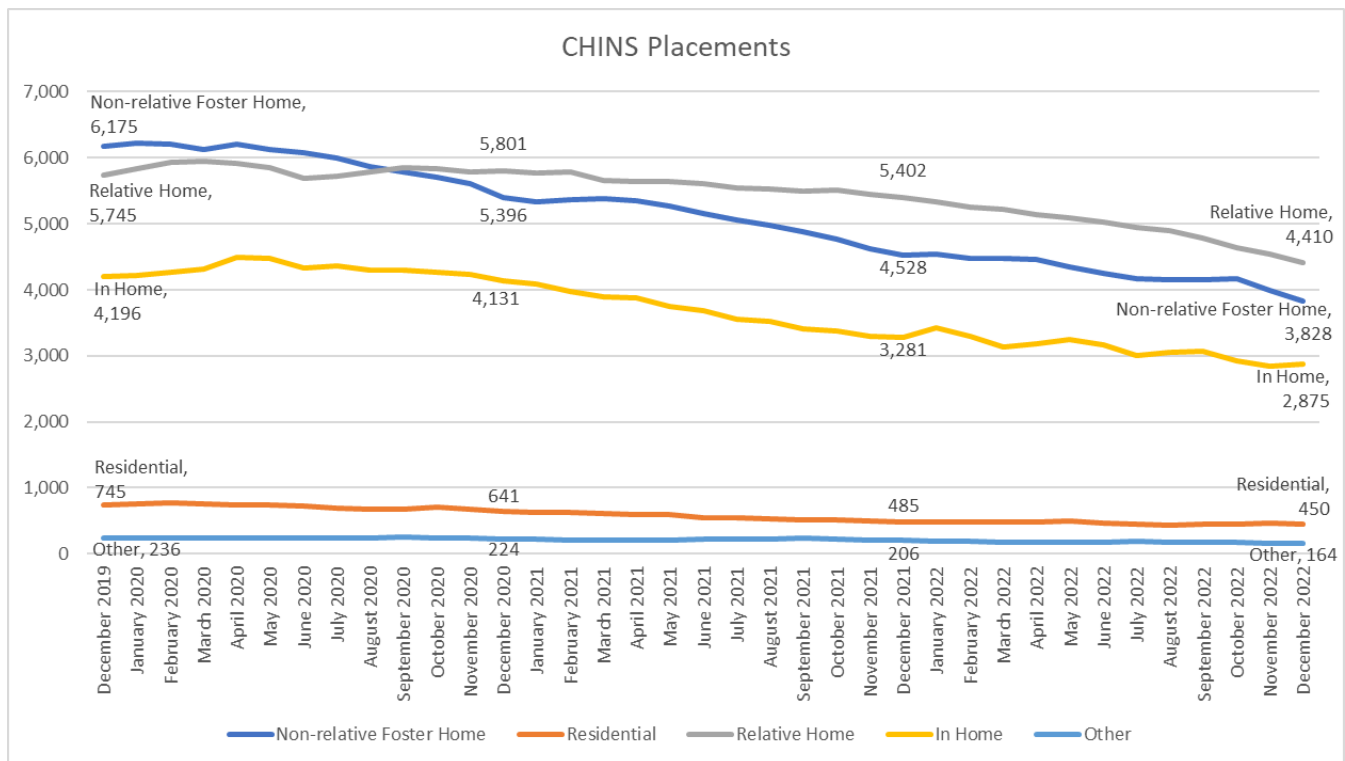
While the goal is to keep children with families whenever possible, maintaining relationships and connections via placement location is a metric being tracked across the state.

Figure 10: Out of Home Placement Type and Location



Additional administrative data, the “PI Chins Placement Report” gathered through the case management system, shows that in 2021 and 2022 more children were placed with relatives than in non-relative foster care. It should be noted that Indiana considers fictive kin as relatives for placement purposes.

Figure 11: Placement Type for All CHINS



While Indiana is reducing the use of foster homes and increasing the use of relative caregivers, the 2021-2022 PMR data notes an opportunity to explore all maternal and paternal relatives when looking for out-of-home caregivers.

Table 11: Permanency Outcome 2, Items 9, 10, 11: Preserving Connections, Relative Placement, and Relationship with Parents

OSRI Items	Item Description	CFSR Performance (2016)	Not Rated as part of PIP	PMR (CY 2021-2022)
Item 9	Preserving Connections	65% (26/40)	NR	68% ¹⁶ (25/37)
Item 10	Relative Placement	81% (30/37)	NR	74% (393/531)
Question 10B	Concerted efforts to identify, locate, inform, and evaluate maternal relatives as placement	81% (13/16)	NR	48% (105/218)
Question 10C	Concerted efforts to identify, locate, inform, and evaluate paternal relatives as placement	53% (8/15)	NR	39% (82/211)
Item 11	Relationship of Child in Care with Parents	65% (20/31)	NR	64% ¹⁷ (21/33)

Driving item 10 was concerted efforts to identify, locate, inform and evaluate relatives as potential placements. For maternal relatives this was a strength in 48% of applicable cases and 39% for paternal relatives. While identifying relatives is important for placement, it also helps preserve children's connections to extended family. Item 11, furthering the relationship between the child in care and the parents outside of visitation, went from a 63% strength in Round 3 CFSR to 64% strength in 2022. As noted in the well-being outcome, an opportunity exists around meaningful agency engagement with parents.

Results of Deeper Data Exploration for Priority Focus Areas

Utilizing data from Indiana's case management system, multiple regression analyses were run for each state fiscal year, 2019-2021, to explore differences between white and other races for permanency metrics. **Bold numbers** are significant and note a major difference between the specified race and white for that category.

Comparing the fiscal years, in SFY19, black children went from removals lasting approximately 93 days longer than white children to **no significant difference in SFY21**. For all years compared, **Asian children had longer average placement lengths than white children but also had fewer placements**. Overall, while differences between races may be decreasing over time, **in general minority children spend longer time in care, have longer removals, and are placed for longer periods of time on average than white children**.

In all three fiscal years, black and Hispanic/Latino children were less likely to reach permanency through adoption or guardianship but were more likely to be reunified or utilize APPLA than white children.

¹⁶ OSRI Item 9, preserving connections, was not rated as part of the 2021-2022 PMR as it was considered as part of the holistic assessing of children in PMR item 10. The 37 applicable cases were entered into OMS from April 2022 through October 2022 as preparation for state-led Round 4 CFSR. These cases are included in all PMR items.

¹⁷ OSRI Item 11, relationship of child in care with parents, was not rated as stand-alone questions in the 2021-2022 PMR but was captured as part of visitation. The 33 applicable cases were entered into the OMS from April 2022 through October 2022 as preparation for state-led Round 4 CFSR. These cases are included in all PMR items.

Table 12: SFY 2019-2021 Truncated Results of Case Related Regression Analyses--Outcomes by Racial Groups

SFY19						
Child Race Category (vs. White)	Length of Involvement (Days)	Length of Removal (Days)	Avg. Placement Length (Days)	Same County Placement	Kinship Placement	Placement Count
Black	107.964***	93.487***	36.269***	0.940***	-0.634***	0.042**
Hispanic/Latino	55.938***	51.770***	31.817***	0.350***	-0.465***	-0.027
Native Hawaiian or Pacific Islander	-86.402	-60.226	161.494	11.810	-1.052	0.633
Native American or Alaska Native	64.716	155.013	-90.436	-0.890	-0.726	-0.409
Asian	271.343**	323.808**	155.537*	0.409	-1.006**	-0.530***
Multiracial	62.419***	76.969***	34.207***	0.391***	-0.393***	0.053**
Constant	203.140***	161.349***	402.876***	-1.357***	-0.359***	1.534***
Observations	13,934	13,553	16,344	18,289	18,289	18,289
SFY20						
Black	83.475***	52.649***	28.027***	0.969***	-0.725***	0.013
Hispanic/Latino	79.527***	67.156***	30.133***	0.365***	-0.425***	-0.013
Native Hawaiian or Pacific Islander	0.852	14.783	120.383	0.468	1.421	0.081
Native American or Alaska Native	-48.291	-88.26	-152.239	1.027	-11.427	-0.589
Asian	268.696**	294.542*	180.311**	1.279***	-1.971***	-0.723***
Multiracial	42.207***	54.785***	25.941***	0.400***	-0.330***	0.055**
Constant	203.140***	161.349***	402.876***	-1.357***	-0.359***	1.534***
Observations	13,934	13,553	16,344	18,289	18,289	18,289
SFY21						
Black	62.857***	12.856	-0.62	1.001***	-0.762***	0.01
Hispanic/Latino	-0.485	-40.012	-16.175	0.490***	-0.383***	0.006
Native Hawaiian or Pacific Islander	-101.267	-124.569	-29.328	0.712	0.543	-0.201
Native American or Alaska Native	-394.743	-478.93	-100.806	0.231	0.026	-0.408
Asian	1,078.459***	1,202.421***	133.567*	1.324***	-1.878***	-0.741***
Multiracial	37.636**	33.192	2.137	0.349***	-0.311***	0.014
Constant	86.846**	119.344***	280.653***	-0.932***	-0.296**	1.468***
Observations	8,475	8,215	11,969	16,847	16,847	16,847
Note: *p<0.1; **p<0.05; ***p<0.01; Bolded numbers represent significant outcomes. All data to replicate this table come from INDCS administrative software. (1), (2), (3) Covariates included in the regression were: child race, child sex, child age at start, CHINS case, placement count, kinship placement, and same county placement. Covariates included in the regression were: child race, child sex, child age at start, CHINS case, placement count and kinship placement(4)/same county placement(5)/kinship and same county placement(6). (7) Covariates included in the regression were: child race, child sex, child age at start, placement count, kinship placement, and same county placement.						

Table 13: SFY 2019-2021 Truncated Results of Permanency Regression Analyses--Outcomes by Racial Group

SFY19						
Child Race Category (vs. White)	Adoption	Reunification	Guardianship	APPLA	Emancipation	Collaborative Care
Black	-0.246***	0.213***	-0.272***	0.274***	0.209	0.433
Hispanic/Latino	-0.194***	0.235***	-0.309***	0.234*	-0.116	0.605**
Multiracial	0.134***	-0.073	-0.177**	0.113	0.118	-0.375
Other	-0.469	0.508*	-0.97	-12.224	0.719	0.643
Constant	-0.141***	-0.062**	-2.537***	-3.706***	-9.384***	-10.489***
Observations	24,076	24,076	24,076	24,076	24,076	24,076
SFY20						
Black	-0.409***	0.369***	-0.262***	0.171	-0.094	0.389
Hispanic/Latino	-0.238***	0.261***	-0.233**	0.001	-0.267	0.764**
Multiracial	0.007	-0.031	0.006	0.149	-0.041	-0.172
Other	-0.398	0.132	0.306	-0.532	-0.027	-12.436
Constant	-0.224***	-0.012	-2.497***	-3.689***	-9.787***	-10.623***
Observations	19,941	19,941	19,941	19,941	19,941	19,941
SFY21						
Black	-0.459***	0.459***	-0.484***	0.283**	-0.521**	0.474
Hispanic/Latino	-0.285***	0.316***	-0.316***	0.164	-0.434	0.397
Multiracial	-0.063	0.065	0.036	-0.179	-0.371	-1.115
Other	-0.189	0.288	-0.128	-0.645	-0.442	-12.794
Constant	-0.403***	0.103***	-2.403***	-3.526***	-11.694***	-11.866***
Observations	15,742	15,742	15,742	15,742	15,742	15,742
Note: *p<0.1; **p<0.05; ***p<0.01; Numbers in parentheses indicate the standard error. Bolded numbers represent significant outcomes. All data to replicate this table come from INDCS administrative software. (1 – 7) Covariates for all analyses were as follows: child race, child sex, and child age at start of the case.						

Information Regarding CQI Change and Implementation Activities, As Applicable

Indiana has focused improvement efforts on placement, out-of-home caregivers, legal requirements, maintaining relationships for children in care, and visitation between children and their families.

The Out-of-Home VSA held numerous improvement events in 2021 and 2022 that impacted permanency. The improvement events ranged from hiring specialists to focus on adoption and recruiting and retention events, to Kinship Navigator Program enhancements, and embracing the co-care philosophy. As a result, there are specialists—adoption, kinship, foster care, etc.—in each region, the number of out-of-home placements in foster care has dropped below the number of relative care placements, financial assistance for out-of-home caregivers has been reimagined and expanded, and placement stability has increased.

While improvements have been made, the opportunity for refinements and additional tracking is apparent. As kinship teams are functioning, co-care is noted as a promising practice, and other initiatives roll-out across the state, collecting baseline data and demographic information will help the agency make decisions that work to minimize disparities. In 2023, the Out-of-Home VSA will continue to focus on relative care and how to best serve Indiana's families.

WELL-BEING

Well-Being Outcomes 1, 2, and 3

Well-being outcomes include: (A) families have enhanced capacity to provide for their children's needs; (B) children receive appropriate services to meet their educational needs; and (C) children receive adequate services to meet their physical and mental health needs.

Performance Data Highlights

Indiana observed positive outcomes in assessing children and foster parents and ensuring they receive appropriate support when needed. Assessing and addressing educational needs was notable.

- **Educational needs of the child was a strength in 86% of applicable cases in the 2021-2022 PMR**, up from the 74% strength in Round 3 CFSR in 2016
- Education Services referrals increased 85% from 2,777 in calendar year 2016 to 5,131 in calendar year 2022

Improvements were made on five of seven items in Well-Being Outcomes 1, 2, and 3 between the Round 3 CFSR and the 2021-2022 PMR. Needs and services, caseworker visits with parents, educational needs, physical health, and mental/behavioral health of the child have all improved.

- Assessing and meeting the needs of parents increased from 47% in Round 3 CFSR to 49% in the PMR
- The frequency and quality of caseworker visits with parents increased from 32% to 41% in Round 3 CFSR to PMR

While Indiana does not meet the 95% strength threshold required by the Round 4 CFSR for Well-Being Outcomes 1, 2, and 3, Indiana has improved on most well-being items, particularly in outcomes 2 and 3, and remains focused on identifying opportunities to better help families enhance their capacity to provide for their children's needs.

Methodology

This section is evaluated using quantitative data including descriptive statistics from the most recent, existing administrative data sources, and qualitative data obtained from interviews, surveys, and internal case reviews. A brief description of the most notable data used to evaluate this area is outlined below.

- Administrative Data Reports – Reports are generated by the statewide information system and visualized using Tableau dashboards
 - **PI Family Case Manager Contacts** shows the FCM contacts made with the child, with the child's family, and contacts made with both child and family during the reported month. The numerator is the number of children seen that month, or the number of children's families seen that month, or the number of children for whom both the child and family were seen that month. The denominator is the total number of children involved in an Informal Adjustment or CHINS case at the end of that month
 - **Engaging Parents** shows the number of children involved in CHINS or IA cases and the number of mothers, fathers, and resource parents seen for that month. The numerator is the number of children for whom the FCM had at least one face-to-face contact with a parent. The denominator is the total number of children with open CHINS or IA cases at the end of the report month minus the total number of deceased parents or parents with completed TPR.
 - **Education Referral Details** shows all children referred to the Educational Liaison team across a specified timeframe and the referral reason. The numerator is the number of the specific referral

reason that were submitted in calendar year 2022. The denominator is the total number of education referrals submitted in calendar year 2022

- **PPS EDU Referral Summary Report v4.0** breaks down the demographics of children for whom an education referral was submitted. Demographics include gender, race, Hispanic or Latino origin, age, grade, and special education needs.
- **Practice Model Review (PMR)** - The well-being outcomes in the PMR looked at a maximum of 742 cases. Cases were reviewed between January 13, 2021, and October 26, 2022. Well-being outcomes 2 and 3 were not required to be scored as part of Indiana’s PIP.
- **Disproportionality Findings** – The Research and Evaluation team conducted an analysis of disproportionality in Indiana’s child welfare system that was completed in 2019. Disparity metrics were utilized in conjunction with the “PPS EDU Referral Summary Report v4.0.”

Brief Analysis

Well-Being Outcome 1: Families Have Enhanced Capacity to Provide for their Children’s Needs

Well-Being Outcome 1 highlighted enhancement opportunities to better serve Indiana’s families. From the Round 3 CFSR to the 2021-2022 PMR, stable performance was observed in the meaningful engagement with families to ensure their needs are understood, provided support to match the needs, and teamwork utilized to move cases forward.

Item 12: Needs and Services of Child, Parents, and Foster Parents examines how needs are identified, what the needs are, and the match between needs and implemented services. Improvements were seen for each category, except with fathers, with the biggest change in foster parents—the Round 3 CFSR was at 56% strength and the 2021-2022 PMR was at 85% strength.

Table 14: OSRI Permanency Outcome 1, Item 12: Needs and Services of Child, Parents, and Foster Parents

OSRI Item	Item Description	CFSR Performance (2016)	Item 12 PIP Completion (Fall 2019)	PMR (CY 2021-2022)
Item 12	Needs and Services of Child, Parents, and Foster Parents	40% (26/65)	54% (36/67)	48% (354/742)
	In-Home Cases	48% (12/25)	50% (13/26)	53% (103/194)
	Out-of-Home Cases	35% (14/40)	56% (23/41)	46% (251/548)
Item 12A	Needs Assessment & Services to Children	83% (54/65)	90% (60/67)	87% (645/742)
	In-Home Cases	84% (21/25)	85% (22/26)	84% (162/194)
	Out-of-Home Cases	83% (33/40)	93% (38/41)	88% (483/548)
Item 12 B	Needs Assessment & Services to Parents	47% (27/57)	60% (37/62)	49% (310/638)
	In-Home Cases	52% (13/25)	54% (15/26)	58% (113/194)
	Out-of-Home Cases	44% (14/32)	64% (23/36)	44% (197/444)
	Mother	65% (36/55)	73% (44/60)	67% (412/613)
	Mother In-Home	72% (18/25)	76% (19/25)	77% (146/190)
	Mother Out-of-Home	60% (18/30)	71% (25/35)	63% (266/423)

	Father	55% (27/49)	56% (27/48)	47% (240/514)
	Father In-Home	58% (14/24)	45% (10/22)	52% (77/148)
	Father Out-of-Home	52% (13/25)	65% (17/26)	45% (163/366)
Item 12C	Needs Assessment & Services to Foster Parents	56% (20/36)	79% (30/38)	85% (438/518)

Needs assessment and services to children in the PMR was a strength for 88% out-of-home children and 84% of in-home cases. Performance as it relates to parents was the opposite with better needs assessment and services for in-home cases, at 58% strength in the PMR, than out-of-home cases, at 45% strength in the PMR. Family Preservation Services, as noted in SWA Item 29¹⁸, utilizes a team of providers from a single local agency to assess, monitor, and adjust based on evolving safety and service needs. This program is only available to in-home cases and has successfully led to more cases being closed out and a lower repeat maltreatment rate than the state average.

The information gathered through caseworker and provider assessing is used to plan and track the family's enhanced capacity to provide for their children's needs. Part of Indiana's Practice Model is teaming, completed through Child and Family Team (CFT) meetings that are designed to support child and family involvement in case planning. The parents, children (when developmentally appropriate), supports, providers, and other stakeholders, identified by the family, come together to help the family plan to meet their goals. The PMR found 94% of cases reviewed had CFT meetings and 85% of which resulted in the development of family centered action plans to guide the team in supporting the family's achievement of case goals.

Indiana has observed variation across time and case type with Item 13: Child and Family Involvement in Case Planning. This item was at 48% strength in the Round 3 CFSR and 48% strength in the 2021-2022 PMR. Similarly, in-home, and out-of-home cases for both reviews were at 48% strength. Indiana achieved 60% strength at the close of the PIP for round 3 but appears to have declined back down to pre-PIP scores. During the PIP, mothers, and fathers with out-of-home cases, 86% and 56% strengths respectively, were more involved in case planning than mothers and fathers with in-home cases, 80% and 45% strengths respectively.

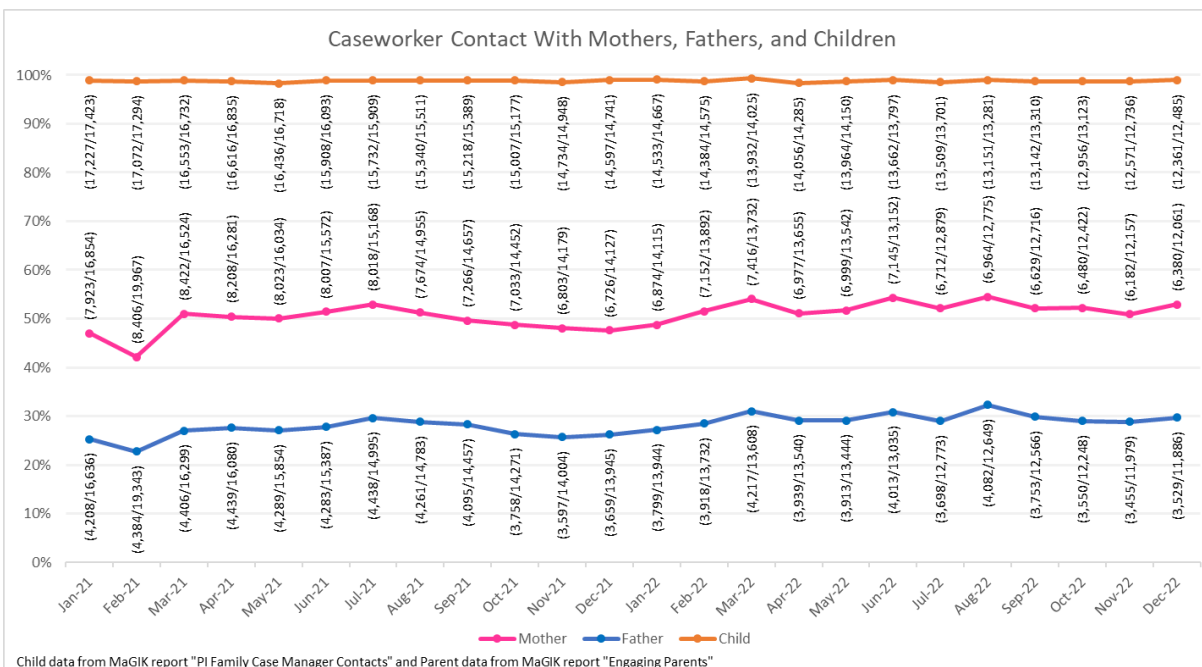
Table 15: OSRI Well-Being Outcome 1, Item 13: Child and Family Involvement in Case Planning

OSRI Item	Item Description	CFSR Performance (2016)	Item 13 PIP Completion (Fall 2019)	PMR (CY 2021-2022)
Item 13	Child and Family Involvement in Case Planning	48% (31/65)	60% (40/67)	48% (335/701)
	In-Home Cases	48% (12/25)	50% (13/26)	48% (94/194)
	Out-of-Home Cases	48% (19/40)	66% (27/41)	48% (241/507)
	Child	70% (28/40)	77% (37/48)	64% (279/436)
	Child In-Home	69% (11/16)	77% (17/22)	54% (72/133)
	Child Out-of-Home	71% (17/24)	77% (20/26)	68% (207/303)
	Mother	73% (40/55)	83% (50/60)	70% (429/612)
	Mother In-Home	80% (20/25)	80% (20/25)	80% (152/190)
	Mother Out-of-Home	67% (20/30)	86% (30/35)	66% (277/422)
	Father	57% (28/49)	51% (23/45)	51% (258/510)
	Father In-Home	63% (15/24)	45% (9/20)	61% (89/146)
	Father Out-of-Home	52% (13/25)	56% (14/25)	46% (169/364)

¹⁸ [Item 29: Array of Services](#)

Administrative data, utilizing the data reports “Engaging Parents” and “PI Family Case Manager Contacts,” shows 99% of children are seen monthly across calendar years 2021 and 2022. Mothers and fathers were each seen more often in 2022 than 2021. Average monthly contacts for mothers rose from 49 % to 52% and fathers rose from 27% to 30%. Neither the “Engaging Parents” report nor the “PI Family Case Manager Contacts” report included in-home/out-of-home status. An opportunity within agency data reports is to provide demographic information, such as placement, race, ethnicity, gender, and age, to provide a richer understanding of contributing factors.

Figure 12: Monthly FCM Contacts with Children and Parents



Caseworker visits with children, item 14, decreased from the Round 3 CFSR at 78% strength to 73% strength in the PMR. Administrative data has 99% of Indiana’s children seen each month and the PMR supports this frequency with 91% strength, but the PMR identified instances where more frequent contact was needed, specifically upon initiation of a trial home visit. Contacts were noted as quality in 75% of PMR cases. Analysis of justifications revealed barriers to quality contacts included not speaking alone during each visit and not discussing the case, needs, and permanency plan at an age-appropriate level.

Table 16: OSRI Well-Being Outcome 1, Items 14 and 15: Caseworker Visits with Child and Parents

OSRI Items	Item Description	CFSR Performance (2016)	Items 14 & 15 PIP Completion (Fall 2019)	PMR (CY 2021-2022)
Item 14	Caseworker Visits with Child	78% (51/65)	78% (52/67)	73% (539/742)
	In-Home Cases	72% (18/25)	73% (19/26)	65% (127/194)
	Out-of-Home Cases	83% (33/40)	80% (33/41)	75% (412/548)
Item 15	Caseworker Visits with Parents	32% (18/57)	47% (29/62)	41% (260/638)

In-Home Cases	36% (9/25)	38% (10/26)	51% (98/194)
Out-of-Home Cases	28% (9/32)	53% (19/36)	36% (162/444)
Mother	61% (33/54)	75% (44/59)	57% (347/612)
Mother In-Home	80% (20/25)	76% (19/25)	68% (130/190)
Mother Out-of-Home	45% (13/29)	74% (25/34)	51% (217/422)
Father	33% (16/48)	39% (18/46)	39% (200/510)
Father In-Home	42% (10/24)	33% (7/21)	48% (71/147)
Father Out-of-Home	25% (6/24)	44% (11/25)	36% (129/363)

Engagement of parents through caseworker contacts was overall better in the PMR, 41% strength, than Round 3 CFSR, 32% strength. A decline in performance following completion of the PIP was notable, particularly with parents in out-of-home cases. Mothers with out-of-home cases were a strength in 74% of PIP cases but only 51% of cases in the PMR. In-home cases, compared to out-of-home cases, had higher rates of quality contacts with mothers and fathers in both the Round 3 CFSR and PMR. There was a decline from 80% strength in the Round 3 CFSR to 68% strength in the PMR for mothers with in-home cases. Analysis of justifications in the PMR found numerous parents were not spoken to alone during each visit or not in a setting conducive to open and honest communication, discussing case updates but not covering progress in services and steps to reach permanency, use of texting and phone calls over in-person visits, minimal communication with incarcerated parents, and a lack of ongoing concerted efforts to locate parents.

Well-Being Outcome 2: Children Receive Appropriate Services to Meet their Educational Needs

DCS believes that children are more likely to be successful in school when planning for safety, stability, well-being, and permanency is fully integrated with the child's educational plan. Therefore, educational services are provided to children as part of the case plan to meet the child's educational goals and needs.

Meeting the educational needs of children was identified as a strength within well-being. Indiana utilizes a team of Education Consultants to ensure the educational needs of children in the agency's care are met and provide a seamless transition for students entering new and unfamiliar school environments. They assist with developing plans to identify and resolve a child's unmet educational needs such as participating with families, case staffing and planning sessions, and school conferences.

FCMs can submit a referral for a variety of educational needs ranging from early childhood issues to post-high school support. The most common referrals are ESSA/POC Enrollment¹⁹, Attendance Concerns, IEP/504 Plan Concerns, Academic Issues, and Behavior Issues. A referral for ESSA/POC Enrollment is required for all children that

Stakeholder Voice

"I have witnessed firsthand DCS Education Liaisons that were so powerful students graduated high school or they remained in school versus being home bound. [Liaisons] have even fought to have services brought into the school for individual students."

S.G. - Foster Parent and Tutor

¹⁹ In accordance with Every Student Succeeds Act (ESSA), DCS, the Indiana Department of Education (DOE), and local education agencies must identify State and Local Points of Contact (POC) to collaborate and determine the best educational interests of children in out-of-home care.

are placed in out-of-home care. The “Education Referral Details” report shows that ESSA/POC Enrollment was on 43% of referrals and IEP/504 Plan Concerns made up 11% of the referrals in 2022. Cases that rated an Area Needing Improvement in the PMR noted barriers surrounding IEPs—the agency unaware of implemented IEPs, confusion around the purpose, and the need for an evaluation for an IEP. This indicates an opportunity to share more information about Education Services referrals and how this can benefit students who have educational needs or are in out-of-home care.

PMRs in 2021 and 2022 show Indiana’s strong performance in assessing and providing for children’s educational needs, both in home and out of home. This item was rated as a strength in **81% of in-home cases** reviewed and **86% of out-of-home cases** reviewed. **Out-of-home cases performed slightly better than in-home cases**, which was a theme observed in CFSR Round 3 as well. Item 16 was not measured as part of Indiana’s PIP.

Figure 13: All Educational Services Referral Types CY 2022

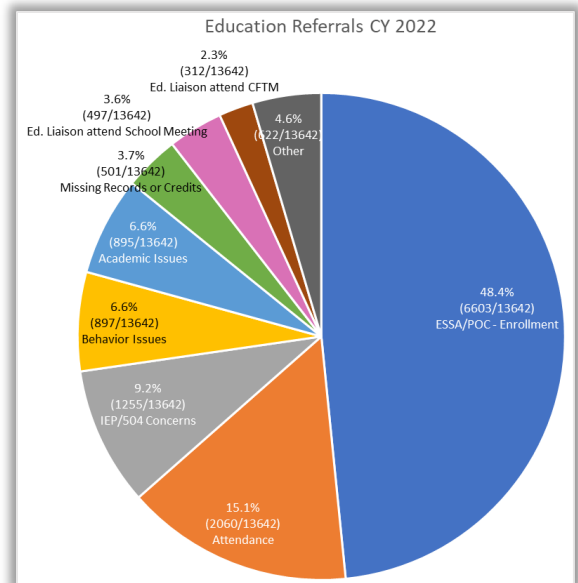


Table 17: Well-Being Outcome 2, Item 16: Educational Needs of the Child

OSRI Items	Item Description	CFSR Performance (2016)	PIP Completion (Not rated)	PMR (CY 2021-2022)
Item 16	Educational Needs of the Child	74% (26/35)	NR	86% (408/476)
	In-Home Cases	75% (3/4)	NR	81% (51/63)
	Out-of-Home Cases	74% (23/31)	NR	86% (357/413)

Well-Being Outcome 3: Children Receive Adequate Services to Meet their Physical and Mental Health Needs

Indiana made improvements in Well-Being Outcome 3, in both physical and mental health of the child. The Round 3 CFSR found items 17 and 18 to be a strength in 69% and 68%, respectively, of applicable cases. The PMR found physical health to be at 85% strength and mental health to be at 77% strength.

Table 18: Well-Being Outcome 3, Items 17 and 18: Physical and Mental/Behavioral Health of the Child

OSRI Items	Item Description	CFSR Performance (2016)	PIP Completion (Not rated)	PMR (CY 2021-2022)
Item 17	Physical Health of the Child	69% (31/45)	NR	85% (522/615)
	In-Home Cases	60% (3/5)	NR	82% (55/67)
	Out-of-Home Cases	70% (28/40)	NR	85% (467/548)
Item 18	Mental/Behavioral Health of the Child	68% (27/40)	NR	76% (354/463)

OSRI Items	Item Description	CFSR Performance (2016)	PIP Completion (Not rated)	PMR (CY 2021-2022)
	In-Home Cases	75% (12/16)	NR	72% (68/95)
	Out-of-Home Cases	63% (15/24)	NR	78% (286/368)

The creation of the foster parent portal, a dashboard linked to the agency's case tracking system, allows foster and relative caregivers to monitor children's needs and health appointments. Partnering with foster parents to understand their needs and ability to care for higher acuity youth has helped match children to caregivers who will advocate for them and ensure all their needs are met.

Results of Deeper Data Exploration for Priority Focus Areas

A disparity metric was calculated using the race and ethnicity of children who have been referred for education services relative to the race and ethnicity of all children in care, as noted in the "PPS EDU Referral Summary Report" and case tracking system. This metric shows that Multi-Racial (0.36), Black (0.78), and White (0.86) children are all underrepresented. Calculating a disparity index, Pacific Islander (2.55) and Asian (2.29) children are more than twice as likely to have an education services referral entered relative to White children, though this is likely impacted by the small sample size of these populations.

Figure 14: Disparity Metric and Disparity Index of Education Referrals in CY 2022

Education Referrals by Race/Ethnicity in CY 2022							
	Hispanic/Latino	American Indian	Asian	Black	Pacific Islander	White	Multi-Racial
2022	%	%	%	%	%	%	%
Statewide DCS	8.40%	0.50%	0.50%	27.10%	0.20%	81.60%	13.10%
Education Referrals	8.79%	0.48%	0.99%	21.19%	0.44%	70.48%	4.72%
Disparity Metric	1.05	0.96	1.98	0.78	2.20	0.86	0.36
Disparity Index (Relative to White Children)	1.21	1.11	2.29 ▲	0.91	2.55▲	-	0.42

Information Regarding CQI Change and Implementation Activities, As Applicable

Indiana continues to recognize Well-Being as an opportunity to focus improvement efforts. As part of the Round 3 PIP and ongoing practice evaluation, efforts have focused on the creation of Family Preservation Services for in-home cases, Family Recovery Courts, revitalization of the Indiana Practice Model, and on enhancing caseworkers' formal and informal assessing of children and families. Family Preservation Services are addressed in Item 29 and focused on providers stepping in quickly with in-home cases and continually assessing families and refining the services offered to ensure the right family was matched with the right services at the right time. The Practice Model was relaunched with a focus on engagement as a cornerstone of assessing and matching needs to services. Family Recovery Courts (FRCs) are spreading across the state and continue to bring multidisciplinary teams together around parents with substance use issues and cases of child abuse or neglect—12 FRCs were noted within the PMR – three in 2021 and nine in 2022. CAMI continues to expand their coaching program and will begin working with permanency supervisors in 2023. Multiple improvement events, as part of the Out-of-Home VSA, focused on foster and relative caregivers. Some of the improvements include the creation of a portal for foster parents to get updated information on the children in their care, restructuring the foster care division, a checklist for use during contacts, and a streamlined process for identifying and matching children to caregivers even during on-call and emergency placements.

SECTION IV – ASSESSMENT OF SYSTEMIC FACTORS

A. STATEWIDE INFORMATION SYSTEM

Item 19: Statewide Information System

Indiana assessed the state's performance on this systemic factor using the state's performance on Item 19. Indiana believes the state is **in substantial conformity** with the systemic factor of the Statewide Information System.

Summary Of State Performance

Item 19 is rated as a **strength**, as the Indiana Department of Child Services has a statewide information system that can readily identify the required attributes for all Children in Need of Services (CHINS) statewide. The accuracy of demographic information, placement locations, and child status is supported by layers of review/approval and system validation. Quality assurance activities, AFCARS error rates, and the CFSR Round 4 Data Profile confirm the reliability of the data. Indiana has an overall AFCARS element error rate of 0.56% in reporting period 22A, an improvement from measurements during the CFSR Round 3 timeframe (e.g., 1.04% overall in reporting period 17B 4/1/17-9/30/17).

Indiana's system has some opportunities for improvement. It can identify case plan goals for children in care, though is less reliable than other attributes for JD/JS youth due to manual data entry across multiple systems (INCite, KidTraks). Indiana's information system can identify diagnosed disabilities/medical conditions for children, but documentation in the system may be inconsistent or missing lieu of maintaining the required hard copy files. DCS has made improvements to address issues related to case plan goals and medical information. Additional improvements are underway as Indiana is in the process of developing a new CCWIS system.

Introduction and Background

In July 2012, DCS launched a statewide automated child welfare information system (SACWIS), the Management Gateway for Indiana's Kids (MaGIK). MaGIK is based on the core platform of Casebook, developed by Case Commons, a non-profit, private organization originally launched by the Annie E. Casey Foundation. The MaGIK system includes:

- Intake management
- Case management
- Foster care provider resource management and licensure
- IV-E eligibility determinations and re-determinations
- Court tracking
- Financial management
- Administration and quality assurance

MAGIK PROFILE SECTIONS

- Identity & Contact
- Locations
- History of Involvements
- Education
- Health Information (including disabilities, diagnoses, etc.)
- Family Network
- File Uploads
- Employment & Finances (eligibility)
- Background Checks
- License Training

- Federal reporting, including AFCARS²⁰, NCANDS²¹, Monthly Visitation, and NYTD²²

MaGIK Casebook includes functionality that allows DCS to readily identify the status, demographic characteristics, location, and goals for the placement of every child in foster care. DCS policy and practice guidance outline the requirements for gathering and verifying child/family information and the requisite timelines. Indiana DCS maintains electronic case files for all children in care in accordance with AFCARS regulations.²³

MaGIK Casebook supports the timely entry of data/case management information as it is a web-based system that is available to all users 24/7.²⁴ The system supports functionality across various devices and platforms, allowing staff to use portable devices (phones and tablets). In conjunction with oversight from local office management, MaGIK Casebook utilizes a combination of reports, dashboard/email reminders, and confirmation messages to encourage the entry of timely and accurate data in accordance with DCS Policy.

Methodology

This item is evaluated using descriptive statistics from existing administrative data sources and qualitative information obtained from interviews, surveys, and internal case reviews. A description of the data sources used to evaluate this item are outlined in the **Data Sources** section above and briefly referenced below:

- **Administrative Data Reports** – System-generated data were used to determine the number and status, demographic characteristics, placements, and permanency goals of all children in care. Report parameters will vary by the type of report used and may provide aggregate data, monthly snapshot data, or live data. Reports may not have consistent populations reported as some include all CHINS including IAs and JD/JS while other reports exclude certain case types. The parameters for the reports used are listed on each table.
- **Adoption and Foster Care Analysis and Reporting System (AFCARS) Error Progression Reports** – AFCARS reports provide a quantitative measure of data validity and reliability. The error progression report shows the effectiveness of clean-up efforts and the change in error rate over time.
- **Hotline Quality Assurance Reviews** – The quality service and assurance team review 400 Hotline calls each year (100 each quarter) using a 45-question quality assurance tool. Reviews assess the completeness/accuracy of the required information documented at Intake (i.e., demographic information). One limitation of this tool as a measure of data validity/reliability is the potential for the report source to be inaccurate or an unreliable source of information. The questions considered for this item include:
 1. Was child information sufficient?²⁵
 2. Were Native American demographics sufficient?
- **Reflective Practice Survey (RPS)** - The Reflective Practice Survey (RPS)²⁶ uses case record review and field observation to evaluate the practice skills of family case managers. Supervisors may observe the FCM during several activities (CFTM, home visit, supervised visit, court, or other meeting/contact) and interview case

²⁰ Adoption and Foster Care Analysis and Reporting System

²¹ National Child Abuse and Neglect Data System

²² National Youth in Transition Database

²³ See [45 CFR Part 1355.40](#)

²⁴ Excluding regularly scheduled maintenance that occur outside of core working hours to ensure minimal impact to operations.

²⁵ For an item to be considered “Sufficient” the Intake Specialist (FCM) must have asked for the information and adequately documented it in MaGIK.

²⁶ [2.18-Reflective-Practice-Survey-RPS.pdf \(in.gov\)](#)

participants about needs and case progression. For the purposes of assessing Item 19, the following questions from the **Reflective Practice Survey (Assessment and Permanency)**²⁷ questionnaire are considered:

1. In the last 90 days, has the FCM completed required documentation accurately and timely?
 - a. Case Plans
 - b. Eligibility Documents
 - c. Placements are up to date in electronic system
 - d. Medical information is up to date in electronic system

Key Findings

1. Indiana can reliably identify the status, demographic characteristic, placement location, and goals for every child who is or has been in foster care.
 - As of December 2022, Indiana’s population of children in care includes 11,727 Children in Need of Services (CHINS). Since December 2018, there has been an **approximate 40% reduction in CHINS**.
 - Children **ages 0-4 were represented at a higher rate (38%)** with 65.6% of children in care being under the age of 10. Of children in care, 51.2% were male and 48.8% were female.
 - As of October 2022, most children currently in Indiana’s care are white (81.6%), black (27.1%), and multiracial (13.1%). **Children of color are still overrepresented** in the child welfare system when adjusted for total population.
 - The system is less reliable at identifying updated case plan goals for probation youth as data entry is a manual process occurring across two systems.
 - Medical and disability information for children in care is unreliable and difficult to validate as documentation also occurs via hard copy from entities outside of the child welfare system.
 - Overall, the system has a high level of reliability for data and validating accuracy.

Analysis

Indiana’s Statewide Information System can identify the status, demographic characteristics, placement location, and goals for all Children in Need of Services (CHINS). A user could open the MaGIK profile (case record) for any participant and readily see key information. Indiana has several policies and practices to ensure the accuracy and reliability of the data in the statewide information system.

Data Quality and Accuracy

As the MaGIK Casebook system is the primary/integrated system of record across the state and data is shared with other partners, timely and accurate entry of information is critical. There are over 3,000 users inputting and interacting with data at various points. Indiana has a layered process for ensuring data is accurate and timely in the statewide information system from initial intake to case closure.

Indiana DCS’ Master Data Management and Data Integrity & Control teams conduct the following activities:

- Conduct data pulls to identify errors related to AFCARS federal reporting and work with field staff to help recognize and correct data entry errors and submit missing data (2x per year)
- Collect, clean up and submit an NCANDS Agency File annually, working with field staff to correct errors or submit missing data. (2x per year)
- Inform staff development in creation/maintenance of training around policy/procedure and best practices for data entry as needed

²⁷ See attachment 19.2, 19.25 for the full list of survey questions. The Permanency tool has a maximum of 67 questions. The Assessment RPS has a maximum of 55 questions.

- Instruct and assist field staff, including probation officers, with use of AFCARS reports in MaGIK to help staff identify and resolve data entry errors (as needed, in advance of data pulls)

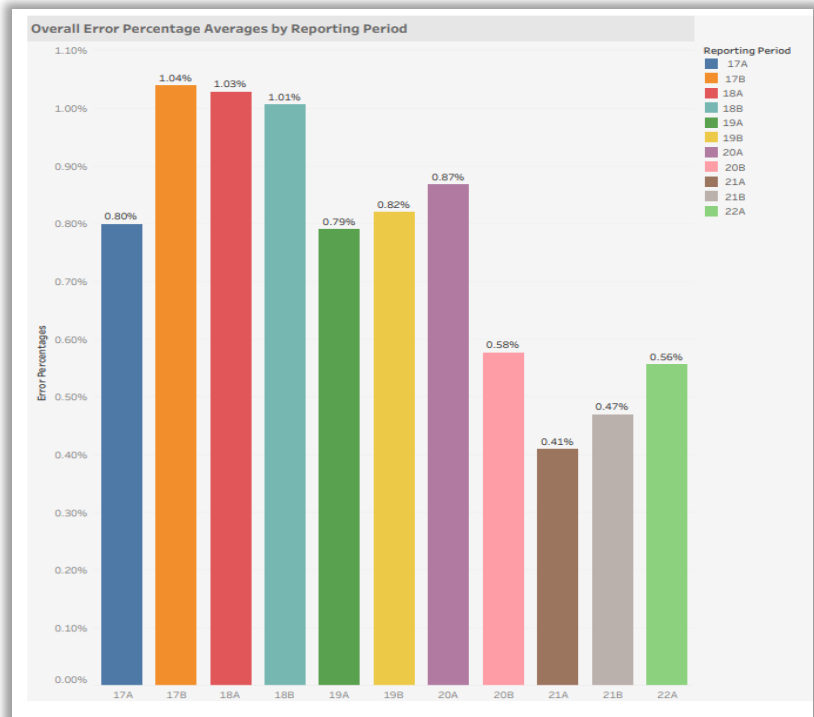
AFCARS

Indiana's AFCARS performance is strong and has continued to improve since the completion of Indiana's AFCARS Improvement Plan (AIP) on April 11, 2022. AFCARS data elements are monitored through error progression visualizations. The team will perform multiple extractions during a reporting period (A) and a subsequent correction period (B). The error rates may decrease across extractions due to changes in the population (as pulls are completed prior to the official end of the reporting period) or due to staff using the AFCARS checklist tool and revising errors in case data.

Indiana's overall error percentage for Foster Care (FC) data elements has been less than 0.65% in every reporting period from 17A-22B. Error percentages are generally higher on Adoption (AD) elements, though overall error percentage has been consistently under 2% since reporting period 17A and consistently under 1% since period 21A. An AFCARS pull is also completed for probation data elements and all elements are within acceptable range (<5%).²⁸

Image 1. AFCARS Overall Error Percentage Averages (FC and AD combined) Reporting Periods 17A-22A

17A: October 1st, 2016 – March 31st, 2017
 17B: April 1st, 2017 – September 30th, 2017
 18A: October 1st, 2017 – March 31st, 2018
 18B: April 1st, 2018 – September 30th, 2018
 19A: October 1st, 2018 – March 31st, 2019
 19B: April 1st, 2019 – September 30th, 2019
 20A: October 1st, 2019 – March 31st, 2020
 20B: April 1st, 2020 – September 30th, 2020
 21A: October 1st, 2020 – March 31st, 2021
 21B: April 1st, 2021 – September 30th, 2021
 22A: October 1st, 2021 – March 31st, 2022



²⁸ Attachments 19.4, 19.5, 19.6, 19.7, 19.8, 19.9 AFCARS Elements

CFSR Round 4 Data Profile

The CFSR Round 4 Data Profile²⁹ for Indiana is evidence of Indiana's data quality. Indiana reported a 0% error rate in nearly all quality areas in reporting periods 20A through 22A including date of birth, dates of entering/exiting care, removal date, and placement settings. Similarly, NCANDS Data Quality Checks highlighted no significant data quality issues across 2018-2022 reporting periods.

Child Status, Placement Location, and Demographic Information

Child Status and Placement Locations

As of report month December 2022, Indiana has **11,727 Children in Need of Services (CHINS)**.

- 2,875 (24.5%) children are in their own home
- 4,410 (37.6%) children are in care of a relative
- 3,828 (32.6%) children are in foster homes
- 450 (0.4%) children are in Residential Care

In addition to CHINS, Indiana DCS serves other families and youth populations. As of report month January 2023, this includes:

- 698 Collaborative Care Youth
- 590 JD/JS Youth in placement with 4,634 JD/JS youth receiving services in a 12-month period³⁰
- 1,886 children with Informal Adjustments³¹

Since December 2018, **there has been an approximate 40% reduction in children in care** (In-Home and Out-of-Home CHINS cases). Additionally, there has been a slight decrease in children placed in foster homes (-2%), likely due to an increase in children placed in relative homes (2%). (**Table 1**)

Accuracy & Reliability

System validations in Casebook prevent several data entry errors related to placement locations. AFCARS error reports support that Indiana accurately records data elements pertaining to removals and placement settings. In AFCARS reporting period 22B:

- **99% of files recorded removal dates** with >99.5% entered in the required timeframe³² (FC 21 and FC 22)
- 99.5% of files recorded the date of the current Foster Care Setting (FC 23)
- **99.7% of files recorded children's dates of exiting foster care** within the required timeframe. (FC 56 and FC 57)

The Reflective Practice Survey (RPS) asks if **placements are up to date** in the case file. In 2022 (Q1-Q3), FCMSs confirmed placements were up to date in **99.3% of applicable permanency surveys** (n=2,091) and 96.8% of applicable assessment surveys (n=367)³³. These rates were like those recorded in 2021 (see Tables 3 and 4 below).

SYSTEM VALIDATIONS

- Case close date cannot precede the end date of a removal episode and cannot be closed while there is an open removal unless there is another active case.
- Alerts when a removal episode has ended but the involvement type is still open
- Case cannot be submitted for approval to FCMS until a court outcome ending placement is entered.

QUALITY CHECK

- FCM must complete the [Central Eligibility Unit Title IV-E Initial Eligibility Checklist](#)¹ within 30 days of the child's removal and verify placement address.
- Following any removal, the **FCM is required to document the child's placement location in Casebook within 24 hours** and prepare a court report that includes the child's current placement information.

²⁹ Appendix I: CFSR R4 Data Profile

³⁰ Probation youth have access to the DCS service array.

³¹ An Informal Adjustment occurs when child abuse/neglect is substantiated but voluntary participation in services is most appropriate and coercive intervention of the court is not required. See Policy 5.9 [Informal Adjustment \(IA\)](#)

³² Prior to 10/2/22, all discharge dates must be entered within 60 days. After 10/2/22, this requirement is 30 days.

³³ Most assessment surveys do not involve children who are removed from the home, so this question is N/A.

Table 19. Total CHINS and Placement Locations - 5 Year Comparison of Report Month December (2018-2022)

Month of Report	Own Home		Relative Home		Foster Home		Total Residential Care		Other		Total CHINS ¹
	Count	%	Count	%	Count	%	Count	%	Count	%	Count (Denominator)
December 2022	2,875	24.5%	4,410	37.6%	3,828	32.6%	450	3.8%	164	1.4%	11,727
December 2021	3,281	23.6%	5,402	38.9%	4,528	32.6%	485	3.5%	206	1.5%	13,902
December 2020	4,131	25.5%	5,801	35.8%	5,396	33.3%	641	4.0%	224	1.4%	16,193
December 2019	4,196	24.5%	5,745	33.6%	6,175	36.1%	745	4.4%	236	1.4%	17,097
December 2018	4,877	24.8%	7,025	35.7%	6,761	34.4%	774	3.9%	229	1.2%	19,666

¹CHINS total does not include 3CM, Informal Adjustments, or JD/JS

Table 20. December 2022 Snapshot: Probation Youth (JD/JS) in Out-of-Home Placement Settings

Placement Types (Numerators)

Month of Report	Foster Home		Residential Resource		Placement Provider		Out-of-State Resource		Emergency Shelter		Total JD/JS Youth Removed from Home
	Count	%	Count	%	Count	%	Count	%	Count	%	Count (Denominator)
December 2022	7	1%	532	88	44	7%	77	13%	13	2%	603

Table 21. Assessment RPS Responses 2021-2022: Placements

Assessment RPS Responses: Placements are up to date in the electronic system				
	2021		2022*	
Response	Count	%	Count	%
No	7	1.6%	12	3.2%
Yes	435	98.4%	367	96.8%
Total Scored Observations	442		367	
*2022 Reflects Q1-Q3				

Table 22. Permanency RPS Responses 2021-2022: Placements

Permanency RPS Responses: Placements are up to date in the electronic system				
	2021		2022*	
Response	Count	%	Count	%
No	11	0.4%	15	0.6%
Yes	2689	99.6%	2076	99.3%
Total Scored Observations	2700		2091	
*2022 Reflects Q1-Q3				

Demographic Information (Age, Sex, Race, Ethnicity)

As of an October 2022 report of all children in care:

- **51.2% were male** and 48.8% were female
- Children **ages 0-4** were represented at a higher rate (38%)
- 65.6% of children in care are **under the age of 10**
- Most children currently in Indiana's care are **White (81.6%), Black (27.1%), and Multiracial (13.1%)**.

A 12-month report (January 2022-January 2023) of all probation youth shows:

- **69.3% were male** and 30.5% were female
- Youth **ages 15-17** were represented at the highest rate (87%)
- Most children in Indiana's probation system are **white (62.9%), Black or African American (23.7%), and Multiracial (10.3%)**

Based on the 2020 Census regarding children, Indiana's race and ethnicity makeup was 77.2% white, 9.6% black/African American, and 6.4% multi-racial with 91.8% of the population recorded as non-Hispanic.³⁴ As such, **children of color are still overrepresented in the child welfare system** when adjusted for total population.

Accuracy & Reliability

Indiana has multiple strategies to ensure that demographic information for children in care is accurate and reliable. Demographics, placement, and case plan information is gathered and verified at various points throughout a child's involvement.³⁵

Intake: Intake Specialists (IS) gather available demographic information about the child/victim and other participants. This is reviewed and approved by a Hotline and local office supervisor. Intake documentation is subject to the accuracy and reliability of the report source and the existing case file.

Assessment & Permanency: Prior to initiation, FCMs perform a search of child support records (i.e., Indiana Support Enforcement Tracking System [ISETS]) to verify initial demographic information. Throughout any assessment/case, there are additional points of information gathering and verification including court reports, eligibility files, updates at CFTMs, removals, and placement changes.

Reflective Practice Survey: *In the last 90 days, has the FCM completed required eligibility documentation accurately and timely?* In Q1-Q3 RPS observations, 93.3% (1359) of applicable permanency surveys (1456) responded that required eligibility paperwork was completed within 30 days of removal, indicating demographic information and placement information was accurate and up to date.

SYSTEM VALIDATIONS

- Victims require DOB or estimated age at Intake
- DOB cannot be a future date, and must be in correct format
- Victims in assessments require date of birth, ethnicity, gender, race, living arrangement, and child risk factors before a supervisor can approve the assessment.

QUALITY CHECK

Hotline QAR

Quality assurance reviews are performed by Hotline staff monthly (~1200 calls annually) and by DCS's Quality Service Assurance team quarterly (400 calls annually). For 2022 Q1-Q3 **99% of reports reviewed (286)** gathered and documented required demographic information appropriately.

AFCARS

FC 6: Child's Date of Birth and FC 7: Child's Sex have a **0% error rate** across all AFCARS reporting periods (17B-22B)

³⁴ 2020 US Census, www.census.gov

³⁵ See: [Policy 3.01](#) [Policy 4.01](#) [Policy 4.03](#) [Policy 5.02](#)

Table 23. Age and gender of children in care Statewide as of October 2022.]

Total Children (Denominator) ¹	Males		Females		Unknown Gender		0-4		5-9		10-13		14-18	
Count	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
14201	7276	51.2%	6925	48.8%	0	0.0%	5392	38.0%	3926	27.6%	2600	18.3%	2282	16.1%

¹This table includes In Home CHINS and children with a case type of Informal Adjustment (IA).

Table 24. Snapshot October 2022: Race/Ethnicity of Children in Care¹ by Age Group

October 2022	Total Children	Hispanic/Latino		Race Uncertainty		American Indian		Asian		Black		Pacific Islander		White		Multi-Racial	
	Count	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
Statewide	14201	1190	8.4%	41	0.3%	64	0.5%	75	0.5%	3846	27.1%	25	0.2%	11582	81.6%	1856	13.1%
Age_0_4	5392	386	7.2%	28	0.5%	15	0.3%	21	0.4%	1394	25.9%	5	0.1%	4476	83.0%	740	13.7%
Age_5_9	3926	315	8.0%	8	0.2%	17	0.4%	24	0.6%	1124	28.6%	9	0.2%	3183	81.1%	551	14.0%
Age_10_13	2600	259	10.0%	4	0.2%	18	0.7%	11	0.4%	740	28.5%	6	0.2%	2069	79.6%	312	12.0%
Age_14_18	2282	230	10.1%	1	0.0%	14	0.6%	19	0.8%	588	25.8%	5	0.2%	1853	81.2%	253	11.1%
Age_over_18	1	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%

¹ Children total includes In Home CHINS, Informal Adjustments (IA), but does not include Collaborative Care or JD/JS cases
² The data in this table is not exclusive per child as multiple race/ethnicities may have been selected. The "Race Uncertainty" column captures children where no race was indicated or able to be determined.

Table 25. Permanency RPS Responses 2021-2022: Eligibility Documents Completed and Accurate

Permanency RPS Responses: Eligibility Documents Completed Accurately and Timely				
	2021		2022	
Response (Numerator)	Count	%	Count	%
No	130	7.12%	97	6.66%
Yes	1697	92.88%	1359	93.34%
Scored Observations (Denominator)	1827		1456	
*2022 Reflects Q1-Q3				

Case Plan Goal

Of all CHINS cases active as of Nov 20, 2022:

- 69% had a case plan goal of reunification
- 25% had a case plan goal of adoption
- 3% had a case plan goal of legal guardianship or placement with a fit and willing relative
- <0.5% had a case plan goal of APPLA³⁶

Of the 10,181 active CHINS cases statewide, that were open for greater than 60 days as of Nov 20, 2022, **only 165 (1.6%) were missing a written case plan or had no case plan goal established.**

The system is less reliable at identifying case plan goals for probation youth. A MaGIK report identified 670 JD/JS youth with established case plan goals; however, 245 of these case plans were expired resulting in only 425 active case plans (out of 590 youth in placement). Of all JD/JS case plans,

- 92.7% had a case plan goal of reunification
- 5.2% had a case plan goal of APPLA
- 1.34% had a case plan goal of Placement with a fit and willing relative
- 0.75% had a case plan goal of Guardianship

Accuracy & Reliability

Administrative data reports are accessible to identify case plan goals for all children in care. Case plans are required by statute to be developed within 60 days of removal or disposition, whichever comes first, but are required by DCS policy to be completed within 45 days (see Item 20) for CHINS cases. Cases open fewer than 60 days may not have a case plan goal recorded. Some children in care are returned home or dismissed before a case plan goal is due.

Discussions with IT leadership noted that case plan goal entry was a focus of clean-up efforts in preparation for the new CCWIS system, but that the error rate has trended upwards again. A review of the AFCARS elements error rate over time confirms inconsistent performance since reporting period 20A (image 2). Discussions with field staff highlight that tracking timeliness and completion of case plans is a manual process and can vary across management as described in Item 20.

Following CFSR R3 and the subsequent PIP, reports were created in MaGIK/KidTraks to assist with the tracking of JD/JS cases. However, there are still inconsistencies in this data. Probation's system of record is INCite or Quest and documentation must be manually transferred into KidTraks, which contributes to missing or inconsistent records. DCS, Indiana Office of Court Services (IOCS) and local probation offices make use of inter-agency data sharing agreements and collaborate to manually verify case counts, placements, and goals.

SYSTEM VALIDATIONS

- Outcomes that end in a removal require a permanency outcome to be selected
- Case plans require start/expiration date focus child, permanency goal, and at least one caregiver for submission
- FCM receives dashboard alerts when a case plan is missing or is **expiring three weeks before expiration**
- FCM receives dashboard alerts about the next scheduled court hearing and when an outcome is overdue

QUALITY CHECK

AFCARS

FC 43: Most Recent Case Plan Goal has a reported **error rate of 1.85%** or 270 errors (22B)

LIMITATIONS

Cases that are open fewer than 60 days may never have a case plan recorded as one is not yet required.

³⁶ Emancipation as a result of Another Planned, Permanent Living Arrangement

Image 2- AFCARS FC Element Error % Over Time: Case Plan Goal (Most Recent) Reporting Period 17A-22A

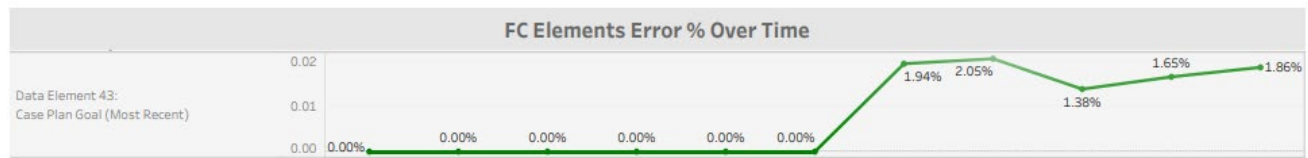


Table 26. Total CHINS by Case Plan Goal as of 11/20/22

Case Plan Goal	Total Children (CHINS)	% Children
Reunification	7307	69.2%
Adoption	2596	24.6%
No Goal Listed ²	276	2.6%
Legal Guardianship	270	2.6%
Placement with a Fit and Willing Relative	65	0.6%
Emancipation as a Result of a Planned, Permanent Living Arrangement	45	0.4%
Total	10559¹	

¹CHINS total does not include 3CM, Informal Adjustments, or JD/JS

²Cases open fewer than 60 days may not have a case plan or case plan goal established.

Table 27. Total JD/JS Youth by Case Plan Goal as of 1/10/23

Case Plan Goal	Count Youth (JD/JS) (Numerator)	% Youth
Reunification	621	92.69%
Another Permanent Planned Living Arrangement (APPLA)	35	5.22%
Placement with a fit and willing relative	9	1.34%
Guardianship	5	0.75%
Total Youth (Denominator)	670¹	

¹ Total may include expired case plans or closed cases not yet reflected in the MaGIK/Casebook record

Medical Conditions and Disabilities

Indiana recognizes this as an area of improvement. MaGIK Casebook allows case managers to record medical information in the child's profile, including any disabilities or medically diagnosed conditions. An administrative report exists to generate child-level data for all children in out-of-home placements (CHINS and collaborative care) with developmental disabilities or specific medical conditions requiring specialty care (daily and monthly). However, it depends on manual data entry that may require updates throughout a child's involvement, increasing the likelihood of errors/missing documentation.

Per the December 2022 report, 396 children in out-of-home care have at least one documented disability or medical condition recognized as requiring specialty care.

In September 2022, Indiana responded to a report from the U.S. Department of Health and Human Services Office of Inspector General (OIG) related to documentation of psychotropic and opioid medications for children in care. Discussions with field staff and observations during internal reviews uncovered that maintaining a hard copy and electronic version of the child's health information created duplicative work and caused confusion among staff.

Indiana adjusted policy and practice to support improved record-keeping and more frequent auditing of this area until the new CCWIS (I-KIDS) is completed. This includes:

- Multiple policy revisions
- New and updated trainings for new and experienced staff
- Updates to the Practice Model Review quality assurance protocol
- Legislative proposal drafted for 2023 to address inconsistencies between statute and policy

AFCARS error percentages are consistently 0% across all health and disability related foster care elements (FC 10-15). This means for children who have a disability indicated in the case file, DCS consistently documents at least one type of disability or condition 100% of the time, but **it cannot tell us how many**

children have disabilities or medical conditions that are not documented. Conversely, the error rates are higher on Adoption elements (AD 9-15) at 3.65% across all in reporting period 22A.

Reflective Practice Survey results suggest that in 2022, **93.2% of the applicable observations (2,341) had the child's medical information up to date and accurately recorded in MaGIK.** Discussions with field staff/leadership suggest this rate may not be accurate and could be impacted by those completing the survey (FCMSs) being equally unfamiliar with policy/best practice. Conclusions & Recommendations

Indiana assesses this item as a **Strength** overall.

The review of the information summarized in this item revealed **strengths** of the system:

- Indiana has well-defined policy and code outlining the requirements, responsibilities, procedures, and timelines for documenting child information and updating the case file.
- Indiana has teams dedicated to data quality and quality assurance. These teams perform monitoring and clean-up activities that have improved data quality and consistency overall as evidenced by AFCARS error rates and the CFSR R4 data profile.
- Indiana has an array of reports and dashboards making data pertaining to children in care readily accessible and encourages the use of data to guide practice/process improvements around data entry.
- As a result of Indiana's PIP, improvements were made to MaGIK reports including development of reports specific to JD/JS youth. With this, probation staff were given the ability to enter hearing information into KidTraks.
- The statewide information system is user friendly, available 24/7, and accessible via mobile phone and tablet devices issued to staff.

The review also **identified opportunities for improvement:**

- Discussions with staff across multiple continuous improvement events note an excess of duplication in FCM and Probation documentation. With caseload and staff turnover, FCMs often feel unable to keep up

QUALITY CHECK

Relevant AFCARS Data Elements

FC 10: Child's Disability
FC 11: Mental Retardation
FC 12: Visually or Hearing Impaired
FC 13: Physically Disabled (Child)
FC 14: Emotionally Disturbed
FC 15: Other Medically Diagnosed Condition Requiring Special Care
AD 9: Has IV-E Agency determined child has special needs?
AD 10: Primary Factor or Condition for Special Needs
AD 11: Type of Disability – Mental Retardation
AD 12: Type of Disability – Visually or hearing Impaired
AD 13: Physically Disabled (Child)
AD 14: Emotionally Disturbed
AD 15: Other Medically Diagnosed Condition Requiring Special Care

with best practices for documentation. Additionally, high turnover results in a less-experienced workforce who may be less knowledgeable and have more errors in documentation (See section II for context).

- While probation staff now have more access to enter documentation (KidTraks), there is still not a single system/infrastructure to produce a report for all involved parties (DCS, Probation, IOCS) to use. Data is still entered in multiple systems, tracked manually, and these groups collaborate to validate it.
- Medical and disability documentation for children in care is often outdated, inaccurate, or missing in part due to confusion caused by duplicate documentation.

Indiana has several improvements underway as a new CCWIS is currently in development. Some **recommendations** from this review include:

- Continue to update statute, policy, and training to eliminate duplicate documentation and improve data entry accuracy.
- Enhance quality assurance reviews (PMR, RPS) to include more specific data validation questions.
- Review CFSR R4 results with IT and MaGIK development staff to ensure new CCWIS is addressing past and present concerns

B. CASE REVIEW SYSTEM

Indiana assessed the state's performance on this systemic factor using the state's performance on Items 20, 21, 22, 23, and 24. Indiana believes the state is **not in substantial conformity** with the systemic factor of Case Review System. Two of the five items in this systemic factor were rated as a strength.

Item 20: Written Case Plan

Summary of State Performance

Indiana asserts that Item 20 is rated as an **area needing improvement**. Indiana can demonstrate that written case plans are completed for applicable youth consistently, but the state does not consistently and authentically engage families in the case-planning process. Of the 10,181 active CHINS cases that were open for greater than 60 days statewide as of Nov 20, 2022, **only 165 (1.6%) were missing a written case plan** in the statewide information system. Additionally, **92% were completed in the required timeframe (<45 days)**. Indiana has a strong Practice Model that emphasizes teaming and engaging with families to plan for case progression and data supports that case managers are conducting Child and Family Team Meeting regularly. However, internal case reviews, which include interviews with children, parents/caregivers, and stakeholders, scored **only 47% of cases a strength on Item 13 "Involvement in Case Planning"**. This is roughly the same score obtained in CFSR R3. PMR data suggests that this score is driven by **a lack of engagement with Fathers** who were involved in development of the case plan in **only 50.4% of applicable cases** reviewed (511).

Introduction and Background

The Adoption Assistance and Child Welfare Act (P.L. 96-272) requires the development of a written Case Plan/Prevention Plan for any child receiving foster care maintenance payments, including Juvenile Delinquent/Juvenile Status (JD/JS) cases for whom DCS is responsible for the cost of placement/services.

Developed for Every Child in a Specific Time Period

DCS Policy **5.8 - Developing a Case Plan** requires that the Indiana Department of Child Services will have an approved Case Plan/Prevention Plan for in the case management system within 45 days of removal or disposition, whichever comes first, for the following:

1. Each child who has been adjudicated a Child in Need of Services (CHINS);
2. All children with an open case type; and
3. All children who are at imminent risk of removal.

DCS will ensure the Case Plan/Prevention Plan is updated **at least every 180 days from the effective date of the previous plan**. The Case Plan/Prevention Plan should be updated anytime there is a significant change in the child and/or family needs.

To assist with timely entry of Case Plans, workers receive dashboard notifications from MaGIK when a Case Plan is missing, expiring, or overdue. Additionally, supervisors may view their employee's dashboards to see any overdue/coming due items. **The local office**

JD/JS CASE PLANS

The DCS policy requiring case plan development within 45 days does not apply to JD/JS cases.

JD/JS case plans are entered in line with the 60-day statute and federal requirement

Indiana DCS's Juvenile Justice Initiatives Division outlines similar requirements and timelines for case plans specific to JD/JS youth in out-of-home placements in the [Probation Services Manual](#) [Probation Standards](#)

management team is responsible for monitoring timeliness/completion of case plans and may view specific reports to address any outstanding items with their staff:

1. Child Data Summary Report: This report includes the involvement date and the case plan start date for all children with active cases. CHINS Case Plan Overdue or Coming Due Report: Allows staff to track case plans that are coming due or overdue as of the report date.
2. Probation/Probation Case Plan Activity Reports: This report pulls the due dates for case plans for all youth with an active Out-of-Home probation case.

Includes Required Elements

Case Plan/Prevention Plans are developed to identify, unify, and monitor the activities and services children and families need to achieve successful outcomes. Case plans address the child and family information/history, the Child and Family Team members, Safety, Placement, Permanency, Goals/Services, Health, Education, and Transition plans.

The Case Plan/Prevention Plan form (SF 2956) is available in the Statewide Information System (MaGIK/Casebook) and includes all state and federally required elements. (Attachment 20.2)³⁷

Developed Jointly

DCS emphasizes the **importance of developing this plan jointly with parents, children**, and the Child and Family Team (CFT) to develop a **purposeful and achievable plan** that addresses the child's safety, permanency, well-being, educational needs, and any cultural considerations.³⁸

DCS' Practice Model is grounded in the principle that **families should be primary decision makers for their future**. As such, the Family Team Meetings (CFTMs) are used to create plans for assessment, safety, service delivery, and permanency. These CFT's are primarily used by DCS rather than Probation. These meetings engage with the family and their supports to **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**. Probation primarily uses their Probation Standards to develop the case plan jointly.³⁹

PLAN CONTENTS

Visitation Plan
Medical Information
Education Information
Permanency Plan
Child/Parent Status
Safety Plan
Plan of Safe Care
CFTM Notes
Other Plans as Applicable in Policy 5.08

EXCEPTIONS

- DCS will not involve the parent in the case planning process if parental rights have been terminated or if the parent has not been located after diligent efforts.
- If a family chooses not to participate in the CFTM process, a Case Plan Conference is held to develop the Case Plan.

QUALITY CHECK

FCMS review plans in clinical supervision and before court hearings to ensure:

- Appropriateness of goals
- Accuracy of plan
- Includes all elements including a safety plan
- Timeliness of completion
- Uploaded into statewide information system

³⁷ Attachment 20.2 SF 2956

³⁸ Policy 5.8 - [Developing the Case Plan](#)

³⁹ [Probation Standards](#)

Each Case Plan includes an area to indicate parent involvement in the CFTM/planning process and their agreement/disagreement with the plan. Parents are required to sign the Case Plan as acknowledgement (See SF 2956, Section 10).

FCMs receive initial/new hire training on developing case plans and conducting quality CFTMs. Existing staff receive experienced worker trainings, computer assisted trainings (CATs), and ongoing support from Peer Coach Consultants (PCC)⁴⁰ to aid in developing, maintaining, and mastering the skills used in CFTMs.⁴¹

Methodology

This item is evaluated using descriptive statistics from existing administrative data sources and qualitative information obtained from interviews, surveys, and internal case reviews. A description of the data sources used to evaluate this item are outlined in the **Data Sources** section above and briefly referenced below:

Administrative Data Reports – Reports were used to determine the number of children in care (CHINS), the number of CHINS or Probation (JD/JS) youth with a case plan, and the timeliness of the case plan. The number of Child and Family Team Meetings held quarterly are used to demonstrate the ongoing participation/engagement of parents/children/teams in case planning. The populations and timeframes are listed on each table. **Limitations:** Data reports are subject to data entry errors or delays in data entry.

Practice Model Review (PMR) – Case plan development is captured in Indiana’s internal case reviews across several items (2, 4-6, 14-15). Scores on these items incorporate feedback from key case participants (including child and family) obtained via interviews. In the two-year PMR cycle (1/14/21 to 10/27/22), 742 cases were reviewed with the assistance of agency stakeholders.

Key Findings

1. Case records and interviews with families and stakeholders confirm **permanency goals/plans are consistently determined and documented for every applicable child in care within the required 45-60 days** but families **are not consistently, authentically involved** in joint development of the plan.
2. Practice Model Review (PMR) data continues to show a significantly lower rate of FCMs engaging with fathers than other caregivers.
3. There is no consistent process for monitoring the timely completion of Case Plans. It is a manual process conducted by local office management, Family Case Managers, and Probation Officers which varies across the state.

Analysis

Case Plan Goal Documented and Timely

Indiana consistently enters case plans for children in care within the required timeframe as supported by administrative data.

⁴⁰ Peer Coach Consultants are “Practice Experts” in that have mastered the Practice Model skills, Peer Coaching, and other pertinent skills needed for sustainability of the Practice Model. PCCs embody DCS’ desired best practice which is transferred to staff throughout the DCS. PCCs ensure that consistency and fidelity to the DCS Practice Model is maintained.

⁴¹ Policy 5.07 – [Child and Family Team \(CFT\) Meetings](#)

- A snapshot report showed that of the 10,181 active CHINS cases that were open for greater than 60 days statewide as of November 20, 2022, **only 165 (1.6%) were missing a written case plan** in the statewide information system. Additionally, only 815 case plans (8.0%) were overdue. Of the 815 overdue case plans, 146 or 17.9% of these were entered and pending supervisor approval.
- Currently, there is no systemic report that shows average time to case plan completion, though Indiana believes this is possible with the data in the statewide information system. This report is needed to observe performance over time. PMR results report a lower rate of timely completion than monthly snapshot reports suggest.

In CFSR R3 there were concerns about DCS' probation managed cases. Following the PIP, probation staff were given access to enter documentation in the KidTraks interface. Additionally, data reports were created in MaGIK/KidTraks to assist with the monitoring of JD/JS cases. However, DCS and court staff highlighted that processes around Dual Status (CHINS and JD/JS) youth may require duplicate data entry. Additionally, documentation occurs across multiple systems which can result in incomplete or outdated data, like case plan dates, in the JD/JS record. DCS, local probation staff, and IOCS collaborate to manually reconcile records to ensure accuracy.

- A December 2022 snapshot report identified 673 JD/JS youth in out-of-home placements. A snapshot of probation case activity as of 1/10/23 identified 670 JD/JS youth with established case plan goals, though reliability of this report is in question due to data entry methods.

Timely and appropriate establishment of the case plan goal is assessed in Indiana's Practice Model Reviews (PMR) via a review of the case file and interviews with DCS staff, parents/caregivers, children (when appropriate), resource parents, providers, and other key case participants. These cases are also captured using the CFSR Onsite Review Instrument (OSRI). Results for the 2021-2022 measurement period⁴² determined that **72% (403)** of applicable cases (N=556) were **scored as a strength** on OSRI Item 5 – **Permanency Goal for Child**⁴³. This is broken down in Indiana's PMR. Of 547 applicable cases:

- 98% (537) had the permanency goal specified in the case file
- 89% (485) determined the goals were appropriate
- 82% (450) had the permanency goal established timely⁴⁴

Case records and interviews with families and key stakeholders confirm **permanency goals/plans are consistently established for every applicable child in care and generally within the required 45-60 days.**

Local Practices

Discussions with field staff highlight that tracking timeliness and completion of case plans is a manual process and can vary across management. This doesn't appear to negatively impact completion/timely completion rates, though, as most regions have similar rates of missing or overdue case plans.

Regions 15 (6%) and 9 (5%) had the highest rate of missing case plans as of 11/20/22. Regions 3, 11, 15, 17, and 18 stand out as **their rate of overdue case plans is significantly higher than the overall statewide rate (8%)** and the average per region (9.2%) as seen in *Table 22*.

⁴² See figure A

⁴³ OSRI Item 5 evaluates Out-of-Home cases only.

⁴⁴ No later than 45 days from the date of the child's entry into out-of-home care.

PMR 2021-2022

Measurement Period: 1/14/21-10/26/22

Random Sample of Cases Reviewed: 742

- Informal Adjustments: 112
- In Home CHINS: 78
- Out of Home CHINS: 465
- Adoption: 74
- Dual Status: 13

Table 28. Regional Performance – Regions with highest rates (top 10%) of missing and/or late case plans for CHINS as of 11/20/22

Region	Total CHINS* (Denominator)	Count of Missing Case Plans (Numerator)	% Missing Case Plans	Count of Overdue Case Plans (Numerator)	% Overdue Case Plans
15	232	14	6.0%	41	17.7%
9	398	20	5.0%	51	12.8%
18	572	15	2.6%	92	16.1%
17	281	3	1.1%	41	14.6%
3	689	20	2.9%	97	14.1%
11	797	16	2.0%	99	12.4%
Average	565.6	9.2	1.9%	45.3	9.2%
Statewide Total	10181	165	1.6%	815	8.0%

*Total CHINS includes all active CHINS cases (In Home, Out of Home), but does not include JD/JS cases.

Red value = Rate in top 10% of values for all regions statewide.

Table 29. Snapshot of Total JD/JS Youth in Out-of-Home Placement Setting by Case Plan Goal as of 1/10/23

Case Plan Goal	Count Youth (JD/JS) (Numerator)	% Youth
Placement with a fit and willing relative	9	1.34%
Another Permanent Planned Living Arrangement (APPLA)	35	5.22%
Placement with a fit and willing relative	9	1.34%
Guardianship	5	0.75%
Total Youth (Denominator)	670 ¹	

¹ Total may include expired case plans or closed cases not yet reflected in the MaGIK/Casebook record

Table 30. CHINS Case Plans – Existing, Missing, and Overdue Case Plans as of 11/20/22

	Denominator	Numerators					
	Total Involvements by Type ¹	Total Missing Case Plans by Type ²		Overdue Case Plans as of 11/20/22		Overdue Case Plans Entered/Pending Approval	
	CHINS Cases	Count	%	Count	%	Count	%
Statewide	10181	165	1.6%	815	8.0%	146	17.9%

¹Totals consist of snapshot data of active involvement types listed open >60 days as of 11/20/22.

²Involvement types do not include Juvenile Probation or Informal Adjustments.

Table 31. December 2022 Snapshot: Probation Youth (JD/JS) in Out-of-Home Placement Setting

Numerators											
Month of Report	Foster Home		Residential Resource		Placement Provider		Out of State Resource		Emergency Shelter		Total JD/JS Youth Removed from Home
	Count	%	Count	%	Count	%	Count	%	Count	%	Count (Denominator)
December 2022	7	1%	532	88	44	7%	77	13%	13	2%	673

Case Plan has Required Elements

Indiana's Practice Model ensures case plans have all required elements through its **Planning** practices. These are assessed in Indiana's Practice Model Reviews (PMR) via a review of the case file and interviews with DCS staff, parents/caregivers, children (when appropriate), resource parents, providers, and other key case participants. PMR Results for the 2021-2022 measurement period⁴⁵ determined:

- 79% (547) discussed safety in all settings (N=695)
- 80% (370) of out-of-home cases (N=465) created a visitation plan
- 84% (587) documented a detailed action plan (N=695)

Joint Development of the Case Plan

Indiana's Practice Model facilitates joint development of the case plan with children, parents, and the Child and Family Team through its **Engagement** practices. This is heavily supported using Child and Family Team Meetings and frequent, quality visits between the FCM and the family.

Data supports that **CFTMs are happening with sufficient frequency** to support ongoing, timely case planning, but they are **not of sufficient quality** to authentically engage the family in case planning.

A snapshot report of January 2023⁴⁶ identified 1,330 children (CHINS and IAs) that have had no CFTM since the case began; however, 570 or 43% of the children with no CFTM have cases open fewer than 45 days and 825 children (62%) have cases open fewer than 60 days. On average, children have one CFTM every three months and three CFTMs every six months.

Of applicable cases reviewed (699), **only 47.6 % (333) scored as a strength** on OSRI Item 13: Involvement in Case Planning.⁴⁷ This is roughly **the same compared to CFSR R3** when 48% of applicable cases scored a strength. At the end of Indiana's PIP, this item was rated as a strength in 60% of cases.

As a result of the last PIP, Indiana aimed to improve this measure by increasing FCM engagement with parents. PMR results suggest that more work is needed in this area as frequency and quality of visits with parents is an area of low performance, specifically as it relates to Fathers. Contacts with fathers were frequent and of sufficient quality in only 53% and 52% of cases reviewed. Of 511 applicable cases, **Fathers were only engaged in planning for case progression 51% of the time** while mothers were engaged in planning 70% of the time

PMR 2021-2022

Measurement Period:

1/14/21-10/26/22

Random Sample of Cases Reviewed:

742

- Informal Adjustments: 112
- In Home CHINS: 78
- Out of Home CHINS: 465
- Adoption: 74
- Dual Status: 13

CFTMs

CFTMs are held:

- Upon request of any team member
- Prior to case closure
- At case junctures throughout the life of the case

A **case juncture** is defined as a new awareness of significant information regarding the child or family's strengths or needs, which may impact the Case Plan and/or Safety Plan

LIMITATIONS

This report will not capture CFTMs that are entered incorrectly in the statewide information system.

⁴⁵ See figure A

⁴⁶ January 21, 2023

⁴⁷ OSRI Item 5: To determine whether appropriate permanency goals were established for the child in a timely manner (fewer than 60 days) unless child has been in foster care <60 days.

Table 32. CFSR Round 3 scores on Item 13: Involvement in Case Planning

CFSR Round 3 Item 13: Involvement in Case Planning		
CFSR R3 (2016)	PIP Baseline % ³	Final PIP Measurement ⁴
47.7%	39.7%	59.7%
¹ Sample for CFSR items exclude Informal Adjustments and youth 18 years old or older. ² CFSR R3 Reviews conducted the week of 6/6/2016. N=65 (25 In Home, 40 Foster Care) ³ PIP Baseline was measured March 2018-May 2018 and is a percentage of applicable cases reviewed that rated a strength for this item ⁴ Final PIP Measurement was held August 2019-October 2019		

Promising Practices

Indiana has many **promising practices** including:

- Collaborations across divisions to identify opportunities for improvements related to practice and processes through continuous quality improvement activities.
- The piloting of regional value streams to identify improvement activities specific to the needs of the region.
- The use of Managing for Daily Improvement⁴⁸ and data visualizations to drive practice and case progression.

Conclusions and Recommendations

Indiana assesses this item as an Area Needing Improvement. DCS continues to work towards improvements in Case Planning and integration of the Practice Model to achieve better outcomes for children and families.

There are many **strengths** to the case plan and planning process:

- Data supports that case plans are consistently developed and recorded in the statewide information system and are generally completed <60 days.
- Case plan documents are thorough and address all required areas
- The theory behind the practice model and use of CFTMs is sound and CFTMs are occurring with families with sufficient frequency to update case plans every 6 months, statewide.
- Across case reviews, reviewers and case participants consistently agree that CFTMs and case plans address the needs of the family (84%), and include an action plan (84%),

The Previous CFSP focused heavily on teaching staff how to engage a family in developing a case plan and ensuring safety is addressed in each discussion. While these initiatives were successful in significantly improving this measure during the PIP, these improvements were not sustained. **Areas of improvement** include:

- Ensuring case managers and probation officers are visiting with parents, especially fathers, with sufficient frequency and quality.
- Ensuring CFTM prep meetings are occurring
- Improving FCMs skills in developing a specific and coherent plan with the family and that the plans are adjusted based on child/family input or progress

⁴⁸ See Item 25

- Reintroduction of the benefits of the Reflective Practice Survey to measure performance and coach staff towards improvements.

It is **recommended** that Indiana:

- Develop and improve data reports to allow for the monitoring of case plan completion and timeliness statewide and over time.
- Improve the reliability of case plan data related to applicable probation case

Item 21: Periodic Review

Summary of State Performance

Item 21 is rated as an **Area Needing Improvement**. Item 21 was rated as a strength in CFSR Round 3 per information provided through stakeholder interviews and a random sample of cases reviewed. The statewide information system showed DCS **held periodic reviews in 73% of applicable cases** in report year 2021 and **only 47% were held timely**. Per FFY 2021 Court Improvement Program measures, Indiana held timely Initial case review hearings in 75% of cases reviewed, an increase of 21% over FFY 2020. While Indiana's policy to provide 3-month progress reports supports the timelines of hearings and performance is trending upwards, there is no standard process for monitoring and ensuring periodic reviews are held timely and documented appropriately. This practice varies and is monitored by FCM Supervisors and Local Office Attorneys.

DCS legal staff note promising improvements to practice and performance measures through regular monitoring in team huddles. It is recommended that Indiana develop administrative reports and visualizations to support all staff in monitoring this through regular huddles and to allow the agency to view changes in performance statewide and over time. Additionally, internal quality assurance processes such as the Practice Model Review should incorporate questions to measure compliance.

Introduction and Background

The purpose of the periodic case review is to ensure that the child is receiving needed care and treatment to move the case forward to parent-child reunification or to an alternative court approved permanency plan. Periodic Case Review Hearings held in Indiana correspond with all items outlined in § 475(5)(B) of the Social Security Act⁴⁹. These requirements are defined in **DCS Policy 6.09 – Periodic Case Review Hearing**.⁵⁰ Each child's Case Review must occur **at least six (6) months after the date of the child's removal** or **at least (6) months after the date of the dispositional decree**, whichever is first.

Additional Periodic Case Review Hearings are encouraged and may be held upon order of the court. **DCS Policy 6.08: Three Month Progress Report** requires that DCS prepares and submits progress reports every three (3) months regarding progress made toward achieving permanency. This aids in preparation for periodic review hearings and may prevent hearing delays, per research cited in the Court Improvement Program report: *"Review hearings are delayed less frequently when prehearing reports are completed in advance allowing ample time for parties to review prior to the hearing."*⁵¹

Case managers prepare for periodic hearings with their supervisors and DCS staff attorneys. The case manager supervisor is responsible for reviewing and approving the 3-month progress report and DCS staff attorneys meet

⁴⁹ For more information, see SSA § 475(5)(B).

⁵⁰ Policy 6.09 – [Periodic Case Review Hearing](#)

⁵¹ Court Improvement Program Report FFY 2021, Page 11

with case managers to ask questions regarding all areas addressed in the periodic review in preparation for the periodic review hearings.

Indiana DCS collaborates with the Indiana Office of Court Services to prepare bench book forms for judges to use in the periodic hearings to ensure that all the necessary findings are addressed at hearings and included in court orders. Indicators of a Quality Hearing⁵² are also made available to court staff.

Methodology

This item is evaluated using descriptive statistics from existing administrative data sources and qualitative information obtained from interviews, surveys, and internal case reviews. A description of the data sources used to evaluate this item are outlined in the **Data Sources** section above and briefly referenced below:

Child Welfare Court Performance Measures - Item 21 is evaluated using the measure **“Timeliness of First Review Hearing”** reported in median days. This sample does not include probation foster home cases and only captures data for children exiting care during the selected reporting period (October 1 - September 30).

Administrative Data Reports – The **Child Data Summary** report in MaGIK identifies all key dates/actions for all children in care including past and upcoming reviews. An aggregate data report could be generated using these data points. A data pull performed by the DCS Research and Evaluation team informed this item.

Key Findings

1. Indiana has no administrative data reports that directly report the aggregate number of children in care who have had a periodic review in a 6-month period. A custom report shows that in report year 2021, of children with any active case open 6 months or longer (N=10,284), **73% (7541) had an initial periodic review hearing but only 47% (4843) were held timely**. 40% of these children (4103) had a **subsequent periodic review, 69% of which were held timely**. This
2. Court Improvement Program measures note that In FFY 2021, Indiana held **timely first review hearings in 75% of reported cases**, an increase from 62% for FFY 2020
3. The courts specifically cite hearings are delayed less frequently when prehearing reports are completed in advance, allowing ample time for parties to review prior to the hearing.

Analysis

Periodic Reviews

Indiana has no administrative data reports that directly report the aggregate number of children in care who have had a periodic review in a 6-month period, though an adequate report can be developed with the data in the statewide information system. Indiana’s Research and Evaluation team produced a report to identify all children in a specific report year with initial periodic review hearings reported in the statewide information system and all subsequent periodic reviews. In report year 2021, of children with any active case open 6 months or longer (N=10,284), **73% (7541) had an initial periodic review hearing but only 47% (4843) were held timely**. 40% of these children (4103) had a **subsequent periodic review, 69% of which were held timely**. This is trending down from 2019 when 78% of applicable children had initial periodic reviews entered and 52% of them were timely. Full details are available in tables below.

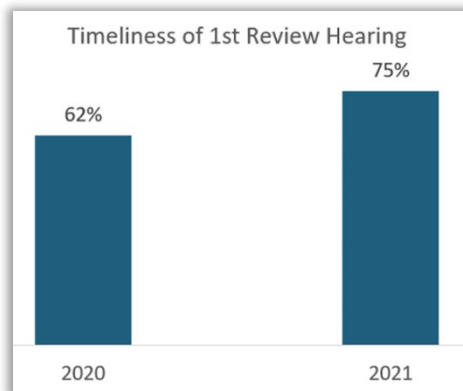
⁵² [Indicators of a Quality Hearing \(hhs.gov\)](https://hhs.gov)

The Indiana Court Improvement Program (CIP) produces an annual Court Performance Measures Report. The report for Federal Fiscal year 2021 captures data **for wardships that were terminated during the reporting period** of 10/1/20 to 9/30/21. In FFY 2021, Indiana held **timely first review hearings 75% of the time**, an increase from 62% in FFY 2020. Detailed hearing information and sample sizes are not noted for this measure.

Though detailed data is not available for periodic review hearings, court systems worldwide were heavily impacted by COVID-19. Indiana courts remained open during the COVID-19 pandemic but initially limited the court business to the highest priority matters. Additionally, the Juvenile Justice Improvement Committee and the Indiana Council of Juvenile and Family Court Judges issued the attached *Suggested Best Practices for CHINS and Delinquency Hearings in Light of COVID-19*.⁵³

Table 33. CIP Annual Court Performance Measures: Timeliness of 1st Review Hearing FFY 2020 vs. 2021.

This report captures terminated wardships during reporting period 10/1/20 to 9/30/21. Specific sample sizes are not noted for this measure.



COVID-19

March 16, 2020

The Indiana Supreme Court ordered each trial court statewide to implement all relevant and necessary portions of its continuity of operations plan (COOP) in conjunction with county emergency and public health authorities.

May 13, 2020

The Supreme Court issued an Emergency Order Permitting Expanded Remote Proceedings.

November 10, 2020

The Supreme Court issued an Order on Continued Emergency Actions.

Monitoring Periodic Review Timeliness

DCS tracks Periodic Reviews through court orders and events captured within the statewide information system. These reports include information pertaining to periodic reviews at the child

level. There are limitations to these reports as their accuracy depends on accurate and timely data entry by case management staff.

- The Child Data Summary report includes a field for date of the last review, along with a field for the next scheduled periodic review.
- The Child Event Log report also allows for the option to sort by court hearing events for ease of access in tracking this information.

⁵³ Attachment – Suggested Best Practices for CHINS and Delinquency Hearings in Light of COVID-19

Discussions with field staff highlight that tracking timeliness and completion of periodic reviews is a manual process and can vary across local office staff, legal staff, and management in terms of how often and the method of tracking. This is an area of opportunity for Indiana.

Managers/supervisors may utilize case management system to monitor compliance/timeliness of periodic reviews. The case management system will also alert the case manager via a dashboard alert of the date of the next periodic review hearing based on the previous hearing date. Additionally, regular staffings with local office attorneys keep timelines at the forefront.

Data Quality

As noted in Item 19: Statewide Information System, Indiana's data management team performs activities to ensure the reliability of data entered in the statewide information system including data pulls to identify errors related to AFCARS federal reporting.

The AFCARS file captures the date of the **most recent periodic review** hearing within the removal episode **for children in out-of-home care for more than 7 months** at the time of discharge or the period end date. Indiana had only a 1.04% error count meaning that approximately 99% of children with a removal episode longer than 7 months had a periodic review hearing date entered that was valid (i.e., correctly formatted, not prior to the removal episode, not prior to child's DOB, etc.). Data quality can be impacted by data entry errors such as entering an incorrect date or failing to update the record when a hearing is delayed or canceled.

Error rates were consistently within the acceptable range (<2.99%) beginning in reporting period 19A (October 1, 2018-March 31, 2019). This is reflective of several improvements implemented in 2018 as part of Indiana's last Program Improvement Plan, including:

- Probation staff gained ability to enter hearings in KidTraks
- KidTraks enhancement allowed for both periodic review and permanency hearing types to be entered with specific hearing outcomes
- Workgroups/committees were formed between Indiana DCS and CIP to collaborate on the development of data reports

Promising Practices

As part of its Continuous Quality Improvement system, Indiana began the implementation of Managing for Daily Improvement (MDI) in 2020. This resulted in teams holding daily huddles geared towards using metrics to drive process improvements. DCS legal staff noted that the biggest improvement in field litigation's process has been the incorporation of data and metrics in the statewide roll out of MDI. Through this, the legal team has a better idea of what is and isn't working with their review/measurement processes and provides legal staff with a more accurate view of case statuses.

DCS Field Litigation has plans to incorporate a 7 Month Case Review into their MDI reporting which will include verifying whether a 6-month review has been held yet. While this may catch some cases before the deadline has

MONITORING TOOLS

- Staff may view past and upcoming court dates for each child in the **Child Data Summary** report.
- The case management system alerts case managers of the date of the next periodic review.
- Local offices track various data points and processes using MDI/daily tiered huddles from front-line staff up to agency executives. See **Item 25: Quality Assurance System** for more details.

QUALITY CHECK

AFCARS

Reporting Period 22B

10/1/22-11/14/22

FC 5: Date of most Recent Periodic Review has a reported **error rate of 1.04%** or 150 errors.

Table 34. Initial Periodic Review Hearings (Completion and Timeliness) for Children in Care 6 or more months as of report Year

Report Year	Total Children	Total Children w/ Initial Periodic Review		Initial Periodic Review Timeliness	
	Count	Count	%	Count	%
2019	15791	12428	78.7	8265	52.34
2020	12833	9656	75.24	6111	47.62
2021	10284	7541	73.33	4843	47.09
*Population includes all case types open 6 or more month					

Note: The % of children with a second (subsequent) periodic review will decrease as the report year increases. This number looks at all active cases. More recent cases may have not had the opportunity or the need for a subsequent hearing yet.

Table 35. Subsequent Periodic Review Hearings (completion and timeliness) for children in care 6 or more months as of report year

Report Year	Total Children	Total Children with Second Periodic Review		Second Periodic Review Timeliness	
	Count	Count	%	Count	%
2019	15791	8429	53.38	5585	66.26
2020	12833	5930	46.21	3917	66.05
2021	10284	4103	39.90	2844	69.32
*Population includes all case types open 6 or more months					

passed, it may be more likely to provide a retrospective look at timeliness and compliance. Legal staff acknowledge that the addition of data reports that monitor this item farther upstream would help ensure periodic reviews are completed timely. In late 2022, litigation staff began conversations with the Strategic Solutions division to identify additional data points to monitor via MDI and internal case reviews (PMR).

Conclusions and Recommendations

Indiana assesses this item as an Area Needing Improvement.

Indiana's system for ensuring Periodic Reviews are held for all eligible children in care has many strengths including:

- Clearly defined policies, including the use of 3-month progress reports. The courts specifically cite hearings are delayed less frequently when prehearing reports are completed in advance, allowing ample time for parties to review prior to the hearing.
- Court Improvement Program data reports that for children exiting care in FFY 2021, Indiana held timely initial periodic review hearings in 75% of the reported cases and improved 21% on this measure over FFY 2020.
- AFCARS error rates on FC 5: Date of most recent periodic review consistently measures within acceptable range (<2.99%) and was only 1.04% in reporting period 22B.

There are also noted **opportunities for improvement**:

- There are no standard data reports available to staff that identify a list of cases due for a review hearing or that do not have one entered in the system. Staff are unable to track hearing timeliness at a glance and may lose track depending on their organization skills.
- Outside of regular staffings with DCS staff attorneys and their supervisors, DCS field staff rely on manual tracking of hearing dates to ensure compliance. This process differs from one individual to another and does not allow for tracking of aggregate data statewide or locally.
- While data reports exist in data entry systems used by the courts (i.e., Quest) that may be accessed by DCS legal staff, the accuracy and reliability of that data entry is dependent on court processes such as consistent labeling of hearings.

Some **recommendations** as a result of this evaluation include:

- Developing administrative reports to monitor periodic reviews, including visualizations in Tableau
- Incorporating periodic reviews into the MDI metrics monitored by FCM, FCMS, and local office attorneys statewide
- Incorporating questions pertaining to the timeliness of hearings and administrative reviews into other quality assurance tools (RPS, PMR)

Item 22: Permanency Hearings

Summary of State Performance

Item 22 is rated as a **Strength**. Court Performance Measures indicate that the median days to the first permanency hearing **has been consistently under 1 year for the past 5 years**. In FFY 2022 this was measured at 346 days. In FFY 2022, 73 counties accounting for **88% (4,752) of cases** considered in the CIP report (5,422) were within 365 days on this measure. Additionally, Indiana's **median time to Subsequent Permanency Hearing has not exceeded 200 days** over the past 5 years and was 189 days in FFY 2021. While still within 365 days, it is important to note that this has trended upwards since FFY 2015 when the median was 324 days and 142 days, respectively, though has improved since FFY 2019 and FFY 2020.

Indiana identifies that there is room for improvement as there is no administrative data report or dashboard within DCS' statewide information system that monitors the timeliness of permanency hearings for active cases, though a custom report can be built with the data points available. Additionally, DCS and court staff report no standard process for tracking hearing timeliness or barriers to timely hearings and this process varies from office to office. In CFSSR R3, Item 22 was an area needing improvement as Indiana could not speak to the quality of permanency hearings for probation cases. Indiana has made improvements to how probation cases are monitored and engaged in several partnerships and improvement activities with Court Services targeting these cases.

Introduction and Background

The Indiana Department of Child Services (DCS) believes children have the right to permanency. Therefore, a Permanency Plan and a Permanency Hearing are required for every child adjudicated as a Child in Need of Services (CHINS) to identify a permanent or long-term arrangement for the care and custody of the child.⁵⁴ Indiana code expands this requirement to all children under DCS care and supervision (CHINS), including those who remain in home with a parent. DCS may request the court hold a Permanency Hearing at any time per **Policy 6.11: Permanency Hearing**.⁵⁵

FCMs and their supervisors work with DCS Staff Attorneys to prepare for the Permanency Hearing. The FCM is responsible for entering all court hearing details, outcomes, and future hearings scheduled, verified by an FCMS. The Staff Attorney provides all necessary documentation to the court and is responsible for requesting and verifying that within 12 months from the child's removal from the home and every 12 months thereafter, a finding on Reasonable Efforts to Finalize the Permanency Plan (REPP) is obtained in a court order.

Item 22 was rated as an Area Needing Improvement in CFSSR Round 3. While Indiana could demonstrate that permanency hearings were occurring timely, the state could not demonstrate the quality of permanency hearings for probation cases. As a

REQUIREMENTS

A Permanency Hearing is held:

- **Every 12 months** after removal or adjudication
- **Within 30 days** after courts determine Reasonable Efforts to reunify or preserve a child's family are not required and every 12 months thereafter
- **More often** if ordered by the court.

YOUTH PARTICIPATION

DCS will make diligent efforts to include the child in court proceedings, if appropriate. If unable or unwilling to attend the hearing, youth may complete a **Youth Report to the Court**. DCS must document reasons preventing youth from completing the report and DCS' efforts to obtain the youth's input.

⁵⁴Policy 6.10 [Permanency Plan](#)

⁵⁵ Policy 6.11 [Permanency Hearing](#)

result, Indiana set objectives to partner with the Indiana Office of Court Services (IOCS) and Judicial Officers to promote quality and timely hearings. These may be reviewed in their entirety in the 2020-2024 CFSP and/or Indiana's most recent APSR⁵⁶. Some actions to note:

- DCS, Probation and Judicial Officers jointly established responsibilities and procedures for Dual Status youth⁵⁷ including the establishment of a Memorandum of Understanding (MOU) between DCS local offices and local Juvenile Probation Departments.
- Beginning Fall 2018: DCS and IOCS hold regular meetings to review Court Improvement Program (CIP) Timeliness Measures to identify and address any roadblocks.
- Fall 2018: DCS partnered with IOCS, CIP, and the Juvenile Benchbook Committee to revise the CHINS Benchbook to highlight hearing requirements
- October 2018: Enhancements ensured probation staff could enter hearings in KidTraks, including Permanency Hearings.
- June 2019: The CIP Measures data became readily available via a public dashboard and is regularly discussed with Judges and DCS leadership.
- December 2019: Enhancements were made to court orders to contain specific delineation of the reason for the appropriateness of the permanency plan. The form captures conversations that occurred in court that were considered part of the court's record.

Methodology

This item is evaluated using quantitative and qualitative from existing administrative data sources and qualitative information obtained from interviews, surveys, and internal case reviews. A description of the data sources used to evaluate this item are outlined in the **Data Sources** section above and briefly referenced below:

Child Welfare Court Performance Measures - Item 22 is evaluated using the measure Court Performance Measure **"Time to First Permanency Hearing"** or the time from the original CHINS petition to the first permanency hearing. It is reported with median days as the consistent measure of central tendency. The report only captures data for children exiting care during the selected federal fiscal year reporting period (Oct 1 - Sep 30). This sample does not include probation foster home cases.

Administrative Data Reports – No aggregate data report exists in MaGIK to identify statewide the number of children who have or have not had a permanency hearing when required. An aggregate data report could be generated using the data points that exist in the system. The DCS Research and Evaluation team performed a data pull for the administrative data reports.

Key Findings

1. There are no available data reports to monitor the timeliness of Permanency Hearings and offices have no standard process for monitoring the barriers impeding timely hearings.
2. A custom report showed in report year 2021, of all children with active cases open 365 days or longer (N=5996), **88% had an initial Permanency Hearing** and **82% (4948) of these were timely**. Of these same cases, 40% (2403) have had a subsequent permanency hearing and **97% (2327) of these were timely**.
3. The median time to the first permanency hearing in Indiana **has been consistently under 365 days for the past five years**. Additionally, Indiana's **median time to Subsequent Permanency Hearing has not**

⁵⁶ [DCS APSR 2022 2023 Public Facing](#)

⁵⁷ Policy 2.25 [Dual Status](#)

exceeded 200 days over the past 5 years. In FFY 2021, 73 counties accounting for **88% (4,752) of cases** considered in the CIP report (5,422) had a median under 365 days on this measure.

4. **Indiana's median days to the first permanency hearing has trended up** from FFYs 2013-2015 reported during CFSR Round 3.

Analysis

Monitoring Hearing Timeliness

Interviews with local office and legal staff highlight that there is no standard process for monitoring the timeliness of permanency hearings. DCS local office attorneys and FCMS have individual methods of tracking and monitoring hearing timeliness which includes monitoring information in court orders and MaGIK.

Currently, there are no data reports widely accessible to DCS staff to monitor the timeliness of Permanency Hearings statewide or over a specific period. These data points exist in MaGIK as FCMS are responsible for entering hearing dates/outcomes for each child. It is recommended that Indiana develop a standard report that identifies the percentage of timely permanency hearings across all cases and localities. As court outcomes are entered manually, this data may be subject to errors or delays in entry.

First and Subsequent Permanency Hearings

Indiana DCSs Research and Evaluation team produced a report to identify all applicable children in a specific report year who had initial and subsequent permanency hearings. The report also identified the timeliness of these hearings. In report year 2021, of all children with active cases open 365 days or longer (N=5996), **88% had an initial Permanency Hearing and 82% (4948) of these were timely**. Of these same cases, 40% (2403) have had a subsequent permanency hearing and **97% (2327) of these were held timely**. Full details are available in a Table 31. This report may be impacted by data entry errors as it is reliant on manual and timely entry in the statewide information system.

Court Performance Measures indicate that **Permanency Hearings are generally occurring timely** as the median time to the first permanency hearing in Indiana **has been consistently under one year for the past five years**. In FFY 2022 this was measured at 346 days. In FFY 2021, 73 counties accounting for 88% (4,752) of cases considered in the CIP report (5,422) were within 365 days on this measure. Additionally, Indiana's **median time to Subsequent Permanency Hearing has not exceeded 200 days** over the past 5 years and was 189 days in FFY 2022.

Indiana's median days to the first permanency hearing has trended upward from FFYs 2013-2015 reported during CFSR Round 3. In FFY 2021, Indiana's median days to initial Permanency Hearing was 346 days and 189 days for the subsequent hearing whereas in FFY 2015, this was 324 days and 119 days respectively.

MONITORING TOOLS

- Staff may view past and upcoming court dates for each child in the **Child Data Summary** report.
- Based on the court date of the last permanency hearing, MaGIK will send a dashboard notification to the FCM when it is time for the next permanency hearing.

MEASUREMENT

The performance measure for Time to First Permanency Hearing looks at the median time between the date of the filing of the original CHINS petition and the date of the first permanency hearing.

MEDIAN

The median is calculated by arranging the data in order from smallest to largest value. If there is an odd number of data points, the median is the middle value. If there is an even number of data points, the median is the average of the two middle values.

Table 36. CIP Measure "Time to First Permanency Hearing" in Median Days by FFY 2015-2022

Measure	FFY 2015	FFY 2016	FFY 2017	FFY 2018	FFY2019	FFY2020	FFY2021*	FFY2022**
Reporting Period:	10/1/14-9/30/15	10/1/15-9/30/16	10/1/16-9/30/17	10/1/17-9/30/18	10/1/18-9/30/19	10/1/19-9/30/20	10/1/20-9/30/21	10/1/21-9/30/22
Total Cases Observed***	-	-	-	7807	7283	6252	5422	6315
4G. Time to First Permanency Hearing (median time from filing of the original petition to first permanency hearing)	324	334	344	345	348	347	345	346
4N. Time to Subsequent Permanency Hearings	142	124	147	161	189	189	199	189

Sample reflects wardships terminated during the listed federal fiscal year reporting period.

*Marion County data is incomplete for 2021 due to transition from Quest to Odyssey on 1/25/21

**Steuben and Crawford County data are incomplete as it was not submitted by the deadline.

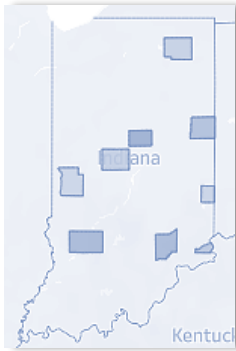
***Sample size not reflected in historical report.

Table 37. Initial Permanency Hearings (Completion and Timeliness) for Children in Care 365 Days or more months as of report Year

Report Year	Total Children	Total Children w/ Initial Permanency Hearing		Initial Permanency Hearing Timeliness	
	Count	Count	%	Count	%
2019	10275	9335	90.85	8199	79.8
2020	7972	7189	90.18	6408	80.38
2021	5996	5285	88.14	4948	82.52
*Population includes all case types open 365 days or more month					

Table 38. Subsequent Permanency Hearings (Completion and Timeliness) for Children in Care 365 Days or more months as of report Year

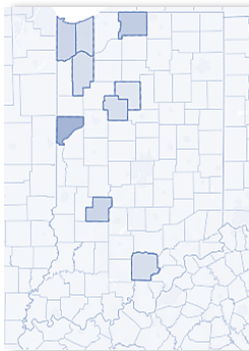
Report Year	Total Children w/ Second Permanency Hearing		Of Children with Second Permanency Hearing Timeliness	
	Count	%	Count	%
2019	5216	50.76	4962	95.13
2020	3650	45.79	3472	95.12
2021	2403	40.08	2327	96.84
*Population includes all case types open 6 or more month				



In FFY 2021, there were 19 counties (670 cases) with medians days to permanency hearing exceeding 365 days. This accounts for **12.4% of the total cases observed (5,422)**.

Nine counties in the 10th percentile of this measure (most median days to initial permanency hearing) should be evaluated more closely (**Table 14**). There does not seem to be a pattern related to DCS region/geographical location as these counties are spread across the state.

***Limitation:** Median may not be an accurate measure for sample sizes fewer than 10



In FFY 2021, 73 counties met or performed better than the 12-month standard. The counties in the 90th percentile of performance are listed in **Table 4**. These counties with the lowest median days to the first permanency hearing are concentrated in the Northeastern area of the state. Three of these counties are counties with some of the highest case populations (Lake, St. Joseph, Porter). This is an area for the state to explore.

Table 39. Counties Exceeding 12 Months on Measure “Median Days to first permanency hearing” FFY 2021

County	Rank	Median Days to 1st Permanency Hearing	Cases
Tipton	1	536	9*
Parke	2	487	7*
Greene	3	447	15
Noble	4	429	21
Ohio	5	427	3*
Union	6	411	4*
Boone	7	392	26
Jay	8	390	7*
Jennings	9	380	41
DeKalb	10	373	16
Franklin	11	371	10
Clay	12	370	44
Delaware	13	369	181
Orange	14	368	26
Rush	15	368	16
Decatur	16	367	44
Clark	17	366	64
Daviess	18	366	32
Grant	19	366	104

County	Median Days to 1st Permanency Hearing	Cases
Porter	58	133
Warren	123	12
Lake	169	504
St. Joseph	243	311
Cass	257	20
Washington	271	1*
Carroll	287	5*
Owen	296	34
Jasper	299	30

Table 40. Counties in 90th percentile on measure “Median Days to 1st Permanency Hearing” FFY 2021.

Conclusions and Recommendations

Indiana assesses this item as a **strength**. DCS continues to drive improvements related to children achieving timely permanency and the role the court/legal system plays in achieving this objective.

Some **strengths** observed pertaining to Permanency Hearings include:

- Indiana requires Permanency Hearings for all children under state supervision and care including those who remain in home.
- Indiana consistently holds an initial Permanency Hearing for children in care within 12 months of removal or disposition per CIP Measures. 12-month standard. Of these, the counties with the lowest median time to an initial Permanency Hearing were concentrated in the northeast portion of the state with an average of 222 days.
- As a result of CFSR Round 3 and Indiana's subsequent PIP, Indiana made several improvements to the case review system to support this item such as enhancing the partnership between Indiana DCS and the court system to support regular data sharing, increasing MaGIK/KidTraks accessibility for probation staff to support better data entry, and expanding training to DCS Legal and IOCS staff.

Some **opportunities for improvement** include:

- Creating administrative data reports that readily identify permanency hearing timeliness statewide or locally.
- Though Court Performance Measures support that Permanency Hearings are generally happening timely, Indiana's median days to the first permanency hearing has increased from FFYs 2013-2015 reported during CFSR Round 3. In FFY 2021, there were 19 counties with medians more than the 12-month standard. This is increased from FFY 2020 when only 11 counties exceeded 365 days on median or average days to first permanency hearing.
- Interviews with DCS and court staff highlighted consistent themes including a lack of standardized practices for monitoring timeliness of hearings, lack of availability of standard data reports that monitor hearing timeliness, duplication of work, and variation in the quality of data entry.

Some **recommendations** moving forward include:

- Develop an administrative data report and Tableau Dashboard to monitor hearing completion/timeliness with existing data points in MaGIK
- Identify a standard process for monitoring hearing timeliness including incorporating this measure into offices' MDI metrics.
- Provide coaching to staff on accurate/timely data entry of court dates/outcomes.

EXCEPTIONS (COMPELLING REASONS)

- The child is being cared for by a parent or specified relative (e.g., stepparent, grandparent, aunt, uncle, adult sibling, or relative guardian)
- DCS has documented in the Case Plan/Prevention Plan another compelling reason for determining that terminating the parent-child relationship would not be in the best interests of the child.
- DCS has not provided the services to the family deemed necessary for the safe return of the child to the child's home within the period stated in the Case Plan/Prevention Plan.
- DCS has not provided the services as stated in the Case Plan/Prevention Plan and the time for providing those services under the currently applicable Case Plan/Prevention Plan has not expired.
- The child does not currently have a permanency plan of adoption.

Item 23: Timely TPR Filing

Summary of State Performance

Indiana identifies Item 23 as a **Strength** as the system is functioning statewide to ensure that TPR is filed for children who have been in foster care for at least 15 of the most recent 22 months or who meet the other ASFA provisions (aggravated circumstance) and are not subject to an exception for filing for TPR. In CFSR R3, Item 23 was rated as an Area Needing Improvement as the state was unable to demonstrate the number of eligible children with no TPR filed or monitor the performance of this metric over time. Currently, Indiana administrative data shows, on average, 95% of eligible children have TPR filed (CY 2021, 2022) by the 15 out of 22 months. Indiana has rebounded from the impact of COVID-19 which contributed to court delays; the median time to TPR petition is 488 days in FY 2022 compared to 547 days in FY 2020. The incorporation of Managing for Daily Improvement (MDI) and lean principles in DCS legal staff's process has been noted as a driver of this metric. Legal staff have more improvements planned to their data/metrics tracking to identify children earlier who are at risk of exceeding the 15 out of 22 requirements earlier. Opportunities for consideration include improving court and MaGIK data entry, better tracking of exceptions/compelling reasons, and developing a collaborative interface for DCS and the courts to have access to the same, consistent information.

Introduction and Background

The Indiana Department of Child Services acknowledges that every child has the right to appropriate care and a permanent home. Involuntary Termination of Parental Rights (TPR) ends the legal parent- child relationship. Involuntary TPR is filed when it is determined to be in the child's best interest and will help the child attain permanency or when such filing is statutorily mandated. **Policy 6.12: Involuntary Termination of Parental Rights (TPR)**⁵⁸ requires DCS petitions the court for involuntary TPR when one of the following occurs:

1. The child has been removed from the home 15 of the most recent 22 months
2. The parent, guardian, or custodian has not made significant progress toward reunification within six months of removal under the Dispositional Decree; or
3. The court in a CHINS case has entered a finding that reasonable efforts for family preservation or reunification are not required.

Additionally, DCS must show:

1. The reasons why the child's continued removal or out of home placement will not be remedied, or the continuation of the parent-child relationship poses a threat to the well-being of the child
2. TPR is in the best interest of the child; and
3. There is a plan for the future care and treatment of the child.

Indiana Code requires the TPR hearing to be commenced within 90 days of the petition and the hearing completed within 180 days of

15 OUT OF 22

The 15 months do not have to be continuous.

Trial Home Visits (THV) and Runaway Episodes are not counted when calculating the 15 months.

The clock will not start over once the 15 of 22 months has been met.

Once the DCS obligation to file the TPR has been met and the dismissal has been granted, DCS will file a new TPR when the reason for dismissal no longer applies.

⁵⁸6.12 [Involuntary TPR](#)

the petition or the case shall be dismissed.⁵⁹ Details of all legal processes/proceedings can be reviewed in the Legal Process Overview⁶⁰ tool. Exceptions to filing TPR (compelling reasons) are detailed further in policy 6.12.

In CFSR Round 3, Item 23 was rated as an Area Needing Improvement as the state was unable to demonstrate systemic factor functioning. The state only provided data on the median time for filing TPR in cases where a petition was filed. Additionally, stakeholders and the statewide assessment were unable to describe the use of exceptions to filing TPR. Indiana subsequently engaged in a Program Improvement Plan (PIP) with several objectives geared towards legal proceedings and timely filing of hearings (Section 2 c, d, e).

Methodology

This item is evaluated using descriptive statistics from existing administrative data sources and qualitative information obtained from interviews, surveys, and internal case reviews. A description of the data sources used to evaluate this item are outlined in the Data Sources section above and briefly referenced below:

Administrative Reports:

CHINS Children Out of Home 15 Out Of 22 Months with No TPR Hearing Weekly Report: Shows cases where CHINS children have been out of the home more than 15 of the most recent 22 months for which no TPR has been filed only a weekly basis. Legal staff note some issues with accuracy and reliability of this report due to data entry errors.

Court Improvement Program Measures: Key Findings 4H-4K reports timeliness of various steps to TPR. This is reported in median days as the measure of central tendency. A limitation to note is the median is not as reliable of a measure for small sample sizes (<10).

Practice Model Review (PMR) Data: The PMR measure used to evaluate this item is labeled “Achievement of Permanency” and aligns with OSRI Item 6: Achieving Permanency. This was measured over the 2021-2022 review period (1/14/21-10/27/22) and evaluated 742 cases.

Key Findings

1. Indiana DCS consistently files TPR timely on eligible children who have been in foster care for at least 15 of the most recent 22 months. TPRs were filed within 15 out of 22 months in placement an **average of 95% in CY 2021 and 2022.**
2. In cases reviewed through PMR in 2022, DCS **filed/joined a TPR timely 89% of the time.**
3. No racial groups or ethnicities were overrepresented in cases reviewed via PMR that did not join or file a TPR timely, but **Black or African American children were slightly more likely (1.2%) to not have TPR filed timely** compared to white children (disparity Index 1.2%).
4. Stakeholders and individuals with lived experience report that court dismissal/denial of the petition, late changes or issues related to the permanency plan/associated case plan goal, and hearing delays/continuances had the greatest impact on timely filing and granting of TPR.
5. Indiana identified the overall number of children in care, a lack of urgency, lack of legal resources, lack of standardized processes, and a need for enhanced training around TPR as root causes impacting timely filing of TPR

⁵⁹ (IC 31-35-2-6).

⁶⁰ 6.A – Tool [Legal Process Overview](#)

Monitoring Timely Filing

Interviews with staff note Indiana DCS Legal staff and child welfare leadership monitor several administrative reports available in MaGik to monitor compliance with this item. Legal staff widely described the following report as the primary method of monitoring performance:

CHINS Children Out of Home 15 Out Of 22 Months with No TPR Hearing Weekly Report Parameters: This report shows cases where CHINS children have been out of the home more than 15 of the most recent 22 months and TPR hasn't been filed on a weekly basis. This report also shows cases/children out of home 12 to 15 months, which is helpful in identifying cases where a permanency staffing could prevent the child from entering or lingering on the 15 out of 22 list.

Limitations: Legal staff note some issues with accuracy and reliability of this report due to data entry errors. FCMs are responsible for entering the TPR cause number and hearing date in MaGik. When this data is missing, the case is not removed from this report. This **results in a 15 out of 22 list that is inflated**. To reconcile the information, legal staff must manually cross check the list with the Repository or Quest to verify it.

DCS legal staff also monitor the status of TPR hearings to gauge the timeliness of initial and final TPR hearings via Tableau dashboards.

Timely Filing of TPR

Indiana has administrative data to identify all children in care, length of involvement, and the status of court hearings/filings. Of all active cases in a December 2022 report, TPR was filed for eligible children removed from their home within the 15 out of 22 months at a 95% rate. March 2022 had the highest rate of timely filing at 96% (4,897) of eligible children while November had the lowest rate at 93.4% (4,305) of eligible children.

$$\% \text{ Not Timely} = \frac{\# \text{ CHINS removed 15 Out of 22 months with no TPR}}{\text{Eligible Children}}$$

Table 42. Number of Children Out of Home 15 out of 22 Months with No TPR Filing Quarterly by Case Plan Goal (2019-2022) illustrates Indiana's significant improvement in timely filing of TPR for eligible children since early 2019. It also shows that children with primary case plans listed as reunification experience significantly more delays than other children in care.

The exception to this is the spike seen between Q2 and Q3 of 2020 when the COVID-19 pandemic forced closures and caused administrative delays. Indiana courts remained open during the COVID-19 pandemic but initially limited the court business to the highest priority matters. Additionally, the Juvenile Justice Improvement Committee and the Indiana Council of Juvenile and Family Court Judges issued the attached *Suggested Best Practices for CHINS and Delinquency Hearings in Light of COVID-19*.⁶¹

COVID-19

March 16, 2020

The Indiana Supreme Court ordered each trial court statewide to implement all relevant and necessary portions of its continuity of operations plan (COOP) in conjunction with county emergency and public health authorities.

May 13, 2020

The Supreme Court issued an Emergency Order Permitting Expanded Remote Proceedings.

November 10, 2020

The Supreme Court issued an Order on Continued Emergency Actions.

⁶¹ 21.1Attachment – Suggested Best Practices for CHINS and Delinquency Hearings in Light of COVID-19

Table 41. CY 2022 CHINS Children Out of Home 15 out of the Last 22 Months with no TPR Hearing Monthly Report for Active Cases (Ran December 2022)

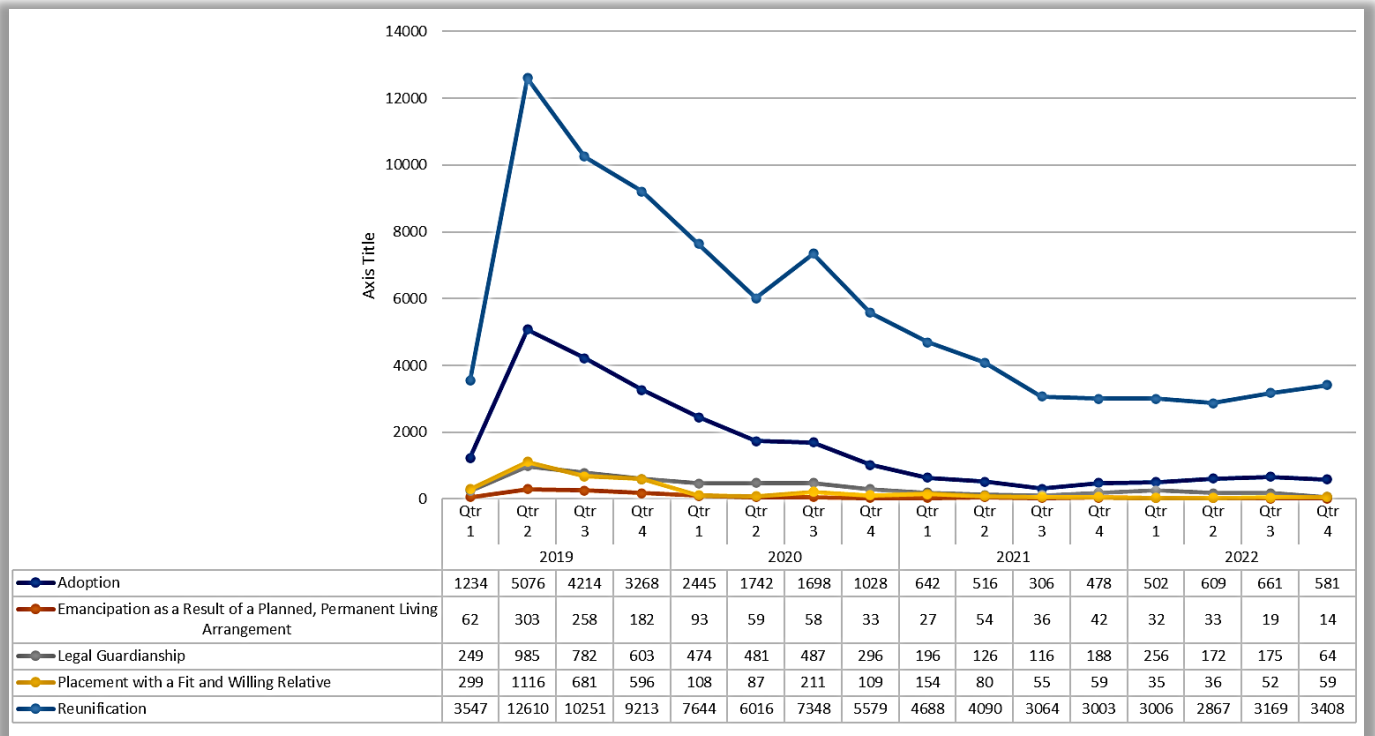
Month	TPR Hearing Filed/held	No TPR Hearing	12 out of 15 no TPR	15 out of 22 no TPR	Eligible Children*	Percent Not Timely	Percent Timely
				(Numerator)	(Denominator)		
December	4112	878	580	298	4990	6.0%	94.0%
November	4305	914	568	346	5219	6.6%	93.4%
October	4476	939	625	314	5415	5.8%	94.2%
September	4507	976	677	299	5483	5.5%	94.5%
August	4577	1018	690	328	5595	5.9%	94.1%
July	4677	1030	741	289	5707	5.1%	94.9%
June	4738	1000	747	253	5738	4.4%	95.6%
May	4797	1030	796	234	5827	4.0%	96.0%
April	4871	980	734	246	5851	4.2%	95.8%
March	4897	911	678	233	5808	4.0%	96.0%
February	4983	923	632	291	5906	4.9%	95.1%
January	5014	968	665	303	5982	5.1%	94.9%

*Eligible Children shows all children who have been out of home 15 or more of the last 22 months regardless of whether TPR has been filed

**Report only captures cases active at time of report being accessed

***This is a rolling report. Children may appear in multiple months until the TPR is filed.

Table 42. Number of Children Out of Home 15 out of 22 Months with No TPR Filing Quarterly by Case Plan Goal (2019-2022)



Practice Model Review Data

Timely filing of TPR and legal barriers to permanency are assessed in Indiana's Practice Model Reviews (PMR) via a review from case file and interviews with DCS staff, parents/caregivers, children (when appropriate), resource parents, providers, and other key case participants. These cases are also captured using the CFSR Onsite Review Instrument (OSRI). Results for the 2022 measurement period⁶² determined 62% (343) of applicable cases (N=557) were **scored as a strength** on OSRI Item 6 – **Achieving Permanency**⁶³. **This is an improvement** over 2021 (60% Strength) and the measurements during CFSR Round 3 (53% Strength) and subsequent PIP (61% Strength). This is broken down further in Indiana's PMR. In the 2021-2022 review period:

- **85% (257) of applicable cases (302) reviewed joined/filed a TPR petition timely.**
- The department dismissed the filed petition for TPR in 99 reviewed cases; 73% (72) were due to a documented, compelling reason that TPR was not in the best interest of the child, 31% (31) were due to the child being cared for by a specified relative, and only 5% (five) cases were due to the family not being provided adequate services.
- **Fewer cases are scored as experiencing legal barriers to timely permanency.** In 2022, only 85 out of 347 applicable cases (24%) experienced legal barriers compared to 107 of 395 applicable cases (27%).

Deeper Exploration

In 2022, the QSA team began collecting race/ethnicity data during reviews. PMR data can be viewed by race/ethnicity and used to calculate the disproportionality metric and the disparity index. Considering reviews conducted in 2022, the following observations are made:

- Biracial children were 2.4 times more likely to be scored as an "Area Needing Improvement" on the item "Achieving Permanency" compared to White children (Disparity Index 2.40)
- Black or African American children were 1.34 times more likely to be scored as an "Area Needing Improvement" compared to White children on the item "Achieving Permanency" (Disparity Index 1.34)
- No racial groups or ethnicities were overrepresented in cases reviewed that did not join or file a TPR timely, but Black or African American children were slightly more likely (1.2%) to not have TPR filed timely compared to White children (Disparity Index 1.2%).

A strength of the PMR is it provides qualitative data obtained from interviews with parents, children, resource parents, service providers, and DCS staff. Item rationale statements were reviewed and coded to identify themes in participants' **responses for those cases that indicated TPR was not filed timely or in instances where reviewers**

DISPROPORTIONALITY METRIC

$$\frac{\% \text{ Children in one racial group}}{\% \text{ Representation in PMR Population}}$$

This shows a proportion of one group relative to their representation in the whole sample.

Numbers over 1.00 suggest a group is overrepresented compared to their representation in the whole sample.

DISPARITY INDEX

$$\frac{\text{Disproportionality metric of one race}}{\text{Disproportionality metric of comparison race}}$$

This metric allows us to understand the representation of racial groups in our system in comparison to each other.

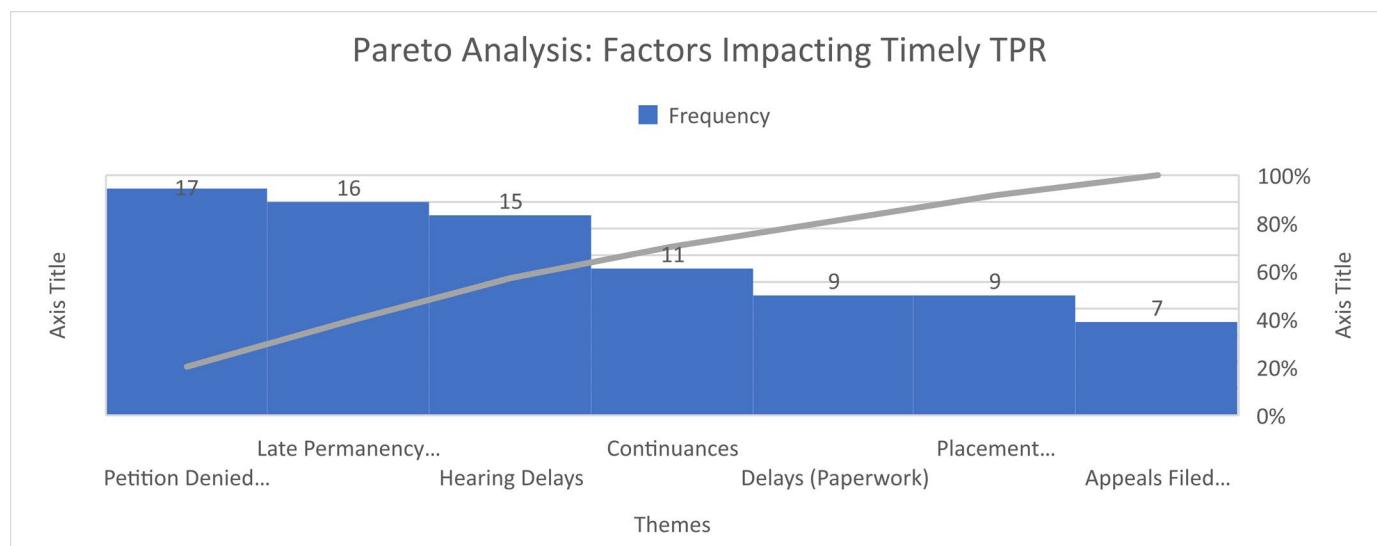
⁶² See figure A

⁶³ OSRI Item 5 evaluates Out of Home cases only.

indicated TPR/Permanency could have been filed/achieved sooner based on case circumstances. A Pareto analysis⁶⁴ was conducted to identify the themes having the greatest impact according to these stakeholders.

A change to the permanency plan late in the case or a case with an established permanency goal deemed inappropriate for the case circumstances was the most cited reason for delays in filing TPR. One notable observation was the delay in filing due to a pre-adoptive home not being identified/established. Case reviews in Lake County noted a local magistrate practice requiring children to be in a pre-adoptive placement for six months before TPR may be granted. This could be a factor deterring DCS from filing for TPR if a pre-adoptive home has not been identified.

Table 43. Pareto Analysis: Significant Factors Impacting Timely TPR per PMR Rationale Statements



Continuous Quality Improvement

Timely filing of TPR, and subsequently timely permanency, was identified as part of Indiana's most recent Program Improvement Plan (Section 2 c, d, e). In February of 2019, the DCS Continuous Quality Improvement (CQI) team facilitated a three-day Rapid Improvement Event (RIE), to do a root cause analysis on the timely filing of TPR. The project team included DCS executive staff, field staff, legal staff, a CASA director, and a representative from court services.

This event resulted in several improvements including detailed process maps of the legal processes⁶⁵, greater partnership between DCS legal and field staff (legal involvement in field and safety), enhanced data reports and dashboards, TPR training for judges and future joint DCS/legal/courts trainings, and data entry training/guides for clerks. Improvements were piloted in four counties⁶⁶ to prove their effectiveness before wider implementation. By the end of the pilot, all four pilot counties met the target state with reductions in the percentage of children without TPR filings at 15 out of 22 months by 15%-27%.

⁶⁴ [Interpreting a Pareto Chart | Quality America](#)

⁶⁵ [Tool: Indiana DCS Legal Processes](#)

⁶⁶ Allen, Delaware, Floyd, Madison

Conclusions and Recommendations

Indiana assesses this item as a **strength** overall.

Indiana has many **strengths** in the case review system to ensure that TPR is filed for all children in foster care 15 out of the last 22 months including:

- Availability of administrative data reports and dashboards
- Standardized processes among the legal team and courts
- Internal case reviews to assess functioning on an ongoing basis

Opportunities for improvement include improving the consistency and quality of data entry. Per interviews with the CIP Data Analyst, each court is independently responsible for entering their data. Missing or incomplete court data may be due to data entry errors, lack of timely data entry/correction, or a failure to record the data in the system of record. DCS employees are responsible for entering accurate and up to date court hearing details into MaGIK and this poses issues with accuracy and reliability of important data reports.

Recommendations from this review are to continue to enhance the available data reports and dashboards so DCS staff can further monitor this item. As part of office's MDI, local office attorneys could improve tracking of exceptions/compelling reasons for not joining a TPR petition timely. Local offices should evaluate the quality of their data entry and work towards solutions to ensure more timely and accurate entry. A technology solution that could automate the entry of court hearing dates/outcomes or interface with court reporting programs would ensure more reliable data.

PROMISING PRACTICES

CQI System

Administrative Data shows a steady decline in children without TPR filing at 15 out of 22 months beginning in 2019 Q2 when a Rapid Improvement Event occurred until COVID impacted these figures in 2020.

MDI

DCS legal staff incorporate lean principles and Managing for Daily Improvement (MDI) ensuring staff are aligned and focused on key metrics. The team has refined their internal metrics for 2023 and have mechanisms/tracking planned to identify children at risk of delayed permanency sooner (7-to-11-month report).

Item 24: Notice of Hearings

Summary of State Performance

Indiana identifies Item 24 as an **Area Needing Improvement** as the system is not functioning statewide to ensure that foster parents, pre-adoptive parents, and relative caregivers (resource parents)⁶⁷ of children in foster care are receiving appropriate notification of hearings. During these hearings, children are given opportunities to have their voice heard in court. Anecdotes from the Annual Foster Care Survey and interviews with resource parents acknowledged this as an area for improvement. While Indiana has requirements clearly outlined in code and DCS policy, DCS and court staff acknowledge the lack of standardization and inability to reliably measure or monitor compliance on this item. Documentation of court notification and participation is contained in the case file but would require extensive text analysis/data mining to determine how often this is happening.

This area was rated as an area needing improvement in CFSR R3 for similar reasons. Since CFSR R3 and the subsequent PIP, Indiana has made improvements to support the participation and engagement of resource parents. Improvements include resource parent involvement in court processes and increasing their access to information with the development of the Foster Parent Bill of Rights and an externally facing Foster Care Portal. However, there is a need to engage with resource parents more authentically and provide more opportunities for them to share critical feedback about the child welfare system. Indiana would benefit from exploring this item further with interviews, case file text analysis, and strengthened feedback mechanisms.

Introduction and Background

Indiana Department of Child Services policy **6.04: Providing Notice of Hearings**⁶⁸ defines the policy, practice, and statutory requirements of providing notice of hearings and reviews to caregivers engaged with the child welfare or juvenile justice systems. Written notice of Child in Need of Services (CHINS) and Termination of Parental Rights (TPR) hearings are sent in a manner consistent with the Indiana Trial Rules⁶⁹ to permit CHINS and TPR cases to proceed in a timely manner. DCS will give written notice of CHINS and TPR hearings, by mail or personal service to the following:

1. The child⁷⁰
2. Each parent, guardian, or custodian, and Attorney of record
3. Court Appointed Special Advocate (CASA) or Guardian Ad Litem (GAL); and
4. Resource parent and/or long-term foster parent.

Policy 6.04 specifically outlines that **all resource parents who are required to be notified** also have **the right to be heard in all court proceedings pertaining to a child in their care**. Notice must be provided within 10 calendar days prior to Periodic Case Review.

Providing notice is a shared responsibility among family case managers (FCMs) and DCS Staff Attorneys as described in the policy.

⁶⁷ Per DCS Policy 8.16, Resource Parent is defined as a foster/adoptive parent, foster parent, and licensed or unlicensed relative or kinship caregiver. [8.16.pdf \(in.gov\)](#)

⁶⁸ [Policy 6.04: Providing Notice of Hearings](#)

⁶⁹ [Indiana Rules of Trial Procedure](#)

⁷⁰ **Note:** If the child's attendance at the hearings would neither benefit the child nor contribute to the proceedings, DCS may file a request for a court order to exclude the child from the proceedings. To remove the obligation of DCS to provide notice to the child, the order must specifically address the issue.

The results from CFSR Round 3 identified this item as an Area Needing Improvement based on information from the statewide assessment and stakeholder interviews. Round 3 highlighted that notice was not consistently provided to the required individuals and there was no uniform process in place to ensure notification occurred. Foster Parents and relative caregivers (resource parents) also noted that they were not given an opportunity to be heard during hearings.

As a result of these findings, DCS included a related goal in Permanency Section 2 (a) of the Program Improvement Plan (PIP), which focuses on working with the Indiana Office of Court Services (IOCS) to increase resource parents' opportunity for participation at court hearings. DCS worked closely with resource parents and the legislature in ensuring the development of a [Foster Parent Bill of Rights](#) ⁷¹ to advise resource parents of their right to timely notification and provide their input.

Methodology

This item is evaluated using existing administrative data sources and qualitative information obtained from interviews, surveys, and internal case reviews. A description of the data sources used to evaluate this item are outlined in the Data Sources section above and briefly referenced below:

- [Indiana State Code and DCS Policy](#)
- [Annual Foster Care Survey](#)
- [Qualitative Data](#): Stakeholder interviews with DCS legal and Court Services staff informed the narrative of procedures and identification of system challenges.

Key Findings

1. Indiana has a well-defined requirement for notifying key parties, including foster parents, pre-adoptive parents, and relative caregivers, in DCS policy and Indiana Code.
2. Stakeholders and agency leadership acknowledge there is no consistent, statewide, formal tracking of notices or hearing involvement that would generate reliable quantitative or qualitative data to monitor performance.
3. Indiana lacks credible data sources to demonstrate all resource parents of children in foster care are notified of/have an opportunity to participate in reviews/hearings.
4. The Annual Foster Care Survey has the potential to capture this feedback but is lacking more specific questions to confidently identify the cross-cutting issues experienced by resource and adoptive parents.

SERVING NOTICE

DCS will use one (1) of the following methods for serving notice of a hearing:

- **Mail** – Notice of the following may be sent by mail if the notice is deposited in the mail at least 10 calendar days prior to the scheduled
- **Verbal** – Verbal notice may be given if the scheduled court hearing is less than 48 hours after the time the hearing is set by the court (excluding Saturdays, Sundays, and certain legal holidays). Verbal notice must include the date, time, location, and purpose of the proceeding and may not be left via voicemail or with other persons not a party to the proceeding. Verbal notice must be verified by affidavit, testimony, or other communication to the court at the hearing that verbal notice was given as a result.

NOTICE IN COURT

*Notice by DCS is **not required** if verbal notice of the date, time, location, and purpose of the proceeding was given by the court at an earlier hearing or proceeding for which that the party was present*

⁷¹ [Foster Parent Bill of Rights'](#)

Analysis

Notification Process

Interviews conducted with DCS legal staff reflected the policies and practices described in the Introduction and Background section. Additionally, legal staff confirmed the description provided in the CFSR Round 3 Statewide Assessment was still reflective of practice today. DCS acknowledges that staff are required to notify all required parties in accordance with policy. FCMs make a point to remind parties of hearings during their contacts and Child and Family Team Meetings (CFTMs). These interviews with DCS staff re-emphasized that there are local differences in the process of providing notice of hearings and whether this information is tracked internally.

In addition to formal written notification, courts also require Notice of Service at some hearings and inquire as to the reason for non-attendance of parents or other key participants in the case. This information is subsequently included in hearing orders. Court representatives confirmed that notices are automatically sent to parties in a case using a distribution list for court orders and hearing notices⁷²; however, resource parents are not parties in a case unless they petition the court for, and are granted, party status. Participants are often provided verbal notice as courts frequently schedule hearings during other proceedings and notify attendees of the next hearing date at that time.

Monitoring Notices

Indiana identifies this as an area of opportunity. Currently, there is no accessible, administrative data to effectively determine if resource parents were notified or provided an opportunity to be heard at a court hearing. Documentation of notification/participation in the hearing is in the body of the court document and not easily captured by the statewide information system without performing a more extensive text analysis.

As a result of the Program Improvement Plan (PIP) following CFSR R3, Indiana determined specific objectives and strategies geared towards improvement of this item. This resulted in:

- Re-emphasis of meaningful engagement with foster/resource parents and caregivers with Juvenile Courts judges and judicial officers
- Regular collaboration meetings with the Indiana Office of Court Services (IOCS) and the Juvenile Justice Improvement Committee (JJIC)
- Revision of the CHINS Benchbook
- The development of the Foster Parent Bill of Rights, the Indiana Relative/Kinship/Foster Placement Court Reporting Form,⁷³ and development of an externally facing Foster Parent Portal⁷⁴

While resource parents have access to the Foster Parent Portal, notices of hearings are only available in the portal if an FCM inputs and updates the information.

Annual Foster Care Survey

The foster care survey is administered annually to all foster parents, adoptive parents, and kinship placement providers, including those licensed through a Licensed Child Placing Agency (LCPA). The survey began in June 2020

⁷² Courts using the Odyssey Case Management System send electronic notices automatically to all parties who have an email on file. For parties represented by an attorney, the attorney receives a notice as well. If unrepresented, the party receives the email directly. For parties with no email address on file, the county prints and mails the notice to the address on record for the attorney or party (if not represented).

⁷³ [Indiana Relative/Kinship/Foster Placement Court Reporting Form](#)

⁷⁴ See Objective 2.2, Page 81 of 2022-2023 APSR

and was initially administered twice (June 2020, December 2020) with subsequent surveys collected annually in June 2021 and June 2022. This survey gathers feedback about their experience with the fostering/adopting process using multiple choice and Likert scale questions in addition to an open text field at the end of the survey.

This survey has the potential to capture the voice of resource parents to drive system improvements. Currently, there are no direct questions asking about the resource parent's experience with the court system (notice of hearings, voice in hearings).

Some **survey respondents mentioned not receiving notices of hearings or having the opportunity to participate in hearings** via the open-ended text field at the end of the survey.

While the results of this survey do not definitively show how well this item is functioning statewide, they do suggest that **resource parents want a mechanism to provide this feedback** and that improving this survey could provide the state with actionable data from a diverse pool of individuals with lived experience and make resource parents feel more valued and heard.

Promising Practices

Indiana has upcoming **promising or emerging good practices** including:

- Looking to identify and implement improvements in relation to permanency hearings. The Indiana Office of Court Services through the Court Improvement Program and the Research and Evaluation team at DCS is in the process of planning a court hearing quality evaluation in 2024.
- DCS' legal team is partnering with Strategic Solutions and Agency Transformation team to add legal-specific questions to the PMR and identify additional metrics to track as part of their MDI⁷⁵ system.

Conclusions and Recommendations

Indiana assesses this item as an **Area Needing Improvement overall**.

The review of the information summarized in this item revealed some **strengths** of the system:

- Indiana has well-defined policy and code outlining the requirements/responsibility to notify resource parents of all relevant hearings.
- Indiana DCS has emphasized the importance of obtaining the resource parents' voice throughout the progression of the case, including in hearings pertaining to the child.
- As a result of Indiana's previous PIP, improvements were made to re-emphasize these points with the development of the Foster Parent Bill of Rights. This was also extended to the courts via DCS developed trainings, revised Benchbooks, and the development of the [Indiana Relative/Kinship/Foster Placement Court Reporting Form](#).

Indiana has many **opportunities for improvement** as it relates to systemic functioning on this item.

- Interviews with DCS legal and field staff show that while employees are knowledgeable of the

RESPONSES SAY...

"I wish this survey had more depth to the questions and allowed for comments to the questions. I had hoped this survey would address processes and opportunity for feedback."

⁷⁵ Managing for Daily Improvement – See Item 25

requirements and make efforts to provide appropriate notice, there are no consistent practices across the state to ensure or verify appropriate notice is given. DCS Legal and Court Services staff agree that there are currently no electronic methods to monitor this process or to generate data on this performance measure.

- This data point is not currently captured in Indiana's Practice Model Review (PMR).
- Anecdotal evidence from the Annual Foster Care Survey and interviews with foster parents shows that they did not receive adequate notice of hearings and/or did not feel as though they had an opportunity to be heard in court hearings.

Some **recommendations** from the review of this item include:

- Plan and coordinate data mining/text analysis with the DCS Research and Evaluation team to learn more about the current state of this item and plan for measuring improvements.
- Develop a standard DCS process for notifying, documenting, and monitoring notices to all required case participants.
- Enhance data entry accuracy and completeness to make the greatest use of the Foster Care Portal
- Enhance the annual foster care survey to capture more actionable data on the key systemic issues, including those that resource parents have identified as barriers or deterrents to fostering/adopting.

C. QUALITY ASSURANCE SYSTEM

Item 25: Quality Assurance System

Indiana assessed the state's performance on this systemic factor using the state's performance on Item 25. Indiana believes the state to be in substantial conformity with the systemic factor of the Quality Assurance System.

Summary of State Performance

Item 25 is rated as a **strength**. This item was an area needing improvement in CFSR R3. Since then, Indiana began a Lean transformation journey. Indiana now boasts a robust and multi-faceted quality assurance and continuous quality improvement (CQI) system that effectively drives program improvements. Indiana conducts Practice Model Reviews, Child and Family Service Reviews, and other internal quality assurance tools in all regions and uses results to drive program and practice improvements. Indiana's Lean transformation has resulted in a dedicated CQI team to facilitate improvement events and activities and trains all staff on Lean principles/tools to incorporate in their local offices. Indiana has several engagements across stakeholder groups and individuals with lived experience and continues to look for opportunities to include their voice in process improvements.

Introduction and Background

DCS is dedicated to nurturing an agencywide culture of continuous quality improvement (CQI). DCS has an ongoing partnership with Simpler Consulting to focus the agency's Lean strategy, organize the agency's goals, and drive towards statistical benchmarks that move the agency forward. This partnership also works to drive cultural change within the agency and promote a Lean culture where each employee is empowered to make improvements in their work.

The department's CQI process is the foundation for setting agency priorities, supporting internal and external collaborations, and identifying improvements to the agency's interventions and service provision. The Strategic Solutions and Agency Transformation (SSAT) division was created to support these objectives. SSAT is a centralized division that uses Lean methodology to examine the way DCS functions while finding ways to make system improvements. SSAT houses several units which oversee agency policy, quality assurance, federal compliance and reporting, evaluation, and continuous improvement activities across the state.

SSAT DIVISION

SSAT is a multi-disciplinary division which includes the following program areas:

- Quality Service and Assurance (QSA)
- Continuous Quality Improvement (CQI)
- Research and Evaluation (R&E)
- Permanency Initiatives
- Safe Systems
- Focused Needs
- Policy

Methodology

Item 25 is evaluated using measurements from existing administrative data sources, DCS written policy, agency federal reports, improvement event records, and stakeholder engagements. The following data sources were used in this analysis:

- Administrative Data: MaGIK generated reports, CQI Metrics/Dashboards
- Safety Culture Survey Results: Staff surveys were conducted in 2022. Total Responses: 2,181 (57% response rate)
- Qualitative Data: Stakeholder feedback from improvement event documents, Regional Service Council Meeting Minutes, Partnering on Practice forum summaries

Key Findings

1. Indiana has standards and quality assurance processes (PMR) to evaluate the quality of services provided to children and families statewide. The QA system generates and uses reliable data to identify the strengths and needs of the system.
2. Indiana's Lean transformation has established an effective continuous quality improvement system that engages staff in process improvement activities.
3. Indiana has significantly enhanced its data reporting has reports and dashboards readily accessible to staff and encourages the use of data to monitor daily performance and drive improvements (MDI).

Analysis

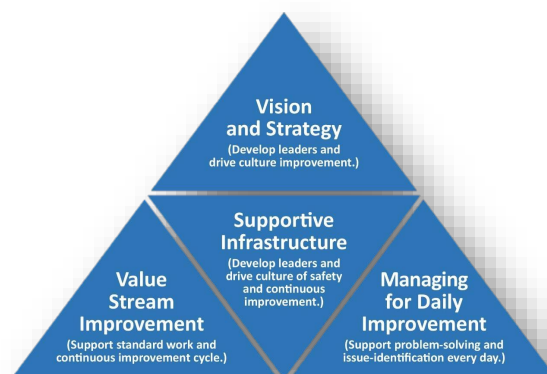
Continuous Quality Improvement Processes

The Continuous Quality Improvement (CQI) team directs quality improvement work for the agency. This team, consisting of 8 Lean Improvement Facilitators and a Master Lean Practitioner facilitates Value Stream Analyses (VSAs), Value Stream Steering Teams (VSSTs), Rapid Improvement Events (RIEs), and Improvement Projects (IPs) in conjunction with agency staff and external stakeholders across the state, centered around the agency's True North goals and metrics defined by the DCS executive team.

DCS True North Goals

DCS' True North Goals are defined as:

1. 90% of the agency trained in fundamentals of continuous improvement
2. Zero fatalities from repeat maltreatment
3. Children live in a home setting with needs met by receiving appropriate services and support
4. Services provided for every family are relevant to the need and are in place for only the necessary amount of time.



Value Streams and Improvement Events

A value stream describes how a stakeholder receives value from an organization.⁷⁶ DCS currently utilizes three value streams to impact the defined True North Goals and operational metrics: Employee Experience, Intake and Assessment, and Out of Home CHINS. The VSA is followed by several rapid improvement events to identify and implement solutions.

A Rapid Improvement Event (RIE) is a week-long workshop through which a process is redesigned. It involves staff affected by the change and aims to deliver rapid, concrete improvements, quickly and effectively. **Improvement projects** are used when the solution to a problem has been identified, but a group needs to work through the logistics to create a plan to implement the solution. **“Just Do Its”** and **“Just Stop Its”** are things that common sense says we should just do or just stop doing, without further analysis.

⁷⁶ [Value Stream Mapping Overview - Lean Enterprise Institute](#)

Since the beginning of the agency's Lean transformation, more than 100 improvement events have been held resulting in countless process improvements and noticeable enhancements in agency performance. Examples of these are interspersed throughout this assessment.

A Culture of Continuous Improvement

The CQI team conducts regular training and coaching to familiarize all DCS staff with Lean concepts and process improvement tools. This includes:

- A mandatory, virtual, introductory Lean training
- Managing for Daily Improvement (MDI) training
- An advanced Lean training series known as Lean Bronze training
- Personal Development Plan (PDP) training
- Upcoming workshops about Leader Standard Work (LSW)

All CQI team members have completed the Six Sigma Green Belt Certification from Purdue University. Employees from several other divisions have obtained a Green Belt Certification and/or have participated in Lean Bronze Training.

Managing for Daily Improvement (MDI)

DCS is dedicated to developing process improvement skills in staff agency-wide to support continuous improvement activities at the unit level. Managing for Daily Improvement (MDI)⁷⁷ is a **process that drives change from the bottom up**, using visual management strategies and the **daily monitoring of key performance indicators** (KPIs) to ensure teams are meeting their goals or can take quick corrective action when goals are off track. This is done via tiered huddles which occur at every level across all divisions from front line/Tier 1 staff (daily) up to the DCS executive team. Front line staff have seen improvements in timely initiation, court hearing timeliness, and safety with the incorporation of MDI. Currently, staff conduct smaller scale improvement activities via MDI and Plan-Do-Check-Act (PDCA) cycles. Additionally, Regional VSAs are being piloted in targeted areas (DCS regions 16 and 17) to drive improvements specific to the systems in these areas. MDI has been introduced to all field divisions and all but one non-field division with projected agency-wide implementation by Q2 of 2023.

Regional Service Councils

DCS collaborates with community stakeholders involved in child welfare through multi-disciplinary teams in each of DCS' 18 regions, known as Regional Service Councils (RSC). The RSCs complete biennial plans, which include service arrays for the regions. All 18 RSCs participate in the Biennial Regional Strategic Services Plan (BRSSP) process. The BRSSP for SFY 2021-2022 was developed using a collaborative approach, which included stakeholders from the provider community, foster parents, youth, clients, probation, courts, CASA/GAL, and prosecutors.

CQI Metrics

Improvement Events Facilitated

- 2019: 17 Events
- 2020: 15 Events
- 2021: 34 Events
- 2022: 40 Events

Bronze Training Participants: 82

MDI Participants: 3,570

Mindful Organizing

The 2022 DCS Safety Culture Survey found a significant increase in the percent of respondents who positively endorsed "Mindful Organizing"

77% → 84%

Mindful organizing measures how teams monitor, plan, innovate, learn, and support.

MDI Example

Bartholomew County's Managing for Daily Improvement (MDI) process helped 71 children reach permanency through September 2021!

⁷⁷ [Managing for Daily Improvements - NC State Industry Expansion Solutions \(ncsu.edu\)](https://www.ncsu.edu/industry-expansion-solutions/)

The focus groups were asked to identify gaps in services and strategies to improve the quality and availability of services in a region. Statewide quantitative and qualitative data, ad hoc reviews, improvement planning outcomes, and prevention data, and regional reports on contracted community-based services by county are used by the regions to develop both service strengths and gaps that could be addressed by DCS and the local communities. Below is an example of a Regional Service Council addressing a community need regarding safe sleep.

Regional Service Council and Biennial Plan Approval Meeting: Region 16

Attendance: Region 16 leadership, Regional Service Coordinator, Regional Finance Manager, representatives from Community Partners including Indiana Home Based Services, Building Blocks, Holly's House, Evansville Office of Youth Villages, Youth First, and the court system.

Issue: Region 16 identified a pattern of safe sleep fatalities in the region. The council determined this was due to a lack of education and identified a need to enhance community and staff education around safe sleep.

Goal: Prevention Services and decreasing infant mortality related to safe sleep.

Enhance documentation of all Safe Sleep conversations between DCS and families.

Action Steps:

- By November 2022: Increasing FCM's (Family Case Managers) knowledge of safe sleep through Building Blocks. Building Blocks provides several resources to the community, including safe sleep training. Community stakeholders (those agencies present today) are invited to attend trainings so that all have the most up-to-date safe sleep training/information.
- Ensure the community has awareness of safe sleep and what resources are available. DCS offices will identify the local agency for safe sleep products such as cribs, pacifiers, and sleep sacks, etc., and will add safe sleep resources to the local community resource guides.
- By July 2023: FCMs and providers will identify additional caregivers such as babysitters, older siblings, grandparents, aunts and uncles, and other childcare providers and hold safe sleep conversations with them to address some of the fatalities that have happened where parents may have had a safe crib, but the child died at a caregiver's home.

Standards to Evaluate the Quality of Services

DCS maintains a comprehensive repository of all state, administrative, and child welfare policies. State policy, procedures, and references to relevant state and federal code are compiled in the state policy manuals⁷⁸. DCS also maintains Service Standards for all contracted services.⁷⁹

⁷⁸ [DCS: State Policy Overview \(in.gov\)](#)

⁷⁹ [DCS: Service Standard Summaries and Comparisons \(in.gov\)](#)

The agency monitors process and outcome measures based on federal requirements (e.g., CFSR data indicators), state policy, and the agency's Practice Model. The practice model includes practice principles and essential skills (Teaming, Engaging, Assessing, Planning, and Intervening) to effectively implement its mission, vision and values. These principles and skills build upon practice that supports continuous quality improvement and the outcomes of safety, permanency and well-being for children and families.

Quality Assurance Processes

The Quality Service and Assurance (QSA) team consists of 8 Quality Assurance Analysts and 2 program managers. This team conducts internal quality assurance reviews in program areas across the agency to identify the strengths and needs of Indiana's child welfare system. This includes Child and Family Service Reviews (CFSR), Practice Model Reviews (PMR), the Reflective Practice Survey (RPS) and Quality Assurance Reviews (QAR) for the Child Abuse and Neglect Hotline (Hotline), SafeACT, and the Institutional Child Protection Services Unit (ICPS). The QSA team assists with the development and implementation of new quality assurance tools as needed.

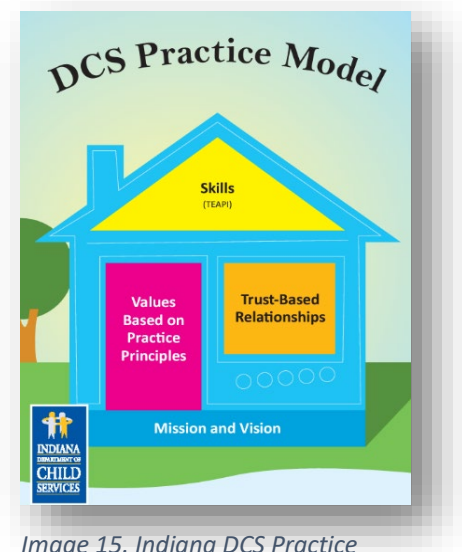


Image 15. Indiana DCS Practice Model

This team engages DCS staff and external partners (i.e., court staff) statewide in quality assurance activities. Currently, the team boasts approximately 700 trained reviewers.

Practice Model Review (PMR)

The DCS Practice Model Review (PMR)⁸⁰ is a peer review process that utilizes **interviews with stakeholders, families, and children** (if age and developmentally appropriate) along with case record reviews to assess the agency's performance on key practice indicators, including safety, permanency, and well-being and **identify system strengths and areas needing improvement**. The PMR process also evaluates the contribution made by local courts and service providers in producing those outcomes.

The PMR Protocol is designed to mirror the federal Onsite Review Instrument (OSRI) to measure compliance with federal standards while incorporating Indiana-specific items to measure the fidelity to the DCS Practice Model during a specific Period Under Review (PUR).

Cases are randomly selected, and the number of cases reviewed is adjusted for the type of review (Mini or Full)⁸¹ and size of the region. The QSA team continues to improve the review process to support system improvements and federal compliance. In 2023, the team is conducting a state led review for CFSR Round 4. In preparation, the team has implemented a randomized, statewide case pull in place of mini PMRs. See the attachment 25.1 for full 2023-2024 Review Calendar⁸².

The PMR culminates in a **feedback session for each region** where the review findings are presented. Additionally, **PMR data and trends are provided to DCS upper management bi-annually** and are used by agency leaders to evaluate and address system issues that produce inequitable results for families and children.

⁸⁰ [Policy 2.16: Practice Model Review \(PMR\)](#)

⁸¹ Mini Reviews evaluated 12-16 cases per region while Full Reviews evaluated 16-64 cases per region. Regions 1, 3, 4, 10, and 16 have more cases reviewed to produce a more representative sample relative to region size.

⁸² 25.1 Review Calendar 2023-2024

PRACTICE MODEL REVIEWS

Mini PMR: Reviews conducted in the second week of the month evaluating 12-16 cases from the assigned region.

Full PMR: Reviews conducted in the fourth week of the month, evaluating 16-64 cases from the assigned region.

Statewide Review: Reviews conducted in the second week of the month evaluating 9-12 randomly assigned cases from anywhere within the state. These will replace mini PMRs in 2023.

PMR results measure the region's performance as a percentage of the number of cases **rated as a strength** out of the total applicable cases reviewed in the region. Results may be viewed as high level such as measures of the five practice skills – Teaming, Engaging, Assessing, Planning, and Intervening – or as granular as by individual question in the PMR Protocol⁸³ or OSRI.⁸⁴

Reflective Practice Survey (RPS)

The Reflective Practice Survey (RPS)⁸⁵ uses case record reviews and field observation to evaluate the fidelity of FCMs practice to the DCS Practice Model. Family case managers. The RPS process allows the FCM Supervisor to engage with the family/FCM/team members. Supervisors may observe the FCM during several activities (CFTM, home visit, supervised visit, court, or other meeting/contact) and interview case participants about needs and case progression. RPS is completed quarterly and each FCM will have either one assessment, one permanency case, or one Older Youth Services (OYS) case selected for review. Permanency cases and OYS cases are randomly selected for review while a supervisor selects the assessment case to be reviewed with the FCM.

Questions on each Reflective Practice Survey align with key areas measured via the PMR and CFSR. Each questionnaire is tailored to the review area and the activity being observed. Data is reported via Tableau dashboards, which management can use to determine RPS compliance, measure practice skills, and identify training needs on all levels from the individual worker to statewide performance.

While this tool has the potential to be a robust ongoing quality assurance measure, scores appear to be artificially inflated relative to other tools. Staff report still seeing RPS as a punitive process or an activity to “check off.” Some regions are invested in the process while response rates in others are low.

Quality Assurance Reviews (QAR)

Hotline Reviews

The QSA team reviews 100 Hotline calls each quarter (400 annually) using a 45-question quality assurance tool. This tool reviews the completeness and quality of documentation in Intake Reports, the thoroughness of the Intake Specialist, the accuracy of the report decision, and the caller's experience. Data reports are presented to agency directors and Hotline leadership quarterly.

SafeACT Reviews

The QSA team reviews 100 SafeACT calls/assessments each quarter (400 annually) using a 90-question quality assurance tool (depending on family structure). The SafeACT tool reviews areas such as general information, required contacts with victims/parents, perpetrator interviews, thoroughness of the

STAKEHOLDER VOICE

RPS incorporates the **voice of children, parents, resource parents, providers**, and other key case participants.

While completing the RPS, supervisors observe the FCM working with families and interview case participants to assess the FCMs practice skills.

⁸³ Practice Model Review Protocol

⁸⁴ Onsite Review Instrument

⁸⁵ [2.18-Reflective-Practice-Survey-RPS.pdf \(in.gov\)](#)

investigation, documentation, and timely completion. The SafeACT Quality Assurance Report is a live data report and visualized on a dashboard accessible to SafeACT managers and agency leadership.

Institutional (ICPS) Reviews

The QSA team reviews 85 Institutional Child Protection Unit (ICPS) Investigations per quarter (340 annually) using a 47-question quality assurance tool. These reviews evaluate the quality and timeliness of Institutional investigations. The ICPS tool looks at face to face contacts, probation involvement, case manager conducted interviews, and thoroughness of the final investigation report. Data reports are submitted and presented to agency directors quarterly.

Safe Systems Reviews (SSR)

To improve child safety, prevent child maltreatment-related fatalities, and identify improvement opportunities on a systemic level, DCS has developed a Safe System Review (SSR) for child fatalities and near fatalities.⁸⁶ This program is rooted in the practice of safety science, and its sole purpose is to assist in developing a more reliable, functioning system. The SSR is a facilitated opportunity to process casework on a systemic level and explore statewide trends for improvement across the child welfare system. The SSR is a non-punitive process that considers the whole system rather than the specific individual and case. The process is designed to afford individuals an opportunity to provide input into the existing functions of the agency.

The Safe Systems team conducts Safe System Reviews (SSRs) on any family or child with DCS involvement in the 12 months prior to a critical incident (e.g., fatality or near fatality) or for families who were involved in Healthy Families Indiana (HFI) or Nurse Family Partnership, even if DCS had no prior involvement. The review utilizes the Safe System Improvement Tool (SSIT)⁸⁷ which is organized into four nested domains (family, professional, team, environment) to facilitate learning and improvement. The Safe Systems team aggregates the trends and focuses on improvement opportunities as part of a continuous quality improvement cycle.

Additionally, the team partners with other agencies and divisions to enhance practice. This team debriefs with relevant external stakeholders following a review as appropriate (Healthy Families, Nurse Family Partnership, LCPAs, and CASA), and participate in several multidisciplinary meetings, including the Children's Justice Act (CJA) Taskforce, Child Fatality Review (CFR) Teams, State CFR Team, Pediatric Suicide, Child Welfare Improvement Committee, and the Indiana Perinatal Quality Improvement Collaborative.

IMPROVEMENT ACTIVITY

In 2021, the Safe Systems team reviewed 165 cases. The team identified several system-level improvements opportunities, which led to the roll out of the Spaced Education initiative, which presents mini-quizzes to staff to aid in retention of material.

Strengths and Needs of the Service Delivery System

DCS identifies the strengths and needs of the system through the quality assurance and continuous quality improvement activities described above. Additionally, there are processes in place to ensure the quality and fidelity of contracted services. Indiana engages external stakeholders regularly and has processes in place to incorporate the voice of parents, children, resource parents, and providers in its CQI activities.

⁸⁶ [Policy 2.29: Safe System Review \(SSR\) for Child Fatalities and Near Fatalities](#)

⁸⁷ Attachment 25.2: SSIT

Advisory Boards

Indiana participates in or facilitates several strategies to engage with and hear from individuals with lived experience in the child welfare system. Some of those engagements are described below.

Indiana Youth Advisory Board (IYAB)

The Indiana Youth Advisory Board (IYAB) is comprised of current and former foster youth from DCS' 18 regions across Indiana and is coordinated by Foster Success. The IYAB meets at least four times per year to develop and implement their mission to positively impact the foster care system in Indiana. Indiana youth gave feedback to promote the youth voice within system improvement for the agency and closing the feedback loop. As a result, many IYAB members are now participating in various state agency workgroups or committees for agency development and planning in system change. The following is a list of the current committees:

- Indiana Youth Engagement Workgroup
- DCS Racial Justice Equity and Inclusion Advisory Council and its 7 sub-committees
- LGBTQ+ Committee
- Policy Workgroup
- OYS Emerging Adult Workgroup
- Direct Cash Payment Workgroup
- Older Youth Permanency Workgroup

Indiana Birth Parent Advisory Board (IBPAB)

The Birth Parent Advisory Board (BPAB) is an initiative within supported by Casey Family Programs. DCS is committed to partnering with the BPAB to strengthen and support families, engage the community in child maltreatment prevention strategies and activities, reduce the need for out-of-home placement of children, and decrease the rate of child maltreatment reports. The BPAB serves as strategic partner with DCS to provide guidance about practices, have a greater understanding of family needs, and identify opportunities for growth for service delivery. The goal of the BPAB is to help bridge the gap between DCS and birth parents and is designed to be an integral component of DCS to plan, implement, monitor, and evaluate policies, practices, and services impacting children and families. Presently there are a consistent group of five birth parents who have had prior DCS involvement and are open to sharing their experiences to assist the agency in better understanding how to support Hoosier families.

Kinship Advisory Council

This is a strategic partnership between Casey Family Programs, The Villages of Indiana and relatives/kin who have experienced the child welfare system. The council was created to improve resources for non-custodial families. Its efforts are reported through the Indiana Commission for Child Safety.

Citizen Review Panels

Indiana law requires three Citizens Review Panels (CRPs): a Foster Care Advisory Board, a Child Fatality Review Team, and a Child Protection Team. In an effort towards continuous improvement, an

STAKEHOLDER VOICE

Indiana has incorporated more than 50 external participants in additional CQI facilitated improvement events since 2019 representing the following areas:

- Youth Advisory Board
- Foster Parents
- ACF and Children's Bureau
- Auditor of the State
- HR Representatives
- CASA/GAL
- Probation Staff
- Courts and IOCS
- Defense Attorneys
- Trial Judges
- Department of Education
- FSSA Representatives
- Indiana State Police
- IU School of Social Work
- JDAI Director
- LCPA
- Ombudsman
- Service Providers
- Social Workers
- IU Curriculum Developers

annual report out is provided to the DCS executive team by each panel. This allows panel members to explain what they did over the course of the year, as well as provide their recommendations and answer any questions the executive team has.

The Foster Care Citizens Review Panel or Foster Parent Advisory Council is focused on making recommendations to support foster parent learning and access to information.

Intervention Adequacy and Provider Quality

The Indiana Practice Model Review captures feedback about the appropriateness and quality of services provided. This includes a review of the case file, submitted referrals, and interviews with children, parents, service providers, other case participants, and DCS employees.

Indiana Family Preservation Services (INFPS) INFPS

Quality assurance is a strength of Indiana's service delivery system⁸⁸. Each INFPS provider receives a monthly "report card"⁸⁹ with a snapshot of outcomes including the number of cases and children they've served, the percentage of each who have experienced a removal, the percentage of each who have experienced repeated maltreatment, and how they compare with the state average in each of these areas to drive improvement. If an agency has a high rate of removals or repeat maltreatment during their program, this is visible to FCMs in real time on the department's INFPS dashboard. This allows FCMs to use data to inform referrals and ensure that referred families have the highest chances of a successful outcome. This helps to ensure that agencies focus on improving the quality of their work as future referrals depend on their ability to demonstrate good outcomes for kids and families. This system has helped to significantly reduce the number of children in out-of-home care while improving child safety across the state.

Regional Service Coordinators

DCS facilitates ongoing collaborative meetings to gather feedback and improve the implementation of specific services. Some examples include:

- Family-Centered Treatment (FCT): A Regional Service Coordinator facilitates an individual monthly meeting with FCT providers to review performance data, share successes, and discuss challenges or barriers in cases or other service delivery issues. FCT is currently being delivered in cases with families who have children with open probation involvement, cases in which DCS is trying to reunify families, and cases involving families receiving Indiana Family Preservation Services.
- Community Partners for Child Safety: The DCS Prevention Team facilitates a monthly meeting to review current practice in the field, discuss programmatic issues, and troubleshoot any challenges/barriers to services. Currently, this meeting also includes exploring curriculum to better meet programmatic needs. The group continually discusses how to continue to meet the needs in the different regions.
- Healthy Families Indiana (HFI): HFI 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.

Partnering on Practice

In 2022, DCS began holding Partnering on Practice forums. These forums are facilitated by the DCS Practice Model Director and are open to anyone in Indiana interested in discussing the use and improvement of the Practice Model. To date, 6 virtual forums have been held with an average of 146 attendees per forum. Attendees included Law Enforcement, School systems, Community Mental Health Centers, DCS Contracted providers, medical

⁸⁸ See Item 29

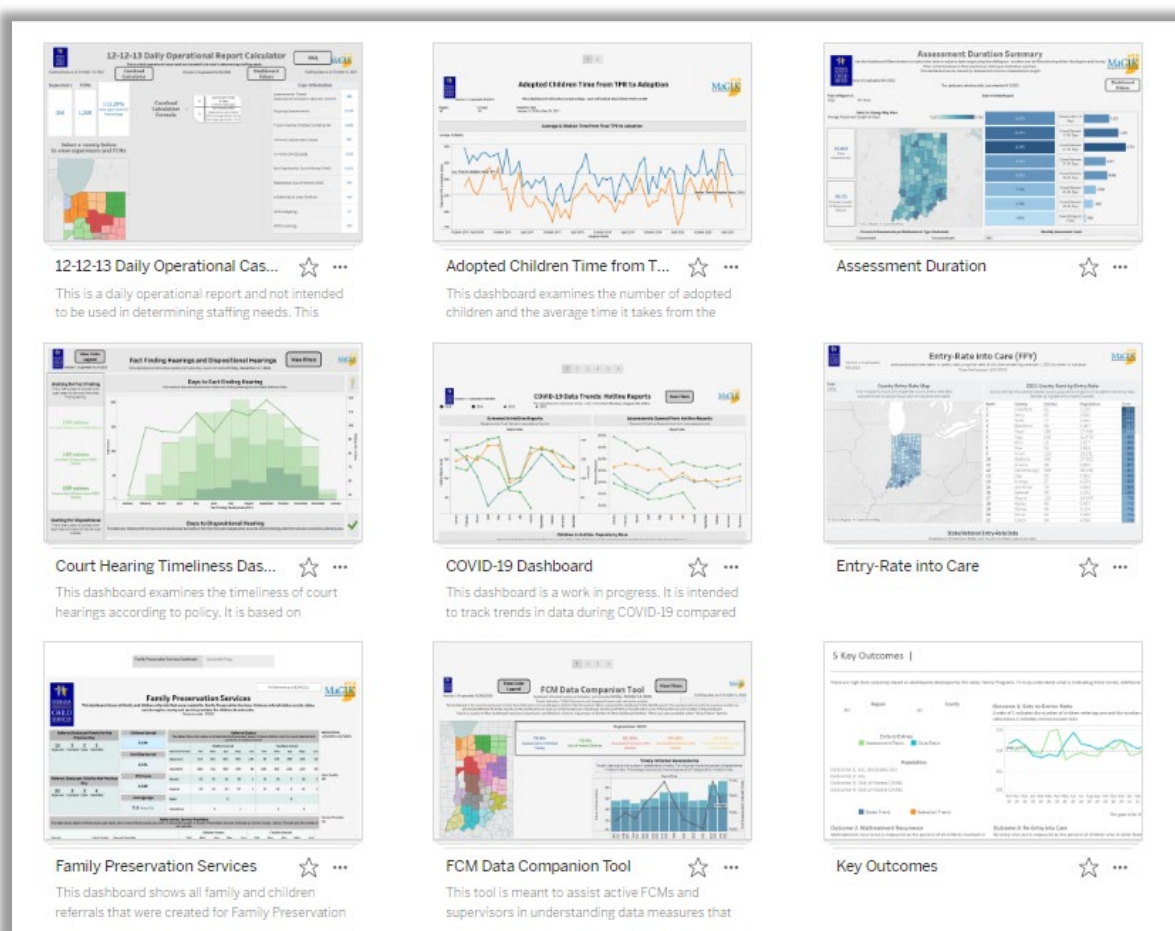
⁸⁹ See 29.1 Provider Report Card

personnel, Probation Departments, CASA programs, Residential Facilities, Child Advocacy Centers, Foster Parents, LCPA's, and DCS employees. These forums discuss strengths and opportunities of the child welfare system. Strengths and opportunities from previous forums are discussed and action plans are developed and monitored.

Data-Informed Decision-Making

Indiana has emphasized the use of reliable data to drive decision-making and process improvements. The agency uses Tableau, a visual analytics platform, to convert raw data into interactive graphics and dashboards. Dashboards exist for all key performance indicators related to safety, permanency, and wellbeing. Use of administrative data reports, dashboards, and other data (e.g., PMR data, CFSR data, Quality Assurance Reviews), is heavily emphasized in the CQI structure. Visual management and metrics are key requirements in MDI.⁹⁰ Additionally, Indiana has [public-facing dashboards](#) to increase transparency with the public.

Figure 16. Snapshot of a sample of data reports available in Tableau



DCS Practice Team

The Practice Team engages Regional Managers to prepare ideas for annual regional engagement plans. Regional engagement plans consist of goals developed by the region, led by the regional manager, and guided by PMR/CFSR data. In 2022, the practice team incorporated additional data points including Safe Systems Culture and Climate

⁹⁰ Huddles are scored for use of visual management, metrics, discussion of “pebbles” or problems, and the use of experiments by the CQI team to measure MDI sustainability.

data. In 2023 DCS’ staff development division is prioritizing PMR data to guide trainings and in-services (trainings offered by Staff Development Trainers, in-services offered by Practice Team members) that are offered by linking specific trainings and in-services to regional engagement plans. For example, PMR data may show we have room to grow within parental engagement. Staff development will identify a training or in-service that will lay the foundation and then the Practice Team will apply the learning via goals/activities in the regional engagement plan.

Regional VSA Example: Region 17

In 2022, the CQI team piloted regional VSAs in Region 17. Using existing administrative data, PMR results, and the commentary from VSA participants, the regional team identified three Improvement Projects (IPs) and one Rapid Improvement Event (RIE) centered around improving the quality of Child and Family Team Meetings (CFTMs). The team used measurement tools and developed a dashboard with data relevant to the Teaming process to monitor their progress. As a result of this process, the region saw improvements in all areas of quality Teaming practices according to PMR data:

Team Formation	2021	2022
Concerted efforts made to identify separate teams	67%	100%
CFTM held ongoing & @ critical case junctures	58%	71%
Quality CFT Meeting	2021	2022
Concerted Efforts to prep for CFTM	46%	54%
Discussed safety in all settings	71%	92%
Addressed needs of family	79%	100%
Created/revisited visitation plan	83%	100%
Developed Measurable outcomes	42%	69%
Developed an action plan with who, what, when	79%	92%
Developed an alternative/concurrent plan	46%	73%
Planned for what could go wrong	54%	77%
Team had a shared understanding of the plan	71%	92%

Evaluation of Implemented Program Improvement Measures

Tracking and Adjusting

Indiana utilizes the Plan-Do-Check-Act (PDCA) cycle as the model for implementing and monitoring process/program improvements. Areas that implement process improvements are tasked with monitoring metrics/outcomes over time to determine if the improvement was successful or if the cycle should begin again to identify a new solution.

Research and Evaluation

The SSAT division houses a Research and Evaluation team which conducts research and designs evaluations to help guide the agency’s goals and objectives and evaluate the effectiveness of program improvement measures. This team analyzes agency data and shares knowledge with both internal and external stakeholders in the child welfare system. The R&E team also conducts literature reviews that analyze policy, initiatives, and protocols from other states to identify potential initiatives for Indiana DCS. Additionally, this team develops and conducts internal

agency surveys to gain insights on policy, resources, and effectiveness that spark discussions around training development, changes in protocol, and additional areas of improvement.

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

DCS collaborated with Indiana University for the finalization of the evaluation of Indiana's IV-E Waiver program. The internal research and evaluation team is currently conducting several program evaluations for The Family First Prevention Services Act (FFSPA) including evaluations of Indiana Family Preservation Services, Trauma Focused-Cognitive Behavioral Therapy, Kinship Indiana Support Services (KISS)⁹¹, and Concrete Supports.⁹²

Conclusions and Recommendations

Indiana assesses this item as a **strength**. Indiana's quality assurance system is a promising practice that improves year over year. Indiana has a robust and multi-faceted quality assurance and continuous quality improvement system to drive program improvements. Some of the **strengths** include:

- Indiana has a quality assurance review process that aligns with CFSR measures. This allows Indiana to monitor and report progress in alignment with federal standards.
- Indiana's Lean transformation has introduced all staff to concepts of continuous quality improvement and supports local improvements driven by those doing the work and those impacted by the work.
- Indiana has an abundance of data and data visualizations available to staff and the public.

Some **recommendations and opportunities** for ongoing improvement include:

- Seeking out additional avenues to engage individuals with lived experience to guide practice and service delivery.
- Continued coaching to leadership and front-line staff around data competency and using quality assurance tools to drive office and individual improvements.
- Improved communication across workgroups regarding initiatives and outcomes
- Additional enhancements to the Reflective Practice Survey to improve the reliability of this tool. RPS scores are consistently inflated relative to other quality assurance measures. Staff have shared they feel uncomfortable providing FCMs with lower scores as many still see this as a punitive tool. Additionally, some RPS questions are not specific enough to identify root causes or measure specific defects.

Indiana has several improvements underway including the development of a quarterly leadership workshop centered around using quality assurance tools and data to coach staff. Additionally, Indiana is participating in a state-led review for CFSR Round 4 and has engaged several additional staff and external stakeholders in the review process. The CQI team is continuing to roll out MDI to additional divisions and monitor sustainment in the regions. There are future trainings around Lean principles including a Lean Silver training program.

⁹¹ [Kinship Indiana Support Services \(indianafostercare.org\)](https://indianafostercare.org/)

⁹² [Concrete-Supports.pdf \(in.gov\)](#)

D. STAFF AND PROVIDER TRAINING

Indiana assessed the state's performance on this systemic factor using the state's performance on Items 26, 27, and 28. Indiana believes the state to be in substantial conformity with the systemic factor of Staff and Provider Training.

Item 26: Initial Staff Training

Summary of State Performance

Item 26 is rated as a **Strength**. Indiana has a training system that ensures all staff with case management responsibilities receive thorough and timely initial training. Indiana's initial training program has an **established curriculum** and includes **targeted skill development**. **100% of staff** receive this initial training **before carrying a case load**. The statewide information system can show, as outlined below, that there is a well-developed, delivered and evaluated process to training staff upon onboarding to their role.

This item was rated as an Area Needing Improvement in the CFSR Round 3. Much of the improvements from round 3 to round 4 focused on collaboration and cross training efforts between DCS and Probation departments to create and maintain a shared understanding of the child welfare system. Both probation and DCS now have a well-developed curriculum for initial hiring of case managers and tracking the skills needed to do their work after graduating. The IU Partnership continues to collect information on the quality and effectiveness of each training and provide that to the DCS training division for review each quarter.

Introduction and Background

In 2006, DCS began a partnership with Indiana University School of Social Work to develop and maintain relevant curricula for all incoming and existing DCS employees. The Indiana Child Welfare Education and Training Partnership supports high quality, consolidated and intensive child welfare learning, and a professional development system required to meet the workforce development needs of the DCS. Indiana's professional development and training system is competency based, regionally delivered, when possible, outcome measured, distance technology-supported and fiscally accountable. The partnership helps DCS accomplish its vision and mission to enhance the health, safety and well-being of all children and families in Indiana. The Partnership includes Full-time trainers, supervisors, a curriculum manager, curriculum writers, evaluators, production personnel, fiscal staff, and records management personnel. It provides services in the following areas:

- Training Delivery and Curriculum Development
- Production and Training Support
- Training Records Management
- Training Evaluation⁹³

Additionally, partnership staff aid in the development and training of DCS and the delivery of training and consultation with local offices and external stakeholders.

This item was rated as an Area Needing Improvement in CFSR Round 3 despite the initial training being of good quality because probation workers serving children in foster care were not similarly trained and new probation officers received no training with respect to child welfare. Subsequent improvements focused on collaboration and cross training efforts between DCS and probation departments to create and maintain a shared understanding of

⁹³ [About: Indiana Child Welfare Education and Training Partnership: Indiana University \(iu.edu\)](https://iu.edu)

the child welfare system. Today, both probation and DCS have a well-developed curriculum for initial hiring of case managers and tracking the skills needed to do their work after graduating.

The Indiana Office of Court Services (IOCS) provides training and technical assistance to juvenile probation departments and oversees the certification requirements for probation officers on behalf of the Judicial Conference of Indiana. The IOCS administers the application process, examination, and orientation program for new probation officers. The IOCS also provides continuing education opportunities for probation officers at either a Probation Officers Annual Meeting or a Justice Services Conference, and at Regional Meetings, and specialty programs.

The IU Partnership continues to collect information on the quality and effectiveness of each training and provide that to the DCS training division for review each quarter.

Methodology

This item is evaluated using descriptive statistics from existing administrative data and surveys listed below:

- Staff Surveys: Aggregate data from an annual survey given to field DCS employees each calendar year from 2019-2022.
- Training Evaluations: Evaluations offered for every training offered by the IU/DCS Partnership; Evaluations provided after Probation Certification and Annual Conference
- Supreme Court Data: Juvenile Probation Officer training numbers and curriculum requirements

Outlined below are the key findings from the analysis of these sources.

Key Findings

1. DCS has well-defined curriculum and a training program that requires 100% completion before prior to being assigned a caseload.
2. The Indiana Child Welfare Education and Training Partnership aids DCS in providing staff with high quality, competency based, regionally delivered, and outcome measured curricula.
3. All Juvenile Probation officers receive cross training around Child Welfare and juvenile probation best practices; 100% of new probation officers receive their Probation Officer certification in the first year of hire.
4. Skills and knowledge tests conducted before and after New Worker Cohort training showed over 90% of trainees improved their pre-test scores per year-end data for 2020, 2021 and 2022.

Analysis

New Worker Cohort Training

Schedule and Curriculum

Indiana requires that all new family case managers complete New Hire Cohort Training **prior to managing a caseload** and working intensely with families. New FCMs begin New Worker Cohort Training immediately after completing the agency's onboarding training and "graduate" from New Worker Cohort upon completing the required coursework. New Worker Cohort is an intensive, multi-week training that is a combination of classroom, online course work, and experiential learning. Experiential learning, referred to as "Transfer of Learning" days, occur in the FCMs county of employment and are interspersed among classroom days.

As noted in previous sections, the required coursework consists of curriculum written with the resources of research and best practice leveraged from the Indiana University School of Social Work Partnership. Coursework is divided into units.

- **Essential Training** includes the foundational skills of Indiana’s Practice Model - Teaming, Engaging, Assessing, and Planning – in addition to core skills pertaining to interviewing and navigating the legal roles and responsibilities of the agency.
- **Intermediate Training** includes coursework around trauma, culture and diversity, critical thinking, more advanced interviewing skills, and the next level of engagement skills.
- **Advanced Training** is focused on supporting the wellness and longevity of FCM and includes topics around resilience, stress management, self-care, and professional development. The full list of courses is attached.⁹⁴

Again, this training must be completed in full before the case worker will be responsible for independently managing a caseload. Any variation in data around New Worker Cohort Training resulting in a figure less than 100% may be attributed to a new worker resigning or being terminated during cohort (before managing a caseload).

COVID-19 impacted workforces across the globe and Indiana was no exception. Indiana experienced an increase in resignations in 2020 and 2021 and a decline in applications as shown in **Error! Reference source not found..** However, Indiana continued to hire, onboard, and train new staff throughout the state of emergency. DCS expects to have a spike in cohort size in 2023 as January already has 87 new case workers in training between 3 cohorts.

New Worker Cohort Training Schedule	
59 Training Days (21 Virtual Classroom Days & 38 TOL Days)	
1 Day	Human Resources Orientation
4-5 Days	Transfer of Learning (TOL) Session (Field Start)
Unit 1	
1 Day	Getting to Know DCS <i>Introduction to DCS and Cohort Training</i>
1 Day	Engagement Learn communication and build trust-based relationships
1 Day	Worker Safety Covers policies and concepts to keep the FCM safe
1 Day	Car Seat*/Hotline/Ethics Apply techniques for installing car seats for safe transportation; Understand the role of Hotline staff. Presentation about DCS-specific Ethics
4-5 Days	TOL Session II
Unit 2	
2 Days	Trauma and its Effects on Children and Families <i>Learn about the effects of child abuse, neglect, and trauma</i>
1 Day	Interviewing <i>Develop information-gathering skills</i>
1 Day	Teaming & Facilitation <i>Introduce the CFTM process</i>
1 Day	Culture & Diversity I <i>Learn the basics of Cultural Humility</i>
4-5 Days	TOL Session III
Unit 3	
2 Days	Legal Roles & Responsibilities <i>Overview of the life of a case from the legal lens</i>
3 Days	Assessing Child Maltreatment <i>Apply assessment techniques to practice</i>
4-5 Days	TOL Session IV
Unit 4	
1 Day	Culture & Diversity II <i>Expand understanding of Cultural Humility</i>
3 Days	Case Planning and Intervening for Permanence <i>Apply permanency techniques to practice</i>
1 Day	Self Care & Post Test <i>Learn Self Care Practices for sustained personal well-being</i>
12-16 Days	TOL Session V

Table 45. Cohort Graduation Data through October of 2022 (Source: Staff Development Team)

Year	Number of Graduates	Number of Cohorts
2020	773	33
2021	395	33
2022	362	23

⁹⁴ [Initial DCS Case Manager Training](#)

DCS Training Evaluation

The Child Welfare Education and Training Partnership (CWETP) utilizes evaluation components for trainings provided to staff through post training evaluations per class and pre/post training skills tests. The evaluations are sent to IU where they are compiled and analyzed. Summarized results are sent to DCS quarterly. Course evaluations have twenty questions that range in topics from knowledge, skill, and curriculum to classroom environment. IU also compiles and analyzes the pre and post-test scores and reports back to DCS the results – specifically, areas where scores improved and areas where scores declined.

The Training Year-End Report of 2020 indicated that the IU Partnership examined pre-test and post-test scores of 35 cohorts (N=754). This report noted the following observations:

- **94% of trainees (720) had improved scores.** Over 53% improved by 10 or more questions. Approximately 43% improved by ten questions or fewer.
- Participants **improved 8.8% on average from pre-test to post-test.**
- Trainees improved by at least 15% on the Getting to Know DCS, Legal Overview, and Case Planning and Intervening. They improved at least 10% on Assessing Child Maltreatment, Worker Safety, and Effects of Abuse and Neglect. They improved less than 10% on Engagement, Culture & Diversity, Legal Roles, Teaming, Time Management Permanency.

The Training Year-End Report of 2021 indicated that the IU Partnership examined pre-test and post-test scores of 30 cohorts (N=415). The report noted the following observations:

- **91% of trainees (378) had improved scores.** Over 59% improved by 10 or more questions. About 30% improved by ten questions or fewer.
- Participants improved **7.7% on average** from pre-test to post-test.
- Trainees improved by at least 15% on Case Planning and Intervening. They improved at least 10% on Getting to Know DCS, Legal Overview, and Assessing Child Maltreatment.

Overall, this data shows that over 90% of trainees improved scores in every category each year. Legal Overview, Assessing Child Maltreatment and Getting to Know DCS were the trainings that consistently improve the most each year. The trainees that do not improve as much work directly in county with their assigned Mentor as they gain experience as a case manager.

Probation Training and Evaluation

Training Requirements

The Indiana Probation Standards require probation officers attend an orientation program conducted by Indiana Office of Court Services (IOCS) within one year from the date the officer is employed; however, IOCS recommends that a new officer attend within the first 6 months of employment. This orientation includes presentations on adult

EVALUATION SCORES

It is unknown if trainees whose scores did not improve overall in specific sections already had high scores on the initial test. For example, trainees who scored 100% in the Culture & Diversity section on the pre-test and post-test would be captured in the percentage of trainees who did not improve.

workers, and encourage a more intentional, hands-on training period for new FCMs.

COVID-19

To mitigate the impact of COVID 19 on caseloads and worker retention, DCS was able to quickly shift training to a fully remote setting, maintained cohort schedules, and maintained the requirement for FCMs to complete 100% of training prior to managing a caseload.

and juvenile supervision, Interviewing and report writing and Special populations.⁹⁵ The Juvenile Probation Officer Orientation Program includes a segment on CHINS, TPR, and Dual Status youth. Additionally, supplemental training and workshops are available to probation staff via conferences that address current initiatives/areas of interest.

Probation Officers are required to take an exam to become certified. Anyone already serving in the position of a probation officer must take and pass the examination within six (6) months after his/her appointment.⁹⁶ Additionally, probation officers must obtain at least twelve hours of continuing education in each calendar year after certification as a probation officer. Completion of certifications and continuing education is tracked locally by each Chief Probation Officer (CPO) in each county. The CPO and the supervising judge shall certify to the Indiana Office of Court Services, no later than March 1 of each year, those juvenile probation officers who have complied with the requirements during the previous year.

As of January 2023, there are 657 total probation officers in Indiana that handle juvenile cases. The table below shows the attendance for Probation Orientations completed for 2019-2022.

Table 46. Probation Orientation Training Attendance (2019 to 2022)

Calendar Year	Number of Juvenile Probation Officers
2019	135
2020	119
2021	103
2022	145

Training Evaluations

Each of the juvenile probation officers are asked to complete a post-training evaluation on each section of the initial certification training. Trainees may rate the courses on a scale of 1 to 5, with one being the lowest and 5 being the highest. These ratings are designed to capture the usefulness to daily practice and knowledge to perform their job duties. See attachment 26.1⁹⁷ for a full description and question list of each evaluation.

Evaluation ratings for 2022-2022 showed a relatively high average score year over year and there were no significant changes in the scores overall.

Table 4. Probation Training Evaluation Ratings (2020 to 2022)

Training Topic	2020 (N=119)	2021 (N=103)	2022 (N=145)
IOCS Overview	4.42	4.34	4.24
Ethics	4.38	4.43	4.23
Probation Supervision	4.39	4.31	4.26

⁹⁵ [Indiana Judicial Branch: Office of Court Services: Training](#)

⁹⁶ Indiana Code § 11-13-1-1(b).

⁹⁷ 26.1 Probation Evaluation Example

An Introduction to DCS and the Indian Child Welfare Act course for probation officers is in development to supplement the Juvenile Orientation Program and is expected to be available in the Courts Learning Management System in 2023.

Contracted Provider Training

DCS contracts with the provider community for case work services in the home. To ensure continuity of best practice and a shared understanding of skills required for child welfare work in the home, DCS has established a curriculum targeted to providers, depending on the services they provide to DCS clients:

- **Module I** is required for all staff who do not provide direct service but have any contact with DCS clients on a regular and continuing basis, and/or have electronic or physical access to DCS client records.
- **Module II** is required for all staff who provide direct service to DCS clients within a DCS service standard. This includes staff who provide services in an office or clinic setting, as well as community, home, and field-based staff.
- **Module III** is required for all staff who work with DCS clients outside of the clinic or office setting within a DCS service standard. This includes work in the client's home or community.
- **Module IV** is required for all staff who transport DCS clients.

Resource Guide for Training Requirements ⁹⁸ is a detailed overview of the training topics and curriculum. Timelines for the completion of each training competency is detailed in a comprehensive outline. Modules III and IV specifically must be completed **before** work occurs with clients. Minimal trainings, such as car seat safety, safe sleep and a DCS 101 Overview are required **prior to contact with families**. Other trainings are outlined in Checklist for Providers, ⁹⁹ with all trainings and amount of time until completion is required.

Training completion is monitored by the supervisor and a copy is kept in each employee's files. DCS audits every contracted provider at least once during their contract period, which averages 2 years. This audit is an on-site process in which 100% of employee files are reviewed and checked for compliance with training requirements.

Conclusions and Recommendations

Indiana assesses this item as a **strength** overall.

There are many strengths of Indiana's initial staff training process.

- All employees of DCS and Indiana Office of Court Services that work with children and families that receive child welfare services and programming receive initial training to increase their skillsets and competently perform their job duties
- The Department of Child Services has a comprehensive training schedule that ensure 100% completion before carrying a caseload.
- Initial staff training has built in evaluation processes and pre/post test scores to measure skill improvement.

⁹⁸ [Resource Guide for Training Providers](#)

⁹⁹ [Contract Provider Training Checklist](#)

- The Child Welfare Education Partnership with Indiana University School of Social Work supports the strength of DCSs research, training, and curriculum

There are **opportunities** to learn more about the effectiveness of juvenile probation training based on the current structure and process used by DCS. Indiana could benefit from collecting evaluation and skills assessment information related to the training received by juvenile probation officers.

An Introduction to DCS and the Indian Child Welfare Act course for probation officers is in development to supplement the Juvenile Orientation Program and is expected to be available in the Courts Learning Management System in 2023.

Item 27: Ongoing Staff Training

Summary of State Performance

Ongoing Staff Training is rated as an overall **Area Needing Improvement**. In the analysis outlined below, information about relevant, updated and quality trainings were obtained. Limitations exist in the child welfare system to monitor and track ongoing staff training hours, required by policy, on an aggregate level. Efforts to monitor compliance are made at the individual level until the capacity in the database is fully developed.

Introduction and Background

As referenced previously, Indiana DCS partners with the IU School of Social Work via the Indiana Child Welfare Education and Training Partnership to support the ongoing development and maintenance of child welfare learning and professional development. This includes ongoing or experienced worker trainings for existing DCS employees. These trainings are offered for any employee within DCS who has graduated from New Worker Cohort training, including management staff. These trainings

- Vary by levels of difficulty to accommodate different employee skill levels
- Are diverse and relevant to current trends and cultural considerations for Indiana
- Available online or in hybrid platforms.

Experienced worker trainings developed and hosted by the Partnership provide enough opportunities for staff to meet their ongoing training credit requirements per calendar year as outlined in DCS Administrative Policy GA-10¹⁰⁰. Additionally, State of Indiana employees have access to thousands of trainings through LinkedIn Learning accounts. Staff may also attend and receive credit for supplemental, external trainings to improve their skills, enhance their professional development, and better serve the families and children of Indiana.¹⁰¹

In CFSR Round 3, ongoing staff training was rated as an Area Needing Improvement due to the lack of ongoing training relevant to child welfare best practices offered to juvenile probation officers. Indiana Office of Court Services has worked in partnership with DCS to develop new trainings and ensure opportunities for child welfare education are provided on an ongoing basis. Probation staff also have access to external training and conferences to enhance family-centered practice as referenced in Item 26.

Methodology

¹⁰⁰ Administrative Policy GA-10 [Internal Training](#)

¹⁰¹ Administrative Policy GA-11 [External Training](#)

This item is evaluated using descriptive statistics and measurements from existing administrative data sources. The following data source were used:

- Staff Surveys: Aggregate data from an annual survey given to field DCS employees each calendar year from 2019-2022.
- Training Evaluations: Evaluations offered for every training offered by the IU/DCS Partnership.
- Administrative Data: Data generated from Indiana Office of Court Services for ongoing juvenile probation and general court staff trainings.

Outlined below are the key findings from the analysis of these sources. Opportunities and limitations in tracking data are referenced in the conclusion.

Key Findings

1. There are over 30 experienced worker trainings to choose from after initial training completion.
2. 100% of DCS employees have full access to LinkedIn Learning to compete specialized and tailored trainings to meet ongoing educational requirements.
3. Each employee is required to complete 24 education hours per year if they manage cases, and 32 hours if they supervise staff. These hours are monitored through Learning Management systems (LMS), individual supervision, and reporting via paper copy.
4. Currently, the system is not capable of tracking and monitoring all employees' ongoing training hours at an aggregate level.

Analysis

Ongoing Training Curriculum

DCS Curriculum

The opportunities for DCS employees to engage in quality and relevant training as an experienced caseworker or manager are vast. These include instructor-led courses throughout the calendar year or on demand virtually in the learning management system. There are over 30 Experienced Worker trainings developed by the Partnership to choose from through the learning management system.¹⁰²

DCS has tailored trainings to speak to social issues that impact both, the individuals engaged with the child welfare system and child welfare workers, in Indiana. This ensures DCS employees remain current on best practices and serve families in a way that is culturally competent, and trauma informed, while also understanding their own needs as it relates to secondary trauma.

In addition to this menu of training opportunities, DCS auto-enrolls anyone who is promoted to Family Case Manager (FCMS) to the Supervisor CORE series - a program designed to onboard and prepare them for supervision of Family Case Managers. This program is designed similarly to the New Worker Cohort training in that it is a scheduled timeline of courses provided to the employee matched with experiential learning and activities. Supervisor CORE spans a 5-month period, allowing trainees to balance their supervisory roles any specific local office training with classroom time and education. Like Cohort, the Supervisor CORE series is mandatory and must be completed by all onboarding supervisors. The auto-enrolling process ensures 100% of employees promoted to a supervisor role are enrolled and aware of the requirement to complete the series.

The table below outlines how many supervisors graduated from CORE training for the last 3 years. The completion rate represents supervisors that maintained employment. These numbers do not include employees that left the

¹⁰² 27.1 Experienced Worker Training Catalog

agency during Supervisor CORE. The 100% completion rate means all supervisors who were promoted to supervisor *and remained with the agency* completed Supervisor CORE as required.

The significant dip in numbers from 2020 to 2022 reflect the agency's staff turnover. Along with returning to the office in 2021, DCS saw many employees exit the agency, including supervisors.

Table 5. Supervisor CORE Training Graduation rate 2020-2022

YEAR	GRADUATES	COMPLETION RATE*
2020	100	100%
2021	30	100%
2022	26	100%

*Does not reflect staff who exited the agency during training.

Probation Curriculum

The Indiana Office of Court Services has worked in partnership with DCS to develop new trainings and ensure opportunities for child welfare education are provided to probation staff on an ongoing basis. This includes:

- The Family First Prevention Services Act (FFPSA) collaborative training with DCS, which targeted IOCS, DCS, Attorneys, Judges, CASA/GAL, and contracted service providers
- Indiana Qualified Residential Treatment Program (QRTP) training
- Dual Status Training
- Achieving Permanency
- Sex and Labor Trafficking Description

Additionally, supplemental training and workshops are available to probation staff via conferences that address current initiatives/areas of interest. For example, the annual Justice Services Conference¹⁰³ in 2022 addressed Addiction and the Family, Trust Based Relational Intervention, Sex, Gender, and Identity Expression, and the IN Human Trafficking Juvenile Intake Screening Tool¹⁰⁴

The IOCS is able to provide ongoing training each year to keep their juvenile probation officers' skills sharp and focused on evidence-based practices. A full description of each training provided is attached.¹⁰⁵ at the 2022 Annual Conference. Probation staff also have access to external training and conferences to enhance family-centered practice

TRAINING UPDATES

Recent additions to the training catalog include:

Computer Assisted Trainings (CATs)

- LGBTQIA+ Youth
- Engaging Adults with Disabilities

Virtual or Hybrid Training

- Diversity, Equity, & Inclusion Series Part 1: Deepening Understanding of Racial Inequalities in Child Welfare
- Diversity, Equity, & Inclusion Series Part 2: Raising Consciousness to Advance Diversity, Equity, and Inclusion
- Implicit Bias
- Empowering Older Youth
- Self-Care & Building Resilience

¹⁰³ [Indiana Judicial Branch: Office of Court Services: Justice Services Calendar](#)

¹⁰⁴ Attachment 27.2: Probation Conference Evaluation

¹⁰⁵ Attachment 27.3 Probation Training Certification Evaluation

Training Requirements and Monitoring

DCS Employees

Policy states that all FCMs will complete 24 training credit hours in a calendar year. Supervisors and management staff must complete 32 training credit hours.

Supplemental training hours may be prescribed by an employee's manager to address performance. Part of the supervisor's role is to observe each case manager's skills in the field at least once quarterly and provide feedback and coaching on opportunities and strengths. These observations and feedback direct which types of trainings the case worker enrolls in to increase their effectiveness in the field. In the instance of supervisors, monitoring of training completion and matching training to skillset development is the responsibility of the supervisor's Division Manager or Local Director, depending on the size of the office.¹⁰⁶

Training hours for all DCS staff are monitored in multiple ways. Currently DCS uses up to 4 automatic databases (Peoplesoft, ELM, Jam/SuccessFactors, LinkedIn Learning) plus paper files. Any courses assigned and completed in one of these electronic systems will automatically generate a record of completion. In one system, Success Factors, completed courses are listed in the employees learning profile. Employees and their managers can easily see when trainings have been assigned, completed, or are past due. However, virtual trainings completed through external sites like LinkedIn Learning, Canvas (the IU training site), or externally hosted trainings (i.e., conferences, workshops) are not automatically tracked in other learning management systems. Staff have the option to register for some supplemental courses provided by IU or LinkedIn Learning in Success Factors, but the full catalog is not available in the system at this time.

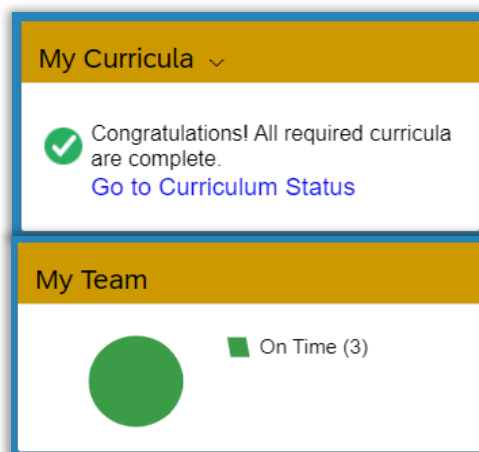
Training hours obtained from training activities outside of the LMS are tracked at an individual level - recorded in each employee's annual appraisal and personnel file - rather than at a system level. When an employee enrolls and completes a training, they then provide a copy of their training hours to their manager to place in their file. At the end of each calendar year, each employee should have the minimally required hours in their file to meet expectations on their annual appraisal. Currently, **there is no electronic infrastructure to monitor aggregate compliance**, so each manager oversees compliance with this requirement. DCS management is unable to run a single report and determine who has and has not met their training requirement for the year.

Juvenile Probation

Each Juvenile Probation Officer must complete the Indiana Youth Assessment System (IYAS) certification. This is a risk assessment tool developed for Indiana youth. More information on this assessment found here:

TRAINING REQUIREMENTS
FCM
24 Hours Annually
FCMS/Management
32 Hours Annually
Probation
12 Hours Annually

Figure 17. Screen Shots of Training Status in LMS



¹⁰⁶ Larger offices have Divisional Managers (DM) that oversee the field supervisor role and smaller offices that work is completed by the local office director (LOD).

<https://www.in.gov/courts/iocs/justice-services/risk-assessment/> Each officer must then re-certify in the IYAS every 3 years for compliance of skill and competence. This is monitored by the Indiana Office of Court Services.

Juvenile Probation Officers are not required to take as many training hours as DCS staff but are expected to complete 12 ongoing training hours per calendar year, post certification.

Probation staff are still provided the opportunity to take supplemental courses and participate in external learning activities like conferences and workshops. Training hours and certifications are monitored by the local county Chief Probation Officer who then reports it to the Indiana Office of Court Services.

Training Evaluations

Evaluations are completed by staff following DCS trainings. The Child Welfare Education and Training Partnership (CWETP) evaluation process was described in Item 26. Course evaluations have twenty questions that range in topics from knowledge, skill, and curriculum to classroom environment. IU also compiles and analyzes the results and reports back to DCS.

Course evaluations for probation staff are also described in Item 26. Trainees may rate the courses on a scale of 1 to 5, with one being the lowest and 5 being the highest. The evaluation asks about relevancy to their job duties and job knowledge. The courses with the highest ratings were for: Sex, Gender, and Identity (4.6 out of 5) and Addiction and the Family (4.48 out of 5). The lowest score for relevancy to job duty and knowledge was for Indiana Human Trafficking Assessment Intake Tool (3.99 out of 5). The state has trained and brought much awareness to both DCS and Probation staff of the risk of Human Trafficking risk for youth in care. The low scores likely reflect that this topic did not add as much to their knowledge base.

Conclusions and Recommendations

Indiana assesses this item as an **area needing improvement** overall.

This analysis shows many **strengths** in the ongoing training and development of DCS and probation staff including:

- The quality and availability of staff trainings in child welfare and juvenile probation
- The IU Child Welfare Education Partnership ensures the ongoing development and evaluation of provided courses
- The opportunity for staff to seek out additional learning experiences externally for credit
- The relevancy of current social need topics being produced to keep up with best practices

Opportunities for improvement were observed including:

- There is no consistent measurement or process to identify an employee's need for ongoing staff development.

MONITORING TRAINING

EXPERIENCED FCM/FCMS TRAINING

- Employees submit proof of training completion to their supervisor/manager for tracking in their employee file.

SUPERVISOR CORE TRAINING

- HR provides a list of staff promoted to FCMS to Staff Development.
- Staff Development enters the employee into the LMS
- Staff Development will notify the appropriate management staff if an employee misses or has not completed Supervisor CORE Training.
- Staff may sign up for make-up sessions to fulfil the training requirement.

EXPERIENCED PROBATION TRAINING

- This is monitored by the local Chief Probation Officer and reported to the IOCS.

- There is no single place to pull aggregate training data for all child welfare employees that are responsible for case management and case management supervision. Training hours are tracked individually.
- “Advanced Skills” are not clearly defined, so training evaluations do not allow for objective analysis to determine if trainings are meeting the ongoing needs of employees, post-initial training.

Some **recommendations** from this evaluation include:

- Explore how trainings are correlated to ongoing staff development on an individual basis.
- Further develop the online Learning Management System in which appraisals are now managed to capitalize on the functionality available (i.e., coordination of ongoing trainings recommended/assigned with the assessed skills in the employee appraisal)
- Adopt and finalize one system to monitor all ongoing training credits for each employee to ensure the ability to monitor and audit training completion with a simple data pull and quality check.

Item 28: Foster and Adoptive Parent Training

Summary Of State Performance

Item 28 is rated as a **strength** overall for Indiana. Indiana provides initial and ongoing training for all prospective foster parents, adoptive parents, and other licensed caregivers the skills and knowledge needed to carry out their duties. The DCS and IU Partnership builds and sustains a strong curriculum for foster and adoptive parent training that remains up to date and culturally competent. This item as rated as a strength in CFSR Round 3 for similar reasons.

Caregivers confirmed in surveys and interviews that the trainings were easily accessible, and this was greatly improved when training pivoted to a virtual platform in response to COVID-19. which eliminates the barriers of arranging childcare and other stressors. In a June 2022 survey, 71% of foster and adoptive parents responded that they were Very Satisfied or Satisfied with the location of RAPT trainings compared to 53% in June 2020. Additionally, the June 2022 Foster Parent Survey showed more respondents were Very Satisfied or Satisfied with any training they received (+4%), the contents of the training (+3%), and the adequacy of the training in preparing them for the responsibilities of being a foster or adoptive parent (+3%) when compared to survey results from June 2020.

Introduction and Background

Indiana licenses foster homes through Licensed Child Placing Agencies (LCPA) or through DCS directly. Both avenues achieve an identical license and follow the same standards and process, as described in future Items 33 and 34. This process requires that all prospective and current foster, adoptive, and licensed facility complete training curriculum. These training courses were developed by the IU Partnership in collaboration with stakeholders, including foster parents with lived experience, former foster youth, and LCPA agencies. This training was updated in 2020. DCS hired an assistant deputy director to specifically oversee the Resource and Adoptive Parent Training (RAPT) for Indiana in mid-2019 as a priority to improve efforts. CFSR Round 3 was also rated as a strength due to similar reasons. The processes, policies, and quality of training foster and adoptive parents has only continued to improve to meet the needs of the evolving youth population.

Methodology

Item 28 is evaluated using measurements from existing administrative data sources, DCS written policy, and stakeholder engagements. The following data sources were used in this analysis:

- Administrative Data: MaGIK generated reports for licensing training hours
- Foster Parent Survey Reports: Foster Parent input through surveys conducted in 2020 - 2022
- Qualitative Data: Statements obtained from the Foster Parent Advisory Board engagement and foster parent stakeholder interviews

Key Findings

1. State statute ensures that 100% of Foster and Adoptive Parents complete the initial 10 hours pre-service training before licensure.
2. Monitoring of ongoing required educational credits occurs at the agency level to the assigned foster care case worker. Workers have access to relevant reports to support this process.
3. Indiana consistently engages Foster Parents in the administration and developing of training. This is done through surveys, focus groups, advisory boards, and interviews.

4. In a June 2022 survey, 71% of foster and adoptive parents responded that they were Very Satisfied or Satisfied with the location of RAPT trainings compared to 53% in June 2020.
5. 'Super Saturdays' creatively met Foster and Adoptive Parent needs for ongoing training monthly and in a more accessible platform. This ensures training requirements are met with ease.
6. In the June 2022 Foster Parent Survey, more respondents were Very Satisfied or Satisfied with any training received (+4%), the contents of the training (+3%), and the adequacy of the training received (+3%) when compared to survey results from June 2020.

Analysis

Training Requirements

All caregivers in Indiana who wish to foster or adopt are required to complete a thorough training process prior to becoming licensed. Pre-Service Training is provided for all foster family home (FFH) applicants and teaches vital information to help applicants meet the responsibility of ensuring the safety and well-being of children placed in their care.¹⁰⁷ Each adult in the home seeking licensure to complete 10 hours of pre-service training, called Resource and Adoptive Parent Training (RAPT). RAPT courses I through III are all required by Indiana statute prior to licensure.¹⁰⁸ Applicants seeking a therapeutic certificate through a Licensed Child Placing Agency (LCPA) require 10 additional hours of preselected training in therapeutic foster care.

Once licensed, DCS requires each licensee in the foster family home to successfully complete 15 hours of in-service training annually, which also includes specialized training to meet the specific needs of any children currently placed with the licensee. DCS requires each licensee with a therapeutic certification to successfully complete a minimum of 20 hours of in-service training annually.¹⁰⁹

The DCS training team is able to track all hours completed by each adult seeking licensure or already licensed through the archived certificate process on their SharePoint. This houses every training hour completed, with date and the class name. This is particularly helpful to anyone who withdraws their license, but then decides to relicense. This is also a support to foster parents in case they forget which trainings they've completed or lose their certificates. These are maintained by the RAPT coordinators and access is available for the foster care specialist that licenses families. Additionally, a general administrative data report exists in the statewide information system to identify the number of in-service hours completed by each licensee at the time of the report, reported by region and county. Below is an example of a line on this report in which there are two licensees in the home:

Figure 18. Example In Service Training Hours Report. Personal information has been obscured.

Resource ID	County Name	License Type	License Effective	Annual Review Year	LTD Training Hours
100000.	Lake	License	7/18/2020	4	61.5 - 61.5

¹⁰⁷ [Foster Parent Pre-Service Training Requirements](#)

¹⁰⁸ 465 IAC 2-1.5-22

¹⁰⁹ [Foster Parent In-Service Training Requirements](#)

Curriculum

DCS boasts a comprehensive Resource and Adoptive Parent Training catalog. Trainings are regularly updated to reflect best practice and address the needs of foster and adoptive youth. Additionally, trainings have been added/updated to include education and awareness of all types of children and families. This includes a comprehensive LGBTQIA+ training to coach and educate foster and adoptive parents on ways to help these youth feel safe and supported. Other updates include Racial Equity resources for parenting in racially and culturally diverse families. An outline of the required pre-service training curriculum is below (RAPT I to RAPT III, plus additional post-licensure trainings for specific focus points). The full course catalog is available for review online.¹¹⁰

DCS will allow licensees to earn up to eight (8) hours through alternative trainings (e.g., online trainings, books, and videos). The DCS website and the [Foster Parent Portal](#) provide a comprehensive list and links to additional approved training curriculum including trainings, videos, and books.¹¹¹

Resource and Adoptive Parent Training	
RAPT I	Introduction to Foster Care
RAPT II	Child Abuse and Neglect
RAPT III	Attachment, Discipline, and Effects of Care Giving Overview
RAPT IV	Adoption
Trauma Informed Care	
Sexual Abuse	
Managing Challenging Behaviors	
Licensees may earn up to 8 hours through Alternative Trainings	

Virtual Capability

In 2020, in response to COVID-19, the DCS Staff Development Team and IU Partnership made the transition to allow for all training to be offered on Microsoft Teams or Zoom platforms. This included all foster and adoptive parent trainings. This transition expanded opportunities and access to trainings for many current and prospective foster families. Expanding the use of virtual platforms gave foster parents more access and availability to attend Child and Family Team Meetings, trainings, and support groups.

¹¹⁰ [RAPT Course Catalog](#)

¹¹¹ [Approved-Alternative-In-Service-Training.pdf](#)

Foster Parent Portal

Feedback provided to the agency from foster parents repeatedly noted frustrations with lack of timely access to information. In response, DCS created and launched the Foster Parent Portal on September 26th, 2019. The Portal has been hugely successful in allowing foster parents timely and easy access to information and trainings. The portal also includes the online calendar of events, resources about the general process, and allows foster parents to connect with other resource homes. Additionally, the portal includes billing information and a place to submit payment vouchers, easy access to learning what financial assistance exists through the agency, and how to access additional education and training opportunities, including a link to the Foster Parent Bill of Rights.

Super Saturdays

The Annual RAPT Conference is an annual training and networking opportunity for foster parents. This conference did not occur in 2020 due to closures and restrictions imposed by COVID-19. This was a hardship as many foster and adoptive parents plan to obtain the majority of their ongoing training hours at this conference. In 2021, this conference was held virtually with 290 attendees. In March 2022, this conference plan was changed to monthly opportunities to network and attend trainings online. The vision was to break this annual conference into smaller, monthly engagements presented on the Zoom platform. This was re-named “Super Saturdays”. Super Saturdays address a diverse range of topics. An example of the topics addressed in December 2022 is included in Figure 2. Figure 4 shows the attendance for each month in 2022.

At face value it appears this methodology increases opportunities for foster and adoptive parents to gain ongoing training credits through monthly online topics. However, this data is not granular enough to identify unique names for attendees. As such, individuals who attend monthly or attend multiple months are represented in that month’s attendance. Based on attendance alone, the Super Saturday format increased attendance 161% from March-December 2022 compared to 2021 attendance.

Foster Parent Voice

Foster parents have been engaged across the state in Advisory Boards, support groups, regional panels, and focused groups to discuss their experience with the child welfare system and

Figure 19. Super Saturday Topics December 2022

December 2022 Super Saturday Topics	
Kids Voice <i>Renee Fishel, GAL</i> <i>Virginia Lawrence, Attorney</i>	Guardian Ad-Litem & Legal Support
Art With A Purpose <i>Cathy Morris</i>	Healing Through The Arts
Attorney <i>Natalie Chavis</i>	Adoption
Medicaid <i>Liz Ulery, Member Support Specialist</i>	Anthem Member Support
Childcare Answers <i>Tom Taylor, Family Engagement Specialist</i>	Sibling Rivalry
DCS Co-Care <i>Melissa Winkler, Staff Development</i> <i>Lisa Henley, Child Engagement Specialist</i>	Introduction to DCS Co-Care
RAPT Kinship Support Group <i>Lashawn Tinker, Child Engagement Specialist</i> <i>Karen Hayden-Sturgis, Kinship Navigator Program Director</i>	Kinship Support Group
American Health Network <i>Michelle Bliley, Physician Assistant</i>	Vaccinations & Immunizations

Super Saturdays Attendance 2022	
Month	Attendance
March	108
April	98
May	78
June	85
July	85
August	94
September	62
October	48
November	44
December	55
Total:	757

the training/licensing process specifically. Foster parents also receive an annual survey where they may provide feedback about their fostering/adoptive experience overall.

Foster, resource, and adoptive parents were asked to rate the following questions on a scale of Very Dissatisfied to Very Satisfied with additional options for N/A and neutral:

1. How satisfied were you with any training you've received in the past 6 months?
2. How satisfied were you with the contents of the training topics that were offered in the past 6 months?
3. How adequate was the training you attended in preparing you for your role and responsibilities as a resource parent in the past 6 months?
4. How satisfied were you with the following aspects of RAPT in the past 6 months?
 - a. Frequency of training
 - b. Locations of training
 - c. Times of training

Respondents were mostly Very Satisfied or Satisfied across all items (61% to 72%) in both 2020 and 2022. Very few respondents were Very Dissatisfied or Dissatisfied (4%-12%) across all items.

In the June 2022 Foster Parent Survey, more respondents were Very Satisfied or Satisfied with any training received (+4%), the contents of the training (+3%), and the adequacy of the training received (+3%) when compared to survey results from June 2020.

Table 47. Foster Parent Surveys: Any Training - 2020 vs 2022

In the last 6 months, how satisfied were you with ...						
June 2020				June 2022		
Response	Any Training Received?	The contents of training topics?	How adequate the training was to prepare you?	Any Training Received?	The contents of training topics?	How adequate the training was to prepare you?
Very Satisfied	22%	14%	17%	29%▲	19%▲	22%▲
Satisfied	46%	46%	43%	43%	43%	41%
Neutral	17%	23%	21%	16%	20%	21%
Dissatisfied	3%	4%	6%	3%	4%	6%
Very Dissatisfied	2%	6%	4%	3%	8%▲	5%
N/A	9%	8%	9%	6%	5%	6%
Total Responses	1783	1783	1783	1072	1072	1072

Table 48. Foster Parent Surveys: RAPT Training - 2020 vs 2022

How satisfied were you with the following aspects of RAPT in the past 6 months...						
June 2020				June 2022		
Response	Location	Time	Frequency	Location	Time	Frequency
Very Satisfied	20%	20%	14%	41%▲	26%▲	26%▲
Satisfied	33%	35%	36%	30%	35%	38%▲
Neutral	22%	22%	24%	14%	20%	2%
Dissatisfied	6%	4%	9%	2%←	6%▲	4%←
Very Dissatisfied	3%	2%	2%	2%	3%	2%
N/A	16%	16%	15%	11%←	10%←	9%←
Total Responses	1783	1783	1783	1072	1072	1072

The biggest improvements were in scores pertaining to RAPT. In the June 2022 survey, more respondents were Very Satisfied or Satisfied with the frequency of training (+13%), the time of the trainings (+6%), and **most notably, the location of the training (+17%)** when compared to the results from the June 2020 survey.

Additionally, “Training Requirements” is an option that can be selected when a foster parent decides to withdraw their license. In 2019, this was noted on 4% (95) of license withdrawals. Training requirements were noted as a withdrawal reason more often for Asian foster parents than any other group.

Table 49. License Withdrawal Reasons by Race/Ethnicity 2019-2022 (R&E Report)

Race/Ethnicity	2019 %	2020 %	2021 %	2022 %
Asian	20	0	0	25
Multiracial	12.5	6.25	0	5.26
Hispanic/Latino	7.84	5.88	0	2.78
Black	5.48	2.76	0	3.38
White	3.79	3.66	2.16	1.54
Unknown/Other	0	0	0	0
American Indian or Alaska Native	0	0	0	0
Native Hawaiian or Pacific Islander	0	0	0	0
Total Licensed Foster Parents w/ Withdrawal	2328	2119	2159	2253

Surveys consistently note positive feedback regarding the virtual training platform and frequently request for trainings to continue online. This was a consensus in all group settings due to the convenience of attending and juggling the many stressors of parenting and life. In addition, foster and adoptive homes were able to network with foster parents in other geographical locations that would have kept them from meeting if it was in person due to distance. Some comments from foster parents are highlighted below.

FOSTER PARENT VOICES

Foster Parent Annual Survey

*“I love that the trainings have been virtual. It is so practical for a working family who also has foster children with LOTS of appointments. I still feel as though **I receive the information but do not have the added stress** of finding care for the children around an already very busy schedule. I also feel as though I have always been able to get my questioned answered by the FCM or FCS. If they do not know the supervisor of the FCM has always been helpful. Thank you for caring about my feedback, **I feel valued.**”*

*“Please keep the online trainings! They are so much more **convenient**, and I **enjoy interacting** [with] parents across the state.”*

Conclusions and Recommendations

Indiana assesses this item as a strength.

This analysis shows many **strengths** in the initial and ongoing training for all prospective foster parents, adoptive parents, and other licensed providers.

- The DCS and IU Partnership builds and sustains strong curriculum for foster and adoptive parent training that remains up to date and culturally competent.
- Training hours are closely monitored by the assigned foster licensing specialist.
- The agency's capacity to effectively conduct training virtually has shown to better meet the needs of foster and adoptive parents due to ease of access. The virtual setting eliminates the burden of locating childcare and travel.
- The agency provides opportunities for ongoing training credits including those from alternative sources like videos, books, and conferences.
- Foster parents have been represented on advisory boards, regional panels, focus groups and in general consultation to share their expertise and perspective. This has resulted in several improvements including development of the Foster Parent Portal, the continuation of virtual training, and the implementation of Super Saturdays.

It is recommended that Indiana continue to engage Foster, Resource, and Adoptive Parents and incorporate their feedback into improving the agency's practices that impact them and the youth they serve. One area of improvement would be to enhance the Foster Parent Survey to capture important feedback to share and that the agency can transform into actionable plans.

E. SERVICE ARRAY AND RESOURCE DEVELOPMENT

Indiana assessed the state's performance on this systemic factor using the state's performance on Items 29 and 30. Indiana believes the state to be in substantial conformity with the systemic factor of Service Array and Resource Development.

Item 29: Array of Services

Summary of State Performance

Item 29 is rated as a **Strength** with supporting evidence and analysis outlined below to show that Indiana's families have services Available and Accessible to them to meet their needs. This includes all case types; In-home, out of home; Collaborative Care, and juvenile probation cases. These services keep children safe at home or help children achieve permanency in out-of-home care. Case review data from 2021-2022 showed a 72% strength for individualizing services. Of note, Indiana developed an App referred to as the Services Hub to access real time information about provider availability (in home cases). Additionally, with Family Preservation Services, there are at least 5 providers available in each region at all times, eliminating waitlists. Indiana also uses flex funding to support a child and family's unique needs. Indiana DCS also has a unique Focused Needs team to support cultural and specific services for families.

Introduction and Background

DCS refers all In-home CHINS and Informal Adjustment (IA) cases to Family Preservation Services (INFPS). DCS structured this program to be a one-provider, per-diem based model. This decision was made in order to increase accountability for the outcomes of services to a contracted provider, to eliminate the denial of referrals if it did not appear lucrative for the contract provider, to mitigate confusion to a family trying to navigate the child welfare system by giving them one agency to coordinate services, and to raise the standard of using evidence-based programs required in the INFPS program. This model launched in June of 2020 in response to the FFPSA Act of 2018. DCS continues to provide services to all out-of-home CHINS cases for every age and demographic in all 92 counties, including juvenile probation and older youth services.

In CFSR Round 3, Indiana scored an Area Needing Improvement due to the extensive waitlists and service gaps across Indiana for services to meet the family's needs. Since Round 3, Indiana has worked with the service provider community to develop the current standards, payment rate increases and outcome accountability for all case types. Specific structure was implemented for in-home case types under the per-diem based payment model with one provider rather than multiple providers, reducing confusion and increasing accountability of family outcomes to one provider. That provider must use evidence-based interventions tailored to the family's specific needs. DCS monitoring outcomes related to removals and child safety at a provider level to drive improvements and inform referrals. Indiana now has a minimum of five providers in every one of the state's 92 counties to provide Family Preservation services without any waitlists or delay in service. These efforts have also increased service availability for out of home cases, with referrals for individual services decided by the family team to meet the underlying needs of the family.

Indiana has sustained and increased service array for all case types in addition to the in-home family preservation model described above. Indiana has reunification services for parents and children, supportive services for kinship and relative caregivers, foster and adoptive parent referrals for support and older youth services. These services continue to be available to out of home CHINS and probation youth cases.

Methodology

This item is evaluated using descriptive statistics (quantitative) and measurements from existing administrative data sources. Additional qualitative information is obtained from internal case reviews and interviews/focus groups with stakeholders. A full description of data sources is available in Section: Data Sources above. The following data sources were used in this analysis:

- Administrative Data Reports – System generated data were used to observe trends in the number of cases/children in care, absence of repeat maltreatment, and fiscal reports. Report sources and parameters will vary by the type of report used and may provide aggregate data, monthly snapshot data, or live data.
- Practice Model Review (PMR) – Reviews were conducted between 1/14/21-10/27/22 and examined 742 cases. Item 29 is evaluated using results of “Provider Availability,” and OSRI Items 2, 3, and 12.
- Stakeholder Focused Groups: As outlined with method and frequency, in Section II, DCS has utilized stakeholder voice and lived experience to inform the below analysis of availability and accessibility of services in Indiana.

Key Findings

1. In Home Services provided under the umbrella of Family Preservation Services are available and accessible to **all 92 counties** in Indiana with **no waitlist**; at least 5 providers are available in each of the 92 counties. Initial assessments and safety plans for each case must be submitted to DCS within seven days of service initiation, and DCS and the family must both be involved in the creation of these documents
2. DCS processed **139 Language Access referrals** in 2022 for interpreter services using a specialized “Focused Needs” team to support the unique and individual needs of each family.
3. Case Managers in DCS have access to a Services Hub app on their phones, to use out in the field, that will show them what service providers are available for in-home services needed to keep children safe in their homes, when possible. This is being piloted in Lake County for out of home cases as well.
4. DCS has expanded their ability to use flex funding to increase the array of services to meet family’s needs for out of home cases. In 2022 DCS spent \$4,035,905.30 on 91,028 different purchase transactions to support unique needs.
5. Provider Availability scored a 90.75% Strength on the case review data from 2021-2022.

Analysis

In-Home Cases (IA, CHINS, Probation)

In Home child welfare and dual status cases in Indiana, are all provided with Indiana Family Preservation Services (INFPS). The state has also begun providing the service to probation-only involved youth who are at risk of needing to be removed from their homes the service requires the utilization of at least one evidence-based practice (must be at least a “Promising” practice on the California Evidence-Based Clearinghouse for Child Welfare)¹¹² as well as the provision of concrete supports to families when not doing so would result in the Department having to remove a child from the home. In addition, the service focuses on the development of research-based “Protective Factors” through the utilization of the Protective Factors Survey.¹¹³

¹¹² <https://www.cebc4cw.org/>

¹¹³ <https://friendsnrc.org/evaluation/protective-factors-survey/>



The service has two clear goals: keeping children safe and families together. DCS Caseworkers have access to real time information on an app on their phones called “Service Hub” to check what provider in their area has the service availability and expertise in the initial presenting issue or reason for involvement. This app is simple and helps get service providers to the family’s home within 3 days. Currently 54% of the referred families are receiving services within that time frame with the average length of time from service referral to service initiation being approximately five days. The main reason for more cases not beginning services within 3 days of referral is the pre-adjudication initiation of services and advisement of attorneys or hesitation to engage in services. This is generally quickly remedied for engagement through regular communication and engagement. Probation does

not yet have access to this app, (though INFPS is available for probation-involved youth at risk of being removed from their homes) but this is a promising practice opportunity being explored.

Item # and Explanation		Strength	ANI	NA	Applicable	Strength %	PIP Ending %	% Difference from CFSR
Safety Outcome 2								
Item 2	Services to Prevent Removal	146	15	22	161	91%	90%	1%
Item 3	Risk and Safety	106	52	0	158	67%	75%	-11%
66%								

Reducing Geographical Barriers

DCS has been able to procure at least 5 providers of INFPS for each county of the state, creating consistent availability of the service. Quality services are ensured a monthly “Report card”¹¹⁴ that gives each INFPS a snapshot of the number of cases and children they’ve served, the percentage of each who have experienced a removal, the percentage of each who have experienced repeated maltreatment, and how they compare with the state average in each of these areas to drive improvements. If an agency has a high rate of removals or repeat maltreatment, this is visible to FCMs in real time on the department’s INFPS dashboard, allowing FCMs to use data to inform referrals and ensure that referred families have the highest chances of a successful outcome. This helps to ensure that agencies focus on improving the quality of their work as future referrals depend on their ability to demonstrate good outcomes for kids and families. This system has helped to significantly reduce

CHI-SQUARE

Chi square is a calculation used to determine how closely the observed data fit the expected data.

If the chi square value is small, we can accept our null hypothesis.

¹¹⁴ Attachment 29.1 Service Provider Report Card

the number of children in out-of-home care while improving child safety across the state. Limitation of Current Analysis-In Home Cases

DCS has begun tracking and looking at the potential impact of INFPS on racial disparities in the child welfare system. This tracking of child removal-by-race in this program used chi squares from December 2021, May 2022, August 2022, and December 2022. For each of these points in time, families of color are overrepresented with removals *outside* of family preservation (only white children are underrepresented outside of family preservation). However, within INFPS, every race is underrepresented in each report (except white children, which are statistically overrepresented with removals inside the program). DCS has not yet been able to prove this impact on race, but hypothesizes it is reducing racial disparity in child welfare. Expanding the study of family preservation services structure in Indiana will be an area of interest in 2023.

Out of Home Cases (CHINS, Foster Care, Relative/Kinship Care, Probation Placed, Older Youth)

DCS provides services to all out of home cases through contracted providers, including older youth and juvenile probation youth. These children are placed in foster care or relative/kinship care. The available service menu¹¹⁵ is accessible to all regions in Indiana. All contracted fee for service providers must utilize validated assessment tools to determine the child and family's needs once the case manager enters and sends the referral to the contracted agency. This assessment will inform which specific evidence-based services are most appropriate.

DCS has been able to procure service providers in each region of the state to provide out-of-home services. As evidenced in item 19 of the PMR case review process, with an average score of 90.75% strength for provider availability for all parties in all case types, including foster parents for out of home cases. In one of the Focused Group discussions, foster parents voiced that they were aware and able to access any service they needed for themselves in order to better care for their foster placement(s). Below shows the item rating for each party to the PMR case reviews as described above.

Table 50. Practice Model Review Item 19 Provider Availability (2021-2022)

PMR Results: 2021-2022	Strength <i>Numerator</i>		ANI		Total ¹ <i>Denominator</i>
Provider Availability	565	81%	136	19%	671
A. Mother services available	532	91%	51	9%	583
B. Father services available	380	87%	56	13%	436
C: Child services available	549	90%	61	10%	610
D: Resource services available	215	95%	11	5%	226
¹ Some sub questions may not be applicable for scoring depending on case circumstances.					

An analysis of foster parent license withdrawal reasons shows that “Lack of Services/Supports for the Foster Child and/or Foster Family” accounts for only a small percentage of total license withdrawals and is relatively stable with minimal change since 2019. In the last 12 months, only 10 resource homes withdrew from the licensing process citing a lack of services or supports.

¹¹⁵ 29.2 Full Service Array List

Table 51. Percent of Resource Licenses Withdrawn Due to Lack of Services/Supports 2019-2022 (R&E Report)

Report Year	Total Resource Families	Total Resource Families with Withdrawal	Percent - Withdraw Reason - Lack of Services/Supports for the Foster Child and/or Foster Family
Report-2019	7326	1326	1.81
Report-2020	7134	1215	2.06
Report-2021	6919	1239	2.66
Report-2022	6694	1307	2.45

Regional Service Councils

DCS uses the Regional Services Councils in accordance with Indiana Code **IC 31-26-6-5** to gather feedback from the community regarding service needs and barriers to access. Meetings occur quarterly. Teams include individuals with lived experience (a youth that received child welfare services) as well as juvenile courts and foster parents. Councils review service utilization and public testimony to determine the appropriate utilization of available services and to identify gaps in service. As a result, workgroups develop regional actions to address service needs and gaps that are specific to the region as described in Item 25.

Flex Funding

DCS has expanded the ability to use flex funding to meet a family's service and concrete needs timely. A CQI effort through a rapid improvement event in 2021 allowed the local county offices to approve spending for any one family at a time up to \$1,500 before additional approval is needed. This change eliminated the barrier of forms and approvals, which had created wait times. State Form 54870¹¹⁶ is what local offices use to seek additional funding above \$1,500 or for items not outlined in policy 16.02¹¹⁷. Table 4 shows the amounts spent in 2020, 2021 and 2022 on flex funding for Indiana's families with the total number of transactions per year making up those totals. This is a summary of how extensive the flex funding for out of home care has grown in order to meet the needs of families in Indiana. It is unrealistic to have a procurement or contract for every need, therefore the use of flex funding supplements and closes any service gap of service need

Table 52. Fiscal Chart of Flex Funding for Out of Home Cases

Calendar Year	Total Spent in Flex Funds	Number of Transactions
2020	\$3,718,322.99	92,825.25
2021	\$4,846,743.88	125,322.56
2022	\$4,035,905.30	91,028.25

These funds have increased DCS's ability to support kinship placements by paying for childcare until a CCDF voucher program is available. DCS has paid for utilities for families, car seats for children, beds and bedding for children, pest control services, and transportation for a parent to get to appointments or visitation. The policy addressing financial assistance (16.02) supports the use of creativity to allow for access and availability of services and support to meet a child or family's need timely.

Limitation of Out-of-Home Services

DCS has experienced some waitlists for specific services, like therapy, due to a general child welfare worker shortage, one of the state's cross cutting challenges. This was reiterated by Focused Group discussions (Outlined and described in Section II) with youth, birth parents, and foster parents. All groups indicated having experiences with wait times for therapy services on out of home cases. A potential experiment to pilot, as mentioned below, is

¹¹⁶ [SF 54870 Request For Additional Funding](#)

¹¹⁷ Policy 16.02 [Financial Assistance for Unlicensed Relative Placements](#)

recreating the per-diem based service similar to INFPS for out-of-home cases to help providers better predict revenue that is difficult to do with fee-for-service pay-by-the-hour interventions. DCS is actively looking at ways to use the INFPS concepts for out of home cases and hopes to create a service that will allow for more provider-level data around child safety, timelines to reunification, and number of placements to drive improvements in these areas as well. Promising Practices

DCS has learned of the success in INFPS structure and is piloting the real-time Service Hub app for out of home cases in region 1, Lake County. The goal is to match the success with quickly obtaining services in INFPS to all DCS cases no matter the case type, in-home or out-of-home. This could potentially eliminate waitlists for therapy services for out-of-home case types. as providers can regularly update their number of openings for each service that will be available to FCMs in “real time”. DCS has over 100 providers under contract for “home-based family-centered therapy”, for example, but FCMs don’t have a “real time” way to know which agency has openings. It is hoped by expanding the “Services Hub” to DCS’s “traditional” services, FCMs will be better able to get families and children into services more quickly, the same way they’re able to ensure quick access to services for INFPS

Conclusions and Recommendations

Service Availability and Accessibility for families in Indiana is assessed to be an overall **strength**.

This evaluation identified the following strengths:

- DCS is keeping more children safely in their own homes through the availability and quick accessibility of services through the INFPS program, launched in June of 2020. This has provided these cases with evidence-based interventions and concrete supports necessary to better prevent removals while keeping children safe with their own families.
- DCS has created the use of a real-time provider availability app called the Service Hub to access services quickly. DCS has procured service providers in all geographical locations that will meet the family at the home eliminating access issues for both rural areas and urban areas.
- DCS has increased access to services allowing local offices to use flex funding of up to \$1500 per transaction, without additional authorization from leadership. This flex funding benefits the out of home cases due to INFPS per-diem covering the same transactions under their per diem and cost allocation. Both stakeholders and those with lived experience have expressed their agreement for this item for Indiana.

Opportunities for Improvement and Recommendations:

- DCS sees opportunities to continue to secure community-based services to reduce waitlist for therapy services for children in out of home care
- Allowing Probation access to the Services Hub app as it is successful would be an opportunity.
- Indiana should continue to explore more data around racial disparities in its programs. DCS is interested in and is already watching metrics related to reduced disparities for black children that are removed from their homes. Non-white children that are receiving INFPS appear to have more success remaining safely in their home and achieving permanency within 12 months. DCS is intentionally pursuing further study of this correlation in partnership with the DCS Research and Evaluation team.

Item 30: Individualizing Services

Summary of State Performance

Item 30 is rated as a STRENGTH for Indiana due to the ability to individualize services to meet each child and family's unique needs. The scope of cases is all in home and out of home cases, including Probation youth. As described below the system has created and sustained subject matter experts to help frontline case managers and juvenile probation officers to meet individualized needs of children and families.

Introduction and Background

The child welfare system has worked diligently to create opportunities, processes, and specialized consultation positions to support the vision of understanding and considering each child and family's unique needs and culture. In Round 3 CFSR this item was ranked as an Area Needing Improvement due to the lack of service individualization for probation youth and overall lack of cultural and language considerations for children and families. Indiana outlines below the ways in which individualization of services occurs for children and families on the case level and system level, including how child welfare has eliminated barriers to language access, increased awareness, and use of cultural considerations for each family and individualize services to meet the family's needs. Below is a description of the method by which this item was analyzed, the key findings and summary of what was learned.

Methodology

This item is evaluated using descriptive statistics from existing administrative data sources. Additional qualitative information is obtained from internal case reviews and interviews/focus groups with stakeholders as noted in item 29.

Key Findings

1. Probation youth cases have access to all services offered to CHINS youth through a Probation Consultant to navigate finding unique services or ways to meet probation youth's needs.
2. Focused Needs team at DCS provides specific support, education and awareness of high risk and unique population, specifically Language Access.
3. DCS has increased access to services allowing local offices to use flex funding of up to \$1500 per transaction, without additional authorization from leadership.
4. PMR data in Item 15: B Individualizing Services; scored at 72% strength for case reviews in 2021 and 2022 summaries

Analysis

In-Home Cases

Outlined in item 29, DCS offers a unique structure of per-diem based services to in-home cases through the Family Preservation Services (INFPS) program. In addition to the success from this program in service availability and accessibility, it also allows for the INFPS provider to be creative and tailor the service plan to the family's needs. This includes frequency of meeting with each family member, frequency of visiting the home, and type of clinical services and supports provided to each family. In addition, INFPS has built in flex fund cost allocation to the per-diem model. This means that it is expected of each provider to pay for concrete or unique needs to preserve a family, such as utilities, clothing, or public transportation. Therefore, within the program of service array and quick

accessibility to all 92 counties, despite geographical location, each provider has autonomy to use best practice judgement to meet a family's needs on an individual basis through flex funding.

Out-of-Home

Flex Funding for Out of Home Cases

As detailed in item 29, the use of flex funds has increased DCS's ability to support kinship placements by paying for childcare until a CCDF voucher program is available. DCS has paid for utilities for families, car seats for children, beds and bedding for children, pest control services, and transportation for a parent to get to appointments or visitation. The policy addressing financial assistance (16.02) supports the use of creativity to allow for access and availability of services and support to meet a child or family's need timely and with their individuality. Referring to Table 4 above is evidence of the way in which the child welfare system has improved and identified a need to be more flexible to meet each family where they are at and not expect every contracted service to work exactly the way it was anticipated. If through the assessments and child and family team meeting process there is an identification of an individualized need, DCS can pay for that, up to \$1,500 locally, as described in item 30. It is important to recognize that flex funds have improved service availability, accessibility as well as individualizing to the family situation.

STAKEHOLDER VOICE

FOSTER PARENT SURVEY

Our FCM is fantastic. She is quick to get back with us, keeps us updated on the case, and works hard to get our girls the resources they need."

FOSTER PARENT FOCUS GROUP

"Our FCM went above and beyond to get services and needs met."

Individualizing Plans through Family Teams

Information gathered from Indiana's Practice Model Review (PMR) supports that DCS makes concerted efforts to assess and plan for each family's unique needs. As noted in Item 20, case planning and tracking/monitoring of plans primarily occurs through Child and Family Team Meetings (CFTM). The quality of CFTMs is captured in the questions below:

- 84% (583) of cases scored as a strength pertaining to addressing the needs of the family.
- 84% (587) of cases scored as a strength pertaining to creating specific action plans to meet those needs.
- 70% (488) of cases scored as a strength pertaining to the team having a shared understanding of the family's needs, plan, and goals.

Table 53. PMR Results: Quality Child and Family Team Meeting (2021-2022)

PMR Results: 2021-2022	Strength Numerator	ANI		Total Denominator	
Quality Child and Family Team Meeting					
C: Address needs of family	583	84%	112	16%	695
F: Action plan w/who, what when	587	84%	108	16%	695
I: Shared understanding of the plan	488	70%	207	30%	695
Measurement Period: 1/14/21-10/26/22			Results include IAs, CHINS, JD/JS		
			N=742		

The PMR captures the case planning process, specifically how the agency makes concerted efforts to individualize plans and services to meet the needs of the child/family. This sub-question scored as a strength in 72% of applicable cases (535).

Table 6. PMR Data Item 15: B Individualizing Services (2021-2022) – All Case Types (In Home, Out of Home, JD/JS, 3CM)

PMR Data: 2021 to 2022 Review Year	Strength		ANI		Total
B. Individualized planning	535	72%	207	28%	742

The 3rd component of the PMR data that was used in this analysis for individualizing services is item 20, Provider Quality. This item speaks to the individual plans being appropriate to meet the needs, the quality of the plans meeting the family and team's expectations and that the team felt those plans could be individualized further by adjusting as needed throughout the case. The table below shows the averages for this item and specifically that part B, C, and D scored a 91%, 92% and 90% strength respectively.

The PMR data at an aggregate level tells us the services provided to all case types in Indiana's child welfare system are individualized to meet the family's needs (Table 5), that the services are being planned for in a family team setting to individualize (Table 6) and the quality of providers matches the individualization once plans are made (Table 7).

Table 7. PMR Data: Provider Quality (2021-2022) – All Case Types (In Home, Out of Home, JD/JS, 3CM)

PMR Data: 2021 to 2022 Review Year	Strength		ANI		Total	N/A	
Provider Quality							
B. Appropriate rec's for interventions	592	91%	60	9%	652	90	
D. Rec's to maintain/adjust based on needs	603	91%	63	9%	666	603	

Individualized Supports for all Case Types

Probation Consultants

The Department of Child Services is responsible for providing services to the Juvenile Probation cases in Indiana. However, these cases are managed by local County Probation Departments. In order to align all 92 probation offices with 92 local DCS offices, the agency created a Juvenile Justice Initiatives and Support division specifically to monitor and provide quality services and customer service to probation youth. This division works collaboratively with all county probation in addition to the Indiana Office of Court Services. This division provides expertise on services, case planning, placement availability and best practice approaches to probation youth cases. This has included the cross training between DCS, IOCS and Probation Departments. The JJIS division has 10 Probation Consultants to work with each of the 92 counties, with delegated geographical locations. These consultants meet with the local probation officers and Chief Probation Officer regularly, in each county, to build relationships and educate about resources and service availability. These consultants can seek out flex funding as describe above, for unique needs of youth or family members.

Focused Needs Consultants

DCS provides a specialized team of consultants to the field and leadership for expertise on best practice for several vulnerable populations and culturally competent processes used within child welfare. This team is called Focused Needs. The types of individualized support and services they provide or refer families for are Language Access, Tribal Notifications, Immigration and Repatriation, Human Trafficking and Runaway Youth, parents and children living with Disabilities, education, and support for the LGBTQIA+ population. There are 2 full time consultants for this work and one Focused Needs Program Director. These consultants support internal and external stakeholders

and meets with older youth in care often. This team oversees the collaborations with the State Police on Human Trafficking cases and general procedures of operations. Table 8 below outlines the full scope of the focused Needs work and how many referrals in the DCS database of record were sent to this team from January to November, 2022. In addition to Table 8, this team created and provided 26 trainings for stakeholders regarding Human Trafficking, in 2022. A limitation to these trainings is the lack of tracking of who attended (agencies represented and number attended) and evaluations of those trainings to determine a baseline or post-training increase in knowledge and applicable skill.

Table 8. Focused Needs Referrals in 2022 (Source: Focused Needs Team)

Referral Type	# Referrals or Task Per Year
International Search	156
Language Access	130
Notification to Consulate	124
Immigration	106
Human Trafficking	76
Vital Document Verification	66
Missing/Runaway Youth	43
ICWA	37
Human Trafficking Training	23
LGBTQ+	21

Language Access

DCS recognizes the need to effectively communicate with each person that crosses the child welfare system. To do this, language access is necessary for each family. DCS has procured contracts with agencies that will respond to interpretation services immediately, to ensure timely and professional communication occurs for all families. This is one way in which DCS has worked to individualize each family plan and better communicate and engage each person. DCS has also made Language Access Cards for all frontline employees to use that has a QR code they can use to get interpreter services in place for families.¹¹⁸ below is a list of languages of which our contracted provider can provide interpreter services. Table 9 shows how many interpreter services DCS was able to provide in 2020, 2021, 2022 as well as international communication via phone. This data is for the full calendar year each year, while the data above is through November 2022.

Table 9. Language Access Requests by Issue 2020-2022 (Source: Focused Needs Team)

Year	Interpreter Issues	Translation Request	International Dialing
2020	26	114	24
2021	39	123	44
2022	13	118	8

¹¹⁸ 30.1 Language Access List

Strategic Equity Officer

DCS hired and put in place a Strategic Equity Officer in 2022. This position is to work with all child welfare agencies within Indiana to analyze success and areas of opportunity for equity and inclusion to child welfare and probation youth cases. DCS has already worked with other state agencies on Racial Justice Equity and Inclusion workgroups. This position's focus will be to bring issues, trends, and ideas to a higher level of strategy and informing decisions made in child welfare. A limitation of this is the lack of tracked activity and deliverables due to the short amount of time this position has been in place, and still being in a learning and gathering stage of work. This position will work closely with all divisions and external stakeholders to help drive equity and inclusion. DCS has worked to increase agency knowledge and awareness of cultural considerations and leading with humility in their case practice.

Conclusions and Recommendations

Indiana assesses Item 30 as a **strength** overall.

Strengths in this area include the state's ability to individualize each case and work with each family to respect their uniqueness and culture. The child welfare system has worked diligently toward understanding the scope of individual needs of children and family in Indiana for all case types and then match individual services to bridge those gaps. As outlined above, those efforts include several supportive positions to focus solely on those populations that have previously been overlooked or misunderstood. A close look at how the practice model is driving the standard to individualize needs appears to be effective and working as evidenced by the PMR data, probation support, specialized focus on language access and a priority to be more equitable and inclusive in the child welfare system.

This evaluation identified some opportunities for improvement and recommendations:

- More information is needed track and understand which populations are more positively impacted by the focused needs support. Tracking the trainings Focused Needs team have provided with an evaluation of pre-post knowledge bases will allow the system to identify which skills are increased because of the information.
- Tracking the factors that could impact risk for outcomes on a child level and creating a process to ensure the individualization of services matches those risk factors earlier in the case.

F. AGENCY RESPONSIVENESS TO THE COMMUNITY

Item 31: State Engagement and Consultation with Stakeholders Pursuant to CFSP and APSR

Summary of State Performance

Indiana identifies Item 31 as a **Strength**. Indiana's Child Welfare System currently engages the Community and Stakeholders at a macro and micro level. DCS leads and/or participates multi-disciplinary workgroups across the state to continuously improve the child welfare system.

Introduction and Background

DCS utilized the Round 3 CFSR, Program Improvement Plan (PIP), and the PMR on a quarterly basis to renew and enhance its efforts for meaningful collaboration and communication with the state's child welfare stakeholders. DCS staff and stakeholders participated on newly formed teams, tasked with reviewing the CFSR and brainstorming PIP options for addressing safety, permanency, well-being, and probation initiatives. Feedback from stakeholders was used to identify system strengths and challenges when establishing goals and objectives for ongoing annual evaluation through the Annual Progress Services Report (APSR). DCS tracked and adjusted progress made towards goals on a quarterly basis during Strategic Solutions Committee meetings.

As detailed in the analysis below, DCS collaborated with a vast array of stakeholders, from individuals with lived experience to other state agencies. Select executive staff also traveled the state in 2019 to discuss the Family First Prevention Services Act (FFPSA) vision and planning with stakeholders. An FFPSA workgroup met throughout 2020 and 2021 to discuss FFPSA implementation and identified gaps in compliance. DCS also solicited feedback on the IV-E Prevention Plan from stakeholders, including the Pokagon Band of the Potawatomi Indians (hereinafter referred to as Pokagon Band) in 2021 and incorporated this feedback to better meet the needs of Hoosier families.

Through the provision of Indiana Family Preservation Services, DCS worked in partnership with Healthy Families Indiana, as well other prevention services providers, to ensure prevention services were coordinated with other services being provided to the family. These services are provided as part of a strategic plan to maximize resources supported by Title IV-B, TANF funds, public health funds and prevention services funds.

These opportunities to engage with the community continue to create transparency and build trust in the child welfare system to work toward common and known goals.

The above information was used to determine Indiana's level of engagement with the community in an ongoing and fluid manner. This communication and engagement continue to be a vital part of how DCS makes decisions about their practice needs, focus points and opportunities, and supports an overall rating of a strength for Item 31.

Methodology

Item 31, is evaluated using the written reports and stakeholder interviews summarized below:

- Stakeholder Interviews: Indiana engaged multiple groups to inform as explained in Section II.
- Written Reports:
 - o 2022-2023 APSR
 - o 2022 CJA Task Force Three-Year Assessment

- Partnering on Practice Forum Executive Summary
- Regional Service Council Meeting Minutes
- Citizen Review Panel Annual Reports from the Foster Parent Advisory Board, the Madison County Child Fatality Review Team, and the Randolph County Child Protection Team

Key Findings

1. DCS employs a vast array of platforms to maximize engagement of internal and external stakeholders that meet quarterly at minimum.
2. DCS has expanded its focus on Racial Justice, Equity, and Inclusion (RJEI) since CFSR Round 3, including the implementation of an RJEI Steering Committee and the hiring of a Chief Equity and Inclusion Officer. This has resulted in the formation of several RJEI specific workgroups but has also contributed to many other stakeholder groups employing an RJEI lens in their work.
3. DCS has established strong working relationships with the Pokagon Band and several foreign nation consulates.

Analysis

DCS engages community constituents, clients, and stakeholders regularly through several platforms.

Constituent Services Liaison

DCS employs a Constituent Services Liaison who is tasked with processing and responding to inquiries from the following: Governor's Office, Lieutenant Governor's Office, DCS Director's email, DCS Customer Service Inbox, Indiana Attorney General's Office, and other Indiana State Department Offices. This can be utilized by individuals in the private sector, government, or the public.

This liaison position helps bridge timely and transparent information from DCS to the community and responds to inquiries with guidance, clarity, policy, or connects inquiries to the Child Abuse Hotline. Inquiries are tracked using Intranet Quorum (IQ). This constituent liaison position **processes an average of 2.5 inquiries per day** of the year. The response rate represents how many inquiries were resolved through the liaison rather than referred elsewhere. This response rate has improved 11% since 2020.

Legislative Team

DCS' Legislative team fields inquiries received from any elected official. The legislative team uses information from DCS and child welfare systems in Indiana to strategize any legislative proposals that will help Indiana reach the best outcomes for children and families. The legislative team matches these efforts with national trends and laws, to position Indiana for long-term success. In addition to working on state legislative initiatives, the legislative team handles constituent inquiries received from elected officials such as legislators and members of Congress. The legislative team **fielded 104 inquiries from elected officials in 2021**, while fielding **49 inquiries from January through November of 2022**.

CONSTITUENT INQUIRIES

2020

902 Inquiries
795 Closed with Response
83% Response Rate

2021

795 Inquiries
740 Closed with Response
93% Response Rate

2022

930 Inquiries
873 Closed with Response
94% Response Rate

Inquiries not closed with a response are attributed to:

- Confidential matters where a response could not be given
- Duplicate inquiries due to COVID
- No contact information was left
- Request referred to another agency
- Remaining open for ongoing communication

Partnering on Practice

In 2022, the DCS Practice Model Director began the Partnering on Practice forums. These forums are open to anyone in Indiana interested in discussing the use and improvement of the Practice Model. To date, **6 virtual forums** have been held (January, March, May, July, September, & November 2022) with an **average of 146 attendees** from law enforcement, school systems, community mental health centers, DCS contracted providers, medical personnel, probation departments, CASA programs, residential facilities, child advocacy centers, foster parents, LCPA's, and DCS employees.

These forums discuss strengths and opportunities of the child welfare system. DCS leadership are provided with notes from the forum for consideration in planning. These are then revisited at the next forum for tracking on incorporation into practice, policy, or new initiatives.

Tribal Representatives and Consulates from Other Nations

The Pokagon Band of Potawatomi Indians is Indiana's only federally recognized tribe. DCS engages with the Pokagon Band regularly, including:

- Exchanging and discussing the APSR during semi-annual collaboration meetings
- Exchanging the most recent CFSP and discussing feedback.
- In January 2021, leadership of the Pokagon Band were solicited for feedback on the IV-E Prevention Plan and engaged in subsequent discussions of the IV-E Prevention Plan and a Title IV-E Tribal Agreement providing children and families who are Pokagon citizens access to services through Indiana's Title IV-E Prevention Plan.

The International and Cultural Affairs program is responsible for supporting DCS staff and collaborating with various foreign Consulates and Embassies. DCS has worked with consulates from Central America, Africa, Southeast Asia, and Eastern Europe. The International and Cultural Affairs Liaison holds monthly meetings with the Consulate of Mexico in Indianapolis to discuss 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 International and Cultural Affairs Liaison also has quarterly meetings with the General Consulate of Mexico in Chicago. Due to a rise in involvement with families from Guatemala, Honduras, and El Salvador, the International and Cultural Affairs Liaison has also been regularly meeting with the General Consulate for each of these countries in Chicago. See pages 25-27 of the APSR for additional information on consultations with other nations.

2022 State Partnering on Practice Forum March Executive Update

Highlights

Partners had many positive examples of great Practice experiences in the state:

- Successes with family preservation.
- David Reed calls are very helpful.
- Included on the development of the biennial plan.
- DCS partnering on various community projects and training.

Opportunities

Partners were open and honest about barriers they have experienced:

- Families ability to understand the complexities of DCS when suffering from trauma in those early days.
- Systematic barriers with transportation.
- Educating FCMs on Family Preservation and other provider service standards.
- More collaboration with schools.

Plan of Action

- Krystal Pollard is to work with providers to address specific barriers.
- Service Coordinators planning to message clarification on specific service standards to providers and DCS.

Attendee Feedback

- "It does not feel like DCS is a silo."
- "I feel heard."
- "I feel relevant information is being shared, look forward to it being used to facilitate positive change."
- "I think this is really helpful! It was a good space to discuss what is going well, share challenges, and hear solutions from other providers or parts of the state."

Individuals with Lived Experience

Indiana engages individuals with lived experience in the child welfare system through a variety of platforms. Individuals interested in serving on one of these boards fill out a form requesting to participate. Some of these boards are described below:

Indiana Youth Advisory Board (IYAB)

The Indiana Youth Advisory Board (IYAB) is comprised of current and former foster youth throughout Indiana and is coordinated by Foster Success. With a mission of positively impacting the foster care system, the IYAB meets at least four times per year, providing members the opportunity to give feedback on system improvement. As a result, many IYAB members are now participating in the following state agency workgroups or committees:

- Indiana Youth Engagement Workgroup
- DCS Racial Justice Equity and Inclusion Advisory Council and its seven sub-committees
- LGBTQ+ Committee
- Policy Workgroup
- OYS Emerging Adult Workgroup
- Direct Cash Payment Workgroup
- Older Youth Permanency Workgroup

Director Stigdon also hosts monthly “Lunch with the Leader” meetings so she can hear directly from older youth.

Indiana Birth Parent Advisory Board (BPAB)

The Birth Parent Advisory Board (BPAB) is an initiative supported by Casey Family Programs. DCS is committed to partnering with the BPAB to strengthen and support families, engage the community in child maltreatment prevention strategies and activities, reduce the need for out-of-home placement, and decrease the rate of child maltreatment. BPAB is open to any parent with previous involvement with the Indiana Department of Child Services. Interested parents must have a closed case with DCS for at least 12 months before being eligible to join the Indiana Birth Parent Advisory Board. BPAB currently has five birth parents with prior DCS involvement, who share their experiences to assist DCS in better understanding how to support Hoosier families. BPAB meets monthly to provide practice guidance, develop a greater understanding of family needs, and discuss opportunities for improved service delivery. BPAB strives to bridge the gap between DCS and birth parents. A subgroup of these members meets an additional time per month to review policy proposals and changes to gain their voice and input. A member of the BPAB also joins in the CFSR community of practice DCS maintains a website on BPAB where interested persons can apply to participate in BPAB or submit a project request; see <https://www.in.gov/dcs/permanency/birth-parent-advisory-board/> for additional information.

Kinship Advisory Council

This is a partnership with Kinship families, Casey Family Programs, and Villages of Indiana to improve resources to non-custody families. This council’s efforts are reported through the Indiana Commission for Child Safety to gain strategic benefits of this multi-disciplinary involvement.

Older Youth Services Collaboration

The Older Youth Initiatives Managers and team meets with key internal and external stakeholders bi-monthly to seek feedback on older youth services delivery, best practice to make program adjustments and program improvements.

Service Providers

Indiana also engages with service providers through a variety of platforms, a few of which are further detailed below:

Regional Service Councils

Regional Service Councils (RSC), comprised of DCS staff and community stakeholders, have been established in each of DCS' 18 regions. Each RSC completes a biennial plan (see the image below for minutes of the RSC meeting in Region 16).

RSCs also participate in the Biennial Regional Strategic Services Plan (BRSSP) process. The BRSSP for SFY 2021-2022 was developed using a collaborative approach, which included representation of stakeholders from the provider community, foster parents, youth, clients, probation, courts, CASA/GAL, and prosecutors, who were asked to participate in focus groups tasked with identifying gaps in services and strategies to improve the quality and availability of services in a region.

Regional Service Council and Biennial Plan Approval Meeting: Region 16

Attendance: Region 16 leadership, Regional Service Coordinator, Regional Finance Manager, representatives from Community Partners including Indiana Home Based Services, Building Blocks, Holly's House, Evansville Office of Youth Villages, Youth First, and the court system.

Region 16 identified a pattern of safe sleep fatalities in the region. The council determined this was due to a lack of education and identified a need to enhance community and staff education around safe sleep.

Goal: Prevention Services and decreasing infant mortality related to safe sleep.
Enhance documentation of all Safe Sleep conversations between DCS and families.

Action Steps:

- By November 2022: Increasing FCM's (Family Case Managers) knowledge of safe sleep through Building Blocks. Building Blocks provides several resources to the community, including safe sleep training. Community stakeholders (those agencies present today) are invited to attend trainings so that all have the most up-to-date safe sleep training/information.
- Ensure the community has awareness of safe sleep and what resources are available. DCS offices will identify the local agency for safe sleep products such as cribs, pacifiers, and sleep sacks, etc., and will add safe sleep resources to the local community resource guides.
- By July 2023: FCMs and providers will identify additional caregivers such as babysitters, older siblings, grandparents, aunts and uncles, and other childcare providers and hold safe sleep conversations with them to address some of the fatalities that have happened where parents may have had a safe crib, but the child died at a caregiver's home.

Community Mental Health Centers (CMHC)

DCS meets with all CMHCs monthly to discuss initiatives and challenges. Thirty-five percent of families receiving Indiana Family Preservation Services are serviced by CMHCs, so this collaboration is essential. DCS also attends Indiana Council of Community Mental Health Centers meetings bi-monthly. See pages 9-10 of the APSR for more information on DCS' collaboration with CMHCs.

Indiana Association of Resources and Child Advocacy (IARCA)

DCS has met quarterly, sometimes monthly, with IARCA members to discuss the following:

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

Service Specific Workgroups

DCS facilitates numerous service specific meetings and workgroups with stakeholders to gather feedback. This includes but is not limited to the following:

- Family-Centered Treatment (FCT): A Regional Service Coordinator facilitates an individual meeting with FCT providers monthly to review performance data, share successes, and discuss barriers.
- 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.
- Healthy Families Indiana (HFI): HFI 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.

See pages 10-17 of the APSR for a complete list and further details of each of these workgroups.

Other Collaborations

Commission on Improving the Status of Children in Indiana (CISC)

DCS continues to collaborate with the CISC, which is comprised of 18 members from the executive, judicial, and legislative branches, along with local government officials. The DCS Director serves on the CISC Executive Committee and DCS deputies serve on various task forces and sub-committees, presenting information to the CISC when requested. Below is a table of the above referenced task forces and sub-committees, along with the respective DCS representative.

CISC Task Force/Sub-Committee	DCS Representative	Responsibilities
Child Services Oversight Committee	Director Stigdon	Review bi-annual data reports from DCS, review annual reports from the DCS Ombudsman, and make recommendations to CISC.
Juvenile Justice and Cross-System Youth Task Force	Don Travis, Deputy Director of Juvenile Justice Initiatives and Support	Improve the safety and outcomes of youth who encounter the juvenile justice system
Juvenile Justice Reform Task Force	Don Travis, Deputy Director of Juvenile Justice Initiatives and Support	Work with the Council of State Governments Justice Center on an assessment of Indiana's juvenile justice system.
Data Sharing and Mapping Committee	Nikki Ford, Data Director	Sharing of data between agencies and mapping services needed to implement the objectives of the CISC's strategic plan.

CISC Task Force/Sub-Committee	DCS Representative	Responsibilities
Mental Health and Substance Abuse Task Force	David Reed, Deputy Director for Child Welfare Services	Increasing access to quality mental health and addiction services for children and their families.
Educational Outcomes Task Force	Melaina Gant, Education Services Director	Improve educational outcomes of vulnerable youth.
Child Health and Safety Task Force	Sonya Rush, DCS Assistant Deputy Director of Strategic Solutions and Agency Transformation	Improve the health and safety of vulnerable children and youth.
Communications Committee	Noelle Russell, Director of Communications	The development of processes for improved information sharing and promoting the work of the CISC.
Equity, Inclusion, and Cultural Competence Work Group	Latrece Thompson, Deputy Director of Staff Development	Ensure cultural competence, equity, and inclusion are demonstrated in the work of the CISC and its Task Forces and Committees.

Citizen Review Panels

Indiana Law requires three Citizens Review Panels (CRP): a Foster Care Advisory Board, a Child Fatality Review Team (CFRT), and a Child Protection Team (CPT). 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 established two new teams in 2020 to meet the CFRT and CPTs requirements. The Madison County CFRT, which is led by the DCS local office director in conjunction with the county prosecutor, serves as the CFRT representation. The CPT CRP is represented by Randolph County. DCS requires CRPs to submit annual reports to ensure inclusion in the APSR. The DCS Director provides a written response to each team's annual report and recommendations, which has been met with positive feedback from CRP participants.

Children's Justice Act (CJA) Task Force

Racial Justice, Equity, and Inclusion (RJEI) Steering Committee

DCS launched the RJEI steering committee in late 2020 and hired a Chief Equity and Inclusion Officer in 2021. The Committee formed the following workgroups, each chaired by staff and a diverse group of internal and external stakeholders:

- Culture and Climate
- Private and Public Partnership
- Policy and Practice
- Hiring and Employee Relations
- Services and Resources
- Training and Curriculum
- Young Adults with Lived Experience

Conclusions and Recommendations

The review of the information summarized in this item revealed **strengths** of the system:

- DCS engages a variety of stakeholders, internal and external, through a multitude of platforms. Indiana excels at engaging the following individuals:
 - Those with lived experience,
 - Members of the Pokagon Band,
 - Consulates of foreign nations,

- RJEI workgroups, and
- Citizen Review Panels

The review also **identified opportunities for improvement**:

- There is opportunity to further evaluate the composition of some groups, such as those with lived experience, to ensure that the groups are representative of DCS’ current constituency.

Some **recommendations** from this review include:

- DCS should consider exploring options for centrally tracking all stakeholder engagements, so the agency can evaluate trends and areas of needed recruitment in real time.

Item 32: Coordination of CFSP Services with Other Federal Programs

Summary of State Performance

Item 32 is rated as a **Strength** as the Indiana Department of Child Services has a fully functioning, statewide system to coordinate services under the CFSP with services or benefits provided by other federal or federally assisted programs serving the same population. Indiana’s Healthy Families program had an all-time high referral rate in 2022 of 27712 families served. Indiana has federal, state, local, and private partnerships that collaborate to provide a full continuum of services and resources to support families and prevent child abuse and neglect. Indiana continues to collaborate with partners to reduce the rate of child maltreatment and expand prevention programs.

Introduction and Background

Indiana DCS believes that **collaboration** and communication with stakeholders is vital to improving outcomes for children and families. The agency engages partners from various stakeholder groups (i.e., providers, court/judicial employees, probation, birth parents, foster/adoptive parents, older youth, etc.) to identify the strengths and needs of the system.¹¹⁹ Consequently, DCS has an extensive network of Federal, State, local, and private partnerships to accomplish its mission.

Methodology

Item 32 was evaluated using statewide annual reports compiled by Indiana and partners. These sources include:

- Indiana Department of Health (IDOH) Safe Sleep Program Reporting
- My Healthy Baby Program Reporting,
- Indiana Head Start Collaboration Office 2021 Statewide Needs Assessment
- Interagency Reporting Council’s First Steps Update 1/11/2023

Vision

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

Values

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

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

¹¹⁹ As described in Item 25 and Item 31

- Domestic Violence Prevention and Treatment Council Dashboard, and
- Office of Early Childhood and Out of School Learning Needs Assessment and Strategic Plan (2020-2021).

Key Findings

1. DCS employs a vast array of platforms to maximize engagement of internal and external stakeholders and ensure collaboration of services between all federal and state programs serving children and families.
2. Indiana's Healthy Families Program has an all-time high referral rate of 27,712 families in 2022.
3. This collaboration has resulted in more children and families receiving services, with notable growth in families served by My Healthy Baby, First Steps, and Direct On-Scene Education for safe sleep.

Analysis

DCS collaborates with the Indiana Department of Health (IDOH) and the Family and Social Services Administration (FSSA), both of which house multiple divisions that receive federal funding to administer several programs vital to families and children in Indiana. IDOH and FSSA are responsible for administering health programs, including mental health and substance abuse prevention and treatment services in Indiana. To foster a continuum of care for children, parents, and caregivers who are receiving prevention services, DCS collaborates with other public and private agencies, including community-based and faith-based organizations, with experience in administering child and family services. Several of these partnerships are detailed below:

IDOH

The following partnerships have been formed between DCS and IDOH to better coordinate federal and state resources:

Statewide and Local Safe Sleep Programs

DCS continues to partner with IDOH to coordinate the safe sleep campaign, which is designed to raise awareness and make conversations related to safe infant sleep practices relevant and frequent. The targeted populations for this campaign are those at the highest risk for unsafe sleep related deaths as identified using updated infant mortality and case review data. 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 providers become crib distribution sites for in their local communities. IDOH has several partnerships with community organizations and has increased the distribution sites to cover the entire state, with 141 total sites representing all 18 DCS regions. The Child Fatality Review team will continue working with the Maternal & Child Health Epidemiology Team to address racial and economic disparity in sleep related deaths, actively seeking agencies in regions with high SUID (Sudden Unexplained Infant Death) rates to join the program, increase the quality of data collection to link the safe sleep data with the birth and death records, as well as the ongoing evaluation of the Safe Sleep Program. Moving forward, the continuation of this program will be handled solely by IDOH.

My Healthy Baby

The My Healthy Baby, Indiana's OB Navigator Program, is a cross-agency collaboration between the Indiana Department of Health (IDOH), Family and Social Services Administration (FSSA), and the Indiana Department of Child Services (DCS) which has been challenged with developing a strategy to reduce the state's infant mortality rate. The initiative was established by House Enrolled Act 1007, which was signed into law by Governor Holcomb in

2019. My Healthy Baby is building a network of services to support mothers and babies to create healthier outcomes for both. The goal of the Program is to identify women early in their pregnancy and link them to home visiting services that will provide personalized guidance and support during pregnancy and for at least the first 12 months after delivery, with a focus on outreach to pregnant women on Medicaid.

An additional component of the project is to promote a culture that accepts and even expects home visiting services for all pregnant women. The project is tracking both process and outcome measures. To ensure the best possible outcomes, during the project the team will identify and sponsor quality improvement projects.

Key partners include those organizations that currently provide home visiting or similar services, and to which pregnant women are referred, including:

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

The below image reflects the number of counties participating in My Healthy Baby by year. Additional information regarding My Healthy Baby; including annual reports can be located at: www.in.gov/myhealthybaby

Participation in My Healthy Baby by Year		
Year	Total Counties Participating	Increase in Counties from Prior Year
2020	22	N/A
2021	47	25
2022	82	35
2023	82	0 ¹
¹ Remaining 10 counties on track to participate by the end of 2023.		

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 several 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. The Indiana ECCS Impact Project addresses the need for increased access to child developmental & maternal depression screenings and improved coordination of early childhood systems through partnership with the Indianapolis Near Eastside and IndyEast Promise Zone, including integration of the Help Me Grow (HMG) evidence-based model within the existing MCH MOMs Helpline. Additional information regarding this program can be located at <https://www.in.gov/isdh/27274.htm>.

Help Me Grow (HMG) Indiana

IDOH, in collaboration with DCS, brought the HMG model to Indiana. This model is a system approach to designing a comprehensive, integrated process for ensuring developmental promotion, early identification, referral, and linkage to early childhood resources and services. It reflects a set of best practices for designing and implementing a system that can optimally meet the needs of young children and families. It is specifically designed to help states organize and leverage existing resources to best serve families with children at-risk for developmental delay. The model does not change or reinvent these programs and services, rather, it ensures collaboration among multiple systems to ensure access to services and seamless transitions for families. HMG ensures those seeking services are directed to the correct resources if one exists. All the data collected ensures that Indiana families will have access to the right services for their community. Additional information about HMG Indiana can be located at <https://www.in.gov/isdh/28521.htm>

Maternal Infant Early Childhood Home Visiting (MIECHV)

MIECHV provides an unprecedented opportunity for collaboration and partnership at the federal, state, and community levels to improve health and development outcomes for at-risk children through evidence-based home visiting programs. 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 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, including Indiana MIECHV outcomes visit: <https://www.in.gov/health/mch/home-visiting/maternal-infant-and-early-childhood-home-visiting-miechv/>.

Indiana Home Visiting Advisory Board (INHVAB)

The goal of INHVAB is to coordinate, promote and define Home Visiting efforts in Indiana and to utilize data to assess need, identify service gaps, maximize resources, and inform policy to improve health and developmental outcomes for Hoosier families and children. INHVAB membership has included: ISDH, DCS, Department of Workforce Development (DWD), Department of Education (DOE) and multiple divisions FSSA, including the Office of Early Childhood and Out of School Learning (OECOSL), First Steps/Bureau of Child Development Services, Indiana Head Start Collaboration, Office of Youth Services/Division of Mental Health and Addiction (DMHA), Temporary Assistance for Needy Families (TANF), and Office of Medicaid Policy and Planning.

Family and Social Services Administration (FSSA)

At the state level, several partnerships have been formed between DCS and FSSA to better coordinate federal and state resources. FSSA houses many programs and services which are valuable resources for families and children. Therefore, it is vital for DCS, the Prevention Team, and local Community Partners for Child Safety (CPCS) providers to maintain strong partnerships.

Department of Family Resources (DFR)

Specific collaborations between DCS and DFR are detailed below:

Indiana Bureau of Child Care

Housed in DFR, the Indiana Bureau of Child Care is funded by the Child Care and Development Fund (CCDF) and TANF to provide multiple services to low-income families. Indiana Code (IC) 12-17.2 authorizes DFR to regulate childcare in the State and 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 essential for CPCS providers at the local level 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, including annual financial support from the IHSCO for the Institute for Strengthening Families conferences, which allows for significant attendance from Head Start and Early Head Start Program staff. Head Start programs promote school readiness by enhancing the social and cognitive development of children through the provision of educational, health, nutritional, social, and other services to enrolled children and families. They engage parents in their children's learning and help them in making progress toward their educational, literacy and employment goals. Significant emphasis is placed on the involvement of parents in the administration of local Head Start programs. Many of the CPCS providers in the state are active members of their local Head Start and Early Head Start Advisory Boards and use the Head Start model of engaging parents in leadership activities. The IHSCO completed a state-wide needs assessment in 2021, where it was noted that some data typically used in the annual report was not available due to COVID and therefore information in the 2021 report may not always align to or be comparable with previous reports. The full report can be located online.¹²⁰

Department of Mental Health and Addiction (DMHA)

Below, specific collaborations between DCS and DMHA are detailed:

Children's Mental Health Initiative (CMHI)

The Children's Mental Health Initiative (CMHI) is a collaboration between DCS, DMHA, and local community mental health centers (CMHCs) 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 DMHA, serve children and families through a practice model of high intensity wraparound services 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 CMHCs. Their role is to facilitate access to both community-based and residential services,

¹²⁰ [Needs Assessment for Indiana Head Start and Early Head Start](#)

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, collaborative, and strength based.

Indiana Psychotropic Medication Advisory Committee (PMAC)

PMAC is an oversight committee that meets quarterly to review the psychiatric treatment of DCS involved youth. DCS also has a memorandum of understanding with FSSA-OMPP to share Medicaid claims data, including psychotropic medication data. As part of the memorandum of understanding OMPP produces monthly utilization reports for DCS wards on psychotropic medications. PMAC has been working with DCS to improve oversight of children receiving psychotropic meds in congregate care in response to an audit conducted in 2022 by the Office of Inspector General.

PMAC COMPOSITION

- Indiana University Department of Psychiatry
- DCS
- Office of Medicaid Policy and Planning (OMPP)
- DMHA
- Pediatricians
- Social workers
- Psychologists
- Pharmacists
- Child advocates
- Other identified stakeholders

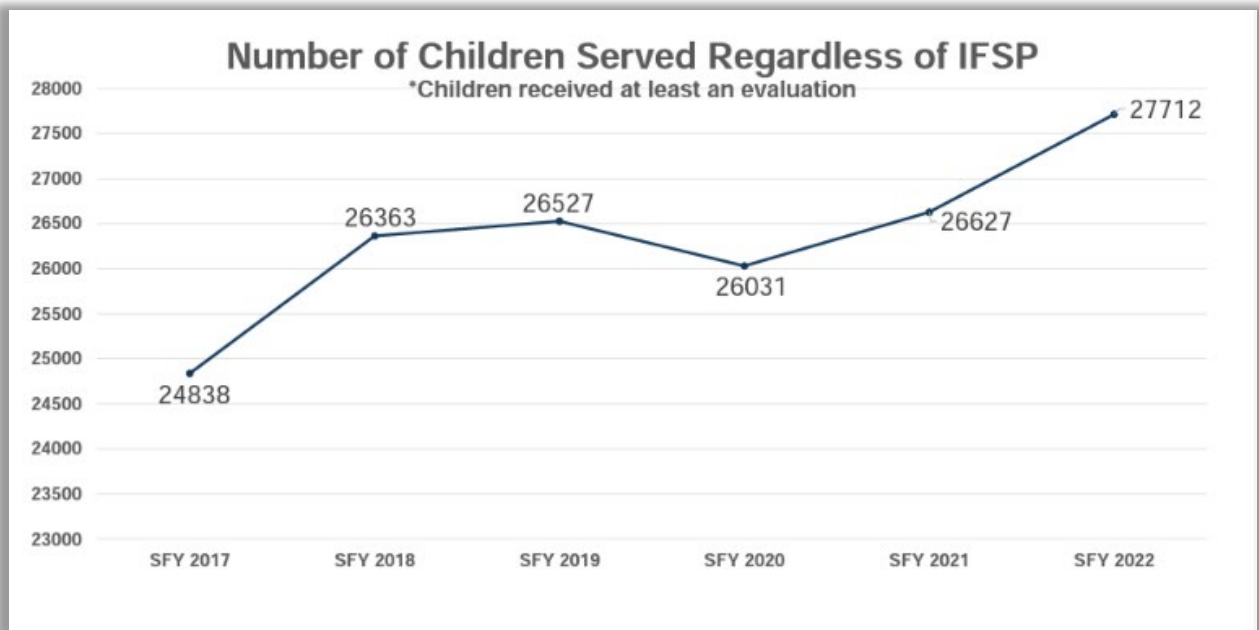
Prevention Leaders Group

This workgroup is established by DMHA and is housed under the guidance of the Mental Health Planning and Advisory Committee (MHAPAC). The group was established to advance the vision of a Healthy Indiana with sustainable environments that nurture, assist, and empower all Indiana citizens to access and experience optimum physical, emotional, and mental health. Goals of the group include defining prevention to drive funding and policies, development of uniform state policy, determining an education process, and delivering a comprehensive state prevention plan.

First Steps

At the state level, FSSA's Bureau of Child Development Services Division of Disability and Rehabilitative Services administers First Steps, which is an Early Intervention Program and meets the requirements of 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. Children ages 0-3 who are experiencing developmental delays and/or have a diagnosed condition that has a high probability of resulting in developmental delay are eligible for First Steps.

Currently, referral coordination occurs at the state level through a data exchange between DCS for child welfare clients and First Steps. DCS refers all eligible children for early intervention services. On a monthly basis, DCS sends a DDRS a secure file with all referrals. At the local level, Healthy Families Indiana providers have developed a reciprocal referral relationship with their local First Steps offices as part of the outreach efforts to support families of children with disabilities and include First Steps provider staff on their local advisory boards. According to First Steps annual reporting, the number of children served by First Steps reached a six-year high in 2022, with 27,712 children receiving services. See the chart below for additional data on First Steps referrals by year from the Interagency Reporting Council's First Steps Update on January 11, 2023.



Preschool Development Grant (PDG 0-5)

Using funding from the Federal Administration for Children and Families, the FSSA's Office of Early Childhood and Out of School Learning completed a needs assessment and strategic plan in 2019 that involved maximizing parental choice and knowledge around early childhood care and education, along with implementation of a best practices toolkit in early childhood care and education. DCS and many of our prevention partners participated on the Advisory Council and provided data for the need's assessment. The Strategic plan targets four focus areas:

- Grow High-Quality Birth-5 Programs and Supports,
- Support Strong Transitions to School and Kindergarten Readiness,
- Promote Birth-5 Family and Community Engagement, and
- Increase Collaboration and Coordination in the Birth-5 Service Array.

The strategic plan in its entirety can be found at <https://www.in.gov/children/files/Birth-5-Strategic-Plan-9.30.19.pdf>. DCS has continued to be a collaborative partner throughout the implementation of the strategic plan.

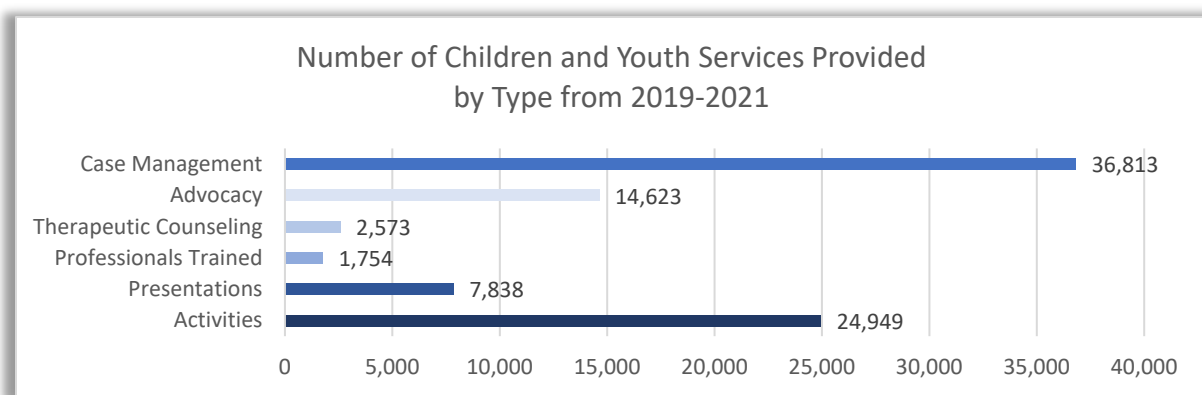
Additional Collaborations

Governor's Domestic Violence Prevention and Treatment (DVPT) Council

The DVPT Council is administered by the Indiana Criminal Justice Institute (ICJI) under I.C. 5-2-6.6. and 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, and staffing,
- Other resource needs and gaps, and
- Emerging issues and challenges for the delivery of services.

The chart below shows the number of child(ren) and family related services provided through DVPT from 2019-2021 according to the DVPT Dashboard maintained by ICJI. The dashboard and additional information can be located at [Victim-Service dashboard](#)¹²¹



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. Additional information regarding ICADV can be located at their website.¹²²

Early Learning Advisory Committee (ELAC)

Established by the Indiana General Assembly in 2013, ELAC is comprised of members appointed by the Governor. ELAC is working to ensure that children ages 0-8 years and their families have access to affordable, high-quality early childhood education programs that keep children healthy, safe, and learning. 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.
1. Identifying opportunities for and barriers to collaboration and coordination among federally and state funded child development, childcare, and early childhood education programs and services, including governmental agencies that administer programs and services.
2. 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.
3. Recommending procedures, policies, and eligibility criteria for the Early Education Matching Grant program.

ELAC meets six times per year to address Indiana's current and future early childhood education needs across the state. Additional information regarding ELAC can be located at <http://www.elacindiana.org/>. Additionally, the 2022 Committee Recommendations can be located at <https://www.in.gov/fssa/carefinder/files/ELAC-Recommendations-2022.pdf>.

¹²¹ DVPT Dashboard: [DVPT Dashboard](#)

¹²² <https://icadvinc.org/>

Indiana Perinatal Quality Improvement Collaborative (IPQIC)

The mission of IPQIC is to improve maternal and perinatal outcomes in Indiana through a collaborative effort with the use of evidence-based methods. The governing council is co-chaired by the IDOH Commissioner and the President of the Indiana Hospital Association, and is comprised of members across various hospital, medical, state and community health departments, and social services organizations. This includes DCS Prevention and IDOH MCH Divisions. The IPQIC serves as an advisory board to IDOH with the primary goal of improving the health of women and children throughout Indiana. IPQIC and its members remain committed to supporting the efforts of IDOH in working actively to promote quality outcomes for Indiana mothers and their babies. Additional information regarding IPQIC can be located at <https://www.in.gov/health/ipqic/>.

National Family Support Network (NSFN) and Strengthening Indiana Families Steering Committee

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

Systems of Care

Systems of Care meet within local communities and are composed of community agencies, schools, law enforcement, prosecutors, families, and others who focus on ensuring that services are available in the community to meet the needs of families. Systems of Care play a critical role in implementation of high-fidelity wraparound that is funded through Medicaid or the CMHI. Other services include residential as well as state operated facilities for those children who cannot be safely served in the community.

Conclusions & Recommendations

The review of the information summarized in this item revealed **strengths** of the system:

- As in Item 31, DCS engages a variety of stakeholders, internal and external, through a multitude of platforms, which ensures coordination of services between all state and federal programs serving children and families.
- Many of these programs have grown since Round 3 of the CFSR, so more children and families are receiving the services they need.

The review also **identified opportunities for improvement**:

- Although several of these programs/collaborations produce regular progress reports, not all collaborations are accountable to provide data or tracking progress of programs. This allows a gap in measuring outcomes and effectiveness.

Some **recommendations** from this review include:

- DCS should consider exploring options for centrally tracking data on all stakeholder engagements, so the agency can evaluate trends and opportunities for improvement in real time. This should include RJEI data for each collaboration if it is not already being tracked.

G. FOSTER AND ADOPTIVE PARENT LICENSING, RECRUITMENT, AND RETENTION

Item 33: Standards Applied Equally

Summary of State Performance

Item 33 is rated as a **strength** as the Indiana Department of Child Services (DCS) has extensive measures to monitor compliance and ensure that licensing standards are applied equally to all licensed or approved foster family homes or childcare institutions. DCS Policy clearly outlines the procedure and requirements for licensing both foster homes and residential resources. Many of these policies include specific provisions to limit potential bias and ensure that all qualified individuals seeking a license are approved. Data regularly tracked by DCS, quality assurance activities, and stakeholder input all support that DCS is applying licensing standards equally.

This item was rated as a strength in CSFR Round 3 and Indiana has continued to improve in this area. DCS acknowledges there are opportunities for improvement in how the agency measures the success of its licensing programs. In the 2020-2024 Child and Family Services Plan (CFSP), DCS has outlined and is in the process of implementing several steps to further improve effort in this item.

Introduction and Background

The Indiana Department of Child Services (DCS) has made conscious efforts to place children with relatives and/or kin when they can no longer remain safely in their homes, relying less on foster homes and residential facilities than in the past. While DCS intends for this trend to continue, licensing of foster homes and residential facilities remains a vital component of Indiana's child welfare system. DCS local offices and Licensed Child Placing Agencies (LCPAs) issue foster family home licenses to qualified applicants who comply with all applicable statutes and regulations. The licensing process verifies that a foster family home is equipped to ensure child safety and meet the needs of the child.¹²³

DCS licenses both foster homes and residential resources, using standardized protocols and requirements for both types of licenses as outlined in Chapters 12 (Foster Care Licensing) and 17 (Residential Licensing) of the DCS Child Welfare Policy Manual. Additionally, licensing workers are provided with the below tools and checklists to reduce bias and ensure that standards are applied equally.

DCS regularly checks compliance through quality assurance measures, stakeholder feedback, and several reports, some of which are updated daily. These sources support that DCS is applying licensing standards equally. This item was a strength for DCS in CSFR Round 3, and DCS continues to enhance its practices in this area.

Methodology

FOSTER CARE UNIT

DCS has a dedicated team to support foster care, residential care, and relative/kinship care efforts:

- **161** Regional Foster Care Specialists (RFCS) dedicated to recruiting, licensing, and supporting/retaining foster homes
- **39** Relative Support Specialists (RSS) who provide critical support to a relative in the first 30 days of placement.
- **34** Supervisors
- **11** Relative Support Supervisors
- **6** Division Managers
- **2** Kinship Navigator Program Managers
- **1** Foster Care Communication and Support Liaison
- **1** Assistant Deputy Director

¹²³ Policy 12.01 – [Foster Family Home Licensing: Authority to License](#)

This item is evaluated using measurements from existing administrative data sources, DCS written policy, stakeholder interviews. The following data sources were used in this analysis:

- Administrative Data Reports – System generated data were used to determine several quantitative measures such as the number of licensed homes pending revocation, over capacity, and/or on a corrective action plan. The following reports and dashboards were utilized:
 - o Foster Family Annual Reviews and Re-licensure Dashboard
 - o Timeliness to Licensure Dashboard
 - o Foster Family Corrective Action Plan Due Report
 - o DCS and LCPA Homes Over Capacity Report
 - o Licensing Revocations Working List Report
- DCS Policy –Indiana DCS Child Welfare Policy Manual Chapters 12 (Foster Care Licensing), 13 (Background Checks), and 17 (Residential Licensing), were reviewed to determine the standardized policies DCS has in place to ensure licensing standards are applied equally.
- Stakeholder Interviews –Members of the DCS Foster Care Licensing and Residential Licensing Units were interviewed to further inform assessment of Item 33. Information was collected from monthly conference calls the Deputy Director of Placement Support and Compliance hosts with LCPAs and Residential Providers along with site visits the Deputy Director and Assistant Deputy Director of Placement Support and Compliance have been conducting with the same entities. Furthermore, DCS sought stakeholder input from the Pokagon Band of Potawatomi and the Foster Parent Citizen’s Review Panel/Advisory Board.

Key Findings

1. DCS utilizes standardized policies and tools to ensure that standards are applied equally. DCS also allows applicants to request waivers to these policies when child safety, well-being, and permanency will not be comprised, to ensure that all appropriate individuals can be licensed.
2. Between January 2022 and November 2022, Indiana has had **3,158 DCS inquiries**, and **nearly half of those inquiries are relatives (1,659)**. During that same time, DCS **licensed 425 relatives and 513 nonrelatives**. Unlicensed (relative/kinship) caregivers account for 7.28% of all resource parents. **This is a 43% increase relative to 2019.**
3. There are 4558 licensed resource homes and 177 residential resources in Indiana. As of an administrative report obtained on 1/19/2023, only **35 licensed foster homes (<1%) were listed as overcapacity and missing an exception for the children placed in their homes.**
4. Licenses approved in December 2022, **were completed 22% faster from initial inquiry to licensure** relative to all licenses approved in the last 13-24 months.
5. There is opportunity for improvement with some of the reports so that DCS can more easily track the reasons for denial and/or license revocation and monitor for any potential disparity in these areas.

Analysis

Licensing Standards

DCS licenses foster family homes through DCS Local Offices and Licensed Child Placing Agencies (LCPAs) with processes overseen by the DCS Central Office Foster Care Unit (FCU). DCS has 30 contracted LCPAs that provide foster care services.¹²⁴ All licensed foster family homes will follow the same licensing procedures and documentation requirements regardless of whether the home is licensed by DCS or a Licensed Child Placing Agency (LCPA).

There are currently 4,558 licensed resource homes in Indiana. Of these, **59% are licensed by DCS** and 41% are licensed through LCPAs. **There are 883 homes with a therapeutic certificate**, almost all of which are licensed through LCPAs.

Table 54. MaGIK Report - Count of Licensed homes by License Type as of 1/27/23

Licensed By	Count of Homes	% Homes
DCS	2670	58.6%
License	2666	58.5%
Therapeutic Certificate	4	0.1%
LCPA	1888	41.4%
License	1006	22.1%
Therapeutic Certificate	882	19.4%
Total Homes	4558	

Licensed Foster Family Homes

DCS requires all potential foster parents to meet the criteria outlined in Policy 12.01: Authority to License.¹²⁵ To ensure that all state standards have been met, final license approval for LCPA licensed homes is completed by the DCS Central Office Licensing Unit under DCS Policy 12.13. Upon approval, a foster family home **license is issued for a period of four (4) years**. The **home study** must be updated at the **points of annual review, re-licensure, and within 30 days of any significant change**.

Structured Analysis Family Evaluation (SAFE)

The Structured Analysis Family Evaluation (SAFE) home study must be used by all DCS Regional Foster Care Specialists. The SAFE Desk Guide and Psychosocial Inventory are **standard, uniformed, research-based tools** that are used during the SAFE home study process. The SAFE Questionnaires are designed to **promote increased disclosure, more truthful responses, and to verify that all critical issues are addressed**. Additionally, one of the many benefits of the SAFE protocol is its impact on **reducing worker bias** in the licensing process.¹²⁶

THERAPEUTIC FOSTER FAMILY HOMES

Therapeutic foster homes are licensed through an LCPA and have a certificate indicating the home can provide care for children with specialized needs:

- Serious emotional disturbances
- Significant behavioral health needs and functional impairments
- Developmental or physical disabilities
- Child receives treatment in a family home though an integrated array of services supervised and supported by qualified staff or providers.

ADDITIONAL REQUIREMENTS

- **TRAINING:** Licensees must take an additional 10 hours of in-service training.

¹²⁴ Attachment: Residential and LCPA Licensing Regional Contacts

¹²⁵ [Policy 12.01: Authority to License](#)

¹²⁶ [Safe Home Study | Benefits of SAFE](#)

Indiana adopted the SAFE in November 2014 and subsequently required all LCPAs adopt the tool as of January 1, 2017.

Waivers and Exceptions

To ensure inclusivity and prevent otherwise appropriate individuals and families from being denied a foster care license, DCS Policy 12.19 allows prospective licensees to request a waiver of some **non-safety related licensing requirements** if compliance would cause an undue hardship on the licensee. However, exceptions cannot negatively impact the **health, safety, or welfare of any child** receiving services from the applicant for the waiver.¹²⁷

A snapshot report as of 1/27/23 identified 911 unique resource homes with a total of 595 waivers and 443 exceptions on record. This accounts for 20% of active, licensed homes (4,558). Resources with a relative only restriction had fewer waivers and exceptions than resources with no relative restriction.

Capacity

To ensure that caregivers can meet the needs of all children placed with them, DCS limits the number of children that can be placed in each home.¹²⁸ For both types of foster homes, **child specific exceptions of these restrictions can be requested as outlined in Policy 12.12.**

DCS monitors capacity compliance through a real-time report in the statewide information system that details each foster home over capacity and what type of exception is needed. The case management system sends notifications when an assigned worker's home is over capacity. LCPA licensing staff were interviewed in January 2023 and reported that they have internal tracking systems in place to monitor each home's capacity as well.

As of an administrative report obtained on 1/19/2023, only **35 licensed foster homes (<1%) were listed as over capacity and missing an exception for the children placed in their homes.** An exception must be filed for each type of exception needed. This report identified potentially 80 total exceptions needed that were missing. DCS licensed homes accounted for 25 of the missing 80 exceptions with the remaining being LCPA licensed homes. The most common issue noted were homes with a regular license that had more than 2 placements and one child has a high CANS score.

Denials

DCS Policy 12.18 provides clear guidance on denying a foster care license. The licensing worker can recommend denial in the following situations:

- All required parties do not pass background checks

¹²⁷ [Policy 12.19: Waivers](#)

¹²⁸ [Policy 12.12: Foster Family Home Capacity](#)

CAPACITY RESTRICTIONS

TRADITIONAL HOMES

- Cannot provide care and supervision for more than 6 children at once
- No more than four children less than 6 years of age

THERAPEUTIC HOMES

- May only provide care and supervision for 2 foster children and no more than 4 children total
- Additional capacity restrictions are in place for therapeutic homes that have a placement with a CANS score of three or higher, due to the higher acuity needs of these children.

MAXIMUM CAPACITY

Maximum capacity includes all other children in the home for whom the foster parent is responsible for continuous and direct care and supervision.

- The prospective licensee made false statements on the application or in any required records
- There are concerns about the home environment
- There are concerns about the applicant's ability to provide for the child's safety, wellbeing, and/or permanency.

Policy **explicitly prohibits denial being recommended due to an applicant's disability**. The recommendation is then sent to the Central Office Foster Care Licensing Unit, along with supporting documentation. If the Central Office Foster Care Licensing Unit agrees with the denial, the applicant is afforded the opportunity to appeal the decision. As of 1/18/2023, there were **only 10 applications pending Central Office approval with a recommendation of denial**. The report does not currently track the reason for the denial recommendation.

Table 55. MaGIK Report - Homes over capacity missing exceptions as of 1/19/23 (Both DCS and LCPA)

Exception Needed and not Found	Count of Homes
Mixed Level of Need	14
Child with CANS of 3 or Greater	9
Therapeutic Home with > 4 Children	6
Too Many Placed	4
More than 4 Children under 6 Years of Age	1
Too Many Children Under 18 Years of Age	1
Total Homes Missing Exceptions	35
Total Number of Exceptions Missing	80
Total Number of Licensed Homes	4558

Residential Resources:

DCS also licenses residential facilities, including private secure facilities, child caring institutions and group homes (collectively referred to as "residential facilities"). As of 1/28/23, there are 177 licensed residential facilities in Indiana.

The licensing and contracting process for residential facilities is very similar to the LCPA process.¹²⁹ To reduce potential bias, licensing workers also use standardized tools and checklists.

DCS issues 4-year licenses to residential facilities and completes annual licensing and contract audits, conducted by the residential licensing specialist and the residential clinical liaison. DCS can take corrective against a license for noncompliance, including plans of correction, placement holds and probationary status. Placement holds are designated in the case management system and communicated to field staff so that children are not placed in the facility while there is a hold.

To solicit stakeholder feedback, the Deputy Director of Placement Support and Compliance also hosts a monthly conference call with Residential Providers like the above outlined calls with LCPAs. Additionally, the above

WAIVERS & VARIANCES

BACKGROUND CHECKS CANNOT BE WAIVED

Common examples of **non-safety** related licensing requirements that can be waived include, but are not limited to:

- Pre-service/in-service training (except for RAPT 1)
- CPR, Universal Precautions and First Aid (all or just one)
- Square footage of bedrooms.
- Bedrooms in a hall, basement or living area
- Children must have their own beds
- Reference letters; and
- Licensing a married applicant without licensing a spouse due to spouse's physical absence from the household.

¹²⁹Policy 17.01 [Residential Initial Licensing Process](#)

referenced site visits by the Deputy Director and Assistant Deputy Director of Placement Support and Compliance have also been taking place with all licensed and contracted residential providers.

Table 56. MaGIK Report - Residential Resources as of 1/28/23

Residential Resource Type	Count
Child Caring Institution	43
Group Home	46
Licensed Child Placing Agency	60
Private Secure Facility	28
Total	177

Unlicensed Resources

Relative/Kinship Homes

Whenever children must be removed from their parents, placement with a fit and willing relative or kinship caregiver is preferred. To remove barriers from keeping children in their communities and maintaining vital connections, DCS makes exceptions for relative or kinship caregivers.

1. DCS does not require relative or kinship placements to meet any of the pre-service training requirements
2. DCS does not require a SAFE home study

Background checks and a home visit are required to ensure the child(ren)'s safety. These checks vary depending on the emergency status of the placement. For further guidance on required background checks see Item 34: Requirements for Criminal Background Checks. Staff are provided with a Background Check Matrix for relative/kinship placements to ensure that the appropriate background checks are completed and that the background check standards are applied equally.¹³⁰

Under DCS Policy 8.48, staff are also required to use a relative/kinship home environment checklist during their home visit to ensure that all relative/kinship homes are evaluated utilizing the same criteria. See attachment of SF 55106. However, this is **not required to maintain placement**.

An administrative data report from the statewide information system shows unlicensed (relative/kinship) caregivers account for 7.28% of all resource parents. **This is a 43% increase relative to 2019.**

WAIVERS & EXCEPTIONS

Safety related licensing requirements that cannot be waived include:

- Background checks
- Home visit

HOME ENVIRONMENT CHECK LIST

The Home environment check list evaluates the following areas:

- Home Safety
- Bedrooms
- Fire Safety
- Supervision
- Acknowledgment of DCS Information

¹³⁰ 33.2 Background Check Matrix for Relative/Kinship Placements in an Unlicensed Resource Home

Table 57. MaGIK Report - Total licensed and unlicensed foster parents by calendar year

	Total			Unlicensed	
Calendar Year	Foster Parents (Denominator)	Total Licensed Foster Parents	% of Total Foster Parents	Caregivers (Numerator)	% of Total Foster Parents
2019	13506	12874	95.32%	632	4.68%
2020	13563	12506	92.21%	1057	7.79%
2021	12937	12041	93.07%	896	6.93%
2022	12450	11544	92.72%	906	7.28%

Monitoring Licensure and Re-licensure

DCS tracks foster home inquiries in their database of record, MaGIK, by entering new inquiries and following those through licensure or until they become “non-inquiry” or decide not to go through with licensing. Between January 2022 and November 2022, Indiana has had **3,158 DCS inquiries**, and **nearly half of those inquiries are relatives (1,659)**. During that same time, DCS **licensed 425 relatives and 513 nonrelatives**.

Licensure of relative only foster homes has increased 20.5% since 2019 while licensure of non-relative homes has decreased approximately 10%. This is likely due to the initiative to utilize and license more relative homes. Relative only homes take slightly longer to license on average (~13 days).

Table 58. Average days to licensure Relative vs. Non-Relative Restriction

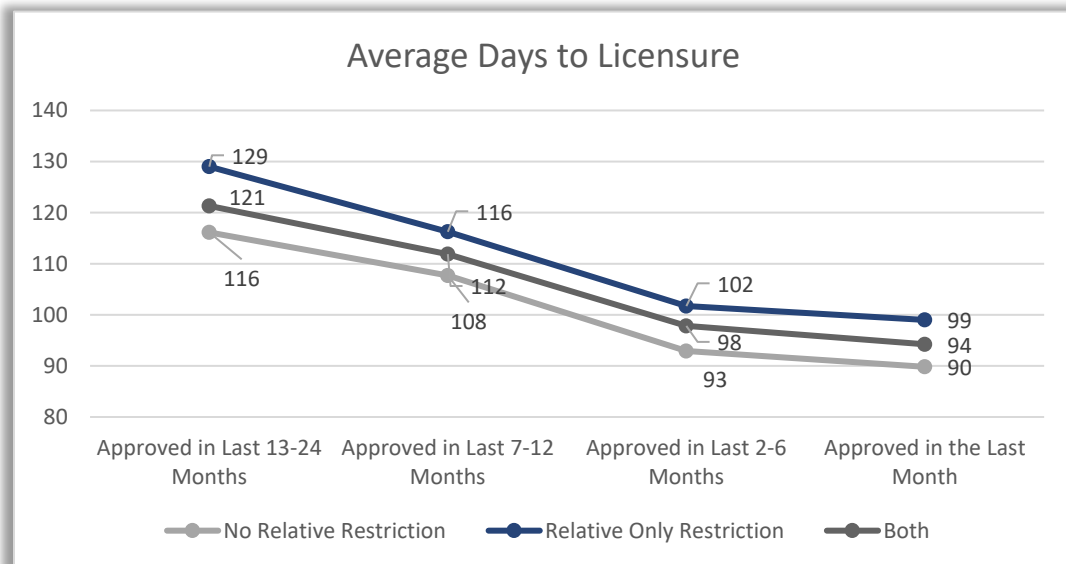
Year	# Homes Licensed without Relative Only Restriction	Average Days to Licensure	# Homes Licensed with Relative Only Restriction	Average Days to Licensure
2019	532	114	268	123
2020	491	122	276	120
2021	478	116	323	129

Staff utilize a dashboard that is refreshed daily to monitor the timeliness to licensure for all resources, both DCS and LCPA, who completed an application in the past year. Additionally, this dashboard can be drilled down to the county and assigned Foster Care Specialist/Foster Care Specialist Supervisor levels, which allows DCS to gain valuable insight into where additional training and support is needed.

Per the Timeliness to Licensure dashboard as of 1/28/23, there are 471 initial license applications pending, waiting an average of 96 days since initial application date. Currently 14% or 66 Applications have been pending longer than 180 days; **40% or 192 applications are pending 45 days or less.**

A snapshot of December 2022 shows of all licenses approved between 12/1/22 and 12/31/22, licenses with no relative restriction took an average of 90 days while those with a relative only restriction took an average of 99 days to licensure for a combined average of 94 days. Relative to licenses approved in the last 13-24 months, **licenses approved in December 2022, 22% faster.** The average days to licensure continues to trend downward.

Table 59. Average Days to Licensure by Time Period and Relative Exception Status (MaGIK Report, 1/28/23)



Staff can monitor resource licensure expiration and annual review dates in real time via an interactive licensing dashboard. It displays the total number of licenses due for an annual or re-licensure in each of the coming months with users having the ability to filter the data geographical region, county, licensing agency, assigned supervisor, and assigned licensing worker. This dashboard can show licenses and re-licensure by geographical locations as

STAKEHOLDER VOICE

Pokagon Band of Potawatomi Indians

During an interview with Pokagon Band of Potawatomi Social Services, one representative described the licensing of a tribal home with DCS as “seamless,” expanding that they had “never seen anybody get licensed so quickly.” Additionally, the stakeholders praised the licensing worker for the level of communication they maintained throughout the process.

Foster Parents

In DCS’s focused groups to obtain input from those with Lived Experience, foster parents noted how easy the licensing process was to follow, including the timeliness of completion after initial inquiry.

well. Supervisors also track this item weekly in preparation for supervision with the assigned workers. This dashboard is informed by data in the statewide information system.

As of 1/28/23, 1,939 resource homes had an annual review required. **Of these, 1,630 (84%) were completed and 309 (16%) are currently overdue.** A significant quantity of overdue annuals are concentrated in regions 1, 10, and 9.

Table 60. Tableau Dashboard: Resource License Annual Due as of 1/18/23



Table 61. Tableau Dashboard: Annuals Expected but Not Completed as of 1/28/23 (DCS and LCPA)

Region #	Count of Annuals not completed	% of Annuals not completed
1	64	20.71%
10	63	20.39%
9	36	11.65%
14	18	5.83%
18	18	5.83%
11	17	5.50%
3	15	4.85%
4	13	4.21%
5	11	3.56%
8	11	3.56%
7	10	3.24%
6	9	2.91%
13	9	2.91%
2	6	1.94%
12	4	1.29%
16	2	0.65%
17	2	0.65%
15	1	0.32%
Statewide	309	

MAINTAINING LICENSURE

ANNUAL REVIEW

Each licensed foster home must undergo a review annually (Policy 12.15). This includes:

- Home visit
- Updating Household Information
- Completing Background Checks

RELICENSURE

Each licensed foster home must undergo relicensure every 4 years (Policy 12.16)

LCPA License Monitoring

One of the key challenges to our partnering system is a lack of consistent recording of inquiry and licensing by the 30 Licensed Child Placing Agencies in Indiana. While Indiana supports fidelity of work and compliance of LCPA

licenses, they do not utilize our electronic data system in the same manner as DCS licensing staff, so there is a gap in data and information sharing to track LCPA's licensing timeframes and numbers of licenses. DCS is also unable to ascertain the accurate timelines from inquiry to application or application to licensure of those systems.

DCS anticipates the transition to its new CCWIS, I-KIDS, in 2023. This program is planned to have the infrastructure to monitor all licenses across the state. Countermeasures taken to bridge that gap at this time are to obtain LCPA information and do a cross analysis with the license inquiries in MaGIK and new Foster Family Homes entered in Casebook. This does not alleviate all gaps, but does increase the system's awareness of trends, data and keeps a pulse on the need for more resource homes.

Quality Assurance

Each licensed resource home must undergo an annual review each year and a relicensure process every four years to determine the home still meets requirements for licensure.^{131 132}

When a licensed caregiver has failed to meet any of the foster care licensing requirements that help to ensure a child's safety, a revocation of the foster family home license may be recommended. A licensee is placed on a corrective action plan (CAP) while the request for a revocation of a foster license is being reviewed or while issues in the home are being remedied. If non-compliance constitutes a safety concern, the home is placed on Probationary status and no new placements can be made in the home until this status is removed.¹³³

DCS tracks CAPs for both DCS and LCPA licensees through a MaGIK report, which displays real-time data on all expired CAPs and those that will expire within the next 30 days for each region. This allows each Foster Care Supervisor to monitor the homes more closely in their assigned region. For example, as of 1/19/2023, of the 720 licensed foster homes in Marion County, there are only 8 foster homes currently on this report. DCS also provides a daily report of all licenses pending revocation with Central Office. As of 1/18/2023, there were **21 revocations pending** with Central Office; the report does not detail the reason for revocation.

DCS conducts an annual audit of all LCPA's to ensure they are maintaining compliance with all contract requirements, which often have additional quality measures not included in licensing rules (2020-2024 CFSP). Of the audit responses there were no notable findings reported by the audit team.

Stakeholder Feedback

DCS seeks input from stakeholders through a variety of platforms.

- Monthly LCPA and Residential Provider Calls: The Deputy Director of Placement Support and Compliance hosts a monthly conference call with LCPAs and Residential Providers to discuss hot topics, trends, policy, needed areas of training, and other relevant issues. Representatives from various areas of DCS regularly attend the calls to answer questions.
- Site Visits: The Deputy Director and Assistant Deputy Director of Placement Support and Compliance have been visiting all licensed and contracted LCPAs to learn about their programs and gather individual feedback in a collaborative, one on one setting. These meeting will continue until all interested providers have been visited at their facilities.
- Provider Relations Advocates: DCS has developed three new positions to engage with stakeholders to share thoughts, concerns, and overall feedback as it pertains to DCS.

¹³¹ [Policy 12.15 Annual Review](#)

¹³² [Policy 12.16: Foster Family Home Relicensure](#)

¹³³ [Policy 12.17 - Probationary Status](#)

- Foster Parent Citizen’s Review Panel/Advisory Board: This panel, as required by CAPTA and IC 31-25-2-20.4, is comprised of foster parents licensed through DCS and LCPAs, with only one member being an LCPC personnel. This allows foster parents to fully steer the panel and all topics/concerns discussed. According to the panel’s annual reports from 2017-2021, the panel has not had any concerns related to foster parent licensing retention, and/or recruitment standards not being applied equally. The panel has made recommendations on involving foster parents as trainers and in recruitment efforts. The next annual report will be received in March 2023.

Conclusions & Recommendations

The review of the information summarized in this item revealed several **strengths** of the system:

- DCS clearly defines requirements and licensure procedure in policy, which provides standards that are equally applied and uses standardized tools, such as SAFE, in both foster and residential licensing which have been shown to reduce worker bias.
- DCS staff consistently monitor data to ensure licensing is timely and that homes are in compliance with licensing standards
- DCS as emphasized the use of relative and kinship care to keep children in their communities.

The review also **identified opportunities for improvement**:

- There is an opportunity for streamlining the data of all the LCPC’s licensure timeliness into one system for statewide use and accountability.
- There is opportunity for some of the existing reports to be more detailed, such as the reports tracking denials and revocations, as these reports do not currently show the reasons for denial/revocation.
- There are fewer reports to monitor the progress of residential licensing and compliance with standards.

Some **recommendations** from this review include:

- Reports should be created to monitor any disparities in corrective action and license denials relative to race/ethnicity.
- DCS should explore options for an interactive residential licensing dashboard similar to those already being utilized by the foster care unit.

Item 34: Requirements for Criminal Background Checks

Summary of State Performance

Item 34 is rated as a **strength** as Indiana has a clearly defined and efficient process for completing required background checks. This process includes standards and layers of accountability. This is determined by the policies, vendors, tracking team and high rate of success for background checks. Item 34 was a strength for DCS in CFSR Round 3 and continues to be a strength for the agency. Additionally, Indiana has dedicated continuous quality improvement efforts in this area, including a Rapid Improvement Event (RIE) to reinvent mechanisms for monitoring compliance.

Introduction and Background

Policy Chapter 13 outlines all requirements related to background checks for all placements, contractors, and adoptions. Additionally, DCS policy defines the process of evaluating background check results and the conditions for issuing waivers. These policies meet or exceed all federal requirements related to criminal background checks. DCS has variances in processes to support keeping children with families/kin and in least restrictive settings while also maintaining their safety. Indiana also has processes in place to address emergency/urgent needs for background checks. DCS has implemented improved systems in place to track compliance with these policies, which are further detailed in the analysis.

Methodology

This item is evaluated using measurements from existing administrative data sources (quantitative and qualitative), vendor reports (qualitative), DCS written policy, and stakeholder interviews. The following data sources were used in this analysis:

- **Vendor Data Reports** – DCS contracts with ADEMIA for the processing of all fingerprint-based checks. ADEMIA tracks all fingerprint-based checks and regularly reports these to DCS. One limitation to this data is that ADEMIA's tracking system does not interface with the DCS system, so the pending foster care licenses from the report detailed below must be manually matched with the results provided by ADEMIA.
- **Administrative Data Reports**
 - KidTraks system-generated reports (pending licenses matched with completed background checks)
 - Interstate Identification Index (Triple I) - FBI data generated from background checks.
- **DCS Policy** – Indiana DCS Child Welfare Policy Manual Chapter 13 was reviewed to determine the standardized policies DCS has in place to ensure federal background check requirements are met or exceeded.
- **Stakeholder Interviews** – DCS sought stakeholder input from the Foster Parent Citizen's Review Panel/Advisory Board and during the Triple I Rapid Improvement Event.

Key Findings

1. DCS provides clear guidance and tools to ensure that all required federal background checks are completed. This includes policy on conducting the checks, evaluating the results, and requesting a waiver if needed. Additionally, staff have access to a matrix that allows them to quickly identify which checks

need to be completed and functions as a checklist for them to ensure that they do not miss any required checks.

2. DCS employs a variety of tracking methods to maintain compliance with all federal standards. DCS has displayed the ability to adjust its methods when needed as evidenced the by RIE held in November 2019.
3. Over 75% of all fingerprint applications are reviewed and given a qualified status within 2 days of fingerprinting, shortening the time to complete relative/kinship placements, foster care licensing, and adoptions, which is exceeding agency expectations from Round 3 CFSR.

Analysis

As described in Item 33, Indiana has extensive measures to ensure that licensing standards are applied equally to all licensed or approved foster family homes or childcare institutions. This includes policies requiring fingerprint-based criminal background checks and child protection index (CPI) checks for licensing foster homes and residential resources.

Background Check Requirements

To ensure the safety of children in any potential relative/kinship, foster, adoptive, or residential placement, DCS requires a series of background checks on all resource parents and other specified household members. Staff have access to a background check matrix as described item 33 to ensure they are completing all required checks for each type of placement (see attachment 33.2). **DCS will not place children with any person who is deemed “disqualified” based on criminal history.** Policy 13.9 requires all licensees to **report any criminal arrest and/or conviction to DCS within 24 hours.**

Exceptions

The Indiana Department of Child Services (DCS) has made conscious efforts to place children with relatives and/or kin when they can no longer remain safely in their homes, ensuring children remain in the least restrictive, most family-like setting possible. As such, fingerprint-based checks are **not required prior to placement for emergency placement with relatives/kin.** However, DCS does complete an **emergency name-based check of state and federal systems**, known as the “Triple I Check”, prior to placement. These individuals are then required to follow up with fingerprint-based checks **within 5 business days.**

Emergencies

DCS utilizes the FBI data base to call in names for emergency placements when the fingerprint planning process is not feasible such as when a child is needing placement immediately or after hours. The use of these databases allows DCS to make informed decisions of who to place the child(ren) with after removal, minimizing the risk to children based on criminal history that poses a danger to any child.

Although every effort is made to place children in the least restrictive, most family-like setting from the onset of the case, there are times when DCS is temporarily unable to find placement for children, resulting in children spending the night at local DCS offices. DCS has had safeguards in place during this entire review period for times

REQUIRED BACKGROUND CHECKS

Relative/Kinship
Foster
Adoptive
Residential

National and State Fingerprint-based Check

All Household Members Ages 18+

CPI Checks

All Household Members Ages 6+

National Sex Offender Registry

All Household Members Ages 14+

WAIVERS & EXCEPTIONS

Safety related licensing requirements that **cannot be waived** include:

- Background checks
- Home visit

when this occurs and communicated these standards to all staff via email. To ensure the child(ren)'s safety, at least two staff members must be present in the office, with one staff member being a member of management. As employees of DCS, these individuals have passed all required background checks to provide care of children. Additionally, the regional manager must be immediately notified.

Evaluating Results

Within two business days of the applicant submitting to the fingerprint-based check, the DCS Central Office Background Check Unit (COBCU) processes the results and notifies the associated worker of the applicant's status. All applicants are initially assigned one of three statuses:

- **Qualified:** the applicant did not admit to any criminal arrests or convictions and there were not any "hits" on the National or State fingerprint-based check.
- **Conditionally disqualified:** There is additional information required to complete the evaluation (i.e., an arrest appears on the record returned but there is no court issued final disposition to verify the outcome of the arrest).
- **Disqualified:** The applicant has criminal history that is prohibited by DCS policy and/or Indiana Statute or substantiated child protection history.

Conditionally disqualified applicants are given the opportunity to turn in additional information supporting the outcome of prior arrests. COBCU then reviews this information and issues a status of qualified or disqualified. If an applicant is deemed disqualified, whether initially or after an initial conditionally disqualified status, they may be eligible for a waiver, with the support of the licensing agency or home study adoption agency. This is defined further in Policy 13.06 - Waiver Evaluation Process.¹³⁴ Nonwaivable offenses are outlined in IC31-9-84.8¹³⁵

To become a licensed foster home or to qualify for Title IV-E adoption assistance an applicant must have a fingerprint-based status of qualified or "waiver granted". See the chart below for a breakdown of the types of fingerprint-based checks from 2020-2022 by type and final status.

- From 2019 to 2021, DCS processed an average of 37,612 initial fingerprint transactions annually. Of those, 76.41% auto qualified.
- Adoption applicants have the highest rate of auto-qualification (79%) while Relative/Kinship have the lowest rate of auto-qualification (64%) and the highest rate of disqualification (4.5%).

WAIVER REVIEWS

A waiver review may include:

- Length of time passed since disqualifying history
- Additional criminal arrests/convictions since disqualifying history
- Rehabilitation steps taken since disqualifying history

Information is reviewed by a committee to determine if a waiver will be granted.

NON-WAIVABLE OFFENSES

Non-waivable offenses are defined in Indiana code IC31-9-84.8

¹³⁴ Policy 13.06 [Evaluating Background Checks](#)

¹³⁵ [IC-31-9-84.8 Non waivable Offenses](#)

Table 62. Annual Fingerprint-Based Checks 2020-2022 (Report Provided by COBCU)

Breakdown of Annual Fingerprint-Based Checks (By reason and final status)		2020	2021	2022
Relative/Kinship Placement Total Prints		8821	9230	8575
	Percentage of Relative/Kinship Prints Auto Qualified	64.5	64.3	64.0
	Percentage of Relative/Kinship Prints Conditionally Disqualified but Later Qualified	2.3	2.6	2.7
	Percentage of Relative/Kinship Prints Disqualified	4.5	4.4	4.5
Foster Care Total Prints		4320	4460	3920
	Percentage of FC Prints Auto Qualified	77.9	77.4	77.1
	Percentage of FC Prints Conditionally Disqualified but Later Qualified	1.9	1.5	1.6
	Percentage of FC Prints Disqualified	1.7	2.3	2.9
Adoption Total Prints		3067	3372	3059
	Percentage of Adoption Prints Auto Qualified	77.9	79.0	79.4
	Percentage of Adoption Prints Conditionally Disqualified but Later Qualified	1.6	1	2
	Percentage of Adoption Prints Disqualified	0.7	0.8	1.2

Currently, DCS does not have standard reports that observe trends in fingerprint-based checks relative to race/ethnicity and has identified this as an opportunity for improvement.

Data from an analysis of foster families and reasons for voluntary withdrawal of their foster home license shows that an insignificant number of foster parents end their fostering journey due to issues related to background checks (~3%). This data can be viewed by race/ethnicity. Since 2019, background checks have been cited for only Black and White foster parents, with Black foster parents citing this as a cause slightly more than White foster parents.

Table 63. Foster Parent Licenses Withdrawn due to Background Check Issues by Race/Ethnicity

	Race/Ethnicity	Total Foster Parents	Total Foster Parents Withdrawn	% Withdraw - Background Check Issues
2019	Black	1528	219	0.91
	White	10828	2031	0.2
2020	Black	1391	181	0.55
	White	-	-	N/A
2021	Black	1303	200	1
	White	10175	1850	0.05
2022	Black	1284	207	0.97
	White	9681	1947	0.41

Monitoring Compliance

DCS identified an opportunity to improve how the agency monitored compliance with background checks. In November 2021, DCS and its CQI team conducted a Rapid Improvement Event (RIE) to address background checks. DCS engaged internal and external stakeholders regarding barriers to fingerprint-based checks, such as not having a close geographical location for printing and difficulty with the online scheduling process. The team identified and implemented solutions that mitigated the barriers noted by all stakeholders.

Systems are in place to ensure required background checks are completed and reviewed by DCS staff prior to approval of a foster home license or Title IV-E Adoption Assistance.

- For foster home licensing, the Indiana Case Management System requires fingerprint-based check results to be recorded in the system before a potential foster home license being authorized.
- Prior to Title IV-E Adoption Assistance being granted, DCS staff review the findings, ensuring checks are completed and cleared.
- The licensing worker is responsible for running any **new required checks throughout the year as members of the household reach an age** for a required check.
- The licensing worker also **checks on the status of all background checks at the annual**.
- New background checks are required **every four years at the time of re-licensure**.

As outlined in Item 20, DCS ensures that safety planning is a component of case planning, including for all children placed in foster care. DCS Policy 5.1 requires safety planning to be updated at all critical case junctures, including new allegations of maltreatment. Data supports that case plans are consistently on file for all cases (only 1.6% of cases were missing a case plan as of 11/20/2022). Refer to Item 20 for further analysis of the functioning of case planning in Indiana. Additionally, DCS Policies 12.15 and 12.16 make provisions for placing a foster home on a corrective action plan (CAP) or placement hold whenever there are safety concerns or unmet re-licensure requirements. See Item 33 for a detailed analysis of this process and how DCS tracks these homes.

Conclusions and Recommendations

Indiana assesses this item as a **strength** overall.

- The tracking of fingerprinting is a strength for DCS as outlined above, with a very quick response for disqualified or conditionally disqualified of 2 business days.
- DCS proactively completed a Rapid Improvement Event to further improve the emergency background check process and prioritize efforts with resources and focused brainstorming.
- Very few foster parents who voluntarily withdrew their licenses identified background checks as their reason for withdrawal (3%)

This evaluation identified some **opportunities for improvement**:

CONTINUOUS QUALITY IMPROVEMENT

DCS's previous method of monitoring compliance was insufficient. Prior to the Triple I Rapid Improvement Event, over 5,000 individuals had not achieved qualified status within 5 business days after the check. This level of non-compliance with Triple I standards jeopardized the agency's continued access to this tool.

IDENTIFIED SOLUTIONS

- Tracking and other resources moved to an on-demand Triple I Resource Center
- A DCS employee completed the fingerprint registration for each person called in for a Triple I check

- An opportunity for this process is to build out a tracking category to determine racial identity of those being fingerprinted for the purpose of employment vs foster vs adoptions. This can assist the child welfare system further to determine opportunities to bridge equity in who is adopting vs only fostering.
- There is also an opportunity to further explore who gets approved for waivers compared with who gets denied ensuring current practice does not disproportionately effect members of marginalized groups.

Recommendations from this evaluation include:

- Explore an expanded tracking system for the background check process to further inform racial equity and inclusion efforts within the agency.

Item 35: Diligent Recruitment of Foster and Adoptive Homes

Summary of State Performance:

Item 35 is rated as an **area needing improvement**. Indiana continues to face a **decline in overall numbers of licensed foster family homes, declining 13% since the CFSR R3 statewide assessment and 9% since 2019**.

Although DCS has diligent recruitment plans (statewide and regionally) to support recruitment efforts, plans have not been in place long enough to yield substantial improvements. Additionally, the agency does not have tracking processes in place to ensure the effectiveness of recruitment plans. This item was also an area needing improvement in CFSR R3.

There is an ongoing need for more foster families of color. Overall, Black, Multiracial, and Hispanic caregivers are underrepresented in the resource home population relative to the number of children with the same race/ethnicity in care. DCS recognizes an opportunity to improve in how it tracks homes by language spoken so that children can be placed in homes that speak their primary language. These gaps are being addressed in recruitment plans for 2023.

Introduction and Background

DCS requires development and maintenance of statewide, region, and LCPA specific foster parent recruitment and retention plans. In 2021, DCS added data benchmarks to the regional plans; data is shared with LCPA partners to guide targeted recruitment towards caregiving gaps and system needs.

DCS contracts with Firefly for the recruitment of adoptive families. They collaborate with local, diverse, neighborhoods, faith-based organizations, and community leaders to recruit appropriate families that reflect the diversity of children in the state for whom foster and adoptive homes are needed. This partnership also maintains a digital adoption picture book which features children waiting for adoption.¹³⁶

This item was an area needing improvement in CFSR Round 3. As a result, DCS developed several data reports to inform recruitment needs and the status of resource overall. Results from these reports are included in the analysis below.

Methodology

Item 35 is evaluated using measurements from existing administrative data sources, DCS written policy, internal tracking documents, and stakeholder interviews. The following data sources were used in this analysis:

Administrative Data Reports:

- Foster Family Home Licensing Withdrawal Reasons by Region Report

RECRUITMENT & RETENTION COLLABORATIONS

- Hands of Hope and a Foster Care America (FCA) fellow to raise funds to pilot a project in Lake County to teach marketing strategies and support recruitment
- Firefly
- AdoptUSKids
- The Villages
- Wendy's Wonderful Kids
- America's Kids Belong
- Local News Stations for production of Wednesday's Child and Finding Family segments

TOOLS AND MATERIALS

- Foster Care Portal
- Foster Parent Recruitment Brochures
- Financial Assistance for Relative Caregivers Brochures and the Relative Resource Guide
- Quarterly newsletters
- Recruitment videos
- The Foster Care Toolkit
- DCS's toll free foster care hotline

¹³⁶ <https://www.indianaadoptionprogram.org/indianas-waiting-children/>

- Foster Parent Recruitment Report
- Foster Parent Recruitment Race Demographics of Foster Parents and CHINS in Placement Report
- Willingness to Foster Characteristics
- Foster Care Matchup Dashboard
- Relative Placement Demographics Dashboard

Indiana Foster and Adoptive Parent Diligent Recruitment Plan

Annual Foster Care Survey

Key Findings

1. The overall number of licensed foster family homes has decreased **13% since the CFSR R3 statewide assessment** and 9% since 2019.
2. It is important to note that in the last 5 years, DCS has **seen a significant reduction of children in care, reducing the need for foster homes**. Indiana has emphasized the use of relative/kinship care when possible. An administrative data report from the statewide information system shows unlicensed (relative/kinship) caregivers account for 7.28% (906) of all resource parents. **This is a 43% increase relative to 2019.**¹³⁷
3. Overall, **Black, Multiracial, and Hispanic caregivers are underrepresented** in the resource home population relative to the number of children with the same race/ethnicity in care.
 - Administrative data for CY 2022 shows resource parents most often withdraw a license due to adopting a child (28%), Personal/Family Challenges (21%), or being a relative only home (20%).

Developing and Monitoring Plans

As noted in the introduction, Indiana uses regional Foster and Adoptive Parent Diligent Recruitment Plans to target foster parent recruitment efforts to the unique needs of each region in the state. Indiana also requires LCPAs to create and maintain recruitment plans to address the declining foster parent population; these are reviewed during contract audits.

To monitor efforts around these plans and track progress, Indiana holds monthly meetings with LCPA leaders and working committees led by DCS staff to focus on barriers families and administrators experience but also to partner in knowledge and efforts around fostering. These meetings are well attended by approximately 75 LCPA partners, DCS staff development, field foster care leadership and the Child Welfare Services division. Content varies from data reporting and updating information and policy to soliciting feedback for problems DCS encounters so there is wide stakeholder feedback to solutions.

CONTINUOUS QUALITY IMPROVEMENT

In 2021, the initiative to increase relatives that are licensed foster parents was successful in bringing in 100 new families and licenses and that goal was extended to 2022 to find efficiency opportunities and special approaches to support these caregivers.

LIVED EXPERIENCE

These collaborations are working to include older youth who are members of Indiana's Youth Advisory Board (IYAB) to ensure there is a good understanding of the needs of older youth in foster care. DCS continues to work with Foster Success in hosting town halls that allow older youth to weigh in on a wide array of issues impacting them in foster care.

¹³⁷ See Item 33: Table – MaGIK Report – Total Licensed and Unlicensed Foster Parents by Calendar Year

The state is broken down into five core teams of leadership and each manager team leads a quarterly meeting with community stakeholders, field staff, Licensed Child Placing agencies, faith communities and service providers supporting resource families. These meetings discuss recruitment at the macro level and for individual placement needs for specific children to help shape the resources and services that foster parents need to sustain in their caregiving.

Identified Gaps

Indiana continues to face a decline in overall numbers of licensed foster family homes (resource homes). Since report year 2019, Indiana has experienced an 8.6% reduction in resource homes. The number of resource homes has declined an average of 3% each year since 2019.

As of December 2022, Indiana had 4,809 active resource homes. Indiana’s CFSR R3 Statewide Assessment in 2016 cited 5,538 active resource homes in December 2015. This is an approximately **13% decrease in licensed foster homes since the CFSR R3 statewide assessment**. It is important to note that in the last 5 years, DCS has **seen a significant reduction of children in care, reducing the need for foster homes**. This downward trend follows suit with the number of cases closed resulting in adoption.

Table 64. R&E Data – Total Licensed Resource Homes by Report Year

Report represents the total number of unique homes with the status of active (or pending relicensure) during a report year.

Report Year	Total Resource Homes	% Change
Report-2019	7326	-
Report-2020	7134	-2.62%
Report-2021	6919	-3.01%
Report-2022	6694	-3.25%
Change Since 2019	-632	-8.63%

As of January 2023, there are 4,745 active DCS and/or LCPA licensed resource homes statewide; 20% (946) of these are designated “Relative Only” resources.

Additionally, Indiana has emphasized the use of relative/kinship care when possible. An administrative data report from the statewide information system shows unlicensed (relative/kinship) caregivers account for 7.28% (906) of all resource parents. **This is a 43% increase relative to 2019.**¹³⁸

Table 65. R&E Data - Unlicensed (Relative/Kin) Homes 2019-2022

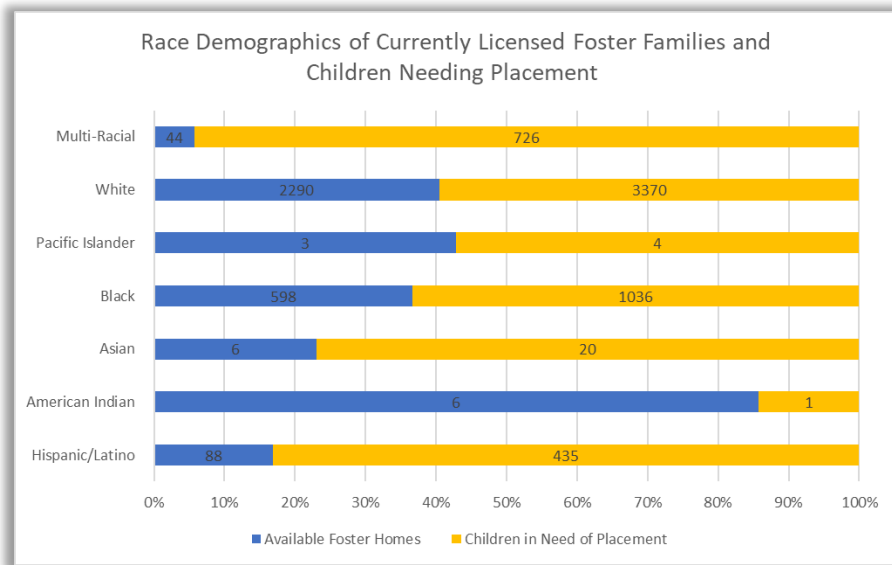
Report Year	Unlicensed (Relative/Kin)	% Change
Report-2019	632	-
Report-2020	1057	67.20%
Report-2021	896	-15.20%
Report-2022	906	1.10%
Change Since 2019	+274	43.40%

DCS employs several tracking mechanisms to inform recruitment needs and efforts. One such report shows the gap between currently licensed resource homes (both DCS and LCPA) and number of needed resource homes by race.

¹³⁸ See Item 33: Table – MaGIK Report – Total Licensed and Unlicensed Foster Parents by Calendar Year

This report represents live data and is useful for informing current recruitment needs but does not reflect trends over time. The table below details this data as of January 23, 2023. Other limitations to note:

- The racial identity of the foster home is based on the assigned payee, so the racial identity of each caregiver in the foster home is not reflected.
- The report only reflects the number of homes in each racial group and does not account for each home's capacity.



A report generated by DCS's Research and Evaluation Team was developed to address the gaps in the above data and identify trends in race and ethnicity makeup of foster parents in Indiana. This report looks at all unique, licensed resource homes/families with a status of "active" or "pending relicensure" in a given report year.

- In 2022, approximately 83% of resource families were White, 15% were Black, 5% were Hispanic/Latino, and all other groups made up fewer than 2% of the total population combined.
- Since 2019, the number of foster parents representing most race/ethnic groups increased; however,
- The number of Black foster parents declined by 13% while the number of White foster parents declined 9%.

A snapshot report from January 2023 highlights:

- There are 5x as many Hispanic/Latino children in care as there are Hispanic/Latino foster homes
- There are 1.7x as many Black children in care as there are Black foster homes
- There are 17x as many multiracial children in care as there are multiracial foster homes. However, it is important to note that children and caregivers identifying as multiracial may still not be the same racial identity as various combinations exist.
- There are 1.5x as many White children in care as there are White foster homes

Overall, **Black, Multiracial, Hispanic, and Asian caregivers are underrepresented** in the foster parent population relative to the number of children with the same race/ethnicity in care overall.

Table 66. Percent of Overall Resource Homes by Race/Ethnicity 2019-2022 (R&E Data Report)

Percent of Resource Homes				
Race/Ethnicity	2019	2020	2021	2022
American Indian or Alaska Native	0.16	0.20	0.20	0.16
Asian	0.44	0.41	0.38	0.45
Black	16.22	15.34	14.99	15.37
Hispanic/Latino	4.01	4.44	4.70	4.96
Multiracial	1.37	1.26	1.43	1.57
Native Hawaiian or Other Pacific Island	0.08	0.13	0.14	0.18
Unknown/Other	0.26	0.27	0.26	0.22
White	83.09	83.84	83.96	83.24

Table 67. Percent of Overall Resource Homes by Race/Ethnicity 2019-2022 (R&E Data Report)

Count of Resource Homes						
Race/Ethnicity	2019	2020	2021	2022	% Change	
American Indian or Alaska Native	12	14	14	11	-8%	
Asian	32	29	26	30	-6%	
Black	1188	1094	1037	1029	-13%	
Hispanic/Latino	294	317	325	332	13%	
Multiracial	100	90	99	105	5%	
Native Hawaiian or Other Pacific Island	6	9	10	12	100%	
Unknown/Other	19	19	18	15	-21%	
White	6087	5981	5809	5572	-9%	

Table 68. MaGIK Report - Race Demographics of Licensed Foster Families and Children Needing Placement as of 1/23/23

	Hispanic/Latino		American Indian		Asian		Black		Pacific Islander		White		Multi- Racial	
	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
Foster Home	88	2.97	6	0.2	6	0.2	604	20.36	3	0.1	2301	77.58	44	1.48
Placements	436	8.38	1	0.02	20	0.38	1041	20.01	4	0.08	3393	65.22	740	14.23

Total does not equal 100% as race not selected and race uncertain and race removed for clarity

Table 69. Percent of Overall Licensed Foster Parents by Race/Ethnicity 2019-2022 (R&E Data Report)

Race/Ethnicity	Percent-2019	Percent-2020	Percent-2021	Percent-2022
American Indian or Alaska Native	0.10	0.11	0.12	0.10
Asian	0.29	0.26	0.24	0.29
Black	11.80	11.14	10.83	11.13
Hispanic/Latino	2.67	2.99	3.27	3.50
Multiracial	0.81	0.74	0.83	0.92
Native Hawaiian or Other Pacific Island	0.05	0.07	0.08	0.10
Unknown/Other	0.15	0.15	0.15	0.12
White	84.14	84.54	84.48	83.85

License Withdrawal Reasons

Indiana monitors reasons why a resource parent withdraws their license to better understand factors impacting foster home retention. Data supports **most licenses withdrawn represent families that ended their journey with the child welfare system with an adoption or relative case closure.**

Administrative data for the last 12 months (CY 2022) shows that 646 total resource homes withdrew a license; 59 resources were licensed and withdrew within 12 months (remained active less than 1 year).

- Most resources withdrew their license due to adopting a child (28%), Personal/Family Challenges (21%), being a relative only home (20%).
- Those who were licensed and withdrew in the same 12 months primarily cited being a relative only home (34%), Personal/Family Challenges (31%), Other (17%), and adopting a child (7%)
- Resources licensed for more than 12 months primarily cited adopting a child (30%), Personal/Family Challenges (20%), and being a relative only home (18%)

LICENSE WITHDRAWAL REASONS

- Adopted a Child
- Background Check Issues
- Communication Issues w/ Local Office
- Communication Issues w/ Licensing Worker
- Communication issues w/ Service Provider
- Foster Parent Role Expectations
- Health/Medical Reasons
- Lack of Placements
- Lack of Services/Supports for Child or Family
- No Capacity
- Difficulty of Licensing Process
- Personal or Family Obligations/Challenges
- Relative Only Home
- Relocation
- Retirement
- Training Requirements

Significantly more homes note personal or family challenges as their reason for withdrawing their license since 2019. Of note, all other withdraw reasons combined account for only approximately 34% of withdrawn licenses, representing only ~2% of reasons individually on average. This means **most foster parents do not leave the system due to communication issues, requirements, or a lack of services or supports.**

The percent of foster parent licenses withdrawn by race is displayed in the chart below. Overall, the percentage of **licenses withdrawn by Black foster parents has decreased 2% since 2019** while the percentage of licenses withdrawn by White foster parents has decreased only 1%. There was **no significant disproportionality in the race/ethnicity of foster parents who choose not to foster any longer** amongst Black, Multiracial, Hispanic, and White caregivers (Excluding groups with very small sample sizes).

- White foster parents were more likely to withdraw their licenses due to **adopting a child (28%)** than other foster parents.
- Black foster parents mostly withdrew their licenses due to personal or **family obligations/challenges (25%)** but were more likely to withdraw due to being a **relative only** home than any other groups (23%).
- **Hispanic/Latino and Multiracial foster parents had the highest rates if withdrawing due to personal or family challenges with 42% and 32% of withdrawals**, respectively, though that was the most noted reason for withdrawing a license across all White, Black, Multiracial, and Hispanic foster parents.

One limitation of this report is an applicant may cite 3 reasons for withdrawing their license, so some individuals are represented in multiple columns.

Table 70. Percent of Overall Parents with License Withdrawals (any reason) by Race/Ethnicity 2019-2022 (R&E Data Report)

Race/Ethnicity	2019	2020	2021	2022	% Change
Licensed Resource Parents	%	%	%	%	'19 - '22
American Indian or Alaskan Native	0.15	0.33	0.32	0	-100%
Asian	0.3	0.41	0.56	0.31	-17%
Black	12.82	11.77	12.91	13.08	-2%
Hispanic/Latino	3.62	3.7	4.84	4.67	46%
Multiracial	1.21	1.32	1.69	1.45	23%
Native Hawaiian or Other Pacific Islander	0	0.08	0.16	0.23	182%
Unknown/Other	0.3	0.41	0.32	0.08	-74%
White	87.18	87.33	85.79	85.39	-1%

Recruitment

As described in the introduction, Indiana has a Foster and Adoptive Parent Diligent Recruitment Plan in place as well as regional accountability plans, which require every geographical area to target events for recruitment of needed homes in the area based on age and race of the children. The Recruitment Steering Team continues to bring together the multiple disciplines across the agency to identify next steps for improving licensing to ease the burden on applicants and generate new interest for inquiry. Every Child, a recruiting agency, was invited to present to LCPA partners for possible recruitment support to deploy in 2023 for those 31 LCPA organizations

2023 GOALS

RECRUITMENT AND RETENTION PLAN

Goal 1: Increase the penetration of non-relative licensures targeted to meet the needs of youth in care.

1. Engage inquiries & orient to foster care system and needs of youth in care.
2. Partner with private, public, and faith-based organizations to recruit foster and adoptive parents inclusive of the race, cultural, and demographics of children in care.
3. Build capacities of actively licensed parents to provide specialized care to older youth and youth transitioning from a more restrictive setting.

Goal 2: Retention of relative and non-relative resource homes through assessing their needs and building collaborations with faith-based organizations and businesses within the community.

1. Build and maintain quality support groups for foster and kinship caregivers throughout the Region that offer the opportunity for resource parents to establish a supportive network while receiving education.
2. Identify the concrete supports that resource parents need within the community.
3. Assess and evaluate reasons families voluntarily withdraw/expire their license and revocations to determine any systemic barriers impacting foster parent retention.

Age, Gender, and Specialized Needs

To further inform recruitment efforts, DCS utilizes reports that detail all current and pending foster homes willing to foster by gender and age preferences, special needs, and other considerations. This information is sourced from the licensing questionnaire completed between the licensing worker and family. The data for each of these categories, as of 1/24/2023, is displayed in a series of tables below. To summarize:

- There is more willingness to foster children ages 0-4, with a slight preference for females
- Only 38% of homes are willing to foster any youth ages 14-18, regardless of gender
- Foster homes were significantly more willing to foster children with Intellectual and Developmental Disabilities (71%) than any other special need. Very few homes are willing to accommodate sexually maladaptive behaviors (11%) or juvenile delinquency (14%).
- Most responses noted willingness to foster a child of a different race (93%) or religion (80%), but only 40% are willing to foster LGBTQ youth.
 - 9 Counties have zero homes willing to foster LGBTQ Youth: Newton, Warren, Blackford, Parke, Brown, Green, Ohio, Crawford, and Martin.
 - Regions 13, 17, 15, and 8 had the lowest number of homes willing to foster a child of another religion OR another race

There are some limitations to using this report alone to drive recruitment efforts:

- This data does not reflect each willing home's capacity, limiting the ability to track the gap between availability and need. However, since this data can be broken down by region and county, it helps inform where further recruitment is needed and how successful targeted recruitment efforts are in specific geographic areas.
- Homes may select multiple characteristics, so some homes may be represented in multiple columns.

Table 71. MaGIK Report - Willingness to Foster: Gender and Age Preferences as of 1/24/23

Willingness to Foster: Gender and Age Preferences						
Homes (Denominator)	Male	Male	Male	Female	Female	Female
Statewide	0 to 4	5 to 13	14 to 18	0 to 4	5 to 13	14 to 18
3013	1979	1814	557	2049	1878	595
%	65.5%	60.0%	18.2%	67.9%	62.3%	19.6%

Table 72. MaGIK Report - Willingness to Foster: Special Needs as of 1/24/23

Willingness to Foster: Special Needs							
Homes (Denominator)	Intellectual and Developmental Disabilities	Visually or Hearing Impaired	Other Medically Diagnosed Conditions Requiring Special Care	Physically Disabled	Seriously Emotionally Disturbed	Juvenile Delinquency Involvement	Sexually Maladaptive Behaviors
Statewide	2155	1251	987	637	625	426	323
%	71.3%	41.4%	32.7%	21.0%	20.7%	14.1%	10.8%

Table 73. MaGIK Report - Willingness to Foster: Other Considerations as of 1/24/23

Willingness to Foster: Other Considerations			
Homes (Denominator)	Child of Different Race	Child of Different Religion	Child is LGBTQ
Statewide	2795	2414	1198
%	92.5%	80.0%	39.7%

Adoptive Homes

In addition to foster care recruitment efforts, Indiana is also improving its recruitment of **adoptive homes**. DCS partners with Firefly, one of the largest adoption agencies in Indiana, to help coordinate efforts around adoption recruitment. This organization provides matching events, parent recruitment activities and maintains data to help guide families into the adoption system but also to assist with child matching. Utilizing the data from Firefly we have been able to assess the need for stronger pre and post adoption services aimed at building the capacities to maintain placement and address youth challenges that emerge after DCS involvement.

Since 2020, stakeholders have participated in quarterly meetings focused on inquiry processing. These forums give families a platform to obtain information about the inquiry process more efficiently. A separate introductory session is scheduled via Microsoft Teams for families to obtain structured information and acts as an open forum with adoption workers and Firefly staff to answer questions.

Indiana engaged in a Request for Proposal in 2021 that resulted in the selection of a statewide provider, Lifeline, to deliver adoption services, along with an expansion to add pre and post guardianship services. Since Lifeline's start date in July 2022 to current, there have been **417 referrals for post adoption services and there are currently 308 active cases receiving support**. In October 2022, Lifeline added preadoption and pre guardianship services; there are currently **81 referred families**.

Additionally, Indiana expanded its work with Wendy's Wonderful Kids in 2021 using Villages as the primary provider and have sent **more than 200 referrals** with more than **30 youth being matched** and so far, **12 with adoptions in this contract period**. DCS continues to work with Villages to increase their success and are provided quarterly updates about their efforts.

Conclusions and Recommendations

Indiana assesses this item as an area needing improvement overall.

The system has several notable **strengths**:

- DCS has a recruitment plan in place, with a focus on targeted recruitment.
- DCS utilizes a variety of data tracking instruments to inform recruitment needs and the success of recruitment efforts.
- DCS has expanded resources available to facilitate permanency by adding pre and post guardianship services to the adoption support services already available.

This evaluation identified some multiple **opportunities** for improvement:

- As previously stated, there is opportunity for DCS to expand its reports on willingness to foster and foster home availability by race so that both reports reflect the capacity of the homes represented and the actual number of placements available.
- There is also an opportunity to begin tracking the primary language spoken in each foster home, along with any additional languages spoken in the homes, so that children can be matched in homes that speak their primary language.

Recommendations for next steps include explore options for expanding tracking/data reports to encompass the above referenced opportunities.

Item 36: Use of Cross Jurisdictional Resources for Permanent Placement

Summary of State Performance

Item 36 is rated as an **area needing improvement** as Indiana does not have aggregate data to support that incoming or outgoing ICPC requests are completed within the 60-day federal requirement. However, there are several strengths observed in Indiana's process. Indiana adheres to all ICPC regulations and uses cross jurisdictional resources to support the permanency and stability of children. DCS policy exceeds the federal requirement and requires incoming requests be completed in 50 or fewer days. A snapshot of performance revealed that **of all 996 referrals/requests active** on 1/27/23, **only 6% (63)** were pending home studies in Indiana, open greater than 50 days.

Introduction and Background

The Indiana Department of Child Services aims to protect children from abuse and neglect while keeping families together whenever possible. DCS does this by partnering with families and communities to provide safe, nurturing, and stable homes. The Interstate Compact on the Placement of Children (ICPC) establishes procedures for the placement of children across state lines. When a state receives an ICPC request, the receiving state will study the placement resource for appropriateness and safety of the placement. ICPC requests also identify the supervision requirements that will be necessary upon the child's arrival in their new placement.¹³⁹ Indiana DCS adheres to ICPC regulations and refers to [IC 31-28-4: Interstate Compact on the Placement of Children](#) for all children placed in Indiana from another state.

In CSFR Round 3, this item scored as an area needing improvement. Information in the Round 3 Statewide Assessment showed that while the state explored and used cross-jurisdictional resources for children in its care, Indiana did not meet the requirements for responding to ICPC requests in a timely manner, meeting the requirement in fewer than 50% of cases. Since CFSR Round 3, DCS has restructured the division and revamped its ICPC process. The ICPC unit moved to the Juvenile Justice Initiatives and Support division to be housed with the Central Office Background Check Unit (COBCU) and Juvenile Probation Consultants. This restructuring improved and streamlined the ICPC process and significantly increased the timely response and movement of the ICPC requests. However, DCS still lacks some of the functionality and tools to track the timeliness of ICPC requests on an aggregate level.

WHY WE USE ICPC

ICPC ensures that children are placed in a safe and appropriate environment, while states remain legally and financially responsible for the children placed outside their borders.

ICPC also ensures children courtesy supervision by appropriate Child Welfare personnel in the state where they are placed.

Methodology

This item is evaluated using measurements from existing administrative data sources, DCS written policy, and stakeholder interviews. The following data sources were used in this analysis:

- **Administrative Data Reports** – System generated data were used to determine the number of ICPC requests DCS received in 2020-2022, the percentage of these requests that were completed timely, and the percentage of approved requests that resulted in placement.
- 1. **DCS Policy** –Indiana DCS Child Welfare Policy Manual Chapter 9 is referenced

¹³⁹ [DCS: Interstate Compact on the Placement of Children \(ICPC\)](#)

2. **Stakeholder Interviews** –members of the DCS ICPC Unit were interviewed to further inform assessment of Item 36.

Key Findings

1. From 2020-2022, DCS has received an **average of 785 requests per year** from other states to place children in Indiana. In this period, an average of **34% percent of incoming ICPC referrals per year resulted in placement** in Indiana.
2. Using data and live monitoring, the ICPC unit processes improved its efficiency. Of all 996 referrals/requests active on 1/27/23, only 6% (63) are home studies pending in Indiana and open greater than 50 days.
3. The ICPC unit monitors live data, and the system reports are limited. As a result, Indiana does not have aggregate data to support that incoming or outgoing ICPC requests are completed within the 60-day federal requirement.

Analysis

Interstate Compact on the Placement of Children (ICPC)

Outgoing ICPCs

When its determined that a child cannot remain safely in their home and a placement is needed, first consideration should always be given to a parent, even if the parent lives out of state. If a parent is considered an option, **an ICPC is not required.**

If a prospective placement resource is identified out of state, the FCM will follow procedures as outlined in Policy 9.01: Request to Place an Indiana Child in Another State.¹⁴⁰ When completing an ICPC request, Family Case Managers will compile information per the referral checklist within the required timeframes.

- **Standard:** FCMS will compile a packet for a typical evaluation within 5 days. Most **evaluations take 60 days** from the time they are assigned.
- **Expedited:** FCMs will compile a packet within 2 days of receiving the court order. The receiving state will conduct an expedited placement home study no later than **20 business days** from the date the request was received.¹⁴¹

Once an outgoing ICPC has been approved the FCM will coordinate placing the child and submit a form to the ICPC unit advising of placement or, if the proposed placement resource is not going to be used, will submit the form to close the ICPC.

ICPC TYPES

- **Relative/Kinship** – includes stepparents
- **Foster Care** - They meet licensing requirements in their state
- **Adoption** - After Termination of Parental Rights (TPR)
- **Parent** - Required by policy, not by Indiana Law

ICPC CHECKLISTS

FCMs have access to an interactive desk guide/training assist them with the ICPC process. This includes detailed referral checklists for standard ICPC placements and out of state residential placements.

OUT OF STATE PLACEMENT

- The receiving state will see the child every 30 days
- The receiving state, minimally, must submit quarterly supervision reports to the ICPC Unit
- The ICPC Unit will e-mail supervision reports directly to the assigned family case manager and the case

¹⁴⁰ Policy 9.01: [Request to Place an Indiana Child in Another State](#)

¹⁴¹ Policy 9.05: [Expedited Placement for Out of State ICPC Placements](#)

Incoming ICPCs

Per Policy 9.02¹⁴² DCS will require any out-of-state agency wishing to place a child in Indiana to submit an ICPC packet. In accordance with federal law, the ICPC referral process must be completed within 60 calendar days after the initial request is received. To meet this time requirement, the DCS ICPC Office will require that the DCS local office **complete a home study within 50 calendar days** of the date the DCS local office receives the referral packet.

From 2020-2022, DCS has received an **average of 785 requests per year** from other states to place children in Indiana. In this period, an average of **34% percent of incoming ICPC referrals per year resulted in placement** in Indiana. In 2021, total requests increased by 13% and approved placements increased by 15%. However, both referrals and approved placements trended down in 2022.

Table 74. Incoming ICPC Requests 2020-2022 per ICPC Salesforce Dashboard

Incoming ICPC Requests by Year	2020	2021	2022
Total Requests for Youth Involved in Child Welfare and/or Juvenile Justice (Denominator)	771	875	710
Count of Youth Placed within Approved Resource (Numerator)	285	329	189
Percentage of Referrals Resulting in Placement	36.9%	37.6%	26.6%

Monitoring ICPCs

To monitor incoming and outgoing ICPC requests, DCS utilizes an internal repository housed on a Salesforce platform that interfaces with the National Electronic Interstate Compact Enterprise (NEICE) system. NEICE is an electronic web-based system designed to shorten the processing time of ICPC cases. DCS ICPC Consultants do not directly enter information into NEICE. Rather, all information is documented in Salesforce and data is ported to/from NEICE. This ensures DCS can communicate effectively with other NEICE states while benefiting from improved features and increased flexibility from the Salesforce platform. Stakeholders reported that the Salesforce platform is more efficient than NEICE and consultants from other states have confirmed this.

The ICPC unit utilizes a live dashboard to monitor all workflow. Consultants are responsible for monitoring this dashboard and following up on overdue requests/home studies immediately. There are some limitations to this data/dashboard as a method of tracking:

- As this is a live report, it does not hold historical data and DCS does not have a cumulative count of how many Incoming or outgoing requests are overdue each year.
- The system does not track reasons why the request was overdue.

INCOMPLETE REQUESTS

The DCS ICPC Office may reject or return incomplete requests after 10 business days, which may result in placement delays and/or denials.

EXPEDITED PLACEMENTS

DCS will honor requests for expedited placement in accordance with the separate policy, 9.05 Expedited Placement for Out-of-State ICPC Placements.

REQUESTS VS. PLACED

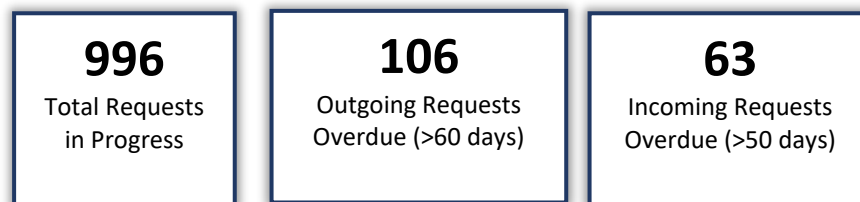
Stakeholders noted that many ICPC requests are approved by Indiana, but never result in placement by the requesting state for various reasons such as:

- Requesting state reunified the children with their family of origin
- The noncustodial parent obtaining custody.
- Requesting state identified an appropriate resource in state

¹⁴² [Policy 9.02: Request to Place a Child in Indiana](#)

- There may be minor data quality issues as the information is being interpreted from one system to another. For example, null fields/drop downs not used in NEICE are not reported back to Salesforce.

As of 1/27/23, the status of incoming and outgoing home studies is below (per the ICPC dashboard). There are currently 996 total requests in progress. 106 of these are outgoing home studies pending (in other states) and overdue (open 60 or more days), and there are only 63 home studies pending in Indiana for 50 or more days. Some of these will likely close before 60 days.



CONTINUOUS QUALITY IMPROVEMENT

The ICPC Unit identified a lack of familiarity and knowledge of the ICPC process as a root cause of ICPC processing delays. The team implemented multiple solutions:

- Developed and administered a training on ICPC regulations and requirements in all DCS Regions.
- Developed an interactive desk guide
- Developed referral checklists

Other Countries, Governments, Tribes

Border Agreements

Indiana continues to be open to border agreements with its neighboring states. These agreements establish a process to access the safety and suitability of caregivers who have an existing relationship with a child but live across the state border. A more comprehensive evaluation of the caregivers and their home would follow the initial, expedited assessment.

Tribes

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. Currently, there is only one Pokagon Band child in foster care in Indiana.

Consulates from Other Nations

DCS continues to serve children from immigrant families, in which at least one parent or child are foreign born. The International and Cultural Affairs program is responsible for supporting DCS staff and collaborating with various foreign Consulates and Embassies. In the last year, DCS has worked with immigrants from Central America as there is a rise in families from Guatemala, Honduras, and El Salvador. DCS continues to collaborate with countries on the African continent, Southeast Asia, and Eastern Europe.

DCS also collaborates with other consulates on a case-by-case basis. Consulates provide cultural guidance which supports DCS in the development of culturally responsive protocols and ultimately improves our collaboration. The Mexican Consulate aids with obtaining a home study for a parent/relative in Mexico who is being considered for placement; repatriation procedures; contacting and verifying location of a parent in Mexico; referring to services in

Mexico; communication with incarcerated parents under Immigration and Customs Enforcement (ICE) custody and the verification and issuance of vital records for Mexican Nationals.

Conclusions and Recommendations

Indiana's use of cross-jurisdictional resources has many **strengths**:

- DCS' decision to move its ICPC unit under its Juvenile Justice Division contributed to several improvements in DCS's use of cross-jurisdictional resources for permanent placement, notably the timeliness with which receiving referrals are processed. Of 996 referrals/requests active on 1/27/23, only 6% (63) are home studies pending in Indiana and open greater than 50 days.
- DCS' utilization of data and tracking, specifically the interactive dashboard, and implementation of MDI has improved referral timeliness.
- DCS' use of Sales Force, which interfaces with NEICE as mentioned above, is also a strength for the agency because it allows consultants to have more lean communication with requesting states.

This evaluation also identified **opportunities for improvement**:

- Stakeholders identified that although they can pull most data using reports in Salesforce, some of this data still must be manually computed for further analysis. Building this function into the system is an opportunity for improvement.
- There is also opportunity to improve the way overdue ICPC referrals are tracked, including adding tracking of the reason(s) for the referral being overdue.

This evaluation identified the following **recommendations**:

- DCS should continue to explore options for push notifications to assigned FCMs and supervisors at the 15 and 30-day marks to further enhance the timely completion of all ICPC home study requests.
- DCS should explore an additional report to track the total number of referrals, days to completion, and, if overdue, reason(s) for this.

APPENDIX I: CFSR STATE DATA PROFILE



Indiana

Child and Family Services Review (CFSR 4) Data Profile
AFCARS and NCANDS submissions as of 6-28-22

August 2022

Risk-Standardized Performance Visualization

Risk-Standardized Performance (RSP) is the percent or rate of children experiencing the outcome of interest, with risk adjustment. The vertical bars in the line graph represent the lower RSP and upper RSP of the 95% RSP (confidence) interval, and national performance (NP) is the dotted black line.

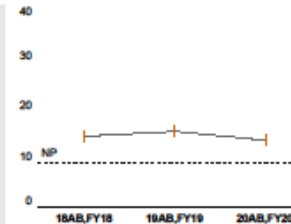
Safety Outcomes

Maltreatment in Care (victimizations/100,000 days in care)

9.07
NP
13.40
RSP

Lower value is desired

Measured as the rate of abuse or neglect per days in foster care in a 12-month period that children experienced while under the state's placement and care responsibility

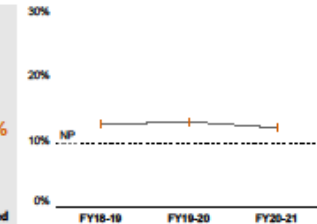


Recurrence of Maltreatment

9.7%
NP
12.3%
RSP

Lower value is desired

Measured as the percent of children who were the subject of a substantiated or indicated report of maltreatment in a 12-month period and who experienced subsequent maltreatment within 12 months of the initial victimization



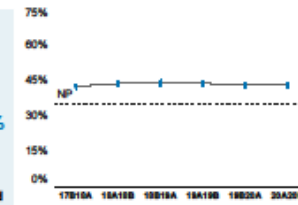
Permanency Outcomes

Permanency in 12 Months (entries)

35.2%
NP
43.2%
RSP

Higher value is desired

Among children who entered foster care in a 12-month period, the percent who exited foster care to reunification, adoption, guardianship, or living with a relative within 12 months of their entry

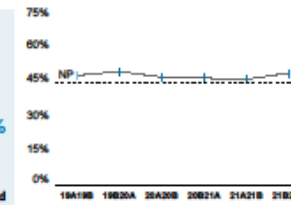


Permanency in 12 Months (12-23 mos)

43.8%
NP
48.2%
RSP

Higher value is desired

Among children in foster care at the start of the 12-month period who had been in care for 12 to 23 months, the percent who exited to permanency in the subsequent 12 months

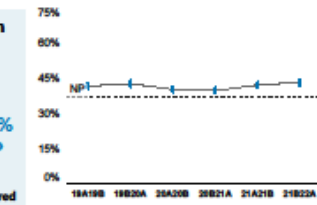


Permanency in 12 Months (24+ mos)

37.3%
NP
43.9%
RSP

Higher value is desired

Among children in foster care at the start of the 12-month period who had been in care 24 months or more, the percent who exited to permanency in the subsequent 12 months

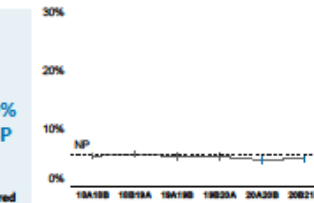


Reentry to Foster Care

5.6%
NP
5.0%
RSP

Lower value is desired

Among children who discharged to permanency (excluding adoption) in a 12-month period, the percent who reentered care within 12 months of exit

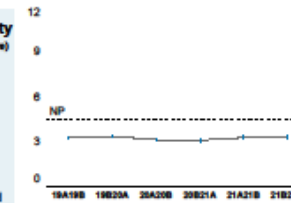


Placement Stability (moves/1,000 days in care)

4.48
NP
3.33
RSP

Lower value is desired

Among children who entered care in a 12-month period, the number of placement moves per day they experienced during that year



Performance Key

- State's performance (using RSP interval) is statistically better than national performance.
- State's performance (using RSP interval) is statistically no different than national performance.
- State's performance (using RSP interval) is statistically worse than national performance.
- DQ Performance was not calculated due to exceeding the data quality limit on one or more data quality (DQ) checks done for the indicator. See footnotes for more information.