

Indiana Department of Child Services

Program Improvement Plan (PIP)

Executive Summary and Goals, Strategies, and Key Activities for PIP Implementation

December 2018

Table of Contents

Indiana’s Round 3 Program Improvement Plan Development Summary.....	3
Safety-related Items on Indiana’s PIP	5
Safety Indicator #1: Timely Initiation.....	5
Safety Indicator #2: Safety and Risk Assessments and Safety Plans.....	7
Consistently Noted Needs: Workforce Considerations, Engagement, and CQI Efforts.....	17
Workforce Considerations for Indiana’s PIP	17
Engagement Considerations for Indiana’s PIP	24
Well-Being Indicator #1: Families have enhanced capacity to provide for their children’s needs	25
Continuous Quality Improvement Considerations for Indiana’s PIP	40
Permanency-related Items on Indiana’s PIP	45
Permanency Indicator #1: Children have permanency and stability in their living situations	45
Permanency Indicator #2: Continuity of family relationships and connections is preserved for children.....	47
Implementation Plan	63
Indiana’s Strategic Partnerships	65
Child Welfare Policy and Practice Group (CWG).....	65
Casey Family Programs (CFP).....	65
Indiana University (IU) School of Social Work	65

Indiana's Round 3 Program Improvement Plan Development Summary

The Indiana Department of Child Services (“DCS” or “Indiana”) began formal Program Improvement Plan (“PIP”) development after receiving the Child and Family Service Review (“CFSR”) Final Report and accompanying onsite presentation from the Children’s Bureau in January 2017. The CFSR is a review of the entire child welfare system, not merely a review of the child welfare agency. The CFSR allowed Indiana to look at many different areas of child welfare to determine how the system was functioning. As a result of receiving tremendous participation from a number of child welfare stakeholders in Indiana, DCS was able to form four multi-disciplinary work/focus groups comprised of DCS employees, juvenile court judges, attorneys, service providers, Court Improvement Program staff, and probation officers (as well as a variety of other stakeholders), that were tasked with meeting weekly to review the CFSR Final Report, CFSR stakeholder interview summary and other relevant qualitative and quantitative information to identify underlying factors that had the greatest impact on poorer performance areas within the child welfare system. These work/focus groups focused on developing solutions around specific CFSR items on safety, permanency, well-being, continuous quality improvement (“CQI”), and juvenile probation. The work/focus groups developed solutions that served as the foundation for the PIP. Furthermore, throughout the PIP development process, DCS worked closely with representatives from the Children’s Bureau and the Capacity Building Center.

Indiana’s PIP focuses on leveraging existing agency strengths to implement interventions that will have a sustainable impact on practice moving forward. Indiana has access to quantitative and qualitative data available from a variety of sources including, but not limited to, a statewide case management system, finance and referral system, Quality Service Review data (“QSR”), Reflective Practice Survey data (“RPS”), and Key Practice Indicator reports (“KPI”). While Indiana has had access to a myriad of data sources, the use of data to drive decision making has been inconsistent and unevenly approached. Indiana is moving towards a data-driven approach that will be used on a consistent basis to inform practice and to determine what is needed in order to effectuate change on both local and system levels. To demonstrate this commitment to data-driven decision making, Indiana has created a new division within the department: the Division for Strategic Solutions and Agency Transformation (“SSAT”). This new division includes the data team (including data analytics and management as well as research and evaluation) and the Continuous Quality Improvement (“CQI”) team. The CQI team focuses on CQI efforts throughout the state and is responsible for service reviews and quality assurance efforts.

As Indiana was developing the PIP, Indiana determined there was a need to update the DCS Mission and Vision. In June 2018, the new DCS Mission and Vision were released. The new DCS Mission and Vision for Indiana are noted below:

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

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

Indiana's PIP has been thoughtfully crafted to ensure that Indiana's most vulnerable children achieve safety, permanency and well-being. Some factors leading to an increase in the number of cases in Indiana include: an increase in substance abuse; an unusually large number of child abuse and neglect referrals taken by DCS; Court oversight/intervention in a large number of cases; and an increase in mental behavioral health service and treatment needs. Indiana has struggled with hiring, training, supporting and retaining a quality workforce. Indiana's CQI model needs to be strengthened in order to provide front-line staff with the tools and information necessary to promote good practice. The Practice Model (TEAPI) needs to have a renewed focus on application of its principal components.

Partnership with the Judicial System was identified as a keynote area of concern in child welfare and juvenile justice involved families through the CFSR. During the CFSR, it was noted that there were several significant factors delaying permanency including:

- Delays in moving cases to permanency within the required federal timelines;
- Inconsistent oversight of the Informal Adjustment ("IA") process;
- Consistency of timelines regarding judicial review of cases;
- Quality of the exchange of information during court hearings;
- Timeliness of the filing and required hearings related to Termination of Parental Rights petitions; and
- Increased frequency of permanency hearings were focused on compliance with federal timelines but did not accelerate permanency outcomes.

DCS and the Indiana Office of Court Services ("IOCS") will work collaboratively to address the above noted issues by instituting changes as noted in the PIP. DCS will continue to work collaboratively with the IOCS. DCS has reviewed data at both the child and case level across the state and is working on understanding the reasons behind cases that have been open 20% longer than the state average or median. Indiana will be reviewing those cases more intentionally to understand the common factors among those cases in an effort to improve practice among FCMs and to inform practice with DCS attorneys and court partners. As Indiana better understands the factors driving the above noted concerns, DCS will work cooperatively with IOCS to improve processes.

During the CFSR, it was noted that juvenile probation was not trained on the use of family-centered practice and child well-being measures. Therefore, DCS has correlated the findings from the CFSR with specific PIP indicators in order to enhance family-centered practice for juvenile justice involved families. DCS and Probation are working collaboratively with the IOCS to enhance CQI processes, engagement, and timely permanency of youth and families within juvenile justice. As a result of ongoing meaningful collaboration between DCS, the courts, and probation leadership, Indiana was able to develop and integrate strategies throughout the PIP to ensure delinquent youth, who receive IV-E funded services, have the same access to services as youth in the child welfare system. Only a small number of probation cases will be monitored during the PIP; however, DCS, probation, the Court Improvement Program ("CIP"), and judicial staff recognized the need for changes. These strategies involve extensive collaboration and effort between judges, probation, Indiana courts, and DCS through a collaborative work group. This joint effort is a significant new development for Indiana and could enhance generational outcomes for youth and families.

Through a collaborative approach of involving multiple systems to review information (both quantitative and qualitative data), Indiana identified major themes that appear to be having a significant impact on child welfare practice in Indiana. The following were identified as overarching topics driving the State’s performance.

- Safety – the Child Abuse and Neglect Intake System, Investigations, Ongoing Safety and Risk Assessments, and Appropriate Safety Planning
- Substance Abuse
- Mental and Behavioral Health
- Court Involvement and Partnership
- Strengthening the Practice Model and its Principles so that Engagement with Families is strong
- Workforce
- Robust CQI and QA system
- Strengthening Partnerships within the Community
- Making permanency for children a priority

Using information gathered from a variety of sources as noted above, Indiana’s PIP is divided into five primary goals: safety, engagement, permanency, workforce, and CQI. Goals related to improved outcomes with juvenile justice-involved families are embedded in the five primary goals of the PIP.

Safety-related Items on Indiana’s PIP

Safety Indicator #1: Timely Initiation

Indiana Child Welfare System results on this indicator were at 31% at the time of the CFSR in summer of 2016. Indiana completed internal assessments related to Safety Outcome 1. This assessment involved compiling internal data from the DCS MaGIK System, QSR, and doing internal file reviews to ascertain the reason for DCS’ low Safety Outcome 1 results. DCS determined there were several underlying causes resulting in the low percentage related to timely initiation.

The first identified issue was with the Child Abuse and Neglect Hotline (“Hotline”) reports.

- First, there were time discrepancies for reports that required a one-hour response time. The Hotline was not providing the “time” of the Hotline report, specifically for one hour assessments, to DCS front line staff; therefore, staff was responding according to the time DCS field staff received the report and information from the Hotline. The results for many one-hour assessments were not being met, due to the discrepancy of time. DCS has worked with the Hotline and this issue has been corrected. The time frame to

begin counting to determine whether the report is initiated timely begins when the local office receives the report of child abuse and neglect from the Hotline.

- Second, the Hotline identifies reports of child abuse or neglect with victims as identified by report sources and will not include children who may have been connected to the household during an earlier involvement as a current victim of child abuse or neglect (children in the household will continue to be included in the report, but not listed as a victim of child abuse or neglect unless the report source identifies them as victims of child abuse or neglect). During the DCS data analysis, it was noted that some children listed on the report no longer lived in the home or in Indiana. In order to meet timely initiation, DCS must see all child victims listed on the report.
- Third, DCS has provided greater clarity in policy about when to appropriately link an existing or prior assessment to a new assessment. DCS believes that a better set of criteria for linking assessments will help alleviate issues surrounding the timeliness of initiation. This policy revision was effective on July 1, 2018. DCS will continue to track the reasons for approval of linking of assessments and the number of denials for linking of assessments. As part of ongoing CQI efforts, DCS will review the approvals and denials to determine whether policy or practice will need further revision. DCS continues to ensure the safety of all children in households, as part of a holistic approach to assessing families and children.

The second identified issue was with deficiencies in the assessment process and practice.

- The assessment of the compiled data further identified challenges related to deficiencies in the safety staffing process and issues with twenty-four hour and five-day assessments that lacked timely tracking by the family case manager (“FCM”) and FCMS Supervisor. Through further review of caseload data, obtained from the various systems within DCS, and workforce turnover, from Human Resources, DCS was then able to identify that the reasons were due to significant increases in caseloads and instability in the workforce. It is important to note that while there was an increase in caseloads, DCS is not currently able to consistently split out the number of assessment caseloads from permanency caseloads in a large portion of the state. There are FCMs who manage assessments and permanency casework depending on the workload of the county. DCS will examine the caseload data to determine whether it is possible to assign workload metrics to those workers who carry both assessment and permanency caseloads.
- DCS determined the policy relating to timely initiations was not clear and did not support good practice. In particular, the use of phone contact in lieu of timely face-to-face contact with the reported victim was unclear and oftentimes misapplied across the State. DCS is addressing this deficiency by clarifying policy around the application of any exceptions to the face-to-face contact requirement for the victim. Specifically, DCS revised current policy around face-to-face contact versus phone contact, to exclude phone contact as meeting the timely initiation requirement. This policy revision was effective on July 1, 2018. DCS has provided additional information to staff through the clinical supervision framework on the updated policy and practice expectations. As field

staff members are educated about the policy change, DCS expects to see an increase in the timely initiation of assessments. DCS will utilize CQI processes in order to track the reasons why assessments are not initiated timely within our data system in order to make adjustments as needed in the future. In addition, current data from the Office of Data Management (“ODM”) shows that as of September 2018, timely initiation for FCMs with a face-to-face with the child victim is at 63.8%, as compared to the CFSR results of 31%.

Indiana accepts more abuse and neglect reports than the national average. Only two states had a higher rate of completed child protection assessments than Indiana. Despite completing more assessments than almost any state, Indiana substantiated only 15 percent of those assessments. The rate of abuse and neglect reports grew by almost 63 percent from state fiscal year 2013 to state fiscal year 2017. Indiana’s rate of referral to DCS is almost double the national average.

On July 1, 2016, Indiana instituted a new practice of screening in all reports for children under three years of age in an effort to enhance safety of children who are among the most vulnerable in our population. After reviewing data points, DCS determined that this practice change was not improving safety of children under three years of age. As such, in early 2018, DCS ended the practice of screening in assessments based solely on the fact that a child named in the assessment was under three years of age. DCS expects this change to reduce the number of assessments.

Improvements in safety have been prioritized and are already being implemented. Indiana will institutionalize a standardized safety staffing process and complementary tracking mechanism in order to better triage uninitiated assessments. This will assist Indiana by focusing on timeliness of initiation of assessments because supervisors will track initiations that are not completed on a daily basis through a standardized safety staffing process. In an effort to support CQI efforts on this indicator, DCS Executive Management will meet regularly to discuss the data to determine whether the changes that are made in practice and policy are addressing timely initiation issues.

Safety Indicator #2: Safety and Risk Assessments and Safety Plans

Indiana Child Welfare System results on this indicator were at 71%, at the time of the CFSR in summer of 2016. The manner in which DCS was completing, formal and informal, safety and risk assessments had some deficiencies. DCS reviewed data from the MaGIK system and the QSRs, to determine the reason for the results. As noted above, caseload size and staff turnover were contributing factors. There were cases where the formal safety and risk assessment tools had not been completed, safety and risk assessments had been completed but were not documented, or safety and risk assessments were not appropriately completed. DCS will utilize clinical supervision and ensure there are specific agenda items regarding the proper use of safety and risk assessments included at all levels, including the unit, Local Office Director, and Regional Manager levels to more effectively identify strengths and challenges in assessing safety and risk. Indiana has taken the initiative to allow FCMs to enter safety and risk re-assessments at defined intervals throughout the case. The improved tools are available for use in the case management system for in-home cases and will be available for all cases in the future. This was completed in an effort to make enhancements to

the safety tools to improve usability for FCMs. DCS will continue to monitor safety and risk re-assessment tools in order to make any needed changes.

Through further review of the data, DCS determined where safety plans were not done well; DCS found that safety plans were not created or communicated with families; and that safety plans were not completed appropriately. During a review of the reasons why safety plans were not working as intended, DCS discovered that FCMs were not creating safety plans that were specific to the needs of the family or within the abilities of the family to complete. There was a lack of a comprehensive understanding of *how* to draft an appropriate safety plan tailored to the family’s strengths and needs. Lastly, there was a lack of an understanding of how to apply the basic principles of safety planning in order to support families and keep children safe. DCS will provide guidance and training to staff on what constitutes an individualized safety plan that is created with the help and input of the family. Staff must understand the basic principles of safety planning in an effort to educate families about safety, which will keep children safer in their home of origin when possible. Staff will receive guidance so that they are aware that safety plans must be documented in MaGIK. FCM Supervisors are responsible for continually discussing safety plans during clinical supervision with FCMs. DCS has provided a specialized Safety Planning training to field staff throughout the State. Based on surveys that were completed by staff after the Safety Planning training, field staff reported that the Safety Planning curriculum was beneficial and increased their knowledge of *how* to develop an appropriate safety plan with families. Staff development reviewed the surveys and will continue to make changes to the curriculum as needed.

DCS determined that there is a need to improve the rate of supervisor review and approval of appropriate safety plans. DCS will include the safety plan in the case plan and require supervisor review, at defined intervals, per policy requirements. DCS will also involve the courts in safety training opportunities and will include safety plans and case plans as part of court filings. To determine the effectiveness, or ineffectiveness, of safety plans DCS will employ clinical supervision and the Reflective Practice Survey (“RPS”). The CFSR data will be monitored to determine whether safety plans are appropriately addressing safety concerns and meeting the needs of families and children. DCS has started training all local office directors on the effective use of the RPS as a means to monitor direct practice with families and children. DCS will continue to monitor completion rates of the RPS along with any data gathered from RPS visits in order to make any needed changes to safety plans and safety and risk assessments.

Goal: Safety. Ensure the safety of children through timely informed decision-making beginning at initial assessment and continuing throughout the life of the case and through the provision of appropriate services.			
1. Strategy: Ensure timeliness of face to face contact by formalizing and institutionalizing a safety staffing process and establishing a monitoring mechanism for tracking timeliness of face-to-face contact.			
		Projected Date	Evidence of Completion

a. <u>Key Activity</u> : Ensure timely initiation of assessments by changing practice or policy, as needed.			
i. Hotline staff will notify field staff of the time of the report of abuse or neglect according to policy so that field staff can ensure timely initiation.	Ongoing	Hotline Field	- Completed - Update hotline QA review tool and review for trends.
ii. Hotline staff will correctly identify victims of abuse or neglect based on the actual report of child abuse or neglect that is received so that only alleged victims are required to be initiated timely.	Ongoing	Hotline Field	- Completed - Update hotline QA review tool and review for trends.
iii. Update and clarify DCS policy on what constitutes face-to-face contact for the timely initiation of an assessment (including applicable exceptions).	Ongoing	R&E Field	- Policy Updated and Rolled Out
b. <u>Key Activity</u> : Institute daily safety staffings to ensure face-to-face contact is made timely. Create a new policy to institutionalize safety staffings.	Ongoing	Field Policy	- Policy effective 11/1/2018
i. Supervisors will meet with assessment workers daily to receive an update on cases where face-to-face contact has not yet occurred, including whether there are barriers or challenges that need to be addressed.	Ongoing	Field	- Timely Initiation report will be reviewed by supervisors
ii. Trends around timeliness identified throughout the state will be addressed at monthly regional manager meetings. Problematic trends that are identified and specific to a region or regions will utilize CQI processes to improve timely face-to-face contact with child.	Q1	Field ODM CQI	- Review Timely Initiation Report for trends
2. Strategy: Improve quality of initial and ongoing safety and risk assessments.			

	Projected Date	Division	Evidence of Completion
a. Key Activity: Ensure quantity and quality of safety and risk assessments at each contact with child, family, providers, and caregivers by utilizing clinical supervision to include the following:			
i. Utilize clinical supervision in order to ensure that there are specific agenda items included at the unit, LOD, and RM levels that identify strengths and challenges in assessing safety and risk. When challenges are discovered, the RM will address issues with CQI efforts as needed.	Ongoing	Field	- Monthly review of management agendas by regional managers
ii. FCM Supervisors will continually monitor, coach, and mentor FCMs on the use of safety and risk assessments during clinical supervision with FCMs and ensure the safety and risk assessments are properly documented in the computer system.	Ongoing	Field ODM	- Field will review reports related to safety and risk assessment completion
iii. Local office directors and FCM Supervisors will receive education on the use of the Reflective Practice Survey (RPS) as a means to support clinical supervision.	Ongoing	Staff development	- Staff attended a quarterly workshop
iv. Local office directors and FCM Supervisors will complete RPSs as required in order to model excellent social work practice while in the field with their FCMs. RPSs will be completed on a quarterly basis for each FCM by either their FCM supervisor or local office director.	Ongoing	Field	- RPS completion will increase among the field and learning will be shared to further improve practice

<p>v. Utilize quarterly RPS data to enhance supervision of initial and ongoing safety and risk assessments. The RPS requires supervisors to review a randomly selected case (once per quarter based on a random pull of cases) for each family case manager (FCM) under their supervision. As part of that review, the supervisor gathers field observations and provides a qualitative assessment of the FCM's practice skills, including those related to assessing safety and risk.</p>	<p>Q2</p>	<p>Region 15 RM/CC RM</p>	<p>- Increase RPS trend report understanding - RMs will submit quarterly trend report to CQI staff</p>
<p>vi. Leverage child and family team meetings (CFTM) and case conferences to reinforce, document, and implement improved safety and risk assessments through timely review and clinical supervision.</p>	<p>Ongoing</p>	<p>Staff development Field</p>	<p>- Safety Planning CAT created</p>
<p>3. Strategy: Create comprehensive and timely safety plans that are monitored and updated appropriately throughout the life of a case.</p>			
	<p>Projected Date</p>	<p>Division</p>	<p>Evidence of Completion</p>
<p>a. <u>Key Activity:</u> Provide coaching and guidance to staff via clinical supervision on what needs to be in an individualized safety plan and ensure documentation in the computer system.</p>			
<p>i. DCS to create a Computer Assisted Training ("CAT") with Indiana University Training Partnership ("IU") in order to provide instructional opportunities to staff on what needs to be in an individualized safety plan.</p>	<p>Ongoing</p>	<p>Staff Development</p>	<p>- CAT developed and rolled out to all staff</p>
<p>ii. FCM Supervisors will discuss the CAT through clinical staffings with FCMs in order to support ongoing learning and application of safety planning.</p>	<p>Ongoing</p>	<p>Field</p>	<p>- Discussions occur with staff</p>
<p>b. <u>Key Activity:</u> Utilize clinical staffings and ensure there are specific topic agenda items on the development of safety plans included at the unit, LOD, and RM levels to more effectively identify strengths and challenges in assessing safety and risk.</p>			
<p>i. FCM Supervisors will promote and model, as needed, effective engagement between workers and families in order to develop safety</p>	<p>Ongoing</p>	<p>Field</p>	<p>- Clinical supervision is</p>

plans that address the needs of children and families and delineate the roles and responsibilities of parents and caregivers in providing a safe environment for their child or children.			consistent and documented
ii. FCM Supervisors will continuously monitor safety plans and guide FCMs by assessing safety through updated safety plans. Safety plans will assess and address the changing needs of the family and child.	Ongoing	Staff Development IT Field	- Training developed and rolled out. - Clinical supervision is consistent and documented - Safety plans are quality and meet the needs of family
c. <u>Key Activity:</u> Improve the rate of supervisor review and approval of appropriate safety plans.			
i. Utilize quarterly Reflective Practice Surveys (RPS) to enhance supervision of safety plans. The RPS requires supervisors to review a randomly selected case for each family case manager (FCM) under their supervision. As part of that review, the supervisor gathers field observations and provides a qualitative assessment of the FCM's practice skills, including those related to assessing safety planning.	Q2	Field CQI	- Increase RPS trend report understanding - RMs will submit quarterly trend report to CQI staff
ii. Supervisors will review trends related to the quantity and quality of safety plans learned from the RPS and RPS trends will be shared within the unit, among local office directors and regional managers.	Q2	Field CQI	- Increase RPS trend report understanding

			- RMs will submit quarterly trend report to CQI staff
d. <u>Key Activity</u> : Include the safety plan with the case plan and as part of clinical staffings of the case plan. FCM Supervisors will review the case plan at defined intervals, per policy requirements.	Ongoing	Field	- Clinical supervision about safety and case planning is consistent and documented - Review policy with staff at all levels and review overdue case plan report regularly
i. FCM Supervisors will monitor safety plans throughout the life of the case.	Ongoing	Field	- Clinical supervision is consistent and documented
e. <u>Key Activity</u> : Submit the safety plan with the case plan for review by the court in advance of court hearings.	Ongoing	Field, Legal, Policy	- Changed policy
i. DCS will work with the Court Improvement Program (CIP) to provide safety workshops to judicial officers so that judicial officers receive similar information provided to family case managers on safety planning.	Q3	Staff development	- Court personnel receive similar training on

			safety as FCMs receive
ii. DCS will ensure that safety plans are completed and submitted to the court during review hearings or at detention hearings when there are child safety concerns.	Q3	Field, Legal, Policy	- Safety plans are submitted to the court for court review
4. Strategy: Partner with the service provider community to ensure services are timely provided and there is alignment on DCS expectations in assessing safety when providers are providing services, including integrating ongoing assessing and monitoring of risk and safety of children receiving services.			
	Projected Date	Division	Evidence of Completion
a. <u>Key Activity</u> : Ensure contracted services are provided timely and that the family is accessing and participating in services, particularly in informal adjustment (IA) cases.			
i. Leverage existing service provider coalition to collaborate on prioritizing and developing solutions with DCS for ensuring safety. Efforts will be focused on making sure providers understand 1) how DCS defines safety and 2) the efficient and orderly transfer of documents (e.g. safety plans, case plans, risk assessments, etc.) between DCS and providers that are critical to making informed and timely safety decisions.	Q1	Services/Legal Policy	- Better defined guidance on sharing of case history and case plan, etc. to inform interventions and common understanding of how to determine safety concerns. - All providers participate in uniform training.

<p>ii. Standardize training/education provided by regional service coordinators to local offices on the appropriateness of services to address underlying needs.</p>	<p>Q1</p>	<p>Services</p>	<p>- Better defined training, which is standardized and rolled out to providers and staff via RSCs.</p> <p>- All staff participate in uniform training</p>
<p>iii. Ensure child safety by putting services in place that are individualized for specific family circumstances. For example, services are provided that are the correct intensity, duration, and are tailored to the child and family.</p>	<p>Q1 and ongoing</p>	<p>Services, Field</p>	<p>- Supervisors will review safety plans and service referrals to ensure the needs match provided services through clinical staffings with FCMs.</p>
<p>5. Strategy: The Indiana Office of Court Services (IOCS) and DCS will partner to strengthen probation practices for assessing the risk, safety, and needs of siblings/other children in the home.</p>			
	<p>Projected Date</p>	<p>Division</p>	<p>Evidence of Completion</p>
<p>a. <u>Key Activity:</u> The Probation Preliminary Inquiry (PI), Predispositional Report (PDR), and Modification Report forms provides a standardized format for collecting and reporting information regarding a juvenile offender. The primary use of the PI is to provide the court with basic information regarding the offender. Based on this information, an appropriate decision may be made regarding probable cause and detention/release options. The primary use of the PDR is to provide information to the Court which is essential to the</p>			

<p>judge in making an appropriate disposition. Complete and accurate information about all aspects of the case, with a recommendation when appropriate, enhances the Court’s ability to order a disposition which represents the best interest of the juvenile, the family and the community. Both the PI and PDR contain elements that require a probation officer to assess the functioning of the family. The PI, PDR and Modification report instruction manual will be updated to provide explanations for performing child welfare related risk, safety, and needs assessments of siblings/other children and parents in the home; and instructions will be provided on how to document the assessment findings in the PI, PDR and Modification reports. For the manual to be updated the following steps will need to occur:</p>			
<p>i. Meet with the Collaborative Communication Committee to propose draft language for the manual update.</p>	Q2	Juvenile Justice and IOCS	- New language will be proposed.
<p>ii. Present the proposed draft language for the manual update to the Probation Officer Advisory Committee.</p>	Q2	Juvenile Justice and IOCS	- New language will be presented.
<p>iii. Present draft language for the manual update to the Juvenile Justice Improvement Committee for possible endorsement.</p>	Q3	Juvenile Justice and IOCS	- New language will be presented.
<p>iv. Present endorsement of the manual language to the Probation Committee.</p>	Q3	Juvenile Justice and IOCS	- New language will be approved.
<p>v. Present endorsements from the Juvenile Justice Improvement Committee and the Probation Committee to the Board of Directors of the Judicial Conference of Indiana for adoption. The Board of Directors meets quarterly.</p>	Q3	Juvenile Justice and IOCS	- New language will be approved.
<p>vi. Publish updated manual.</p>	Q4	Juvenile Justice and IOCS	- Manual will be released.

<p>vii. New and experienced probation officers will be trained on 1) the updates to the PI, PDR and Modification instructions manual; 2) how to conduct child welfare related risk, safety, and needs assessments; 3) how to document the assessments and findings in the PI, PDR and Modification reports and/or MaGIK; 4) services that may be available and appropriate for siblings/other children in home and parents; 5) how to refer siblings/other children in the home and parents for appropriate services (if needed). This training may be provided live or via CAT.</p>	Q4	Juvenile Justice and IOCS	- Probation officers will be trained on the new manual and expectations from the manual.
--	----	---------------------------	--

Consistently Noted Needs: Workforce Considerations, Engagement, and CQI Efforts

Workforce Considerations for Indiana’s PIP

Indiana understands meaningful improvement is most likely to be successful with a strong and stable workforce. DCS will leverage the PIP to implement strategies based off of data DCS has already accumulated and to put in place activities to improve worker recruitment and retention. The below table represents the retention and stability of the workforce at the following job classifications: family case manager (“FCM”), family case manager supervisor, division manager, and FCM trainee. This data illustrates that FCM Supervisors are relatively stable with an average of 6.68 years as a supervisor and a median of 4 years.

Position ¹	Average of Months	Average of Years	Median of Years
Family Case Manager	37.47	3.13	1.89
FCM Supervisor	79.98	6.68	4.00
Division Manager	46.10	3.85	2.39

¹ Please note, this table does **not** account for the amount of time an employee has been at DCS. This data reflects only the amount of time an individual has been in their current classification. For example, Suzy was a FCM Supervisor for three years and then became a Division Manager a year ago. Only Suzy’s time in her current classification is reflected in the table. Her time as a FCM Supervisor is not accounted for in the FCM Supervisor data nor is the combined time of 3 years plus 1 year reflected in her current classification of Division Manager. Suzy only gets credit for 1 year as a Division Manager. Data is reflected of employees on May 4, 2018.

FCM Trainee	1.62	0.14	0.15
-------------	------	------	------

In the summer of 2017, DCS committed to enhancing our clinical supervision framework with our field staff. Regional managers, local office directors, and family case manager supervisors received training on better ways to support practice with clinical supervision on a consistent basis. As the quality of clinical supervision increases, DCS believes that practice will improve because we will have better outcome measures related to face-to-face visits, completion of safety and risk assessments, and the timely completion of case plans. With the increase in quality clinical supervision, DCS thinks this will better support our workforce and increase retention. Since the implementation and training of the clinical supervision framework to staff, DCS has found that negative turnover has decreased from 15.8% in July 2017 to 14.6% in July 2018.

The following data illustrates this change:

Rate	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18
6 Month Negative Turnover	15.8%	16.8%	11.2%	16.3%	16.6%	15.7%	15.2%	14.2%	13%	13.2%	13.3%	13.8%	14.6%

DCS’ supervision standard is one supervisor to 7+ FCMs compared to the national standard of one supervisor to five FCMs. Therefore, DCS has made a concerted effort to hire more FCM Supervisors in the past year. DCS recognizes that having a manageable number of staff to supervise will improve the ability of supervisors to provide quality clinical supervision. As of April 18, 2017, DCS employed a total of 345 supervisors. As of August 23, 2018, DCS employed 364 supervisors² within its workforce and the Supervisor-to-FCM ratio was 6.02.

Indiana recognizes FCMs are able to provide better case management to children and families when they have manageable caseloads and clinical supervision. DCS has significant internal data on workforce, but also has access to exit interviews from the Human Resources Department within the State Personnel Department, along with data from surveys conducted by Indiana University (“IU”). The information from these data points will aid in the improvement and retention of DCS’s workforce. DCS is committed to reviewing the available sources of data to continuously inform and focus workforce retention efforts.

Indiana reviewed data from Employee Exit Surveys that were completed from 2012 to 2018. DCS received 1,663 responses to the survey. Upon leaving employment, employees were asked for the top three reasons for leaving DCS (employees were required to choose three reasons). The options that are given include: work climate, lack of appreciation/recognition, secured a different job, working conditions, type of work, supervision, return to school, retirement, illness or physical condition, family circumstances, job pressure/work-related stress, promotional opportunities, inadequate training, salary/benefits, and other. The top reasons for leaving DCS employment are:

² A supervisor in this context is one that supervises FCMs that carry an active caseload.

Reason	Number of Responses (n=1,663)
Job pressure/Work-related stress	793
Working Conditions (workload, schedule, etc.)	728
Secured a Different Job ³	598
Salary/Benefits (health, dental, and vision)	434

Indiana recognizes child welfare is challenging and difficult work that can lead to high stress and challenges in balancing work and life. Indiana offers an Employee Assistance Program (EAP) that can help employees in a number of areas (both professionally and personally), including but not limited to, finding child care or elder care resources, legal aid, and counseling services. Indiana also has a Critical Incident Response Team (“CIRT”) that is available when there are critical incidents that staff are involved in at a local office level. For example, a CIRT Team can be requested when there are any of the following: death of a child, near-fatality of a child, threat of harm, death of a parent on the caseload, death of a co-workers, or cumulative stress (multiple incidents in several weeks). Indiana will re-visit employee resources with staff to ensure they are encouraged to use these resources and are addressing work-life balance needs.

In reviewing the current Employee Exit Survey, Indiana noted a number of opportunities for improvement to the survey in order to determine, with a degree of confidence, the underlying reasons that employees are exiting from DCS. As part of the PIP, Indiana will improve the current Employee Exit Survey. Indiana recognizes the need for better data in order to understand the underlying cause that is driving employees to leave the agency. Only when DCS understands the underlying issue, will Indiana be able to prevent employee exits.

DCS recognizes the limitations of the current Employee Exit survey, which looks at why people are leaving the agency. This inquiry occurs after the decision to leave has already been made. Therefore, Indiana will develop a New Employee Survey (for employees who have been with the agency less than one year) and an Experienced Employee Survey (for employees who have been with the agency for at least one year). Indiana will administer the New Employee Survey at defined intervals during the first year of employment with DCS in an effort to understand why employees are leaving during their first year of employment. Indiana believes that the New Employee Survey will help identify issues with new employees and allow us to adapt to needs or improve processes before an employee decides to leave. The New Employee Survey will allow

³ DCS notes that the response “Secured a Different Job” will likely be captured differently in the future. DCS would like to understand *why* employees are looking for other employment.

Indiana to focus on preventing the employee from leaving the agency. The Experienced Employee Survey will be completed at least once per year and will help DCS understand the reasons why an employee chooses to stay with the agency and assist in understanding what improvements could be made at the agency to further promote employee retention efforts.

Goal: Workforce—Implement initiatives that focus on improving climate and culture at all levels of the agency that lead to better outcomes for children and families and improved worker recruitment and retention.			
1. Strategy: DCS has dedicated resources – both internal and external – to collecting data and performing analysis on staff recruitment and retention. DCS will use those findings to execute strategies that result in improved recruitment and retention.			
	Projected Date	Division	Evidence of Completion
a. <u>Key Activity:</u> Recruitment and retention needs vary widely around the state and as such, each DCS region will develop its own workforce recruitment and retention plans.			
i. DCS will create and compile the regional recruitment and retention plans developed by regional field staff (supported by data and information from the regional and local level) to identify where trends or commonalities can be addressed.		Q2	Field, HR - Retention plans will be reviewed by RMs and Field Deputy Director
ii. Once the regional recruitment and retention plans are compiled, DCS HR will review and develop a statewide plan in order to target workforce needs in order to inform a broader statewide targeted recruitment and retention strategy.		Q3	Field, HR - HR and field will develop and implement targeted recruitment and retention strategies based on need
b. <u>Key Activity:</u> DCS HR and the Office of Information Technology will conduct and monitor new FCM cohort surveys to measure engagement of new employees during the employee’s first year in a local office. Sample			

questions include how many times they have met with their supervisor, relationship with their mentor, have they had the ability to shadow, and their confidence in their decision to become a family case manager.			
i. A new FCM cohort employee survey will be developed for employees who are in their first year of employment.	Q2	IT/HR	- Development of a new employee survey and implementation of survey
ii. Survey responses for the New FCM Employee Survey will be captured at defined intervals. An analysis will be provided to executive level staff once per quarter and executive level staff will review and address trends as needed.	Q3	ODM	- Executive staff will review these at a staff meeting each quarter
iii. Survey responses and retention data will be monitored as changes to new hire procedures are made. Based on the findings, examples of changes might include adjustments to procedures/orientation for local offices when new hires begin, improvements to cohort training, and enhancements to job descriptions.	Q4	IT/HR	- Executive staff will review these at a staff meeting each quarter
iv. The employee exit survey will be improved to better understand the reasons why employees are leaving DCS.	Q2	IT/HR	- Changes will be made to the employee survey and implementation of survey will be completed
c. <u>Activity</u> : DCS HR and the Office of Information Technology will conduct and monitor surveys to measure engagement of experienced employees at least once per year after their first year of employment.			

<p>i. An experienced employee survey will be developed for employees who have been with the agency for more than one year.</p>	<p>Q2</p>	<p>IT/HR</p>	<p>- Development of an experienced employee survey and implementation of survey</p>	
<p>ii. Survey responses for the Experienced Employee Survey will be captured at least once per year. An analysis will be provided to executive level staff and executive level staff will review and address trends as needed.</p>	<p>Q3</p>	<p>ODM</p>	<p>- Executive staff will review these at a staff meeting</p>	
<p>iii. Survey responses and retention data will be monitored. Based on the findings, examples of continuous improvement efforts might include adjustments to procedures for local offices, improvements to ongoing FCM training, and enhancements to job descriptions.</p>	<p>Q4</p>	<p>IT/HR</p>	<p>- Executive staff will review these at a staff meeting</p>	
<p>2. Strategy: DCS will encourage and assist employees to use existing programs to support work-life balance and address secondary-trauma in employees.</p>				
		<p>Projected Date</p>	<p>Division</p>	<p>Evidence of Completion</p>
<p>a. <u>Key Activity</u>: DCS will communicate with staff using a variety of media about the existing programs that will help staff address work-life balance as well as secondary trauma including programs like EAP and CIRT.</p>	<p>Ongoing</p>		<p>HR and Communication Team</p>	<p>- Information presented to staff on an ongoing basis.</p>
<p>3. Strategy: Implement strategies to positively impact culture and climate that are informed by ongoing data and survey collection.</p>				
		<p>Projected Date</p>	<p>Division</p>	<p>Evidence of Completion</p>

<p>a. <u>Key Activity:</u> After focus groups were held, it was determined that Marion County employees did not feel connected and supported by management due to the size of the office. Marion County was split out into four smaller, local offices in order to reduce the functional size of each office in an effort to help employees build relationships with each other.</p>	Ongoing	Field	<p>- Four offices have been created.</p> <p>- This objective is complete.</p>
<p>b. <u>Key Activity:</u> With the assistance of Indiana University, DCS launched an employee survey for Marion County employees (the agency's largest office with highest turnover) to measure such engagement topics as employees' feelings of respect and support, balance of work & personal life, and adequate supervision.</p>			
<p>i. Continue distribution of surveys to Marion County employees at 6-month intervals (over a total of 18 months) to track progress as initiatives and changes are made to improve culture and climate as part of the Marion County Localization Project.</p>	Ongoing	Field SSAT	- Surveys distributed and completed
<p>ii. Monitor surveys as changes are made and ensure successful changes that support employee engagement are shared with Marion County staff.</p>	Ongoing	Field SSAT	<p>- IU sends report with data collected.</p> <p>- Baseline info is set and goals are created.</p>
<p>c. <u>Key Activity:</u> DCS will continue to expand training on organizational culture and climate throughout all levels of the agency and discussions will continue as part of the re-launching of the DCS Practice Model.</p>			
<p>i. All executive staff will participate in practice model discussions with a focus on how utilization of the model throughout the agency impacts culture and climate.</p>	Ongoing	Director Staff Development	- Complete discussions with all Execs regarding commitment to the practice model.

<p>ii. Engage executive staff on the topic of culture and climate and provide guidance on how they can work with their individual divisions to implement strategies for sustaining the practice model.</p>	<p>Q1 and Ongoing</p>	<p>Director Staff Development</p>	<p>- Revised Mission Statement delivered. - Training of Exec Staff will take place thereafter (11/15/18)</p>
<p>iii. DCS executive staff will model the parallel process through the continued use of the practice model on an ongoing basis with their employees.</p>	<p>Ongoing</p>	<p>Executive staff</p>	<p>- Continuous use of parallel process.</p>
<p>iv. During a quarterly supervisor’s workshop, include recently developed training on culture and climate and how to enhance supervision.</p>	<p>Ongoing</p>	<p>Staff Development</p>	<p>- Completed 12/2017</p>

Engagement Considerations for Indiana’s PIP

Engagement is a cornerstone of the DCS Practice Model. As such, DCS will prioritize clinical supervision of staff through the use of the Reflective Practice Survey (“RPS”) as a means to continually monitor and improve the engagement skills of front line staff. The RPS allows FCM Supervisors the opportunity to engage with staff and families through either an assessment, permanency, or older youth case at least once per quarter for each FCM for whom they provide case management supervision. There are several regions that are gaining valuable insight from the RPS tool and those insights will be shared among all regional management staff on a regular basis. Indiana believes a focus on increasing the engagement skills FCMs use with families and children will result in better safety, initial and ongoing assessments, permanency, and well-being for children and families. With the re-focus on the Indiana Practice Model and Workforce Retention and Recruitment, Indiana recognizes this will improve engagement with families.

Indiana believes a revitalization of the Indiana Practice Model begins with a top down approach. To that end, DCS will rededicate all levels of the agency to the use of the DCS Practice Model and use of its five (5) core skills: teaming, engaging, assessing, planning, and intervening (“TEAPI”). The Practice Model includes practice principles and essential skills to effectively implement the agency’s vision, mission, and values. These principles and skills build upon practice that supports continuous quality improvement and outcomes of safety, permanency, and well-

being for children and families. Additionally, the Practice Model is grounded in four (4) core values: genuineness, empathy, respect, and professionalism. These also set the tone for successful engagement by DCS in developing trust-based relationships with children, families and stakeholders. Similarly, DCS focuses on these standards when engaging with co-workers as a sign of mutual respect, trust, and support for fellow team members.

DCS used previous QSR results (see QSR Round Five data noted below in Well-Being Indicators), information from practice indicators, stakeholder interviews from the CFSR, various MaGIK data reports, and CFSR results from June of 2016 in order to determine that DCS was not engaging families and children at optimal levels. As a result of receiving tremendous participation from a number of child welfare stakeholders in Indiana, DCS formed four multi-disciplinary work/focus groups (both internal and external to the child welfare agency) that reviewed information to identify underlying factors. As a result of the compilation of this information, the entire team decided that engagement was a root cause of poor performance. The work/focus groups developed solutions, as noted below, that served as the foundation for the engagement portion of the PIP.

In an effort to better support parents who have substance use as a factor in involvement in the child welfare system, DCS will partner with the IOCS to determine whether the expansion of Family Recovery Courts will assist in improving engagement for families. Family Recovery Courts (“FRC”) apply a non-adversarial, collaborative approach and utilize a multidisciplinary team including a judge, Department of Child Services attorney, defense attorneys, case-managers, CASA/GALs and treatment providers. FRCs specifically target cases of child abuse or neglect wherein the parent or primary caregiver suffers from a substance use disorder and/or co-occurring disorders. On August 1, 2018 the IOCS and DCS, in partnership with the Center for Children and Family Futures and the Office of Juvenile Justice and Delinquency Prevention, sponsored a Family Recovery Court Best Practices Training. Fifteen counties were represented by teams comprised of judges, magistrates, referees, DCS Attorneys, defense counsel representatives, DCS local office directors, treatment providers, probation officers and DCS family case managers.

Well-Being Indicator #1: Families have enhanced capacity to provide for their children’s needs

Indiana Child Welfare System results on this indicator were at 38% at the time of the CFSR in summer of 2016. Quality engagement with families and a lack of access to services has been a concern to having well-being outcomes be within substantial compliance limits. When parents (or caregivers) do not engage with DCS, DCS should do a better job of continually reaching out to parents to engage them in services and visits. One of the ways DCS can ensure communication with parents is to make sure DCS is visiting with the mother and father at regular intervals. The reasons for DCS not having a sufficient number of quality visits with parents or caregivers is unclear. In reviewing contacts between the FCM and children on their caseload, DCS has found a high rate of completed visits with children. DCS does not see a corresponding link to visits occurring between children, their parents, and their siblings. DCS needs to better understand the root cause of the lack of visitation between children, parents/caregivers, and siblings. In order to do so, DCS will measure contacts, both qualitatively and quantitatively, to

determine what could support the improvement of documentation of visitation as well as increasing the quality and quantity of visits among family members.

In regards to the DCS Practice Model, the Child Welfare Policy and Practice Group (“CWG”) noted: “DCS should reclaim the family-centered practice model that it adopted shortly after its formation. This will require: (1) a return to valuing and consistently soliciting and using the input of families and their support systems both in ongoing casework and in regular child and family team meetings; (2) learning to recognize and mobilize family protective factors that can help promote child safety even when some safety threats exists; (3) achieving an understanding of the harmful effects of child removal and disrupted attachment for children as a counterbalance in considering whether removal is the safest course of action to address safety threats; and (4) increasing both the number and skill level of peer practice coaches available to staff.” Indiana has committed to a renewed focus of the DCS Practice Model that would improve key areas such as quality visits, formal and informal assessments, and case planning. There were many factors that explain why the Practice Model was not at the forefront of DCS practice. Among those factors are an increased FCM workload, increased and significant turnover at varying levels of the child welfare agency, and an institutional lack of focus on the foundation and basics of excellent social work practice. Indiana DCS has a number of areas that hold regular and effective Child and Family Team Meetings (“CFTM”), which is a cornerstone of the DCS Practice Model, in order to increase family engagement in their cases. In areas that are doing well in regards to effective teaming, Indiana DCS will determine the factors that lead to success through the CFTM process and replicate those factors in other areas.

With a re-dedication to the Practice Model, Indiana looks to improve the culture of the agency by focusing on the four (4) core values found in the Practice Model: genuineness, empathy, respect and professionalism. Indiana believes that to fully refocus on the Practice Model, and implement a culture of change, the renewed focus must begin from the top down. Practice Model training with Field management began on December 5, 2017 (after the on-site CFSR) when DCS Supervisors participated in a ½ day training entitled “Leading Practice”, a re-introduction to Indiana’s Practice Model. In addition, DCS executive staff will participate in a similar training in the latter part of 2018. Additional training for Family Case Managers will be conducted and completed by July 1, 2019. Having fidelity to the Practice Model will assist children, families, and youth to have better outcomes after their involvement in the child welfare system.

In reviewing Indiana’s QSR Round 5 data, DCS noticed the following issues and trends, which support the CFSR findings:

Role & Voice Mother	Round 5: 45%	<ul style="list-style-type: none"> * Mothers felt their voices went unheard and/or had passive roles in determining what must change to effectively meet case goals * Mothers were not involved in planning their own services * Mothers lacked trust-based relationships and/or good communication with team members
---------------------	---------------------	--

Role & Voice Father	Round 5: 12%	<ul style="list-style-type: none"> * CFTMs were not attended by fathers * Fathers had passive roles in their children/youths' cases * Fathers lacked good communication with team members
Role & Voice Child	Round 5: 69%	<ul style="list-style-type: none"> * CFTMs were not attended by children/youth when deemed appropriate * Case goals were unknown to children/youth * Children/youth lacked good communication with team members

Graph 2: Round 5 QSR Refine/Maintain Scores (September 2015 - June 2017)

***Refine/Maintain means scoring within acceptable range from 4 (Acceptable) – 6 (Optimal)*

Additionally, substance use, including opioids, is having a major impact on families. The timeline to reunification is complicated and delayed by the relapse and recovery cycles of substance users. In 2017, a significant number of removals were related to parental substance abuse. Indiana has instituted a workgroup to address Plans of Safe Care for infants and caregivers affected by substance use. Indiana is also working on the expansion of scalable START principles statewide with Casey Family Programs (“CFP”) throughout 2018. The START principles include, but are not limited to, quick access to substance abuse assessment and initiation of treatment as well as a peer recovery model.

Goal: Engagement—Strengthen engagement with parents, children, youth and resource families (foster/relative/kinship/adoptive).			
1. Strategy: Rededicate all levels of the agency to the use of the DCS Practice Model and use of its five (5) core skills, teaming, engaging, assessing, planning, and intervening (“TEAPI”). The practice model includes practice principles and essential skills to effectively implement the agency’s vision, mission 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. Additionally, the practice model is grounded in four (4) core values: genuineness, empathy, respect and professionalism. These also set the tone for successful engagement by DCS in developing trust-based relationships with children, families, and stakeholders. Similarly, DCS focuses on these standards when engaged with co-workers as a sign of mutual respect, trust and support for fellow team members.			
	Projected Date	Division	Evidence of Completion

<p>a. <u>Key Activity:</u> Implement a strategic rollout that clearly defines how each position in the organization plays a vital role in the implementation of the DCS Practice Model.</p>			
<p>i. With there being DCS leaders new to the agency, many executives may not be as familiar with the DCS Practice Model. To establish buy-in at the executive level, DCS will initially dedicate an Executive Staff Meeting solely to the practice model. Thereafter, DCS will schedule a retreat/seminar for Executive Staff and Regional Managers.</p>	<p>Ongoing (Executive Staff) Q2 (Regional Managers)</p>	<p>Director/Staff Development</p>	<ul style="list-style-type: none"> - Held at Exec Meeting on 11/15/18 - Seminar completion - Collective understanding and commitment to the Practice Model
<p>ii. LODs and Local Office Attorneys (LOAs) will be trained on the importance and consistent use of the DCS Practice Model.</p>	<p>Q2</p>	<p>Staff Development Legal</p>	<ul style="list-style-type: none"> - Practice discussion completion - Collective understanding and commitment to the Practice Model
<p>iii. Central Office staff will be trained on the importance and consistent use of the DCS Practice Model. Central office staff must understand the role they play in supporting the agency and enhancing the work of the FCM.</p>	<p>Q4</p>	<p>Respective Deputy Director in each division</p>	<ul style="list-style-type: none"> - Practice discussion completion - Collective understanding and

			commitment to the Practice Model
iv. Supervisors will be trained via a Quarterly Supervisor Workshop.	Q2	Staff Development	- Practice discussion completion - Collective understanding and commitment to the Practice Model
v. Family Case Managers will receive additional support about the importance and use of the Practice Model. LODs and FCM Supervisors will provide such guidance to FCMs on a continual basis. (See Key Activity b.)	Q4 and Ongoing	Field	- Practice discussion completion - Collective understanding and commitment to the Practice Model
vi. For employees who are unable to attend the initial face to face trainings, annual trainings will be available, as needed, for employees to attend to receive this important information in person.	Q1 and Ongoing	Staff Development	- Training opportunities developed and completed by staff
b. <u>Key Activity</u> : Continue initiative requiring all supervisors in Marion County to be trained as peer coaches. Peer coaches support FCMs by modeling good			

practice through teaming and engagement. Peer coaches provide additional practice model resources for FCMs and FCM Supervisors on a regular basis. Field leadership identified two innovation zones to replicate the initiative.			
i. Begin implementation in medium size county (Clark County)	Q1 and ongoing	Staff Development	- Staff in Clark County will be trained as a Peer Coach
ii. Begin implementation in small size county (Jackson County)	Q1 and ongoing	Staff Development	- Staff in Jackson County will be trained as a Peer Coach
iii. Provide peer coach training to FCM supervisors so that there will be trained FCM Supervisors available in each region.	Q1 and ongoing	Staff Development	- Certify staff in a strategic manner on the peer coach process throughout the State, as requested.
c. <u>Key Activity</u> : Partner with Region 13 to review CFTM practice to better understand what was learned during their CFTM-improvement CQI process.	Q2	ODM CQI	- Region 13 CQI project information. - Gather RPS data.
d. <u>Key Activity</u> : LODs will use feedback gained from the RPS to enhance clinical supervision. Implement a coaching and feedback mechanism for local office directors to use with supervisors on guidance for providing a quality CFTM.	Q3	Staff development Field	- Use feedback from the RPS to discuss during supervision

			- Supervisors are being trained to be peer coaches in many areas.
e. <u>Key Activity:</u> Evaluate the critical case juncture and required frequency of CFTMs to ensure practice alignment. Encourage use of CFTMs in a more strength based or positive way (i.e. using them more proactively and/or following positive case events).	Q2	Staff development/ Permanency and Practice Support	- Peer coach consultants to develop changed language. Policy will need to be adapted.
2. Strategy: Ensure that children and parents have frequent, high-quality visits with their family case manager.			
	Projected Date	Division	Evidence of Completion
a. <u>Key Activity:</u> The DCS policy on meaningful contacts incorporates the DCS Practice Model to provide staff with guidance to improve the quality of visits.	Q2 and ongoing	Field, ODM	- Regular review of the RPS delinquent and exclusions report by field staff
i. DCS will use quarterly Reflective Practice Surveys (RPS) to review, with a real-time modeling and coaching model, whether the principles of the DCS Practice Model are being utilized to produce quality visits between the FCM and the child and the FCM and the parent.	Ongoing	Field, CQI	- Regular review of the RPS data
ii. Results of the RPS will be used to monitor visit quality (for example, are visits with a child occurring one-on-one when possible, are suggested questions being used to attain the status of safety, stability, permanency, and well-being, etc.). Every level of	Ongoing	Field, CQI	- Regular review of the RPS data

management will review the results of the RPS for specific and general trends in order to improve practice.			
iii. Clinical supervision at every management level will be used to provide feedback and strategies for improvement, when necessary.	Ongoing	Field, CQI	- Regular review of the RPS data
3. Strategy: Assess the needs of key participants in the case including the child, mother, father, caregiver, and resource parents to help ensure proper services and placement.			
	Projected Date	Division	Evidence of Completion
a. <u>Key Activity:</u> Continue to assess the needs of children with consistent use of the Child and Adolescent Needs and Strengths (CANS) tool.			
i. Ensure all staff receive CANS 101/102 training, provide regular clinical supervision to FCMs, and increase use of CANS as a communication tool with service providers. **CFSR in 2016=83%, March 2018=97%	Ongoing	Permanency and Practice Support	- Expanded knowledge of the CANS tool and its purpose.
b. <u>Key Activity:</u> Strengthen formal and informal assessments through better engagement and increased teaming to better identify the needs of the father and the mother and improve on the timely delivery of services in order to address the needs of each parent throughout the life of the case.			
i. DCS will strengthen its formal and informal assessments to better identify the needs of the father and improve on the timely delivery of services.	Q2	Field	- Review of whether assessments are accurately reflecting needs will be completed
ii. In order to enhance Fatherhood Engagement services in an effort to better engage fathers in the care of their child/children, the DCS Research and Evaluation team will work to engage the fatherhood engagement service team to determine what may be needed.	Q2	R&E, Services	- Complete an enhanced survey that captures what is needed in order

			to improve services
iii. After discussions with the fatherhood engagement service team and providers, DCS will work to address specific concerns as noted in the data.	Q3	R&E, Services, Field	- Address concerns as noted
iv. DCS will strengthen its formal and informal assessments to better identify the needs of the mother and improve on the timely delivery of services.	Q2	Field	- Review of whether assessments are accurately reflecting needs will be completed
v. DCS will offer mothers and fathers services as identified in informal and formal assessments and during CFTMs or case conferences.	Q1	Field, SSAT	- Review of rate of service referrals will be completed
c. <u>Key Activity:</u> Strengthen formal and informal assessments to better identify the needs of foster/resource parents and improve on the timely delivery of services in order to support and retain foster/resource parents.			
i. DCS will strengthen its formal and informal assessments to better identify the needs of foster/resource parents and improve on the timely delivery of services by developing two tools: 1. foster/resource parent self-assessment and 2. family visit checklist completed by family case managers that assists in the monitoring of ongoing needs. Development of the self-assessment and family visit checklist will incorporate foster/resource parent stakeholder advisory feedback.	Development of self-assessment: Q4 Creation of the Family visit checklist: Q1	Licensing, Field, SSAT	- Tools and checklists will be completed and available for use - Results from the assessment will be shared with management staff in an effort

			to identify needs and plan to meet identified needs
ii. Indiana will require foster parents to complete the self-assessment at least twice per year. Indiana will review the results on a regular basis to determine and address needs of the foster/resource family.	Statewide rollout: Q8	Licensing, Field	- Results from the assessment will be shared with management staff in an effort to identify needs and plan to meet identified needs
iii. Indiana will continually review the Voluntary Withdrawal of License Reasons Report (i.e. an exit survey for licensed foster/resource parents). Licensing and field staff will review for common trends and develop plans to address issues in an effort to understand why foster parents are voluntarily withdrawing their license.	Q1	Licensing, Field	- Review at central office and field to determine trends and address issues with CQI project
4. Strategy: Enhance case planning throughout the life of the case by engaging the family and children in case planning through Child and Family Team Meetings or case conferences, as appropriate.			
	Projected Date	Division	Evidence of Completion
a. <u>Key Activity</u> : Provide guidance to FCMs on the proper use of the CFTM process to support strong case planning for the family. Supervisors will model strong practice by attending CFTMs when necessary to engage workers and families in understanding strong social work practice.	Q2	Practice team	

<p>i. Management staff will use clinical supervision and discuss the preparation of all parties for the topics to be addressed at the CFTM and include development or tracking of needed adjustments in the case plan on a regular basis.</p>	<p>Ongoing</p>	<p>Field</p>	<p>- RMs will ensure that clinical supervision is being completed to fidelity</p>
<p>ii. Finalize development of the case planning module in MaGIK to strengthen the use of CFTMs and engage families in case planning by pulling in identified strengths and needs from CFTM notes, CANS scores, visitation summaries, and any other data points that can be utilized to support comprehensive case planning.</p>	<p>Q4</p>	<p>IT, Field, SSAT</p>	<p>- Case planning module developed in MaGIK</p>
<p>b. <u>Key Activity: Probation</u> – Case Plan and Transition Plan/Planning. In 2015, following the passage of the Preventing Sex Trafficking and Strengthening Families Act, additional work on the DCS case plan and transitional plan/planning matters took place. As a result, new standardized procedures for case plan and transition plan/planning and updated forms were put into practice effective October 1, 2017 for probation youth placed in foster care. The new case plan and transition plan documents will be uploaded into the DCS system of record, MaGIK.</p>	<p>Q1</p>	<p>Probation/ODM</p>	<p>- Case plan and transition plan documents were available in probation case management systems on 10/1/17</p> <p>- Development of report will capture case plan uploaded within 60 days (Report will be developed in Q4)</p>

<p>i. Probation - A report will be developed by ODM to ensure case plans and transition plans have been uploaded. Review of the Case Plans and Transition Plans will be measured through the Quality Service Review (QSR) of probation cases. Any identified needs will be addressed by DCS and IOCS.</p>	Q4	Probation, ODM, IT	- Development of report will capture case plan uploaded within 60 days (Report will be developed in Q4)
<p>5. Strategy: Ensure the delivery of appropriate substance use/abuse treatment services for families where substance use/abuse is identified.</p>			
	Projected Date	Division	Evidence of Completion
<p>a. Key Activity: Assess statewide client needs for substance use treatment and work with local providers to build capacity in underserved areas.</p>			
<p>i. Identify scalable Sobriety Treatment and Recovery Teams (START) practices that can be implemented in communities outside of Monroe County (where START has been in use).</p>	Ongoing	Services	<p>-Development of 2018 START work plan (Completed)</p> <p>-Intentional involvement of local field staff in needs assessment and targeted START principles expansion plans.</p>
<p>ii. Applying lessons learned from START locations by expanding principles of the START Model across Indiana.</p>	Ongoing	Services Field	- Work plan in place with CFP with specific

			measurements by quarter.
iii. DCS will partner with the IOCS to discuss the expansion of Family Recovery Courts in strategic locations throughout the State.	Ongoing	Services, SSAT, Field, Juvenile Justice	- Family Recovery Courts will be expanded to appropriate locations.
iv. DCS will partner with other state agencies and local providers to enhance substance use treatment by providing more timely access to services.	Ongoing	Services, DMHA	- Partnerships with other state agencies will be created and monitored for use and effectiveness.
v. DCS is working to expand treatment and placement options for mothers and children in an effort to keep mothers and babies together during substance use treatment.	Ongoing	Services, Licensing	- Service partner applied for Regional Partnership Grant
6. Strategy: Probation: IOCS and DCS will work in partnership to strengthen probation practices on engaging of probation youth and families, and family centered case work practices.			
	Projected Date	Division	Evidence of Completion
a. <u>Key Activity:</u> Probation officers will visit all probation youth removed from the home and placed in foster care or residential care every thirty (30) days.			
i. DCS and IOCS began collaborating on updating monthly visit requirements starting in Q1 of 2014. The new visitation requirements went into effect October 1, 2014; however, the visitation	Q3	Probation/IOCS	- Visitation requirements

requirements have not been formally incorporated in the minimum contact standards adopted by the Judicial Conference of Indiana. The monthly visit requirements will be presented to Board of Directors of the Judicial Conference of Indiana. The Board of Directors meets quarterly.			will be adopted by the Board
ii. Monthly visit requirements will be tracked through the development and/or enhancement of reports in MaGIK as part of annual monthly caseworker visit reporting requirements. The monitoring of the quality of visits will be included in the juvenile quality assurance process.	Q4	Probation/IOCS	- MaGIK will be enhanced, reports distributed and monitored
b. <u>Key Activity</u> : Probation officers will be trained on Family Centered Practices.			
i. DCS and IOCS will evaluate current DCS and Probation training curriculums to identify current training topics that can be adopted or modified. (DCS provided the New Worker Participant manual to IOCS in March 2017 and the CIP Administrator and an Education Attorney for IOCS audited the New Probation Officer Orientation on October 11-13, 2017).	Ongoing	Probation IOCS	- DCS provided the New Worker Participant manual to IOCS in March 2017 and the CIP Administrator and an Education Attorney for IOCS audited the New Probation Officer Orientation on October 11-13, 2017.
ii. Family Centered Training Program for Juvenile Probation Officers was developed. Training topics will be identified for delivery via on demand distance education (computer assisted training) and for	Ongoing	Probation/IOCS	- In person training was provided to

<p>delivery via in-person training. Training topics will focus on assessing risk, safety and needs of a family, case planning, transition planning, termination of parental rights (TPR), adoption, visitation (visitation between probation youth and other siblings/children in home; visitation between probation youth and parents); contacts (between probation officers and probation youth, and between probation officer and parents); documenting visitation/contacts in MaGIK/KidTraks.</p>			<p>experienced probation officers on May 9-10, 2018. Topics covered included: Family Centered Practice (Part 1 and Part 2), Case Plan and Transition Planning for Juveniles, and Recognizing signs of abuse and Maltreatment.</p>
<p>iii. In person training will be provided to experienced probation officers at the Probation Officer annual meeting May 9-10, 2018.</p>	<p>Ongoing</p>	<p>Probation/IOCS</p>	<p>- In person training was provided to experienced probation officers on May 9-10, 2018. Topics covered included: Family Centered Practice (Part 1 and Part 2, Case Plan and Transition Planning for Juveniles, and Recognizing</p>

			signs of abuse and Maltreatment.
iv. Training curriculum for new probation officers will be piloted in fall/winter 2018.	Q4	Probation/IOCS	
v. Training curriculum for new probation officers will be implemented in 2019.	Q4	Probation/IOCS	
vi. Training on Family Centered Practices will be measured by recording the names of probation officers that attend each training session, and conducting surveys after each training session.	Q4	Probation/IOCS	

Continuous Quality Improvement Considerations for Indiana’s PIP

Continuous Quality Improvement (“CQI”), along with Indiana’s modified Onsite Review Instrument (“OSRI”) activities will continue to be strengthened in an effort to not only improve outcomes, but also improve the culture and climate of the agency. Indiana will use information gathered through the CQI process and OSRI to work with staff, both executive and field, to note strengths and challenges, thus bringing the information full circle. Indiana recognizes that staff at all levels need to be engaged in CQI efforts on a regular and ongoing basis. DCS will support CQI by educating staff on CQI principles and ensuring their participation and input in CQI projects is supported by all levels of the agency. DCS will work with Probation to enhance and support CQI practice for juvenile justice involved youth as well.

CQI will continue to be strengthened through meaningfully created CQI projects developed at the regional level using both quantitative and qualitative processes involving FCMs at the core of decision-making. CQI projects will be tracked through the Division of Strategic Solutions and Agency Transformation and the Strategic Solutions Coordinating Committee team within Indiana DCS and the outcomes from the projects will be reviewed on a regular basis with regional management as well as executive management.

By engaging in thoughtful and consistent evaluation and discussion of CQI projects, DCS will assist children and families by determining whether they experienced better outcomes as a result of their involvement with child welfare. In places where the Practice Model is thriving, Indiana intends to review the systemic factors improving performance in those areas in an attempt to replicate those trends in other areas of the State needing improvement. Indiana will empower its workforce to communicate when a policy or practice is not working as intended so a CQI project can be created to identify, evaluate, and address underlying needs.

Goal: Continuous Quality Improvement—Ensure safety, permanency & well-being to Indiana’s families by strengthening continuous quality improvement (CQI) efforts throughout the state.		
--	--	--

1. Strategy: Increase capacity for CQI projects by enhancing the skill set of Continuous Quality Improvement (CQI) team members and other employees to allow for an integrated qualitative case review and practice improvement process.			
	Projected Date	Division	Evidence of Completion
a. <u>Key Activity:</u> Provide Six Sigma Green Belt training and certification from Purdue University to selected staff wherein they learn the DMAIC (Define, Measure, Analyze, Improve and Control) process, data collection techniques and statistical methods used in Six Sigma projects. Each division will have staff trained in Six Sigma and those staff will be responsible for CQI projects in their respective division on an ongoing basis and as problem statements are developed.	Ongoing	CQI	- Initial training is complete for CQI staff -Others in agency will be trained by end of 2018
b. <u>Key Activity:</u> Create training with a project driven approach to engage line staff supervisors and management and expand knowledge of CQI and understanding of data.	Q3	Staff Development CQI ODM	- Training will be created and be required for all staff
c. <u>Key Activity:</u> For employees who attend the Six Sigma Green Belt Training, those employees will obtain Green Belt certification by facilitating field driven projects throughout the state.	Ongoing	CQI	- Initial training is complete for CQI staff -Others in agency will be trained by end of 2019
2. Strategy: Support practice improvements at regional level by engaging line staff, supervisors and management in CQI projects and data driven supervision.			
	Projected Date	Division	Evidence of Completion

a. <u>Key Activity:</u> Provide initial training through regionally chosen practice improvement projects. (Example of current projects underway: timeliness of first face-to-face contact with child, timeliness of first contact with parent).	Ongoing	SSAT	- Completion of projects and improvements in practice and processes
b. <u>Key Activity:</u> Continue development and implementation of MaGIK FCM Reporting Dashboard of easy to understand data measures that can be used during supervision and can enhance FCM's ability to see how their successes impact overall agency key performance measures.	Q4	SSAT	- Completion of projects and improvements in practice and processes
i. Develop and deliver "Coaching with Data" trainings to supervisors on how to effectively coach and develop staff using data and CQI principles that lead to improved outcomes for children and families.	Q3	Staff development SSAT/IT	- Training developed, delivered and improvements in practice and processes are reviewed
ii. Survey supervisors by phone after training through random selection to identify effectiveness of training.	Q4	SSAT/IT	- Completion of projects and improvements in practice and processes
3. Strategy: Utilize CQI process to strategically support the implementation of PIP goals			
	Projected Date	Division	Evidence of Completion
a. <u>Key Activity:</u> Use PIP monitoring reports and tools (referred to throughout this PIP plan document) to identify regions and practice activities that may benefit from CQI efforts.	Q3	SSAT Field	- Use CFSR reports to identify issues

			and then develop plans to address with field staff
b. <u>Key Activity:</u> Implement Regional CQI projects. Escalate systemic “root causes” to both field leadership and cross functional Strategic Solutions Committee to address with statewide policy and procedure changes where appropriate.	Ongoing	SSAT Field	- Develop tracking mechanism and hold regular meetings with Field staff to coordinate projects and share information gleaned
i. The Strategic Solutions Committee will meet at least once per month to evaluate root causes of system-wide issues in an effort to quickly assess and address issues within the system.	Ongoing	All divisions	- Meet regularly and discuss issues as they arise
4. Strategy: Probation: A juvenile probation quality assurance process compliant with CFSR standards will be institutionalized. The framework of the CFSR/PIP case review process and elements of the OSRI will be utilized. A methodology for case selection and data elements will be included in the review process.			
	Projected Date	Division	Evidence of Completion
a. <u>Key Activity:</u> Representatives from DCS and IOCS will meet with the Collaborative Communication Committee to develop draft updates to Probation Standard 1.21-Case Audits and Quality Assurance to require audits that are CFSR compliant. Currently Probation Standard 1.21 states “Departments shall adopt policies and procedures to conduct case audits and IYAS/IRAS quality assurance. Audit of case files should be conducted at least	Q2	Probation/IOCS	

once year and shall review case files for: properly administered IRAS/IYAS assessments, case plans linked to assessments finding/criminogenic needs, appropriate use of incentives and sanctions, appropriate supervision levels based on assessment, program/services matched to probationer risk levels.”			
i. The proposed update to Probation Standard 1.2 will be presented to the Probation Officer Advisory Committee.	Q2	Probation/IOCS	
ii. The proposed update to Probation Standard 1.2 will be presented to the Juvenile Justice Improvement Committee for possible endorsement.	Q2	Probation/IOCS	
iii. The Juvenile Justice Improvement Committee endorsed update to Probation Standard 1.2 will be presented to the Probation Committee.	Q2	Probation/IOCS	
iv. Present endorsements from the Juvenile Justice Improvement Committee and the Probation Committee to the Board of Directors of the Judicial Conference of Indiana for adoption.	Q3	Probation/IOCS	
v. Inform and train probation officers on revised probation standard 1.2.	Q4	Probation/IOCS	
vi. Implement new probation standard 1.2.	Q4	Probation/IOCS	
5. Strategy: Probation: Develop recommendations that inform short and long-term strategies regarding data needs and integration between DCS and probation’s multiple data systems that will result in compliance with federal guidelines.			
	Projected Date	Division	Evidence of Completion
a. <u>Key Activity:</u> A workgroup of subject matter experts on information exchange and practitioners will be tasked with review of: current information structure of probation data being entered in MaGIK and sharing process between agencies; re-evaluating current business rules associated with access to the MaGIK ecosystem; general system limitations and practices; and federally required data elements that will lead to the development of recommendations that inform a short and long-term strategy regarding data needs, integration, and reporting obligations. Workgroup will make recommendations to DCS and Office of Judicial Administration.		Probation/IOCS	

i. Assess the data fields in the DCS case management system entered by probation to determine the required field for the purposes of the CFSR, QSR and AFCARS reporting.	Q4	Probation/IOCS	
ii. Determine (in the systems utilized by probation) if similar data fields exist.	Q4	Probation/IOCS	
iii. Determine the methodology of plausible data integration.	Q4	Probation/IOCS	
b. <u>Key Activity</u> : Improve case management process for juvenile probation officers.			
i. Identify a cross-section of Chief Probation Officers, Assistant Chief Probation Officers, Deputy Chief Probation Officers and Juvenile Probation Supervisors to evaluate the effectiveness of current DCS-provided reports to probation departments, and explore opportunities for supplementing with other reports that will enhance data quality and compliance with federal requirements. Examples of reports that would enhance probation case practice and provide them the same case management reports as DCS to help meet IV-E requirements include: how many kids a county has in placement, monthly visitation tracking, 15 of 22 months report, and length of stay.	Q1	Probation/IOCS	
ii. Upon evaluation, identify key reports that can be modified to meet the needs of probation departments.	Q1	Probation/IOCS	
iii. Modify current DCS reports to assist in case management of probation cases.	Q3	Probation/IOCS	
iv. Determine the methodology to have probation administrator's access reports.	Q1	Probation/IOCS	
v. Re-convene initial stakeholder group to determine whether the needs and purposes of reports are meeting the needs of probation.	Q1	Probation/IOCS	

Permanency-related Items on Indiana's PIP

Permanency Indicator #1: Children have permanency and stability in their living situations

Indiana Child Welfare System results on this indicator were at 30% at the time of the CFSR in summer of 2016. DCS is examining the factors for permanency not being achieved in a timely manner. In reviewing the CFSR, QSR results, information from reports from MaGIK, the CWG report, and stakeholder interviews, DCS believes that some factors include courts who are unwilling to create legal orphans, courts not in

agreement with a change in permanency plan, TPR not being filed timely, or a lack of a diligent search for an uninvolved parent. Between September 2005 and September 2017, an additional 9,627 children were in out-of-home care, bringing the total population of children in out-of-home care to 20,394. This represents an 89.4% increase. Additionally, as of 2017, Indiana's rate of children in out-of-home care was approximately 13 children for every 1,000, which is more than twice the national average. DCS acknowledges that more work may need to be done to better understand the root causes for the poor performance in the permanency indicators.

Indiana recognizes the importance of permanency for children and families. As such, critical initiatives have already begun in an effort to reduce the time to permanency. DCS is also focusing on the importance of concurrent planning, to expedite goal changes that can lead to improved permanency rates.

Another PIP strategy is to highlight the effort underway by the Indiana Child Welfare Improvement Committee ("CWIC") to discuss legal orphans. This is a multidisciplinary committee convened by the Court Improvement Program ("CIP") to make a statewide impact on child welfare matters. Indiana's CIP is contained within the Indiana Office of Court Services. DCS participated in the initial decision to begin a project on legal orphans, and has likewise been involved in each step of the project's progress to date. DCS provided data that the CWIC used, along with data provided by CIP, to determine the project's initial focus demographic. DCS attended the CIP annual meeting in April 2017 with Indiana's CIP staff to work on the project's theory of change. Data offered by DCS was used to determine the targeted group for intervention. Data from CIP Timeliness Measures indicates that children who leave care having achieved a permanency plan of adoption had a median time to permanency of 987 days in FFY 2016. (FFY 2017 data indicates this number has stayed relatively stable at 985 days.) The Legal Orphans project originated with CWIC. DCS, through its representation on the CWIC, has participated in developing this program and its recommendations. Both DCS and Indiana's CIP have been involved since inception through their CWIC participation. Although the CWIC did not discuss this when it decided to focus on legal orphans 14 and older, that age is consistent with the provisions of the Preventing Sex Trafficking and Strengthening Families Act, which requires case plans and transition plans to be developed in consultation with youth 14 and older.

Starting at 12 months, Termination of Parental Rights ("TPR") is considered and decisions are being made about the child's appropriate permanency plan. The Legal Orphan project's Permanency Round Table Plus ("PRT+") concept is intended to augment DCS' Permanency Round Tables ("PRT") by providing expertise from other sectors in the child welfare system that know the child or are well acquainted with permanency options. Targeting youth in the system between 12 and 23 months in care makes sense for the PRT+ initiative and is in keeping with the stated goal of affecting the state's time to permanency for adoption cases. By targeting 14-17 year old youth who have been in care for 12-23 months, CWIC intends the Legal Orphan project (including its PRT+ initiative) to identify permanency options sooner for difficult-to-place children in stuck cases. CWIC believes that doing so will have a long-term impact on time to permanency in adoption cases. This is a critical piece to the PRT process within the department, where concurrent planning is a focus.

In addition, the implementation of the Permanency Outlier application will better assist in identifying these cases earlier. The Permanency Outlier application is a predictive analytics tool that identifies cases that have common characteristics of those cases where children are stuck in

the child welfare system with potentially unnecessary delays. The cases are sent to a dashboard where the DCS Regional Manager reviews the cases for issues surrounding permanency efforts and then determines what the next steps should be in assisting more timely permanency. As DCS has determined, waiting until 24 or more months after the child has been in care is unlikely to be successful in appreciably reducing time to permanency in long-term cases statewide.

DCS has created a Length of Involvement dashboard that highlights cases that are more than 20% above the statewide average or median. This allows both field staff and local office attorneys to review the list, in real time, in an effort to understand the cases that are struggling to reach permanency. DCS is analyzing the data from cases in ten counties to determine the top reasons why cases are struggling to reach permanency. DCS will work with the IOCS to share outcomes from this project and work on solutions to correct any issues if the barriers to permanency are related to the court system. DCS will use the data gathered from this project to determine the root causes of barriers to permanency within the child welfare system and develop goals to improve timeliness to permanency. DCS will also involve the courts in permanency training opportunities so that the courts and judicial officers are familiar with and hear the same message that FCMs receive, in an effort to have the entire child welfare system focused on timeliness to permanency.

There also appears to be a backlog of the timely filing of TPR petitions. DCS is working with local office attorneys and regional staff to better understand this issue and develop plans for how to better address the filing of TPR petitions to include DCS critically assessing and taking steps to resolve factors that contribute to attorney turnover and lack of expertise in planning and participating in evidentiary hearings.

Permanency Indicator #2: Continuity of family relationships and connections is preserved for children

Indiana Child Welfare System results on this indicator were at 70% at the time of the CFSR in summer of 2016. Indiana recognizes that improvements in engagement with children, parents/caretakers, and foster parents can address a number of CFSR Items and result in improved outcomes for children and families. Indiana will look at a number of ways to better engage families including a renewed focus on the DCS Practice Model. Even when parents report not being able to visit with their children, DCS will draw upon their enhanced engagement skills to continually reach out to parents in order to understand the barriers to visitation and to assist in alleviating those barriers.

In looking at information surrounding visitation with children and parents and sibling visitations, Indiana has identified that the frequency and quality of visits needs to be improved in order to support continued relationships between siblings, children, and their parents and caregivers. Indiana needs to further evaluate the reasons behind the lack of quality visits and will research using past data measurements through the QSR and current trends in the CFSR in order better understand the barriers behind the lack of quality and sufficient visits.

In reviewing Indiana's QSR Round 5 data, DCS noticed the following issues and trends, which support the CFSR findings:

Maintaining Relationships Mother	Round 5: 62%	<ul style="list-style-type: none"> * Visitations between mothers and their children/youth were limited and/or inconsistent by their own choice and/or incarceration * Visitations were too infrequent to promote bonding
Maintaining Relationships Father	Round 5: 36%	<ul style="list-style-type: none"> * Visitations did not occur between fathers and their children/youth due to their own choice and/or incarceration * Visitations between fathers and their children/youth were too infrequent to promote bonding * Accommodations for visitations, such as alternative methods, were not made for fathers
Maintaining Relationships Siblings	Round 5: 68%	<ul style="list-style-type: none"> * Children/youth missed visitations with siblings due to their choice and/or lack of visitation plans * Accommodations were not made to enable sibling visitations * Sibling visitations were restricted due to behaviors of children/youth and/or their siblings

Graph 1: Round 5 QSR Refine/Maintain Scores (September 2015 - June 2017)

***Refine/Maintain means scoring within acceptable range from 4 (Acceptable) – 6 (Optimal)*

An identified strength in Indiana is a high rate of placement of children with their relatives. Indiana will continue to support this practice for families because keeping children connected to their families supports better outcomes for children.

Goal: Permanency. Ensure each child achieves safe, stable, and timely permanency options.			
1. Strategy: Enhance visitation service standards and attention to visitation plans to improve quality of visits.			
	Projected Date	Division	Evidence of Completion

<p>a. Key Activity: In an effort to improve and capture the quantity and quality of visitation, roll out an updated Visitation Facilitation Service Standard to require service providers that provide visitation to document the quality of face-to-face visits. Ratings will be completed by providers in the Individual Visitation Report to determine how the parent(s)/caregiver(s) did in each of the following areas:</p> <ul style="list-style-type: none"> • Demonstrated parental role; • Demonstrated knowledge of child’s development; • Responded appropriately to child’s verbal/nonverbal signals; • Put child’s needs ahead of his/her own; • Showed empathy towards child; and • Focused on the child when preparing for visits and during interactions 	Ongoing	Services	- Policy updated and provider form updated to capture quality elements of visit. (completed)
<p>i. If the quantity and quality of visits does not improve, CQI staff will work to identify root causes of the lack of improvement in visits.</p>	Q4	SSAT, Services	
<p>b. Key Activity: Reinforce the importance of the development and/or discussion of visitation plans during child and family team meetings.</p>			
<p>i. Add the visitation plan to the child and family team meeting template to prompt staff to discuss.</p>	Ongoing	Staff development	- Completed
<p>ii. DCS Practice Team will develop training and guidance on the development of the visitation plan at child and family team meetings and improving the culture around visitation.</p>	Q2	Staff development	- Will develop a CAT for Statewide rollout.
<p>iii. DCS Practice Consultants receive training and guidance during the biannual meeting.</p>	Q1 and Ongoing	Staff development	- Was completed in May 2018
<p>iv. Training and guidance rolled out to peer consultants (many of which are supervisors).</p>	Q1 and Ongoing	Staff development	- Was completed in May 2018

<p>c. <u>Key Activity:</u> Improve utilization of Fatherhood Engagement Services to increase contact with fathers in order to enhance their engagement in the case.</p>		Services	-More Fathers enrolled and engaged in their child's/family's life.
<p>i. Continue CQI efforts initiated following the analysis of quarterly provider surveys that identified DCS/Provider communications as an area of opportunity.</p>	Q1	Services CQI ODM	- CQI report developed on underlying needs of survey improvement will be completed.
<p>ii. Monitor communication and outcomes metrics for improvement and leverage monthly provider workgroup call to discuss additional opportunities to enhance collaboration. Roll-out individual provider reports to identify strategic areas of improvement at the provider level.</p>	Q1 and ongoing	Field Services	- Completed Service standard and reports have been updated. New reports are required to be used. Reports are being monitored and subject to ongoing audits.
<p>d. <u>Key Activity:</u> Ensure children, parents, families, and resource parents have access to appropriate services to support meaningful and timely visits between children, siblings, and parents.</p>			
<p>i. DCS will strengthen its formal and informal assessments to better identify the needs of the mother and improve on meaningful and timely visits between mothers and their children.</p>	Q2	Field	- Assessment tools will be reviewed to

			determine if changes are needed. Changes will be made as identified.
ii. DCS will strengthen its formal and informal assessments to better identify the needs of the father and improve on meaningful and timely visits between fathers and their children.	Q2	Field	- Assessment tools will be reviewed to determine if changes are needed. Changes will be made as identified.
iii. DCS will strengthen its formal and informal assessments to better identify the needs of the children and improve on meaningful and timely visits between siblings in an effort to support the needs of resource parents and children.	Q2	Field	- Assessment tools will be reviewed to determine if changes are needed. Changes will be made as identified.
2. Strategy: Partner with the Indiana Office of Court Services (IOCS) and judicial officers to promote meaningful engagement of foster/resource parents and caregivers in court proceedings, and promote quality permanency hearings and timely TPR filings.			
	Projected Date	Division	Evidence of Completion

a. <u>Key Activity</u> : DCS and IOCS will collectively focus on increasing awareness of a foster/resource parent’s opportunity for participation at court hearings.	Q4		
i. IOCS will reinforce to judges during judicial conferences/trainings the foster/resource parents opportunity for participation in court hearings.	Q4	Legal	- Trainings will include specific information about foster parents ability to be heard
ii. DCS will discuss court-related concerns raised by foster parents with the IOCS in an effort to promote understanding among all stakeholders of how to support the sharing of knowledge related to the care of the children in foster homes.		Legal, Field, SSAT	- Meetings will occur between DCS and IOCS bi-monthly to address concerns and share issues in an effort to improve both systems
iii. DCS will highlight during foster/resource parent trainings of the foster/resource parent’s right to be heard.	Q4	Staff development	- Trainings will include specific information about foster parents ability to be heard
iv. DCS will work with the IOCS, CIP, and the Juvenile Benchbook Committee to revise the CHINS Benchbook to highlight requirements that foster/resource parents have the right to be provided notice of hearings and meaningful opportunity for participation in court hearings for children who are placed with the foster/resource parent.	Q4	CIP	- CHINS Benchbook will include specific information about foster

			parents ability to be heard
b. <u>Key Activity:</u> DCS will analyze available data on the median and average length of time in care for cases. For those cases that are more than 20% above the statewide average, DCS will work with local office attorneys and the courts to understand the factors driving the lack of timely permanency.			
i. DCS will analyze available data on the median and average length of time in care for cases.	Ongoing	ODM Field DCS attorneys	- Data available, reviewed, and shared
ii. DCS will communicate the factors driving a lack of timely permanency with the courts and develop strategies that promote collaboration between DCS and the courts to effectively address achieving timely permanency.	Ongoing	Field DCS attorneys	- Common understanding reached between courts and DCS
iii. DCS will work with the CIP to provide permanency workshops to judicial officers so that judicial officers receive similar information provided to family case managers on the importance of reaching permanency in a timely manner.	Q2	Staff development	- Court personnel receive similar training on permanency as FCMs receive
iv. DCS and IOCS will regularly share data about length of time to permanency with judges and DCS personnel.	Q2	SSAT, Field, Legal	- Child welfare leaders will receive similar data points on permanency rates in their county or region

<p>c. <u>Key Activity:</u> DCS will design a trial advocacy course that will allow DCS local office attorneys (“LOA”), FCMs, defense attorneys, and court personnel to work together on trial advocacy skill development in an effort to streamline court processes and trials. This will assist in making court proceedings more efficient and orderly and increase timely permanency.</p>	Q2	Field DCS attorneys Staff development	- Common training and expectations reached between courts and DCS.
<p>i. In collaboration with court-related partners (defense attorneys, court personnel, etc.), DCS will create a trial advocacy course that will support efficient legal proceedings.</p>	Q2	Field DCS attorneys Staff development	- Common training and expectations reached between courts and DCS.
<p>ii. DCS will partner with courts who are interested in participating in the trial advocacy course and who will host the trial advocacy course within their county.</p>	Q3	Field DCS attorneys Staff development	- Common training reached between courts and DCS.
<p>iii. DCS will review the efficiency of the trial advocacy course by using the performance management system to determine whether courtroom skills and competencies are improving. DCS will work with the courts to review the efficiency of the trial advocacy course as well.</p>	Q4	Field DCS attorneys HR	- Common expectations reached between courts and DCS.
<p>d. <u>Key Activity:</u> Continue collaborating with IOCS, the Child Welfare Improvement Committee and the Court Improvement Program (CIP) on the Children’s Bureau approved (CIP Strategic Plan Priority Area # 2: Timeliness/Permanency) Legal Orphan’s project. This project aims to increase the amount and speed at which legal orphans, defined here as children aged 14-18 whose parents’ rights have been terminated reach permanency. The entities are collaborating to identify specific solutions that will increase the number of older youth that reach permanency and the rate at which they do</p>			

<p>so. Data from the CIP Timeliness measures and data from DCS identified this as a need. Data from the CIP timelines measures indicated children whose permanency plan is adoption reached permanency in 987 days. Data from DCS in early 2016 indicated that children 14-18 were the most difficult age group to successfully achieve adoption</p>			
<p>i. The project will develop a theory of change and decide on interventions that will fulfill the theory of change. A draft theory of change was developed on March 3, 2017. The theory of change was further refined at the CIP annual meeting on April 10-11, 2017. The revised theory of change and proposed intervention was presented to the Child Welfare Improvement Committee on July 14, 2017. The Theory of Change was finalized on April 13, 2018. The theory of change is “A Permanency Roundtable Plus model will be piloted in one DCS region to enhance engagement of legal orphans in developing youth-driven goals.” The requirements for the PRT Plus will be completed and a DCS region will be identified for implementation.</p>	<p>Q2</p>	<p>Field SSAT IOCS Permanency and Practice Support</p>	<p>- Attend CWIC meetings, develop a Theory of Change, create an implementation plan</p>
<p>ii. PRT Plus Model will be finalized with DCS and the IOCS.</p>	<p>Q3</p>	<p>Field, SSAT, IOCS</p>	<p>- Attend CWIC meetings, continue to develop the PRT Plus Model, and create an implementation plan</p>
<p>iii. PRT Plus Model will be implemented and evaluated in one DCS region.</p>	<p>Q4</p>	<p>Field SSAT IOCS</p>	<p>- Implement the PRT Plus Model and make sure all levels of DCS understand</p>

		Permanency and Practice Support	
e. <u>Key Activity:</u> Improve the quality of permanency hearings and monitoring for timely TPR filings.			
i. Include permanency findings on DCS drafted court orders and reports to highlight permanency status.	Q4	Legal, field	- Court orders will be updated
ii. Explore viability of MaGIK enhancements and MaGIK/Quest integration for the monitoring and tracking of court timeliness for permanency and TPR filings, including capturing dismissal reasons and hearing contacts in MaGIK.	Q4	IT	- MaGIK updates will be explored for viability
iii. DCS and IOCS will meet regularly to review relevant child welfare and CIP Timeliness Measures to identify and address any roadblocks to achieving permanency.	Q4	SSAT, Field	- Meetings will occur between DCS and IOCS bi-monthly to address concerns and share issues in an effort to improve both systems
f. <u>Key Activity:</u> Probation: DCS and IOCS will review how certain time specific hearings are currently being entered in MaGIK by probation officers to enhance data that can help ensure court hearings can be monitored to ensure they are occurring timely and are of sufficient quality. Currently, probation officers add limited hearing dates into the MaGIK/KidTraks system which includes removal from the home and return to the community (trial home visits).			
i. Review the current data elements for hearings added by probation officers into the MaGIK/KidTraks system	Q4		

ii. Add hearing types (periodic review hearings, permanency hearings) and add specific outcomes to these hearing.	Q4		
iii. Develop a report that can be accessed as in 5.5(b) below, in addition to DCS administrative staff. These reports will also ensure Federal compliance with timeliness of hearings.	Q4		
3. Strategy: DCS recognizes reducing time to permanency as a critical element to improving the state's child welfare system. During the state's CFSR, permanency was identified as a strength in only 52.5% of the cases. To reduce time to permanency DCS will implement the outlier permanency application and regional permanency team processes statewide.			
	Projected Date	Division	Evidence of Completion
a. <u>Key Activity:</u> Test and evaluate the effectiveness of the permanency application in innovation zones. The permanency application identifies outlier involvements and provides a workflow to prioritize cases for supplemental review in either monthly Regional Permanency Team meetings or quarterly Permanency Round Tables (PRTs). Outlier cases are identified based on current case duration and a set of key characteristics that have been predictive of time to permanency (e.g., placement, age, drug involvement, etc.). Since implementation of the permanency application in innovation zone regions 3, 5 and 9; 2,059 involvements have been processed as outliers (time period of implementation is February 2017 to July 31, 2018). As of July 31, 2018, 60.91% of those involvements have closed in regions 3, 5 and 9. Region 4 has processed 425 involvements as outliers; 43% have closed as of July 31, 2018. Region 14 has processed 101 involvements as outliers; 46.53% have been closed as of July 31, 2018. DCS employees in region 10 have been trained on the permanency outlier application but results are not available as of July 31, 2018.	Ongoing	IT CQI	- Report with recommendations about its effectiveness.
i. Complete an analysis of the permanency outlier application to review for effectiveness in identifying cases and moving cases to case closure.	Q2	SSAT, Field, Permanency and Practice Support	- Effectiveness of the application will be completed

<p>ii. If the permanency outlier application is deemed to be effective, DCS will roll-out permanency application process in three phases statewide.</p>	<p>Q4</p>	<p>SSAT, Field, Permanency and Practice Support</p>	<p>- Roll out plan developed if prudent</p>	
<p>iii. DCS will analyze the permanency outlier application to determine whether there are commonalities that exist in outlier cases with an eye to determine how to prevent children from reaching outlier status.</p>	<p>Q4</p>	<p>SSAT, Field, Permanency and Practice Support</p>	<p>- Review of the application to determine commonalities will be completed</p>	
<p>a. <u>Key Activity:</u> Standardize a Regional Permanency Team process and identify best practices for identifying if a case is appropriate for a shorter review in the Regional Permanency Team meeting, or the more lengthy discussion at a PRT. Continue to track outcomes by case types and adjust strategy based on results.</p>	<p>Q3</p>	<p>Field and Permanency and Practice Support</p>	<p>- Policy will be created/updated to reflect standardization of best practice</p>	
<p>i. After reviewing for effectiveness, roll-out standardized Regional Permanency Team process in three phases statewide.</p>	<p>Q4</p>	<p>SSAT, Field, Permanency and Practice Support</p>	<p>- Roll out plan developed</p>	
<p>4. Strategy: Through improved timely licensure and continued recruiting efforts, DCS added over 500 foster homes in 2016. However, improved matching is necessary to ensure DCS is leveraging available foster homes to improve the stability of placements. DCS will focus on the enhancement of foster parent recruitment data to accurately identify characteristics proven to improve matches and implement activities that strengthen the relationship with current foster parents as they are the most effective tool in foster parent recruitment.</p>				
		<p>Projected Date</p>	<p>Division</p>	<p>Evidence of Completion</p>
<p>a. <u>Key Activity:</u> Improve the data and reports currently available to DCS staff to better leverage its use for enhanced targeted recruitment efforts. Educate</p>				

staff and licensed child placing agencies on how to leverage the data in recruitment.			
i. Central Office foster care staff and the Office of Data Management will collaborate to study and make recommendations on changes necessary for syncing of the Willingness to Foster Characteristics Report and Foster Parent Recruitment Report to better capture characteristics for improved matching. Recommendations may include adjusting the characteristic data elements captured and/or focusing on data quality issues.	Q4	Licensing SSAT	- Review effectiveness of reports with field and licensing and review for changes
ii. Identify strategy for distributing key data reports to regional DCS teams and licensed child placing agency foster care licensing staff to assist in identifying target needs for their region/county/agency.	Q4	Licensing SSAT	- Review effectiveness of reports with field, service partners, and licensing and review for changes
iii. Partner with DCS Communication Team to develop a targeted digital advertising campaign to incorporate targeted populations.	Q4	Communication Licensing	- Website created and used by foster parents
b. <u>Key Activity:</u> Continue development and use of regional recruitment and retention plans for DCS and private child placing agencies that integrate DCS developed reports.			
i. Monitor via contract audits the new requirement in licensed child placing agency contracts that require the development and implementation of diligent recruitment plans utilizing available data, including data provided by DCS.	ongoing	Field ODM Placement Support	- Contract audits completed - Data shared between

			partners and DCS - Data driven decision made based on needs identified in audits
ii. DCS foster care specialists will work with regional leadership to review past regional diligent recruitment plans and create new plans utilizing DCS provided data reports. As specific needs are identified, the regional recruitment plans will include steps for focusing recruitment efforts around those needs and will inform statewide plan development.	Q1	Field ODM Placement Support	- Data available will be basis for recruitment plans
iii. DCS foster care specialists will work with regional leadership to develop retention plans. As specific needs are identified, the regional retention plans will include steps for focusing retention efforts around those needs and will inform statewide plan development.	Q1 and ongoing	Field ODM Placement Support	- Data available will be basis for retention plans
c. <u>Key Activity:</u> Improve ongoing communication with foster/resource parents so they are aware of resources available and have a direct line of communication with DCS. Foster Parent Bill of Rights will be drafted and approved to enhance understanding and communication between DCS and foster parents.			
i. Although some regions produce a newsletter for foster/resource parents, a statewide newsletter does not currently exist. Leveraging those regional publications, DCS will produce a statewide foster/resource parent newsletter to communicate information regarding available resources and services along with important contact information.	Q3	Communication	- Review effectiveness of reports with field and licensing and review for changes

<p>ii. Increase participation in the foster/resource parent stakeholder advisory group to ensure communication and feedback between DCS and foster/resource parents is occurring. Issues identified in the advisory group will be provided to DCS leadership for appropriate action and communicated back to advisory group.</p>	<p>Ongoing</p>	<p>Placement Support/Staff Development</p>	<p>- DCS received the report in March 2018, ideas for a response sent for Exec Review and comment</p>
<p>d. <u>Key Activity:</u> The DCS' new partnership with the All Pro Dad initiative will focus on increasing the number of therapeutic licensed foster homes in Indiana, a license that requires an advanced skill set that is in high demand in Indiana. Anticipated benefits of this initiative include a higher trained foster/resource parent population, stabilized placements, and an overall improved willingness to take on youth with higher behavioral needs. The All Pro Dad activities will include such things as a media campaign/celebrity involvement, foster/resource parent hotline, and on field events with football programs that bring kids and dads together and talk about what it means to be family and foster/adoptive parents. Indiana received grant funding to implement and evaluate the initiative with the intention to continue it moving forward if found to be successful.</p>			
<p>i. Develop and implement deployment plan for statewide launch of the All Pro Dad initiative.</p>	<p>Ongoing</p>	<p>DCS Communication Team Licensing and Compliance</p>	<p>- August 2018: In partnership, with All Pro Dads, there will be a marketing strategy with three specific events. - Initial event held in October</p>
<p>5. Strategy: Enhanced monitoring and attention to deadlines will be a focus in improving the timeliness of ICPC matters.</p>			

	Projected Date	Division	Evidence of Completion
a. <u>Key Activity:</u> Address the lack of familiarity with the ICPC process for many staff that, due to the time sensitive procedural steps, often contribute to delays in ICPC processing.			
i. DCS will expand and formalize educational resources for FCMs by developing an ICPC checklist and desk guide and providing training on their use.	Q3	Placement Support and Compliance	- Training created and educational resources available
ii. Implement standard trainings developed as part of NEICE system rollout. Initial rollout will be focused on counties with highest volume of ICPC processing.	Q4	Placement Support and Compliance	- Training created and educational resources available
b. <u>Key Activity:</u> Implement notification reminders in MaGIK to FCMs and supervisors at 30 and 15-day deadline to monitor completion of home studies.	Q4	Placement Support and Compliance/IT	- Make informative reports available to field management staff.
c. <u>Key Activity:</u> Create monthly report for regional managers to be used to measure compliance. This monitoring will assist the agency in identifying whether the above initiatives improve ICPC compliance or whether other factors need addressed.	Q2	Placement Support and Compliance/IT	- Continue to pull available reports and send to field management staff. IT will develop new

			report by end of Q3 2018.
6. Strategy: Ensure regional managers are aware of permanency-related data points and are able to facilitate root cause analysis with each local office to improve permanency measures.			
	Projected Date	Division	Evidence of Completion
a. <u>Key Activity</u> : Regional managers will be trained and learn about available data points. Regional managers will understand the various metrics available.	Ongoing	Field, SSAT	- Make informative reports available to field management staff.
b. <u>Key Activity</u> : When permanency-related issues are identified, regional managers will discuss the creation of a CQI project with CQI staff in order to determine underlying causes of permanency-related issues at the county level.	Q2	Field, SSAT	- Field management staff will recognize when issues need to be addressed and will plan for addressing needs.

Implementation Plan

Upon approval of the PIP, DCS has planned, and is prepared, to rollout trainings and informational sessions throughout the state in order to communicate the PIP to child welfare stakeholders. DCS will utilize regional trainings, which will result in DCS management (local office directors, supervisors, etc.) receiving information on how the PIP will be implemented. Furthermore, field management will receive instruction on how to message and implement the PIP to FCMs. Ultimately, training will be delivered to all levels and divisions of the agency statewide.

In regards to the rollout of information for juvenile justice, DCS will work in partnership with the Indiana Office of Court Services. The Indiana Office of Court Services will be offering a variety of trainings for both new and experienced probation officers on PIP implementation and strategies to improve juvenile justice practice.

Indiana worked closely with the Children Bureau’s Measurement and Sampling Committee to develop a measurement plan that utilizes a thorough case review method and practice appraisal process that uses the OSRI. The practice appraisal process uses a modified version of the OSRI tool to measure practice during the current review year. Indiana will allocate the resources necessary to execute a statewide case review that will result in a baseline and semi-annual PIP measurement during years 1 and 2, consisting of a random selection of 65 cases during each semi-annual review period.

DCS has determined that some issues that have been identified throughout the development of the PIP may require additional understanding. In order to correctly identify barriers and develop thoughtful plans, DCS intends to host workgroups or focus groups, as needed and identified. To the extent DCS can use information gleaned from the CWG study released on June 18, 2018, DCS will use the information in an effort to understand underlying needs. DCS will include the Indiana Youth Advisory Board members, regional service councils, all levels of DCS staff, as well as stakeholders with expertise in target areas.

One key area of data to evaluate closely is maltreatment in care (MIC). DCS reviewed the data to see why Indiana’s maltreatment is twice the national average. In 2014, MIC was 16.2% while the national performance is 8.5%. Indiana’s Office of Data Management looked carefully at the 2014 data used to make this comparison. It should be pointed out that MIC is being calculated differently in the 2014 data than the traditional federal definition of MIC. According to the federal data dictionary, MIC means the perpetrator of abuse or neglect can be anyone, not just a foster parent. Once DCS adopted the federal definition, the MIC dropped significantly and closer to the national average. Further, DCS believes there is some data comparison issues based on how reports of previous abuse and neglect are collected and inputted into MaGIK after a child is placed in out-of-home care. For example, a child is placed in foster care and two days later, the child reports previous abuse and neglect while at home. The child’s current location/placement type would be listed, creating misleading data. Indiana will continue to work with Field Staff on accurate data entry. Indiana will also explore adding validations to MaGIK that will prevent erroneous data entry. MaGIK only pulls date of report and location at the time of the report. DCS is working on a MaGIK enhancement that will allow the assessment worker to adjust the incident date, based on the actual date of maltreatment (MM/YY).

Lastly, the Eckerd feedback model identifies cases for review by identifying common risk factors seen in highest risk situations. Eckerd has developed a “dashboard” for a review team in Indiana to use predictive analytics that identifies children who have certain case characteristics which demonstrate a high probability of repeat maltreatment. The review team ensures there is targeted case follow-up and monitoring. DCS believes this program will assist in determining whether a case is a high risk for safety issues and, by extension, repeat maltreatment.

Indiana's Strategic Partnerships

Indiana has a number of important partnerships that will be critical to both begin and sustain program improvement. The following strategic partnerships will assist Indiana during the PIP implementation process.

Child Welfare Policy and Practice Group (CWG)

The Child Welfare Policy and Practice Group ("CWG") is a private, non-profit organization developed to assist child welfare, mental health and juvenile justice systems to create, design and manage organizational change that results in improved practice and outcomes for children and their families. CWG was contacted by the Office of the Governor of Indiana in December 2017 with a request to develop a proposal for conducting a review of DCS child welfare functions. The Child Welfare Policy and Practice Group conducted a review of the DCS system and the final report from CWG was provided on June 18, 2018. Between January 2018 and May 2018, CWG interviewed over 592 constituents, DCS employees, and stakeholders to determine strengths and needs of the child welfare system.

The Office of the Governor was interested in securing an independent assessment of DCS that would:

- Examine the current performance of the agency and compare to generally accepted national practice standards and outcome measures;
- Identify prominent strengths and challenges; and
- Produce recommendations for changes in any areas needing improvement.

It is anticipated that these recommendations will work in concert with Indiana's PIP to ensure that Indiana's most vulnerable children achieve safety, permanency, and well-being.

Casey Family Programs (CFP)

CFP is a nationally accredited non-profit whose mission is to provide, improve, and ultimately prevent the need for foster care. CFP engages states, counties, and tribes in child welfare collaborations to: (1) safely reduce the number of youth in foster care in this country; (2) support more effective reinvestments in children and families; (3) demonstrate how every child can have a safe and permanent family; and (4) encourage a shared vision to improve the long-term safety and success of children and families (collectively, the 2020 Goals).

Indiana University (IU) School of Social Work

The Indiana University School of Social Work works in collaboration with DCS to better protect children at risk of abuse and neglect. A key to this collaboration is the creation of the Child Welfare Education and Training Partnership (Partnership). The Partnership is designed to provide high-quality social work education and statewide training for public child welfare employees. It provides bachelor-level social work students with preparation for employment as an FCM; it allows DCS employees to enroll in the School's part-time Master of Social Work (MSW) Program; and it provides state-of-the-art training to current DCS employees.

This Partnership is recognized nationally for its success and for its joint collaborative operation. Due to these efforts, Indiana is now seen as a model for the provision of public services that support children and families.