

CWG Recommendations: DCS Progress Report



COMPLETE



IN PROGRESS



NOT YET INITIATED



CONSIDERED

1

Address substance abuse treatment/mental health needs. Intervention by DCS must not be the first resource for families struggling with substance abuse and mental health needs. Treatment and support must be available outside of DCS for direct self-referral with outreach to be sure parents and other community groups coming into contact with parents know about those resources.

1A

Collaborate with stakeholders. This includes but is not limited to other state agencies (the courts, DOE, DMHA, FSSA, ISDH, the Indiana Commission to Combat Drug Abuse, etc.); providers (Volunteers of America, Valle Vista, etc.); nonprofits (Indiana 2-1-1, Indiana Council of Community Mental Health Centers, Mental Health America of Indiana, etc.); schools; parent groups; faith-based groups; and other community organizations. **DCS will be working with stakeholders to ensure an adequate array of services exist to provide supports for families such as basic and therapeutic child care, parent support partners, in-patient programs that allow children to enter with the parent, and specialized long-term outpatient support models designed for parents and children.**

1B

Partner and Collaborate with the Courts to consider additional Family Recovery Courts and Drug Courts in strategic locations around the State. It is important that there be collaboration with drug courts as decisions are made about treatment approaches to ensure coordinated development and funding. **Gov. Holcomb is providing \$2M to assist the effort.**

2

Develop a network of supports for families facing certain challenges (parental substance abuse and mental health issues).

2A

Expand and strengthen START model. DCS should strengthen and expand the Sobriety Treatment and Recovery Teams (START) model. **DCS is strengthening START by spreading the principles of the model across Indiana by way of coordinated trainings involving DCS leadership, providers and other community stakeholders to lay a strong foundation with the potential for expansion in the future. DCS is applying current research to consider the entire family unit in the path to sobriety. In Indiana, scaling of the START program to fidelity has faced challenges. START relies on family mentors (someone with substance abuse and child welfare history) who are employees of a behavioral health agency. It has been challenging to find qualified family mentors, which are a cornerstone of the START program.**

2B

Consider PCAP. Consider models such as the Parent-Child Assistance Program (PCAP) developed by the University of Washington. PCAP is an evidence-based home-visitation model for mothers who abuse alcohol/drugs during pregnancy. PCAP consists of 3 years of intensive services and it seeks to help mothers build healthy families and prevent future births of children exposed prenatally to alcohol and drugs. **DCS will issue an RFP in 2019 to implement a PCAP pilot. The PCAP program is similar to the START program in its target populations but could be more viable to implement on a broad basis. PCAP includes several of the START principles that we are looking to scale, including quick access to substance abuse treatment and a supportive relationship-based model. However, not having to rely on a family mentor as part of the model makes PCAP easier to implement, sustain and scale.**

3

Re-examine certain intake & assessment policies/standards.

3A

Consider redefining neglect. Indiana should re-examine its broad definitions of neglect, excluding neglect that is based solely on poverty or limited, one-time lapses in parental judgment. **Recommended to the Interim Study Committee on Courts and the Judiciary that the definition of neglect be narrowed to exclude situations where poverty is the only issue leading to inability or neglect. The Study Committee adopted DCS' recommendation in its final report. Awaiting legislation.**

3B

Consider redefining custodian. Indiana should re-examine its broad definition of custodian, limiting the definition to one who is assigned consistent caregiving responsibility (e.g., a day care provider) by the child's legal parent. **Redefining "custodian" could unintentionally restrict DCS' ability to intervene in the life of a child in need of services. After careful consideration, DCS recommended to the Interim Study Committee on Courts and the Judiciary that no legislative changes should be made to the definition of custodian. The Study Committee's final report made no changes to the definition of custodian.**

3C

Consider redefining sexual abuse assessments. Redefine sexual abuse assessments under the purview of DCS as those in which a caregiver is the alleged perpetrator. **After careful consideration, DCS recommended to the Interim Study Committee on Courts and the Judiciary that no legislative changes be made to redefine sexual abuse assessments. The Study Committee's final report made no changes to the definition. To ensure that thorough assessments are completed in instances of alleged sexual abuse, sexual abuse allegations remain part of the department's purview by Indiana code.**

3D

Assessments. Require that the statutory elements of a report be met for DCS to initiate an assessment regardless of the ages of the children involved.

4

Reconsider one-hour response time. The provision for a one-hour response time for child abuse and/or neglect assessments should be reconsidered. In many states the most immediate referrals are assigned a 24-hour response time. Within that, child welfare agencies prioritize reports to respond as quickly as possible to certain situations such as those in which law enforcement is requesting immediate child protection assistance, those in which a child is disclosing maltreatment while at school and afraid to return home, and those in which children are in medical facilities that are requesting immediate intervention. Immediate may be necessary in situations such as these, but such circumstances defy precise definition in policy and law and should be assigned to the discretion of the child welfare agency within the limits of a 24-hour

response priority. **Despite diligent efforts to make contact with alleged victims within one hour, this standard is often difficult to meet, due in part to the geography of the state. Additionally, there are times when it is, in fact, in the child's best interest for law enforcement to take the lead on initial contact, with DCS to follow up afterward. Timely follow-up remains important. Recommended to the Interim Study Committee on Courts and the Judiciary that IC 31-33-8-1 (d) be amended to increase the 1 hour response time to 4 hours. The Study Committee changed the response time to 2 hours in its final report. Awaiting legislation.**

5

Extend time limit to complete assessments. The 30-day assessment time limit, although adequate in some instances, may provide inadequate time in others for fully engaging family members and their support networks in assessment and safety planning. An upper limit of 60 days would be preferable and allow assessors to take additional time where it is needed to achieve a better outcome.

5A

Update policy. DCS is extending the time limit for the completion of a Child Abuse and/or Neglect Assessment from 30 days to 45 days. All assessments assigned on or after 1/1/19 will reflect the new 45 day timeframe. **DCS agreed current policy allows inadequate time to complete reports but found the recommendation of a 60-day time limit to be excessive. DCS' FCM and FCM Supervisor Advisory Councils reviewed the recommendation and advised the policy should be extended to no more than 45 days to ensure front-line staff members have sufficient time to design and implement effective safety plans for families. Change effective 1/1/19.**

5B

Update statute. IC 31-33-7-8 states that DCS currently has 30 days (in alignment with DCS' current assessment time limit policy) to provide a status report on child abuse and/or neglect assessments submitted by certain reporters. **Recommended to the Interim Study Committee on Courts and the Judiciary that IC 31-33-7-8 be amended to increase the amount of time allowed to provide the status update of the assessment to the reporter from 30 days to 45 days to be aligned with DCS' policy on time limits to complete assessments. The Study Committee adopted DCS' recommendation in its final report. Awaiting legislation.**

6

Engage more families voluntarily (lessen court involvement). Indiana children and families would likely benefit from lower rates of court involvement in the context of child welfare intervention. DCS should attempt to engage families voluntarily in safety planning for their children and participating in services to support child safety and well-being whenever possible.

6A

Consider re-implementing the use of Service Referral Agreements in order to engage with families more voluntarily without involving the courts. If Service Referral Agreements are put back into use, consider whether modifications need to be made to how we currently utilize Informal Adjustments. DCS field and legal teams are studying reinstating service referral agreements and will provide a recommendation to agency leadership by March 31, 2019.

6B

Identify the factors/barriers that contribute to cases being open for a period exceeding 20 percent of the statewide average number of days in care (see recommendation 17). Partner with the Supreme Court and the Juvenile Justice Improvement Committee as well as the Indiana Council of Juvenile and Family Court Judges to find solutions to remove those barriers, thus allowing DCS to more efficiently prosecute its cases to permanency in a more timely manner.

6C

Consider engaging the court earlier to determine whether intervention of the court is necessary to assure Hoosier children's safety. **Partner with the Supreme Court and the Juvenile Justice Improvement Committee as well as the Indiana Council of Juvenile and Family Court Judges to find solutions to remove those barriers, thus allowing DCS to more efficiently prosecute its cases to permanency in a more timely manner. To be completed by June 30, 2019.**

7

Reclaim family-centered practices that solicit, value and use input from families and their support systems in accordance with the model that serves as the foundation for DCS' approach to child welfare.

7A

Relaunch practice model with executive team. DCS should reclaim the family-centered practice model that it adopted shortly after its formation. **Executive training completed in November 2018.**

7B

Relaunch practice model statewide. DCS should formally relaunch its family-centered practice model to DCS staff and providers. **Relaunch to staff and providers. Will be completed by 12/31/19. Timeline for relaunch with the courts is under consideration.**

7C

Decrease cohort class sizes to 25 or fewer trainees. Additional trainer positions are needed to enable cohort classroom training to become more skills-focused. The Staff Development and Training division should be given enough additional trainers to permit class sizes of no more than 25 trainees. **Will be completed by 1/31/19. Three new trainer positions have been created, and they were posted onto the job bank on 11/5/18.**

7D

Expand peer coach consultant team. Expand the number of peer coach consultants focused on strengthening the child and family teaming process by modeling team meeting preparation and facilitation and providing feedback to supervisors, local mentors and family case managers. **Nine new peer coach consultant positions have been created to ensure best practices are applied consistently across the state. This doubles the current size of the peer coach consultant team and allows DCS to have 1 peer coach consultant in each of its 18 regions. The 9 new positions were posted on the job bank on 10/16/18. 1 new peer coach consultant supervisor position was also created to manage the 9 new peer coach consultants.**

7E

Increase mentoring. Create positions for a full-time or part-time mentor in smaller counties and multiple mentors in larger counties. Mentors should be selected based on their commitment to practice and skills in applying the DCS practice model. **DCS is working to determine the appropriate number of full-time mentors for larger counties. DCS' Rapid Safety Feedback (RSF) team will also add 3 additional family case managers to its team in 2019. The RSF team uses a coaching and mentoring approach to engage with staff statewide in a dialogue about safety threats.**

7F

Launch regional cohort training. Pilot the regional delivery of cohort training in a single regional location to test the benefits and cost effectiveness of closer proximity to participants. **First regional cohort training began on 12/3/18 in Knox County. Second regional cohort training is slated for April 2019.**

7G

Child and Family Team Meetings. Strengthen the use of child and family team meetings. A number of seasoned staff who experienced the original teaming implementation process acknowledge that the quality of team meetings has declined generally as the training has become less intensive and as prior facilitation experts have left the system in accordance with the principles of the DCS practice model. **The hiring of additional peer coach consultants will help mentors ensure sustainability of CFTMs that adhere to the practice model.**

8

Improve outcomes for children exiting foster care.

8A

Extend older youth services (Chafee from age 21 to age 23). DCS already permits youth age 18-21 to continue to receive services. CWG recommends that DCS consider extending the age in which foster youth can receive services to age 23. **Nearing completion, awaiting final approval. Requires federal government approval by the Children's Bureau, an Office of the Administration for Children & Families (U.S. Department of Health & Human Services).**

8B

Extend Collaborative Care (older youth) services from age 20 to age 21. Increasing to age 21 maintains step-down relationship between Collaborative Care and Chafee services. **Recommended to the Interim Study Committee on Courts and the Judiciary that the eligibility age to remain in Collaborative Care be increased from age 20 to age 21. The Study Committee adopted DCS' recommendation in its final report. Awaiting legislation.**

9

Adjust caseload standard for family case managers.

9A

Establish new caseload standard. Establish a caseload standard of no more than 17 families (not children) for in-home services and no more than 15 children for out-of-home care in adherence to the Child Welfare League of America best practice standards. **Recommended to the Interim Study Committee on Courts and the Judiciary that the caseload standard statute be amended to change the maximum number of active cases (to be carried by a family case manager) related to ongoing in-home services included in the caseload calculation from 17 children to 12 families (because family case managers conduct family-centered casework). DCS also recommended decreasing the maximum number of active cases related to ongoing out-of-home placements to be used for caseload calculation purposes from 17 children to 13 children. The Study Committee adopted DCS' recommendation in its final report. Awaiting legislation.**

9B

Recommit to in-home visits. Require case managers visit with parents in their own homes at least once per month as caseloads approach the caseload target. **One region will pilot this beginning early in 2019.**

10

Increase capacity to analyze data to improve outcomes for children.

10A

Create data analysis unit. DCS should create a small unit made up of data professionals which can take responsibility for analyzing the voluminous data currently being collected and identifying new opportunities to assess the effects of system interventions in the lives of children and families. **The unit will be created in 2019 and will include epidemiologists and analysts.**

10B

Identify key outcomes and performance measures. The data analysis unit should work closely with child welfare program leadership to identify a limited set of key outcome and process measures that can be displayed in regular management reports and disaggregated by region and county so that staff at all levels of the organization can regularly assess their performance and use data to develop and test questions about practices that improve safety and permanency outcomes for children and families. **Once created, data analysis unit will determine which outcomes should be measured.**

11

Strengthen quality assurance and quality improvement (QA/QI) framework.

11A

Establish hiring criteria. Analyze staffing needs and ensure those leading the QA/QI work have either practice experience or the opportunity to learn in some detail what is involved in front-line child welfare practice and supervision. **Hiring criteria for the QA/QI team indicates preference for those with child welfare field experience.**

11B

Revive Quality Service Reviews (QSR). Add or reassign resources to build on DCS' QSR expertise, experience and baseline data to revive the QSR: Indiana has invested considerable time and energy in the development of QSR and has a valuable baseline of information connecting practice with outcomes at the case level. DCS does not currently have a substitute for QSR' ability to provide feedback on what is working and what is not. Without regular systemic feedback, validated at the case level, systems tend to bog down in competing subjective explanations about why things are the way they are, and what to do to improve. **DCS plans to add 6 quality assurance analysts to revive the QSR.**

11C

Involve others in child fatality review process. Take active steps to involve sister state agencies, community partners, providers and the public to develop a deeper and more contextualized understanding of the factors contributing to child deaths and of those factors promoting child safety. **Presented in partnership with Department of Health to Indiana Prosecuting Attorneys Council on building and strengthening the local child fatality review teams across the state. Held meeting in October 2018 with ISDH to detail each agency's process for assessing child fatalities.**

11D

Share quality assurance information. DCS should share its strengths and needs with its community partners and stakeholders in order to allow the community to play a role in achieving better outcomes for children and youth. **Create plan to connect local office directors to providers and area stakeholders who participate on local child protection teams. Will be completed by 6/30/19.**

11E

Improve reports and data. Improve the organization and presentation of reports and data to increase its usefulness and impact for its end user, e.g., QA/QI information to management, field personnel and the community. **Working with Casey Family Programs to ensure information and data gathered is user-friendly and can be used to generate reports that promote continuous improvement.**

12

Better support Family Case Manager (FCM) supervisors.

12A

Improve FCM Supervisor-to-FCM ratio. Improve FCM Supervisor-to-FCM ratio to 1:5 (The Child Welfare League of America standard for front-line supervisors). The role of the supervisor is critically important in child welfare. Reviewers consistently found that supervisors in DCS have between six and 11 family case managers under their supervision. The best child welfare systems are those in which supervisors have the time, knowledge and skill to develop and support excellent casework practitioners. **On 9/2/17, the DCS ratio was 1:8.32. On 11/30/18, it was 1:6.20. Will be completed by 12/31/19.**

12B

Hire additional division managers. The aforementioned change (12A) necessitates additional supervisors for the next level of management. **Hired seven additional division managers. (One each for St. Joseph, Delaware, Vigo, Tippecanoe, Elkhart, Madison and Monroe counties.)**

12C

Encourage supervisor input; form FCM Supervisor Advisory Council. Develop a structure through which supervisors can have input into decisions that affect policy and practice. This advisory council helps to ensure that the voice of FCM supervisors informs agency policy and practice. **DCS created a FCM supervisor advisory council in August 2018. DCS' deputy director of field operations oversees the advisory council.**

12D

Prioritize supervisor training. Ensure supervisors are first to experience training in new skills and practice approaches, i.e., before it is offered to family case managers in pre-service or other training. **Three leadership development advisor positions created; hiring process underway. Will be completed by 1/31/19.**

13

Improve agency culture and climate. Conduct an inquiry into the extent to which culture and climate are factors that negatively impact recruitment, retention and development of high performing frontline staff. This inquiry should recognize, while there are some factors, such as compensation, that affect climate across the state, many culture and climate factors are localized and thus warrant individual, office by office identification and solutions based on direct input from frontline staff.

13A

Form FCM Advisory Council. The council will also help provide feedback on ways to improve the workplace culture within DCS. This advisory council helps to ensure that the voice of FCMs helps inform agency policy and practice. **FCM advisory council created in August 2019, will provide recommendations on ways to improve culture and climate. DCS' Deputy Director of Field Operations oversees the advisory council.**

13B

Adjust salaries. Consider whether pay is commensurate with that of other positions in Indiana requiring similar education and equal pressures related to job stress, potential liability and after-hours work. Comparisons might also be drawn with other states having similar costs of living and substantially lower turnover rates. FCM turnover can result in longer stays for children in foster care, delays in timely assessments of allegations of abuse and neglect, disruptions in child placements and an increased rate of repeat maltreatment. Increased salaries improve retention of current employees, resulting in less case disruption for children, as well as aid in the recruitment of qualified applicants to work for DCS. **Salary adjustments were made on 10/17/18. More than 87% of DCS staff received a salary adjustment. DCS is tracking retention and recruitment. Following the salary increases, nine DCS staff rescinded their resignations.**

13C

Assess organizational culture. Survey from National Child Welfare Workforce Institute on organizational culture and climate to be conducted in January, results to be delivered in April 2019.

14

Clearly communicate commitment to support front-line personnel.

14A

Personal Liability. CWG noted that child welfare staff are unduly fearful to the extent that they place concern about the proximal consequences of personal liability related to case actions above the immediate and long-term well-being of children and families. **After consulting with the Attorney General's office, DCS determined that it is satisfied with the personal liability protection statutes for DCS employees. DCS can improve by more effectively communicating to staff the rights and protections they have under the law. After careful consideration, DCS recommended to the Interim Study Committee on Courts and the Judiciary that no legislative changes be made to the DCS personal liability statute (IC 31-25-2-2.5). The Study Committee's final report made no changes to the DCS personal liability statute.**

14B

Promote culture of safety. DCS is working with Chapin Hall (a policy research institution at the University of Chicago that focuses on child welfare and family well-being) to instill a culture of safety within the agency. DCS is engaged with Chapin Hall's Safety Culture Quality Improvement partnership, which includes 9 other child welfare agencies. DCS is working with Chapin Hall to instill a culture of safety within the agency. **Safety culture survey to be conducted in January 2019.**

15

Retention and Recruitment of DCS Staff. Develop a clear strategy to recruit and retain front-line staff (including supervisors) and provide meaningful and ongoing training opportunities.

15A

Establish preferred hiring criteria. Establish selection criteria that state a preference for staff with a BSW or MSW. **New job postings for family case managers and family case manager supervisors will indicate a preference for applicants holding a BSW or MSW.**

15B

Adjust salaries. Consider whether pay is commensurate with that of other positions in Indiana requiring similar education and equal pressures related to job stress, potential liability and after-hours work. Comparisons might also be drawn with other states having similar costs of living and substantially lower turnover rates. FCM turnover can result in longer stays for children in foster care, delays in timely assessments of allegations of abuse and neglect, disruptions in child placements and an increased rate of repeat maltreatment. Increased salaries improve retention of current employees, resulting in less case disruption for children, as well as aid in the recruitment of qualified applicants to work for DCS. **Salary adjustments were made on 10/17/18. More than 87% of DCS staff received a salary adjustment. DCS is tracking retention and recruitment. Following the salary increases, nine DCS staff rescinded their resignations.**

15C

Establish a career ladder. Provide a career path that affords higher pay to staff with social work degrees and has opportunities for advancement in pay and status based on acquisition of additional certifications in specific practice skills. **In 2019, we will detail a base pay increase for staff with BSWs and MSWs.**

15D

Provide ongoing training opportunities. Provide front-line staff and middle managers ongoing training opportunities to provide exposure to cutting-edge knowledge in the child welfare field. **DCS is planning to relaunch the IU/Child Welfare Management Innovations Institute (Leadership program) in 2019, to provide training opportunities for DCS staff.**

15E

Recruit more social work graduates. Work in partnership with state university schools of social work to improve recruitment of social work graduates and develop incentives (including higher rates of pay) for staff to pursue the MSW. **In 2019, DCS will work with the IU School of Social Work to expand the number of employees who are eligible each year to participate in the BSW and MSW programs.**

15F

Convert Child Services Assistant 5 contractor positions to state positions. This works to boost morale among employees who feel disconnected from the DCS workforce, which will reduce turnover. Clerical staff take ownership of many day-to-day operations that would otherwise fall to FCMs, allowing them to focus on their casework. **Will be completed by 6/30/19.**

16

Take steps to decentralize some decision-making.

16A

Decentralize decision-making. DCS should identify opportunities to decentralize decisions that directly affect work with children and families. DCS should form a work group of local family case managers, supervisors, local office directors and selected state office staff to review local decision-making authority and its limits related to both policy and spending. The suggested group should be chaired by a local office director and have the responsibility to identify areas of policy and spending decision-making now held centrally that can be delegated to the county level. The agency shall empower regional leaders to make decision on local spending in an effort to best support their communities. **DCS formed a decentralization work group, and it first met on 9/26/18. The work group consists of 25 DCS employees from across the state. The work group is being co-chaired by 2 local office directors. Recommendations and final report identifying areas of potential decentralization related to policy and spending will be completed by 3/31/19.**

17

Critically assess CHINS outlier cases.

17A

Identify counties whose children consistently exceed the state average length of time in care. Critically assess counties that are outliers in the time of involvement in CHINS cases from open to closure to determine what factors contribute to cases remaining open for lengths of time that exceed the state average by 20 percent or more. Longer length of involvement with families than is absolutely necessary to ensure child safety and permanency consumes precious resources that might be better allocated to families in need of intensive intervention and delays resolution for families. **Outlier counties have been identified by strategic solutions and agency transformation division. Field staff are reviewing the outlier cases to determine the top reasons that these cases have not reached permanency in a timely manner. Courts will be consulted on those cases in which issues related to the courts are identified as contributing factors that keep the cases open in excess of 20 percent of the state average. Will be completed by 6/30/19.**

17B

Implement rapid permanency reviews (RPR). RPRs were created by Casey Family Programs and increase permanency for children in out-of-home care for two-plus years. **DCS will implement rapid permanency reviews (RPRs) for long-stayers close to adoption. Will be completed by 12/31/19.**

17C

Implement PRT Plus (PRT+) in one region. DCS should pilot PRT+ in one region to reduce the number of children who leave the child welfare system without reaching permanency. Bringing non-DCS personnel who are knowledgeable about permanency options and/or have specific knowledge of the child's situation to the discussion helps DCS, the GAL/CASA and court arrive at a permanency plan. **Permanency Round Table Plus (PRT+) will be implemented and evaluated in one region identified by field staff. Will be completed by 12/31/19.**

18

Maximize use of Medicaid for services.

18A

Hire Medicaid expert. Hire or contract a Medicaid expert with experience working with child welfare and behavioral health systems to assist in maximizing the use of Medicaid for services. **Medicaid expert has been hired and will join DCS in January 2019.**

19

Legal representation. Critically assess and take steps to resolve factors that contribute to attorney turnover and lack of expertise in planning and participating in evidentiary hearings.

19A

Adjust attorney salaries. Attorney pay and job responsibility should be examined as it compares to other public sector attorney positions in Indiana and pay adjusted accordingly. Attorney turnover can result in longer stays for children in foster care, delays in timely assessments of allegations of abuse and neglect, disruptions in child placements and an increased rate of repeat maltreatment. Increased salaries improve retention of current employees, resulting in less case disruption for children, as well as aid in the recruitment of qualified applicants to work for DCS. **Salary adjustments were made on 10/17/18.**

19B

Determine optimal caseloads for DCS attorneys. Work with the Indiana Office of Court Services, using the American Bar Association (ABA) standards as guidance to determine optimal caseloads for DCS attorneys. **Legal department has been analyzing and will provide recommendation as to optimal caseloads. Will be completed by 1/31/2019.**

19C

Develop standards of training for DCS attorneys. Work with the Indiana Office of Court Services and the Indiana Prosecuting Attorneys Council, using the American Bar Association standards as guidance, to determine and develop standards of training for DCS attorneys, especially in the area of trial advocacy and develop an apprentice type of training at the beginning of employment. **Legal department is working to develop training course focused on Indiana rules of evidence and trial procedure, to be implemented by March 31, 2019. Department is also working with IPAC to create a multi-tiered trial advocacy course that will cover basic and advanced litigation skills, to be piloted in Tippecanoe County.**

19D

Improve long-range planning. Support other stakeholders (e.g., the courts and the Indiana Public Defender Commission) in the improved representation of parents involved in CHINS cases. **DCS has held initial meeting with Indiana Public Defender Commission to determine ways the agency can support stakeholders in efforts to improve representation of parents involved in CHINS cases.**

20

Improve partnership with agency providers. Engage providers in a demonstration of partnership, with a focus on what the provider community needs in order to best serve children and families. This may include, for example, assessment of current policies or procedures, including audit requirements, data collection, or strengthening assessment of outcomes for services.

20A

Hire provider relations advocates. DCS will create three provider relations advocate positions to be posted around the state in an ongoing effort to build and strengthen relationships between DCS and service providers, who should have direct input on the services provided to Hoosier children. **Interviews taking place this month. These positions will report to the associate director.**