DEPARTMENT OF HEALTH & HUMAN SERVICES

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

October 24, 2019

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

Dear Director Stigdon:

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

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

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

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

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

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

Training Plan

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

Additional Information Required

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

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

Sincerely,

Jerry Milner
Associate Commissioner
Children's Bureau

Enclosure(s)

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

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

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

Date: 6/11/2019

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

Dear Ms. Blackmore,

In accordance with Program Instruction ACYF–CB-PI-19-02, enclosed please find Indiana's Child and Family Services Plan (CFSP) 2020-2024 and a request for funding for FFY 2020.

In accordance with Program Instruction ACYF–CB-PI-19-02, you will also find the following targeted plans included: Foster and Adoptive Parent Diligent Recruitment Plan, Health Care Oversight and Coordination Plan, Disaster Plan, and Training Plan.

As was the case last year, Indiana would again request consideration for any additional FFY 2020 funding that may become available in PSSF (IVB2) and MCV (IVB2) Caseworker Visits in the coming year. The requested increase is included in the CFS 101-Part 1.

The CFSP and previous APSRs can be found on the DCS website under Reports and Statistics at http://www.in.gov/dcs/2329.htm. The 2020-2024 CFSP and its attachments will be added to the website as soou as we receive your approval.

In FFY 2020, the agency will continue to partner with the Children's Bureau in tracking the implementation of Indiana's approved Program Improvement Plan which has been integrated in the 2020-2024 Child and Family Services Plan. If you have any questions or need any additional information with regards to this submission, please do not hesitate to contact me.

Respectfully Submitted by:

Terry J. Stigdon, Director
Indiana Department of Child Services

Eric J. Holcomb, Governor

Terry J. Stigdon, Director

Indiana Department of Child Services

302 West Washington Street, E306

Indianapolis, IN 46204

www.in.gov/dcs

INDIANA
CHILD AND FAMILY SERVICES PLAN
2020-2024

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

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I. COLLABORATION AND VISION

A. AGENCY INFORMATION

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

Terry J. Stigdon was appointed by Governor Eric J. Holcomb to lead the Department in January of 2018. Director Terry Stigdon has dedicated her career to saving and improving the lives of Indiana's children. Prior to joining DCS, Director Stigdon spent almost 20 years at Riley Hospital for Children at IU Health, where she began as a pediatric intensive care staff nurse. Most recently, she served as clinical director of operations, where she oversaw strategy, finance, personnel, research and programs for several hospital divisions, including emergency, trauma and nursing.

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

DCS' infrastructure includes local offices in all ninety two (92) Indiana counties, organized into eighteen (18) geographical regions. In 2018, DCS created an additional region, managed under the same central leadership to encompass central office Family Case Managers (FCMs) from the Collaborative Care Unit and Foster Care Licensing Unit, for a total of 19 regions. In November of 2018, DCS decided to do some county/regional realignment to create a more equitable workload amongst the regions. DCS moved the centralized Institutional Unit to report directly to field leadership in Marion County. DCS realigned Benton County from DCS Region 5 to Region 2. DCS also re-aligned three counties from Region 4, which historically was one of the largest geographical regions in the state. As such, Huntington County is now a part of Region 6. Wells and Adams County are part of Region 7. DCS has a centralized hotline, in Indianapolis, with satellite locations in four other regions: Blackford, Lawrence, Vanderburgh and St. Joseph counties. DCS made the decision to divide its Marion County local office – DCS' largest office in the state's most populous city, Indianapolis – into four smaller local offices: Marion East, Marion West, Marion North and Marion South (the latter two will remain co-located in the current location). This localization plan was initiated to create a more community focused structure that will improve access and quality of interactions with families by fostering a community approach to child welfare as well as improve employee retention. The comprehensive organizational chart for the agency is Attachment A.

Prior to 2005, child welfare services were provided by the Division of Family and Children (DFC), a division within an umbrella agency, the Family and Social Services Administration (FSSA). As a new cabinet-level Department, DCS was charged with providing more direct attention and oversight of two critical areas: protection of children and child support enforcement. The former mission statement, "helping families help themselves," was changed when the new agency was created to "The Indiana Department of Child Services (DCS) protects children from abuse and neglect. DCS does this by partnering with families and communities to provide safe, nurturing, and stable homes." In December 2005, DCS initiated a major shift in how Indiana provided services to children and families called the "New Practice Model."

The DCS Practice Model was founded on five core competency areas: Teaming, Engaging, Assessing, Planning and Intervening (TEAPI). The practice model incorporates an approach which includes engaging families, teaming and planning with families, and supporting families when possible, while still holding parents accountable for their children. This model operates through Child and Family Team Meetings, in which a DCS Family Case Manager facilitates an individualized team including the family members, informal supports, and relevant service providers that reviews strengths, risks, and needs, and develops and monitors the implementation of a collaborative service plan.

In early 2018, Indiana Governor Eric Holcomb hired the Child Welfare Policy and Practice Group (CWG) to complete a comprehensive assessment of the Indiana Department of the Child Services. The purpose of this assessment was to examine the current performance of the child welfare functions of the agency and compare it to generally accepted national practice standards and outcome measures, identify prominent strengths and challenges, and produce recommendations for changes in any areas needing improvement. Upon completion of the assessment, CWG made twenty recommendations to the Department. The full report can be found here: https://www.in.gov/dcs/files/IndianaEvaluationReportCWGFinal.pdf.

B. MISSION, VISION AND VALUES STATEMENTS

1. Mission

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

2. Vision

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

3. Values

RESPECT – Every person has value, worth and dignity
PREVENTION – Families should have access to the resources and knowledge to prevent their children from experiencing abuse and neglect
SAFETY – Every child has the right to be free from abuse and neglect
STABILITY – The best place for children to grow up is with their own families
PERMANENCY – Children and older youth have the right to permanency
RESPONSIBILITY – Parents have the primary responsibility for the care and safety of their children
ACCOUNTABILITY – Each person is accountable for outcomes and one's own growth and development
CONTINUOUS IMPROVEMENT – The agency will engage in continuous improvement efforts to improve outcomes for children and families

C. COLLABORATION

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

DCS continues to leverage the Round 3 Child and Family Services Review (CFSR) to renew and enhance its efforts for meaningful collaboration with the state's child welfare stakeholders to make improvements to Indiana's child welfare system. As part of the program improvement plan development process, stakeholders were included on teams focused on either safety, permanency, well-being, or probation initiatives. These teams were tasked with reviewing the CFSR findings and brainstorming ideas for inclusion in the program improvement plan. These teams met weekly for over a month and were made up of DCS staff, probation officers, judicial/court employees (judges, administrators, and staff), foster and adoptive parents, and service providers. Furthermore, CFSR findings are being used to inform changes and improvements during ongoing communications with state child welfare stakeholders. DCS also continued the practice of exchanging and discussing the Annual Progress Services Report (APSR) with the Pokagon tribe during semi-annual collaboration meetings, as described in more detail in Section VII of this document.

DCS worked diligently with personnel from the Administration for Children and Families (ACF) on developing Indiana's Program Improvement Plan (PIP), which is embedded within the CFSP, as a result of the findings of the CFSR that was completed in June of 2016. DCS received approval for Indiana's proposed PIP on February 14,

2019. Indiana completed the baseline CFSR review of 65 cases between March and May 2018. The first Quarter of PIP implementation began on January 1, 2019.

1. Regional Service Councils & Biennial Regional Services Strategic Plan

DCS collaborates with community stakeholders involved in child welfare through multi-disciplinary teams in each of DCS' 18 regions, known as Regional Service Councils (RSC). The RSCs complete biennial plans, which include service arrays for the regions. All 18 RSCs participate in the Biennial Regional Strategic Services Plan (BRSSP) process.

The Regional Management Team and Regional Service Council, in conjunction with regional service coordinators and continuous quality improvement team staff, developed the BRSSP for July 1, 2018 – June 30, 2020. Completed plans were submitted to Central Office for review and signature by Director Stigdon. As in past years, the plans were developed using a collaborative approach, which included representation of stakeholders from the provider community, foster parents, youth, clients, probation, courts, CASA/GAL and prosecutors. Providers from the community were invited to participate in focus groups which concentrated on four (4) areas of the BRSSP:

- Prevention Services
- Improving Access to and/or Retention in Substance Use Disorder Treatment Services
- Preventing Maltreatment After Involvement
- Obtaining Permanency for Children in Care 24+ months

The focus groups were asked to identify gaps in services and strategies to improve the quality of services and availability of service array in a region. The biennial plans identified gaps in services and strategies to improve the quality of services and available service array in a region. State-wide quantitative and qualitative data, ad hoc reviews, and improvement planning outcomes were used to assess regional progress on their plans. Prevention data was also part of the data used to develop the BRSSP, as well as regional reports on contracted community-based services by county and their utilization in SFY 2017. This data was used by the regions to develop both service strengths and gaps that could be addressed by DCS and the local communities. The Regional teams continue to utilize their plans to develop services within their regions and address service gaps that exist. In July 2018, the regions will begin the implementation plans for State Fiscal Year 2019-2020. Available data and the BRSSP plans can be found by DCS region at the following site: https://www.in.gov/dcs/3927.htm.

2. Community Mental Health Centers (CMHC)

Meetings with the CMHC Workgroup occur bi-monthly to discuss initiatives and current challenges. The CMHC workgroup continues to work on fostering collaborations between the agency and the Community Mental Health Centers.

DCS also continues its work with the Indiana Council of Community Mental Health Centers, and DCS attends meetings at the council bi-monthly.

DCS and the CMHC Workgroup continue to focus on the initiatives developed in the priorities document which included the following:

- Expand membership
- Utilizing Medicaid Rehabilitation Option (MRO)
- Substance Use Disorder Treatment Services
- Creative approaches to services
- Workforce shortages
- Timeliness of access to services
- Engagement & Retention of Clients
- Medication Assisted Treatment (MAT) Education
- Children's Mental Health Initiative/Children's Mental Health Wraparound
- Infant and early childhood mental health
- Older foster and recently emancipated foster youth access to mental health services

3. Service Specific Workgroups

DCS facilitates ongoing collaborative meetings to improve the implementation of specific services such as:

- Family-Centered Treatment
    - A Regional Service Coordinator facilitates an individual meeting with FCT providers on a monthly basis to review performance data, share successes, and discuss challenges or barriers in cases or other service delivery issue.
- Community Partners for Child Safety
    - The DCS Prevention Team facilitates a monthly meeting to review current practice in the field, discuss programmatic issues, and troubleshoot any challenges/barriers to services and currently exploring curriculum to better meet programmatic needs. The group continuously discusses how to continue to meet the needs in the different regions.

- Healthy Families
    - Healthy Families Indiana has several committees that meet on a regular basis and focus on different areas of the program to ensure best practice and fidelity to the model. The committees provide feedback to the DCS Prevention Team on program improvement.
- Family Preservation Service
    - In an effort to keep families in-tact and offer holistic supportive services with one provider the Department will be developing and offering a new service standard. The Family Preservation Service standard is a new standard for delivering family preservation services in the State of Indiana. Secondary to the Families First Prevention Services Act (FFPSA) that was signed into federal law in February of 2018, this standard is being developed to address the need to give families and children available services in their homes to prevent the need for placement in foster care. The service provides a per diem to the referred agency to provide "any and all" needed services to the family to allow the children to remain safely in the family home. The minimum requirements are that the provider agency meet with the focus child(ren) within the family's home at least on a weekly basis. The provider agency must utilize Evidence Based Practices (EBPs) classified, at minimum, as a promising practice of ACF's Clearinghouse of approved EBPs. Provider agencies must align frequency, needs, and supervision to the EBPs that are utilized. Concrete needs must be addressed through service delivery if failing to do so would result in the child having to be removed from the home.
- Father Engagement
    - A Regional Service Coordinator facilitates quarterly meetings with Father Engagement providers to discuss what is going well with the program, review survey results, discuss any issues around fulfilling service components and how to resolve them and then provide time to have an open forum for the providers to network and get their questions answered. The Regional Service Coordinator provides continuous quality improvement (CQI) support to the Father Engagement providers to improve outcomes measures.
- Home Based Coalition Workgroup
    - This group is the sub-group of the larger Indiana Coalition of Home Based Service Providers. The sub-group works on issues, assigned by the larger coalition group, that affect home based providers. The sub-group then makes recommendations to DCS to resolve the presenting issue and/or expand services for children in need.

- Homebuilders
    - Monthly meetings are held with the providers to review referral information, capacity, discuss opportunities for training development and address any recommendations around programmatic needs. Consultants from the Institute for Family Development review CQI activities with participants.
- Sobriety Treatment And Recovery Teams (START)
    - Direct Line (comprised of field staff) and Steering Committee (comprised of management staff) meet on a monthly basis. Direct Line provides field staff the ability to discuss case issues and gain feedback on best practice. The Steering Committee drives field practice and ensures fidelity to the model. Programmatic changes/issues are addressed during this meeting. Quarterly calls are also held with substance use addiction providers.
    - Ongoing work is focused on program monitoring and the spreading of scalable START principles across the state.
- Children's Mental Health Initiative Conference Calls
    - Quarterly meetings are arranged to discuss state-wide access sites, the Children's Mental Health Initiative (CMHI), and the Children's Mental Health Wraparound Services. The conference call provides updates on youth in Wraparound, the opportunity for access sites and key contacts to communicate, troubleshoot, and discuss the positive outcomes, and provide DCS with feedback. Collaboration with the Indiana Division of Mental Health and Addiction (DMHA) occurs as they assist to facilitate the meeting. Any changes or updates to both programs are also addressed at this meeting.
- Multi-Disciplinary Team (MDT) (DCS, Division of Mental Health and Addictions, Bureau of Developmental Disabilities Services (BDDS), Division of Aging)
    - The MDT consists of a team of individuals from a variety of systems who meet bi-weekly to discuss high needs youth and how to navigate the service delivery systems to meet their individualized needs. This team joins forces to review specific cases that need guidance and manoeuvring through the system array, to ensure families are being served within the most appropriate service delivery system, to provide assistance to the local communities so families do not get bounced from one agency to another, to enhance supportive services within local communities, to assist local and community members find the appropriate services for families and children that prove best outcomes, and review any gaps in services throughout the state that arise through a multiagency approach.

- State Interagency Collaboration
    - The State Interagency Collaboration meets monthly and is designed to prevent service duplication and share data between state agencies including, but not limited to: DCS, DMHA, BDDS, DWD, DOC, CJI, and others.

- Children's Justice Act Task Force
    - The Children's Justice Act (CJA) Task Force meets eight (8) to ten (10) times a year to review policies on the handling of cases, training of provider staff and the community, and discuss trends in child abuse and neglect in Indiana. The CJA Task Force has historically hosted an annual conference for multidisciplinary team members across the state, however the CJA Task Force is considering different ways of providing information and training opportunities in 2019-2020.
    - The CJA Task Force received information about the goals and strategies of the Program Improvement Plan (PIP) in 2019. In anticipation of the three year assessment for CJA, the Task Force provided a survey to stakeholders to work towards identifying systemic problems in the State's response to maltreated children, in hopes of improving front-end work related to victims of child abuse and neglect. DCS will continue to work collaboratively with the CJA Task Force and share updates to the PIP and CFSP/APSR.

- Regional Provider Meetings
    - These meetings occur monthly or quarterly depending on the region. The meetings are provider driven and focus around topic areas that are pertinent to the providers at that time. Discussions may focus around referral or service issues, retention of staff/clients or review changes in service standards. The meetings also allow providers in the region to meet one another and network.

DCS will continue collaborating with existing statewide associations such as Indiana Council of Community Mental Health Centers - Child and Adolescent Committee, Coalition of Family-Based Services, and the Indiana Chapter of National Children's Alliance. This facilitation includes monthly calls, yearly conferences, and break-out workgroups.

4. Commission on Improving the Status of Children in Indiana

DCS continues to collaborate with the Commission on Improving the Status of Children in Indiana (Commission). The law that established the Commission defines a "vulnerable youth" as a child involved with the Department of Child Services, Family and Social Services Agency (FSSA), Department of Correction (DOC) or Juvenile Probation. The Commission Executive Director is Julie Whitman, who is administratively housed in the Indiana Supreme Court. The Commission is comprised of 18 members from the executive, judicial, and legislative

branches, and local government officials. Members of the Executive Committee include Mr. John Hammond from the Office of the Governor, Loretta Rush, Chief Justice of Indiana, Terry J. Stigdon, Director of the Indiana DCS, Representative David Frizzel, and Senator Erin Houchin. A list of all Commission members can be found at www.in.gov/children. The Commission was created to bring together all governmental agencies that work with vulnerable youth to address:

- Access, availability, duplication, funding and barriers to services.
- Communication and cooperation by agencies.
- Implementation of programs or laws concerning vulnerable youth.
- The consolidation of existing entities concerning vulnerable youth.
- Data from state agencies relevant to evaluating progress, targeting efforts and demonstrating outcomes.

The goal of the Commission is to promote information-sharing, best practices, policies, and programs concerning vulnerable youth. In addition, the Commission cooperates with other child focused commissions, the executive branch, the judicial branch, stakeholders and members of the community. DCS deputies serve on various task forces and sub-committees and present information to the Commission when requested.

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

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

The Commission on Improving the Status of Children in Indiana (CISC) established a Commercially Sexually Exploited Children ("CSEC") Task Force in early 2016 in order to explore a statewide uniform assessment tool and process for identifying and working with youth who are victims of human trafficking. The CSEC Task Force (comprised of representatives from the judiciary, probation and correction officers, law enforcement,

prosecutors and public defenders, and other public stakeholders) created several user-specific screening guides to assist probation officers, DCS employees, law enforcement, educators and medical practitioners in identifying possible victims of human trafficking. DCS has implemented the use of the Human Trafficking Screening Tool and a corresponding Human Trafficking Assessment Tool.

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

Nikki Ford, Data Director at DCS, serves on the Data Sharing and Mapping Committee which focuses on sharing of data between agencies and mapping services needed to implement the objectives of the Commission's strategic plan.

David Reed, DCS Deputy Director for Child Welfare Services, is a member of the Mental Health and Substance Abuse Task Force, which focuses on identifying and supporting creative and effective methods of improving assessment, access to treatment, and wraparound resources for vulnerable youth and households in need of mental health and substance abuse services.

Melaina Gant, Education Services Director in the Permanency and Practice Support Division, serves as Co-Chair of the Educational Outcomes Task Force. The goal of the Educational Outcomes Task Force is "to promote interagency collaboration to better connect vulnerable youth with appropriate education and career pathways that lead to successful completion of high school or equivalency, post- secondary education, job certification, and sustainable employment."

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

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

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

5. Older Youth Services Collaboration

In an effort to continue to evolve and improve upon older youth services programming, DCS meets with key internal and external stakeholders routinely (bi-monthly) to seek feedback on older youth services delivery, best practice to make program adjustments and program improvements. Workgroups have also been formed to review components of the service standards and make recommendation enchantments. The Older Youth Services (OYS) Community is made up of youth accessing services, those who recently aged out of services, the DCS Older Youth Initiatives (OYI) team (program staff), the DCS Collaborative Care Case Management Team (3CM staff), older youth service providers, and other key stakeholders. In addition, 3CMs and OYS provider direct staff meet routinely (bi-monthly in some areas, more often in other areas) to discuss individual cases, resources at the local level and shared goals.

The Indiana Youth Advisory Board (YAB) meets with quarterly with the DCS executive team. YAB members provide DCS with an update on their current projects including recommendations on programs, and local and state child welfare improvements. YAB members participated on the Foster Parent Bill of Rights committee and also participate in foster parent recruitment events to bring awareness to the needs of foster homes. YAB members also advocate on the state and national level to improve child welfare policy.

Indiana DCS is a part of the planning committee for the National State/Tribal Chafee and ETV Coordinators Meeting held on August 22nd – August 23rd 2019.

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

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

6. Youth Advisory Board

The Indiana Youth Advisory Board consists of youth that are currently or have been a part of the Indiana foster care system. The YAB is comprised of current and former foster youth from the 18 regions within the State of Indiana. The YAB meets at least four times per year to develop and implement their mission to positively impact the foster care system in Indiana. In efforts to increase YAB participation and meet the needs of youth, YAB meetings are held in different locations across the State.

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

The vendor is required to hire an adult facilitator to facilitate meetings which includes planning, preparation for meetings, recruitment activities, arranging transportation for youth, and other activities related to facilitating YAB meetings. The vendor manages five regional boards and one state board.

The YAB is designed to give youth ages 14 to 23, the opportunity to practice leadership skills and learn to be advocates for themselves and others. The goals of YAB are to provide an avenue whereby youth in care can inform DCS staff, placement facilities, foster parents, policy makers, and the public on the issues that impact teens and young adults in the foster care system. Fostering YAB development and youth participation will also further enhance collaboration, cultural competence and permanent connections with other youth and adults as they engage in the YAB process. This program will also assist with preparing youth as they transition from adolescence to adulthood by recognizing and accepting personal responsibility, increasing well-being, and developing leadership skills.

Each Regional Youth Advisory Board will meet at least 3 to 4 times annually. Meetings will include the following: (1) an orientation meeting and training for new members and as a refresher of the goals of the YAB as provided by DCS, the contractor selected to facilitate the YAB, and/or national consultants; (2) a discussion of ideas related to services provided to foster youth and develop recommendations to the State Older Youth Initiatives

Manager or designee; and (3) a discussion about the YAB annual work plan and ways to implement this plan. Additional meetings can be held to address upcoming projects to meet the needs and goals of each regional board. Youth will be encouraged by DCS and supported to participate in other conferences or DCS events occurring throughout the year and their involvement may exceed prescribed annual meetings. However, the YAB shall not exceed over 21 meetings annually, this includes the yearly conference.

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

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

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

7. Additional Collaborations

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

The current areas of focus for current provider workgroups include:

Community Mental Health Centers

- Improve access to mental health services for children outside the child welfare system through the Children's Mental Health Initiative. DCS has implemented access sites in all 92 counties with the opportunity to assist with wraparound services through the CMHC's and other Wraparound certified agencies throughout the State through the Children's Mental Health Initiative.
- Improve access and effectiveness of substance abuse treatment services, including MAT.
- Improve the utilization of Medicaid Rehabilitation Option (MRO) funded services.

Psychotropic Medication Advisory Committee

The Indiana Psychotropic Medication Advisory Committee (PMAC) was launched in January, 2013. The PMAC is an oversight committee that meets quarterly to review the psychiatric treatment of DCS-involved youth, with a specific focus on psychotropic medication utilization patterns. This committee includes representatives from IUSM Department of Psychiatry, DCS, Office of Medicaid Policy and Planning (OMPP), FSSA, Division of Mental Health and Addiction (DMHA), pediatricians, social workers, psychologists, pharmacists, child advocates and other identified stakeholders. The PMAC monitors Federal legislation, reviews best-practice guidelines for psychotropic medication use, monitors Indiana prescription patterns, reviews formularies and makes policy recommendations to DCS and OMPP.

- Specific responsibilities of the committee include the following:
    - Review the literature on psychotropic medication best practice (e.g., American Academy of Child and Adolescent Psychiatry (AACAP)) and provide guidance to DCS, OMPP, IUSM and prescribing providers;
    - Provide assistance to DCS for oversight of youth in state care who are prescribed psychotropic medications;
    - Publish guidelines for the utilization of psychotropic medications among DCS-involved youth, with revisions made on a semi-annual basis, as needed;
    - Publish a DCS Approved List of Psychotropic Medications that contains a comprehensive listing of medications (generic and brand) approved for use with DCS-involved youth;
    - Review DCS policies for requesting and obtaining consent to treat DCS-involved youth with psychotropic medications and make recommendations for change to DCS Permanency and Practice Support Division; and
    - Identify non-pharmacologic, evidence-based mental health treatments for DCS-involved youth.
- 2019 PMAC membership:
    - Elayne Ansara, PharmD, Pharmacist, Eskenazi Health
    - Sirrilla Blackmon, Deputy Director, Division of Mental Health and Addictions
    - Heidi Monroe, Deputy Director, Indiana Department of Child Services
    - Sonya Rush, Assistant Deputy Director, Indiana Department of Child Services
    - Melissa Butler, PhD, Clinical Psychologist, Department of Psychiatry, IUSM
    - Chris Daley, Executive Director, Indiana Association of Resources and Child Advocacy
    - Lynn Doppler, COO, Youth Opportunity Center
    - Jeff Waibel, Director of Clinical Services, Gateway Woods
    - Leslie Hulvershorn, MD, Child Psychiatrist, Department of Psychiatry, IUSM
    - Nancy Vinluan, RN, Director of Nursing, Campagna
    - Stephanie Yoder, Director of Child and Adolescent Services, Adult and Child CMHC
    - Martin Plawecki, MD, Child Psychiatrist, Department of Psychiatry, IUSM/ Indiana AACAP

- John Ross, RN, RPh, Pharmacist, Office of Medicaid Policy and Planning
- Sarah Sailors, Deputy Director, Indiana Department of Child Services
- Andria Hoying, Deputy Director, Indiana Department of Child Services
- Reba James, Foster Care Program Director, Choices Coordinated Care Solutions
- Vinita Watts, MD, Child Psychiatrist, Centerstone of Indiana

Fatherhood Providers

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

Home-based Providers

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

Indiana Association of Resources and Child Advocacy (IARCA)

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

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

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

In 2019, DCS's Staff Development team will work collaboratively to develop cross-training opportunities for IARCA members and DCS staff.

Licensed Child Placing Agencies

DCS continued monthly telephone calls with Licensed Child Placing Agencies (LCPAs) in 2018-2019, discussing a variety of topics including recruitment, bed holds, obtaining placement documentation, contracts, rate information, the Every Student Succeeds Act (ESSA), and have included additional topics at the request of providers' in an effort to answer questions. These meetings will continue in the future and be re-assessed to determine future use and needs in support of a continuous quality improvement framework.

- Improve quality of services provided to children placed in licensed foster home settings.
- Improve relationship and communication between DCS and LCPAs.
- Monthly phone calls are designed to improve communication and answer any questions the provider community has to quickly and effectively address issues as they arise.

In 2019, DCS will begin hosting workgroups with IARCA and non-IARCA LCPAs in order to discuss foster parent licensing and home study requirements, as well as barriers. When appropriate, DCS will also include a representative from the Consortium for Children, which is the Structured Analysis Family Evaluation (SAFE) model owner.

Residential Providers

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

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

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

- Delivery of CANS Education and Support to all Field Staff
- Development of CANS Super User Training for DCS Supervisors
- Development of reports for evaluation and tracking

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

State Interagency Collaboration

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

Collaborative Communication Committee (CCC)

For the past five (5) years, DCS has collaborated with the 91 probation departments across Indiana on the implementation of Federal and state statutes, regulations and guidance. Each Chief Probation Officer is invited to participate in the CCC meeting, which occurs every other month each year. The CCC is utilized as an implementation committee, offering guidance and collaboration to DCS on the issues that affect the juvenile justice population that is served by and through DCS.

This forum has been used on the implementation of Federal Law pertaining to victims of human trafficking, visitation of youth in foster care, and implementation of the Program Improvement Plan. This committee serves as the conduit for introducing family-centered services to the field of probation and receives regular feedback regarding the review of cases for the measurement plan relating to the PIP and CFSR.

Consulates from Other Nations

DCS has been increasingly serving children from immigrant families, in which at least one parent or child are foreign born. In order to improve effective child welfare practices when working with these challenging cases, DCS established the International and Cultural Affairs program that is responsible for supporting DCS staff and collaborating with various foreign Consulates and Embassies. Systematization of procedures for collaboration has mainly been with Mexico as most of the foreign born children in DCS custody and the majority of the parents involved with DCS are Mexican nationals. DCS also collaborates with other consulates on a case by case basis.

The International and Cultural Affairs Liaison holds meetings on a *monthly basis* with the Consulate of Mexico in Indianapolis. These meetings are held with an assigned Consular agent of the Protection Department. DCS has established a positive working relationship with the Mexican Consulate in Indianapolis and communication is frequent. These meetings focus on the review of relevant cases, including reunification efforts, parental engagement, assessing the services that are either being provided or could be provided in Mexico, relative placement and preservation of family connections, as well as, developing protocols to regularize our procedures. The Mexican Consulate provides various types of assistance including the following, which are the most frequently used by Indiana DCS and part of our monthly meeting reviews: obtaining a home study for a parent/relative in Mexico who is being considered for placement; repatriation procedures; contacting and verifying location of a parent in Mexico; referring to services in Mexico; contacting and verifying the location of a parent residing in Mexico; referring to services in Mexico; communication with incarcerated parents under Immigration and Customs Enforcement (ICE) custody and the verification and issuance of vital records for Mexican Nationals.

The International and Cultural Affairs Liaison will have quarterly meetings with the General Consulate of Mexico in Chicago. The objective of these meetings is also the review of cases and the development of protocol for our current processes. The General Consulate of Mexico in Chicago has jurisdiction over the counties of Adams, Allen, Benton, Cass, Dekalb, Elkhart, Fulton, Huntington, Jasper, Kosciusko, Laporte, Lagrange, Lake, Marshall, Miami, Newton, Noble, Porter, Pulaski, St. Joseph, Starke, Steuben, Wabash, Wells, White, and Whitley. The remaining Indiana counties are under the jurisdiction of the Consulate of Mexico in Indianapolis.

To promote effective collaboration in cases involving Mexican nationals, DCS and Mexico developed and signed a Memorandum of Understanding in 2011. Per this MOU the parties agree "…to join efforts to treat, with special care, the high number of Children in Need of Services (herein after "CHINS") cases involving Mexican minors located in U.S. territory, through the development of a bilateral mechanism that allows for the early identification of said minors and facilitates the exercise of the consular function referred to in the Vienna Convention and the Bilateral Convention." We have been working the review of the MOU in order to enter into an updated agreement and to sign with our current DCS director and the current General Consul in Chicago, as well as, the current Consul in the Indianapolis Consulate Office. Meetings held periodically with the Mexican Consulate offices are used to consult on specific cases and develop protocols that are culturally competent and ultimately improve collaboration.

DCS has been challenged by the increased influx of unaccompanied minors, primarily from Central America. The International and Cultural Affairs Liaison has been in closer communication with the Consulate of Guatemala and Honduras due to this migration phenomenon improving our collaboration efforts with these general Consulates in Chicago.

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

- Juvenile Detention Alternatives Initiative (JDAI) – DCS collaborates with the IOCS (along with other state agencies) in the implementation and rollout of JDAI statewide.
- During the Round 3 CFSR, Angela Reid-Brown, Court Improvement Program Manager, participated as a reviewer and program improvement plan stakeholder.
- Dual System Youth (DSY) – As a certain percentage of youth are identified in both the juvenile delinquency and CHINS systems, DCS has collaborated with IOCS on the implementation of pilot sites to develop policies, procedures, and best practices for dual status youth. On July, 1, 2015, a new statute went into effect in Indiana to specifically focus on dual status youth. DCS and IOCS collaborated on the implementation of the statute. Both agencies continue to work together to further put into practice Indiana Code IC-31-41 (Dual Status Youth), which includes identifying dually identified, dually involved and dually adjudicated youth. Furthermore, with the new statute, DCS continues to work with local juvenile justice partners in identifying service gaps for dual status youth and ways in which to serve this population.
- Court Improvement Program Child Welfare Improvement Committee –The following DCS representatives are members of this multidisciplinary committee: Heather Kestian, Deputy Director for Strategic Solutions and Agency Transformation, George Dremonas, General Counsel, and LaTrece Thompson, Deputy Director of Staff Development. These DCS members are able to provide information to the committee around DCS initiatives and relevant updates.
- Court Improvement Program Collaborative Conference: Above & Beyond Helping Youth Achieve Permanency – On May 25, 2017, stakeholders from across the state, including many from the judiciary and DCS, participated in and/or attended this important event to meet and discuss the role everyone plays in helping Indiana youth achieve permanency.

The Indiana Commission to Combat Drug Abuse

The Indiana Commission to Combat Drug Abuse meets quarterly throughout the year to collaborate and discuss actions and ideas to defeat the drug epidemic. The Commission consists of important stakeholders from all sides: prevention, treatment and enforcement. The commission made up of mainly department heads is focused on directing policy and working with the legislature. DCS Director Terry Stigdon is a member of this important Commission.

Indiana Protection for Abused and Trafficked Humans (IPATH)

DCS is partnering with other Indiana agencies as a part of Indiana Protection for Abused and Trafficked Humans (IPATH) Task Force. DCS continues to work with IPATH on human trafficking awareness efforts throughout the state of Indiana. DCS also works with members of IPATH on individual cases to ensure collaboration regarding interviews and services for victims and to assist in investigations and prosecution. Members of IPATH include various law enforcement agencies, federal agencies, external stakeholders and service providers. IPATH members have been asked to join the committee that fits their professional role. Indiana DCS is part of the

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

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

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

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

CCWIS Transition Information

CCWIS planning activities have already started for DCS. On March 8, 2018, DCS submitted a CCWIS Planning Advance Planning Document (PAPD) to request CCWIS planning funding. An approval response was received from Administration for Children and Families (ACF) on March 9, 2018.

On July 27, 2018, The Indiana Department of Child Services (DCS) declared a New Comprehensive Child Welfare Information System (CCWIS), and declared a Transitional CCWIS for the KidTraks components of the existing Statewide Automated Child Welfare Information System (SACWIS) Management Gateway for Indiana's Kids (MaGIK) child welfare information system. On July 30, 2018 DCS submitted an As Needed APD (ANAPD) to declare a New CCWIS system and a Transitional CCWIS system for KidTraks, as DCS is planning to replace the entire MaGIK system. DCS received a conditional CCWIS approval from ACF on September 25, 2018.

DCS is planning to replace the MaGIK system over the next three years in a two-phased approach. The first phase is planned to replace case management functionality with a CCWIS system. At the end of Phase I, Casebook (CB) will be retired. Once case management functionality is operational, the remaining KidTraks (KT) functionality will be replaced and added to the New CCWIS system as part of the Phase II development effort. The Phase I design, development, and implementation (DDI) effort will include the creation of an application programming interface (API) layer to facilitate the efficient exchange of information between the new system functions and those of the Transitional CCWIS system (KidTraks), as well as a single standard data exchange with all CWCAs and external systems, as defined by 1355.52 (e) and 1355.54. At the end of Phase II, all MaGIK-related functionality will reside in the New CCWIS system and KidTraks will be retired.

Indiana Family and Social Services Administration Collaboration

Children and families that come into contact may be in need of many things, including medical care. DCS regularly collaborates with relevant agencies within FSSA to ensure that children and families are receiving the necessary services. These could include services offered within the Medicaid Managed Care atmosphere, such as Hoosier Healthwise or Hoosier Care Connect. Other potential services that are available are Medicaid waiver services, transportation, Medicaid Rehab Option and Psychiatric Residential Treatment. DCS will continue to develop a strong relationship with our partners in FSSA as they create new programs and improve existing ones.

II. ASSESSMENT OF CURRENT PERFORMANCE IN IMPROVING OUTCOMES

In the summer of 2016, the State of Indiana's Department of Child Services (DCS) participated in a traditional Child and Family Services Review (CFSR), a federal review of 65 randomly selected cases throughout the state to identify strengths and areas needing improvement in child welfare practice.[1] The Onsite Review Instrument (OSRI) used during the CFSR consists of 18 items corresponding to seven outcomes related to specific components related to child welfare practice. During the CFSR, all items were individually rated and then combined to determine performance levels in seven outcomes. Indiana began implementing PIP reviews in 2018 which began being completed biannually with 65 randomly selected cases statewide and maintain a 15% pull of Marion County cases per review period through 2020 or until achievement of federal improvement goals on all identified items. Improvement goals are based on PIP baseline scores and determined by the federal Measurement Assessment Sampling Committee following the completion and finalization of the PIP baseline case review.

[1] *The information in this Child and Family Services Plan is system-wide and general. It was not created to impact, and should not be extrapolated to impact, the merits of any individual case or employee action in pending or future litigation. Each case or action should be reviewed and analyzed on its own specific merits, including peripheral and contextual factors, and independently from this Plan's information, which is system-wide and general. The Plan's information is not to be construed or interpreted as an admission to any liability, legal issue, waiver of any defense, or question in pending or future litigation. The Plan's information does not rely upon or otherwise reflect legal standards used in litigation that are defined in applicable Federal and State case law, common law, and Federal and Indiana Code. The standards that DCS uses in the creation or compilation of the Plan's information are not intended to and shall not replace any legal standards applicable in pending or future litigation.*

Indiana finalized its PIP measurement plan in collaboration with the Children's Bureau Measurement and Sampling Committee (MASC) on February 1, 2018. To measure PIP compliance, Indiana's PIP measurement plan will incorporate the CFSR Onsite Review Instrument (OSRI).

The Department is in the process of developing a Practice Model Review (PMR), to replace the previous quality service review, to ensure continued measurement of the key outcomes related to federal measures. The Department is currently developing the instrument and the tool that will be utilized, modeled closely after the OSRI to ensure alignment of strengths and needs to federal outcomes. More information about the PMR is located in the Systemic Factors section.

Indiana remains on an AFCARS Improvement Plan (AIP), which serves as a way to continually identify areas for the state to improve AFCARS submission data. The AIP lists findings, tasks, and notes for each element that is in need of discussion. Errors can be found due to codes, extractions, data dictionaries, information systems, policy, procedure, and/or cross-validation checks. The AIP brings these issues to light in order to discuss clarifications or changes to the data being pulled.

DCS goals, objectives, and interventions are discussed in the Plan for Enacting the state's vision section, which contains a detailed outline of the approved Program Improvement Plan. Tools used to determine DCS' current performance throughout the Assessment of Performance section include DCS' performance on the following:

- Round 3 results from the Child and Family Services Review (CFSR);
- Data from DCS' child welfare information system, MaGIK; and
- Indiana's ongoing PIP measurement plan which incorporates the CFSR Onsite Review Instrument (OSRI)

A. CHILD AND FAMILY OUTCOMES: SAFETY

In 2016, during the Child and Family Services Review Indiana achieved nationwide average performance levels required by federal guidelines in Item 2 of Safety Outcome 2 regarding services to the family to protect child(ren) in the home and prevent removal or re-entry into foster care. Indiana however did not achieve substantial compliance in the other two items located in Safety Outcomes 1 and 2.

1. Children are first and foremost, protected from abuse and neglect; and
2. Children are safely maintained in their own homes whenever possible and appropriate.

The results from the CFSR round 3 review:

Data Element	Overall Determination	State Performance
Safety Outcome 1	Not in Substantial Conformity	31% Substantially Achieved

Item 1: Timeliness of Investigation	Area Needing Improvement	31% Strength
Safety Outcome 2	Not in Substantial Conformity	71% Substantially Achieved
Item 2: Services to protect child(ren) in home and prevent removal or re-entry into foster care	Strength	90% Strength
Item 3: Risk and safety assessment and management	Area Needing Improvement	71% Strength

Following the round 3 review Indiana completed internal assessments related to Safety Outcome 1. This assessment involved compiling internal data from the DCS MaGIK System 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 involved the assessment process and practice.

- The assessment of the compiled data further identified challenges related to 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 continues to work with caseload data to determine whether it is possible to assign workload metrics to those workers who carry both assessment and permanency caseloads. As a part of recent legislation, the state continues to address ensuring caseloads are balanced using metrics for in-home cases, out of home cases, and assessments.

- 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 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. DCS will continue to 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 April 2019, timely initiation for FCMs with a face-to-face with the child victim is at 67% as compared to the CFSR results of 31%.

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. The Department is also in the process of assessing its screening threshold by doing an analysis to ensure that we are screening the phone call appropriately.

Despite the increase of report, the Hotline's responsiveness has improved significantly. For example, in Calendar Year 2013 (CY13) the average speed of answer for non-LEA calls was 01:19, but in CY 2018 it was 00:15. The abandon rate has dropped from 9% to 2% with a majority of those calls that do abandon, doing so in under 30 seconds.

The Hotline quality assurance process builds on the Department's Continuous Quality Improvement (CQI) process. Components of the Hotline quality assurance process include quarterly reviews including review of both written reports and call recordings to evaluate worker documentation and customer service and a yearly Hotline Survey, where callers to the Hotline are surveyed on their experience. Survey results from CY 2018 include that 98% of respondents rated their reporting experience as positive (2% neutral, 0% negative).

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 meets regularly to discuss the data to determine whether the changes that are made in practice and policy are addressing the issues around timely initiation.

The manner in which DCS was completing, formal and informal, safety and risk assessments presented some challenges. DCS reviewed data from the MaGIK system 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 found that on some occasions safety plans were either not created or communicated with families; or that safety plans could be improved. 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. 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 have received 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. Over the next year the Department is looking at learning more regarding other options for safety and risk assessment tools, as well as, revamping the RPS to ensure that it is providing field leadership with the information necessary to better develop the skills and practices of front line employees.

Indicators at a Glance						
% of Cases Scoring Strength						
Item # and Explanation		CFSR 2016	Baseline 2018	Fall 2018	Spring 2019	Target %
Safety Outcome 1: Children are first and foremost, protected from abuse and neglect						
Item 1	**Timely Initiation**	31.4%	40.5%	51.2%	70.3%	50.9%
Safety Outcome 2: Children are safely maintained in their own homes whenever possible and appropriate						
Item 3	**Safety Assessment**	70.8%	60.0%	61.8%	63.6%	67.8%

Following the round 3 CFSR results the Department implemented Program Improvement Plan (PIP) reviews to assess how the state continued to progress in areas where DCS was unable to reach substantial conformity. The above graph outlines the progress the state has made since it established its baseline and has since completed two of its bi-annual reviews. DCS has reached and continues to rise in substantial conformity in regards to timely initiation, Safety Outcome 1 and continues to make upward progress in achieving Safety Outcome 2.

B. CHILD AND FAMILY OUTCOMES: PERMANENCY

In 2016, during the Child and Family Services Review Indiana achieved nationwide average performance levels required by federal guidelines in Items 7, 8, 9, 10, 11 for Permanency Outcome 2. Indiana however did not achieve substantial compliance in the any of the 3 items tied to Permanency Outcome 1.

1. Children have permanency and stability in their living situations; and
2. The continuity of family relationships is preserved for children.

The results from the CFSR round 3 review:

Data Element	Overall Determination	State Performance
Permanency Outcome 1	Not in Substantial Conformity	30% Substantially Achieved
Item 4: Stability of foster care placement	Area Needing Improvement	78% Strength
Item 5: Permanency goal for child	Area Needing Improvement	60% Strength
Item 6: Permanency Plan Achievement	Area Needing Improvement	53% Strength
Permanency Outcome 2	Substantial Compliance Achieved	70% Substantially Achieved
Item 7: Placement with siblings	Strength	78% Strength
Item 8: Visiting with parents and siblings in foster care	Strength	67% Strength
Item 9: Preserving Connections	Strength	65% Strength
Item 10: Relative Placement	Strength	81% Strength
Item 11: Relationship of child in care with parents	Strength	63% Strength

DCS is examining the factors for permanency not being achieved in a timely manner. In reviewing the CFSR, 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.

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 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.

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 continues 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 has continued to use 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. The Department has recently implemented a project on timely filing of TPR's with the courts involvement. The Department currently has efforts underway to address the adoption

central eligibility process, as well as, functionalization of Adoption Specialists to achieve a more timely permanency. DCS will 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.

DCS held its first trial advocacy training in one of its medium size counties. This training was attended by local office staff (both attorney's and field staff), public defenders, CASA/GAL, and court staff. This training was a success and the state continues to partner with IOCS to roll out to other areas of the state. DCS continues to critically assess and take steps to resolve factors that contribute to attorney turnover and lack of expertise in planning and participating in evidentiary hearings.

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 seek better understanding as to what the barriers behind the lack of quality and sufficient visits. DCS believes this is crucial in achieving timely permanency for children and families.

Indicators at a Glance						
% of Cases Scoring Strength						
Item # and Explanation		CFSR 2016	Baseline 2018	Fall 2018	Spring 2019	Target %
Permanency Outcome 1: Children have permanency and stability in their living situations						
Item 4	Stability	77.5%	75.0%	78.6%	82.5%	83.8%
Item 5	Establishment of Permanency Plan	60.0%	62.5%	64.3%	62.5%	72.3%
Item 6	Achievement of Permanency	52.5%	47.5%	33.3%	40.0%	57.6%

Following the round 3 CFSR results the Department implemented Program Improvement Plan (PIP) reviews to assess how the state continued to progress in areas where DCS was unable to reach substantial conformity. The

above graph outlines the progress the state has made since it established its baseline and has since completed two of its bi-annual reviews. DCS has not reached substantial conformity in any of the Permanency Outcome 1 categories, however continues to make upward progress to reach the necessary levels to reach substantial conformity.

C. CHILD AND FAMILY OUTCOMES: WELL-BEING

In 2016, during the Child and Family Services Review Indiana achieved nationwide average performance levels required by federal guidelines in Items 16, 17, 18 for Wellbeing Outcomes 2 and 3. Indiana however did not achieve substantial compliance in the any of the 4 items tied to Wellbeing Outcome 1.

1. Families have enhanced capacity to provide for their children's needs;
2. Children receive appropriate services to meet their educational needs; and
3. Children receive adequate services to meet their physical and mental health needs.

The results from the CFSR round 3 review:

Data Element	Overall Determination	State Performance
Wellbeing Outcome 1	Not in Substantial Conformity	38% Substantially Achieved
Item 12: Needs and services of child, parents, and foster parents	Area Needing Improvement	40% Strength
Sub-Item 12A- Needs assessment and services to children	Area Needing Improvement	83% Strength
Sub-Item 12bB Needs assessment and services to parents	Area Needing Improvement	47% Strength
Sub-Item 12C- Needs assessment and services to foster parents	Area Needing Improvement	56% Strength
Item 13: Child and family involvement in case planning	Area Needing Improvement	48% Strength
Item 14: Caseworker visits with child	Area Needing Improvement	78% Strength
Item 15: Caseworker visits with parents	Area Needing Improvement	32% Strength
Wellbeing Outcome 2	Substantial Compliance Achieved	74% Substantially Achieved

Item 16: Educational needs of the child	Strength	74% Strength
Wellbeing Outcome 3	Substantial Compliance Achieved	62% Substantially Achieved
Item 17: Physical health of child	Strength	69% Strength
Item 18: Mental/behavioral health of the child	Strength	68% Strength

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 (please see section regarding Monthly Caseworker Visits for chart). 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.

Indiana has committed to a renewed focus on the DCS Practice model, in an effort to ensure wellbeing remains a key focus, which would improve key areas such as quality visits, formal and informal assessments, and case planning. 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 exits; (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." 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. DCS executive staff participated in a training in the latter part of 2018 to ensure a top down approach of understanding regarding the practice model at all levels within the agency. Additional training for Family Case Managers will be conducted and completed throughout 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.

Indicators at a Glance						
% of Cases Scoring Strength						
Item # and Explanation		CFSR 2016	Baseline 2018	Fall 2018	Spring 2019	Target %
Well being Outcome 1: Families have enhanced capacity to provide for their children's needs						
Item 12	Assessing Services	40.0%	32.3%	38.2%	51.5%	39.7%
A	Child	83.0%	80.0%	86.8%	75.8%	
B	Parents	47.4%	30.9%	38.1%	50.9%	
C	Resource Parents	55.6%	65.6%	65.8%	78.4%	
Item 13	Involvement in Case Planning	47.7%	39.7%	41.5%	50.0%	47.6%
A	Child	70.0%	69.2%	57.6%	61.9%	
B	Mother	72.7%	72.5%	66.1%	73.6%	
C	Father	57.1%	42.6%	50.0%	56.0%	
Item 14	FCM Contact with Child	78.5%	61.5%	64.7%	63.6%	69.3%
Item 15	FCM Contacts with Parents	31.6%	29.1%	34.9%	40.0%	36.9%

Following the round 3 CFSR results the Department implemented Program Improvement Plan (PIP) reviews to assess how the state continued to progress in areas where DCS was unable to reach substantial conformity. The above graph outlines the progress the state has made since it established its baseline and has since completed two of its bi-annual reviews. DCS has reached and exceeded substantial conformity in regards to assessing needs and services to parents, child, and resource parents, ensuring family case plan involvement and FCM contacts

with parents in Wellbeing Outcome 1 and continues to make upward progress in achieving Item 14 in Wellbeing Outcome 1, FCM contact with child.

III. SYSTEMIC FACTORS

A. INFORMATION SYSTEM

DCS launched a child welfare information system, the Management Gateway for Indiana's Kids (MaGIK) in December 2010. Originally, MaGIK was primarily the umbrella in which the intake module for child abuse and neglect reports was retained. Indiana transitioned from the previous SACWIS system to Casebook, a Commercial-Off-the-Shelf (COTS) solution developed by Casebook PBC, a private organization originally launched by the Annie E. Casey Foundation. Casebook became the system of record for child welfare data and was also housed under the MaGIK umbrella alongside KidTraks, the DCS financial system for service and residential providers. MaGIK has also umbrellas modules of DCS management reports, the CPI/CPS Portal for background checks, an index for DCS Forms, modules for Quality Service Review tools and tools for Reflective Practice Survey.

Within Casebook, a child's legal status is easily seen from their case home page. This page will display the child's status, or if the case is still pending in court and is simply awaiting approval.

Basic child demographics for name, date of birth, and photo are also displayed on this page, with more detailed demographic data captured on their individual person page. Any person page in Casebook allows for images to be uploaded, verification sources for DOB, phone number, e-mail, SSN, citizenship status and verification, race, Hispanic origin, any tribal affiliation alongside a membership verification, religion, languages, etc.

Placements and location for the child can also be easily seen from the jump menu of the case page, alongside any removal information as applicable. Goals for every child can be described in their unique case plan, with permanency goals of reunification, adoption, and legal guardianship, emancipation as a result of a planned, permanent living arrangement or placement with a fit and willing relative with concurrent permanency goals listed of the same.

Since the time of the Casebook launch, DCS has moved in a direction of looking toward a highly configurable and multi-integrated platform to better serve the needs of users. To that end, in July 2018, Indiana declared its intent to pursue guidelines set forth from the Administration of Children & Families regarding the Comprehensive Child Welfare Information System (CCWIS), and to implement a CCWIS solution for field staff statewide. During the time frame of the most recent CFSP period, software development within Casebook has gradually been scaled back, with the most recent deploy of new functionality originating in an enhancement request occurring in December 2018 related to a policy change impacting CPS assessments. KidTraks is intended to serve as the transition system during the pursuit of CCWIS status, so regular and ongoing development will

continue as needed per business needs and requests alongside the DCS Forms application. DCS has also recently released modules in a Salesforce platform related to Human Resource surveys when an employee separates employment from DCS, an external facing Foster Parent Portal, and an Assessment Initiation module to integrate with a Casebook database to track and document the timely initiation of assessments. The Request For Proposal (RFP) focusing on organizational design for the CCWIS platform closed mid-July 2019, at which time the agency began scoring proposal to select a vendor. It is anticipated the RFP for the Design, Development and Implementation (DDI) vendor will be released before the close of calendar year 2019.

B. CASE REVIEW SYSTEM

1. Written Case Plan

DCS policy and the Case Plan itself include all required provisions. Incorporated in Indiana's last Child and Family Service plan was a strong focus on teaching staff how to work with a family in developing a case plan. Policy 5.8, Developing a Case Plan communicates the importance of utilizing the Child and Family Team Meeting (CFTM) process to create plans for assessment, safety, service delivery, and permanency. A CFTM fulfills the requirement to hold a Case Plan Conference, if all required parties are present. If a family chooses not to participate in the CFTM process, a Case Plan Conference is held to develop the Case Plan. The Case Plan policy states: DCS will work with the parent, guardian, or custodian, extended family, child (if age and developmentally appropriate), and the CFTM, if applicable, in developing the Case Plan. Policy goes on to states that when developing a Case Plan, the Family Case Manager (FCM) will "Determine the Permanency and Concurrent Plans that are in the best interest of the child and ensure that the goals, objectives, and activities outlined in the Case Plan support the Permanency Plan."

DCS policy requires that case plans be completed within 45 days of initiation of the case. To allow supervisors to monitor whether case plans are being completed timely, the Child Data Summary Report includes both the involvement date and the case plan start date. The CHINS Case Plan Overdue or Coming Due report allows for staff to track those case plans which have not been completed and those plans that are coming due in the next 30 days.

While case plans are used consistently and updated for the court at periodic reviews, DCS continues to work towards improvement in this area. In the Program Improvement Plan, Safety Section 3 (d & e), which focus on ensuring that the safety plan is included within the case plan and utilized as a tool for discussion during clinical supervision between the FCM and Supervisor. Engagement Section 4 (a (i & ii)) focuses on enhancing case planning through the life of the case by engaging the family and children in the case planning through the Child and Family Team Meetings or case conferences, as appropriate.

2. Periodic Reviews

DCS tracks Periodic Reviews through court orders and events captured within MaGIK. The Child Data Summary report includes a field for date of the last review, along with a field for the next scheduled periodic review. The Child Event Log report also allows for the option to sort by court hearing events for ease of access in tracking this information.

3. Permanency Hearings

The Department tracks Periodic Reviews through court orders and events captured within MaGIK. The Child Data Summary report includes a field for date of the last review, along with a field for the next scheduled periodic review. The Child Event Log report also allows for the option to sort by court hearing events for ease of access in tracking this information. Indiana's PIP addresses working strategically with our court partners to ensure we are appropriately meeting permanency time frames for children and families.

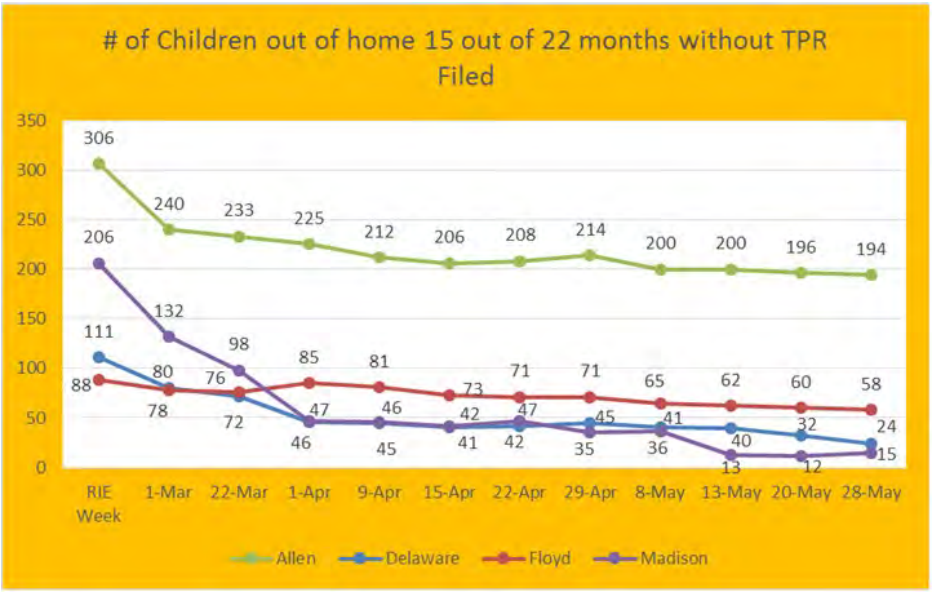
4. Termination of Parental Rights (TPR)

Termination of Parental Rights proceeding are captured in court orders and the MaGIK system. The 15 out of 22 months with no TPR hearing report and the 15 out of 22 with a hearing but no TPR are both reports that are accessible by field staff. The Department is working through its PIP, Permanency Section 2 (c, d, and e) to address timely filing of TPR to ensure permanency in a timely manner for Indiana's children. In February of 2019, the DCS conducted a three-day intensive improvement project, called a Rapid Improvement Event (RIE), to do a root cause analysis on the timely filing of TPR and developed a solution to effectuate positive change.

The RIE team consisted of DCS legal, field leadership, a representative from the Office of Court Services, and a CASA/GAL member. The team reviewed data, did a root cause analysis regarding the issues in timely filing of TPRs, created solutions, and developed an implementation plan to be piloted in four different counties at the end of the event. The data has shown a significant improvement following implementation of the team's solution plan through an ongoing partnership with judicial partners.

Metric	Initial State	Target State	%	Goal Direction	Unit of Measure
Allen 15/22	306.0	245.0	-19.9%	Go down	Children
Delaware 15/22	111.0	81.0	-27.0%	Go down	Children
Floyd 15/22	88.0	75.0	-14.8%	Go down	Children
Madison 15/22	206.0	155.0	-24.8%	Go down	Children

Statewide/Pilot Trending												
Children out of home 15 out of 22 months without TPR filed												
	RIE Week	1-Mar	22-Mar	1-Apr	9-Apr	15-Apr	22-Apr	29-Apr	8-May	13-May	20-May	28-May
Statewide	2323	1971	1780	1701	1601	1591	1577	1562	1553	1528	1496	1451
Allen	306	240	233	225	212	206	208	214	200	200	196	194
Delaware	111	80	72	46	45	41	42	45	41	40	32	24
Floyd	88	78	76	85	81	73	71	71	65	62	60	58
Madison	206	132	98	47	46	42	47	35	36	13	12	15



5. Notice of Hearings and Reviews to Caregivers

DCS policy includes information regarding requirements for caregivers to receive notice of hearings and periodic reviews. DCS has recognized an opportunity to ensure we are meeting this goal and has included a related goal in Permanency Section 2 (a) of the Program Improvement Plan, which focuses on working with the Indiana Office of Court Services to increase foster/resource parent's opportunity for participation at court hearings.

DCS has worked closely with foster parents and the legislature in ensuring the development of a Foster Parent Bill of Rights. Article I- Communication states that foster parents have the right to "receive timely notification of meetings and court hearings, as prescribed by policy and law, including any changes made to those proceedings. The entire Bill of Rights can be viewed here: https://www.in.gov/dcs/files/Foster_Parent_Bill_of_Rights.pdf.

C. CONTINUOUS QUALITY IMPROVEMENT (CQI) AND QUALITY ASSURANCE SYSTEM

1. CQI Structure

DCS has routinely monitored the effectiveness of the Practice Model in order to establish the goals and direction of the agency, Waiver spending, training, and service delivery. DCS has implemented a Continuous Quality Improvement (CQI) process that will serve as the foundation for setting agency priorities, structure for internal and external collaborations, and interventions as well as the continuum of service provision. To better support this work, DCS created the Division for Strategic Solutions and Agency Transformation (SSAT), which employs CQI and service review staff as well as the Office of Data Reporting and Research.

CQI staff receive training on the Six Sigma Green Belt Certification program through Purdue University. CQI then engaged with various divisions to pursue initiatives which seek to create positive and lasting change to outcomes for children and families. These initiatives use a data-centered approach to identify areas for improvement at the outset and again utilize data to show meaningful change in whatever process change was sought. The project teams are cross-functional consisting of varying levels of responsibility i.e. FCM, Supervisor, Division Manager, Local Office Director, etc. Additionally, the Strategic Solutions Steering Committee shall set broader direction for innovation for the agency and evaluate the initiatives on a regular basis in order to determine if there is local learning and programs that can be used across the state for agency-wide improvement. The Strategic Solutions Committee will continue to monitor and shape the CQI efforts driving service delivery. In addition to the Strategic Solutions Committee, there are several work groups that help support continuous improvement efforts.

The structure of CQI is such that it lends itself to potential initiatives, measuring current and projected performance, and evaluating impact and outcomes. As the Continuous Quality Improvement Team has grown additional staff members were trained in Six Sigma for Green Belt Certification. Along with the CQI team, staff from several other divisions were included for Green Belt Certification, and throughout 2019, 24 more staff members will attend Six Sigma Training.

Moving forward, DCS intends to use Lean Principles in tandem with Six Sigma to further support transformation of the agency. The agency is actively engaged in developing and coaching agency employees in Lean Principles, CQI methodologies and project management best practices that are aligned with our DCS Practice Model.

The agency is currently exploring working with Simpler Consulting, a firm that partners with clients to drive meaningful transformations across all aspects of their business by aligning strategies, optimizing resources, and streamlining operations, and instill a culture of continuous improvement.

Simpler will provide the following types of services to assist with the Indiana Department of Child Services transformation:

- Leadership Engage and Coaching
- Value Stream Improvement/Rhythmic Support
- Program Management

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

2. CQI Steering Committee: Strategic Solutions Committee

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

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

3. Technical Assistance with Data and Evaluation (45 CFR 1357.15(t))

DCS has hired two Assistant Deputy Directors with the Strategic Solutions and Agency Transformation Division. These positions will be integral to measurements of performance through development of reports and data and to improve our continuous quality improvement focuses and will assist in meeting agency goals and objectives. Additionally, these two positions will play a central role in evaluating and measuring the PIP and will continue to work closely with the Children's Bureau Measuring and Sampling Committee and the Capacity Building Center for States. These positions will also help close the feedback loop and inform quality improvement efforts.

DCS collaborates with Indiana University for evaluation of programs and training, including the evaluation of Indiana's IV-E Waiver program. DCS has a research and evaluation division to assist with any research needed to assist with goals and objectives. The DCS Quality Assurance procedures are currently being updated to add additional indicators to assess the quality and accuracy of data. As DCS implements its Program Improvement Plan, additional reports and data will be developed.

4. Improving the Quality Assurance System by Developing the Practice Model Review (PMR) System

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

In order to develop and maintain Indiana's own review process, the QSA team is also working to revamp the quality service tools throughout the agency. This includes a revamp of the Quality Service Review (QSR), Reflective Practice Survey (RPS), Hotline survey, institutional review, and the creation of a tool to measure the effectiveness of the rapid safety feedback team. The QSR and RPS have been utilized by the state for many years, however the agency is redeveloping these in order to better focus on those areas that can measure our adherence to federal standards, by including measures currently captured in the OSRI, in addition to Indiana's practice model. In addition, it will measure the effectiveness of the overall child welfare system as it will add measurements of the legal system and quality of provided services. Indiana will utilize this tool to help identify

why things are or are not occurring in our system rather than focusing on whether it occurred or not as it has in the past. This new review process will be called the Practice Model Review (PMR) in order to keep the emphasis on our Practice Model and how it can be used to achieve positive outcomes for children and families. With the information, gathered from the PMR, RPS, and other quality tools, all divisions of the agency will be better prepared to focus their quality improvement efforts allowing for a continuous quality improvement culture of measurement, identification of areas needing improvement, and improvement projects.

D. STAFF TRAINING

Introduction to Staff Training

All training is coordinated through the Deputy Director of Staff Development and is incorporated in the DCS Training Plan. Staff Development works to develop and deliver high quality, relevant training content which offers ongoing experienced worker classroom trainings, computer-assisted trainings, 12 week new worker training, and leadership training amongst all levels of leadership within the Department. Post-training surveys continue to assist in measuring the effectiveness of training programs. All training and technical assistance provided to the field is located in the DCS Training Plan.

In order to support training for hundreds of new employees each year, DCS maintains a Staff Development Department with 101 employees. The Staff Development Department works in conjunction with Indiana University (IU) to develop and deliver high quality, relevant training content. Currently, the Department offers classroom and computer-assisted trainings, in addition to the twelve (12) week new worker training.

The Child Welfare Education and Training Partnership (CWETP), a partnership between DCS and Indiana University, utilizes a formal training evaluation. DCS staff complete evaluations of training, which are then compiled and analyzed by IU. IU provides quarterly and annual reports to the Department. Pre and post testing of new workers is also included in the CWETP. All Providers complete evaluations of trainings offered by DCS; however, we are working on incorporating an evaluation process for providers as well. DCS incorporated this formal evaluation for our Foster and Adoptive Parent Training effective June 1, 2014. The Individual Training Needs Assessment (ITNA) report identifies training needs as reported by Family Case Managers, Family Case Manager Supervisors, Local Office Directors and Regional Managers. Staff Development is looking to develop an ITNA for Central Office employees including management. Outcomes from these evaluations are included in the sections below.

Important highlighted training activities are highlighted in the section below, however a comprehensive list and description of all training is located in the attached Comprehensive Training Plan.

Partnership with the 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. More information on the partnership with IU and our training Department is located in the attached Training Plan.

Initial Staff Training

All new Family Case Manager's complete twelve (12) weeks of training comprised of 26 classroom days, 28 Computer Assisted Trainings (CATs) and 32 transfer of learning days in the field. Over time, DCS' FCM new worker training has been updated to reflect feedback of graduates and practice improvements. The Training Yearend Report of 2018 indicated that 28 cohorts of pre-test and post-test were collected. Participants improved 11.4% on average from pre-test to post-test. About 65% improved by 10 or more questions. A little over 33% improved by ten questions or fewer. Trainees improved by at least 20% on the Getting to Know DCS and Case Planning and Intervening. They improved at least 15% Legal Overview and Assessing Child Maltreatment on curriculums. They improved less than 10% on Culture and Diversity, Permanency, Legal Roles, Teaming, Engagement, and Time Management.

To better support staff transitioning into the challenging work of case management, a Field Mentor Program was implemented in 2007. This program matches a trainee with an experienced, trained, Family Case Manager in the local office to provide one-on-one support. When challenges are noted, training can be adjusted to better facilitate the transfer of learning from classroom to the actual practice of child welfare. The Field Mentor also completes skill assessment scales at the time of graduation. These are behaviorally anchored scales designed to assess the strength of the trainees' skills in each of 57 areas. Supervisors receive a copy of this assessment and can use as a basis to strengthen their newly hired staff's skills. Three months after graduation, the new employee's supervisor also completes Skill Assessment Scales to assist Staff Development with analyzing any additional training needs during the pre-service period. This feedback process provides the necessary link between classroom training and transfer of learning to job performance and provides specific knowledge about the strengths and challenges of training provided. When challenges are noted, training can be adjusted to better facilitate the transfer of learning from classroom to the actual practice of public child welfare. Feedback from this process is also used to provide necessary modifications to new worker curriculum.

Experienced Worker Training

DCS continues to focus on experienced worker trainings, across all divisions, including leadership training opportunities as well. Supervisor Core curricula continues to be enhanced and the focus will be on service array and interventions through the lens of supervision, as well as best practices and clinical supervision topics.

DCS will be developing a training with the focus on engaging resource parents. This will be for experienced workers and will discuss practices in engaging resource parents. In addition, we will be developing computer assisted trainings (CATs) that include visitation planning, safety planning, and engaging in the DCS Practice Model for staff. For visitation planning, we will incorporate how to develop visitations plans with the child and family utilizing a family-focused lens. This CAT will also include best practices in visitation planning. In regard to the Practice Model CAT, this will include information about how we carry out our vision, mission, and values utilizing practice principles and skills as well as building trust based relationships. It will stress the importance of each of our roles within the Practice Model.

We will continue offering supervisor and Local Office Director Quarterly Workshops for next year. This includes Practice Model and Leadership trainings, as well as best practices and clinical supervision topics. For the Practice Model training, a focus will be on the role of the supervisor in ensuring fidelity to the Practice Model. In regard to the Leadership training, a focus will be on how to carry out leadership techniques and utilize leadership skills in clinical supervision. Also, for next year, Staff Development will turn its attention to new local office director training curriculum. This will include a leadership focus, provide tips in enhancing leadership skills, and demonstrate how to incorporate leadership into clinical supervision.

Foster and Adoptive Parent Training

DCS remains responsible for foster parent training for DCS managed homes. By directly providing foster parent training, DCS has been able to expand the number and types of course offerings, and ensure improved consistency in the course curriculum / content. Prospective foster parents can take classes at night or on the weekends when the training fits into their schedules, while obtaining the skills and knowledge they need to provide quality care for DCS wards. The Department continues to enhance and develop training for foster and adoptive parents to ensure adherence to the practice model and policy changes. Information regarding the resource and adoptive parent training can be located in the DCS Training Plan.

DCS continues to collaborate with Licensed Child Placement Agency (LCPA) Providers to develop trainings for their foster parents. LCPA's develop their own trainings, which is then vetted by the Department of Child Services to ensure it meets requirements. The DCS Resource and Adoptive Parent Training (RAPT) team works with LCPA's via a train the trainer model, some of those trainings include: all initial RAPT training, Trauma Informed Care, Cultural and Diversity.

Placement Disruption was piloted with foster and adoptive parents in the first quarter of 2018. This training focuses on learning about child placements, what causes placement disruption, how disruption can impact a child's safety, stability, permanency and well-being and what services and resources are available while working with DCS and the child's team to avoid disruption of the child's placement. DCS will continue offering this training to foster and adoptive parents. DCS will be developing a training on building resilience in children for foster and adoptive parents. A Six Sigma project on engaging foster parent curriculum for FCMs will be piloted in 2019.

E. SERVICE ARRAY

There are three core objectives for services paid for through DCS.

A. To ensure a safe home environment,
B. To create permanency for children and youth, and
C. To maintain/develop a strong level of well-being for children and youth.

The DCS service array supports a safe home environment by providing the following services throughout the state. Home-based services including case management and therapy; Homebuilders; mental health services in collaboration with the Community Mental Health Centers including Medicaid Assessment to connect to the state-wide program to prevent residential placement for mental health needs, Medicaid Rehabilitation Option (MRO) services, Children's Mental Health Initiative (CMHI); substance abuse assessment and treatment including the Sobriety Treatment and Recovery Team (START) model and principles; Family Preservation Service Standard; prevention services and programs including but not limited to: Healthy Families Indiana, Community Partners for Child Safety, and collaboration with Prevent Child Abuse Indiana across the state.

The Department will continue to address gaps in its service array and work with its stakeholders and provider partners as it prepares to provide services to families and children under further secondary prevention options as a result of FFPSA.

The Department will use opportunities within its approved Program Improvement Plan to enhance fatherhood engagement efforts and continued efforts around ensuring quality of supervised visitation with an eye towards safety by ensuring the appropriate services are in place, as well as, expanding Indiana's substance abuse services and access.

In addition to the above listed services, DCS also provides comprehensive homebased services that include many evidence-based practices such as Family Centered Treatment, Trauma-Focused Cognitive Behavioral Therapy, Motivational Interviewing, Cognitive Behavioral Therapy, Alternatives for Family Cognitive Behavioral Therapy, Child Parent Psychotherapy, and Intercept through Youth Villages. These evidence-based programs are designed to not only address the home environment, but also to address child well-being.

The breadth of evidence-based, trauma-informed services available to help children and families is a system strength. The Department has worked to create service mapping to help address the complexity of the service array that exists and directs case managers to the appropriate services utilizing the Risk and CANS assessment tools.

The service array for achieving permanency for foster and adoptive children include the above mentioned service array (when appropriate) in addition to: Older Youth Services including Collaborative Care, Youth Connections, Foster Success utilizing Education and Training Vouchers (ETV) funds, Permanency Roundtables, Adoption Specialists, Regional Foster Care Specialists, and Relative Specialists. Having all of these comprehensive services across the state is also a strength of the DCS service array. An additional strength is that because many of the services are home-based making client transportation and access to services less of an issue. DCS is currently exploring the introduction of Rapid Permanency Review which is further outlined in the Permanency Measures section of the Program Improvement Plan.

Child and Adolescent Needs and Strengths (CANS) Assessment

DCS utilizes the Child and Adolescent Needs and Strengths assessment tool to aide family case managers in identifying the individualized strengths and needs of a child and his/her family. Each month, the MaGIK system provides reports for field staff to review the Child and Adolescent Needs and Strengths tools completed the prior month for that region. Within the region's report, viewers of the report can drill down to county and case level information. This detailed report provides information to the regional managers and local office directors on those cases that could be referred for Medicaid services (if the child's behavioral health CANS recommendation is 3 or higher) as well as other diagnostic and evaluation services. A score of 3 or higher on the CANS behavioral health recommendation indicates supportive community-based services, intensive community home-based services, or high intensity services are needed to address concerns around mental health issues in the child/youth. It is also important to connect the child and family to the local community health center to ensure continuity of care after DCS involvement ends. The CANS report also indicates the placement CANS recommendations that are used to identify the level of care as well as services, and funding for contracted placements/foster care if the child requires placement outside of the home. These CANS reports can also be used during case supervision with the case managers to ensure the child and family are being connected to appropriate services.

Family Preservation Service

In an effort to keep families intact and offer holistic supportive services with one provider, the Department has developed a new service standard. The Family Preservation Service standard is a new standard and delivery of services for the State of Indiana. This standard has been developed to address the need to give families and children available services in their homes to prevent the need of placement in foster care. The service provides a per diem to the referred agency to provide "any and all" needed services to the family to allow the children to

remain safely in the family home. The minimum requirements are that the provider agency meet with the focus child(ren), in the family's home at least on a weekly basis. The provider agency will need to utilize Evidence Based Practices (EBPs) and follow the models that they use for frequency, needs, and supervision. The Family Preservation Service is expected to be implemented in 2020.

Service Mapping

DCS initiated Service Mapping which utilizes the Risk Assessment and CANS to identify those families who are at high risk of repeat maltreatment. Using a developed algorithm, Service Mapping will create service recommendations for evidenced-based models most appropriate for the child and family based on their unique needs.

F. AGENCY RESPONSIVENESS TO THE COMMUNITY

The Collaboration section under Collaboration and Vision includes a complete description of the methods by which DCS is responsive to the community.

DCS continues to look for opportunities to work with stakeholders to review and provide feedback on the goals and objectives outlined in the CFSP. To date, the agency has reviewed the goals and objectives outlined in the CFSP with several stakeholder groups.

DCS intends to utilize the CFSP on a quarterly basis when working with its stakeholders, including but not limited to: providers, older youth, the courts, probation, and foster/adoptive parents. The Department is going to begin tracking progress made towards goals, in conjunction with its PIP, within the Child and Family Services Plan and discuss progress and goal adjustment/changes on a quarterly basis at its Strategic Solutions Committee meetings.

G. FOSTER AND ADOPTIVE PARENT LICENSING, RECRUITMENT, AND RETENTION

DCS is placing more and more children with relatives when an out of home placement is required, relying less on foster homes and residential facilities than five years ago. While DCS expects this trend to continue, licensing of foster homes and residential facilities remains vitally important. First, DCS strives to license relatives to provide needed financial support to the relative and children. Second, DCS will always need quality, unrelated foster homes when a relative cannot be located to care for a child. Third, residential treatment will be needed at times for those children with serious behavioral health needs in order to stabilize and return them to the community. Thus, DCS must continue to work to ensure that quality foster care and residential programs are available to children and families in Indiana.

With regard to foster family homes, DCS licenses these homes through DCS local offices and through licensed child placing agencies (LCPAs). LCPAs are private agencies that are licensed by DCS and in turn license foster

homes on behalf of DCS. For foster homes licensed through DCS local offices, DCS has 122 Regional Foster Care Specialists (RFCS), who are dedicated to recruiting, licensing and supporting/retaining foster homes. As of May, 2019, DCS has 3,645 foster homes licensed through a DCS local office (out of the total 6,182 licensed foster homes in Indiana).

DCS also has 39 Relative Support Specialists (RSS), who provide critical support to a relative in the first 30 days of placement. This includes explaining all of the financial options available to the relative, including licensure. As of April of 2019, DCS had 6,663 children placed with a relative (which is 46.2% of the children in out of home care). As a comparison, there were 6,746 children in non-relative foster care (or 46.7%). DCS has 24 Supervisors who manage the RFCS and RSS staff. The Department has recently centralized foster care leadership to ensure continuity of services and best practices by ensuring that the foster care field division is housed under one Assistant Deputy Director. There are currently 4 Division Managers who manage both the foster care and relative care supervisors across the state. The Department has added a Foster Care Communication and Support Liaison, as well as a Kinship Navigator program manager to continue developing better programs and supports in working with our relative/kinship placements.

DCS Licensed Foster Homes

In order to ensure that state standards are applied to foster family homes licensed by DCS local offices, the DCS Central Office Foster Care Unit (FCU) is currently developing numerous worker performance and program metrics, as well as annual review procedures and tools. A weakness of our system is that we have not measured this program in the past. We have spent the last several years creating specialized foster care licensing workers within DCS, with a focus mainly on licensing and support. DCS is now beginning to focus on targeted recruitment and on measuring the program. To further improve in this area, DCS included Objective 2.2 and associated interventions within the permanency goals section of the CFSP.

Additional details included in the worker and program performance plans are included below.

Worker Performance Metrics

The DCS FCU is working with the DCS Office of Data Management to design reports to assist field management in supervising Regional Foster Care Specialists (RFCS) and Relative Care Specialists (RCS) staff for their respective region(s). These reports will help in the quantitative measurement of staff performance. In addition, the following report metrics will also be analyzed in order to relate their impact on the qualitative outcomes measured during each region's yearly review which is outlined below. The reports that are currently in development will include the following data related to worker performance:

- Timeliness of licensing-The median and average time, by worker, to complete licensing. Report will pull all active homes as of the last day of the month.

- Percentage of families who inquire that become licensed foster parents (Foster/Relative only separated).
- Homes with no placements in the last year, broken down by worker. This will not include families identified in MaGIK as relative or adopt only.
- Overdue Contacts
- Contacts not made or entered into MaGIK following placement and after placement leaves resource home.
- Caseload summaries for each worker broken down into the following categories:
    - Total licensed homes
    - How many currently have placements
    - Broken up into foster, relative, adopt only
    - Total applications pending
    - Annual Reviews/Re-licensures completed in the last month
    - Homes licensed in the last month
    - Number of placements located in the last month
    - Foster family average of days from licensure to withdrawal
    - Corrective action plans due
    - Foster family home over capacity
    - Foster family home availability
    - Trend of licensed foster homes by agency
    - Waivers and exceptions for active foster homes

Program Metrics

The DCS FCU will utilize the above and additional reports once they have been finalized for an annual review of each Region's foster care program. The yearly review will conclude with a discussion with the Assistant Deputy Director of Foster Care and the Foster Care Division Managers on the findings and recommendations for program enhancement over the next year.

NOTE: percentages will be determined once reports are generated and baseline numbers can be obtained. The following are the anticipated measures that will be monitored along with the above worker performance data.

Goal #1-Resource Families receive continued support and guidance.

- __% of families will have a minimum 3 documented contacts with their Foster Care Specialist during the licensing process.
- __% of families will complete the training portion of licensing within 30 days from RAPT 1 to completion of RAPT 3.

- __% of families will receive contact (face to face or telephone) from the Foster Care Specialist within 5 business days of initial inquiry.
- __% of families will be licensed within 4 months (measured from inquiry to licensure).
- __% of families will report that they feel included as members of the team.
- __% of families will identify their foster care specialist as a member of their support team.

Goal #2-Children identified for foster home will be matched to the most appropriate foster home available.

- __% of children in non-relative foster care will be placed locally.
- __% of current foster homes had a placement in the last year, excluding relative only and adopt only homes.
- __% of DCS/LCPA placements, excluding relative placements, will be made proportionate to CANS recommendations.

Goal #3-Minimize the number of disrupted placements.

- __% of foster homes with a new placement will have an assessment of the placement completed by the Foster Care Specialist within 7 business days.
- __% of Foster families will be contacted by a Foster Care Specialist within ten 10 days of a placement leaving the foster home.
- __% of Family Case Managers with a new foster home placement will be contacted by the Foster Care Specialist within 10 business days of placement.

Goal #4- Maximize the retention of foster families.

- __% of families that voluntarily withdraw or have licensed revoked within 18 months of initial licensure.
- __% of foster homes who have been licensed for at least one year have had a placement (excluding relative only and adopt only homes).
- __% of families who withdraw will not identify the following as reasons for their withdraw:
    - Lack of services/support for the foster child and/or foster family,
    - Communication issues with,
    - DCS local office,
    - Licensing worker, and
    - Service providers.

Licensing and Practice Review

DCS FCU completes a licensing review and continues to explore efforts in conducting a qualitative practice review as well. The FCU, in conjunction with the Supervisors, will seek to perform a regional licensing audit from a stratified sample of resource homes. The assigned Foster Care Consultant will review the licensing file and MaGIK to measure the rate at which licensing requirements are being met. The following documentation will be reviewed for compliance:

- Initial Documentation:
    - Initial Inquiry
    - Application
    - Evidence of completion of pre-service training
    - Completed background checks (including waivers if required)
    - 4 references
    - Documentation to show financial stability
    - Child Care plan
    - Physical Environment Checklist
    - Resource Parent Role Acknowledgement
    - Home Study
- Annual Review Documentation:
    - Annual Home Study Update
    - Completed background checks
    - Licensing staff inquiry
- The following contacts will be reviewed in MaGIK:
    - Foster families will be contacted by a Foster Care Specialist within ten (10) days of a placement leaving the foster home.
    - Family Case Managers with a new foster home placement will be contacted by the Foster Care Specialist within ten (10) business days of placement.
    - Families will have a minimum of 3 documented contacts with their Foster Care Specialist during the licensing process
    - Families receive contact (face to face or telephone) from the Foster Care Specialist within 5 business days of initial inquiry.

Licensed Child Placing Agencies

For foster homes licensed through LCPAs, DCS has 30 contracted LCPAs that provide foster care services. The DCS Residential Licensing Unit (RLU) licenses LCPAs, and then the agency could choose to pursue a contract with DCS to provide foster care services, including recruitment, licensing and support/retention. As of May 2019, DCS has 2,538 foster homes licensed through an LCPA (out of the total 6,184 licensed foster home in Indiana). When

DCS RLU licenses an LCPA, DCS ensures that the LCPA and the foster homes licensed by the LCPA meet Indiana statute and rules. While an LCPA and a foster home license is valid for 4 years, DCS RLU conducts annual licensing reviews to ensure that Indiana statute and rules continue to be met.

The DCS RLU also conducts annual contract audits to ensure the LCPA is adhering to contractual requirements of the LCPA. The LCPA contract contains many quality measures that are not in the licensing rules. In 2014, DCS RLU began audits of those contracts to ensure that quality services are being provided above and beyond the licensure standards. In 2017, the LCPA contract was revised to ensure continuous quality improvement and adherence to best practices in the field. This contract was extended through 2019 and will be revised prior to January 1, 2020. Any updates to the contract will be shared with providers for input.

Through recent discussions with providers, DCS RLU is exploring the idea of combining the licensing review and contract audit to reduce duplicity and improve efficiency. The DCS RLU is currently seeking input and feedback from providers in relation to the combining of audits. When an LCPA is not meeting licensing and/or contract standards, DCS RLU utilizes a Plan of Correction.

Depending on the nature of the non-compliances, DCS RLU may also institute a placement hold and/or a probationary status on the license. Additionally, if an individual foster home is not meeting standards, the same actions can be taken.

Additionally, the DCS FCU has recently assigned a consultant to begin working with LCPAs on more targeted issues. DCS has learned that LCPAs have a lot of basic questions particularly with regard to licensing as staff turnover. The role of this DCS staff will be to provide training and assistance to LCPAs as issues are identified. DCS FCU also is developing a process to ensure that LCPAs follow up on all licensing complaints and CPS assessments with an appropriate action plan. In addition, the DCS FCU and DCS RLU work closely together to address underlying issues within an LCPA as it relates to licensure of foster homes.

Residential Treatment Facilities

DCS RLU also licenses residential facilities. This includes private secure facilities, child caring institutions and group homes (collectively referred to as “residential facilities”). DCS has 68 licensed residential facilities, for a collective total of 134 residential licenses. Of the 68 residential providers, 64 have chosen to contract with the State, which allows them to serve DCS placed youth and adjudicated youth placed by county probation departments. The licensing and contracting process for residential facilities is identical to the LCPA process. The DCS RLU issues 4 year licenses and conducts annual licensing and contract audits. DCS can take action against a license for noncompliance, including plans of correction, placement holds and probationary status. With regard to the residential contract audits, these began for residential facilities in 2013. The contract audits are completed by both the residential licensing specialist and residential clinical liaison. As with the LCPA contract, the residential contract was updated in 2017 and extended through the end of 2019. A new contract will be

implemented as of January 1, 2020. DCS continues to assess and monitor extensive programmatic and clinical standards. Examples include:

- All programs must utilize trauma focused CBT as a base competency;
- Other evidence-based practices should be utilized that are specific to the population being served;
- Quality of treatment plans, monthly progress reports, and clinical documentation
- Independent living skills must be provided to all children 16 years and older for a minimum of 3 hours per week; and
- Specialized service standards have been developed for the following programs: developmental and/or intellectual disabilities, youth with sexually harmful behaviors, short term diagnostic and evaluation, stabilization and diagnostic services, teen mom and baby programs, human trafficking, and substance abuse treatment.
    - DCS is currently working to revise these standards to adhere with ever growing best practices in the field. The Human Trafficking Standard was developed and released in 2018 and the Youth with Sexually Harmful Behaviors was updated in 2019. DCS is beginning to revise the substance abuse treatment standard. Workgroups were developed to bring providers, experts in the field, and DCS together to ensure collaboration in development of these standards. DCS is also speaking to various providers in relation to the development of a high acuity service standard to specifically address the provision of services for those youth that are difficult to place in Indiana.

With the recent pass of the Family First Prevention Services Act (FFPSA), DCS is also working to incorporate the requirements of this Act into the residential contract. DCS is looking to also hold workgroups in relation to the implementation of some of the FFPSA requirements such as after care services being provided by residential facilities.

While facilities are in differing stages in regards to their treatment programs, DCS will continue to monitor the facilities closely to ensure those with strong evidence-based programs stay strong and to ensure that those that need to make improvements do in fact make the necessary changes. As with the LCPAs, DCS intends to look at the possibility of combining the licensing review and contract audit to streamline the review process. DCS is currently working with providers and soliciting feedback in relation to this possibility. Combining the residential licensing review and contract audit poses more challenges for residential licenses than LCPA licenses. The reason for this is one provider may have several different licenses which expire at different times. As there are statutes regarding background checks and timeliness of completion, this will have to be carefully thought through to ensure compliance with Indiana Code.

DCS is committed to continue to review practices in relation to both the LCPA and Residential audits to ensure the best possible services are provided to youth in care. One way of doing this is that the DCS RLU is currently

working with the DCS Strategic Solutions and Agency Transformation division to develop ways to collect usable data and assess trends from the audit tools.

Stakeholder Feedback

The Deputy Director of Placement Support and Compliance hosts a monthly conference call with the LCPAs and a separate one with Residential Providers to discuss hot topics, trends, policy, needed areas of training, and other relevant issues. Representatives from fiscal, training and other areas of DCS regularly attend the calls to answer questions. The onsite licensing and contract visits as well as these calls are major sources of information gathering for DCS to ensure that we obtain input from stakeholders. Additionally, DCS is currently working closely with LCPA and Residential providers to solicit feedback in relation to not only the audit processes but to also gather information and ideas in relation to the implementation of FFPSA. The Deputy Director and Assistant Deputy Director of Placement Support and Compliance have been visiting all licensed and contracted residential facilities and LCPAs to learn about their programs and gather individual feedback in a collaborative, one on one setting. These meeting will continue until all interested providers have been visited at their facilities. DCS has developed three Provider Relations Advocate positions which also provide an avenue for stakeholders to share thoughts, concerns, and overall feedback as it pertains to DCS.

Background Checks and Case Planning

DCS has statutory requirements for background checks for foster and adoptive families that exceed the federal standards. See IC 31-19-9 and 31-27-4. DCS also has extensive policy explaining the requirements for background checks as well as the procedures to be followed. See DCS Policy Chapter 13. DCS also amended some of these requirements by way of Administrative Letter issued, July 1, 2017. DCS RLU audits for compliance with background check statutes for all LCPAs and residential facilities as Indiana also statutorily requires background checks of employees and volunteers of LCPAs and residential facilities. See IC 31-27-3, 5 and 6. Additionally, a foster family home cannot be licensed in the child welfare case management system unless background check information is added to the licensing checklist.

As to a case planning process that includes provisions for addressing safety of foster care and adoptive placements for children, DCS currently uses child and family team (CFT) meetings for case planning. During the CFT meeting, a Safety Plan is created/updated, which includes the child's current level of safety in placement, visitation, school, etc.

Interstate Compact on the Placement of Children

DCS participates in the Interstate Compact on the Placement of Children (ICPC). The DCS ICPC unit produces a monthly 60 days overdue report to ensure Indiana is doing everything that it can to move ICPC cases quickly through the process. Home studies for ICPC requests for placement are required to be completed within 60 days. The 60 day overdue report shows how many are beyond the 60 days. The ICPC unit is revamping the

process and training by which they work with Field management to utilize these reports to manage timeliness of response. There is also a report that lists Indiana children placed out of state. Field management utilizes this report to monitor these placements as they work toward permanency for these children.

Indiana continues to be open to border agreements with its neighboring states. These agreements will establish a process to access the safety and suitability of caregivers who have an existing relationship with a child, but live across the state border. A more comprehensive evaluation of the caregivers and their home would follow the initial, expedited assessment. DCS is a member of Regional Judicial Opioid Initiative (RJOI) which is a multi-state collaboration that works together to confront the opioid driven epidemic to save lives and families by closing the gaps and removing the barriers involving information, enforcement, services and treatment.

DCS utilizes the National Electronic Interstate Contract Enterprise (NEICE) system, which is an electronic web-based system designed to shorten the processing time of ICPC cases. In addition, the system should significantly reduce administrative costs. Indiana is working towards interfacing of our own case processing system with the NEICE system, with an eye towards more efficient monitoring and future processing of cases.

IV. PLAN FOR ENACTING THE STATE'S VISION

A. AGENCY GOALS

The Indiana Department of Child Services has worked as an agency to set forth annual and long-term goals. The Department employed the use of X-Matrices with attached action plans to visualize and track goal progress. These goals have been shared amongst all levels of leadership in the agency and Director Stigdon presented the annual goals at a Town Hall meeting held for all DCS staff statewide, those who were unable to attend in person were able to access the meeting via a live video stream. For a more robust explanation of the annual objectives, improvement priorities, and targets to improve related to the agency goals see the agency wide X-Matrix, Attachment B.

1. Long-Term Agency Goals

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

2. 2019 Goals

- Implement CWG recommendations in alignment with DCS' goals
- Improve performance and quality of service through employee retention
- Execute DCS goals in tandem with FFPSA to transform DCS
- Information technology improvements for the Child Support Bureau
- Strengthen litigation training provided to DCS attorneys
- Enhance and strengthen the foster care division

B. DIVISION GOALS

Each division in the agency was tasked with setting annual goals that work toward ensuring the mission, vision, and values of the Department while tying back to the 3 year and annual overarching agency goals.

1. Field Operations

- DCS right time, right door: enhance front end decision making
- Enhance permanency efforts for safe, sustainable case closure
- Improve DCS Practice: Practice relaunch that includes leadership development (including outreach and with community stakeholders)
- CQI: Use data outcomes to guide decision making and practice
- Assist front-line staff in enhancing their safety in the field by bringing technology opportunities to Indiana.

The X-Matrix for the Field Operations division is Attachment C.

COLLABORATIVE CARE AND FOSTER CARE

- Improve communication with resource homes to improve retention of licenses and increase their capacity for older youth
- Deliver targeted support and services to kinship and foster homes to stabilize youth in care and optimize long-term view for youth in care.
- Involve employee voices to build partnerships and local teams that inspire creativity, innovation and diversity in serving resource homes and youth exiting our system through Older Youth Service programs.

CHILD ABUSE AND NEGLECT HOTLINE

- Increase compliance to SDM tool
- Improve information gathering to support front end decisions
- Modify SDM and/or decision making practices to better align with Indiana law and best child welfare practices
- Participate in Screening Threshold Analysis
- Maximize usage of Medicaid with new service to field
- Decrease hotline expenditures on leased space
- Enhance knowledge of and use of spot bonus program
- Identify and implement opportunities to increase knowledge of child welfare processes outside of the hotline.

The X-Matrix for the Child Abuse and Neglect Hotline is Attachment D.

2. Strategic Solutions and Agency Transformation

- Create a Practice Model Review that combines aspects of the QSR and CFSR
- Provide training on LEAN and CQI processes to agency employees
- Deploy strategic CQI projects to agency employees
- Create strategic agency plan by using CFSP intentionally
- Empower workforce to understand and utilize data, metrics, and measurements to improve outcomes
- Utilize research analysts in developing policy or practice changes based on research of best practices

The X-Matrix for the Strategic Solutions and Agency Transformation Division is Attachment E.

3. Permanency and Practice Support

- Develop Permanency best practices
- Develop standard operating procedures for each service line
- Implement technology to streamline processes (i.e. automated training scheduling)
- Training quarterly/monthly/yearly usefulness of PPS- Road show bi-annually
- Implement PRT+ to pilot to develop best practice/standardized practice
- Develop Permanency Pilot (Rapid Permanency Review)
- Right size staffing
- Develop standard/modernized communication tools for PPS

The X-Matrix for the Permanency and Practice Support Division is Attachment F.

4. Juvenile Justice Initiatives and Support

- Work with the MaGIK/KidTraks team in the development of a more efficient process and systems to address the needs identified in the Current State and Gap Analysis Section (PIP)
- Develop training for probation officers on the need for data and how to use the MaGIK/KidTraks system to limit or minimize the error rate in data
- Work with the Child Welfare Services Division to address service needs for the delinquent population
- Develop a DCS training for developing relationships with local probation departments to address dual status youth and communication between agencies
- Re-write both the Concurrence Report and the Alternative Recommendation Report.

- Develop a report to be used by the Division, CPO's and designated probation staff to identify youth in placement past 9 months to address the needs in the home for return of the child
- To become more efficient in the operational processes by creating a Divisional Operations Manual
- Evaluate each county by the use of residential and services including average length of stay in care, use of dual status, PRT's, and target spending
- Implement the majority of the strategies in the PIP by the 4th quarter
- Assist in the development of goals for the implementation of Families First Prevention Services Act for the delinquent population
- Reduce the number of delinquent youth in care through the implementation of EBP's in 92 counties by 2020
    - Engage in a study of service gaps for delinquent youth
    - Determine the EBP's that work most effectively with the delinquent population
    - Strategize implementation of EBP's that effect delinquency behaviors across the state

5. Finance and Administrative Services

- Improve IT End User Experience
- Stabilize the invoice process for consistent timing of provider payments and anticipated costs
- Prepare for waiver sustainability and implementation of FFPSA within administrative and financial processes
- Coordinate across audits to increase integrity of the collective efforts
- Increase alignment with and utilization of Medicaid
- Enhance division leader awareness of finance for area, create divisional budgets
- Provide access to data for leaders, create key financial dashboards
- Establish formal and consistent ways to recognize and celebrate staff
- Increase personal development of staff

The X-Matrix for the Finance and Administration Division is Attachment G.

6. Information Technology

- CCWIS organizational design RFP published and procured
- CCWIS design, development and implementation (DDI) RFP published and procured
- Circulate IT traceability matrix to all relevant stakeholders to introduce the purpose and develop related strategies
- Develop relevant reports related to employee retention to discuss and strategize with relevant stakeholders

- Implement meaningful and consistent asset management procedures
- Initiate process to provide comparative data for FCM candidate success factors to FCM tenure

The X-Matrix for the Information Technology Division is Attachment H.

7. Legislative Affairs

- Pass the DCS agency bill into law with provisions that help Indiana comply with FFPSA requirements
- Pass legislation into law that implements the CWG recommendations

8. Human Resources

- Onboard all of the recent HR business partner hires and spend time training and getting the field staffed.
- Monarch Initiative: With a new recruiting system rolling out in March of 2019, the goal will be to ensure all hiring managers attend and participate in training to gain a continued understanding of the new recruitment/hiring system.

9. Communications

- Launch a redesigned Monday Notes featuring interactive content
- Survey employees about the best ways to reach them
- Promote better communication with current and potential foster parents through platforms including a new foster care website and social media campaign
- Educate staff members, partners and stakeholders about the impact of FFPSA on our operations

10. Child Welfare Services

- By the end of the fourth quarter of 2019, have providers under contract delivering a new service to preserve families and prevent removals using evidence-based practices and flexible concrete assistance for families.
- In 2019, increase support services to help older current and former foster youth meet their goals. Expand the age foster youth can voluntarily remain in DCS care in flexible and individualized placements to 21 and in supportive aftercare services to facilitate successful emancipation up to age 23.

11. Legal

- In 2019, complete two presentations to the field staff to help educate staff regarding conduct that could result in liability to DCS.

12. Staff Development

3-year goal	What can we accomplish in 1 year?	How will we accomplish?
Enhance new and experienced worker training	Revise cohort training for all new workers	Engagement and Interviewing training curriculum
		Case Planning and Assessing Child Maltreatment include protective factors
		New Worker- Worker Safety enhancement
		Culture and Diversity curriculum
		Improve and add Self-care curriculum to various training curriculum
		Enhance Level II evaluation
		Develop Engaging Resource Parents
Enhance and increase the education and training for Resource Parents	Establish trust-based relationships between DCS and Foster Parents	Establish relationship and collaboration between RAPT, Foster care division and Foster parents
		Align practice model within the Pre-service trainings
		Enhance the Evaluation tool
		Update the RAPT training catalog
		Marketing strategies for RAPT Training curriculum
		Training needs assessment of foster parents
Enhance Leadership at all Levels of the agency	Increase and Enhance training curriculum library	Develop New Director's Core
		Explore alternative training delivery options
		Quarterly and Annual Supervisor/Director/Manager Workshops
	Increase and Implement	Review of Supervisor Core to include engagement skill development and orientation

Enhance Trainer Development	Trainer development education and skill building	Institute All Trainer Days every quarter for ALL within Staff Development
		Provide training and skill development for supervisors and managers

13. Placement Support and Compliance

3-year goal	What can we accomplish in 1 year?	How will we accomplish?
Develop and support division staff by finding efficiencies in work and identifying leadership opportunities	Identify opportunities for efficiencies within the division to improve processes and identify opportunities for additional staff	Create Six Sigma workgroup of staff that have already completed Six Sigma training and identify projects to enhance division operations
		Managers will create individual training plans for each employee. The plans will be used to identify staff members and teams to attend specialized trainings pertaining to individual and team duties
		Identify leadership opportunities for staff by nominating employees to attend six sigma training and enhance quality improvement and efficiency skills and knowledge to allow employees to lead unit/division work streams
	Create team cohesiveness	Continue holding division lunches every other month to encourage networking and team building
		Continue sending periodic division emails to ensure transparency with division and agency goals, alignment, and information
		Schedule and complete one division wide "Day of Service," as allowed by state policy

		Continue to evaluate division staffing needs and classifications to ensure appropriate staffing and staff levels
Enhance provider relations and focus on the "support" aspect of the division in addition to the "compliance" aspect	Streamline LCPA and residential licensing and contract audit process, where appropriate	Assess and eliminate audit redundancies to ensure efficient practices
		Evaluate audit scoring process to ensure consistency and better alignment with individual facility practices
	Continue enhancing relationships with LCPA and residential providers	Deputy Director and Assistant Deputy Director will continue visiting residential facilities and LCPA providers to develop relationships, gain an understanding of their community, enhance understanding of their services and facilities, and to discuss best practices and/or facility concerns
		Provide statewide access to relevant trainings and support, such as continue SAFE training and refresher courses and trainings provided by DCS staff and clinicians
		Continue developing work groups for service standards and to assess best practices; systemic changes, such as Family First Prevention Services Act (FFPSA); and related processes
Enhance division programs (Foster Care Licensing, Residential Licensing and Contract Compliance, Central Office Background Check, and Interstate Compact on the Placement of Children) and accomplish individual unit goals	Enhance field and provider understanding of division programs	Continue statewide trainings for Foster Care Licensing Specialists and Foster Care Licensing Supervisors, as well as continuing to offer SAFE refresher trainings
		Enhance understanding of residential facilities for DCS field by creating a SharePoint site with accurate and relevant information regarding licensed residential facilities
		Enhance field and provider knowledge of background check requirements and provide appropriate trainings and consultation, as necessary
	Ensure compliance with FBI audits	Continue working with required groups to ensure compliance with all FBI audit findings and requirements

	Continue to identify division/unit efficiencies	Assess unit processes to eliminate inefficiencies and redundancies and assess if additional staff is appropriate
Enhance the Interstate Compact on the Placement of Children (ICPC) program	Enhance field knowledge of ICPC processes and requirements	Create CAT trainings and tip sheets to assist field with incoming and outgoing ICPC requests; continue working on and complete ICPC Six Sigma project
	Continue moving towards completing all cases electronically	Continue to enhance Salesforce database and interface with the National Electronic Interstate Compact Enterprise (NEICE) database, which will lead to Indiana's compliance with federal requirement to have an electronic ICPC case processing system
	Increase compliance with federal "Safe and Timely Act," which requires home studies to be completed within 60 days from date of receipt	Enhance training and use of electronic database statewide to allow for faster case processing and placement across state lines; increasing compliance with the "Safe and Timely Act" will also achieve an Indiana PIP goal

C. PROGRAM IMPROVEMENT PLAN

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 for States.

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), quality assurance team and the continuous quality improvement ("CQI") team. The CQI team focuses on CQI efforts throughout the state and the quality assurance team is responsible for service reviews and quality assurance efforts.

1. Goal, Strategies, and Objectives Related to Child Safety

GOAL 1: ENSURE THE SAFETY OF CHILDREN THROUGH TIMELY INFORMED DECISION-MAKING BEGINNING AT INITIAL ASSESSMENT AND CONTINUING THROUGHOUT THE LIFE OF THE CASE AND THROUGH THE PROVISION OF APPROPRIATE SERVICES.

DCS' Core Mission is to protect children from abuse and neglect. In order to ensure the Department is successful in fulfilling that mission, DCS used information from a variety of resources to evaluate its strengths and opportunities for improvement in the policies, processes, training, services and other resources the agency uses to ensure child safety.

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

Assessment and Hotline data, identified time discrepancies for reports that required a one hour response time and listed child victims that were not currently being identified by a report source but had been connected to the household during an earlier involvement.

Review of Assessment and Caseload data identified challenges related to the safety staffing process and the lack of timely tracking of the assessment by the family case manager. 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.

Information from the Individual Training Needs Assessment (ITNA) Survey, as well as the FCM Field Mentors and FCM Supervisor Training Skills Assessment Scales on the effectiveness of new FCM training and ongoing training needs for experienced staff.

The CFSR identified issues in both the timeliness of initial investigations and ongoing safety monitoring and evaluation. To reflect these issues, the goal has been updated with language to focus on both the timeliness of initial investigations and ongoing monitoring. Activities in the approved PIP plan will also reflect a commitment to improving in these areas.

OBJECTIVE 1.1 ENSURE TIMELINESS OF FACE TO FACE CONTACT BY FORMALIZING AND INSTITUTIONALIZING A SAFETY STAFFING PROCESS AND ESTABLISHING A MONITORING MECHANISM FOR TRACKING TIMELINESS OF FACE-TO-FACE CONTACT.

a) Ensure timely initiation of assessments by changing practice or policy, as needed.

(i) Hotline staff will notify field staff of the time of the report of abuse or neglect according to policy so that field staff can ensure timely initiation.

(ii) Hotline staff will correctly identify victims of abuse or neglect based on the actual report of child abuse or neglect that is received so that only alleged victims are required to be initiated timely.

(iii) Update and clarify DCS policy on what constitutes face-to-face contact for the timely initiation of an assessment (including applicable exceptions).

Target Completion Date	Current Status	Progress to Date	CB Comments
Q1	(i) Completed 7/1/2018	Policy Revision 7/1/2018 & updated hotline QA review tool	
Q1	(ii) Completed 7/1/2018	Policy Revision 7/1/2018 & updated hotline QA review tool	

Q1	(iii) Completed 7/1/2018	Policy Revision 7/1/2018	

b) Institute daily safety staffings to ensure face to face contact is made timely. Create a new policy to institutionalize safety staffings.

(i) Supervisors will meet with assessment workers daily to receive an update on cases where face-to-face contact has not yet occurred, including whether there are barriers or challenges that need to be addressed.

(ii) Trends around timeliness identified throughout the state will be addressed at monthly regional manager meetings. Problematic trends that are identified and specific to a region or regions will utilize CQI processes to improve timely face-to-face contact with child.

Target Completion Date	Current Status	Progress to Date	CB Comments
Q1	(i) Completed 11/1/2018	Policy Revision 11/1/2018 (Timely Initiation report will be reviewed by supervisors)	
Q1	(ii) Ongoing Implementation	Continued review of timely initiation report for trends, a timely initiation tracking mechanism has been built for field staff use	

OBJECTIVE 1.2 IMPROVE THE QUALITY OF INITIAL AND ONGOING SAFETY AND RISK ASSESSMENTS.

a) Ensure quantity and quality of safety and risk assessments at each contact with child, family, providers, and caregivers by utilizing clinical supervision to include the following:

(i) Utilize clinical supervision in order to ensure that there are specific agenda items included at the unit, LOD, and RM levels that identify strengths and challenges in assessing safety and risk. When challenges are discovered, the RM will address issues with CQI efforts as needed.

(ii) FCM Supervisors will continually monitor, coach, and mentor FCMs on the use of safety and risk assessments during clinical supervision with FCMs and ensure the safety and risk assessments are properly documented in the computer system.

(iii) Local office directors and FCM Supervisors will receive education on the use of the Reflective Practice Survey (RPS) as a means to support clinical supervision.

(iv) Local office directors and FCM Supervisors will complete RPSs as required in order to model excellent social work practice while in the field with their FCMs. RPSs will be completed on a quarterly basis for each FCM by either their FCM supervisor or local office director.

(v) Utilize quarterly RPS data to enhance supervision of initial and ongoing safety and risk assessments. The RPS requires supervisors to review a randomly selected case (once per quarter based on a random pull of cases) for each family case manager (FCM) under their supervision. As part of that review, the supervisor gathers field observations and provides a qualitative assessment of the FCM's practice skills, including those related to assessing safety and risk.

(vi) Leverage child and family team meetings (CFTM) and case conferences to reinforce, document, and implement improved safety and risk assessments through timely review and clinical supervision.

Target Completion Date	Current Status	Progress to Date	CB Comments
Q1	(i)Ongoing Implementation	Regional Managers continue to review agendas and work with the CQI team on identified issues	
Q1	(ii)Ongoing Implementation	Continued review of reports by the field regarding safety and risk assessment completion	
Q1	(iii)Ongoing Implementation	Staff attended quarterly workshops regarding RPS	
Q1	(iv)Ongoing Implementation	Quarterly RPS completion and ongoing monitoring by field leadership	
Q2	(v)In Progress	RPS workgroup continues to meet with plans to pilot the updated tool in August of 2019	
Q1	(vi)Completed	Safety Planning CAT has been created and implemented 7/6/2018	

OBJECTIVE 1.3 CREATE COMPREHENSIVE AND TIMELY SAFETY PLANS THAT ARE MONITORED AND UPDATED APPROPRIATELY THROUGHOUT THE LIFE OF A CASE.

a) Provide coaching and guidance to staff via clinical supervision on what needs to be in an individualized safety plan and ensure documentation in the computer system.

(i) DCS to create a Computer Assisted Training ("CAT") with Indiana University Training Partnership ("IU") in order to provide instructional opportunities to staff on what needs to be in an individualized safety plan.

(ii) FCM Supervisors will discuss the CAT through clinical staffings with FCMs in order to support ongoing learning and application of safety planning.

Target Completion Date	Current Status	Progress to Date	CB Comments
Q1	(i)Completed	Safety Planning CAT has been created and rolled out to all staff	
Q1	(ii)Ongoing Implementation	As new staff complete the training, discussions during supervision continue	

b) Utilize clinical staffings and ensure there are specific topic agenda items on the development of safety plans at the unit, local office director, and regional manager levels to more effectively identify strengths and challenges in assessing safety and risk.

(i) FCM Supervisors will promote and model, as needed, effective engagement between workers and families in order to develop safety plans that address the needs of children and families and delineate the roles and responsibilities of parents and caregivers in providing a safe environment for their child or children.

(ii) FCM Supervisors will continuously monitor safety plans and guide FCMs by assessing safety through updated safety plans. Safety plans will assess and address the changing needs of the family and child.

Target Completion Date	Current Status	Progress to Date	CB Comments
Q1	(i)Ongoing Implementation	Documentation of ongoing clinical supervision	
Q1	(ii)Ongoing Implementation	Safety Planning CAT completed and clinical supervision is consistent and documented	

c) Improve the rate of supervisor review and approval of appropriate safety plans.

(i) Utilize quarterly Reflective Practice Surveys (RPS) to enhance supervision of safety plans. The RPS requires supervisors to review a randomly selected case for each

family case manager (FCM) under their supervision. As part of that review, the supervisor gathers field observations and provides a qualitative assessment of the FCM's practice skills, including those related to assessing safety planning.

(ii) Supervisors will review trends related to the quantity and quality of safety plans learned from the RPS and RPS trends will be shared within the unit, among local office directors and regional managers.

Target Completion Date	Current Status	Progress to Date	CB Comments
Q2	(i)In Progress	RPS workgroup continues to meet with plans to pilot the updated tool in August of 2019	
Q2	(ii)In Progress	RPS workgroup continues to meet with plans to pilot the updated tool in August of 2019	

d) Include the safety plan with the case plan and as part of clinical staffings of the case plan. Family case manager supervisors will review the case plan at defined intervals, per policy requirements.

(i) FCM Supervisors will monitor safety plans throughout the life of the case.

Target Completion Date	Current Status	Progress to Date	CB Comments
Q1	(i)Ongoing Implementation	Consistent and documented clinical supervision- policy review, safety plan review, and case plan overdue report review	

e) Submit the safety plan with the case plan for review by the court in advance of court hearings.

(i) DCS will work with the Court Improvement Program (CIP) to provide safety workshops to judicial officers so that judicial officers receive similar information provided to family case managers on safety planning.

(ii) DCS will ensure that safety plans are completed and submitted to the court during review hearings or at detention hearings when there are child safety concerns.

Target Completion Date	Current Status	Progress to Date	CB Comments
Q3	(i) In Progress	Currently working with CIP and Casey Family Programs to implement a safety training workshop for judicial officers, DCS	

		staff, and other stakeholders in the fall of 2019	
Q3	(ii)In Progress	Currently working with CIP and Casey Family Programs to implement a safety training workshop for judicial officers, DCS staff, and other stakeholders in the fall of 2019	

OBJECTIVE 1.4 PARTNER WITH THE SERVICE PROVIDER COMMUNITY TO ENSURE SERVICES ARE PROVIDED TIMELY AND THERE IS ALIGNMENT ON DCS EXPECTATIONS IN ASSESSING SAFETY WHEN PROVIDERS ARE PROVIDING SERVICES, INCLUDING INTEGRATING ONGOING ASSESSING AND MONITORING OF RISK AND SAFETY OF CHILDREN RECEIVING SERVICES.

a) Ensure contracted services are provided timely and that the family is accessing and participating in services, particularly in informal adjustment (IA) cases.

(i) Leverage existing service provider coalition to collaborate on prioritizing and developing solutions with DCS for ensuring safety. Efforts will be focused on making sure providers understand 1) how DCS defines safety and 2) the efficient and orderly transfer of documents (e.g. safety plans, case plans, risk assessments, etc.) between DCS and providers that are critical to making informed and timely safety decisions.

(ii) Standardize training/education provided by regional service coordinators to local offices on the appropriateness of services to address underlying needs.

(iii) Ensure child safety by putting services in place that are individualized for specific family circumstances. For example, services are provided that are the correct intensity, duration, and are tailored to the child and family.

Target Completion Date	Current Status	Progress to Date	CB Comments
Q1	(i)Completed	Better defined guidance on sharing of case history and case plan to inform interventions and common understanding of how to determine safety concerns. All providers participate in uniform training.	
Q1	(ii)Completed	Better defined training, which is	

		standardized and rolled out to providers and staff via the regional service coordinators. All staff participate in uniform training.	
Q1	(iii)Ongoing Implementation	Supervisors will review safety plans and service referrals to ensure the needs match provided services through clinical staffings with FCMs	

OBJECTIVE 1.5 THE INDIANA OFFICE OF COURT SERVICES (IOCS) AND DCS WILL PARTNER TO STRENGTHEN PROBATION PRACTICES FOR ASSESSING THE RISK, SAFETY, AND NEEDS OF SIBLINGS/OTHER CHILDREN IN THE HOME.

a) The Probation Preliminary Inquiry (PI), Predispositional Report (PDR), and Modification Report forms provides a standardized format for collecting and reporting information regarding a juvenile offender. The primary use of the PI is to provide the court with basic information regarding the offender. Based on this information, an appropriate decision may be made regarding probable cause and detention/release options. The primary use of the PDR is to provide information to the Court which is essential to the judge in making an appropriate disposition. Complete and accurate information about all aspects of the case, with a recommendation when appropriate, enhances the Court's ability to order a disposition which represents the best interest of the juvenile, the family and the community. Both the PI and PDR contain elements that require a probation officer to assess the functioning of the family. The PI, PDR and Modification report instruction manual will be updated to provide explanations for performing child welfare related risk, safety, and needs assessments of siblings/other children and parents in the home; and instructions will be provided on how to document the assessment findings in the PI, PDR and Modification reports. For the manual to be updated, the following steps will need to occur:

    (i) Meet with the Collaborative Communication Committee to propose draft language for the manual update.
    (ii) Present the proposed draft language for the manual update to the Probation Officer Advisory Committee.
    (iii) Present draft language for the manual update to the Juvenile Justice Improvement Committee for possible endorsement.
    (iv) Present endorsement of the manual language to the Probation Committee.
    (v) Present endorsements from the Juvenile Justice Improvement Committee and the

Probation Committee to the Board of Directors of the Judicial Conference of Indiana for adoption.

(vi) Publish updated manual.

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

Target Completion Date	Current Status	Progress to Date	CB Comments
Q2	(i)		
Q2	(ii)		
Q3	(iii)		
Q3	(iv)		
Q3	(v)		
Q4	(vi)		
Q4	(vii)		

SAFETY MEASURES OF PROGRESS

Through implementation of the Goals, Objectives and Interventions outlined in this section of the CFSP, DCS will monitor, and anticipates improved outcomes related to the current and/or revised federal CFSR safety outcomes:

- Absence of Recurrence of Maltreatment.
- Maltreatment in Foster Care.

DCS will also monitor and anticipates improved outcomes related to key performance and practice indicator reports generated from MaGIK.

- Absence of Maltreatment after Involvement.
- Family Case Manager Visits.
- CHINS Placement.
- Safely Home, Families First.

- Re-Report of Maltreatment.

DCS also intends to develop additional reports and identify ways that technology can further support improved outcomes for children and families. As an example, in mid-April of 2019 DCS rolled out an Assessment Initiation tracking tool in an effort to more accurately track timeliness, extenuating circumstances, and any linked report method of initiation for all assessments. DCS also plans to identify strategies to better capture child visits completed by service providers. In addition, DCS plans to identify ways to measure utilization and effectiveness of proven, home-based services.

DCS partnered with Casey Family Programs in the implementation of the Eckerd Rapid Safety Feedback® model. This program went live on January 1, 2018. Rapid Safety Feedback is a coaching/mentoring model that uses predictive analytics to assist in prioritizing which assessments get assigned for review. The problem statement that "drives" the predictive analytics is: *mitigate repeat maltreatment whereas repeat maltreatment is defined as a substantiated allegation within one year of a prior substantiated allegation*. DCS will continue to utilize this team to support our frontline staff by complimenting the work done in the field using evidence based practices to improve outcomes for our families and children.

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

2. Goal, Strategies, and Objectives Related to Permanency

GOAL 2: ENSURE EACH CHILD ACHIEVES SAFE, TIMELY AND STABLE PERMANENCY OPTIONS

DCS believes that every child has a right to appropriate care, a permanent home and lifelong connections. The objectives outlined below include a number of strategies to strengthen the types of placement and permanency options available for children requiring out of home care, and putting systems and monitoring mechanisms in place to improve permanency outcomes and time to permanency measures.

DCS decided to focus on these objectives following an analysis of CFSR permanency related outcomes, QSR permanency data, 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 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. To allow for improved monitoring and analysis in this area going forward, many of these objectives include interventions related to data tracking or analysis and will be included in CQI efforts moving forward.

OBJECTIVE 2.1 ENHANCE VISITATION SERVICE STANDARDS AND ATTENTION TO VISITATION PLANS TO IMPROVE QUALITY OF VISITS.

a) In an effort to improve and capture the quantity and quality of visitation, roll out an updated Visitation Facilitation Service Standard to require service providers that provide visitation to document the quality of face-to-face visits. Ratings will be completed by providers in the Individual Visitation Report to determine how the parent(s)/caregiver(s) did in each of the following areas:

- Demonstrated parental role;
- Demonstrated knowledge of child's development;
- Responded appropriately to child's verbal/nonverbal signals;
- Put child's needs ahead of his/her own;
- Showed empathy towards child; and
- Focused on the child when preparing for visits and during interactions

(i) If the quantity and quality of visits does not improve, CQI staff will work to identify root causes of lack of improvement in visits.

Target Completion Date	Current Status	Progress to Date	CB Comments
Q1	Completed	Policy and provider form updated to capture quality visit elements	
Q4	(i)In Progress	Data will be pulled in Q3 for analysis	

b) Reinforce the importance of the development and/or discussion of visitation plans during child and family team meetings.

(i) Add the visitation plan to the child and family team meeting template to prompt staff to discuss.

(ii) DCS Practice Team will develop training and guidance on the development of the visitation plan at child and family team meetings and improving the culture around

visitation.

(iii) DCS Practice Consultants receive training and guidance during the biannual meeting.

(iv) Training and guidance rolled out to peer consultants (many of which are supervisors).

Target Completion Date	Current Status	Progress to Date	CB Comments
Q1	(i)Completed	Visitation Plan has been added to the child and family team meeting template	
Q2	(ii)In Progress	Completion of this CAT is in the final stages, containing information about Culture and Diversity which should be completed by July 2019.	
Q1	(iii)Completed May 2018	DCS Practice Consultants received training and guidance	
Q1	(iv)Completed May 2018	Peer Consultants received training and guidance	

c) Improve utilization of Fatherhood Engagement Services to increase contact with fathers in order to enhance their engagement in the case.

(i) Continue CQI efforts initiated following the analysis of quarterly provider surveys that identified DCS/Provider communications as an area of opportunity.

(ii) Monitor communication and outcomes metrics for improvement and leverage monthly provider workgroup call to discuss additional opportunities to enhance collaboration. Roll-out individual provider reports to identify strategic areas of improvement at the provider level.

Target Completion Date	Current Status	Progress to Date	CB Comments
Q1	(i)Completed	Survey and report completed, results delivered to DCS and providers	
Q1	(ii)Ongoing Implementation	Service Standards and reports have been updated. Continued monitoring of reports and subject to ongoing audits.	

d) Ensure children, parents, families, and resource parents have access to appropriate services to support meaningful and timely visits between children, siblings, and parents.

(i) DCS will strengthen its formal and informal assessments to better identify the needs of the mother and improve on meaningful and timely visits between mothers and their children.

(ii) DCS will strengthen its formal and informal assessments to better identify the needs of the father and improve on meaningful and timely visits between fathers and their children.

(iii) DCS will strengthen its formal and informal assessments to better identify the needs of the children and improve on meaningful and timely visits between siblings in an effort to support the needs of resource parents and children.

Target Completion Date	Current Status	Progress to Date	CB Comments
Q2	(i)Ongoing Implementation	Increase in our assessing and understanding of parents, children, resource parents in the PIP reviews to reach substantial conformity at 51.5%	
Q2	(ii)Ongoing Implementation	Increase in our assessing and understanding of parents, children, resource parents in the PIP reviews to reach substantial conformity at 51.5%	
Q2	(iii)		

OBJECTIVE 2.2 PARTNER WITH THE INDIANA OFFICE OF COURT SERVICES (IOCS) AND JUDICIAL OFFICERS TO PROMOTE MEANINGFUL ENGAGEMENT OF FOSTER/RESOURCE PARENTS AND CAREGIVERS IN COURT PROCEEDINGS, AND PROMOTE QUALITY PERMANENCY HEARINGS AND TIMELY TPR FILINGS.

a) DCS and IOCS will collectively focus on increasing awareness of a foster/resource parent's opportunity for participation at court hearings.

(i) IOCS will reinforce to judges during judicial conferences/trainings the foster/resource parents opportunity for participation in court hearings.

(ii) DCS will discuss court-related concerns raised by foster parents with the IOCS in an effort to promote understanding among all stakeholders of how to support the sharing of knowledge related to the care of the children in foster homes.

(iii) DCS will highlight during foster/resource parent trainings of the foster/resource parent's right to be heard.

(iv) DCS will work with the IOCS, CIP, and the Juvenile Benchbook Committee to revise the CHINS Benchbook to highlight requirements that foster/resource parents have the right to be provided notice of hearings and meaningful opportunity for participation in court hearings for children who are placed with the foster/resource parent.

Target Completion Date	Current Status	Progress to Date	CB Comments
Q4	(i)		
Q4	(ii)Ongoing Implementation	Meetings occur regularly between DCS and IOCS to address concerns and share issues in an effort to improve both systems	
Q4	(iii)		
Q4	(iv)		

b) DCS will analyze available data on the median and average length of time in care for cases. For those cases that are more than 20% above the statewide average, DCS will work with local office attorneys and the courts to understand the factors driving the lack of timely permanency.

(i) DCS will analyze available data on the median and average length of time in care for cases.

(ii) DCS will communicate the factors driving a lack of timely permanency with the courts and develop strategies that promote collaboration between DCS and the courts to effectively address achieving timely permanency.

(iii) DCS will work with the CIP to provide permanency workshops to judicial officers so that judicial officers receive similar information provided to family case managers on the importance of reaching permanency in a timely manner.

(iv) DCS and IOCS will regularly share data about length of time to permanency with judges and DCS personnel.

Target Completion Date	Current Status	Progress to Date	CB Comments
Q1	(i)Completed	Data is available, reviewed and shared	
Q1	(ii)Ongoing	Common understanding reached	

	Implementation	between DCS and the courts	
Q2	(iii)	Will request target completion date to Q4, current focus on training for safety related items	
Q2	(iv)Ongoing Implementation	Child welfare leaders receive similar data points on permanency rates in their county or region	

c) DCS will design a trial advocacy course that will allow DCS local office attorneys (LOA), family case managers, defense attorneys, and court personnel to work together on trial advocacy skill development in an effort to streamline court processes and trials. This will assist in making court proceedings more efficient and orderly and increase timely permanency.

(i) In collaboration with court-related partners (defense attorneys, court personnel, etc.), DCS will create a trial advocacy course that will support efficient legal proceedings.

(ii) DCS will partner with courts who are interested in participating in the trial advocacy course and who will host the trial advocacy course within their county.

(iii) DCS will review the efficiency of the trial advocacy course by using the performance management system to determine whether courtroom skills and competencies are improving. DCS will work with the courts to review the efficiency of the trial advocacy course as well.

Target Completion Date	Current Status	Progress to Date	CB Comments
Q2	(i)Completed	DCS has created a trial advocacy training course in conjunction with its partners	
Q3	(ii)Ongoing Implementation	DCS piloted the training in Tippecanoe County in April 2019. DCS plans to replicate this training in the following counties during the remainder of 2019: Monroe, Allen, Vanderburgh, Lake, Floyd, and Grant County.	
Q4	(iii)	Will begin developing a survey to seek feedback with SSAT unit in Q3	

d) Continue collaborating with IOCS, the Child Welfare Improvement Committee and the Court Improvement Program (CIP) on the Children's Bureau approved (CIP Strategic Plan Priority Area # 2: Timeliness/Permanency) Legal Orphan's project. This project aims to increase the amount and speed at which legal orphans, defined here as children aged 14-18 whose parents' rights have been terminated reach permanency. The entities are collaborating to identify specific solutions that will increase the number of older youth that reach permanency and the rate at which they do so. Data from the CIP Timeliness measures and data from DCS identified this as a need. Data from the CIP timelines measures indicated children whose permanency plan is adoption reached permanency in 987 days. Data from DCS in early 2016 indicated that children 14-18 were the most difficult age group to successfully achieve adoption.

(i) The project will develop a theory of change and decide on interventions that will fulfill the theory of change. A draft theory of change was developed on March 3, 2017. The theory of change was further refined at the CIP annual meeting on April 10-11, 2017. The revised theory of change and proposed intervention was presented to the Child Welfare Improvement Committee on July 14, 2017. The Theory of Change was finalized on April 13, 2018. The theory of change is "A Permanency Roundtable Plus model will be piloted in one DCS region to enhance engagement of legal orphans in developing youth-driven goals." The requirements for the PRT Plus will be completed and a DCS region will be identified for implementation.

(ii) PRT Plus Model will be finalized with DCS and the IOCS.

(iii) PRT Plus Model will be implemented and evaluated in one DCS region.

Target Completion Date	Current Status	Progress to Date	CB Comments
Q2	(i)Completed	A Theory of Change and implementation plan has been created by the Child Welfare Improvement Committee	
Q3	(ii)Completed	PRT Plus Model has been developed and an implementation plan has been created	
Q4	(iii)In Progress	PRT Plus Model will roll-out in Region 4. DCS is currently in the process of pulling the cases and the facilitator teams will be assigned in July with the anticipated round tables	

		beginning in September. This will be evaluated in Q4.	

e) Improve the quality of permanency hearings and monitoring for timely TPR filings.

(i) Include permanency findings on DCS drafted court orders and reports to highlight permanency status.

(ii) Explore viability of MaGIK enhancements and MaGIK/Quest integration for the monitoring and tracking of court timeliness for permanency and TPR filings, including capturing dismissal reasons and hearing contacts in MaGIK.

(iii) DCS and IOCS will meet regularly to review relevant child welfare and CIP Timeliness Measures to identify and address any roadblocks to achieving permanency.

Target Completion Date	Current Status	Progress to Date	CB Comments
Q4	(i)		
Q4	(ii)Completed	MaGIK updates have been explored and future improvements will be included in the new CCWIS. MaGIK does currently capture dismissal reasons.	
Q4	(iii)Ongoing Implementation	Meetings occur regularly between DCS and IOCS to address concerns and share issues in an effort to improve both systems	

f) Probation: DCS and IOCS will review how certain time specific hearings are currently being entered in MaGIK by probation officers to enhance data that can help ensure court hearings can be monitored to ensure they are occurring timely and are sufficient quality. Currently, probation officers add limited hearing dates into the MaGIK/KidTraks system which includes removal from the home and return to the community (trial home visits).

(i) Review the current data elements for hearings added by probation officers into the MaGIK/KidTraks system.

(ii) Add hearing types (periodic review hearings, permanency hearings) and add specific outcomes to these hearing.

(iii) Develop a report that can be accessed as in 5.5(b) below, in addition to DCS administrative staff. These reports will also ensure Federal compliance with timeliness of hearings.

Target Completion Date	Current Status	Progress to Date	CB Comments
Q4	(i)		
Q4	(ii)		
Q4	(iii)		

OBJECTIVE 2.3 DCS RECOGNIZES REDUCING TIME TO PERMANENCY AS A CRITICAL ELEMENT TO IMPROVING THE STATE'S CHILD WELFARE SYSTEM. DURING THE STATE'S CFSR, PERMANENCY WAS IDENTIFIED AS A STRENGTH IN ONLY 52.5% OF THE CASES. TO REDUCE TIME TO PERMANENCY DCS WILL IMPLEMENT THE OUTLIER PERMANENCY APPLICATION AND REGIONAL PERMANENCY TEAM PROCESSES STATEWIDE.

a) Test and evaluate the effectiveness of the permanency application in innovation zones. The permanency application identifies outlier involvements and provides a workflow to prioritize cases for supplemental review in either monthly Regional Permanency Team meetings or quarterly Permanency Round Tables (PRTs). Outlier cases are identified based on current case duration and a set of key characteristics that have been predictive of time to permanency (e.g., placement, age, drug involvement, etc.). Since implementation of the permanency application in innovation zone regions 3, 5 and 9; 2,059 involvements have been processed as outliers (time period of implementation is February 2017 to July 31, 2018). As of July 31, 2018, 60.91% of those involvements have closed in regions 3, 5 and 9.

   (i) Complete an analysis of the permanency outlier application to review for effectiveness in identifying cases and moving cases to case closure.
   (ii) If the permanency outlier application is deemed to be effective, DCS will roll-out permanency application process in three phases statewide.
   (iii) DCS will 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.

Target Completion Date	Current Status	Progress to Date	CB Comments
Q2	(i)Completed	Analysis has been completed and presented to field leadership. The Department did not find that the tool was being used uniformly therefore impacting the effectiveness of comprehensive use.	

Q4	(ii)		
Q4	(iii)Ongoing Implementation	Permanency and Practice Support will take over the continuation of review and evaluation of this and work with the field in regards to permanency outlier application use and identifying and addressing future needs.	

b) Standardize a Regional Permanency Team process and identify best practices for identifying if a case is appropriate for a shorter review in the Regional Permanency Team meeting, or the more lengthy discussion at a PRT. Continue to track outcomes by case types and adjust strategy based on results.

(i) After reviewing for effectiveness, roll-out standardized Regional Permanency Team process in three phases statewide.

Target Completion Date	Current Status	Progress to Date	CB Comments
Q3	In Progress	Regional Permanency Team policy is currently under review	
Q4	(i)	Once best practice and policy have been established, roll out plan will be created and implemented in phases.	

OBJECTIVE 2.4 FOCUS ON THE ENHANCEMENT OF FOSTER PARENT RECRUITMENT DATA TO ACCURATELY IDENTIFY CHARACTERISTICS PROVEN TO IMPROVE MATCHES AND IMPLEMENT ACTIVITIES THAT STRENGTHEN THE RELATIONSHIP WITH CURRENT FOSTER PARENTS TO FURTHER FACILITATE CONTINUED RECRUITMENT.

a) Improve the data and reports currently available to DCS staff to better leverage its use for enhanced targeted recruitment efforts. Educate staff and licensed child placing agencies on how to leverage the data in recruitment.

(i) Central Office foster care staff and the Office of Data Management will collaborate to study and make recommendations on changes necessary for syncing of the Willingness to Foster Characteristics Report and Foster Parent Recruitment Report to better capture characteristics for improved matching. Recommendations may include adjusting the characteristic data elements captured and/or focusing on data

quality issues.

(ii) Identify strategy for distributing key data reports to regional DCS teams and licensed child placing agency foster care licensing staff to assist in identifying target needs for their region/county/agency.

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

Target Completion Date	Current Status	Progress to Date	CB Comments
Q4	(i)		
Q4	(ii)		
Q4	(iii)		

b) Continue development and use of regional recruitment and retention plans for DCS and private child placing agencies that integrate DCS developed reports.

(i) Monitor via contract audits the new requirement in licensed child placing agency contracts that require the development and implementation of diligent recruitment plans utilizing available data, including data provided by DCS.

(ii) DCS foster care specialists will work with regional leadership to review past regional diligent recruitment plans and create new plans utilizing DCS provided data reports. As specific needs are identified, the regional recruitment plans will include steps for focusing recruitment efforts around those needs and will inform statewide plan development.

(iii) DCS foster care specialists will work with regional leadership to develop retention plans. As specific needs are identified, the regional retention plans will include steps for focusing retention efforts around those needs and will inform statewide plan development.

Target Completion Date	Current Status	Progress to Date	CB Comments
Q1	(i)Ongoing Implementation	As contract audits are completed, data is shared between DCS and partners in order to make data driven decisions on needs identified in audits	
Q1	(ii)Ongoing Implementation	Data available will be basis for recruitment plans	
Q1	(iii)Ongoing	Data available will be basis for	

	Implementation	retention plans	

c) Improve ongoing communication with foster/resource parents so they are aware of resources available and have a direct line of communication with DCS. Foster Parent Bill of Rights will be drafter and approved to enhance understanding and communication between DCS and foster parents.

(i) Although some regions produce a newsletter for foster/resource parents, a statewide newsletter does not currently exist. Leveraging those regional publications, DCS will produce a statewide foster/resource parent newsletter to communicate information regarding available resources and services along with important contact information.

(ii) Increase participation in the foster/resource parent stakeholder advisory group to ensure communication and feedback between DCS and foster/resource parents is occurring. Issues identified in the advisory group will be provided to DCS leadership for appropriate action and communicated back to advisory group.

Target Completion Date	Current Status	Progress to Date	CB Comments
Q3	(i)		
Q1	(ii)Ongoing Implementation	Report received from group March 2018 & February 2019, group has received responses regarding their recommendations	

d) DCS' new partnership with the All Pro Dad initiative will focus on increasing the number of therapeutic licensed foster homes in Indiana, a license that requires an advanced skill set that is in high demand in Indiana. Anticipated benefits of this initiative include a higher trained foster/resource parent population, stabilized placements, and an overall improved willingness to take on youth with higher behavioral needs. The All Pro Dad activities will include such things as a media campaign/celebrity involvement, foster/resource parent hotline, and on field events with football programs that bring kids and dads together and talk about what it means to be family and foster/adoptive parents. Indiana received grant funding to implement and evaluate the initiative with the intention to continue it moving forward if found to be successful.

(i) Develop and implement deployment plan for statewide launch of the All Pro Dad initiative.

Target Completion Date	Current Status	Progress to Date	CB Comments
Q1	Completed	The strategy has been finalized	

		and all 3 events have been planned. The first two events were held on 5/18, 6/8, and the final event will be held on 7/27. The state has garnered more than 900 leads from this partnership.	

OBJECTIVE 2.5 ENHANCED MONITORING AND ATTENTION TO DEADLINES WILL BE A FOCUS IN IMPROVING THE TIMELINESS OF ICPC MATTERS.

a) Address the lack of familiarity with the ICPC process for many staff that, due to the time sensitive procedural steps, often contribute to delays in ICPC processing.

(i) DCS will expand and formalize educational resources for FCMs by developing an ICPC checklist and desk guide and providing training on their use.

(ii) Implement standard trainings developed as part of NEICE system rollout. Initial rollout will be focused on counties with highest volume of ICPC processing.

Target Completion Date	Current Status	Progress to Date	CB Comments
Q3	(i)		
Q4	(ii)		

b) Implement notification reminders in MaGIK to FCMs and supervisors at 30 and 15-day deadline to monitor completion of home studies.

Target Completion Date	Current Status	Progress to Date	CB Comments
Q4			

c) Create a monthly report for regional managers to be used to measure compliance. This monitoring will assist the agency in identifying whether the above initiatives improve ICPC compliance or whether other factors need addressed.

Target Completion Date	Current Status	Progress to Date	CB Comments
Q2			

OBJECTIVE 2.6 ENSURE REGIONAL MANAGERS ARE AWARE OF PERMANENCY RELATED DATA POINTS AND ARE ABLE TO FACILITATE ROOT CAUSE ANALYSIS WITH EACH LOCAL OFFICE TO IMPROVE PERMANENCY MEASURES.

a) Regional Managers will be trained and learn about available data points. Regional Managers will understand the various metrics available.

Target Completion Date	Current Status	Progress to Date	CB Comments
Q1	Ongoing Implementation	Continued development of more informative reports for field management staff	

b) When permanency related issues are identified, regional managers will discuss the creation of a CQI project with CQI staff in order to determine underlying causes of permanency related issues at the county level.

Target Completion Date	Current Status	Progress to Date	CB Comments
Q2	Ongoing Implementation	The CQI division is working with the Permanency and Practice Support division on a value stream steering team to identify issues and direct the work around permanency related issues. The Assistant Deputy of Agency Transformation of Lean Principles and Advanced Lean Practitioners conduct regular check-ins with regional managers to assess any existing and ongoing regional or county based issues.	

PERMANENCY MEASURES OF PROGRESS

Through implementation of the Goal, Strategies, and Objectives outlined in this section of the CFSP, DCS will monitor, and anticipates improved outcomes related to the current and/or revised federal CFSR permanency outcomes:

- Improved Placement Stability and/or Reduction in the number of placement and adoption disruptions.
- Decrease in the length of time to permanency for all permanency options.

- Permanency in 12 months for children entering foster care
- Permanency in 12 months for children in foster care for 2 years or more
- Re-Entry into Foster Care

DCS continues to utilize PRT's to support permanency planning for youth in care. DCS is currently piloting PRT+, the Legal Orphan project, intended to augment DCS' current Permanency Round Table 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, Indiana Child Welfare Improvement Committee (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. This is a project that DCS is working on through the Court Improvement Project (CIP).

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

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

3. Goal, Strategies and Objectives Related to Well-Being

GOAL 3: ENGAGEMENT—STRENGTHEN ENGAGEMENT WITH PARENTS, CHILDREN, YOUTH AND RESOURCE FAMILIES (FOSTER/RELATIVE/KINSHIP/ADOPTIVE).

Indiana 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 exits; (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 participated 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.

Additionally, substance use 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 worked on the expansion of scalable START principles

statewide with Casey Family Programs 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.

OBJECTIVE 3.1 REDEDICATE ALL LEVELS OF THE AGENCY TO THE USE OF THE DCS PRACTICE MODEL AND USE OF ITS FIVE (5) CORE SKILLS, TEAMING, ENGAGING, ASSESSING, PLANNING, AND INTERVENING ("TEAPI"). THESE ALSO SET THE TONE FOR SUCCESSFUL ENGAGEMENT BY DCS IN DEVELOPING TRUST-BASED RELATIONSHIPS WITH CHILDREN, FAMILIES, AND STAKEHOLDERS. SIMILARLY, DCS FOCUSES ON THESE STANDARDS WHEN ENGAGED WITH CO-WORKERS AS A SIGN OF MUTUAL RESPECT, TRUST AND SUPPORT FOR FELLOW TEAM MEMBERS.

a) Implement a strategic rollout that clearly defines how each position in the organization plays a vital role in the implementation of the DCS Practice Model.

   (i) With there being DCS leaders new to the agency, many executives may not be as familiar with the DCS Practice Model. To establish buy-in at the executive level, DCS will initially dedicate an Executive Staff Meeting solely to the practice model. Thereafter, DCS will schedule a retreat/seminar for Executive Staff and Regional Managers.
   (ii) LODs and Local Office Attorneys (LOAs) will be trained on the importance and consistent use of the DCS Practice Model.
   (iii) Central Office staff will be trained on the importance and consistent use of the DCS Practice Model. Central office staff must understand the role they play in supporting the agency and enhancing the work of the FCM.
   (iv) Supervisors will be trained via a Quarterly Supervisor Workshop.
   (v) Family Case Managers will receive additional support about the importance and use of the Practice Model. LODs and FCM Supervisors will provide such guidance to FCMs on a continual basis.
   (vi) For employees who are unable to attend the initial face to face trainings, annual trainings will be available, as needed, for employees to attend to receive this important information in person.

Target Completion Date	Current Status	Progress to Date	CB Comments
Q2	(i) Completed	Executive training completed 11/15/18. Regional Managers were trained with Regional Chief Councils on 5/16/19.	
Q2	(ii) In Progress	Practice Model Trainings with local office leadership are	

		currently occurring with an expected completion date in Fall of 2019.	
Q4	(iii) In Progress	Practice Model Trainings within each division of central office are occurring with an expected completion date in Fall of 2019.	
Q2	(iv)In Progress	Practice Model Trainings with local office leadership are currently occurring with an expected completion date in Fall of 2019.	
Q4	(v)Ongoing Implementation	Practice Model discussions continue to occur at all levels of the organization with a rededication and ongoing communication in many forms (newsletters, trainings, emails, etc) regarding the use and fidelity of the model.	
Q1	(vi)Ongoing Implementation	Staff Development has created and made available a CAT in regards to the Practice Model.	

b) Continue initiative requiring all supervisors in Marion County to be trained as peer coaches. Peer coaches support the FCMs by modeling good practice through teaming and engagement. Peer coaches provide additional practice model resources for FCMs and FCM Supervisors on a regular basis. Field leadership identified two innovation zones to replicate the initiative.

(i) Begin implementation in medium size county (Clark County).
(ii) Begin implementation in small size county (Jackson County).
(iii) Provide peer coach training to FCM supervisors so that there will be trained FCM Supervisors available in each region.

Target Completion Date	Current Status	Progress to Date	CB Comments
Q1	(i)Completed	Supervisory staff in Clark County have been trained as Peer Coaches.	

Q1	(ii)Completed	Supervisory staff in Jackson County have been trained as Peer Coaches.	
Q1	(iii)Implementation Ongoing	Staff development continues to work with regional/county leadership to certify staff in a strategic manner on the peer coach process throughout the state.	

c) Partner with Region 13 to review CFTM practice to better understand what was learned during their CFTM improvement CQI process.

Target Completion Date	Current Status	Progress to Date	CB Comments
Q2	Completed	Region 13 focused their project on the frequency of Child and Family Team Meetings. During the time of the Region 13 project implementation, Region 18 began work on a project around the quality of child and family team meetings. The results and learning from the Region 13 & 18 are being utilized in other regions to focus on enhancing quality and frequency of child and family team meetings.	

d) Local Office Director's will use feedback gained from the reflective practice survey to enhance clinical supervision. Implement a coaching and feedback mechanism for local office directors to use with supervisors on guidance for providing a quality CFTM.

Target Completion Date	Current Status	Progress to Date	CB Comments
Q3		RPS workgroup continues to meet with plans to pilot the updated tool in August of 2019. There is ongoing implementation of supervisors being trained as peer coaches across the state with	

		regionally supportive practice model consultants.	

e) Evaluate the critical case juncture and required frequency of CFTMs to ensure practice alignment. Encourage the use of CFTMs in a more strength based or positive way (i.e. using them more proactively and/or following positive case events).

Target Completion Date	Current Status	Progress to Date	CB Comments
Q2	In Progress	Policy has been updated to reflect language and define case junctures which will be effective 7/1/19, however additional revisions from the practice team for this policy around child and family team meetings is currently pending.	

OBJECTIVE 3.2 ENSURE THAT CHILDREN AND PARENTS HAVE FREQUENT, HIGH-QUALITY VISITS WITH THEIR FAMILY CASE MANAGER.

a) The DCS policy on meaningful contacts incorporates the DCS Practice Model to provide staff with guidance to improve the quality of visits.

(i) DCS will use quarterly Reflective Practice Surveys (RPS) to review, with a real-time modeling and coaching model, whether the principles of the DCS Practice Model are being utilized to produce quality visits between the FCM and the child and the FCM and the parent.

(ii) Results of the RPS will be used to monitor visit quality (for example, are visits with a child occurring one-on-one when possible, are suggested questions being used to attain the status of safety, stability, permanency, and well-being, etc.). Every level of management will review the results of the RPS for specific and general trends in order to improve practice.

(iii) Clinical supervision at every management level will be used to provide feedback and strategies for improvement, when necessary.

Target Completion Date	Current Status	Progress to Date	CB Comments
Q2		The activity and step outs in this section will be moved to Q4, following the enhancement of the	

		RPS. The RPS workgroup continues to meet with plans to pilot the updated tool in August of 2019.	
Q1	(i)	The activity and step outs in this section will be moved to Q4, following the enhancement of the RPS. The RPS workgroup continues to meet with plans to pilot the updated tool in August of 2019.	
Q1	(ii)	The activity and step outs in this section will be moved to Q4, following the enhancement of the RPS. The RPS workgroup continues to meet with plans to pilot the updated tool in August of 2019.	
Q1	(iii)	The activity and step outs in this section will be moved to Q4, following the enhancement of the RPS. The RPS workgroup continues to meet with plans to pilot the updated tool in August of 2019.	

OBJECTIVE 3.3 ASSESS THE NEEDS OF KEY PARTICIPANTS IN THE CASE INCLUDING THE CHILD, MOTHER, FATHER, CAREGIVER, AND RESOURCE PARENTS TO HELP ENSURE PROPER SERVICES AND PLACEMENT.

a) Continue to assess the needs of children with consistent use of the Child and Adolescent Needs and Strengths (CANS) tool.

(i) Ensure all staff receive CANS 101/102 training, provide regular clinical supervision to FCMs, and increase use of CANS as a communication tool with service providers. **CFSR in 2016=83%, March 2018=97%

Target Completion Date	Current Status	Progress to Date	CB Comments

Q1	(i)Completed	Training and knowledge regarding the CANS tool and its purpose has been provided to staff.	

b) Strengthen formal and informal assessments through better engagement and increased teaming to better identify the needs of the father and the mother and improve on the timely delivery of services in order to address the needs of each parent throughout the life of the case.

(i) DCS will strengthen its formal and informal assessments to better identify the needs of the father and improve on the timely delivery of services.

(ii) In order to enhance Fatherhood Engagement services in an effort to better engage fathers in the care of their child/children, the DCS Research and Evaluation team will work to engage the fatherhood engagement service team to determine what may be needed.

(iii) After discussions with the fatherhood engagement service team and providers, DCS will work to address specific concerns as noted in the data.

(iv) DCS will strengthen its formal and informal assessments to better identify the needs of the mother and improve on the timely delivery of services.

(v) DCS will offer mothers and fathers services as identified in informal and formal assessments and during CFTMs or case conferences.

Target Completion Date	Current Status	Progress to Date	CB Comments
Q2	(i)Completed	Accuracy of assessments have been reviewed to ensure that they are reflecting the needs.	
Q2	(ii)Completed	An enhanced survey has been completed that captures what is needed to improve services. Presentation of the results has been provided to DCS Services and Fatherhood Engagement Providers.	
Q3	(iii)Ongoing Implementation	As concerns are noted DCS will work with providers to address the needs.	
Q2	(iv)Completed	Accuracy of assessments have been reviewed to ensure that they are reflecting the needs.	

Q1	(v)Completed	Review of rate of service referrals has been completed.	

c) Strengthen formal and informal assessments to better identify the needs of foster/resource parents and improve on the timely delivery of services in order to support and retain foster/resource parents.

(i) DCS will strengthen its formal and informal assessments to better identify the needs of foster/resource parents and improve on the timely delivery of services by developing two tools: 1. foster/resource parent self-assessment and 2. family visit checklist completed by family case managers that assists in the monitoring of ongoing needs. Development of the self-assessment and family visit checklist will incorporate foster/resource parent stakeholder advisory feedback.

(ii) Indiana will require foster parents to complete the self-assessment at least twice per year. Indiana will review the results on a regular basis to determine and address needs of the foster/resource family.

(iii) Indiana will continually review the Voluntary Withdrawal of License Reasons Report (i.e. an exit survey for licensed foster/resource parents). Licensing and field staff will review for common trends and develop plans to address issues in an effort to understand why foster parents are voluntarily withdrawing their license.

Target Completion Date	Current Status	Progress to Date	CB Comments
Q1 & Q4	(i)In Progress	Family visit checklist has been created. The development of the self-assessment for foster and resource parents will occur in Q4.	
Q8	(ii)		
Q1	(iii)In Progress	The Office of Data Management is working on collecting the voluntary withdrawal data in order to do an analysis. Due to data constraints and the need for enhancement this will be pushed back to Q4.	

OBJECTIVE 3.4 ENHANCE CASE PLANNING THROUGHOUT THE LIFE OF THE CASE BY ENGAGING THE FAMILY AND CHILDREN IN CASE PLANNING THROUGH CHILD AND FAMILY TEAM MEETINGS OR CASE CONFERENCES, AS APPROPRIATE.

a) Provide guidance to FCMs on the proper use of the CFTM process to support strong case planning for the family. Supervisors will model strong practice by attending CFTMs when necessary to engage workers and families in understanding strong social work practice.

(i) Management staff will use clinical supervision and discuss the preparation of all parties for the topics to be addressed at the CFTM and include development or tracking of needed adjustments in the case plan on a regular basis.

(ii) Finalize development of the case planning module in MaGIK to strengthen the use of CFTMs and engage families in case planning by pulling in identified strengths and needs from CFTM notes, CANS scores, visitation summaries, and any other data points that can be utilized to support comprehensive case planning.

Target Completion Date	Current Status	Progress to Date	CB Comments
Q1	(i)Ongoing Implementation	Regional Managers will work with field leadership to ensure that clinical supervision is being completed to fidelity at all levels. Field staff will utilize regionally based members of the practice team to address issues related to child and family team meetings.	
Q4	(ii)		

b) Probation: Case plan and transition plan/planning. In 2015, following the passage of the Preventing Sex Trafficking and Strengthening Families Act, additional work on the DCS case plan and transitional plan/planning matters took place. As a result, new standardized procedures for case plan and transition plan/planning and updated forms were put into practice effective October 1, 2017 for probation youth placed in foster care. The new case plan and transition plan documents will be uploaded into the DCS system of record MaGIK.

(i) Probation - A report will be developed by ODM to ensure case plans and transition plans have been uploaded. Review of the Case Plans and Transition Plans will be measured through the Quality Service Review (QSR) of probation cases. Any identified needs will be addressed by DCS and IOCS.

Target Completion Date	Current Status	Progress to Date	CB Comments
Q4	(i)		

OBJECTIVE 3.5 ENSURE THE DELIVERY OF APPROPRIATE SUBSTANCE USE/ABUSE TREATMENT SERVICES FOR FAMILIES WHERE SUBSTANCE USE/ABUSE IS IDENTIFIED.

a) Assess statewide client needs for substance use treatment and work with local providers to build capacity in underserved areas.

(i) Identify scalable Sobriety Treatment and Recovery Teams (START) practices that can be implemented in communities outside of Monroe County (where START has been in use).

(ii) Applying lessons learned from START locations by expanding principles of the START Model across Indiana.

(iii) DCS will partner with the IOCS to discuss the expansion of Family Recovery Courts in strategic locations throughout the State.

(iv) DCS will partner with other state agencies and local providers to enhance substance use treatment by providing more timely access to services.

(v) DCS is working to expand treatment and placement options for mothers and children in an effort to keep mothers and babies together during substance use treatment.

Target Completion Date	Current Status	Progress to Date	CB Comments
Q1	(i)Completed	2018 START work plan developed.	
Q1	(ii)Ongoing Implementation	Work plan is in place with Casey Family Programs with specific quarterly measurements.	
Q1	(iii)Ongoing Implementation	Family Recovery Courts are being expanded to identified locations across the state.	
Q1	(iv)Ongoing Implementation	Partnerships with other state agencies have been established in order to work together to enhance substance use treatment and access to services.	
Q1	(v)Completed	Volunteers of America applied for and received the regional partnership grant to expand treatment and support for mothers and children during substance abuse treatment.	

OBJECTIVE 3.6 PROBATION: IOCS AND DCS WILL WORK IN PARTNERSHIP TO STRENGTHEN PROBATION PRACTICES ON ENGAGING OF PROBATION YOUTH AND FAMILIES, AND FAMILY CENTERED CASE WORK PRACTICES.

a) Probation officers will visit all probation youth removed from the home and placed in foster care or residential care every thirty (30) days.

(i) DCS and IOCS began collaborating on updating monthly visit requirements starting in Q1 of 2014. The new visitation requirements went into effect October 1, 2014; however, the visitation requirements have not been formally incorporated in the minimum contact standards adopted by the Judicial Conference of Indiana. The monthly visit requirements will be presented to Board of Directors of the Judicial Conference of Indiana. The Board of Directors meets quarterly.

(ii) Monthly visit requirements will be tracked through the development and/or enhancement of reports in MaGIK as part of annual monthly caseworker visit reporting requirements. The monitoring of the quality of visits will be included in the juvenile quality assurance process.

Target Completion Date	Current Status	Progress to Date	CB Comments
Q3	(i)		
Q4	(ii)		

b) Probation officers will be trained on Family Centered practices.

(i) DCS and IOCS will evaluate current DCS and Probation training curriculums to identify current training topics that can be adopted or modified. (DCS provided the New Worker Participant manual to IOCS in March 2017 and the CIP Administrator and an Education Attorney for IOCS audited the New Probation Officer Orientation on October 11-13, 2017).

(ii) Family Centered Training Program for Juvenile Probation Officers was developed. Training topics will be identified for delivery via on demand distance education (computer assisted training) and for delivery via in-person training. Training topics will focus on assessing risk, safety and needs of a family, case planning, transition planning, termination of parental rights (TPR), adoption, visitation (visitation between probation youth and other siblings/children in home; visitation between probation youth and parents); contacts (between probation officers and probation youth, and between probation officer and parents); documenting visitation/contacts in MaGIK/KidTraks.

(iii) In person training will be provided to experienced probation officers at the

Probation Officer annual meeting May 9-10, 2018.

(iv) Training curriculum for new probation officers will be piloted in fall/winter 2018.

(v) Training curriculum for new probation officers will be implemented in 2019.

(vi) Training on Family-Centered Practices will be measured by recording the names of probation officers that attend each training session, and conducting surveys after each training session.

Target Completion Date	Current Status	Progress to Date	CB Comments
Q1	(i)Completed	DCS provided the new worker participant manual to IOCS in March 2017 and the CIP Administrator and an Education Attorney for IOCS audited the new probation officer orientation on October 11-13, 2017.	
Q1	(ii)Completed	In person training was provided to experienced probation officer on May 9 &10, 2018. The topics covered included: Family Centered Practice (Part 1 & 2), Case Plan and Transition Planning for Juveniles, and recognizing signs of abuse and maltreatment.	
Q1	(iii)Completed	In person training was provided to experienced probation officer on May 9 &10, 2018. The topics covered included: Family Centered Practice (Part 1 & 2), Case Plan and Transition Planning for Juveniles, and recognizing signs of abuse and maltreatment.	
Q4	(iv)		
Q4	(v)		
Q4	(vi)		

WELL-BEING MEASURES OF PROGRESS

Through implementation of the Goals, Objectives and Interventions outlined in this section of the CFSP, DCS will monitor, and anticipates improved outcomes related to the current and/or revised federal CFSR well-being outcomes:

- Monthly Caseworker Visit with the Child
- Engaging with the Parents
- Child and Family Involvement in Teaming and Case Planning
- Assessing the needs of the child, parents, and resources parents

DCS continues to employ specialized individuals to support our youth, families, and field workers in a number of areas. The Permanency and Practice Support division employees clinical services specialists, investigators and education liaisons.

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

4. Goal, Strategies, and Objectives Related to Continuous Quality Improvement (CQI)

GOAL 4: ENSURE SAFETY, PERMANENCY & WELL-BEING FOR INDIANA'S FAMILIES BY STRENGTHENING CONTINUOUS QUALITY IMPROVEMENT (CQI) EFFORTS THROUGHOUT THE STATE.

Continuous Quality Improvement ("CQI"), along with Indiana's modified Onsite Review Instrument ("OSRI") activities 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 both divisional and the regional level using both quantitative and qualitative processes involving front line staff 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.

OBJECTIVE 4.1 INCREASE CAPACITY FOR CQI PROJECTS BY ENHANCING THE SKILL SET OF THE CONTINUOUS QUALITY IMPROVEMENT TEAM MEMBERS AND OTHER EMPLOYEES TO ALLOW FOR AN INTEGRATED QUALITATIVE CASE REVIEW AND PRACTICE IMPROVEMENT PROCESS.

a) Provide Six Sigma Green Belt training and certification from Purdue University to selected staff wherein they learn the DMAIC (Define, Measure, Analyze, Improve and Control) process, data collection techniques and statistical methods used in Six Sigma projects. Each division will have staff trained in Six Sigma and those staff will be responsible for CQI projects in their respective division on an ongoing basis and as problem statements are developed.

Target Completion Date	Current Status	Progress to Date	CB Comments
Q1	Ongoing Implementation	Each division has staff trained in Six Sigma. CQI staff continue to trained and receive training upon hire.	

b) Create training with a project driven approach to engage line staff supervisors and management and expand knowledge of CQI and understanding of data.

Target Completion Date	Current Status	Progress to Date	CB Comments
Q3		Initial training for staff	

		participating in improvement events and workgroups has been created. Currently CQI and staff development are working on creating a training that can be offered to all staff with a project drive approach.	

c) Employees who attend the Six Sigma Green Belt Training will obtain their Green Belt certification by facilitating field driven projects throughout the state.

Target Completion Date	Current Status	Progress to Date	CB Comments
Q3	In Progress	All training will be completed by 2019, the DCS Advanced Lean Practitioner is mentoring those who have passed the class to complete their projects in order to achieve their green belt	

OBJECTIVE 4.2 SUPPORT PRACTICE IMPROVEMENTS AT THE REGIONAL LEVEL BY ENGAGING LINE STAFF, SUPERVISORS AND MANAGEMENT IN CQI PROJECTS AND DATA DRIVEN SUPERVISION.

a) Provide initial training through regionally chosen practice improvement projects.

Target Completion Date	Current Status	Progress to Date	CB Comments
Q1	Ongoing Implementation	Training provided prior to CQI project commencement with the selected work group	

b) Continue development and implementation of MaGIK FCM Reporting Dashboard of easy to understand data measures that can be used during supervision and can enhance FCM's ability to see how their successes impact overall agency key performance measures.

i. Develop and deliver "Coaching with Data" trainings to supervisors on how to effectively coach and develop staff using data and CQI principles that lead to improved outcomes for children and families

ii. Survey supervisors by phone after training through random selection to identify effectiveness of training.

Target Completion Date	Current Status	Progress to Date	CB Comments

Q4			
Q3	(i)		
Q4	(ii)		

OBJECTIVE 4.3 UTILIZE THE CQI PROCESS TO STRATEGICALLY SUPPORT THE IMPLEMENTATION OF PIP GOALS.

a) Use PIP monitoring reports and tools (referred to throughout this PIP plan document) to identify regions and practice activities that may benefit from CQI efforts.

Target Completion Date	Current Status	Progress to Date	CB Comments
Q1	Ongoing Implementation	Regular meetings occur with regional leadership and CQI to discuss data driven improvement efforts	

b) Implement Regional CQI projects. Escalate systemic "root causes" to both field leadership and cross functional Strategic Solutions Committee to address with statewide policy and procedure changes where appropriate.

i. The 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.

Target Completion Date	Current Status	Progress to Date	CB Comments
Q1	Ongoing Implementation	CQI projects at both the regional and statewide level continue to be facilitated	
Q1	(i)Ongoing Implementation	The Strategic Solutions Committee meets monthly to act as an executive steering team to help direct the work of the value stream steering teams as they move forward continuous quality improvement work both regionally and statewide.	

OBJECTIVE 4.4 PROBATION: A JUVENILE PROBATION QUALITY ASSURANCE PROCESS COMPLIANT WITH CFSR STANDARDS WILL BE INSTITUTIONALIZED. THE FRAMEWORK OF THE CFSR/PIP CASE REVIEW PROCESS AND ELEMENTS OF THE OSRI WILL BE UTILIZED.

a) Representatives from DCS and IOCS will meet with the Collaborative Communication Committee to develop draft updates to Probation Standard 1.21-Case Audits and Quality Assurance to require audits that are CFSR compliant. Currently Probation Standard 1.21 states "Departments shall adopt policies and procedures to conduct case audits and IYAS/IRAS quality assurance. Audit of case files should be conducted at least once year and shall review case files for: properly administered IRAS/IYAS assessments, case plans linked to assessments finding/criminogenic needs, appropriate use of incentives and sanctions, appropriate supervision levels based on assessment, program/services matched to probationer risk levels."

Target Completion Date	Current Status	Progress to Date	CB Comments
Q2	(i)		
Q2	(ii)		
Q2	(iii)		
Q3	(iv)		
Q4	(v)		
Q4	(vi)		

OBJECTIVE 4.5 PROBATION: DEVELOP RECOMMENDATIONS THAT INFORM SHORT AND LONG-TERM STRATEGIES REGARDING DATA NEEDS AND INTEGRATION BETWEEN DCS AND PROBATION'S MULTIPLE DATA SYSTEMS THAT WILL RESULT IN COMPLIANCE WITH FEDERAL GUIDELINES.

a) A workgroup of subject matter experts on information exchange and practitioners will be tasked with review of: current information structure of probation data being entered in MaGIK and sharing process between agencies; re-evaluating current business rules associated with access to the MaGIK ecosystem; general system limitations and practices; and federally required data elements that will lead to the development of recommendations that inform a short and long-term strategy regarding data needs, integration, and reporting obligations. Workgroup will make recommendations to DCS and Office of Judicial Administration.
    i. Assess the data fields in the DCS case management system entered by probation to determine the required field for the purposes of the CFSR, QSR and AFCARS reporting

ii. Determine (in the systems utilized by probation) if similar data fields exist
iii. Determine the methodology of plausible data integration

Target Completion Date	Current Status	Progress to Date	CB Comments
Q4	(i)		
Q4	(ii)		
Q4	(iii)		

b) Improve case management process for juvenile probation officers.

i. Identify a cross-section of Chief Probation Officers, Assistant Chief Probation Officers, Deputy Chief Probation Officers and Juvenile Probation Supervisors to evaluate the effectiveness of current DCS-provided reports to probation departments, and explore opportunities for supplementing with other reports that will enhance data quality and compliance with federal requirements. Examples of reports that would enhance probation case practice and provide them the same case management reports as DCS to help meet IV-E requirements include: how many kids a county has in placement, monthly visitation tracking, 15 of 22 months report, and length of stay
ii. Upon evaluation, identify key reports that can be modified to meet the needs of probation departments
iii. Modify current DCS reports to assist in case management of probation cases
iv. Determine the methodology to have probation administrator's access reports.
v. Re-convene initial stakeholder group to determine whether the needs and purposes of reports are meeting the needs of probation.

Target Completion Date	Current Status	Progress to Date	CB Comments
Q1	(i)		
Q1	(ii)		
Q3	(iii)		
Q1	(iv)		
Q1	(v)		

CQI MEASURES OF PROGRESS

DCS continues to measure progress on the CQI goal from a completion perspective and a quantified data analysis method. DCS has successfully made steps implementing CQI into its organizational structure and the agencies

commitment to continuous quality improvement is highlighted as it exists as one of the pillars presented by the Director. DCS hopes to continue integration of CQI by capturing additional data, streamlining reports, implementing data modelling, and developing management dashboards to facilitate more real-time decision-making and further analysis of progress on all of the CFSP goals and objectives.

DCS remains focused on improving the effectiveness and efficiency of child welfare services through expanded eligibility and a broader service array. DCS has routinely monitored the effectiveness of the Practice Model in order to establish the goals and direction of the agency, Title IV-E Waiver spending, training, and service delivery. To further support these efforts, DCS has implemented a Continuous Quality Improvement (CQI) process that will serve as the foundation for setting agency priorities, structure for internal and external collaborations, and interventions as well as the continuum of service provision. DCS is committed to developing a sustainable CQI approach that will serve as the basis for evaluating and improving child welfare practice and using data analytics to inform targeted and timely interventions for children and families to improve safety, permanency and well-being outcomes.

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.

5. Goal, Strategies, and Objectives related to Workforce Considerations

GOAL 5: WORKFORCE—IMPLEMENT INITIATIVES THAT FOCUS ON IMPROVING CLIMATE AND CULTURE AT ALL LEVELS OF THE AGENCY THAT LEAD TO BETTER OUTCOMES FOR CHILDREN AND FAMILIES AND IMPROVED WORKER RECRUITMENT AND RETENTION.

Indiana understands meaningful improvement is most likely to be successful with a strong and stable workforce. DCS 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[2]	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
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.

[2] 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.

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%

In early 2018, DCS' supervision standard is one supervisor to seven 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 supervisors[3] 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:

Reason	Number of Responses (n=1,663)
Job pressure/Work-related stress	793

[3] A supervisor in this context is one that supervises FCMs that carry an active caseload.

Working Conditions (workload, schedule, etc.)	728
Secured a Different Job[4]	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 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 choses to stay with the agency and

[4] 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.

assist in understanding what improvements could be made at the agency to further promote employee retention efforts.

OBJECTIVE 5.1 DCS HAS DEDICATED RESOURCES—BOTH INTERNAL AND EXTERNAL—TO COLLECTING DATA AND PERFORMING ANALYSIS ON STAFF RECRUITMENT AND RETENTION. DCS WILL USE THOSE FINDINGS TO EXECUTE STRATEGIES THAT RESULTS IN IMPROVED RECRUITMENT AND RETENTION.

a) Recruitment and retention needs vary widely around the state and as such, each DCS region will develop its own workforce recruitment and retention plans.

   (i) DCS will create and compile the regional recruitment and retention plans developed by regional field staff (supported by data and information from the regional and local level) to identify where trends or commonalities can be addressed.
   (ii) Once the regional recruitment and retention plans are compiled, DCS HR will review and develop a statewide plan in order to target workforce needs in order to inform a broader statewide targeted recruitment and retention strategy.

Target Completion Date	Current Status	Progress to Date	CB Comments
Q2	(i)		
Q3	(ii)		

b) DCS HR and the Office of Information Technology will conduct and monitor new FCM cohort surveys to measure engagement of new employees during the employee's first year in a local office. Sample questions include how many times they have met with their supervisor, relationship with their mentor, have they had the ability to shadow, and their confidence in their decision to become a family case manager.

   (i) A new FCM cohort employee survey will be developed for employees who are in their first year of employment.
   (ii) Survey responses for the New FCM Employee Survey will be captured at defined intervals. An analysis will be provided to executive level staff once per quarter and executive level staff will review and address trends as needed.
   (iii) Survey responses and retention data will be monitored as changes to new hire procedures are made. Based on the findings, examples of changes might include adjustments to procedures/orientation for local offices when new hires begin, improvements to cohort training, and enhancements to job descriptions.
   (iv) The employee exit survey will be improved to better understand the reasons why employees are leaving DCS.

Target Completion Date	Current Status	Progress to Date	CB Comments
Q2	(i)		
Q3	(ii)		
Q4	(iii)		
Q2	(iv)		

c) DCS HR and the Office of Information Technology will conduct and monitor surveys to measure engagement of experienced employees at least once per year after their first year of employment.

(i) An experienced employee survey will be developed for employees who have been with the agency for more than one year.

(ii) Survey responses for the Experienced Employee Survey will be captured at least once per year. An analysis will be provided to executive level staff and executive level staff will review and address trends as needed.

(iii) Survey responses and retention data will be monitored. Based on the findings, examples of continuous improvement efforts might include adjustments to procedures for local offices, improvements to ongoing FCM training, and enhancements to job descriptions.

Target Completion Date	Current Status	Progress to Date	CB Comments
Q2	(i)		
Q3	(ii)		
Q4	(iii)		

OBJECTIVE 5.2 DCS WILL ENCOURAGE AND ASSIST EMPLOYEES TO USE EXISTING PROGRAMS TO SUPPORT WORK-LIFE BALANCE AND ADDRESS SECONDARY-TRAUMA IN EMPLOYEES.

a) DCS will communicate with staff using a variety of media about the existing programs that will help staff address work-life balance as well as secondary trauma including programs like EAP and CIRT.

Target Completion Date	Current Status	Progress to Date	CB Comments
Q1	Ongoing Implementation	Information continues to be presented to staff in a variety of ways: i.e. newsletters, email blasts	

OBJECTIVE 5.3 IMPLEMENT STRATEGIES TO POSITIVELY IMPACT CULTURE AND CLIMATE THAT ARE INFORMED BY ONGOING DATA AND SURVEY COLLECTION.

a) After focus groups were held, it was determined that Marion County employees did not feel connected and supported by management due to the size of the office. Marion County was split out into four smaller, local offices in order to reduce the functional size of each office in an effort to help employees build relationships with each other.

Target Completion Date	Current Status	Progress to Date	CB Comments
Q1	Completed	Four separate Marion County DCS offices have been created (North, South, East, and West)	

b) With the assistance of Indiana University, DCS launched an employee survey for Marion County employees (the agency's largest office with highest turnover) to measure such engagement topics as employees' feelings of respect and support, balance of work & personal life, and adequate supervision.

(i) Continue distribution of surveys to Marion County employees at 6-month intervals (over a total of 18 months) to track progress as initiatives and changes are made to improve culture and climate as part of the Marion County Localization Project.

(ii) Monitor surveys as changes are made and ensure successful changes that support employee engagement are shared with Marion County staff.

Target Completion Date	Current Status	Progress to Date	CB Comments
Q1	(i) Ongoing Implementation	The surveys have been distributed and completed.	
Q1	(ii) Ongoing Implementation	IU sends a report with data collected and baseline information is set and goals have been created.	

c) DCS will continue to expand training on organizational culture and climate throughout all levels of the agency and discussions will continue as part of the re-launching of the DCS Practice Model.

(i) All executive staff will participate in practice model discussions with a focus on how utilization of the model throughout the agency impacts culture and climate.

(ii) Engage executive staff on the topic of culture and climate and provide guidance on how they can work with their individual divisions to implement strategies for sustaining the practice model.

(iii) DCS executive staff will model the parallel process through the continued use of the

practice model on an ongoing basis with their employees.

(iv) During a quarterly supervisor's workshop, include recently developed training on culture and climate and how to enhance supervision.

Target Completion Date	Current Status	Progress to Date	CB Comments
Q1	(i)Completed	A discussion regarding a recommitment to the practice model has been completed with all of the executive staff.	
Q1	(ii)Completed	DCS Mission statement has been revised and delivered. Training of all executive staff occurred 11/15/18.	
Q1	(iii)Ongoing Implementation	Executive staff have established practice model expectations with each of their divisions. Continuous use of the parallel process will continue.	
Q1	(iv)Completed	This was delivered during a supervisor quarterly workshop and completed in December of 2017.	

6. PIP Implementation Plan and Supports

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

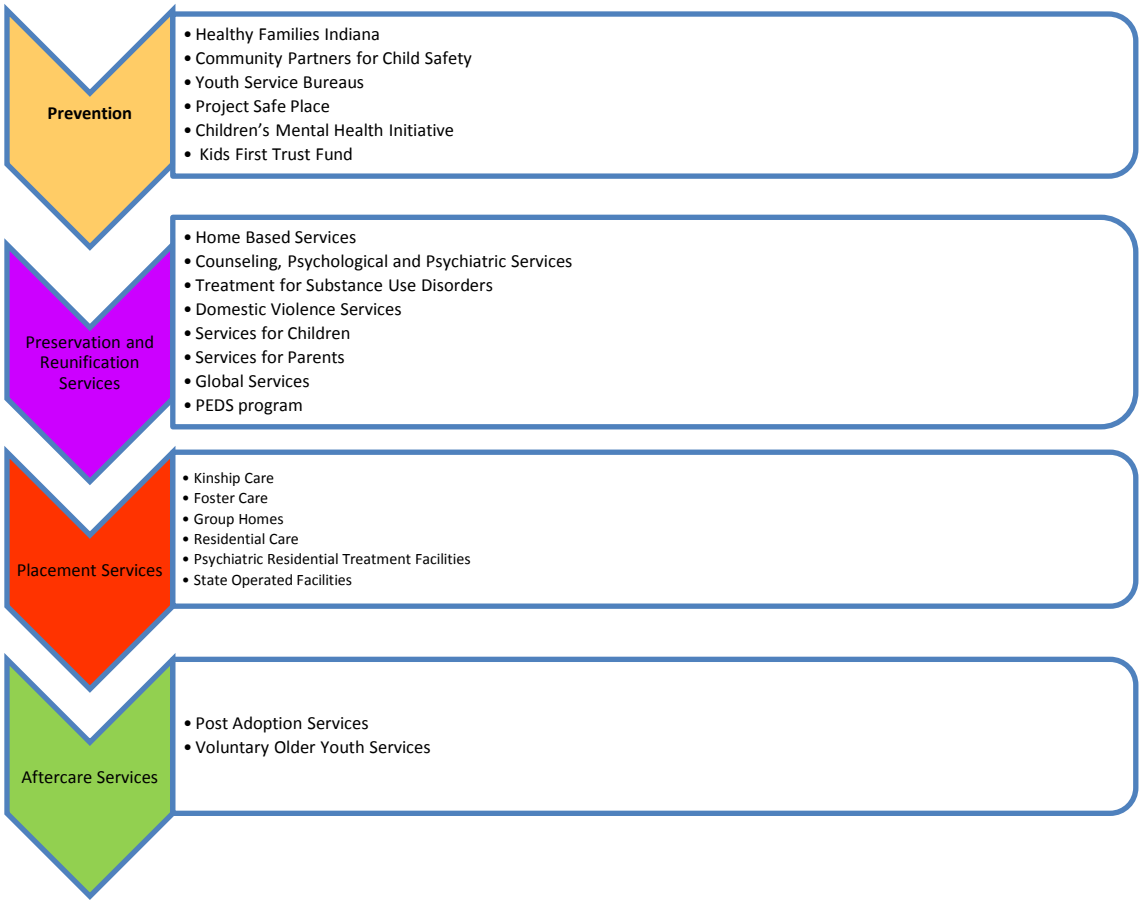
OSRI. The practice appraisal process uses a modified version of the OSRI tool to measure practice during the current review year. Indiana will allocate the resources necessary to execute a statewide case review that will result in a baseline and semi-annual PIP measurement during years 1 and 2, consisting of a random selection of 65 cases during each semi-annual review period.

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.

V. SERVICES

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

DCS provides a full continuum of services state-wide. Those services can be categorized in the following manner:



1. Prevention Services

Kids First Trust Fund

A member of the National Alliance of Children's Trusts, Indiana raises funds through license plate sales, filing fee surcharges, and contributions. This fund was created by Indiana statute and is overseen by a Board of Directors appointed by the State Senate, State House of Representatives and Indiana Governor. DCS and the Indiana Department of Health also have representatives on the Board. The Board is required to meet at least quarterly. The purpose of the trust fund includes the prevention of child abuse and neglect as well as reducing infant mortality. The Board is supportive of DCS efforts to develop a strategic framework and toolkit on the prevention of child abuse and neglect. The goal for this project is for the toolkit on prevention to be completed and available by early 2021.

Youth Service Bureau

Youth Service Bureaus were created by Indiana statute for the purpose of funding delinquency prevention programs through a state-wide network. This fund supports 24 Youth Service Bureaus to provide a range of programs including: Teen Court, Mentoring, Recreation Activities, Skills Training, Counseling, Shelter, School Intervention, and Parent Education.

Project Safe Place

This fund, created by Indiana statute, provides a state-wide network of safe places for children to report abuse, neglect, and runaway status. These safe places are public places like convenience stores, police departments, fire departments and other places where children gather. Some emergency shelter is also funded through licensed emergency shelter agencies.

Child Abuse Prevention and Treatment Act (CAPTA)

Federal funds available through the Child Abuse Prevention and Treatment Act (CAPTA) via Community Based Child Abuse Prevention (CBCAP) funding support building a community-based child abuse prevention network through which prevention services can be delivered.

Healthy Families Indiana (HFI)

A combination of federal, state, and local funding provides prevention home visiting services through contracts with the 32 local HFI providers to parents of children zero to three years old. The purpose is to promote healthy families and healthy children through a variety of services including child development, access to health care, and parent education. The program also advocates for positive, nurturing, non-violent discipline of children. See the Healthy Families Indiana web page, https://www.in.gov/dcs/2459.htm.

Community Partners for Child Safety (CPCS)

The purpose of this service is to develop a child abuse prevention service array that can be delivered in every region of the state. This service builds community resources that promote support to families identified through self-referral or other community agency referral to a service that will connect families to the resources needed to strengthen the family and prevent child abuse and neglect. It is intended, through the delivery of these prevention services, that the need for referral to Child Protective Services will not be necessary. Community resources include, but are not limited to: schools, social services agencies, local DCS offices, Healthy Families Indiana, Prevent Child Abuse Indiana Chapters, Youth Services Bureaus, Child Advocacy Centers, the faith-based community, local school systems and Twelve Step Programs. See the Community Partners for Child Safety web page, https://www.in.gov/dcs/2455.htm.

Maternal Infant Early Childhood Home Visiting (MIECHV)

Maternal Infant Early Childhood Home Visiting (MIECHV) funds are designed to: (1) strengthen and improve the programs and activities carried out under Title V of the Social Security Act; (2) improve coordination of services for at-risk communities; and (3) identify and provide comprehensive services to improve outcomes for families who reside in at-risk communities. The Indiana State Department of Health (ISDH) and the Department of Child Services (DCS) are co-leads of this federal grant, collaborate with Public Consulting Group, Goodwill Industries of Central Indiana, Riley Child Development Center, Women, Infants, and Children (WIC), and the Early Learning Advisory Council (ELAC) Initiative at the state agency level to achieve MIECHV goals.

The Indiana MIECHV funding supports direct client service through the expansion of two evidenced-based home visiting programs, Healthy Families Indiana (HFI) and Nurse Family Partnerships (NFP), to pair families—particularly low-income, single-parent families—with trained professionals who can provide parenting information, resources and support during a woman's pregnancy and throughout a child's first few years of life. These models have been shown to make a real difference in a child's health, development, and ability to learn and include supports such as health care, screenings for developmental concerns, early education, parenting skills, child abuse prevention, and nutrition education or assistance. For more information about MIECHV Indiana visit: https://www.in.gov/isdh/25565.htm.

Children's Mental Health Initiative

The Children's Mental Health Initiative (CMHI) provides service access for children with significant mental and behavioural health issues who have historically been unable to access high level services. The Children's Mental Health Initiative specifically focuses on those children and youth who do not qualify for Medicaid services and whose families are struggling to access services due to their inability to pay for the services or find gaps in the service array. The CMHI helps to ensure that children are served in the most appropriate service delivery system and that they do not enter the child welfare system or probation system for the sole purpose of accessing mental and/or behavioral health services.

The Children's Mental Health Initiative is a collaboration between DCS and the local Access Sites, Community Mental Health Center's and the Division of Mental Health and Addiction. Available services include:

- Rehabilitation Option Services,
- Clinic Based Therapeutic and Diagnostic Services,
- Children's Mental Health Wraparound Services,
- Wraparound Facilitation,
- Habilitation,
- Family Support and Training,
- Respite (overnight respite must be provided by a DCS licensed provider), and
- Placement Services.

Eligibility for the CMHI can be more flexible than that of Medicaid paid services under the Children's Mental Health Wraparound and includes:

- DSM-IV-TR Diagnosis- Youth meets criteria for two (2) or more diagnoses.
- CANS 4, 5, or 6 and DMHA/DCS Project Algorithm must be a 1
- Child or adolescent age 6 through the age of 17
- Youth who are experiencing significant emotional and/or functional impairments that impact their level of functioning at home or in the community (e.g., Seriously Emotionally Disturbed classification)
- Not Medicaid Eligible/Lack funding for service array
- Other children who have been approved by DCS to receive services under the Children's Mental Health Initiative because they are a danger to themselves or others

Note: The Children's Mental Health Initiative is a voluntary service. The caregiver must be engaged in order to access services.

The CMHI started as a pilot project in 2012 and has spread throughout Indiana in 2013 and early 2014. The program has shown success and is still running in collaboration with DMHA. The CMHI and the Family Evaluation process were implemented jointly to improve service access to families without requiring entry into the probation system or the child welfare system in order to access services.

2. Preservation and Reunification Services

DCS will continue to provide a full service array throughout the state. Services provided to families will include a variety of services outlined below.

Home Based Services

- Comprehensive Home Based Services
- Homebuilders
- Home-Based Family Centered Casework Services
- Home-Based Family Centered Therapy Services
- Homemaker/Parent Aid
- Child Parent Psychotherapy

Counseling, Psychological and Psychiatric Services

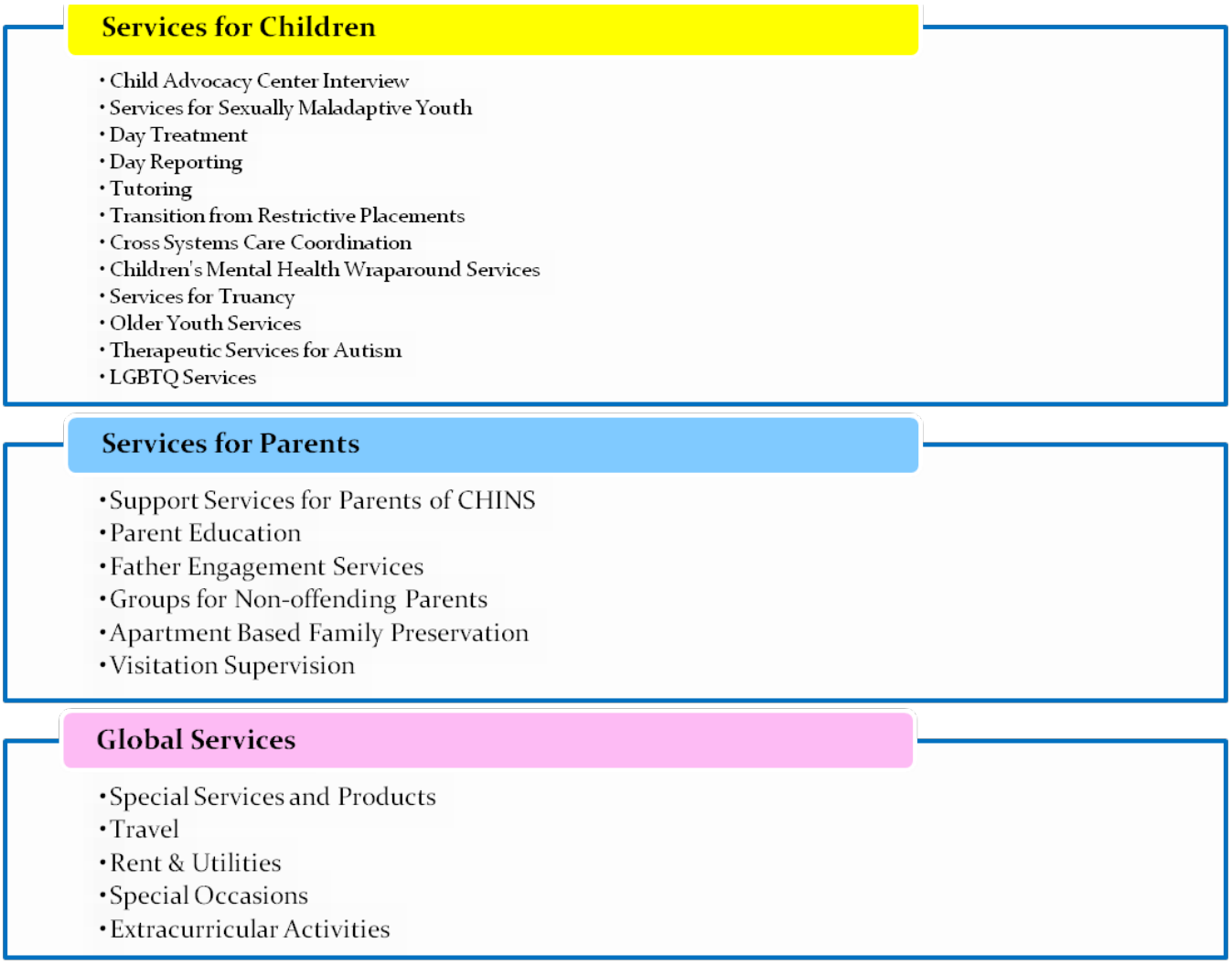
- Counseling
- Clinical Interview and Assessment
- Bonding and Attachment Assessment
- Trauma Assessment
- Psychological Testing
- Neuropsychological Testing
- Functional Family Therapy
- Medication Evaluation and Medication Monitoring
- Parent and Family Functioning Assessment

Treatment for Substance Use Disorder

- Drug Screens
- Substance Use Disorder Assessment
- Detoxification Services-Inpatient
- Detoxification Services-Outpatient
- Outpatient Services
- Intentive Outpatient Treatment
- Residential Services
- Housing with Supportive Services for Addictions
- Sobriety Treatment and Recovery Teams (START)

Domestic Violence Services

- Batterers Intervention Program
- Victim and Child Services



These services are provided according to service standards found at: http://www.in.gov/dcs/3159.htm

Future service enhancements include continued expansion of the home-based service array.

Services currently available under the array include:

Preservation Services			
Service Standard	Duration	Intensity	Conditions/Service Summary
Family Preservation Service	Maximum 12 month	At least 1 weekly, in home contact with the parent and child.	**Placement Prevention**: All-encompassing referral made to one agency to provide all needed services to a family with a child(ren) that are imminent risk of being placed into foster care. Provider must use Evidence Based Practices in delivering the services to the family, with the goal of addressing the needs of the family with the child(ren) remaining safely in the home.

Family Preservation Service

The Family Preservation Service standard is a new standard and delivery of services for the state of Indiana. Secondary to the Families First Prevention Service Act that was signed into Federal Law in February of 2018, this standard was being developed to address the need to give families and children available services in their homes to prevent the need of placement in foster care. The service provides a per diem to the referred agency to provide "any and all" needed services to the family to allow the children to remain safely in the family home. The minimum requirements are that the provider agency meet with the focus child(ren), in the child(ren) home at least on a weekly basis. The provider agency will need to utilize Evidence Based Practices and follow the models that they use for frequency, needs, and supervision. The per diem also includes concrete funds to assist the family.

Home Based Services			
Service Standard	Duration	Intensity	Conditions/Service Summary
Homebuilders ® (Must call provider referral line first to determine appropriateness of services) (Master's Level or Bachelors with 2 yr experience)	4 – 6 Weeks	Minimum of 40 hours of face to face and additional collateral contacts	**Placement Prevention**: Provision of intensive services to prevent the child's removal from the home, other less intensive services have been utilized or are not appropriate **or Reunification:** it is an unusually complex situation and less intensive services are not sufficient for reunification to occur. Services are available 24/7 Maximum case load of 2-3
Home-Based Therapy (HBT) (Master's Level)	Up to 6 months	1-8 direct face-to face service hrs/week (intensity of service should decrease over the duration of	Structured, goal-oriented, time-limited therapy in the natural environment to assist in recovering from physical, sexual, emotional abuse, and neglect, mental illness, personality/behavior disorder, developmental disability, dysfunctional family of origin, and current family dysfunction. Service is available 24/7. Some providers have a 1 hour response time for families in crisis. Maximum case load of 12.

		the referral)	
Home-Based Casework (HBC) (Bachelor's Level)	Up to 6 months	direct face-to-face service hours/week (intensity of service should decrease over the duration of the referral)	Home-Based Casework services typically focus on assisting the family with complex needs, such as behavior modification techniques, managing crisis, navigating services systems and assistance with developing short and long term goals. Service is available 24/7. Some providers have a 1 hour response time for families in crisis. Maximum case load of 12.
Homemaker/ Parent Aid (HM/PA) (Para-professional)	Up to 6 months	1-8 direct face-to-face service hours/week	Assistance and support to parents who are unable to appropriately fulfill parenting and/or homemaking functions, by assisting the family through advocating, teaching, demonstrating, monitoring, and/or role modeling new, appropriate skills for coping. Some providers have a 1 hour response time for families in crisis. Maximum case load of 12.
Comprehensive Home Based Services	Up to 6 months	5-8 direct hours with or on behalf of the family	Utilizing an evidence based model to assist families with high need for multiple home based intensive services. Additionally, will provide: supervised visits, transportation, parent education, homemaker/parent aid, and case management. Some evidence based models require a therapist to provide home based clinical services and treatment. These services are provided by one agency. This is referable through service mapping or the Regional Services Coordinator Maximum case load of 5-8.

Comprehensive Home-Based Services

Comprehensive Home-Based Services include an array of home based services provided by a single provider agency. All providers offering services through this standard are required to utilize an Evidence Based Practice (EBP) model in service implementation, which include but is not limited to, Motivational interviewing, Trauma Focused Cognitive Behavioural Therapy and Child Parent Psychotherapy.

In addition, Family Centered Treatment is being supported by DCS as a model of Comprehensive Home-Based Services. This service provides intensive therapeutic services to families with children at risk of placement or to support the family in transitioning the child from residential placement back to the family. This model also is

effective in working with families who have very complex needs. The service works to implement sustainable value change that will improve life functioning and prevent future system involvement.

Services Available Through Comprehensive Home Based Services		
Service Standard	Target Population	Service Summary
FCT – Family Centered Therapy	● Families that are resistant to services ● Families that have had multiple, unsuccessful attempts at home based services ● Traditional services that are unable to successfully meet the underlying need ● Families that have experienced family violence ● Families that have previous DCS involvement ● High risk juveniles who are not responding to typical community based services ● Juveniles who have been found to need residential placement or are returning from incarceration or residential placement	This program offers an average of 6 months of evidenced based practice that quickly engages the entire family (family as defined by the family members) through a four phase process. The therapist works intensively with the family to help them understand what their values are and helps motivate them to a sustainable value change that will improve the lives of the whole family.
MI – Motivational Interviewing	● effective in facilitating many types of behavior change ● addictions ● non-compliance and running away of teens ● discipline practices of parents.	This program offers direct, client-centered counseling approaches for therapists to help clients/families clarify and resolve their ambivalence about change. Motivational Interviewing identifies strategies for practitioners including related tasks for the clients within each stage of change to minimize and overcome resistance. This model has been shown to be effective in facilitating many types of behavior change including addictions, non-compliance, running away behaviors in teens, and inappropriate discipline practices of parents.

TFCBT – Trauma Focused Cognitive Behavioral Therapy and Trauma Assessments	● Children ages 3-18 who have experienced trauma ● Children who may be experiencing significant emotional problems ● Children with PTSD	This program offers treatment of youth ages 3-18 who have experienced trauma. The treatment includes child-parent sessions, uses psycho education, parenting skills, stress management, cognitive coping, etc. to enhance future safety. Treatment assists the family in working through trauma in order to prevent future behaviors related to trauma, and a non-offending adult caregiver must be available to participate in services.
AFCBT – Alternative Family Cognitive Behavioral Therapy	● Children diagnosed with behavior problems ● Children with Conduct Disorder ● Children with Oppositional Defiant Disorder ● Families with a history of physical force and conflict	This program offers treatment to improve relationships between children and parents/caregivers by strengthening healthy parenting practices. In addition, services enhance child coping and social skills, maintains family safety, reduces coercive practices by caregivers and other family members, reduces the use of physical force by caregivers and the child and/ or improves child safety/welfare and family functioning.
ABA – Applied Behavioral Analysis	● Children with a diagnosis on the Autism Spectrum	This program offers treatment for youth with autism diagnosis to improve functional capacity in speech and language, activities of daily living, repetitive behaviors and intensive intervention for development of social and academic skills.
CPP – Child Parent Psychotherapy	● Children ages 0-5 who have experienced trauma ● Children who have been victims of maltreatment ● Children who have witnessed DV ● Children with attachment disorders ● Toddlers of depressed mothers	This program offers techniques to support and strengthen the caregiver and child relationship as an avenue for restoring and protecting the child's mental health, improve child and parent domains, and increase the caregiver's ability to interact in positive ways with the child(ren). This model is based on attachment theory but integrates other behavioral therapies.
IN-AJSOP	Children with sexually maladaptive behaviors and their families	This program offers treatment to youth who have exhibited inappropriate sexually aggressive behavior. The youth may be reintegrating into the community following out-of-home placement for treatment of sexually maladaptive behaviors. Youth may have sexually maladaptive behaviors and co-occurring mental health, intellectual disabilities or autism spectrum diagnoses. CBT-IN-AJSOP focuses on skill development for youth, family members and members of the community to manage and reduce risk. Youth and families learn specific skills including the identification of

		distorted thinking, the modification of beliefs, the practice of pro social skills, and the changing of specific behaviors
Intercept	Children of any age with serious emotional and behavioral problems	Treatment is family-centered and includes strength-based interventions, including family therapy using multiple evidence based models (EBM), mental health treatment for caregivers, parenting skills education, educational interventions, and development of positive peer groups.
CBT-Cognitive Behavioral Therapy	• Children and adults • Depression • Anxiety • Cognitive distortions • Unlearn negative emotional and behavioral reactions	This program offers approaches to assist clients in facilitating many types of behavior change including cognitive distortions which tend to reinforce feelings of anger and self-defeat. CBT is based on the premise that negative emotional and behavioral reactions are learned, and the goal of therapy sessions are to help unlearn these unwanted reactions and learn new ways of reacting. This model has been proven effective with youth and adults who have significant depression or anxiety, those who lack motivation, and those who need mental health treatment to safely change behavior. It can assist parents who appear to be unmotivated in taking initiative on behalf of their children, largely due to history and pattern of being a victim of childhood neglect/abuse, dysfunctional family patterns, domestic violence, or sexual assault. In addition, it can also be effective in addressing inappropriate discipline, and assisting with children who are noncompliant, have learning disabilities, social anxiety or bullying behaviors

Sobriety Treatment and Recovery Teams

DCS utilizes principles from a promising practice program that has shown very positive outcomes with families in Kentucky. The program combines a specially trained Family Case Manager, Family Mentor, and Treatment Coordinator to serve families where there are children under the age of 5 and the parent struggles with a substance use disorder. The Family Mentor is someone who has had history with the child welfare system and is currently in recovery. The program continues to be implemented in Monroe County. Currently there are two active Family Case Managers, two Family Mentor and one Treatment Coordinator in Monroe County. A decision was made to not expand to other sites but to use resources to expand START principles statewide. In late 2018 the Department began START Principles trainings, two trainings were offered in different areas of the state in 2018, since then two additional trainings have been offered in 2019, with plans for two more at the end of the calendar year. The trainings are intentionally structured to bring both child welfare staff and treatment staff together, as the START model prioritizes cross-system collaboration. These trainings also focus on current

research-based best practices (Medication-Assisted Treatment, quick access to treatment, intensive services with relapse planning that doesn't involve automatic removal from treatment or automatic removals of children, usage of peer supports, etc.).

Trauma Assessments, TF-CBT

DCS recently expanded the service array to include Trauma Assessments and Bonding and Attachment Assessments. Trauma Assessments will be provided to appropriate children, using at least one standardized clinical measure to identify types and severity of trauma symptoms. Bonding and Attachment Assessments will use the Boris direct observation protocol. These new assessments will provide recommendations for appropriate treatment.

Trauma Focused Cognitive Behavioral Therapy (TF-CBT) is a model that is utilized by providers. DCS has trained approximately 500 clinicians throughout the state to provide TF-CBT. These clinicians are employed by Community Mental Health Centers, residential treatment providers (for youth), and community-based providers. This large number of clinicians trained by DCS will expand the availability of TF-CBT and will ensure that TF-CBT is available for children and families in need.

Lesbian, Gay, Bisexual, Transgender or Questioning (LGBTQ) Services

Community Based/Prevention providers have clauses in their contract with DCS which contain assurances that include the following mandate:

> "In order to improve outcomes for LGBTQ youth, service providers will provide a culturally competent, safe, and supportive environment for all youth regardless of sexual orientation. All staff must be sensitive to the sexual and/or gender orientation of the family members, including lesbian, gay, bisexual, transgender or questioning (LGBTQ) children/youth. Services to youth who identify as LGBTQ must also be provided in accordance with the principles in the Indiana LGBTQ Practice Guidebook.
>
> Staff will use neutral language, facilitate a trust based environment for disclosure, and will maintain appropriate confidentiality for LGBTQ youth.
>
> a. The LGBTQ Practice Guidebook http://www.in.gov/dcs/files/GuidebookforBestPracticeswithLGBTQYouth.pdf and LGBTQ Computer Assisted Training (CAT) are both available online.
>
> b. All DCS child welfare service agencies are required to have all of their new staff understand the information in the LGBTQ Practice Guidebook within 30 days of start date. The Guidebook is located at: http://www.in.gov/dcs/files/LGBTQPracticeGuidebookFinalforOnlineViewing.pdf
>
> c. All DCS child welfare service agencies are required to have all of their new staff complete the LGBTQ Computer Assisted Training (CAT) within 30 days of start date. The training is located at:

http://childwelfare.iu.edu/cat/DCS09030/. The providers are required to track completion of the training requirement on an on-going basis and completion is verified during a DCS contract audit.

Providers required to comply with the above are:

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

Specific Services/Programming:

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

Older Youth Services:

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

Foster Care

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

Kinship Care

DCS remains committed to securing the most family-like setting for a child when removal from the home occurs. DCS will first consider placing a child with an appropriate noncustodial parent. If placement with a noncustodial parent is not possible, DCS will look to relatives. DCS changed statute effective July 2014, to include in the definition of "relative," "any other individual with whom a child has an established and significant relationship."

DCS currently has designated Relative Support Specialists that are charged with supporting crisis need of kinship, stabilizing family systems when the addition of a child is accepted and identifying concrete supports and community networks kin need to improve the conditions of children in their care.

Indiana DCS applied for and received the Kinship Navigator Grant in 2018. As DCS utilizes the Kinship Navigator Grant dollars, a more uniform assessment will be adopted to ensure that kinship planning can be measured in improvement for safety, stability, well-being and permanency of youth in that setting.

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

The Indiana DCS will continue to develop a website containing community resources for kinship families. This website will include information on state and federal benefits available to kinship families as well as community service providers that families may determine to be useful. This page will be included on a site that provides information for licensed foster parents, so kinship caregivers are aware of possible additional resources, should they choose to become licensed.

The Indiana Family and Social Services Administration ("FSSA") develops, finances, and administers programs to provide healthcare and social services to individuals in Indiana. DCS is partnering with FSSA in order to establish a referral system for relative and kinship families. The goal of this referral program will be to establish quick and consistent access to government aid for relative and kinship families to utilize. These services include financial, medical, and child care services that families may be eligible for due to placement of a child in kinship care.

Adoption Services

See Services Description, Adoption Promotion and Support Services below for additional information on the types of Adoption Services provided.

Independent Living: Older Youth Services

The service array for Independent Living is described in detail in Section XII, the Chafee Program.

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

DCS has built an extensive network of Federal, State, local and private partnerships and collaborations to support child maltreatment and prevention programs and activities. The DCS Prevention Team and the Community Partners for Child Safety contracted providers build on these efforts to promote and support families by connecting families with a continuum of services and resources needed to strengthen the family and prevent child abuse and neglect.

More specifically, federal funds awarded to Indiana and the extensive collaboration and coordination between State agencies, both directly and in-directly, result in the following partnerships, ultimately supporting communities and families at the local level.

1. Indiana State Department of Health

The Indiana State Department of Health (ISDH) houses a number of divisions that receive federal funding to administer several programs that are vital to families and children in Indiana. At the state level, a number of partnerships have been formed between DCS and ISDH in an effort to better coordinate federal and state resources.

State wide Safe Sleep Program

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

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

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

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

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

Program Plans:

The total number of Safe Sleep distribution sites has reached 141 and all 18 DCS regions are represented. The Child Fatality Review team will continue working with the Maternal & Child Health epidemiology team to address racial and economic disparity in sleep related deaths, actively seeking agencies in regions with high SUID (Sudden Unexplained Infant Death) rates to join the program, increase the quality of data collection in order to link the safe sleep data with the birth and death records, as well as the ongoing evaluation of the Safe Sleep Program. Moving forward, the continuation of this program will be handled solely by ISDH.

OB Navigator Project

As a key component of the overall strategy to reduce infant mortality, the cross-agency (ISDH, FSSA, and DCS) OB Navigator project is to plan, design, build, and implement a process/system that will enable early identification of pregnant women on Medicaid and referral into home visiting/navigator services, as well as with developing a Community Health Worker (CHW) model that will allow CHWs to be one of the home visiting/navigator options. An additional component of the project will be work to promote a culture that accepts and even expects home visiting/navigator services for all pregnant women. The project will include tracking of both process and outcome measures. To ensure the best possible outcomes, during the course of the project the team will identify and sponsor quality improvement projects.

Key partners will include those organizations that currently provide home visiting or similar services, and to which we might hope to refer women:

- Nurse Family Partnership

- Healthy Families Indiana
- Organizations with OB CHW programs
- Managed Care Entities

The primary focus of 2020 will be initial build and implementation, with the primary focus in 2021 building and implementing enhancements.

Maternal and Child Health (MCH):

At the state level, MCH is funded in large part by the federal Maternal and Child Health Bureau (MCHB) Title V Block Grants. MCH also houses a number of projects, programs and services that are vital to the families and children served as DCS Prevention clients and/or those at risk for involvement in DCS intervention services, as outlined in more detail below.

Early Childhood Comprehensive System (ECCS)

The purpose of the ECCS Impact program, which began in August 2016, is to enhance early childhood systems building and demonstrate improved outcomes in population-based children's developmental health and family well-being indicators using a Collaborative Innovation and Improvement Network (CoIIN) approach. An additional goal of the ECCS Impact grant is the development of collective impact expertise, implementation and sustainability of efforts at the state, county and community levels. The overall aim of this project is that within 60 months, the identified community will show a 25% increase from baseline in age appropriate developmental skills among their community's 3 year old children. Secondary aims include:

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

The stated goals will be achieved through the following activities:

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

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

Help Me Grow Indiana

The Indiana State Department of Health, in collaboration with the Indiana Department of Child Services, brought the Help Me Grow (HMG) model to Indiana. This model is a system approach to designing a comprehensive, integrated process for ensuring developmental promotion, early identification, referral, and linkage to early childhood resources and services. It reflects a set of best practices for designing and implementing a system that can optimally meet the needs of young children and families. It is specifically designed to help states organize and leverage existing resources in order to best serve families with children at-risk for developmental delay. The model does not change or reinvent these programs and services, rather, it ensures collaboration among multiple systems to ensure access to services and seamless transitions for families. The Early Learning Advisory Committee, Child Development Well Being workgroup are key partners in the implementation piece of HMG. The Help Me Grow National Forum will be hosted in Indianapolis in May 2020.

Early Learning Advisory Committee

Established by the Indiana General Assembly in 2013, the Early Learning Advisory Committee (ELAC) has membership that is appointed by the governor. The ELAC's responsibilities include:

1. Conducting periodic statewide needs assessments concerning quality and availability of early education programs for children from birth to the age of school entry, including the availability of high quality prekindergarten education for low income children in Indiana.
2. Identifying opportunities for and barriers to collaboration and coordination among federally and state

funded child development, child care, and early childhood education programs and services, including governmental agencies that administer programs and services.

3. Assessing capacity and effectiveness of two and four year public and private higher education institutions in Indiana for support and development of early educators including professional development and career advancement plans and practice or internships with pre-kindergarten programs.
4. Recommending to the Division procedures, policies, and eligibility criteria for the Early Education Matching Grant program.

Maternal Infant Early Childhood Home Visiting (MIECHV)

As stated previously, Maternal Infant Early Childhood Home Visiting (MIECHV) funds are designed to: (1) strengthen and improve the programs and activities carried out under Title V of the Social Security Act; (2) improve coordination of services for at-risk communities; and (3) identify and provide comprehensive services to improve outcomes for families who reside in at-risk communities.

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

Indiana Home Visiting Advisory Board (INHVAB)

In 2018 and 2019 the INHVAB and ECCS boards continued to meet together and have added the Help Me Grow Indiana pilot project to the scope of the board meetings. In May 2019 the INHVAB and ECCS board meeting included the Federal Project Officers for both MIECHV and ECCS as part of the Federal site visit to highlight the collaboration and cooperation between state and local partners.
From the MIECHV site visit report: The INHVAB routinely explores opportunities for systems strengthening. For example, the INHVAB is currently exploring the consequences of social determinants (including poverty) on child and adolescent health and well-being. Members will explore the role each member organization plays to address social determinants and then look for systems improvement opportunities. The board not only provides considerable strength to IN home visiting, but it also strengthens other early childhood organizations and the state system overall.

The September 2019 meeting will have presentations on the OB Navigation project and social determinants of

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

Late in 2019 the INHVAB and ECCS meeting will coordinate with Help Me Grow National to prepare for the May 2020 Help Me Grow Forum as Indiana will host the forum in downtown Indianapolis.

Local Safe Sleep

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

2. Family and Social Services Administration (FSSA)

FSSA houses a number of divisions that receive federal funding to administer several programs that are vital to families and children in Indiana. At the state level, a number of partnerships have been formed between DCS and FSSA in an effort to better coordinate federal and state resources.

Department of Mental Health and Addiction (DMHA)

As stated previously, the Children's Mental Health Initiative (CMHI) is a collaboration between DCS and DMHA and local Community Mental Health Centers who serve as access sites to ensure children are served in the most appropriate system to meet their needs. CMHI became available Statewide in March 2014. The purpose of the CMHI is to build a continuum of care for children with complex mental or behavioral health needs who are at risk for entering the child welfare or juvenile delinquency system. DCS, in collaboration with the Division of Mental Health and Addiction (DMHA), will serve children and the families through a practice model of high intensity wraparound to keep children in their own homes and communities. The wraparound model has proven results in the State of Indiana through the Community Alternative for Psychiatric Residential Treatment Facilities (CA-PRFT) Waiver, and is now offered to children and families regardless of financial ability or insurance. Wraparound Facilitators are assigned to each family from local Community Mental Health Centers. Their role is to facilitate access to both community based and residential services, therefore eliminating the need to enter the child welfare or juvenile delinquency system for the sole purpose of accessing services. The CMHI creates a process that is easy to access, multiagency, and strength-based. This is a major change in Indiana, as historically

these families were unable to access services without an open child welfare or probation case and court involvement.

Department of Family Resources (DFR)

FSSA's DFR houses a number of programs and services which are valuable resources for families and children. Therefore it is vital for DCS, the Prevention Team and local Community Partners for Child Safety (CPCS) providers to develop and maintain strong partnerships as outlined below.

Housed in DFR, the Indiana Bureau of Child Care is funded by the Child Care and Development Fund (CCDF) and Temporary Assistance to Needy Families (TANF) to provide a number of services to low income families. Indiana Code (IC) 12-17.2 establishes the authority for DFR to regulate child care in the State. It also authorizes the division to adopt rules to implement the federal CCDF voucher program. Access to affordable, quality childcare is often a need for many families receiving CPCS services therefore it is vital at the local level for CPCS providers to have well established referral and outreach relationships with their local CCDF providers.

Indiana Head Start

Also housed in DFR, the Indiana Head Start Collaboration Office (IHSCO) and the Prevention Manager (CBCAP Lead) have a long time partnership which includes annual financial support from the IHSCO for the Institute for Strengthening Families conferences which allows for significant attendance from Head Start and Early Head Start Program staff.

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

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

Head Start programs promote school readiness by enhancing the social and cognitive development of children through the provision of educational, health, nutritional, social and other services to enrolled children and families. They engage parents in their children's learning and help them in making progress toward their

educational, literacy and employment goals. Significant emphasis is placed on the involvement of parents in the administration of local Head Start programs. Many of the CPCS providers in the state are active members of their local Head Start and Early Head Start Advisory Boards and use the Head Start model of engaging parents in leadership activities as models for their own current and future plans for such within CPCS programs. Such sharing of effective practices further demonstrates the strength and extensive nature of such relationships.

Bureau of Child Developmental Services

At the state level, FSSA's Bureau of Child Developmental Services administers the First Steps System which is Indiana's Early Intervention Program, Part C of the Individuals with Disabilities Education Act (IDEA). First Steps is a family-centered, locally-based, coordinated system that provides early intervention services to infants and young children with disabilities or who are developmentally vulnerable. First Steps brings together families and professionals from education, health and social service agencies. By coordinating locally available services, First Steps is working to give Indiana's children and their families the widest possible array of early intervention resources. Families who are eligible to participate in Indiana's First Steps System include children ages birth to three years, who are experiencing developmental delays and/or have a diagnosed condition that has a high probability of resulting in developmental delay.

First Steps

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

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

3. Additional Collaborations Furthering Service Coordination

Governor's Domestic Violence Prevention and Treatment

The Governor's Domestic Violence Prevention and Treatment Council is administered by the Indiana Criminal Justice Institute (ICJI) under I.C. 5-2-6.6. The Governor's Domestic Violence Prevention and Treatment Council (DVPT) is responsible for developing a state-wide domestic violence and sexual assault strategic plan that includes analysis of: existing programs and services, gaps in services, funding, staffing and other resource needs and gaps and emerging issues and challenges for the delivery of services.

Indiana Coalition Against Domestic Violence (ICADV):

The Indiana Coalition Against Domestic Violence is a state-wide alliance of domestic violence programs, support agencies and concerned individuals. ICADV provides technical assistance, resources, information and training to those who serve victims of domestic violence; and promote social and systems change through public policy, public awareness and education.

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

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

Preschool Development Grant (PDG 0-5)

Using funding from the Federal Administration for Children and Families, the Office of Early Childhood and Out of School Learning has started, and will conclude by December 2019, a needs assessment, strategic plan including maximizing parental choice and knowledge around early childhood care and education, and implementation of best practices toolkit in early childhood care and education. The Department of Child Services is a member of the Advisory Council with many of our prevention services included in the collaborating partners in the strategic planning as well as providing data for the needs assessment. By December 2019 the goal is to develop one strategic plan that addresses the birth to 5 service array in regards to access and quality, creates a collaborative roadmap where current strategic plans in other areas of early childhood diverge or do not address topics, and includes measurable outcomes and plan for monitoring. The birth to 5 target populations are infants, toddlers, preschoolers, and pre-kindergartners, with an additional focus on children who are in vulnerable circumstances and/or low-income homes.

Riley Child Development Center (RCDC)

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

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

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

Systems of Care

Systems of Care meet within local communities and are composed of community agencies, schools, law enforcement, prosecutors, families, and others who focus on ensuring that services are available in the community to meet the needs of families. Systems of Care play a critical role in implementation of high fidelity wraparound that is funded through Medicaid or the Children's Mental Health Initiative. High fidelity wraparound is aimed at preventing youth with high mental and behavioural health needs that may otherwise be placed in residential placement an alternative by providing targeted individual services and family support services. Other services include residential as well as state operated facilities for those children who cannot be safely served in the community.

Regional Service Councils

The Regional Service Councils and Regional Service Coordinators both work to enhance the coordination of services. The original purpose of the Regional Services Council was to: evaluate and address regional service

needs; manage regional expenditures; and to serve as a liaison to the community leaders, providers and residents of the Region (See Collaboration section for a complete description). The Regional Service Coordinators and Probation Consultants then work with local agencies through the contracting process to help fill regional service gaps. Additionally, Indiana continues to work with its partner agencies to evaluate progress and identify areas for continued improvement.

4. Provider Workgroups

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

Support Groups

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

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

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

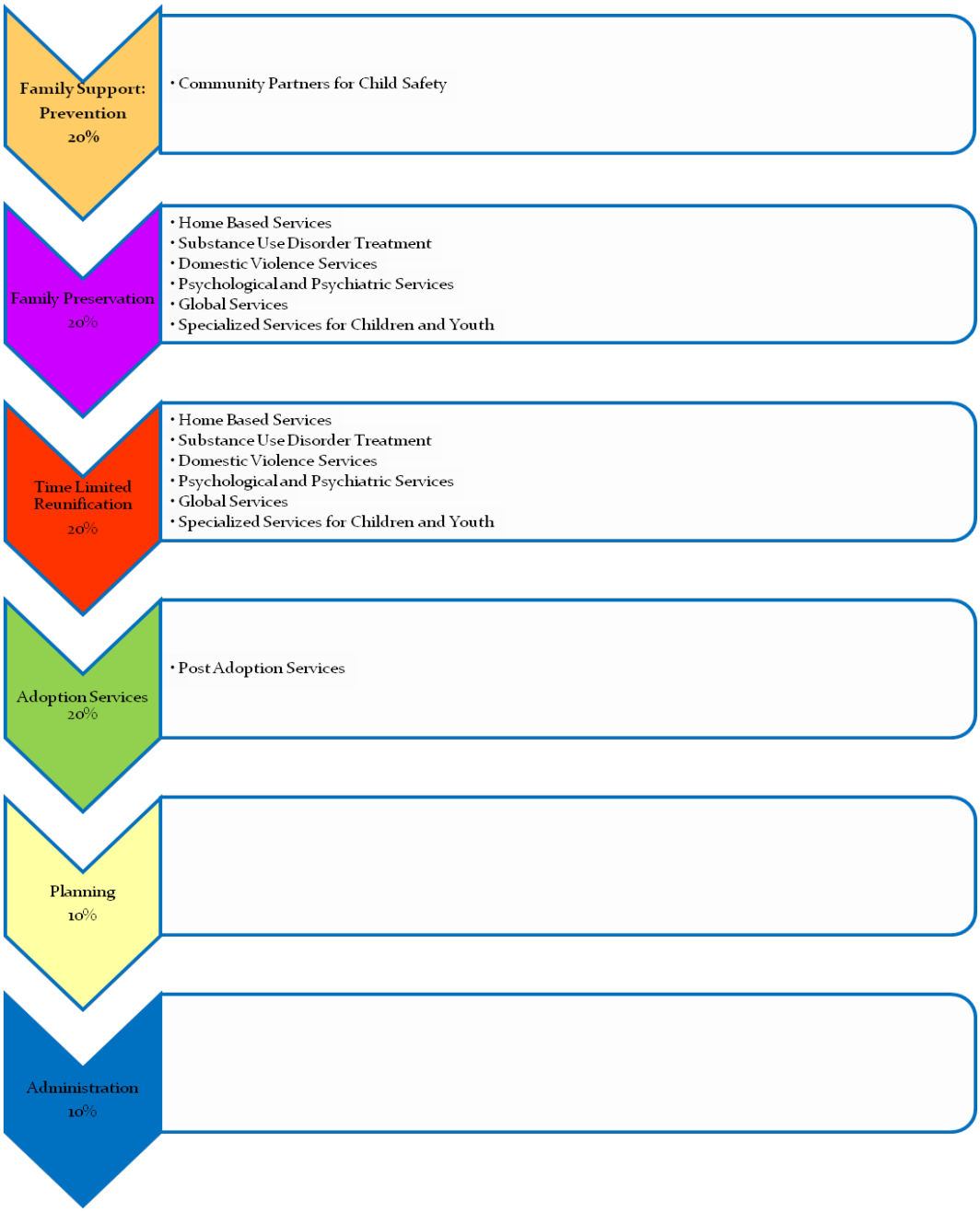
For a complete description of collaborative efforts, please review the Collaboration section under General Information above. Many of these efforts are described in more detail in previous sections.

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

Each region identifies the services needed for their families, and then DCS contracts with agencies through a fair bid process. As part of this identification of services, the regions utilize service data including contracted agencies, service utilization, and service outcome reports to determine which service gaps need to be

addressed. These DCS contracts include the specific services and the counties where they will be provided. The service standard defines the family population as a family involved in the Child Welfare or Juvenile Delinquency systems. Additionally, the DCS services standards have been amended to include language ensuring that Lesbian Gay Bisexual Transgender and Questioning youth will have services provided in a culturally sensitive manner.

Information is provided in Service Array Section regarding strengths and gaps in service. DCS has chosen to spend 20% in each of the Title IV-B subpart 2 service categories. DCS continues to allot 10% in planning and 10% in administration. If these funds are not utilized in these areas, the excess will be put back into services. The visual below depicts this breakdown in service categories.



1. Family Preservation (20%)

This category is designed to provide services for children and families to help families (including pre-adoptive and extended families) at risk or in crisis, including services to assist families in preventing disruption and the unnecessary removal of children from their homes (as appropriate). They help to maintain the safety of children

in their own homes, support families preparing to reunify or adopt, and assist families in obtaining other services to meet multiple needs.

Reunification services are also included in this category which could assist children in returning to their families or placement in adoption or legal guardianship with relatives. These services may include follow-up care to families to whom the child has been returned after placement and other reunification services.

Services may include but are not limited to:

- Home Based Services
- Substance Use Disorder Treatment
- Domestic Violence Services
- Psychological and Psychiatric Services
- Global Services
- Specialized Services for Children and Youth

The Service section includes a description of available services.

Services are restricted to the following eligibility categories:

1) Children and families who have substantiated cases of abuse and/or neglect and will likely develop into an open case with IA or CHINS status.
2) Children and their families which have an Informal Adjustment (IA) or the children have the status of CHINS or JD/JS.
3) Children with the status of CHINS or JD/JS and their Foster/Kinship families with whom they are placed.

2. Family Support (20%)

This category is designed to cover payment for community–based services which promote the well-being of children and families and are designed to strengthen and stabilize families (including adoptive, foster, and extended families). They are preventive services designed to alleviate stress and help parents care for their children's well-being before a crisis occurs.

Services may include, but are not limited to: Community Partners for Child Safety. The Service section includes a description of these services.

3. Time Limited Family Reunification (20%)

This category covers services and activities that are provided to a child placed in a foster family home or other out-of-home placement and the child's parents or primary caregiver in order to facilitate reunification of the

child safely and appropriately within a timely fashion. These services can only be provided during the 15-month period that begins on the date the child is considered to have entered out-of-home care.

Services may include but are not limited to:

- Home Based Services,
- Substance Use Disorder Treatment,
- Domestic Violence Services,
- Psychological and Psychiatric Services ,
- Global Services,
- Specialized Services for Children and Youth.

The Service section includes a description of available services.

Services are restricted to those children who meet the eligibility for this category and meet the following criteria:

1) Children and families who have substantiated cases of abuse and/or neglect and will likely develop into an open case with IA or CHINS status.
2) Children and their families which have an Informal Adjustment (IA) or the children have the status of CHINS or JD/JS.
3) Children with the status of CHINS or JD/JS and their Foster/Kinship families with whom they are placed.

4. Adoption Promotion and Support Services (20%)

Services and activities available encourage more adoptions out of the foster care system, when adoptions promote the best interests of children. Services and activities are designed to expedite the adoption process and support adoptive families. Adoption services include-preparing the child for adoption, preparing prospective families for adoption, and supporting families post adoption through community based services and supports. Child preparation services work to help the child work through loyalty, grief, and loss issues related to their birth family, and family preparation services prepare the prospective adoptive family and make a recommendation regarding appropriateness of the family to adopt special needs children.

Target Population

1) Foster parents and the foster/relative children in their care that have expressed an interest in adoption.
2) Pre-adoptive parents and adoptive parents with recently adopted children.
3) Long term adoptive parents experiencing challenges with their adopted children.

4) Families who have successfully completed the Resource and Adoptive Parent Training (RAPT) and are interested in adopting.
5) Families who are interested in parenting children who have suffered abuse or neglect.
6) Families who are interested in adopting children with serious medical and/or developmental challenges, older children, and sibling groups who are in the custody of the State of Indiana.

Desired Outcomes

1) Minimize the number of disrupted pre-adoptive and adoptive placements.
2) Ensure that prospective adoptive families and children free for adoption are adequately prepared for adoption.
3) Ensure that each prospective adoptive family is informed of issues related to children with special needs and that informed choices are made when matching children free for adoption and adoptive families.
4) Increase the number of adoptive parents available for special needs children.
5) Decrease the number of children waiting for adoptive parents.
6) Decrease the number of disrupted adoptions.

Based on the benefits of the Child and Family Team Model and the CANS assessment, the post-adoption service standards have been developed with the goal of creating cross-system coordination and adoptive family-centered care service delivery. Services provided to families include a comprehensive strength-based assessment and upon completion, the provider will work with the family to develop a plan to support the needs of the family. This service is based on the belief that children and their families are remarkably resilient and capable of positive development when provided with community-centered support. It is meant to provide a comprehensive system of care that allows families to find support after adoption.

To put these beliefs into practice, DCS has developed a delivery system for post-adoption services that involves three regionally based contractors. Contractors SAFY, Children's Bureau, and The Villages continue to provide post-adoption services to families in the State of Indiana. These three agencies provide Care Coordinators located in various regions within the state to oversee intake referrals and provide support to families. The services provided to the client may include, but are not limited to the following: behavioral health care services, respite, parent/child support groups, trauma training, and other services and/or necessary items approved by DCS.

Children's Bureau has an expanded contract to provide adoption recruitment throughout the State. Both DCS adoption liaisons and Children's Bureau Adoption Champions support field staff by performing the following services:

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

- Network and dialogue with various agencies, professionals and other states to help recruit families waiting for children
- Feature children at adoption fairs and public events to increase the pool of approved families and aid recruitment
- Conduct child and family recruitment events designed to allow children and families to meet and interact in a not-threatening manner
- Help identify adoption resources available for children and families
- Provide support to waiting families
- Act as a liaison between families and the children's case managers
- Provide training, when needed, and support staff in their adoption work
- Participate in various educational settings, such as conferences and parent trainings, to promote current adoption practices and thinking
- Meet and photograph children needing recruitment
- Participate in Child and Family Team meetings and case conferences relating to permanency when needed

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

Post adoption services provided for children adopted from other countries is the same as services provided to children adopted in the United States. If a child, previously adopted in a foreign country, seeks post adoption services, their eligibility for services would be the same as any other child who comes into the care of DCS.

This is not true as it relates to adoption subsidies as most children adopted from foreign countries are not usually in the care of the Indiana Department of Child Services prior to the adoption, and therefore do not meet eligibility requirements.

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

- The Fatherhood Initiative has focused on engaging Fathers in the case plan and increasing their parenting capacity.
- The START program focuses on keeping the child in the home while increasing the accessibility and support for substance using parents. START principles will expand throughout the state.
- DCS has trained a cohort of 28 therapists to provide Child Parent Psychotherapy.
- DCS Comprehensive Service supporting the usage of evidenced based models.
- DCS has enhanced the Diagnostic and Evaluation Service Standard to include an Attachment and Bonding Assessment.

- DCS has been consulting with a psychologist with Riley Hospital for Children about services to address Infant Mental Health. There is an "endorsement" that providers can pursue to better address very young children (called "Infant Mental Health Endorsement", information can be found at the following link: https://www.mhai.net/60-subsidiaries/association-for-infant-atoddler-mental-health). The psychologist will be coming to a monthly Community Mental Health Center (CMHC) meeting to talk with providers about this credential.
- In addition, a number of CMHCs already have training in Parent-Child Interaction Therapy (PCIT), which is also a model to help with bonding and attachment for very young children. DCS is providing more education to explain who has completed this training, which children and families should be referred for it, and how referrals should work for PCIT.

1. Fatherhood Initiative

The Fatherhood Initiative has focused on engaging Fathers in the case plan and increasing their parenting capacity. This effort potentially allows the father or paternal family to be a possible permanency option for the child. One future enhancement could be focusing on co-parenting facilitation for non-traditional families in an effort to increase cooperation and communication between the parents.

2. Substance Abuse Treatment and the START Program

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

3. Service Mapping

For those families involved in the child welfare system, DCS initiated Service Mapping (described in detail in previous sections). Service Mapping utilizes the Risk Assessment and CANS to identify those families who are at high risk of repeat maltreatment. Using a developed algorithm, Service Mapping will create service recommendations for evidenced-based models most appropriate for the child and family based on their unique needs.

Service Mapping will continue to be evaluated and enhanced through collecting and analyzing service recommendations. The recommendation data along with service referral trends, will provide insight into service gaps within the state, and allow for opportunities to assist in targeted service development.

F. EFFORTS TO TRACK AND PREVENT CHILD MALTREATMENT DEATHS

DCS assesses all deaths of children under the age of 18 that are reported as suspicious for abuse or neglect, and are perpetrated by a parent, guardian or custodian. Indiana state law has two main provisions that help to ensure all child fatalities are reported to DCS. The first is IC 36-2-14-6.3, which requires the county coroner to file an immediate report with DCS on all suspicious, unexpected, or unexplained child deaths. State law also considers all Indiana citizens "mandatory reporters," by requiring any citizen who suspects child abuse or neglect to make a report to DCS.

When DCS completes a child fatality assessment, the Family Case Manager (FCM) gathers relevant data from a variety of sources, including, but not limited to:

DCS uses the following information in child maltreatment deaths as applicable on a case by case basis:

- Information gathered by filling out the Sudden Unexpected Infant Death Investigation forms (only applicable in certain types of deaths)
- Prior DCS history
- Autopsy Report (final report)
- Death Certificate (state issued)
- Law Enforcement Agency records
- Emergency Medical Service records
- Medical records
- Mental Health records for child and/or caregiver (if applicable)
- Drug screens
- Pictures
- Interviews with all appropriate parties (as we do for any assessment, caregivers, witnesses, other children, professionals, etc.)
- Scene investigation
- Scene reenactment
- Any information gained from professional consult (i.e. Pediatric Evaluation and Diagnosis (PEDS) referral)

Indiana state law (IC 36-2-14-18) requires the county coroner to provide child death autopsy reports to DCS to help determine if the child died as a result of abuse or neglect. All data gathered by the Family Case Manger during the child fatality assessment is entered into MaGIK, the State's child welfare information system. In order for DCS to substantiate allegations of abuse or neglect for any child death, the alleged perpetrator must meet the statutory definition of parent, guardian, or custodian. DCS pulls data from MaGIK on all substantiated child fatalities to submit for the NCANDS child maltreatment fatality measure.

Indiana also has statutory requirements related to creation of Local Child Fatality Review Teams, whose role is to help provide an additional lens to evaluate child fatality trends and help inform future prevention efforts.

The law requires that the local Prosecutor establish a Local Child Fatality Review Committee (Committee) in coordination with representatives from the coroner, health department, DCS and law enforcement. The Committee is responsible for determining whether to create a County Fatality Review Team or a Regional Fatality Review Team and to appoint the team members. In order to support the transition of the child fatality review teams from DCS to the local level the Indiana legislature created a "Statewide Child Fatality Review Coordinator" position under the Indiana State Department of Health (ISDH). The position also supports the State Child Fatality Review Team.

While the responsibility for establishing the teams was amended, the team members and the team responsibilities remain the same. The teams are required to review all child deaths that are sudden, unexpected, unexplained, have been assessed by DCS for alleged abuse or neglect, or if the coroner has ruled the cause of death to be undetermined, or the result of homicide, suicide or accident. The goal of the new structure is to create a statewide child fatality review system, where local experts use their knowledge of the area to report information to the State Fatality Review Team, who will then be able to provide more holistic review of trends in child fatalities. The goal of the teams is to help inform future prevention efforts across the State.

In an effort to better understand the driving factors of child maltreatment fatalities, Indiana is reviewing options presented by The Children's Safety Network (CSN) in conjunction with the Indiana State Department of Health. The Children's Safety Network is launching the first cohort of a new Child Safety Learning Collaborative to reduce fatal and serious injuries among infants, children, and adolescents through the implementation and spread of evidence-based strategies. DCS continues to work closely with ISDH via data sharing to achieve a broader system understanding surrounding this issue. DCS is also looking at employing a Child Fatality System Analyst who would be able to look at specific cases and systemic issues. The role of this individual would be to provide systemic or focused trends and enact necessary system changes. The most recent report of annual Child Abuse and Neglect Fatalities can be found here: https://www.in.gov/dcs/files/2016_Fatality_Report.pdf.

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

DCS selects agencies and organizations to provide services through a Request for Proposal (RFP) process. RFPs are issued broadly for services every 2 years, but can be extended for 2 additional years. DCS released a Request for Proposals for most Prevention and Community Based services on December 3, 2018 and closed on January 11, 2019 for contracts beginning on July 1, 2019. The winning bidders for service procurement entered into contract on July 1, 2019 and the contracts will expire on June 30, 2021.

H. POPULATIONS AT GREATEST RISK OF MALTREATMENT (SECTION 432(A)(10) OF THE ACT)

Those children at high risk for maltreatment who do not have involvement with the Department of Child Services are served through prevention services including Healthy Families Indiana and Community Partners for Child Safety. These programs are described in the Service section above. The Healthy Families Indiana process of identifying high risk families is described below.

HEALTHY FAMILIES INDIANA (HFI)

HFI is credentialed by Healthy Families America as a multi-site statewide program. HFI is an evidence-based, voluntary home visitation program designed to promote healthy families and healthy children through a variety of services, including child development, access to health care and parent education. Best practice shows that providing education and support services to parents around the time of birth and continuing afterwards significantly reduces the risk of child maltreatment.

To be eligible for HFI, families must be referred either prenatally or shortly after birth of the target child and fall below 250% of the federal poverty level. Additionally, families must be identified at increased risk for child maltreatment as determined by the Parent Survey process. Referred families are initially screened by HFI assessment staff.

If a family screens positive, the Parent Survey includes an in-depth conversational interview by HFI assessment staff with expectant or new parents to learn about their individual experiences, competencies and strengths. HFI staff are trained to engage the family conversationally, weaving in ten areas of focus (parent's childhood experience, lifestyle behaviours and mental health, parenting experience, coping skills and support system, current stresses, anger management skills, expectations of infant's development, plans for discipline, perception of new infant, and bonding and attachment). After the assessment interview is complete, the HFI assessment staff and supervisor review the results. Potential HFI clients must score 40 and above to be eligible for HFI services.

If families score 25 to 40 and have any of the risk factors outlined below, they may also be offered services.

- Safety concerns expressed by hospital staff,
- Mother or father low functioning,
- Teen parent with no support system,
- Active untreated mental illness,
- Active alcohol/drug abuse,
- Active interpersonal violence reported,
- Cumulative score of 13 or above or 3 on question #10 (suicidal) on the Edinburgh Postpartum Depression Scale,

- Target child born at 36 weeks gestation or less,
- Target child diagnosed with significant developmental delays at birth, or
- Family assessment worker witnesses physical punishment of the child at visit.

VI. MONTHLY CASEWORKER VISIT FORMULA GRANTS AND STANDARDS FOR CASEWORKER VISITS

DCS requires that family case managers have monthly face-to-face contact with all children under DCS care and supervision and those who are at imminent risk of placement. This includes children and their families participating in an Informal Adjustment (IA). These contacts/visitation may alternate monthly between the home and other locations. The FCM must document the visit and any new information gained (e.g., health, educational services) in MaGIK within three (3) business day following each visit with the child, and parent, guardian, or custodian.

During case junctures involving the child and/or family (e.g., Trial Home Visits, potential placement disruptions, new child abuse and/or neglect (CA/N) allegations, potential runaway situations, pregnancy of the child, lack of parental contact, etc.), face-to-face contact with the child; parent, guardian, or custodian; and resource parent must be made weekly. The Family Case Manager (FCM) will monitor and evaluate the situation, as well as convene the Child and Family Team (CFT), to assess whether the situation warrants continued weekly face-to-face contacts, additional services or supports to the family.

While monthly visits conform to DCS policies, best practice indicates a need to see the child on a more frequent basis early on to ensure monitoring and adherence to Visiting and Monitoring of Plans, Family Support/Community Services/Safety Plan (SF 53243), for example, as determined by the Child and Family Team Meeting process.

DCS utilizes the Monthly Caseworker Visit Formula grants in the support of caseworker salaries, training and development of supportive case management practices and outcomes.

A. FEDERAL MONTHLY CASEMANAGER CONTACTS PROGRESS REPORT

A chart of Monthly Family Case Manager Visits is listed in the report below which is designed to show a running total of Federal standards for FCM contacts for the year-to-date months within the current federal fiscal year. This report is used to determine the progress of FCM contacts throughout the year. It provides a monthly breakdown of FCM children with whom FCM's have visited and with whom FCM's have visited in the child's home setting. As evidenced in the chart below, Indiana has met the federal requirement for contacts since FY 2018.

Monthly Family Case Manager Visits							
	Children with Contacts				Children with Contacts in Home Setting		
Month	Contacted Children	Total Children	Percentage		Contacted Children	Total Children	Percentage
October 2018	15441	15625	98.82%		12595	15441	81.57%
November 2018	15143	15298	98.99%		12166	15143	80.34%
December 2018	14871	15030	98.94%		11872	14871	79.83%
January 2019	14691	14789	99.34%		12137	14691	82.62%
February 2019	14577	14723	99.01%		11699	14577	80.26%
March 2019	14487	14597	99.25%		11888	14487	82.06%
April 2019	14272	14415	99.01%		11272	14272	78.98%
May 2019	14212	14328	99.19%		11523	14212	81.08%
June 2019	13948	14097	98.94%		11985	13948	85.93%
July 2019	13641	13807	98.80%		11659	13641	85.47%
August 2019	13180	13432	98.12%		10487	13180	79.57%

VII. CHILD WELFARE WAIVER DEMONSTRATION ACTIVITIES (APPLICABLE STATES ONLY)

A. CHILD WELFARE WAIVER DEMONSTRATION ACTIVITIES

As provided in the Final Indiana IV-E Waiver Report, the Evaluation Partner (Indiana University) reported: "In the first year of the evaluation, DCS consistently used the phrase, "simply a funding mechanism" to refer to the Waiver and focused solely on making service enhancements. This philosophy changed starting in late 2013 with Casey Family Programs helping to direct better alignment of the Waiver with other established DCS goals. Through this mid-course correction of the process, DCS invested heavily in a Continuous Quality Improvement (CQI) strategy throughout the agency.

DCS invested in evidence-based programs, including Family Centered Treatment (FCT), which is the topic of the sub-study. The overall array of services available was expanded to include more programs and practices that have effectiveness data for children and youth in child welfare settings…The payments for concrete services in the year leading up to the expanded Waiver (SFY 2012-2013) totaled $2,287,118. In SFY 2017, payments for concrete services increased to $16,939,397 – an increase of more than $14 million. One noted decrease in concrete service spending was in medications and medical expenses.

Overall, the State has reduced Waiver utilization in 2017 and 2018 so that our spending remains cost neutral. Waiver funding allowed DCS to provide more services earlier for families entering the system so that higher cost services (e.g., residential) were avoided…Waiver funds were able to support families as early interventions."

In learning that the use of concrete services improved the ability for families to stay together, DCS is creating a new service standard--family preservation--that will endeavour to keep families together through the use of intentional supports and services, including the provision of concrete services to support a family in their home of origin and reduce the need for removals. When utilizing concrete services, DCS will work with providers to pay for the needs of a family and determine the root cause for the family's inability to meet family needs and then address the underlying needs while maintaining the family unit whenever it is safe to do so. DCS anticipates this service standard will be available in 2020.

B. COORDINATION WITH TITLE IV-B & OBJECTIVES

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

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

Adoption incentive payments continue to be used to provide a wide spectrum of services and supports to adoptive families and children. A majority of payments are used to pay for adoption and recruitment programs including adoption education events, adoption program development, media events, and projects to inform the public of children waiting to be adopted.

DCS continues to train and educate community partners and mental health providers on the effects of trauma and how it impacts the healthy attachment of children to their families. DCS's contractual relationship with the Children's Bureau (CB), to train and educate community partners and mental health providers on the effects of trauma and its impact on healthy attachment for children and their families, began in 2009. The evidence-based curriculum focuses on a trauma-informed method of addressing attachment issues in children and the training provides information on the biological effects of trauma on the brain, therapeutic interventions that can be effective, and a suggested curriculum that can be implemented for support groups.

Adoption incentive payments are also used to showcases remarkable professional portraits of and stories about foster children in Indiana at the Indiana Children's Museum through the Power of Children Exhibit. All of the foster children featured long for loving and safe homes. The dramatic photos put a face on a sometimes invisible need and remind families that adoption can change lives. DCS continues to use adoption incentive payments to contract with AdoptUSKids for online recruiting and national exposure associated with the Indiana Adoption Program.

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

DCS is currently in the process of developing a program improvement plan in regards to adoption savings calculation and reporting. This PIP and plan is due to ACF prior to October 21, 2019.

X. CONSULTATION AND COORDINATION BETWEEN STATES AND TRIBES

A. INTRODUCTORY INFORMATION

The Pokagon Band of Potawatomi Indians (hereinafter Pokagon Band) maintains their headquarters in Dowagiac, Michigan, however members of this Pokagon Band have lived in the lower Great Lakes area for hundreds of years and the Pokagon Band's homeland covers six northern Indiana counties including LaPorte, St. Joseph, Elkhart, Starke, Marshall, and Kosciusko. The Pokagon Band also maintains sovereign (self- governing) land within St. Joseph County, South Bend, Indiana. DCS recognizes the Pokagon Band as their federally recognized tribe. Pokagon Band has jurisdiction for any incident which occurs on their sovereign land within St. Joseph Co. in Indiana.

DCS has also worked with other tribes as Native American children have come into the DCS system to ensure that the heritage of children with tribal connections is maintained. DCS remains committed to continually working to expand the knowledge of staff regarding native culture and ensuring collaboration and coordination with tribes, their tribal courts, and families of children with tribal connections.

B. POKAGON BAND

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

In 2017, DCS staff attended the semi-annual meeting to add their expertise, as well as learn and brainstorm with Pokagon staff, about the development of necessary protocols detailing the disposition of reports of child abuse/neglect that occur within Pokagon Band's jurisdiction in St. Joseph county. Once again at a meeting on October 26, 2018, DCS experts along with the Pokagon Band experts, gathered to develop specific protocols addressing the disposition of child abuse/neglects reports, and advise on the language to include in a DCS Tool to be utilized by child welfare field staff. Additionally, a discussion was held regarding getting Pokagon Band's child welfare staff the opportunity to receive DCS trainings. It was also determined that some specific questions to be included in the DCS Hotline staff's protocol would be developed.

DCS has continued to provide education to its staff for improved identification of ICWA eligible children/cases which will result in more accurate and consistent feedback for data/statistics.

1. Ongoing Coordination and Collaboration with Tribes

The state currently meets with the Pokagon Band of Potawatomi semi-annually to collaborate, share ideas, provide feedback and address any concerns regarding ICWA cases involving their members, as well as other ICWA and tribal related information. Both Social Services Director Mark Pompey and Presenting Officer Annette Nickel have utilized the DCS ICWA Coordinator as their point person to contact at any other time throughout the year to discuss any challenges or needs regarding specific cases.

DCS staff and Pokagon Band staff met on May 6, 2019 and August 16, 2019 at which time they discussed continued collaboration with DCS and general operations regarding foster care. The Department will continue to ensure meetings with the tribe twice a year and/or as needed. DCS will be including their Foster Care Recruiting and Training experts in this meeting to discuss possibilities of future joint foster care recruitment and training with Pokagon Band staff

2. Child Welfare Services and Protections for Tribal Children

The state's International and Cultural Affairs (ICA) page on the DCS Internet site is available to the public. Updates and resource information are posted for public use. Contact information is posted on the site for questions and requests regarding entering into IV-E agreements. An IV-E agreement template is also available for use. To date, no requests have been received by the state. DCS policy (2.12) outlines this information and is also available to the public through our public website.

DCS Staff Attorneys continue to be responsible for providing proper and timely notifications to the tribe(s) about DCS involvement, per DCS policy 2.12. Accompanying the new policy were updates in MaGIK in early 2017 that included new fields and validations that require users to answer a question whether the victim is a member of a Native American tribe (including those on the federally recognized list and those that are not). Moreover, when a selection is made, the user will be prompted to verify the person's Native American membership, including whether a letter was received from the tribe, an ID card was presented, etc.

The latest (Dec 2016) ICWA policy revision (DCS Child Welfare Policy 2.12) provides clarification for the FCM's responsibility. In policy there is a form 'Indian Status Identification' that the FCM completes with the family when determining potential ICWA eligibility. The local staff attorney utilizes this information to complete proper notification. DCS Policy was updated effective 12/01/2016 to be in alignment with the new ICWA regulations. Policy 2.12 is also currently under revision and will include the 'protocol' tool for the disposition of CA/CN reports involving an Indian child with a projected effective date of December 1, 2019.

The FCM completes a Permanency and Practice Support (PPS) referral in KidTraks under International and Cultural Affairs (ICA) for each potential or identified ICWA child for tracking purposes, per Policy 2.12

3. Assessment of Ongoing Compliance with ICWA

DCS continues to make every effort to remain compliant with all ICWA requirements in 25 USC 1900 et seq., 25 CFR 23 et seq, and 45 CFR 1355-1357.

DCS continues to notify Indian parents, tribes, and Indian custodians of state proceedings and their right to intervene. The notification responsibility remains with each local staff attorney for a more timely notification process and the above mentioned enhancements to MaGIK are aimed at improving ICWA identification by FCMs and producing data that can better track compliance.

DCS staff attorneys and family case managers have worked with various tribes throughout the United States. When a child of tribal heritage becomes involved with the Indiana child welfare system, DCS notifies the tribe per ICWA requirements. The attorney and family case manager collaborate with tribal representatives to determine how to proceed, to include them in all aspects of the case, and to transfer jurisdiction to the tribe or place the child with tribal members, if requested.

The DCS' referral system for the Permanency and Practice Support (PPS) Division is utilized as one method for ICWA tracking within Indiana. During this past year (April 15, 2018 to April 15, 2019), 37 referrals have been received for potential or confirmed ICWA eligible children. Although not yet a reliable number, it has given some measurable data to continue to improve upon. DCS continues to utilize AFCARS comparisons, QUEST reports, and Permanency Roundtables (PRTs) for identifying and reviewing ICWA cases and as a means of checks and balances for identification and services. DCS continues to strive and create new ways of tracking ICWA cases to improve the accuracy of our data.

4. Notification of State Proceedings

The state continues to notify Indian parents, tribes, and Indian custodians of state proceedings and their right to intervene. This responsibility was given to each local staff attorney in order to expedite and provide a more timely notification process.

5. Tribal Right to Intervene

The Pokagon Band and their attorney, judges and social services personnel are aware of the their right to intervene in Indiana juvenile court proceedings involving children in their tribe and of their ability to request a transfer of proceedings to their tribal court. Indiana juvenile court judges are also aware of these rights.

Indiana's ICWA Notification Form is served on tribes by the DCS local staff attorneys and includes language informing the tribe of their right to intervene, and/or have the proceedings transferred to the Tribal Court.

The ICWA Tribal Transfer of Jurisdiction Tool is included in the DCS Child Welfare Policy Manual, Chapter 2.12, for DCS staff's guidance.

6. Continued ICWA Compliance

DCS will make every effort to remain compliant with all ICWA requirements in 25 USC 1900 et seq., 25 CFR 23 et seq, and 45 CFR 1355 – 1357.

As stated above, DCS will continue to work with all tribes and specifically with the Pokagon Band of Potawatomi Indians. DCS will continue to maintain ongoing communication and meetings with tribal officers and members. DCS will also continue to coordinate information regarding services and other information that may be of assistance to a tribe. DCS will continue its integration of meaningful supports for improved identification of ICWA eligible children, and will continue to refine and improve interactions with American Native tribes in order to ensure that tribal heritage is maintained.

DCS is utilizing already existing Permanency Roundtables (PRTs) for identifying and reviewing ICWA cases and as a means of checks and balances for identification, compliance and services. Ongoing presentations, training and education will continue to occur for DCS staff, which includes, verbal, written, computer assisted, and face-to-face delivery.

7. Discussions regarding Chafee Program

The Pokagon Band cares for their youth and they are not interested in the Chafee Program. DCS will continue to discuss the Chafee Program with the Pokagon Band as collaborative meetings take place throughout the year.

8. Exchange of CFSP and APSR

Approved copies of the CFSP and subsequent APSRs will be made available to officials of the Pokagon Band. Social Services Director Mark Pompey has reviewed these previously and has provided helpful feedback to which DCS makes the necessary changes accordingly.

9. Title IV-E Funding for Foster Care, Adoption Assistance and Guardianship Assistance Programs

DCS will follow established procedures for the transfer of responsibility for placement and care of a child to a Tribal Title IV-E agency or Indian Tribe with a Title IV-E agreement. DCS provides additional instruction for DCS staff to follow in the event that the Tribe wishes to enter into an agreement. Policies explaining this procedure can be found in DCS Child Welfare Policy Manual, Chapter 2.12 and the ICWA Tribal Transfer of Jurisdiction Tool, which is currently under revision, can be found within that same policy. DCS is prepared to enter into negotiations with any federally recognized tribe to share IV-E benefits.

XI. JOHN H. CHAFEE FOSTER CARE PROGRAM FOR SUCCESSFUL TRANSITION TO ADULTHOOD (THE CHAFEE PROGRAM)

A. AGENCY ADMINISTERING THE CHAFEE PROGRAM (SECTION 477(B)(2) OF THE ACT)

DCS administers and supervises contracted providers who deliver the Chafee program, including the Federal Education and Training Voucher program, directly to eligible youth. Services are available in all 92 counties across the state. DCS utilized a fair bid Request for Proposal (RFP) process to award contracts for the Chafee program services. The DCS Older Youth Initiatives (OYI) Team provides direct oversight of program, service array and service provision of contracted providers or Older Youth Services (OYS) providers. The DCS OYI Team is made up of key personnel from the Child Welfare Services Division and works cross divisionally with the Collaborative Care Program Management team which is made up of key personnel from Field Operations.

DCS provides program oversight to six (6) Older Youth Services (OYS) Providers that provide the Chafee program services through multiple methods with a focus on experiential learning. Each OYS provider is strategically located throughout the State to ensure as defied in the chart below, to ensure all youth are being provided services where they are placed.

Indiana DCS - Older Youth Services Providers

Service Area	*Region*	*Agency*
1	1 & 2	SAFY
2	3 & 4	The Villages
3	5 & 6	Damar
4	8 & 9	The Villages
5	10 & 11	Children's Bureau
6	7 & 12	Children's Bureau
7	13 & 14	George Junior Republic
8	16 & 17	Lifeline
9	15 & 18	George Junior Republic

The DCS OYI team host bi-monthly meetings with the OYS Providers and Collaborative Care (CC) management staff. Program success, challenges, potential improvements and best practices are discussed during the meetings. DCS Collaborative Care Case Managers (3CM), Collaborative Care Supervisors, Independent Living Specialist, OYS provider direct staff and Supervisors come together at the DCS local/regional level (per Service Area, which is comprised of two DCS Regions) to discuss individual cases, local resources and CC practices. DCS Independent Living Specialists are in consistent communication with the OYS Providers and DCS local office staff to provide technical assistance for program and contract questions. DCS also gathers feedback on service delivery, gaps and quality from youth participating in services provided under the OYS service array. This practice will continue as the program plans and adjusts over the next five years.

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

DCS Older Youth Initiatives requires all OYS providers to submit an annual report documenting their service delivery. The older youth services review is a comprehensive description of how each OYS provider provides service delivery in the area of education, employment, financial & asset management, physical & mental health, housing, activities of daily living, and youth engagement. Contract compliance is monitored by the DCS Fiscal Audit Group. However, in 2016 the DCS Older Youth Initiatives team began conducting OYS site visits to review adherence to Indiana's OYS service standards and protocol. The OYS site visits is an assessment of how each OYS provider assist and service youth in their transition to self-sufficiency and determine what is needed to

improve the overall service delivery in each service area. The OYI team reviews the service delivery, service logs outcomes data, case file documentation and continuous quality improvement. During the site visit the OYI team completes and agency review, systems review; which also includes employee interview, and CQI process. After the site visits each provider receives a review summary of the visit and their service log data. OYS provider are to use the information and recommendations to identify service delivery gaps and areas of improvement to enhance and increase service delivery and outcomes for youth. DCS continues to evaluate the older youth services outcome measures, service standards, and policies to ensure Indiana continues to meet federal compliance and is improving outcomes for foster youth transitioning into adulthood.

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

B. DESCRIPTION OF PROGRAM DESIGN AND DELIVERY

1. Current Practice

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

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

- Program targets youth as consumers of services and activities by engaging youth in their case planning, transition planning and making decisions for themselves

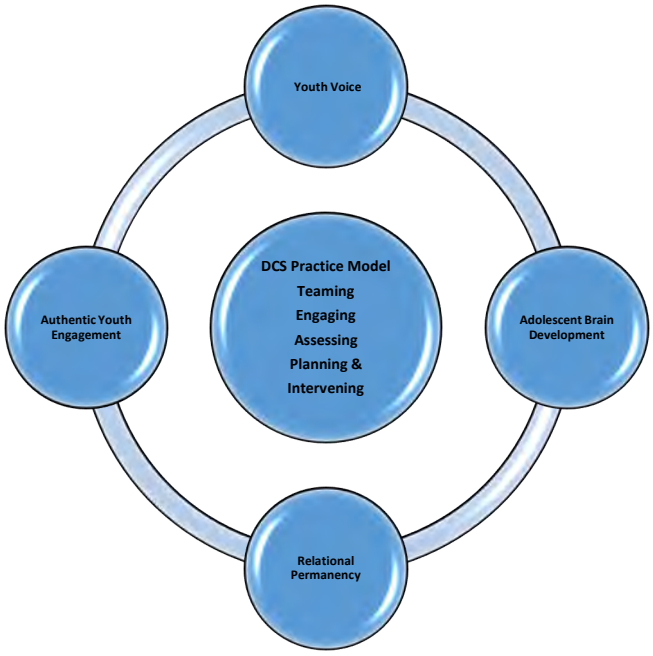
The DCS Indiana Youth Advisory Board (YAB) meets with the DCS executive team to make recommendation on system changes. YAB has participated in the efforts or Indiana extending the Chafee program services to age 23 and is often called upon as the youth expert during program changes including being a team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

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

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

The Indiana Older Youth Services practice model encompasses the department's practice model of principals and essential skills to effectively implement the mission, vision, and values of the agency. These skills are grounded in genuineness, empathy, respect and professionalism which help develop trust based relationships with children, families and stakeholders. In addition, the practice skills of teaming, engaging, assessing, planning, and intervening help to ensure positive outcomes through the teaming process. Older Youth Initiatives has added another layer to the departments guiding principal; positive youth development to improve services and wellbeing for older youth in care.

DCS/OYI Practice Model



2. Service Delivery

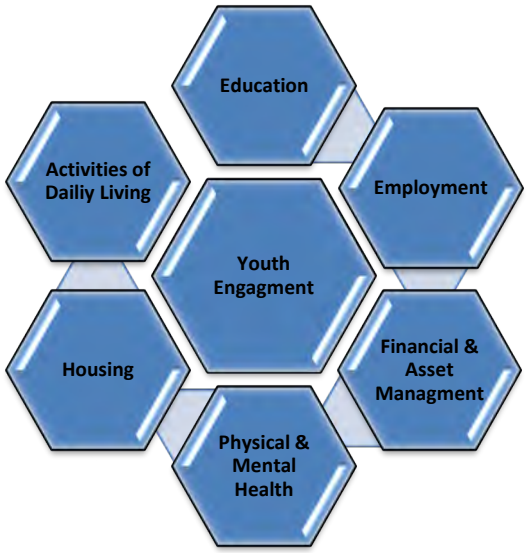
Indiana Department of Child Services / Older Youth Initiatives provides services through the John H. Chafee Foster Care Program for Successful Transition to Adulthood (The Chafee Program). Older youth services consist of a series of developmental activities that provide opportunities for young people to gain the skills required to live healthy, productive and responsible lives as self-sufficient adults. Older Youth Services, are services to youth that will help them successfully transition to adulthood, regardless of whether they end up aging out of the foster care system, are adopted, enter a guardianship, or are reunified. Youth's OYS needs are based on the Casey Life Skills Assessment (CLSA) following the youth's referral for services. Youth receiving older youth services must participate directly in designing their program activities, accept personal responsibility for achieving interdependence, and have opportunities to learn from both positive and negative experiences.

Services are provided according to the developmental needs and strengths of each youth. Youth are engaged in activities that are designed to support the youth in attaining a level of self-sufficiency that allows for a productive adult life. Services address all of the preparatory requirements for transition into adulthood and recognize the evolving and changing developmental needs of the youth. Older Youth Programs are designed to assist youth by advocating, teaching, training, demonstrating, monitoring and/or role modeling new, appropriate skills in order to enhance self-sufficiency. Services must allow the youth to develop skills based on

experiential learning and may include the below outcomes based on the youth's needs as identified through the Independent Living assessment.

Figure 2

Indiana's Chafee Older Youth Service Outcome Areas



Under the Chafee program, Indiana's OYS program is comprised of Independent Living Services, Extended Foster Care Program - Collaborative Care and Chafee Voluntary Independent Living Services. The focal points of OYS are to increase youth voice, offer the opportunity to practice interdependence as well as gaining the skills to build the youth's own social capitol. OYS is designed as a continuum of care beginning at age 16 with extension of foster care until the youth turns 21 years of age and voluntary services a safety net for older youth 21– 23. However, as a youth focus system, youth shall plan their own pathway to successful adulthood.

Figure 3

Older Youth Services Continuum of Care

Indiana DCS opted to extend IV-E foster care to provide youth the option of voluntarily remain in foster care up to their 21st birthday. Indiana's extended foster care program is known as Collaborative Care (CC) the state moved to a Broker of Resources model prior to implementation of extended foster care / Collaborative Care

(CC). CC program and practice model for case managing older youth in foster care was built upon five foundational pillars: Youth Voice; Social Capitol; Relational Permanency; Authentic Youth-Adult Partnerships; Teachable Moments and Adolescent Brain Research. Youth transition to a 3CM at age 17 ½ (for all youth who will not achieve permanency within 3-6 months after obtaining age 17 ½). The goal of the extended foster care / CC program is to help youth practice living interdependently to gain the skills and knowledge to transition successfully into adulthood, as youth age out of the foster care system. Identified youth move into independent living settings (that are developmentally appropriate) that the youth can continue to live in once DCS closes the case. The extended foster care / CC program also allows youth to voluntarily return to foster care on or after the age of 18. In efforts to increase service delivery, youth who have a case plan of Another Planned Permanent Living Arrangement (APPLA) at age 16 may transition to the CC team to initiate services. Cases are staffed at the local office level to determine if all efforts have been met to ensure permanency prior to a youth case plan changing to APPLA.

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

Youth are empowered and have a strong voice in choosing who is a part of their team including the selection of two (2) child representatives. The youth's team meets every 6 months or more often if a critical case juncture occurs. There are outlined topics to discuss at each meeting, such as youth's housing, employment and educational goals. Steps to reach each goal are identified as well as which member of the youth's team is responsible for assisting the youth in achieving the goal.

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

Finally, DCS' OYS service standards are designed to give differing levels of support to the youth depending on the youth's skill developmental and comfort level. Youth with less experience may require more guidance and face

to face instruction time, while other youth may only need assistance occasionally with less guidance. The DCS OYS protocol is designed to provide the OYS providers with information, guidance and process of Indiana's OYS service delivery.

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

3. Specific Accomplishments

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

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

Help youth transition to self-sufficiency

DCS helps youth transition to self-sufficiency by initiating a Transition Plan for Successful Adulthood (TPSA) for all youth in out-of-home care beginning at age 14. The TPSA is developed with the youth and identifies the youth

individual goals, task, and supports as the youth transition into adulthood. The TPSA can be completed in conjunction with the case plan and is updated every 6 months with the assistance of the Family Case Manager or Collaborative Care Case Manager and member of the youth's CFTM until case closure. With continued utilization of the teaming approach, youth may select two (2) persons of their choosing with approval of DCS to assist in the development of the youth's plan. A Transitional Service Plan is completed 90 days before the youths 18th birthday. DCS has also incorporated the term successful adulthood to mean services for youth under the age of eighteen (18).

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

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

The OYS providers assist youth with the development of a Successful Adulthood Learning Plan (SALP). The SALP is based off of the results of the CLSA, driven by the youths input and updated every 6 months. The SALP includes information on specific steps that will be taken to ensure that the youth's successful adulthood needs are met, including: Identifying the youth's need/goal, what activities will be done to help complete that goal,

who is responsible for completing specific activities and expected dates of completion for each activity and goal. The SALP is used as a tool to help teach older youth the planning and goal making process as well as a tool to document casework completed for the youth's individual case record.

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

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

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

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

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

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

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

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

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

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

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

DCS assists youth in identifying and achieving their educational goals through transition and case planning. DCS ensures that youth have received information regarding their post-secondary educational options by providing educational information and having the youth sign the Acknowledgement of Receipt of information about Various Educational Programs. The TPSA and case plan are updated every 6 months until case closure. Youth are provided the opportunity to participate in college visits through their high school or the OYS provider.

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

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

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

The Collaborative Care program continues to use authentic youth engagement to provide personal and emotional support to youth aging out of foster care. The programmatic foundations is based on authentic youth-adult partnerships, relational permanency, and supporting building positive social network. In efforts to increase the wellbeing of youth DCS has implemented an age requirement. Beginning at age 14, youth actively participate in the development of their case plan and the Transition Plan for successful Adulthood Youth provides for youth to receive and sign and acknowledgment describing their rights with respect to education, health, visitation, court participation, medical documentation and safety. In addition, youth may select two child representatives to represent the child in the case plan and transition plan for successful adulthood development.

DCS continues to support the Youth Connections Program (YCP). The goal of the YCP is to ensure that all youth aging out of foster care have a permanent family, or a permanent connection with at least one committed, caring adult who provides guidance and support to the youth as they make their way into adulthood. Although the program goal states that each youth have at least one permanent connection the YCP specialists work to find multiple connections for each youth in the program. Once connections have been identified the YCP Specialist works with the connection and youth to define the level of support and certifies the connection with a Certificate of Connection. The YCP currently serves youth ages 14 – 21 who have no identified supports. However, younger children can be referred as needed. There are currently four YCP Specialist who work within their regions in partnership with the youth, FCM/3CM, supervisors and Independent Living Specialist to identify youth for the program, finding committed adults, and solidify supports. Once a connection is made between the youth and a committed, caring adult, the YCP specialist can provide resources and supports to that relationship for 3 to 6 months, and then works with the FCM to ensure that the relationship is supported beyond that time.

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

DCS provides additional services with Chafee dollars through the support of Voluntary Services. Voluntary services are a set of services for eligible youth ages 18-23 who have aged out of foster care or whose CC case closed at age 21. These services are designed as a safety net to support youth after their transition out of foster care and to promote stability. Voluntary Services include case management, emancipation of goods and services (EG&S) and room and board services. EG&S is a funding source not to exceed $1000 and are for goods and services youth may need as they become independent of the system while making a safe and successful transition into adulthood. EG&S funds must be approved by the IL Specialist on a dollar for dollar basis. R&B expenses are considered start-up assistance, ongoing assistance and emergency assistance. These funds are contingent upon availability as well as verification of the youth's eligibility for voluntary services by the Independent Living Specialist. The payment includes a maximum lifetime cap of $3,000 for assistance up to age 23. Youth must have turned 18 years of age while in foster care and/or the youths Collaborative Care case closed at age 21. As of February 1, 2019, DCS extended Chafee Voluntary Services to former foster youth up to age 23. These services include: employment, education, housing financial management and other community based supportive services that aid youth in achieving self-sufficiency and stability. Older Youth Initiatives uses the "Broker of Service Model" to ensure youth / young adults are connected to services in their community.

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

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

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

DCS' current ETV vendor offers student support to current and former foster youth on campuses by using the student support model called Fostering Success Coaching. The ETV Regional Specialist are level II Foster Success Coaches The student support model encompasses the focus of awareness, education and collaboration. The ETV support model is in place at various colleges and universities in Indiana. The model allows the ETV Regional

Specialists to work in collaboration with campus support services. The campuses listed below offer office space to the ETV Regional Specialists, campus staff assignment in the Financial Aid and Student Accounts/Bursar offices to work with ETV students, and a streamline enrolment process for student support services. The model is actively in place at Vincennes University, Purdue Calumet University, Ivy Tech Community College (Indianapolis, Fort Wayne, and Gary), Indiana State University, IPFW, and IU Northwest. Key components of this model include:

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

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

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

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

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

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

To Ensure that Children Who are Likely to Remain in Foster Care until Age 18 have Ongoing Opportunities to Engage in Age or Developmentally-Appropriate Activities.

DCS policies and practices ensures youth who are likely to remain in foster care until age 18 have ongoing opportunities to engage in age or developmentally-appropriate activities. DCS has adopted the reasonable and prudent parent standard which is characterized by careful and sensible parental decisions that maintain the health, safety, and best interest of a child. The reasonable and prudent parent standard promotes normalcy and increases well-being. A licensee shall use the reasonable and prudent parent standard when determining whether to allow a youth in foster care to participate in extracurricular, enrichment, cultural, and social activities.

DCS engages the child's resource parent(s) in a discussion regarding the youth's participation in extracurricular activities, which include, but are not limited to school, community, and/or cultural activities. DCS ensures that the activities are age-appropriate, reasonably safe, and appropriately supervised. DCS requires the resource parent(s) to notify the youth's FCM in writing or by phone of any extracurricular activities in which the youth may participate. Youth beginning at age 14 participate in their case planning and transition planning, including the discussion of any age appropriate activities that the youth is interested in pursuing. The youth may select two (2) Child Representatives to advice and advocate for the youth with respect to the application of the reasonable and prudent parent standard to the youth.

Youth have an opportunity to participate in other older youth initiatives programming such as specialized youth career training and the Indiana Youth Advisory Board.

National Youth in Transition Database

In May of 2018, DCS finalized a contract agreement to a vendor who oversee the administration of the Indiana specific NYTD survey for 19 and 21 year old youth who are in the follow up population, distribute incentives to youth who participated in the 17, 19 and 21 year old survey and follow up survey; and actively engage youth 17 through 21 years of age whom are in the survey and follow up population through outreach to meet the NYTD reporting requirements.

Incentives

- 17 year old Baseline population: $25
- 19 year old Follow up population: $50
- 21 year old Follow up population: $75

The NYTD DCS team was established to inform the implementation and sustainability of the federal National Youth in Transition Database, which include: the NYTD surveys, NYTD service outcomes, and completion of the NYTD Quality Improvement Plan. In recognition of NYTD as the system to track the independent living services States provide to youth and develop outcome measures that may be used to assess States' performance in operating their independent living programs the Indiana NYTD DCS team has integrate, as a standing team to ensure Indiana Department of Child Services is in federal compliance with the Administration of Children and Families (ACF). The key deliverables of the Indiana NYTD team includes the following:

- Report to NYTD the four types of information about youth: services provided to youth, youth characteristics, outcomes and basic demographics.
- Coordinate NYTD survey process of data collection and reporting outcome information on a new 17 year old baseline population cohort every three years,
- Coordinate NYTD survey process of data collection and reporting outcome information on the follow up population of each cohort at age 19 and again at age 21.
- Review the progress of technical NYTD enhancements to KidTraks database system as relates to the following:
- NYTD Survey
- NYTD Maintenance Screen
- NYTD Portal
- NYTD Survey Logs
- NYTD Quality Improvement Plan (QIP)
- Review of all NYTD information and process

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

The NYTD team meets bi-weekly to address issues during the current survey period, prepare for the upcoming survey period and implement strategic plan to design a better NYTD practices and processes within the DCS OYI system. The OYS team shares this information during quarterly meetings with providers and field staff. The team also shares this information with the youth via the Indiana Youth Advisory Board.

Indiana uses service logs as an internal data collection process to verify older youth services provided to youth. The OYS provider and placement contracted providers are required to enter in documentation on specific NYTD

service elements and the OYS outcome area. Services provided must adhere to federal definitions and DCS Service Standards. NYTD data is also used to inform practice, enhance services delivery and initiate CQI projects.

Over the next five years the Department plans on implemented several strategies for program improvement in regards to NYTD. The following are identified areas of improvement: DCS older youth service system, information gathering/locating youth, communication, youth engagement, and training. For these identified areas of improvement the Department has created goals and necessary tasks to achieve a successful outcome.

Goal 1: Improve NYTD within the DCS OYS Service System

Objective	Task
Incorporate NYTD into the Older Youth Initiatives/DCS Child Welfare System	1. Contract NYTD services to conduct 19 & 21 year old surveys for the discharged youth follow up population 2. Form a DCS NYTD state team (OYS, provider, IOT, youth, etc) 3. Improve services standards around NYTD 4. Develop agency NYTD charter and protocol

Goal 2: Improve Information Gathering and Locating Youth

Objective	Task
Gather and maintain good locating information	1. Obtaining this information prior to the youth's transition from foster care increases the chances of their participation in any future survey. 2. Maintaining contact with youth after their transition from foster care. 3. Ensure that DCS / Provider staff complete an exit interview with youth before their transition from foster care. 4. Develop a locating form or contact requires for youth to complete after survey has been completed.

	5. Enhancing NYTD maintained screen to access the youth contact information using BMV, White pages Facebook, DCS investigators, DOC search, and MaGIK and Case book, MY Case.in.gov.

Goal 3: Improve the Communication of NYTD to Internal and External Stakeholders

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

Goal 4: Continued Youth Engagement Throughout and Between the Report Periods per Cohort

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

Goal 5: Educate Internal and External Stakeholders on NYTD

Objective	Task
Develop and facilitate training to educate youth, DCS Staff, Services / Placement Providers, and Foster Parents, Probation etc. on NYTD purpose, process, and procedures.	1. Create CAT training 2. Create Power Point Slide 3. Provide information about NYTD during DCS local office quarterly meetings. 4. Provide information about NYTD during 3CM trainings 5. Provide Information about NYTD during provider meetings 6. Create informational training for youth and form for youth to sign to be completed each year.

4. Future Planning

DCS will continue to build upon the foundations of the Older Youth Initiatives practice model, improve individualized services to the various special needs populations, continue active collaboration with the whole Older Youth Services community (includes DCS program, youth, DCS CC case management, OYS providers and other key stakeholders) and explore strategies to build public awareness regarding the needs of older youth in care and those transitioning out of foster care. More specifically, DCS will:

1. Explore various assessment tools to ensure youth are receiving the most comprehensive assessment in line with best practice. DCS will develop focus groups consisting of youth, OYS providers and collaborative care staff to review independent living assessment and make recommendations to the OYI team.
2. Continue assessing the provisions of the Families First Prevention and Services Act to increase Chafee ETV funding to youth up to age 26. DCS will review it capacity to increase ETV funding and eligibility requirement to youth / young adults who meet the federal eligibility requirements.
3. Continued participation on the homeless youth taskforce to continue development of services in housing stability and support for youth and young adults. The homeless youth taskforce is working on developing housing stability for Indiana's at-risk youth. This includes assisting the host agency, Coalition for Homelessness Intervention & Prevention of Greater Indianapolis, Inc. (CHIP) in applying for the Youth Homelessness Demonstration Project through HUD. DCS will also continue participating on the

state-wide Continue of Care (CoC) Youth & Families Committee to address Indiana youth homeless.

4. Explore increasing host home usage and program development for youth participating in Indiana's extended foster care program, Collaborative Care and voluntary services to increase supportive network and housing stability.
5. Assess current older youth services outcome measures to ensure data is being collected is being collected for review of services and outcomes for youth.
6. Continue building NYTD within the OYI system through training and increased youth engagement.

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

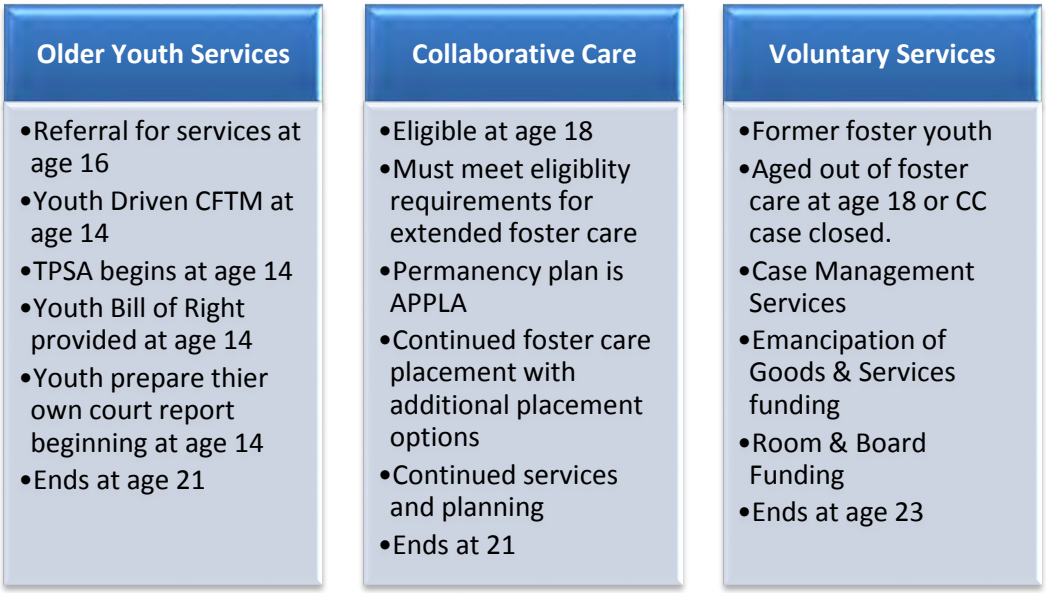
DCS offers Successful Adulthood Services: services for youth that are designed to assist youth who will age out of foster care with the skills and abilities necessary or desirable to be self-reliant in accordance with Federal and State law. This service is known as Older Youth Services (OYS). DCS, Older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

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

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

OYS follows the broker of resources model and are designed to assist young people by advocating, teaching, training, demonstrating, monitoring and/or role modelling new, appropriate skills in order to enhance self-sufficiency. Services must allow the youth to develop skills based on experiential learning and may include the below outcomes based on the youth's needs as identified through the Independent Living assessment.

Figure 4: Older Youth Services



DCS older youth initiatives have additional supportive services through contracted providers to help enhance the growth and development of youth in care. Many of these services are provided through a contracted provider. DCS utilized a fair bid Request for Proposal (RFP) process to award contracts or services have been provided through a special procurement. These services provide experiential learning and support acquisition of successful adulthood skills that assist youth as they transition into adulthood.

1. **Youth Specialized Career Training Program (YSCT):** YSCT provides life skills and career development services to at-risk youth by combining the best hands-on experiential learning and community resources. YSCT gives youth the tools and the opportunity to use skills needed to build a successful and sustainable future. Services focus on youth who are likely to age out of foster care by providing interactive learning and skill building to help prepare youth for a career and their transition into adulthood. YSCT provides specialized skills services consisting of boot camp programing, which is characterized by intensive experiential learning and hands-on lessons in culinary Arts, ServSafe certification, building trades, car maintenance, life skills and other unique programs.

2. **Indiana Youth Advisory Board (YAB):** YAB is Indiana's youth leadership board. YAB is designed to give youth ages 14 – 23 the opportunity to practice leadership skills and learn to be advocates for themselves and their peers. Youth age 14 are given special consideration upon meeting the YAB eligibility requirements. There are five (5) regional boards and one (1) state-wide advisory board. Youth from each regional board is selected to participate on the state-wide advisory board. The goals of YAB are to provide an avenue whereby youth in care can inform DCS staff, placement facilities, foster parents,

policy makers, and the public on the issues that impact teens and young adults in the foster care system. Fostering YAB development and youth participation will also further enhance collaboration, cultural competence and permanent connections with other youth and adults as they engage in the YAB process. This program also assist with preparing youth as they transition from adolescence to adulthood by recognizing and accepting personal responsibility, increasing well-being, and developing leadership skills. YAB participated in or hosted the following events:

- Hosted YAB Normalcy Conference
- DCS Leadership and YAB meeting
- Quarterly Regional Meetings
- Hosted Holiday Celebration with local group homes.
- YAB planning retreat
- Participated in the Indiana Foster Parents Bill of Rights focus group
- Chafee IL Coordinator's Meeting Youth Ambassador
- CASEY Results Based Accountability group

3. **Casey Youth Opportunity Passport (OPP):** OPP is a trademarked program of the Jim Casey Youth Opportunities Initiative (JCYOI), which is under the umbrella of the Annie E. Casey Foundation. OPP is a program designed to organize resources to create opportunities: financial, educational, vocational, health care, entrepreneurial and recreational for alumni of the foster care system and youth still in foster care. The goals of the project are to help youth leaving foster care become financially literate; gain experience with the banking system; and gain experience with assets purchasing. Youth are eligible to participate in OPP between the ages of 14 – 25. The OPP focuses on improving the financial well-being of youth transitioning from foster care. The primary component of OPP is an Individual Development Account (IDA) or a match savings account. Indiana Foster Success (CB25) is a co-investment site for JCYOI which allows CB25 to serve as the exclusive provider of the OPP curriculum, Keys to your Financial Future. In addition to the support from JCYOI, CB25 leverages support from the Indiana Department of Child Services, Nina Mason Pulliam Charitable Trust and our banking partners, PNC Bank and the National Bank of Indianapolis to deliver this program.

4. **College Dorm Placement Program**: This program provides financial assistance to youth who are placed in a college dorm setting through Indiana's extended foster care program, Collaborative Care. Collaborative Care Case Managers monitor the college dorm placement/attendance to assist youth with support and services.

5. **Credit Reporting:** DCS conducts credit checks for CHINS and JD/JS youth age 14 through 17 who are in out of home placement. Youth will receive a credit report from each of the three (3) Credit Reporting Agencies (CRA) each year until the youth is discharged from care (TransUnion, Experian, and Equifax).

The youth will receive assistance in interpreting and resolving any inaccuracies in the credit report. DCS will utilize the electronic batch report process. Reports will be processed monthly. This will capture all youth during their birthday month and the month of the youths' initial removal. Youth /young adults in foster care 3CM\CHINS and Collaborative Care older youth age 18 to 21 who are in a foster home placement or an Independent Living Placement will receive a credit report from each of the three (3) CRA's each year until the older youth is discharged from care. The OYS providers will assist the young adult in obtaining his or her credit report through the Annual Credit Report. The youth will receive assistance in obtaining, interpreting and resolving any inaccuracies in the credit report from Indian's older youth services service providers. Youth /young adults who have aged out of foster care and receiving voluntary services between 18 – 23 years of age will be advised on how to apply for their credit reports from each of the three CRA;s each year until the youth is no longer actively participating in voluntary services or services have ended. The youth will receive assistance in obtaining, interpreting, and resolving inaccuracies in the report.

6. **Medicaid:** Through Indiana's extended foster care program, Collaborative Care (CC), participating youth are able to maintain their Medicaid while in foster care. DCS foster children may also remain a foster child through age 21 (as of July 1, 2019). Adoption assistance and guardianship assistance are also available to age 21 if the youth continues to meet the eligibility requirements.
   Under Indiana current Medicaid eligibility requirements, coverage for individuals who aged out of foster care between the ages of 18 and 21 should be maintained until the former foster care recipient reaches age 26; without the young adult having to take action, submit additional information or verify income. Former foster care children as an eligibility group went into effect on January 1, 2014. The program covers all former foster care children 18, 19, or 20 years of age and have been a ward in foster care on their 18th birthday in a state other than Indiana. To ensure Medicaid benefits continue for former foster youth 18 year or older, Indiana passed Senate Bill (SB) 497 which became effective July 1, 2017. SB 497 makes Medicaid eligibility for individuals who: (1) are at least 18 years of age or emancipated; (2) received foster care in Indiana and in other states before residing in Indiana for at least six months; and (3) are less than 26 years of age. SB 497 also requires the following:
   - The Office of the Secretary of Family and Social Services to verify an individual's status as a foster care recipient with another state if the individual received foster care in the other state;
   - DCS in cooperation with the Office of Medicaid Policy and Planning, to enroll individuals, who received foster care in Indiana and are turning 18 years of age, in the Medicaid program as part of the individuals' transitional services plan;
   - Prohibits the Office of Medicaid Policy and Planning from requiring the individual to submit eligibility information after enrolling in the Medicaid program during the individual's Medicaid eligibility as a former foster child and;
   - DCS to provide information concerning the individual's Medicaid enrollment to the individual.

A former foster care recipient can apply for Medicaid and be approved up to age 26. An individual must have been in foster care and enrolled in Indiana Medicaid on his/her 18th birthday and must be 18 - 26 years old. This includes coverage for individuals that were in the care of relatives, as long as their relatives were registered as an official foster care home. There are no income standards or resource requirements for this eligibility group. To streamline the process of enrolling current and former foster youth between the ages of 18 through 26 in the appropriate Medicaid category and to ensure continued coverage, DCS has an electronic system that automatically enrolls and renews Medicaid unless information is presented that indicates the individual is no longer eligible (e.g. youth has moved out of state). This is consistent with existing federal law. DCS MEU tracks youth who age out of foster care with an identifier selected in the system. Once the youth ages out of foster care, DCS MEU sends the electronic record to DFR (Medicaid); the foster care identifier stays with the individuals' electronic record within the Medicaid system.

7. **Catalyst:** Catalyst is a summer bridge program designed to provide Indiana's foster youth an opportunity to prepare for their post-secondary education and experience. Catalyst provides experiential learning for youth who may lack the necessary skills to be successful in college through hands on support. Participating youth attend a 6 weeks summer sessions while living in a college dorm setting and receiving on-boarding. Youth will earn 6 college credits to jumpstart their college career while building their communication skills, social and cultural awareness, gaining emotional supports and information on how to access student services within their college campuses.

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

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

Youth under the age of 16

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

Youth ages 16 to 18

All youth in out of home care receive Successful Adulthood (SA) services at the age of 16. Who provides the service depends upon where the youth is placed. If a youth is placed in a residential facility, group home or a Licensed Child Placing Agency home, the facility or agency is responsible for providing the direct SA skills education. If a youth is placed in a DCS licensed foster home, a relative home, or another court appointed placement, a referral may be made to the OYS provider (if services are appropriate for the youth). At age 17.5 all youth should be referred to an OYS provider (if services are appropriate for the youth). Youth in Collaborative Care Host Homes and College Dorms, may or may not be referred to an OYS provider. This decision is made with the youth and the youth's team and based upon what resources are being offered by the Host Home adult or college campus. Youth who have a case plan of APPLA may have their case transferred to a 3CM to begin intensive OYS.

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

DCS also focuses on transition planning for youth ages 16 – 18 per DCS policy as described in the previous paragraph. Ninety days before a youth turns 18, the youth develops a "Transitional Service Plan for Successful Adulthood". This plan reviews and outlines the youth needs prior to transitioning out of care in the area of housing / transportation, employment, education, supports vital records and daily living. Youth within this age range may also participate in additional older youth initiative services as described.

Youth ages 18-21 in foster care

Youth ages 18 – 21 have the option to remain in foster care through Indiana's extended foster care program; Collaborative Care. Youth participating in Collaborative Care voluntary agree to remain in foster care and receive continued supports and services through DCS as they work to achieve self-sufficiency. All OYS are based upon the youth's abilities and needs. To better equip youth, DCS ensures that all youth 18 and older who have spent

six months or more in care are provided the following documentation prior to leaving care: birth certificate, Social Security care, health insurance information, medical records, and a driver's license or State Identification. The OYS array does not change with age. The method by which services are delivered varies based upon youth's skill level, needs and abilities. Youth ages 18 -21 continue to receive transition planning as well as older youth initiative services. Youth are expected to actively drive their transition plan and learning plan to ensure their personal responsibility in transitioning into adulthood.

In addition, prior to a youth transferring from a Family Case Manager to a 3CM, a team meeting is held to talk with the youth about their plan for after foster care and what skills and education they need to move forward with their plan. These transition meetings between case managers, the youth and the youth's team should also include discussion about the youth's stage of development, current services being utilized and future service needs.

Former foster youth ages 18 through 23

Youth who turned 18 in a foster care placement and are not yet 23 years of age are eligible for Voluntary IL Services. The OYS array is available for youth participating in Voluntary IL Services. Services are to be administered using the broker of resource model and should be individualized based upon the youth needs and abilities. The following youth ages 18 – 23 are also eligible for voluntary IL Services:

1. Youth age 18 up to the day before the youth's 23rd birthday who were formerly in foster care for a minimum of six (6) months as a CHINS or JD/JS after age 16 under the supervision of DCS and were a ward or in the custody of another state if there is a verification of wardship and all eligibility criteria is met from the state of jurisdiction; or
2. Youth age 16 up to the day before the youth's 23rd birthday who were formerly in foster care for a minimum of six (6) months and have obtained guardianship or adoption on or after the youth's 16th birthday.

Youth participating in voluntary services may be eligible for additional financial resources such as emancipation of goods & services and room and board services.

DCS utilizes the Casey Life Skills Assessment as a starting point to evaluate what skills, knowledge and abilities a youth needs to focus on while preparing to practice living interdependently. The Independent Living Plan is developed by the youth and OYS provider. The goals should be individualized and based upon the youth's abilities, skill level and needs.

D. SERVING YOUTH ACROSS THE STATE

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

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

Room and Board (R&B) expenses are considered start-up assistance, ongoing assistance and emergency assistance. These funds are contingent upon availability as well as verification of the youth's eligibility for voluntary services by the Independent Living Specialist.

Room and Board payments include a maximum lifetime cap of $3,000 for assistance up to age 21. Youth may access this assistance as long as they continue to participate in case management services and receive SSI (Supplement Security Income through Social Security) or participate in a full or part time schedule of work (or are actively seeking employment) until the $3,000 limit is exhausted.

Start-Up Assistance: Start-up cost are expected to be a one-time payment and are made available when youth move into their first apartment. Start-up cost covers application fees, security deposit, first month's rent and utility installation fees. Utilities are limited to electric, gas, water and sewage.

Ongoing Assistance: Ongoing cost are identified as ongoing monthly rental assistance. This assistance will be will be tailored to the need to the youth. Youth who need the maximum assistance may access these funds using the payment guide below. While receiving Room and Board funds, youth are expected to make incremental payments toward their own housing and utility expenses beginning in the third month of assistance and should be prepared to accept full responsibility by the sixth month unless there are extenuating circumstances. Requests for an extension of this capped amount will be considered on a case-by-case basis by DCS Older Youth Initiatives Manager or designee, based on availability of funds. Room and Board payments will only be made through a contracted service provider who is providing older youth case management services to the youth.

Emergency Assistance: Emergency cost is a one-time payment to youth who present in an emergency or crisis situation. These situations are temporary or extenuating. Youth receiving emergency assistance will need to develop a crisis plan and agree to be placed in an alternative setting as available. Emergency Assistance must be approved by the Older Youth Initiative Manager or designee.

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

2. Housing Options

Potential housing options for youth accessing Voluntary IL services may include host homes with foster families, relatives other than biological or adoptive parents, or other adults willing to allow the youth to reside in their home with or without compensation. This setting does not require the same responsibilities provided by the

host home adult as the Host Home placement type in Collaborative Care. Other housing options may include youth shelters, shared housing, single room occupancy, boarding houses, semi-supervised apartments, their own apartments, subsidized housing, scattered site apartments, and transitional group homes.

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

Youth who wish to leave care at or after the age of 18 and are eligible can access voluntary independent services. The service array is described above. Room & Board funds are reserved for only those youth accessing Voluntary IL Services. Room and Board funds are not used for youth who enter Collaborative Care. Room and Board funds are reserved for youth who access Voluntary Independent Services. Education and Employment. Education and employment preparation for older youth in foster care continues to be a focus. Service providers and case managers continue to ensure that youth are referred to Work One, through the Indiana Department of Workforce Development (DWD) for employment related coaching, TASC (Test Assessing Secondary Completion) classes, and testing. Specifically, DCS Collaborative Care team partners with the Department of Workforce Development (DWD) Jobs for American Graduates (JAG) program to identify foster youth in their junior and senior year in high school. Foster Youth continue to be prioritized for local Work One initiatives.

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

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

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

Youth goals are supported in several ways; including the youth's educational goals. Youth must address education at each transition planning meeting that starts at age 14. This includes current educational status and future educational goals. Education is an outcome area addressed in the OYS Service Standards and outlines youth outcomes and provider responsibilities that will assist youth achieve the identified core competencies. Education may also be an area that is addressed in the IL Plan developed by the youth and the OYS provider.

3CMs may reach out to the DCS Education Liaisons for assistance with educational issues or barriers. The Education Services team has partnered with the Collaborative Care and Older Youth Services teams to provide trainings and attend joint meetings to assist in ensuring the educational needs of the other youth in care are being effectively met. 3CMs receive training in assisting youth who apply for post-secondary training or education. Youth who are enrolled in post-secondary training or education and are receiving ETVs can also utilize the regionally based ETV Specialists for assistance.

3. Young Adults Who are Pregnant and Parenting

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

1. All services are coordinated with one team,
2. Case planning is used as a means to support the family unit.

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

The OYS providers provide services to the pregnant and or parenting young adult by using the broker of resource model. The provider uses a family-centered approach by ensuing service planning supports the family and works to increase the social capital and supports for young parents.

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

DCS hosted a parenting conference in October of 2018 in order to provide support through education and resources to pregnant and parenting young adults. T During the conference, the youth received information on safe sleep, parenting tools and relationship building, a resource fair was provided to the youth and the youth received a gift package for their participation. Moving forward these events will be hosted regionally across the state and will focus on pregnancy, parenting, and child abuse and neglect prevention. This change will allow DCS and OYS providers to increase the capacity to impact more youth and build collaborations with community stakeholders.

4. Young Adults with Histories of Substance Abuse

DCS has identified programs within the local communities that provide transitional housing and programming options for older youth and young adults who suffer from Substance Use/Abuse with existing Substance Abuse Treatment providers within Indiana. DCS ensures services are implemented through individualized case planning. All 3CMs and OYS providers have received training in working with youth who are suffering from Substance Use/Abuse. DCS will continue to explore training materials and opportunities via SAMSHA as well as the Indiana Department of Mental Health and Addictions.

5. Young Adults with Mental Health and/or Trafficking Histories

DCS provides individualized case planning for youth with histories of mental health or human trafficking. Youth are provided services through contracted mental health providers. DCS and the mental health provider explore transitional services for youth on the case by case bases. Youth are involved in their transition and case planning. Youth are a part of the decision making process as it pertains to their mental health services. As part of Medicaid each youth is able to select a care coordinator through their managed care provider. The care coordinator is also able to assist youth with mental health services and monitoring of medication after case closure.

Per DCS Human Trafficking policy 2.21, DCS will identify and/or assess allegations of suspected human trafficking as a part of a comprehensive assessment of Child Abuse and/or Neglect (CA/N). DCS will coordinate with the local Law Enforcement Agency (LEA) and federal agencies when completing an assessment regarding a child who is an alleged victim of CA/N and is suspected to be a victim. If it is determined that a human trafficking forensic interview is appropriate, the interview will be completed by federal agency partners. The FCM will follow all human trafficking procedures as stated in policy. Youth who have a history of trafficking are provided specialized case management services up to specialized residential treatment. Residential programs are required to offer Trauma Focused Cognitive Behavioral Therapy as a core program, which should begin to address the youth's trauma history. Service are provided by a community stakeholder who has received grant funding to administer services. The Indiana Trafficking Victim Assistance Program works to identify and provide comprehensive services to victims (24 and under) of trafficking or sexual exploitation. There are regional statewide service providers whom provide services and resources. DCS continues to track human trafficking cases and the DCS OYI team continues to provide training on best practices for intervention services, service coordination/management, placement, and aftercare services for this group of older youth. DCS will continue to work to gain an understanding of the needs of youth who have experienced trafficking and identify best practices.

6. Youth with Criminal Histories

The OYS array does not differ for youth who have criminal histories. All youth in foster care experience circumstances that warrant individualized service delivery. Youth Voice and Authentic Youth-Adult Partnerships are foundational pillars for the Collaborative Care model. 3CMs have received training on youth engagement and use these skills to work alongside youth to overcome their pasts and look toward the future. 3CM's have been trained on how to assist youth with expungement of their criminal records. Youth criminal history can be a barrier to education, housing, and employment. 3CM's assist the youth with the expungement process which help them overcome these barriers. Youth with juvenile delinquent status (JD) who were placed in foster care under their JD case are able to re-enter foster care through Indiana's extended foster care program – Collaborative Care at the age of 18 or older upon closure of the JD case. The youth must meet the extended foster care eligibility requirements. These youth may also participate in voluntary services. Youth with criminal histories are also eligible to receive ETV funding upon meeting the eligibility requirements.

7. Young Adults with Disabilities

Young adults who have a disability or developmental needs receive additional services and information that meet their specific needs. Services include, but are not limited to reviewing eligibility for continued SSI benefits based on disability rules for adults, help youth apply for SSI and other special needs adult benefits a youth may be eligible for. 3CMs help youth develop and increase support and build social capital. OYS providers link youth to other supportive agencies such as the Bureau of Developmental Disabilities, local mental health agencies, vocational rehabilitation, and other local providers.

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

3CMs continue to receive on-going training on the process to help youth apply for the Bureau of Developmental Disability Services (BDDS). In addition, on-going training consist of available resources in each DCS Region/County including BDDS, Vocational Rehabilitation, Community Mental Health Centers, Children's Mental Health Wraparound Services, and Housing for youth who struggle with mental health issues. DCS and BDDS have a formalized partnership that allows DCS youth to enter the BDDS system at age 21, if not before.

After examining data, DCS has found that youth are leaving the program prior to turning age 21 for many reasons. Many youth are reuniting with biological family and requesting case closure. Some youth are entering adult services so the DCS case is closed. Other youth are struggling to maintain eligibility. Collaborative Care

practice is to assist the youth in becoming eligible for services for up to 60 days. If youth have not obtained eligibility by the 60th day, the case needs to move towards case closure.

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

E. COLLABORATION WITH OTHER PRIVATE AND PUBLIC AGENCIES

DCS' OYI Team identifies public and private entities that might be able to assist youth achieve interdependence. Some examples of partnerships are the Department of Workforce Development, Indiana Foster Success, One Simple Wish, Coalition for Homelessness Intervention & Prevention (CHIP), CHIP, Indiana Commission of Higher Education / Twenty-First Century Scholars Program, and the Bureau of Developmental Disabilities.

More specifically, the Department of Workforce Development and DCS have created a partnership to work more closely in identifying youth that both agencies serve. Foster youth are prioritized for local Work One initiatives. DCS works closely with Department of Workforce Development (DWD) JAG (Jobs for American Graduates) program to identify foster youth in their junior and senior year of high school. Partnering with JAG to specifically recruit foster youth for their program will build better resources for and increase foster youth preparedness for post-secondary education and/or employment.

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

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

Success has been able to leverage funding from DCS with private foundational funds to serve Indiana's Older Youth.

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

DCS has partnered with One Simple Wish (OSW), a not-for-profit organization based out of New Jersey created in 2008 by a foster/adoptive parent. OSW takes advantage of the internet to bring an awareness to foster youth. OSW is a wish granting program that allows private citizens or organizations to grant wishes posted by youth in foster care. Examples of what youth could wish for include sports equipment/uniforms, name brand clothing/money for a shopping trip, computers, prom dresses, limo for prom, tickets to a theme park or concert, furniture, to name a few examples.

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

DCS has strengthened its partnership with the Twenty-First Century Scholars program, which is a program supervised by the Indiana Commission for Higher Education (ICHE). ICHE vision is to provide every Hoosier with clearer and more direct paths to timely college completion, quality competency-based credentials that deliver the learning outcomes students need and employers expect, and purposeful career preparation that equips graduates for fulfilling employment and lifelong learning. ICHE promotes awareness of Indiana financial assistance programs through its website, guidance counsellor workshops, financial aid nights, college fairs, community forums and other state-wide events such as College Goal Sunday.

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

DCS continues partnering with the Indianapolis Colts and Cargo Services to focus on providing resources to young adults in foster care graduating from High School that may not otherwise be available. Youth selected to participate in Project Open House exemplified excellence in their schools and community or have overcome challenges and barriers while obtaining their high school diploma. This program recognizes the accomplishments

of foster youth by providing an opportunity for foster youth to share their success with friends and family. Since the program's inception the number of youth participants has continued to grow, with hopes of future expansion over the next five years.

The OYS Team has also partnered with other agencies that may have services that youth can access concurrently or in replacement of the Chafee program services. Independent Living Specialists, the data analyst, and the Older Youth Initiatives Manager will make themselves available to give presentations to agencies, departments, and companies that interact with youth on a regular basis. In this way information about available services can be disseminated to the stakeholders in order to better reach youth.

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

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

1. Federally Funded Transitional Living Programs

There are two federally funded transitional living programs in Indiana. When DCS learns of a youth who is homeless that young person is brought into care under a CHINS petition. Thus that youth is eligible to access the Chafee program services. DCS has meet with local youth shelters to inform and educate about extended foster care services for former foster youth who aged out of foster care at age 18.

2. Abstinence Programs

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

DCS continues to partner with the Indiana Health Department to ensure youth are included in and encouraged to attend programs to prevent unplanned pregnancies and to attend abstinence programs throughout the state.

At this time, DCS does not have a direct partnership with any FYSB grantees. However, service providers work with local agencies in their service area/community to ensure youth are able to connect with programs in their area. DCS is adding a prevention component to the parenting events to provide education and resources to youth.

3. Local Housing Programs

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

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

4. Programs for Disabled Youth

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

5. School to Work Programs

At the state level, DCS has a partnership with the Department for Workforce Development, as described in the collaborations/partnering sections. At the local level 3CMs and OYS providers work with youth to ensure they know why and how to access local Work One offices. 3CMs also encourage youth to join the Jobs for America's Graduates (JAG, a DWD program) when available and appropriate. 3CMs have also been trained on alternative certification programs that support school to work. DCS supports youth attending accredited vocational programs through ETV to further their education and employment opportunities. 3CM's and OYS providers have also received information and training on the Next Level Jobs program. During the case plan and transition

meetings 3CM's provide resources and information to youth on school to work programs as youth develop their TSPA goals. Transition plans are developed on a case by case basis.

6. Plan to Coordinate Services with Local Youth Shelters and Other Programs Serving Young Adults at Risk of Homelessness

Through participation with the homeless youth taskforce extended foster care has been added in the homeless youth coordinated entry process. This strategy provides information to former foster youth experiencing homelessness on collaborative care and direct contact to re-entry. DCS continues to provide OYI program and services information to local youth shelters by providing education material on extended foster care and access to voluntary services. The OYS providers have formed relationships with local youth shelters in their service area to build better partnerships to serve youth who may face homelessness. Through these partnerships, the OYS providers have strengthen their ability to serve youth on an emergency situations.

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

As mentioned above, DCS has partnered with The Courtyard in Fort Wayne, Indiana, a 36-unit development that targets youth leaving foster care. The Courtyard received funding through the Fort Wayne Housing Authority which participates in HUD's Family Self-Sufficiency Program and provides housing vouchers. DCS is also partnering with CHIP and the state-wide CoC to apply for the YHDP round 3. The child welfare agency has developed policies and procedures, which include training opportunities for child welfare agency staff, to address the ongoing need of young people and children who are involved in the child welfare system.

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

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

1. The Chafee Program Services

Eligibility for the Chafee program Services starts at age 16. Placement drives who provides services. When youth are placed in a DCS licensed foster home, a relative home or another court appointed placement, a referral is made to an OYS provider. When youth are placed in residential facilities, group homes or a Licensed Child Placing Agency foster home, the facility/agency is responsible for providing the Chafee program Services, according to the OYS Service Standards.

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

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

DCS has determined the following former foster youth meet the eligibility requirements for room and board (R&B) services:

- A youth who turns 18 years of age while placed in foster care; or
- A youth who turned 18 years of age in foster care, who was a "ward or in the custody of another state"; or
- A youth age 18 to 21 who was on a trial home visit on his or her 18th birthday or in runaway status with an open CHINS or probation youth case.

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

2. Collaborative Care

DCS opted into all eligibility criteria outlined in the Fostering Connections Act for extending Title IV-E Foster Care. In addition, DCS decided that youth who are not IV-E eligible are included in the population. Eligibility is determined the same way for all youth in the following categories.

- CHINS: youth who have an open CHINS case are presumed to remain in care until age 20, however following recent legislation the state is looking at increasing that age to 21. Under a CHINS case, you can remain in care to the age of 21, however due to recent legislation the state is looking at increasing that age to 23. Youth receive all the same service and placement options. When it is in the youth's best interest, the CHINS case will be dismissed and a Collaborative Care court case will open.
- Re-Entry: youth who have aged out of foster care (turned 18 in a foster care placement) either with an open CHINS or Juvenile Probation case, youth who are 18 years of age, but not yet 20 years of age and meet Collaborative Care eligibility may re-enter foster care. Youth sign the Voluntary Collaborative Care Agreement, agreeing to come back into foster, meet at least monthly with a 3CM and be under the supervisor of the Juvenile Court. Youth who re-enter care can remain in an open Collaborative Care case until their 20th birthday. Youth receive all the same service and placement options.

G. COOPERATION IN NATIONAL EVALUATIONS

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

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

H. CONSULTATION WITH TRIBES (SECTION 477(B)(3)G))

The Pokagon Band of Potawatomi Indians is Indiana's only federally-recognized tribe. When the Pokagon Band intervenes in an Indiana DCS case and assumes jurisdiction, they request that all IV-E benefits be terminated. The Pokagon Band provides income and services for the family and youth as part of their tribal benefits and has indicated that they do not want to participate in Title IV-E. If the child remains under Indiana DCS jurisdiction, the child is eligible for all benefits and programs available to foster children and youth. The Pokagon Band is aware that DCS will assist them if this changes in the future and DCS continues to inform them of new benefits and programs during meetings.

Additionally, although they do not currently operate education and training voucher and independent living program, the Pokagon Band is aware that should they request it, DCS would work with them to arrange for the Chafee program funds to be made available for youth in the tribe's care.

I. THE CHAFEE PROGRAM IMPROVEMENT EFFORTS AND INVOLVEMENT

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

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

The OYI team conducted state-wide site visits with each older youth services, Education and Training Voucher and Indiana Youth Advisory Board contracted providers. The purpose of the Older Youth Services site visits are to review adherence to Indiana's older youth services service standards and protocol. The Department of Child Services seeks to understand the strength and needs of the Older Youth Services – service provider and what is

needed to improve the overall service array in each service area; to meet the needs of the older youth service population. We will review resources to understand whether those resources are being used in the most effective and efficient manner to fulfill the DCS's older youth initiatives objectives. Specifically, the site visit will:

- Focus on continuous quality improvement
- Ensure each agency is complying with Older Youth Services service standards and protocol.
- Identify areas of strength and best practices
- Identify gaps and / or areas needing improvement
- Provide recommendations or program improvements / enhancements

J. THE CHAFEE PROGRAM TRAINING

The OYI team is facilitating quarterly trainings for internal DCS staff in the local offices on the Chafee program and OYS. The OYI Team has developed a state-wide plan for training internal DCS staff on the Chafee program and OYS. The OYI Team also facilitates a bi-monthly training for 3CM and trains the OYS provider staff twice a year. The OYI Team will explore the option of requesting OYS be a reoccurring training topic for the annual Local Office Director and Local Office Supervisor workshops. The OYI team continues to provide training to external stakeholders and Licensed Child Care Placement Agency's on older youth services and authentic youth engagement. During the OYS provider meetings training goals are identified that focus on best practices in working with older youth. YAB also facilitates case management training for DCS staff and provider on working with Older Youth in foster care, assisting in transition planning from a youth's perspective and additional topics. The OYI Team will work with the team of youth on developing the trainings; explore methods of training the youth as professional trainers and support youth as trainers.

Foster parents also receive training on fostering older youth and preparing them for independence. Training includes identifying the different phases of independent living development (Phase I: Informal learning, Phase 2: Formal Learning, Phase III: Practice, and Phase IV: Self-sufficiency), the challenges foster youth face in the transition to independence, and practices foster parents can put in place to help in the transition, including outside resources that are available, as well as the availability of ETV funds to help with different phases of development.

Lesbian, Gay, Bisexual, Transgender or Questioning (LGBTQ): DCS designates a certain number of trainings that are required to be a part of the annual training hour requirement for ongoing case workers. DCS required all workers to take the LGBTQ Youth training. Furthermore, foster and adoptive parents also receive training on LGBTQ. The Foster and Adoptive Parent Training – Fostering Older Youth curriculum includes training on speaking and working with foster youth who might be LGBTQ. The training includes approaches to take in working with youth, examples of challenges these youth face, and outside resources that are available for assistance. One such resource is the Indiana Youth Group (IYG), which provides a safe place and confidential

environment where self-identified LGBTQ youth are empowered through programs, support services, and leadership opportunities.

K. EDUCATION AND TRAINING VOUCHER PROGRAM

The ETV program is a federally funded state administered program designed to provide financial and academic support to youth who have aged out of the foster care system and who are enrolled in an accredited college, university or vocational training program. Current and former foster youth must have been in foster care on or foster care will end on their 18th birthday and youth who was adopted or placed in a kinship guardianship from foster care on or after their 16th birthday are eligible for ETV. Students may receive up to $5000 per academic year based on the cost of attendance. Youth must enrol between the ages of 18 up to their 21st birthday. Students may continue to receive ETV support until age 23. Foster youth who graduate high school at age 16 and will be attending post-secondary institution can apply for ETV. DCS verifies the eligibility of all ETV applicants prior to approval for funding. In addition, to meet federal requirement, applicants must submit all required documentation which includes the following:

- Verification of high school diploma or High School Equivalency
- Complete FAFSA
- Financial aid award package
- Verification of maintaining a 2.0 GPA or higher - college transcript
- Verification of foster care status

DCS utilized a fair bid Request for Proposal (RFP) process to award the ETV contract. There is one vendor awarded to administer the ETV program state-wide. This vendor is required to create and maintain a web-based application system, funding methodology that ensures ETV award does not exceed the cost of attendance, administer funds directly to students, monitor student grads and offer academic support. The current program model includes student ambassadors and ETV Specialists. The student ambassador role offers peer support to other students and provides education on ETV to new and incoming students. The ETV Specialist role offers support, guidance and advocacy to ETV students and helps student navigate the campus process.

Cost of attendance is determined by each participant's choice of school based on factors such as tuition, fees, books, housing, transportation and other school-related costs unique to the participants' needs at their institution of choice. All ETV participants are required to submit a Cashier statement and Financial Aid statement to their higher education institution. Once cost of attendance is calculated by the school, verification is provided in accordance to the Higher Education Act of 1995, typically either by fax or mail, to the main ETV office with the appropriate staff signatures from the institutions. The ETV Program Manager reviews documents to ensure the ETV funds awarded do not exceed the total costs of attendance.

All financial aid directors at educational institutions that ETV recipients attend are informed each academic year, about the ETV program and ETV aid is reported to the higher education institutions via sharing of documentation. In addition ETV program staff are aware of each student's total financial aid package to ensure that ETV funds are used to fill the funding gaps up to but not exceeding the cost of attendance.

ETV staff work closely with The Commissioner of Higher Education (CHE) to insure all parties are updated on all financial aid rules, regulations, changes and supports. The ETV vendor monitors and participates in a listserv sponsored by Department of Education and CHE for higher education Financial Aid directors. ETV staff are also connected to the American Bar Association Center on Children and the Law Foster Care Education group. Higher education institutions are updated each academic year and the ETV vendor encourages and has leveraged the institutions to designate a key person to work with ETV students and required documentation.

The ETV staff also works closely with all Financial Aid directors and staff where ETV students are enrolled. The higher education institutions report student grants and additional aid on the financial aid form. The ETV vendor tracks all student aid dollars by category and student demographic. The ETV staff also facilitated a workshop at the CHE student advocates conference on the needs of foster youth in post-secondary institution.

The ETV recipients apply each semester (fall, spring, summer), which allows the ETV vendor to track the student's enrolment, progress and pull quantitative data on retention and persistence each academic year. A comparative analysis is completed to extract new applicants in each academic year.

DCS works closely with the ETV vendor to improve and strengthen Indiana's postsecondary educational assistance program. The ETV has increased its service component to meet the needs of youth attending postsecondary institutions. The ETV Support model is in place at eight of the state colleges/universities. The model allows the ETV Regional Specialist to work in collaboration with the campus support services. The campuses listed below offer office space to the ETV Regional Specialist, campus staff assigned in the financial Aid and Student Accounts/Bursar office to work with ETV students, and a streamlined enrolment process for student support services. The ETV Regional Specialists referred students to numerous college student support service programs and community resources. Students were referred to TRiO, 21st Century Scholar Campus Support Disability Services, Tutoring and basic need resources. ETV Specialists were trained on the education case management, Foster Success model developed by Western Michigan University. ETV Specialist were able to support students in learning how to reach a decision after looking at all options. The model helps the student develop a voice and learn about advocacy. The students were able to utilize these effective tools to foster informed decision making. The current ETV vendor has collaborated with IV-Tech community college, Indianapolis branch to hire an Engagement Coach who will work on behalf of Ivy Tech Community College in partnership with Indiana Foster Success, the Indiana Department of Child Services, the Indiana Commission for Higher Education to increase the number of individuals with a post-secondary degree or certificate. This

Engagement Coach responsibility is to actively recruiting former ETV students and students, statewide, who may be eligible for ETV funds for enrollment in a post-secondary program. The Engagement Coach works as a champion for current and former foster youth, providing resources and assisting youth to overcome barriers in persistence and attainment of a post-secondary degree or certificate.

Finally, Indiana offers the Nina Scholars program / scholarship for residents who face barriers to obtaining higher education INCBY25 ETV program manager works closely with the Nina Scholars program board and submits student names for program and scholarship application.

XII. TARGETED PLANS WITHIN THE CFSP

A. FOSTER AND ADOPTIVE PARENT DILIGENT RECRUITMENT PLAN

The Foster and Adoptive Parent Diligent Recruitment Plan is Attachment J.

B. HEALTH CARE OVERSIGHT AND COORDINATION PLAN

The DCS Health Care Oversight and Coordination Plan is Attachment K.

C. DISASTER, EMERGENCY OPERATION, EMERGENCY, LOCKDOWN AND INCLEMENT WEATHER PLANS

DCS worked closely across DCS divisions and with emergency planning personnel to better prepare for an emergency. DCS developed multiple plans to address varying needs within local offices and for staff in the field. These plans include the Disaster Plan, the Emergency Operations Plan, Emergency Lockdown Procedures and Inclement Weather Procedures.

1. DCS Disaster Plan

The DCS Disaster Plan is Attachment L and was updated in September of 2019. DCS was not affected by any disaster in the past year.

2. Emergency Operations Plan

DCS has created an Emergency Operation Plan (See Attachment M for the general template that is to be used by each local office). Each plan must be individualized and posted within each local DCS office.

3. Emergency Lockdown Procedures and Inclement Weather Procedures

DCS has standardized emergency lockdown procedures and inclement weather procedures for employees so that employees can be more aware of safety procedures at work. For a copy of these procedures, please see Attachment N.

D. TRAINING PLAN

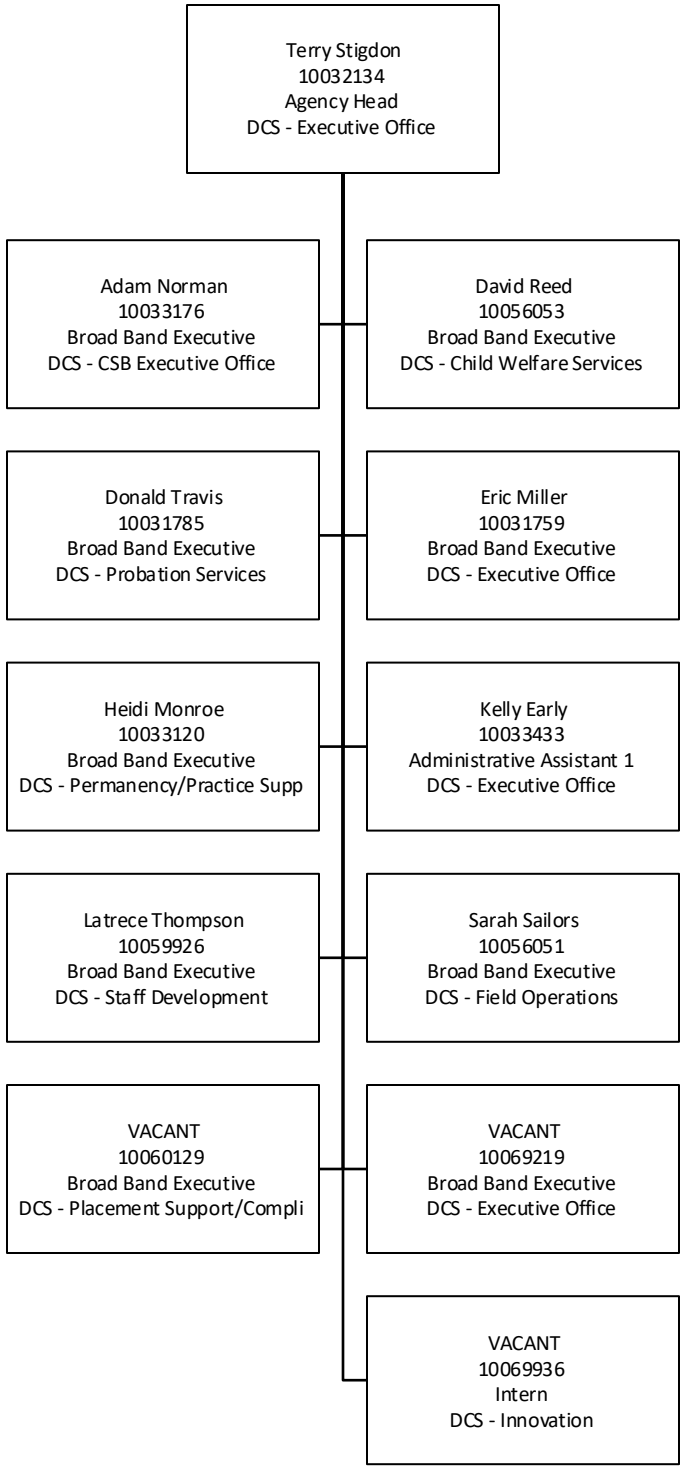
The updated DCS Training Plan is Attachment O.

XIII. ATTACHMENTS

A. Organizational Chart
B. Agency Wide X-Matrix Goals
C. Field Operations X-Matrix Goals
D. Hotline X-Matrix Goals
E. Strategic Solutions and Agency Transformation X-Matrix Goals
F. Permanency and Practice Support X-Matrix Goals
G. Administrative and Financial Services X-Matrix Goals
H. Information Technology X-Matrix Goals
I. ETV Voucher Breakdowns
J. Foster and Adoptive Parent Diligent Recruitment Plan
K. Health Care Oversight and Coordination Plan
L. Disaster Plan
M. Emergency Operations Plan Template
N. Emergency Lockdown Procedures and Inclement Weather Procedures
O. DCS Training Plan
P. Indiana DCS Practice Model
Q. Assurances and Certifications
R. CFS-101, Part I, II, and III (signed PDF)

ATTACHMENT A

Organizational Chart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Agency Head
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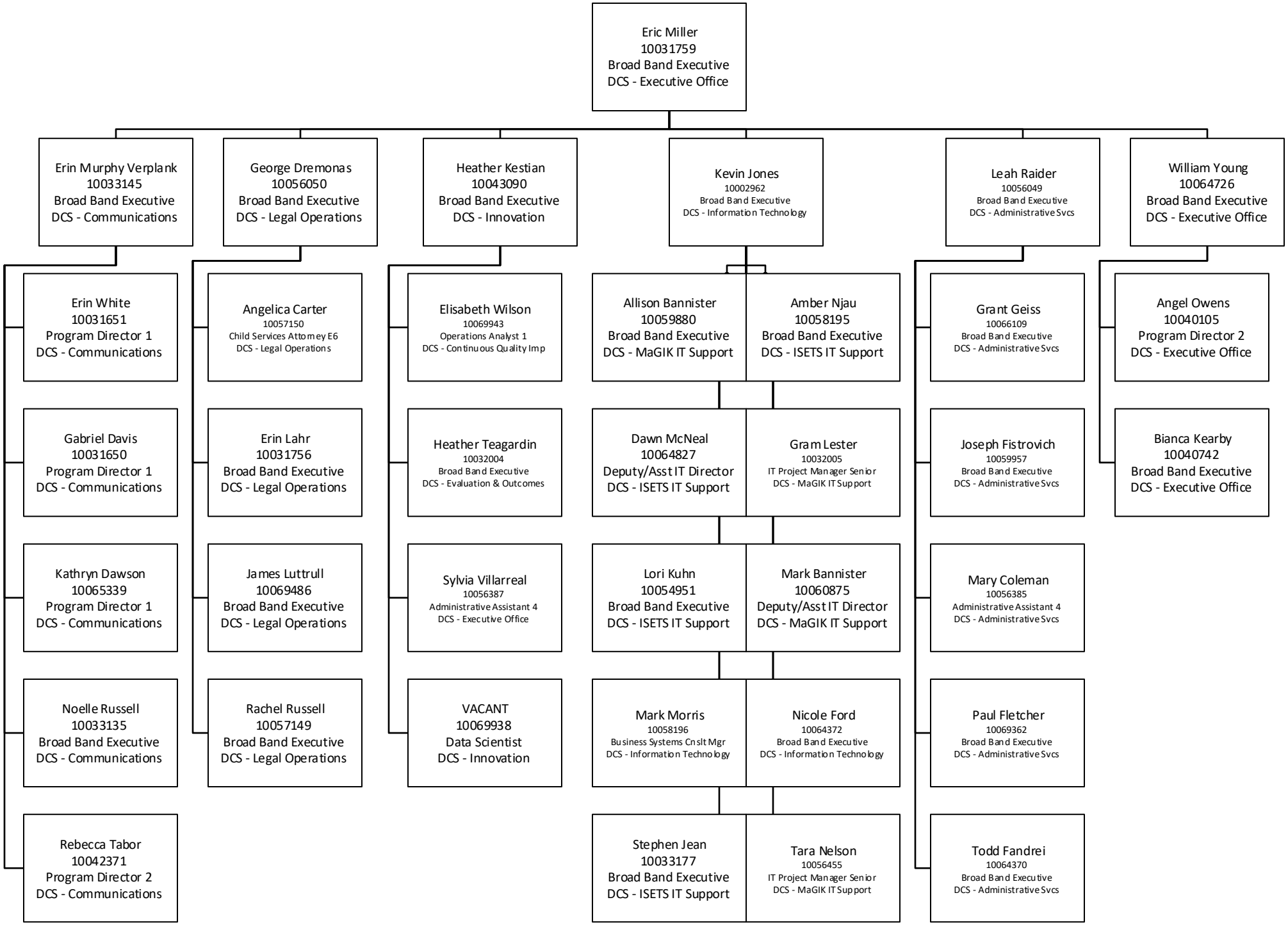
Adam Norman
10033176
Broad Band Executive
DCS - CSB Executive Office
David Reed
10056053
Broad Band Executive
DCS - Child Welfare Services
Donald Travis
10031785
Broad Band Executive
DCS - Probation Services
Eric Miller
10031759
Broad Band Executive
DCS - Executive Office
Heidi Monroe
10033120
Broad Band Executive
DCS - Permanency/Practice Supp
Kelly Early
10033433
Administrative Assistant 1
DCS - Executive Office
Latrece Thompson
10059926
Broad Band Executive
DCS - Staff Development
Sarah Sailors
10056051
Broad Band Executive
DCS - Field Operations
VACANT
10060129
Broad Band Executive
DCS - Placement Support/Compli
VACANT
10069219
Broad Band Executive
DCS - Executive Office
VACANT
10069936
Intern
DCS - Innovation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Erin Murphy Verplank
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Broad Band Executive
DCS - Communications
George Dremonas
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Broad Band Executive
DCS - Legal Operations
Heather Kestian
10043090
Broad Band Executive
DCS - Innovation
Kevin Jones
10002962
Broad Band Executive
DCS - Information Technology
Leah Raider
10056049
Broad Band Executive
DCS - Administrative Svcs
William Young
10064726
Broad Band Executive
DCS - Executive Office
Erin White
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Program Director 1
DCS - Communications
Gabriel Davis
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Program Director 1
DCS - Communications
Kathryn Dawson
10065339
Program Director 1
DCS - Communications
Noelle Russell
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Broad Band Executive
DCS - Communications
Rebecca Tabor
10042371
Program Director 2
DCS - Communications
Angelica Carter
10057150
Child Services Attorney E6
DCS - Legal Operations
Erin Lahr
10031756
Broad Band Executive
DCS - Legal Operations
James Luttrull
10069486
Broad Band Executive
DCS - Legal Operations
Rachel Russell
10057149
Broad Band Executive
DCS - Legal Operations
Elisabeth Wilson
10069943
Operations Analyst 1
DCS - Continuous Quality Imp
Heather Teagardin
10032004
Broad Band Executive
DCS - Evaluation & Outcomes
Sylvia Villarreal
10056387
Administrative Assistant 4
DCS - Executive Office
VACANT
10069938
Data Scientist
DCS - Innovation
Allison Bannister
10059880
Broad Band Executive
DCS - MaGIK IT Support
Amber Njau
10058195
Broad Band Executive
DCS - ISETS IT Support
Dawn McNeal
10064827
Deputy/Asst IT Director
DCS - ISETS IT Support
Gram Lester
10032005
IT Project Manager Senior
DCS - MaGIK IT Support
Lori Kuhn
10054951
Broad Band Executive
DCS - ISETS IT Support
Mark Bannister
10060875
Deputy/Asst IT Director
DCS - MaGIK IT Support
Mark Morris
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Business Systems Cnslt Mgr
DCS - Information Technology
Nicole Ford
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Broad Band Executive
DCS - Information Technology
Stephen Jean
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DCS - ISETS IT Support
Tara Nelson
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Grant Geiss
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Joseph Fistrovich
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Mary Coleman
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Administrative Assistant 4
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Paul Fletcher
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Broad Band Executive
DCS - Administrative Svcs
Todd Fandrei
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Broad Band Executive
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Angel Owens
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Program Director 2
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Bianca Kearby
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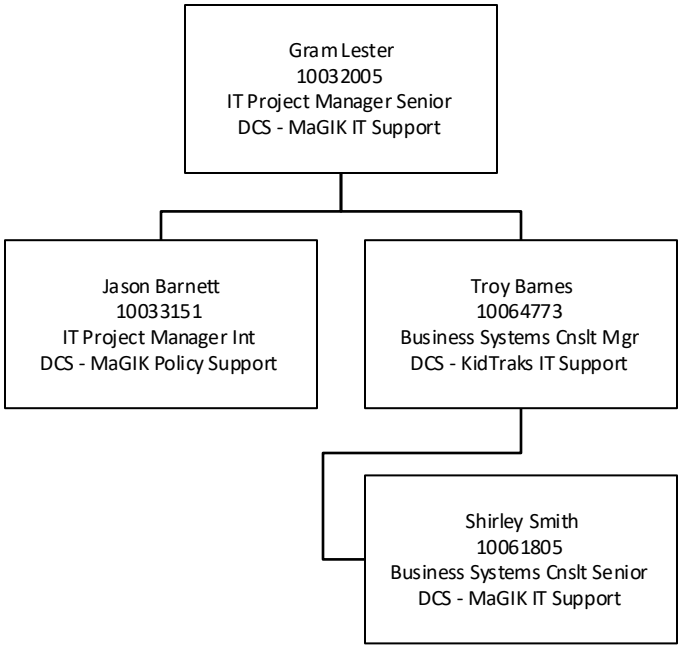
Broad Band Executive
DCS - Executive Office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DCS - KidTraks IT Support
Shirley Smith
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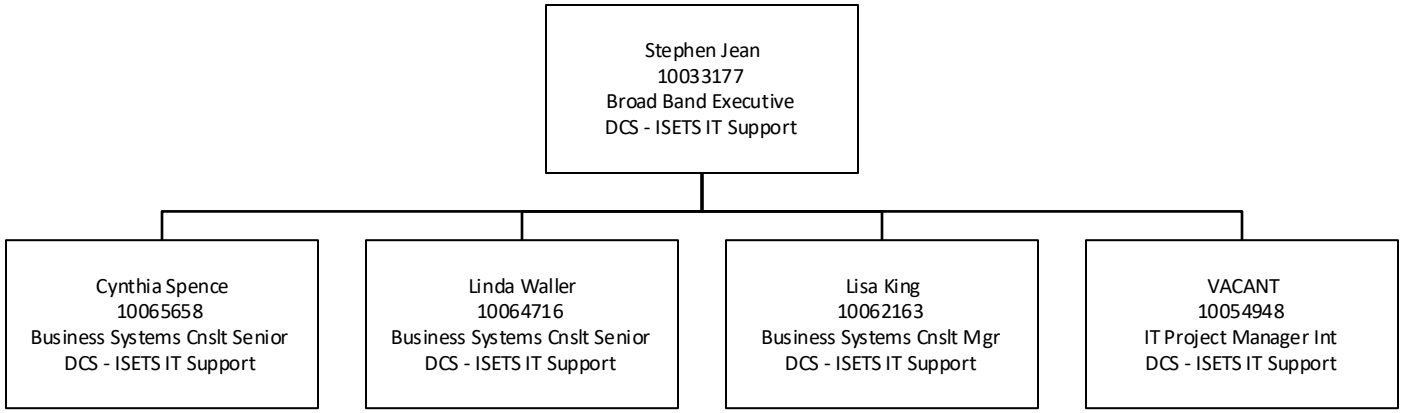
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Business Systems Cnslt Senior
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Lisa King
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Business Systems Cnslt Mgr
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VACANT
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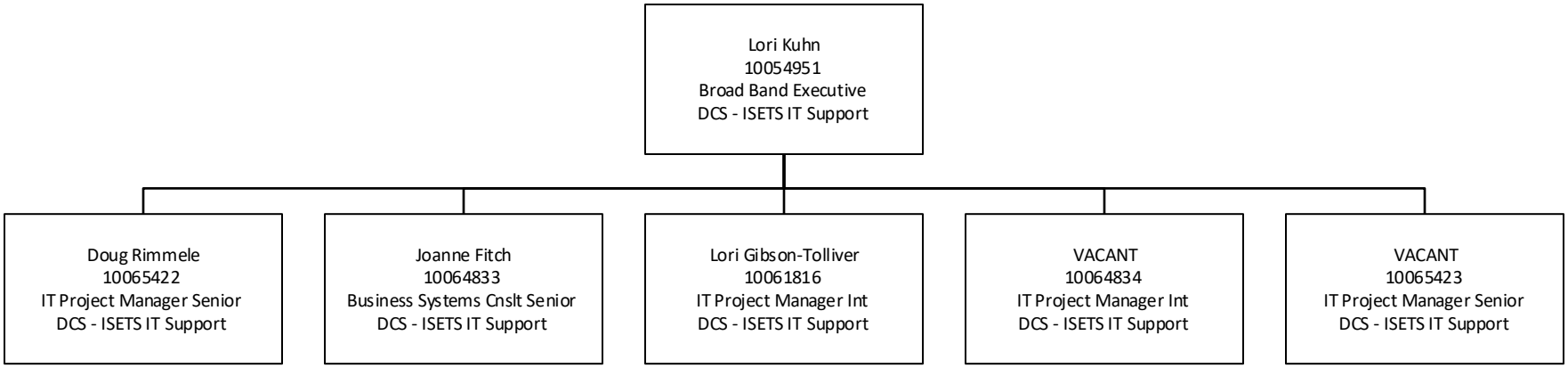
IT Project Manager Int
DCS - ISETS IT Support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Business Systems Cnslt Senior
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Lori Gibson-Tolliver
10061816
IT Project Manager Int
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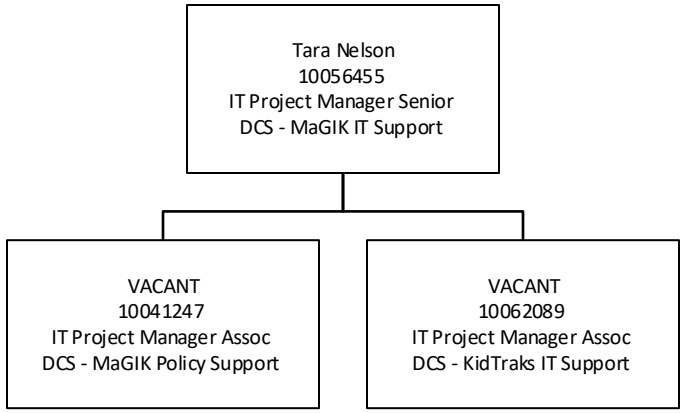
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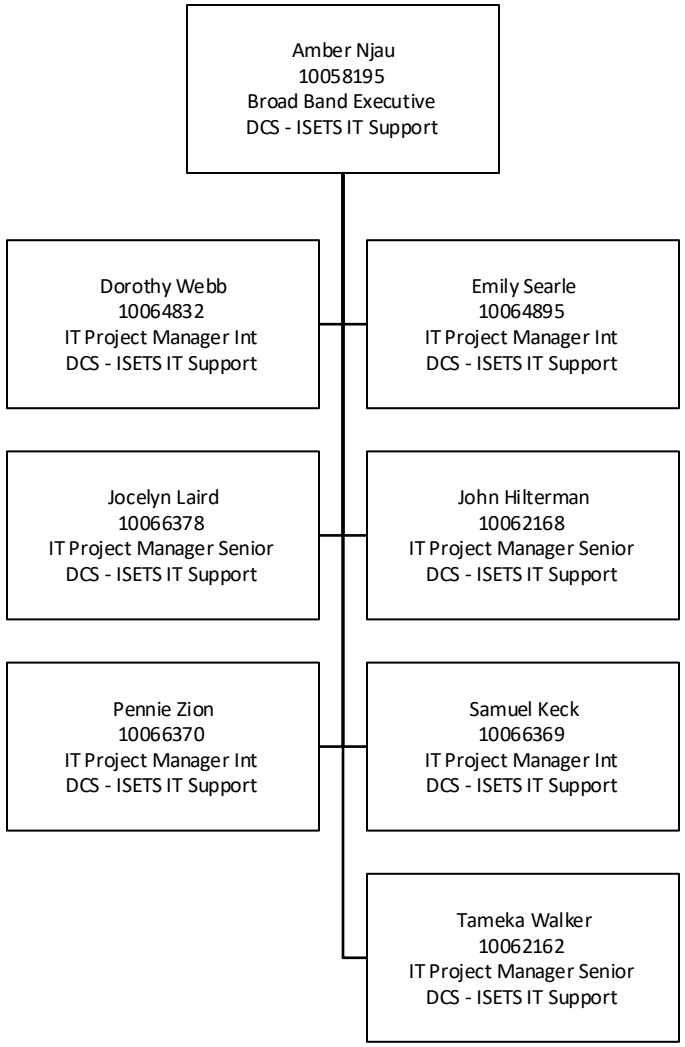
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IT Project Manager Int
DCS - ISETS IT Support
Jocelyn Laird
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IT Project Manager Senior
DCS - ISETS IT Support
John Hilterman
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IT Project Manager Senior
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Pennie Zion
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IT Project Manager Int
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Tameka Walker
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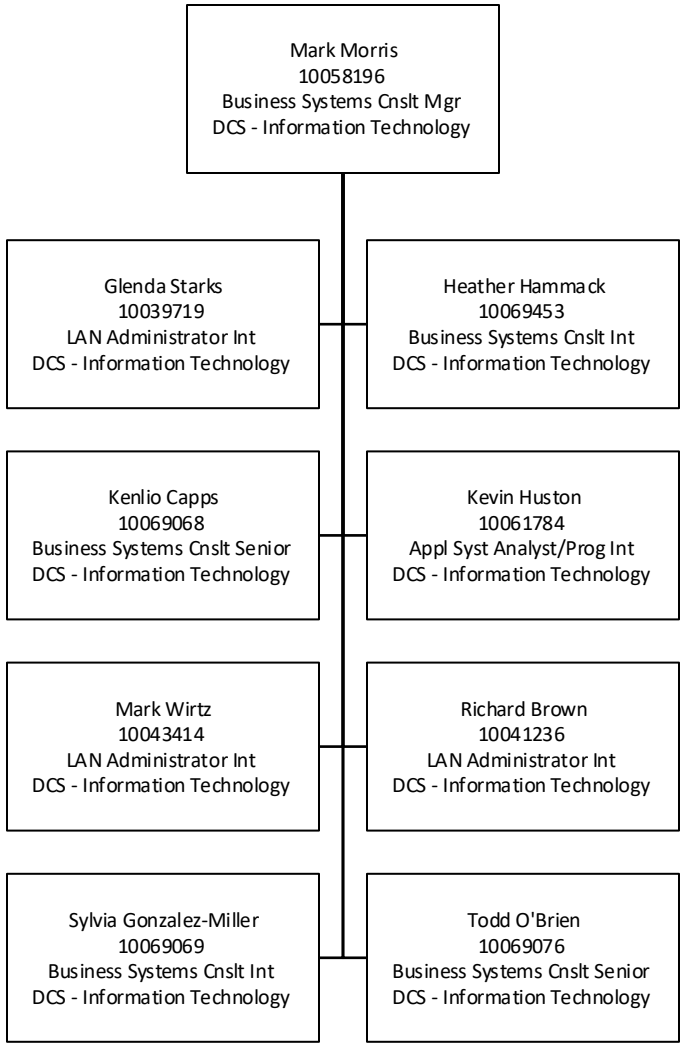
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Heather Hammack
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Business Systems Cnslt Int
DCS - Information Technology
Kenlio Capps
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Business Systems Cnslt Senior
DCS - Information Technology
Kevin Huston
10061784
Appl Syst Analyst/Prog Int
DCS - Information Technology
Mark Wirtz
10043414
LAN Administrator Int
DCS - Information Technology
Richard Brown
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LAN Administrator Int
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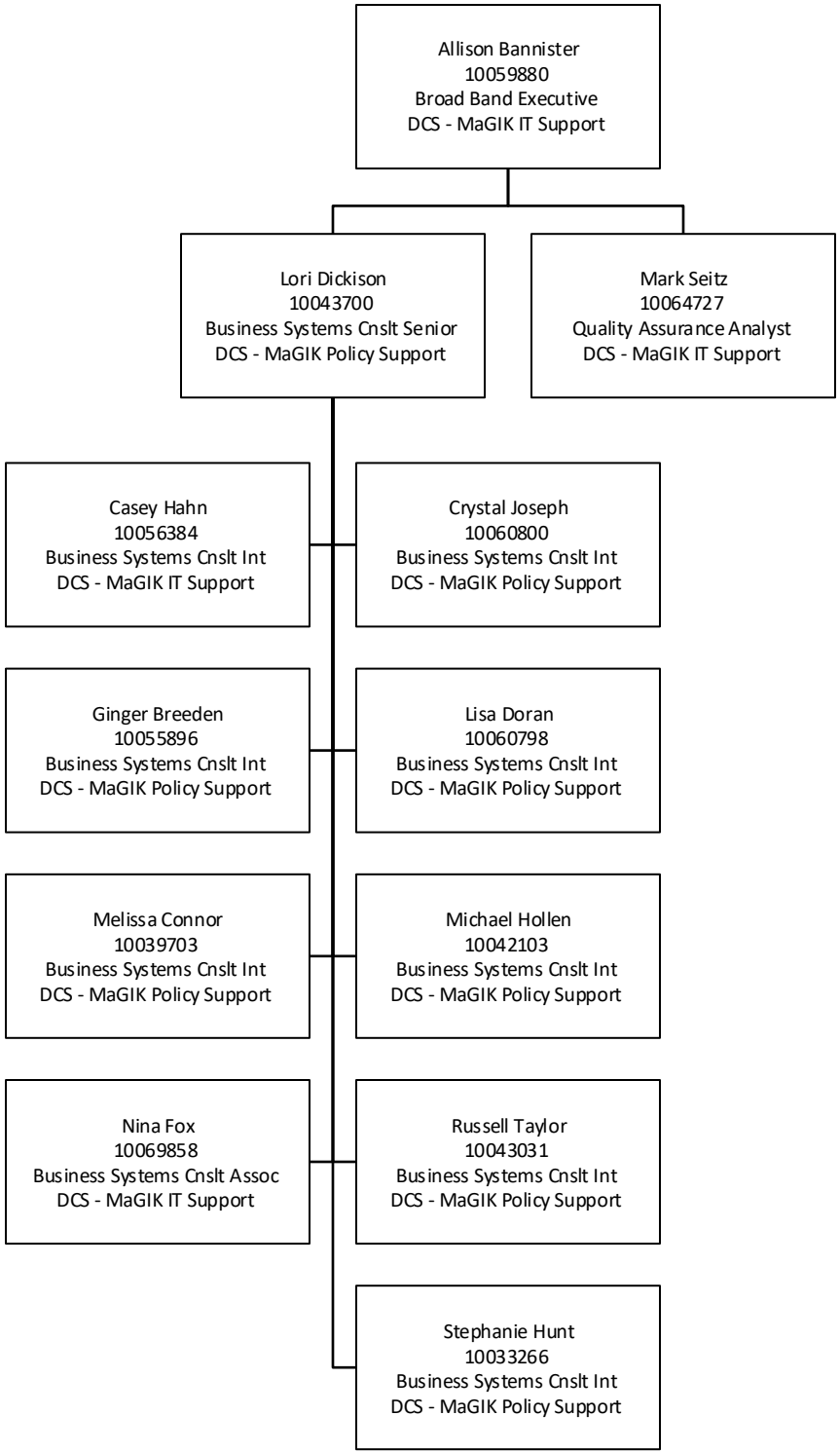
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Quality Assurance Analyst
DCS - MaGIK IT Support
Casey Hahn
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Business Systems Cnslt Int
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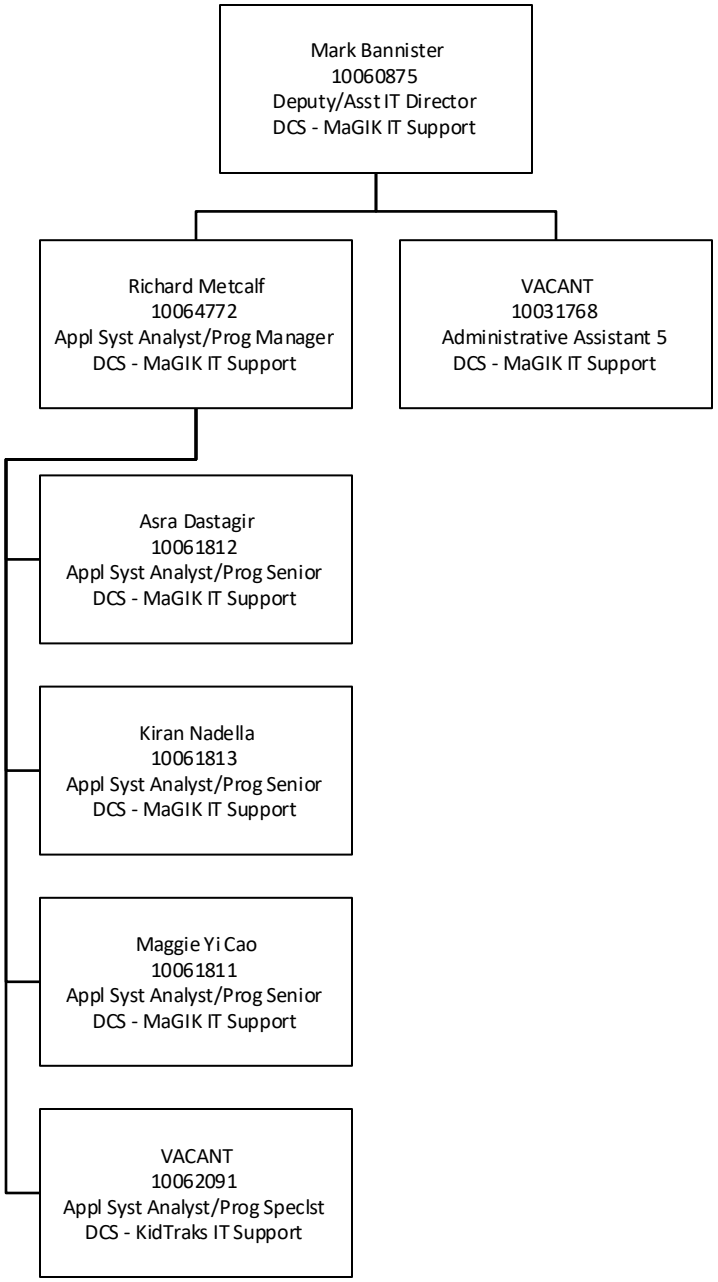
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Administrative Assistant 5
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Asra Dastagir
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Appl Syst Analyst/Prog Senior
DCS - MaGIK IT Support
Kiran Nadella
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Appl Syst Analyst/Prog Senior
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Maggie Yi Cao
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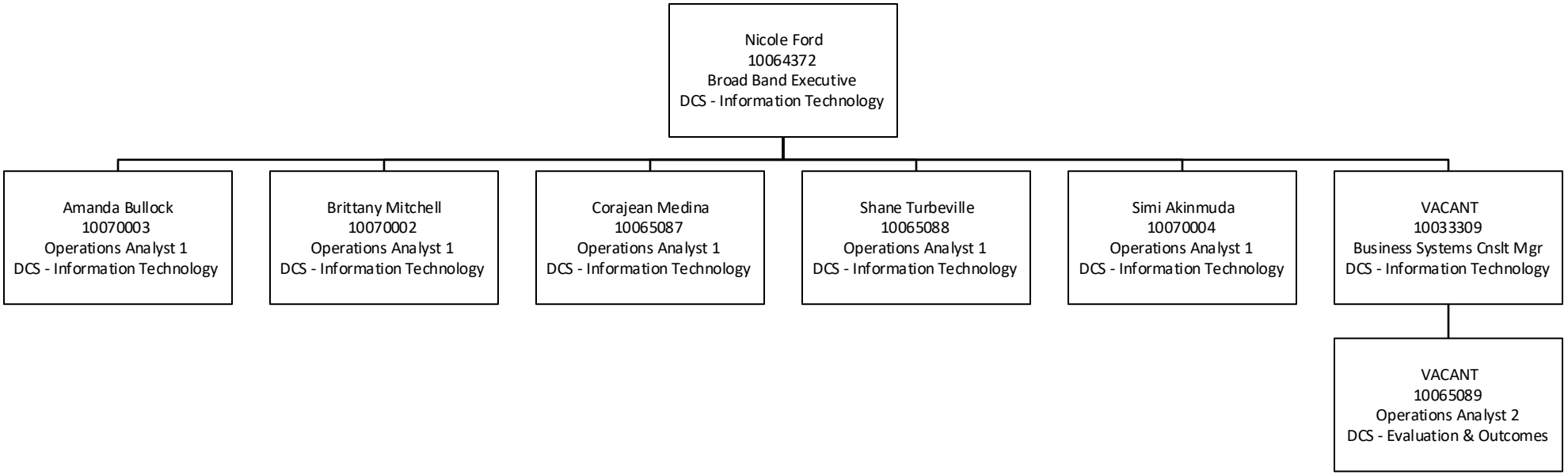
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DCS - Information Technology
Corajean Medina
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Operations Analyst 1
DCS - Information Technology
Shane Turbeville
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Operations Analyst 1
DCS - Information Technology
Simi Akinmuda
10070004
Operations Analyst 1
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Business Systems Cnslt Mgr
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Operations Analyst 2
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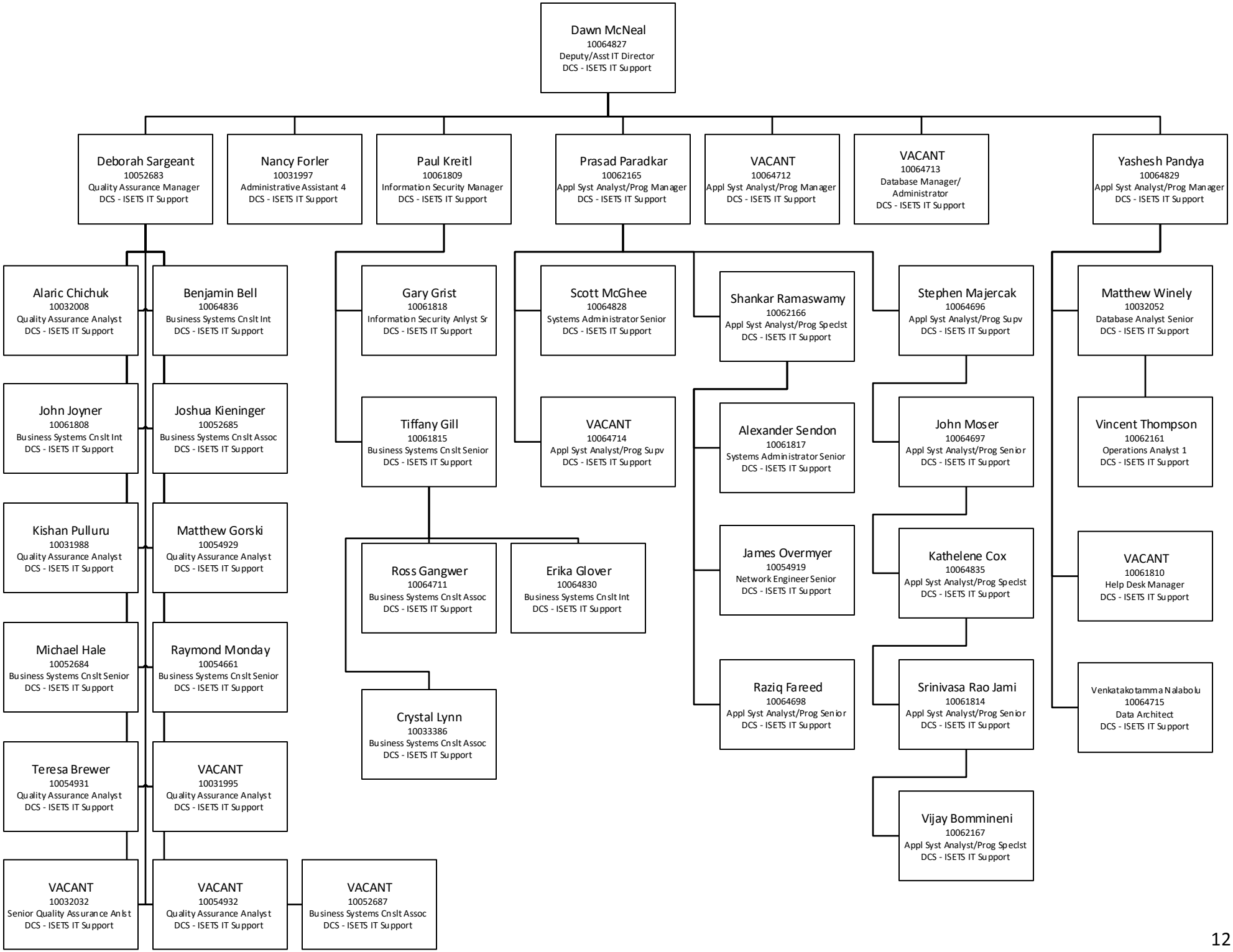
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Deputy/Asst IT Director
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Deborah Sargeant
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Quality Assurance Manager
DCS - ISETS IT Support
Nancy Forler
10031997
Administrative Assistant 4
DCS - ISETS IT Support
Paul Kreitl
10061809
Information Security Manager
DCS - ISETS IT Support
Prasad Paradkar
10062165
Appl Syst Analyst/Prog Manager
DCS - ISETS IT Support
VACANT
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Appl Syst Analyst/Prog Manager
DCS - ISETS IT Support
VACANT
10064713
Database Manager/ Administrator
DCS - ISETS IT Support
Yashesh Pandya
10064829
Appl Syst Analyst/Prog Manager
DCS - ISETS IT Support
Alaric Chichuk
10032008
Quality Assurance Analyst
DCS - ISETS IT Support
Benjamin Bell
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Business Systems Cnslt Int
DCS - ISETS IT Support
Gary Grist
10061818
Information Security Anlyst Sr
DCS - ISETS IT Support
Scott McGhee
10064828
Systems Administrator Senior
DCS - ISETS IT Support
Shankar Ramaswamy
10062166
Appl Syst Analyst/Prog Speclst
DCS - ISETS IT Support
Stephen Majercak
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Matthew Winely
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John Joyner
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Joshua Kieninger
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Business Systems Cnslt Assoc
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Tiffany Gill
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Business Systems Cnslt Senior
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Appl Syst Analyst/Prog Supv
DCS - ISETS IT Support
Alexander Sendon
10061817
Systems Administrator Senior
DCS - ISETS IT Support
John Moser
10064697
Appl Syst Analyst/Prog Senior
DCS - ISETS IT Support
Vincent Thompson
10062161
Operations Analyst 1
DCS - ISETS IT Support
Kishan Pulluru
10031988
Quality Assurance Analyst
DCS - ISETS IT Support
Matthew Gorski
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Quality Assurance Analyst
DCS - ISETS IT Support
Ross Gangwer
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Business Systems Cnslt Assoc
DCS - ISETS IT Support
Erika Glover
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Business Systems Cnslt Int
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James Overmyer
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Network Engineer Senior
DCS - ISETS IT Support
Kathelene Cox
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Appl Syst Analyst/Prog Speclst
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VACANT
10061810
Help Desk Manager
DCS - ISETS IT Support
Michael Hale
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Business Systems Cnslt Senior
DCS - ISETS IT Support
Raymond Monday
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Business Systems Cnslt Senior
DCS - ISETS IT Support
Crystal Lynn
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Business Systems Cnslt Assoc
DCS - ISETS IT Support
Raziq Fareed
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Srinivasa Rao Jami
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Appl Syst Analyst/Prog Senior
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Venkatakotamma Nalabolu
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Data Architect
DCS - ISETS IT Support
Teresa Brewer
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Quality Assurance Analyst
DCS - ISETS IT Support
VACANT
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Quality Assurance Analyst
DCS - ISETS IT Support
Vijay Bommineni
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Appl Syst Analyst/Prog Speclst
DCS - ISETS IT Support
VACANT
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Senior Quality Assurance Anlst
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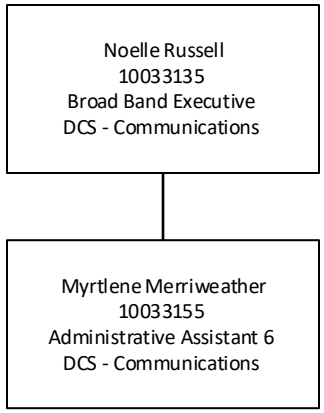
DCS - ISETS IT Support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Myrtlene Merriweather
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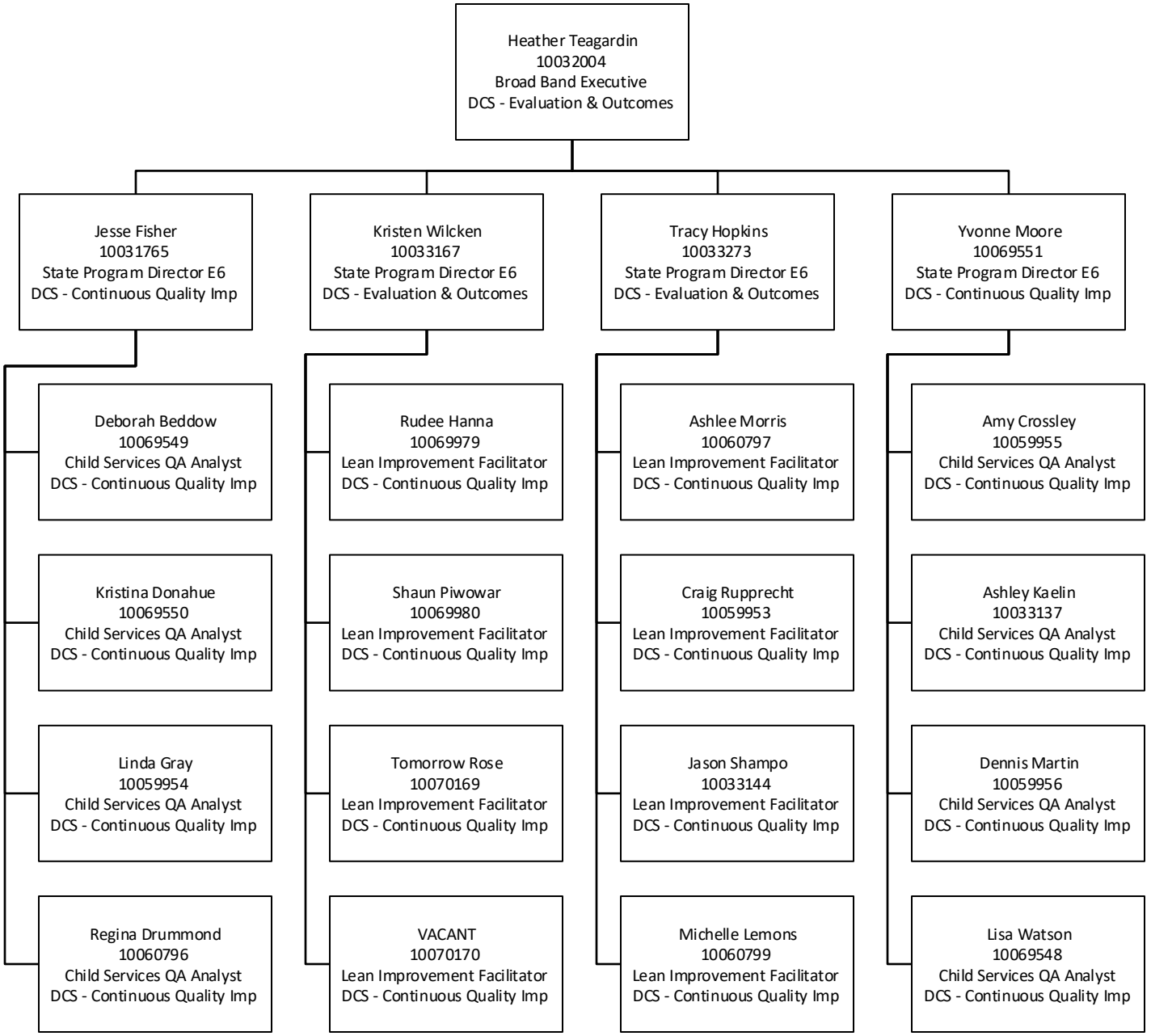
Administrative Assistant 6
DCS - Communications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Jesse Fisher
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State Program Director E6
DCS - Continuous Quality Imp
Kristen Wilcken
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State Program Director E6
DCS - Evaluation & Outcomes
Tracy Hopkins
10033273
State Program Director E6
DCS - Evaluation & Outcomes
Yvonne Moore
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State Program Director E6
DCS - Continuous Quality Imp
Deborah Beddow
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Child Services QA Analyst
DCS - Continuous Quality Imp
Kristina Donahue
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Child Services QA Analyst
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Linda Gray
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Child Services QA Analyst
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Regina Drummond
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Rudee Hanna
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Lean Improvement Facilitator
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Shaun Piwowar
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Lean Improvement Facilitator
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Tomorrow Rose
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VACANT
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Jason Shampo
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Lean Improvement Facilitator
DCS - Continuous Quality Imp
Michelle Lemons
10060799
Lean Improvement Facilitator
DCS - Continuous Quality Imp
Amy Crossley
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Child Services QA Analyst
DCS - Continuous Quality Imp
Ashley Kaelin
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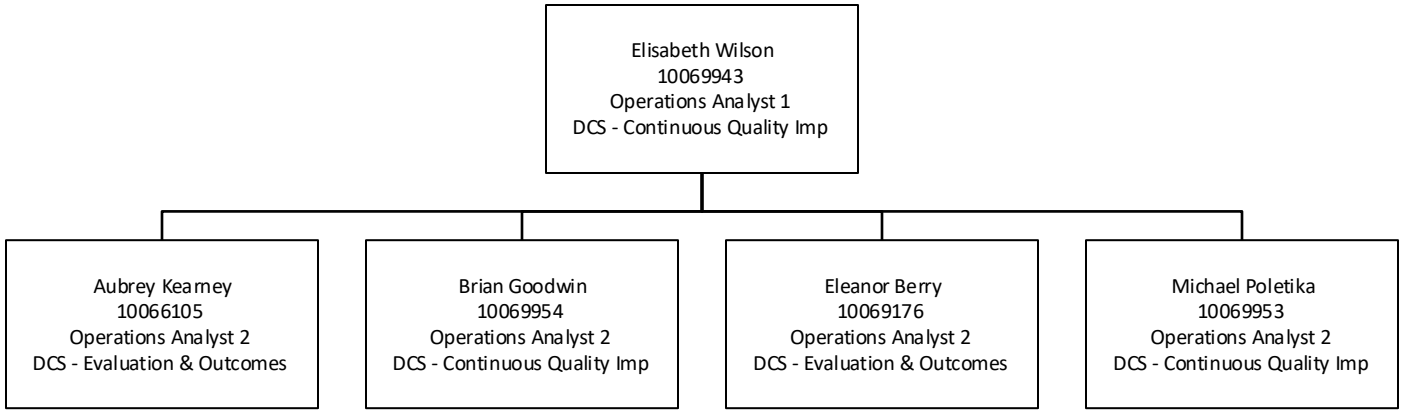
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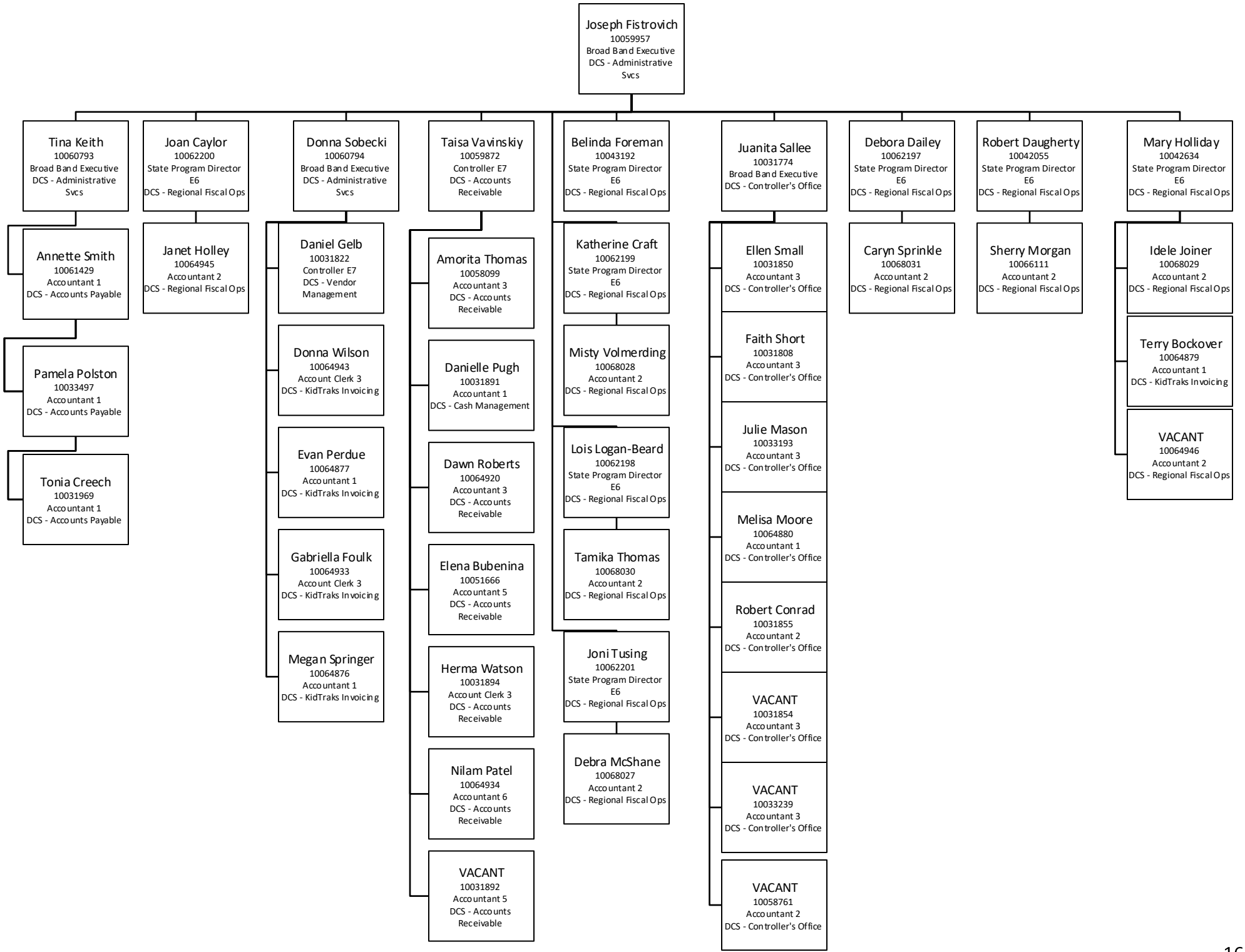
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Tina Keith
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Annette Smith
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Accountant 1
DCS - Accounts Payable
Pamela Polston
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Accountant 1
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Tonia Creech
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Accountant 1
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Joan Caylor
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State Program Director E6
DCS - Regional Fiscal Ops
Janet Holley
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Accountant 2
DCS - Regional Fiscal Ops
Donna Sobecki
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DCS - Administrative Svcs
Daniel Gelb
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Controller E7
DCS - Vendor Management
Donna Wilson
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Account Clerk 3
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Evan Perdue
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Accountant 1
DCS - KidTraks Invoicing
Gabriella Foulk
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Account Clerk 3
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Megan Springer
10064876
Accountant 1
DCS - KidTraks Invoicing
Taisa Vavinskiy
10059872
Controller E7
DCS - Accounts Receivable
Amorita Thomas
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Accountant 3
DCS - Accounts Receivable
Danielle Pugh
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Dawn Roberts
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Accountant 3
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Elena Bubenina
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Accountant 5
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Herma Watson
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Account Clerk 3
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Nilam Patel
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Accountant 6
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VACANT
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Accountant 5
DCS - Accounts Receivable
Belinda Foreman
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State Program Director E6
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Katherine Craft
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State Program Director E6
DCS - Regional Fiscal Ops
Misty Volmerding
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Accountant 2
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Lois Logan-Beard
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Tamika Thomas
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Accountant 2
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Joni Tusing
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Debra McShane
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Accountant 2
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Juanita Sallee
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Ellen Small
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Accountant 3
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Faith Short
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Robert Conrad
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Accountant 3
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Accountant 2
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Caryn Sprinkle
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Accountant 2
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Robert Daugherty
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Mary Holliday
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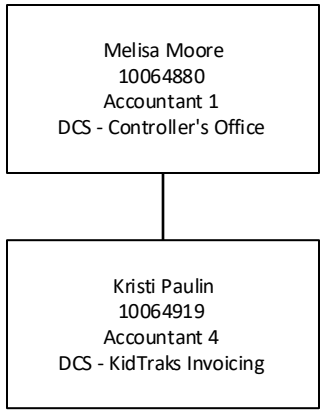
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Kristi Paulin
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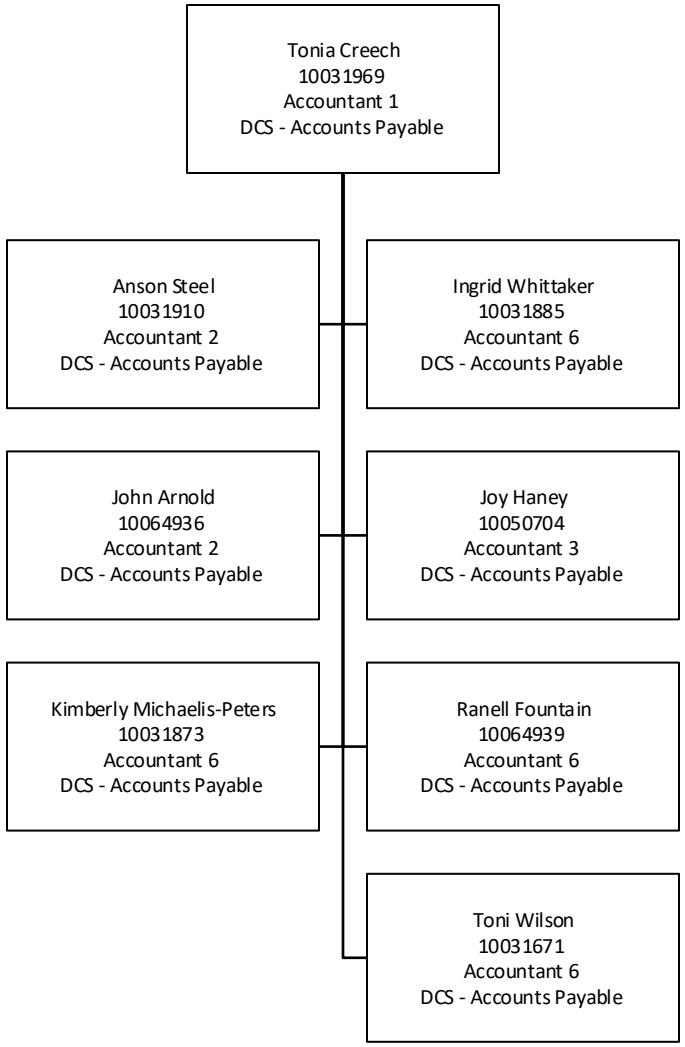
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Ingrid Whittaker
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John Arnold
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Accountant 2
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Joy Haney
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Accountant 3
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Accountant 6
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Toni Wilson
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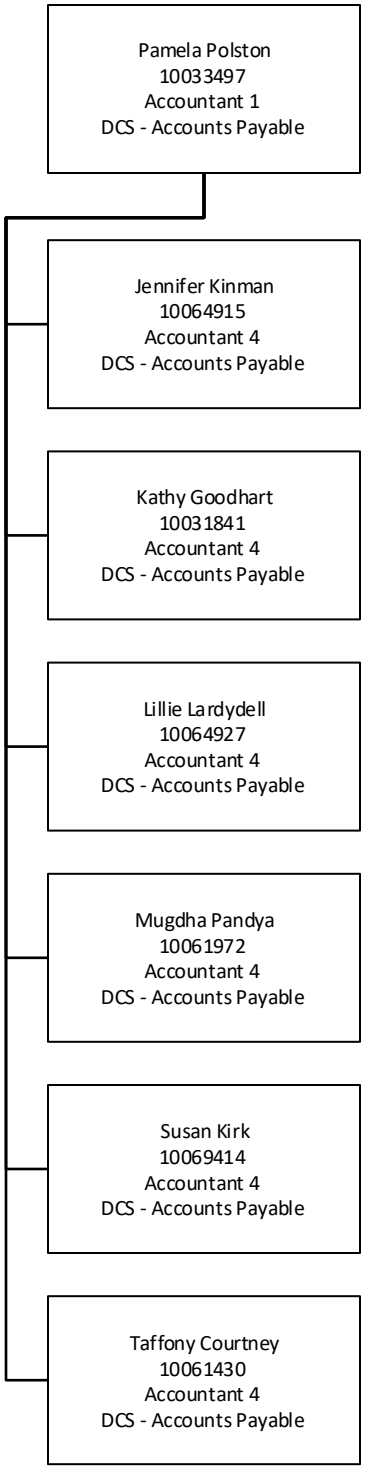
DCS - Accounts Payable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Jennifer Kinman
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Lillie Lardydell
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Accountant 4
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Mugdha Pandya
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Accountant 4
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Susan Kirk
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Taffony Courtney
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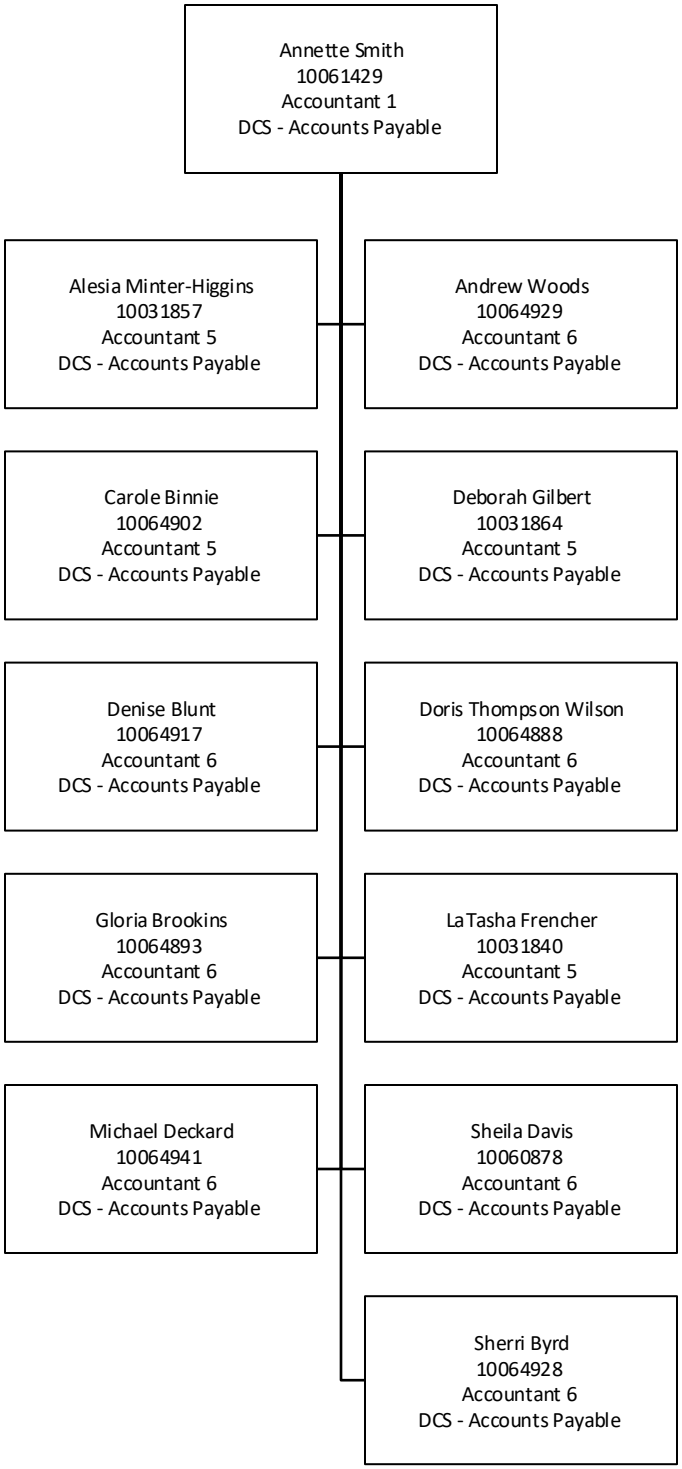
Accountant 4
DCS - Accounts Payable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Accountant 1
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Alesia Minter-Higgins
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Andrew Woods
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Accountant 6
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Carole Binnie
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Accountant 5
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Deborah Gilbert
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Accountant 5
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Denise Blunt
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Accountant 6
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Doris Thompson Wilson
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Accountant 6
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Gloria Brookins
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Accountant 6
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LaTasha Frencher
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Sherri Byrd
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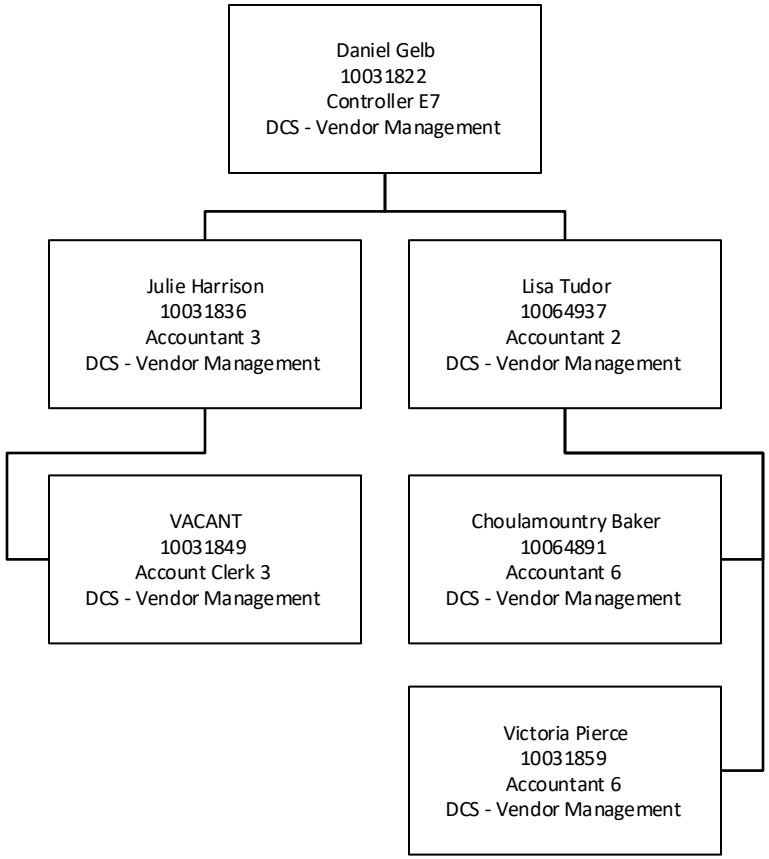
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Julie Harrison
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VACANT
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Accountant 6
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Victoria Pierce
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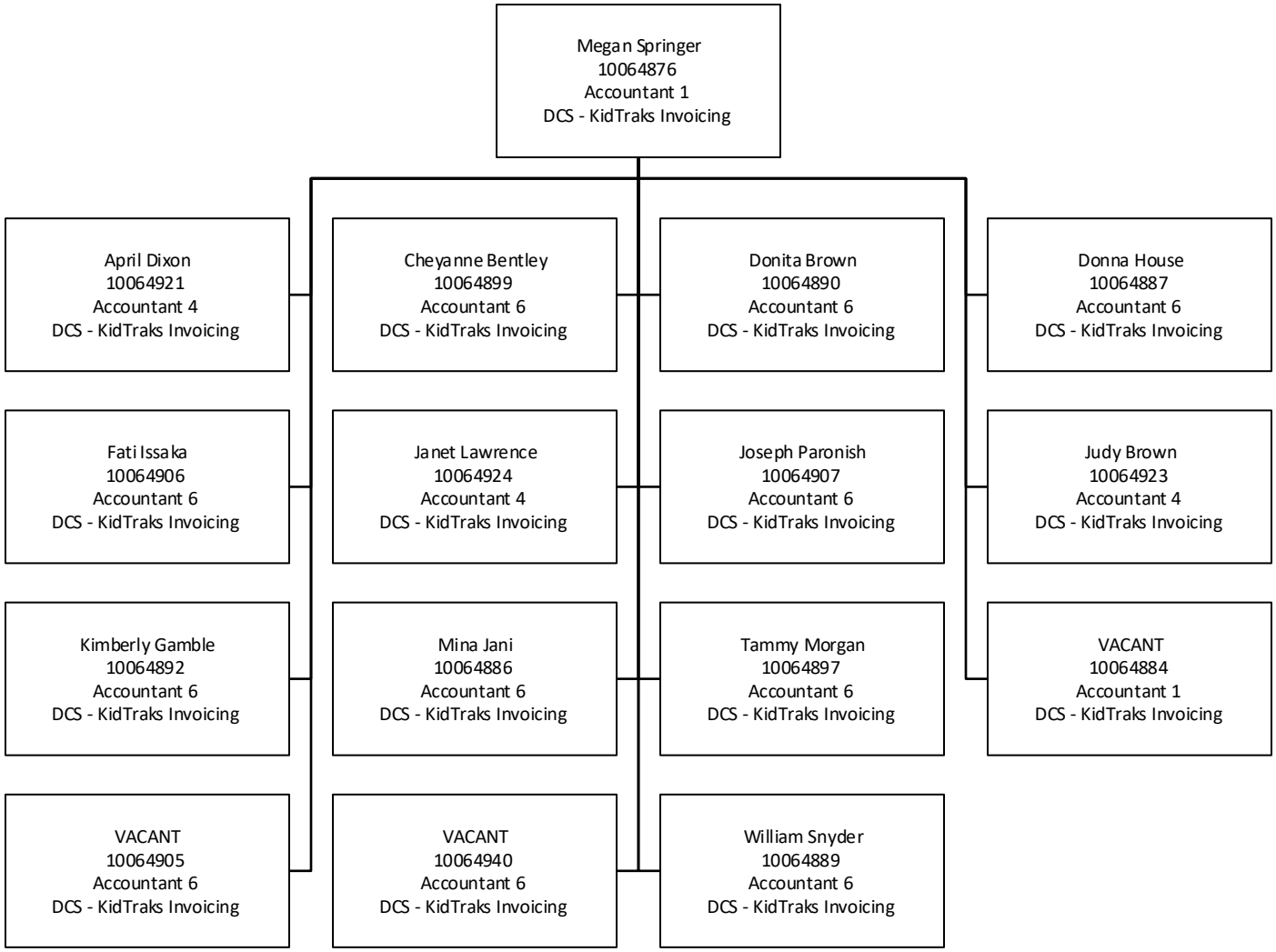
Accountant 6
DCS - Vendor Management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April Dixon
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Accountant 4
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Accountant 6
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Donna House
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Accountant 6
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Fati Issaka
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Accountant 6
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Janet Lawrence
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Accountant 4
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Joseph Paronish
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Accountant 6
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Judy Brown
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Accountant 4
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Kimberly Gamble
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Accountant 6
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Mina Jani
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Accountant 6
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Accountant 6
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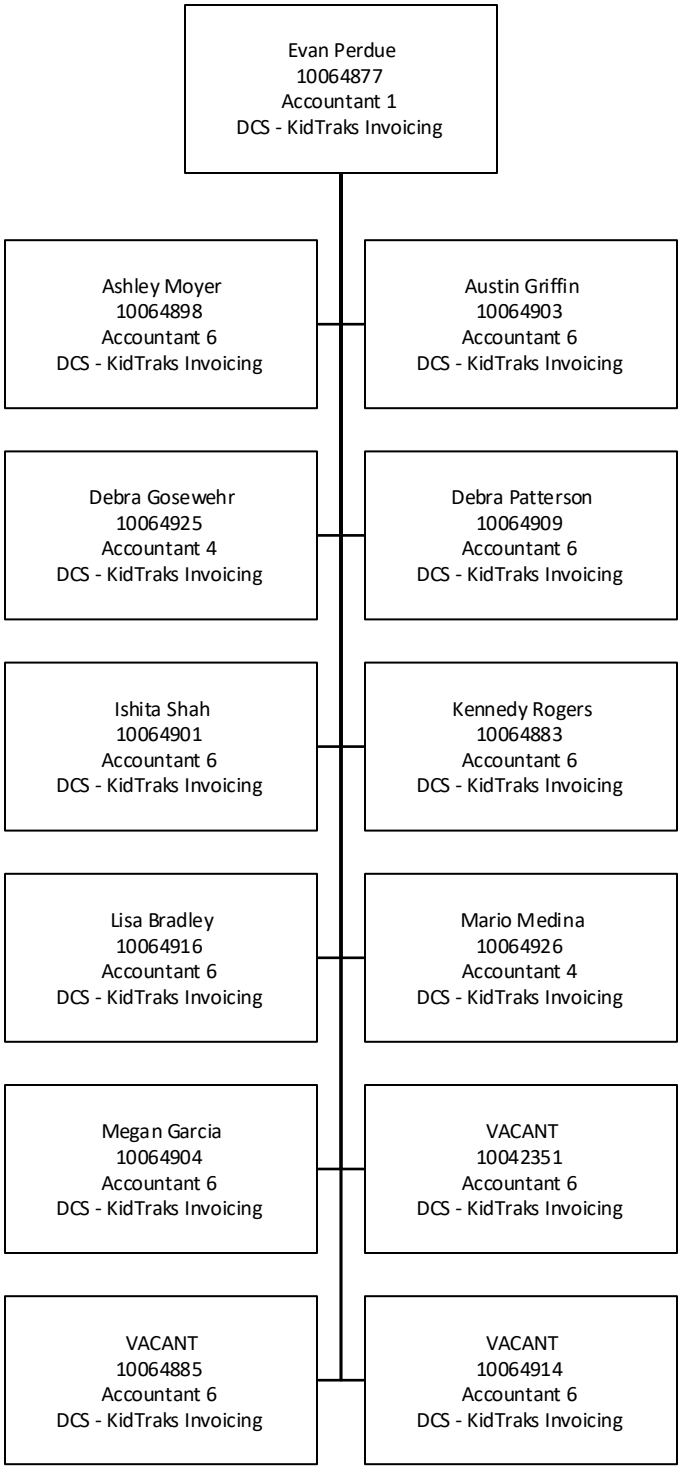
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Austin Griffin
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Debra Gosewehr
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Accountant 4
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Debra Patterson
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Accountant 6
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Ishita Shah
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Accountant 6
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Kennedy Rogers
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Lisa Bradley
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Accountant 6
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Mario Medina
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Accountant 4
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Megan Garcia
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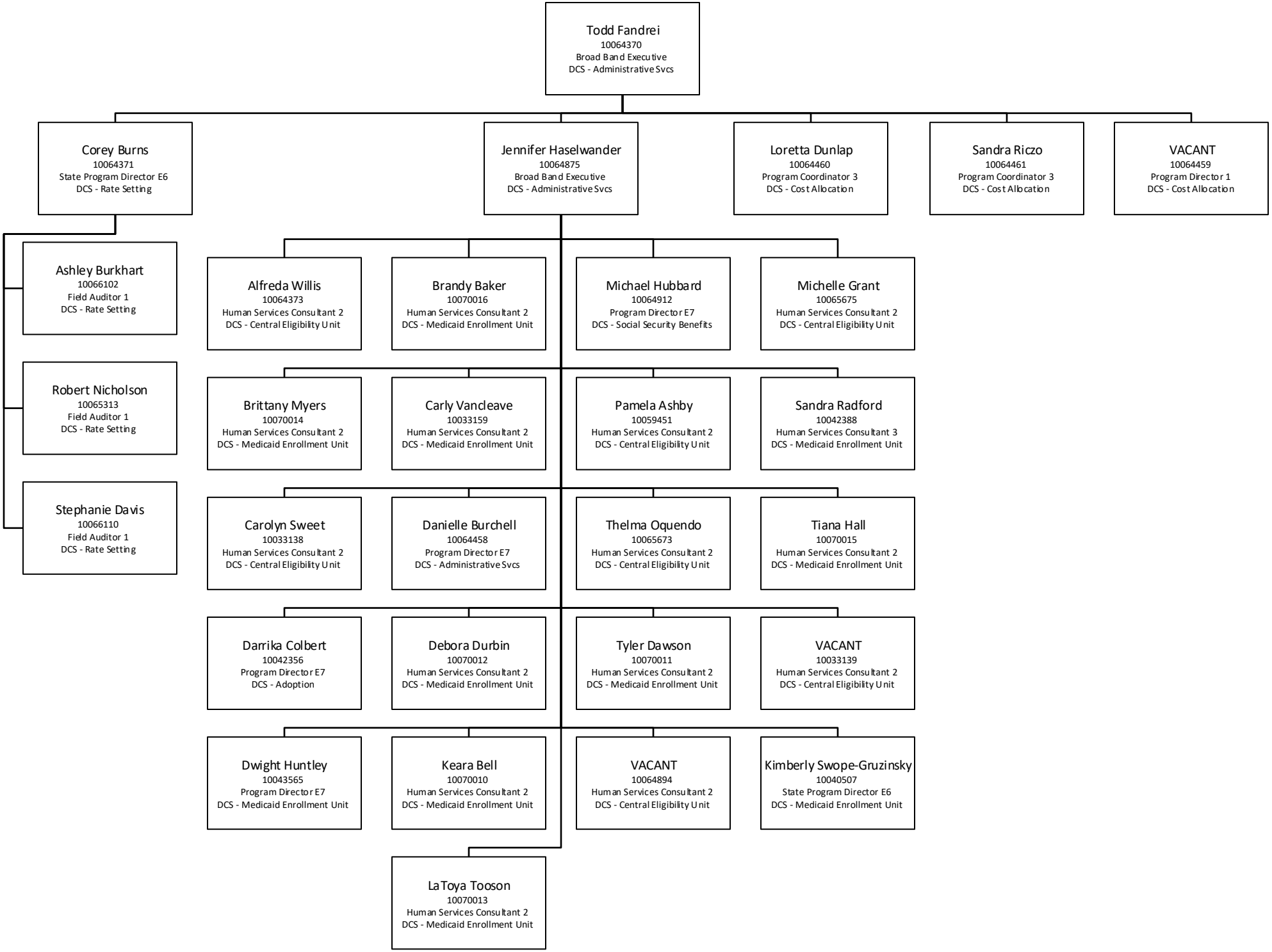
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Corey Burns
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State Program Director E6
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Jennifer Haselwander
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Broad Band Executive
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Loretta Dunlap
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Program Coordinator 3
DCS - Cost Allocation
Sandra Riczo
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Program Coordinator 3
DCS - Cost Allocation
VACANT
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Program Director 1
DCS - Cost Allocation
Ashley Burkhart
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Field Auditor 1
DCS - Rate Setting
Robert Nicholson
10065313
Field Auditor 1
DCS - Rate Setting
Stephanie Davis
10066110
Field Auditor 1
DCS - Rate Setting
Alfreda Willis
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Human Services Consultant 2
DCS - Central Eligibility Unit
Brandy Baker
10070016
Human Services Consultant 2
DCS - Medicaid Enrollment Unit
Michael Hubbard
10064912
Program Director E7
DCS - Social Security Benefits
Michelle Grant
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Human Services Consultant 2
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Brittany Myers
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Human Services Consultant 2
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Carly Vancleave
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DCS - Medicaid Enrollment Unit
Pamela Ashby
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Human Services Consultant 2
DCS - Central Eligibility Unit
Sandra Radford
10042388
Human Services Consultant 3
DCS - Medicaid Enrollment Unit
Carolyn Sweet
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Human Services Consultant 2
DCS - Central Eligibility Unit
Danielle Burchell
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Program Director E7
DCS - Administrative Svcs
Thelma Oquendo
10065673
Human Services Consultant 2
DCS - Central Eligibility Unit
Tiana Hall
10070015
Human Services Consultant 2
DCS - Medicaid Enrollment Unit
Darrika Colbert
10042356
Program Director E7
DCS - Adoption
Debora Durbin
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Human Services Consultant 2
DCS - Medicaid Enrollment Unit
Tyler Dawson
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Human Services Consultant 2
DCS - Medicaid Enrollment Unit
VACANT
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Human Services Consultant 2
DCS - Central Eligibility Unit
Dwight Huntley
10043565
Program Director E7
DCS - Medicaid Enrollment Unit
Keara Bell
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Human Services Consultant 2
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VACANT
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Human Services Consultant 2
DCS - Central Eligibility Unit
Kimberly Swope-Gruzinsky
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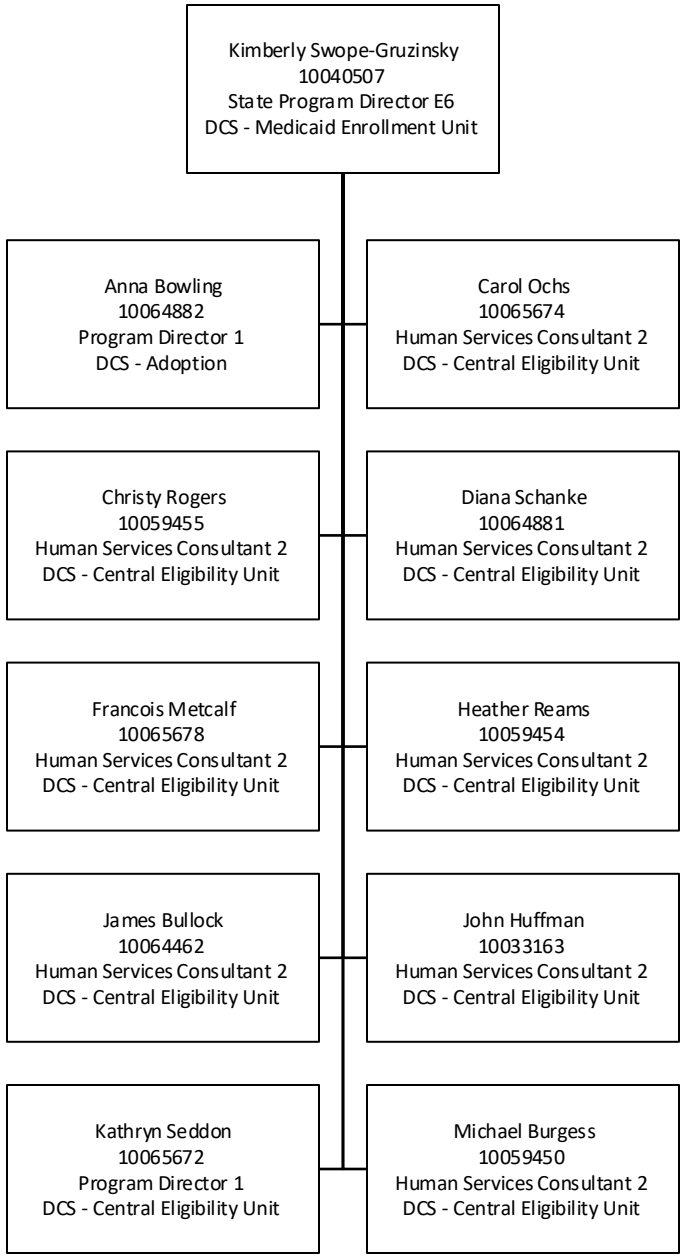
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Anna Bowling
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Carol Ochs
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Human Services Consultant 2
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Christy Rogers
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Human Services Consultant 2
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Diana Schanke
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Francois Metcalf
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John Huffman
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Human Services Consultant 2
DCS - Central Eligibility Unit
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Michael Burgess
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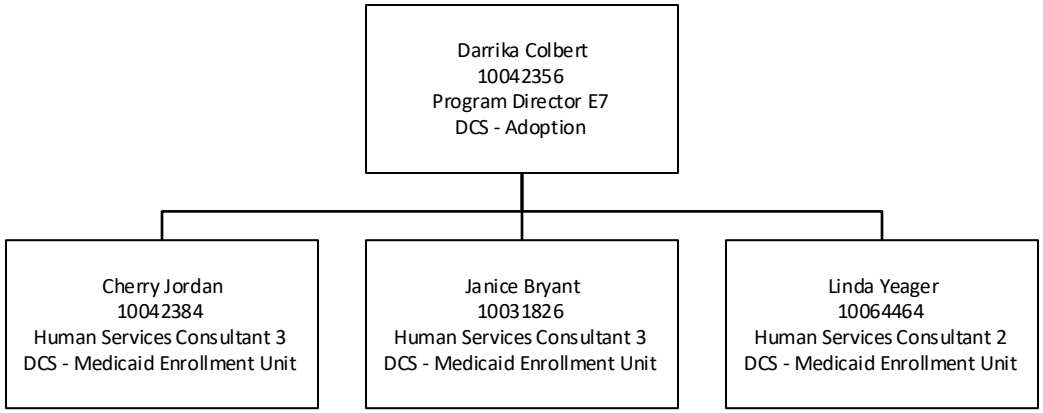
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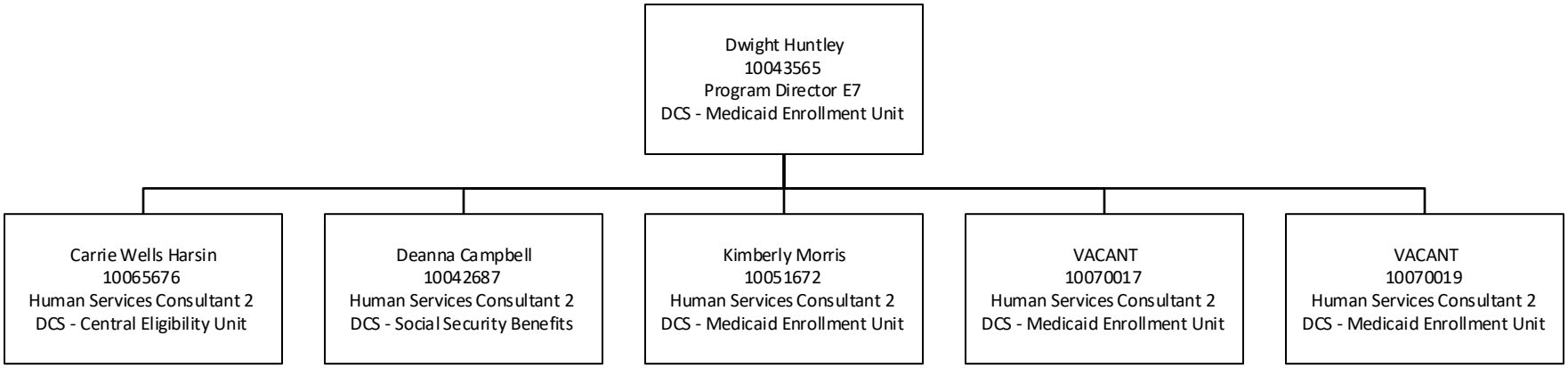
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Human Services Consultant 2
DCS - Social Security Benefits
Kimberly Morris
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DCS - Medicaid Enrollment Unit
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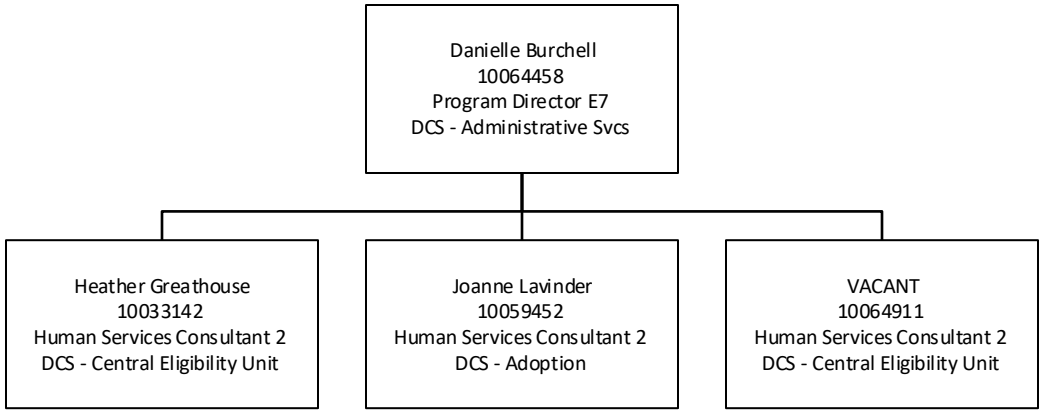
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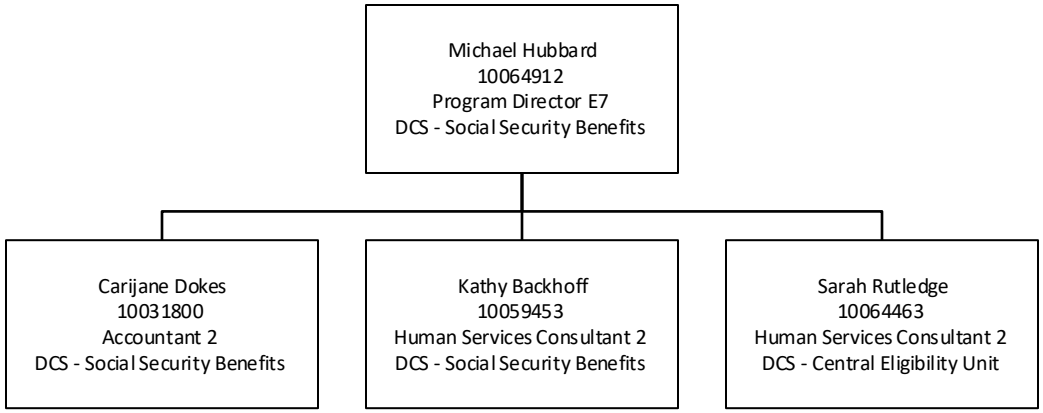
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Carijane Dokes
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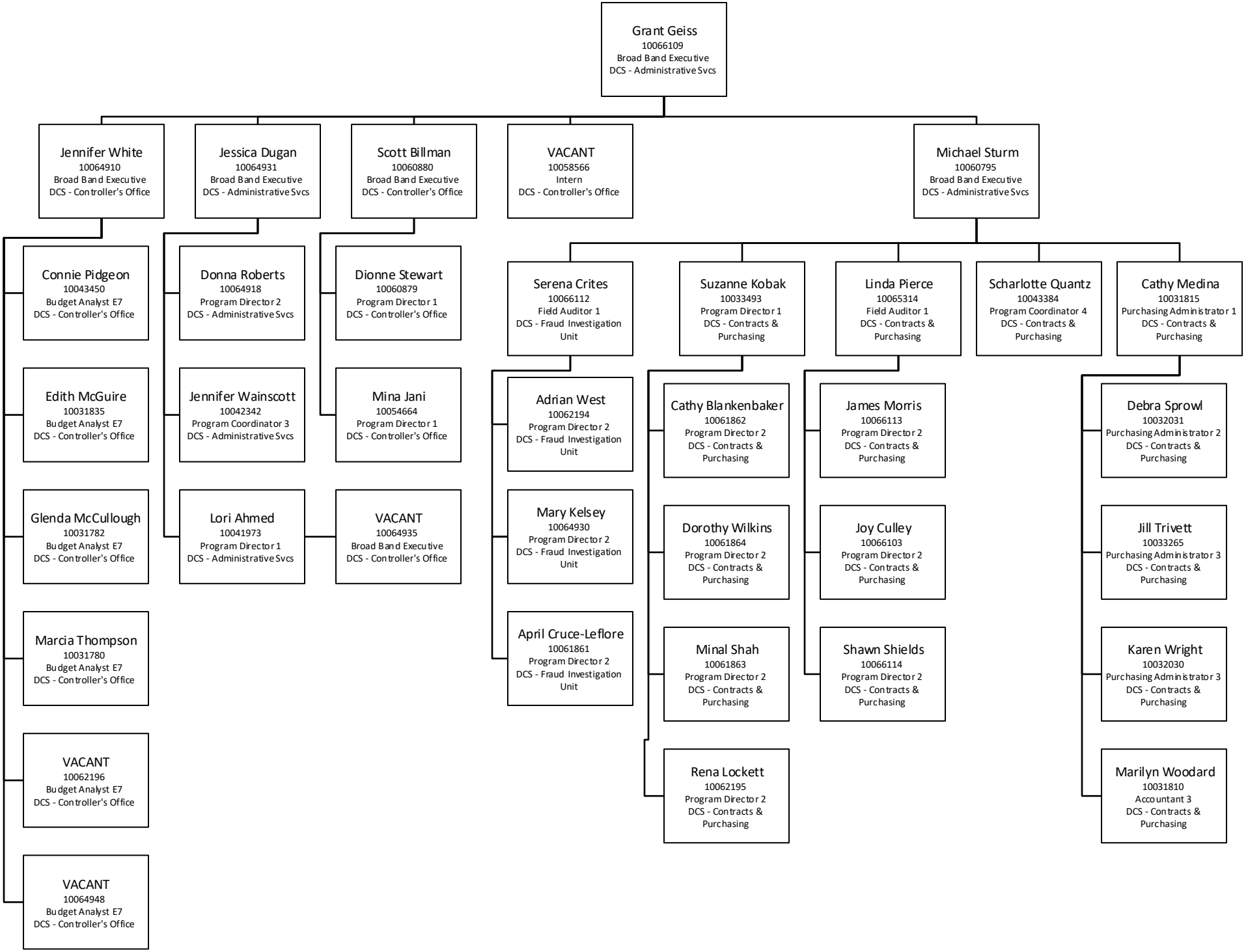
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Broad Band Executive
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Jessica Dugan
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DCS - Administrative Svcs
Scott Billman
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Broad Band Executive
DCS - Controller's Office
VACANT
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Intern
DCS - Controller's Office
Michael Sturm
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Connie Pidgeon
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Budget Analyst E7
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Edith McGuire
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DCS - Controller's Office
Glenda McCullough
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Budget Analyst E7
DCS - Controller's Office
Marcia Thompson
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Budget Analyst E7
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VACANT
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Donna Roberts
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Program Director 2
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Jennifer Wainscott
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Program Coordinator 3
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Lori Ahmed
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Program Director 1
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Dionne Stewart
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Program Director 1
DCS - Controller's Office
Mina Jani
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Program Director 1
DCS - Controller's Office
VACANT
10064935
Broad Band Executive
DCS - Controller's Office
Serena Crites
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Field Auditor 1
DCS - Fraud Investigation Unit
Adrian West
10062194
Program Director 2
DCS - Fraud Investigation Unit
Mary Kelsey
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Program Director 2
DCS - Fraud Investigation Unit
April Cruce-Leflore
10061861
Program Director 2
DCS - Fraud Investigation Unit
Suzanne Kobak
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Program Director 1
DCS - Contracts & Purchasing
Cathy Blankenbaker
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Program Director 2
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Dorothy Wilkins
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Program Director 2
DCS - Contracts & Purchasing
Minal Shah
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Program Director 2
DCS - Contracts & Purchasing
Rena Lockett
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DCS - Contracts & Purchasing
Linda Pierce
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Field Auditor 1
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James Morris
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Program Director 2
DCS - Contracts & Purchasing
Joy Culley
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Program Director 2
DCS - Contracts & Purchasing
Shawn Shields
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Program Director 2
DCS - Contracts & Purchasing
Scharlotte Quantz
10043384
Program Coordinator 4
DCS - Contracts & Purchasing
Cathy Medina
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DCS - Contracts & Purchasing
Debra Sprowl
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Purchasing Administrator 2
DCS - Contracts & Purchasing
Jill Trivett
10033265
Purchasing Administrator 3
DCS - Contracts & Purchasing
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Marilyn Woodard
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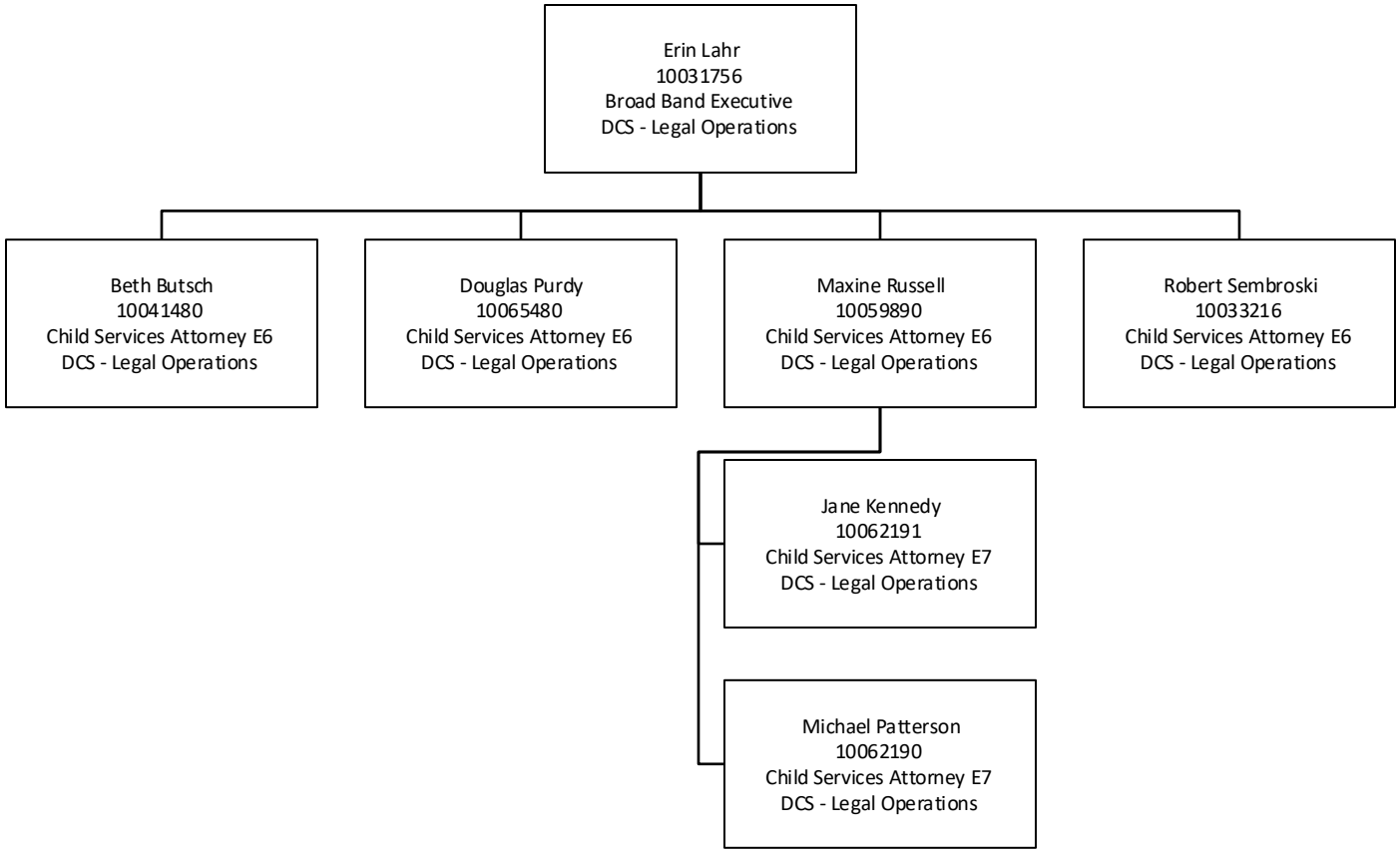
DCS - Contracts & Purchasing


Erin Lahr
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Beth Butsch
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Child Services Attorney E6
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Douglas Purdy
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Child Services Attorney E6
DCS - Legal Operations
Maxine Russell
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Child Services Attorney E6
DCS - Legal Operations
Robert Sembroski
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Child Services Attorney E6
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Jane Kennedy
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Child Services Attorney E7
DCS - Legal Operations
Michael Patterson
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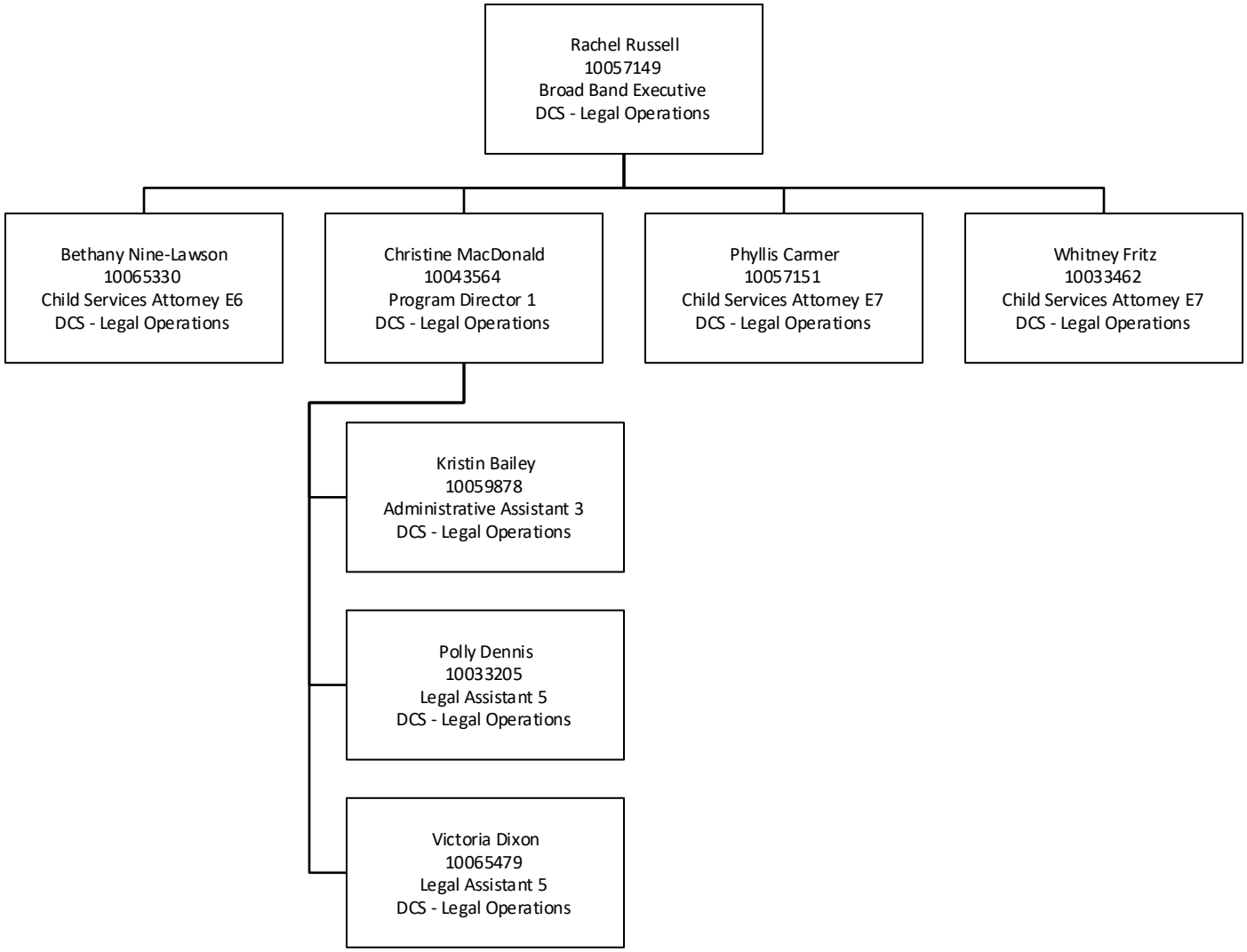
Child Services Attorney E7
DCS - Legal Operations


Rachel Russell
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Bethany Nine-Lawson
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Christine MacDonald
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Program Director 1
DCS - Legal Operations
Phyllis Carmer
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Child Services Attorney E7
DCS - Legal Operations
Whitney Fritz
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Child Services Attorney E7
DCS - Legal Operations
Kristin Bailey
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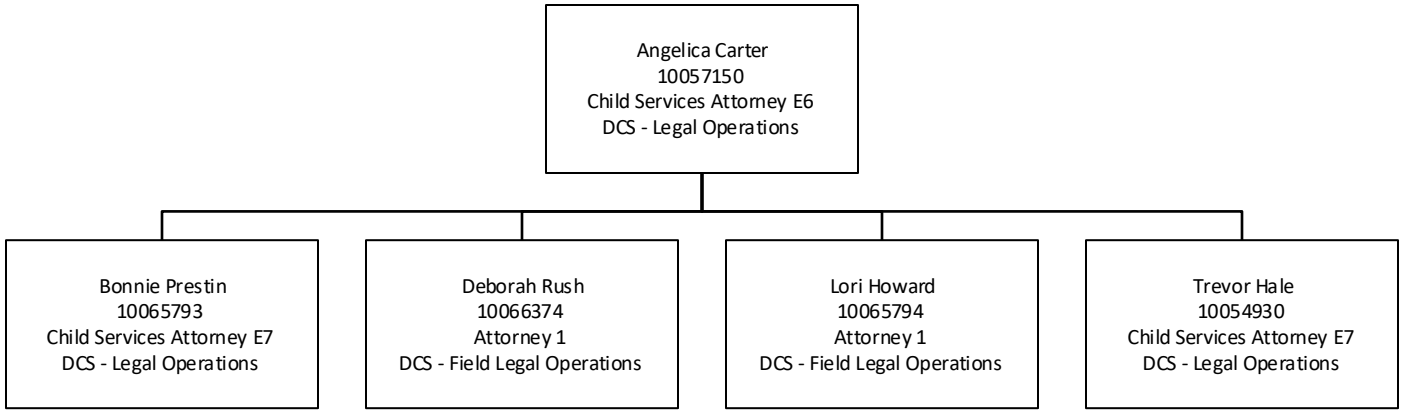
Administrative Assistant 3
DCS - Legal Operations
Polly Dennis
10033205
Legal Assistant 5
DCS - Legal Operations
Victoria Dixon
10065479
Legal Assistant 5
DCS - Legal Operations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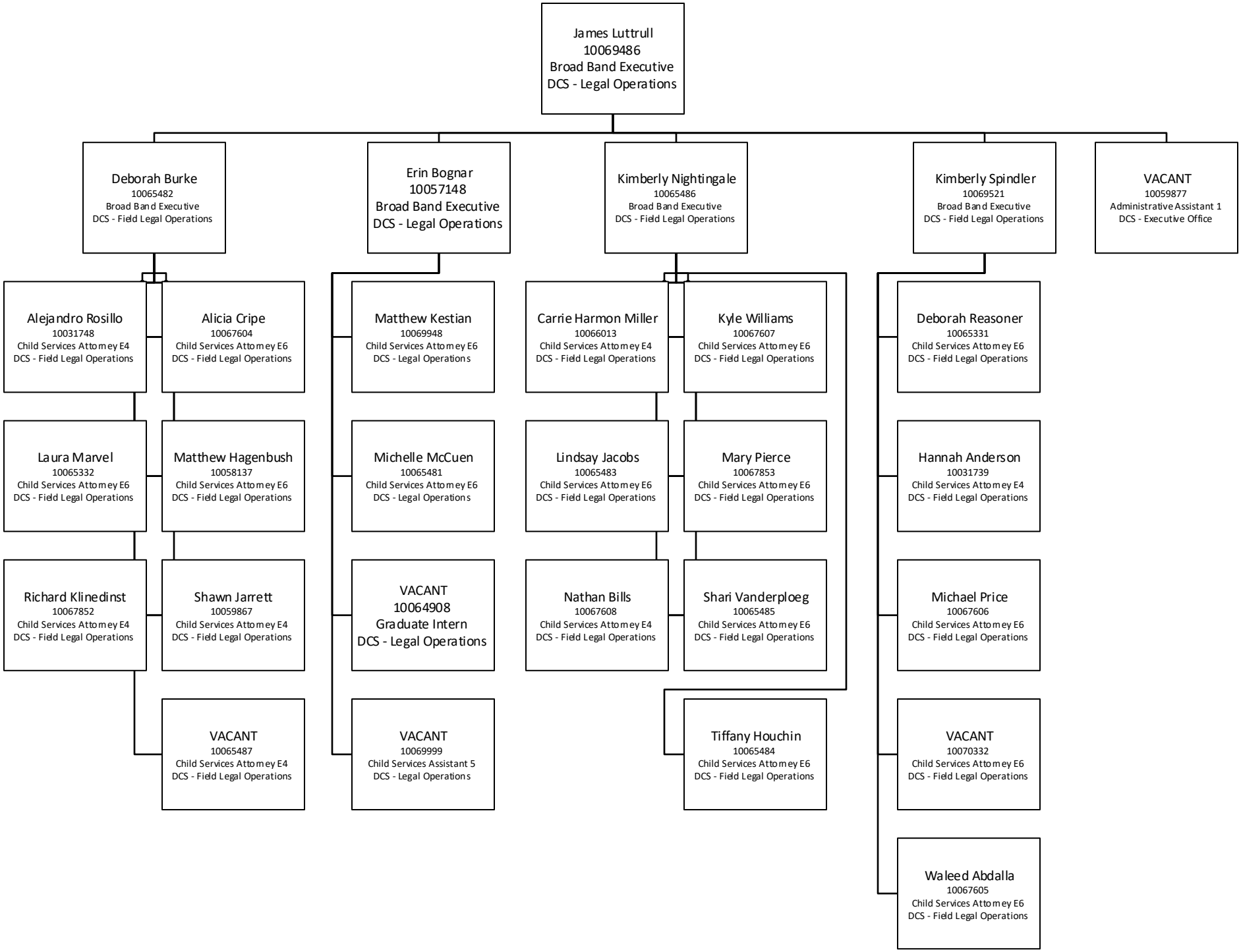
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Kimberly Spindler
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DCS - Field Legal Operations
VACANT
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Administrative Assistant 1
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Alejandro Rosillo
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Alicia Cripe
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Mary Pierce
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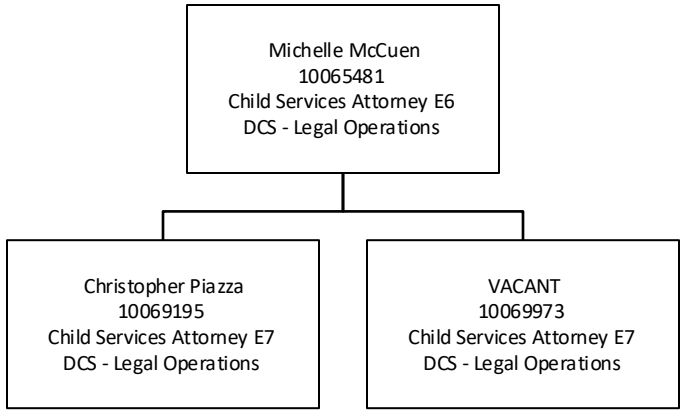
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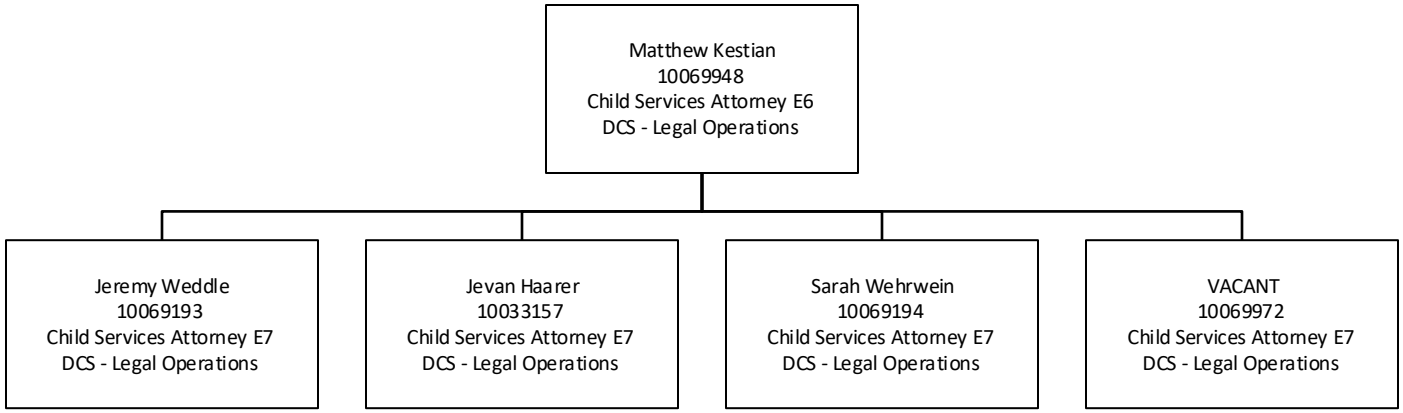
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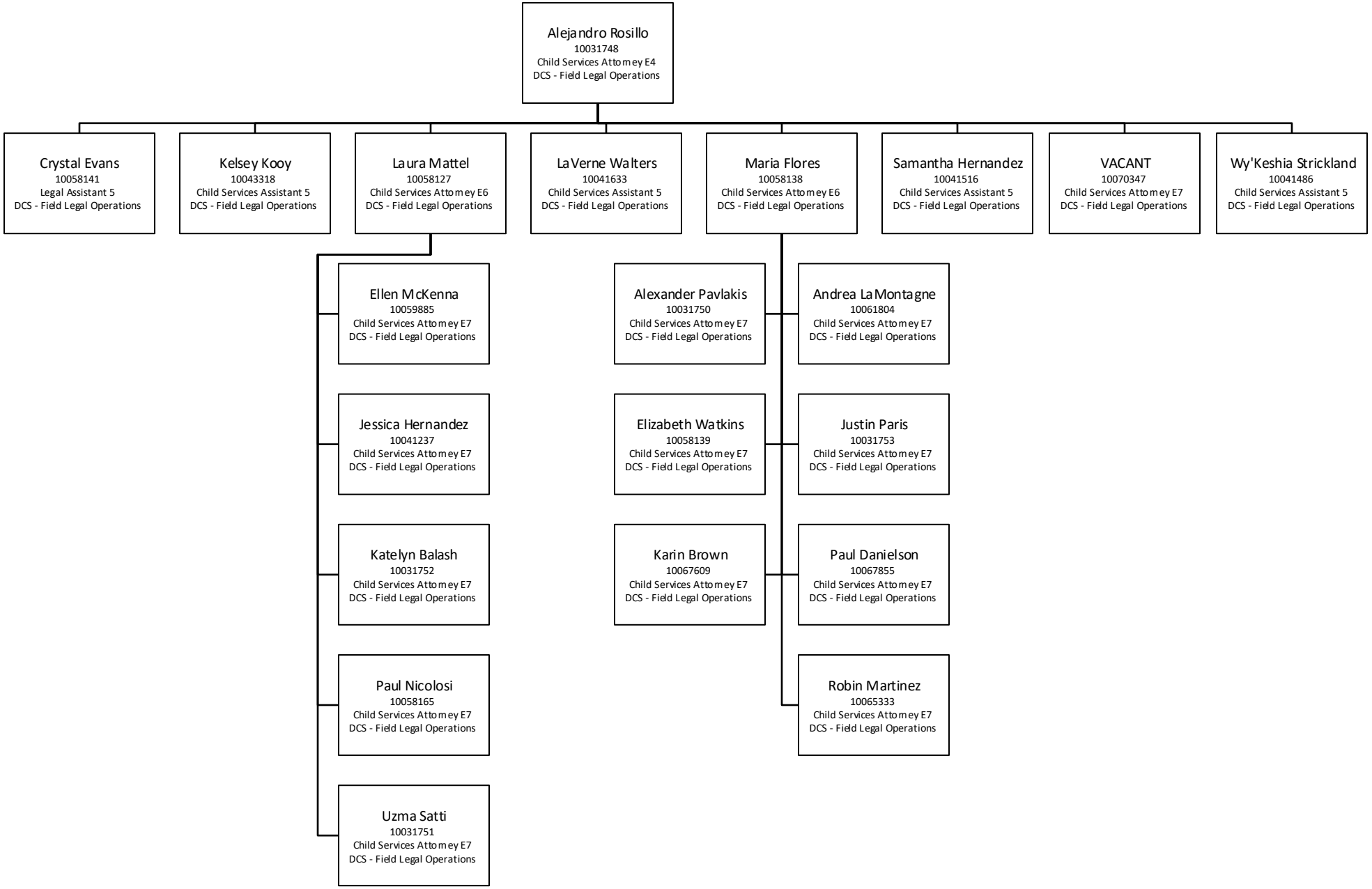
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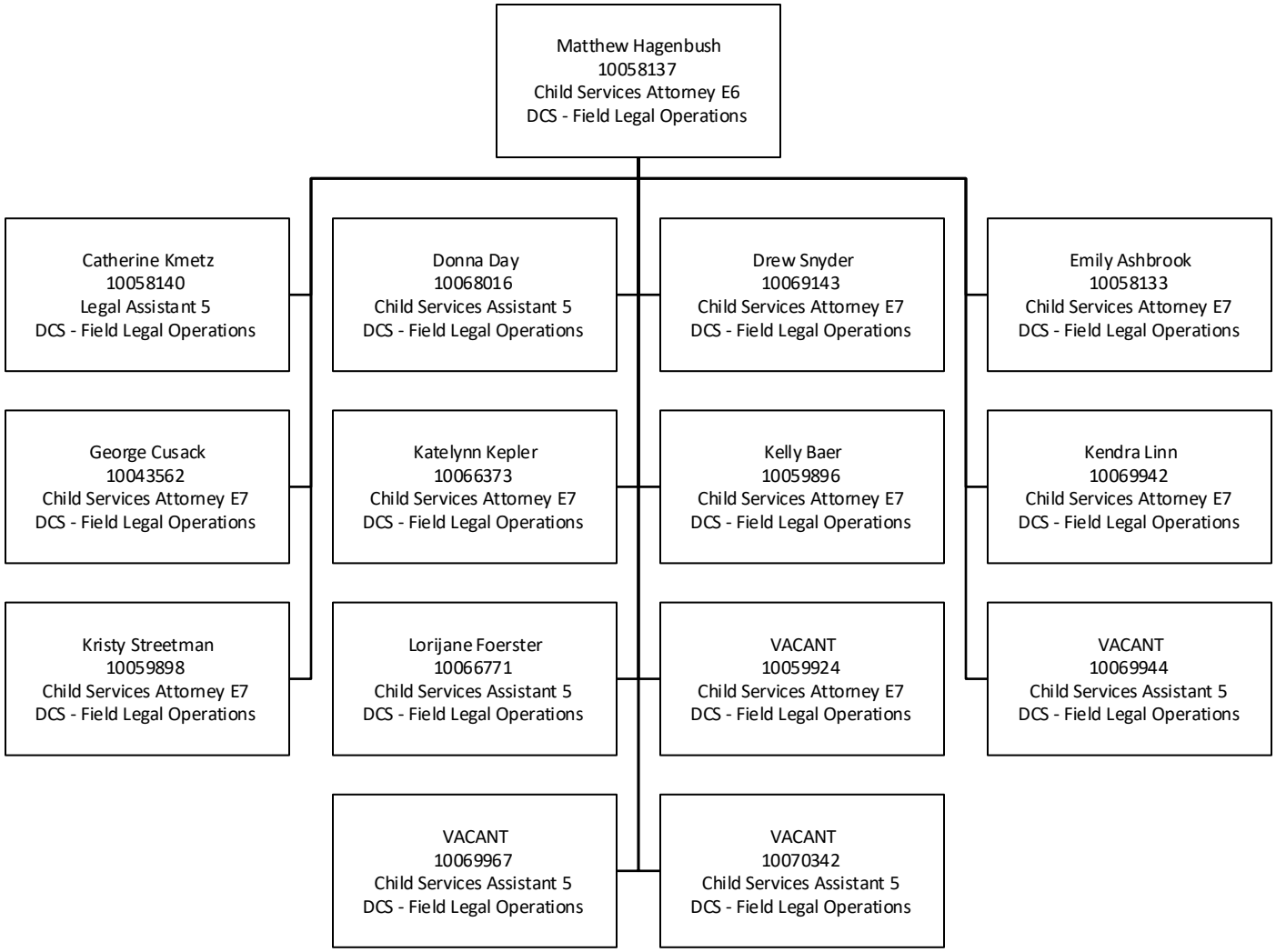
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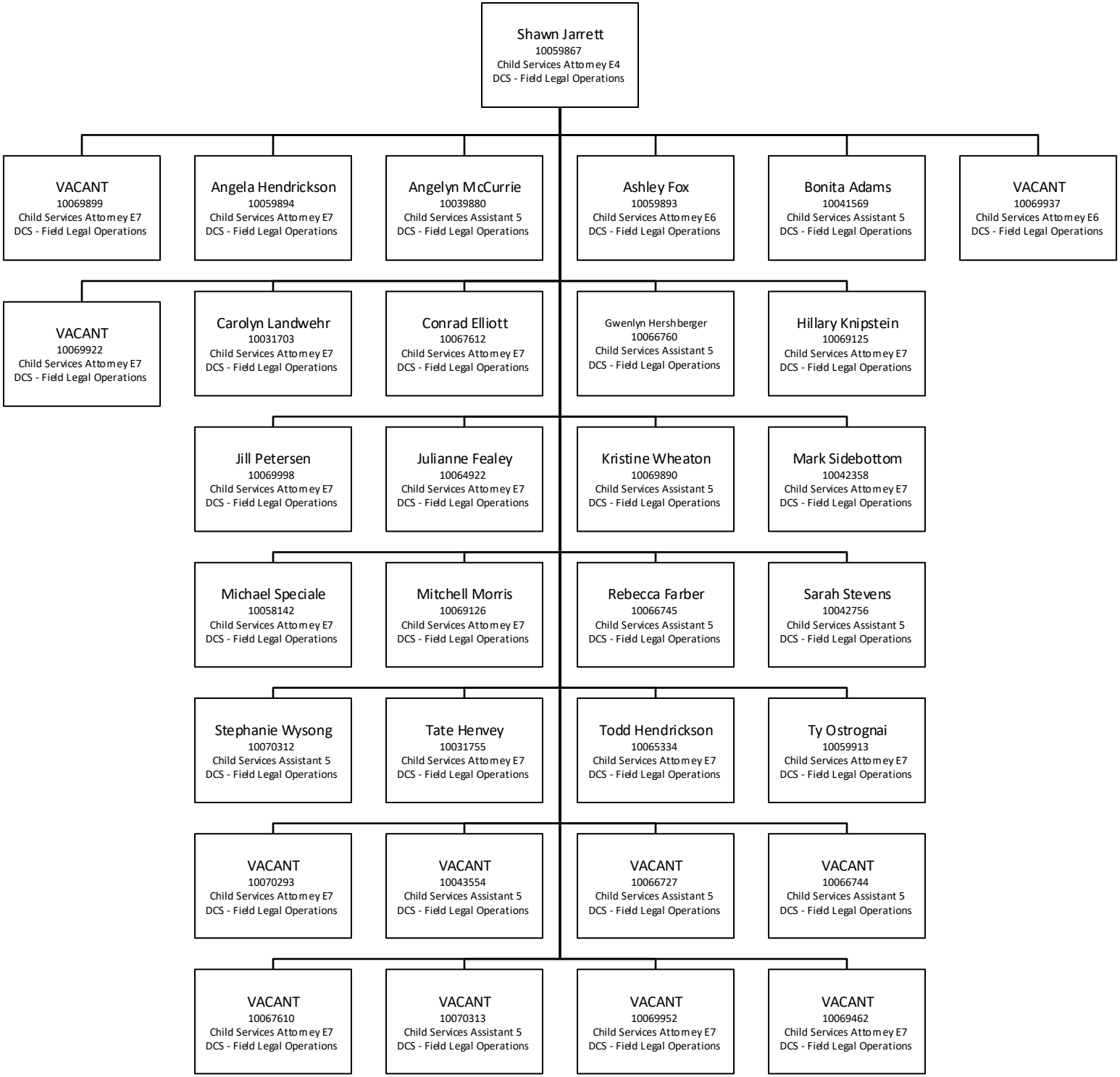
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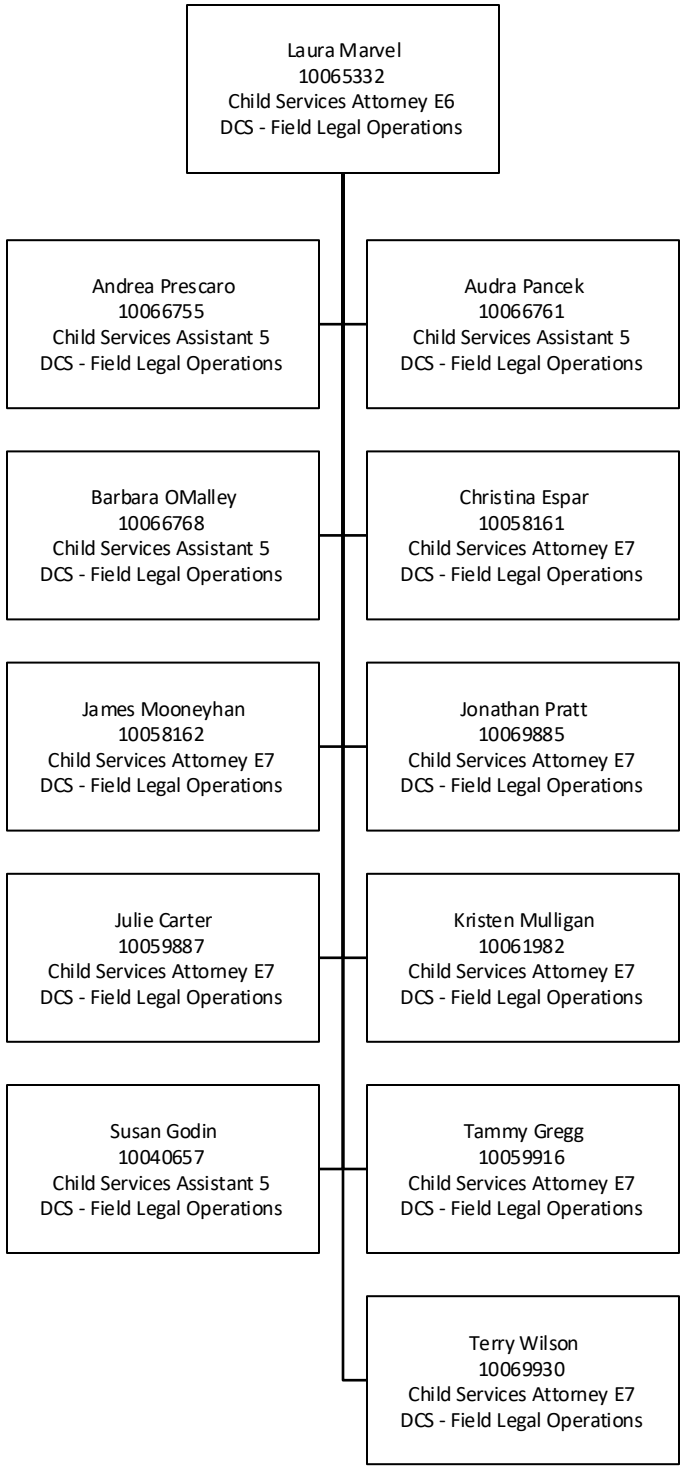
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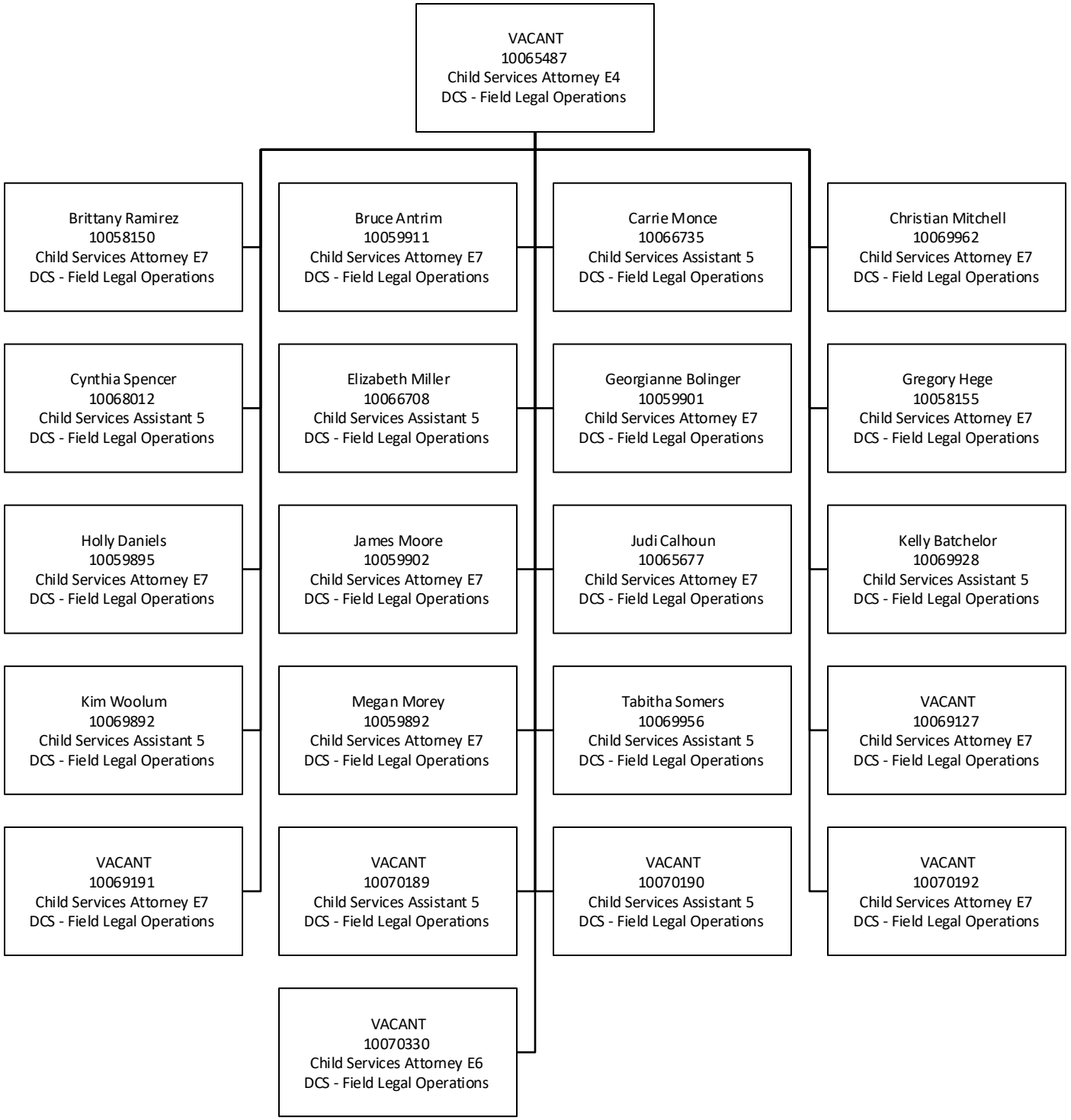
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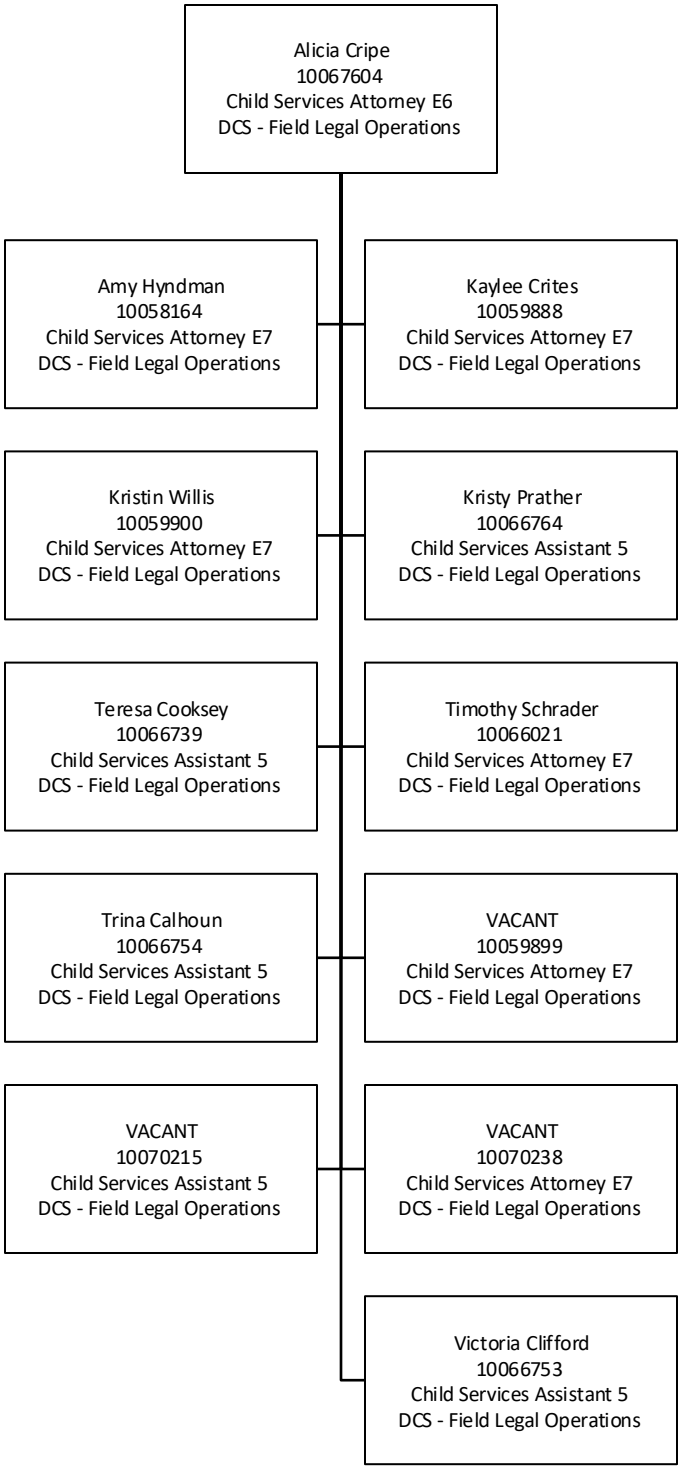
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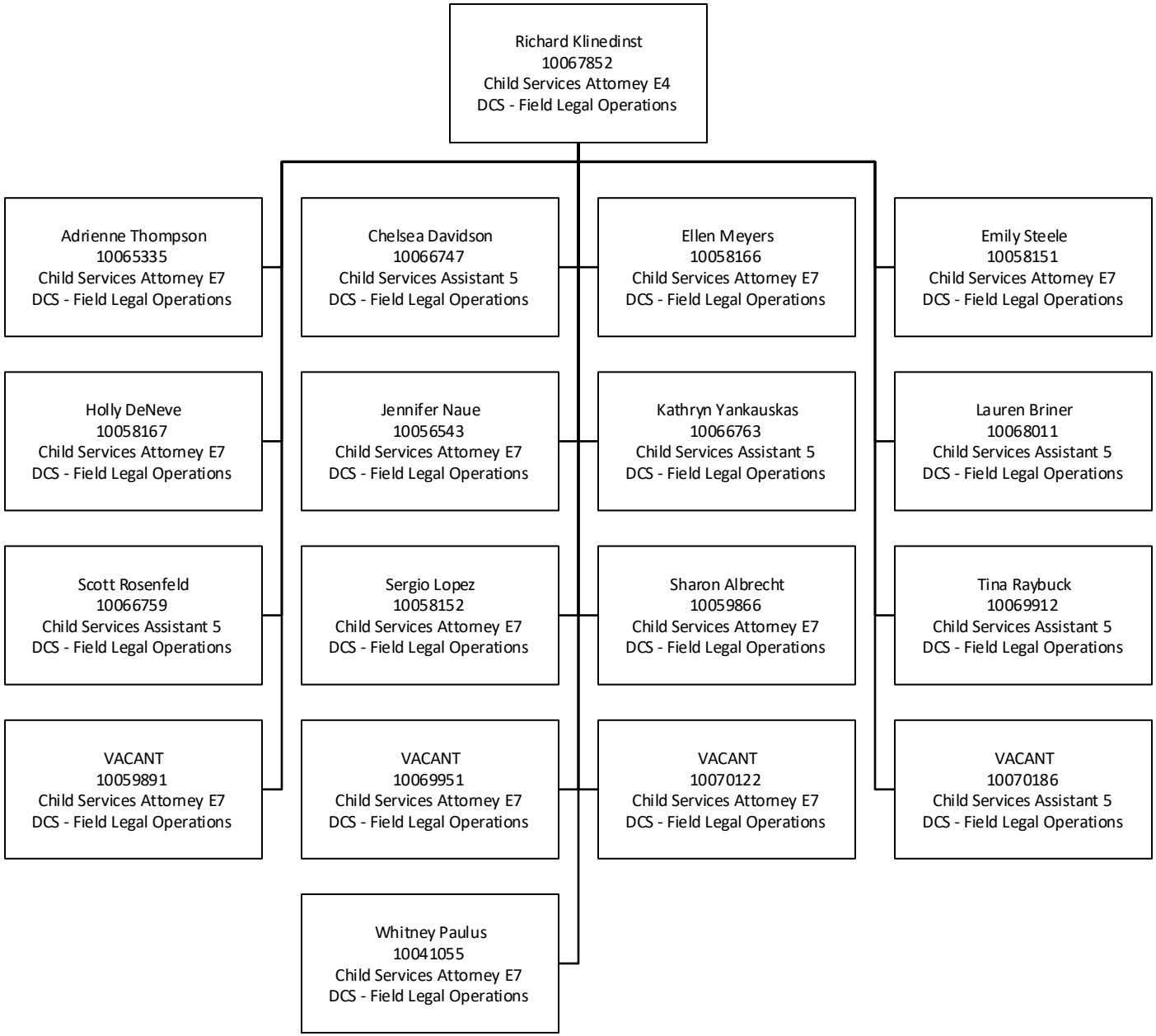
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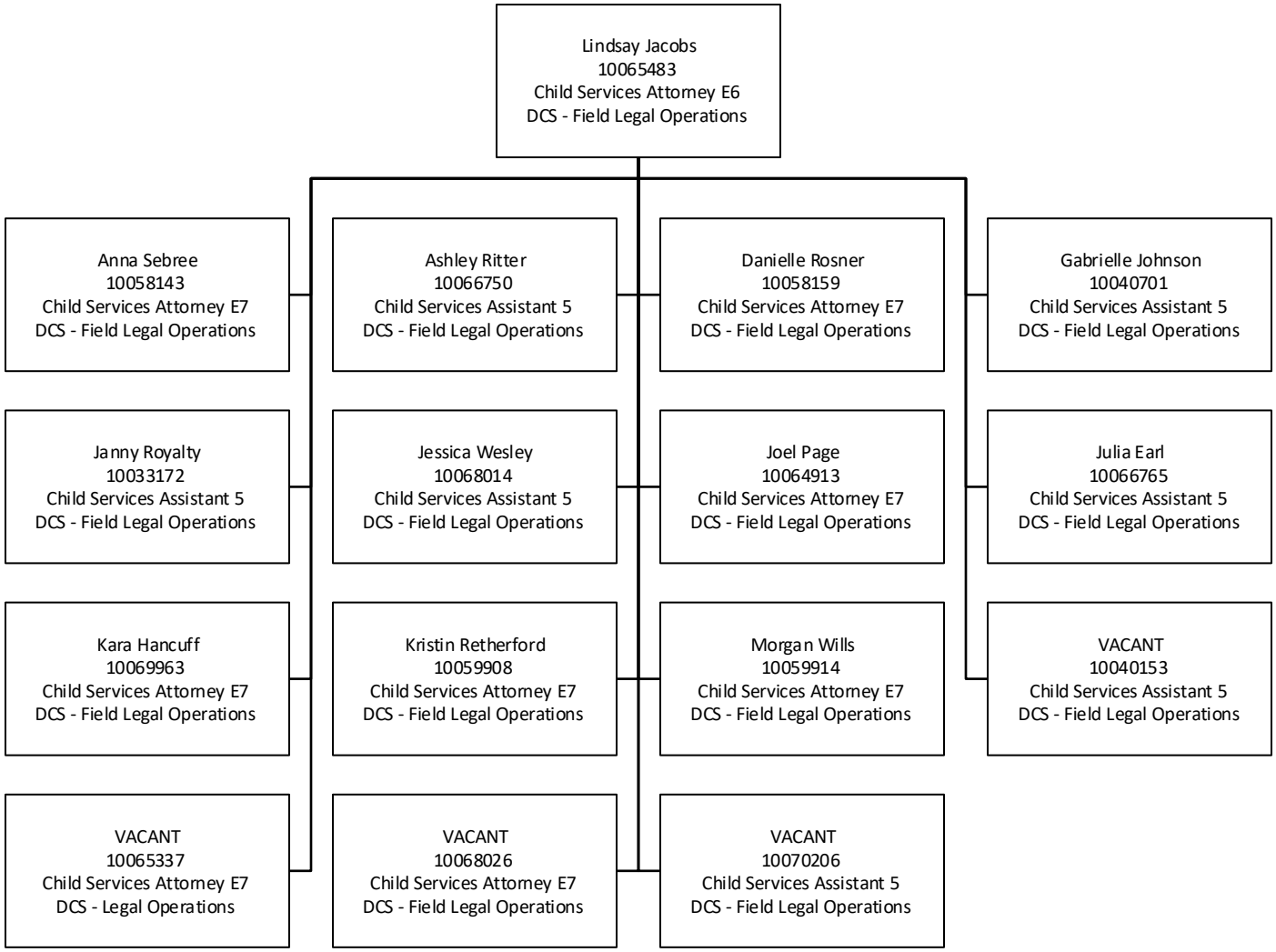
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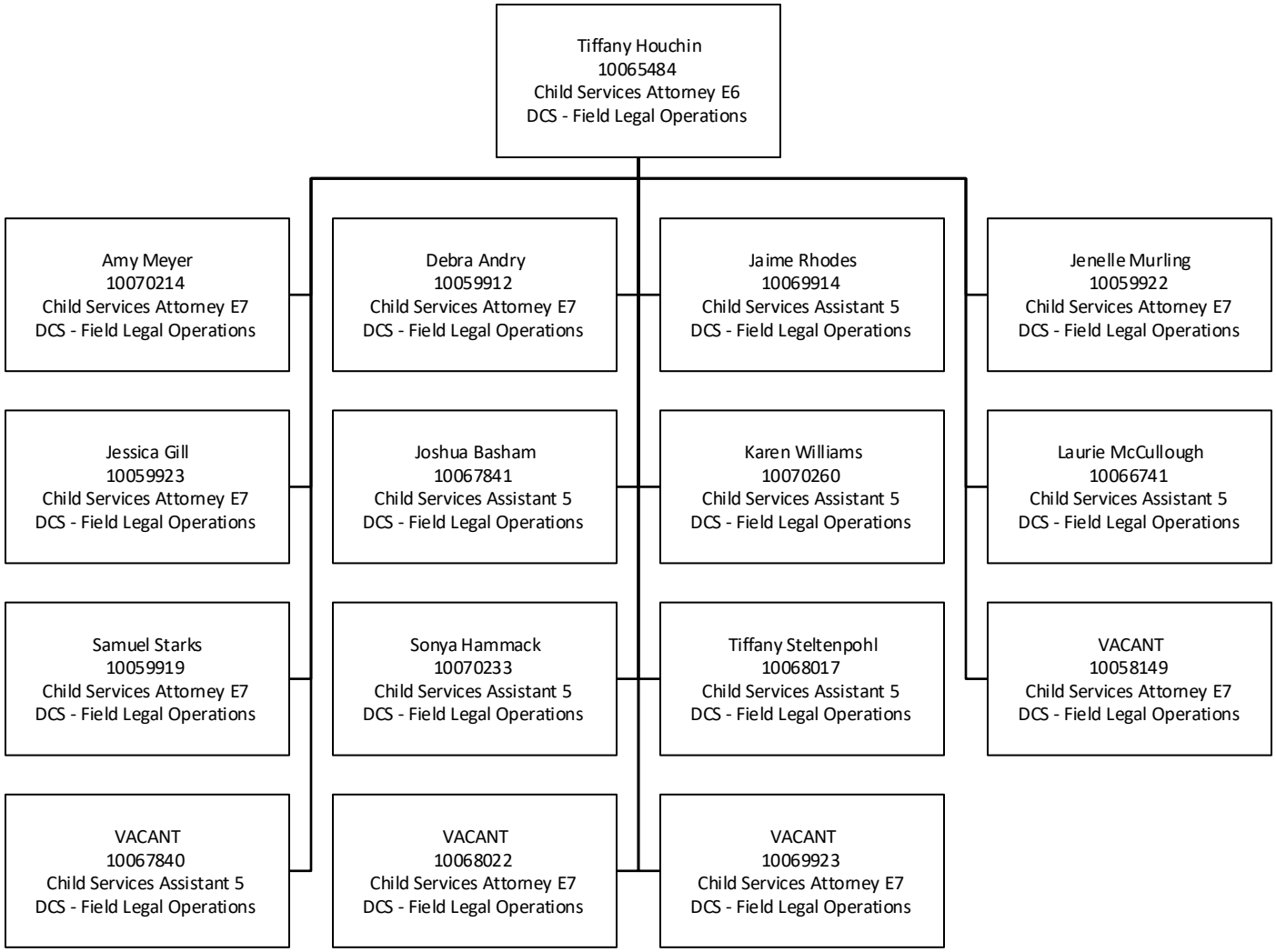
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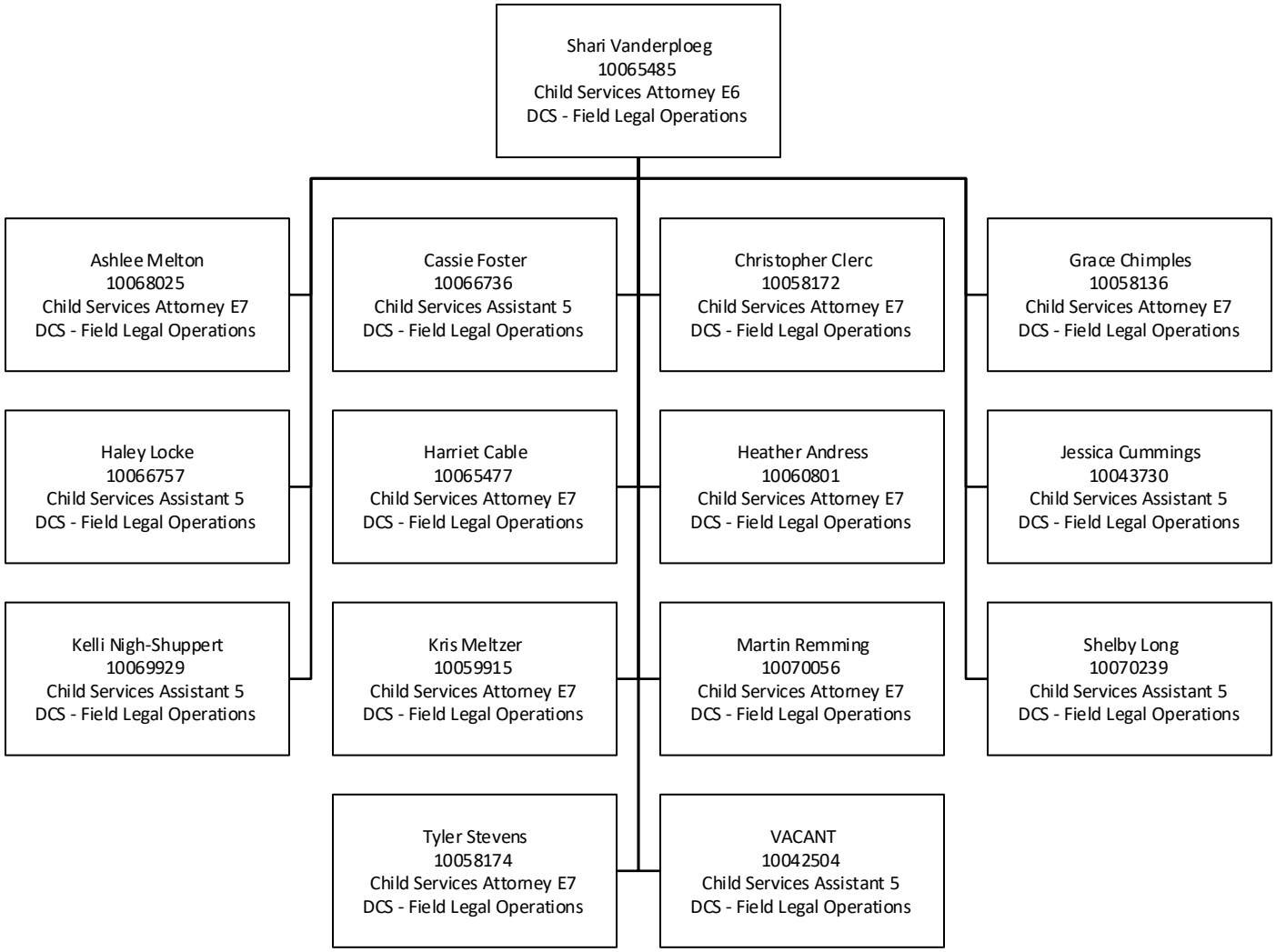
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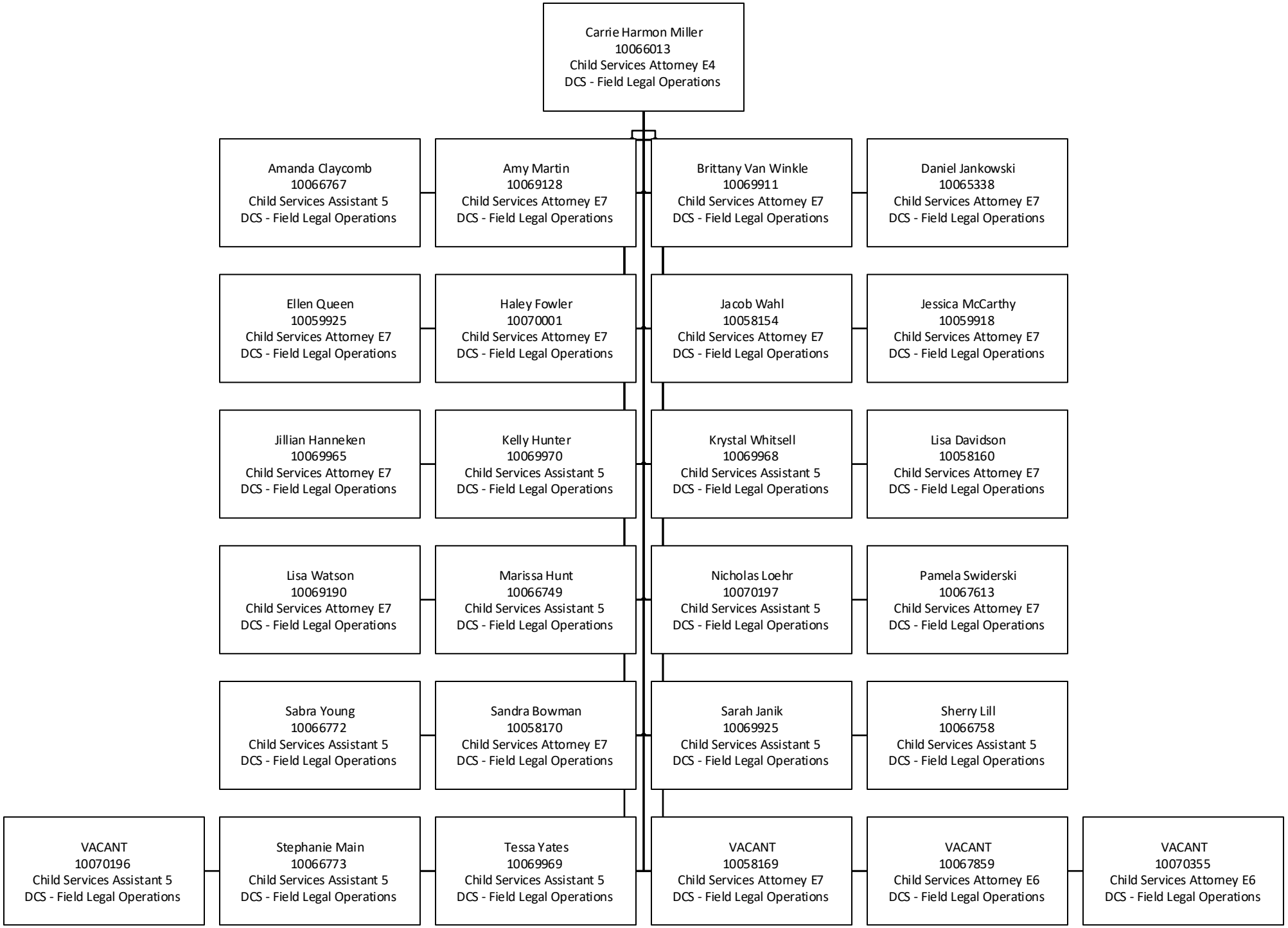
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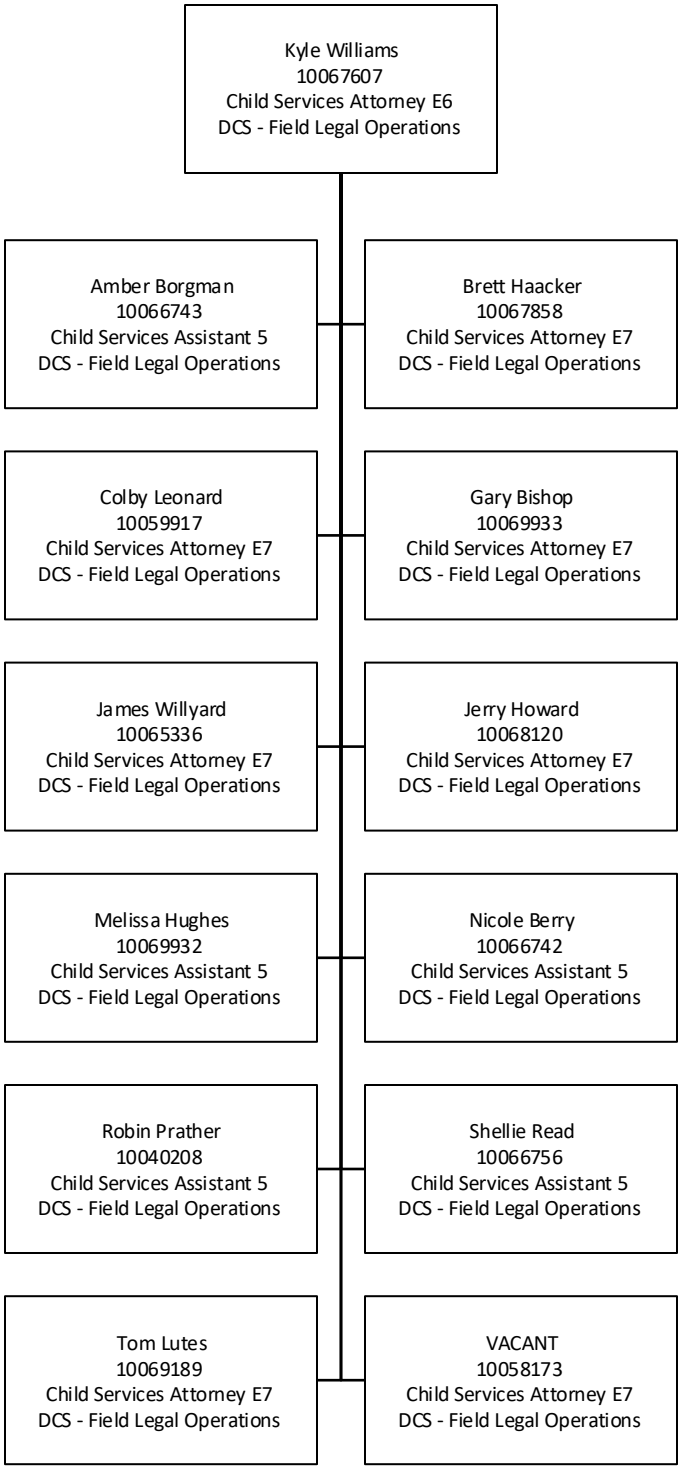
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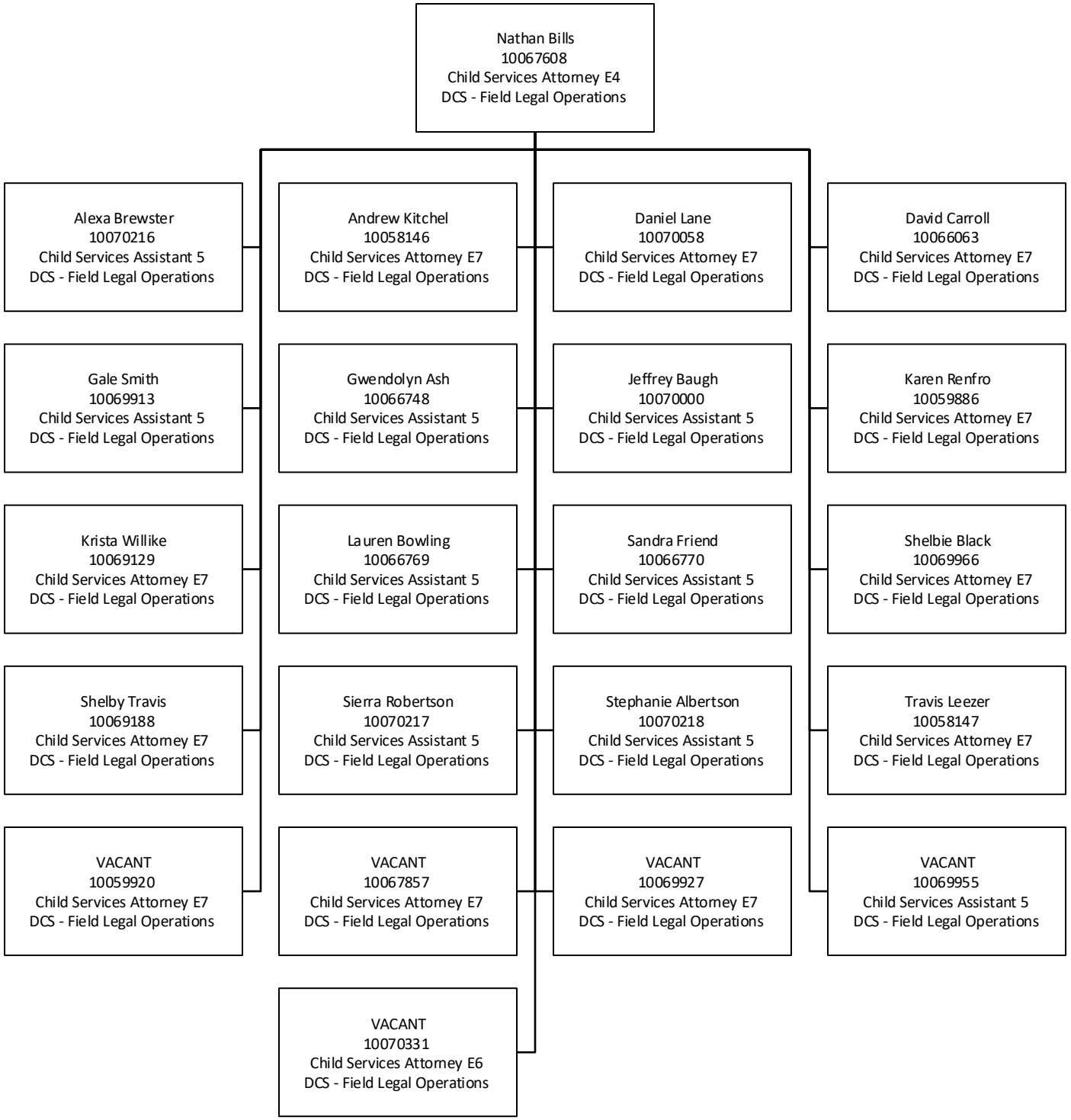
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Andrew Kitchel
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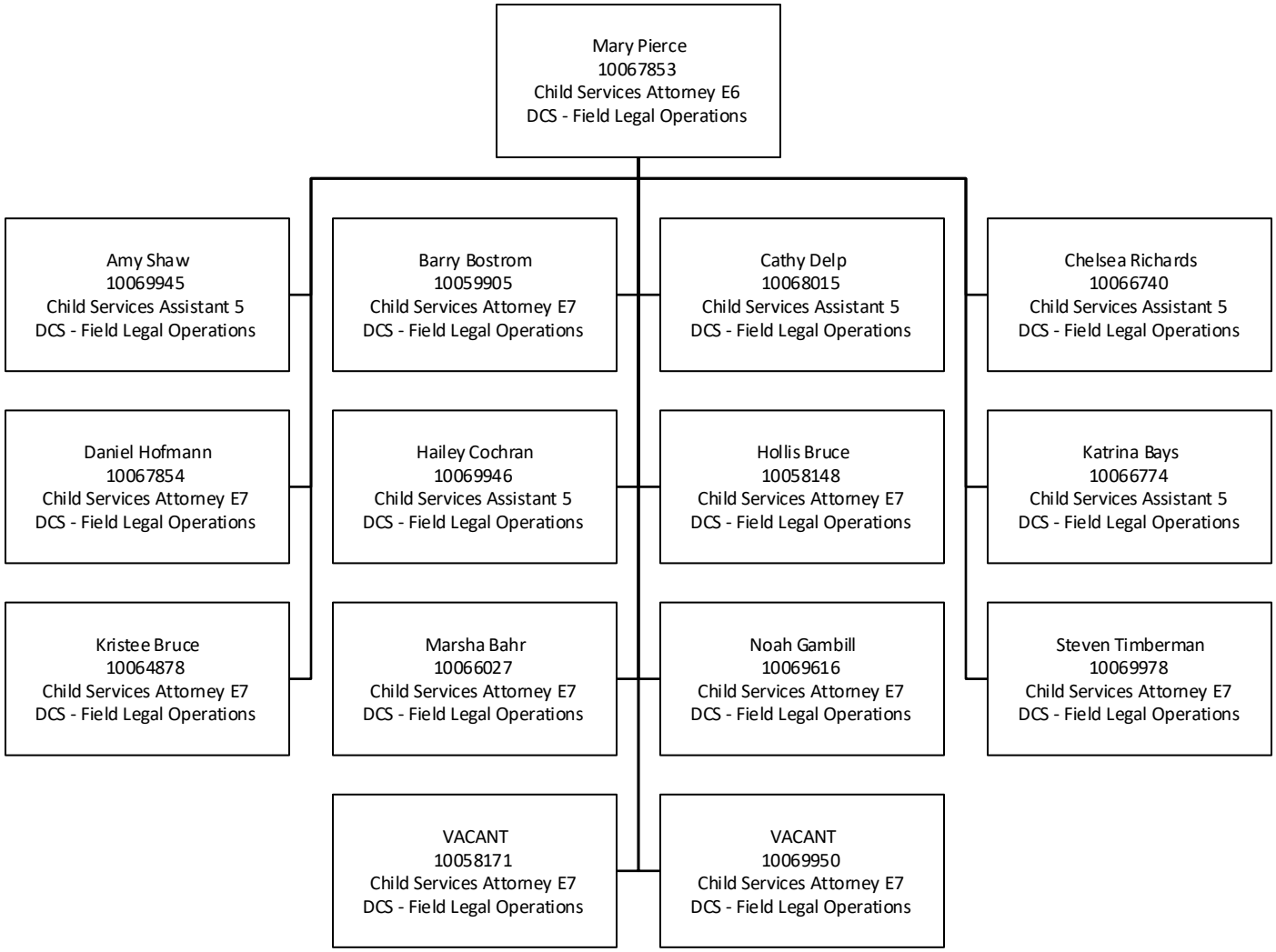
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Amy Shaw
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Cathy Delp
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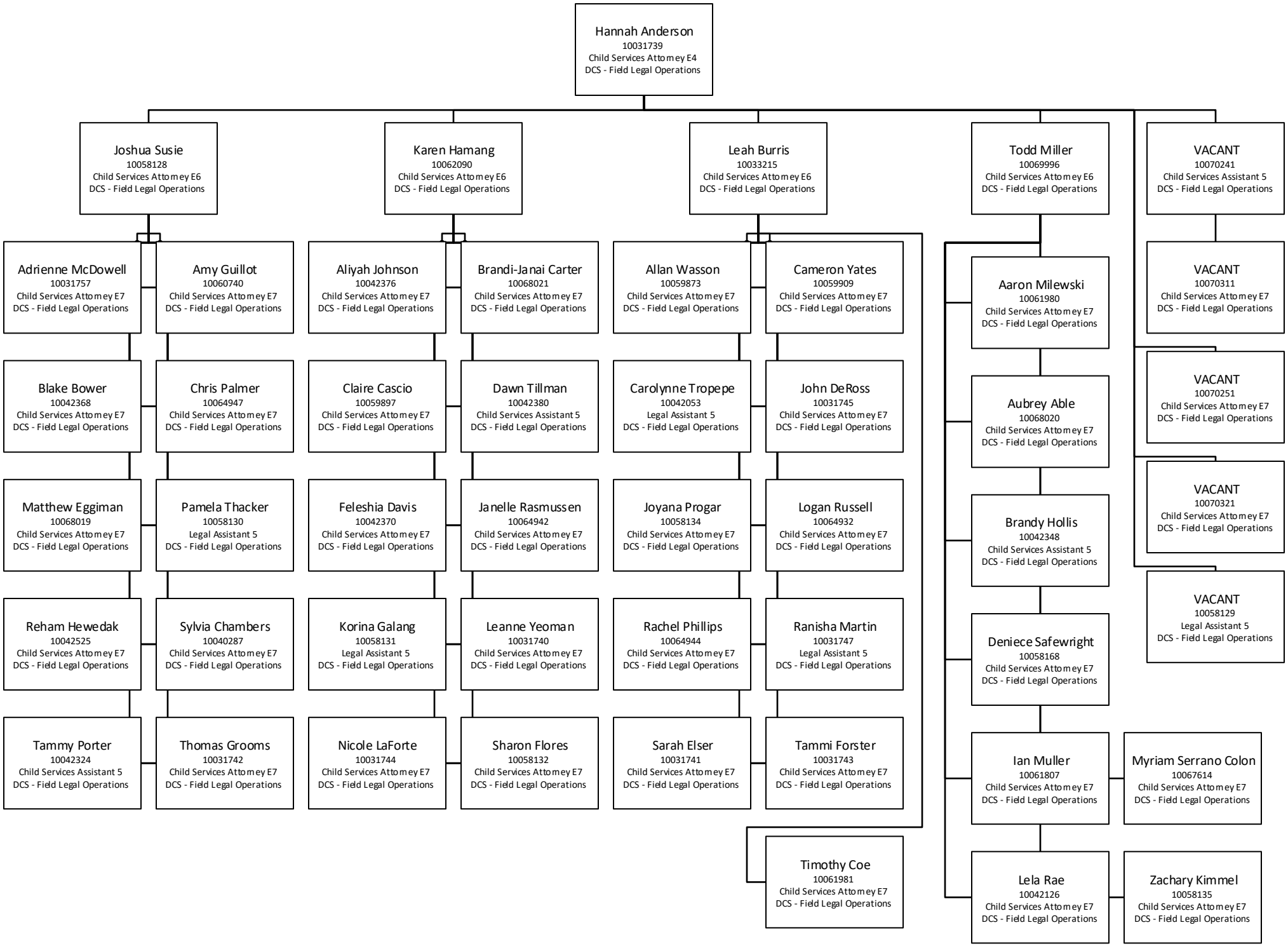
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Matthew Eggiman
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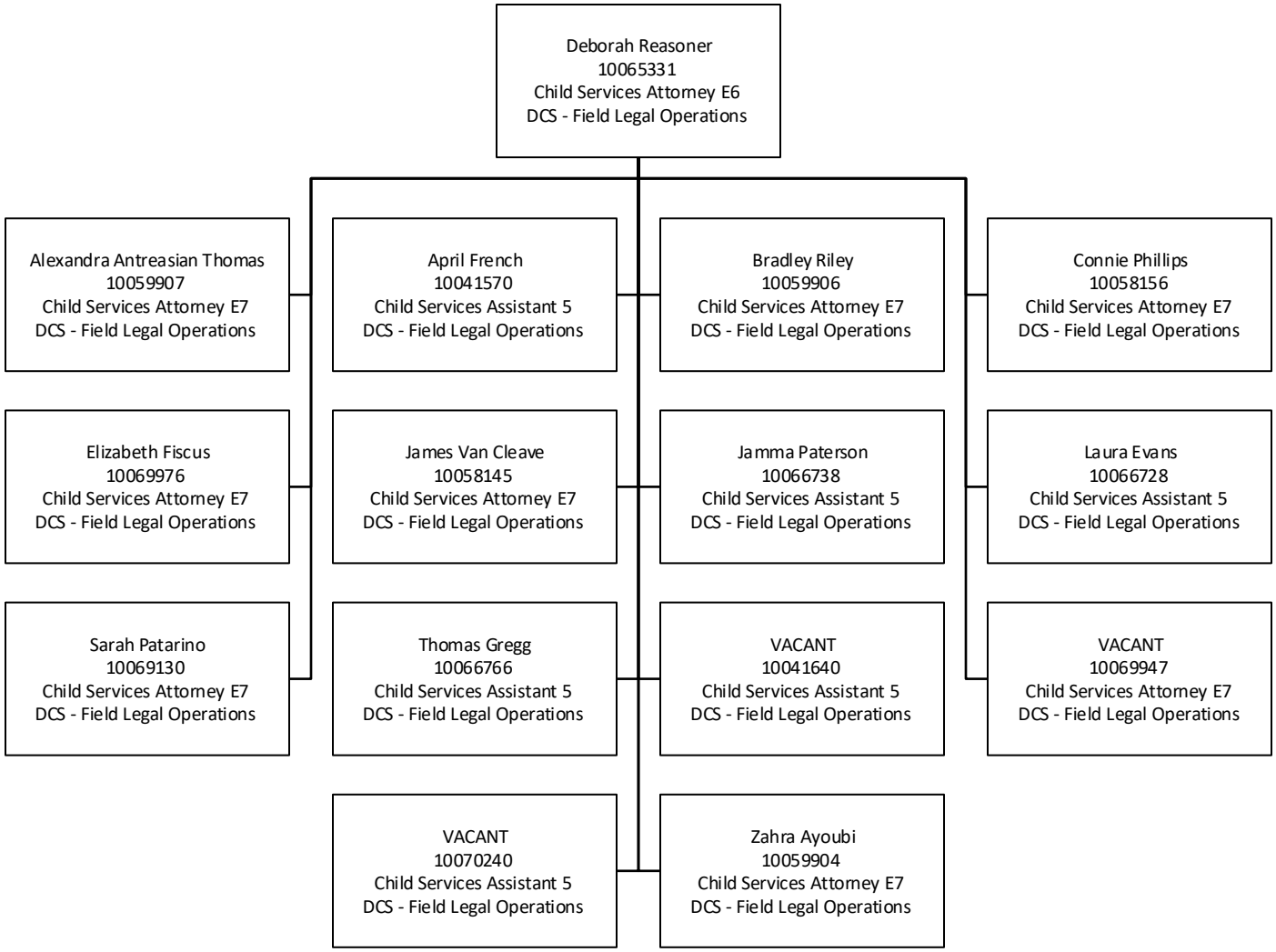
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April French
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Laura Evans
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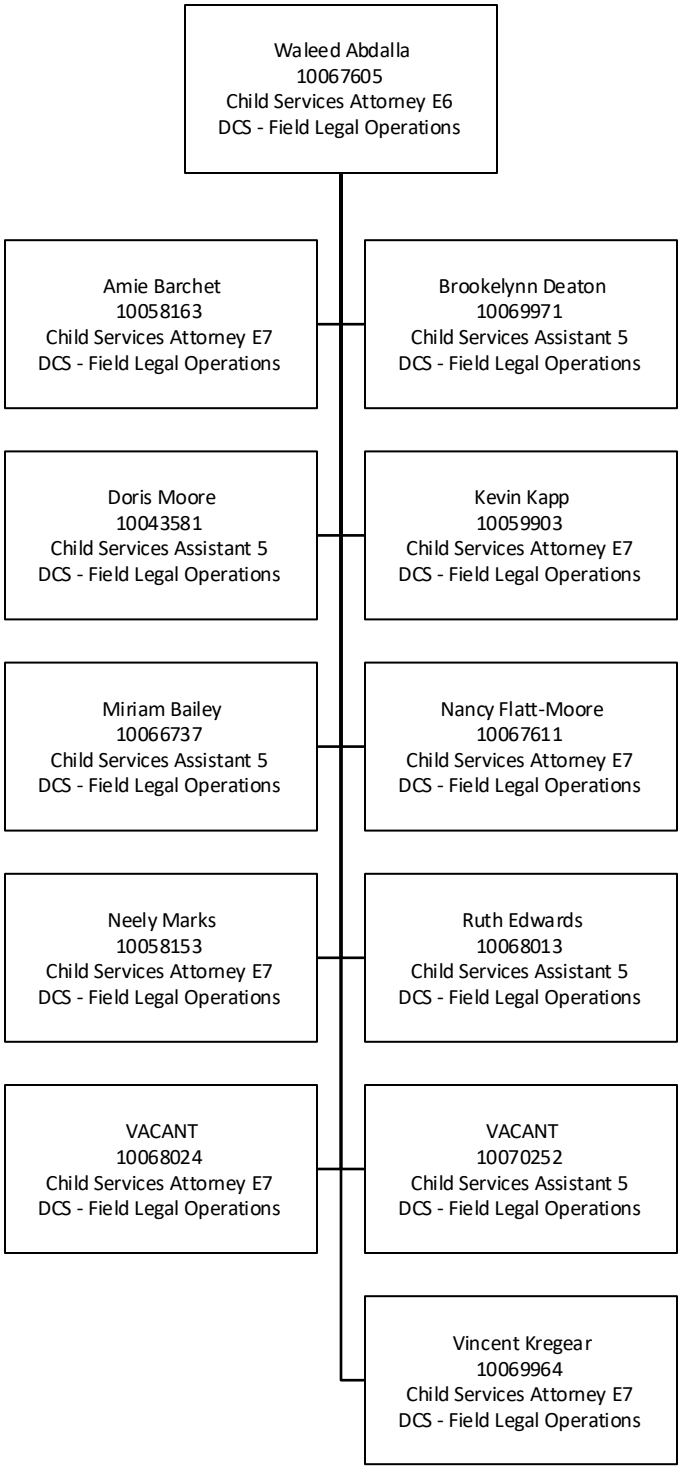
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Kevin Kapp
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Miriam Bailey
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Neely Marks
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Ruth Edwards
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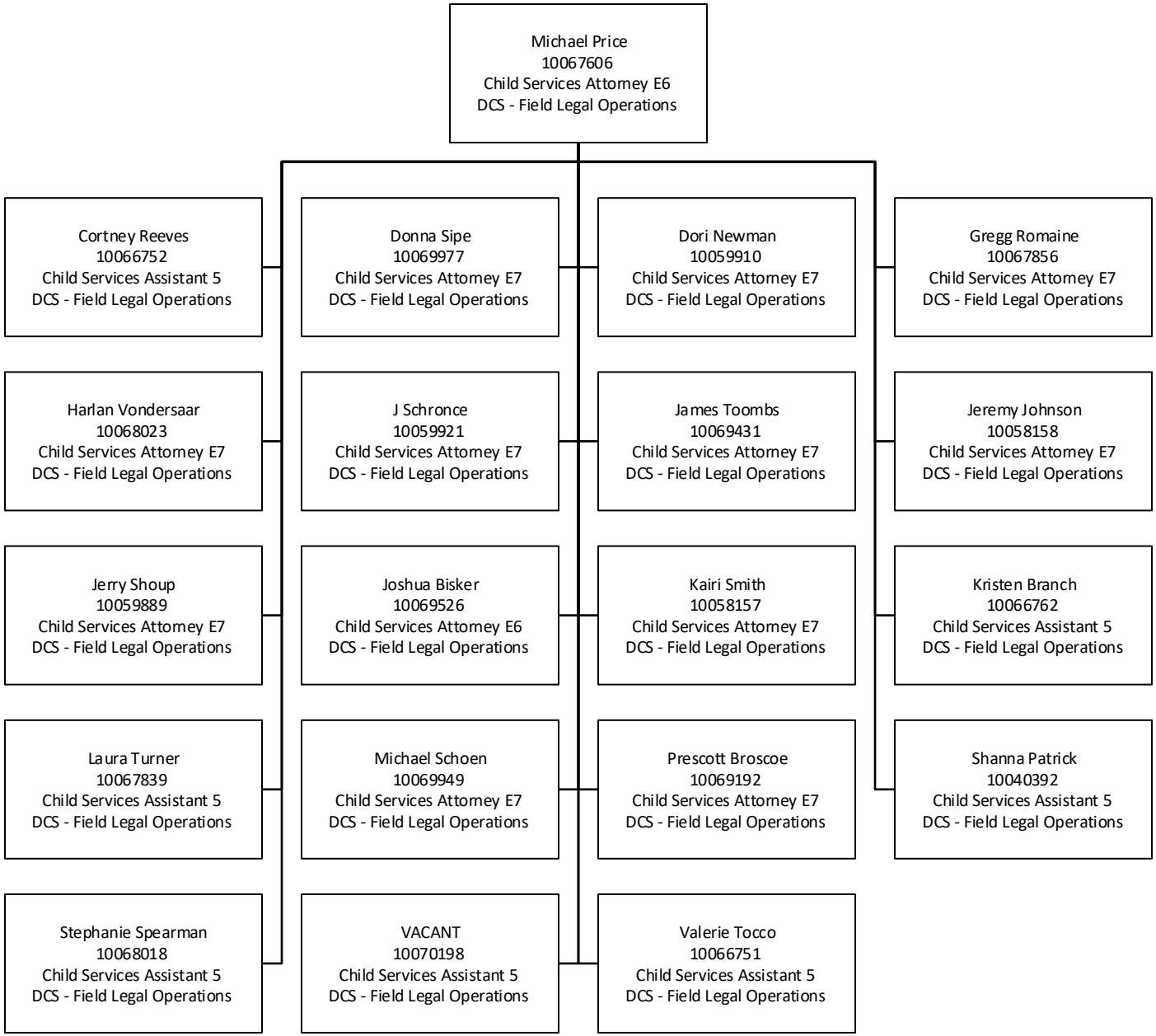
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Jeremy Johnson
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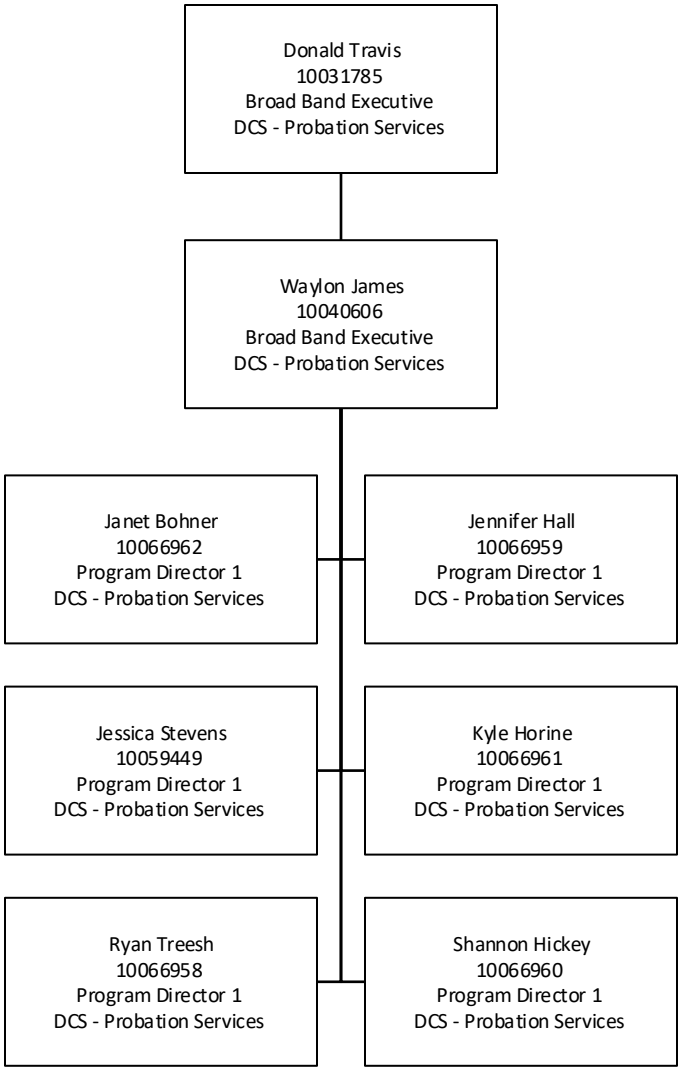
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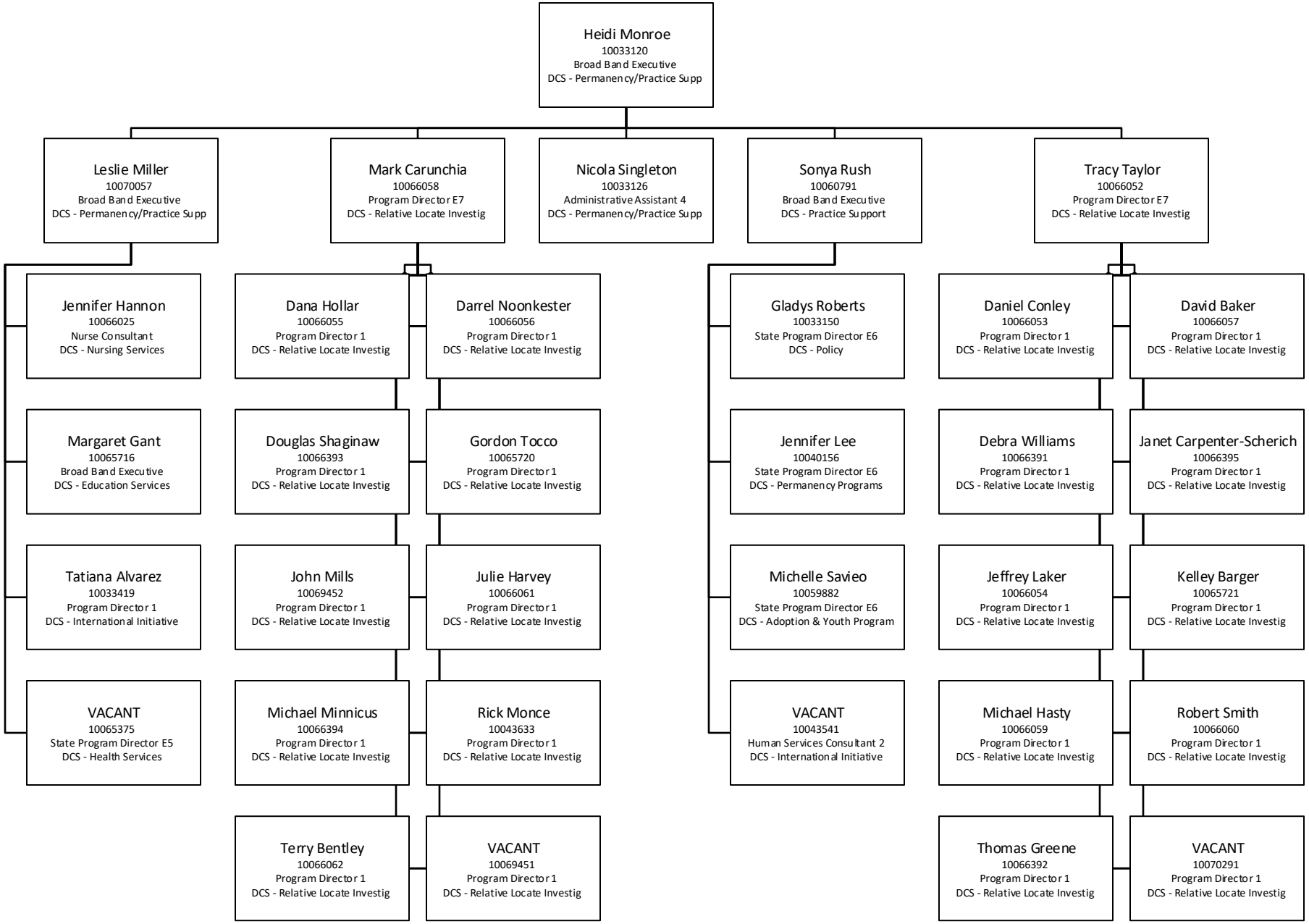
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DCS - Relative Locate Investig
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DCS - Practice Support
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Debra Williams
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Program Director 1
DCS - International Initiative
John Mills
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Julie Harvey
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Program Director 1
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Michelle Savieo
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Kelley Barger
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State Program Director E5
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Michael Minnicus
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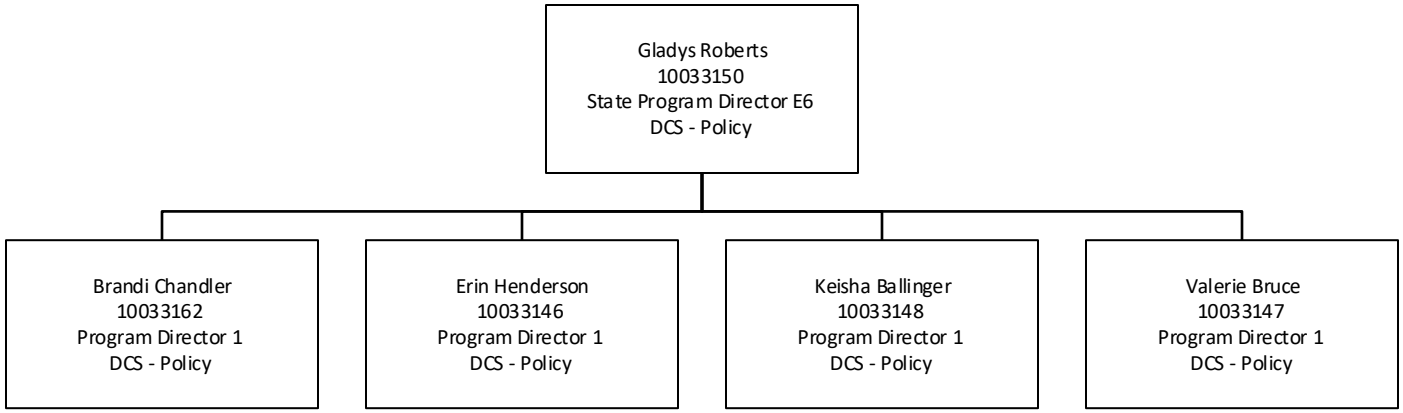
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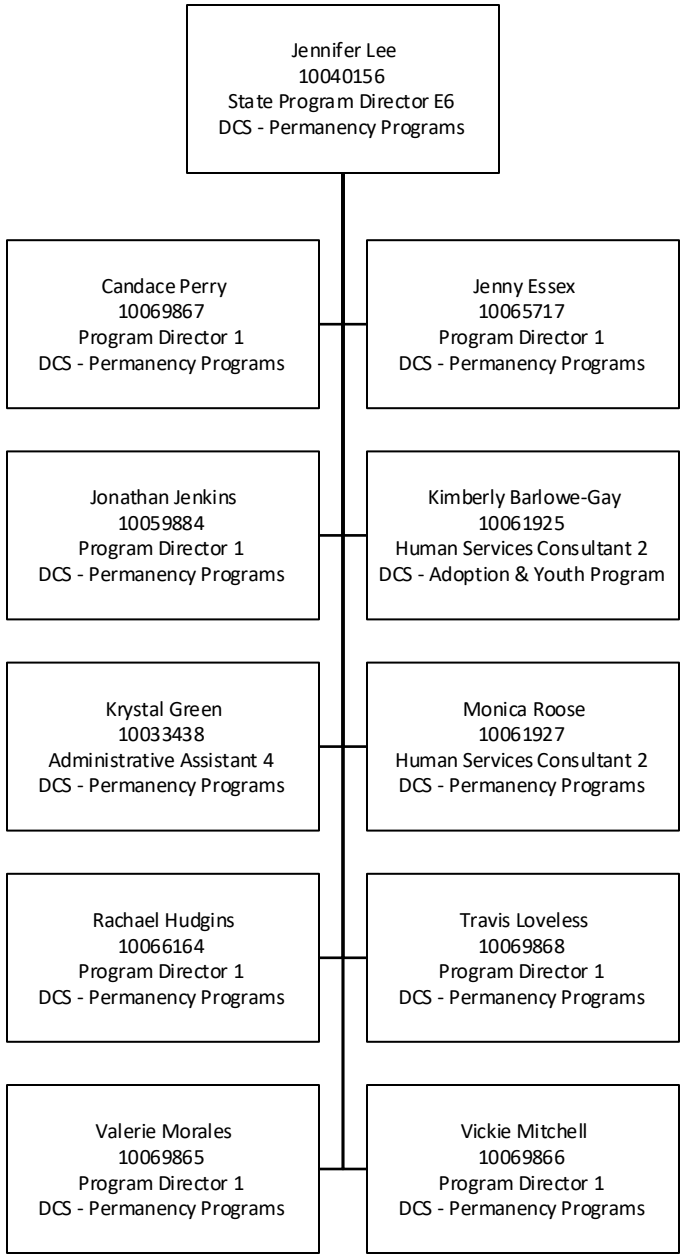
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Jonathan Jenkins
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Program Director 1
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Kimberly Barlowe-Gay
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Human Services Consultant 2
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Krystal Green
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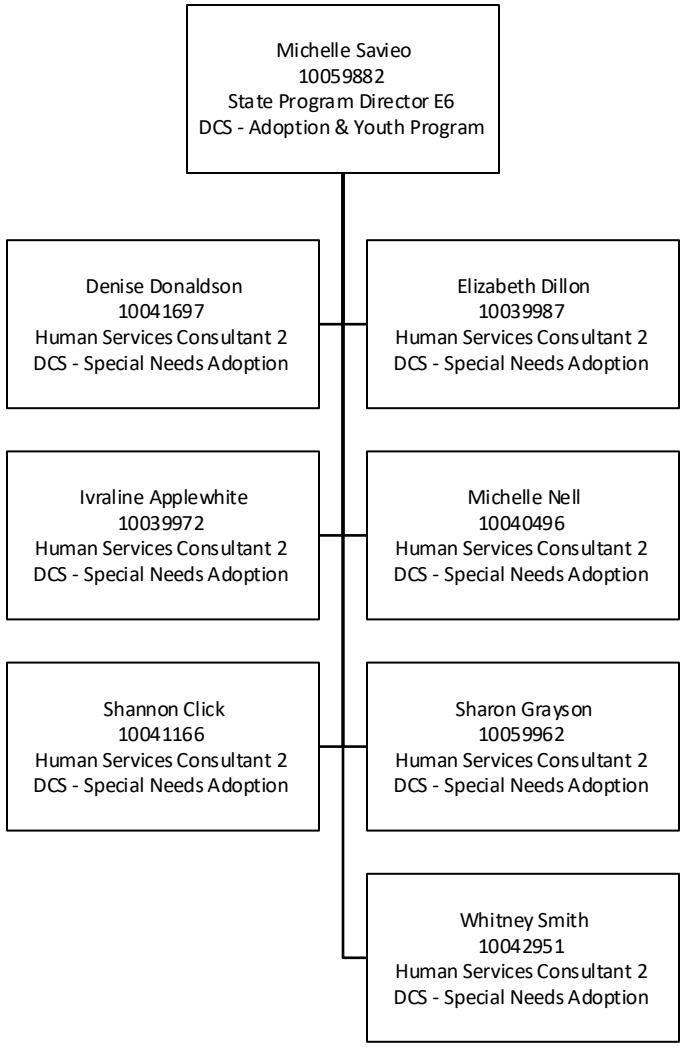
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Michelle Nell
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Shannon Click
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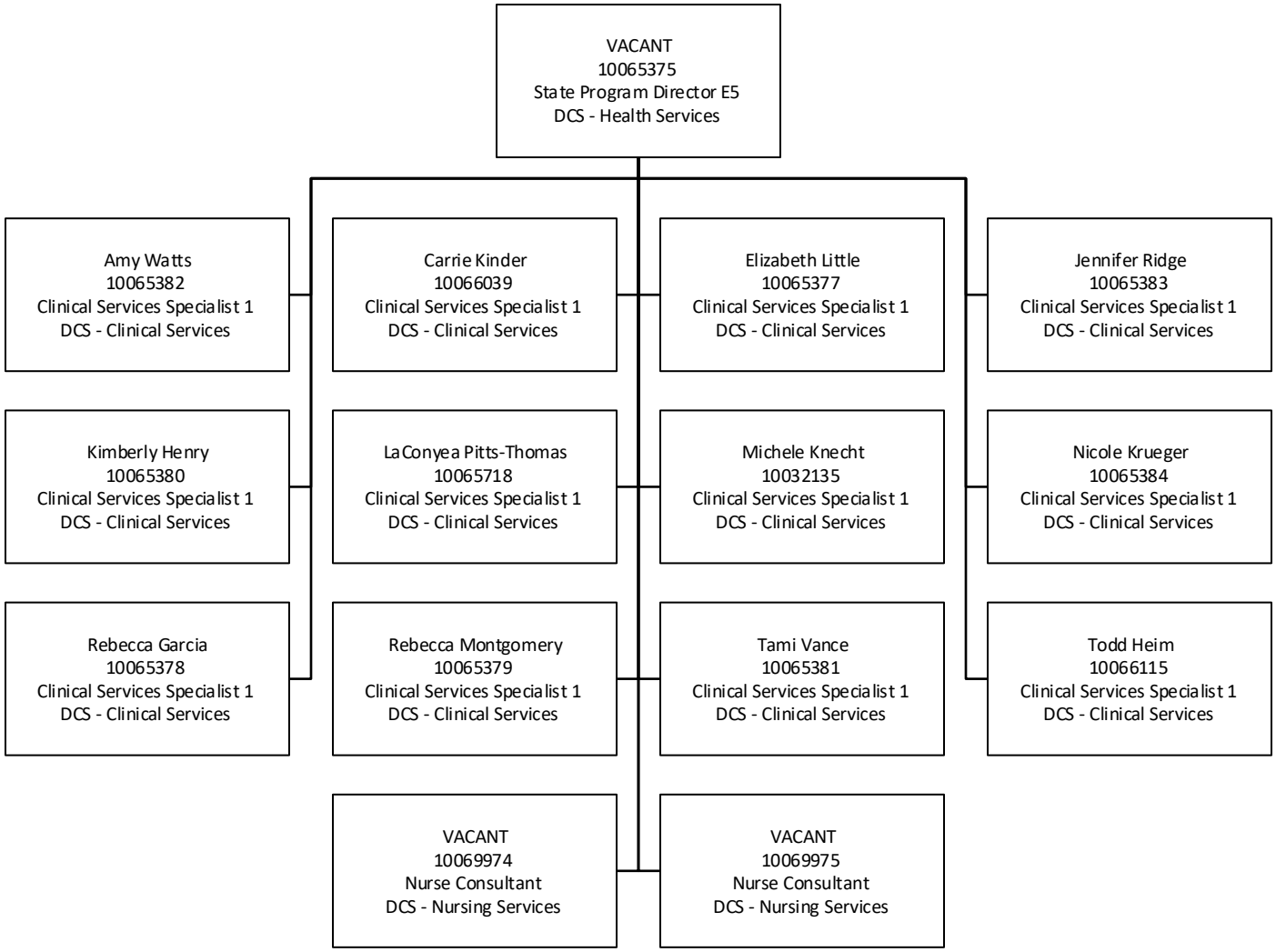
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Amy Watts
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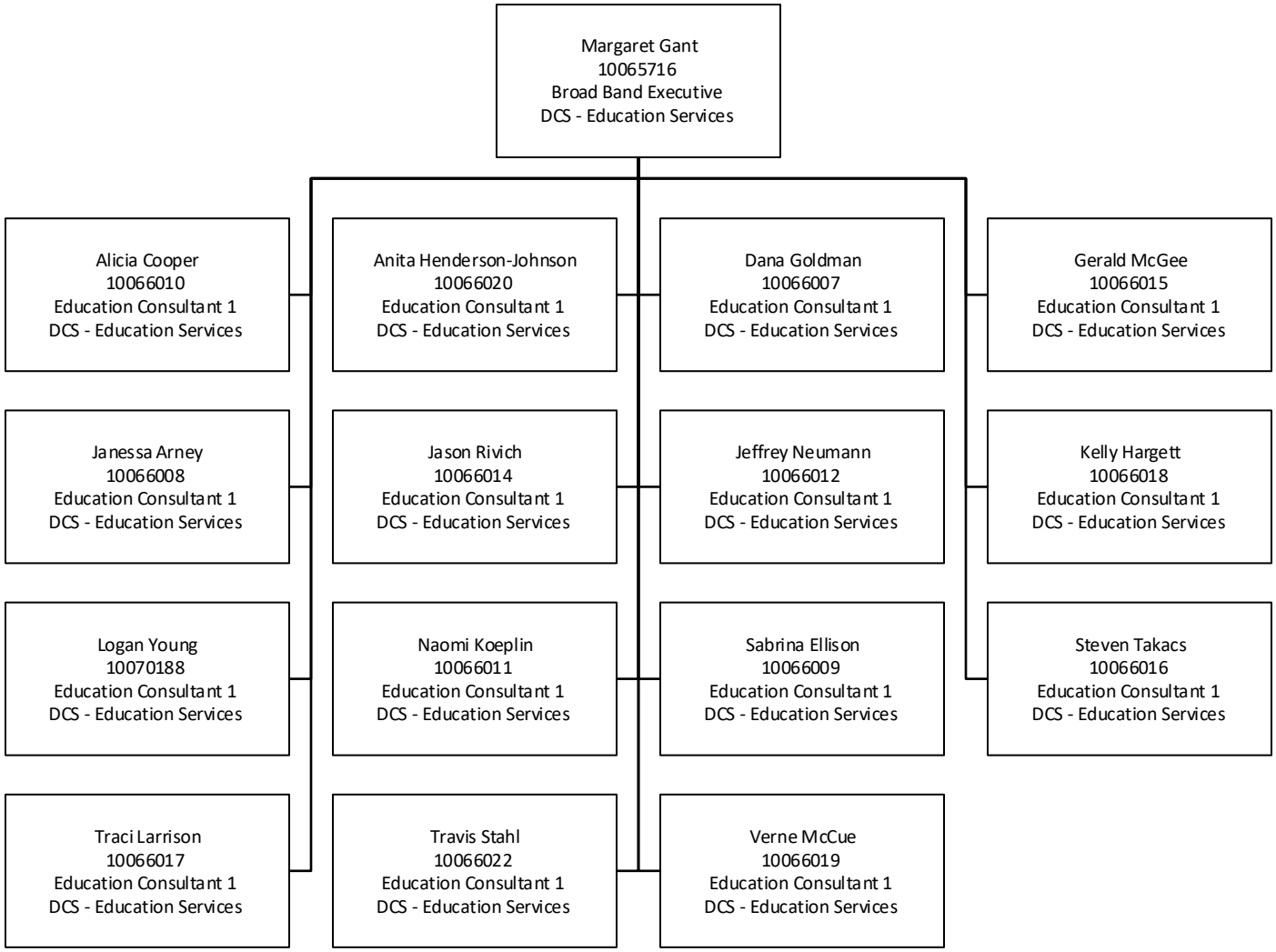
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Education Consultant 1
DCS - Education Services
Naomi Koeplin
10066011
Education Consultant 1
DCS - Education Services
Sabrina Ellison
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Education Consultant 1
DCS - Education Services
Steven Takacs
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Education Consultant 1
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Traci Larrison
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Travis Stahl
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Verne McCue
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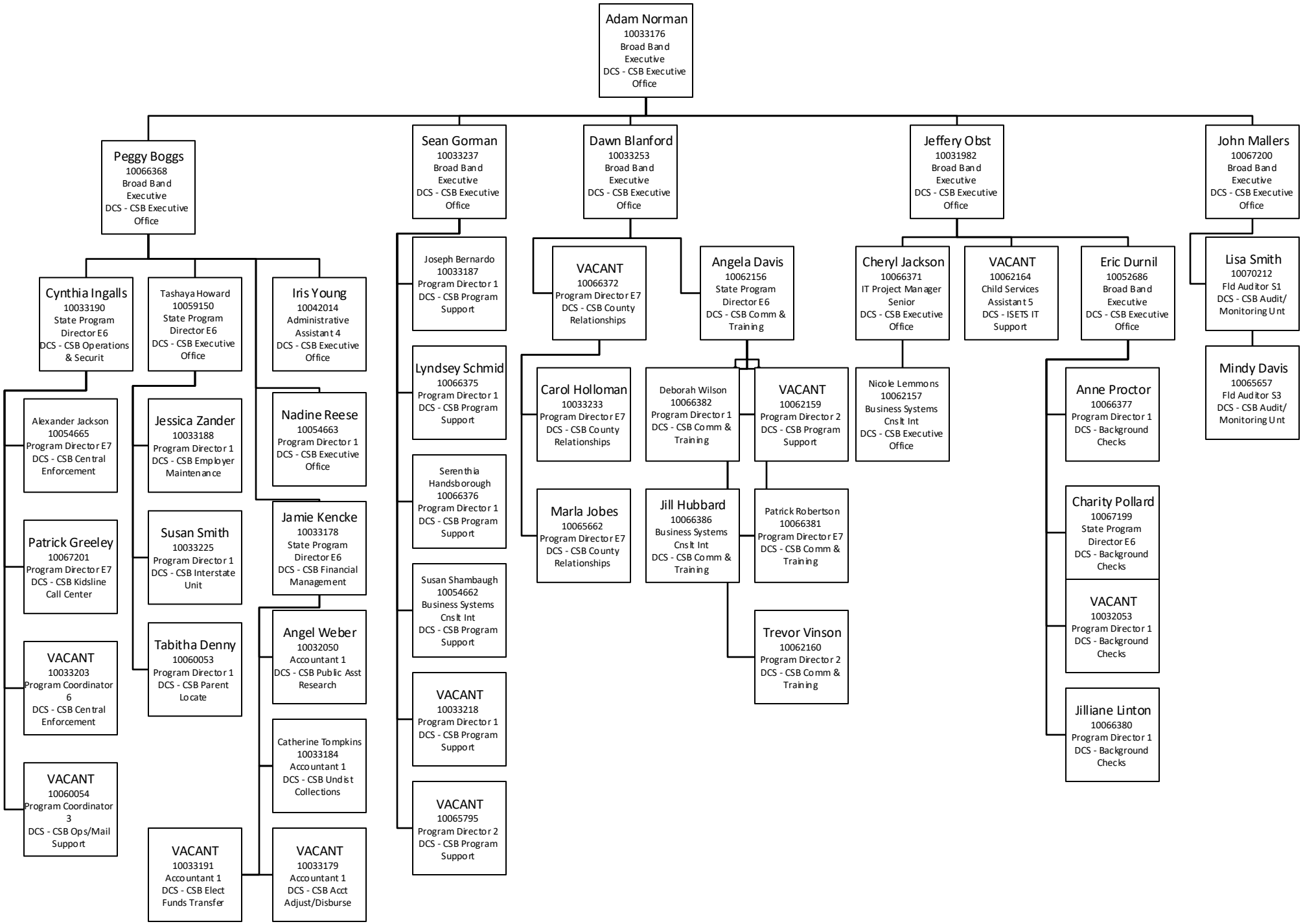
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DCS - CSB Executive Office
Peggy Boggs
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Broad Band Executive
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Cynthia Ingalls
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State Program Director E6
DCS - CSB Operations & Securit
Alexander Jackson
10054665
Program Director E7
DCS - CSB Central Enforcement
Patrick Greeley
10067201
Program Director E7
DCS - CSB Kidsline Call Center
VACANT
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Program Coordinator 6
DCS - CSB Central Enforcement
VACANT
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Program Coordinator 3
DCS - CSB Ops/Mail Support
Tashaya Howard
10059150
State Program Director E6
DCS - CSB Executive Office
Jessica Zander
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Program Director 1
DCS - CSB Employer Maintenance
Susan Smith
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Program Director 1
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Tabitha Denny
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DCS - CSB Parent Locate
VACANT
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Accountant 1
DCS - CSB Elect Funds Transfer
Iris Young
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Administrative Assistant 4
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Nadine Reese
10054663
Program Director 1
DCS - CSB Executive Office
Jamie Kencke
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State Program Director E6
DCS - CSB Financial Management
Angel Weber
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Accountant 1
DCS - CSB Public Asst Research
Catherine Tompkins
10033184
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DCS - CSB Undist Collections
VACANT
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Accountant 1
DCS - CSB Acct Adjust/Disburse
Sean Gorman
10033237
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DCS - CSB Executive Office
Joseph Bernardo
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Program Director 1
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Lyndsey Schmid
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Program Director 1
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Serenthia Handsborough
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Program Director 1
DCS - CSB Program Support
Susan Shambaugh
10054662
Business Systems Cnslt Int
DCS - CSB Program Support
VACANT
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Program Director 1
DCS - CSB Program Support
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Program Director 2
DCS - CSB Program Support
Dawn Blanford
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Broad Band Executive
DCS - CSB Executive Office
VACANT
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Program Director E7
DCS - CSB County Relationships
Carol Holloman
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Program Director E7
DCS - CSB County Relationships
Marla Jobes
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Program Director E7
DCS - CSB County Relationships
Angela Davis
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State Program Director E6
DCS - CSB Comm & Training
Deborah Wilson
10066382
Program Director 1
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Jill Hubbard
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Business Systems Cnslt Int
DCS - CSB Comm & Training
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Program Director 2
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Patrick Robertson
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DCS - CSB Comm & Training
Trevor Vinson
10062160
Program Director 2
DCS - CSB Comm & Training
Jeffery Obst
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Broad Band Executive
DCS - CSB Executive Office
Cheryl Jackson
10066371
IT Project Manager Senior
DCS - CSB Executive Office
Nicole Lemmons
10062157
Business Systems Cnslt Int
DCS - CSB Executive Office
VACANT
10062164
Child Services Assistant 5
DCS - ISETS IT Support
Eric Durnil
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Broad Band Executive
DCS - CSB Executive Office
Anne Proctor
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Program Director 1
DCS - Background Checks
Charity Pollard
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State Program Director E6
DCS - Background Checks
VACANT
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Program Director 1
DCS - Background Checks
Jilliane Linton
10066380
Program Director 1
DCS - Background Checks
John Mallers
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Broad Band Executive
DCS - CSB Executive Office
Lisa Smith
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Fld Auditor S1
DCS - CSB Audit/ Monitoring Unt
Mindy Davis
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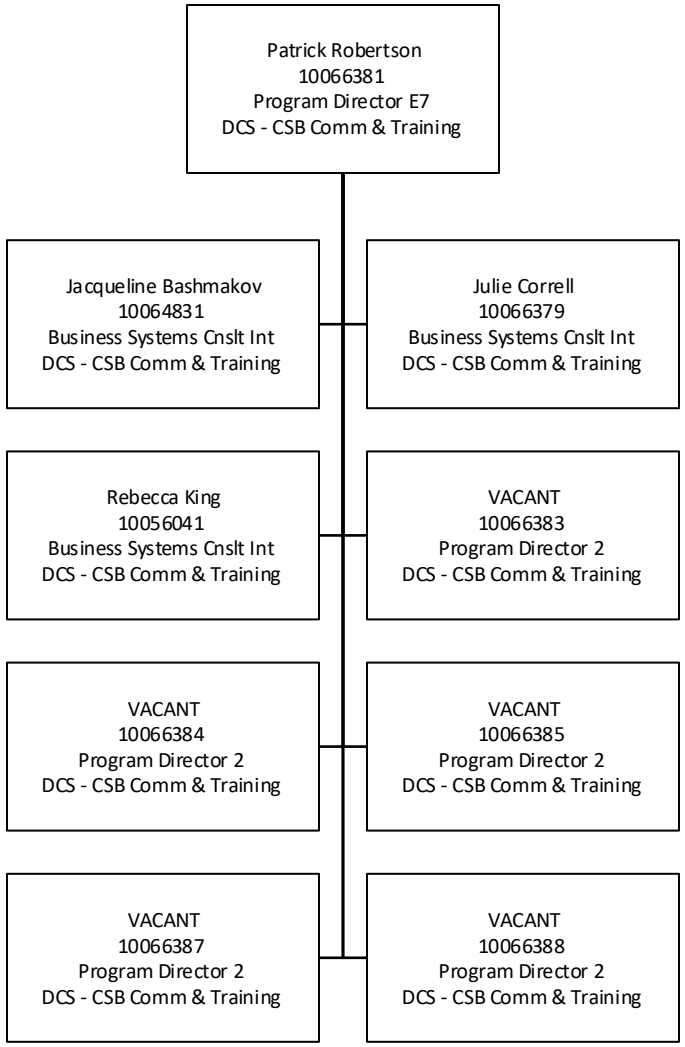
Fld Auditor S3
DCS - CSB Audit/ Monitoring Unt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Jacqueline Bashmakov
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Julie Correll
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Business Systems Cnslt Int
DCS - CSB Comm & Training
Rebecca King
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Business Systems Cnslt Int
DCS - CSB Comm & Training
VACANT
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Program Director 2
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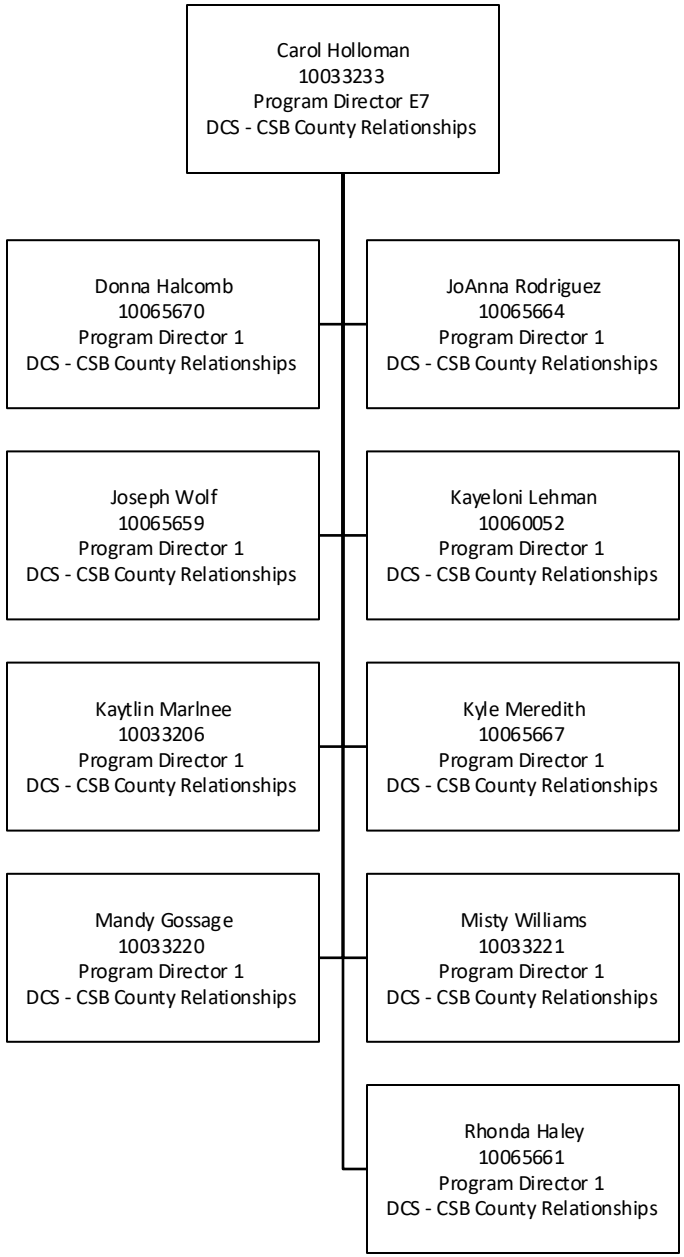
Program Director 2
DCS - CSB Comm & Training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Donna Halcomb
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Program Director 1
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JoAnna Rodriguez
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Joseph Wolf
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Program Director 1
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Kayeloni Lehman
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Program Director 1
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Kaytlin Marlnee
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Program Director 1
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Kyle Meredith
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Program Director 1
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Mandy Gossage
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Program Director 1
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Misty Williams
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DCS - CSB County Relationships
Rhonda Haley
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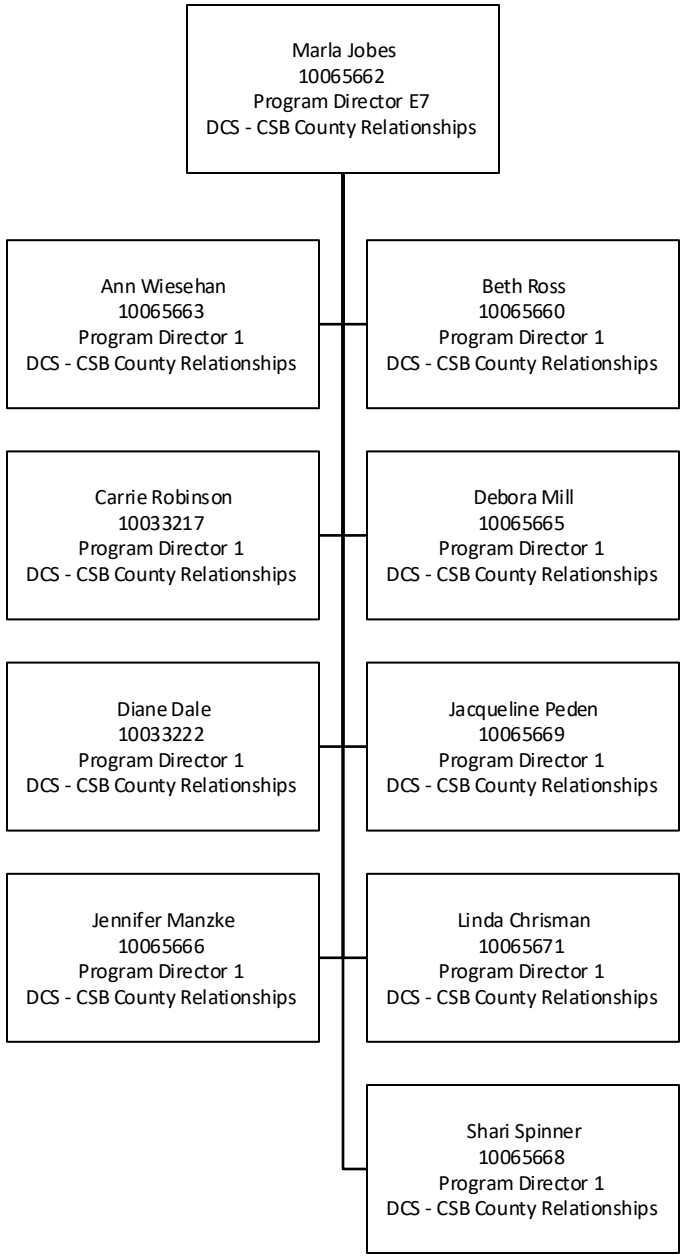
Program Director 1
DCS - CSB County Relationships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DCS - CSB County Relationships
Ann Wiesehan
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DCS - CSB County Relationships
Beth Ross
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Program Director 1
DCS - CSB County Relationships
Carrie Robinson
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Program Director 1
DCS - CSB County Relationships
Debora Mill
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Program Director 1
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Diane Dale
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Program Director 1
DCS - CSB County Relationships
Jacqueline Peden
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Program Director 1
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Jennifer Manzke
10065666
Program Director 1
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Linda Chrisman
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Shari Spinner
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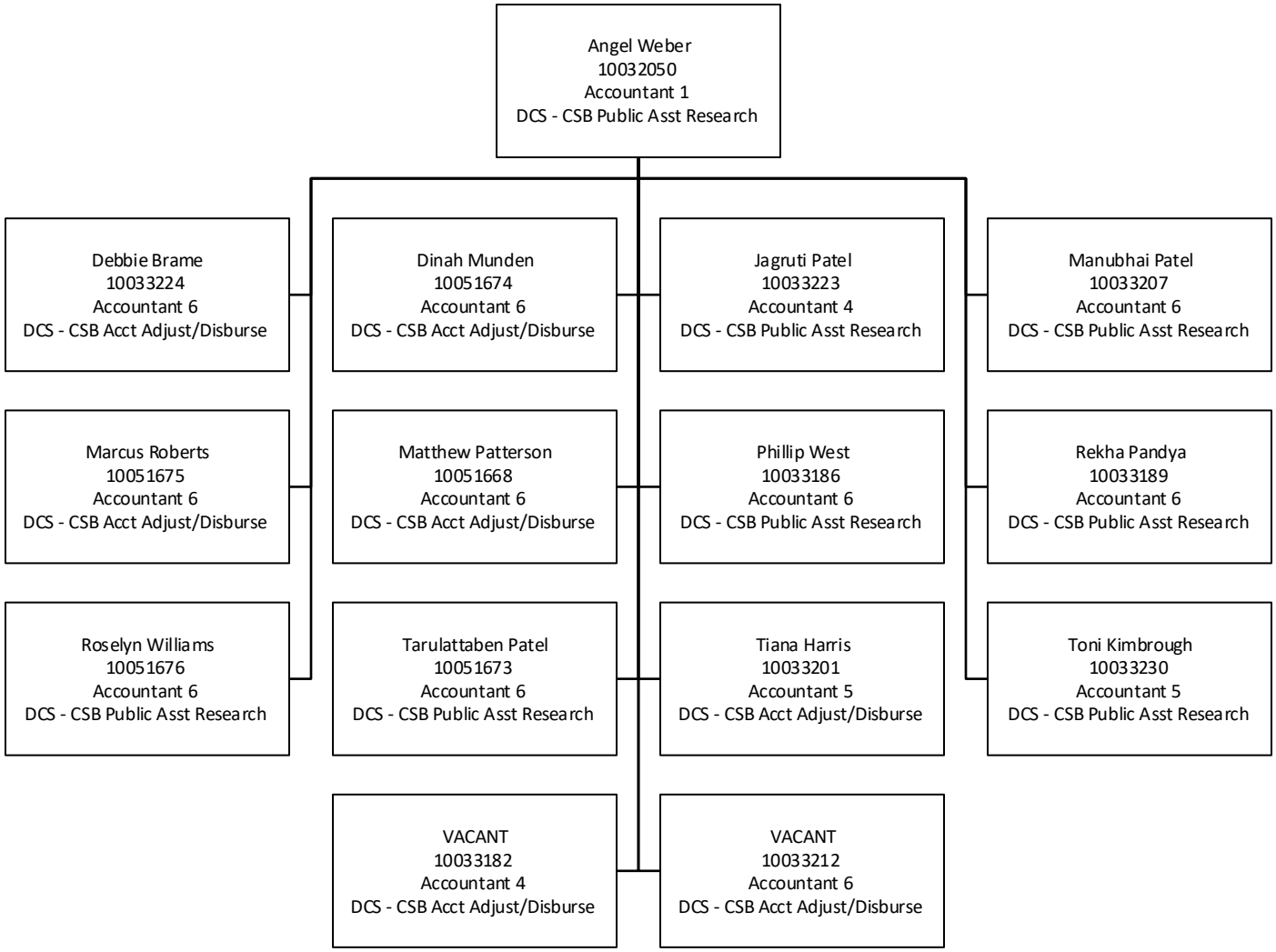
Program Director 1
DCS - CSB County Relationships


Angel Weber
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Debbie Brame
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Accountant 6
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Dinah Munden
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Accountant 6
DCS - CSB Acct Adjust/Disburse
Jagruti Patel
10033223
Accountant 4
DCS - CSB Public Asst Research
Manubhai Patel
10033207
Accountant 6
DCS - CSB Public Asst Research
Marcus Roberts
10051675
Accountant 6
DCS - CSB Acct Adjust/Disburse
Matthew Patterson
10051668
Accountant 6
DCS - CSB Acct Adjust/Disburse
Phillip West
10033186
Accountant 6
DCS - CSB Public Asst Research
Rekha Pandya
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Accountant 6
DCS - CSB Public Asst Research
Roselyn Williams
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Accountant 6
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Tarulattaben Patel
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Accountant 6
DCS - CSB Public Asst Research
Tiana Harris
10033201
Accountant 5
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Toni Kimbrough
10033230
Accountant 5
DCS - CSB Public Asst Research
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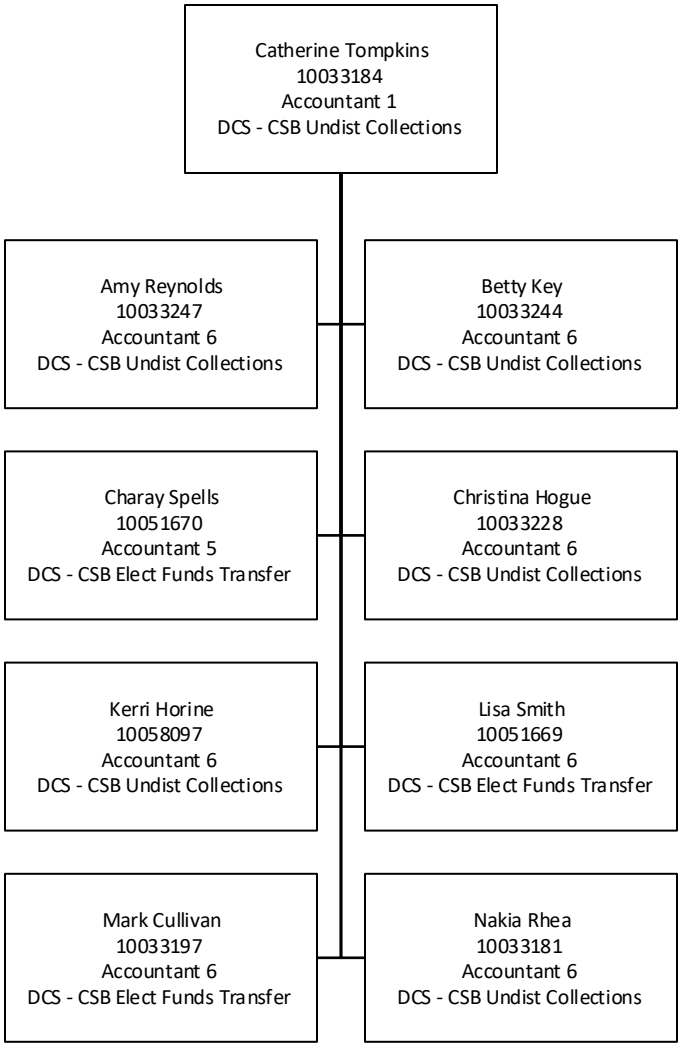
Catherine Tompkins
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Amy Reynolds
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Accountant 6
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Betty Key
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Accountant 6
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Charay Spells
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Accountant 5
DCS - CSB Elect Funds Transfer
Christina Hogue
10033228
Accountant 6
DCS - CSB Undist Collections
Kerri Horine
10058097
Accountant 6
DCS - CSB Undist Collections
Lisa Smith
10051669
Accountant 6
DCS - CSB Elect Funds Transfer
Mark Cullivan
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Nakia Rhea
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Accountant 6
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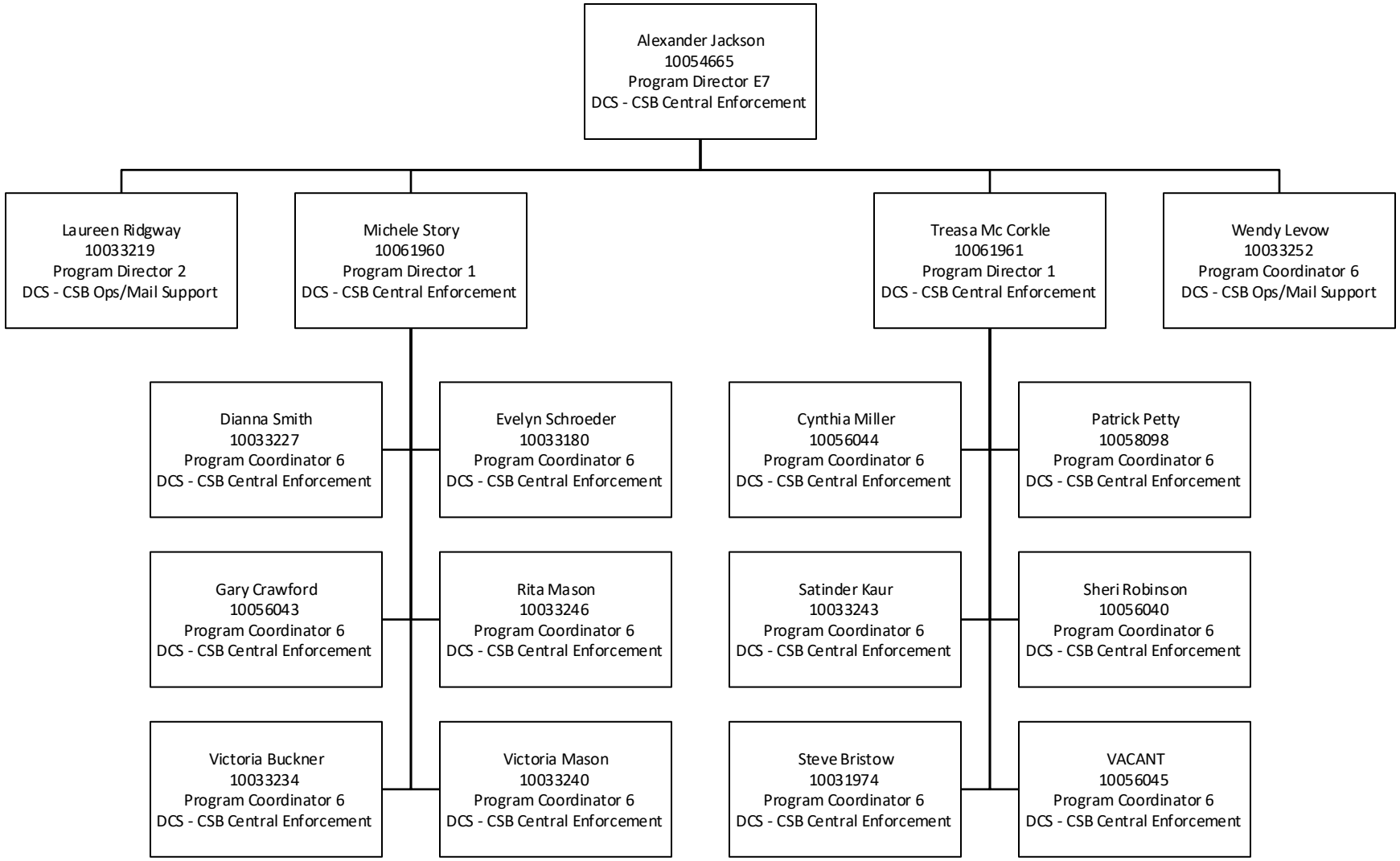
Alexander Jackson
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Laureen Ridgway
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Program Director 2
DCS - CSB Ops/Mail Support
Michele Story
10061960
Program Director 1
DCS - CSB Central Enforcement
Treasa Mc Corkle
10061961
Program Director 1
DCS - CSB Central Enforcement
Wendy Levow
10033252
Program Coordinator 6
DCS - CSB Ops/Mail Support
Dianna Smith
10033227
Program Coordinator 6
DCS - CSB Central Enforcement
Evelyn Schroeder
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Program Coordinator 6
DCS - CSB Central Enforcement
Cynthia Miller
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Program Coordinator 6
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Patrick Petty
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Program Coordinator 6
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Gary Crawford
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Program Coordinator 6
DCS - CSB Central Enforcement
Rita Mason
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Program Coordinator 6
DCS - CSB Central Enforcement
Satinder Kaur
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Program Coordinator 6
DCS - CSB Central Enforcement
Sheri Robinson
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Program Coordinator 6
DCS - CSB Central Enforcement
Victoria Buckner
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Program Coordinator 6
DCS - CSB Central Enforcement
Victoria Mason
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Program Coordinator 6
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Steve Bristow
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Program Coordinator 6
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VACANT
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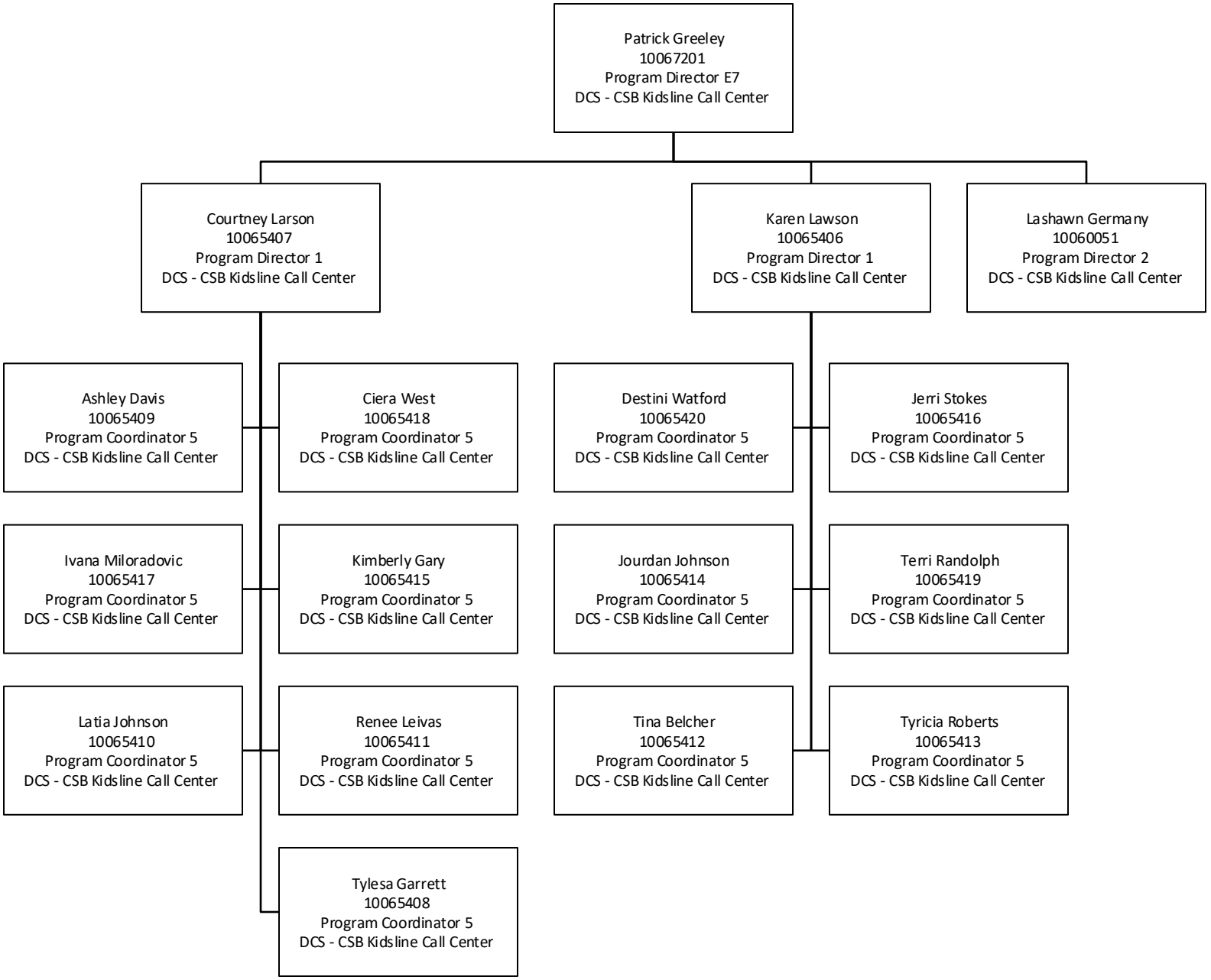
Program Coordinator 6
DCS - CSB Central Enforcement


Patrick Greeley
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Program Director E7
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Courtney Larson
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Program Director 1
DCS - CSB Kidsline Call Center
Karen Lawson
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Program Director 1
DCS - CSB Kidsline Call Center
Lashawn Germany
10060051
Program Director 2
DCS - CSB Kidsline Call Center
Ashley Davis
10065409
Program Coordinator 5
DCS - CSB Kidsline Call Center
Ciera West
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Program Coordinator 5
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Destini Watford
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Program Coordinator 5
DCS - CSB Kidsline Call Center
Jerri Stokes
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Program Coordinator 5
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Ivana Miloradovic
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Program Coordinator 5
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Kimberly Gary
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Program Coordinator 5
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Jourdan Johnson
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Terri Randolph
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Program Coordinator 5
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Latia Johnson
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Program Coordinator 5
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Renee Leivas
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Tina Belcher
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Program Coordinator 5
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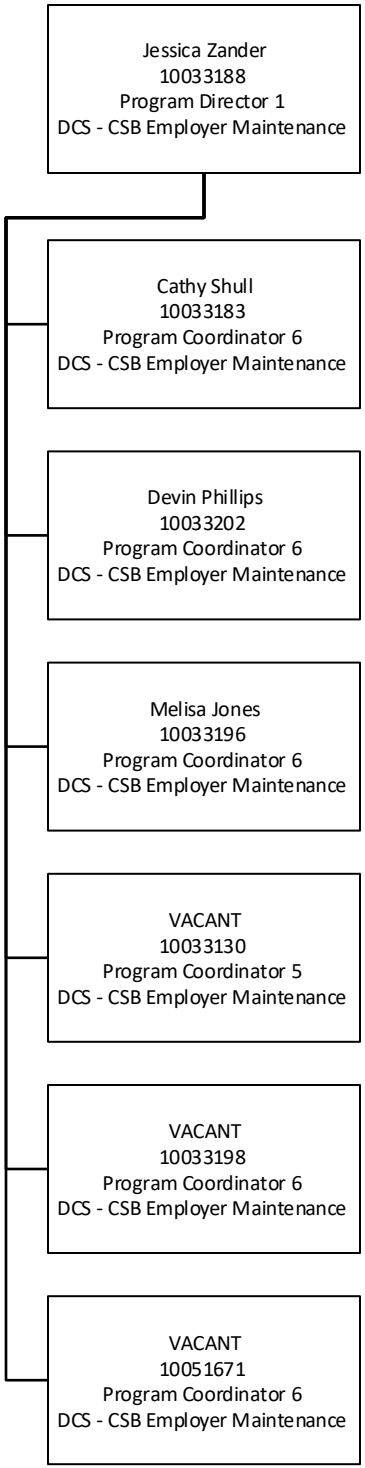
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Cathy Shull
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Devin Phillips
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Program Coordinator 6
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Melisa Jones
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Program Coordinator 6
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Program Coordinator 5
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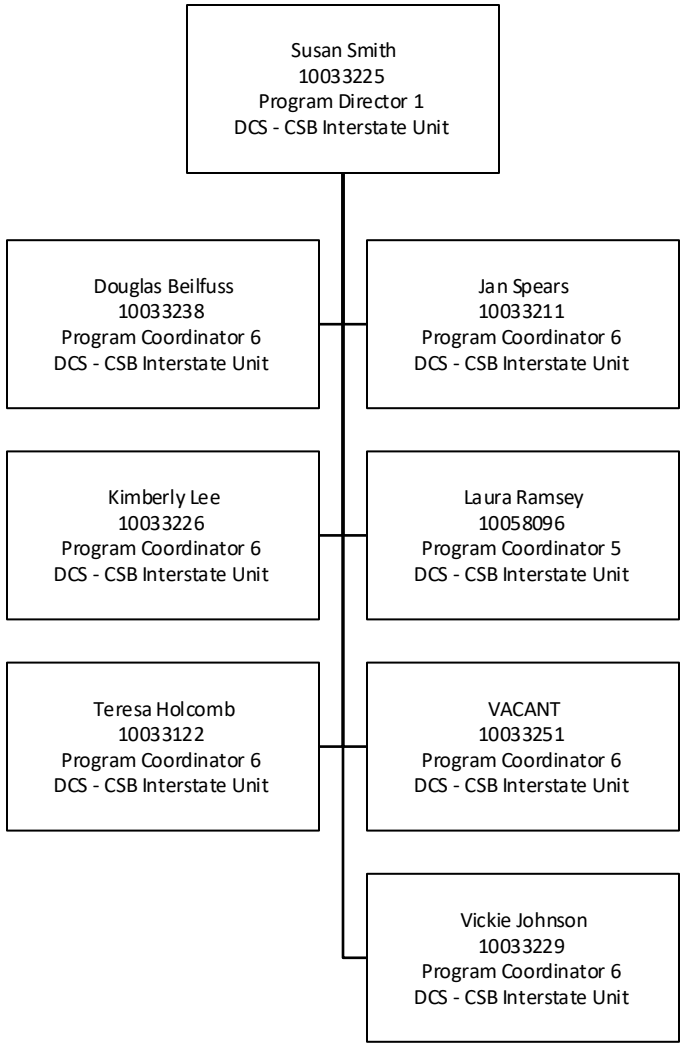
Susan Smith
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Douglas Beilfuss
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Program Coordinator 6
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Jan Spears
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Kimberly Lee
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Laura Ramsey
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Program Coordinator 5
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Teresa Holcomb
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Program Coordinator 6
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Vickie Johnson
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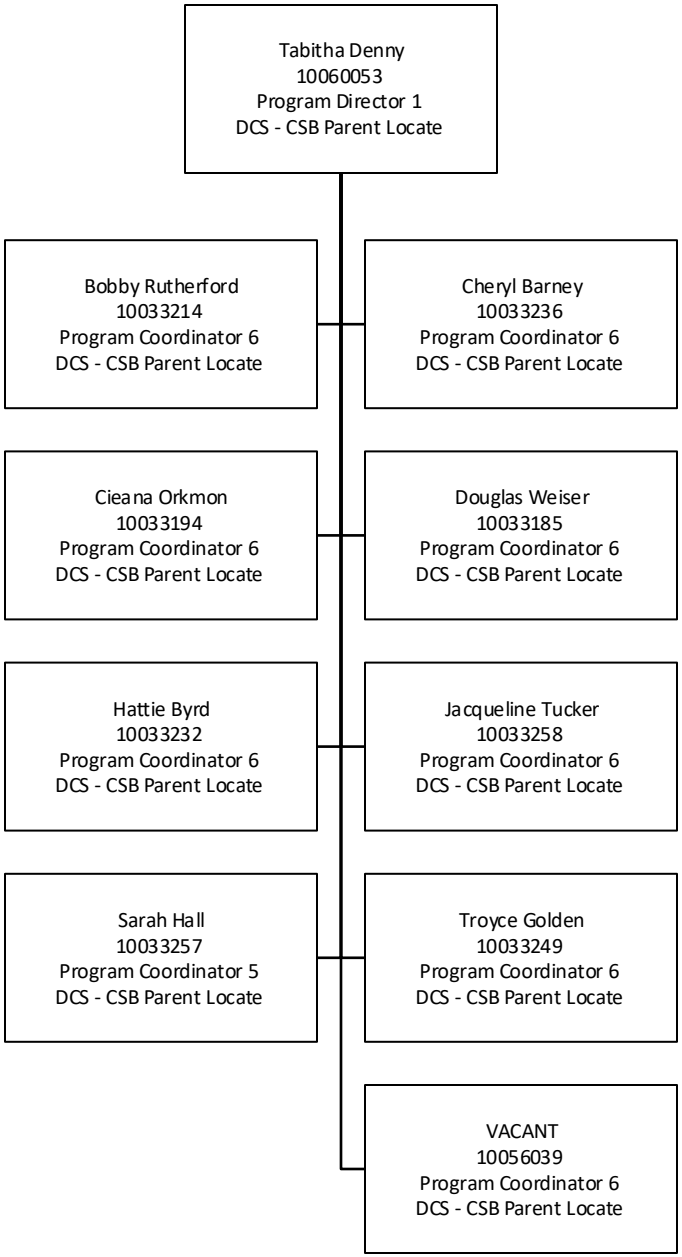
Tabitha Denny
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Bobby Rutherford
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Cheryl Barney
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Cieana Orkmon
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Douglas Weiser
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Hattie Byrd
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Jacqueline Tucker
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DCS - CSB Parent Locate
Sarah Hall
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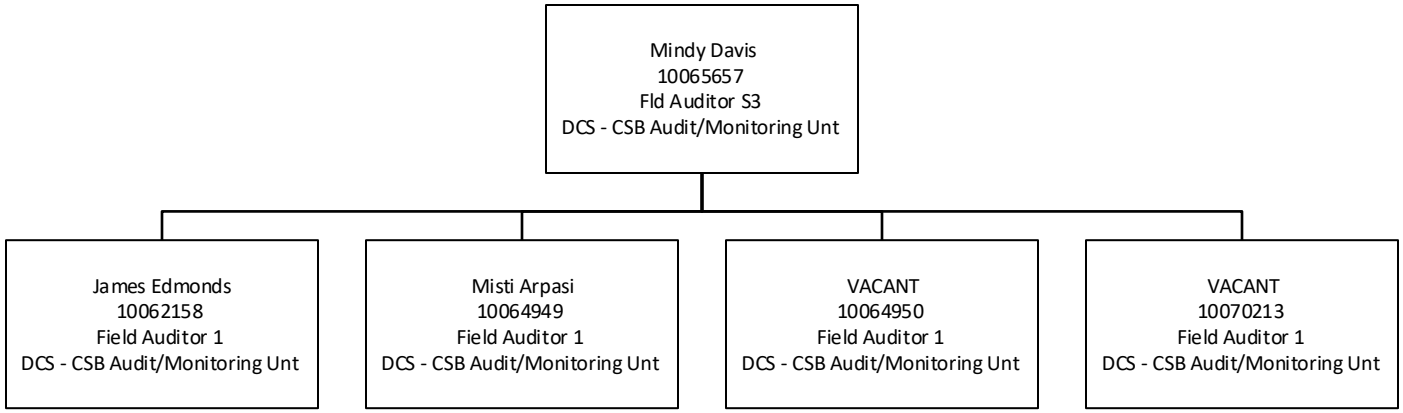
Mindy Davis
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James Edmonds
10062158
Field Auditor 1
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Misti Arpasi
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Field Auditor 1
DCS - CSB Audit/Monitoring Unt
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Field Auditor 1
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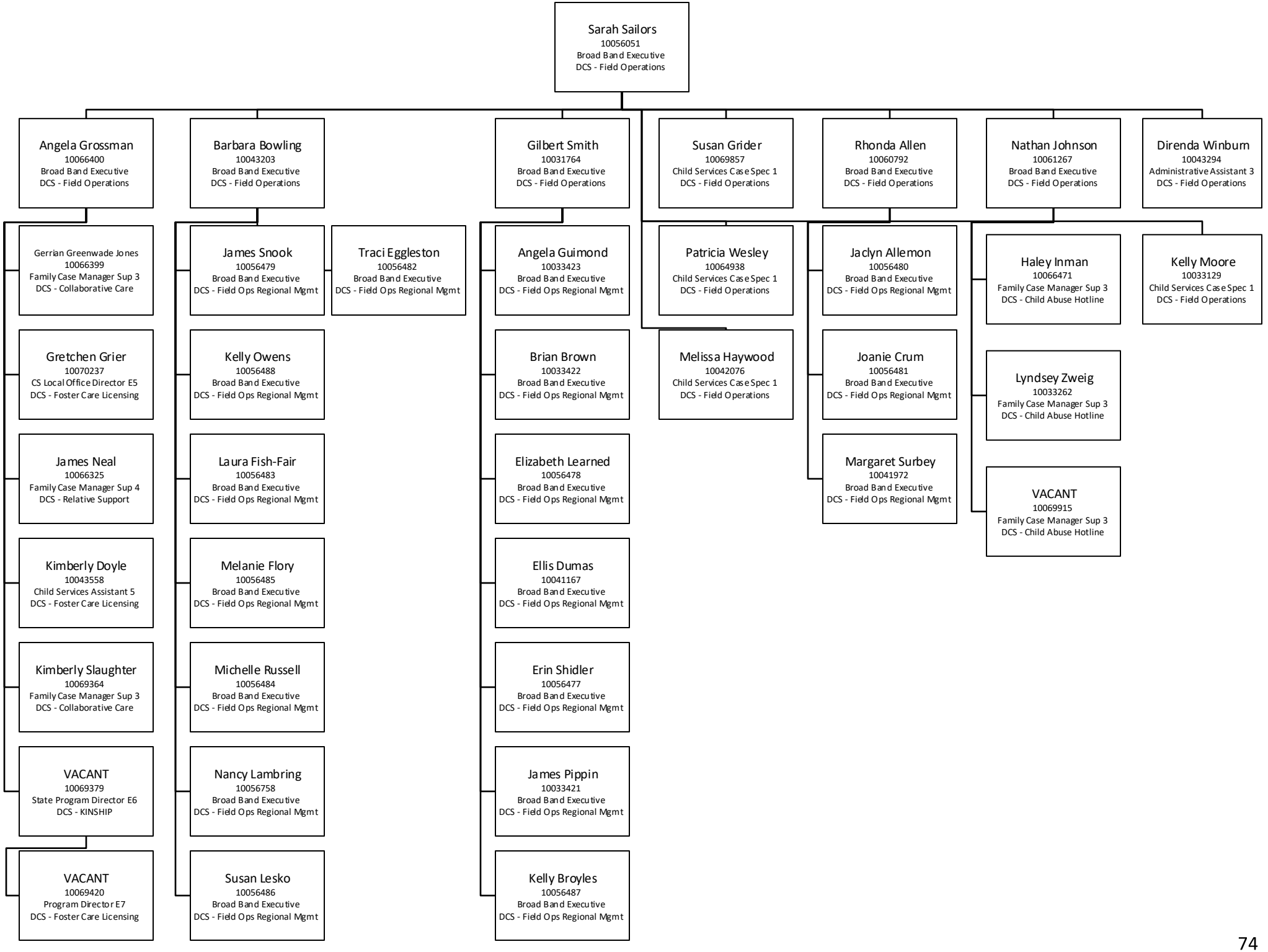
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Angela Grossman
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Barbara Bowling
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Broad Band Executive
DCS - Field Operations
Gilbert Smith
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Broad Band Executive
DCS - Field Operations
Susan Grider
10069857
Child Services Case Spec 1
DCS - Field Operations
Rhonda Allen
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Broad Band Executive
DCS - Field Operations
Nathan Johnson
10061267
Broad Band Executive
DCS - Field Operations
Direnda Winburn
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Administrative Assistant 3
DCS - Field Operations
Gerrian Greenwade Jones
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Family Case Manager Sup 3
DCS - Collaborative Care
Gretchen Grier
10070237
CS Local Office Director E5
DCS - Foster Care Licensing
James Neal
10066325
Family Case Manager Sup 4
DCS - Relative Support
Kimberly Doyle
10043558
Child Services Assistant 5
DCS - Foster Care Licensing
Kimberly Slaughter
10069364
Family Case Manager Sup 3
DCS - Collaborative Care
VACANT
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State Program Director E6
DCS - KINSHIP
VACANT
10069420
Program Director E7
DCS - Foster Care Licensing
James Snook
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Broad Band Executive
DCS - Field Ops Regional Mgmt
Traci Eggleston
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Kelly Owens
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Broad Band Executive
DCS - Field Ops Regional Mgmt
Laura Fish-Fair
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Broad Band Executive
DCS - Field Ops Regional Mgmt
Melanie Flory
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Broad Band Executive
DCS - Field Ops Regional Mgmt
Michelle Russell
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Nancy Lambring
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Susan Lesko
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Angela Guimond
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DCS - Field Ops Regional Mgmt
Brian Brown
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Broad Band Executive
DCS - Field Ops Regional Mgmt
Elizabeth Learned
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Broad Band Executive
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DCS - Field Ops Regional Mgmt
Erin Shidler
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Broad Band Executive
DCS - Field Ops Regional Mgmt
James Pippin
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Broad Band Executive
DCS - Field Ops Regional Mgmt
Kelly Broyles
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Broad Band Executive
DCS - Field Ops Regional Mgmt
Patricia Wesley
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Melissa Haywood
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Child Services Case Spec 1
DCS - Field Operations
Jaclyn Allemon
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Broad Band Executive
DCS - Field Ops Regional Mgmt
Joanie Crum
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Broad Band Executive
DCS - Field Ops Regional Mgmt
Margaret Surbey
10041972
Broad Band Executive
DCS - Field Ops Regional Mgmt
Haley Inman
10066471
Family Case Manager Sup 3
DCS - Child Abuse Hotline
Lyndsey Zweig
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Family Case Manager Sup 3
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VACANT
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DCS - Child Abuse Hotline
Kelly Moore
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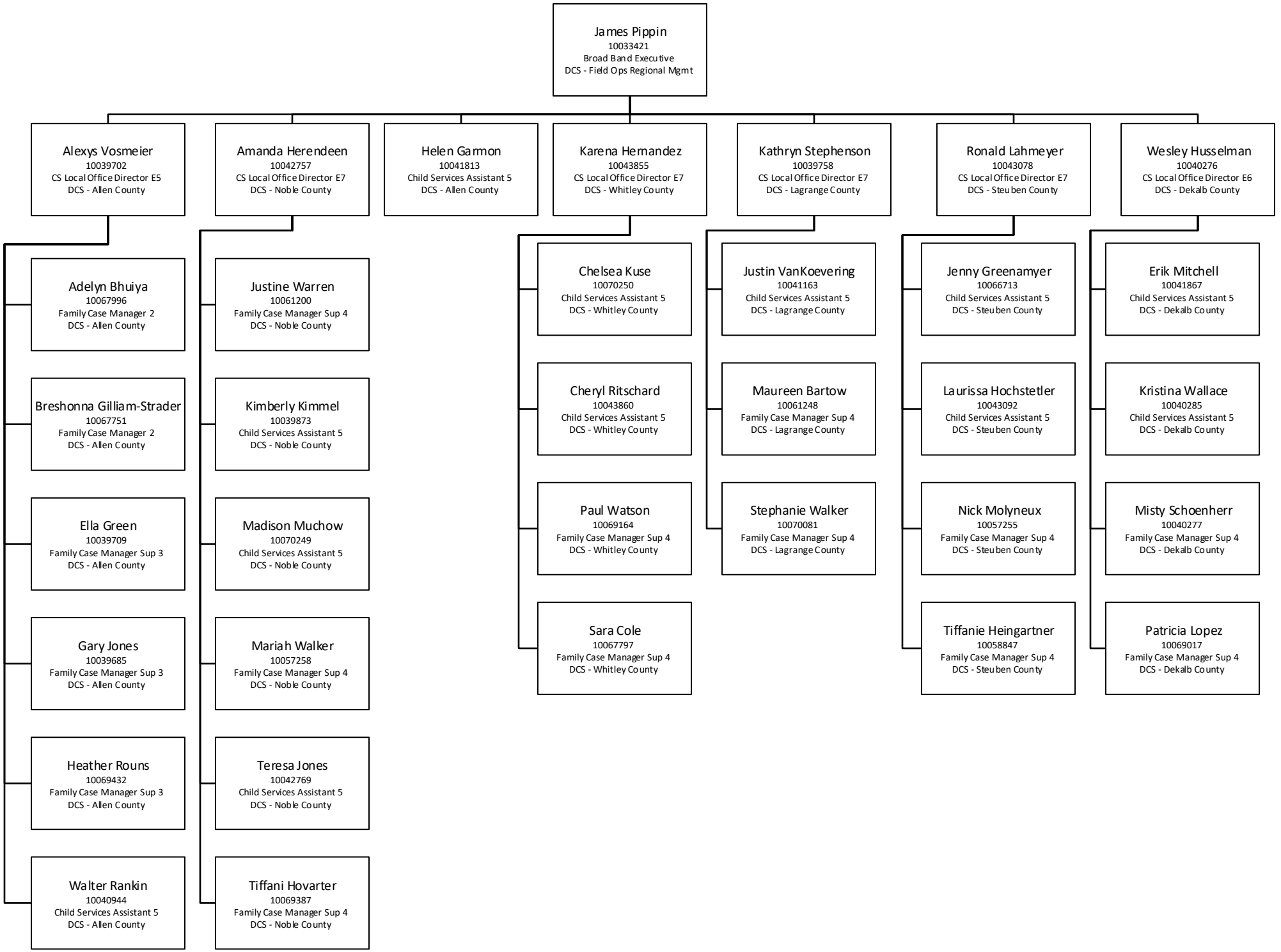
Child Services Case Spec 1
DCS - Field Operations


James Pippin
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Alexys Vosmeier
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CS Local Office Director E5
DCS - Allen County
Amanda Herendeen
10042757
CS Local Office Director E7
DCS - Noble County
Helen Garmon
10041813
Child Services Assistant 5
DCS - Allen County
Karena Hernandez
10043855
CS Local Office Director E7
DCS - Whitley County
Kathryn Stephenson
10039758
CS Local Office Director E7
DCS - Lagrange County
Ronald Lahmeyer
10043078
CS Local Office Director E7
DCS - Steuben County
Wesley Husselman
10040276
CS Local Office Director E6
DCS - Dekalb County
Adelyn Bhuiya
10067996
Family Case Manager 2
DCS - Allen County
Breshonna Gilliam-Strader
10067751
Family Case Manager 2
DCS - Allen County
Ella Green
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Family Case Manager Sup 3
DCS - Allen County
Gary Jones
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Family Case Manager Sup 3
DCS - Allen County
Heather Rouns
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Family Case Manager Sup 3
DCS - Allen County
Walter Rankin
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Child Services Assistant 5
DCS - Allen County
Justine Warren
10061200
Family Case Manager Sup 4
DCS - Noble County
Kimberly Kimmel
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Child Services Assistant 5
DCS - Noble County
Madison Muchow
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Child Services Assistant 5
DCS - Noble County
Mariah Walker
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Family Case Manager Sup 4
DCS - Noble County
Teresa Jones
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Child Services Assistant 5
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Tiffani Hovarter
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Family Case Manager Sup 4
DCS - Noble County
Chelsea Kuse
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Child Services Assistant 5
DCS - Whitley County
Cheryl Ritschard
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Child Services Assistant 5
DCS - Whitley County
Paul Watson
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Family Case Manager Sup 4
DCS - Whitley County
Sara Cole
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Family Case Manager Sup 4
DCS - Whitley County
Justin VanKoevering
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Child Services Assistant 5
DCS - Lagrange County
Maureen Bartow
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Family Case Manager Sup 4
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Stephanie Walker
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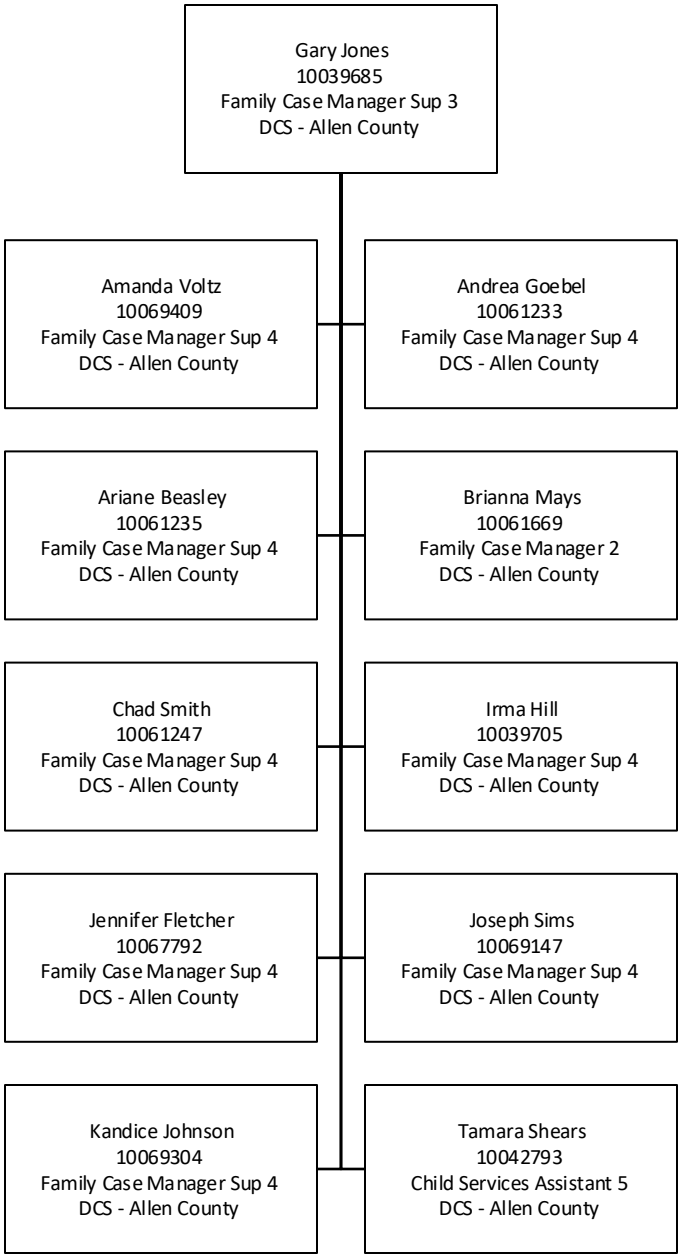
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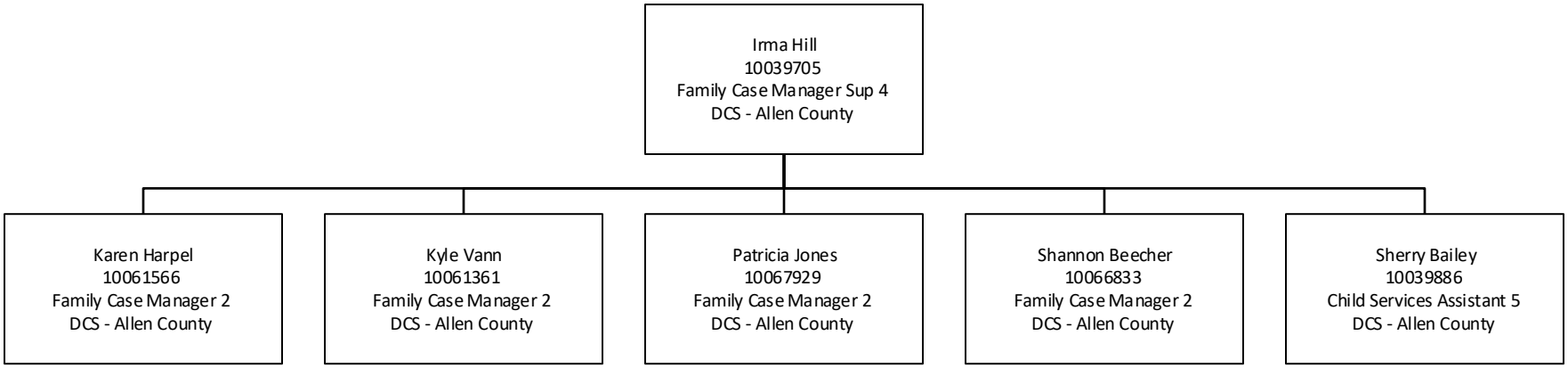
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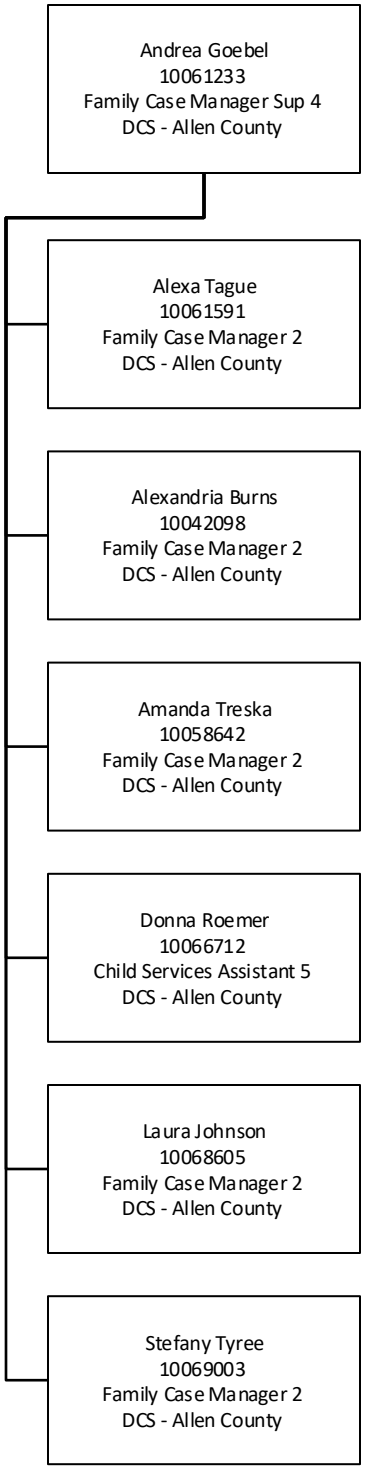
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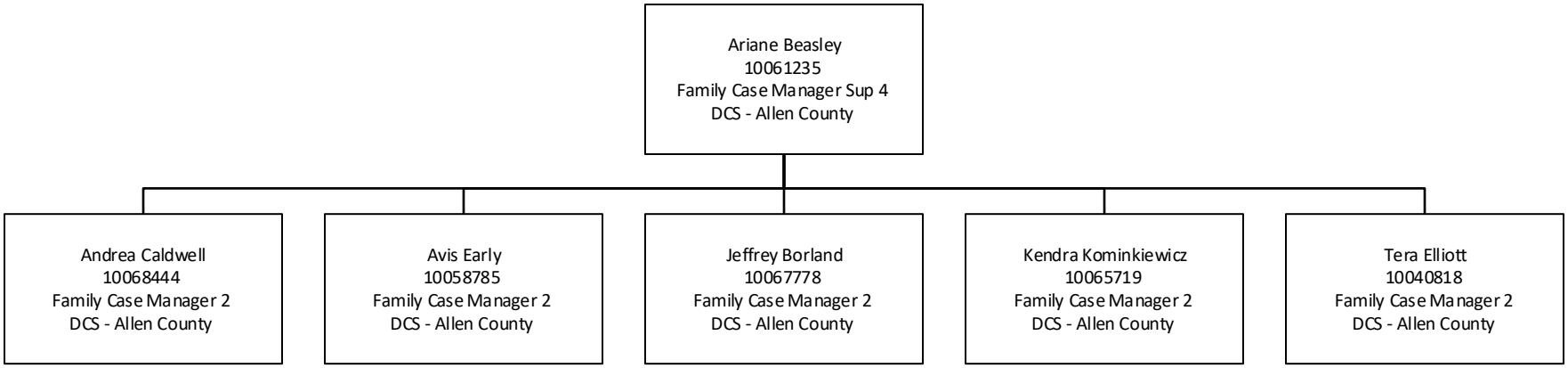
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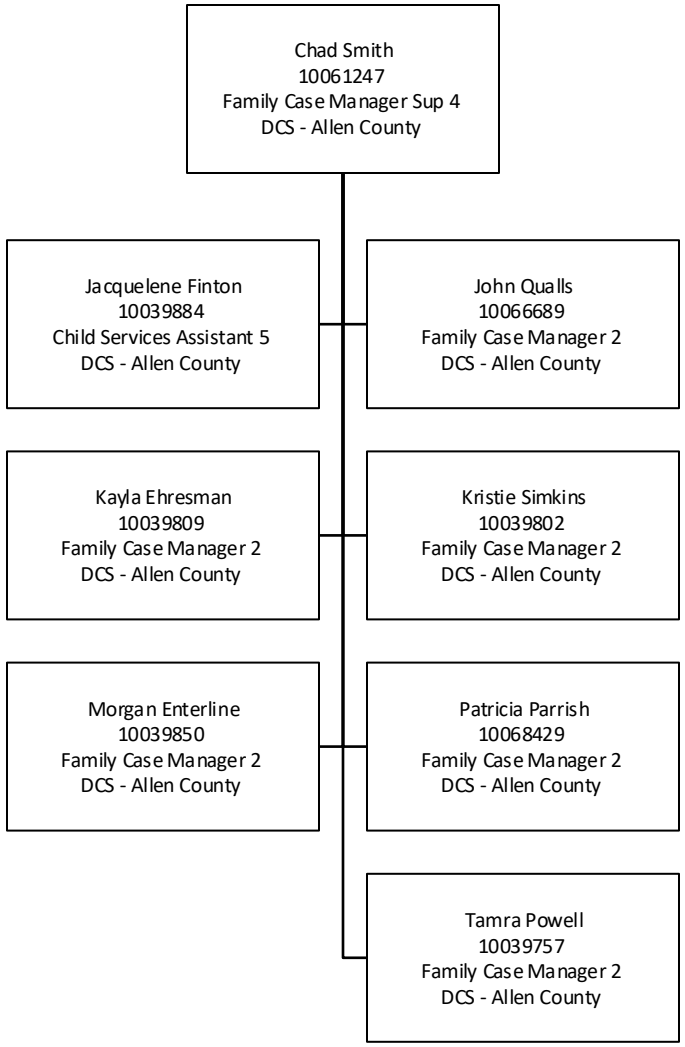
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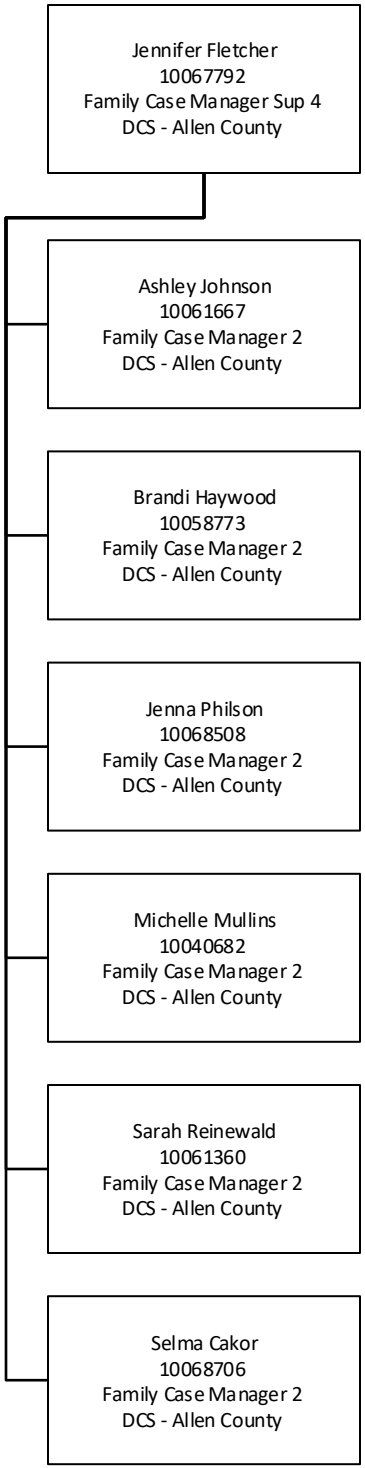
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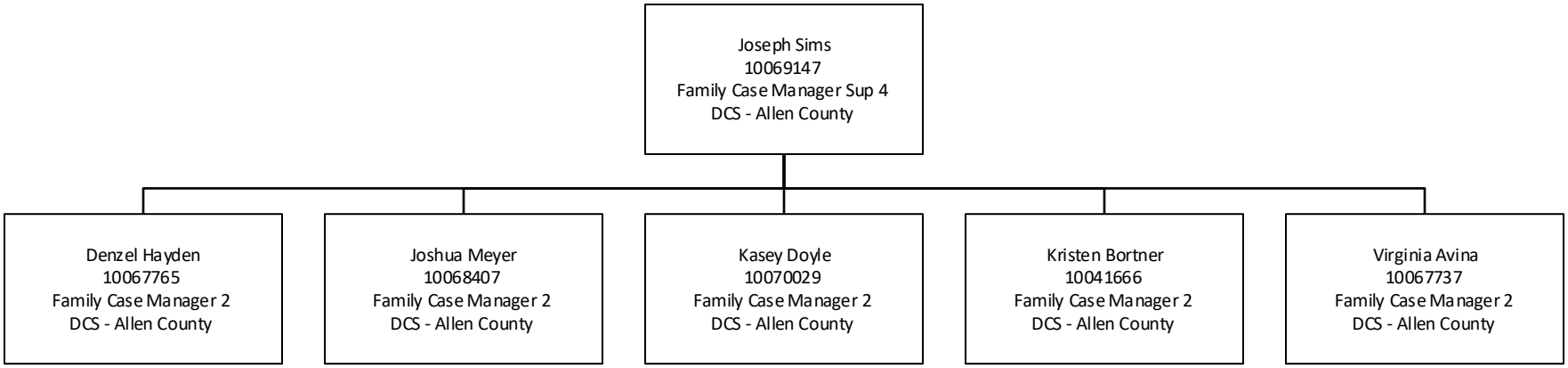
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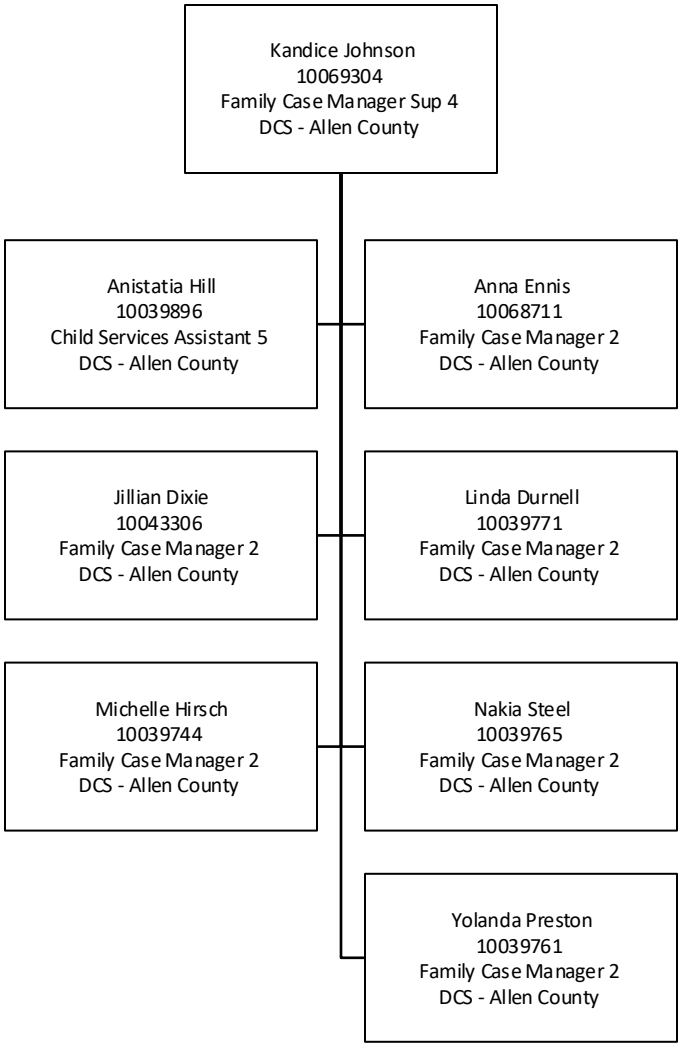
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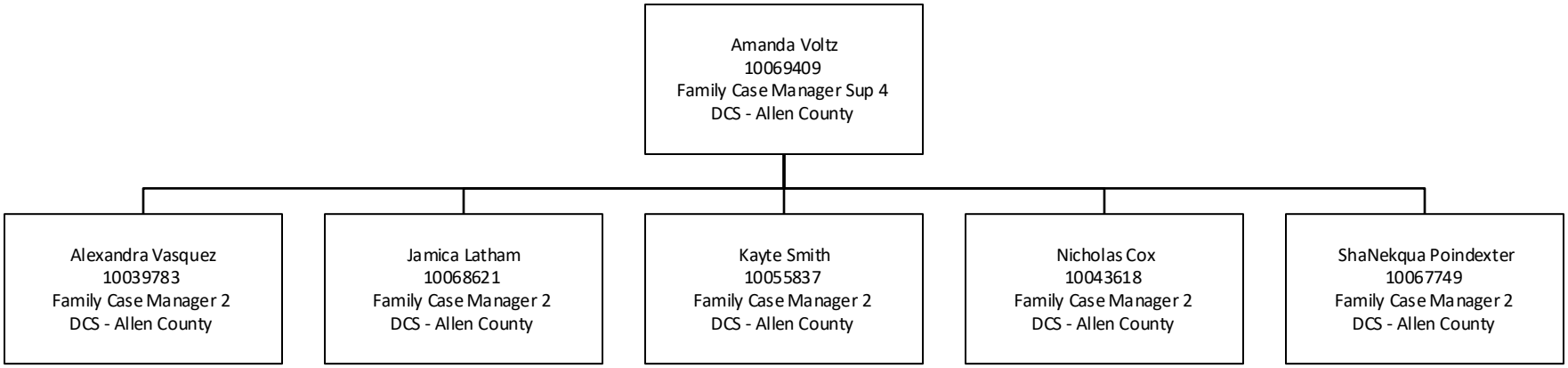
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Kayte Smith
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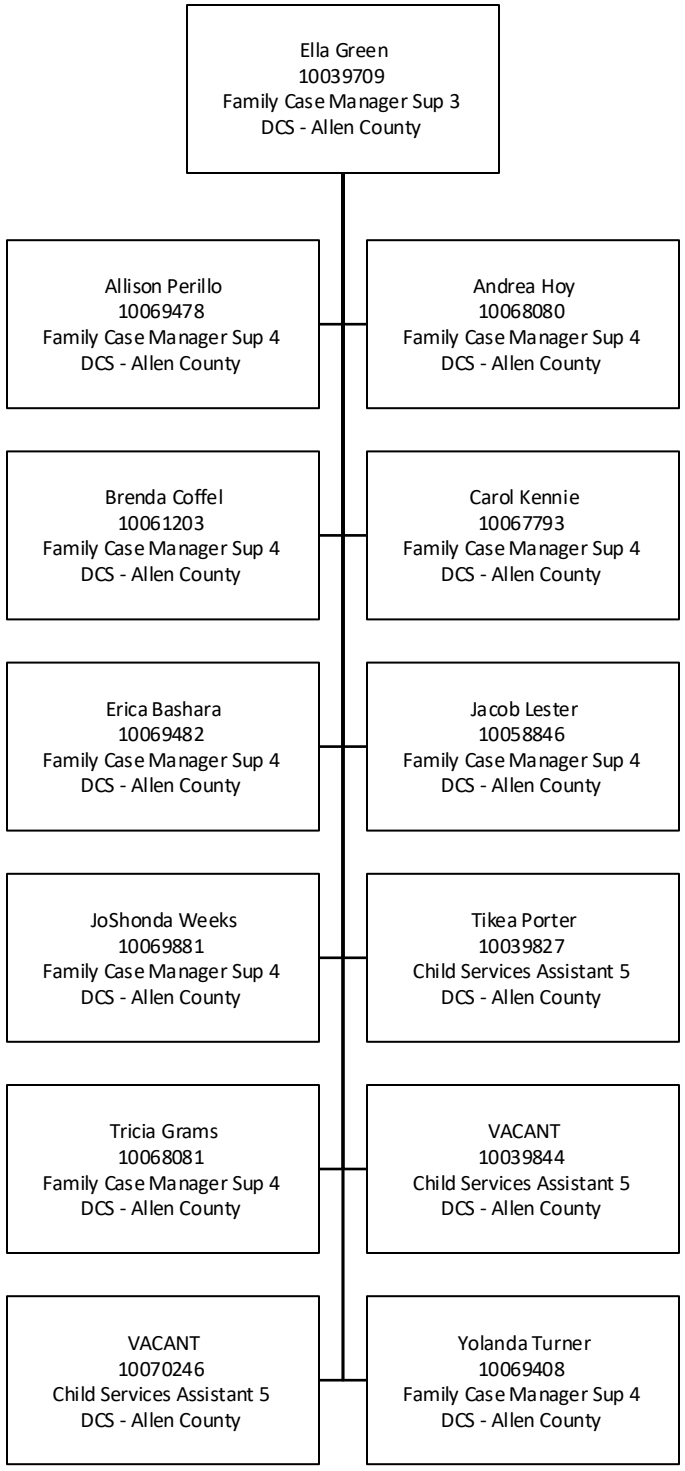
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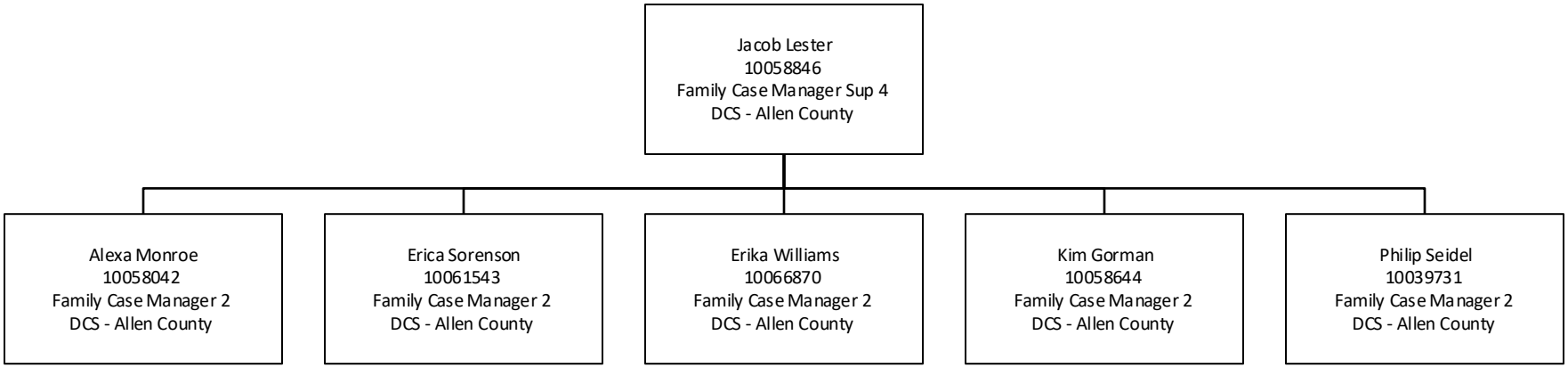
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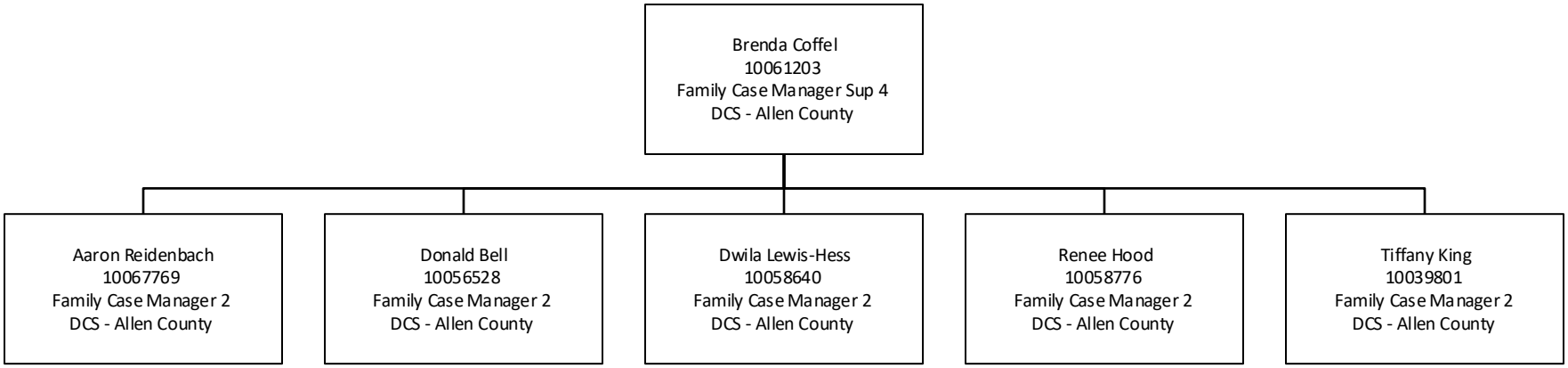
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Dwila Lewis-Hess
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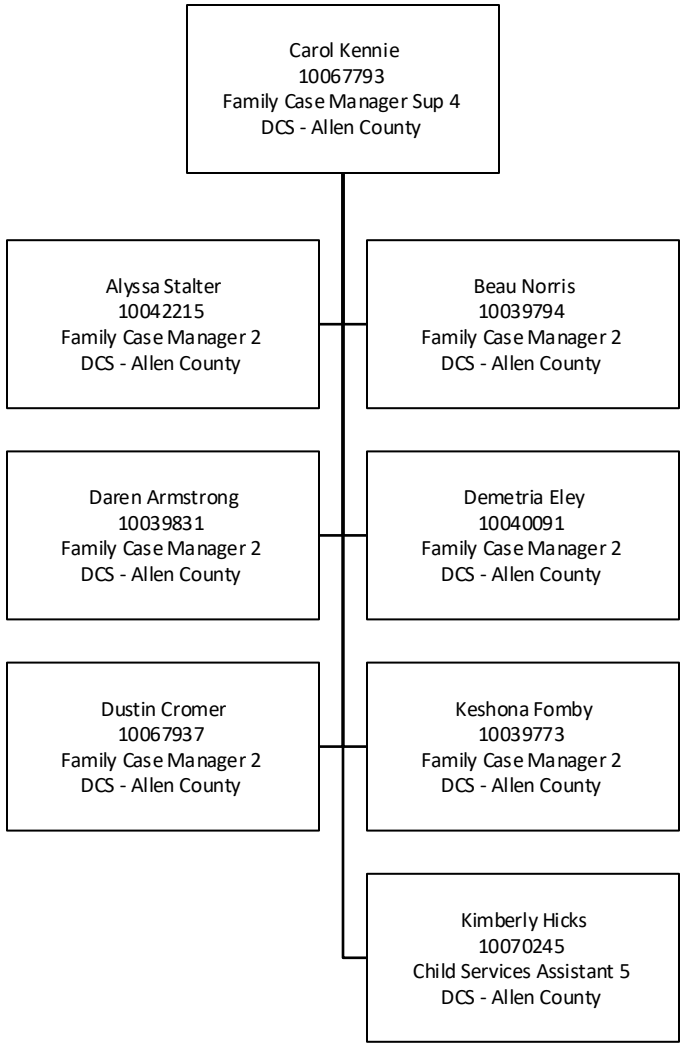
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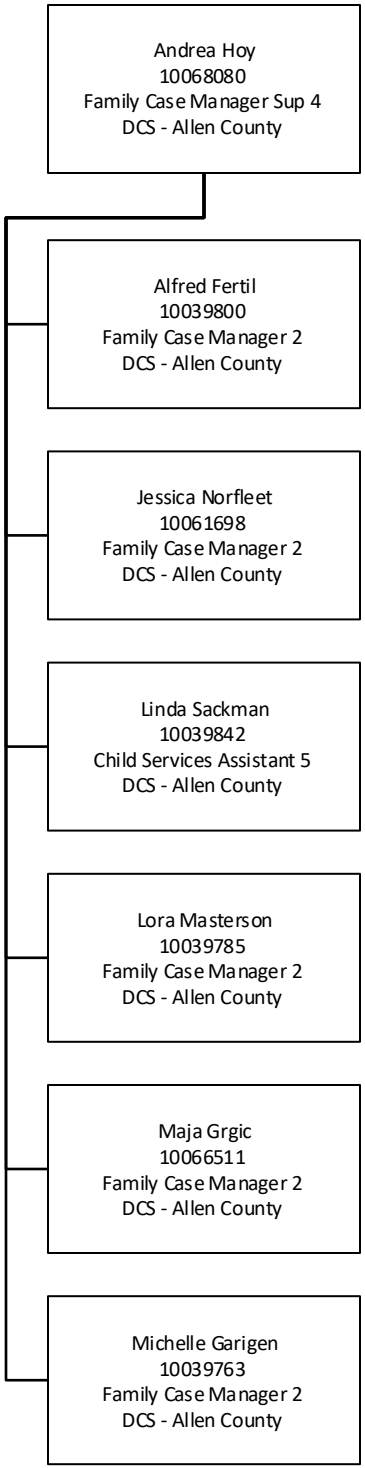
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Linda Sackman
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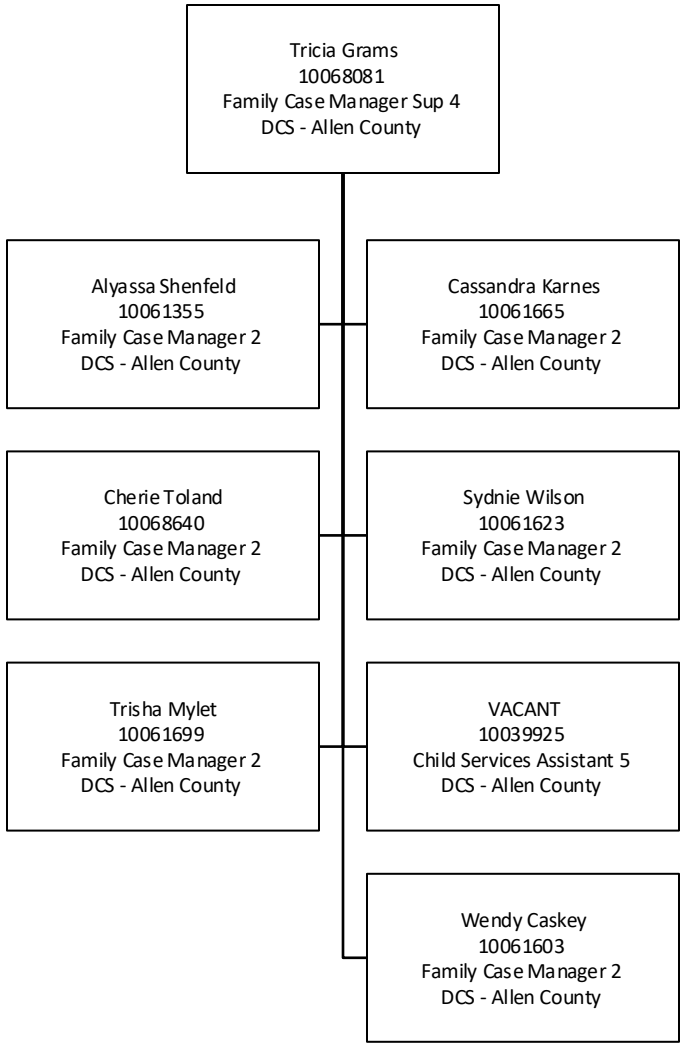
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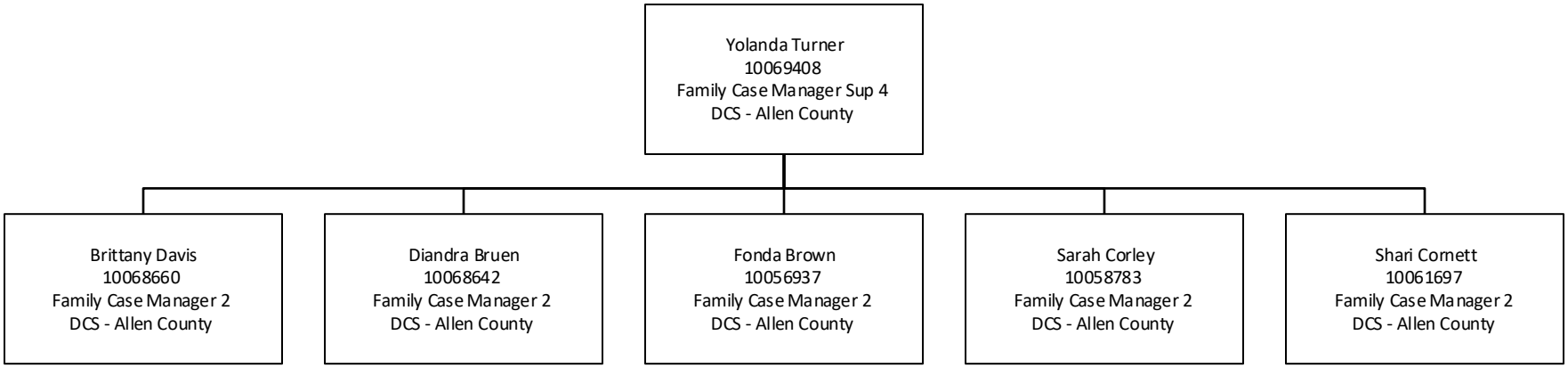
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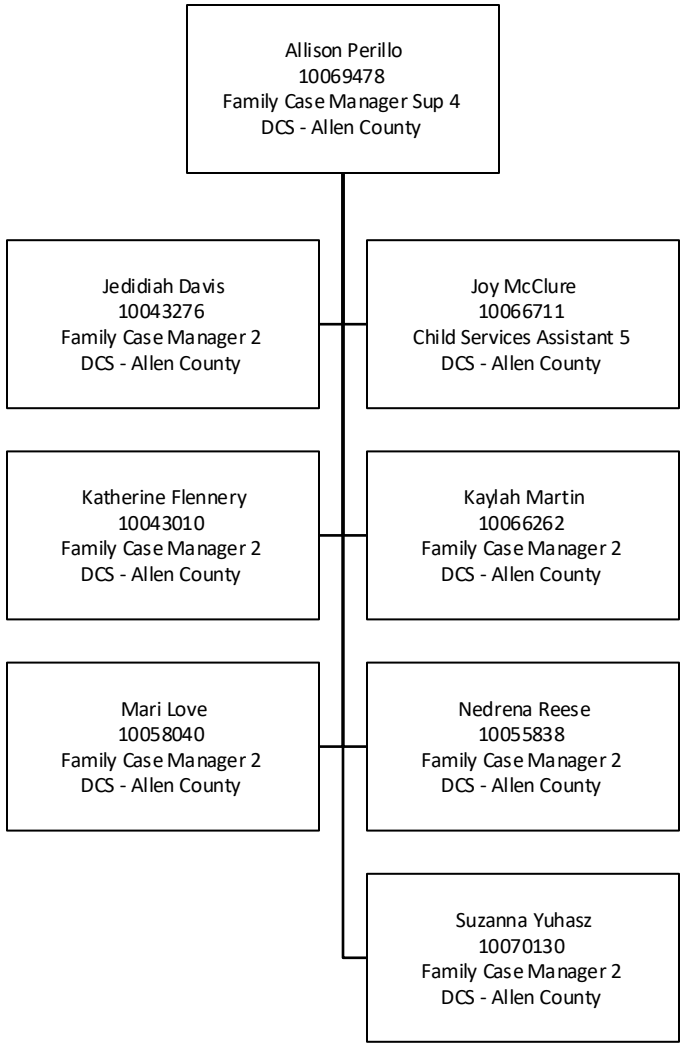
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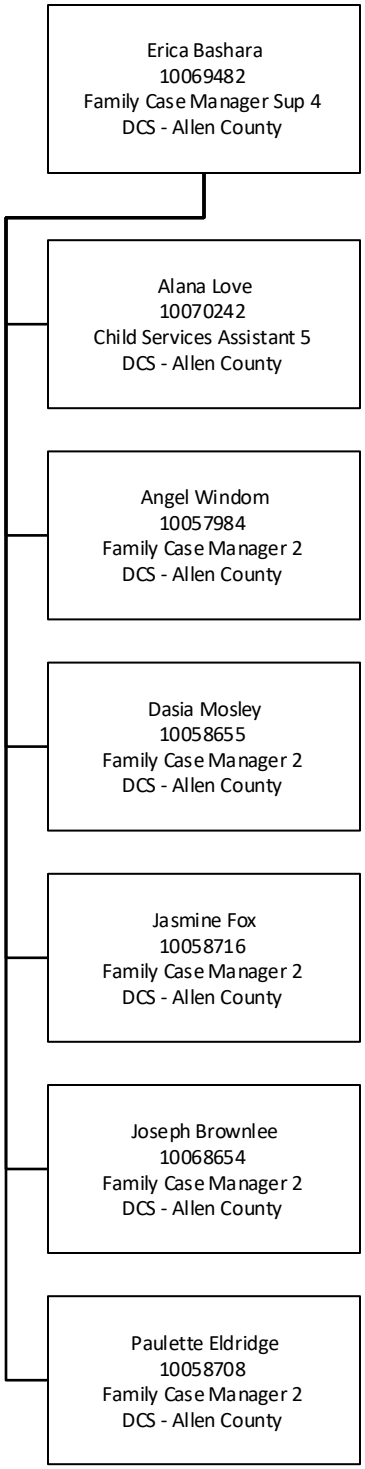
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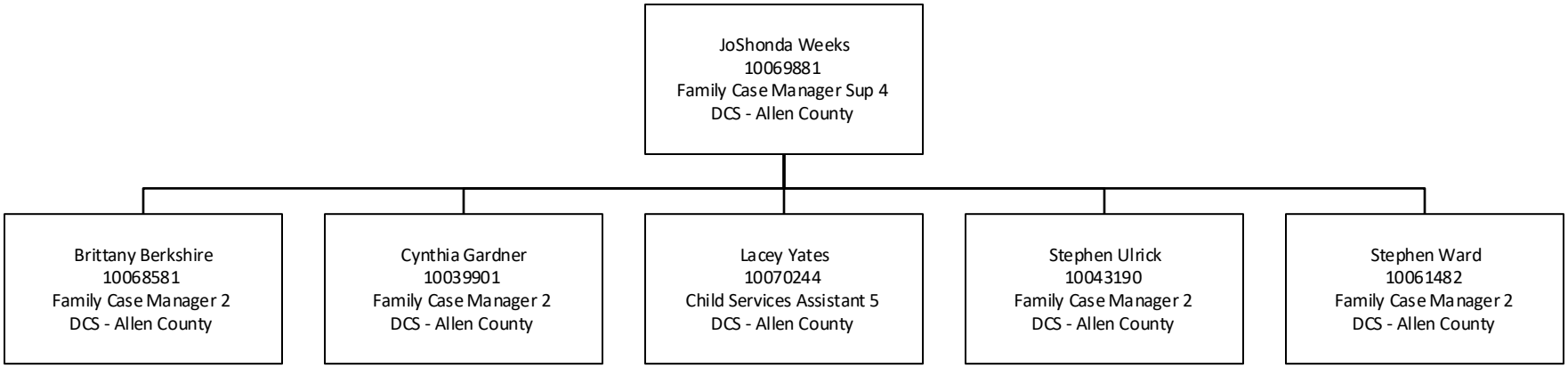
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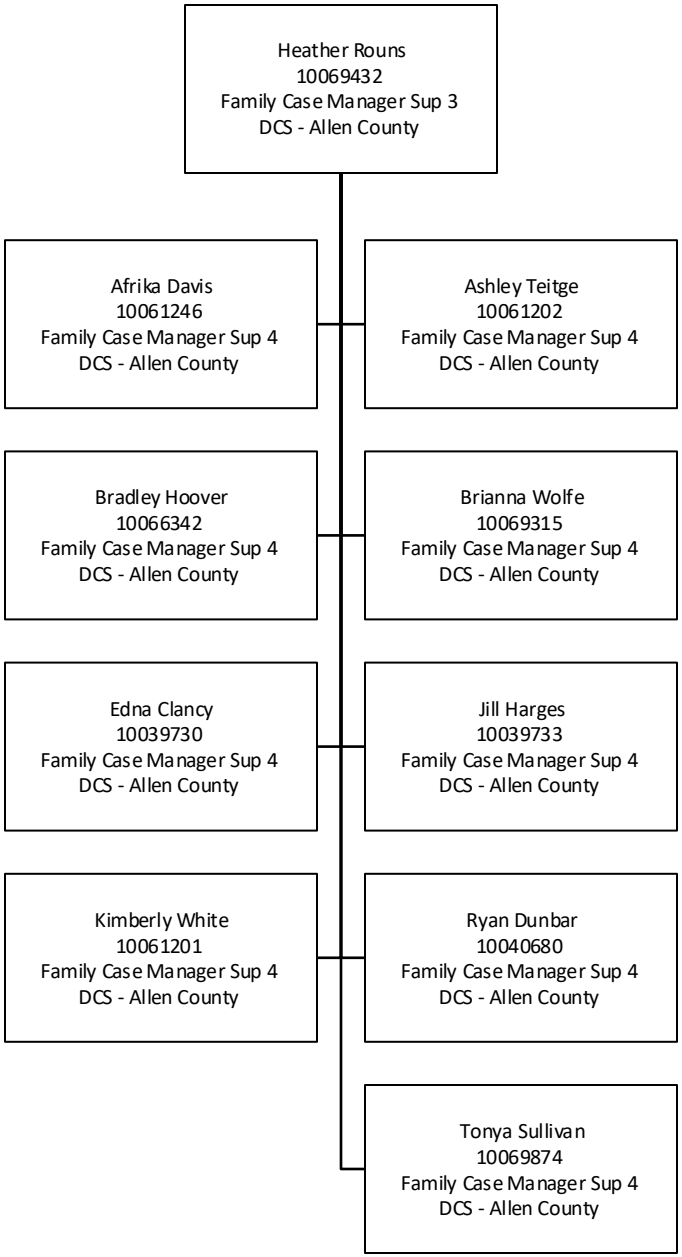
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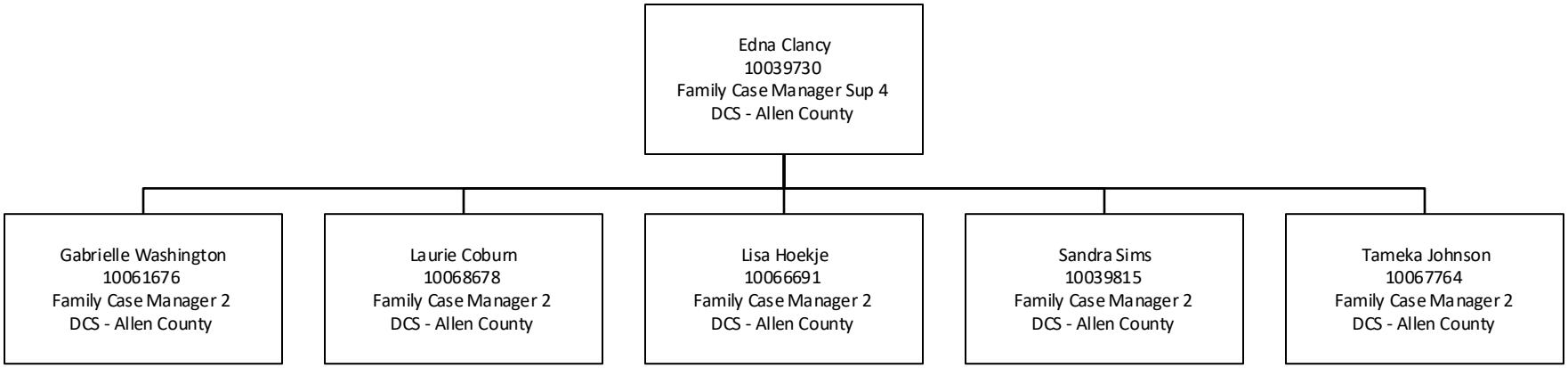
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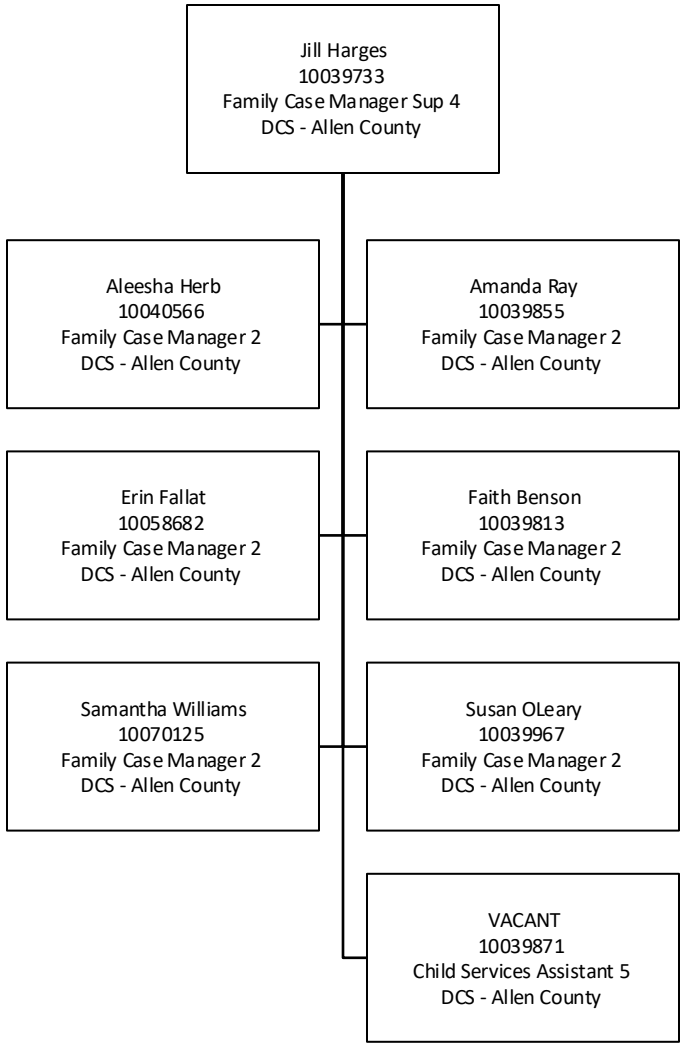
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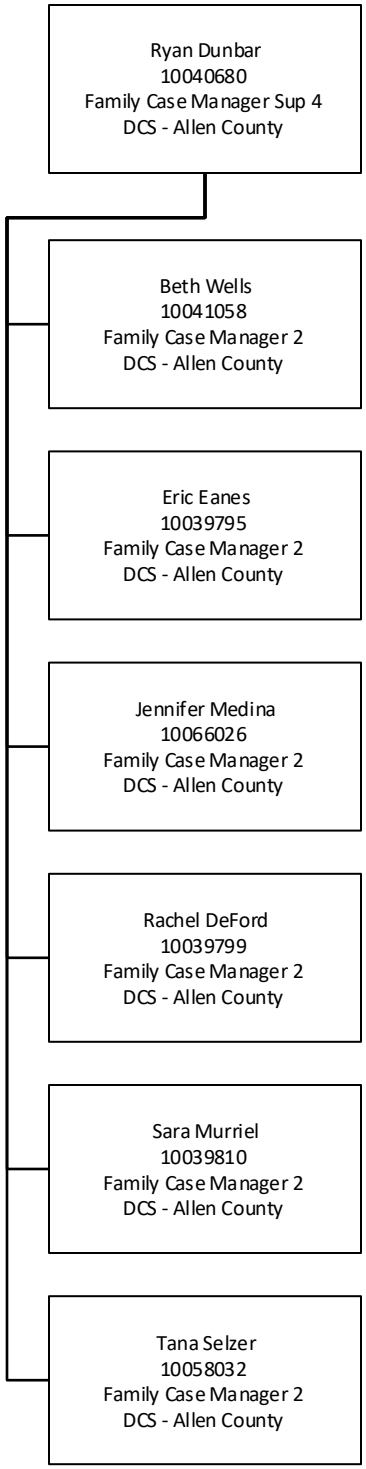
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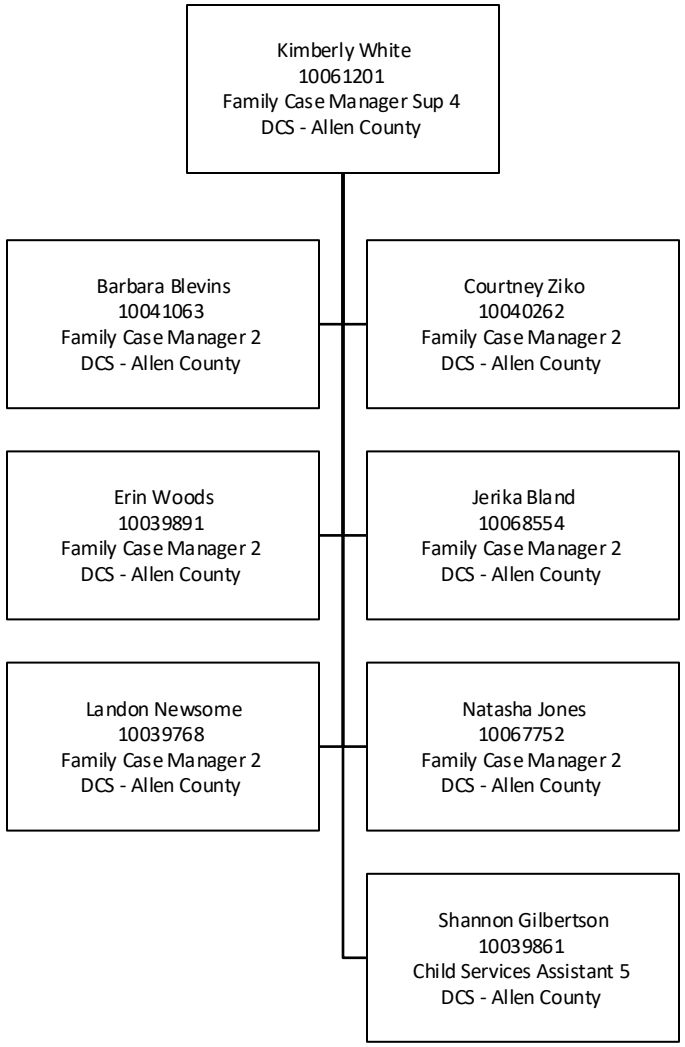
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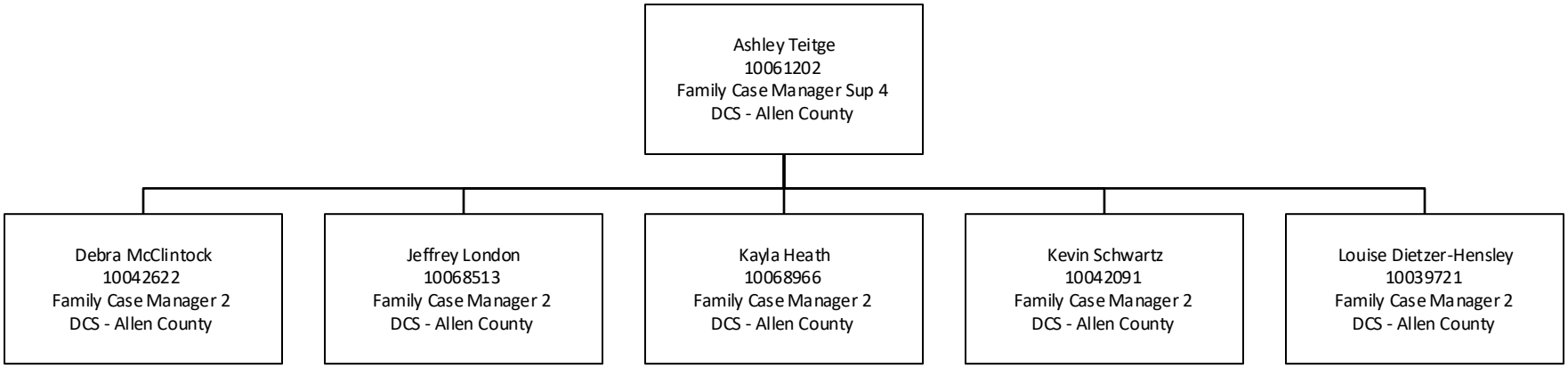
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Kayla Heath
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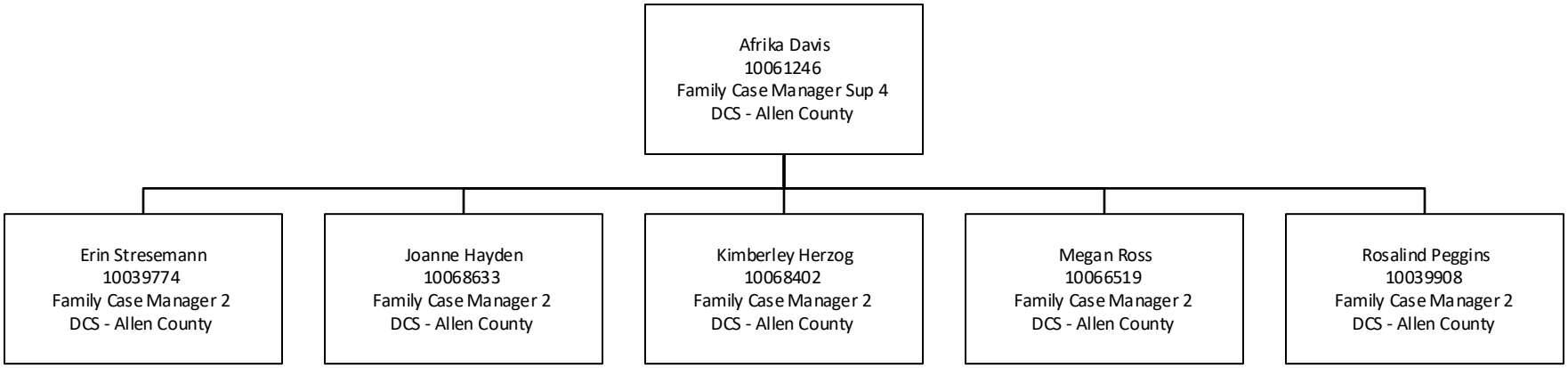
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Joanne Hayden
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Kimberley Herzog
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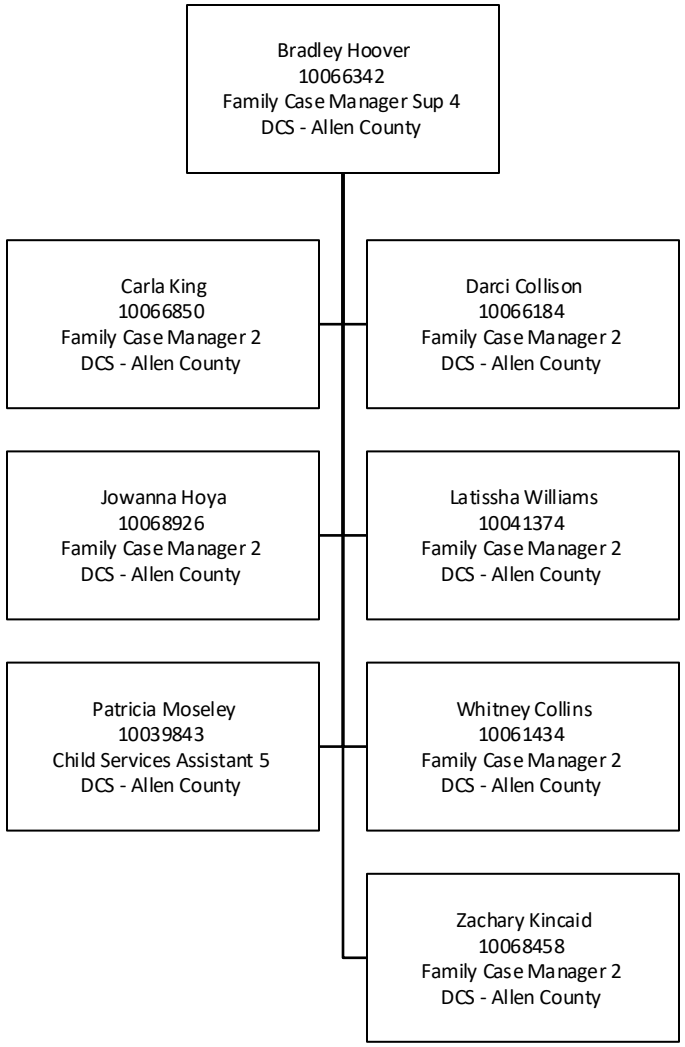
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Carla King
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Darci Collison
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Latissha Williams
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Patricia Moseley
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Zachary Kincaid
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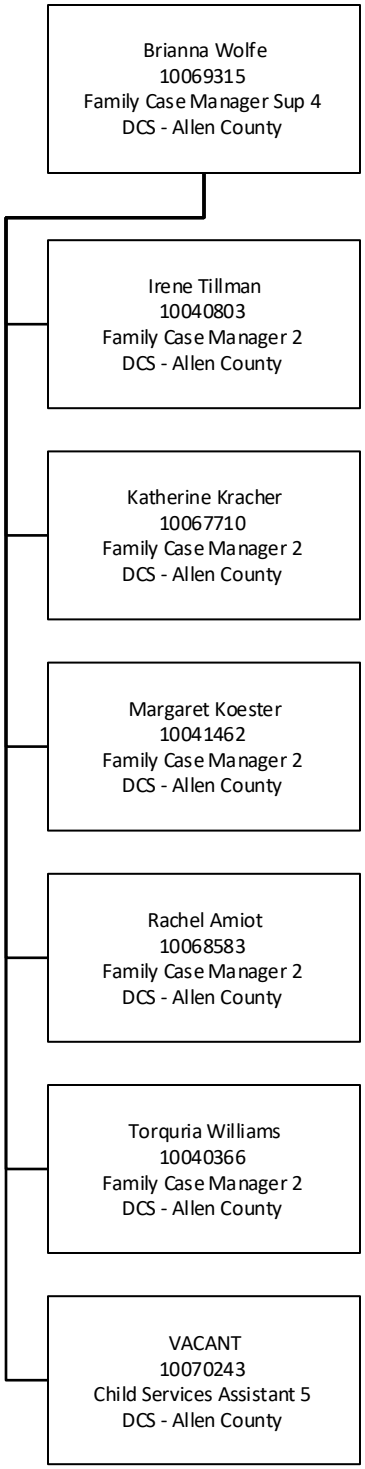
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Irene Tillman
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Katherine Kracher
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Margaret Koester
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DCS - Allen County
Rachel Amiot
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Torquria Williams
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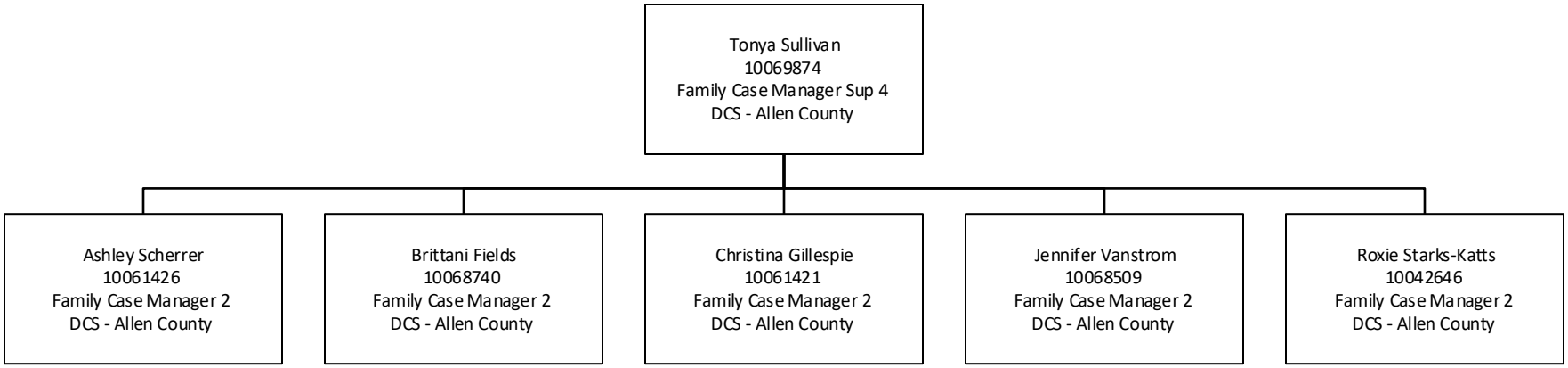
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Christina Gillespie
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Roxie Starks-Katts
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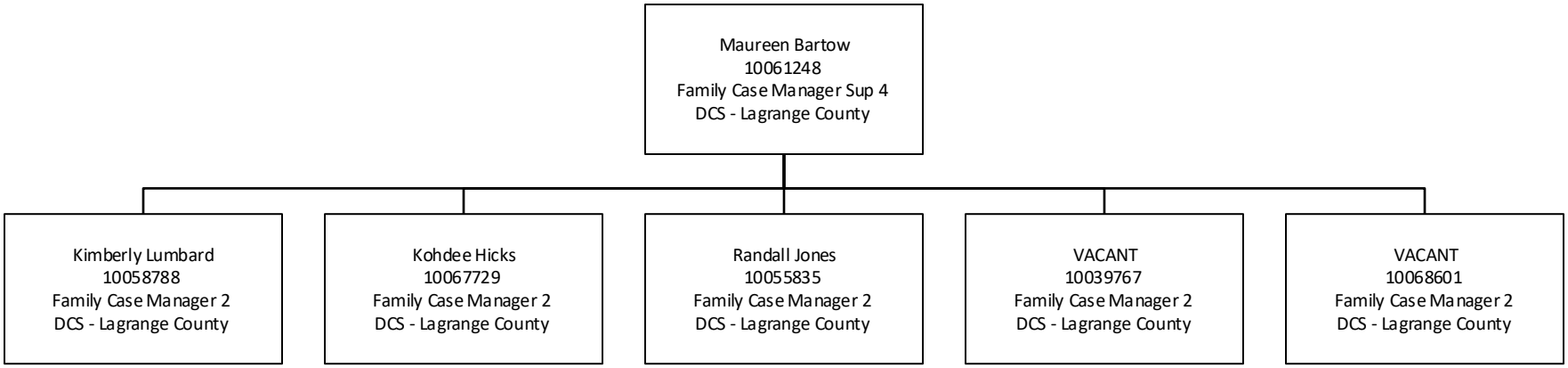
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Randall Jones
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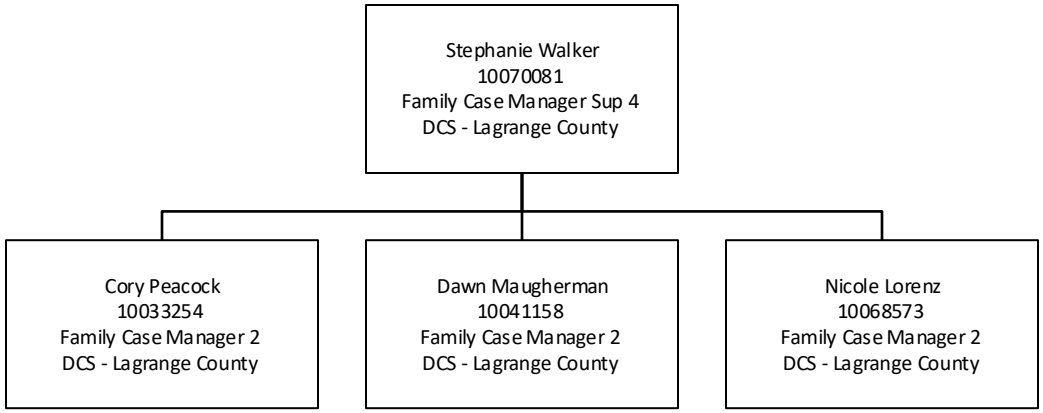
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Cory Peacock
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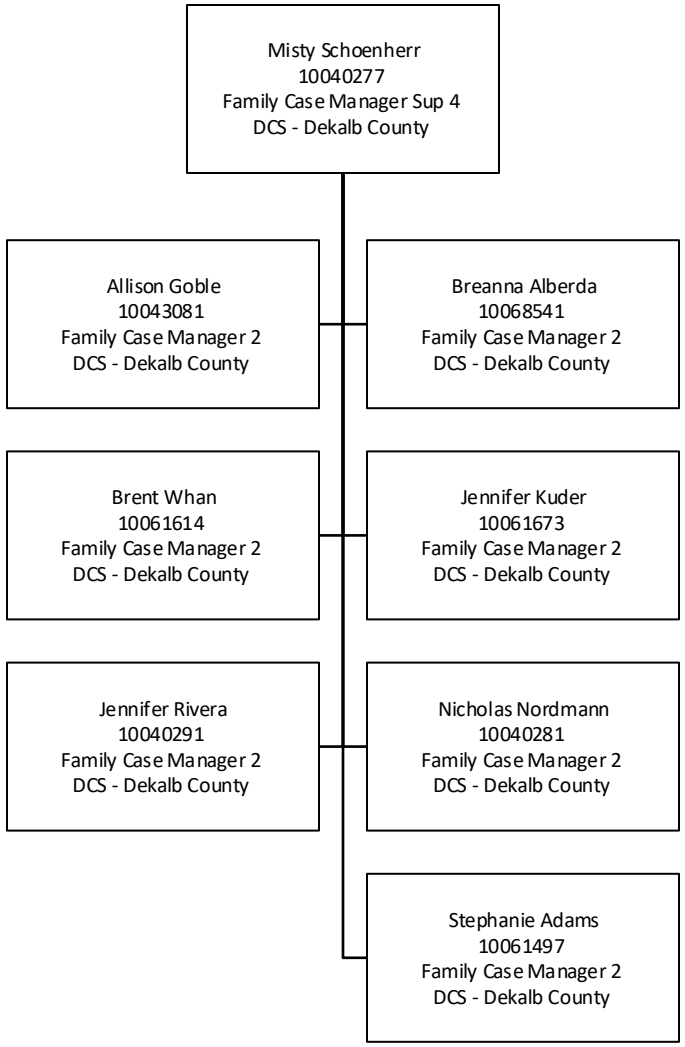
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Allison Goble
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Breanna Alberda
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Brent Whan
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Jennifer Kuder
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Jennifer Rivera
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Stephanie Adams
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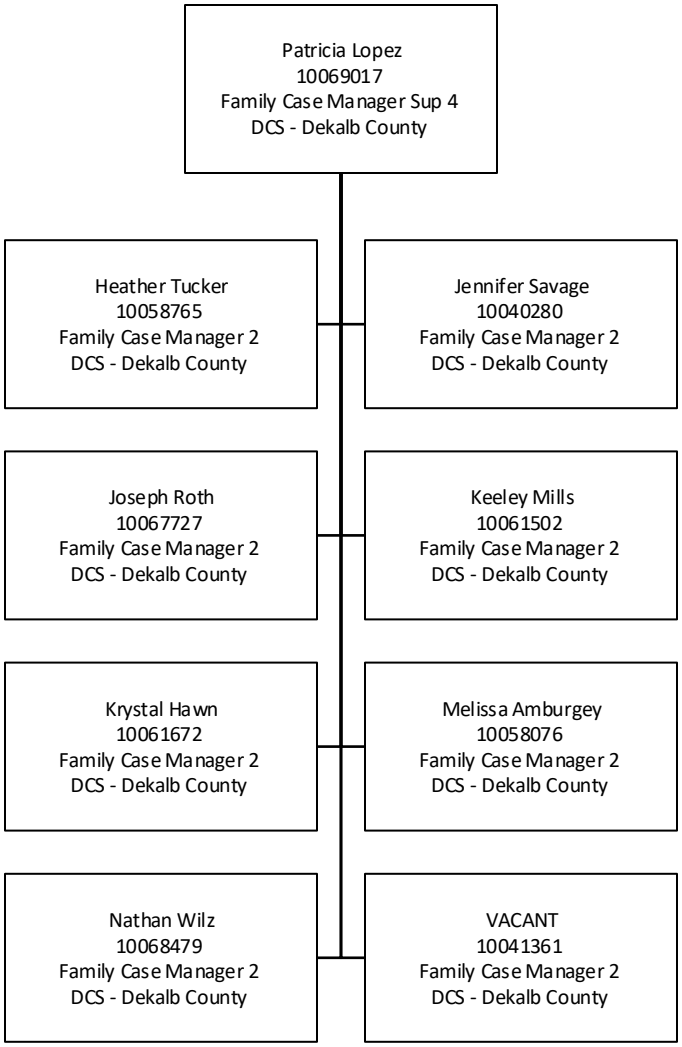
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Heather Tucker
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Joseph Roth
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Keeley Mills
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Krystal Hawn
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Melissa Amburgey
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Family Case Manager 2
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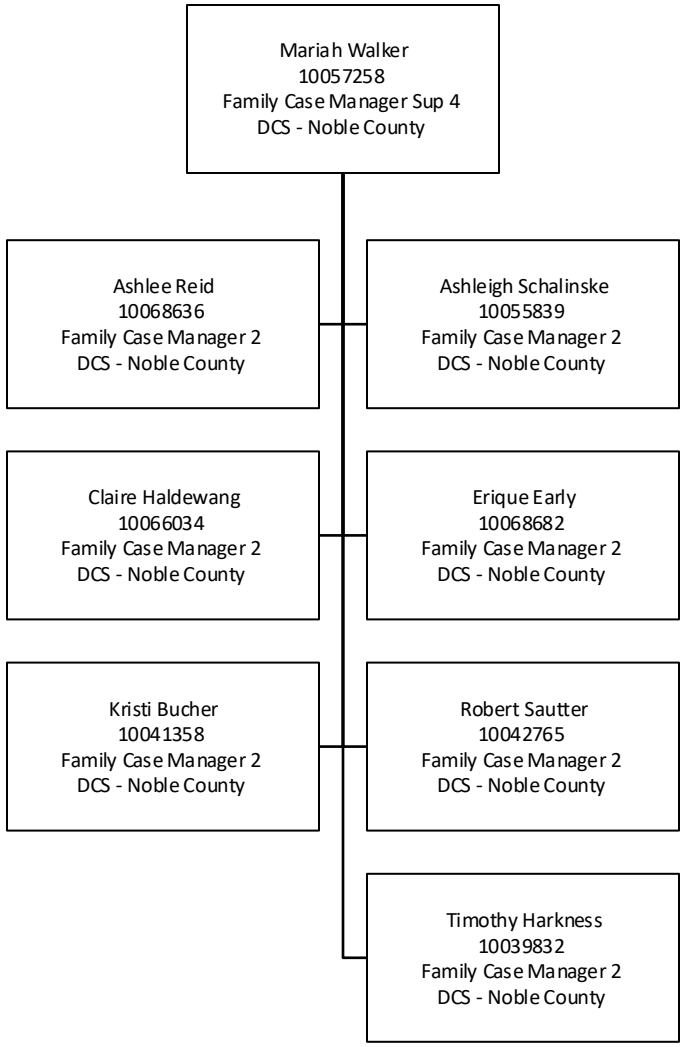
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Ashlee Reid
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Ashleigh Schalinske
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Claire Haldewang
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Erique Early
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Kristi Bucher
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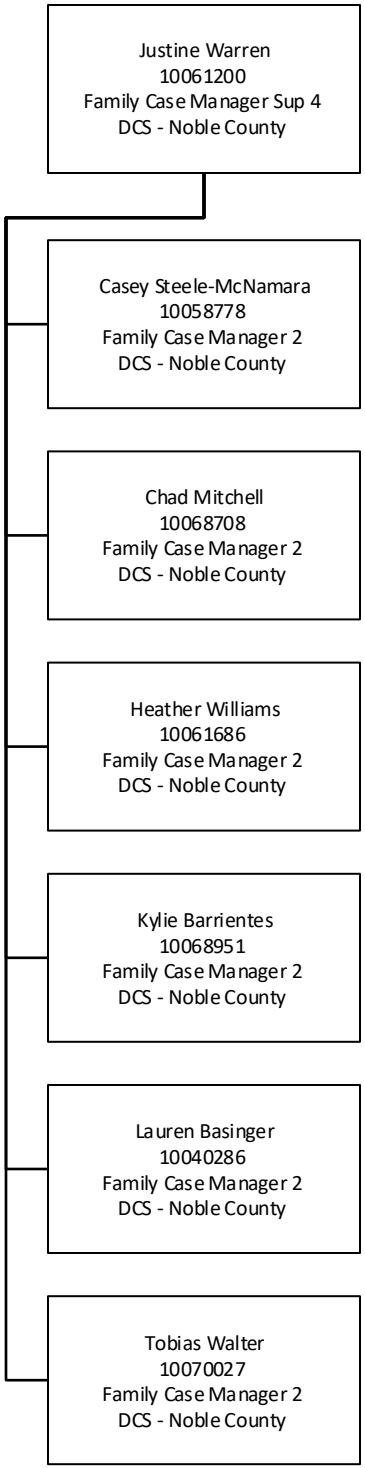
DCS - Noble County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Casey Steele-McNamara
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Chad Mitchell
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Family Case Manager 2
DCS - Noble County
Heather Williams
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Family Case Manager 2
DCS - Noble County
Kylie Barrientes
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Lauren Basinger
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Tobias Walter
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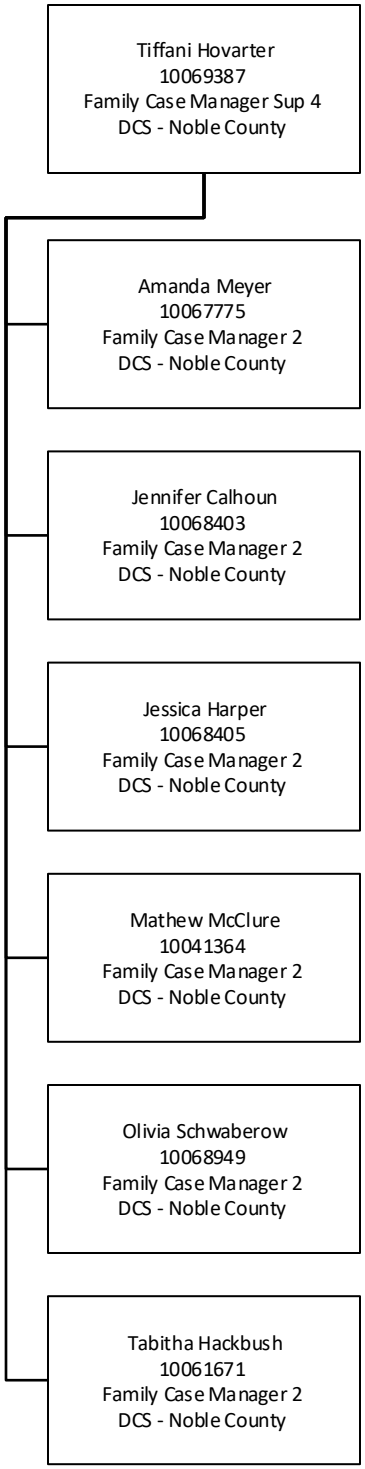
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Amanda Meyer
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Jennifer Calhoun
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Jessica Harper
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Family Case Manager 2
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Mathew McClure
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Family Case Manager 2
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Olivia Schwaberow
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Tabitha Hackbush
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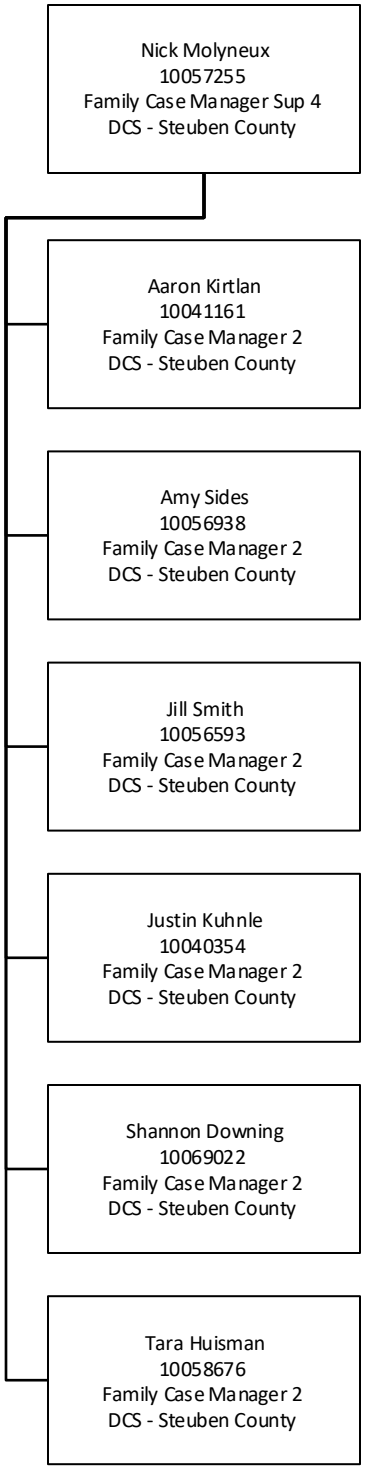
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Aaron Kirtlan
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Amy Sides
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Family Case Manager 2
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Jill Smith
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Family Case Manager 2
DCS - Steuben County
Justin Kuhnle
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Family Case Manager 2
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Shannon Downing
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Tara Huisman
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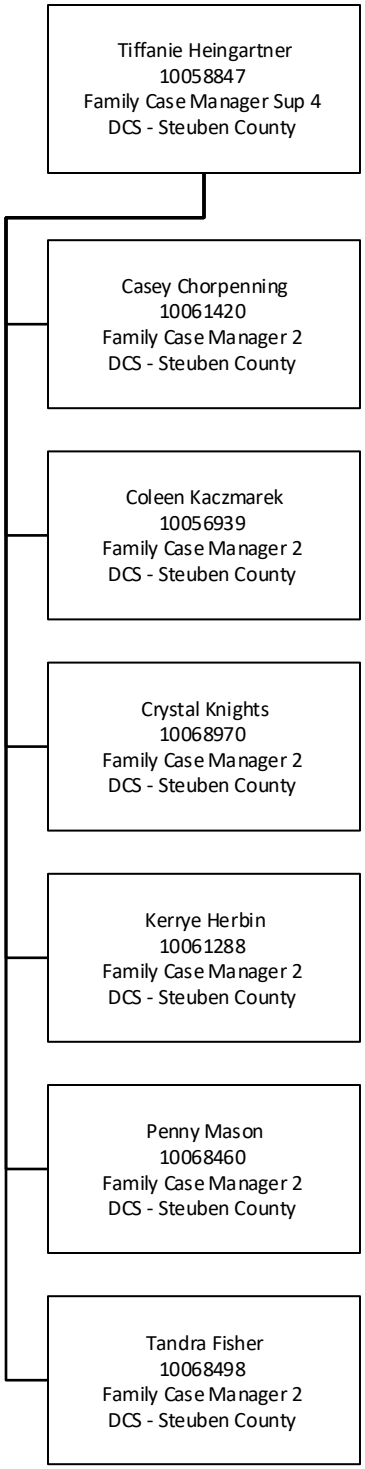
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Casey Chorpenning
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Coleen Kaczmarek
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Family Case Manager 2
DCS - Steuben County
Crystal Knights
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Family Case Manager 2
DCS - Steuben County
Kerrye Herbin
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Penny Mason
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Tandra Fisher
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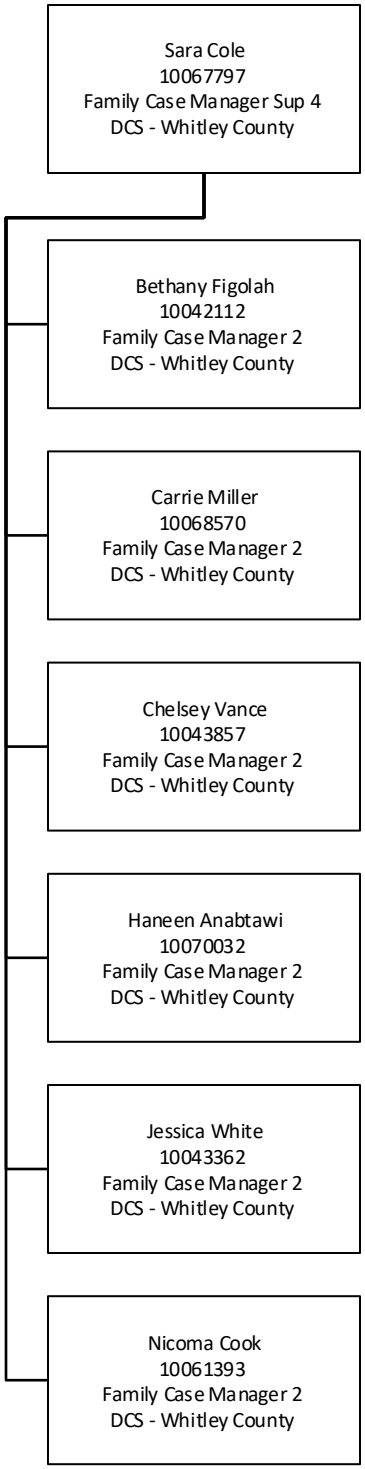
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Bethany Figolah
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Carrie Miller
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Chelsey Vance
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Haneen Anabtawi
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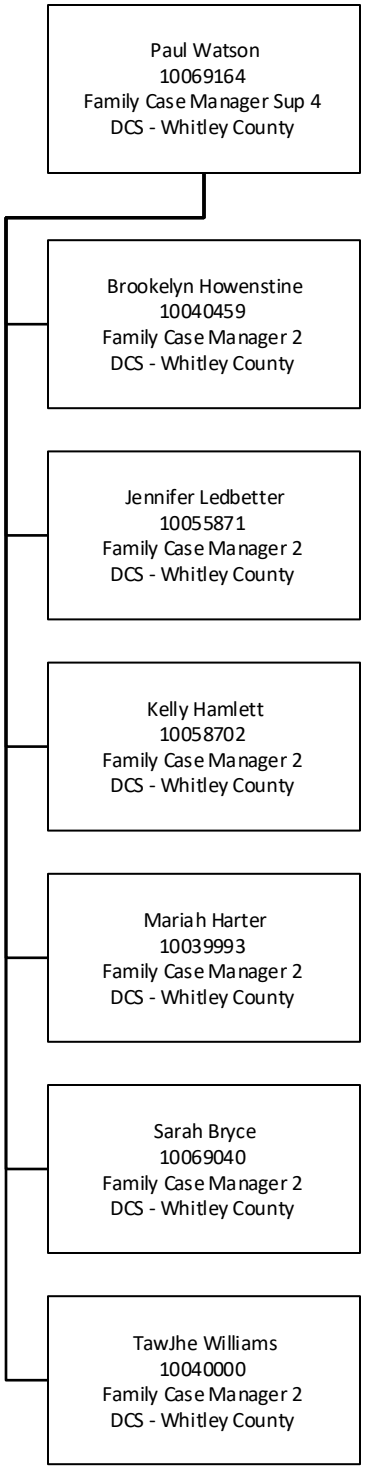
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Kelly Hamlett
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Mariah Harter
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Sarah Bryce
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TawJhe Williams
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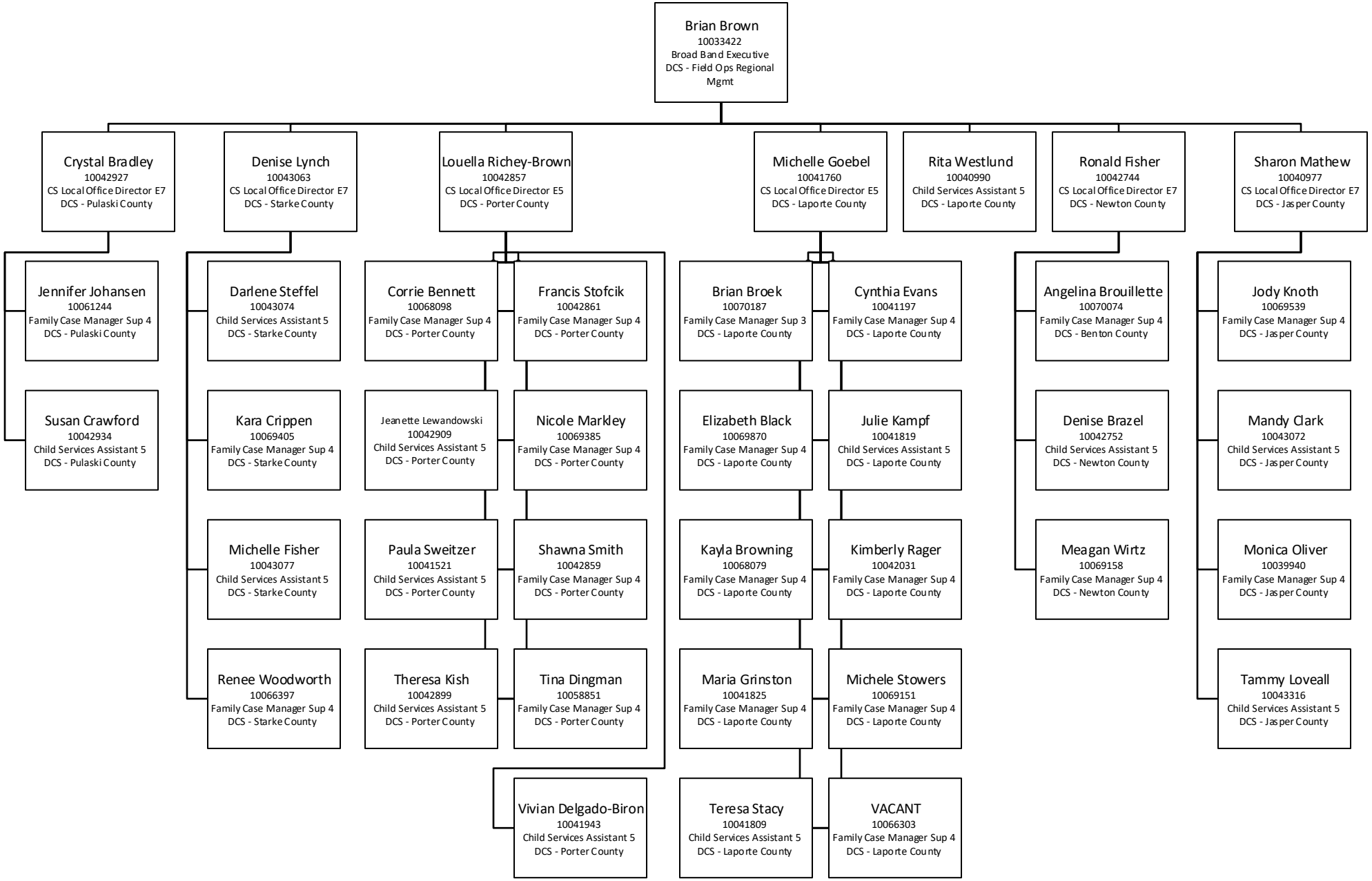
Brian Brown
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Broad Band Executive
DCS - Field Ops Regional Mgmt
Crystal Bradley
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CS Local Office Director E7
DCS - Pulaski County
Denise Lynch
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CS Local Office Director E7
DCS - Starke County
Louella Richey-Brown
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CS Local Office Director E5
DCS - Porter County
Michelle Goebel
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CS Local Office Director E5
DCS - Laporte County
Rita Westlund
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Child Services Assistant 5
DCS - Laporte County
Ronald Fisher
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CS Local Office Director E7
DCS - Newton County
Sharon Mathew
10040977
CS Local Office Director E7
DCS - Jasper County
Jennifer Johansen
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DCS - Pulaski County
Susan Crawford
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Child Services Assistant 5
DCS - Pulaski County
Darlene Steffel
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Child Services Assistant 5
DCS - Starke County
Kara Crippen
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DCS - Starke County
Michelle Fisher
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Child Services Assistant 5
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Renee Woodworth
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DCS - Starke County
Corrie Bennett
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Family Case Manager Sup 4
DCS - Porter County
Francis Stofcik
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Family Case Manager Sup 4
DCS - Porter County
Jeanette Lewandowski
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Child Services Assistant 5
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Nicole Markley
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Family Case Manager Sup 4
DCS - Porter County
Paula Sweitzer
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Child Services Assistant 5
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Shawna Smith
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DCS - Porter County
Theresa Kish
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Child Services Assistant 5
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Tina Dingman
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Family Case Manager Sup 4
DCS - Porter County
Vivian Delgado-Biron
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Child Services Assistant 5
DCS - Porter County
Brian Broek
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Family Case Manager Sup 3
DCS - Laporte County
Cynthia Evans
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DCS - Laporte County
Elizabeth Black
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Family Case Manager Sup 4
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Julie Kampf
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Kayla Browning
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Family Case Manager Sup 4
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Kimberly Rager
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Maria Grinston
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Family Case Manager Sup 4
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Michele Stowers
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Family Case Manager Sup 4
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Teresa Stacy
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VACANT
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Angelina Brouillette
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Family Case Manager Sup 4
DCS - Benton County
Denise Brazel
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DCS - Newton County
Meagan Wirtz
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Family Case Manager Sup 4
DCS - Newton County
Jody Knoth
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Family Case Manager Sup 4
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Mandy Clark
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Tammy Loveall
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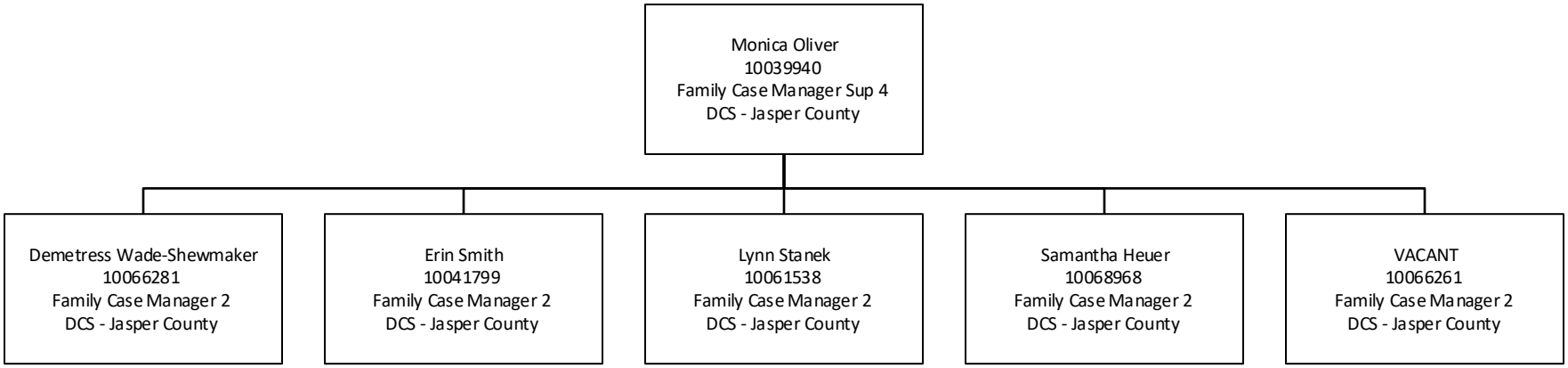
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Demetress Wade-Shewmaker
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Erin Smith
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Lynn Stanek
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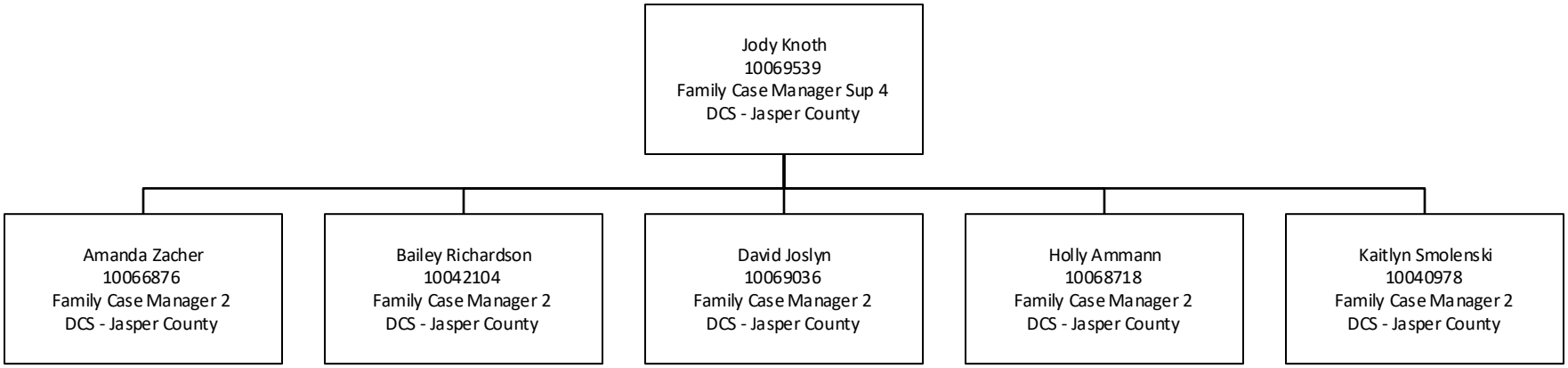
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Bailey Richardson
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David Joslyn
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Family Case Manager 2
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Kaitlyn Smolenski
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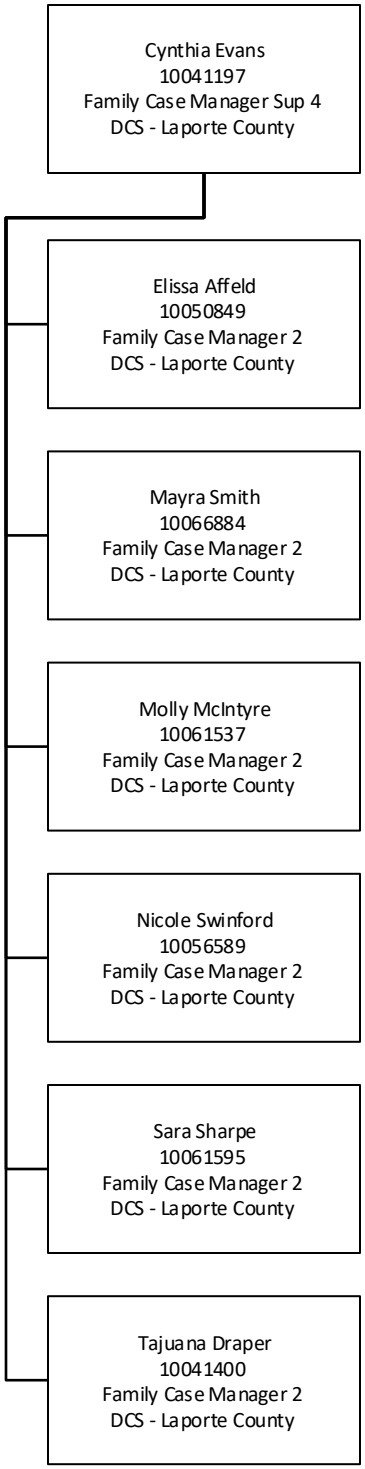
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Mayra Smith
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DCS - Laporte County
Molly McIntyre
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DCS - Laporte County
Nicole Swinford
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Tajuana Draper
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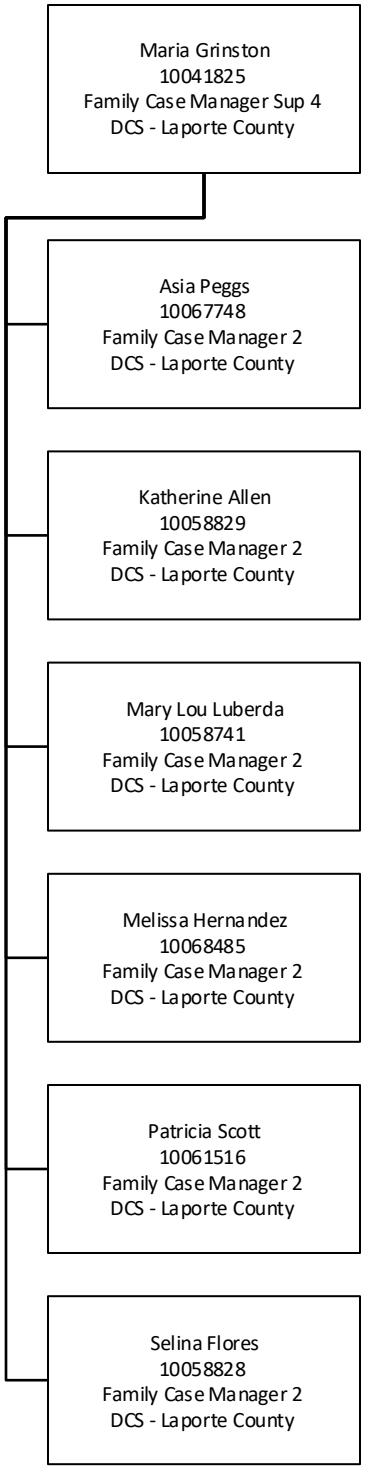
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Katherine Allen
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DCS - Laporte County
Mary Lou Luberda
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Family Case Manager 2
DCS - Laporte County
Melissa Hernandez
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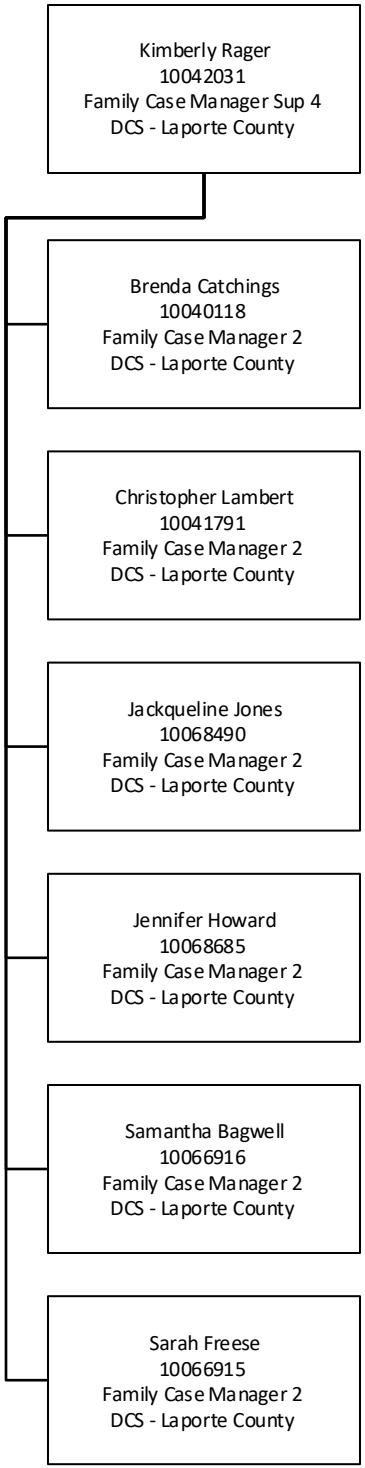
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Christopher Lambert
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Family Case Manager 2
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Jackqueline Jones
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Jennifer Howard
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Sarah Freese
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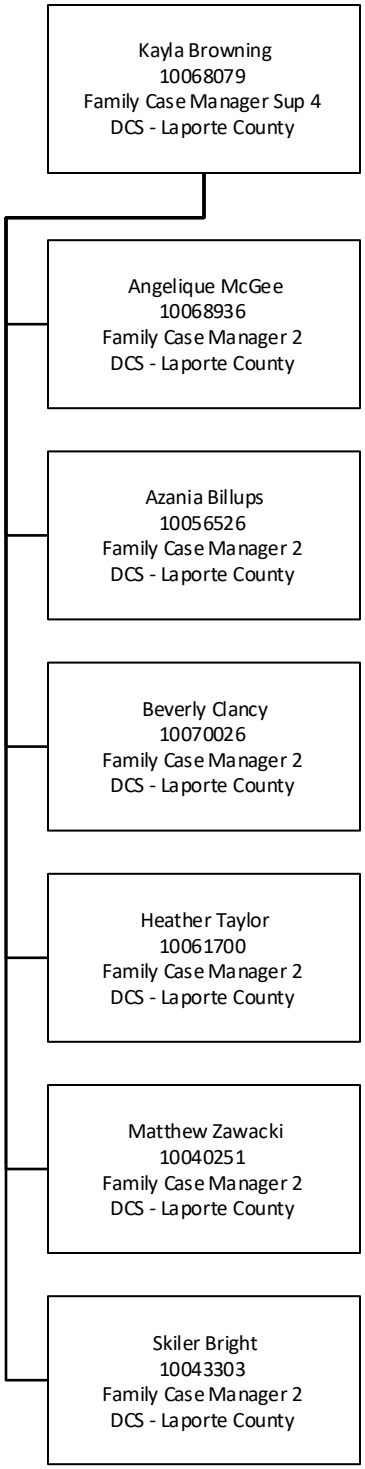
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Beverly Clancy
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Heather Taylor
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Family Case Manager 2
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Skiler Bright
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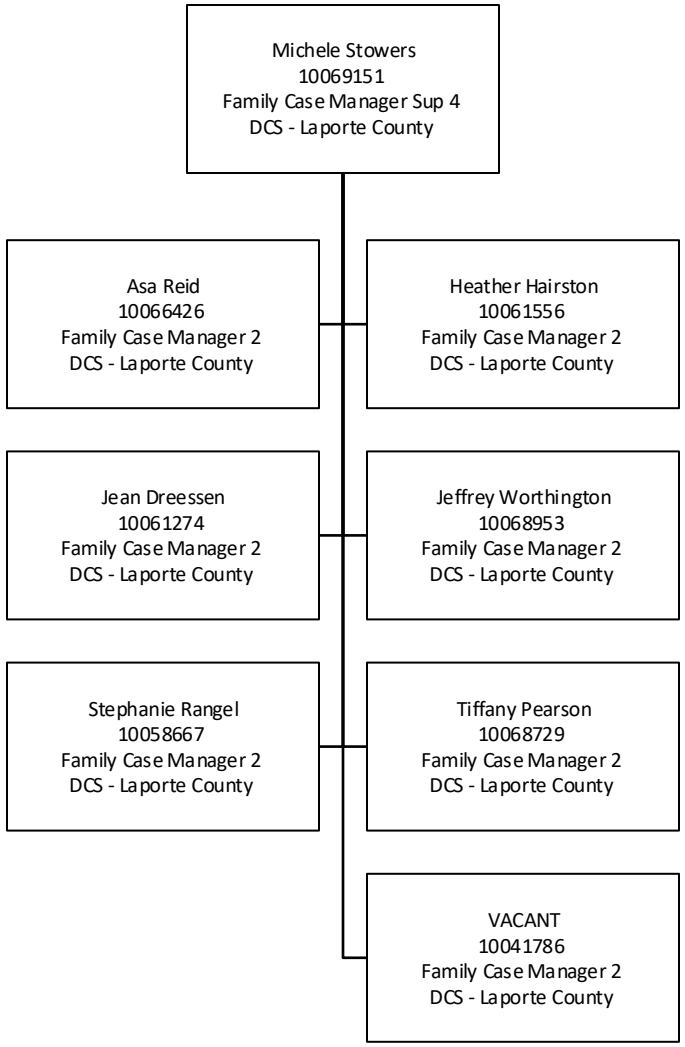
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Asa Reid
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Jean Dreessen
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Jeffrey Worthington
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Family Case Manager 2
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Stephanie Rangel
10058667
Family Case Manager 2
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Tiffany Pearson
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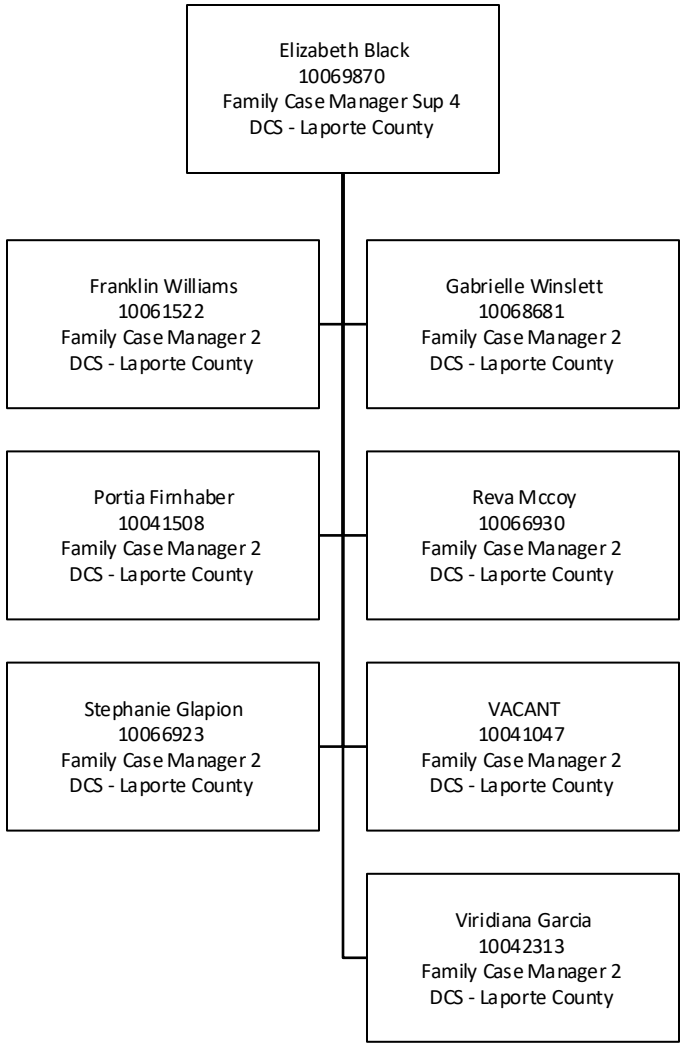
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Portia Firnhaber
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Reva Mccoy
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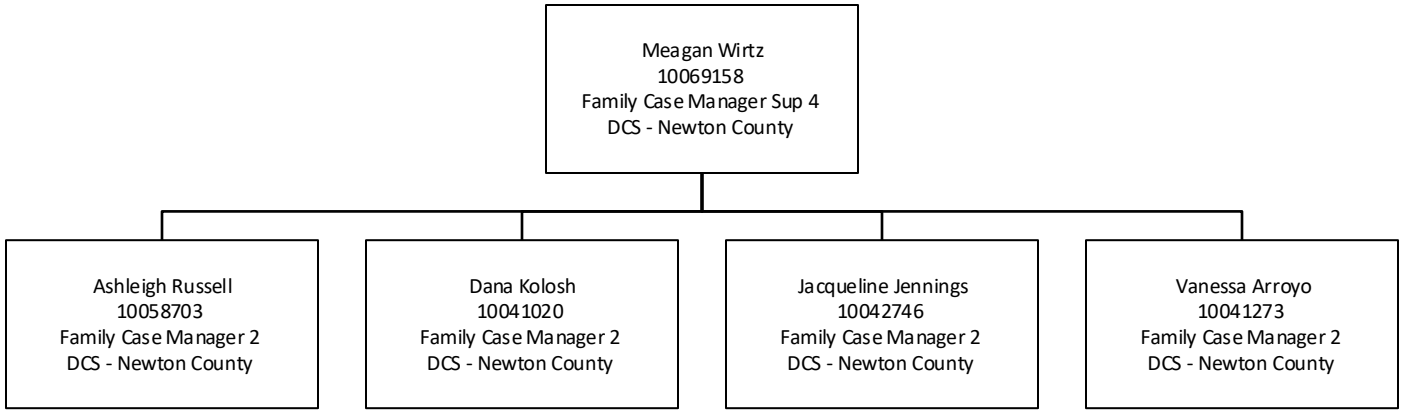
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Dana Kolosh
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Vanessa Arroyo
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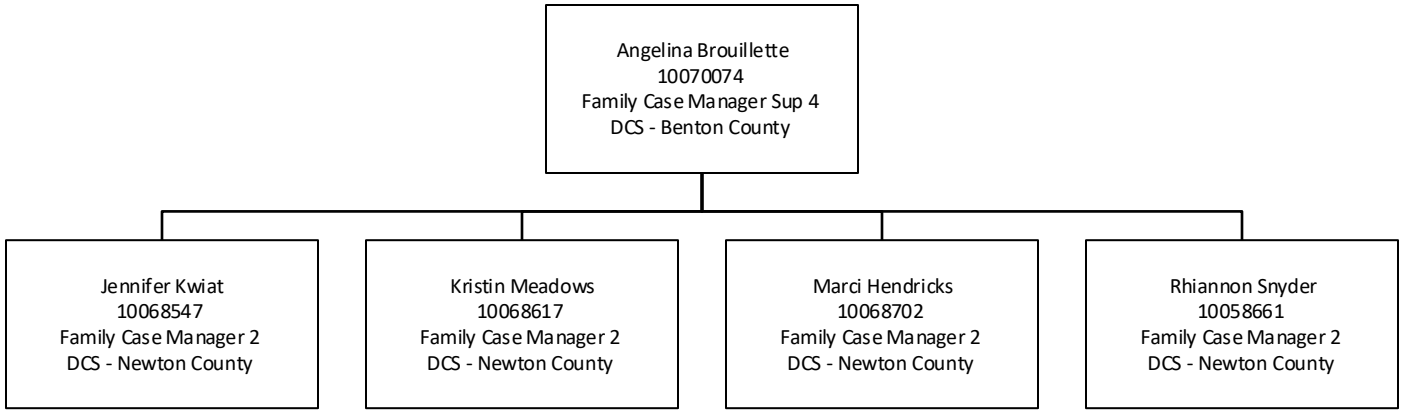
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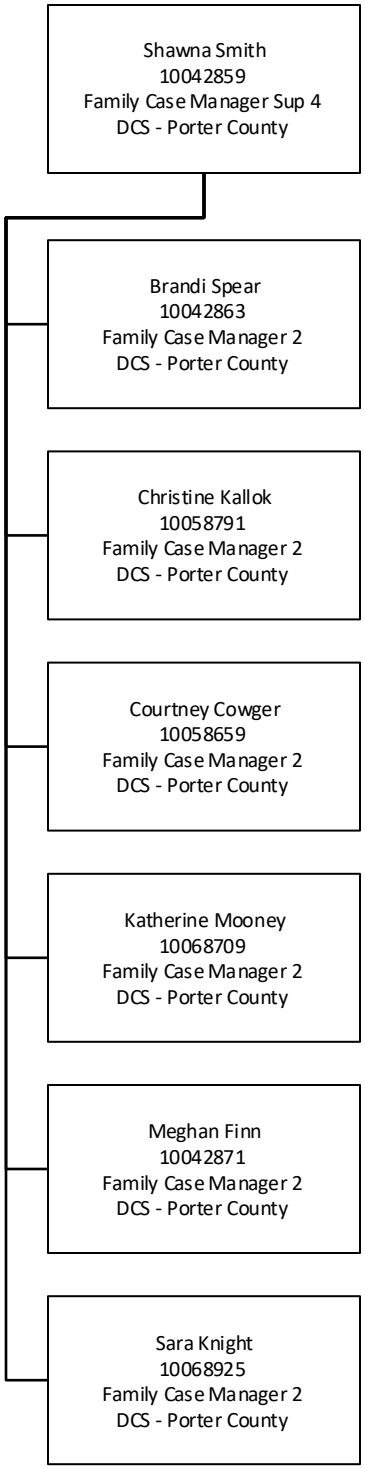
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Christine Kallok
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Katherine Mooney
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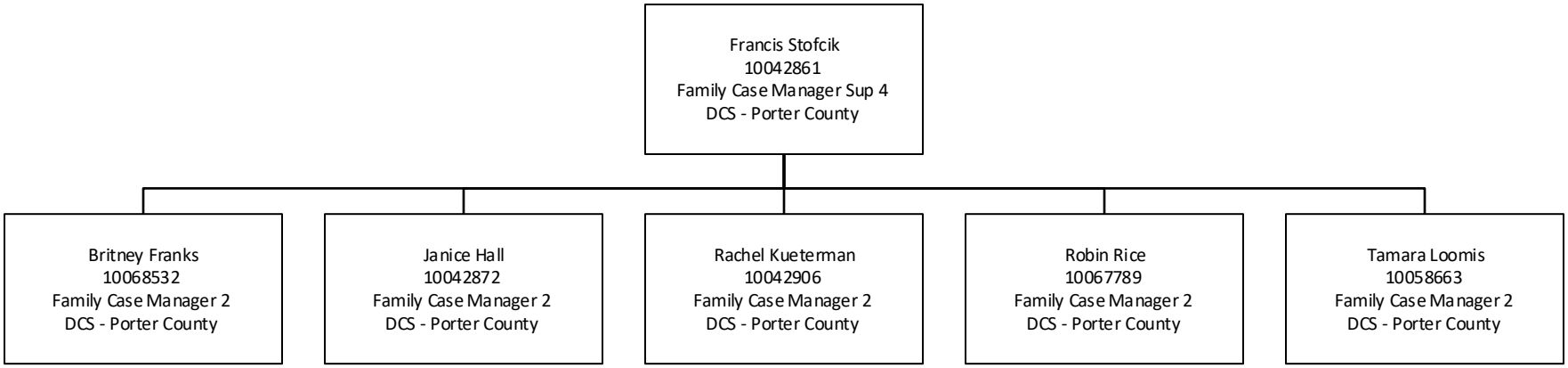
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Janice Hall
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Rachel Kueterman
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Tamara Loomis
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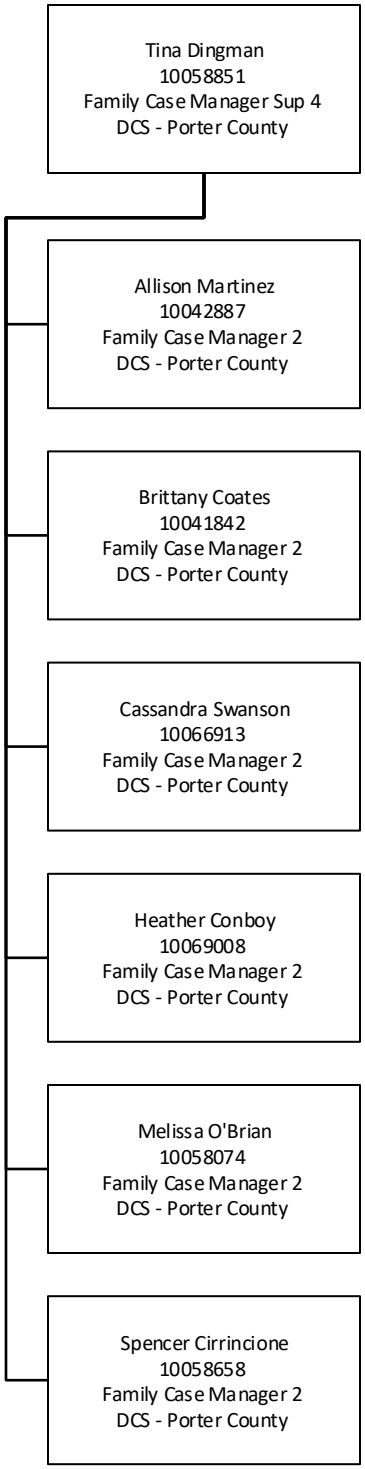
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Brittany Coates
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Cassandra Swanson
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Heather Conboy
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Spencer Cirrincione
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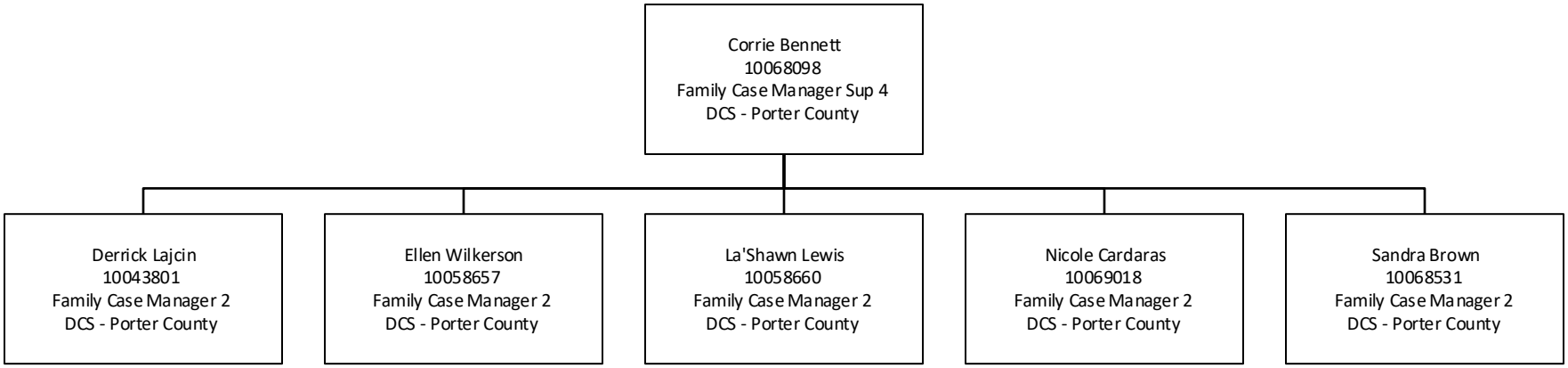
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Derrick Lajcin
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Ellen Wilkerson
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La'Shawn Lewis
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Sandra Brown
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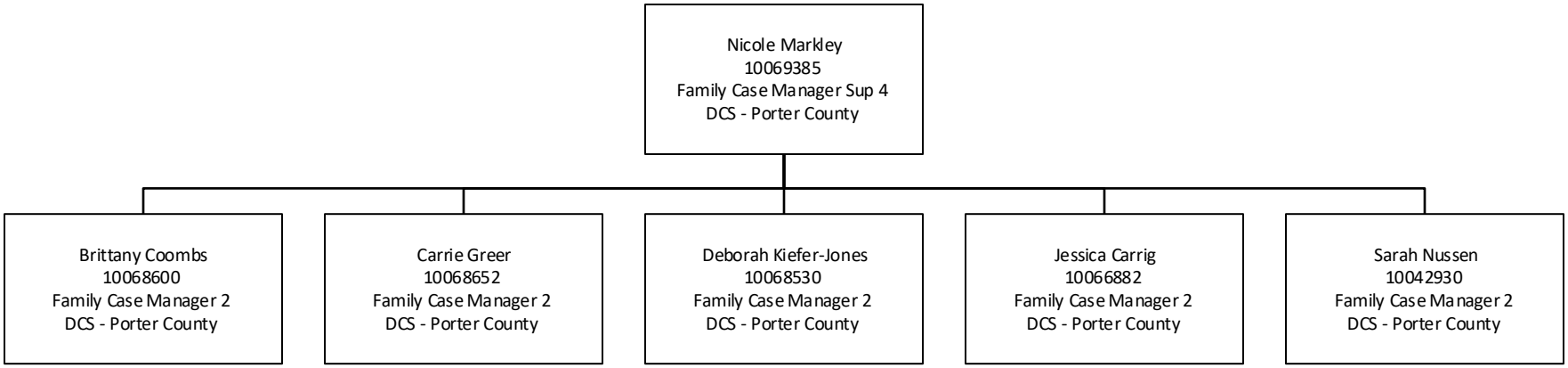
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Brittany Coombs
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Carrie Greer
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Deborah Kiefer-Jones
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Sarah Nussen
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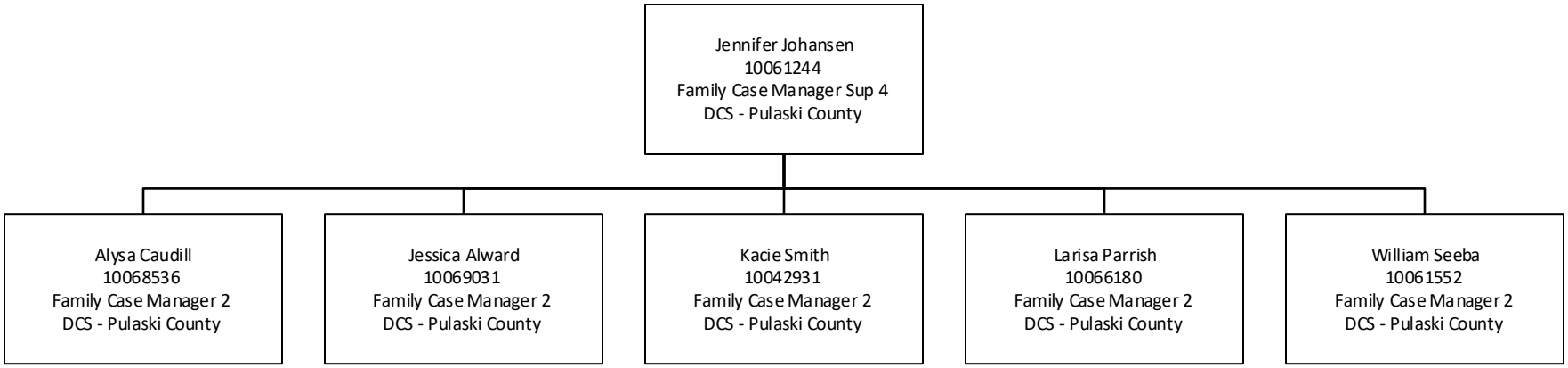
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Alysa Caudill
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Jessica Alward
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Family Case Manager 2
DCS - Pulaski County
Kacie Smith
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Larisa Parrish
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William Seeba
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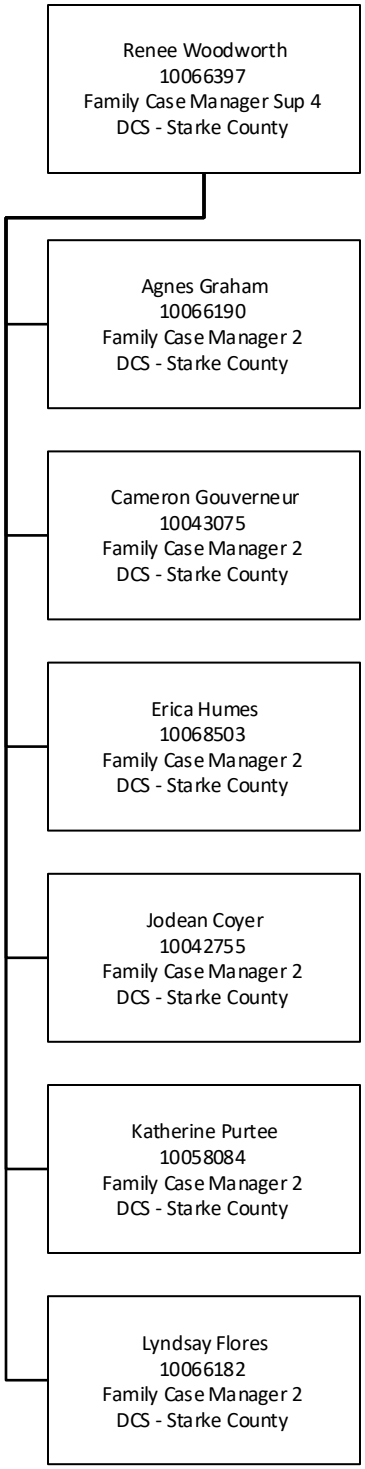
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Agnes Graham
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Family Case Manager 2
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Cameron Gouverneur
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Family Case Manager 2
DCS - Starke County
Erica Humes
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Family Case Manager 2
DCS - Starke County
Jodean Coyer
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Family Case Manager 2
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Katherine Purtee
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Lyndsay Flores
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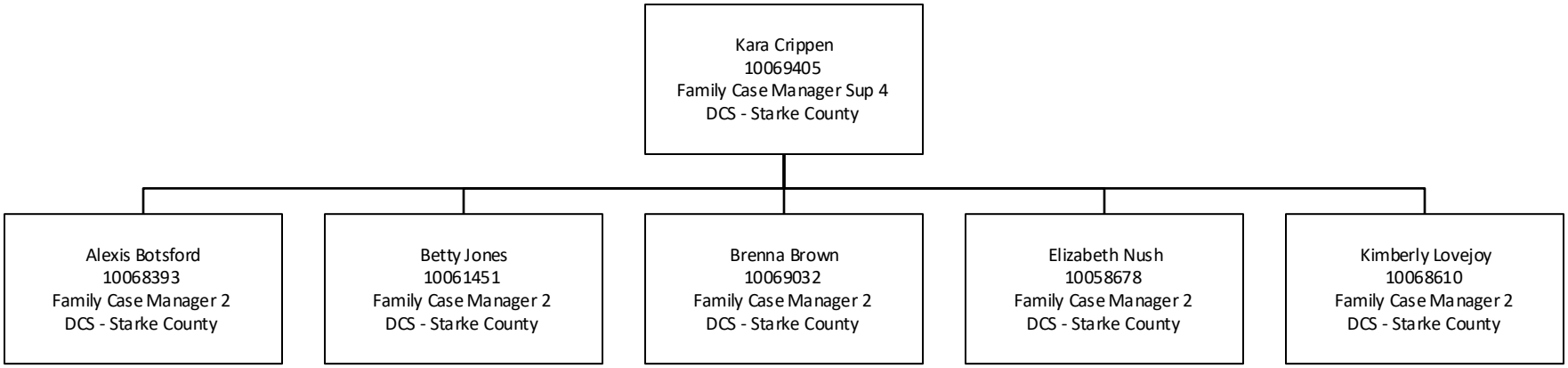
DCS - Starke County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Alexis Botsford
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Betty Jones
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Family Case Manager 2
DCS - Starke County
Brenna Brown
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Family Case Manager 2
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Elizabeth Nush
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Kimberly Lovejoy
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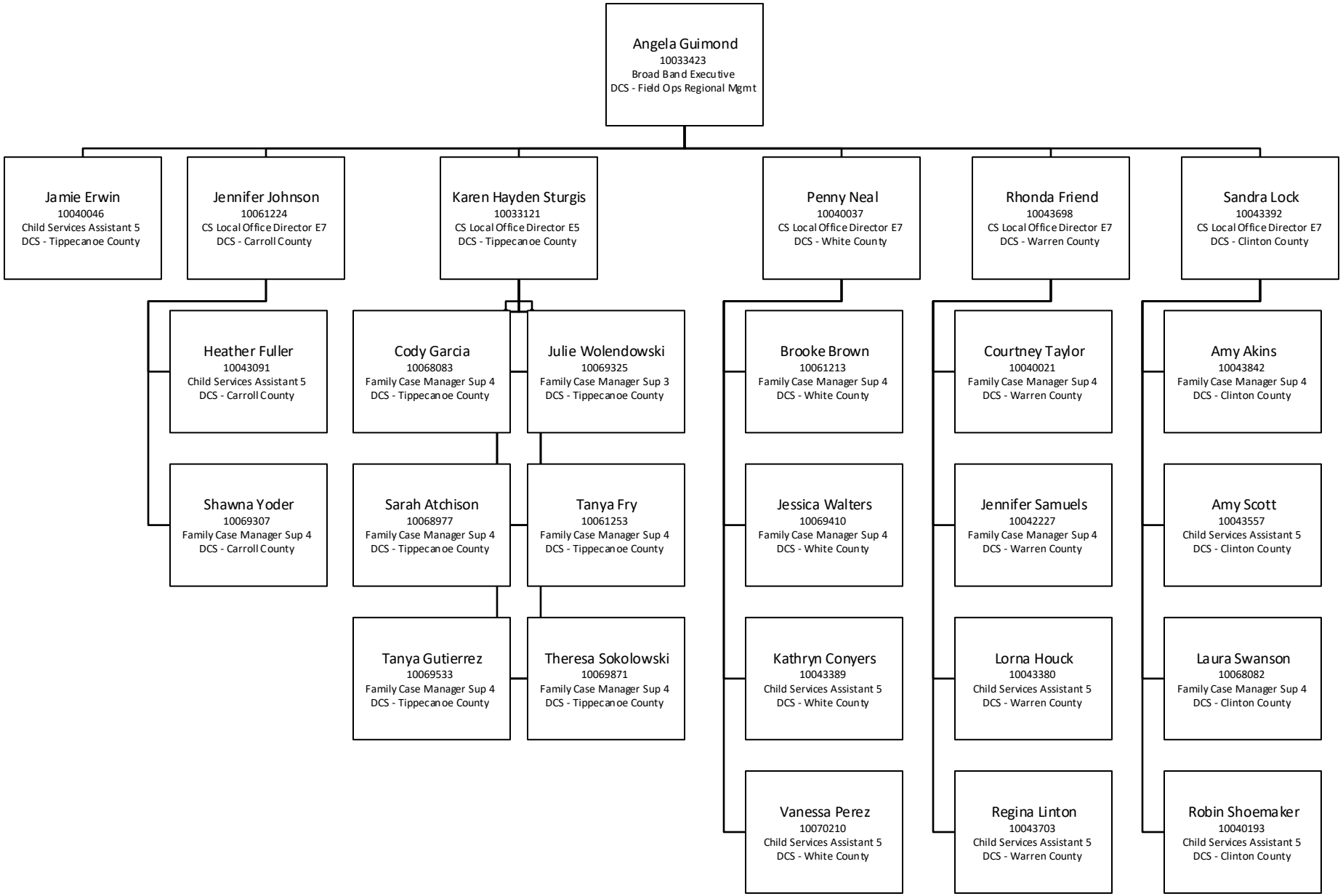
Angela Guimond
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Broad Band Executive
DCS - Field Ops Regional Mgmt
Jamie Erwin
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Child Services Assistant 5
DCS - Tippecanoe County
Jennifer Johnson
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CS Local Office Director E7
DCS - Carroll County
Karen Hayden Sturgis
10033121
CS Local Office Director E5
DCS - Tippecanoe County
Penny Neal
10040037
CS Local Office Director E7
DCS - White County
Rhonda Friend
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CS Local Office Director E7
DCS - Warren County
Sandra Lock
10043392
CS Local Office Director E7
DCS - Clinton County
Heather Fuller
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Child Services Assistant 5
DCS - Carroll County
Shawna Yoder
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Family Case Manager Sup 4
DCS - Carroll County
Cody Garcia
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Family Case Manager Sup 4
DCS - Tippecanoe County
Julie Wolendowski
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Family Case Manager Sup 3
DCS - Tippecanoe County
Sarah Atchison
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Family Case Manager Sup 4
DCS - Tippecanoe County
Tanya Fry
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DCS - Tippecanoe County
Tanya Gutierrez
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Family Case Manager Sup 4
DCS - Tippecanoe County
Theresa Sokolowski
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DCS - Tippecanoe County
Brooke Brown
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Jessica Walters
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Kathryn Conyers
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Child Services Assistant 5
DCS - White County
Vanessa Perez
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Child Services Assistant 5
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Courtney Taylor
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DCS - Warren County
Jennifer Samuels
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Family Case Manager Sup 4
DCS - Warren County
Lorna Houck
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Child Services Assistant 5
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Regina Linton
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Child Services Assistant 5
DCS - Warren County
Amy Akins
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Family Case Manager Sup 4
DCS - Clinton County
Amy Scott
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Laura Swanson
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Robin Shoemaker
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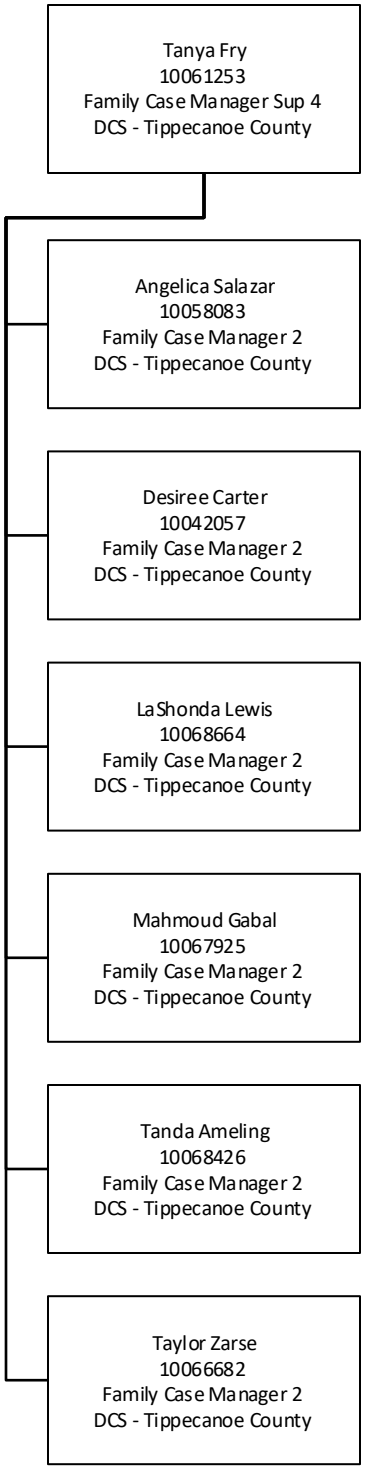
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Desiree Carter
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LaShonda Lewis
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Mahmoud Gabal
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Taylor Zarse
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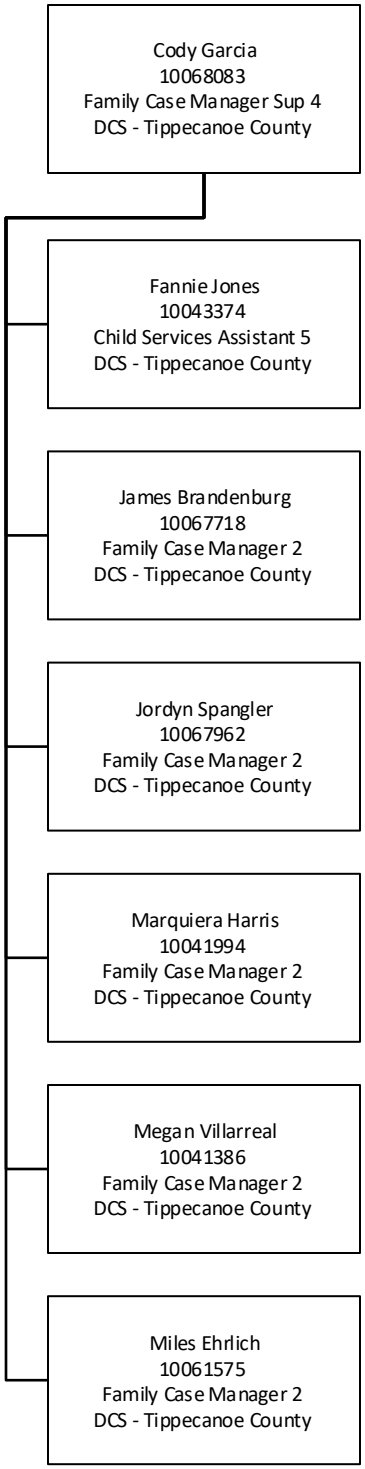
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Fannie Jones
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Child Services Assistant 5
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James Brandenburg
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Jordyn Spangler
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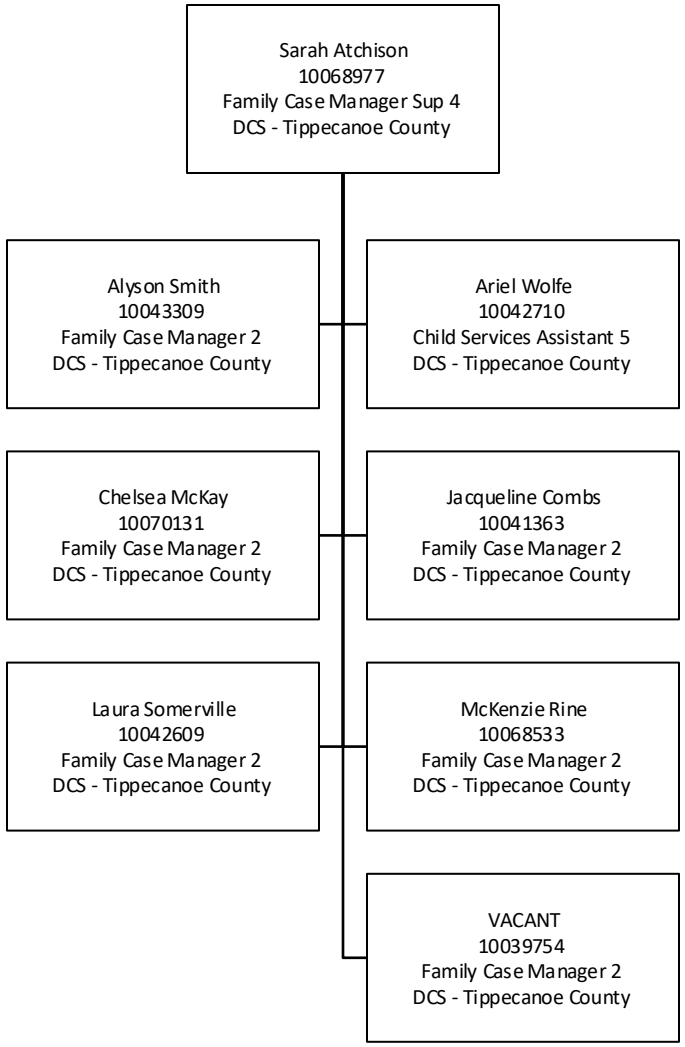
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Ariel Wolfe
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Chelsea McKay
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Family Case Manager 2
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Jacqueline Combs
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DCS - Tippecanoe County
Laura Somerville
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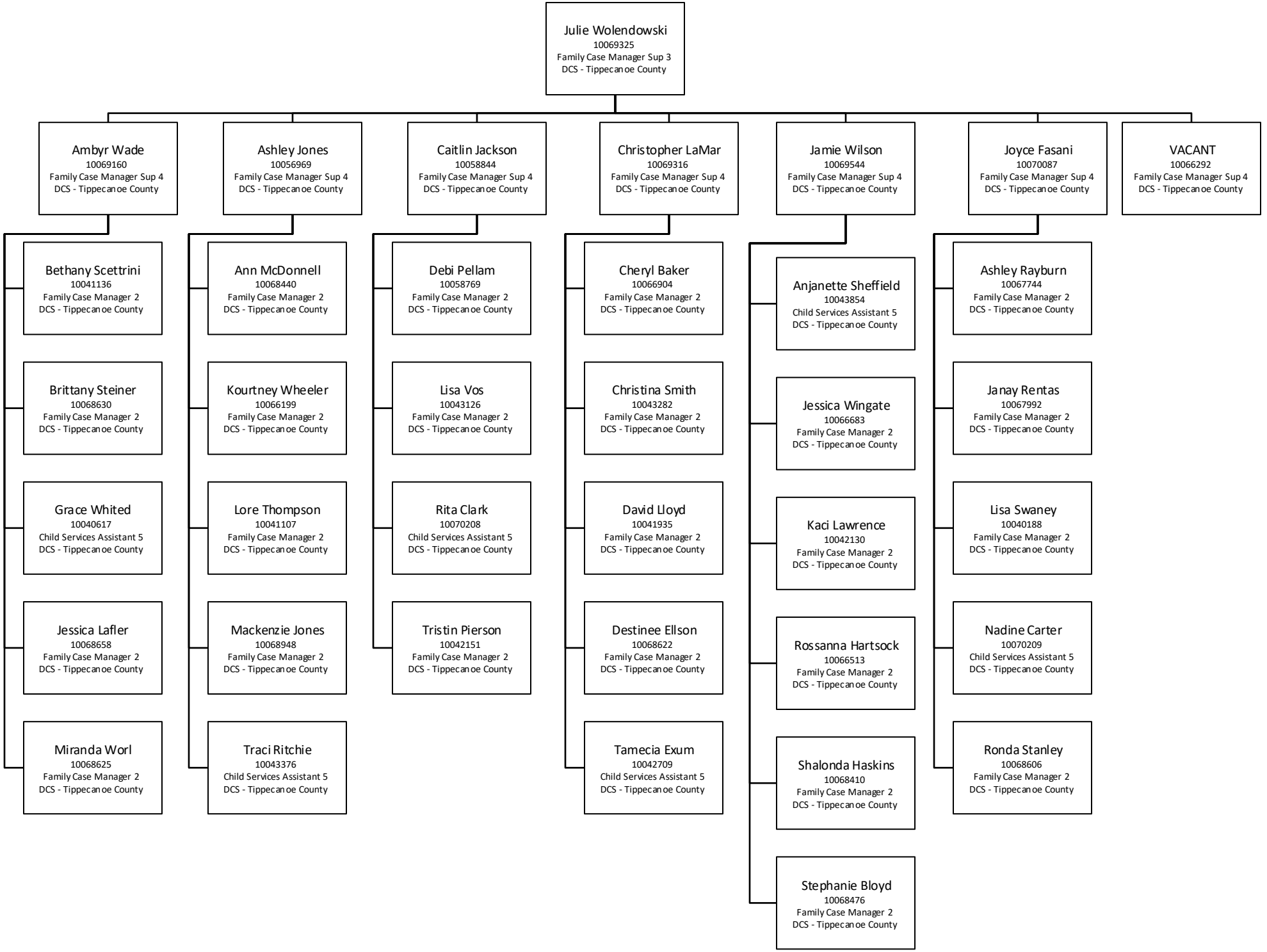
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Ambyr Wade
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Ashley Jones
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Family Case Manager Sup 4
DCS - Tippecanoe County
Caitlin Jackson
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Family Case Manager Sup 4
DCS - Tippecanoe County
Christopher LaMar
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Family Case Manager Sup 4
DCS - Tippecanoe County
Jamie Wilson
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Joyce Fasani
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Family Case Manager Sup 4
DCS - Tippecanoe County
VACANT
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Family Case Manager Sup 4
DCS - Tippecanoe County
Bethany Scettrini
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Brittany Steiner
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Family Case Manager 2
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Grace Whited
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Child Services Assistant 5
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Jessica Lafler
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Family Case Manager 2
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Miranda Worl
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Family Case Manager 2
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Ann McDonnell
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Kourtney Wheeler
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Lore Thompson
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Mackenzie Jones
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Traci Ritchie
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Debi Pellam
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Family Case Manager 2
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Lisa Vos
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Rita Clark
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Tristin Pierson
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Cheryl Baker
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Christina Smith
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David Lloyd
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Destinee Ellson
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Tamecia Exum
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Anjanette Sheffield
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Kaci Lawrence
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Rossanna Hartsock
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Janay Rentas
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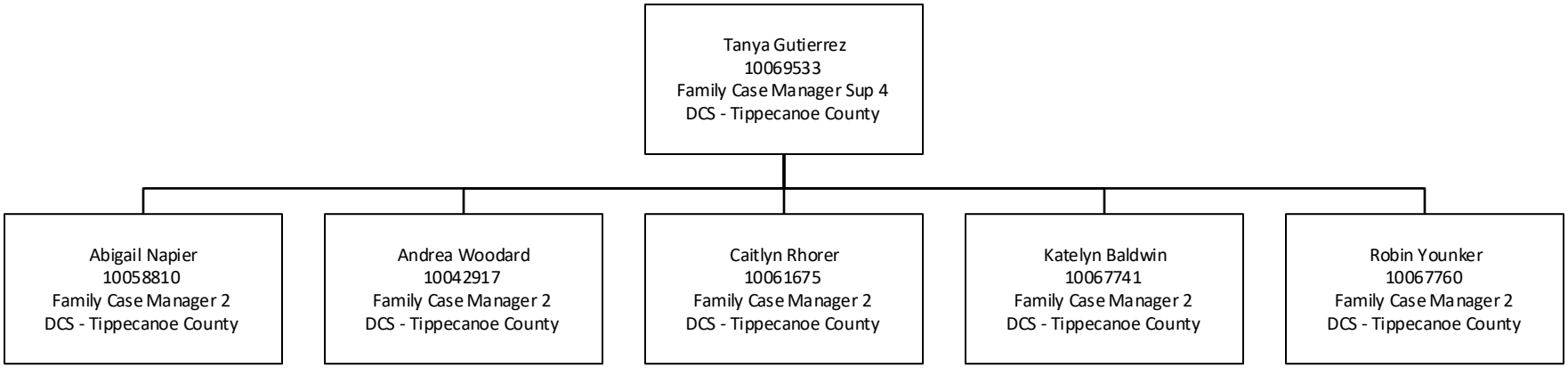
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Caitlyn Rhorer
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Robin Younker
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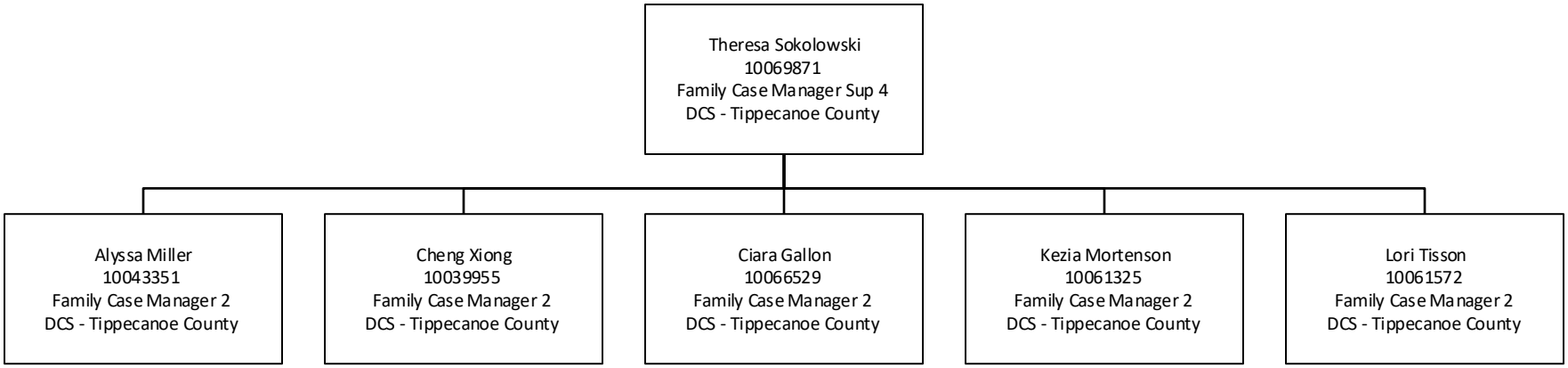
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Cheng Xiong
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Family Case Manager 2
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Ciara Gallon
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Family Case Manager 2
DCS - Tippecanoe County
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Lori Tisson
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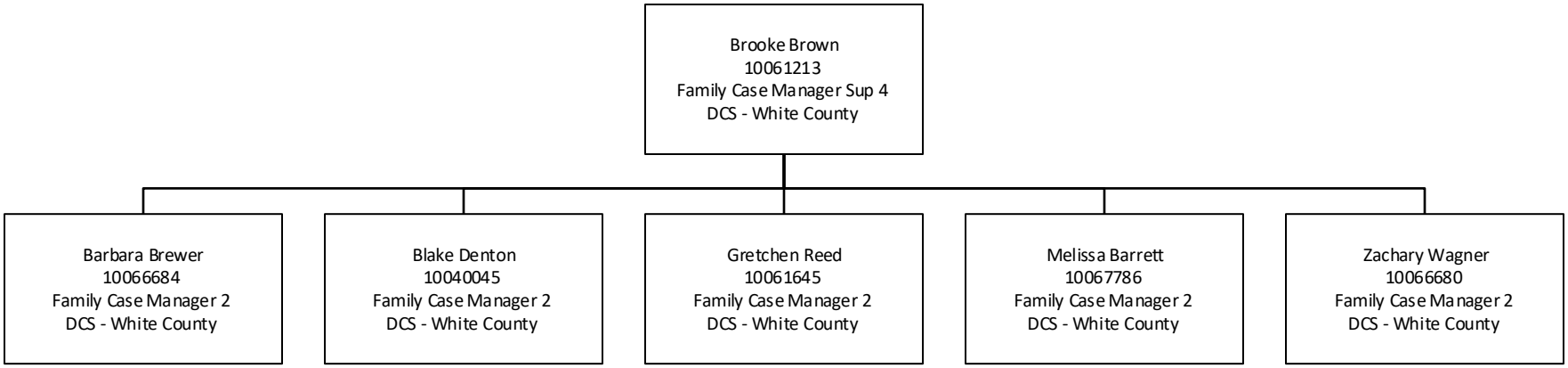
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Barbara Brewer
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Gretchen Reed
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Zachary Wagner
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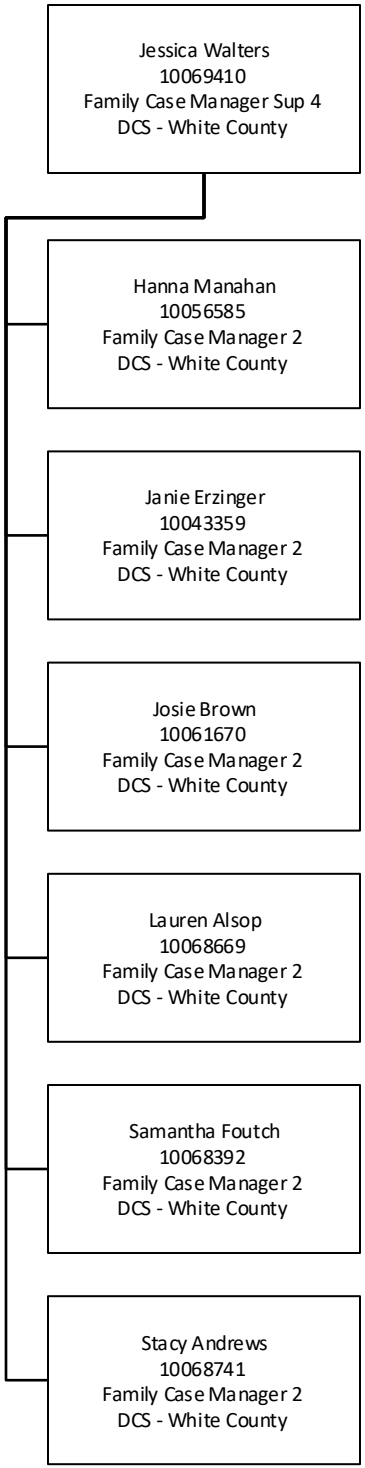
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Josie Brown
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Family Case Manager 2
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Lauren Alsop
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Stacy Andrews
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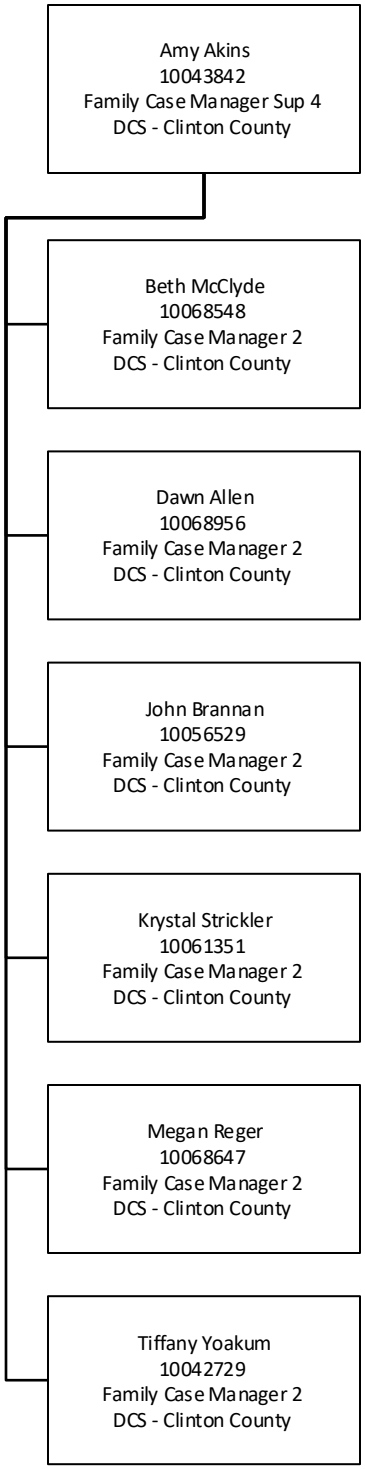
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Beth McClyde
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Dawn Allen
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DCS - Clinton County
John Brannan
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Family Case Manager 2
DCS - Clinton County
Krystal Strickler
10061351
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Tiffany Yoakum
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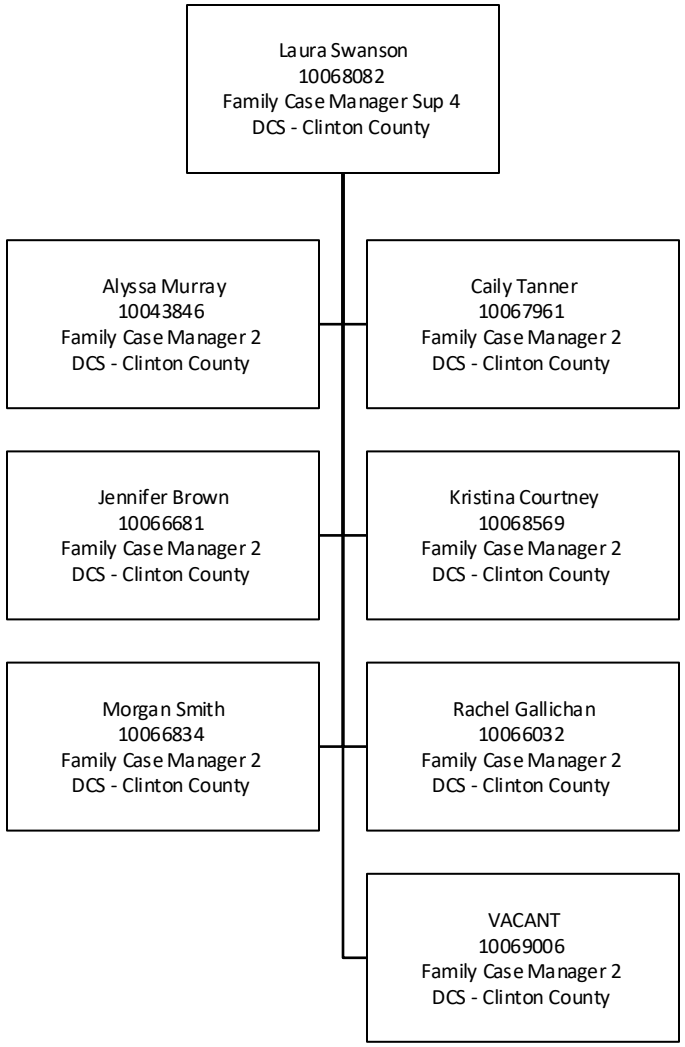
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Jennifer Brown
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Kristina Courtney
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DCS - Clinton County
Morgan Smith
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Family Case Manager 2
DCS - Clinton County
Rachel Gallichan
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Family Case Manager 2
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VACANT
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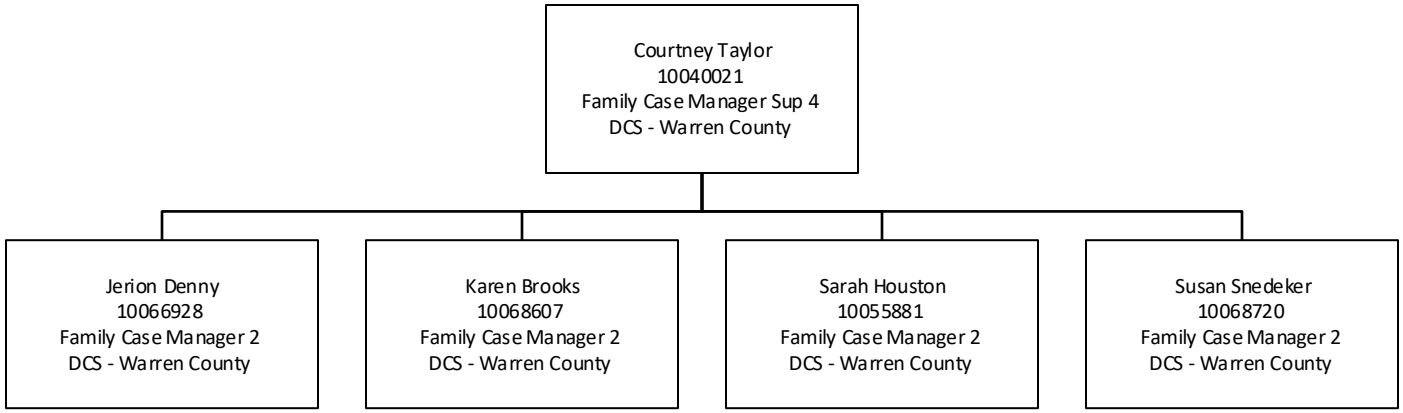
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Sarah Houston
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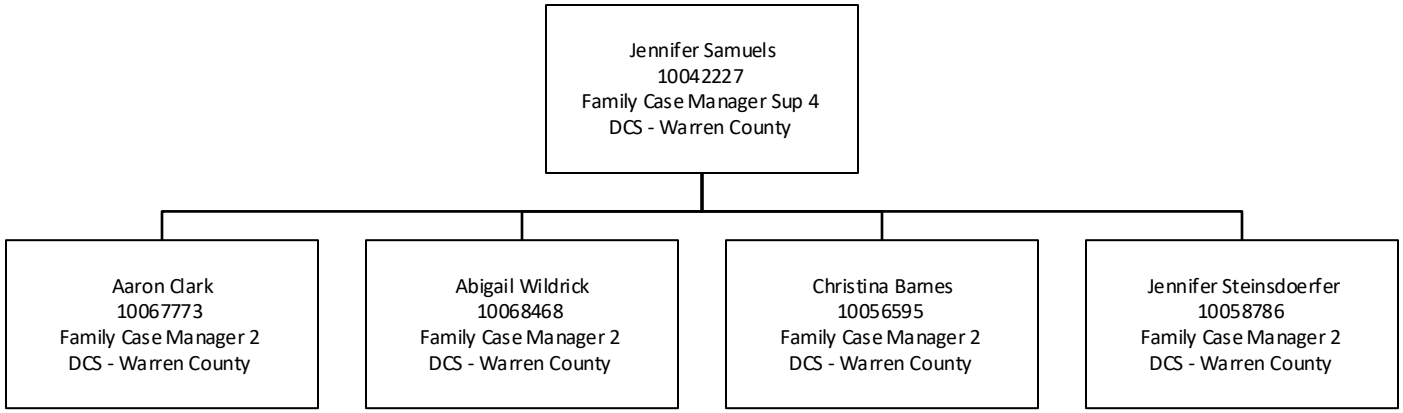
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Aaron Clark
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Abigail Wildrick
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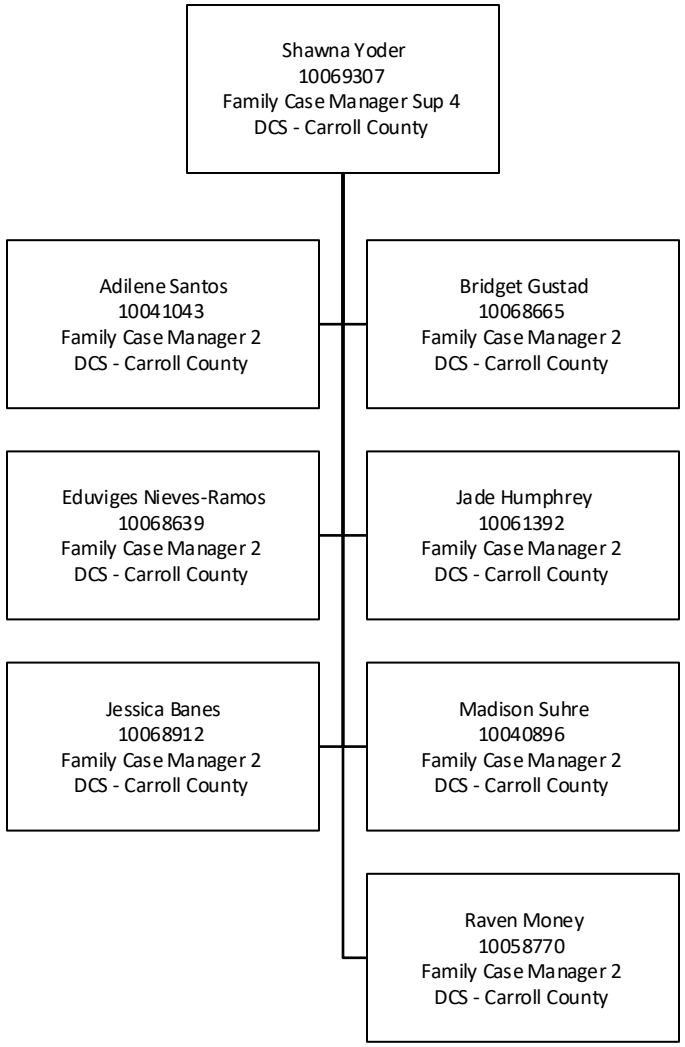
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Bridget Gustad
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Eduviges Nieves-Ramos
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Jade Humphrey
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Family Case Manager 2
DCS - Carroll County
Jessica Banes
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Raven Money
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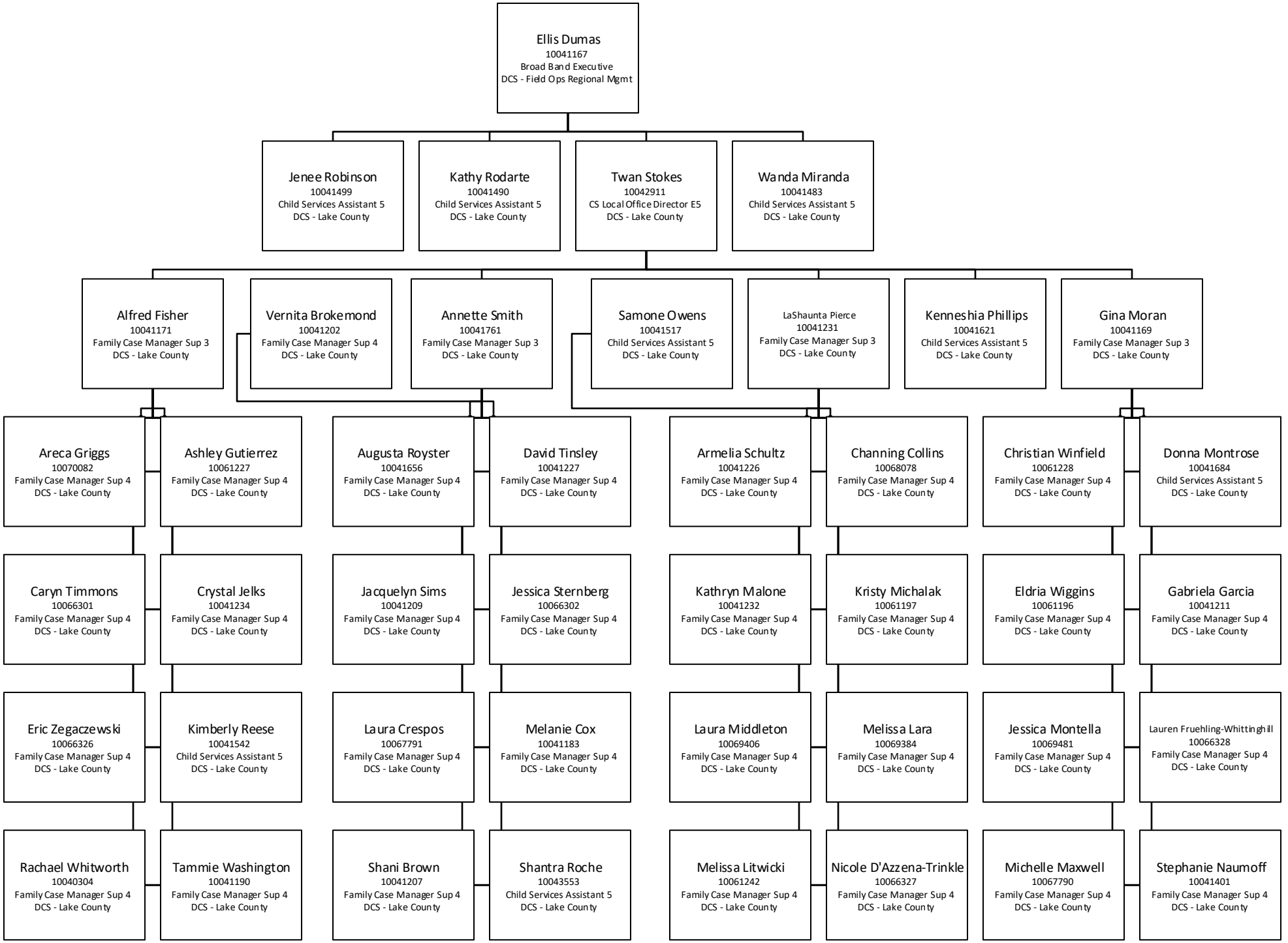
Ellis Dumas
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Broad Band Executive
DCS - Field Ops Regional Mgmt
Jenee Robinson
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Child Services Assistant 5
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Kathy Rodarte
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Child Services Assistant 5
DCS - Lake County
Twan Stokes
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CS Local Office Director E5
DCS - Lake County
Wanda Miranda
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Child Services Assistant 5
DCS - Lake County
Alfred Fisher
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DCS - Lake County
Vernita Brokemond
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Samone Owens
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Child Services Assistant 5
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LaShaunta Pierce
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Kenneshia Phillips
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Child Services Assistant 5
DCS - Lake County
Gina Moran
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Areca Griggs
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Ashley Gutierrez
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Augusta Royster
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David Tinsley
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Channing Collins
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Christian Winfield
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Jacquelyn Sims
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Jessica Sternberg
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Kristy Michalak
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Eldria Wiggins
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Gabriela Garcia
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Eric Zegaczewski
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DCS - Lake County
Kimberly Reese
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Laura Crespos
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Melanie Cox
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Laura Middleton
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Melissa Lara
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Jessica Montella
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Lauren Fruehling-Whittinghill
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Shani Brown
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Shantra Roche
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DCS - Lake County
Nicole D'Azzena-Trinkle
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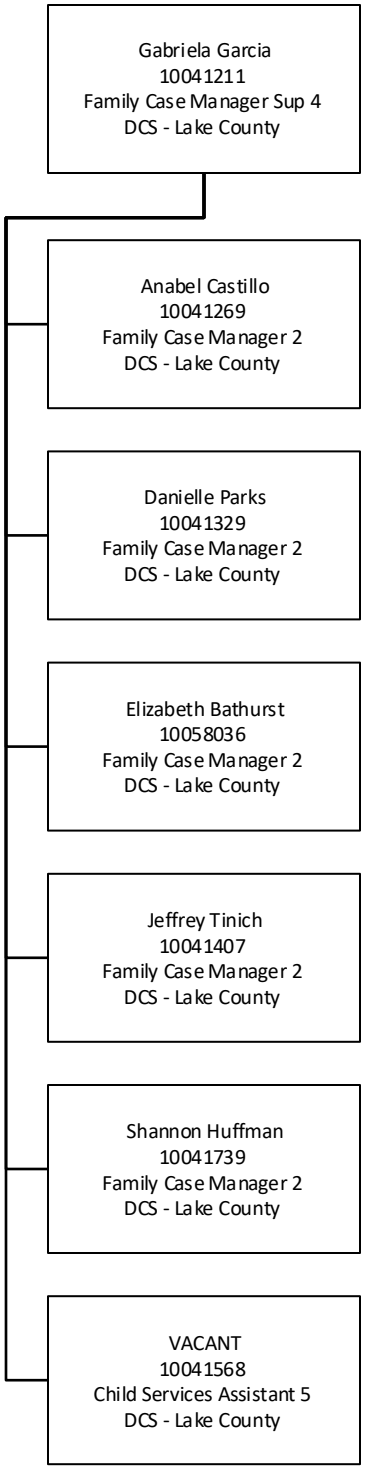
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Anabel Castillo
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Danielle Parks
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DCS - Lake County
Elizabeth Bathurst
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Family Case Manager 2
DCS - Lake County
Jeffrey Tinich
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Shannon Huffman
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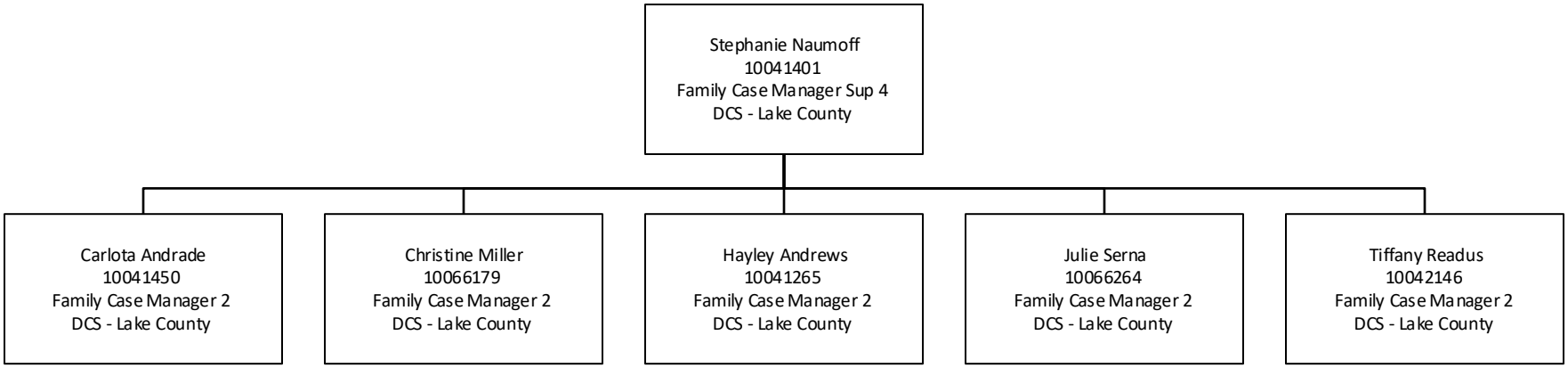
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Christine Miller
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Hayley Andrews
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Julie Serna
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Tiffany Readus
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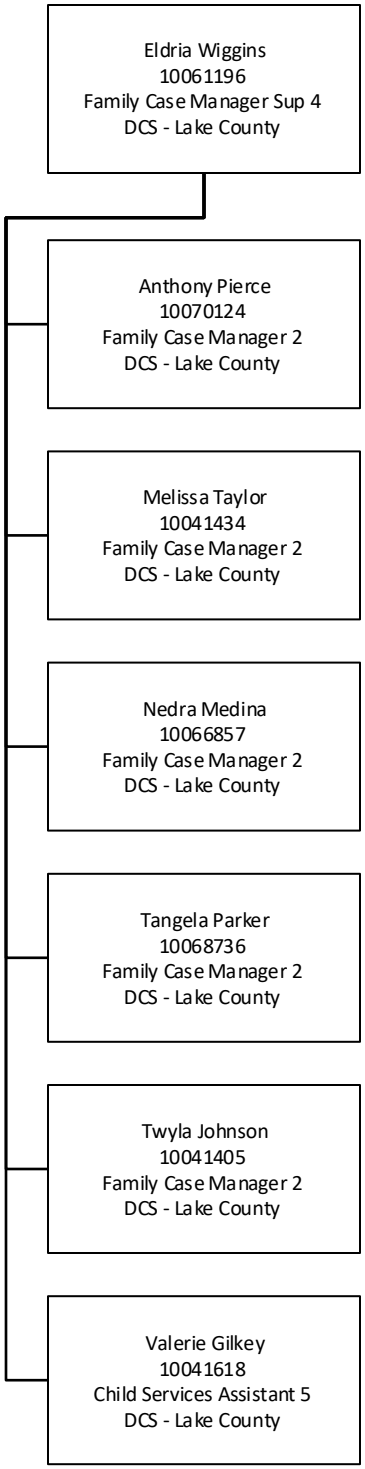
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Melissa Taylor
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Nedra Medina
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Tangela Parker
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Valerie Gilkey
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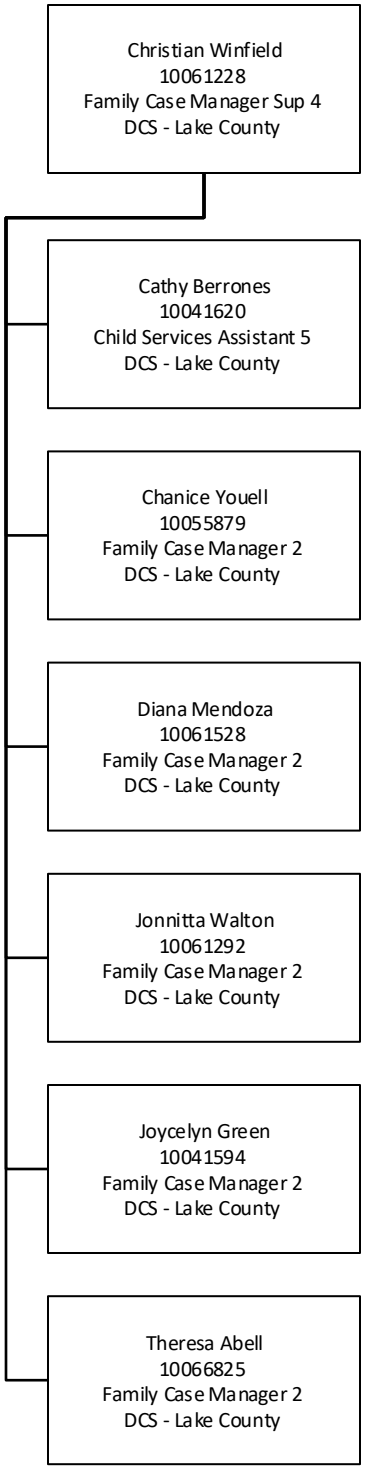
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Cathy Berrones
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Chanice Youell
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Family Case Manager 2
DCS - Lake County
Diana Mendoza
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Family Case Manager 2
DCS - Lake County
Jonnitta Walton
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Theresa Abell
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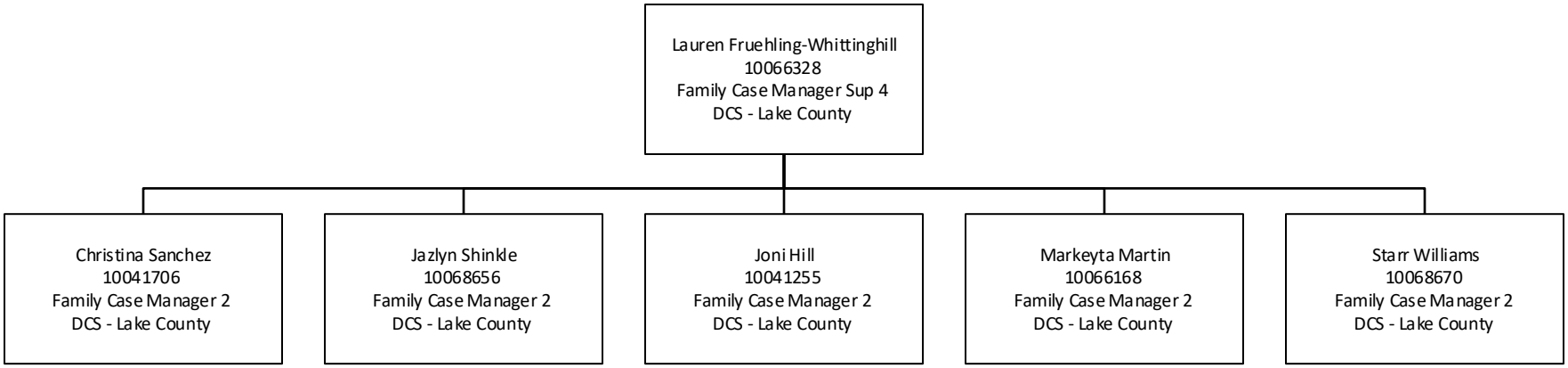
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Joni Hill
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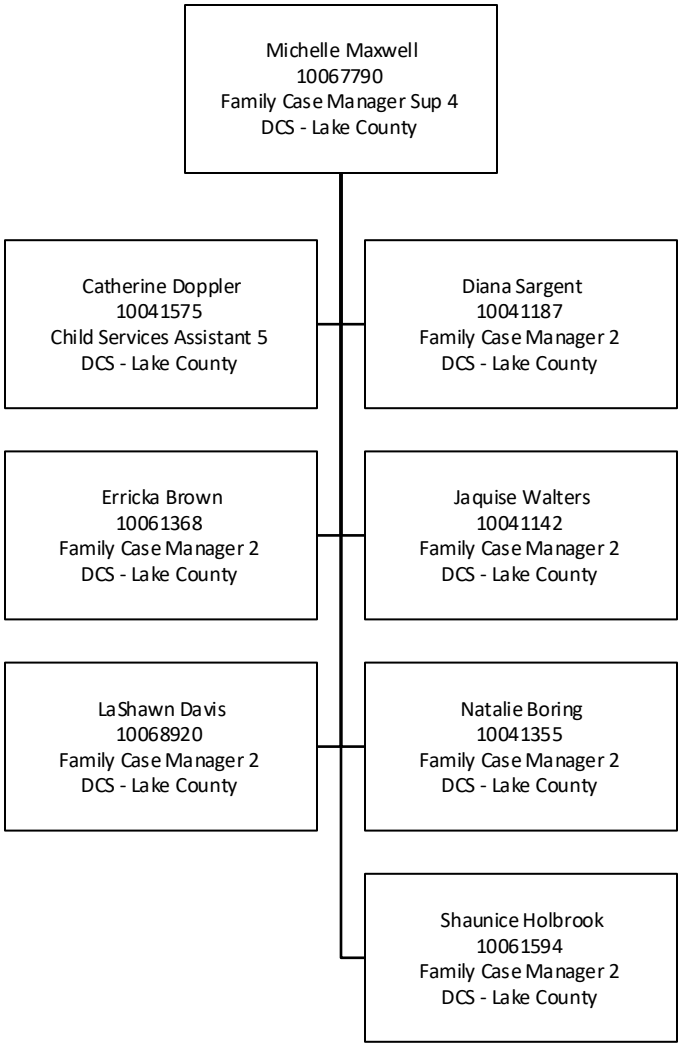
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Jaquise Walters
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LaShawn Davis
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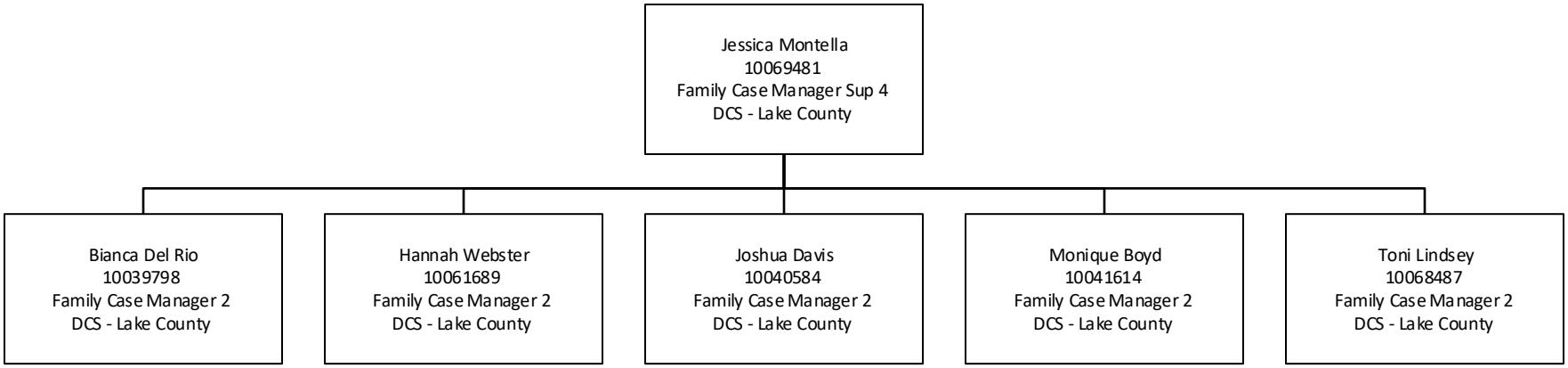
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Hannah Webster
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Joshua Davis
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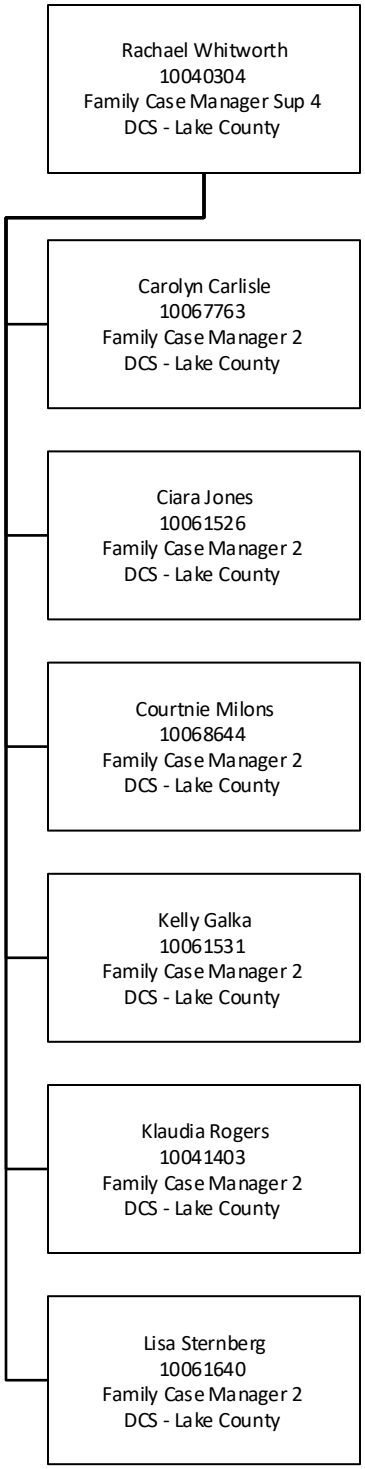
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Kelly Galka
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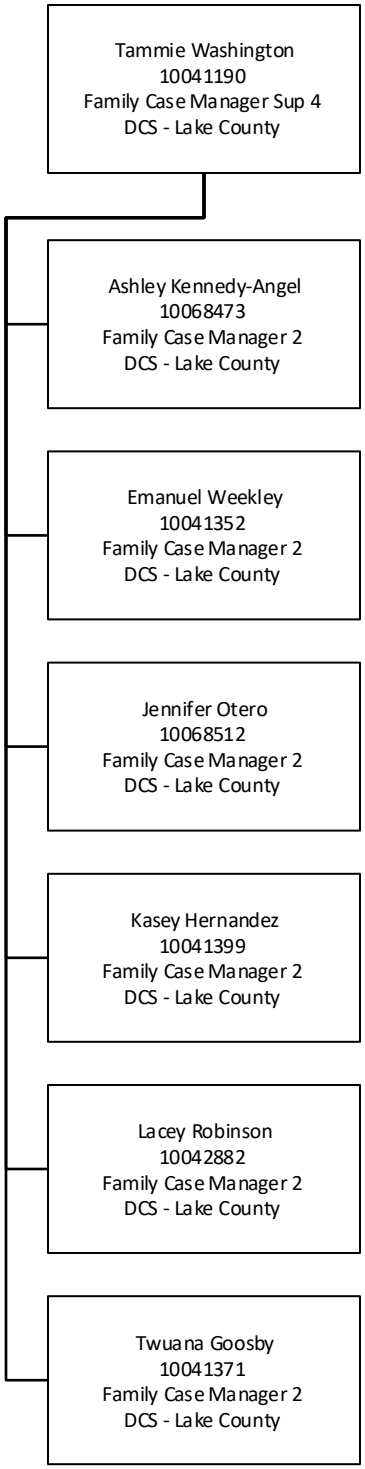
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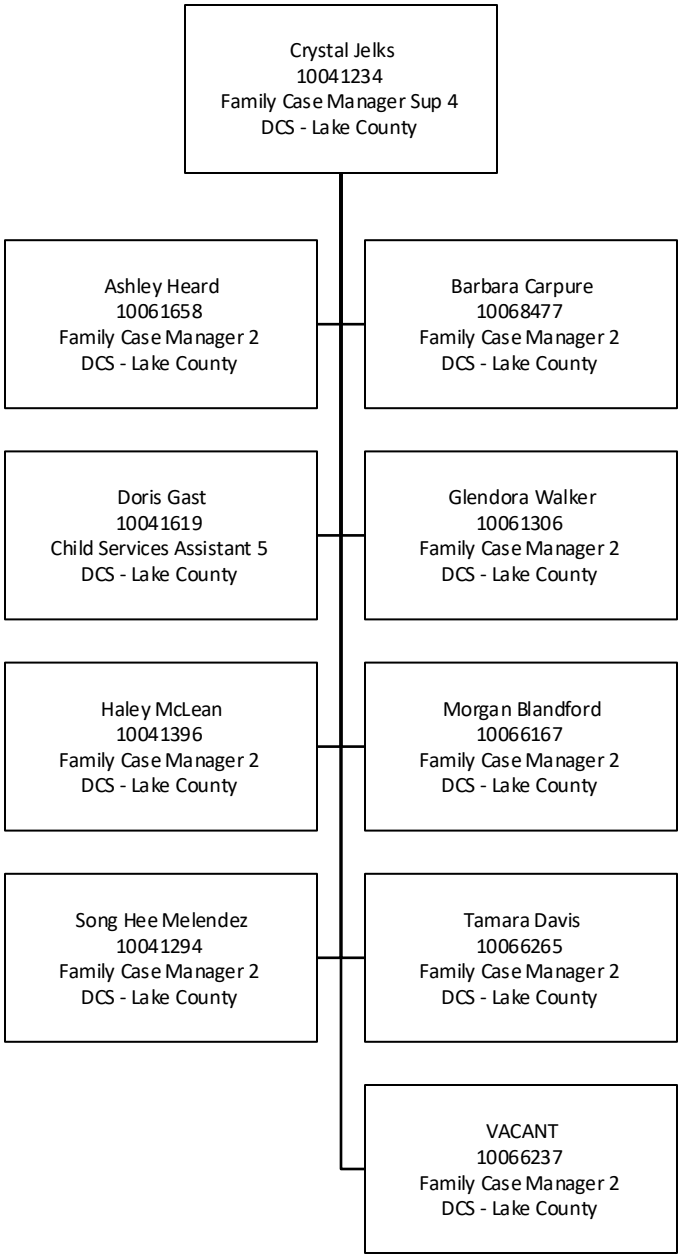
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Barbara Carpure
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Doris Gast
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Glendora Walker
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Haley McLean
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Morgan Blandford
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Song Hee Melendez
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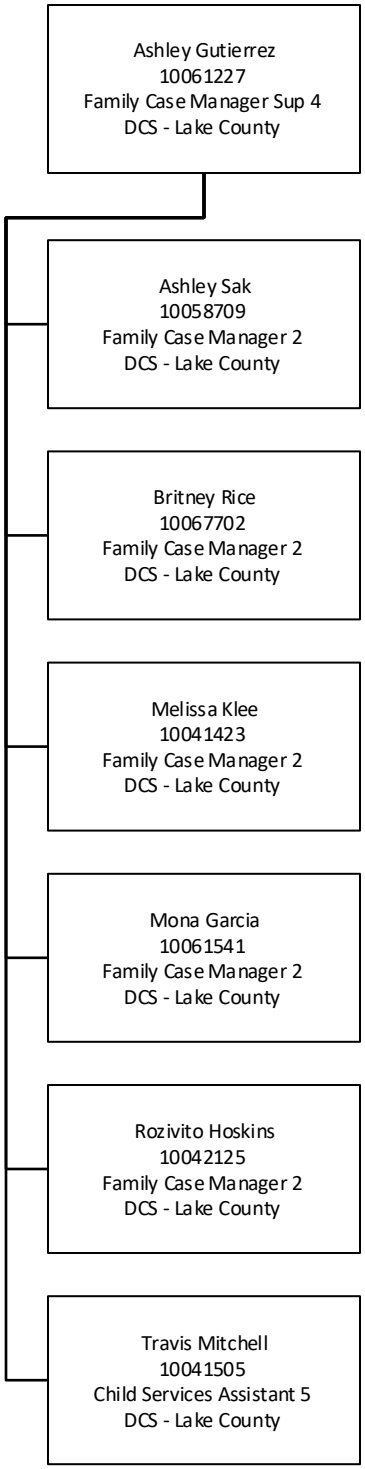
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Ashley Sak
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Britney Rice
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Melissa Klee
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Mona Garcia
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Travis Mitchell
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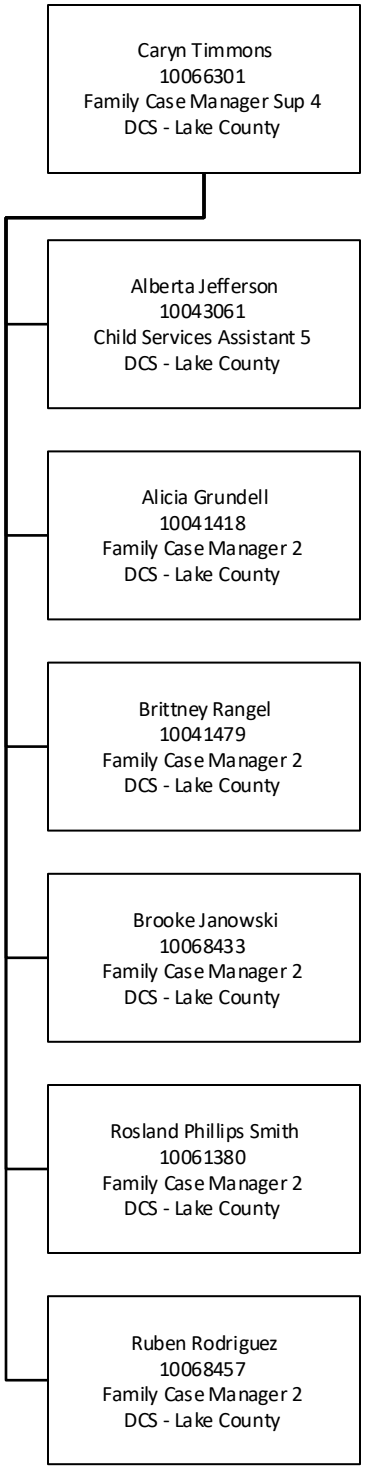
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Alberta Jefferson
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Brittney Rangel
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Brooke Janowski
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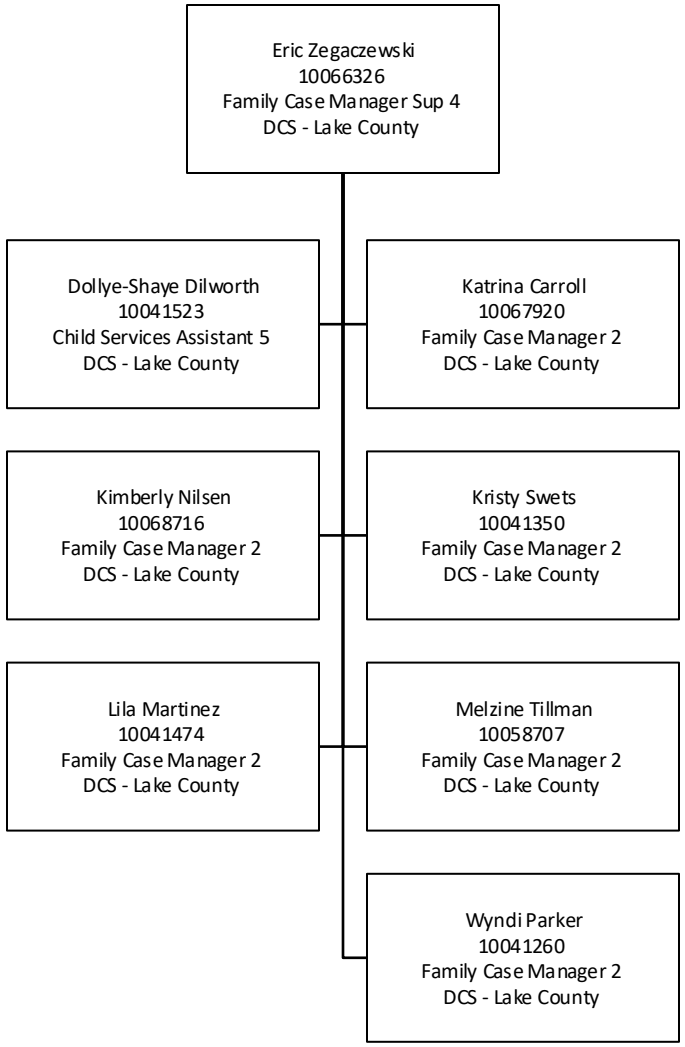
Eric Zegaczewski
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Dollye-Shaye Dilworth
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Kristy Swets
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Lila Martinez
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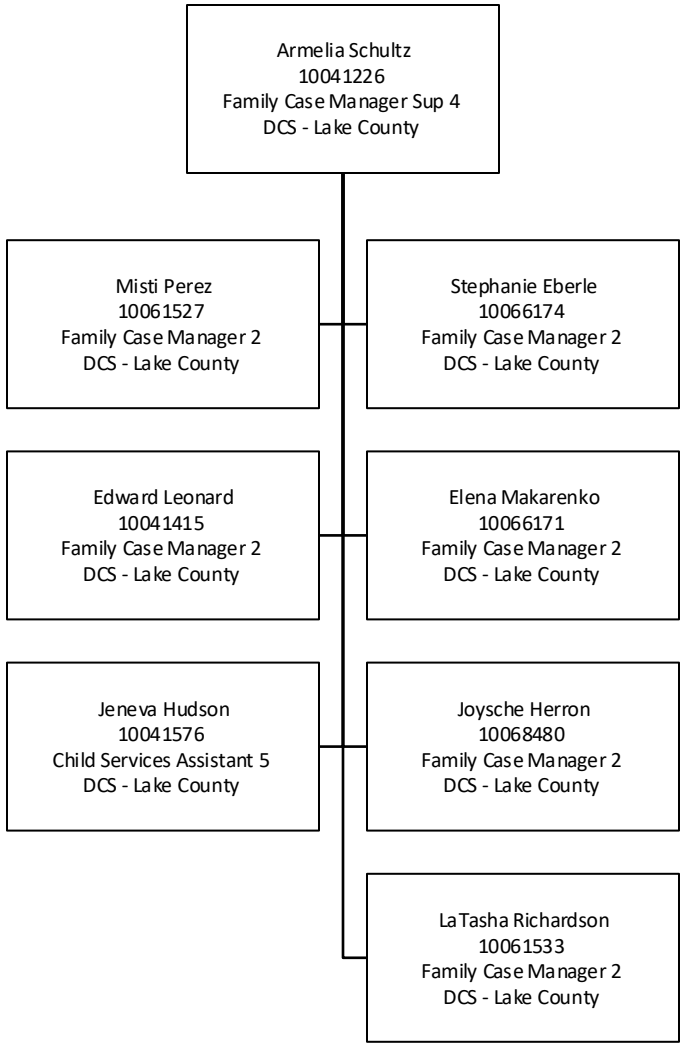
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Misti Perez
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Edward Leonard
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Family Case Manager 2
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Elena Makarenko
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DCS - Lake County
Jeneva Hudson
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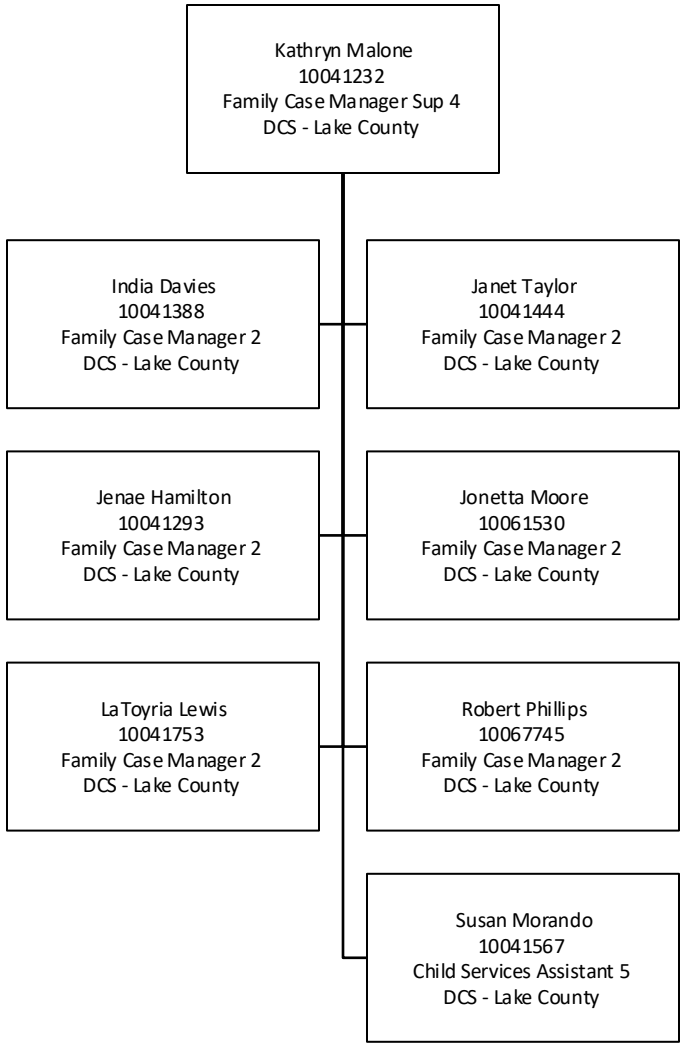
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Janet Taylor
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Jenae Hamilton
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Jonetta Moore
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DCS - Lake County
LaToyria Lewis
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Susan Morando
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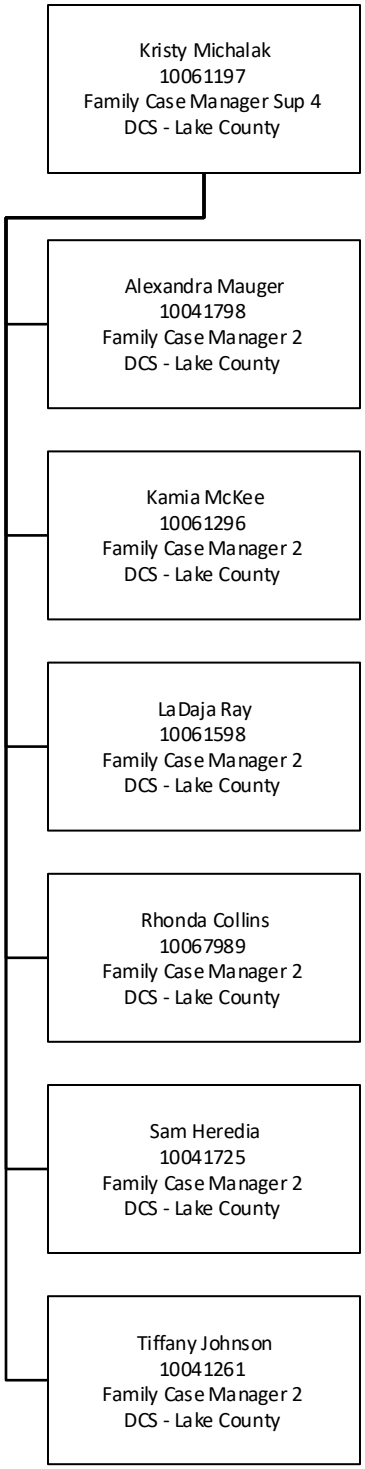
DCS - Lake County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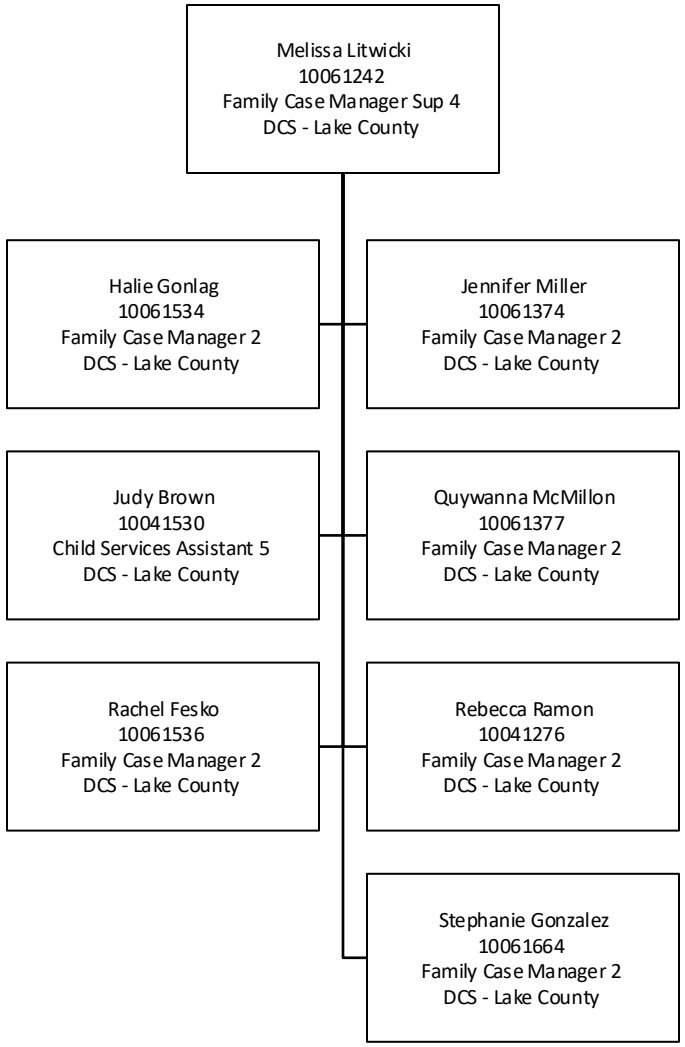
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Judy Brown
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Child Services Assistant 5
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Quywanna McMillon
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Rachel Fesko
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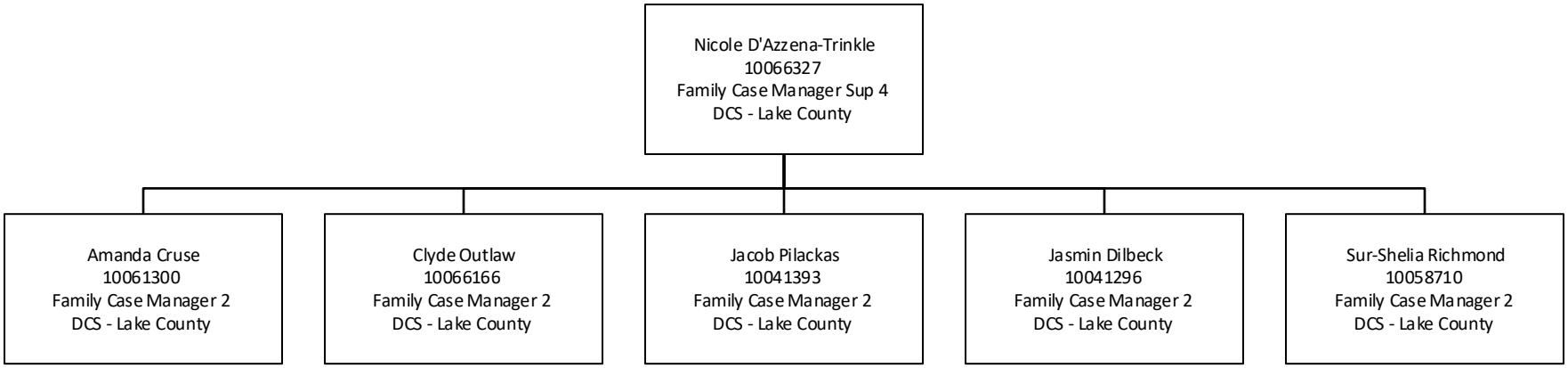
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Amanda Cruse
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Clyde Outlaw
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Jacob Pilackas
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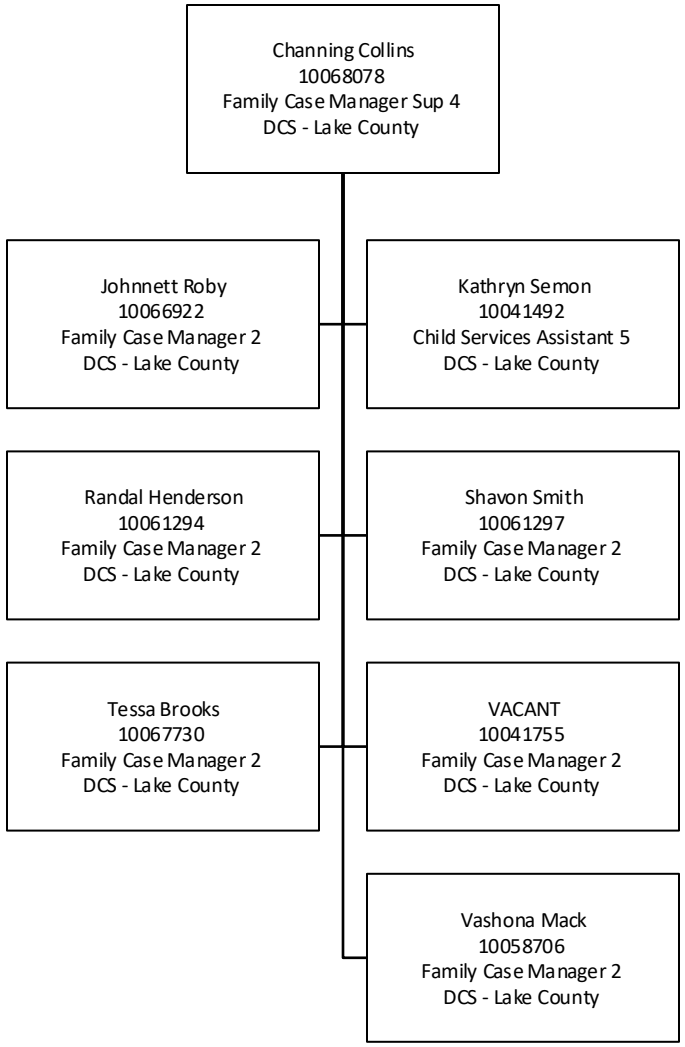
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VACANT
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Vashona Mack
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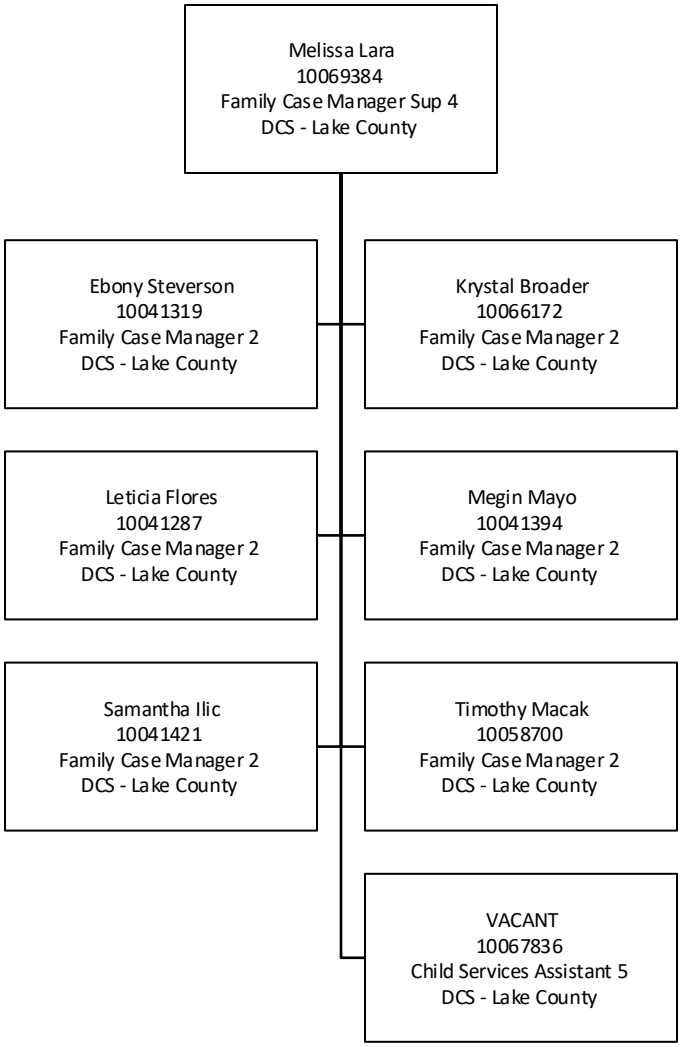
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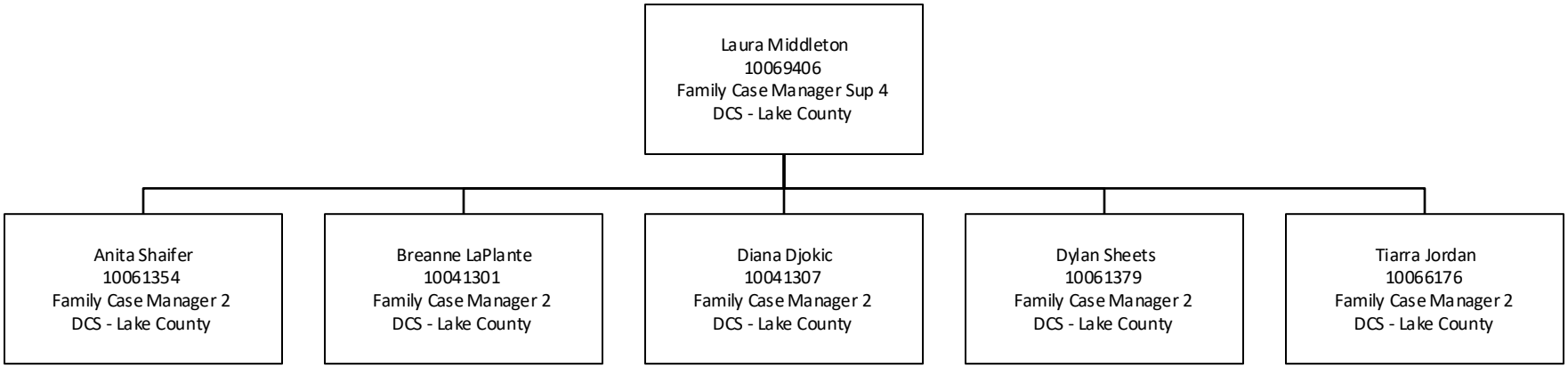
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Tiarra Jordan
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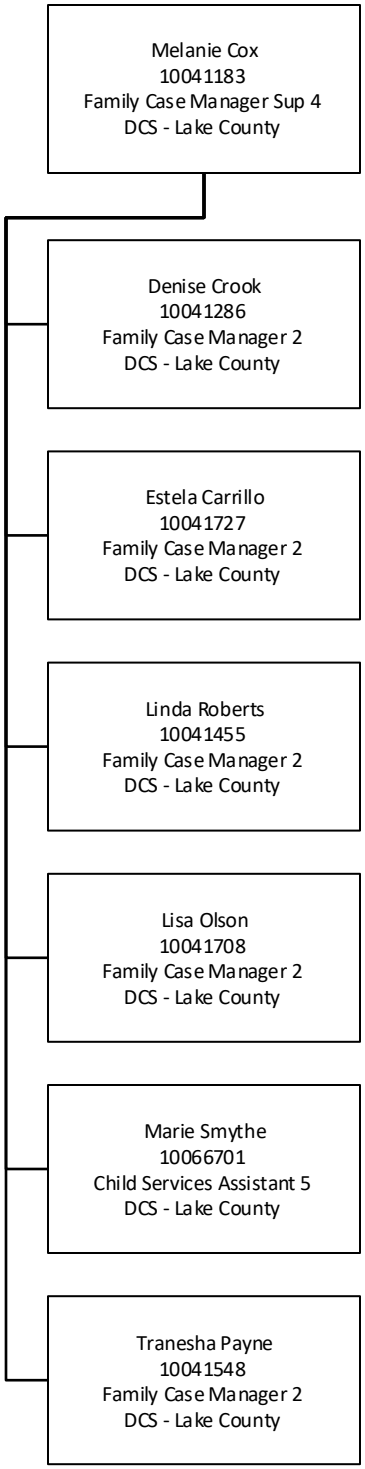
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Lisa Olson
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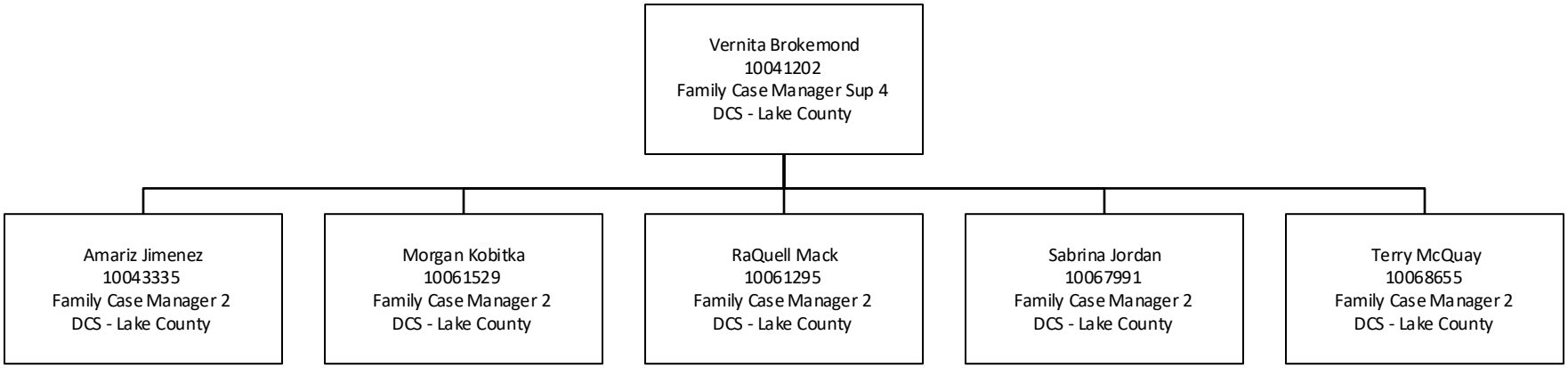
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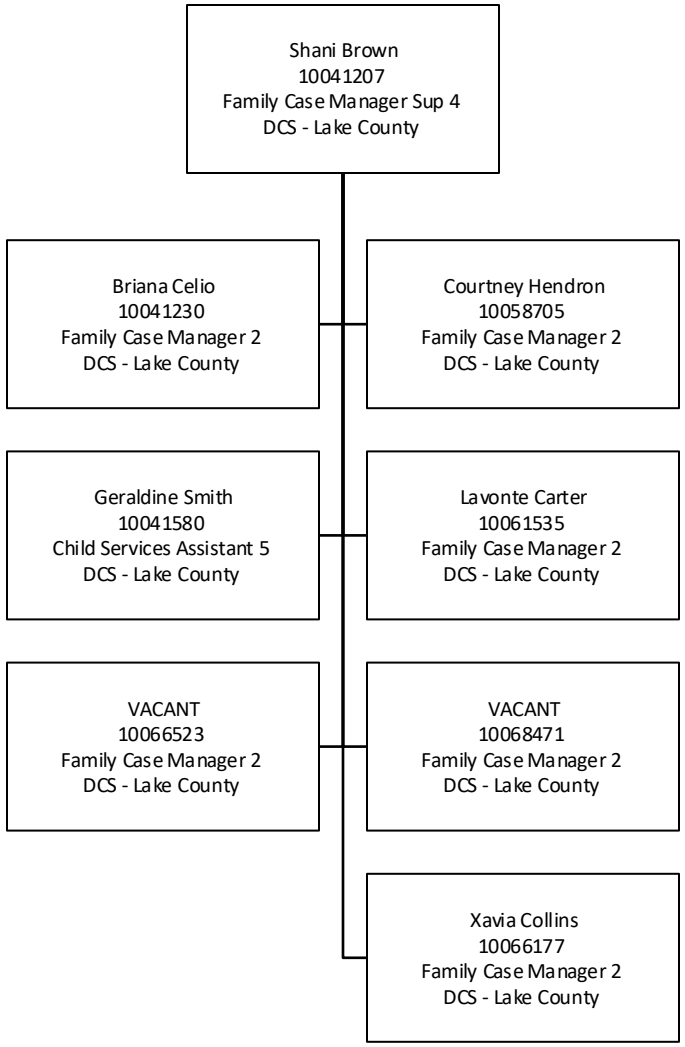
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Geraldine Smith
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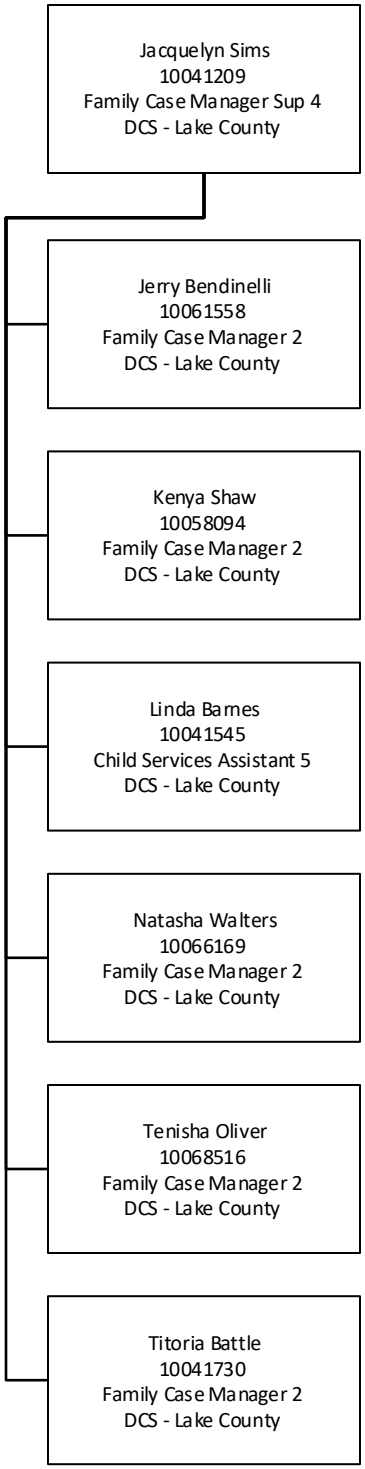
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Linda Barnes
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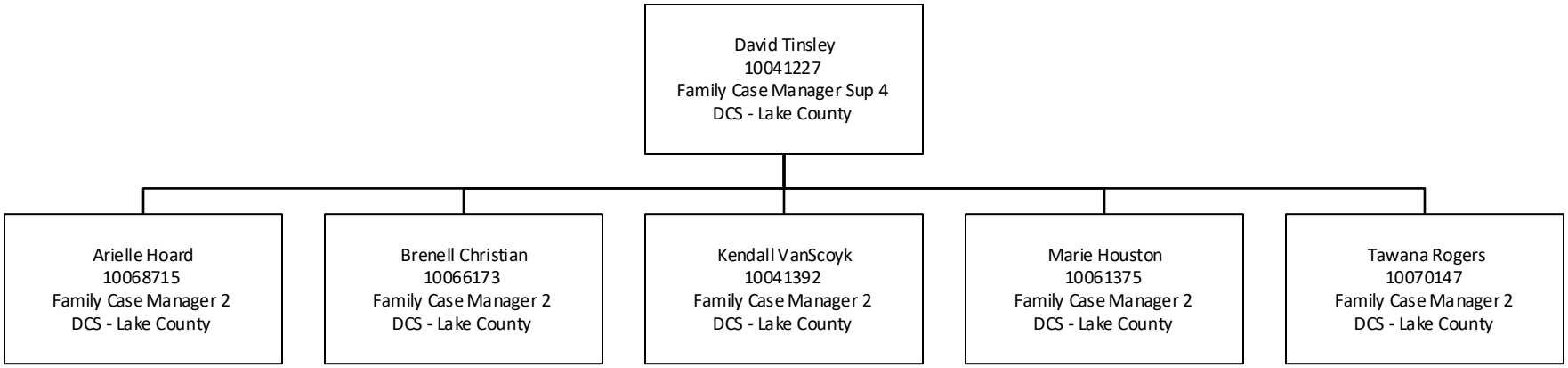
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Brenell Christian
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Kendall VanScoyk
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Tawana Rogers
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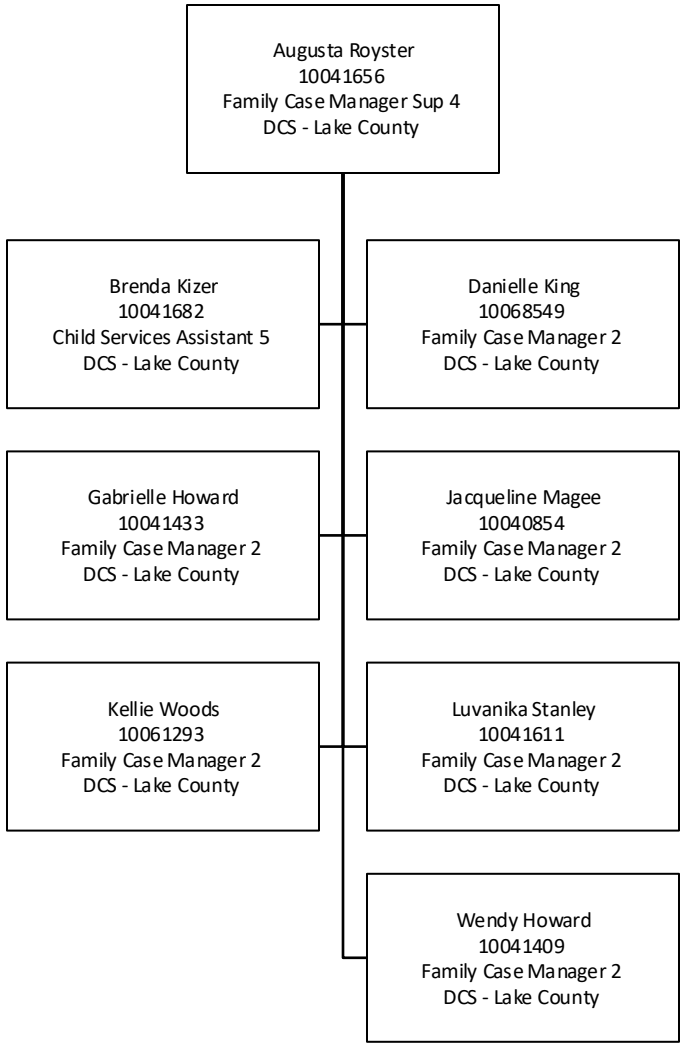
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Brenda Kizer
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DCS - Lake County
Gabrielle Howard
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DCS - Lake County
Jacqueline Magee
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Kellie Woods
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Luvanika Stanley
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Wendy Howard
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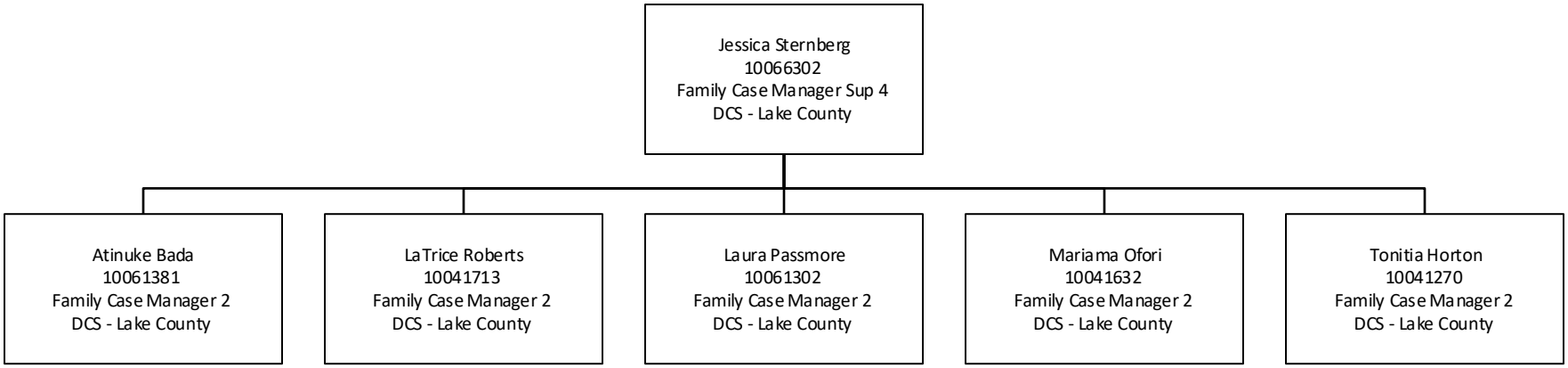
DCS - Lake County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Atinuke Bada
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LaTrice Roberts
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Laura Passmore
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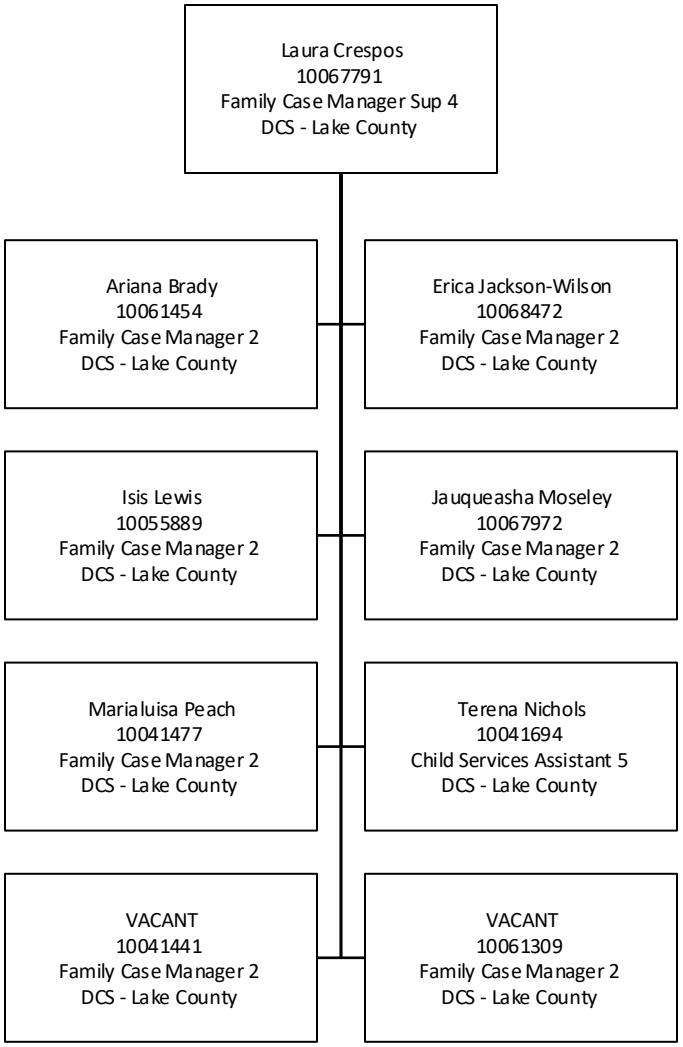
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Ariana Brady
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Erica Jackson-Wilson
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Isis Lewis
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Jauqueasha Moseley
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Marialuisa Peach
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DCS - Lake County
Terena Nichols
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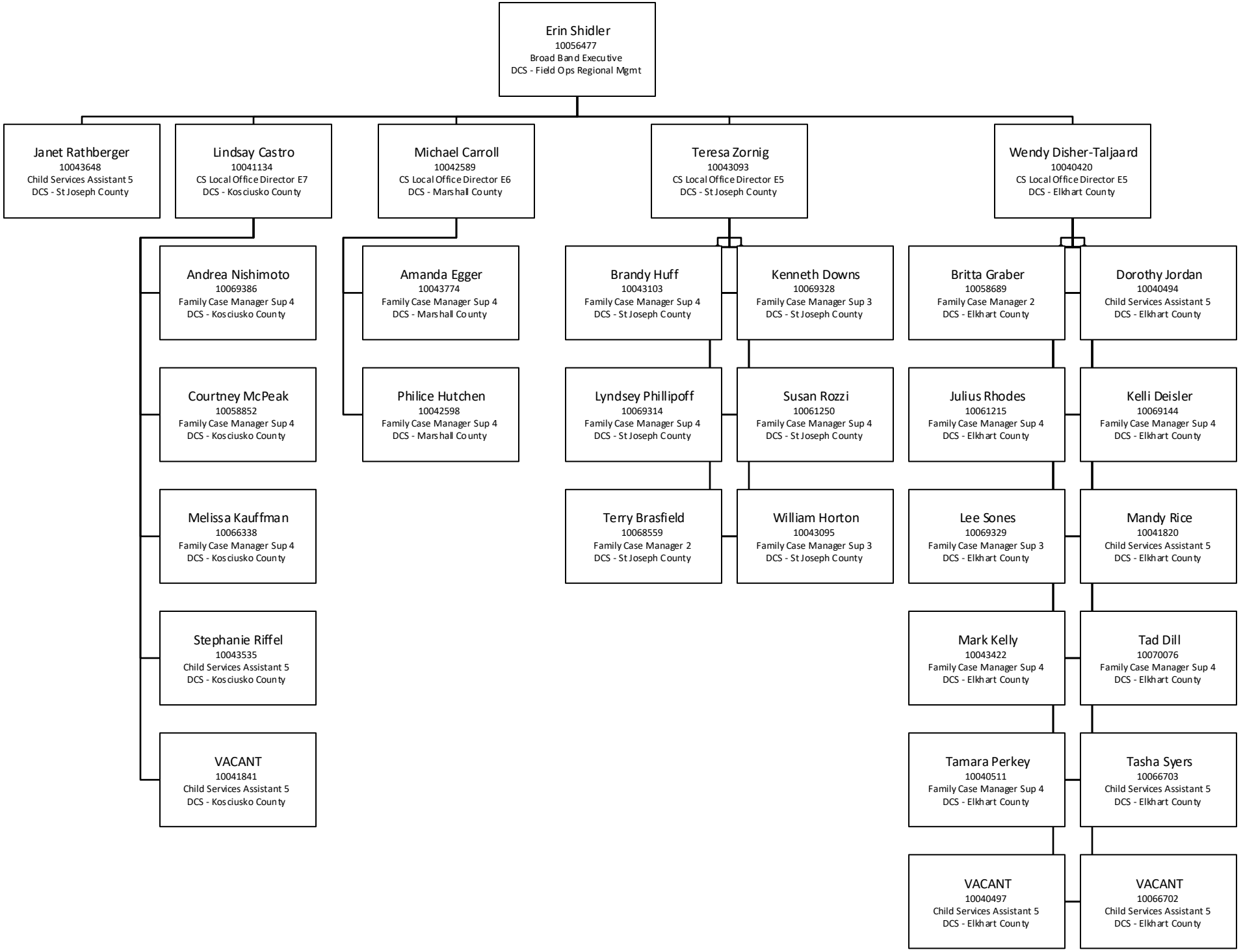
Erin Shidler
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Broad Band Executive
DCS - Field Ops Regional Mgmt
Janet Rathberger
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Child Services Assistant 5
DCS - St Joseph County
Lindsay Castro
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CS Local Office Director E7
DCS - Kosciusko County
Michael Carroll
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CS Local Office Director E6
DCS - Marshall County
Teresa Zornig
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CS Local Office Director E5
DCS - St Joseph County
Wendy Disher-Taljaard
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CS Local Office Director E5
DCS - Elkhart County
Andrea Nishimoto
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Family Case Manager Sup 4
DCS - Kosciusko County
Courtney McPeak
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Family Case Manager Sup 4
DCS - Kosciusko County
Melissa Kauffman
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Stephanie Riffel
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Child Services Assistant 5
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VACANT
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Child Services Assistant 5
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DCS - Marshall County
Philice Hutchen
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Brandy Huff
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Kenneth Downs
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Lyndsey Phillipoff
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Susan Rozzi
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Terry Brasfield
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William Horton
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DCS - St Joseph County
Britta Graber
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Dorothy Jordan
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Julius Rhodes
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DCS - Elkhart County
Kelli Deisler
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Lee Sones
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Mandy Rice
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Mark Kelly
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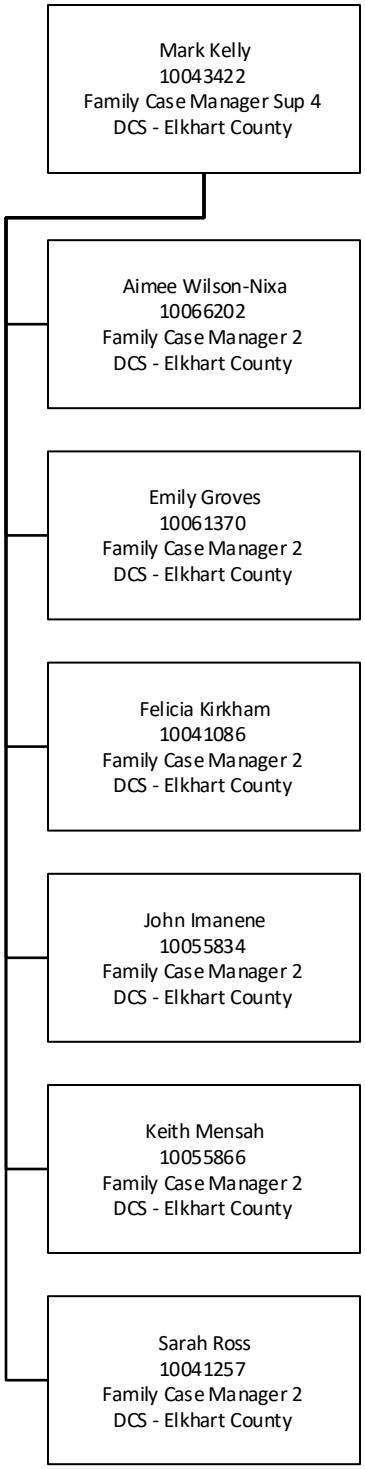
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Emily Groves
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Felicia Kirkham
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John Imanene
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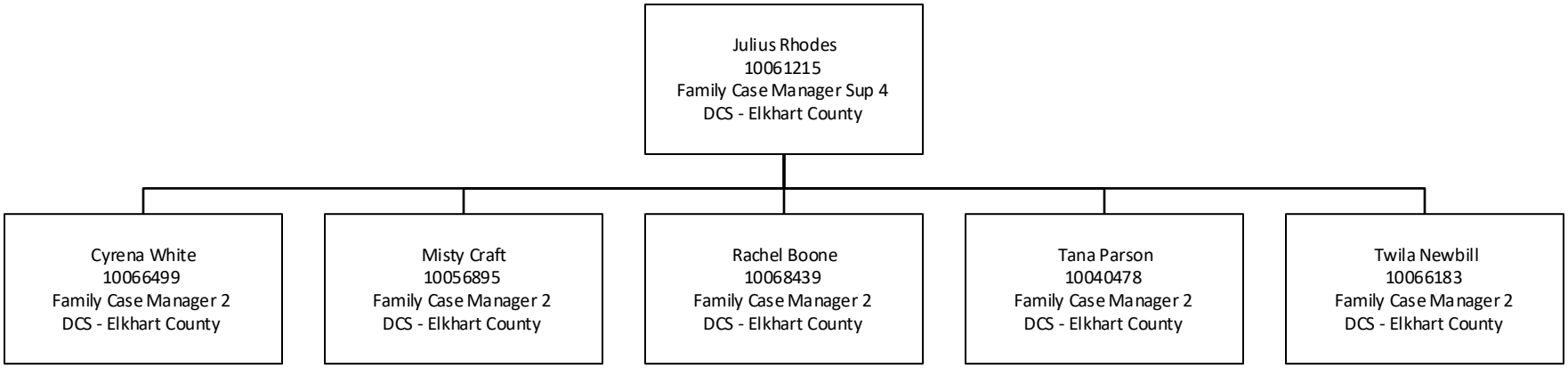
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Rachel Boone
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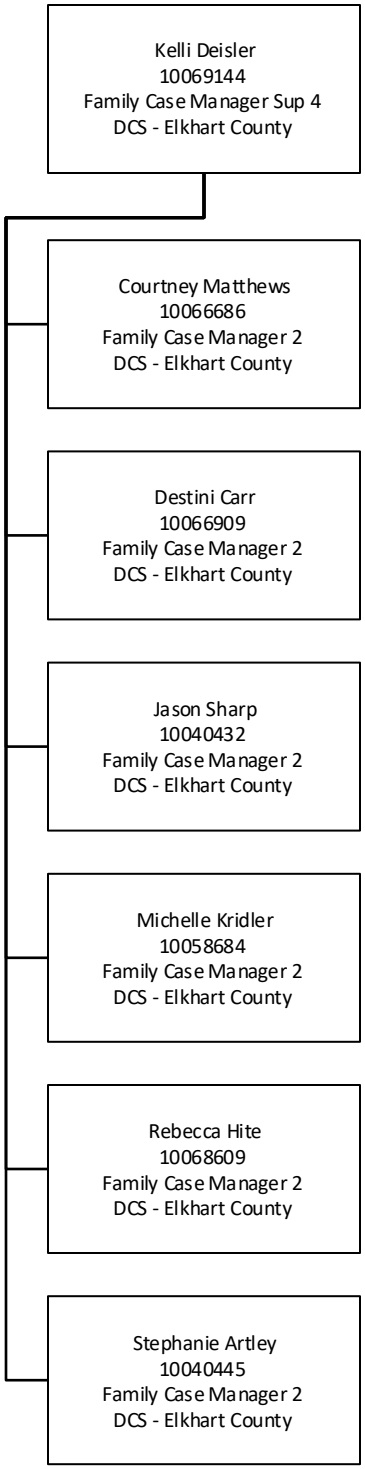
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DCS - Elkhart County
Jason Sharp
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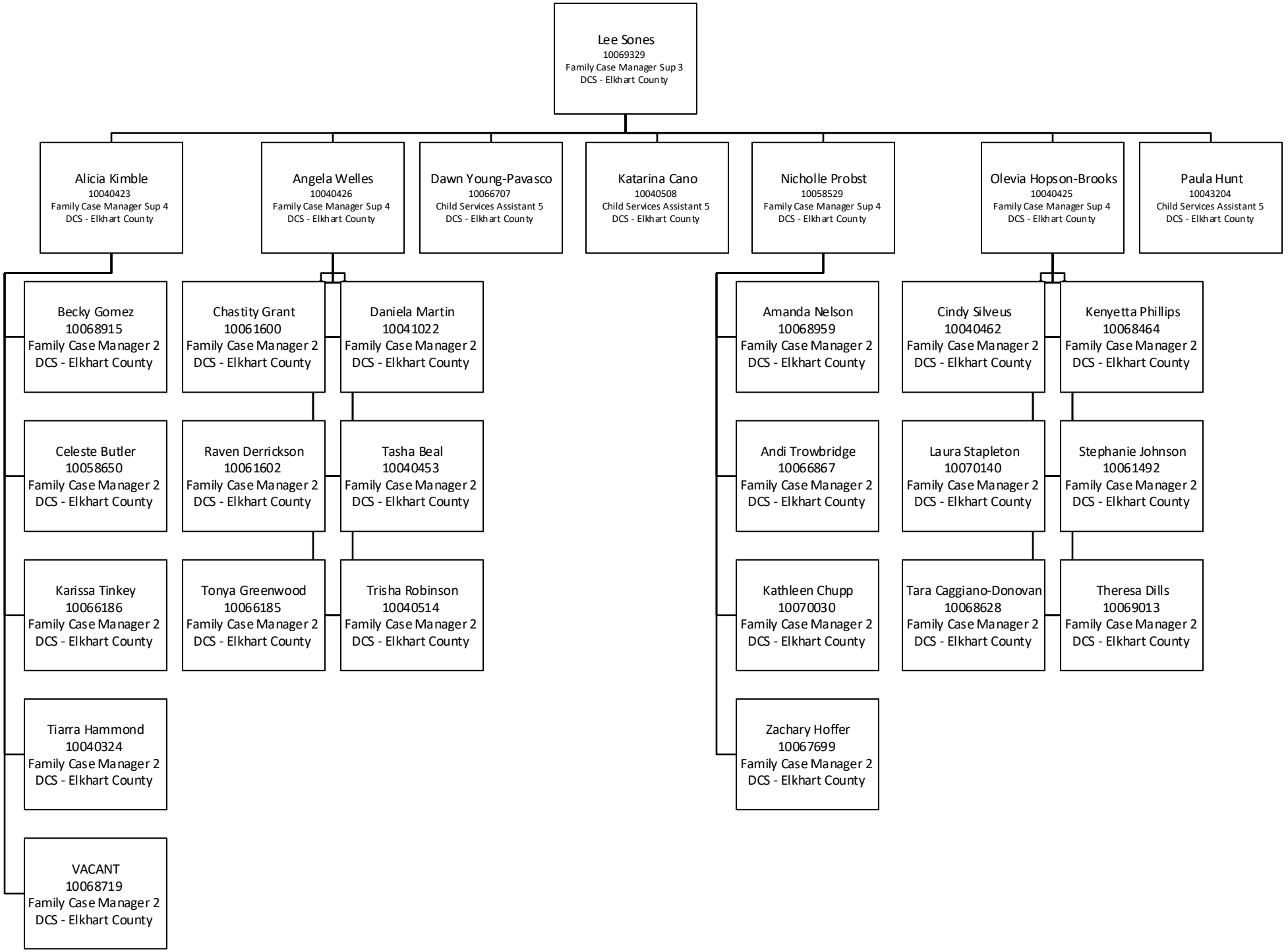
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Angela Welles
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Family Case Manager Sup 4
DCS - Elkhart County
Dawn Young-Pavasco
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Child Services Assistant 5
DCS - Elkhart County
Katarina Cano
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Nicholle Probst
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Olevia Hopson-Brooks
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Paula Hunt
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Becky Gomez
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Raven Derrickson
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Tonya Greenwood
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Zachary Hoffer
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Tara Caggiano-Donovan
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Kenyetta Phillips
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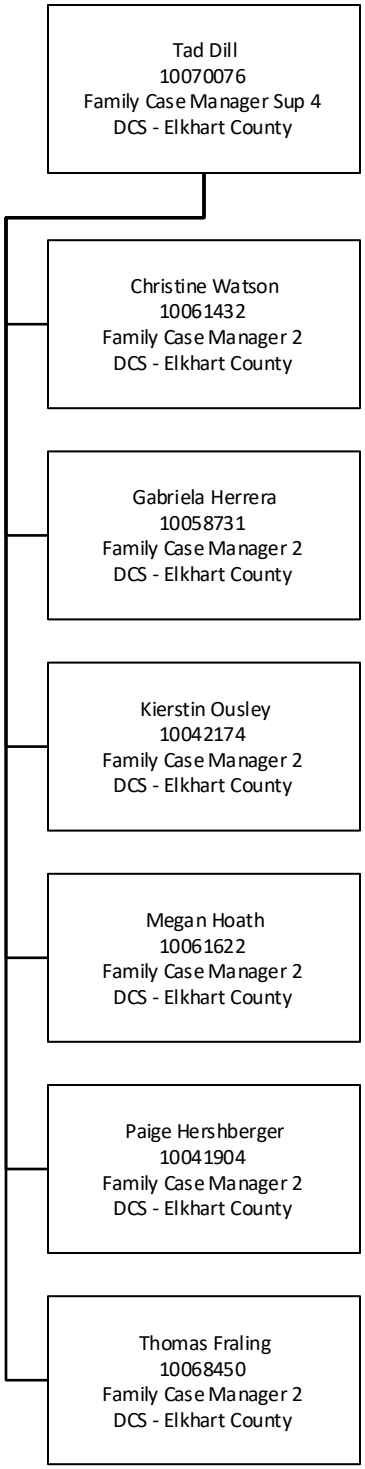
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Kierstin Ousley
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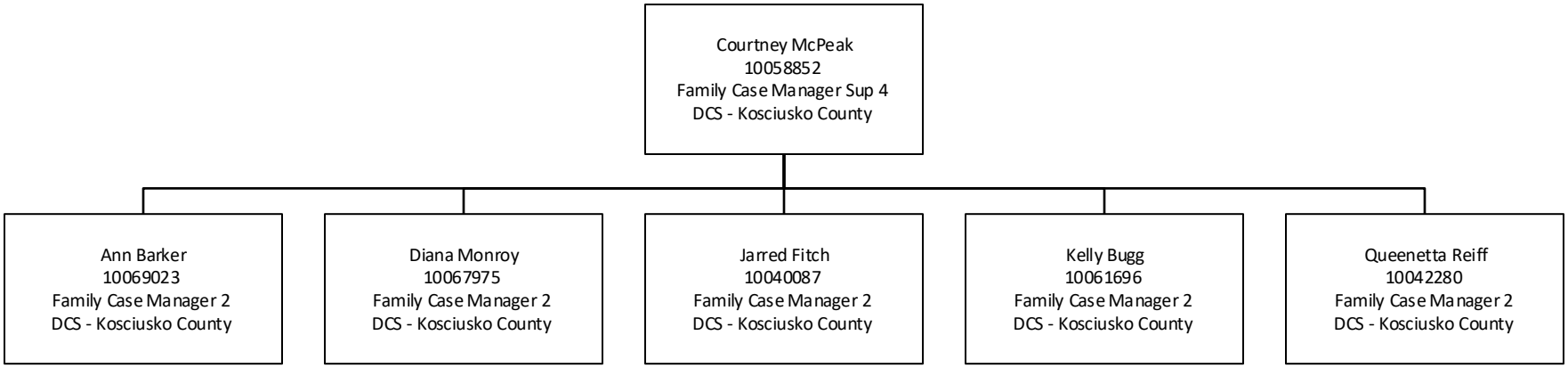
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Diana Monroy
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Jarred Fitch
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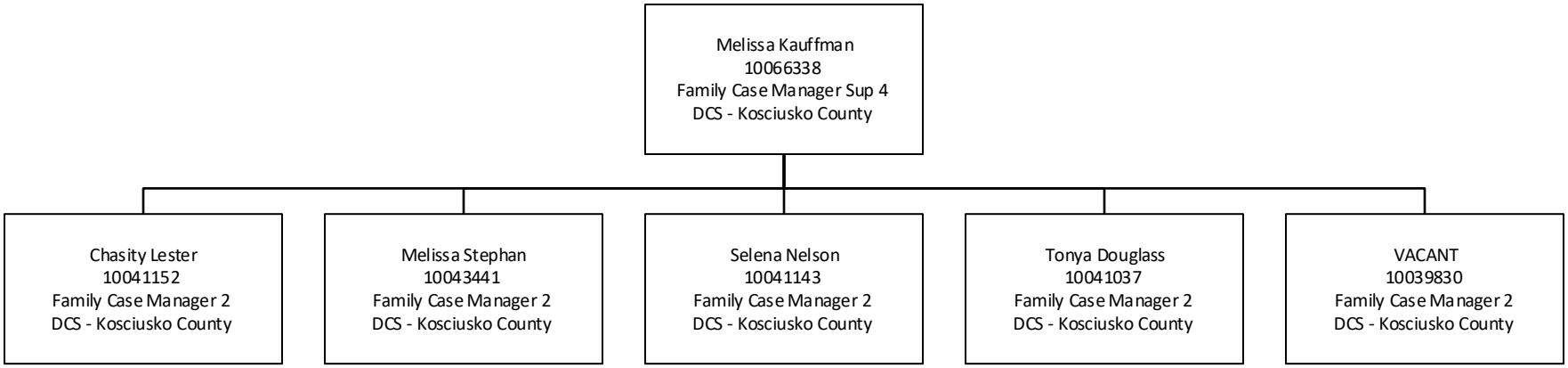
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Selena Nelson
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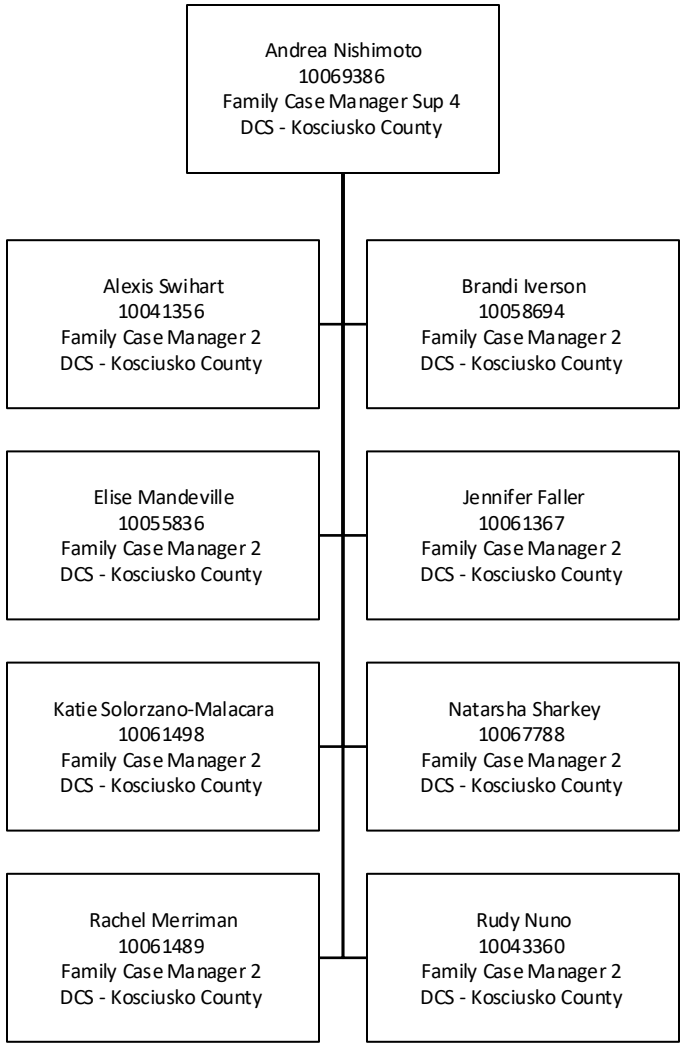
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Elise Mandeville
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Jennifer Faller
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Katie Solorzano-Malacara
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Natarsha Sharkey
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DCS - Kosciusko County
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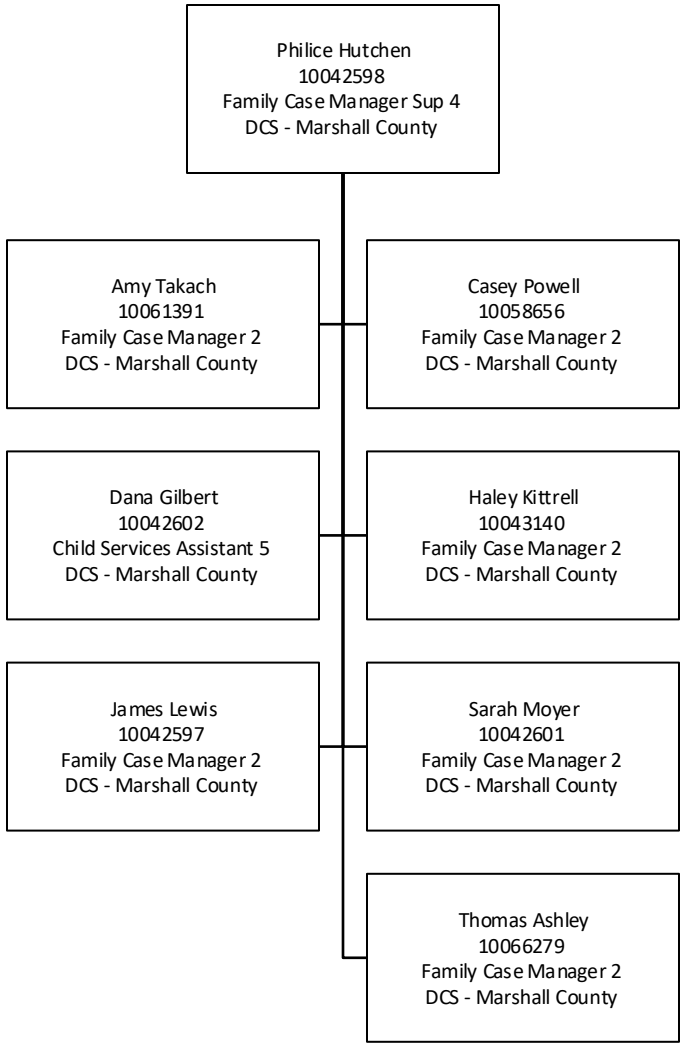
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Dana Gilbert
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Child Services Assistant 5
DCS - Marshall County
Haley Kittrell
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Family Case Manager 2
DCS - Marshall County
James Lewis
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Sarah Moyer
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Thomas Ashley
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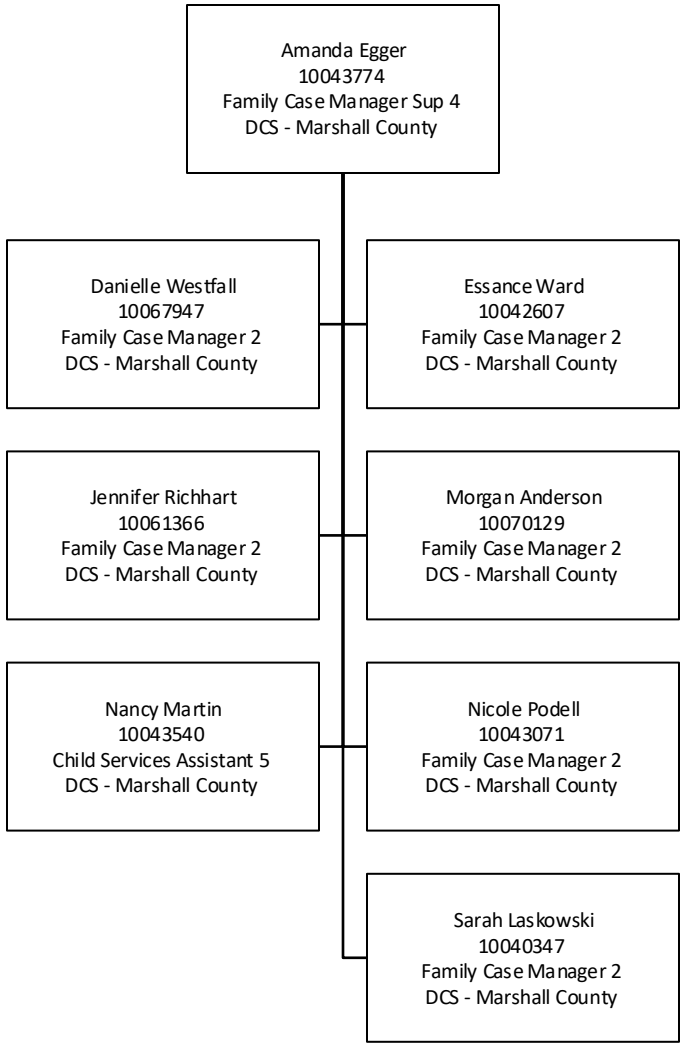
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Jennifer Richhart
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Family Case Manager 2
DCS - Marshall County
Morgan Anderson
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Family Case Manager 2
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Nancy Martin
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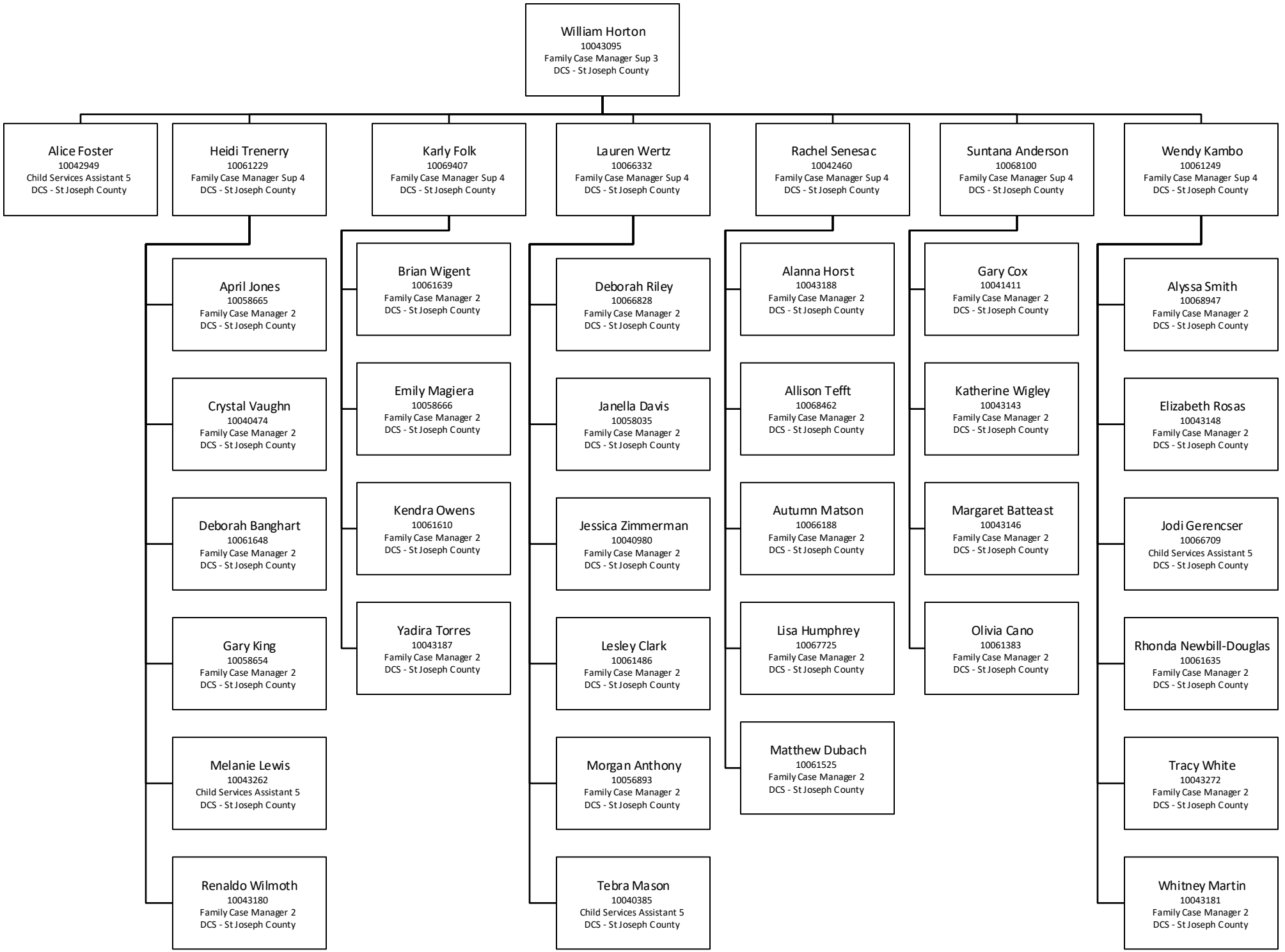
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DCS - St Joseph County
Alice Foster
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Child Services Assistant 5
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Heidi Trenerry
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Karly Folk
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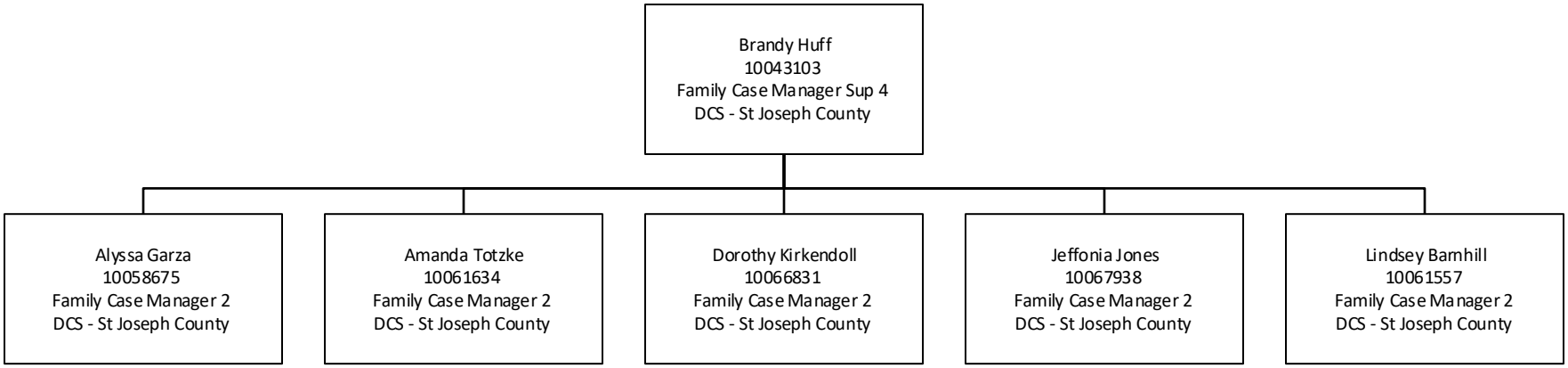
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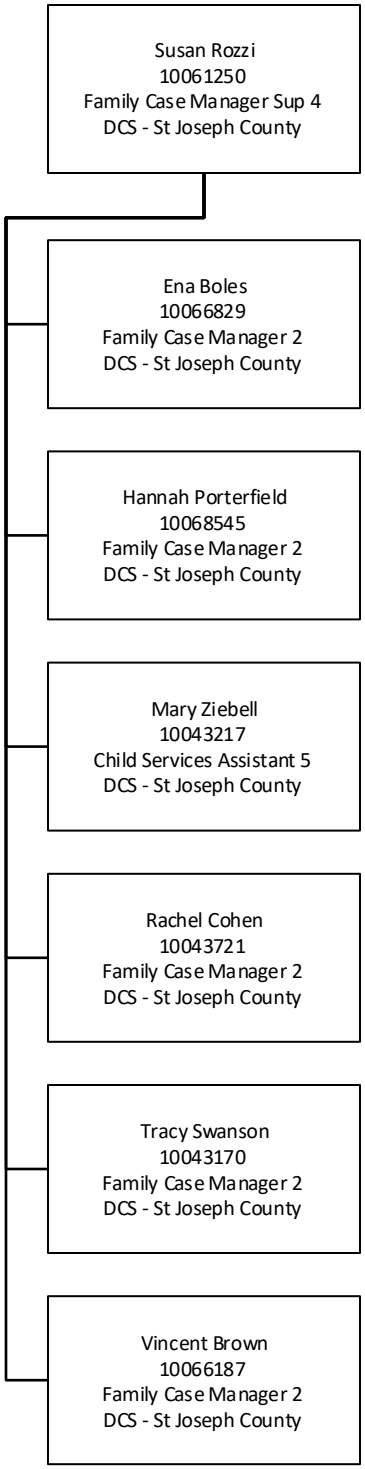
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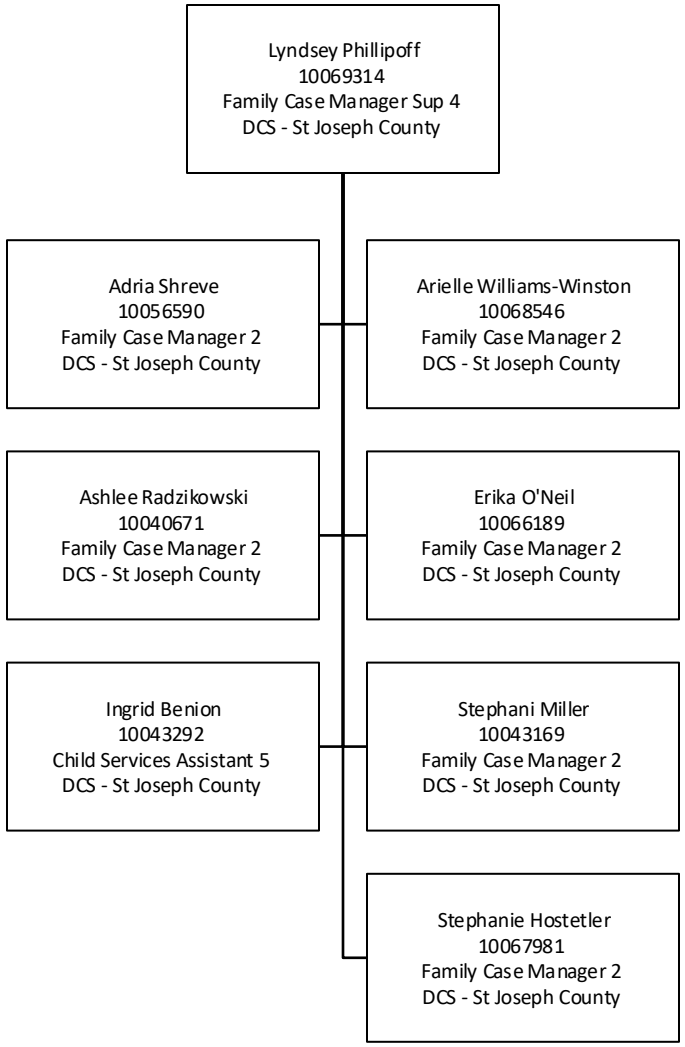
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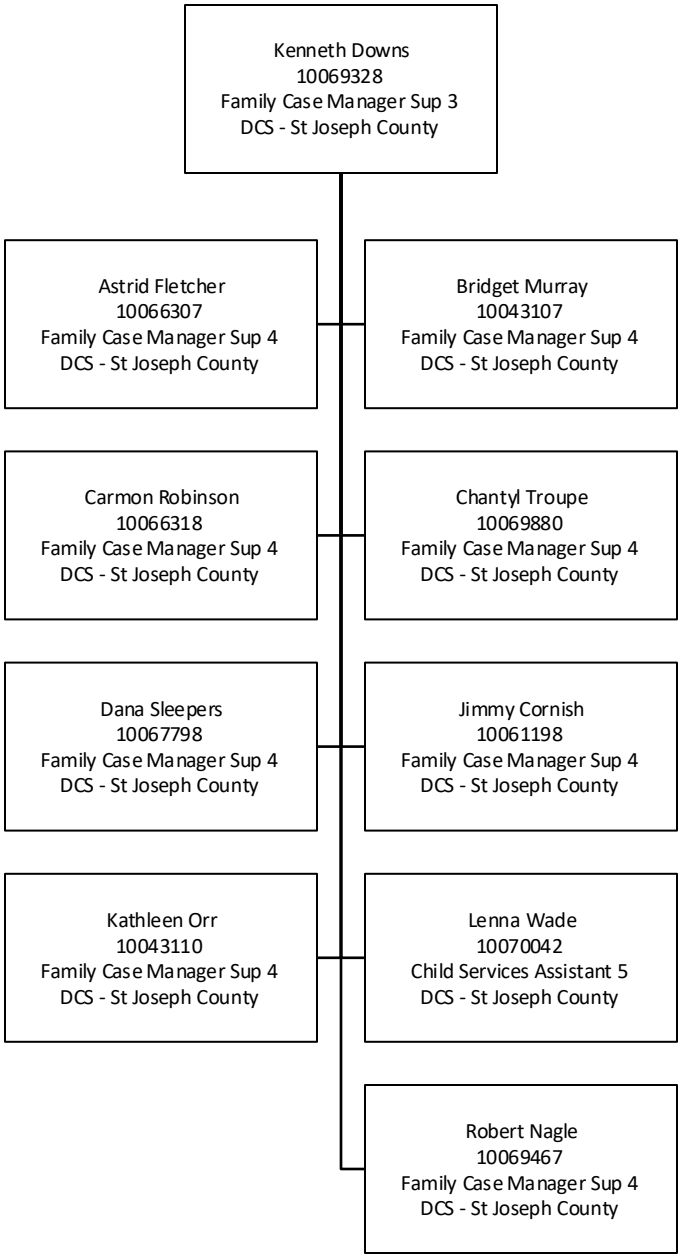
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Chantyl Troupe
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Dana Sleepers
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Kathleen Orr
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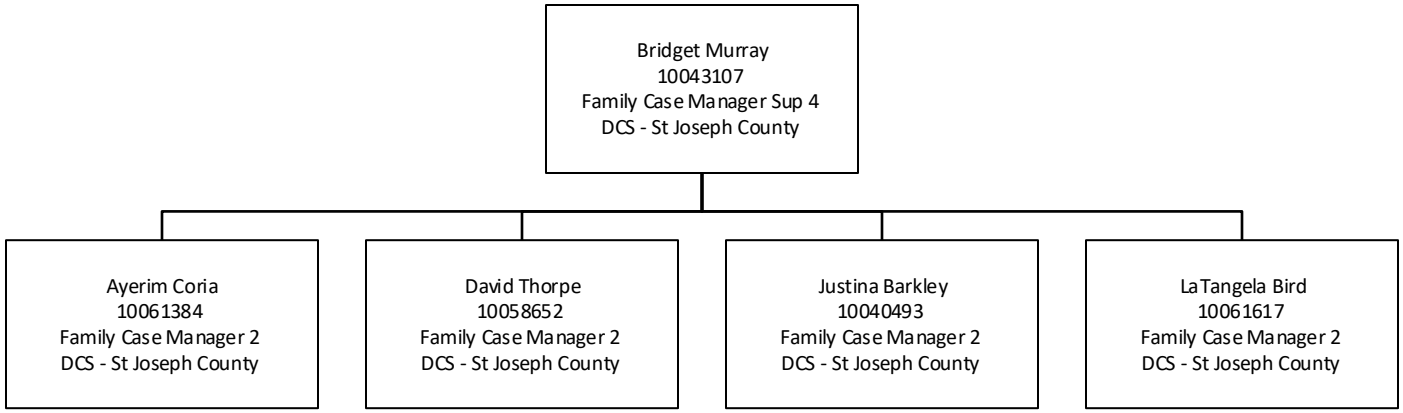
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David Thorpe
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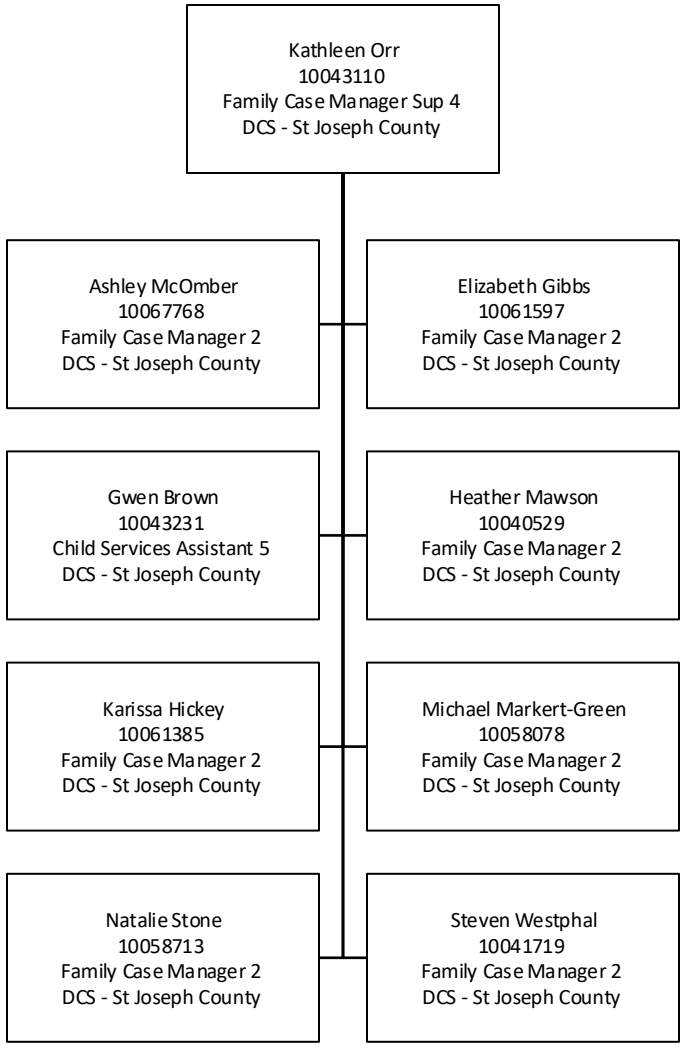
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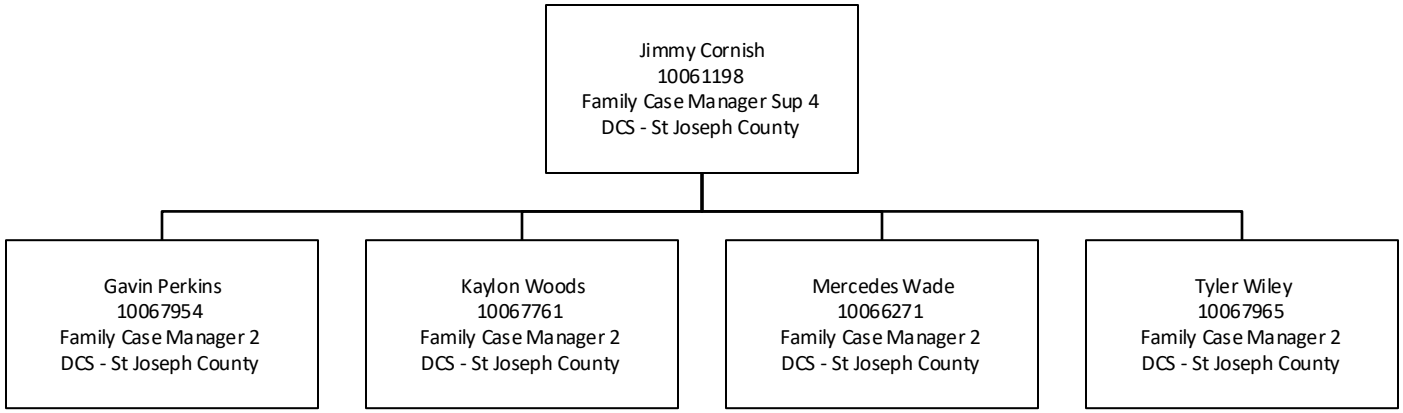
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Tyler Wiley
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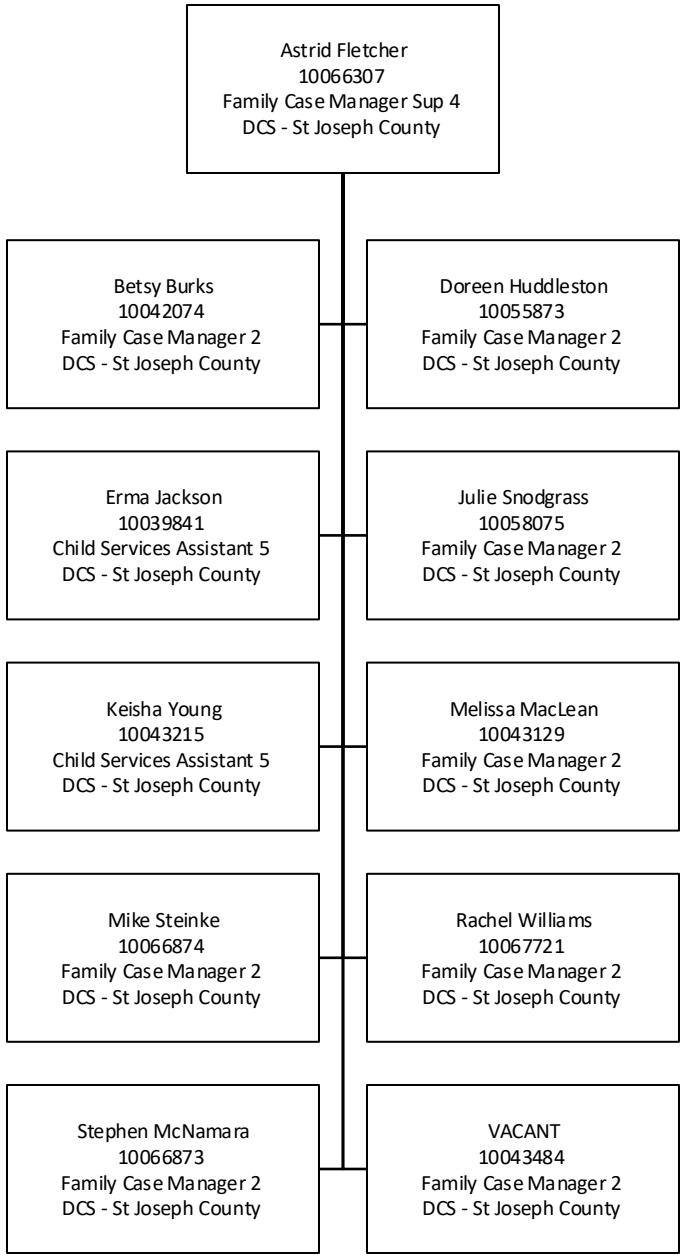
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Keisha Young
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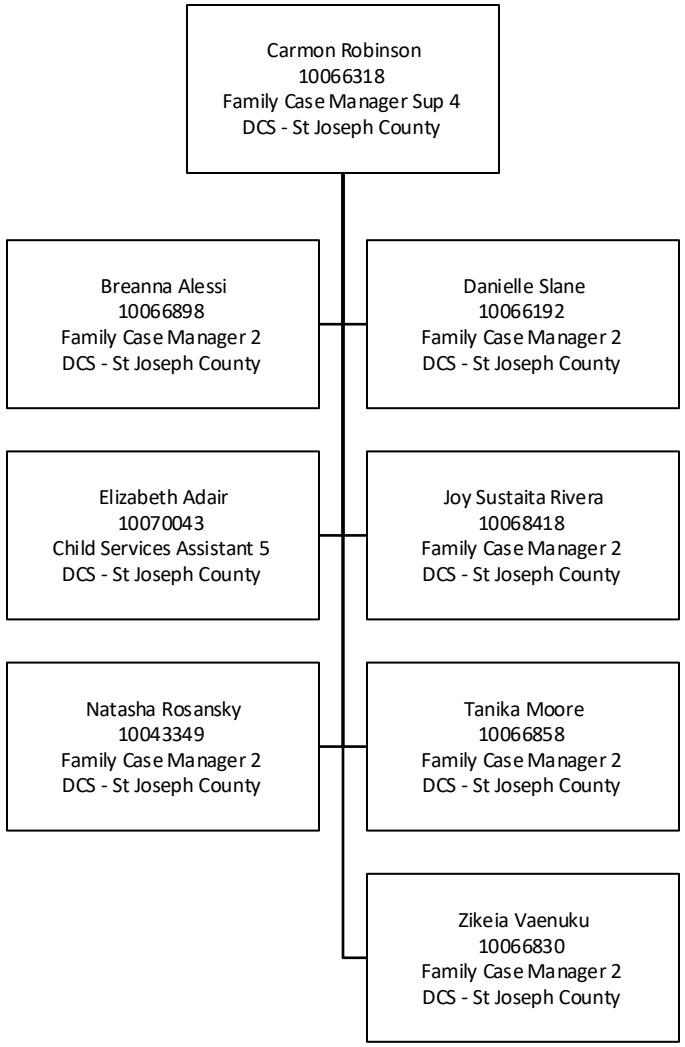
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Natasha Rosansky
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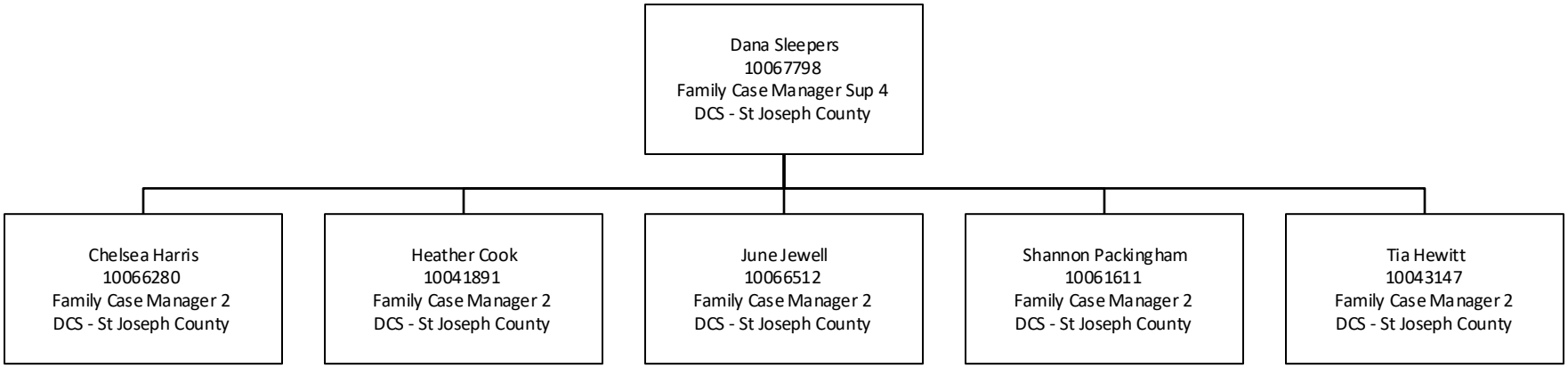
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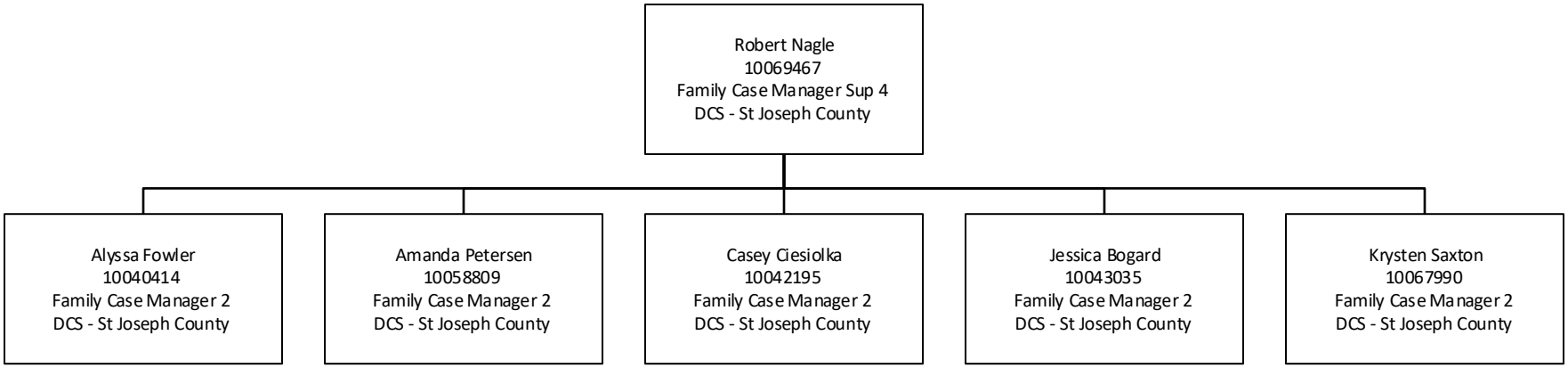
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Amanda Petersen
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Casey Ciesiolka
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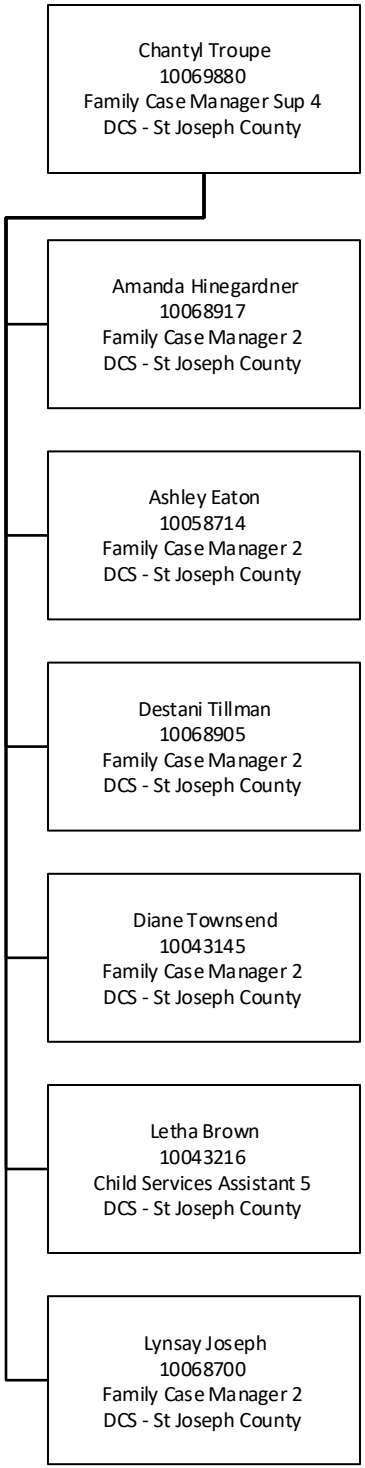
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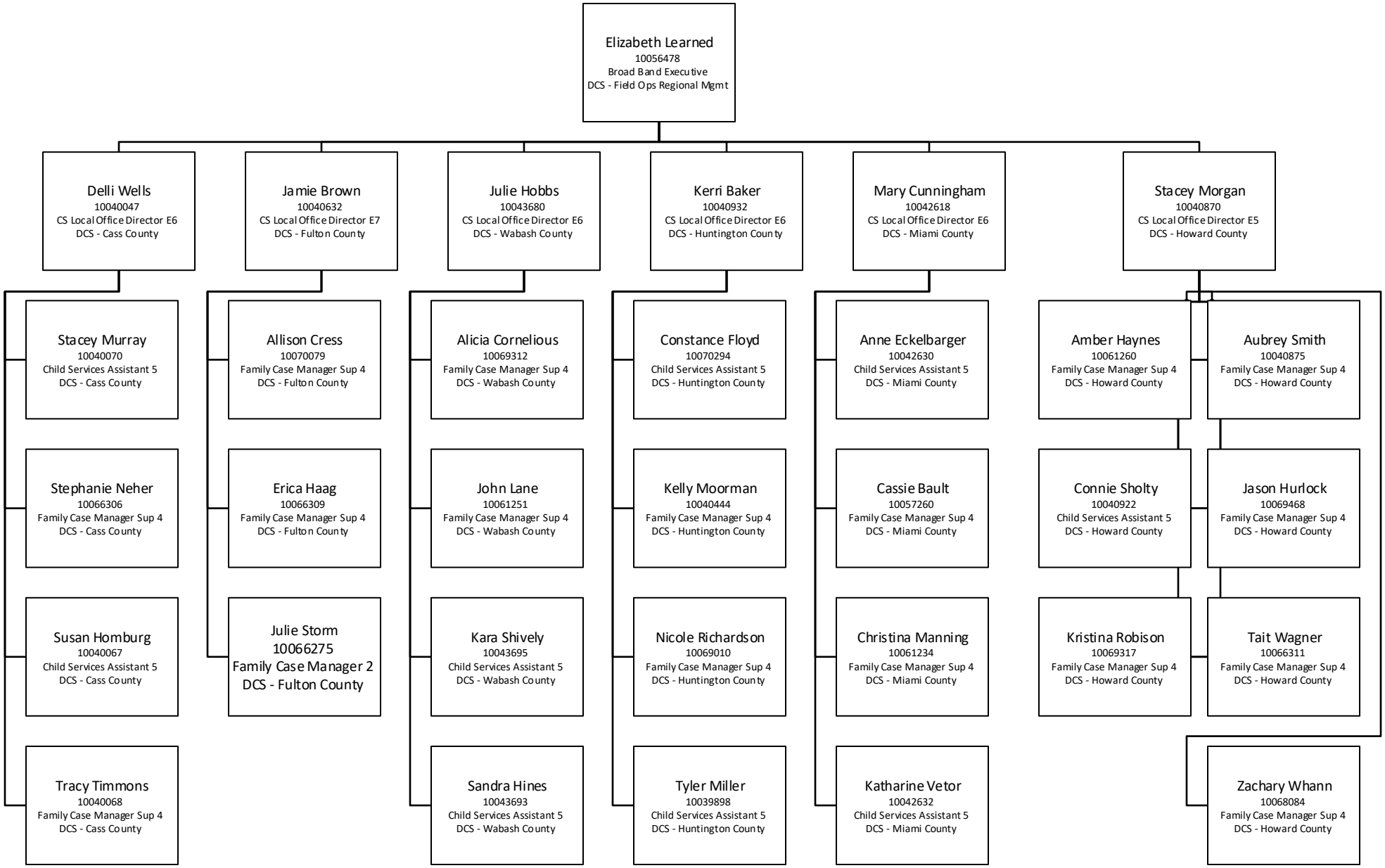
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Delli Wells
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Jamie Brown
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Julie Hobbs
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DCS - Wabash County
Kerri Baker
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DCS - Huntington County
Mary Cunningham
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Stacey Morgan
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CS Local Office Director E5
DCS - Howard County
Stacey Murray
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Stephanie Neher
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Susan Homburg
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Tracy Timmons
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John Lane
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Kara Shively
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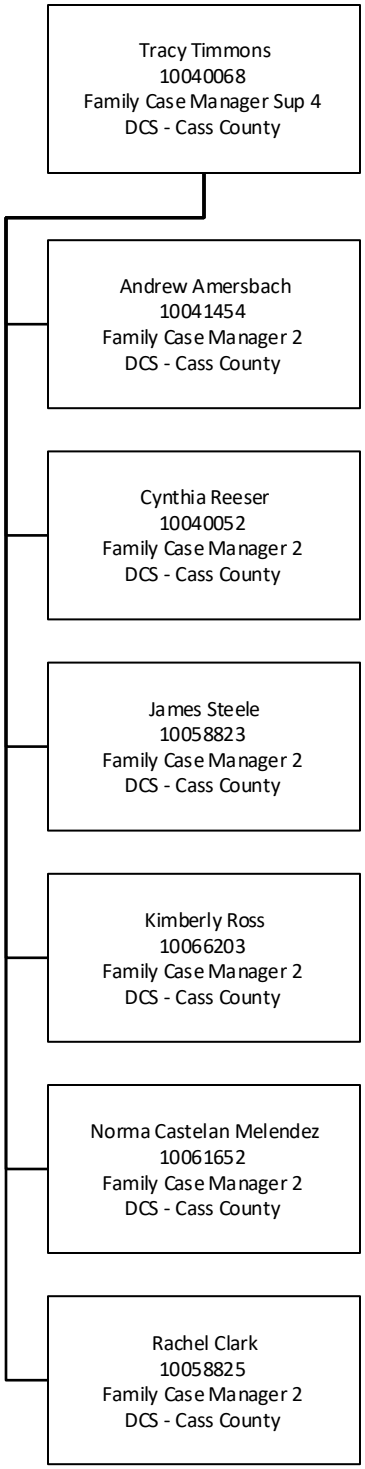
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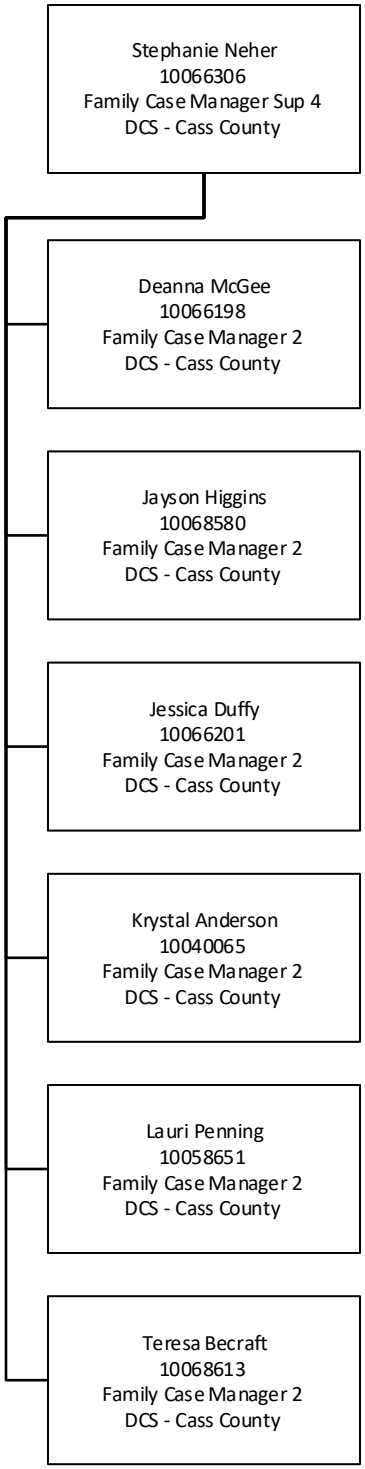
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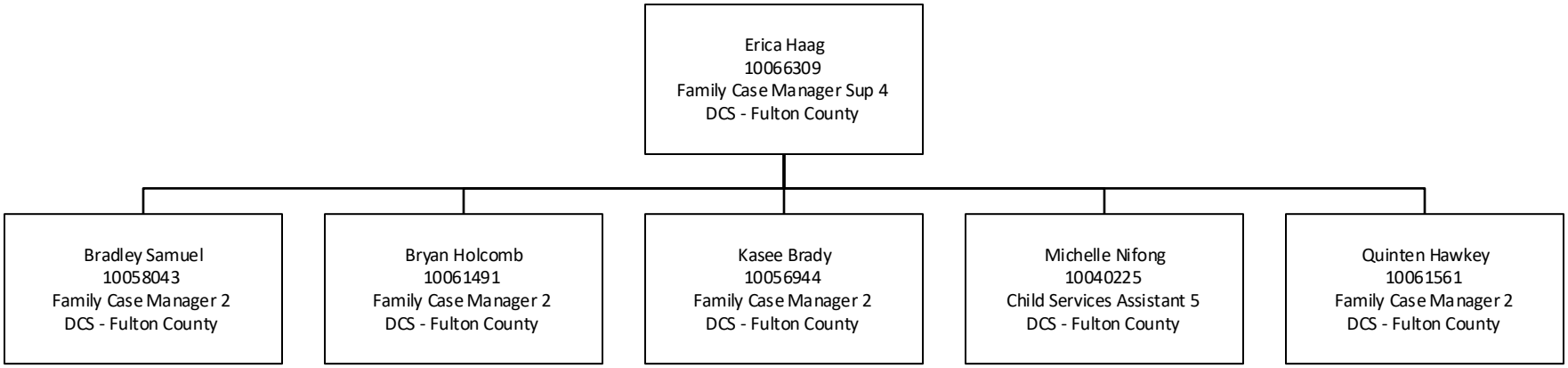
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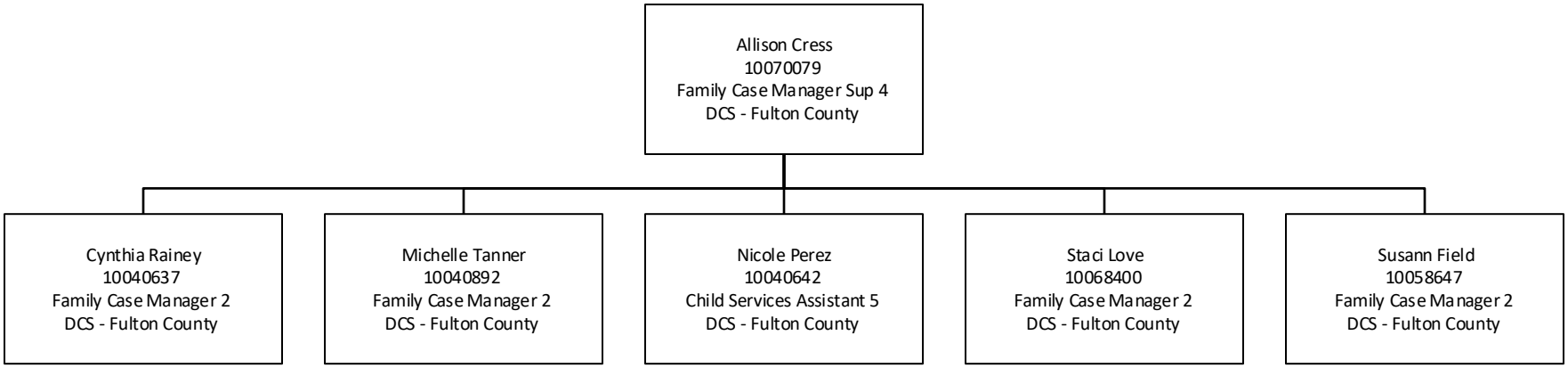
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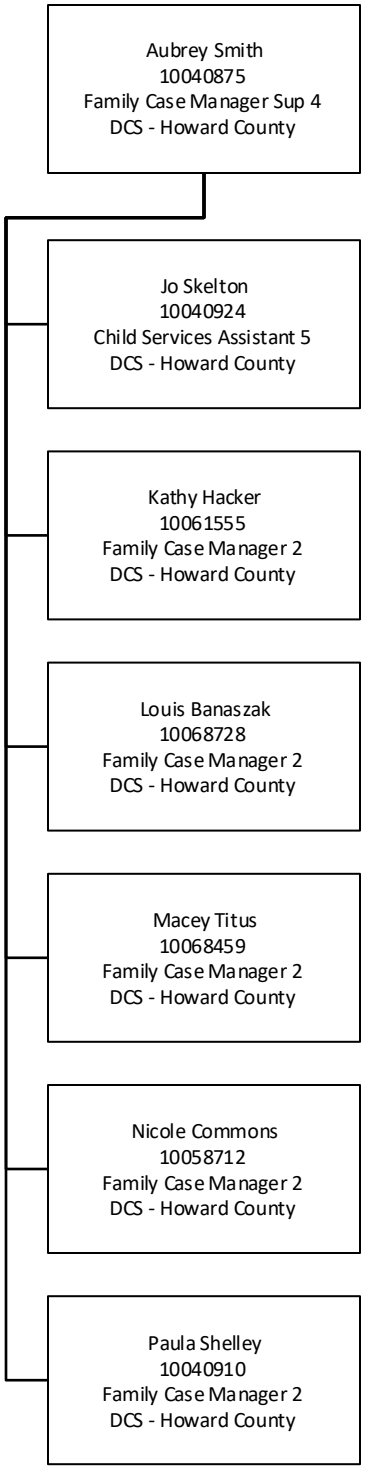
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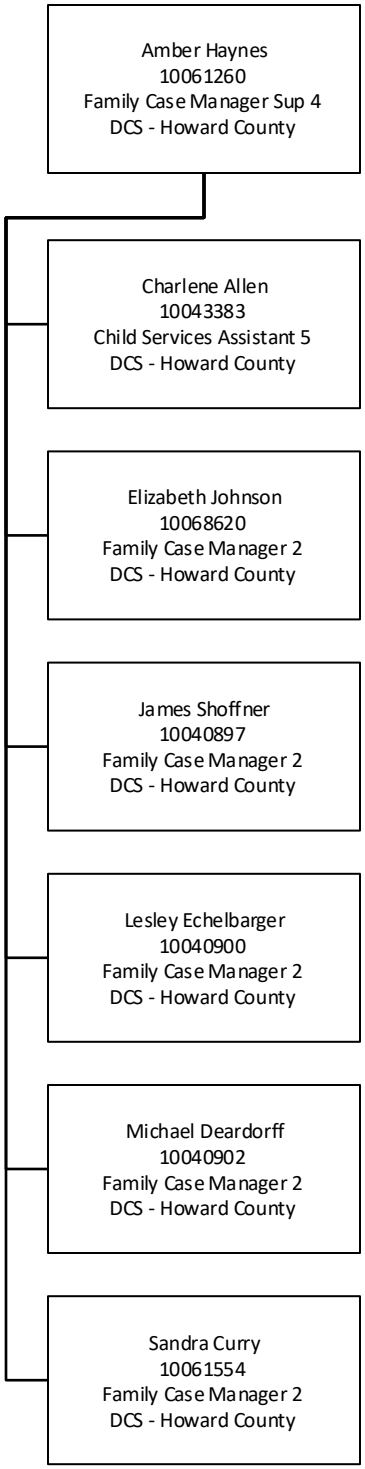
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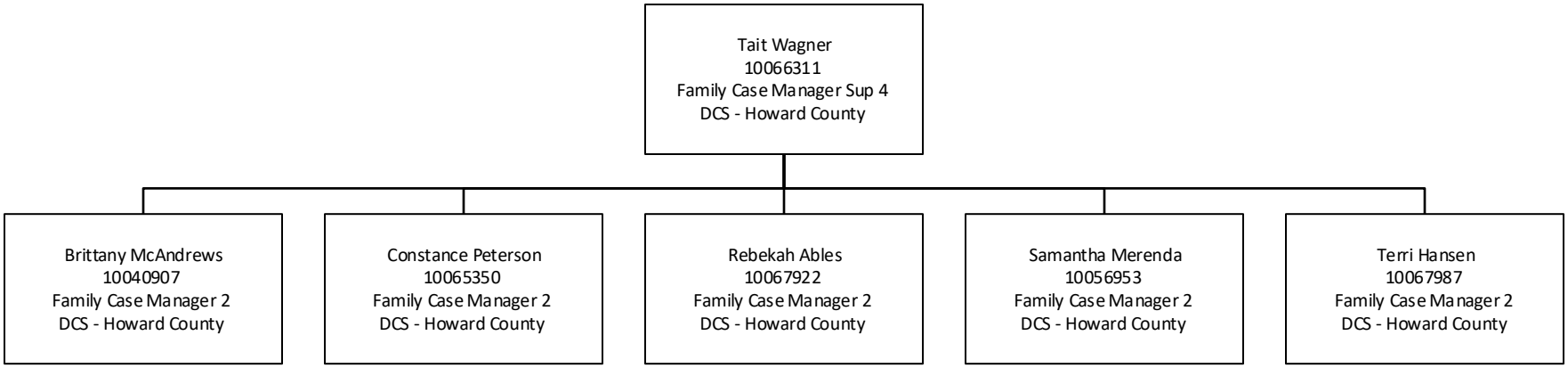
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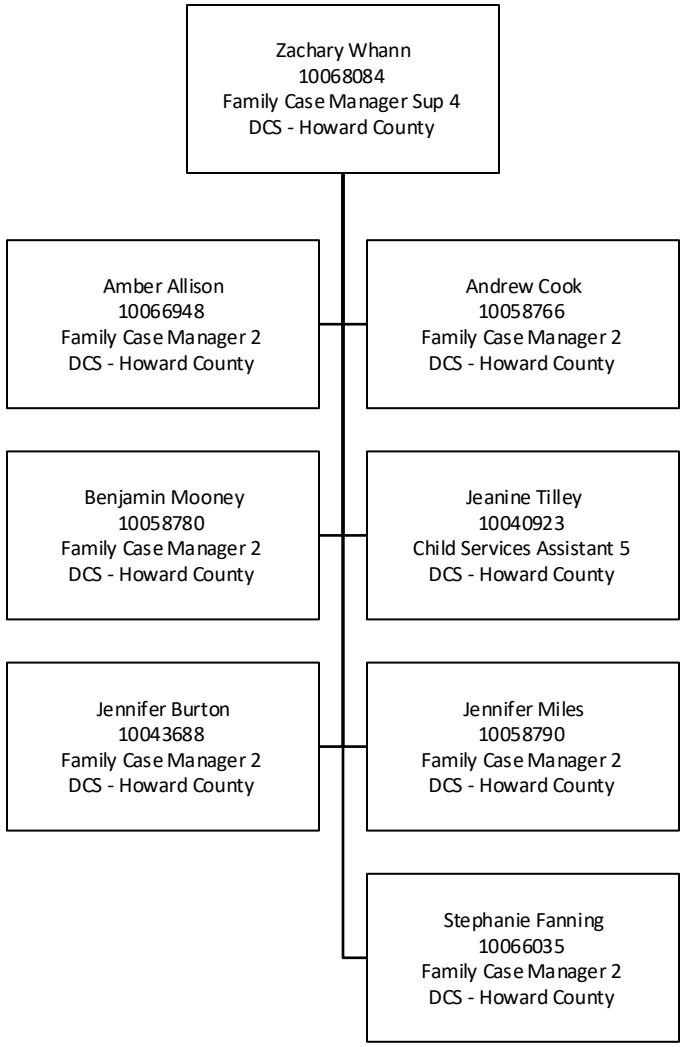
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Family Case Manager 2
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Jeanine Tilley
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Child Services Assistant 5
DCS - Howard County
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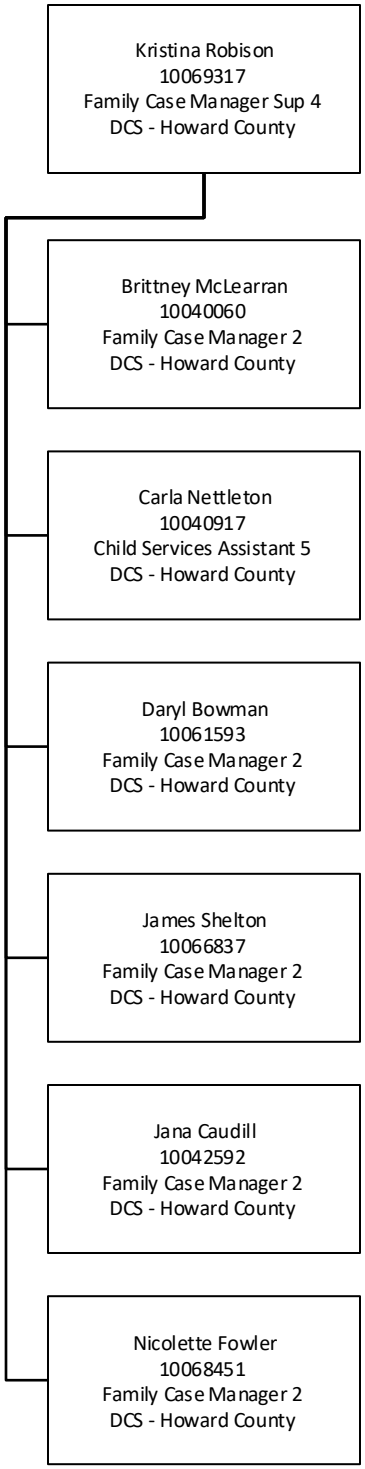
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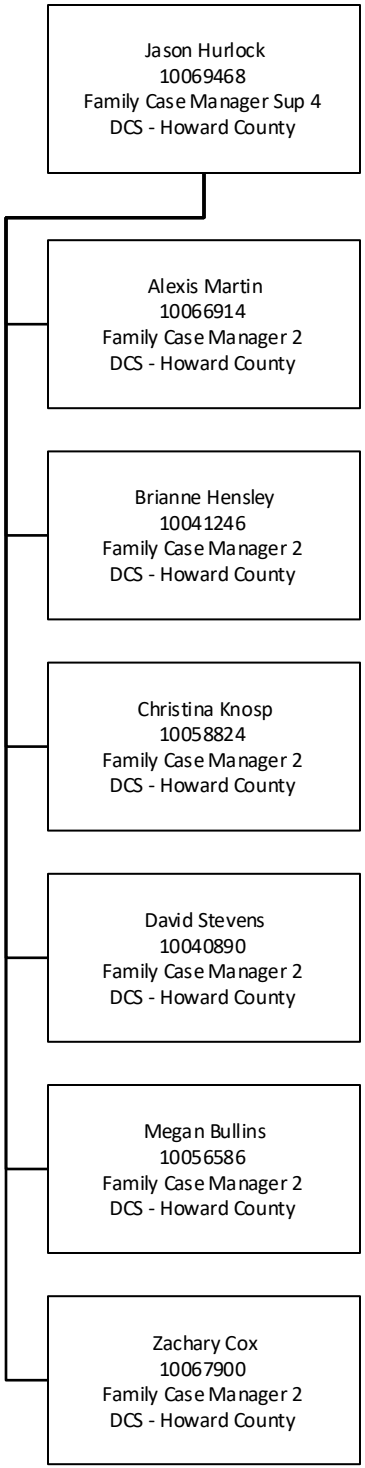
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David Stevens
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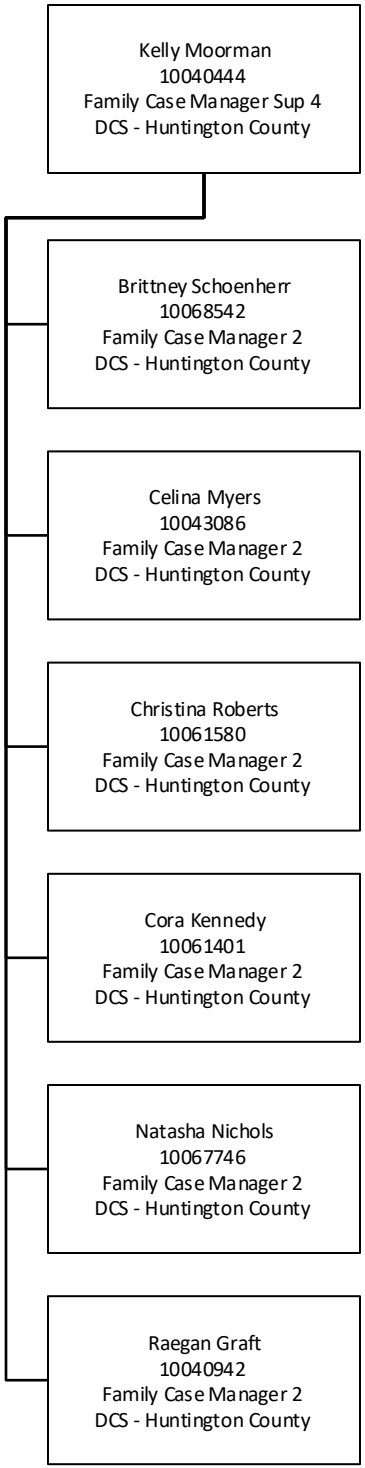
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Christina Roberts
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Cora Kennedy
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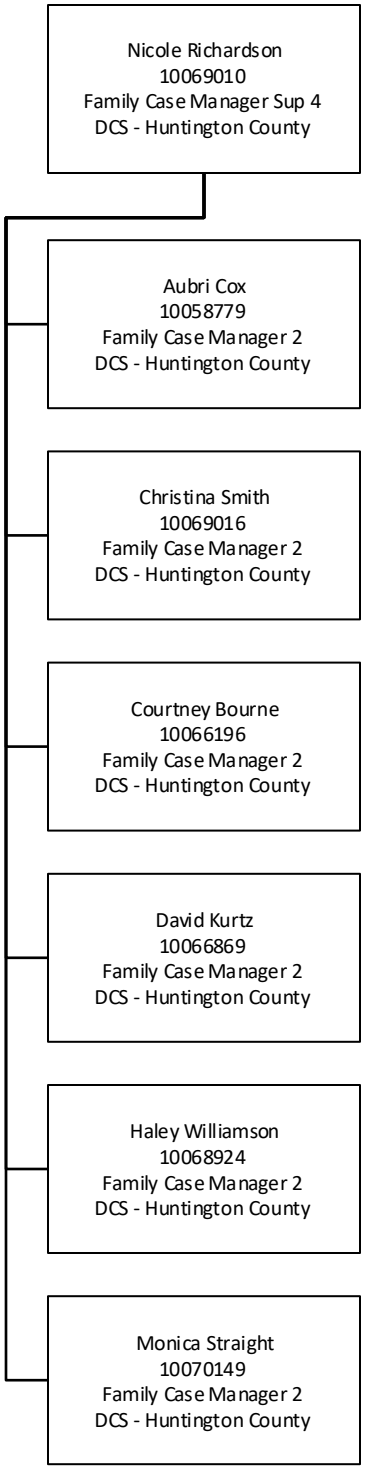
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Monica Straight
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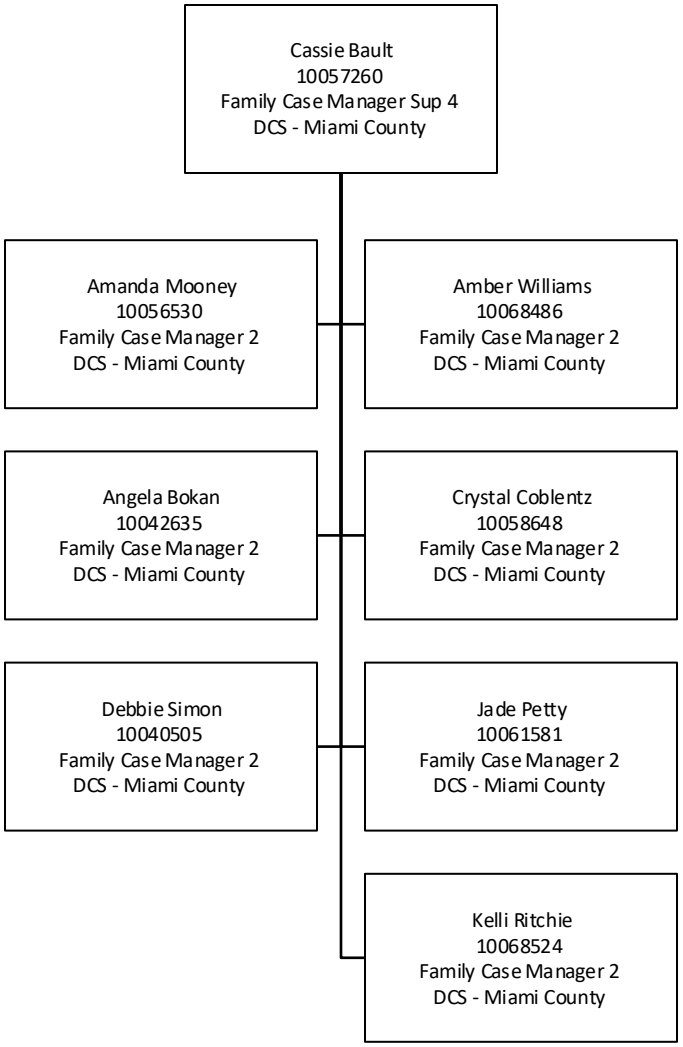
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Amber Williams
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Angela Bokan
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Crystal Coblentz
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Debbie Simon
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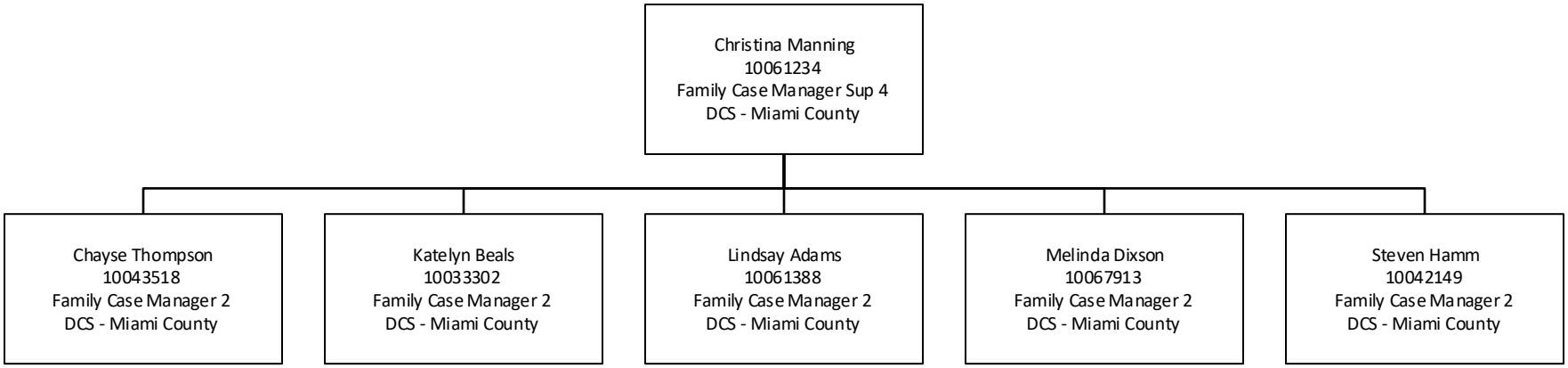
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Chayse Thompson
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Katelyn Beals
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DCS - Miami County
Lindsay Adams
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Melinda Dixson
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Steven Hamm
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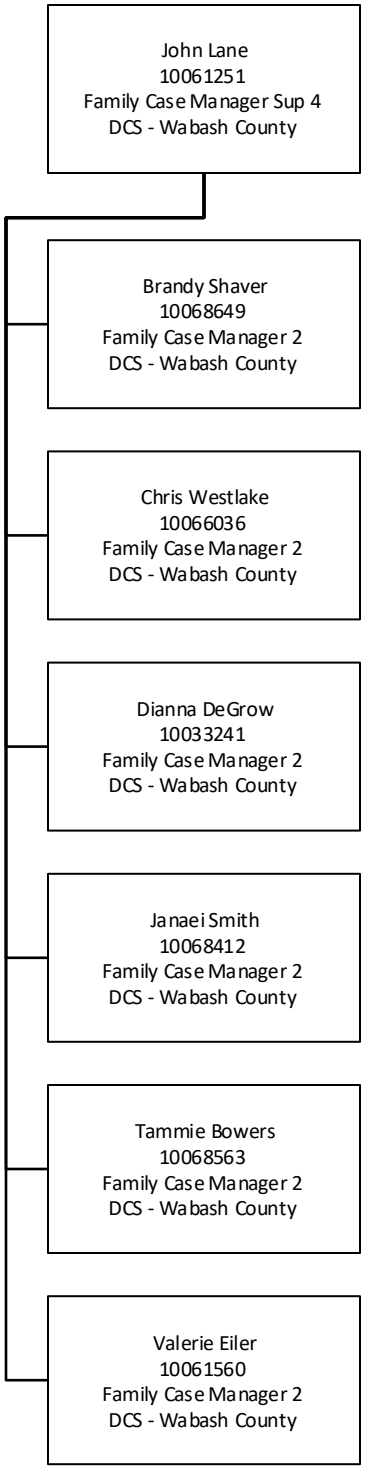
DCS - Miami County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Brandy Shaver
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Chris Westlake
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Family Case Manager 2
DCS - Wabash County
Dianna DeGrow
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Family Case Manager 2
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Janaei Smith
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Family Case Manager 2
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Tammie Bowers
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Valerie Eiler
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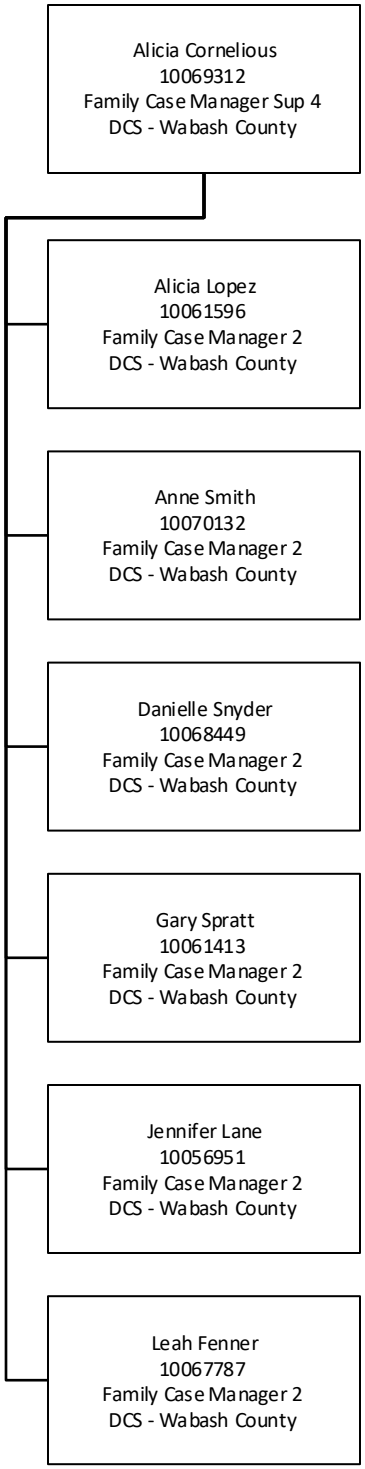
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Alicia Lopez
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Anne Smith
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Family Case Manager 2
DCS - Wabash County
Danielle Snyder
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Family Case Manager 2
DCS - Wabash County
Gary Spratt
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Family Case Manager 2
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Leah Fenner
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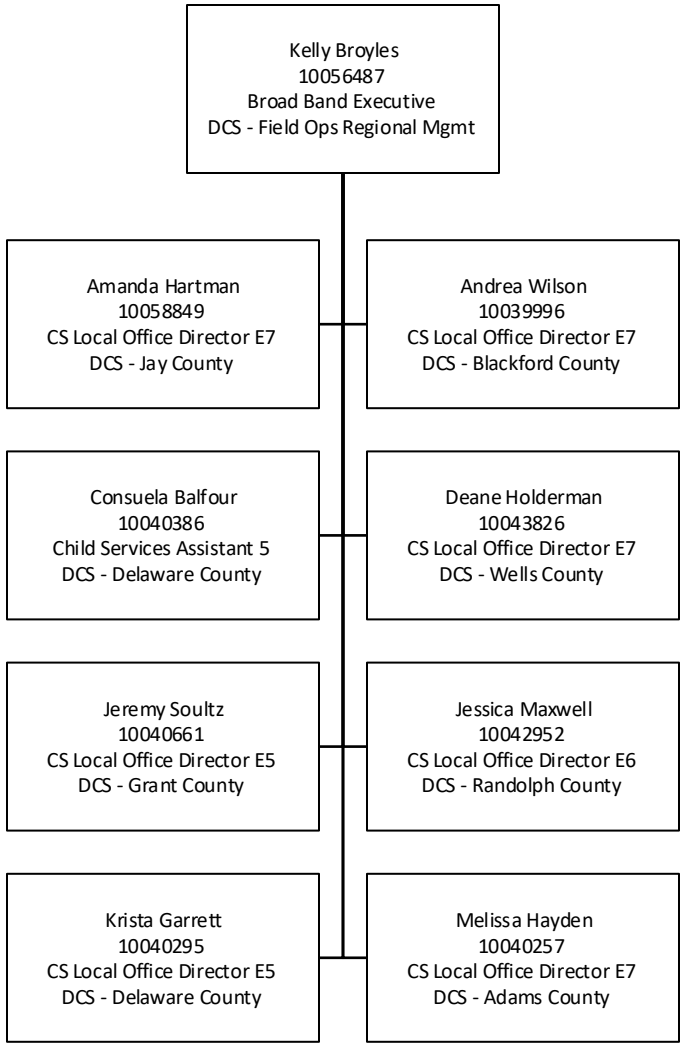
Kelly Broyles
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Broad Band Executive
DCS - Field Ops Regional Mgmt
Amanda Hartman
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CS Local Office Director E7
DCS - Jay County
Andrea Wilson
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CS Local Office Director E7
DCS - Blackford County
Consuela Balfour
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Child Services Assistant 5
DCS - Delaware County
Deane Holderman
10043826
CS Local Office Director E7
DCS - Wells County
Jeremy Soultz
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CS Local Office Director E5
DCS - Grant County
Jessica Maxwell
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CS Local Office Director E6
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Krista Garrett
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Melissa Hayden
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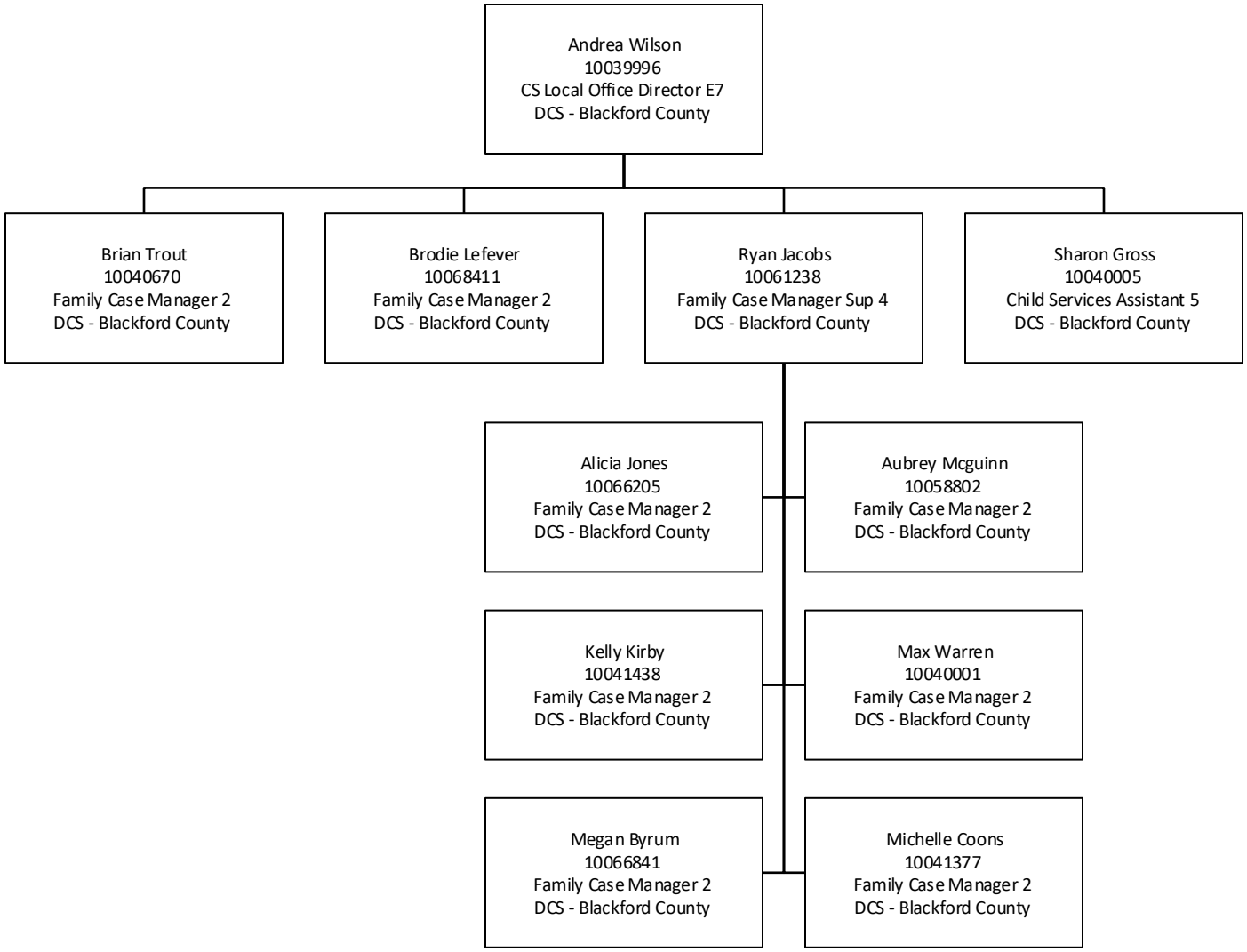
CS Local Office Director E7
DCS - Adams County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Brian Trout
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Brodie Lefever
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Family Case Manager 2
DCS - Blackford County
Ryan Jacobs
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Family Case Manager Sup 4
DCS - Blackford County
Sharon Gross
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Child Services Assistant 5
DCS - Blackford County
Alicia Jones
10066205
Family Case Manager 2
DCS - Blackford County
Aubrey Mcguinn
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Family Case Manager 2
DCS - Blackford County
Kelly Kirby
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Family Case Manager 2
DCS - Blackford County
Max Warren
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Family Case Manager 2
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Michelle Coons
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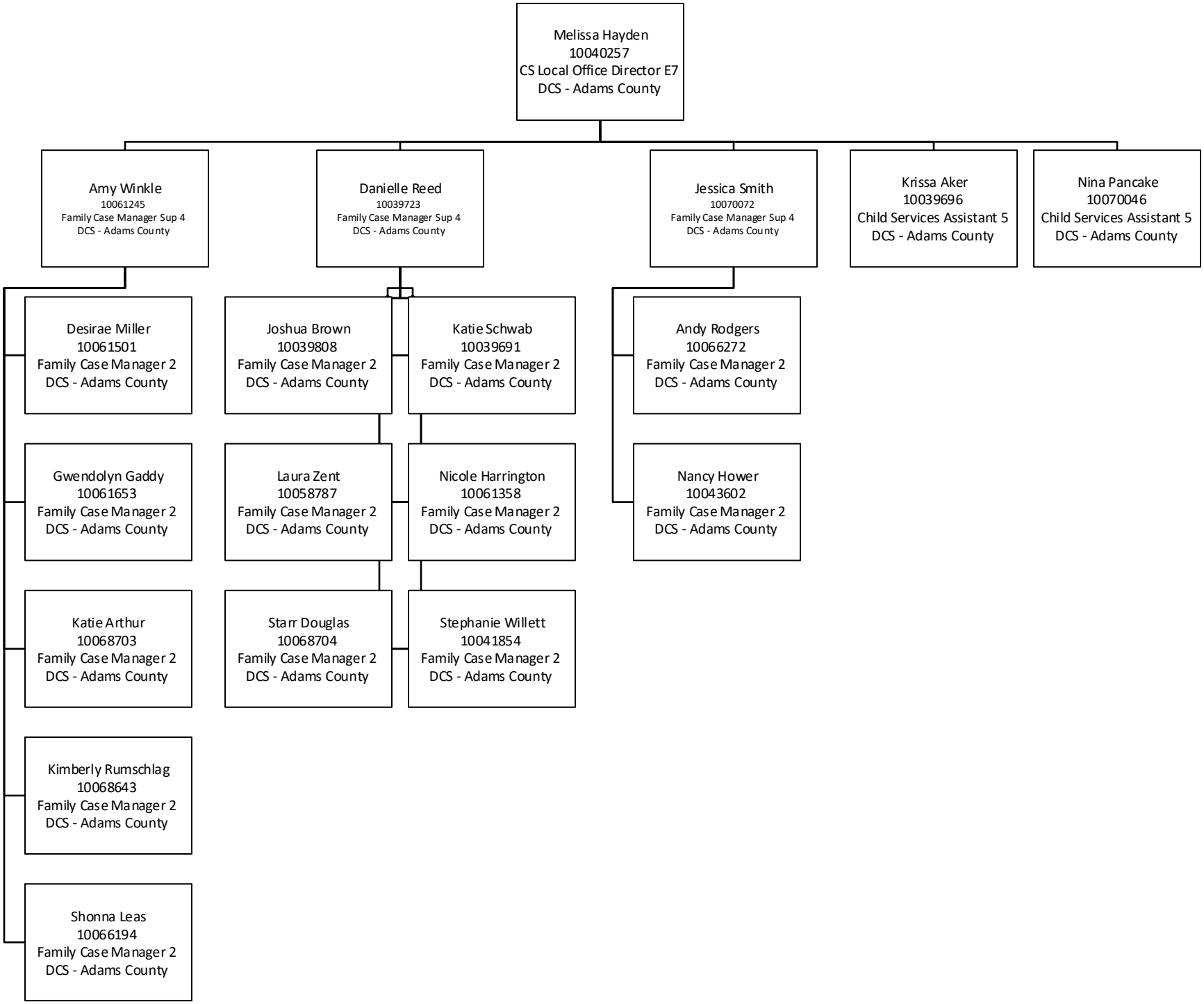
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Amy Winkle
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Danielle Reed
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DCS - Adams County
Jessica Smith
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Family Case Manager Sup 4
DCS - Adams County
Krissa Aker
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DCS - Adams County
Nina Pancake
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Child Services Assistant 5
DCS - Adams County
Desirae Miller
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Gwendolyn Gaddy
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DCS - Adams County
Katie Arthur
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Kimberly Rumschlag
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Shonna Leas
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Joshua Brown
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Katie Schwab
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Laura Zent
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Nicole Harrington
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DCS - Adams County
Starr Douglas
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Stephanie Willett
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Andy Rodgers
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Nancy Hower
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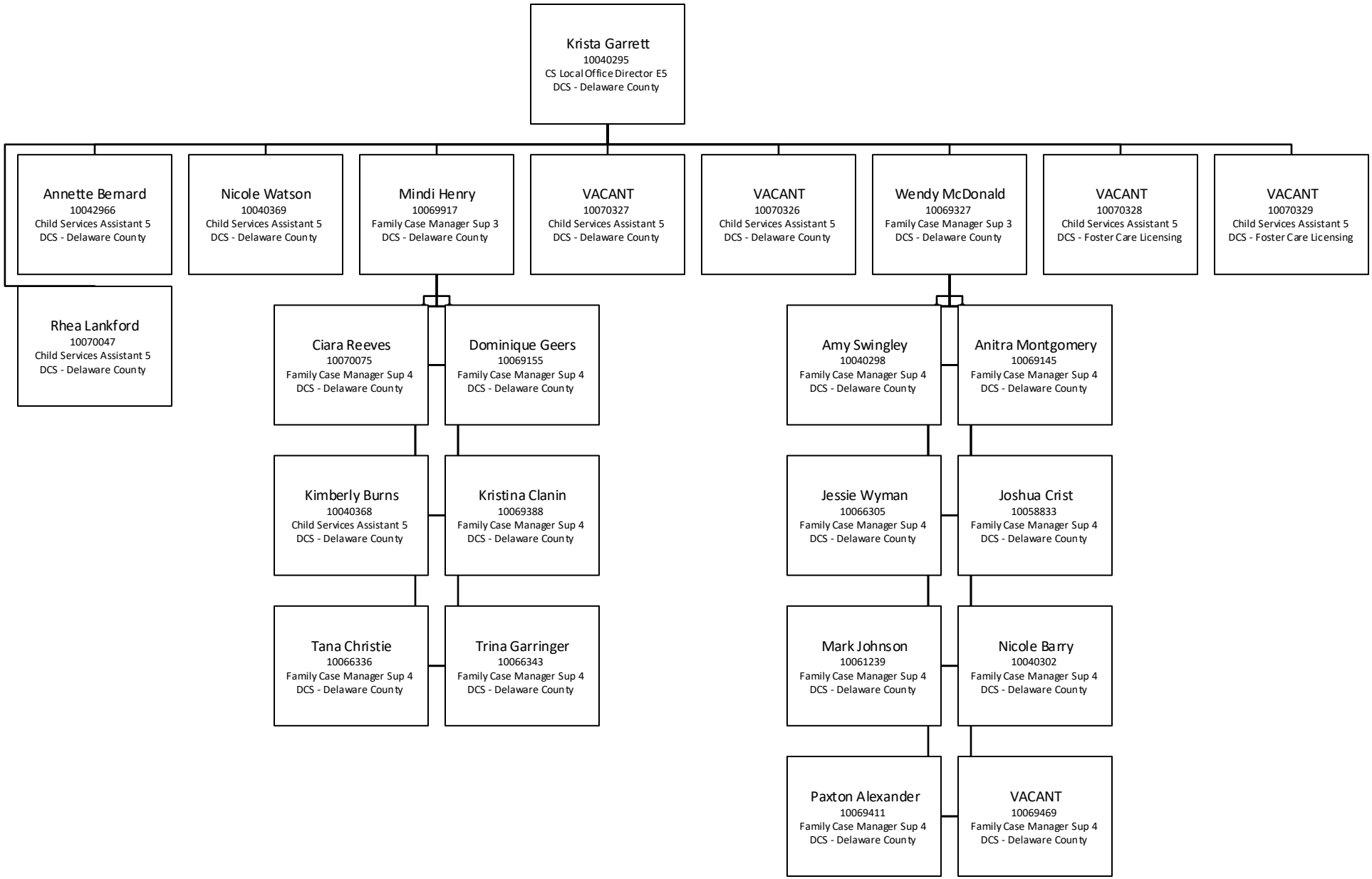
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Child Services Assistant 5
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Nicole Watson
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Child Services Assistant 5
DCS - Delaware County
Mindi Henry
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VACANT
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Child Services Assistant 5
DCS - Delaware County
VACANT
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Child Services Assistant 5
DCS - Delaware County
Wendy McDonald
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Family Case Manager Sup 3
DCS - Delaware County
VACANT
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Child Services Assistant 5
DCS - Foster Care Licensing
VACANT
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Child Services Assistant 5
DCS - Foster Care Licensing
Rhea Lankford
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Child Services Assistant 5
DCS - Delaware County
Ciara Reeves
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Family Case Manager Sup 4
DCS - Delaware County
Dominique Geers
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Family Case Manager Sup 4
DCS - Delaware County
Kimberly Burns
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Child Services Assistant 5
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Kristina Clanin
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DCS - Delaware County
Tana Christie
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Family Case Manager Sup 4
DCS - Delaware County
Trina Garringer
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Amy Swingley
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Anitra Montgomery
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Jessie Wyman
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Mark Johnson
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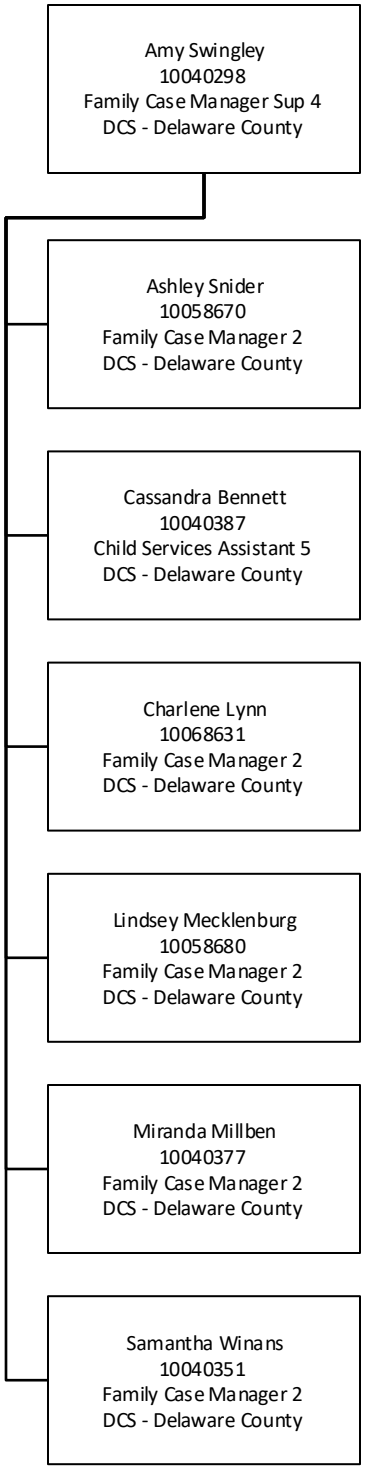
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Cassandra Bennett
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Charlene Lynn
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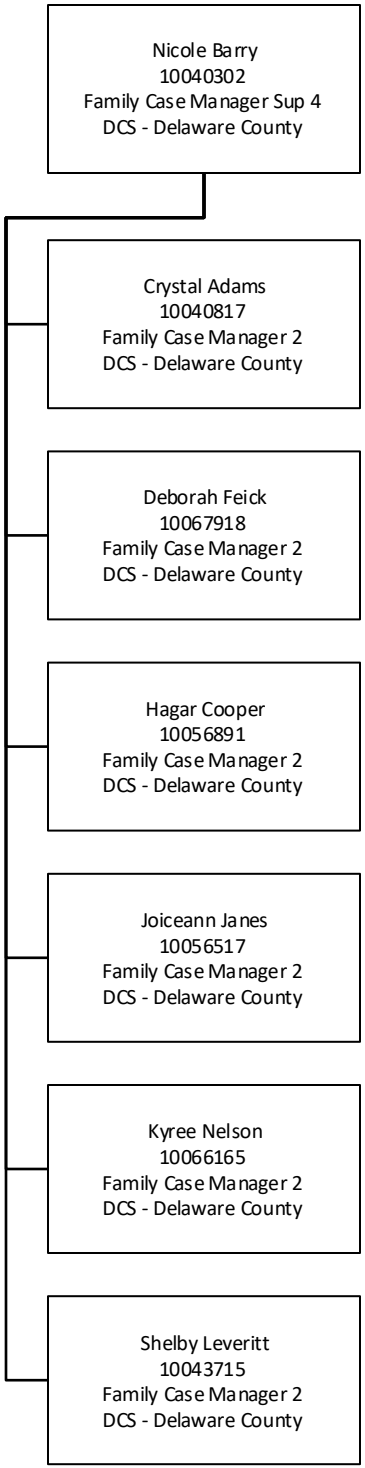
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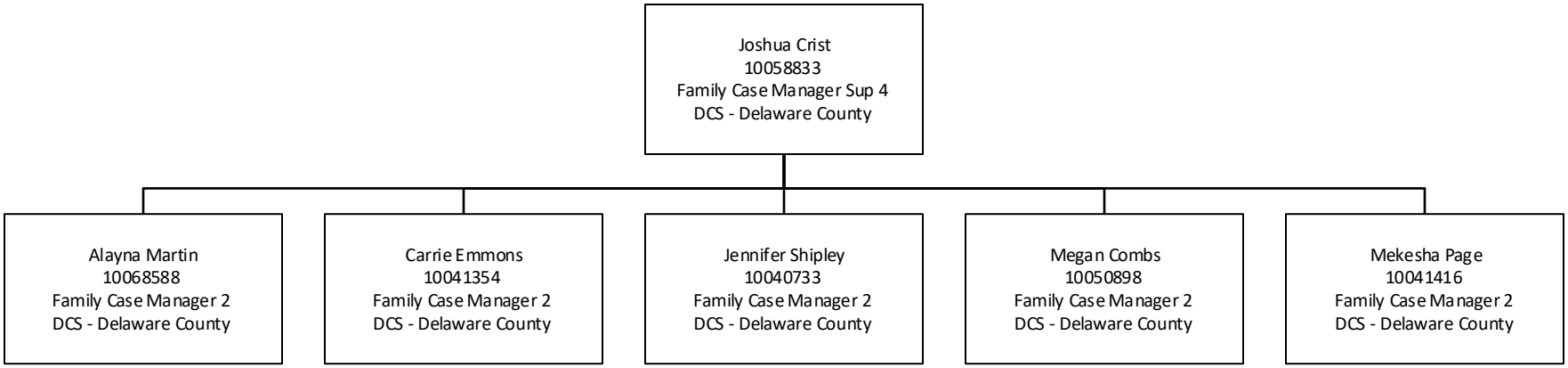
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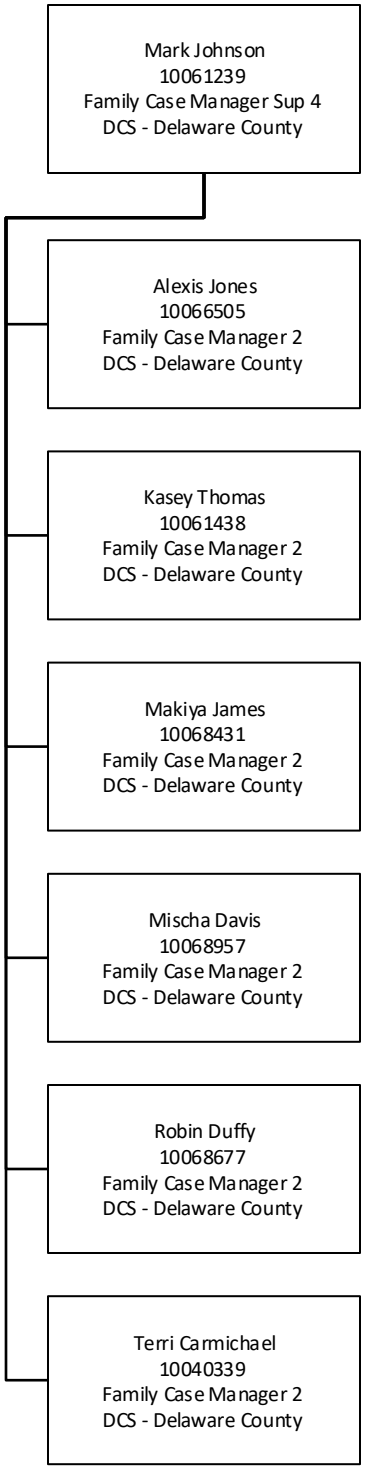
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Makiya James
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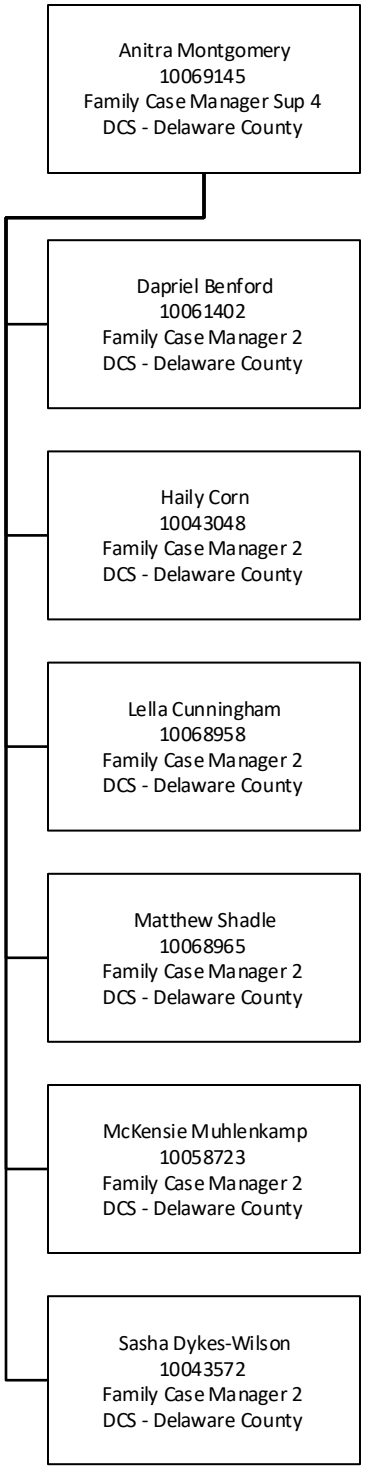
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Haily Corn
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Lella Cunningham
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Matthew Shadle
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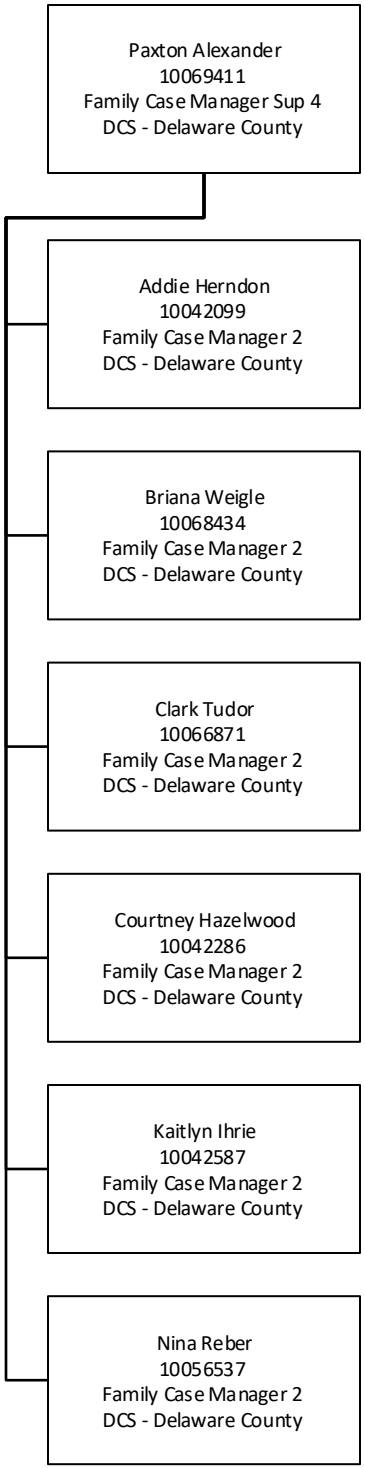
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Clark Tudor
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Courtney Hazelwood
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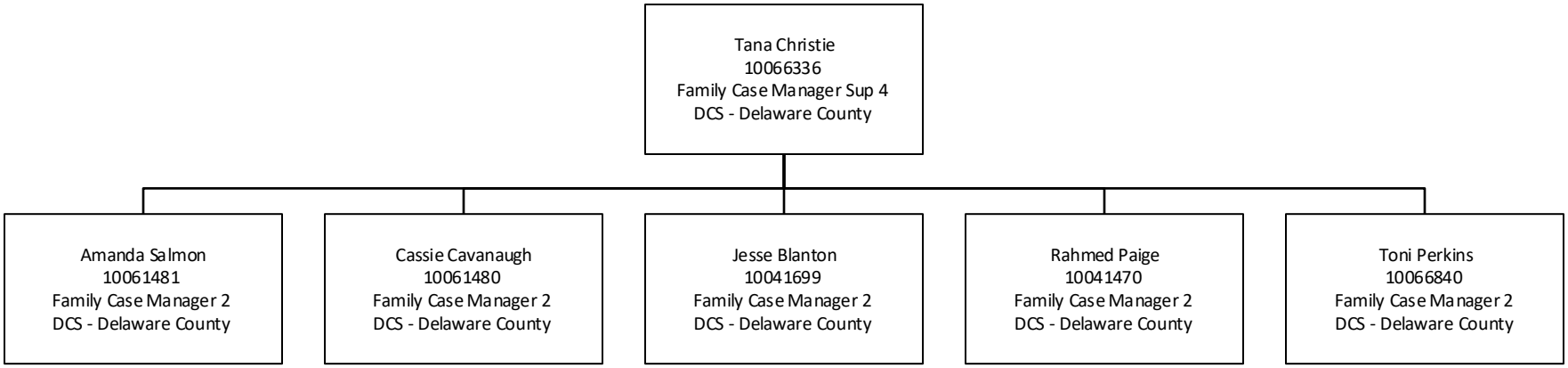
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Cassie Cavanaugh
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DCS - Delaware County
Jesse Blanton
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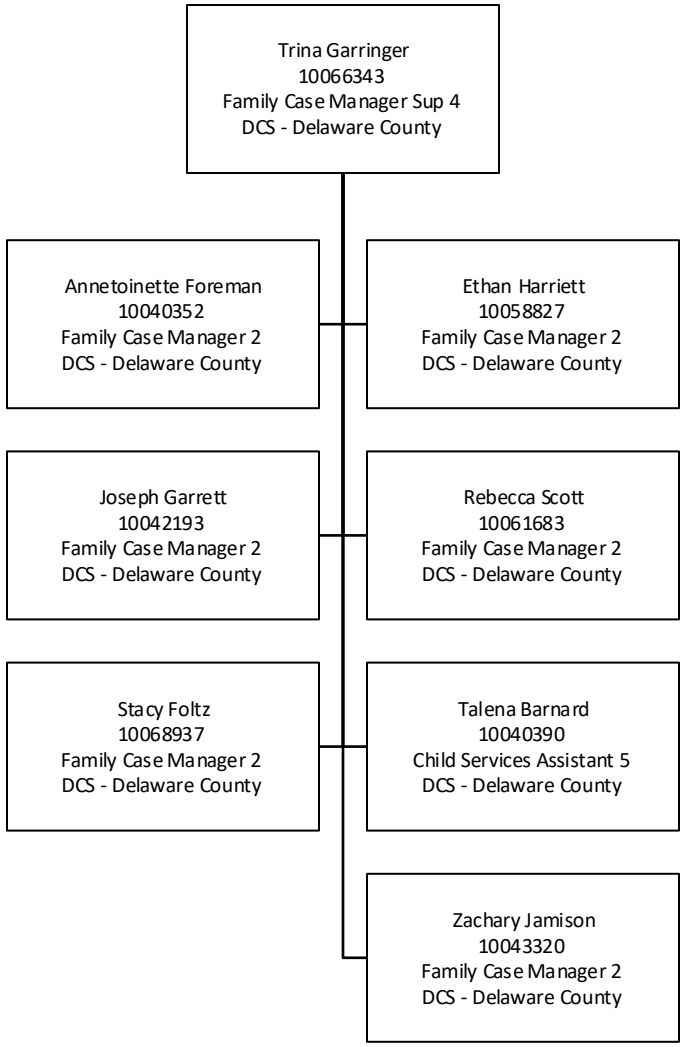
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Ethan Harriett
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Family Case Manager 2
DCS - Delaware County
Joseph Garrett
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DCS - Delaware County
Rebecca Scott
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Family Case Manager 2
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Stacy Foltz
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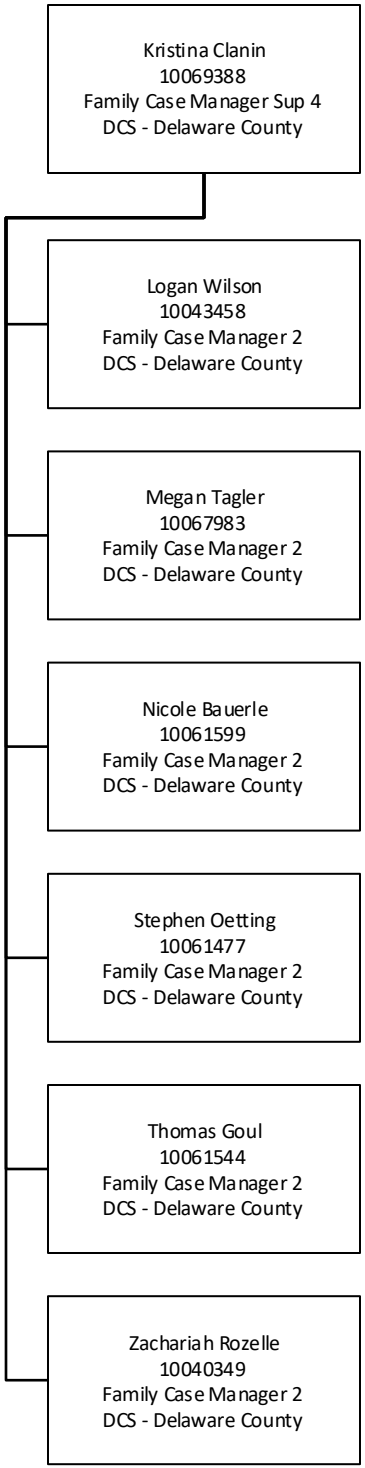
DCS - Delaware County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Megan Tagler
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Nicole Bauerle
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Stephen Oetting
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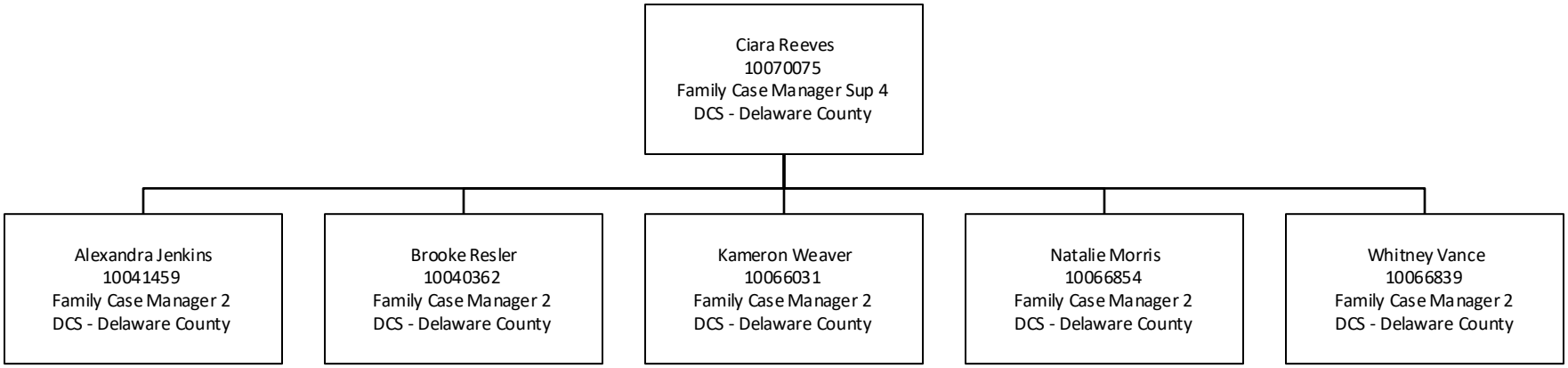
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Brooke Resler
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DCS - Delaware County
Kameron Weaver
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Whitney Vance
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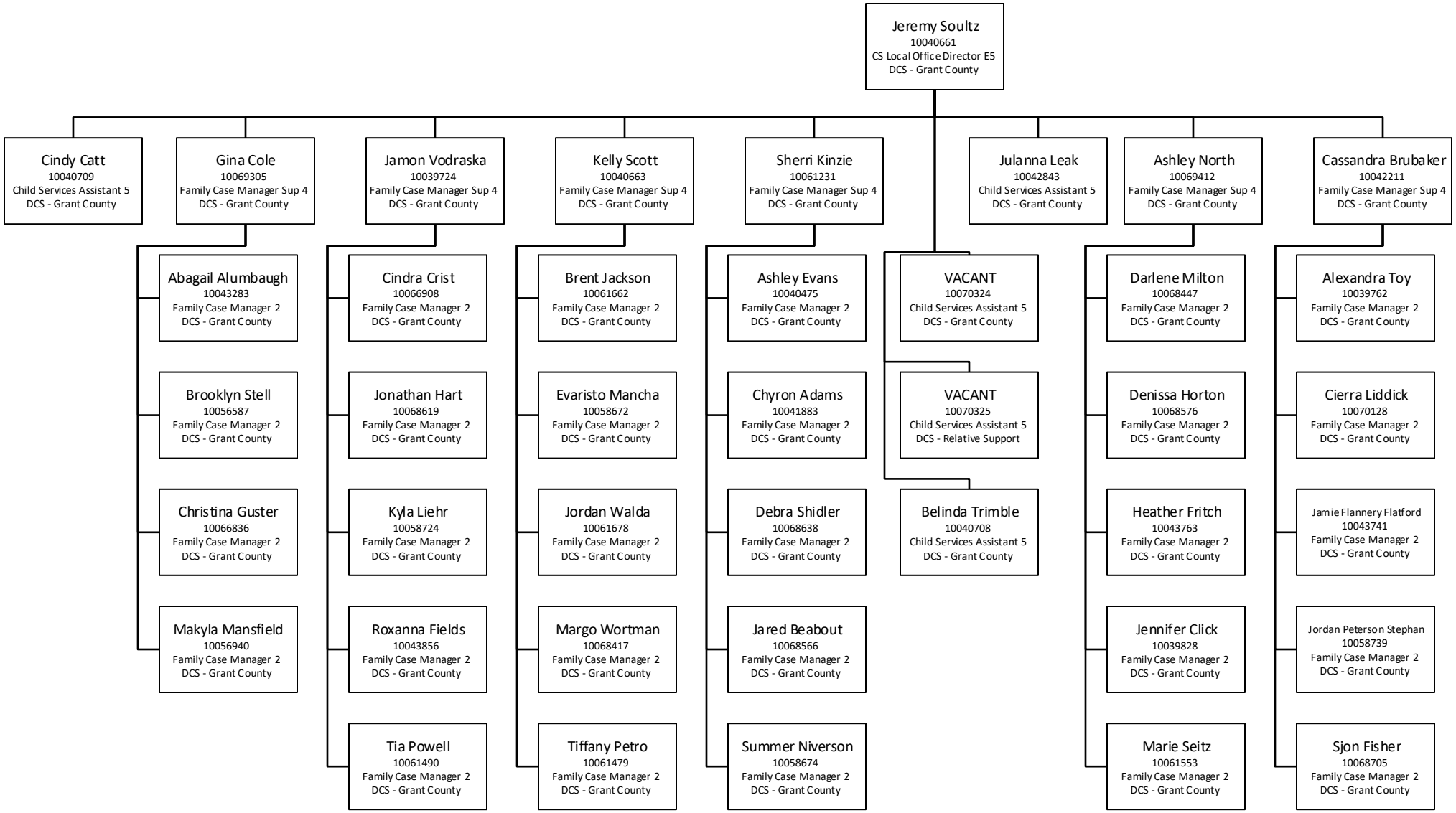
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CS Local Office Director E5
DCS - Grant County
Cindy Catt
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Child Services Assistant 5
DCS - Grant County
Gina Cole
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Family Case Manager Sup 4
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Jamon Vodraska
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Kelly Scott
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Sherri Kinzie
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Julanna Leak
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Ashley North
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Brooklyn Stell
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Cindra Crist
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Jonathan Hart
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Kyla Liehr
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Summer Niverson
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Child Services Assistant 5
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Belinda Trimble
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Marie Seitz
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Cierra Liddick
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Jamie Flannery Flatford
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Sjon Fisher
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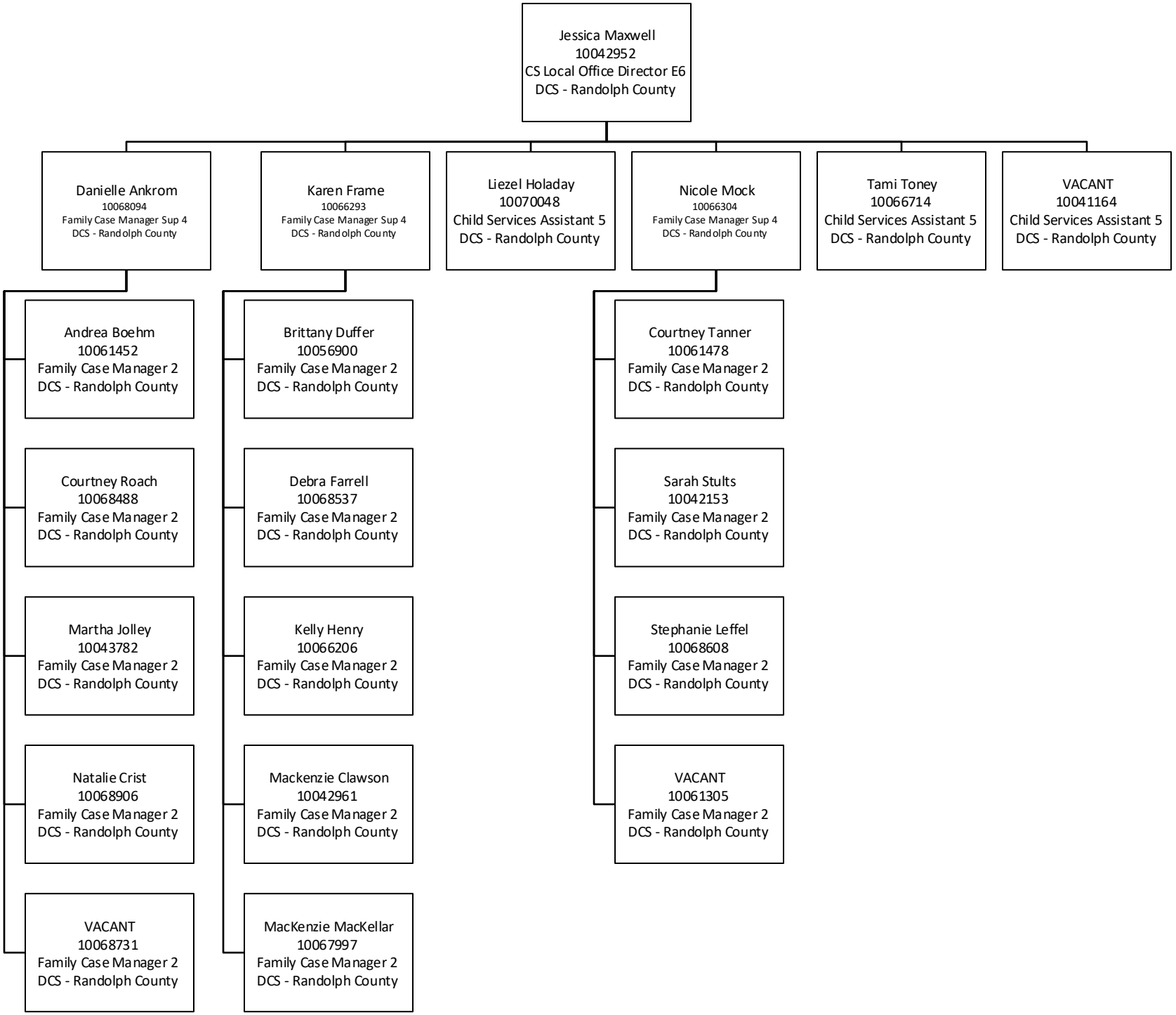
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Danielle Ankrom
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Karen Frame
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DCS - Randolph County
Nicole Mock
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Tami Toney
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VACANT
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Child Services Assistant 5
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DCS - Randolph County
Courtney Roach
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Family Case Manager 2
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Martha Jolley
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Brittany Duffer
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Debra Farrell
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Kelly Henry
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Sarah Stults
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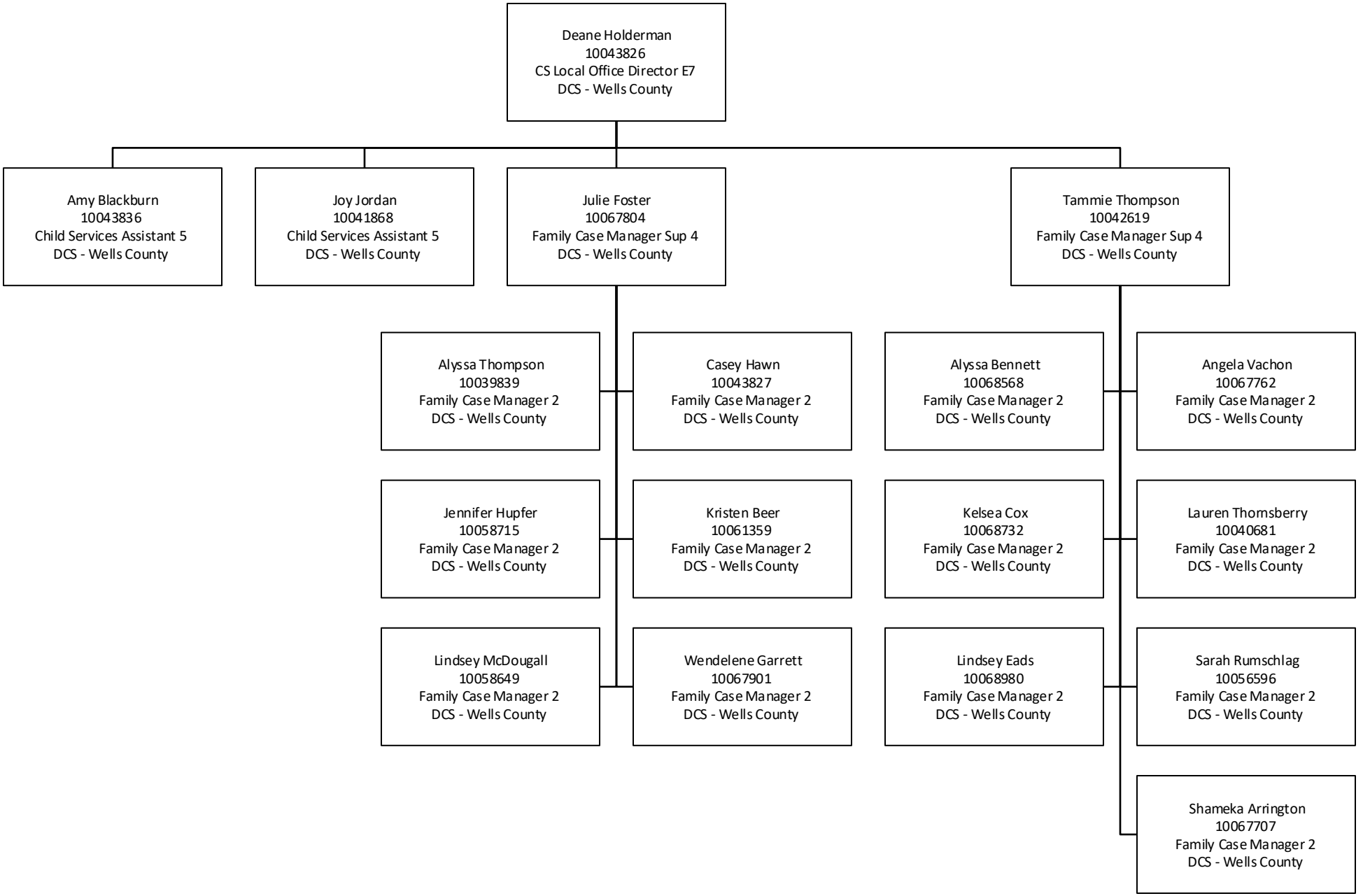
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Amy Blackburn
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Child Services Assistant 5
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Joy Jordan
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Julie Foster
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DCS - Wells County
Tammie Thompson
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DCS - Wells County
Alyssa Thompson
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Casey Hawn
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Angela Vachon
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Kelsea Cox
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Shameka Arrington
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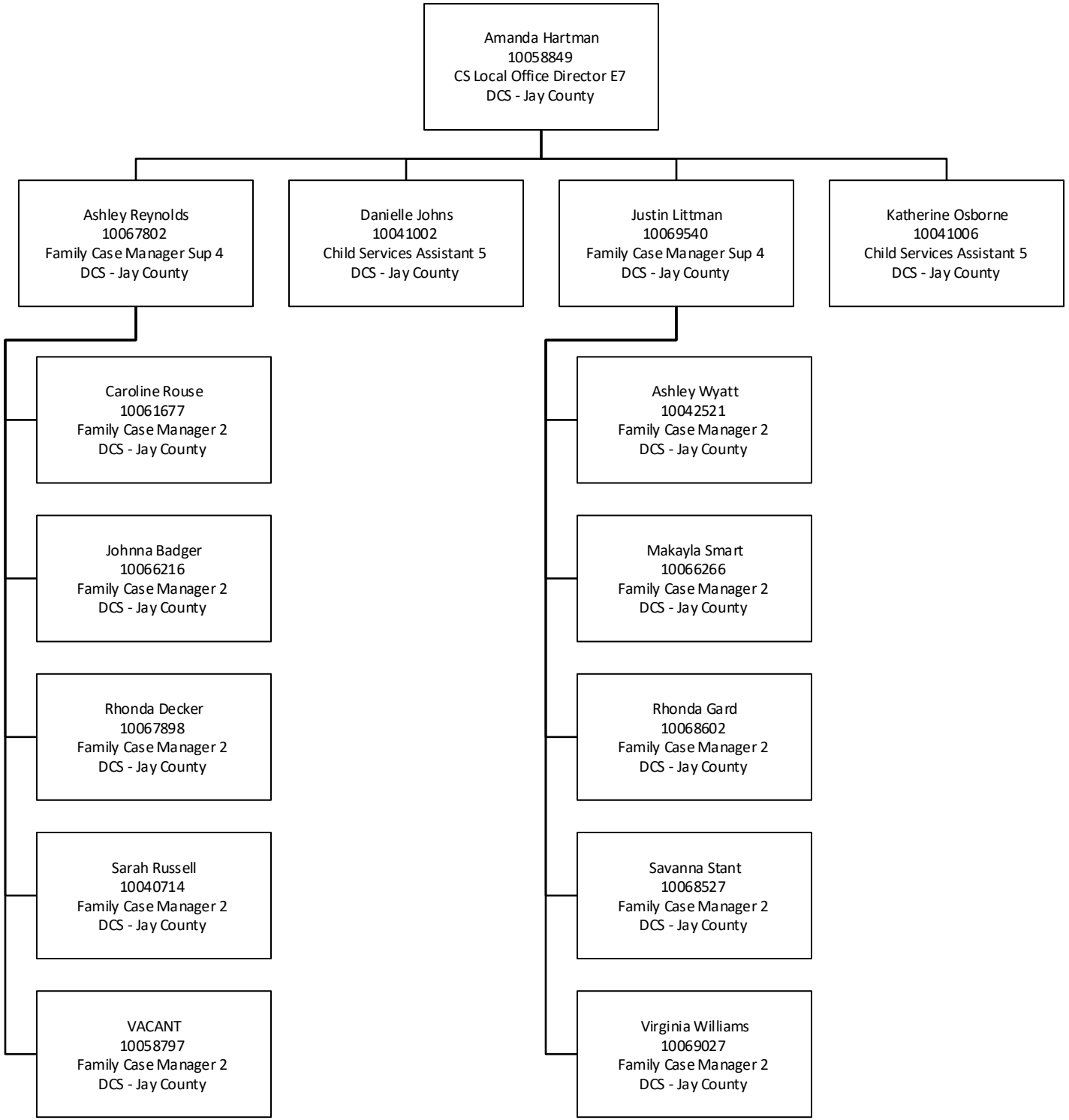
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Ashley Reynolds
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Danielle Johns
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DCS - Jay County
Justin Littman
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Family Case Manager Sup 4
DCS - Jay County
Katherine Osborne
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Child Services Assistant 5
DCS - Jay County
Caroline Rouse
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Family Case Manager 2
DCS - Jay County
Johnna Badger
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Rhonda Decker
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Sarah Russell
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VACANT
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Ashley Wyatt
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Family Case Manager 2
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Makayla Smart
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Rhonda Gard
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Virginia Williams
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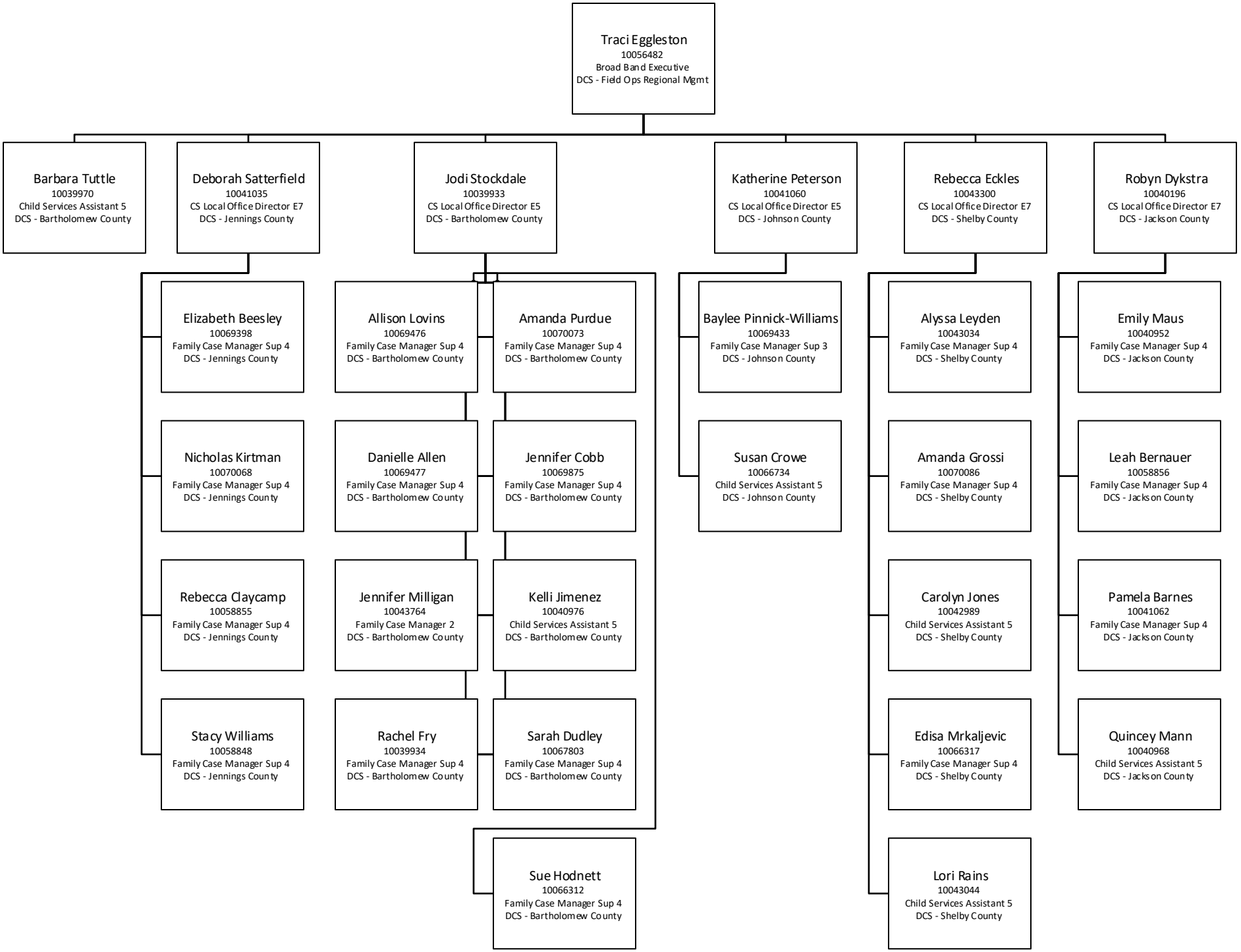
Traci Eggleston
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Broad Band Executive
DCS - Field Ops Regional Mgmt
Barbara Tuttle
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Child Services Assistant 5
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Deborah Satterfield
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CS Local Office Director E7
DCS - Jennings County
Jodi Stockdale
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CS Local Office Director E5
DCS - Bartholomew County
Katherine Peterson
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CS Local Office Director E5
DCS - Johnson County
Rebecca Eckles
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CS Local Office Director E7
DCS - Shelby County
Robyn Dykstra
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CS Local Office Director E7
DCS - Jackson County
Elizabeth Beesley
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DCS - Jennings County
Nicholas Kirtman
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Rebecca Claycamp
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Stacy Williams
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Family Case Manager Sup 4
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Allison Lovins
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Danielle Allen
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Jennifer Milligan
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Rachel Fry
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DCS - Bartholomew County
Amanda Purdue
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DCS - Bartholomew County
Jennifer Cobb
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Kelli Jimenez
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Child Services Assistant 5
DCS - Bartholomew County
Sarah Dudley
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DCS - Bartholomew County
Sue Hodnett
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Family Case Manager Sup 4
DCS - Bartholomew County
Baylee Pinnick-Williams
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DCS - Johnson County
Susan Crowe
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DCS - Johnson County
Alyssa Leyden
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Amanda Grossi
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Family Case Manager Sup 4
DCS - Shelby County
Carolyn Jones
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DCS - Shelby County
Edisa Mrkaljevic
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Lori Rains
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DCS - Shelby County
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Leah Bernauer
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Pamela Barnes
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Quincey Mann
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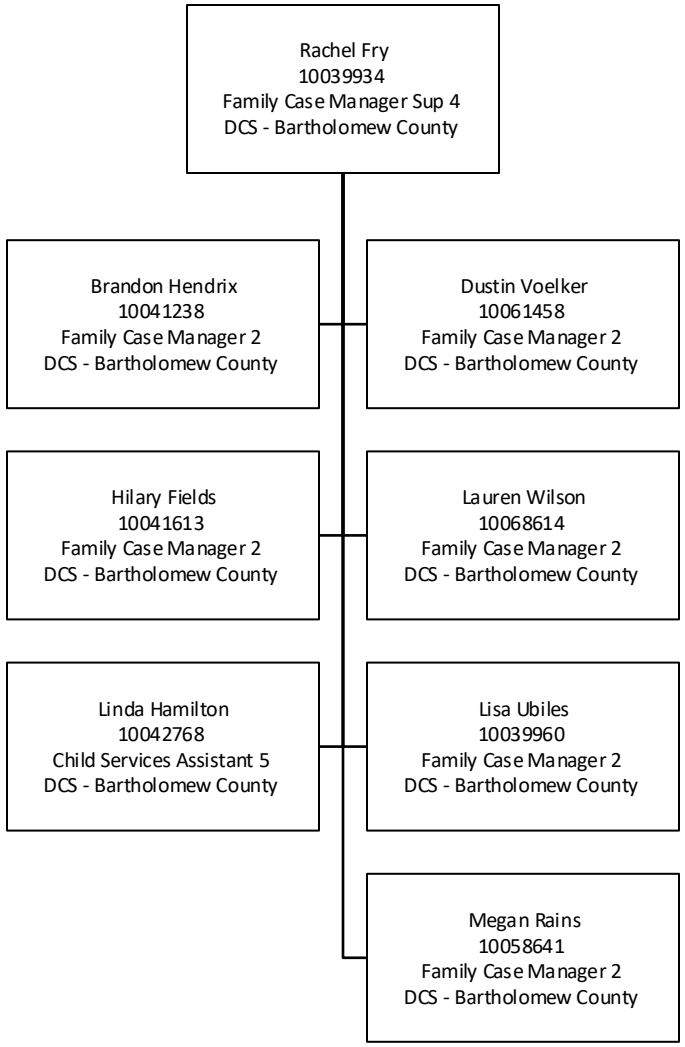
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Brandon Hendrix
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Dustin Voelker
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Hilary Fields
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Lauren Wilson
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Linda Hamilton
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Child Services Assistant 5
DCS - Bartholomew County
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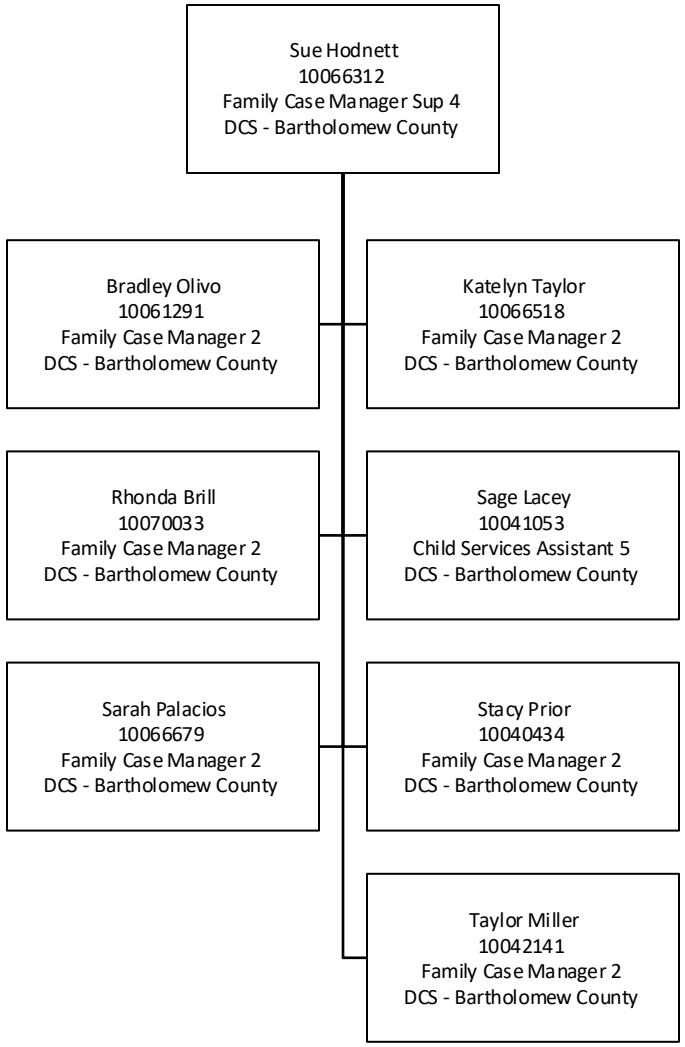
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Bradley Olivo
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Rhonda Brill
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Sage Lacey
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DCS - Bartholomew County
Sarah Palacios
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Taylor Miller
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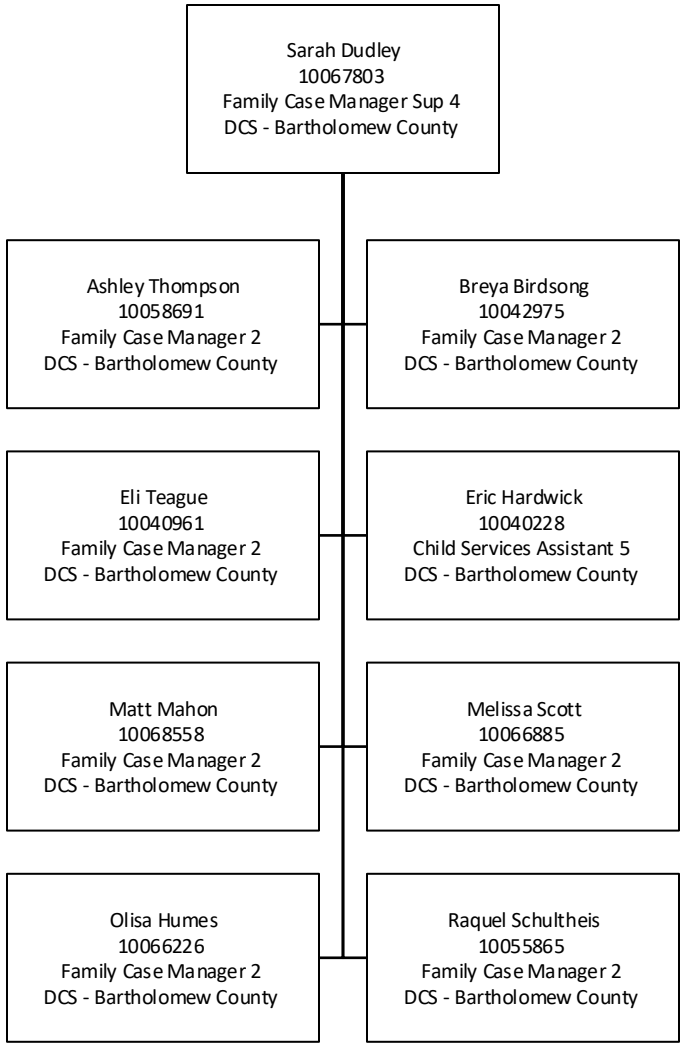
DCS - Bartholomew County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Ashley Thompson
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Breya Birdsong
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DCS - Bartholomew County
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DCS - Bartholomew County
Eric Hardwick
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Matt Mahon
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Family Case Manager 2
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Melissa Scott
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Raquel Schultheis
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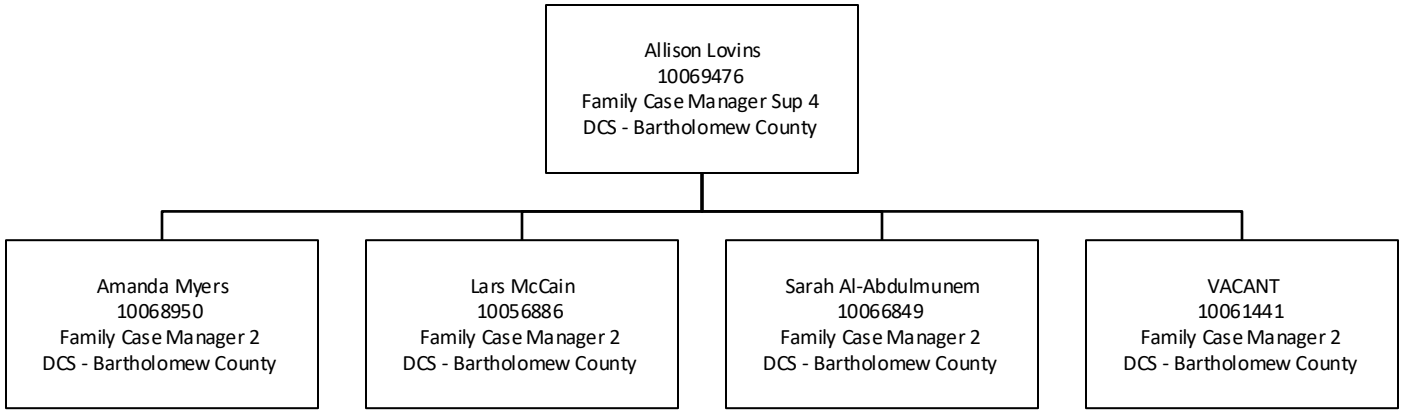
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Amanda Myers
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Lars McCain
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DCS - Bartholomew County
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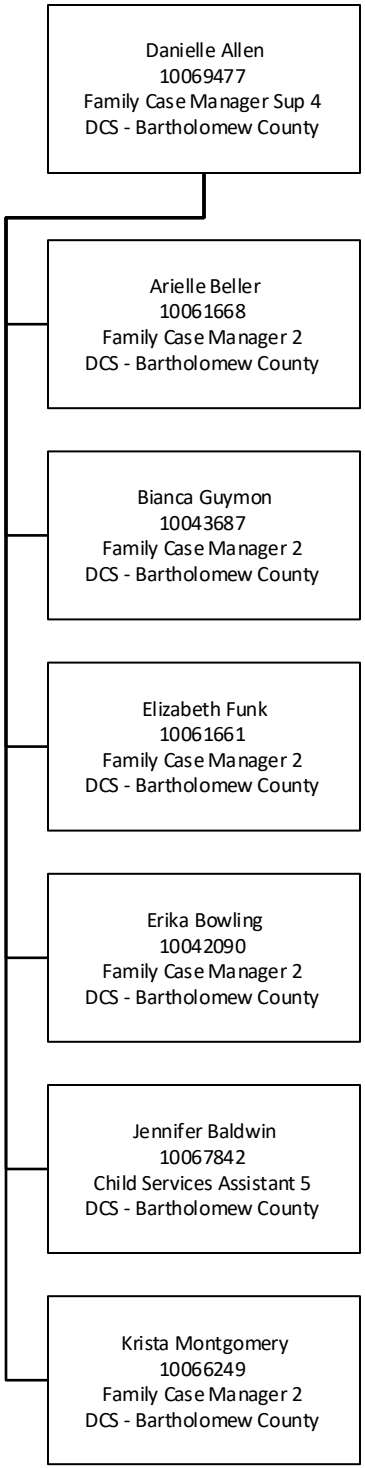
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Elizabeth Funk
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Erika Bowling
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Krista Montgomery
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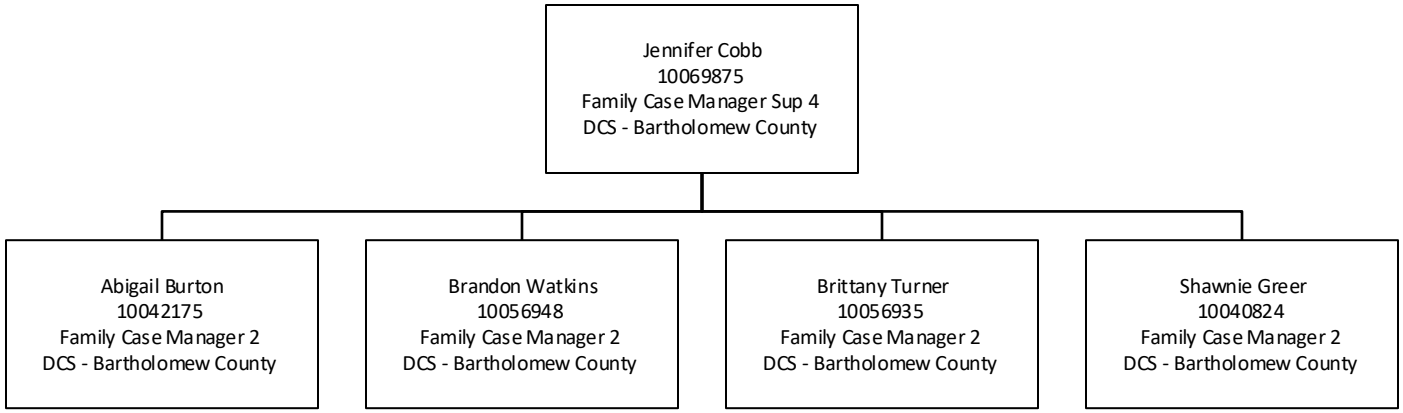
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Abigail Burton
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DCS - Bartholomew County
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Shawnie Greer
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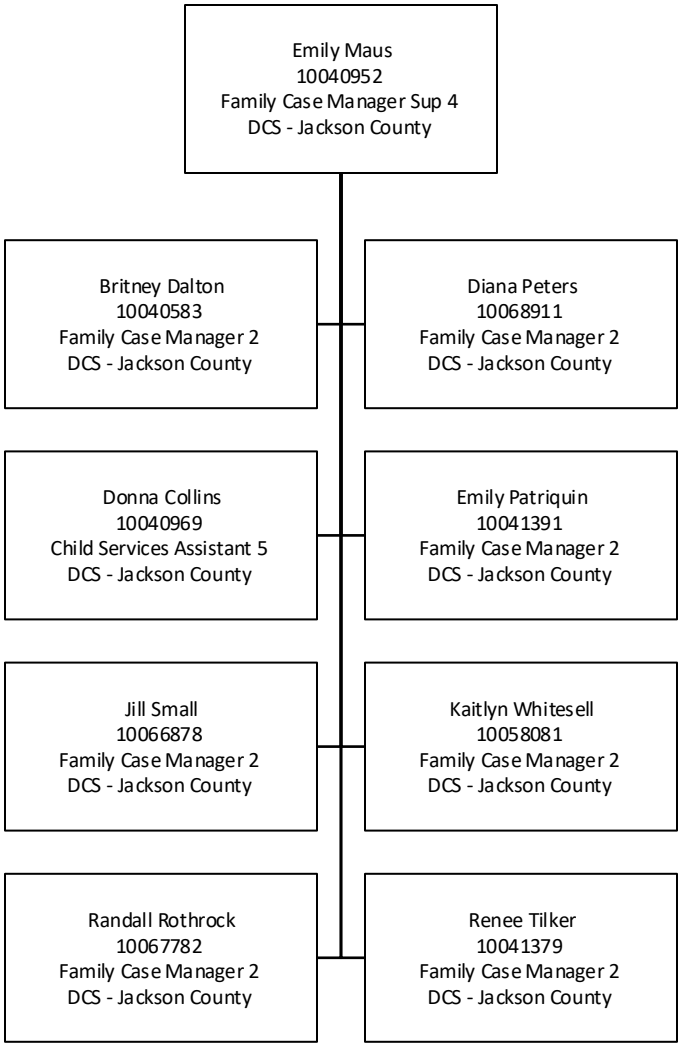
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Jill Small
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Renee Tilker
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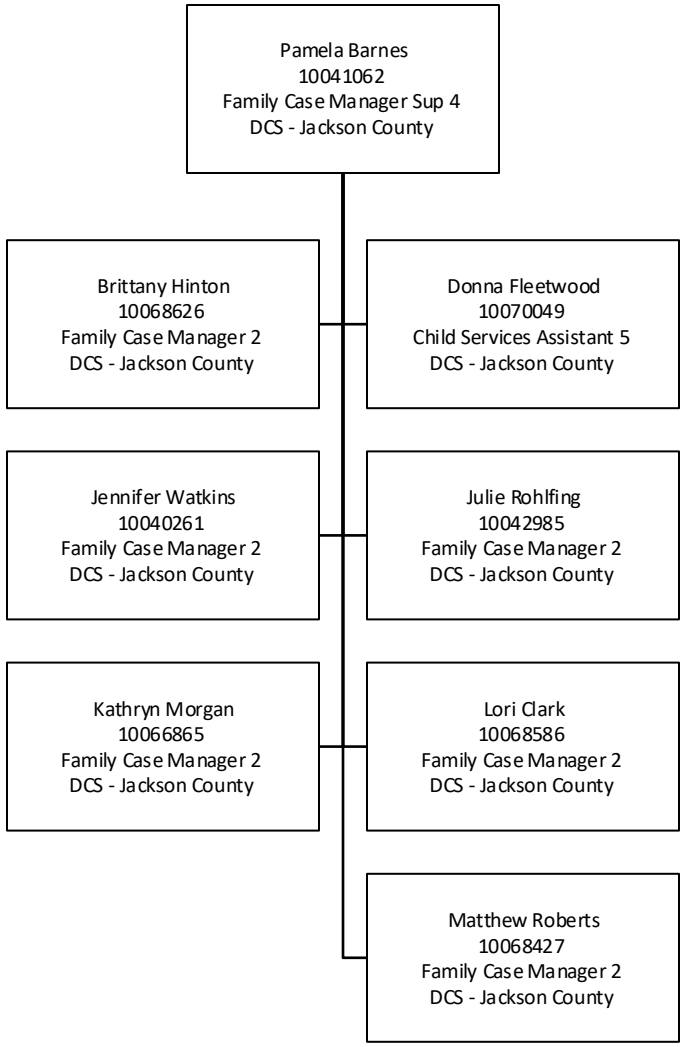
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Donna Fleetwood
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Julie Rohlfing
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Kathryn Morgan
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Matthew Roberts
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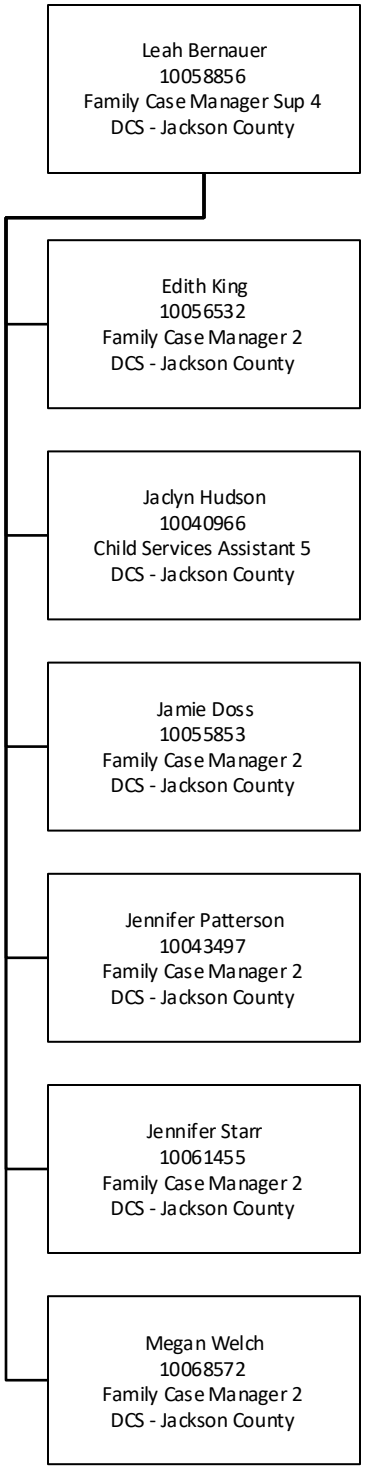
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Edith King
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Jaclyn Hudson
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Jamie Doss
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DCS - Jackson County
Jennifer Patterson
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Megan Welch
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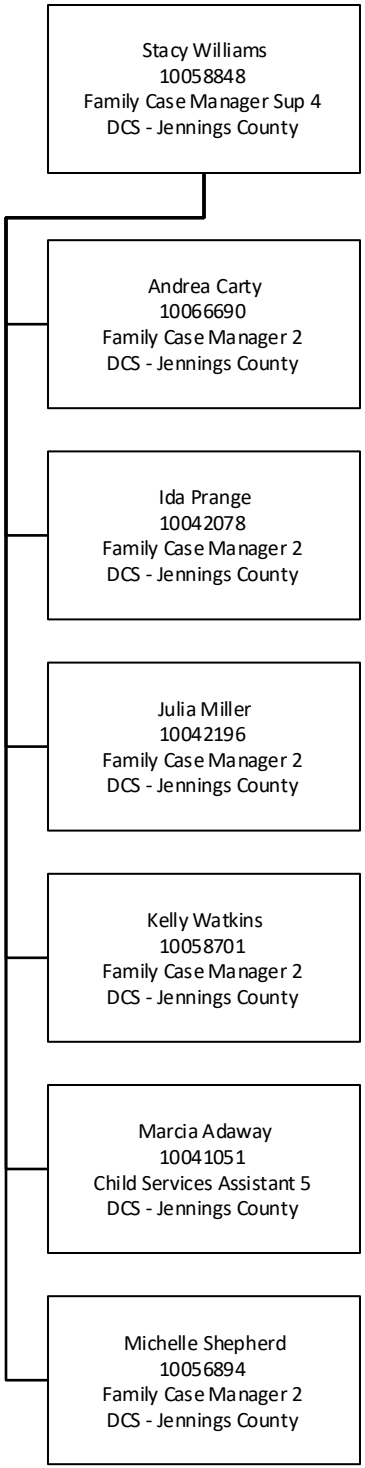
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Kelly Watkins
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Michelle Shepherd
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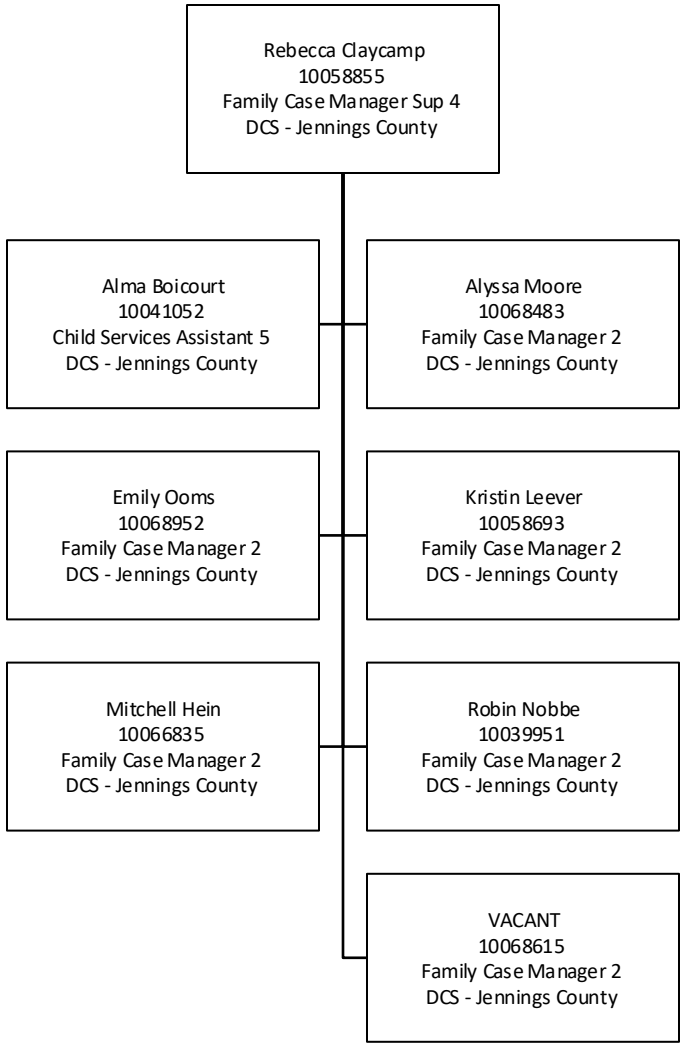
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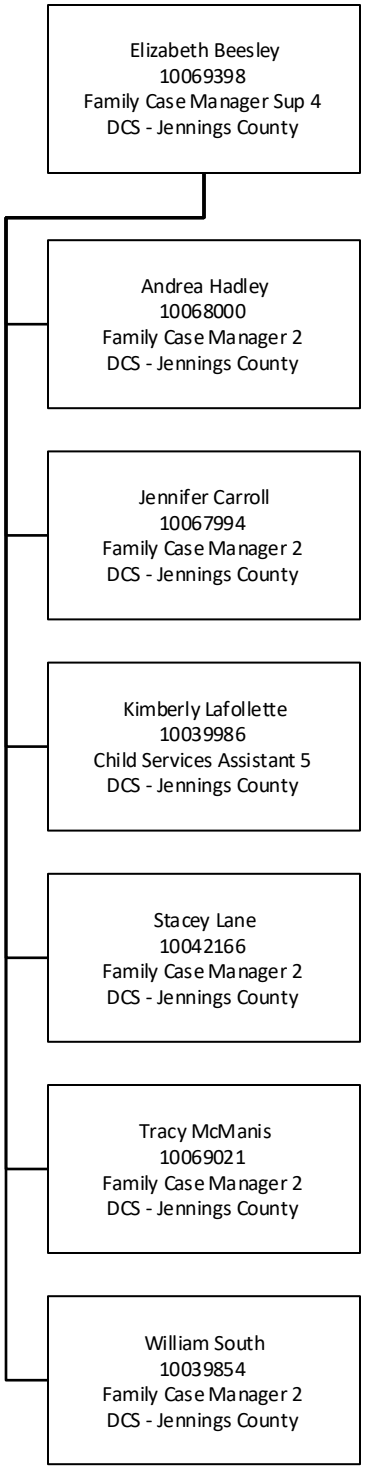
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Stacey Lane
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William South
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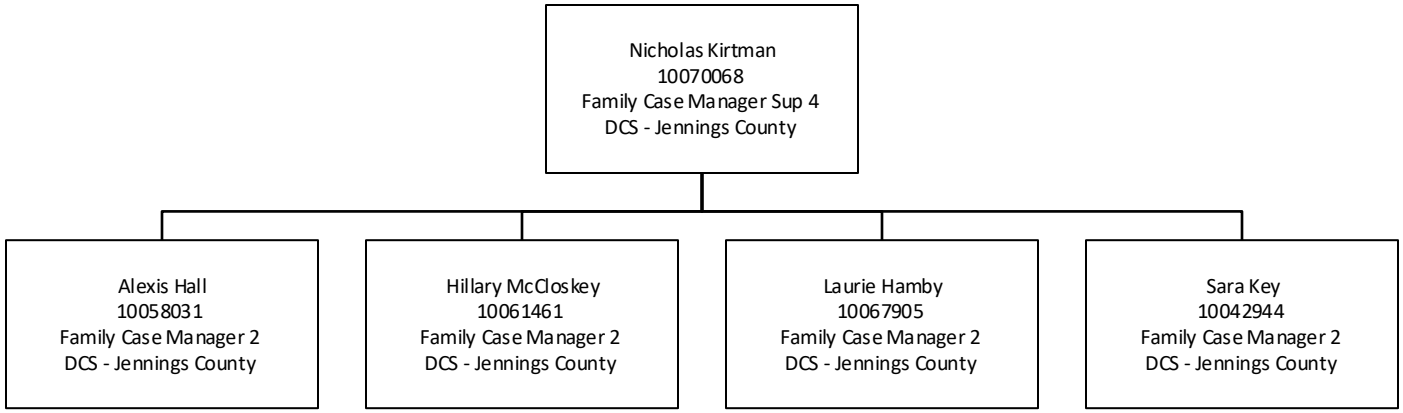
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Hillary McCloskey
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Sara Key
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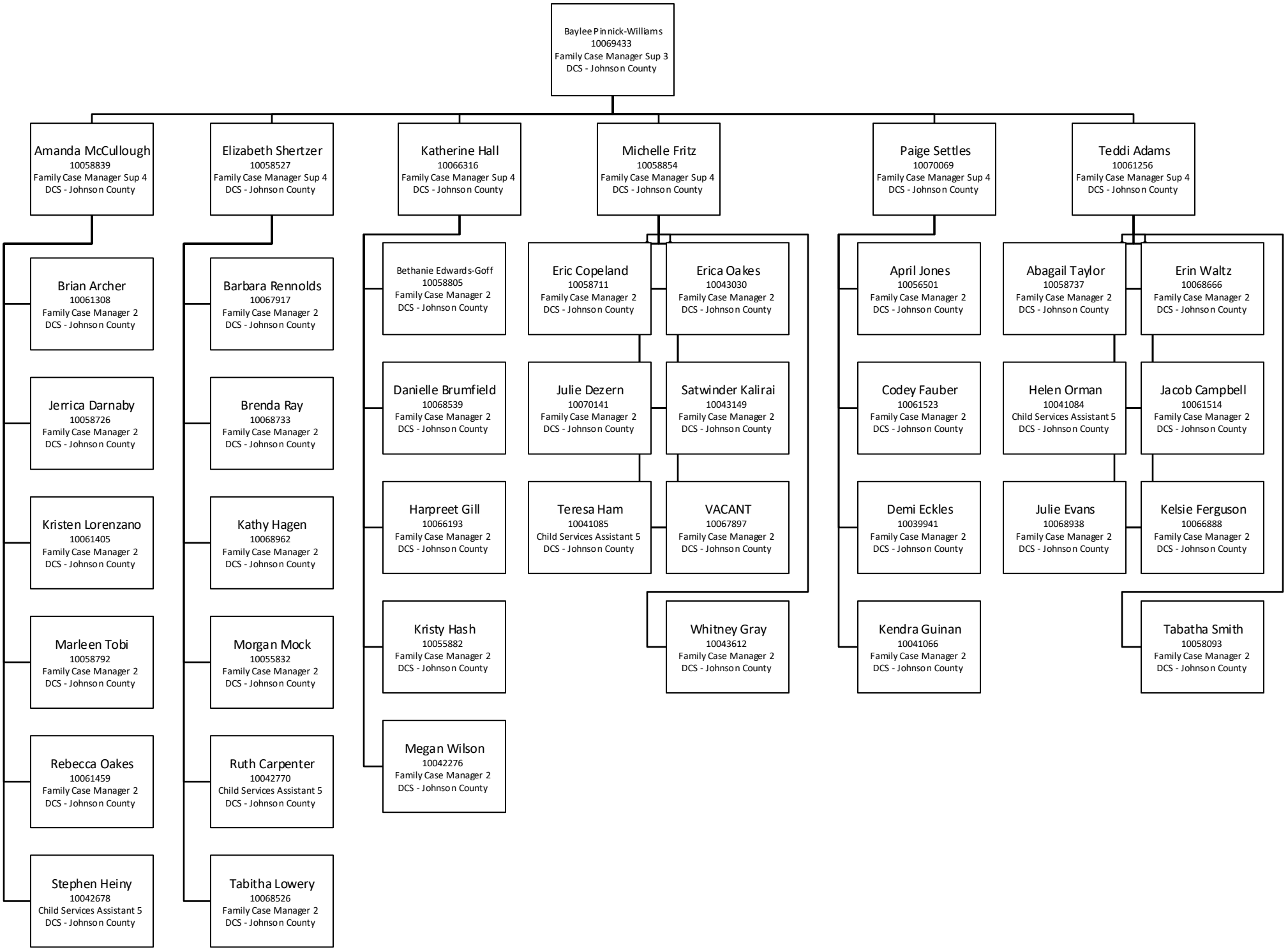
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Jerrica Darnaby
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Kristen Lorenzano
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Marleen Tobi
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Family Case Manager 2
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Rebecca Oakes
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Family Case Manager 2
DCS - Johnson County
Stephen Heiny
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Child Services Assistant 5
DCS - Johnson County
Elizabeth Shertzer
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DCS - Johnson County
Barbara Rennolds
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DCS - Johnson County
Brenda Ray
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Kathy Hagen
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Morgan Mock
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Ruth Carpenter
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Child Services Assistant 5
DCS - Johnson County
Tabitha Lowery
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Family Case Manager 2
DCS - Johnson County
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Bethanie Edwards-Goff
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Danielle Brumfield
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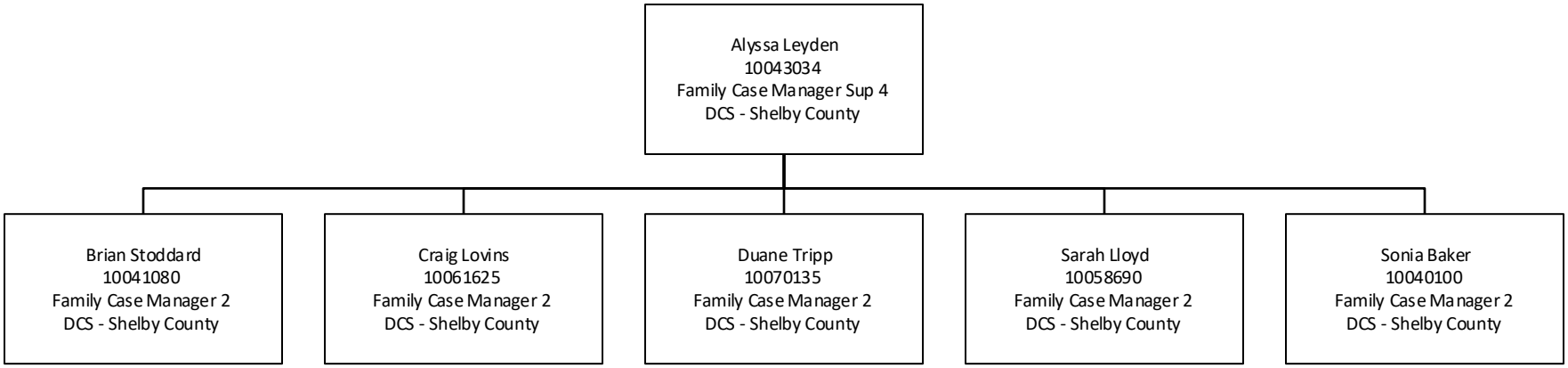
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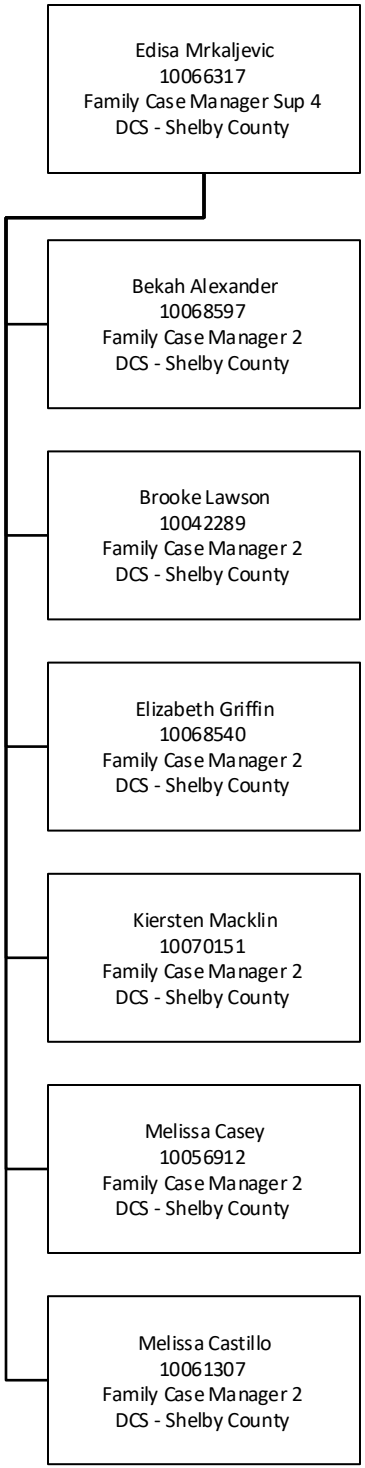
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Elizabeth Griffin
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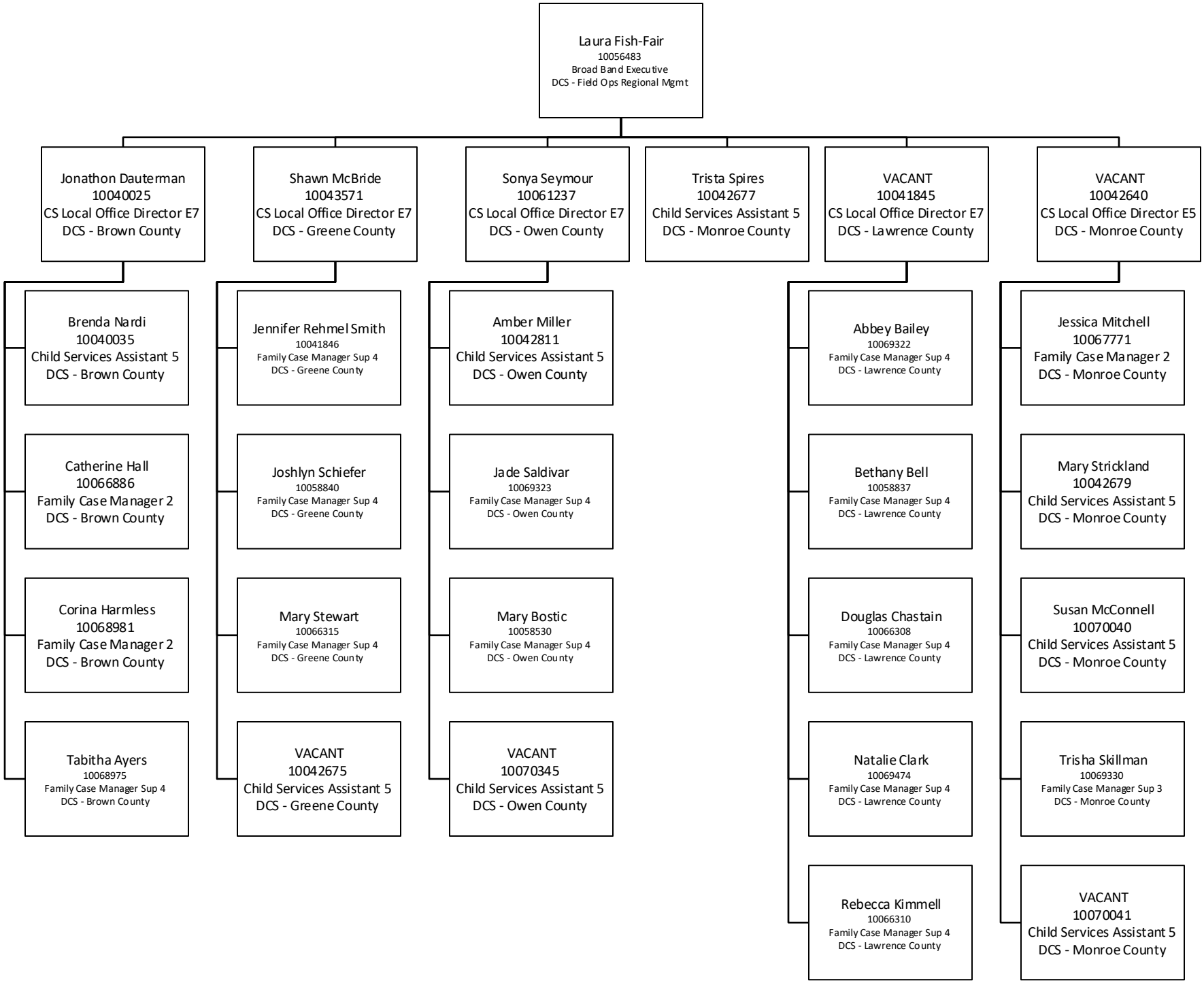
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Jonathon Dauterman
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Shawn McBride
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Sonya Seymour
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CS Local Office Director E7
DCS - Owen County
Trista Spires
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VACANT
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DCS - Lawrence County
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Brenda Nardi
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Corina Harmless
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Douglas Chastain
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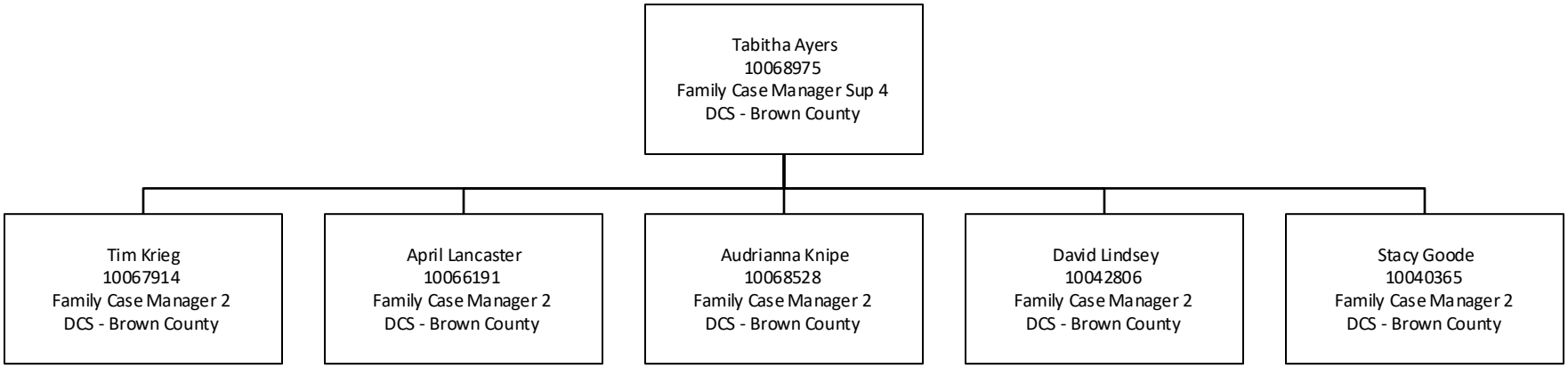
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Stacy Goode
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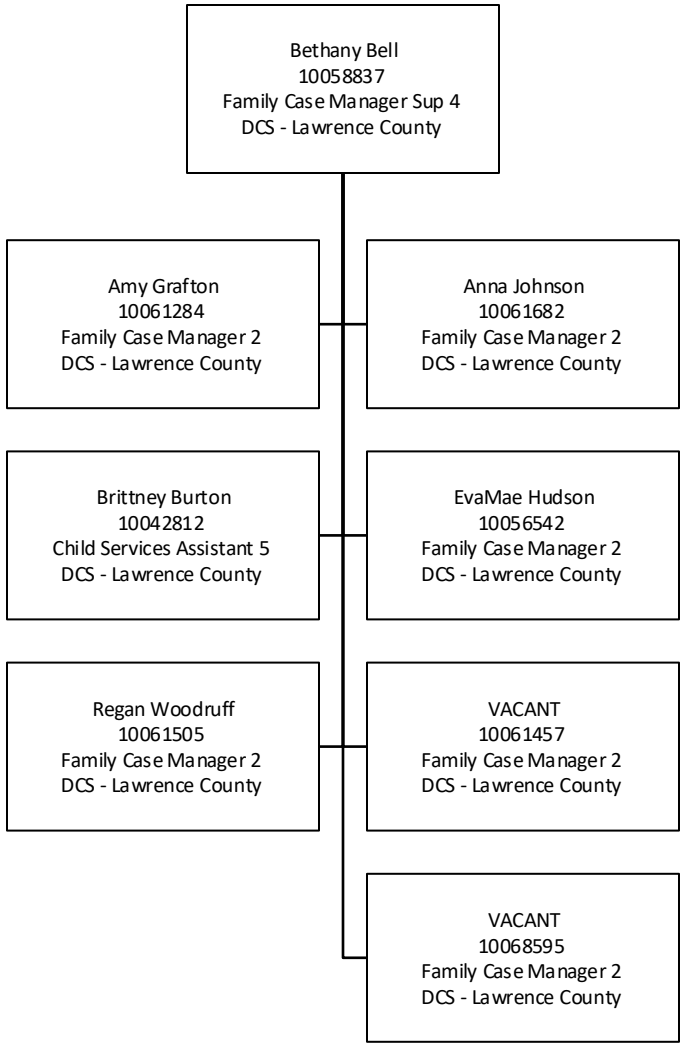
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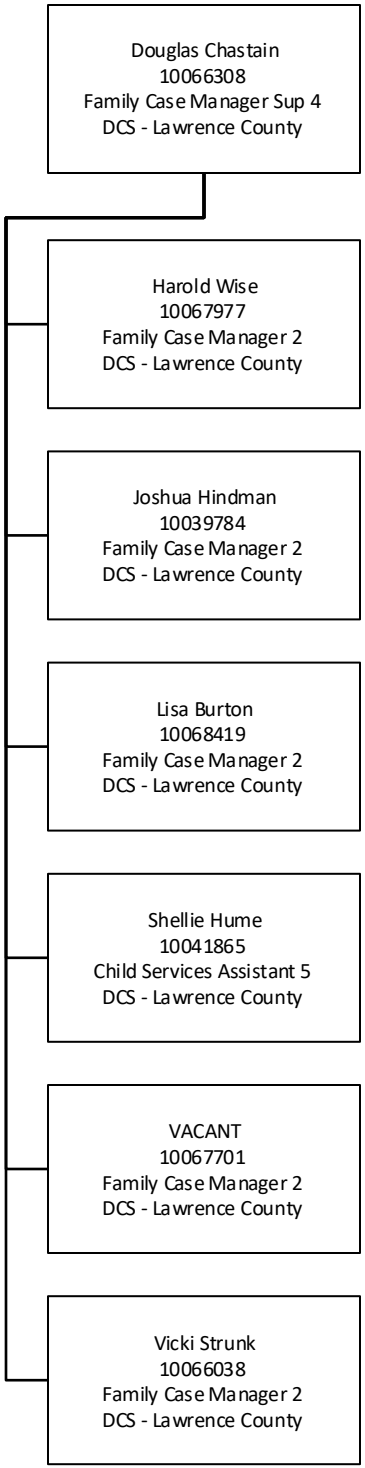
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Lisa Burton
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DCS - Lawrence County
Shellie Hume
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Vicki Strunk
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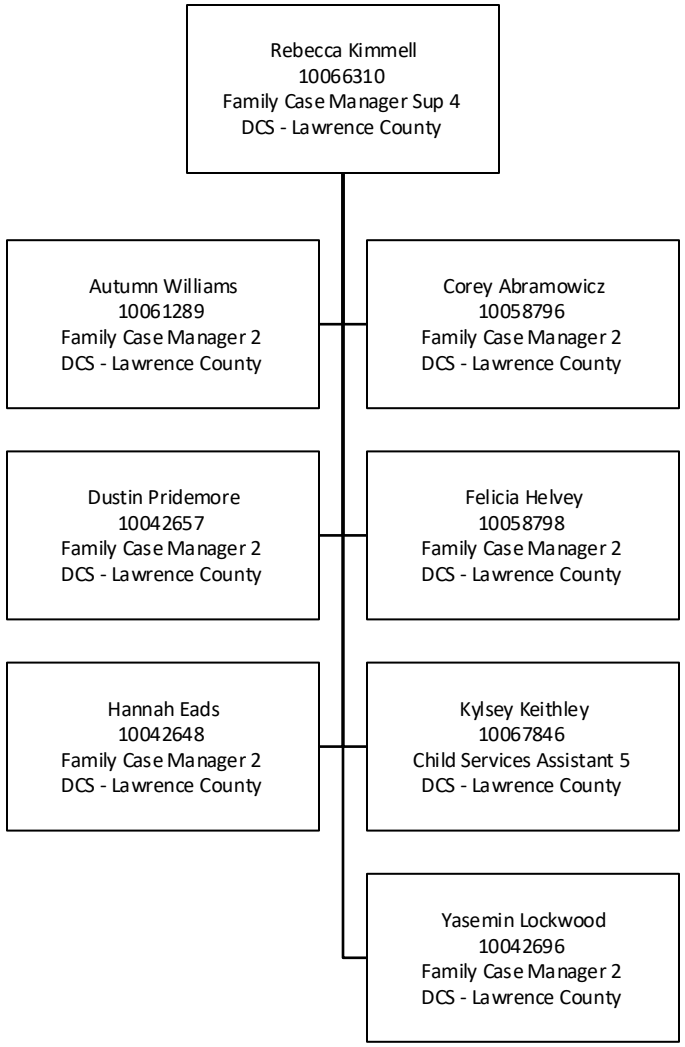
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Corey Abramowicz
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Dustin Pridemore
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Felicia Helvey
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Hannah Eads
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Yasemin Lockwood
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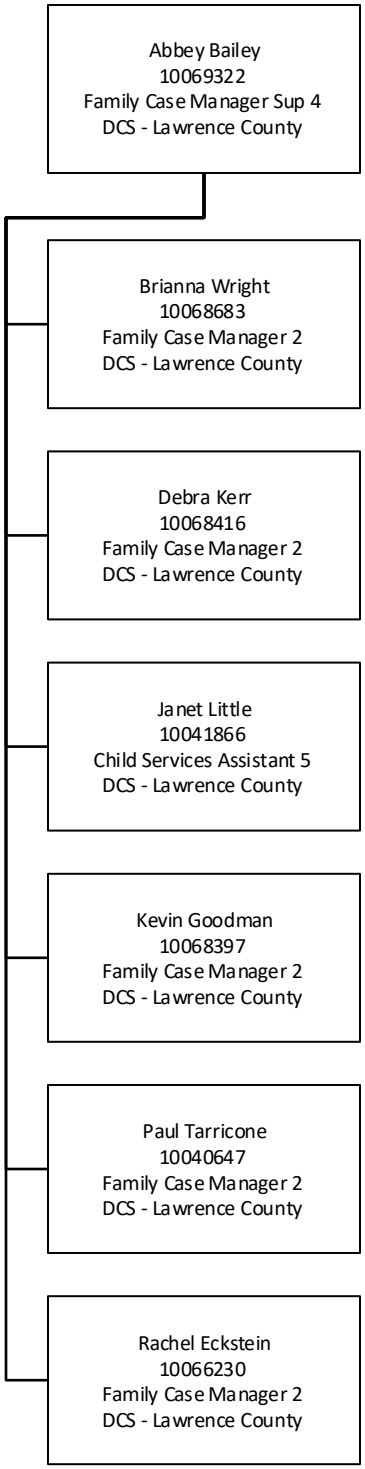
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Debra Kerr
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Janet Little
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Kevin Goodman
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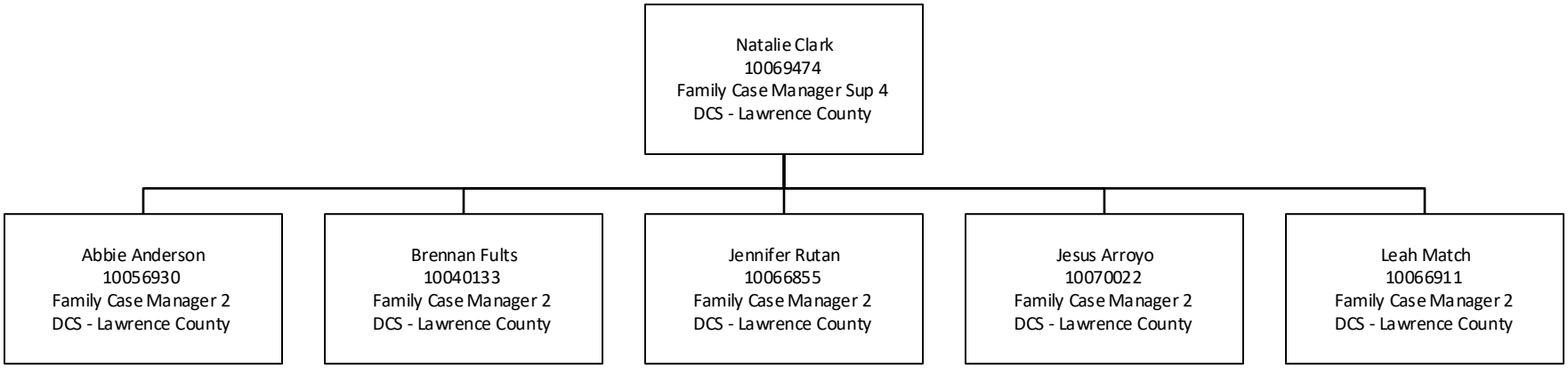
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Jennifer Rutan
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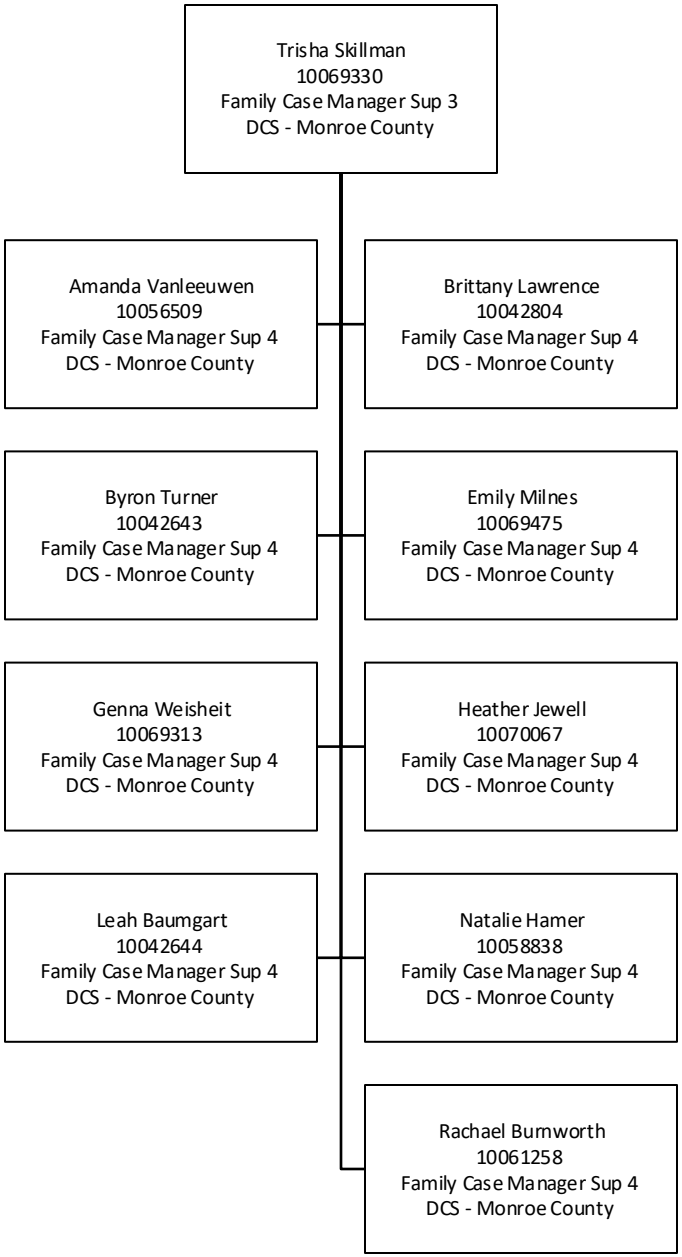
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Byron Turner
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Genna Weisheit
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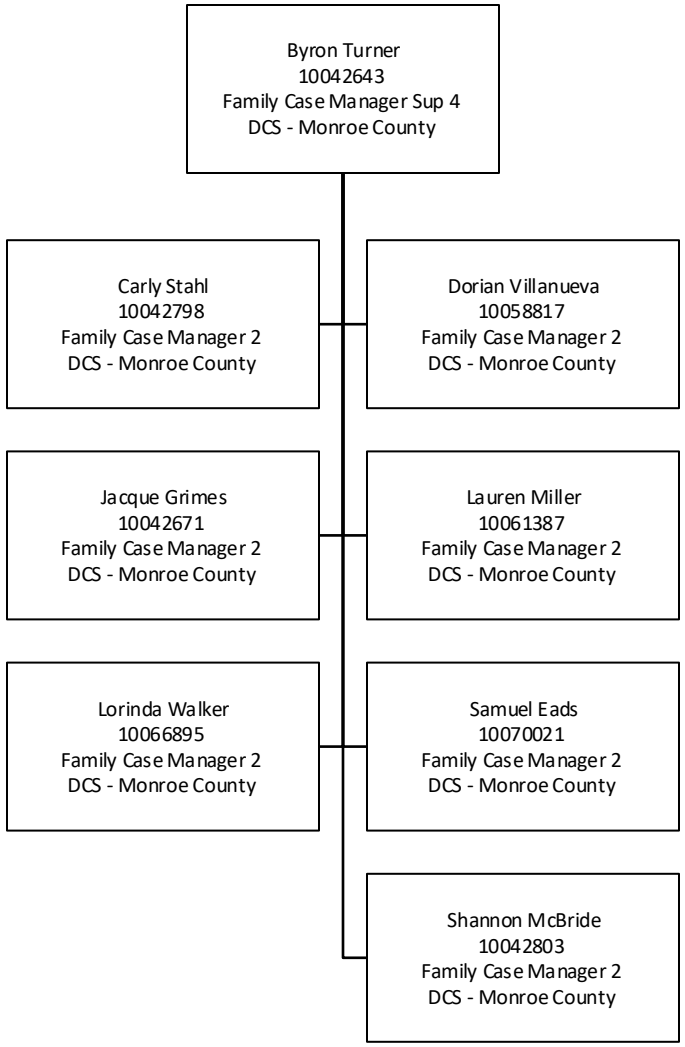
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Lorinda Walker
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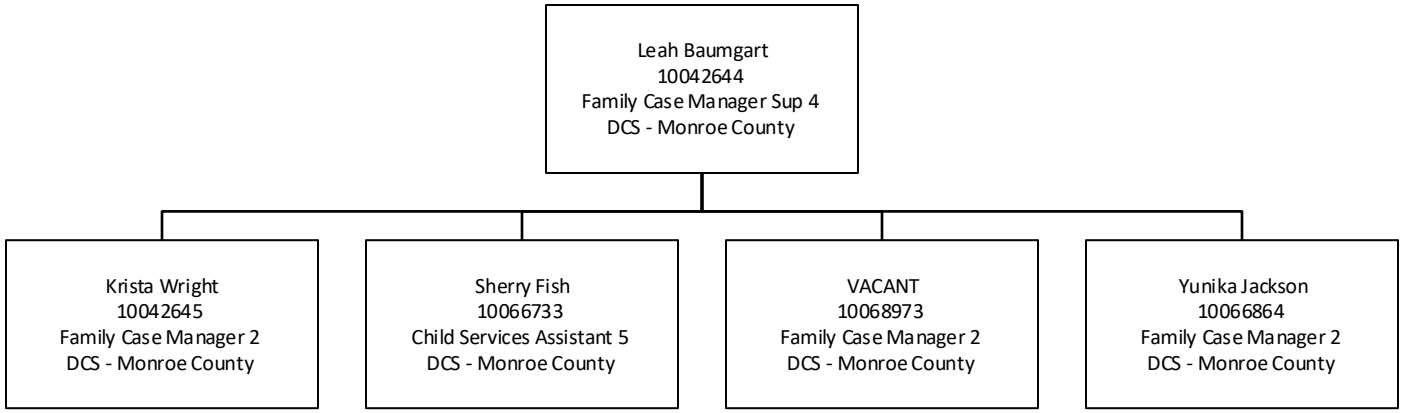
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Yunika Jackson
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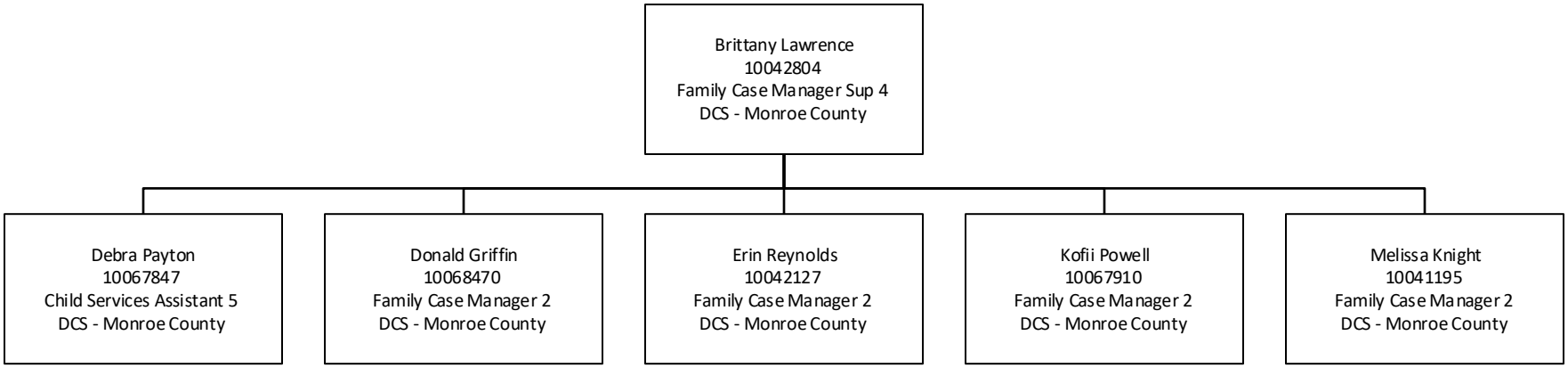
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Donald Griffin
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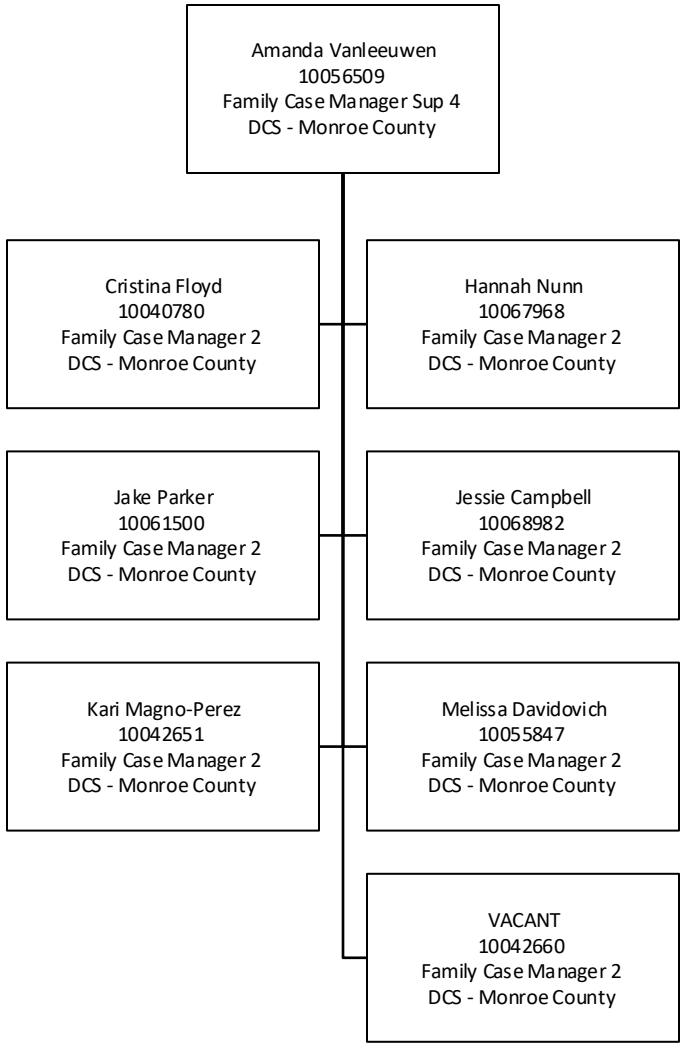
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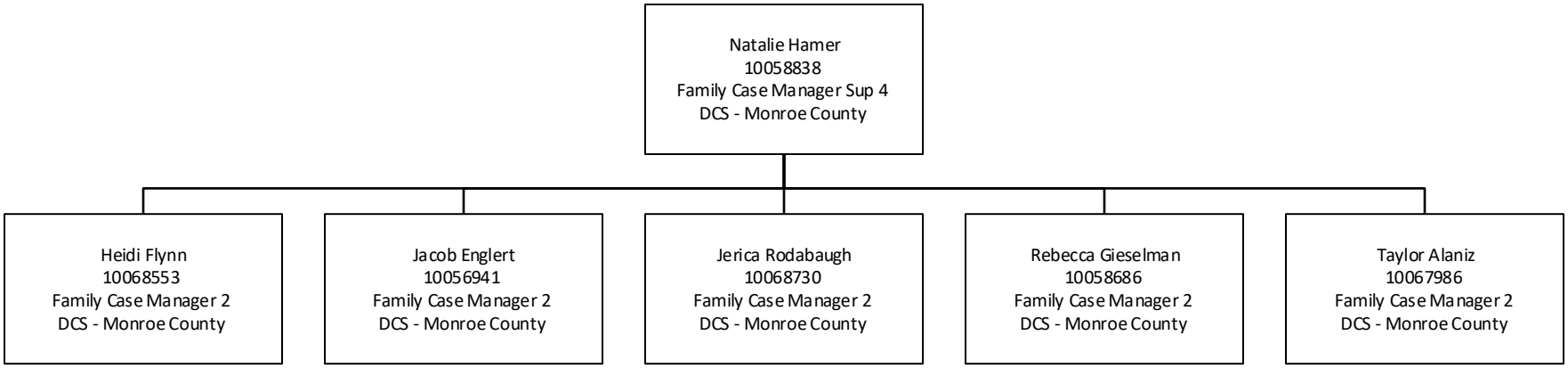
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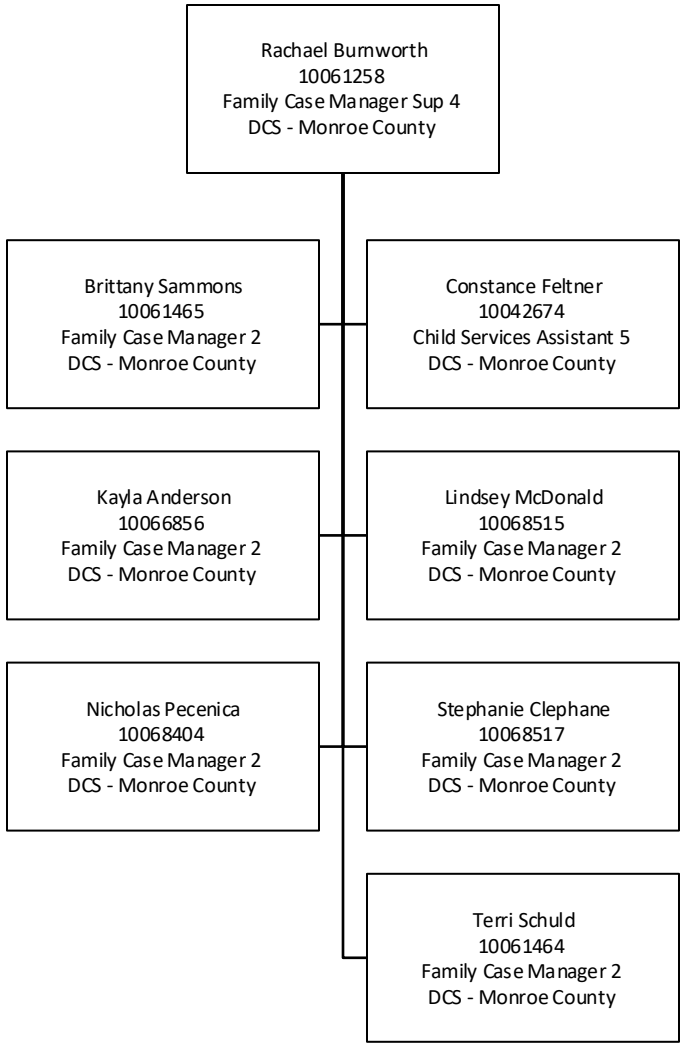
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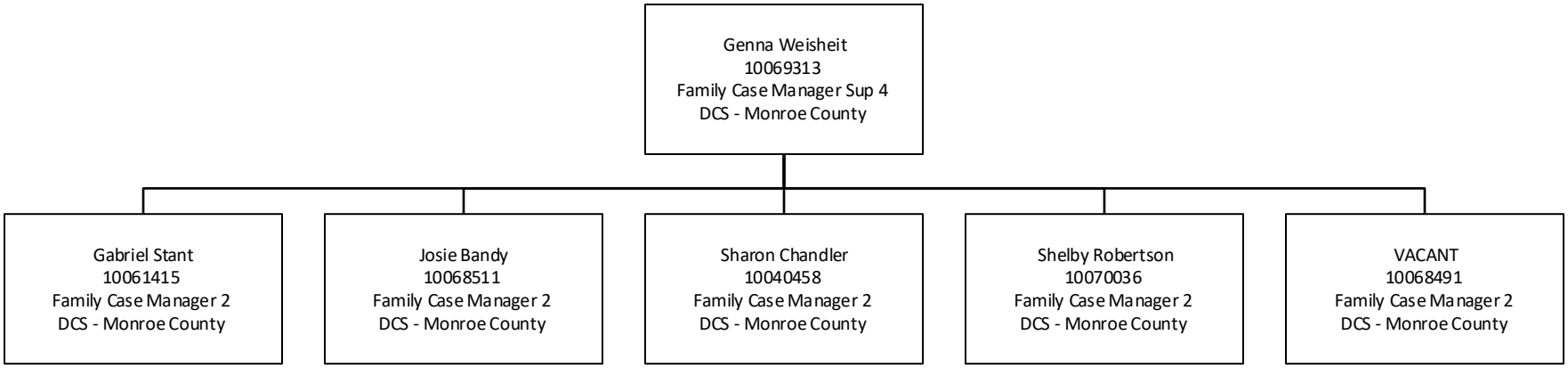
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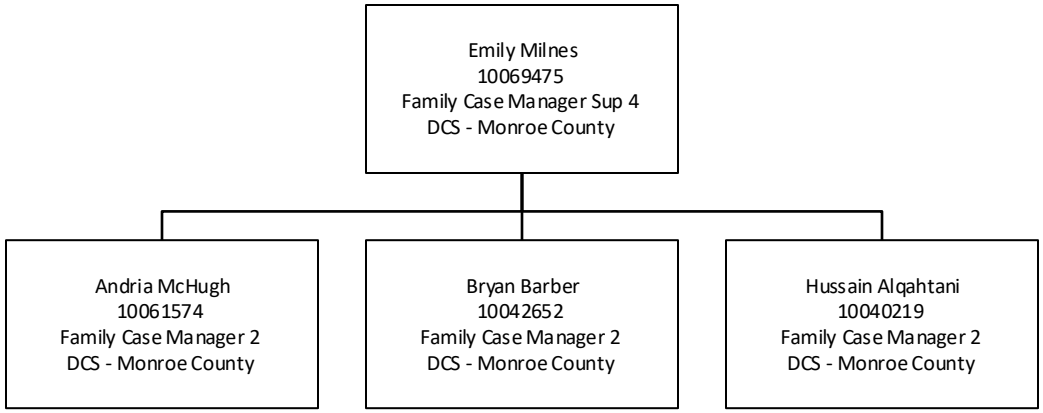
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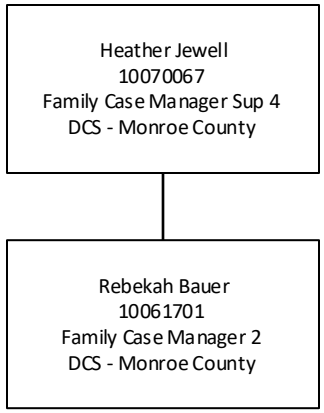
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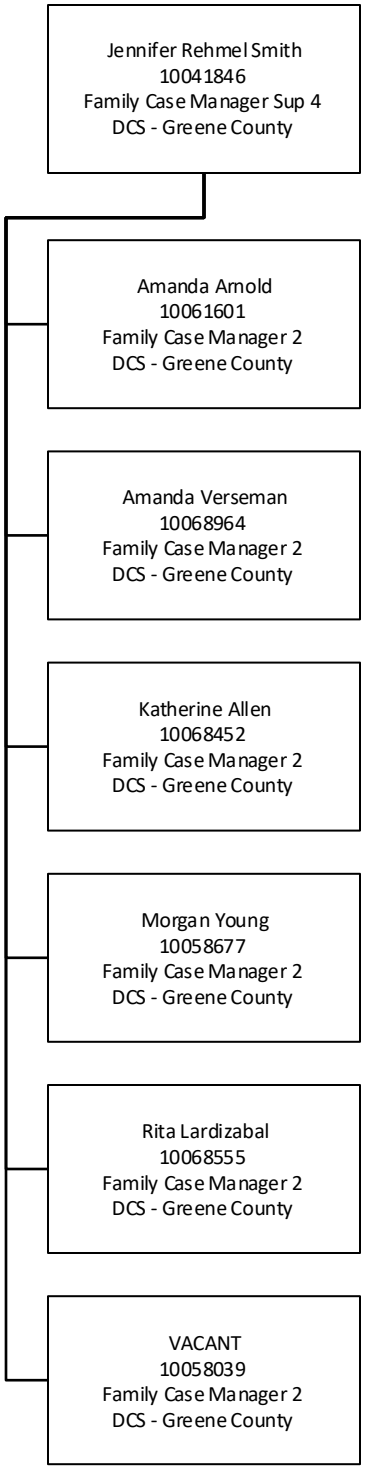
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Morgan Young
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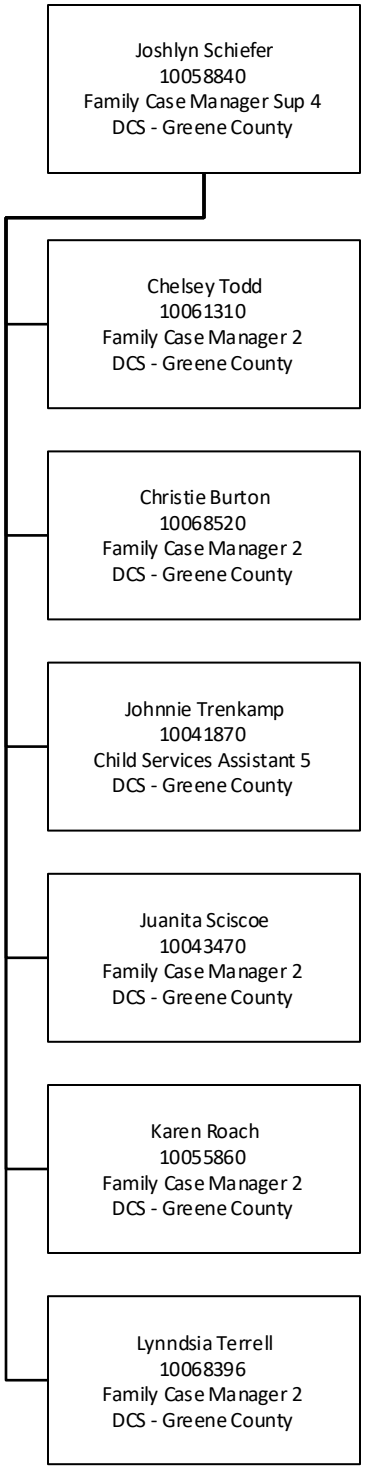
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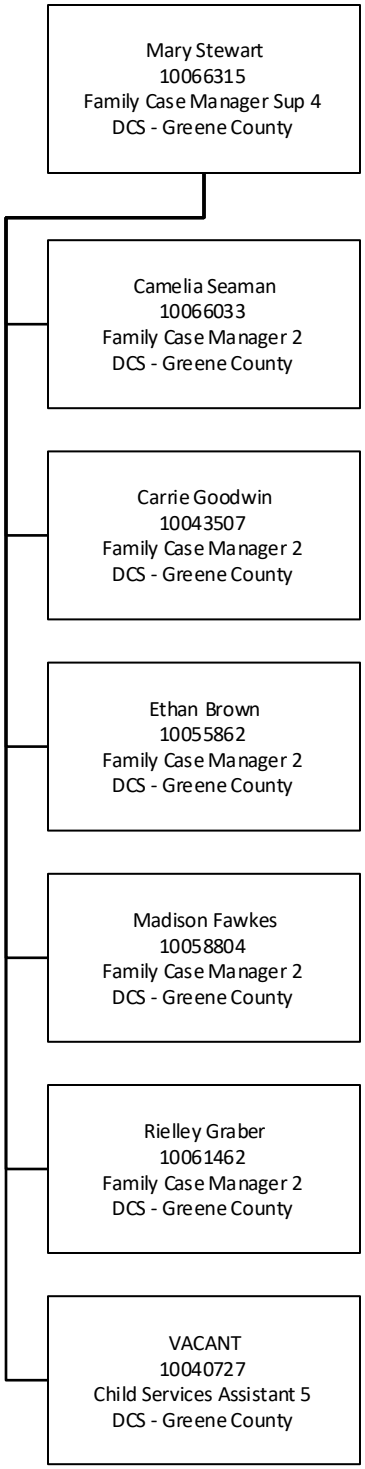
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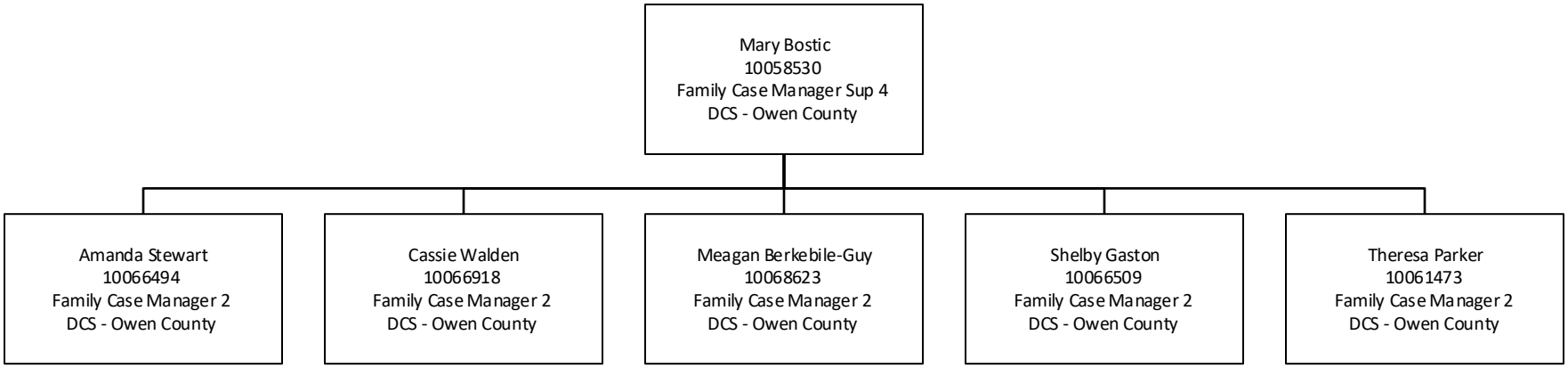
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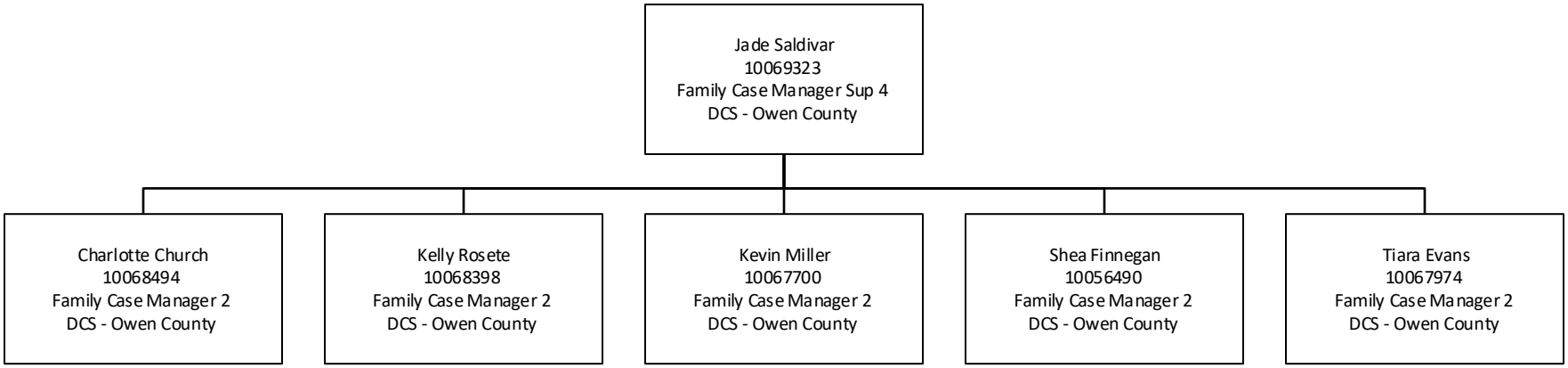
Family Case Manager 2
DCS - Owen County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Charlotte Church
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Kelly Rosete
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Kevin Miller
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Tiara Evans
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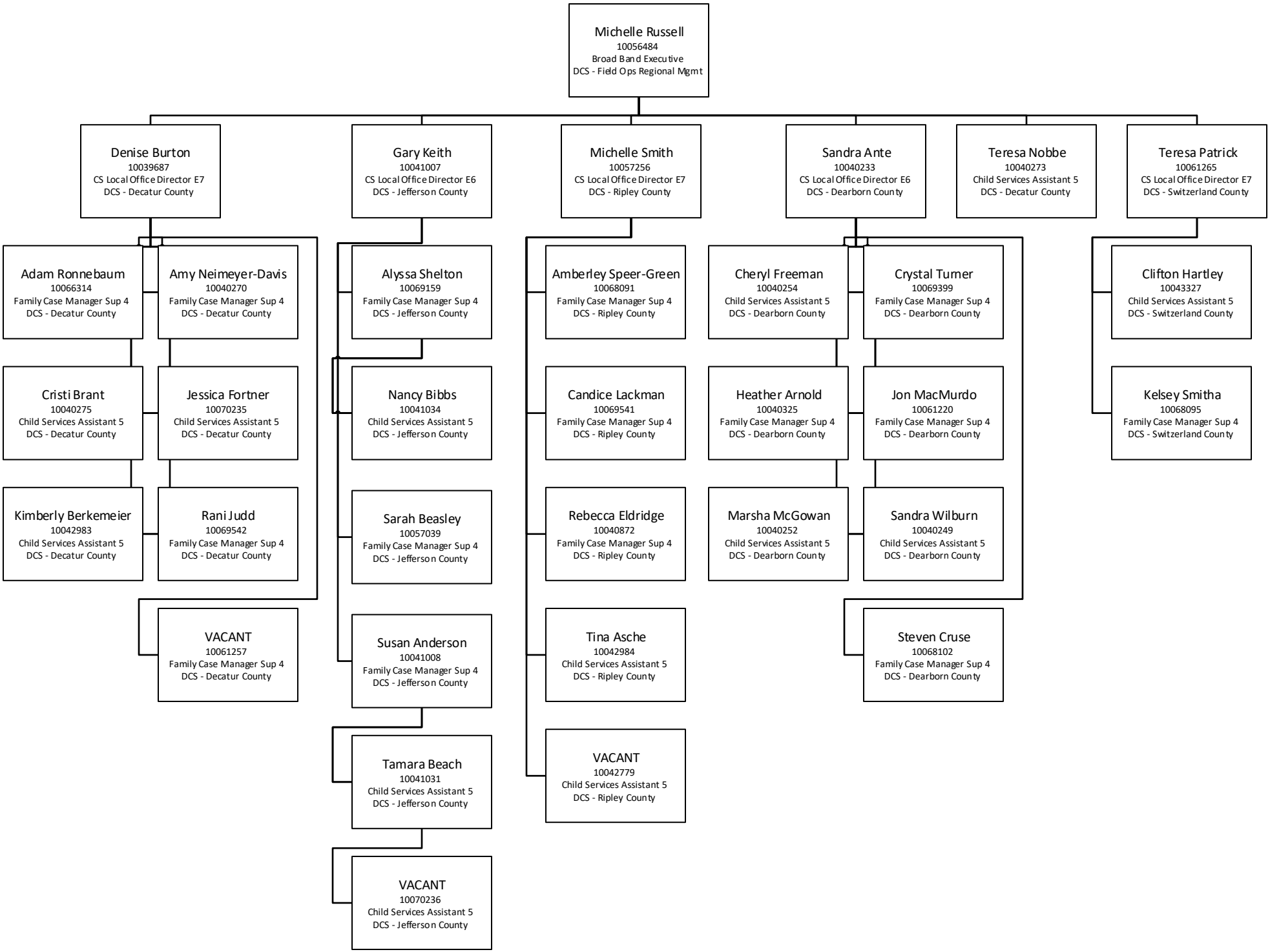
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DCS - Field Ops Regional Mgmt
Denise Burton
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CS Local Office Director E7
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Gary Keith
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Michelle Smith
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CS Local Office Director E7
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Sandra Ante
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DCS - Dearborn County
Teresa Nobbe
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DCS - Decatur County
Teresa Patrick
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DCS - Switzerland County
Adam Ronnebaum
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DCS - Decatur County
Amy Neimeyer-Davis
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Family Case Manager Sup 4
DCS - Decatur County
Cristi Brant
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Child Services Assistant 5
DCS - Decatur County
Jessica Fortner
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Child Services Assistant 5
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Kimberly Berkemeier
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DCS - Decatur County
Rani Judd
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VACANT
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Family Case Manager Sup 4
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Alyssa Shelton
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Family Case Manager Sup 4
DCS - Jefferson County
Nancy Bibbs
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Child Services Assistant 5
DCS - Jefferson County
Sarah Beasley
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DCS - Jefferson County
Susan Anderson
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Family Case Manager Sup 4
DCS - Jefferson County
Tamara Beach
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Child Services Assistant 5
DCS - Jefferson County
VACANT
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Child Services Assistant 5
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Candice Lackman
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Rebecca Eldridge
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Tina Asche
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VACANT
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Child Services Assistant 5
DCS - Ripley County
Cheryl Freeman
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Child Services Assistant 5
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Crystal Turner
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Family Case Manager Sup 4
DCS - Dearborn County
Heather Arnold
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Family Case Manager Sup 4
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Jon MacMurdo
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Family Case Manager Sup 4
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Marsha McGowan
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Child Services Assistant 5
DCS - Dearborn County
Sandra Wilburn
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Child Services Assistant 5
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Steven Cruse
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Family Case Manager Sup 4
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Kelsey Smitha
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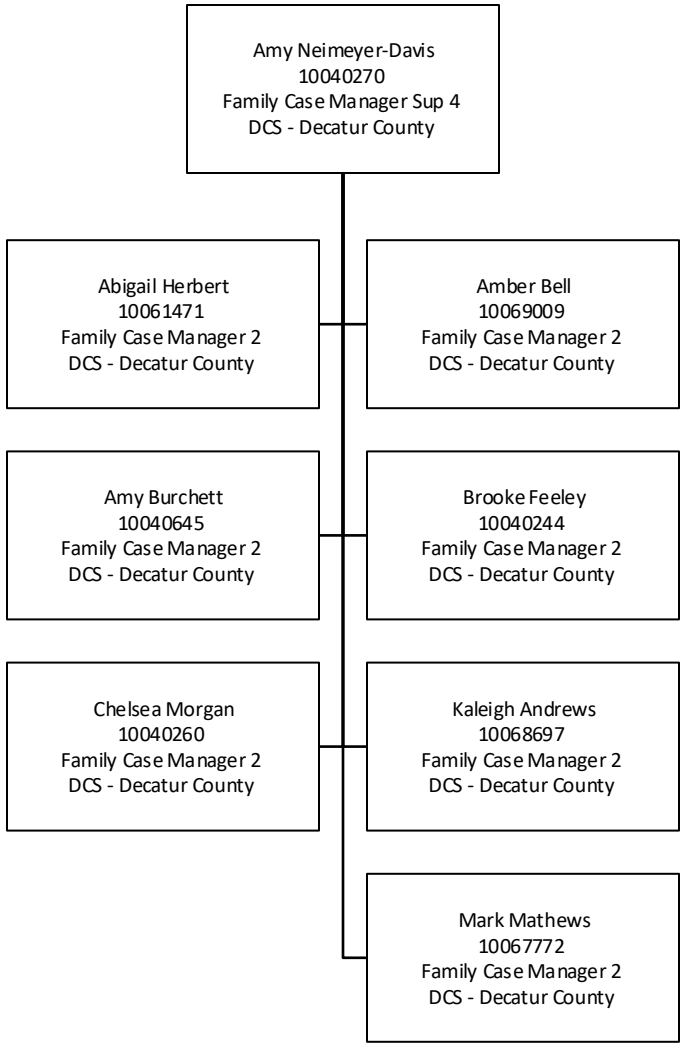
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Amy Burchett
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Brooke Feeley
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Chelsea Morgan
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Mark Mathews
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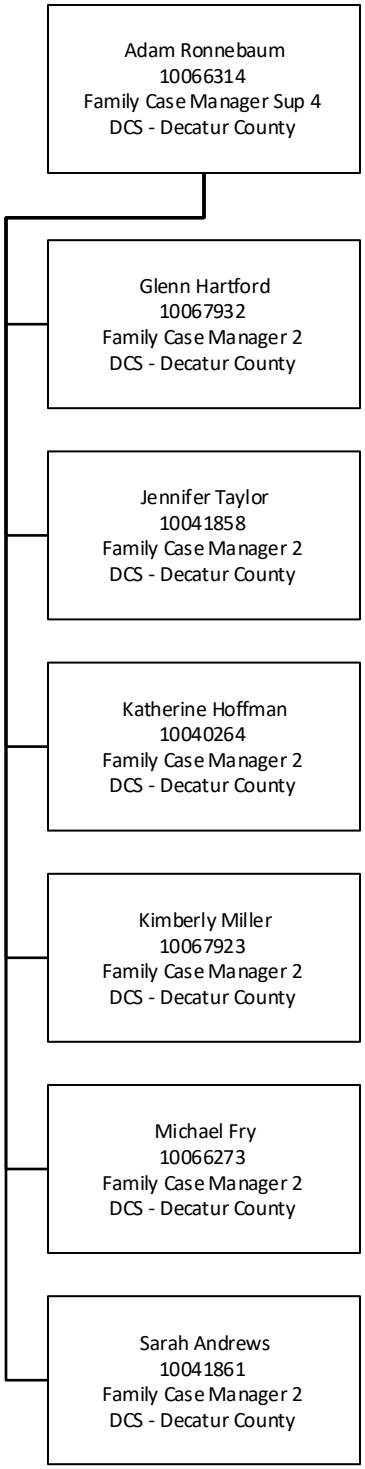
DCS - Decatur County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Katherine Hoffman
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Kimberly Miller
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Michael Fry
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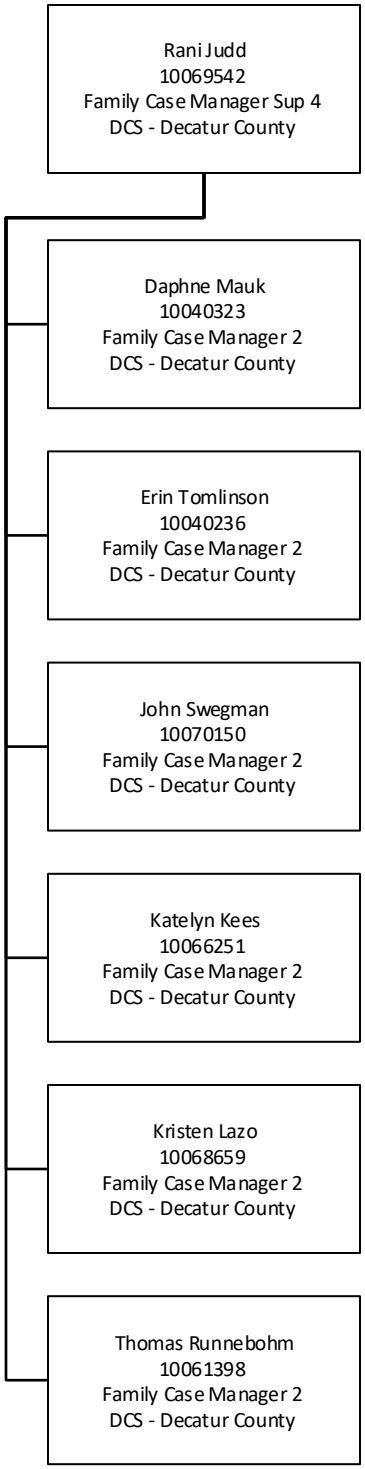
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Daphne Mauk
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Erin Tomlinson
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Family Case Manager 2
DCS - Decatur County
John Swegman
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Family Case Manager 2
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Katelyn Kees
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Kristen Lazo
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Thomas Runnebohm
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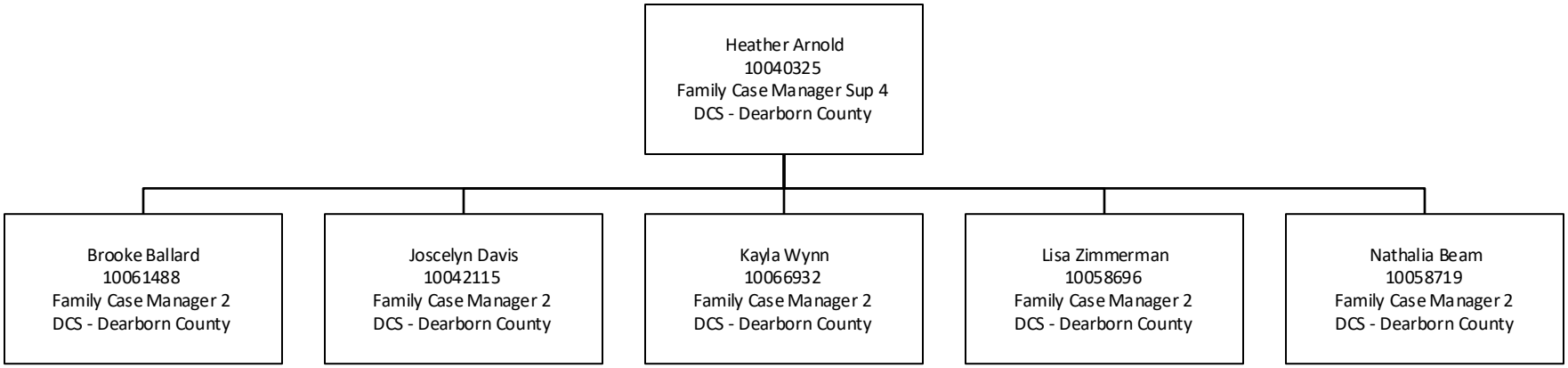
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Joscelyn Davis
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Kayla Wynn
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Family Case Manager 2
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Lisa Zimmerman
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Nathalia Beam
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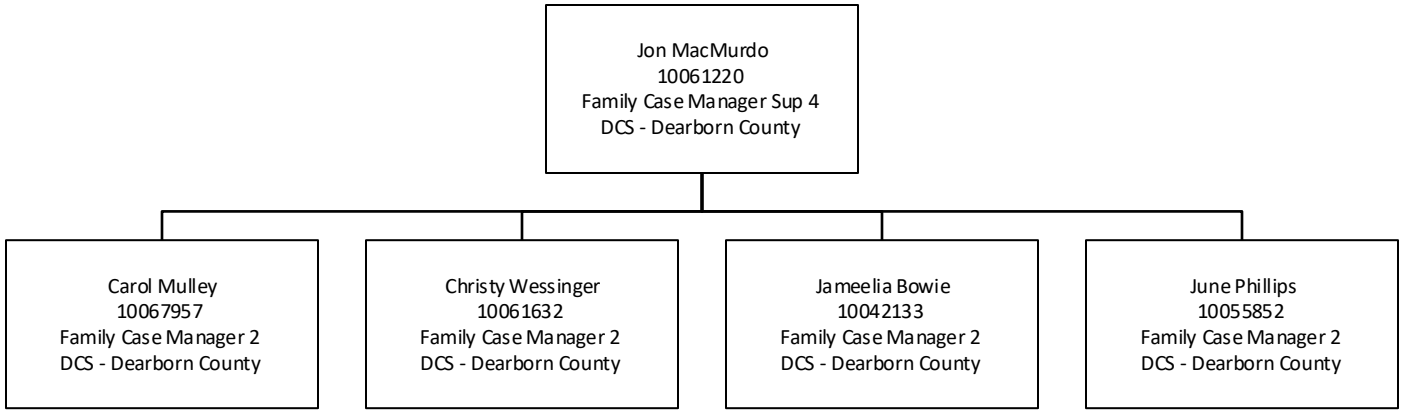
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Carol Mulley
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Christy Wessinger
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Jameelia Bowie
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June Phillips
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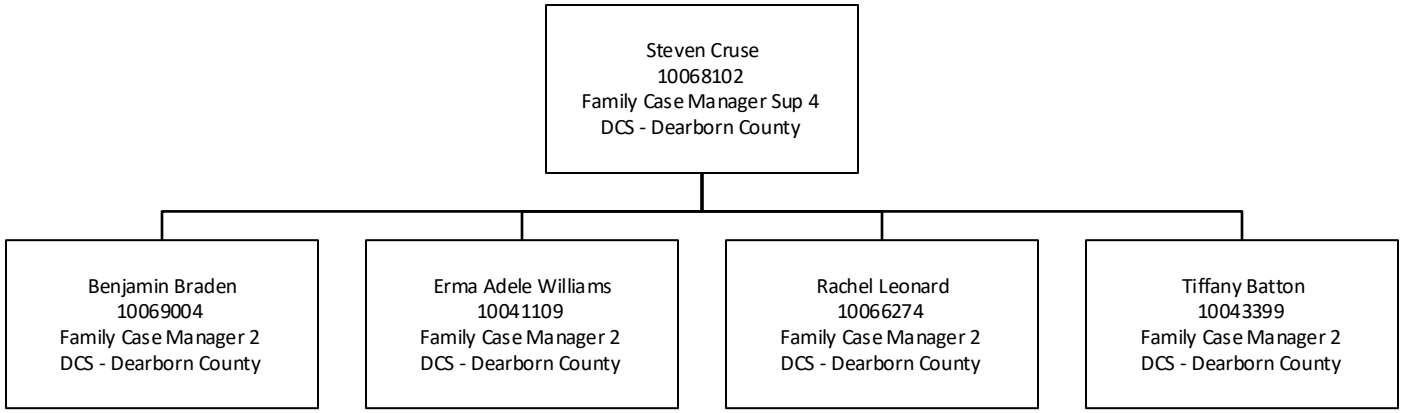
DCS - Dearborn County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Benjamin Braden
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Erma Adele Williams
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Rachel Leonard
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Tiffany Batton
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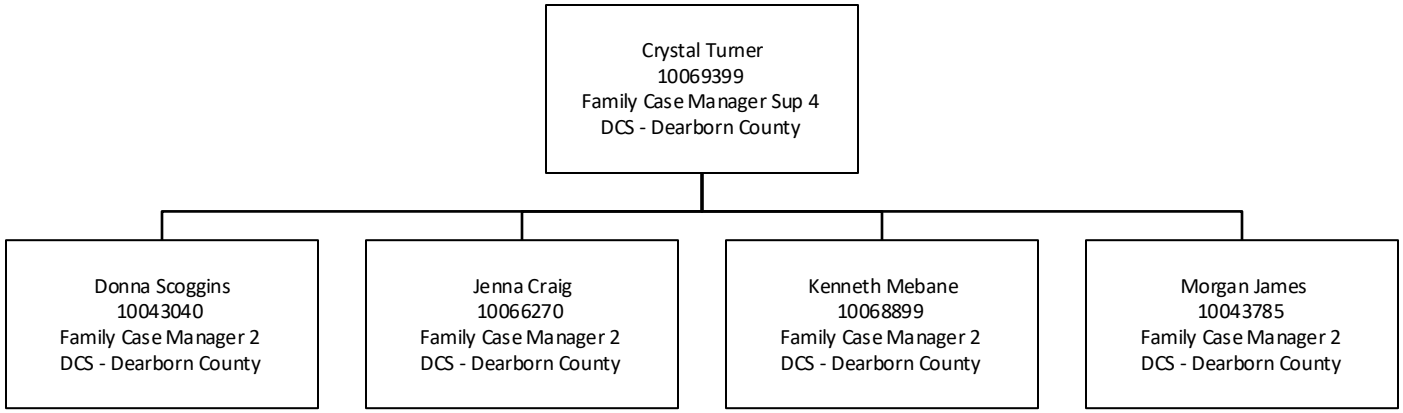
DCS - Dearborn County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Donna Scoggins
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Family Case Manager 2
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Jenna Craig
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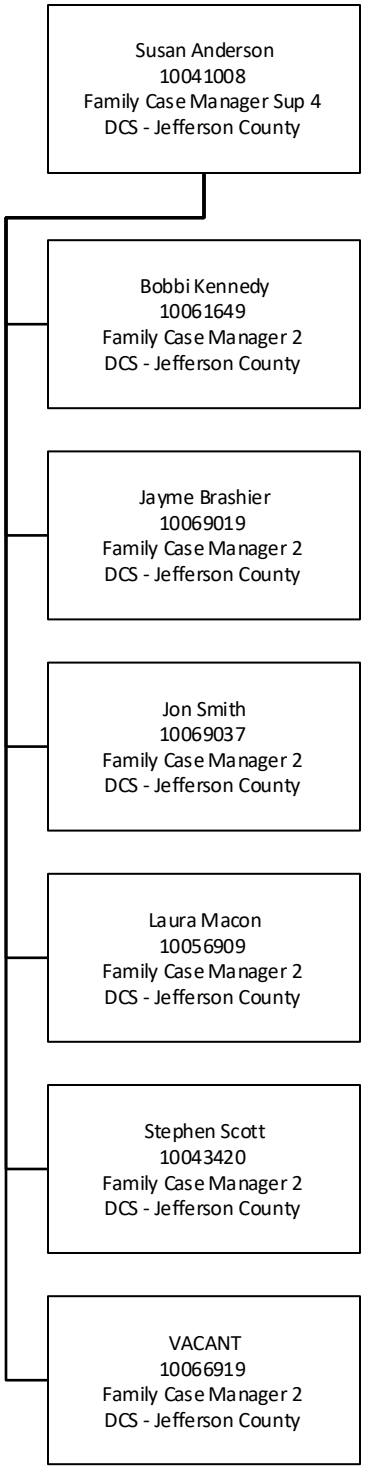
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Bobbi Kennedy
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Jayme Brashier
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Jon Smith
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Laura Macon
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VACANT
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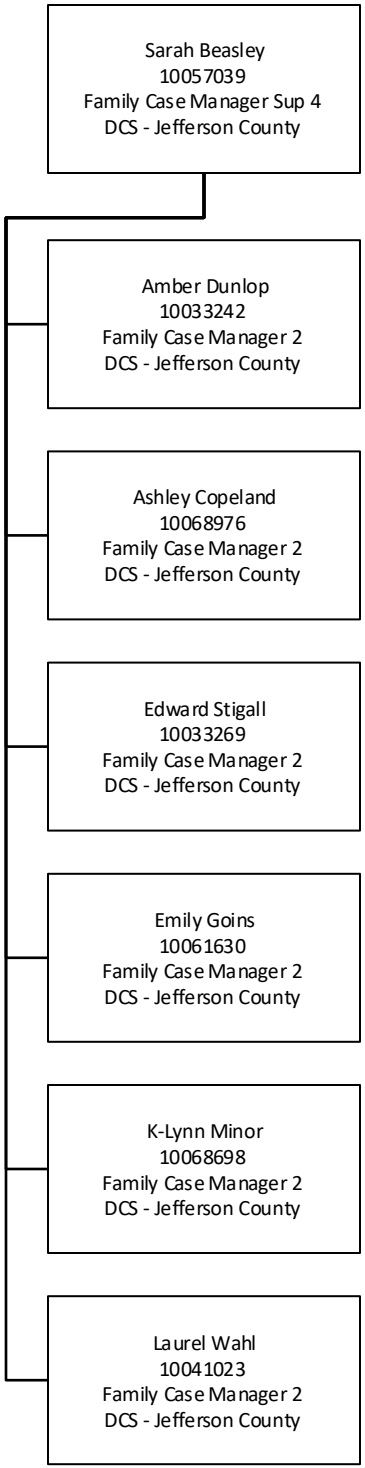
DCS - Jefferson County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Ashley Copeland
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DCS - Jefferson County
Edward Stigall
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Family Case Manager 2
DCS - Jefferson County
Emily Goins
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K-Lynn Minor
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Laurel Wahl
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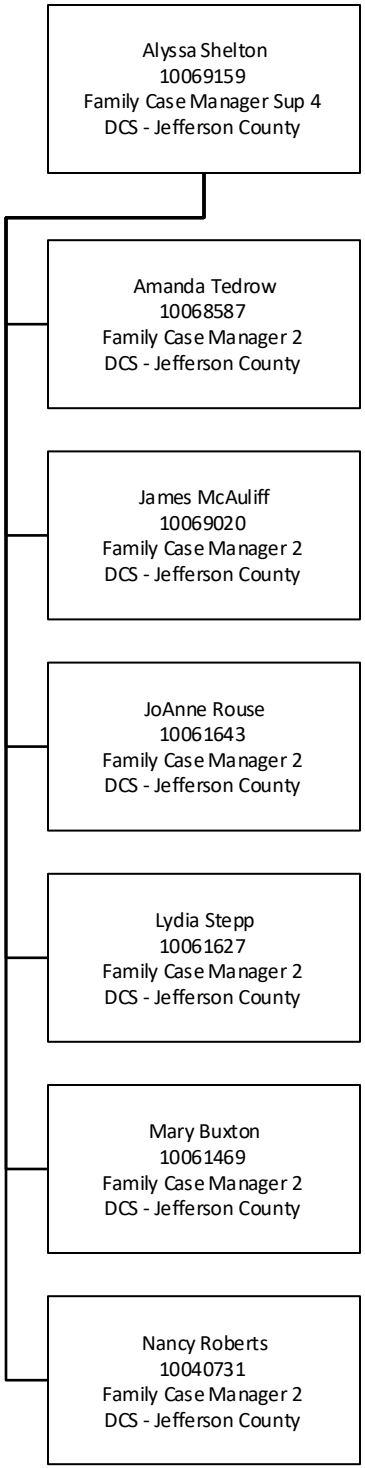
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Amanda Tedrow
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DCS - Jefferson County
James McAuliff
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Family Case Manager 2
DCS - Jefferson County
JoAnne Rouse
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Family Case Manager 2
DCS - Jefferson County
Lydia Stepp
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Mary Buxton
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Nancy Roberts
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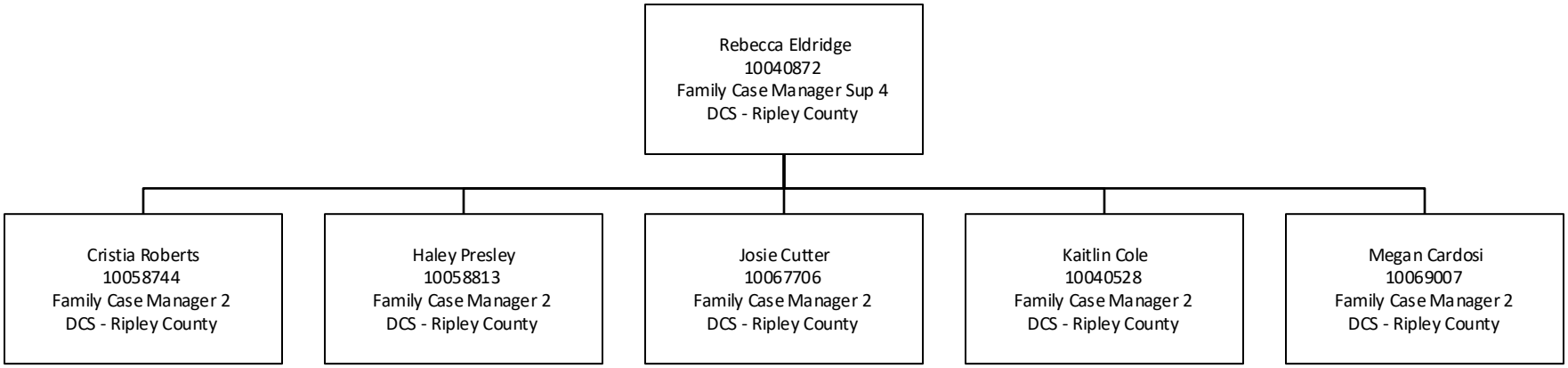
Family Case Manager 2
DCS - Jefferson County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Cristia Roberts
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Family Case Manager 2
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Haley Presley
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Family Case Manager 2
DCS - Ripley County
Josie Cutter
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Family Case Manager 2
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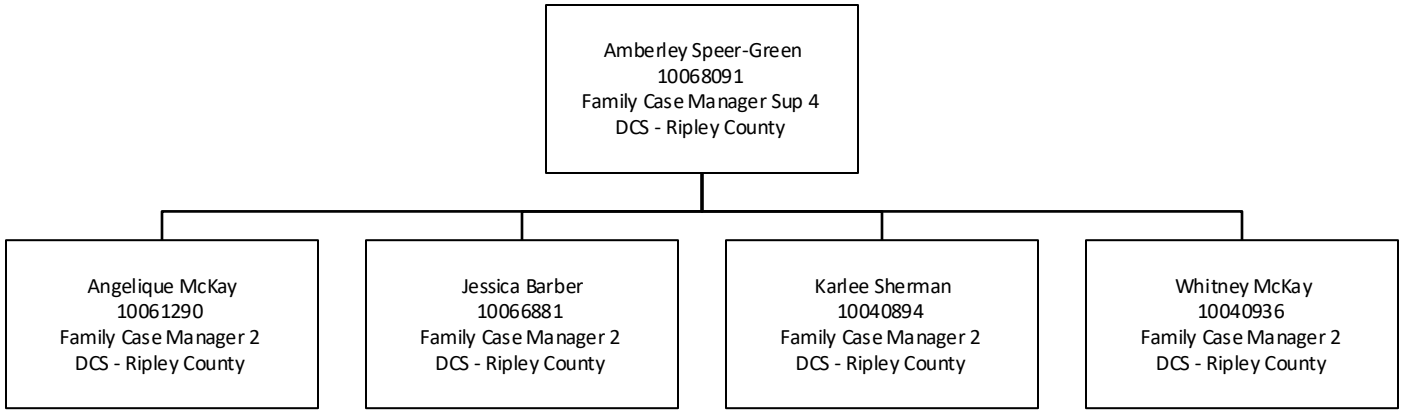
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Angelique McKay
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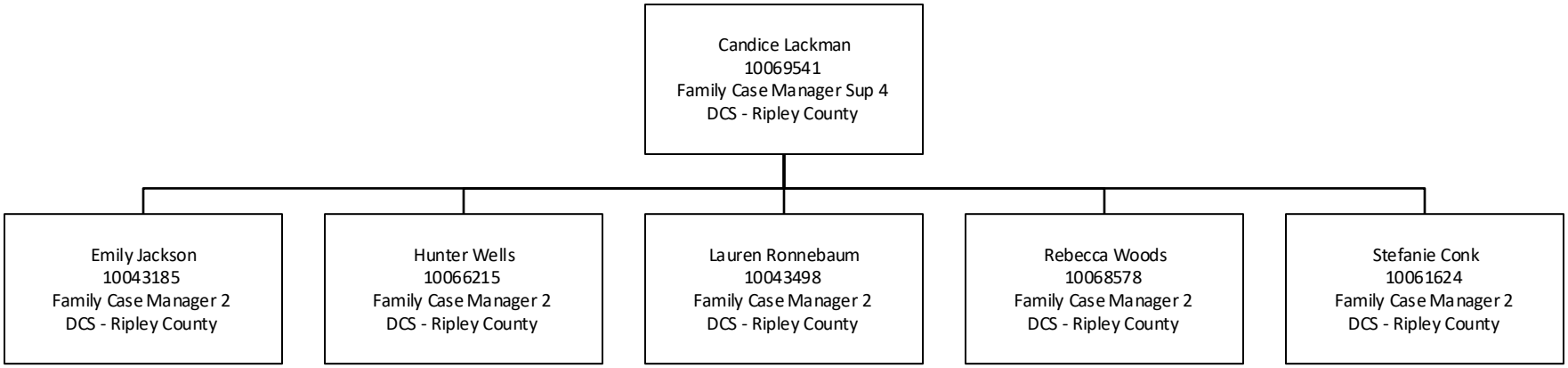
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Emily Jackson
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Lauren Ronnebaum
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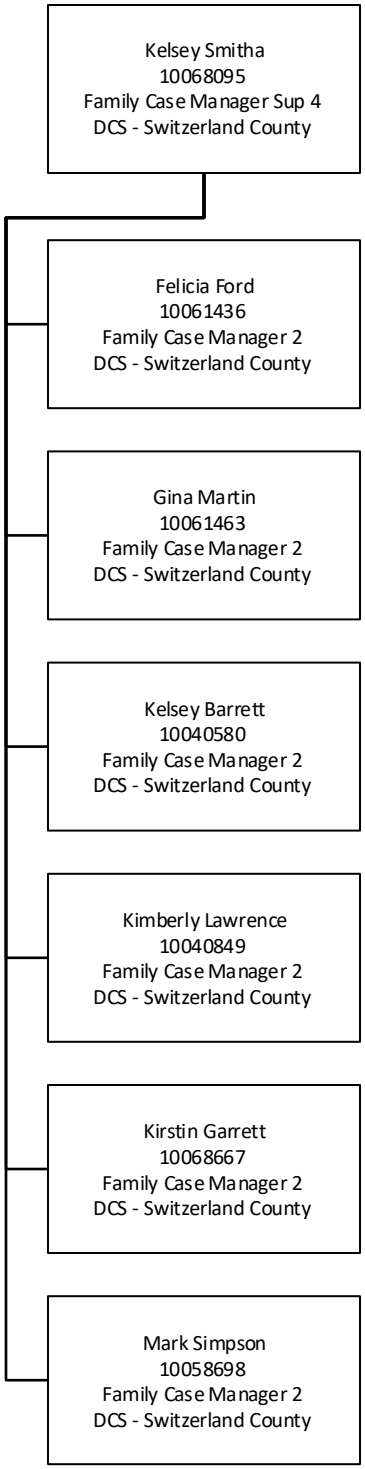
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Felicia Ford
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Gina Martin
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Kelsey Barrett
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Kimberly Lawrence
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Mark Simpson
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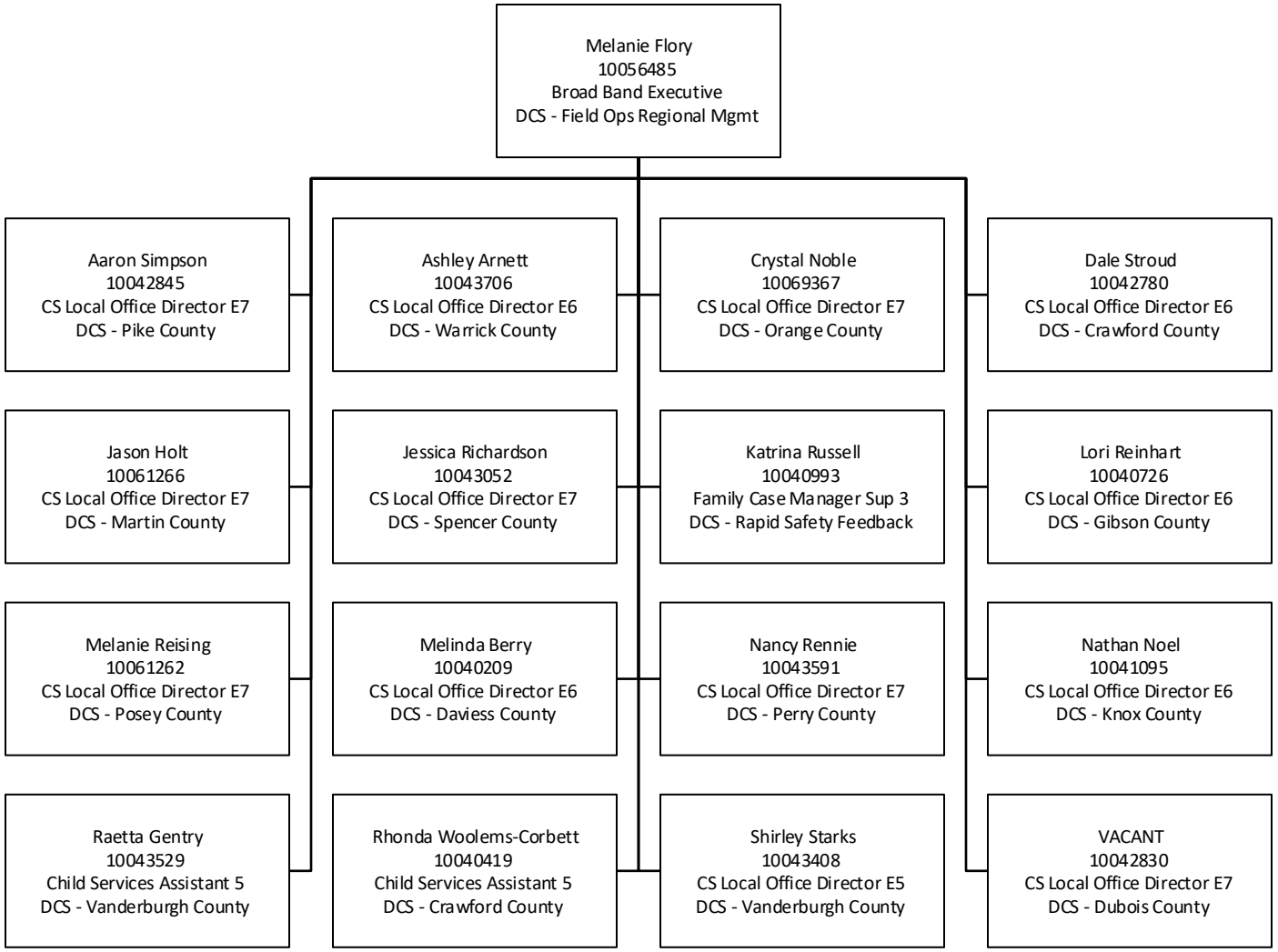
Melanie Flory
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DCS - Field Ops Regional Mgmt
Aaron Simpson
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CS Local Office Director E7
DCS - Pike County
Ashley Arnett
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CS Local Office Director E6
DCS - Warrick County
Crystal Noble
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CS Local Office Director E7
DCS - Orange County
Dale Stroud
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CS Local Office Director E6
DCS - Crawford County
Jason Holt
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CS Local Office Director E7
DCS - Martin County
Jessica Richardson
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CS Local Office Director E7
DCS - Spencer County
Katrina Russell
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Family Case Manager Sup 3
DCS - Rapid Safety Feedback
Lori Reinhart
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CS Local Office Director E6
DCS - Gibson County
Melanie Reising
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CS Local Office Director E7
DCS - Posey County
Melinda Berry
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DCS - Daviess County
Nancy Rennie
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CS Local Office Director E7
DCS - Perry County
Nathan Noel
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CS Local Office Director E6
DCS - Knox County
Raetta Gentry
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Child Services Assistant 5
DCS - Vanderburgh County
Rhonda Woolems-Corbett
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Child Services Assistant 5
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DCS - Vanderburgh County
VACANT
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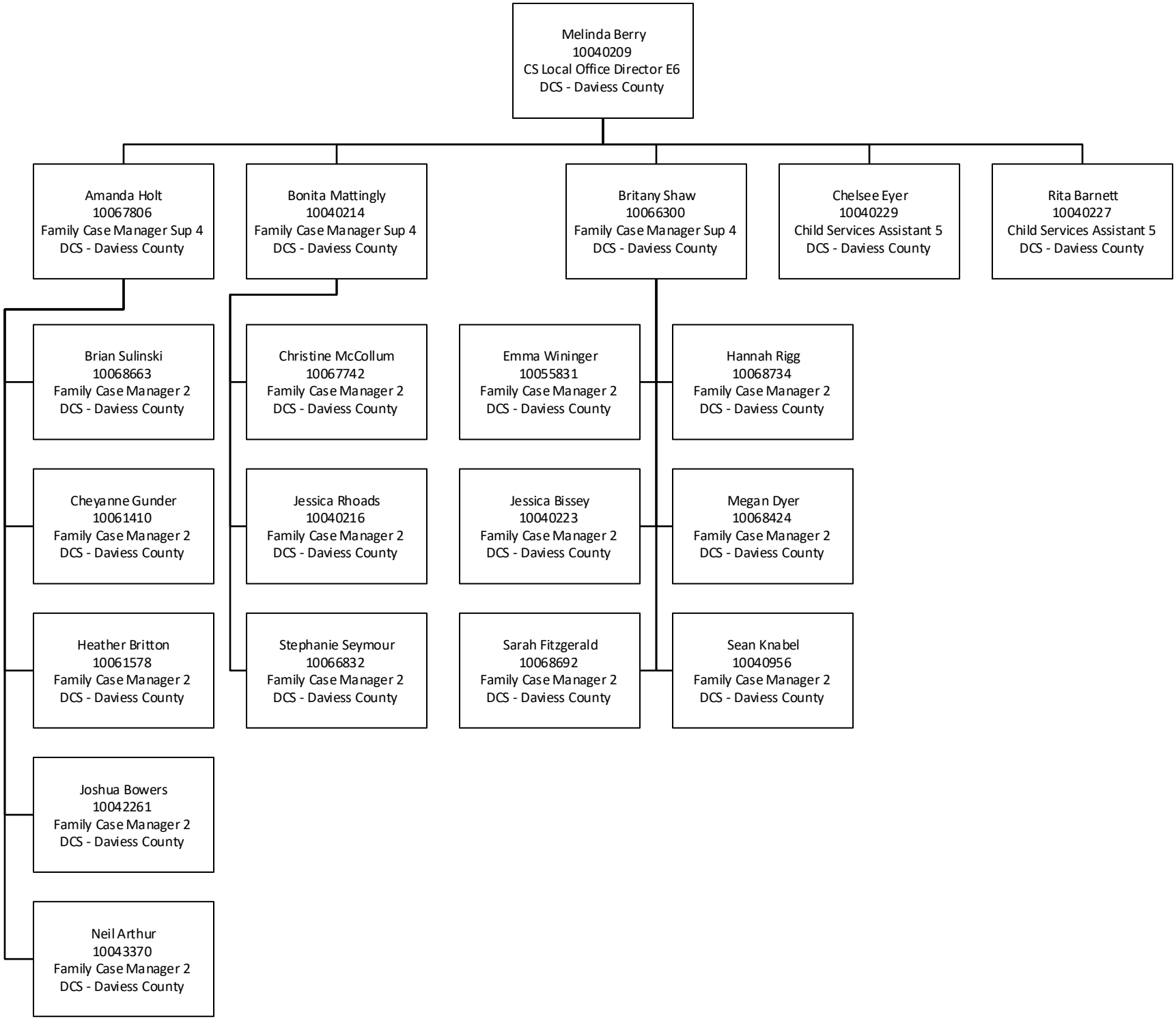
CS Local Office Director E7
DCS - Dubois County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DCS - Daviess County
Britany Shaw
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DCS - Daviess County
Chelsee Eyer
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DCS - Daviess County
Rita Barnett
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Child Services Assistant 5
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Christine McCollum
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Emma Wininger
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Hannah Rigg
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Cheyanne Gunder
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Jessica Rhoads
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Jessica Bissey
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Megan Dyer
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Heather Britton
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Family Case Manager 2
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Stephanie Seymour
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DCS - Daviess County
Sarah Fitzgerald
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Family Case Manager 2
DCS - Daviess County
Sean Knabel
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Family Case Manager 2
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Neil Arthur
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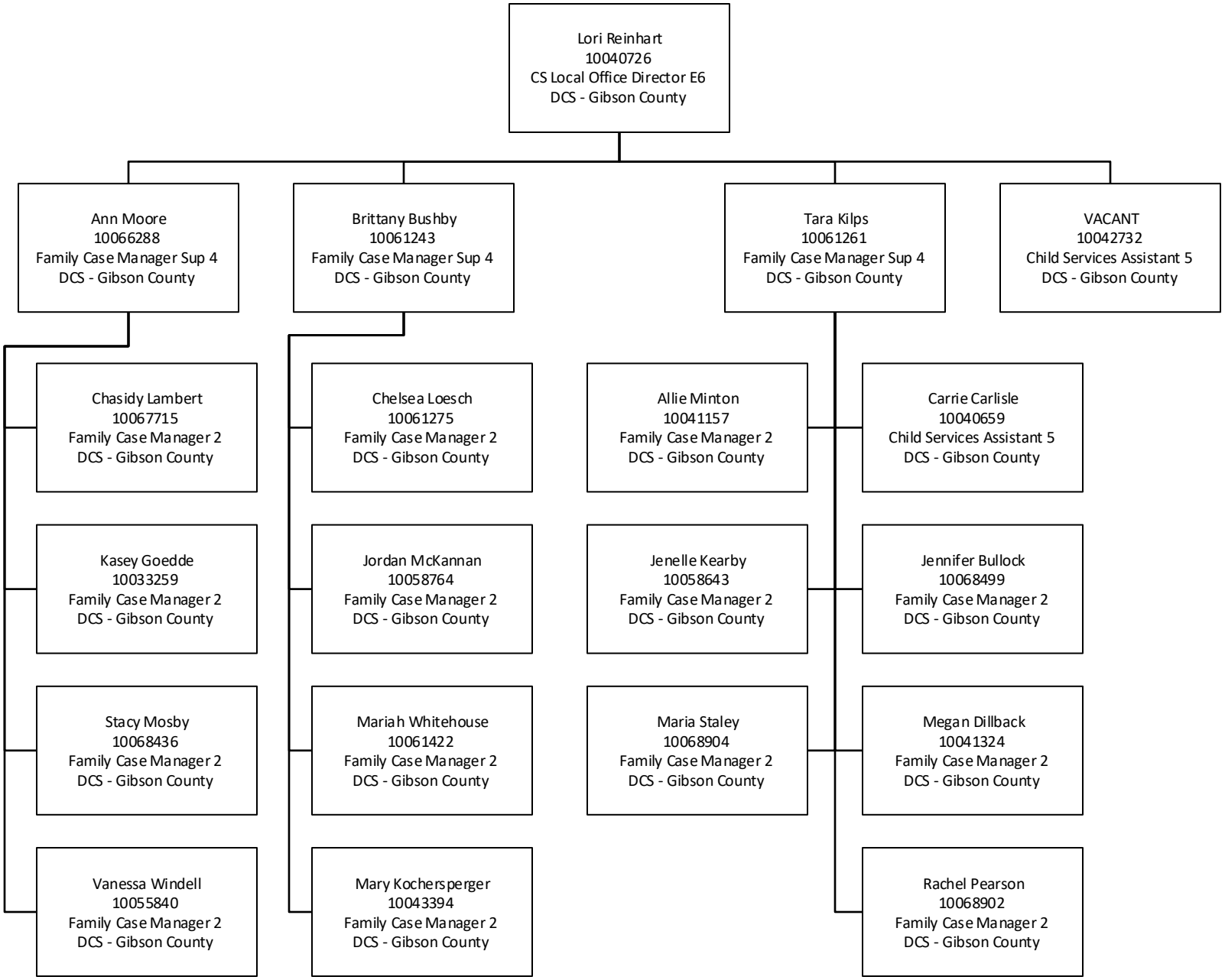
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Brittany Bushby
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Tara Kilps
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Family Case Manager Sup 4
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VACANT
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Child Services Assistant 5
DCS - Gibson County
Chasidy Lambert
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DCS - Gibson County
Kasey Goedde
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Family Case Manager 2
DCS - Gibson County
Stacy Mosby
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DCS - Gibson County
Vanessa Windell
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Chelsea Loesch
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DCS - Gibson County
Jordan McKannan
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Family Case Manager 2
DCS - Gibson County
Mariah Whitehouse
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Family Case Manager 2
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Mary Kochersperger
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Family Case Manager 2
DCS - Gibson County
Allie Minton
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Jenelle Kearby
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Maria Staley
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Carrie Carlisle
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Child Services Assistant 5
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Jennifer Bullock
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Rachel Pearson
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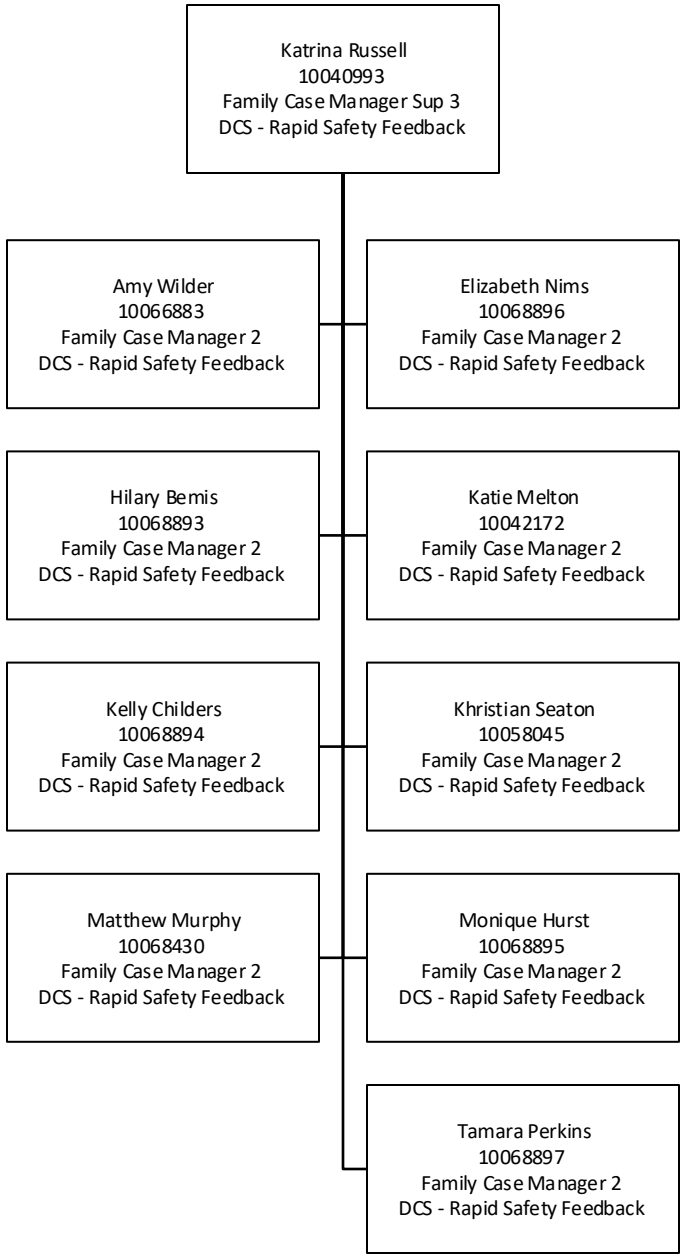
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Amy Wilder
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Elizabeth Nims
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DCS - Rapid Safety Feedback
Hilary Bemis
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DCS - Rapid Safety Feedback
Katie Melton
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Family Case Manager 2
DCS - Rapid Safety Feedback
Kelly Childers
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Family Case Manager 2
DCS - Rapid Safety Feedback
Khristian Seaton
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Family Case Manager 2
DCS - Rapid Safety Feedback
Matthew Murphy
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Family Case Manager 2
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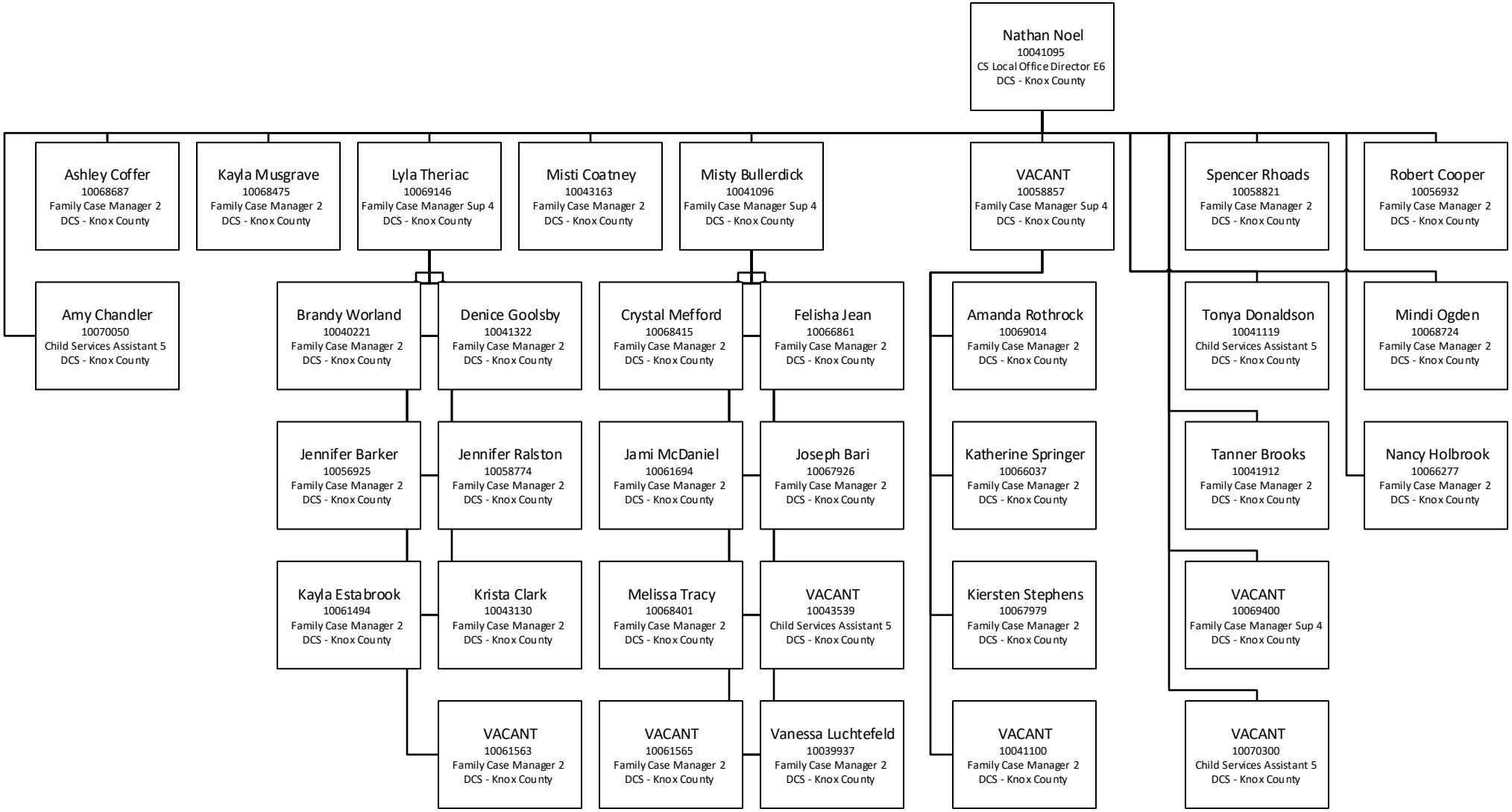
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Ashley Coffer
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Kayla Musgrave
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Family Case Manager 2
DCS - Knox County
Lyla Theriac
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Family Case Manager Sup 4
DCS - Knox County
Misti Coatney
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Family Case Manager 2
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Misty Bullerdick
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Family Case Manager Sup 4
DCS - Knox County
VACANT
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Family Case Manager Sup 4
DCS - Knox County
Spencer Rhoads
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Family Case Manager 2
DCS - Knox County
Robert Cooper
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Family Case Manager 2
DCS - Knox County
Amy Chandler
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Child Services Assistant 5
DCS - Knox County
Brandy Worland
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Family Case Manager 2
DCS - Knox County
Denice Goolsby
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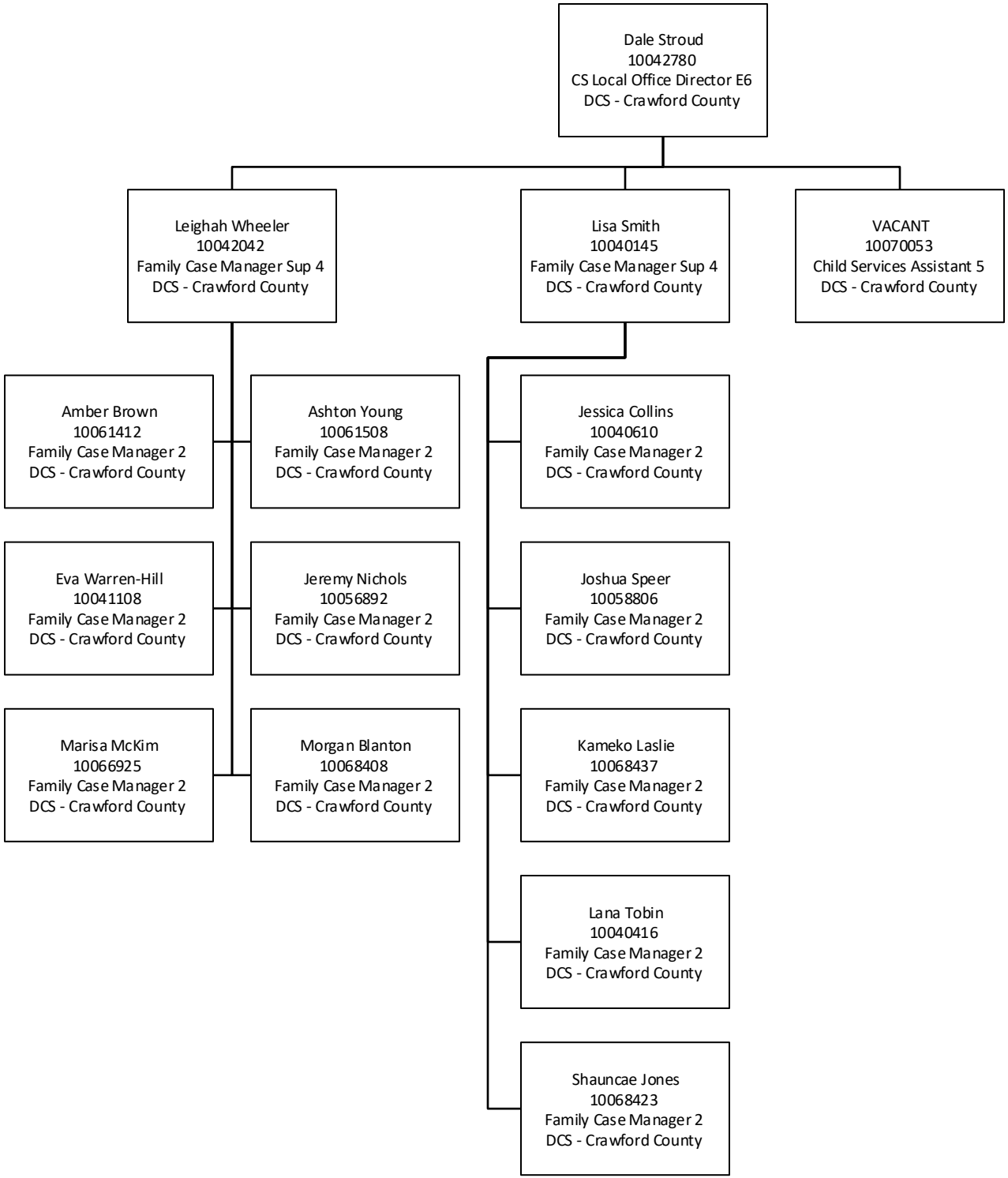
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Ashton Young
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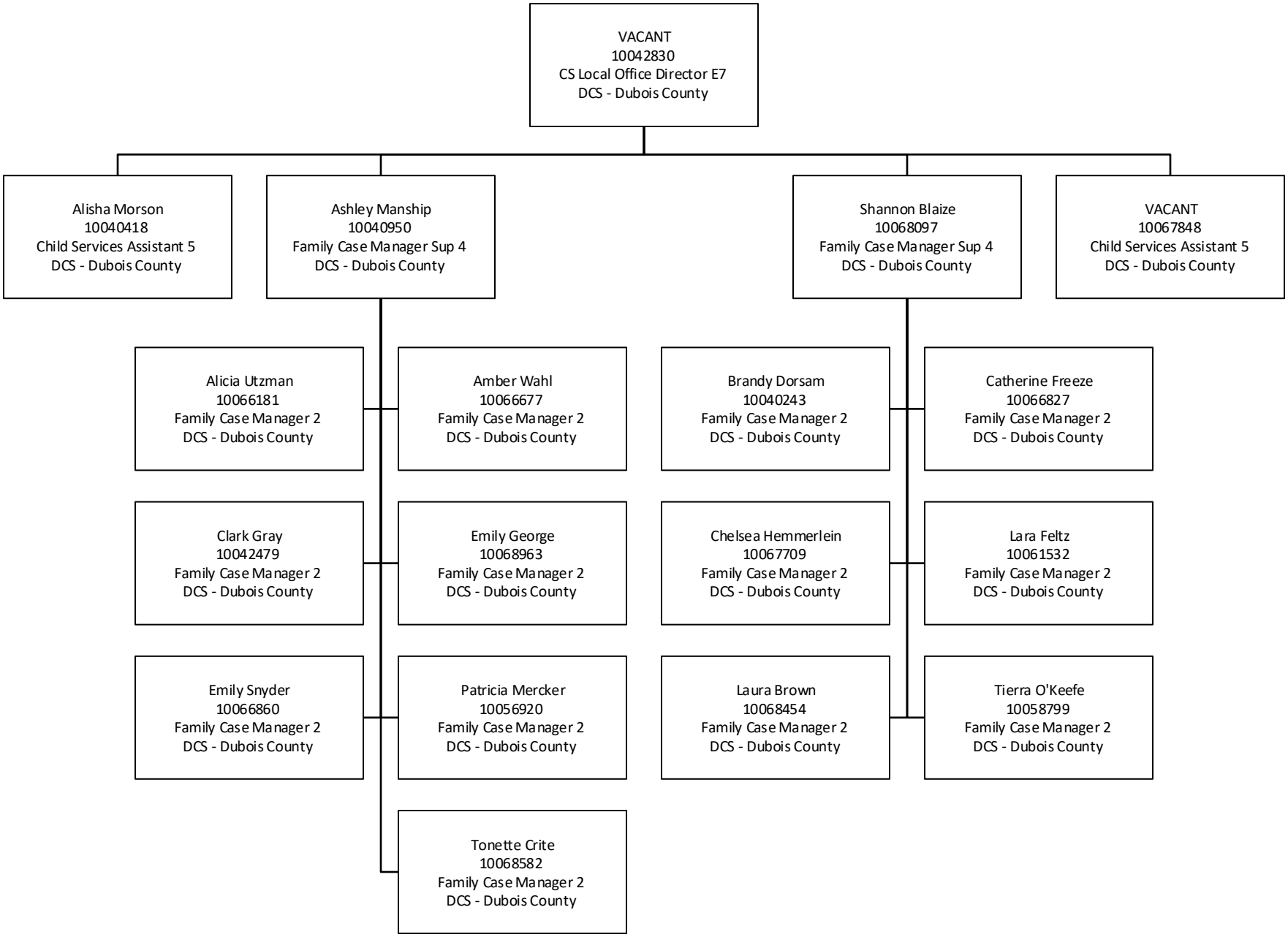
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Shannon Blaize
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VACANT
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Amber Wahl
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Brandy Dorsam
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Catherine Freeze
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Clark Gray
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Patricia Mercker
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Laura Brown
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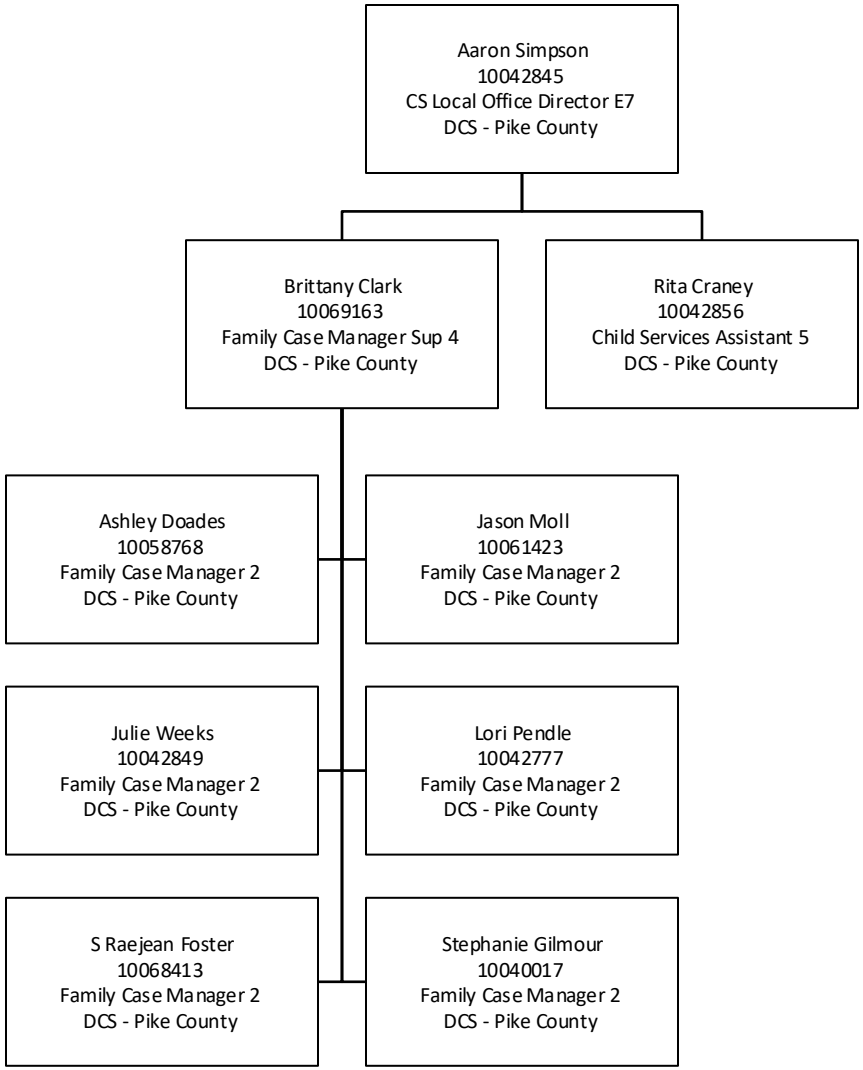
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Jason Moll
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Julie Weeks
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DCS - Pike County
Lori Pendle
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Stephanie Gilmour
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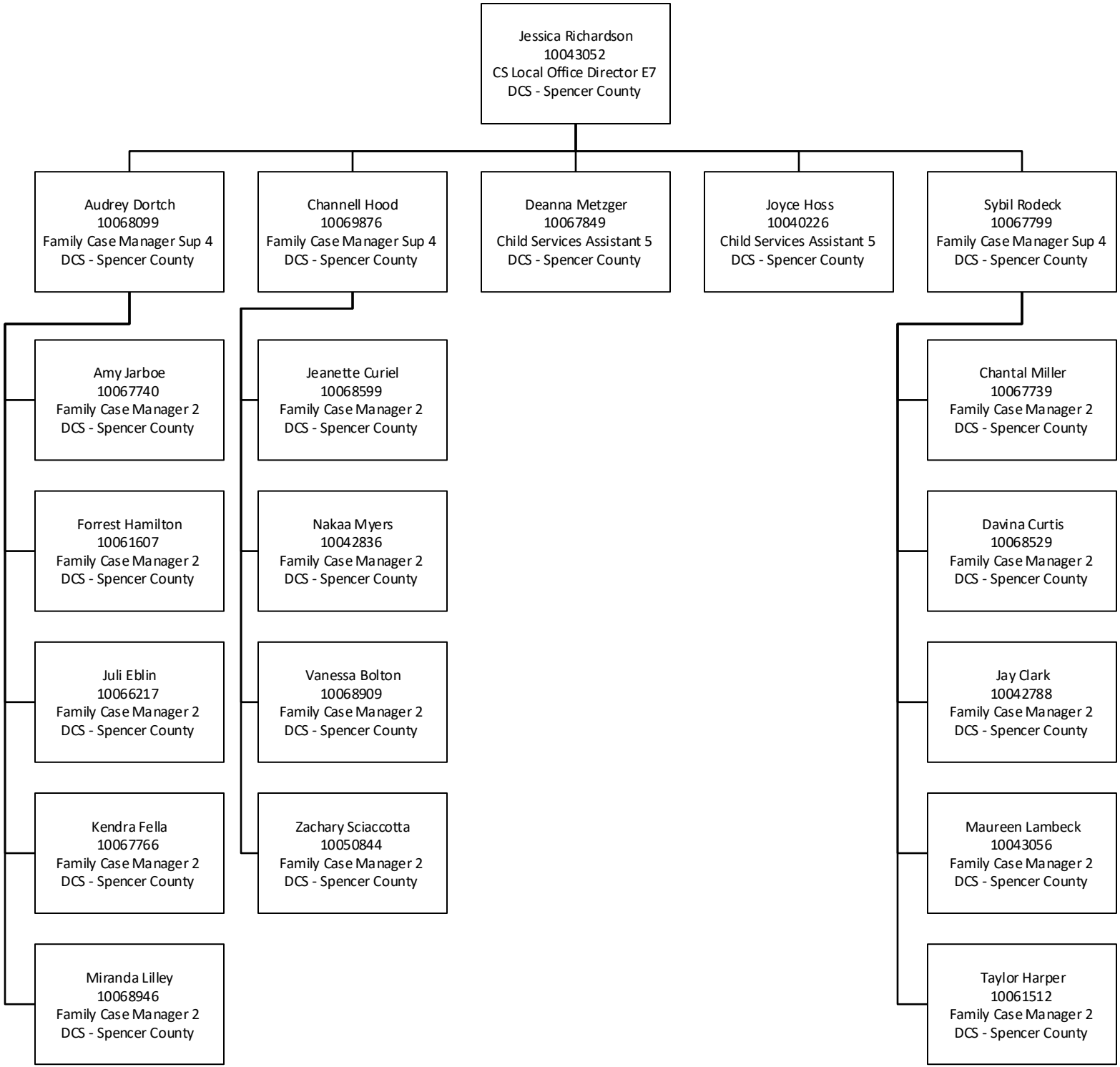
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Audrey Dortch
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Channell Hood
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Deanna Metzger
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DCS - Spencer County
Joyce Hoss
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Child Services Assistant 5
DCS - Spencer County
Sybil Rodeck
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DCS - Spencer County
Amy Jarboe
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DCS - Spencer County
Forrest Hamilton
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Family Case Manager 2
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Juli Eblin
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Kendra Fella
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Miranda Lilley
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Jeanette Curiel
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Nakaa Myers
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Zachary Sciaccotta
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Chantal Miller
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Davina Curtis
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Jay Clark
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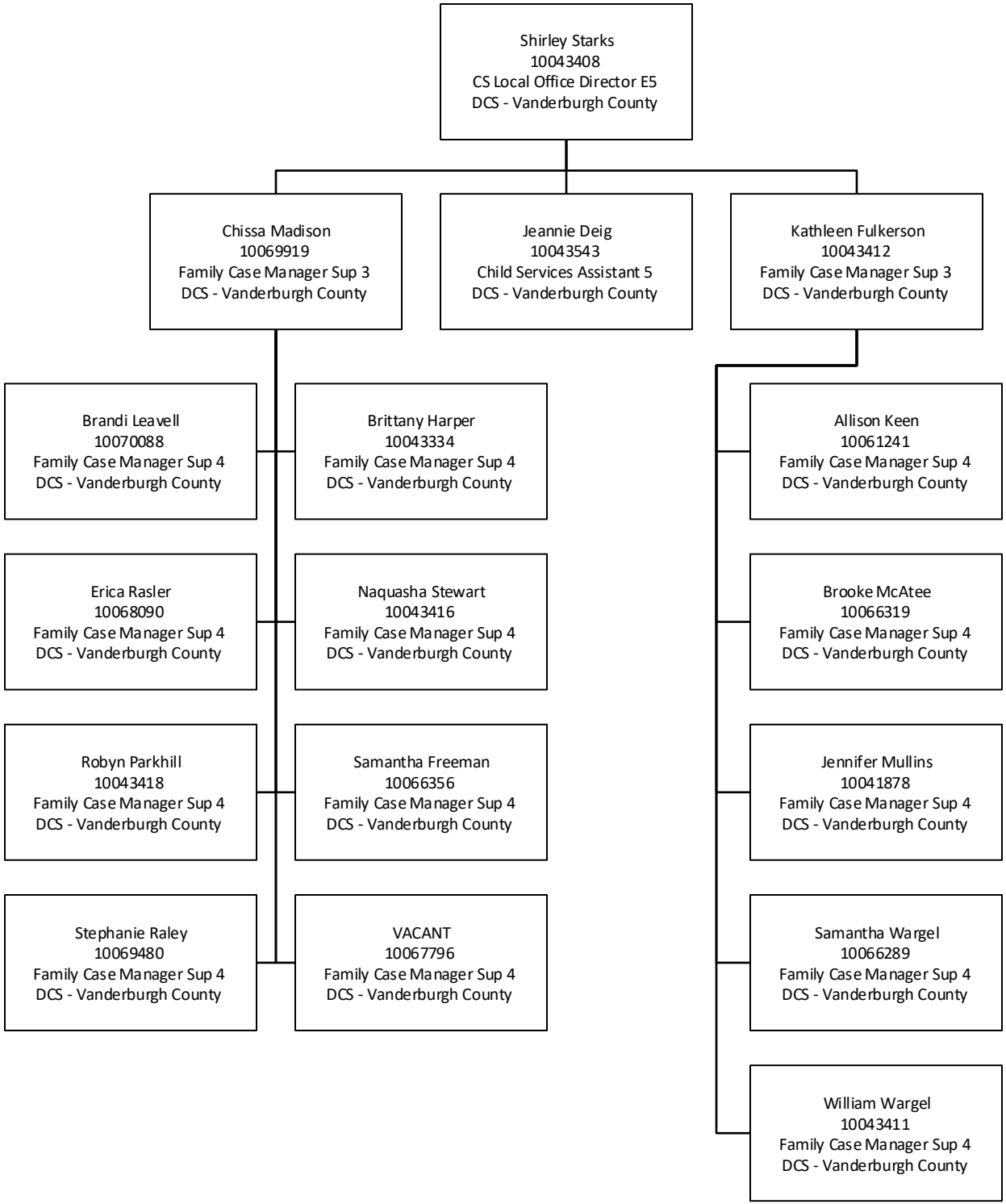
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Chissa Madison
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Jeannie Deig
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Kathleen Fulkerson
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DCS - Vanderburgh County
Brandi Leavell
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Family Case Manager Sup 4
DCS - Vanderburgh County
Brittany Harper
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Erica Rasler
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Naquasha Stewart
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DCS - Vanderburgh County
Robyn Parkhill
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Samantha Freeman
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Stephanie Raley
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VACANT
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Allison Keen
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Brooke McAtee
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DCS - Vanderburgh County
Jennifer Mullins
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Family Case Manager Sup 4
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Samantha Wargel
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William Wargel
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Family Case Manager Sup 4
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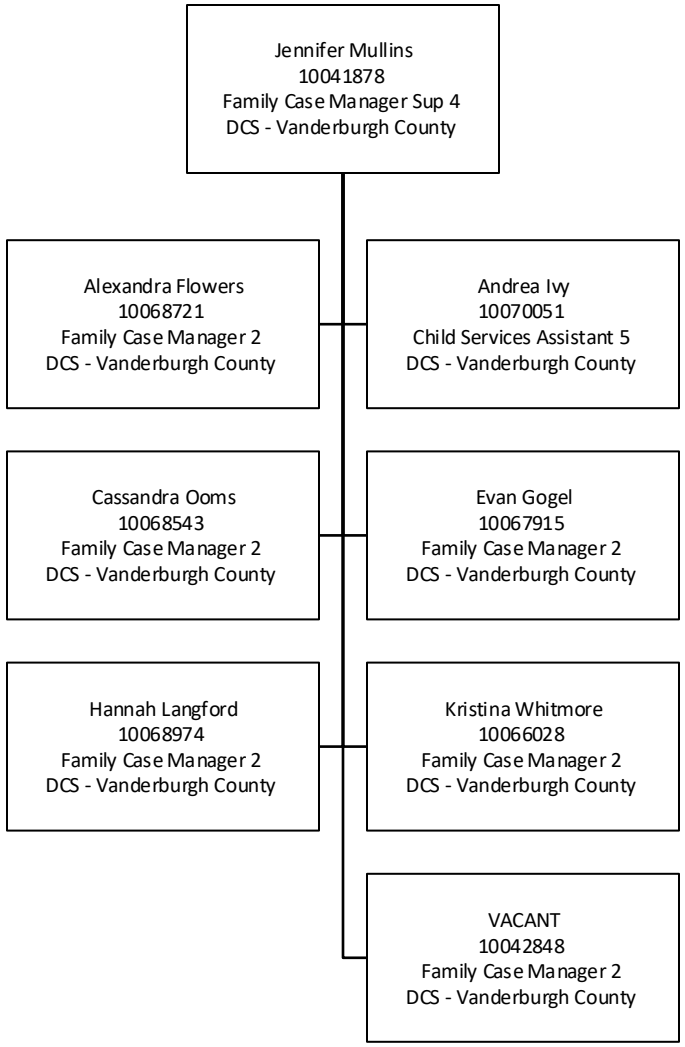
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Andrea Ivy
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Cassandra Ooms
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DCS - Vanderburgh County
Evan Gogel
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DCS - Vanderburgh County
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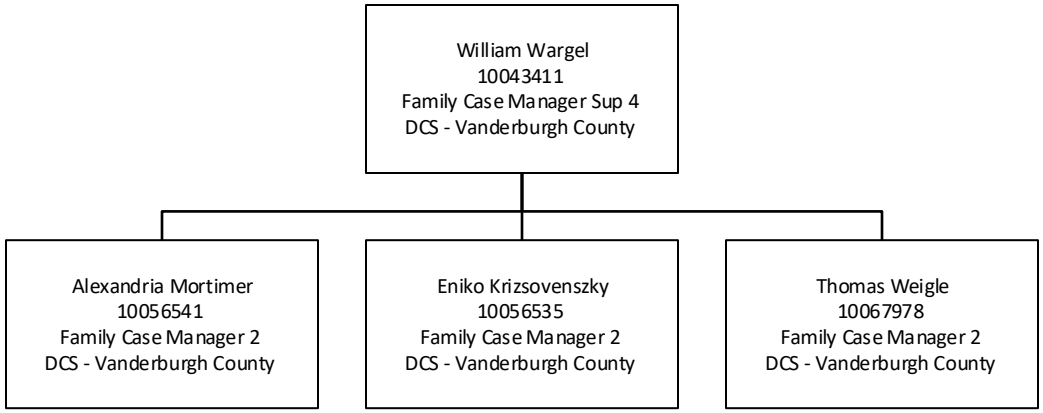
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Thomas Weigle
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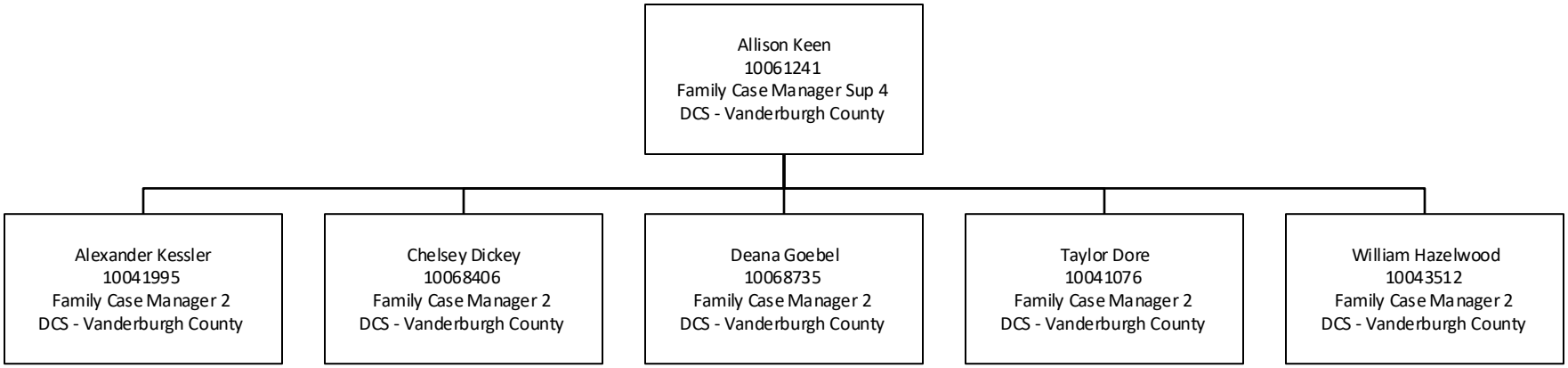
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Chelsey Dickey
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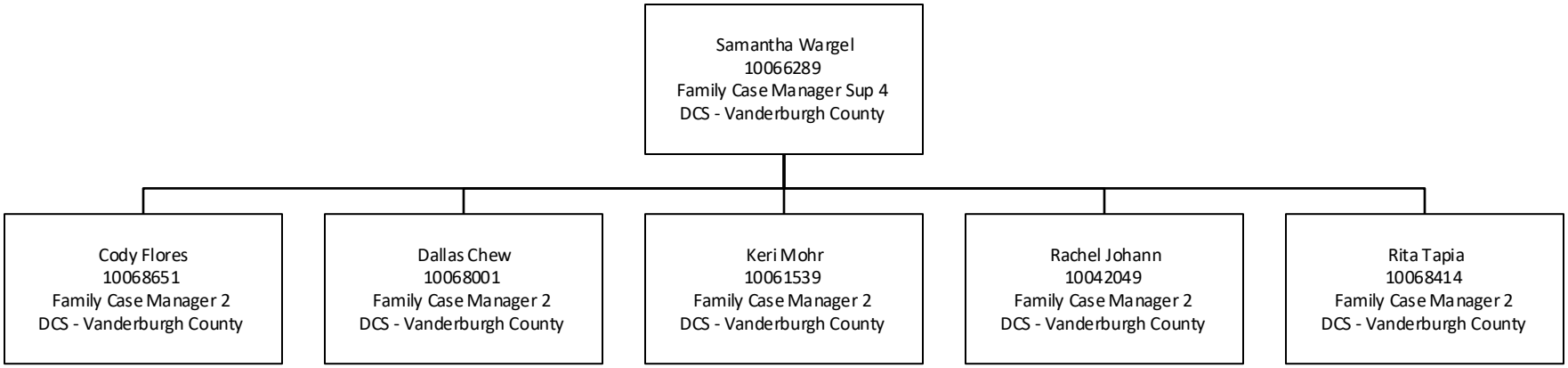
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Cody Flores
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Dallas Chew
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DCS - Vanderburgh County
Keri Mohr
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Rachel Johann
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Rita Tapia
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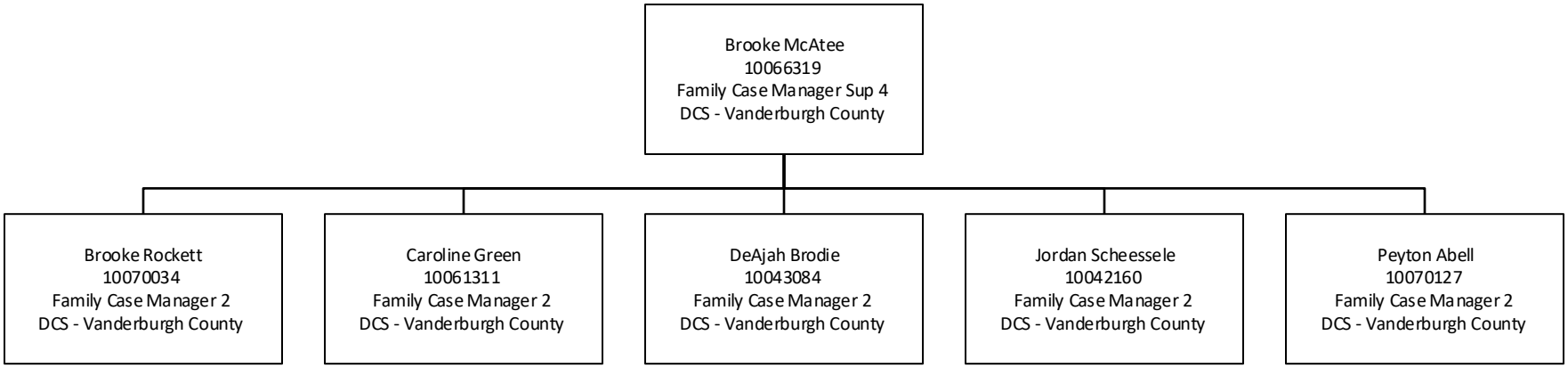
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Brooke Rockett
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Caroline Green
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DeAjah Brodie
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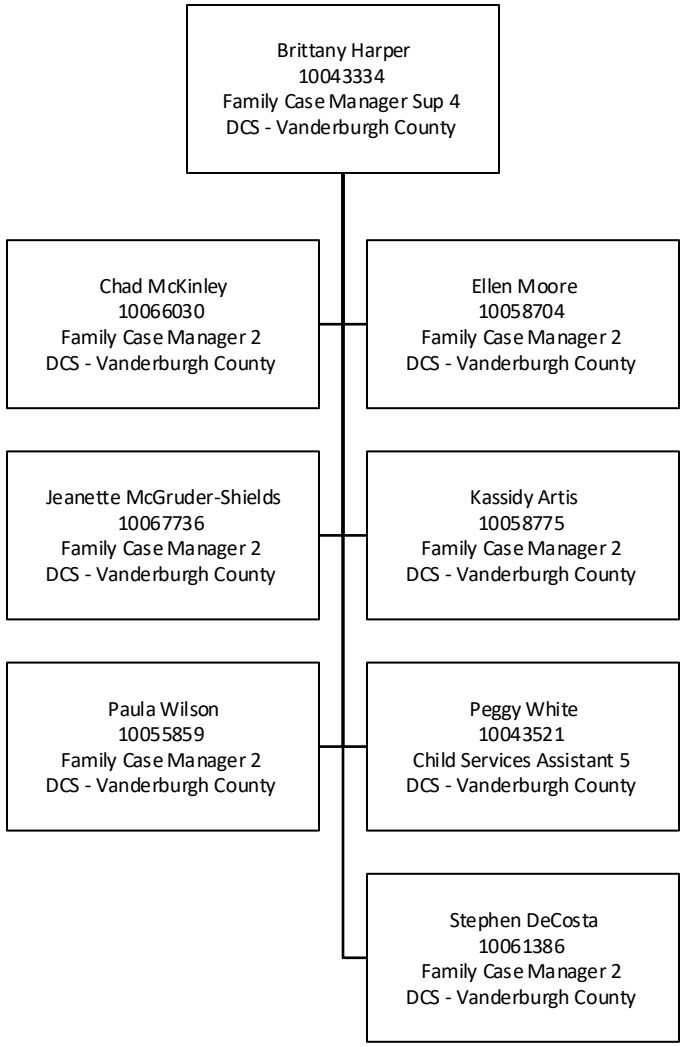
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Paula Wilson
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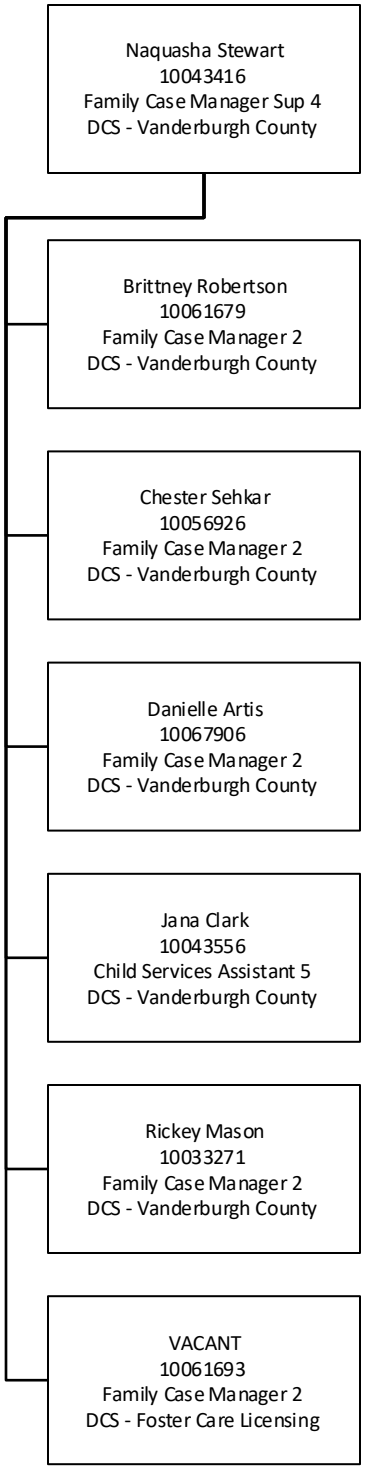
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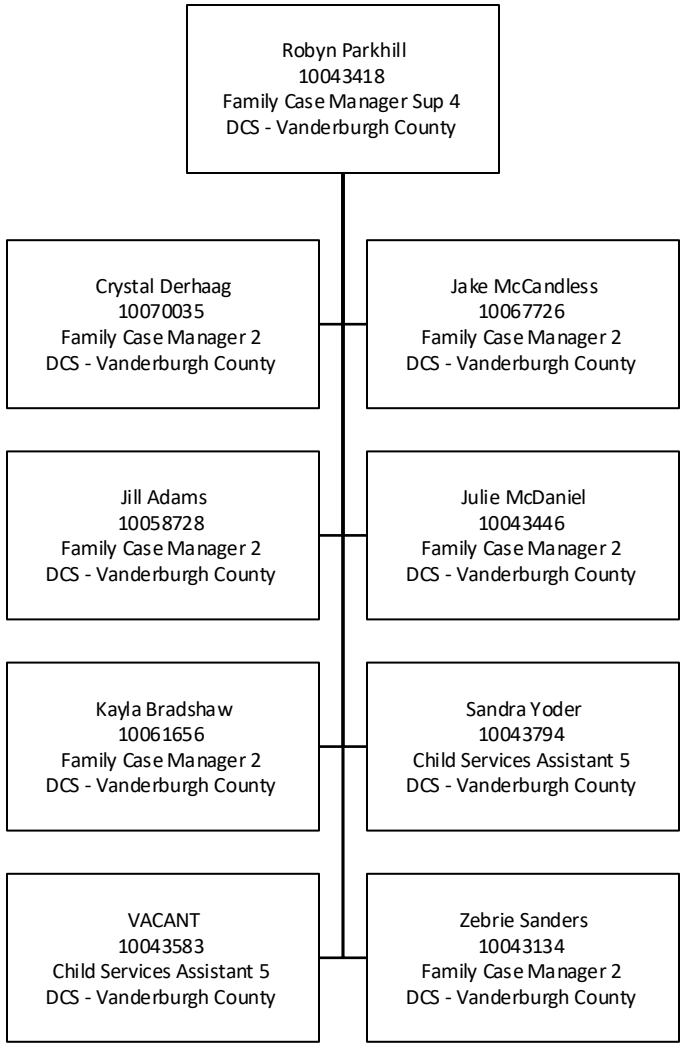
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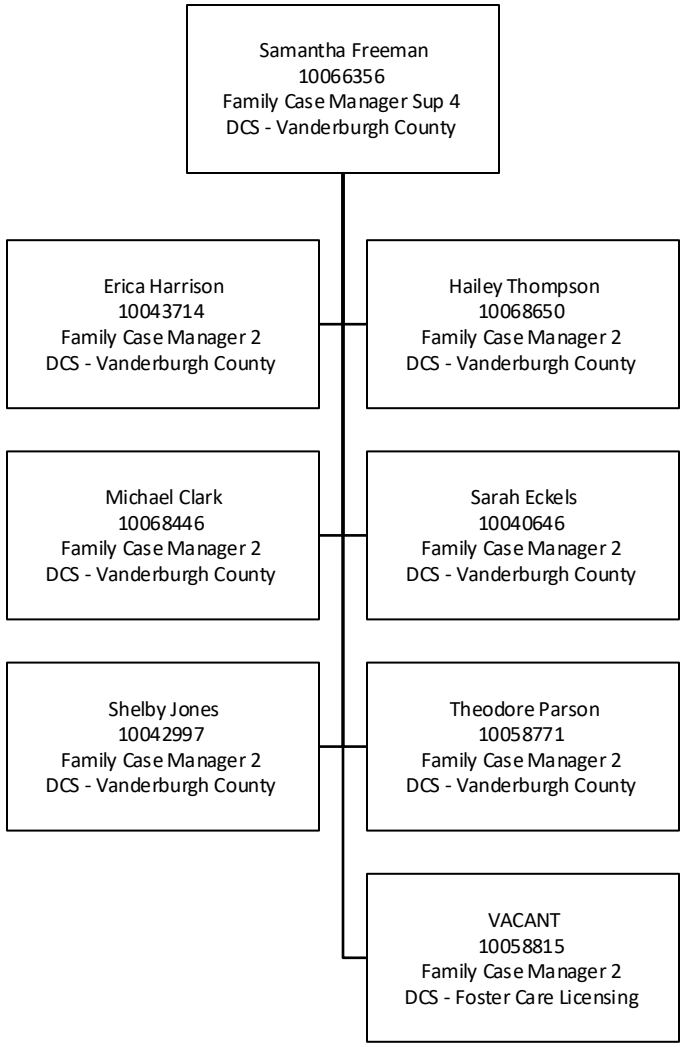
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Sarah Eckels
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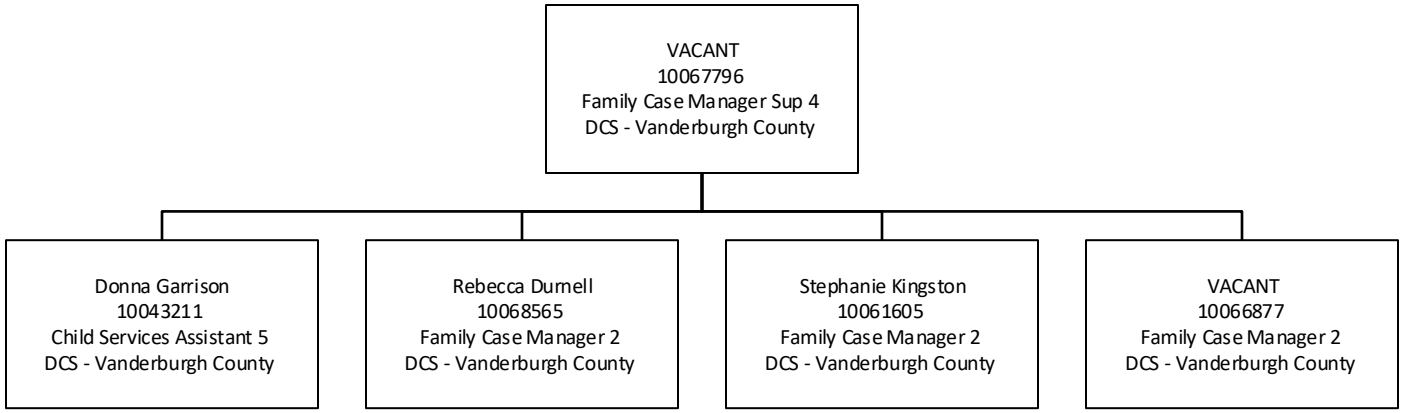
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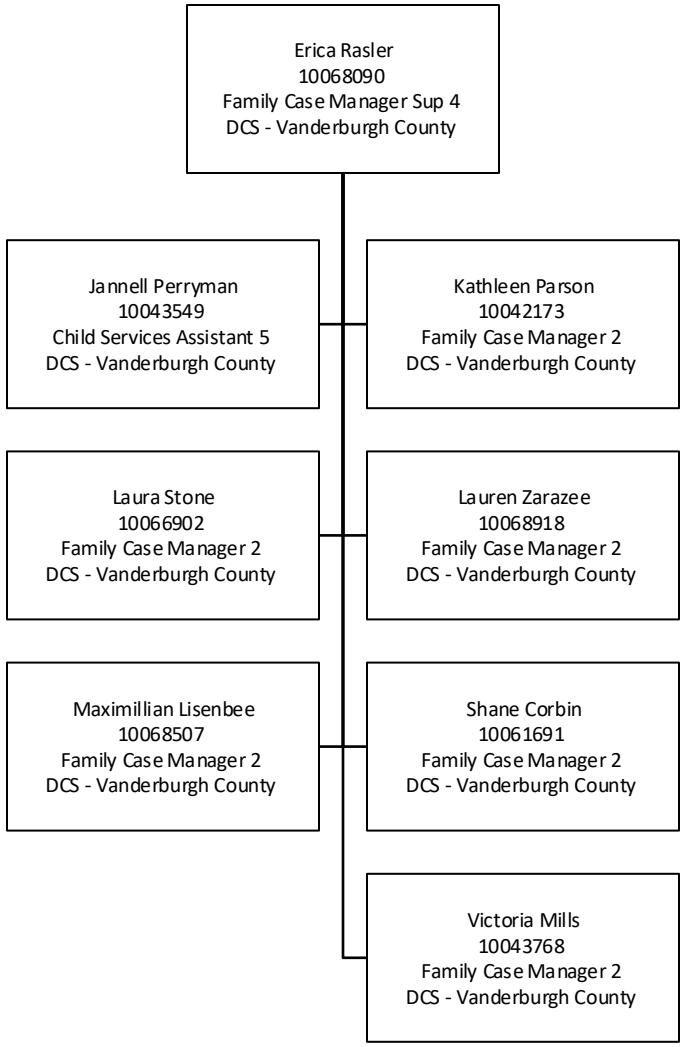
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Laura Stone
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Lauren Zarazee
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Maximillian Lisenbee
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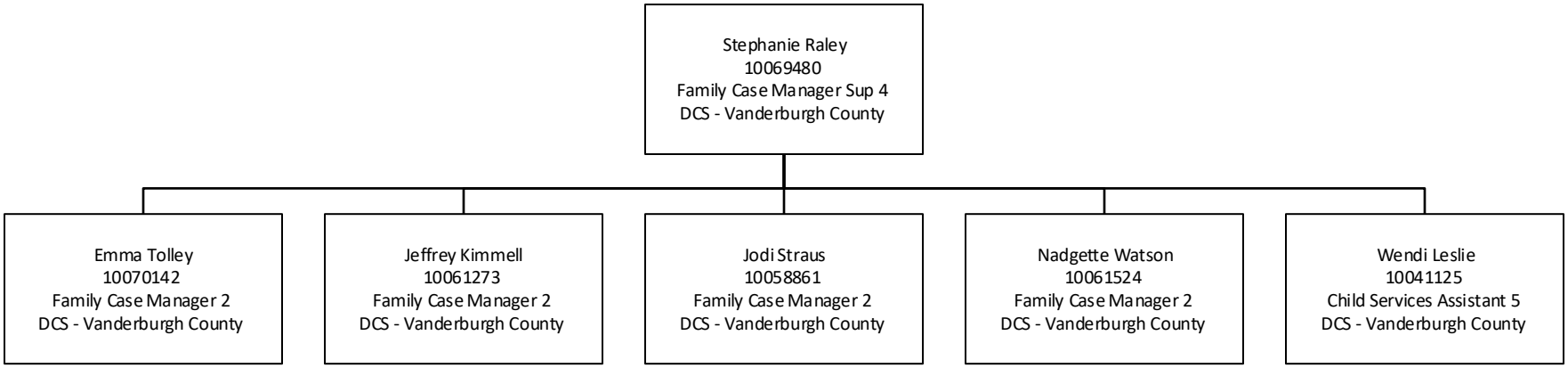
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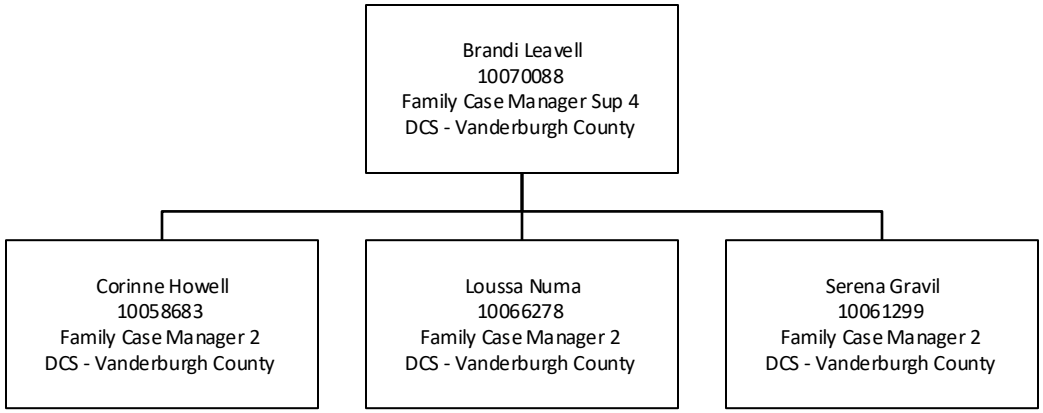
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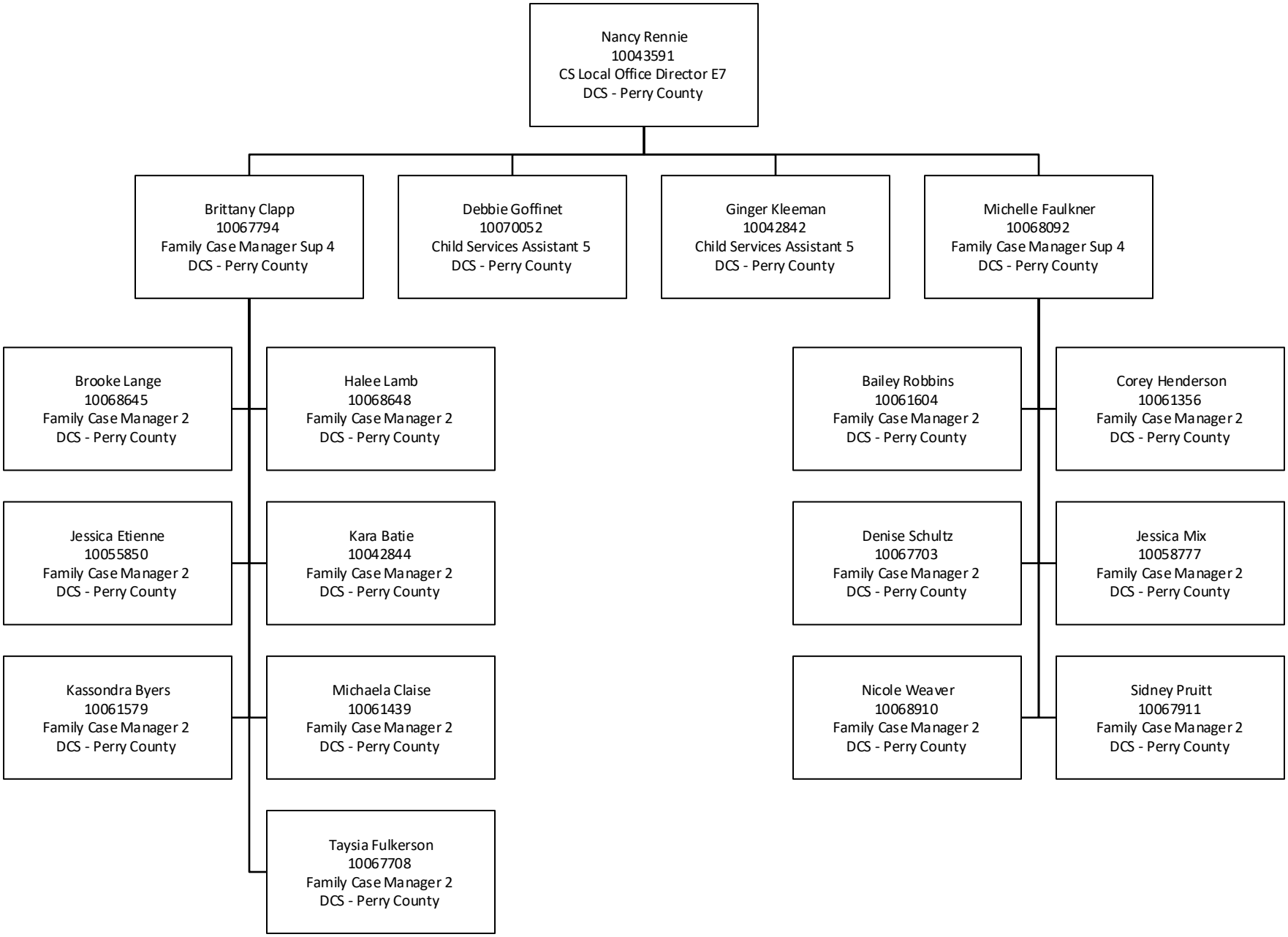
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Ginger Kleeman
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Michelle Faulkner
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Brooke Lange
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Kara Batie
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Kassondra Byers
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Michaela Claise
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Taysia Fulkerson
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Bailey Robbins
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Corey Henderson
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Denise Schultz
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Jessica Mix
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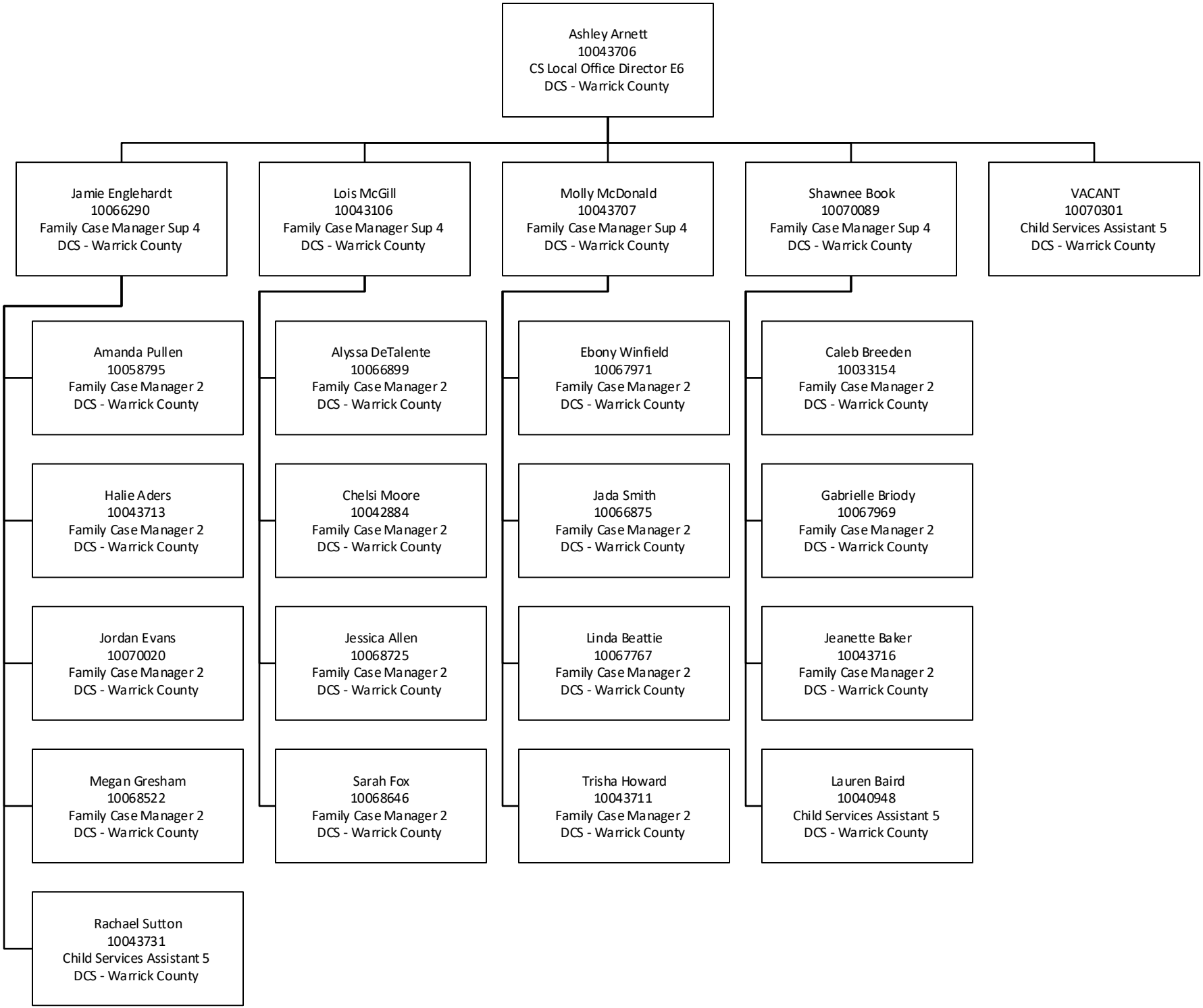
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Jamie Englehardt
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Molly McDonald
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Shawnee Book
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Family Case Manager Sup 4
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VACANT
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Child Services Assistant 5
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Amanda Pullen
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Halie Aders
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Jordan Evans
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Megan Gresham
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Rachael Sutton
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Child Services Assistant 5
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Alyssa DeTalente
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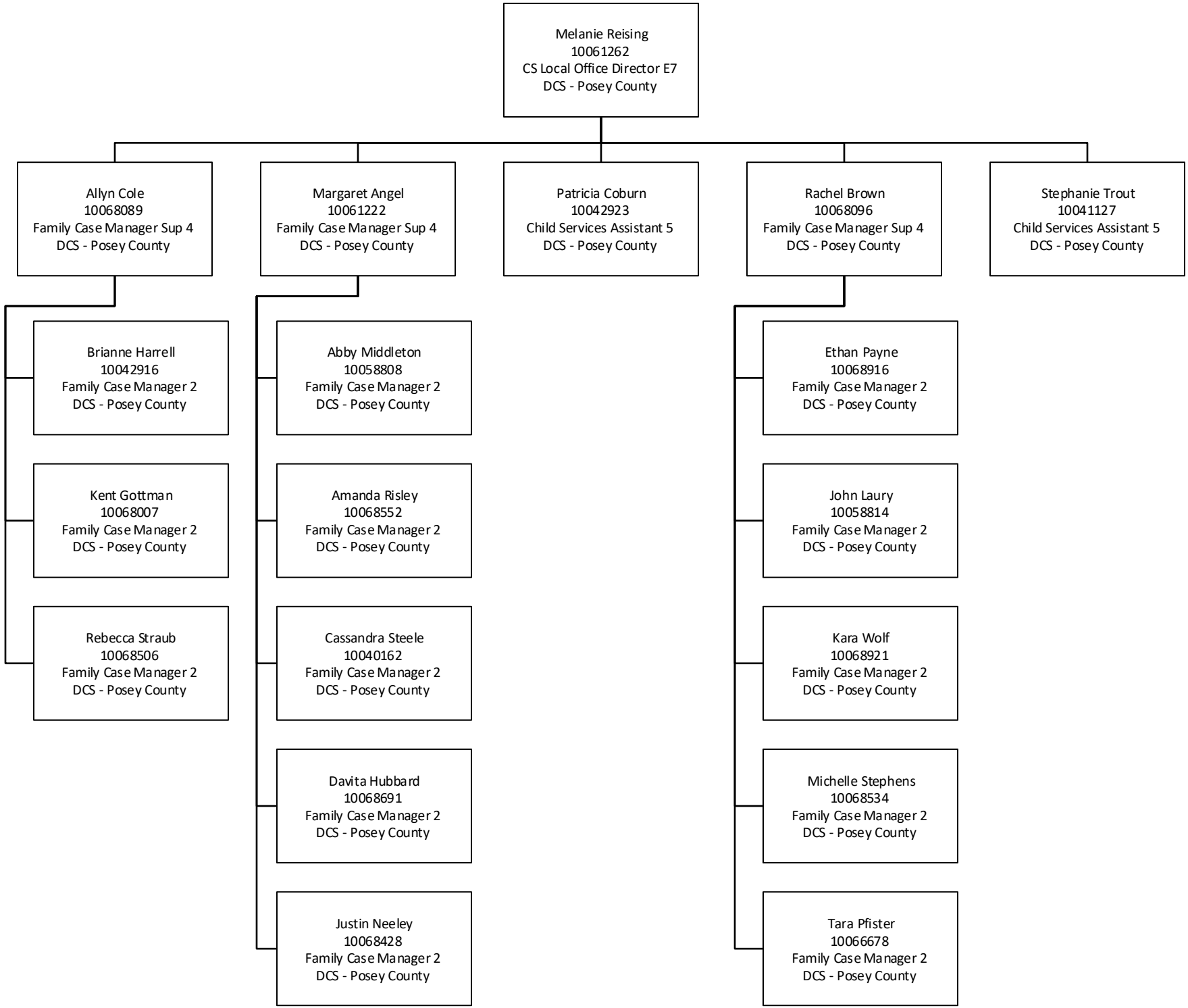
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John Laury
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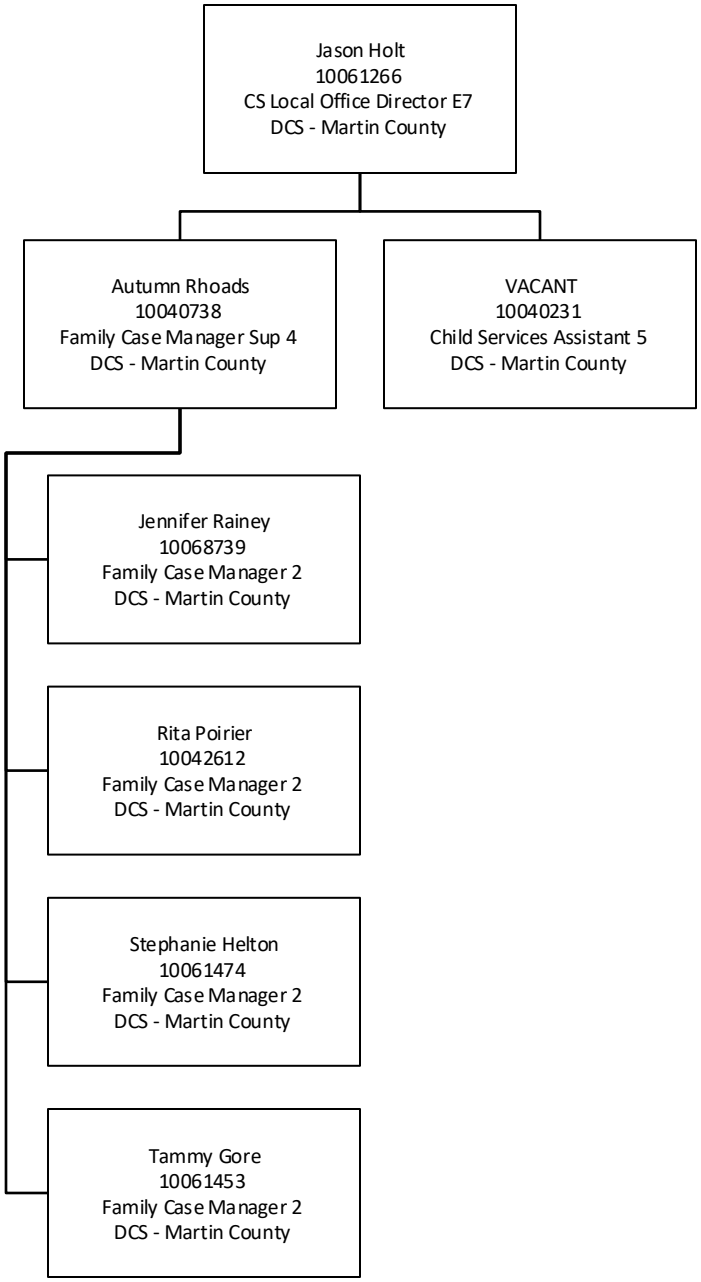
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DCS - Martin County
Rita Poirier
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Tammy Gore
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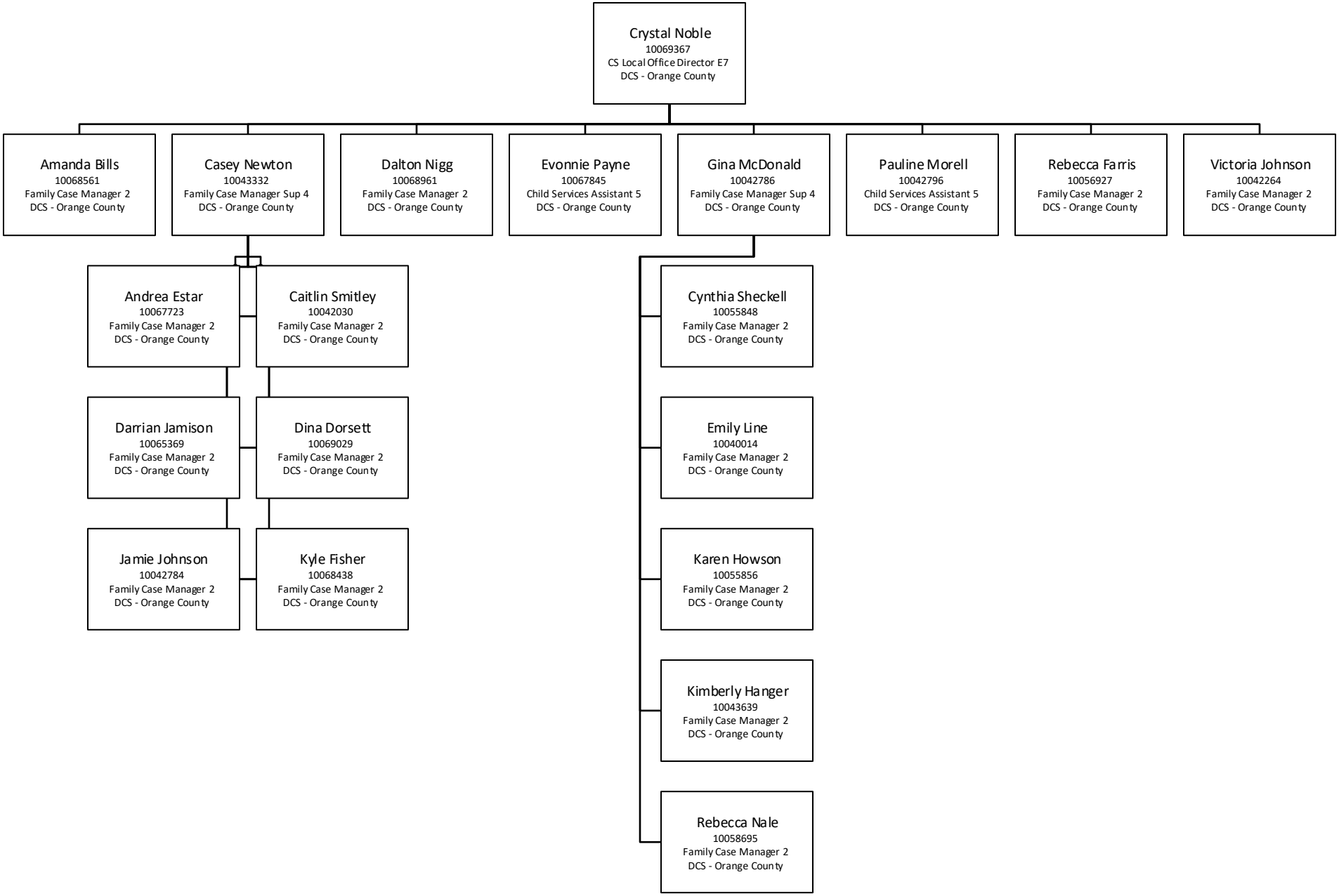
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Casey Newton
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Gina McDonald
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Pauline Morell
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Victoria Johnson
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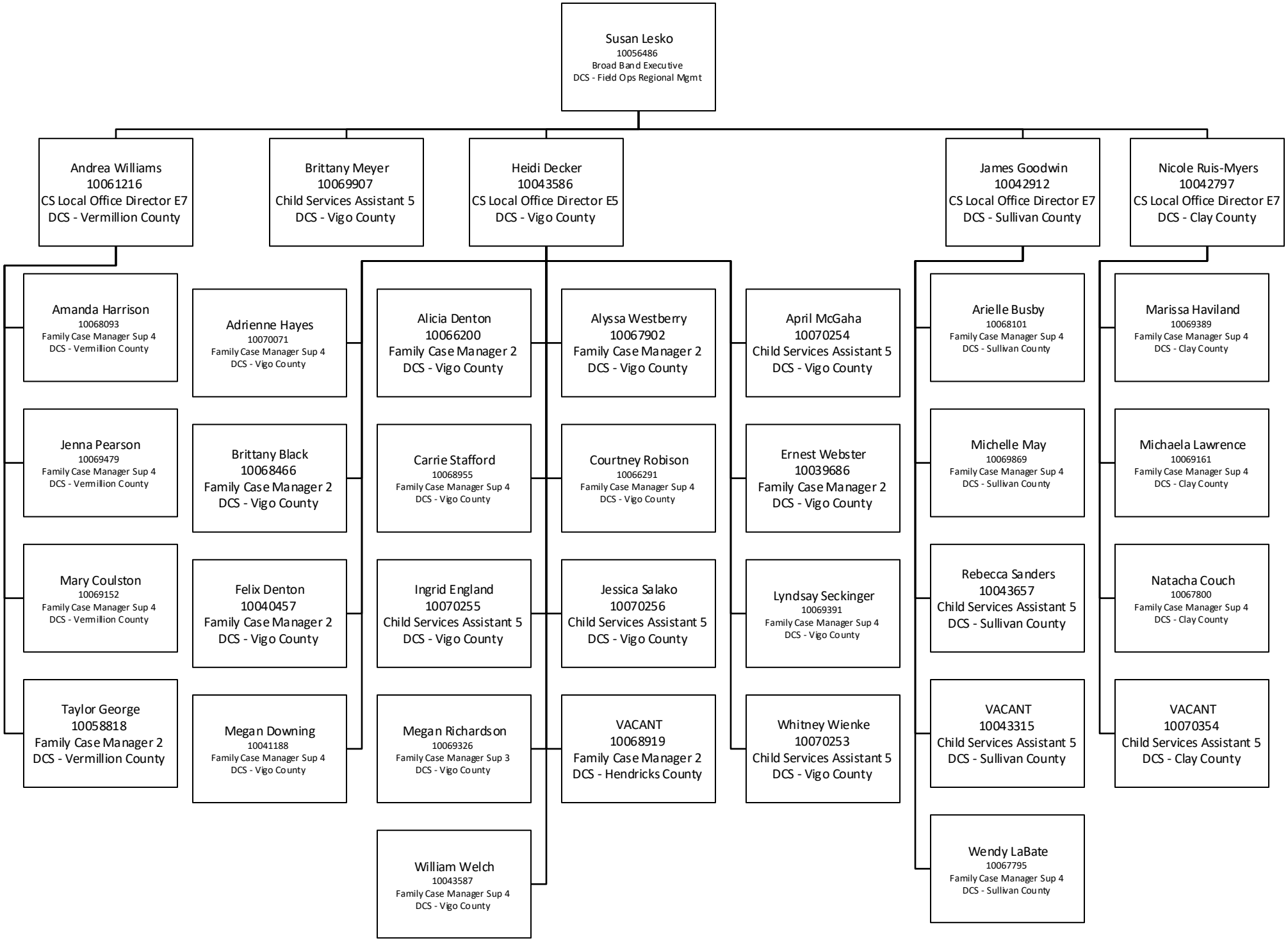
Susan Lesko
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Broad Band Executive
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Andrea Williams
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Heidi Decker
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James Goodwin
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Nicole Ruis-Myers
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DCS - Clay County
Amanda Harrison
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Jenna Pearson
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Mary Coulston
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Taylor George
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Carrie Stafford
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Ingrid England
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DCS - Vigo County
William Welch
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Alyssa Westberry
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Courtney Robison
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Jessica Salako
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VACANT
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April McGaha
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Ernest Webster
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Lyndsay Seckinger
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Whitney Wienke
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DCS - Sullivan County
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Michaela Lawrence
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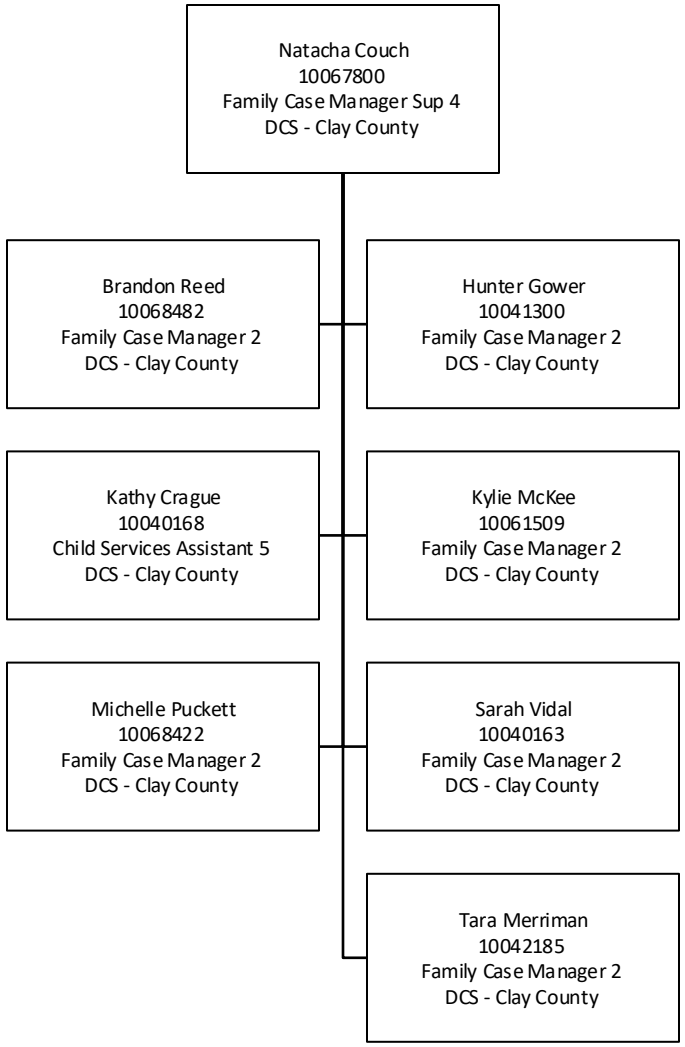
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Kylie McKee
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Michelle Puckett
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Tara Merriman
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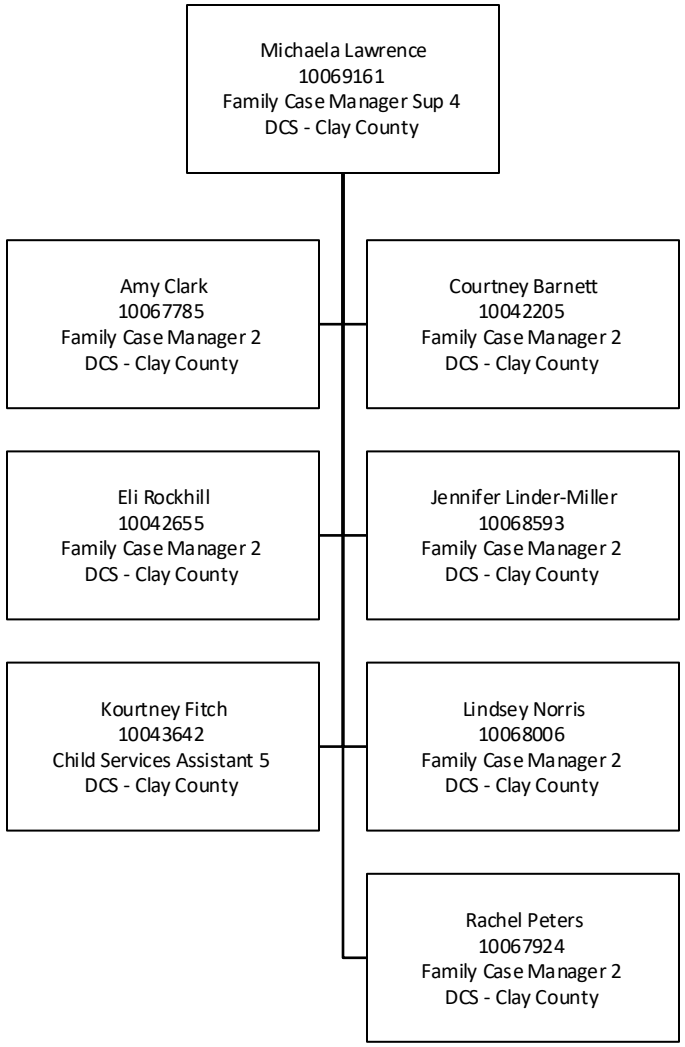
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Jennifer Linder-Miller
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Kourtney Fitch
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Rachel Peters
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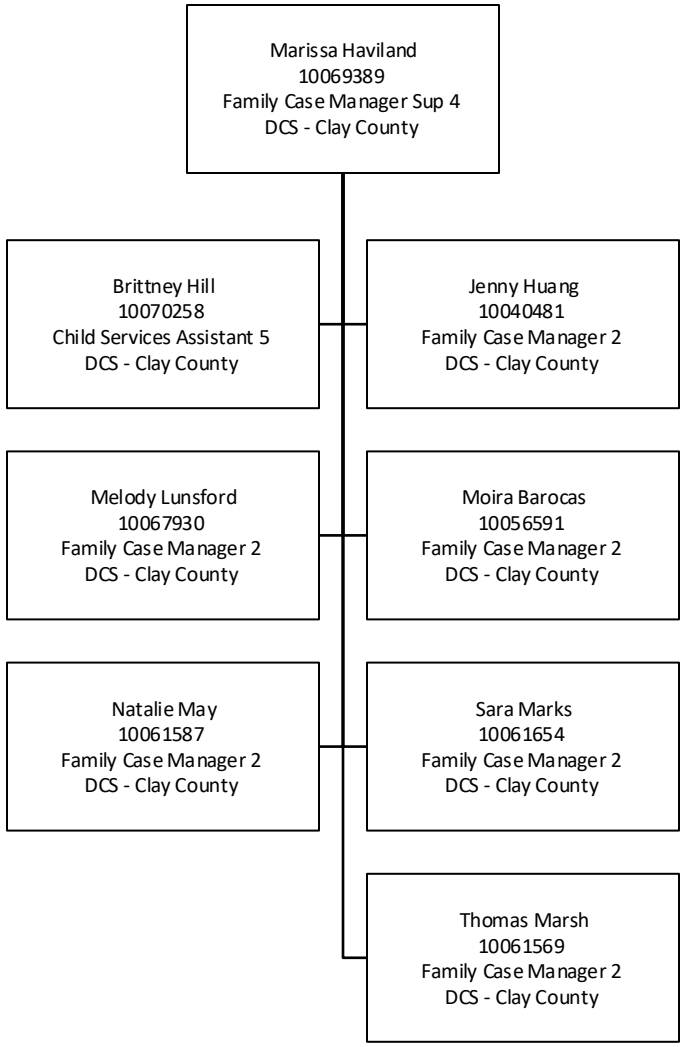
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Natalie May
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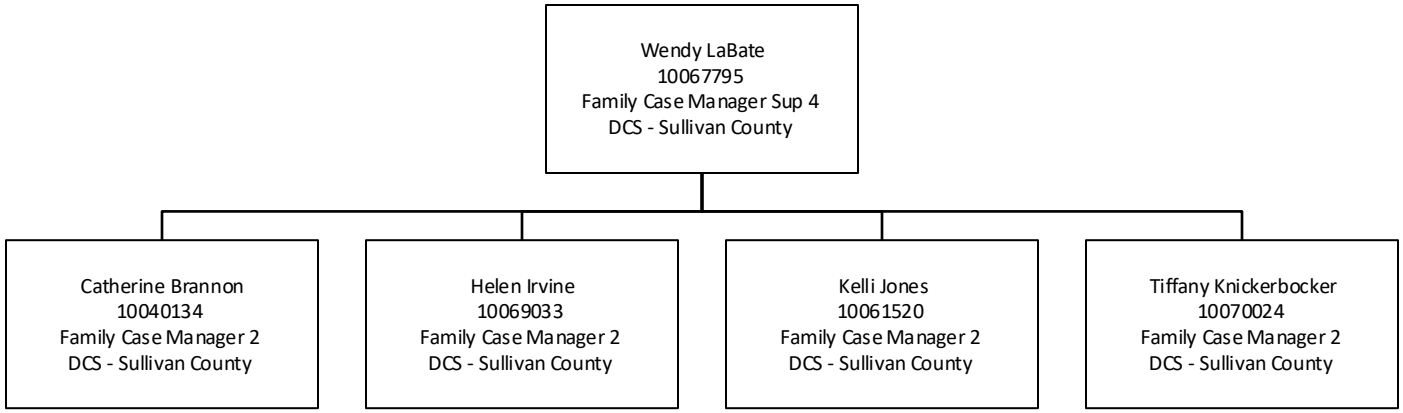
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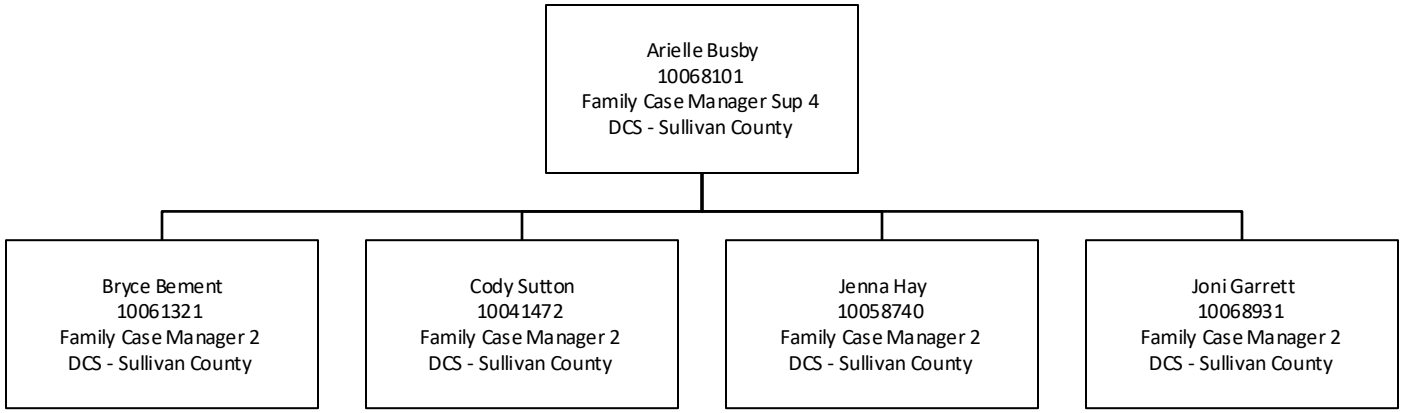
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Bryce Bement
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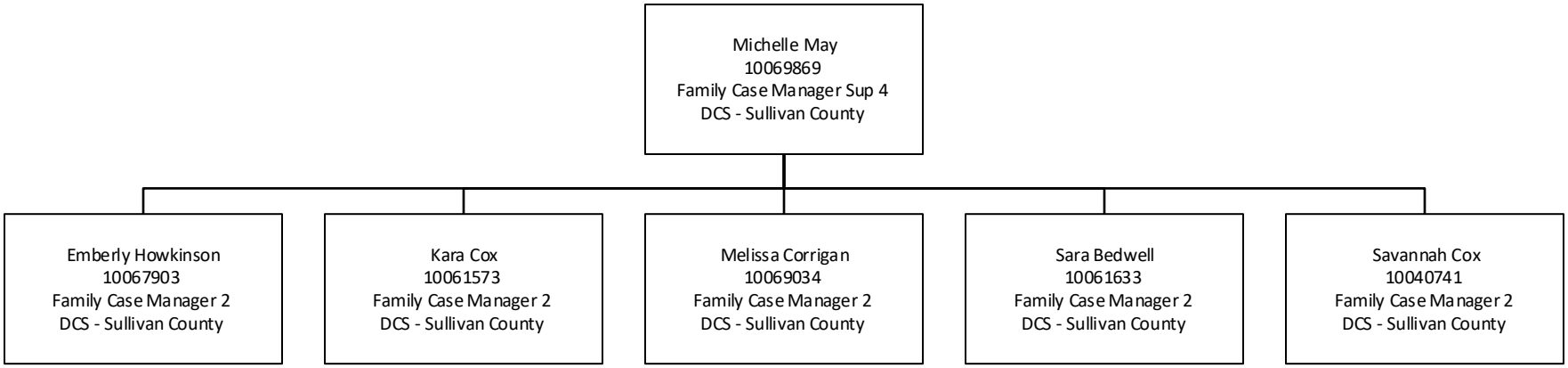
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Kara Cox
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Melissa Corrigan
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Savannah Cox
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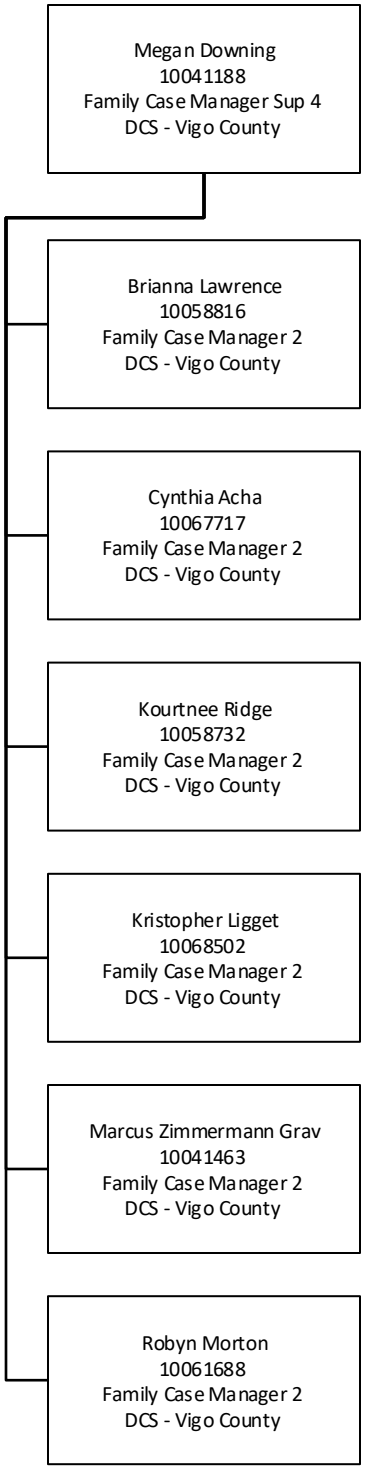
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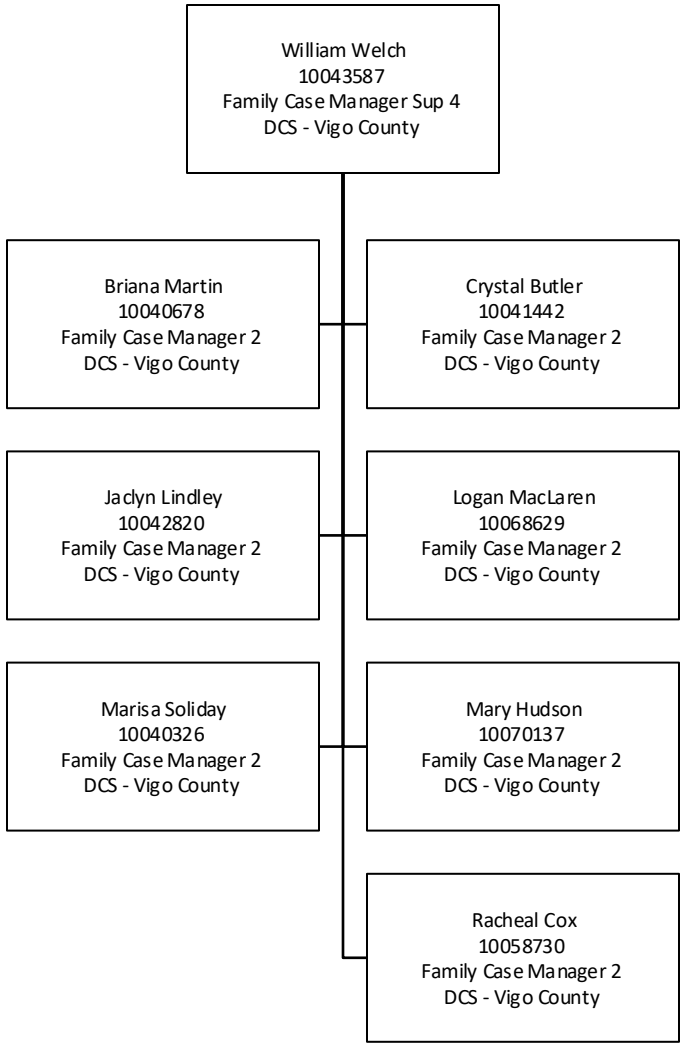
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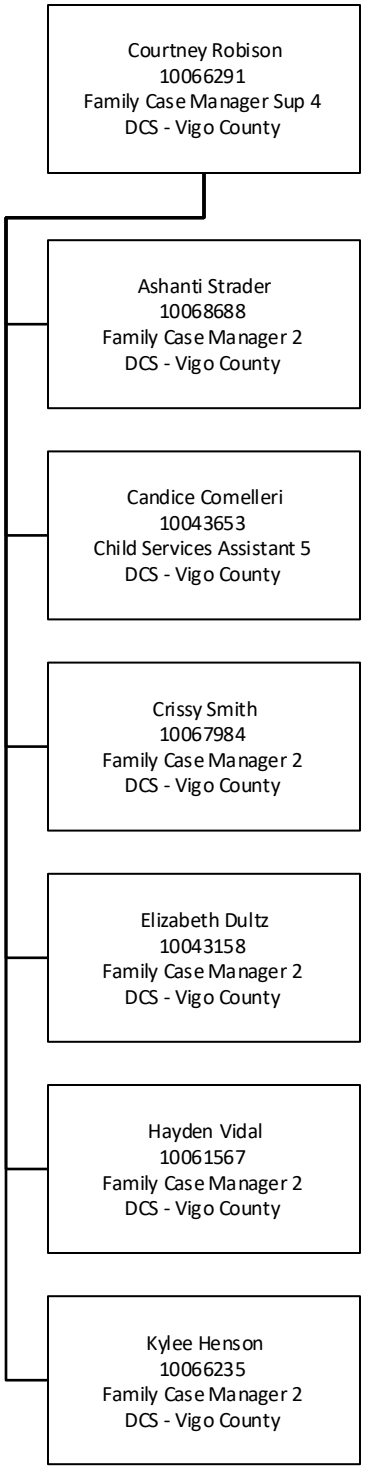
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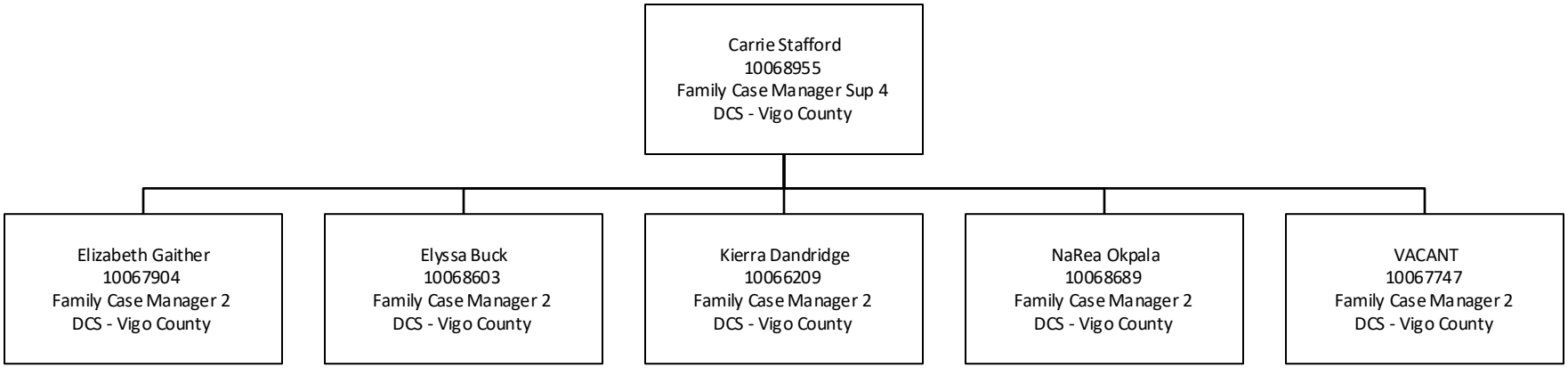
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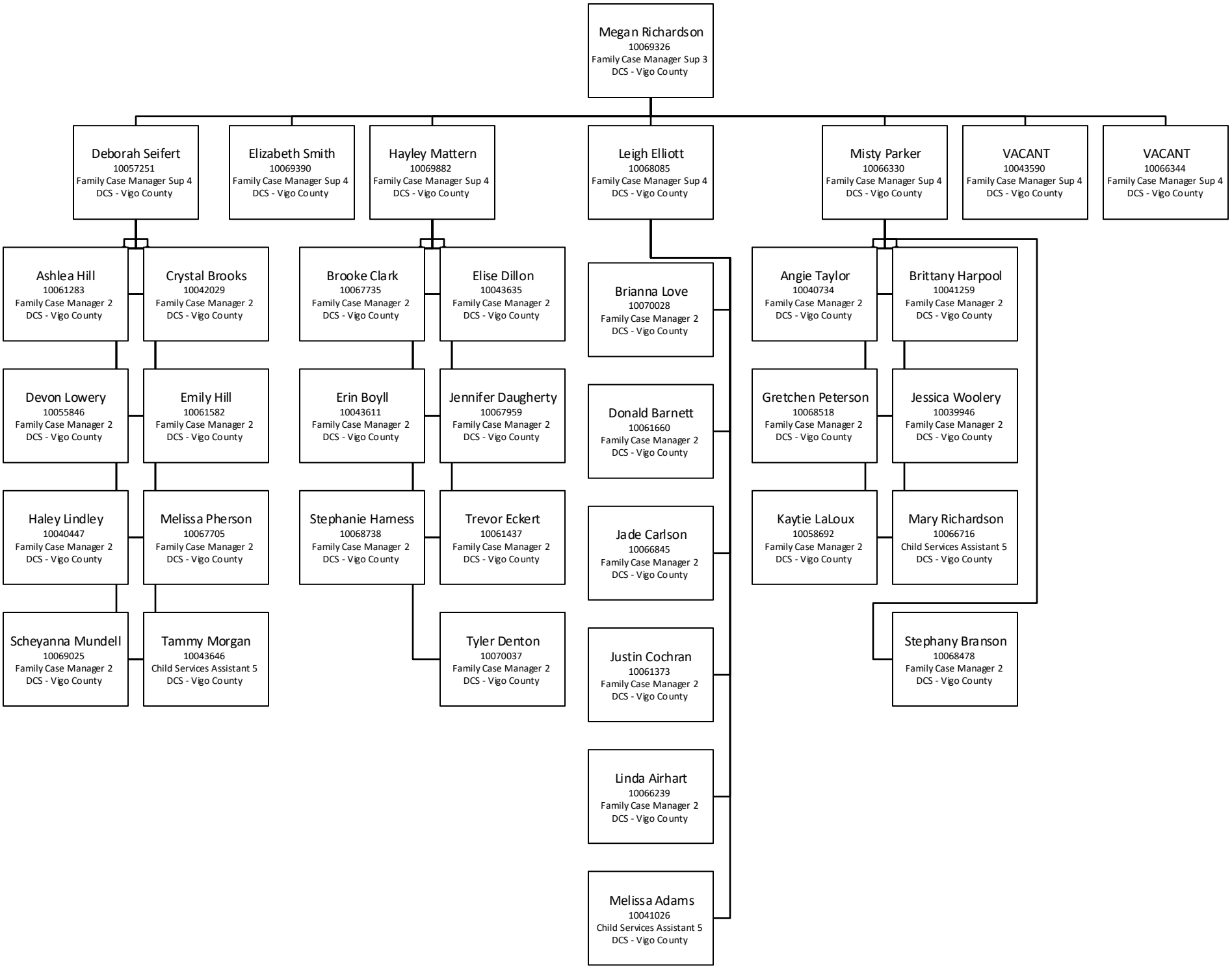
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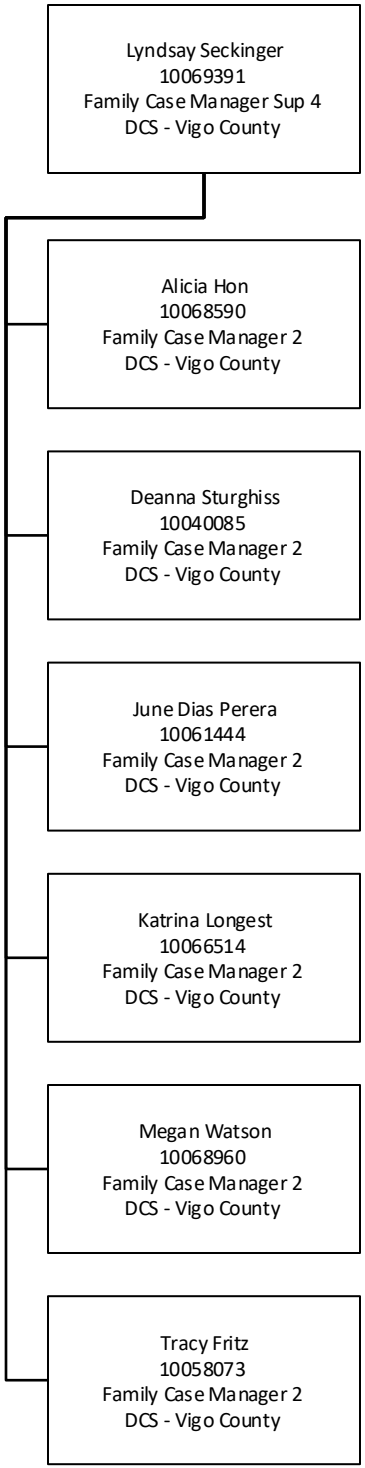
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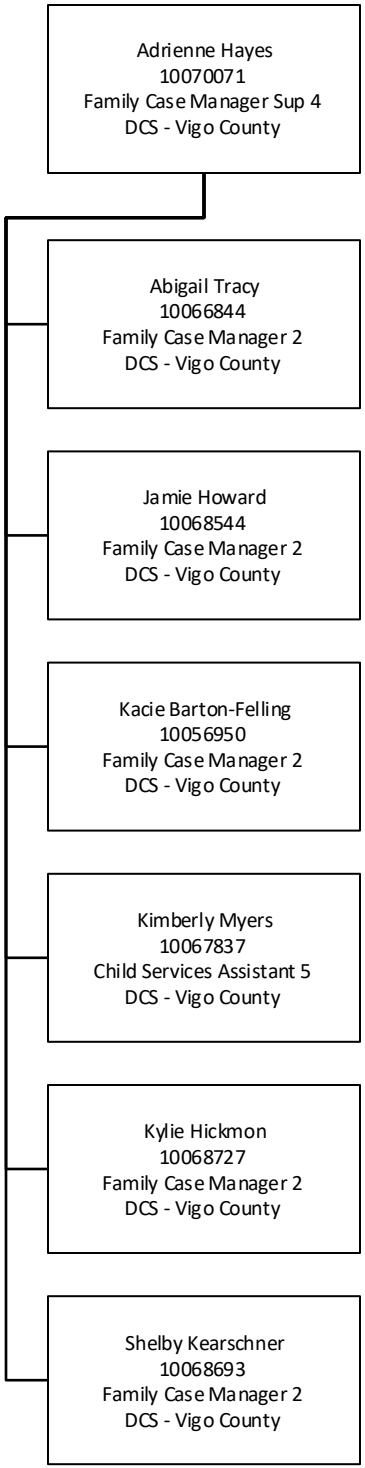
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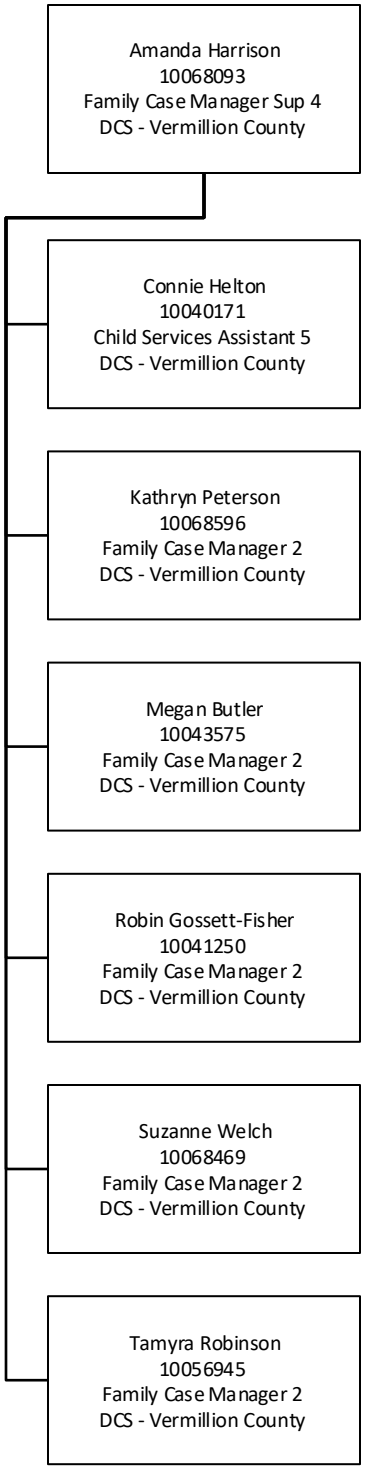
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Megan Butler
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Robin Gossett-Fisher
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Suzanne Welch
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Tamyra Robinson
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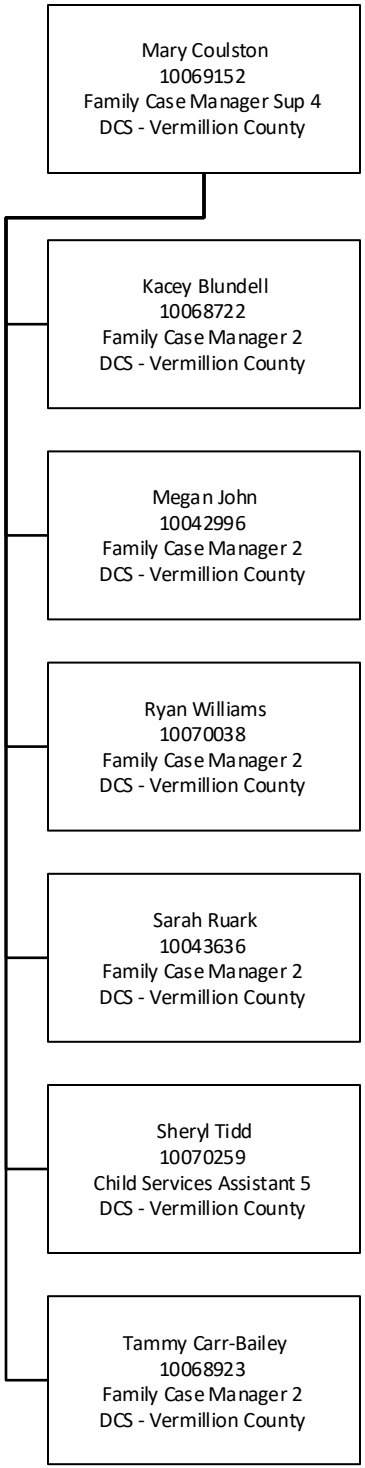
Family Case Manager 2
DCS - Vermillion County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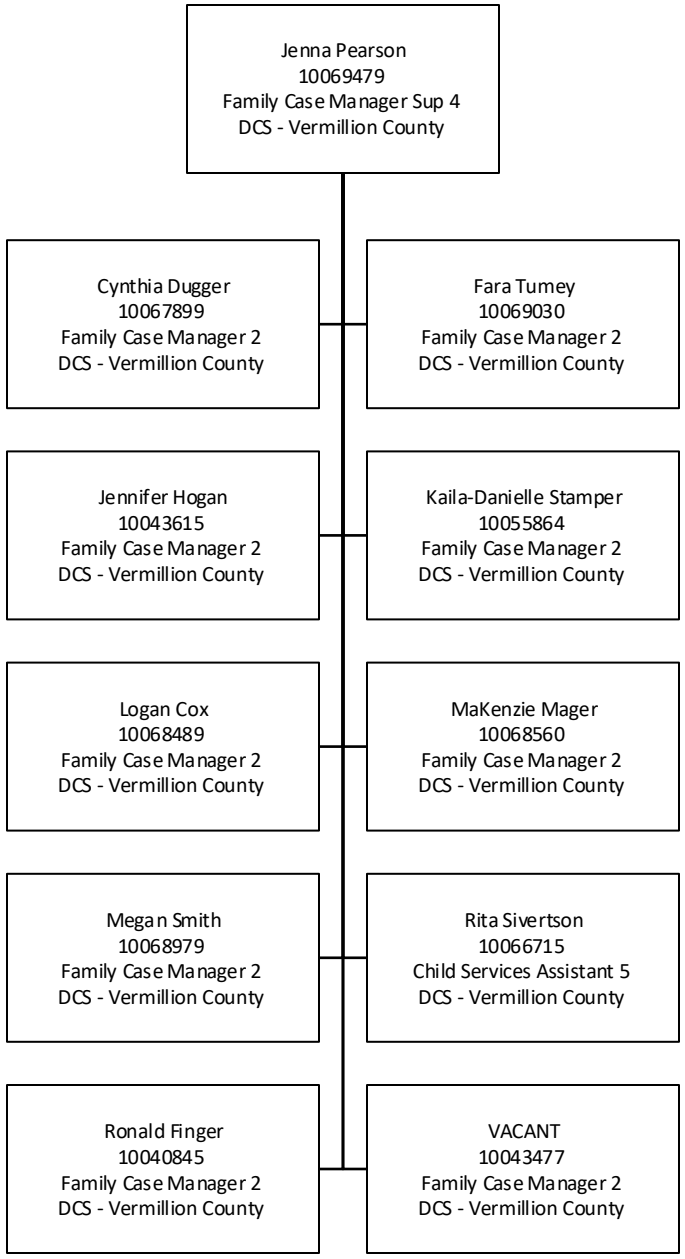
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Cynthia Dugger
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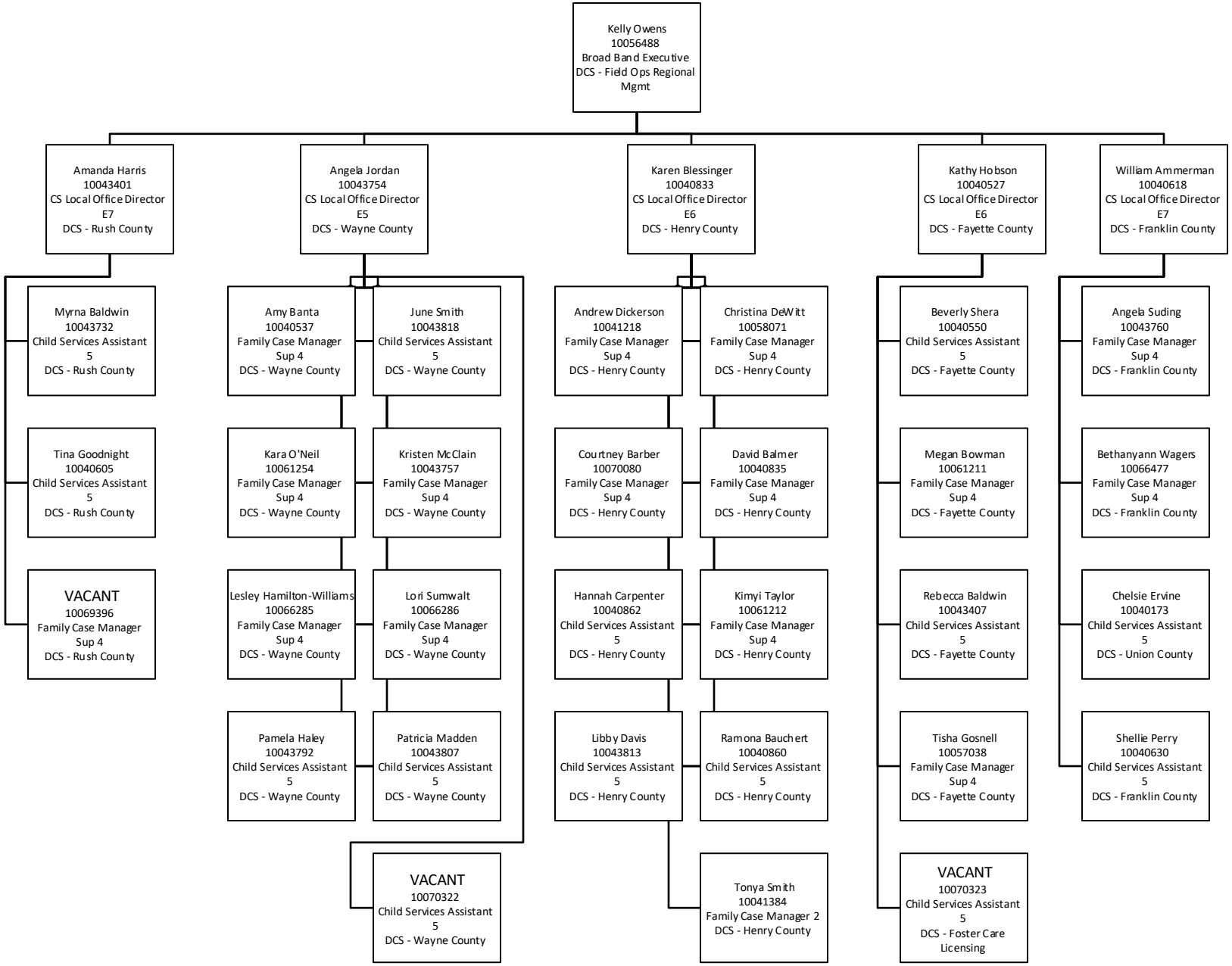
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Amanda Harris
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CS Local Office Director
E7
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E5
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E6
DCS - Henry County
Kathy Hobson
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CS Local Office Director
E6
DCS - Fayette County
William Ammerman
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CS Local Office Director
E7
DCS - Franklin County
Myrna Baldwin
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DCS - Rush County
Tina Goodnight
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DCS - Rush County
Amy Banta
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June Smith
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Kara O'Neil
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Lori Sumwalt
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Shellie Perry
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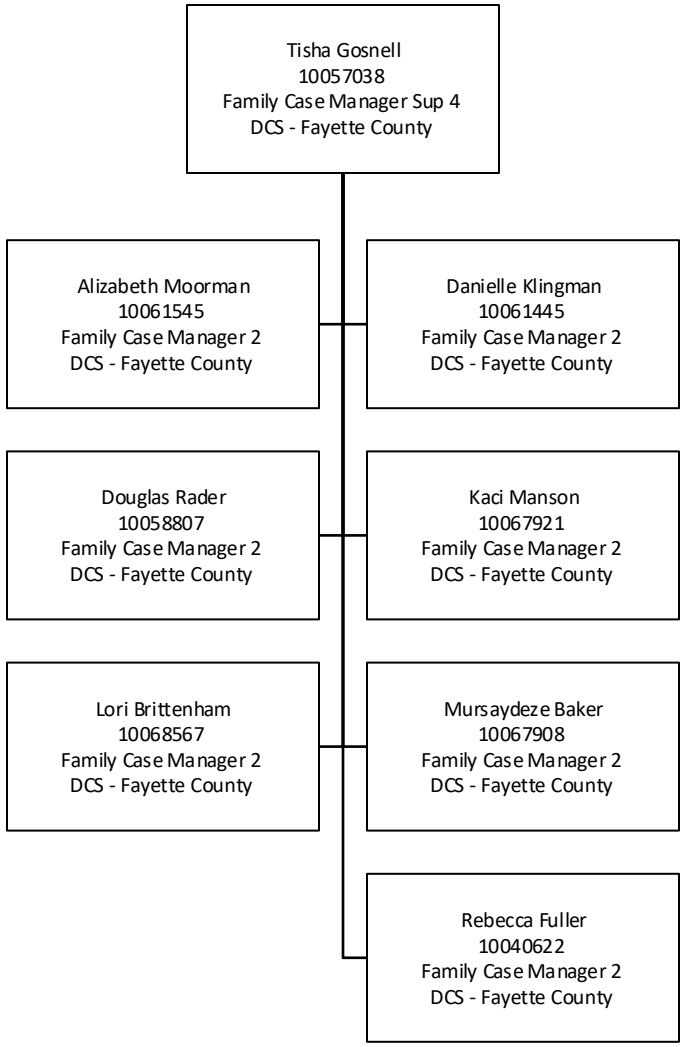
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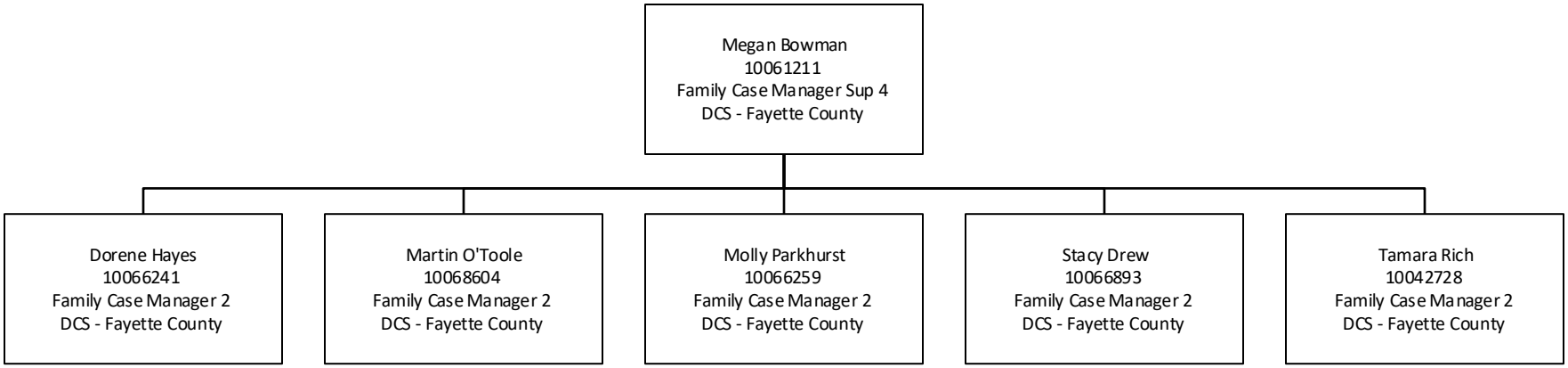
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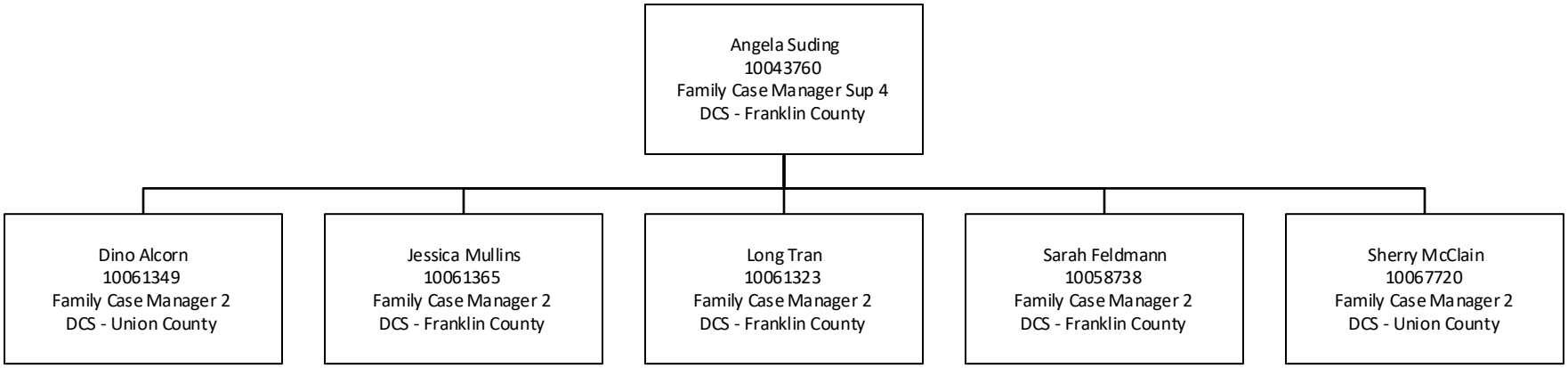
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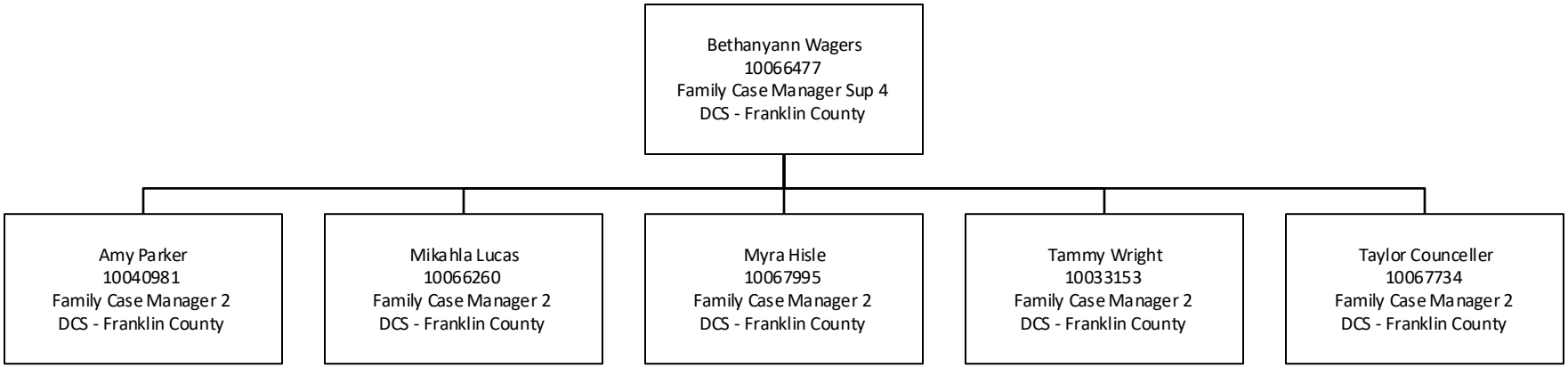
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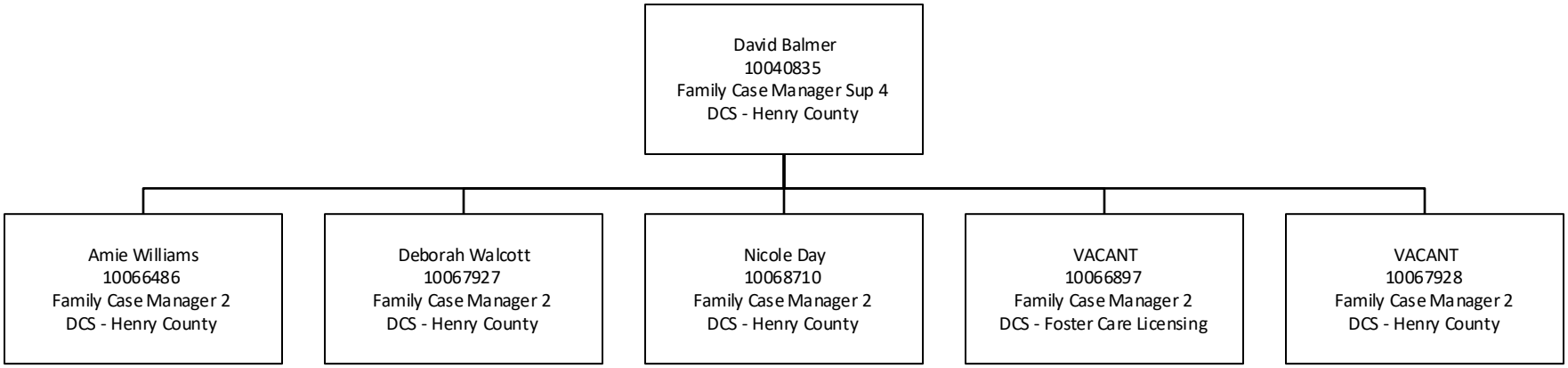
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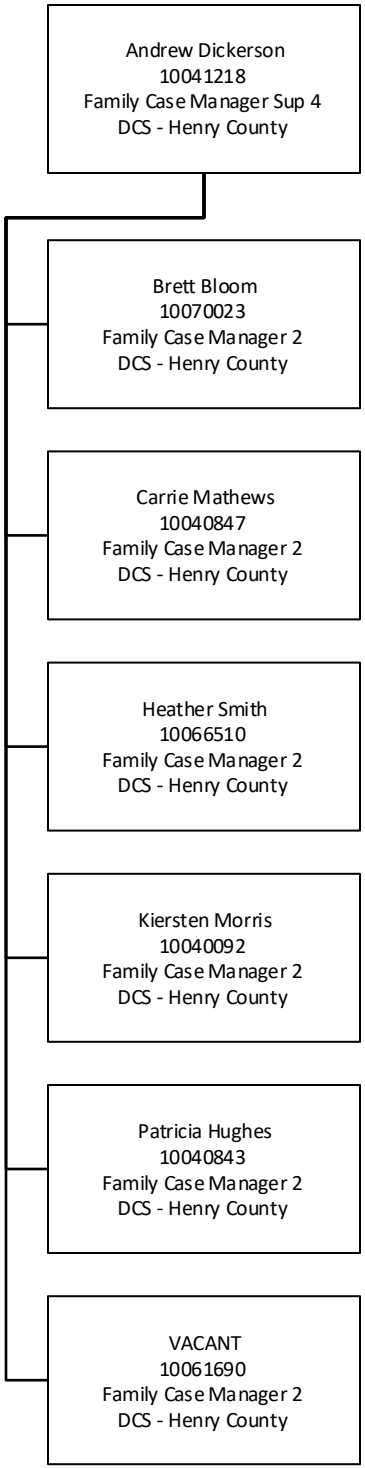
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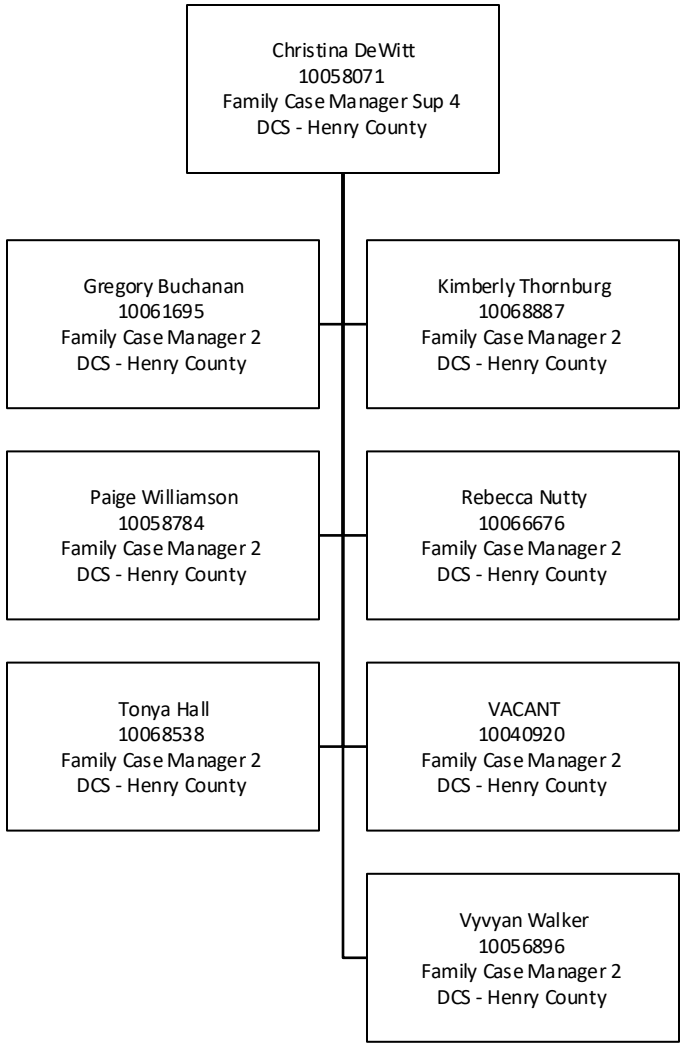
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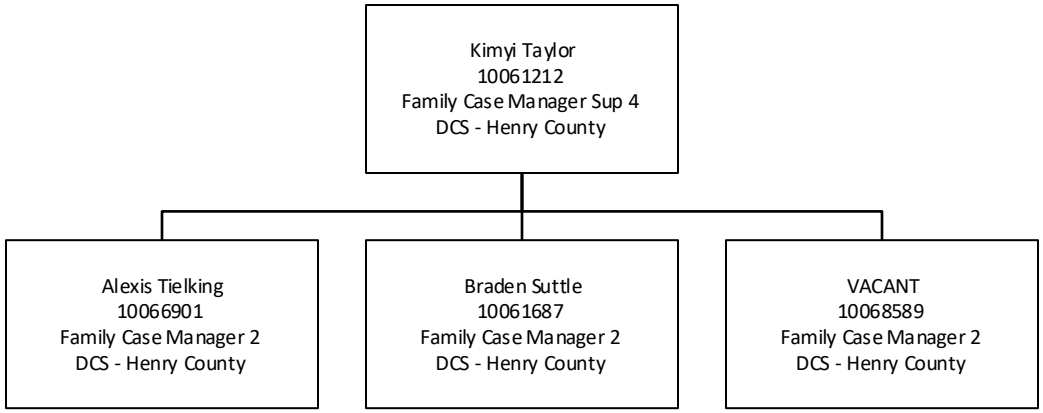
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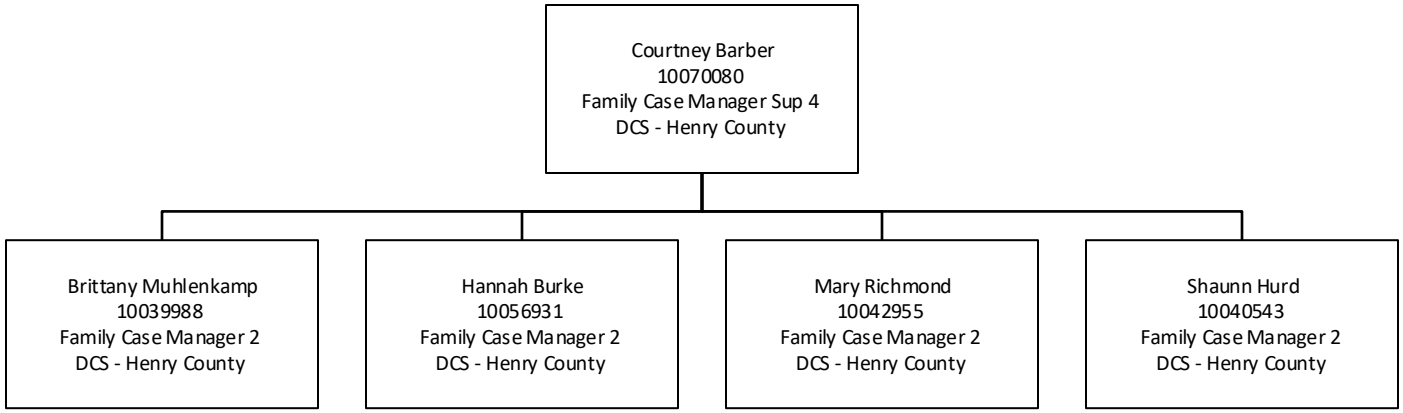
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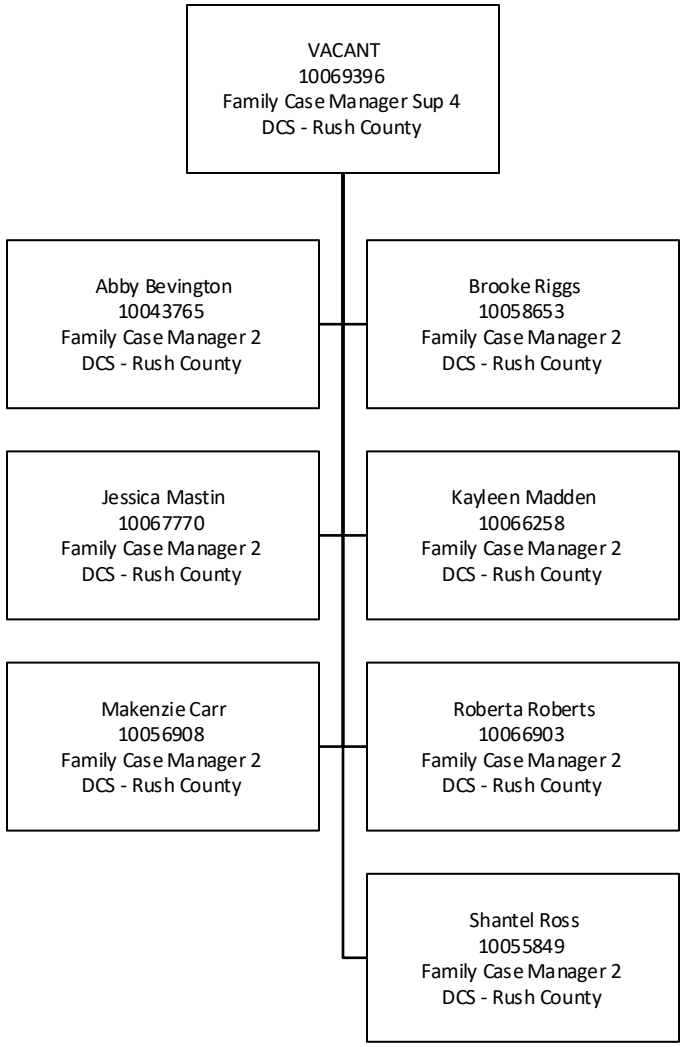
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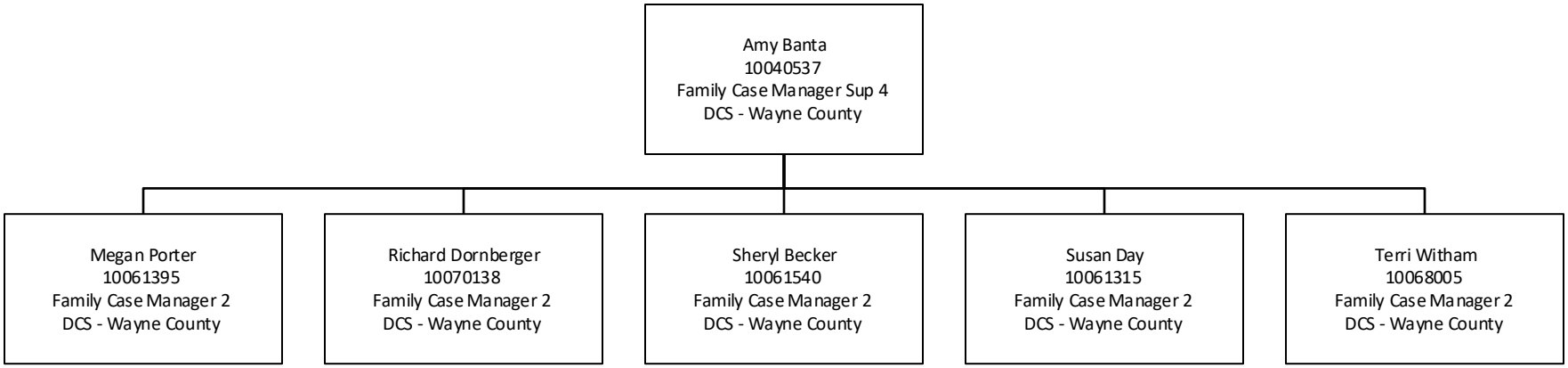
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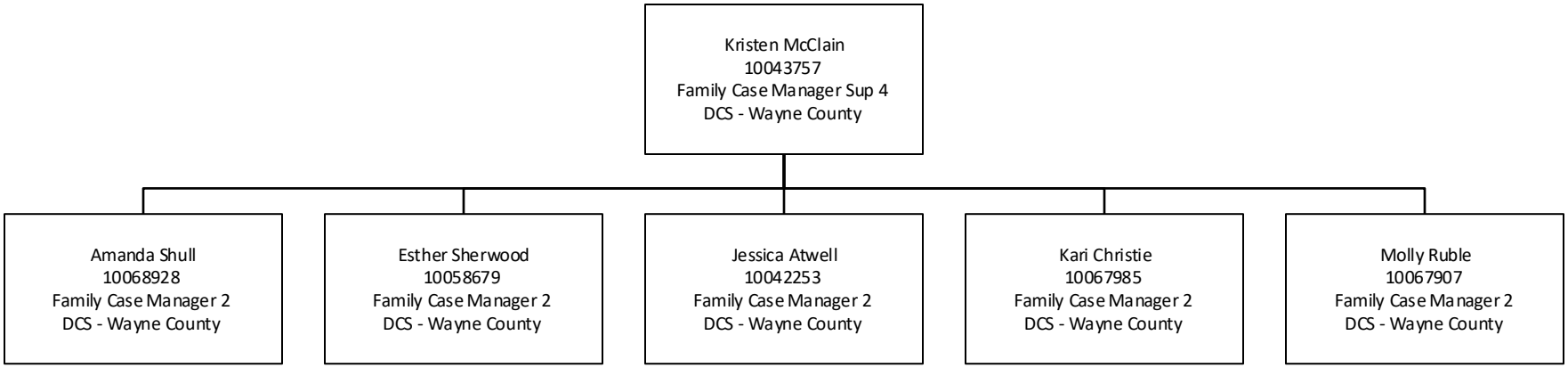
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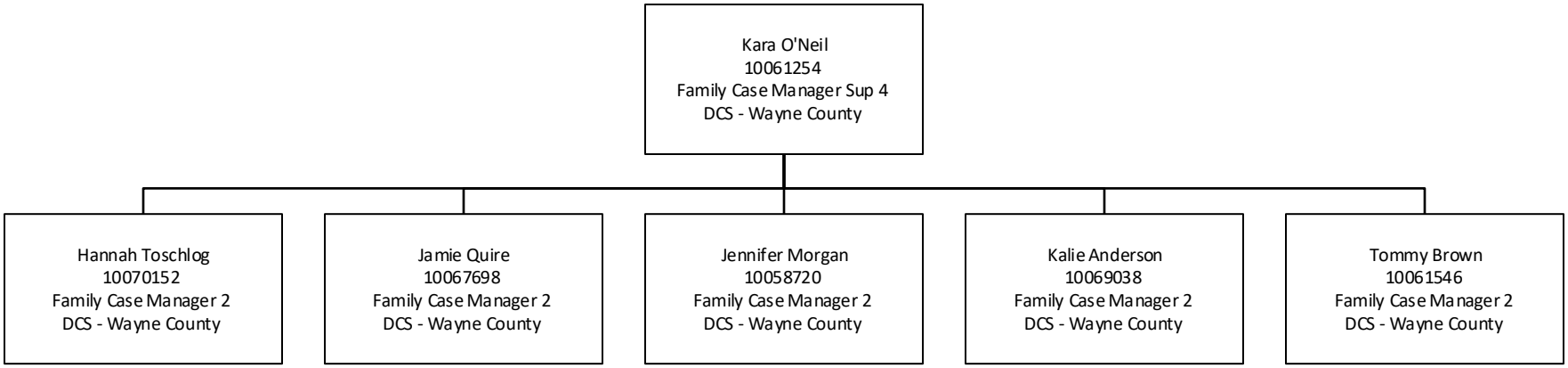
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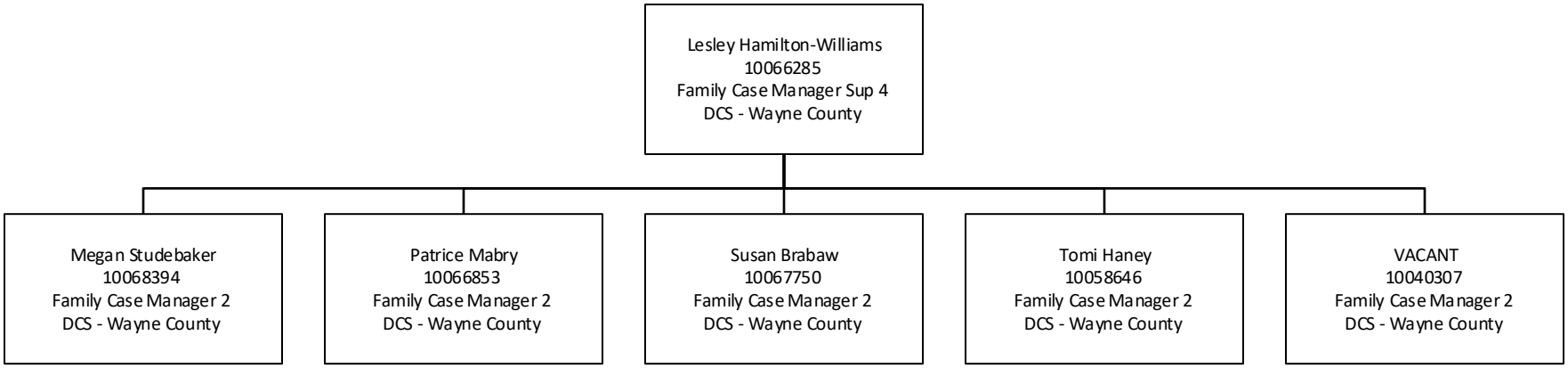
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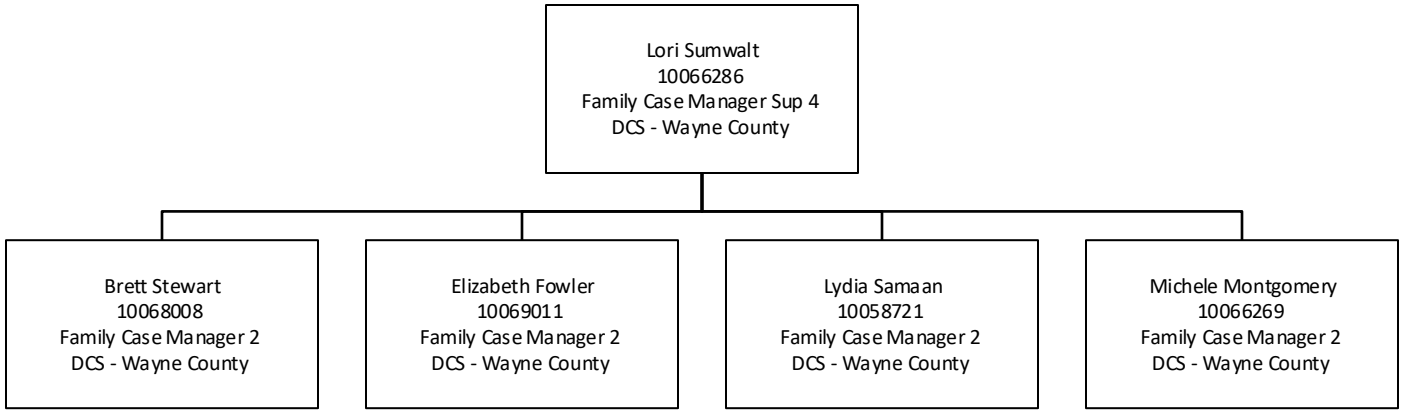
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Michele Montgomery
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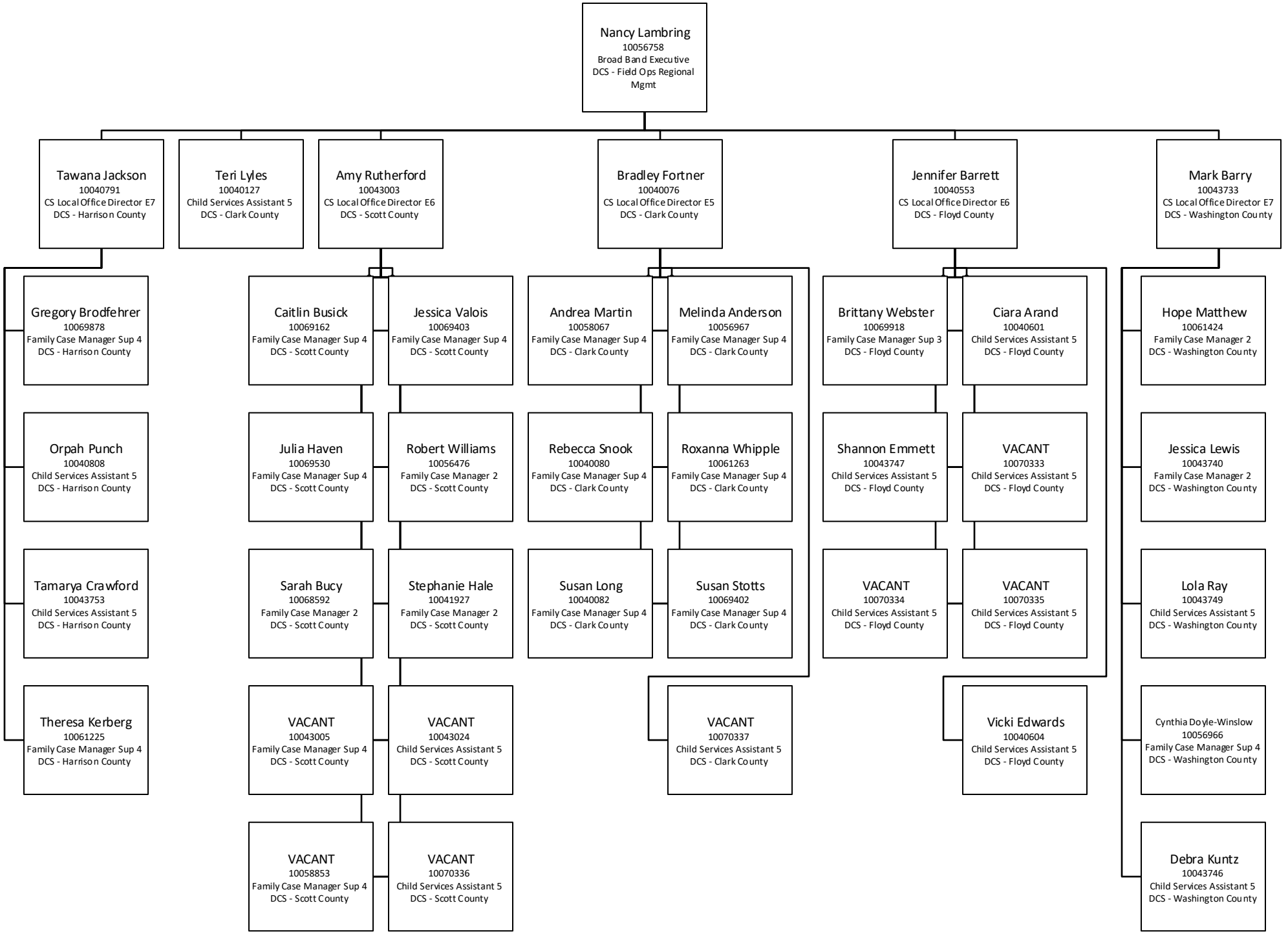
Nancy Lambring
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Broad Band Executive
DCS - Field Ops Regional Mgmt
Tawana Jackson
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CS Local Office Director E7
DCS - Harrison County
Teri Lyles
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Child Services Assistant 5
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Amy Rutherford
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CS Local Office Director E6
DCS - Scott County
Bradley Fortner
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Jennifer Barrett
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Mark Barry
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CS Local Office Director E7
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Orpah Punch
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Tamarya Crawford
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Sarah Bucy
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Susan Long
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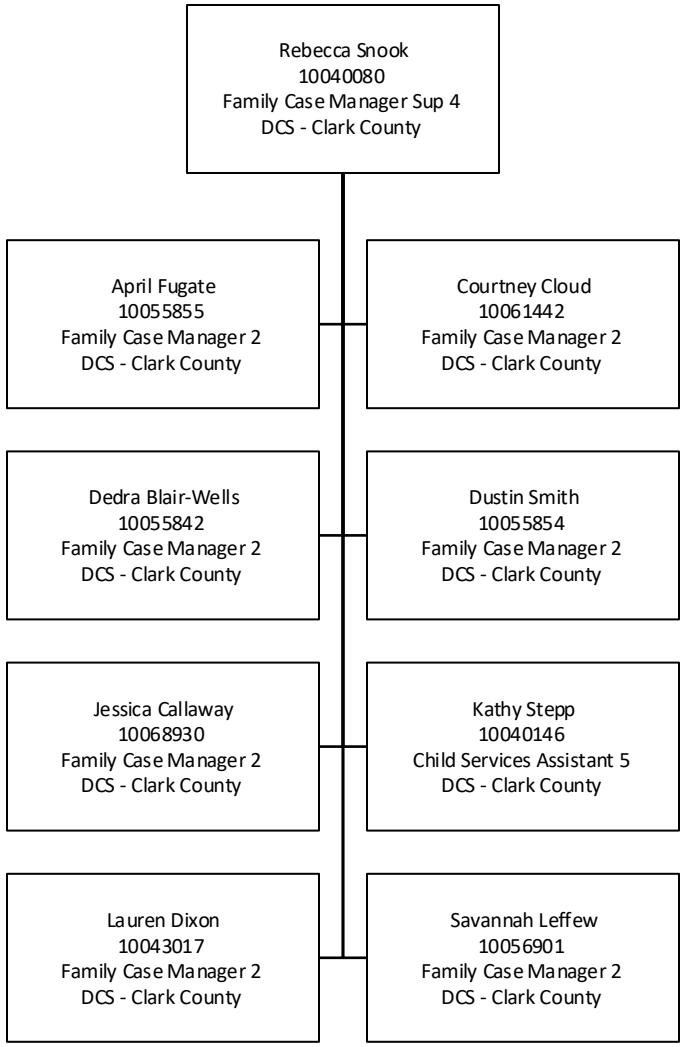
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Dustin Smith
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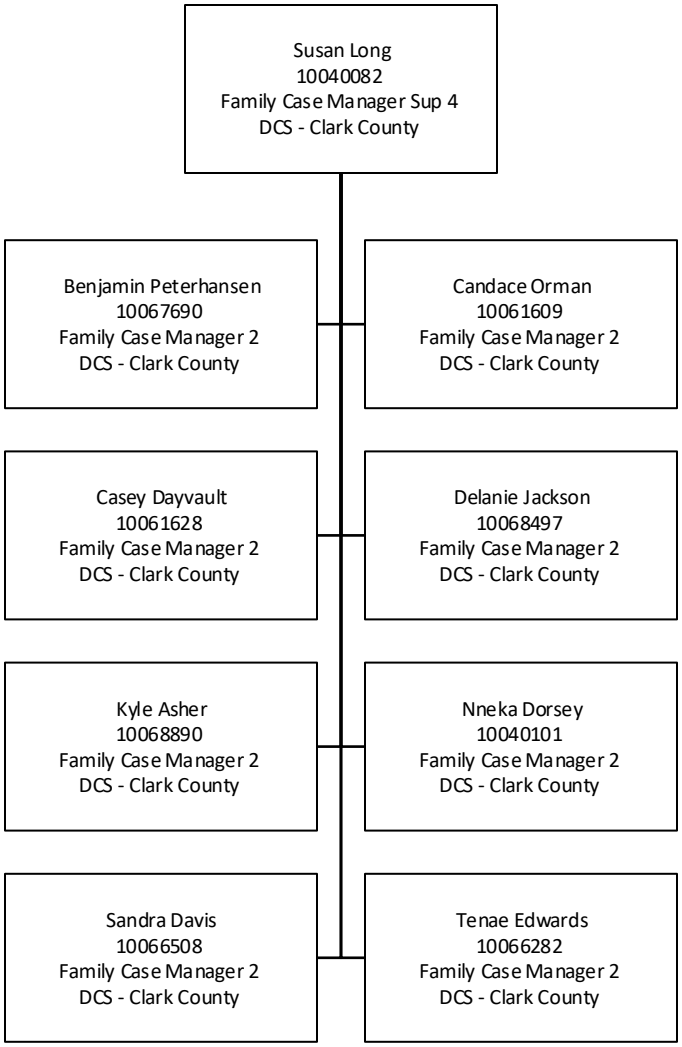
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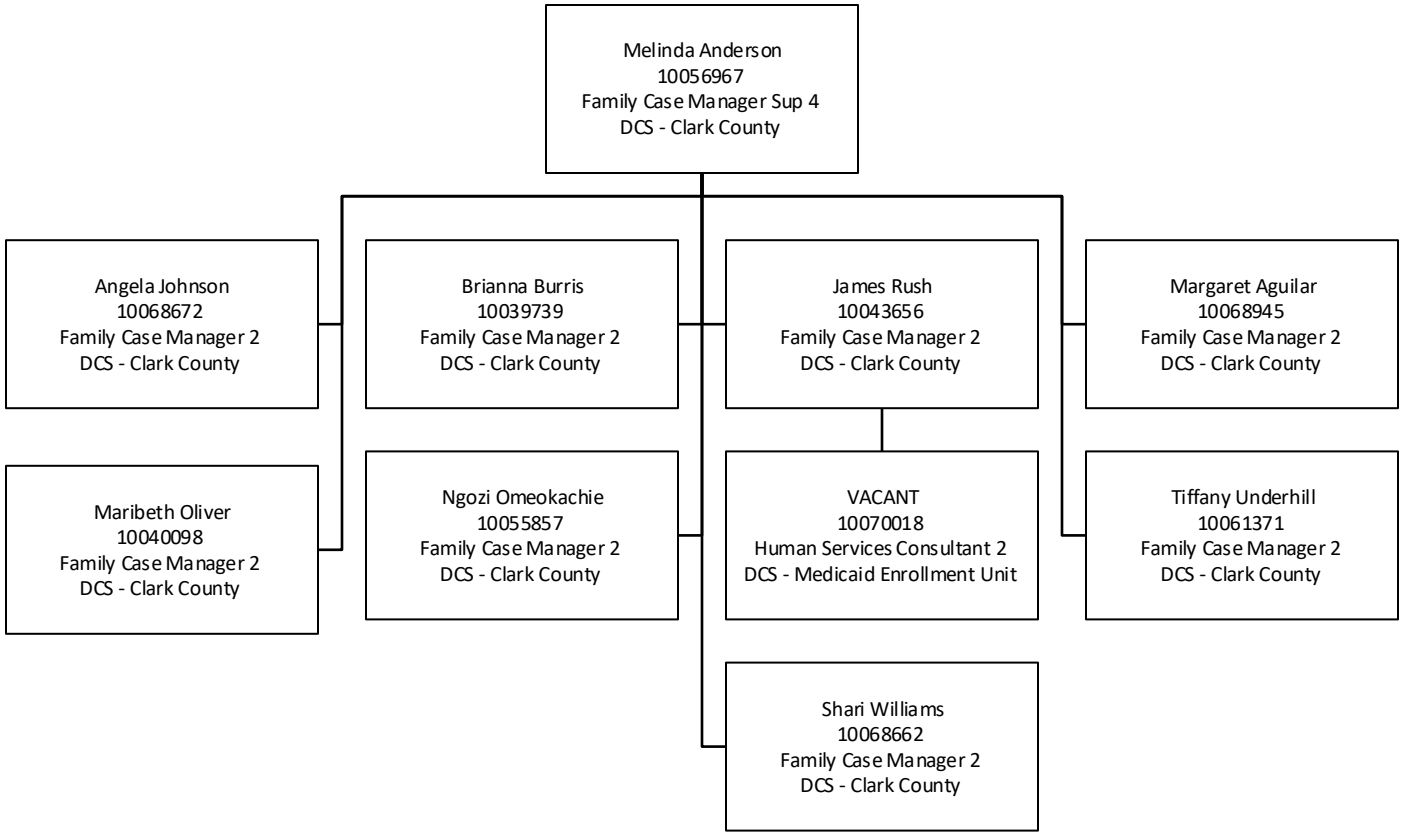
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Brianna Burris
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James Rush
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Margaret Aguilar
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Ngozi Omeokachie
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DCS - Clark County
VACANT
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Human Services Consultant 2
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Shari Williams
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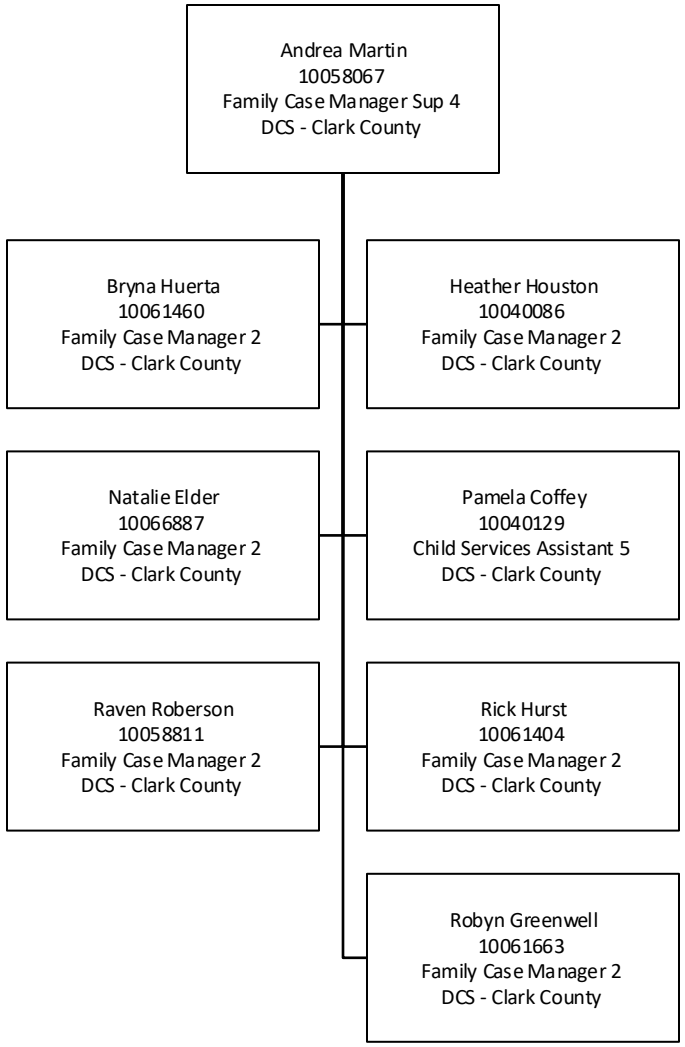
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Bryna Huerta
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Heather Houston
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Natalie Elder
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Pamela Coffey
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Raven Roberson
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Rick Hurst
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Robyn Greenwell
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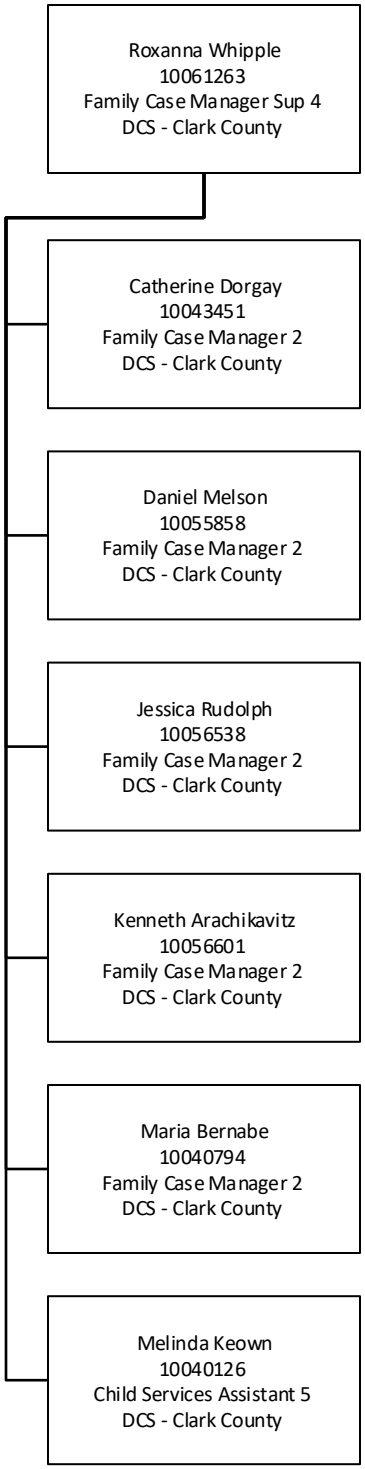
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DCS - Clark County
Jessica Rudolph
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Family Case Manager 2
DCS - Clark County
Kenneth Arachikavitz
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Maria Bernabe
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Melinda Keown
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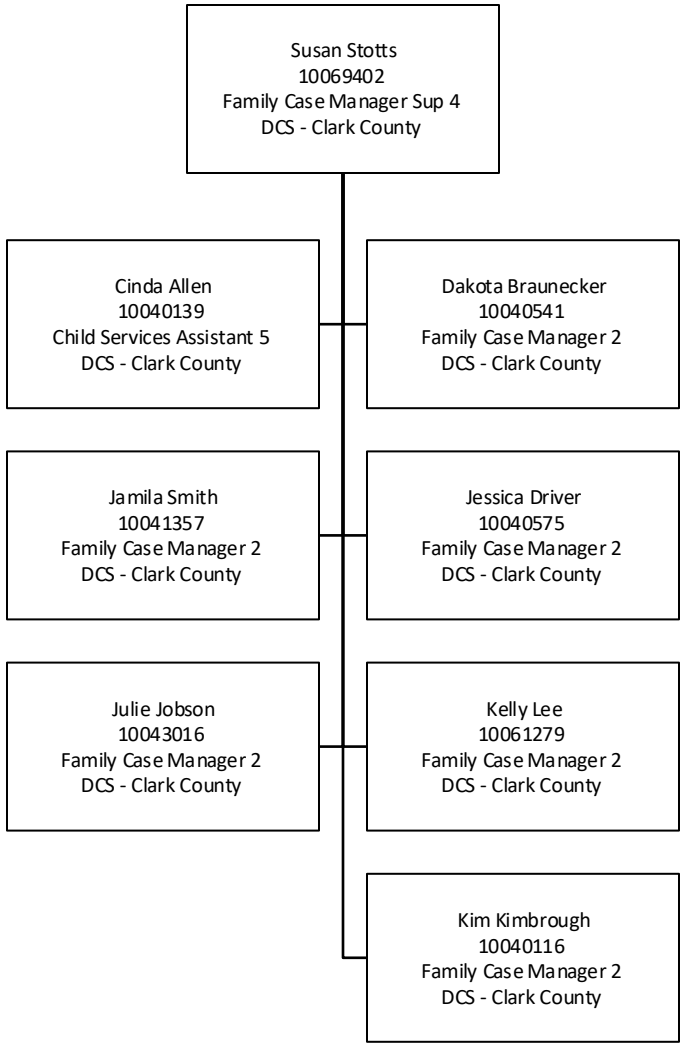
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Cinda Allen
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Dakota Braunecker
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Jamila Smith
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Jessica Driver
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Julie Jobson
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Kim Kimbrough
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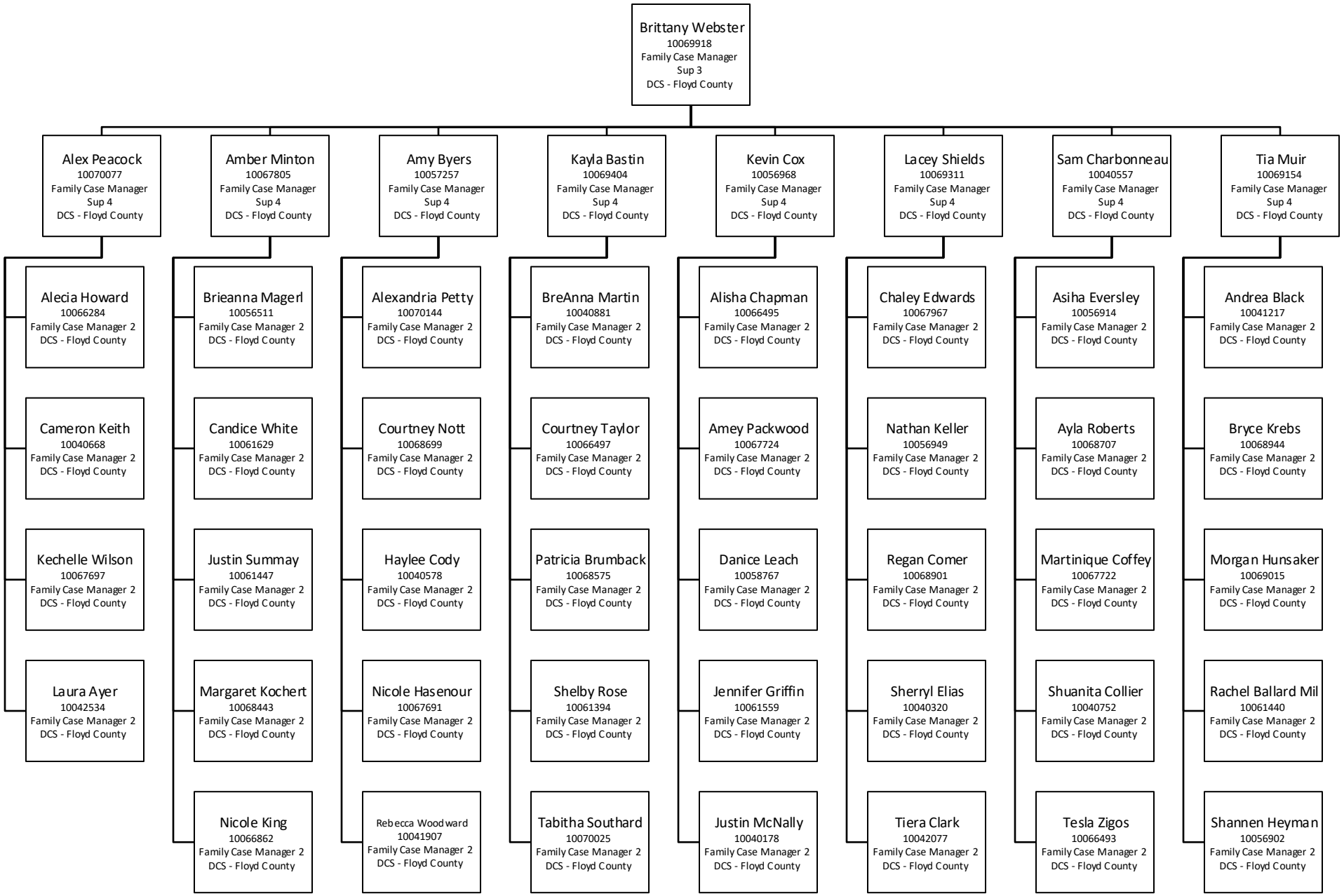
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Alex Peacock
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Sup 4
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Alecia Howard
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Cameron Keith
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DCS - Floyd County
Kechelle Wilson
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DCS - Floyd County
Laura Ayer
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Family Case Manager 2
DCS - Floyd County
Amber Minton
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Family Case Manager
Sup 4
DCS - Floyd County
Brieanna Magerl
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Candice White
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Justin Summay
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Margaret Kochert
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DCS - Floyd County
Nicole King
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DCS - Floyd County
Amy Byers
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Family Case Manager
Sup 4
DCS - Floyd County
Alexandria Petty
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Courtney Nott
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Haylee Cody
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Nicole Hasenour
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Rebecca Woodward
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Kayla Bastin
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BreAnna Martin
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Patricia Brumback
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Shelby Rose
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Family Case Manager 2
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Tabitha Southard
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Kevin Cox
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Alisha Chapman
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Amey Packwood
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Chaley Edwards
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Regan Comer
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Tiera Clark
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Sam Charbonneau
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Ayla Roberts
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Tesla Zigos
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DCS - Floyd County
Tia Muir
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Family Case Manager
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DCS - Floyd County
Andrea Black
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Bryce Krebs
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Morgan Hunsaker
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Shannen Heyman
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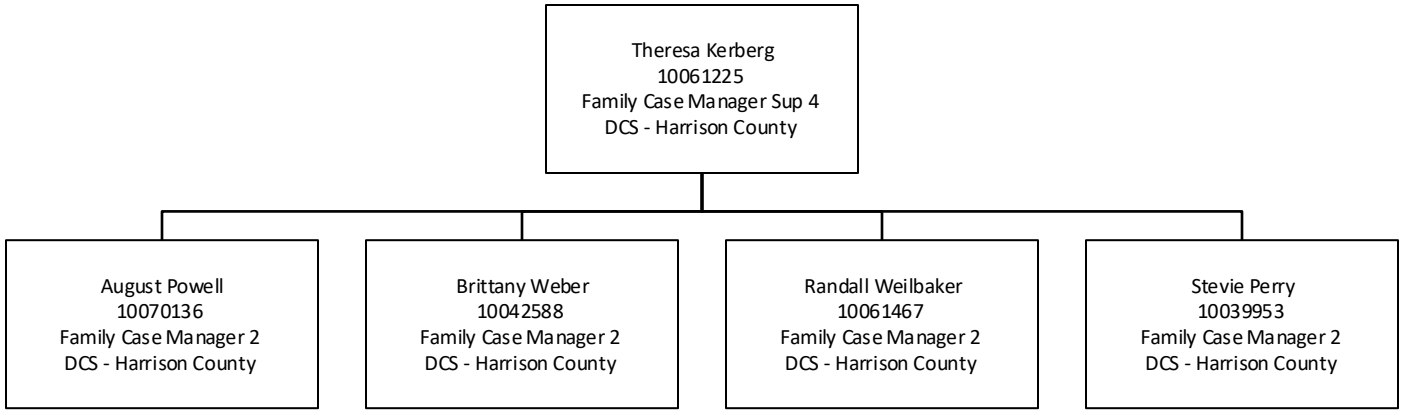
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August Powell
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Family Case Manager 2
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Brittany Weber
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Randall Weilbaker
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Stevie Perry
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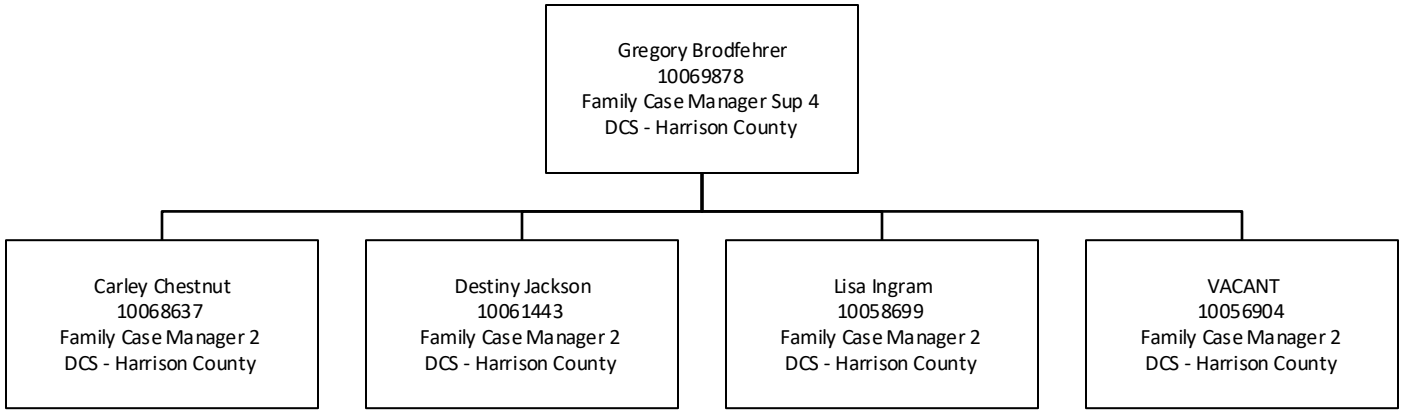
Family Case Manager 2
DCS - Harrison County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Carley Chestnut
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Family Case Manager 2
DCS - Harrison County
Destiny Jackson
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Lisa Ingram
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VACANT
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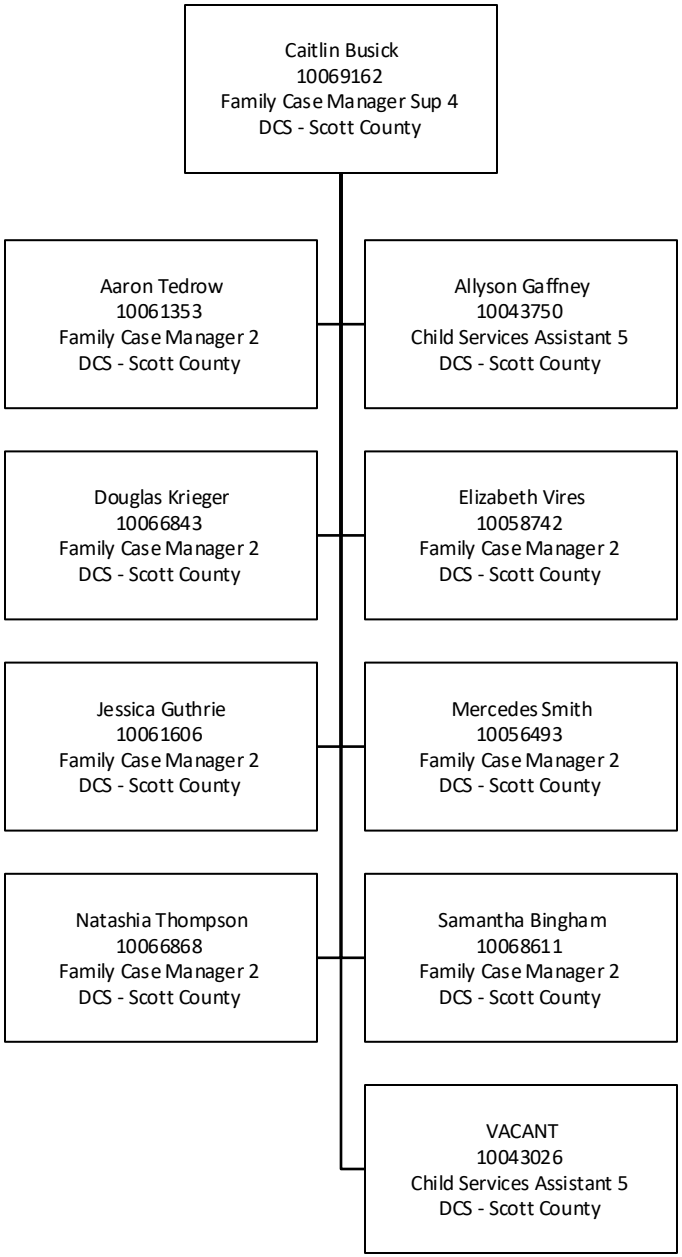
Family Case Manager 2
DCS - Harrison County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DCS - Scott County
Aaron Tedrow
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Family Case Manager 2
DCS - Scott County
Allyson Gaffney
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Child Services Assistant 5
DCS - Scott County
Douglas Krieger
10066843
Family Case Manager 2
DCS - Scott County
Elizabeth Vires
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Family Case Manager 2
DCS - Scott County
Jessica Guthrie
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Family Case Manager 2
DCS - Scott County
Mercedes Smith
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Family Case Manager 2
DCS - Scott County
Natashia Thompson
10066868
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Samantha Bingham
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VACANT
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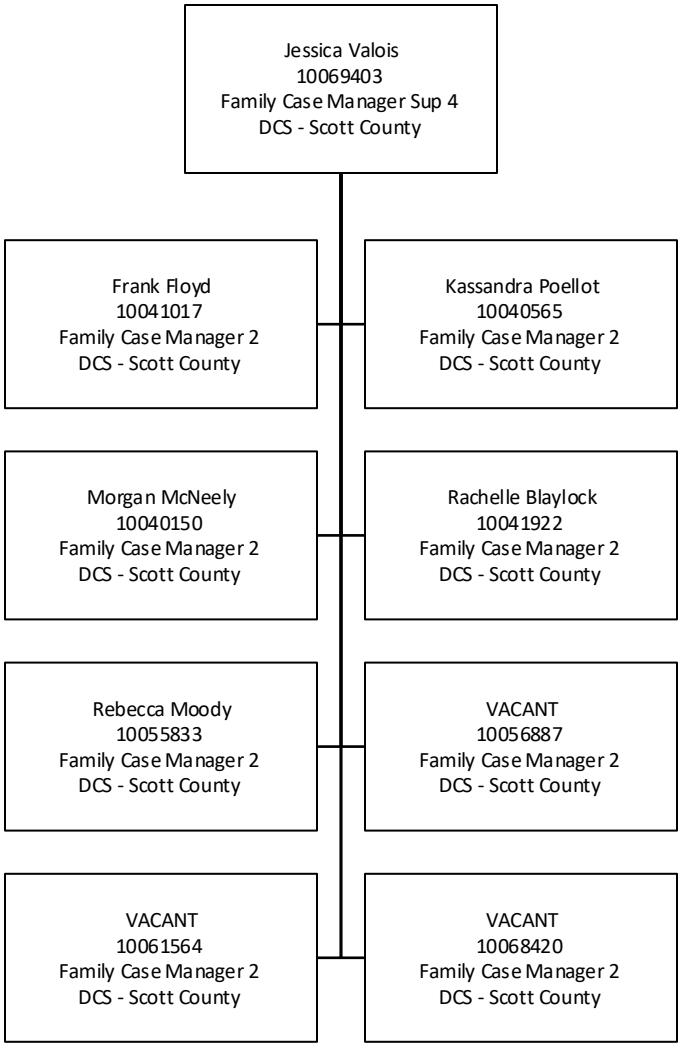
Child Services Assistant 5
DCS - Scott County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Frank Floyd
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Kassandra Poellot
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Family Case Manager 2
DCS - Scott County
Morgan McNeely
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Family Case Manager 2
DCS - Scott County
Rachelle Blaylock
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Family Case Manager 2
DCS - Scott County
Rebecca Moody
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VACANT
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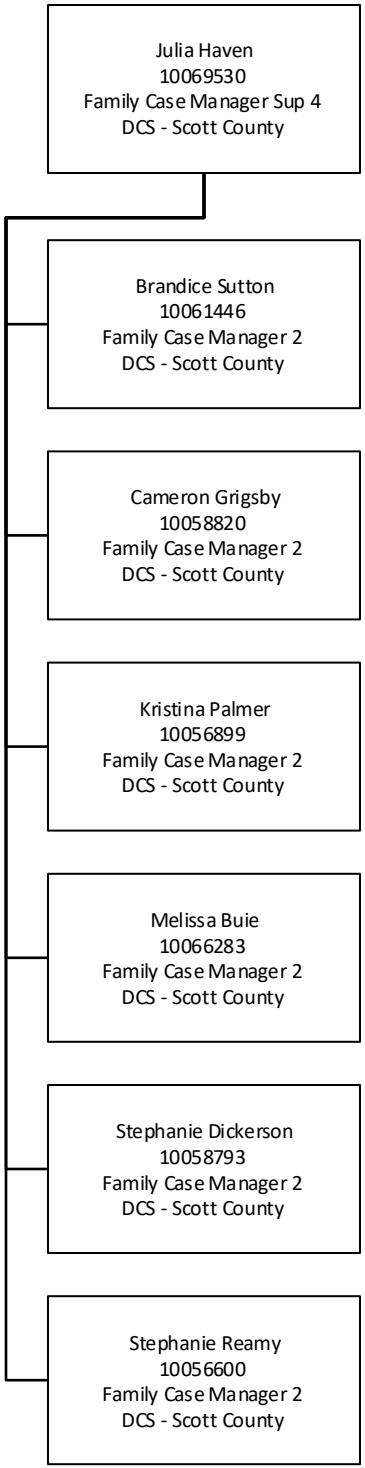
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Brandice Sutton
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Family Case Manager 2
DCS - Scott County
Cameron Grigsby
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Family Case Manager 2
DCS - Scott County
Kristina Palmer
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Family Case Manager 2
DCS - Scott County
Melissa Buie
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Stephanie Reamy
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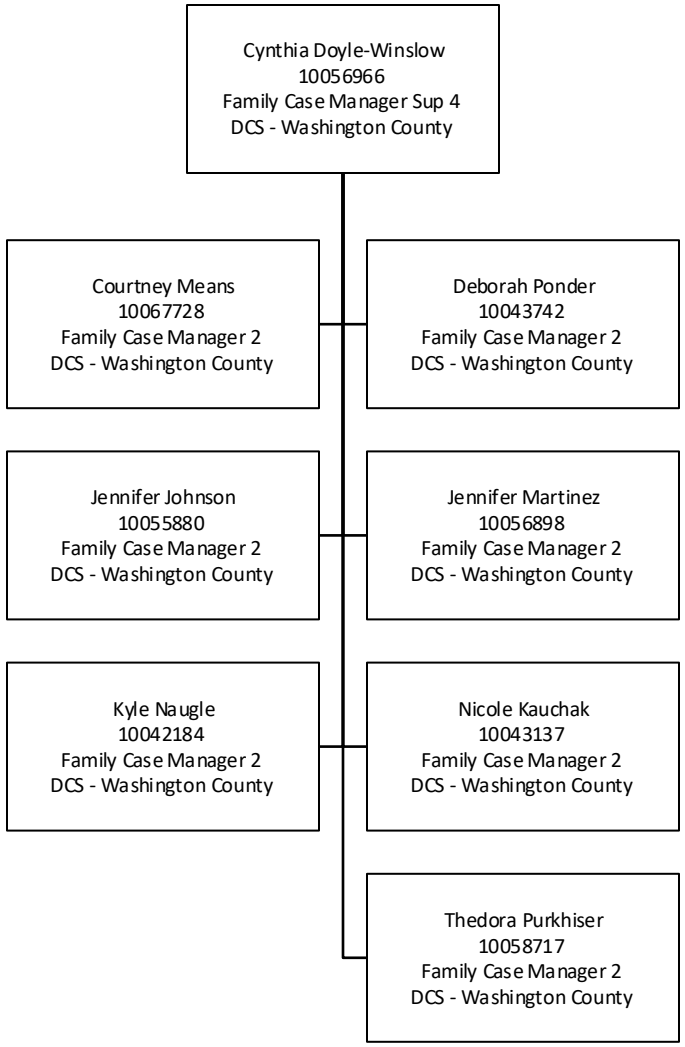
DCS - Scott County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Courtney Means
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Family Case Manager 2
DCS - Washington County
Deborah Ponder
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Family Case Manager 2
DCS - Washington County
Jennifer Johnson
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Family Case Manager 2
DCS - Washington County
Jennifer Martinez
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Family Case Manager 2
DCS - Washington County
Kyle Naugle
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Family Case Manager 2
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Nicole Kauchak
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Thedora Purkhiser
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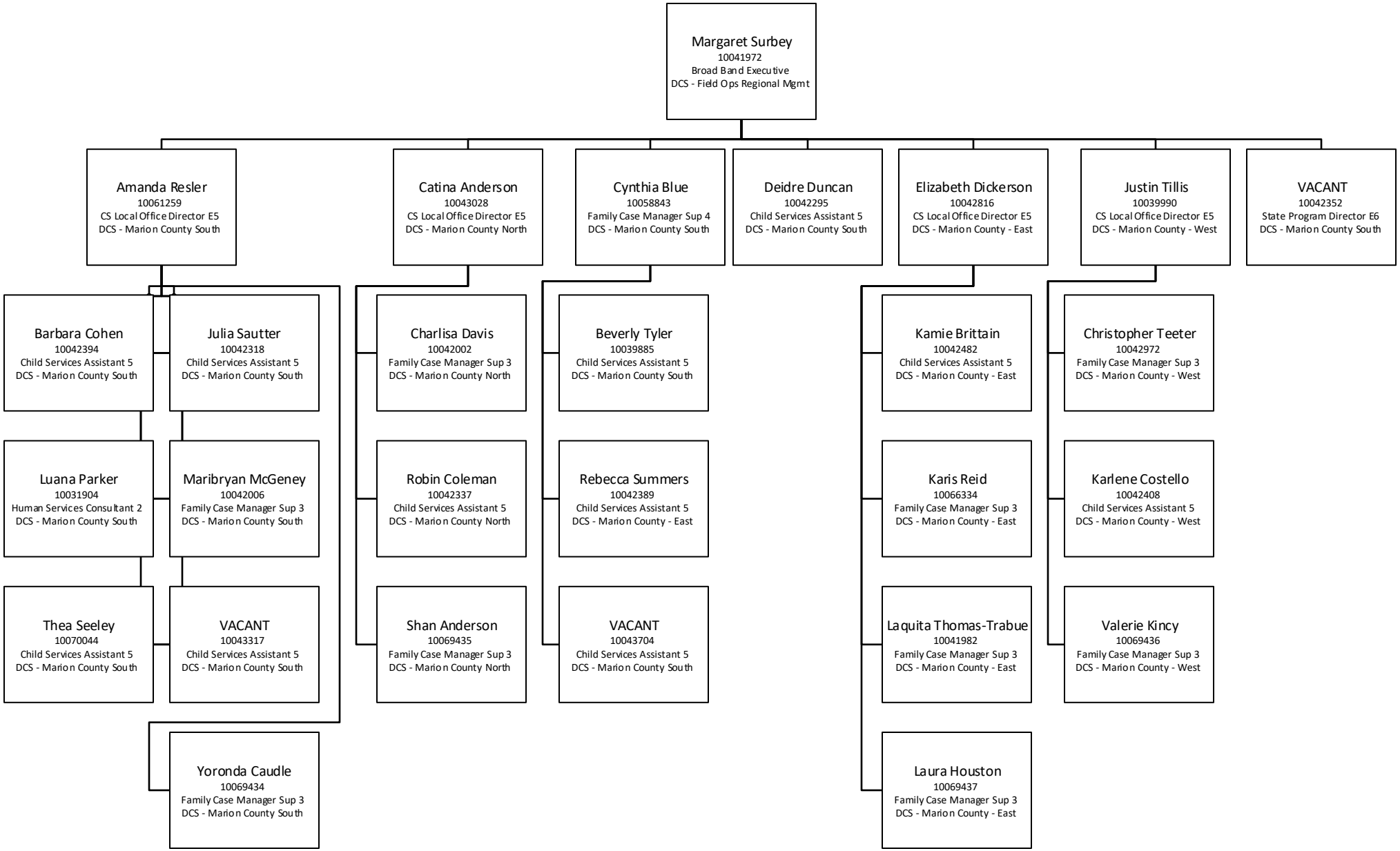
Family Case Manager 2
DCS - Washington County


Margaret Surbey
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Broad Band Executive
DCS - Field Ops Regional Mgmt
Amanda Resler
10061259
CS Local Office Director E5
DCS - Marion County South
Catina Anderson
10043028
CS Local Office Director E5
DCS - Marion County North
Cynthia Blue
10058843
Family Case Manager Sup 4
DCS - Marion County South
Deidre Duncan
10042295
Child Services Assistant 5
DCS - Marion County South
Elizabeth Dickerson
10042816
CS Local Office Director E5
DCS - Marion County - East
Justin Tillis
10039990
CS Local Office Director E5
DCS - Marion County - West
VACANT
10042352
State Program Director E6
DCS - Marion County South
Barbara Cohen
10042394
Child Services Assistant 5
DCS - Marion County South
Julia Sautter
10042318
Child Services Assistant 5
DCS - Marion County South
Luana Parker
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Human Services Consultant 2
DCS - Marion County South
Maribryan McGeney
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Family Case Manager Sup 3
DCS - Marion County South
Thea Seeley
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Child Services Assistant 5
DCS - Marion County South
VACANT
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Child Services Assistant 5
DCS - Marion County South
Yoronda Caudle
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Family Case Manager Sup 3
DCS - Marion County South
Charlisa Davis
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Family Case Manager Sup 3
DCS - Marion County North
Robin Coleman
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Child Services Assistant 5
DCS - Marion County North
Shan Anderson
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Family Case Manager Sup 3
DCS - Marion County North
Beverly Tyler
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Child Services Assistant 5
DCS - Marion County South
Rebecca Summers
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Child Services Assistant 5
DCS - Marion County - East
VACANT
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Child Services Assistant 5
DCS - Marion County South
Kamie Brittain
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Child Services Assistant 5
DCS - Marion County - East
Karis Reid
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Family Case Manager Sup 3
DCS - Marion County - East
Laquita Thomas-Trabue
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Family Case Manager Sup 3
DCS - Marion County - East
Laura Houston
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Family Case Manager Sup 3
DCS - Marion County - East
Christopher Teeter
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Valerie Kincy
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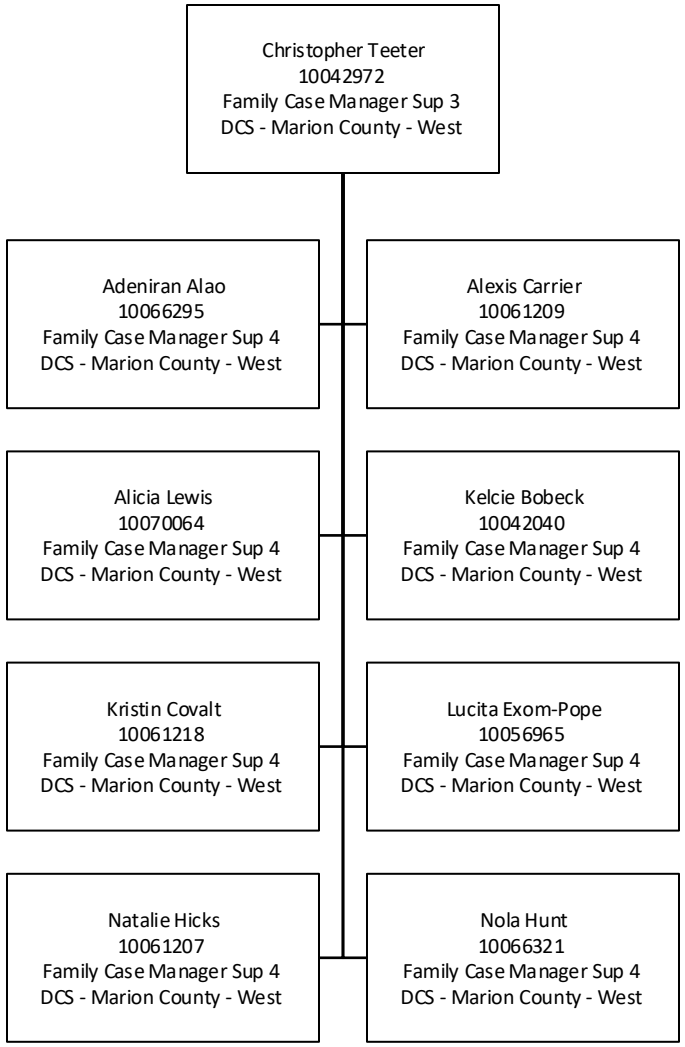
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Adeniran Alao
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DCS - Marion County - West
Alicia Lewis
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DCS - Marion County - West
Kelcie Bobeck
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Family Case Manager Sup 4
DCS - Marion County - West
Kristin Covalt
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DCS - Marion County - West
Lucita Exom-Pope
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Nola Hunt
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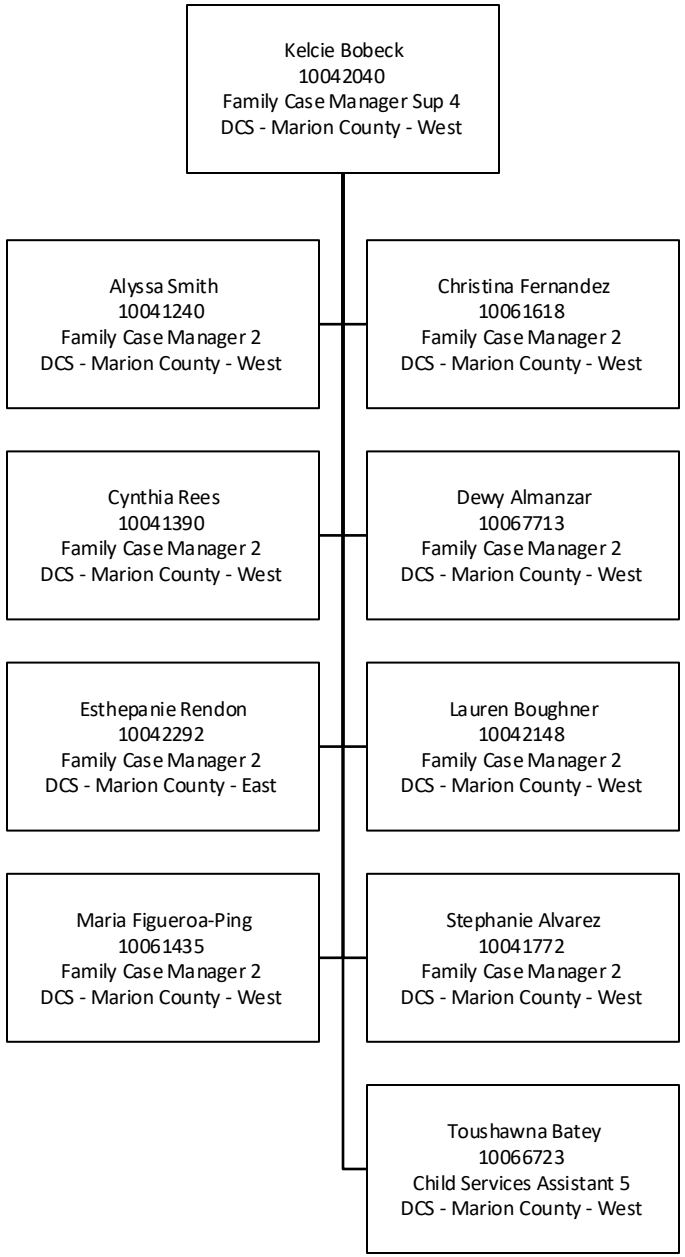
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Alyssa Smith
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Christina Fernandez
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Cynthia Rees
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Dewy Almanzar
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Esthepanie Rendon
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Lauren Boughner
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Maria Figueroa-Ping
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Family Case Manager 2
DCS - Marion County - West
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Toushawna Batey
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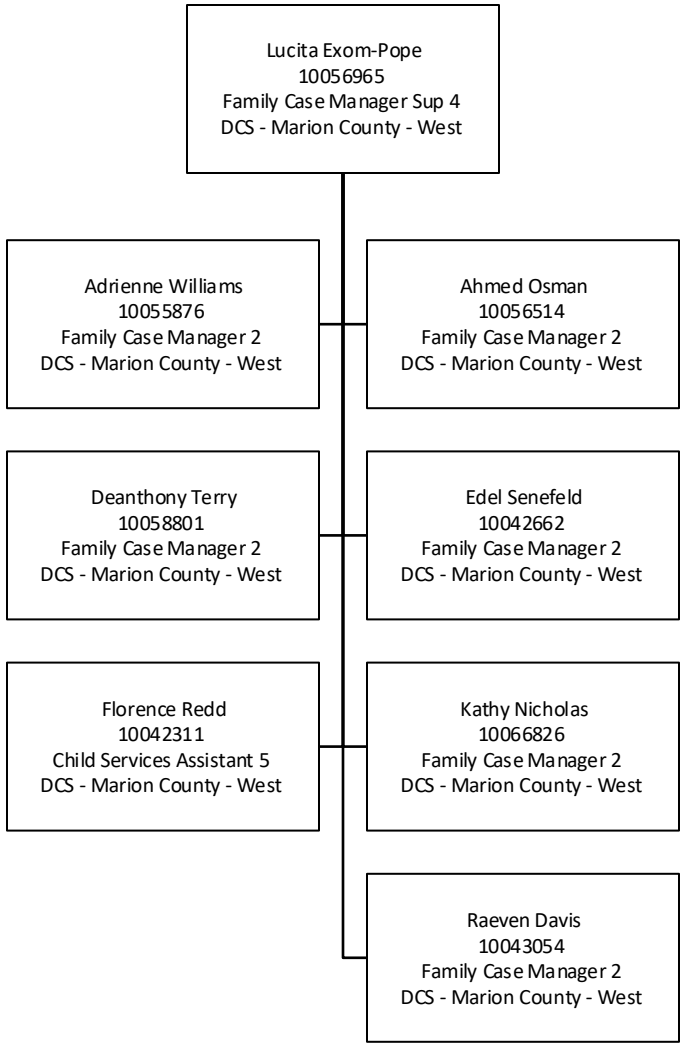
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Adrienne Williams
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Ahmed Osman
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Family Case Manager 2
DCS - Marion County - West
Deanthony Terry
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Family Case Manager 2
DCS - Marion County - West
Edel Senefeld
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Family Case Manager 2
DCS - Marion County - West
Florence Redd
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Child Services Assistant 5
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Raeven Davis
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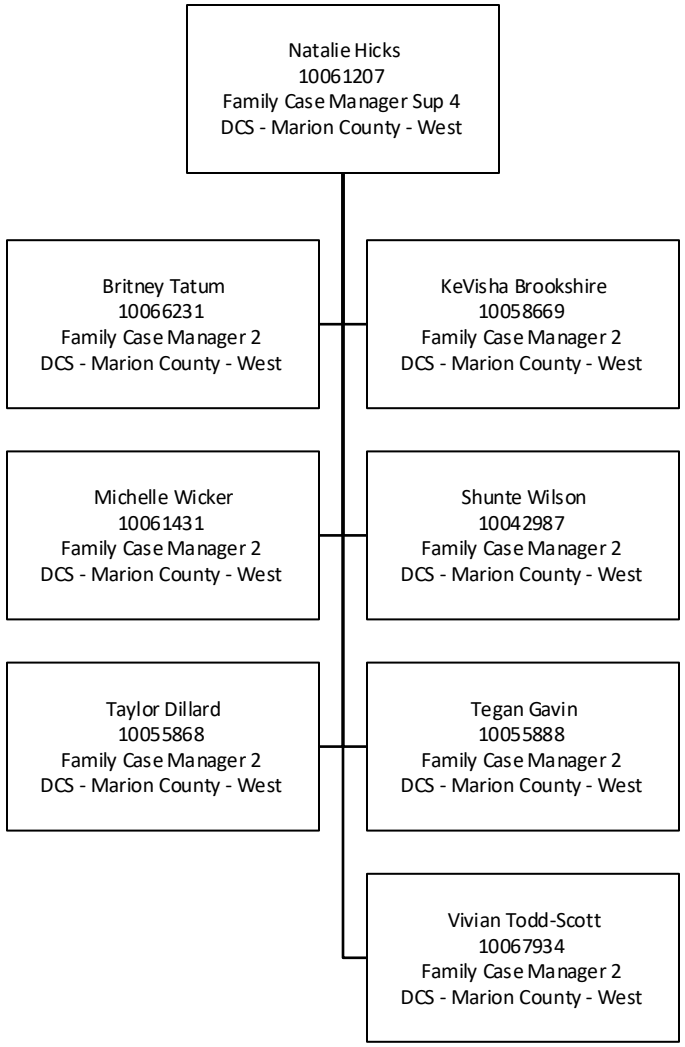
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KeVisha Brookshire
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Michelle Wicker
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DCS - Marion County - West
Shunte Wilson
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Family Case Manager 2
DCS - Marion County - West
Taylor Dillard
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Family Case Manager 2
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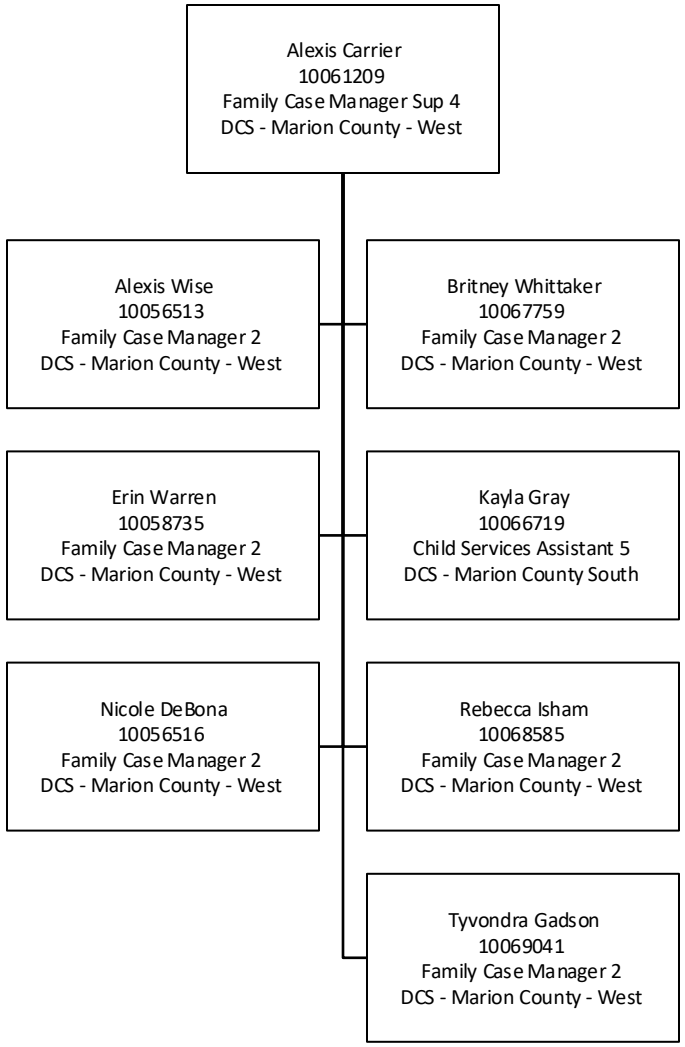
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DCS - Marion County - West
Erin Warren
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Family Case Manager 2
DCS - Marion County - West
Kayla Gray
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Child Services Assistant 5
DCS - Marion County South
Nicole DeBona
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Family Case Manager 2
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Tyvondra Gadson
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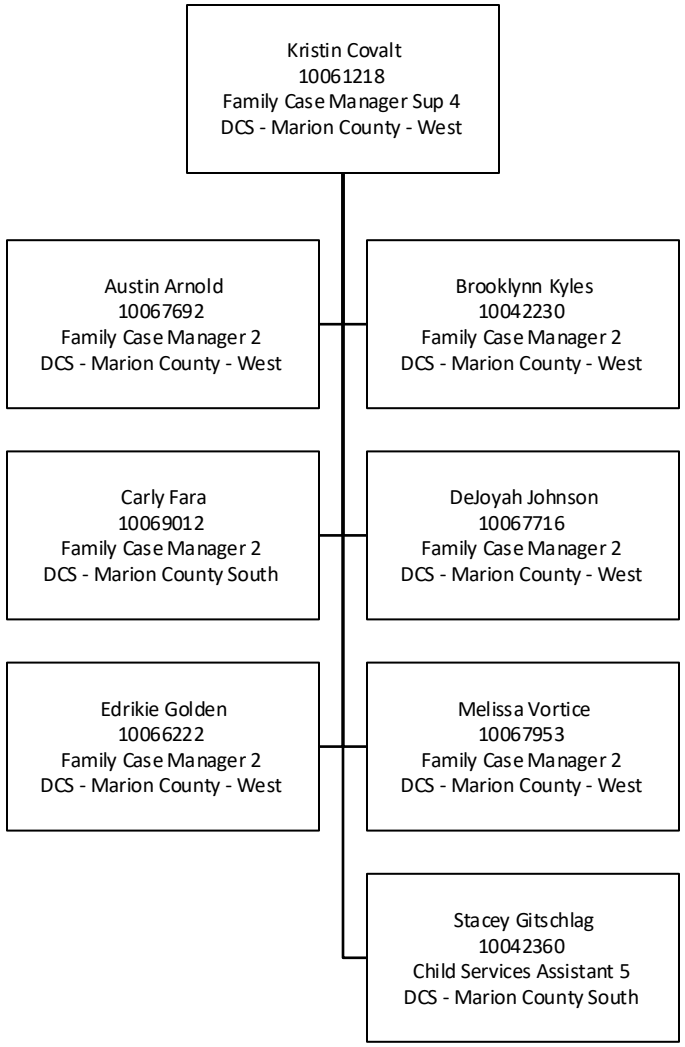
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Family Case Manager 2
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Carly Fara
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DeJoyah Johnson
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Edrikie Golden
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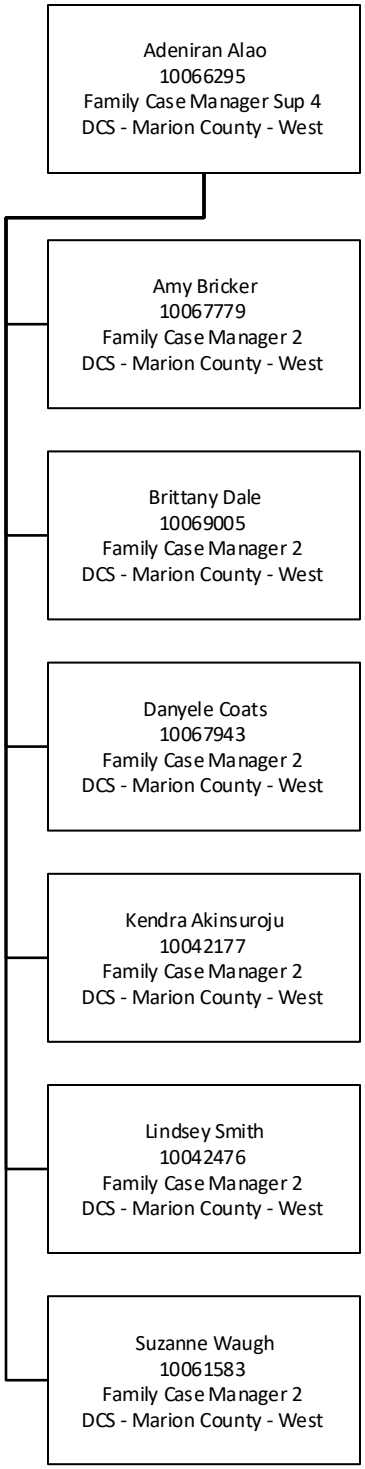
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Amy Bricker
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Brittany Dale
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Danyele Coats
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Kendra Akinsuroju
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Suzanne Waugh
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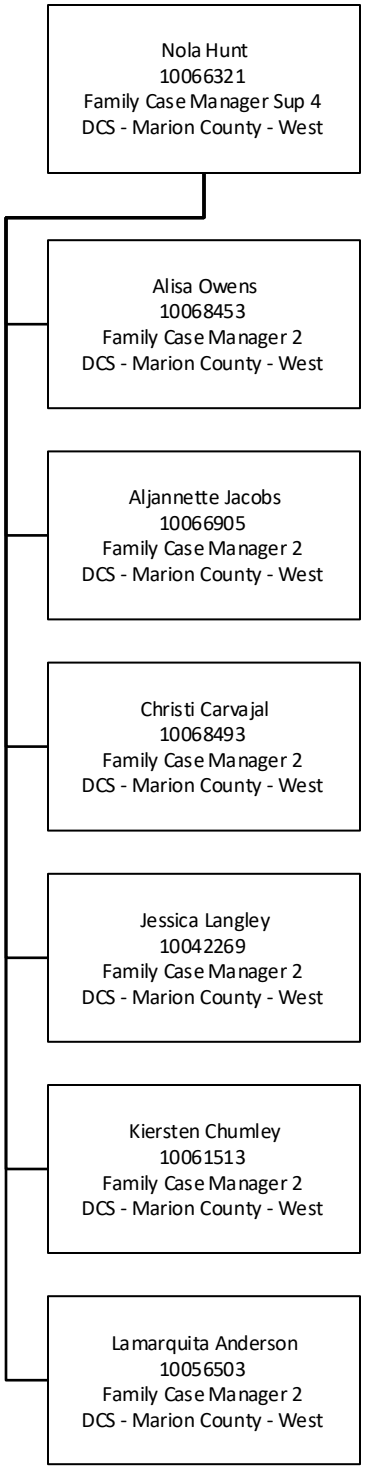
Nola Hunt
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Alisa Owens
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Christi Carvajal
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DCS - Marion County - West
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Family Case Manager 2
DCS - Marion County - West
Lamarquita Anderson
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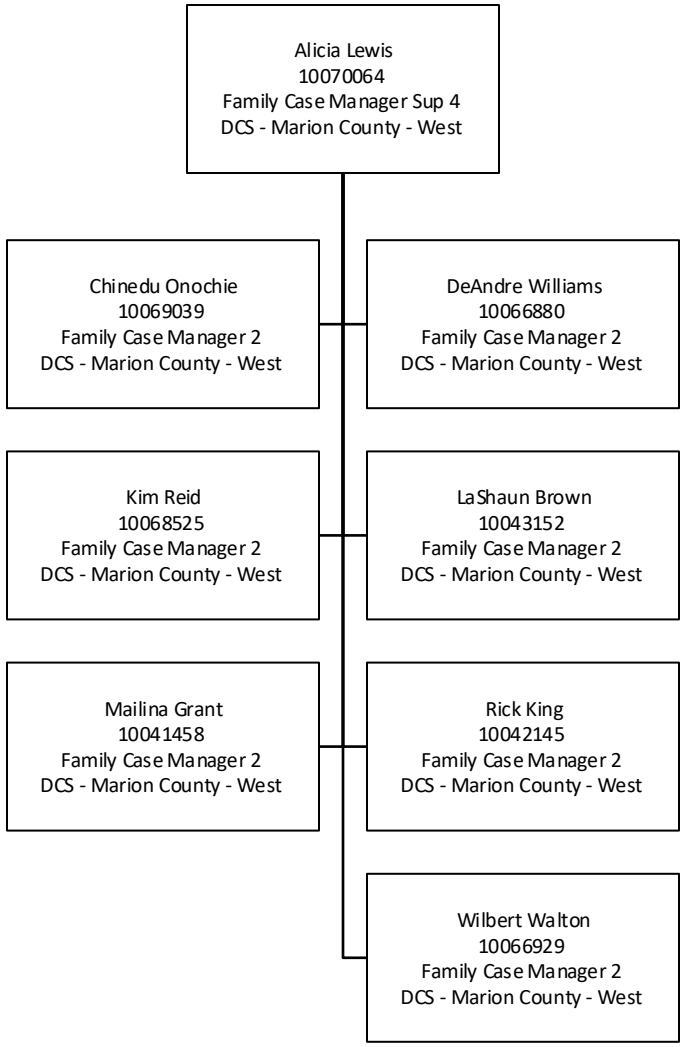
Family Case Manager 2
DCS - Marion County - West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Kim Reid
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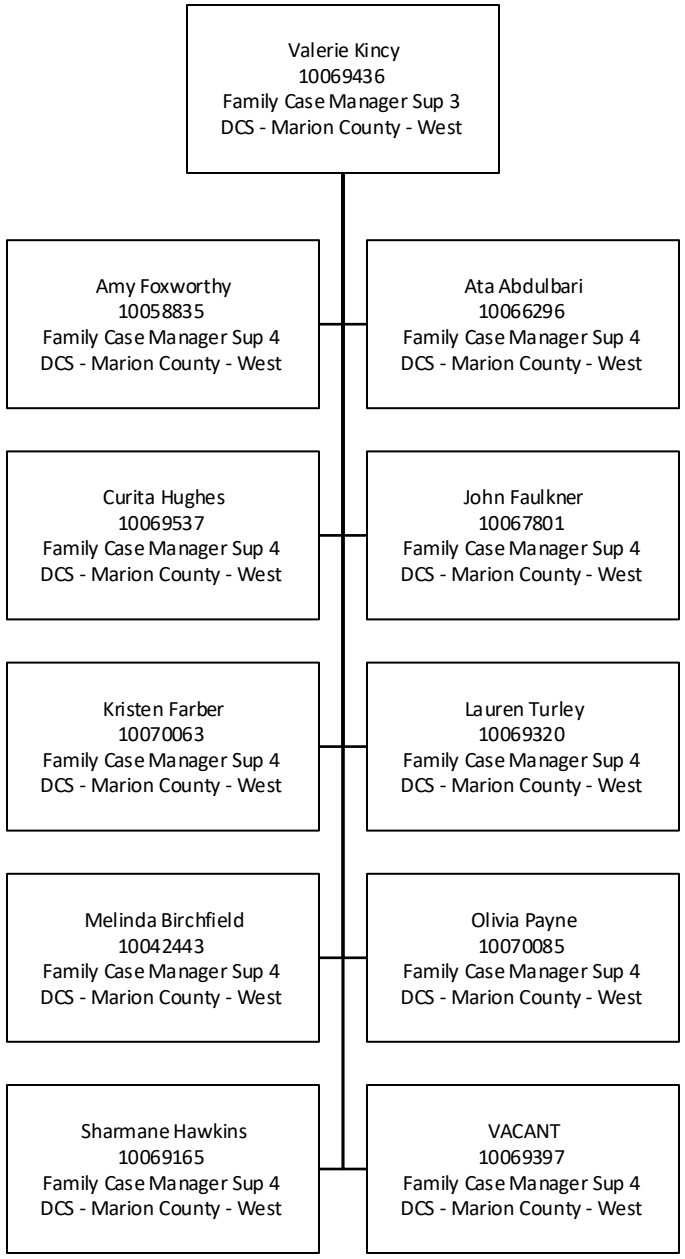
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DCS - Marion County - West
Curita Hughes
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John Faulkner
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Lauren Turley
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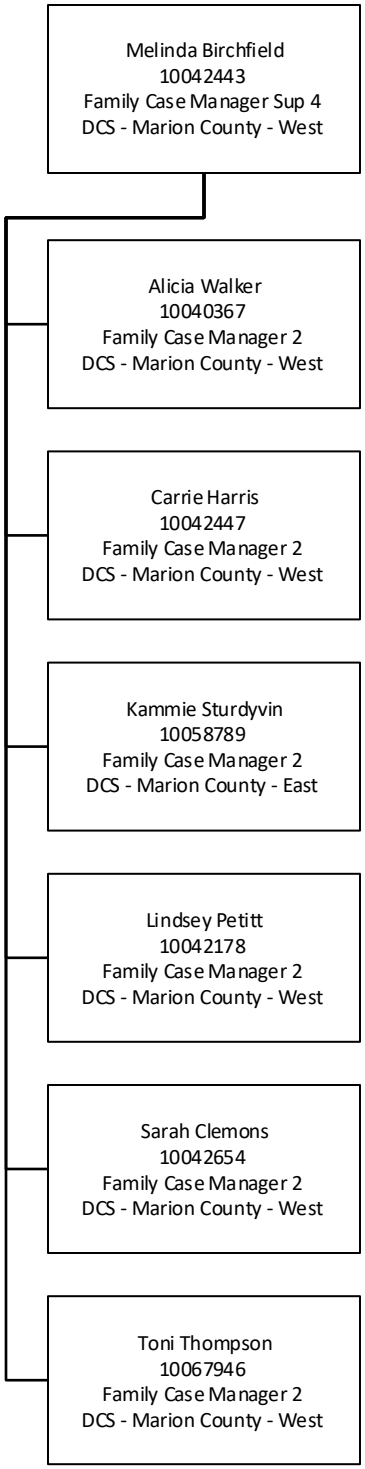
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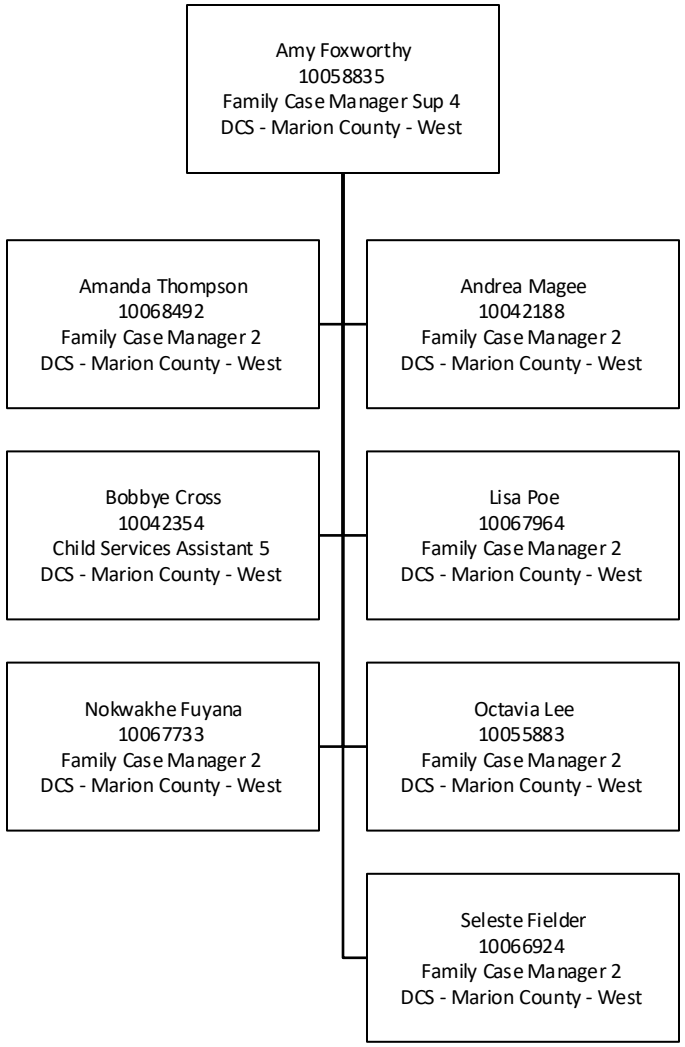
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Bobbye Cross
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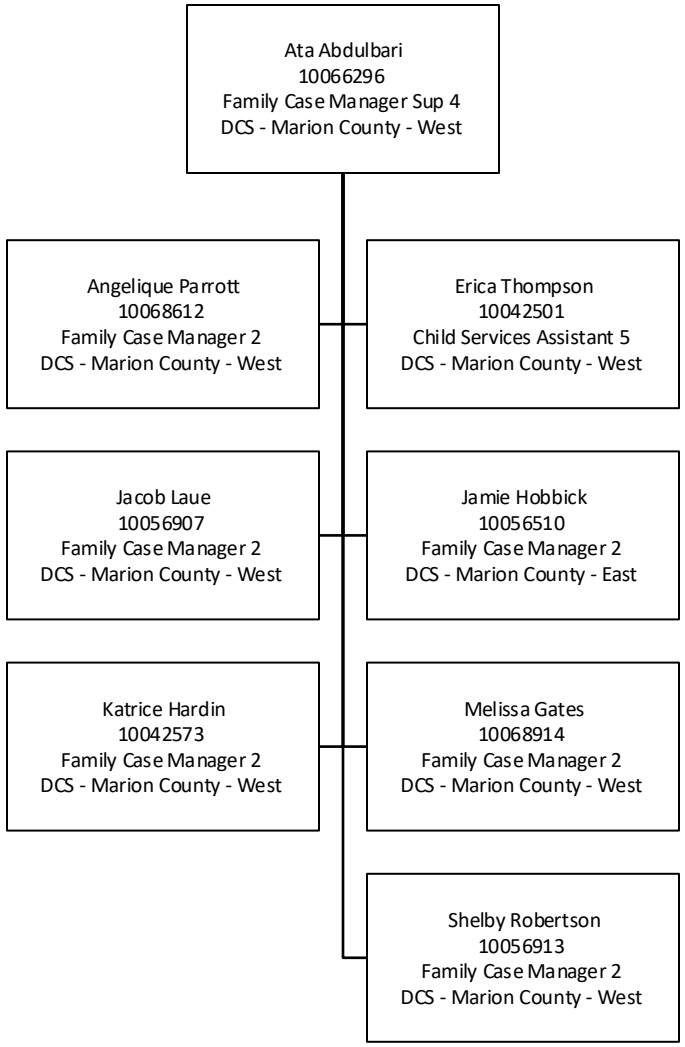
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Erica Thompson
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Child Services Assistant 5
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Jacob Laue
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Jamie Hobbick
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Katrice Hardin
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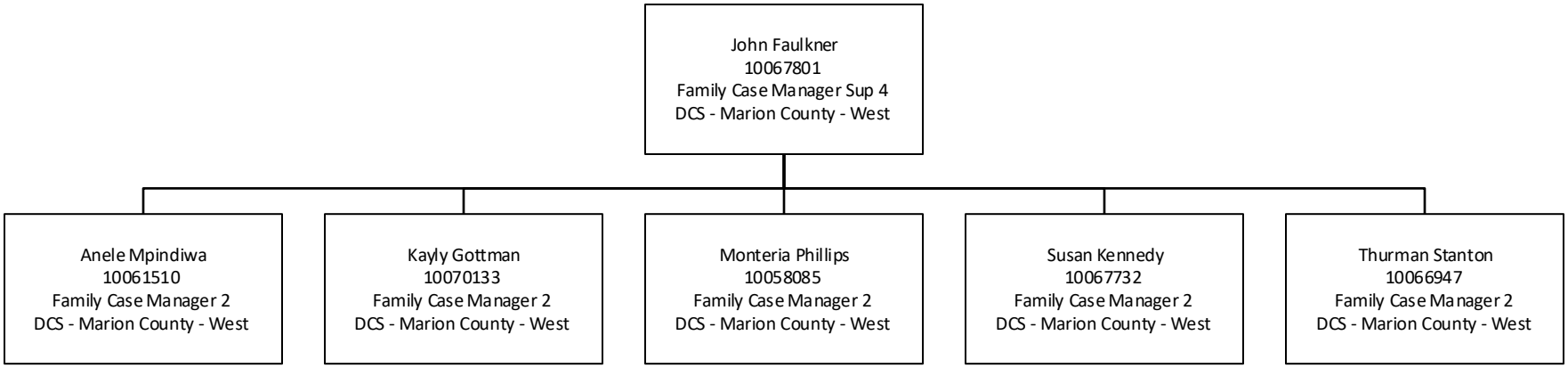
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Monteria Phillips
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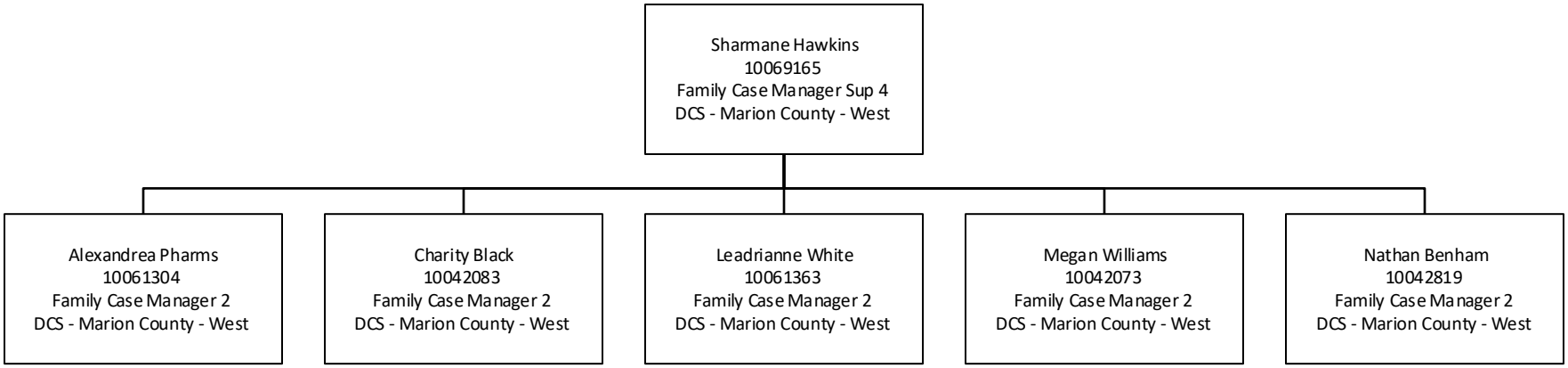
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Charity Black
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Leadrianne White
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Nathan Benham
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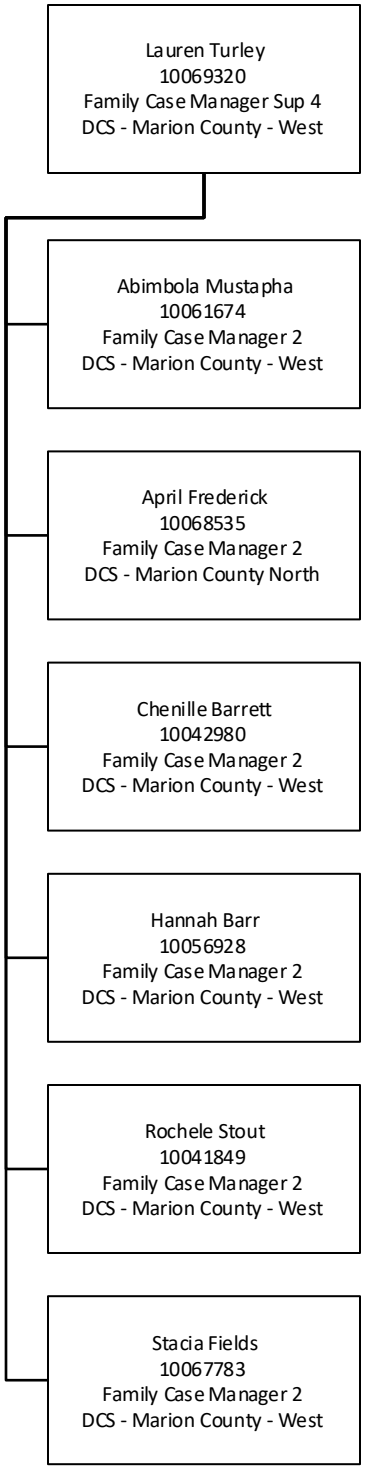
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April Frederick
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Family Case Manager 2
DCS - Marion County North
Chenille Barrett
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Family Case Manager 2
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Hannah Barr
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Family Case Manager 2
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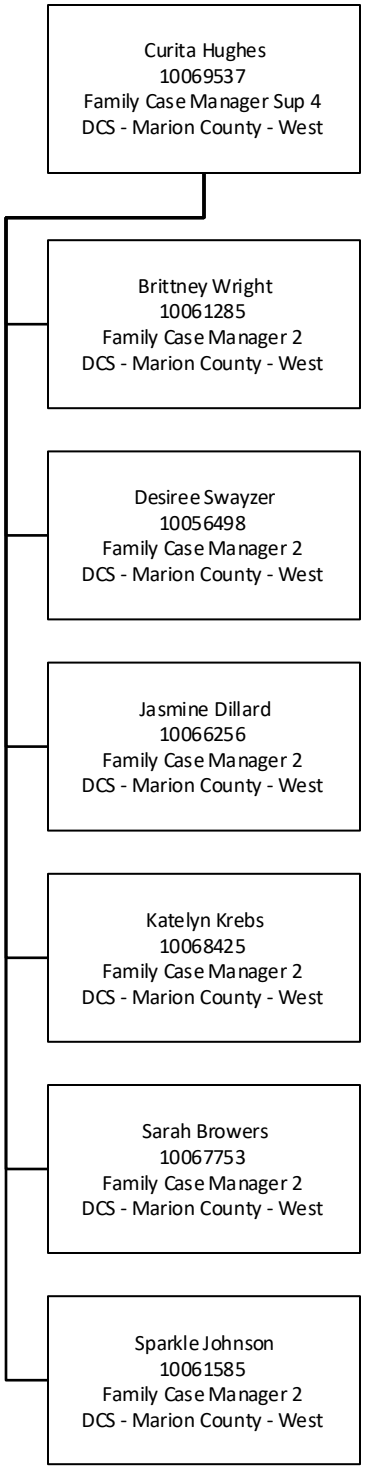
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Desiree Swayzer
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Jasmine Dillard
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DCS - Marion County - West
Katelyn Krebs
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Family Case Manager 2
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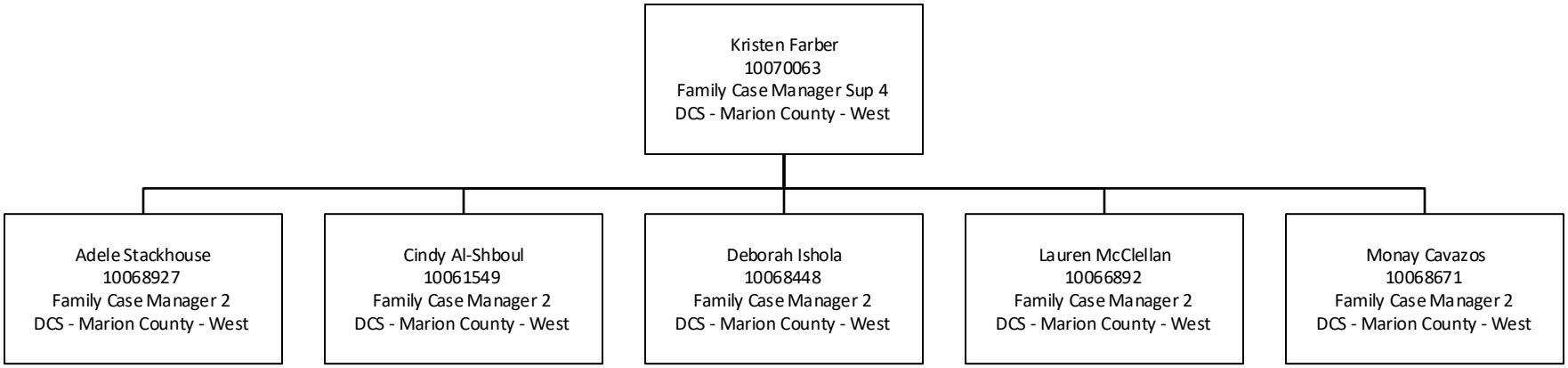
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Cindy Al-Shboul
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Deborah Ishola
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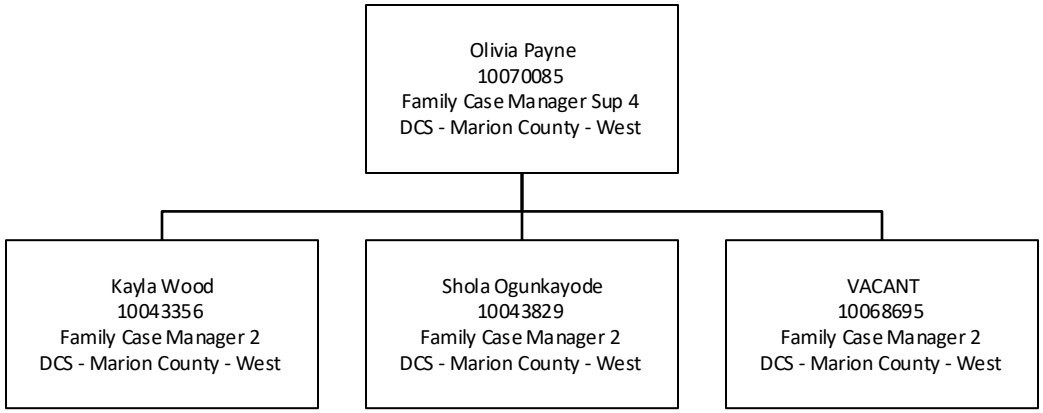
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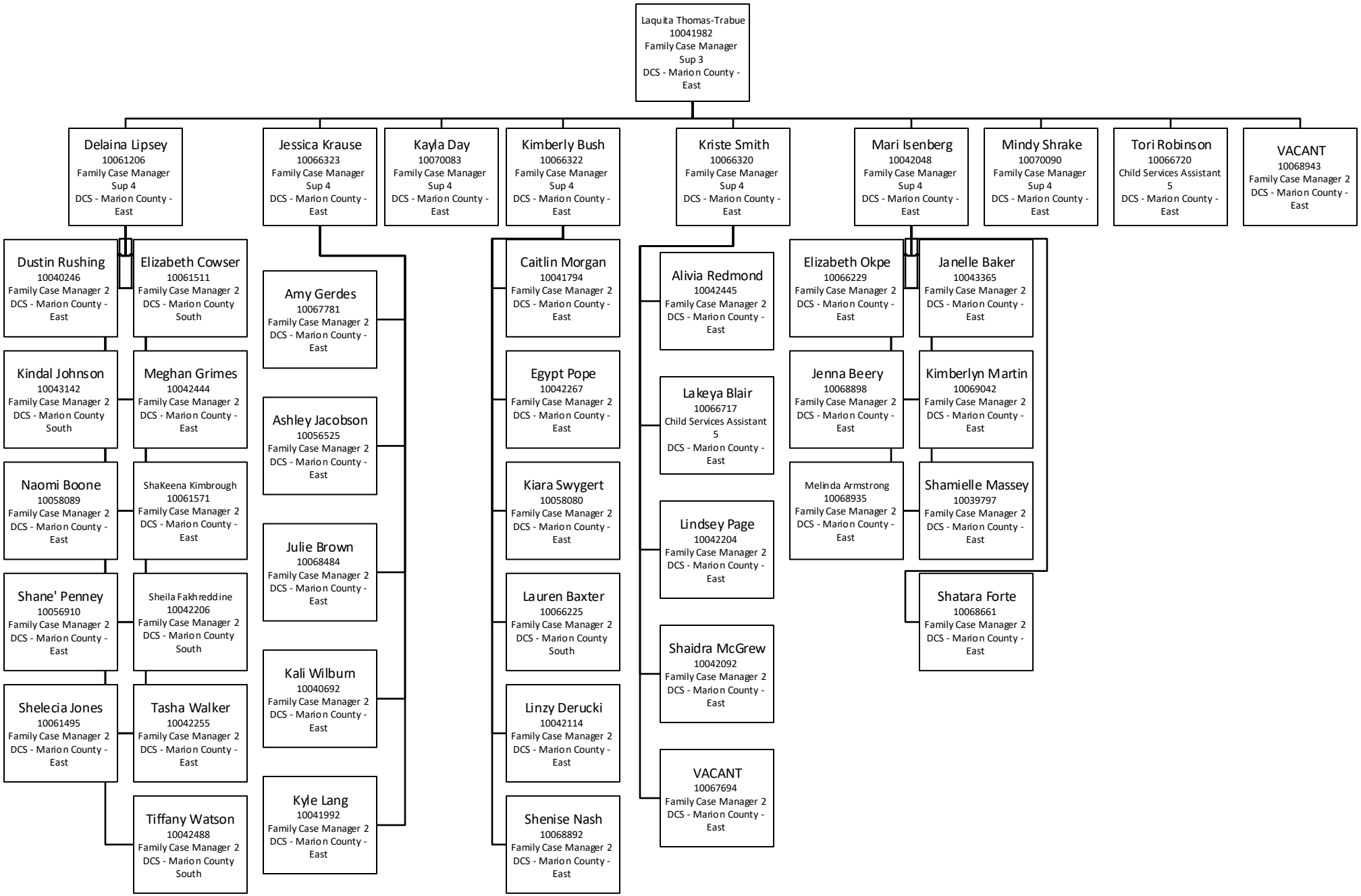
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Jessica Krause
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Kayla Day
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Kimberly Bush
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Kriste Smith
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Mari Isenberg
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Mindy Shrake
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DCS - Marion County - East
Tori Robinson
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Child Services Assistant 5
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Dustin Rushing
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DCS - Marion County - East
Elizabeth Cowser
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Kindal Johnson
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Tasha Walker
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Julie Brown
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Kali Wilburn
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Kyle Lang
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Kiara Swygert
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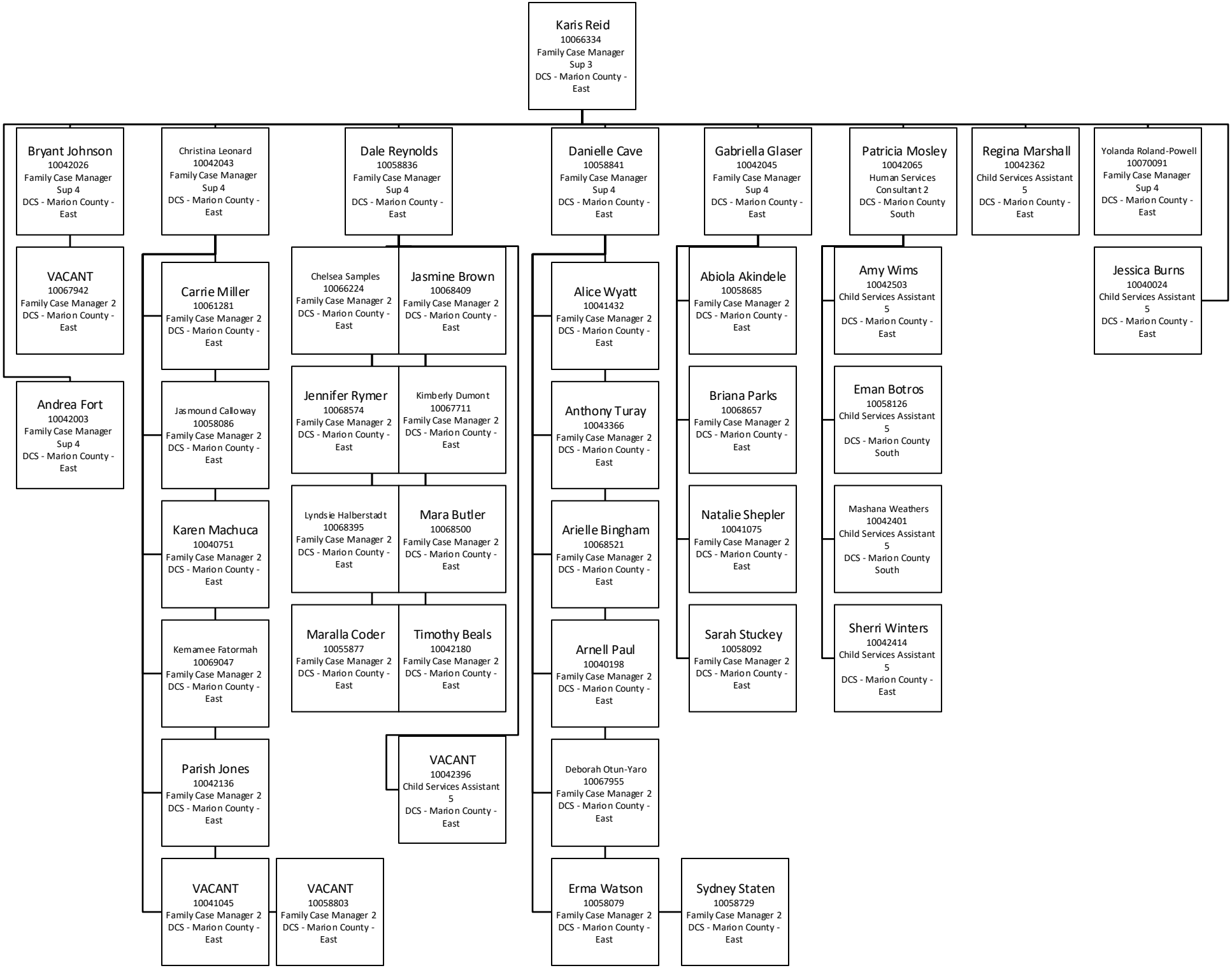
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Christina Leonard
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Parish Jones
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Dale Reynolds
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Chelsea Samples
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Mara Butler
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Danielle Cave
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Anthony Turay
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Arnell Paul
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Deborah Otun-Yaro
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Erma Watson
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Sydney Staten
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Gabriella Glaser
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Briana Parks
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Sarah Stuckey
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Patricia Mosley
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Human Services Consultant 2
DCS - Marion County South
Amy Wims
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Child Services Assistant 5
DCS - Marion County - East
Eman Botros
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Child Services Assistant 5
DCS - Marion County South
Mashana Weathers
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Child Services Assistant 5
DCS - Marion County South
Sherri Winters
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Child Services Assistant 5
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Regina Marshall
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Child Services Assistant 5
DCS - Marion County - East
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Jessica Burns
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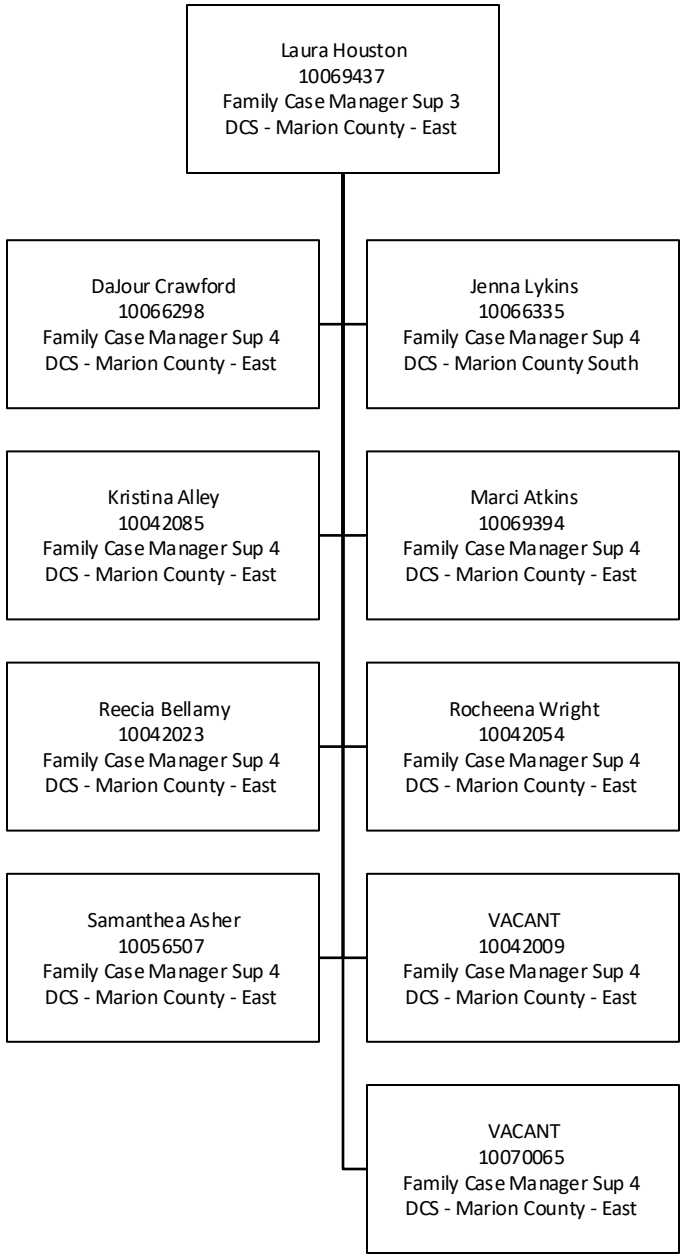
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DCS - Marion County South
Kristina Alley
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Marci Atkins
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Reecia Bellamy
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Rocheena Wright
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Samanthea Asher
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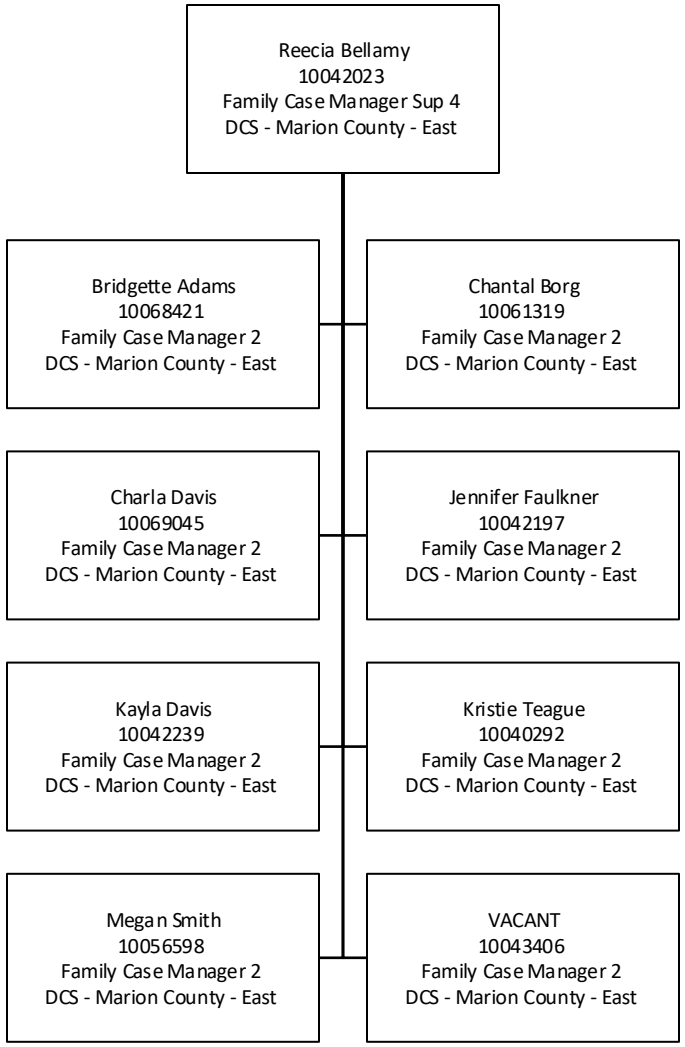
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Charla Davis
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Jennifer Faulkner
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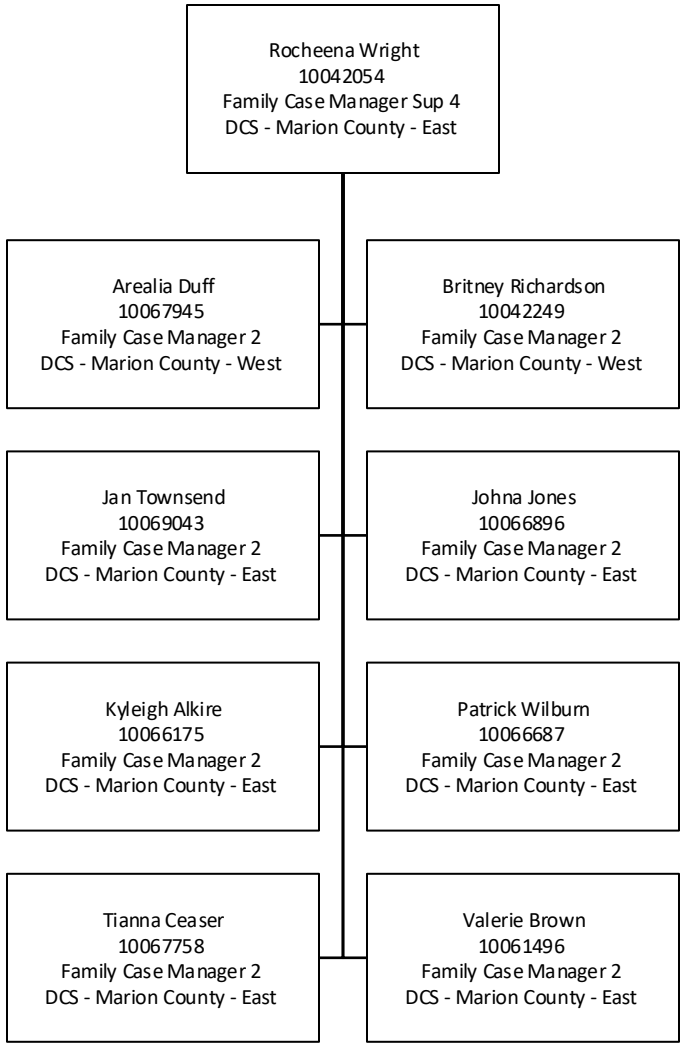
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Jan Townsend
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Johna Jones
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Kyleigh Alkire
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Patrick Wilburn
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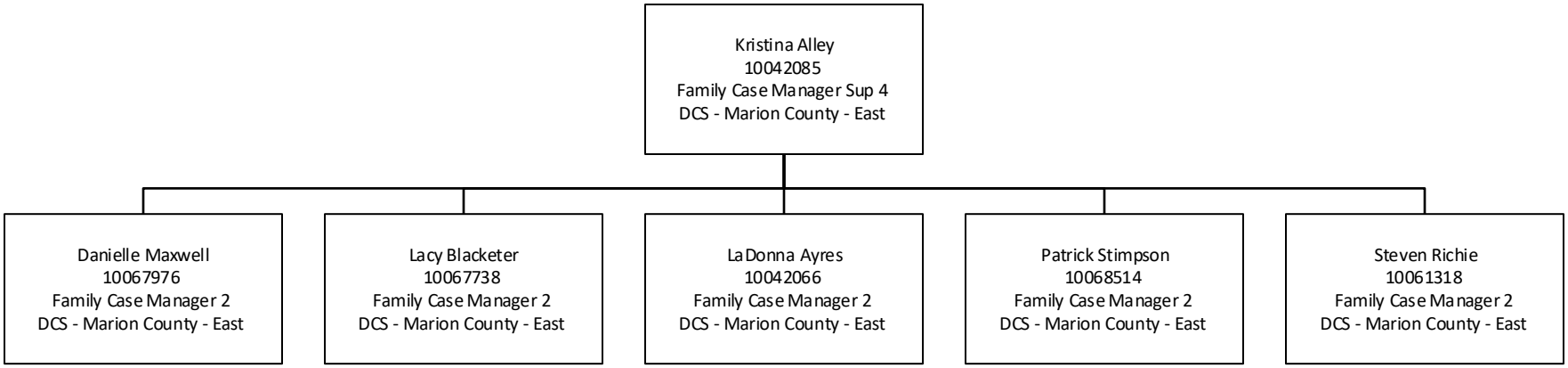
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LaDonna Ayres
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Steven Richie
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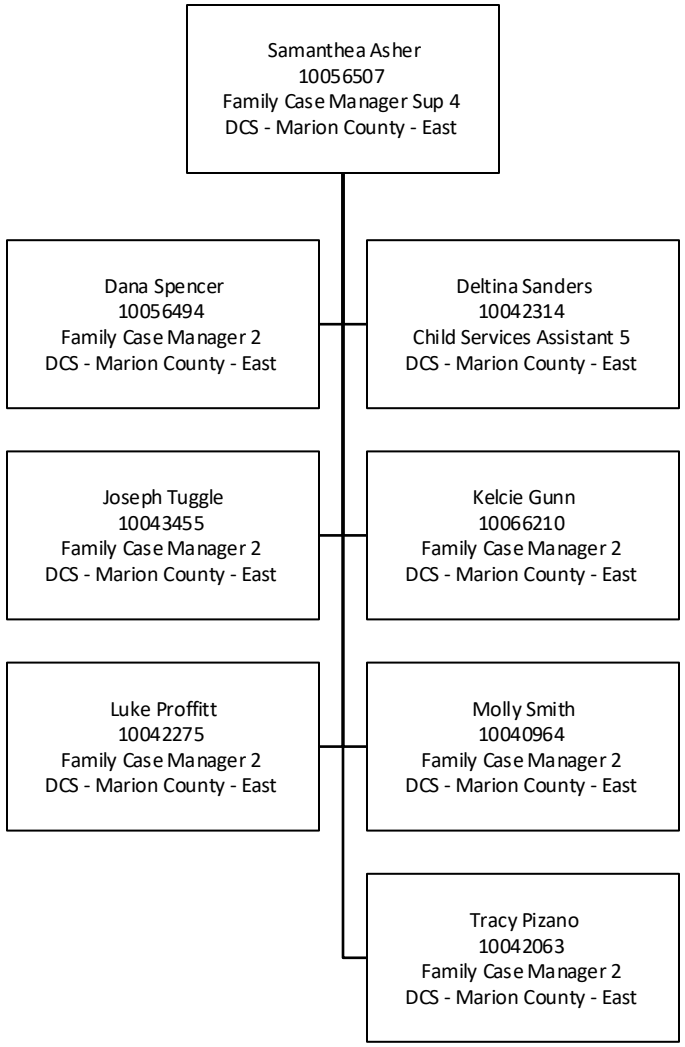
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Joseph Tuggle
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Kelcie Gunn
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Family Case Manager 2
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Luke Proffitt
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Family Case Manager 2
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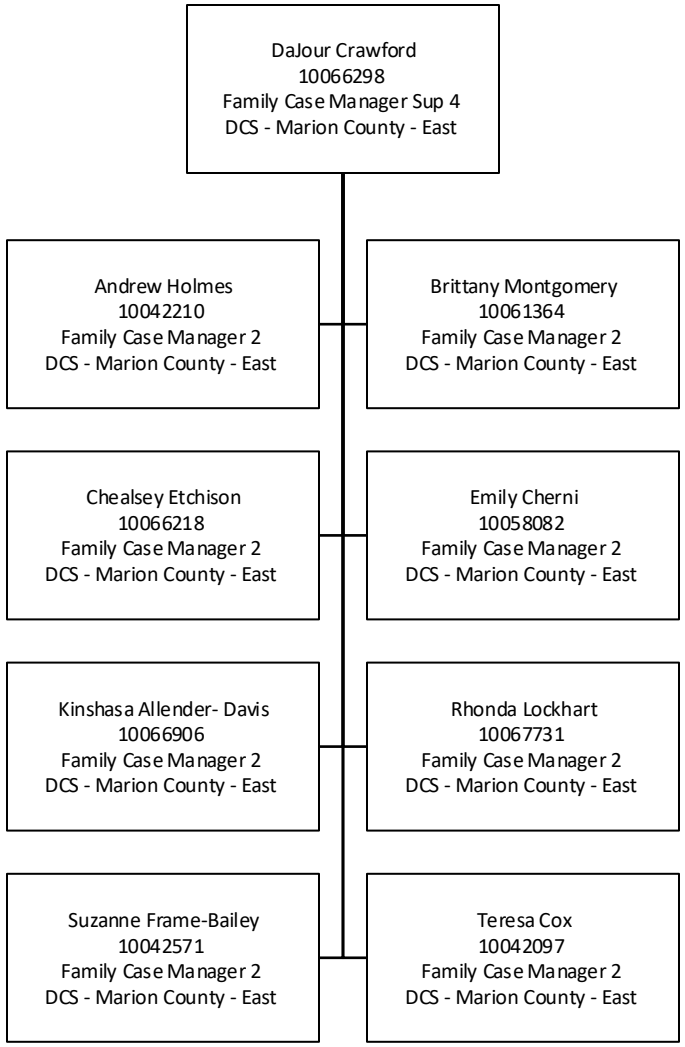
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Andrew Holmes
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Chealsey Etchison
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Kinshasa Allender- Davis
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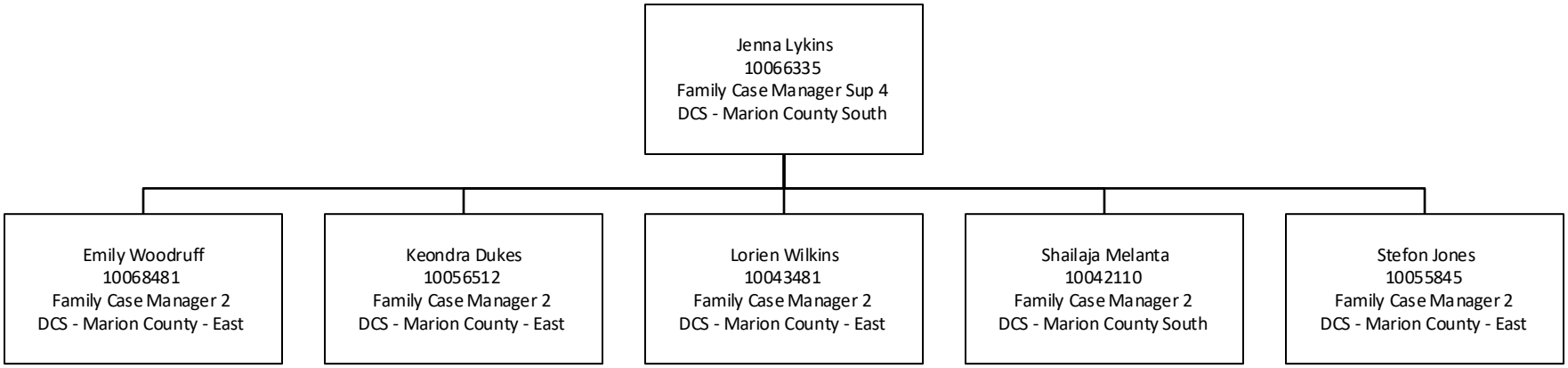
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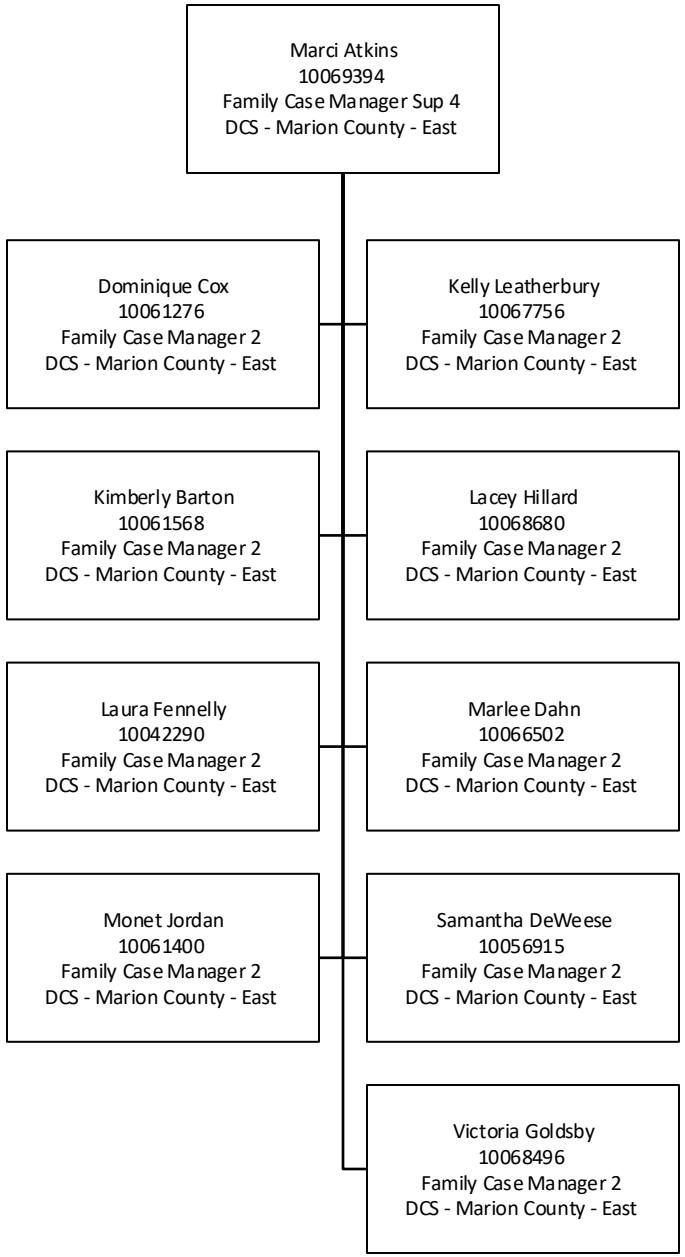
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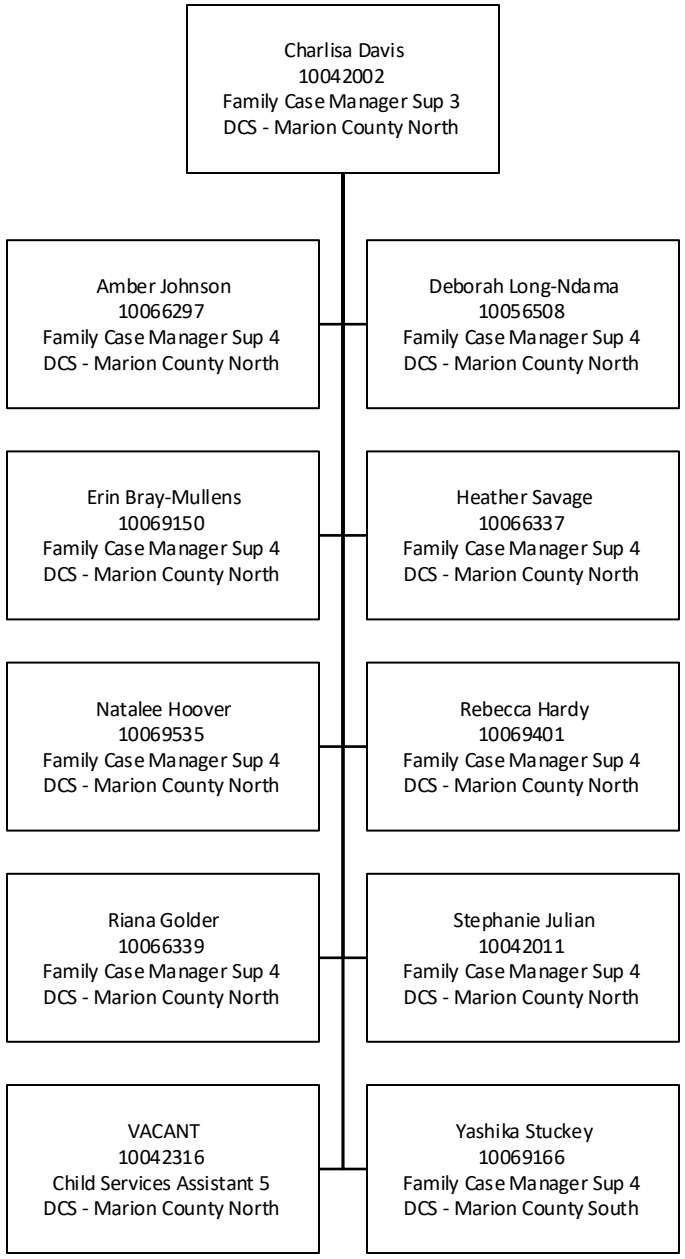
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Erin Bray-Mullens
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DCS - Marion County North
Heather Savage
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Natalee Hoover
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Rebecca Hardy
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Riana Golder
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Stephanie Julian
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Family Case Manager Sup 4
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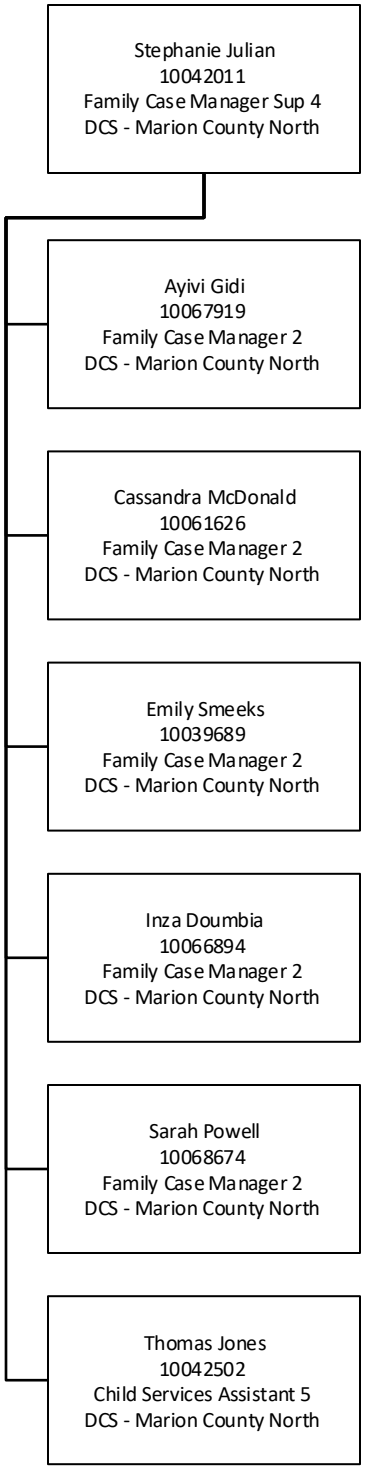
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Cassandra McDonald
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Inza Doumbia
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Thomas Jones
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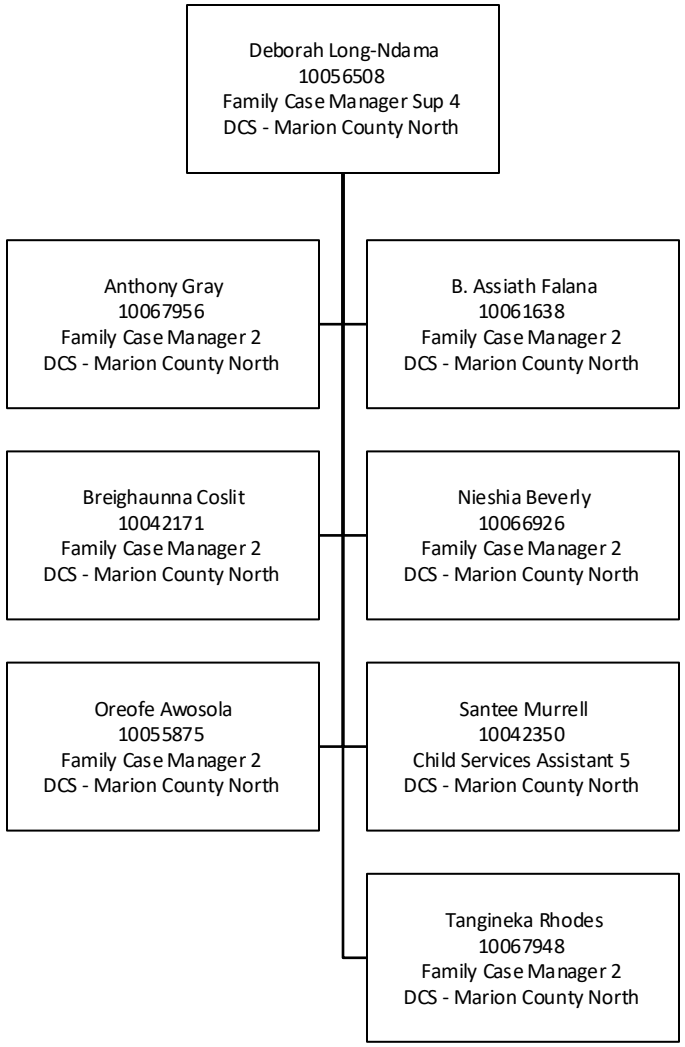
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Breighaunna Coslit
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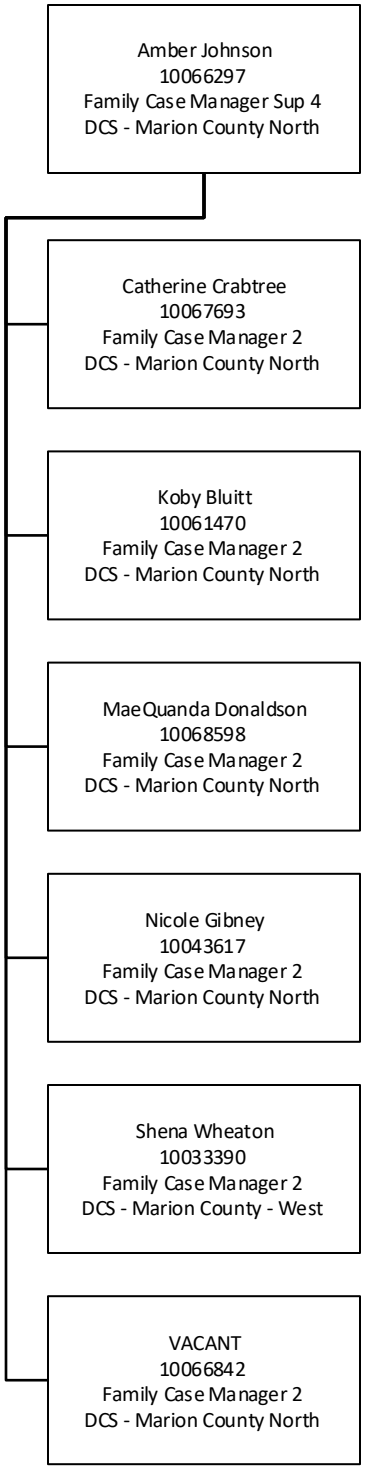
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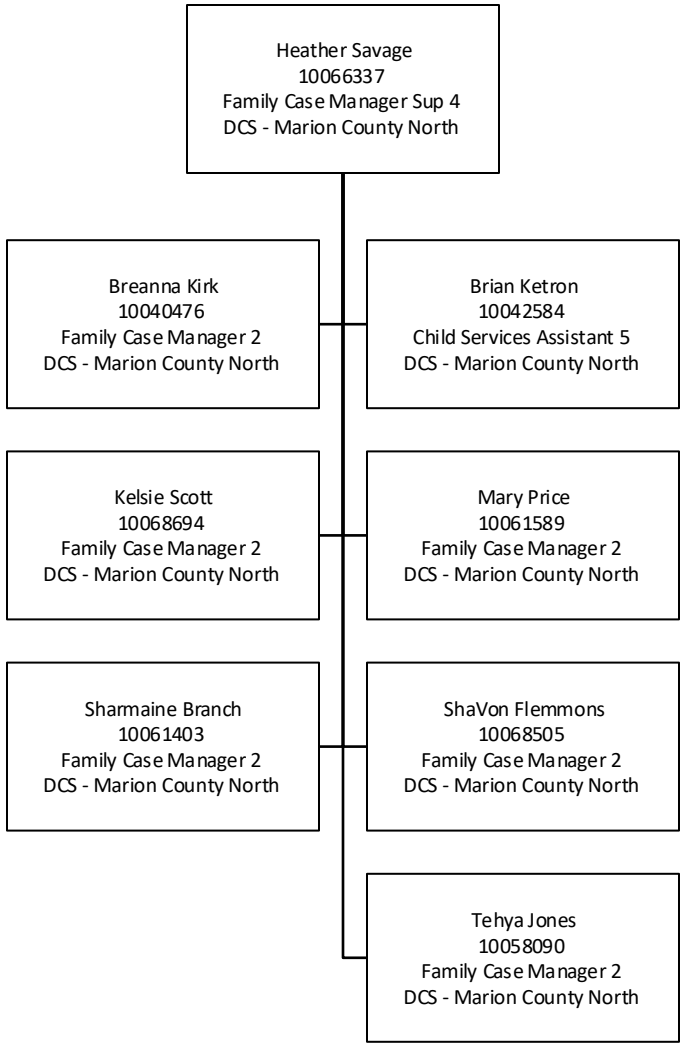
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Brian Ketron
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Mary Price
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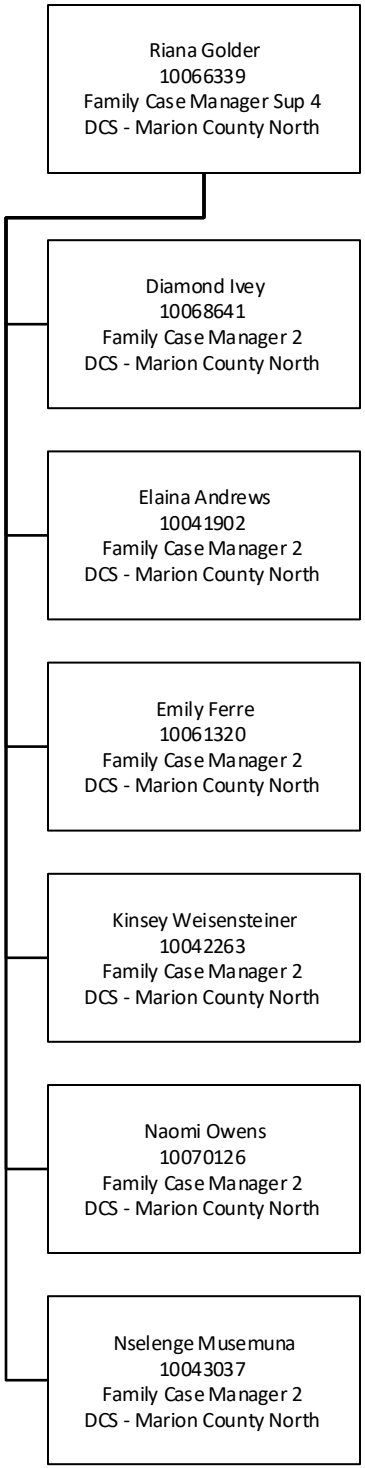
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Kinsey Weisensteiner
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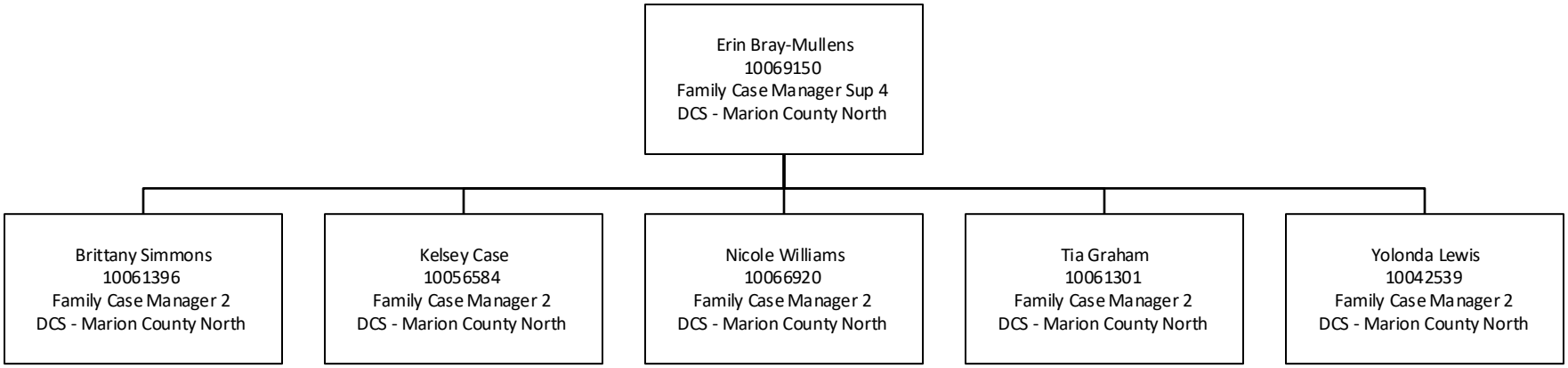
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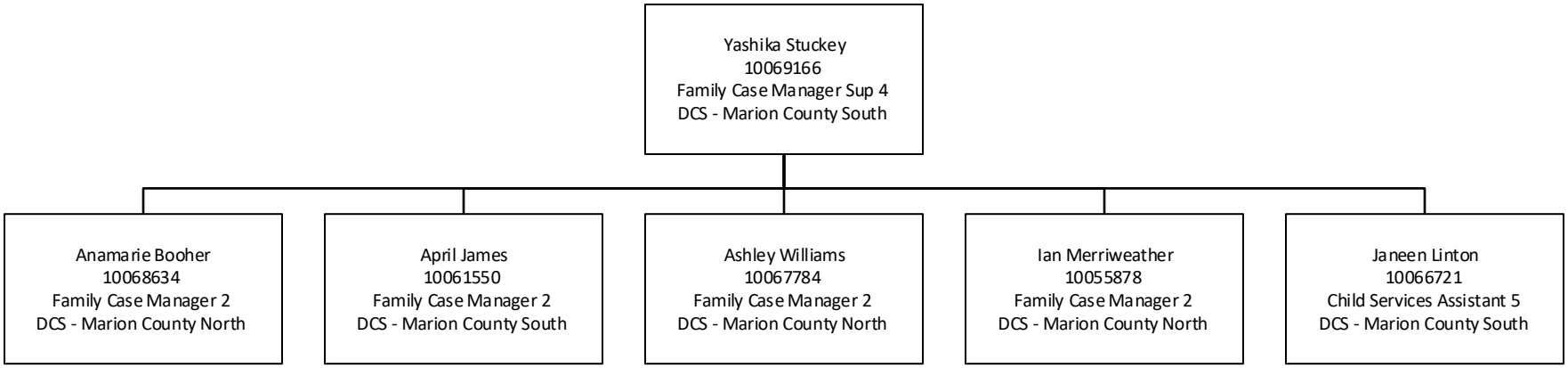
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Anamarie Booher
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April James
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Ashley Williams
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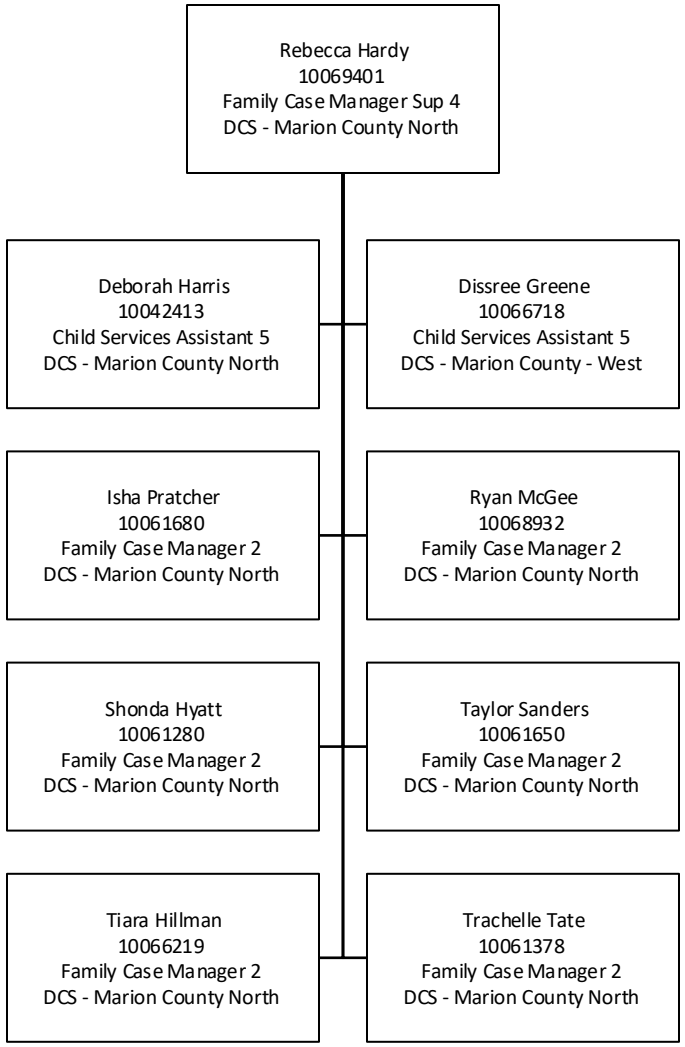
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Isha Pratcher
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Ryan McGee
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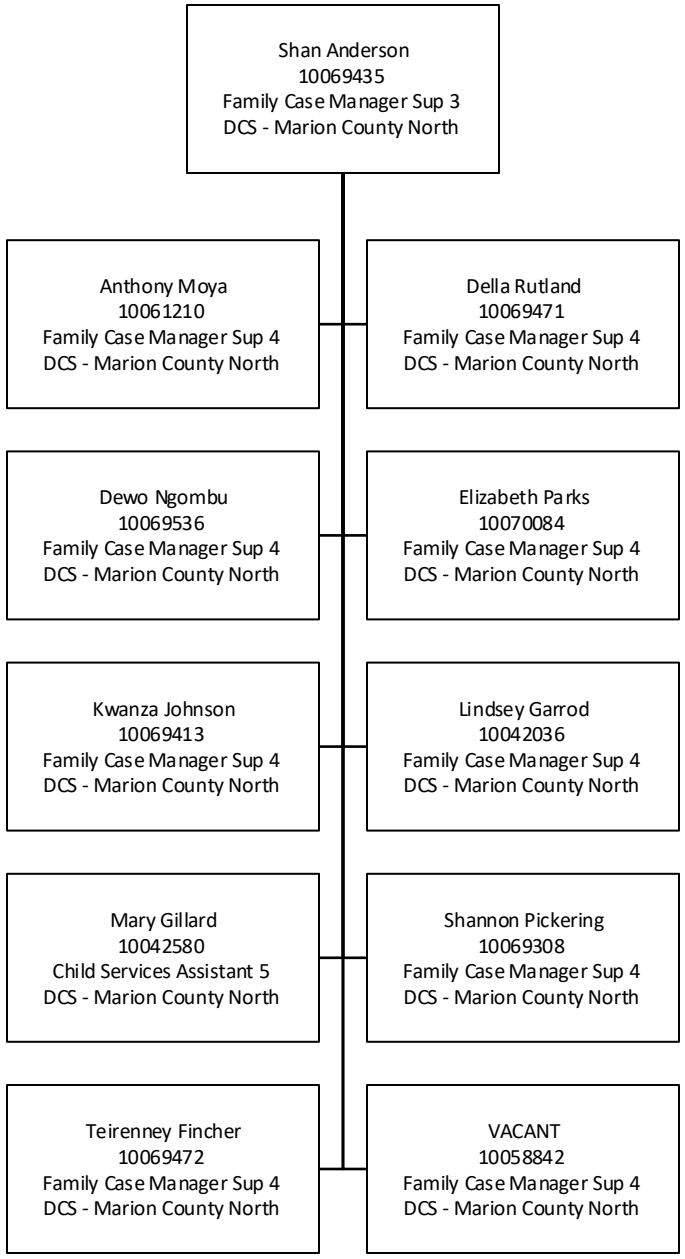
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Anthony Moya
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Della Rutland
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DCS - Marion County North
Dewo Ngombu
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Family Case Manager Sup 4
DCS - Marion County North
Elizabeth Parks
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Family Case Manager Sup 4
DCS - Marion County North
Kwanza Johnson
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DCS - Marion County North
Lindsey Garrod
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Mary Gillard
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Child Services Assistant 5
DCS - Marion County North
Shannon Pickering
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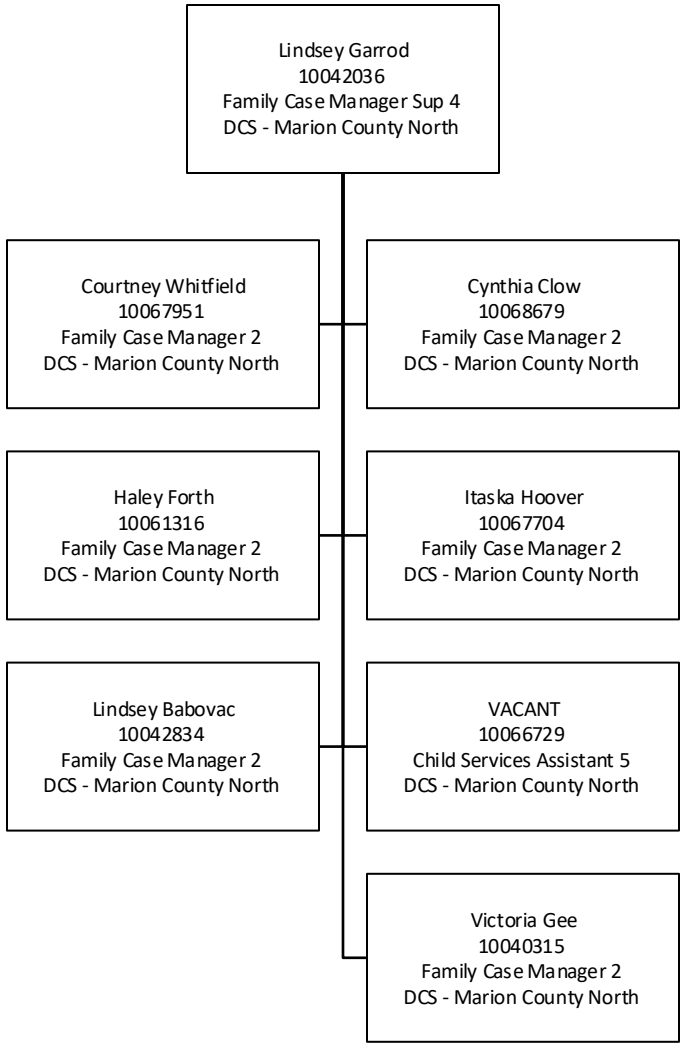
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Courtney Whitfield
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Cynthia Clow
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Family Case Manager 2
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Haley Forth
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Itaska Hoover
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Lindsey Babovac
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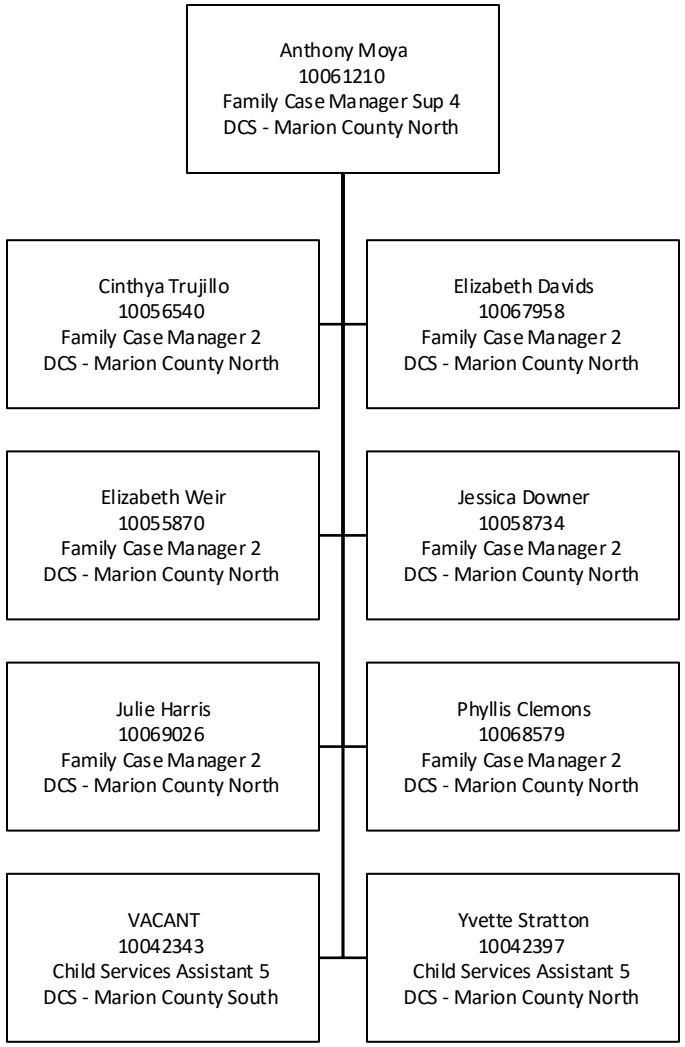
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Julie Harris
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Phyllis Clemons
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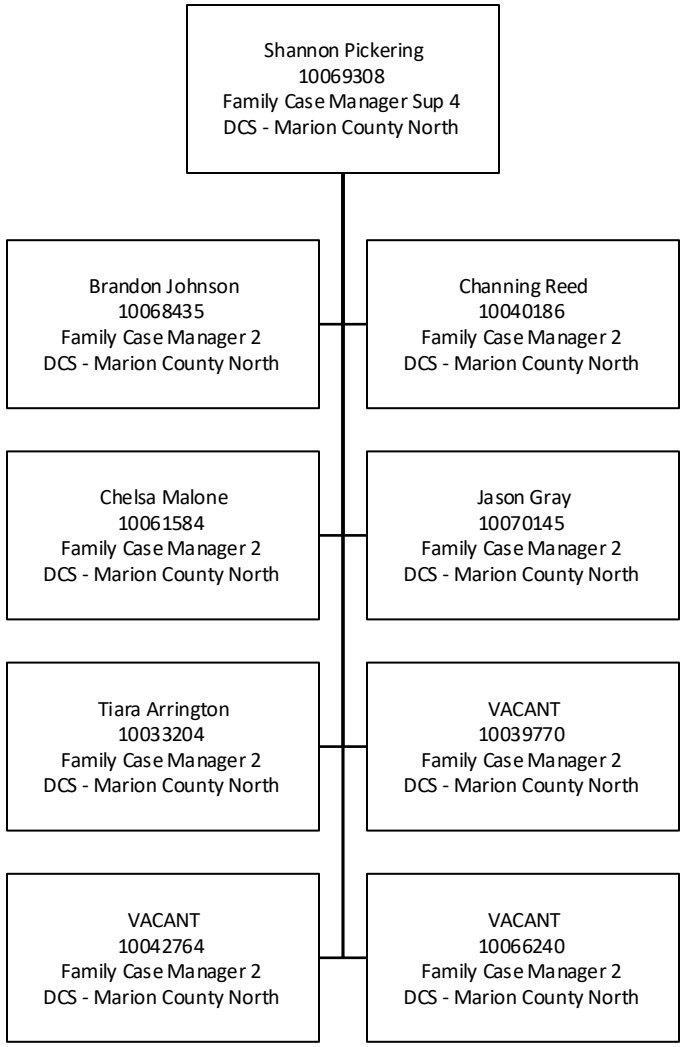
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Jason Gray
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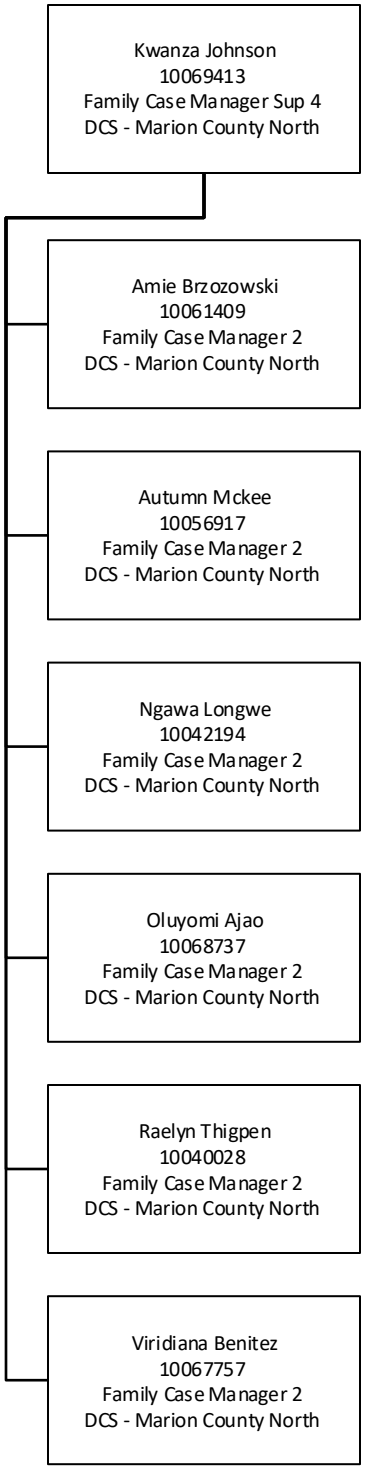
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Ngawa Longwe
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Oluyomi Ajao
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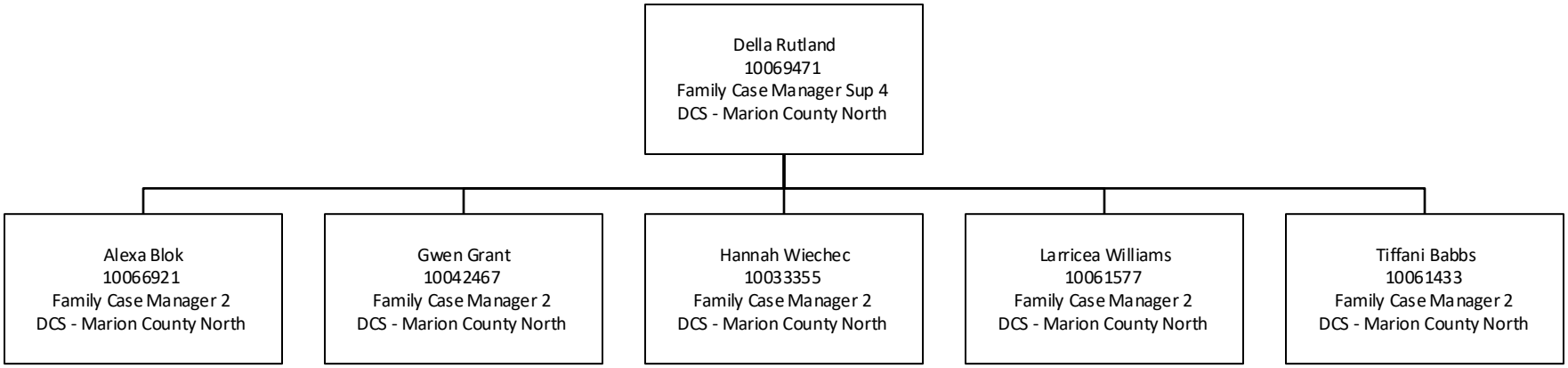
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Hannah Wiechec
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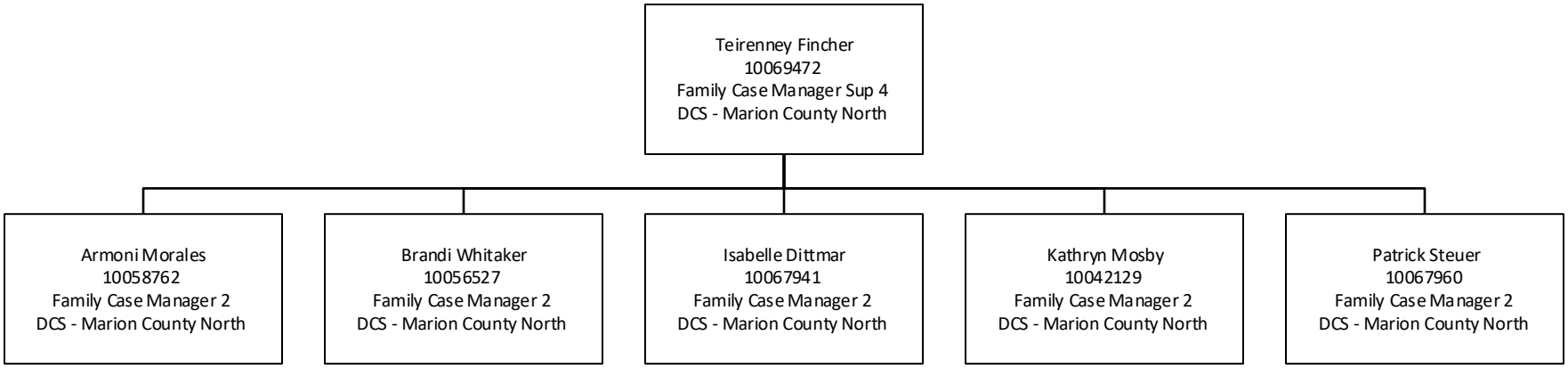
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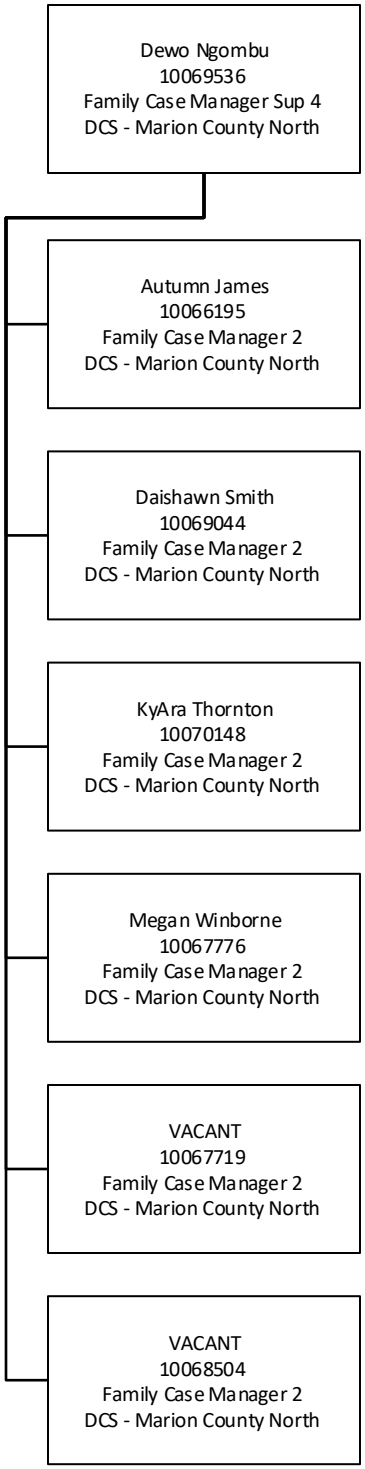
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KyAra Thornton
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Megan Winborne
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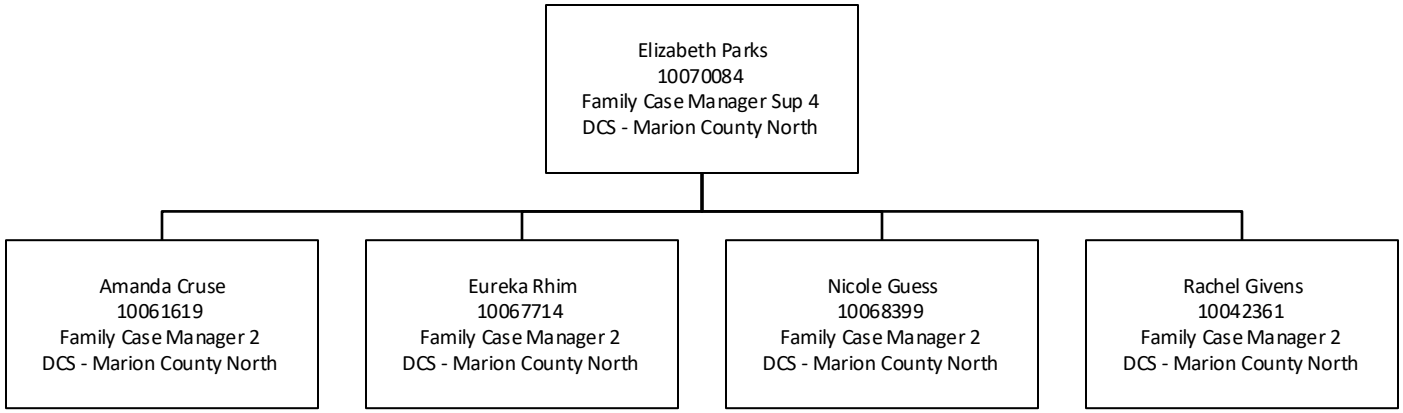
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Eureka Rhim
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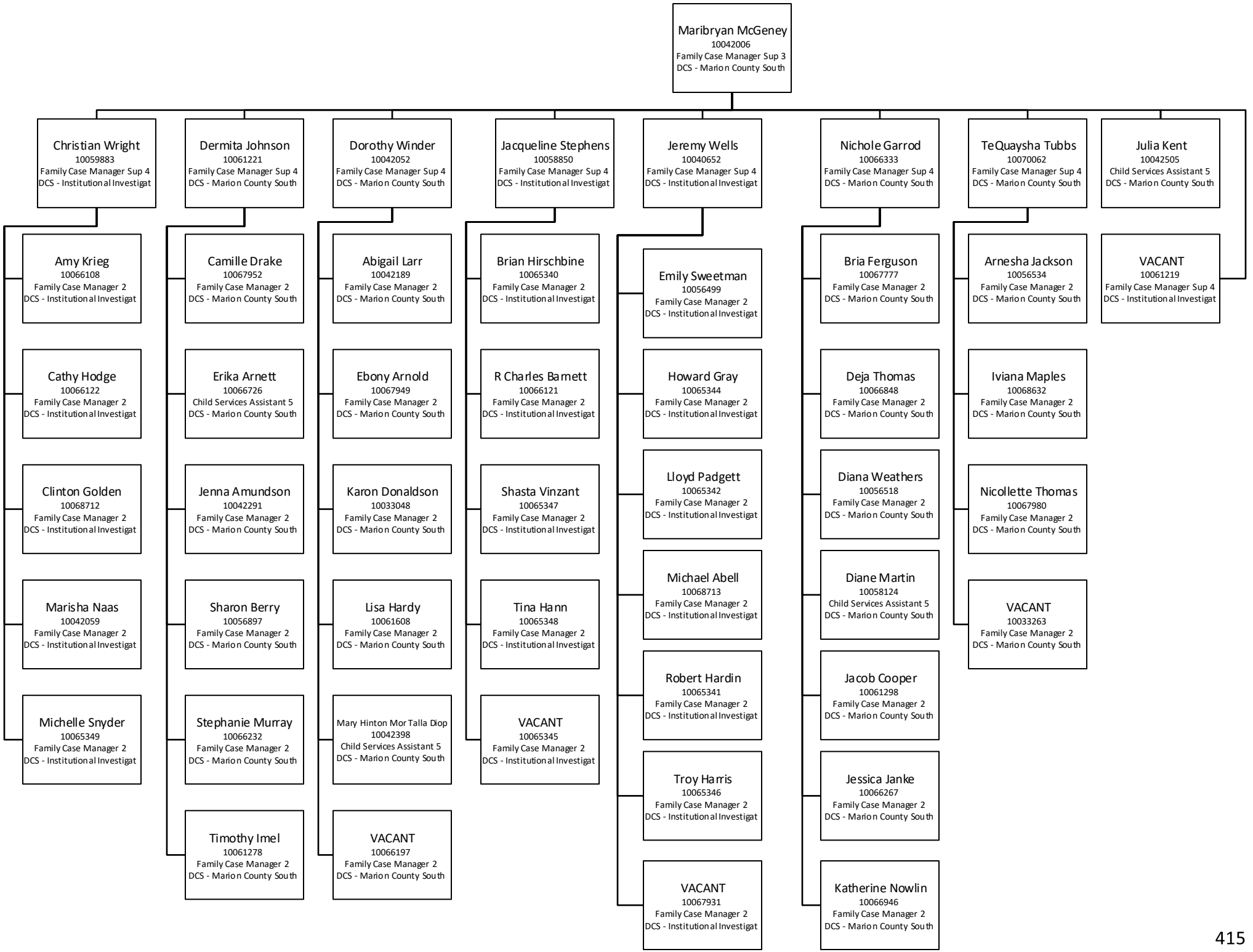
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Christian Wright
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Amy Krieg
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Cathy Hodge
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Clinton Golden
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Marisha Naas
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Michelle Snyder
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Camille Drake
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Erika Arnett
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Sharon Berry
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Lisa Hardy
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Mary Hinton Mor Talla Diop
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VACANT
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Brian Hirschbine
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R Charles Barnett
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Bria Ferguson
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Deja Thomas
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Diane Martin
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Arnesha Jackson
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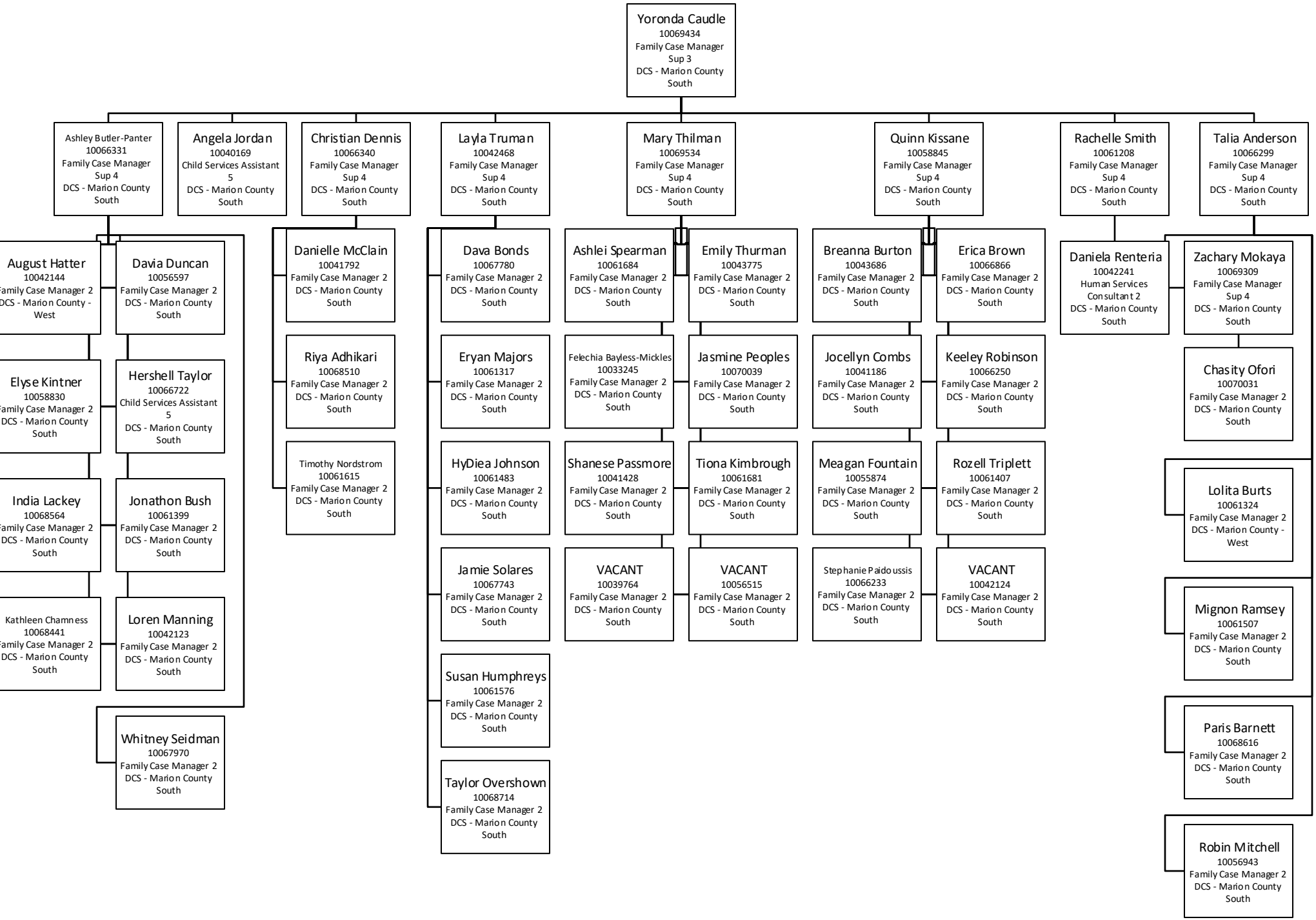
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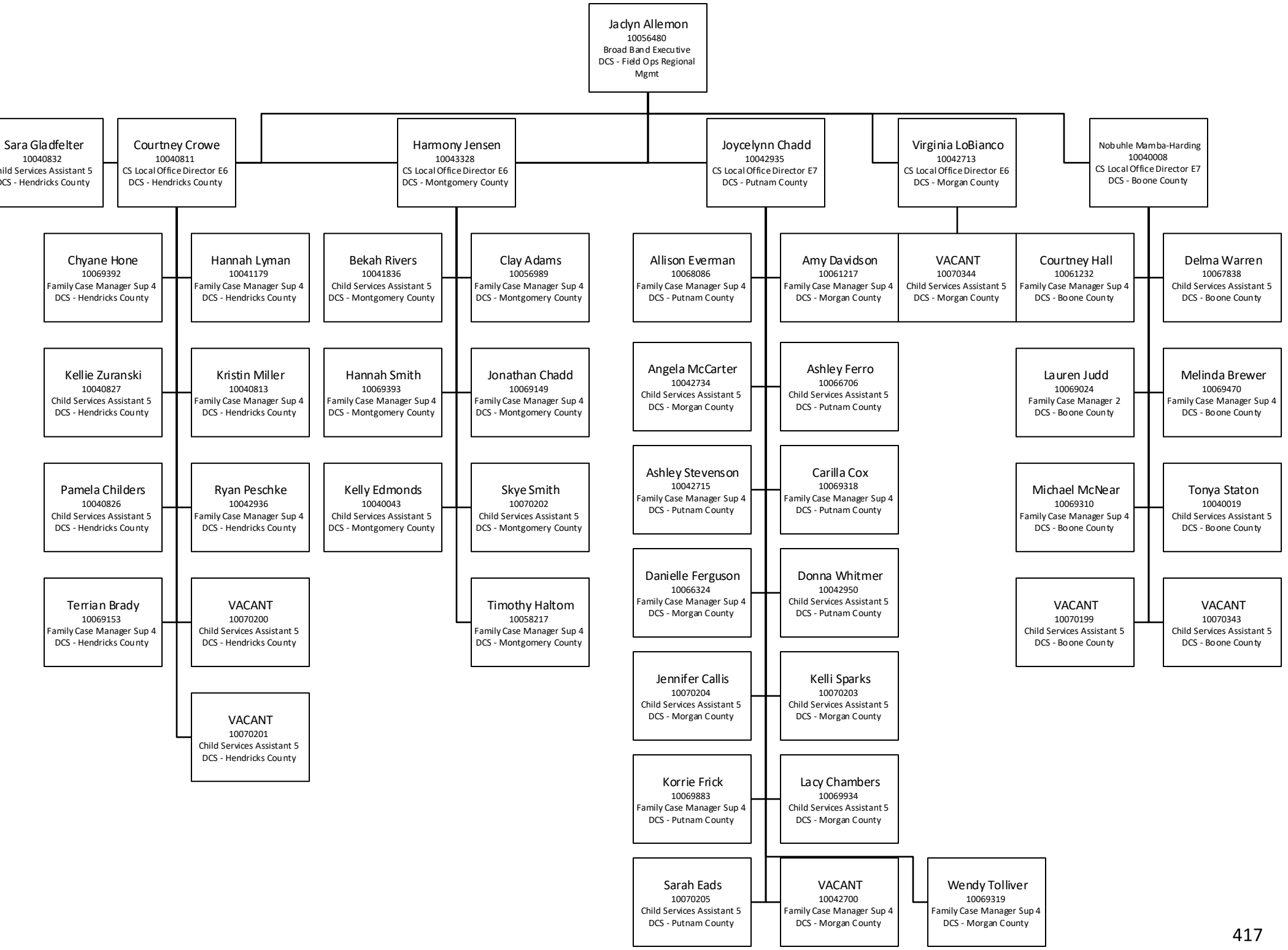
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Sara Gladfelter
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Courtney Crowe
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Harmony Jensen
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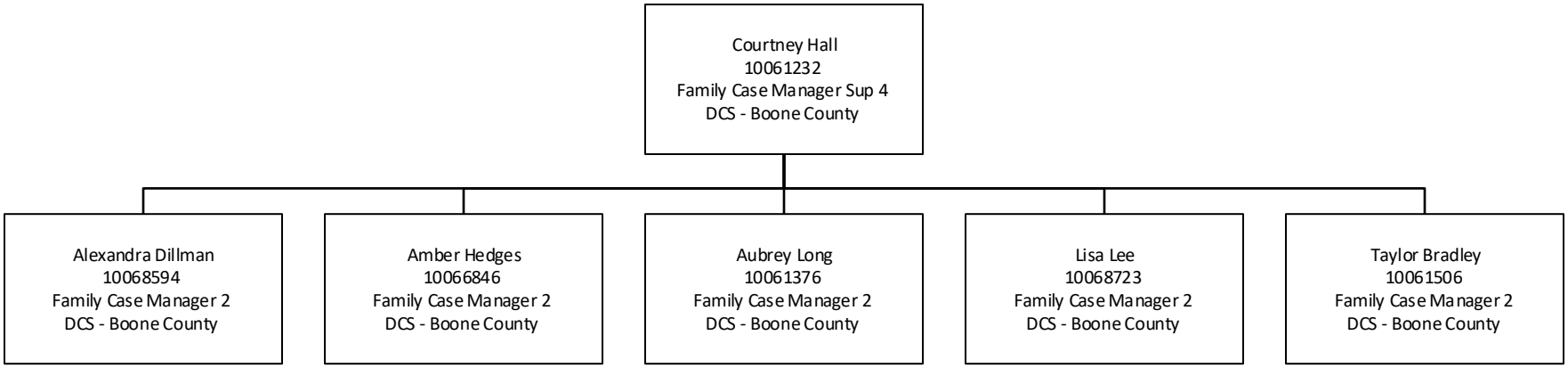
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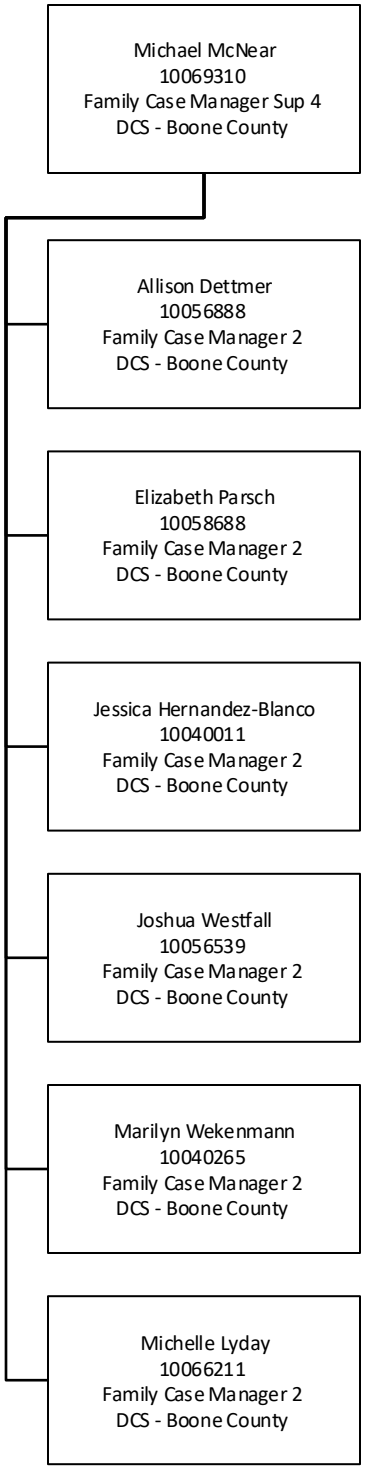
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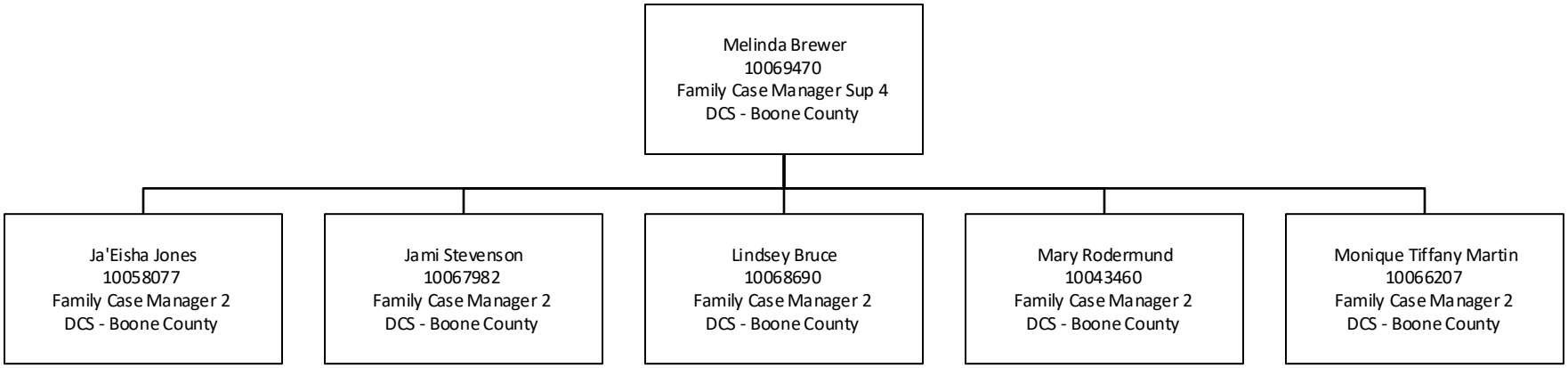
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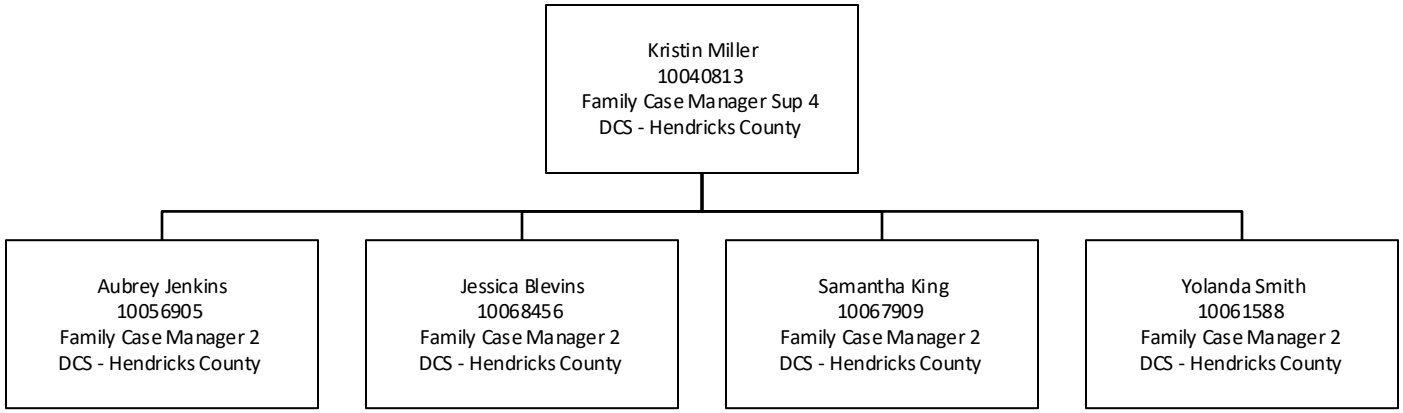
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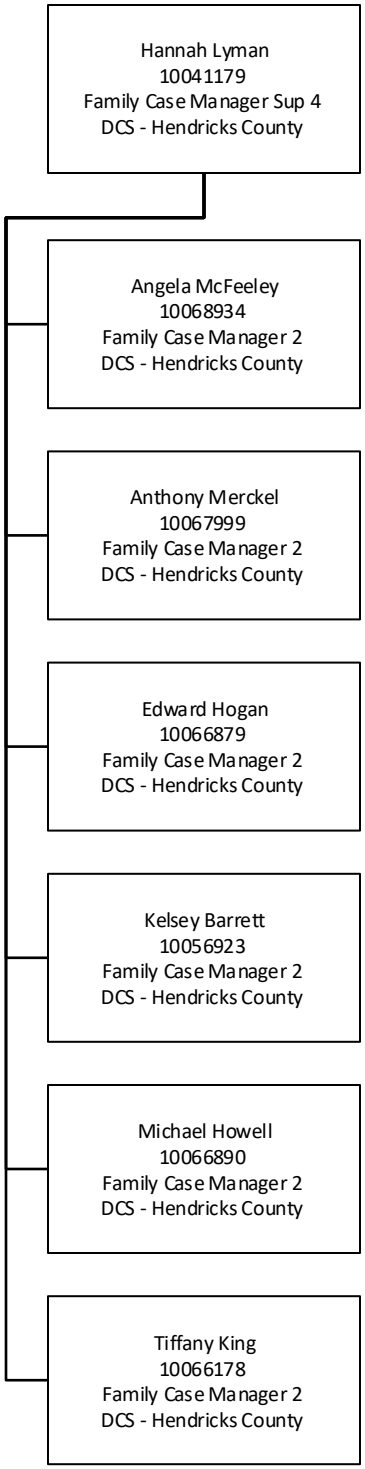
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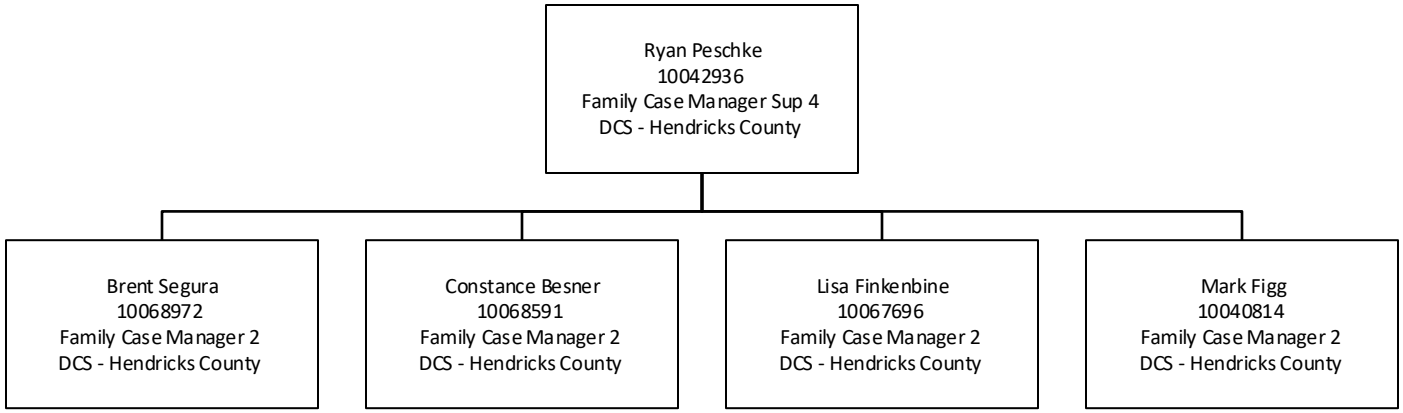
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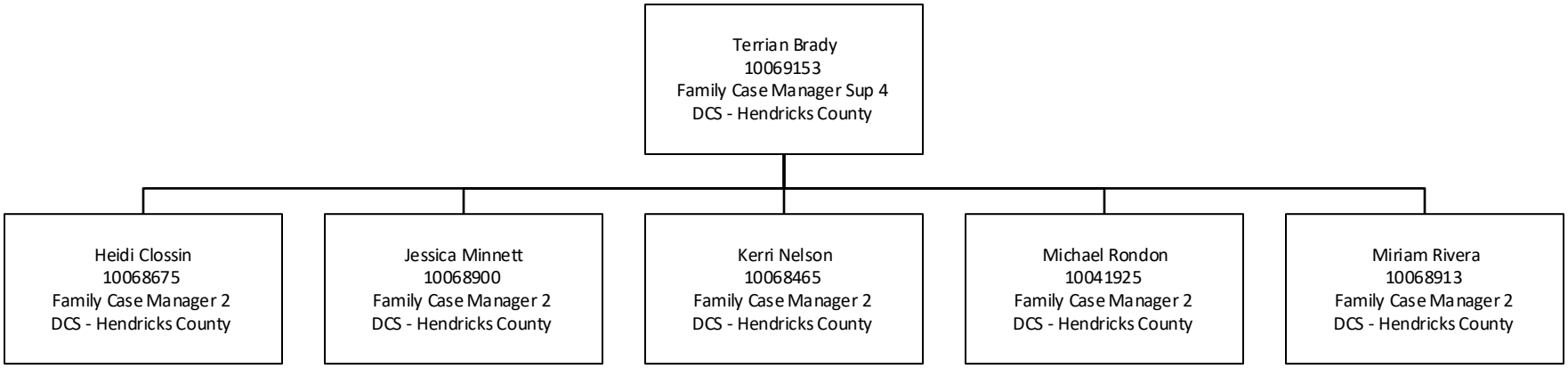
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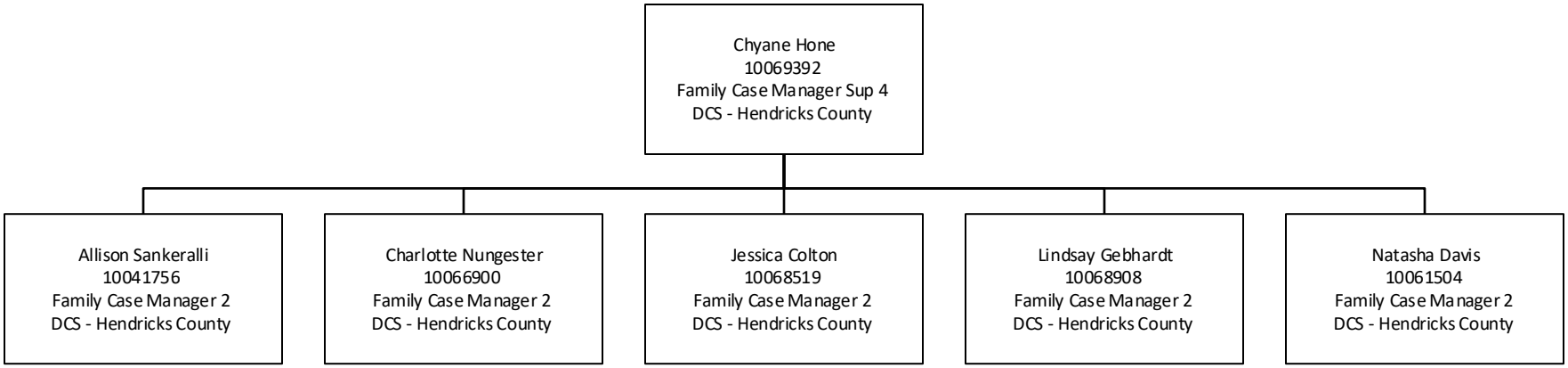
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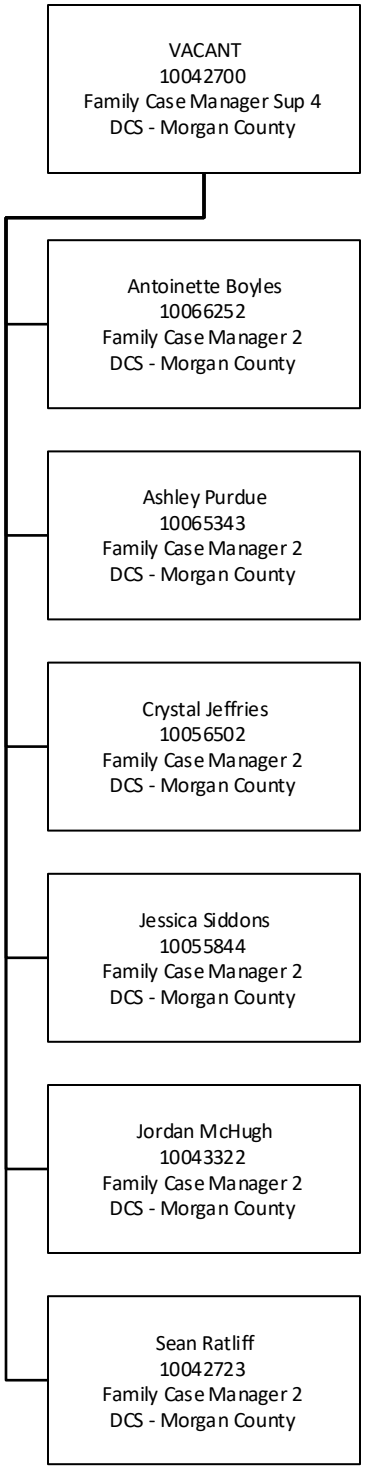
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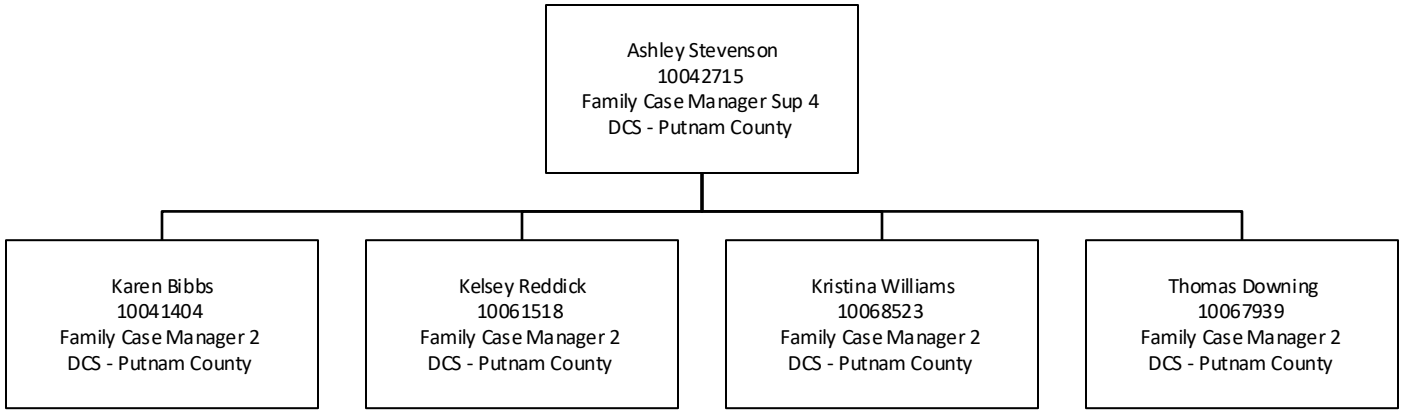
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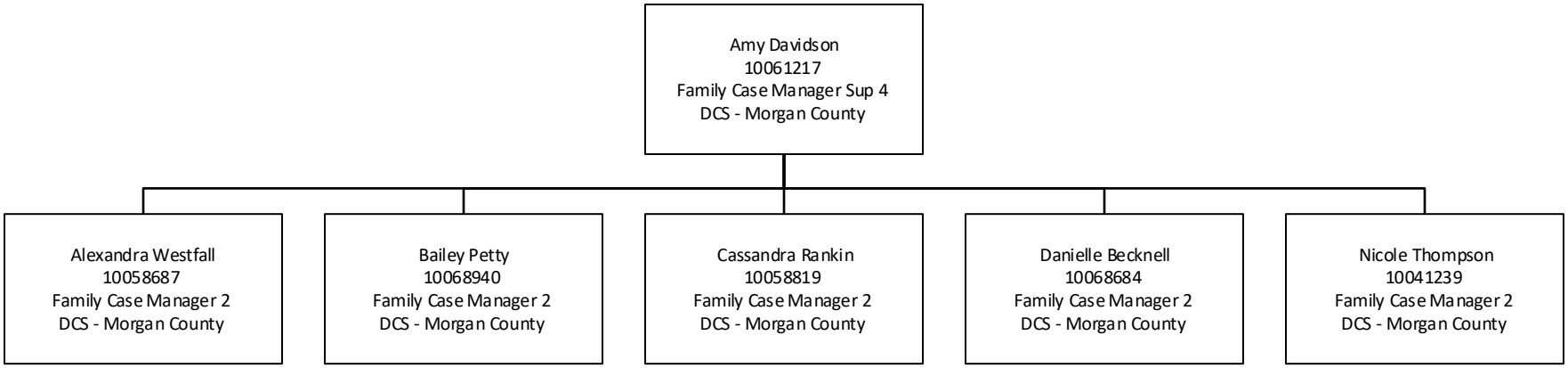
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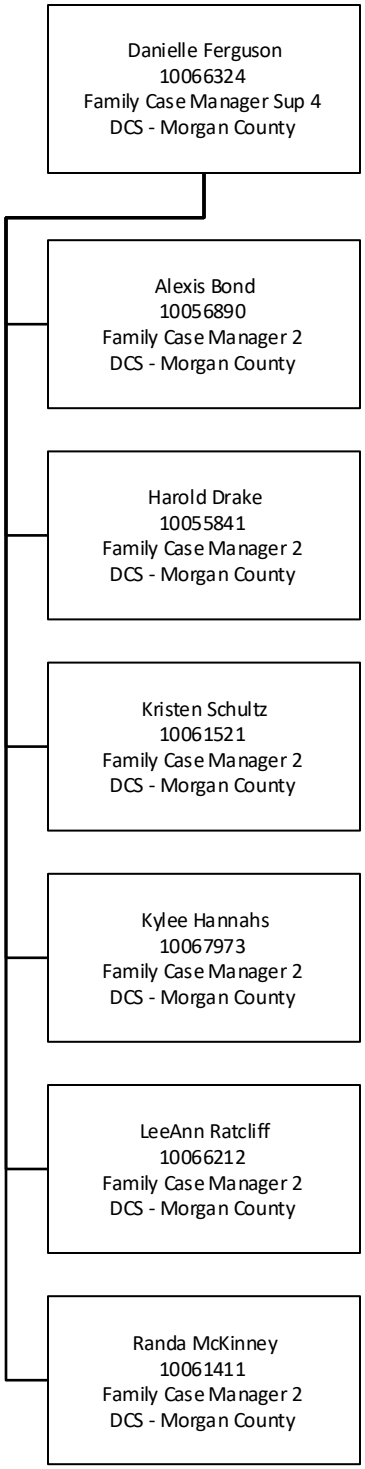
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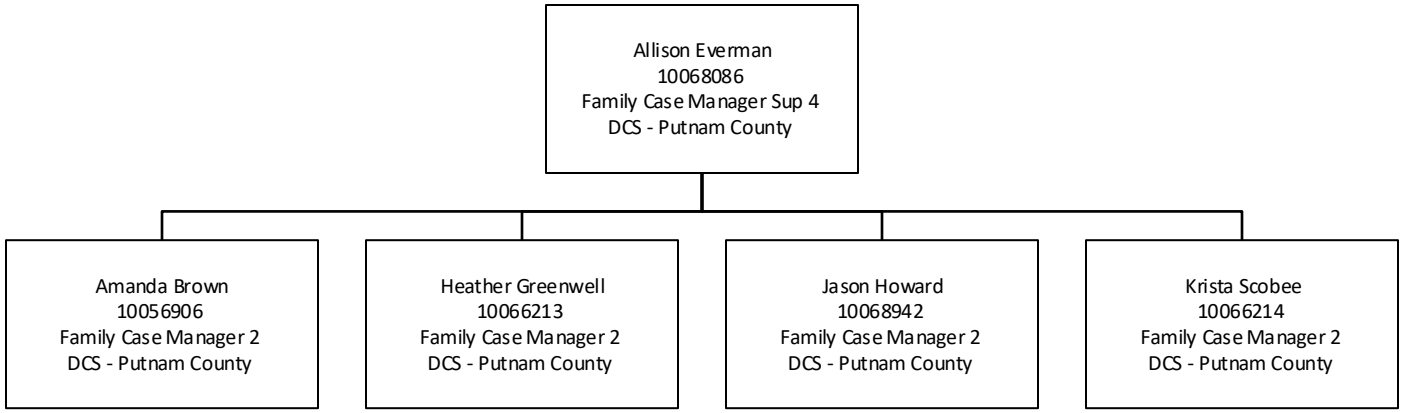
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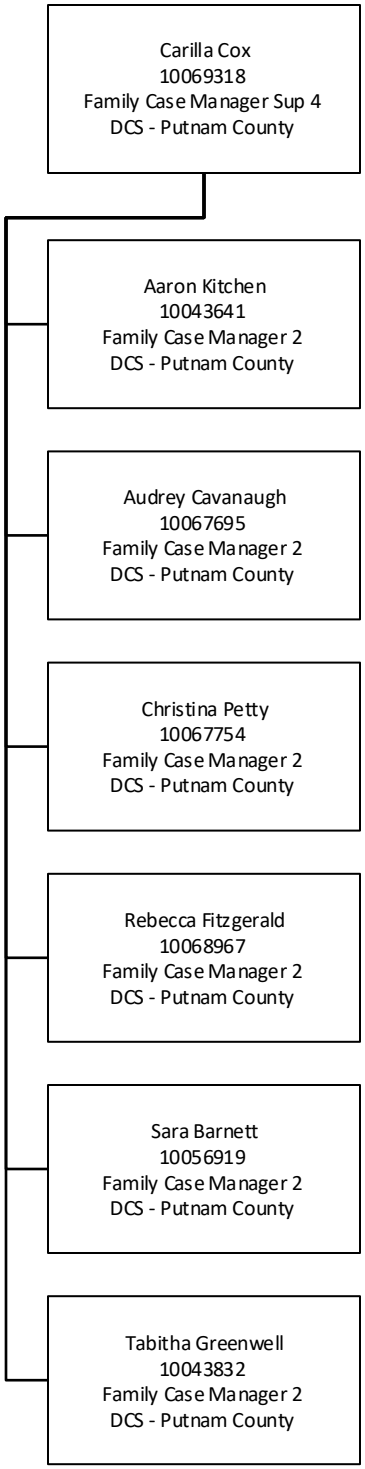
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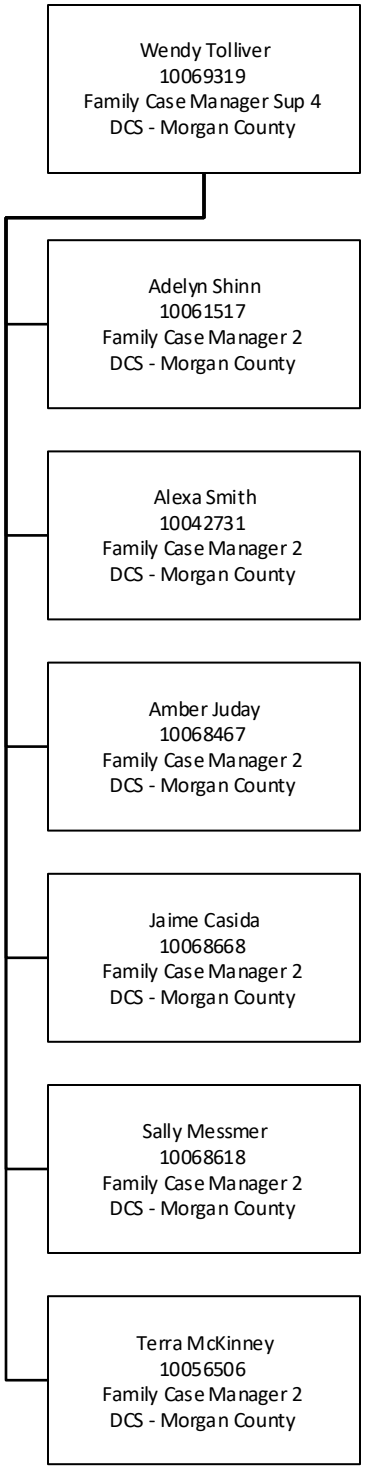
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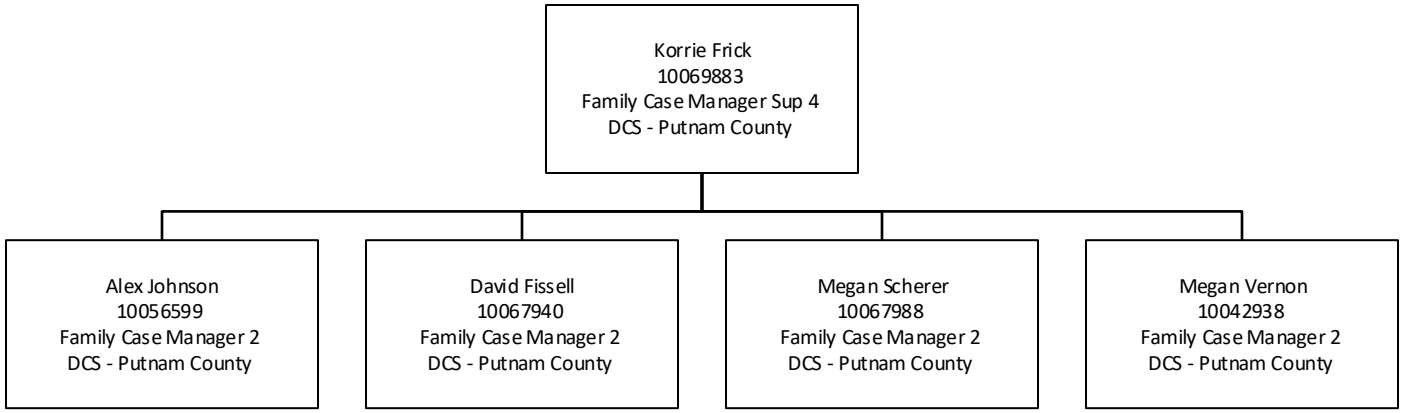
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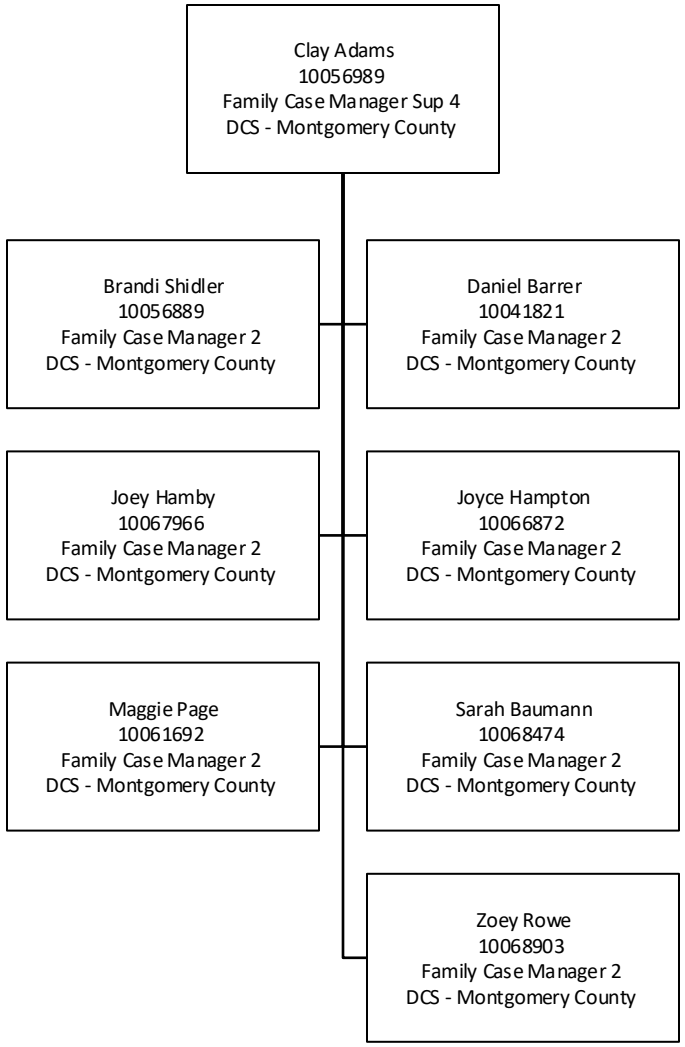
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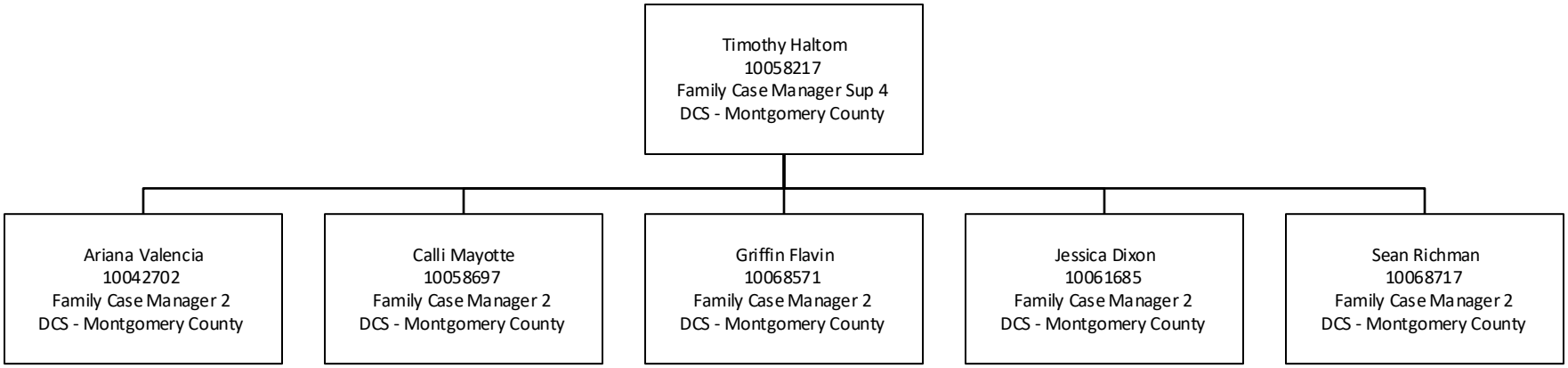
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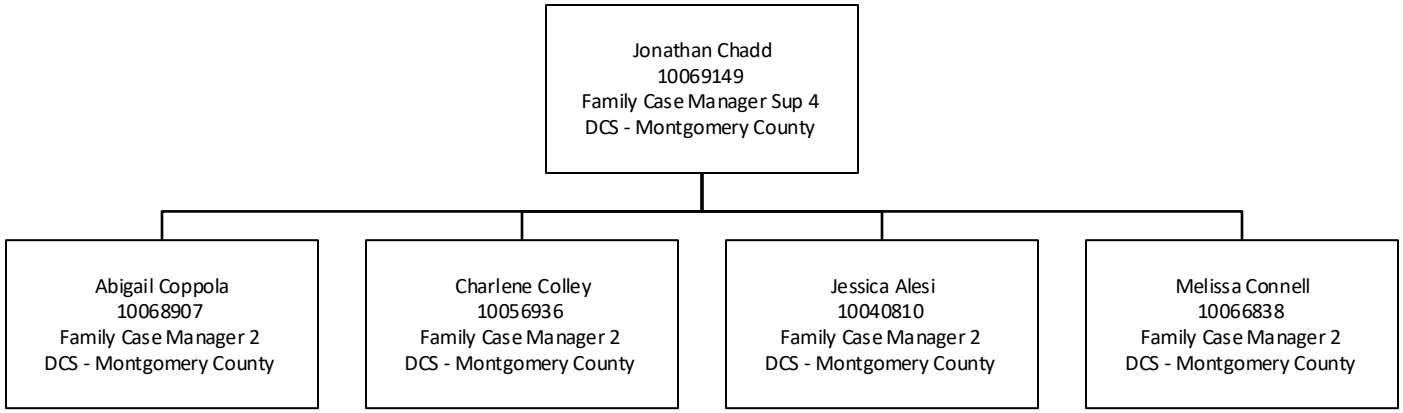
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Abigail Coppola
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Charlene Colley
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Melissa Connell
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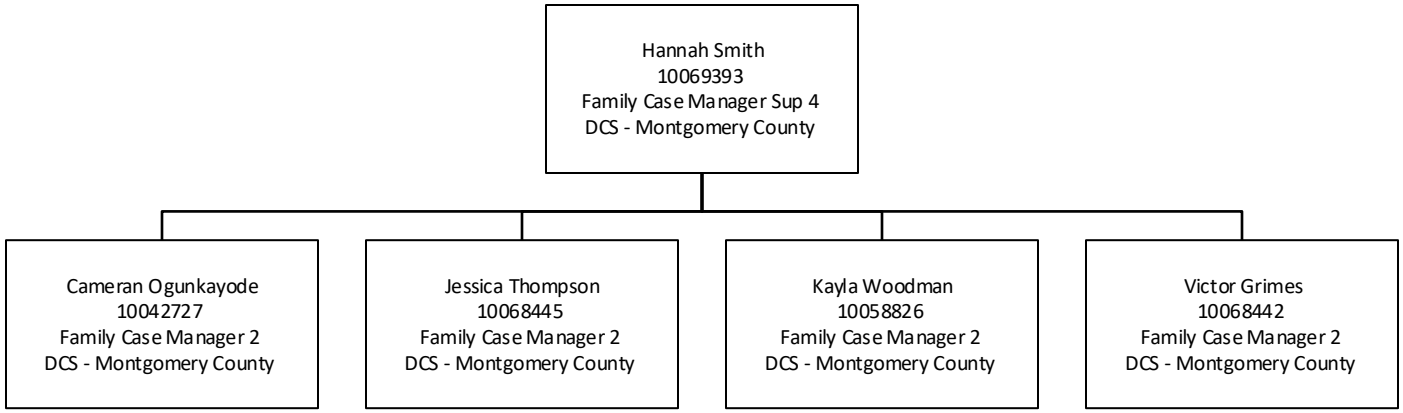
DCS - Montgomery County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Cameran Ogunkayode
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Jessica Thompson
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Victor Grimes
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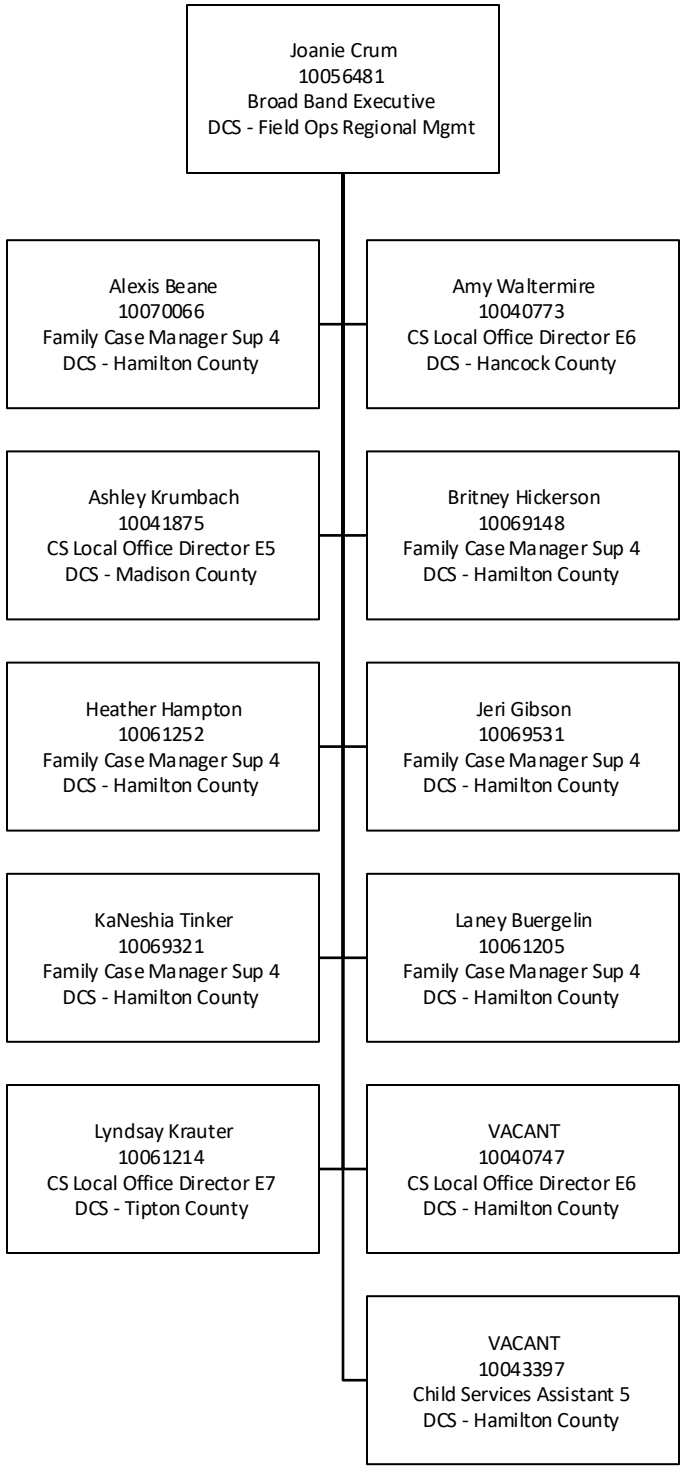
DCS - Montgomery County


Joanie Crum
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Broad Band Executive
DCS - Field Ops Regional Mgmt
Alexis Beane
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DCS - Hamilton County
Amy Waltermire
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CS Local Office Director E6
DCS - Hancock County
Ashley Krumbach
10041875
CS Local Office Director E5
DCS - Madison County
Britney Hickerson
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DCS - Hamilton County
Heather Hampton
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Family Case Manager Sup 4
DCS - Hamilton County
Jeri Gibson
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Family Case Manager Sup 4
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KaNeshia Tinker
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DCS - Hamilton County
Laney Buergelin
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Family Case Manager Sup 4
DCS - Hamilton County
Lyndsay Krauter
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CS Local Office Director E7
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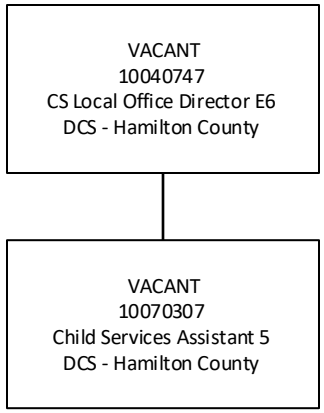
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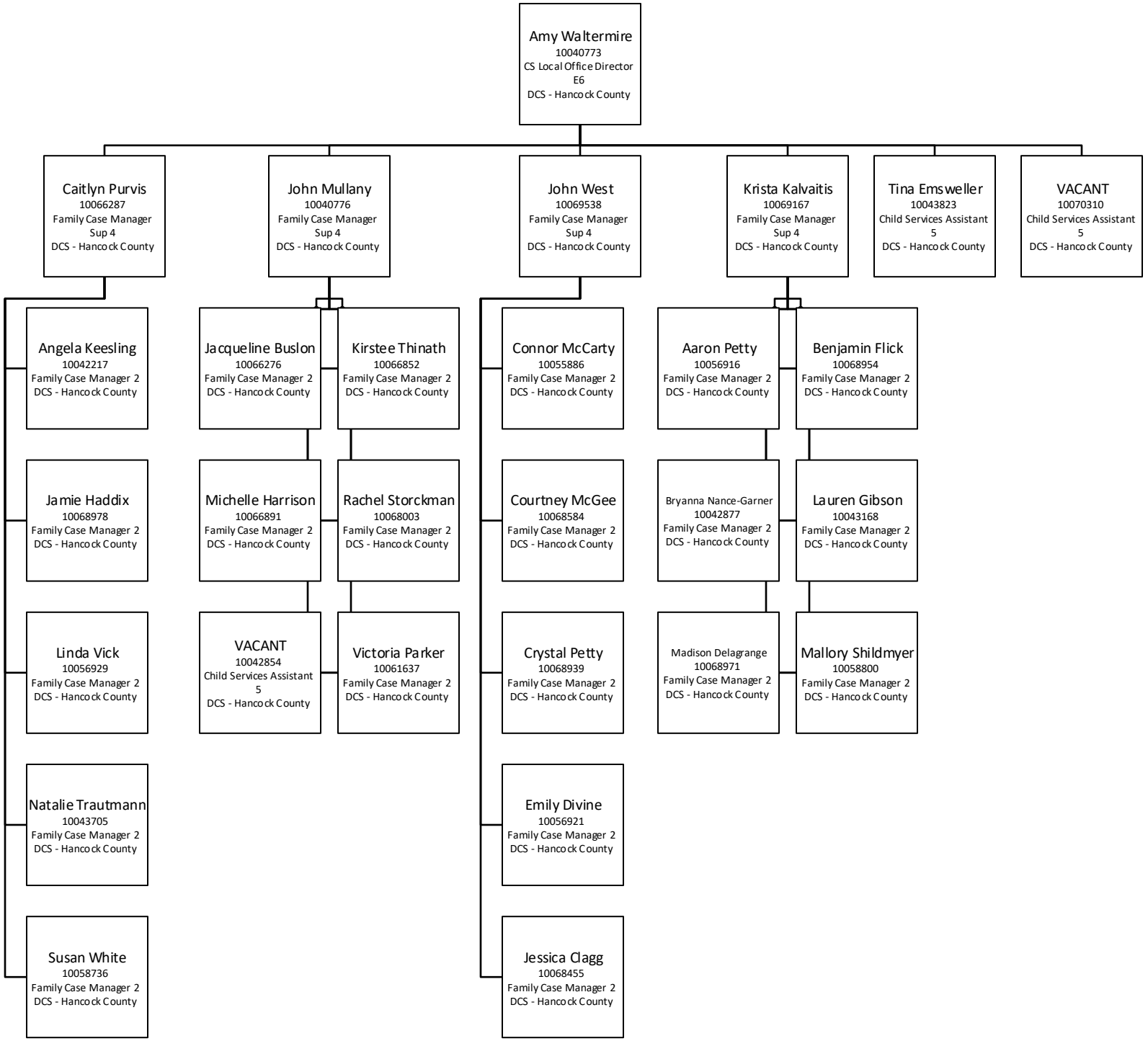
Amy Waltermire
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E6
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Caitlyn Purvis
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Family Case Manager
Sup 4
DCS - Hancock County
John Mullany
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Family Case Manager
Sup 4
DCS - Hancock County
John West
10069538
Family Case Manager
Sup 4
DCS - Hancock County
Krista Kalvaitis
10069167
Family Case Manager
Sup 4
DCS - Hancock County
Tina Emsweller
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Child Services Assistant
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DCS - Hancock County
VACANT
10070310
Child Services Assistant
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DCS - Hancock County
Angela Keesling
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Family Case Manager 2
DCS - Hancock County
Jamie Haddix
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Family Case Manager 2
DCS - Hancock County
Linda Vick
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Family Case Manager 2
DCS - Hancock County
Natalie Trautmann
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Family Case Manager 2
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Susan White
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Family Case Manager 2
DCS - Hancock County
Jacqueline Buslon
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Family Case Manager 2
DCS - Hancock County
Kirstee Thinath
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Family Case Manager 2
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Michelle Harrison
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Family Case Manager 2
DCS - Hancock County
Rachel Storckman
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Family Case Manager 2
DCS - Hancock County
VACANT
10042854
Child Services Assistant
5
DCS - Hancock County
Victoria Parker
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Family Case Manager 2
DCS - Hancock County
Connor McCarty
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Family Case Manager 2
DCS - Hancock County
Courtney McGee
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Family Case Manager 2
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Crystal Petty
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Emily Divine
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DCS - Hancock County
Jessica Clagg
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Family Case Manager 2
DCS - Hancock County
Aaron Petty
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Benjamin Flick
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Bryanna Nance-Garner
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Family Case Manager 2
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Lauren Gibson
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Family Case Manager 2
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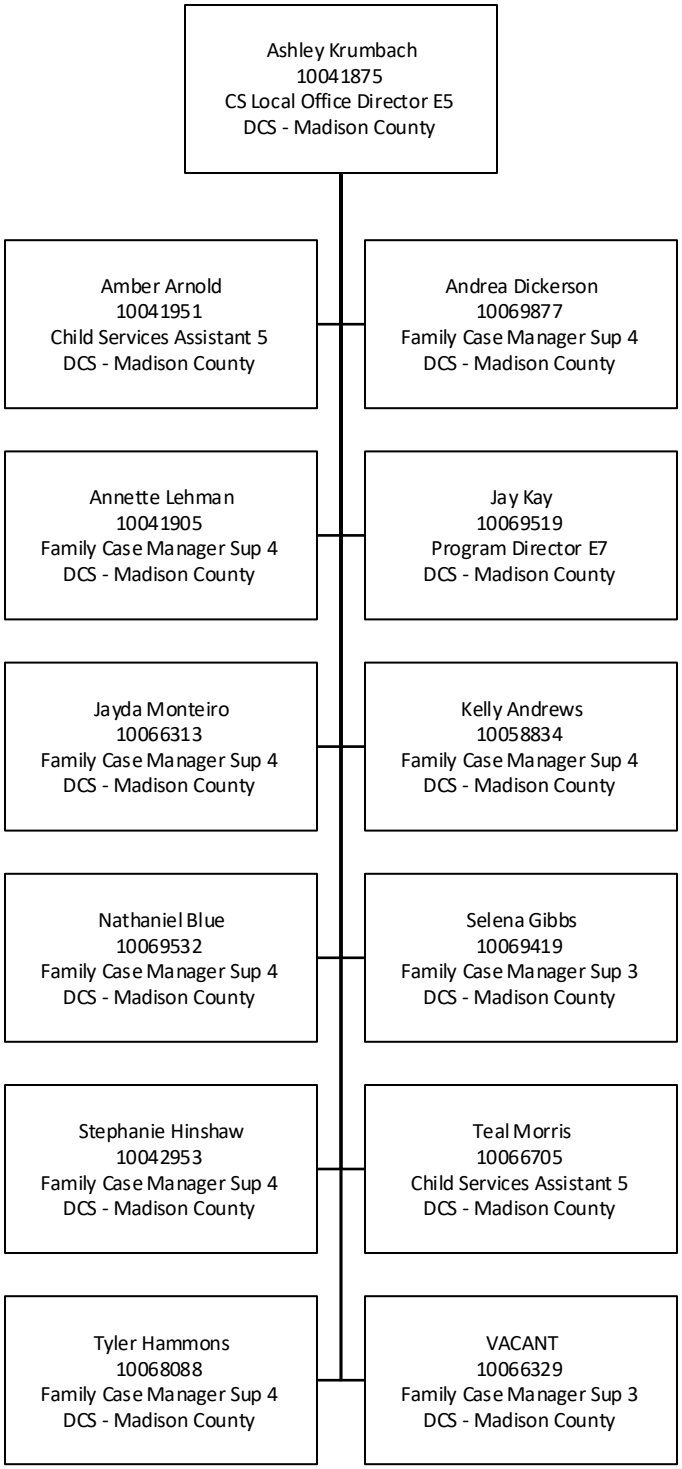
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Amber Arnold
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Child Services Assistant 5
DCS - Madison County
Andrea Dickerson
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Family Case Manager Sup 4
DCS - Madison County
Annette Lehman
10041905
Family Case Manager Sup 4
DCS - Madison County
Jay Kay
10069519
Program Director E7
DCS - Madison County
Jayda Monteiro
10066313
Family Case Manager Sup 4
DCS - Madison County
Kelly Andrews
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Family Case Manager Sup 4
DCS - Madison County
Nathaniel Blue
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Family Case Manager Sup 4
DCS - Madison County
Selena Gibbs
10069419
Family Case Manager Sup 3
DCS - Madison County
Stephanie Hinshaw
10042953
Family Case Manager Sup 4
DCS - Madison County
Teal Morris
10066705
Child Services Assistant 5
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Tyler Hammons
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VACANT
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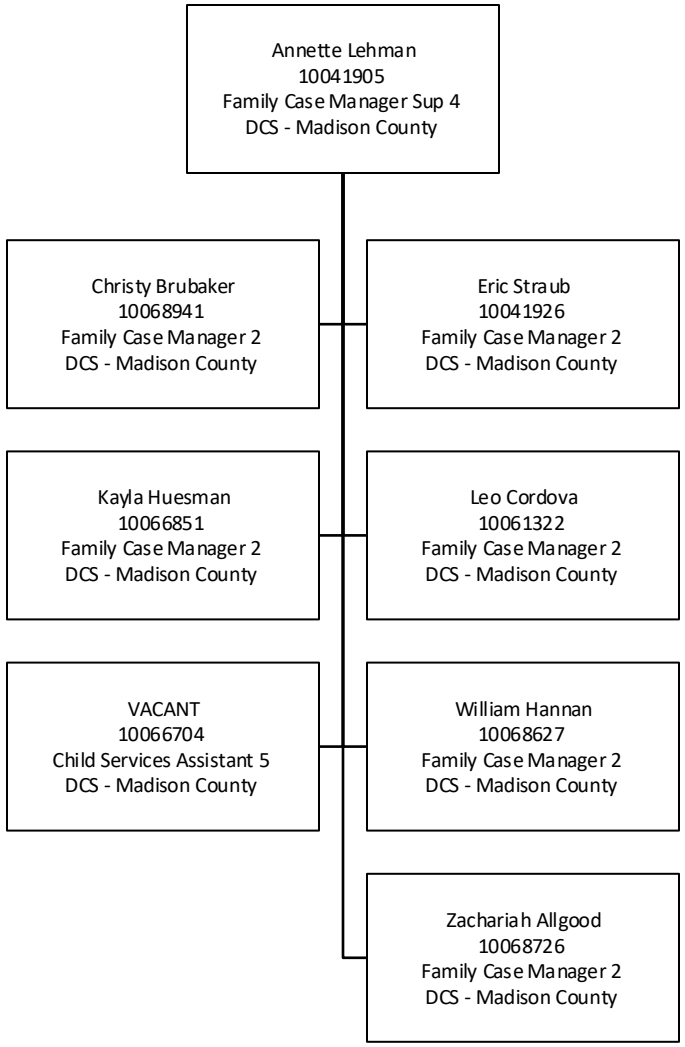
DCS - Madison County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Christy Brubaker
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Family Case Manager 2
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Eric Straub
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Family Case Manager 2
DCS - Madison County
Kayla Huesman
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Family Case Manager 2
DCS - Madison County
Leo Cordova
10061322
Family Case Manager 2
DCS - Madison County
VACANT
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Zachariah Allgood
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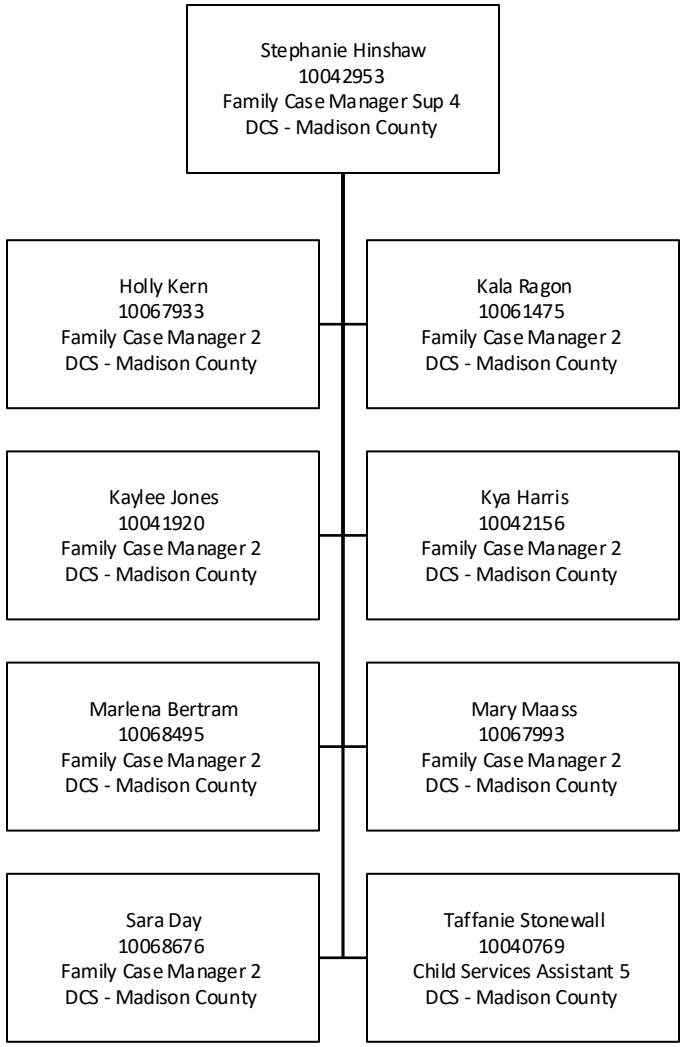
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Kala Ragon
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Family Case Manager 2
DCS - Madison County
Kaylee Jones
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Family Case Manager 2
DCS - Madison County
Kya Harris
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Family Case Manager 2
DCS - Madison County
Marlena Bertram
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Family Case Manager 2
DCS - Madison County
Mary Maass
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Sara Day
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Taffanie Stonewall
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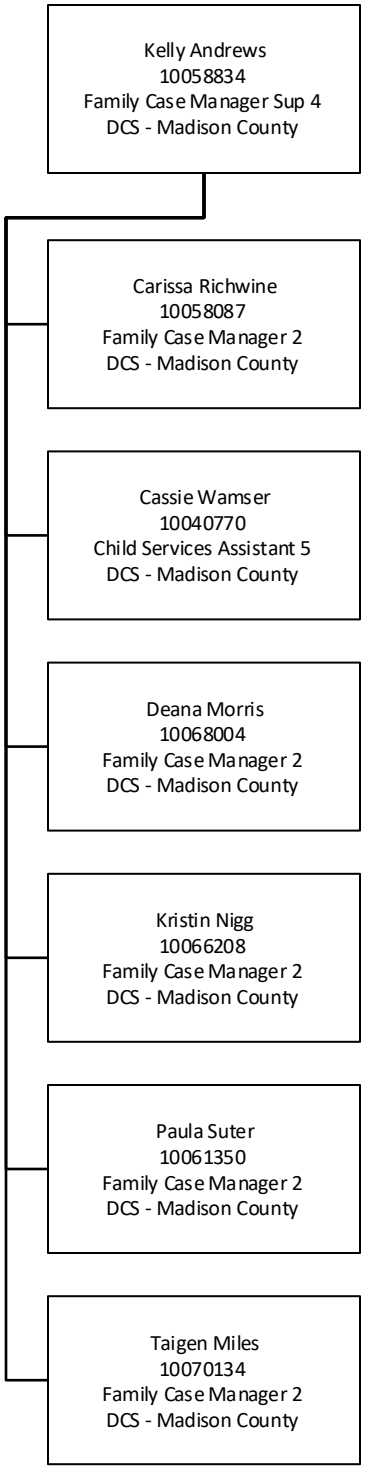
Child Services Assistant 5
DCS - Madison County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Carissa Richwine
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Family Case Manager 2
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Cassie Wamser
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Child Services Assistant 5
DCS - Madison County
Deana Morris
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Family Case Manager 2
DCS - Madison County
Kristin Nigg
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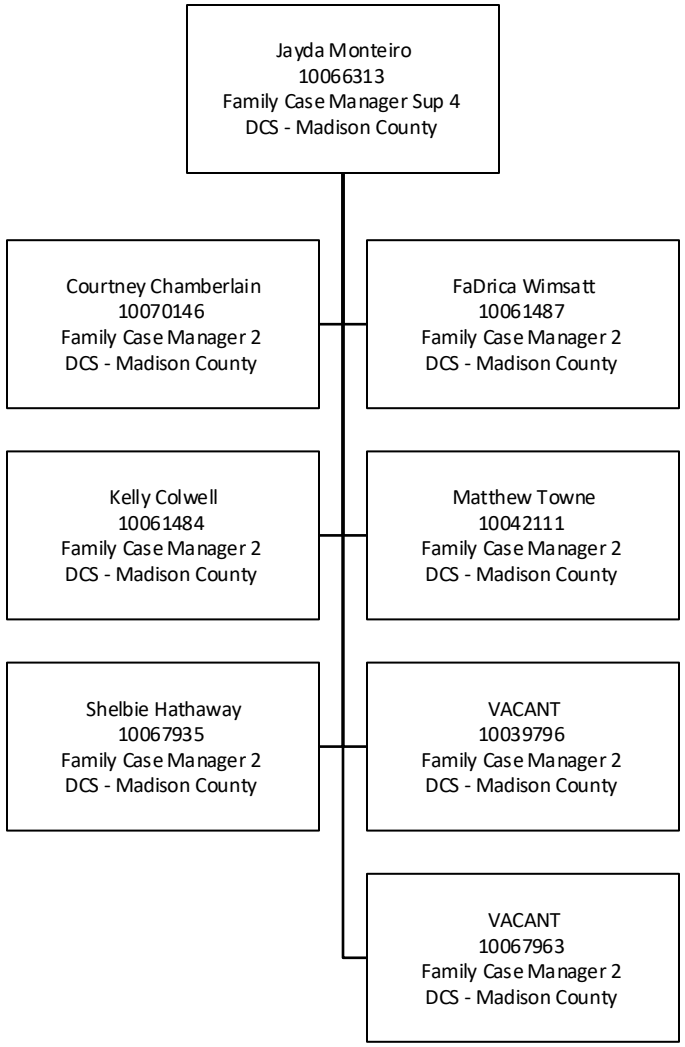
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Kelly Colwell
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Matthew Towne
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Family Case Manager 2
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Shelbie Hathaway
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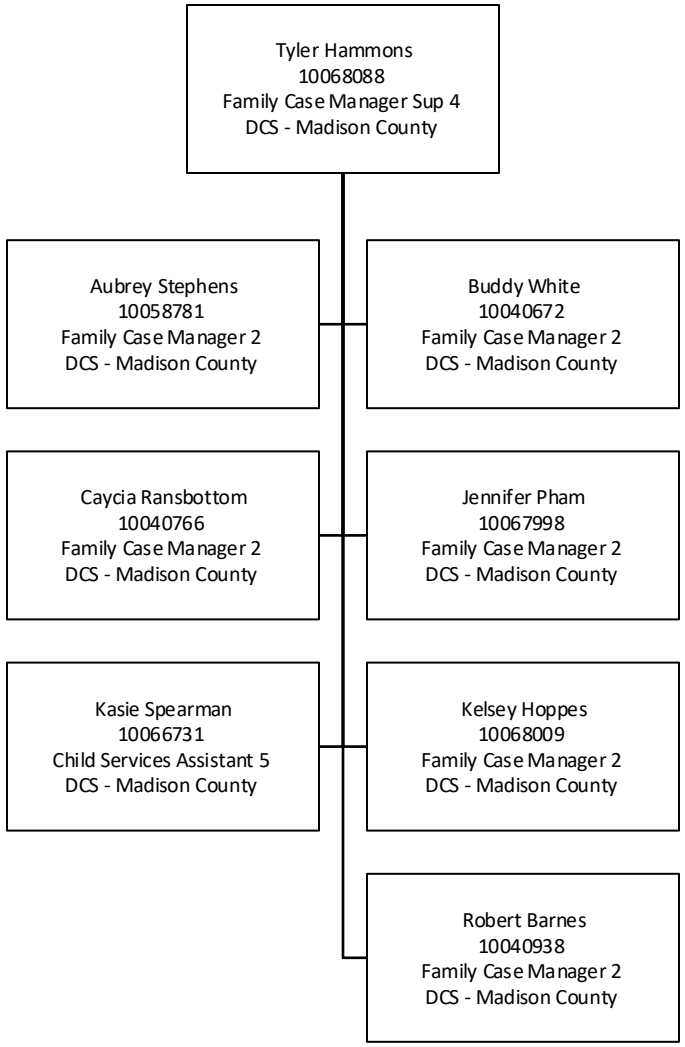
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Aubrey Stephens
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Buddy White
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DCS - Madison County
Caycia Ransbottom
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Family Case Manager 2
DCS - Madison County
Jennifer Pham
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Family Case Manager 2
DCS - Madison County
Kasie Spearman
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Robert Barnes
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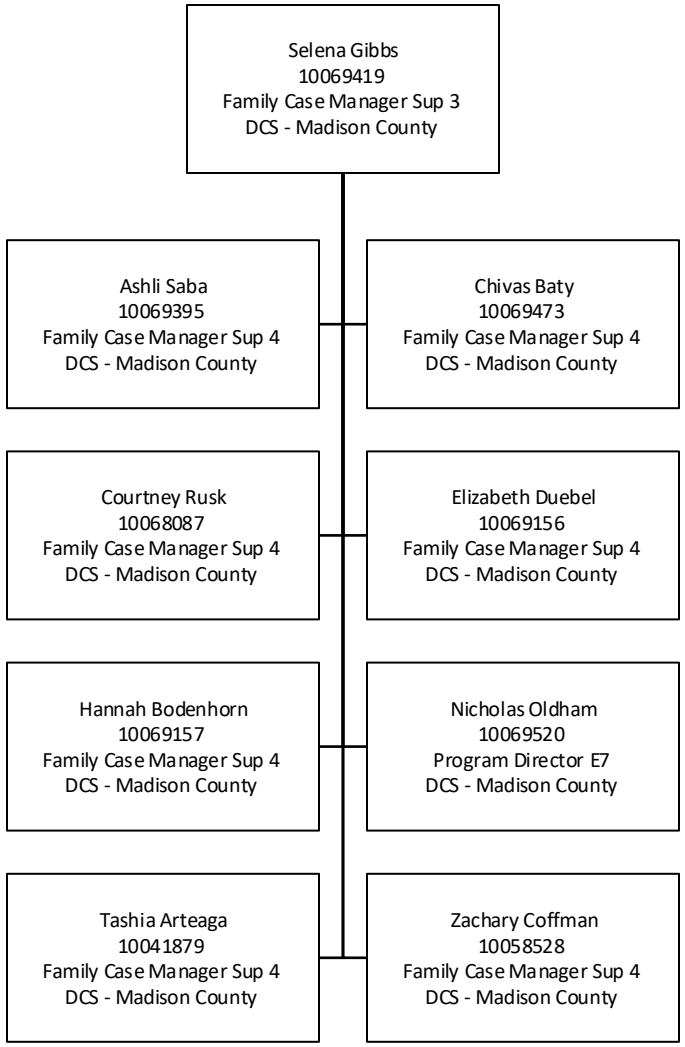
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Ashli Saba
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Chivas Baty
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Family Case Manager Sup 4
DCS - Madison County
Courtney Rusk
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Family Case Manager Sup 4
DCS - Madison County
Elizabeth Duebel
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Family Case Manager Sup 4
DCS - Madison County
Hannah Bodenhorn
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Family Case Manager Sup 4
DCS - Madison County
Nicholas Oldham
10069520
Program Director E7
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DCS - Madison County
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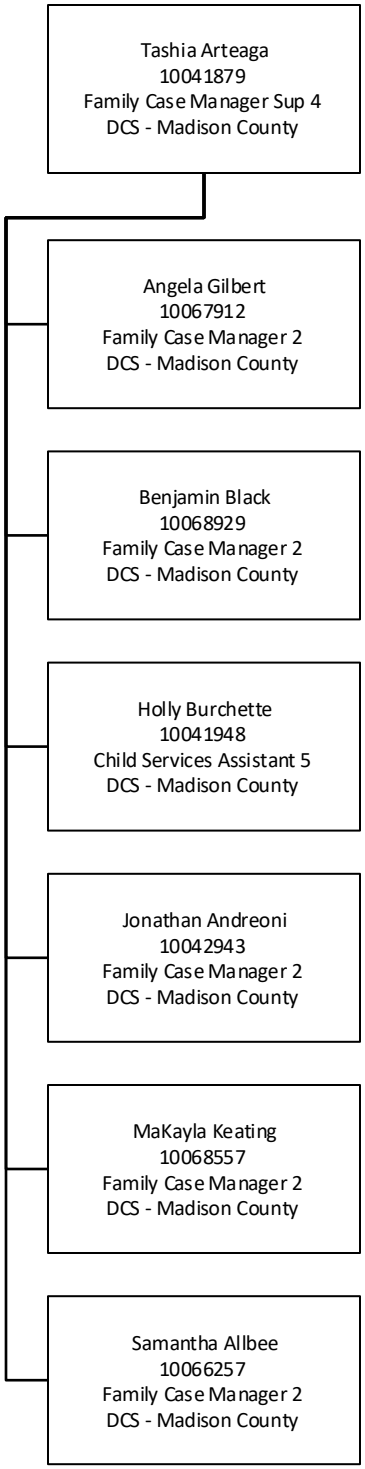
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Benjamin Black
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DCS - Madison County
Holly Burchette
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Child Services Assistant 5
DCS - Madison County
Jonathan Andreoni
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Samantha Allbee
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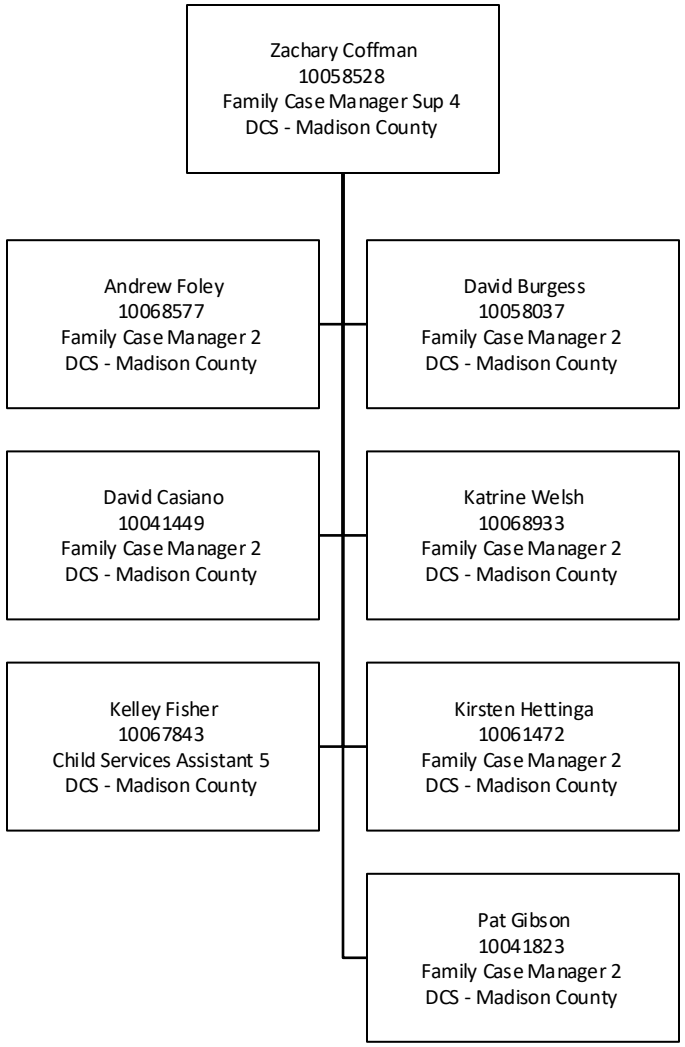
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Andrew Foley
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David Burgess
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David Casiano
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DCS - Madison County
Katrine Welsh
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Kelley Fisher
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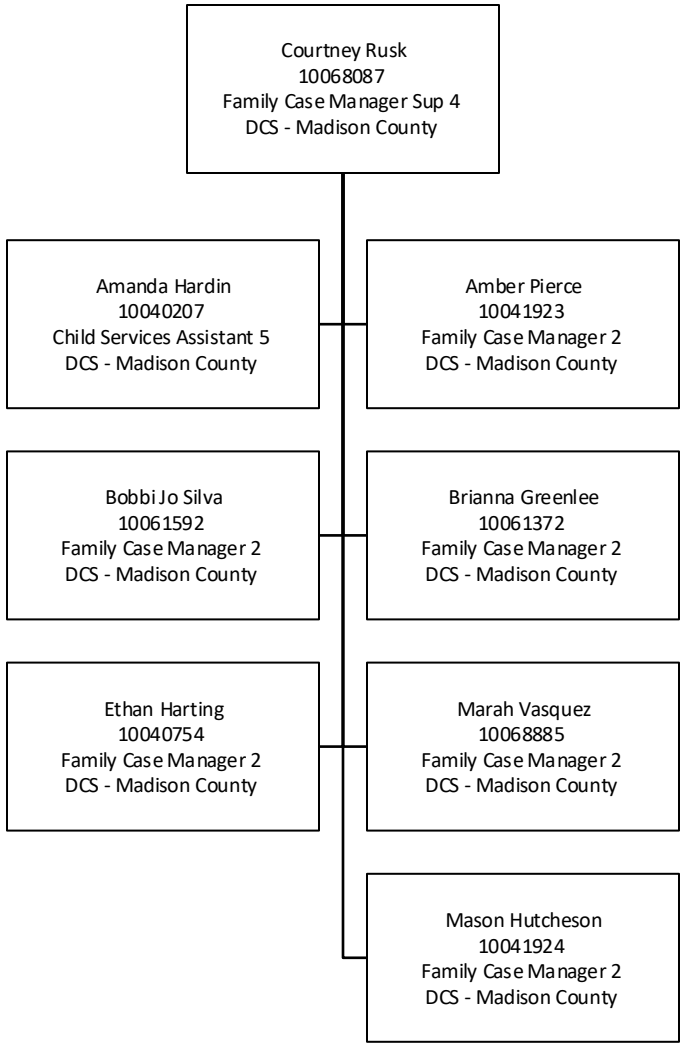
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Amber Pierce
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Bobbi Jo Silva
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Family Case Manager 2
DCS - Madison County
Brianna Greenlee
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Ethan Harting
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Mason Hutcheson
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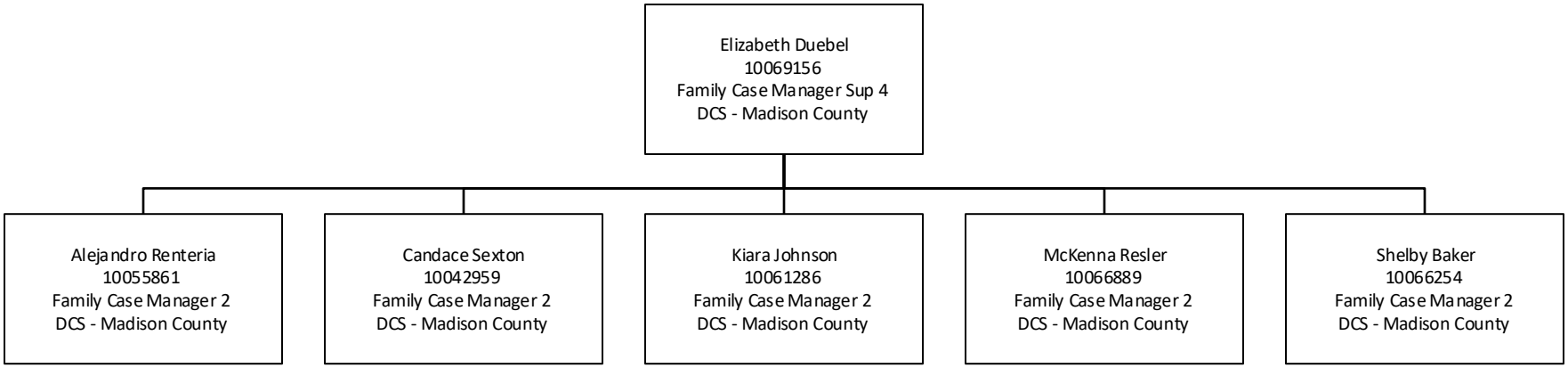
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Candace Sexton
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DCS - Madison County
Kiara Johnson
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McKenna Resler
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Shelby Baker
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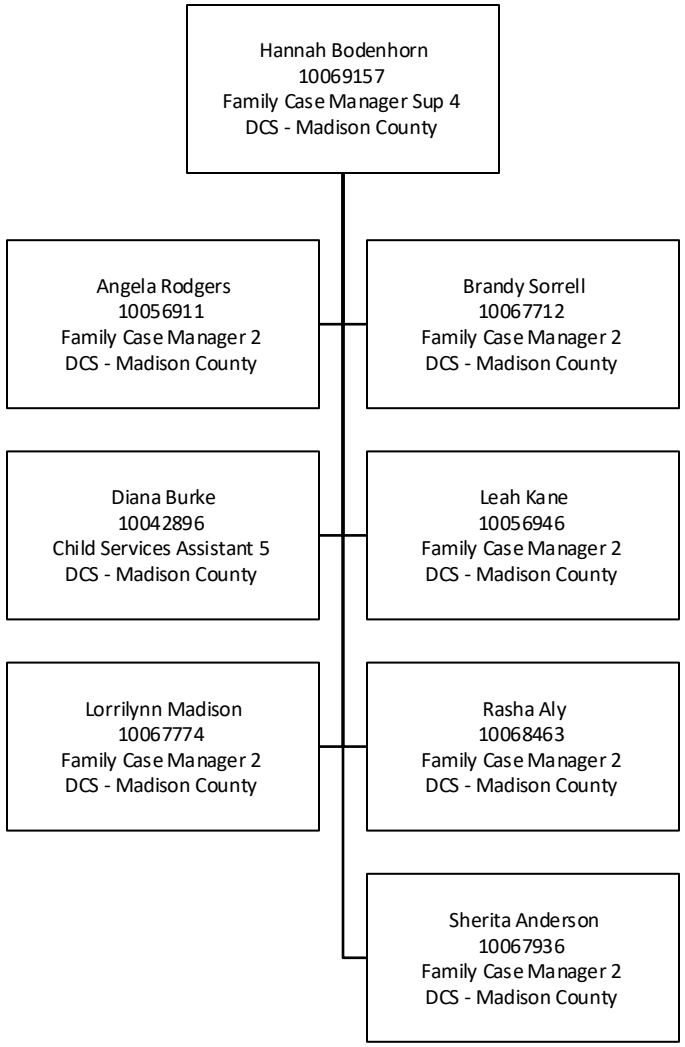
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Brandy Sorrell
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Family Case Manager 2
DCS - Madison County
Diana Burke
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Child Services Assistant 5
DCS - Madison County
Leah Kane
10056946
Family Case Manager 2
DCS - Madison County
Lorrilynn Madison
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Sherita Anderson
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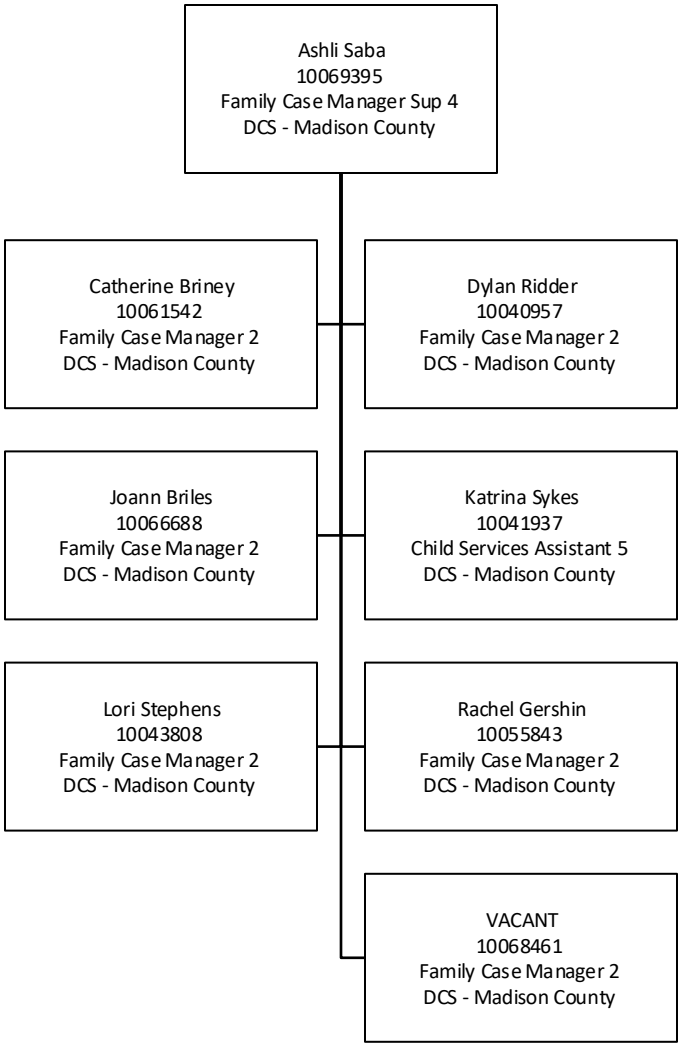
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Catherine Briney
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Dylan Ridder
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Family Case Manager 2
DCS - Madison County
Joann Briles
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Family Case Manager 2
DCS - Madison County
Katrina Sykes
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Child Services Assistant 5
DCS - Madison County
Lori Stephens
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Rachel Gershin
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VACANT
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Family Case Manager 2
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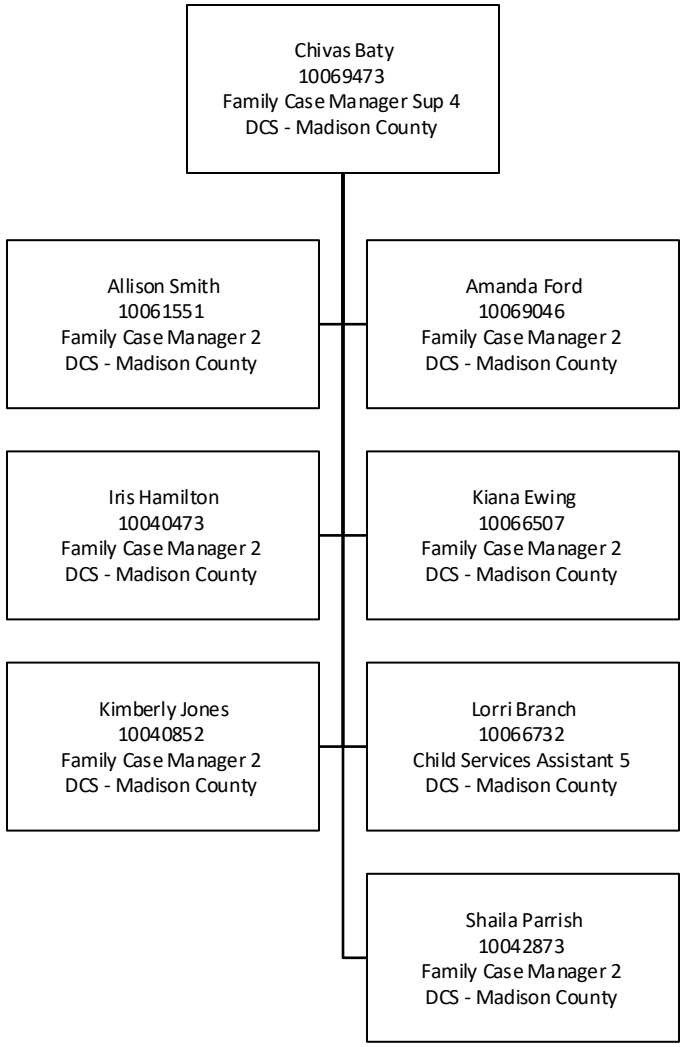
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Allison Smith
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Amanda Ford
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DCS - Madison County
Iris Hamilton
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Family Case Manager 2
DCS - Madison County
Kiana Ewing
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Family Case Manager 2
DCS - Madison County
Kimberly Jones
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Lorri Branch
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Child Services Assistant 5
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Shaila Parrish
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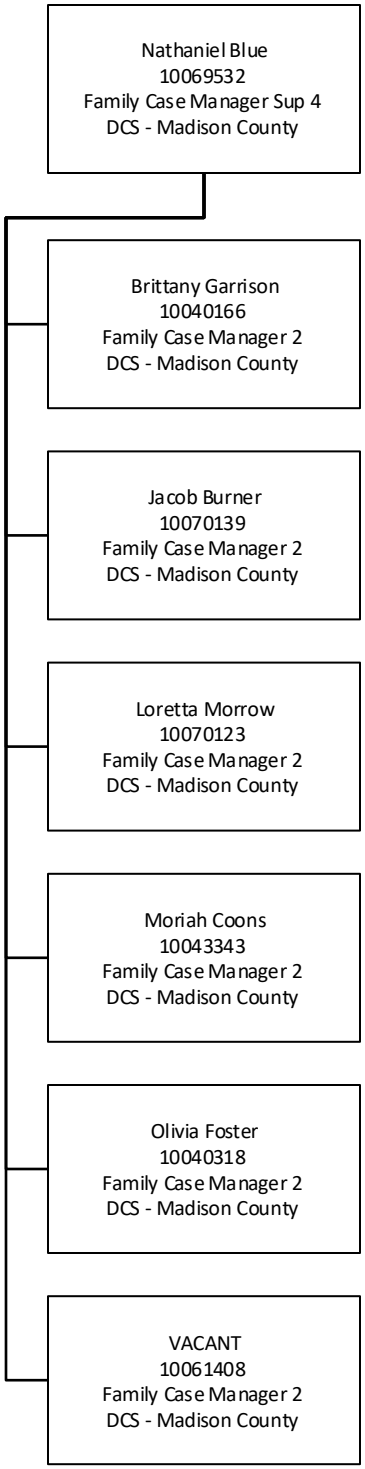
DCS - Madison County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Brittany Garrison
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Jacob Burner
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Family Case Manager 2
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Loretta Morrow
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Family Case Manager 2
DCS - Madison County
Moriah Coons
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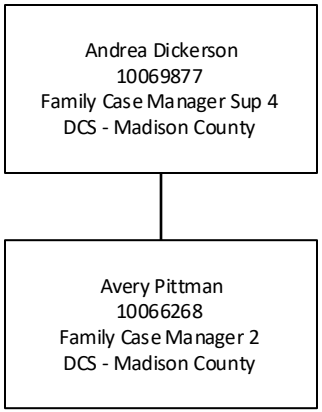
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Avery Pittman
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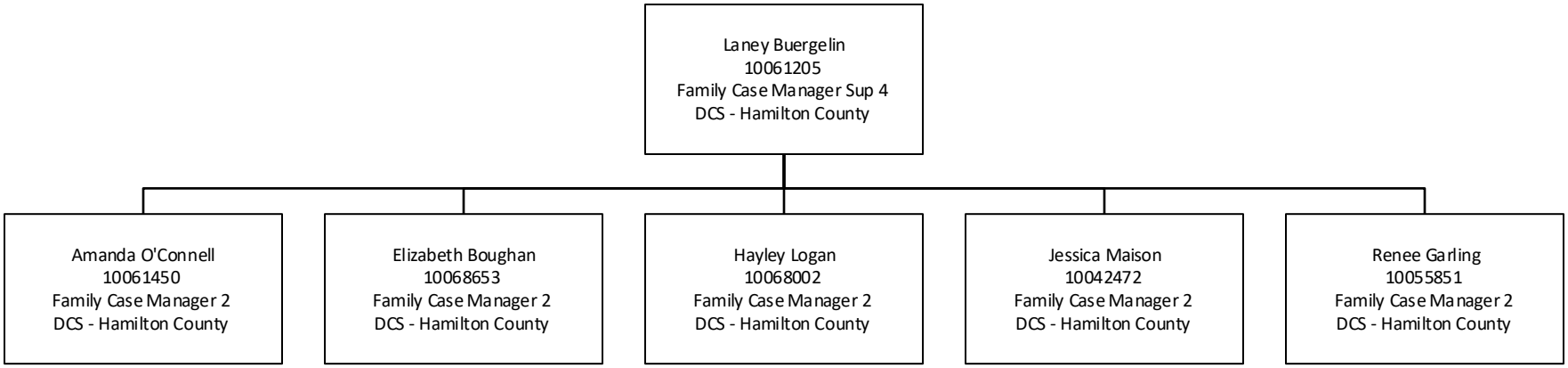
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Hayley Logan
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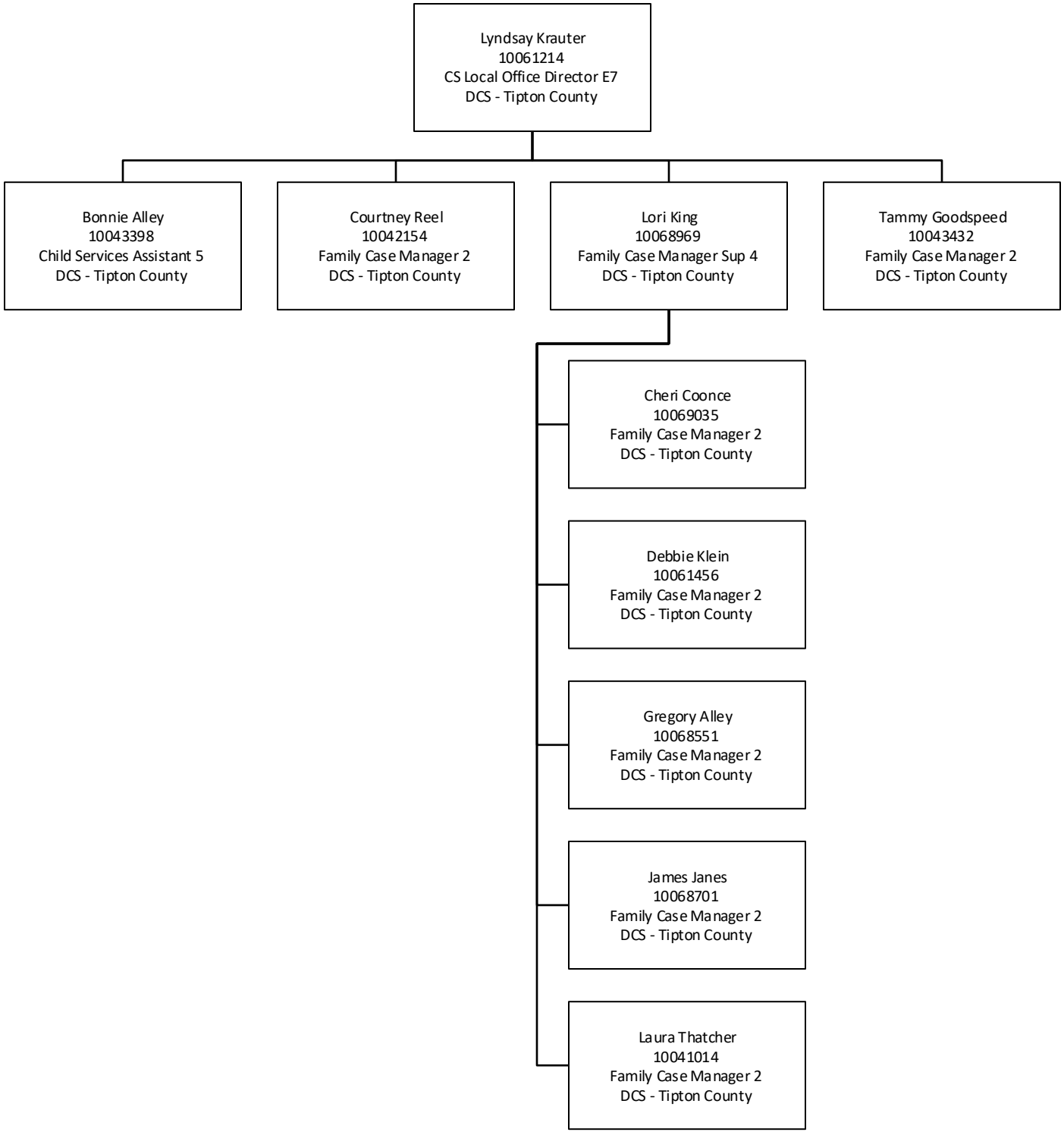
Lyndsay Krauter
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DCS - Tipton County
Bonnie Alley
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DCS - Tipton County
Courtney Reel
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Family Case Manager 2
DCS - Tipton County
Lori King
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Family Case Manager Sup 4
DCS - Tipton County
Tammy Goodspeed
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Family Case Manager 2
DCS - Tipton County
Cheri Coonce
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Debbie Klein
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Family Case Manager 2
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Gregory Alley
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Family Case Manager 2
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James Janes
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Family Case Manager 2
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Laura Thatcher
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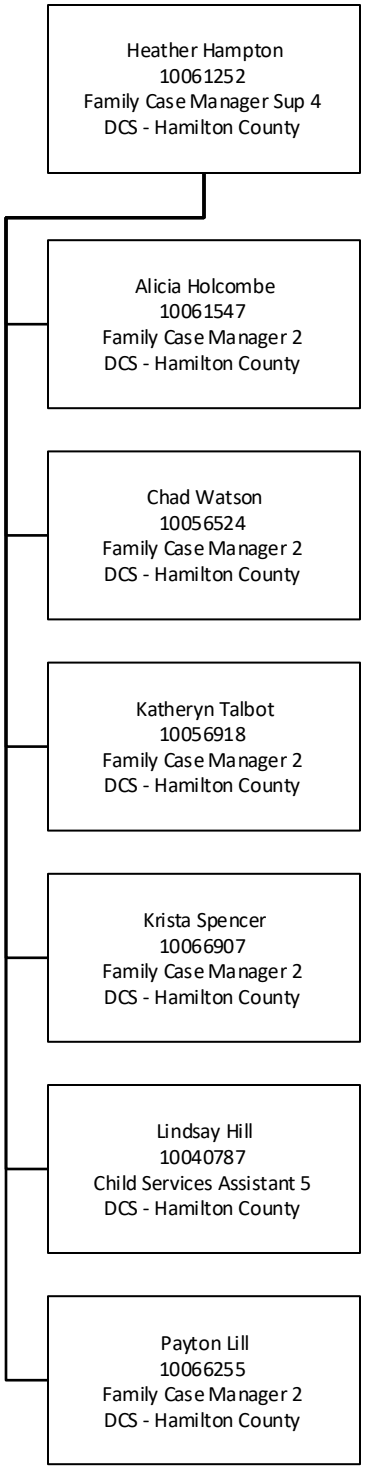
Family Case Manager 2
DCS - Tipton County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Alicia Holcombe
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Chad Watson
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DCS - Hamilton County
Katheryn Talbot
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Krista Spencer
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Lindsay Hill
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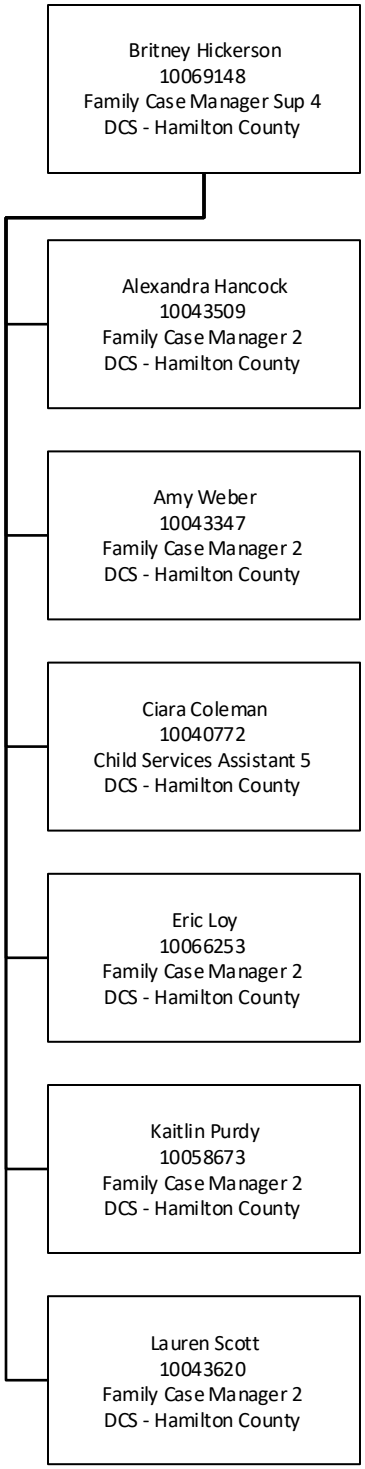
DCS - Hamilton County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Amy Weber
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DCS - Hamilton County
Ciara Coleman
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Child Services Assistant 5
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Eric Loy
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Kaitlin Purdy
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Lauren Scott
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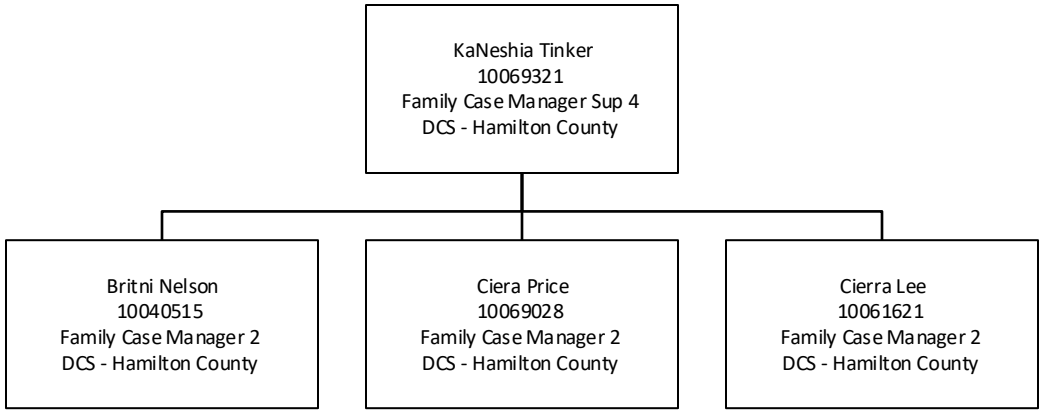
Family Case Manager 2
DCS - Hamilton County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Ciera Price
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Cierra Lee
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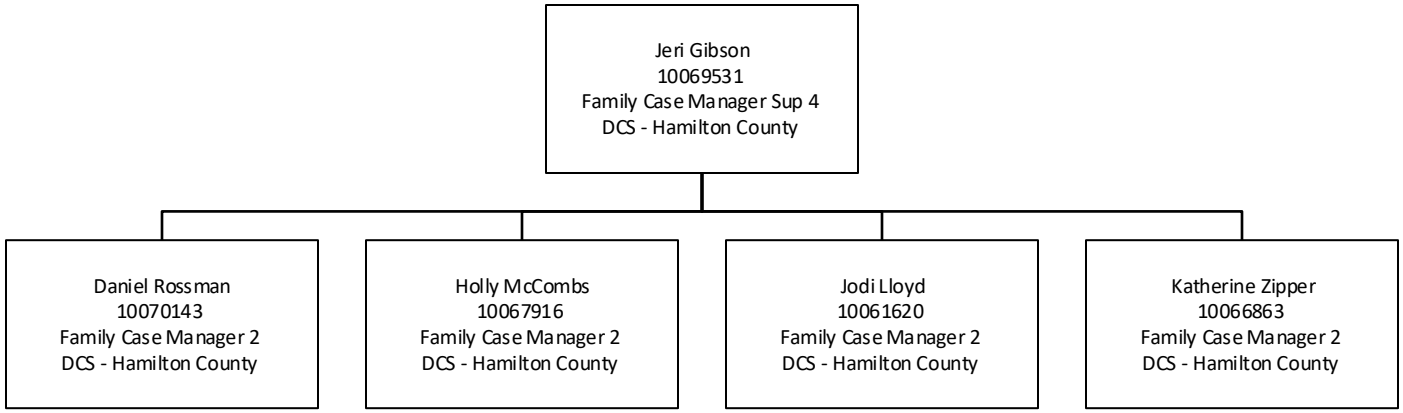
Family Case Manager 2
DCS - Hamilton County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Daniel Rossman
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Holly McCombs
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Jodi Lloyd
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Katherine Zipper
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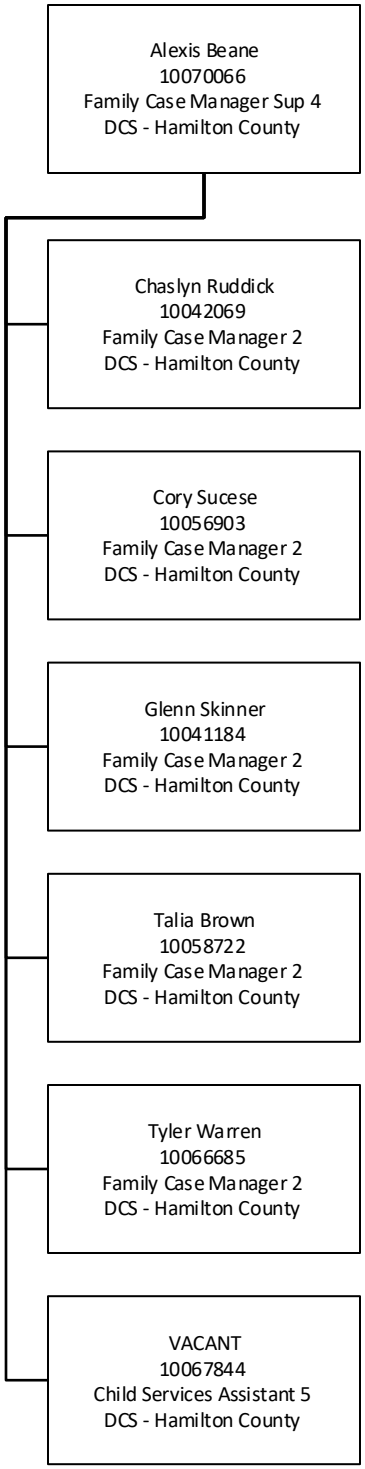
DCS - Hamilton County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Cory Sucese
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Glenn Skinner
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Family Case Manager 2
DCS - Hamilton County
Talia Brown
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Tyler Warren
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VACANT
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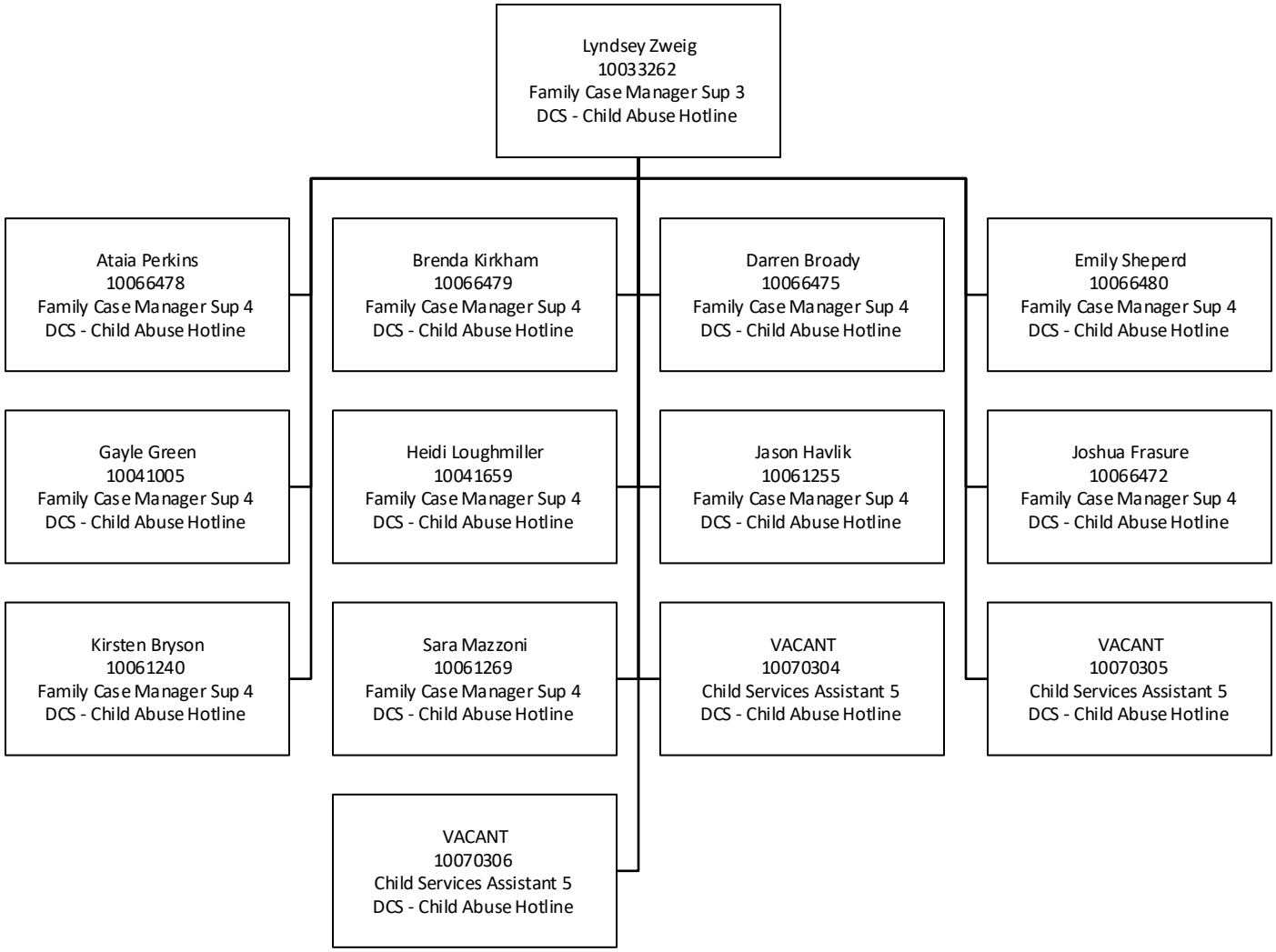
Child Services Assistant 5
DCS - Hamilton County


Lyndsey Zweig
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Ataia Perkins
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Brenda Kirkham
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Family Case Manager Sup 4
DCS - Child Abuse Hotline
Darren Broady
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Emily Sheperd
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Family Case Manager Sup 4
DCS - Child Abuse Hotline
Gayle Green
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DCS - Child Abuse Hotline
Heidi Loughmiller
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DCS - Child Abuse Hotline
Jason Havlik
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Family Case Manager Sup 4
DCS - Child Abuse Hotline
Joshua Frasure
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Kirsten Bryson
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Family Case Manager Sup 4
DCS - Child Abuse Hotline
Sara Mazzoni
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Family Case Manager Sup 4
DCS - Child Abuse Hotline
VACANT
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Child Services Assistant 5
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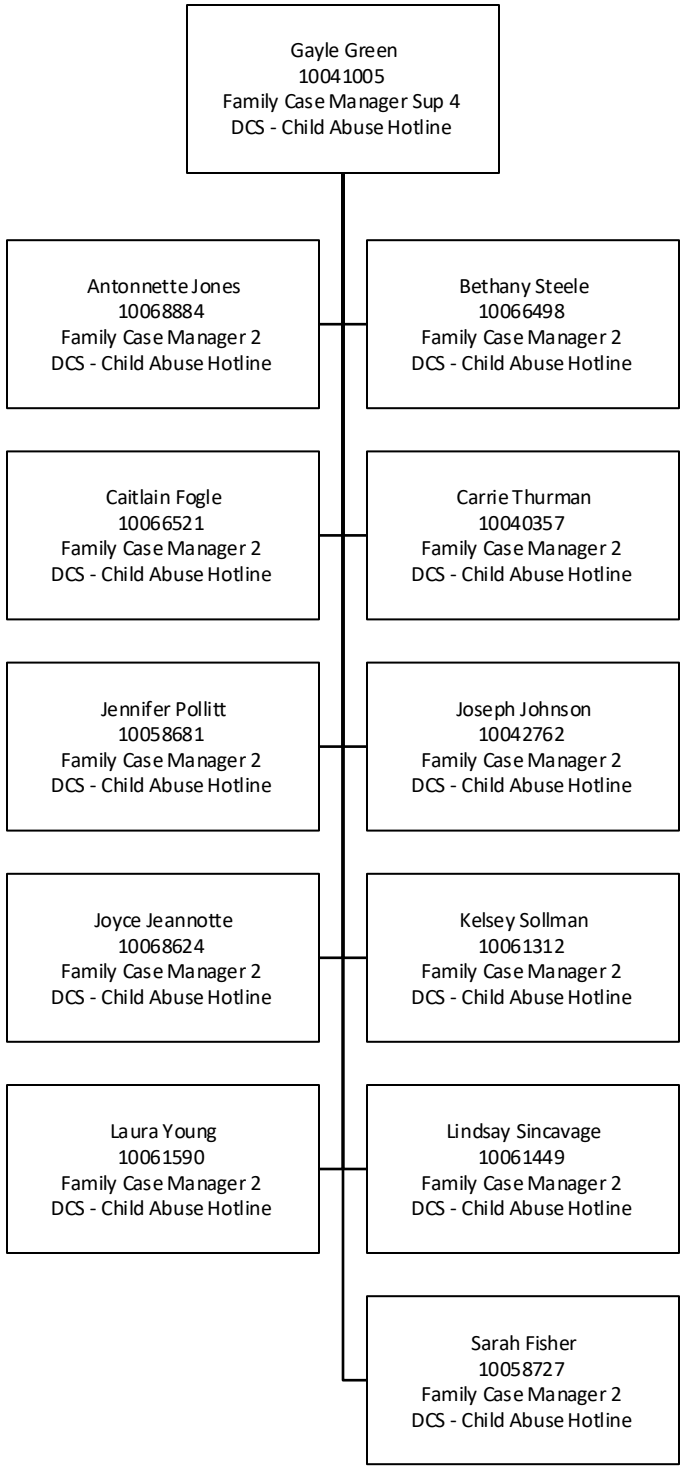
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Bethany Steele
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Caitlain Fogle
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Carrie Thurman
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Jennifer Pollitt
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Joseph Johnson
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Family Case Manager 2
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Joyce Jeannotte
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Kelsey Sollman
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Family Case Manager 2
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Laura Young
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Family Case Manager 2
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Lindsay Sincavage
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Sarah Fisher
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Family Case Manager 2
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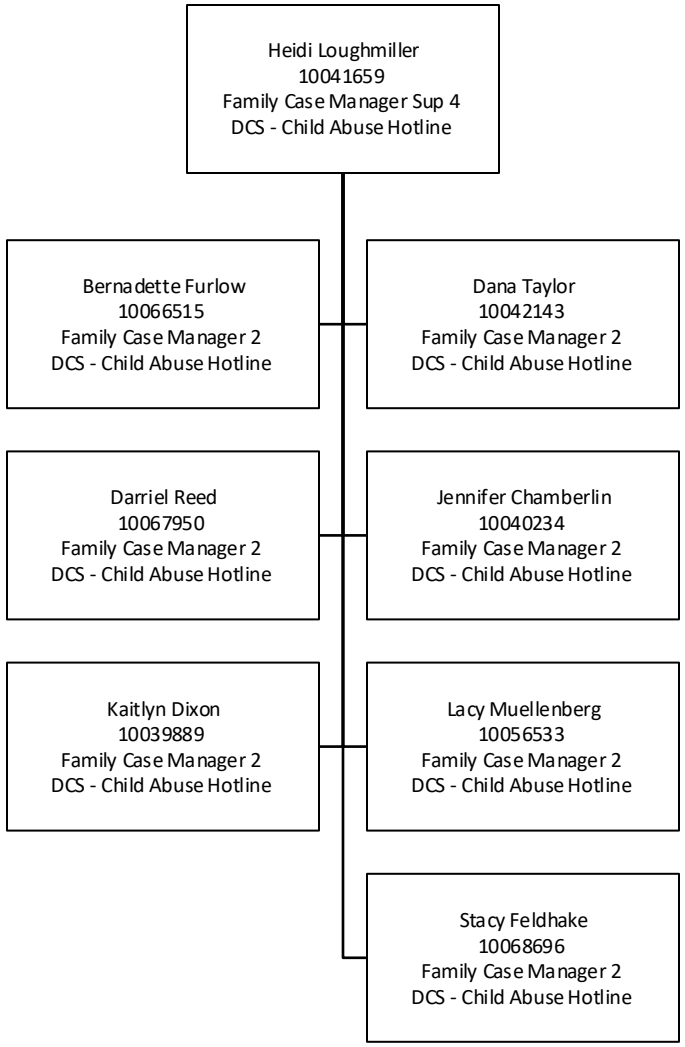
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Bernadette Furlow
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Dana Taylor
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Darriel Reed
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Family Case Manager 2
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Jennifer Chamberlin
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DCS - Child Abuse Hotline
Kaitlyn Dixon
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Stacy Feldhake
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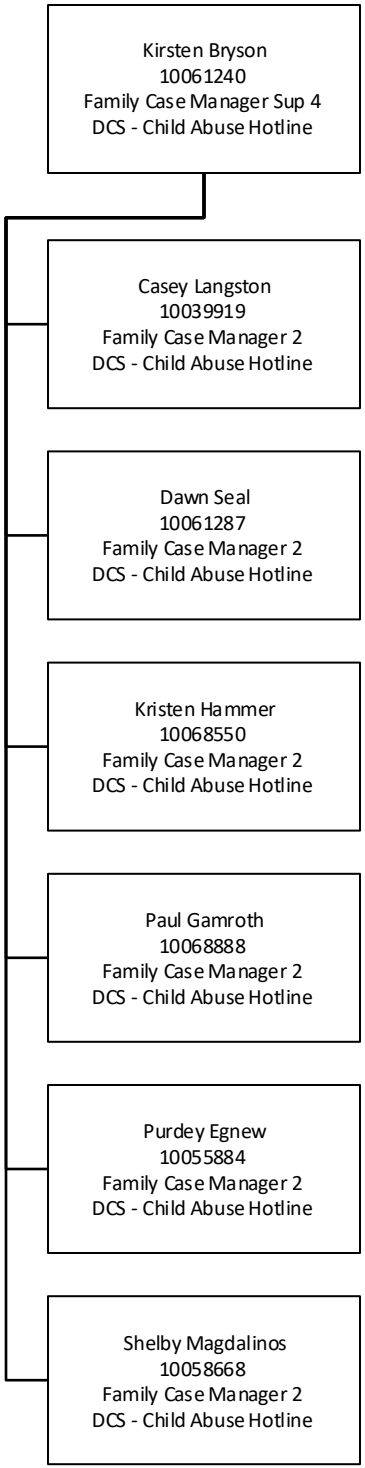
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Casey Langston
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Dawn Seal
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Kristen Hammer
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Family Case Manager 2
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Paul Gamroth
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Family Case Manager 2
DCS - Child Abuse Hotline
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Shelby Magdalinos
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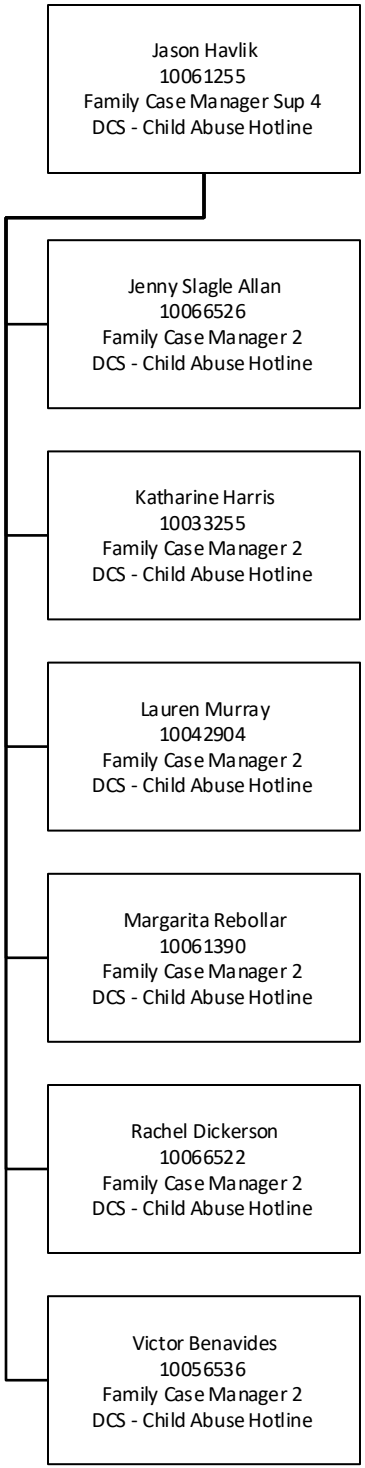
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Jenny Slagle Allan
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Katharine Harris
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Lauren Murray
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Family Case Manager 2
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Margarita Rebollar
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Family Case Manager 2
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Rachel Dickerson
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Victor Benavides
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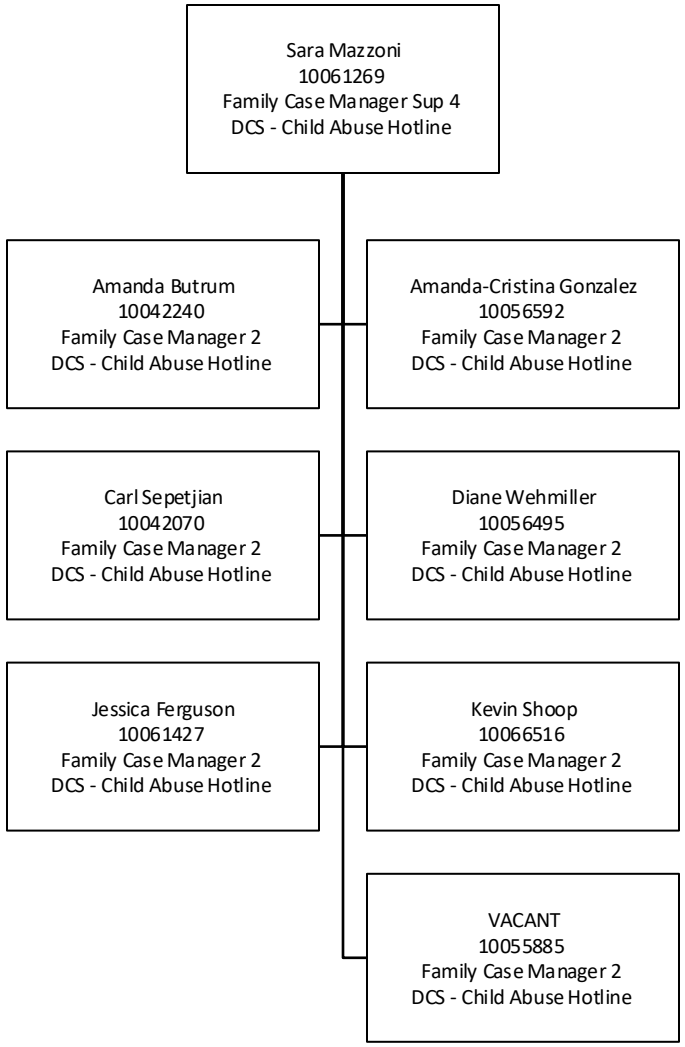
Sara Mazzoni
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Amanda Butrum
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Carl Sepetjian
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Diane Wehmiller
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DCS - Child Abuse Hotline
Jessica Ferguson
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Family Case Manager 2
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Kevin Shoop
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VACANT
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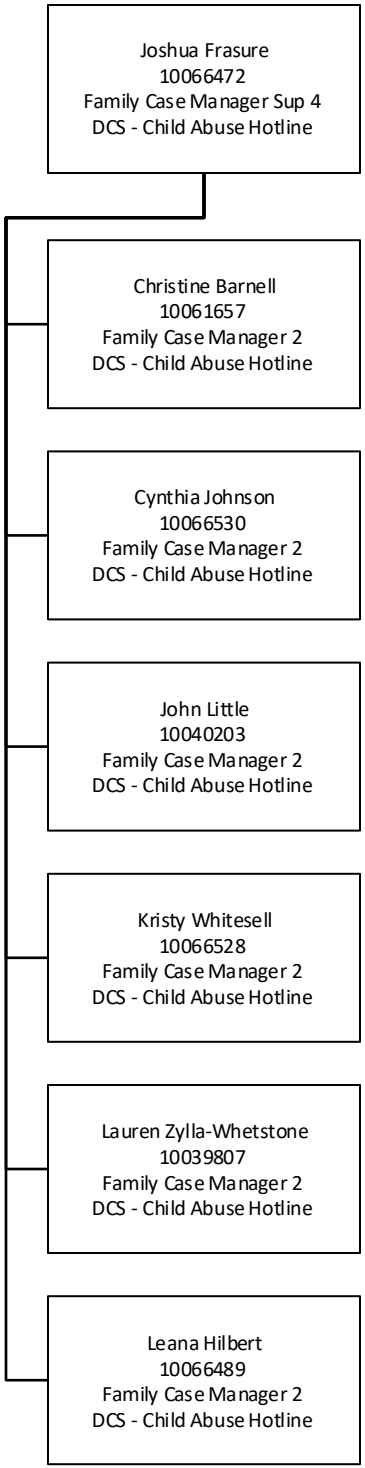
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Christine Barnell
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Family Case Manager 2
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Cynthia Johnson
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John Little
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Kristy Whitesell
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DCS - Child Abuse Hotline
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Leana Hilbert
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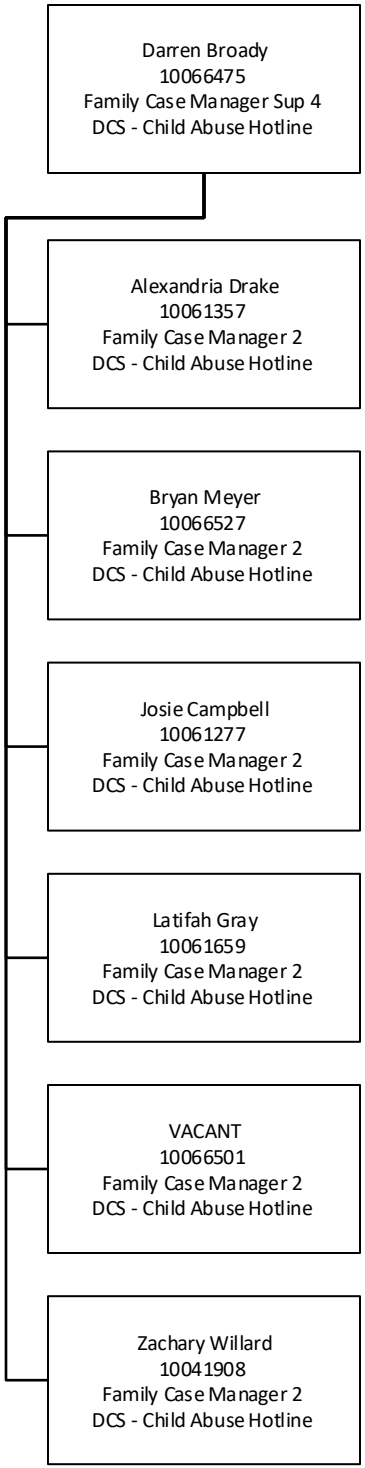
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Bryan Meyer
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Family Case Manager 2
DCS - Child Abuse Hotline
Josie Campbell
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Family Case Manager 2
DCS - Child Abuse Hotline
Latifah Gray
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Family Case Manager 2
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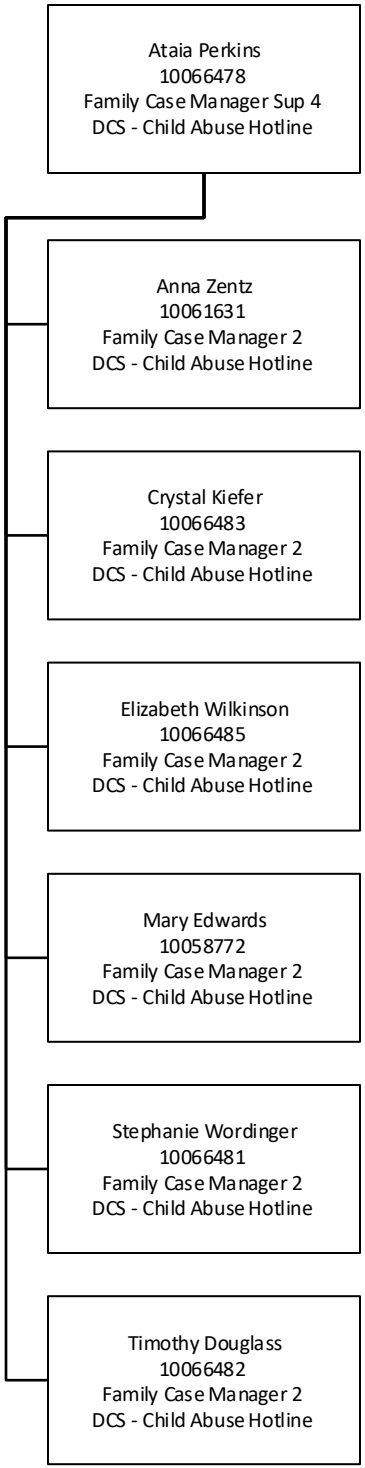
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Family Case Manager 2
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Elizabeth Wilkinson
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Family Case Manager 2
DCS - Child Abuse Hotline
Mary Edwards
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Family Case Manager 2
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Timothy Douglass
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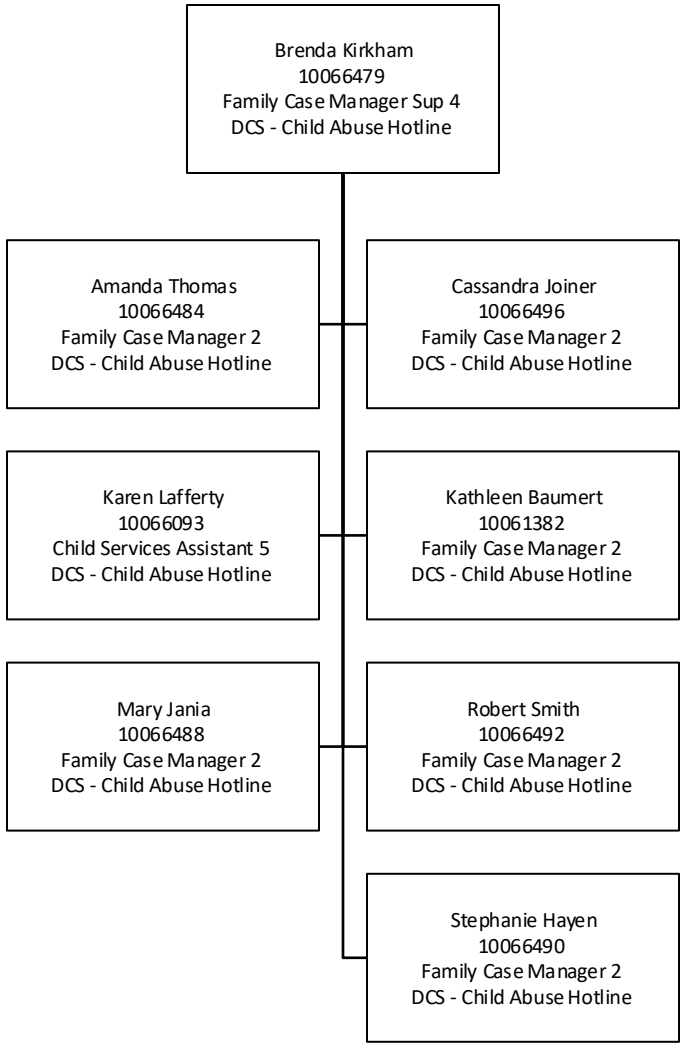
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Amanda Thomas
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Karen Lafferty
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Child Services Assistant 5
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Kathleen Baumert
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Mary Jania
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Family Case Manager 2
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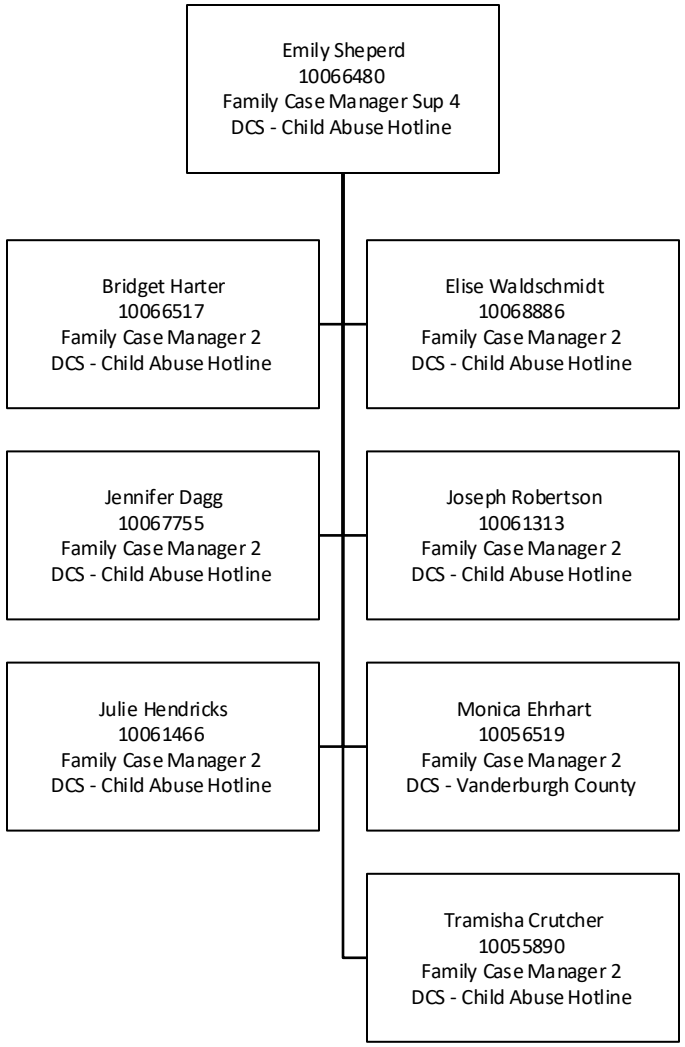
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Jennifer Dagg
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Joseph Robertson
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Julie Hendricks
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Family Case Manager 2
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Tramisha Crutcher
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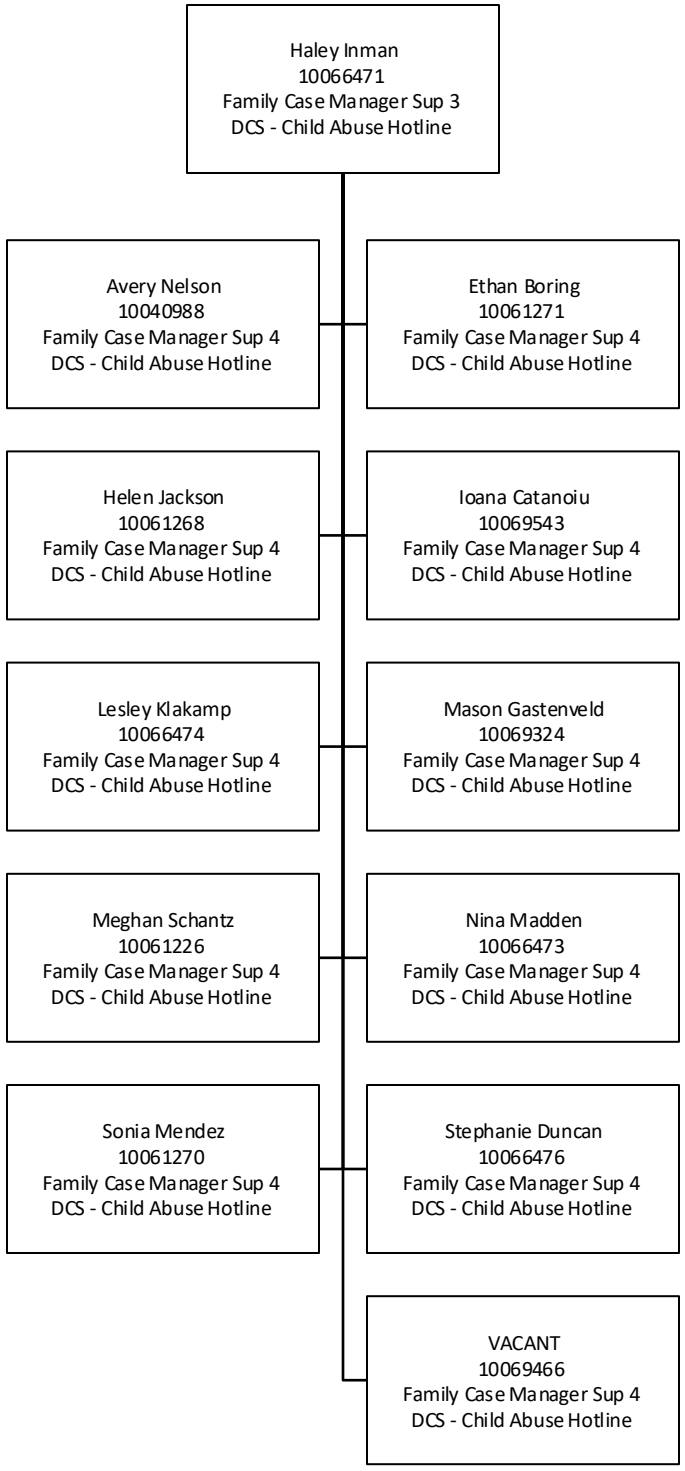
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Avery Nelson
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Family Case Manager Sup 4
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Ethan Boring
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Helen Jackson
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Family Case Manager Sup 4
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Ioana Catanoiu
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Family Case Manager Sup 4
DCS - Child Abuse Hotline
Lesley Klakamp
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Family Case Manager Sup 4
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Mason Gastenveld
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Family Case Manager Sup 4
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Meghan Schantz
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Family Case Manager Sup 4
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Nina Madden
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Family Case Manager Sup 4
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Sonia Mendez
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Family Case Manager Sup 4
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VACANT
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Family Case Manager Sup 4
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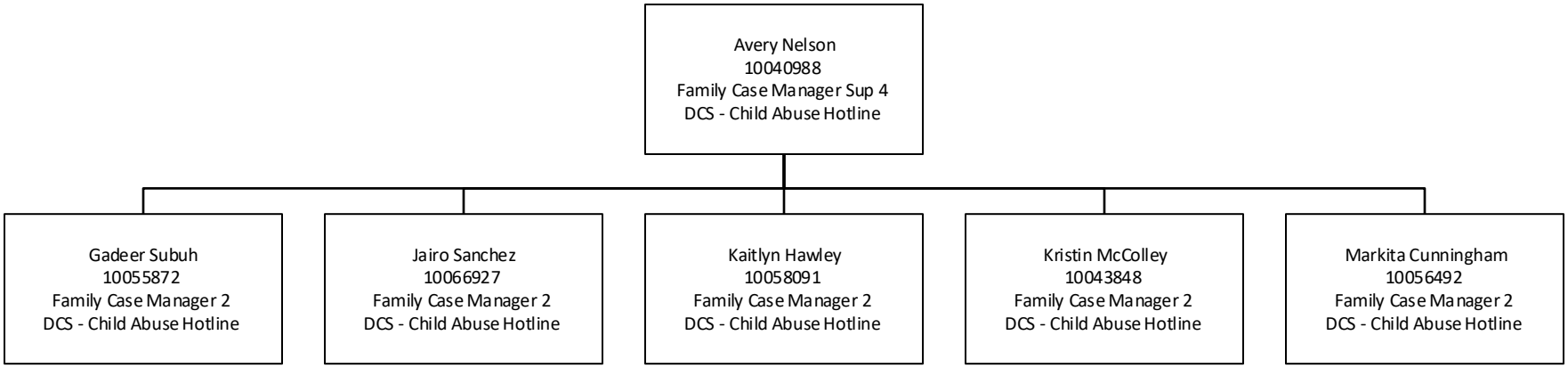
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Gadeer Subuh
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Family Case Manager 2
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Jairo Sanchez
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Family Case Manager 2
DCS - Child Abuse Hotline
Kaitlyn Hawley
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Family Case Manager 2
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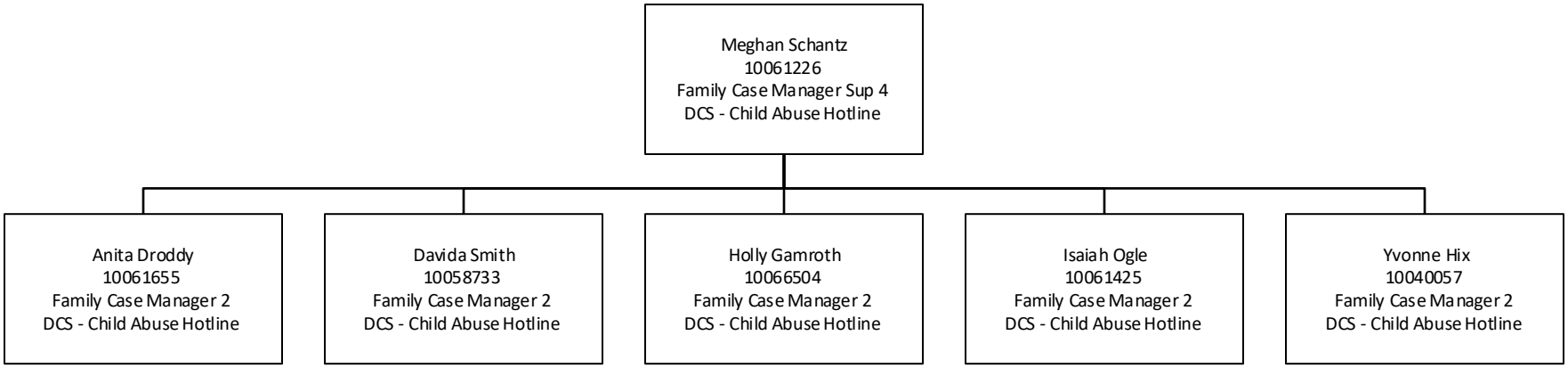
Meghan Schantz
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Anita Droddy
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Davida Smith
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Family Case Manager 2
DCS - Child Abuse Hotline
Holly Gamroth
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Family Case Manager 2
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Yvonne Hix
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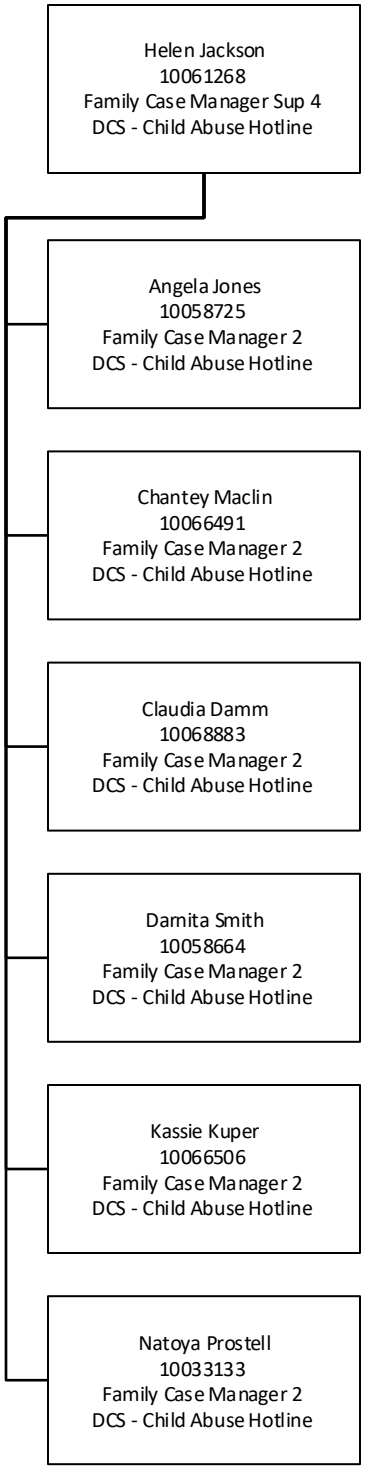
DCS - Child Abuse Hotline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Angela Jones
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Chantey Maclin
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Family Case Manager 2
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Claudia Damm
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Family Case Manager 2
DCS - Child Abuse Hotline
Damita Smith
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Family Case Manager 2
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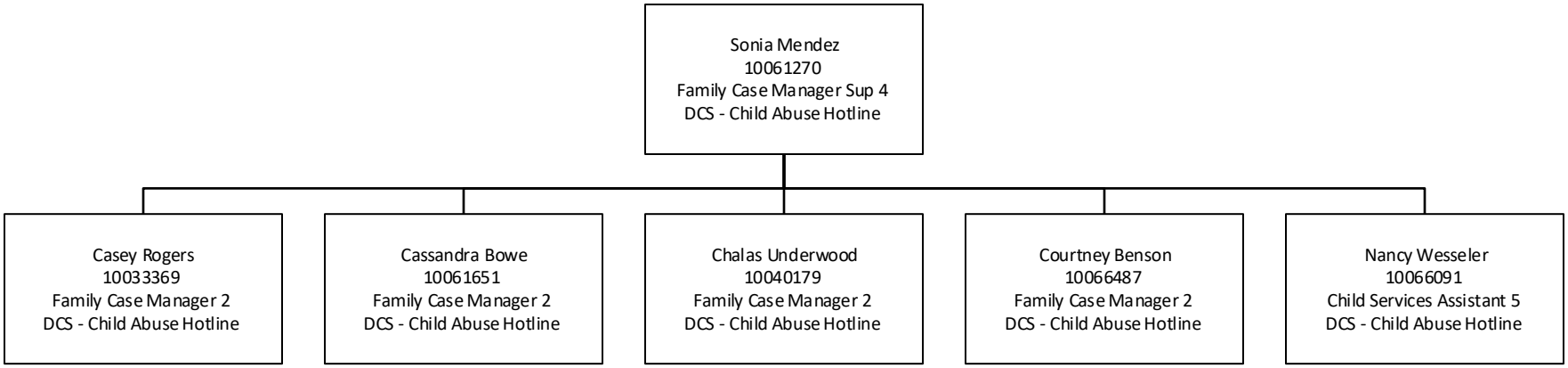
DCS - Child Abuse Hotline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Casey Rogers
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Family Case Manager 2
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Cassandra Bowe
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Family Case Manager 2
DCS - Child Abuse Hotline
Chalas Underwood
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Family Case Manager 2
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Family Case Manager 2
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Nancy Wesseler
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Child Services Assistant 5
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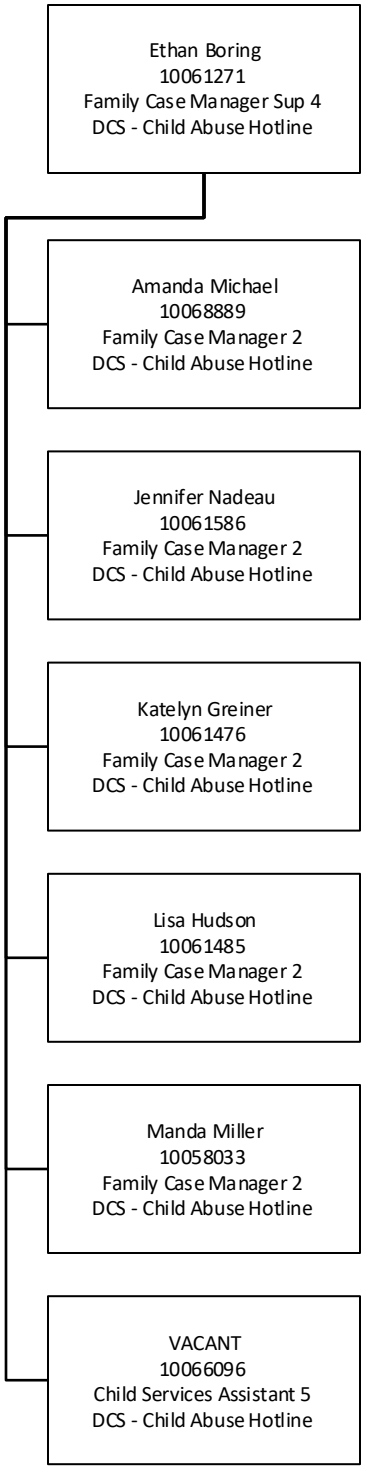
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Jennifer Nadeau
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Family Case Manager 2
DCS - Child Abuse Hotline
Katelyn Greiner
10061476
Family Case Manager 2
DCS - Child Abuse Hotline
Lisa Hudson
10061485
Family Case Manager 2
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Manda Miller
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VACANT
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Child Services Assistant 5
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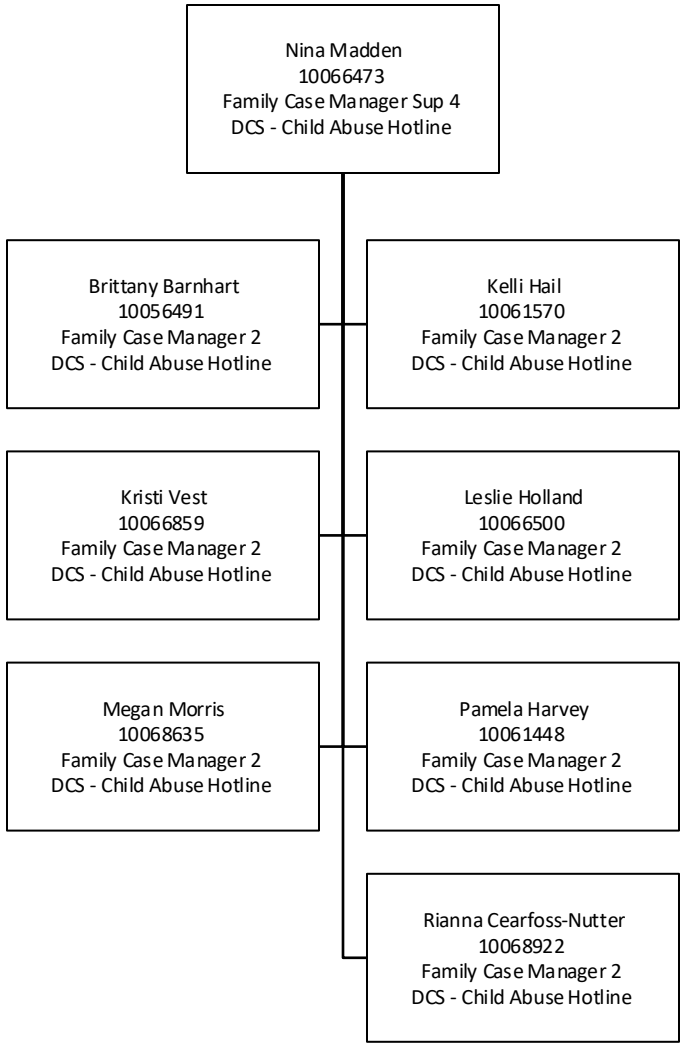
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Brittany Barnhart
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DCS - Child Abuse Hotline
Kelli Hail
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Family Case Manager 2
DCS - Child Abuse Hotline
Kristi Vest
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Family Case Manager 2
DCS - Child Abuse Hotline
Leslie Holland
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Family Case Manager 2
DCS - Child Abuse Hotline
Megan Morris
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Family Case Manager 2
DCS - Child Abuse Hotline
Pamela Harvey
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Family Case Manager 2
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Rianna Cearfoss-Nutter
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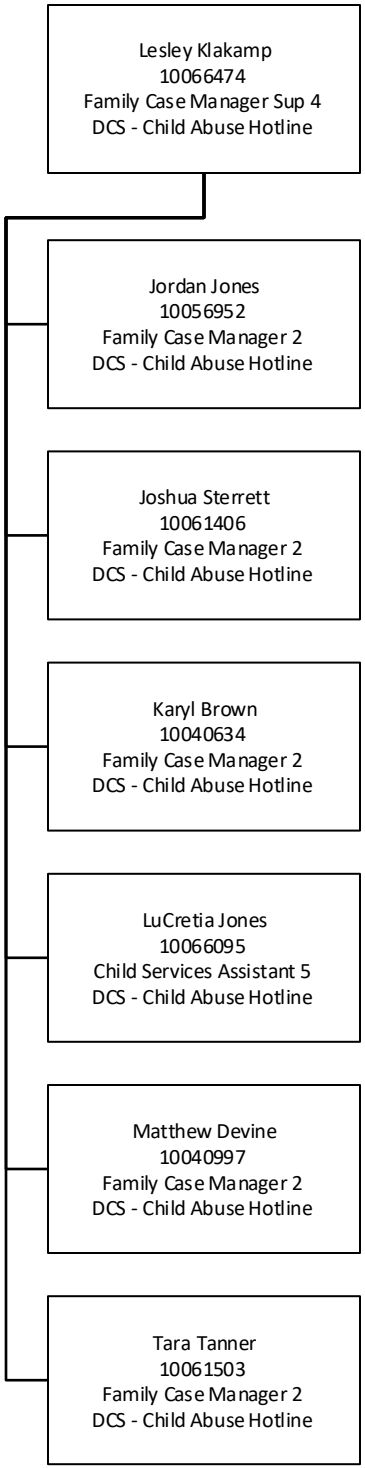
Family Case Manager 2
DCS - Child Abuse Hotline


Lesley Klakamp
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Jordan Jones
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DCS - Child Abuse Hotline
Joshua Sterrett
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Family Case Manager 2
DCS - Child Abuse Hotline
Karyl Brown
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Family Case Manager 2
DCS - Child Abuse Hotline
LuCretia Jones
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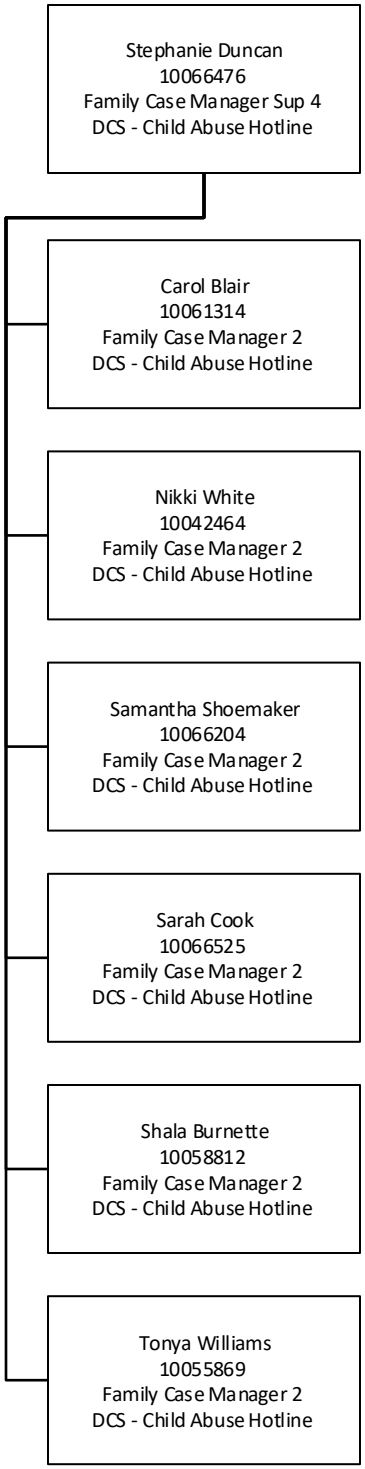
Child Services Assistant 5
DCS - Child Abuse Hotline
Matthew Devine
10040997
Family Case Manager 2
DCS - Child Abuse Hotline
Tara Tanner
10061503
Family Case Manager 2
DCS - Child Abuse Hotline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Carol Blair
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DCS - Child Abuse Hotline
Samantha Shoemaker
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Family Case Manager 2
DCS - Child Abuse Hotline
Sarah Cook
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Family Case Manager 2
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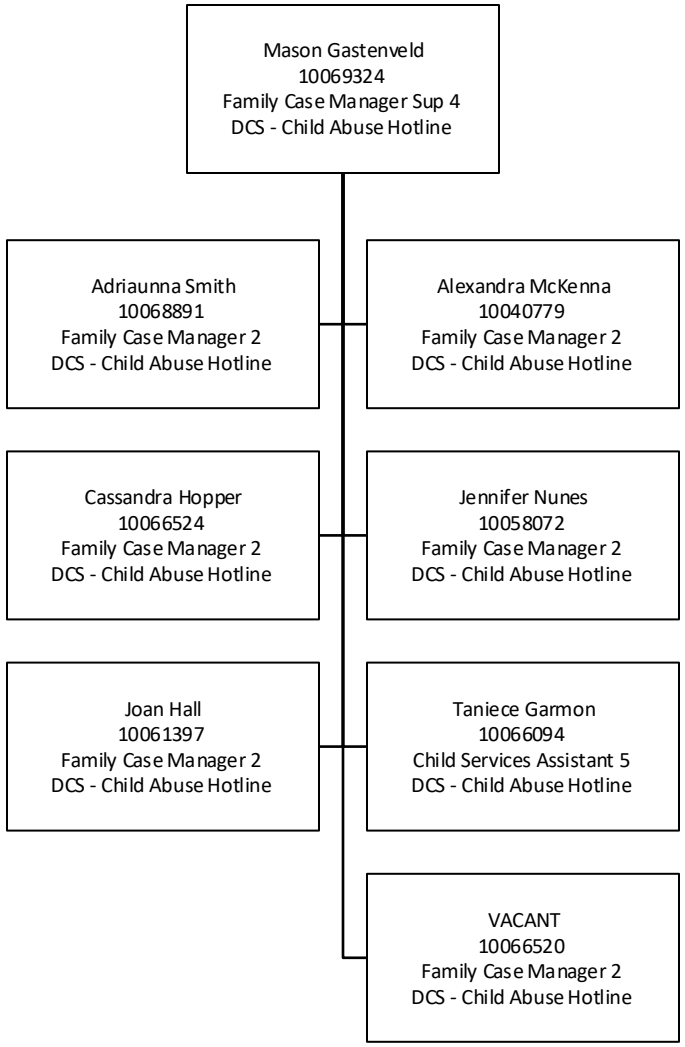
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Adriaunna Smith
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Alexandra McKenna
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Cassandra Hopper
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Jennifer Nunes
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Family Case Manager 2
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Joan Hall
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Family Case Manager 2
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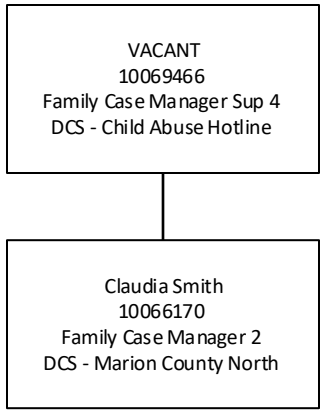
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Claudia Smith
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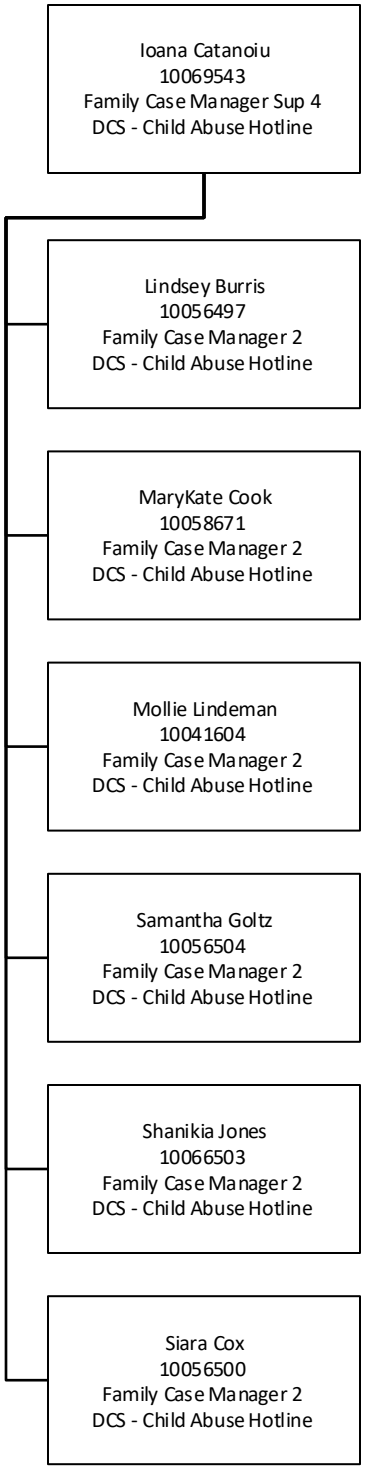
Family Case Manager 2
DCS - Marion County North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Lindsey Burris
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MaryKate Cook
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Mollie Lindeman
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Samantha Goltz
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Siara Cox
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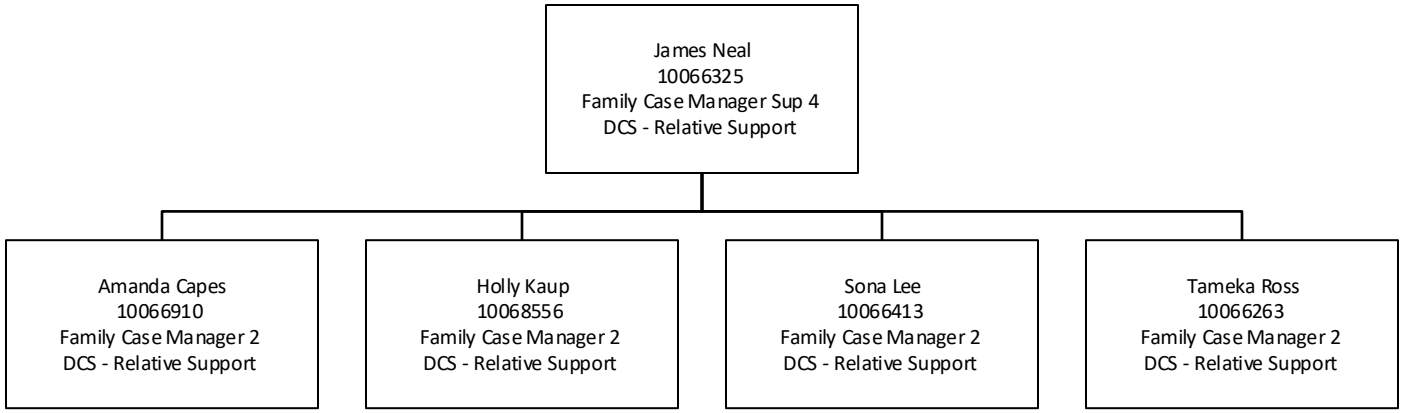
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Amanda Capes
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Family Case Manager 2
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Holly Kaup
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Sona Lee
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Tameka Ross
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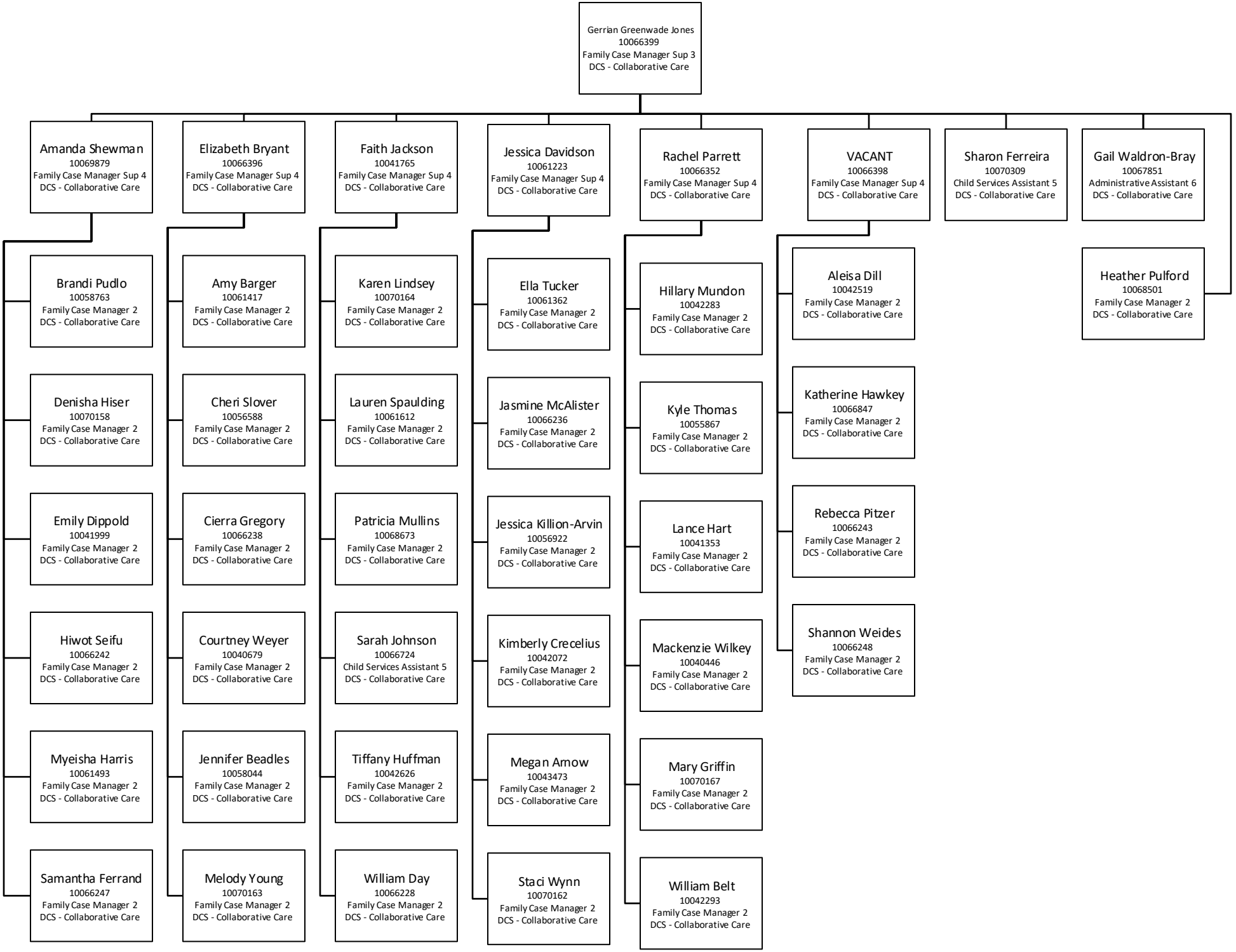
DCS - Relative Support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Amanda Shewman
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Brandi Pudlo
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Family Case Manager 2
DCS - Collaborative Care
Denisha Hiser
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Family Case Manager 2
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Emily Dippold
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Family Case Manager 2
DCS - Collaborative Care
Hiwot Seifu
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Family Case Manager 2
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Myeisha Harris
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Family Case Manager 2
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Samantha Ferrand
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Family Case Manager 2
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Elizabeth Bryant
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Amy Barger
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Cheri Slover
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Cierra Gregory
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Courtney Weyer
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Jennifer Beadles
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Melody Young
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Faith Jackson
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Lauren Spaulding
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Patricia Mullins
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Jessica Davidson
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Ella Tucker
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Jasmine McAlister
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Megan Amow
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Staci Wynn
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Rachel Parrett
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Hillary Mundon
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Kyle Thomas
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Lance Hart
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Mackenzie Wilkey
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Mary Griffin
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VACANT
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Aleisa Dill
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Shannon Weides
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Sharon Ferreira
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Child Services Assistant 5
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Heather Pulford
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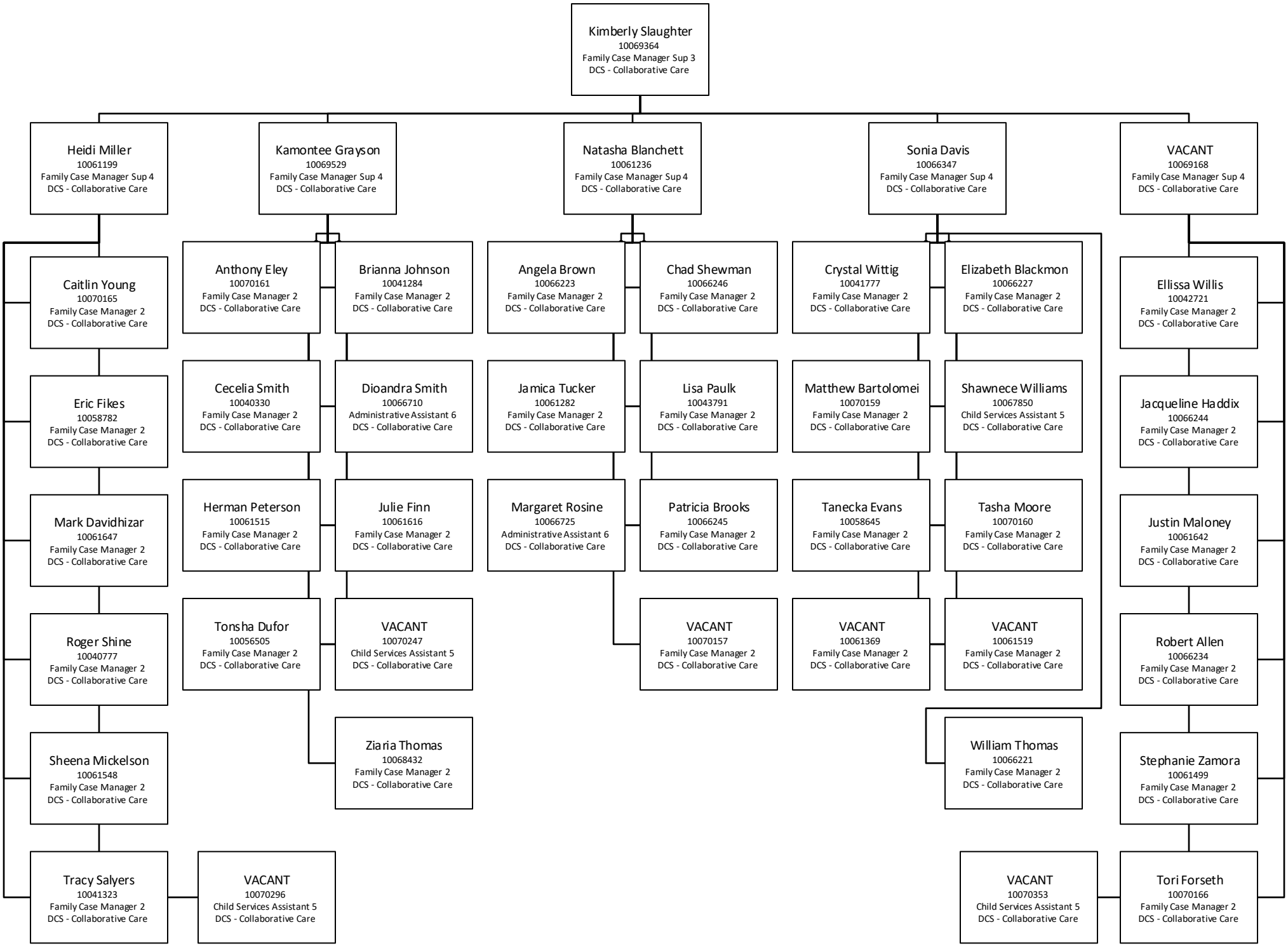
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Heidi Miller
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Natasha Blanchett
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Sonia Davis
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VACANT
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Caitlin Young
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Eric Fikes
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Family Case Manager 2
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Mark Davidhizar
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Roger Shine
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Sheena Mickelson
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Brianna Johnson
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Cecelia Smith
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Family Case Manager 2
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Dioandra Smith
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Herman Peterson
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Julie Finn
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Family Case Manager 2
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Tonsha Dufor
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VACANT
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Child Services Assistant 5
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Ziaria Thomas
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VACANT
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Child Services Assistant 5
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Angela Brown
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DCS - Collaborative Care
Chad Shewman
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Lisa Paulk
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Margaret Rosine
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Justin Maloney
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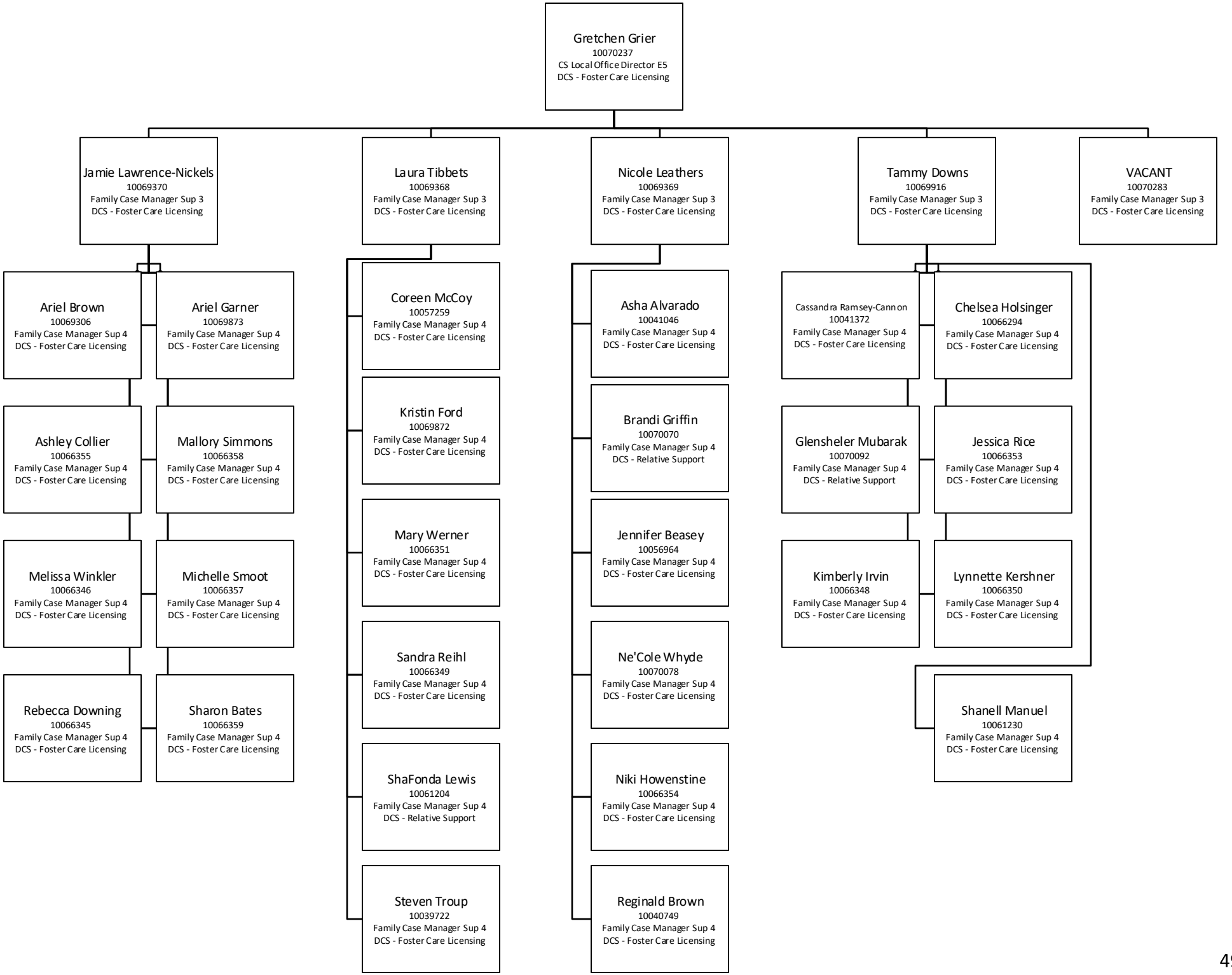
Gretchen Grier
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Jamie Lawrence-Nickels
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Laura Tibbets
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Nicole Leathers
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Tammy Downs
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Ariel Brown
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Ariel Garner
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Ashley Collier
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Mallory Simmons
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Melissa Winkler
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Michelle Smoot
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Coreen McCoy
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Kristin Ford
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Mary Werner
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Sandra Reihl
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Family Case Manager Sup 4
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ShaFonda Lewis
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Family Case Manager Sup 4
DCS - Relative Support
Steven Troup
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Asha Alvarado
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Family Case Manager Sup 4
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Brandi Griffin
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Family Case Manager Sup 4
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Jennifer Beasey
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Ne'Cole Whyde
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Niki Howenstine
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Reginald Brown
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Cassandra Ramsey-Cannon
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Chelsea Holsinger
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Glensheler Mubarak
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Kimberly Irvin
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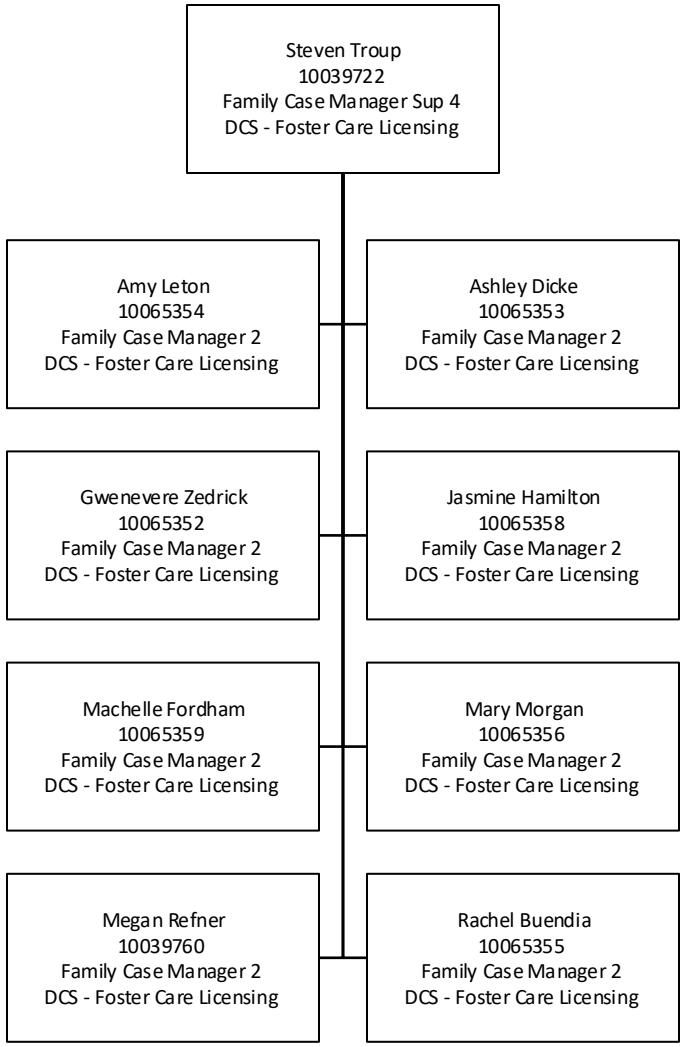
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Gwenevere Zedrick
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Jasmine Hamilton
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Machelle Fordham
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Mary Morgan
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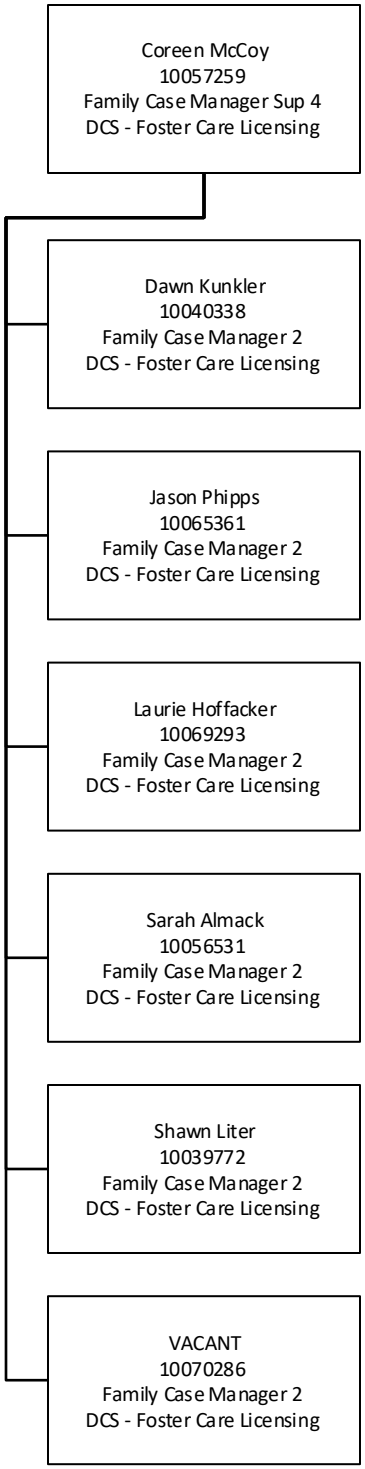
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Dawn Kunkler
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Family Case Manager 2
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Laurie Hoffacker
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Family Case Manager 2
DCS - Foster Care Licensing
Sarah Almack
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Family Case Manager 2
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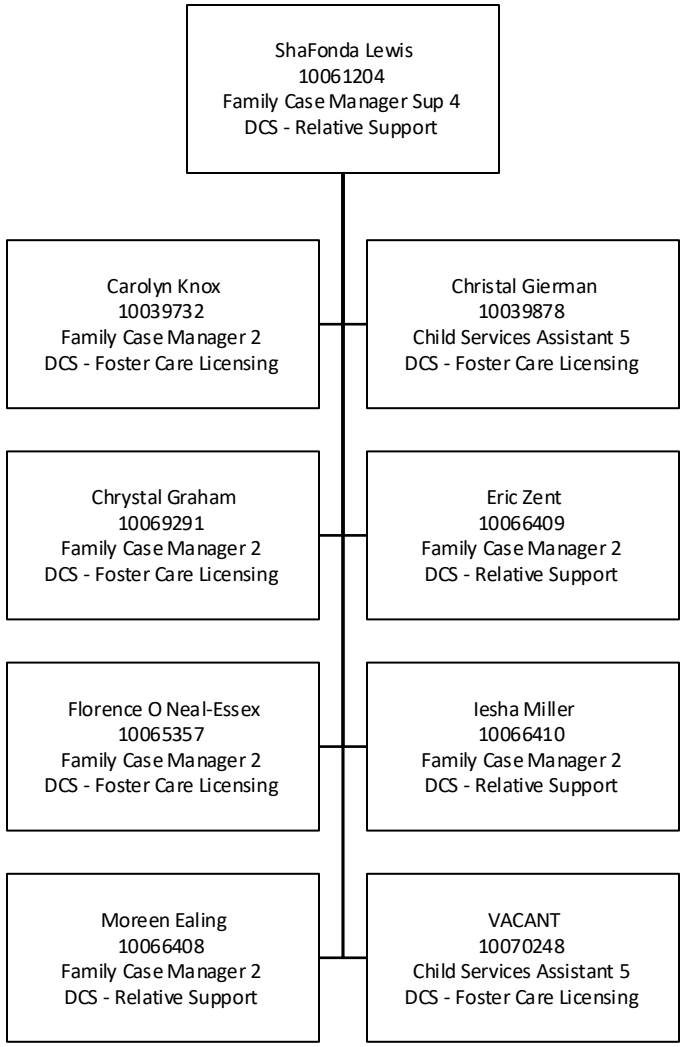
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Carolyn Knox
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Christal Gierman
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Child Services Assistant 5
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Chrystal Graham
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Eric Zent
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Florence O Neal-Essex
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Family Case Manager 2
DCS - Foster Care Licensing
Iesha Miller
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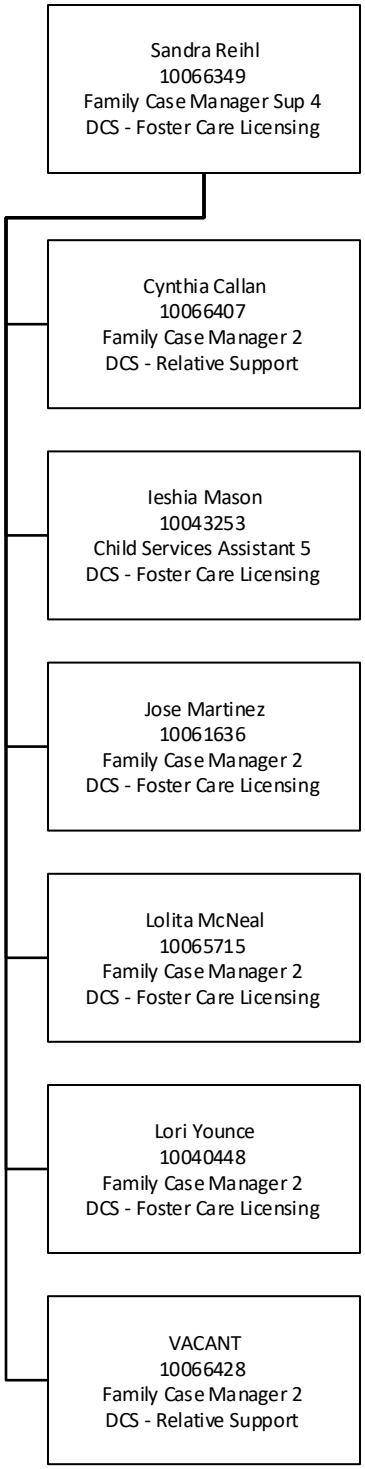
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Cynthia Callan
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Ieshia Mason
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Child Services Assistant 5
DCS - Foster Care Licensing
Jose Martinez
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Family Case Manager 2
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Lolita McNeal
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Family Case Manager 2
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Lori Younce
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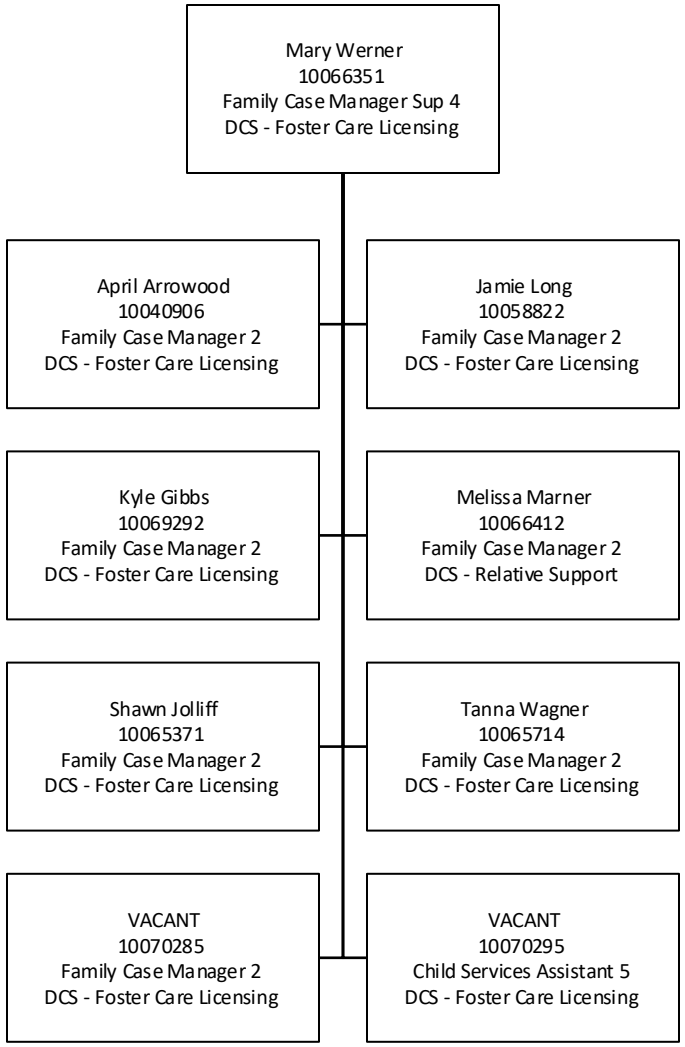
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Kyle Gibbs
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Melissa Marner
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DCS - Relative Support
Shawn Jolliff
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Tanna Wagner
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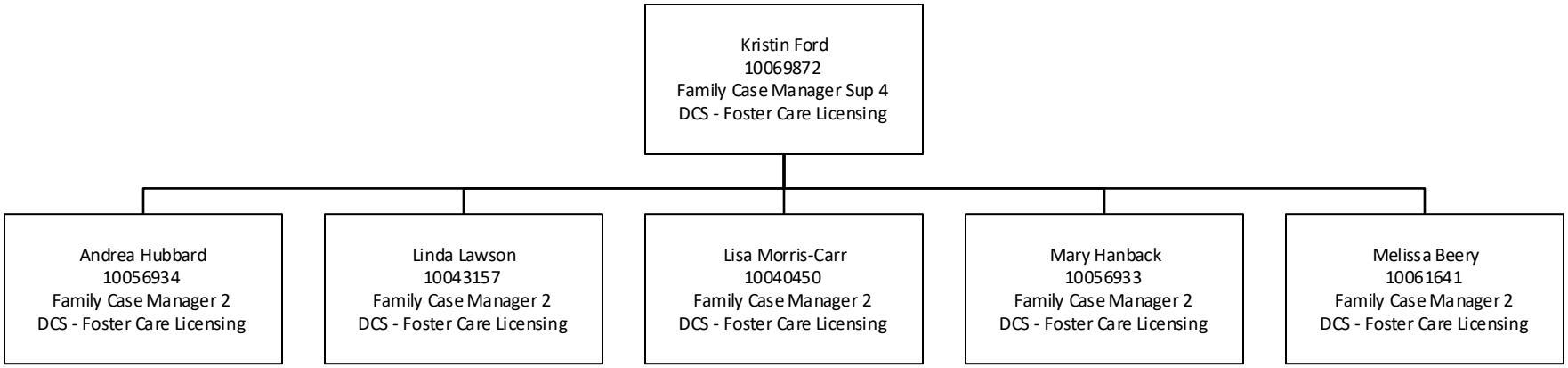
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Lisa Morris-Carr
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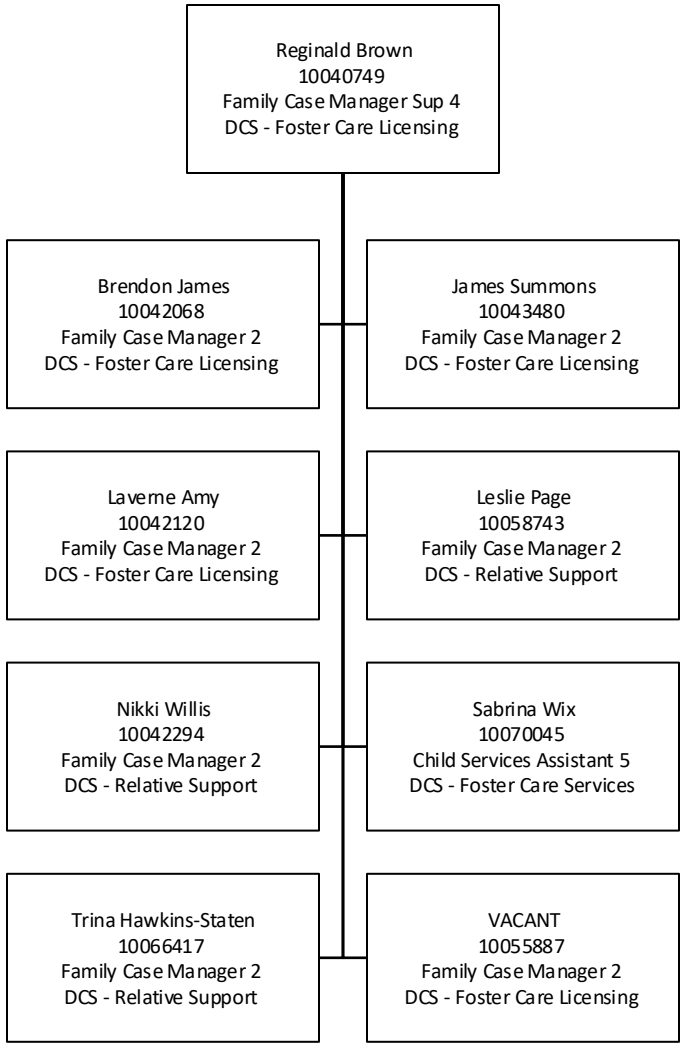
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James Summons
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Laverne Amy
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DCS - Foster Care Licensing
Leslie Page
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Family Case Manager 2
DCS - Relative Support
Nikki Willis
10042294
Family Case Manager 2
DCS - Relative Support
Sabrina Wix
10070045
Child Services Assistant 5
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Trina Hawkins-Staten
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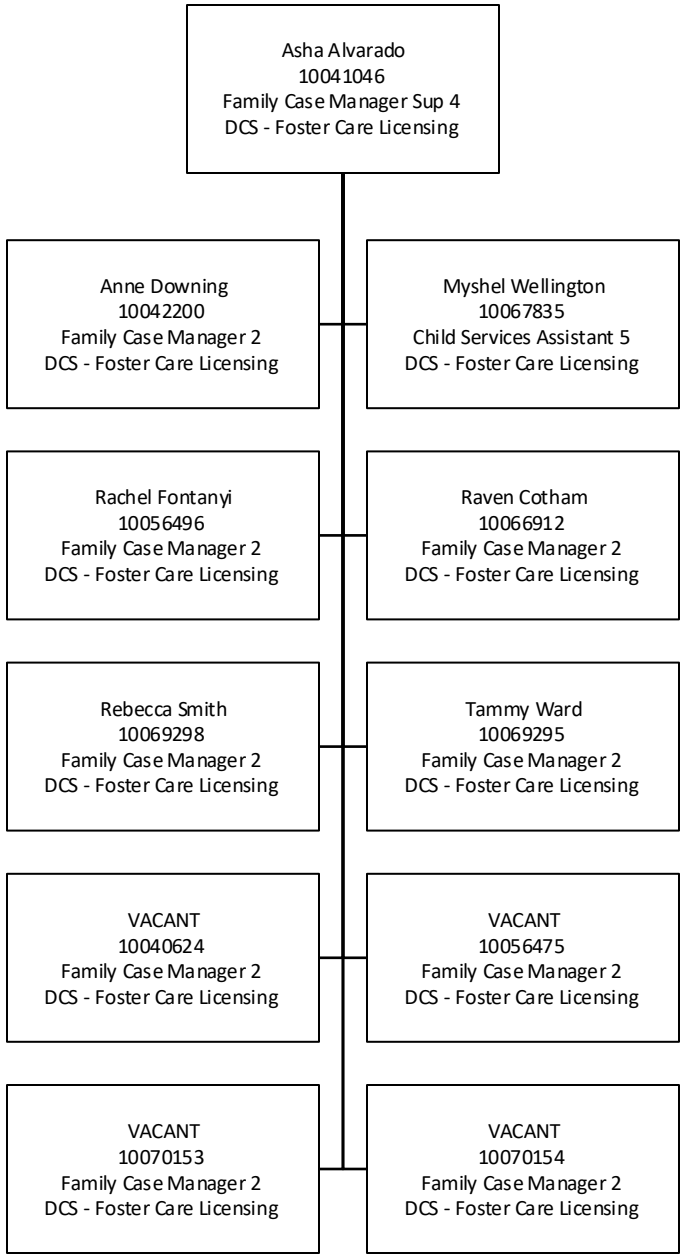
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Anne Downing
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Family Case Manager 2
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Myshel Wellington
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Child Services Assistant 5
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Rachel Fontanyi
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Family Case Manager 2
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Raven Cotham
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Rebecca Smith
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Tammy Ward
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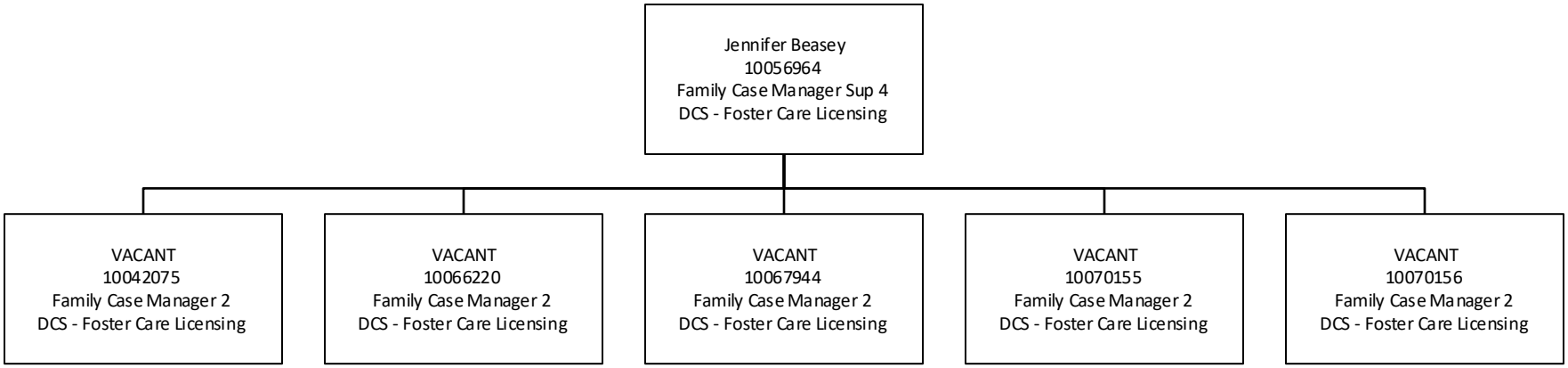
Jennifer Beasey
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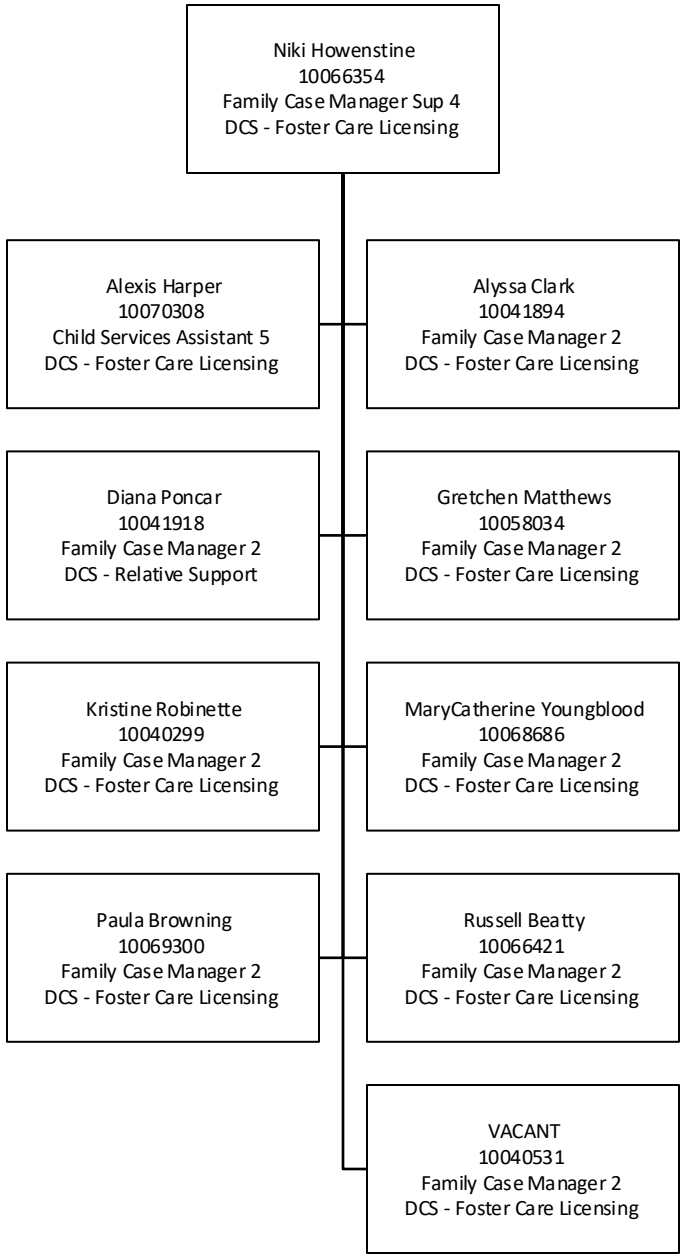
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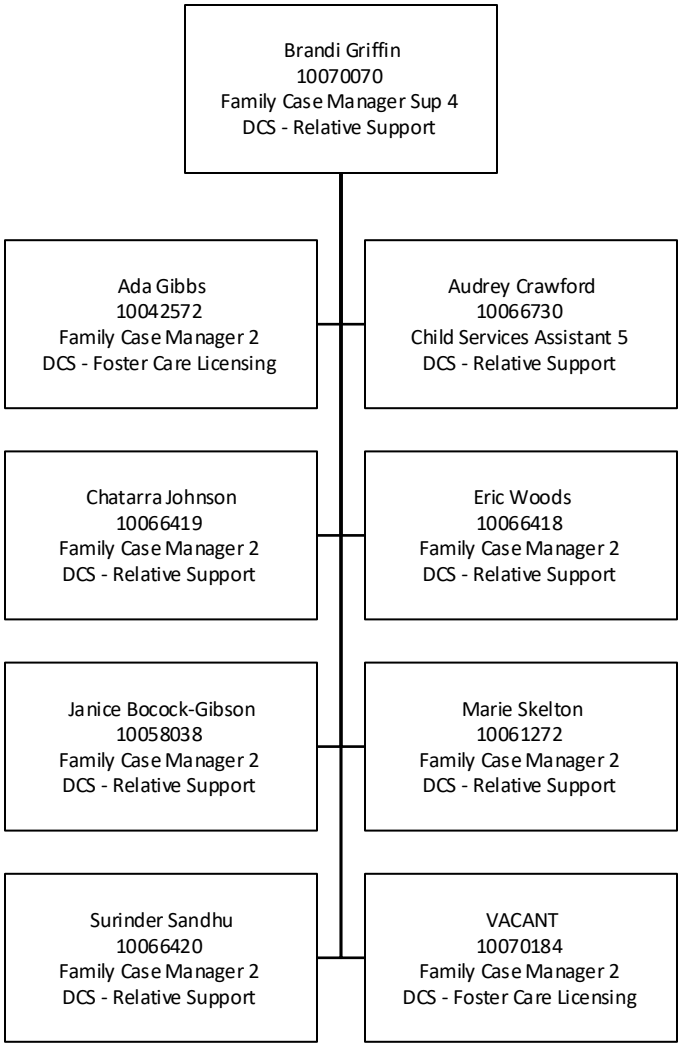
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Audrey Crawford
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Chatarra Johnson
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Eric Woods
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Janice Bocock-Gibson
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Marie Skelton
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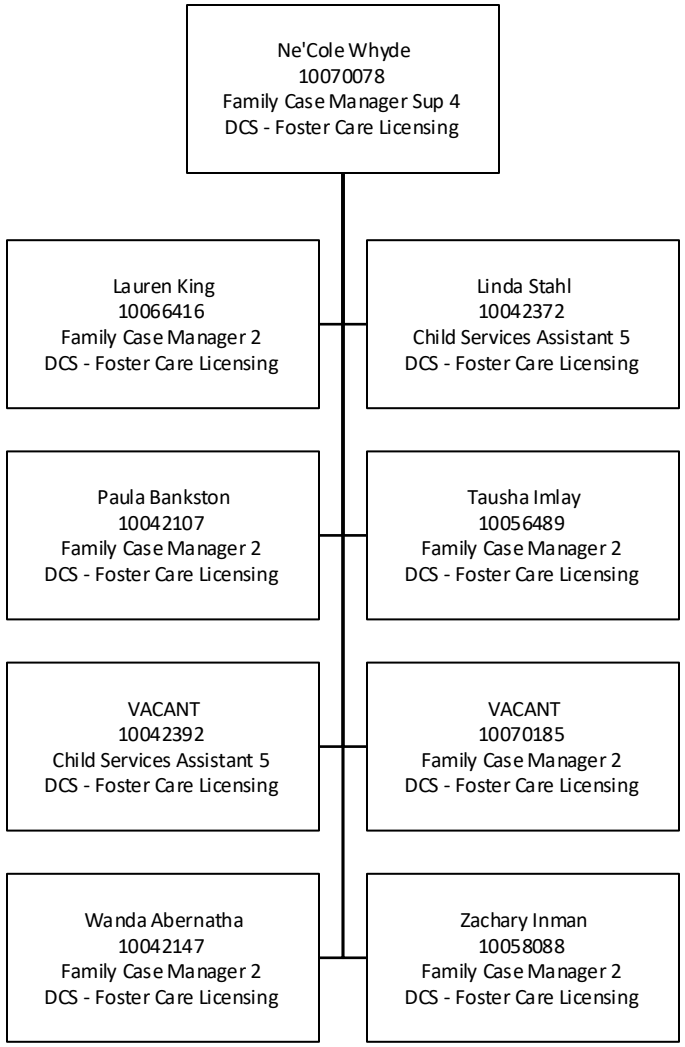
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Tausha Imlay
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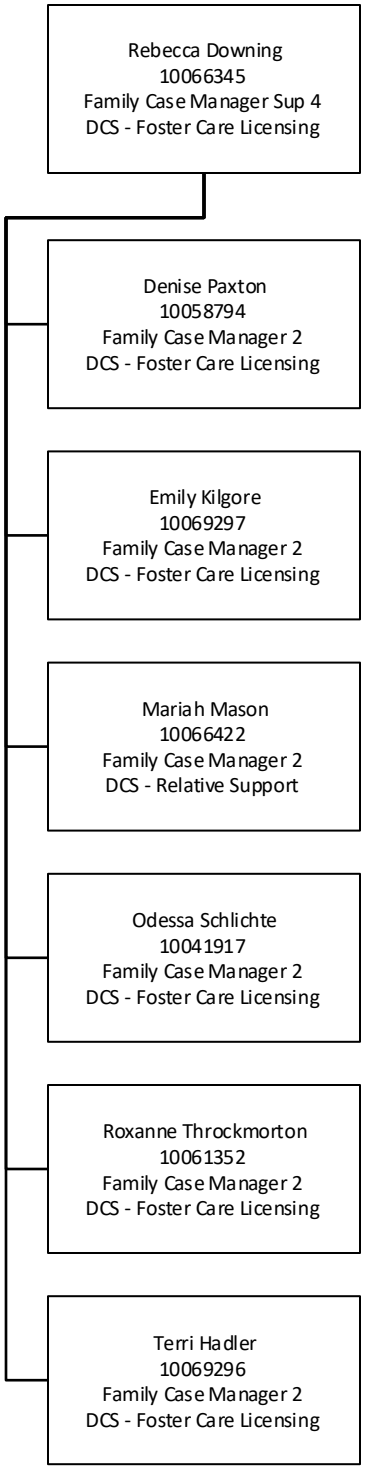
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Mariah Mason
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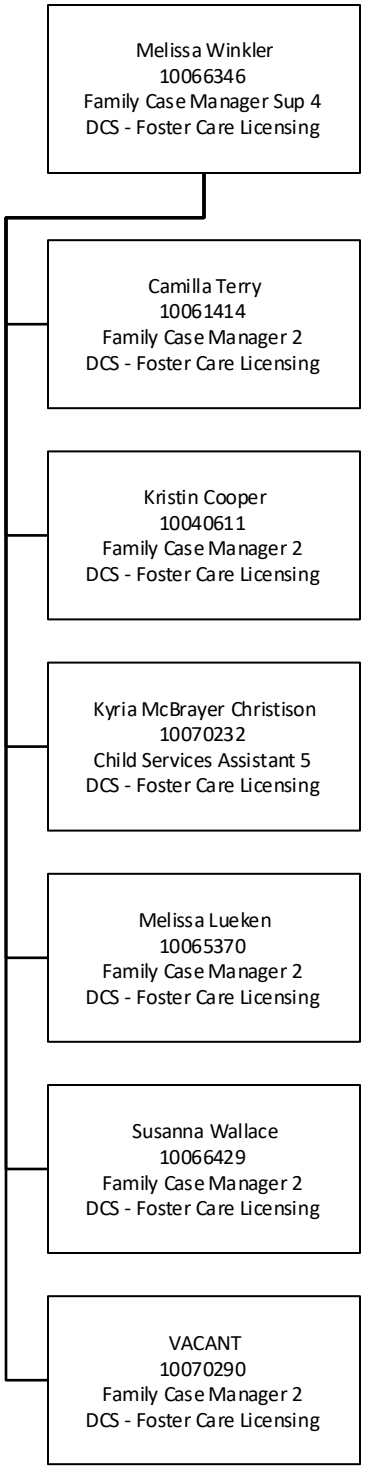
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Camilla Terry
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Kyria McBrayer Christison
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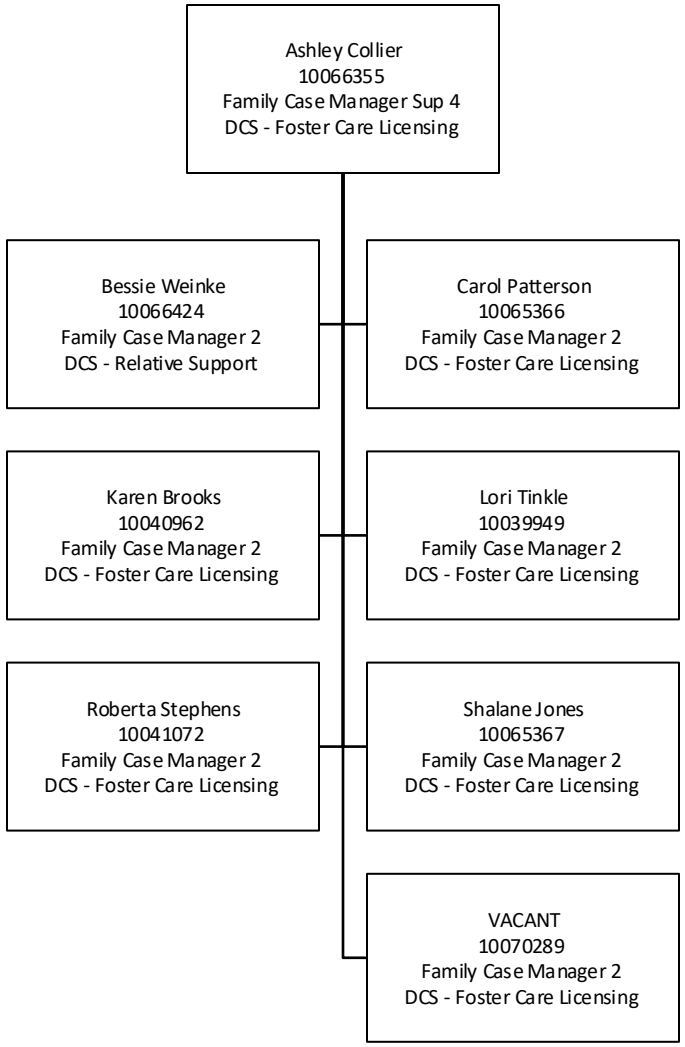
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Lori Tinkle
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Roberta Stephens
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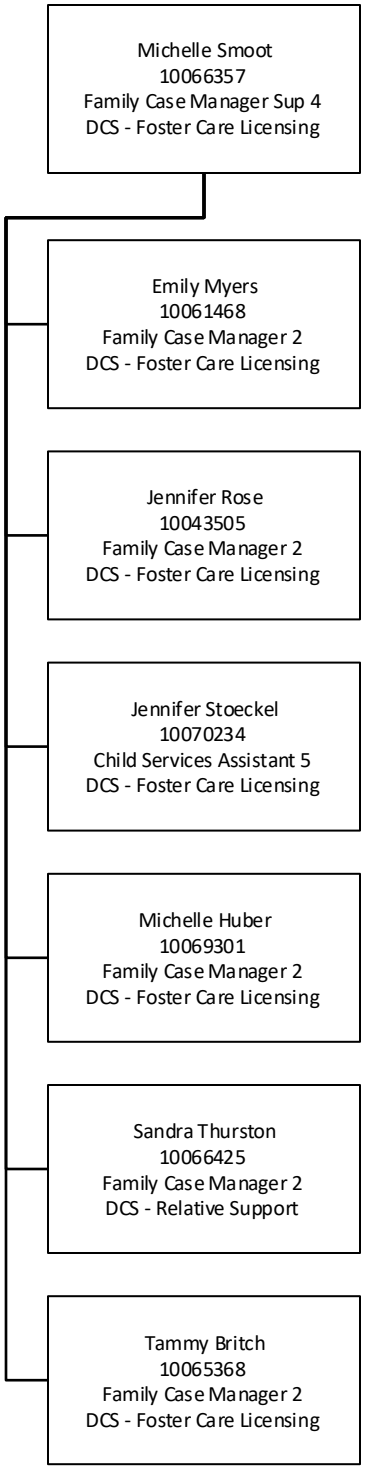
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Jennifer Stoeckel
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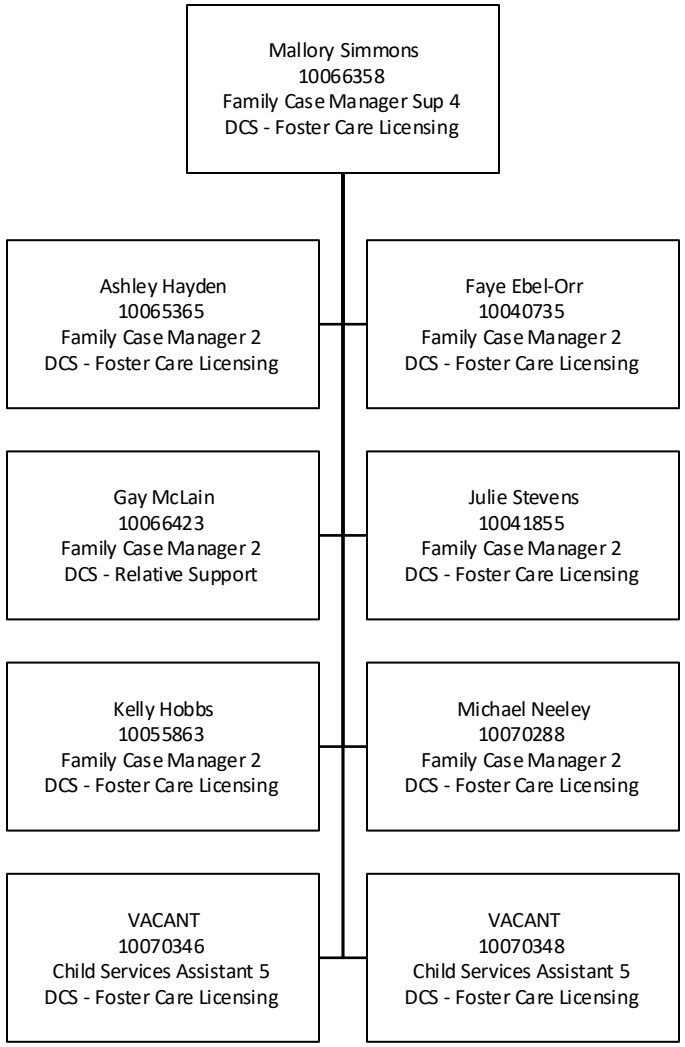
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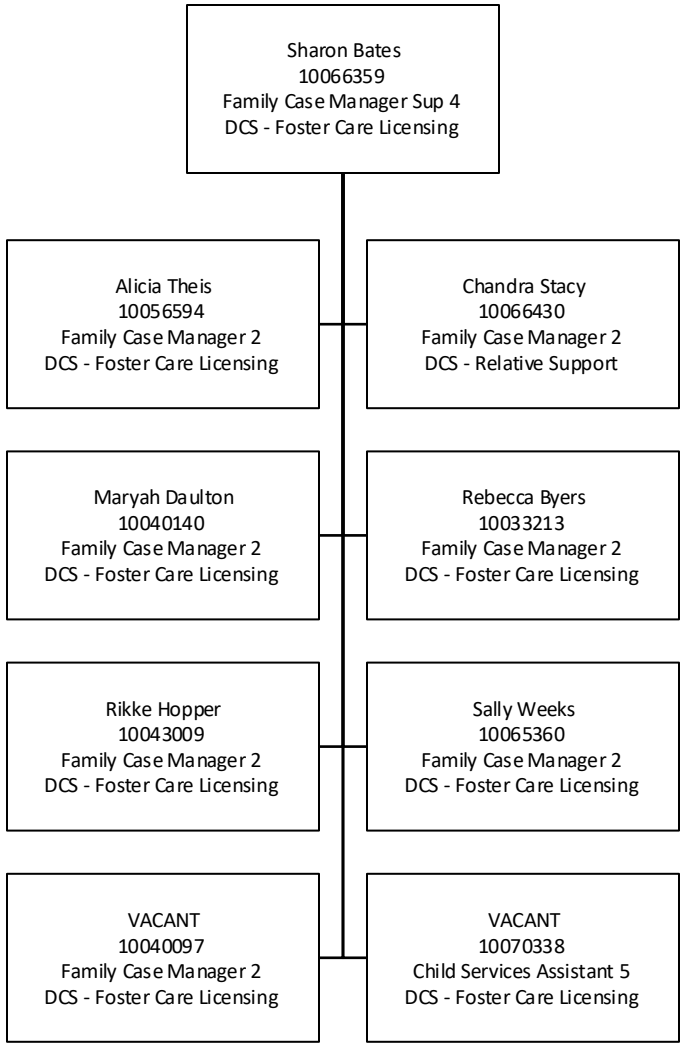
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Chandra Stacy
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Maryah Daulton
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Rebecca Byers
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Rikke Hopper
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Sally Weeks
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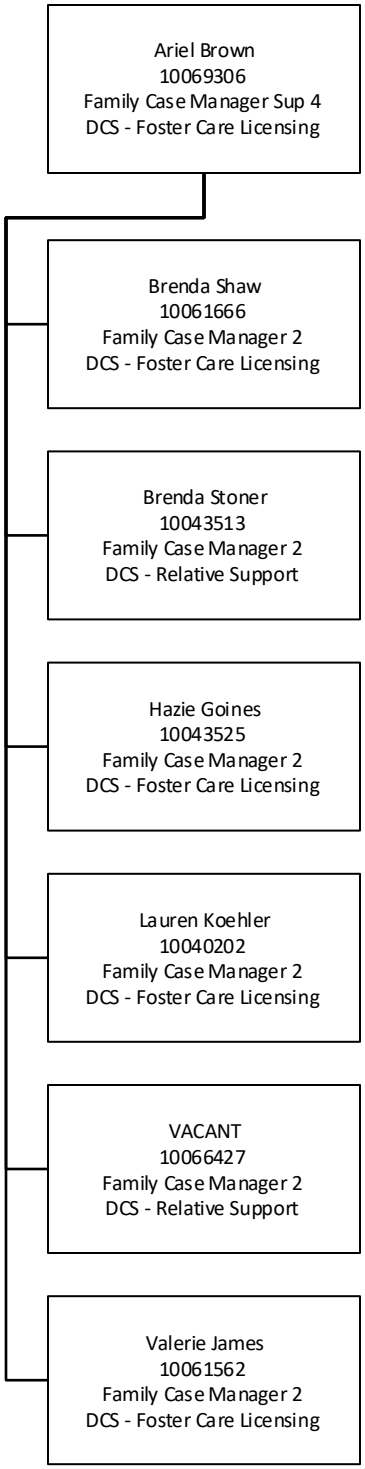
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Lauren Koehler
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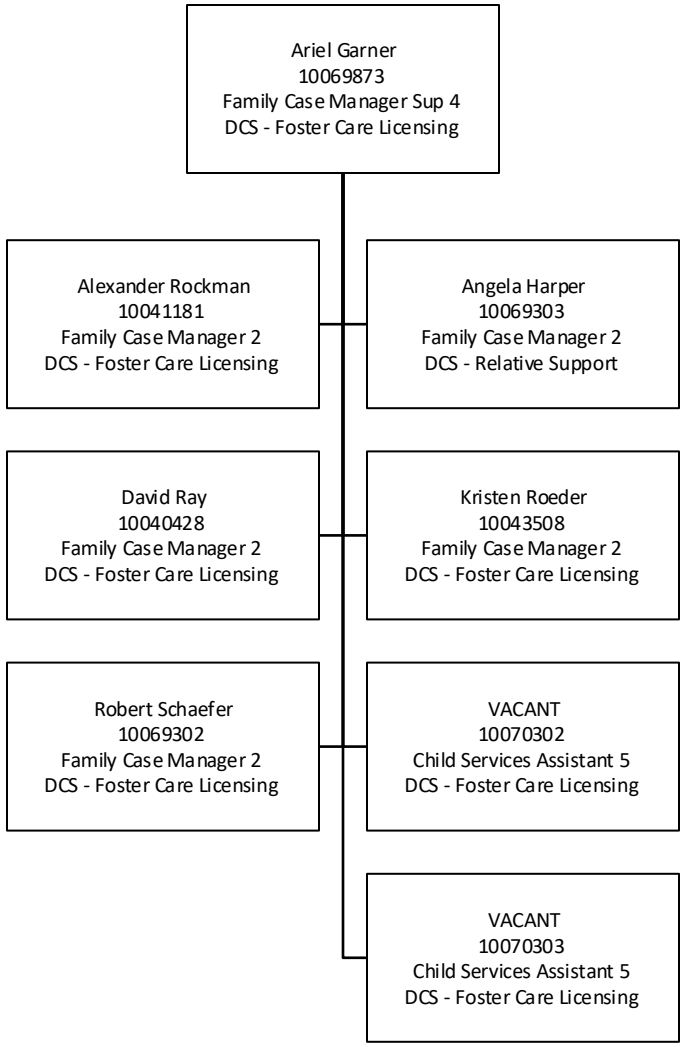
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Robert Schaefer
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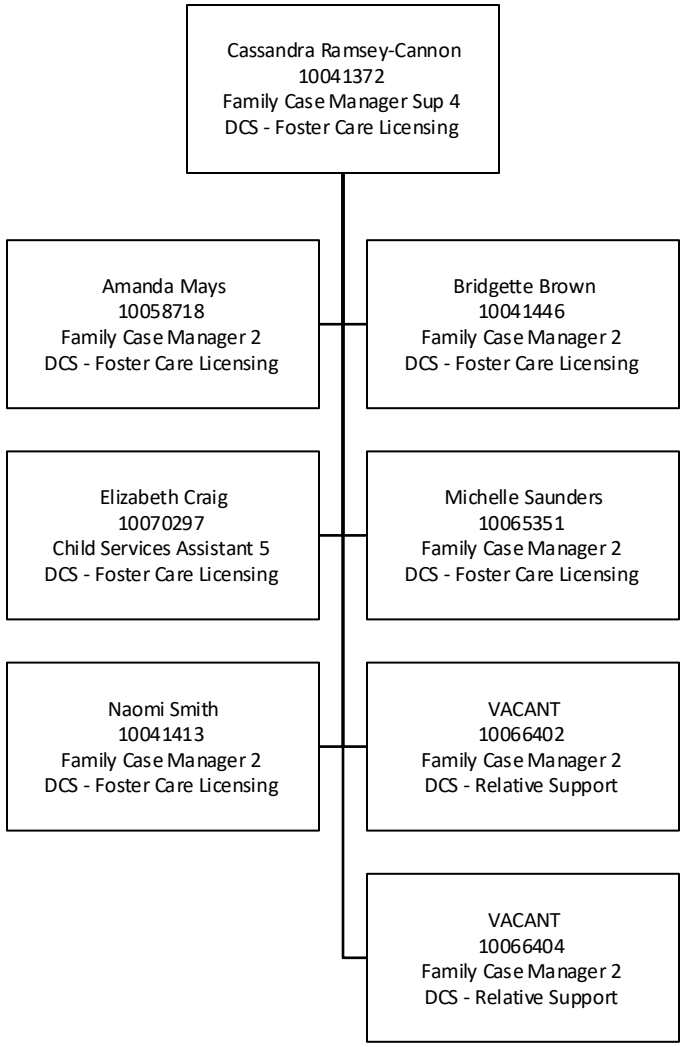
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Amanda Mays
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Bridgette Brown
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Elizabeth Craig
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Michelle Saunders
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Naomi Smith
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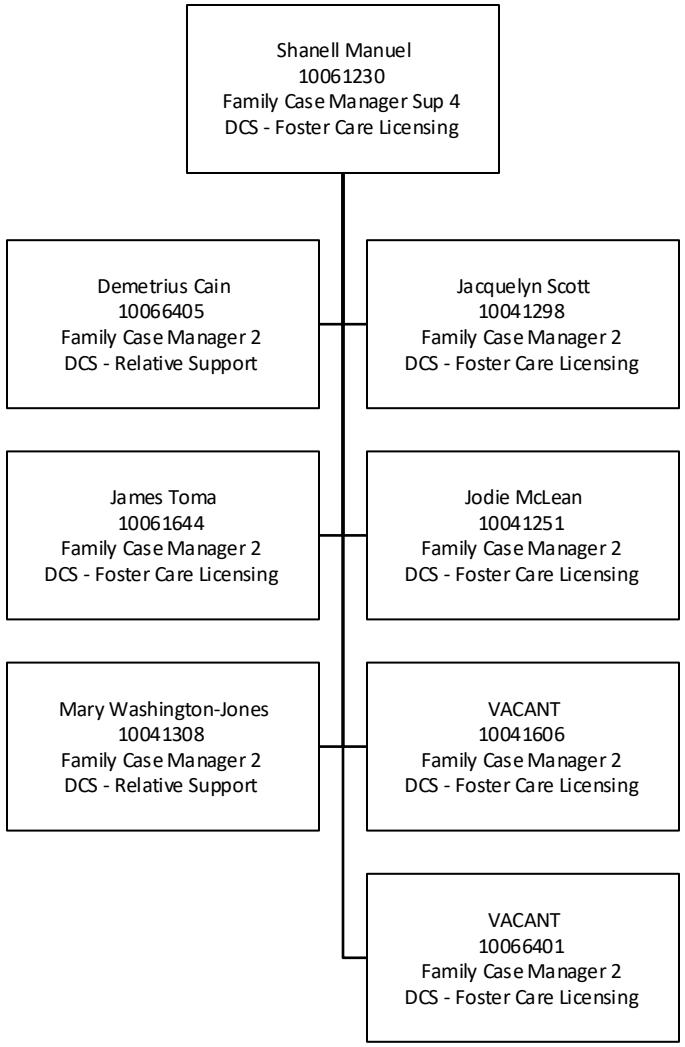
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James Toma
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Jodie McLean
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Mary Washington-Jones
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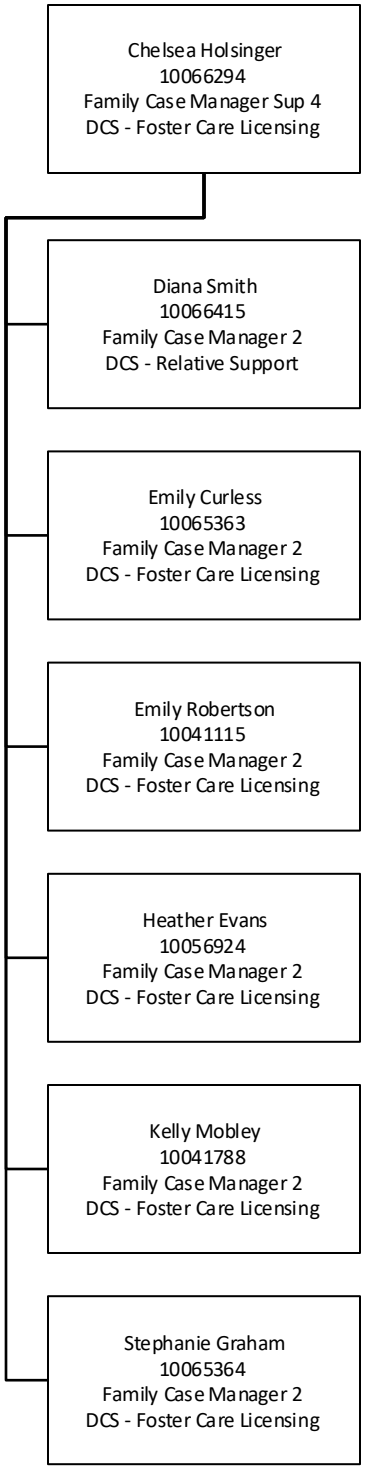
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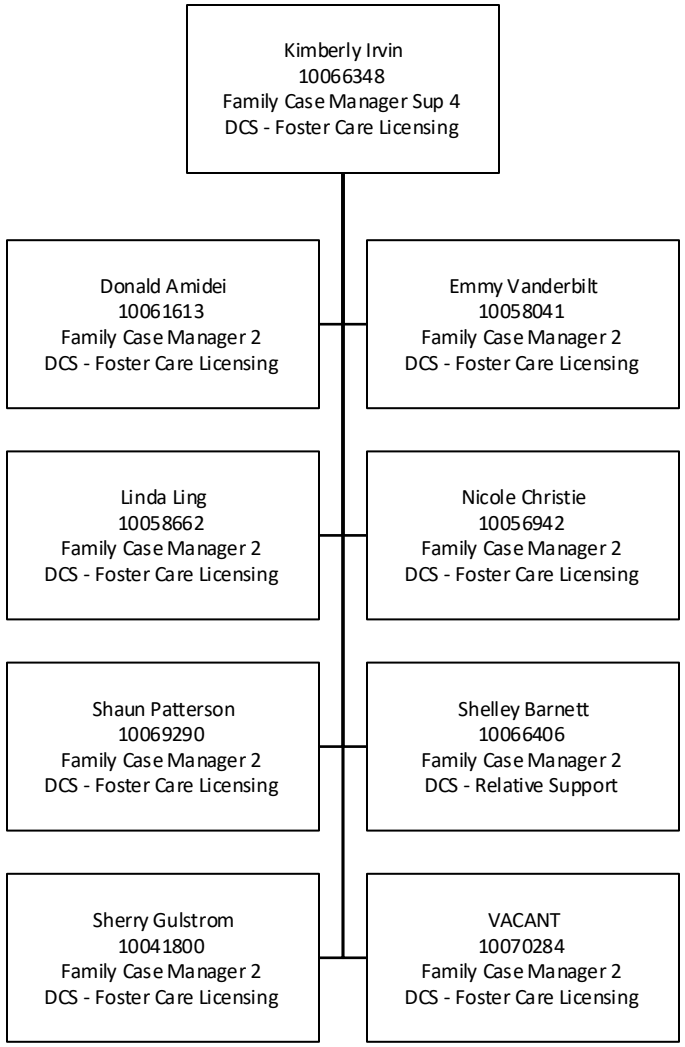
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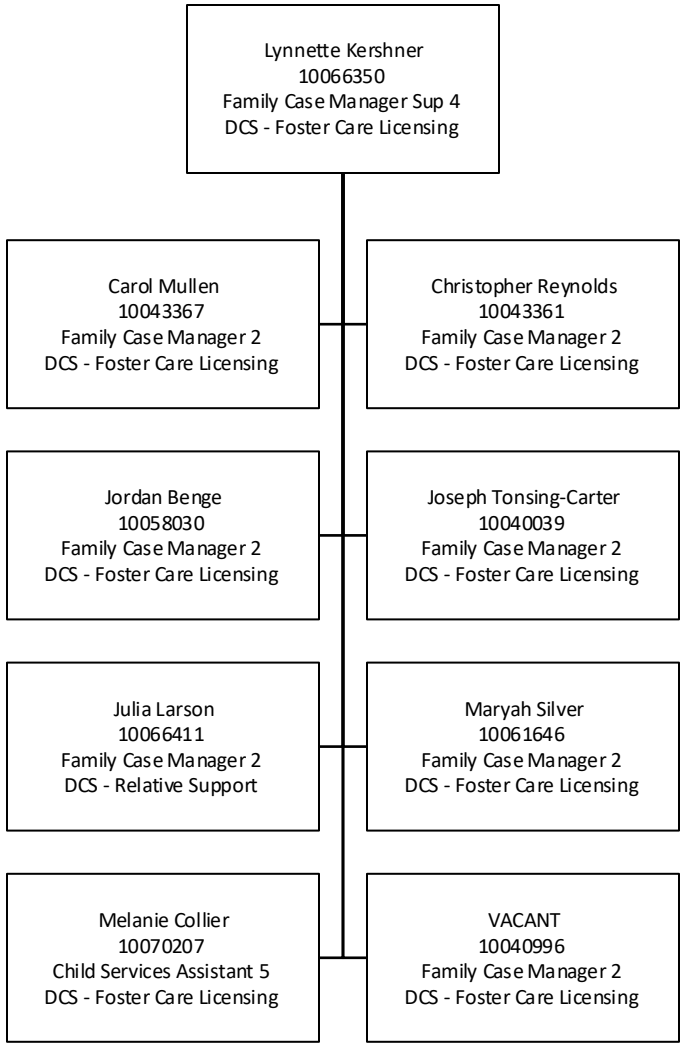
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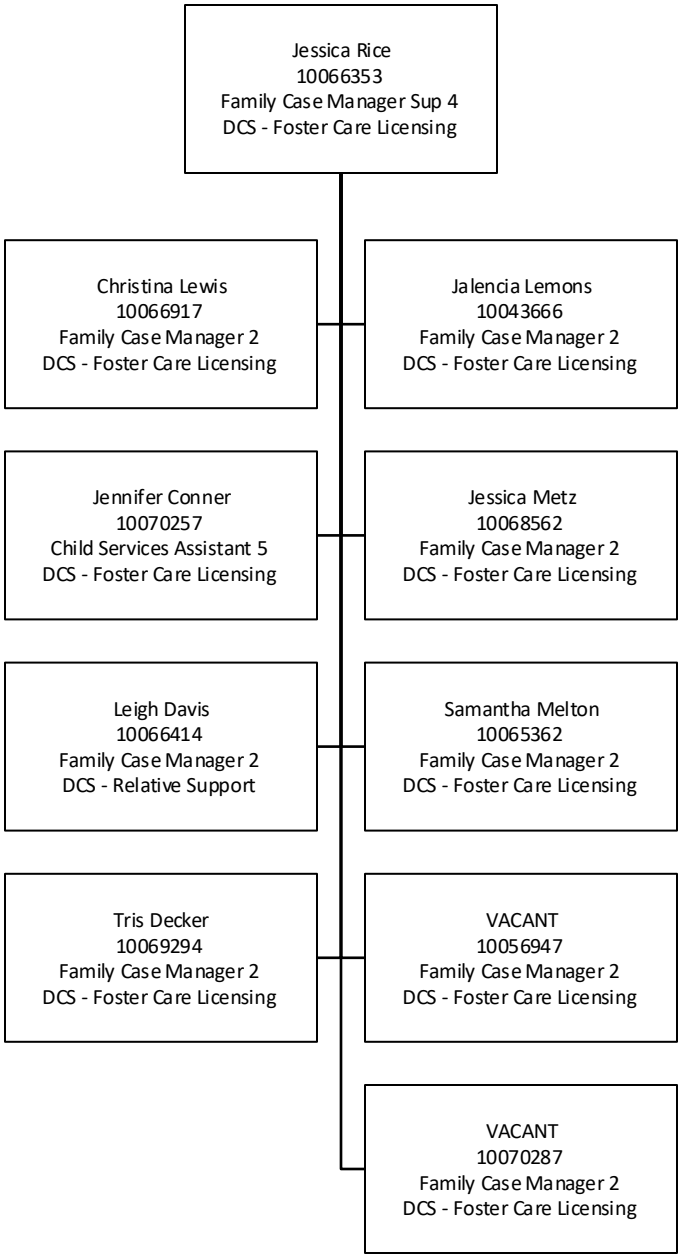
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Leigh Davis
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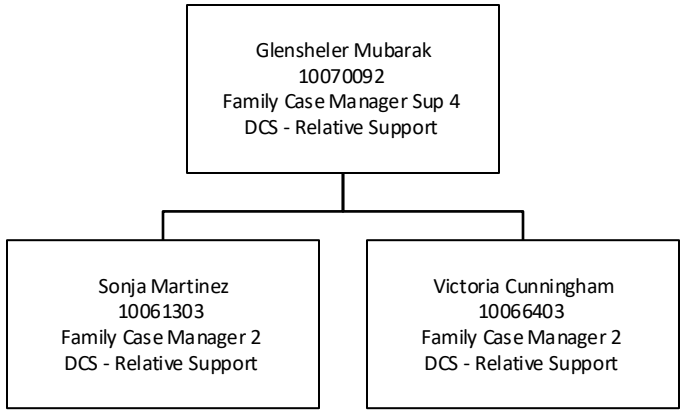
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Sonja Martinez
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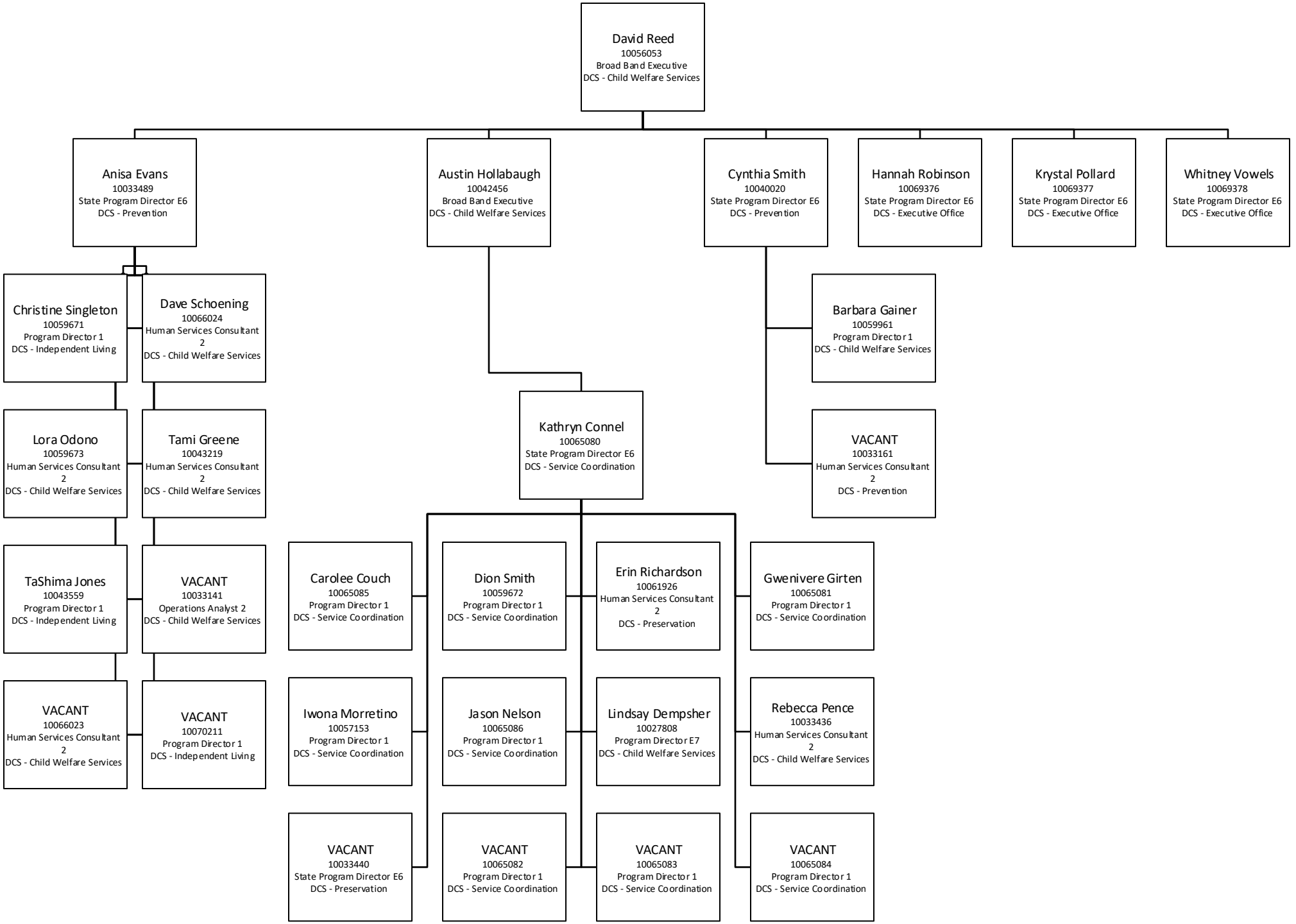
David Reed
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Anisa Evans
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State Program Director E6
DCS - Prevention
Austin Hollabaugh
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Broad Band Executive
DCS - Child Welfare Services
Cynthia Smith
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State Program Director E6
DCS - Prevention
Hannah Robinson
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State Program Director E6
DCS - Executive Office
Krystal Pollard
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State Program Director E6
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Whitney Vowels
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State Program Director E6
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Christine Singleton
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Program Director 1
DCS - Independent Living
Dave Schoening
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Human Services Consultant 2
DCS - Child Welfare Services
Barbara Gainer
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Program Director 1
DCS - Child Welfare Services
Kathryn Connel
10065080
State Program Director E6
DCS - Service Coordination
Lora Odono
10059673
Human Services Consultant 2
DCS - Child Welfare Services
Tami Greene
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Human Services Consultant 2
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VACANT
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Human Services Consultant 2
DCS - Prevention
TaShima Jones
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Program Director 1
DCS - Independent Living
VACANT
10033141
Operations Analyst 2
DCS - Child Welfare Services
Carolee Couch
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Program Director 1
DCS - Service Coordination
Dion Smith
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Program Director 1
DCS - Service Coordination
Erin Richardson
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Human Services Consultant 2
DCS - Preservation
Gwenivere Girten
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Program Director 1
DCS - Service Coordination
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Human Services Consultant 2
DCS - Child Welfare Services
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Program Director 1
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Iwona Morretino
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Program Director 1
DCS - Service Coordination
Jason Nelson
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Program Director 1
DCS - Service Coordination
Lindsay Dempsher
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Program Director E7
DCS - Child Welfare Services
Rebecca Pence
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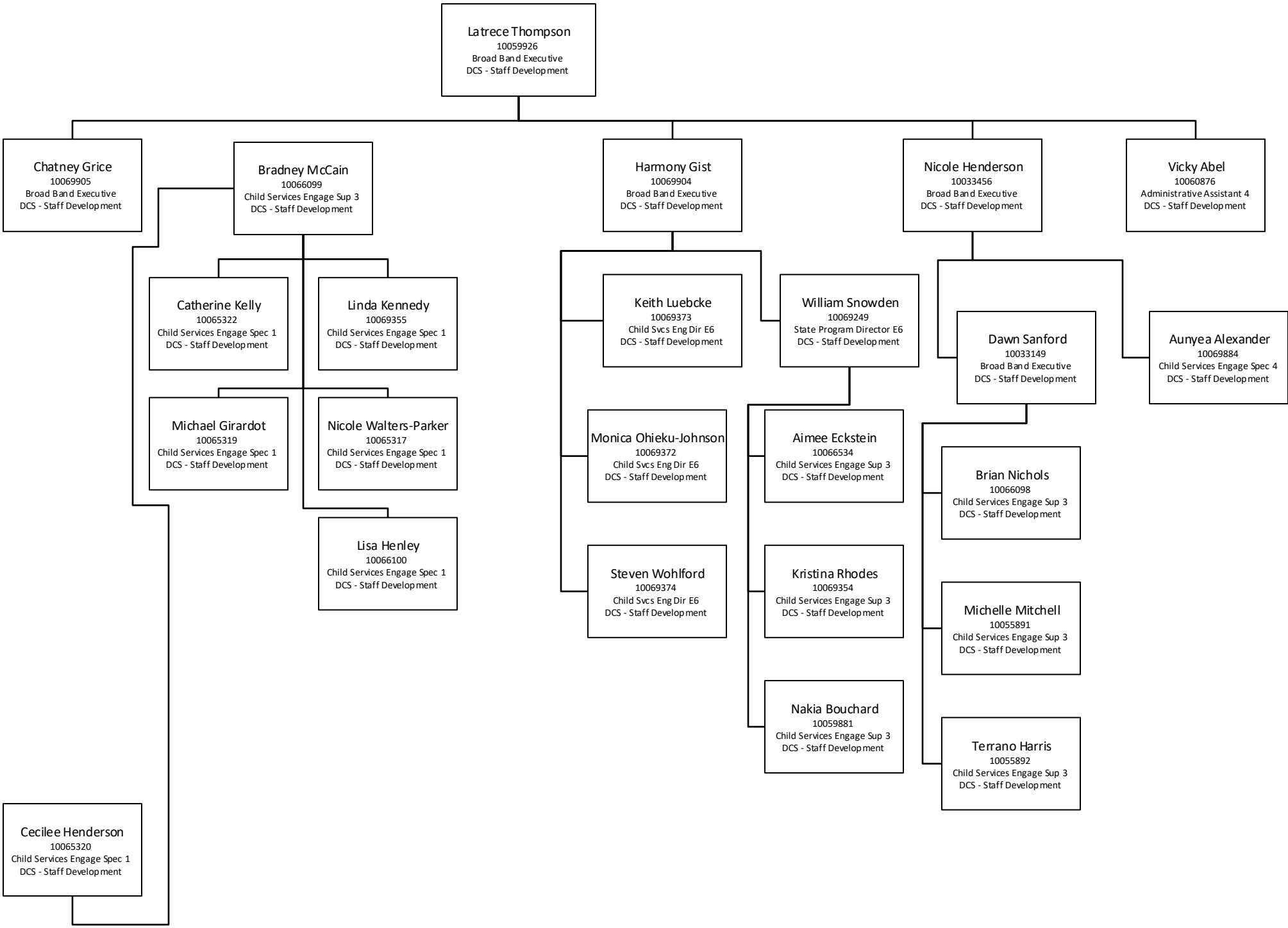
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Chatney Grice
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Bradney McCain
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Harmony Gist
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Nicole Henderson
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Vicky Abel
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Administrative Assistant 4
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Catherine Kelly
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Child Services Engage Spec 1
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Linda Kennedy
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Child Services Engage Spec 1
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Keith Luebcke
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Child Svcs Eng Dir E6
DCS - Staff Development
William Snowden
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State Program Director E6
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Dawn Sanford
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Broad Band Executive
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Aunyea Alexander
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Michael Girardot
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Nicole Walters-Parker
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Monica Ohieku-Johnson
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Lisa Henley
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Michelle Mitchell
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Nakia Bouchard
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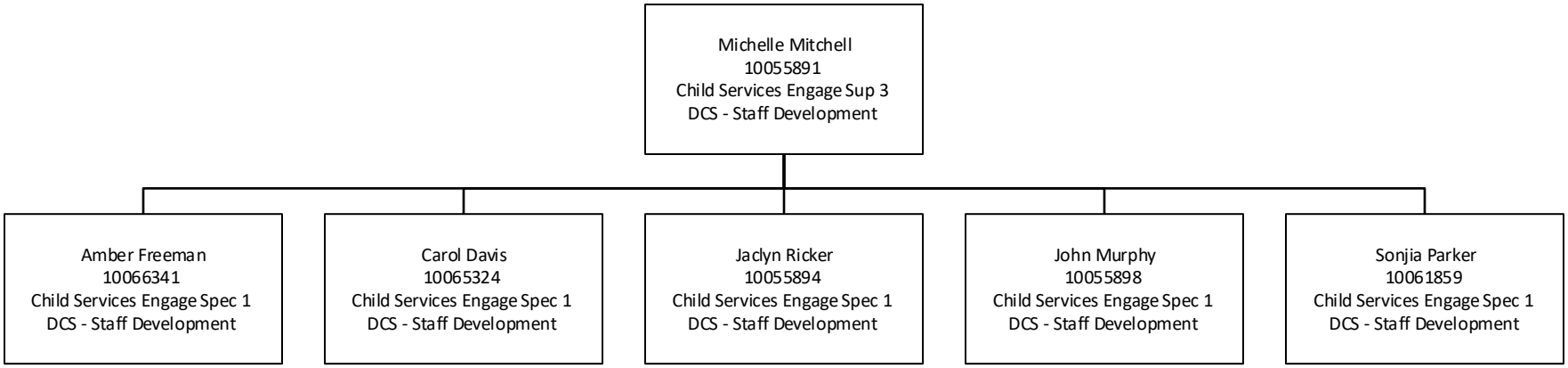
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Jaclyn Ricker
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Child Services Engage Spec 1
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John Murphy
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Sonjia Parker
10061859
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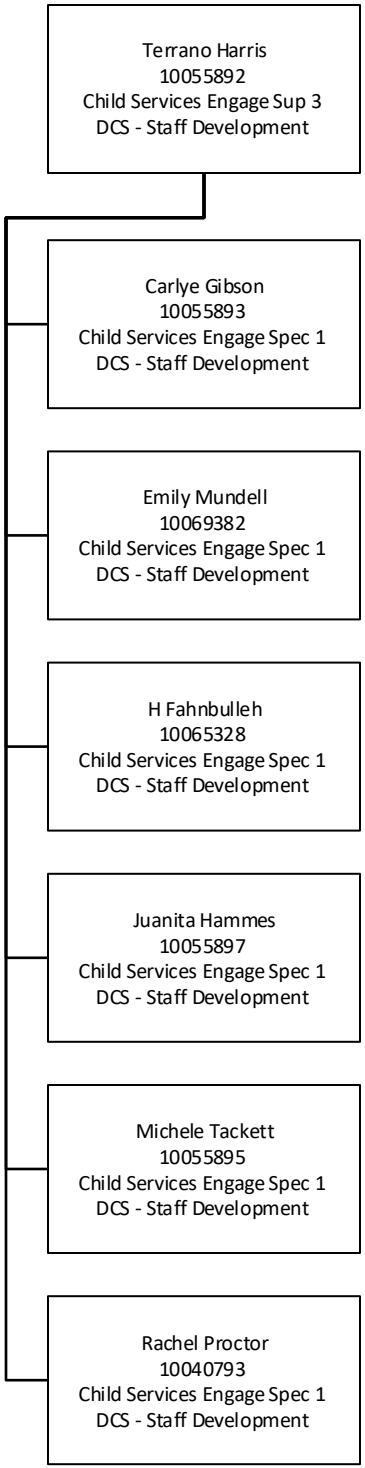
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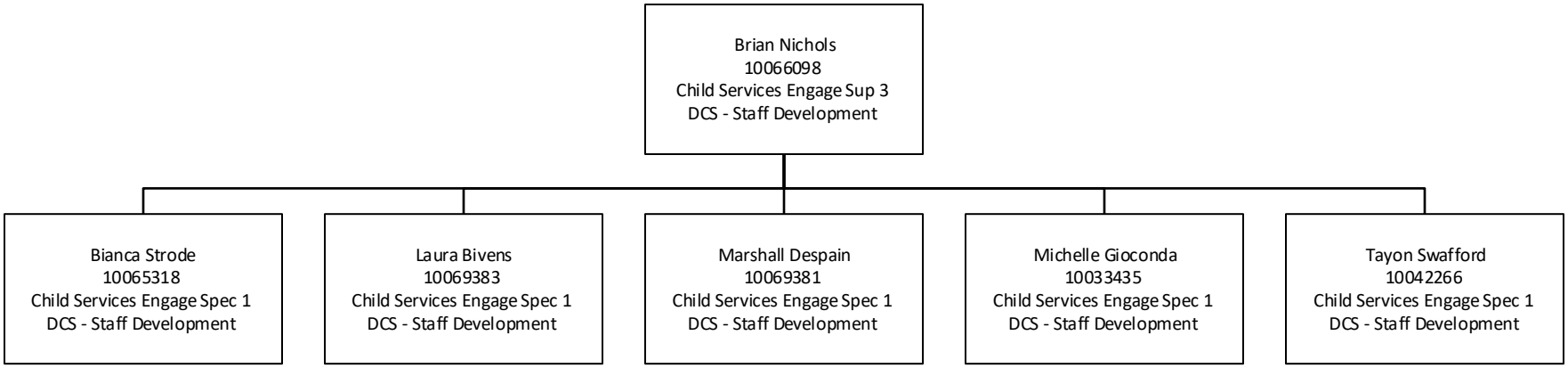
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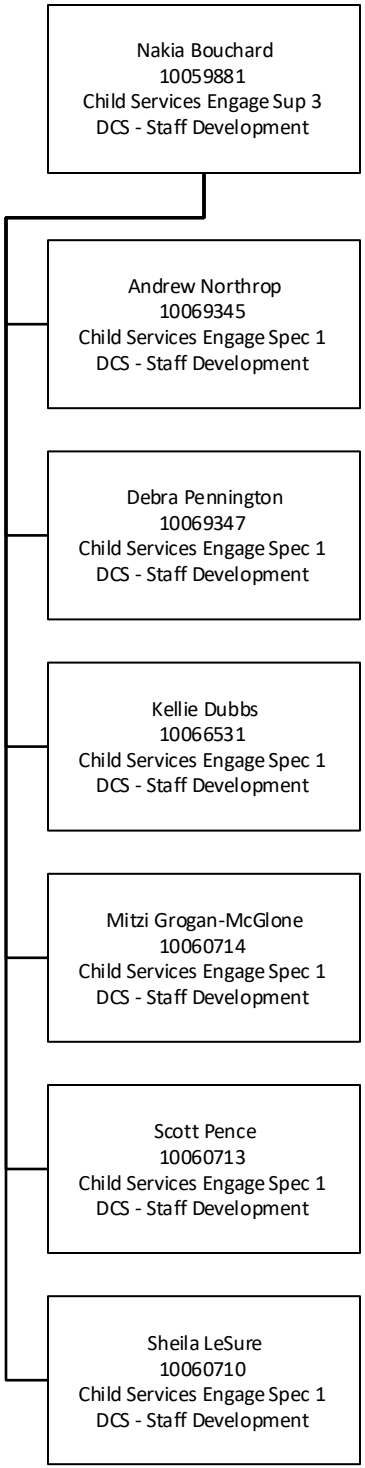
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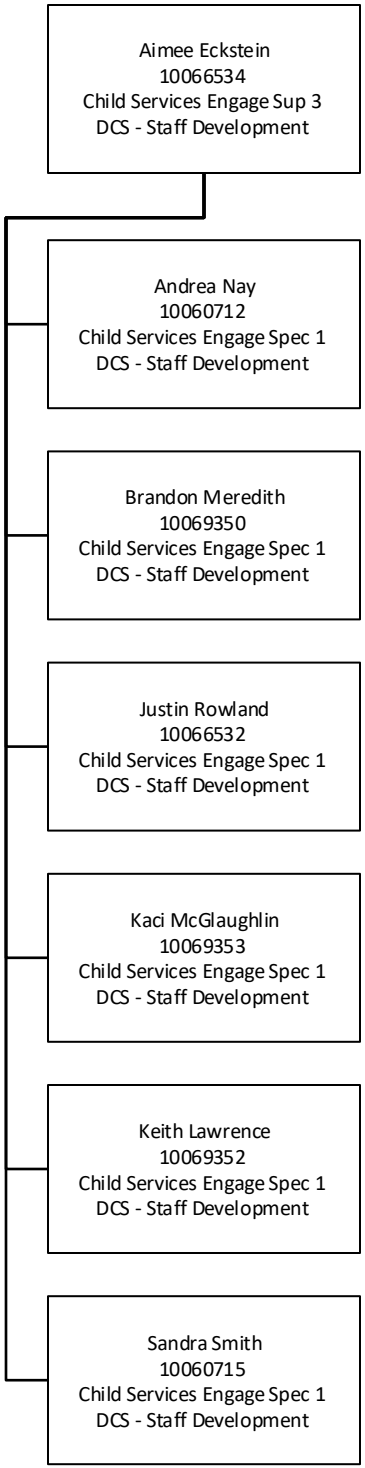
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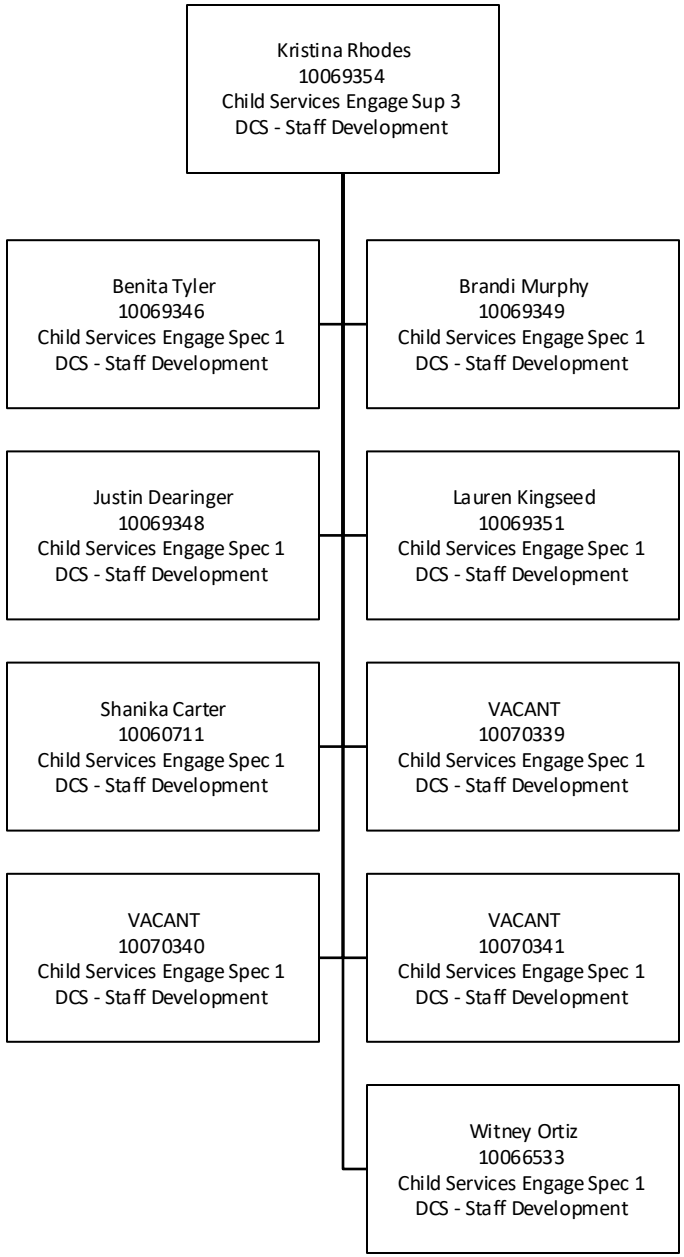
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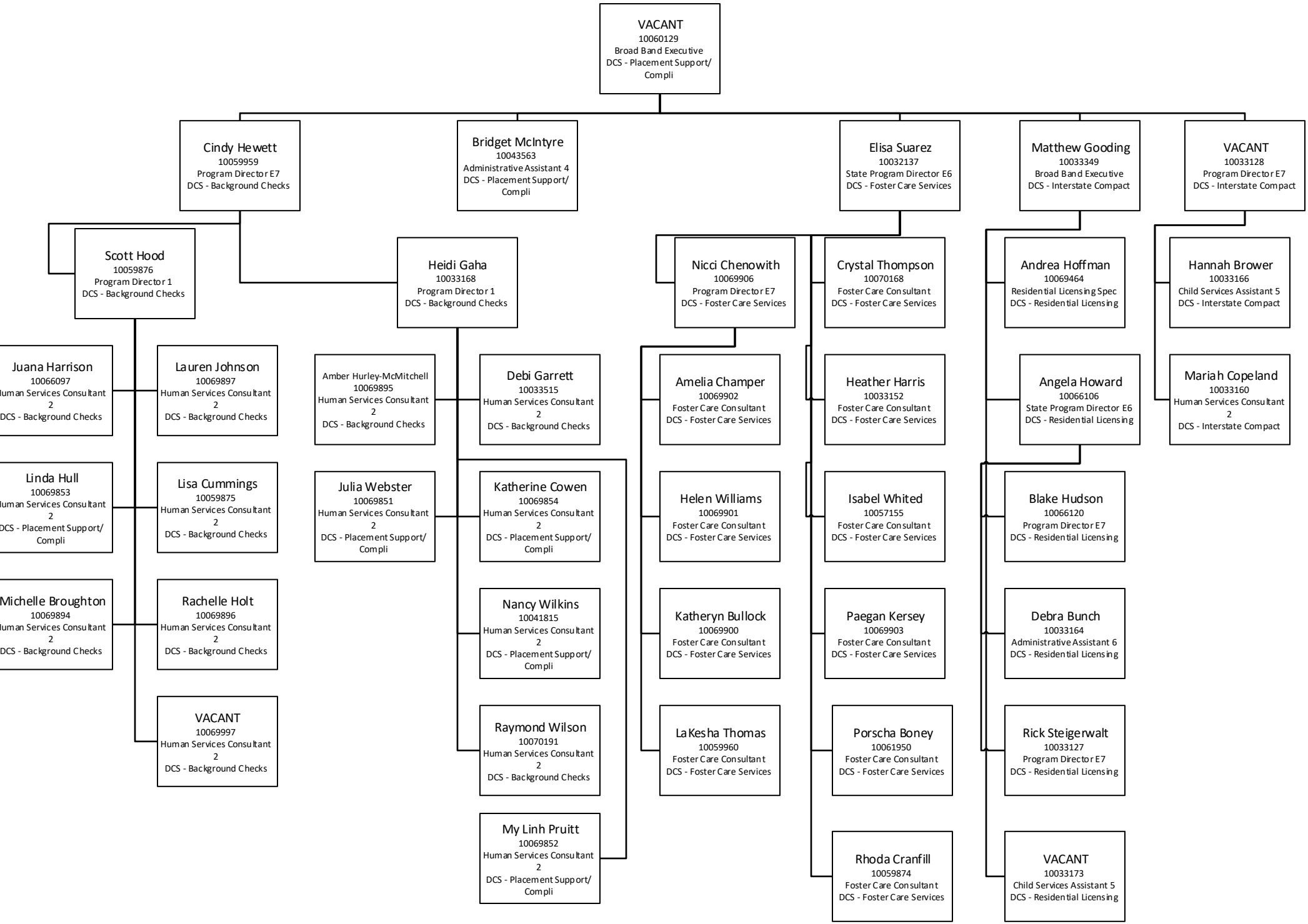
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Administrative Assistant 4
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Elisa Suarez
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State Program Director E6
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Matthew Gooding
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Program Director E7
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Scott Hood
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Program Director 1
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Heidi Gaha
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Program Director 1
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Nicci Chenowith
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Crystal Thompson
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Foster Care Consultant
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Residential Licensing Spec
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Hannah Brower
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Child Services Assistant 5
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Juana Harrison
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Human Services Consultant 2
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Lauren Johnson
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Amber Hurley-McMitchell
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Human Services Consultant 2
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Amelia Champer
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Heather Harris
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DCS - Foster Care Services
Angela Howard
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State Program Director E6
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Mariah Copeland
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Rick Steigerwalt
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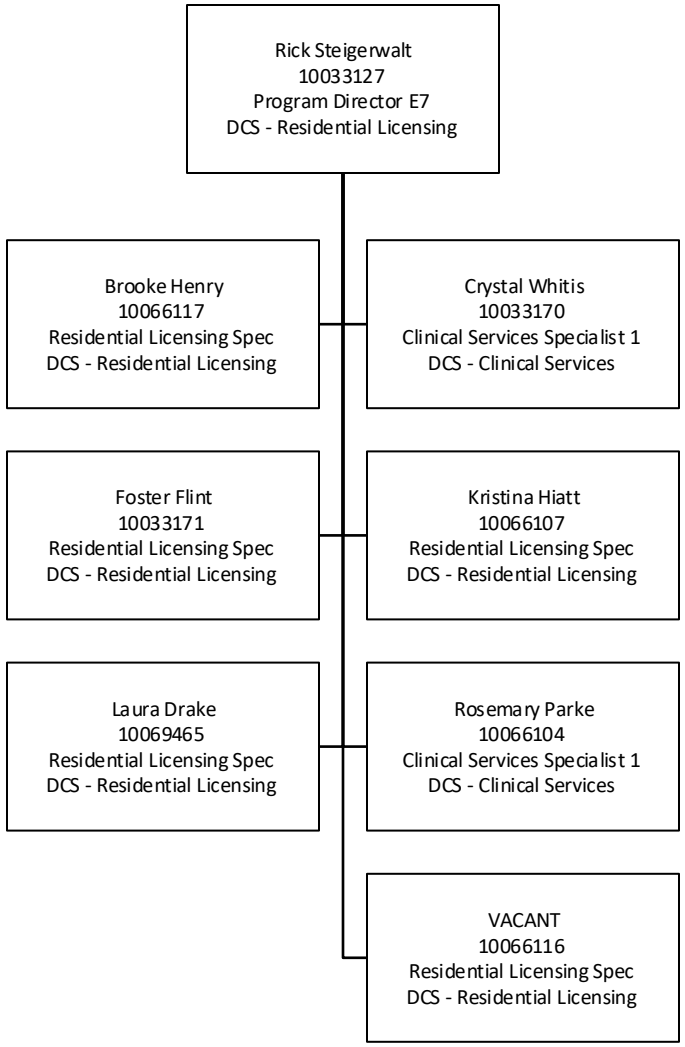
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Foster Flint
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Residential Licensing Spec
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Kristina Hiatt
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Laura Drake
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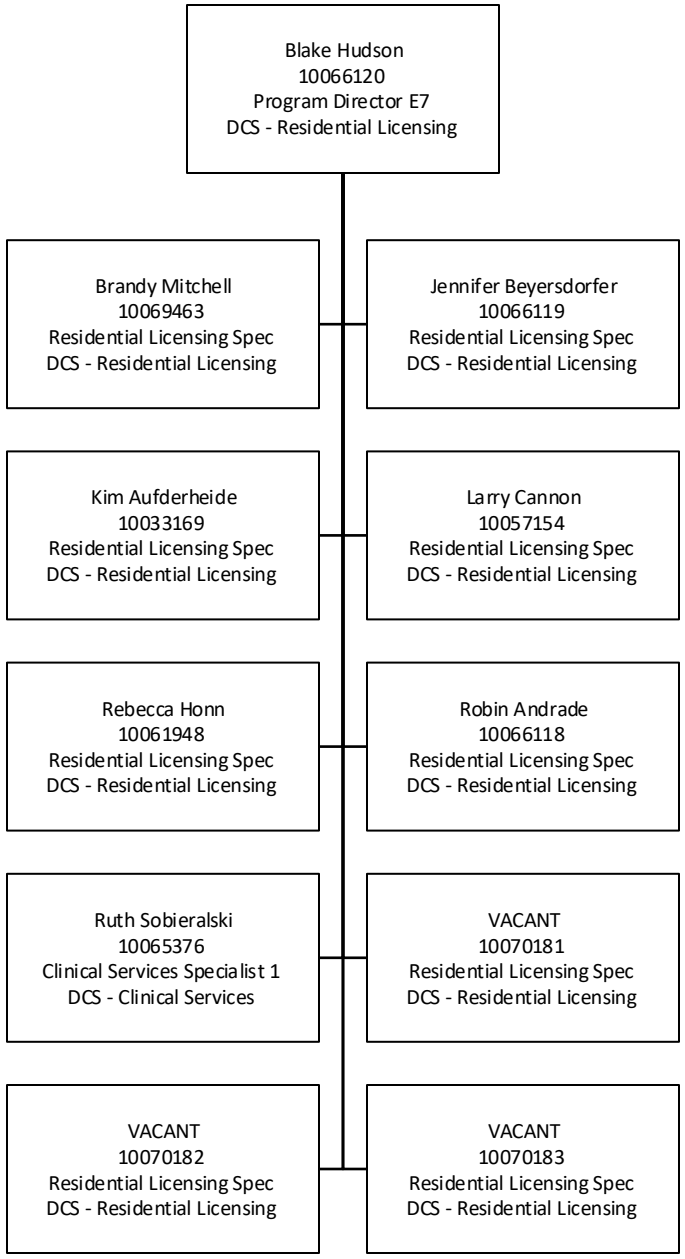
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Robin Andrade
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Ruth Sobieralski
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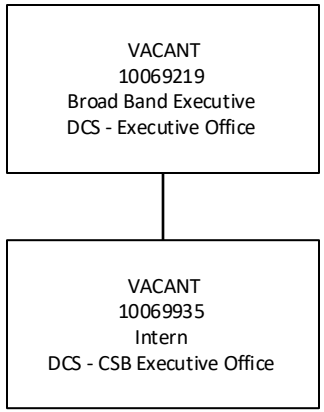
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VACANT
10069935
Intern
DCS - CSB Executive Office

Susan Natal
10055557
Program Coordinator 6
LTL - Regular Agencies

VACANT
10066694
Program Director 1
Dept of Child Services

Luke Bosso
10066777
Broad Band Executive
Dept of Child Services

VACANT
10069299
Family Case Manager 2
DCS - Foster Care Licensing

VACANT
10070263
Family Case Manager Sup 4
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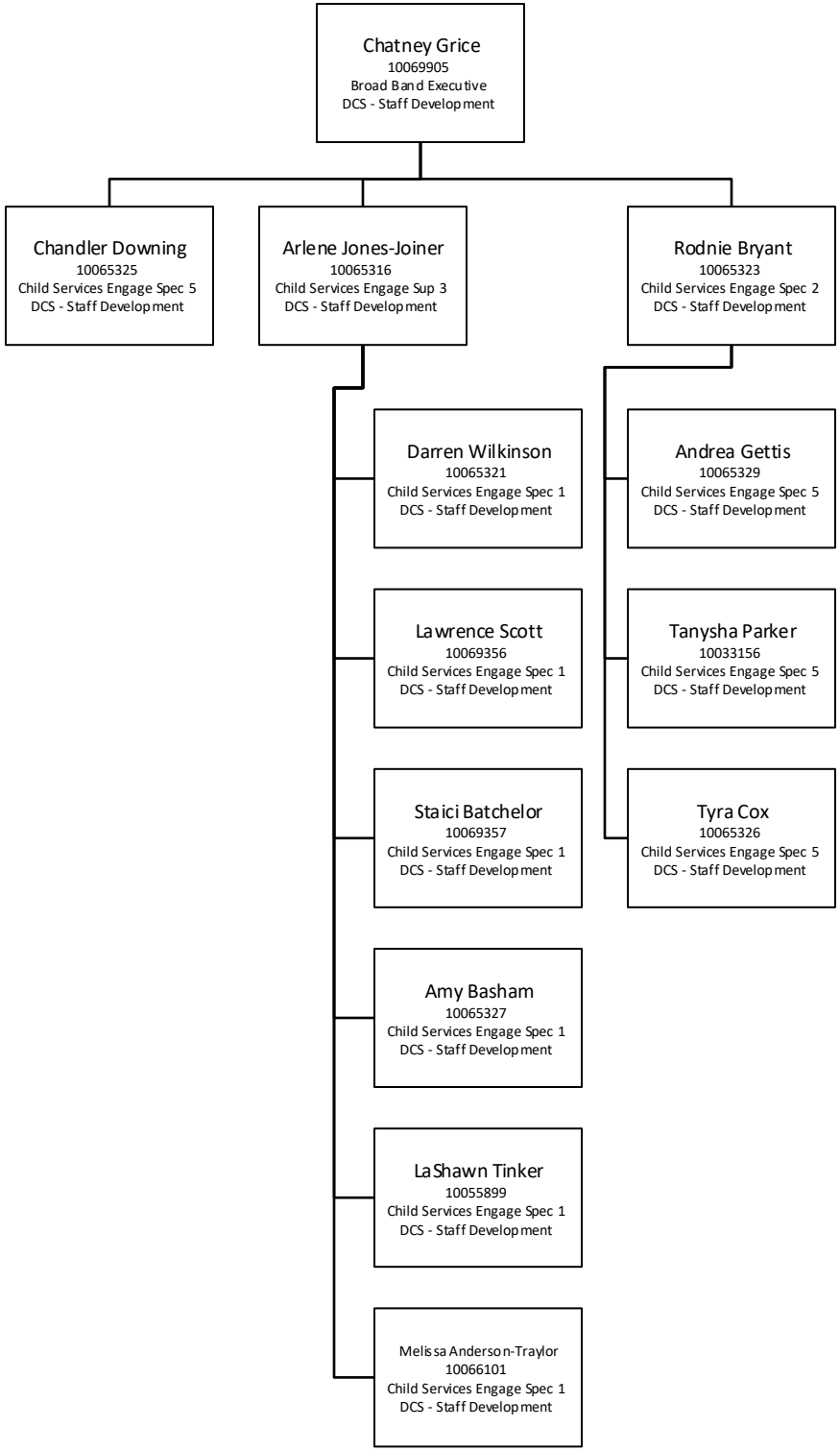
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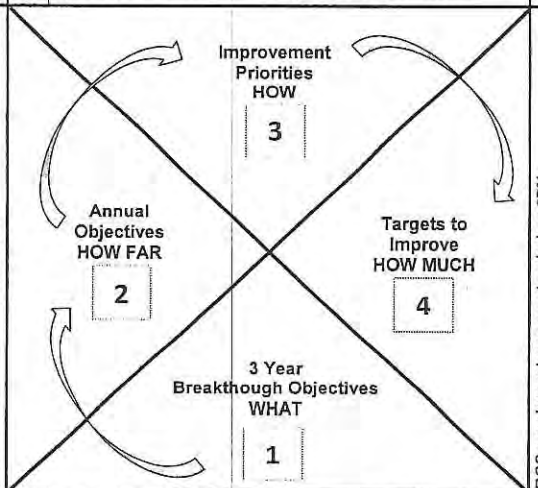
ATTACHMENT B

Agency Wide X-Matrix Goals

Strategy Deployment - X Matrix 2019

	Develop working dashboards of information for executive team	Decrease Child Maltreatment Fatalities	Increase permanency for long-stayers	Increase permanency within 2 years	Decrease Re-entry into care	Decrease maltreatment recurrence	Increase exits to entries ratio (>/= 1)	Decrease operating expenses by 5 %	Decrease team member turnover by 10%			DCS employee turnover at or below 27%	Operating Margin within +_2% of budget	Exit to entry ratio ≥ 1	Maltreatment recurrence rate is decreased	Re-entry into care is decreased	Median Length of Case is decreased by %	# maltreatment deaths (w/prior DCS involvement) down by %	Dashboards developed for Director and Division Leaders	Field Operations	Permanency & Practice	Legal Operations	Strategic Solutions & Agency Transforamtion	Information Technology	Child Welfare Services	Finance & Administration	Communications	Child Support Bureau
17								•		Develop finance training for agency leaders			•															•
16								•		Maximize usage of Medicaid			•							•						•	•	
15							•			Decrease outliers with prolonged length of case				•						•	•				•			
14			•	•	•		•			Apply continuous improvement methodology to improve processes				•	•	•	•			•	•		•					•
13		•				•				Evaluate and refine child fatality review process								•		•								
12							•		•	Improve communication with community	•					•				•	•						•	•
11			•	•	•	•	•			Improve DCS practice via staff deverlopment and quality review				•	•	•	•	•		•	•		•					•
10								•	•	Promote leadership development	•									•		•						•
9									•	Implement annual employee engagement surveys	•									•				•				
8									•	Provide salary adjustments	•									•		•			•			
7	•								•	Provide access to data for leaders in "real time"									•				•	•				
6								•		Enhance div leader awareness and involvement in finance decisions			•												•			
5					•	•				DCS - Right time, Right door					•	•	•	•		•	•	•						
4					•	•	•			Engage court system re: permanency options and decreasing inefficiencies				•						•	•	•						
3				•	•					Enhance father engagement initiatives						•		•		•	•							
2		•	•	•			•			Improve connections with community						•		•		•	•				•			
1									•	Improve IT End User Experience responsive to business needs									•	•		•		•			•	•



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

RESOURCES

Orig. 7/10/2018

Updated 10/22/2018

ATTACHMENT C

Field Operations X-Matrix Goals

Strategy Deployment - X Matrix

	Develop working dashboards of information for executive team	Decrease Child Maltreatment Fatalities	Increase permanency for long-stayers	Increase permanency within 2 years	Decrease Re-entry into care	Decrease maltreatment recurrence	Increase exits to entries ratio (>/= 1)	Decrease operating expenses by 5 %	Decrease team member turnover by 10%			Exit to entry ratio =>1 (Case or Assessment Volume Report - CM)	Maltreatment recurrence rate is decreased (Absence of Maltreatment--PI Exec.)	Reentry into care is decreased (WHAT REPORT?)	Median length of case is decreased (Length of Time Since Beginning of Case--CM	DCS Employee turnover at or below 27%	**# Maltreatment Deaths with prior DCS involvement down by %**	Dashboards developed for field leaders		Staff Development	Legal Operations	Permanency and Practice	Strategic Solutions and Agency Transformation	Information Technology	Child Welfare Services	Finance Administration		
										8																	
										7																	
										6																	
										5																	
										4	CQI: Use data outcomes to guide decision making and practice	●	●	●	●	●				●	●	●	●	●			
										3	Improve DCS practice: Practice relaunch that includes leadership development (including outreach and with community stakeholders)		●	●	●	●				●							
										2	DCS Rt Time Rt Door: Enhance Permanency efforts for safe, sustainable case closure	●			●	●				●	●	●			●	●	
										1	DCS Rt Time Rt Door: Enhance front decision making	●					●			●	●	●	●	●	●	●	
											Improvement Priorities HOW / **Annual Objectives HOW FAR** / **Targets to Improve HOW MUCH** / **3 Year Breakthough Objectives WHAT**									**RESOURCES**							
									●	A	Create an empowered and engaged workforce - Decrease team member turnover by 40%																
	●	●	●	●	●	●	●			B	Improve performance outcomes of child welfare to exceed federal benchmark																
								●		C	Achieve financial stability - decrease operating expenses by 12%																
●										D	Achieve IT system stability with robust reporting																

INDIANA DEPARTMENT OF CHILD SERVICES

Orig.

Updated 1/04/19

ATTACHMENT D

Hotline X-Matrix Goals

Strategy Deployment - X Matrix

Develop working dashboards of information for executive team	Decrease Child Maltreatment Fatalities	Increase permanency for long-stayers	Increase permanency within 2 years	Decrease Re-entry into care	Decrease maltreatment recurrence	Increase exits to entries ratio (>/= 1)	Decrease operating expenses by 5 %	Decrease team member turnover by 10%		Improvement Priorities HOW / Annual Objectives HOW FAR / Targets to Improve HOW MUCH / 3 Year Breakthough Objectives WHAT	Provide staff wide SDM Refresher Training (vision alignment training)	Provide Buzzwords Training for all staff	Participate in screening threshold analysis. Utilize data to inform possible changes within front end decision making.	Roll out new service to provide Medicaid information to pay for expenses vs. DCS pay	Transition all staff who want to to telework. Transition to new, smaller location. End parking expenses.	Will turn in for approval spot bonus candidates	Set up shadow opportunities in local offices for interested staff		Nathan	Haley	Lyndsey	Hotline Training Team	Hotline Supervisors	Central Office	Leasing Team	Strategic Solutions and Agency Transformation	Traditional Field Offices
								x	8	10--Identify and implement opportunities to increase knowledge of child welfare processes outside of the Hotline							X		x	x	x		x				x
								x	7	9--Enhance knowledge of and use of spot bonus program						X			x	x	x		x				
							x	x	6	6--Decrease hotline expenditures on leased space					X				x	x	x				x		
							x		5	6--Maximize usage of Medicaid with new service to field				X									x				
					x				4	5--Participate in Screening Threshold Analysis			x						x	x	x			x		x	
					x				3	5--Modify SDM and/or decision making practices to better align with Indiana law and best child welfare practices			x						x	x	x			x			
					x				2	5-Improve Information Gathering to Support Front End Decisions	x	x										x					
					x				1	5--Increase Compliance to SDM Tool	x	X										x					
									A	Create an empowered and engaged workforce - Decrease team member turnover by 40%																	
	•	•	•	•	•	•			B	Improve performance outcomes of child welfare to exceed federal benchmark																	
							•		C	Achieve financial stability - decrease operating expenses by 12%																	
•									D	Achieve IT system stability with robust reporting																	

RESOURCES

INDIANA DEPARTMENT OF CHILD SERVICES

Orig. 7/10/2018

Updated 7/22/2018

ATTACHMENT E

Strategic Solutions and Agency Transformation X-Matrix Goals

Strategy Deployment - X Matrix

Develop working dashboards of information for executive team	Decrease Child Maltreatment Fatalities	Increase permanency for long-stayers	Increase permanency within 2 years	Decrease Re-entry into care	Decrease maltreatment recurrence	Increase exits to entries ratio (>/= 1)	Decrease operating expenses by 5 %	Decrease team member turnover by 10%			PIP indicators are met by 11/2020 (100%)	100% of regions have at least one CQI Project done and analyzed by 12/19	# maltreatment deaths (w/prior DCS involvement) down by 10%	Maltreatment recurrence rate is decreased by 3%	Research analysts will evaluate 3 service standards for outcome measurements	Median Length of Case is decreased by 15 days	Average Length of Case is decreased by 30 days	Synergize CQI/QA and data team to drive efficiencies in outcomes	Heather	Tracy Hopkins	Nikki	Tricia	Heather T	Kristen	CQI	QA/Service Reviews	ODARR
	•		•		•	•		•	8	Utilize research analysts in developing policy or practice changes							•		•		•	•				•	•
								•	7	Empower workforce to understand and utilize data			•			•	•				•	•		•		•	•
•								•	6	Provide training to increase data integrity	•		•		•						•	•					•
•	•	•	•	•	•	•	•	•	5	Create strategic agency plan by using CFSP intentionally	•						•		•				•			•	
	•	•	•	•	•	•			4	Deploy strategic CQI projects to agency	•	•					•	•	•		•		•		•		
	•	•	•	•	•	•		•	3	Provide training on LEAN and CQI processes to agency employees		•					•		•		•		•		•		
•									2	Provide accessible, visually-based data in a timely manner to inform decisions			•	•	•		•				•	•		•		•	•
•		•							1	Create a Practice Model Review that combines aspects of the QSR and CFSR	•		•	•		•	•	•	•	•	•	•	•	•	•	•	•

Improvement Priorities HOW

Annual Objectives HOW FAR

Targets to Improve HOW MUCH

3 Year Breakthough Objectives WHAT

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

INDIANA DEPARTMENT OF CHILD SERVICES

RESOURCES

Orig. 7/10/2018

Updated 2/13/2019

ATTACHMENT F

Permanency and Practice Support X-Matrix Goals

Strategy Deployment - X Matrix Level 1

	Train Supervisors on PPS services	Investigate and implement Rapid Permanency Review Process	Focus Groups in Super regions to assess current use of PPS services	Develop Follow up Gap Closure process for each serviceline function	Streamline Referral process for PPS service line	Reduce Duplicate Referrals	Quaterly PPS All team meeting to cross educate each team	Develop and Replicate Best Practices in Perm. Roundtable processes- PRT, PRT +, RPR		Improvement Priorities HOW / Annual Objectives HOW FAR / Targets to Improve HOW MUCH / 3 Year Breakthough Objectives WHAT	All regions follow best practice model for PRT and PRT +	AIII Regions have 1 supervisor considered PPS Champion	Field utilizes PPS in Team and family meetings	All levels of DCS trained/educated about PPS division functio	Referral Duplicates decrease by 10%	RESOURCES
									10							
									9							
									8	Develop standard/modernized communication tools for PPS					▪	
		▪							7	Right Size staffing	▪					
		▪							6	Develop Permanency Pilot RPR	▪		▪			
								▪	5	Implement PRT + pilot to develop best practice /standardized practice	▪		▪		▪	
	▪								4	Training quaterly/monthly/yearly usefulness of PPS- Road show bi-annually		▪		▪	▪	
		▪				▪			3	Implement technology to streamline processes (i.e. automated training scheduling)			▪	▪	▪	
				▪	▪				2	Develop SOP for each serviceline (Best Practice Guidelines)	▪	▪		▪	▪	
		▪	▪						1	Develop Permanency Best Practices	▪		▪		▪	
		▪	▪	▪	▪			▪	A	Improve Permanency for Each Child By 2 weeks						
	▪		▪				▪		B	Improve Utilization/ Knowledge of PPS Division by Field						
	▪	▪	▪	▪	▪	▪	▪		C	Improve Efficency of Each Service Line						
									D							

INDIANA DEPARTMENT OF CHILD SERVICES

Division:Permanency and Practic

Orig.

Updated

ATTACHMENT G

Administrative and Financial Services X-Matrix Goals

Strategy Deployment - X Matrix (Fin&AdminServices)

Develop working dashboards of information for executive team	Decrease Child Maltreatment Fatalities	Increase permanency for long-stayers	Increase permanency within 2 years	Decrease Re-entry into care	Decrease maltreatment recurrence	Increase exits to entries ratio (>/= 1)	Decrease operating expenses by 5 %	Decrease team member turnover by 10%		Improvement Priorities HOW / Annual Objectives HOW FAR / Targets to Improve HOW MUCH / 3 Year Breakthough Objectives, WHAT	DCS employee turnover at or below 27%	Operating Margin within ± 2% of budget	Maximize federal revenue (TARGET?)					Dashboards developed for Director and Division Leaders	Joe Fistrovich	Todd Fandrei	Grant Geiss	Leah Raider	Medicaid Expert	Serena Crites	
								•	10	Increase personal development of staff	•											•			
									9																
								•	8	Establish formal and consistent ways to recognize and celebrate staff	•											•			
•								•	7	Provide access to data for leaders - create key financial dashboards								•			•				
							•		6	Enhance division leader awareness of finance for area - create divisional budgets.		•									•				
							•		5	Increase alignment with and utilization of Medicaid													•		
							•		4	Coordinate across audits to increase integrity of the collective efforts														•	
							•		3	Prepare for waiver sustainability and implementation of FFPSA within administrative & financial processes			•							•		•			
							•		2	Stabilize the invoice process for consistent timing of provider payments and anticipated costs									•						
								•	1	Improve IT End User Experience								•							
								•	A	Create an empowered and engaged workforce - Decrease team member turnover by 40%															
	•	•	•	•	•	•			B	Improve performance outcomes of child welfare to exceed federal benchmark															
							•		C	Achieve financial stability - decrease operating expenses by 12%															
•									D	Achieve IT system stability with robust reporting															

RESOURCES

• Primary o Secondary

INDIANA DEPARTMENT OF CHILD SERVICES

Level 1 - Fin&AdminService

Orig. 9/12/2018

Updated 9/19/2018

ATTACHMENT H

Information Technology X-Matrix Goals

Strategy Deployment - X Matrix (Information Technology)

Decrease operating expenses by 5 % through implementation of technology which promotes increased efficiency related to hardware management alongside planned statewide computer refresh.	Improve data collection related to child maltreatment fatalities	Leverage Salesforce enterprise data collection to inform agency efforts towards improved employee retention	Implement innovative stratgies through technology to promote efficiency with candidacy selection for prospective FCM's.	Leverage traceability matrix which has identified potential risks and impacts through policy, operational processes, IT processes and budget.			Increase child safety via meaningful and timely data entry	Increase permanency	Increase employee recruitment and retention					Kevin Jones	Mark Bannister	Mark Morris	Tara Nelson	Gram Lester	Allison Bannister	
		•	•		6	Initiate process to provide comparative data for FCM candidate success factors to FCM tenure			•											
•					5	Implement meaningful and consistent asset management prodecures														
	•		•	•	4	Develop relevant reports related to employee retention to discuss and strategize with relevant stakeholders	•	•												
	•			•	3	Circulate IT Traceability Matrix to all relevant stakeholders to introduce the purpose and develop related strategies														
				•	2	CCWIS Design, Development and Implementation (DDI) RFP published and procured	•	•												
		•		•	1	CCWIS Organizational Design RFP published and procured	•	•												
						Improvement Priorities HOW / **Annual Objectives HOW FAR** / **Targets to Improve HOW MUCH** / **3 Year Breakthough Objectives WHAT**								**RESOURCES** • Primary o Secondary						
•	•			•	A	CCWIS system implementation with meaningful SDLC process embedded to achieve system sustainability														
	•			•	B	Ensure accuracy of data collection of performance outcomes of child welfare to exceed federal benchmark														
•					C	Achieve financial stability - decrease operating expenses by 15%														
		•		•	D	Achieve CCWIS system stability with meaningful configuration of reports to best reflect agency objectives and outcomes														

INDIANA DEPARTMENT OF CHILD SERVICES

N

ATTACHMENT I

ETV Voucher Breakdown

Attachment F

Annual Reporting of Education and Training Vouchers Awarded

Name of State/ Tribe: INDIANA

	Total ETVs Awarded	Number of New ETVs
Final Number: **2017-2018 School Year** (July 1, 2017 to June 30, 2018)	362	158
2018-2019 School Year* (July 1, 2018 to June 30, 2019)	177	100

Comments:

*in some cases this might be an estimated number since the APSR is due on June 30, the last day of the school year.

ATTACHMENT J

Foster and Adoptive Parent Diligent Recruitment Plan

Foster and Adoptive Parent Diligent Recruitment Plan

FFY 2020-2024

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Recruitment

When child placement is necessary, the main preference for DCS is relative and/or kinship care. Although DCS continues to have success in placing children with relatives and in kinship care homes as a first preference, this advance is attended by challenges of its own. Obstacles to traditional placement concern the behavioral or mental health challenges, special medical needs or conditions, and the developmental or intellectual disabilities experienced by children entering the foster care system. Other challenges include sibling groups of 3 or more, delinquency issues, or the child's age. There is considerable difficulty in finding well-matched homes for older youth. As a result, many regions and private agencies have had increased difficulty finding appropriate, least-restrictive placement options for these children that allow them to remain with their siblings and/or within their own communities.

Each of the 18 DCS regions has developed, and will continue to refine and improve, regionally specific foster parent recruitment and retention plans throughout the duration of the FFY 2020-2024 Child and Family Services Plan (CFSP). The intent of these plans was to better define the children for whom foster parents are needed within specific regions and counties, as well as potential target audiences/venues that might be accessed to find appropriate candidates. These plans are reviewed and updated on an annual basis. As a part of the contract for our Licensed Child Placing Agencies (LCPA), there is a requirement for LCPAs to create annual recruitment and retention plans of their foster parents as well.

To further aid foster care staff in understanding and planning for recruitment needs, regional recruitment reports are used by field staff in monitoring their placements and foster home needs. These reports contain regional data (which can be drilled down to individual counties within each region) regarding the numbers of children in foster care. This information is further broken down to allow for analysis of the numbers of children in DCS and LCPA homes, the numbers of children in placement by age categories, the numbers of children whose placements are consistent with CANS placement recommendations, and the number of children placed as part of sibling groups. These reports are intended to be a tool for determining the current ability of available homes to meet the needs of children coming into care. DCS continues to ensure that licensing workers are aware of this data and has started sharing it with LCPA licensing workers in order to ensure that targeted recruitment can occur.

In 2017, DCS had discussions with a vendor on a project for the dedicated recruitment of potential foster and adoptive family homes throughout the State of Indiana to respond to the dramatic increase in the number of children in need of out of home care. In 2018, DCS initiated a contract with the vendor, which details that the vendor is responsible for the management of all elements of the recruitment until the referral information is obtained. DCS is responsible for referring the potential foster family information to a licensed child placing agency to work with the foster parents for specialized training, review, and recommendation regarding licensure. DCS selected five LCPAs as a result of the RFI process and has been working with the contractor and five vendors to process all possible lead. These five vendors receive referrals generated through this project as a result of media campaigns, press releases, website content, and in person events. Referrals began in August 2018 and continued through August 2019. In FFY 2020, DCS will analyze the data from this project and gain insight into barriers with recruitment or licensing follow-through.

DCS is currently working on a multi-pronged strategy for state fiscal year 2020 to increase foster parent recruitment and retention. Aspects of this strategy include identifying characteristics of existing and potential foster parents towards recruitment efforts, strategies for widespread community outreach, diversified methods to disseminate information about being a foster/adoptive parent, and strategies to ensure that prospective foster/adoptive parents have access to agencies that license and approve homes. The Department plans on hiring a research and marketing firm to conduct focus group research to use for a marketing campaign to recruit foster parents. The Department will also take the information learned from the focus groups to improve systems/processes within the agency.

DCS is in the process of creating a strategic internal group whom will meet regularly to assess and adjust strategies in regards to the recruitment and retention of foster parents. This cross divisional group, including team members from Communications, Placement Support and Compliance, and Field will begin meeting in October of 2019. They will work closely to assess current recruitment and retention activities, data regarding recruitment and retention, and to discuss future planning over the next five years. DCS is partnering with Foster America and is in the process of hiring two Fellows who will be members of this strategic team and will partner with DCS in current and future planning. These Fellows will work with Indiana to strategically recruit, support, and retain prospective foster families blending the use of policy, practice, data analytics and technology solutions to achieve outcomes for children.

Lastly, DCS contracts with the Children's Bureau, Inc. (CB) for the recruitment and retention of adoptive families. CB's collaboration with local diverse neighborhoods, faith-based organizations, and community leaders will be sought in order to recruit appropriate families that reflect the diversity of children in the state for whom foster and adoptive homes are needed. CB hires Adoption Champions who are part-time staff with a personal tie to adoption who can answer the public's questions at various events. Additionally, DCS Adoption Specialists are available per region to walk potential adoptive parents through the process. Adoption Specialists also serve as a liaison for post-adoption service referrals.

Current and Future Enhancements Regarding Methods of DisseminationDCS will continue to refine and improve foster parent recruitment and retention plans throughout the duration of the FFY 2020-2024 Child and Family Services Plan (CFSP). The items below are part of the current and future enhancements:

- The DCS website, along with the newly developed Foster Care Portal.
    - Throughout the next five years, DCS will continue to develop the functionality of the Foster Care Portal as we continue to move towards a CCWIS compliant system. Some of the focus areas for the portal are the ability to follow your foster care license through the process and becoming more interactive for the foster parents with the ability to upload information for the family case manager into a child's case within their care (i.e. reports cards, doctor's visits, etc).
- Foster Parent Recruitment brochures, which include general information about how to become a foster parent, as well as contact information to get linked with foster care staff for further information or to initiate the process.
- One or two mass produced promotional items (i.e. hand sanitizer, ink pens, magnets), which contain DCS contact information and can be given to interested parties at recruitment events

(described below). These catch people's attention and provide them with a useful item that can keep the idea of foster parenting and the contact information on their minds.

- Recruitment and/or education booths or tables at targeted health or service fairs, conferences or other community events/locations that draw a wide population of attendees.
- Financial Assistance for Relative Caregivers brochures are given to relative caregivers at placement and include preliminary information on the foster home licensing process/benefits
- Relative Resource Guide, which is reviewed at the follow-up visit with relative caregivers and contains more detailed information related to foster home licensing process/benefits
- Targeted radio PSA's during Foster Care Month and Adoption month that highlight the need for foster parents
- Foster Parent quarterly newsletter
    - Over the next five years, DCS will continue to enhance the quarterly newsletter to ensure that foster parents are getting the information that they need and feel connected to policy and practice changes within the agency.
- Local/Regional information provided via reminder emails and letters for non-email users
- Representation at support groups
- A recruitment video that is embedded on the DCS website, which features foster parents and former foster children.
- DCS contracts with CB to publish & distribute the bi-monthly issue of "Opening Hearts, Changing Lives" adoption picture book which features children referred to the Adoption Specialists for recruitment of adoptive families.
- DCS contracts with AdoptUSKids to feature specific children referred to the Adoption Specialists for recruitment of adoptive families.
- Foster Care toolkit for use by Local Office staff when engaging in community outreach forums. This toolkit will include templates which may be customized with local information about children in care and foster parent needs. Included in the toolkit is a recruitment power point, a recruitment letter to the editor for local print or online newspapers, and a recruitment news release to engage local news outlets in possible media coverage.
- Use of the DCS Twitter account or other social media sites to disseminate information about fostering.

DCS has a toll-free foster care hotline, and a toll-free phone number for adoption questions (which is directed to the appropriate regional Adoption Specialist based on call origination). Also, the DCS website, as well as, the new Foster Care Portal lists hours and contact information for each local DCS office across the state, each Adoption Specialist, and for the licensed child placing agencies. Staff who license foster parents may be reached by contacting these offices.

Cultural Diversity Training and Translation Services

DCS does not have any policies limiting the array of available foster homes in terms of cultural diversity. DCS provides cultural diversity training for new staff as part of the initial cohort training curricula. DCS encourages cultural competency in its staff, contracted providers, and foster family homes through specific training offerings. All training provided via DCS can be located in the comprehensive DCS Training Plan.

DCS has a contract with a translation service which may provide assistance when linguistic barriers exist in the licensing or training process. This service is only modestly successful at meeting the needs of applicants and foster parents across the state. The Department will continue work in identifying more effective ways to utilize the language line and other interpreter services.

Fee Structure

The Department of Child Services ensures both DCS and LCPA foster parents are reimbursed with a fee structure that is based on each child's individual CANS score, not cultural, racial, or socio-economic factors of the child or placement resource. DCS does not charge a fee to become a licensed foster parent, the Department covers the costs of background checks, trainings, etc.

Adoptive Parent Recruitment

DCS utilizes an adoption picture book, AdoptUSKids website and Wendy's Wonderful Kids recruiters throughout the state to search for prospective adoptive parents. DCS contracts with CB to work with the regional Adoption Specialists to coordinate and host matching events state-wide for the purpose of allowing legally-free waiting children and prepared/recommended prospective adoptive families to meet and interact in an informal, fun setting. The Adoption Specialists, when requested, also assist the local offices with prospective adoptive family interviews and participate in the selection recommendation that is sent on to the Local Office Director.

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

ATTACHMENT K

Health Care Oversight and Coordination Plan

Health Oversight and Coordination Plan

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Ongoing Oversight and Coordination of Health Care

Families First Prevention Services Act (Section 422(b)(15)(A)) contains a provision requiring each state, under Title IV-B, to create a plan to ensure ongoing oversight and coordination of health care for foster children. State child welfare agencies and state agencies that administer Medicaid are required to work collaboratively in crafting the plan and include consultation with pediatricians and other health care experts.

DCS joined forces with the Indiana Family and Social Services Administration (FSSA), which is the agency that administers Medicaid in Indiana, and collaborated with pediatricians and other health care experts in Indiana to develop the Health Care Oversight and Coordination Plan.

Reflecting all recent amendments, the Health Care Oversight and Coordination Plan, developed in coordination with the State Medicaid agency, must now include an outline of the items listed below:

1. A schedule for initial and follow-up health screenings that meet reasonable standards of medical practice;
2. How health needs identified through screenings will be monitored and treated, including emotional trauma associated with a child's maltreatment and removal from home;
3. How medical information will be updated and appropriately shared, which may include developing and implementing an electronic health record;
4. Steps to ensure continuity of health care services, which may include establishing a medical home for every child in care;
5. The oversight of prescription medicines, including protocols for the appropriate use and monitoring of psychotropic medications;
6. How the State actively consults with and involves physicians or other appropriate medical or non-medical professionals in assessing the health and well-being of children in foster care and in determining appropriate medical treatment for the children; and
7. The procedures and protocols the State has established to ensure that children in foster care placements are not inappropriately diagnosed with mental illness, other emotional or behavioral disorders, medically fragile conditions, or developmental disabilities, and placed in settings that are not foster family homes as a result of the inappropriate diagnoses; and
8. Steps to ensure that the components of the transition plan development process required under section 475(5)(H) that relate to the health care needs of youth aging out of foster care, including the requirements to include options for health insurance, information about a health care power of attorney, health care proxy, or other similar document recognized under State law, and to provide the child with the option to execute such a document, are met.

P.L. 110-351 stipulates that the Health Oversight and Coordination provision does not reduce or limit the responsibility of Medicaid agencies in administering and providing care to children served by the state child welfare system.

The following outlines Indiana's coordinated strategy to identify and respond to the health care needs, including mental and dental, of foster children.

The Indiana Department of Child Services (DCS) joined forces with the Indiana Family and Social Services Administration (FSSA), the state agency responsible for administering Medicaid, to ensure that the physical, dental, and mental health needs of DCS foster children and youth are being met. They also work to ensure that all DCS foster children and youth are enrolled in Medicaid and therefore eligible for Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) and managed care services.

There are several program options available under Indiana Medicaid, with programs designed to meet the medical needs of certain groups of people. Indiana Medicaid programs include, but are not limited to the following:

- Traditional Medicaid
- Fee-for-Service Programs
- Managed Care Programs (Hoosier Care Connect and Hoosier Healthwise)
- Special Programs

DCS foster children and youth are enrolled in Traditional Medicaid unless they have a qualifying medical condition. Those with qualifying medical conditions may be enrolled in Hoosier Case Connect, which is a managed care program. Both Medicaid plans provide reminders and educational materials, as well as assistance with scheduling and transportation for EPSDT appointments. Enrollment of all eligible wards of DCS and youth in foster care in Medicaid provides the basis for a coordinated interagency strategy to identify and respond to the health, mental, and dental care needs of wards of DCS and youth in foster care.

DCS and FSSA created an administrative, legal, and technical framework for more efficiently facilitating wards of DCS and youth in foster care onto Medicaid and improving health outcomes. The framework between the two state agencies is supported through: Memorandums of Understanding (MOU); the creation of a specialized Medicaid Eligibility Unit (MEU) within DCS to enroll wards of DCS and youth in foster care in Medicaid; as well as, an on-going and regularly scheduled exchange of relevant medical data between the two agencies.

Traditional Medicaid

Traditional Medicaid provides assistance for medical expenses such as doctor visits, prescription drugs, dental and vision care, family planning, mental health care, surgeries, and hospitalizations. It does not require that the member choose a specific doctor or provider of services.

Hoosier Care Connect:

Hoosier Care Connect is a risk-based managed care program designed to improve the quality of care and clinical outcomes for members eligible for the IHCP on the basis of age, blindness or disability. Hoosier Care Connect Members pick an MCE and a primary doctor. The MCE assists members in coordinating their healthcare benefits and tailoring the benefits to individual needs, circumstances and preferences. Hoosier Care Connect members receive full Medicaid State Plan benefits, in addition to care coordination services and other FSSA-approved enhanced benefits developed by the MCEs.

Individuals in the following eligibility categories who do not reside in an institution, are not receiving services through a home and community-based services (HCBS) waiver, and are not enrolled in Medicare will be enrolled in Hoosier Care Connect:

- Aged individuals (age 65 and over)
- Blind individuals
- Disabled individuals
- Individuals receiving Supplemental Security Income (SSI)
- Individuals enrolled in Medicaid for Employees with Disabilities (M.E.D. Works)

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

- Wards of the State
- Foster children
- Former foster children
- Children receiving adoption assistance

Individuals will be removed from the Hoosier Care Connect program and transitioned to another IHCP program if they:

- Become eligible for Medicare
- Enter a nursing home for a length of stay greater than 30 days
- Enter a state psychiatric facility, a psychiatric residential treatment facility (PRTF), or an intermediate care facility for individuals with intellectual disabilities (ICF/IID)
- Begin receiving hospice benefits in an institutional setting
- Become eligible for and choose to enter an HCBS waiver program

Hoosier Healthwise

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

DCS wards that are eligible for Title IV-E, youth in Collaborative Care, and former foster care youth may be eligible for one of the Managed Care programs. The DCS Medicaid Enrollment Unit (MEU) assists with the initial enrollment of eligible children on Managed Care progams. Once a child is enrolled, those individuals that are authorized to talk to the MCE about the child's health care, including the child's FCM and foster care provider, are provided to the MCE.

MEU contacts the FCM to obtain the name of an eligible child's physicians and other health care providers so that an MCE plan can be selected. Each child must have an initial health assessment completed upon entry into the Hoosier Care Connect program. The initial health assessment helps determine the level of care coordination that is needed for the child.

Once an MCE is selected, a care coordinator from the MCE contacts the FCM to obtain the names of the child's physicians and other health care providers so that a primary medical provider (PMP) can be identified. The PMP is the doctor that the child will see for most of his/her health care services. The care coordinator may also contact the FCM to assist in coordinating the child's health care appointments and transportation.

Administrative Framework:

Medicaid Eligibility Unit (MEU)

DCS works collaboratively with Indiana FSSA, Division of Family Resources (DFR,) to facilitate enrollment of DCS wards and youth in foster care in Medicaid.

DCS created a specialized, internal, Medicaid Enrollment Unit (MEU) which was piloted in select counties and then implemented statewide effective August 1, 2010. MEU workers partner with Indiana's DFR and OMPP to ensure coverage and appropriate category choice for each DCS child or youth in placement.

MEU enrolls IV-E eligible children in Medicaid and facilitates the Medicaid application process for non-eligible children in care as the authorized representative for the child. The following addresses how these functions are carried out.

DCS is engaged in an on-going dialogue with FSSA, the Office of Medicaid Policy and Planning (OMPP), the Division of Mental Health and Addictions (DMHA), and the Division of Family Resources (DFR) to coordinate strategies for responding to the physical and behavioral health needs of wards of DCS and youth in foster care.

Legal Framework:

A legal framework for interagency collaboration to meet the health needs of wards of DCS and youth in foster care is supported and guided by Memorandums of Understanding (MOU).

The purpose of this MOU between DCS and OMPP is to define the programmatic and administrative responsibilities of DCS, DFR, and OMPP, in order to administer state aid to wards and foster children, and to work collaboratively in formulating a plan and sharing information to ensure that the health needs of children in foster care are being adequately met.

DCS is also engaged with FSSA Division of Mental Health and Addictions through an MOU.

The purpose of this MOU is to define DMHA and DCS' programmatic and administrative responsibilities for the provision and management of behavioral health services for wards of DCS and youth in foster care. The MOU provides for the implementation of uniform assessments through the use of the CANS assessment tool discussed earlier. It provides for the exchange of data to support the programs, staff training and certification, and ongoing interagency communication. Additionally, it provides for outcome quality management processes using data to support decisions at the child and family intervention, program and policy levels.

Technical Framework

DCS and OMPP are working together to develop a technical framework that allows for the sharing of relevant medical data and other information related to health. The intent is to allow for a mutual and regularly scheduled electronic exchange of medical information for wards of DCS and youth in foster care. This information is used to enhance detail already contained in the electronic health record or Medical Passport for each youth and assists in ensuring that all wards of DCS and youth in foster care receive the most appropriate medical care possible.

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

Initial and Follow-Up Screenings

Efforts to improve health outcomes for DCS children and youth in foster care are supported through improved consistency and the frequency of initial and follow-up health screens. Improvement is being addressed by implementing statewide use of a standardized assessment tool by all DCS Family Case Managers, as well as increasing the frequency of youth receiving an Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) screen.

The Child and Adolescent Needs and Strengths (CANS) Assessment

To improve consistency and provide for better mental health outcomes for children and youth in the care of DCS, DCS partnered with the FSSA Division of Mental Health and Addictions to implement the Child and Adolescent Needs and Strengths Assessment (CANS) Comprehensive tool. The CANS refers to a group of outcome management tools that have been developed by John Lyons, PhD, University of Ottawa, in collaboration with stakeholders across multiple states.

In January 2008, DCS contractually required that DCS licensed residential providers administer the age appropriate CANS assessment unless an assessment had been completed on the child within 30 days of admission by another qualified resource (most often a mental health provider). In August of 2009, DCS began the implementation of the CANS Pilot Protocol by DCS Family Case Managers (FCMs), with the statewide rollout completed in April 2010.

Statewide use of the CANS allows DCS to document the intensity of behavioral health services needed by the child and family and is the basis for planning individualized services for children. The implementation of this tool provides a more uniform initial assessment of social, emotional, and behavioral level of care needs of wards of DCS and youth in foster care. The CANS assessment plays a critical role in informing decision-making regarding the type and level of placement a child needs once the decision to place a child outside of the home has been made. The CANS assessment is completed by FCMs who are trained and certified in its use.

In 2012, DCS developed three CANS Consultants who provide Education and Support to field staff and all levels of management to ensure consistent level of understanding in CANS administering and its understanding. These CANS Consultants received specialized training from Dr. Lyons in 2014 and are certified CANS Trainers.

Two versions of the CANS were previously used by DCS staff – the short CANS and the comprehensive CANS. In 2014, DCS eliminated use of the short CANS, requiring staff to complete the comprehensive CANS in all circumstances. DCS learned that when it was utilizing the short CANS that it did not provide the comprehensive information needed about the child/family. Below please find a summary of the DCS policy requirements for CANS completion.

- Will be completed within 5 days of removal;

- Will be completed for every child under the supervision of DCS, regardless of age, who is in an out of home placement prior to the initial Case Plan being due;
- Will be completed for every substantiated assessment which does not result in an open case.

Reassessments

- After the initial comprehensive CANS, reassessments are due every 180 days (prior to the updated Case Plan being due) and anytime there is an apparent change in the child's needs that might need a different intensity of services.

Assessment information regarding an individual child is used by residential providers, children and families, DCS FCMs, and other members of the Child and Family Team to plan appropriate interventions, monitor progress, and adjust intervention plans based on the child and family's needs and strengths. The CANS guides the FCM and the Child and Family Team in deciding what type of behavioral health services the child needs and what level of placement best suits his/her needs. Additionally, this information can be incorporated in the Care Plan developed as a part of the four-step Care Management Model.

Early and Periodic Screening Diagnosis and Treatment

DCS strives to make certain that every DCS child or youth in foster care has an Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) evaluation completed by an approved physician. This practice is supported by DCS Policy 8.29 -Routine Health Care – which addresses continuity of healthcare services to vulnerable children, as well as requires DCS to facilitate the provision of a general health exam, consistent with the HealthWatch/EPSDT screening protocols, to all children in out-of-home care within 10 business days of placement.

To maximize the developmental capacities of all children, regardless of circumstance and in compliance with Federal guidelines, Indiana provides EPSDT services for children and young adults enrolled in a Medicaid health insurance program. In Indiana, these services are provided through the HealthWatch/EPSDT Program.

The HealthWatch/EPSDT program screening includes:

- Comprehensive health and developmental history, including assessment of both physical and mental health development;
- Comprehensive unclothed physical exam;
- Appropriate immunizations according to age and health history;
- Laboratory tests including a lead toxicity screening;
- Nutritional Assessment;
- Health Education, including anticipatory guidance;
- Vision screens;
- Hearing screens; and
- Dental screens.

The HealthWatch/EPSDT program facilitates the provision of timely and responsive health care to Medicaid recipients' ages birth through 21 years old, capturing much of the child population with whom

DCS is involved. Implemented through initial and subsequent periodic health screenings consistent with the recommendations of the American Academy of Pediatrics (AAP), the HealthWatch/EPSDT Program is designed to mitigate the risks of long-term impairment through the earliest possible detection and treatment of medical, developmental, and psychological conditions.

DCS FCMs often work with a Care Coordinator through *Care Select* to assist in finding an approved physician for conducting the EPSDT screens. The information from the EPSDT screen is then incorporated into the youth's Care Plan developed as a part of the four-step Care Management Model.

Monitoring and Treatment of Health Needs

Screening

The information gathered through the CANS and EPSDT screens will be incorporated into each youth's Case Plan. Driven by the Case Plan, the FCM, Child and Family Team, and Care Coordinator (for those in *Care Select*) take the necessary steps to meet the child's physical, mental, dental, visual, auditory, and development needs. In addition to, and in conjunction with, the child's Care Management Plan, DCS will ensure:

- A general health exam within 10 days of placement.
- An initial dental exam and cleaning is scheduled no later than six months after the date of the child's last known exam and cleaning. If no records exist, the child will receive an initial exam and cleaning within 90 days of placement.
- A hearing exam is conducted every 12 months for children with corrected hearing or as recommended by the child's physician.
- FCMs complete at least annual health care surveys to ensure the youth's physical, hearing, and vision exams occur and provide updates from these screenings.
- DCS will ensure the implementation of protocols to prevent inappropriate diagnoses per SEC.50743 of the Family First Prevention Services Act.
- The Child and Family Team is empowered to assist in the on-going monitoring and treatment of the youth.

In order to monitor and treat emotional trauma associated with a child's maltreatment and removal, in addition to other health needs identified through screenings, DCS will screen all youth entering the system using the CANS-Adjustment to Trauma measure. To better serve youth and families with complex trauma histories, DCS has developed and implemented a Clinical Resource Team. This team consists of twelve licensed mental health clinicians, based regionally throughout the state and supervised by a licensed psychologist. The Clinical Resource Team provides consultation to FCMs and local DCS offices on cases involving complex mental health, substance abuse and/or domestic violence issues. One of the key roles of the Clinical Resource Team is to work with contractual providers to deliver evidence based, trauma-informed services and to develop trauma-informed treatment plans on a case-by-case basis. The Clinical Resource Team may be utilized any time that DCS has a question about the mental health needs of a child or family.

DCS screens all youth entering foster care using the CANS-Trauma Module to identify trauma-related needs associated with a child's maltreatment and removal from the home. Youth who score a "3" on the CANS "adjustment to trauma" item may be referred to a DCS mental health contractor for a trauma

assessment, or the child's FCM may be referred for a clinical consultation with a member of the Clinical Resource Team to determine the best course of treatment. Recommendations from the clinical assessment are incorporated into the DCS case plan, including any recommendations for specific, trauma-informed services.

Trauma-Informed Services

DCS continues to offer a "Trauma-Informed System of Care" training curriculum in collaboration with the Indiana University School of Social Work (and based on NCTSN materials). This training is available to staff, as well as, utilized in RAPT for foster parent training.

At the programmatic level, DCS requires contractual providers to include trauma-informed care as a "core competency" in their programs and services. For additional information on the evidence-based, trauma-informed service array and associated provider trainings, please see Section V, A (2), Preservation and Reunification Services in the 2020-2024 Child and Family Services Plan.

DCS continues to work with the Indiana Community Mental Health Centers (CMHC). Multidisciplinary group meetings continue with a focus on improving access and effectiveness of services for DCS clients. The Indiana Council of Community Mental Health Centers partners with DCS to provide an annual conference which includes CMHC leadership and DCS local and central office leadership. The main initiatives of the collaborative include improving access and effectiveness of:

- Medicaid Rehabilitation Option services,
- Children's Mental Health Initiative, and
- Substance Use Disorder treatment.

Maintaining the Medical Record

DCS maintains written and electronic (detailed in Technical Framework section) documentation of healthcare services received by wards of DCS and youth in foster care.

A written summary of the child's medical history is included in each child's Case Plan. All children who are placed in out-of-home care are issued a Medical Passport, as well as additional forms for authorization for medical services; consent to release mental health and addiction records, record of medical treatments, and a log of medical treatment. These forms are included with the Medical Passport. The Medical Passport is the place of record for a broad range of health care services, including medical, dental, mental health, developmental, vision, hearing and speech care. The Medical Passport remains with the child and in the possession of the resource family throughout all out-of-home placements.

DCS requires the child's resource family, to work with the family case manager, to keep the child's Medical Passport up-to-date with the child's most recent healthcare information. Additionally, DCS keeps a separate record of the child's healthcare information in the child's medical section of our system of record, the Management Gateway for Indiana's Kids (MaGIK). When the child achieves permanency (e.g., reunification, adoption), DCS requires that the permanent caregiver or the child, if released from substitute care after his or her 18th birthday, receives the Medical Passport.

DCS completed an MOU with the Indiana Office of Medicaid Planning and Policy (OMPP) which, allows for the exchange of medical claim history from the Medicaid system to DCS' MaGIK system. Working towards the ability to allow FCMs to view wards' medical events such as doctor visits, ER visits, prescriptions, and immunizations by selecting the appropriate medical screen in MaGIK. The DCS technical team is currently working with the technical team from OMPP to establish the framework to allow this information sharing to occur.

Continuity of Health Care Services

To ensure the continuity of health care services for DCS foster children and youth with significant mental or medical needs, DCS has worked in collaboration with FSSA to implement the use of a Care Management Model. As discussed above MCE Care Coordinators work in a collaboration with the youth, the Primary Medical Provider, the Family Case Manager, the Resource Family or care giver, the Child and Family Team, and other stakeholders to implement the individualized health care plan the youth. Additionally, Indiana's system of care provides that each child is linked to a Primary Medical Provider (PMP) who becomes the child's Medical Home enhancing continuity of care.

Oversight and Monitoring of Prescription Medication

Informed and Shared Decision Making

DCS Policy 8.30 – Psychotropic Medication – addresses current procedures for handling of psychotropic medication for DCS foster children and youth who are in out-of-home placement. By policy, DCS requires that informed consent be obtained from the parent, guardian, or custodian and from the appropriate DCS Local Office Director or designee before a child in out-of home care is placed on psychotropic medication. DCS provides an exception to the requirement to obtain parental consent, if:

1. The parent, guardian, or custodian cannot be located;
2. Parental rights have been terminated;
3. The parent, guardian, or custodian is unable to make a decision due to physical or mental impairment; or
4. The child is admitted for acute psychiatric treatment; or
5. Prior court authorization has been obtained.

If the parent, guardian, or custodian denies consent, a Child and Family Team Meeting (CFTM) is convened immediately to determine if DCS will seek a court order for authorization of the recommended medication. Medication can be administered without prior consent if it is needed to address an emergency condition in which the child is a danger to himself or herself or others, and no other form of intervention will mitigate the danger. Consent must be obtained within 24 hours of administering the initial dose of medication on the weekends or holidays.

DCS has the right to request a second opinion, if there are questions surrounding the need for and/or use of psychotropic medication.

Information about all medications is maintained in child's Medical Passport. In addition to the information maintained in the paper Medical Passport, oversight of prescription medications will be enhanced through DCS' collaboration with OMPP in developing the technical framework for sharing relevant medical data electronically. The monthly electronic exchange will include information regarding

prescription medications. This will allow for oversight as well as the opportunity for enhanced case management to improve health outcomes for wards, foster and adoptive children.

Psychotropic Medication Advisory Committee (PMAC)

The Indiana Psychotropic Medication Advisory Committee (PMAC) was initiated in January, 2013, to provide oversight and guidance for psychotropic medication utilization among DCS-involved youth. This committee includes representatives from Indiana University Department of Psychiatry, DCS, OMPP, DMHA, pediatricians, social workers, psychologists, pharmacists, child advocates and other identified stakeholders. The advisory committee monitors Federal legislation, reviews best-practice guidelines for psychotropic medication use, monitors Indiana prescription patterns, reviews formularies and makes policy recommendations to DCS. Specific responsibilities of the committee include the following:

- Review the literature on psychotropic medication best practice (e.g., AACAP) and provide guidance to DCS, OMPP, IUSM and prescribing providers;
- Provide assistance to DCS in establishing a consultation program for youth in state care who are prescribed psychotropic medications;
- Publish guidelines for the utilization of psychotropic medications among DCS-involved youth, with revisions made on a semi-annual basis, as needed;
- Publish a DCS Approved List of Psychotropic Medications that contains a comprehensive listing of medications (generic and brand) approved for use with DCS-involved youth;
- Review DCS policies for requesting and obtaining consent to treat DCS-involved youth with psychotropic medications and make recommendations for change to DCS Permanency and
- Practice Support Division; and
- Identify non-pharmacologic, evidence-based mental health treatments for DCS-involved youth.

Psychotropic Medication Guidelines for Youth in Care

This document was developed in 2014 by the Psychotropic Medication Subcommittee of the PMAC (Leslie Hulvershorn, MD, DMHA – Chair), with input and guidance from a wide variety of medical and behavioral health professionals across the state. The Guidelines provide "best practice" recommendations for the use of psychotropic medications in child and adolescent populations, including research-based dosage parameters, "red flag" indicators, etc.

The Guidelines were recently updated and approved at the 2/22/18 PMAC meeting to reflect the updated Texas Parameters (Psychotropic Medication Utilization Parameters for Children and Youth in Foster Care 5th Version). A copy of the updated (2018) Guidelines has been posted on the DCS internet site, under the Psychotropic Medication link (http://in.gov/dcs/3635.htm). DCS requires all contracted providers to adhere to the Guidelines when using psychotropic medications with our youth. In addition, the Guidelines have been approved by the Mental Health Quality Assurance Committee (FSSA) and are being considered for broader adoption with all Medicaid-eligible youth in Indiana.

Mental Health/Trauma Screening

All DCS youth are screened using the CANS upon entry into the system and at critical case junctures thereafter. The CANS identifies mental health needs, and a placement algorithm is used to generate a level of care recommendation. In addition, all youth entering the foster care system receive a comprehensive mental health evaluation within the first 30 days of placement.

To identify trauma-related needs associated with a child's maltreatment and removal from the home, DSC will screen all youth entering the system using the CANS-Trauma Module. Youth who score a "3" on the CANS "adjustment to trauma" item may be referred for a trauma assessment with one of our contractual providers, or the case may be staffed with a member of the Clinical Resource Team to determine the best course of treatment. Recommendations from these clinical assessments will be incorporated into the DCS case plan, including any recommendations for specific, trauma-informed services. Training materials have been developed regarding the reliable rating of trauma needs using the CANS, and all DCS Family Case Managers have been trained on these measures.

Assessment

All children should receive a comprehensive health evaluation and identification of acute medical problems prior to the administration of psychotropic medications. The physical evaluation is performed by a physician or other healthcare professional qualified to provide this service. Except in the case of an emergency, consent for psychotropic medication will not be provided until the child has received a thorough health history, psychosocial assessment, mental status exam and physical exam. In some cases, medical problems mimic and/or occur co-morbidly with psychiatric disorders. In those instances, the identification of target symptoms will be critical. When pharmacologic intervention is identified as part of the treatment plan, considerations such as diagnostic medical evaluations, drug-drug interactions, polypharmacy, treatment compliance, informed consent, and the safe storage and administration of medications will need to be documented.

The assessment of a medication trial is facilitated by the initial identification of target symptoms and the regular evaluation of those target symptoms. Secondly, the consideration of ongoing life events, particularly in children and adolescents, is essential in assessing benefits of medication. Removal from the home, a change in living situation, physical illness, parental functioning, traumatic events, etc. can all impact functioning and can confound the evaluation of a medication trial. Thirdly, compliance may need to be investigated through pharmacy records or medication administration records in order to clearly assess efficacy of a medication trial. Once an informed decision is made about a particular medication, changes in the treatment plan may be necessary, including changes in medication regime, adjustment in non-pharmacologic treatment strategies, and re-evaluation of the diagnosis.

In children and adolescents, re-evaluation of the working diagnosis is critical not only when there is a lack of treatment response, but in other situations as well. By nature, children and adolescents are developing and changing during treatment. Longitudinal information may become available revealing temporal patterns of functioning that may alter the initial diagnosis. In addition, the successful treatment of one disorder may then expose an underlying co-morbid disorder that requires treatment. Ultimately, the resolution of a disorder or the ineffectiveness of a medication requires the medically supervised discontinuation of medications. Because withdrawal or discontinuation effects may arise and confound the clinical picture, ongoing assessment is vital to sort out the illness from the medication effects.

Psychotropic Medication Consultation

The IU Psychotropic Medication Consultation Program was initiated on June 1, 2015. The Indiana University School of Medicine Department of Psychiatry was contracted by DCS to monitor and optimize psychotropic medication use in the out-of-home CHINS population by reviewing outlier cases. Outlier cases are those deemed potentially problematic, utilizing criteria developed by the Indiana Psychotropic

Medication Advisory Committee (PMAC) and outlined in the 2018 Guidelines. IU psychiatrists provide tiered consultation to prescribing providers in those instances where an outlier has been identified. IU may choose to conduct a review of records, a review of records with follow-up questions for the prescribing provider, or a direct physician to physician consultation in instances where there are significant concerns regarding the use medication regime. In addition, the IU Consultation Program employs two part-time clinical psychologist to provide comprehensive assessments when there is diagnostic uncertainty, to consult with existing providers, and to provide behavioral support to caregivers.

As part of the DCS contract with IU, a Program Evaluation Team (PET) has been established – under the direction of Dr. Brea Perry from the Indiana University, Bloomington – to review monthly evaluation data. The PET aggregates and analyzes data to determine changes that have occurred as a result of program reviews and consultation with prescribing providers. Brea Perry, PhD, Indiana University Sociology Department, completed a two-year evaluation of the effectiveness of the DCS Psychotropic Consultation Program, utilizing program data from 6/1/15 through 7/1/17. For those cases selected for peer-to-peer review, the top three concerns cited by the IU reviewing clinicians included concurrent prescription of four or more psychotropic medications, inadequate monitoring of lab tests, and insufficient evidence for a particular agent. In terms of provider response to consultation, 87% agreed with the recommendations provided by IU, while only 6% disagreed. In addition, the consulting IU physicians had no remaining concerns in a majority of cases following the intervention (80%).

Outcomes from the two-year evaluation were overwhelmingly positive and included the following:

- Average number of psychotropic medications prescribed (for cases receiving consultation) declined from four to about one;
- Use of six or more prescriptions concurrently decreased from 0.50 to 0.004;
- Use of potentially unsafe, off-label medication fell from 0.50 to 0.07;
- Acute psychiatric hospitalization among youth with more severe psychiatric problems fell from 0.50 to 0.003;
- Average monthly healthcare expenditures declined from an estimated $20K to $5K; and
- The number of outlier cases meeting criteria for review declined consistently from a high of 99 in September, 2015 to a low of 20 in June, 2017.

As of 4/1/19 (the last quarterly reporting period), IU had processed a total of 1288 outlier cases and had completed 416 peer-to-peer reviews with 53 follow up reviews (to address remaining concerns). The most prevalent concern cited by reviewing physicians was medication quantity, and specifically, four or more psychotropic medications being prescribed simultaneously. The second most common reason for concern was insufficient evidence for a particular agent, followed by inadequate documentation and inadequate monitoring of lab results. With respect to provider response, in 95% of cases reviewed the prescribing physician agreed with the IU recommendations, indicating substantial agreement between IU consultants and prescribing physicians about next steps toward bringing the medication regimen in line with PMAC criteria.

Guidelines for Safe Utilization of Psychotropic Medications

In order to safeguard the health and welfare of DCS youth who are prescribed psychotropic medications, the following guidelines have been adopted in the *Psychotropic Medication Guidelines for Youth in Care with Indiana's Department of Child Services*:

General Principles:

1. In the state of Indiana, a comprehensive evaluation prior to the use of medications should be performed by a licensed professional *or a qualified professional under the supervision of a licensed professional.*
2. To clarify, a physical examination is not typically completed by a child psychiatrist or necessarily required for the use/start of psychotropic medications (excluding evaluation for extrapyramidal or other movement side effects). If warranted, it is the responsibility of the evaluating mental health professional to refer the child for a physical examination.
3. A standardized trauma assessment (e.g., CANS, Trauma Symptom Checklist) is preferred for clinical assessment of exposure of trauma and maltreatment. For youth with more extensive trauma histories, a comprehensive trauma assessment may recommended by DCS. The service standard for comprehensive trauma assessments can be found at http://www.in.gov/dcs/3159.htm.
4. In addition to the need to identify DSM-5 diagnoses to direct treatment, diagnoses outlined in the relevant version of the International Classification of Diagnoses (e.g., ICD-10) are also appropriate.
5. In addition to diagnoses, benefits/risk, lab findings, adverse events, alternatives, and risks of no treatment, informed consent should also include a discussion of possible medication interactions.
6. If a non-child psychiatrist is treating a child and they are not improving Texas Parameters recommend referral to be initiated. We would like to clarify that the window for expected improvement for most childhood psychiatric disorders is 3 months.
7. When treating youth with medication for aggression, Texas Parameters recommend a slow taper with discontinuation every 6 months. To clarify, youth with aggression resulting from any of the following disorders should be given an opportunity for a taper: oppositional defiant disorder, conduct disorder, disruptive mood dysregulation disorder, developmental disabilities and autism spectrum disorder. We would like to further note that such tapers may not be routine in current clinical practice, but they are now highly recommended.

Medication-Specific Recommendations:

1. Although short acting alpha agonists for use in the treatment of ADHD and tics are not FDA approved, they remain the recommended first line agents.
2. Tapering antipsychotics in children may require longer than a 4 week period.
3. See Tables for additions (See the full report from Indiana 2018 Guidelines here: https://www.in.gov/dcs/files/Indiana%20Psychotropic%20Medication%20Guidelines%20(2018%20Update).pdf, tables for additions are located on pgs 9-14)
4. Routine lipid screening is recommended to be every year, rather than every 6 months, as outlined in the Texas Parameters. If abnormal values are detected, more regular monitoring (every 3-6 months) are recommended.

5. Fasting lipids and glucose are recommended to be checked on every pediatric patient prior to starting (or at first contact if medication has already been started) medications known to impact these labs (e.g., antipsychotics).
6. Evaluation of blood pressure, heart rate, weight and height is recommended for every medication monitoring visit and initial evaluation.
7. Clomipramine is only recommended for obsessive compulsive disorder if the child or adolescent has failed to complete trials of serotonin reuptake inhibitors.
8. Due to concerns about the potential for cardiac conduction abnormalities citalopram should not be prescribed at doses greater than 40 mg daily.
9. Orap should only be used for the treatment of tics if Haldol use was a failure or intolerable.
10. Aripiprazole dosage for the treatment of tics will follow package instructions.

Guidelines retained from the Texas Psychotropic Utilization Parameters for Youth in State Care (Texas Parameters):

- A DSM-5 psychiatric diagnosis should be made before the prescribing of psychotropic medications.
- Clearly defined target symptoms and treatment goals for the use of psychotropic medications should be identified and documented in the medical record at the time of or before beginning treatment with a psychotropic medication. These target symptoms and treatment goals should be assessed at each clinic visit with the child and caregiver.
- Whenever possible, standardized clinical rating scales (clinician, patient, primary caregiver, teachers, and other care providers) or other measures should be used to quantify the response of the child's target symptoms to treatment.
- In making a decision regarding whether to prescribe a psychotropic medication in a specific child, the clinician should carefully consider potential side effects, including those that are uncommon but potentially severe, and evaluate the overall benefit to risk ratio of pharmacotherapy.
- Except in the case of an emergency, informed consent should be obtained from the appropriate party(s) before beginning psychotropic medication. Informed consent to treatment with psychotropic medication entails diagnosis, expected benefits and risks of treatment, including common side effects, discussion of laboratory findings, and uncommon but potentially severe adverse events. Alternative treatments, the risks associated with no treatment, and the overall potential benefit to risk ratio of treatment should be discussed.
- Whenever possible, trauma-informed, evidence-based psychotherapy, should begin before or concurrent with the prescription of psychotropic medication.
- Before starting psychopharmacological treatment in preschool-aged children even more emphasis should be placed on treatment with non-psychopharmacological interventions.
- Medication management should be collaborative. Youth, as well as caregivers, should be involved in decision making about treatment, in accordance with their developmental level.
- During the prescription of psychotropic medication, the presence or absence of medication side effects should be documented in the child's medical record at each visit.
- Appropriate monitoring of indices such as height, weight, blood pressure, or laboratory findings should be documented.

- Monotherapy regimens for a given disorder or specific target symptoms should usually be tried before polypharmacy regimens.
- Medications should be initiated at the lower end of the recommended dose range and titrated carefully as needed.
- Only one medication should be changed at a time, unless a clinically appropriate reason to do otherwise is documented in the medical record. (Note: starting a new medication and beginning the dose taper of a current medication is considered one medication change).
- The use of "prn" or as needed prescriptions is discouraged. If they are used, the situation indicating need for the administration of a prn medication should be clearly indicated as well as the maximum dosage in a 24 hour period and in a week. The frequency of administration should be monitored to assure that these do not become regularly scheduled medications unless clinically indicated.
- The frequency of clinician follow-up should be appropriate for the severity of the child's condition and adequate to monitor response to treatment, including: symptoms, behavior, function, and potential medication side effects. At a minimum, a child receiving psychotropic medication should be seen by the clinician at least once every ninety days.
- The potential for emergent suicidality should be carefully evaluated and monitored, particularly in depressed children and adolescents as well as those initiating antidepressants, those having a history of suicidal behavior or deliberate self-harm and those with a history of anxiety or substance abuse disorders.
- If the prescribing clinician is not a child psychiatrist, referral to or consultation with a child psychiatrist, or a general psychiatrist with significant experience in treating children, should occur if the child's clinical status has not shown meaningful improvement within a timeframe that is appropriate for the child's diagnosis and the medication regimen being used.
- Before adding additional psychotropic medications to a regimen, the child should be assessed for adequate medication adherence, appropriateness of medication daily dosage, accuracy of the diagnosis, the occurrence of comorbid disorders (including substance abuse and general medical disorders), and the influence of psychosocial stressors.
- If a medication has not resulted in improvement in a child's target symptoms (or rating scale score), discontinue that medication rather than adding a second medication to it.
- If a medication is being used in a child for a primary target symptom of aggression associated with a DSM-5 non-psychotic diagnosis (e.g., conduct disorder, oppositional defiant disorder, intermittent explosive disorder), and the behavior disturbance has been in remission for six months, then serious consideration should be given to slow tapering and discontinuation of the medication. If the medication is continued in this situation, the necessity for continued treatment should be evaluated and documented in the medical record at a minimum of every six months.
- The clinician should clearly document care provided in the child's medical record, including history, mental status assessment, physical findings (when relevant), impressions, rationale for medications prescribed, adequate laboratory monitoring specific to the drug(s) prescribed at intervals required specific to the prescribed drug and potential known risks, medication response, presence or absence of side effects, treatment plan, and intended use of prescribed medications.

A more detailed version of these parameters can be found here: https://www.dfps.state.tx.us/Child_Protection/Medical_Services/documents/reports/2016-03_Psychotropic_Medication_Utilization_Parameters_for_Foster_Children.pdf

Additional Recommendations:

1. Rating scales used to identify response to treatment can be identified in numerous sources. A large number of evidence-based assessment tools are available free of charge for provider use in the DSM-5 (www.psychiatry.org/practice/dsm/dsm5/online-assessment-measures).
2. Given problematic weight gain among youth on psychotropic agents, diet and exercise counseling with referrals to primary care physicians, dieticians and specialized pediatricians are recommended for any child with weight changes, ideally early in the treatment course.

Data Management

DCS has an MOU with FSSA to share Medicaid claims data, including psychotropic medication data. As part of the MOU, OMPP produces monthly utilization reports for the out-of-home CHINS population. These reports capture psychotropic medication prescriptions on a "real time" basis, allowing for identification of cases that fall outside of best practice parameters. The monthly utilization reports identify all "red flag" outliers listed in the Guidelines (including names of the prescribing providers), and this information is used by the IU Consultation Program to select cases for review. The utilization reports are also used to generate a monthly psychotropic medication report card, allowing for comparison of Indiana psychotropic medication rates vs. other states. DCS is in the process of formatting the monthly report card data for publication on the DCS internet site, under the Psychotropic Medication link – target date 7/1/19.

"Red Flag" Indicators

The Indiana PMAC has established "red flag" indicators based on the American Academy of Child and Adolescent Psychiatry practice parameters (AACAP, 2009) and the Texas Psychotropic Medication Utilization Parameters for Foster Children (2016). DCS "red flag" indicators are listed in Table 1. Any youth who meets one or more of these criteria may be referred to the IUSM Department of Psychiatry Consultation Team for case review and follow up.

Table 1. DCS "Red Flag" Indicators

Prescription for four (4) or more psychotropic medications
Prescription for two (2) or more antidepressant medications
Prescription for three (2) or more mood stabilizers
Prescription for two (2) or more antipsychotic medications
Prescription for two (2) or more stimulant medications
Prescription of an antidepressant to a child less than four (4) years old
Prescription of an antipsychotic medication to a child less than four (4) years old
Prescription of a mood stabilizer to a child less than four (4) years old
Prescription of a stimulant medication to a child less than three (3) years old
Psychotropic polypharmacy for a given mental disorder is prescribed before utilizing psychotropic monotherapy.
Psychotropic medication dose exceeds usual recommended doses (FDA and/or literature based maximum dosages)

Education and Training

The PMAC has developed a psychotropic medication training curriculum for DCS staff and other key stakeholders across the state. The training curriculum includes information about best practice guidelines, current psychotropic utilization trends and issues unique to youth in the child welfare system. On an annual basis, the PMAC develops a training plan to provide education on psychotropic medications for DCS staff, residential and community based providers, foster parents, child advocates (e.g., CASA/GAL), and other child welfare stakeholders. In addition, the Psychotropic Medication curriculum was posted on the DCS internet site, under the Psychotropic Medication link. In 2018, Dr. Hulvershorn facilitated trainings for community mental health centers, residential providers, foster parents, educators, and child advocates in a series of trainings around the state. In 2019, PMAC plans to offer regional psychotropic medication trainings to include all child advocates, foster parents, and residential providers in addition the PMAC is working with DCS staff development to identify ongoing training needs for field staff.

Information Portal

DCS has developed a psychotropic medication information portal through the DCS internet site. The site can be found by clicking the "Psychotropic Medication" link in the left hand column of the DCS internet site. The information portal includes an overview of the DCS psychotropic medication initiative, contact information, copies of the Guidelines, and links to relevant research, resources and Federal legislation. The information portal also includes links to relevant state agencies and resources for providers (e.g,. Medicaid, Managed Care, etc.).

Ongoing Monitoring for Individual Youth in Foster Care

DCS facilitates ongoing communication, through the Child and Family Team Meetings, case staffing, Permanency Roundtables and other venues, between the youth, parent/guardians and others who understand the youth's behavioral/emotional needs best. This communication is intended to ensure a) that psychotropic medication effectiveness is monitored, b) that treatment is appropriate to the youth's needs, c) that treatment includes the family and/or other essential connections, d) that treatment builds upon the youth's strengths, and e) that permanency planning is incorporated into treatment.

Health Care Consultation

DCS Nursing Services

The DCS Nurse Consultant program was established in 2012 which consists of a team of 13 Nurses along with a Nursing Services Manager. In late 2017 the Nurse Consultant program was discontinued due to financial constraints. The Nursing Services Manager remained in place to serve as a health consultant. This staff member left the agency in January of 2019.

This program perhaps was prematurely discontinued due to the consistent need for family case managers to interpret information in regards to medical terminology, and medically compromised cases. Typically, family case managers do not have formal medical training. It is the intent of the Permanency and Practice Support Division to reinstate the Nurse Consulting Program to aid the field in working with medically difficult and medically compromised cases. The future mission of the Nurse Consulting program will continue to provide, assist, and consult with health and medical issues to support the

FCM's in their decision making around positive health, safety, and well-being for the children and families we serve.

Once the Nursing Consulting Services program is reinstated, the program will resume working with the Children and Hoosier Immunization Registry Program (CHIRP). This registry provides documentation of immunizations and lead blood levels. All DCS Nurses will have access to this registry in order to provide updated information regarding immunizations and lead test results. This access has previously benefited DCS children and families by providing essential information as well as education regarding health maintenance.

Pediatric Evaluation and Diagnosis (PEDS)

DCS has continued to expand and update the Pediatric Evaluation and Diagnosis (PEDS) program which was extended for a new four year contract. The PPS division / DCS Nurses are the oversight for this program. The program is administered by the IU Child Protection Program Staff within Riley Hospital for Children and has been a service to DCS since 2008. The physicians within this program are board certified physicians in Pediatrics with the accredited subspecialty in Child Abuse Pediatrics.

The goal of the PEDS Program is to provide expert knowledge and consultation regarding medical issues and /or questionable injuries to children when the current information available renders it difficult for us to determine if abuse or neglect was the cause of injury. Since the inception of the PEDS program, we have witnessed an increased volume of cases which has resulted in the overall success of the program. Its success is noted by actual lives saved as determined by the PEDS physicians. The actual data of this program is gathered and reported to DCS quarterly.

The PEDS program entails two types of referrals: Mandatory and Non-Mandatory. Mandatory referrals are any allegation of a suspected injury to the head or neck of a child less than 6 years old; and any allegation of a bone fracture or burn to child under the age of 3. This age group is susceptible to inflicted injury, and having additional injuries that aren't easily recognizable without specific medical evaluation. In addition, many physicians report young children with fractures but are unable to provide an opinion about the likelihood of abuse. The child abuse pediatricians and IUCPP staff are ready to take on the evaluation of fractures and burns in these young children.

Non-Mandatory referrals are all the other referrals that do not fall within the guidelines of Mandatory referrals. The PEDS program is also utilized in this manner as a resource in medical diagnosis, assessment, and determination of possible accidental injuries and medical conditions. FCMs, Supervisors, and the DCS Nurses can contact the Riley / IU Child Abuse Pediatricians to staff potential cases to determine the type and appropriateness of the referral.

The Pediatric Center of Hope is part of the IUCPP that handles sexual abuse. A PEDS referral is not the same as a referral for a sexual abuse exam / consultation to the Pediatric Center of Hope. Many Indiana Regions have plans in place with local Child Abuse Centers (CAC) for sexual abuse evaluations.

A new component of the PEDS contract allows the Indiana University Child Protection Program (IUCPP) to provide certain education and training for Indiana physicians on child abuse and neglect identification and reporting, as well as providing training and education to certain secondary level community physicians so that they are available to DCS for medical evaluations and related services. These sub-contracted physicians are called Doctors for Indiana Child Abuse Screening and Education (Docs INCASE).

Previously, the PEDS program included a statewide Safe Sleep program. DCS is currently collaborating with the Indiana State Department of Health (ISDH) in order to develop a more comprehensive and uniform program in order to reach all the regions and every county in Indiana. The ISDH currently has an infant mortality initiative and the Safe Sleep program is a related priority. The plan for this program is to continue to develop thru our collaboration / partnership with ISDH providing the staffing, program development, oversight, education / training and the data collection, evaluation and reporting components in order to ensure that all families have access to service; and by DCS providing the funding, technical support and assistance with program implementation.

Inappropriate Diagnosis Protocols

In order to monitor and treat emotional trauma associated with a child's maltreatment and removal, in addition to other health needs identified through screenings, DCS will screen all youth entering the system using the CANS-Adjustment to Trauma measure. To better serve youth and families with complex trauma histories, DCS has developed and implemented a Clinical Resource Team. This team consists of twelve licensed mental health clinicians, based regionally throughout the state and supervised by a licensed psychologist. The Clinical Resource Team provides consultation to FCMs and local DCS offices on cases involving complex mental health, substance abuse and/or domestic violence issues. One of the key roles of the Clinical Resource Team is to work with contractual providers to deliver evidence based, trauma-informed services and to develop trauma-informed treatment plans on a case-by-case basis. The Clinical Resource Team may be utilized any time that DCS has a question about the mental health needs of a child or family.

To ensure that children in foster care are not being inappropriately diagnosed with a mental disorder that could preclude placement with a foster family (FFPSA Sec. 50743), all youth being considered for out-of-home placement will be staffed with a DCS Clinical Services Specialist, per DCS Policy 8.4 *(Emergency Shelter Care and Residential Placement Review and Approval)*. The Clinical Services Specialist will review treatment summaries, diagnostic evaluations and other relevant mental health records to ensure the child's mental health needs/symptoms are consistent with the recorded diagnosis. Any questions or concerns about a child's diagnosis will be staffed with the DCS Clinical Services Manager, who is a licensed psychologist (Health Services Provider in Psychology) in the state of Indiana. If questions remain after this staffing, the Clinical Services Manager will request additional diagnostic evaluation and/or consultation with the Indiana University Department of Psychiatry to clarify the child's diagnostic presentation.

Medical Coverage for Older Youth

DCS began Collaborative Care in 2012, which provides services and Medicaid for eligible youth from age 18 to age 20 and is available for former DCS foster children. DCS foster children may also remain a foster child through age 21. Adoption assistance and guardianship assistance are also available to age 20 if the youth continues to meet the eligibility requirements.

To ensure the Medicaid enrollment of all eligible wards, when a child is not IV-E eligible or loses IV-E eligibility for any reason, the MEU submits a transmittal, a Referral to Medicaid Foster Care Independence Program, proof of income (if applicable), an application for Medicaid (if applicable) and eligibility conditions (if applicable) to DFR. The MEU monitors the application processing timeframes and serves as a single point of contact for DFR regarding questions or issues related to the child's Medicaid

eligibility. The MEU intervenes if a child's eligibility has not been determined timely, there are questions, or there is negative result.

DCS has an extended foster care program, Collaborative Care (CC), which provides services and ensures youth between the ages 18 – 21 maintain Medicaid while in foster care. Collaborative Care is available to former DCS foster youth who aged out of foster care and meet the CC eligibility requirements. DCS foster children may also remain a foster child through age 20 and in some qualifying situations, to age 21. Adoption assistance and guardianship assistance are also available to age 20 if the youth continues to meet the eligibility requirements.

Under Indiana current Medicaid eligibility requirements, coverage for individuals who aged out of foster care between the ages of 18 and 21 should be maintained until the former foster care recipient reaches age 26; without the young adult having to take action, submit additional information or verify income. Former foster care children as an eligibility group went into effect on January 1, 2014. The program covers all former foster care children 18, 19, or 20 years of age and have been a ward in foster care on their 18th birthday in a state other than Indiana. To ensure Medicaid benefits continue for former foster youth 18 year or older Indiana passed Senate Bill (SB) 497 which became effective July 1, 2017. SB 497 makes Medicaid eligibility for individuals who: (1) are at least 18 years of age or emancipated; (2) received foster care in Indiana and in other states before residing in Indiana for at least six months; and (3) are less than 26 years of age. SB 497 also requires the following:

- The Office of the Secretary of Family and Social Services to verify an individual's status as a foster care recipient with another state if the individual received foster care in the other state;
- DCS in cooperation with the Office of Medicaid Policy and Planning, to enroll individuals, who received foster care in Indiana and are turning 18 years of age, in the Medicaid program as part of the individuals' transitional services plan;
- Prohibits the Office of Medicaid Policy and Planning from requiring the individual to submit eligibility information after enrolling in the Medicaid program during the individual's Medicaid
- eligibility as a former foster child and;
- DCS to provide information concerning the individual's Medicaid enrollment to the individual.

A former foster care recipient can apply for Medicaid and be approved up to age 26. An individual must have been in foster care and enrolled in Indiana Medicaid on his/her 18th birthday and must be 18 - 26 years old This includes coverage for individuals that were in the care of relatives, as long as their relatives were registered as an official foster care home. There are no income standards or resource requirements for this eligibility group. To streamline the process of enrolling current and former foster youth between the ages of 18 through 26 in the appropriate Medicaid category and to ensure continued coverage, DCS has an electronic system that automatically enrolls and renews Medicaid unless information is presented that indicates the individual is no longer eligible (e.g. youth has moved out of state). This is consistent with existing federal law. DCS MEU tracks youth who age out of foster care with an identifier selected in the system. Once the youth ages out of foster care, DCS MEU sends the electronic record to DFR (Medicaid); the foster care identifier stays with the individuals' electronic record within the Medicaid system.

In order to ensure that children aging out of the foster care system have the opportunity to discuss their future health care options, 90 days before the youth reaches age 18, the Family Case Manager (FCM)

will convene a Child and Family Team Meeting to complete the Transitional Services Plan portion of the Independent Living/Transition Plan.

DCS Policy 11.6 – Transition Plan for Successful Adulthood

The Transition Plan for Successful Adulthood (TPSA) is a comprehensive, written, plan, personalized for each youth and is used at each meeting with the youth and at each Child and Family Team meeting to guide the transition planning process with the youth. The TPSA is developed with the youth's participation. The TPSA must include information and specific options relating to the following:

1. Education and training;
2. Employment services and work force supports;
3. Housing, which may include a Transitional Living Placement when appropriate;
4. Health care, including prevention and treatment services and referral information;
5. Health insurance availability and options;
6. Local opportunities for mentors and continuing support services, including development of lifelong adult relationships and informal continuing supports;
7. Identification and development of daily living and problem-solving skills;
8. Procedures available under Indiana law for, and the importance of, stating in advance an individual's desires concerning:

    a. health care treatment decisions if the individual is unable to participate in those decisions when required, and
    b. designation of another person to make health care treatment decisions for an individual who is unable to make those decisions when required; and

1. Availability of local, state, and federal resources, including financial assistance, relating to any parts of the plan described above.
2. Independent living services may include any of the following kinds of services that are intended to prepare the youth for self-support and living arrangements that are self-sufficient and not subject to supervision by another individual or institution:

    a. Arrangements for and management of a transitional living placement for a youth who is seventeen (17) and six (6) months of age or older, if appropriate:
    b. Activities of daily living and social skills training
    c. Opportunities for social, cultural, recreational, or spiritual activities that are designed to expand life experiences in a manner appropriate to the youth's cultural heritage and needs and any other special needs.
    d. Matching of a youth on a voluntary basis with caring adults trained to act as mentors and assist the youth to establish lifelong connections with caring adults.

Pursuant to sections 4, 5, and 8, listed above, DCS will ensure the youth is provided information and education regarding the importance of designating a health representative to make health decisions and the importance of executing a health care power of attorney, health care proxy, or other similar document recognized under State law. The FCM will distribute an Advance Directives packet along with

the information letter at the Transition Planning meeting. The FCM will also ensure that the youth has the opportunity to view the Advance Directives information video.

The Advance Directives packet advises youth that DCS is providing health care decision forms for the youth to use, but that DCS cannot provide legal advice. It advises them to seek legal advice if they have any questions and that many local communities have bar associations that provide legal services for free or at a reduced cost and that they can access these services at the following link: http://www.indianalegalservices.org/providers. Youth are also advised of services offered through Indiana Legal Services (ILS), which provides legal services to low income individuals, and they are given their toll free number, (800) 869-0212. They are also advised that they may ask their Family Case Manager to request that the Judge appoint a public defender to discuss these forms and answer any questions at the next court hearing.

ATTACHMENT L

Disaster Plan

Emergency Operations Plan

FFY 2020 - 2024

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Emergency Operations Plan

Indiana Department of Child Services

GENERAL OVERVIEW

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

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

Planning is a continual process, drawing upon what is learned over time by all who are involved in emergency response. Improved understanding, broader knowledge, and technological breakthroughs continue to improve the cooperation and coordination of effort. The NIMS incorporates policies and procedures that have been shaped by mutual experiences nationwide. The continual refinement of plans and procedures and the mandated use of NIMS will accommodate situational changes and promote preparedness for all kinds of emergency situations.

PURPOSE

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

The reason for the approach is to:

- Provide maximum safety and protection from injury and illness for clients, and staff,
- Provide care promptly and efficiently to all individuals who we serve,

- Provide a logical and flexible chain of command to enable maximum use of resources,
- Maintain and restore essential services as quickly as possible following an emergency incident or disaster, and
- Protect DCS property, facilities and equipment.

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

Executive management recognizes that the children in our care, the staff who serve these children and the families of our staff are of primary concern during a disaster. We support and encourage each employee to develop a personal preparedness plan for their families in times that the staff member may have emergency response duties with the DCS. It is expected that all employees will be prepared and ready to fulfill their duties and responsibilities as part of the team to provide the best possible management of cases and fulfillment of normal operations of local offices.

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

SCOPE

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

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

This plan applies to all office locations of DCS.

EMERGENCY MANAGEMENT CYCLE

The Emergency Management Cycle is illustrated below:

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

MITIGATION

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

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

PREPAREDNESS

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

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

The DCS will:

- Review and update the Emergency Operations Plan and other related documents,
- Review the organization's Emergency Response Role,
- Train Personnel on emergency response procedures,
- Conduct drills and exercises and revise the Emergency Operations Plan and related documents as needed, and

- Present any changes that need approval to the Director and designees.

Preparation for Emergency Incidents

In order to ensure the safety of all children under the care and supervision of DCS and to continue to provide needed services, it is essential that each DCS Local Office, Contracted Provider, and Licensed Foster Parent have plans in place for what to do in the event of a disaster or emergency situation. The RM is responsible for developing emergency response plans that are appropriate for the needs of the region. These plans include, but are not limited to, evacuation plans, alternative shelter, supplies, etc. Plans will be developed for:

1. DCS Local Offices- Each DCS local office is responsible for preparing a Local Office Emergency Operations Plan including:
    a. Emergency Phone Numbers- a list of phone numbers for local law enforcement, fire departments, emergency medical services, and hospitals,
    b. Employee Emergency Phone List- a list of all employees assigned to a particular local office, phone numbers, and their supervisors,
    c. Accountability List- a list of employee names for accounting of each employee when they arrive at their "Safe" location during an emergency, and
    d. Evacuation Plan- instructions on how to evacuate the building and get to the safest place outside of the building via the quickest route.

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

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

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

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

All resource parents and licensed providers need to prepare a plan for sheltering or evacuation during an emergency or disaster. Information about emergency and disaster preparedness planning and training can be found on the following websites:

Agency	Website
Indiana Department of Homeland Security (IDHS)	http://www.in.gov/dhs/
American Red Cross	http://www.redcross.org/
Federal Emergency Management Agency (FEMA)	http://www.fema.gov
Federal Emergency Management Agency (FEMA) Site for Children-	https://www.fema.gov/children-and-disasters
Centers for Disease Control and Prevention (CDC)	http://www.cdc.gov/

The following information applies to all DCS staff and DCS contracted providers, DCS licensed resource parents, unlicensed relatives, and Licensed Child Placing Agency (LCPA) resource parents. In an emergency:

1. Listen to the National Oceanic and Atmospheric Administration (NOAA) Weather Radio, which broadcasts Watches and Warnings from the National Weather Service, or access information via the National Weather Service Webpage http://www.nws.noaa.gov;
2. Monitor local television news stations and/or their websites for emergency information and updates regarding closings from fire, police, and emergency management agencies;
3. Check the DCS website for updated information regarding declared emergencies or disasters at www.in.gov/dcs . DCS staff should continue to regularly check DCS email accounts for updates regarding operations; and
4. Keep DCS issued cell phones turned on and/or be prepared to receive phone calls at the number listed as the main contact number in the PeopleSoft system.

Action Plans

Action plans establish the priorities and objectives of the response. Action plans are developed for a specified time periods which may range from a few hours to several days. The Action Plans should be sufficiently detailed to guide the response.

The Action Plans should specify the incident objectives, state activities to be completed, and should be written and organized.

Each Action Plan must include 4 elements:

1. What do we want to do?
2. Who is responsible for doing it?
3. How do we communicate with each other? and
4. What is the procedure if someone is injured?

Action plans should be reviewed at least annually to include any updates to contact information, policies, or changes in legislations that affect the DCS' response to an emergency incident.

Examples of Internal Disasters (Incident Action Plan guidelines)

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

1. Call 9-1-1
2. Implement **RACE**:
    a. **R**escue: Rescue those you can as you are exiting the area.
    b. **A**ctivate Alarm: Pull the fire alarm
    c. **C**ontain: Close any doors, if possible.
    d. **E**xtinguish/Evacuate: Use fire extinguisher for small fires.
        i. Use **PASS** to operate the fire extinguisher
            1. **P**ull the pin in the handle
            2. **A**im at the base of the fire
            3. **S**queeze the extinguisher trigger
            4. **S**weep side to side while squeezing the trigger and aiming at the base of the first.
3. The highest level local leadership is responsible for providing head count information to emergency response services.
4. Basic care for injured should be provided until Emergency Management Services are available. The highest level of local leadership will report to Incident Command System the known extend of injuries; contact staff's emergency contacts.

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

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

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

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

Loss of Telephone/computer services: In the event of telephone service and or computer service disruption, the aware employee will contact the next level supervisor immediately. The next level supervisor will inform the next level of leadership until the Executive Leadership is aware. IOT will be notified to determine the plan for response and recovery.

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

Examples of External Disasters

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

Weapons of Mass Destruction

Preparations for an event involving weapons of mass destruction (chemical, biological, radiological, nuclear, or explosives (CBRNE)) should be based on existing programs for handling hazardous materials.

- If staff suspects an event involving CBRNE weapons has occurred, they should
  - Remain calm.
  - Contact appropriate authorities in the area, and
  - Report Information to the next level supervisor for enactment of the Incident Command System.

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

Natural Disaster

Tornado/Blizzard/Earthquake

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

INTERNAL CONTACTS

The Local Office Director, Program Manager, Division, or Unit Manager or designee will update the staff call list in their local office at least quarterly or when information changes. This staff list will be maintained centrally.

The State Level Executive Call list will be maintained by the Executive Administrative Assistant and updated at least quarterly or as information changes. All Managers should keep a copy of the staff that report to them at their office and home.

EXTERNAL CONTACTS

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

RESPONSE

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

Emergency Response Role

The ultimate authority in any disaster situation will be the local incident command structure (ICS) in place, as applicable. This ICS may include the local fire department, local law enforcement, or emergency response personnel. The DCS will work alongside the local ICS to ensure business continuity. In order to support the DCS mission, the DCS Emergency Operations Plan addresses five (5) core areas to focus on during the disaster management cycle in regard to the following:

1. Locating children in care,
2. Identification and handling of new child support and child welfare cases,
3. Provision of on-going services,
4. Coordination of services and information sharing with other states,
5. Preservation of vital records and records in the current DCS information management system.

During a local emergency the Local Office Director or most senior available staff member will determine if normal operations are possible. If normal office operations are not possible the Incident Command Protocol will be enacted.

FIVE (5) CORE AREAS OF EMERGENCY OPERATIONS PLAN

Locating Children in Care

During an emergency or disaster, the first priority of DCS will be to locate all children in out-of-home care. DCS will presume children in DCS care that reside with parents (In-Home CHINS or Informal Adjustment) will be safeguarded by those individuals.

DCS staff will account for all children in care by following the communication chain as outlined below, using the Disaster Plan for Children in Care, and checking off children as they are accounted for:

1. Resource Parents (DCS & LCPA):
   a. Must contact the DCS following the communications chain (see page 8) after accounting for all children in their care and securing appropriate shelter;
   b. Will provide the DCS with the following information when they contact DCS:
      i. Names of children in care with date of birth (DOB),
      ii. Location of all children, and
      iii. Phone contacts for where children are located.

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

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

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

3. Juvenile Justice Services:
   a. The Probation Services Consultant will contact the Chief Probation Officers in all 92 Counties for a status and location of each probation youth in DCS placement on the Master List of Children in Care for that county. A query will also be made regarding children in care who may not be recorded on this list; and
   b. Results of these contacts will be given to the Assistant Deputy Director of Juvenile Justice Initiatives and Support and the Deputy Director of Juvenile Justice Initiatives and Support.

4. Birth parents, including alleged fathers:
   If birth parents contact DCS, staff will provide the status of the child if the information

is known. If the status of the child is not known, then birth parents will be told the status of the child as soon as reasonably possible.

Emergency Operations Plan for Children in Care

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

1. DCS Agency Director;
2. Chief of Staff;
3. General Counsel;
4. Agency State Personnel Director,
5. Director of Communications; and
6. Any DCS Executive Leaders as required by state of emergency incident.
7. Hotline Director and Deputy Directors;
8. Assistant Deputy Directors of Field Operations;
9. Assistant Deputy Director of Juvenile Justice Initiatives and Support;
10. Regional Managers. The RMs will transfer the list to an electronic storage device, which may be accessed in the event of a disaster or emergency.

The Disaster Plan for Children in Care shall include the following information, listed by county:

1. Names of children (including: Older Youth in Foster Care & JD/JS);
2. Names of primary caregivers;
3. Names of biological parents, as available;
4. Names of any siblings in care;
5. Addresses of children and primary caregivers;
6. Phone numbers of children and primary caregivers (including cell phones, if applicable);
7. Locations of children's schools;
8. FCM assigned for each child; and
9. Identification of placements from other states or in other states through the Interstate Compact for the Placement of Children (ICPC).

Master List of Licensed Facilities and Resource Parents

The following reports are electronically available for all Licensed Facilities and Resource Parents:

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

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

1. DCS Agency Director;
2. Deputy Director of Field Operations;
3. Hotline Director;
4. Assistant Deputy Directors of Field Operations; and
5. RMs. These individuals will transfer the list to a secure electronic storage device, which may be accessed in the event of a disaster or emergency.

These reports shall include:

1. Names of licensed facilities,
2. Addresses of facilities,
3. Names of facility administrators,
4. Phone information for administrators,
5. E-mail information for administrators,
6. Names of licensed Resource Parents,
7. Addresses of licensed Resource Parents, and
8. Phone numbers for licensed Resource Parents.

Master List of Contract Service Providers

An electronic copy of all Contracted Service Providers will be maintained through the DCS Deputy Director of Child Welfare Services. The list will be updated as contracts with service providers are updated. The list will be placed on the DCS Executive SharePoint to be accessed by the:

1. DCS Agency Director;
2. Deputy Director of Field Operations;
3. Deputy Director of Juvenile Justice Initiatives;
4. Hotline Director;
5. Executive Managers;
6. Assistant Deputy Directors of Field Operations;
7. Assistance Deputy Directors of Field Operations;
8. Hotline Deputy Directors; and
9. RMs. These individuals will transfer the list to an electronic storage device, which may be accessed in the event of a disaster or emergency.

The Master List of Contract Service Providers will include:

1. Name of Service Providers or Transitional Housing Providers;
2. Name of two (2) emergency liaisons for each contracted agency;
3. Emergency phone information for liaisons;
4. Emergency e-mail information for liaisons; and
5. Address of facilities.

Child Support Bureau (CSB)

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

Identification and Handling of New Child Welfare Cases

In an emergency, DCS must continue to respond to any new cases of abuse and neglect. Reports of CA/N will still be routed through the DCS Hotline (1-800-800-5556). FCMs and all DCS staff will respond to each new allegation per DCS Child Welfare Policies and Indiana statute.

Staff will follow the chain of communications for DCS staff to identify their location. Through the Hotline, DCS will be able to respond accordingly to reports of CA/N. Some staff may be

required to be temporarily re-assigned by the executive management team to address any staffing shortages that may have resulted from the emergency.

If case management databases are not accessible, then the appropriate paper forms should be used. Each DCS local office should maintain a supply of printed 310's, contact logs, and a detention packet to use until computers and the case management system are available. See Attachment E for further information.

Provision of On-going Services

Facilitation of on-going services to children in care and families, as well as, addressing new child welfare cases is paramount during an emergency. To ensure the continuity of services, it is essential that DCS staff and providers remain in contact with each other during an emergency.

DCS Child Welfare Staff

DCS staff should continue to perform all regular duties during an emergency. In cases where DCS staff are not able to perform all duties, staff should follow the communication chain to notify appropriate members of the management team for instructions on how to proceed. The DCS Incident Command Team may temporarily reassign DCS staff to areas in need.

Child Support Bureau (CSB)

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

Contracted Services

Providers are expected to report the status of their operations and capability to deliver services per contract requirements within four (4) hours of a declared state of emergency. Should DCS staff need to contact contracted services providers, they will use the list of contracted service providers to contact them and determine their capacity to provide services during an emergency. Daily updates are to be provided to DCS during the state of emergency. Communication between emergency points of contact will continue until the declared state of emergency is terminated. Contracted Service Providers are to report the following information to the DCS Logistics Officer and/or DCS Deputy Director of Child Welfare Services.:

1. Status of facility or community based service delivery capacity,
2. Status of employees, including work capacity assessment,
3. Status of support services needed to maintain service delivery as specified per contract, and
4. Changes in service delivery caused by the emergency and a plan to return to original services.
5.

Coordination of Services and Sharing Information with other States

The Request

When the Governor of the State of Indiana and the DCS Agency Director agree to accept dependent children from another state or jurisdiction for placement in Indiana during an

emergency in another state, the DCS Agency Director will request that the sending state first obtain custody of the children who are not already in the state's custody.

After the sending state initiates custody, it will then initiate an expedited ICPC process. The expedited process will consist of the sending state submitting the appropriate ICPC paperwork to the ICPC Coordinator in Indiana. DCS will place out-of-state children in approved and trained foster homes.

If the sending state is unable to obtain custody of children due to the nature and magnitude of the emergency, the State of Indiana and DCS Agency Director may still approve accepting the children for placement when the request is made by a high-level official from the sending state. Any legal issues will be resolved at a later date.

The Placement

DCS plans to use existing foster parents who would be willing to accept children from other states during an emergency. In an emergency, DCS may approve temporary placement of children exceeding the allowable number of children for the home. Placements exceeding an allowable number will only occur if the safety and well-being of the children already in the placement are not jeopardized. Children may be placed by DCS using contracted foster care or group care.

Preservation of Vital Records

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

DCS Databases

DCS has taken steps, through the Indiana Department of Administration, and in compliance with State protocols, to protect the agency's vital records. Case management systems are backed-up to a secure off-site location in Bloomington, Indiana.

DCS Hotline

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

NOTIFICATION PROCESS

In the event of a local or state wide emergency or disaster all DCS Staff should be notified of the issue. This notification should be in the form of an All DCS Staff email or All Staff Texts sent via the designated Incident Command Structure staff. In the event no phone, text, or email opportunity is available, a Public Service Announcement will be made via the DCS Public Information Officer.

Notification of Incident Command Staff for activation will be via phone, email, text. Each Incident Command Staff member, including all executive level staff, regional managers, Local office Directors, and supervisors should keep a hard copy of this Emergency Management Plan in their office space and home for reference of command structure and potential assigned duties.

ALERT, WARNING, NOTIFICATIONS

Disasters can occur both with and without warning. Upon receipt of an alert from a credible source the Local Office Director, Manager/Director of the unit receiving the alert, or State Staff receiving the alert will:

- Notify key next level managers to inform Law Enforcement and/or Emergency Management Systems,
- Implement Incident Command System at the appropriate level,
- Activate the Incident Command Center, and
- Review Plans and consider possible actions.

Depending upon the nature of the warning and potential impact of the emergency on the DCS locally or statewide, the Incident Commander may decide to:

- Evacuate any threatened buildings,
- Suspend and move all critical office operations,
- Ensure essential equipment is secured, essential computer files are backed up, and
- Communicate status to next level supervisor if local event.

Chain of Communications

In a declared emergency incident, it is essential all DCS staff members assist in the accounting of all children in care, address new child welfare cases, and continue to provide on-going services. In order to maintain continuity of services to children and families, the DCS Agency Director or designee may temporarily re-assign staff to meet a need created by an emergency or disaster.

To meet the needs of the DCS during a declared emergency or disaster, DCS staff must follow the communications chain by contacting the appropriate individuals to determine staff availability and identify staff members who may be displaced due to the emergency or disaster. RMs and upper management will be responsible for distributing the Emergency Contact Information, which includes contact phone numbers for all staff.

1. DCS Staff: To account for all DCS staff during an emergency or disaster, staff members will follow the chain of communication outlined below. (For example, staff will contact their immediate supervisor. After the supervisor has accounted for all staff, they will then contact the next person in the communications chain until the executive level leader as deputy director is notified.)
2. LCPA staff, Group Homes (GH), Child Care Institutions (CCI), and Private Secure Facilities (PSF): Account for all children in care, then utilize the following chain of command:
   a. DCS Deputy Director of Placement Support and Compliance, or

b. DCS Hotline (1-800-800-5556).

3. Direct Service Providers: To account for the location of all contracted direct service providers during a declared emergency or disaster, utilize the following chain of communications:
   a. Contracted Frontline Workers,
   b. Contracted Supervisors,
   c. Contracted Agency's Emergency Liaison, and
   d. DCS Deputy Director of Child Welfare Services.
4. Dissemination regarding availability of services and provider updates will be done via the following communications chain:

a. DCS Deputy Director of Child Welfare Services,
b. DCS Deputy Director of Field Operations,
c. DCS Deputy Director of Juvenile Justice Initiatives and Support,
d. DCS Assistant Deputy Directors for Field Operations,
e. DCS RMs,
f. DCS LODs, and
g. Field Staff.

Media Calls

All media calls should be directed through the DCS Incident Command Center Public Information Officer or Director of Communications or designee by contacting DCS at 317-234-5437.

Key Partners

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

RESPONSE ACTIVATION AND INITIAL ACTIONS

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

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

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

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

DCS INCIDENT COMMAND CENTER

The Incident Command Center is a central command and control area where the Incident Command Center Team meets to carry out the functions at a strategic level in an emergency, and ensures the continuity of operations of the DCS.

Dependent upon the nature and scope of the disaster or emergency, the Incident Command Center location may vary depending on the location of the emergency. The state level Incident

Command Center will be located at the Indiana Government Center South Building, or within the closest non affected DCS location (e.g. 500 N. Meridian or Marion County Mainscape).

Both the local Incident Command Center and the state Incident Command Center should communicate as needed with police, fire and emergency personnel, as well as other state agencies such IDHS, IDOA, FSSA, ISDH, and the Governor's Office.

The DCS Incident Command Center Team

The DCS will organize its emergency response structure to mobilize appropriate resources and take actions required to manage its response to disasters utilizing the INCIDENT COMMAND SYSTEM. The Incident Command System is flexible and can be increased or decreased based on the size and nature of the incident. The Incident Command System is also a standardized management system used by other government agencies and emergency responders at state and federal levels.

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

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

Incident Commander

- Is the first person on the scene, until the duties are transferred typically to the Local Office Director, Regional Manager, or State Executive Team Member,
- Oversees the command/management function,
- Provides overall emergency response policy direction,
- Oversees emergency response planning and operations, and
- Coordinates the responding DCS Staff and organizational units.

The staff supporting the Incident Commander consist of the following roles:

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

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

Operations Section (Operations Chief)

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

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

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

Planning Section/ Logistics Section

- Collects, evaluates, and disseminates information,
- Develops the Incident Action Plan in coordination with other functions,
- Performs advanced planning and documents the status of the DCS offices/areas impacted,
- Secures and provides alternate work space, personnel, equipment and materials to support the response operations, and
- Manages volunteers if and when needed.

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

Finance and Administrative Section

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

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

The **DCS Incident Command Team** includes:

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

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

INCIDENT COMMAND STRUCTURE LOCATION

In the event an emergency or disaster is declared, the following locations will function as the

Command Center for DCS Operations:

DCS Central Office – Indiana Government Center South
302 West Washington Street
Room E306, MS47
Indianapolis, Indiana 46204
(317) 234-5437

1. In the event Central Office is not functional, the CSB and DCS Mainscape offices will function respectively as the command center. These offices are located at:

   Second Choice Location
   DCS CSB
   500 N Meridian
   Suite 110
   Indianapolis, Indiana 46204
   (317) 234-5437

   Third Choice Location
   DCS Mainscape Office
   4160 N Keystone Ave.
   Indianapolis, Indiana 46205
   (800) 800-5556

DCS employees who may need additional support during a disaster or routine drill may complete the Disaster Preparedness Employee Self-Identification Form. This document is a ***voluntary self-identification form*** through which employees may identify their need for assistance during an emergency. Information requested on the form is for the sole purpose of deploying assistance to the employee during an emergency. Any information provided will be kept confidential and shared only with medical professionals, emergency coordinators, emergency-evacuation personnel (wardens), buddies, and security officials who need to confirm that everyone has been evacuated, and other non-medical personnel who are responsible for ensuring emergency-preparedness.

Local Office Operations

In a declared emergency or disaster as defined in IC 10-14-3-12, DCS local offices will continue to operate during regular business hours unless the offices are either impacted by the emergency, or if the DCS LOD is otherwise instructed by the DCS Agency Director, or designated member of the Incident Command Team to relocate to another office or structure. In the event conditions in the DCS local office would adversely impact the safety of employees or clients or the ability of employees to perform required duties, and there is no reasonable alternative site for staff to perform the work, the DCS LOD should contact the SPD Director to determine whether Emergency Conditions Leave may apply as soon as is practical after the commencement of normal business hours.

In the event a DCS local office is not functional and an alternate location for conducting business is designated, the DCS LOD must notify the Regional Manager, who will notify the DCS Deputy Director of Field Operations, Director of Communications, and DCS SPD Director as soon as is practical. . The DCS LOD must also ensure that notice and contact information for the alternate location are posted on the door to the DCS local office and that phones are forwarded appropriately.

Protocols for supporting children in a Temporary Disaster Shelter

In the event of an emergency and disaster, it is likely that the Red Cross and/or other local community partners (i.e. local shelter, emergency personnel, etc.) will establish temporary disaster shelters for individuals who have become displaced. In the event that children are abandoned at the shelter or their parents are unable to be located by shelter staff, a report should be made to the Hotline and DCS will respond accordingly. The DCS LOD is responsible for working with the county's Incident Command Team to develop plans specific to meeting the specific needs of their community.

Temporary Shut Down of Government

DCS Field Operations

In the event of an announced temporary shutdown of State Government or should an emergency or declared disaster require, DCS Field Operations will establish a skeleton crew of 22 workers on-call statewide to perform only the most basic Child Protection Service (CPS) functions. The CPS worker distribution is one (1) worker per region except Lake (2), Allen (2) and Marion (3) counties for a total of 22.

DCS Field Operations will use the following protocols:

1. RMs will identify a CPS worker to cover the region;
2. The CPS worker's name, cellular phone number, and PeopleSoft employee number are to be sent to the DCS Agency Director, Deputy Director of Field Operations, and the Assistant Deputy Directors of Field Operations prior to the shutdown;
3. The Chief Counsel will cover his or her region;
4. The Deputy Director of Field Operations will disseminate contact information for all CPS workers and Chief Counsels to employees on the skeleton crew for communication purposes. The list will also be sent to all members of the DCS Incident Command Team, Assistant Deputy Directors of Field Operations, and RMs;
5. CPS workers are to stock paper 310's and contact logs in the event that the case management system is unavailable;
6. Each DCS LOD or designee is to call local LEA and advise them of a possible government shutdown. The DCS LOD will provide LEA with DCS staff on call and contact information;
7. In the event of a temporary government shut down or disaster, the Hotline will continue to respond to CPS reports if conditions allow as determined by the Incident Command Team;
8. Most on-going functions will be suspended. Placement disruptions in out-of-home care will be routed to the on-call worker by LEA; and
9. The on-call worker must either seek help from an FCM Supervisor or LOD in the impacted county or ask LEA to detain the child until placement into foster care or shelter care can be facilitated if DCS is unable to respond timely because of the small number of

CPS workers available.

RECOVERY

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

Depending on the emergency's impact on a local office or state level this phase may require a large amount of resources and time to complete.

The recovery phase includes activities taken to assess, manage, and coordinate the return to normal business operations. These activities include:

- Deactivation of emergency response: The Incident Commander of either the local or state Incident Management Team will call for the deactivation of the emergency response when the local or state office can return to normal or near normal services, procedures, and staffing,
- After Action Report: Post-event assessment of the emergency response will be conducted to determine the need for improvements, and
- Establishment of an employee support system: State Personnel Department (SPD) will coordinate referrals to employee assistance program as needed.

Accounting for the location of children

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

Accounting for Service provisions

Throughout the incident, the planning section of the DCS Incident Command will maintain records of critical information from the incident command system activities to describe the severity and scope of the emergency.

As soon as possible after the event, the assigned staff through the Operations Section will ensure needed services for children and parents involved with child welfare services including child support functions resume.

Accounting for Staff whereabouts

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

Resuming Normal Office Operations

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

Accounting for disaster-related expenses

The Finance Section Chief will account for disaster-related expense. Documentation will include:

- Direct operating cost,
- All damaged or destroyed equipment,
- Replacement of capital equipment, and
- Return to normal office operations.

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

After Action Report (AAR)

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

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

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

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APPENDICES

APPENDIX A

A. Key Partner Contacts

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

Appendix B

Child Placement Information for LCPAs & Resource Parents

The Child Placement Information should remain in a secure location that is easily accessible. The placement information must be taken when evacuating and should include:

1. Names and phone numbers of the three emergency locations provided to DCS;
2. Emergency contact information for DCS;
3. Names of all children in care;
4. Birth certificates or copies;
5. Insurance or Medicaid Card;
6. Supply of medications and medical information; and
7. List of current medications.

APPENDIX C

First Aid or Evacuation Kit

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

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

Essential Evacuation Items

Additional recommended items to take when evacuating include:

1. A portable, battery-powered radio and extra batteries;
2. Flashlight and extra batteries;
3. First aid kit and placement information for each child in care;
4. Supply of prescription medication for each child;
5. Credit cards and cash;
6. Personal ID;
7. An extra set of car keys;
8. Map of the area and phone numbers of your DCS and emergency contact persons; and
9. Special needs items (e.g., baby items, spare eyeglasses).

APPENDIX D (Sample)

EMERGENCY OPERATIONS PLAN

DCS LOCAL OFFICE

COUNTY

In the event of an Emergency,

(Safety Officer)

shall take this book to the Safe Shelter Place

APPENDIX E

Hotline Disaster Plan Communication and Operations for Hotline Staff & Local Offices

In the event of an emergency or disaster where the Hotline location is unavailable, the following Hotline Chain of Communication will be followed:

1. The Hotline Director will contact the Deputy Director of Field Operations;

2. The Deputy Director of Field Operations will notify the Chief Information Officer, the Deputy Director of Communications, and the DCS SPD Director as part of the Incident Command Structure.

3. The Public Information Officer or Director of Communications will:
   a. Contact the Indiana Department of Administration (IDOA) for a 24 hour back-up site, security badges, and parking for Hotline operations,
   b. Contact Capital Police and the Indiana State Police Data Center to alert them of the situation and, if staff are relocated to the Indiana Government Center, to notify them of staff presence during overnight hours,
   c. Collaborate with the Deputy Director of Field Operations to communicate the same message to the field, and
   d. Ensure notice and contact information for how to make CA/N reports during the emergency situation is posted on the DCS website and pre-drafted communications prompts are in place.
   4. The Operations Section Chief or Chief Information Officer will contact:
   a. The Indiana Office of Technology (IOT) helpdesk, and
   b. All remaining members of the DCS Incident Command Team (Agency Director, Agency Associate Director, Chief of Staff, General Counsel, Chief Financial Officer, and all Deputy Directors) to advise of the emergency situation and report back once a final plan is put into place.

5. The IOT Helpdesk will:
   a. Open a trouble ticket and assign it to IOT Contact Center Support. IOT Contact Center Support will do initial troubleshooting to determine if the problem is a Contact Center-related issue and re-route the trouble ticket to the appropriate support group if the issue is not a Contact Center-related,
   b. IOT Contact Center Support will evaluate the issue to determine if the problem can be resolved internally by an IOT Contact Center Support engineer,
   c. IOT Contact Center Support will escalate trouble ticket and open a trouble ticket with Avtex for level 3 Contact Center support for any major Contact Center outage. IOT Contact Center Support will then notify DCS Hotline management/supervision,
   d. For network related outages IOT Contact Center Support will work with the IOT Network Management group.
   e. In cases where there are complete outages, IOT Contact Center Support will update DCS Hotline management/supervisor and/or contacts of trouble ticket status every 30 minutes until the issue is resolved.
   f. IOT Contact Center Support will work with the DCS Hotline staff to test and verify Contact Center functionality has been fully restored. If problems persist, IOT Contact Center Support will re-engage on the issue.

Note: If the Hotline Director or Deputy Director is unavailable, their designee will initiate this chain of communication.

In the event there is an emergency or disaster declared by the Governor or SPD Director regarding DCS operations the Incident Command and Hotline Team will be responsible for evaluating the severity of the emergency situation and making decisions with regard to the appropriate course of action including:

1. Whether Hotline operations should be managed remotely and/or re-assigned to DCS local offices;
2. Receive, document, and track reports of Abuse and Neglect including paper 310's and screen outs;
3. Appropriate staffing levels;
4. Resuming normal operations and implementing a communication plan to notify impacted individuals;
5. Scheduling appropriate debriefing meetings and making necessary revisions to practices and procedures as appropriate;
6. Managing Operations from an Alternative Location;
7. Reassignment of Staff to Surrounding Local Offices;
8. Activating Remote Access Sites;
9. Making determinations whether to initiate an assessment or screen out a report as well as determining the appropriate timeframe for initiation and completion of the assessment; and
10. Transmitting all reports to the Hotline (via email attachment or fax) for data entry into case management system.

In the event the case management system is unavailable:
The Intake Specialist (IS) will:

1. Take all reports on the report template that is used during system migrations (also located in the share folder); and
2. Submit the report electronically via email to the DCS Hotline Written Reports Box for review. The subject line should include the report name, decision, and response time, if an assessment.

The Hotline Supervisor will:

1. Review incoming reports in the DCS Hotline Written Reports Box for approval. Once approved, move to the Disaster subfolder titled "assign";
2. If a two (2)or 24 hour assessment report, or an I&R where involvement is suspected, the Hotline Supervisor will forward the report to the appropriate county distribution list;
3. Inform IS that the report has been approved; and
4. Flag the email signifying it has been approved.

When Hotline is back up Hotline Supervisor(s)/Management will:

1. Assign reports from the "Assign" folder to available ISs via email to maintain a chain of custody. Ask that the IS respond back with the completed report number via email;
2. When the completed report number is received, file it in the disaster subfolder titled "completed";
3. Go through the "Assign" folder and verify all backlog has been entered into the case management system and as backlog is confirmed, change flag status to checked, signifying the report has been confirmed to have been entered.

In the event the Hotline is unable to function in any manner, the DCS Local Offices will be expected to take intake calls and act upon them should the report call for immediate action. DCS Local Offices should email the report to the dcshotlinereports@dcs.in.gov. All faxes are automatically routed to this email address via RightFax.

APPENDIX F

CSB Disaster Plan Communication and Operations

In the event of an emergency or disaster which results in the CSB location being unavailable, the Deputy Director of CSB will contact the:

1. Director of Communications;
2. DCS Operations Manager;
3. DCS Chief Information Officer; and
4. Director of HR.

Note: If the Deputy Director of CSB is unavailable, his or her designee will the initiate CSB Disaster Plan Communication and Operations.

Announced Shutdown

In the event of an announced temporary shutdown of State Government, DCS CSB will establish a skeleton crew of 10 to 12 workers including both state employees and vendors to perform only the most basic Child Support functions. The CSB Disaster Plan Skeleton Crew and Duties contained in this Disaster Plan are effective ONLY if the disaster is for a period of one (1), three (3), or 30 days (in the event it will take longer than 30 days, other directions will be provided by the Executive Management Team).

1. DCS CSB will use the following protocols:
    a. CSB Deputy Director, Assistant Deputy Directors, and Managers will identify CSB staff to cover during the shutdown, and
    b. The CSB worker's name, cellular phone number, and PeopleSoft number are to be sent to the Incident Command Team prior to the shutdown.
2. The Deputy Director of Communication will:
    a. Ensure that notice and contact information about how to make child support payments and inquires during the emergency situation is posted on the DCS website and pre-drafted communications prompts are in place;
    b. Contact IDOA for a 24 hour back-up site, security badges, and parking for CSB Senior Management operations; and
    c. Collaborate with the Deputy Director of Field Operations to communicate one (1) message to the field.
3. The Chief Information Officer will contact:
    a. The IOT helpdesk; and
    b. All remaining members of the DCS Incident Command Team (e.g., DCS Agency Director, Chief of Staff, Deputy Chief of Staff, General Counsel, Chief Financial Officer, and all Deputy Directors) to advise of the emergency situation and report back once a final plan is put into place.

Declaration of an Emergency

In the event there is an emergency or disaster declared by the Governor or State Personnel Department (SPD) Director regarding DCS operations, the Incident Command and CSB Team will evaluate the severity of the emergency situation and make decisions with regard to the appropriate course of action including:

1. Deciding whether CSB operations should be managed remotely,

2. Managing appropriate staffing levels (skeleton crew),
3. Resuming normal operations and implementing a communication plan to notify impacted individuals, and
4. Scheduling appropriate debriefing meetings and making necessary revisions to practices and procedures as appropriate.

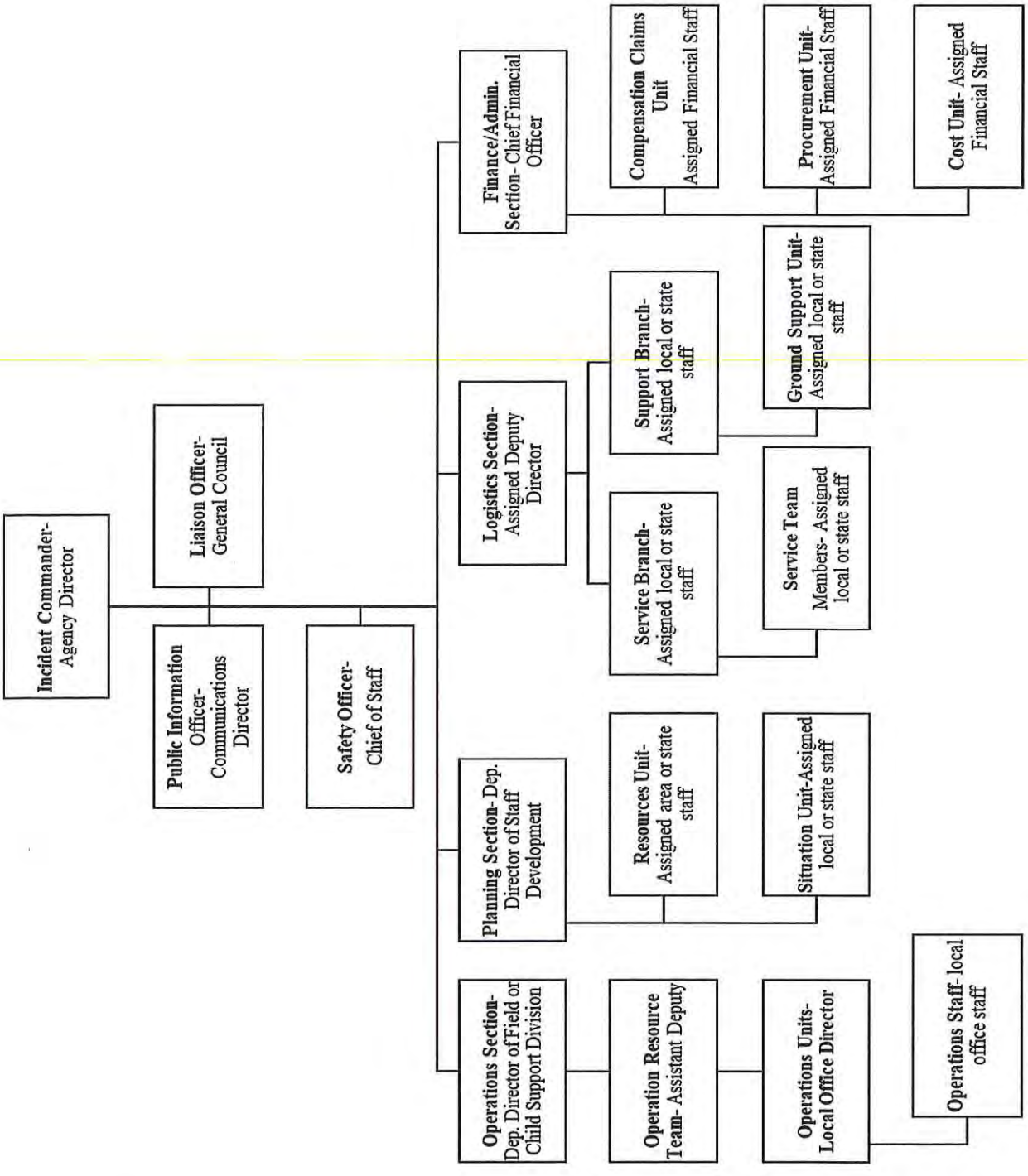
When Plan is Effective

The CSB Disaster Plan Skeleton Crew and Duties contained in this Disaster Plan are effective ONLY if the disaster is for a period of one (1), three (3), or 30 days (in the event it will take longer than 30 days, other directions will be provided by the Executive Management Team):

1. The System Administrator will ensure the following:
    a. Information and case management systems are up and running in the counties and stay running throughout the emergency incident,
    b. Mini-Check Sum Completions,
    c. Banking files are transmitted, and
    d. Tape backup.

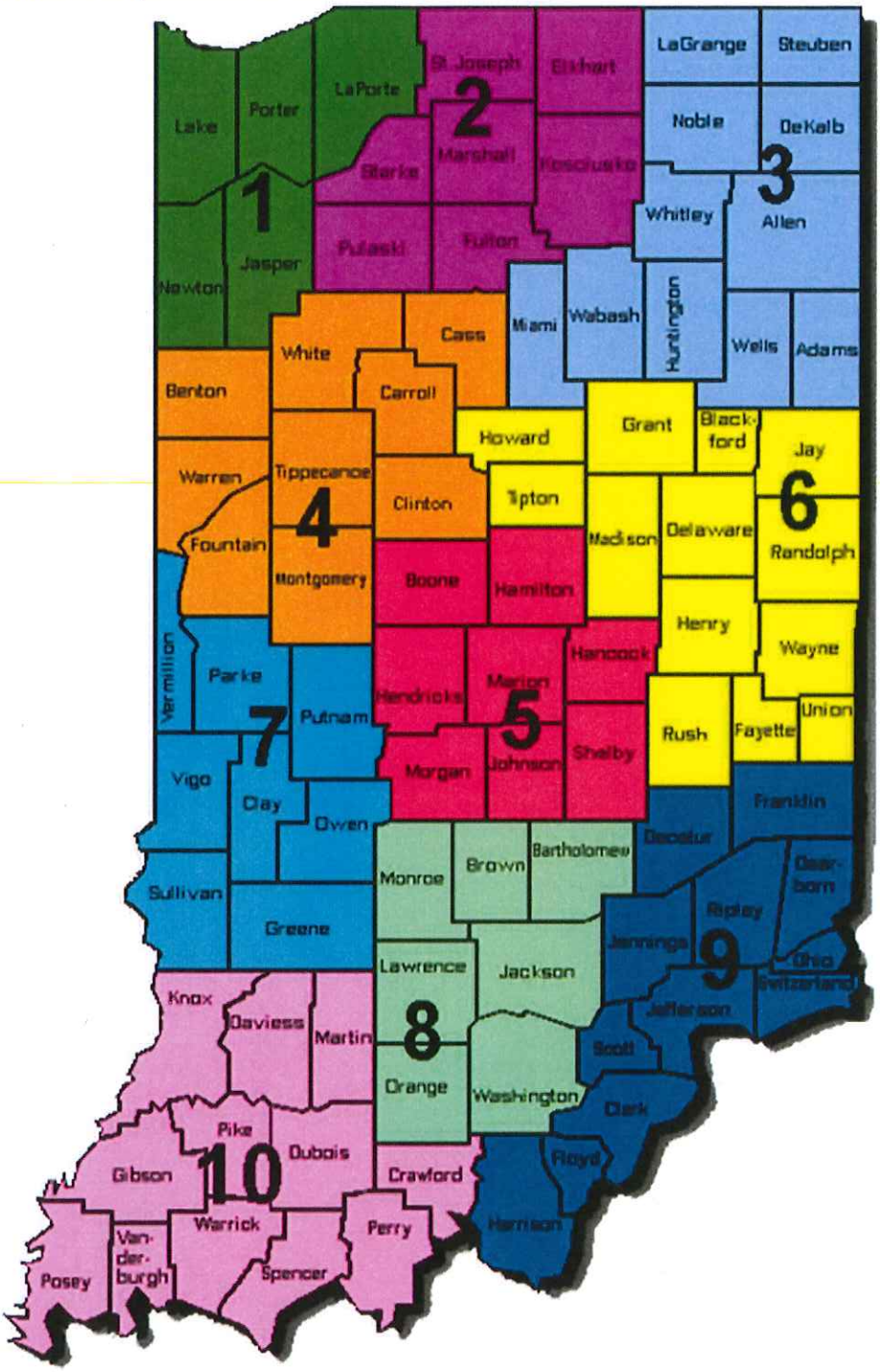
APPENDIX G

Incident Command System



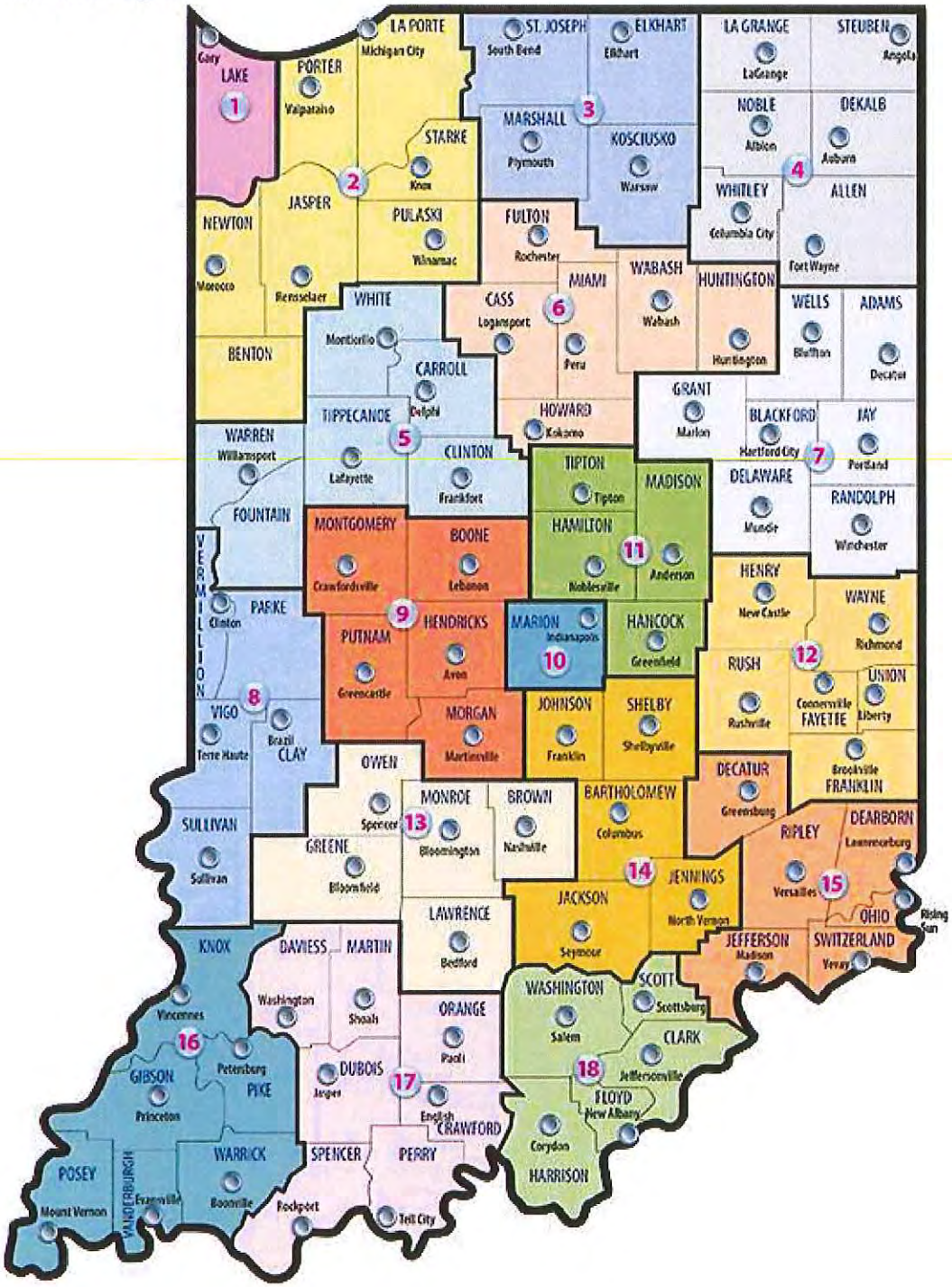
APPENDIX H

Indiana Department of Homeland Security Districts



APPENDIX I

The DCS Regions



ATTACHMENT M

Emergency Operations Plan Template

EMERGENCY OPERATIONS PLAN

DCS LOCAL OFFICE

COUNTY

In the event of an Emergency,

(Safety Officer)

shall take this book to the Safe Shelter Place

Local Office Director:	
Local Office Address:	
Date Plan Established:	
Last Update:	

(This plan should be updated by the Local Office Director on May 1st of each year.)

INTRODUCTION

This plan is designed to outline the procedures for operation of this child welfare office in the event of a catastrophic event which impedes normal business operations. These procedures will provide continued operational capabilities to the best extent possible and with as little interruption as possible.

Staff are to read and ensure they are aware of the procedures outlined in the Emergency Operation Plan and the DCS Disaster Plan.

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1. SAFE SHELTER IN PLACE

A Safe Shelter in Place is an area where employees and visitors should go in the event of an emergency. Safe Shelter in Place should be designated in both interior and exterior locations.

INTERIOR Safe Shelter Place - Inside

An Interior Safe Shelter Place is a designated room(s) in the interior of the building (preferably with no windows) where employees and visitors can safely remain during an emergency. The room should be clearly labeled with a sign and should be identified on the Office Floor Plan.

EXTERIOR Safe Shelter Place - Outside

When an emergency requires employees and visitors to evacuate or leave the building, the Exterior Safe Shelter Place is the location outside the building where everyone will assemble. The Safety Officer will take this Plan and any necessary safety or first aid materials. Supervisory personnel should complete the Building Occupancy Form for their employees and visitors. Everyone should remain at the Exterior Safe Shelter Place until further instructions are provided.

2. OFFICE FLOOR PLAN

Attach a copy of the Office Floor Plan (*EXHIBIT 1*)

Use different colored highlights to depict different Exit Paths and Interior Safe Shelter Places in different parts of the building.

Floor Plan must include the following items, clearly identified for every floor:

1. Exit Path – path to be taken to the exit for each area of the building
2. Interior Safe Shelter Place
3. Stairways
4. Exits
5. Accessible alternative exits

Optional - items that may be included on the floor plan:

6. Fire Alarms
7. Fire Extinguishers
8. Emergency Lighting
9. Water Shut-Off Valve
10. Gas Shut-Off Valve

NOTE: If the water or gas valve is ever shut off, call or email the landlord/property manager, regional manager, and contact Donna Roberts (DCS Property Manager) at 317-447-7647 or Donna.Roberts@dcs.IN.gov. Do not turn water or gas back on.

3. SITE MAP FOR EXTERIOR SAFE SHELTER PLACE

Attach a copy of a map of the office building and surrounding area (*EXHIBIT 2*)

Site Map must identify the Exterior Safe Shelter Place and safe route to the area.

4. EMERGENCY PHONE NUMBERS

ALL EMERGENCIES – DIAL 911

If circumstance does NOT require immediate action:

Law Enforcement & Fire:	
City Police Department	
City Fire Department	
County Sheriff Department	
Indiana State Police (District Post)	
Indiana Poison Control	(800) 222-1222
County Emergency Manager	
Hospital & Clinics:	
Local Hospital	
Clinic for workplace injuries	http://www.in.gov/spd/2492.htm or contact HR Generalist
Building Contacts:	
Landlord	
Property Manager	
Security Guard	
Local Utilities:	
Electric	
Gas Utility	
Water	
Sewer	
Telephone	

Other Important Contacts:	
Local Office Director	
Regional Manager	
HR Generalist	
DCS Central Office	(317) 234-5437
DCS Communications	DCS.Connection@dcs.in.gov
DCS Operations (Facilities/Safety)	Jessica Dugan 317-619-0152 Jessica.Dugan@dcs.IN.gov
	Lori Ahmed 317-650-3381 Lori.Ahmed@dcs.IN.gov
	Donna Roberts 317-447-7647 Donna.Roberts@dcs.IN.gov
DCS IT Support	Mark Morris 317-650-2879 Mark.Morris@dcs.IN.gov
	Kevin Huston 317-696-4053 Kevin.Huston@dcs.IN.gov
	Todd O'Brien 317-619-5803 Todd.OBrien@dcs.IN.gov
OTHER:	

5. ACCESS CONTROL POLICY FOR INCLEMENT WEATHER

Date: September 4, 2018

To: Field Operations Management

From: DCS IT Support, Access Control

Subject: Access Control Policy for Inclement Weather

The following guidelines have been established to clarify how DCS IT Supports Access Control during:

- Inclement Weather:
  - Snow storm, Tornado, Flood, etc.

In the event of inclement weather, local county staff members will need to contact DCS IT Support to ensure their offices are secure. As it currently stands the system automatically unlocks county offices for public access at 8:00 am. With early notification DCS IT will be able to remotely lock county offices when staff members are restricted from traveling to work.

For these types of situations or any other type of access control emergency, please contact the below personnel to ensure a timely response:

- Kevin Huston, 317-696-4053, Kevin.Huston@dcs.IN.gov
- Todd O'Brien, 317-619-5803, Todd.OBrien@dcs.IN.gov
- Mark Morris, 317-650-2879, Mark.Morris@dcs.IN.gov

6. ACCESS CONTROL POLICY FOR EMERGENCY SITUATIONS

Date: October 5th, 2018

To: Field Operations Management

From: DCS IT Support, Access Control

Subject: **Access Control Policy for Emergency Situations**

The following guidelines have been established to clarify how DCS IT Supports Access Control during:

- Emergency Lockdown

In the event of an emergency that requires immediate lockdown. Local county staff members will need to contact DCS IT Support to ensure their offices are secure. For these types of situations or any other type of access control emergency, please contact the below personnel to ensure a timely response:

- Kevin Huston, 317-696-4053, Kevin.Huston@dcs.IN.gov
- Todd O'Brien, 317-619-5803, Todd.OBrien@dcs.IN.gov
- Mark Morris, 317-650-2879, Mark.Morris@dcs.IN.gov

7. INCIDENT ACTION PLANS

Use Scenario-based planning to identify and plan for specific incidents. This approach starts with building a scenario for a hazard or threat. Then, planners analyze the impact of the scenario to determine appropriate courses of action.

Building Evacuation

1. **EXIT** the Building calmly through the nearest Exit.
2. **PROCEED to SAFE PLACE or Shelter in Place**
3. **CALL 911.**
4. **ACCOUNT** for all employees using the Building Occupancy Form.
5. **DO NOT RE-ENTER** the building for any reason until reentry is authorized by highest person in command.

Threatening or Disruptive Behavior

1. Remain **CALM** and **LISTEN** attentively.
2. Maintain **EYE CONTACT**.
3. Be courteous, patient, and respectful.
4. If threat continues, **SIGNAL** a coworker using the **CODE WORD**
   a. Optional - Different codes for different types of threat
   b. Code words should be unique and not descriptive of the situation
5. Activate alarm (if available).
6. If behavior continues:
   a. **GET OUT** of the situation and lock door behind you
   b. If you can't lock the door behind you, Hide – block entrance, turn off lights, and **TURN OFF CELL PHONE ringer** and **vibration**
7. **CALL 911** when safe to do so.
8. **LOCK** all exterior doors, if safe to do so.
9. Notify other employees.

Information to Relay to 911 Operator

1. **LOCATION** of the violent person.
2. **NUMBER of violent persons**, if more than one.
3. **NUMBER of personnel.**
4. Physical description of attacker(s).
5. Number and type of **WEAPONS** held.
6. Number of potential **VICTIMS** at the location.

When Law Enforcement Arrives

1. Remain **CALM**, and follow officers' instructions.
2. **RAISE HANDS** and spread fingers.
3. Keep hands visible at all times.
4. Avoid making quick movements toward officers such as attempting to hold on to them for safety.
5. Don't point, scream, or yell.
6. When evacuating, **DON'T STOP** to ask officers for help or directions, just proceed to the Safe Place. Their only objective is to find the threat.

Medical Emergency

1. **CALL 911 - DO NOT DELAY ---- TIME IS CRITICAL.**
2. Do not move the injured person unless necessary to protect them from further harm.
3. Help the injured person remain calm until help arrives.
4. Have someone meet medical personnel and escort them to the injured person.

Inclement Weather

1. **REMAIN CALM & QUIET.**
2. Go to the closest **INTERIOR SAFE PLACE.**
3. **STAY AWAY** from **WINDOWS** and exterior doors.
4. **SIT** on the floor against an **INTERIOR Wall.**
5. Cover your eyes and face with your arms.
6. Remain in the Interior Safe Place until released by Safety Officer.

Fire

If you smell smoke:

1. **CALL 911.**
2. Remain calm and quiet.
3. Activate the fire alarm.
4. Shut door to contain fire, if you can do so safely.
5. Proceed to the nearest exit - and **EVACUATE.**
6. If the room is HOT or SMOKE FILLED, **CRAWL** on your hands and knees to the nearest exit.

Flood

If advance notice is provided:

1. Contact Central Office for assistance in removing vital records.
2. Establish alternative working locations.
3. FCM's should contact all children on their caseloads to determine and document their planned temporary relocation.
4. Safety Coordinator should contact all staff to determine and document their planned temporary relocation.

Earthquake

1. **TAKE COVER** under a desk or in a supported doorway.
2. If outside, **MOVE AWAY** from buildings and utility wires.
3. If inside, stay inside. If outside, stay outside.
4. **REMAIN CALM.**
5. Stay prepared for **AFTERSHOCKS.**
6. **DON'T USE ELEVATORS.**

Bomb Threat

Be Prepared
Be Aware
Be Ready

1. **BE CALM & COURTEOUS** to the caller or person making the threat.
2. Enlist aid of coworker using the **CODE WORD** _____ so the coworker can **CALL 911** and notify their supervisor.
3. **KEEP CALLER ON LINE as long as possible.**
4. **Use the Bomb Checklist or ask the following questions:**
   a. Where is the bomb?
   b. When will it explode?
   c. What does it look like?
   d. What kind of bomb is it?
   e. What will cause it to explode?
   f. Did you place the bomb?
   g. Why?
   h. What is your address?
   i. What is your name?
   j. From where are you calling?
5. **DOCUMENT EVERYTHING THE CALLER SAYS IF YOU CAN** during or after the call.

Suspicious Mail

1. DO NOT OPEN.
2. Leave mail piece where it was found.
3. Do not try to clean up the substance.
4. **CALL 911.**
5. Close off or SECURE THE AREA.
6. Everyone in or around the area should wash hands.
7. SHUT DOWN all equipment in the immediate area and the HVAC systems (heating, air conditioners, and ventilation).

Without Disturbing The Mail Piece Or Substance, DOCUMENT:

- Location of mail piece or substance
- Description of substance
- Description of mail piece (markings, label, declarations, postage)
- Addressee's Name
- Address
- Mailer's Name
- Address

Active Shooter

The primary goal is to get out of the situation. The following page details the steps for how to respond to an active shooter or agitated person with a weapon. (Keep in mind it may not a sole individual.)

1. Most important step is to discuss and plan the escape route in advance and have at least one planned destination.
2. Leave your belongings behind – you can get them later.
3. Prevent others from entering the building during the incident.
4. If you cannot leave – HIDE, LOCK THE DOOR, & SILENCE CELL PHONES.

For further information and instructions, refer to the details and instructions on page 9, which can also be found at:

https://www.in.gov/isp/files/How_to_Respond_to_an_Active_Shooter_Event.pdf

Scheduling an ISP Active Shooter Presentation:

https://www.in.gov/isp/3255.htm

ISP Active Shooter Information:

https://www.in.gov/isp/3496.htm

Integrity ~ Loyalty ~ Community

How to Respond to an Active Shooter Event

HOW TO RESPOND WHEN AN ACTIVE SHOOTER IS IN YOUR VICINITY

Quickly determine the most reasonable way to protect your own life. Remember that customers and clients are likely to follow the lead of employees and managers during an active shooter situation.

Evacuate: If there is an accessible escape path, attempt to evacuate the premises.

- Have an escape route and plan in mind
- Evacuate regardless of whether others agree to follow
- Leave your belongings behind
- Help others escape, if possible
- Prevent individuals from entering an area where the active shooter may be
- Keep your hands visible
- Follow the instructions of any police officers
- Do not attempt to move wounded people
- Call 911 when you are safe

Hide: If evacuation is not possible, find a place to hide where the active shooter is less likely to find you. Your hiding place should:

- Be out of the active shooter's view
- Provide protection if shots are fired in your direction (i.e., an office with a closed and locked door)
- Not trap you or restrict your options for movement. To prevent an active shooter from entering your hiding place
- Lock the door
- Blockade the door with heavy furniture

If the Active Shooter is Nearby:

- Lock the door
- Silence your cell phone and/or pager
- Turn off any source of noise (i.e., radios, televisions)
- Hide behind large items (i.e., cabinets, desks)
- Remain quiet if evacuation and hiding out are not possible:
- Remain calm
- Dial 911, if possible, to alert police to the active shooter's location
- If you cannot speak, leave the line open and allow the dispatcher to listen

Fight: Take action against the active shooter. As a last resort, and only when your life is in imminent danger, attempt to disrupt and/or incapacitate the active shooter by:

- Acting as aggressively as possible against him/her
- Throwing items and improvising weapons
- Yelling
- Committing to your actions

HOW TO RESPOND WHEN LAW ENFORCEMENT ARRIVES

Law enforcement's purpose is to stop the active shooter as soon as possible. Officers will proceed directly to the area in which the last shots were heard.

- Officers may wear regular patrol uniforms or external bulletproof vests, Kevlar helmets, and other tactical equipment
- Officers may be armed with rifles, shotguns, handguns
- Officers may use pepper spray or tear gas to control the situation
- Officers may shout commands, and may push individuals to the ground for their safety
- Remain calm, and follow officers' instructions
- Put down any items in your hands (i.e., bags, jackets) • immediately raise hands and spread fingers
- Keep hands visible at all times
- Avoid making quick movements toward officers such as holding on to them for safety
- Avoid pointing, screaming and/or yelling

8. EVACUATION PROCEDURES FOR INDIVIDUALS WITH DISABILITIES

The following emergency evacuation procedures are written primarily to inform staff with disabilities of the procedure for evacuation in the event of an emergency. However, as is the case of those without disabilities, persons with a disability must take personal responsibility for their own safety. Everyone should read and review this information and know what is expected in each building in case of an emergency situation.

Ground Floor / Below Ground Floor

Persons with physical disabilities should evacuate via accessible exits along with the other occupants of the building.

Second Floor and Higher

Persons with mobility impairments:

1. Ambulatory
    - If danger is imminent and the person is able to walk down stairs with some assistance, it is advisable that they wait until the heavy traffic has cleared before they attempt to evacuate. The Local Office Director or designee should walk beside them to provide assistance, if needed.
    - If it is apparent that there is no immediate danger (obvious smoke or fire), the person may choose to stay in a designated area of the building until emergency personnel arrive and determine the necessity to evacuate. The designated area should be marked on the evacuation plan.
    - NOTE: Persons on respirators should be given priority assistance in emergencies involving smoke or fumes because their ability to breathe is seriously jeopardized.

2. Non-Ambulatory
    - In keeping with current philosophy and preference to "stay in place," the most recent advice from fire and building safety experts is that unless danger is imminent, a wheelchair user should remain in the designated area of the building until emergency rescue personnel arrive and determine the necessity for their evacuation. Whenever possible, someone should remain in the facility with the person with the disability.
    - It is best to let professional emergency personnel handle the evacuation of those with disabilities. The firefighters will determine the best way to evacuate the person with the mobility limitation.
    - NOTE: The person with the disability is the best authority on how to be moved. The person should discuss evacuation procedures with their supervisor and develop a plan for emergencies and evacuation assistance, including any other requirements (e.g. Braille).

Individuals with Vision Impairments

In the event of an emergency, do not force any person with vision impairment to evacuate the building. The person is responsible for their own safety. It is appropriate to offer assistance to a vision impaired person as you leave the building.

Individuals with Hearing Impairments

Emergency instructions can be given by verbalizing or simple gestures, or by a short, explicit note. It is appropriate to offer assistance to a hearing impaired person as you leave the building.

9. UTILITY EMERGENCIES

If a utility in an office fails, the Local Office Director (or their designee) will submit a Building Engines Work Order and let staff know what action needs to be taken. The Local Office Director or Safety Officer will also notify Central Office at DCS.Connection@dcs.IN.gov.

Central Office will ensure all staff are notified how to contact the local office during the outage and coordinate with DCS IT/IOT should the issue have a potential impact on IT equipment.

In the event of an emergency:

1. Stay Calm.
2. Remain in your location and wait for an update.
3. DO NOT evacuate unless there is a life-threatening event.

Data Communication Outage:

1. Local Office Director will contact DCS IT Support to find out if there is a GENUINE emergency.
2. DO NOT use telephones until you are advised that it is safe.
3. If evacuation becomes necessary, there will be an announcement and the Safety Officer will direct and assist in the evacuation.

Water Outage:

1. DO NOT use telephones until you are advised that it is safe.
2. DO NOT drink from water fountains or use restrooms until notified that the problem is corrected.
3. You may be directed to go home.
4. If evacuation becomes necessary, there will be an announcement and the Safety Officer will direct and assist in the evacuation.

Electrical Outage:

1. DO NOT use telephones until you are advised that it is safe.
2. DO NOT use Elevators. Elevators should remain clear for use by emergency personnel.
3. Your building has emergency backup power for critical IT equipment.
4. You may be directed to go home.
5. If evacuation becomes necessary, there will be an announcement and the Safety Officer will direct and assist in the evacuation.

Steam Outage:

1. DO NOT use telephones until you are advised that it is safe.

2.	If evacuation becomes necessary, there will be an announcement and the Safety Officer will direct and assist in the evacuation.

Telephone Communication Outage:

1.	DO NOT use telephones until you are advised that it is safe.
2.	DO NOT use Elevators. If you became stuck the emergency telephone may not be operational.
3.	If evacuation becomes necessary, there will be an announcement and the Safety Officer will direct and assist in the evacuation.

10. BUILDING OCCUPANCY FORM

Date Prepared: _____

List all employees assigned to the office and their emergency phone number. The Safety Officer or other designated individual should check off each employee when they arrive at the "Safe Shelter Place" and should contact all employees not present to determine their safety.

PRESENT	LAST NAME	FIRST NAME	Emergency Phone Number	Cell Phone Number
☐				
☐				
☐				
☐				
☐				
☐				
☐				
☐				
☐				
☐				
☐				
☐				
☐				
☐				
☐				
☐				
☐				

*Safety Officer(s) should be highlighted.

Safety Officer – Update monthly and initial below

JAN _____	APR _____	JUL _____	OCT _____
FEB _____	MAY _____	AUG _____	NOV _____
MAR _____	JUN _____	SEP _____	DEC _____

11. SAFETY OFFICER CHECKLIST

The Safety Officer should complete a review of the following items:

MONTHLY

- ☐ Building Occupancy Form – Update the Building Occupancy Form to include all staff at your location.

QUARTERLY – by last day of each quarter:

- ☐ Exits – Ensure exits are clearly labeled and that there is nothing blocking the exit path. Review the OSHA Fact Sheet on Emergency Exit Routes for additional requirements

- ☐ Shelter in Place rooms, if available – Ensure that the rooms are empty and will accommodate employees and visitors.

- ☐ Fire Extinguishers – Ensure that fire extinguishers are: (1) still in the locations depicted on the Office Floor Plan, (2) in good working order, and (3) not damaged. If missing or damaged, submit a Building Engines Work Order.

ANNUALLY (If applicable) – in May of each year.

- ☐ Fire Hydrants – Ensure that you are aware of the location of the closest fire hydrants. Firefighters may ask for this information in the event of a fire.

- ☐ Emergency Lighting – Ensure that any emergency lighting is in good working order.

- ☐ Smoke Detectors – Ensure that batteries are changed annually (usually by the landlord).

☐ Main water shut-off valve – Ensure that you are aware of the location and the procedures to follow if a problem arises.

☐ Gas shut-off valve – Ensure that you are aware of the location and the procedures to follow if a problem arises.

☐ Circuit Breaker – Ensure that you are aware of the location and the procedures to follow if a problem arises.

☐ Emergency Operation Plan – Review to determine if information is accurate and update as necessary.

	Date Completed	*Signature*
SAFETY OFFICER		
LOCAL OFFICE DIRECTOR		

The Local Office Director shall send this document to the Regional Manager and DCS.Facilities@dcs.in.gov on or before May 1st each year.

12. SAFETY OFFICER DESIGNATION

Safety Officers who have been designated to assist in safe and orderly emergency evacuations are as follows:

Name	Title	Floor/Area

(Safety Officers should be clearly identified with a sign on their office door or cubicle clearly visible to all).

13. EMERGENCY PLAN REVIEW

Emergency Operation Plan review shall be held for all employees no less than one time a year. Emergency Operation Plan to be distributed to all employees.

Dates of Plan Reviews	
Signature of Safety Officers	
Signature of Local Office Director	

14. EMERGENCY DRILLS

Emergency Drills should be completed regularly. At least one time a year is recommended.

Local Office Director and Safety Officer should develop a drill and complete the Emergency Drills, alternating different types of emergencies during the year (e.g., tornado, fire, active shooter)

Dates of Emergency Drills	
Signature of Safety Officers	
Signature of Local Office Director	

The Local Office Director shall send this document to the Regional Manager and DCS.Facilities@dcs.in.gov on or before May 1st each year.

15. LOCAL OFFICE DIRECTOR RESPONSIBILITIES

INITIAL

1. Complete the Emergency Operation Plan and make any revisions necessary for your office
2. Designate the Safety Officer for the local office (including a back-up).
3. Meet with County Emergency Manager to review county plans.
    a. Optional - Request the assistance of the County Emergency Manager to determine at least one Exterior Safe Place.
4. Modify your Office Floor Plan to include Exit Paths and other safety information.
    a. Insert the Office Floor Plan into the Emergency Operation Plan in the location provided.
    b. When determining Exit Paths, please review the OSHA Fact Sheet on Emergency Exit Routes.
    c. Optional - Request the assistance of the local fire department to ensure the Exit Paths and Interior Safe Places are appropriate.
5. Choose at least one Interior Safe Place in your office and clearly identify it on the Office Floor Plan.
    a. Ensure the Interior Safe Places will accommodate employees and potential visitors.
    b. Ensure the Exit Paths and Interior Safe Places remain unobstructed and free of anything that would decrease the capacity of the room.
6. Designate a Code Word for employees to use when they feel threatened and need help.
7. Assign someone to develop and maintain the Building Occupancy Form and Employee Phone Numbers document which is to be updated monthly.
8. Determine where the original Emergency Operation Plan will be kept in the office and advise all employees.
9. Schedule a meeting with all employees to review the plan and provide a copy to all employees.
10. Post the laminated Floor Plans in various areas throughout the office.
11. Establish sign procedures for all guests and staff not based in the local office.
12. Send a copy of the completed Emergency Operation Plan to the Regional Manager by May 1st.

ONGOING

1. Complete the Monthly Safety Report identifying safety and security issues. Send to the Regional Manager by the 1st Monday of each month.
2. Update the Emergency Operation Plan and Building Occupancy Form whenever there is change in employment or office design.
3. Complete the Safety Officer Checklist Quarterly.
4. Ensure the office first aid kit is stocked and easily accessible to staff.

ANNUALLY in May

1. Update the Emergency Operation Plan and send to the Regional Manager by May 1st.

2. Meet with the Safety Officer annually to complete the Safety Officer Checklist.
3. Ensure that Emergency Drills are completed.
4. Meet with Employees to Review the Emergency Operation Plan.

16. OFFICE FLOOR PLAN – EXHIBIT 1

This page is for the office floor plan.

17. SITE MAP FOR EXTERIOR SAFE SHELTER PLACE – EXHIBIT 2

This page is for the site map.

18. MONTHLY SAFETY REPORT

Local Office Director will complete the Monthly Safety Report identifying safety and security issues. Send to the Regional Manager by the 1st Monday of each month.

Region	County	Date of Report	Completed By

Please provide information and details related to safety and security issues, concerns, and/or incidents that occurred during the previous month.

Regional Manager – Send completed reports to DCS.Facilities@dcs.in.gov.

ATTACHMENT N

Emergency Lockdown Procedures and Inclement Weather Procedures

Date:	October 5th, 2018
To:	Field Operations Management
From:	DCS IT Support, Access Control
Subject:	Access Control Policy for Emergency Situations

The following guidelines have been established to clarify how DCS IT Supports Access Control during:

- Emergency Lockdown

In the event of an emergency that requires immediate lockdown. Local county staff members will need to contact DCS IT Support to ensure their offices are secure. For these types of situations or any other type of access control emergency, please contact the below personnel to ensure a timely response:

- Kevin Huston, 317-696-4053, Kevin.Huston@dcs.IN.gov
- Todd O'Brien, 317-619-5803, Todd.OBrien@dcs.IN.gov
- Mark Morris, 317-650-2879, Mark.Morris@dcs.IN.gov

Date: September 4, 2018

To: Field Operations Management

From: DCS IT Support, Access Control

Subject: Access Control Policy for Inclement Weather

The following guidelines have been established to clarify how DCS IT Supports Access Control during:

- Inclement Weather:
  - Snow storm, Tornado, Flood, etc.

In the event of inclement weather, local county staff members will need to contact DCS IT Support to ensure their offices are secure. As it currently stands the system automatically unlocks county offices for public access at 8:00 am. With early notification DCS IT will be able to remotely lock county offices when staff members are restricted from traveling to work.

For these types of situations or any other type of access control emergency, please contact the below personnel to ensure a timely response:

- Kevin Huston, 317-696-4053, Kevin.Huston@dcs.IN.gov
- Todd O'Brien, 317-619-5803, Todd.OBrien@dcs.IN.gov
- Mark Morris, 317-650-2879, Mark.Morris@dcs.IN.gov

ATTACHMENT O

DCS Training Plan

DCS Training Plan

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New Family Case Manager Training

Pre Service Training and Ongoing Staff Development Training

The Indiana Partnership for Child Welfare Education and Training (a Partnership between the Department of Social Services and the Indiana University School of Social Work) is designed to provide high quality, competency-based in-service training for staff in the Department of Child Services throughout Indiana. Program activities include assessment of training needs, development of curricula, development of trainers and other resources, training of trainers, delivery of training, evaluation of training programs and consultation to local offices as well as external stakeholders. In addition, a comprehensive Training Records Tracking System called Enterprise Learning Management (ELM) has been developed which allows staff to register on-line for identified trainings, and upon completion of the training as verified by trainers, the establishment of a permanent training record which can be used to track/verify all training of any staff member throughout their employment history. This Records Management System is embedded within the PeopleSoft State Personnel System so that official Personnel Records also include this training history. Full-time trainers, supervisors, a curriculum manager, curriculum writers, evaluators, production personnel, fiscal staff and records management personnel comprise the positions devoted to this area. Very minimal use is made of any contract trainers for the Department of Child Services at this time.

The Cohort for newly hired Family Case Managers is 12 weeks in length including 26 classroom days, 32 transfer of learning days. A summary of this program is:

New Worker Cohort Training Schedule

Effective 2018
58 total training days
(25 classroom / 37 local office)
8:00 AM to 4:30 PM daily

Unit 1

1 Day – Human Resources Orientation
5 Days – On the Job Training
1 Day – Getting to Know DCS
1 Day – Laptop & Introduction to MaGIK
1 ½ Days – Worker Safety
½ Day – Job Skill Building - DCS Hotline
5 Days – Transfer of Learning in County

Unit 2

1 Day – Culture & Diversity I
2 Days – Engagement & Interviewing
2 Days – Facilitation Training Session I

1 Day – Overview of Legal Concepts
1 Day – Legal Roles and Responsibilities

2 ½ Days – Transfer of Learning in County

½ Day -- Facilitation Training

Unit 3

1 Day- Culture & Diversity II

2 Days – The Effects of Abuse & Neglect on Children and Families 2 Days – Transfer of Learning in County

Unit 4

1 Day-- MaGIK Training 4 Days – Assessing Child Maltreatment

4 Days-- Case Planning and Intervening for Permanence

1 Day – Cohort Evaluation & Self-Care

17 Days – TOL / On the job skill reinforcement

All training is designed to promote culturally competent child welfare practice. Courses related to the Indiana Practice Model which include Teaming, Engaging, Assessing, Planning and Intervening (TEAPI) have been incorporated into new worker training. New cohorts begin every 2 to 3 weeks and complete the entire cycle above. All curricula have been updated to reflect the Indiana Practice Model and address concerns raised by evaluations from previous cohorts. Continuous feedback from the Qualitative Service Review process, the training evaluation process (described below) and legislative or policy changes are reflected in ongoing curriculum revisions.

Prior to completing pre-service training, all Family Case Managers are assigned a Peer Coach within their region to assist them in becoming trained facilitators. Following a prescribed shadowing, observation and mentoring program, Peer Coaches support these Family Case Managers to complete their Child and Family Team Meetings independently. De-Brief feedback forms are completed and Supervisors quarterly complete Observation forms to maintain fidelity to the model. Six Regional Peer Coach Consultants (who are part of Staff Development) monitor progress and provide additional information and support as necessary including fidelity monitoring.

During pre-service, all Family Case Managers are also assigned a Field Mentor. Following a one-day training for field mentors, the Field Mentor and the trainee work side by side during the transfer of learning days and the last two weeks of the on-the-job training period. Required and optional activities have been developed for the Transfer of Learning days that align with the coursework completed in the classroom sessions immediately prior to these field experiences. The Field Mentor also completes skill assessment scales at the time of graduation.

These are behaviorally anchored scales designed to assess the strength of the trainees' skills in each of 57 areas. Supervisors receive a copy of this assessment and can use as a basis to strengthen their newly hired staff's skills. Three months after graduation, the new employee's supervisor also completes Skill Assessment Scales to assist Staff Development with analyzing any additional training needs during the pre-service period.

This feedback process provides the necessary link between classroom training and transfer of learning to job performance and provides specific knowledge about the strengths and challenges of training

provided. When challenges are noted, training can be adjusted to better facilitate the transfer of learning from classroom to the actual practice of public child welfare. This project is on the cutting edge of national best practice in the training and supervision of frontline child welfare workers and has been presented at the annual National Staff Training and Development Association's workshop. Feedback from this process is also used to provide necessary modifications to new worker curriculum.

The pre-service training for newly hired FCM's is comprised of 26 classroom days, 28 Computer Assisted Trainings (CATs), 32 transfer of learning (TOL) days back in each participant's base county, and graduation from the Institute. The redesign changed the model from that of primarily instructor led lecture to that of learner based facilitation. The redesign focus is on the development of critical thinking skills that are needed to effectively do the job of family case manager. They are enhanced by small and large group discussion using real-life examples.

The transfer of learning days (TOL) consist of working with both the assigned supervisor, the assigned mentor, and the peer coach, doing activities such as reviewing CATs, observation and shadowing activities in the office, court and field visits, as well as interviews with families and service providers.

Prior to graduation from the pre-service training new cohort members are certified as facilitators for Child and Family Team Meetings (CFTM) for the families on their caseloads. Oversight for this facilitation is provided by 18 Peer Coach Consultants located throughout the state who monitor the Regional Peer Coaches as they train new cohort members.

All new field staff must complete pre-service training, including pre-tests and post-tests prior to being assigned a caseload. This requirement is monitored through the statewide database (MaGIK) since all cases are assigned through the system. The Training Yearend Report of 2018 indicated that 28 cohorts of pre-test and post-test were collected. Participants improved 11.4% on average from pre-test to post-test. About 65% improved by 10 or more questions. A little over 33% improved by ten questions or fewer. Trainees improved by at least 20% on the Getting to Know DCS and Case Planning and Intervening. They improved at least 15% Legal Overview and Assessing Child Maltreatment on curriculums. They improved less than 10% on Culture and Diversity, Permanency, Legal Roles, Teaming, Engagement, and Time Management.

Effective in July 2017, new cohort members spend 5 days in their local offices completing on-the-job training activities subsequent to one day of Human Resources Orientation. This initial week in the county was piloted, and it was determined that providing an opportunity to establish relationships with the local office staff, getting to know the community in which they will work, and providing opportunities for shadowing prior to classroom training afforded many advantages in increasing job readiness, expectations and understanding the context of the curricula.

Ongoing Training for Family Case Managers

In January of 2010, Indiana established required yearly required training hours for Family Case Managers, Supervisors and Field Management Staff. This consisted of 24 annual hours (12 of which could be on-line) for Family Case Managers and 32 hours (16 of which could be on-line) for Supervisors and other Field Management Staff. DCS staff have been extremely responsive to this directive and has clearly sought out training opportunities to fulfil this requirement.

This policy was updated on January 1, 2012 (see http://www.in.gov/dcs/files/Internal_Training.pdf) to establish required training hours for all DCS personnel in all divisions. Staff Development worked with these divisions to establish a process to assist with providing and/or facilitating trainings that would meet each division's needs.

Many divisions, such as finance and child support, have developed their own methods of training staff to meet this requirement and enhance their professional development. In addition, DCS Staff Development developed Practice Model training for non-field staff which includes a Computer Assisted Training as well as webinars that have been occurring throughout this fiscal year and count toward these required annual training hours.

DCS has also implemented a policy that addresses external trainings. The External Training policy outlines the procedures staff must follow to participate in external trainings and details the criteria that the External Training Review Committee will use to approve/deny such requests. The External Training Policy was effective June 1, 2011 (see http://www.in.gov/dcs/files/External_Training.pdf) and was updated April 1, 2015 to include the Child Support Division.

A comprehensive analysis of these assessments was completed and training needs identified.

The list of experienced worker trainings slated for completion/revision during 2015 is included below. This list was based on findings from Quality Service Reviews, ITNAs completed by family case managers, and the Strategic Planning meeting held by the Staff Development Management and Curricula Teams during January, 2015.

- Caregiver Mental Illness
- Introduction to Adoption for Experienced Workers Developmental Disabilities
- Dealing with Substance Abuse Making Visits Matter
- Culture and Diversity for Experienced Workers Forensic Interview Techniques
- Domestic Violence and the Child and Family Team Meetings Experienced Worker Trauma Informed Care and Secondary Trauma Experienced Worker Safety

The staff training requirements for non-management staff include a minimum of 24 hours of training per year. Training hours are logged into Peoplesoft (ELM System) for classroom courses and CATs populated into that system for course enrollment and completion. This database is managed through the Training Partnership. If enrollment for a course is not completed through Peoplesoft, a hardcopy enrollment form is used and must be signed by the trainer and maintained in each employee file. Each employee's supervisor documents the training hours as part of the employee's annual performance appraisal.

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

Secondary Trauma; Engaging Challenging Clients; Customer Service for Non-FCMs, and Worker Safety. In an effort to increase the capacity of utilizing online training the following new CATS were completed, including PEDS; Hotline Intake; Use of the iPhone; CASA; Safe Haven; Experienced Worker Safety; RPS; and Human Trafficking (update). For this fiscal year, the following curriculum had major revisions: Field Mentor Training and Forensic Interviewing Techniques. Currently, Cohort Training is being revised and, and the new revisions will be implemented in 2020.

Enhanced Practice Model Training

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

The eighteen Peer Coach Consultants, Practice Model Supervisors and the Practice Model Manager continue to respond to the practice needs that are identified through the CFSR, Permanency Roundtable process and the Executive Team.

2017 mandatory quarterly workshops for experienced workers and supervisors included:

Regional Tailored Workshops-Peer Coach Consultants met with each regional management staff to determine what topics were needed in each region, utilizing management input, and QSR and PI findings. The Peer Coach Consultants designed and provided custom training to each region to meet their individual needs. During the 4th quarter of 2017 each region will again be offered a menu of topics from which to choose. These will include Compassionate Confrontation to use with families, and Clinical Supervision, as well as other various topics.

Starting in 2018, quarterly workshops were offered based on regional needs. The Practice Model was relaunched as an initiative for the entire agency. Currently, the Practice Team is providing Practice Model Trainings for the entire agency.

Management Gateway for Indiana's Kids (MaGIK) Training

The MaGIK Project has maintained a presence on the DCS SharePoint, with a regular updates, including a significant archiving event in the late summer/early fall of 2018 to better assist users in finding information about recent enhancements. The DCS IT newsletter, the MaGIK Times, is published periodically and emailed to all MaGIK Users, especially after a deployment of new feature. The newsletter provides helpful hints, current information, and other items to support the DCS practice model through the use of MaGIK as an important tool for FCM's.

The DCS Hotline module was implemented in 2016. Prior to release, the MaGIK Consultants collaborated with Staff Development to develop online tutorials for the new module, specifically focusing on actions related to field supervisors and their role in the intake report review and approval, and the process to assign assessments to field staff. All staff were expected to complete this training prior to the deployment of the new Hotline module.

MaGIK Consultants continue to provide user support and trainings to both new and experienced staff in the local office, and through Staff Development provide a half day classroom training for the monthly New Supervisor Onboarding. During new worker pre-service training, new employees are provided with a one day Introduction to MaGIK during Unit 1 and more in-depth one day training on MaGIK during Unit 4 from DCS Staff Development. The MaGIK Consultants also provided an index of twenty nine (29) supplemental topics for MaGIK training alongside topics listed in the Transfer of Learning activities. Transfer of Learning activities are field based activities for new workers to supplement their classroom training during their new cohort training. Additional trainings are scheduled based on requested needs based on the specific county or business unit as needed. The Consultants also utilize

tools such as instant messaging, WebEx, Zendesk, e-mail and telephone support for users across the state.

Permanency Roundtable Process and Training

In 2011, Indiana adopted a process for specialized staffing called "Permanency Roundtables" based on work completed by Casey Family Programs. These structured internal staffings focus on reviewing youth in extended care without attainable permanency goals. They are designed to identify and address system barriers, improve case decision-making, strengthen practice, and influence timely permanency for children in out of home care.

Training on this process includes a one day values training, Permanency and PRT Training, which reviews the importance of establishing and maintaining the value of permanency throughout the life of the case as well as the roles and responsibilities of Permanency Roundtables. This training has been broadly provided to DCS staff as well as external stakeholders. Other training were also developed to supplement and support the other roles of Permanency Roundtables. This trainings include a one day facilitator training designed to equip individuals with the facilitation skills necessary to ensure model fidelity and conduct the Permanency Roundtable process effectively. A Webinar for Permanency Roundtable Scribes. And finally, a Computer Assisted Training (CAT) for Field Staff to assist in their readiness for presenting a case at a Permanency Round Table. The Permanency and Practice Support Division has continued to take the lead in providing these training. Permanency Values and Roundtable Trainings are held six times during the year and include DCS staff. There are monthly trainings for the scribes who record the Roundtables, as well as trainings available for Roundtable Facilitators.

Since piloting PRTs in June 2011, DCS has completed 2,039 Permanency Roundtables. 1215 (59%) of these PRT cases have closed. Of the 1215 cases 719 (59%) have closed by achieving the "Gold Standard" of legal permanency through either reunification, adoption, or legal guardianship

The PRT data is currently being transferred to a new database housed within the DCS KidTraks system which makes it a challenge to provide information as to the percentage of cases that have increased in Permanency Status. However, our last data pull on June 14, 2017 states that 75% of our PRT cases have improved at least one Permanency Status level. Historically our numbers have stayed relatively consistent.

Supervisory and Management Training

All new supervisors receive a comprehensive training over a 5 month period covering five modules. The first Module is an orientation module which provides an overview of clinical supervision and information about servant leadership and leadership behaviors. This is followed by four 3 day training modules covering the areas of (1) personnel and technology issues (2) administrative supervision (3) educational supervision and (4) supportive supervision. Recognizing that well-prepared and competent supervisors are a key to successful outcomes for children, the new supervisor curriculum that was piloted was implemented with the assistance of experienced trainers from the Butler Institute for Families working with Indiana trainers to develop competency in delivering the curriculum. Results have been very positive and Indiana trainers are now delivering this training to all new supervisors who are hired. This training continues to be offered based on need.

Evaluations provided for these supervisor trainings will allow the Staff Development Department an opportunity to enhance and revise these trainings to make them more practical and provide more alignment of our current practice and policies.

A Supervisor Mentor program has also been established following a process similar to that of the Field Mentor. A series of Skill Assessment Scales were developed based on the modules described above and identified supervisors who are assigned to new supervisors complete the scales approximately one month after each module. The completion of these scales provides additional information to both the new supervisor regarding strengths and needs as well as to the Staff Development area to identify additional training needs. A manual is provided to the supervisor mentor that includes information about learning styles, the program protocol and a description of the scales. A computer assisted training was also developed in 2012 to assist Supervisor Mentors with understanding expectations related to their mentoring role and continues to be available for all newly appointed supervisors. In 2018, it was determined that classroom training would be more helpful for Supervisor Mentors and this is currently being developed.

In 2018, ongoing supervisory training began including a specialized course this is called Supervisor Seminar. Supervisors attend this 6 months after their Supervisor Core graduation. In addition, a yearly two day workshop for all supervisors continues in addressing training needs identified by the Field.

Indiana DCS, in partnership with Casey Family Programs, acquired the rights to make the Staff Retention for Better Outcomes in Child and Family Services workbook series available for use within the State. This included tailoring the workbook content to align with the State's Practice Model and Practice Indicators.

Workshops based on this series occur quarterly facilitated by individuals who have completed training provided by John and Judith McKenzie and staff, by those who have completed the DCS sponsored MSW program, or by other identified experts in the topic area. Videoconferencing equipment assisted with connecting supervisors from across the state for these sessions which focus on a particular topic.

The steering committee who developed the ongoing training plan reviewed the flexible workbook design, which allowed for the workbooks to be used in many ways. This series was furthered developed into the Supervisor Core Training.

Training of supervisors – Indiana's trained facilitators/trainers have been able to support and train other leaders and supervisors. Participants who attend a training session have the information and tools at their fingertips to refresh their learning and to use as needed long after they attend the training.

An Individual Training Needs Assessment (ITNA) for Supervisors was developed and completed by all Family Case Manager Supervisors in July 2013. The following were identified as 2014/2015/2016 priorities:

1. Organizational Commitment
    - Adjusts work-related priorities to meet staff needs while maintaining focus on agency goals.
    - Knows the elements of the practice model and core conditions and the impact they have on all agency and casework practices.

- Shows ability to communicate a clear vision, motivation and commitment to the safety and well- being of children.

2. Judgment and Critical Thinking
   - Appropriately incorporates past experience to guide analysis and practice.
   - Balances short- and long-term implications when making decisions.
   - Maintains objectivity in handling difficult issues, events, or decisions.
   - Models and guides caseworkers in using critical thinking skills when making decisions about risk and safety issues for abused and/or neglected children.
   - Sets priorities for tasks in order of importance.
3. Casework Supervision
   - Assesses caseworker's use of child and family team meetings.
   - Demonstrates ability to effectively manage case assignments, case coverage and service delivery to clients via direct caseworker supervision.
   - Guides caseworkers in recognizing culturally based parenting practices that can be potentially misconstrued as abuse or neglect.
   - Helps caseworkers identify family strengths and community resources to address poverty and environmental conditions that place children at risk of future harm.
   - Models, guides, and monitors caseworkers in promoting client's rights of self-determination to the fullest extent possible.
   - Structures supervisory staffings (individual and group) to review and document casework activities and caseworker performance.
   - Knows and applies relevant federal and state statutes, rules, policies, procedures and current practice standards related to casework.
   - Understands the importance of respecting clients' right to privacy and the agency's obligation to protect the confidentiality of information about the client.
   - Knows statutes, rules, best practice standards, policies and procedures that apply to child sexual abuse cases.
   - Knows statutes, rules, best practice standards, and agency policies and procedures for managing child abuse and neglect cases.
   - Knows policies and procedures related to documenting and protecting the integrity of evidence for presentation in court.
   - Uses available data from formal and informal reports (including outcome, practice, and performance data) to manage casework performance.
4. Public/Community Relations
   - Demonstrates ability to deliver presentations at public/private meetings, conferences and workshops.
   - Effectively works with and understands various community partners.
   - Knows how to prepare and use annual reports and other printed materials to lead regional services council meetings.
   - Knows policies and procedures governing access to family and caregiver case information.
   - Presents a professional image to other service providers and the community at large through use of the media, personal contacts and presentations.
   - Builds and strengthens working relationships with community partners.

Common themes expressed in the ITNA include:

- developing the skills to better manage staff as both individuals and as a group
- becoming more familiar with DCS policies and procedures
- learn how to plan and conduct team and unit meetings, as well as making these meetings more productive
- assistance with working with the many different unique styles and personalities of their staff (requests ranging from tools to address difficult and insubordinate staff all the way to developing tools to praise accomplishments and encourage career development for outstanding staff)
- how to work with staff that are passive aggressive and encouraging these staff to clearly express their needs and concerns and how to encourage these staff members to maintain a positive outlook on their job

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

- Payroll and Travel Supervisory Review and Approvals Data Reports
- Human Resources for Supervisors Ethics
- Eligibility Determinations Background Checks
- Funding Appeals and Fiscal Approvals Supervisory Functions in KidTraks and MaGIK
- In 2018, Permanency and Practice Support was added to on-boarding

The remainder of the Supervisory Core Modules are: Servant Leadership, Clinical Staffing, Administrative Supervision, Educational Supervision and Supportive Supervision. The training department continues the themes of utilizing the DISC Behavioral Profiles and Leadership were woven throughout the curriculum. The curricula was designed to include less instructor lecture and more participant facilitation and small group activities. Feedback to date on the new enhancements has been positive.

During the last quarter of 2016 the supervisors completed a subsequent Indiana Training Needs Assessment. The report was released during the first quarter of 2017. The supervisors rated their most important training needs to be Interpersonal Understanding, Program Administration, Personnel Management, and Educational Supervision. Based on this self-assessment supervisory training modules and/or workshops will be developed to train/enhance these topics.

Supervisor Core is currently being evaluated and will be updated in 2020.

Curriculum Content of Supervisor Workbooks

The curriculum was based on extensive literature review on the topics of leadership, staff retention and turnover in child and family services, human services and business. Surveys conducted with supervisors and front-line staff in child and family services served to inform content. Curriculum authors and advisors had extensive firsthand experience in agency management and child and family services. Throughout this program, there was a strong emphasis on the day-to-day skills and practices needed by front-line supervisors to build mutually respectful relationships with their staff and meet agency outcomes within the context of family centered practice. Workbook subjects included:

- Workbook 1 – The Role of Leaders in Staff Retention: presents a leadership model that introduces self- mastery and teaches ways of cultivating both hard and soft leadership skills; provides information, tools and methods for leaders to use to support staff in creating and sustaining a positive culture and organizational climate for staff retention.
- Workbook 2 – The Practice of Retention-Focused Supervision: promotes supervisory competencies for retaining effective staff, including self-assessment and planning tools; includes methods and tools for setting objectives, structuring the supervisory process, encouraging self-care and managing stress in the workplace. Intentional use of the supervisory relationship to meet individual and organizational goals is stressed.
- Workbook 3 – Working with Differences: provides understanding, methods and tools for tailoring supervision to the diverse characteristics, learning and behavioral styles and professional development needs of staff; encourages the development of self-awareness, self-mastery and relationship skills.
- Workbook 4 – Communications Skills: provides specific information, tools and activities to model effective communication skills within the supervisory relationship.
- Workbook 5 – The First Six Months: provided a structure, methods and tools for orienting, supporting and training new staff during their first six months on the job; promoted particular attention to raising supervisory awareness and skills in helping staff cope with and manage the stressors of the job, as well as the growing workload.
- Workbook 6 – Recruiting and Selecting the Right Staff: provided information on promising practices and tools for recruiting and selecting front line staff; included profiles of desirable qualities needed in front- line supervisors and staff and processes for managing timely hiring and conducting successful interviews, including behavioral interview questions.

Initially these quarterly workshops were conducted using Videoconferencing equipment, however, feedback from the supervisors indicated that this type of training was difficult for the supervisors to fully become engaged and understand the material. So the training was modified to become a classroom type training day held on two different days in their region or in a neighboring region to minimize travel. This was very well received and continued quarterly with the topics chosen based on results of assessments and feedback from focus groups. A training held in March of 2013 on "Managing Change" received very positive feedback. In December 2013, training was also held on "Reflective Practice Surveys" as well as in March 2014 which covered "The Role of the Supervisor in the CFTM Process". They both received very positive feedback.

Supervisor Workshops are still being completed at regional training sites across the state. Supervisor Workshops for 2016 included "Resiliency" during the first quarter and "Introduction to Leadership Styles" during the last quarter. In 2017 during the first quarter "Building a Servant Leadership Plan" was trained. A workshop on "Culture and Climate" was developed for supervisory training in the fall of 2017.

In 2018, the Partnership began developing similar topics for Supervisors and Directors, and we continue to provide these quarterly. Future topics include True Collaboration, Appropriate Staffing, Skilled Communication, and Effective Decision-making.

Leadership Academy for Supervisors (LAS)

Indiana continues to work closely with the National Child Welfare Workforce Institute to begin a Leadership Academy for Supervisors. This core curriculum consists of the Introductory Module and five

subsequent modules. Learning activities include some pre-learning in preparation for each of the five modules following the Introductory Module as well as follow up peer-to-peer networking to each of the modules facilitated.

Throughout the process, Indiana's participation and feedback exceeded the national initiative. Modules include: (1) Introductory Module; (2) Foundations of Leadership; (3) Leading in Context: Partnerships; (4) Leading People: Workforce Development; (5) Leading for Results: Accountability and (6) Leading Systems Change: Goal-Setting. The Department has had supervisory participants in this program on an annual basis since 2014 averaging around 20 participants a year.

Currently, we have 28 Supervisors participating in the Leadership Academy for Supervisors. They will graduate in October of 2019.

Leadership Academy for Middle Managers (LAMM)

For 2016-2017, thirteen local office directors, regional managers and central office managers were selected for participation in the Leadership Academy for Middle Managers (LAMM). In addition, five designated individuals participated in the classroom based Leadership Academy for Middle Managers (LAMM) also facilitated by the National Child Welfare Workforce Institute in 2016-2017. In 2015, there were 26 participants in the LAMM who continued to be actively involved in this program in 2016. That brought a total of 14 DCS leaders who have successfully completed this training program. In 2017, the Leadership Academy for Middle Managers were discontinued. During 2018, it was determined that a Leadership training series for Middle Managers was needed; therefore, this is a project that is slated to be redeveloped in 2020.

Management Trainings

Staff Development has developed formal curriculum for a leadership series which is completed yearly for all newly hired Local Office Directors. Management staff from other areas had also been identified to complete this training (including the legal division, the hotline division, the programs and services division and staff development). Individuals trained through the "train the trainer" program provided by the Leadership Transformation Group continued to facilitate this training. Each individual also identified a mentor to assist them through the training process and activities, although a formal mentor program has not been developed.

Currently, the Partnership is redesigning the Leadership series and gearing curriculum toward Local Office Directors and Division Managers in Field renaming this LOD/DM Core. The Partnership will create a Core training for other Director level staff in the future as well.

During this fiscal year, the Partnership has developed Supervisor and Director Workshops offering these quarterly. These included Building a Heathy Work Environment and Meaningful Recognition. Staff Development will continue offering quarterly workshops for Supervisors and Directors. The topics will include True Collaboration, Appropriate Staffing, Skilled Communication, and Effective Decision-making.

In 2018, Staff Development received and hired three Leadership Advisors. These three positions have been filled. The Leadership Advisors train Quarterly Workshops for supervisors and Directors. In addition, they train Supervisor Orientation. They are working closely with the Supervisor and LOD/DM Advisory Boards. In addition, they are providing Quarterly Leadership Training for the Partnership. In

2020, they will be developing a Leadership Series for Executives and Director Levels. In addition, they are currently assisting in the development of LOD/DM Core. The first training was delivered at the end of April 2019. They will also provide Leadership Coaching as requested for staff. They are currently involved in supporting the Leadership Academy for Supervisors.

Following a Request for Proposal Process, DCS selected the Indiana University School of Social Work in collaboration with The University's School of Public and Environmental Affairs (SPEA) Executive Education Program to develop a world class human services leadership program. Called the "Management Innovations Institute", this academy was charged with preparing identified individuals with skills to assume enhanced executive positions. Learning opportunities were developed in the areas of critical thinking, leadership skills development, operational skills development, community partnership/resource development, effective team work and shaping an effective, loyal and retention-focused "service" culture.

This program concluded in 2017. In looking towards the future, Staff Development Partnership will develop an Executive Leadership Institute that will enhance the previous Management Innovations Institute and will be implemented in 2020.

Other Training Initiatives

Staff Development continues to partner with both internal divisions as well as external partners in various training initiatives. Two one-day legal trainings occur each year addressing relevant legal topics for all DCS Staff Attorneys, and monthly legal trainings occur using videoconferencing equipment. Independent Living Specialists provide Regional informational sessions as described elsewhere in this document. Legal Training related to the Indiana Practice Model is available upon request by Regional Offices. Regular trainings occur to prepare individuals to participate in the Child and Family Service Review process. Numerous other trainings are available and can be facilitated based on results from the Individual Needs Training Assessment, an assessment of organizational needs or if needed based on unique local needs.

In addition, the Staff Development Division, in cooperation with the Indiana Judicial Center, continued to partner on providing training to Court personnel relative to child welfare practice. Several workshops have been provided during which included cross training in the permanency area to court personnel, probation officers, Guardian ad Litem/Court Appointed Special Advocate personnel and other stakeholders as identified under P.L. 110-351 amended section 474(a)93)(B). Specifically, DCS partnered with the State Court Appointed Special Advocate (CASA) program to provide training to CASA's/GALS through 4 regionally based trainings which occurred in Lafayette, Warsaw, Evansville and Indianapolis. Topics covered in this training included: Legal Requirements for the Identification of Child Abuse and Neglect, The Role of an Attorney Guardian ad Litem in Juvenile Court, Developmental Considerations in Working with Abused and Neglected Children and Adolescents, Treatment of Child Abuse and Neglect: Trauma Informed Care and Ethics.

There has been ongoing collaboration on the development/re-design of the DCS and Probation interface and DCS and the Judicial Center hosted a webinar to train Probation staff on the new referral and ICPR process. Indiana's Round 3 CFSR found that probation officers that serve youth in the delinquency setting and receive IV-E funded services lack sufficient child welfare training. DCS will be collaborating with counterparts in the Indiana judiciary to finalize curriculum updates for probation officers as part of

the continued PIP development process and those changes will be reflected in future DCS Training Plan updates.

DCS representatives routinely attended meetings with the Juvenile Justice Improvement Committee and the Child Welfare Improvement Committee to discuss permanency and other child welfare issues, including the use of emergency shelter care, statutory timelines in CHINS and TPR cases, the statewide IV-E waiver program and DCS Services and Outcomes.

In April 2019, DCS Attorneys, FCMs, Public Defenders and CASA/GALs participated in a 3- day Legal Training in Tippecanoe County (Region 5). This training provided an opportunity to hold a mock court trial with feedback provided to all participants.

Additionally during 2019-2020, the Partnership will develop and implement additional trainings. Such as Clerical and Administrative Assistant Training for all divisions to roll out in October 2019. Staff Development successfully re-launched the Practice Model training to every person in the agency. The following CATs were developed in 2019: Practice Model, Salesforce App., Human Trafficking I, Human Trafficking II for FCMs and Supervisors, Visitation Planning, National Youth Transition Database, Safety Planning as well as an interactive power point titled Data and Coaching for FCMs and Supervisors. New Worker cohort training will be revised in 2019 and the roll out will occur in January 2020. RAPT Pre-service trainings will be revised in 2019 and will roll out in January 2020. Director's Core training will be completely developed in December 2019. The first two modules were trained in May and August. The last modules will be trained by December 2019. The Engaging Resource Parent classroom training was developed and rolled out in May 2019. The individual Training Needs Assessment for FCMs rolled out in May 2019. The results of this assessment will be evaluated by the Partnership and delivered to the FCM and Supervisor. In 2020, the Partnership will host an Annual Director and an Annual Supervisor Workshop. The Annual Director workshop will be held in March 2020. The Annual Supervisor Workshop will be held in the Fall 2020 (currently working out the dates). A Continuous Quality Improvement CAT will be developed in 2020 with a roll out plan for FCMs, Supervisors, Directors and Regional Managers.

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

Statewide Conferences

Marion County, Indiana's largest jurisdiction, continues to hold a "Trauma Informed Symposium" in May of every year highlighting the following topics: How Resilience Trumps ACES, Trauma Informed Care and Domestic Violence and Models of Care To Engage Young Men In Caring For Themselves and Others". Stakeholders included DCS staff, Juvenile Court Staff, Child Advocates, Prevention Partners, Child Protection Team Members as well as Community Members.

An annual conference for Resource and Adoptive Parents continue to be held. Topics provided education and support to Resource and Adoptive Parents. In 2018, the annual conference was held in August. Topics included: LGBTQ information, Self-Care, Understanding Adoption, Trauma Informed Care, Preventing Suicide, Human Trafficking, Loss and Grief, Attachment Trauma, and Creating a Healing Home. For the 2019 workshop, presentations will center on Foster Care Bill-of-Rights, teen behaviors,

LGBTQ, transracial children, child trafficking, mental health, self-care, and reunification with biological families.

The Annual Children's Justice Act conference was held every year (2011-2018) and had a multi-disciplinarian attendees including, Law Enforcement, DCS Family Case Managers, Supervisors and Directors, Health Professionals, CASA/GALs and Educators. The topics that were held included: Motivating and Engaging Hard to Reach Consumers: Changing compliance into collaboration, A.L.E.R.T. Why Autism Training is Vital for All First Responders; Domestic Violence, Neonatal Abstinence Syndrome, Family Law, Dual System Youth, Motivational Interviewing, Sentinel Injuries as Markers of server injury in Abused Children, Professional Burnout and Secondary Trauma, Infant and Early Childhood Mental Health, Restorative Justice: Creating Communities of Support. In 2019, there will be a series of workshops on Forensic Interviewing throughout the state.

Additional Assessment Training

Following an agency initiative in 2009 focusing on better assessment of children's behavioral health needs, a decision was made to adopt the utilization of the Child and Adolescent Needs and Strengths (CANS) tool developed by John Lyons, Ph.D. In Collaboration with the Indiana Division of Mental Health and Addictions (DMHA), all DCS Supervisors receive a two day training to become "Super Users" of the tool so they in turn could assist the Family Case Manager staff to become certified by completing an on-line training and certification process. All Super Users also complete a yearly "booster" session which DCS is coordinating with DMHA.

In 2013 Permanency and Practice Support recognized additional support was needed to educate and support all Field Staff as to their understanding and use of the CANS. As a result Permanency Consultants received certification training from Dr. Lyons to become CANS Consultants. These CANS Consultants now provide quarterly trainings throughout the state on the basic understanding of CANS, CANS 101. And also how the CANS is understood and scored using the trauma module, CANS 201. As practice evolves, so does the need for training, therefore in 2019 an updated version of these trainings will be implemented that discusses both the general knowledge of CANS tool, how trauma should inform our understating of not only our scores, but how we also practice as Child Welfare professionals. This training is called Meaningful Use of CANS.

Training for Indiana Physicians, Docs INCASE, DCS Staff and Other Relevant Parties

Indiana University continues to provide program development, implementation and training on child abuse and neglect identification and/or reporting and related topic to ER physicians, family physicians, pediatricians, Docs INCASE (pediatricians identified from across the state who provide local expertise and assistance to DCS through consultation and participation in community child protection and fatality review teams), and others who see infants and children in a medical setting. The contract provides for a minimum of six regionally based trainings along with on-line modules/webinars with Continuing Medical Education credit that can be provided across the state of Indiana on such topics as: identification, reporting, mechanisms of injury and appropriate medical evaluation.

In 2018, an amendment was prepared for the Pediatric Evaluation and Diagnosis Program Contract with Indiana University to develop and provide new trainings tailored to fit different hospital systems and different training scenarios/participants for DCS Staff. The child abuse pediatricians of the PEDS program

piloted the trainings developed by presenting 12 training presentations to a group of 26 statewide DCS professionals from seven different roles (FCM, FCM Supervisor, Local Office Director, Regional Manager, Staff Attorney, Healthcare Specialist, and Assistant Deputy Director) on Monday, June 18, 2018 to evaluate the training material before rolling out the trainings across the state. This much needed training will clearly benefit Indiana's children.

Foster Parent Specialist Training

DCS made the decision following a review of best practice programs concerning foster care, that the development of specialists in this area would best meet the agency vision and mission. Therefore, the position of Foster Parent Specialist was fully developed and approximately 100 individuals were designated to complete these responsibilities along with approximately 20 supervisors. A two day training was developed and was delivered to these individuals covering the topics of: (1) Roles and Responsibilities of a Foster Care Specialist, (2) Identification and Recruitment of Foster Parents, (3) The Licensing Process, (4) Foster parent Engagement and Support and (5) Facilitating the Perfect Placement. In addition, plans were made to train all of these specialists, based on the Program Improvement Plan, on the Casey Foster Family Inventory tools. Staff trainers completed a "train the trainer" program and were certified on this tool. They continued to provide this training for newly hired specialists on how to effectively work with foster parents using this inventory. Since July 1, 2011, all foster care specialists had been providing the pre-service orientation (RAPT 1) to prospective resource parents. Staff Development provided updates as needed.

In 2016 new Foster Care Specialists received two days of training that focused on their job specific skills. Train-the-trainer for Foster Care Specialists (FCS) on RAPT I continued to be provided by the Resource and Adoptive and enhance problem solving skills. Three days of licensing training for new FCS plus an additional two days for new FCS supervisors were held in August, September and November 2016.

In 2018, it was decided that the RAPT Trainers would take over training of RAPT 1. RAPT 1 is currently being updated to implement this. A new training for Resource Parents was developed called Placement Disruption, which is now offered regularly for In-Service Training.

At the beginning of 2019, a training for FCMs was developed regarding Engaging Foster Parents. This was piloted in May of 2019. In addition, there has been numerous updates to the Pre-service Trainings. This includes updates to the Practice Model and policy changes. Also in 2019, Region 13 is piloting Resource Parenting Training – trainings that Resource Parents received are being provided to Foster and Relative Care Specialists. This will be evaluated determined if this will be rolled out to rest of the Specialists.

Indiana Child Abuse and Neglect Hotline Training

In 2010, DCS implemented a centralized intake hotline beginning with the largest region (Marion County) and continuing with a roll-out plan until all regions were included in the summer of 2010. Training for Hotline staff has gone through significant changes since 2010. In 2010, new staff to the Hotline saw a very condensed training lasting approximately two weeks. Currently, depending on the experience of the new Hotline Intake Specialist (IS), training can take two different paths. For a new IS without recent experience as a Family Case Manager with DCS, training is more similar to that of a new Family Case Manager hired for the local office. The new IS will go through DCS's full cohort training,

with transfer of learning days at the Hotline. While at the full cohort training, the new IS will receive training on topics such as Getting to Know DCS, Culture and Diversity, and The Effects of Abuse and Neglect. While participating in the transfer of learning days, the new IS will be trained on Hotline specific topics including, but not limited to: Structured Decision Making Tool, Intake Guidance Tool, Management Gateway for Indiana's Kids (MaGIK), Customer Service, etc. As part of the transfer of learning days, the new IS will shadow with experienced Intake Specialists, participate in mock calls, and have their first set of real calls live monitored for assistance. This entire training program takes approximately twelve weeks. For a new IS with recent experience as a Family Case Manager with DCS, training is condensed down to a Hotline specific training program that lasts approximately four weeks.

Intake Trainers also train all staff who go through cohort for a half day training so that they understand the report process that takes place prior to sending the reports out to the local county offices.

Extensive Family Preservation Training

DCS developed an overall theme of "Safely Home, Families First". One component of this initiative was an increased emphasis on maintaining children in their homes if at all possible, making sure all safety needs are identified and met. DCS continues to use the Homebuilder Model and training on this program for DCS staff is sustained as part of a new training developed by DCS on all service standards. In an effort to strengthen Intensive Family Preservations Programs, DCS has identified several Evidence Based Models that will be supported through training funds.

Clinical Resource Team

DCS has developed a unit of "Clinical Consultants" who are available to provide behavioral health expertise to field staff related to underlying needs and effective interventions for children, youth and adults involved in the child welfare system. Training and technical assistance was initially provided by Nationwide Children's Hospital and Franklin County Children's Services, and supported by Casey Family Programs. Staff Development has coordinated the planning and implementation portion of this project which includes training. Now that the program is established, training is provided by the project's Clinical Director who is a licensed psychologist, however, staff development continues to review and approve all training materials. In addition, the Clinical Specialists have provided training at various workshops on related topics such as trauma informed care.

Educational Liaisons

DCS has developed a unit of "Educational Liaisons" who are available to provide assistance to field staff regarding children's educational needs. These regionally based specialists have developed training which they regular provide to foster parents as coordinated by Staff Development. Topics are pre-selected and curriculum is approved through Staff Development and include topics such as: Special Education Alphabet Soup, Life After High School, Talking State Test Talk/What if a Child Doesn't Pass, let's Think About the Swimming – Planning for Summer. In addition, these individuals have prepared training related to educational topics for field staff.

Cost Allocation Methodology

Cost allocation for the training program continues to be determined by an analysis of the content of each curriculum and by tracking the job responsibilities of each person attending each training session.

All ongoing courses are provided from 9 to 12 and 1 to 4 each training day, or 6 hours per training day. The allocation methods for child welfare training are described in Appendix E: Child Welfare Trainings/Allocation Methods.

Improving the Quality of Visits

Indiana worked with the Child Welfare Policy and Practice Group from Montgomery, Alabama to develop and pilot a three day workshop entitled Making Visits Matter, Home Visiting to Improve Safety, Well-Being, Stability and Permanence for Children and Families in 2008. This curriculum was finalized and Partnership Staff were prepared to deliver this training. After the initial roll-out which provided this training to every Field Operations Family Case Manager, Supervisor and Local Office Director, the training continues to be provided regularly for more recently hired staff. Prior to the registration for this training, staff members are asked to have completed six months of service so that they will have the background and experience necessary to receive maximum benefit from attending.

In this workshop participants explore "levels of knowing" in the context of their work with children and families. This helps them get to know families and caregivers based on the principles that guide the work (Practice model) in efforts to achieve the four major outcomes in child welfare (safety, permanency, well-being and stability).

Participants also learn to know children within their context by examining ways of connecting or joining with children, families and their informal and formal support network in achieving individualized goals and resources to achieve outcomes. This training has been updated and is now titled Meaningful Contacts.

Outcomes for Quality of Visits Training

This curriculum was focused on the critical role of worker visits and the relationship visits have in improving safety to children and supporting effective case plan development, implementation and adaptation. In addition, special considerations related to engagement, interviewing and taking a team approach was integrated throughout the three-day curriculum. The following resulting practices were discussed and practiced within the training session:

- Identification of purposes and the value of partnership in worker visits with children and families
- Development of strategies toward effective working agreements for visiting
- Identification of and practice in safety assessment during visits, including observation and interviewing information
- Individualization of visiting techniques and observations based on developmental considerations, case progress and key decision points in work with children and families.

Realistic Job Preview

Building on research regarding worker recruitment and retention and based on the work of the Butler Institute for Families, Indiana has developed a Realistic Job Preview video for use during the recruitment process.

Calamari Production Company, an award winning company that specializes in child welfare/juvenile justice issues was contracted to develop this video. This production company has hundreds of hours of footage from developing documentaries with unprecedented access to Juvenile Courts. In addition,

several staff have been interviewed to provide a realistic review of what the position of a direct line work consists of. Coordinating interview questions and evaluation material has also been provided by the Butler Institute of Families. This video has now been incorporated into the recruitment process including the funded BSW students so that all potential family case managers view the video prior to accepting a field position. Formal research has not been completed, but anecdotal feedback indicates that several individuals have withdrawn their applications for the position after they have viewed the video.

- Tracking and adaptation of case plan goals, tasks and accomplishments
- Development of worker engagement strategies with children, families and caregivers
- Development of strategies toward team-building during visits to promote progress and stability for children and families

DCS Human Resources is currently retooling the recruitment and realistic job preview activities to improve the hiring process and better prepare new employees for the work they will be performing.

DCS is currently working with Accenture to develop virtual reality trainings, one of which is a hiring module with which the interviewee would "job shadow" a family case manager's typical day job. This could help candidates self-select that this is not the correct job for them if they find themselves uncomfortable with the work or environment.

Providers of All Training Activities

In January of 2010, the Indiana Department of Child Services entered into a 2nd 4 Year Partnership Contract with the Indiana University School of Social Work to identify, develop, implement and provide all identified training needed to establish a well-prepared workforce in child welfare focusing on child safety, well-being and permanency. Through its Staff Development Division, DCS has full-time equivalent positions including a Deputy Director, Assistant Deputy Director, Training Manager, two supervisors, eight classroom trainers, six peer coach consultants, a curriculum writer and two support staff. The Partnership Contract provides for the following full- time equivalent staff positions: Training Manager, two supervisors, four curriculum writers, 10 trainers, 2 production staff, fiscal staff, evaluation staff, a multi-media staff person and support staff. The majority of trainings offered are by Partnership staff.

A three (3) day training of the trainers (TOT) had been developed using the Competency Based format and had been offered to all new trainers hired through the partnership. The TOT covered curriculum development, use of media and presentation skills. In addition, each newly hired trainer completed a rigorous preparation phase prior to delivering material which includes observation, co-training with feedback and mentorship/coaching by experienced trainers and supervisors. DCS has also worked with the Butler Institute of Families to further develop trainer competencies. In addition to providing this TOT to identified staff development trainers, this training has also been offered to the Regional Foster Care Specialists to assist them with providing resource parent orientations. A Trainer Bootcamp, which will replace the TOT, will begin being developed in December of 2019 and will be implemented in 2020.

Training staff for IU include one director, one Assistant Director, two supervisors, and 10 trainers. Curriculum team members included a Design Team Manager, an instructional technology professional, and 5 curriculum writers.

During 2018, DCS Staff Development was given more Positions. This included 6 additional New and Experienced Worker Trainers, 3 RAPT Trainers, and 9 Peer Coach Consultant positions. In addition, Staff Development were given 4 new Supervisors. Currently, numbers include 16 New and Experienced Worker Trainers, 12 RAPT Trainers, 18 Peer Coach Consultants, and 7 Supervisors. Further, Staff Development has one Training Manager. Staff Development was recently given 2 additional Assistant Deputies and are in the process of hiring – for a total of 3 Assistant Deputies. The number of staff on the IU Partnership side remains the same.

Settings for Training Activities

New worker training primarily occurs in downtown Indianapolis, which is referred to as 500 North. Classroom space is also utilized through the University Partnership and referred to as Park 100 since the location is based in the Park 100 area of northwest Indianapolis. Training space has also been identified in each of the 18 Regional Hubs established so that regional classroom training can occur minimizing the travel required for staff. In addition, video teleconferencing equipment has been installed in all of these hubs, and training can be provided through this medium with one or two trainers located in one location and 4 or 5 sites connected to observe and participate in the training. Other Government buildings including city/county centers, libraries and local offices have also been used.

Computer Assisted trainings (CATs) have been used to easily provide information to staff members in a short period of time. During 2018 and beginning of 2019, new CATs were developed. These included Compassionate Confrontation, Nepotism, Random Moment Sample, Assessment Initiation, and Safety Planning. The Practice Model CAT has been revised as well. A Visitation Planning CAT is currently being developed. Additionally, the following CATs will be developed in the future: RPS (Reflective Practice Survey), the National Youth in Transition Database, Human Trafficking 3, in addition to other CATs.

Legislative training and policy training is now promoted extensively through this medium. A full-time position has been established through the University partnership to continue to develop these types of trainings as appropriate. In addition, a contract has been executed with 30 courses called "Essential Learning", so that additional computer based relevant trainings can be offered to staff.

Essential Learning Course Name and Description

- A Culture-Centered Approach to Recovery (3 hrs)

A review of the many dimensions of culture, the impact of a worldwide view on psychosocial rehabilitation practice (PSR), and the steps to becoming a culturally competent service provider. It includes exercises which help the learner explore their own culture and worldview as well as identify biases which could impact their relationships with others.

- ADHD: Diagnosis and Treatment (4 hrs)

This course will help you identify the symptoms and diagnosis of ADHD, and also understand the possible causes of the disorder. Additionally, you will learn some of the latest treatment options for children, teenagers, and adults. These skills will help you in the treatment of your clients who have ADHD.

- Adolescent Suicide (2.5 hrs)

In 2004, suicide was the third leading cause of death in children, adolescents and young adults. Common warning signs of suicide include suicidal threats both direct and indirect, dramatic changes in personality or appearance, severe drop in school performance and giving away belongings. High risk factors in this age group include a history of alcohol and substance abuse, family history of maltreatment or neglect, recent bereavement, physical illness and school failure. Important elements of suicide assessment include asking directly about the presence and nature of suicidal thoughts, a plan for suicide, determining the availability of lethality, previous thoughts or attempts, exploring beliefs and values and barriers to suicide.

- Alcohol and the Family (2.5 hrs)

Alcohol use can have a destructive effect on individuals as well as their families and loved ones. In this course, you will gain in-depth knowledge about research concerning the impact of alcohol use disorders on the family context. You will learn the "brass tacks" of the family systems approach to understand the complicated dynamics of families struggling to deal with the impact of alcohol use disorders. Furthermore, you will be able to identify specific risk factors that are related to developing an alcohol use disorder. Vignettes and interactive exercises give you the opportunity to apply what you learn so that you can easily apply these competencies in your own setting.

- Attachment Disorders and Treatment Approaches (1.5 hrs)

This presentation given by the Center for Behavioral Health's as part of their ongoing Breakfast Learning Series addresses the concept of attachment theory and treatment of attachment disorders. Assessment parameters, treatment goals, ethical issues, and related disorders are also covered in this video course.

**Audio/Video Required

- Attitudes at Work (2 hrs)

An employee's attitude at work impacts performance, office culture, and the overall success of an organization. Unfortunately, an employee's attitude is often overlooked and considered a factor that is uncontrollable and unchangeable. Because of this perception, poor attitudes can easily infect the workplace and cause significant problems for both the employees and the organization as a whole. This course will give you valuable information about the importance of employees' attitudes in an organization, how certain attitudes can be promoted or changed, and how to create a workplace environment that fosters helpful attitudes.

- Bipolar Disorder in Children and Adolescents (1 hr)

This course discusses the signs and symptoms of Bipolar Disorder in children and adolescents, reviews the latest pharmacological and psychotherapeutic treatment for this population.

- Child and Adolescent Psychopharmacology (2 hrs)

This course – intended for non-MD mental health professionals, including marriage-family therapists and licensed clinical social workers – will give you in-depth knowledge of psychotropic medications used to treat children and adolescent psychiatric issues. This includes anxiety, mood, psychotic, and behavioral disorders. You will learn about to the unique issues surrounding psychopharmacology for pediatric populations, including common uses, side effects, and timelines for medication response.

Through interactive games, quizzes, and vignettes, this course will help you to take the learning back to your real- world work environment.

- Communication Skills and Conflict Management for Children's Services Paraprofessionals (2 hrs)

The ability to communicate with the children and families you serve is essential to your work with them. Passing along those basic communication skills that we take for granted--communicating successfully with others, basic social skills, coping with conflict or anger, and solving problems--is another important part of your work. In this course, we will be focusing on various forms of communication, communication skills, and how to use communication effectively in solving problems and conflicts.

- Cultural Diversity for Paraprofessionals (1.5 hrs)

This course is an introduction to understanding the various components of cultural competence and how they apply to providing mental health and other human services to various groups of people and to individuals from within those groups.

- Domestic and Intimate Partner Violence (2 hrs)

This course gives an overview of domestic violence, discusses the risk factors and clinical issues associated with domestic violence. It also describes the psychology of abuse and the best treatment strategies.

- Dual Diagnosis Treatment (3 hrs)

Dual Diagnosis Treatment is for people who have co-occurring disorders: Mental illness and a substance abuse addiction. This treatment approach helps people recover by offering services for both disorders at the same time. In this course, we will discuss treatment options that address the various mental and substance abuse issues.

- Fundamentals of Fetal Alcohol Spectrum Disorders (1.5 hrs)

This course gives you key information about Fetal Alcohol Spectrum Disorders (FASDs) and the commonly associated complications. You will learn ways to identify common symptoms, and the benefits of proper diagnosis treatment for those who have an FASD. Strengths and difficulties for these individuals will be emphasized to help you better recognize when someone you work with has an FASD. Finally, you will learn ways that you can raise awareness for these disorders – this can ultimately result in proper treatment and prevention of FASDs. You will have a chance to review what you have learned through a series of interactive exercises and vignettes.

- Identifying and Preventing Child Abuse and Neglect (2 hrs)

This course will familiarize you with different types of child abuse, how to identify them, and what to do if you suspect that a child has been abuses. Definitions of child abuse – along with how and when to report it- vary from state to state so you must always check with your local state reporting agency regarding laws and requirements. Regardless of your location, this course will give you a solid overview of the most common types of abuse that a mandated reported is likely to encounter.

- Making Parenting Matter Part 1 (2.5 hrs)

Many parents find themselves wondering if parenting actually matters. They may ask themselves if they know what decisions a "good" parent should make and whether their parenting style is good, bad, common, or unique. Working effectively with children, adolescents, and their families can be quite challenging if you are not adequately prepared with the best tools for the job. Drawing upon content developed by Carol Hurst, Ph.D. of the Corporate University of Providence, this series of trainings is designed to empower clinicians who work with parents and their children with clear, relevant, and actionable information about best practices. This first course gives you an overview of the importance that parenting plays on child development by covering various parenting styles and typologies, as well as the theoretical perspectives of psychologists Freud, Bowlby, Baumrind, and Bandura. The instructive information, interactive exercises, and case vignettes in these courses will leave you prepared to successfully apply these concepts in your work with parents and children. *Flash required

- Methamphetamine: Effects, Trends, and Treatment (1.5 hrs

The course provides a comprehensive overview of the drug methamphetamine including how the drug is created, the short and long term effects of meth abuse, recent law enforcement trends for manufacturing and trafficking, and the physical and psychological nature of methamphetamine dependence. It also describes treatment options and outcomes including the Matrix Model Intensive Outpatient Program. **Audio/Video Required

- Motivational Interviewing (4 hrs)

This course helps you understand what Motivational Interviewing is and become familiar with strategies to help you with your client counseling.

- Overview of Psychopharmacology (4 hrs)

This course describes four major categories of medications by their generic and trade names (brand names used by pharmaceutical companies): anti-psychotics, mood stabilizers, antidepressants and anti-anxiety medications. It presents information about clinical indications, dosages and side effects. Medications that specifically affect children, the elderly, and women during the reproductive years are also discussed.

- Overview of Serious Mental Illness for Paraprofessionals (3 hrs)

This course provides an overview of serious mental illness including schizophrenia, bipolar disorder, and children and adolescents mental disorders.

- Overview of Suicide Prevention (3.5 hrs)

This course is designed for professionals in the prevention, addictions, mental health, and related fields. The nature of the topic of suicide prevention also makes this course relevant to community members, including the gatekeepers identified in this course (healthcare workers, school personnel, protective service workers, law enforcement, members of faith communities, program planners, volunteers, and juvenile justice personnel) and any community members who have been touched by suicide. The content is adapted from the National Strategy for Suicide Prevention which is published on the Substance Abuse and Mental Health Services Administration website (SAMHSA).

- Post-Traumatic Stress Disorder (3 hrs)

This course discusses the prevalence and diagnostic criteria for PTSD; it discusses treatments for PTSD including psychotherapy and medication as well as PTSD in children and adolescents.

- Safety Crisis Planning For At-Risk Adolescents and Their Families (2 hrs)

This course focuses on how social service workers and mental health clinicians can work to create effective family safety/crisis plans with high-risk families in the community. As you are probably well aware, high-risk adolescent consumers and their families face a number of obstacles that may seem impossible to manage. However, with the techniques you will learn in this course will help you to keep the family and the community safer. After completing this training, you will understand a clear step-by-step process to safety/crisis planning- and you will even get a sample crisis/safety plan form that you will use to apply the knowledge you gain during the course.

- Strength-Based Perspectives for Children's Services Paraprofessionals (1.5 hrs)

While the medically oriented "deficit model" is standard training for most staff who work directly with children, the strength-based/recovery movement emphasizes the need to have a balanced view of clients. That balanced view includes learning the values, terminology, and interventions that allow clinicians and the consumers you serve to address strengths along with challenges throughout the treatment process. In this course, you will learn about assumptions about the strength based perspective including the definition, principles, and beliefs about working with children and their families from the strengths perspective. You will also learn concrete strategies to apply these principles with children and their families at home.

- Stress Management for Mental Health Professionals (2 hrs)

As mental health professionals, you are prone to stress, which may lead to physiologic, emotional and spiritual symptoms. This course explains the sources and types of stress unique to mental health professionals like you and the physiological mechanisms of stress. The interactive course identifies symptoms of stress and discusses several stress management, reduction, and prevention techniques that you can use. It provides an opportunity for you to assess your own levels of stress through the Compassion Fatigue Inventory. The course includes current resources for you to access as you develop your personal stress management strategy. We use a blend of experiential vignettes, interactive activities, and didactic information as tools to prevent stress in the workplace. This information is especially relevant to mental health professionals in all treatment settings. You can also use this information to teach patients stress management techniques. **Audio Included

- Substance Abuse and Violence Against Women (3.5 hrs)

This course provides a comprehensive review of the nature and prevalence of substance abuse problems and its association with violence against women. The course discusses social, family and cultural aspects associated with domestic violence. It also provides a comprehensive review of services available to women and men who are in this cycle of violence. A detailed discussion about legal options for women is also contained in this course.

- Time Management (2.5 hrs)

The bottom line in many organizations is productivity. If you find yourself overwhelmed, working too many hours, or running behind you may have room to improve your approach to time management.

This course will give you an overview of the top issues related to managing your time effectively at work. You will learn ways to streamline your daily work along with skills that can help you to get more work done in less time.

- Trauma Informed Treatment for Children with Challenging Behaviors (3 hrs)

This course is about how to help children who have been severely traumatized to more effectively regulate their emotions and better manage their challenging behaviors.

- Valuing Diversity in the Workplace (2.5 hrs)

In today's increasingly diverse workplace, recognizing and valuing diversity has never been more important for an organization's success. The differences and similarities that we share with our colleagues contribute to the successes and difficulties we experience. The key to valuing differences is to be appropriate about recognizing them so that they don't hold us back from performing at the highest level possible. In this course, you will learn about your own attitudes toward diversity along with specific skills to work effectively with other employees who have different backgrounds and training.

- Working with Children in Families Affected by Substance Use (4 hrs)

This course is designed to help you assist families experiencing Substance Use Disorders (SUDs) and the child maltreatment that often results. You will learn how to address each problem by gaining an understanding of SUDs, including their dynamics, characteristics, and effects. You will also learn how Child Protective Services workers recognize and screen for SUDs in child maltreatment cases. Finally, you will find out how to establish plans for families experiencing these problems, including how to support treatment and recovery, as appropriate. By completing this training, you will have opportunities to apply what you have learned in a series of interactive exercises, games, and vignettes that are designed to address issues you may encounter. The knowledge you gain will contribute to your understanding, helping you to identify avenues for enhanced services to families.

This form of training has been extremely popular with staff. Numbers of each selected training continue to be further reviewed so that courses not used frequently can be replaced with others from the Essential Learning catalog.

Webinar Capability

A "webinar" feature called "WebEx" has been implemented allowing staff to participate in training from their office location. This includes the ability to participate, using their computers and their phone lines, so that they can both see and hear presentations and ask questions as appropriate. This feature has been used to train large groups of staff on issues relating to the Indiana Practice Model, fiscal issues, preparation of referral forms for providers, and IV-E eligibility among others. It was utilized for one of the modules from the Leadership Academy of Supervisors outlined above. It is anticipated that this medium will be used extensively in the future to disseminate information quickly throughout Indiana efficiently and effectively.

Evaluation Infrastructure

Evaluation forms continue to be collected from all trainees after each module and cover issues relating to the training, the trainer(s) and the location. Many of these evaluations are collected on-line. They are

summarized by evaluators from Indiana University. Level I addresses trainee satisfaction and Level II addresses knowledge gained from training. Level III addresses the application of skills learned in training. Added to each question for Level I is the relative rank of each question, class, or trainer by quarter and overall. Because the Partnership is committed to continually assessing training effectiveness, the reports are valuable information.

In 2018, Regarding Level I, 690,509 responses were collected to evaluate the satisfaction trainees felt with the training content, process, location, and general trainer skills. Of these responses, the mean score ranged from 4.05 for Supervisors to 4.58 for RAPT, indicating that trainees rated the training as "exceeding" their expectations. The lowest rated question for all groups was about the physical locations of training (question 9). The highest rated for all groups was about the importance of training (question 14b). These numbers are consistent with last year's results. As mentioned above, trainer characteristics were also highly rated, with an overall mean of 4.5 for all classes with a range of 4.12 for Supervisor On-Boarding to 4.71 for RAPT. Focusing on the trainees' feelings about the training itself, rather than the furniture and locations, it can be seen that overall, trainees have very positive opinions about the training. The following classes ranked in the top 10% for the selected questions: EW Forensic Interviewing, EW Managing Stress in the Workplace, NW Worker Safety Essentials RAPT II Child Abuse and Neglect, RAPT IV Adoption, and Supervision I-Day 1 & 2 Combined. The following classes ranked in the bottom 10% for the selected questions: EW Engaging Challenging Clients, EW Engaging Fathers in Child Welfare, NW Case Planning and Intervening for Permanence, RAPT Nuts and Bolts, RAPT Understanding & Managing Challenging Behaviors, and SUP Workshop- Engagement through Reflective Practice. A complete breakdown can be found on pages 46-47.

Level II evaluations are designed to assess the knowledge gained from training, through using a pre-test and a post-test. In 2018, we collected 28 cohorts of pre-test and post-test. Participants improved 11.4% on average from pre-test to post-test. All but 15 trainees improved (n=746, 98%). About 65% improved by 10 or more questions. A little over 33% improved by ten questions or fewer. Trainees improved by at least 20% on the Getting to Know DCS and Case Planning and Intervening. They improved at least 15% Legal Overview and Assessing Child Maltreatment on curriculums. They improved less than 10% on Culture and Diversity, Permanency, Legal Roles, Teaming, Engagement, and Time Management.

Level III Evaluations are designed to measure the "transfer of learning" that occurs from the classroom to the field. Both Field Mentors and Supervisors complete behaviorally anchored scales regarding competencies on various identified skills. Throughout the year of 2017, Supervisors submitted evaluations nearly as often as Mentors. Mentors tended to give most mentees very similar scores. This means that the average scores that mentors gave to new workers were essentially the same over time in each skill set. Supervisors also tended to score mentees similarly over time. Overall, mentors tended to rate new worker's skills as "excellent." While at first this might seem like a positive statement, upon reflection we believe that the ratings are not truly reflective of the workers' abilities. It is not realistic to think that all new workers are "excellent" in their first few months on the job. If raters could provide more variation in their ratings, it would present an opportunity for workers to learn and grow in their skills. This is a message the agency could give mentors and supervisors, along with encouraging them to complete the Level III evaluations routinely. Supervisors ratings were overall slightly lower for mentees (than Mentor ratings), but were also somewhat high for new hires in their first few months of employment. In 2018, Skill assessments were only submitted for the second quarter. No year-end

analysis was presented. As part of the next three years of strategic planning, the skill assessment will be revised.

Level IV Evaluations; Measuring the impact of training relative to outcomes for the caseload of individual workers. There was no Level IV data for 2018.

In this summary, we have highlighted information that shows differences between FCMs trained before and after the 2008 Practice Reform was implemented.

Below is a summary of the data.

- The total number of cases were slightly higher for FCMs trained after Practice Reform.
- We see that for the average total days that children were in care, for FCMs trained before and after the 2008 Practice Reform was implemented, the numbers are better for FCMs trained after Practice Reform.
- Average number of days per case were lower for FCMs trained after Practice Reform. Average total placements were lower for FCMs trained after Practice Reform.
- Average number of placements per child were lower for FCMs trained after Practice Reform. Average number of placements per case were lower for FCMs trained after Practice Reform.
- For length of placement, the average percentage of cases that were less than 12 months was higher for FCMs trained after Practice Reform. This is a positive indicator for the FCMs trained after practice reform. For longer placements, the average percentage of cases that were more than 15 months was lower for FCMs trained after Practice Reform
- And finally, for the type of placement being in the child's own home or relative home, the average percentage of cases in these homes was slightly higher for FCMs trained after Practice Reform.

Again, we have just listed the comparisons in which there is some difference between the two sets of workers.

Not all comparisons yielded any difference, and we do not know what the causes are of the differences we do note. But of all the differences, the numbers are in favor of the FCMs trained after Practice Reform. As we continue to gather more data, we hope to revise and refine this method and gain more meaning.

Resource Parent Training

During 2010, the Staff Development Division developed plans to assume responsibility for all resource parent training effective July 1, 2011. Initially, fourteen staff positions were developed, including two supervisory positions, 7 full-time trainer positions and 5 full-time coordinator positions. One full-time curriculum writer re- wrote pre-service training to better align with the vision, mission and values specific to the department. In addition, on-going training modules for licensed resource parents were developed so that consistent and quality training can be offered regionally to resource parents at convenient times and in convenient locations. Rules and policies relating to resource parent training were reviewed and updated. A contract was established with Foster Parent College to provide on-line training to resource parents and another contract with the Central Indiana American Red Cross provides for resource parents to receive appropriate certification in CPR, First Aid and Blood borne Pathogens.

During calendar year 2016-2017, a total of 11,034 resource and adoptive parents attended 882 RAPT training classes throughout the state. Class evaluations continue to be completed by participants and data is compiled through the Training Partnership Training Evaluation process. Training content and training delivery are adjusted/modified as a result of any trending responses on the evaluations. For 2018, RAPT numbers were included with all Level I evaluations and are mentioned in the above section.

During the first quarter of 2018, a training was developed for foster and adoptive parents. Placement Disruption was developed in 2017. This has been piloted often and is part of the RAPT Catalog. This training focuses on learning about child placements, what causes placement disruption, how disruption can impact a child's safety, stability, permanency and well-being and what services and resources are available while working with DCS and the child's team to avoid disruption of the child's placement. DCS will continue offering this training to foster and adoptive parents.

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

Training for Licensed Child Placing Agencies (LCPAs)

In Indiana, therapeutic children are placed with private agencies called Licensed Child Placing Agencies (LCPA's). To provide for consistent basic training, DCS provides quarterly trainings for representative trainers from these agencies on 10 hours of pre-service training and provides detailed curriculum to them as well. This lays the foundation for all foster parents in Indiana to have consistent, quality training as they consider whether they want to become licensed.

- RAPT I—Introduction to Foster Care
- RAPT II—Child Abuse and Neglect
- RAPT III—Attachment, Discipline and Effects of Care Giving Overview
- RAPT IV—Adoption
- Trauma Informed Care
- Sexual Abuse
- Managing Challenging Behaviors

In 2016, train-the-trainer classes were developed and provided by DCS trainers for newly hired trainers of the LCPA agencies each quarter on the above curricula. This quarterly TOT format continues and has been a good partnership to ensure that the training that foster parents receive in Indiana is uniform across public/private agencies.

Resource and Adoptive Training Advisory Board

In July of 2012, the RAPT Advisory Board held its first meeting. Consisting of both DCS staff and external stakeholders (including a foster parent), the identified purpose of this board is to help inform the training system by reviewing training trends and data and providing additional input regarding program improvement.

Membership on the Board includes foster parents, RAPT staff, regional foster care specialist staff, and foster care programs and services staff. The Board reviews the training curricula, training numbers,

successes and challenges. They make recommendations for training improvements and enhancements to the computer system.

In 2017 the RAPT Advisory Board became the group that performed the Citizen's Review Panel to provide feedback and complete a report with suggestions for response from the DCS Director. Quarterly meetings continued to be held. During the first quarter a list of suggested curricula to be developed was completed. The second quarter the topic was recruitment. Members were added to this group to include foster parent representation from private agencies and an employee of a child placing agency.

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

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

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

1. Foster Parent Retention
    - It would be helpful for Foster Parents to understand development and attachment health. In addition, there should be a right to a Bonding Assessment as it relates to trauma for the children.
    - A team meeting should be held with birth parents, caregivers, and Foster Parents at the initial start of the case to discuss visitation schedules and begin planning together.
    - A survey should be developed so that DCS can receive information from Foster Parents regarding their experience and relationship with DCS.
    - It would be helpful for Community Partners and Service Providers to receive training on interaction with Foster Parents.
    - It would be helpful if the Medical Passport is developed in the MaGIK/KidTracks system, and Foster Parents have the ability to access this electronically.
    - It would be helpful to educate and support new Foster Parents in understanding how the system works and what their role is as part of the team – update of initial training to include supportive materials and information.
2. Foster Parent Recruitment
    - The Panel members would like to be involved in recruitment and are looking forward to working with the new Foster Care Division that is being developed by DCS.
    - DCS should develop a Foster Parent Forum for each region so that there is open dialogue between DCS and Foster Parents, and this could include a focus on recruitment strategies.

DCS will continue to work with its stakeholders and foster parents, to allow continued input, as well as, making recommendations that impact foster parents and child welfare. DCS recently centralized the

management of its foster care specialist and the foster parent review board is now being facilitated by the newly hired Foster Care Liaison.

IV-E Programs: Consulting Services Related to Training

Indiana had contracted with the Maximus Consulting Group to provide assistance in developing our IV-E programs. These services included a development of training presentations using PowerPoint's and supporting documents in areas of: Best practice implementation, Centralized Eligibility Unit, eligibility reviews, technical support for audits, procedural reviews of denied cases, open eligibility cases, and SSI eligibility. Providing recommendations regarding resource licensing process, policies and procedures. Conducting cost report training for providers.

Staff Education and Training: MSW Program

The Indiana Partnership for Social Work Education in Child Welfare was created in 2001 to provide high quality social work education for public child welfare employees. It was designed to utilize funds from the Federal Government under Title IV-E of the Social Security Act as well as to meet the expectations of ongoing quality improvements of state child welfare programs as required by the Adoption and Safe Families Act of 1997. The initial two-year grant provided MSW education for 35 IFSSA/DFC employees at two campuses of Indiana University: IUPUI and IU South Bend. A new three- year grant was signed in 2006 and approximately 20 students joined the program in 2007 and 2008 which had expanded to include the IUN campus in Gary. Another 3 year grant was signed effective July 1, 2009 through June 30, 2012. This program has again been reviewed and continued with a new contract covering the period July 1, 2012 through June 30, 2015. Approximately 20 identified DCS Field Staff are selected each year to participate in this program. Selection criteria includes an evaluation of leadership potential by supervisory staff and an interview process which focuses on commitment to the Department of Child Services and ability to utilize MSW knowledge and skills gained to further enhance the DCS workforce.

The MSW program is currently available to agency students in Indianapolis, Gary, Fort Wayne, Richmond, New Albany and South Bend. In Indianapolis, classes are available during the evenings, or on Saturday. At the other campuses, classes are available in the evenings. Beginning in the January of 2012, an MSW program became available in Southern Indiana, addressing a need that was identified in the past.

In addition to student education, a major focus of this grant was to support the development of a child welfare concentration designed to provide the IV-E supported students, as well as other students interested in working in public or private child welfare agencies, with specific knowledge and skills for practice with children and families involved in the child welfare system. Four advanced practice courses and one child welfare policy course are now in place. The specific objectives of these courses were reviewed in relation to the Indiana Competencies as well as the list of competencies for child welfare practice developed by the University of California and currently utilized in their IV-E project. Advanced practice skills in the area of working with children impacted by family violence, family work particular to the child welfare setting and community-based practice in child welfare are taught through these specialized courses.

The IV-E grant also supports specialized practicum placements for the IV-E funded students. The Council on Social Work Education requires that each student have a minimum of 900 clock hours of field

practice, supervised by an experienced and licensed MSW practitioner. All MSW students have the option of completing one of the two required practicums in their employing agencies. This policy supports non-traditional students, like those in the IV-E program, who are employed full-time and have employment experiences in social-work related practice areas. Employment-based practicums require special planning and prior approval to ensure that students are able to have a learning experience beyond their day-to-day job responsibilities and are required to have a field instructor who is different from their employment supervisor to reduce conflicts of interest between work and practicum. Students in the IV-E program are encouraged to do one of their two practicums in an approved DCS program. Because of the large number of students who are involved in this undertaking, as well as the limited number of available supervisors who meet the minimum educational requirements, the IV-E program is able to arrange for field supervision from an MSW from outside of the agency. This service is not available to students who are not in the IV-E program, but is necessary for these students given our commitment to allowing the students and the agency to benefit from the special projects that students can be involved with during their practicums. Specific policy relating to work/class conflicts as well as work hours relative to practicum hours has been developed to provide more guidance to the field on how to balance these two responsibilities. See General Administrative Policies 8 (Employee Outside Internships and Practicum), 9 (BSW Scholars IV-E Practicum), 12 (Academic Students Expectations) and 14 (MSW IV-E Scholars Employment Based Practicum)

There continues to be emphasis on providing high quality social work education for public child welfare employees through creating opportunities for MSW education, while at the same time creating and implementing curriculum that meets the competencies for child welfare practice as defined by the State of Indiana. Since 2001, approximately 239 DCS employees have begun their MSW studies and over 186 have graduated as of May 2016. Many of these employees have been promoted to supervisory or management positions within DCS and are utilizing their expanded knowledge and skills to benefit child welfare in Indiana.

In 2016 there were 19 MSW scholars that began enrollment in the MSW program. There were no scholars selected in 2017. In 2018, there were 20 scholars that began the MSW program. In 2019, there will be 20 scholars identified for the MSW Program.

BSW Program

The Indiana Partnership for Social Work Education in Child Welfare expanded IV-E funded training opportunities to a Bachelor of Social Work (BSW) program offered through four universities on six campuses in January 2006. Indiana University-Purdue University Indianapolis serves as the lead university working with five other BSW programs. The partnership can include up to 36 students statewide per year. Required courses in child welfare were added to the existing BSW programs to integrate content from the DCS new worker training curriculum. A practicum experience in a local DCS office is also required of each participating student. During their time in the program, students receive support in the form of payment of tuition and fees, as well as a stipend. Upon graduation, participants are prepared for employment as a Family Case Manager. Participants have a two-year work commitment with the Department of Child Services if hired.

The first graduates of this program were offered positions in DCS Local Offices in the summer of 2007. Feedback on their training and preparation to provide quality casework has been positive. 20 Students

completed this program during the 2007-2008 academic year and began employment in Local Offices during the summer of 2008. Additional students have participated in the program each year, and recently (June 2016) 43 students completed the required coursework and were offered positions within DCS.

Research completed by IU Professor Dr. Lisa McGuire established that the student's self-perceived competence for child welfare work was significantly higher than the self-perceived competence of trainees completing the established cohort training on 21 of 36 items. Also, retention analysis between the two groups demonstrated statistically significant difference between the two groups in retention with those completing the cohort training 3 times more likely to leave the job than the BSW graduates. As a result, DCS has modified its contract with the IU School of Social Work to fund 50 BSW students completing their senior year (compared with 36).

Forty-five BSW scholars started in 2016. In the second quarter of 2017 59 BSW students began the scholars program. In 2017, 36 BSW students began the Scholars Program. In 2018, 35 BSW students began the Scholars Program. We are currently in the process for selecting candidates for 2019.

ATTACHMENT P

Indiana Practice Model

DCS Practice Model

The DCS Practice Model includes principles and skills to effectively implement the agency's mission, vision and values.

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.

Values

RESPECT: Every person has value, worth and dignity.

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

SAFETY: Every child has the right to be free from abuse and neglect.

STABILITY: The best place for children to grow up is with their own families.

PERMANENCY: Children and older youth have the right to permanency.

RESPONSIBILITY: Parents have the primary responsibility for the care and safety of their children.

ACCOUNTABILITY: Each person is accountable for outcomes and one's own growth and development.

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

Skills: TEAPI

TEAMING: To assemble or coordinate a group of individuals with the intent to bring ideas and/or solutions to achieve a common goal.

ENGAGING: To effectively establish a relationship with essential individuals in a meaningful way for the purpose of sustaining work that is to be accomplished together.

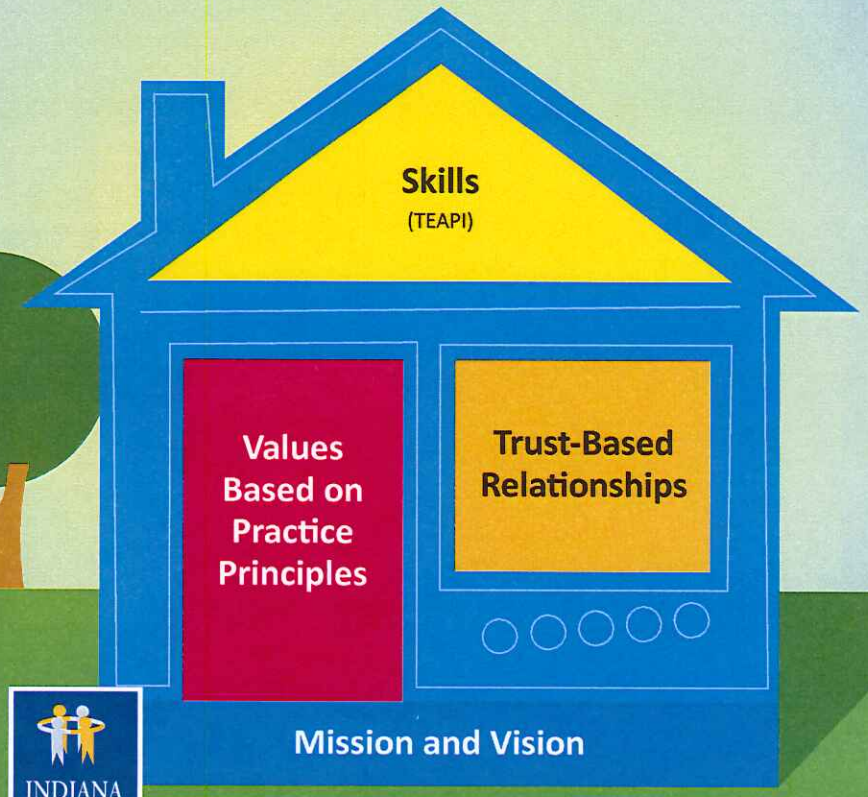
ASSESSING: To evaluate a series of events or a situation and determine the ability, willingness and availability of resources for achieving an agreed upon goal for the agency.

PLANNING: To prepare an implementation process that will put in place team-driven decisions that support the agency's mission. The plan will include an evaluation tool for effectiveness, a determined celebration for successes and flexibility for potential setbacks.

INTERVENING: To intercede with the intent of altering a course of events that would be viewed as a risk to the agency's mission.

Trust-Based Relationships

Genuineness, Empathy, Respect, Professionalism



INDIANA DEPARTMENT OF CHILD SERVICES

ATTACHMENT Q

Assurance and Certifications

State Certifications for the Chafee Foster Care Program for Successful Transition to Adulthood

As Chief Executive Officer of the State of Indiana, I certify that the State has in effect and is operating a Statewide pursuant to section 477(b) and that the following provisions to effectively implement the Chafee Foster Care Program for Successful Transition to Adulthood are in place:

1. [Check one of the following boxes]:
   ○ The State will provide assistance and services to youths who have aged out of foster care, and have not attained 21 years of age [Section 477(b)(3)(A)(i)];
   OR
   ◉ The State will provide assistance and services to youths who have aged out of foster care, and have not attained 23 years of age[Section 477(b)(3)(A)(ii)];.
      AND:
      ◉ the State has elected under section 475(8)(B) of title IV-E of the Social Security Act to extend eligibility for foster care to all children who have not attained 21 years of age;
      OR:
      ○ the State agency responsible for administering the State plans under titles IV-B and IV-E of the Social Security Act uses State funds or any other funds not provided under title IV-E to provide services and assistance for youths who have aged out of foster care that are comparable to the services and assistance the youths would receive if the State had elected to extend eligibility for foster care up to age 21 under section 475(8)(B) of title IV-E;
2. Not more than 30 percent of the amounts paid to the State from its allotment for a fiscal year will be expended for room or board for youths who have aged out of foster care and have not attained 21 years of age (or 23 years of age, in the case of a State with a certification under section 477(b)(3)(A)(ii) to provide assistance and services to youths who have aged out of foster care and have not attained age 23) [Section 477(b)(3)(B)];
3. None of the amounts paid to the State from its allotment will be expended or room or board for any child who has not attained 18 years of age [Section 477(b)(3)(C)];
4. The State will use training funds provided under the program of Federal payments for foster care and adoption assistance to provide training including training on youth development to help foster parents, adoptive parents, workers in group homes, and case managers understand and address the issues confronting youth preparing for a successful transition to adulthood and making a permanent connection with a caring adult [Section 477(b)(3)(D)];
5. The State has consulted widely with public and private organizations in developing the plan and has given all interested members of the public at least 30 days to submit comments on the plan [Section 477(b)(3)(E)];
6. The State will make every effort to coordinate the State programs receiving funds provided from an allotment made to the State with other Federal and State programs for youth (especially transitional living youth projects funded under part B of title III of the Juvenile Justice and Delinquency Prevention Act of 1974), abstinence education programs, local housing programs, programs for disabled youth (especially sheltered workshops), and school-to-work programs offered by high schools or local workforce agencies [Section 477(b)(3)(F)];

7. Each Indian tribe in the State has been consulted about the programs to be carried out under the plan; that there have been efforts to coordinate the programs with such tribes; that benefits and services under the programs will be made available to Indian children in the State on the same basis as to other children in the State; and that the State will negotiate in good faith with any Indian tribe, tribal organization, or tribal consortium in the State that does not receive an allotment under subsection (j)(4) for a fiscal year and that requests to develop an agreement with the State to administer, supervise, or oversee the programs to be carried out under the plan with respect to the Indian children who are eligible for such programs and who are under the authority of the tribe, organization, or consortium and to receive from the State an appropriate portion of the State allotment for the cost of such administration, supervision, or oversight [Section 477(b)(3)(G)];
8. The State will ensure that youth participating in the program under this section participate directly in designing their own program activities that prepare them for independent living and that the youth accept personal responsibility for living up to their part of the program [Section 477(b)(3)(H)];
9. The State has established and will enforce standards and procedures to prevent fraud and abuse in the programs carried out under the plan [Section 477(b)(3)(I)]; and
10. The State will ensure that a youth participating in the program under this section is provided with education about the importance of designating another individual to make health care treatment decisions on behalf of the youth if the youth becomes unable to participate in such decisions and the youth does not have, or does not want, a relative who would otherwise be authorized under State law to make such decisions, whether a health care power of attorney, health care proxy, or other similar document is recognized under State law, and how to execute such a document if the youth wants to do so [Section 477(b)(3)(K)].

Jerry Ortiz y Pino

Signature of Chief Executive Officer

6/10/2019

Date

State Chief Executive Officer's Certification
for the
Education and Training Voucher Program
Chafee Foster Care Program for Successful Transition to Adulthood

As Chief Executive Officer of the State of Indiana, I certify that the State has in effect and is operating a Statewide program relating to the Chafee Foster Care Program:

1. The State will comply with the conditions specified in subsection 477(i).
2. The State has described methods it will use to:
   - ensure that the total amount of educational assistance to a youth under this and any other Federal assistance program does not exceed the total cost of attendance; and
   - avoid duplication of benefits under this and any other Federal assistance program, as defined in section 477(b)(3)(J).

Jerry Kingdon
Signature of Chief Executive Officer

6/11/2019
Date

Title IV-B, subpart 1 Assurances for States

The assurances listed below are in 45 CFR 1357.15(c) and title IV-B, subpart 1, sections 422(b)(8), 422(b)(10), and 422 (b)(14) of the Social Security Act (the Act). These assurances will remain in effect during the period of the current five-year Child and Family Services Plan (CFSP).

1. The State assures that it is operating, to the satisfaction of the Secretary:

    a. A statewide information system from which can be readily determined the status, demographic characteristics, location, and goals for the placement of every child who is (or, within the immediately preceding 12 months, has been) in foster care;

    b. A case review system (as defined in section 475(5) and in accordance with the requirements of section 475A) for each child receiving foster care under the supervision of the State/Tribe;

    c. A service program designed to help children:

        i. Where safe and appropriate, return to families from which they have been removed; or

        ii. Be placed for adoption, with a legal guardian, or, if adoption or legal guardianship is determined not to be appropriate for a child, in some other planned, permanent living arrangement subject to the requirements of sections 475(5)(C) and 475A(a) of the Act which may include a residential educational program; and

    d. A preplacement preventive services program designed to help children at risk of foster care placement remain safely with their families [Section 422(b)(8)(A)].

2. The State assures that it has in effect policies and administrative and judicial procedures for children abandoned at or shortly after birth (including policies and procedures providing for legal representation of the children) which enable permanent decisions to be made expeditiously with respect to the placement of the children [Section 422(b)(8)(B)].

3. The State assures that it shall make effective use of cross-jurisdictional resources (including through contracts for the purchase of services), and shall eliminate legal barriers, to facilitate timely adoptive or permanent placements for waiting children [Section 422(b)(10)].

4. That State assures that not more than 10 percent of the expenditures of the State with respect to activities funded from amounts provided under this subpart will be for administrative costs [Section 422(b)(14)].

5. The State assures that it will participate in any evaluations the Secretary of HHS may require [45CFR 1357.15(c)].

6. The State assures that it shall administer the Child and Family Services Plan in accordance with methods determined by the Secretary to be proper and efficient [45CFR 1357.15(c)].

Effective Date and Official Signature

I hereby certify that the State complies with the requirements of the above assurances.

Certified by: Jerry Stigdon

Title: Director

Agency: Indiana Department of Child Services

Dated: 6/11/2019

Title IV-B, subpart 2 Assurances for States

The assurances listed below are in 45 CFR 1357.15(c) and title IV-B, subpart 2, sections 432(a)(2)(C), 432(a)(4), 432(a)(5), 432(a)(7) and 432(a)(9) of the Social Security Act (the Act). These assurances will remain in effect during the period of the current five-year CFSP.

1. The State assures that after the end of each of the first four fiscal years covered by a set of goals, it will perform an interim review of progress toward accomplishment of the goals, and on the basis of the interim review will revise the statement of goals in the plan, if necessary, to reflect changed circumstances [Section 432(a)(2)(C)(i)].

2. That State assures that after the end of the last fiscal year covered by a set of goals, it will perform a final review of progress toward accomplishment of the goals, and on the basis of the final review:

    a. Will prepare, transmit to the Secretary, and make available to the public a final report on progress toward accomplishment of the goals; and

    b. Will develop (in consultation with the entities required to be consulted pursuant to subsection 432(b) of the Act) and add to the plan a statement of the goals intended to be accomplished by the end of the 5th succeeding fiscal year [Section 432(a)(2)(C)(ii)].

3. The State assures that it will annually prepare, furnish to the Secretary, and make available to the public a description (including separate descriptions with respect to family preservation services, community-based family support services, family reunification services, and adoption promotion and support services) of:

    a. The service programs to be made available under the plan in the immediately succeeding fiscal year;

    b. The populations which the programs will serve; and

    c. The geographic areas in the State in which the services will be available [Section 432(a)(5)(A)].

4. The State assures that it will perform the annual activities described in section 432(a)(5)(A) in the first fiscal year under the plan, at the time the State submits its initial plan, and in each succeeding fiscal year, by the end of the third quarter of the immediately preceding fiscal year.

5. The State assures that Federal funds provided to the State under this subpart will not be used to supplant Federal or non-Federal funds for existing services and activities which promote the purposes of this subpart [Section 432(a)(7)(A)].

6. The State will furnish reports to the Secretary, at such times, in such format, and containing such information as the Secretary may require, that demonstrate the State's compliance with the prohibition contained in 432(a)(7)(A) of the Act [Section 432(a)(7)(B)].

7. The State assures that in administering and conducting service programs under the plan, the safety of the children to be served shall be of paramount concern [Section 432(a)(9)].

8. The State assures that it will participate in any evaluations the Secretary of HHS may require [45CFR 1357.15(c)].

9. The State assures that it shall administer the Child and Family Services Plan in accordance with methods determined by the Secretary to be proper and efficient [45CFR 1357.15(c)].

10. The State assures that not more than 10 percent of expenditures under the plan for any fiscal year with respect to which the State is eligible for payment under section 434 of the Act for the fiscal year shall be for administrative costs, and that the remaining expenditures shall be for programs of family preservation services, community based support services, family reunification services, and adoption promotion and support services, with significant portions of such expenditures for each such program [Section 432(a)(4)].

Effective Date and Official Signature

I hereby certify that the State complies with the requirements of the above assurances.

Certified by: Jerry Hogsett

Title: Director

Agency: Indiana Department of Child Services

Dated: 6/11/2019

ATTACHMENT R

CFS-101 Forms, Part I, II, and III (signed)

CFS-101, Part I
U. S. Department of Health and Human Services
Administration for Children and Families

Attachment B
OMB Approval #0970-0426
Approved through January 31, 2021

CFS-101, Part I: Annual Budget Request for Title IV-B, Subpart 1 & 2 Funds, CAPTA, CHAFEE, and ETV and Reallotment for Current Federal Fiscal Year Funding

For Federal Fiscal Year 2020: October 1, 2019 through September 30, 2020

1. Name of State or Indian Tribal Organization and Department/Division:	**3. EIN:**	35-6000158
Indiana	**4. DUNS:**	983484113
2. Address: (insert mailing address for grant award notices in the two rows below)	**5. Submission Type: (select one)**	
402 W. Washington Street, Rm E306, MS08 Indianapolis, IN		☑ NEW
		☐ REALLOTMENT
a) **Email address** for grant award notices: Grant.Geise@dcs.in.gov		☐ REVISION
REQUEST FOR FUNDING for FY 2020: Hardcode all numbers; no formulas or linked cells.		
6. Requested title IV-B Subpart 1, Child Welfare Services (CWS) funds:		$6,425,195
a) Total administrative costs (not to exceed 10% of the CWS request)	ok	$642,519
7. Requested title IV-B Subpart 2, Promoting Safe and Stable Families (PSSF) funds and estimated expenditures:	**% of Total**	$5,497,776
a) Family Preservation Services	20%	$1,099,555
b) Family Support Services	20%	$1,099,555
c) Family Reunification Services	20%	$1,099,555
d) Adoption Promotion and Support Services	20%	$1,099,555
e) Other Service Related Activities (e.g. planning)	10%	$549,778
f) Administrative costs *(APPLICABLE TO STATES ONLY; not to exceed 10% of the PSSF request)*	10.0%	$549,778
g) Total itemized request for title IV-B Subpart 2 funds: *NO ENTRY: Displays the sum of lines 7a-f.*	100%	*$5,497,776*
8. Requested Monthly Caseworker Visit (MCV) funds: *(For STATES ONLY)*		$348,447
a) Total administrative costs (*FOR STATES ONLY*: not to exceed 10% of MCV request)	ok	$34,644
9. Requested Child Abuse Prevention and Treatment Act (CAPTA) State Grant: *(STATES ONLY)*		$1,781,585
10. Requested John H. Chafee Foster Care Program for Successful Transition to Adulthood:		$5,862,572
a) Indicate the amount to be spent on room and board for eligible youth (not to exceed 30% of CFCIP request).	ok	$0
11. Requested Education and Training Voucher (ETV) funds:		$1,961,998

REALLOTMENT REQUEST(S) for FY 2019:

Complete this section for adjustments to current year awarded funding levels.

12. Identification of Surplus for Reallotment:

a) Indicate the amount of the State's/Tribe's FY 19 allotment that will not be utilized for the following programs:

CWS	PSSF	MCV *(States only)*	Chafee Program		ETV Program
$0	$0	$0	$0		$0

13. Request for additional funds in the current fiscal year, should they become available for re-allotment:

CWS	PSSF	MCV *(States only)*	Chafee Program		ETV Program
$0	$0	$0	$0		$0

14. Certification by State Agency and/or Indian Tribal Organization:

The State agency or Indian Tribal Organization submits the above estimates and request for funds under title IV-B, subpart 1 and/or 2, of the Social Security Act, CAPTA State Grant, CFCIP and ETV programs, and agrees that expenditures will be made in accordance with the Child and Family Services Plan, which has been jointly developed with, and approved by, the Children's Bureau.

Signature of State/Tribal Agency Official		*Signature of Federal Children's Bureau Official*
		Joseph Bock for Jerry Milner
Title		*Title*
Date 5/28/2019		*Date* 10/24/2019

Attachment B
OMB Approval #0970-0428
Approved through January 31, 2021

CFS-101 Part II: Annual Estimated Expenditure Summary of Child and Family Services

Name of State or Indian Tribal Organization: Indiana

For FY 2020: OCTOBER 1, 2019 TO SEPTEMBER 30, 2020

SERVICES/ACTIVITIES	(A) IV-B Subpart I- CWS	(B) IV-B Subpart II- PSSF	(C) IV-B Subpart II- MCV	(D) CAPTA	(E) CHAFEE	(F) ETV	(G) TITLE IV-E	(H) STATE, LOCAL & DONATED FUNDS	(I) Number Individuals To Be Served	(J) Number Families To Be Served	(K) Population To Be Served	(L) Geog. Area To Be Served
1.) PROTECTIVE SERVICES	$ 4,409,591			$ 1,710,327				$ 166,059,056	242,994	NA	[illegible]	[illegible]
2.) CRISIS INTERVENTION (FAMILY PRESERVATION)	$ -	$ 1,099,555		$ 77,253				$ 69,999,769	25,058	12,102	[illegible]	[illegible]
3.) PREVENTION & SUPPORT SERVICES (FAMILY SUPPORT)	$ -	$ 1,099,555		$				$ 142,976,439	37,099	20,667	[illegible]	[illegible]
4.) FAMILY REUNIFICATION SERVICES	$ -	$ 1,099,555		$ -				$ 68,994,103	22,666	NA	[illegible]	[illegible]
5.) ADOPTION PROMOTION AND SUPPORT SERVICES	$ -	$ 1,099,555						$ 440,625	NA	364	[illegible]	[illegible]
6.) OTHER SERVICE RELATED ACTIVITIES (e.g. planning)	$ -	$ 549,778						$ 9,599,804	NA	NA	[illegible]	[illegible]
7.) FOSTER CARE MAINTENANCE: (a) FOSTER FAMILY & RELATIVE FOSTER CARE	$ -						$ 13,805,901	$ 115,961,625	20,869	NA	[illegible]	[illegible]
(b) GROUP/INST CARE	$ -						$ 13,468,280	$ 117,872,858	1,677	NA	[illegible]	[illegible]
8.) ADOPTION SUBSIDY PYMTS.	$ -						$ -	$ 48,123,312	14,865	NA	[illegible]	[illegible]
9.) GUARDIANSHIP ASSISTANCE PAYMENTS	$ -						$ 682,348	$ 1,066,330	587	NA	[illegible]	[illegible]
10.) INDEPENDENT LIVING SERVICES	$ -				$ 5,862,577		$ 279,575	$ 2,130,138	1,951	NA	[illegible]	[illegible]
11.) EDUCATION AND TRAINING VOUCHERS	$ -				$	$ 1,961,998	$ -	$ 417,911	332	NA	[illegible]	[illegible]
12.) ADMINISTRATIVE COSTS	$ 842,519	$ 549,778	$ 34,644				$ 185,297,520	$ 134,375,455				
13.) FOSTER PARENT RECRUITMENT & TRAINING	$ 74,700	$ -		$ -			$ 61,978	$ 49,581				
14.) ADOPTIVE PARENT RECRUITMENT & TRAINING	$ 112,049	$ -		$ -			$ 92,967	$ 70,922				
15.) CHILD CARE RELATED TO EMPLOYMENT/TRAINING	$ -						$ -	$ -	0	0	[illegible]	[illegible]
16.) STAFF & EXTERNAL PARTNERS TRAINING	$ 778,296	$ -		$ -	$ -	$ -	$ 541,933	$ 2,901,175				
17.) CASEWORKER RETENTION, RECRUITMENT & TRAINING	$ 409,970	$ -	$ 311,803				$ 297,841	$ 253,461				
18.) TOTAL	$ 6,425,196	$ 5,497,776	$ 346,447	$ 1,781,585	$ 5,862,572	$ 1,961,998	$ 224,478,252	$ 876,358,717				
19.) TOTALS FROM PART I	$6,425,195	$5,497,776	$346,447	$1,781,585	$5,862,572	$1,961,998						
20.) Difference (Part I - Part II)	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00						

(If there is an amount other than $0.00 in Row 20, adjust amounts on either Part I or Part II. A red value means Part II exceeds request)

21.) Population data required in columns I - L can be found:
On this form
In the APSR/CFSP narrative

CFS-101, PART III: Annual Expenditures for Title IV-B, Subparts 1 and 2, Chafee Foster Care Independence and Education And Training Voucher

Reporting on Expenditure Period For Federal Fiscal Year 2017 Grants: October 1, 2016 through September 30, 2018

1. Name of State or Indian Tribal Organization:	2. Address:	3. EIN: 35-6000158
Indiana	402 W. Washington Street, Rm E306, MS08 Indianapolis, IN	4. DUNS: 963484113
5. Submission Type: (select one) ☑ NEW ☐ REVISION	0	

Description of Funds	(A) Original Planned Spending for FY 17 Grants	(B) Actual Expenditures for FY 17 Grants	(C) Number Individuals served	(D) Number Families served	(E) Population served	(F) Geographic area served
6. Total title IV-B, subpart 1 (CWS) funds:	$ 6,431,263	$ 6,400,159	225,152	NA	[illegible]	[illegible]
a) Administrative Costs *(not to exceed 10% of CWS allotment)*	$ 643,126	$ 64,015				
7. Total title IV-B, subpart 2 (PSSF) funds: Tribes enter amounts for Estimated and Actuals, or complete 7a-f	$ 5,876,321	$ 5,235,917	62,105	32,759	[illegible]	[illegible]
a) Family Preservation Services	$ 1,175,264	$ 1,153,211				
b) Family Support Services	$ 1,175,264	$ 936,860				
c) Time-Limited Family Reunification Services	$ 1,175,264	$ 1,153,211				
d) Adoption Promotion and Support Services	$ 1,175,264	$ 945,451				
e) Other Service Related Activities (e.g. planning)	$ 587,633	$ 523,592				
f) Administrative Costs *(FOR STATES: not to exceed 10% of PSSF allotment)*	$ 587,632	$ 523,592				
g) Total title IV-B, subpart 2 funds: NO ENTRY: This line displays the sum of lines a-f.	*$ 5,876,321*	*$ 5,235,917*				
8. Total Monthly Caseworker Visit funds: *(STATES ONLY)*	$ 370,151	$ 363,137				
a) Administrative Costs *(not to exceed 10% of MCV allotment)*	$ 37,015	$ 36,313				
9. Total Chafee Foster Care Independence Program (CFCIP) funds: *(optional)*	$ 4,571,089	$ 4,799,654	1,394	NA	All eligible Children	[illegible]
a) Indicate the amount of allotment spent on room and board for eligible youth *(not to exceed 30% of CFCIP allotment)*	$ 1,371,327	$ 1,439,896	NA	NA	NA	[illegible]
10. Total Education and Training Voucher (ETV) funds: *(Optional)*	$ 1,483,329	$ 1,671,645	270	NA	Youth ages [illegible]	[illegible]

11. Certification by State Agency or Indian Tribal Organization: The State agency or Indian Tribal Organization agrees that expenditures were made in accordance with the Child and Family Services Plan, which was jointly developed with, and approved by, the Children's Bureau.

Signature of State/Tribal Agency Official		*Signature of Federal Children's Bureau Official*	
Jerry J Bigelow		Joseph Bock for Jerry Milner	
Title	*Date*	*Title*	*Date*
Director	5/23/2019		10/24/2019