



Data Spotlight:

Policies Influencing the Foster Care System

Indiana Youth Institute | Winter 2022






Family & Community Health Economic Well-Being Education

Overview of Foster Care in Indiana

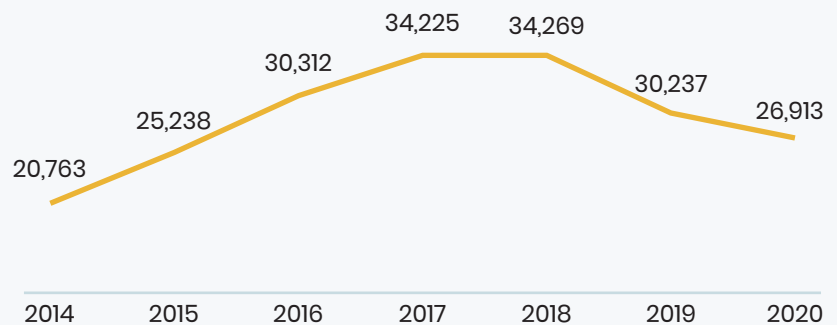
Between 2012 and 2018, the total number of Indiana children in foster care increased at one of the highest rates in the United States. Across those years, the number of children in foster care in Indiana rose 68%, the third highest rate of increase in the nation.¹ When looking at placements per 1,000 children age 0-17, Indiana has consistently ranked among the top five states for foster care placements, far higher than neighboring states and the nation.² According to the Indiana Department of Child Services, the number of children in foster care at some point steadily increased from 2014 before peaking in 2018 and declining in 2019 and 2020.³ The steep decline of about 4,000 foster youth between 2019 and 2020 could be due to the impact of COVID-19.

Foster Placements per 1,000, Indiana, Neighboring States, and U.S.: 2019

State	Placements per 1,000 children (0-17)
Indiana	10.0
Illinois	6.0
Kentucky	9.0
Michigan	5.0
Ohio	6.0
U.S.	6.0

Source: Adoption and Foster Care Analysis and Reporting System (AFCARS)

Number of Children in Foster Care, Indiana: 2014-2020

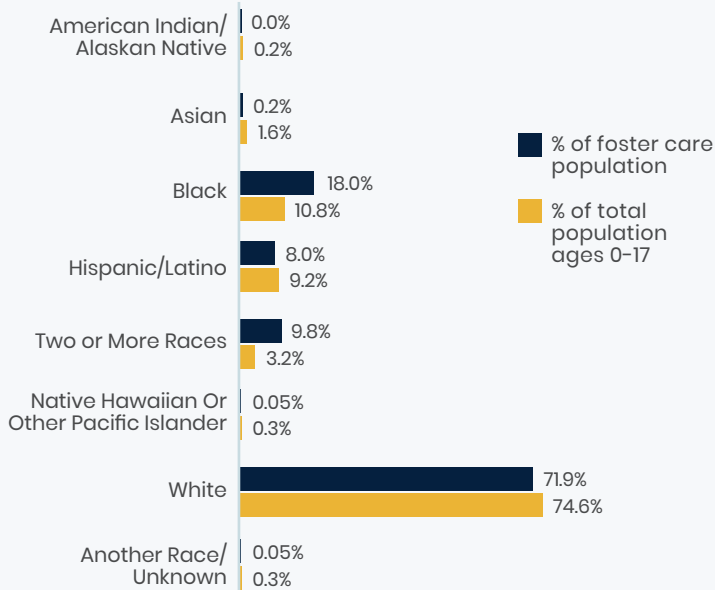


Source: Indiana of Department Child Services



Children who are Black and those who are Two or more races are overrepresented among Indiana's foster care population – while Black children make up about 11% of Indiana's population ages 0-17, and children of Two or more races make up about 3%, in 2020 Black children represented 18% of the foster care population, and children of Two or more races represented 10%.⁴

Foster Care Population by Race and Ethnicity, Indiana: 2020

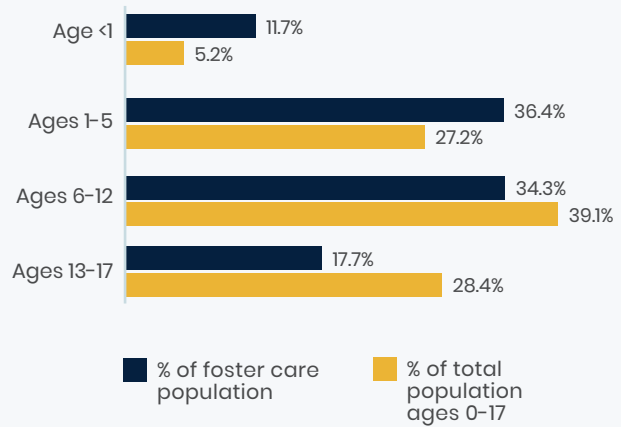


Source: Indiana Department of Child Services

Note: Indiana Department of Child Services collects race and ethnicity separately – as such, percentages of the foster care population will not equal 100 when adding across racial/ethnic populations.

Infants and young children also are overrepresented in the foster care population in Indiana, which is consistent with national trends. While children under the age of one make up about 5% of Indiana's total population ages 0-17, in 2020 they represented roughly 12% of children in foster care. Children ages 0-5 make up about 33% of Indiana's population ages 0-17, but in 2020 they made up about 48% of the foster care population.⁵

Foster Care Population by Age Group, Indiana: 2020



Source: Indiana Department of Child Services

The overall goal for children and youth exiting foster care is a permanent placement (permanency). Outcomes that are considered permanency include reunification with the family, adoption, permanent placement with a relative, and guardianship. Non-permanent outcomes include emancipation, ending collaborative care, and transfer. In 2020, nearly 11,000 children and youth exited foster care, and 96% had permanent placements of reunification or being returned home (62%); adoption (21%); guardianship (9%); or permanent placement with a relative (4%). Just 1.5% were emancipated, and under 1% each had an outcome of transfer or ending collaborative care.⁶

Indiana has consistently ranked among the top five states for foster care placements, far higher than neighboring states and the nation.





Reasons for Foster Care placements in Indiana

In addition to having higher rates of children in foster care than most other states, Indiana also has had higher rates of children referred to child protection. Federal data from 2019 showed that Indiana had a rate of 112.9 referrals per 1,000 children, the fifth highest among states for which data was reported (44, including DC), and one of only six states with a rate higher than 100 referrals per 1,000 children. Indiana's 2019 screen-in rate (the percent of referrals that met the criteria for investigation) was 68%, compared to 59% nationally, and Indiana's rate of investigation or assessment per 1,000 children in 2019 was 94.3, much higher than the national rate of 47.2 and exceeding the rates of all neighboring states.⁷

Neglect is by far the most common type of maltreatment reported – in 2019, neglect was reported as a reason for 87% of referrals to DCS, and 91% of reasons for foster care placement.

- The second most common reason for placement was parental substance use (60%), followed by parental incarceration and inadequate housing (each 19%).
- In 2019, the percent of removals in Indiana due to parental substance use was far higher than the national rate (60% vs. 38%) and was fifth among states (behind only Alaska, Texas, Utah, and Iowa).⁸
- The opioid epidemic has been identified as one reason for increases in children removed from homes and placed in foster care, especially in the years between 2012 and 2017.⁹ Indiana saw a rise in parental substance misuse as a factor in removal – the total number of children removed in Indiana increased by 53% from 2014 to 2017, while the number removed for parent substance misuse increased by 89% in the same period. By 2017, 67% of removals were due to parent substance misuse. This number has declined but still represented 61% of removals in 2020.¹⁰

Foster Care Policies prior to 2019

In January of 2018, Indiana Governor Eric Holcomb ordered an independent audit and review of DCS, which was conducted by the Child Welfare Policy and Practice Group (CWG).¹¹ The CWG evaluation identified several strengths of DCS policies and practices, including high rates of kinship placement; strong relationships with the courts and other agencies; strong permanency outcome rates; policy content that was consistent with principles of family-centered practice; and guidance for placement with non-custodial parents or family members before considering moving the child elsewhere. Finally, the evaluation noted that policy encouraged parental interaction with children placed outside the home.¹²

However, the evaluation also found areas in which DCS policies and practices could be improved.

- High rates of referral and out-of-home placements were attributed, in part, to relatively broad definitions of neglect that did not create exclusions for neglect based solely on poverty or “limited, one-time lapses in parental judgment.”
- Evaluators also pointed to requirements that any referrals for children under the age of three be automatically screened in, regardless of whether they met other statutory requirements, and policy language directing caseworkers to intervene solely based on evidence of parental substance use.
- The reviewers also noted some policies that seemed to encourage removal over consideration of other options, and they found inconsistency in the extent to which family engagement was used.
- The evaluation also identified that several DCS policies and practices may contribute to higher staff caseloads and time commitments, including workloads that frequently exceeded caseload standards for family case managers. For example, DCS staff were required to initiate assessments within one hour if it was believed the child was in imminent danger, which may not be practical.
- DCS policy required assessments to be completed in 30 days; other jurisdictions allow up to 60 days. Additionally, staff reported few opportunities for professional development and career mobility, leading to challenges with staff retention and thus disruptions for the families with whom case managers had worked.¹³



Family First Prevention Services Act

Indiana made some significant legislative and policy changes in 2019, which coincided with the passage of the 2018 federal Family First Prevention Services Act. The Family First Prevention Services Act (FFPSA) authorized Title IV-E funding, which previously had only been available for foster care, adoption, and reunification services, to be used for services for mental health, substance abuse, and in-home skill-based programs for parents of children or youth who are candidates for foster care; pregnant or parenting youth in foster care; and parents or kin caregivers of those children and youth.^{14,15}

- FFPSA is considered a major policy shift, designed to prioritize family permanence, and prevent removal, to the extent possible.¹⁶
- At least half of funding must be used on evidence-based programs. FFPSA also limits the use of Title IV-E for state reimbursement for congregate care. Funding for state reimbursement for congregate care is limited to two weeks, unless the placement is in a Qualified Residential Treatment Program; a setting specializing in prenatal, postpartum, or parenting supports; supervised independent living for youths over 18; or settings providing care to the victims of sex trafficking.¹⁷

In response to FFPSA, Indiana DCS developed a prevention plan that utilizes Intensive Family Preservation Services (IFPS) designed for families with substantiated cases of abuse or neglect whom DCS has identified as likely to be able to safely care for children in-home with the appropriate assistance. These services include mental health treatment, parenting programs, and substance abuse treatment and prevention.¹⁸ The plan represents key practice changes:

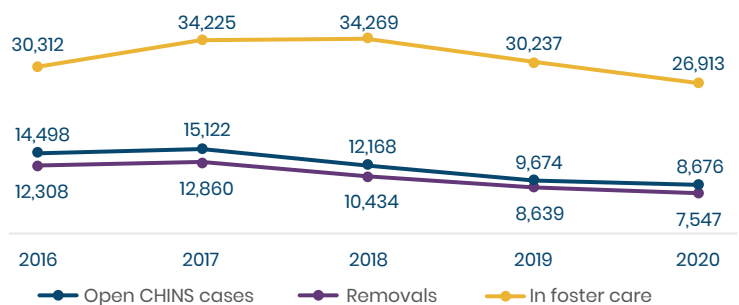
1. Shifting responsibility of determining appropriate intervention from family case managers to approved providers trained in evidence-based practices,
2. Increasing the use of evidence-based practices, and
3. Using a single provider per family to deliver holistic services allows family case managers to receive information from a single source rather than multiple, thus reducing time and burden.¹⁹

The DCS and the Indiana General Assembly also have made several legislative and policy changes aimed at addressing issues. Among the numerous changes included:

- Creating an exception to the statutory definition of neglect for parents who are financially unable to supply a child with food, clothing, or shelter but have not failed, refused, or demonstrated an inability to seek financial or other means to do so.
- Changing DCS policy to assert that referrals, regardless of age, must meet statutory requirements prior to being screened in.
- Changing the timeline for the completion of assessments from 30 to 45 days and caseload standards were updated to align with national recommendations.
- Introducing new training modules around family engagement and expanded the number of peer coach consultants focused on training and supporting staff to strengthen the child and family teaming process.²⁰

Indiana's policy and practice changes are reflected in recent declines in numbers of children with CHINS involvement, removals, and placements in foster care. The total number of CHINS involvements has declined by 29% from 2018 (8,676 in 2020 compared to 12,168 in 2018); the total number of children removed has declined by 51% from 2018 (7,547 children in 2020 compared to 10,434 in 2018); and the total number of children in foster care at some point has declined by 21% (26,913 in 2020 compared to 34,269 in 2018).²¹

Child In Need of Services (CHINS) Cases, Removals, and Number in Foster Care, Indiana: 2016-2020



Source: Indiana Department of Child Services



Locally:

- **Encourage extended foster care services for older youth:** Extended foster care is associated with better outcomes for young adults.²² As of 2019, Indiana offers services to older youth through the age of 23 – these include Older Youth Services (OYS) and Collaborative Care; they are primarily geared toward youth who are expected to turn 18 while in care. The OYS include assisting these youth transition to self-sufficiency by helping them receive education, training, and personal and emotional support, as well as connections to community resources. Collaborative Care is an extended foster care program that allows current foster youth to remain in care with services through age 21.²³
- **Separate case management from academic advising career coaching:** Supporting older foster youth includes providing services to support education and workforce skills development, as well as skills such as financial literacy and access to stable housing, and ensuring that older foster youth can participate in activities that build systems of support.²⁴ To provide foster youth with specialized support and advice to help them transition into adulthood, the Department of Child Services can divide case management responsibilities and career coaching and counseling supports. Dividing case management and career coaching will provide foster youth with insight and information to help them make informed decisions around their next steps in education or career. Additionally, foster youths' case managers can focus their supports on specific issues rather than serving as a catch-all for everything.

Statewide:

- **Address licensing barriers for kinship care:** Indiana has several policies in place to support kinship caregivers, including statutes aligned to Title IV-E of the Social Security Act that require due diligence to identify and provide notice to all adult relatives of a child removed from parental custody, as well as giving preference to kinship care placement. Kinship caregivers in Indiana are allowed to make educational and health-related decisions on behalf of children in their care and have statutory waivers for licensing requirements that would not impact a child's health, safety, or well-being.²⁵ Kinship caregivers are less likely than licensed foster parents to receive training or participate in peer support groups, and non-licensed kinship caregivers in Indiana are not eligible for daily payments from DCS. As such, Indiana may benefit from looking at addressing barriers to becoming licensed. For example, states like Tennessee and Nevada offer time-condensed (e.g., two-week long or four-week long) versions of training that are tailored to kinship caregivers, while Pennsylvania uses a kinship-specific curriculum along with frequent visits to ensure that licensure is completed in 60 days.²⁶⁻²⁷
- **Increase youth voice in policymaking:** Older youth should be involved in decision making, from being engaged in their own case management to having opportunities to drive policymaking.²⁸ In order to further engage youth in state-level decision making, state and local agencies can continue to expand opportunities for youth to participate on steering committees or advisory or leadership boards, particularly those that may have the ability to influence state and local policy and legislation.²⁹ One positive step in increasing youth voice occurred in the 2021 legislative session. HEA 1537-2021 added two young adult members to the Commission for Improving the Status of Children.³⁰

Promising Practice:

- Foster Success hosts the [Indiana Youth Advisory Board \(IYAB\)](#), which is a youth-led advisory board made up of current and former foster youth across Indiana that provides a space for Indiana's foster youth to become involved in issues facing youth in care and aging out of care on a local, state, and national level. IYAB empowers Indiana's foster youth to advocate for themselves and communicate their needs and concerns effectively through increased awareness of their rights and responsibilities and increased access to the resources they need to make successful transitions.
- **Extend healthcare coverage to include telehealth treatments:** Over the past several years, Indiana has prioritized addressing substance use disorder through multiple methods, including the Next Level Recovery plan, which focuses on prevention and access to treatment (including prioritizing pregnant women for treatment access), as well as providing support for justice-involved individuals (including funding for expanding family recovery courts) and training for healthcare professionals and first responders.³¹ Increasing the availability of telehealth to support substance use disorder (SUD) treatment, including extending the ability to use Medicaid and other insurance for these services, may allow providers to better assess a client's home environment while also offering treatment, thus better identifying the existence of family support systems and determining if in-home visits may be beneficial, in addition to increasing convenience for the client, which may be of particular importance for working parents or those without childcare. Telehealth can also help reduce the stigma associated with accessing services for SUD.³²



Promising Practice:

- Intensive services, like Nurse-Family Partnership, have been associated with reduction in child abuse and neglect for participants, as well as reduction in use of preterm substances such as tobacco.³³ Though these programs have not specifically been evaluated for their potential impact on reducing peri- and postnatal SUD-related issues, because these programs can connect pregnant and postpartum mothers to SUD-related education, counseling, and recovery opportunities, as well as providing ongoing support, they may be a promising resource in this area. As of the end of 2020, Nurse-Family Partnership programs in Indiana were serving over 1,700 families in 39 counties in Indiana, but given that there were more than 4,600 children referred to DCS in 2020 due to parental substance use, expansion of this type of programming may allow for more families to be served.³⁴
- **Review policies for implicit bias:** Indiana DCS has begun working toward addressing disparity and equity issues, including forming a Racial Justice, Equity, and Inclusion Advisory Council which includes youth voice; adding racial justice, diversity, and inclusion to the stated agency values; and creating work groups to develop recommendations and action steps associated with hiring, culture and climate, partnerships, services, training, and policy and practice.³⁵ DCS staff development training also includes a culture and diversity curriculum.³⁶ Additional practices that Indiana and DCS may wish to review include incorporating blind case reviews (a process in which demographic and other identifying information is removed from referrals), as well as reviewing policies (including mandatory reporting policies) to ensure they promote equity, and engaging organizations at the local level to address issues.³⁷⁻³⁸

Nationally:

- **Support targeted dropout recovery programs for foster youth:** In the federal Chafee Grant and Education and Training Voucher program, which is a federally funded, state-administered program designed to provide financial and academic support to students who have aged out of the foster care system, Congress can include dedicated efforts to enroll the countless foster students who have dropped out of school into drop-out recovery high schools. At a small cost, helping recently transitioned youth get back on track educationally will pay off in greater employability and success for these youth.



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