

# **Social Services Block Grant (SSBG)**

**Indiana**

**FFY 2020 Intended Use State Plan**

## **2020 SSBG Intended Use State Plan**

### **I. State / Federal Fiscal Year Covered by the Pre-Expenditure Report**

For purposes of the SSBG program calendar, the State of Indiana observes the Federal fiscal year of October 1, 2020 through September 30, 2021.

### **II. Letter of Transmittal**

The preceding cover letter is written to the Program Specialist, Office of Community Services, and includes the Indiana SSBG program contact person, the Indiana Official who is to receive the SSBG grant award, and complete addresses, phone numbers, and fax numbers for these individuals.

### **III. Public Inspection of Pre-Expenditure Report**

A meeting involving all State agencies was held in preparation of the Pre-Expenditure report on August 10, 2020 and a Public Notice was placed in Indiana newspapers notifying citizens of the document's availability, including an address where public comments may be mailed in accordance with 42 U.S.C. § 1397 (c). This notice is attached to this report as **Appendix A**.

### **IV. The Narrative of Pre-Expenditure Report**

#### **A. Administrative Operations**

##### **1. State Administrative Agency – Mission, Vision, and Values**

The State Administrative Agency for the Social Services Block Grant is the Indiana Department of Child Services, the mission of which is, "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."

The vision of the Indiana Department of Child Services is "Indiana children will live in safe, healthy and supportive families and communities."

The values of the Indiana Department of Child Services are as follows:

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

## 2. State Entities Allocated SSBG Funds & Services Supported by Each State Entity

The State of Indiana allocates SSBG funds to the Indiana Department of Child Services, the Indiana Criminal Justice Institute, the Indiana State Department of Health, the Indiana Department of Correction, and the Family and Social Service Administration (FSSA) Division of Mental Health & Addiction, FSSA Division of Disability and Rehabilitative Services, FSSA Division of Aging, and FSSA Division of Family Resources. These agencies coordinate on development of the SSBG State Plan, the Pre-Expenditure Report, quarterly grant monitoring and reporting, and the Post-Expenditure Report and grant close-out. The Indiana Department of Child Services is the lead agency in these efforts.

### *Indiana Department of Child Services (DCS)*

DCS will utilize SSBG funds to provide an array of services to children involved, or at risk of involvement, in the child welfare system and their families.

Structured Analysis Family Evaluation Home Study: Indiana will use SSBG funds in order to provide education and training to foster home licensing and adoptive home study staff on the Structured Analysis Family Evaluation (S.A.F.E.) home study methodology. This home study methodology is being implemented as Indiana’s state approved home study model to effectively evaluate families for foster care licensure and adoption preparation. S.A.F.E. is built upon social work practice values emphasizing respectful engagement to learn more about the families. By implementing this methodology, it will help further the objective of achieving more stable placements for foster youth in the state. This level of funding will permit Indiana to continue to provide this training to new staff who require this certification to implement their duties, and would provide consistency across Indiana for licensure of Indiana’s foster family homes.

Museum Membership Program: Indiana has established a successful program with the Indianapolis Children’s Museum to offer payment of membership fees to foster children and their foster parent family to encourage the well-being and educational opportunities of the children in care. These annual memberships allow unlimited visits to a nationally-recognized museum and educational resources for youth and families. Foster families have benefited for the past several years from the opportunity to experience this attraction, many of whom would not have sought the chance to visit based on the standard membership/entrance fees.

Foster Parent Retention/Recruitment/Appreciation/Support Groups: A primary use of funding toward retention of foster parents will be used to plan and implement

regional foster parent appreciation/ recognition events to highlight strengths and accomplishments of foster parents and say “thanks for all you do.” These events can also be structured to include community education, recruitment opportunities, and regional appreciation events. These appreciation events are generally 2-4 hours in duration and structured to include a meal, family and child friendly activities, an hour of foster parent training, the distribution of awards and small appreciation gifts, and important networking opportunities for foster parents. The awards may consist of a certificate or plaque of recognition for various accomplishments, such as years of service, mentoring of newer foster parents, availability for respite or emergency care, etc. Regional foster parent recognition/support events utilizing community partnerships and regional communities in order to recognize foster parents as critical partners of the agency and celebrating their dedication is critical in the retention and recruitment of foster families.

National Electronic Interstate Compact Enterprise: Indiana will use SSBG funds to participate in the National Electronic Interstate Compact Enterprise (“NEICE”) through the American Public Human Services Association. The NEICE project is to establish a database system to streamline child welfare processes when a child or youth is being placed for foster care or privately adopted out of state. The goal of NEICE is to enable each State to process Interstate Compact for the Placement of Children (ICPC) cases in their own child welfare system and use NEICE to assist with the interstate movement of case data. This will allow for more effective provision of child welfare services around the country and will provide a secure mechanism for transmitting important data between states to allow for appropriate decision-making and safe placement on individual child welfare cases.

Child Advocacy Centers: Child Advocacy Centers are neutral, safe and child appropriate locations where multidisciplinary teams investigate disclosures of child sexual or severe physical abuse. These multidisciplinary teams are made up of law enforcement officers, child protective service personnel, medical and mental health, victim assistance, prosecutors, and advocates. Children who have disclosed abuse are interviewed by a forensic interviewer at such centers. The multidisciplinary approach to child abuse assessments is designed with the intention of reducing the secondary trauma associated with the disclosure and subsequent investigation of abuse.

Client Federal Eligibility Data Sharing: This initiative will facilitate referrals between Healthy Families Indiana and Women, Infants, and Children’s (WIC) Program eligibility and service offerings. The coordination of these outreach efforts, through the data sharing procedures outlined below, will enable each program to more effectively enroll eligible program participants and facilitate the timely provision of services. Costs relative to this initiative includes development and then ongoing weekly exchanges of data.

Cross Systems Care Coordination: Cross Systems Care Coordination include a system of care that is comprehensive, incorporating a broad range of services and

supports, individualized, provided in the least restrictive, appropriate setting coordinated at the system and service delivery levels. The services involve youth and families as full partners and emphasize early identification and intervention. Core values of a system of care are that services are child centered, family driven, community based, and culturally competent.

The services provided include cross-system coordination, case management, safety and crisis planning, comprehensive strength-based discovery and assessment, activities of daily living training, assistance to the FCM in the facilitation of the child and family team process, facilitation of the family team process for probation cases and family and child centered care.

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, truly defined by what is in the best interest of the child. It is meant to provide a single comprehensive system of care that allows children and families in the child welfare and/or juvenile probation system(s) with complex needs to receive culturally competent, coordinated, and uninterrupted care. The services provided to the clients and covered in the per child allotment rate will include all services necessary to meet the child's safety, permanency and well-being needs and address criminogenic risk factors.

### ***Indiana Criminal Justice Institute (ICJI)***

ICJI allocates approximately SSBG to emergency domestic violence shelters, which funds emergency shelter services in the forms of overnights, congregate meals, and transportation services.

Overnights are considered a unit rate for the indirect and direct costs expended per night per client in the shelter facility. ICJI currently accepts a unit rate of \$100.00 per night per client. Congregate meals are food costs for shelter residents. Transportation services are provided through utilizing shelter vehicles, public transportation, or private transportation, such as taxis, for clients to attend medical, legal, and other essential advocacy services.

ICJI awards SSBG dollars to supplement federal Family Violence and Prevention Services Act (FVPSA) funds and state Domestic Violence Prevention and Treatment (DVPT) dollars to fund the most comprehensive efforts to meet the needs of domestic violence victims in the state of Indiana. FVPSA and DVPT funds are awarded and allocated for different costs than SSBG, such as personnel costs necessary to deliver services and outreach and prevention efforts. The SSBG is the only funding that the shelters receive from ICJI that is dedicated solely toward the support of emergency shelter operations.

ICJI will continue to fund personnel expenses and outreach programs with FVPSA and DVPT funds, and if ICJI is awarded SSBG funds in FY 2021, those funds will be used to support emergency shelter operations. These domestic violence funds are also strategized to help meet the goals of ICJI's federal formula funding from the Office on Violence against Women in the area of reducing domestic violence related homicides. The provision of safe, emergency shelter victims is an effective intervention utilized to reduce domestic violence related fatalities. In addition, a shelter's capacity to meet the basic needs of victims, such as food and transportation, increases the likelihood that clients will access more services, which greater reduces their likelihood to be killed by their abusers.

In addition and as demonstrated in the graphic below, SSBG funding and other domestic violence funds are leveraged to not only help meet the goals of other programs, but to meet one of SSBG's broad statutory goals of "preventing or remedying neglect, abuse, or exploitation of children and adults unable to protect their own interest or preserving, rehabilitation, or reuniting families."

### ***Indiana State Department of Health (ISDH)***

The ISDH Division of HIV/STD/Viral Hepatitis utilizes SSBG funds under the expense category of Health-Related Services to support HIV Care Coordination. The mission of this specialized case management program is to assist those living with HIV in coordination of a wide variety of health and social services. The program consists of goal-oriented activities that serve to locate, facilitate access to, and monitor the full range of HIV-related services in cooperation with the client. The program encourages the most cost-effective use of medical and community resources and promotes the overall well-being of the individual, while respecting cultural diversity, emphasizing confidentiality, and striving to ensure the client's freedom of choice and self-determination. These comprehensive and compassionate services are rendered in a safe, secure, and non-judgmental environment and are provided without cost to the client.

Indiana's HIV Care Coordination Program is the result of recommendations made by the HIV/AIDS Health and Human Services Planning Project for Indiana which was conducted in 1989 and 1990. It was determined in the planning process that "care coordination services are the foundation upon which all other HIV/AIDS health and human service programs are built." The plan identified the need for regional care coordination on a statewide basis, site communication, and the standardization of data collection and intake procedures. Through a community baseline viral load report in 2011 and a second analysis performed in 2012, the Division confirmed that those individuals dually enrolled in the HIV Care Coordination Program and the HIV Medical Services Program are healthier than the larger HIV-positive community in Indiana.

Currently, the Care Coordination Program receives funding through the Social Services Block Grant (SSBG), the CDC Ryan White Care Act, and the Indiana HIV/AIDS Services appropriation. These state dollars are allocated to ISDH through the State Budget Agency. ISDH then contracts with specific entities in targeted communities throughout the state to offer Care Coordination services.

The SSBG funding received for this program partially supports one large contract in South Bend. Related funds supported the balance of this contract as well as the remaining contracts serving the state's other 11 regions. Any eligible person may receive services until such time as they are no longer necessary. Though there are no income or asset restrictions on the program participants, the program tends to target those with very limited resources. More than 40% of its enrollees earn less than \$10,000 annually. HIV/STD/Viral Hepatitis will provide integrated health services and wellness services in Northern Indiana in communities where we have the most incidence of these diseases. We will work with our local care sites to provide needed health and wellness services and programming and report the services provided annually to DCS. All of these diseases are preventable with the correct information given to the consumer. Understanding these issues will help families have better health outcomes and live healthier lives.

Care Coordination is a multi-step process which ensures coordination and timely access to a range of appropriate medical and social services. This process includes, at a minimum, the following activities:

- Client Identification and Recruitment;
- Client Orientation, Initial Interview, and Assessment;
- Development of Individualized Care Plan;
- Monitoring and Evaluation of Individualized Care Plan;
- Client Status Maintenance;
- Crisis Intervention Activities; and
- Termination and Discharge Planning.

Family Planning Services: The Indiana State Department of Health (ISDH) utilizes SSBG funds annually in the expenditure category of Family Planning Services. Through the ISDH Division of Maternal and Child Health, the Indiana Family Health Council, Inc. (IFHC) operates as Indiana's "Family Planning Administrator" statewide. IFHC has updated its reproductive Health Needs Assessment to identify the groups who are at greatest risk for adverse reproductive health outcomes in Indiana; this assessment is updated every three years, most recently in 2018. According to the most recent reproductive Health Needs Assessment, the target counties for those most in need contain 65% of teens and 73.9% of the women under 100% of poverty who need family planning services. The area contains 92.5% of the black population and 76.8% of the Hispanic population in Indiana. Based on the Needs Assessment, IFHC will target: adolescents and their families; women at risk for unintended pregnancy; families needing child spacing; underserved

communities; and minority populations where racial disparities in reproductive health exist. Of the locations we will fund in year 1 of the Title X grant, those locations will target 61% of the state's population who are in need of contraceptive services (age 13-44) and are below federal poverty level, IFHC contracts with Indiana non-profit and/or public health service providers to provide culturally-competent, comprehensive family planning medical, educational, and counseling services. IFHC initiated a competitive application process to ensure sites are funded in counties with the highest need for services. Currently funding counties include Allen, Daviess, Delaware, Dubois, Elkhart, Floyd, Grant, Jackson, Knox, Kosciusko, Lake, LaPorte, Lawrence, Madison, Marion, Monroe, Owen, Pike, Putnam, St. Joseph, Vanderburgh, Vigo, Wayne, and Warrick. These sites serve all 92 Indiana counties. Services provided by sub-grantee delegate agencies statewide are medical examinations and physical assessments, laboratory services, STD/HIV testing, all U.S. Department of Health and Human Services FDA-approved methods of contraception, adolescent services, counseling, education, and community outreach.

IFHC looks forward to continued collaboration for those most in need with ISDH and the Indiana Family and Social Services Administration and Indiana Department of Child Services for the Indiana Family Planning Partnership. This partnership combines the benefits and coverage of the Title X, Title V, SSBG Title XX and TANF Family Planning Funds. In addition, IFHC and the ISDH State Laboratory have partnered for more than twenty-five years of Chlamydia/Gonorrhea Testing Program which also benefits the Indiana Family Planning Partnership. It is important to note, IFHC does not use any State of Indiana family planning funds to support an agency that performs abortion services.

### *Indiana Department of Correction (IDOC)*

The Indiana Department of Correction will use 2021 SSBG funds to provide transitional services to juveniles (eligible youth between the ages of 12-21) who are returning to the community from a state juvenile correctional facility, or who are under supervision in the community. This is done in accordance with two of the stated SSBG goals: achieving or maintaining self-sufficiency, including reduction or prevention of dependency; and preventing or reducing inappropriate institutional care by providing for community-based care, home-based care or other forms of less intensive care.

In keeping with correctional best practices and the US Department of Justice Office of Juvenile Justice Programs, the Department's goal is to maintain each juvenile safely in the least restrictive setting possible for that individual. Through SSBG funding, juveniles who no longer require housing in a secured correctional facility are moved to a contracted transitional residential "step-down" placement in or near the individual's home community, or to the individual's home, according to treatment needs. Placement in the community allows access to positive family and social supports as well as community-based services that can be continued as needed on an



outpatient basis after involvement with the criminal justice system concludes. Services are provided at the transitional placement based on an individual's assessed need, and may include family reunification, substance abuse treatment, mental health treatment, mentoring, education/vocation programs, and post-release placement assistance. For individuals who are able to return to their home following placement in an IDOC juvenile facility, community-based or in-home services may be provided in accordance with the treatment plan. Community-based services may also be provided to those juveniles on community supervision who require additional supports to maintain their placement in the community and prevent a return to secure confinement.

As the IDOC's population for SSBG funding is juveniles, the emphasis on employment training falls primarily on education. Within facilities, youth are able to earn high credits, a high school diploma and TASC. In addition to educational classes, vocational and post-secondary education is available youth. For youth of employable age, programming focused on portable job skills and employment preparation are provided. For those transitioning to the community who have not yet received a diploma or its equivalent, the preference is reentry into the local public school system. Provision of transition services through SSBG funding allows individuals to continue receiving educational and employment preparation services necessary for successful reentry and independence.

IDOC estimates that 360 individuals will receive services funded in whole or in part through the 2021 SSBG grant. Based on historical data, it is expected that 225 individuals will require short-term or long-term placement services (averaging 45 and 90 days in transitional placement, respectively), and 135 individuals will require community-based support services.

### ***FSSA Division of Mental Health and Addiction (DMHA)***

The FSSA Division of Mental Health & Addiction will use SSBG funds, along with funds from the Center for Mental Health Services Block Grant (CMHS) and State General Funds, to provide services for at least 22,000 children and adolescents at risk due to a serious emotional disturbance (SED) and at least 600 families of at-risk children.

To be eligible for services funded with these SSBG, CMHS, and State funds, SED children must be from families with household incomes at or below 200% of the poverty level. The services will be available statewide and will be delivered by Community Mental Health Centers and Provider Service Networks that are Certified by the State of Indiana DMHA and accredited by nationally recognized accreditation bodies. In accordance with the requirements of the federal regulations, the Division will provide information requested by your office on a quarterly basis. The following document describes the outcome measures DMHA will be collecting on providers

which can be accessed electronically at:

<http://www.in.gov/fssa/files/PerformanceMeasuresFY2021.pdf>.

### ***FSSA Division of Disability and Rehabilitation Services (DDRS)***

The FSSA Division of Disability and Rehabilitation Services (DDRS) currently uses SSBG funds to support services for the following populations: deaf and hard-of-hearing individuals, developmentally disabled individuals and children (ages 0 -3) identified with cognitive developmental delay.

Expenses for Interpreters, intervention and case management services are funded by SSBG, as well as adult day programs for eligible developmentally disabled (DD) individuals who live in long-term care facilities. Pre-vocational and sheltered workshop activities, as well as supported employment, are available to persons of all ages including those in long-term care facilities and assisted living situations. Early intervention services are provided to families with children with developmental disabilities, including family education and training, therapies, social work services, and assistive technology. Case management services are provided to eligible members of the deaf/hard of hearing community.

There are no income-level restrictions for participation in the DDRS programs that are funded in part with SSBG funds – the Programs are entitlement programs.

Eligibility for the services in these programs is based on Program-specific criteria used to determine development delay (First Steps), intellectual and developmental disabilities (BDDS) and deaf/hard of hearing disabilities (DHHS).

All DDRS programs funded in part with SSBG funding are available state-wide, in all 92 counties.

### ***FSSA Division of Aging***

SSBG funding will be used by the Division of Aging (DA) to fund a compilation of in-home and community-based services targeted for low-income older adults and persons with disabilities. Area Agencies on Aging (AAAs), in their roles as Aging and Disability Resource Centers (ADRCs), received over 427,008 requests for information and assistance in Federal Fiscal Year (FFY) 2019. Through these contacts, the AAAs have identified gaps in services including, but not limited to, home-delivered meals, accessible housing, and personal care services. The additional SSBG funding will enable the AAAs to assist eligible Hoosiers in meeting their basic needs. Funds will be distributed to all fifteen AAAs serving sixteen geographic areas through a funding formula. In addition, the DA plans to allocate a portion of the funds to a respite program targeted to family caregivers of children with special needs. The total amount requested is \$9,094,038.

**Services to be provided:**

**Home-Based and Health-Related Services:**

Services provided for older adults or persons with disabilities in their own homes or apartments include the following:

Attendant Care  
Case Management  
Handy Chore  
Home Delivered Meals  
Home Health Aide  
Home Health Supplies  
Home/Environmental Modifications  
Homemaker  
Nursing  
Personal Emergency Response Systems Installation  
Personal Emergency Response Systems Maintenance  
Respite Services

**Community-Based Services:**

Services provided within the home or community rather than in an institutional setting, such as the following:

Assisted Transportation  
Congregate Meals  
Adult Day Services  
Other Needed Services  
Social Service Counseling  
Transportation-Adult Day Services  
Transportation  
Vehicle Modification

**Client Eligibility Characteristics**

To be eligible for service, an adult or person with disabilities must meet the following requirements:

- (1) The client must be a resident of Indiana.
- (2) The client must have a documented determination of service need. A service need exists when the case management provider determines and documents that the client's functional status may be enhanced through the provision of appropriate services.
- (3) The client must meet program income guidelines. If the client fails to meet the income guidelines but has a documented need for service due to abuse, neglect, exploitation, risk of institutionalization, and/or pending discharge from the hospital or nursing facility, the client may qualify for SSBG-funded services as a no means-

test client. Otherwise, the client must be determined to be in financial need by the case management provider.

(4) Financial need exists when the client's and the family's incomes fall below 300% of the poverty level listed in the current Department of Health and Human Services Poverty Guidelines. The client must meet program income guidelines through a declaration of income (a verbal indication of the source and amount of gross income).

**Target Population**

The target population for service delivery is residents of Indiana, who are elderly or disabled and in need of assistive services. Elderly residents are defined as persons who are 60 years of age or older. Disabled persons are defined as persons 59 and under, including children, with a medically verifiable physical or mental impairment, which substantially hinders them from engaging in activities of daily living and meets the aforementioned income guidelines. Specific targeting will focus on those considered to be in financial need and those who can benefit from these services as documented by a case manager.

**Geographic Funding Distribution to Indiana Area Agencies on Aging**

AAA 1	NORTHWEST INDIANA COMMUNITY AC	12.62%
AAA 2	REAL SERVICES INC	10.74%
AAA 3	AGING AND IN-HOME SERVICES OF	9.13%
AAA 4	AREA IV AGENCY ON AGING AND CO	4.16%
AAA 5	AREA FIVE AGENCY ON AGING AND	3.68%
AAA 6	LIFESTREAM SERVICES, INC.	7.35%
AAA 7	WEST CENTRAL INDIANA ECONOMIC	3.87%
AAA 8	CICOA	23.38%
AAA 9	LIFESTREAM SERVICES, INC.	2.89%
AAA 10	AREA 10	1.95%
AAA 11	AGING AND COMMUNITY SERVICES	3.32%
AAA 12	LIFETIME RESOURCES, INC.	2.25%
AAA 13	VINCENNES UNIVERSITY	2.99%
AAA 14	LIFESPAN RESOURCES, INC.	3.91%
AAA 15	HOOSIER UPLANDS ECONOMIC DEVEL	2.14%
AAA 16	SOUTHWESTERN INDIANA REGIONAL	5.60%

**Estimated Recipient Data**

Some services provided by the DA, particularly community-based services like information and assistance and transportation, are not attributable to an identified client, so those services are measured in units. Other services such as case management, attendant care, homemaker, congregate and home-delivered meals, etc., are tied to a specific individual that can be distinctly identified. The DA anticipates serving 15,000 uniquely identified people through SSBG in FFY21, as well as many thousands more through community-based services.

## **Outcomes**

The DA's intention is to connect clients with services that not only improve a client's functional status, and decrease or eliminate risk factors for abuse, neglect and exploitation, but to receive support for their caregivers allowing caregivers to continue their efforts while maintaining employment or in some cases, enabling them to resume employment lost due to caregiving responsibilities. By offering an array of services, the DA and the AAAs will be able to increase the number of clients served. Collecting data through the CaMSS system, the DA will be able to monitor the utilization of services funded through SSBG. By monitoring the utilization of specific services, the DA will be able to evaluate current programming and balance it with the services revealed as the most used or needed. A quarterly breakdown of expenses and client service data allocated to each service category will be submitted to DCS. Through these processes, the DA will be able to analyze AAA fiscal reports to determine if the funding is being used in a cost-effective and efficient manner.

### ***FSSA Division of Family Resources (DFR)***

The Indiana Head Start State Collaboration Office, under FSSA Division of the Office of Early Childhood and Out-of-School Learning, will use SSBG funds for T.E.A.C.H Head Start programs.

Research has clearly indicated that one of the most effective ways to improve at-risk children's health, social emotional and cognitive outcomes is to make high quality early learning experiences available and affordable. One of the most important predictors of positive child outcomes is the education and training levels of the child's teacher.

In Indiana, Head Start is one of the largest providers of free, high quality early learning for low income children. Knowing that the education level of their teachers is critical, Head Start has mandated that 50% of all Head Start Teachers have a bachelor's degree. In order to reach this goal, financial assistance is needed by the programs and the teachers. T.E.A.C.H. Early Childhood® INDIANA has served as an umbrella for a variety of educational scholarship opportunities for professionals working in licensed, registered, or exempt child care centers and homes in Indiana. T.E.A.C.H. Early Childhood® links training, compensation, and commitment in order to improve the quality of care and educational experiences for young children and their families.

Head Start children are from vulnerable families and, as such, are at high risk for poor school readiness and low academic achievement. In addition to preparing at risk children for school success, Head Start programs support low income families

through home visiting, parent engagement and training activities, and other essential supports for family success. As such, children and their families are the main beneficiaries of the T.E.A.C.H. project because they are able to bond with a highly qualified teacher who is a specialist in the field, understands child development, and is effective at supporting individualized learning for each child. Early care and education (ECE) professionals also benefit by enhancing their core knowledge and competency level and increasing their teaching effectiveness. In turn, compensation, professional status, and job satisfaction for the individual are increased. This promotes retention of staff, which also greatly benefits families and children by providing critical continuity of care.

## **B. Fiscal Operations**

### **1. Distribution and Use of Funds**

State agencies are asked to submit to the Department of Child Services proposals as to how they will spend SSBG funds, who they will serve with these funds, and an estimation of how many individuals will benefit from their SSBG allocation. Once the proposal is received and approved, a Memorandum of Understanding (MOU) is signed by the head of each cooperating state agency. The MOU spans the entire SSBG program period and spells out the responsibilities of the state agencies relative to program and financial accountability required for the Pre-Expenditure and Post-Expenditure Reports. The DCS financial management team is responsible for collecting program and financial data required to complete these reports and file timely with the Department of Health and Human Services.

### **2. Description of Financial Operations System**

The State of Indiana utilizes PeopleSoft Financial, an Oracle enterprise resource tool, to manage financial operations. The Project Costing module of this system is utilized to establish and monitor Federal grants including SSBG. When an MOU is created for each agency's SSBG allocation, project budgets are also created in PeopleSoft to ensure costs are properly identified under SSBG. Through use of a strict naming convention, costs associated with these projects can be tracked across State agencies through queries and reports, allowing DCS to monitor the progression of each project budget as the grant period progresses.

## **C. Program Operations**

### **1. SSBG Statutory Goals the State Plans to Achieve**

Services funded by SSBG will be directed towards all five broad statutory goals.

- (1) “Achieving or maintaining economic self-support to prevent, reduce, or eliminate dependency.”
  - Services include improvements to employment, housing and education to children and adults with serious emotional disturbance or mental illness, and appropriate employment training and transition services for juveniles returning to the community from a correctional facility.
- (2) “Achieving or maintaining self-sufficiency, including reduction or prevention of dependency.”
  - Services include case management for those living with HIV/AIDS, family planning for low income individuals, transitional services to juveniles who are returning to the community from a state juvenile correctional facility or who are under supervision in the community, elimination of substance abuse and criminal justice involvement for children and adults with serious emotional disturbance or mental illness, interpreter services, community support specialists, and intervention services for deaf and hard-of-hearing individuals, and Head Start training programs.
- (3) “Preventing or remedying neglect, abuse or exploitation of children and adults unable to protect their own interests, or preserving, rehabilitating or reuniting families.”
  - Services include adult protective services through the FSSA Division of Aging, services provided to children and families through DCS, and for emergency shelter care providing services for victims of domestic violence, such as overnights, meals, and transportation services.
- (4) “Preventing or reducing appropriate institutional care by providing community-based care, home-based care, or other forms of less intensive care.”
  - Services include in-home and community-based services for low income older adults and adults with disabilities through the various FSSA divisions, as well as to children and families through DCS, and providing transitional services to juveniles who no longer require housing in a secured correctional facility so they can be in their community and receive community based or in-home services.
- (5) “Securing referral or admission for institutional care when other forms of care are not appropriate or providing services to individuals in institutions.”
  - Services include access to Community Mental Health Centers for children and adolescents at risk due to serious emotional disturbance through FSSA – Division of Mental Health and Addiction and transitional services to juveniles returning to the community from a state juvenile facility.

## **2. Characteristics of Individuals to be Served**

### **a) Definitions of Child, Adult and Family**

Children are defined as individuals from birth up to 18 years of age.

Adults are defined as persons age 59 and younger (18 years – 59 years).

Older persons are defined as those persons being 60 years or older.

A family is defined as a group of two or more persons related by birth, marriage, adoption, or a legal and/or caretaker relationship who live together.

### **b) Eligibility Criteria & Income Guidelines**

The ISDH Division of Maternal and Child Health, family planning defines low income as at or below 100% of poverty level and utilizes a sliding scale to determine fees.

The FSSA Division of Aging defines low income as 300% of poverty level (HHS Poverty Guidelines). Further eligibility criteria require that the client must be a resident of Indiana; must have a documented determination of service need (a service need exists when the case management provider determines and documents that the client's functional status may be enhanced through the provision of appropriate services); and must meet program income guidelines. If the client fails to meet the income guidelines but has a documented need for service due to abuse, neglect, exploitation, risk of institutionalization, and/or pending discharge from the hospital or nursing facility, the client may qualify for SSBG-funded services as a no means-test client. Otherwise, the client must be determined to be in financial need by the case management provider.

The FSSA Division of Mental Health and Addictions defines low income as households at or below 200% of poverty level.

For purposes of FSSA Division of Disability and Rehabilitation Services, Adult Day Programs for the developmentally disabled are defined as persons over 16 years of age whose disability occurred prior to 18 years of age.

Services provided by the remainder of State agencies have no quantifiable definition of low income.

## **3. Types of Activities to be Supported**

- The Indiana Department of Child Services (DCS) will use SSBG funds throughout Indiana in the following categories:
  - (7) Education and Training - Children's Museum memberships for Foster Families;
  - (11) Foster Care Services – Adults for Foster Parent Retention/Recruitment/Appreciation/Support Groups and S.A.F.E. home study methodology training;



- (22) Protective Services – Children, for the expansion of the child advocacy centers throughout Indiana, participation in NEICE (ICPC) program and the Client Federal Eligibility Data Sharing project; and
- (26) Special Services – Youth at Risk for the Cross System Care Coordination program for youth involved in both the probation and the child welfare systems.

These activities address the SSBG Statutory Goals of “preventing or remedying neglect, abuse, or exploitation of children and adults unable to protect their own interests, or preserving, rehabilitating or reuniting families; and preventing or reducing inappropriate institutional care by providing for community-based care, home-based care, or other forms of less intensive care.”

- The Indiana Criminal Justice Institute (ICJI) will use SSBG funds statewide to support domestic violence shelters in the following service categories:
  - (3) Congregate Meals,
  - (21) Protective Services – Adults
  - (22) Protective Services - Children, and
  - (28) Transportation.

These activities address the SSBG Statutory Goal of “preventing or remedying neglect, abuse, or exploitation of children and adults unable to protect their own interests, or preserving, rehabilitating or reuniting families.”

- The Indiana State Department of Health (ISDH) uses SSBG funds to provide case management services to those living with HIV/AIDS. The service category for this activity is (2) Case Management. These activities address the SSBG Statutory Goal of “achieving self-sufficiency, including reduction or prevention of dependency.”
- The ISDH Division of Maternal and Child Health uses SSBG funds to provide family planning services in service category (9) Family Planning Services. These activities address the SSBG Statutory Goal of “achieving self-sufficiency, including reduction or prevention of dependency.”
- The Indiana Department of Correction (IDOC) uses SSBG funds to provide transitional services to juveniles returning to the community from a State juvenile facility. This activity falls into service categories (24) Residential treatment and (26) Special Services – Youth at Risk. These activities address the SSBG Statutory Goal of “preventing or reducing inappropriate institutional care by providing for community-based care, home-based care, or other forms of less intensive care”, “securing referral or admission for institutional care when other forms of care are not appropriate or providing services to individuals in institutions”, “achieving or maintaining self-sufficiency, including reduction or prevention of dependency”, and “achieving or maintaining self-sufficiency, including reduction or prevention of dependency.”

- The Family and Social Services Administration (FSSA) Division of Mental Health and Addiction (DMHA) uses SSBG funds to serve children and adolescents with serious emotional disturbance. These activities fall into service category (26) Special Services – Youth at Risk. The related SSBG Statutory goals are “achieving or maintaining economic self-support to prevent, reduce, or eliminate dependency”, “achieving or maintaining self-sufficiency, including reduction or prevention of dependency”, and “preventing or reducing inappropriate institutional care by providing for community-based care, home-based care or other forms of less intensive care”.
- The FSSA Division of Disability and Rehabilitation Services (DDRS) uses SSBG funds to support services for deaf and hard-of-hearing individuals, developmentally disabled individuals and children (ages 0-3) identified with cognitive developmental delay through interpreters, case management services, and intervention services. The services categories for these activities are (2) Case Management, (5) Day Care – Adult, and (25) Special Services - Disabled. These activities address the SSBG Statutory Goal of “achieving or maintaining self-sufficiency, including reduction or prevention of dependency.”
- The FSSA Division of Aging (DA) uses SSBG funds to provide in-home and community-based services for low income older adults and adults with disabilities. The service categories included in these activities are (2) Case Management, (3) Congregate Meals, (5) Day Care – Adult, (12) Health-Related Services, (13) Home-Based Services, (14) Home-Delivered Meals, (17) Information and Referral, and (28) Transportation. These activities address the SSBG Statutory Goal of “Preventing or reducing inappropriate institutional care by providing community-based care, home-based care, or other forms of less intensive care” and “preventing or remedying neglect, abuse or exploitation of children and adults unable to protect their own interests, or preserving, rehabilitating or reuniting families.”
- The FSSA Division of the Office of Early Childhood and Out-of-School Learning uses SSBG funds to support Head Start training programs. These activities fall into service category (7) Education and Training Services and address SSBG Statutory Goal of “achieving or maintaining self-sufficiency, including reduction or prevention of dependency.”

The geographic area/location for SSBG services includes the entire State of Indiana. Indiana is divided into 92 counties, covers more than 34,000 square miles, and is home to more than 6.7 million residents. SSBG services in Indiana are available statewide.

## **V. Pre-Expenditure Reporting Form**

Indiana’s Pre-Expenditure report, detailing the estimated expenditures and the number of recipients by service category for Federal fiscal year 2021, accompanies this report as a Microsoft Excel file and is being uploaded into the SSBG Data Portal Dropbox.

**VI. Appendices Summary**

**A. Documentation of Public Hearing**

Information posted on the DCS internet website and published in Indiana newspapers in accordance with 42 U.S.C. § 1397(c) is attached as **Appendix A**.

**B. Certifications**

Signed copies of the following certifications are attached in **Appendix B**.

- a) Certification Regarding Drug-Free Workplace Requirements
- b) Certification Regarding Environmental Tobacco Smoke
- c) Certification Regarding Lobbying
- d) Certification Regarding Debarment, Suspension and Other Responsibility Matters

**C. Proof of Audit**

The Indiana State Board of Accounts performs an annual audit of all Federal funds in compliance with OMB Circular A-133: Single Audit Act, a thorough and detailed presentation of the State's financial condition. Proof of this audit, dated March 25, 2020, is attached as **Appendix C**. A copy of the full audit report can be found at <https://www.in.gov/sboa/WebReports/B54705.pdf>

**D. TANF/SSBG Worksheet** is attached as **Appendix D**.

**E. SF 424M** was completed in the Online Portal.

**F. Federal Financial Reporting (FFR) Form SF-425** is attached as **Appendix E**.

SSBG PRE-EXPENDITURE REPORT

Part A. Estimated Expenditures and Proposed Provision Method

OMB NO.: 0970-0234

Part B. Estimated Recipients

OMB NO.: 0970-0234

STATE: Indiana	FISCAL YEAR: 2021	REPORT PERIOD:	STATE: Indiana
Contact Person:	Phone Number:		
Title:	E-Mail Address:		
Agency:	Submission Date:		

Service Supported with SSBG Expenditures	SSBG Expenditures		Expenditures of All Other Federal, State and Local funds**	Total Expenditures	Provision Method		Service Supported with SSBG Expenditures	Children	Adults			Total Adults	Total
	SSBG Allocation	Funds transferred into SSBG*			Public	Private			Adults Age 59 Years & Younger	Adults Age 60 Years & Older	Adults of Unknown Age		
1 Adoption Services	\$ -		\$ -	\$ -	X		1 Adoption Services	-	-	-	-	-	-
2 Case Management	\$ 8,235,438.09		\$ -	\$ 8,235,438	X		2 Case Management	10,000	4,390	14,166	-	18,556	28,556
3 Congregate Meals	\$ 55,802.01		\$ -	\$ 55,802	X		3 Congregate Meals	1,897	12	279	4,839	5,130	7,027
4 Counseling Services	\$ -		\$ -	\$ -	X		4 Counseling Services	-	-	-	-	-	-
5 Day Care--Adults	\$ 538,221.81		\$ -	\$ 538,222	X		5 Day Care--Adults	-	3	12	4,000	4,015	4,015
6 Day Care--Children	\$ -		\$ -	\$ -	X		6 Day Care--Children	-	-	-	-	-	-
7 Education and Training Services	\$ 220,383.43		\$ 9,586,125	\$ 9,806,508	X		7 Education and Training Services	10,368	-	-	6,257	6,257	-
8 Employment Services	\$ -		\$ -	\$ -	X		8 Employment Services	-	-	-	-	-	-
9 Family Planning Services	\$ 369,699.00		\$ -	\$ 369,699	X		9 Family Planning Services	-	2,141	-	-	2,141	-
10 Foster Care Services--Adults	\$ -		\$ -	\$ -	X		10 Foster Care Services--Adults	-	-	-	-	-	-
11 Foster Care Services--Children	\$ 117,300.00		\$ 113,000,000	\$ 113,117,300	X		11 Foster Care Services--Children	9,197	-	-	2,266	2,266	-
12 Health-Related Services	\$ 639,887.56		\$ -	\$ 639,888	X		12 Health-Related Services	70	349	17	-	366	436
13 Home-Based Services	\$ 1,779,677.19		\$ -	\$ 1,779,677	X		13 Home-Based Services	-	271	2,022	-	2,293	2,293
14 Home-Delivered Meals	\$ 245,346.06		\$ -	\$ 245,346	X		14 Home-Delivered Meals	-	255	241	-	496	496
15 Housing Services	\$ -		\$ -	\$ -	X		15 Housing Services	-	-	-	-	-	-
16 Independent/Transitional Living Services	\$ -		\$ -	\$ -	X		16 Independent/Transitional Living Services	-	-	-	-	-	-
17 Information & Referral	\$ 1,152,594.92		\$ -	\$ 1,152,595	X		17 Information & Referral	-	32,175	75,075	-	107,250	107,250
18 Legal Services	\$ -		\$ -	\$ -	X		18 Legal Services	-	-	-	-	-	-
19 Pregnancy & Parenting	\$ -		\$ -	\$ -	X		19 Pregnancy & Parenting	-	-	-	-	-	-
20 Prevention & Intervention	\$ -		\$ -	\$ -	X		20 Prevention & Intervention	-	-	-	-	-	-
21 Protective Services--Adults	\$ 351,466.90		\$ -	\$ 351,467	X		21 Protective Services--Adults	-	-	-	4,839	4,839	4,839
22 Protective Services--Children	\$ 1,673,283.10		\$ 80,000,000	\$ 81,673,283	X		22 Protective Services--Children	93,232	-	-	-	-	93,232
23 Recreation Services	\$ -		\$ -	\$ -	X		23 Recreation Services	-	-	-	-	-	-
24 Residential Treatment	\$ 1,411,511.82		\$ -	\$ 1,411,512	X		24 Residential Treatment	262	-	-	-	-	262
25 Special Services--Disabled	\$ 90,000.00		\$ -	\$ 90,000	X		25 Special Services--Disabled	-	-	-	800	800	800
26 Special Services--Youth at Risk	\$ 15,394,439.17		\$ 16,144,838	\$ 31,539,277	X		26 Special Services--Youth at Risk	23,147	-	-	6,000	6,000	29,147
27 Substance Abuse Services	\$ -		\$ -	\$ -	X		27 Substance Abuse Services	-	-	-	-	-	-
28 Transportation	\$ 786,674.36		\$ -	\$ 786,674	X		28 Transportation	-	39,390	7,161	192	46,743	46,743
29 Other Services***	\$ -		\$ -	\$ -	X		29 Other Services***	-	-	-	-	-	-
30 SUM OF EXPENDITURES FOR SERVICES	\$33,061,725.42	\$ -	\$ 218,730,963	\$ 251,792,688			30 SUM OF RECIPIENTS OF SERVICES	148,173	78,986	98,973	29,193	207,152	353,137
31 Administrative Costs		\$ -											
32 SUM OF EXPENDITURES FOR SERVICES AND ADMINISTRATIVE COSTS	\$33,061,725.42	\$ -											

\* From which block grant(s) were these funds transferred?

\*\* Please list the sources of these funds:

\*\*\* Please list other services:

SSBG PRE-EXPENDITURE REPORT

Service Supported with SSBG Expenditures	CJI		DDRS		Head Start		DOC		Aging		DMHA		ISDH		DCS		All Expenditures Totals		
	SSBG Expenditures	Expenditures of All Other Federal, State and Local funds**	SSBG Expenditures	Expenditures of All Other Federal, State and Local funds**	SSBG Expenditures	Expenditures of All Other Federal, State and Local funds**	SSBG Expenditures	Expenditures of All Other Federal, State and Local funds**	SSBG Expenditures	Expenditures of All Other Federal, State and Local funds**	SSBG Expenditures	Expenditures of All Other Federal, State and Local funds**	SSBG Expenditures	Expenditures of All Other Federal, State and Local funds**	SSBG Expenditures	Expenditures of All Other Federal, State and Local funds**	SSBG Expenditures	Expenditures of All Other Federal, State and Local funds**	Total Expenditures
1 Adoption Services																	\$ -	\$ -	\$ -
2 Case Management			\$ 3,690,000.00						\$ 4,545,438.09								\$ 8,235,438.09	\$ -	\$ 8,235,438
3 Congregate Meals	\$ 10,250.00								\$ 45,552.01								\$ 55,802.01	\$ -	\$ 55,802
4 Counseling Services																	\$ -	\$ -	\$ -
5 Day Care-Adults			\$ 500,000.00						\$ 38,221.81								\$ 538,221.81	\$ -	\$ 538,222
6 Day Care-Children																	\$ -	\$ -	\$ -
7 Education and Training Services					\$ 107,883.43	\$ 231,125								\$ 112,500.00	\$ 9,355,000		\$ 220,383.43	\$ 9,586,124.72	\$ 9,806,508
8 Employment Services																	\$ -	\$ -	\$ -
9 Family Planning Services													\$ 369,699.00				\$ 369,699.00	\$ -	\$ 369,699
10 Foster Care Services-Adults																	\$ -	\$ -	\$ -
11 Foster Care Services-Children													\$ 117,300.00	\$ 113,000,000			\$ 117,300.00	\$ 113,000,000.00	\$ 113,117,300
12 Health-Related Services									\$ 501,033.56				\$ 138,854.00				\$ 639,887.56	\$ -	\$ 639,888
13 Home-Based Services									\$ 1,779,677.19								\$ 1,779,677.19	\$ -	\$ 1,779,677
14 Home-Delivered Meals									\$ 245,346.06								\$ 245,346.06	\$ -	\$ 245,346
15 Housing Services																	\$ -	\$ -	\$ -
16 Independent/Transitional Living Services																	\$ -	\$ -	\$ -
17 Information & Referral									\$ 1,152,594.92								\$ 1,152,594.92	\$ -	\$ 1,152,595
18 Legal Services																	\$ -	\$ -	\$ -
19 Pregnancy & Parenting																	\$ -	\$ -	\$ -
20 Prevention & Intervention																	\$ -	\$ -	\$ -
21 Protective Services-Adults	\$ 351,466.90																\$ 351,466.90	\$ -	\$ 351,467
22 Protective Services-Children	\$ 137,783.10													\$ 1,535,500.00	\$ 80,000,000		\$ 1,673,283.10	\$ 80,000,000.00	\$ 81,673,283
23 Recreation Services																	\$ -	\$ -	\$ -
24 Residential Treatment							\$ 1,411,511.82										\$ 1,411,511.82	\$ -	\$ 1,411,512
25 Special Services-Disabled			\$ 90,000.00														\$ 90,000.00	\$ -	\$ 90,000
26 Special Services-Youth at Risk							\$ 1,217,295.17				\$ 3,477,144.00	\$ 16,144,838		\$ 10,700,000.00			\$ 15,394,439.17	\$ 16,144,838.00	\$ 31,539,277
27 Substance Abuse Services																	\$ -	\$ -	\$ -
28 Transportation	\$ 500.00								\$ 786,174.36								\$ 786,674.36	\$ -	\$ 786,674
29 Other Services***																	\$ -	\$ -	\$ -
30 SUM OF EXPENDITURES FOR SERVICES		\$ -		\$ -		\$ 231,125		\$ -		\$ -		\$ 16,144,838		\$ -	\$ 202,355,000		\$ 33,061,725.42	\$ 218,730,962.72	\$ 251,792,688
31 Administrative Costs																			\$ -
32 SUM OF EXPENDITURES FOR SERVICES AND ADMINISTRATIVE COSTS	\$ 0.00		\$ 0.00		\$ 0.00		\$ 0.00		\$ 0.00		\$ 0.00		\$ 0.00		\$ 0.00		\$ 33,061,725.42	\$ 218,730,962.72	\$ 251,792,688

		CJI			
Service Supported with SSBG Expenditures		Children	Adults		Children
			Adults Age 59 Years & Younger	Adults Age 60 Years & Older	
1	Adoption Services				
2	Case Management				10,000
3	Congregate Meals	1,897		4,839	
4	Counseling Services				
5	Day Care--Adults				
6	Day Care--Children				
7	Education and Training Services				
8	Employment Services				
9	Family Planning Services				
10	Foster Care Services--Adults				
11	Foster Care Services--Children				
12	Health-Related Services				
13	Home-Based Services				
14	Home-Delivered Meals				
15	Housing Services				
16	Independent/Transitional Living Services				
17	Information & Referral				
18	Legal Services				
19	Pregnancy & Parenting				
20	Prevention & Intervention				
21	Protective Services--Adults			4,839	
22	Protective Services--Children	1,897			
23	Recreation Services				
24	Residential Treatment				
25	Special Services--Disabled				
26	Special Services--Youth at Risk				
27	Substance Abuse Services				
28	Transportation			192	
29	Other Services***				
30	SUM OF RECIPIENTS OF SERVICES	3,794	-	-	9,870
					10,000



DOC			Aging				
Adults			Children	Adults			Children
Adults Age 59 Years & Younger	Adults Age 60 Years & Older	Adults of Unknown Age		Adults Age 59 Years & Younger	Adults Age 60 Years & Older	Adults of Unknown Age	
				4,390	14,166		
				12	279		
				3	12		
			70	-	2		
				271	2,022		
				255	241		
				32,175	75,075		
							22,000
				39,390	7,161		
-	-	-	70	76,496	98,958	-	22,000



DMHA			ISDH				
Adults			Children	Adults			Children
Adults Age 59 Years & Younger	Adults Age 60 Years & Older	Adults of Unknown Age		Adults Age 59 Years & Younger	Adults Age 60 Years & Older	Adults of Unknown Age	
							-
							-
							-
							-
							-
							-
							10,368
							-
				2,141			-
							-
							9,197
				349	15		-
							-
							-
							-
							-
							-
							-
							-
							-
							91,335
							-
							-
							-
		6,000					975
-	-	6,000	-	2,490	15	-	111,875

## DCS

## Total Counts

Adults			Children	Adults			Total Adults	Total
Adults Age 59 Years & Younger	Adults Age 60 Years & Older	Adults of Unknown Age		Adults Age 59 Years & Younger	Adults Age 60 Years & Older	Adults of Unknown Age		
-	-	-	-	-	-	-	-	-
-	-	-	10,000	4,390	14,166	-	18,556	28,556
-	-	-	1,897	12	279	4,839	5,130	7,027
-	-	-	-	-	-	-	-	-
-	-	-	-	3	12	4,000	4,015	4,015
-	-	-	-	-	-	-	-	-
-	-	6,210	10,368	-	-	6,257	6,257	-
-	-	-	-	-	-	-	-	-
-	-	-	-	2,141	-	-	2,141	-
-	-	-	-	-	-	-	-	-
-	-	2,266	9,197	-	-	2,266	2,266	-
-	-	-	70	349	17	-	366	436
-	-	-	-	271	2,022	-	2,293	2,293
-	-	-	-	255	241	-	496	496
-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-
-	-	-	-	32,175	75,075	-	107,250	107,250
-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	4,839	4,839	4,839
-	-	-	93,232	-	-	-	-	93,232
-	-	-	-	-	-	-	-	-
-	-	-	262	-	-	-	-	262
-	-	-	-	-	-	800	800	800
-	-	-	23,147	-	-	6,000	6,000	29,147
-	-	-	-	-	-	-	-	-
-	-	-	-	39,390	7,161	192	46,743	46,743
-	-	-	-	-	-	-	-	-
-	-	8,476	148,173	78,986	98,973	29,193	207,152	325,096