



# **INDIANA DEPARTMENT OF CHILD SERVICES**

**ANNUAL REPORT TO THE  
STATE BUDGET COMMITTEE AND  
LEGISLATIVE COUNCIL**

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Pursuant to IC 31-25-2-4, once every twelve months, the Indiana Department of Child Services (DCS) is required to submit a report to the State Budget Committee and the Legislative Council that provides data and statistical information regarding caseloads of child protection workers. This report includes:

- A description and recommendations for best management practices and resources required to achieve effective and efficient delivery of child protection services;
- The Department's progress in recruiting, training, and retaining caseworkers;
- The methodology used to compute caseloads for each child protection worker;
- The statewide average caseloads for child protection caseworkers and whether they exceed the standards established by the Department; and
- A written plan that indicates steps that are being taken to reduce caseloads if the report indicates that average caseloads exceed caseload standards.

## EFFECTIVE AND EFFICIENT DELIVERY OF CHILD PROTECTION SERVICES

In 2005, DCS was created as a standalone agency charged with administering Indiana's child protection and IV-D child support systems. After its creation, DCS engaged national and local organizations for guidance and support to improve the system that cares for abused and neglected children. This collaboration marked the beginning of Indiana's practice reform efforts. The Department is committed to improve protection and services to children and their families, and over the last ten years, DCS launched numerous initiatives to improve the administration of child welfare in Indiana.

During State Fiscal Year (SFY) 2013, Governor Mike Pence appointed Judge Mary Beth Bonaventura to lead the cabinet-level agency. Bringing a wealth of knowledge and experience to the agency, Director Bonaventura served as Senior Judge of the Lake Superior Court, Juvenile Division – one of the toughest juvenile divisions in the state. Judge Bonaventura was appointed Senior Judge in 1993 by then-Governor Evan Bayh, after having served more than a decade as a juvenile court magistrate.

Director Bonaventura leads a staff of approximately 3,800 employees, most of which are Family Case Managers (FCMs). The Department's infrastructure includes local offices in all 92 Indiana counties, organized into 18 geographic regions. An additional region encompasses Central Office FCMs from the Institutional Assessment and Collaborative Care Units, for a total of 19 regions. In 2010, DCS added a centralized child abuse and neglect hotline in Indianapolis and has since added four regional hotline sites in Blackford, Lawrence, St. Joseph, and Vanderburgh counties.

Since its creation, DCS has implemented a number of strategies and programs designed to achieve child welfare best practices and ensure the agency is successful in furthering its mission of protecting children from abuse and neglect. The Department also collaborates with other key



stakeholders to provide a multi-disciplinary approach to tackling challenging child welfare issues. Below are updates on recent initiatives addressed in this report:

- Children's Mental Health Initiative
- Child Welfare Waiver Demonstration Project
- Centralized Child Abuse and Neglect Hotline
- Commission on Improving the Status of Children in Indiana

## CHILDREN'S MENTAL HEALTH INITIATIVE

Many Hoosier youth struggle with mental health issues and have difficulty accessing services due to their families' inability to pay. While Indiana has many existing services to treat mental health and behavioral health issues, the only individuals who were able to afford the treatment were those eligible for Medicaid, with private insurance, or being served through DCS or probation. This left a gap in Indiana's service continuum. In an effort to receive services, children and families would often get bounced from agency to agency and would frequently end up in the child welfare or juvenile justice systems, even when no child abuse, neglect, or delinquency had occurred. This problem was compounded by the fact that no funding was being allocated to any agency to serve this population.

During SFY 2012, DCS and the Family and Social Services Administration (FSSA) began collaborating to find a solution to this issue by building a continuum of care for children with complex mental or behavioral health needs who were at risk for entering the child welfare or juvenile delinquency system. These discussions centered around the idea that children should not have to be designated a "Child in Need of Services" (CHINS) or a juvenile delinquent for the sole purpose of accessing services, and that agency silos must be broken down to find a solution that best serves children and families.

One of the biggest barriers the State faced in providing these services was funding. DCS committed \$25 million annually for the new program, allowing the group to set aside the issue of funding and truly determine what would be best for children and families. After the funding issue was resolved, the group was able to analyze the current system which has been extremely disjointed and confusing. Before DCS and FSSA began rolling out the Children's Mental Health Initiative (CMHI), many families in need were unsure where to seek services.

An analysis of the current system demonstrated that Indiana had many existing services for youth with mental health struggles. Available resources include Psychiatric Residential Treatment Facility Transition Waiver (CA-PRTF), application for state plan amendment 1915i, access sites, Medicaid Rehab Option (MRO) and clinic services, Psychiatric Residential Treatment Facilities (PRTF's) and the DCS master contract with the Community Mental Health Centers (CMHCs). Building upon existing resources, DCS and FSSA decided the best approach for children and families would be to tap into Indiana's existing service structure, resulting in the creation of the CMHI.



The CMHI allows children and families to access intensive wraparound and residential services, funded by DCS, without court intervention. This Initiative is a major change in how Indiana provides services to youth with mental health issues. Historically, this population has been unable to access these services without becoming a ward of the state or entering the juvenile probation system, both requiring the intervention of the court.

The CMHI ensures access to high level services managed by a wraparound facilitator through the CMHC system for those previously unable to afford services. Using the CMHC Access Site system enables DCS to streamline the process for families. This new process does not require children and families to navigate separate systems to receive services; instead they can go directly to the Access Site for an assessment. The Access Site determines whether or not the youth is eligible for services, regardless of how the services would be paid. The target group eligibility for the CMHI is:

- Children who meet the qualifications for Children’s Mental Health Wraparound (CMHW) services, but who are not Medicaid eligible. To Include:
  - Children age 6 through 17
  - Children 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)
- Children who meet needs based criteria: DSM-IV-TR diagnosis, dysfunctional behavior, or Family Functioning Support. (Child and Adolescent Needs and Strengths Algorithm 1)
- 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:** DCS may expand the target population of the Children’s Mental Health Initiative beyond that which is covered under the Children’s Mental Health Wraparound Services.

Children who meet the eligibility but also have Medicaid will be served through the Medicaid program. Children who are not Medicaid eligible and have no private insurance will receive services funded, but not managed, by DCS. In order to ensure that services are available for families in all areas of the state, DMHA assisted with building Access Sites statewide. Both DCS and FSSA are monitoring services and a state agency workgroup was created to help monitor the rollout of this program, including identifying and overcoming obstacles that arise.

Families are only referred to DCS if it is determined that services are needed in order to maintain the safety of the child and/or other children in the home, the family or child is unwilling to voluntarily accept services, and/or the family insists that the child be removed despite a CMHC assessment that indicates the child can be maintained in home with services. In this event, DCS completes a child abuse or neglect assessment to determine whether the coercive intervention of the court is needed to require the family to participate in services.



Community involvement is critical to the success of this program. Anyone is able to refer a child to the Community Mental Health Center Access Site for assessment. The child is assessed for level of need and eligibility. The CMHI roll out began in November 2012 and is now available in all 92 counties. Early analysis shows these services are keeping children safely at home and out of the child welfare system. More importantly, the CMHI is providing a mechanism to provide mental health services for those families in crisis. During SFY 2015, 481 children were served through the CMHI. Families who are not able to be served through the CMHI are connected to other available services in the community.

### **CHILD WELFARE WAIVER DEMONSTRATION PROJECT**

Indiana has had the benefit of participating in a federal Child Welfare Waiver Demonstration Project (Waiver) since 1998, which provides Indiana the opportunity to use federal funds to test innovative approaches to child welfare service delivery and financing. Indiana's Waiver was extended in 2003, 2005, 2010, and then again in 2012. In 2012, the U.S. Department of Health and Human Services (HHS), Administration for Children and Families (ACF), approved the Waiver Terms and Conditions for an expansion of the State's Waiver project. The Waiver period is for five years, beginning July 1, 2012.

The Department's original Waiver (1998-2012) allowed a limited target population to participate in services. However, Indiana's 2012 Waiver extension includes all children under the age of 18 served by DCS, as well as their families, and provides Indiana with the flexibility to offer a broader array of services. The extension enables Waiver service provision to more closely mirror the Department's practice model and the Safely Home, Families First philosophy, which aims to keep children safely in their own homes or with relatives. Safely Home, Families First is consistent with national best practice, emerging research, and the Department's effort to achieve improved outcomes for children.

In conjunction with Safely Home, Families First, the Waiver targets both Title IV-E eligible and Title IV-E ineligible youth who are at risk of or in out-of-home placement, as well as their parents, siblings, and caregivers. The target population served includes:

1. Children and families who have substantiated cases of abuse and/or neglect that will likely develop into an open case with an Informal Adjustment (IA) or Child in Need of Services (CHINS) status.
2. Children and their families that have an IA or children that have the status of CHINS or Juvenile Delinquency/Juvenile Status Offense (JD/JS).
3. Children with the status of CHINS or JD/JS and their foster/relative families with whom they are placed.

Through the Waiver, DCS has utilized innovative methods to ensure families are provided with services that meet their needs, and when possible, allow children to remain safely in their homes.



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Waiver funding is integral to the Department's delivery of services and enables DCS to offer an expanded array of concrete goods and services to help sustain families. These types of services have historically only been available through other funding sources. Some of the concrete services supported by Waiver funding include payment of utility bills, vehicle repairs, before/after school care, respite care, baby monitors, and cleaning of the home environment. These are valuable services for families that often prevent the need for removal.

The Waiver also allows Indiana to invest in an improved and expanded array of in-home and community-based family preservation, reunification, and adoption services. Examples of new programs implemented due to the flexibility of the Waiver include the Children's Mental Health Initiative discussed earlier in this report, a family evaluation/multi-disciplinary team, Child Parent Psychotherapy, Sobriety Treatment and Recovery Teams, and comprehensive home-based services, which include Family Centered Treatment, Motivational Interviewing, and Trauma-Focused Cognitive Behavioral Therapy.

Indiana's Waiver project 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 goals and direction with regards to Waiver spending and service delivery. To further support these efforts, DCS is implementing a Continuous Quality Improvement (CQI) process, discussed in detail later in this report, which will serve as the foundation for its continuum of service provision. DCS is committed to developing a CQI approach that will serve as the basis for evaluating and improving child welfare practice.

### CENTRALIZED CHILD ABUSE AND NEGLECT HOTLINE

In January 2010, DCS established the Indiana Child Abuse and Neglect Hotline (Hotline) to ensure consistent and improved handling of calls alleging child abuse and neglect. The Hotline is staffed with trained Family Case Manager Intake Specialists and at least one Supervisor on every shift, 24 hours per day, 7 days a week, 365 days per year. FCM Intake Specialists are specially trained to ask probing questions to obtain comprehensive information about a number of factors, including those that may impact worker safety. These Intake Specialists gather information from callers, enter the information into the DCS intake system, and make recommendations to the DCS local office as to whether the information provided meets statutory criteria for DCS to conduct an assessment.

DCS continues to evaluate the Hotline to determine ways that the intake process can be adjusted and improved to better meet Indiana's needs. During SFY 2013, the Indiana General Assembly created the DCS Oversight Committee, which was charged with, among other things, evaluating the Hotline's processes and making recommendations for improvements. As a result, the Committee recommended a number of administrative and legislative adjustments for the Hotline.



The Committee also recognized that due to increased awareness of the Hotline, more reports of child abuse and neglect were being made. The increase in call volume to the Hotline created longer than desired wait times. To ensure that DCS had the appropriate number of staff to answer calls promptly, the Committee recommended that the legislature appropriate funding for an additional 50 FCM Intake Specialists and 10 Intake Specialist Supervisors. During the 2013 legislative session, DCS received an additional \$2 million over the biennium to fund a portion of those positions. The Department committed to finding the additional funds needed to fully implement the Committee's staffing recommendations. The Department decided to locate the additional Hotline staff at four new Hotline locations around the state:

- Blackford County,
- Lawrence County,
- St. Joseph County, and
- Vanderburgh County.

After implementation of the Hotline, DCS has seen the number of reports increase from:

- Calendar Year (CY) 2009 – 109,489 reports
- CY 2013 – 187,475 reports
- CY 2014 – 198,684 reports

There was an increase of over 71% between 2009 and 2013 and over an 81% increase between 2009 and 2014. The increase in reports to the Hotline represents better and more documented calls. Hotline staff use a number of tools to help monitor performance and analyze a broad array of data.

Hotline performance for CY 2013 and CY 2014 is as follows:

	2013	2014
Calls answered in less than 8 seconds.	47%	63%
Calls answered in less than 30 seconds.	62%	79%
Calls were answered in less than 1 minute.	65%	82%
Callers waited 5 minutes or longer.	8%	2%
Callers waited 10 minutes or longer.	0.7%	0.1%
Callers hung up before speaking to an agent - of those:	9%	5%
Abandoned the call after waiting less than 30 seconds,	11%	18%
36% abandoned the call after waiting less than 1 minute, and	36%	55%





12% abandoned the call after waiting 5 minutes or more.	12%	4%
<i>Average hold time for callers who hung up before speaking to an agent:</i>		
Law Enforcement Agencies (LEA)	01:24	01:24
Non-LEA	02:27	01:36
<i>The average speed of answer for calls:</i>		
Law Enforcement Agencies (LEA)	00:28	00:20
Non-LEA	01:19	00:32
Average minutes caller spent speaking with an intake specialist.	11:18	12:45
Average number of calls taken by Hotline per business day.	539	556
Average number of calls taken by Hotline per weekend day.	182	193

In comparison to CY 2013, the Hotline saw a rise in calls handled per business day (+17) and weekend day (+11). Despite the volume increase, the Hotline was able to improve on most measures. In CY 2013, the Hotline answered 62% of calls in less than 30 seconds, and 8% of callers waited five minutes or longer. In CY 2014, these numbers had improved to 79% of calls answered in less than 30 seconds and 2% of callers having waited five minutes or longer. In CY 2014, the average speed of answer for non-LEA calls improved by 47 seconds.

Beginning in 2011, DCS began piloting a new Hotline quality assurance process. The quality assurance process builds on the Department's quality service review process (QSR), which allows DCS to evaluate implementation of the practice model in field operations. The process includes quarterly reviews (including review of both written reports and call recordings) to evaluate worker documentation and customer service. Hotline staff also perform weekly and monthly reviews of outcome data, such as the average speed of answering a call and other data points listed above.

DCS utilizes a Performance and Quality Improvement (PQI) process to evaluate certain Hotline data annually to identify trends. As part of this effort, DCS conducts annual Reporter Satisfaction Surveys to solicit feedback on the reporting experience and ease in finding the Hotline number. These surveys are taken by callers who agree to answer survey questions directly after reporting child abuse and/or neglect to the Hotline. The results help the Department determine how it can improve its customer service processes.



## COMMISSION ON IMPROVING THE STATUS OF CHILDREN IN INDIANA

During the 2013 session, the General Assembly passed Senate Enrolled Act 125, which created the Commission on Improving the Status of Children in Indiana (Commission), charged with studying and evaluating services for vulnerable youth, promoting information sharing and best practices, and reviewing and making recommendations concerning pending legislation. The Commission is comprised of 18 members from the executive, judicial, and legislative branches, as well as local government officials. The Commission was created to bring together all governmental agencies that work with 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, and
- Data from state agencies relevant to evaluating progress, targeting efforts, and demonstrating outcomes.

The Commission began meeting in August 2013 and has held ten meetings to date. At each meeting, the Commission hears from experts from around the state on topics relating to vulnerable youth and can elect to look into the topic further, create a task force, or make recommendations. The Commission includes six task forces as listed below:

- Infant Mortality and Child Health Task Force
- Data Sharing and Mapping Task Force
- Department of Child Services Oversight Committee
- Cross-System Youth Task Force
- Substance Abuse and Child Safety Task Force
- Educational Outcomes Task Force

The task forces are comprised of subject matter experts from around the state. The members represent legislators, juvenile judges, juvenile probation, state agencies, supreme court, Casey Family Programs, court appointed special advocates (CASA), prosecutors, service providers, school professionals, lawyers, public defenders, law enforcement agencies, college education professionals, EMS, hospitals, universities, mental health centers, child advocates, Indiana State Police, and youth advocacy organizations. DCS has a representative on each task force.

## DCS OBJECTIVES FOR NEXT BIENNIUM

Director Bonaventura and DCS recognize that in order to ensure Indiana is achieving the best outcomes for children and families, the Department can never stop evaluating its practice. To that end, and in line with Governor Pence's roadmap agenda goal of improving the health, safety, and well-being of Hoosier children, DCS developed a plan to continue to enhance child welfare and child



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support practices over the next year. The Department will focus on five priorities for improvement during the next biennium:

1. Improve the financial well-being of Hoosier children by building an enhanced child support automated system.
2. Ensure the safety of Hoosier children through informed decision-making beginning from initial assessment.
3. Promote safe, timely, and stable permanency options for children.
4. Ensure the well-being of Indiana children by integrating a trauma-informed care approach to child welfare practice.
5. Promote a culture of staff development and continuous quality improvement whereby staff at all levels of the Department consider ways to improve practice, programs, and policy.

### OBJECTIVE #1: NEW INVEST CHILD SUPPORT SYSTEM

The first pillar of the Department's plan for improvement is based upon the belief that every child has the right to the financial support of both parents, whether or not the parents are married or live together in the home with the child. The Indiana DCS Child Support Bureau (CSB), in conjunction with its county partners, enforces this right. Title IV-D of the Federal Social Security Act requires every state to operate a child support program to perform parental locate functions, paternity establishment, support order establishment and enforcement, payment processing, and child support disbursement.

In Indiana, the Title IV-D Child Support Program is administered by the DCS Child Support Bureau and is carried out locally by the county prosecutor's offices, the county clerks' offices, and the courts. Each state's IV-D program is evaluated and scored annually by the U.S. Office of Child Support Enforcement based on performance measures in five categories: support order establishment, current support collections, cases paying on arrears, paternity establishment, and cost effectiveness. Indiana's IV-D program performance has significantly improved over time, to being ranked 10th in the nation in Federal Fiscal Year (FFY) 2013, up from 35th in FFY 2003. For FFY 2014, the state's preliminary ranking improved again to 9th overall.

In order to administer the IV-D program, states are required to have a federally certified, statewide, automated computer system. Indiana's current system is called the Indiana Support Enforcement Tracking System (ISETS). Federal mandates regarding the system's functionality result in a very complex system with 509 screens, 1946 programs, 2.3 million lines of code, and 200 interface files with various federal and state systems.

ISETS is responsible for maintaining approximately 287,000 Title IV-D cases and approximately 150,000 active non-IV-D (private) cases. It processes almost \$1 billion in child support payments annually. Unlike other human services programs, where the automated system may be an important, but peripheral, aspect of a worker's daily routine, automated child support systems *are* a



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worker's daily routine. If the system does not work or does not work well, it negatively impacts the state's ability to ensure child support monies are reaching children.

ISETS is a legacy system built on dying technology and is long overdue for replacement. Although the system was developed in the mid-1990s, the original technology was developed in the late 1980's. Its rate of decline appears to be increasing because portions of its technology are no longer supported, making it difficult and extremely expensive to make system changes on any level. This results in growing costs in both technology changes and staffing, an inability to provide changes to improve child support workers' productivity, and difficulty in meeting federal/state mandated functionality changes and audit requirements.

To address these issues, the DCS Child Support Bureau (CSB) embarked on a multi-year project in conjunction with its county partners, to build and launch a new child support system. The new system will be called the Indiana Verification and Enforcement of Support (INvest). INvest will have a number of benefits, including increased collections for families, increased opportunity for collaboration, and dramatically decreased maintenance costs.

CSB has already begun efforts to plan and prepare for the new system by completing a Business Process Analysis, reorganizing and hiring additional staff to meet the Bureau's needs, and meeting with county partners to discuss the business and functional needs of the new system and outline deliverables and requirements which are being finalized for review by potential system vendors. CSB also added a new team of "Business Process Owners" who have both business and technical child support expertise and will ensure that INvest meets state-specific and federal functionality requirements.

State child support systems are highly regulated by the federal government, with much of the regulation due to the significant federal investment provided to states for IV-D activities. In order to receive federal funding for the INvest project, Indiana must meet a number of different federal procedural requirements before beginning the system build. Additionally, the system itself must meet certain functional requirements.

The first steps in the federal approval process were the Planning Advanced Planning Document (PAPD) and completion of a Federal Feasibility Study. The Federal Feasibility Study required Indiana to evaluate various approaches to the system build and determine whether the most cost effective use of time and resources is to maintain the status quo, transfer another state's system, or custom build a new system. CSB was required to demonstrate that all options were evaluated and include a cost-benefit analysis for each approach. The Feasibility Study was approved in December 2014.

In order to move forward with the system build, CSB must receive approval from the federal government via an Implementation Advanced Planning Document (IAPD). Then, CSB will seek to engage third party vendor(s) to assist with the INvest system build. Over the next year, CSB will



release several Requests for Services (RFS) to initiate this process. CSB will require the vendors to not only work with them on the system build, but to assist with quality assurance activities.

While INvest will take many years to complete, the Department's strategic plan for this project includes the following goals for SFYs 2015-2017:

- Receive Federal approval on the Implementation Advanced Planning Document (IAPD) to secure funding for INvest,
- Have state staff organized and ready to support and oversee the INvest project as well as maintenance of the ISETS legacy application,
- Select highly qualified vendors for the INvest project to do the build and implementation, quality assurance and IV&V activities, and
- Kickoff and begin the INvest project.

Once implemented, this system will help get child support monies to more kids, better enabling Indiana to ensure the financial well-being of Hoosier children.

## **OBJECTIVE #2: CHILD SAFETY AND INFORMED DECISION-MAKING**

The Department's second objective for improvement is to ensure the safety of Hoosier children through informed decision-making, beginning from the initial assessment throughout the duration of DCS involvement with a family. To ensure that DCS is successful in fulfilling its core mission of protecting children from abuse and neglect, the Department uses information from a variety of resources to evaluate its strengths and opportunities for improving the policies, processes, training, services and other resources the agency uses to ensure child safety.

It is the Department's belief that every child has the right to appropriate care and a permanent home, and that the most desirable place for children to grow up is in their own homes, as long as that can be done safely. DCS will expand utilization of effective and proven home-based services to increase the number of children who can remain safely in their own homes and reduce the incidence of maltreatment for children involved in the child welfare system. During SFY 2015, DCS trained service providers in Trauma-Focused Cognitive Behavioral Therapy, Motivational Interviewing, and Family Centered Treatment. These programs were implemented as part of the Comprehensive Home Based Service array, and program referrals have been tracked from inception to date.

It is vitally important that the Department has an appropriate service array available to help stabilize families. One step in accomplishing this goal is service mapping. Service mapping ensures that children at high risk of maltreatment are recommended for the appropriate evidence-based services based on the individually identified needs of the child and family. Service mapping is now being utilized throughout the entire state to help meet the needs of children and families.



DCS has also reevaluated and updated the training curriculum for new Family Case Managers (FCM) to ensure workers have the skills and knowledge to ensure child safety and support positive outcomes for children and families. One of the training updates has new FCMs observe an experienced FCM completing an assessment, including a Safety, Risk and Family Strengths and Needs assessment, in MaGIK. New FCMs then discuss their responses with the experienced FCM and the Field Mentor as part of the Transfer of Learning (TOL) Activities. This learning is further reinforced during classroom activities using real case scenarios and facilitated classroom discussions.

Also, prior to graduation, each cohort is required to complete the Child and Adolescent Needs and Strengths Assessment (CANS) Certification. This is completed as part of the TOL Activities, with oversight provided by the Supervisor and the Field Mentor. Once they are certified, new FCMs assist their Field Mentor, or an experienced FCM, in completing a Comprehensive CANS and case plan for a family. New FCMs are then assigned a couple of cases prior to graduation so they can apply what they have learned to actual cases under the guidance of their Supervisor and Field Mentor.

### **OBJECTIVE #3: INCREASED PERMANENCY OPTIONS**

The Department's third goal for improvement is to expand placement and permanency options, and to improve placement stability for children in relative placements as well as foster care placements. As mentioned previously, one of the Department's core values is that all children deserve a safe and permanent home. Children desire and deserve to remain with their own families, to sleep in their own beds, and to be surrounded by their own belongings. They want to go to the same school, see their friends, and learn from the teachers they know. All children should have a permanent lifetime home where they know they belong and are loved. They deserve to have that permanency established in an effective and timely manner. It is important that the Department acknowledge and also desire those things for them and strive to ensure that children remain with their own families when they can do so safely.

A focus on permanency begins at the beginning of a case – it starts with looking at ways for the child to be able to remain in the home, and it ends with transitioning the family out of the child welfare system so they can maintain a safe home environment without an ongoing DCS presence. The Department believes that the most desirable place for children to grow up is in their own home, as long as the family is able to provide safety and security for the child. However, some situations exist which lead to a determination that removal from the home is best for the child. It is the Department's belief that if a child cannot safely remain in his or her home, then out-of-home placement with a fit and willing relative is the best option. To help meet this goal, the definition of relative under Title 31 and the DCS policy on relative placement was expanded to include "any other individual with whom a child has an established and significant relationship."

Additionally, the Department seeks to improve the placement stability of children in foster and adoptive homes. In August and November of 2014, DCS hosted trainings conducted by the





Consortium for Children for all DCS foster care staff. The Department also implemented the Structured Analysis Family Evaluation (SAFE), a more comprehensive and enhanced home study, for all DCS foster home applications processed after November 10, 2014.

DCS has begun monthly in-service meetings with foster care Supervisors, Managers and Regional Managers in hopes of providing current information on available resources, as well as, to problem-solve and develop plans around any barriers to support and resources for foster parents. DCS continues to educate staff about referral procedures for supportive services for foster parents and situations in which these would be appropriate.

To further improve Indiana's adoption programs and services, the Indiana Adoption Study Committee was established in 2014 through House Enrolled Act (HEA) 1222. HEA 1222 charged the Committee with studying existing public and private adoption programs, services available in public adoption programs, legal and regulatory costs associated with foster care and private adoption in Indiana, and how other states have partnered with private, faith based, and community entities to provide adoption services.

The Committee consists of nine members appointed by the Governor as follows:

- One representative from a licensed child placing agency that provides adoption services,
- One parent who adopted a child who was a ward of DCS,
- One parent who adopted a child through a private adoption,
- One court appointed special advocate (CASA)
- Two representatives from DCS, one of whom must be an attorney,
- Two judges who have experience with adoption cases, and
- One person chosen at the Governor's discretion.

The Committee met several times during SFY 15 to examine and discuss a multitude of issues related to adoption, including but not limited to: adoption awareness and promotion, resources for adoptive families, recruiting new adoptive families and barriers that might prevent otherwise able and willing families from adopting children in need of permanent homes. The Committee was joined by several outside guest speakers and subject matter experts to provide additional insight to the discussion.

In June 2015, the Committee submitted the following final recommendations to the Governor, DCS, and the legislature concerning improving adoption programs:

- Create an adoption promotion brochure that includes information on both public and private adoption, as well as post-adoption services that are available for all adoptive families.
- Increase coordinated efforts to promote adoption through social media campaigns other adoption awareness efforts.



- DCS absorb the cost for the fingerprinting process for foster families who wish to proceed with an adoption.
- Establish a more permanent committee or taskforce within the Commission on Improving the Status of Children to continue to study and advocate for adoption.
- Continue the state's commitment to providing post-adoption services for Hoosier families in order to encourage adoptions and to continue to support those who have helped our most vulnerable children find permanent, safe, and loving homes.

During the next biennium, DCS hopes to use the Committee's final recommendations to help strengthen its adoption program and make Indiana the most adoption-friendly state in the nation.

#### **OBJECTIVE #4: TRAUMA INFORMED CARE**

The Department's fourth objective is to continue integrating a trauma-informed approach by expanding the availability and use of evidence-based and evidence-informed practices to ensure child and family needs are being met. Traditionally, child welfare systems have focused on ensuring the safety and permanency of youth. In many instances, this equates to removing a child from the dangerous environment and placing a child in a foster home until a permanent home can be identified. However, experts now know that merely removing a child from a harmful environment does not undo the emotional harm caused by the abuse and/or neglect the child experienced. In fact, removing a child from the home causes the child to experience additional trauma.

Trauma refers to events that overwhelm a child's capacity to cope and elicit feelings of terror, powerlessness, and out-of-control physiological arousal. Research demonstrates that trauma experienced by children at a young age can have a significant impact on their mental and physical health later in life, including altered brain development, impaired social relationships, learning difficulties and problems in school, physical and mental health conditions, increased risk for chronic health conditions, and even premature death. Most children who enter the child welfare system have experienced some type of trauma, and this trauma is compounded when children are removed from their homes and enter the child welfare system.

DCS is working to integrate trauma-informed care into child welfare practice by collaborating with stakeholders to share resources and improve service delivery across systems. Presentations have been provided to judges, probation and Court Appointed Special Advocates regarding evidence based programs that are supported by DCS. DCS has also provided training and technical support on Evidence-Based Practice to community-based providers including: Trauma Focused Cognitive Behavioral Therapy, Family Centered Treatment, Motivational Interviewing, Child Parent Psychotherapy and Homebuilders. By working with providers, schools, courts, probation, and other state agencies, DCS can ensure that appropriate services are available, and that all are educated on what it means to identify and treat trauma, as opposed to just reacting to its symptoms.





## OBJECTIVE #5: PROMOTE CULTURE OF CONTINUOUS QUALITY IMPROVEMENT & LEARNING

To meet this final objective, DCS aspires to promote a culture where staff at all levels consider ways to improve practice, programs and policy. In order to achieve this, the Department is approaching Continuous Quality Improvement (CQI) as a philosophy to implement policies, programs, and practices that drive continued efforts to support and maintain quality services on behalf of children and families in Indiana. DCS recognizes the need and value of integrating qualitative and quantitative data to provide a more comprehensive view of the agency's strengths and areas for improvement.

At the core of the CQI approach is the development of an organizational culture that supports continuous learning. DCS has already begun implementing a variety of data evaluation techniques to change the agency to a culture of learning. Through the use of consultants, in conjunction with state resources, DCS has begun to analyze and learn from data with targeted management staff. This is just the first step in shifting the agency's culture.

DCS is always working to achieve improved outcomes for children and families, which it does by reviewing existing and emerging research and by analyzing data to continually guide and inform its practice. Data gathered, analyzed, and shared for the Title IV-E Waiver evaluation both support CQI efforts and permit DCS to make necessary changes to policy, programs, and practice through data-informed decision-making. The Title IV-E Waiver serves as a tool for targeted system improvements. The flexibility of the Title IV-E Waiver allows DCS to remain anchored in a general theory of change on behalf of children and families in Indiana and drives this general theory of change toward more specific initiatives that support the DCS Practice Model.

The Department is evaluating progress in achieving its CQI goals and objectives from a completion perspective as opposed to a more quantified data analysis method. To evaluate the agency's progress, DCS will monitor its success by developing a policy and organizational structure to support its utilization of CQI. In addition, the agency will develop a process and monitor progress for identifying opportunities to utilize CQI to further analyze problem areas and identify strategies for improvement. During SFY 2015, DCS has been successful in developing a decision-making structure within the executive staff and field staff through the CQI Steering Committee and workgroups.

In June 2015, DCS hired a Director of Child Welfare Outcomes whose chief responsibilities include data management and analysis of data within all DCS applications. The Director of Child Welfare Outcomes will serve as the agency analyst for all qualitative and quantitative data and aid in the development of recommendations for the Department. This individual will also assist the CQI Steering Committee in evaluating agency data to drive initiatives, interventions and service delivery. DCS remains focused on improving the effectiveness and efficiency of child welfare services through expanded eligibility and a broader service array.



## RECRUITMENT, TRAINING, AND RETENTION OF FAMILY CASE MANAGERS

FCMs are the backbone of Indiana's child welfare system. FCM turnover has a direct impact on the children and families the Department serves, and high turnover can result in longer stays for children in foster care, delays in timely assessments of allegations of abuse and/or neglect, disruptions in child placements, and an increased rate of repeat maltreatment.

The Department currently employs approximately 3,800 individuals, more than half of whom are FCMs who work directly with children and families on a daily basis, going into situations that the average Hoosier could never imagine. The environment is highly stressful due to the nature of the work, and FCMs make difficult decisions everyday that significantly impact the lives of children and families. The Department fully recognizes that supporting these employees is vital to ensuring that the children and families involved in the child welfare system are well served. DCS implements a number of strategies to recruit qualified candidates, decrease staff turnover, and support employee well-being and long-term commitment to serving this vulnerable population. Moreover, DCS is committed to ensuring that field staff have manageable workloads so they can ensure safety to children and families across the state.

### RECRUITMENT

In July 2009, DCS centralized all human resource (HR) functions with the Indiana State Personnel Department and has an embedded staff of 10 HR professionals, including an HR Director, two HR specialists, six field-based HR Generalists, and an HR Coordinator. These staff ensure smooth operation of the FCM recruitment and hiring process. The Employment and Recruiting Specialist manages the overall hiring process, while the field HR Generalists ensure adherence to the timeline and steps. Interviewing and selection of FCM candidates occurs locally and is facilitated by the field HR Generalists, who evaluate applicants, generate e-screenings, and perform background checks.

To address the Department's continuing need for qualified, competent, and committed FCM candidates, the HR Department implemented an aggressive recruitment plan in SFY 2015. HR staff participated in 26 recruitment and career fairs across the state, and State Personnel Department staff attended many other events to attract talent to the State of Indiana (while specifically promoting DCS opportunities). Agency partnerships were also enhanced with colleges/universities, WorkOne offices, and professional organizations, such as the National Association of Social Workers.

Additionally, an enhanced social media strategy was implemented to help promote FCM opportunities to a broader pool of potential candidates, like individuals with degrees outside of social work or individuals looking for a career change. In July 2015, the State Personnel Department hired a dedicated recruiter for DCS FCM positions. This individual is responsible for developing recruitment tools that will help identify characteristics likely to correlate with success and job



satisfaction in an FCM role, which should lead to smarter and more efficient recruiting efforts statewide.

In an effort to recruit recent graduates with Bachelor of Social Work (BSW) degrees, DCS operates the BSW Scholars Program in conjunction with the Indiana University School of Social Work. DCS currently funds 50 scholarships for undergraduate students majoring in social work. The program includes child welfare-specific coursework, and upon graduation, students are offered an FCM position with the Department and must commit to work for DCS for at least two years. During SFY 2015, DCS hired 39 graduates from the BSW Scholars Program.

DCS and its provider agencies recognize the need to ensure a sufficient pool of social workers to support the entire continuum of services provided to vulnerable children and families. As a result, DCS collaborates with service providers and other state agencies to promote the social work field in order to increase the pool of viable candidates with a social work background.

## TRAINING

DCS recognizes that simply hiring additional staff cannot, on its own, alleviate the challenges the Department faces in effectively providing child welfare services to families in need. In order to ensure that DCS not only had enough staff to handle the work, but also that staff were properly trained, DCS created a comprehensive, 12-week new worker training program in 2006. All workers must complete the training prior to taking on a full caseload. All incoming FCMs are initially classified at the “FCM Trainee” level and receive \$33,748 in salary. The FCM salary increases to \$35,776 once the worker graduates from the 12-week training.

Over time, the new worker training has been updated to reflect feedback of graduates and practice improvements. The current training program, last updated in early 2015, consists of 26 classroom days and 32 local office transfer of learning days. In addition to the classroom training, 20 Computer Assisted Trainings (CATs) were developed for these new workers to complete while in their local offices. The training ensures that new workers receive ample time in the local offices to gain hands-on experience and develop mentorship relationships with experienced staff.

To more quickly train incoming FCMs, the Department increased the capacity for new worker training cohorts in SFY 2015. DCS begins a new training cohort every two weeks, and beginning in March 2015, it increased the class size from 25 to 30-35 new workers. During SFY 2015, the Department started 23 new cohort classes, and as a result of these efforts, 512 cohort members graduated to FCM status, an increase from the 411 graduates in SFY 2014.

In addition to the new worker training, DCS also requires its new supervisors to complete a 3-day onboarding training, which teaches the skills necessary for supervisors to become effective leaders. Topics covered during the supervisor training include clinical supervision, servant leadership, administrative supervision, and coaching for successful practice. Additionally, an annual mandatory



supervisor workshop includes topics like staff retention, creating a positive work environment, managing trauma, and human trafficking.

To support training for hundreds of new employees each year, DCS maintains a Staff Development Department with 75 employees. The Staff Development Department works in conjunction with Indiana University to develop and deliver high quality, relevant training content to incoming workers. DCS currently offers staff 78 classroom and 93 web-based trainings, in addition to the 12-week new FCM training.

DCS implemented a Field Mentor Program in 2007 to better support staff transitioning into the challenging work of case management. This program matches a trainee with an experienced, trained FCM 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 the classroom to the actual practice of child welfare.

While much of the Department's focus on training has centered on FCMs, DCS recognized a training gap in addressing the ongoing training needs of its leaders. In an effort to identify and address learning gaps, a new training program was developed specifically for management staff, focusing on areas such as team leadership, communication, managing conflict, and organizational ability. DCS implemented enhanced supervisor training to include more practical skills for front line supervisors and is developing an advanced training on supervision and trauma informed care, as well as clinical supervision. In March 2015, Staff Development trained supervisors throughout the state on Meaningful Meetings, which was a highly requested topic, to improve the effectiveness and value of staff meetings.

Consistent with the Department's values regarding the belief in personal accountability for outcomes, including one's growth and development, DCS requires that all staff be trained annually to promote professional development and improve staff skills to better serve Hoosier children and families. All FCMs must complete at least 24 hours of annual in-service training, and all field supervisors (FCM Supervisors, Local Office Directors, Division Managers, and Regional Managers) are required to complete at least 32 hours of annual in-service training. Additionally, all DCS Central Office, Child Support Bureau, and executive staff have mandatory annual training requirements.

## RETENTION

In an effort to continually improve the agency, the Department recognizes that its most critical area of focus must be its staff. DCS is seeking to not only recruit new, qualified staff, but also to reduce turnover to retain a stable workforce. DCS continues to track turnover and capture the reasons for employee departures. The Department's turnover information is used in conjunction with caseload data to determine where vacant positions should be reallocated to meet operational needs.



DCS tracks two types of turnover—actual and negative. Actual turnover includes all FCMs who left their positions, and negative turnover reflects only those FCMs who departed DCS entirely. Negative turnover excludes employees who were promoted or transferred to another state position and is determined to be a better measure of how the Department is doing with respect to retaining valuable staff. In SFY 2015, DCS experienced a slight upward trend in negative staff turnover, which climbed to a peak of 20% in April 2015.

It is imperative that the individuals who work with children and families remain committed to this very difficult work, and the Department uses exit surveys to determine reasons why FCMs leave the agency. During SFY 2015, DCS received 369 family case manager exit interview responses from FCMs, and the top three reasons influencing the decision to leave the agency were:

1. Job pressure and work-related stress,
2. Workload (working conditions/schedule), and
3. Family circumstances.

To address this concerning trend, DCS has increased its strategies to promote employee recognition, well-being, and long-term commitment to children and families. One exciting new initiative is a partnership with the State Personnel Department to offer an enhanced wellness benefit to all DCS staff. As of July 2015, all DCS employees have access to three free, confidential in-person counseling visits with a licensed therapist, per issue, per year through the Employee Assistance Program (EAP). The EAP is available 24 hours a day, 7 days a week and offers information and advice to help employees solve a wide range of problems – everything from relationship and family concerns to anxiety, depression, alcohol and drug abuse, stress, grief, parenting, and even financial or legal issues. Additionally, the EAP services are also available to employees' household members regardless of whether they are enrolled in the state's health insurance.

Along with access to telephonic and in-person counseling, the EAP program website contains resource articles, self-assessments, and audio and video material covering emotional well-being, health and wellness, the workplace, and life issues like childcare, eldercare, adoption, and education. The Department recognizes that its most valuable resource is its staff, and that child welfare is a difficult line of work. This new service is intended to support employees both in their professional and personal lives and ensure that they feel valued as part of the DCS team.

The Department has also increased efforts in ensuring that staff feel supported in their work. In addition to enhanced EAP services, select DCS staff members are trained as critical response teams to provide peer-to-peer support to staff when a significant event, like a child fatality or co-worker death, occurs.

DCS also partnered with the National Child Welfare Innovations Institute (NCWII) to conduct a comprehensive organization health assessment, which will provide information on workforce



climate and culture factors that influence overall well-being. NCWII awarded DCS a grant in July 2014, which focuses on staff retention. Work on this grant began in July 2015, and several components of the grant will enhance the Department's existing workforce efforts. Strategies will be identified to promote employee recognition, well-being, and long-term commitment to children and families.

DCS will continuously seek ways to ensure that staff are supported and that the right staff are hired and trained to ensure the agency stability necessary to effectively serve Hoosier children and families. Employee events like staff appreciation months and celebratory local office events help acknowledge the commitment that staff make daily on behalf of Hoosier children and families.

## STAFF CASELOAD DATA

On a monthly basis, DCS gathers caseload and staffing data to determine which regions are in the greatest need of additional staff. The information is gathered from Indiana's case management system, MaGIK, and is analyzed by the Human Resources Department and Field Operations Executive Management team. MaGIK provides information on the number of new assessments opened each month and the number of children served by each county in ongoing cases. PeopleSoft, the state's human resources information system, compiles staffing levels, including total staff, staff in training, and staff unavailable for other reasons (such as leaves of absence). Based on this information, DCS uses a formula to determine which regions and counties are in the greatest need of staff.

DCS maintains a regionally-based organizational structure, consistent with the Regional Services Councils created by the 2008 property tax reform bill. The Department is organized into 18 geographical regions, with each region comprised of between one and nine counties. Additionally, the Department created the Central Office region to encompass FCMs from the Institutional Assessment Unit and the Collaborative Care Unit, for a total of 19 regions.

Following the shift to a regionally-based approach, DCS shifted the focus of its FCM hiring from a county-based effort to regional. Hiring FCMs on a regional basis allows Regional Managers to more easily allocate resources as needed. With fluctuations and spikes in caseloads, along with FCM vacancies, this process allows Regional Managers the flexibility to redeploy FCMs to another county within a region, either temporarily or on a permanent basis. FCM need for each region is determined by using the same process outlined above, with the totals for each county within a region combined for a regional total.

Pursuant to IC 31-25-2-5, enacted in the spring of 2007, DCS is required to ensure that staffing levels are maintained so that each region has enough FCMs to allow caseloads to be not more than: (1) twelve active cases relating to initial assessments, including assessments of an allegation of child abuse or neglect; or (2) seventeen children monitored and supervised in active cases relating





to ongoing services. The 12/17 caseload standard is based, in part, on the Child Welfare League of America's (CWLA) standards of excellence for services for abused and neglected children and their families. CWLA recommends that assessment workers (those investigating allegations of abuse and neglect) carry a maximum of 12 cases per month, and ongoing workers (those carrying ongoing protective services cases) carry no more than 17 families. In Indiana, DCS counts one child as one ongoing case – a more conservative approach than CWLA's recommendation.

In February 2015, CWLA announced a plan to revisit its existing caseload recommendations over the coming months. CWLA has reached out to child welfare leaders nationwide for input on these critical workload issues and is expected to release new caseload guidance later in the year. Though CWLA is working with states across the country on its caseload recommendations, no universal caseload standard is currently used by all states, and most states do not have caseload standards codified in statute. Moreover, many states weigh cases differently in calculating caseload compliance, which means that case counts are not a function of just volume, but also complexity.

**Exhibit 1** shows the number of FCMs needed to reach an average of 12 assessments or 17 ongoing children over the past twelve months by county and region. Please note that these numbers are cyclical and vary from month to month.

## DELOITTE WORKLOAD ANALYSIS

In its SFY 2014 Annual Report, DCS outlined its plan to commission a field workload study to better understand Indiana's workload concerns, and to analyze how specific aspects of operations may be furthering or inhibiting its ability to meet its caseload standards. In January 2015, DCS engaged Deloitte Consulting to help identify process and practice improvements to support quality case management. Over seven weeks, Deloitte used five methods to gather information about DCS's practices and operations, including analysis of agency data, work sessions with staff, field observations of frontline staff, case reviews, and a time study. Additionally, Deloitte conducted a review of national leading child welfare practices.

In its final report, which was released in March 2015, Deloitte made 10 recommendations for addressing specific organizational and management challenges within DCS. The analysis identified both long-term and short-term process and procedural changes likely to be strongly correlated with meeting the current 12/17 caseload standard. Deloitte identified several efficiencies that should, over time, reduce the number of FCMs needed to best care for children.

To address Deloitte's recommendations, DCS assigned a member of the executive staff to lead internal work groups to develop implementation plans. The work groups have identified initial action items and are continuing to outline longer-term strategies that will help improve organizational efficiencies and ultimately enhance child safety. These groups meet regularly to ensure that the recommendations can be implemented in a timely manner. Deloitte's



recommendations are summarized below, along with highlights of the action the Department has taken to implement each recommendation:

**Recommendation #1: Improve Current Caseload Calculation for 12/17**

Review definitions for ongoing caseloads and focus on improving the method used to calculate assessment workload.

**Action Steps Taken To Date:**

- In February 2015, CWLA announced a plan to revisit its existing caseload recommendations and is expected to release new caseload guidance later in the year. At that time, DCS will assess current caseload methodology and determine whether changes are appropriate.

**Recommendation #2: Case Closure Initiative**

Design a case closure initiative to help monitor and manage backlogs.

**Action Steps Taken To Date:**

- DCS built a report to identify assessments that remain open for more than 30 days. Management is using this report to ensure that assessment decisions are made in a timely manner and the case closed safely at the appropriate time.
- This report has allowed staff to identify hundreds of cases statewide ready for closure.

**Recommendation #3: Increase Worker Skill and Use of Technology**

Better train FCMs on the functionality of the MaGIK case management system, which will allow FCMs greater time efficiency and remove duplicative efforts.

**Action Steps Taken To Date:**

- DCS has identified “MaGIK Super Users” in each region to serve as technical experts and consultants to field staff.
- DCS is working with a vendor to improve the MaGIK helpdesk site to provide a technical resource for staff using MaGIK.

**Recommendation #4: Workforce Planning**

Use workforce analytics to identify current and forecasted staffing needs, and build a recruiting and retention strategy to fill existing vacancies and minimize future staffing shortages.

**Action Steps Taken To Date:**

- DCS increased the size of its training classes from 50 to 65 new workers each month and adjusted its curriculum to allow more hands-on training in the local offices.
- DCS hired a dedicated recruiter to attract high-quality FCM candidates, and agency management is working with the State Personnel Department to identify best practices in recruitment and retention specifically for FCMs.





- Additional counseling and therapy services are available to DCS staff and household members through the Employee Assistance Program (EAP), as well as a critical peer to peer response team that provides support to help employees manage crisis situations in the workplace.

**Recommendation #5: Realignment of FCM Duties**

Identify routine FCM duties and realign resources to better support FCMs.

**Action Steps Taken To Date:**

- Deloitte identified that administrative tasks consume roughly 30% of an FCM's time, so DCS is working to identify tasks that can be handled by administrative staff to allow FCMs more time for work that directly impacts children and families.
- DCS is implementing additional training of clerical and administrative staff on MaGIK to allow them to take on these tasks.

**Recommendation #6: Performance Metrics**

Implement a performance management methodology for the case lifecycle, including a routine pipeline analysis and performance metrics to provide insight into critical trends and patterns.

**Action Steps Taken To Date:**

- DCS is developing a data dashboard for supervisors to illustrate key metrics and allow supervisors to better monitor cases and staff workloads.

**Recommendation #7: Data Use Training for Administrators and Supervisors**

Better familiarize supervisors with institutional data resources and train them in data-informed management practices.

**Action Steps Taken To Date:**

- DCS is integrating data training in new supervisor onboarding training and annual supervisor workshops.

**Recommendation #8: Management Training for Supervisors**

Design improved training to include employee development techniques, focusing on mentoring and management strategies to better support FCMs.

**Action Steps Taken To Date:**

- DCS enhanced its supervisor training to include more practical skills for front line supervisors, which helps supervisors better support their teams.
- DCS is developing an advanced training on supervision and trauma informed care, as well as clinical supervision.



**Recommendation #9: Evidence-Based Informal Adjustment (IA) Criteria**

Devise a set of evidence-informed criteria to promote consistent statewide use and practice of IAs.

**Action Steps Taken To Date:**

- IA criteria is widely varied and is highly influenced by judicial preferences, making consistent change across the state complex. This recommendation will require more analysis and involvement from stakeholders before implementing any new IA criteria.

**Recommendation #10: Centralized Project Management Office (PMO)**

Create a PMO to provide oversight and governance that is critical to implementing the other efficiencies identified in Deloitte's analysis.

**Action Steps Taken To Date:**

- In June 2015, DCS hired a Director of Child Welfare Outcomes, whose chief responsibilities include data analysis and process improvements. This position serves as the agency analyst for all qualitative and quantitative data and aids in the development of recommendations for the Department.

In addition to implementing Deloitte's workload recommendations, DCS also hired additional staff to ensure manageable caseloads for field staff. Based on February 2015 staffing and caseload numbers, DCS needed an additional 100 FCM positions and 17 FCM supervisor positions to be in compliance with the 12/17 standard. In a letter to legislative leaders, Governor Pence requested \$7.5 million per year in additional funding for DCS to hire these new workers, and the General Assembly granted this request in HEA 1001-2015, the biennial budget bill.

In addition to the 117 new positions funded by the legislature, DCS created eight new field attorney positions to support the new FCMs and help move children to permanency, and 17 new administrative positions to support office operations. Deloitte's report identified that administrative tasks consume roughly 30% of an FCM's time, so hiring dedicated administrative positions will allow FCMs to spend more time on activities that directly serve children and families.

As of the writing of this report, all of the 100 newly created FCM positions have been filled, and DCS has begun hiring for the FCM Supervisor positions. The Department is still identifying where the need exist for the administrative and attorney positions and will begin filling them as quickly as possible.

**METHODOLOGY**

The caseload methodology used in SFY 2015 reflects several changes made in previous years, but no changes to methodology have been made since SFY 2013. The caseload methodology revised in previous years more closely aligns with current DCS practice by removing from the 12/17 caseload



analysis those specialized FCMs not carrying caseloads (including the Hotline intake specialist positions, foster care and relative care specialist positions, and staff in training).

DCS uses caseload weighting to more accurately reflect caseloads based on the amount of work required to perform standard case management tasks. The caseload weight for a residential placement is 50% of the value of a CHINS case. When a child is placed in residential care, many of the daily case management functions traditionally performed by the FCM are assumed by the residential facility during the child's time in care.

In addition to caseload weighting, the Department continues to evaluate workload and the functions performed by FCMs to determine an appropriate caseload. For example, the Collaborative Care program, a foster care program designed to allow older youth to receive case management support and services after age 18, has specially-trained Collaborative Care Case Managers (3CMs). Collaborative Care looks past the idea of solely providing independent living services to older youth, pulling together two essential elements of becoming an emerging adult: building upon existing skill sets and developing supportive social networks. This program was designed to support youth-adult partnerships during the case planning, implementation, and monitoring process. In order to ensure appropriate workload for all FCMs, the Collaborative Care Unit was added to the 12/17 staffing table in SFY 2013. Another example of a unit with specialist FCMs is the Institutional Assessment Unit, which investigates allegations of child abuse and neglect in schools, day cares, and residential facilities.

Additionally, in order to better support FCMs and remove certain functions from their workloads, DCS created two types of specialized FCM positions in the areas of foster care and relative care. The Department currently has 129 of these FCM specialist positions – 99 foster care specialists and 30 relative care specialists. Specialist positions were developed in 2009 following a Six Sigma analysis of the DCS foster care system in partnership with Eli Lilly. As a result of the analysis, DCS determined that in order to improve outcomes for children in foster care, the Department needed to improve recruitment, licensing, and support of foster parents and relative caregivers. In addition, these positions provided relief to FCMs who, prior to the creation of these specialist positions, were required to manage licensing and placement matching, as well as provide support for foster parents.

Since implementation of the specialized FCM position, the role of the Specialist has evolved and is no longer solely comprised of duties previously handled by field FCMs. The Specialists now manage all aspects of foster parent licensing, provide detailed guidance to FCMs in placement matching, develop and implement recruitment plans to find the right foster parents to meet the needs in a particular region, manage initial orientation and training of new foster parents, and provide a higher level of support to foster parents and relative caregivers. In order to accommodate this evolution in practice, DCS does not include the Specialist positions in its county or regional caseload calculations.



With the creation of the Hotline in 2010, report intake duties shifted from field staff at the local offices to Hotline Intake Specialists. This change in practice allowed FCMs in local offices to spend more time partnering with children and families because they were no longer responsible for handling intake functions. The Hotline rollout brought consistency to the way abuse and neglect calls were managed across the state and streamlined the Department's approach to taking reports and disseminating them to local offices for assessment. Hotline Intake Specialists do not carry caseloads; therefore, these positions are not factored into the Department's caseload calculations.

Due to the large number of FCMs the Department employs and staff attrition that is prevalent in any organization, DCS will always have a certain number of FCMs in training. In order to ensure the FCMs in training are appropriately identified, DCS created a new classification for FCM Trainees. This classification allows DCS to more clearly identify the number of staff in training and to acknowledge that during those 12 weeks, staff are unable to carry caseloads and reduce the workload at the local level. FCMs in training are not included in the caseload calculation.

As DCS continues to evolve its practice, the Department will continue to research and evaluate the use of caseload weighting and, as appropriate, implement additional measures to more appropriately reflect the workload associated with carrying various types of cases.

### COMPLIANCE WITH STANDARDS AND PLANS TO REDUCE CASELOADS

A number of factors led to an increase in caseloads in SFY 2015, including an increase in the number of cases that DCS handles. At the end of SFY 2015, DCS had 21,891 ongoing cases, including 18,621 CHINS cases, compared with 17,471 ongoing cases, of which 14,763 were CHINS cases, at the end of SFY 2014. As a result, an analysis of **Exhibit 1** indicates that in SFY 2015, one of 19 regions was in compliance with the required caseload averages of 12 assessments or 17 ongoing cases. The one region in compliance was the Central Office region, which includes the Collaborative Care and Institutional Assessment units.

DCS reports 12/17 compliance on a regional basis. For staffing purposes, however, analysis of compliance at the county level provides a more complete picture of agency needs. For instance, using the regional view, only one region was fully compliant with the 12/17 standard in SFY 2015. However, when taking a county view, there were a number of individual counties that had staffing sufficient to meet the 12/17 standard. Thirteen counties had the staff needed to be 100% in compliance, and another 16 counties were had least 90% of the staff needed to meet the 12/17 standard. In 48 counties, hiring one or two additional FCMs would bring the county into compliance. The Department's goal is for staffing levels statewide to meet 100% of staffing needs. Currently, DCS is staffed at 82% of current need statewide.

At the end of SFY 2015, DCS had 1,546 filled field positions and an additional 189 field staff in training. At the end of SFY 2014, DCS had 1,459 filled field positions and 139 field staff in training. Staff in training are unable to carry caseloads for a 12-week period from date of hire. In SFY 2014,



DCS increased the number of new cohort trainings, starting a new class every two weeks, to more quickly train incoming FCMs. During SFY 2015, the Department started 23 new FCM cohort classes, and as a result, 512 new FCMs were deployed to local offices, 101 more than the previous year. Despite these efforts, DCS was unable to maintain the 12/17 standard, as child abuse and neglect assessments and cases rose during that period.

Compared to the end of SFY 2014, DCS had 3,712 more non-residential CHINS cases, 568 more Informal Adjustments, and 146 more residential CHINS case (all of which are considered ongoing cases) at the end of SFY 2015. In addition to analyzing the number and types of ongoing cases, the Department evaluates the number of assessments. Staffing to ensure average caseloads of 12 assessments at a time is particularly challenging due to the fluctuation in the number of reports DCS receives each month. This was evident in SFY 2015, where the number of monthly assessments ranged from 7,722 to 9,913 – a difference of 2,191 assessments between the high and low months.

In order to meet the 12/17 standard for SFY 2015 in all regions, DCS would need an additional 113 FCM positions across the state. This number is calculated using the *“Additional Number of FCMs Needed to Meet 12/17”* figure from **Exhibit 1** and subtracting the number of vacant positions and field positions currently in training. These two categories, vacancies and trainees, are removed from the calculation because they represent existing positions that will be able to carry caseloads in the near future, either once the position is filled or when the FCM trainee graduates and can carry a caseload. In order to meet the 12/17 standard, DCS will create an additional 113 positions and hire staff to fill all existing vacancies.

DCS implemented many strategies in SFY 2015 to reduce caseloads and staff turnover, and ensure compliance with the 12/17 standard. Working with Deloitte provided many insightful recommendations to improve staff workloads and increase the Department’s efficiency. However, rising assessment and ongoing case numbers made it difficult for the Department to maintain consistent caseloads that comply with the statutory standard. DCS has made significant efforts over the last few years to reduce staff turnover and better support its field staff through increased pay, increased staff appreciation efforts, and increased staff supports to address the needs of this demanding job. Over the last year, DCS began implementing intensive initiatives to improve staff training and use of technology, better plan for future workforce needs, better support its staff, and safely close cases. Despite these efforts, the Department is currently not fully in compliance with the 12/17 caseload standard. Governor Pence and the Department are fully committed to ensuring that DCS has the staffing and resources needed to come into compliance by hiring 113 new FCMs. The Department will continue to evaluate its staffing needs monthly, as well as its progress in implementing Deloitte’s recommendations, to determine when and where these positions will be allocated statewide.

All of the efforts taken in SFY 2015 and those planned for SFY 2016 will continue to move the Department in the right direction in effectively and efficiently administering child welfare services.



DCS recognizes that this work is never complete, and as such, the Department will continue to evaluate ways to make changes in the future to better serve Hoosier children and families.



*Protecting our children, families, and future.*



# Exhibit 1

## Indiana Department of Child Services

### 12/17 Weighted Caseload Report for SFY 2015

### Annual Report to the State Budget Committee

Region	County	(1) 12 Month Average of Staff Needed to Meet 12/17	(2) Filled Field FCMs	(3) Additional FCMs Needed to Meet 12/17	(4) Percent of Need Currently Filled
<b>Statewide</b>	<b>Total</b>	<b>1,893</b>	<b>1546</b>	<b>347**</b>	<b>82%</b>

\*\*This figure does not include staff in training (189) and vacant positions (45). The total need after factoring for these existing positions is 113 new positions as of 6/30/15.

Central Office	<b>Total</b>	<b>50</b>	<b>56</b>	<b>(6)</b>	<b>113%</b>
	Collaborative Care	39	43	(4)	110%
	Institutional Assessments	11	13	(2)	122%
Region 1	<b>Total</b>	<b>177</b>	<b>149</b>	<b>28</b>	<b>84%</b>
	Lake	177	149	28	84%
Region 2	<b>Total</b>	<b>56</b>	<b>55</b>	<b>1</b>	<b>99%</b>
	Jasper	5	5	0	91%
	Laporte	20	21	(1)	108%
	Newton	3	3	0	93%
	Porter	19	17	2	89%
	Pulaski	2	3	(1)	122%
	Starke	6	6	(0)	103%
Region 3	<b>Total</b>	<b>130</b>	<b>124</b>	<b>6</b>	<b>95%</b>
	Elkhart	35	35	(0)	101%
	Kosciusko	11	9	2	83%
	Marshall	9	7	2	79%
	Saint Joseph	76	73	3	96%
Region 4	<b>Total</b>	<b>174</b>	<b>141</b>	<b>33</b>	<b>81%</b>
	Adams	7	6	1	83%
	Allen	95	82	13	87%
	Dekalb	15	12	3	79%
	Huntington	12	8	4	66%
	LaGrange	7	5	2	70%
	Noble	11	9	2	81%
	Steuben	9	8	1	93%
	Wells	12	8	4	69%
	Whitley	6	3	3	49%
Region 5	<b>Total</b>	<b>67</b>	<b>58</b>	<b>9</b>	<b>86%</b>
	Benton	2	1	1	51%
	Carroll	6	4	2	72%
	Clinton	9	7	2	82%
	Fountain	4	3	1	68%
	Tippecanoe	38	36	2	94%
	Warren	1	2	(1)	153%
	White	7	5	2	69%

Region	County	(1) 12 Month Average of Staff Needed to Meet 12/17	(2) Filled Field FCMs	(3) Additional FCMs Needed to Meet 12/17	(4) Percent of Need Currently Filled
Region 6	<b>Total</b>	<b>61</b>	<b>52</b>	<b>9</b>	<b>85%</b>
	Cass	11	10	1	92%
	Fulton	8	9	(1)	117%
	Howard	21	14	7	66%
	Miami	13	12	1	93%
	Wabash	9	7	2	82%
Region 7	<b>Total</b>	<b>68</b>	<b>60</b>	<b>8</b>	<b>88%</b>
	Blackford	5	5	(0)	106%
	Delaware	30	26	4	88%
	Grant	18	18	(0)	101%
	Jay	8	6	2	79%
	Randolph	8	5	3	61%
Region 8	<b>Total</b>	<b>72</b>	<b>59</b>	<b>13</b>	<b>82%</b>
	Clay	8	6	2	79%
	Parke	3	3	0	92%
	Sullivan	5	4	1	81%
	Vermillion	6	5	1	88%
	Vigo	50	41	9	81%
Region 9	<b>Total</b>	<b>55</b>	<b>46</b>	<b>9</b>	<b>84%</b>
	Boone	7	4	3	59%
	Hendricks	12	14	(2)	114%
	Montgomery	12	9	3	75%
	Morgan	14	12	2	85%
	Putnam	10	7	3	73%
Region 10	<b>Total</b>	<b>370</b>	<b>243</b>	<b>127</b>	<b>66%</b>
	Marion	370	243	127	66%
Region 11	<b>Total</b>	<b>92</b>	<b>75</b>	<b>17</b>	<b>81%</b>
	Hamilton	22	17	5	77%
	Hancock	10	9	1	92%
	Madison	56	45	11	81%
	Tipton	5	4	1	83%
Region 12	<b>Total</b>	<b>50</b>	<b>45</b>	<b>5</b>	<b>90%</b>
	Fayette	10	8	2	81%
	Franklin	5	4	1	82%
	Henry	12	11	1	93%
	Rush	4	4	0	92%
	Union	2	2	0	85%
	Wayne	17	16	1	94%
Region 13	<b>Total</b>	<b>74</b>	<b>53</b>	<b>21</b>	<b>72%</b>
	Brown	3	2	1	74%
	Greene	11	10	1	88%
	Lawrence	18	10	8	55%
	Monroe	30	23	7	77%
	Owen	12	8	4	68%



Region	County	(1) 12 Month Average of Staff Needed to Meet 12/17	(2) Filled Field FCMs	(3) Additional FCMs Needed to Meet 12/17	(4) Percent of Need Currently Filled
Region 14	<b>Total</b>	<b>98</b>	<b>86</b>	<b>12</b>	<b>87%</b>
	Bartholomew	25	19	6	76%
	Jackson	16	13	3	82%
	Jennings	22	21	1	95%
	Johnson	24	23	1	96%
	Shelby	11	10	1	89%
Region 15	<b>Total</b>	<b>47</b>	<b>37</b>	<b>10</b>	<b>79%</b>
	Dearborn	13	10	3	77%
	Decatur	11	9	2	83%
	Jefferson	11	9	2	82%
	Ohio	2	1	1	57%
	Ripley	8	5	3	65%
	Switzerland	3	3	(0)	100%
Region 16	<b>Total</b>	<b>119</b>	<b>96</b>	<b>23</b>	<b>81%</b>
	Gibson	11	10	1	88%
	Knox	16	16	(0)	101%
	Pike	4	3	1	78%
	Posey	8	7	1	84%
	Vanderburgh	68	50	18	73%
	Warrick	11	10	1	88%
Region 17	<b>Total</b>	<b>54</b>	<b>42</b>	<b>12</b>	<b>78%</b>
	Crawford	6	5	1	87%
	Daviess	11	9	2	82%
	Dubois	9	7	2	78%
	Martin	5	4	1	79%
	Orange	9	7	2	82%
	Perry	8	6	2	79%
	Spencer	7	4	3	58%
Region 18	<b>Total</b>	<b>78</b>	<b>69</b>	<b>9</b>	<b>89%</b>
	Clark	26	25	1	97%
	Floyd	19	11	8	59%
	Harrison	7	7	(0)	104%
	Scott	21	19	2	92%
	Washington	6	7	(1)	117%

Color Key:	County Breakdown:
100% or Above	N=13, 14%
90-99%	N=16, 17%
80-89%	N=29, 32%
70-79%	N=18, 20%
60-69%	N=9, 10%
59% or Below	N=7, 8%

- (1) 12 month average need of field FCMs needed to meet 12/17 standard (July 2014 to June 2015)  
(2) Number of filled field FCMs in each region/county as of June 30, 2015  
(3) Additional FCMs needed in each region/county to meet 12/17 (column 1 minus column 2)  
(4) Percentage of staff need that is currently filled (column 2 divided by column 1)

Note: Staff numbers are rounded to the nearest 1 person. Some figures may be slightly off due to rounding.