



Annual Report to the State Budget Committee & 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 4,000 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



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

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

Children who meet the eligibility but also have Medicaid will be served through the Children’s Mental Health Wraparound Services (CMHW). Children who are not Medicaid eligible, have no private insurance, or experience a gap in funding 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 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, CMHI is providing a mechanism to provide mental health services for those families in crisis. The program has been able to serve over 900 children and youth since its inception in 2012. 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, which aims to keep children safely in their own homes or with relatives. This philosophy is consistent with national best practice, emerging research, and the Department's effort to achieve improved outcomes for children.

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. 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 has implemented 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.

In recent years, DCS has seen significant increases in service spending due to rising numbers of children and families involved in the child welfare and juvenile probation systems. Indiana's 2012 IV-E Waiver extension enables DCS to utilize a broadened service array and increase the target population to all children served by DCS. Recent discussions at the federal level suggest that the current mechanism for child welfare funding may be changing in coming years, which makes federal funding of these services somewhat uncertain.

Legislation is being considered at the federal level that could significantly change IV-E funding for state child welfare agencies. Because of this changing federal landscape, it is possible that DCS would require additional state funding to support these rising service costs, though the precise impact is yet to be determined. The Department's IV-E Waiver extension is set to expire in 2017, and losing the waiver will significantly limit the funding flexibility that DCS has benefitted from in recent years. To offset this loss in flexibility, DCS may need to increase its state share of payment for services provided to children and families.



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
- CY 2015 – 202,493 reports

There was an increase of over 71% between 2009 and 2013 and over an 85% increase between 2009 and 2015. The increase in reports to the Hotline represents better and more documented



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calls. Hotline staff use a number of tools to help monitor performance and analyze a broad array of data. Hotline performance for CY 2013 through CY 2015 is as follows:

Annual Hotline Performance Stats	2013	2014	2015
<i>Average answer time:</i>			
Calls answered in less than 8 seconds	47%	63%	69%
Calls answered in less than 30 seconds	62%	79%	85%
Calls were answered in less than 1 minute	65%	82%	87%
Callers waited 5 minutes or longer	8%	2%	.60%
Callers waited 10 minutes or longer	0.7%	0.1%	.04%
Callers hung up before speaking to an agent – of those:	9%	5%	3%
Abandoned the call after waiting less than 30 seconds	11%	18%	21%
Abandoned the call after waiting less than 1 minute	36%	55%	67%
Abandoned the call after waiting 5 minutes or more	12%	4%	2%
<i>Average hold time for callers who hung up before speaking to an agent:</i>			
Law Enforcement Agencies (LEA)	01:24	01:24	1:11
Non-LEA	02:27	01:36	1:14
<i>The average speed of answer and talk time for calls:</i>			
Law Enforcement Agencies	00:28	00:20	0:15
Non-LEA	01:19	00:32	0:21
Average time caller spent speaking with an intake specialist	11:18	12:45	13:26
<i>Daily stats:</i>			
Average number of calls taken by Hotline per business day	539	556	585
Average number of calls taken by Hotline per weekend day	182	193	206

In comparison of CY 2013 to CY 2015, the Hotline saw a rise in calls handled per business day (+46) and weekend day (+24). 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 2015, these numbers had improved to 85% of calls



answered in less than 30 seconds and 0.60% of callers having waited five minutes or longer. In CY 2015, the average speed of answer for non-LEA calls improved by 58 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.

As another example of how the Department continues to refine its practice based on emerging national research and best practices, the Hotline recently implemented a new practice designed to prevent fatalities caused by child abuse or neglect. As of July 1, 2016, the Hotline began recommending for assessment all reports of child abuse and neglect for any child who has not yet reached his or her third birthday. This change is based in large part on recommendations from the recently released report by the Commission to Eliminate Child Abuse and Neglect Fatalities, *Within Our Reach, A National Strategy to Eliminate Child Abuse and Neglect Fatalities*. This report found that children who die from abuse and neglect are overwhelmingly young, and that approximately three-quarters are under three years of age. Moreover, the report indicated that reports to a child abuse hotline was significantly correlated with fatalities of young children, whether or not the report was investigated or substantiated.

DCS does not yet have data on the impact of this new policy on the number of Hotline reports assigned for assessment, but the Department's field and data staff are monitoring these figures to determine what, if any, staffing needs come as a result.

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



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

1. Enhance agency response to children and families with substance use disorders.

To accomplish this goal, DCS will improve accessibility and effectiveness of early intervention and substance abuse treatment options for children and families. DCS will evaluate our existing service array for prevention and treatment service needs and continue to work with providers



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to ensure service delivery is approached through trauma-informed care and cultural competence. DCS will also increase ongoing substance abuse training for staff statewide and improve data collection and reports to better assess the impact of substance abuse on children and families.

2. Hire and retain a highly skilled workforce to ensure child safety, well-being, and permanency.

DCS will continue to enhance and implement an aggressive and holistic recruitment plan to remain competitive in the current job market and ensure a sufficient pool of qualified, competent, and committed candidates. DCS will expand retention efforts to include a statewide retention campaign and will implement innovative strategies to promote employee recognition and incentivize long-term commitment.

3. Expand placement options for youth with complex mental health, developmental, and/or behavioral needs and improve the quality of current placements to provide therapeutic programming with clear treatment goals.

DCS will enhance efforts to recruit foster homes that are able to meet each child's individualized needs, which will improve placement stability. DCS will continue to provide wraparound services through a continuum of care for children with complex mental or behavioral needs to prevent them from entering the child welfare or juvenile justice system.

4. Improve assessment, services, and system response to youth who are dually involved with DCS and juvenile probation.

DCS will develop and implement statewide policies, procedures, and best-practices to address the unique needs of dual status youth. This will improve collaboration and information sharing with probation departments and the juvenile courts in determining appropriate services and placements for children with cross-system involvement.

5. Finalize procurement activities for replacement of Indiana's statewide child support automated system.

The Child Support Bureau embarked on a multi-year project, in conjunction with its county partners, to build and launch a new child support system 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.

While INvest will take many years to complete, the Department's strategic plan for this project includes the following goals: (1) finalize all system requirements, (2) complete and ensure approval of the Federal Feasibility Study, (3) gain final approval of the Request For Services



(RFS), (4) complete the competitive procurement, and (5) select and begin working with vendor on system design and development. 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.

6. Enhance child welfare technology to support data driven decision making and best practice for child and family outcomes.

DCS will implement data analytics to enhance safety and permanency outcomes for children. Additionally, DCS will support electronic records sharing to improve administrative processes and reduce costs associated with placing children with family members who reside out of state.

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 3,900 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 every day 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 11 HR professionals, including an HR Director, field HR Business Partners and a Strategic Workforce Planning consultant added July 2015 to establish robust short and long term talent acquisitions strategies. These staff ensure smooth operation of the FCM recruitment and hiring process. Interviewing and selection of FCM candidates occurs locally and is facilitated by the field HR Business Partners in partnership with the Strategic Workforce Planning Consultant, who evaluate applicants, route candidates that meet eligibility criteria, and perform various background check actions for selected candidates.



To address the Department's continuing need for qualified, competent, and committed FCM candidates, the HR Department continues to enhance and implement an aggressive and holistic recruitment plan while fostering a shared responsibility for talent acquisition. Considering key metrics/data, the HR team utilizes a variety of strategies to include: hosting and participating in career events across the state, social media strategies, college/university advertising (programs and events), professional organization and job board advertising to attract talent to DCS opportunities. A robust strategic recruitment plan has been established to include all recruitment avenues including, but not limited to, outbound sourcing, inbound sourcing (branding/marketing) and outreach.

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 2016, DCS hired 43 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 consists of 26 classroom days and 32 local office transfer of learning days. In addition to the classroom training, 28 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. DCS has also begun starting new staff in field offices carrying small caseloads to get a better feel for what the work is like early on.

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 2016, the Department started 29 new cohort classes, and as a result of these efforts, 766 cohort members graduated to FCM status, an increase from the 411 graduates in SFY 2014 and 512 graduates in SFY 2015.

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. In December 2015, Staff Development developed and trained supervisors throughout the state on Implementing Change and in March 2016 another topic was identified, developed and trained titled, "Resiliency".

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 2016, the negative turnover rate was 25.0%, compared to 19.9% in SFY 2015. When considering the marketing conditions, unemployment is down, demand for skilled workers is up resulting in a “candidate's market” and increased competition for talent.

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 2016, DCS received 222 family case manager exit interview responses from FCMs, and the top two reasons influencing the decision to leave the agency were:

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

The retention of talent is top priority in DCS as reflected in stated goals and all management levels within the organization are committed to developing agency wide, regional and local office initiatives focused on retaining our most valuable resources, the employees. In January 2016, two monetary based recognition programs were implemented: employee recognition and peer/mentor bonus programs. The purpose of the employee recognition program is to recognize employees, at all levels, by rewarding those that exemplify exceptional performance and outcomes related to the DCS mission, vision and values. Reward levels include Team Player, Rock Star and Champion for Hoosier Children. The purpose of the peer and mentor bonus award program is to reward successful family case manager field mentor and peer coaches who are trained and assigned to guide and support new family case managers in their professional development and new worker learning processes.

In addition to the recognition programs, the Department continues to promote enhanced employee assistance program offerings originally announced in July 2015. The EAP is available 24 hours a day, 7 days a week and offers information and advice to help all 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. All DCS team members, and members of their household, have access to three free, confidential in-person counseling visits with a licensed therapist, per issue, per year. Along with telephonic and in-person counseling, web based resources and seminars cover a host of topics related to emotional well-being and health and wellness. Also, select DCS staff members are continuing to be 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. The continued development and promotion of these programs are aimed to support employees both in their professional and personal lives and ensure they feel valued as part of the DCS team.

DCS has continued to build upon its partnership with the National Child Welfare Workforce Institute (NCWWI). NCWWI awarded DCS a grant in July 2014, which focuses on staff retention. Work on this grant began in July 2015 and since that time an organizational assessment was conducted and several regional workgroups have resulted in the generation of recommended solutions which support the Department's workforce efforts.

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 spot bonuses, 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 and reached out to child welfare leaders nationwide for input. However, as of the writing of this report, no further guidance has been released on these critical workload issues. 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 allowed staff to successfully identify and safely close 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.
- Evaluate making MaGIK more mobile friendly
- Based on the recommendations DCS is in the process of adding a mobile application to case managers' phones to assist with scanning documents.

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 has maxed out training capacity. DCS staffs each region based on forecasting needs for the region.
- 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.
 - The dedicated recruiter set up a DCS sponsored job fair in Marion County that had great success.
- 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.
- DCS began a pilot program in 20 counties that switched identified FCM functions over to clerical staff. The pilot program is expected to wrap up in 2016, and at that time, different tasks will be identified to be rolled out to clericals statewide.

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.
- Closely align new reports to fit Deloitte recommendations.
- Managers are working more closely with FCM's to get them more accustomed to the field reports prior to becoming a manager.

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.
- A coaching outline was created and presented in March 2016. The Coaching outline material was implemented into the Supervisor "Transfer of Learning" Checklist. This material will be used to develop a Supervisor Quarterly Workshop, a "Booster Shot" Training, or a session for a future quarterly supervisor training workshop.
- A Management Outline was created and the outline was based on three topics: Conflict Resolution, Difficult Conversations (Progressive Discipline), and Managing and Expecting Failures, which was presented in May 2016. The Management Outline material will be implemented in the Supervisor Transfer of Learning Checklist, included in the Supervisor Core training and the Supervisor Onboarding Training.

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 Continuous Quality Improvement, who is chiefly tasked with deploying CQI utilization at all organizational levels, making recommendations to drive initiatives, and to chair the CQI Steering Committee.
- In 2015, the Department also hired a Director of Evaluation and Outcomes whose responsibilities focus on data management and analysis within all DCS applications, research into effectiveness of programs and services, and an overall data strategy for the agency.

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.

All of the newly created FCM and FCM supervisor positions were filled in SFY 2016. The Department continues to evaluate where the need exists for the administrative and attorney positions and has begun filling them as quickly as possible when necessary.

METHODOLOGY

The caseload methodology used in SFY 2016 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 133 of these FCM specialist positions – 102 foster care specialists and 31 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 2016, including an increase in the number of cases that DCS handles. At the end of SFY 2016, DCS had 25,307 open cases, which consists of 21,374 CHINS cases, 3,109 Informal Adjustments (IAs), and 824 Collaborative Care (older youth) cases. The overall number of open cases was 15.6% higher than the end of SFY 2015 (21,891 open cases). As a result, an analysis of **Exhibit 1** indicates that in SFY 2016, 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 2016. However, when taking a county view, there were a number of individual counties that had staffing sufficient to meet the 12/17 standard. Fifteen counties had the staff needed to be 100% in compliance (compared to 13 counties in SFY 2015), and another 27 counties were had least 90% of the staff needed to meet the 12/17 standard (compared to 16 in SFY 2015). In 42 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 84% of current need statewide.

At the end of SFY 2016, DCS had 1,786 caseload-carrying FCMs and an additional 358 FCMs in training. At the end of SFY 2015, DCS had 1,546 filled field positions and 189 field staff in training. Staff in training are unable to carry full 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 2016, the Department started 29 new FCM cohort classes (6 more than the previous year), and as a result, 766 new FCMs were deployed to local



offices, 254 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 2015, DCS had 2,753 more CHINS cases, 513 more Informal Adjustments, and 150 more Collaborative Care cases than the end of SFY 2016. 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 2016, where the number of monthly assessments ranged from 8,298 to 10,329 – a difference of 2,031 assessments between the high and low months.

In order to meet the 12/17 standard for SFY 2016 in all regions, DCS would need an additional 62 FCMs across the state. This number is calculated in each region using the “*Additional Number of FCMs Needed to Meet 12/17*” figure from **Exhibit 1** and subtracting the number of FCMs currently in training. FCM trainees are removed from the calculation because they represent existing workers that will be able to carry caseloads in the near future, upon graduation. In order to meet the 12/17 standard, DCS plans to hire the 62 FCMs needed to bring the agency into compliance – 58 FCMs in Region 10 (Marion County) and 4 FCMs in Region 16 (southwest Indiana).

DCS implemented many strategies in SFY 2016 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, and DCS has been working on implementing those recommendations over the past year. 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 and retention 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 ripe for closure. Despite these efforts, the Department is currently not fully in compliance with the 12/17 caseload standard. DCS is fully committed to keeping the incoming administration and the legislature abreast of the progress and challenges in meeting the 12/17 standard. The Department will continue to regularly evaluate its staffing needs to determine when and where new positions will be allocated statewide.

All of the efforts taken in SFY 2016 and those planned for SFY 2017 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.





**Exhibit 1
Department of Child Services
12/17 Staffing & Caseload Report
SFY 2016 (July 2015 to June 2016)**



Region	County	(1) 12-Month Average # of FCMs Needed	(2) Available FCMs Carrying a Full Caseload	(3) Additional FCMs Needed**	(4) FCMs in Training	(5) Percent Of Need Filled by FCMs Carrying a Full Caseload
Statewide	Total	2,135	1,786	349	358	84%

*** (3) This figure does not account for FCMs currently in training.*

Central Office	Total	58	65	(7)	0	111%
	Collaborative Care	44	50	(6)	0	115%
	Institutional Assessment Unit	15	15	(0)	0	100%
Region 1	Total	182	166	16	23	91%
	Lake	182	166	16	23	91%
Region 2	Total	69	61	8	11	89%
	Jasper	7	5	2	2	71%
	Laporte	22	22	0	3	98%
	Newton	4	4	(0)	0	101%
	Porter	23	22	1	2	95%
	Pulaski	4	3	1	1	80%
	Starke	8	5	3	3	60%
Region 3	Total	135	132	3	10	98%
	Elkhart	37	35	2	3	95%
	Kosciusko	11	11	0	1	97%
	Marshall	9	10	(1)	1	106%
	Saint Joseph	77	76	1	5	99%
Region 4	Total	195	180	15	20	92%
	Adams	10	9	1	2	92%
	Allen	107	100	7	9	93%
	Dekalb	16	13	3	2	83%
	Huntington	11	10	1	2	94%
	LaGrange	7	7	0	1	96%
	Noble	14	12	2	2	85%
	Steuben	9	9	0	1	96%
	Wells	12	11	1	0	95%
	Whitley	9	9	0	1	97%
Region 5	Total	78	61	17	20	78%
	Benton	2	2	0	0	99%
	Carroll	6	6	0	0	93%
	Clinton	12	11	1	1	95%
	Fountain	6	3	3	1	48%
	Tippecanoe	40	29	11	14	72%
	Warren	2	2	(0)	2	102%
	White	9	8	1	2	87%
Region 6	Total	67	54	13	15	81%
	Cass	11	9	2	1	82%

	Fulton	8	7	1	2	83%
	Howard	25	18	7	8	72%
	Miami	13	15	(2)	0	116%
	Wabash	10	5	5	4	52%
Region 7	Total	73	68	5	10	93%
	Blackford	6	6	(0)	0	108%
	Delaware	31	29	2	3	93%
	Grant	21	17	4	4	82%
	Jay	7	8	(1)	1	120%
	Randolph	9	8	1	2	86%
Region 8	Total	89	77	12	15	86%
	Clay	11	8	3	2	71%
	Parke	4	4	0	0	92%
	Sullivan	7	7	0	0	97%
	Vermillion	9	8	1	1	91%
	Vigo	58	50	8	12	87%
Region 9	Total	68	62	6	12	91%
	Boone	9	7	2	4	76%
	Hendricks	16	16	0	2	100%
	Montgomery	14	15	(1)	0	107%
	Morgan	17	14	3	3	82%
	Putnam	12	10	2	3	83%
Region 10	Total	408	278	130	72	68%
	Marion	408	278	130	72	68%
Region 11	Total	113	94	19	20	83%
	Hamilton	23	17	6	5	73%
	Hancock	12	12	0	2	99%
	Madison	71	59	12	12	83%
	Tipton	7	6	1	1	87%
Region 12	Total	65	52	13	16	79%
	Fayette	12	10	2	2	81%
	Franklin	7	4	3	2	56%
	Henry	16	12	4	7	74%
	Rush	6	5	1	0	87%
	Union	2	3	(1)	0	142%
	Wayne	22	18	4	5	82%
Region 13	Total	86	71	15	18	82%
	Brown	4	2	2	2	57%
	Greene	14	12	2	2	89%
	Lawrence	21	16	5	4	76%
	Monroe	35	30	5	9	86%
	Owen	14	11	3	1	80%
Region 14	Total	105	80	25	27	76%
	Bartholomew	30	21	9	10	69%
	Jackson	16	9	7	4	58%
	Jennings	20	14	6	8	69%
	Johnson	27	28	(1)	1	104%
	Shelby	12	8	4	4	66%
Region 15	Total	58	49	9	17	84%
	Dearborn	16	12	4	6	73%
	Decatur	15	11	4	5	74%
	Jefferson	13	10	3	3	80%
	Ohio	3	3	(0)	0	106%

	Ripley	9	9	(0)	3	105%
	Switzerland	3	4	(1)	0	139%
Region 16	Total	127	106	21	17	83%
	Gibson	13	12	1	0	95%
	Knox	18	17	1	1	94%
	Pike	6	5	1	0	88%
	Posey	10	5	5	5	49%
	Vanderburgh	69	56	13	11	81%
	Warrick	12	11	1	0	94%
Region 17	Total	67	54	13	19	80%
	Crawford	7	5	2	3	70%
	Daviess	12	11	1	1	92%
	Dubois	10	5	5	7	49%
	Martin	6	6	(0)	1	102%
	Orange	11	8	3	3	76%
	Perry	11	10	1	1	91%
	Spencer	11	9	2	3	85%
Region 18	Total	88	76	12	16	86%
	Clark	29	25	4	5	85%
	Floyd	24	20	4	6	84%
	Harrison	7	7	0	1	97%
	Scott	21	16	5	4	75%
	Washington	7	8	(1)	0	120%

Color Key:	County Breakdown:
100% or Above	N=15, 16%
90-99%	N=27, 29%
80-89%	N=25, 27%
70-79%	N=13, 14%
69% or Below	N=12, 13%

- (1) 12-month average need of caseload-carrying field FCMs needed to meet 12/17 standard
- (2) Number of filled field FCMs in each region/county
- (3) Additional FCMs needed in each region/county to meet 12/17 standard (column 1 minus column 2)
- (4) The number of FCMs currently in training
- (5) 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.