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 nine years, DCS launched numerous initiatives to improve the administration of child welfare in Indiana.

During State Fiscal Year (SFY) 2013, DCS experienced the first major change in leadership since its creation, when 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 most recently 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 3,400 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 but 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 delinquency systems, even when no child abuse, neglect, or delinquency had occurred. This problem was compounded by the fact that no funding was 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. Initial discussions led to the establishment of four key beliefs that guided the efforts toward finding a solution to this decades-old problem:

- 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.
- The solution must look at what is best for children and families.
- Agency silos must be broken down.
- If this were your family, what would you want?

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, 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 (illustrated in **Exhibit 1**). 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 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 not eligible for Medicaid
- Children who meet needs based criteria: DSM-IV-TR diagnosis, dysfunctional behavior, or Family Functioning Support

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.

Exhibit 1 illustrates how families are referred once they are assessed at an access site. 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. As shown in **Exhibit 1**, anyone is able to refer a child to the Access Site for assessment. 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. At the end of SFY 2014, 1,108 referrals were made to the program, and 326 children received services. 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. 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, that 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 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. Joe County, and
- Vanderburgh County.

After implementation of the Hotline, DCS has seen the number of reports increase from 109,489 reports in Calendar Year (CY) 2009 to 187,475 reports in CY 2013, an increase of over 71%. 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. The Hotline performed as follows during CY 2013:

- The hotline received 187,475 reports:
  - 156,192 calls, and
  - 14,347 electronic reports (the number of calls and electronic reports do not equal the total number of reports because some calls generated multiple reports);
- The average speed of answer was 1:19 for non-law enforcement callers, 00:28 for law enforcement callers with special dial-in access code;
- The average caller spent 11:18 speaking with an intake specialist;
- The hotline took an average of 539 calls per business day;
- The hotline took an average of 182 calls per weekend day.

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 a monthly review of outcome data, such the average speed of answering a call and other data points listed above.

The Performance and Quality Improvement (PQI) process also evaluates certain outcome data annually to identify trends. DCS also 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 seven 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 current 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 Indiana's practice reform 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 clerk's offices, and the courts.

In order to administer the IV-D program, states are required to have a federally certified, statewide, automated computer system. Indiana's 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 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

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-1990's, 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. 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 decreased maintenance costs. CSB began planning for the new system in 2009-2010 by completing a Business Process Analysis (BPA). The BPA was jointly completed with the Bureau's county partners (prosecutors and clerks) and included an analysis of how ISETS helped and/or hindered work at the county level.

While the idea to rebuild the system was still in its infancy, the CSB began evaluating its staffing levels and organization. The Department recognized that a large system build would fail unless CSB was structured and staffed appropriately to support the effort. CSB added staff and reorganized to better meet the Bureau's needs. As an example, CSB added an additional 12 field consultant positions, for a total of 18, to allow for a field consultant in all DCS regions. Child support field consultants serve as a critical resource to county partners and will play a significant role in offering technology and practice support during the design and launch of INvest.

As referenced previously, DCS is responsible for maintaining the state's child support information system, but the majority of the individuals who use the system are county employees, so it is imperative that the system meet their needs. After Indiana began to put in place the staff to support the system build, CSB started hosting "INvest requirements sessions." These sessions allow CSB to bring its county partners to the table to discuss the business and functional requirements needed for the new child support system. The requirements sessions address major areas aligned with federal child support requirements – case initiation/case management, enforcement, locate, establishment, document generation, security and financials. The sessions are held three days a week and last all day. To date, CSB and its county partners have spent hundreds of hours developing requirements for the new system.

State child support systems are highly regulated by the federal government, much of this 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. Moreover, 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 requires Indiana to evaluate various approaches to the system build and decide 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 must demonstrate that all options were evaluated and include a cost-benefit analysis for each approach. The federal government will also evaluate the risk, requirements and cost-benefits of the proposal. In order to move forward with the system build, CSB must receive approval from the federal government.

Once the approach is approved, CSB will seek to engage third party vendor(s) to assist with the INvest system build. During SFY 2015, the CSB plans to 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 support CSB and its partners with training and assistance after implementation.

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, change management, 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. One of DCS's core functions, first and foremost, is to protect children from abuse and neglect. To accomplish this goal of informed decision-making, 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.

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. 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 to ensure 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. Another step is identifying ways to monitor the utilization of services employed to ensure that these services are offered to children and families in the most effective way possible.

In addition to making informed decisions when selecting service options for families, DCS recognizes the importance of expanding its service array to meet the needs of children with developmental and intellectual disabilities, as well as those with significant mental health issues. Improving accessibility and effectiveness of substance use disorder treatment will also help to better serve many families involved in the child welfare system. The Department's goal is to better document available services and service gaps for each of these areas to ensure that children and families across the state have access to the evidence-based treatments that they need.

DCS will also reevaluate and update training curriculum for new Family Case Managers to ensure workers have the basic skills and knowledge to ensure child safety and support positive outcomes for children and families. DCS field staff make difficult decisions every single day that can dramatically impact the life of a child, and having a well-trained workforce is vital to the success of the Department's mission. Educating case managers on the availability and appropriateness of the available evidence-based services is key in ensuring that children and families have access to the services they need. Field staff not only need to have the skills and knowledge to understand how to adapt to a changing population, but they also must have the appropriate tools to support their decision-making.

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 and 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 a timely manner. It is important that the Department acknowledge and want those things for them, and to 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 DCS presence. To meet this goal, DCS will improve placement stability of adopted children through proper identification of placement options based on the child's individualized needs and will provide support for that placement to avoid disruption. This will increase the effectiveness of the Department's foster and adoptive placements.

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. In these circumstances, DCS weighs the possible risks of leaving a child with his or her own family, knowing there is some degree of trauma whenever a child is removed from the home. Significant research shows that when children must be removed from home, placement in the least restrictive, most family-like setting is in the best interest of children. In fact, both federal and state laws require that, along with child safety, the least restrictive environment is a primary factor when considering placement of a 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. In the 2014 legislative session, House Enrolled Act 1110 amended the definition of "relative" to include those individuals that have a significant and established relationship with a child. Previously, when an out-of-home placement was necessary for a child, DCS was limited to recommending placements to only relatives or licensed foster homes. This restricted DCS from placing a child in a home that might have been in his or her best interests. Expanding the definition of who can be considered a "relative" to a child allows DCS more flexibility when recommending placements. This flexibility helps mitigate the trauma caused to a child when he or she is removed from home by allowing the child to be placed with a familiar person with whom the child has an established relationship. The Department is also evaluating the resources available to relative caregivers and is studying its policies and procedures to ensure that these caregivers are well supported.

Additionally, the Department seeks to improve the placement stability of children in foster and adoptive homes. While DCS does have an emphasis on keeping children in the home whenever possible, it is important to note that there will always be a need and role for dedicated foster parents. When children are not able to remain safely in their own home, the Department is fortunate to have foster families available who can provide these children a safe, stable, loving, home-like environment. DCS recognizes that foster parents open their homes and hearts to children in need of temporary care; a task both rewarding and difficult. With the help of dedicated foster parents, many formerly abused or neglected children and teens will either reunite safely with their parents, be cared for by relatives, or be adopted by loving families. DCS will continue to rely on all Hoosiers to join in helping change the lives of children in foster care.

The Department's goal is to expand resources available to foster and pre-adoptive parents, increase the effectiveness of matching foster children to appropriate resource homes, minimize the number

of disrupted placements, and maximize retention of resource families. Providing stable placements and ensuring that those placements meet each child's unique needs will help ensure that children are well equipped to eventually transition out of the child welfare system.

Adoption is also a form of permanency for a child, and DCS supports all possibilities for children to achieve permanency. Another piece of legislation passed in the 2014 session was House Enrolled Act 1222, which created the Indiana Adoption Study Committee (Committee). 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.

House Enrolled Act 1222 charged the Committee with studying how other states have partnered with private, faith based, and community entities to provide adoption services. Specifically, the Committee is studying existing public and private adoption programs, services available in public adoption programs, and the legal and regulatory costs associated with foster care and private adoption in Indiana. The Committee shall make recommendations to the Governor, DCS, and the legislature concerning improving adoption programs in Indiana.

To date, the Committee has met twice and has considered the issues of adoption awareness and brainstormed ways to promote adoption. In the future, the Committee plans to look into ways to develop resources for adoptive families, recruit for new adoptive families, and break down barriers that might prevent otherwise able and willing families from adopting children in need of permanent homes. 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.

Historically, Indiana has had a "blind spot" for trauma. The Department has not done a good job identifying or treating the trauma experienced by children who enter the system. Indiana has required providers to treat the "symptoms" of trauma but never required that they use trauma-informed and evidence-based practices.

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. 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. Effectively providing for the well-being of Hoosier children involved with the child welfare system requires a multi-pronged approach that includes:

1. Collaboration: Improving coordination of services with other agencies.
2. Integration: Increasing emphasis on child well-being and integrating trauma-informed care into the child welfare practice through training and assessing for trauma.
3. Intervention: Using evidence-based, trauma-focused treatment.

Objective #5: Promote Culture of Continuous Quality Improvement & Learning

To meet this final objective, DCS wishes to promote a culture where staff at all levels consider ways to improve practice, programs, and policy. 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. The Department's goal is to develop a policy and organizational structure to support building a Continuous Quality Improvement (CQI) system as the method for evaluating and improving child welfare practice. DCS will begin by evaluating current quality improvement and quality assurance policies and processes and implementing strategies to further enhance these systems and integrate them into the larger agency CQI model. DCS will also improve use of information systems and data from a variety of sources to support the manner in which it assesses system performance to support system improvement.

DCS recognizes the importance of improving the manner in which it structures its data to provide timely access to satisfy individual data requests. DCS will integrate qualitative and quantitative data

to provide a more comprehensive view of child welfare system strengths and areas for improvement. In line with Governor Pence's goal to increase the efficiency and effectiveness of state government using data analytics, the Department's goal is to use quality data collection to maximize informed decision-making. DCS will develop a process and monitor progress for identifying opportunities to utilize CQI to further analyze problem areas and identify strategies for improvement.

The Department will take the following steps to begin using CQI to evaluate and improve child welfare practice:

- Develop regional CQI teams that include regional arms of Central Office to improve the flow of information and facilitate performance improvement and problem-solving at the local level.
- Establish a policy work group to define and draft agency policy around CQI, including administrative structure, quality data collection, and processes for ongoing case reviews, data analysis and dissemination, and providing feedback.
- Engage stakeholders around CQI including revisiting the composition of and role of Regional Service Councils.
- Implement a "train the trainer" on CQI processes for performance and quality improvement staff and regional coordinators so they can serve as CQI experts on the regional teams.
- Provide support to service providers as they identify ways to incorporate CQI processes into their way of doing business.

As mentioned earlier in this report, Indiana's Child Welfare Waiver Demonstration Project supports this goal of improving the effectiveness and efficiency of child welfare services through evaluating service needs, quality of services, and the impact that those services have on children and family outcomes.

At the core of the CQI approach will be the development of an organizational culture that supports continuous learning. In partnership with the Michigan Public Health Institute (MPHI) Center for Healthy Communities, DCS will provide key CQI staff and regional coordinators with quality improvement training and technical assistance support during the implementation of CQI. Staff that receive training will serve as DCS CQI experts and will train and provide technical assistance to other DCS staff and providers so that all staff on the CQI team, as well as those providing core DCS services, will have a common foundation from which to implement CQI.

RECRUITMENT, TRAINING, AND RETENTION OF FAMILY CASE MANAGERS

FCMs are the backbone of Indiana's child welfare system. FCM turnover has a direct effect on the children and families the Department serves, and high turnover can result in significantly 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 and reentry into foster care.

The Department currently employs approximately 3,400 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 employs a number of strategies to recruit qualified candidates, decrease staff turnover, and support employee well-being and long-term commitment to children and families.

RECRUITMENT

In July 2009, DCS centralized all human resource functions with the Indiana State Personnel Department and now has an embedded staff of 10 human resource (HR) professionals, including an HR Director, 2 HR specialists, 6 field-based HR Generalists, and an HR Coordinator. These staff help 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 need for qualified, competent, and committed FCM candidates, the HR Department implemented a more aggressive recruitment plan. In SFY 2014, DCS Human Resources participated in 16 recruitment fairs in Terre Haute, South Bend, Mishawaka, Evansville, St. Mary of the Woods, Kendallville, Columbus, Richmond, North Vernon, Fort Wayne, Kokomo, Decatur, and Indianapolis (some cities held multiple recruitment fairs).

The HR Department also created a statewide continuous job posting to allow candidates to apply for FCM positions on an ongoing basis and ensure a perpetual pool of candidates. Positions are posted using internet job boards, college and university career sites, job announcements to schools of social work and social sciences, and advertisements in local newspapers.

Due to the extensive 12-week training program that all FCMs must complete prior to taking on a case, the time between the dates of hire and when the FCM is actually available to manage cases is significant. Beginning in January 2013, the Department increased the number of new cohort trainings, starting a new class every two weeks, to more quickly train FCMs. During SFY 2014, the Department started 22 new FCM cohort classes. As a result of these efforts, 411 cohort members graduated to FCM status.

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, up from 36 in SFY 2013, 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 2014, 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 recognized that simply hiring additional staff could not, on its own, alleviate the challenges the Department faced 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 that the staff were properly trained, DCS created a comprehensive new worker training program. Since 2006, all new FCMs complete 12 weeks of training prior to taking on a case. Over time, the FCM training has been updated to reflect feedback of graduates and practice improvements. The current new worker training, implemented in SFY 2012, consists of 29 classroom days, 32 local office transfer of learning days, and 10 local office on-the-job reinforcement days.

In order to support training for hundreds of new employees each year, in addition to approximately 3,400 current staff, 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. Currently, the Department offers 78 classroom and 73 web-based trainings, in addition to the 12-week new FCM training.

To better support staff transitioning into the challenging work of case management, a Field Mentor Program was implemented in 2007. This program matches a trainee with an experienced, trained 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 classroom to the actual practice of child welfare. In collaboration with Dr. Anita Barbee from the University of Kentucky, a comprehensive Skill Assessment Scales tool was developed to assist the Field Mentor with providing feedback to the trainee based on established, research-based competencies. Feedback from this process is used as a framework for developing additional training assistance if needed, as well as to provide necessary modifications to the new worker curriculum. This project is on the cutting edge of national best practices in training and supervision of frontline child welfare workers.

Beginning in 2007, Staff Development created tools to assist with determining ongoing training needs. A statewide survey in 2007 identified the most pressing needs, and curriculum was

developed to meet those needs, both through classroom training and computer-assisted training. Following the initial survey, an Individual Training Needs Assessment (ITNA) tool was developed to measure the extent to which FCMs have the knowledge and skills needed to do their job. The initial ITNA was completed by over 1,400 FCMs during the fall of 2009. A comprehensive analysis of these assessments was completed and training needs were identified. In December 2010, a strategic planning meeting was held to develop a list of priorities for the development of classes, computer assisted trainings, videoconferences, and webinars.

DCS continues to re-evaluate the training needs of its staff, and as a result, another comprehensive analysis of training was completed by all FCMs and their Supervisors during the fall of 2011. Following a comprehensive analysis and detailed ITNA report, a subsequent strategic planning session was held to identify curriculum development needs for 2012. The results of the ITNA demonstrated a need for the following training topics among DCS field staff:

- Teaming in the First 30 Days
- Advanced Engagement & Crisis Management
- Advanced Cultural Competency
- Protective Factors
- Trauma-Informed Care
- Advanced Worker Safety

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 ITNA was developed specifically for management staff, focusing on areas such as team leadership, communication, and organizational ability. The ITNA tool was distributed to FCM Supervisors in August 2013. A strategic planning session was held in January 2014 to review the data and determine what trainings should be developed and/or changed to meet the needs of DCS leaders.

Consistent with the Department's values regarding the belief in personal accountability for outcomes, including one's growth and development, in February 2010 the agency instituted an annual training requirement to promote professional development and improve staff skills to better serve the children and families of Indiana. This initiative requires all FCMs to complete at least 24 hours of in-service training annually. In addition, all Supervisors, Local Office Directors, Division Managers, and Regional Managers are required to complete at least 32 hours of annual in-service training. Beginning January 1, 2012, DCS instituted mandatory training hours for all DCS Central Office, Child Support Bureau, and executive staff.

During SFY 2013, DCS focused on developing and providing training on trauma-informed care, consistent with the Department's Strategic Plan and needs identified in the 2011 ITNA. The DCS Staff Development Division and the Clinical Services Unit developed the one-day trauma-informed care training. All Local Office Directors were trained in January 2013. The training was then rolled

out throughout the state to FCMs and Supervisors. To date, over 1,900 staff have completed the trauma informed care training, and the Department is continuing to promote this training with staff statewide. The DCS Staff Development Department continues to roll out this training around the state, ensuring that all field staff, support staff and central office staff are trained in trauma informed care. The Department has set a goal to have all staff trained in by December 2014.

RETENTION

DCS is seeking to not only recruit new, qualified staff, but also to reduce turnover to retain a stable workforce. DCS continues to use several metrics 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. Starting in SFY 2012 and continuing into SFY 2013, DCS experienced an upward trend in negative staff turnover, which climbed to 20.6% in November of 2012. In a high-stress field like child welfare, DCS doesn't expect, nor desire, to have turnover at 0%. It is imperative that the individuals who work with children and families remain committed to this very difficult work.

To address this concerning trend, DCS employed a number of strategies, including providing pay raises for FCMs and local office management staff, establishing a peer-to-peer support team trained in critical response, and partnering with Indiana University to identify strategies designed to promote employee recognition, well-being, and long-term commitment to children and families. These efforts have seemingly had an impact, and FCM negative turnover has steadily declined since its peak in 2012. In SFY 2012, negative turnover was 19.8%. In SFY 2013, that figure dropped to 17.7%, and in SFY 2014, it dropped further to 16.9%.

The Department uses exit surveys to measure reasons why FCMs leave the agency. During SFY 2014, DCS received 112 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 these issues cited in exit surveys, DCS is working to increase awareness and understanding of secondary traumatic stress for all employees. Additionally, DCS created a new FCM trainee classification and increased the starting salary for FCMs once they complete training. During the initial 12-week training course, all FCMs are classified at the "FCM Trainee" level and

receive $33,748 in salary. The FCM salary increases to $35,776 once the worker completes training. The Department is continuously seeking ways to ensure that the right staff are hired and supported, allowing them to effectively serve Hoosier children and families.

While working to address the practical concerns of compensation and workload, the Department has also invested increased effort in ensuring that staff feel supported in their work. A team of DCS staff were trained in critical response and launched a peer-to-peer support team to provide support to staff when a significant event, like a child fatality or co-worker death, occurs. Near the end of SFY 2013, DCS also partnered with a professor at the IU Kelley School of Business to identify strategies that are designed to promote employee recognition, well-being, and long-term commitment to children and families.

Lastly, the Department designated the month of August as "DCS Employee Appreciation Month" and utilized funding from a partnership with Casey Family Programs to host employee recognition events statewide. The events promoted organizational support of the commitment staff make daily on behalf of Hoosier children and families. Local offices could choose to provide ice cream socials, picnics, boxed lunches, or small recognition tokens for their staff.

STAFF CASELOAD DATA

On a monthly basis, DCS gathers data to determine which regions are in the greatest need of 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. 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 a region to encompass Central Office 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 Family Case Manager 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 consistent with the Child Welfare League of America's standards of excellence for services for abused and neglected children and their families.

Exhibit 2 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.

METHODOLOGY

Over the past few years, the Department has made several changes to its methodology in calculating caseloads to determine the best way to reflect the amount of work that is required in handling each case. However, no additional changes in methodology were made in SFY 2014. DCS uses caseload weighting to more accurately reflect caseloads based on the amount of work required to perform standard case management tasks. During SFY 2012, the Department reduced the caseload weight for a residential placement to 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 during 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 the turnover that will always be prevalent in child welfare work, 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.

In summary, the caseload methodology used in SFY 2014 reflects several changes made in previous years, but no changes to methodology have been made since SFY 2013 when this report was last produced. 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). 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 2014, including an increase in the number of cases that DCS handles. As a result, an analysis of **Exhibit 2** indicates that in SFY 2014, 5%, or one of 19 regions, were 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.

In order to meet the 12/17 standard for SFY 2014, DCS would need an additional 77 FCMs across the state. This number is calculated using the *"Additional Number of FCMs Needed to Meet 12/17"* figure from **Exhibit 2** and subtracting the number of field positions in training at the end of SFY 2014. At the end of SFY 2014, DCS had 1,459 filled field positions, not including the 139 field staff in training. Staff in training are unable to carry caseloads for a 12-week period from date of hire. To more quickly train incoming FCMs, DCS increased the number of new cohort trainings, starting a new class every two weeks. During SFY 2014, the Department started 22 new FCM cohort classes, and as a result, 411 new FCMs were deployed to local offices. 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 2013, DCS had 1,079 more non-residential CHINS cases, 103 more Informal Adjustments, 231 more Collaborative Care cases, and 1 more residential CHINS case (all of which are considered ongoing cases) at the end of SFY 2014. 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 challenging due to the fluctuation in the number of reports DCS receives each month. This was evident in SFY 2014, where the number of monthly assessments ranged from 7,501 to 10,096 – a difference of 2,595 assessments between the high and low months.

DCS implemented many strategies in SFY 2014 to reduce caseloads and staff turnover, and ensure compliance with the 12/17 standard. However, rising assessment and ongoing case numbers made it difficult for the Department to maintain consistent caseloads that comply with the statutory standard. As mentioned previously, DCS has made efforts over the last year 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.

Despite these efforts, the Department is currently not in compliance with the 12/17 caseload standard and acknowledges that it cannot continue to hire additional staff to meet rising caseloads without doing more thorough analysis to determine if that is, in fact, the right approach. Moreover, DCS seeks to better understand where opportunities might exist to streamline and/or automate ancillary functions and processes to ensure that case managers can devote more time and attention to core case management functions. As a result, DCS is taking a two-pronged approach in order to effectively and efficiently manage staff workloads:

1. Commission a field workload study, and
2. Promote quality leadership through increased supervisor training.

First, the Department acknowledges that case manager duties have changed over the last several years. Many ancillary (yet still critical) duties were shifted away from field FCMs as DCS created specialized case manager roles, such as relative care specialists, foster care specialists, and Hotline intake specialists. These supports have greatly improved the quality of the Department's work and the quality of service provided to Hoosier children and families. At the same time, however, FCMs are expected to spend more time with families and have access to enhanced information about children and families from DCS investigators, nurses, and clinicians.

Given the many operational changes that DCS has undergone since 2005, DCS plans to commission a research study to determine what best practices suggest with regards to FCM caseload standards in Indiana. Since 2007, the work performed by FCMs has changed substantially, particularly in light of the establishment of specialist functions. As DCS continues to find ways to improve practice, this study would include an analysis of existing and emerging research on the topic, as well as an analysis of what non-core duties could be streamlined or eliminated to ensure the Department can continue to protect children from abuse and neglect.

This study would address factors that need to be considered in establishing a worker caseload standard and explore whether there is a better methodology than the Department currently uses in weighting cases or using regional monthly averages. It would also address whether having one caseload standard for all case workers is appropriate, or whether it would be more effective to have varying standards depending, for instance, on a worker's years of experience. DCS also wants to learn about best practices from other states to see whether other states have found solutions to rising caseloads and staffing those caseloads appropriately. DCS hopes to use this information to learn how to implement measures to ensure that FCMs maintain manageable caseloads, particularly in light of the natural fluctuations in incoming assessments.

In determining a scope of work, the Department would expect a preliminary report within 90 days of selecting a vendor and plans to report the preliminary findings to the DCS Child Services Oversight Committee. The Department anticipates the final plan to include specific recommendations or action items that can be implemented during the next fiscal year. DCS is currently researching prospective vendors, cost, and timeline for implementation of the study.

Second, DCS recognizes that the strength of its employees is dependent on the strength of their leaders. Having supervisors that are well-equipped in the skills and knowledge necessary to be great leaders will help support not only a stable workforce, but also better outcomes for children and families. The significance of supporting case managers in this challenging field was discussed earlier in this report, and one way to support case managers is to provide high quality leadership. To this end, the Department is currently refining its supervisor training programs and ensuring that the ongoing training needs of its leaders are being met.

DCS currently offers training programs for new supervisors to help them adapt to the needs of their new positions. These trainings were developed to help management staff focus on team leadership, communication, and organizational ability. DCS is exploring the possibility of creating supervisor cohorts, similar to new FCM cohorts, where newly-hired supervisors would start their new positions at the same time and would undergo special training and mentorship opportunities together.

All of the efforts taken in SFY 2014 and those planned for SFY 2015 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.

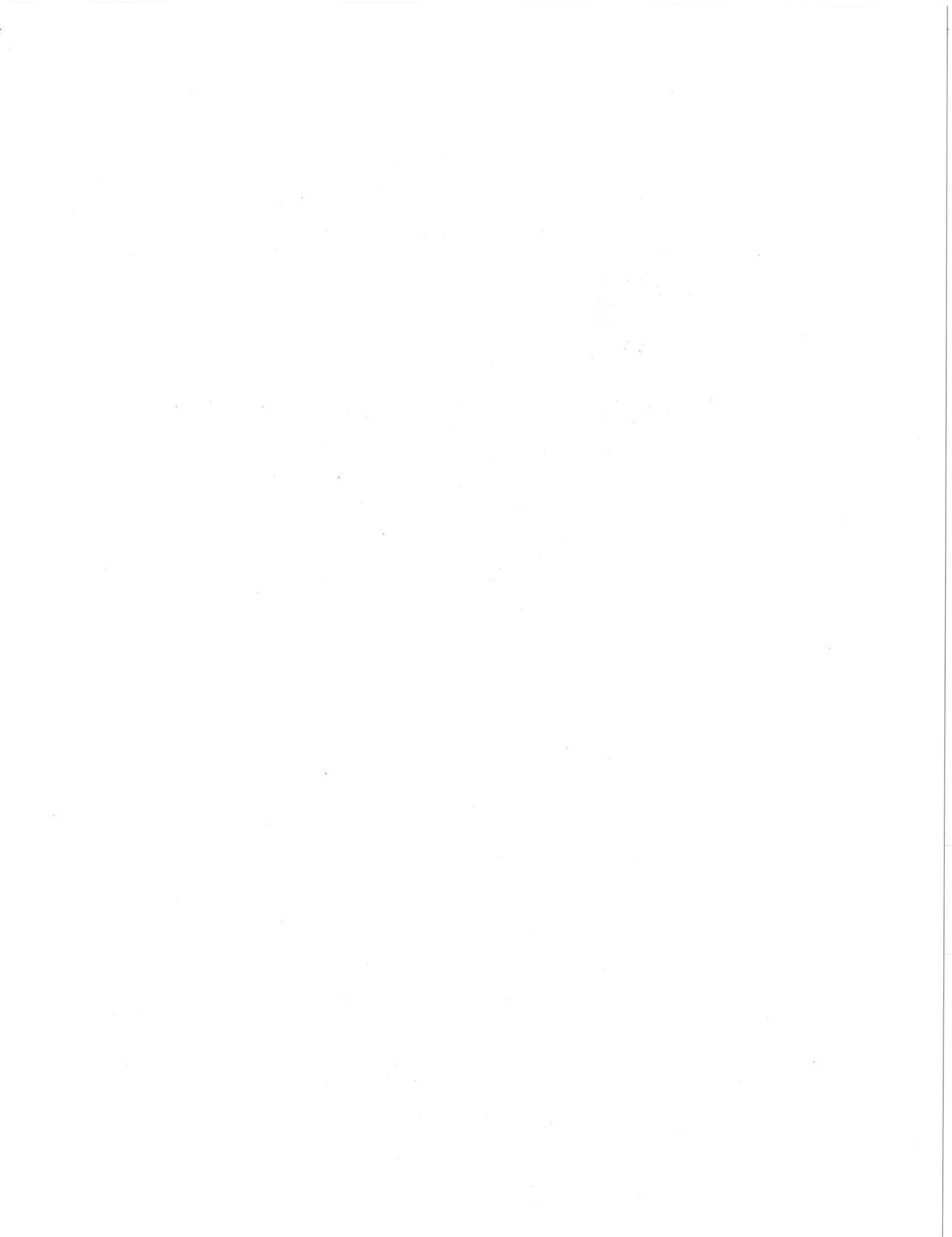
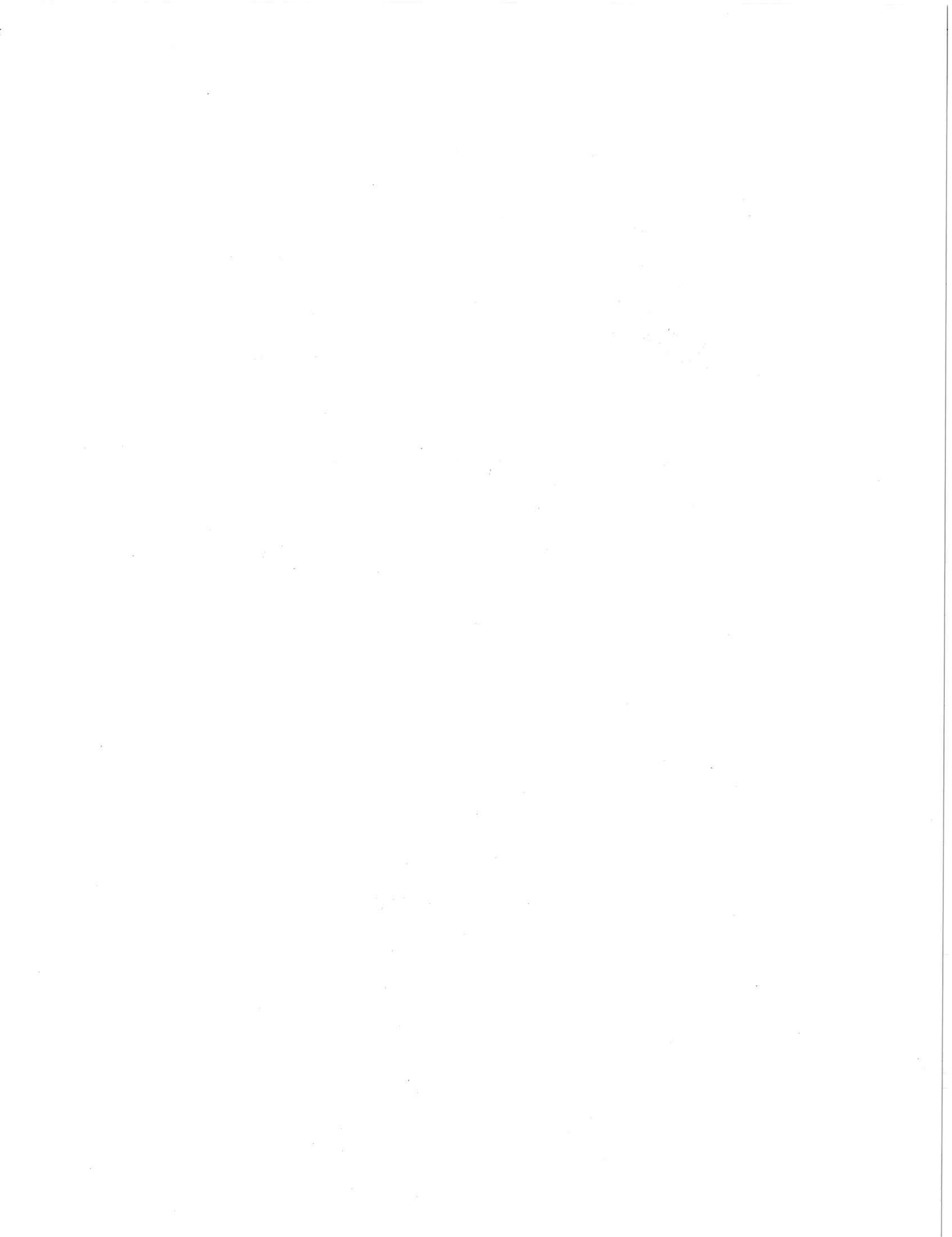


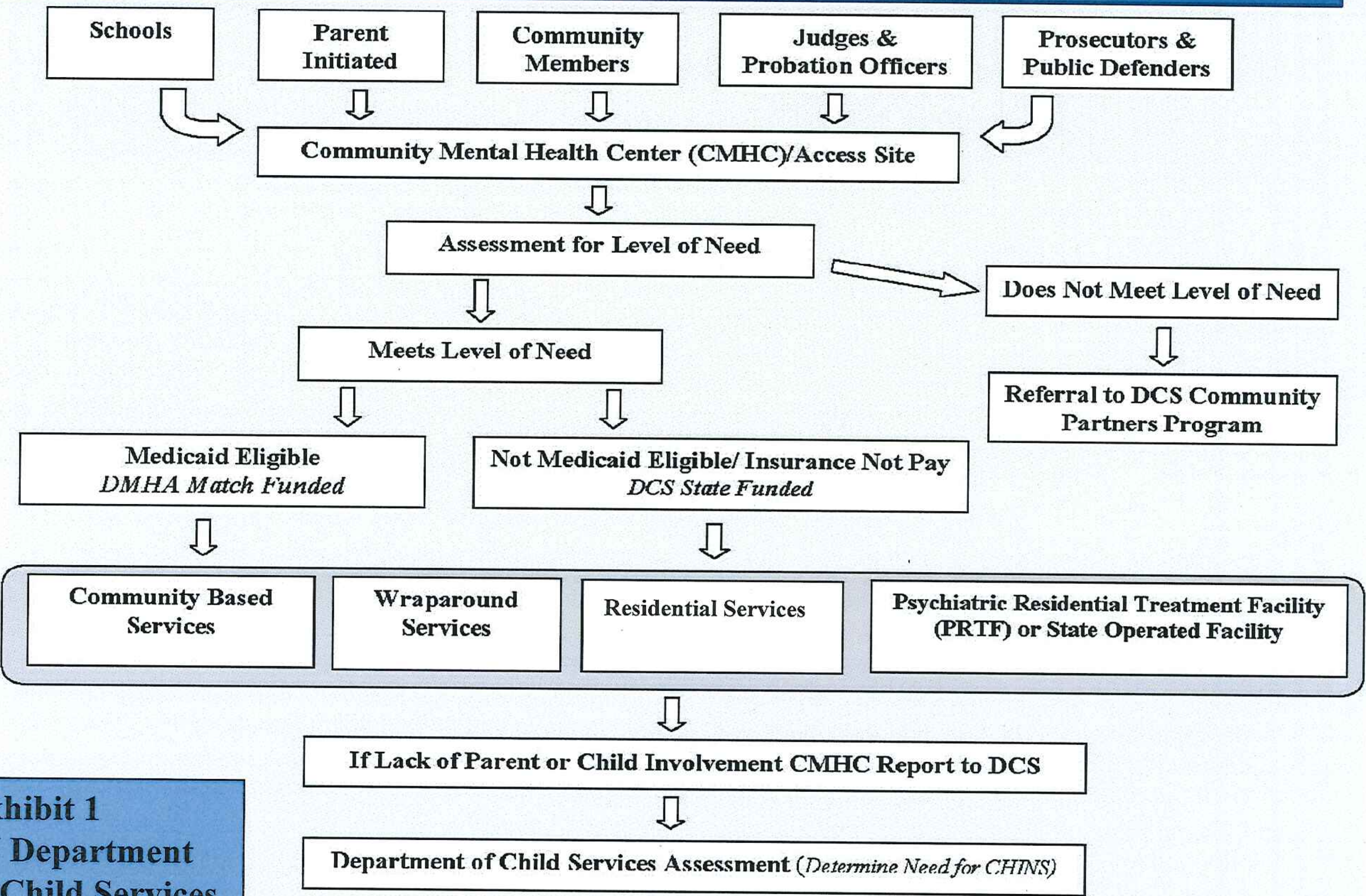
Exhibit 2
Indiana Department of Child Services
12/17 Weighted Caseload Report for SFY 2014
Annual Report to the State Budget Committee

Region	County	Filled Field FCMs	12 Month Average of Staff Needed to Meet 12/17	Additional FCMs Needed to Meet 12/17
Statewide	**Total**	**1459**	**1,675.2**	**-216.2**
Central Office	**Total**	**60**	**48.4**	**11.6**
	Collaborative Care	47	36.3	10.7
	Institutional Unit	13	12.1	0.9
Region 1	**Total**	**145**	**158.4**	**-13.4**
	Lake	145	158.4	-13.4
Region 2	**Total**	**45**	**51.4**	**-6.4**
	Jasper	5	4.5	0.5
	Laporte	15	19.2	-4.2
	Newton	3	3.4	-0.4
	Porter	15	16.8	-1.8
	Pulaski	3	2.0	1.0
	Starke	4	5.5	-1.5
Region 3	**Total**	**116**	**129.6**	**-13.6**
	Elkhart	34	35.1	-1.1
	Kosciusko	9	10.7	-1.7
	Marshall	8	9.6	-1.6
	Saint Joseph	65	74.2	-9.2
Region 4	**Total**	**141**	**150.5**	**-9.5**
	Adams	6	5.6	0.4
	Allen	82	85.4	-3.4
	Dekalb	11	14.8	-3.8
	Huntington	8	9.8	-1.8
	LaGrange	6	6.1	-0.1
	Noble	10	8.3	1.7
	Steuben	8	7.8	0.2
	Wells	6	7.5	-1.5
	Whitley	4	5.2	-1.2
Region 5	**Total**	**51**	**61.3**	**-10.3**
	Benton	2	2.5	-0.5
	Carroll	4	5.0	-1.0
	Clinton	7	7.5	-0.5
	Fountain	2	5.3	-3.3
	Tippecanoe	29	34.2	-5.2
	Warren	2	1.1	0.9
	White	5	5.7	-0.7
Region 6	**Total**	**56**	**60.7**	**-4.7**
	Cass	10	10.0	0.0
	Fulton	8	8.3	-0.3
	Howard	18	20.9	-2.9
	Miami	11	11.2	-0.2
	Wabash	9	10.3	-1.3

Region 7	Total	61	64.3	-3.3
	Blackford	4	5.4	-1.4
	Delaware	28	27.2	0.8
	Grant	16	17.7	-1.7
	Jay	8	7.5	0.5
	Randolph	5	6.6	-1.6
Region 8	**Total**	**54**	**61.0**	**-7.0**
	Clay	5	5.8	-0.8
	Parke	2	2.3	-0.3
	Sullivan	5	4.9	0.1
	Vermillion	5	4.9	0.1
	Vigo	37	43.0	-6.0
Region 9	**Total**	**41**	**47.5**	**-6.5**
	Boone	5	5.8	-0.8
	Hendricks	9	11.5	-2.5
	Montgomery	10	9.9	0.1
	Morgan	10	11.4	-1.4
	Putnam	7	8.8	-1.8
Region 10	**Total**	**231**	**310.7**	**-79.7**
	Marion	231	310.7	-79.7
Region 11	**Total**	**65**	**75.2**	**-10.2**
	Hamilton	16	17.6	-1.6
	Hancock	7	9.3	-2.3
	Madison	39	45.2	-6.2
	Tipton	3	3.1	-0.1
Region 12	**Total**	**34**	**42.4**	**-8.4**
	Fayette	6	8.0	-2.0
	Franklin	3	3.9	-0.9
	Henry	7	12.0	-5.0
	Rush	3	3.3	-0.3
	Union	2	1.6	0.4
	Wayne	13	13.8	-0.8
Region 13	**Total**	**40**	**57.3**	**-17.3**
	Brown	2	2.9	-0.9
	Greene	8	10.7	-2.7
	Lawrence	10	13.6	-3.6
	Monroe	16	23.9	-7.9
	Owen	4	6.2	-2.2
Region 14	**Total**	**89**	**91.8**	**-2.8**
	Bartholomew	20	21.7	-1.7
	Jackson	13	14.9	-1.9
	Jennings	20	20.8	-0.8
	Johnson	27	23.1	3.9
	Shelby	9	11.3	-2.3
Region 15	**Total**	**36**	**38.6**	**-2.6**
	Dearborn	10	10.9	-0.9
	Decatur	8	9.4	-1.4
	Jefferson	10	9.5	0.5
	Ohio	1	0.7	0.3
	Ripley	4	5.8	-1.8
	Switzerland	3	2.3	0.7
Region 16	**Total**	**90**	**108.2**	**-18.2**
	Gibson	9	11.3	-2.3
	Knox	14	13.2	0.8
	Pike	3	3.8	-0.8

	Posey	5	6.7	-1.7
	Vanderburgh	52	62.3	-10.3
	Warrick	7	10.9	-3.9
Region 17	**Total**	**36**	**41.9**	**-5.9**
	Crawford	5	5.1	-0.1
	Daviess	9	7.8	1.2
	Dubois	6	7.4	-1.4
	Martin	3	3.7	-0.7
	Orange	5	6.7	-1.7
	Perry	5	5.7	-0.7
	Spencer	3	5.3	-2.3
Region 18	**Total**	**68**	**75.9**	**-7.9**
	Clark	29	25.5	3.5
	Floyd	10	15.6	-5.6
	Harrison	7	6.4	0.6
	Scott	15	21.7	-6.7
	Washington	7	6.8	0.2




Current Process: Access to Children's Mental Health Services
Schools
Parent Initiated
Community Members
Judges & Probation Officers
Prosecutors & Public Defenders
Community Mental Health Center (CMHC)/Access Site
Assessment for Level of Need
Does Not Meet Level of Need
Referral to DCS Community Partners Program
Meets Level of Need
Medicaid Eligible
DMHA Match Funded
Not Medicaid Eligible/ Insurance Not Pay
DCS State Funded
Community Based Services
Wraparound Services
Residential Services
Psychiatric Residential Treatment Facility (PRTF) or State Operated Facility
If Lack of Parent or Child Involvement CMHC Report to DCS
Department of Child Services Assessment (Determine Need for CHINS)
Exhibit 1
IN Department of Child Services