INDIANA DEPARTMENT OF CHILD SERVICES

Annual Report
to
The Indiana State Budget Committee
and
The Indiana Legislative Council

Submitted by:
Mary Beth Bonaventura, Director
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Protecting our children, families and future

Pursuant to IC 31-25-2-4, once every twelve (12) months, the 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, the Indiana Department of Child Services (DCS) was created as a standalone agency charged with administering Indiana's child protection and IV-D child support systems. After the Department was formed, DCS engaged national and local organizations for guidance and support to improve the system that cares for its abused and neglected children. This collaboration marked the beginning of Indiana's practice reform efforts. Over the course of the last 8 years, DCS launched a number of initiatives to improve the manner in which child welfare is administered in Indiana.

During 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. Director Bonaventura brings a wealth of knowledge and experience to DCS, most recently serving 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 Magistrate in the Juvenile Court.

DCS Strategic Plan

Director Bonaventura began her tenure at DCS in March 2013 and immediately began evaluating ways to build upon the strengths of the Department. Given her 31 year tenure as a juvenile court judge, Director Bonaventura is a recognized leader and expert in child welfare, and she brought with her, a fresh perspective on Indiana's system.

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 strategic plan to continue Indiana's practice reform over the next year. The Department's strategic plan includes three priorities:

1. New child support system
2. Trauma informed care
3. Staff recruitment and retention.

DCS Strategic Plan - New child support system

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 administrated by the Department of Child Services Child Support Bureau, and is carried out locally by the county prosecutor's office, the office of the county clerk, 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 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 351,000 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 worker's productivity, and difficulty in meeting federal/state mandated functionality changes and audit requirements.

To address these issues, the DCS Child Support Bureau (CSB) has 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 Child Support Bureau 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 its county partners and will play a significant role in offering technology and practice support during the design and launch of INvest.

As referenced above, 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 2014 the Department's Child Support Bureau plans to release a Request 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 2014-2015:

- Finalize all system requirements,
- Complete and ensure approval of the Federal Feasibility Study,
- Gain final approval of the RFS, and
- Complete the competitive procurement.

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.

DCS Strategic Plan- Trauma Informed Care

The second pillar of the Department's strategic plan is to ensure the well-being of Hoosier children by integrating a trauma-informed care approach into our child welfare practice.

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 undue the emotional harm caused by the abuse and/or neglect (s)he experienced. In fact, removing a child from the home and/or the child's involvement with the child welfare system 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 hasn't 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 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 our child welfare practice through training and assessing for trauma.
3. Intervention: Using evidence-based, trauma-focused treatment.

DCS Strategic Plan- Staff Retention and Recruitment

DCS will seek to improve the safety and well-being of Hoosier children by hiring and retaining a qualified, competent, and sustainable workforce to support the DCS mission, vision and values.

The Department employs over 3,400 individuals, more than half of whom are Family Case Managers (FCMs). FCMs work directly with children and families on a daily basis, going into situations that the average Hoosier could never imagine. The environment is high stress and FCMs must make difficult decisions everyday that significantly impact the lives of children and families.

FCMs are the backbone of Indiana's child welfare system. FCM turnover has a direct effect on the children and families we serve, including significantly longer stays in foster care; delays in timely assessments; disruptions in child placements; and an increased rate of repeat maltreatment and reentry into foster care. During the first five months of SFY 2013, DCS saw a significant spike in FCM turnover. In response to this spike, and as a part of its strategic plan, DCS developed a comprehensive recruitment plan to ensure Indiana maintains a diverse, competent, committed and effective child welfare workforce.

In order to recruit qualified employees, DCS is utilizing a number of traditional and contemporary recruitment tools, including print advertisement, internet job boards, social media and job fairs. DCS attended job fairs in Vanderburgh, Vigo, Tippecanoe, Marion, Allen, Lake and Delaware counties, as well as in Cincinnati, Ohio. In addition to attending local job fairs, DCS hosted several FCM recruitment fairs at DCS local offices throughout the state. FCM positions are advertised using internet job boards (CareerBuilder.com and Monster.com), local newspapers (targeting primarily rural areas), college and university career sites, and position announcements through college/university social science departments.

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 students majoring in Social Work. Upon graduating and completing the program, which includes child welfare specific coursework, students are offered a Family Case Manager position with the Department and commit to work for DCS for at least two years.

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 is collaborating 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.

The Department is seeking to not only recruit new, qualified staff, but to reduce turnover so that DCS can retain its current workforce. One key strategy in this effort is to improve workplace satisfaction and commitment. DCS is partnering with Casey Family Programs to develop and launch an employee recognition program in 2013. As a part of this program, the Department marked August 2013 as the first DCS employee appreciation month. DCS divisions and local offices throughout the state hosted employee recognition events to acknowledge staff contributions. The Department is also collaborating with the IU Kelley School of Business to identify factors leading to child welfare field staff turnover, ways to mitigate the negative effects of those factors, and develop strategies to improve staff retention.

One of the reasons that FCMs leave the agency is due to the nature and stress of the work. The state and DCS have a number of tools to help support employees in this matter. The Department is working to increase awareness and understanding of secondary traumatic stress for all employees. DCS has also created a new Critical Incident Response Program to support staff who experience traumatic job-related events, such as a child fatality. Lastly, the Department will promote employee well-being by leveraging existing state benefit programs such as Hoosier S.T.A.R.T., Healthy Lifestyles wellness portal, and the Anthem EASY program in an effort to improve employee physical, emotional, and financial health.

Hoosier S.T.A.R.T. is a retirement vehicle that offers public employees a voluntary way to save for their retirement through tax deferred contributions to their own individual accounts. Healthy Lifestyles is a personalized health and well-being portal that provides employees with tools to improve their overall health, including exercise, weight management, nutrition, quitting tobacco, stress management. Anthem EASY offers telephone counseling, crisis assistance, legal and financial referrals and care resources are available 24 hours a day, 365 days a year for a variety of issues, including relationship and family concerns, alcohol and drug issues, support in times of loss or grief, assistance with depression and anxiety, financial and legal concerns, and stress management.

In a field as high stress as child welfare, DCS doesn't expect, nor desire, to have turnover at zero percent. It is imperative that the individuals who work with children and families remain committed to this very difficult work. To that end, 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.

Indiana Child Welfare Waiver Demonstration Project

The federal government reimburses states for certain child welfare services under Title IV-E of the Social Security Act. Traditional IV-E funding allows Indiana 67% reimbursement on eligible cases when a child is placed out-of-home. However, since the traditional IV-E reimbursement structure was first implemented, there have been noteworthy changes in child welfare practice. Child welfare experts around the country have consistently found that in order to produce the best outcomes for children and families, children should be kept in-home when they can be safely. When children must be removed, they fare better when placed in the least restrictive and most family like setting. The emerging research showed that traditional IV-E funding provided a reverse incentive to states, in that it only provided funds when children were removed from home, which is not consistent with the best practice of keeping a child in-home safely.

Consistent with the emerging research, in 1994, Congress authorized the Department of Health and Human Services (DHHS) to approve a limited number of Child Welfare Waiver Demonstration Projects allowing states more flexibility in the use federal IV-E funding, with the goal of improving outcomes for children and families. The demonstration projects lifted the restrictions placed on a state's use of federal funding, allowing implementation of more innovative programs aimed at producing improved outcomes for children. A common misconception about the Demonstration Projects is that they provided more funding for states; instead they allowed states more funding flexibly to test new approaches to services that improve outcomes for children and families. Due to the promising results during the initial round of Demonstration Projects, Congress extended the authority for DHHS to approve additional Projects as a part of the Adoption and Safe Families Act (ASFA) of 1997.

In 1997, Indiana was approved to begin implementation of a five year Child Welfare Demonstration Project to include select counties on a capped number of cases. The goals of Indiana's first Waiver Demonstration Project were to reduce out-of-home placement, reduce time in out-of -home placement, increase reunifications, and enhance child well-being. Indiana met all three goals. However, the project was limited to only 4,000 children and on any given day DCS serves upwards of 13,000 CHINS children. In light of the promising results showed during Indiana's initial Demonstration Project, the state was authorized to expand the project statewide for a five-year period. An additional extension was granted through June 2012.

The Child and Family Services Improvement and Innovation Act of 2011 allowed DHHS to authorize up to ten child welfare waiver demonstration projects for FFY 2012- 2014. Due to the promising results Indiana had under the previous waiver, the Department applied for, and was granted another demonstration project extension under the Child and Family Services Innovation Act to begin in 2012. Indiana's 2012 waiver extension allows DCS to address issues not covered in the prior waiver period. It enables a broadened service array and increases the target population to all children served by DCS. The project provides statewide coverage without caps and increases the range of services eligible for funding under the waiver. It supports and enhances service and program offerings that are consistent with national best practice and Indiana's Safely Home, Families First philosophy.

Safely Home, Families First is Indiana's effort 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. Research shows that placing children in the least restrictive and most family-like environment is in the best interest of children, which is consistent with Safely Home, Families First.

One of DCS's values is that the most desirable place for children to grow up is in their own home - as long as the Department is able to ensure safety of the child. When a child cannot be safely maintained in home, DCS is committed to finding absent parents and relatives who may be willing and able to care for the child. DCS looks for family members who know the child, and who are familiar and comfortable to the child. These relatives have established relationships, and as such the trauma of removal is mitigated because the child is with people who know and desire to help the child feel included in their family. The Department's own Practice Indicators demonstrate that when children are placed with relatives, they are more likely to find permanency faster than when they are placed in non-relative environments.

In conjunction with its Demonstration Project and Safely Home, Families First, DCS offers programs and intensive services allowing children to remain safely in home. When removal is necessary, the goal of Safely Home, Families First is to place children with willing and able

relatives and provide wraparound services as needed. Without the approval of the 2012 Demonstration Project, DCS would not have been able to provide expanded services as part of Safely Home, Families First.

Children's Mental Health Initiative

Many Hoosier youth struggle with mental-health issues, but due to their family's inability to pay for treatment they have difficulty accessing needed services. 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. This left s 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 frequently end up in the child welfare system even when no child abuse or neglect had occurred. This problem is compounded by the fact that state law does not address this population, nor was funding 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 and at risk for entering the child welfare or juvenile delinquency system. Initial discussions led to the establishment of four key beliefs that guided the Department's efforts toward finding a solution to this decades-old problem:

- Children should not have to be a Child in Need of Services (CHINS) 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 to providing these services was funding. DCS committed $25 million dollars annually for the new program. This allowed 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, as shown in **Exhibit 1**. This exhibit illustrates how the system worked before DCS and FSSA began rolling out the Children's Mental Health Initiative. Under this system 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 Center's (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 Children's Mental Health Initiative (CMHI).

The Children's Mental Health Initiative (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 opens up 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 allows DCS to streamline the process for families. This new process doesn't require children and families to navigate separate systems to receive services; instead they can go directly to the Access Site for an assessment (as shown in **Exhibit 2)**. 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 the age of 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 to serve families in all areas of the state, DMHA is assisting 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 2 illustrates how families will be referred once they are assessed at an access site. Families will only be 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 will complete 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. DCS has planned a gradual rollout for this initiative in order to address arising issues and make adjustments. DCS is working with the local stakeholders to ensure community readiness prior to launching in a particular area. As shown in **Exhibit 2**, anyone is able to refer a child to the Access Site for assessment.

DCS began rollout of the CMHI in SFY 2013. At the end of SFY 2013, four sites were launched:

- November 19, 2012- Community Mental Health Center in Dearborn County: serving Dearborn, Decatur, Ripley, Ohio, Switzerland and Franklin Counties.
- January 22, 2013- Oaklawn: serving St. Joseph and Elkhart County.
- March 24, 2013- Aspire: serving Boone, Hamilton and Madison County.

The rollout will continue until the entire state is utilizing the CMHI. 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 and behavioral health services for those families in crisis. At the end of SFY 2013, 148 referrals have been made to the program and 45 are currently receiving services and six are still in the assessment process. During the rollout, in those areas of the state that do not yet have access to the CMHI, DCS will utilize the Family Evaluation process, described below.

Family Evaluations

DCS is committed to ensure service access to families when the child is determined to be a danger to themselves or others and the family does not have the ability or resources to access needed services. In those areas where the CMHI is not yet available this is being accomplished through the Family Evaluation process. A Family Evaluation is an assessment of the family's situation to determine what services are needed to maintain safety in the home.

Specially trained FCMs are completing Family Evaluations in circumstances where abuse or neglect is not alleged, but where the severe mental, behavioral health or developmental disability needs of the child are putting the family in crisis or at risk. It is important to note that no allegations of child abuse or neglect have been made in a Family Evaluation and it is not an assessment for child abuse or neglect.

This is a major practice shift for DCS, as the Department's charge has traditionally focused on protecting children from abuse and neglect. As well as Family Case Manager training, which has been focused solely on cases where child abuse or neglect has occurred. Therefore, evaluating situations where no abuse or neglect is alleged requires a different approach to the family that the

traditional Family Case Manager has not been trained on. In order to rollout the Family Evaluation process DCS provided three (3) trainings to more than 150 FCMs on how to complete a Family Evaluation.

Completion of a Family Evaluation could result in one of five (5) possible outcomes:

- Families can be connected to Medicaid Services.
- Families can be referred to Community Partners for Child Safety Programs or post-adoption services.
- Families can receive up to two (2) months of stabilization services through the DCS service array.
- Families can gain emergency access to services for children who are eligible to receive services through the Bureau of Developmental Disability Services. A Multidisciplinary Team determines which families should be able to gain emergency access to services.
- When none of the other four (4) options will meet the needs of the family, DCS can open a case and provide the full array of service and placement options.

When the Children's Mental Health Initiative becomes available in a community, Family Evaluations will no longer be necessary for most families. The Local DCS Office will instead connect the family with the CMHC/Access Site to receive services. The Family Evaluation and CMHI will help ensure that all Hoosier youth have access to the mental and behavioral health services they need.

Centralized Child Abuse and Neglect Hotline

In January 2010, DCS established the Indiana Child Abuse and Neglect Hotline (Hotline) to ensure consistent handling of calls alleging child abuse and neglect. Prior to implementation of the Hotline there were over 350 locations that took child abuse and neglect reports.

The Hotline streamlines the Department's approach to taking reports, improves the Intake Specialists' ability to gather information from callers, and expedites the process of preparing comprehensive reports and disseminating those reports to local offices for review. The Hotline is staffed with trained Family Case Manager Intake Specialists and at least one Supervisor on every shift, twenty-four hours per day, seven days a week, 365 days per year. DCS 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. The Hotline also receives reports via fax. This tool is mainly used by law enforcement in larger counties, but it is available throughout the State. When a report is received via fax, the Intake Specialist enters the data and information

from the fax into the system and utilizes the same process as calls to forward the reports to the Local DCS Office. DCS saw an increase in the number of reports received by fax during SFY 2013, due to increased awareness of its availability. No matter what method is used to make the report, ultimately, the final decision on whether or not to initiate an assessment is made by the DCS Local Office.

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 Oversight Committee (Committee) recommended that DCS return the decision making authority for assessment initiation to the DCS Local Office. The final decision on whether or not to assess a report of child abuse and neglect has always rested with the Local Office, however, in past practice, the initial determination was made by the Hotline. Local DCS Office's maintained the latitude to review reports and determine whether to reverse the Hotline's decision. DCS implemented this process change administratively on March 5, 2013. Under the new process, all reports of child abuse and neglect are still taken at the Hotline. However, once the documentation is complete, all reports are sent to the DCS Local Office for a decision on whether or not to assess the report. This new process does not interrupt any currently established procedures at the county level between law enforcement and a Local DCS office.

DCS also directed each Local Office Director to discuss reviewing screened out reports (those reports not meeting legal sufficiency for assessment) with the county Child Protection Team (CPT). The CPT is a multi-disciplinary team with members from education, law enforcement, health and the courts. The Department gave each CPT the option to review as many or as few reports as wanted. This adds an additional level of local input on reports of child abuse or neglect and also facilitates important community discussions about what types of reports are being made in a particular county.

The Committee also recommended several statutory changes, including the codification of DCS practice to automatically assess all reports received from prosecutors and judges, and the practice of allowing judges to make reports directly to the Local Office. The new law specifies that judges must first attempt to make the report to the Hotline. However, if the judge does not obtain a response from the Hotline or they believe the Hotline's response is not in the best interest of the child, a report can be made directly to the DCS Local Office. In addition, the legislature codified the administrative change made by DCS on March 5, 2013, requiring that reports received from certain professional report sources be forwarded to the Local Office.

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. In order 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 dollars over the next biennium to fund a portion of those positions. The Department recognized the importance of this recommendation and committed to finding the additional funds needed to fully implement the Committees staffing recommendations.

The Department decided to locate the additional Hotline staff at four new Hotline locations around the state in Blackford, Lawrence, St. Joe and Vanderburgh counties. Both the Blackford and Lawrence county office will each be staffed with five (5) Family Case Manager Intake Specialists and one (1) FCM Intake Specialist Supervisor. The St. Joseph and Vanderburgh County offices will be staffed with twenty (20) FCM Intake Specialists and four (4) FCM Intake Specialist Supervisors. DCS began planning to open the new offices, which included procuring new space and hiring additional staff as soon as the legislature adjourned.

Opening the new offices involves a number of moving parts, including identifying office locations, entering into new lease agreements, ensuring appropriate office equipment, furniture and technology, and hiring staff. The Department plans to open both the Blackford and Lawrence office's in the fall of 2013. The St. Joseph office required a more substantial remodel in order to accommodate a Hotline location and, as a result, isn't planned to open until late 2013. DCS has faced a number of hiring challenges at the Vanderburgh County location and continues to evaluate how to successfully house a Hotline office there.

The Hotline was implemented in Indiana to improve quality, consistency and accuracy. After implementation of the Hotline, DCS has seen the number of calls reported increase from 109,489 reports in 2009, to 177,382 reports in 2012. This is an increase of over 62%. The increase in the number of reports to the Hotline represents better and more documented calls.

Hotline staff utilize a number of reports to help monitor performance. These reports allow the Hotline staff to analyze a broad array of data including: number of calls received hourly, daily, weekly, monthly and annually; wait times for both law enforcement and non law enforcement reporters; call volume broken out by time of day; average length of call; average number of calls received per weekday vs. weekend; average speed of answer; and number of calls responded to by worker. The Hotline performed as follows during 2012:

- The hotline received 177,382 reports
    - The hotline received 155,867 calls;

  - The hotline received 21,515 electronic reports;
- The average speed of answer was 1:51 for non-LEA callers, 00:36 for LEA callers;
- The average caller spent 11:58 speaking with an intake specialist;
- The hotline took an average of 538 calls per business day;
- The hotline took an average of 179 calls per weekend day.

DCS piloted a new Hotline quality assurance process using data beginning in 2011. The Hotline quality assurance process builds on the Department's quality service review process (QSR), which allows the agency to evaluate implementation of the practice model in field operations. Components of the Hotline quality assurance process include a weekly review of reports not assigned due to a failure to meet legal standards by a multi-disciplinary DCS team, quarterly reviews including review of both written reports and call recordings to evaluate worker documentation and customer service, and monthly review of outcome data such as those data points outlined above.

Recruitment, Training and Retention of Family Case Managers

After its creation in 2005, DCS immediately began its work to protect the children of Indiana from abuse and neglect by partnering with families and communities to provide safe, nurturing, and stable homes. The greatest barrier the Department faced was a lack of Family Case Managers (FCMs) to effectively manage caseloads. The General Assembly recognized this need and responded by authorizing the hiring of 800 new FCMs over the course of the biennium ending SFY 2008.

During 2006-2008, DCS focused its efforts on hiring additional Family Case Mangers and developing an effective new worker training curriculum to provide new staff with the skills necessary to be successful in partnering with children and families. In 2009, the Department shifted part of its focus to ongoing FCM and Supervisor training and identifying ways to increase retention. In SFY 2013, due to increased turnover and caseloads, the Department once again shifted its focus back to recruiting new staff. In 2013 the Indiana General Assembly appropriated additional funding for 136 new Family Case Managers and 75 Supervisors. At the end of SFY 2013, DCS had hired 97 of the 136 FCM positions and 60 of the 75 Supervisor positions.

Recruitment

In July 2009, DCS centralized all human resource functions with the Indiana State Personnel Department and now has an embedded staff of ten (10) human resource professionals, including a Human Resource Director, three (3) HR specialists, six (6) field-based Human Resource Generalists and a HR Coordinator. These staff help ensure smooth operation of the FCM recruitment and hiring process.

The DCS Human Resources Department partnered with DCS Field Operations to establish a process to address ongoing hiring needs. They created a timeline to outline the necessary steps to recruit, hire and train qualified candidates and developed a process for maintaining a FCM applicant pool in each region. This process resulted in a reduction in the time to fill vacancies from a minimum of eleven (11) weeks to approximately five (5) weeks.

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 FCM applicants, conduct telephone prescreen interviews, and perform background checks.

During SFY 2013, DCS experienced a measurable increase in staff turnover. To address this increased need for qualified, competent, and committed FCM candidates, the Human Resources Department implemented a more aggressive recruitment plan. DCS Human Resources participated in eight (8) employment recruitment fairs and hosted four (4) local office recruitment events throughout the state. These efforts supplemented traditional practices in talent acquisition.

The Human Resources Department created a statewide continuous job posting to allow candidates to apply for Family Case Manager positions on an ongoing basis and ensure a perpetual pool of candidates. Positions are posted using a variety of job posting methods, including internet job boards, college and university career sites, distributing job announcements to schools of social work, and advertising in local newspapers.

Due to the extensive twelve 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 2013, the Department started 23 new cohort classes of Family Case Managers, compared with 15 cohorts in SFY 2012. As a result of these efforts, the Department hired 584 new Family Case Managers in SFY 2013, compared with only 286 in SFY 2012.

Training

DCS recognized that simply hiring additional staff could not, on its own, alleviate the challenges the Department faced. 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 Family Case Manager's complete twelve (12) weeks of training prior to taking on a case. Over time, DCS' FCM new worker training has been updated to reflect feedback of graduates and practice improvements. During most of fiscal year 2006, new workers

participated in twelve (12) weeks of classroom training, four (4) of which took place in Indianapolis, with the other eight (8) taking place in one of the DCS regional training centers. The training was updated in 2006, 2009, and 2011 to reduce the number of days in the classroom and increase the days of on-the-job training. The current new worker training, implemented on July 1, 2011, consists of twenty nine (29) classroom days, twenty one (21) local office based transfer of learning days and ten (10) local office based on the job reinforcement days.

In order to support training for hundreds of new employees each year, in addition to over 3,400 current staff, DCS maintains a Staff Development Department with 75 employees. The Staff Development Department works in conjunction with Indiana University (IU) to develop and deliver high quality, relevant training content. Currently, the Department offers103 classroom and 67 computer assisted trainings, in addition to the twelve (12) week new worker 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, Family Case Manager 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 Family Case Mangers during the fall of 2009. A comprehensive analysis of these assessments was completed and training needs were identified, in December of 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 our staff and as a result another comprehensive analysis of training was completed by all Family Case Managers 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 our 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 Family Case Manager Supervisors, Division Managers and Local Office Directors in August 2013. A strategic planning session will be held in January 2014 to review the data and determine what trainings should be developed and/or changed to meet the needs of our leaders.

Consistent with DCS' 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. 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 Family Case Managers and Supervisors. To date, nearly 500 staff have completed the trauma informed care training. The DCS Staff Development Department will continue 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

While it is important to ensure that the Department has the requisite number of positions to support case management needs, equally as important is monitoring and mitigating employee turnover so that the agency can maintain a stable workforce. DCS continues to utilize 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 began tracking turnover data for the FCM position in March 2007. The agency tracks two types of turnover—actual and negative. While actual turnover includes all FCMs who left their position, negative turnover reflects only those FCMs who departed the Agency. Negative turnover excludes employees who were promoted or transferred to another position within DCS, and is determined to be a better measure of how the agency is doing with respect to retaining valuable staff. Starting in SFY 2012 and continuing into SFY 2013, DCS experienced an upward trend in staff turnover, which climbed to 20.6% in November of 2012.

In order to measure reasons why Family Case Managers left the Agency, DCS utilizes exit surveys. During SFY 2013, DCS received 96 exit interview responses from Family Case Managers. The top reasons influencing an FCM's decision to leave the agency were salary/benefits and family circumstances. This finding is consistent with previous exit survey results in which compensation was more frequently cited as one of the primary factors for FCM turnover

Exit survey data also reflected concerns over workload, with 45% of the FCMs who left the Department reporting that the workload was not commensurate with the position held. Given the increase in the number of cases during SFY 2013 this finding was not surprising. It is anticipated that the additional staff graduating from FCM training will continue to provide measurable relief in this respect.

Starting in Fall 2013, DCS implemented several measures to curb the increase in employee turnover. In November 2012, DCS was approved to provide pay raises to all field staff, with salary increases adjusted according to the number of years of experience with the Agency. A breakdown of the pay raises is included below.

- 6% increase for Family Case Managers with 0-2 year's experience.
- 8% increase for Family Case Managers with 2-5 year's experience.
- 10% increase for Family Case Managers with 5+ year's experience.
- 7% increase for all Family Case Manager Supervisors and Local Office Directors.

These increases not only demonstrated to the FCMs that the Department's leadership team values their critical contribution, but also served as an additional mechanism to retain current experienced staff. Moreover, the raises enable the Agency to remain competitive in attracting qualified candidates.

In addition to increased salaries for current field staff, DCS created a new FCM trainee classification and increased the starting salary for FCMs once they completed training. During the initial twelve (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. DCS was able to fund these initiatives through the end of SFY 2013. To allow the agency to maintain the raises, the legislature appropriated an additional $11 million in funding to DCS through SFY 2015.

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. Recommendations from this collaboration will be implemented during SFY 2014. 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 promote organizational support of commitment staff make daily on behalf of Hoosier children and families.

CASELOAD DATA

Overview

On a monthly basis, DCS gathers information 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. The states human resources information system, PeopleSoft compiles staffing levels, including total staff, staff in training, and staff unavailable for other reasons including 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 in 2008 by HEA 1001. The Agency is organized into eighteen (18) geographical regions, with each region comprised of between one and nine counties. In addition to the geographical regions, this past SFY, the Department created an additional 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 in 2008, DCS also shifted the focus of its Family Case Manager hiring from a county-based effort to a regional approach. Hiring FCMs on a regional basis allows Regional Managers to allocate resources as needed. With fluctuations and spikes in caseloads, along with FCM vacancies, this process allows Regional Managers the flexibility of redeploying 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 at 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 3 shows the number of FCMs needed to reach 12 assessments or 17 on-going children over the past twelve months by County and Region. Please note that these numbers are cyclical and vary from month to month.

Methodology

Caseload weighting was implemented to more accurately reflect caseloads based on the amount of work required to perform case management tasks. For example, voluntary Informal Adjustments (IAs) typically require fewer FCM contacts with the family, less court time, and less input into the system than an involuntary CHINS case. In May 2009, DCS began weighting IAs at 50% of the value of a CHINS case. However, due to the implementation of *Safely Home, Families First* the Department recognized an increase in the amount of case management work associated with an IA. In order to ensure caseloads accurately reflect workload requirements, the Department began weighting IAs at 75% of the value of a CHINS case on July 1, 2011. During SFY 2012, DCS again increased the weighting for IAs and now weights them the same as a CHINS case. In addition, the Department reduced the caseload weight for a residential placement from 100% of the value of a CHINS case to 50% beginning July, 2011. 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 functions performed by Family Case Managers. As a result of continued practice reform a number of changes were made to the caseload methodology in SFY 2013.

During SFY 2012, DCS sponsored legislation creating a new older youth foster care program called Collaborative Care. The program is designed to allow older youth to have more freedom in the decision-making and planning process around their future. 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 new program is designed to support youth-adult partnerships during the case planning, implementation and monitoring process. Collaborative Care cases are supported by Collaborative Care Case Managers (3CMs), FCMs specially trained in this area. The 3CMs carry a caseload exclusively of only older youth (ages 17.5-20). This new program started on July 1, 2012. Over the past year the program has grown rapidly and at the end of SFY 2013 consisted of 449 cases. In order to ensure appropriate workload for all FCMs the Collaborative Care Unit was added to the 12/17 staffing during SFY 2013.

Legislative and administrative changes were made to the intake process in 2013 that impacted the workload of Local Office staff. These changes moved the intake decision-making functions from the Hotline back to the Local Office. In previous years the Hotline reduced the workload of local field staff by centralizing those intake decision-making functions that were historically handled by FCMs at the local level. However, with the changes implemented in SFY 2013, the Hotline no longer provides this workload relief to the Local Offices. To accurately reflect this increase in workload at the local level the 113 FCM Intake Specialists at the Hotline are no longer factored into the caseload determination.

In recent years, in order to better support FCMs and remove certain functions from their workload, DCS created two types of specialized FCM positions in the areas of foster care and relative care. The Department currently has 128 FCM specialist positions. 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 and support for foster parents and relatives. In addition, these positions provided relief to FCMs, who prior to creation of the specialist position, were required to manage licensing, placement matching, and providing 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 more 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, initial orientation and training for 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 has also removed the Specialist positions from our caseload calculation.

Due to the large number of Family Case Managers 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 recognize that during the twelve weeks staff are in training, they are unable to carry caseloads and balance the workload at the local level. By classifying FCMs in training separately DCS was able to remove them from the caseload calculation.

In summary, the revised caseload methodology 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, the average number of vacant positions, and average number of 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 lead to an increase in caseloads during SFY 2013, including an increased number of cases and staff turnover. As a result, an analysis of **Exhibit 3** indicates that for SFY 2013, 15.79% or 3 of 19 regions were in compliance with the caseload averages of 12 assessment and 17 on-going cases.

The Department recognized that caseloads were increasing early in SFY 2013 and pursued a number of different strategies to begin reversing the trend.

A number of factors lead to the increase in SFY 2013, including an increase in the number of cases that DCS handles. At the end of SFY 2013, DCS had 952 more non-residential CHINS cases, 158 more Informal Adjustment's, 370 more Collaborative Care cases and 13 more residential CHINS. Thus, between July 2012 and June 2013, the number of cases handled by DCS increased by 1,493, which reflects a need for 88 additional Family Case Managers. Even

though the Department started implementing plans to reduce caseloads months ago, the impact of these efforts was not yet fully realized by the end of SFY 2013.

In addition to analyzing the number and types of on-going cases, the Department evaluates the number of assessments. Staffing to ensure each assessment worker has no more than an average of 12 assessments at a time is challenging due to the dramatic fluctuation in reports DCS receives each month. This challenge was evident in SFY 2013 where the number of assessments per month ranged from 6,617 and 9,187. That is a difference of 2,570 assessments between the high and low months. When applying the 12 assessment standard, those additional assessments would require an additional 215 staff in order to meet 12/17. These extreme differences make it difficult to ensure that the appropriate number of staff are available to complete assessments while still meeting 12/17.

DCS implemented many strategies during SFY 2013 to reduce caseloads and staff turnover, and ensure compliance with the 12/17 standard. One strategy was addressing staff compensation, as previously discussed, by providing raises to field staff based on their tenure with the Department. Another strategy to ensure compliance with the 12/17 standard was to seek funding for additional staff. The legislature appropriated funding for 136 additional Family Case Managers and 75 new Family Case Manager Supervisors during the biennium. By the end of SFY 2013, 97 of the 136 new FCM positions had been filled, albeit some of the new staff remained in training.

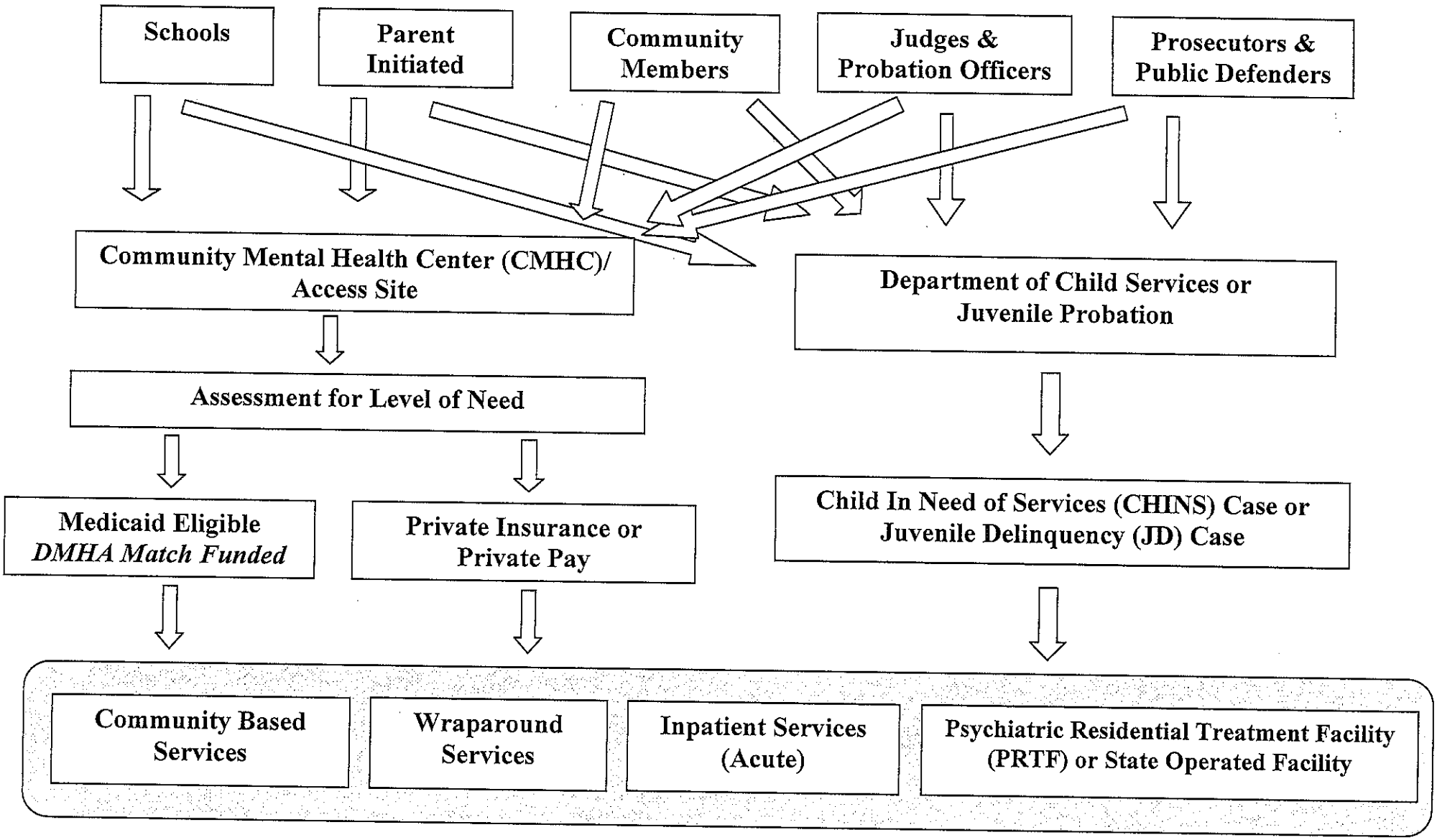
With the addition of new staff DCS was one step closer to meeting 12/17 standard, however additional measures were needed. In order to get workers in the field carrying a caseload faster, the Department increased the frequency of new worker trainings beginning in January 2013. New FCM training cohorts increased from every three weeks to every two weeks. In conjunction with increased frequency of training, class sizes were increased. During SFY 2012, DCS averaged 15 individuals per cohort, compared with 25 in SFY 2013. These two strategies combined allowed DCS to hire and train 550 workers in SFY 2013, compared with only 286 in SFY 2012, a 92% increase.

Even with all of the changes, DCS will not comply with the 12/17 standard unless additional measures are taken. In order to further ensure that caseloads are in compliance with the 12/17 standard, DCS will need to create 110 new Family Case Manager positions.
This will allow the Department to be fully staffed at 12/17, while still maintaining vacancies and acknowledging that staff in training are unable to carry caseloads for a twelve week period of time from the date of hire. DCS determined that 110 positions would be appropriate to meet 12/17 based on analysis of data from SFY 2012 and SFY 2013.

During SFY 2013 the Department averaged a 106 position vacancy rate. Additionally, during SFY 2012 DCS averaged approximately 80 staff in training at a given time. Applying the assumption that DCS will always have approximately186 positions unavailable to carry a caseload (in training or vacant), DCS requires 1,702 total positions to meet the 12/17 caseload standard. This number is arrived at by adding 186 to the 12/17 need of 1,516 shown on **Exhibit 3**. It is important to note that positions do not equal trained and available FCM staff. DCS currently has 1,592 FCM positions, comprised of 148 FCM Trainees, 104 vacant FCM positions and 1340 filled FCM positions. In order to reach the 1,702 positions needed to meet the 12/17 standard, DCS requires an additional 110 positions.

All of the efforts taken in SFY 2013 and those planned for SFY 2014 will continue to move the Department in the right direction of maintaining staffing consistent with the 12/17 statutory requirements. 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 ensure that appropriate staffing levels are maintained in order to serve Indiana's abuse and neglected children.

Old Process: Access to Children's Mental Health Services



New Process: Access to Children's Mental Health Services

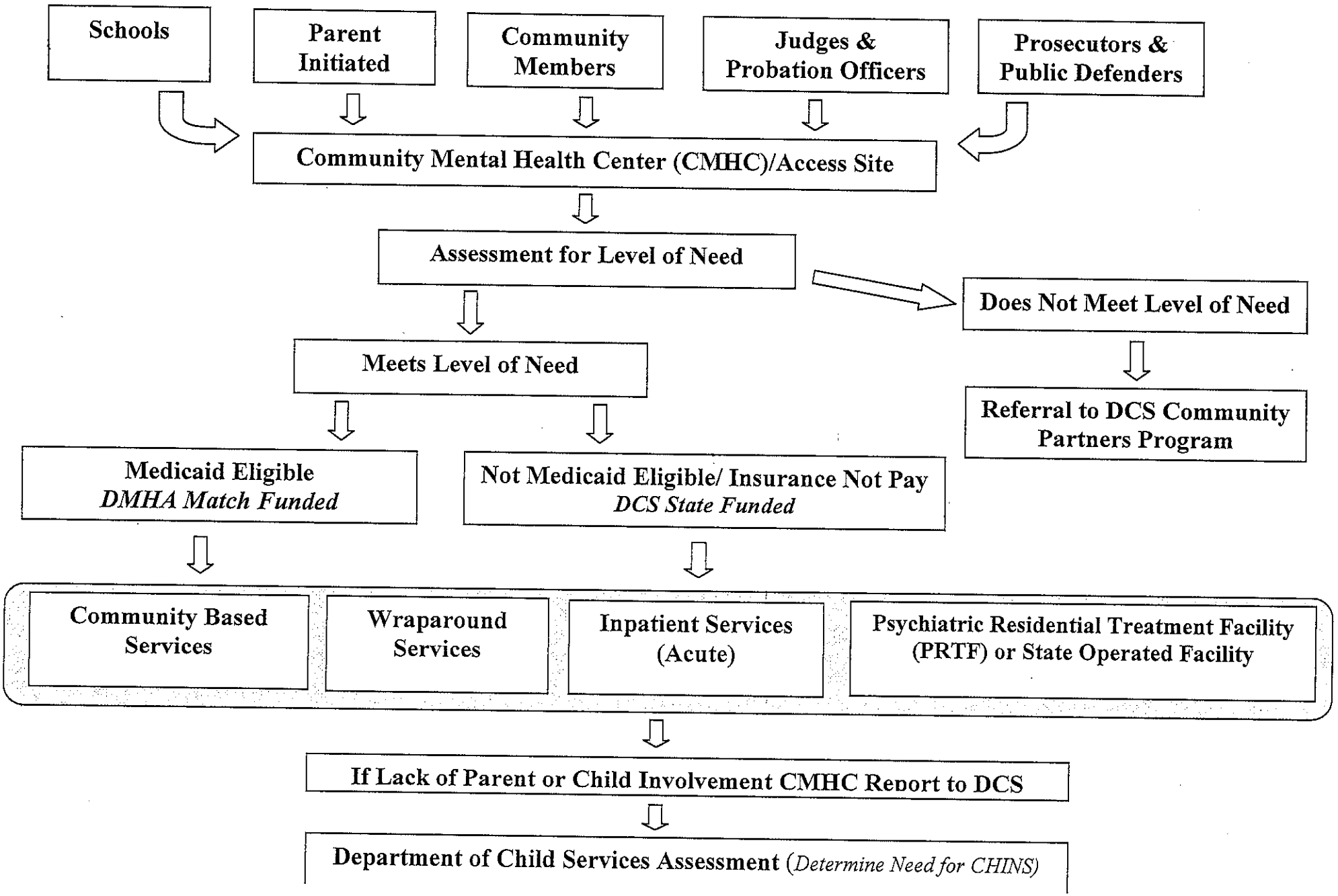


Exhibit 3
Indiana Department of Child Services
12/17 Weighted Caseload Report for SFY 2013
DCS Annual Report to the State Budget Committee

Region	County	Filled Field FCMs	12 Month Average of Staff Needed to Meet 12/17	Additional FCMs Needed to Meet 12/17
Statewide	**Total**	**1340**	**1515.7**	**-175.8**
Central Office	**Total**	**45**	**31.2**	**13.8**
	Collaborative	32	20.3	11.7
	Institutional Unit	13	10.8	2.2
Region 1	**Total**	**124**	**155.2**	**-31.2**
	Lake	124	155.2	-31.2
Region 2	**Total**	**40**	**43.6**	**-3.6**
	Jasper	4	3.5	0.5
	Laporte	13	16.3	-3.3
	Newton	3	3.4	-0.4
	Porter	14	14.1	-0.1
	Pulaski	3	2.1	0.9
	Starke	3	4.3	-1.3
Region 3	**Total**	**107**	**116.3**	**-9.3**
	Elkhart	29	32.9	-3.9
	Kosciusko	9	9.5	-0.5
	Marshall	10	8.6	1.4
	Saint Joseph	59	65.4	-6.4
Region 4	**Total**	**130**	**138.1**	**-8.1**
	Adams	6	5.4	0.6
	Allen	71	83.1	-12.1
	Dekalb	12	12.2	-0.2
	Huntington	7	6.8	0.2
	LaGrange	5	5.4	-0.4
	Noble	10	8.5	1.5
	Steuben	10	6.8	3.2
	Wells	5	5.5	-0.5
	Whitley	4	4.3	-0.3
Region 5	**Total**	**48**	**54.2**	**-6.2**
	Benton	2	2.7	-0.7
	Carroll	3	4.0	-1.0
	Clinton	5	7.0	-2.0
	Fountain	6	5.1	0.9
	Tippecanoe	26	28.7	-2.7
	Warren	1	1.4	-0.4
	White	5	5.4	-0.4
Region 6	**Total**	**51**	**55.9**	**-4.9**
	Cass	10	8.4	1.6
	Fulton	7	8.3	-1.3
	Howard	15	18.0	-3.0
	Miami	10	10.9	-0.9
	Wabash	9	10.4	-1.4

Prepared by Office of Data Management,Reports and Analysis

Source:
MAGIK Monthly Data

Exhibit 3
Indiana Department of Child Services
12/17 Weighted Caseload Report for SFY 2013
DCS 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
Region 7	**Total**	**54**	**60.4**	**-6.4**
	Blackford	4	4.5	-0.5
	Delaware	24	25.4	-1.4
	Grant	15	16.6	-1.6
	Jay	5	8.1	-3.1
	Randolph	6	5.8	0.2
Region 8	**Total**	**40**	**52.0**	**-12.0**
	Clay	4	4.8	-0.8
	Parke	2	2.1	-0.1
	Sullivan	5	4.3	0.7
	Vermillion	5	3.9	1.1
	Vigo	24	37.0	-13.0
Region 9	**Total**	**34**	**37.3**	**-3.3**
	Boone	5	4.6	0.4
	Hendricks	7	8.5	-1.5
	Montgomery	8	9.1	-1.1
	Morgan	8	9.2	-1.2
	Putnam	6	6.0	0.0
Region 10	**Total**	**229**	**295.5**	**-66.5**
	Marion	229	295.5	-66.5
Region 11	**Total**	**59**	**64.7**	**-5.7**
	Hamilton	15	15.2	-0.2
	Hancock	6	7.5	-1.5
	Madison	35	39.3	-4.3
	Tipton	3	2.7	0.3
Region 12	**Total**	**36**	**38.0**	**-2.0**
	Fayette	6	7.3	-1.3
	Franklin	4	3.6	0.4
	Henry	10	10.4	-0.4
	Rush	4	3.5	0.5
	Union	2	1.8	0.2
	Wayne	10	11.4	-1.4
Region 13	**Total**	**40**	**46.0**	**-6.0**
	Brown	2	2.3	-0.3
	Greene	4	6.9	-2.9
	Lawrence	9	11.1	-2.1
	Monroe	21	21.4	-0.4
	Owen	4	4.3	-0.3
Region 14	**Total**	**81**	**86.9**	**-5.9**
	Bartholomew	18	18.1	-0.1
	Jackson	11	13.7	-2.7
	Jennings	20	20.2	-0.2
	Johnson	23	23.6	-0.6
	Shelby	9	11.2	-2.2

Prepared by Office of Data Management,Reports and Analysis

Source:
MAGIK Monthly Data

Exhibit 3
Indiana Department of Child Services
12/17 Weighted Caseload Report for SFY 2013
DCS 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
Region 15	**Total**	**41**	**36.9**	**4.1**
	Dearborn	10	11.4	-1.4
	Decatur	9	8.7	0.3
	Jefferson	10	8.6	1.4
	Ohio	2	0.9	1.1
	Ripley	7	4.7	2.3
	Switzerland	3	2.7	0.3
Region 16	**Total**	**87**	**103.6**	**-16.6**
	Gibson	9	11.2	-2.2
	Knox	15	14.0	1.0
	Pike	3	4.6	-1.6
	Posey	5	5.8	-0.8
	Vanderburgh	45	56.8	-11.8
	Warrick	10	11.2	-1.2
Region 17	**Total**	**34**	**33.2**	**0.8**
	Crawford	5	4.1	0.9
	Daviess	7	6.0	1.0
	Dubois	5	6.3	-1.3
	Martin	2	3.6	-1.6
	Orange	6	5.6	0.4
	Perry	5	4.0	1.0
	Spencer	4	3.6	0.4
Region 18	**Region 18 Total**	**60**	**66.7**	**-6.7**
	Clark	23	23.8	-0.8
	Floyd	12	13.9	-1.9
	Harrison	4	6.6	-2.6
	Scott	14	17.7	-3.7
	Washington	7	4.7	2.3

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