



Members

Rep. Cindy Noe, Co-Chairperson
Rep. Kevin Mahan
Rep. Gail Riecken
Rep. Vanessa Summers
Sen. Travis Holdman, Co-Chairperson
Sen. Carlin Yoder
Sen. Timothy Lanane
Sen. John Broden
Anita Harden
Judge Christopher Burnham
Gloria Hood
Viola J. Taliaferro
Jean Willey Scallon
Jeff Darling
Charles Pratt
Judge Loretta Rush
David Judkins
Dave Powell
Larry Landis
Kevin Moore

DEPARTMENT OF CHILD SERVICES INTERIM STUDY COMMITTEE

Legislative Services Agency
200 West Washington Street, Suite 301
Indianapolis, Indiana 46204-2789
Tel: (317) 233-0696 Fax: (317) 232-2554

LSA Staff:

KC Norwalk, Attorney for the Committee
Ann Naughton, Attorney for the Committee
Bill Brumbach, Fiscal Analyst for the Committee

Authority: P.L. 48-2012

MEETING MINUTES¹

Meeting Date: August 22, 2012
Meeting Time: 1:00 P.M.
Meeting Place: State House, 200 W. Washington St., House Chambers
Meeting City: Indianapolis, Indiana
Meeting Number: 1

Members Present: Rep. Cindy Noe, Co-Chairperson; Rep. Kevin Mahan; Rep. Gail Riecken; Rep. Vanessa Summers; Sen. Travis Holdman, Co-Chairperson; Sen. Carlin Yoder; Sen. Timothy Lanane; Sen. John Broden; Anita Harden; Judge Christopher Burnham; Gloria Hood; Viola J. Taliaferro; Jean Willey Scallon; Jeff Darling; Charles Pratt; Judge Loretta Rush; David Judkins; Dave Powell; Larry Landis; Kevin Moore.

Members Absent: None.

Sen. Holdman called the meeting to order at 1:05 p.m. and asked the members to introduce themselves. He shared his professional background in child welfare and described his vision of the direction that will be taken by all involved in the Committee's

¹ These minutes, exhibits, and other materials referenced in the minutes can be viewed electronically at <http://www.in.gov/legislative>. Hard copies can be obtained in the Legislative Information Center in Room 230 of the State House in Indianapolis, Indiana. Requests for hard copies may be mailed to the Legislative Information Center, Legislative Services Agency, West Washington Street, Indianapolis, IN 46204-2789. A fee of \$0.15 per page and mailing costs will be charged for hard copies.

work during the Interim. Sen. Holdman requested that individuals who present to the Committee a problem regarding the Department of Child Services (DCS) also present a proposed solution to the problem.

Sen. Holdman noted that 4 meetings have been scheduled for the Committee:

- September 5 - Discussion concerning the child abuse and neglect hotline
- September 24 - Discussion concerning foster care, residential care, grandparent care, etc.
- October 11 - Discussion of best practices
- October 25 - To be determined

Sen. Holdman emphasized that child welfare workers deserve the respect of everyone for the difficult work that they perform.

In response to a question from Rep. Riecken, Sen. Holdman stated that they could discuss holding one of the Committee's meetings in a location other than Indianapolis.

Judge James Payne, Executive Director, DCS, stated that during his tenure as a Marion County Juvenile Court judge (1985 - 2004) Indiana passed no standards for child welfare caseworkers, there was little support for caseworkers, and there was no consistency from county to county in Indiana. He stated that Indiana entered into an agreement to resolve a federal lawsuit to decrease caseloads, but in the 10 years during which the agreement was in effect, the state never met the standards set by the agreement. Judge Payne emphasized the complexity of DCS cases and stated that prior to implementation of the state child welfare caseworker practice model in 2005, there was little to no training before caseworkers were expected to perform their jobs, and there was no uniformity or analysis of what practices worked.

John Ryan, Chief of Staff, DCS, expressed his personal thoughts on the work of DCS, the legislature with respect to DCS, and critics of DCS. He noted that each is important to improvement of DCS and expressed appreciation for each. Mr. Ryan provided a slide presentation² and began by discussing federal data comparing child and family services information for 2004 and 2012. He also noted areas that have been identified for improvement, including the turnover rate for DCS caseworkers.

Mary Beth Lippold, Deputy Director of Staff Development, DCS, provided an overview of the history of DCS. She stated that before the current practice model was adopted, the main case manager focus was "putting out fires" due to an average case load of forty to fifty cases per caseworker. She explained that when DCS looked at other states for information about adopting a practice model, Utah came to the forefront with data reflecting improved outcomes. Ms. Lippold described DCS's work with the Annie E. Casey Foundation to develop a practice model, changing the primary focus of the model from compliance with federal law to what is good for families. She emphasized the finding that for better outcomes, families need not only direction, but also to understand why the direction is recommended by DCS. Ms. Lippold also discussed changes in training of all professionals involved in child welfare, including caseworkers, judges, attorneys, and others.

Char Burkett-Sims, Regional Manager, Region 9, DCS, discussed the manner in which the

²Attachment 1. Various parts of this attachment were used by each of the DCS presenters.

practice model is used, with the family driving the process. Ms. Burkett-Sims stated that a team consisting of the child, family, community supports, friends, etc., meets as often as needed to gain information and determine availability of support for the child and family. She compared current practice to practice before adoption of the practice model, stating that the previous practice was narrowly focused and consisted of addressing only the immediate problem, while current practice provides a broader evaluation, including determination of the cause of the identified problem and intervention to address the cause rather than just the symptom. She differentiated the old "investigation" approach and the newer "assessment" approach. Ms. Burkett-Sims noted that, with the practice model, all 92 counties now focus on providing services to families in the same way, rather than having individual practices in each county.

Lisa Rich, Deputy Director of Services and Outcomes, DCS, described the depiction of a puzzle throughout the slide presentation. She noted that the puzzle depicts the perceptions of a former foster child concerning how the foster child "fits" in the world. Ms. Rich discussed the federal and internal performance measures that are used by DCS in measuring outcomes and quality improvement. She explained that keeping children with relatives (if possible) has been scientifically shown to be more beneficial for children than placing children with unknown individuals.

Doris Tolliver, Deputy Director of Human Resources, DCS, discussed the structure of DCS before and after 2005, including the difference in staff, training, caseloads, and outcomes. She described differences in orientation and training of new staff, continuing training for staff, and significantly smaller caseloads. Ms. Tolliver noted that having the central office as a connection between all regional offices results in more efficient and consistent sharing of information related to quality improvement and other issues. She also noted that DCS's staff turnover goal per year is 15% and that DCS is considering interventions to decrease turnover. Ms. Tolliver also stated that increasing case manager compensation could decrease case manager turnover.

Jennifer Hubartt, Regional Manager, Region 10, described a Child in Need of Services (CHINS) case. She noted the statutory procedural requirements, including: (1) the time frame and procedure for assessment; (2) preponderance of the evidence as the standard of proof for substantiation of a case; and (3) the various interventions that may occur with the primary goal of child safety and keeping the child with family if possible. Ms. Hubartt noted that each region has a community partner agency to which families may be referred, even in unsubstantiated cases, for various forms of assistance.

Ms. Rich discussed DCS funding and services. Ms. Rich described the various sources of funding used to provide services to each family, filling in eligibility gaps with funding from the various sources according to funding criteria, to ensure that families receive the necessary resources regardless of eligibility.

Doug Weinberg, Chief Financial Officer, DCS, noted variations in DCS funding before and after property tax laws were amended in 2008. Mr. Weinberg expressed his belief that transferring funding to the state from the local offices has made payments for services more consistent in amount and timing, and also assists in leveraging federal funding for services. He also presented information concerning DCS spending over the past several years.

David Judkins, Deputy Director of Field Operations, DCS, presented information concerning the centralized child abuse and neglect hotline, including: (1) a comparison of child abuse and neglect reporting before and after implementation of the hotline; (2) details concerning development of the hotline; (3) data related to use of the hotline; and (4)

reporting and actions taken after a report is made.

Mr. Ryan addressed some criticisms and concerns about DCS procedures, including wait times for calls, reports for which assessments are determined not to be necessary, and law enforcement having authority to directly report to the local office (rather than being required to use the hotline) in certain circumstances. Mr. Ryan described suggestions related to hotline concerns for consideration by the Committee.

In response to questions from various Committee members, Mr. Ryan and other members of DCS staff agreed to:

- (1) Gather information concerning the percentage of family team meetings in which families are involved.
- (2) Systematically invite prosecuting attorneys, public defenders, and service providers to attend the DCS's monthly quality review meetings.
- (3) Implement a written policy for automatic assessment of reports made by prosecuting attorneys, law enforcement, and judges.
- (4) Assess what staff turnover should be for the hotline.
- (5) Look for a method of gathering data on outcomes as adults of children determined to be victims of, and immediately treated for, physical or sexual abuse as compared to children who are not immediately treated for the abuse. DCS is beginning to survey 19 year olds for this purpose.
- (6) Work with the Commission on Mental Health and Addiction, Division of Mental Health, and Medicaid to better address children who are reported as "CHINS 6" (child endangering himself or another) cases, so that they obtain assistance rather than "falling through the cracks".
- (7) Provide information to the Committee reflecting the percentage of children in various categories of placement at one year.

In response to questions from various Committee members:

- (1) Ms. Tolliver stated that caseworkers were originally recruited to work at the hotline and this resulted in the recognition that personal preference of the different types of work caused a high turnover rate. One is highly structured and not face to face interaction while the other is a more varied work environment.
- (2) Mr. Ryan stated that a DCS subgroup and other interested groups are considering the "CHINS 6" issue. Mr. Ryan agreed with Judge Burnham that CHINS 6 children often need additional services.
- (3) Ms. Rich stated that individuals who are not DCS employees are interested in the quality service review process, and are invited to participate, but training of these individuals is needed.
- (4) Mr. Ryan stated that local DCS offices have not been instructed not to interact with local law enforcement, but that the local DCS offices are not accessible after 4:30 p.m. He acknowledged that he has heard that some local DCS offices reported such an instruction, and stated that a directive has been sent out to the local DCS offices that they may deal with local law enforcement.
- (5) Mr. Ryan stated that CHINS filings have been on a downward trend since 2011, 80% of cases are neglect cases, and CHINS cases parallel unemployment.
- (6) Ms. Hubartt stated that the preponderance of the evidence standard is the lowest standard and consequently triggers more assessments, and causes DCS to err on the side of caution.
- (7) Ms. Burkett-Sims stated that individuals participating in family team meetings sign confidentiality agreements.
- (8) Ms. Tolliver stated that: (a) the caseworker salary is \$33,774 and caseworker

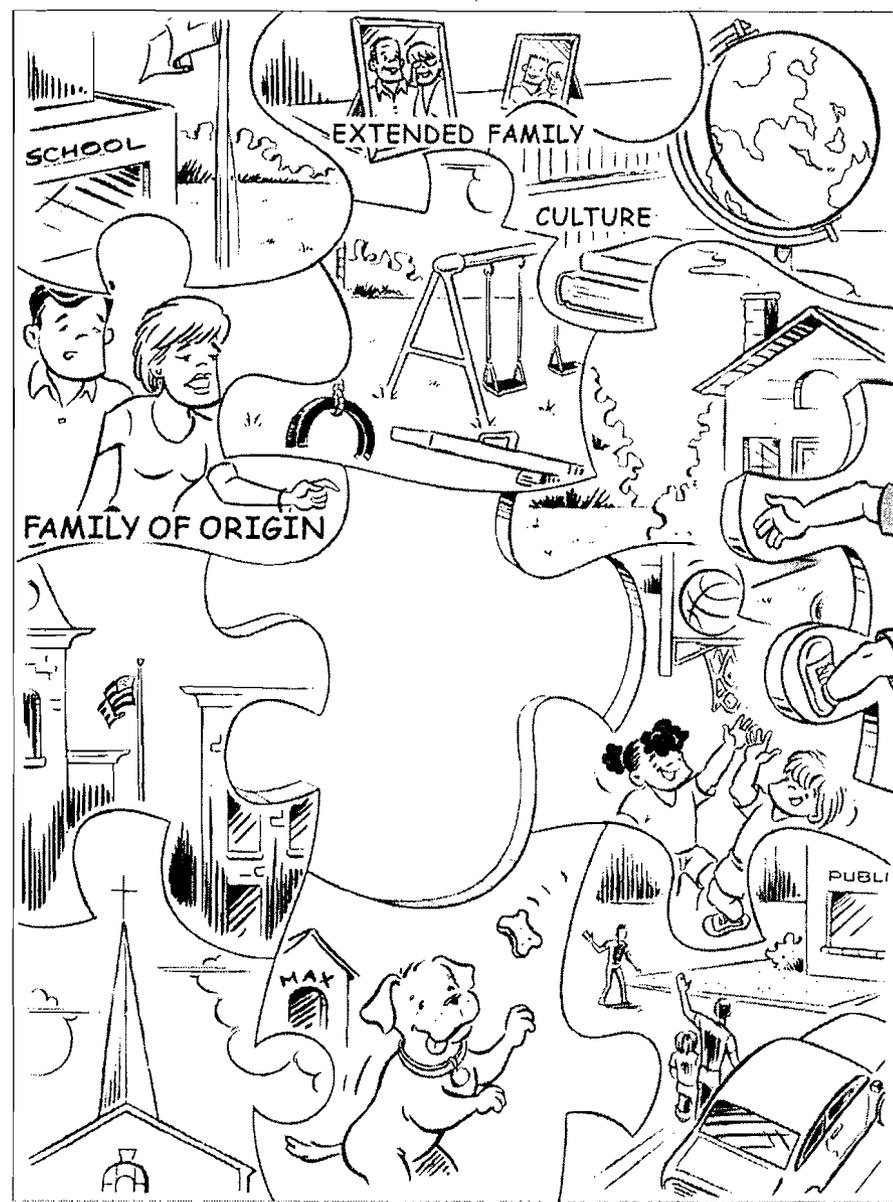
supervisor salary is \$37,000; (b) a consistent interview tool is used; (c) a comprehensive pay differential plan is being developed; (d) part of the interview of potential case managers is designed to prepare interviewees for the strains of the position; (e) 40% of turnover occurs in the first 2 years; and (f) there is no directly comparative information on turnover rates.

(9) Mr. Weinberg stated that: DCS has \$2 million per year available for miscellaneous assistance for open cases, such as utilities or rent; (b) community partners provide services to families that do not have open cases; and (c) township trustees and federal funds assist with this.

(10) Ms. Tolliver and Ms. Burkett-Sims stated that the DCS "culture" is evolving since DCS was created, from a system of local cultures to a more state-wide culture with local culture included, and that part of the leadership role of regional managers is to assist in redefining the culture throughout the state.

With no further business to discuss, Sen. Holdman adjourned the meeting at 5:30 p.m.

One Child, Two Worlds: Where Do I Fit? How Do I Fit?





The Indiana Department of Child Services: Then and Now

Presentation to the Department of Child
Services Interim Study Committee
August 22, 2012

John Ryan, Chief of Staff



DCS Then and Now

Federal Data – Child and Family Services Review (CFSR)

- Measures States' capacity to create positive outcomes for children and families.
- Federal government tracks this information from all states.
- States receive composite scores in the area of Safety, Permanency and Family and Child Well-Being.



DCS Then and Now

Federal Data – Child and Family Services Review (CFSR)

- **Permanency Composite 1: Timeliness and Permanency of Reunification**
- *Reviews 4 measures taken related to reunification in less than 12 months, median stay of children in foster care, re-entry into foster care within 12 months, etc.*
 - FFY 2004: 119.8 (National Ranking – 30th)
 - FFY 2011: 126.9 (National Ranking – 10th)
 - National standard: 122.6 or higher



DCS Then and Now

Federal Data – Child and Family Services Review (CFSR)

- **Permanency Composite 2: Timeliness of Adoptions**
- *Made up of 5 measures taken related to a child's length of stay in foster care, adoption in less than 24 months, adoption in less than 12 months, etc.*
 - FFY 2004: 118.8 (National Ranking – 39th)
 - FFY 2011: 128.1 (National Ranking – 3rd)
 - National standard: 106.4 or higher



DCS Then and Now

Federal Data – Child and Family Services Review (CFSR)

- **Permanency Composite 3:** Permanency for Children & Youth in Foster Care for Long Periods of Time
- *Made up of 3 measures taken related to permanency achieved prior to age 18, exits to permanency for children with TPR, and emancipation.*
 - FFY 2004: 130.1 (National Ranking – 42nd)
 - FFY 2011: 137.5 (National Ranking – 3rd)
 - National standard: 121.7 or higher



DCS Then and Now

Federal Data – Child and Family Services Review (CFSR)

- **Permanency Composite 4: Placement Stability**
- *Made up of 3 measures- 2 or fewer placement settings evaluated at less than 12 months, 12- 24 months and 24 + months.*
 - FFY 2004: 95.4 (National Ranking – 29th)
 - FFY 2011: 103.0 (National Ranking – 10th)
 - National standard: 101.5 or higher



Opportunities for Growth and Improvement

Family Case Manager Turnover:

- Exit surveys indicate two of the primary reasons for FCM turnover include:
 - Compensation
 - Job Related Stress and Pressures and Scrutiny

Hotline Concerns:

- Some local communities have expressed concerns regarding:
 - Wait times,
 - Location of hotline staff,
 - LEA not having the ability to contact the local office directly when they need immediate response, and
 - Concerns regarding our decision not to assess some reports called in by professional report sources such as schools, doctors / hospitals, etc. 8



Up Next

DCS Practice Model

MB Lippold, Deputy Director of Staff Development

Char Burkett-Sims, Regional Manager, Region 9

Lisa Rich, Deputy Director of Services and Outcomes

DCS Staffing

Doris Tolliver, Deputy Director of Human Resources

DCS Services and Payments

Lisa Rich, Deputy Director of Services and Outcomes

John Ryan, Chief of Staff

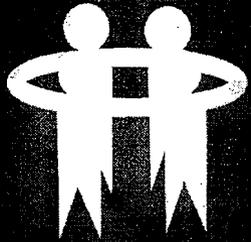
Doug Weinberg, Chief Financial Officer

Life of a CHINS

Jennifer Hubartt, Regional Manager, Region 10

Indiana Child Abuse and Neglect Hotline

David Judkins, Deputy Director of Field Operations



INDIANA
DEPARTMENT OF
CHILD
SERVICES

DCS Overview

Presentation to the Department of
Child Services Interim Study
Committee
August 22, 2012

MB Lippold, DCS Deputy Director of Staff Development

Char Burkett-Sims, DCS Region 9 Manager

Lisa Rich, DCS Deputy Director of Services & Outcomes



Creation of DCS

Purpose:

- Elevated priority of protecting children.
 - No longer just a division within another agency.
- Dedicated operational budget.
- Dedicated staff to support DCS mission.
- Commitment to qualified, trained field staff.



DCS Vision, Mission & Values

DCS Vision: Children thrive in safe, caring, and supportive families and communities.

DCS Mission: To protect children from abuse and neglect, by partnering with families and communities.

DCS Values:

- Every child:
 - Right to be free from abuse/neglect.
 - Right to appropriate care/permanent stable home with families (when safe).
- Every parent:
 - Primary responsibility for the care & safety of their children.
- Every person:
 - Has value, worth and dignity.



“Practice Model” Defined

Framework of operation guided by:

- Indiana statute.
- Best child-protection practices.



Before Practice Model

No practice model:

- 92 different ways of operating.
- Focus primarily on federal compliance.
- Approach – “*do more with less*”.



Impact- Before Practice Model

Impact:

- Higher caseloads.
- Lack of consistency in addressing abuse/ neglect.
- Delegation of all social work to service providers.



Practice Development

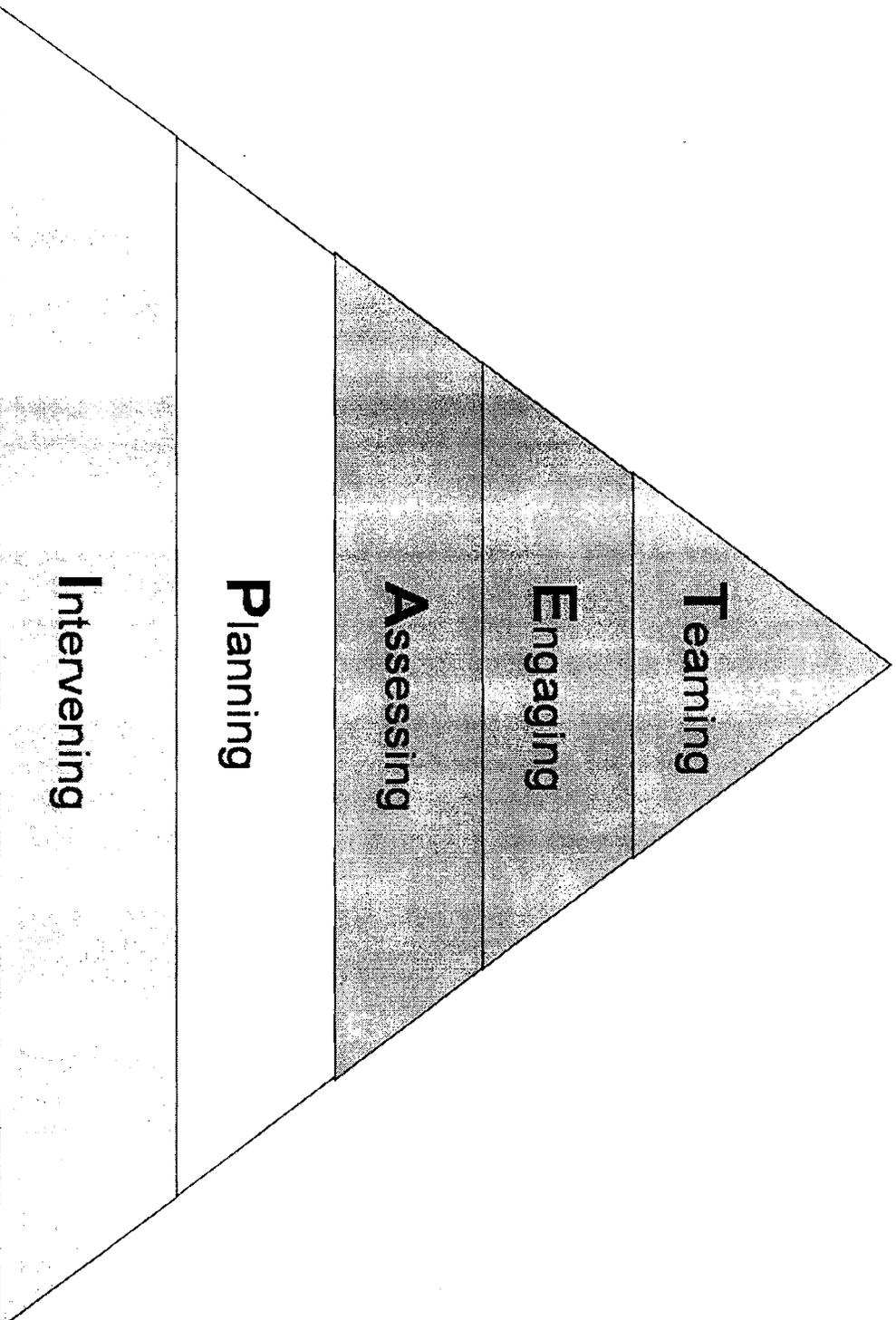
- The Annie E. Casey Strategic Group provided an assessment to Indiana.
 - “No matter how many caseworkers we added, caseloads would continue to increase if Indiana didn’t change its way of serving children and families.” – 2005
- Indiana visited Utah to learn about their model and outcomes.
- Engaged DCS staff at all levels.
 - Determine skills needed to achieve best outcomes.
- Built model on evidence-based outcomes for child safety and family reunification.



Practice Development

- Practice model serves as Indiana's blueprint for building DCS:
 - Teaming- Bringing supports and families together.
 - Engaging- Establishing relationships (child & parents).
 - Assessing- Obtaining and analyzing information.
 - Planning- Identifying unique steps to productive outcomes.
 - Intervening- Actions taken to promote safety and well-being.

Indiana Practice Model





Practice Development

- Rollout and Training:
 - Pilot in DCS Regions 9 and 18, followed by Region 10.
 - Regional kick off meetings.
 - Training:
 - Statewide training including DCS staff, juvenile judges, prosecutors, public defenders, and CASAs.
 - Initial training, on-going training and supervisor training.
 - On-going staff support provided through peer coach consultants.



Integration



Integration into Practice

- Integration of the model into practice and policies:
 - Child and Family Team Meetings.
 - Update policies and procedures.
 - Safely Home, Families First.



Policies and Procedures

- Rewrote entire policy manual.
- Documented procedures.
- Updated all training.
- Established outcome metrics.



Child and Family Team Meetings

What is a Child and Family Team Meeting?

- Brings together the family with friends, neighbors, community members and formal resources.
- The family selects who is a part of their Child & Family Team.



Child and Family Team Meetings

- What is the benefit?
 - Build plans that expedite permanency, ensure safety and support child's well-being.
 - Implement more effective interventions based on inclusive decision-making.



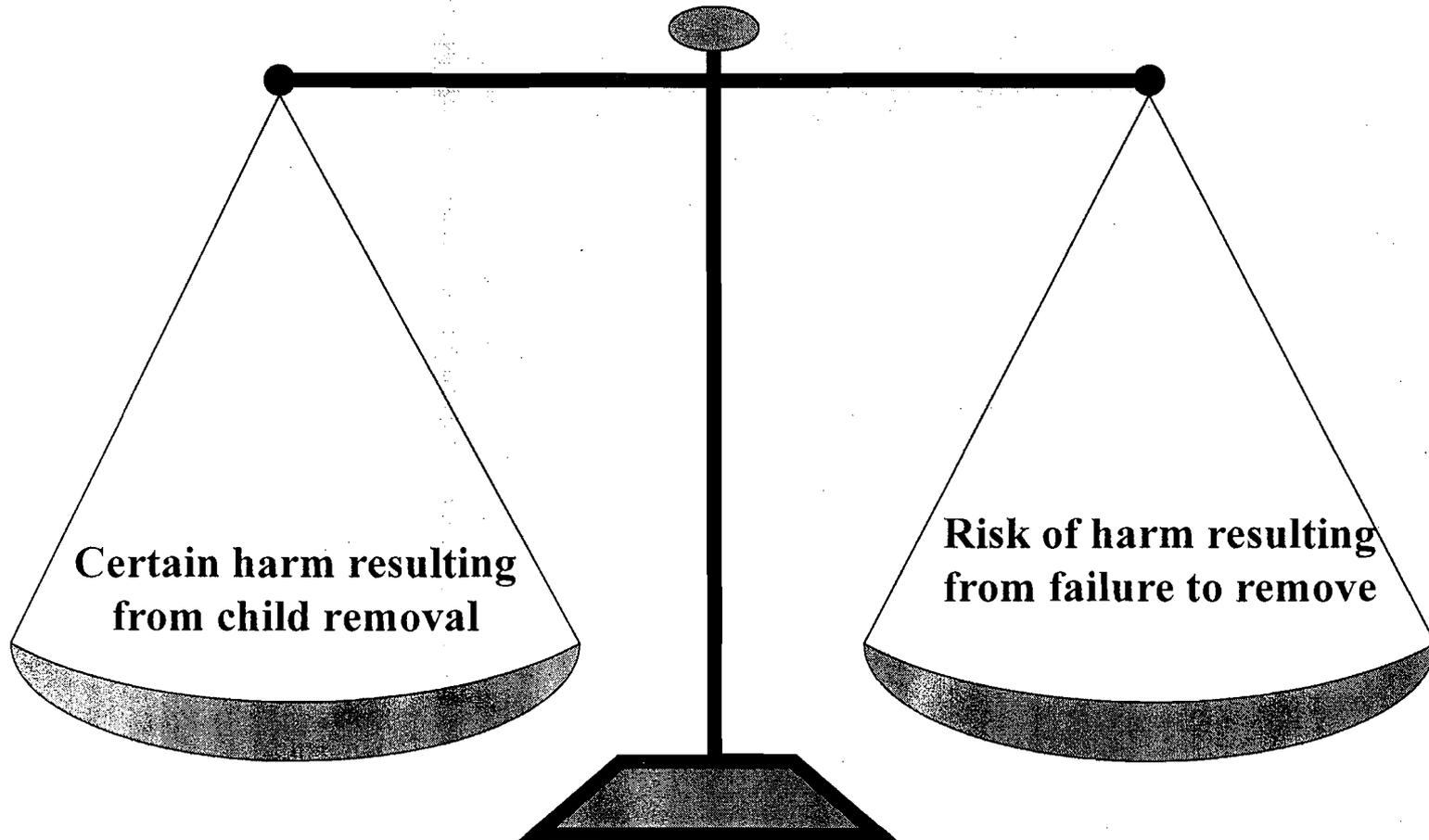
Safely Home, Families First

- What is Safely Home Families First?
 - A reaffirming of the effort to keep children at home, or with relatives when they can't safely remain at home.
- What is “Safely Home”?
 - DCS always evaluates what can be done to keep a child in their own home safely.
- What is “Families First”?
 - When a child must be removed from their home , DCS first looks for family members for a placement.



Safely Home, Families First

Use protective factors to make safety decisions- *weighing potential outcomes.*





Practice Model's Effect

Scenario:

DCS becomes involved with Mr. Jones and his 3 children due to the conditions of the home. There is animal feces on the floor, moldy dishes in the sink, garbage bags in the hall, and stacks of papers throughout the home making only a small walkway through the house. DCS performs an assessment on the family and determines that Mr. Jones suffers from depression, but has been unable to afford his medications.

- How would DCS handle a case before the Practice Model?
- How would DCS handle the case after the Practice Model?



After Practice Model

After the practice model:

- Single vision for the agency.
- Operations focused on how to develop the skills necessary to improve outcomes.
- Approach - “*What is best for kids?*”

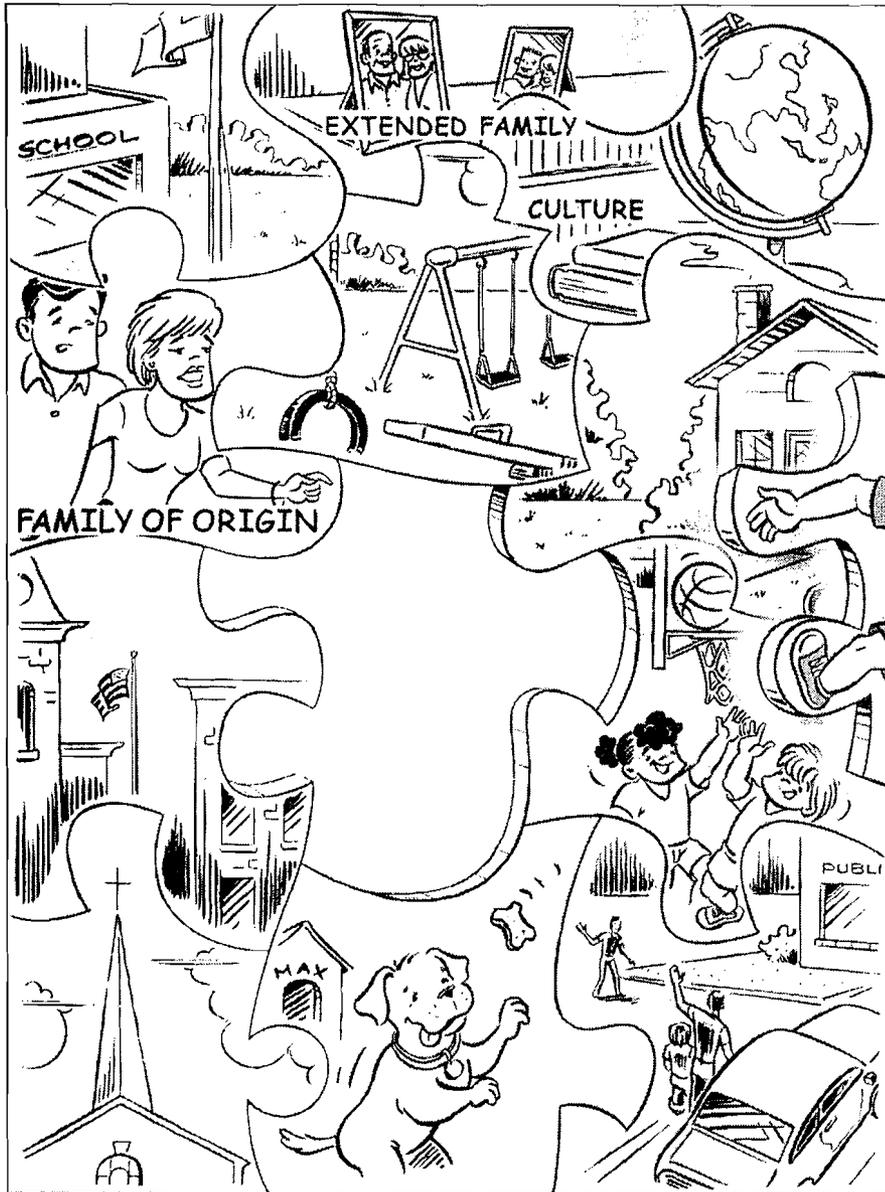


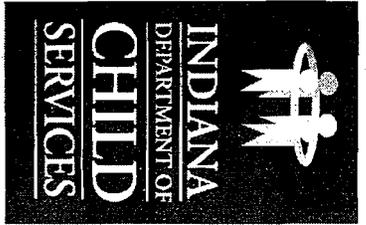
Impact of Practice Model

Impact:

- Statutory caseload limits.
- Consistent way of addressing abuse/neglect statewide.
- Coordinated effort between DCS, service providers and other supports.

One Child, Two Worlds: Where Do I Fit? How Do I Fit?





Results



Outcome Measurement

- Measurement tools to evaluate DCS practice model:
 - Practice indicator reports.
 - Quality service reviews.
 - Continuous quality improvement.
 - Quality assurance reviews.



Outcome Measurement

- One of our initiatives is to keep children with families.
- DCS measures outcomes on relative care using all measurement tools.



Practice Indicator Reports

- Collection of data elements used to monitor the effectiveness of the practice model.
- Example applied to Practice Indicator reports:
 - What percentage of children are in relative care?



Quality Service Review (QSR)

- Quality Service Review:
 - Case specific review where DCS goes out and talks to individuals involved in a specific case to evaluate the quality of DCS's work.
 - Evaluates people's experience with DCS, not data on the case.
- Example applied to Quality Service Review
 - Are the children placed in the most appropriate placement?
 - Are relative caregivers prepared and supported?



Continuous Quality Improvement

- Take results of Quality Service Review, create plan for improvement in one or two areas.
 - Areas of improvement determined at regional level.
 - With input of community stakeholders/staff in region.
- Example applied to continuous Quality Improvement:
 - Developing information on available resources for relatives.



Quality Assurance Review

- Measures compliance to state and federal guidelines as well as DCS policies.
- Identifies strengths, areas that need specific attention to remain in compliance.
- Example applied to Quality Assurance Review:
 - Documentation indicates that relative placement (including non-custodial or alleged parent) was considered by the agency.

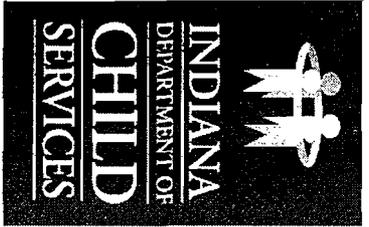


Improved Outcomes

- Family Case Manager monthly visits:
 - FFY 2004 - 10.4%
 - FFY 2011 - 95.7%

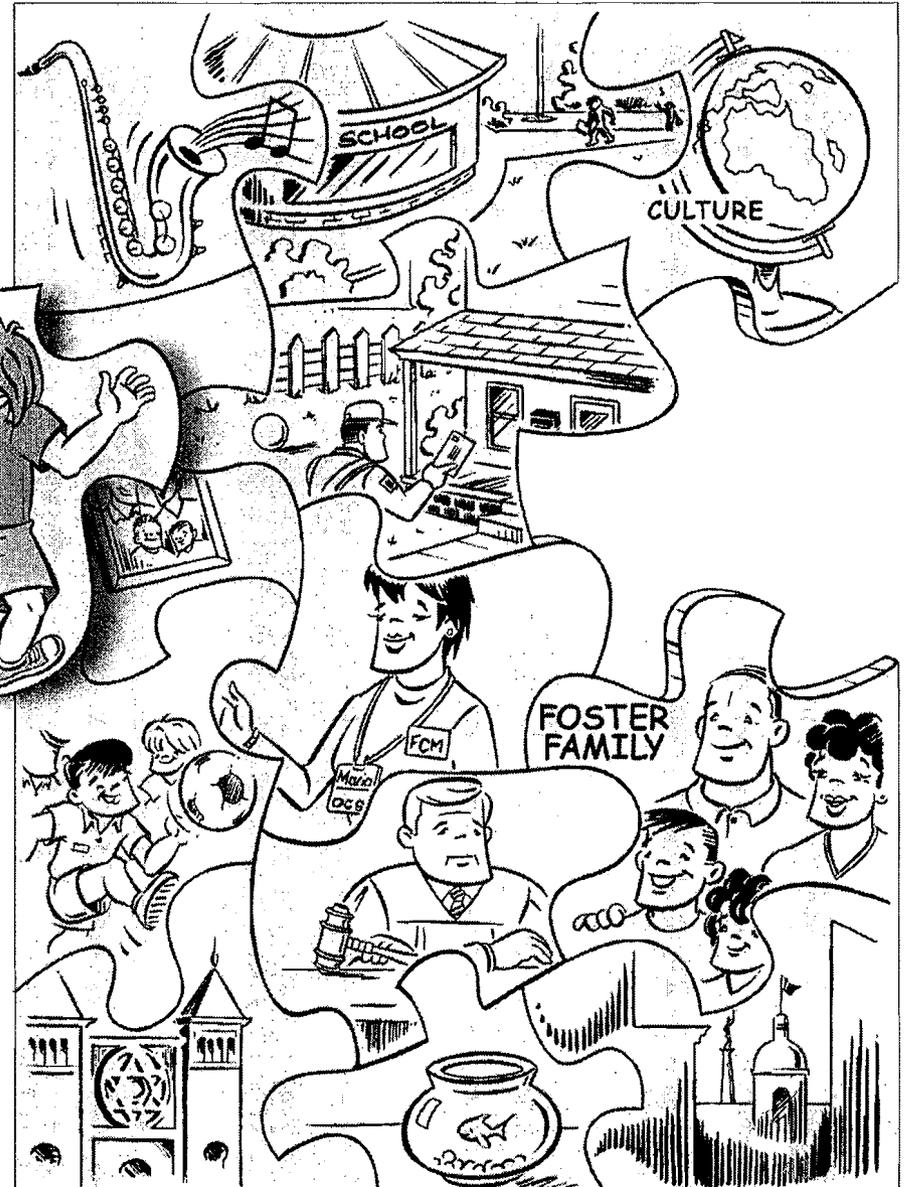
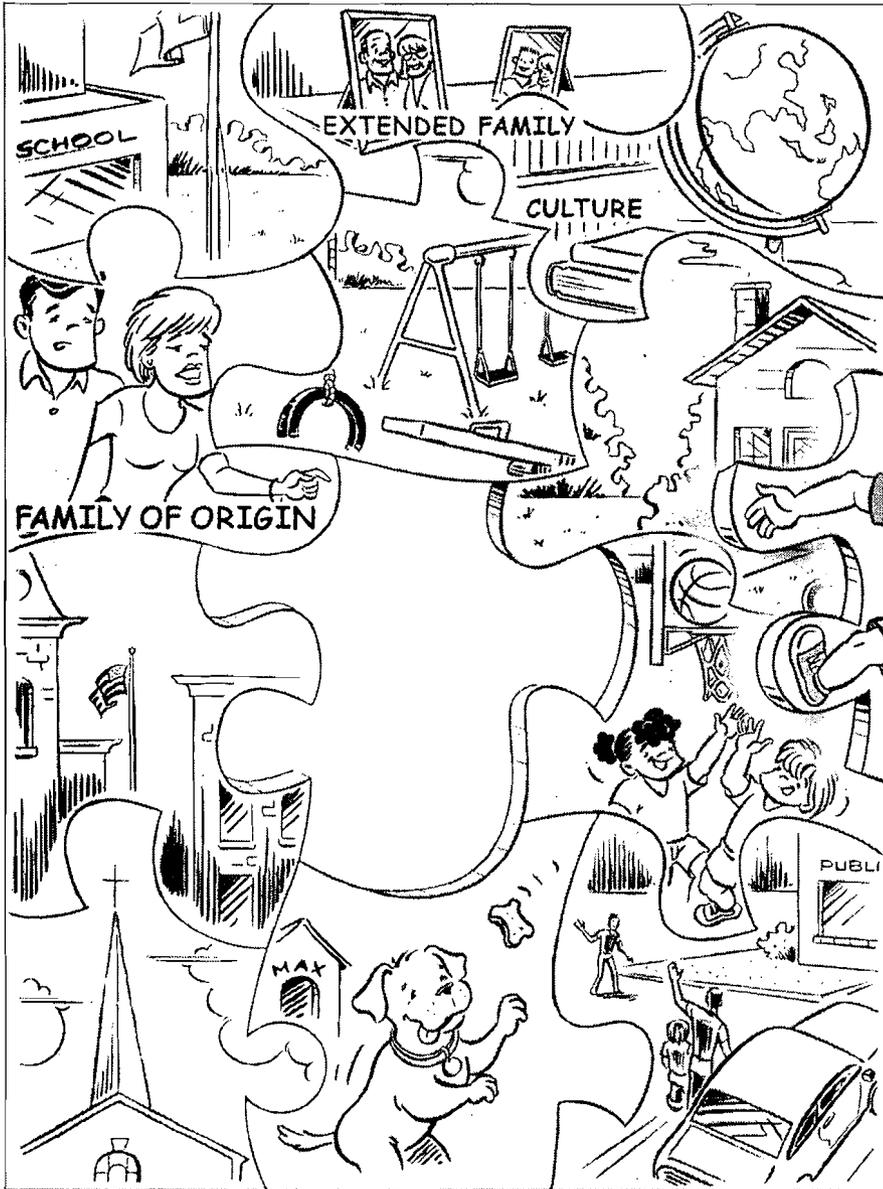
- Siblings placed together (out-of-home care):
 - Mar. 2007 – 45.06%
 - Jun. 2012 – 74.5%

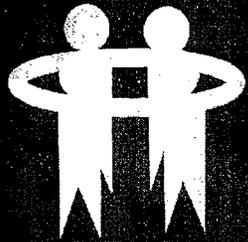
- Out-of-home CHINS in relative care:
 - Jan. 2005 – 20.92% (1,724)
 - Jun. 2012 - 40.08% (3,602)



Up Next: Staffing

One Child, Two Worlds: Where Do I Fit? How Do I Fit?





INDIANA

DEPARTMENT OF

CHILD

SERVICES

Staffing

Presentation to the Department of Child
Services Interim Study Committee
August 22, 2012

Doris Tolliver, DCS Deputy Director of Human Resources



Before 2005

Before 2005

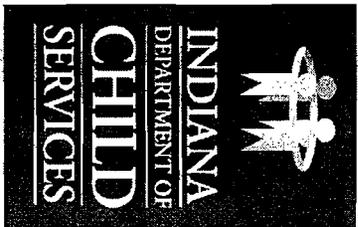
- Half the number of staff
- Child welfare lost in large agency
- Lack of training



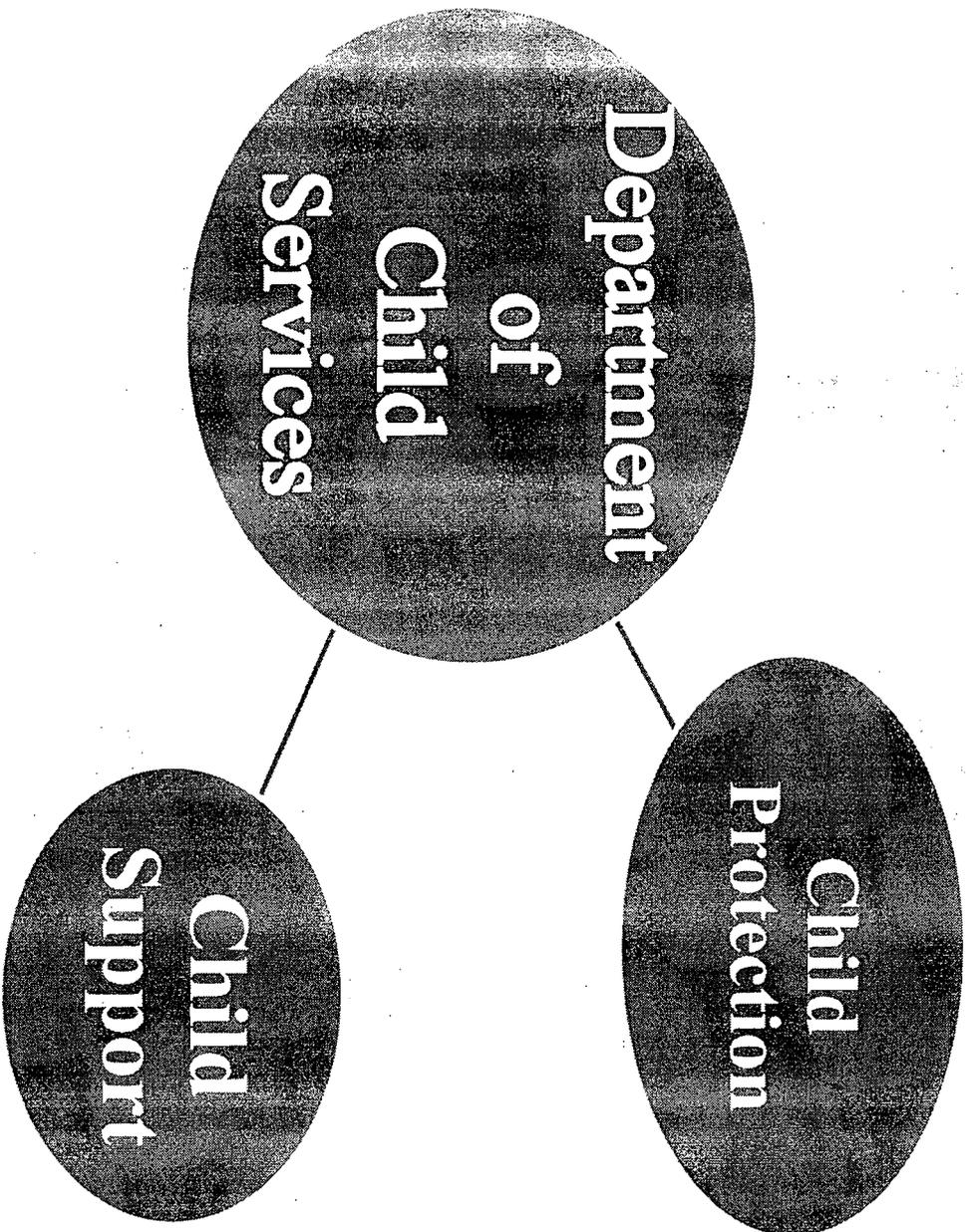


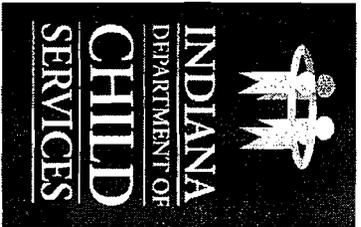
Impact

- High caseloads
 - 40 – 50 cases per family case manager.
- Poor outcomes
 - Adoptions 2004 - 1,045
 - Case manager visits FFY 2004 – 10.4%
 - Relative placement (*first placement*) – 6.4%



After 2005





Field Operations

Case-Management Staff

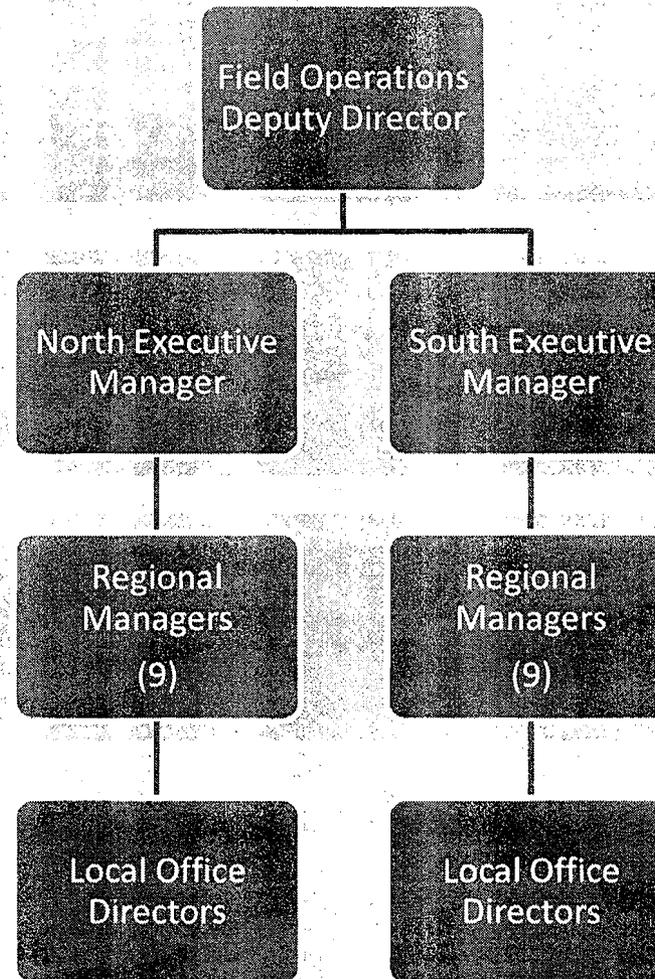


DCS Field Operations

Strategic Director
overseeing Field
Operations

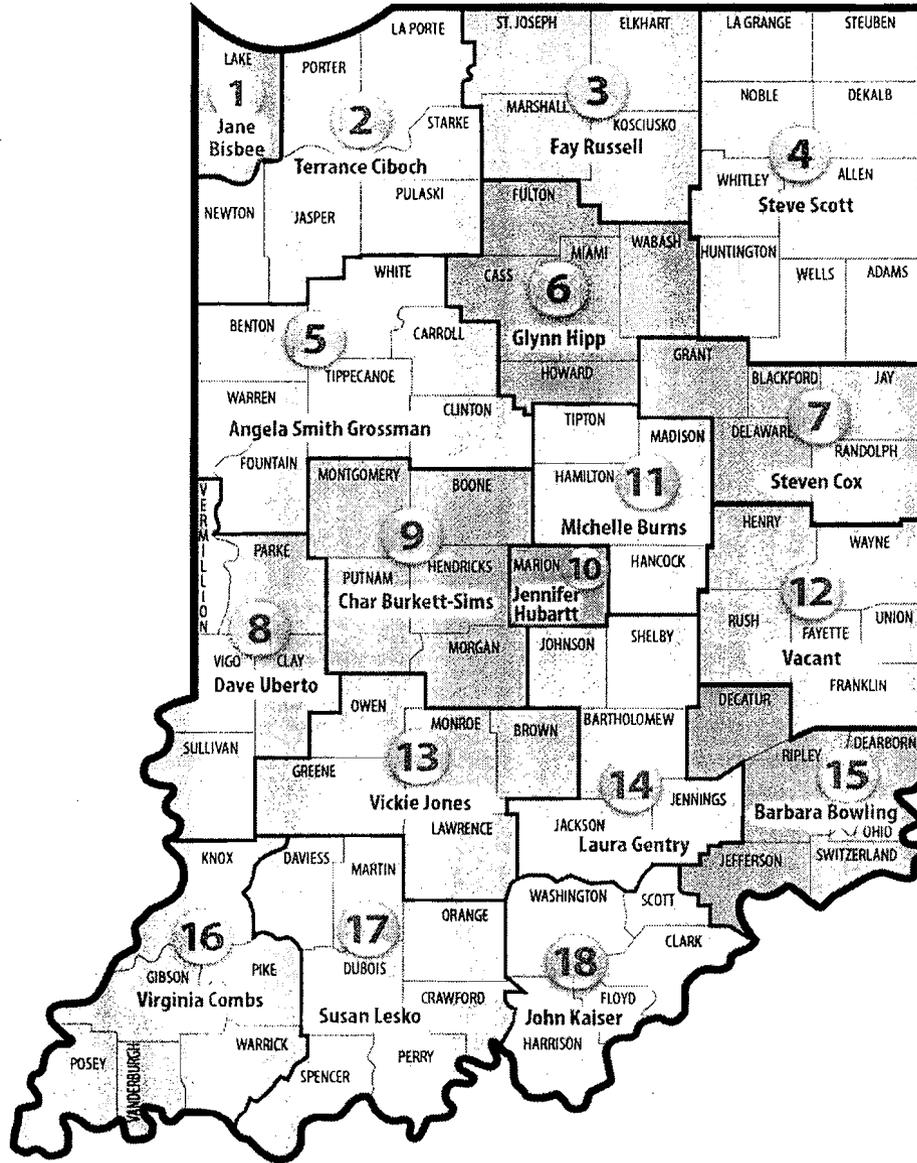
Provide oversight
and support to 18
regional managers

Support local office
directors in
administering child
welfare/ensuring
consistency

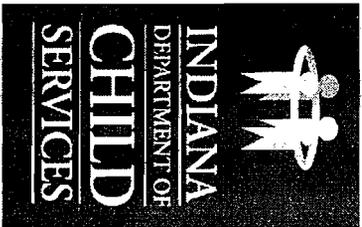




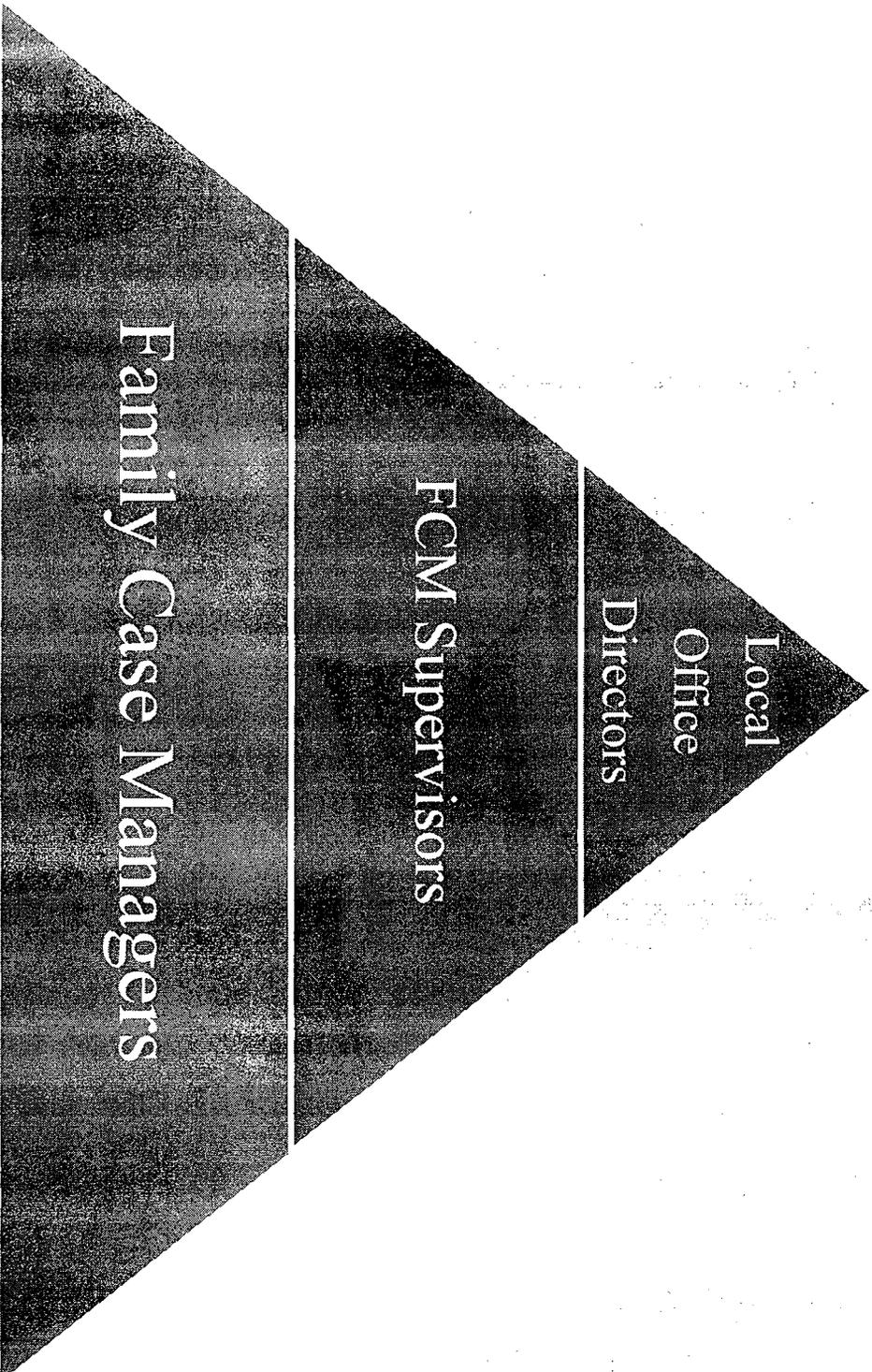
Indiana Department of Child Services Regional Managers



Revised: 05-01-12



DCS Field Operations: Local Offices





Family Case Manager: Role

- Receive reports of child abuse and neglect.
- Complete assessments on reports of child abuse and neglect.
- Ongoing case management to guide a family through services, placement, permanency and case closure.



Supporting Field Operations Case-Management Staff



DCS Central Office Divisions: Supporting Field Operations

Permanency and Practice Support

- Policy development, and permanency support.

Services and Outcomes

- DCS and provider outcomes, and services offered to families.



DCS Central Office Divisions: Supporting Field Operations

Staff Development

- Training for staff, foster parents and adoptive parents.

Placement Support and Compliance

- Licensing of foster homes and residential facilities, and foster care and relative support services.

Legal Operations

- Local Office attorney's, contracts, and administrative appeals.



DCS Central Office Divisions: Supporting Field Operations

Information Technology

- Maintenance of DCS computer systems.

Finance

Human Resources

Communications



Hiring of New Family Case Managers



Family Case Manager Qualifications

Family Case Manager

- Bachelor's degree from an accredited college/university required.
- At least 15 semester hours or 21 quarter hours in child development; criminology; criminal justice; education; healthcare; home economics; psychology; guidance and counseling; social work; or sociology required.



Family Case Manager Qualifications

FCM Supervisor

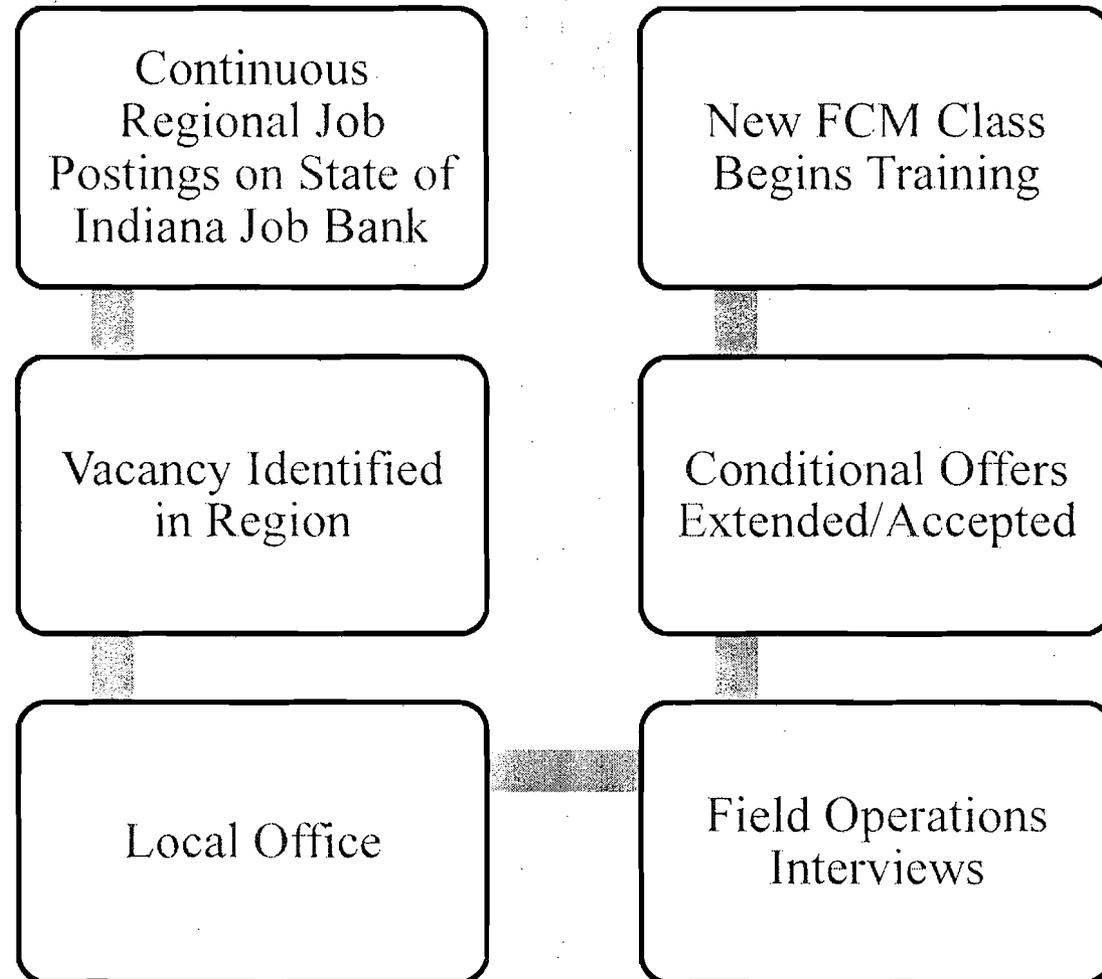
- Bachelor's degree from an accredited college/university in Child Development, Criminology, Criminal Justice, Education, Healthcare, Home Economics, Psychology, Guidance and Counseling, Social Work, or Sociology or a related field.
- 2 years experience in education or social services to children and/or families.
- 1 year of experience in an administrative, managerial, or supervisory capacity is preferred or accredited graduate training in Social Work.

Local Office Director

- 4 years of experience in public welfare, education, public administration, business administration, or social services;
- Plus 5 years of supervisory experience in these areas.
- Education: Bachelor's degree from an accredited four-year college. (Concentration in Business Administration, Child Development, Counseling and Guidance, Economics, Education, Health Care, Home Economics, Law, Psychology, Public Administration, Social Sciences, Social Work, or Sociology preferred.)



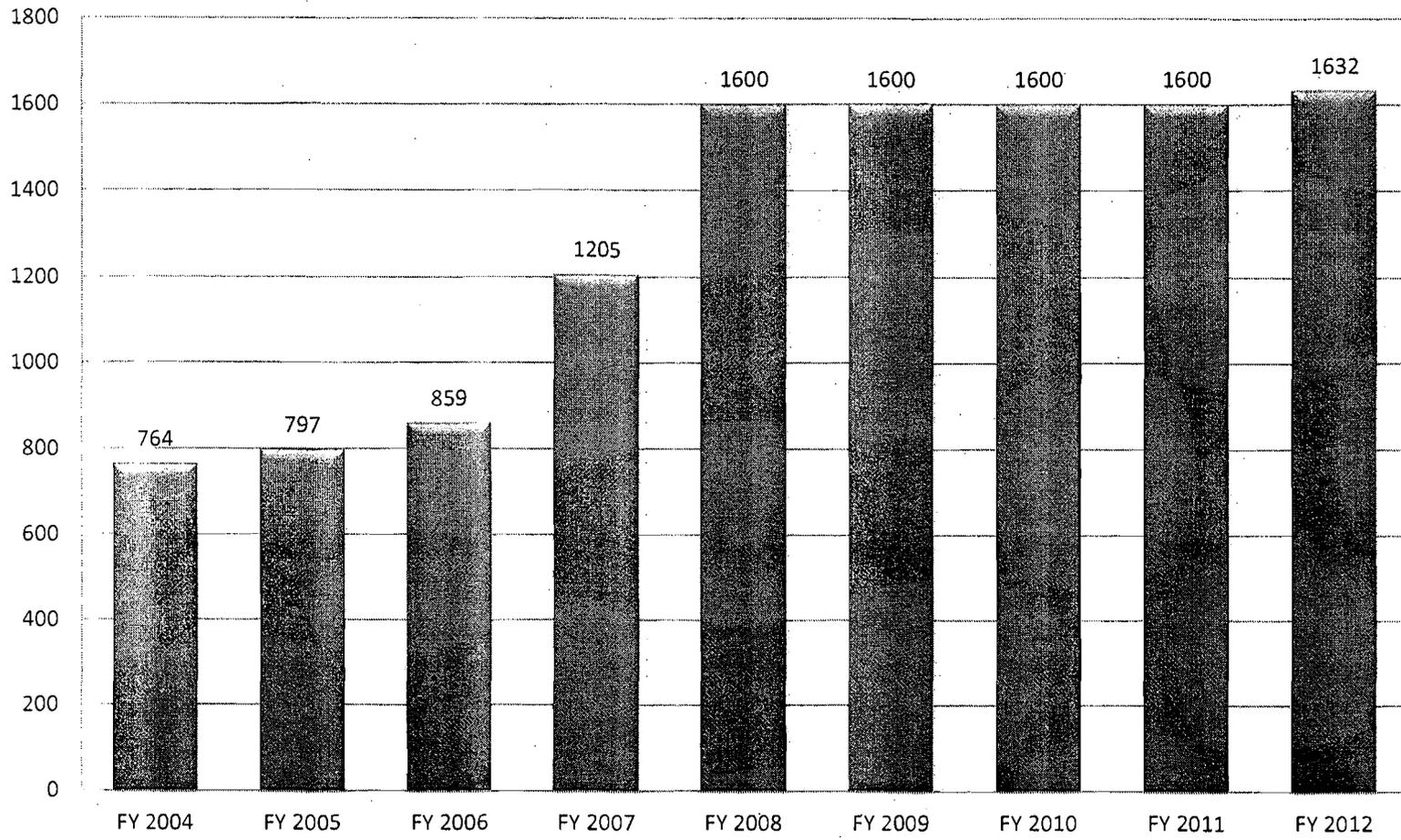
Family Case Manager Hiring Process



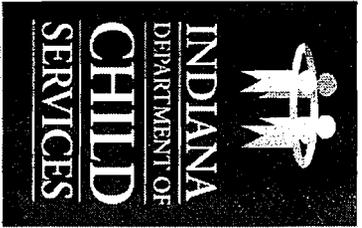


Total Family Case Managers

Total Family Case Manager Positions



Series I



Trainings



New Family Case Manager Training

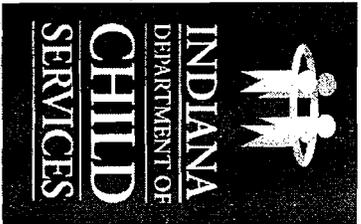
All newly hired Family Case Managers receive 12 weeks of training before they handle a case on their own.

- Module I • Orientation and Introduction to Child Welfare
- Module II • Assessing for Safety
- Module III • Planning for Stability and Permanency
- Module IV • Tracking and Monitoring Well-Being



On-Going Family Case Manager Training

- All DCS staff are required to have on-going training on an annual basis.
 - Family Case Managers must complete at least 24 hours of in-service training annually.
 - All supervisors, local office director, division managers and regional managers must complete at least 32 hours of annual in service training.



Family Case Manager Caseloads



Family Case Manager Caseloads

Fiscal Year	Number/Percentage of Regions Meeting 12/17
July 2005 – June 2006	41/92
July 2006 – June 2007	5/92
July 2007 – June 2008	18/18
July 2008 – June 2009	16/18
July 2009 – June 2010	16/18
July 2010 – June 2011	15/18
July 2011 – June 2012	17/18



Family Case Manager Turnover & Retention



Family Case Manager Turnover

State Fiscal Year	Statewide	Hotline
2003-04	8.9%	N/A
2004-05	N/A	N/A
2005-06	N/A	N/A
2006-07	17.6%	N/A
2007-08	20.4%	N/A
2008-09	15.7%	N/A
2009-10	15.8%	16.3%
2010-11	18.6%	34.5%
2011-12	19.8%	49.6%



Family Case Manager Retention

Please identify up to three reason(s) that influenced your decision to leave DCS.

Answer Options	Response Percent
Secured a different job	43%
Job pressure/work-related stress	32%
Family circumstances	27%
Working conditions (workload, schedule, etc.)	25%
Lack of appreciation/recognition	22%
Work climate (relationships with co-workers, supervisor, and/or managers)	18%



Family Case Manager Retention

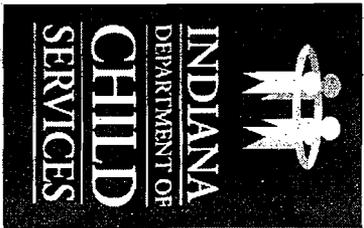
My compensation was commensurate with the position I held.

Answer Options	Response Percent
Strongly agree	7%
Agree	20%
Neither disagree nor agree	20%
Disagree	34%
Strongly disagree	20%



DCS Workforce Climate

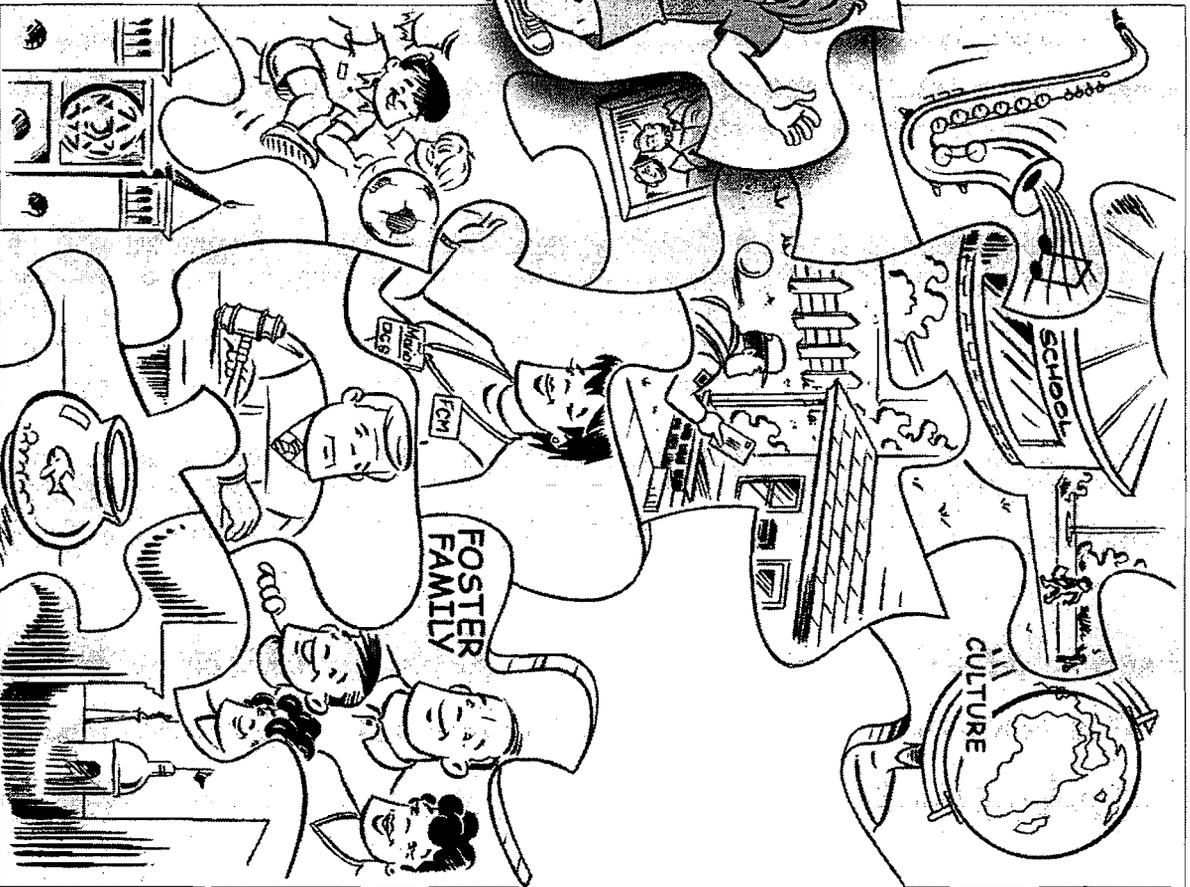
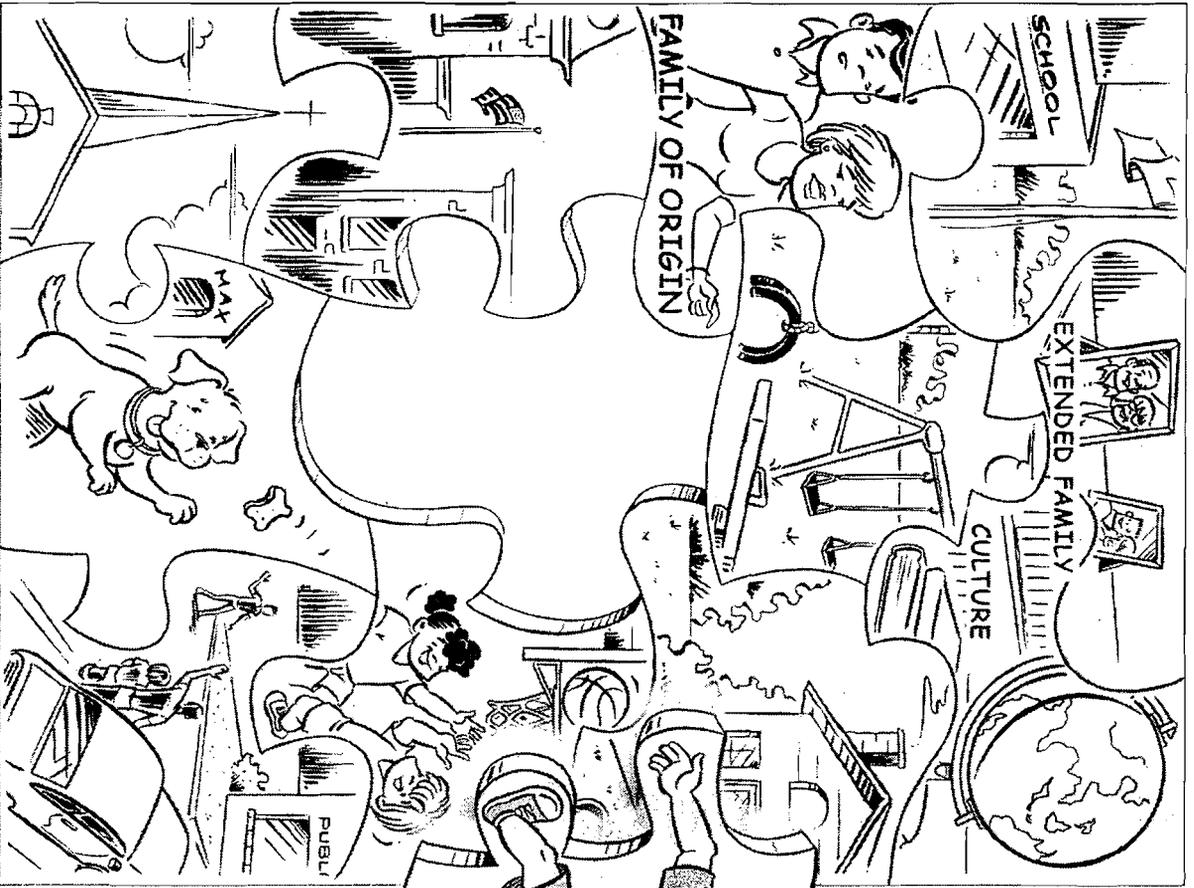
2009 Workforce Climate Survey	Results
DCS Met/Exceeded Pre-Employment Expectations	64%
Reasons Joined DCS	
Good Fit for Skills	67%
Agency Mission/Vision/Values	34%
Benefits	37%
Top Three Suggested Areas of Improvement	
Better Pay	
Reduced Workload	
Employee Recognition	

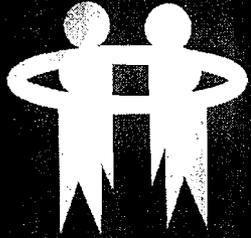


Up Next:

Life of a DCSS Case

One Child, Two Worlds: Where Do I Fit? How Do I Fit?





INDIANA

DEPARTMENT OF

CHILD

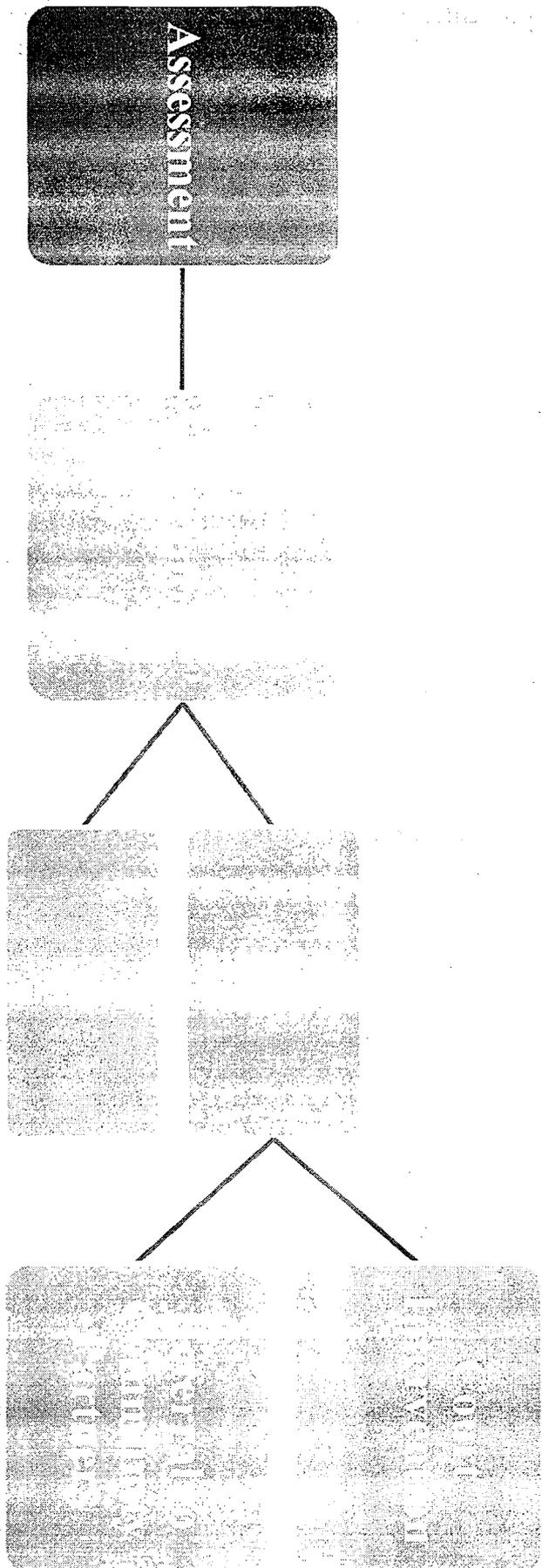
SERVICES

The Life of a DCS Case

Presentation to the Department of Child
Services Interim Study Committee
August 22, 2012

Jennifer Hubartt, DCS Region 10 Manager

Intervention Process

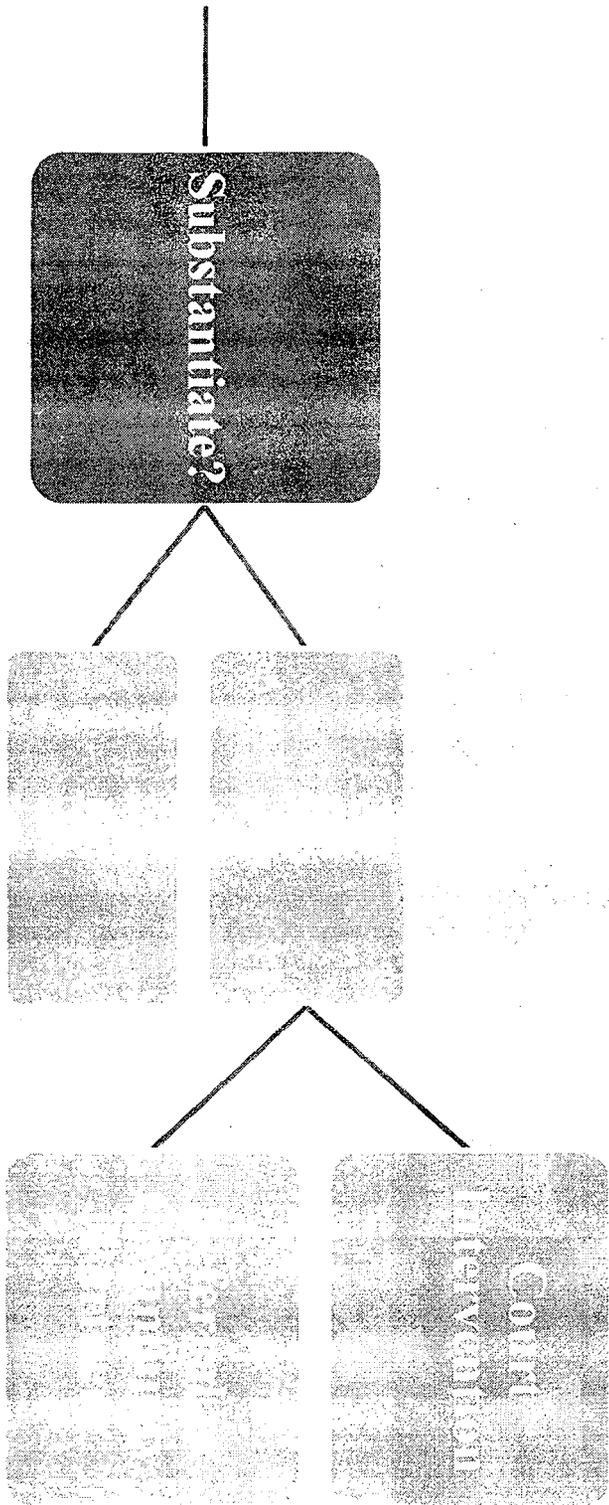




Assessment

- An assessment is the process of gathering and analyzing information on allegations of Child Abuse or Neglect.
- Requirements set out in IC 31-33 “Assessment and Child Protection”.

Intervention Process





Outcome of Assessment

Substantiate

IC 31-9-123

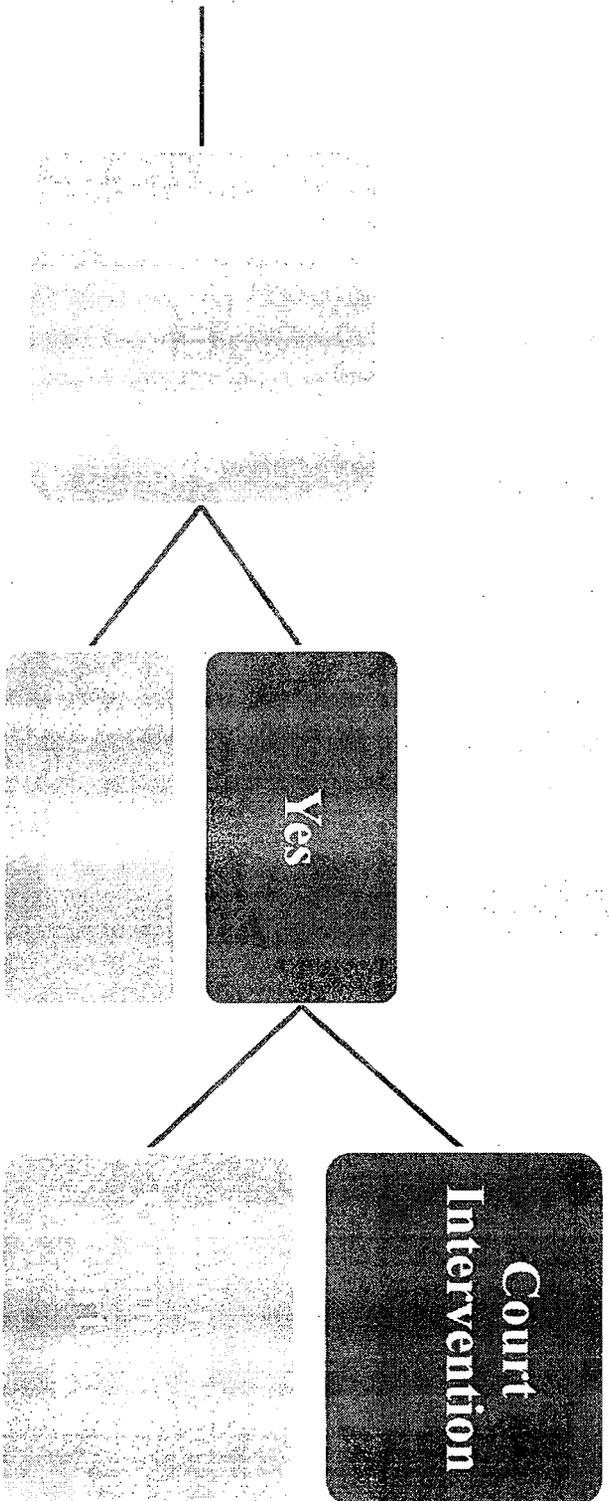
- DCS finds enough facts to prove that there is a preponderance of the evidence (over 51%) that child abuse and neglect has occurred.

Unsubstantiate

IC 31-9-2-132)

- DCS is unable to find facts to provide credible evidence that child abuse or neglect has not occurred.

Intervention Process

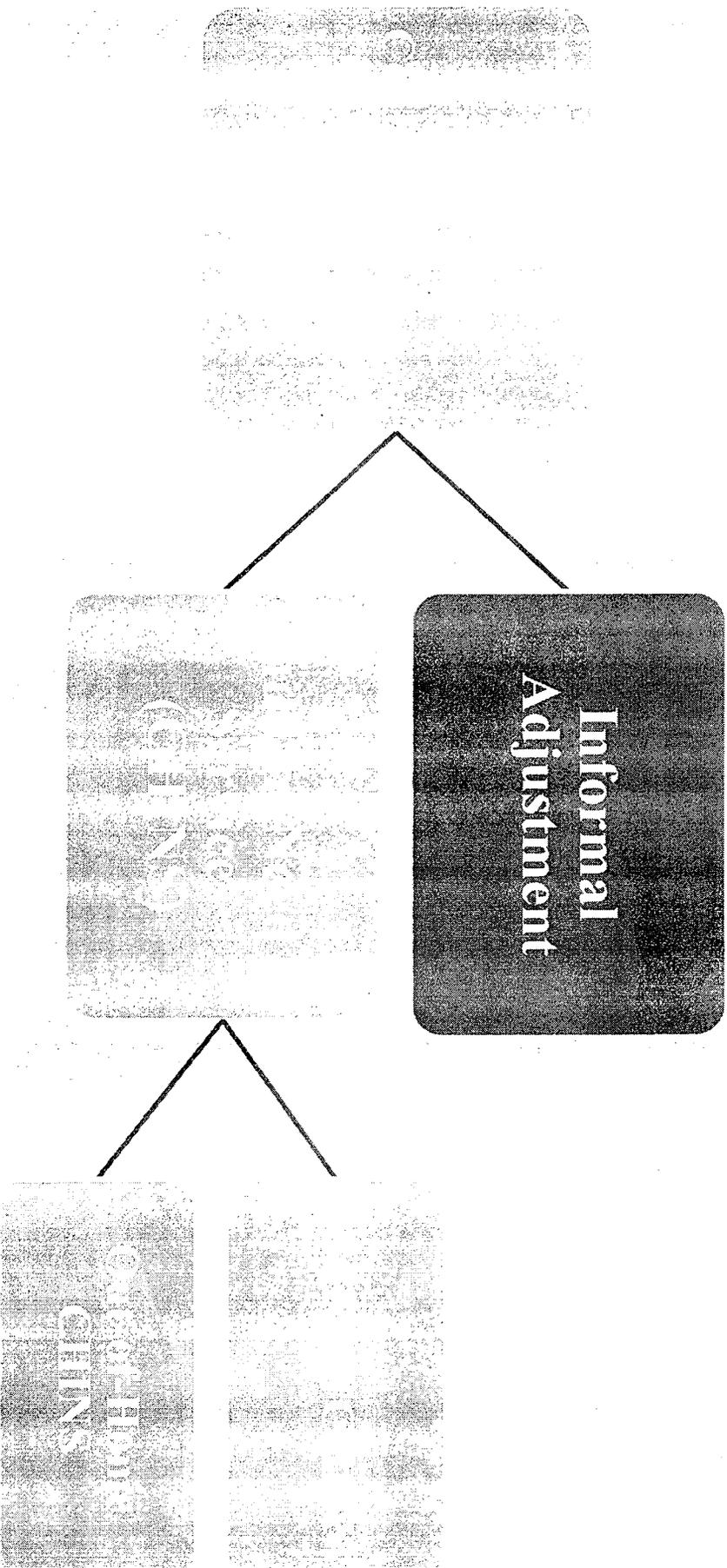




Level of Intervention

- Level of Intervention with substantiation:
 - Formal intervention
 - Family cooperates with intervention
 - Informal Adjustment
 - Child safety at risk or family does not cooperate with intervention
 - Child In Need of Services (CHINS)
 - In- Home CHINS
 - Out-of-Home CHINS
 - No formal court involvement needed
 - Community Partners Referral

Intervention Process



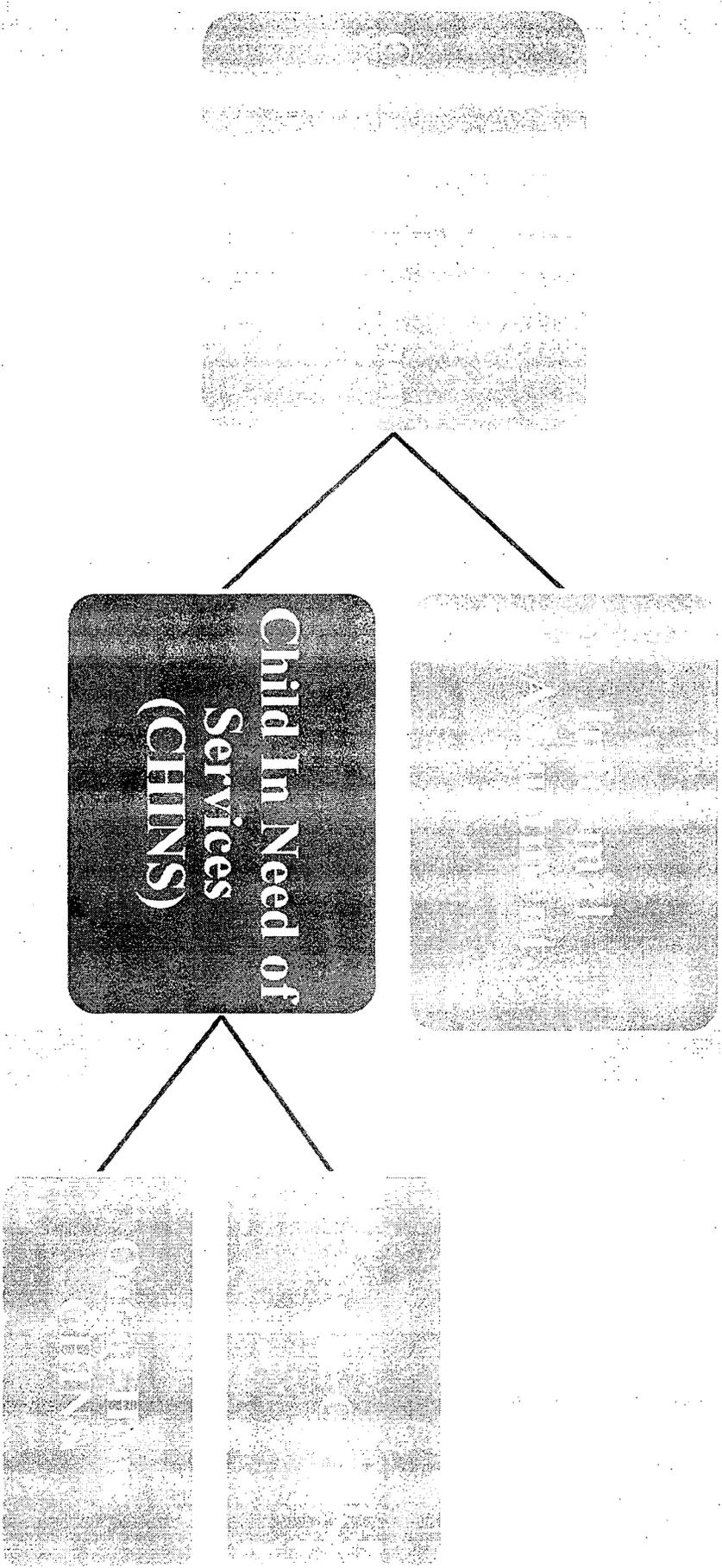


Informal Adjustment (IA)

IC 31-34-8

- Child remains in home.
- A written agreement between the Department and the family that is approved by the court.
- The Family Case Manager will:
 - visit the child and family monthly
 - locate and engage absent parents
 - participate in Child and Family Team Meetings
 - prepare required court reports
- The family and child will:
 - Receive home based services referred for and funded by DCS.
- Lasts 6 months per statute, possible 3 month extension.
- Family no longer cooperates, DCS will file a CHINS.

Intervention Process



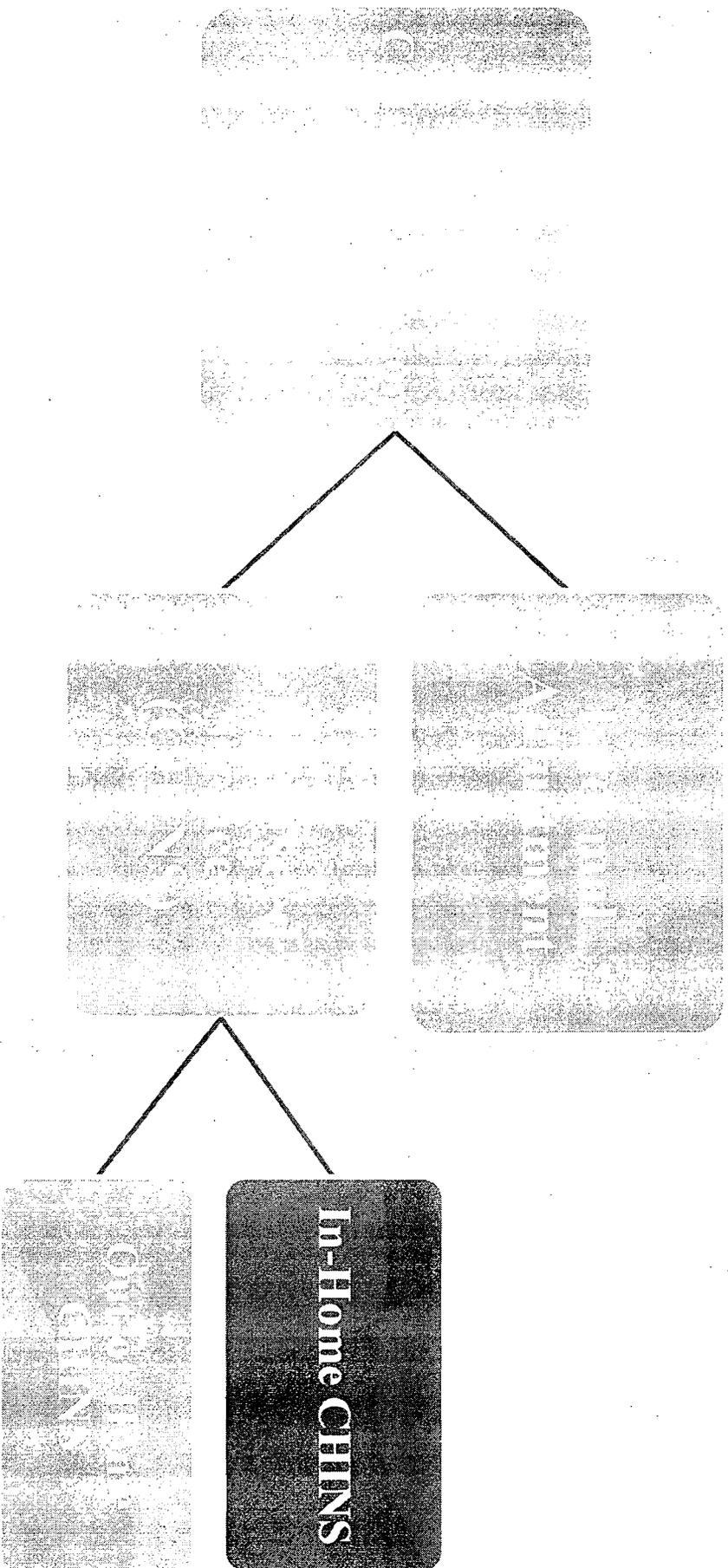


Child In Need of Services (CHINS)

IC 31-34-1 through 31-34-25

- Court must grant DCS authority to file CHINS petition.
- DCS presents the CHINS petition to the court, if granted by the court a CHINS case will be opened.
- Indiana Code describes the legal requirements for a CHINS:
 - Child is under 18;
 - Child was abused or neglected;
 - Child needs care, treatment, or rehabilitation as a result;
 - Child is not receiving care, treatment, or rehabilitation;
 - Child is unlikely to receive the care, treatment, or rehabilitation they need without the coercive intervention of the court.

Intervention Process

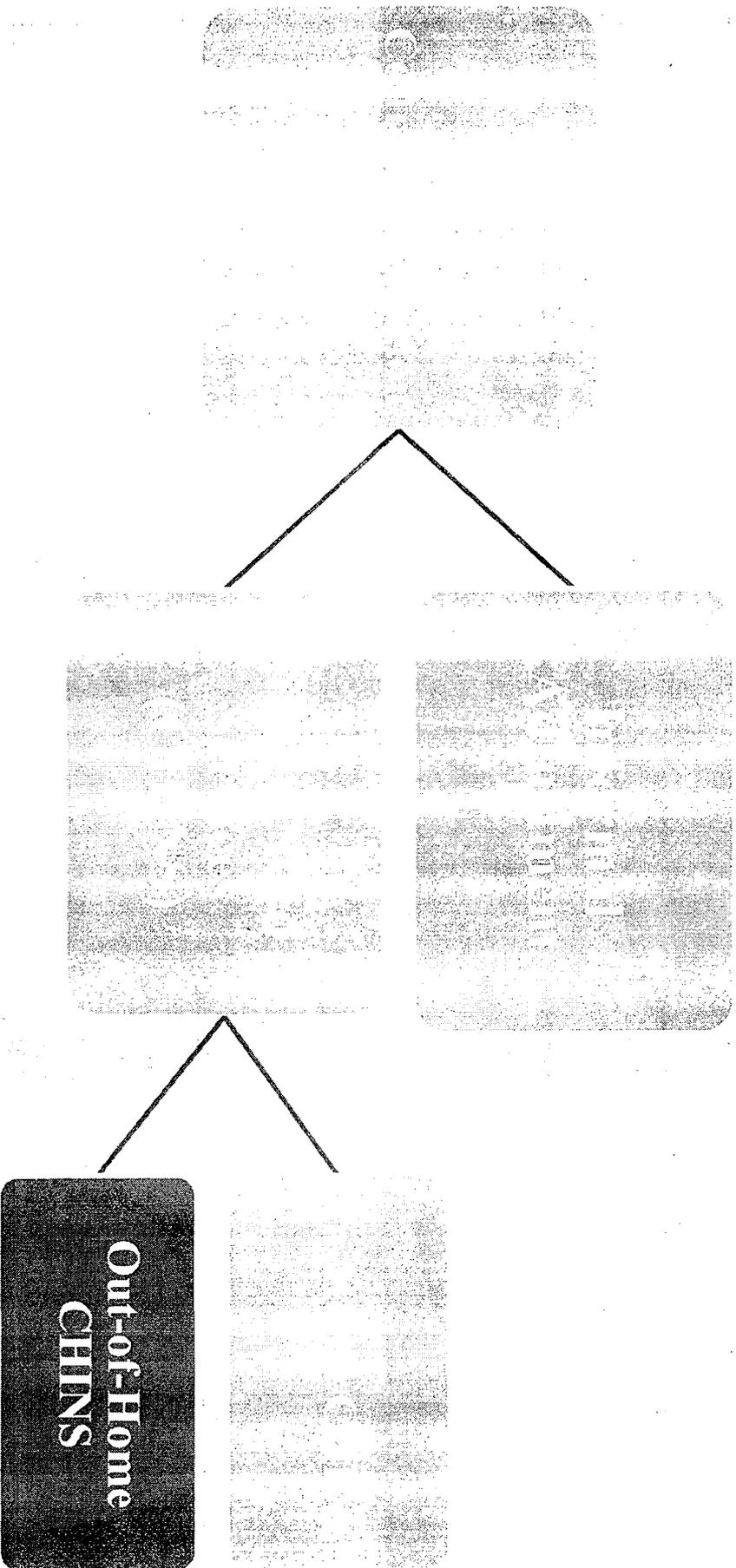




In-Home CHINS

- Used if the parents require court intervention to participate in services.
- Child remains in the care of the parent during the CHINS proceeding.
- The Family Case Manager will:
 - Refer the family for home-based services.
 - Develop the case plan.
 - Convene the Child and Family Team Meeting.
- Case proceeds in accordance with all provisions of IC 31-34.

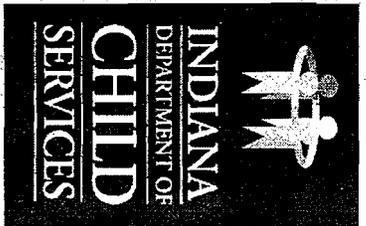
Intervention Process





Out-of-Home CHINS

- Coercive intervention of the court is needed to ensure child receives care and services needed.
- DCS cannot remove a child from home without approval from the court.
 - Detention hearing required within 48 hours (IC 31-34-5).
- The code presumes that the child will be released to the parent, unless the court makes specific written findings under IC 31-34-5-3.
- Child is placed out-of-home.



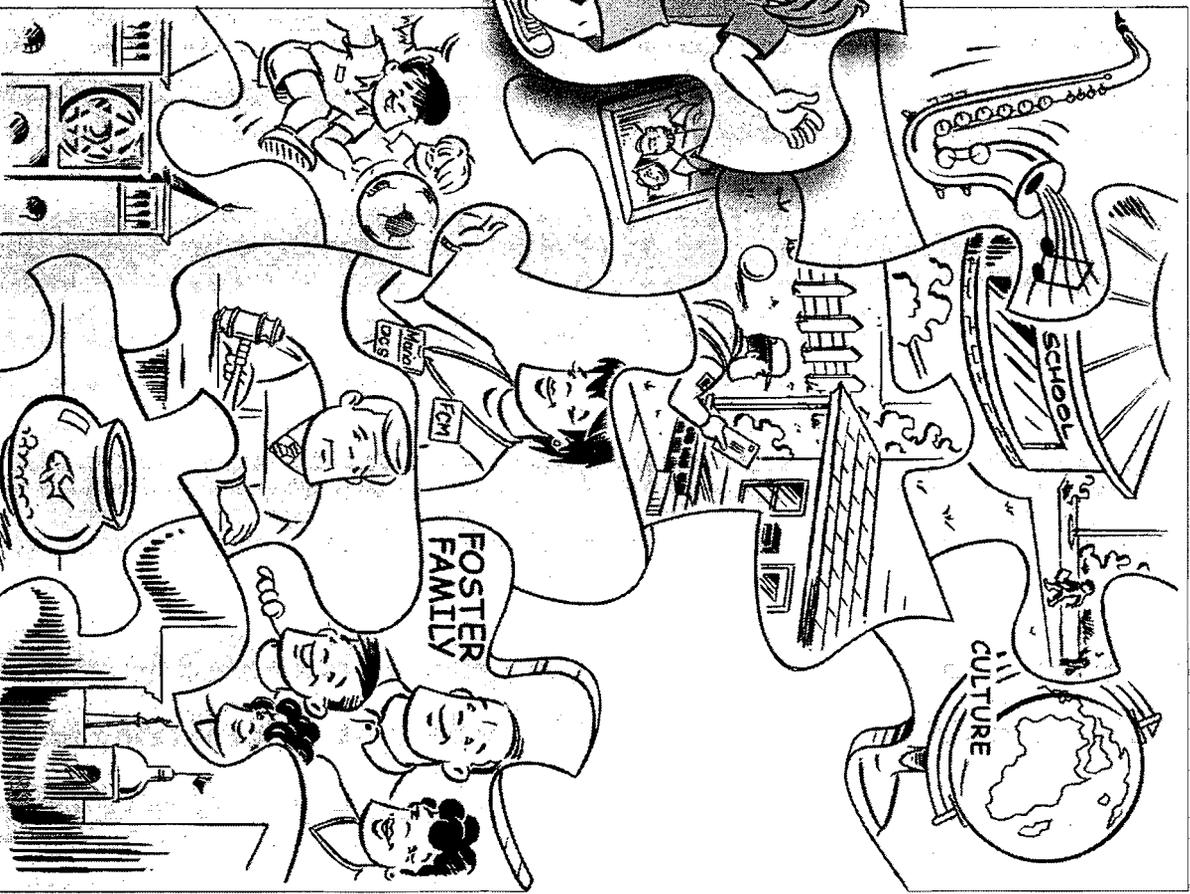
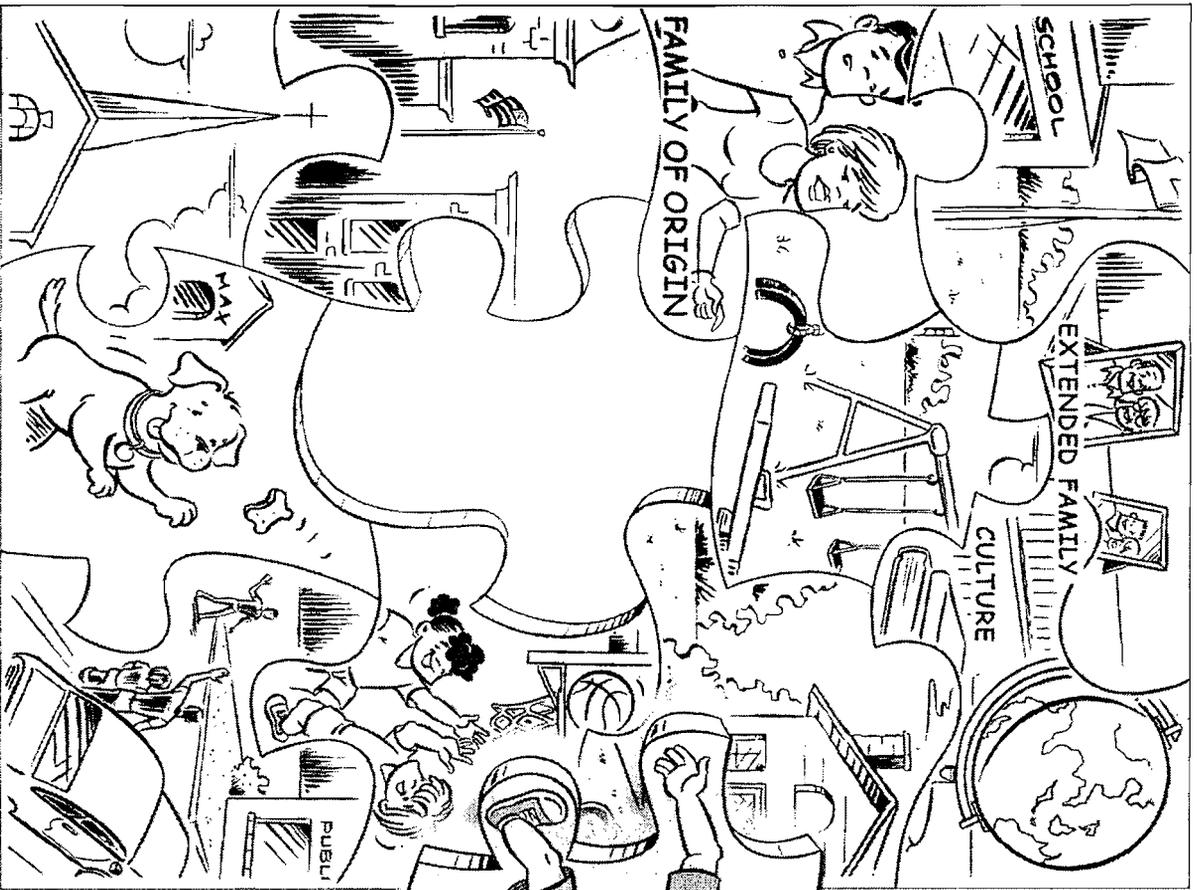
Placement



Placement Options

- Own home
- Non-custodial parent
- Relative caregiver
- Resource / Foster home
- Group home
- Residential placement
- Psychiatric facilities

One Child, Two Worlds: Where Do I Fit? How Do I Fit?





Safely Home, Families First

- Children are:
 - Safely home with services, or
 - With appropriate relatives.
- IC 31-34-4-2 requires DCS to consider relative placement before considering any other out of home placement.
- National research shows improvement in outcomes, reduction in case length, and reduce traumatic effects of removal for children placed with relatives.



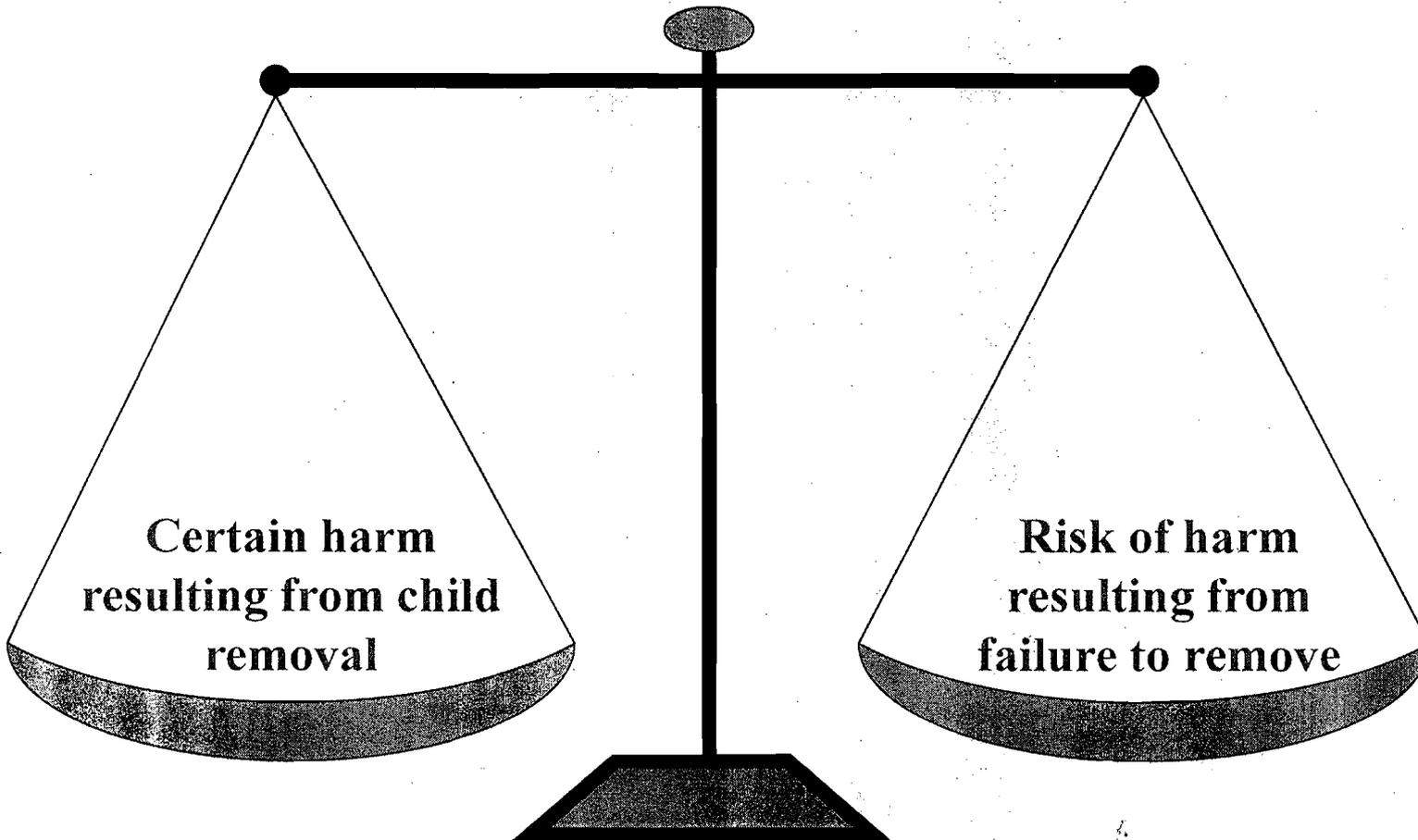
Removal

- When deciding to remove a child from home ,DCS will:
 - Consider whether efforts can be made to prevent or eliminate the need for removal.
 - Consider whether the parent is amenable to accepting the services.
 - Engage the Child and Family Team.
 - Utilize information gathered in the assessment;
 - Use information gather in safety and risk assessment



Removal

Use protective factors to make safety decisions- *weighing potential outcomes*





On-Going Case Management

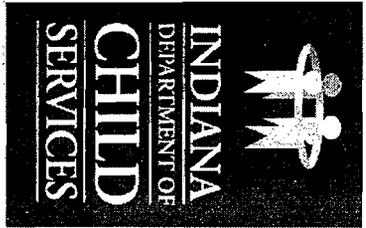
- On-going case management is work completed by Family Case Manager when CHINS case is open.
- On-going Family Case Management includes:
 - Completes assessment tools.
 - Regularly meets with the family and child.
 - Ensures family and child receive services needed.
 - Convene the Child and Family Team .
 - Completes court reports.
 - Plans for permanency
 - DCS must make reasonable efforts to preserve and reunify the family in line with IC 31-34-21-5.5
 - Parenting time and sibling visitation facilitation



Court Involvement

IC 31-34

- Detention hearing (48 hours after removal)
- Initial hearing and factfinding (10 days after removal)
- Disposition hearing - the court shall enter a dispositional decree that placement is:
 - least restrictive (most family like) and most appropriate setting available;
 - close to the parents' home, consistent with the best interest and special needs of the child;
 - least interferes with family autonomy;
 - least disruptive of family life;
 - least restraint on the freedom of the child and the child's parent, guardian, or custodian; and
 - provides a reasonable opportunity for participation by the child's parent, guardian, or custodian.
- Periodic review hearing (every 6 months)
 - DCS submits reports every 3 months, hearings held at least every 6 months
- Permanency hearing (12 months after removal)



Permanency



Permanency

IC 31-34-21

- Permanency is the opportunity for a child to have a stability, certainty, and continuity in familial or lifelong relationships.
- Five permanency options:
 - Reunification
 - Fit and Willing Relative
 - Legal Guardianship
 - Another Planned Permanent Living Arrangement (APPLA)
 - Adoption



Permanency

Reunification:

- Return of the child to the physical and legal custody of the parent.
- DCS is legally required to make all reasonable efforts to reunify the child and family within the timeframes set forth in IC 31-34.
- Transition home is recommended by DCS and the Child and Family Team but ordered by the court.

Fit and Willing Relative:

- Permanent placement of child with a relative who is able and willing to care for the child.



Permanency

Legal Guardianship:

- Transfer of parental responsibility and legal authority of a child to an adult caregiver who intends to provide permanent care for the child.

Another Planned Permanency Living Arrangement:

- A planned, permanent arrangement for older youth after reunification, adoption, legal guardianship, and relative placement have been ruled out.



Termination of Parental Rights (TPR)

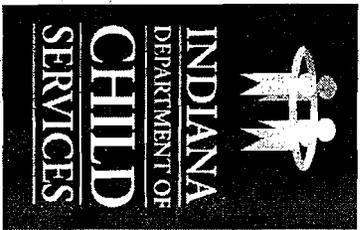
- Legal termination of a parents rights to parent a child:
 - Parents are not able to remedy safety concerns in the home.
- Timing:
 - Can be filed as early as 6 months.
 - Must be filed when child is out of home for 15 of the last 22 months.
- DCS must prove to the court:
 - That parents cannot provide a safe environment for the child,
 - That termination is in the best interest of the child, and
 - That there is a plan for the care and treatment of the child.



Permanency

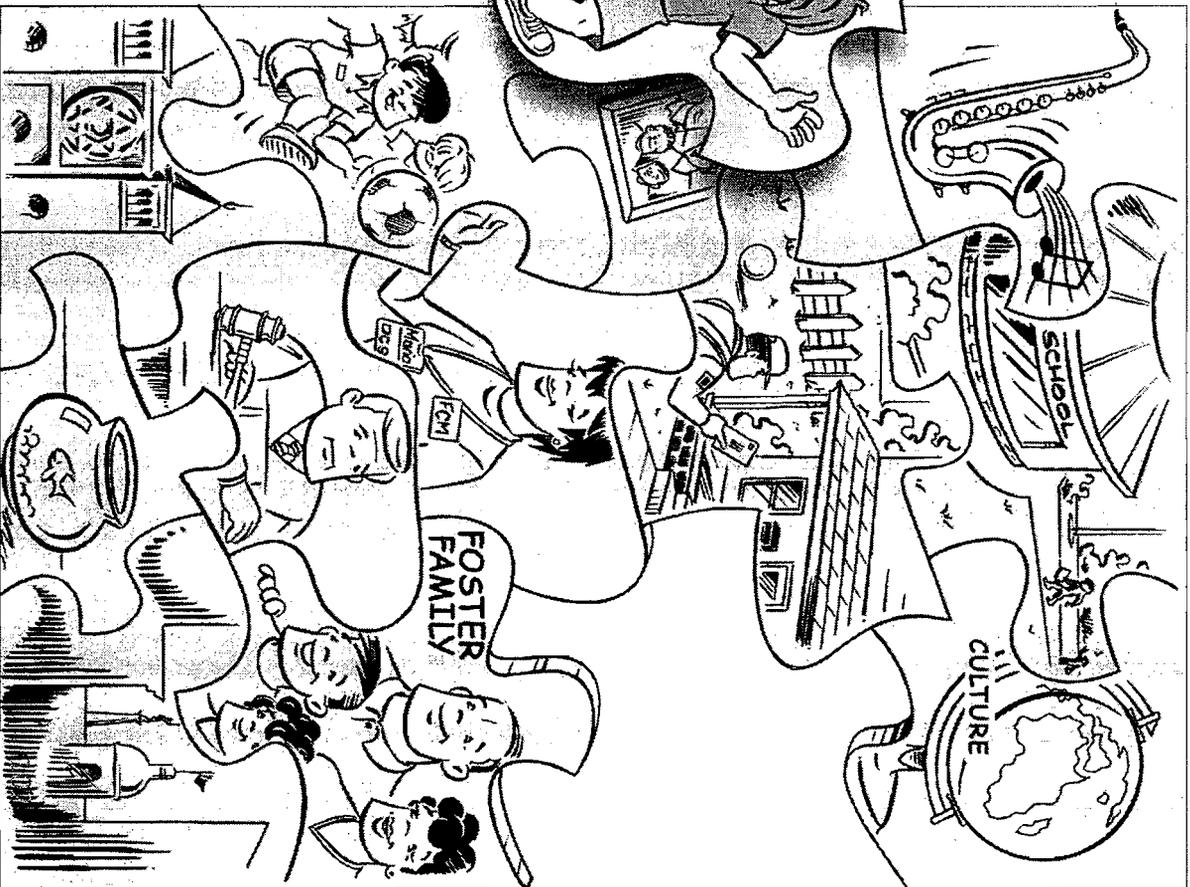
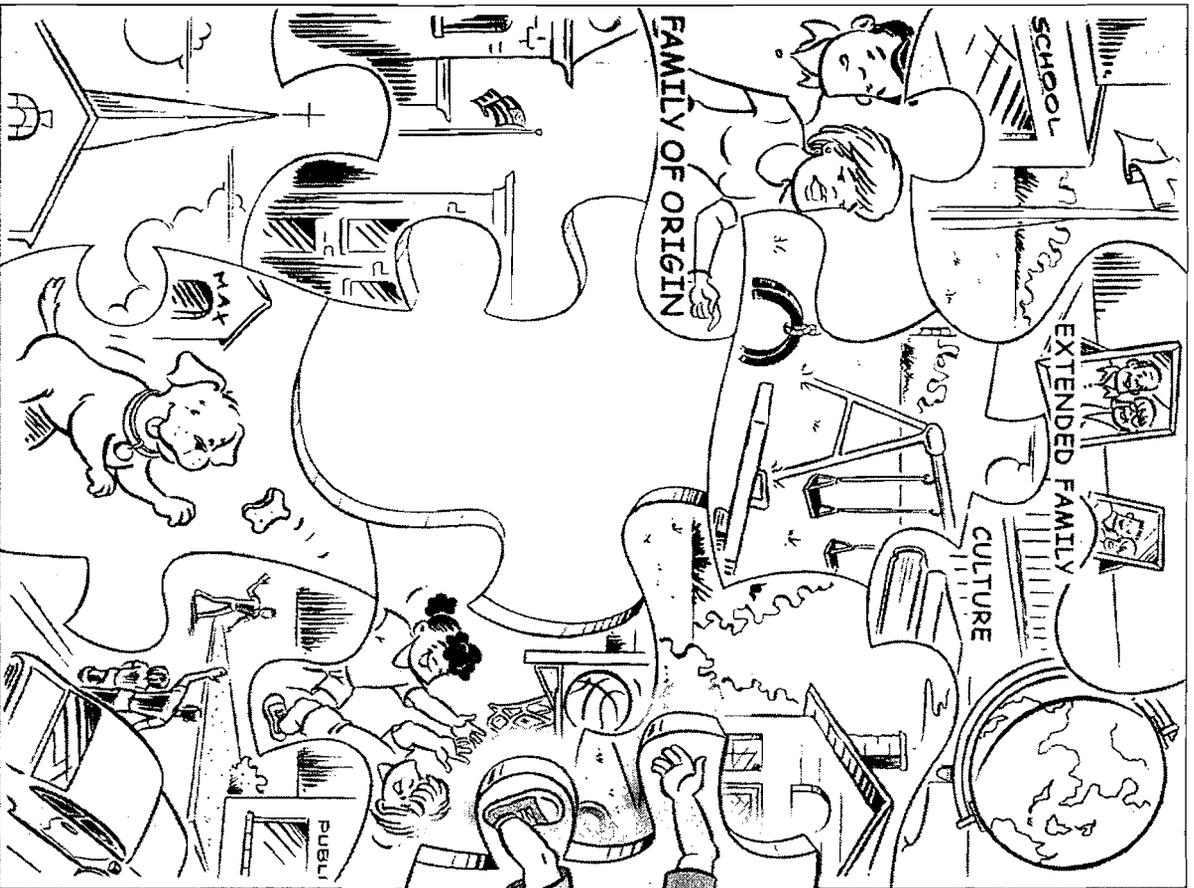
Adoption:

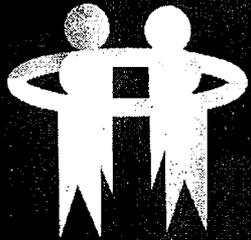
- The legal process by which a child becomes the legal child of a person(s) other than biological parents.
- Mechanisms to free the child for adoption:
 - parent executes consent to adoption;
 - voluntary termination;
 - involuntary termination



Up Next: Services and Funding

One Child, Two Worlds: Where Do I Fit? How Do I Fit?





INDIANA

DEPARTMENT OF

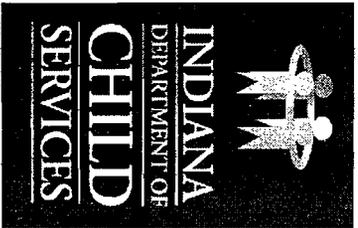
CHILD

SERVICES

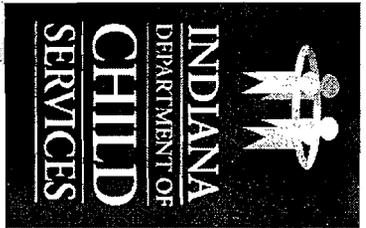
Services & Payments

Presentation to the Department of Child
Services Interim Study Committee
August 22, 2012

Lisa Rich, DCS Deputy Director of Services & Outcomes
Doug Weinberg, DCS Chief Financial Officer



DCS Services



Child-Protection Services

Prevention

Preservation

Reunification
and
Placement

Permanency
& Supports
After Case
Closure



Prevention Services

- Goal:
 - Provide the necessary services to prevent that family from formal involvement with DCS due to child abuse/neglect.
- Examples:
 - Parenting skills
 - Rental assistance
 - Employment assistance
- Case scenario #1

Prevention



Preservation Services

- Goal:
 - Services provided to families in-home to keep the family together.
- Examples:
 - Services include home based services, parenting skill building, substance abuse treatment, domestic violence services, and mental health services
- Case scenario #2

Preservation



Reunification and Placement Services

- Goal
 - Placement: protect the safety and welfare of the child.
 - Reunification: to reunite the child and family in home.
- Examples
 - Placement: relative placements, foster home, group home or residential facility.
 - Reunification: counseling, anger management, substance-abuse treatment provided in the community.
- Case scenario #3

Reunification
and Placement



Permanency & Supports After Case Closure

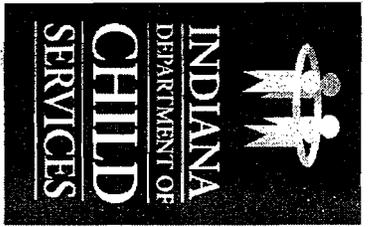
- Goal:
 - To support the child and family after DCS has closed its case.
- Examples:
 - Medicaid
 - Guardianship Assistance
 - Post adoption services
 - Adoption Assistance

Permanency &
Supports After Case
Closure



Additional Services

- Juvenile Probation:
 - Probation is still managed at the county level.
 - DCS funds probation services and placements.



Funding



Federal Funding

Federal IV-E Funding - grant (Social Security Act).

- Monthly maintenance payments for the daily care and supervision of eligible children; administrative costs; training of DCS employees/foster care providers, recruitment of foster parents, etc.

Federal IV-B Funding - grant.

- Used to fund prevention and family preservation contracts, adoption expenses, reunification (non-behavioral health services).



Federal Funding

Federal TANF Funding – grant.

(temporary assistance to needy families)

- Used for Healthy Families Indiana, Guardianship Assistance Payments and emergency assistance.

Federal Medicaid Funding – entitlement.

- Used for physical health services and behavioral health services.



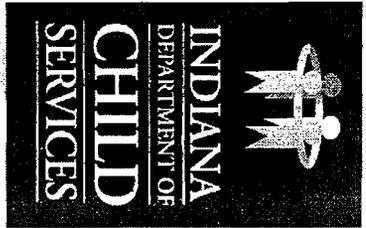
Federal Funding

- Social Services Block Grant (SSBG) - Used on child abuse prevention services, in-home support for families, and services for youth.
- Community Based Child Abuse Prevention (CBCAP) - Used to help fund prevention services, such as Community Partners for Child Safety.
- Child Abuse Prevention Treatment Act (CAPTA) - Used to support family case managers and legal staffing. The State of Indiana has also helped to contribute to the Supreme Court and the CASA/GAL program.
- Chafee - Used for older youth services and programming.



State Funding

- Used for almost every service and program DCS operates.
- Services provided to children not eligible for federal funding are 100 percent state funded.



Property Tax Reform



Before – Property Tax Reform

- Funded at the county level through property tax dollars:
 - Child protection.
 - Juvenile probation.
- Budget set by the county council.
- Inconsistent payment rates (county to county, provider to provider).



Before – Property Tax Reform

- Actual example of inconsistency:

Provider	Program	County	Rate
Provider A	Level 4 Foster Care	Elkhart	\$110.00
		Grant	\$95.00
Provider B	Level 4 Foster Care	Jennings	\$150.00
		Johnson	\$95.00

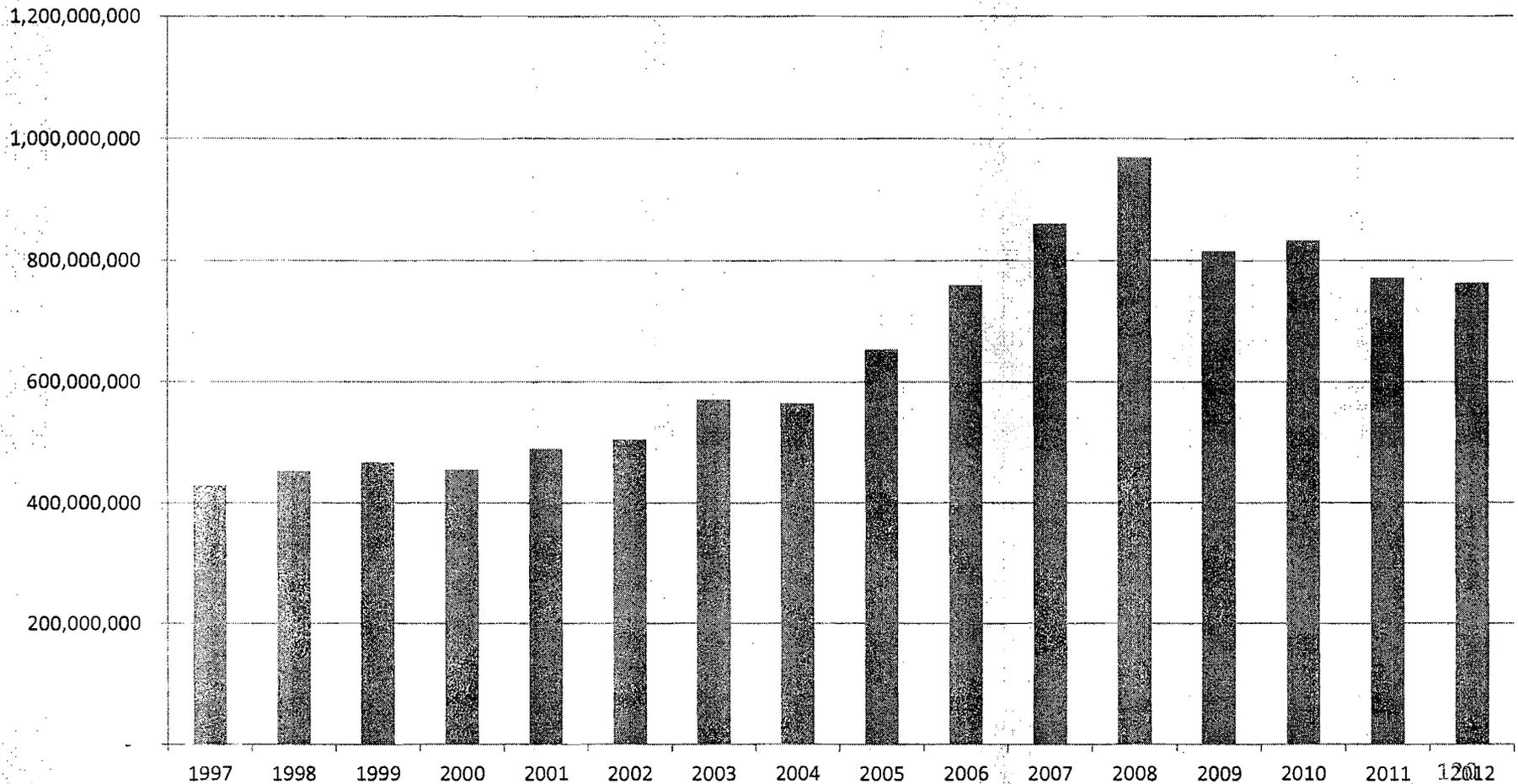


After – Property Tax Reform

- The property tax reform bill (2008)
 - State assumed the responsibility for the county family and children fund.
- Consistent payment policies and procedures statewide.
- Rates set at the state level.
- Contracts would be handled through the state process.



DCS Total Spending by State Fiscal Year (SFY)

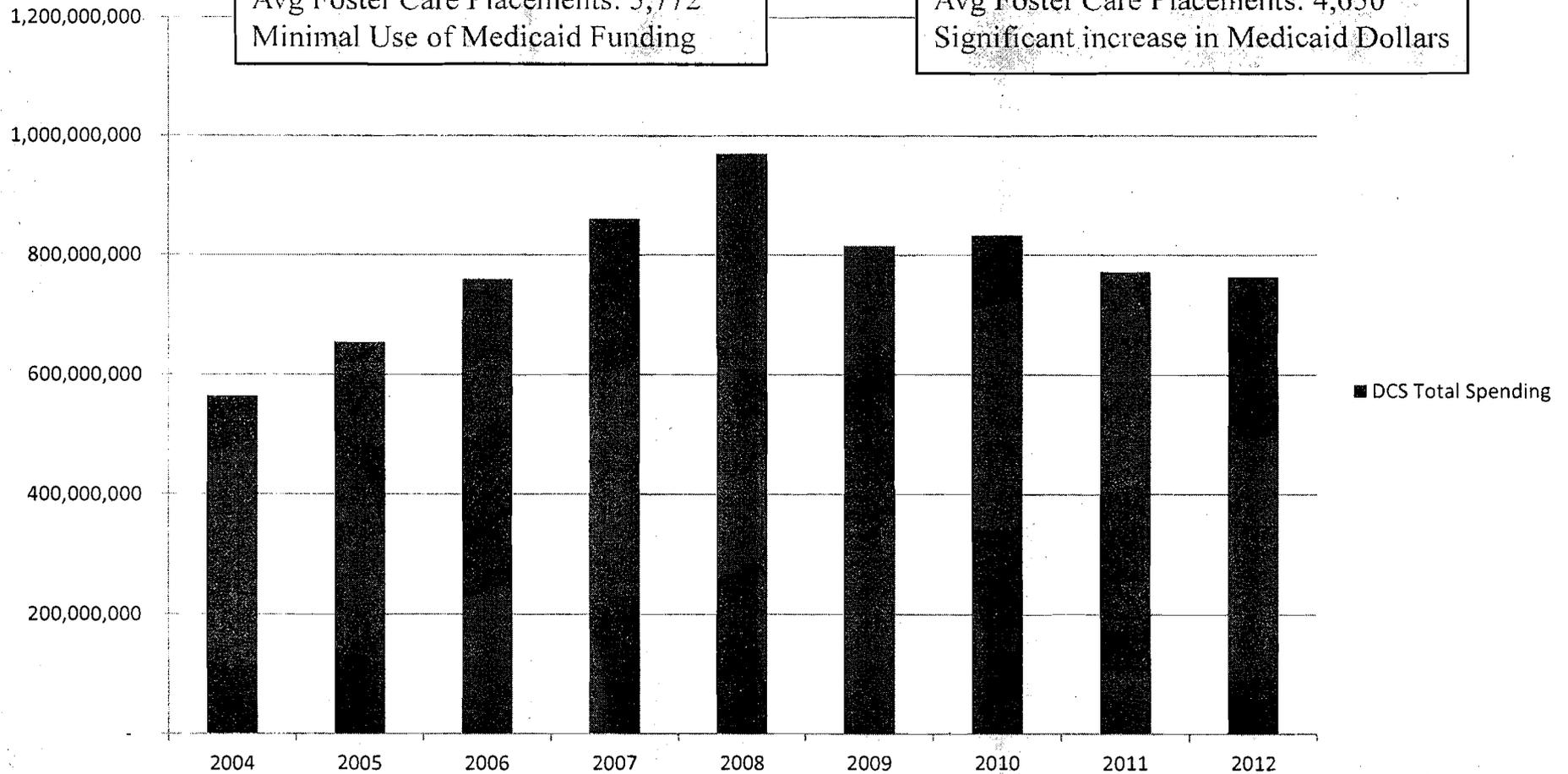




DCS Total Spending

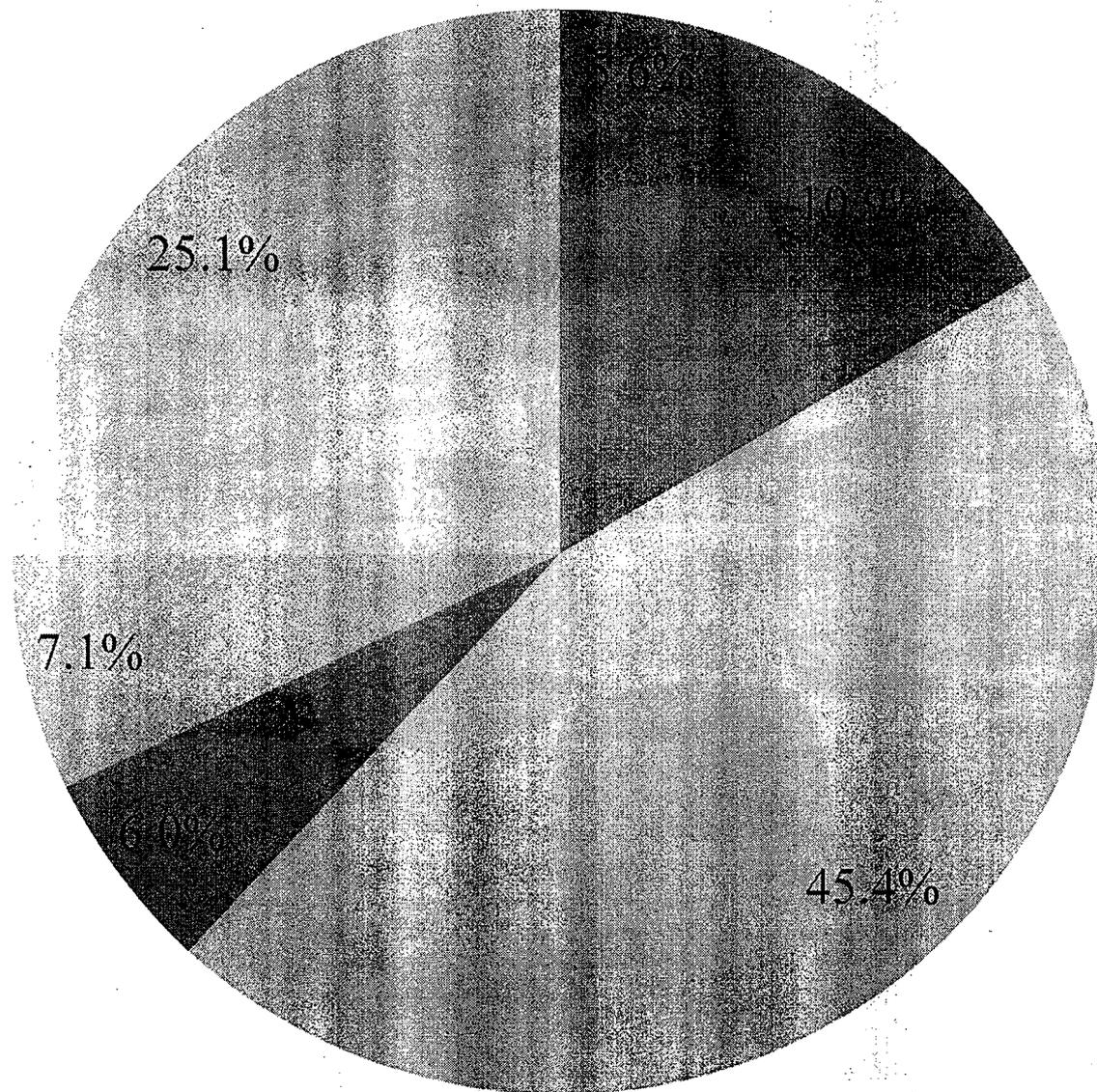
SFY 2008
 Last Year of County Pay
 Avg Residential Placements: 1,463
 Avg Foster Care Placements: 5,772
 Minimal Use of Medicaid Funding

SFY 2012
 DCS Funded
 Avg Residential Placements: 732
 Avg Foster Care Placements: 4,650
 Significant increase in Medicaid Dollars





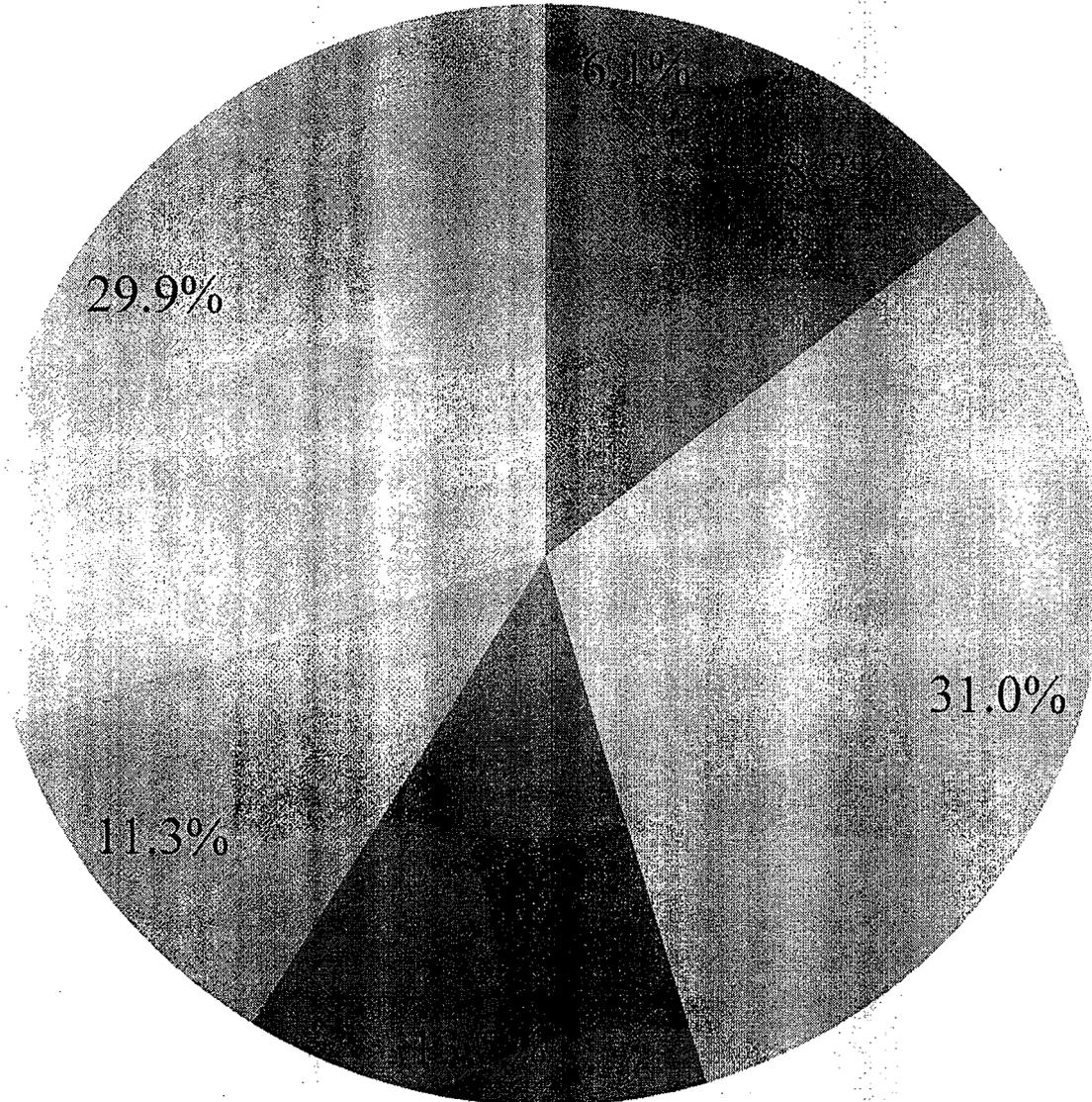
DCS Spending Mix (SFY 2008)



- Prevention
- Preservation & Reunification
- Placement
- Permanency & After Care
- Child Support
- DCS Operations



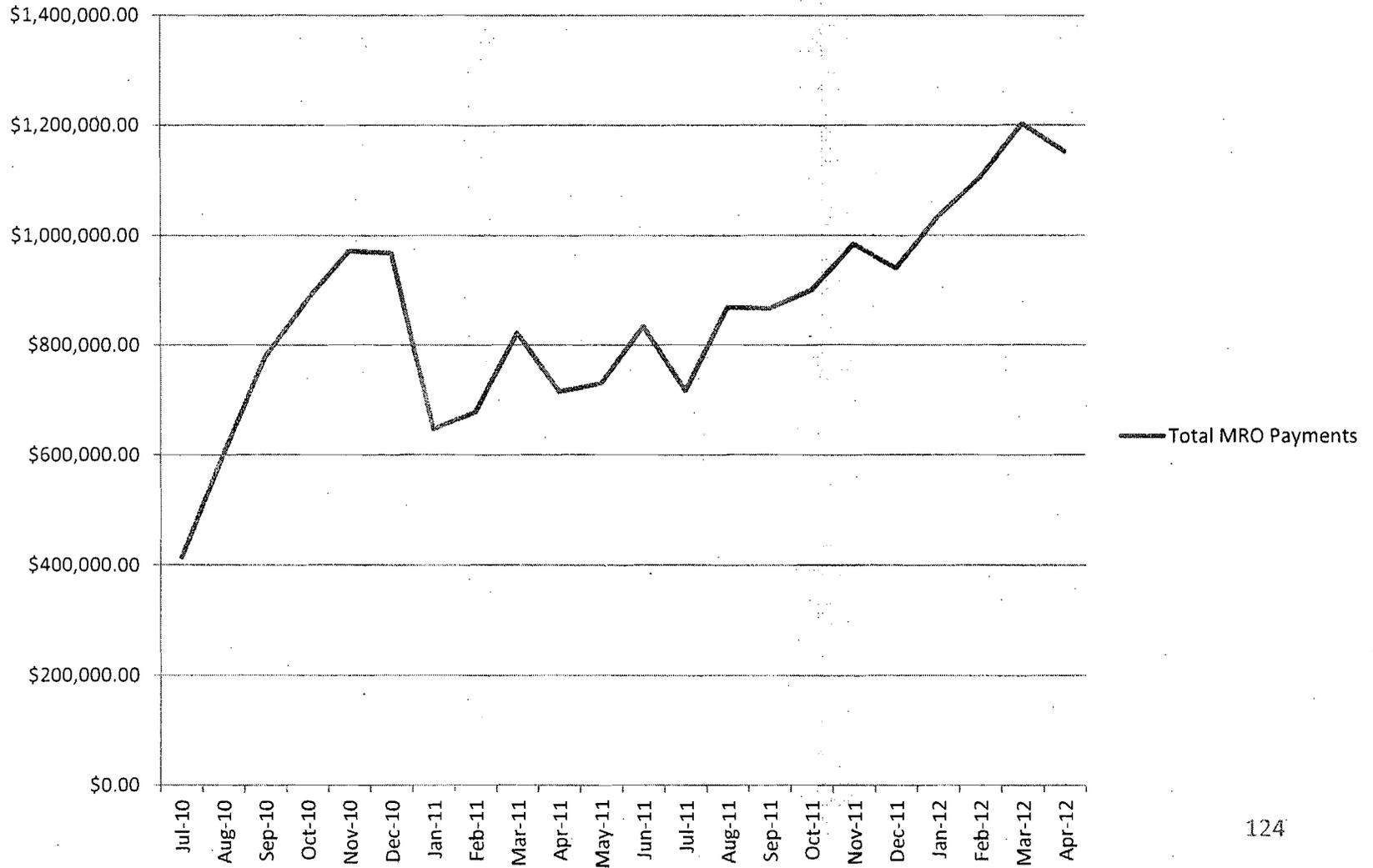
DCS Spending Mix (SFY 2012)



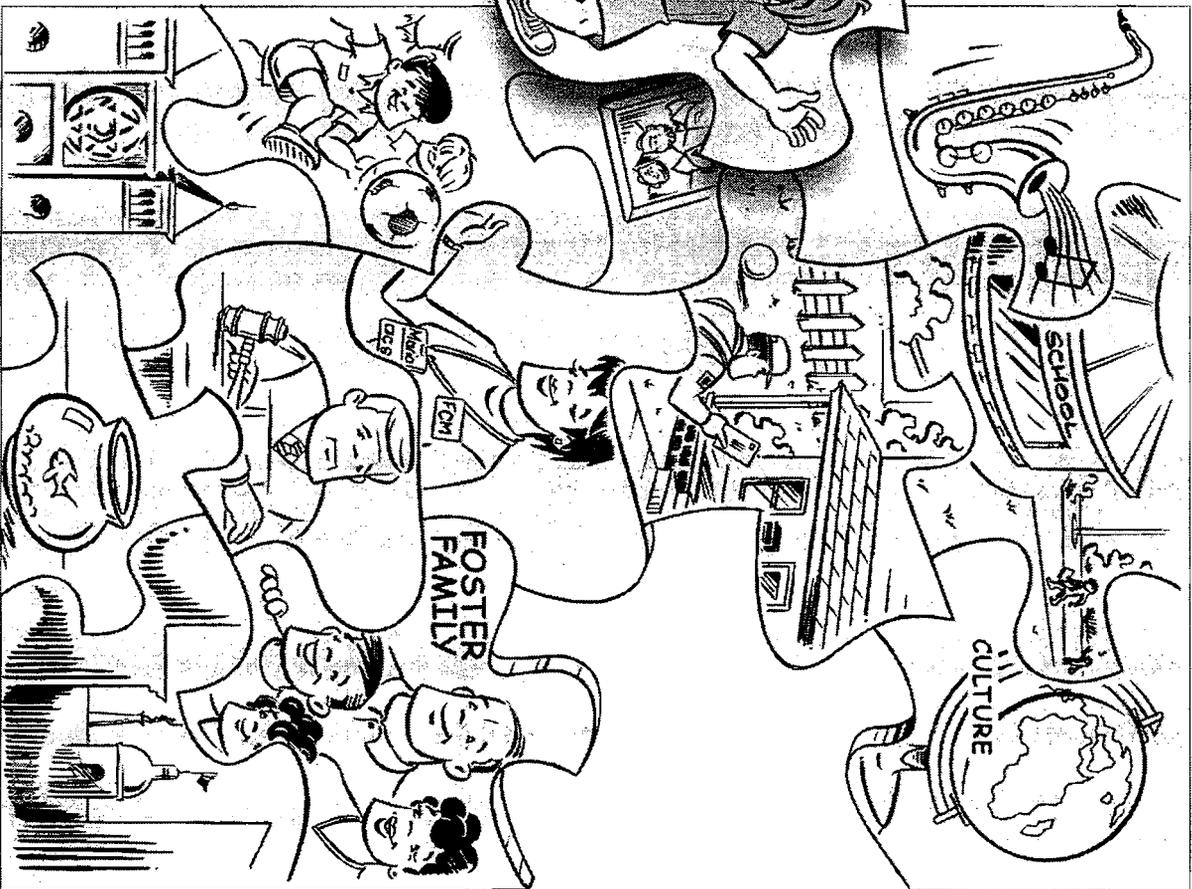
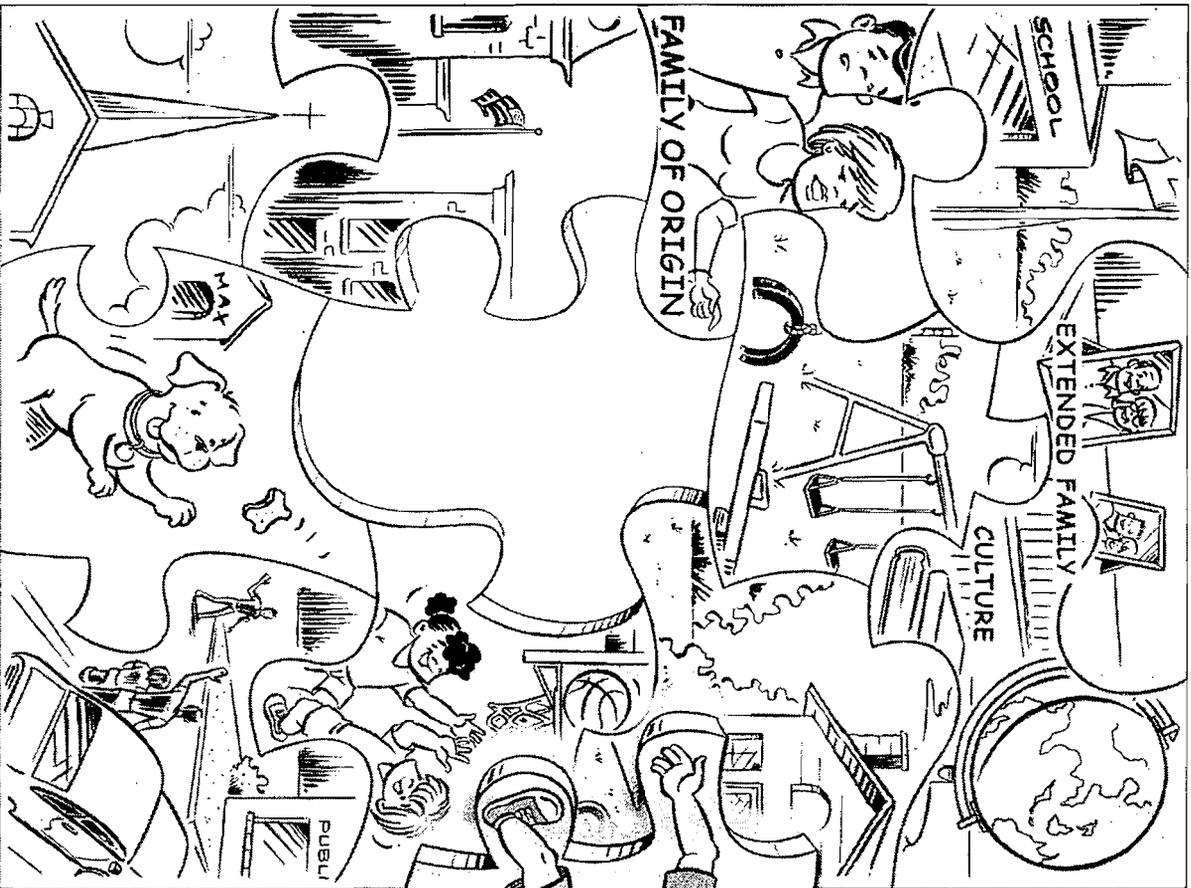
- Prevention
- Preservation & Reunification
- Placement
- Permanency & After Care
- Child Support
- DCS Operations



Total Medicaid Rehab Option (MRO) Payments



One Child, Two Worlds: Where Do I Fit? How Do I Fit?





DCS Child Abuse & Neglect Hotline

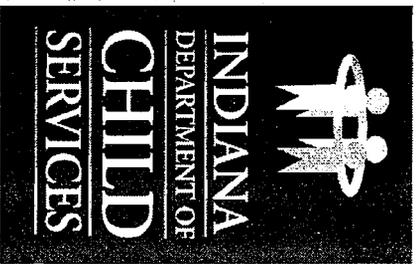
Presentation to the Department of Child
Services Interim Study Committee
August 22, 2012

David Judkins, Deputy Director of Field Operations
John Ryan, Chief of Staff



Hotline- Purpose

- **Provide:**
 - A central-point of contact for all child-abuse and neglect reports throughout Indiana,
 - Enabling more consistent and effective management of these reports,
 - Which supports one singular purpose:
 - To help protect children from abuse and neglect in our state.



Before the Hotline



Before the Hotline

Many opportunities for improvement:

- More than 300 phone numbers to report child abuse/neglect.
- Each county had own process of taking reports:
 - varied by day, evening, weekend, etc.
- 92 different ways reports were analyzed:
 - Inconsistencies in determining if reports met legal sufficiency to conduct an assessment.
 - Inconsistencies in ensuring assessments were completed.



Before the Hotline

Opportunities continued:

- DCS received complaints about the reporting process
 - Lacked an internal mechanism to track and resolve those issues.
- Staff expertise and knowledge in taking reports varied
 - 92 different counties, lack of consistency in staff qualifications.
- No uniform training for staff on how to answer incoming calls of abuse or neglect.
- No uniform training for how to gather appropriate information from reporters/callers.



Before the Hotline

Impact of Former System:

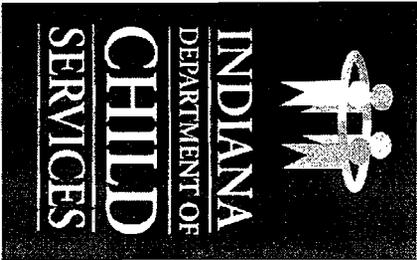
- Inconsistencies in gathering and analyzing reports:
 - Interferes with the ability to make good decisions regarding next steps in a case.
- Inability to track trends of incoming call volume:
 - Created challenges for staff to focus on the children and families currently on their caseloads.



Before the Hotline

Impact of Former System:

- Lack of uniform report in-take process:
 - Staff unaware of potential dangers when initiating an assessment
 - animals, weapons, volatile situations
- Partners who answer after-hours calls:
 - Did not have a consistent means of transferring assessments to DCS on-call staff in a timely fashion.



Hotline

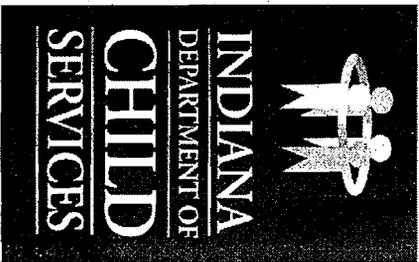
Development



Hotline Development

Midwest Child Welfare Implementation Center

- Provided oversight , planning and expertise from a national perspective.
- Provided a work and logic model to follow throughout a two year process.
- Helped financially fund some of the technical support.
- Provided implementation assessment.



Hotline-Today



Hotline- Today

- One single point of entry for all reports of abuse and neglect.
- Staffed by 80+ specially trained family-case managers known as intake specialists:
 - Receive 12 weeks of training before taking calls.
 - Very similar training to family-case manager roles.
 - Staff Hotline 24/7/365.



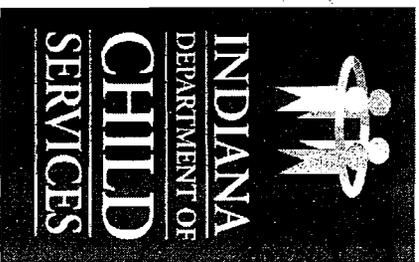
Hotline- Today

- A comprehensive intake guidance tool that allows specialists to gather as much information as possible from the report source.
- Structured decision process (tool)
 - Developed by Child Research Center.
- Supervisor on staff 24/7/365 to provide consistent oversight, direction.



Hotline- Today

- Consistent process for schools, law enforcement, medical professionals and others to make reports/secure timely response to allegations of abuse and neglect.
- Special call-in code for law enforcement:
 - Enables a quick response when dealing with emergencies.
- Statewide database for all services and supports to respond to information and referral calls.



Impact in Helping Children



Hotline Impact

Impact in Helping Children:

- Ability to provide field professionals immediately with known facts in emergency situations (i.e. arrival on-scene, etc.)
- Identifying appropriate referrals to medical professionals.
- Ability to record all phone numbers and calls.
- Data tracking and quality assurance.



Hotline Impact

Impact in Helping Children:

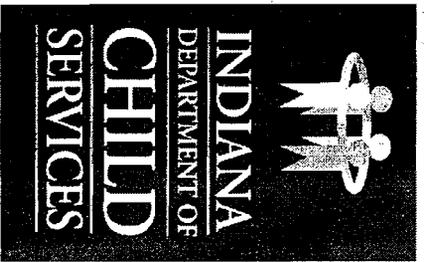
- Better documentation regarding:
 - Worker safety issues, domestic violence, mental health, substance abuse.
- Increases the opportunity for field FCMs to spend time partnering with families and children.
- Provide an additional means for families involved with DCS to contact DCS at anytime of the day.



Hotline Impact

Impact in Helping Children:

- More than 272,000 reports of child abuse or neglect received since implementation in 2010.
- Calls answered promptly:
 - Law enforcement – answered in 1.5 minutes (on average).
 - General calls – answered in less than 3 minutes (on average).
 - 50 percent of all calls answered in less than 30 seconds.
- More than 76,000 assessments conducted in 2011:
 - Indiana conducted more assessments than other states, on average.
- More than 90,000 families assisted in 2011.



How it Works



Reporting

Call 1-800-800-5556

After a prompt:

- Caller connected to Intake Specialist (IS):
 - Listens and asks questions using intake guidance tool.
 - If child is in imminent danger, directs calls immediately to 911 or law enforcement.
 - Law enforcement can arrive on the scene sooner, has authority to intervene immediately.
 - Captures report information.
 - Uses, training, decision guide and supervisor input to determine next steps.



Reporting

Intake Specialist will ask questions about:

- Child's current safety.
- Current circumstances and identifying information about child/family:

Names of Children
Involved

Ages of Children

Parent/Guardian/
Custodian's Name

Addresses and Phone
Numbers

Substance Abuse Issues

Domestic Violence

Mental Health Concerns

Weapons in the Home



Reporting

Anonymity:

Callers are not required to share their name, phone number or other identifying information.

However, this information can be helpful to the family-case manager who may respond to the call as it allows them to follow up with the caller to clarify information.



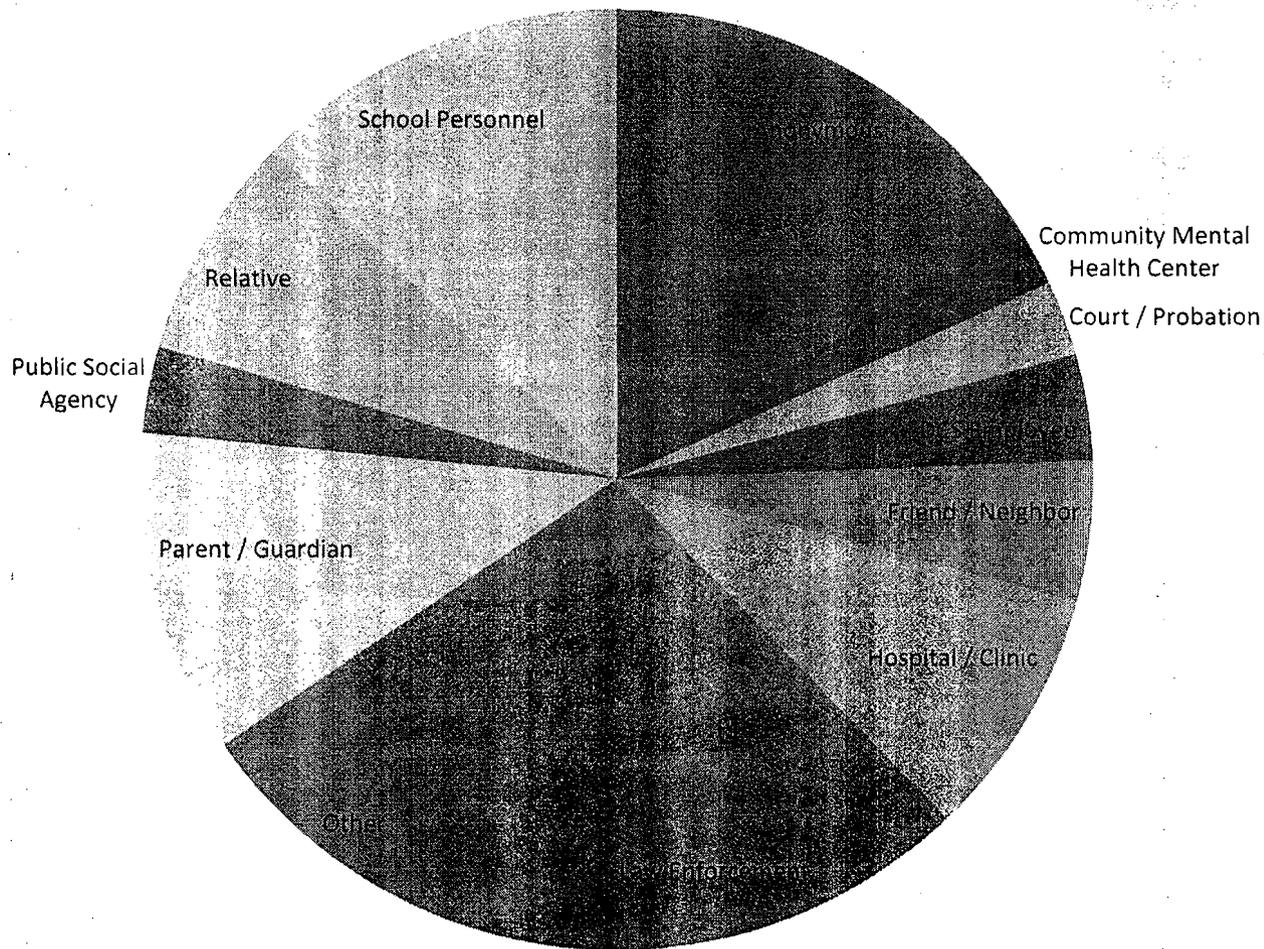
Reporting

After the call:

- After collecting responses to the questions, the Intake Specialist will complete an official intake report.
- A thorough review of any known CPS history with the family is completed at that time and included in the report.
- The Intake Specialist reviews the allegations as described and determines the next steps.



Reporting



- Baby Sitter/Day Care
- Coroner
- Dentist
- Head Start
- Institution Staff
- Landlord
- Licensed Child Placing Agency
- Licensed Psychologist
- Managed Care Provider
- Military Personnel
- Other
- Other Medical
- Other Mental Health Personnel
- Private Social Agency
- Prosecutor
- Referring Physician
- Sibling
- Victim
- Private Secure Facility
- Perpetrator Self Report
- Licensed Child Caring Institution



Action

According to Indiana law, certain criteria must be met before an FCM can be dispatched to a home:

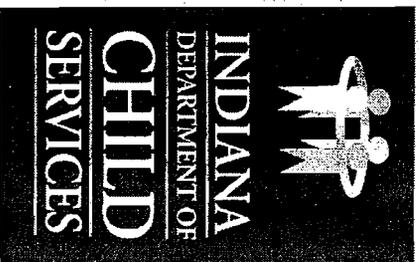
- If the allegations **meet** any or all of those standards, an FCM *in the county where the incident occurred* will be assigned to complete a thorough assessment.
 - **Depending on the situation, responses occur in:**
 - IMMEDIATE/1 hour (imminent danger)
 - 24 hours
 - 5 days
- Any calls with similar allegations to a current assessment /open case with a family:
 - Referred immediately to the FCM or supervisor for follow.



Non-Assessments

Calls that lack “legal sufficiency”:

- If the allegations **do not meet** those standards, action can still ensue:
 - DCS can refer the caller to prevention services and resources.
 - All reports including those not sent for assessment are reviewed 24/7/365
 - Hotline supervisor.
 - Local office director can review non-assessed reports daily or reverse the decision.
 - Local Child Protection Teams can review all for their local community and request the decision be reversed.
 - A random selection of non-assessment calls will still be reviewed weekly by a DCS internal statewide committee.



Opportunities for Further Growth and Development



Concerns

Some local communities have expressed concerns regarding:

- Wait times.
- Location of hotline staff.
- LEA not having the ability to contact the local office directly when they need immediate response.
- Concerns regarding our decision not to assess some reports called in by professional report sources such as schools, doctors / hospitals, etc.



Change

Changes already in progress to address concerns:

- Local Child Protection Teams have the option to review all non-assessments.
- Local office directors and/or designee will review all non-assessments.
- LEA may contact the local office directly should they require immediate assistance.



Additional Suggestions for Your Consideration

- Hire an additional 50 Intake Specialists to be located throughout the state (concern re: wait times).
- Two Part Solution to address wait times, location of hotline staff and assigning of certain categories of professional reports
 1. Hire an additional 92 worker with at least 1 intake specialist located in every local office to respond to calls during the business day;
 2. Hire an additional 100 new family case managers to allow us to assess all reports made by certain types of professional reporters such as school personnel and the medical community

One Child, Two Worlds: Where Do I Fit? How Do I Fit?

