



INDIANA DEPARTMENT OF CHILD SERVICES

**ANNUAL STAFFING & CASELOAD REPORT TO THE
STATE BUDGET COMMITTEE AND LEGISLATIVE COUNCIL**

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STATE FISCAL YEAR 2017**

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EXECUTIVE SUMMARY

Pursuant to IC 31-25-2-4, the Indiana Department of Child Services (DCS) is required to submit an annual report to the State Budget Committee and Legislative Council providing information regarding caseloads of family case managers (FCMs). Pursuant to IC 31-25-2-6, the report must do the following:

- Indicate the department's progress in recruiting, training, and retaining FCMs;
- Describe the methodology used to compute caseloads for each FCM;
- Indicate whether the statewide average caseloads for FCMs exceed the standards established by the department; and
- If the report indicates that average caseloads exceed caseload standards, include a written plan that indicates steps that are being taken to reduce caseloads; and
- Identify, describe, and, if appropriate, recommend best management practices and resources required to achieve effective and efficient delivery of child protection services.

Factors Leading to Increased Caseloads

- Increased reports made to the Indiana Child Abuse & Neglect Hotline
- Increased assessments (investigations of child abuse and neglect)
- Increased ongoing cases (case management for children who are wards of the state)
- Increased presence of parental alcohol and substance abuse

Caseload Methodology

- DCS uses the 12/17 standard to calculate monthly caseload averages in 19 regions:
 - 12 assessments of child abuse/neglect allegations
 - 17 children monitored and supervised in ongoing cases
- A child placed in a residential treatment facility is weighted at 50% because many of the daily case management functions traditionally performed by the FCM are assumed by the residential facility

SFY 2017 Year End Snapshot

- 2,120 field FCM staff (individuals currently carrying a caseload)
- 123 FCMs in training
- 0 vacant field FCM positions
- 2 of 19 regions met the 12/17 standard (a 3rd region was 1 FCM away from meeting)
- 6 regions were within 90% of necessary staffing levels to meet 12/17
- Statewide staffing level was 87% of need
- To have met the 12/17 standard, DCS would have needed an additional 180 caseload carrying FCMs



RECRUITMENT, TRAINING, AND RETENTION OF FAMILY CASE MANAGERS

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

DCS employs over 4,000 individuals, more than half of whom are FCMs who work directly with children and families on a daily basis, going into situations that the average Hoosier could never imagine. The environment is highly stressful due to the nature of the work, and FCMs make difficult decisions every day that significantly impact the lives of children and families. DCS recognizes that supporting these employees is vital to ensuring that children and families are well served. DCS implements a number of strategies to recruit qualified candidates, decrease staff turnover, and support employee well-being and long-term commitment to serving this vulnerable population. Moreover, DCS is committed to ensuring that field staff have manageable workloads so they can ensure safety to children and families across the state.

RECRUITMENT

To address the continuing need for qualified, competent, and committed FCM candidates, the DCS HR Department continues to enhance and implement an aggressive and holistic recruitment plan while fostering a shared responsibility for talent acquisition. The HR team uses a variety of strategies to attract talent to DCS opportunities, including hosting and participating in career events across the state, social media, college/university advertising, and professional organization and job board advertising. A robust strategic recruitment plan has been established to include all recruitment avenues and outreach.

TRAINING

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

The training program consists of 26 classroom days and 32 local office transfer of learning days. In addition to the classroom training, 28 Computer Assisted Trainings (CATs) were developed for these new workers to complete while in their local offices. The training ensures that new workers receive ample time in the local offices to gain hands-on experience and develop mentorship



relationships with experienced staff. DCS has also begun starting new staff in field offices carrying small caseloads to get a better feel for what the work is like early on.

DCS begins a new training cohort every two weeks and can accommodate 30-35 new workers per cohort. During SFY 2016, the Department started 35 new cohort classes, and as a result of these efforts, 964 cohort members graduated to FCM status, a continuous increase from 411 graduates in SFY 2014, 512 graduates in SFY 2015, and 766 graduates in SFY 2016.

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

RETENTION

In an effort to continually improve the agency, the Department recognizes that its most critical area of focus must be its staff. DCS seeks to not only recruit new, qualified staff, but also to reduce turnover to retain a more stable workforce. DCS tracks turnover and captures the reasons for employee departures to better understand why staff might choose to leave the Department for another opportunity. The Department's turnover information is used in conjunction with caseload data to determine where vacant positions should be reallocated to meet operational needs.

DCS tracks two types of turnover—actual and negative. Actual turnover includes all FCMs who left their positions, and negative turnover reflects only those FCMs who departed DCS entirely. Negative turnover excludes employees who were promoted or transferred to another state position and is determined to be a better measure of how the Department is doing with respect to retaining valuable staff. In SFY 2017, the negative turnover rate was 29%, compared to 25% in SFY 2016. When considering market conditions, unemployment is down and demand for skilled workers is up, resulting in a “candidate's market” and increased competition for talent.

It is imperative that the individuals who work with children and families remain committed to this very difficult work, and the Department uses exit surveys to determine reasons why FCMs leave the agency. Every year, the results of those exit surveys are the same – 1) job pressure/work-related stress, and 2) workload (working conditions/schedule) – are the top two reasons influencing the decision to leave the agency.



The Department continues to promote enhanced Employee Assistance Program (EAP) offerings. The EAP is available 24 hours a day, 7 days a week and offers information and advice to help all employees solve a wide range of problems – everything from relationship and family concerns to anxiety, depression, alcohol and drug abuse, stress, grief, parenting, and even financial or legal issues. All DCS team members and members of their household have access to three free, confidential in-person counseling visits with a licensed therapist, per issue, per year. Along with telephonic and in-person counseling, web based resources and seminars cover a host of topics related to emotional well-being and health and wellness. Though the EAP program is relatively new, it is being viewed as a valuable resource and received almost 100 calls from employees and family members from January 1 to June 30, 2017.

Select DCS staff members are continuing to be trained as critical response teams to provide peer-to-peer support to staff when a significant event, like a child fatality or co-worker death, occurs. The continued development and promotion of these programs are aimed to support employees both in their professional and personal lives and ensure they feel valued as part of the DCS team.

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

STAFF CASELOAD DATA

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

DCS is organized into 18 geographical regions, with each region comprised of between one and nine counties. Additionally, the Department created the Central Office region to encompass FCMs from the Institutional Assessment Unit and the Collaborative Care Unit, for a total of 19 regions. Following the shift to a regionally-based approach, DCS shifted the focus of its FCM hiring from a county-based effort to regional. Hiring FCMs on a regional basis allows Regional Managers to more easily allocate resources as needed. With fluctuations and spikes in caseloads, along with FCM



vacancies, this process allows Regional Managers the flexibility to redeploy FCMs to another county within a region, either temporarily or on a permanent basis. FCM need for each region is determined by using the same process outlined above, with the totals for each county within a region combined for a regional total.

Pursuant to IC 31-25-2-5, DCS is required to ensure that staffing levels are maintained so that each region has enough FCMs to allow caseloads to be not more than: (1) 12 active cases relating to initial assessments, including assessments of an allegation of child abuse or neglect; or (2) 17 children monitored and supervised in active cases relating to ongoing services.

No universal caseload standard is currently used by all states, and most states do not have caseload standards codified in statute. Moreover, many states weigh cases differently in calculating caseload compliance, which means that case counts are not a function of just volume, but also complexity.

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

METHODOLOGY USED TO COMPUTE CASELOADS

The caseload methodology closely aligns with current DCS practice by removing from the 12/17 caseload analysis those specialized FCMs not carrying caseloads, such as Hotline intake specialists, foster care and relative care specialists, and staff in training.

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

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



Additionally, in order to better support FCMs and remove certain functions from their workloads, DCS created two types of specialized FCM positions in the areas of foster care and relative care. The Department currently has 126 of these FCM specialist positions (96 foster care specialists and 30 relative care specialists) to improve recruitment, licensing, and support of foster parents and relative caregivers. In addition, these positions provided relief to FCMs who were previously required to manage licensing and placement matching, as well as provide support for foster parents.

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

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

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

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

COMPLIANCE WITH STANDARDS AND PLANS TO REDUCE CASELOADS

A number of factors led to an increase in caseloads in SFY 2017, including an increase in the number of cases that DCS handles. At the end of SFY 2017, DCS had 29,173 open cases, which consists of 23,949 CHINS cases, 4,402 Informal Adjustments, and 822 Collaborative Care (older youth) cases. The overall number of open cases was 15.3% higher than the end of SFY 2016 (25,307



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open cases). As a result, an analysis of **Exhibit 1** indicates that in SFY 2017, two of 19 regions were in compliance with the required caseload averages of 12 assessments or 17 ongoing cases. The two regions in compliance were the Central Office region, which includes the Collaborative Care and Institutional Assessment units, and Region 1, which covers Lake County. A third region, Region 2, was 99% in compliance with the caseload requirement and needed only one more worker to be fully in compliance. DCS would need 180 additional caseload-carrying field FCMs to meet the caseload standard. During SFY 2017, DCS was staffed at 87% of current need statewide to be fully compliant with the 12/17 standard.

At the end of SFY 2017, DCS had 2,120 caseload-carrying FCMs and an additional 123 FCMs in training. Staff in training are unable to carry full caseloads for a 12-week period from date of hire. During SFY 2017, the Department started 35 new FCM cohort classes, and as a result, 964 new FCMs were deployed to local offices. Despite these intensive hiring and training efforts, DCS was unable to meet the 12/17 standard, as child abuse and neglect assessments and cases rose during that period.

In addition to analyzing the number and types of ongoing cases, DCS evaluates the number of assessments. Staffing to ensure average caseloads of 12 assessments at a time is particularly challenging due to the fluctuation in the number of reports DCS receives each month. This was evident in SFY 2017, where the number of monthly assessments ranged from 9,064 to 12,065 – a difference of 3,001 assessments between the high and low months.

In order to meet the 12/17 standard for SFY 2017 in all regions, DCS would need an additional 180 FCMs across the state. This number is calculated in each region using the “12-Month Average FCMs Needed to Meet 12/17” figure from **Exhibit 1** and subtracting the number of FCMs already deployed to the field and the FCMs in training. FCM trainees are removed from the calculation because they represent existing workers that will be able to carry caseloads in the near future, upon graduation. In order to work towards meeting the 12/17 standard, DCS is continually staffing up and working to hire FCMs.

DCS implemented strategies in SFY 2017 to reduce caseloads and staff turnover, and ensure compliance with the 12/17 standard. DCS has been working on implementing changes over the past year to improve staff workloads and increase the Department’s efficiency. DCS has made significant efforts over the last few years to reduce staff turnover and better support its field staff through increased pay, increased staff appreciation and retention efforts, and increased staff supports to address the needs of this demanding job. Over the last year, DCS has implemented intensive initiatives to improve staff training and use of technology, better plan for future workforce needs, better support its staff, and safely close cases ripe for closure. DCS is fully committed to keeping the administration and the legislature abreast of the progress and challenges in meeting the 12/17 standard. The Department will continue to regularly evaluate its staffing needs to determine when and where new positions will be allocated statewide.



All of the efforts taken in SFY 2017 and those planned for SFY 2018 will continue to move the Department in the right direction in effectively and efficiently administering child welfare services. DCS recognizes that this work is never complete, and as such, the Department will continue to evaluate ways to make changes in the future to better serve Hoosier children and families.

EFFECTIVE AND EFFICIENT DELIVERY OF CHILD PROTECTION SERVICES

In 2005, DCS was created as a standalone agency charged with administering Indiana's child protection and IV-D child support systems. Director Bonaventura leads a staff of over 4,000 employees with local offices in all 92 Indiana counties, organized into 18 geographic regions. An additional region encompasses Central Office FCMs from the Institutional Assessment and Collaborative Care Units, for a total of 19 regions.

Since its creation, DCS has implemented a number of strategies designed to achieve child welfare best practices and ensure the agency is successful in furthering its mission of protecting children from abuse and neglect. DCS administers a variety of programs with the goal of developing, procuring, and delivering a range of proven, effective services to ensure the well-being of children and to ensure their financial support. The Department also collaborates with other key stakeholders to provide a multi-disciplinary approach to tackling challenging child welfare issues.

In January 2010, DCS established the Indiana Child Abuse and Neglect Hotline to ensure consistent and improved handling of calls alleging child abuse and neglect, as there were previously over 300 different phone numbers across the state that someone could call to make a report. The Hotline is staffed with trained FCM Intake Specialists and at least one Supervisor on every shift, 24 hours per day, 365 days per year. FCM Intake Specialists are specially trained to ask probing questions to obtain comprehensive information about a number of factors, including those that may impact worker safety. These Intake Specialists gather information from callers, enter the information into the DCS intake system, and make recommendations to the DCS local office as to whether the information provided meets statutory criteria for DCS to conduct an assessment.

DCS maintains five Hotline locations in Marion County, Blackford County, Lawrence County, St. Joseph County, and Vanderburgh County, and every call made to the Hotline is routed to one of these five locations to minimize wait time. In recent years, DCS has seen the number of reports increase annually, as indicated below:

- SFY 2015 – 200,118
- SFY 2016 – 211,502
- SFY 2017 – 235,609

From SFY 2015 to SFY 2017, the Hotline saw an 18% increase in reports handled, but despite the volume increase, the Hotline was able to keep wait times from swelling. DCS continues to work to



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increase public awareness of the Hotline, and the goal is for every Hoosier to know about the mandatory child abuse and neglect reporting requirement in Indiana law.



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**Exhibit 1:
12/17 Staffing & Caseload Report
State Fiscal Year 2017 (July 2016 to June 2017)**



Region Name	County Name	(1) 12-Month Average # FCMs Needed	(2) Available FCMs Carrying a Full Caseload	(3) FCMs In Training	(4) Additional FCMs Needed**	(5) Percent Of Need Filled by FCMs Carrying a Full Caseload
Statewide	Total	2,423	2,120	123	180	87%

*** (4) This figure does not include staff in training or vacant positions.*

Central Office	Total	68	69	0	(1)	101%
	Collaborative	48	53	0	(5)	110%
	Institutional Unit	20	16	0	4	80%
Region 1	Total	181	186	1	(6)	103%
	Lake	181	186	1	(6)	103%
Region 2	Total	87	86	2	(1)	99%
	Jasper	9	9	0	(0)	102%
	Laporte	31	30	1	(0)	98%
	Newton	5	5	1	(1)	103%
	Porter	27	27	0	0	98%
	Pulaski	5	6	0	(1)	110%
	Starke	10	9	0	1	92%
Region 3	Total	156	148	5	3	95%
	Elkhart	48	41	3	4	86%
	Kosciusko	14	14	0	(0)	101%
	Marshall	10	9	1	(0)	95%
	Saint Joseph	85	84	1	(0)	99%
Region 4	Total	222	212	3	7	95%
	Adams	13	15	1	(3)	112%
	Allen	127	115	1	11	90%
	Dekalb	16	15	0	1	92%
	Huntington	9	12	0	(3)	127%
	LaGrange	7	8	0	(1)	109%
	Noble	17	15	0	2	90%
	Steuben	9	10	1	(2)	106%
	Wells	13	13	0	(0)	101%

	Whitley	9	9	0	0	97%
Region 5	Total	97	83	8	6	85%
	Benton	3	2	0	1	72%
	Carroll	7	6	0	1	90%
	Clinton	15	12	0	3	80%
	Fountain	9	0	0	9	0%
	Tippecanoe	50	40	7	3	80%
	Warren	2	11	1	(10)	520%
	White	12	12	0	(0)	102%
Region 6	Total	74	67	7	(0)	91%
	Cass	11	12	0	(1)	105%
	Fulton	9	10	0	(1)	111%
	Howard	28	25	3	0	89%
	Miami	13	12	1	0	91%
	Wabash	12	8	3	1	68%
Region 7	Total	106	91	9	6	86%
	Blackford	7	6	1	0	81%
	Delaware	51	43	5	3	84%
	Grant	26	22	2	2	86%
	Jay	8	7	1	0	85%
	Randolph	13	13	0	0	97%
Region 8	Total	107	93	7	7	87%
	Clay	14	14	1	(1)	97%
	Parke	6	5	0	1	82%
	Sullivan	9	10	0	(1)	108%
	Vermillion	11	12	0	(1)	111%
	Vigo	67	52	6	9	78%
Region 9	Total	94	83	10	1	88%
	Boone	13	14	0	(1)	106%
	Hendricks	23	24	0	(1)	106%
	Montgomery	18	16	1	1	89%
	Morgan	23	19	3	1	81%
	Putnam	17	10	6	1	59%
Region 10	Total	392	262	18	112	67%
	Marion	392	262	18	112	67%
Region 11	Total	132	117	5	10	89%
	Hamilton	26	25	1	0	95%
	Hancock	17	17	0	0	99%
	Madison	80	66	4	10	83%
	Tipton	8	9	0	(1)	107%

Region 12	Total	77	70	5	2	91%
	Fayette	14	14	1	(1)	97%
	Franklin	8	9	1	(2)	108%
	Henry	20	18	1	1	91%
	Rush	6	6	0	(0)	106%
	Union	3	2	0	1	68%
	Wayne	26	21	2	3	82%
Region 13	Total	108	92	7	9	85%
	Brown	6	6	0	(0)	103%
	Greene	15	14	1	0	93%
	Lawrence	25	19	3	3	75%
	Monroe	47	40	3	4	84%
	Owen	14	13	0	1	91%
Region 14	Total	119	103	10	6	86%
	Bartholomew	29	25	2	2	85%
	Jackson	20	16	2	2	80%
	Jennings	22	18	3	1	81%
	Johnson	34	31	3	(0)	92%
	Shelby	14	13	0	1	94%
Region 15	Total	74	63	2	9	86%
	Dearborn	20	20	0	0	99%
	Decatur	19	17	0	2	91%
	Jefferson	17	13	1	3	77%
	Ohio	2	1	0	1	50%
	Ripley	11	9	1	1	79%
	Switzerland	4	3	0	1	68%
Region 16	Total	144	124	12	8	86%
	Gibson	13	12	0	1	95%
	Knox	19	15	1	3	81%
	Pike	7	6	0	1	89%
	Posey	13	11	1	1	87%
	Vanderburgh	79	69	8	2	87%
	Warrick	14	11	2	1	78%
Region 17	Total	80	69	8	3	87%
	Crawford	9	8	1	(0)	93%
	Daviess	13	13	1	(1)	101%
	Dubois	12	12	2	(2)	97%
	Martin	6	7	0	(1)	114%
	Orange	12	12	0	0	98%
	Perry	13	8	3	2	60%

	Spencer	14	9	1	4	64%
Region 18	Total	106	102	4	(0)	97%
	Clark	33	33	1	(1)	99%
	Floyd	33	28	2	3	85%
	Harrison	8	9	0	(1)	109%
	Scott	24	24	1	(1)	101%
	Washington	7	8	0	(1)	113%

- (1) 12-month average need of caeload-carrying field FCMs needed to meet 12/17 standard
- (2) Number of filled field FCMs in each region/county
- (3) The number of FCMs currently in training in each region/county
- (4) Additional FCMs needed in each region/county to meet 12/17 standard (Column 1 minus Column 2 minus Column 3)
- (5) Percentage of staff need that is currently filled (Column 2 divided by Column 1)

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

Color Key:
100% or Above
90-99%
80-89%
70 or Below