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
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.
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 – 30\textsuperscript{th})
  – **FFY 2011:** 126.9  (National Ranking – 10\textsuperscript{th})

• National standard: 122.6 or higher
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)
  - National standard: 106.4 or higher
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 – 42\textsuperscript{nd})
  
  - FFY 2011: 137.5 (National Ranking – 3\textsuperscript{rd})

- National standard: 121.7 or higher
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.
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
One Child, Two Worlds: Where Do I Fit? How Do I Fit?
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: 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

- **Intervening**
- **Planning**
- **Assessing**
- **Engaging**
- **Teaming**
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.
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.
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.

- Certain harm resulting from child removal
- Risk of harm resulting from failure to remove
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.
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?
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

Department of Child Services

Child Protection

Child Support
Field Operations

Case-Management Staff
DCS Field Operations

Strategic Director overseeing Field Operations

Field Operations Deputy Director

Provide oversight and support to 18 regional managers

North Executive Manager

South Executive Manager

Support local office directors in administering child welfare/ensuring consistency

Regional Managers (9)

Regional Managers (9)

Local Office Directors

Local Office Directors
DCS Field Operations:
Local Offices

- Local Office Directors
- FCM Supervisors
- Family Case Managers
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
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

• 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

Continuous Regional Job Postings on State of Indiana Job Bank

Vacancy Identified in Region

Local Office

New FCM Class Begins Training

Conditional Offers Extended/Accepted

Field Operations Interviews
Total Family Case Managers

Total Family Case Manager Positions

<table>
<thead>
<tr>
<th>Year</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY 2004</td>
<td>764</td>
</tr>
<tr>
<td>FY 2005</td>
<td>797</td>
</tr>
<tr>
<td>FY 2006</td>
<td>859</td>
</tr>
<tr>
<td>FY 2007</td>
<td>1205</td>
</tr>
<tr>
<td>FY 2008</td>
<td>1600</td>
</tr>
<tr>
<td>FY 2009</td>
<td>1600</td>
</tr>
<tr>
<td>FY 2010</td>
<td>1600</td>
</tr>
<tr>
<td>FY 2011</td>
<td>1600</td>
</tr>
<tr>
<td>FY 2012</td>
<td>1632</td>
</tr>
</tbody>
</table>

Series 1
Training
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

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>Number/Percentage of Regions Meeting 12/17</th>
</tr>
</thead>
<tbody>
<tr>
<td>July 2005 – June 2006</td>
<td>41/92</td>
</tr>
<tr>
<td>July 2006 – June 2007</td>
<td>5/92</td>
</tr>
<tr>
<td>July 2007 – June 2008</td>
<td>18/18</td>
</tr>
<tr>
<td>July 2008 – June 2009</td>
<td>16/18</td>
</tr>
<tr>
<td>July 2009 – June 2010</td>
<td>16/18</td>
</tr>
<tr>
<td>July 2010 – June 2011</td>
<td>15/18</td>
</tr>
<tr>
<td>July 2011 – June 2012</td>
<td>17/18</td>
</tr>
</tbody>
</table>
Family Case Manager Turnover & Retention
## Family Case Manager Turnover

<table>
<thead>
<tr>
<th>State Fiscal Year</th>
<th>Statewide</th>
<th>Hotline</th>
</tr>
</thead>
<tbody>
<tr>
<td>2003-04</td>
<td>8.9%</td>
<td>N/A</td>
</tr>
<tr>
<td>2004-05</td>
<td>N/A/A</td>
<td>N/A</td>
</tr>
<tr>
<td>2005-06</td>
<td>N/A/A</td>
<td>N/A</td>
</tr>
<tr>
<td>2006-07</td>
<td>17.6%</td>
<td>N/A</td>
</tr>
<tr>
<td>2007-08</td>
<td>20.4%</td>
<td>N/A</td>
</tr>
<tr>
<td>2008-09</td>
<td>15.7%</td>
<td>N/A</td>
</tr>
<tr>
<td>2009-10</td>
<td>15.8%</td>
<td>16.3%</td>
</tr>
<tr>
<td>2010-11</td>
<td>18.6%</td>
<td>34.5%</td>
</tr>
<tr>
<td>2011-12</td>
<td>19.8%</td>
<td>49.6%</td>
</tr>
</tbody>
</table>
Please identify up to three reason(s) that influenced your decision to leave DCS.

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

My compensation was commensurate with the position I held.

<table>
<thead>
<tr>
<th>Answer Options</th>
<th>Response Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly agree</td>
<td>7%</td>
</tr>
<tr>
<td>Agree</td>
<td>20%</td>
</tr>
<tr>
<td>Neither disagree nor agree</td>
<td>20%</td>
</tr>
<tr>
<td>Disagree</td>
<td>34%</td>
</tr>
<tr>
<td>Strongly disagree</td>
<td>20%</td>
</tr>
</tbody>
</table>
# DCS Workforce Climate

## 2009 Workforce Climate Survey

<table>
<thead>
<tr>
<th>Reason</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>DCS Met/Exceeded Pre-Employment Expectations</td>
<td>64%</td>
</tr>
<tr>
<td>Reasons Joined DCS</td>
<td></td>
</tr>
<tr>
<td>Good Fit for Skills</td>
<td>67%</td>
</tr>
<tr>
<td>Agency Mission/Vision/Values</td>
<td>34%</td>
</tr>
<tr>
<td>Benefits</td>
<td>37%</td>
</tr>
<tr>
<td>Top Three Suggested Areas of Improvement</td>
<td></td>
</tr>
<tr>
<td>Better Pay</td>
<td></td>
</tr>
<tr>
<td>Reduced Workload</td>
<td></td>
</tr>
<tr>
<td>Employee Recognition</td>
<td></td>
</tr>
</tbody>
</table>
Up Next:
Life of a DCS Case
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

Substantiate? Yes

No

Court Intervention

Referral to Community Partners
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”.
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

- Assessment
- Substantiate?
  - Yes
  - No
  - Court Intervention
  - Referral to Community Partners
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

- Court Intervention
  - Informal Adjustment
    - Child In Need of Services (CHINS)
      - In-Home CHINS
      - Out-of-Home CHINS
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

- Court Intervention
  - Informal Adjustment
    - Child In Need of Services (CHINS)
      - In-Home CHINS
      - Out-of-Home 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

Court Intervention

Informal Adjustment

Child In Need of Services (CHINS)

In-Home CHINS

Out-of-Home CHINS
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

Court Intervention

Informal Adjustment

Child In Need of Services (CHINS)

In-Home CHINS

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
• 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

Certain harm resulting from child removal

Risk of harm resulting from failure to remove
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
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
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 parent's 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.
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?
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
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
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
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
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
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:

<table>
<thead>
<tr>
<th>Provider</th>
<th>Program</th>
<th>County</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider A</td>
<td>Level 4 Foster Care</td>
<td>Elkhart</td>
<td>$110.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Grant</td>
<td>$95.00</td>
</tr>
<tr>
<td>Provider B</td>
<td>Level 4 Foster Care</td>
<td>Jennings</td>
<td>$150.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Johnson</td>
<td>$95.00</td>
</tr>
</tbody>
</table>
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)

1997 - 2012
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**: 5.6%
- **Preservation & Reunification**: 10.9%
- **Placement**: 25.1%
- **Permanency & After Care**: 7.1%
- **Child Support**: 6.0%
- **DCS Operations**: 45.4%
DCS Spending Mix (SFY 2012)

- Prevention: 6.1%
- Child Support: 13.5%
- Permanency & After Care: 11.3%
- Placement: 29.9%
- Placement: 31.0%
- Preservation & Reunification: 8.2%
Total Medicaid Rehab Option (MRO) Payments

![Graph showing Total MRO Payments from July 2010 to April 2012. The payments fluctuate over time, with a general increasing trend.]
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 caselloads.
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.
• 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:

<table>
<thead>
<tr>
<th>Names of Children Involved</th>
<th>Ages of Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent/Guardian/Custodian’s Name</td>
<td>Addresses and Phone Numbers</td>
</tr>
<tr>
<td>Substance Abuse Issues</td>
<td>Domestic Violence</td>
</tr>
<tr>
<td>Mental Health Concerns</td>
<td>Weapons in the Home</td>
</tr>
</tbody>
</table>
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.
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

- Anonymous
- Community Mental Health Center
- Court / Probation
- DCS Employee
- Friend / Neighbor
- Hospital / Clinic
- Law Enforcement
- School Personnel
- Parent / Guardian
- Public Social Agency
- Relative

Other

- 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
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?