



case  
study

INDIANA CHILD WELFARE  
Improving Practice to Improve Outcomes

The Annie E. Casey Foundation



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**ON JANUARY 1, 2005,** newly elected governor

Mitch Daniels arrived in Indianapolis with a promise to turn around Indiana's failing children and family services system. Working with the Annie E. Casey Foundation's Child Welfare Strategy Group, Daniels and his child services team completely overhauled the system and how it delivers services. The hallmarks of the effort included securing significant new resources for children and families, while developing an entirely new practice model aimed at prevention, first; community placements (preferably with relatives), second; and minimizing time under state supervision, third. The effort would also mold far-flung and disjointed district offices into a coherent and high-functioning state agency that now delivers high-quality comprehensive and appropriate services to the state's children and families. Once at or near the bottom of virtually every category of child services performance measures among the 50 states, Indiana now ranks 10th in reunification; 2nd in timeliness of adoption; 3rd in permanency, and 11th in placement stability. Since launching its reform effort in 2005, the state has seen a more than 40 percent decline in residential placements and a nearly 15 percent decline in the use of foster care. It has also experienced a more than 30 percent increase in in-home "placements" (Indiana considers any child under its care as a placement, even if they're staying in their home), and a more than 90 percent increase in placements with relatives. Adoptions, meanwhile, have increased from 1,045 in 2004 to more than 1,780 in 2011, a 70 percent increase.

# improving practice

## TO IMPROVE OUTCOMES

### “And People Will Just Give Me Their Kids?”

To say that Maria Wilson’s introduction to child welfare casework in Indiana was abrupt would be a severe understatement. The day she arrived in her office in 2003 she was handed a stack of cases and asked to get to work. It was a deep-end-of-the-pool approach to initiating new caseworkers. Today, she says, new staff members actually complain about having to go through a full 12 weeks of training before they get a case. “I tell them that when I started I didn’t get 12 minutes of training.” The office needed her to go to work immediately. “So I got there and I asked, ‘What? And people will just give me their kids?’”

It was alarming enough that the Indiana child welfare system needed Wilson to start work immediately, with virtually no training—no clinical work; no shadowing, coaching, or mentoring; no time, even, to read the casework handbook. (Wilson didn’t even know that when removing a child from a home, the police were supposed to accompany her.) But the reason she had to start minute one, day one as a caseworker was equally alarming. Children and family services caseworkers across the state were routinely carrying

40 to 50 cases. On really bad days they might have 70. Family caseworkers in Indiana weren’t “juggling” cases, they were buried beneath them. Wilson, who now oversees the state’s practice model, says it would be six months before she ever got any training—which is when she found out that it was a mandatory policy to have police along when removing a child.

Helping drive the out-of-control caseloads was the fact that Indiana was among the top 10 states when it came to pulling kids out of their homes. It was a self-reinforcing downward spiral: There were caseworkers in crisis, with no time to focus on moving children safely and rationally out of the system. New cases were pouring in the door daily with no time, tools, or other resources for doing a solid assessment of whether a child was really at risk or not. With no time for solid assessment, caseworkers were following a perfectly understandable impulse, which was to pull the child—or children—out of the home just to be on the safe side. After that, children languished. “We’d have a kid and never even meet the family case manager,” says Jim Dalton, the largest provider of child and youth residential services in the state. “Never.”



It was that world that newly elected Governor Mitch Daniels entered on January 1, 2005. Though he was new to the office, the state of Indiana's children and family services system was no surprise to him. While campaigning for governor, Daniels had traveled Indiana in a motor home, making a point of having contact with as many citizens as possible, listening firsthand to their problems and concerns. And one area kept coming up over and over: the broken children and family services system.

“By almost every measure, it was clear that Indiana had one of the worst child welfare systems in the country,” says Governor Daniels. “Rates of child fatality and abuse were high; caseworkers were overwhelmed; training was poor, turnover was extremely high, and families received a visit from these caseworkers every 60 days at best.”

But if Daniels understood that the Indiana children and family services system was broken, fixing it would be an altogether different story. Organizationally it was a nightmare: There were 92 district offices in 92 counties, all with

state employees handling both public assistance and child welfare, all doing their jobs in different ways from county to county, with virtually no standardization or oversight from the central office in Indianapolis.

That was all made worse by the state's antiquated and user-unfriendly data management systems, which made it virtually impossible to do any sort of centralized trend analysis in key areas such as length of time in the system, or time to permanency, or even how many kids were aging out of the system.

To complicate matters even more, while the state paid all district office administrative costs—including for staff, offices, and equipment—counties themselves raised all the non-federal money spent on child welfare services through property taxes, an amount of money that was rising anywhere from 3 to 13 percent every year. It was as if someone had purposely set out to create a system guaranteed to perform poorly and engender taxpayer resentment, while at the same time absolutely defying repair.

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Despite the challenges, Daniels's commitment to reform was unquestionable, as was the proposition that the system was teetering on the brink of disaster. It had, in fact, witnessed more than its fair share of child fatalities in the early 2000s, and in its largest county, Marion, the child welfare system had been the subject of a class-action lawsuit some years earlier. Indicative of that commitment, Daniels was laying out plans to carve children and family services out of the state Family and Social Services Administration and make it its own Department of Child Services (DCS). He was also working on plans and a budget that would double the number of frontline caseworkers and supervisors across the state.

But Daniels knew one other thing as he fashioned his strategy for reform: He was going to need a strong leader with indepth knowledge of the system and its weaknesses to run the new department if he was going to make any progress. That is why he turned to 20-year veteran Marion County Juvenile Court Judge James Payne to lead the reform effort. Payne had been a longtime and vocal—even militant—critic of the state's children and family services system for his entire tenure, constantly battling the system's frustrating inertia by ordering the county to engage in new ways of handling children and family services and treating children and families.

## LEVERS OF CHANGE

Dozens of states have pursued a wide variety of strategies for reforming their children and family services systems. They are often spurred by a lawsuit or a crisis—such as a high-profile child fatality—but also occasionally occur because of a political leader who recognizes the need for change and is willing to put political muscle behind reform.

While campaigning for Indiana governor in 2004, Mitch Daniels had heard loud and clear that the state's children and family services system wasn't working. At the same time, a major report produced just before Daniels's election to governor offered a long and sobering list of areas in which the system was performing poorly and suggested what needed to be done to turn the system around.

In other words, it was fertile ground for the Annie E. Casey Foundation's Child Welfare Strategy Group (CWSG), which works closely with states and localities to make change from inside the system.

"The idea behind CWSG is that we don't act like traditional consultants," says Tracey Feild, director and manager of the CWSG, "who come in, analyze problems and needs, write a report with a list of recommendations, and then leave. What we do is work within an organization to build system capacity by looking at key system components like organizational culture, finance, workforce, policy, practice, performance management, and service array."

Those components are considered "levers of change," says CWSG Knowledge and Information Systems Manager Dara Menashi, that when worked on in sync

create a "catalytic combination" that leads to positive, lasting change.

In Indiana, levers of change included building up the depleted workforce; creating a service array that matched needs; developing new internal policies to drive and support improvement; creating a useful data set to allow for performance management; creating financial and organizational structures that truly supported and meshed with the department's mission; and supporting an organizational culture focused on children and families (versus internal organizational imperatives).

"The key," says Menashi, "is doing a thorough analysis of the system up front, and then deciding what combination of levers will lead to the most fundamental and lasting change."

And while Payne's hard-charging impatience with the state would rub some people the wrong way, it was a level of impatience and energy that was long overdue, say those who had been working in the system. "I think at the beginning people felt that reform was foisted on them," says Leslie Rogers Dunn, statewide director of Indiana's Child Advocates Program. "But we had never had this sort of strong leadership at the state level, ever. We never had that level of vision and focus on mission. And that leadership would eventually trickle down to the local offices."

Either that, or it would be driven down. Payne never minced words about his expectations for reform, or his schedule for achieving it. "When I first walked in the door, all the experts were telling me that major reform in children and family services takes nine years," says Payne. "My answer was, 'Don't tell me it's going to take nine years, I don't have that kind of time.'"

With the clock running, Payne realized that one other important ingredient would be necessary to such ambitious and relatively rapid change: He would need some outside help. And so shortly after being named the DCS's new director, Payne called the Annie E. Casey Foundation's vice president for innovation, Kathleen Feely, to discuss the possibility of having Casey engage with Indiana on reform. Feely immediately realized that a relatively new Casey initiative—the Child Welfare Strategy Group (CWSG)—might be exactly what Indiana needed.

The CWSG was offering children and family services systems pro bono and comprehensive assistance in analyzing their entire systems, as well as providing intensive, hands-on help to organizations in areas ranging from finance, to programs and policies, to organizational structure, in order to dramatically improve outcomes for children and families.

Their approach had already begun to show results in states as disparate as Maine and Virginia. And Indiana clearly met the criteria for engagement. Under CWSG's standards for whether to commit to any long-term reform effort, a system either had to be in obvious crisis; had to be the target of a high-level legal action; or there had to be the clear commitment of a high-level public official who would stand behind reform. A conference call between Feely, CWSG Director and Manager Tracey Feild, and Payne cinched the arrangement.

"The governor was willing not only to make child services its own department," says Feely, "he was committing to hiring 800 new workers. Not only that, he agreed to do things like put caseload limits into state statute. So clearly, the governor was willing to make the kind of investment that it was going to take to turn around a state with a pretty terrible child and family services record."

Separating children and family services out of the larger Family and Social Services Administration, hiring Judge Payne, and winning a massive increase in resources for children and family services would be the first wave of what would



become a sweeping, ambitious, and ultimately successful drive to mend a broken system. That system still harbored scores of hard working, committed staff, but they had been unable to get the traction they needed to make real progress in serving the state’s children and families.

### “Hiring in Herds”

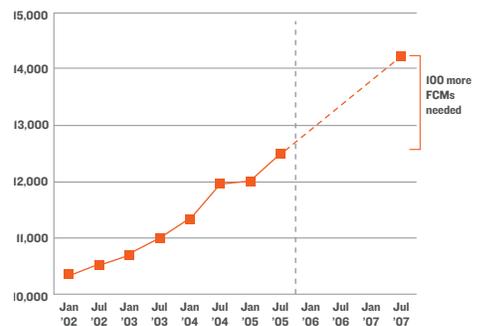
The summer of 2005 was spent trying to build a central office that supported reform, including beefing up internal administrative and legal capacity, along with field office oversight. A key change to field management included reducing the number of district offices in each DCS region. Instead of nine mega-regions, there would be 18 smaller regions making it much more feasible logistically for regional managers to work closely with—and have more influence over—district offices.

That summer was also spent on the massive task of hiring hundreds of new caseworkers and supervisors. “We called that our ‘hiring in herds’ initiative,” laughs Char Burkett-Sims, now a DCS regional manager. The ambitious hiring effort was made all the more complicated due to the adoption of a new higher education standard for caseworkers. New employees would all have to have at least a bachelor’s degree, preferably one in some field at least peripherally related to human services.

But despite the flurry of action aimed at putting a strong foundation beneath the new department, there was still no essential idea for how the newly energized central office and beefed up field staff would actually affect change. Simply having more people locked in an old model of doing business wasn’t a promising formula for progress.

That changed on September 27, 2005, during a meeting that MB Lippold, DCS’s deputy director of staff development, says she’ll always remember. “Kathleen Noonan, the CWSG project manager at the time, came and gave a presentation that really spoke to where we were at that time. And there was a graph that I will never forget,” says Lippold. That graph showed an alarming trend: That even with added caseworkers and more central office involvement in field work, “rising

**From the September 2005 Case Presentation to Indiana DCS**  
 WITHOUT CHANGES, MORE CASEWORKERS WILL BE REQUIRED TO MEET STATE CASELOAD STANDARDS



numbers of children in custody will require ever more caseworkers to meet state caseload standards.

“We thought the answer to the department’s problems was getting more people,” says Lippold. “But Noonan was saying if you don’t change your practice model, you can add staff until the cows come home. So we started down this path of what should our practice model be. And that really changed the whole tenor and vision of the agency. And so in September 2005 we said to Casey, ‘Okay, we agree with you, you’re right. What do we do?’”

The September 2005 meeting would be the beginning of a massive training drive ultimately aimed at inculcating every DCS employee—newcomers and veterans alike—in the concept of family

Besides focusing on building a more collaborative relationship with families, providers, the courts, and other key community players, the new practice model also centered on doing rapid and solid up-front assessments.

team meetings. This offered an open and collaborative approach to case management that was 180 degrees different from the tougher, more punitive way that too many district offices in the state had been practicing, a self-defeating approach that hinged on pulling huge numbers of children out of their homes and then playing hard ball with parents when it came to getting children back. It was a practice that Angela Green, formerly head of quality assurance for DCS, and now working with the federal government, refers to as “‘stranger care’ not ‘foster care.’ Because that’s what it really is for a child. You’re not a foster parent, you’re a stranger!”

Besides focusing on building a more collaborative relationship with families, providers, the courts, and other key community players, the new practice model also centered on doing rapid and solid up-front assessments aimed first at keeping children out of the system if that could be done safely; second on placing children with relatives or friends, if possible; and, third, on getting them out of the system as quickly as possible if they were removed from their home.

Pre-reform “there was no concept of front loading the delivery of services,” says Beth Jansen, a 10-year magistrate in the Marion County Juvenile Court, “of trying to keep children out of the system in the first place.” And if a child was removed, “there was no sense of urgency about getting the kid out of the system,” says Jansen. “It was always ‘let’s just wait until the next court hearing.’ The system operated in this lumbering dinosaur fashion where DCS would want a hearing in half a year, and that’s all the statute mandated.”

The facts were clear in Indiana: There were too many children in the system and

more pouring in every week, with no plan or sense of urgency for slowing the flow of kids into state custody, nor any focus on affecting the safe, methodical exit of children to permanence. It all became crystal clear during that September meeting: how to break that syndrome would be DCS’s next and most daunting job.

“So the question was, how do you create that model?” says Payne. “And this is where Casey was just fabulous in helping us to understand what our options were; they gave us the opportunity to study various models and approaches, and to go places and talk to people who were practicing this more family-centered approach. That’s how we ended up in Utah. They had a really interesting model, and that’s how we developed our model of teaming, engaging, assessing, planning, and intervening.”

To help shape which model would work best for Indiana, CWWSG also engaged the Child Welfare Policy and Practice Group, an organization devoted to helping states and localities develop and implement child welfare best practices. “So we met with Judge Payne and his top staff to discuss the types of practices we’d worked on in other places,” says Paul Vincent, head of the Group. “And we talked about principles behind and elements of those various practices and how those might be applied to Indiana.”

## Embedding a New Practice

Rolling out such an ambitious and different practice model would, of course, prove to be a huge and difficult job. It was a good bet that a large cohort of existing workers would have a hard time embracing such a radical new approach to child welfare and case management. Used to





operating in semi-autonomy, and with removing kids as the default approach to child safety, getting staff used to the notion that the first option in any case ought to be keeping a child at home with the necessary wraparound services wouldn't be an easy sell.

“There's always the sense that there's higher risk when you try to keep a child at home,” says John Kaiser, now DCS's Region Eighteen manager, and a long-time veteran of the Indiana child services system. “But we do know that any time you remove a kid from their home that there's damage done. And so it's trading sure damage for some risk. But there are ways to mitigate that risk through a strong up-front assessment and the right kinds of in-home services.”

But it wasn't just staff who would have to adjust to a new world of child welfare that emphasized trying to keep families intact. Providers—particularly residential providers—would have to be convinced that the state's evolving “family first, safe at home” approach to child welfare wasn't just a way to cut costs while putting kids at risk.

“The state was targeting high-cost/low-outcome interventions, which are residential facilities,” says Jim Dalton, who is not only the largest provider of residential services to the state, but also a member of the board of the Indiana Association of Residential Child Care Agencies. “I think DCS has done a pretty good job with the message that they're not doing this to try and save money; they're doing it because it's a best practice to keep kids with their own families in their own homes. And by the way, if you look at your outcomes with residential, they're not so good.”

Dalton, who says his ultimate goal is to close as many beds in his residential facilities as possible, adds: “Providers need to evolve. We need to move beyond the ‘heads in beds’ mentality. There's going to be a day before I die when the residential buildings that I have on my campuses will be used for things like housing and charter schools.”

## Rolling It Out

As is frequently the case with CWSG engagements, the plan for rolling out the new practice model would start with a handful of pilot jurisdictions. In states like Maine, Virginia, and Louisiana, CWSG has found that starting with a few districts or regions to model reform works better than trying to do a full-system roll out. “The idea is to get a diverse sampling of districts and regions,” says Tracey Feild, “but always including one of the larger jurisdictions to prove that reform can work in the tougher environments.” In Virginia, for example, roll out included some rural counties, but also the city of Richmond. The CWSG's Louisiana initiative first targeted New Orleans Parish. In Maine, Portland was a clear default pilot.

Indiana Region Eighteen Director John Kaiser, a longtime veteran of Indiana child welfare, was asked to be part of the pilot program. “We worked really closely with Casey and the Child Welfare Policy and Practice Group,” says Kaiser. “They brought in peer coaches to teach our peer coaches so we could start doing family team meetings the correct way. They also oversaw the teaming and engaging training for all of the family case managers in our region to make sure we were doing it properly.”

And what was the response from non-pilot regions to the experiment going on in the pilot regions? “First and foremost I think they were amazed to see that our staffs were doubling, and in some offices even tripling,” says Kaiser. “But I also went and met with other regional managers and their district directors to talk about what we were doing, what was the same, what was different, and how staff was reacting.”

Staff reaction at first, at least, was understandably mixed, says Angela Green, who was monitoring progress in the pilot regions early on in the reform effort. Some veterans of the system just couldn’t make the adjustment from a “the-family-will-do-it-my-way approach” to casework, to one that was more collaborative. “It really was a shift in thinking,” says Green. “And I think we lost more veterans than stayed. Those people found new careers—with the police, as prison guards, with probation. But the beauty of hiring all these new people was that you could train them to use the new practice model.”

## 92 Ways of Doing Business

One fundamental roadblock to reform was structural. For years, the entire Indiana human services system had been operating in an unusual and bifurcated way. Every county had its own human services office (including children and family services). The administrative costs of those offices, including for personnel, were borne by the state, but the cost of services was borne by counties through property taxes. And so the state was, in essence, carved into 92 local offices, none of which felt any particular need to pay attention to state officials in Indianapolis.

So one key to reform all along, says Judge Payne, has been the cultural battle to get far-flung county children and family service workers to view themselves as state employees operating within a unified state system, guided by uniform practices and policies. If fidelity to the new practice model was key to reform, then getting all caseworkers and supervisors to hew faithfully and consistently to the new model was essential to statewide progress.

## UPPING THE EDUCATIONAL ANTE

An important piece of the Indiana reform effort was upping educational and training standards for Department of Child Services employees. New hires would have to have at least a bachelor’s degree, and would receive 12 weeks of training before they would be allowed to handle any case on their own. Through a Child Welfare Education and Training Partnership with Indiana University, both training and continuing education are jointly provided between DCS and the IU School of Social Work.

“This administration clearly saw the value of having trained, accredited social workers in the system as a part of child welfare reform,” says IU School of Social Work Dean Michael Patchner. “And as they were working through the reorganization and reform, it was the people who came from our Masters of Social Work program who ended up becoming directors and administrators and leaders of the reform effort.”

But even as the family team meeting model rolled out statewide, the challenge of convincing new hires that they were part of a statewide system remained, even with new staff receiving a full 12 weeks of training, and even though new hires were all heavily inculcated in the concept that they were state employees operating under a unified system.

Shaking the “92 different ways of doing business in 92 different counties” problem wasn’t easy. As newcomers arrived at county offices they were often told, “we do business differently here,” says Payne. “While all the staff were state employees, the money to pay for the real big stuff—services—came from the county property tax. So everyone’s practical view was that it was really a county system over which the state had no real control.”

Adding to that, county judges had gotten very used to being able to dictate where that local money would be spent, a level of power that reinforced the impression that each county was an entity unto itself, not beholden to, or under the control of the central office.

That changed dramatically in January 2009 with the implementation of House Bill 1001. Under 1001 the funding for children and family services was turned upside down. Not only would all the system’s administrative and personnel costs be paid for by the state, so would all services, a change that finally completed the job of creating a truly unified, clearly state-administered children and family services system.

It was the sort of radical, sweeping tactical reform at which Payne has proved himself to be so adept: getting reform in statute that fundamentally changes power relationships and leverages deeper change. Payne had done the same with many of the other reorganization initiatives he championed. He even had lower mandatory caseloads written into statute. It was a remarkable achievement that Payne readily admits could never have occurred without the steadfast support of Governor Daniels and a handful of key legislators who understood what the DCS was trying to accomplish.

## ENSURING PRACTICE MODEL FIDELITY

The Department of Child Services worked with CWSG and other consultants to create a “quality assurance review” (QSR) system, aimed at ensuring long-term fidelity to the practice model statewide. “We decided we needed a whole unit with its own director over quality assurance,” says Angie Green, formerly head of QSR for the DCS, and who recently took a job with the federal Department of Health and Human Services.

The QSR office now does ongoing field reviews of practice, pulling a sampling of cases in each district to ensure that the state’s new family-centered approach to services is being faithfully implemented.

Green says she sees the QSR process and the partnership with the IU School of Social Work as key, connected components of continued

reform and system improvement, including the arrangement whereby the DCS will now pay for employees who want to either get their bachelor’s or master’s degree in social work. “The beauty of the training and our BSW and MSW programs is that staff is now trained to the new practice model,” says Green.

“There was a significant lack of accountability and a lot of conflicts,” says Indiana State Senator Luke Kenley, a key supporter of reform. “There were huge variations in what services were offered by what county and how much the various treatments cost. Clearly we needed uniform standards of performance, and we needed consistency in who paid for services and who was accountable for performance.”

### “The First 30 Minutes”

While DCS was cementing such fundamentals as a matter of law, it was also implementing new internal policies that reshaped the system. For example, new policies required that all residential placements had to be reviewed and approved by regional committees, not just district office directors.

The state, meanwhile, was rolling out a variety of experiments aimed at early intervention in cases, including creating the equivalent of children and families S.W.A.T. support teams that now can be pulled together within an hour of a call to see if removal can be avoided—or at least placement limited to a short-term stay with a family member while things at home cooled off. “The most important decisions we make are at the very beginning,” says Payne. “The first 30 minutes are critical. How do you take the phone call? What are the right questions to ask? Is this something that we have to take care of within the hour or can it wait five days? It’s that first 30 minutes when you analyze the case and decide how to handle it that is so critical.”

But it is an unavoidable fact that there are always going to be times when it’s appropriate to remove a child, and so the

state has also beefed up both recruitment and support of foster parents. “Our very first case was completely different than the cases we have now,” says Paula Zelten, who has been a foster parent for the past five years. “It’s not the children who are different, it’s that the cases are being handled differently.”

Her first experience after taking in three kids, who stayed with her family for a full year: “The caseworker came and saw us once every couple months. We’d get a phone call maybe once every two weeks. He just seemed to have an overloading number of children on his caseload.” It’s completely different today, she says. “Now they come and see their kids at least every 30 days, and most of them try to come every two weeks. And they don’t just check in and say ‘Hi’ and leave, they engage with the children; ask them about school, how they’re doing, how they’re feeling.” Not only are caseworkers more engaged, she says, they’re asking her to be more engaged in the whole process of moving her foster kids into permanence—even participating in family team meetings.

### “Data Coming Out of Our Ears”

There are still key areas where Payne says the department has to make progress in order to ensure that transformation is on solid footing, especially as the department looks toward possible new leadership in 2013 (Governor Daniels’s last year in office is 2012).

A new data system designed with the help of the Annie E. Casey Foundation is being rolled out in 2012, one that Payne says will allow the department not only

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to track overall system-wide trends, but also to drill down to the worker level in order to monitor performance at the frontline level. The new system will also allow the department to run a variety of customized reports on demand. “When I arrived, the data were either non-existent or impossible to manage by,” says Jessie Watrous, who also arrived in Indianapolis as an early member of the CWSG reform team. “They had no basic metrics by which to judge their own performance.” Making matters worse, though, was the fact that the DCS’s IT vendor at the time was actually charging the department for every new report it requested, and those requests were taking months to fulfill.

Having data—even good, relevant data—only gets you so far, though, notes Payne. The key to getting people to pay attention to data, and to use it to manage, emphasizes Payne, is that it be used as an analytical tool and not as a way to beat people up. “It’s not about embarrassing people,” Payne says. “Looking at data and information in a dispassionate way has already helped us make huge changes in the system. If we don’t get feedback, then we don’t know what changes we need to make. Data doesn’t give you the answers, but it allows you to ask more targeted questions.”

But the potential of data goes far beyond just managing programs well, notes DCS Deputy Director of Field Operations David Judkins. Judkins argues that if DCS starts to analyze carefully how various cases were resolved, that could teach the whole department about what services or combination of services work in different kinds of situations.

## Looking Forward

It’s that sort of forward thinking that continues to characterize how DCS now operates. “Essentially,” says Payne, “you’re never really done; there are always ways to improve practice.”

One new and promising initiative is DCS’s “Safely Home—Families First” campaign, which was rolled out over the past year, and is focused on keeping children with their families as a first resort, whenever that can be done safely, including providing families with necessary in-home and wraparound services to make that possible.

At the same time, DCS is working with Casey Family Programs, an independent foundation stemming from the same family as the Annie E. Casey Foundation, on what are called “permanency roundtables,” which are aimed at spotlighting tough placement cases—typically youth still in residential care—in order to try and find permanent placement for those who are close to aging out of the system. As Judkins suggests, both initiatives are data-driven attempts to hone practices now that the basics of reform are in place.

## No Going Back

Despite the embedding of key practices and organizational change in statute, despite the huge shift in the organizational culture, and despite the new and more sophisticated focus on data and outcomes, there are still concerns about uniformity in practice statewide. Former foster child Tiffany Coleman, who up until recently was head of the Indiana

Youth Advisory Board—which works with the DCS on ways to ensure that foster children have a voice in reform and practice—says that how families are treated can still vary widely from county to county. “I have someone living a half hour from me who is having an awesome foster care experience, but I don’t see the same level of performance here.”

Meanwhile there is widespread discussion about what might happen when the Daniels administration packs up and leaves and what that might mean for reform more largely. Providers like Jim Dalton say there are those in his provider organization who are just waiting for Payne and company to depart, “so we can go back to the old days.”

While it is clear that Indiana still has a lot of work to do when it comes to uniformity of practice and performance, it is also clear that reversing what has happened in Indiana would be tough to do.

“When you’re operating at caseloads of 17 you really can engage with families,” says Lisa Rich, DCS’s deputy director of programs and services, “and that’s what caseworkers want.” One incident in particular, she says, “opened my eyes to the fact that we were doing things dramatically differently.” While working in a district office, she says, “We had a family come in and we just treated them the way we now treat all families—we teamed with them, we talked about what their needs were, and the dad said to me, ‘You know we were involved with another department in another county [pre-reform] and we were treated totally different than we are now.’” The difference, says Rich, “He told

me, ‘You’re asking me what I need instead of telling me what I need.’ That’s when I knew we were doing something right.”

It’s that street-level, frontline change in how the system now treats families, says Rich, that is key to her conviction that the system is unlikely to backslide. “I think that our practice model is so embedded in our policy and our service standards, and in the way that a lot of our providers are thinking now, I think our families and our caseworkers expect that this is how we now conduct ourselves, and they expect no less.”



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**While it is clear that Indiana still has a lot of work to do when it comes to uniformity of practice and performance, it is also clear that reversing what has happened in Indiana would be tough to do.**

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# appendices

## Appendix I-MaGIK

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A key facet of reform in Indiana is a thorough overhaul of the state's information technology system. As in most states, Indiana had been using a SACWIS (for "statewide automated child welfare information systems")-driven IT system that caseworkers complained was cumbersome to use, costing them precious time in the field. Worse, information that was fed into databases through SACWIS was then hard to retrieve in any useful form, including aggregate reports on key indicators, such as time to permanence or instances of repeat abuse or neglect.

"It was an outdated system, and staff was complaining about its usability and functionality," says Bobby Johnson, who is head of the IT redesign team at the Department of Child Services. "So we started looking around for models out there that would give us the cutting-edge technology that would be more helpful to frontline workers, but that would also include a business intelligence component that would allow for much easier analysis of large amounts of data."

What caught Johnson's eye was "Casebook," an Annie E. Casey Foundation initiative aimed at creating an IT system that was easy for caseworkers to use but that also included a sophisticated networking capability, as well as allowing for nimble analysis of all sorts of data depending on what a user was interested in learning about DCS cases, services, and performance.

"It's a much more user-friendly and intuitive data input and networking tool," explains Kathleen Feely, vice president for innovation at Casey, and the creator of Casebook, "where you can easily access all kinds of information related to a case."

Since the system is statewide, one of the key advantages is that as families or children move, information on their case continues to be available from any office, whereas in the past there had to be formal county to county requests for access.

While the system will allow caseworkers to quickly and intuitively review information related to any case—including the status of family, siblings, legal proceedings, upcoming hearings, and home visits—it will also allow for broader, flexible, customized data analysis. "So, for example, a supervisor can look at a key outcome like 'time to permanence' and it can tell you how your unit compares to other field offices or the statewide average," says Feely.

As the system develops and is disseminated statewide, the next logical push is to get related Indiana agencies on board so that an even more complete picture of a case can be developed, allowing for a much more holistic and sophisticated approach to comprehensive case management.

"The state already has integration points with the Department of Mental Health, including children in need of service," says Feely. But the vision is a fully integrated case management system that along with mental health could include juvenile justice, schools, social services, and other agencies that might be touching a case. "What I envision is that for each child and family you develop a multi-disciplinary team, and Casebook allows you to do this because it so readily lends itself to integrated services."

Dubbed “MaGIK” by the Indiana DCS (for “Management Gateway for Indiana’s Kids”), the system is currently being piloted in two counties.

In talking with case managers in the field about MaGIK and how it’s working, DCS Director Judge Jim Payne says they’re particularly pleased with its ease of use and the time it’s saving. “Under the old SACWIS system, it would take three hours to enter one assessment into the system,” says Payne. “Under MaGIK, caseworkers say they can do two in one hour. The new system is really freeing up case managers to focus on their job: taking care of Indiana’s children and families.”

## Appendix 2-Indiana Department of Child Services’ Key Indicators of Performance

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Indiana is tracking a set of key indicators that the Department of Child Services consider essential to understanding how well their system is serving children and families, and as a way to focus on problem areas in order to improve performance and outcomes for children and families.

Currently the state is focusing on 11 key indicators.

### I. ENTRIES/EXITS IN FOSTER CARE

The percentage of children entering and leaving foster care is an important and basic number to know, but one that requires context. Entries into foster care can be the result of a host of factors that have nothing to do with the performance of the DCS, including overall economic factors and larger issues around community health (including prevalence of substance abuse). They may also be a reflection of a state’s overall social services system and the extent to which it can get help to families before there is a crisis. Exits, on the other hand, tell officials a bit more about the performance of the children and family services system itself; one would expect a high-performing system would move children out of state custody expediently and into permanence.

Two complicating factors: First, the number of children in and out of the system is obviously a moving target and so the state takes snapshot data as a proxy for performance. Second, when it comes to measuring entries into foster care, unlike in most other states, even children who are kept in their homes—but under state supervision—are considered to be in care, and so are counted as “entries” into the system.

*Metric:* As of October 2011, an average of .69 percent of all children in the state were in state custody, compared to .9 percent in 2009.

## 2. DIVERSION

Clearly it is ideal when the DCS can keep a child in their own home after a report of abuse or neglect by providing services to families and then closely monitoring child well-being.

*Metric:* As of October 2011, the state removed children in 28.7 percent of all substantiated cases of abuse or neglect, compared with 31.46 percent in November of 2007.

## 3. IN HOME OR RELATIVE CARE VERSUS FOSTER/RESIDENTIAL CARE

A key goal of reform in Indiana has been to either avoid removal or, if removal is necessary, to then place children with a relative.

*Metric:* As of October 2011, just over 60 percent of children in state custody had either been kept in their homes or placed with relatives, compared with 46.5 percent in July 2004.

## 4. VISITATION

The Indiana DCS believes that facilitating continued contact between birth parents and children—where practicable—is vital to family and child well-being, and also increases the chances of reunification. Therefore, the department is actually making an extra effort to facilitate contacts between children and parents who are incarcerated, difficult to locate, uncooperative, or pose other challenges.

*Metric:* As of October 2011, visitation rates for these more challenging cases had nearly doubled to 27 percent compared with 15 percent in February 2009. This is a monthly measure of successful child visits with caretakers in cases where reunification is the goal. It signifies at least one visit monthly occurs in 27 percent of the cases (if the child were to visit three times in a month, it would still only count once for that child and the same 27 percent rate would apply).

## 5. FCM CONTACTS WITH FAMILIES

Another key goal of reform in Indiana is to significantly increase required contacts between DCS staff and families with children under state supervision.

*Metric:* In October 2011, the state reported a nearly 95 percent compliance rate, as compared to 23 percent in September 2007. This is a monthly measure reflecting at least one face-to-face contact with the child per month (often there is more than one contact but these additional contacts are not reflected in the count). DCS also measures the percentage of the time these face-to-face contacts are in the child's home. The federal government requires that the home visit percentage be above 50 percent. Indiana was at 45 percent in May 2007 and in October 2011, it was more than 90 percent.

## 6. LENGTH OF STAY IN FOSTER CARE

This is an indicator of how quickly the state manages to move children out of the system, a reflection of how effective the DCS is in either returning a child to their family or placing them with an adoptive family. One complicating factor when measuring length of stay is that a certain percentage of youth will “age out” of the system, that is, they turn 18 and are no longer considered eligible for DCS services.

*Metric:* The average stay for children and youth in the system as of October 2011 was 643 days, compared with 676 days in December 2007. Median lengths of stay for those same months fell from 460 days in December 2007 to 429 days in October 2011.

## 7. LOCALLY PLACED

If a child does have to be removed, it is important that they be placed as close to home as possible in order to reduce the trauma of dislocation while also improving the chances of reunification. While the numbers below indicate no improvement, the concern in Indiana was that the number might actually fall if there had been a dogged focus on placement with relatives, because relatives often may live far from a child's home community.

*Metric:* As of October 2011, just over 70 percent of children in state care were locally placed, the same percentage as in November 2006.

## 8. MALTREATMENT IN FOSTER CARE

Children are removed from their homes to keep them safe, and so safety in foster care is of paramount concern.

*Metric:* For the 12 months before October 2011, DCS reports that only .3 percent of children in foster care experienced maltreatment, compared to nearly .9 percent in September 2006.

## 9. PERMANENCY TIMELINESS

The goal of DCS is permanence for all children in the system.

*Metric:* As of October 2011, 82.1 percent of children entering the system achieved permanence within 24 months of entry into the system, compared to 78.7 percent in November 2008. Also of note: only 2 percent of children in Indiana custody now age out of the system, compared to a national average of 11 percent.

## 10. REPEAT MALTREATMENT

Again, child safety is the most significant concern of the DCS, and so instances of reported repeat maltreatment after a child has been returned to their home is a key indicator of system success.

*Metric:* As of October 2011, just over 92 percent of children who had been home for a year reported no instances of repeat maltreatment compared with 86 percent in November 2006.

## 11. SIBLING PLACEMENT

To reduce the trauma of dislocation and preserve family connections, it's important that siblings be kept together whenever possible upon removal and subsequent placement.

*Metric:* As of October 2011 just over 73 percent of cases siblings were kept together when placed, compared to just below 60 percent in August 2006.

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