**Caseload Report**

Caseload Methodology
- The caseload methodology developed in March 2013 continues to be used by Children and Family Services
- In comparison to last year, each service area decreased in their percentage of compliance with caseload standards for workers assigned initial assessments, ongoing and combined caseloads.

Fiscal Resources
- There has been a reduction of 49 Children and Family Services Specialist due to the transition of 3b and OJS youth to the Probation System
- DCFS has faced many challenges to maintain a stable workforce which has impacted the number of trained staff to assume case full caseloads.
  Contributing factors:
  - Higher wages paid by Probation and Private Agencies for similar work
  - Staff remaining must cover a higher caseload
- DCFS has made significant changes this past year to expedite the hiring process, hire the right staff and evaluate why staff are leaving.  Actions taken:
- DCFS has significantly reduced the vacancies from 52 on June 30 2014 (15% of the workforce) to 23 on June 30 2015 (7% of the workforce)  Effective August 31 2015 we were at 8 vacancies (3% of the workforce)

Youth Exiting Care
- There was an 8% increase in the number of children adopted (477 in FY2014 compared to 517 in FY2015)
- The percentage of children reunited with their parents, entering into guardianship or other reason for exiting the system, had little change.

Average Cost of Training Child Welfare Case Managers Employed by DHHS
- Cost of training child welfare case managers includes only New Worker Training their first year and does not include additional in-services provided by CCFL, the Child Advocacy Centers, training opportunities and conferences.

**Summary of Satisfaction Surveys.**

- Youth rated us a 4.4 out of 5 for the Case manager fulfilling their job responsibility.
- Parents rated us 4.3 out of 5 for providing adequate medical services.
- Foster parents rated us 4.0 out of 5 for providing foster parents with adequate information on children in their care
- Youth rated us 3.9 out of 5 for keeping the youth informed
- Parents rated us 3.8 out of 5 for the case manager fulfilling their responsibilities.

**Summary of Child Welfare Statistics.**

- During 2015, CFS served 6,966 state wards
- During 2015, CFS served 3,738 non-court youth
- During 2015, 63.4% of the youth in multi-youth families were placed together
- During 2015, the gender distribution for youth in Residential Treatment was 52% female, and 48% male
- During 2015, 55% of the youth in Residential Treatment stay 30 days or less
- During 2015, ESA served 41% of the wards and consumed 47% of the expenditures

**Pilot Project Monitoring and Functional Capacity**

CQI:  4 Federal Compass Measures
- Meeting or exceeding target on ¾ measures: Placement Stability, Timeliness of Adoption and Absence of Maltreatment Recurrence
- Not meeting:  Timeliness and Permanency of Reunification (this is a challenging outcome measure for all Service Areas)
  Local CQI Meeting each month with DHHS and NFC; data drill down with outcome measures that ESA is wanting to improve
- Statewide CQI Meetings-identify trends and systemic issues that impact outcomes; brainstorming strategies
- Sarah Forrest from the Office of the Inspector General and Bethany Allen from Children's Commission attend these monthly CQI Meetings.

Contract Monitoring and Accountability
- There are a variety of regularly scheduled meetings that occur between DCFS and NFC; meetings are daily, weekly and monthly.
- Personnel File Reviews conducted each quarter, SFY15 average score: 95% compliance
- CQI Data:  Outcome measures and process measures; some measures NFC performs well and in other measures, they are not meeting targets; similar to other service areas.

Fiscal Monitoring
- DHHS claimed Title IV-E maintenance funds as it relates to NFC for both FFY13 and FFY14 and will soon be drawing for FFY15.
- DHHS continues to work with ACF and NFC on Title IV-E claiming for Administrative Funds, which would require DHHS to renegotiate the Title IV-E waiver capped allocation with ACF.