



INDIANA DEPARTMENT
OF
CHILD SERVICES

Annual Report
to
The Indiana State Budget Committee
and
The Indiana Legislative Council

Submitted by:
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For the year ended
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Pursuant to IC 31-25-2-4, once every twelve (12) months, the Department of Child Services (DCS) is required to submit a report to the Budget Committee and the Legislative Council that provides data and statistical information regarding caseloads of child protection workers. This report details:

- Description and recommendations for best management practices and resources required to achieve effective and efficient delivery of child protection services;
- The Department's progress in recruiting, training and retaining caseworkers;
- The methodology used to compute caseloads for each child protection worker;
- The statewide average caseloads for child protection caseworkers and whether they exceed the standards established by the Department; and
- A written plan that indicates steps that are being taken to reduce caseloads if the report indicates that average caseloads exceed caseload standards.

EFFECTIVE AND EFFICIENT DELIVERY OF CHILD PROTECTION SERVICES

Beginning December 2005, DCS embarked upon a comprehensive practice reform initiative. DCS engaged national and local organizations for guidance and support to improve the system that cares for its abused and neglected children. This collaboration marked the beginning of Indiana's practice reform efforts. The centerpiece for Indiana's Practice Reform includes the TEAPI Practice Model, infrastructural and systemic changes, staff expansion and training, policy making and revisions, and new legislative amendments. Over the course of the last 7 years, DCS launched a number of initiatives to improve the manner in which child welfare is administered in Indiana.

Safely Home, Families First

DCS is always working to achieve improved outcomes for children and families by reviewing existing and emerging research to continually guide and inform our Practice. There is significant research showing that placement in the least restrictive, most family-like setting is in the best interest of children. In fact, both federal and state laws require that, along with child safety, the least restrictive environment is a primary concern when consideration by DCS is requested for placement of a child.

One of DCS's values is that the most desirable place for children to grow up is in their own home - as long as the family is able to provide safety and security for the child. There are some situations when our decisions regarding the safety of a child lead us to determine the removal from the home is in the best interest of that child. In these circumstances, we weigh the possible risks of leaving a child with his/her own family knowing there is trauma when a child is removed from the home.



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When a child cannot be safely maintained in the home, we are committed to finding absent parents and relatives who may be willing and able to care for the child. We look for family members who know the child and who are familiar and comfortable to the child. These relatives have established relationships, and as such the trauma of removal is mitigated because the child is with people who know and desire to help the child feel included in their family. Our own Practice Indicators demonstrate that when children are placed with relatives they are more likely to find permanency faster than when they are placed in non-relative environments.

After careful review of the research and data DCS has centered our efforts around the concept of keeping children in their own homes or with relatives. We refer to this concept as “Safely Home—Families First”. This is nothing new, but in fact is a renewed and heightened effort to provide for the well-being of our children by identifying those protective factors that will help keep a child at home safely, helping family members find resources and their own informal supports, as well as quickly locating relatives in the event a child is not able to remain in the home. There are many aspects to this effort including: the expansion of in-home support services, wraparound services, intensive family preservation, intensive family reunification and others. Having those services available in a timely manner, at times when the services are needed and with the flexibility to adjust to the needs of the family are absolutely necessary to the success of our Safely Home—Families First efforts.

In an effort to provide further support to the Safely Home, Families First initiative during SFY 2012 DCS sought changes to state law. With the increased reliance on in-home and relative placements it is critical that DCS have the authority to complete the checks necessary to ensure the child’s safety. DCS sponsored amendments to state statute to give the Agency the authority to conduct a criminal history check of a child’s parent, guardian, or custodian or of household member(s) of a parent, guardian or custodian prior to reunification of a child with the family. In addition, DCS now has the authority to request a limited criminal history check on alleged perpetrator(s) during a child abuse and neglect assessment, and a household member of a parent, guardian or custodian with whom DCS is reunifying the child. The information gathered from these background checks is critical to assisting our FCMs in determining whether or not a child can safely remain in the home.

In 2011, Indiana began work to implement a new guardianship assistance program (GAP) under Title IV-E. In order to opt into the program Indiana law needed to be amended to align with requirements under the federal Fostering Connections Act. In 2012, DCS sponsored legislation to amend state law allowing a guardianship to continue past age 18 if the child is enrolled in the DCS guardianship assistance program. The new program gives both DCS and the Juvenile Court continuing jurisdiction over the guardianship case until age 20. This program will help to facilitate permanency for youth by providing their families additional assistance.



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In addition, DCS piloted a program designed to help locate absent parents. Due to the success of this pilot project in SFY 2013 DCS will create an additional 20 Parent / Relative Locate Specialist positions along with 2 supervisors and begin hiring in July 2012. The Parent / Relative Locate Specialists – typically retired detectives - have a unique skill set and knowledge of / access to a variety of locate resources not available to social work staff. They are experienced in utilizing a variety of mediums such as computer databases, social media, telephones, public records, court systems/records, the Internet, and knocking door to door in order to gather information. These investigators not only exercise different means to locate and engage fathers and extended family on both sides, but are available to assist family case managers with challenging cases where the investigations require more challenging research and officer presence.

All of these initiatives have contributed to the success of Safely Home, Families First. From June 2011 through June 2012- relative care increased from 25.66% of all CHINS placements to 27.63% (**Exhibit 1**).

Collaborative Care

Recent research shows that older youth benefit from remaining in foster care after reaching age 18 to build upon their long term social relationships. After review of the research, and the federal government passed the Fostering Connections to Success and Increasing Adoptions Act of 2008, Indiana began reviewing services available to older youth. The Fostering Connections Act gives states the option of extending federally reimbursed foster care past age 18. While Indiana currently obtains permanency for 98.3% of our children, and ranks second best in the country in this area, we always want to work to do more to ensure all youth leave the system with a permanent, stable and loving home.

During SFY 2012, DCS sponsored legislation creating a new older youth foster care program under Title IV-E referred to as, Collaborative Care. The program is designed to allow older youth to have more freedom in the decision making and planning process in their future. Interested youth are able to choose Collaborative Care as an alternative to traditional foster care. This option includes alternative placements not available in traditional foster care (e.g., apartment settings). Collaborative Care looks past the idea of solely providing Independent Living services to older youth, pulling together two essential elements of becoming an emerging adult: building upon existing skill sets and developing supportive social networks. Youth will be empowered to grow interdependently rather than independently.



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This new program is designed to support youth-adult partnerships during the case planning, implementation and monitoring process. This case collaboration will be supported by several Collaborative Care Case Managers (3CMs) across the state who:

1. Will carry a caseload exclusively of only older youth (ages 17.5-20);
2. Who have experience working with older youth during the critical developmental stage of adolescence;
3. Will have an understanding of trauma-informed care and specific practices that allow them to identify and address issues related to trauma, grief and ambiguous loss that youth aging out of foster care are likely to face; and
4. Will have firsthand knowledge and experience working with older youth in foster care connecting with services and opportunities specific to the needs of emerging adults including, but not limited to enrolling in post-secondary education, developing work skills and building social networks.

On July 1st, 2012 DCS implemented the Collaborative Care program, extending opportunities and placements for older youth aged 18-20. All CHINS and probation youth in foster care the month before their 18th birthday are eligible to receive services under a Collaborative Care agreement. DCS also has the ability to petition the court, at the request of an older youth, to reinstate the court's jurisdiction over the youth for the purposes of re-entry in to the foster care system to participate in the collaborative care program. In order to enter into a Collaborative Care agreement the youth must be employed; attending school or a vocational or educational certificate or degree program; participating in a program or activity designed to promote or remove barriers to employed; or is incapable of performing any of those duties due to a medical condition.

Collaborative Care emphasizes the importance of connecting youth with lifelong supports, their communities and resources. Such connections allow the youth to build upon their existing skill set while also ensuring that future growth of skills is not dependent upon DCS services. Indiana is the 12th state to take advantage of this new option under the Fostering Connections Act. However, Indiana is the only State that will be providing foster care in this creative way. The Collaborative Care program is a strong addition to the specialized programs DCS offers to serve individuals who are currently, or were formerly in foster care.

Centralized Child Abuse and Neglect Hotline

In January 2010, DCS established the Indiana Child Abuse and Neglect Hotline (Hotline) to ensure consistent handling of calls alleging child abuse and neglect. Prior to implementation of the Hotline there were over 350 locations that took child abuse and neglect reports.



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The Hotline streamlines the Agency's approach to taking reports, improves the Intake Specialists' ability to gather information from callers, and expedites the process of preparing comprehensive reports and disseminating those reports to local offices for assessment. The Hotline also allows Family Case Managers in the local offices to spend more time partnering with children and families because they are no longer responsible for handling intake functions.

The Hotline is staffed with trained Intake Specialists and at least one Supervisor every shift, twenty-four hours per day, seven days a week, 365 days per year. These Intake Specialists gather information from callers, determine whether the information provided meets statutory criteria for DCS to conduct an assessment, and if appropriate, route reports directly to DCS local offices for response and assessment. DCS Intake Specialists are specially trained to ask probing questions to obtain comprehensive information about a number of factors including those that may impact worker safety.

After implementation of the Hotline DCS has seen the number of calls reported to the Hotline increase from 109,489 reports in 2009, to 146,070 reports in 2011. This is an increase of over 36%. The increase in number of reports to the Hotline represents better and more documented calls. The Hotline was implemented in Indiana to improve quality, consistency and accuracy.

Hotline staff utilize a number of reports to help monitor performance of the Hotline. These reports allow the Hotline staff to analyze a broad array of data including: number of calls received hourly, daily, weekly, monthly and annually; wait times for both law enforcement and non law enforcement reporters; call volume broken out by time of day; average length of call; average number of calls received per weekday vs. weekend; average speed of answer; and number of calls responded to by worker. The Hotline performed as follows during 2011, its first full year of operation:

- The hotline handled 146,070 calls;
- The average speed of answer was 02:01 for non-LEA callers, 00:37 for LEA callers;
- The average caller spent 11:54 speaking with an intake specialist;
- The hotline took an average of 511 calls per business day;
- The hotline took an average of 169 calls per weekend day.

In 2010, the Hotline Director and other DCS staff also worked with the Midwest Child Welfare Implementation Center to develop a quality assurance process for evaluating Hotline performance. DCS piloted the new Hotline quality assurance process using data from the first quarter of 2011. The Hotline quality assurance process builds on the agency's quality service review process (QSR), which allows the agency to evaluate implementation of the practice model in field operations. Components of the Hotline quality assurance process include a



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weekly review of reports not assigned due to a failure to meet legal standards by a multi-disciplinary DCS team, quarterly reviews including review of both the written reports and call recordings to evaluate worker documentation and customer service, and monthly review of outcome data such as those data points outlined above.

Managing by Data

As a component of its practice reform efforts and in conjunction with implementation of the new practice model, DCS implemented several strategies to track and analyze outcomes and implement strategies to improve delivery of child welfare services. Specifically, DCS developed a SharePoint site, which houses a series of innovative data reports designed to measure the outcomes needed to maintain a healthy child welfare system. These data reports, known as Practice Indicator reports, offer management staff the statistical information necessary to identify both strengths and weaknesses in order to develop strategic action plans on a local, regional or statewide basis.

The Practice Indicator reports allow DCS to analytically rather than anecdotally measure our impact and progress to produce positive outcomes for families. Prior to the implementation of the Practice Indicator reports there was a tendency to focus on individual case outcomes or individual county practices while ignoring the big-picture perspective as to how DCS performs as a system for all families involved with the agency on both an individual and statewide basis. Information included on the DCS SharePoint is analyzed, trended, and made more user-friendly for line staff not only to help individual children and families, but also to guide the agency in making systemic outcome improvements. These reports go beyond just aggregate data and include drill down reports that allow a Family Case Manager Supervisor to identify specific cases where problems might exist. Staff can now see how they compare with counties of similar size, with federal standards, and with regional/statewide averages or medians.

Prior to the implementation of the new practice model and the Practice Indicators, DCS had neither a recognized practice model nor a way to analyze data trends or outcomes in the approximately 20,000 cases it handled in any given month. While it has taken time to change the culture of the workers and managers to manage by data, it has allowed DCS to establish baselines, develop strategies, and improve almost every outcome in the past 3 ½ years.

On virtually all levels DCS has seen great success resulting from the improvements made to the child welfare system since 2005. Between 2005 and 2011 DCS increased adoptions by 71%, from 1,045 adoptions completed in 2004 to 1,787 adoptions completed in 2011. In addition, DCS has increased the number of children receiving monthly visits from 10.4% in 2005, to 96.5% in June of 2012. In the future DCS will continue to use data as a factor in evaluating the Agency's policies and practices.



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Appropriate Use of Residential Care

Child welfare related discussions occurring at the national level acknowledge that in many cases, states rely too heavily on residential care settings as a form of out of home placement and that this overreliance has a negative impact on children and families. Research data indicates that outcomes for children are drastically improved when a child is placed in the least restrictive, most family like setting. To that end, DCS regularly reviews placement data and outcomes, and during SFY 2012, DCS continued to make a concerted effort to ensure residential placements were made in appropriate situations and used effectively only in cases where positive outcomes could not or had not been reached while the child was in his own home, with a relative or in foster care. With this goal in mind, DCS sought to achieve and/or place renewed emphasis on the following outcomes:

1. Make placement decisions based on the needs and best interests of the child keeping in mind that research shows it is best to keep kids at home or with family members and provide them with wrap-around services to make that possible;
2. Emphasize the goals of our practice model to create / continue to build a system focused on keeping kids safe by developing strong families and support networks;
3. Increase our emphasis on family preservation;
4. Collect provider outcomes and rely on them to drive placement decisions; and
5. Create a fair and reasonable rate structure that allows input from the public.

DCS field operations implemented a variety of strategies to help achieve this goal. For example, each region developed a placement review committee to provide assistance in identifying, accessing or developing less restrictive placements and services for children. The review committees review all recommendations for residential placement and attempt to make alternative recommendations where appropriate. Placement committees began meeting July 1, 2010 and have been extremely successful to date, as shown by the continued reduction of youth placed in residential care from 6.16% of all CHINS placements in June 2011 to 5.55% in June 2012 (**Exhibit 1**). This equals a reduction of 121 youth in residential care during SFY 2012. During SFY 2013 DCS will work with juvenile probation departments to expand use of the Placement Review Committee's to include probation youth placed in residential facilities.

DCS also continues to evaluate its service packages to ensure our workers can access an appropriate array of services for our families and are able to wrap intensive services around high need children so that they can successfully remain in the home and/or other least restrictive environment. Through the efforts of the Medicaid Eligibility Unit and DCS' partnership with Community Mental Health Centers, DCS can now more easily access the intensive services available through Medicaid Rehabilitation Option (MRO) for its wards. Further, DCS identified the need for additional internal clinical resources to help address mental health issues, including



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substance abuse, mental illness, and domestic violence that present unique challenges to case planning and service coordination.

In the summer of 2011 the Clinical Resource Team (CRT) was formally launched. The CRT consists of nine licensed mental health professionals (Clinical Services Specialists) based regionally throughout the state. Program leadership and oversight is provided by a licensed psychologist (Clinical Services Manager) based at the DCS Central Office in Indianapolis. CRT staff work closely with local DCS offices and participate in a variety of service planning activities, including residential placement reviews, regional provider meetings and permanency roundtables.

This transition to a higher use of relative placements and a decrease in use of congregate care results in better outcomes for kids and generates significant cost savings for the agency. To further the Safely Homes, Families First model, in SFY 2013, DCS will continue to place emphasis on strategies to avoid removing children in the first place; however when removal is unavoidable, the agency will continue to identify ways to ensure children are placed in the least restrictive setting (ideally relative care).

Permanency Roundtables

In an effort to help increase permanency options for youth, during 2011, DCS partnered with Casey Family Programs to pilot the Permanency Roundtable (PRT) process in selected regions throughout the state. Youth can achieve permanency in a variety of ways, such as adoption, guardianship or another planned permanency option, but ultimately permanency means that the youth has a safe, stable, nurturing and forever family, to provide unconditionally for, not only their basic needs, but also their emotional needs. A Permanency Roundtable is an intervention designed to facilitate the permanency planning process for youth by gathering a core team of individuals to help identify realistic solutions to permanency obstacles. The model, developed by Casey Family Programs, is designed to help individuals think outside the box when developing a plan to reduce barriers to permanency and improve the youth's permanency status. The Roundtables are future focused brain storming sessions and bring together a team of people who can provide a fresh set of eyes on the case.

During 2011, 126 Permanency Roundtables were completed in the seven pilot Regions that included both urban and rural areas of Indiana. Core teams, including Process Facilitators, Master Practitioners, Permanency and Services Specialists, DCS Central Office Liaisons, Clinical Consultants, and DCS Legal staff, were identified and trained to staff the Roundtables. All core team participants must receive training on the Roundtable process. Each Roundtable lasts approximately 2 hours long and follows a very structured agenda. A critical part of the



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agenda is the systematic follow-up, which helps to enhance the on-going DCS intervention process.

Based on the documented experiences of the pilot Regions, the following positive factors supporting permanency were identified:

1. The consistent positive tone and sense of open-mindedness of the Roundtables was critical to encourage the participation of all participants, especially front line staff directly responsible for services to the children/youth;
2. Participants of the PRT's were consistently open to taking a "fresh look" from new/different perspectives when developing intervention plans;
3. The inclusion of key Central Office staff served as a helpful resource and underscored the importance of legal permanency for each child/youth;
4. The inclusion of DCS staff from outside the host Region as part of the Core Team was very helpful in providing a new perspective to understanding situations and proposing interventions.

Building on the successful experience of the pilot Regions, during 2012 DCS is planning to roll out the Permanency Roundtable process to the remaining eleven Regions, the additional training needed for them was provided during the first six months of 2012. DCS plans to complete an additional 324 Permanency Roundtables throughout Indiana this year. The processes of follow-up, monitoring and evaluation will continue to ensure the fidelity of the model and that the outcomes are consistent with the goals of the Permanency Roundtable process. In addition, during the 2012 legislative session, DCS worked with the General Assembly to codify the Roundtable process and Title 31 was successfully amended to require use of Permanency Roundtable's in certain child welfare and probation cases.

Adoption and Foster Care Reporting and Analysis System

DCS is required to submit data to the federal Administration of Children and Families (ACF), which is used in various reports and performance analysis. For example, the Adoption and Foster Care Reporting and Analysis System (AFCARS) collects case level information on all children in foster care for whom Indiana has responsibility for placement, care or supervision, and on children who are adopted under the auspices of the Department of Child Services. States are required to submit AFCARS data semi-annually to ACF. The AFCARS report periods are October 1 through March 31 and April 1 through September 30. Data is extracted from the Indiana Child Welfare Information System and scores from the AFCARS provide insight into how the state is doing compared to established national standards. It also serves as a baseline when preparing for a federal Children and Family Services Review (CFSR), which focuses on a States' capacity to create positive outcomes for children and families and on the results achieved by the provision of appropriate services.



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The following federal collective measures are included in the CFSR permanency outcome:

Permanency Composite 1: Made up of 4 measures taken related to scores regarding reunification in less than 12 months, median stay of children in foster care, re-entry into foster care, etc.

Permanency Composite 2: Made up of 5 measures taken related to length of stay in foster care, adoption in less than 24 months, adoption in less than 12 months, etc.

Permanency Composite 3: Made up of 3 measures taken related to permanency achieved prior to age 18, permanency with TPR, and emancipation

Permanency Composite 4: Made up of 3 measures taken related to less than two placements for children in care for 12, 24 and 24+ months respectively.

Indiana's composite scores on these permanency indicators for FFY 2011 are summarized below:

Permanency Composite 1: Timeliness and Permanency of Reunification

- Indiana: 126.9
- National standard: 122.6 or higher
- Indiana's national ranking: 10th

Permanency Composite 2: Timeliness of Adoptions

- Indiana: 128.1
- National standard: 106.4 or higher
- Indiana's national ranking: 3rd

Permanency Composite 3: Permanency for Children and Youth in Foster Care for Long Periods of Time

- Indiana: 137.5
- National standard: 121.7 or higher
- Indiana's national ranking: 3rd

Permanency Composite 4: Placement Stability

- Indiana: 103.0
- National standard: 101.5 or higher
- Indiana's national ranking: 10th

Based on these scores, Indiana exceeds the national standards on all four Permanency Composites. The AFCARS data allows Indiana to measure its efforts against those of other states. The data below shows that since 2004 Indiana has improved its national ranking by an average of over 28 spots:



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Permanency Composite 1: Timeliness and Permanency of Reunification

- FFY 2004 National Ranking: 30th
- FFY 2011 National Ranking: 10th

Permanency Composite 2: Timeliness of Adoptions

- FFY 2004 National Ranking: 39th
- FFY 2011 National Ranking: 3rd

Permanency Composite 3: Permanency for Children & Youth in Foster Care for Long Periods of Time

- FFY 2004 National Ranking: 42nd
- FFY 2011 National Ranking: 3rd

Permanency Composite 4: Placement Stability

- FFY 2004 National Ranking: 29th
- FFY 2011 National Ranking: 10th

MaGIK

As DCS continued to transform Indiana's child welfare system, the next important step was to provide Family Case Managers and Supervisors with a tool that translates the practice into an everyday routine in the field. Since the late 1990's Indiana had been utilizing a system referred to as ICWIS (Indiana's Child Welfare Information System). While ICWIS was updated throughout the years, the technology it was built on became outdated. The system became increasingly time consuming for staff to utilize, and with over 800 screens, it was no longer a tool, but a barrier to effective and efficient case management.

In 2005, Indiana began looking at options to migrate the system and the decision was made that in order to bring Indiana into the 21st century a new system needed to be built. In 2009, DCS began the process of building a new child welfare and case management tracking system, referred to as MaGIK (Management Gateway for Indiana's Kids). While DCS began this process alone, in 2010 the Agency entered into a partnership with the Annie E. Casey Foundation to finalize MaGIK. MaGIK will put DCS into the 21st century with interactive, web-based capability.

MaGIK is a tool designed around and for field operations. Teams from around the state have worked with the development team to ensure that the greatest input from the field is considered during the development and final implementation. DCS began piloting components of the new system in November 2011. The new system rolled out statewide on July 5, 2012.

In order to create a more user friendly system MaGIK was built on a social networking platform and is a web based application, giving DCS staff the ability to access their cases from anywhere



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with internet access. This will allow for real time updates on cases in the system and help to reduce the amount of paper utilized. MaGIK will have many unique features, such as the ability for outside stakeholders to gain limited access to the system, giving them the ability to send required reports and information directly to DCS through MaGIK. That information can then be linked directly to a specific case. MaGIK will allow field staff to spend less time entering information into the computer and more time partnering with children and families.

In anticipation of the MaGIK rollout, Staff Development, in close collaboration with the Practice and Permanency Division and the contracted vendor, Case Commons, has developed and implemented a Statewide MaGIK training initiative for all relevant employees. A group of field individuals were identified to be “power users” and were trained in late 2011 and early 2012. Numerous “specialized” trainings were developed and offered during the first quarter of 2012 in anticipation of the July implementation date. Between May 14 and June 21, 2012 DCS trainers provided 140 one day regional trainings on MaGIK.

In addition, DCS has developed materials for new Family Case Manager training and that material has been incorporated into pre-service training. Manuals and various materials are posted to a common SharePoint that can easily be accessed by all and scenarios have been developed to assist individuals with the transfer of learning component from the classroom to their daily tasks.

RECRUITMENT, TRAINING AND RETENTION OF FAMILY CASE MANAGERS

DCS was statutorily created in July 2005 and immediately began its work to protect the children of Indiana from abuse and neglect by partnering with families and communities to provide safe, nurturing, and stable homes. The greatest barrier the Agency faced was a lack of Family Case Managers to effectively manage the caseloads of the Department. The General Assembly recognized this need and responded by authorizing the hiring of 800 new FCMs over the course of the biennium ending SFY 2008.

Throughout 2006, 2007 and 2008 DCS focused its efforts on hiring additional Family Case Managers and developing an effective new worker training curriculum to provide new staff with the skills necessary to be successful in partnering with children and families. In 2009, the Agency started focusing more attention on ongoing FCM and Supervisor training and identifying ways to increase retention. However, since attrition is a reality of any organization, recruitment efforts remained a high priority throughout SFY 2012. DCS continues to look at personnel and training needs along with capacity. DCS Human Resources, Staff Development, and Field Operations divisions work collaboratively to support the Agency’s continued efforts to recruit and retain qualified staff.



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Recruitment

In July 2009, DCS centralized all human resource functions with the Indiana State Personnel Department and now has an embedded staff of ten (10) human resource professionals, including a Human Resource Director, three (3) HR specialists, six (6) field-based Human Resource Generalists and a HR Coordinator. These staff help ensure smooth operation of the FCM recruitment and hiring process.

The DCS Human Resources Department partnered with DCS Field Operations to establish a process to address ongoing hiring needs. They created a timeline (**Exhibit 2**) to outline the necessary steps to recruit, hire and train qualified candidates and developed a process for maintaining a FCM applicant pool in each region. This process resulted in a reduction in the time to fill vacancies from a minimum of eleven (11) weeks to approximately five (5) weeks.

The Employment and Recruiting Specialist manages the overall hiring process, while the field HR Generalists ensure adherence to the timeline and steps. Interviewing and selection of FCM candidates occurs locally and is facilitated by the field HR Generalists who evaluate FCM applicants, conduct telephone prescreen interviews, and perform background checks.

Training

Over time, DCS' FCM new worker training has been updated to reflect feedback of graduates. During most of fiscal year 2006, new workers participated in twelve weeks of classroom training. Four of the twelve weeks took place in Indianapolis, with the other eight taking place in one of the regional training centers. In May 2006, the course was reduced to nine weeks of classroom work, followed by three weeks of on-the-job training. In January 2009, DCS again reduced the number of classroom training days and increased on the job training for our new workers. Beginning July 1, 2011 DCS made further changes to the new worker training by again reducing the number of classroom days and increasing the number of days that the new worker will train in the local office. The current new worker training consists of twenty nine classroom days, twenty one local office based transfer of learning days and ten local office based on the job reinforcement days.

Additionally, when the Agency implemented new Practice Reform Skills in 2007, the new worker training was revised to incorporate some of these skills in the initial training experience. A Field Mentor Program was also implemented in 2007. This program matches a trainee with an experienced, trained, Family Case Manager in the local office to provide one-on-one assistance. When challenges are noted, training can be adjusted to better facilitate the transfer of learning from classroom to the actual practice of public child welfare. Feedback from this process is also used to provide necessary modifications to new worker curriculum. This project is on the cutting edge of national best practice in training and supervision of frontline child welfare workers.



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In collaboration with Dr. Anita Barbee from the University of Kentucky, a comprehensive Skill Assessment Scales tool was also developed to assist the Field Mentor with providing feedback to the trainee based on established, research-based competencies. This feedback provides a framework for developing additional training assistance if needed, as well as reinforcing clinically-proven best practice in the field.

Beginning in 2007, Staff Development developed tools to assist with determining ongoing training needs. A Statewide Survey in August of 2007 identified the most pressing needs and curriculum was developed to meet those needs, both through classroom training and computer assisted training. Following the initial survey an Individual Training Needs Assessment tool was developed and completed by over 1,400 Family Case Managers during September and October of 2009. A comprehensive analysis of these assessments was completed and training needs identified. Following a staff development strategic planning session in December of 2010, a list of priorities was established for the development of classes, computer assisted trainings, videoconferences, and webinars. Staff time was allocated between the implementation of this strategic plan as well as training needs being implemented based on the Indiana Program Improvement Plan.

DCS continues to re-evaluate the training needs of our staff and as a result another comprehensive analysis of training was completed during the fall of 2011. The Individual Training Needs Assessment tool was then revised to reflect current policies, procedures and best practices. It was completed by all Family Case Managers with their supervisors in the summer of 2011. Following a comprehensive analysis and detailed Individual Training Needs Assessment (ITNA) report, a subsequent strategic planning session was held to identify curriculum development needs for 2012. The results of the ITNA demonstrated a need for the following training topics among our field staff:

- Teaming in the First 30 Days
- Advanced Engagement & Crisis Management
- Advanced Cultural Competency
- Protective Factors
- Advanced Developmental Disabilities
- Trauma Informed Care
- Advanced Worker Safety
- Introduction to the Attachment Continuum

Consistent with DCS' values regarding the belief "in personal accountability for outcomes, including one's growth and development," in February 2010 the agency instituted an annual training requirement to promote professional development and improve staff skills to better serve



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the children and families of Indiana. This initiative requires all FCMs to complete at least 24 hours of in-service training annually. All Supervisors, Local Office Directors, Division Managers, and Regional Managers are required to complete at least 32 hours of annual in-service training. Beginning, January 1, 2012 DCS instituted mandatory training hours for all DCS central office and Child Support Bureau staff and executive staff.

Retention

Since July 1, 2005, DCS added an additional 838 Family Case Managers for a total of 1,630. After the Agency filled all of the newly created positions, the focus shifted to managing vacancies and retaining quality staff. DCS continues to utilize several metrics to track turnover and capture the reasons for employee departures. Agency turnover information is used in conjunction with the caseload data report to determine where vacant positions should be reallocated to meet operational needs.

DCS started tracking turnover data for the FCM position in March 2007. An analysis of this data indicates the Agency continues to maintain a better turnover rate than the national average and continues to improve in this area. To better capture FCM departures, the Agency reports two types of turnover—actual and negative. While actual turnover reflects all FCMs who have vacated their position, negative turnover only includes those incumbents who actually left the Agency. Negative turnover, thus, only reflects resignations, terminations, and transfers to other state agencies and excludes employees who promoted or transferred to another position within DCS.

Between July 1, 2011 and June 30, 2012 actual FCM turnover was 21.5%, while negative turnover was 19.8%. This data, in conjunction with the data received from exit interview surveys, provides a mechanism for identifying and correcting issues in geographic areas or regions with significant turnover.

During SFY 2012, DCS received 105 exit interview responses from Family Case Managers. Survey results underscored that there are some factors that have been identified by worker's leaving the agency that have been beyond our ability to address. FCMs reported that job pressure/work-related stress was one of the primary reasons that influenced the decision to leave DCS (31.7% of the time). This reason was ranked second highest, behind securing a different job. Job pressure and work-related stress increased exponentially over the last fiscal year along with the intense media scrutiny throughout the state. The ability to remain in the social work field without the intense public scrutiny proved to be the deciding factor for a number of FCM departures.



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Child Welfare work is difficult and it requires particular set of skills and personality type in order for someone to be successful in this role. While it can be extremely rewarding, it is also intense and can have a significant emotional toll. This past fiscal year, DCS has experienced an assault on the work that is performed by the more than 1,600 Family Case Manager's who work directly with the children and families. They make critical decisions without the benefit of hindsight. While DCS employees take seriously the charge to protect Indiana's most vulnerable population, most did not expect the lengths the media has gone to criticize, not only the agency, but individual workers. The intense media coverage had a marked impact on employee morale and is reflected in the significant increase in turnover that began in January 2012.

Another significant reason employee's reported leaving the agency is compensation. Given the improving economic climate, outside organizations have begun to seek out DCS field staff, widely seen as highly trained and capable child welfare employees. With budgetary pressures easing, DCS is exploring compensation strategies that may address this issue.

In addition to continuing to evaluate FCM departures, DCS continues to hone ways to ensure the right candidates are hired. In SFY 2012, DCS incorporated a Realistic Job Preview video into the FCM hiring process. This video aids potential FCM candidates in better evaluating their ability and desire to commit to child welfare work. Prospective candidates view this video as part of the application process and are asked related questions during their initial prescreen interview. The video is designed to serve as a preemptive recruiting tool that aids prospective candidates in determining whether or not their skills, ability and temperament fit with the job and is an additional tool to attract and retain highly qualified staff who will find the job satisfying.

The tool has now been in place for just over a year and candidates have reported throughout the state that they felt the preview gave them a better understanding of child welfare practices and the work actually performed. In addition, the information received by potential employees during the realistic job preview has allowed the interviews to be of a higher caliber. Candidates are able to discuss in greater detail the job duties, the role of DCS, and how they envision themselves making an impact. We have also seen a number of candidates opt out after viewing the video, indicating that the video made it clear they would not be able to handle the emotional implications of child welfare work. In the coming months, DCS will survey employees who were hired using this tool and will monitor the retention rates of employees hired using this tool as compared to those hired without.

CASELOAD DATA

Overview

On a monthly basis, DCS gathers information to determine which counties are in the greatest need of staff. The information is gathered from Indiana's Automated Child Welfare Reporting



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System (ICWIS) and analyzed by the Human Resources Department and Field Operations Executive Management team. ICWIS provides information on the number of new assessments opened each month and the number of children served by each county. Local Office Directors confirm staffing levels, including total staff, staff in training, and staff unavailable for other reasons including leaves of absence. Based on this information, DCS uses formulas to determine which counties are in the greatest need of staff. In order to limit the inconsistencies found in self-reported numbers, DCS converted to the use of PeopleSoft-generated numbers for staffing reports effective July 1, 2008.

DCS maintains a regionally-based organizational structure, consistent with the Regional Services Councils created by HEA 1001. The Agency is organized into eighteen regions. Each region is comprised of between one and nine counties. Following the shift to a regionally-based approach, DCS also shifted the focus of its Family Case Manager hiring from a county-based effort to a regional approach. Hiring FCMs on a regional basis allows Regional Managers to allocate resources as needed. With fluctuations and spikes in caseloads, along with FCM vacancies, this process allows Regional Managers the flexibility of assigning an FCM to another county within a Region either temporarily or on a permanent basis. FCM need for each Region is determined by using the same process outlined above, with the totals for each county within a region added together for a regional total.

Caseload Breakdown

Pursuant to IC 31-25-2-5, enacted in the spring of 2007, DCS is required to ensure that Family Case Manager staffing levels are maintained so that each county has enough FCMs to allow caseloads to be at not more than: (1) twelve active cases relating to initial assessments, including investigations of an allegation of child abuse or neglect; or (2) seventeen children monitored and supervised in active cases relating to ongoing services. The 12/17 caseload standard is consistent with the Child Welfare League of America's standards of excellence for services for abused and neglected children and their families.

Exhibit 3 shows the average number of FCMs needed to reach 12 assessments or 17 on-going children over the past twelve months by County and Region. Please note that these numbers are cyclical and vary from month to month.

The issue of caseload data must include the current national discussion regarding caseload definitions. As currently set out in statute, DCS must comply with standards that include 12 new assessments or 17 ongoing children being supervised by a Family Case Manager. These definitions are clear in large to medium counties, where the large scale of operations allows FCMs to specialize in either investigations or on-going cases. In smaller counties, however, the issue of mixed caseloads is more difficult to determine, in large part because ongoing caseloads



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of 17 are fairly static while new investigation caseloads are fluid, changing day to day and week to week. DCS will continue to work with national leaders and organizations as these discussions bring more mathematical certainty to those designations.

In 2009, Regional Managers began utilizing a software tool to monitor FCM caseloads when assigning assessments and ongoing cases. Reports are generated monthly to monitor the timely completion of new assessments within 30 days as well as periodic detailed reports which help managers track the length of time various case types remain open. This allows managers to further analyze how to more consistently provide permanency for those children and thereby close the case. All Regions have formed Permanency Teams to review and provide recommendations to local offices for those cases where traditional measures have failed to achieve permanency.

Percentage of caseloads in compliance with standards

An analysis of **Exhibit 3** indicates that, as of June, 2012, 94.44% or 17 of 18 regions were in compliance with the caseload averages of 12 and 17. The one Region that was not in compliance as of June 30, 2012 was Region 10 (Marion County).

Caseload weighting was implemented to more accurately reflect caseloads based on the amount of work required to perform case management tasks. For example, voluntary Informal Adjustments (IAs) typically require fewer FCM contacts with the family, less court time, and less input into the system than an involuntary CHINS case. In May 2009, DCS began weighting IAs at 50% of the value of a CHINS case. However, due to the implementation of *Safely Home, Families First* the Department recognized an increase in the amount of case management associated with IAs. In order to ensure caseloads accurately reflect workload requirements the Department began weighting IAs at 75% of the value of a CHINS case on July 1, 2011. During SFY 2012 DCS again increased the weighting for IAs, and they now are weighted the same as a CHINS case. In addition, the Department reduced the caseload weight for a residential placement from 100% of the value of a CHINS case to 50% beginning July, 2011. When a child is placed in residential case many of the daily case management functions traditionally performed by the FCM are assumed by the residential facility during the child's time in care.

In SFY 2012, this weighting process allowed DCS to more accurately determine where resources should be deployed and implement efficiencies by specializing functions such as intake of child abuse and neglect reports, determining IV-E foster care eligibility, licensing foster homes, and establishing Medicaid benefits. Such tasks are handled more efficiently by subject matter experts who can still assist in assessing abuse reports or processing ongoing cases during peak periods of activity for DCS or to cover vacancies throughout a region. DCS will continue to research and evaluate the use of caseload weighting and will likely implement additional



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measures to more appropriately reflect the workload associated with carrying various types of cases.

Plans to reduce caseloads

As of June 30th, 2008 DCS filled all of the new Family Case Manager positions funded by the General Assembly for SFY 2008. Current staffing plans require the agency to focus on retention and timely filling of vacancies in counties and regions as determined based on monthly caseload analysis and projections.

During SFY 2011, DCS Regions 1 and 16 experienced a decrease in the viable candidates for FCM vacancies. In light of these challenges, DCS HR developed a comprehensive recruitment strategy to increase the applicant pools for those regions. These efforts include participation in college and university fairs in nearby and surrounding cities and counties, posting advertisements in local newspapers, and working with community groups and chambers of commerce to advertise positions. These efforts significantly improved the number of applicants for positions and contributed to both regions meeting 12/17 requirements beginning in the month of August and continuing through the remainder of the SFY 2012.

The implementation of the Realistic Job Preview has also enhanced the quality of candidates that are interviewed and subsequently hired for the position, thereby reducing attrition resulting from poor job-employee fit. While we have yet to gather comprehensive data on the impact the Realistic Job Preview has had on candidate decisions to work for DCS, the following statement from one candidate captures the kind of feedback we have received to date.

"[T]hank you for sending me the link to view the "Realistic Job Preview." It certainly provided more dimensions to the job description. The pre-screening telephone interview this afternoon will not be necessary, as I am most likely not the right fit for a Family Case Manager Position, after all. I do appreciate your time and interest, but I will not be pursuing a reservation in the applicant pool at this time."

2012 FCM Job Candidate

DCS continues to launch initiatives that improve the quality of services provided to Indiana's children and families, while ensuring that Family Case Managers maintain an appropriate number of cases pursuant to statute. In addition to managing vacancies as a mechanism for reducing caseloads, DCS has instituted several measures to reduce caseloads by introducing technology, policies, and other tools that support the Indiana Practice Model and enhance the way the Agency does business. Examples of those efforts include the following:



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- Specializing functions that were historically performed as auxiliary FCM duties, which reduced the amount of time FCMs had available to work directly with children and families. Examples of these initiatives include the following:
 - Establishment of the Clinical Resource Team, an internal clinical resource, to work with Local Office staff and to participate in a variety of service planning activities.
 - Establishment of the Education specialist's positions to navigate and resolve the education related barriers of foster youth.
 - Establishment of nurse positions to review and make recommendations for meeting the medical needs of youth in care.
 - Establishment of parent/relative locate positions to identify absent parents and /or relatives able to care for children in need of out of home placement at earlier points in the case.

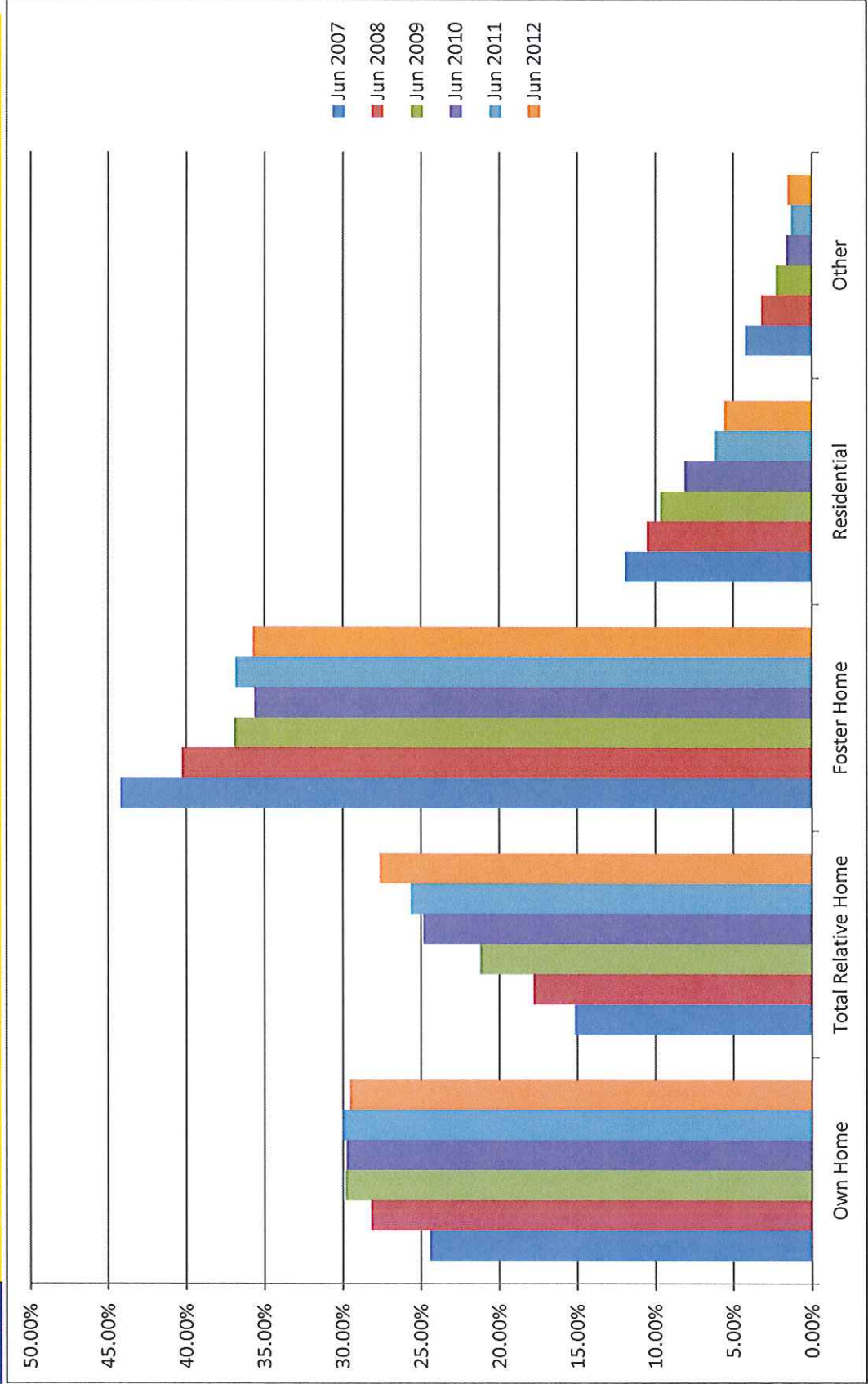
Over the past year, DCS has seen a decrease in the number of CHINS cases statewide from 13,694 in June 2011 to 13,037 in June 2012. This decrease is a direct result of the work of DCS Family Case Managers on a daily basis to keep children in the least restrictive environment. If this trend continues the agency anticipates that FCM caseloads will continue to decrease, and regardless, the Agency will continue to identify strategies to ensure FCMs maintain caseloads that are in compliance with statutory requirements.



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Department of Child Services
Exhibit 1
DCS CHINS Placement Breakdown by Type





Department of Child Services
Exhibit 2
FCM Hiring Timeline

Cohort #	Identify County	Training Location chosen	Pre-Screened Applicants Routed to Hiring Manager	Interviews Scheduled	Position Offered	Position Accepted	Offer Letter Sent	Hotel Confirmation Complete	Start Date	Graduation Date
	Employment Specialist/ Field Op's Executive Managers		Field HR	Regional Managers, County Directors	Regional Managers, County Directors, Field HR	Applicant	Field HR	Central Office HR Staff	Employee	Employee
2011-2012 Time Frame:										
	Day 1-7		Day 8-9	Day 10-15	Day 16	Day 17	Day 18	Day 20	Day 24	Day 84
132	21-Dec	Indianapolis	30-Dec	2-Jan	8-Jan	10-Jan	11-Jan	19-Jan	30-Jan	23-Apr
133	11-Jan	Indianapolis	18-Jan	20-Jan	29-Jan	1-Feb	2-Feb	9-Feb	20-Feb	14-May
134	1-Feb	Indianapolis	10-Feb	12-Feb	19-Feb	22-Feb	23-Feb	2-Mar	12-Mar	6-Jun
135	22-Feb	Indianapolis	3-Mar	5-Mar	12-Mar	15-Mar	16-Mar	23-Mar	2-Apr	27-Jun
136	15-Mar	Indianapolis	24-Mar	26-Mar	2-Apr	4-Apr	5-Apr	13-Apr	23-Apr	18-Jul
137	5-Apr	Indianapolis	14-Apr	16-Apr	23-Apr	26-Apr	27-Apr	4-May	14-May	7-Aug
138	26-Apr	Indianapolis	26-May	28-May	4-Jun	7-Jun	8-Jun	15-Jun	4-Jun	27-Aug
139	8-Jun	Indianapolis	10-Jun	21-Jun	25-Jun	28-Jun	29-Jun	6-Jul	9-Jul	1-Oct
140	28-Jun	Indianapolis	7-Jul	9-Jul	16-Jul	19-Jul	20-Jul	27-Jul	30-Jul	22-Oct
141	19-Jul	Indianapolis	28-Jul	30-Jul	6-Aug	8-Aug	9-Aug	17-Aug	20-Aug	20-Nov
142	8-Aug	Indianapolis	18-Aug	20-Aug	27-Aug	30-Aug	31-Aug	7-Sep	10-Sep	7-Dec
143	30-Aug	Indianapolis	9-Sep	11-Sep	17-Sep	20-Sep	21-Sep	28-Sep	1-Oct	3-Jan
144	20-Sep	Indianapolis	29-Sep	1-Oct	8-Oct	11-Oct	12-Oct	19-Oct	22-Oct	23-Jan
145	11-Oct	Indianapolis	20-Oct	22-Oct	29-Oct	1-Nov	2-Nov	9-Nov	26-Nov	20-Feb
146	1-Nov	Indianapolis	10-Nov	12-Nov	19-Nov	22-Nov	23-Nov	30-Nov	10-Dec	7-Mar



**Department of Child Services
Exhibit 3
Projected FCM Staffing Needs**

Region	County	Central Intake Unit Staff	Current FCM Field Staff	Total Current Staff	12/17 Projected Staff Needed	12/17 Staff Need	Staff % Attained
1	Lake	3.77	154	157.77	154	-3.77	102.45%
1	Total	3.77	154	157.77	154	-3.77	102.45%

2	Jasper	0.17	3	3.17	4	0.83	79.25%
2	Laporte	1.03	18	19.03	16	-3.03	118.94%
2	Newton	0.16	3	3.16	3	-0.16	105.33%
2	Porter	0.87	17	17.87	14	-3.87	127.64%
2	Pulaski	0.07	2	2.07	2	-0.07	103.50%
2	Starke	0.25	5	5.25	4	-1.25	131.25%
2	Total	2.55	48	50.55	44	-6.55	114.89%

3	Elkhart	1.72	32	33.72	31	-2.72	108.77%
3	Kosciusko	0.60	8	8.6	9	0.4	95.56%
3	Marshall	0.43	11	11.43	11	-0.43	103.91%
3	Saint Joseph	2.48	58	60.48	58	-2.48	104.28%
3	Total	5.23	109	114.23	108	-6.23	105.77%

4	Adams	0.23	5	5.23	5	-0.23	104.60%
4	Allen	4.13	90	94.13	79	-15.13	119.15%
4	Dekalb	0.59	12	12.59	11	-1.59	114.45%
4	Huntington	0.35	7	7.35	8	0.65	91.88%
4	LaGrange	0.13	6	6.13	5	-1.13	122.60%
4	Noble	0.36	10	10.36	10	-0.36	103.60%
4	Steuben	0.30	11	11.3	7	-4.3	161.43%
4	Wells	0.19	4	4.19	3	-1.19	139.67%
4	Whitley	0.13	3	3.13	4	0.87	78.25%
4	Total	6.41	148	154.41	134	-20.41	115.23%

5	Benton	0.11	3	3.11	2	-1.11	155.50%
5	Carroll	0.13	3	3.13	4	0.87	78.25%
5	Clinton	0.35	8	8.35	7	-1.35	119.29%
5	Fountain	0.22	4	4.22	5	0.78	84.40%
5	Tippecanoe	1.45	30	31.45	29	-2.45	108.45%
5	Warren	0.08	1	1.08	1	-0.08	108.00%
5	White	0.27	5	5.27	5	-0.27	105.40%
5	Total	2.61	54	56.61	54	-2.61	104.83%

6	Cass	0.39	9	9.39	10	0.61	93.90%
6	Fulton	0.21	9	9.21	7	-2.21	131.57%
6	Howard	0.94	18	18.94	18	-0.94	105.22%
6	Miami	0.37	11	11.37	10	-1.37	113.70%
6	Wabash	0.28	7	7.28	8	0.72	91.00%
6	Total	2.18	54	56.18	54	-2.18	104.04%

7	Blackford	0.18	3	3.18	4	0.82	79.50%
7	Delaware	1.37	26	27.37	24	-3.37	114.04%
7	Grant	0.78	17	17.78	15	-2.78	118.53%
7	Jay	0.30	5	5.3	6	0.7	88.33%
7	Randolph	0.28	5	5.28	6	0.72	88.00%
7	Total	2.91	56	58.91	53	-5.91	111.15%

8	Clay	0.24	4	4.24	5	0.76	84.80%
8	Parke	0.13	2	2.13	2	-0.13	106.50%
8	Sullivan	0.20	5	5.2	5	-0.2	104.00%
8	Vermillion	0.18	5	5.18	5	-0.18	103.60%
8	Vigo	1.30	29	30.3	29	-1.3	104.48%
8	Total	2.04	45	47.04	45	-2.04	104.53%

9	Boone	0.36	6	6.36	5	-1.36	127.20%
9	Hendricks	0.65	11	11.65	9	-2.65	129.44%
9	Montgomery	0.47	9	9.47	10	0.53	94.70%
9	Morgan	0.74	9	9.74	9	-0.74	108.22%
9	Putnam	0.31	6	6.31	5	-1.31	126.20%
9	Total	2.53	41	43.53	38	-5.53	114.55%

10	Marion	17.16	257	274.16	281	6.84	97.57%
10	Total	17.16	257	274.16	281	6.84	97.57%

11	Hamilton	1.17	15	16.17	15	-1.17	107.80%
11	Hancock	0.39	8	8.39	7	-1.39	119.86%
11	Madison	1.44	35	36.44	35	-1.44	104.11%
11	Tipton	0.12	3	3.12	2	-1.12	156.00%
11	Total	3.12	61	64.12	61	-3.12	105.11%

12	Fayette	0.35	5	5.35	7	1.65	76.43%
12	Franklin	0.25	2	2.25	4	1.75	56.25%
12	Henry	0.56	9	9.56	11	1.44	86.91%
12	Rush	0.12	4	4.12	3	-1.12	137.33%
12	Union	0.07	5	5.07	2	-3.07	253.50%
12	Wayne	0.79	13	13.79	11	-2.79	125.36%
12	Total	2.13	38	40.13	37	-3.13	108.46%

13	Brown	0.16	4	4.16	2	-2.16	208.00%
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13	Greene	0.41	8	8.41	7	-1.41	120.14%
13	Lawrence	0.55	9	9.55	10	0.45	95.50%
13	Monroe	1.19	21	22.19	24	1.81	92.46%
13	Owen	0.25	5	5.25	4	-1.25	131.25%
13	Total	2.56	47	49.56	48	-1.56	103.25%

14	Bartholomew	0.88	20	20.88	18	-2.88	116.00%
14	Jackson	0.43	12	12.43	11	-1.43	113.00%
14	Jennings	0.44	19	19.44	20	0.56	97.20%
14	Johnson	1.16	24	25.16	24	-1.16	104.83%
14	Shelby	0.44	9	9.44	9	-0.44	104.89%
14	Total	3.36	84	87.36	82	-5.36	106.54%

15	Dearborn	0.48	8	8.48	11	2.52	77.09%
15	Decatur	0.29	9	9.29	8	-1.29	116.13%
15	Jefferson	0.45	11	11.45	10	-1.45	114.50%
15	Ohio	0.07	2	2.07	1	-1.07	207.00%
15	Ripley	0.23	4	4.23	4	-0.23	105.75%
15	Switzerland	0.07	3	3.07	2	-1.07	153.50%
15	Total	1.59	37	38.59	37	-1.59	104.30%

16	Gibson	0.32	11	11.32	11	-0.32	102.91%
16	Knox	0.53	19	19.53	16	-3.53	122.06%
16	Pike	0.12	4	4.12	3	-1.12	137.33%
16	Posey	0.18	7	7.18	5	-2.18	143.60%
16	Vanderburgh	1.99	58	59.99	56	-3.99	107.13%
16	Warrick	0.45	10	10.45	10	-0.45	104.50%
16	Total	3.59	109	112.59	101	-11.59	111.48%

17	Crawford	0.15	5	5.15	4	-1.15	128.75%
17	Daviess	0.28	7	7.28	7	-0.28	104.00%
17	Dubois	0.26	4	4.26	5	0.74	85.20%
17	Martin	0.08	3	3.08	3	-0.08	102.67%
17	Orange	0.17	5	5.17	5	-0.17	103.40%
17	Perry	0.11	6	6.11	4	-2.11	152.75%
17	Spencer	0.19	4	4.19	5	0.81	83.80%
17	Total	1.23	34	35.23	32	-3.23	110.09%

18	Clark	1.06	28	29.06	29	-0.06	100.21%
18	Floyd	0.78	12	12.78	14	1.22	91.29%
18	Harrison	0.3	7	7.3	7	-0.3	104.29%
18	Scott	0.54	16	16.54	16	-0.54	103.38%
18	Washington	0.35	6	6.35	5	-1.35	127.00%
18	Total	3.03	69	72.03	70	-2.03	102.90%

Statewide Total		68	1445	1513	1433	-80	105.58%
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