



INDIANA DEPARTMENT
OF
CHILD SERVICES

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

Submitted by:
James W. Payne, Director
For the year ended
June 30, 2011



Protecting our children, families and future

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 six 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 this information and data we have centered our efforts over the next two years 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.

Children desire and deserve to remain with their own families, to sleep in their own beds, and to be surrounded by their own belongings. They want to go to the same school, see their friends, and learn from the teachers they know. All children also should have a permanent lifetime home where they know they belong and are loved. They deserve to have that permanency established in a timely manner. It is important this Agency acknowledge and want those things for them, and strive to do the best we can to ensure that children are with their own families when they can be so safely. After considering all the independent research, reviewing the successes of other states, and evaluating our own practice reports, the fidelity of our Practice Model demands that we focus on meeting this basic longing for each individual child, which is why DCS is committed to Safely Home – Families First.

Consistent with the agency’s practice of managing by data, during SFY 2011, DCS created a quarterly report to monitor the Safely Home, Families First initiative. This report will be produced quarterly to evaluate data on placement type, average number of placements, number of siblings placed together, average length of stay in out of home care and adoptions. The first report for the quarter ending March 31, 2011 is available on the DCS website.



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Foster Care Reorganization

In late 2008 DCS initiated a massive reorganization of its foster care system. The agency was guided by a member of the Eli Lilly and Company Six Sigma team, who helped DCS use the six sigma process to identify issues with the current system, develop goals to transform it, implement action steps and measure outcomes. Throughout 2009, a work team including members from all divisions of the agency met weekly every Friday for 4 hours to plan for the massive overhaul of the DCS foster care system. The original work plan included 7 goals, all designed to improve various aspects of our foster care system including the support we provide to our foster parents, how we assess and place children entering foster care, foster parent training, identifying and matching children with available foster parents, and the foster family home licensing rules.

In 2010, the foster care reorganization workgroup partnered with the various divisions to implement action steps included in the work plan and to continue discussions about how to further refine and improve the foster care system. The agency placed particular emphasis on refining the role of newly assigned Foster Care Specialists in licensing and providing support to DCS foster parents, as well as revisions to the foster care licensing rules and foster parent training curriculum.

One of the foster care reorganization goals was to utilize designated FCM staff to serve as foster care specialists in each region. These specialists manage all aspects of the licensing process, provide ongoing support to DCS foster parents, and recruit new DCS foster parents. Specialists were selected and trained beginning in mid-2009 and into the first part of 2010.

During much of 2010, the role of the specialist was more clearly defined. New processes and protocols were released and specialists engaged in a massive review and clean up of licensing files. They also spent a great deal of time reaching out to foster parents in an effort to get to know them better and identify ways in which they could help support them in the work they do. The foster care specialists and their supervisors developed recruiting plans and goals for their region. The foster care specialists, supervisors and central office foster care unit also developed materials and share tools via the foster care SharePoint, and they brainstorm ideas, share information and troubleshoot issues through conference calls and regional meetings. The specialists have had a tremendous impact in the Agency's ability to recruit, license and support DCS foster homes. DCS believes that having staff dedicated to supporting, licensing and recruiting foster parents is critical to the success of the foster care reorganization. In order to continue progress in this area, during the spring of 2011 the agency hired an additional 22 foster care specialists.



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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. 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. 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.

The centralized Hotline unit began taking calls January 1, 2010 in Marion County. Throughout 2010 DCS continued a gradual, planned transition of counties to the new system. This transition was completed on August 30, 2010 when the Hotline began taking calls for the entire state. By utilizing a gradual, planned transition the agency was able to continually monitor and evaluate the new centralized intake process and make adjustments as necessary. For example, during the first phase of implementation DCS was able to use data from the new system to predict peak call times. In response DCS adjusted the shift times for Intake Specialists to ensure that the appropriate number of staff was on hand to handle the high call volume.

The Hotline hired and trained new staff as it rolled out in additional regions. The Hotline is now 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. The Hotline staff includes: the Hotline Director, Assistant Director, 9 Intake Supervisors, 71 Intake Specialists and an Administrative Assistant.

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. 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 QSR process using data from the first quarter of 2011. The Hotline statistics are staggering. In 2010, the Hotline performed as follows:

- The hotline handled 102,686 calls;



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- 45% of all calls were answered in less than 8 seconds;
- 56% of all calls were answered in less than 30 seconds;
- 59% of all calls were answered in less than 1 minute;
- The average speed of answer was 01:43 for non-LEA callers, 00:44 for LEA callers;
- The average caller spent 11:23 speaking with an intake specialist;
- The hotline took an average of 354 calls per business day for all of 2010;The hotline took an average of 468 calls per business day since statewide roll out;
- The hotline took an average of 100 calls per weekend day for all of 2010. The hotline took an average of 125 calls per weekend day since statewide roll out; and
- Annual call volume for 2010 was distributed across time intervals as follows:

Time Period	Percentage
12a- 4a	3%
4a- 8a	3%
8a- 12p	32%
12p- 4p	38%
4p- 8p	16%
8p- 12a	8%

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



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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 2 ½ years. For example, the percentage of children with an open CHINS case in relative care has increased from 15.17% in June 2007 to 25.66% in June 2011 and the percentage of siblings placed together increased from 63.89% in November 2007 to 73.6% in June 2011. **(Exhibit 1)**

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 2011, made 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,



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2010 and have been extremely successful to date, as shown by the reduction of youth placed in residential care from 8.11% in June 2010 to 6.16% in June of 2011. **(Exhibit 1)** This equals a reduction of 405 youth in residential care during SFY 2011. As a next step, DCS will pilot a process whereby cases approved for residential placement will be referred to the permanency team after the child is in placement for 90 days to reevaluate the permanency plan and ensure the case continues moving forward. If the pilot is successful, the agency will likely expand this practice statewide.

DCS field operations also implemented two pilots geared at reducing our reliance on residential care (NITCH and Integrated Services Pilot). The NITCH pilot is geared towards stepping down kids in residential care in the northern part of state. There are 136 youth currently enrolled in the program, several youth have already stepped down from a residential setting as a result of this pilot.

The Integrated Services Pilot in central Indiana started taking referrals July 1, 2010 and is designed to divert youth from a residential setting or use residential placement only as a temporary intervention. As of August 29, 2011 there were 57 youth enrolled in the program.

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 MRO for its wards. Further, DCS reevaluated its use of homebuilders services and will begin utilizing a more comprehensive model of the homebuilder program. This service is often successful in helping to reunify youth who have been out of the home for long periods of time.

DCS' efforts in this area have been successful. From June 2010 through June 2011:

In-home Care increased from 29.77% of all CHINS placements to 29.98%

Relative Care increased from 24.86% of all CHINS placements to 25.66%

Foster Care increased from 35.65% of all CHINS placements to 36.88%

Residential Care decreased from 8.11% of all CHINS placements to 6.16%

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. These trends will continue in SFY 2012 and DCS is on track for relative placements to exceed all other out of home placements combined. To further the Safely Homes, Families First model, in SFY 2012, DCS will continue to place emphasis on strategies to avoid removing children in the first



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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).

RAPT Training

During SFY 2011 DCS assumed responsibility for foster parent training for DCS direct managed homes. DCS will make this transition as a part of its Program Improvement Plan (PIP). In the Child and Family Service Review (CFSR) conducted by the Children's Bureau in 2007, Indiana did not pass the review in the foster parent training area. The PIP developed to address these concerns requires Indiana to transition foster parent training from the current external plan with contracted providers to providing the training through the DCS Staff Development division.

Foster parent training presently consists of three components: pre-service training prior to licensure (presently known as RAPT), CPR / Universal Precautions / First Aid, and ongoing training required to retain a license. DCS Staff Development began managing all aspects of these trainings for DCS managed foster homes beginning in July 2011. The Staff Development Division recently revised the pre-service training curriculum, and began hiring new training staff and training coordinators in spring 2011. DCS also entered into a statewide contract with the American Red Cross, who will provide CPR / Universal Precautions / First Aid training to foster parents. The agency also signed a statewide contract with Foster Parent College, an online training agency specializing in foster parent training, which the agency plans to rely on to assist with portions of ongoing and pre-service training needs.

By directly providing foster parent training DCS was able to expand the number and types of course offerings, and ensure improved consistency in the course curriculum / content. This change allows the agency to further its goal of reducing barriers to becoming a licensed foster parent. Now prospective foster parents can take classes at night or on the weekends when the training fits in to their schedules.

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



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States' capacity to create positive outcomes for children and families and on the results achieved by the provision of appropriate services.

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 2010 are summarized below:

Permanency Composite 1: Timeliness and Permanency of Reunification

- Indiana: 124.2
- National standard: 122.6 or higher

Permanency Composite 2: Timeliness of Adoptions

- Indiana: 133.7
- National standard: 106.4 or higher

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

- Indiana: 134.9
- National standard: 121.7 or higher

Permanency Composite 4: Placement Stability

- Indiana: 101.2
- National standard: 101.5 or higher

Based on these scores, Indiana exceeds the national standards on Permanency Composites 1, 2, and 3. Indiana has shown steady improvement in Permanency Composite 4 (Placement Stability) over the past four years and is close to meeting the national standard.

Rate Rules

Foster Care Rates

As a result of a legal settlement, DCS agreed to develop a rate setting methodology to determine foster care rates. To that end, DCS drafted administrative rules and held public hearings to gather input on the



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proposed methodology. The rules are now final and are being used to establish new rates effective January 1, 2012.

The foundation of the new foster care rates is that the per diem amount will be paid based on the needs of the child, not on the licensure type of the foster family home. DCS will determine the child's needs by utilizing the Child and Adolescent Needs and Strengths (CANS) assessment tool and with input from the child and family team. During the CANS process, the Family Case Manager (FCM) will gather information on the child through various available sources, which may include the parent/guardian/custodian, school personnel, relatives, providers, foster parents and others. The results will be used to assist FCMs in making placement decisions for the child based on the appropriate category of supervision necessary. Effective January 1, 2012, the categories of supervision will be: Foster Care, Foster Care with Services, Therapeutic Foster Care and Therapeutic Plus. A foster care rate has been established for each category of supervision (see below).

As set out in the rules, the foster care rates cover the reasonable costs of caring for a foster child including, but not limited to; food, clothing, shelter, daily supervision, a child's personal incidentals and travel for visitation and school. To establish the foster care rates, DCS engaged the Ball State University Center for Business and Economic Research to survey Indiana foster parents. Many currently licensed foster parents received a survey and responded. Results of the study indicate rates should differ based on the age of the child. A copy of the study is available on the DCS website at: www.dcs.in/gov.

The standard per diem payments **effective January 1, 2012** are:

Category of Supervision	Infant – 4 years	5 – 13 years	14 – 18 years
Foster Care	\$18.28	\$19.85	\$22.90
Foster Care with Services	\$26.05	\$27.62	\$30.67
Therapeutic Foster Care	\$38.19	\$39.76	\$42.81
Therapeutic Plus	\$61.94	\$63.51	\$66.56

In addition to the above described per diem payment, foster parents may receive the following payments to purchase items for the benefit of the child:

1. Initial Clothing Allowance – DCS may provide the foster family with an Initial Clothing and Personal Items Allotment at the time of placement of up to \$200 based on the child's need.
2. Liability Insurance – DCS will provide foster care liability insurance for foster parents through a contract with the Indiana Foster Care and Adoption Association (IFCAA). Foster parents no longer need to be members of IFCAA to obtain the insurance.
3. Personal Allowance – DCS will reimburse foster parents up to \$300 annually for each child in placement. Foster parents may request reimbursement for personal allowance items once the child has been in placement for at least 8 days. The items that fall within the personal allowance will be defined in DCS Policy.



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4. Special Occasion Allowance – DCS will provide a \$50 special occasion allowance on the child's birthday and a \$50 special occasion allowance during the December holidays.
5. Travel Reimbursement – DCS will reimburse foster parents for travel in excess of 162 miles if the travel is for visitation, school, physical/behavioral health appointment or other DCS required travel which will be set out in the Indiana Foster Parent Resource Guide. The first 162 miles are included in the daily per diem payment.

Residential Treatment Services Provider and Child Placing Agency Rates

In late 2009 DCS sought to bring consistency to the rates paid to child placing agencies (CPAs) and residential treatment services providers (RTSPs) through targeted, individualized reductions. As a result of the economic crisis that occurred in 2009, DCS then announced an across the board series of rate reductions for CPAs and RTSPs. In response to the proposed rate reductions IARCCA, the trade association for businesses that provide foster care and residential care in Indiana, sued DCS. In January 2010 DCS was temporarily enjoined from changing provider rates from 2009 levels. When the court issued the injunction they indicated that DCS did not have a clear methodology for establishing rates and thus couldn't demonstrate it was covering the reasonable Title IV-E costs of providing care. In addition, in the entry granting the preliminary injunction the court stated "we find persuasive the IARCCA's contention that the rate cut directive DCS instituted was in the nature of a rule, and thus, subject to the statutory requirements governing rule making". *C.H., et, al v. James W. Payne 1:09-cv-1574-SEB-JMS*

As a result of the lawsuit, DCS promulgated new rate setting rules during 2010 to lay out a cost-based methodology for establishing LCPA and residential provider rates. The new rate rules are effective January 1, 2012. In early 2011, DCS entered into a settlement agreement with IARCCA locking 2011 rates at 2009 levels and requiring DCS to determine future payments through implementation of the new rate rules.

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



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ways to increase retention. However, since attrition is a reality of any organization, recruitment efforts remained a high priority throughout SFY 2011. 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.

Recruitment

In July 2009, DCS centralized all human resource functions with the Indiana State Personnel Department and now has an embedded staff of ten (11) 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 29 classroom days, 21 local office based transfer of learning days and 10 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.



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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. 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.

In 2010, computer assisted training (CAT) was added to further assist Field Mentors in developing coaching and teaching skills. During SFY 2011 DCS further expanded the number of courses offered via CAT with the development of seven new courses and by contracting for an additional twenty four courses. Beginning July 1, 2011 fifteen additional computer assisted trainings were added. A detailed "activities" manual was also created to outline specific skill-based activities to be completed during local office days and reinforce the classroom training received.

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 the children and families of Indiana. This initiative requires all FCMs to complete at least 24 hours of in-service training annually. Additionally, all Supervisors, Local Office Directors, Division Managers, and Regional Managers are required to complete at least 32 hours of annual in-service training.

In conjunction with establishing annual training requirements for FCMs, DCS conducted an Individual Training Needs Assessment (ITNA) in 2009. This assessment helped the Agency identify priority on-going training topics and guided development of the 2010 Staff Development Strategic Plan. Trainings on Engaging Fathers, Secondary Trauma, Time Management, and Domestic Violence were released in 2009 as a result of the ITNA. Courses on Adoption, Developmental Disabilities in Adults and Children, and Positive Youth Development will roll out in 2010.

DCS continues to re-evaluate the training needs of our staff and another comprehensive analysis of training needs will be completed by Fall of 2011 for development of the 2012-2013 Strategic Plan for Staff Development which will include what courses will be developed and implemented for that time period. In addition, mandatory training hours will be established for all DCS central office and Child Support Bureau staff.



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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.

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, 2010 and June 30, 2011 actual FCM turnover was 20.1%, while negative turnover was 17.9%. 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. Agency turnover information is used in conjunction with the caseload data report to determine where vacant positions should be reallocated to meet operational needs.

In November 2007, DCS began using an exit interview tool. Between November 2007 and June 2010, a total of 415 respondents completed the survey; the majority of the respondents were Family Case Managers. DCS HR revised the exit interview tool in November 2010 in an effort to better enable the agency to identify the current reasons for employee departures. From July 1, 2010 through June 30, 2011, DCS received 149 exit interview responses from Family Case Managers. Of the employees that responded during that period, approximately 47% indicated that they left for a better job opportunity. Of those individuals that responded, approximately 15% left for a better rate of pay, 27% left due to family circumstances and another 29% left due to the hours of work. Other responses included better benefits packages, return to school, and retirement.

Due to high turnover that prevails in the administration of child welfare, in SFY 2011, DCS continued to evaluate the causes of FCM turnover. Turnover data reveals that the majority of FCM turnover occurs during the first two (2) years of employment. While individual reasons may vary, a significant portion of this turnover is due to incongruence between employee job expectations and the reality of what the FCM position requires. In order to help potential FCM



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candidates better evaluate their ability and desire to commit to child welfare work, in FY 2012, DCS will incorporate a Realistic Job Preview (RJP) video into the FCM hiring process.

Prospective candidates will view this video as part of the application process and will be 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. This process will better enable DCS to attract and retain highly qualified staff who will find the job satisfying.

Additionally, in an effort to assess the overall work environment and the sentiment of current employees, DCS conducted an Agency wide survey. This Workforce Climate Survey was designed to highlight the Agency's strengths as well as identify areas of improvement. Survey results revealed 58% of employee's believe that DCS meets their employment expectations by providing an appropriate amount of training, resources, and support in order to clearly fulfill the responsibilities of the position. The feedback also revealed that employee's would like an enhancement in awards and recognition amongst their peers.

As a result of the findings from this survey, the Agency formed a work group to develop a plan to build upon the Agency's strengths and remedy areas of weakness.

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 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



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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 investigations or 17 ongoing children being supervised by a 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 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.

In addition, Regional Managers also monitor the number of overdue assessments or assessments that are not completed within the required thirty day timeframe. It is important to note that in



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June 2008 the required timeframe for completing CPS investigations was reduced from 60 days to 30 days, thus ensuring that abused and neglected children are receiving Agency intervention and services as quickly as possible.

Two overdue assessment reports are run on a weekly basis. The first identifies all cases that have been open for 20 to 30 days. This report enables managers to identify assessments that are at risk of becoming overdue (i.e., open for more than 30 days). A second report captures all assessments that have been open for more than 30 days. In March 2008, 2,932 assessments were overdue statewide. As of June 27, 2011 there were only 412 overdue assessments statewide that had not yet been submitted for Supervisor approval.

Percentage of caseloads in compliance with standards

An analysis of **Exhibit 3** indicates that, as of June, 2011, 83.3% or 15 of 18 regions were in compliance with the caseload averages of 12 and 17. The three Regions that were not in compliance as of June 30, 2011 were Region 6, Region 8 and Region 16. Region 6 and Region 8 ended the year within one staff member of meeting the 12 and 17 requirements, while Region 16 needed 6.08 additional staff.

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 ICWIS input than an involuntary CHINS case. In May 2009, DCS began weighting IAs at 50% of the value of a CHINS case. DCS continues to research and evaluate the use of caseload weighting and will likely implement additional measures to more appropriately reflect the workload associated with carrying various types of cases. For example, abuse assessments involving out of home placements, multiple victims, or sexual abuse may require much more time and effort than what is required for a single victim of neglect. In the future, DCS may implement strategies to better reflect the additional work involved with managing these types of cases when calculating caseloads.

In SFY 2011, 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.



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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 have begun to improve the number of applicants for positions; however, the full impact of these measures will continue to be seen throughout SFY 2012. Additionally, the implementation of the Realistic Job Preview will enhance the quality of candidates that are interviewed and subsequently hired for the position, reducing attrition.

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:

- 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 foster care and adoption specialists (launched in SFY 2010)
 - Establishment of a centralized child abuse and neglect hotline (statewide implementation completed in SFY 2011)
 - Establishment of a statewide investigation unit focused on allegations against institutions (launched in SFY 2011)
- Implementation of an electronic referral form which serves to expedite the time spent generating service referrals for children and families.
- Implementation of the Medicaid Enrollment Unit (MEU) to establish Medicaid eligibility or assist FSSA's Division of Family Resources in establishing Medicaid eligibility for all DCS and probation placements statewide (launched in August, 2010).

Over the past year, DCS has seen a decrease in the number of CHINS cases statewide from 15,396 in June 2010 to 13,694 in June 2011. This decrease is a direct result of work DCS Family Case Managers on a daily basis to keep children in the least restrictive environment. If this trend



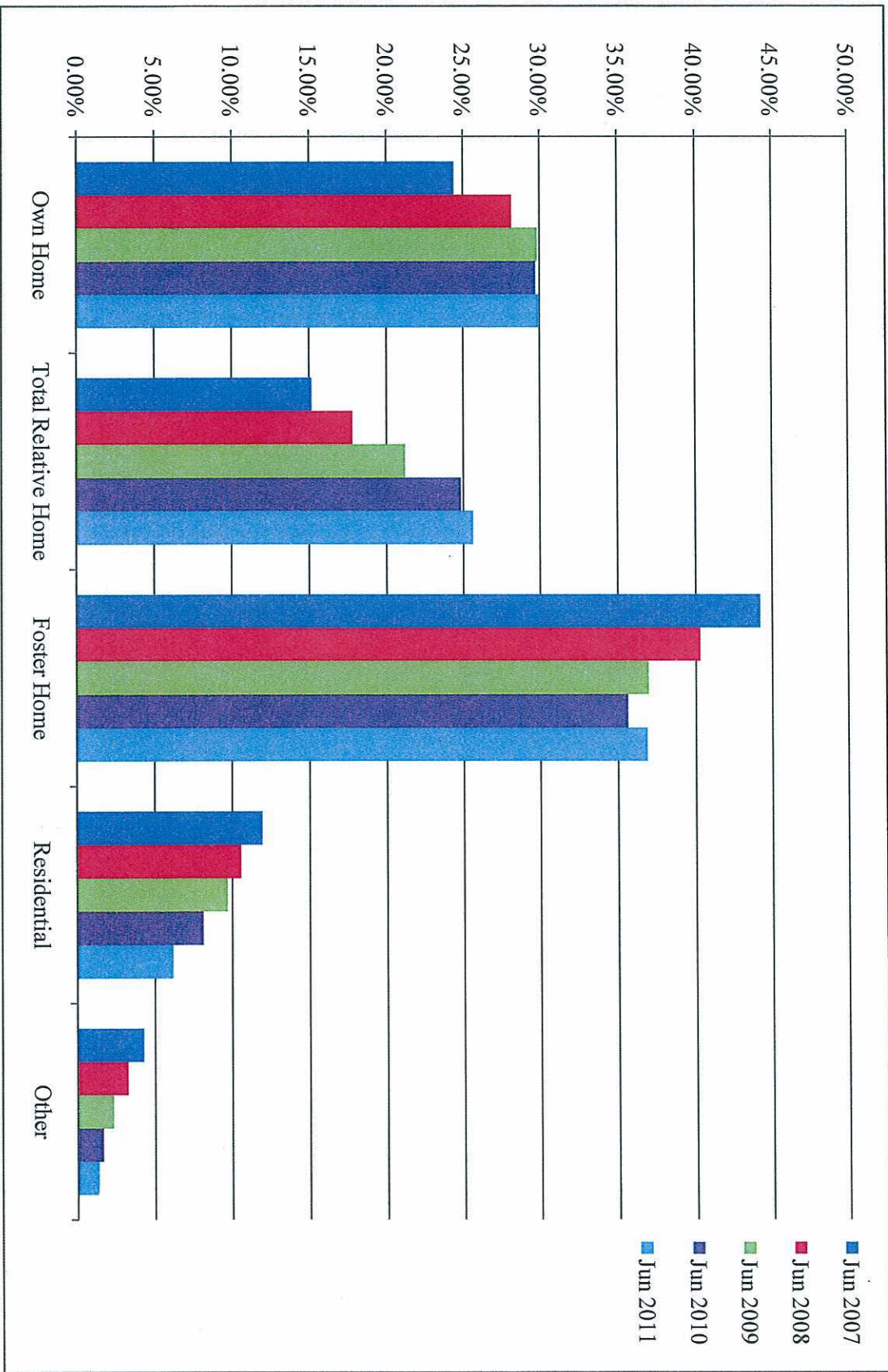
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continues the agency anticipates that FCM caseloads will continue to decrease. Even with the reduction in the number of CHINS cases statewide the agency will continue to identify strategies to ensure FCMs maintain caseloads that are in compliance with 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
2010-2011 Time Frame:		Day 1-7		Day 8-9	Day 10-15	Day 16	Day 17	Day 18	Day 20	Day 24	Day 84
Responsibility		Employment Specialist/ Field Op's Executive Managers		Field HR	Regional Managers, County Directors	Regional Managers, County Directors, Field HR	Applicant	Field HR	Kristen Sparks/ Shirley Gollmer	Employee	Employee
	116	21-Dec	Indianapolis	30-Dec	2-Jan	8-Jan	10-Jan	11-Jan	19-Jan	24-Jan	15-Apr
	117	11-Jan	Indianapolis	18-Jan	20-Jan	29-Jan	1-Feb	2-Feb	9-Feb	14-Feb	11-May
	118	1-Feb	Indianapolis	10-Feb	12-Feb	19-Feb	22-Feb	23-Feb	2-Mar	7-Mar	31-May
	119	22-Feb	Indianapolis	3-Mar	5-Mar	12-Mar	15-Mar	16-Mar	23-Mar	28-Mar	21-Jun
	120	15-Mar	Indianapolis	24-Mar	26-Mar	2-Apr	4-Apr	5-Apr	13-Apr	18-Apr	19-Jul
	121	5-Apr	Indianapolis	14-Apr	16-Apr	23-Apr	26-Apr	27-Apr	4-May	16-May	9-Aug
	122	26-Apr	Indianapolis	26-May	28-May	4-Jun	7-Jun	8-Jun	15-Jun	13-Jun	2-Sep
	123	8-Jun	Indianapolis	10-Jun	21-Jun	25-Jun	28-Jun	29-Jun	6-Jul	11-Jul	3-Oct
	124	28-Jun	Indianapolis	7-Jul	9-Jul	16-Jul	19-Jul	20-Jul	27-Jul	1-Aug	25-Oct
	125	19-Jul	Indianapolis	28-Jul	30-Jul	6-Aug	8-Aug	9-Aug	17-Aug	22-Aug	18-Nov
	126	8-Aug	Indianapolis	18-Aug	20-Aug	27-Aug	30-Aug	31-Aug	7-Sep	12-Sep	9-Dec
	127	30-Aug	Indianapolis	9-Sep	11-Sep	17-Sep	20-Sep	21-Sep	28-Sep	3-Oct	4-Jan
	128	20-Sep	Indianapolis	29-Sep	1-Oct	8-Oct	11-Oct	12-Oct	19-Oct	24-Oct	25-Jan
	129	11-Oct	Indianapolis	20-Oct	22-Oct	29-Oct	1-Nov	2-Nov	9-Nov	14-Nov	13-Feb
	130	1-Nov	Indianapolis	10-Nov	12-Nov	19-Nov	22-Nov	23-Nov	30-Nov	5-Dec	1-Mar
	131	2-Dec	Indianapolis	10-Dec	12-Dec	18-Dec	21-Dec	22-Dec	29-Dec	9-Jan	TBD



**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 Need	12/17 Staff Need	Staff % Attained
1	Lake	3.13	160	163.13	152.00	-11.13	107.32%
1	Region 1 Totals	3.13	160	163.13	152.00	-11.13	107.32%

2	Jasper	0.17	3	3.17	3.00	-0.17	105.72%
2	Laporte	0.90	13	13.90	16.00	2.10	86.86%
2	Newton	0.13	4	4.13	3.00	-1.13	137.79%
2	Porter	0.93	17	17.93	15.00	-2.93	119.57%
2	Pulaski	0.11	2	2.11	2.00	-0.11	105.49%
2	Starke	0.20	5	5.20	4.00	-1.20	130.01%
2	Region 2 Totals	2.45	44	46.45	43.00	-3.45	108.02%

3	Elkhart	1.56	39	40.56	35.00	-5.56	115.87%
3	Kosciusko	0.49	8	8.49	9.00	0.51	94.30%
3	Marshall	0.29	10	10.29	9.00	-1.29	114.29%
3	Saint Joseph	2.24	72	74.24	61.00	-13.24	121.70%
3	Region 3 Totals	4.57	129	133.57	113.00	-20.57	118.20%

4	Adams	0.24	5	5.24	6.00	0.76	87.39%
4	Allen	3.74	97	100.74	83.00	-17.74	121.37%
4	Dekalb	0.44	12	12.44	11.00	-1.44	113.08%
4	Huntington	0.27	7	7.27	7.00	-0.27	103.88%
4	LaGrange	0.21	5	5.21	5.00	-0.21	104.29%
4	Noble	0.40	10	10.40	13.00	2.60	79.97%
4	Steuben	0.29	11	11.29	8.00	-3.29	141.08%
4	Wells	0.31	4	4.31	4.00	-0.31	107.63%
4	Whitley	0.17	3	3.17	4.00	0.83	79.29%
4	Region 04 Totals	6.06	154	160.06	142.00	-18.06	112.72%

5	Benton	0.05	3	3.05	2.00	-1.05	152.39%
5	Carroll	0.14	5	5.14	3.00	-2.14	171.28%
5	Clinton	0.32	7	7.32	7.00	-0.32	104.57%
5	Fountain	0.19	6	6.19	5.00	-1.19	123.72%

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Source:
ICWIS Monthly Extracts
Peoplesoft

State of Indiana
Mitchell E. Daniels Jr., Governor - James W. Payne, Director
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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 Need	12/17 Staff Need	Staff % Attained
5	Tippecanoe	1.58	34	35.58	30.00	-5.58	118.61%
5	Warren	0.10	1	1.10	1.00	-0.10	109.54%
5	White	0.21	4	4.21	4.00	-0.21	105.13%
5	Region 5 Totals	2.58	60	62.58	55.00	-7.58	113.77%

6 *	Cass	0.32	7	7.32	8.00	0.68	91.50%
6	Fulton	0.17	7	7.17	6.00	-1.17	119.45%
6	Howard	0.86	15	15.86	16.00	0.14	99.15%
6	Miami	0.33	10	10.33	9.00	-1.33	114.82%
6	Wabash	0.25	7	7.25	8.00	0.75	90.66%
6	Region 6 Totals	1.94	46	47.94	48.00	0.06	99.87%

7	Blackford	0.13	3	3.13	3.00	-0.13	104.45%
7	Delaware	1.16	27	28.16	21.00	-7.16	134.11%
7	Grant	0.68	15	15.68	14.00	-1.68	112.02%
7	Jay	0.19	4	4.19	5.00	0.81	83.82%
7	Randolph	0.19	4	4.19	4.00	-0.19	104.77%
7	Region 7 Totals	2.36	53	55.36	48.00	-7.36	115.34%

8	Clay	0.25	2	2.25	3.00	0.75	75.09%
8	Parke	0.07	2	2.07	2.00	-0.07	103.34%
8	Sullivan	0.15	4	4.15	5.00	0.85	83.05%
8	Vermillion	0.14	4	4.14	5.00	0.86	82.86%
8	Vigo	0.92	24	24.92	23.00	-1.92	108.33%
8	Region 8 Totals	1.53	36	37.53	38.00	0.47	98.77%

9	Boone	0.34	7	7.34	6.00	-1.34	122.31%
9	Hendricks	0.56	12	12.56	10.00	-2.56	125.58%
9	Montgomery	0.40	12	12.40	12.00	-0.40	103.30%
9	Morgan	0.61	10	10.61	9.00	-1.61	117.84%
9	Putnam	0.33	7	7.33	6.00	-1.33	122.23%
9	Region 9 Totals	2.23	48	50.23	43.00	-7.23	116.82%

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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 Need	12/17 Staff Need	Staff % Attained
10	Marion	13.39	280	293.39	277.00	-16.39	105.92%
10	Region 10 Totals	13.39	280	293.39	277.00	-16.39	105.92%

11	Hamilton	0.83	14	14.83	15.00	0.17	98.90%
11	Hancock	0.39	10	10.39	8.00	-2.39	129.83%
11	Madison	1.42	36	37.42	33.00	-4.42	113.40%
11	Tipton	0.12	3	3.12	3.00	-0.12	103.98%
11	Region 11 Totals	2.76	63	65.76	59.00	-6.76	111.46%

12	Fayette	0.35	6	6.35	6.00	-0.35	105.88%
12	Franklin	0.17	4	4.17	4.00	-0.17	104.17%
12	Henry	0.52	10	10.52	9.00	-1.52	116.94%
12	Rush	0.16	3	3.16	4.00	0.84	78.94%
12	Union	0.10	5	5.10	3.00	-2.10	169.85%
12	Wayne	0.68	12	12.68	10.00	-2.68	126.82%
12	Region 12 Totals	1.98	40	41.98	37.00	-4.98	113.46%

13	Brown	0.14	4	4.14	2.00	-2.14	207.16%
13	Greene	0.42	9	9.42	6.00	-3.42	156.92%
13	Lawrence	0.45	8	8.45	8.00	-0.45	105.66%
13	Monroe	1.06	23	24.06	23.00	-1.06	104.60%
13	Owen	0.19	7	7.19	5.00	-2.19	143.82%
13	Region 13 Totals	2.26	51	53.26	46.00	-7.26	115.78%

14	Bartholomew	0.70	20	20.70	17.00	-3.70	121.77%
14	Jackson	0.46	13	13.46	12.00	-1.46	112.19%
14	Jennings	0.34	15	15.34	14.00	-1.34	109.56%
14	Johnson	1.12	24	25.12	23.00	-2.12	109.20%
14	Shelby	0.42	10	10.42	9.00	-1.42	115.78%
14	Region 14 Totals	3.04	82	85.04	75.00	-10.04	113.38%

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**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 Need	12/17 Staff Need	Staff % Attained
15	Dearborn	0.42	12	12.42	14.00	1.58	88.68%
15	Decatur	0.36	9	9.36	7.00	-2.36	133.68%
15	Jefferson	0.43	10	10.43	10.00	-0.43	104.34%
15	Ohio	0.08	1	1.08	1.00	-0.08	107.63%
15	Ripley	0.18	7	7.18	6.00	-1.18	119.69%
15	Switzerland	0.06	3	3.06	2.00	-1.06	153.10%
15	Region 15 Totals	1.53	42	43.53	40.00	-3.53	108.82%
16	Gibson	0.35	9	9.35	9.00	-0.35	103.92%
16	Knox	0.55	17	17.55	18.00	0.45	97.52%
16	Pike	0.19	3	3.19	3.00	-0.19	106.20%
16	Posey	0.21	5	5.21	5.00	-0.21	104.10%
16	Vanderburgh	2.18	51	53.18	59.00	5.82	90.14%
16	Warrick	0.44	9	9.44	10.00	0.56	94.39%
16	Region 16 Totals	3.92	94	97.92	104.00	6.08	94.15%
17	Crawford	0.12	5	5.12	4.00	-1.12	128.10%
17	Daviess	0.31	7	7.31	8.00	0.69	91.44%
17	Dubois	0.29	5	5.29	4.00	-1.29	132.27%
17	Martin	0.18	3	3.18	3.00	-0.18	106.04%
17	Orange	0.19	4	4.19	4.00	-0.19	104.65%
17	Perry	0.20	6	6.20	6.00	-0.20	103.34%
17	Spencer	0.10	4	4.10	4.00	-0.10	102.62%
17	Region 17 Totals	1.40	34	35.40	33.00	-2.40	107.28%
18	Clark	1.14	30	31.14	31.00	-0.14	100.44%
18	Floyd	0.56	12	12.56	12.00	-0.56	104.69%
18	Harrison	0.26	8	8.26	7.00	-1.26	117.97%
18	Scott	0.51	16	16.51	15.00	-1.51	110.04%
18	Washington	0.41	5	5.41	4.00	-1.41	135.26%
18	Region 18 Totals	2.87	71	73.87	69.00	-4.87	107.06%
Statewide Totals		60.00	1,488	1,548.00	1,418.00	-130.00	109.17%

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