

Region 9

Biennial Regional Services Strategic Plan, Child Protection Plan and Early Intervention Plan

SFY 2012-2013

February 2, 2010

Regional Service Council Membership

| Name | Title |
|-------------------------|------------------------------------------|
| Judge Steve David | Judge |
| Sally Berish | Designee for Judge David |
| Judge Thomas Milligan | Judge |
| Kandi Killin | CASA Director |
| Robert Daugherty | Fiscal Manager |
| Deborah Berkey | DCS Supervisor |
| Laura McMann | DCS Supervisor |
| Waylon James | DCS FCM 2 |
| Timothy Haltom | DCS FCM 2 |
| Char Burkett-Sims | Regional Manager |
| Shelly Chadd | County Director |
| Taren Duncan | County Director |
| Carlos Shrewsbury | County Director |
| Patricia Baldwin | Prosecutor's Office |
| Kalay Colley | Foster Parent |
| Stephanie Kerner | Foster Parent |
| Kelly Smith – Perry | Resident / Parent previously in services |
| Kaitlynn Mills – age 17 | Resident / Child previously in services |

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A.

EXECUTIVE SUMMARY

Region 9

The Department of Child Services began the process of analyzing service availability, delivery and perceived effectiveness in September 2009. This planning process culminates in the Biennial Regional Services Strategic Plan (the Plan). The Plan encompasses the Early Intervention Plan, Child Protection Plan, and Regional Service Plan. The Early Intervention Plan was completed historically to list and summarize child abuse prevention efforts in a county. The Child Protection Plan outlined the policies and procedures surrounding services delivered by the Department of Child Services to assess families after an allegation of abuse or neglect has been made. The Regional Service Plan outlined the intervention services contracted by DCS. The Early Intervention Plan, Child Protection Plan and Regional Service Plan have been all combined into one plan, the Biennial Regional Services Strategic Plan.

The planning process to develop the Plan involved a series of activities led by a guided workgroup composed of representatives from the community. The activities included a needs assessment survey, public testimony, and review of relevant data. While DCS has several other mediums with which to determine effectiveness of DCS provided services, such as practice indicator reports, Quality Service Reviews (QSRs) and Quality Assurance Reviews (QARs), this process took that information and looked at it through a contracted service lens. The workgroup considered results from the QSR and practice indicators in conjunction with the needs assessment, previous service utilization and public testimony to determine the appropriate utilization of available services and to identify gaps in service. As a result, the workgroup developed a regional action plan to address service needs and gaps. The workgroup completed budget projections by service for the next fiscal year as well as the next biennial budget. It was assumed budget amounts would remain flat lined so the workgroup focused on how funds might be shifted.

Region 9 consists of Boone, Morgan, Montgomery, Putnam and Hendricks counties. Although the regional manager published the announcement of public hearing in the local newspaper and scheduled two different dates and times for public testimony, only one person presented testimony orally and none was received in writing.

With regard to the survey and service array questionnaire, in general, Hendricks County services were rated higher in terms of both availability and effectiveness. The scale was 1-5, one being the lowest. Although all the counties had many services rated 2.5 or less in terms of availability, Morgan and Boone Counties had five services each that were rated less than 1.5 in terms of availability. Generally, effectiveness of service scores was significantly higher than those for availability. Morgan County had the lowest number of responses to the survey (6), and also had the lowest scores in effectiveness with eight under 2.0.

In terms of respondent differences, Probation rated service availability lower than DCS, but Probation included only six respondents. Providers in general rated both availability and effectiveness higher than any other group; however, there were only three Provider respondents.

The workgroup reviewed the survey data and the Regional Manager highlighted the region's status with the Practice Indicators and QSRs. The group determined that the survey results were not consistent with other indicators and presumed the result is due to the large response of *other*, primarily school personnel. Although the survey results were taken into consideration, the workgroup gave more weight to other indicators including their collective experience. A plan was developed to address the chosen priorities that include local initiatives and State recommendations for consideration.

The following were seen as priorities by the workgroup:

Sex Offender Treatment: When youth fail a sexual perpetrator program and cannot return home or go to a foster home due to continued risk of perpetration, they often remain in the residential facility until they can be adjudicated as a delinquent and be sent to DOC. This is very expensive care for a youth who has already been determined not to benefit from treatment.

Recommendations included the RSC learning more about reasonable expected outcomes of these programs and researching the possibility of dual adjudication to facilitate transferring children to the Department of Corrections

Foster Parent Recruitment: The region does not have enough foster parents and even fewer for sibling groups of any size. Barriers identified included the inadequate per diem paid to county foster parents. It is known that foster parents are the best recruiters of other foster parents so staff within the region recognize the importance of providing support to the existing resource families.

Additionally, a concern was identified that there are county foster parents who want to stay with the county but also have the capacity and interest to be Therapeutic Foster Parents and cannot at this time become therapeutic homes unless they are licensed by a contracted private agency.

Foster care management and specialist staff has been employed and a Foster Care Service delivery plan is being developed to include training and measurable outcomes. Multiple suggestions were made for State consideration including increasing county foster parent per diems, assistance with foster parent upfront costs, changes in the rate structure and consideration of a therapeutic category for county foster parents

Home-based Casework/Therapy: Although there is an adequate # of providers the counties prefer to use those that take Medicaid to save dollars for other needed services. The Medicaid providers have waiting lists up to 90 days. To wait that long for home based services often defeats the purpose of early home based intervention.

The region plans on continuing to work with Community Mental Health Centers to increase access and suggests the State DCS consider working with DMH on potential solutions as well as the State DCS considering payment of co-pays.

Independent Living Services: The workgroup feels the service standards are limited and too specific and do not allow for much individualization.

The region plans to evaluate the standards in light of their needs and suggest revisions to the State.

Inpatient Drug/Alcohol Abuse Detox and Treatment for children and adults: The workgroup estimates 90% or more of their cases involve drug and alcohol issues. The region has no local providers and very few options. Counties each have one provider. Detox and treatment are very expensive and there is limited knowledge about what are reasonable outcome expectations. For parents involved in prevention programs through Community Partners, there is a fear that to acknowledging substance abuse will result in becoming a CPS case. There is also an issue of who cares for the children when if they choose to go into treatment, particularly in prevention cases where foster placement is not an option.

Recommendations include gaining more knowledge on best practice models and reasonable expected outcomes, exploring drug courts for the region, working with Community Partners to decrease barriers to access and then making recommendations to the State for revisions in the service standards.

Involvement of non custodial parents: The general consensus was that non custodial parents could be more involved in cases. Legal issues such as incarcerations and protective orders complicate the involvement of some non custodial parents as well as biases of custodial parents. Additionally many of the children involved with DCS have been exposed to extensive drug use, abuse and neglect. As such, services are needed for the parents as well as their children to facilitate healthy interaction and effective parenting. Services have not always been available or afforded to the non-custodial parent to the same extent as the custodial parents.

Judge David agreed to discuss legislative barriers and potential solutions with Director Payne and the county directors plan to develop a checklist as a reminder for FCM's to involve more non custodial parents.

Family Shelters: Boone Montgomery and Hendricks counties have no family shelters.

County directors plan to contact other shelter providers to discuss their needs and encourage more local access.

Service Standards: The group felt that although many service standards such as home based services are based on empirically researched models, i.e., Home Builders, the service standards need to be more uniformly based on empirically researched, effective models of care. Consistent with this recommendation is the suggestion that providers be held accountable to model benchmarked outcomes.

The workgroup plans to volunteer some of its members specifically the Local Office Directors and Regional Manager to evaluate existing service standards and develop standards that will be used for procurement within the Region.

Budgeting presented a challenge given the recent cutbacks and the unknown impact of recent changes within the agency to centralize funding and billing, improve service standards and the standardization of rates. Given these unknowns it was felt that the past is the best predictor of the future and so the allocations are based upon the services that we have been utilized in the past and the spending trends of the period between January and August 2009. The funding for 2012 and 2013 reflects a 5% reduction to reflect the reductions in revenue experienced by the State.