

A.

EXECUTIVE SUMMARY

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

Summary of Needs Assessment and Public Testimony

Each region in the state conducted a needs assessment survey of local professionals who have experience with child welfare/juvenile justice services. The intent of the survey was to evaluate local service needs. Results of the survey were to be used to assist in determining Region 16's child welfare/juvenile justice service needs and the appropriate service delivery mechanisms. Each Department of Child Services (DCS) Local Office Director (LOD) created an e-mail contact list of local child welfare/juvenile justice professionals and other "key informants" within the county. (See Section F for a complete list of key informant categories.) An electronic version of the needs assessment survey was disseminated to all persons on the contact lists. The survey was comprised of 68 items, including both services funded through DCS as well as other community-based services that are not currently funded through DCS. Survey respondents were asked to rate each service in terms of availability of that service to children and families, and to rate the effectiveness of that service.

Out of the 206 surveys distributed by the LODs in Region 16, there were 56 responses returned. Forty-five (45) percent of the respondents were contracted DCS service or community providers, 11% were from the category listed as "Other," 7% of the respondents were from DCS, and 7% were domestic violence service providers. The remaining 30% fell into a variety of respondent categories, including one juvenile judge who responded to the survey. No DCS case managers responded to the survey.

Given the large size of the region, both geographically and in terms of population, caution must be taken in giving a great deal of credibility to the survey results. The results can be viewed as indicative, but not conclusive. This became apparent in discussions with work-group members, as well as in terms of total responses received for the region. There may have been a variety of interpretations of survey questions. Of note are the comments that were included with the survey results.

Availability /Accessibility

There are recurrent themes in the availability/accessibility grids for the region. For those services that DCS has the capacity to purchase, there are concerns regarding:

- Transportation (in both rural as well as urban settings);
- Lack of options of service providers; and
- Language/cultural barriers (particularly in Vanderburgh Co.).

For those services DCS does *not* have the capacity to purchase, there are concerns regarding:

- A lack of presence of service providers in the community (most especially true with rural counties); and
- Transportation (in both rural as well as urban settings).

Written and Oral Testimony

- A grandparent submitted a letter requesting that the statute concerning visitation (IC31-7-5) be amended to allow grandparents to petition the court to address “unreasonably denied visitation.”
- A foster parent expressed frustration and confusion regarding foster care rates and timely payment.

Summary of Available Services

The Department of Child Services (DCS) makes every effort to offer an efficient and comprehensive array of services to meet the needs of children and families they serve. Service needs may vary greatly from region to region within the State, as well as to a lesser degree from county to county within a region. The present process is designed to more clearly identify areas of service availability and/or gaps that may require further attention from DCS. Service offerings detailed in Section H fall into one of two basic categories, *prevention* services, and *intervention* services. Prevention Services are utilized to prevent formal DCS involvement; Intervention services are characterized by a formal involvement of the DCS in a case.

It is the goal of both the Department of Child Services and Juvenile Probation to prevent unnecessary separation of children from their families by identifying family problems, assisting families in resolving them, and returning children who have been removed from their homes to their families.

Services offered may be preventative or intervening and may include, but are not limited to:

- education
- counseling
- visitation
- sexual abuse treatment
- parent aides
- homemaker services
- home-based family services

Additionally, the DCS offers other ancillary and support services, including adoption services, foster parent training and support services, and Independent Living services for children aging out of the system.

Prevention Services may include services accessed by DCS referral, but not funded by the DCS or provided by a DCS contracted provider. Preventative services also include the Community Partners for Child Safety (CPCS) program and the Healthy Families Indiana program.

- Community Partners for Child Safety (CPCS) provides an array of child abuse and neglect prevention services. The program is available to families not actively involved with the Department of Child Services or Healthy Families. The CPSC program offers a service continuum that builds community support for families identified through self-referral or community agency referral by connecting these families to resources needed to strengthen the family and prevent child abuse and neglect.

- Healthy Families Indiana is a voluntary home visitation program designed to promote healthy families and children (0-5 years of age) by reducing child abuse and neglect, childhood health problems, and juvenile delinquency through a variety of services, including child development, access to health care, and parent education. The program systematically identifies families that could benefit from education and support services either before or immediately after birth. Families identified to have a need are offered the opportunity to participate in a voluntary home visiting program tailored to their individual needs.

Services Historically Utilized

Region 16

The table below indicates the types of DCS service priority for the region, as reflected through their expenditure/purchase of services. The top five DCS service type expenditures for the region from January 1 – August 31, 2009 were:

(in descending order re: funds expended)

- Visitation Facilitation;
- Home-Based Family-Centered Casework;
- Homemaker/Parent Aid;
- Home-Based Family-Centered Therapy; and
- Random Drug Testing.

Presented below is a closer look at each county within the region, summarizing several common factors that make it unique within the region, their challenges with the availability and accessibility to services, and their top five DCS service type expenditures/purchases from January 1 – August 31, 2009.

Gibson County

Gibson County (population 33,000; county seat – Princeton) is predominantly rural. The county has multiple school corporations and multiple law enforcement agencies. Both of the aforementioned create challenges for the DCS in addressing the needs of children and families. Transportation is a major barrier to service. The CPCS provider is working on addressing the transportation issue through a voucher system. The county DCS has confidence in working through three primary service types: visitation, home-based therapy, and homemaker services. Significant resources are expended on substance abuse screenings that are not reflected below.

- Visitation Facilitation
- Home-Based Family-Centered Therapy
- Homemaker/Parent Aid
- Home-Based Family-Centered Casework
- Parenting/Family Functioning Assessment

Knox County

Knox County (population 38,000; county seat – Vincennes). The majority of the population of Knox County lies within Vincennes. This is a college town and population fluctuates significantly with the school year. Knox County has had, and continues to have, significant substance abuse problems, most especially with methamphetamine. Transportation presents a major barrier to service access. While there are a number of services available within Knox County, there is no child advocacy center and no domestic violence shelter. Historically, the county has high confidence in home-based family-centered services, visitation facilitation, and home-based therapy.

- Home-Based Family-Centered Counseling
- Visitation Facilitation
- Home-Based Family-Centered Therapy
- Homemaker/Parent Aid
- Random Drug Testing

Pike County

Pike County (population 13,000; county seat – Petersburg) is predominantly rural with a high level of poverty. Substance abuse and methamphetamine use are significant problems. The county is relatively service-poor. There are no domestic violence programs, substance abuse programs, or child advocacy centers available. The county puts confidence in home-based family-centered services, home-based family-centered therapy, visitation facilitation, and homemaker/parent aid services.

- Home-Based Family-Centered Casework
- Home-Based Family-Centered Therapy
- Visitation Facilitation
- Homemaker/Parent Aid
- Random Drug Testing

Posey County

Posey County (population 26,000; county seat – Mt. Vernon) is predominantly rural, although the income level is greater than other rural counties within the region. Transportation is a significant barrier to service delivery. The county has numerous school districts and law enforcement agencies, which presents a challenge to DCS work. Many services are accessed through travel to Vanderburgh County. Confidence is largely with home-based family-centered therapy, visitation facilitation, and homemaker/parent aid services.

- Home-Based Family-Centered Therapy

- Visitation Facilitation
- Homemaker/Parent Aid
- Home-Based Family-Centered Casework
- Foster/Adoptive/Kinship Caregiver Training

Vanderburgh County

Vanderburgh County (population 175,000; county seat – Evansville) is the most populous county within the region. Vanderburgh County has a significant minority population (seven percent African-American, a growing Latino population, and a Vietnamese and Russian population). Relative to the other counties in Region 16, Vanderburgh County is service-rich. The county has one law enforcement agency and one school corporation, which facilitate DCS work. The county puts confidence in visitation facilitation, home-based family-centered casework, and homemaker/parent aid.

- Visitation Facilitation
- Home-Based Family-Centered Casework
- Homemaker/Parent Aid
- Home-Based Family-Centered Therapy
- CHAFEE IL – Voluntary Foster Care Independence Program
- Transition from Restrictive Placement

Warrick County

Warrick County (population 58,000; county seat – Boonville) is a bedroom community to Evansville. There is limited transportation, which serves as a barrier to service. Warrick County has multiple school corporations and multiple law enforcement agencies. The county has a relatively high rate of methamphetamine abuse. Services historically purchased in Warrick County include home-based family-centered therapy, visitation facilitation, home-based family-centered casework, and homemaker/parent aid.

- Home-Based Family-Centered Therapy
- Visitation Facilitation
- Home-Based Family Centered Casework
- Homemaker/Parent Aid
- Parenting/Family Functioning Assessment

Availability/Accessibility

There are recurrent themes in the availability/accessibility grids for the region. For those services that DCS has the capacity to purchase, there are concerns regarding:

- Transportation (in both rural as well as urban settings);
- Lack of options of service providers; and
- Language/cultural barriers (particularly in Vanderburgh Co.).

For those services DCS does *not* have the capacity to purchase, there are concerns regarding:

- A lack of presence of service providers in the community (most especially true with rural counties); and
- Transportation (in both rural as well as urban settings).

Summary of Spending

According to information gathered from provider evaluations (during the eight-month period of 1-1-09 through 8-31-09), the top five service standards for which expenditures were made are as follows:

- Visitation Facilitation
- Home-Based Family-Centered Casework
- Homemaker/Parent Aid
- Home-Based Family-Centered Therapy
- Random Drug Testing

The manner in which Region 16 resources have been expended is not directly reflected in service priorities. The five service types (above) are the services that the counties within the region have historically utilized and trusted over the years. The high need priority areas (domestic violence, substance abuse services, and sex offender treatment) have been addressed, although not sufficiently, through the service standards listed above. Special expertise on the part of providers is necessary to produce good outcomes for these difficult areas of need.

In the absence of adequate programs to address the complex needs of families experiencing domestic violence, substance abuse, and sexual abuse, DCS and juvenile justice have frequently found it necessary to use institutional care. Expenditures on this care are taxing the Region 16 budget, as demonstrated in the Tables on Institutional vs. Preservation Expenditures, DCS/JJ (summarized below) at the end of Section J (Summary of Work Group Activity).

Child Welfare, in 2008, expended 39% of total funds (\$18,834,000) in family preservation (less than \$7.5 million), while probation expended 1% (less than \$200,000). In 2009, Child Welfare expended 37% of total funds (\$16,053,000) in family preservation (less than \$6 million), while probation expended 1% (less than \$210,000). The three priority areas (domestic violence, sexual abuse, and substance abuse) have service standards in family preservation services; if each of the respective systems purchased family preservation services through service standards that address the priority areas, then institutional care costs, which exceed 60% of the total expenditures, might come down. This is, of course, contingent upon qualified providers being available.

Summary of Regional Action Plan

The Regional Action Plan presented in this section is based on all data collected that addressed regional service needs. These data sources assessed the following areas:

- * Service availability (through the needs assessment survey, Section E),
- * Service effectiveness (through the needs assessment survey, Section E),
- * Public perception of regional child welfare services (through public hearings, Section F),
- * Practice Indicators (13-month summaries from August '09 - Section G),
- * Regional workgroup determination of service available/accessibility (service array table with codes, Section H), and
- * Additional input provided by the workgroup.

These data sources were considered by regional workgroups to determine service needs that were to be prioritized by a region for the relevant biennium. To address these service needs, regional workgroups formulated action steps, which included distinct, measurable outcomes. Action steps also identified the relevant parties to carry out identified tasks, time frames for completion of tasks, and regular monitoring of progress towards task completion.

Identified Areas for Change & Outcomes to be Measured

In consideration of all information gathered to date and the workgroup's discussions, it was concluded that the following services reflect the priorities for the region:

1. Substance abuse treatment (adults and children, for both those abusing substances and those affected by the abuse). Some initial actions that may be undertaken to assist in this are:

- Work towards establishing an intensive outpatient program for youth;
- Work towards establishing CHINS drug courts throughout region; and
- Improve recruitment, retention, and training of foster homes specializing in addressing needs of children who have been adversely affected by substance abuse.

2. Sex abuse treatment (adults and children, victims and perpetrators). Some initial actions that may be undertaken to assist in this are:

- Increase the availability of child advocacy centers, with special focus on Knox, Pike, and Gibson Counties; and
- Improve recruitment, retention, and training of foster homes specializing in addressing needs of children who have been victimized through sexual abuse.

3. Domestic violence programs (adults and children, victims and perpetrators). Some initial actions that may be undertaken to assist in this are:

- Increase the availability of domestic violence programs, with special focus on northern part of region; and

- Improve recruitment, retention, and training of foster homes specializing in addressing needs of children who have been adversely affected by domestic violence.

Method

1. Enhance Substance Abuse Treatment Services

- A. Establish a Workgroup
 - i. Invite professional agencies who already provide services and those who serve adult and juvenile populations, probation, and FCMs
 - ii. Provide an orientation

- B. Identify service gaps in the region in the substance abuse treatment area for adults and children.
 - i. Develop a data base for each county and for the region

- C. Identify service gaps for CHINS related adults, and probation and CHINS youth
 - i. Correlate available services and DCS service standards
 - ii. Identify service gaps in each county in the region
 - iii. Solicit development of missing services in each county in the region

- D. Develop a regional foster care task force
 - i. Develop a recruitment campaign
 - ii. Identify foster and relative homes and recruit foster homes where there is an interest in caring for children with substance abuse issues as well as children with parents with substance abuse issues.
 - iii. Develop and provide additional training in the substance abuse area for foster homes.

2. Enhance Sex Abuse Treatment Services

- A. Establish a Workgroup
 - i. Invite professional agencies who already provide services and those who serve adult and juvenile populations, probation, and FCMs
 - ii. Provide an orientation

- B. Identify service gaps in the region in the sex abuse treatment area for adults and children
 - i. Develop a data base for each county and for the region

- C. Identify service gaps for CHINS related adults, and probation and CHINS youth
 - i. Correlate available services and DCS service standards
 - ii. Identify service gaps in each county in the region.
 - iii. Solicit development of missing services in each county in the region

- D. Develop a regional foster care task force
 - i. Develop a recruitment campaign

- ii. Identify foster and relative homes and recruit foster homes where there is an interest in caring for children with sex abuse issues as well as children with parents with sex abuse issues.
- iii. Develop and provide additional training in the sex abuse area for foster homes.

3. Enhance Domestic Violence Treatment Services

A. Establish a Workgroup

- i. Invite professional agencies who already provide services and those who serve adult and juvenile populations, probation, and FCMs
- iii. Provide an orientation

B. Identify service gaps in the region in the domestic violence treatment area for adults and children

- i. Develop a data base for each county and for the region

C. Identify service gaps for CHINS related adults, and probation and CHINS youth

- i. Correlate available services and DCS service standards
- ii. Identify service gaps in each county in the region
- iii. Solicit development of missing services in each county in the region

D. Develop a regional foster care task force

- i. Develop a recruitment campaign
- ii. Identify foster and relative homes and recruit foster homes where there is an interest in caring for children with domestic violence issues as well as children with parents with domestic violence issues
- iii. Develop and provide additional training in the domestic violence area for foster homes

Summary of Unmet Needs

The work group discussions and survey data identified four unmet needs perceived to be of a significant importance. These needs are as follows:

- Quality assurance for children in residential placement
- Services to runaway and homeless youth
- Transportation services
- Translation services

Quality assurance for children in residential placement - The work group had an extensive discussion regarding costly residential care. Over all, more than 60% of the Region 16 budget is expended to support institutional care. The perception was that this may be compromising the region's capacity to develop and support important "front end services" designed to keep children out of substitute care. Some work group members felt that a modest reduction in residential placements could be achieved, enabling greater attention to family preservation and, possibly, prevention services.

Services to runaway and homeless youth - Services for runaway and homeless youth (unattached youth) are not available in Region 16. There are youth in the region/community who may have been pushed out of their homes or may have chosen to run away from an abusive situation. These youth "couch surf" and meet the definition of homeless but do not qualify for services that can be accessed by the adult homeless. Unattached youth are at high risk for involvement in the Juvenile Justice System.

Transportation - The lack of transportation is a serious barrier to service provision in Region 16. There is no public transportation available in five of the six counties represented. There is limited public transportation available in Evansville. Poverty is prevalent in the rural counties within the region, and consequently resulting in limited access to reliable automobiles. This is compounded with high fuel prices and a region that stretches one hundred miles from north to south and as much as fifty miles from east to west. Many of the roads are two lanes and dangerous. The barrier grid evidenced "No providers exist" in five of the six counties within the region.

Translation Services - While translation services are written into service standards, they are frequently difficult to access. This is particularly true in Vanderburgh County, where there is an emerging Latino population. The issue is threefold. There is difficulty in locating a translator. The translator needs special skills to understand the sensitivities of abuse/ neglect situations. Finally, getting all parties coordinated (families, DCS/probation officer, and interpreter) with regards to time and place presents major logistical challenge.