

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 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 18'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 353 surveys distributed by the LODs in Region 18, there were 106 responses returned. Thirty (30) percent of the respondents were contracted DCS service or community providers, 29% of the respondents were from DCS, and 17% were from the category listed as "Other." The remaining 21% fell into a variety of respondent categories, including five probation officers and three juvenile judges who responded to the survey. No DCS attorneys and no foster parents 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. There may have been a variety of interpretations of survey questions.

Those items that average less than 2.0 on a 4.0 scale (1- Strongly Disagree; 2-Disagree; 3-Agree; and 4-Strongly Agree) imply lack of availability of service and include the following:

- 1.62 - Support services for lesbian, gay, and bisexual youth.
- 1.74 – Family shelters for the homeless.
- 1.78 – Transitional/supervised apartments—older youth.
- 1.78 – Sex offender treatment—adult offenders.
- 1.92 – Programs for parents in process of divorce.
- 1.95 – Sex offender treatment services—juvenile offenders.
- 1.96 – Transportation assistance (formal or informal).
- 1.97 – Adult-child mentoring programs.
- 1.98 – Services to at-risk families of diverse backgrounds.

The same survey rated quality of service. The quality ranked a full point higher in almost every service type, regardless of availability ranking.

Availability/Accessibility

(as gathered from the barrier grids, Section H)

There is a recurrent theme in the availability/accessibility grid for Region 18. For those services that DCS has the capacity to purchase, there is some concern regarding a lack of options. In the counties that are predominately rural, there are access issues. There may not be a local provider in the county; rather, a staff person may be available limited hours.

For those services that are community supports, the barriers focused on there being few options. Those options that were available were not always deemed to be of adequate quality.

Testimony Written and Oral (Summary)

- **Floyd County YSB** – concern about DCS and probation collaboration, status offenders are, more often than not, abused and neglected
- **New Hope** – residential group home has been overburdened with developmentally-disabled youth; some residents have no source of payment; BDDARS, Dept. of Ed. and DCS not interacting at the appropriate administrative level; insufficient bed capacity in DV shelter; need for better monitoring of prescription drugs/drug abuse; need for DCS foster parent training to be same quality as contracted foster care provider
- **Family and Children’s Place** – finding it difficult to staff in accordance with service needs; perceived need for increased drug and alcohol programs and domestic violence programs; changing policy on CHINS 6 has resulted in youth being identified as delinquents – DCS and Juvenile Justice need better method of sharing information
- **Hoosier Hills PACT** – concerned about prevention services for youth at risk for delinquency
- **Blue River** – concerned about availability of independent living services

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 18

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:

- Home-Based, Family-Centered Casework Services;
- Visitation Facilitation;
- Home-Based, Family-Centered Therapy;
- Homemaker/Parent Aid; and
- Diagnostic and Evaluation Services.

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.

Clark

Clark County (population 107,000; county seat – Jeffersonville) shares many similarities with Floyd County. Compared to other counties in the region, Clark has a relatively large urban area. It is adjacent to Louisville. Many of its residents work in Louisville. Clark has a significant Latino population. This county has more services located within county than other counties within region. There is a significant drug and alcohol abuse problem. Drugs more commonly found in urban environments are present, including crack, cocaine, heroin, and to a lesser extent, methamphetamine. From a service standpoint, there is a heavy reliance upon home-based services.

- Home-Based Family Centered Casework
- Visitation Facilitation
- Substance Abuse Assessment and Treatment
- Counseling—Individual/Family
- Diagnostic and Evaluation

Floyd County

Floyd County (population 74,000; county seat – New Albany) shares many similarities with Clark County. From a demographic standpoint, there are significant minority populations within county, including African-American and Latino. There is a great deal of public housing available in Floyd County. Along with the public housing, there are a number of problems more commonly associated with urban environments. There is a high level of drug activity and gang problems associated with the drug trade. Drug use includes crack, cocaine, and heroin. There is also a fair amount of alcohol abuse. Home-based services are used heavily. All efforts are made to access home-based services that are reimbursable by Medicaid to control costs billed to the State DCS budget.

- Home-Based Family-Centered Casework
- Visitation Facilitation
- Home-Based Family-Centered Therapy
- Diagnostic and Evaluation
- Counseling—Individual/Family

Harrison County

Harrison County (population 37,000; county seat Corydon) is a predominantly rural county. Transportation is a major barrier to service provision. Both home-based services and Parent Aid services are utilized heavily. There is a significant amount of methamphetamine abuse in Harrison County. This frequently results in need for intervention by the Department of Child Services and subsequent use of substitute care. There is an active domestic violence program within the county, and the community took the initiative to start a child advocacy center.

- Home-Based Family-Centered Casework
- Homemaker Parent Aid
- Home-Based Family-Centered Therapy
- CHAFEE IL – Foster Care Independence Program
- Child Advocacy Center

Scott County

Scott County (population 24,000; county seat – Scottsburg) has a high degree of poverty. Community leaders have made significant attempts to develop a responsive service array, as demonstrated through Scott County Partnership and the Lifelong Learning Center. Transportation poses a serious barrier to service delivery. The county relies largely upon home-based casework, utilizing New Hope, McConn & Associates, and LifeSpring Community Mental Health Center for the provision of this service. The county

experiences a relatively high rate of abuse and neglect, relative to the state as a whole. This may be partially attributable to poverty. It also may be attributable to a high rate of substance abuse and, in particular, prescription drug abuse.

- Home-Based Family-Centered Casework
- Home-Based Family-Centered Therapy
- Diagnostic and Evaluation
- Counseling—Individual/Family
- Foster/Adoptive/Kinship Caregiver Training

Washington County

Washington County (population 28,000; county seat – Salem). From a population standpoint, Washington County is the smallest in the region. This county shares some similarities with Scott and Harrison in its rural nature. The county relies largely on home-based casework and home-based therapy. All efforts are made to access Medicaid-reimbursable services. Washington County does have a domestic violence shelter and an array of domestic violence programs sponsored by Hoosier Hills PACT.

- Home-Based Family-Centered Therapy
- Home-Based Family-Centered Casework
- Foster/Adoptive/Kinship Caregiver Training
- Diagnostic and Evaluation
- Foster Family Support Services

Availability/Accessibility

There is a recurrent theme in the availability/accessibility grid for R18. For those services that DCS has the capacity to purchase, there is some concern regarding a lack of options. In the counties that are predominately rural, there are access issues. There may not be a local provider in the county; rather, a staff person may be available limited hours. For those services that are community supports, the barriers focused on there being few options. Those options that were available were not always deemed to be of adequate quality.

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:

- Home-Based, Family-Centered Casework Services;
- Visitation Facilitation;
- Home-Based, Family-Centered Therapy;
- Homemaker/Parent Aid; and
- Diagnostic and Evaluation Services.

The manner in which Region 18 resources have been expressed 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. It is notable that the next-highest service standard in terms of expenditures is counseling. The region expends a good deal on counseling, and it is reported that FCMs attempt to meet the needs arising from domestic violence, substance abuse, and sexual abuse through this standard, as well as the five service areas listed above. This has not been fully satisfactory. 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 18 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 17% (almost \$2 million) of total funds (\$11,618,000) in family preservation, while probation expended 4% (almost \$.5 million). In 2009, Child Welfare expended 21% (in excess of \$2 million) of total funds (\$10,157,000) in family preservation, while probation expended 3% (\$.33 million). 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 75% of the total expenditures, might come down. This is, of course, contingent upon qualified providers being available.

Summary of Regional Action Plan

Overview

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 Aug. 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

- Domestic violence treatment programs;
- Substance abuse treatment services;
- Sexual abuse treatment programs.

Outcomes to be Measured

The following practice indicators were considered in the selection of the areas identified for action steps: Absence of Repeat Maltreatment, Length of Time in Care, Type of Chins Placement, and Initial Assessment / Use of Substitute Care. Absence of Repeat Maltreatment is likely affected by difficulties in treating families who experience Domestic Violence or Substance Abuse issues. Families involved in both of these areas frequently need a great deal of on going support and frequently relapse causing continuing safety concerns. Currently Region 18 has the second most informal adjustment in the State and has a very high percentage of families with in home chins actions increasing the importance of developing highly effective treatment and support programs for families who experience domestic violence or substance abuse issues.

The practice Indicator of Length of Time in Substitute Care is certainly impacted by both substance abuse and domestic violence. Both of these areas require a great deal of time in treatment and supervision thus increasing the amount of time some children have to remain in substitute care. Additionally the incidence of child sexual abuse also increases the amount of time children must spend in substitute care due to safety issues when the non offending spouse is unable or unwilling to protect the children. Additionally this indicator is certainly affected by the

lack of services available to families with children who are seriously emotionally disturbed and children with severe developmental disabilities.

The practice indicator, Type of CHINS Placement, is affected by domestic violence, substance abuse and child sexual abuse as they each may present safety concerns that require the children be placed in substitute care due to safety concerns. Additionally children who are sexually abused may require residential treatment programs of significant duration.

The practice indicator, Initial Assessment / Use of Substitute Care, is also impacted by domestic violence, sexual abuse and substance abuse as they present safety concerns that may not permit in-home services.

Method

The method for achieving Region 18's Regional Action Plan is consistent across all three areas identified for change (domestic violence treatment programs, substance abuse treatment services, and sexual abuse treatment programs). The method includes five action steps (1-5 below), each comprised of 1-4 tasks (a-d below), as follows:

1. Establish a work group
 - a. Invite organizations and agencies impacted by issue, to include 2-1-1 representatives, law enforcement, service providers, FCMs, and other relevant community agencies
 - b. Orient group to the task at hand
2. Identify Regional Needs in regard to priority areas
 - a. Gather statistics from work group based upon reports
 - b. Solicit similar information from each county within region
3. Compare with current service standard and identify any missing components
 - a. Examine range of available services through DCS service standards
 - b. List continuum of possible interventions
 - c. Identify gaps in a comprehensive approach
 - d. Attempt to achieve for each county in region
4. Report to Regional Service Council
 - a. Prepare comprehensive report
 - b. Submit report electronically for Regional Service Council in advance of meeting
5. RSC to make recommendations
 - a. Discuss/modify recommendations of workgroup report
 - b. Identify actions Regional Service Council prepared to enable additional service development and fill gaps

Resources Necessary

From 2010 to 2013, Region 18 is proposing redistributing funds from institutional care to family preservation services. This will be done slowly and incrementally in order to facilitate the development of services necessary to address priority areas. Shifting resources incrementally will take time. Region 18 does not intend to diminish resources available for institutional care in a manner that would jeopardize children in the five-county area. A modest redistribution of resources will be made in the Region 18 foster care system. Reinvestment in foster care will hopefully enable Region 18 to address substitute care needs in a less restrictive environment.

Summary of Unmet Needs

The work group identified five unmet needs that were perceived to be of a high priority. These needs are as follows:

- Family Friendly Homeless Shelter
- Children's Psychiatric Services
- Services for Children with Developmental Disabilities
- Kinship Care Programs
- Truancy Programs

The work group discussion and barrier grid revealed information that speaks to issues and concerns with the current services supporting these five unmet needs. These issues and concerns are as follows:

Family Friendly Homeless Shelter- The shelter that is available may not provide a sufficient level of supervision to make it safe and desirable for attached children of homeless adults. This can lead to increasing the need for substitute care, which is not in the best interest of the children or the parent. The barrier grid evidenced "Quality of service" issues in all counties within the region.

Children's Psychiatric Services/Services for SED Youth- The services available are perceived to be difficult to access. Long waiting lists are a problem and payment issues may be a barrier. Frequently the client is Medicaid eligible and the provider may not wish/be able to accept Medicaid payment. The barrier grid evidenced "Lack of options of service providers" in all counties within the region.

Services for Children with Developmental Disabilities- The issue identified with children with developmental disabilities is a systems issue. It was recognized that these children need a high level of support and service. It was also recognized that their condition will not change, and that too often these children are being recognized through Child Welfare or Juvenile Justice. The DD condition may lead to involvement in either system because these youth present serious behavioral management challenges for caregivers. There is a perception that the Bureau of Developmental Disabilities needs to become involved with these children. Relying on DCS/JJ to support expensive residential programs for this population is heavily taxing the R18 budget. The barrier grid evidenced "Lack of options of service providers" in all counties within the region.

Kinship Care Programs-Children who have been in foster care and/or residential care may be returned to the care of a relative. When this occurs, if the child no longer has CHINS status, the relative may not have adequate supports to provide for the child in their custody. This has the potential of resulting in the child's return to substitute care,

which could have been averted if services had been available and without creating a financial hardship on the custodial relative.

Truancy programs- Both the probation consultant and the judicial representative of the work group see truancy as the threshold to the juvenile justice system. In the absence of programs designed to identify and intervene with truants, there is increasing pressure on probation as these youth, when out of school and unsupervised, often commit crimes. The barrier grid evidenced “Lack of office or staff within county” in all counties within region. “Lack of Quality” and “Lack of Options” was noted in three counties within region.