

## 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 17's child welfare 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 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 more than 450 surveys distributed by the LODs in Region 17, there were 116 responses returned. Eighteen (18) percent of the respondents were from DCS, 15% of the respondents were contracted DCS service or community providers, 7% were from GALs/CASAs, 6% were from law enforcement agencies, 6% were from the education (school) community, and 5% were from the category listed as "Other" The remaining 29% fell into a variety of respondent categories, including 2 juvenile judges.

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. It was also noted in the work group that the survey questions may have been interpreted in a variety of ways.

### **Service Availability/Accessibility**

(as gathered from the barrier grids, Section H)

Language and cultural barriers are a significant problem in Daviess, Dubois, and Spencer Counties. All seven counties are service-poor and providers do not have office staff to provide necessary services within the county. Spencer, Martin, and Daviess are particularly service-poor. There is a recurrent theme of lack of options of service providers throughout the region. Transportation presents a major barrier to service delivery throughout the region.

### **Written and Oral Testimony**

There were three parties providing public testimony. One grandparent spoke regarding her wish for a change in grandparent visitation rights. There was an endorsement of home-based programs and a perceived need to increase capacity of domestic violence programs.

## **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 17**

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:

- Homemaker/Parent Aid;
- Home-Based, Family-Centered Therapy;
- Visitation Facilitation;
- Home-Based, Family-Centered Casework; and
- Foster/Adoptive/Kinship Caregiver Training.

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.

### **Crawford County**

Crawford County (population 11,000; county seat – English) has historically relied upon home-based services. When possible, home-based therapy has been referred to the community mental health center. The community mental health center is a Medicaid eligible provider, and efforts are being made to use the CMHC to reduce expenses to the child welfare budget. There is a high level of unemployment in Crawford County. It is not infrequent that families have limited or unreliable transportation. This is especially a problem with visitation for youth who are in substitute care. There are very few county-based services available.

- Home-Based Family-Centered Therapy
- Homemaker/Parent Aid
- Diagnostic and Evaluation Services
- Foster/Adoptive/Kinship Caregiver Training
- Adoption Pre-/Post-Placement

## **Daviess County**

Daviess County (population 30,000; county seat – Washington) has the largest caseload in the region. The county, however, does not have the largest population. The high caseload is due to a high level of methamphetamine use. It is estimated that 90% of child removals can be attributed to methamphetamine use. There are services available through the CMHC, which has its central location in Knox County. Home-based therapy and home-based services are trusted and used extensively.

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

## **Dubois County**

Dubois County (population 41,000; county seat – Jasper) has more service access than other counties within the region. Southern Hills Community Mental Health Center has its base within the county. This gives easier access to Medicaid reimbursed home-based therapy. Home-Based Services are also used to a large extent.

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

## **Martin County**

Martin County (population 10,000; county seat – Shoals) is a predominantly rural county with a high degree of isolation. As a whole, Martin County has limited services. There are no local providers, however there is a satellite mental health office in Loogootee. It is notable that there is no public transportation within the County. Services can also be accessed through the CMHS in Knox County. The county relies most often on Home-Based Casework and Home-Based Therapy. Access to services complicated by the fact that most residents must leave the county for employment.

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

- Home-Based Family-Centered Casework

### **Orange County**

Orange County (population 20,000; county seat – Paoli) Home-Based services are utilized and trusted. The County uses Southern Hills as their local mental health provider. There is a high rate of unemployment and poverty within the county.

- Foster/Adoptive/Kinship Caregiver Training
- CHAFEE IL – Foster Care Independence Program
- Home-Based Family-Centered Therapy
- Visitation Facilitation
- Homemaker/Parent Aid

### **Perry County**

Perry County (population 19,000; county seat – Tell City) has significant community supports for children and families. They rely heavily upon Home-Based Casework and Home-Based Therapy. In the past, most of this was provided through one organization; however, with the advent of regionalization, additional organizations are being utilized. There are now three providers that are addressing the majority of Region 17's service needs.

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

### **Spencer County**

Spencer County (population 20,000; county seat – Rockport) has little in the way of local service provision. Southern Hills Community Mental Health Center provides outpatient services. There is a reliance upon Home-Based Casework and Home-Based Therapy. Spencer County has small caseloads and accompanying small resources with which to address the caseloads. There has been an increase in the Latino population which has lead to some language and cultural barriers.

- Homemaker/Parent Aid
- CHAFEE IL – Voluntary Foster Care Independence Program
- Foster/Adoptive/Kinship Caregiver Training
- Home-Based Family-Centered Casework

- CHAFEE IL – Foster Care Independent Living

### **Availability/Accessibility**

There were recurrent themes in the availability and accessibility of services for Region 17. Language and cultural barriers are a significant problem in Daviess, Dubois, and Spencer Counties. All seven counties are service-poor and providers do not have office staff to provide necessary services within the county. Spencer, Martin, and Daviess are particularly service-poor. There is a recurrent theme of lack of options of service providers throughout the region. Transportation presents a major barrier to service delivery throughout the region.

## **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:

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

The manner in which Region 17 resources have been expended is not directly reflected in service priorities, with the exception of foster/adoptive/kinship caregiver training. 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 (foster care support, domestic violence, 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.

While the region is making a significant investment in foster/adoptive/kinship caregiver training, further spending on foster family support services are indicated as necessary by the work group. In the absence of a strong foster care system, and adequate programs to address the complex needs of families experiencing domestic violence and sexual abuse, DCS and juvenile justice have frequently found it necessary to use institutional care. Expenditures on this care are taxing the Region 17 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 24% of total funds (\$4,654,000) in family preservation (less than \$1.2 million), while probation expended 1% (less than \$30,000). In 2009, Child Welfare expended 20% of total funds (\$4,144,000) in family preservation (less than \$1 million), while probation expended less than 1% (\$8,000). The three priority areas (foster care support, domestic violence, and sexual abuse) have service standards in family preservation services; if each of the respective systems purchased family preservation services to a significantly greater extent, 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 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.

### **Areas Identified for Change**

- Foster Family Support
- Domestic Violence Programs
- Sex Offender Treatment

### **Practice Indicators Considered**

- Trended absence of repeat maltreatment
- Child visits with family
- Length of stay in out-of-home placement
- Sibling placements
- Number of placement moves
- Locally placed children

### **Measurable Outcomes**

**Foster Family Support** – Serious efforts are being made to reduce institutional/residential care utilization and concurrent costs. Investment in the lesser restrictive community-based foster care is a logical approach to increasing capacity. It is hoped that foster care support will assist in recruitment and retention of quality caregivers within the region. The support of foster homes will allow Region 17 to place children in homes that better meet their individual needs and reduce the number of placement moves. Improved foster care support will increase foster parents’

understanding of the importance of sibling bonds, and promote more frequent family visits. Through the encouragement of interaction between child, family, and foster family, Region 17 will reduce length of stay in care.

**Domestic Violence Programs** – Domestic violence issues frequently result in a necessity for DCS intervention and use of substitute care. A holistic approach to victims (both partner victim as well as child victim) **and** perpetrator will serve to reduce reoccurrence of violent behavior. The establishment of domestic violence programs in each of Region 17's seven counties will help to reduce incidences of repeat maltreatment.

**Sex Offender Treatment** – Services to this population need to be addressed in a holistic fashion. In the absence of “front end services” for youth who have perpetrated, there is little option other than removal from the community. Court ordered programs that involve rigorous monitoring and treatment could avert the need for removal. Local office directors within Region 17 all identified a need for increased service capacity in addressing the needs of children who have been sexually abused, as well as youth who may have perpetrated an offense. Currently, referrals are made to counseling or highly expensive residential treatment facilities. These facilities are out of region and, consequently, present serious logistical problems for family involvement in the treatment and aftercare. While counseling may be of some benefit, a holistic approach addressing the needs of the victim, his/her family, and the perpetrator would improve outcomes. By increasing availability of services to victims of sexual abuse and their families, the region will see a rise in the absence of repeat maltreatment. Effective sexual abuse treatment programs will allow more children to remain in their local communities.

## **Method**

Region 17's goal for improving foster family support is to maintain and increase the number of foster homes available in the region. In order to do this, Region 17 will recruit and designate staff who will provide support for current licensed foster parents. Upon assuming their duties, foster care specialists will first introduce themselves to the foster parents. After visiting foster parents' homes, the foster care specialists will then verify that all files are accurate, in order, and consistent. Finally, the foster care specialists will maintain and strengthen the working relationship and communication between foster parents and the agency.

Region 17 hopes to establish a presence of domestic violence programs in every county in the region. This will take consistent and regular face-to-face service in each county. Region 17 providers will collaborate with local providers to make available services in every county and to educate the community on domestic violence. Region 17 will then plan a promotion, in October, with service providers for domestic violence security.

Finally, the team will promote community awareness of services available, through the use of local media venues.

Region 17's goal for improving sex offender treatment begins with creating a partnership with local stakeholders. A roundtable discussion will serve to do this. In the roundtable discussion with the local stakeholders, Region 17 will strategize and develop potential sexual abuse treatment options. Region 17 will then network for the availability of services in order to increase program availability for victims/perpetrators of sexual abuse.

## **Summary of Unmet Needs**

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

- Transportation
- Translation services
- Services for children who are developmentally disabled
- Day Care
- Sex Education

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

**Transportation** - The lack of transportation came up in almost every discussion of service provision. There is no public transportation available in the seven county area. Poverty is prevalent throughout the region, resulting in limited access to reliable automobiles. This is compounded with high fuel prices and a region that stretches seventy miles from north to south and over sixty miles from east to west. The roads are dangerous with very few limited access highways. The barrier grid evidenced “No providers exist” in all counties within the region.

**Translation Services** - While translation services are written into service standards, they are difficult to access. This is particularly true in Daviess, Dubois, and Spencer County. The issue is threefold. There is difficulty in locating a translator. The translator needs special skills to understand the sensitivities of abuse/ neglect issues. Finally, getting all of the former factors coordinated with the families’ and translators’ availability presents a barrier. The need is with the Latino population, which is increasing due to poultry processing in the three counties mentioned. This was identified as a barrier to service in the three counties mentioned above.

**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 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 taxing the Region 17 budget. While this issue was not evidenced on the barrier grid, it was a subject of serious discussion in the work group.

**Day Care** - Affordable day care represents an unmet need, especially for low-income families. Some of these families are employed on second or third-shift jobs, when day care is unavailable. It was reported that some licensed facilities were not of sufficient

quality. Again, transportation issues make it difficult to access day care. The barrier grid evidenced “Lack of transportation,” “Lack of options,” and “Waiting lists” as presenting access issues.

**Sex Education-** Sex education is seen as having poor quality within the region. This is attributed to the fact that the State Department of Health approved curriculum is abstinence based. This is seen as ineffective with a population of teens that are already sexually active. The absence of relevant information is seen as contributing to unwanted pregnancies and the spread of STDs. The barrier grid evidenced “Quality of service unacceptable” in five of the seven counties and a “Language/cultural” barrier in the three counties with an emerging Latino population: Daviess, Dubois, and Spencer.