

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 Survey and Public Testimony

A comprehensive needs assessment survey was conducted of key informants within the region to ascertain the perceived availability and quality of both services funded through the DCS, as well as other child welfare related services that are not funded by DCS. The needs assessment survey was structured to gain two types of information about local services; first, whether a service was available to families who resided in the key informant's county, and second, whether the key informants perceived these services (if available), as effective. A public hearing was also scheduled and held on September 28th, 2009 to ascertain any public input surrounding the provision of child protection services, local service needs, and system change. These two activities represented the DCS's attempt to gain information from sources both in- and outside the agency regarding the service offerings, service needs, provision of services, and suggestions toward system change within each region.

Results from the needs assessment survey indicated a *lack of accessible services* [region-wide] surrounding the following items:

- Lesbian/gay/bi-sexual/transgendered/questioning youth supports,
- Family shelter services
- Gang prevention services,
- Transitional independent living (IL) services,
- Runaway/homeless youth shelters,
- Inpatient drug treatment services for juveniles,
- Inpatient drug treatment services for adults,
- Sex offender treatment services,
- Support groups for adoptive families, and
- Adult/child mentoring services.

Further, the lowest *effectiveness ratings* [region-wide] were found for the following services:

- Gang prevention services,
- Foster family recruitment,
- Programs offering alternatives to [school child] suspension,
- Teen pregnancy/sex education programs,
- Lesbian/gay/bi-sexual/transgendered/questioning youth supports,
- Family shelter services,
- Alcohol and drug prevention services for juveniles,
- Transitional IL services,
- Sex offender treatment services, and
- Inpatient drug treatment services for adults.

The public hearing garnered no testimony from attendees. That is, while a number of individuals attended the public testimony, no one chose to testify.

Summary of Services, Prevention and Intervention that are Available in the Region

Comprehensive service array listings for both prevention and intervention services are listed in Section H of this plan. The availability and accessibility of these services was also evaluated by the regional workgroup to identify any barriers that might exist for families in their county. A coding system was implemented for this discussion and those results are also summarized in Section H. The regional workgroup found prevention services satisfactory at this time. Working with the Community Partners for Child Safety provider, the Regional Services Council (RSC) has benefited from the latitude necessary to implement their desired prevention programs. While this satisfaction relates directly to those services that it can fund through allocations specifically designated for prevention services, some action steps (detailed in Section K., item b.) are meant to be both preventive and intervening in nature. More specifically, services aimed at outpatient drug treatment for juveniles, adult/child mentoring services, and foster family recruitment were the focus of the workgroup's action steps.

Findings from the service array discussions that the workgroup held revealed a number of barriers surrounding independent living services, foster family support, parent education, sex offender treatment, both in- and outpatient drug treatment services, drug and alcohol prevention services for youth, adult/child mentoring services, shelter care, and emergency assistance/material relief services. The barriers surrounding these issues were considered and it was largely decided that few providers exist for these services. After deliberation, drug treatment for juveniles, adult/child mentoring services, and foster family recruitment and support services

were selected by the workgroup for the regional plan's focus due to their ability to reach large cross-sections of this region's population. These three areas also included action steps that are aimed at addressing multiple unmet needs uncovered by the several data sources considered.

General regional workgroup discussions uncovered concerns surrounding several areas that mirror findings from the needs assessment survey. Parent education services seemed to be lacking in this region. Further, geographic challenges were one concern of the workgroup, along with a lack of a mentoring piece. In terms of geographic challenges, much of the rural area in this region has been difficult for providers to serve, and transportation then becomes an issue for clients having to travel to receive these services. The workgroup also felt that implementing a mentoring piece into the State Service Standards would assist in achieving better and more stable outcomes. Thus, the workgroup *formally stated their request for Central Office DCS to review the Parent Education Service Standard and consider the addition of mentoring guidelines to be included.*

Also in terms of Service Standards, the workgroup felt that the exclusion of therapeutic visitations from Visit Facilitation – Parent/Child/Sibling was detrimental to their regional needs. *The workgroup would also like to formally request this be reviewed by Central Office DCS, and consider including therapeutic visitations back into the Visit Facilitation Service Standard for the next request for proposals (RFP) cycle.*

Inpatient drug treatment continues to be a concern within the region, whereas the cost of delivering this service to both adult and juvenile populations, as well as the absence of a local facility was a recurrent theme. With prohibitive funding and cost restraints, along with the absence of a local facility, the problem with delivering these services will require more research for possible alternatives to garner evidence-based outcomes.

Summary of Spending by Budget Categories

Summary of spending that occurred across calendar years 2007 and 2008 (as well as annualized spending projections for subsequent state budget year 2010) is included in Section I., item b. of this report. Budget categories included in this section are: Care of Wards in Foster Homes, Care of Wards in Institutions, Preservation Services, Miscellaneous Costs of Wards, and Medicaid Rehabilitation Option (MRO) costs. All information regarding spending in these budget categories was reported from the DCS Fiscal Department.

Summary of Regional Plan

Regional workgroups assimilated the relevant data as described, and worked to come to a consensus on those areas that require distinct action steps to be carried out over the biennium. The areas identified as priority were drug treatment for juveniles, adult/child mentoring services, and foster family recruitment and support services.

First, juvenile drug treatment services will encompass the region holding regular meetings with contracted providers of this service, and other appropriate community and service professionals to serve as a workgroup. One charge of this group is to ensure that service expectations and evidence-based, best practice support services are being delivered in the region. Increased collaboration between providers on shared cases, as well as clarity in service expectations is another goal of this workgroup. In addition to training service providers on the expectations of these services, training and/or information will be made available for referring agencies (DCS and probation) on completing accurate and complete referrals for these services. This will basically serve to make sure that referring agencies and service providers are on the

“same page” when it comes to the treatment of juvenile clients and their families surrounding substance abuse issues. The workgroup is to be convened by March 2010 and remain an ongoing endeavor. Regular progress will be reported to the Regional Service Council by an appropriate designee.

Adult/Child Mentoring has also been assigned action steps. More specifically, a feasibility committee will be convened to begin organizing the current mentoring effort within the region, and what is lacking. This information will serve to target areas that lack sufficient mentoring efforts, and work will begin on attempting to fill these gaps. The goal is to begin a mentoring program, which will accept referrals and match individual clients within the region with an appropriate mentor. The program is to be created and functional, ready to receive referrals by March 2011. An appropriate designee will give regular reports at each Regional Service Council meeting. The content of these reports will be determined by the Regional Service Council and mentoring program designee.

Lastly, efforts surrounding foster family support and recruitment will be included in the action plan for this biennium. Evaluation of current resources will be done by a Local Office Director, and a “Recruitment Volunteer” will be named. The Recruitment Volunteer will ensure that proper orientation procedures are held with new foster families, as well as report regularly to the Regional Service Council (RSC), the status of foster homes in the Region. More specifically, these reports will detail the increase/decrease in the number of foster homes, retention numbers/longevity of foster homes, and other content as determined by the RSC. Providers in the region that hold support groups will also be involved, where regular [at least quarterly] reports will be made to the RSC detailing information on support groups that have been held. Information reported will include the number of attendees, the type of attendees (foster, adoptive, pre-adoptive), nature of the meeting/topics covered, where attendees were coming from (geographically), and future events. The Recruitment Volunteer and Regional Manager will assist with additional marketing of support groups, as necessary.

Summary of Unmet Needs

There are several unmet needs identified for Region 15 that have been identified in the needs assessment sent to the region. Many of these obstacles have been known to the region and continue to be identified and addressed as barriers through the Regional Services Council. Several unmet needs are a result of financial limitations of the community and the Department of Child Services and could not be effectively accommodated through the strategies created in the Biennial Plan. Some unmet needs are systemic in nature and are continually identified and addressed on a state and national level.

Unmet needs that may require a residential stay are often not accommodated regionally due to the population size in Region 15. The number of eligible participants would not sustain most in patient treatment programs. The needs that would fall under this category may be; in patient drug treatment for both adults and youth, family, shelters, sex offender treatments, and youth shelters. In conjunction with the Regional Services Council, DCS accommodates those individual treatment needs utilizing the services that are available in the surrounding regions. Many of those regions also lack the population to sustain the program therefore it becomes a combined effort of referrals to keep the programs in operation.