



Region 12

Biennial Regional Services Strategic Plan Child Protection Plan and Service Array Plan

Section 4 – Service Array

SFY 201' -201(

February 2, 2012

**Biennial Regional Services Strategic Plan
Service Array
Table of Contents**

- I. Introduction/Summary**
- II. Safely Home – Families First**
- III. Service Array Plan**
- IV. Prevention**
 - a. Community Partners**
 - b. Healthy Families**
- V. Available Services**
- VI. Needs Assessment Survey – Public Testimony**
- VII. Public Testimony**
- VIII. Fiscal**
- IX. Action Plan**
- X. Unmet Needs**

I. Introduction/Summary:

The Department of Child Services began the process of analyzing service availability, delivery and perceived effectiveness in May 2011. The planning process culminates in the Biennial Regional Services Strategic Plan (the 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.

II. Safely Home – Families First:

The following is from a Directors Note dated April 11, 2011. It describes the past and future direction of DCS practice which includes services offered.

DCS is now 6 years old- a creation of the vision and commitment of the Governor to improve protection and services to children and their families. For the 1st 3 years we were building the agency- 800 additional case managers, 150 new supervisors, new offices, tablets, regional hubs, Regional service Councils and an array of other projects. In the 4th and 5th years we were preparing to assume responsibility for the payment of all of the services offered and available to children and families, a formidable task of once in a lifetime dimensions. In the 6th year we were addressing the issue of service costs and legal issues around that. We have now the responsibility to finish the original mission of the creation of DCS.

The goal was never to just make the agency bigger- it was make the system better for children and families. The data clearly show that things are better. Whether it is the practice indicators, CFSR, metrics, outcomes etc- things are better. Those improvements have come primarily from two places- the practice model and family case managers and their management teams. The practice model is the foundation of better assessments, evaluations, linking treatment and services to the assessments, and changing the mindset of partnering with families and their informal support networks for better short and long term outcomes.

As we continue to partner with families and communities to provide children with safe, caring, and supportive environments, we are constantly measuring our efforts. In so doing, it is important to ask these questions in keeping with the core values of DCS: Are we doing the very best we can do to protect children from abuse and neglect? Are we providing every child with appropriate care and a permanent home? Are we making the best possible efforts to keep children in their own homes or with relatives?

One of the values that we believe is that the most desirable place for a child to grow up is in their own home as long as the family is able to provide safety and security for the child. But each child deserves a permanent lifetime home where they know they belong and are loved. And that the child serves to have that permanency established in a timely manner. Our practice model is built around our Mission, Vision and Values and is supported by the service array and capacity managed by the Support Services department and acquired through the Regional Services Councils. Finally, DCS has worked to develop a full support network of individuals and systems to support the practice model and provide the appropriate care and permanent homes for each child in our care and responsibility.

DCS is constantly working to achieve improved outcomes for children and families, and reviews existing and emerging research to continually guide and inform our practice. There is significant research that shows that the least restrictive and most family like setting is in the best interest of children. In fact, both federal and state law require that, along with child safety, the least restrictive environment is a primary consideration, when consideration of DCS involvement is required. There are some situations in which our decisions regarding the safety of the child lead us to determine that the removal of a child from the home is in their best interest. In these circumstances, we weigh the possible risks of leaving a child with his/her own family with the knowledge that there is certain damage when a child is removed from the home. It is in therefore imperative that we always look at protective factors within the child's family.

As the recent In-Service training on this topic showed, the five protective factors are:

1. A parent's attachment or bond to the child;
2. A parent's understanding of the child's needs and developmental stages;
3. The family's resilience and ability to effectively address issues;
4. The family's social connections; and
5. The concrete supports available to the family.

Protective factors should be used to develop appropriate and realistic case plans, more effective interventions and to improve the safety, permanency and well being of the children we serve.

When a child cannot be safely maintained in the home, we are committed to finding absent parents and relatives. We look for family members who know the child and who are familiar and comfortable to the child. They have established relationships and the trauma of removal is mitigated by being with people the child knows and who desire to help the child feel included in their family. Our own Practice Indicators demonstrate that when children are placed with relatives, they are more likely to find permanency faster than when they are placed in non-relative environments.

With all of this, and more, we have centered our efforts over the next 2 years around the concept of keeping children in their own homes or with relatives "Safely Home—Families First". This is nothing new, but in fact is a renewed and heightened effort to provide for the well-being of our children, to identify those protective factors that will help keep a child at home safely, to help family members find resources and their own informal supports, and to quickly locate relatives in the event a child is not able to remain in the home. There are many parts of this effort

including the expansion of in home support services, wraparound services, intensive family preservation, intensive family reunification and others. Having those services available in a timely manner, at times when the services are needed and with the flexibility to adjust to the needs of the family have been the absolute necessity before these efforts of Safely Home—Families First can be successful.

There are many tools that are currently available to achieve this goal:

1. The Integrated Services Project and NITCH are being piloted in several regions in an effort to avoid more restrictive levels of care or to shorten the duration of restrictive placements.
2. The CANS is a tool that can assist in identifying the strengths and challenges within a family so that more targeted treatment interventions can be pursued.
3. The Medicaid Rehab Option (MRO) has been expanded so that children and families are able to receive services within their community.
4. Wraparound, Systems of Care, Cross Systems of Care and CA-PRTF are options that assist in the development of informal and community supports so that successful family plans can be implemented and achieved.
5. New service standards have been developed such as Homebuilders and Finding Fathers to provide additional resources and support to families so that they can successfully parent their children.

As DCS moves forward with this initiative, it is important that every one participates to ensure that children in our care are afforded every opportunity for success, that they are safely home with resources available to support the families or that they are with relatives who can lessen the effects of removal and increase their likelihood of achieving the permanency they deserve.

After we have considered all the research, looked to other states for their successes, and read all of our own practice reports, our practice model demands that we focus on each individual child. Children desire and deserve to remain with their own families, to sleep in their own beds, and to be surrounded by their own belongings. They want to go to the same school and see their friends and learn from the teachers they know in the schools they are familiar with. In acknowledgement of this it is important that we as an agency also want those things for them, and strive to do the best we can to ensure that children are with their own families when they can be so safely.

I am excited about the next 2 years at DCS. The foundation of excellence is in place, the service array is broad and expanding, the data is available and measured, national research and experts indicate the appropriateness of our efforts, and exceptional people are in the field, local offices and supervisory positions to assure the success of this effort. Soon we will each be able to answer the question “How are the Children” and be assured and proud of the answer.

III. Service Array Plan:

The following portion of this document includes the summary of: the available services; needs assessment/survey, public testimony; Fiscal Trends, Regional Action Plan and the unmet needs.

The supportive documents are in the Appendix's (such as: the survey, minutes to Public Testimony, listing of services by county, fiscal information, etc.)

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. While service needs vary greatly from region to region within the State, the present process is designed to more clearly identify areas of service availability and/gaps that may require further attention from DCS. More specifically, information contained in this section attempts to answer two very basic questions: first, "What does a region *have* in terms of services offered to families and children?" and second, "What does a region *need* in terms of service?" Supportive documents are in the Appendix's, such as:

- A glossary of regional prevention service offerings,
- A glossary of regional intervention services offerings (DCS standardized services),
- A listing of (both DCS-funded and non DCS-funded) prevention services and providers
- A listing of (DCS contracted) intervention services and providers,
- Summary of workgroup perceptions of service availability/accessibility, and
- Resource information regarding special education programs within the region.

Service offerings detailed in the section fall into one of two basic categories: *prevention* services, and *intervention* services. Intervention services are characterized by a formal involvement of the DCS in a case and are available:

- Through informal adjustments, which are agreements made by involved parties when a family admits to a problem and the child is at minimal risk in the home;
- To children in need of services (CHINS), which are children made wards of the court; and
- As reunification services, which are services provided to families when a child who has been removed from the family has a goal to return to the family.

It is the goal of both agencies 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. Department of Children Services offers services through informal adjustments, which are agreements made by involved parties when a family admits to a problem and the child is at minimal risk in the home; to children in need of services (CHINS), which are children made wards of the court; and as reunification services, which are services provided to families when a child who has been removed from the family has a goal to return to the family. Juvenile Probation offers services through informal and formal probation. Again, informal probation involves an agreement between parties. Formal probation involves mandates by the court with the goal of decreasing recidivism. In all cases, the best interest of the child and family are of prime importance.

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.

Preventative Services are utilized to prevent formal DCS involvement and 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.

IV. Prevention

Community Partners

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.

Funds under this program may be used for developing, operating, expanding, and enhancing statewide networks of community-based, prevention-focused, family resource and support programs that:

1. Prevent child abuse and neglect.
2. Decrease the risk of homelessness.
3. Provide respite care services.
4. Improve families' access to formal and informal community resources that prevent child abuse and neglect, and prevent homelessness.
5. Provide or arrange for the provision of family resource and support services.
6. Provide family resource and support outreach service.

All services provided are home-based services including on-call availability, crisis intervention counseling, support and advocacy services, prevention support services, and referrals to resources and supports within the community. Services provided through the Community

Partners Program can last for up to three months but the service may end earlier if established goals are reached.

Healthy Families

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 by providing screening and assessment of families in targeted areas throughout the state. Service entry points include WIC Programs, health clinics and local hospitals. Families assessed to have a need are offered the opportunity to participate in a voluntary home visiting program tailored to their individual needs.

V. Available Services:

Region 12 is composed of six counties (Fayette, Franklin, Henry, Rush, Union, and Wayne) bordering Ohio to the east and extending west. Fayette, Franklin, Rush, and Union counties are rural in nature while Henry and Wayne have relatively large urban areas for the region.

In order to identify the most critical service needs, Region 12 convened a Biennial Regional Services Strategic Plan workgroup (workgroup) which convened 6 times. During these meetings the workgroup discussed the current availability of prevention and intervention services, barriers to services, Safely Home Families First initiative, practice model, the DCS Practice Indicators, the DCS Quality Service Review (QSR), the needs assessment survey results, Service Standards, listing of current prevention and intervention services as well as public testimony.

The Safely Home Families First initiative, practice model description, Practice Indicators, QSR results, Service Standards, and listings of current prevention and intervention services were used as a framework for the discussion by the workgroup. The information garnered from these sources were guided the discussion of the workgroup.

The workgroup discuss concerns for a lack of awareness of the services currently available to DCS, Juvenile Probation and the community. Region 12 held a Regional Provider Fair in October 2011, in order to increase awareness of services available in to families in the region for both intervention and prevention services. This event afforded DCS staff, service providers, probation staff, foster parents, community members and others the opportunity to connect and explore service options in the area. The region anticipates continuing this practice in the future.

Home based services are widely used in this region. Rush, Fayette and Union counties note transportation to clinic based services a significant barrier. Few agencies have facilities in the county or region while many clients lack dependable means of transportation. The needs

assessment survey, workgroup discussions, barriers information note a lack of provider options in all 5 counties with Henry and Wayne counties having the most options and Rush and Union indicating the fewest.

Region 12 has embraced the opportunities available for services through the Medicaid Rehabilitation Option (MRO) services for those children with a high level of need. These services are more widely used than historically. The workgroup noted challenges with quality and timely services for those families eligible. The region has three providers for MRO services with Henry and Wayne counties being served by two agencies while the other counties are served by one agency each.

In addition to Substance Use services; services for Sexually Maladaptive Youth, Child Care, quality Diagnostic & Evaluation services, and Domestic Violence services for perpetrators and victims/children, were identified by the workgroup as a service needs. These did not rise as high on the needs assessment survey as needs relating to substance use. The barriers information indicates a lack of provider options, lack of transportation to clinic based services within each county and lack of quality service.

All counties in Region 12 have identified significant struggles with drug and alcohol abuse including marijuana, cocaine, heroin, methamphetamine, K2/Spice and bath salts. These challenges were prominent in the workgroup discussions and needs assessment survey responses. The needs assessment survey and barriers information further indicate a lack of providers for intervention and prevention services related to substance use in addition to waiting lists, lack of transportation to services, and a lack of quality services.

VI. Needs Assessment Survey – Public Testimony

Each region in the state conducted a needs assessment survey of individuals who have knowledge and 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 the regional child welfare service needs and the appropriate service delivery mechanisms. An electronic version of the survey was distributed to persons on the contact lists. The survey consisted of 254 questions that included both DCS funded services, as well as other community-based services not currently funded through DCS. Survey respondents were asked to rate each service in terms of availability of the service to children and families in a particular county. If the survey respondents indicated that the service was available in the community, they were asked to rate the quality of the service. If, however, the survey respondents indicated that the service was not available in the community, they were asked to rate the need for that service in the community. Survey respondents were given the opportunity to take the survey for each county they felt they could rate.

There were over 7000 emails sent out with the survey statewide, 2442 responses were received statewide, 88 responses were received for Region 12 total. Of the respondents for Region 12 52.3% identified themselves as Department of Child Services Staff, 5.7% as Court staff, 9.1% as Educational staff, 12.5% as Foster Parent, 1.1% as Law Enforcement, 4.5% as Other, 2.3% as Probation, 1.1% as Residential Staff, 11.4% as Service Provider.

In general, the respondents ranked the availability and quality of services in between poor to minimally average.

The respondents to the survey indicated the highest needs with low availability are as follows:

- Inpatient Substance Abuse Services for Adults
- Substance Abuse Programs for Adults
- Substance Use Outpatient Treatment
- Detoxification Services
- Substance Use Disorder Assessment
- Residential Substance Use Treatment

The respondents to the survey indicated the highest needs with low quality are as follows:

- Inpatient Substance Abuse Services for Adults
- Substance Abuse Programs for Adults
- Substance Use Outpatient Treatment
- Detoxification Services
- Substance Use Disorder Assessment
- Residential Substance Use Treatment
- Diagnostic & Evaluation Services

The Highest Need, Low Availability and Average or less Quality by County is as follows:
Franklin: Dental Care for Low Income Families, Fayette: Family Shelters for Homeless, Rush: Alternative Services to Suspension/Expulsion, Union: Substance Abuse Programs for Adults, Wayne: Residential Substance Use Treatment, Henry: Substance Abuse Programs for Youth

VII. Public Testimony

On August 8, 2011 oral and written testimony was accepted for the Biennial Regional Services Strategic Plan/Child Protection Plan at the Local DCS office in Fayette County. This location was chosen as it has been used historically and able to accommodate a large gathering. This meeting was held at 4pm, immediately preceding a regularly scheduled Regional Service Council meeting, as it was believed this would increase participation and attendance. Notice of the opportunity for public testimony was advertised in 6 local newspapers in Region 12 as well as posted at all local DCS offices.

There were 20 attendees for the public testimony with no oral testimony given.

No written testimony was received.

VIII. Fiscal:

	SFY 2011 Actual Spending	SFY 2012 Budget	SFY 2012 Q1 Actual Spending	SFY 2013 Budget Forecast
Care of Wards in Foster Homes	\$1,650,620.00	\$1,511,134.00	\$407,875.00	\$1,419,487.00
Care of Wards in Institutions	\$3,850,969.00	\$3,502,685.00	\$913,037.00	\$3,290,257.00
Preservation Services	\$1,381,053.00	\$1,389,945.00	\$350,729.00	\$1,305,649.00
Miscellaneous Cost of Wards	\$19,932.00	\$19,081.00	\$5,001.00	\$17,924.00
TOTAL FAMILY & CHILDREN'S FUND	\$6,902,574.00	\$6,422,845.00	\$1,676,642.00	\$6,033,317.00
Care of Wards in Foster Homes	\$1,549,091.00	\$1,391,817.00	\$367,424.00	\$1,307,406.00
Care of Wards in Institutions	\$942,789.00	\$927,295.00	\$240,213.00	\$871,057.00
Preservation Services	\$1,131,047.00	\$1,113,838.00	\$277,065.00	\$1,046,287.00
Miscellaneous Cost of Wards	\$17,824.00	\$18,120.00	\$4,936.00	\$17,021.00
TOTAL CHILD WELFARE	\$3,640,751.00	\$3,451,070.00	\$889,638.00	\$3,241,771.00
Care of Wards in Foster Homes	\$101,529.00	\$119,317.00	\$40,451.00	\$112,081.00
Care of Wards in Institutions	\$2,908,180.00	\$2,575,390.00	\$672,824.00	\$2,419,200.00
Preservation Services	\$250,006.00	\$276,107.00	\$73,664.00	\$259,362.00
Miscellaneous Cost of Wards	\$2,108.00	\$961.00	\$65.00	\$903.00
TOTAL PROBATION	\$3,261,823.00	\$2,971,775.00	\$787,004.00	\$2,791,546.00
Miscellaneous Revenue:				
Reimbursements	\$952,924.00	\$1,400,502.00	\$351,463.00	\$1,315,566.00
Repayments	\$120,181.00	\$154,730.00	\$136,029.00	\$145,346.00
Total Miscellaneous Revenue	\$1,073,105.00	\$1,555,232.00	\$487,492.00	\$1,460,912.00

Spending by Service Standard

Service Standard	SFY 2011 Actual Spending	SFY 2012 Q1 Actual Spending
CARE NETWORK	\$132.64	\$58.95
CHILD CARING INSTITUTIONS	\$3,186,564.40	\$671,597.86
COUNSELING	\$20,102.75	\$2,166.85
DCS FOSTER HOME	\$887,005.00	\$234,425.00
DIAGNOSTIC AND EVALUATION SERVICES	\$71,060.24	\$10,060.36
FATHER ENGAGEMENT PROGRAMS	-	\$176.86
FUNCTIONAL FAMILY THERAPY	-	\$484.65
GENERAL PRODUCTS	\$11,759.52	\$3,357.34
GENERAL SERVICE	\$3,260.51	\$878.40
GROUP HOME	\$280,348.08	\$51,330.17
HOME-BASED FAMILY CENTERED CASEWORK SERVICES	\$460,856.38	\$119,366.80
HOME-BASED FAMILY CENTERED THERAPY SERVICES	\$519,050.36	\$151,415.85
HOME-BASED INTENSIVE FAMILY PRESERVATION SERVICES	\$23,850.00	\$1,125.00
HOME-BASED INTENSIVE FAMILY REUNIFICATION SERVICES	\$2,250.00	-
HOMEBUILDER SERVICES	\$21,600.00	-
HOMEMAKER/PARENT AID	\$60,669.15	-
INTEGRATED SERVICES PILOT	\$102,134.00	\$56,105.00
LCPA FOSTER HOME	\$729,691.89	\$166,316.64
MATERIAL ASSISTANCE	\$18,027.68	\$1,654.22
MED-ASSESSMENT FOR MRO	\$158.62	\$80.90
MED-COUNSELING	\$4,920.33	\$2,428.21
MED-DIAGNOSTIC AND EVALUATION	\$545.63	\$611.39
MED-HOME-BASED FAMILY CENTERED CASEWORK SERVICES	\$13,544.06	\$2,048.57
MED-HOME-BASED FAMILY CENTERED THERAPY SERVICES	\$35,647.23	\$15,099.30
MED-SUBSTANCE ABUSE TREATMENT	\$33,680.25	\$23,520.15
PARENTING/FAMILY FUNCTIONING ASSESSMENT	-	\$783.58
PERMANENCY	\$33,923.40	\$7,133.96
PERSONAL ALLOWANCE	\$385.92	-
PRIVATE SECURE	\$215,021.45	\$124,284.29
RESIDENTIAL DETOXIFICATION	\$4,194.00	\$3,825.00
SEX OFFENDER TREATMENT; VICTIMS OF SEX ABUSE TREATMENT	\$17,730.57	\$4,737.96
SUBSTANCE ABUSE ASSESSMENT, TREATMENT, & MONITORING	\$61,266.37	\$6,529.54
SUBSTANCE USE DISORDER ASSESSMENT	-	\$349.20
SUBSTANCE USE OUTPATIENT TREATMENT	-	\$3,918.38
TRANSITION FROM RESTRICTIVE PLACEMENTS (TRP)	\$363.60	-
TRANSITIONAL HOUSING	\$66,852.30	\$9,719.80
VISITATION FACILITATION-PARENT/CHILD/SIBLING	\$15,977.71	\$1,052.00
Grand Total	\$6,902,574.04	\$1,676,642.18

Funding, utilization and number served for Community Partners for Child Safety, Healthy Families Indiana, Youth Services Bureau, and CHAFFEE Independent Living Services are listed below. While these services benefit DCS children at a local level, the funds are distributed at a state level. As such, the figures below represent statewide not regional data.

	SFY 2011 - 7/1/10 to 6/30/11			SFY 2012 - 7/1/11 to 6/30/12		
	SFY 2011 - Contracted	SFY 2011 (7/1/10 to 6/30/11) (Services Provided)	Number of Families Served for the period SFY 2011	SFY 2012 Contracted	SFY 2012 Q1 (Services Provided)	Number of Families Served for the period SFY 2012 -Q1
Community Partners*	\$15,599,784	\$14,161,790	6690	\$15,599,784	\$3,358,066	2163
Healthy Families Indiana**	\$28,475,451	\$24,835,991	18468	\$25,085,065	\$6,437,154	8446
Youth Services Bureau***	\$1,177,099	\$1,004,214	4423	\$1,177,099	\$375,459	1224
Independent Living****	N/A	N/A	N/A	\$4,832,400	\$1,158,662	N/A

* Service includes those that consented to service or met needs prior to enrollment (Information & Referral)

** Service includes those with an Assessment and/or Home Visit, Contracts for HFI for SFY 2012 started 9-1-11

*** Service includes enrollment in a program in time frame

Units of Service for YSB is per client per day, per client per week, per client per session, or per client per month.

****Independent Living information for SFY 2012 . The total "services provided" is for 4 months not 3.

IX. Action Plan:

Region 12 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
- Service effectiveness
- Public perception of regional child welfare services
- Practice Indicators
- Regional workgroup determination of service available/accessibility
- 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 the progress towards task completion.

Measurable Outcome:	Substance Abuse Services Workgroup creation to develop and implement a plan to address the substance use issues prevalent throughout the region.			
Action Step	Identified Tasks	Responsible Party	Time Frame	Date of Completion
1. Establish a Workgroup	The following constituents from each county will be invited to participate in this workgroup: Probation representative, DCS Regional Manager, DCS Regional Service Coordinator, DCS local office representative, Drug Free Coalition representative, former DCS client, School representative, Law Enforcement representative	DCS Regional Manager	Reminder for Names and Contact Information by 5/1/2012 Initial Meeting Prior to 6/30/2012	June 2012
2. Convene Workgroup to establish subcommittees to address Substance Use Service Topics	Subcommittees will address: <ol style="list-style-type: none"> 1. "Why aren't providers here?" <ol style="list-style-type: none"> a. Resource availability b. How to attract providers 2. "How do we address quality" <ol style="list-style-type: none"> a. What's the plan 3. "Who can help support/funding streams to expand substance use prevention programs in school?" <ol style="list-style-type: none"> a. Create a list 4. "Are there new or underutilized Evidence Based Programs?" 	Workgroup Chair	Subcommittees will be established by 9/30/12	Ongoing

3. Each subcommittee will provide updates on progress of action plan development to workgroup and RSC to address issues as identified		Subcommittee Chairs	September 2012- June 2013	12/31/2012
4. Each subcommittee will report the action plan to workgroup and RSC to address issues as identified	Workgroup will present the action plan to the RSC in preparation for the next Biennial Regional Services Strategic Plan	Workgroup Chair	September 2012- June 2013	6/30/2013

X. Unmet Needs:

The 2011 Needs Assessment Survey identified several needs that will not be addressed or met with this biennial plan. Many of these obstacles have been known to the region and continue to be addressed as barriers through the Regional Service Council as able. 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.

Financially related needs including: low income housing, emergency financial assistance, and affordable child care as well as transportation related needs are not addressed specifically in this plan. Needs relating to quality service provision for nearly all services and identifying additional providers for home-based services, domestic violence services, and MRO services, as well as service/resource availability awareness were among the unmet need priorities. While these unmet needs are crucial the expressed need and priority level of substance use service needs took precedence for this biennium.