

FAMILY SUPPORT NEEDS ASSESSMENT

- **What is being done to ensure that access to economic assistance (i.e., TANF, Food Stamps, WIC, Energy Assistance, Child care Assistance, Housing Assistance) is provided in an efficient and effective manner, including the use of joint applications whenever possible?**

What are we doing in this area?

- Rural communities have multiple access points to connect to services
- Wrap Around services to work with the families to access the services is needed,
 - some counties, via referrals from OFC from providers working out of local mental health centers
- Families going in to DFC can apply for TANF, Food Stamps, Hoosier Healthwise, Housing Assistance
- Partnering with Child Care Services
- Some DFC workers do refer beyond FSSA services and refer community wide through Step Ahead resource directory

What is working well about it? How do we know this (i.e. do we have performance measures, evaluations, customer feedback)?

- Not documented
- Referral Process
- One Stop DFC
- Some counties cluster services
- Library and ministry outreach with adults to receive tutoring services
- Free Pregnancy Testing brings education to recipients
- Healthy Families database integrated to prevent redundancies

What are the challenges?

- Families sometimes fail to follow through
- At what point is self-sufficiency met versus system dependence
- Breaking cycle
- Rural Urban issues
- Funding streams creating silos
- Coverage barriers
- Parents won't get GED
- Getting families to continue to follow through
- Marriage initiative
- Access to faith based initiatives
- If you are middle income you don't qualify for the services or resources but

at risk or low income can get it (services) all covered. Disincentive; insured, uninsured, underinsured issues

- Transportation; Transportation to services
- Separate processes and long wait for every service
- Not user friendly
- Funding disparities
- Variable criteria for eligibility across services
- Different eligibility that changes from year to year
- People don't always see the value of applying for assistance
- Application processes make it difficult for working parents and/or people with disabilities and/or limited transportation
- Not enough resources available within each program (i.e. housing, Section 8, Child Care vouchers)

- **What is being done to ensure that families who have contact with the child protection system receive the services and attention they need to achieve positive outcomes?**

What are we doing in this area?

- Healthy Families (some counties)
- CASA
- Drug (?) court-parents seeing the value in getting well for the family
- Prevent Child Abuse Indiana
- Systems of care: Mental Health, schools, DFC, probation-all come together

What is working well about it? How do we know this (i.e. do we have performance measures, evaluations, customer feedback)?

- DFC Screening for mental health services standard
- Parenting Help line
- Home visiting model (Healthy Families)
- Healthy Families
- Wrap around services
- Home based services

What are the challenges?

- Funding
- Fear of loss of child (taken from family)
- Recent negative media attention creates a level of paranoia within families and Staff of agencies
- Preventative services are limited in rural areas
- Inconsistency in quality of available services
- Advocates and caseworkers have turf battles over how to support child
- Inconsistency in how healthy families can support in CPS
- Confidentiality issues may prevent complete follow through and wrap around with family due to families shying away
- Methamphetamine
- Lack of foster families'
- Recidivism of drug offenders
- Community and education of available referral resources
- Child help referral hub

- **What is being done to ensure that the child protection system and other early childhood systems work together to assist children and families?**

What are we doing in this area?

- Referrals from hospitals
- Collaboration between agencies
- Lots being done, but the puzzle pieces don't always fit together or pieces are missing
- Screening at Kindergarten
- Health fairs, other outreach activity

What is working well about it? How do we know this (i.e. do we have performance measures, evaluations, customer feedback)?

- (Service Providers/Agencies) refer well to each other
- Step Ahead-getting together –talking and leveraging partnerships, networking
- Hospitals and Pediatricians and Family Practice are tremendous resources for referrals
- Hospital social workers
- Check up; Well baby checks
- Community health centers and rural health clinics

What are the challenges?

- Seem to be county specific-not consistent statewide
- Best practice training needed
- No continuum
- Not allowed to share information between agencies because of confidentiality
- In many communities social service providers refer to each other but it is not consistent throughout the counties
- Client confidentiality, policies or agreements sometimes create barriers between sharing information between systems
- Turf issues
- Education of judges-knowledge of resources and things that work
- At-Risk children and families are late in child development
- Education about First Steps and other programs
- Family acceptance of developmental delays
- Reaching the middle class and non-high risk groups
- Children develop at different paces
- Rural versus Urban again-referrals and services aren't consistent
- (Why is CPS in all of this-the highlight? CPS is not the catch all)

- **What is being done to ensure that at-risk pregnant women receive support as early as possible in their pregnancies?**

What are we doing in this area?

- Healthy families-some see prenatal clients
- Early Head Start
- Free pregnancy testing
- WIC baby showers
- Social worker In school referrals
- Maternal and Child health clinics
- Medicaid (15% of poverty-Mother is covered during pregnancy and 6 weeks after delivery)
- IPN/ISDH working toward standards of care for pregnant women-to see doctor as early as possible rather than at 12 weeks
- Trying to get standard/norm increase level of care and how early it is accessed

What is working well about it? How do we know this (i.e. do we have performance measures, evaluations, customer feedback?)?

- Teamed with school and work force development for school referred with incentive workshops (although challenge is school time and teaching kids to live off the system)
- MOPS for teens
- Early Headstart Fatherhood education
- MOD folic acid campaign-focus on consumers
- In school child care and support for teen moms

What are the challenges?

- Young women don't think they need pre-natal care
- Kids listen to kids
- Family planning for Medicaid ends after 6 to 8 weeks
- Care coordination (?) are closing and trying to serve 2nd trimester not 1st
- Don't want prenatal care coordination (rural areas)
- Dad's are not around
- Limitations on funding
- Educating providers
- Educating consumers
- Lack of support for families of teens who are pregnant
- Latino population-cultural issues (Lack of cultural sensitivity)

- **What is being done to ensure that families who seek information or services are able to obtain it with a minimum of difficulty?**

What are we doing in this area?

- MCH hotline (but lots of questions/but unknown)
- Statewide immunization program
- Birth records are in system now
- OFC-Walk in human service directory
- 211
- United Ways
- Lead screening
- Collaboration of service providers

What is working well about it? How do we know this (i.e. do we have performance measures, evaluations, customer feedback)?

- Covering kids in Marion County-go to home to sign up for Hoosier Healthwise
- Medicaid Waivers
- Hoosier Healthwise and Medicaid pay for screening
- Rural Health Clinics
- Media campaigns

What are the challenges?

- Drs still don't do Early and Periodic Screening Diagnosis and Treatment (EPSDT)
- Dental services reimbursed through Medicaid
- Limited doctor patient time
- No social worker/nutritionist in doctor's office
- Well child check ups end after immunizations for many families
- Funding cuts
- Need more resources not just access to services
 - Not enough resources-the state does not access all the federal funding for which it is eligible because it doesn't put up the state match
- Funding silos and eligibility criteria make it difficult for clients to move from
- One system to another
- Moving from one federal program to another is difficult and transitions are not smooth
- Stigma is a barrier to using certain services
- Eligibility criteria make it difficult for some families to access services i.e. resident of the home has a drug conviction; family sanctioned by OFC