

## 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/Public Testimony**

In order to gain as much information as possible in the formulation of the Biennial Regional Services Plan, the Department of Child Services (DCS) made efforts to listen to the concerns of the public as they related to local service needs and system changes. A public notice announcing an opportunity for public testimony was publicized in the following newspapers:

- The Times Mail – Lawrence County
- The Spencer Evening World – Owen County
- The Brown County Democrat –Brown County
- The Herald Times – Monroe County
- The Linton Dailey World – Greene County

The public hearing was held on September 11, 2009, at 11:00 A.M. at the Monroe County Department of Child Services, Training Room, in Bloomington, IN. Two people presented public testimony. It is summarized as follows.

- Bill Guenthen, Honk for Kids – Mr. Guenthen stated the following points:
  - There is concern about a lack of caseworker ethics within the (DCS)
  - Accountability is a problem within DCS – caseworkers change, the case is reassigned to another caseworker who may create a different case plan and this results in a loss of continuity
  - Transparency needs to be improved – people can't get copies of their records
  - Concerned about the high number of child deaths

He further stated people and families were afraid to come today because of reprisal; people do not have a high opinion of DCS; do not think Director Payne “cares about kids”.

- Nathan Cottrill, McConn Partnership (a service provider) – Mr. Cottrill was concerned about mentoring being suddenly cut from the services that are funded by IV-B. There was not a “step-down” period before services were discontinued. Children need role models, and mentoring provides a way to open up communication with youths.

Written testimony was received from Darla McKeeman, Turning Point Domestic Violence Services – Ms. McKeeman suggested better collaboration between Turning Point and DCS in terms of being cross-trained in order to provide a safer community and a coordinated response to at-risk children and families.

The public hearing was adjourned after this testimony.

## **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 vary greatly from region to region within the State and 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 aid
- 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.

- Other prevention services available include First Steps, Indiana Youth service Bureaus, ARC agencies, and domestic violence intervention. A listing of all services available to families and children in the region can be found in sections H. b. and e.

The table below indicates the types of DCS service priority for the region as reflected through their expenditure/purchase of services, and the number of families served. The top five DCS service type expenditures for the region from January 1 – August 31, 2009 were:

Service Type	Expenditure*	# of families & clients served
Home-based family centered therapy services	\$835,732.00	538
Visitation facilitation – parent / child / sibling	\$826,136.25	268
Home-based family centered casework services	\$442,887.09	354
Homemaker / parent aid	\$322,529.25	406
Random drug testing	\$123,225.25	229

\* The Expenditure/dollar amount next to the Service Type represents the funds reported by providers and billed to DCS during the period of 1/1/09 to 8/31/09. These figures do not include Medicaid billings or drug testing costs. This also holds true for the tables listed below.

The Region 13 workgroup reviewed all documents described in Section H. Data provided in these documents were analyzed and discussed. There were recurrent themes in the availability and accessibility of services for the region that were identified for those services that DCS has the capacity to purchase, and for services that are not purchased by DCS.

Region-wide common themes for DCS purchased services were identified as:

- A number of DCS purchased services do not have a locally based provider in the county; rather, a staff person may be available for limited hours
- There are few, if any, options of providers in the four rural counties
- The DCS treatment plans rely heavily on home-based services, primarily because of the rural nature of most of the region

Region-wide common themes for services that are beyond the scope of the DCS purchased services were identified as:

- Transportation in four of the counties (rural) is an issue and a significant barrier to families obtaining and continuing services
- The availability of safe, affordable, and accessible housing in four of the counties is an issue

Presented below is a closer look at each county within the region, summarizing several common factors, 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.

**Brown County** (population – 15,000; county seat is Nashville)

- A very rural county; has the smallest population in the region
- A tourist area with a number of part-time and seasonal jobs
- There is a lot of diversity in the population, e.g. a significant number of artists and craftsmen
- Has a community health center located in the county
- There are few options of service providers to choose from for many of the services
- Access to services is an issue because of lack of private and public transportation and the rural nature of the county
- Type of drug use in the county runs the gamut
- The county historically has relied on home-based services

Service Type	Expenditure
Home-based family centered therapy services	\$82,181.00
Home-based family centered casework services	\$23,746.00
Visitation facilitation – parent / child / sibling	\$22,689.50
Homemaker / parent aid	\$16,330.00
Foster /adoptive / kinship caregiver training	\$ 5,521.35

**Greene County** (population – 33,000; county seat is Bloomfield)

- Is a geographically large county but with a small population
- Has a mental health center located in the county but the center has a long waiting list
- Has an adequate supply of affordable, low income housing
- Many of the communities and organizations are engaged with the DCS and generously offer donations and goods and services to DCS families
- There are few options of service providers to choose from for many of the services
- Several of the services have waiting lists
- The county historically has relied on home-based services

Service Type	Expenditure
Home-based family centered casework services	\$157,445.13
Home-based family centered therapy services	\$125,570.00
Visitation facilitation – Parent / Child / Sibling	\$ 97,877.00
Homemaker / parent aid	\$ 73,104.00
Random drug testing	\$ 23,097.75

**Lawrence** (population – 46,000; county seat is Bedford)

- Is a rural county
- Has a lower DCS caseload than the size of the population would indicate
- There is a good collaborative relationship between the agencies/organizations within the county
- Has a community mental health center
- Access to many of the services is good; however, there are limited options of service providers to choose from
- Transportation is an issue
- A number of DCS purchased services do not have a locally based provider in the county; rather, a staff person may be available for limited hours
- The county historically has relied on home-based services

Service Type	Expenditure
Home-based family centered therapy services	\$155,880.25
Visitation facilitation – parent / child / sibling	\$ 85,308.50
Home-based family centered casework services	\$ 63,248.13
Homemaker / parent aid	\$ 59,851.25
Parenting / family functioning assessment	\$ 10,476.25

**Monroe County** (population – 121,000; county seat is Bloomington)

- Has the largest county population in the region; is the most urban of the counties in the region
- Is a college town, home to Indiana University
- Has a very diverse race and ethnic population
- Have several community mental health centers
- Transportation is not as big of an issue as it is in the other four counties
- There are more options of providers and access to a number of locally based services is good
- Many organizations are engaged with the DCS and generously offer donations and goods and services to DCS families
- The county historically has relied on home-based services, with a significant amount of those services being delivered by one provider

Service Type	Expenditure
Visitation facilitation – parent / child / sibling	\$607,200.75
Home-based family centered therapy services	\$358,929.50
Home-based family centered casework services	\$144,144.38
Homemaker / parent aid	\$117,383.75
Random drug testing	\$ 86,641.50

**Owen** (population – 22,000; county seat is Spencer)

- Is a rural community; is a close knit community
- They have the biggest problem with methamphetamine in the region; there is a significant rate of sexual abuse
- Has a very small community mental health center
- Transportation is the largest issue
- There are few options regarding providers to choose from for many of the services
- Many organizations are engaged with the DCS and generously offer donations and goods and services to DCS families
- The County historically has relied on home-based services

Service Type	Expenditure
Home-based family centered therapy services	\$113,171.25
Homemaker / parent aid	\$ 55,860.25
Home-based family centered casework services	\$ 54,303.47
Parenting / family functioning assessment	\$ 16,725.00
Diagnostic and evaluation services	\$ 15,722.50

## Summary of Spending

Region 13 has historically spent a significant amount of its allocated funds on home-based services. This has been the predominate service delivery mechanism in the five counties within the region. Home-based family centered therapy services, home-based family centered casework services, and homemaker / parent aid services have all been used extensively in working with families and children. The region has also spent heavily on supervised visitation facilitation – parent / child / sibling. The predominance of this spending was verified in the responses from the Needs Assessment Survey. Results from Region 13’s surveys showed supervised visitation services (between parents and children who have been removed from their care) and home-based casework (in-home family preservation services) as the second and third most available services in the region. A summary of the top five region-wide service expenditures from January 1 – August 31, 2009 is as follows:

Service Type	Expenditure*
Home-based family centered therapy services	\$835,732.00
Visitation facilitation – parent / child / sibling	\$826,136.25
Home-based family centered casework services	\$442,887.09
Homemaker / parent aid	\$322,529.25
Random drug testing	\$123,225.25

\* The Expenditure/dollar amount next to the Service Type represents the funds reported by providers and billed to DCS during the period of 1/1/09 to 8/31/09. These figures do not include Medicaid billings or drug testing costs. This also holds true for the table listed below.

In a similar review of total service expenditures for the region, the following services were in the bottom five for the period January 1 – August 31, 2009, indicating little or no use of this service in the first 8 months of 2009.

Service Type	Expenditure
Functional Family Therapy	\$13,821.50
Chafee IL – Voluntary Chafee foster care independence program	\$11,319.83
Home-based intensive family preservation services	\$ 3,167.25
Adoption – pre / post-placement and post-adoption services	\$ 2,378.00
Home-based intensive family reunification services	\$ 00.00

Spending on services and supports to youths aging-out of foster care (Chafee IL expenditures) is one of the priorities identified by the workgroup for improvement and was developed as an action step for this plan.

There has been a marked difference in spending on institutional care and preservation services by child welfare and by juvenile probation within the region. Child welfare spending on preservation services, as a percent of the total dollars spent per county, is

considerably higher than juvenile probation spending on preservation services. Conversely, in three of the five counties within the region, juvenile probation spending on institutional care, as a percent of the total dollars spent, is considerably higher than child welfare spending on institutional care.

Child welfare spending on institutional care, as a percent of the total dollars spent per county in this region, is typically between 10-25% of the total county budget; juvenile probation spending on institutional care, as a percent of the total dollars spent per county in this region, is typically between 20-50% of the total county budget.

Child welfare spending on preservation services ranges from about 30-60% of the total budget for a county in this region; juvenile probation spending on preservation services ranges from about 0-10% of the total budget for a county in this region.

Below is a brief summary of spending on institutional care and preservation services per county, taken from annualized amounts for 2008 and 2009.

Total Amount Expended by Child Welfare and Juvenile Probation  
Institutions vs. Preservation in **Brown County** in 2008

Total Expended: \$589,000\*

	Child Welfare		Probation	
	Amount Spent	% of Total	Amount Spent	% of Total
Institutions	\$87,000	15%	\$353,000	60%
Preservation	\$89,000	15%	\$60,000	10%

Total Amount Expended by Child Welfare and Juvenile Probation  
Institutions vs. Preservation in **Brown County** in 2009

Total Expended: \$473,000\*

	Child Welfare		Probation	
	Amount Spent	% of Total	Amount Spent	% of Total
Institutions	\$68,000	14%	\$241,000	51%
Preservation	\$155,000	33%	\$9,000	2%

Total Amount Expended by Child Welfare and Juvenile Probation

Institutions vs. Preservation in **Greene County** in 2008

Total Expended: \$2,305,000\*

	Child Welfare		Probation	
	Amount Spent	% of Total	Amount Spent	% of Total
Institutions	\$235,000	10%	\$523,000	23%
Preservation	\$1,417,000	61%	\$130,000	6%

Total Amount Expended by Child Welfare and Juvenile Probation  
Institutions vs. Preservation in **Greene County** in 2009

Total Expended: \$1,366,000\*

	Child Welfare		Probation	
	Amount Spent	% of Total	Amount Spent	% of Total
Institutions	\$270,000	20%	\$298,000	22%
Preservation	\$690,000	50%	\$108,000	8%

Total Amount Expended by Child Welfare and Juvenile Probation  
Institutions vs. Preservation in **Lawrence County** in 2008

Total Expended: \$895,000\*

	Child Welfare		Probation	
	Amount Spent	% of Total	Amount Spent	% of Total
Institutions	\$179,000	20%	\$159,000	18%
Preservation	\$557,000	62%	-	0%

Total Amount Expended by Child Welfare and Juvenile Probation  
Institutions vs. Preservation in **Lawrence County** in 2009

Total Expended: \$561,000\*

	Child Welfare		Probation	
	Amount Spent	% of Total	Amount Spent	% of Total
Institutions	\$249,000	44%	\$16,000	3%
Preservation	\$296,000	53%	-	0%

Total Amount Expended by Child Welfare and Juvenile Probation  
Institutions vs. Preservation in **Monroe County** in 2008

Total Expended: \$6,942,000\*

	Child Welfare		Probation	
	Amount Spent	% of Total	Amount Spent	% of Total
Institutions	\$1,692,000	24%	\$2,946,000	42%
Preservation	\$2,058,000	30%	\$246,000	4%

Total Amount Expended by Child Welfare and Juvenile Probation  
Institutions vs. Preservation in **Monroe County** in 2009

Total Expended: \$4,984,000\*

	Child Welfare		Probation	
	Amount Spent	% of Total	Amount Spent	% of Total
Institutions	\$1,159,000	23%	\$2,008,000	40%
Preservation	\$1,708,000	35%	\$109,000	2%

Total Amount Expended by Child Welfare and Juvenile Probation  
Institutions vs. Preservation in **Owen County** in 2008

Total Expended: \$709,000\*

	Child Welfare		Probation	
	Amount Spent	% of Total	Amount Spent	% of Total
Institutions	\$77,000	11%	\$101,000	14%
Preservation	\$512,000	72%	\$19,000	3%

Total Amount Expended by Child Welfare and Juvenile Probation  
Institutions vs. Preservation in **Owen County** in 2009

Total Expended: \$579,000\*

	Child Welfare		Probation	
	Amount Spent	% of Total	Amount Spent	% of Total
Institutions	\$106,000	18%	\$126,000	22%
Preservation	\$347,000	60%	-	0%

\* Dollar amounts taken from the Annualized amounts for 2008 and 2009 of the 2010 Budget by County document from the DCS Budget Section

## **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 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.

The Region 13 workgroup, through analysis of the above data, group discussion, and individual knowledge and experience, developed the following Action Plan.

### **1. All appropriate allegations of abuse and neglect will be addressed through the Child Advocacy Center (CAC) process**

Region 13 will develop a plan to collaborate with the Child Advocacy Center in Region 9; create a Task Force to assist with the implementation and media output of the CAC; develop and train CDC Teams within each county to assist in providing services; begin providing CAC services in January 2011

### **2. 100% of all children eligible for Independent Living (IL) services will be referred, as measured by the Quarterly IL report**

Beginning in March 2010, Region 13 will ensure DCS Family Case Managers (FCMs) are fully aware of the Independent Living (IL) service array for youth aging-out of foster care by sending all DCS FCMs to the DCS IL Quarterly Trainings; will ensure a DCS Supervisor and FCM from each county attends the IL Quarterly Meetings and effectively communicates information to their staff and colleagues; will identify youth, prior to the age of 16, that would be eligible for IL services; will conduct Transitional Case Planning for youth 17 ½ years old in IL services, identify all case planning needs and complete.

### **3. 60% of all out-of-home placements will be in relative care or placed with non-offending, non-custodial parents**

In Region 13, as an on-going effort, all DCS supervisors and FCMs will work to ensure all available location tools are being utilized to find relatives and / or absent parents; will use the Child and Family Team Meetings to assist in the identification of appropriate relatives; will complete the relative notification process in a timely manner; will conduct staffing to identify appropriate relatives for placement; will include appropriate relatives in the Child and Family Team Meetings.

**4. Outreach to staff, probation, and the community to educate and inform them about the DCS array of services**

Region 13 will hold a Provider Fair during the first quarter of 2010 to assist in educating staff, probation, and the community. In addition, the Foster Care Specialists will continually provide information about the array of DCS services to foster parents at their regularly scheduled meetings.

## **Summary of Unmet Needs**

Through the process above, the workgroup identified three prevailing unmet needs. The overwhelming consensus of the workgroup was the following:

- Transportation in rural counties
- Safe, affordable and accessible low-income housing
- Lack of the capacity of the community mental health centers to service all those in need

Reliable transportation in four of the rural counties within the region remains a significant problem and barrier to obtain services for the families working with DCS. Rural counties have very limited, if any, public transportation available. Many families working with DCS do not have consistently reliable automobiles of their own or reliable transportation means from their family or friends.

Safe, affordable and accessible low-income housing is in very short supply in four of the counties within the region. A number of families are living in substandard housing and are unable to find low-income housing because of the limited supply. In Greene County, where the supply of low-income housing is more plentiful, many DCS families are unable to access the housing because of previous criminal records that disqualify them from acceptance into the housing.

The lack of adequate capacity of most of the community mental health centers (CMHC) in the region to service the continuing needs of DCS families has caused families to be placed on waiting lists, produced delays in DCS receiving reports from the CMHC regarding treatment progress, and when reports are received they are often inadequate and / or incomplete.