



Region 13

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

Section 4 – Service Array

SFY 2013-2014

February 2, 2012

**Biennial Regional Services Strategic Plan
Service Array**

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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 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 13 is composed of five counties including Brown, Greene, Lawrence, Monroe, and Owen, in south central Indiana. Brown, Greene, Lawrence, and Owen Counties are more rural areas with smaller population. Monroe County is a midsized county with less rural areas. Greene County is the largest county geographically. Bloomington is home to a Big Ten University, Indiana University. Since Monroe County is geographically the centrally located county, and has the highest population, services are more readily available with a wider selection. Due to the University, Monroe County is more diverse than the other counties with a wider range of cultural opportunities. Brown County is home to Nashville which is a large tourist area, especially for artists. Lawrence County is home to Bedford, Oolitic, and Mitchell, which is where much of Indiana's limestone is produced.

Region 13 convened a work group which held five to six sessions to work on the biennial plan. These meetings were convened in the Regional Training Center for DCS in Bloomington, Indiana. Members of the team included local office directors from DCS, the DCS regional finance manager from DCS, the DCS regional service coordinator, CASA representatives, 211 representatives, foster parents, probation representatives, and judges or their designees. The work group was tasked with looking at existing prevention and intervention services, identifying areas of need, and developing a plan to address existing service needs for DCS and probation. To accomplish this task, the work group reviewed the existing services contracts, survey information, public testimony, DCS Practice model documents, DCS Practice Indicator Documents, and Quality Service Review documentation.

During the course of the work group it was discovered through a combination of group discussions, survey results, and DCS documentation that there was a significant need to address issues surrounding substance use treatment at all levels. All of the counties identified substance abuse as a major problem in the community. In addition, a significant amount of DCS and probation cases include substance abuse issues. Although every county identified several areas of drug abuse, Greene and Owen County described a large increase in the number of methamphetamine cases. Methamphetamine use is growing in all areas of Region 13. In addition, Monroe County cited an increase in the use of prescription drugs, a designer drug called “Bath Salts,” and heroin use. Lawrence and Brown Counties also have a plethora of drugs in their areas. Therefore DCS discussed looking at the existing services and how they can better meet the needs of DCS families. It was found that there is a lack of residential substance use treatment, detoxification programming, and problem areas with substance use treatment that meet the needs of DCS. Alternatives to current treatments were discussed including doing more home-based, individualized substance use treatment.

DCS has changed their practices significantly over the last five years. One of the areas that changed was placing children with relatives. The Practice Indicators show that the number of relative placements has increased. The survey results showed a need to work on supportive services for relative caregivers. The work group discussed the different type of supportive services that exist for all foster caregivers including relatives. It was found that although there, was a lack of specific relative caregiver support. The services were more generalized to include all substitute caregivers. DCS has developed a monthly support group for all substitute caregivers. Regional Foster Care Specialists work with all substitute caregivers when needed.

All areas of Region 13 showed that there was a lack of supportive services in the community for lesbian, gay, bisexual, transsexual, and questioning (LGBTQ) youth. Discussions centered on the lack of knowledge the community has regarding these issues. It was discussed that although these children may need more support through time, that there was a larger context in which to frame these issues, namely bullying. Therefore a need for bullying education was addressed and widely acknowledged, which includes a focus on LGBTQ youth. Indiana University has several programs on campus for college age LGBTQ students. Therefore discussions centered on incorporating the existing knowledge base into a support system for youth.

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.

Statewide over 7000 surveys were sent via e-mail to recipients that had been identified. There was a response of 2,442 surveys received. Of those received, Region 13 had a total of 123 surveys returned or 5% of the statewide return rate. Brown County had 15 surveys returned. Greene County had 35 surveys returned. Lawrence County had 23 surveys returned. Monroe County had 40 surveys returned. Owen County had 10 surveys returned. DCS returned 33.3% of the surveys for Region 13. Service providers returned 18.7% of the surveys and educational staff returned 13.8%. Other surveys were returned by court staff, foster parents, probation, law enforcement, and other.

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

The respondents to the survey indicated the services with the lowest availability were as follows:

- Residential Substance Use Treatment
- Gang Prevention Services

These services tied as the lowest available services. They were followed by:

- Inpatient Substance Abuse Services for Youth
- Transitional/Supervised Living for Older Youth
- Inpatient Substance Abuse Services for Adults
- Sex Offender Treatment
- Support Services for LGBTQ Youth
- Inpatient Mental Health Treatment for Youth
- Group Home/Residential Care
- Family Shelters for Homeless
- Translation Services

All of these services were ranked below a 2.0 on a 5.0 scaled with 1.0 being the lowest availability.

The respondents to the survey indicated the services with the highest need were as follows:

- Home-Based Family Centered Casework
- Drug Testing/Supplies
- Counseling
- Affordable Day Care
- Food/Nutrition Resources
- Transportation Resources.

In summation, the broad areas of the survey where services had the most scores with low availability, low quality, and higher need included substance abuse services, general services, and education services. The areas of the survey where services had the least amount of scores with low availability, low quality, and higher need included adoption services, home-based services, and resource family services. For Region 13 the specific services of most concern were as follows:

- Residential Substance Use Treatment
- Outpatient Substance Abuse Treatment
- Substance Use Programs for Youth and Adults
- Inpatient Substance Abuse Services for Adults
- Support Services for Kinship Caregivers
- Sex Offender Treatment
- Inpatient Mental Health Treatment for Youth
- Truancy Termination
- Family Shelters for Homeless
- Safe Affordable Low Income Housing
- Affordable Day Care
- Gang Prevention Services

VII. Public Testimony:

On July 8th, 2011 there was a public hearing where oral and written testimony could be heard regarding the Biennial Regional Services Strategic Plan. This was held at the Regional Training Center in Monroe County. It is centrally located and is able to accommodate a large gathering. The meeting was advertised in the local newspapers for the region as well as a notice being posted in each DCS office within the region. No one offered any oral or written testimony at this meeting.

VIII. Regional Biennial Fiscal Plan:

	SFY 2011 Actual Spending	SFY 2012 Budget	SFY 2012 Q1 Actual Spending	SFY 2013 Budget Forecast
FAMILY & CHILDREN FUND				
Care of Wards in Foster Homes	\$2,082,127.32	\$1,937,420.00	\$563,110.00	\$1,819,920.54
Care of Wards in Institutions	\$4,096,240.01	\$3,811,551.00	\$1,108,495.00	\$3,580,390.39
Preservation Services	\$3,123,422.05	\$2,906,345.00	\$551,343.00	\$2,730,082.77
Miscellaneous Cost of Wards	\$25,741.86	\$23,953.00	\$3,727.00	\$22,500.31
TOTAL FAMILY & CHILDREN'S FUND	\$9,327,531.24	\$8,679,269.00	\$2,226,675.00	\$8,152,894.00
Care of Wards in Foster Homes	\$1,924,320.94	\$1,790,581.00	\$522,904.00	\$1,681,986.94
Care of Wards in Institutions	\$1,469,298.07	\$1,367,182.00	\$343,682.00	\$1,284,265.98
Preservation Services	\$2,787,403.15	\$2,593,679.00	\$450,907.00	\$2,436,379.14
Miscellaneous Cost of Wards	\$22,129.13	\$20,591.00	\$3,355.00	\$19,342.21
TOTAL CHILD WELFARE	\$6,203,151.29	\$5,772,033.00	\$1,320,848.00	\$5,421,974.27
Care of Wards in Foster Homes	\$157,806.38	\$146,839.00	\$40,206.00	\$137,933.60
Care of Wards in Institutions	\$2,626,941.94	\$2,444,369.00	\$764,813.00	\$2,296,124.40
Preservation Services	\$336,018.90	\$312,666.00	\$100,436.00	\$293,703.62
Miscellaneous Cost of Wards	\$3,612.73	\$3,362.00	\$372.00	\$3,158.10
TOTAL PROBATION	\$3,124,379.95	\$2,907,236.00	\$905,827.00	\$2,730,919.73
Miscellaneous Revenue:				
Reimbursements	\$1,512,815.84	\$1,512,816.00	\$509,993.00	\$1,421,067.66
Repayments	\$331,128.39	\$331,128.00	\$268,017.00	\$311,045.95
Total Miscellaneous Revenue	\$1,843,944.23	\$1,843,944.00	\$778,010.00	\$1,732,113.61

Region 13 Service Standard	SFY 2011 Actual Spending	SFY 2012 Q1 Actual Spending
CHAFEE FOSTER CARE INDEPENDENCE PROGRAM	111.83	31.95
CHILD CARING INSTITUTIONS	2,840,067.04	641,680.84
COUNSELING	51,587.32	5,428.30
DAY TREATMENT	1,260.00	-
DCS FOSTER HOME	1,022,122.00	284,725.00
DIAGNOSTIC AND EVALUATION SERVICES	122,307.97	10,689.76
FUNCTIONAL FAMILY THERAPY	12,980.21	8,549.32
GENERAL PRODUCTS	10,218.19	3,113.25
GENERAL SERVICE	7,012.23	383.00
GROUP HOME	776,377.91	231,149.27
HOME-BASED FAMILY CENTERED CASEWORK SERVICES	616,633.22	156,530.13
HOME-BASED FAMILY CENTERED THERAPY SERVICES	874,856.07	160,818.78
HOME-BASED INTENSIVE FAMILY PRESERVATION SERVICES	817.11	-
HOMEBUILDER SERVICES	27,000.00	-
HOMEMAKER/PARENT AID	168,584.22	19,383.15
INTEGRATED SERVICES PILOT	176,788.00	150,911.00
LCPA FOSTER HOME	1,091,135.22	276,337.37
MATERIAL ASSISTANCE	10,397.90	154.25
MED-ASSESSMENT FOR MRO	880.36	200.52
MED-COUNSELING	15,605.19	4,863.88
MED-DIAGNOSTIC AND EVALUATION	174.60	720.23
MED-HOME-BASED FAMILY CENTERED CASEWORK SERVICES	16,019.87	8,194.15
MED-HOME-BASED FAMILY CENTERED THERAPY SERVICES	1,616.74	1,248.30
MED-SUBSTANCE ABUSE TREATMENT	23,510.24	7,280.76
PARENTING / FAMILY FUNCTIONING ASSESSMENT	52,357.18	11,080.15
PERMANENCY	11,776.00	2,048.00
PERSONAL ALLOWANCE	87.00	229.98
PRIVATE SECURE	253,966.33	84,754.24
SEX OFFENDER TREATMENT; VICTIMS OF SEX ABUSE TREATMENT	39,460.67	4,772.62
SUBSTANCE ABUSE ASSESSMENT, TREATMENT, & MONITORING	20,260.35	331.89
SUBSTANCE USE OUTPATIENT TREATMENT	-	408.24
TRANSITION FROM RESTRICTIVE PLACEMENTS (TRP)	8,577.45	1,918.35
TRANSITIONAL HOUSING	19,140.00	-
TRUANCY TERMINATION	12,781.40	43.88
VISITATION FACILITATION-PARENT/CHILD/SIBLING	1,041,061.42	148,694.83
Total	9,327,531.24	2,226,675.39

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 13 ACTION PLAN

Overview

The Regional Action Plan present in this section is based on all data collected to address 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, **Section G**)
- Regional Work Group determination of service availability/accessibility (service array tables with codes, **Section H**)
- Additional input provided by work group members

These data sources were considered by the regional work groups to determine service needs that were to be prioritized by a region for the relevant biennium. To address these service needs, regional work groups 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:		Increase supportive services for relative caregivers in order to educate the substitute caregivers and maintain placements thereby decreasing the rate of placement moves and increasing permanency as evidenced in the Practice Indicators.		
Action Step	Identified Tasks	Responsible Party	Time Frame	Date of Completion
Have support group meeting specifically designed around relative caregivers and their needs.	Have meetings initiated in each of the five counties on a quarterly basis or more frequently as determined.	Nicole Henderson, Deb Dailey, Regional Foster Care Specialists	Ongoing	6/30/2012
Work with 211 to get a complete listing of services in the five counties to be disseminated to all substitute caregivers.	Contact all of the 211 representatives for the counties that have 211 listed.	Nicole Henderson, Deb Dailey, Harmony Gist, Sonya Seymour, Michael Baker, Camilla Terry	Ongoing	6/30/2012

Evaluate the effectiveness of the relative caregiver support groups in each county.	Regional Foster Care Specialists will track participation by county, seek feedback from participants, and address any barriers to providing these services throughout the region.	Nicol Henderson, Deb Dailey, Regional Foster Care Specialists	1 Year	3/30/2012
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Measurable Outcome:		Increase effectiveness of available substance use services, both contracted and non-contracted, that are accessed by clientele of DCS by increasing treatment options throughout the system.		
Action Step	Identified Tasks	Responsible Party	Time Frame	Date of Completion
Develop a task force to address substance abuse treatment throughout the region by having all contracted substance abuse and home-based providers come together.	Develop a curriculum for home based substance abuse treatment with therapy level providers.	Nicole Henderson	6 months	Ongoing
Have a member of the task force and the Regional Manager of DCS.	Develop a resource guide for substance abuse providers, both contracted and non-contracted providers.	Nicole Henderson and designee from the task force.	1 year	2/01/2013

Measurable Outcome:		Increase support services to LGBTQ youth in every county in the region by providing information on bullying.		
Action Step	Identified Tasks	Responsible Party	Time Frame	Date of Completion
Partner with Indiana University and Middle Way House to look at providing bullying education with a focus LGBTQ youth to the rural counties within the region.	Develop a seminar for each county to address bullying and focus on LGBTQ youth. Invite key stakeholders to the seminar including DCS staff, probation staff, educational staff, and the community.	Nicole Henderson, Michael Baker, Deborah Dailey, Sonya Seymour, Camilla Terry, Harmony Gist	1 year	9/30/2013

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 the Council is able to accommodate. Several unmet needs are a result of financial limitations of the community and the Department of Child Services and therefore could not be effectively alleviated 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. In addition, needs related to inpatient services or developing shelters were considered outside the scope of what DCS could accomplish through the work group and action plan. While these unmet needs are crucial the expressed need and priority level of substance use service needs took precedence for this biennium.