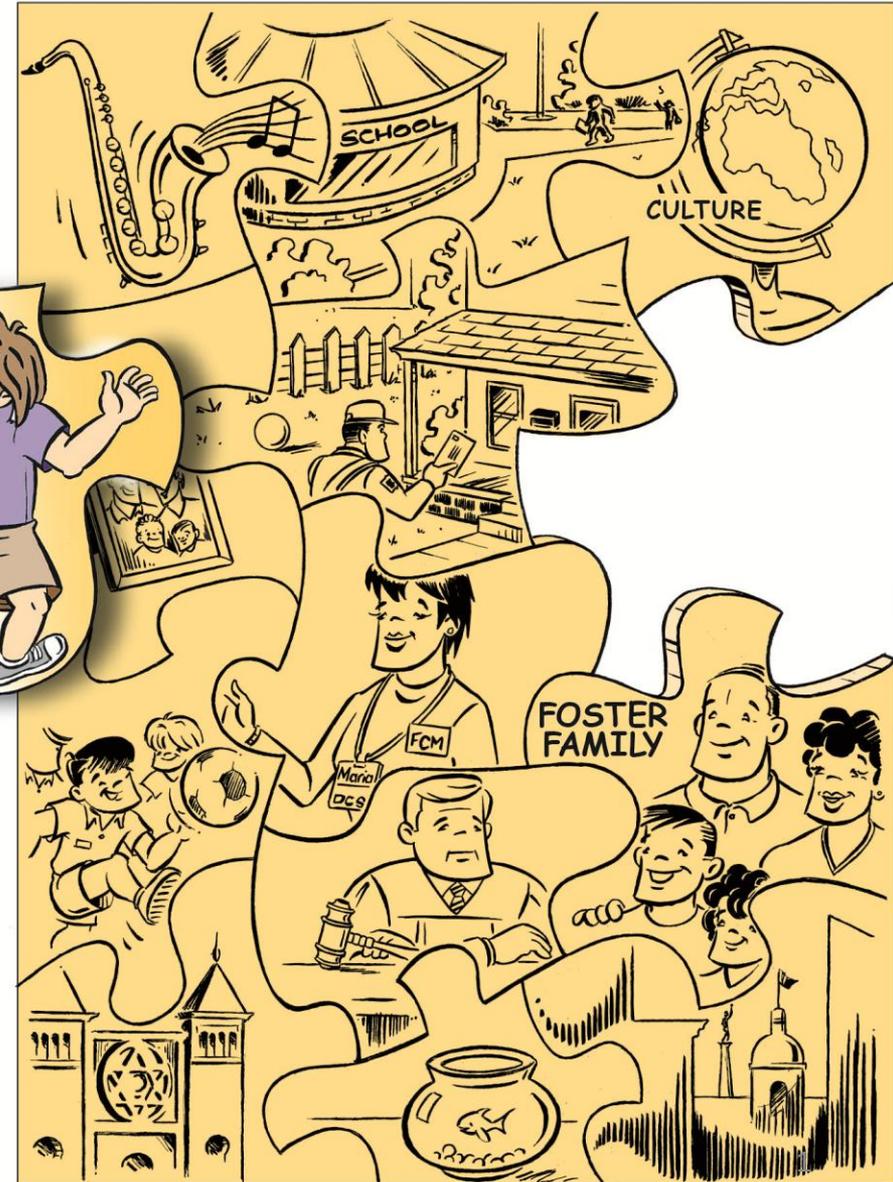
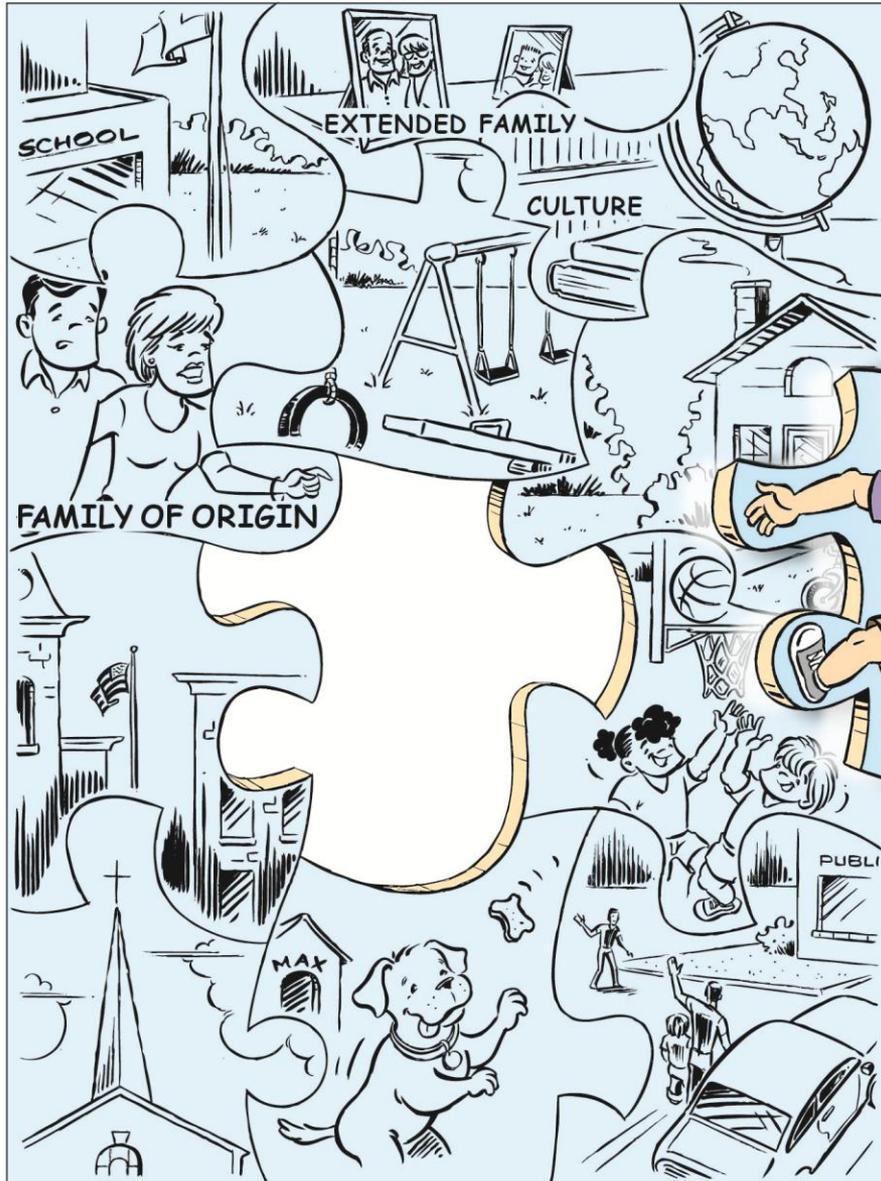


One Child, Two Worlds: Where Do I Fit? How Do I Fit?





INDIANA
DEPARTMENT OF
CHILD
SERVICES

DCS Overview

Presentation to the Department of
Child Services Interim Study
Committee
August 22, 2012

MB Lippold, DCS Deputy Director of Staff Development
Char Burkett-Sims, DCS Region 9 Manager
Lisa Rich, DCS Deputy Director of Services & Outcomes



Creation of DCS

Purpose:

- Elevated priority of protecting children.
 - No longer just a division within another agency.
- Dedicated operational budget.
- Dedicated staff to support DCS mission.
- Commitment to qualified, trained field staff.



DCS Vision, Mission & Values

DCS Vision: Children thrive in safe, caring, and supportive families and communities.

DCS Mission: To protect children from abuse and neglect, by partnering with families and communities.

DCS Values:

- Every child:
 - Right to be free from abuse/neglect.
 - Right to appropriate care/permanent stable home with families (when safe).
- Every parent:
 - Primary responsibility for the care & safety of their children.
- Every person:
 - Has value, worth and dignity.



“Practice Model” Defined

Framework of operation guided by:

- Indiana statute.
- Best child-protection practices.



Before Practice Model

No practice model:

- 92 different ways of operating.
- Focus primarily on federal compliance.
- Approach – “*do more with less*”.



Impact- Before Practice Model

Impact:

- Higher caseloads.
- Lack of consistency in addressing abuse/ neglect.
- Delegation of all social work to service providers.



Practice Development

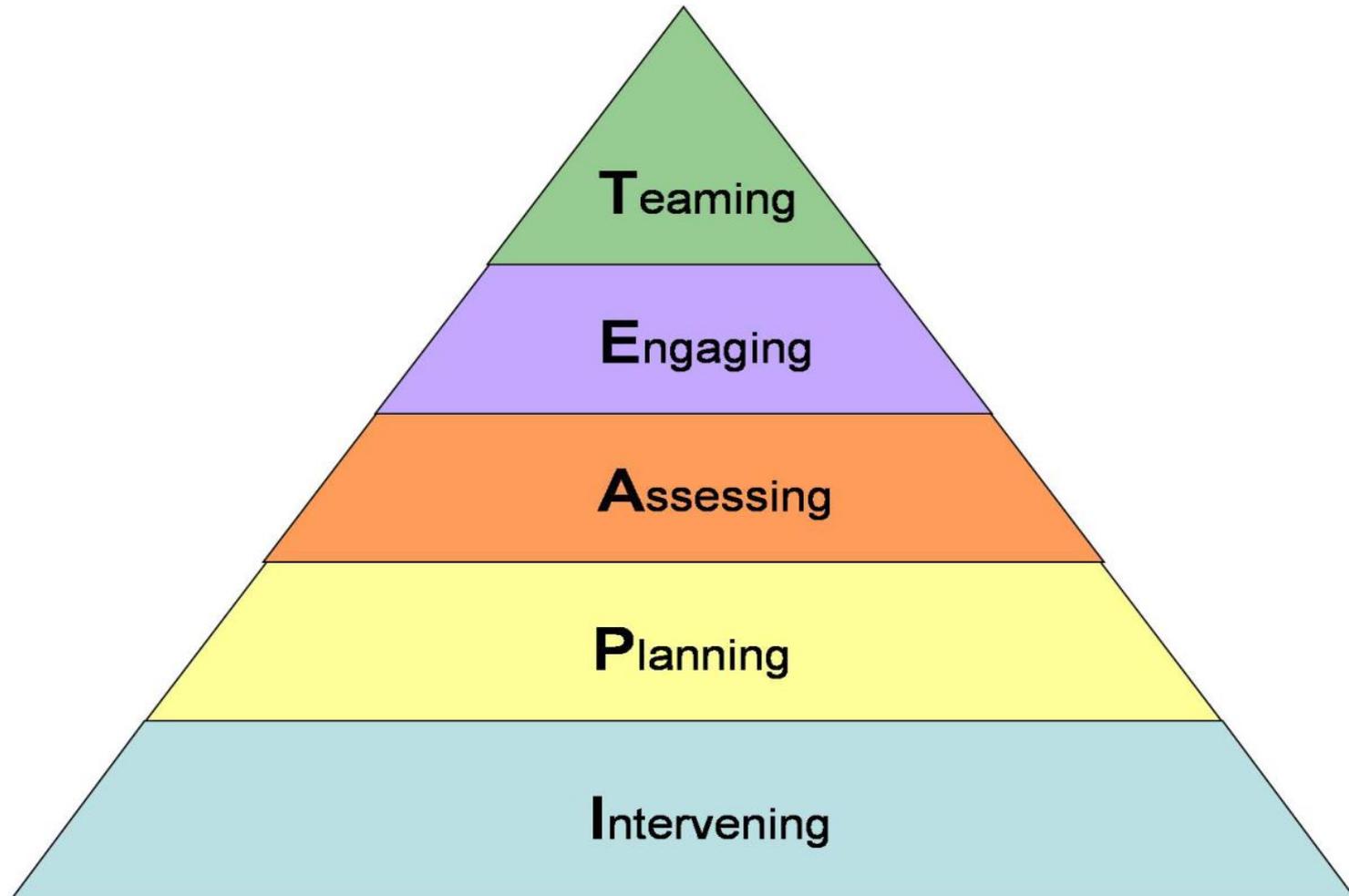
- The Annie E. Casey Strategic Group provided an assessment to Indiana.
 - “No matter how many caseworkers we added, caseloads would continue to increase if Indiana didn’t change its way of serving children and families.” – 2005
- Indiana visited Utah to learn about their model and outcomes.
- Engaged DCS staff at all levels.
 - Determine skills needed to achieve best outcomes.
- Built model on evidence-based outcomes for child safety and family reunification.



Practice Development

- Practice model serves as Indiana's blueprint for building DCS:
 - Teaming- Bringing supports and families together.
 - Engaging- Establishing relationships (child & parents).
 - Assessing- Obtaining and analyzing information.
 - Planning- Identifying unique steps to productive outcomes.
 - Intervening- Actions taken to promote safety and well-being.

Indiana Practice Model





Practice Development

- Rollout and Training:
 - Pilot in DCS Regions 9 and 18, followed by Region 10.
 - Regional kick off meetings.
 - Training:
 - Statewide training including DCS staff, juvenile judges, prosecutors, public defenders, and CASAs.
 - Initial training, on-going training and supervisor training.
 - On-going staff support provided through peer coach consultants.



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Integration



Integration into Practice

- Integration of the model into practice and policies:
 - Child and Family Team Meetings.
 - Update policies and procedures.
 - Safely Home, Families First.



Policies and Procedures

- Rewrote entire policy manual.
- Documented procedures.
- Updated all training.
- Established outcome metrics.



Child and Family Team Meetings

What is a Child and Family Team Meeting?

- Brings together the family with friends, neighbors, community members and formal resources.
- The family selects who is a part of their Child & Family Team.



Child and Family Team Meetings

- What is the benefit?
 - Build plans that expedite permanency, ensure safety and support child's well-being.
 - Implement more effective interventions based on inclusive decision-making.

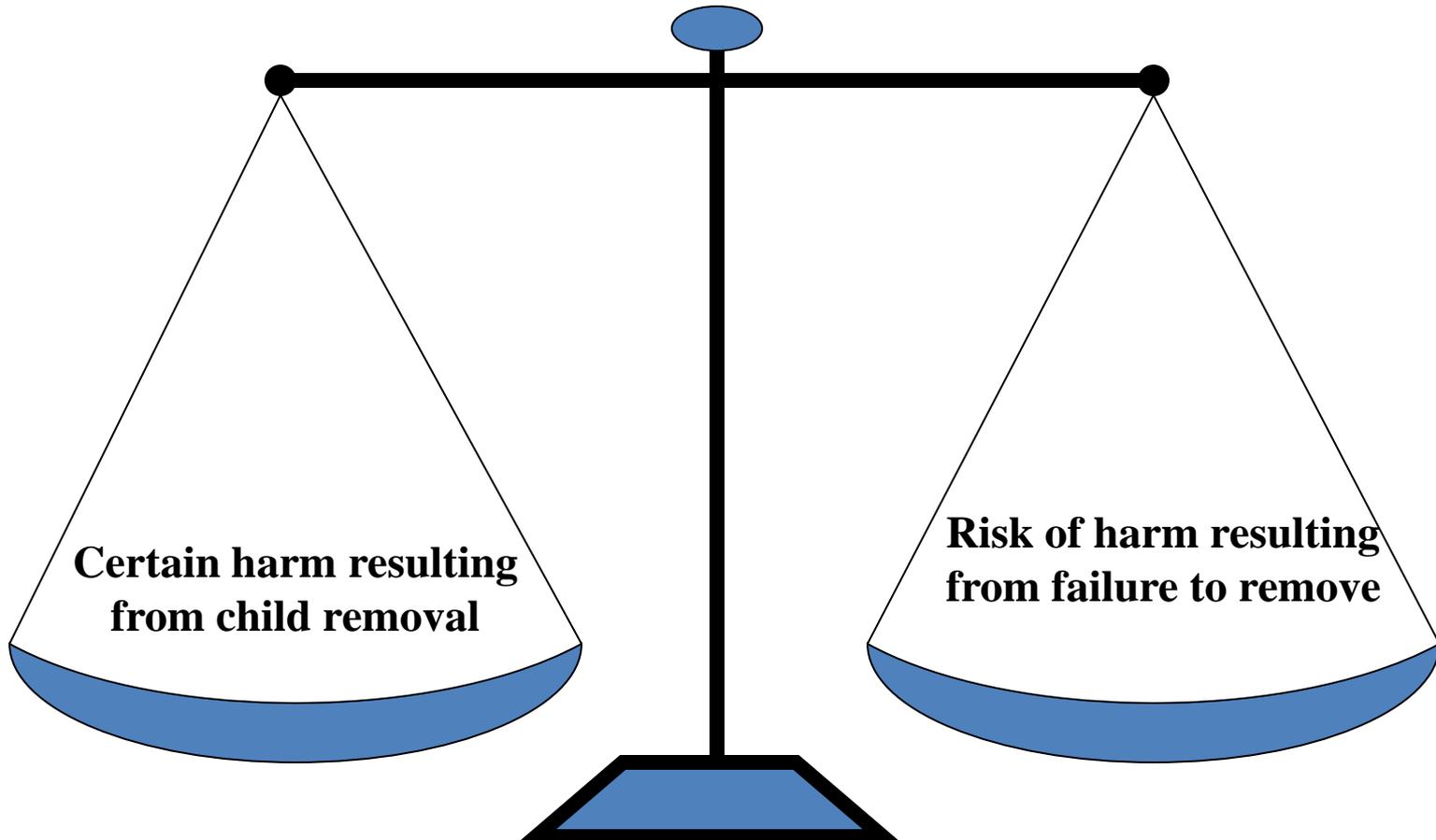


Safely Home, Families First

- What is Safely Home Families First?
 - A reaffirming of the effort to keep children at home, or with relatives when they can't safely remain at home.
- What is “Safely Home”?
 - DCS always evaluates what can be done to keep a child in their own home safely.
- What is “Families First”?
 - When a child must be removed from their home , DCS first looks for family members for a placement.

Safely Home, Families First

Use protective factors to make safety decisions- *weighing potential outcomes.*





Practice Model's Effect

Scenario:

DCS becomes involved with Mr. Jones and his 3 children due to the conditions of the home. There is animal feces on the floor, moldy dishes in the sink, garbage bags in the hall, and stacks of papers throughout the home making only a small walkway through the house. DCS performs an assessment on the family and determines that Mr. Jones suffers from depression, but has been unable to afford his medications.

- How would DCS handle a case before the Practice Model?
- How would DCS handle the case after the Practice Model?

After Practice Model

After the practice model:

- Single vision for the agency.
- Operations focused on how to develop the skills necessary to improve outcomes.
- Approach - “*What is best for kids?*”

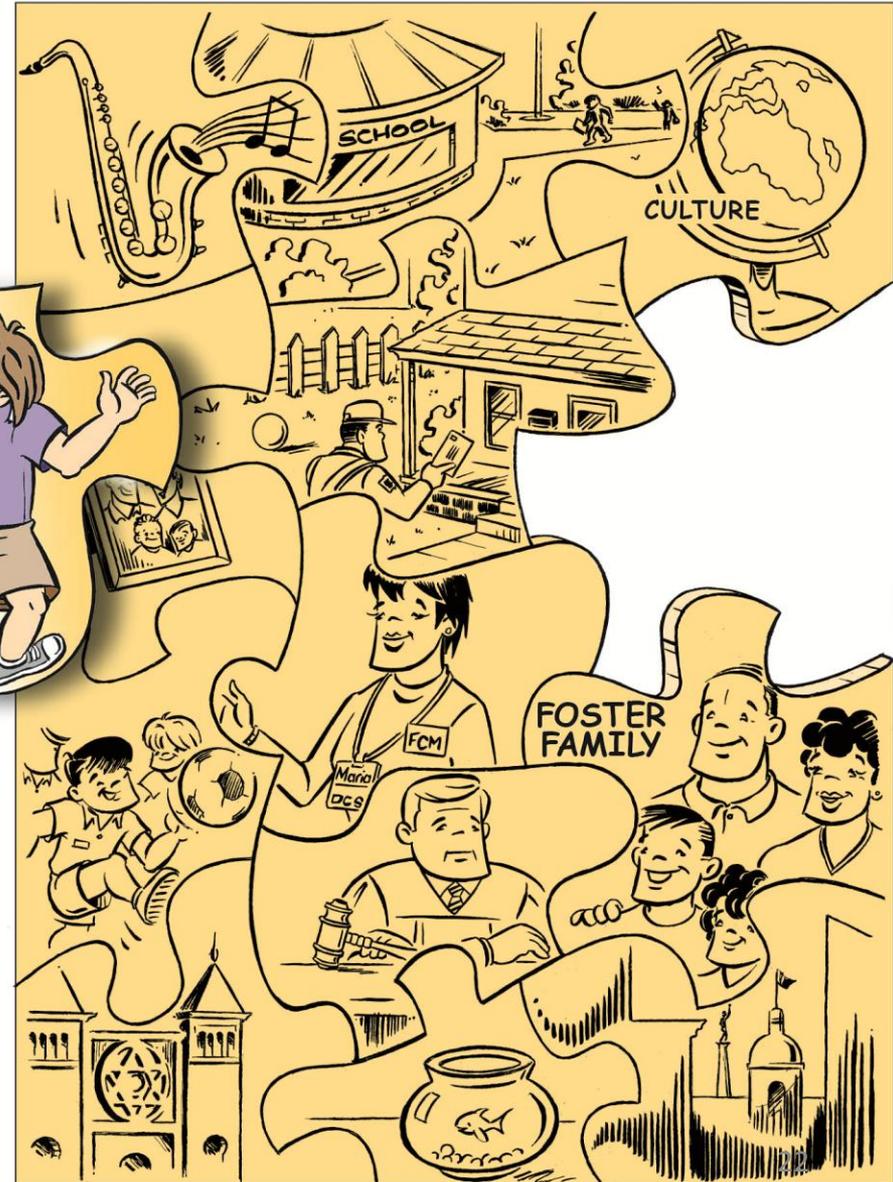
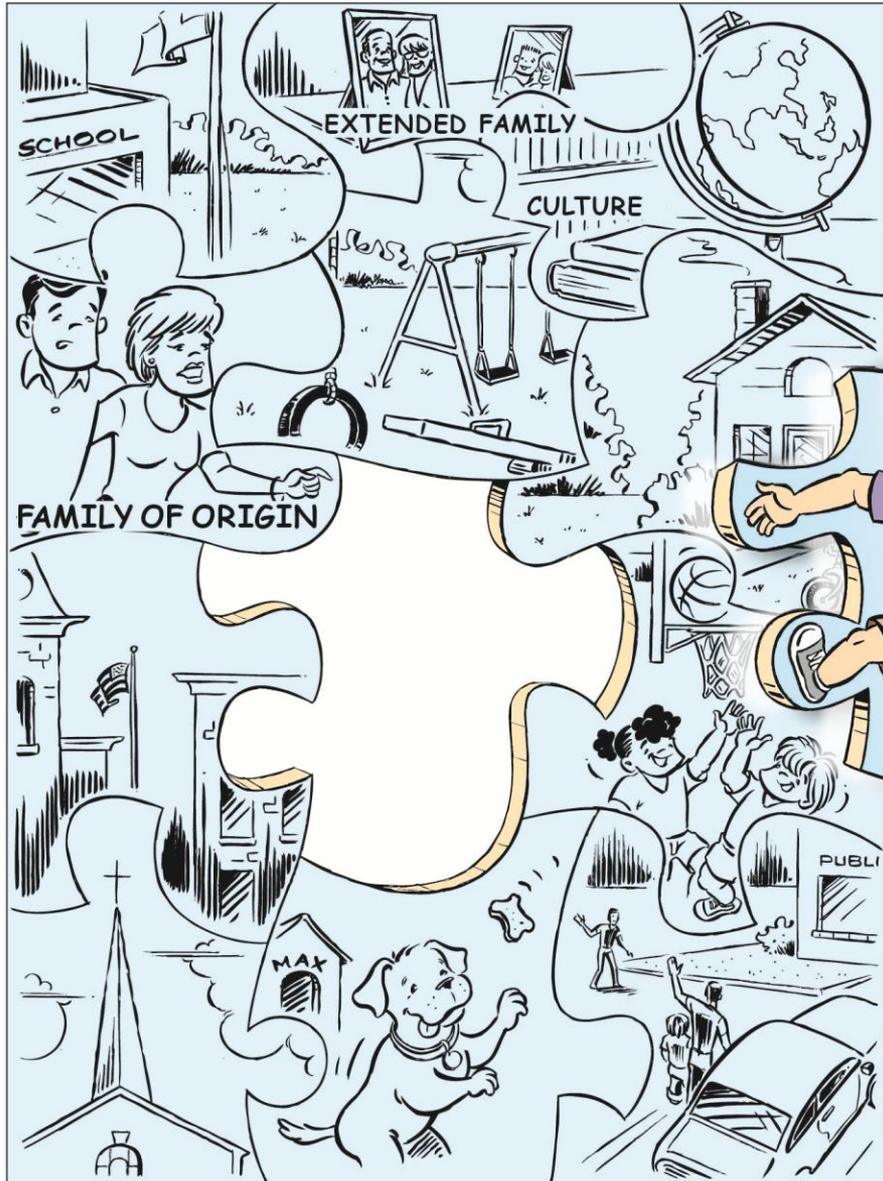


Impact of Practice Model

Impact:

- Statutory caseload limits.
- Consistent way of addressing abuse/neglect statewide.
- Coordinated effort between DCS, service providers and other supports.

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Results



Outcome Measurement

- Measurement tools to evaluate DCS practice model:
 - Practice indicator reports.
 - Quality service reviews.
 - Continuous quality improvement.
 - Quality assurance reviews.



Outcome Measurement

- One of our initiatives is to keep children with families.
- DCS measures outcomes on relative care using all measurement tools.



Practice Indicator Reports

- Collection of data elements used to monitor the effectiveness of the practice model.
- Example applied to Practice Indicator reports:
 - What percentage of children are in relative care?



Quality Service Review (QSR)

- Quality Service Review:
 - Case specific review where DCS goes out and talks to individuals involved in a specific case to evaluate the quality of DCS's work.
 - Evaluates people's experience with DCS, not data on the case.
- Example applied to Quality Service Review
 - Are the children placed in the most appropriate placement?
 - Are relative caregivers prepared and supported?



Continuous Quality Improvement

- Take results of Quality Service Review, create plan for improvement in one or two areas.
 - Areas of improvement determined at regional level.
 - With input of community stakeholders/staff in region.
- Example applied to continuous Quality Improvement:
 - Developing information on available resources for relatives.



Quality Assurance Review

- Measures compliance to state and federal guidelines as well as DCS policies.
- Identifies strengths, areas that need specific attention to remain in compliance.
- Example applied to Quality Assurance Review:
 - Documentation indicates that relative placement (including non-custodial or alleged parent) was considered by the agency.



Improved Outcomes

- Family Case Manager monthly visits:
 - FFY 2004 - 10.4%
 - FFY 2011 - 95.7%

- Siblings placed together (out-of-home care):
 - Mar. 2007 – 45.06%
 - Jun. 2012 – 74.5%

- Out-of-home CHINS in relative care:
 - Jan. 2005 – 20.92% (1,724)
 - Jun. 2012 - 40.08% (3,602)



**Up Next:
Staffing**