



How Are the Children In Indiana

A New Practice Model for Indiana



A New Practice Model for Indiana

an overview





From the Director

It has been my privilege to serve in the capacity of Director for the Indiana Department of Child Services (DCS) since 2005. DCS has managed to accomplish several milestones over the past few years; the greatest one has been recognizing change was needed in order to effectively make a difference in the lives of families and children. Thus, the Indiana Practice Reform movement began.

As the organizational structure took shape throughout 2005, it became apparent that child protection services lacked a specific focus in its approach to, and work with, families. The 92 local offices were all conducting assessments, working with families, and establishing permanency plans; however, the processing a case throughout its life varied, sometimes due to local practice, sometimes due to court practices, and many times due to overburdened workers with caseloads too high to focus attention on the family's underlying needs. Many contracts were in place with private providers, but coordination was lacking. We asked, "How Are The Children?", and it was not clear that we were doing all that we could to have the answer be "All Of The Children Are Well."

After establishing the Vision, Mission and Values of the agency, it seemed prudent to seek out the best possible model of practice that was known in child welfare and develop a plan for training it, supporting it, and ultimately implementing it in a uniform manner across the state. A model was developed and between 2006 and 2009, all 1,600 case manager staff as well as managers received training in the five core competency areas that are the foundation of the Indiana Practice Model including Teaming, Engaging, Assessing, Planning and Intervening (TEAPI). All of the staff were also prepared to effectively facilitate "Child and Family Team Meetings", a cornerstone of the Indiana Practice Model.

This brochure more fully explains that process. Our work is certainly not done. But this current approach of engaging with families, teaming and planning with them, and supporting them when possible, while still holding parents accountable for their children will bring Indiana to the goal of being able to say that "all of Indiana's children are well".

Sincerely,

A handwritten signature in black ink, appearing to read "James W. Payne".

James W. Payne, Director

Case Practice Reform History

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ndiana's practice improvement efforts began in 2005 when Governor Mitch Daniels established the Department of Child Service (DCS) as a cabinet-level, independent agency. Governor Daniels sought to create a child welfare agency that could better serve and protect the children and families of Indiana. In order to start to carry out this mission, the Indiana legislature provided DCS the staff resources to cut caseloads to 12 new cases or 17 ongoing cases per worker, or under half of their previous average.

DCS's new leadership sought to ground their improvement efforts in strong principles and values and to translate these into caseworkers' every day actions and decisions. The mandate to double agency staff provided an opportunity to embed these principles and values and to improve practice. Leadership also understood that lower caseloads allowed caseworkers greater time to invest in family engagement.

DCS Practice changes included Child and Family Team Meetings; Clinical Supervision and five new essential practice skills.. In addition, supports for the practice change were implemented. These supports included:

- Introduction of Practice Model and reform vision to staff in local offices and service providers
- Training for all staff on the 5 core skills: **Engaging, Teaming, Assessing Planning and Intervening**
- Training and support for supervisors
- Coaching for all staff on child & family teaming (skills and process)
- Quality Service Reviews to provide regular practice improvement feedback
- Creation of flexible services for families
- Policy changes which support and promote the team meeting process
- Outcomes-focused strategic planning by regional managers
- Improvements to the state's information system, including opportunity to note team meeting occurrence
- Updated position profiles and staff performance measures
- Regional Service Councils for community involvement



Practice Model Pyramid

Indiana Practice Model

Indiana is engaged in a transformation of its child welfare system.

This practice model is based on the **DCS Vision, Mission and Values**. Core Practice

Values and Principles

guide staff on interacting with children, families, the community and each other.

Indiana Practice Model-TEAPI

DCS's desired case practice was captured in a "practice model", or the description of the practice principles and essential skills to effectively implement its vision, mission and values. These principles and skills are built upon case practice reform efforts that have significantly improved child safety and family reunification in other states. After researching other States' best practices, Indiana identified five essential practice skills. These skills are:

Teaming The skill of assembling a group to work with children and families, becoming a member of an established group, or leading a group to bring needed resources to the critical issues of children and families. Child welfare is a community effort and requires a team.

Engaging The skill of effectively establishing a relationship with children, parents, and essential individuals for the purpose of sustaining the work that is to be accomplished together.

Aspecting The skill of obtaining information about the salient events that brought the children and families into our services and the underlying causes bringing about their situations. This discovery process looks for the issues to be addressed and the strengths within the children and families to address these issues. Here we are determining the capability, willingness, and availability of resources for achieving safety, permanence, and well-being for children.

Planning The skill necessary to tailor the planning process uniquely to each child and family is crucial. Assessment will overlap into this area. This includes the design of incremental steps that move children and families from where they are to a better level of functioning. Service planning requires the planning cycle of assessing circumstances and resources, making decisions on directions to take, evaluating the effectiveness of the plan, reworking the plan as needed, celebrating successes, and facing consequences in response to lack of improvement.

Intervening The skill to intercede with actions that will decrease risk, provide for safety, promote permanence, and establish well-being. These skills continue to be gathered throughout the life of the professional child welfare worker and may range from finding housing to changing a parent's pattern of thinking about their child.



Child and Family Team Meetings



Child and Family Team Meetings are coordinated and facilitated by the Family Case Manager. The purpose of these meetings is to hear the family's voice, expedite permanency, ensure safety and support the child's well-being. Results of the meetings include more effective plans and interventions because of a greater richness of family support and more inclusive decision-making. Families are empowered to lead the meetings by selecting team members, location and time, and goals to work on at the meeting.

Child and Family Team Meetings (CFTM) are held at all key decision-points in both assessment and on-going case management phases. The following are triggers to prompt a CFTM to occur in the assessment phase:

- Safety Planning (identifying family strengths, needs so that risks can be mitigated or removed)
- Prevention of Removal (child remains safely in the home)
- Placement (exploring relatives, non-custodial parents, local placement, placement with siblings)
- Visitation Planning (parents, siblings, relatives, essential connections)

- Case/Service Planning ("Informal Adjustment" development, recommendations for disposition, case plan, education needs, medical needs, etc)
- Reunification Planning

The following are triggers to prompt a CFTM to occur during the case management phase:

- Case/Service Planning (implementation, tracking and adjusting)
- Prevention of Removal (child remains safely in the home)
- Placement (exploring relatives, non-custodial parents, local placement, placement with siblings, ensuring the stability of placement to avoid disruption)
- Visitation Planning (parents, siblings, relatives, essential connections)
- Permanency Planning
- Reunification Planning
- Case Closure

Quality Service Review



The Quality Service Review (QSR) is a snapshot view of how the practice model is assisting children and families to reach permanency. Cases are pulled within each region of Indiana based on age, length of time in care, placement type and case type. This process also includes the review of assessment cases. QSR reviewers spend two days conducting in-depth interviews with key case contributors to determine how well the elements of the practice model are working towards sustainable safe case closure. This review was implemented in 2007 and is conducted throughout the state on a monthly basis.

The QSR evaluates Child Status, Parent/Caregiver Status and System Performance.

The Child Status indicators evaluate child Safety, Permanency and Well-Being. The Parent/Caregiver Status evaluates Parenting Capacities as well as Informal Supports. The TEAPI skills are evaluated in the System Performance section of the QSR review.

Following the QSR, each region develops a practice improvement plan that is tracked through the Continuous Quality Improvement (CQI) process. Regions have the opportunity to request support services to help move practice forward in their region. The CQI process allows a statewide systematic response to needs from each level of management.



What we've learned from the QSR

Indiana achieved the following as a result of less than three years of practice improvement:

- More children are now remaining in their birth homes or are placed with relatives.
- Field staff are recognizing the importance of teaming with each family.
- Assessment of underlying needs have improved through utilizing practice model skills.
- There remains an opportunity to engage fathers to have a more meaningful role in the lives of their children.
- Indiana is also tracking whether the parents who are currently involved are previous wards. This information is important when program planning for Independent Living skills with a goal of providing youth with the skills needed to be successful in life.

Practice Indicators

Reduced substitute care: (increased children placed in their own home)

The safety of a child is non-negotiable. As appropriate services are available, we can provide services for the family with the child in the home and maintain child safety as our primary focus.

Increased use of relative care:

Relatives should be given a higher priority in consideration for the placement of children.

Increased placement in own community:

When a child must be removed from the home, out-of-home placement should occur in the same neighborhood and School Corporation, if at all possible. It is imperative that children experience the least disruption in their education.

Reduced use of residential placement: (increased use of least restrictive placement)

When services are provided to a child and family at the earliest intervention, the need for residential placement will be decreased significantly over time.

Reduced number of placement moves: (increased placement stability)

At the first placement, children should be placed to fit the needs of the child. The child and family should be provided support to maintain the initial placement, as every placement change is a disruption in the child's life and causes trauma to the child.

Increased sibling placements:

If siblings are removed, they should be placed together as a sibling group. Essential connections are critical to the healthy development of siblings.

Reduced length of stay:

When a child is placed in substitute care, early permanency is critical for the child. Permanent families should be identified early for those children who are unable to return to their families of origin.

Increased permanency:

Permanency for a child means a safe, stable, and secure home with a family that provides love, unconditional commitment, and lifelong support in the context of reunification, adoption, or legal guardianship where possible. No child should linger in foster care or leave the system at age 18 without a permanent family of their own.

Increased child & family visits:

Based on national reviews, positive outcomes for children and families are significantly influenced by the quality and quantity of Case Manager contacts with the child and family (i.e., original caretakers) and family visitation.

Reduced incidence of repeat maltreatment:

Thorough assessments and appropriate and timely services are a vital tool for ensuring that children are not subject to subsequent abuse or neglect.

Practice Model Testimonials



John Ryan

Chief of Staff

The Department of Child Services has made a commitment to children and families by adopting a standard, consistent model of practice, proven to achieve results that are directly tied to the agency's vision, mission and values. Recent data obtained indicates clearly that the course of action is an appropriate one and that the established model, together with appropriate resources and support, is working.

Lisa Rich

Deputy Director of Programs and Services

The DCS practice model has empowered families to have a voice in decision making about the services they need to best meet the needs of their family. The model allows for service provision to be individualized, addressing the core issues surrounding the family.



MB Lippold

Deputy Director of Staff Development

Partnering with families to develop their roadmap based on their unique needs was a concept that made a lot of practice sense when our new department started in 2005 and this still holds true today. It has been an enormous training challenge, but through effective partnerships, that challenge has been met.



Angela Green

Deputy Director of Practice Support

Indiana has taken a multifaceted strategic approach that has transformed every structural component of child welfare. By centrally focusing on our TEAPI practice model as the impetus of our change process, we are witnessing improved practice and positive results in the lives of children and their families.



Dave Judkins

Deputy Director of Field Operations

By successfully ingraining the TEAPI practice skills into our partnership with families, DCS fulfills an expectation that families rightfully have a say in their future and that children indeed thrive in safe, caring, supportive families and communities.

Katie Rounds

Deputy Chief of Staff

By identifying and building on the strengths of the family, the DCS Practice Model and the use of Child and Family Team Meetings allow DCS to partner with and support families involved with our system.



Practice Model Testimonials



Jeff Lozer

General Counsel

Child and family team meetings and the TEAPI model are ways in which DCS can address child abuse and neglect while affirming and protecting the constitutional rights of parents to raise their children.

Ann Houseworth

Director of Communications

The Practice Model provides an opportunity to truly engage the children and families we serve. During Child and Family Team Meetings we bring together family members and key friends to discuss the needs of the family. This open dialogue allows the team to evolve into a support network on which the family can rely to help provide a safe, nurturing and stable home for their children.



Tatiana Alvarez

Hispanic Initiative Manager

The implementation of the Practice Model has impacted the way our immigrant families' cultural behaviors and traditions are better understood and respected. This model also serves as a bridge which allows them to cross over and learn the acceptable American ways without having to renounce everything they know.

Practice Positions and Expectations

Practice Model Director

The Practice Model Director monitors all aspects of the Indiana Practice Model statewide and collaborates with internal and external partners to ensure model fidelity in daily operations.

Regional Practice Consultants

There are eighteen Regional Practice Consultants who serve as liaisons for the practice between Central Office, field, the community and stakeholders. In addition, the Practice Consultants lead the practice within their region and support peer coaches.

Peer Coach Consultants

There are six Peer Coach Consultants. These positions serve as the experts in the Indiana Practice Model. They assist with bridging gaps between field, policy, Quality Service Reviews, training, legal, fiscal, or other areas that have an impact on the practice. Peer Coach Consultants train all Peer Coaches.



Peer Coaches

Peer Coaches train all Family Case Managers to become facilitators of Child and Family Team Meetings. The number of Peer Coaches per region is dependant upon the volume of Family Case Managers in the region. Peer Coaches are Family Case Managers that are considered to be champions within their current position and receive additional training and support to serve in this role. There are a few regions where supervisors serve as Peer Coaches.

P-FACT (Practice, Field and Clinical Team)

P-FACT is a team of individuals from Staff Development and Field Operations that come together to brainstorm critical issues identified within regions which impact the practice.

All DCS positions and responsibilities have changed dramatically to reflect the Indiana Practice Model. While there are some positions that are allocated solely to the Practice Model, all positions have the expectation to fulfill the mission of the Practice Model.

Moving Forward in The Practice



Maria Wilson

Indiana Practice Model Director

The Indiana Department of Child Services Practice Model has grown tremendously since its inception in 2006. Moving forward, the State of Indiana is encouraged that we can share our successes and lessons learned with other governments and public child welfare agencies undergoing reform.

The Indiana Practice Model continues to work on initiatives such as Engaging Fathers; Addressing Language Barriers with Hispanic Families; Services for Independent Living; Domestic Violence within CFTMs; Substance Abuse; and Mental Illness. In addition, DCS is committed to being transparent and open to any refinement needed in order to achieve our ultimate vision that our children thrive in safe, caring, supportive families and communities. One way of achieving this goal is to maintain strong partnerships with our stakeholders, including communities, service providers, courts, schools and families.

DCS would like to give special thanks to the Casey Strategic Consulting Group, the Child Welfare Policy and Practice Group; the State of Utah and the Indiana University School of Social Work for assisting with our reform efforts. Also, we would like to acknowledge our wonderful staff that dared to shift from the "old way of doing business" to embracing a new practice model simply because it was the right thing to do. Because of all this, we can say that the children are well in the State of Indiana.

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