INDIANA DEPARTMENT OF CHILD SERVICES

Continuing our Path towards Improved Child Behavioral Health Collaboration – One Year Later

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Goals of the Partnership

- Ensure Indiana families and children are connected to the most appropriate and most effective services to meet their needs both short term and long term.

- Maximize utilization of Medicaid reimbursement for behavioral health services.

The Partnership

- Established 3 years ago
- Improved relationships and service coordination
- Beginning to establish a shared language
- We still have work to do!

Number of Community based and MRO service referrals made by DCS staff in SFY 2013

Type of provider	Number of referrals	Percentage of total referrals
Community Mental Health Providers	38,115	33.58%
Non- CMHC	75,391	66.42%
	113,506	

- CMHCs make up 10% of the DCS providers and received a third of DCS referrals.

Trauma Informed Care

The Practice Model

- The blueprint Indiana used to build the Department.
  - Teaming, Engaging, Assessing, Planning, and Intervening.
- 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.

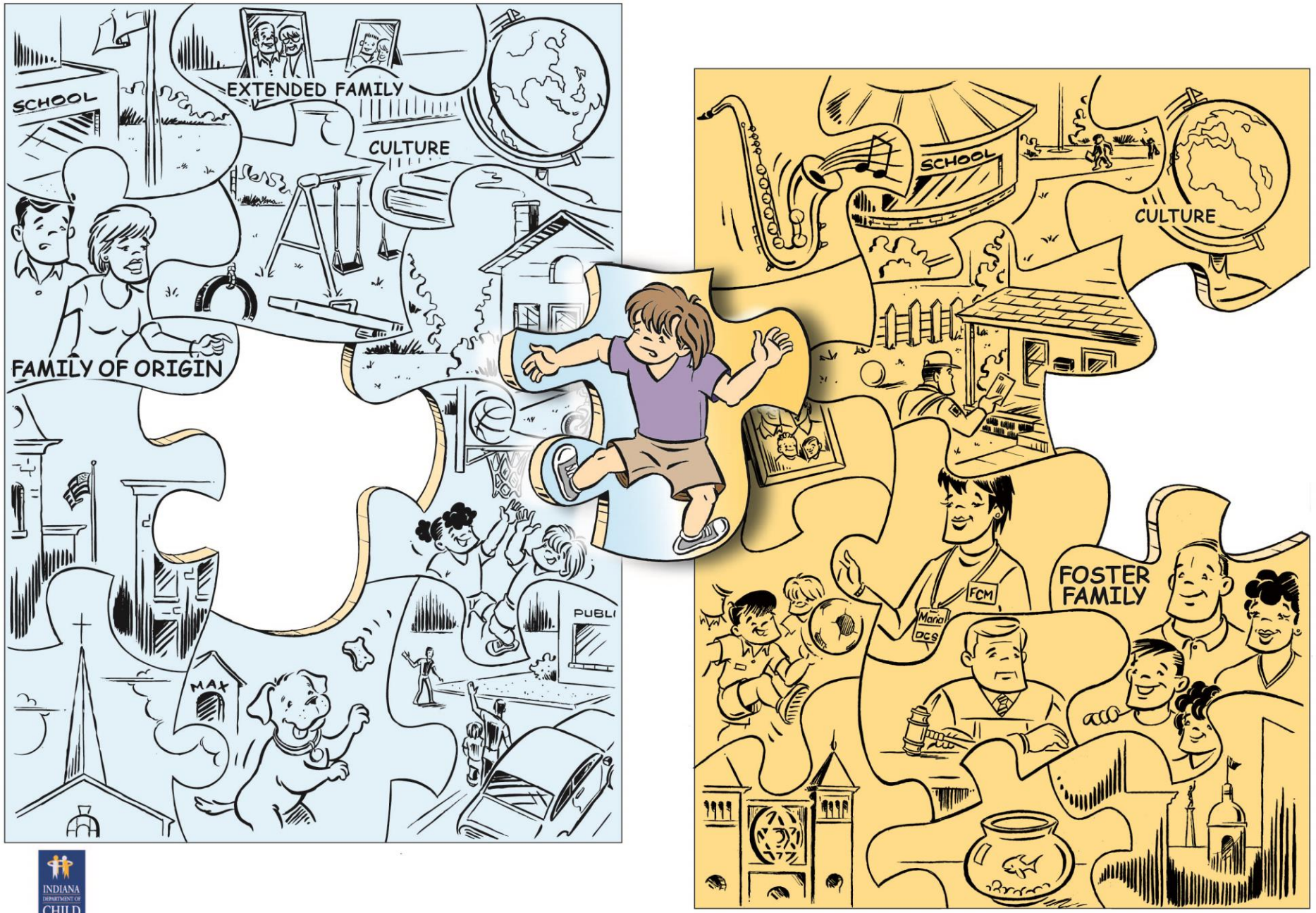
Trauma-Informed Care

Background:

- Trauma refers to events that overwhelm a child's capacity to cope and elicit feelings of terror, powerlessness, and out-of-control physiological arousal.
- Most children entering the child welfare system have experienced significant trauma.*

*National Child Traumatic Stress Network

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



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Impact of Trauma:

- Altered brain development.
- Impaired social relationships.
- Learning difficulties and problems in school.
- Physical and mental health conditions.
- Increased risk for chronic health conditions and premature death.

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"Traditional child welfare approaches to maltreatment focus largely on physical injury, the relative risk of recurrent harm, and questions of child custody. ***However, simply removing a child from a dangerous environment will not by itself undo the serious consequences or reverse the negative impacts of early fear learning.***"

National Scientific Council on the Developing Child (2004). *Young Children Develop in an Environment of Relationships: Working Paper No. 1*. Retrieved from www.developingchild.harvard.edu

Trauma-Informed Care

Brutal Facts:

- DCS does a good job addressing safety and permanency goals, but is less successful when it comes to meeting "well-being" goals.
- DCS has had a "blind spot" for trauma - we haven't done a good job of identifying or treating trauma.
- DCS requires providers to treat the "symptoms" of the problem, but we have not required them to use trauma-informed, evidence-based practices to the extent we should.

Trauma-Informed Care

- Ensure the well-being of Hoosier children by integrating a trauma-informed care approach to our child welfare practice.
  - Collaboration: Improve coordination of services with other agencies.
  - Integration: Increasing emphasis on child well-being and integrating trauma-informed care into our child welfare practice through training and assessing for trauma.
  - Intervention: Use evidence-based, trauma-focused treatment.

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Collaboration:

- Bring together local stakeholders to improve service delivery across systems.
- Partner with other agencies to discuss sharing resources, service collaboration and education on best practice.

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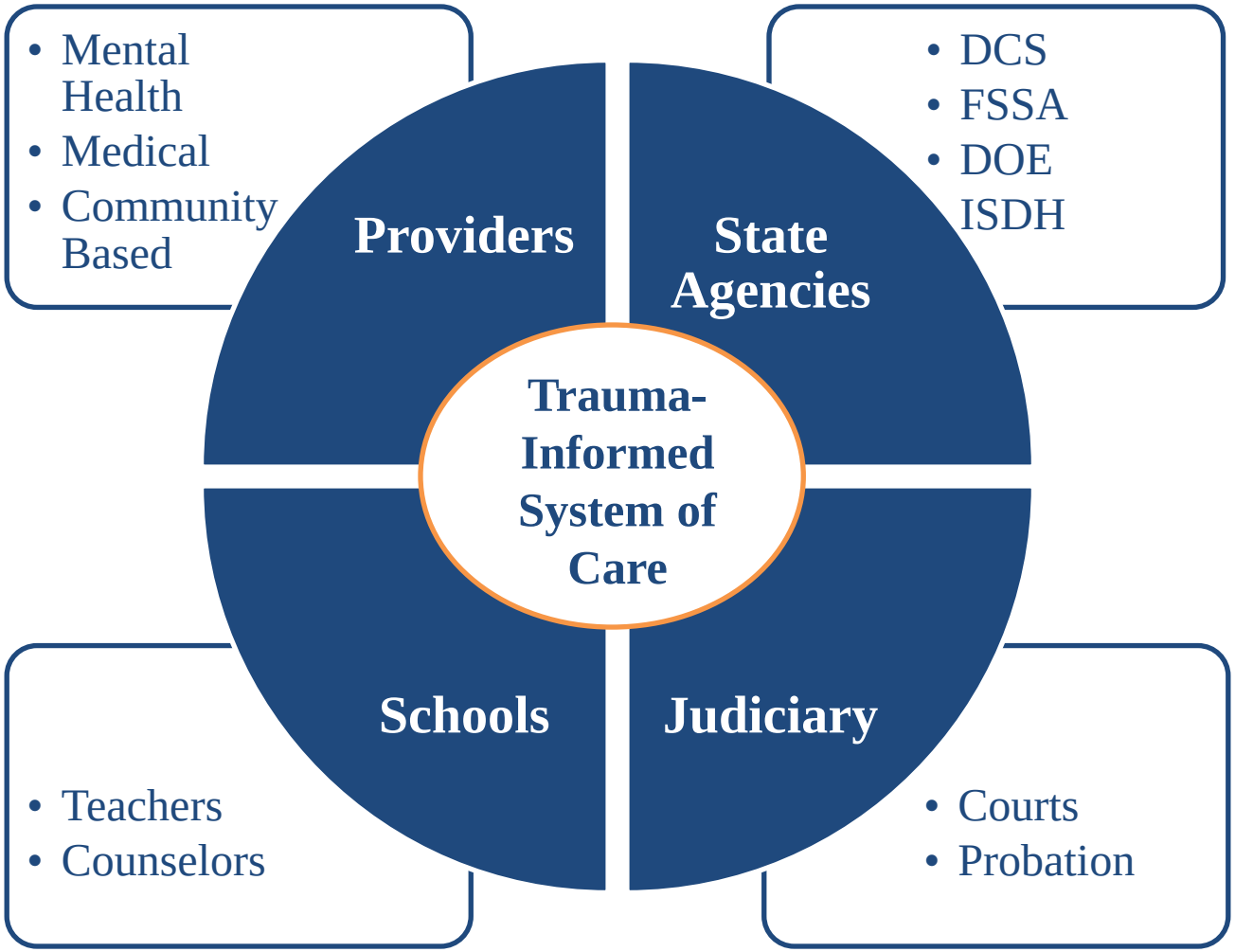

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Integration:

- Train all DCS field staff and stakeholders on trauma-informed practice.
- Update current assessment tool to screen for trauma indicators and integrate into current practice and treatment.
- Develop network of providers skilled in assessing for trauma.

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Intervention:

- Increase use of evidence-based services early in the case to minimize impact of trauma.
- Integrate evidence-based programs into residential, home-based and mental health services.

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Measures of Success:

- All DCS field staff will complete trauma-informed care training by December 2014.
- 50% increase in the number of service contracts awarded that include an evidence-based practice model.
- 95% of children entering the system will be screened for trauma within 30 days.
- 90% of children identified with “significant adjustment to trauma” needs will be referred to an evidence-based program.