Family First Preservation Services Act (FFPSA)

Live Training and Q&A | March 3, 2021

1. Why hasn't Indiana submitted their Title IV-E Prevention Program Five-Year plan yet?
    a. FFPSA gives states flexibility in developing and submitting their plans. FFPSA requires states, tribes and jurisdictions to submit their plan to ACF up until September 2021. Indiana is taking this opportunity to ensure that we are well positioned to ensure that children and families thrive during FFPSA implementation.
2. Will we be contracting with service providers who have decent trauma informed care services?
    a. There is clear language around the provision of services needing to be trauma-informed in our services standards, which providers must follow as a term of their contract. If there is a concern about a provider not delivering services that are trauma-informed, please reach out to David Reed (David.Reed@dcs.in.gov) or ChildWelfarePlan@dcs.in.gov.
3. Did Indiana implement INFPS in June of 2020?
    a. Indiana implemented Indiana Family Preservation Services, a state program, in June of 2020. Indiana's implementation of FFPSA, a federal program, will be on or before September 29, 2021.
4. Is there a difference in results between foster care and relative care?
    a. Foster care homes are generally licensed, whereas relative care homes do not need to be. For more information on foster care visit the foster care website.
5. If an infant is in relative care from birth, is it traumatic for the infant to reunite with the mother?
    a. This is a complicated question with many case-specific variables. Research tells us that bonding and attachment begins before birth while the baby is in utero, and so removing an infant from their mother at birth is disrupting that attachment. This is a significant reason for why federal Title IV-E funds can be used for treatment facilities that allow mothers to be placed with their children while they are receiving substance use disorder treatment. This also highlights the need for face-to-face and frequent parent-child contact if a child is placed into substitute care with a plan of reunification. There is much research on bonding and attachment and how it begins. See here for more on infant attachment.
6. Does family include a non-custodial parent? Is the NCP a considered a caregiver? Will IN FPA seek to get paternity established and seek to get a parent involved that may not have been?
    a. I believe this question is about INFPS and who is considered family for the services. This is spoken to on Page 1 of the program Service Standards (found here), where it states: *Family Preservation Services are services designed to work with families who have had a substantiated incident of abuse and/or neglect, where the Indiana Department of Child Services (DCS) believes the child(ren) can remain in the home with their caregiver(s) with the introduction of appropriate services to the family.*
    b. Caregiver(s) is broadly defined to include:
        i. Birth parent(s)
        ii. Adoptive parent(s)
        iii. Relative caregiver(s)
        iv. Fictive kinship caregiver(s)
        v. Other caregiver(s) who has been providing care and housing to the child(ren) and who has been deemed to be appropriate by DCS. INFPS should be referred whenever the child is an IA or In-home CHINS while living with the caregiver who is the targeted caregiver for preservation. If the plan for the child is to move the child from the current caregiver for any

reason, INFPS would not be the service to refer. For case-specific questions, please contact your Regional Service Coordinator or email ChildWelfarePlan@dcs.in.gov.

7. Does the research on the long-term impact of childhood trauma give statistical analysis of the likelihood of physical health impacts? Could we get copies of or citations to this research?
    a. Here is a list of resources and research concerning Adverse Childhood Experiences.
8. Are providers trained on the weekly reporting form? How detailed are the reports required to be?
    a. If referring to the required weekly safety assessments, providers must note completing those checks in their monthly reports. They do not have to be uploaded separately, though some providers due upload their checks each week. That said, if ever there is an identified safety concern, which includes not seeing a family during a given week for any reason, the provider needs to CALL DCS and speak to someone (ideally the FCM, but, failing that, the FCMS, LOD, etc. eventually getting to the hotline) to ensure that this is reported in real time. They can't just send an email or leave a voice mail.
    b. If referring to the initial assessment, providers are free to use whatever format they would like for those, provided it tells DCS what we need to know about the family and their planned interventions. The initial assessment is really the provider's tool for how they are going to intervene with the family.
9. What kind of percentages that can be shared on percentages of decreases?
    a. We have a formal evaluation that compares new IAs and In-home CHINS cases from January-February of 2021 to IAs and In-home CHINS cases from January - February 2019. To read the full evaluation, please see this document. We will also be posting updated point-in-time outcomes reports for INFPS on the INFPS page on the DCS website.
10. What do we do if the providers don't want to help pay for bills like heat or electric?
    a. The use of concrete supports for families is clearly described in the program service standards (found here), particularly on the top of page 4. The provider must meet the concrete-support need for the family if failing to do so would result in the child(ren) having to be removed from the home. If a provider is unwilling to meet a concrete-support need that would cause the child(ren) to have be removed, please contact your Regional Services Coordinator or email childwelfareplan@dcs.in.gov and we will ensure the provider complies. That said, the use of concrete supports, again, is only required if the child(ren) will be removed.
11. Can you give additional examples of use of per diem beyond utilities?
    a. Concrete supports can include items like back rent for a family facing eviction, a safe crib for an infant, food for a home without any, etc. These are the things that must be in place for a child to be able to stay in that home.
12. Are their tools for field staff who aren't experts in the EBP to understand why the model was chosen and how this treatment best fits the family? Who provides the monitoring to ensure providers are implementing services with fidelity?
    a. Providers who earned INFPS contracts did so through a competitive bid process. They demonstrated in their proposals their ability to deliver EBPs to fidelity that were relevant to the goal of safely keeping families together. They decide which evidence-based intervention to use with a family based on their clinical experience and expertise. We can't expect our field staff, who are not clinicians to be experts on dozens and dozens of EBPs. The service standard also requires providers to follow their chosen models to fidelity and to document doing so, and we are also tracking model fidelity through our formal evaluation.

13. What about cases where we remove a parent form the home and the children remain with the other parent. Can we use family pres services at that time? We would be working reunification with the parent we have removed from the home but working preservation to keep the children with the appropriate parent.
    a. Yes, this is appropriate. The child is remaining in their home, and the services will be delivered to keep the child from having to enter foster care.
14. I'm curious how success of the preservation services will be monitored. Will success of the preservation services will be monitored based on whether removal was indeed prevented? Or based on whether additional incidents of abuse or neglect occur after the services conclude?
    a. INFPS evaluation. The outcome measurements along with what we are evaluating is included in that document. We are tracking removal rates and repeat maltreatment rates, but we don't have a specific "goal percentage" for removal rates as we don't want providers delivering these services "to a number" that could potentially cause them to not be clear with us about safety concerns. We want to preserve more families and feel these services will help us to do so. We do have percentage goals of kids who do not experience repeat maltreatment, however, as those are federal targets. We track that both during our involvement and for one-year post-case closure.
15. Is the initial assessment to be typed up in an email stating treatment plans then stating report to follow in Kidtracks?
    a. The initial assessment and safety plan both need to be typed and uploaded to KidTraks within 7 days of when the family was first seen by the provider. Ongoing monthly reports should be uploaded into KidTraks by the 10th of the month following service, such as by March 10 for services delivered in February.
16. Is providing bedding materials a DCS responsibility or the providers responsibility?
    a. Is the child going to be removed due to the lack of bedding? This becomes the question for the provider to be required to provide for the concrete need. I can definitely see this being a provider requirement if it is an infant without a safe place to sleep (in which case the provider needs to find some way to get a safe crib for the baby) but we don't want to judge families who are maybe simply living in poverty but where the sleeping arrangements are safe. If the bedding is unsafe, then we'll need to address it, and the provider should do so by providing for that need.
17. Will the mandate of INFPS for all in home cases/IA's change with the implementation of FFPSA services?
    a. We do not anticipate this changing.
18. Can you clarify - does nursing staff need to be available 24/7 or on-site 24/7?
    a. The expectation is that nursing staff must have a formal role in the treatment planning and have ongoing direct contact with the youth. The staffing will be determined by the treatment model the facility is using. Some facilities may only have nursing staff availability depending on the target population they serve and their treatment model, while others may have nurses on each unit integrated into the programming.
19. Does family include a non-custodial parent? Is the NCP a considered a caregiver? Will INFPS seek to get paternity established and seek to get a parent involved that may not have been?
    a. These are preservation services. If the child is living with the caregiver and we want them to remain with them, then INFPS would be appropriate. If, on the other hand, we've placed with an NCP, but plan to reunify with the other parent, INFPS is likely not appropriate as those are reunification services. Please feel free to contact your Regional Services Coordinator or email ChildWelfarePlan@dcs.in.gov for specific questions like this.
20. Regarding federal funding and foster care, is there a differentiation when looking at foster care settings (i.e., if children are placed in a traditional foster home, is federal funding available)?

    a. The first inquiry is whether the child is IV-E foster care maintenance payment eligible. If a child is eligible for IV-E reimbursement, then DCS can draw down and use IV-E funds to pay for the costs of placement in a foster care home setting.

21. What is the relationship between the first CANS that is developed by the FCM and the service provider's initial assessment?
    a. The 30-day assessment from Maximus will include the information that we know about the youth including monthly reports, psychological evaluations, DCS CANS, etc. They will also conduct interview with the youth, family and team. This information will inform their CANS score. There could be variance between the scores. One of those variances is that Maximus will not have the parent/caregiver domain impact the overall CANS score so that their CANS score reflects the youth's needs for residential treatment without the influence of parental needs. Parental needs could influence a higher CANS score if included but could be mitigated by placement in a foster care or relative type setting.
22. If the facility has to provide that aftercare for at least 6 months, does the DCS and/or probation case stay open that entire 6 months post care?
    a. The QRTP requirement of family based supportive aftercare for 6 months is in recognition that this is not currently happening and is best practice. Historically, the providers have only created general discharge plans, the discharge plans have been implemented inconsistently, family involvement and engagement during treatment has been inconsistent, and the outcomes of the youth have been impacted by the lack of integrated support post discharge. The team should be having the discussion of aftercare expectations prior to placement, engagement and involvement throughout treatment, and then continuously assessing the family and youth's functioning post discharge. Aftercare services should stay in place until the youth and family have reached a point where there is shared agreement/understanding of needs, accessing the recommended services, and the youth and family functioning are at a place where the team believes with confidence that aftercare services can be ended.
23. How does this work with those kids that are on probation and placed in facilities where we do case planning and discharge plans as well as usually only have kids on probation an additional 90 days or so? Would the facilities be doing an additional plan, or would we have to try to tie them together?
    a. Various probation departments have various length of times post residential treatment. If a child has been determined to need residential treatment, considerations should be made as to the needs of the child upon reintegration into the community and the appropriate length of time for the post treatment services that may be necessary to meet the needs of the child and family. The goal of FFPSA and aftercare would that the probation department/office, or the FCM, would work together on the after-care plan.
24. For youth leaving QRTP care after the age of 17 1/2, how do you ensure they do 6 months of aftercare?
    a. It is certainly possible that for many reasons not every youth will receive the full 6 months of aftercare after leaving a QRTP (e.g., youth being discharged to a different QRTP, youth's case closing, youth needing to reenter QRTP, etc.). A QRTP is a program that can provide 6-months of aftercare services, and while we expect most of the discharged youth to receive the full 6 months of aftercare, there will be exceptions. If a child is exiting residential treatment at the age of 17 1/2, an aftercare plan may consider programs such as Collaborative Care to assist the child entering adulthood.
25. Will the Standard Aftercare monthly team meeting facilitated by the provider occur in addition to the monthly CFTM that FCMs are facilitating?
    a. For the child and family team meetings that are already meeting monthly, the facilitator and focus on the youth's aftercare could be incorporated into those meetings. The residential facilitator can

and should help inform the agenda, but the FCM's can facilitate the meeting as it might include other agenda items.

26. Is the State getting more provider contracts for the services to be available in every area?
    a. I believe this question is about INFPS providers, and we do have a total of 97 providers currently under contract for these services, with at least 7 providers in every region. We do not anticipate opening another RFP for these services currently. Please reach out to David.Reed@dcs.in.gov if you have additional questions on this.
27. How will DCS track and measure the service provider's fidelity to the EBP?
    a. The INFPS Service Standards require that providers deliver their chosen models to fidelity, and document doing so. Their contracts require that they follow the INFPS service standards. In addition, we are confirming model fidelity through our formal evaluation of INFPS by having providers input data monthly on their chosen models--who is delivering the model, their credentials, number of hours the model was delivered, etc.
28. Are you also factoring in the needs of other children in the home in formatting the child coming out of residential placement?
    a. FFPSA is clear that services delivered to youth in QRTP should be family-based, and that includes aftercare services. The law specifically states, "…family-based aftercare supports for at least 6 months". Other children in the home should be involved in these services as they are part of the family to which the youth will be discharging.
29. What does QRTP stand for?
    a. Qualified Residential Treatment Program
30. Will step down group homes be required to meet QRTP requirements?
    a. Any congregate care setting needs to be a QRTP for the State to receive any Title IV-E supports (unless they serve one of the "carve out" groups: youth who have been or who are at risk of human trafficking, programs that focus on independent living skills for youth over age 18, or programs for pregnant/parenting teens in foster care). This includes step-down programs, and the Department plans to only contract and place with QRTP-level congregate care programs.
31. What happens if a parent is not engaging in the child's residential treatment despite DCS efforts to get them to do so? Does participation by a previous foster parent or other relative meet the requirement?
    a. The law requires family-based discharge planning and family-based aftercare services with the goal of children being raised in family-based settings. DCS should be working to help identify family-based caregivers for children who are in QRTP settings, and those caregivers should be involved in the treatment that the QRTP is providing to the youth. Who the caregiver is, is who is participating in the treatment and that will differ with each case.
32. Is there availability of funds for transportation of family to facilitate family participation in therapy at residential facilities? Transportation cost is a meaningful obstacle for many families.
    a. This is not built into the per diem structure but is available through a Regional Appeal. Please work with your Regional Manager to finalize an appeal for transportation costs.
33. Are there going to be ways to be licensing of relative/kinship homes more quickly?
    a. Indiana is creating a pathway for kinship that targets training more meaningfully for kinship families to engage them in licensing. This pathway would also standardize licensing waivers that could reduce the time from placement to license.
34. Are there any waivers/plans in place for transitions with facilities, such as DAMAR, where a child with low IQ, physical aggression, sensory issues and explosive issues can get assistance? At this time some visitation policies will not allow for any outings with family members. How is this issue going to be addressed when a teen needs a step down, such as starting with overnights, weekends, half-week and then a full week home?

    a. FFPSA does allow for reassessment of need with timelines established by the youth's age. If youth need to remain in QRTP settings beyond those timelines, that can happen provided the objective assessor agrees that is needed and the head of the agency (Director Stigdon) agrees that the youth should remain the treatment facility.

35. Is there a list of QIs that DCS is contracted with to complete QRTP Assessments?
    a. DCS has a contract with Maximus, who employs the QIs. This was done to ensure the objectivity in the assessments that the law requires. Maximus does all the hiring and management of the QI staff.
36. Will there be an issue of the organization doing the CANS and it being opened? Or can multiple CANS be open for the same child?
    a. Multiple CANS can be done on the same child. Maximus is using the CANS as the required evidence-based tool to provide an objective recommendation of service needs for the youth. An evidence-based tool as a part of the assessment process is required by FFPSA.
37. Will the youth now have the CANS completed several times within their first month of placement; by the FCM, by the residential provider and by Maximus?
    a. How the CANS is currently being used by DCS and others isn't changing because of this 30-day assessment process.
38. Currently some facilities will not allow any outings for a child. Should a parent take a teen out for a few hours the child would not be allowed to return to the facility. What is the suggestion to support family gatherings to transition the child home?
    a. We recognize that COVID has provided challenges with family involvement in treatment services provided by facilities who will be QRTPs. Child and family teams need to work together during the ongoing health emergency to find ways to engage families in treatment and ensure children are still able to work towards family-based discharge. We've addressed this in several ways during the COVID-19 pandemic. For more information on that, please see the DCS COVID-19 Resource page.
39. Will the residential facilities be able to see the Determination Report in KidTraks or only the FCM?
    a. The Determination Report will be uploaded into KidTraks, but we do not anticipate the QRTP facility being able to access it through that system. It can be provided to the QRTP facility when requested/needed.
40. How do existing children in residential factor into these new processes and timelines?
    a. Only youth placed after FFPSA implementation will have their eligibility determined through these new FFPSA requirements. Some of the processes are best practice and may be conducted such as after care and the 30-day assessment.
41. As a permanency FCM the single largest issue that remains a huge issue is that not all family preservation providers are equal and the permanency FCM has to refer to outside agencies for domestic violence assessments and substance use assessments and curriculum – which totally defeats the purpose of the FP program. Why do some agencies not have to provide these important services and can still be providers? It would be helpful if Assessment workers have a list of what the providers can provide so they do not send families to agencies that cannot provide what the family needs. Is there a catalog that breaks out what services each FPP provides to help the assessment FCM make the right referral, so the permanency worker does not have to do a million outside referrals or start with a new provider?
    a. There are many ways the Child Welfare Services team can help with this, so you are encouraged to reach out to your Regional Services Coordinator, ChildWelfarePlan@dcs.in.gov, Austin Hollabaugh, or David Reed to further discuss for your specific area. In addition, we are strongly encouraging providers to expand their array of services so that they can accept for INFPS referrals for more families. We've actively encouraged traditional community-based providers to pursue training and credentialling for things like SUD and DV treatment, and almost every CMHC has an INFPS contract,

so they should also be a good resource to send an INFPS referral to if you know things like SUD are present. If you are struggling to find providers who can accept referrals for these comprehensive services in your area, please reach out to the Child Welfare Services division so that we can work with the providers in your area on their capacity.

42. Can you please explain the difference between INFPS and FFPSA services? For example, when would we utilize one vs the other?
    a. INFPS should continue to be referred for all DCS Informal Adjustment and in-home CHINS cases (but not for reunification cases). FFPSA allows states to use federal funds in the form of Title IV-E for services that are approved in the state's prevention plan that are delivered to families in which there is a "foster care candidate". The Indiana Prevention Plan has not yet been submitted or approved. Once approval is received, there could be some changes to referrals for services for some cases, but we do not anticipate this changing the process of referring all in-home CHINS and DCS IAs to INFPS.
43. Is there any assessment tool that DCS has found to be more favorable for initial assessments?
    a. To objectively assess whether a youth requires residential treatment, the CANS has much utility. It is the most widely used tool nationally for this purpose. Other tools/instruments were reviewed but provided the CANS is used objectively, as it will be in this 30-day assessment process, it is the best choice that we know of for this purpose. Also, the CANS is just one part of the 30-day assessment process. Maximus will also conduct clinical interviews with other individuals who know the child, and will review previous assessments, treatment reports, educational documents, etc.
44. Can you clarify why the last slide did not show any QRTPs in Indiana? Is there more that needs to be done by providers other than being accredited?
    a. Indiana hasn't yet implemented FFPSA. That will happen on 9/29/2021. At that time, facilities will be officially designated as QRTP, provided they meet the requirements, which include national accreditation, the presence of a trauma-informed treatment model, the presence of accredited nursing and clinical staff in accordance with the treatment model provided, involvement of family in the treatment and discharge process, and the ability to deliver at least 6 months of services post-discharge.
45. What about the kids who we are either post-TPR or who do not have a family who will participate? Will there be more active efforts on the front end to find family so they can be involved?
    a. The law requires family-based discharge planning and family-based aftercare services with the goal of children being raised in family-based settings. DCS should be working to help identify family-based caregivers for children who are in QRTP settings, and those caregivers should be involved in the treatment that the QRTP is providing to the youth. Who the caregiver is, is who is participating in the treatment and that will differ with each case.
46. Why is this process not done in conjunction with the DCS concurrence prior to a court ordered placement? If placement is not found to be clinically necessary, then a child/family has been further disrupted and treatment again delayed.
    a. This is a federal requirement to ensure that youth who do not need to be in congregate-care settings are not placed into those facilities using federal funds. It is an objective evaluation of the child's needs by a qualified individual. In implementing the Federally required 30-day assessment, there remains an Indiana Statutory requirement for the probation officer to submit a recommendation for residential treatment to the DCS Probation Service Consultant for a concurrence or alternative recommendation. These processes can be done simultaneously depending upon whether the referral for the 30-day assessment is requested prior to or post disposition.

47. How is a probation officer supposed to access foster care placements? When calling to find a placement, we are told there is no availability. What should be our next step or who should we contact?
    a. DCS has been in multiple workgroups with system stakeholders, ESC subcommittee and the LCPA workgroup. In both workgroups, foster care availability has been identified as a need for older youth and youth on probation. DCS is working with our Foster Care Value statements to create capacity for older youth and youth on probation to access foster care. Some of the recommendations are providing Teaching the Teen Brain type training to foster parents, having probation officers or prior youth on probation discuss what probation is and is not to dispel some myths about older youth and youth on probation. DCS is also working to identify better supportive services that will hopefully give foster parents more confidence that they can safely meet the needs of the youth which may lead to increased capacity.
48. Does the FPS change the information in the PDR and/or the court's dispositional order?
    a. Family Preservation Services should not change the information contained within the PDR or the findings required in the dispositional order. Family Preservation does an assessment that outlines the needs of the family that can be specified within the PDR and dispositional order.
49. Since DCS PSCs review JD cases prior to placement, do they still go through this 30-day assessment process?
    a. Yes, the independent review by Maximus as part of FFPSA is separate from the Indiana statutory process of the probation service consultant.
50. It was mentioned QRTP facilities and the exception...what are the exceptions?
    a. Referring to exception populations who can be in congregate care settings that are not QRTPs. These exception populations include youth who are victims of or at-risk of being victims of human trafficking, supervised programs for youth over age 18 for the purpose of independent-living skill development, or prenatal, postpartum or parenting support programs for parenting youth.
51. Will probation have to wait possibly 30 days to get a child into a QTRP residential through probation, so that means possibly keeping a child in secure detention for that period?
    a. In accordance with the Federal guidelines, the 30-day assessment can be implemented either pre- or post- disposition. To draw down Title IV-E funding, the 30-day assessment can be done within 30 days before the child is placed in a QRTP or within 30 days after the child is placed in a QRTP. The Program Instruction provides (ACYF-CB-PI-18-09) the following, *"a qualified individual must assess a child placed in a QRTP within 30 days of the start of each placement in a QRTP. The qualified individual may conduct this assessment prior to placement in the QRTP but must complete it no later than the end of the 30-day period."*
52. Can you please explain the difference between INFPS and FFPSA services? For example, when would we utilize one vs the other?
    a. INFPS should be referred for all new DCS in-home CHINS and IA cases, and we anticipate that continuing after FFPSA implementation. Our IV-E prevention plan hasn't yet been approved by ACF, and, once it is, there could be some changes to how you access other services that approved and in our plan for cases that are not DCS in-home CHINS or IAs (as our definition of foster care candidacy includes other populations than just DCS in-home CHINS and IAs).
53. Will the assessments completed by Maximus occur prior to the child's removal or within 30 days of removal?
    a. The assessment must take place within 30 days before the child is placed or within 30 days after the child is placed, depending on whether the child has been placed in a QRTP. The Program Instruction provides (ACYF-CB-PI-18-09) the following, *"a qualified individual must assess a child placed in a QRTP within 30 days of the start of each placement in a QRTP. The qualified individual may conduct this assessment prior to placement in the QRTP but must complete it no later than the end of the 30-day period."*

54. Is IARCA updating their website to only show QRTP placements?
    a. DCS would defer to IARCA on this.
55. In reference to the prevention services prior to placement, will probation be able to refer to those services also?
    a. We are currently looking at ways to have INFPS be available for probation-involved youth.
56. Do these facilities work with language barriers to help the family engage and understand the process?
    a. Maximus can accommodate families who speak different languages.
57. For a youth with sexual behavior issues who, through assessment, has been determined to be appropriate for services within the community but the victim is in the home, no foster homes will take the youth and there are no other relatives that can take youth into their home. What do we do?
    a. As with all our cases, there is complexity in the decisions that must be made, and we rely on our Practice Model to help make the best decisions for each of our cases regardless of circumstances. Our Practice Models calls for us to team our cases and work together to ensure the needs of families and children are appropriately met.
58. What if a judge does not issue a timely order either affirming or denying placement?
    a. DCS, as the Title IV-E agency in Indiana, does not receive Title IV-E reimbursement for the length of the time the child is placed in that QRTP setting.
59. Can the court order requirement be saved for IV-E audit if the court verbally makes the findings, but they do not appear in the order?
    a. Generally, if the findings have been made on the record, this has been sufficient during a IV-E Audit. The best practice and preference are to have the language in the order.
60. The courts have 60 days to approve the QRTP, but we have 45 days in a CHINS case to complete a case plan and this information must be in the Case plan. Will the DCS CHINS Case plan timeframe be extended so we have time to know the outcome of the court's order on the QRTP placement so we can add this information to the Case Plan?
    a. Whether or not the court approves a QRTP is not required as part of the CHINS case plan. The Court Order will capture this information. As such, the CHINS case plan timeframe completion will not change. Probation officers have 60 days to complete the probation case plan.
61. How does this effect juvenile probation officers since they are required to submit documents to a DCS service consultant?
    a. A referral will be made through MaGIK/KidTraks. For a 30-day assessment for Maximus, a referral will be made in KidTraks as with any other service. Maximus will have access to KidTraks and any documents that are accessible to the Probation Service Consultant.
62. Will specific findings be needed in all Review/Permanency hearing orders?
    a. "Within 60 days of the start of each placement in a QRTP, a court shall
        i. (A) consider the assessment, determination, and documentation made by the qualified individual conducting the assessment under paragraph (1),
        ii. (B) determine whether the needs of the child can be met through placement in a foster family home or, if not, whether placement of the child in a qualified residential treatment program provides the most effective and appropriate level of care for the child in the least restrictive environment and whether that placement is consistent with the short- and long-term goals for the child, as specified in the permanency plan for the child and
        iii. (C) approve or disapprove the placement. If a child remains placed in a QRTP, the need for continued placement must be reviewed at each review hearing and permanency hearing held for the child. DCS believes it is best practice to request a hearing every 90 days so long

as the child remains placed in a QRTP, but whether the request for a hearing is granted, is at the discretion of the judicial officer.

63. For youth that are already in a residential placement, will the assessment be completed anyways? If a youth is placed into residential, is the QRTP process started automatically or will the case manager need to reach out to someone? How does this process look for youth with a permanency plan of APPLA in Collaborative Care where it is typical there are literally no familial or kinship supports?
    a. The clock for existing youth in QRTP placements starts when we implement on September 29, 2021, so those youth are grandfathered in. DCS may choose to request assessment of existing youth in QRTP settings to ensure those are the right settings for those youth, but it is not required. Please be sure to staff these decisions with your supervisor to determine if a 30-day assessment is appropriate for a youth whose placement began prior to April 1, 2021.
64. What should DCS or Probation do when foster homes have not been found?
    a. We are actively trying to grow and improve our foster care access so that all children in care can be placed in the right settings for each child, which is also the goal of FFPSA. If youth are placed in a QRTP without that level of treatment being necessary (or other congregate care settings for any reason beyond 14 days), the state will not be able to receive Title IV-E federal funding support for those placements.
65. How would this process work when the facilities that are best designed to meet the needs of the youth, denies the youth for placement? Will the QI contact that facility for follow up on the denial?
    a. The QI is in place to determine if the youth requires QRTP-level services, and not necessarily to say a child must be placed into a specific QRTP, though there will certainly be cases where the QI will have recommendations related to specific programs. Child and family teams will still be critical in making placement decisions for specific youth and will have to work with providers based on availability, proximity to family, etc. to make placement decisions once the QRTP determination is made by the QI.
66. To clarify my understanding, as an RFCS, I am unable to place a child in residential because the referral must come from an FCM?
    a. Foster Care Staff should not be the approval for residential, the function of the placement support unit is confined to community-based homes only.
67. Does the court have to hold a review hearing every 60 days or just after the first placement, and then discuss every normally scheduled review hearing?
    a. Within 60 days of the start of each placement in a QRTP, a court shall
        i. (A) consider the assessment, determination, and documentation made by the qualified individual conducting the assessment under paragraph (1),
        ii. (B) determine whether the needs of the child can be met through placement in a foster family home or, if not, whether placement of the child in a qualified residential treatment program provides the most effective and appropriate level of care for the child in the least restrictive environment and whether that placement is consistent with the short- and long-term goals for the child, as specified in the permanency plan for the child and
        iii. (C) approve or disapprove the placement. If a child remains placed in a QRTP, the need for continued placement must be reviewed at each review hearing and permanency hearing held for the child. DCS believes it is best practice to request a hearing every 90 days so long as the child remains placed in a QRTP, but whether the request for a hearing is granted, is at the discretion of the judicial officer.
68. With FFPSA implementation, will there be any changes required to the State's computer systems?

a. Yes. The new Comprehensive Child Welfare Information System (CCWIS) system is being adapted to assist with FFPSA requirements.

69. If there is a dual status child, and there is a disagreement between DCS and Probation or CASA, is it appropriate to request an assessment prior to placement?
    a. Yes, we do anticipate completing many of these assessments prior to placement occurring. The law (FFPSA) just requires that the assessment be completed within 30 days of admission (before or after the admission date). With a dual status case, a Dual Status Assessment Team should be held to address the needs of the child in accordance with the child risks, needs and strengths. Through this process, if the need is for a QRTP, an assessment is required.
70. Do we have to go through CFTR to get permission for the 30 day and subsequent placement if recommended?
    a. The CFTR process is only for children who have not been placed in a residential placement.
71. For JD cases will they use the CANS? Currently our kids default as a CANS 3 and POs use the IYAS to assess risk.
    a. The QI will use the CANS for their evidence-based tool for each youth they are asked to assess, but this won't change existing processes that are used by DCS or probation. The 30-day assessment process is an entirely separate and objective assessment process used to determine if a youth has clinical needs that justify the need for QRTP-level interventions. For the 30-day assessment, FFPSA requires the use of a validated instrument for both CHINS and delinquency cases. As a result, Maximus will be using the CANS in conjunction with the referral for the 30-day assessment. Information provided through a previous completed CANS or the IYAS can be considered during the 30-day assessment process and should be available to the reviewer.
72. If the 30-day assessment determines placement in a QRTP prior to a disposition and the youth is then ordered to a QRTP at the time of Disposition is there a need for a 60-day review?
    a. If the dispositional hearing is being held within the 60-day time frame and the appropriate documentation has been reviewed by the court and proper findings have been made, then a separate hearing would not be needed.
73. How do we obtain training on the CANS for the Judicial Officers and Probation Officers?
    a. DCS is developing a 1-hour overview of the CANS for probation officers, judicial officers, GAL/CASAs and PDs. The training will include a basic understanding on the CANS domains, interpreting/understanding the score, and how the CANS is completed.
74. Is there an agenda for the FCM facilitating the CFTM with Maximus for children placed in a QRTP?
    a. FCMs should continue to use the agenda for CFTMs and support an open discussion with formal and informal supports around the child's clinical need for residential treatment. Also, be sure to discuss the discharge plan at every CFTM while the child is placed in a residential treatment setting.
75. Will FCMs still be doing CANS assessments or will that only be done by Maximus?
    a. Yes, FCMs will still complete CANS as before. The Maximus CANS is only being done to determine the necessity of QRTP treatment services.
76. Is there a specific name for the 60-day court order review hearing?
    a. 60-day QRTP Court Review.
77. Can the Judge just rule on the placement request without a hearing?
    a. Whether or not a judge can rule on a placement request without a hearing is a determination to be made by the judicial officer. The Child Welfare policy manual provides the following Q&A:
        i. Question: *Can the 60-day court review required for a QRTP placement be conducted as a paper review by the court or appointed administrative body?*

ii. Answer: *Yes, a paper review conducted by a court of competent jurisdiction, or by an administrative body appointed or approved by the court that otherwise meets the requirements of section 475A(c)(2) of the Act would meet the 60-day review requirement for placement in a QRTP.*

78. Will the court hold more frequent review hearings if a child is QRTP involved?
    a. Within 60 days of the start of each placement in a QRTP, a court shall
        i. (A) consider the assessment, determination, and documentation made by the qualified individual conducting the assessment under paragraph (1);
        ii. (B) determine whether the needs of the child can be met through placement in a foster family home or, if not, whether placement of the child in a qualified residential treatment program provides the most effective and appropriate level of care for the child in the least restrictive environment and whether that placement is consistent with the short- and long-term goals for the child, as specified in the permanency plan for the child; and
        iii. (C) approve or disapprove the placement. If a child remains placed in a QRTP, the need for continued placement must be reviewed at each review hearing and permanency hearing held for the child. DCS believes it is best practice to request a hearing every 90 days so long as the child remains placed in a QRTP, but whether the request for a hearing is granted, is at the discretion of the judicial officer.
79. When will the language that is required in the order be sent out? Will this be communicated to judicial officers?
    a. QRTP orders are available in the CHINS/Delinquency Bench books in INcite. Additionally, the March 17, 2021 Weekly Bulletin distributed to Indiana Judicial Officers and other justice stakeholders contained a memo to judicial officers with recommended court procedures for FFPSA residential placements on/after April 1, 2021. DCS will also have orders and motions available for use with the required language.
80. How does the Maximus assessment differ from the Probation Consultant assessment before a JD placement?
    a. The 30-day assessment is a Federal requirement of FFPSA whereas the referral to the probation service consultant is an Indiana statutory requirement. The 30-day assessment includes the use of a validated tool to determine level of care and has the additional requirement that includes interviews by the assessor of the child, parent/guardian/custodian, and child's supports.
81. What happens if the recommendation of the Maximus group does not align with the order of the Judge?
    a. The court can still order what they believe is in the child's best interest and DCS has options available to them under Indiana Code if this is different that the recommendation made by DCS.
82. Were CASA organizations invited to the training today?
    a. Yes.
83. Previously we needed a court order to place in residential treatment. Under this guidance, it appears we don't need an order to place, since the hearing must be completed no later than 60 days?
    a. Whether or not a court order is needed prior to placing in a residential facility is still a determination to be made by your local judicial officer. If your judge requires an order, then a hearing or request will need to be made prior to placement. This does not affect the QRTP process in making the referral for the 30-day assessment or having the court issue an order within 60 days. The courts order at the 60-day mark will rely upon the assessment as opposed to the emergency need at the time of placement.
84. Where does CMHI fit into FFPSA?

a. FFPSA is about access to federal Title IV-E funds. Those funds are not used for CMHI, so, there is no impact on CMHI with FFPSA implementation.

85. Is it understood that CMHCs are the sole FP provider able to meet substance use needs as well in many areas? If they have availability to take 4 cases and we have 10 needing FP, we often refer to an FP provider and CMHC for substance treatment.
    a. There are providers other than CMHCs who provide SUD treatment and who have INFPS contracts. If there is an issue with provider capacity in your area for treating families with INFPS who have substance use disorder, please share that with your Regional Services Coordinators and/or email Childwelfareplan@dcs.in.gov about this so that we can work with providers in your area on capacity.
86. Can you clarify the funding differences that will be received for a relative or kinship foster placement as opposed to a general foster care placement?
    a. Chapter 16 of the policy manual outlines some of the key supports financially that are given to caregivers. Policy 16.2 describes what is available for unlicensed relatives. Licensed relatives are given the same financial supports as non-relative foster parents.
87. I understand that foster homes are limited, and we shouldn't use it as an excuse but what does the team advise to place a child with no other options?
    a. We are actively trying to grow and improve our foster care access so that all kids in care can be placed in the right settings for each child, which is also the goal of FFPSA. If youth are placed in QRTP without that level of treatment being necessary (or other congregate care settings for any reason beyond 14 days), the state will not be able to receive any federal funding support for those placements.
88. How will we have enough masters level service providers to do the assessments when we already don't have enough of these providers to provide services directly to the family as it is?
    a. DCS has a contract with Maximus, who employs the QIs. This was done to ensure the objectivity in the assessments that the law requires. Maximus does all the hiring and management of the QI staff.
89. Will there be further training for DCS employees and Legal pertaining to QRTP and the procedures?
    a. Yes.
90. What placement plans are available for youth that do not qualify or need QRTP, but foster homes or other placements are not available? Would short term extensions of placement be granted for agencies in lieu of those youth being put into Residential programming?
    a. We are actively trying to grow and improve our foster care access so that all kids in care can be placed in the right settings for each child, which is also the goal of FFPSA. If youth are placed in QRTP without that level of treatment being necessary (or other congregate care settings for any reason beyond 14 days), the state just will not be able to receive any federal funding support for those placements.
91. How do we send the QI for a QI assessment?
    a. A referral in Kidtraks will be available.
92. Is this process only for DCS placements or is this a new process for juvenile delinquency placements as well? If required for delinquency cases, then is this process in concert with the DCS Consultant review or is this a replacement??
    a. FFPSA and the elements of QRTP applies to both CHINS and delinquency proceedings. The 30-day assessment is a Federal requirement of FFPSA/QRTP whereas the referral to the probation service consultant is an Indiana statutory requirement. In a delinquency proceeding, if a child is either placed in a QRTP or a recommendation is being made for placement in a QRTP, a referral would need to be completed for the 30-day assessment and the Probation Service Consultant.