

**ATTACHMENT C  
SERVICE STANDARDS  
REVISED**

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# **ADOPTION SERVICE STANDARDS**

**SERVICE STANDARD**  
**INDIANA DEPARTMENT OF CHILD SERVICES**  
**ADOPTION - CHILD PREPARATION**  
**(Revised)**

**I. Service Description**

This preparation is to assist the local Department of Child Services (DCS) in assessing the adoption readiness of children in the custody of the State of Indiana. Upon assessment, the contractor will work to prepare the children for adoption. The child should be counseled about what adoption will mean to them, and make it clear that an adoptive family is a permanent family. This explanation also necessitates the painful realization that the biological family ties may be severed prior to the adoption.

Preparation of children or adolescents for adoptive placement may include but is not be limited to the following areas:

- 1) reconstruction and interpretation of child's history
- 2) weaving together the child's background so they understand their own unique life experience
- 3) grief and loss issues with biological and foster families (and others)
- 4) loyalty issues
- 5) what adoption means
- 6) listening to an adoptive child speak of their experience and feelings
- 7) sharing of feelings
- 8) knowing the difference between adoption and foster care

**Supportive Services**

Offering supportive services to the child and current care takers to help the child transition from a foster home to an adoptive placement. These services can be done in the foster home, in individual sessions or in group sessions.

Every child referred for child preparation services will begin a Lifebook or continue working on an existing Lifebook. The Lifebook is a means of documenting the child's life to date and is created for and with the child with the assistance of the child's case manager, therapist, foster parent, CASA, and/or other individual in the child's life. It is designed to capture memories and provide a chance to recall people and events in the child's life to allow a sense of continuity. The Lifebook also serves as a focal point to explore painful issues with the child that need to be resolved.

**II. Target Population**

- 1) Children who are free for adoption.
- 2) Children who have a permanency plan of adoption.
- 3) Children who have termination of parental rights initiated with an expected plan of adoption.

**III. Goals and Outcome Measures**

Goal #1

Ensure that children in Indiana's custody are adequately prepared for adoption.

Outcome Measures

- 1) 100% of children referred for child preparation will complete an initial assessment which is to include a service plan within 30 days of the referral
- 2) 100% of children will have initiated a Lifebook within 60 days of the referral.
- 3) 100% of the local DCS offices referring a child for adoption preparation will receive written monthly reports and a discharge report within 15 days of the completion of the service.

#### Goal #2

Increase the child's understanding of adoption.

##### Outcome Measures

- 1) 90% of the children prepared over the age of 4 will verbalize their understanding and
- 2) acceptance of the adoption process.
- 3) 95% of the children prepared ages 4 to 10 will be able to draw a version of an
- 4) adopted family.
- 5) 95% of the children prepared over the age 10 will describe their ideal adoptive family.
- 6) 100% of the children prepared will have a Lifebook completed with their input.

#### Goal #3

Successful transition for the child and family to increase the probability of a successful adoption.

##### Outcome Measures

- 1). 90% of the children prepared will move into an adoptive home
- 2.) 95% of adoptions will be finalized within one year of placement.

#### Goal #4

DCS and child satisfaction with services

##### Outcome Measure

- 1.) 95% of children over the age of 10 will indicate comfort with the adoption process to the county through a satisfaction survey.
- 2.) DCS satisfaction will be rated 4 and above on the Service Satisfaction Report.

### **IV. Qualifications**

#### **Direct Worker:**

Bachelor's degree in social work, psychology, sociology, or a directly related human service field.

#### **Supervisor:**

Master's degree in social work, psychology, or directly related human services field.

Supervision/consultation is to include not less than one (1) hour of face to face supervision/consultation per 20 hours of direct client services provided, nor occur less than every two (2) weeks.

Services will be conducted with behavior and language that demonstrates respect for socio-cultural values, personal goals, life-style choices, as well as complex family interactions; services will be delivered in a neutral valued culturally competent manner.

In addition the worker must have:

- Knowledge of family of origin/intergenerational issues and child development.
- Knowledge of separation and loss issues
- Knowledge of child abuse/ child neglect and how these impact behavior and development.
- Knowledge of community resources, especially adoption friendly services in the communities families reside.
- Staff must respect confidentiality. Failure to maintain confidentiality may result in immediate termination of the service agreement.
- Services must demonstrate respect for sociocultural values, personal goals, life style choices, and complex family interactions and be delivered in a culturally competent fashion.

## V. Billable Units

**Hourly rate up to 24 hours (*additional hours must be approved by the referring DCS*):**

The hourly rate includes face to face contact with the identified client, collateral contacts, participation in the regional adoption team meeting and State SNAP Council meetings and professional time involved preparing the assessment report. This also includes support and matching services provided on behalf of the child which includes review of the child's case file; preparation for contacts; preparation of life book; transporting the child to various places of interest related to the child's past and time in foster care while in the provision of services; taking pictures as important to the child to reconstruct a timeline related to placements, people, pets, place of birth, etc.

The hourly rate requires participation in the regional adoption team meetings and State SNAP Council meetings either in person or by telephone. Mileage should not exceed the State rate of \$.40.

~~Face to face time with the client:~~

~~(Note: Members of the client family are to be defined in consultation with the family and approved by the DCS. This may include persons not legally defined as part of the family)~~

- ~~• Includes client specific face-to-face contact with the identified client/family during which services as defined in the applicable Service Standard are performed.~~
- ~~• Includes crisis intervention and other goal directed interventions via telephone with the identified client family.~~
- ~~• Includes Child and Family Team Meetings or case conferences initiated or approved by the DCS for the purposes of goal directed communication regarding the services to be provided to the client/family.~~

~~*Reminder: Not included is routine report writing and scheduling of appointments, collateral contacts, court time, travel time and no shows. These activities are built into the cost of the face to face rate and shall not be billed separately.*~~

For hourly rates, partial units may be billed in quarter hour increments only. Partial units to be billed are to be rounded to the nearest quarter hour using the following guidelines: 8 to 22 minutes = .25 billable hours, 23 to 37 minutes = .50 billable hours, 38 to 52 minutes = .75 billable hours, 53 to 60 minutes = 1.00 billable hours. All billed time must be associated with a family/client.

**Translation or sign language:**

Services include translation for families who are non-English language speakers or hearing impaired and must be provided by a non-family member of the client. Dollar for dollar amount.

## VI. Rates

Face to Face Maximum rate: \$35.00

Translation or sign language rate: Actual cost

## **VII. Case Record Documentation**

- 1) A completed, dated, signed DCS referral form authorizing service
- 2) Documentation of contacts with the child and activities related to the preparation with the child.
- 3) Documentation of the child preparation includes dates of sessions provided to the child and the material presented at each session.

## **VIII. Service Access**

Services must be accessed through a completed, signed and dated DCS referral. Referrals are valid for a maximum of twelve (12) months unless otherwise specified by the DCS. Providers must initiate a reauthorization for services to continue beyond the approved period.

***NOTE: All services must be pre-approved through a referral form from the referring DCS or a SNAP Specialist. In emergency situations, services may begin with a verbal approval but must be followed by a written referral within 5 days. It is the responsibility of the service provider to obtain the written referral.***

**SERVICE STANDARD**  
**INDIANA DEPARTMENT OF CHILD SERVICES**  
**FAMILY PREPARATION**  
**(Revised)**

**I. Service Description**

Preparation of the foster/adoptive/kinship home study for prospective families should follow the outline provided by the referring DCS from the State Child Welfare Manual. Providers should collect information, evaluate the family and home, then make a recommendation as to the ability of the prospective foster/adoptive/kinship parent(s) to meet the needs of children in Indiana's custody as a result of abuse or neglect. The assessment criteria must include but not be limited to the following areas:

- 1) Specific child(ren) to be placed in the home, if kinship preparation or completed for a specific child or children.
- 2) Specific child(ren) listed in the "Opening Hearts Changing Lives" Picture Book for children who wait for adoption and children who are listed as legal risk on the adoption website.
- 3) Child Behavior Challenges Checklist
- 4) Reference forms completed by four (4) of which one (1) may be a relative
- 5) Financial profile
- 6) Medical Report for Foster Care/Adoption
- 7) Application for Foster Family/Adoptive/Approved Relative Home
- 8) Background check for persons age 14 to 17:
  - State Limited Criminal History Check
  - Indiana State Juvenile History
  - Sex and Violent Offender Registry
  - Child Protection Services History (CCI)
  - Local law enforcement agencies (LEA) county sheriff records.
- 9) Background check for persons age 18 and older:
  - Fingerprint-based National Criminal History (includes Indiana State Juvenile History and fingerprint-based Indiana State Criminal History check)
  - Sex and Violent Offender Registry for Indiana and for every state in which the individual is known to have resided for the past five (5) years.
  - **Child Protection Services History-CPS records for all other states in which all individuals is known to have resided for the past five (5) years.(NOTE: or Indiana records, licensed child placing agencies (LCPAs) are unable to access this information and will need to send a copy of the Request for**
  - Child Protection Service (CPS) History Checks form to the local DCS office to obtain results. Local police/sheriff records and for every county/state in which the individual is known to have resided for the past (5) years.
- 10) Consent to Release Information for Foster Family Home License or Adoption
- 11) Outline for Adoption/Foster Family Preparation Summary

The Child Welfare Manual is available at <http://www.in.gov/dcs/2413.htm>.

**Family Assessment**

The Family Assessment Process includes the initial contact with a family, the application, several home visits at convenient times for the parent including evenings, weekends if necessary. The process includes compiling and sending out as well as processing the family's references, medical information forms, financial forms and all other necessary state forms. It also includes the family genograms, eco-map, and preparing other members of the family or household who will affect the success of an adoption because of their relationship to the family, such as a live-in grandparent or a relative who is always there during



the day etc. Also included is using the challenges checklist as a learning tool to review common challenges the children have with the family and to gauge their degree of acceptance and to help the family self-evaluate to determine how this will impact them now and in the future and if special needs adoption is for them. The contractor also assists the family with pre-placement family support services as well as serving as advocate for the family throughout the adoption process and assist with matching.

The Family Preparation should include the family's feelings about adoption and experiences with parenting as well as pertinent issues specific to adoption. Preparation should also prepare adoptive parents in understanding the commitment they are making to provide a permanent home for the child or children they will be including in their family whether young children, adolescents, or sibling groups. The contractor will engage in a dialogue with family members, providing information on all aspects of child abuse and neglect, typical resulting behaviors, common characteristics of children in the system and assist the family in planning and foreseeing what is needed for their own specific successful parenting of these children. The contractor will explore with the family the types of children that they feel able to parent and the specific special needs that they can work with. The contractor will also make a recommendation about the family's ability to meet the needs of children in Indiana's custody. The assessment criteria must include but not be limited to specific children to be placed in the home, if a kinship preparation or one done for a specific child or children, and specific children listed on Indiana's website, who wait for adoption.

### **Foster and Kinship Care Families**

When the family preparation is complete, the contractor will provide a copy of the family preparation to the Department of Child Services (DCS) in the family's county of residence and/or the DCS with custody of child(ren) to be placed with the newly prepared family.

### **Foster/Adopt Families and Pre-Adoptive Families**

When the family preparation is complete, the contractor will share with the family a copy of the proposed summary and add the family's comments to the summary document and submit the entire case file to the referring DCS. The contractor will also provide a copy to the Regional Special Needs Adoption Program (SNAP) Specialist for the county of residence. The contractor will then present the family preparation at the adoption team meeting held in the region of the family's residence. The regional adoption team will recommend if the family is appropriate for consideration to adopt a special needs child. Families will be added to the Sharepoint website of approved families and their information will be shared with the other SNAP Specialists and contractors. An agency representative should also be presenting the family at SNAP Council in Indianapolis. The Contractor will attend the regional adoption team meetings on a regular basis to hear updates on policy, and to hear presentations of available children that could be an appropriate match for their family.

The contractor may accompany the selected family to interview(s) for a specific child(ren) to offer support and feedback on the appropriateness of that particular child's placement in their family.

- Family assessment services must be completed within 60 days of receipt of the referral or within a time frame specified by the DCS at the time of referral.
- Staff must respect confidentiality. Failure to maintain confidentiality may result in immediate termination of the service agreement.
- Services must demonstrate respect for socio-cultural values, personal goals, life style choices, and complex family interactions and be delivered in a culturally competent fashion.
- Services will be arranged at the convenience of the family and to meet the specific needs of the family.

## **II. Target Population**

- 1) Families who have successfully passed a criminal history check, FBI fingerprint check and successfully completed the Pre-Service Foster/ Adoption/Kinship Parents/Caregiver Training, including Permanency training.

- 2) Families who are willing to parent a child or a sibling group of children, in Indiana's custody, who have been neglected and/or abused and are 2 to 18 years of age and/or have serious medical, emotional, developmental and behavioral challenges.
- 3) Families for who adoptive home update studies have been requested by the DCS.
- 4) ICPC requests for studies of Indiana families as potential placement for relative children from other states.

### III. Goals and Outcome measures

#### Goal#1

Provide adoption home studies for families interested in adopting special needs children in a timely manner.

#### Outcome Measures

- 1) 95% of families referred will have their home study completed within 60 days of the referral.
- 2) 100% of home studies will be provided to the referring DCS within 14 days after the family is approved by the Regional and receipt of requested information.
- 3) 95% of families, who are approved by Regional SNAP Teams, will not need additional work done or will have the recommended additions or changes completed within 30 days as recommended by the Team.

#### Goal #2

Ensure that the local DCS and SNAP are aware of each prepared and waiting family

#### Outcome Measures

- 1) 95% of families completed home studies will be sent to SNAP Regional Teams for approval within 30 days of the completion of the home study.
- 2) 100% of prepared adoptive families will be presented at SNAP Regional Teams for approval.

#### Goal #3

Increase the number of adoptions of children.

#### Outcome Measures

- 1) 95% of families prepared for adoption will have an understanding of the special needs of a child(ren) that is being blended into their family through adoptive placement.
- 2) 75% of families will be supported through collaboration with the provider and DCS through the adoption finalization process within a year.

#### Goal #4

DCS and family awareness of available services

#### Outcome Measure

- 1) 95% of families will indicate comfort with the adoption process to the county.
- 2) 100% of families will be made aware of post adoptive services available to them, including respite care, support groups, newsletter etc.
- 3) DCS satisfaction will be rated level 4 and above on the Service Satisfaction Report.

### IV. Qualifications

#### **Direct Worker:**

Bachelor's degree in social work, psychology, sociology, or a directly related human service field and three years experience in Adoption.

#### **Supervisor:**

Master's degree in social work, psychology, or directly related human services field.

Supervision/consultation is to include not less than one (1) hour of face to face supervision/consultation per 20 hours of direct client services provided, nor occur less than every two (2) weeks.

Services will be conducted with behavior and language that demonstrates respect for socio-cultural values, personal goals, life-style choices, as well as complex family interactions; services will be delivered in a neutral valued culturally competent manner.

In addition to:

- Knowledge of family of origin/intergenerational issues
- Separation and loss issues
- Knowledge of adoption specific issues and the needed characteristics for families to parent these children differently
- Knowledge of child abuse/ child neglect and how these impact behavior and development.
- Knowledge of community resources, especially adoption friendly services in the communities where families reside.

## V. Billable Units

**Hourly rate up to 12 hours (*additional hours must be approved by the referring DCS*):**

**The hourly rate includes face to face contact with the identified client/family members and professional time involved preparing the assessment report. Includes collateral support and matching services provided on behalf of the adoptive family which includes preparation for contacts, case conferencing, follow up with the family, SNAP Team presentation and SNAP Regional Council appearances and mileage not to exceed the State rate of \$.40.**

**Hourly rate (*up to 4 hours for adoptive home study updates and additional hours must be approved by the referring DCS*):**

**Includes face to face contact with the identified clients during which services as defined in the service standard are performed. Collateral contacts, travel time, mileage not to exceed the State rate of \$.40, scheduling of appointments, and report writing are included in this billable unit.**

**Contractors will be paid for their work without regard to approval or denial of the family preparation.**

### **~~Face to face time with the client~~**

**~~(Note: Members of the client family are to be defined in consultation with the family and approved by the DCS. This may include persons not legally defined as part of the family)~~**

- ~~• Includes client specific face-to-face contact with the identified client/family during which services as defined in the applicable Service Standard are performed.~~**
- ~~• Includes crisis intervention and other goal directed interventions via telephone with the identified client family.~~**
- ~~• Includes Child and Family Team Meetings or case conferences initiated or approved by the DCS for the purposes of goal directed communication regarding the services to be provided to the client/family.~~**

~~**Reminder: Not included is routine report writing and scheduling of appointments, collateral contacts, court time, travel time and no shows. These activities are built into the cost of the face to face rate and shall not be billed separately.**~~

For hourly rates, partial units may be billed in quarter hour increments only. Partial units to be billed are to be rounded to the nearest quarter hour using the following guidelines: 8 to 22 minutes = .25 billable hours, 23 to 37 minutes = .50 billable hours, 38 to 52 minutes = .75 billable hours, 53 to 60 minutes = 1.00 billable hours. All billed time must be associated with a family/client.

### **Translation or sign language**

Services include translation for families who are non-English language speakers or hearing impaired and must be provided by a non-family member of the client. Dollar for dollar amount.

## **VI. Rates**

Face to Face Maximum rate: \$50.50

Translation or sign language rate: Actual cost

## **VII. Case Record Documentation**

- 1) Documentation of contacts regarding foster parent interest in adopting children in their care or other children available.
- 2) Documentation of all contacts regarding adoptive families and a record of services provided to them with goals and objectives of the services and dates of service.
- 3) Documentation includes written home studies for all prospective families following the outline in the Child Welfare Manual.

## **VIII. Service Access**

Services must be accessed through a DCS referral. Referrals are valid for a maximum of twelve (12) months unless otherwise specified by the DCS. Providers must initiate a reauthorization for services to continue beyond the approved period.

***NOTE: All services must be pre-approved through a referral form from the referring DCS. In emergency situations, services may begin with a verbal approval but must be followed by a written referral within 5 days. It is the responsibility of the service provider to obtain the written referral.***

**SERVICE STANDARD  
INDIANA DEPARTMENT OF CHILD SERVICES  
PRE / POST PLACEMENT AND POST ADOPTION SERVICES**

**I. Service Description**

**Respite care for adoptive families**

Is to be provided in a licensed foster home. The child's family will supply their respite providers with emergency and back up emergency phone numbers, medical information, medications, behavioral, educational, nutritional information and clothing. The maximum number of respite care days per year is 30. The contractor will provide the county Department of Child Services (DCS) and the family a written report summarizing activities in which the child participated and behaviors the child (ren) exhibited during their respite stay.

**Home-based services**

Includes face to face individual and/or group counseling, written monthly progress reports, court testimony if required, and travel time. Mileage is included in the hourly rate.

**Support group services**

Should be provided no less than monthly and may be provided as often as weekly. These groups may serve families who provide foster/ kinship care, waiting adoptive families, families who have adopted, children who are in the adoption process and/or children who have been adopted. The support group leader will record the topic(s) of discussion and keep a sign in sheet for each support group.

**II. Target Population**

Home-based and office-based services, including Reactive Attachment Disorder (RAD) support, support group services, and respite care are to be provided to the following:

- 1) Families and their foster/kinship children who are in the custody of the State of Indiana.
- 2) Families and their pre-adoptive children who are in the custody of the State of Indiana.
- 3) Families and their adoptive children who were formerly in the custody of the State of Indiana.
- 4) Families and their adoptive children who were formerly in the custody of another State or adopted from a foreign country and now reside in Indiana. Families must provide a copy of their adoption decrees etc. and proof of the relationship with the other state (ICPC) or country (International Adoption).
- 5) Other adoptive families and their adoptive children. Families must provide a copy of their adoption decrees etc.

**III. Goals and Outcome Measures**

**Goal #1**

Timely and ongoing intervention with family and referring case manager

**Outcome Measures**

- 1) 95% of all families that are referred will have face-to-face contact with the client within 10 days of the referral.
- 2) 95% of families will have a written service plan prepared and sent to the referring worker following receipt of the referral within 30 days of contact with the client.
- 3) 95% of all families will have quarterly written summary reports prepared and sent to the referring worker.

## Goal #2

Minimize the number of disrupted foster/kinship/ pre-adoptive placements and adoption dissolutions.

### Outcome Measure

- 1) 95% of pre/post adoptive parents will participate in supportive services that are recommended and available.
- 2) 95% of families and children requiring supportive services will maintain their pre-adoptive placement in a safe, family environment.

## Goal #3

Educate and support adoptive parents on issues related to attachment, loyalty, grief, loss, separation, loyalty, claiming and entitlement of children who are adopted.

### Outcome Measure

- 1) 100% of adoptive families requesting services will attend and participate in support group services.

## Goal #4

DCS and family satisfaction with services

### Outcome Measure

- 1) A satisfaction level of 4 and above should be the expected rate on the DCS Service Standards Satisfaction Evaluation.
- 2) 95% of the families who have completed home-based services should rate their supportive services "satisfactory" or above.

## IV. Qualifications

### **Direct Worker:**

Bachelor's degree in social work, psychology, sociology, or a directly related human service field and three years experience in Adoption.

### **Supervisor:**

Master's degree in social work, psychology, or directly related human services field.

Supervision/consultation is to include not less than one (1) hour of face to face supervision/consultation per 20 hours of direct client services provided, nor occur less than every two (2) weeks.

Services will be conducted with behavior and language that demonstrates respect for socio-cultural values, personal goals, life-style choices, as well as complex family interactions; services will be delivered in a neutral valued culturally competent manner.

In addition:

- Knowledge of family of origin/intergenerational issues.
- Knowledge of child abuse, neglect, separation, loss, grief.
- Knowledge of attachment, claiming, entitlement and loyalty issues
- Knowledge of child and adult development.
- Knowledge of Indiana community resources.

- Ability to work as a team member
- Belief that with supportive resources clients can maintain their families.
- Adoption competency.

**V. Billable Units Face to face time with the client:**

**Face to face time with the client:**

(Note: Members of the client family are to be defined in consultation with the family and approved by the DCS. This may include persons not legally defined as part of the family)

- Includes client specific face-to-face contact with the identified client/family during which services as defined in the applicable Service Standard are performed.
- Includes crisis intervention and other goal directed interventions via telephone with the identified client family.
- Includes Child and Family Team Meetings or case conferences initiated or approved by the DCS for the purposes of goal directed communication regarding the services to be provided to the client/family.

*Reminder: Not included is routine report writing and scheduling of appointments, collateral contacts, court time, travel time and no shows. These activities are built into the cost of the face to face rate and shall not be billed separately.*

For hourly rates, partial units may be billed in quarter hour increments only. Partial units to be billed are to be rounded to the nearest quarter hour using the following guidelines: 8 to 22 minutes = .25 billable hours, 23 to 37 minutes = .50 billable hours, 38 to 52 minutes = .75 billable hours, 53 to 60 minutes = 1.00 billable hours. All billed time must be associated with a family/client.

**Support Group:**

Includes prep time, notification of participants, speaker costs and mileage for the speaker not to exceed the State rate.

**Respite Care**

Actual cost

**Translation or sign language**

Services include translation for families who are non-English language speakers or hearing impaired and must be provided by a non-family member of the client. Dollar for dollar amount.

**VI. Rates**

Face to Face Maximum rate:	<u>\$82.00</u>
Translation or sign language rate:	<u>Actual cost</u>
Respite Care	<u>Actual cost</u>

**VII. Case Record Documentation**

Necessary case record documentation for service eligibility must include:

- 1) A completed, dated, signed DCS referral form authorizing service;
- 2) Documentation of ongoing contact with the referred families/children and referring agency;
- 3) Monthly written reports, or more frequently if requested, regarding the progress of the family/children provided to the referring agency.

### **VIII. Service Access**

Services must be accessed through a Referral for Child Welfare Services Form. Referrals are valid for a maximum of twelve (12) months unless otherwise specified by the DCS. Providers must initiate a reauthorization for services to continue beyond the approved time period.

***NOTE: All services must be pre-approved through a Referral for Child Welfare Services Form from the referring DCS. In emergency situations, services may begin with a verbal approval but must be followed by a written referral within 5 days. It is the responsibility of the service provider to obtain the written referral.***



**SERVICE STANDARD**  
**INDIANA DEPARTMENT OF CHILD SERVICES**  
**STEP-PARENT ADOPTION STUDIES AND CUSTODY STUDIES**  
**(Deleted as of July 1, 2008)**

**~~I. Service Definition~~**

~~Step-parent adoption home studies and custody studies are required for the court to make decisions in these very important situations. These studies require information gathering and evaluation of the family and home environment. Once the home environment and interview is completed with all family members involved, the worker must make a recommendation regarding the request based on the information gained to the Department of Child Services (DCS) who provides the information to the requesting court.~~

~~Information that must be collected and evaluated regarding the family and home environment includes some combination of many of the following areas:~~

- ~~• income/expense records~~
- ~~• family history~~
- ~~• education~~
- ~~• employment history~~
- ~~• history of arrests~~
- ~~• criminal history of adults~~
- ~~• CPS history of adults~~
- ~~• marital relationships~~
- ~~• parent/child/sibling relationships~~
- ~~• areas of tension/conflict~~
- ~~• extended family~~
- ~~• support systems~~
- ~~• stability of family~~
- ~~• interests/activities/hobbies~~
- ~~• adequacy of home~~
- ~~• safety issues in the home~~
- ~~• family health~~
- ~~• children's school performance~~
- ~~• children's desire related to the situation~~
- ~~• religious/spiritual orientation~~
- ~~• discipline methods~~
- ~~• expectations~~
- ~~• concerns~~
- ~~• references~~
- ~~• attitude of family~~
- ~~• adoption/fostering~~
- ~~• sibling relationships~~
- ~~• reasons for applying~~
- ~~• compliance with law/  
regulation/policy~~

~~In addition, step-parent adoption home studies and custody studies must:~~

- ~~1) Be provided in the family's home or combination office/home.~~

- ~~2) Include providing any requested testimony and/or court appearances (to include hearings or appeals).~~
- ~~3) Must be completed within 60 days of receipt of the referral or by a time frame specified by the DCS at the time of referral.~~
- ~~4) Must be provided at the convenience of the family.~~

~~\*\* This document can be waived by the presiding judge in the adoption court.~~

## **H. Target Population**

~~Services must be restricted to the following eligibility categories:~~

- ~~1) Families and children for whom custody studies have been ordered by the court.~~
- ~~2) Families for whom a Report to the Court has been ordered by the court for a child(ren) whose adoption is being petitioned (step parent, relative, or independent adoptions).~~

## **III. Goals and Outcome Measures**

### **Goal #1**

~~Assist the court in making determinations concerning custody/step parent adoption as required by statutory law.~~

### **Outcome Measures**

- ~~1) 95% of studies completed by DCS deadline within 60 days or unless otherwise specified.~~
- ~~2) 95% of studies completed by DCS instructions and accepted by them.~~

## **IV. Qualifications**

### **Direct Worker:**

~~Bachelor's degree in social work, psychology, sociology, or a directly related human service field.~~

### **Supervisor:**

~~Master's degree in social work, psychology, or directly related human services field.~~

~~Supervision/consultation is to include not less than one (1) hour of face to face supervision/consultation per 20 hours of direct client services provided, nor occur less than every two (2) weeks.~~

~~Services will be conducted with behavior and language that demonstrates respect for socio-cultural values, personal goals, life style choices, as well as complex family interactions; services will be delivered in a neutral valued culturally competent manner.~~

### **In addition to:**

- ~~• Knowledge of family of origin/intergenerational issues.~~
- ~~• Knowledge of child abuse/neglect.~~
- ~~• Knowledge of issues related to child custody.~~

## **V. Billable Units**

### **Face to face time with the client:**

(Note: Members of the client family are to be defined in consultation with the family and approved by the DCS. This may include persons not legally defined as part of the family)

- Includes client specific face-to-face contact with the identified client/family during which services as defined in the applicable Service Standard are performed.
- Includes crisis intervention and other goal directed interventions via telephone with the identified client family.
- Includes Child and Family Team Meetings or case conferences initiated or approved by the DCS for the purposes of goal directed communication regarding the services to be provided to the client/family.

**Reminder:** *Not included is routine report writing and scheduling of appointments, collateral contacts, court time, travel time and no shows. These activities are built into the cost of the face to face rate and shall not be billed separately.*

For hourly rates, partial units may be billed in quarter hour increments only. Partial units to be billed are to be rounded to the nearest quarter hour using the following guidelines: 8 to 22 minutes = .25 billable hours, 23 to 37 minutes = .50 billable hours, 38 to 52 minutes = .75 billable hours, 53 to 60 minutes = 1.00 billable hours. All billed time must be associated with a family/client.

### **Translation or sign language**

Services include translation for families who are non-English language speakers or hearing impaired and must be provided by a non-family member of the client. Dollar for dollar amount.

### **VI.—Rates**

Face to Face Maximum rate: \$51.00

Translation or sign language rate: Actual cost

### **VII. Case Record Documentation**

- 1) Documentation of all contacts regarding family members included in the study.
- 2) Documentation includes completed step parent adoption study or custody study in the DCS approved format.

\*this document can be waived by order of the presiding judge in the adoption court.

### **VIII. Service Access**

Services must be accessed through a court order.

**NOTE:** *All services must be pre-approved through a referral form from the referring DCS. In emergency situations, services may begin with a verbal approval but must be followed by a written referral within 5 days. It is the responsibility of the service provider to obtain the written referral.*

**CHAFEE**  
**INDEPENDENT**  
**LIVING**  
**SERVICE**  
**STANDARDS**

**SERVICE STANDARD**  
**INDIANA DEPARTMENT OF CHILD SERVICES**  
**CHAFEE FOSTER CARE INDEPENDENCE PROGRAM**

**I. Service Description**

The Chafee Foster Care Independence Program (CFCIP) provides independent living (IL) services that consists of a series of developmental activities that provide opportunities for young people to gain the skills required to live healthy, productive, and responsible lives as self-sufficient adults. Independent living services should be seen as a service to young people that will help them transition to adulthood, regardless of whether they end up on their own, are adopted, or live in another permanent living arrangement. IL services should be based on the Ansell Casey Life Skills Assessment following the youth's referral for services. Youth receiving IL services must participate directly in designing their program activities, accept personal responsibility for achieving independence, and have opportunities to learn from experiences/failures.

Services should be provided according to the developmental needs and differing stages of independence of the youth but should not be seen as a single event, or as being provided in a substitute care setting, but rather as a series of activities designed over time to support the youth in attaining a level of self sufficiency that allows for a productive adult life. Services should address all of the preparatory requirements for independent adulthood and recognize the evolving and changing developmental needs of the adolescent.

Youth, ages **16 through 18** will receive services that include individual guidance, case management, and soft skill independent living services as reflected in the independent living assessment. Youth will be provided with transitional living services when they are 17 ½ or within six months of their case being dismissed due to aging out of foster care. In addition to the independent living assessment, services include tutoring, mentoring, education, housing, health care, drivers' education, self-esteem building, life interest explorations, money management and budgeting, and personal relationship education. If it is determined that counseling services are needed, the youth may be referred to a Medicaid approved counselor.

Youth ages **18-20** who have not reached their twenty first birthday and who have left foster care will be offered guidance on financial issues, assessment services, housing, health care, counseling, employment, education opportunities and other support services that are unique for the development of self-sufficiency. Youth leaving foster care or former foster youth requesting CFCIP independent living services must participate on a voluntary basis and sign an agreement with the service provider for case management services. This agreement outlines the services to be provided, the length of time expected for the service, and the plan for the youth's contribution. The youth must participate directly in designing their program activities, accept personal responsibility for achieving independence, and have opportunities to learn from experiences and failures. In addition, the independent living plan must include an operational plan describing how the young adult is going to assume responsibility once assistance ends.

Independent Living Programs are designed to assist young people by advocating, teaching, training, demonstrating, monitoring and/or role modeling new, appropriate skills in order to enhance self-sufficiency. Services must allow the youth to develop skills based on experiential learning and may include the following based on the youth's needs as identified through the Independent Living assessment:

Assessment

The independent living assessment must include a comprehensive, written assessment of the youth's strengths as well as areas of improvement. The Ansell-Casey Life Skills Assessment (ACLSA) at [www.caseylifeskills.org](http://www.caseylifeskills.org) is the only assessment tool approved for use.

### Educational Services

Service providers will provide instruction or monitor that the youth receives educational services that include:

- Coordination with the youth's school on their Individual Education Plan (IEP)/Individual Transition Plan (ITP) for youth in special education.
- Providing tutoring support as needed and assistance with GED preparation if applicable.
- Assistance with locating driver's education training.
- Assistance with transportation to College Goal Sunday program to assist the youth in understanding the financial aid process.
- Assistance with completing the Free Application for Financial Student Aid (FAFSA) and gathering needed documents.
- Assistance in the search for scholarships at the website of the State Student Assistance Commission of Indiana ([www.in.gov/ssaci](http://www.in.gov/ssaci)) as well as other websites and assist in the completion the required forms as well as gathering needed documents.
- Assistance with obtaining information on colleges or universities, including cost, by logging into the Department of Education's website [www.nces.ed.gov](http://www.nces.ed.gov). Additional information for Indiana schools and specialized vocational training programs may be found on the Education and Training Voucher (ETV) ([www.statevoucher.org](http://www.statevoucher.org)).
- Assistance in applying for 21<sup>st</sup> Century Scholars program and the appeal process if needed.
- Assistance in applying for the ETV program funds on the ETV website ([www.statevoucher.org](http://www.statevoucher.org)), if eligible, for secondary education opportunities.
- Provided information on post-secondary access and support services for former foster youth both in Indiana as well as outside Indiana (e.g.: Ball State University/Ivy Tech Guardian Scholars program; Indiana University Purdue University Indianapolis (IUPUI)/Ivy Tech ESP! Program; Nina Mason Scholars program at IUPUI/Ivy Tech Indianapolis).

### Vocational and Employment Services

Service providers will provide vocational and employment services, either directly or by referral that include:

- Transport the youth to the local Work One Center and assist the youth in requesting aptitude testing and resume writing.
- Assistance in exploring career options, Job Corps, AmeriCorps, Vista, and the Armed Forces.
- Assist the youth in obtaining job services through the Work One Center and explore possible intern positions through this program.
- Assist the youth in exploring and applying for volunteer opportunities in the community.
- Assist the youth in obtaining and completing job applications and provide opportunities for the youth to practice interviewing for different types of employment.
- Training related to employment such as appropriate dress, expected work behavior, positive workplace interaction, arrival at work and returning from breaks on time, and other issues related to maintaining employment.
- Assist the youth in the use of all available community employment and training resources including on the job training, job coach if eligible for service, and helping the young person access them.
- Developing job leads in the private sector and working with employers who may employ young people, including internships, job mentoring, apprenticeship, summer employment programs and other supportive services.

### Health Services

Service providers will provide education or advocate for health services to the youth that include:

- Assist the youth in obtaining their Medical Passport from their FCM and ensuring that it contains current information related to their family health history, immunizations, operations, and childhood

illnesses and includes the names of the youth's medical, mental health, and dental providers and their contact information.

- Transport the youth to visit the local community health clinic, mental health clinic, hospital emergency room, and urgent care facilities to familiarize the youth with the location of these facilities, services available and how to access services when needed.
- Provide education on obtaining a primary care physician and dentist and the importance of preventative medical and dental care to avoid urgent medical care facilities when possible.
- Provide age-appropriate education regarding basic hygiene and nutrition, medical and dental care, substance abuse prevention/intervention, pregnancy prevention, teen parenting education, and sexually transmitted diseases and HIV prevention.
- Provide assistance with accessing formal individual and group counseling, including crisis counseling and family therapy and substance abuse treatment.
- Provide assistance with applying for Medicaid, State alternative or other insurance coverage for the youth and their children when applicable.

### Housing Services

Service providers will provide housing services that includes the following:

- Arrange an interview and visit with apartment complex managers/landlords to allow the youth to understand the leasing process and view apartments in more than one location.
- Assist the youth in developing a budget to determine the amount of rent they are able to pay based on their income and other expenses.
- Provide education on tenant rights and responsibilities and the importance of following rules and regulation policies of the apartment complex or landlord.
- Explore with the youth the option of other housing arrangements such as host home with their current or former foster parents or relatives, not to include legal or biological parents, and shared housing with roommates.
- Arrange a visit or phone call with the youth to utility companies (electric, gas, water, phone) to gather information regarding the requirements of the company related to hook up charges, deposits, and the monthly cost of services.
- Provide education on how to avoid homelessness and arrange visits with the local homeless shelters, mental health day shelters, food pantries, and other services that are available in the event that the youth may ever become homeless.
- Provide education on the purpose of credit, the use of credit, maintaining good credit, and how credit can affect every facet of their adult lives.

### Life Skills and Social Skills Services

Service providers will provide life and social skills training that include:

- Ansell-Casey Life Skills Assessment (ACLSA) with the youth (and their caregiver for wards if possible) to identify the youth's strengths and needs.
- A written plan, which is strengths-based, developmentally appropriate, based on the ACLSA which involves the youth and significant persons in its development and builds on the young person's positive behaviors and personal strengths.
- Information regarding public assistance that is available for eligible applicants through the State such as TANF and food stamps, local food pantries, and township trustees.
- Opportunities to interact with other foster youth in small and large groups in learning activities related to independent living.
- Experiential learning opportunities in the areas of problem-solving, time management, conflict resolution, stress management, communication skills, interpersonal skills, community resources, support systems, and goal-setting.

- Experiential learning opportunities in accessing community resources such as 211, Department of Family Resources, local library, locating businesses or services in the yellow pages, knowledge locating businesses or services in the use of city, street, and state maps, etc.
- Accompany the youth on trips to different locations using the public transportation system, assist in purchasing tokens and taking dry runs to locations that the youth will need to go to reduce the unknown factor and determine the time needed to reach the destination.
- Assist the youth in making arrangements for taxi service or other arrangements to an appointment when public transportation is not available.
- Financial training including developing a budget, banking, the use of money orders, use of credit, cost of rent-to-own versus purchasing, understanding interest charges and cash advance services. Arrange a visit to a bank to gather information on checking and saving accounts and how to open and maintain the account.
- Take the youth shopping to comparison shop for personal care items, cleaning supplies, and food items to learn the costs to assist in developing a budget for these items.
- Assist the youth in planning a menu, reading a recipe, purchasing the food, and preparing a meal.
- Take the youth to the Laundromat with their own soiled laundry and assist in the use of the facilities, supplies needed, money required for wash and dry loads, and time involved in this endeavor.
- Assist the youth in obtaining an original birth certificate, social security card, credit history, medical and mental health records, and school records for their own files.
- Assist the youth in obtaining a State ID card.
- Assist the youth in maintaining a life book (available through the youth's FCM) that includes their birth certificate, Social Security records, court orders relating to their CHINS or probation case, high school activities, family information including names of family members and location, placement information, photos of friends and school activities, and other information important to the youth.
- Education on the cost of purchasing and maintaining a vehicle as well as title, licensing and insurance costs.
- Education on tax documents received from employers, filing income taxes and maintaining financial records.
- Assist the youth in obtaining their free annual credit report from all three agencies ([www.ftc.gov/bcp/conline/pubs/credit/freereports.htm](http://www.ftc.gov/bcp/conline/pubs/credit/freereports.htm)) to ensure their credit will not be an obstacle to renting.

### Youth Development

Service providers will provide opportunities for social, cultural, recreational, and/or spiritual activities that:

- Are designed to expand the range of life experiences and are sensitive to the cultural needs of youth and youth with special needs.
- Form meaningful and growth-producing relationships with adults, families, peers, and significant others and assist youth in managing these relationships.
- Introduce various available recreational and social activities for leisure time.
- Offer experiential learning in communication skills and conflict resolution management.
- Introduces the youth to volunteer activities in the community.
- Encourage participation in youth conferences and other developmental opportunities, which include leadership activities.
- Encourage participation in the Youth Advisory Board.

### **Transition Services:**



Transition services are provided to prepare foster youth for housing and employment outside the confines of foster care and are provided to youth who are 17 years and 6 months of age who are expected to remain in foster care until age 18. This is a period of time for youth to build relationships with new people who will assist them in searching for employment, developing a budget to meet their housing needs, and to locate housing that is affordable and safe.

Transition planning begins at age 17, with a transition planning conference scheduled by the youth's DCS (or Probation) family case manager that includes the youth and those involved in the youth's life. Bringing together all those involved in the youth's case with their knowledge and resources is advantageous in helping the youth develop and carry out his/her transition plan. The conference should assist the youth in identifying their interests, possible career options, post-secondary education possibilities, employment possibilities, and other areas of interest to the youth.

The second transition planning conference is to be reconvened at age 17½ to help the youth finalize their plans and to begin to take the necessary steps to bring them to fruition. Following this conference, a referral is to be made for youth in group homes, residential facilities, transitional housing, and therapeutic and special needs foster homes. Youth currently receiving independent living services should have their services intensified at this time to focus on housing and employment but no referral is required. During the period when transition services are being provided; IL services are to continue in the youth's placement.

When a referral is received for a youth placed in a group home, residential facility, transitional housing, or therapeutic and special needs foster home, the Chafee IL service provider should contact the youth's placement contact person and make arrangements to meet the youth and the youth's case manager in the facility. This meeting should be held to gain information from the youth about the type of employment the youth intends to pursue and housing options of interest to the youth. Once this information is gathered, the service provider should obtain employment application forms from the type of employment the youth is interested in and explore housing options in the community.

### **Purpose of services**

- Relationship building with new worker
- Meet at least 1 time a month in their current placement during months following referral and then weekly in the month prior to case dismissal
- Begin preparing to live independent of the system
- Determine employment interest if not employed or underemployed
- Assist in locating employment
- Determine housing options based on potential earnings
- Locate housing
  - Arrange with landlord to pay deposit & 1st month's rent on or after 18th birthday, upon DCS (Probation) case closure
  - Pay deposits for utilities
- Potential housing options may include host homes with foster families or relatives, youth shelters, shared housing, single room occupancy, boarding houses, semi-supervised apartments, their own apartments, subsidized housing, scattered site apartments, and transitional group homes.
  - If possible, the youth should be allowed to participate in the process by taking the youth to the community to check out housing options. This may also give the youth an incentive to work toward the goal of independence. Permission must be obtained prior to the excursion from the placement facility and the youth's FCM.
- Purchase personal items needed for youth moving to BDDS housing. Case management will be minimal in this situation since BDDS will take over that role for the youth.

## **II. Target Population**

### **Eligibility for case management services:**

- 1) Youth ages 16 to 21 who are in a county foster home, relative home, or court approved non-licensed placement as a CHINS or adjudicated a delinquent with a case plan establishing the need for independent living services.
- 2) Youth ages 16 to 21 who were formerly in foster care\* as a CHINS or adjudicated a delinquent between the ages of 16-18 that were returned to their own homes and remain a CHINS or adjudicated a delinquent with a case plan establishing the need for independent living services.
- 3) Youth age 18 to 21 who were formerly in foster care for a minimum of 6 months as a CHINS or adjudicated a delinquent between the ages of 16-18 under the supervision of the DCS and had a case plan establishing the need for independent living services.
- 4) Youth who are 18 to 21 who would otherwise meet the eligibility criteria above and who were in the custody of another state or were a “ward of another state” will be eligible if through the Interstate Compact for the Placement of Children there is a verification of wardship and all eligibility criteria from the state of jurisdiction.

Youth who turn 18 in foster care are exempt from the 6-month requirement indicated in the target population. For probation youth adjudicated a delinquent, the county of residence must have an interagency agreement between the court and DCS relating responsibilities of each party for meeting all state and federal mandates.

### **Eligibility for transition services:**

- 1) Youth ages 17½ who are in a therapeutic or special needs foster home, transitional housing, group homes, or residential facilities as a CHINS or adjudicated a delinquent with a case plan establishing the need for independent living services who will remain in foster care until they turn age 18. Youth in these placements will continue to receive ongoing IL services from placement staff.
- 2) Youth receiving Chafee services due to their placement in a county foster home, relative home or court approved non-licensed placement will receive transition services beginning at age 17 ½ in addition to ongoing IL services as authorized by DCS referral.

### **Eligibility for Room and Board assistance:**

Foster youth must have turned 18 years of age while in foster care\*. This includes:

- 1) Youth who move directly from foster care into their own housing at age 18 up to age 21.
- 2) Youth who leave care voluntarily at age 18 without accepting assistance but return prior to turning age 21.
- 3) Youth verified eligible for voluntary services that include room and board by the IL Field Specialist.

Room and board expenses are considered as rent deposits and payments and utility deposits and payments. These funds are contingent upon availability as well as verification of the youth’s eligibility for voluntary services by the IL Field Specialists. Room and board payments include a maximum of \$3,000 for assistance up to age 21. Youth may access this assistance as long as they continue to participate in case management services and receive SSI (Supplement Security Income through Social Security) or participate in a full or part time schedule of work (or are actively seeking employment) until the \$3,000 limit is exhausted. While

receiving room and board funds, youth are expected to make incremental payments toward their own housing and utility expenses beginning in the second month of assistance and should be prepared to accept full responsibility by the sixth month unless there are extenuating circumstances. In cases where the youth is unable to accept full responsibility for their rent in the sixth month, approval must be received from the IL Field Specialist to allow payment beyond the fifth month. DCS Permanency Manager and/or a designee, based on availability of funds, will consider requests for an extension of this capped amount on a case-by-case basis. Room and Board payments will only be made through a contracted service provider who is providing independent living case management services to the youth.

Youth receiving room and board assistance and planning to attend a post-secondary institution may access room and board funds to obtain off-campus housing prior to beginning their post-secondary program. Deposits for housing on campus may be made through room and board funding. Education and Training Voucher (ETV) funds are available for housing for youth attending post-secondary institutions. Those attending school full time or part time may access the ETV Program at [www.statevoucher.org](http://www.statevoucher.org). If eligible for ETV funds, housing assistance must be accessed through this program.

#### Housing Options:

Potential housing options may include host homes with foster families, relatives other than biological parents, or other adults willing to allow the youth to reside in their home with or without compensation. Other housing options may include youth shelters, shared housing, single room occupancy, boarding houses, semi-supervised apartments, their own apartments, subsidized housing, scattered site apartments, and transitional group homes.

### **III. Goals and Outcome Measures**

#### Goal#1

Timely provision of services for the youth and regular and timely communication with referring worker

#### Outcome Measures:

1. 95% of all youth that are referred will have face-to-face contact with the provider within 10 days of the referral.
- 2) 95% of youth will have an ACLSA completed within 30 days of referral and a written service plan prepared with the youth and provided to the FCM, Probation Officer or IL Field Specialist within 30 days of completion of the assessment.
- 3) 100% of all youth will have monthly written summary reports prepared and sent to the referring worker. Voluntary Services reports will be sent to the IL Field Specialist.

#### Goal #2

Increase the percentage of youth who have a safe and stable place to live.

#### Outcome Measures:

1. 80% of youth receiving room and board assistance will have safe stable housing within 6 months of receiving room and board assistance.
2. 90% of youth being provided transition service will locate a place to live when their case is dismissed.

\*Foster care is defined as 24-hour substitute care for children placed away from their parents or guardians and for whom the State agency has placement and care responsibility. Facilities that are outside the scope of foster care include, but are not limited to: detention facilities; psychiatric hospital acute care; forestry camps; or facilities that are primarily for the detention for children who are adjudicated delinquents.

#### Goal #3

Increase the percentage of youth who receive services that assist in developing independence.

#### Outcome Measures:

- 1) 80% of youth participating in voluntary services will be able to meet their living expenses within 6 months of the provision of services.
- 2) 50% of youth participating in transition services will be employed prior to their case being dismissed. 80% of youth whose service plan includes an educational goal will achieve that goal.
- 3) 100% of youth will have contact information related to their dental, physical and mental health service providers.
- 4) 100% of youth leaving care will have their birth certificate, social security card, medical records, and educational records or will obtain them within six months of beginning voluntary services.

#### Goal #4

DCS and youth satisfaction with services

Outcome Measures:

- 1) DCS satisfaction will be rated 4 and above on the Service Satisfaction Report.
- 2) 90% of the youth who have participated will rate the services “satisfactory” or above.

#### IV. Qualifications

##### **Direct Worker:**

Bachelor's degree in social work, psychology, sociology, or a directly related human service field.

##### **Supervisor:**

Master's degree in social work, psychology, or directly related human services field.

Supervision/consultation is to include not less than one (1) hour of face-to-face supervision/consultation per 20 hours of direct client services provided, nor occur less than every two (2) weeks.

Services will be conducted with behavior and language that demonstrates respect for socio-cultural values, personal goals, life-style choices, as well as complex family interactions; services will be delivered in a neutral valued culturally competent manner.

#### V. Billable Units

##### **Face to face time with the client:**

(Note: Members of the client family are to be defined in consultation with the family and approved by the DCS. This may include persons not legally defined as part of the family)

- Includes client specific face-to-face contact with the identified client/family during which services as defined in the applicable Service Standard are performed.
- Includes crisis intervention and other goal directed interventions via telephone with the identified client/ family.
- Includes Child and Family Team Meetings or case conferences initiated or approved by the DCS for the purposes of goal directed communication regarding the services to be provided to the client/family.
- Includes time in attendance for up to two representatives per agency at mandatory Regional Independent Living meetings.
- Not included is routine report writing and scheduling of appointments, collateral contacts, court time, travel time and no shows. These activities are to be included in the face to face rate and shall not be billed separately.

For hourly rates, partial units may be billed in quarter hour increments only. Partial units to be billed are to be rounded to the nearest quarter hour using the following guidelines: 8 to 22 minutes = .25 billable hours, 23 to 37 minutes = .50 billable hours, 38 to 52 minutes = .75 billable hours, 53 to 60 minutes = 1.00 billable hours. All billed time must be associated with a family/client.

**Translation or sign language:**

Services include translation for families who are non-English language speakers or hearing impaired and must be provided by a non-family member of the client. Dollar for dollar amount.

**Room and Board (eligible voluntary youth 18 to 21):**

Dollar for dollar cost of rental deposit and rent payments and utility deposits and utility payments. Utility deposits may include gas, electric, water, and landline phone. Utility payments may include gas, electric and water.

**Educational Groups:**

Group rate for youth referred for case management services including 3 to 12 participants. Siblings may participate in the same group.

**Emancipation Goods and Services (EG&S) not to exceed \$1000 (unless approved by the DCS Permanency Manager and/or designee):**

For Wards/Probation: Goods and services required to expedite permanency for youth aging out of the system as approved by the local DCS office on a dollar for dollar basis. The state approved form must be used to request needed funding for youth. Requests for items not listed on the EG&S form require pre-approval from the IL Field Specialist. The signature of the DCS Director or designee on the approved form provides approval for expenditure of the funds as does the emailed form with the email cover sheet attached to the form that was received from the DCS Director or designee.

For Non-Wards/Voluntary: The EG&S form may be signed by the IL Field Specialist serving the county in the region where the request originates or by the County DCS Director where the youth resides.

Note: This expenditure must be determined based on the specific needs of each youth, not on the amount available.

**VI. Rates**

Face-to-Face Maximum Rate:	\$71.00
Translation or sign language	Actual Cost
Room and Board	Actual Cost
Educational Groups	Budget must be completed
Emancipation Goods and Services	Actual Cost

**Case Record Documentation**

Necessary case record documentation for service eligibility for CHINS and probation youth must include:

- 1) Authorized DCS Referral
- 2) Case Plan indicating the need for independent living services;

- 3) Initial Ansell-Casey Life Skills Assessment and ongoing assessments every six months during the service provision period;
- 5) Documentation of regular contact with the referred youth and the DCS;
- 6) Monthly written reports, or more frequently if requested, regarding the progress of the youth provided to the referring agency, and
- 7) A Chafee Supplement report at case dismissal.

Necessary case record documentation for service eligibility for youth over the age of 18 receiving voluntary services after dismissal of their CHINS and probation case must include:

- 1) Approved Chafee Independent Living Voluntary Services Application and Service Agreement;
- 2) Independent Living Plan;
- 3) Documentation of regular contact with the referred youth;
- 4) Monthly written reports on the required form regarding the progress of the youth provided to the IL Field Specialist serving the region by email. This report must include the youth's full name and ICWIS number. All reports must be turned in by the 10<sup>th</sup> of the month unless otherwise specified by the referring party.

## **VII. Service Access**

For Wards/Probation: Services must be accessed through a DCS referral. Referrals are valid from the start date until the end date as identified on the referral form or until the youth's case is dismissed (if the case is dismissed prior to the end date of the referral). Providers must initiate a reauthorization for services to continue beyond the approved period.

For Non-Wards/Voluntary: Youth must apply for services using the Chafee Independent Living Voluntary Services Application and Service Agreement (State Form 52692). Authorization for these services may be provided by the DCS office in the county in the youth's residence or by the IL Field Specialist serving the youth's county of residence.

NOTE: All services must be pre-approved through a referral form from the referring DCS.

## **VIII. Quarterly Regional IL Meetings.**

All contracted Chafee Providers will have at least one representative present at the Quarterly Regional IL Meeting in the regions that they serve.

## **IX: Required reports**

All providers must send a monthly list of all active clients to the IL Specialist serving the region. Progress reports and the monthly list of active clients are due by the 10<sup>th</sup> of each month.

Reports for wards and probation youth are to be sent to the referring Family Case Manager. Reports for non-wards are to be emailed to the IL Field Specialist serving the region.

**SERVICE STANDARD**  
**INDIANA DEPARTMENT OF CHILD SERVICES**  
**CHAFEE IL SERVICES—MENTORING/LIFELONG CONNECTIONS**

**I. Service Description**

Research shows that strong, lifelong connections with caring adults are critical to the successful transition of foster and adjudicated youth to productive, self-sufficient adulthood. Appropriate relationships between youth and extended birth family members help youth develop positive, well-integrated identities, regardless of their permanency goals. Lifelong connections are particularly vital to youth who have no permanent home to go to when they leave care. Without the strong ties and safety net that lifelong connections provide, outcomes are very poor for transitioning youth.

In the past, IL services have included a mentoring component in which youth are matched with screened and trained adults who provide guidance, support, encouragement, listening, coaching, education, informal counseling and role-modeling for the youth. These mentors may also assist the youth in faith-based activities, recreation and sports, creative pursuits, and participation in civic service and community events. Although valuable, these mentoring relationships typically do not go far enough or last long enough to provide the support and commitment youth need to transition successfully to productive adulthood. Every youth leaving foster care or probation needs at least one lifelong connection with a committed caring adult who will be there for that youth through triumphs and challenges. A supportive adult agreeing to be a lifelong connection commits to a long-term relationship with the youth and in addition to providing the help a mentor might provide. A mentor is also likely to provide the following:

- A home for the holidays
- Help finding housing, educational opportunities, and/or a job
- Assistance with money and household management
- Assistance with health issues, relationship counseling, and/or babysitting if youth is a parent
- Advocacy, motivation, mentoring
- Emergency cash
- A place to do laundry, use a computer or phone
- Transportation, clothing, occasional meals.

In order to establish these lifelong connections, service providers will:

- Work with youth to determine with whom s/he would like to have a connection.
- Partner with youth's family case manager, probation officer, therapist and/or other professionals—as well as the youth's foster parents, if appropriate—to develop a list of family members (and other supportive adults) and their contact information.
- Use family finding techniques including case mining, Internet searches, and telephone calls to family members to locate potential connections.
- Facilitate meetings between youth and potential connections to help them define and strengthen their relationship. This process may require lifelong connections worker to transport youth to/from meetings.
- Provide youth and adults with information and resources that will support this relationship. This may include training the adults to be aware of and know how to respond to specific issues or challenges the youth is facing.
- Solidify the relationship through a written certificate of commitment signed by both youth and connections and witnessed by service provider.

- Monitor and support the relationship over a 3 to 6 month period, as needed, to strengthen it. Monitoring by the service provider should include contact with the youth and the adult at least twice in the first month and monthly thereafter to assess how the relationship is developing and to troubleshoot any problems that arise.
- Refer youth and connections to other resources available in the community.

In the case of a possible placement with a connection before the foster youth has left care, the service provider will inform the family case manager that a connection may be a placement option for the youth. The service provider will also communicate to the family case manager any information that will help with the assessment process. The family case manager will then follow DCS procedures to assess and approve, if appropriate, the connection's home as a placement.

The service provider may seek mentors for the youth in addition to lifelong connections. In fact, in the search for lifelong connections, the service provider may also come across adults who cannot commit to being lifelong connections, but who can be mentors for the youth. Mentors, however, do not take the place of a supportive adult agreeing to a lifelong connection with the youth. Service providers will support and monitor the mentoring relationship as they would the lifelong connection (see above). Mentoring may include:

- One-on-one guidance, support and encouragement
- Meeting on a regular basis
- Listening, coaching, sponsoring and role-modeling
- Guiding youth to develop his/her interests
- Helping youth participate in community, civic and faith-based activities.

## **II. Target Population for Lifelong Connections/Mentoring**

Youth ages 16 to 21 are eligible who are or have been in foster care as a CHINS or adjudicated a delinquent with a case plan establishing the need for independent living services.

Youth who are 16 to 21 who would otherwise meet the eligibility criteria above and who were in the custody or a ward of another state, if through the Interstate Compact for the Placement of Children there is verification of wardship and all eligibility criteria from the state of jurisdiction.

Youth who have participated in the program but whose connections have failed can be re-referred for another 6 months of services to either rebuild failed connections or find and strengthen new ones.

## **III. Goal and Outcome Measure**

Goal: Ensure that all referred youth have a permanent family, or a permanent connection with at least one committed, caring adult who provides guidance and support to the youth as they make their way into adulthood. Multiple connections are ideal, since not every connection can provide all resources and support to a youth.

Outcome measure: 80% of all youth will have at least one lifelong connection (as documented by a signed certificate of connection) within 6 months of referral, and the remaining 20% of all youth will have a mentor. In the case of a connection leading to a legal placement, evidence of adoption or legal guardianship can take the place of the certificate of connection as proof of a lifelong connection.



## IV. Qualifications

### **Direct Worker:**

Bachelor's degree in social work, psychology, sociology, or a directly related human service field.

### **Supervisor:**

Master's degree in social work, psychology, or directly related human services field.

Supervision/consultation is to include not less than one (1) hour of face to face supervision/consultation per 20 hours of direct client services provided, nor occur less than every two (2) weeks.

For agencies providing general IL services as well as lifelong connections/mentoring, the youth's IL worker may also be his or her lifelong connections worker, providing both sets of services to the youth.

Adults who want to be lifelong connections for a youth must have a willingness to help transitioning youth. Once the adult and the youth agree that they would like to have a lifelong connection, the adult must be screened using CPS and criminal background checks, for any history that could pose a danger to the youth. For the youth who is still a ward of the state, the service provider must get approval from the family case manager/probation officer before the youth can have unsupervised visitation with the connection.

Mentors must have a valid driver's license and minimum car insurance coverage, as well as a general interest in helping transitioning youth. Once the adult and the youth agree that they would like to have a mentoring relationship, the adult must be screened using CPS and criminal background checks, for any history that could pose a danger to the youth. For the youth who is still a ward of the state, the service provider must get approval from the family case manager/probation officer before the youth can have unsupervised visitation with the mentor.

Services will be conducted with behavior and language that demonstrates respect for socio-cultural values, personal goals, life-style choices, as well as complex family interactions; services will be delivered in a neutral valued culturally competent manner.

## V. Billable Units

### **Face to face time with the client:**

(Note: Members of the client family are to be defined in consultation with the family and approved by the DCS. This may include persons not legally defined as part of the family)

- Includes client specific face-to-face contact with the identified client/family during which services as defined in the applicable Service Standard are performed.
- Includes crisis intervention and other goal directed interventions via telephone with the identified client family.
- Includes Child and Family Team Meetings or case conferences initiated or approved by the DCS for the purposes of goal directed communication regarding the services to be provided to the client/family.

- Not included is routine report writing and scheduling of appointments, collateral contacts, court time, travel time and no shows. These activities are to be included in the face to face rate and shall not be billed separately.

For hourly rates, partial units may be billed in quarter hour increments only. Partial units to be billed are to be rounded to the nearest quarter hour using the following guidelines: 8 to 22 minutes = .25 billable hours, 23 to 37 minutes = .50 billable hours, 38 to 52 minutes = .75 billable hours, 53 to 60 minutes = 1.00 billable hours. All billed time must be associated with a family/client.

**Translation or sign language:**

Services include translation for families who are non-English language speakers or hearing impaired and must be provided by a non-family member of the client. Dollar for dollar amount.

**VI. Rates**

**Budget summary must be submitted for rates.**

**VII. Case Record Documentation**

Documentation for service eligibility for CHINS and probation youth must include:

- a. Case plan indicating the need for independent living services
- b. A completed, dated, signed DCS referral form authorizing service from the family case manager in CHINS cases or from a probation officer in delinquency cases
- c. Monthly written report to the referring agency that documents number of contacts with youth and number of contacts with potential connections, and describes results of family finding activities and progress in the relationship between the youth and connections
- d. A case summary at dismissal of case that documents number and type of connections made
- e. A copy of the certificate of connection.

In the case of youth over the age of 18, a signed voluntary services form must also be included.

**VIII. Service Access**

For youth still in foster care, lifelong connections services must be pre-approved through a referral form from the referring DCS family case manager. For the adjudicated youth, lifelong connections services must be pre-approved through a referral form from the referring probation officer. In emergency situations, services may begin with verbal approval but must be followed by a written referral within 5 days. It is the responsibility of the service provider to obtain the written referral.

Former foster or adjudicated youth requesting lifelong connections services must participate on a voluntary basis and sign an agreement with the service provider to that effect.

**FAMILY  
CENTERED  
SERVICES  
SERVICE  
STANDARDS**

**SERVICE STANDARD**  
**INDIANA DEPARTMENT OF CHILD SERVICES**  
**HOME-BASED FAMILY CENTERED CASEWORK SERVICES**

**I. Service Description**

Provision of home based casework services for multi-problem and/or dysfunctional families provided in the family's home. Home based casework is also available for pre-adoption and post-adoption services for adoptive families at risk or in crisis. Home based Caseworker Services (HCS) provides any combination of the following kinds of services to the families once approved by the DCS:

- Home visits
- Case planning
- In-home supervised visitation
- Coordination of services
- Conflict management
- Emergency/crisis services
- Child development education
- Domestic Violence education
- Parenting education/training
- Family communication
- Assistance with transportation
- Participation in Child and Family Team meetings
- Family Reunification
- Advocacy
- Family assessment
- Community referrals and follow-up
- Develop structure/time management
- Behavior modification
- Budgeting/money management
- Meal planning/preparation
- Parent Training with Children Present
- Monitor progress of parenting skills
- Community services information
- Develop long and short term goal

- 1) Services must include 24-hour crisis intervention seven days a week and must be provided in the family's home, at a community site or (only if approved by DCS) in the office
- 2) Services must include ongoing risk assessment and monitoring family/parental progress.
- 3) The family (families are self-defined) will be the focus of service and services will focus on the strengths of the family and build upon these strengths.
- 4) Services must include development of short and long term family goals with measurable outcomes.
- 5) Services will be time-limited and focused on limited objectives derived directly from the established DCS case plan.
- 6) Services must be family focused and child centered.
- 7) Services must include intensive in-home skill building and after-care linkage.
- 8) Services include providing monthly progress reports; requested supportive documentation such as case notes, social summaries, etc.; and requested testimony and/or court appearances including hearing and/or appeals; case conferences/staffing.
- 9) Staff must respect confidentiality. Failure to maintain confidentiality may result in immediate termination of the service agreement.
- 10) Services will be conducted with behavior and language that demonstrates respect for socio-cultural values, personal goals, life style choices, and complex family interactions and be delivered in a neutral valued culturally competent manner.
- 11) The caseload of the Home based Caseworker will include no more than 12 families at any one time.
- 12) Services will be provided within the context of practice reform with involvement in Child and Family team meetings if invited (attendance at family team meetings will not be a separate payment point).

## II. Target Population

Services must be restricted to the following eligibility categories:

- 1) Children and families who have substantiated cases of abuse and/or neglect, with moderate to high levels of risk and service needs according to the assessment matrix
- 2) Children with a status of CHINS, and/or JD/JS
- 3) All adopted children and adoptive families

## III. Goals and Outcome Measures

### Goal #1

Timely intervention with family and regular and timely communication with referring worker

#### Outcome Measures

- 1) 95% of all families that are referred will have face-to-face contact with the client within 5 days of the referral or inform the referring worker if the client does not respond to requests to meet.
- 2) 95% of families will have a written treatment plan prepared and sent to the referring worker following receipt of the referral within 30 days of contact with the client.
- 3) 97% of all families will have monthly written summary reports prepared and sent to the referring worker.

### Goal #2

Improved family functioning

#### Outcome Measures

- 1) 75% of the families that were intact prior to the initiation of service will remain intact with no out-of-home, county paid placement for more than five days throughout the service provision period.
- 2) 60% of the families that have a child in substitute care prior to the initiation of service will be reunited by closure of the service provision period.
- 3) 90% of the families served will not have new incidences of substantiated abuse or neglect throughout the service provision period.
- 4) 90% of families actively engaged in treatment and following treatment recommendations will not have incidences of recidivism through substantiated or indicated reports through DCS
- 5) Scores will be improved on the Risk Assessment and needs and strengths assessment instruments in ICWIS used by the referring DCS worker.

### Goal #3

DCS and family satisfaction with services

#### Outcome Measure

- 1) DCS satisfaction will be rated 4 and above on the Service Satisfaction Report.
- 2) Clients will rate the services "satisfactory" or above.

## IV. Qualifications

### **Direct Worker:**

Bachelor's degree in social work, psychology, sociology, or a directly related human service field.

### **Supervisor:**

Master's degree in social work, psychology, or directly related human services field.

Supervision/consultation is to include not less than one (1) hour of face to face supervision/consultation per 20 hours of direct client services provided, nor occur less than every two (2) weeks.

In addition to:

- Knowledge of child abuse and neglect and child and adult development
- Knowledge of community resources and ability to work as a team member
- Belief in helping clients changes their circumstances, not just adapt to them.
- Belief in adoption as a viable means to build families.
- Understanding regarding issues that are specific and unique to adoptions such as loss, mismatched expectations and flexibility, entitlement, gratification delaying, flexible parental roles and humor.

Services will be conducted with behavior and language that demonstrates respect for socio-cultural values, personal goals, life-style choices, as well as complex family interactions; services will be delivered in a neutral valued culturally competent manner.

## **V. Billable Units**

### **Face to face time with the client**

(Note: Members of the client family are to be defined in consultation with the family and approved by the DCS. This may include persons not legally defined as part of the family)

- Includes client specific face-to-face contact with the identified client/family during which services as defined in the applicable Service Standard are performed.
- Includes crisis intervention and other goal directed interventions via telephone with the identified client family.
- Includes Child and Family Team Meetings or case conferences initiated or approved by the DCS for the purposes of goal directed communication regarding the services to be provided to the client/family.

***Reminder:** Not included is routine report writing and scheduling of appointments, collateral contacts, court time, travel time and no shows. These activities are built into the cost of the face to face rate and shall not be billed separately.*

For hourly rates, partial units may be billed in quarter hour increments only. Partial units to be billed are to be rounded to the nearest quarter hour using the following guidelines: 8 to 22 minutes = .25 billable hours, 23 to 37 minutes = .50 billable hours, 38 to 52 minutes = .75 billable hours, 53 to 60 minutes = 1.00 billable hours. All billed time must be associated with a family/client.

### **Translation or sign language**

Services include translation for families who are non-English language speakers or hearing impaired and must be provided by a non-family member of the client. Dollar for dollar amount.

### **Concrete Services**

Up to \$500 per family who have needs which will cause the placement or prevent reunification of the child(ren) if not met. These funds are accessible after other available resources are used. Approval is required in writing by the referring DCS.

## **VI. Rates**

Face to Face Maximum rate: **\$65.50**

Translation or sign language rate: Actual cost

Concrete Services: Actual Cost up to \$500

## **VII. Case Record Documentation**

Necessary case record documentation for service eligibility must include:

- 1) A completed, signed, and dated DCS referral form authorizing services
- 2) Documentation of regular contact with the referred families/children
- 3) Written reports no less than monthly or more frequently as prescribed by DCS.

## **VIII. Service Access**

Services must be accessed through a DCS referral. Referrals are valid for a maximum of twelve (12) months unless otherwise specified by the DCS. Providers must initiate a reauthorization for services to continue beyond the approved period. In emergency situations, services may begin with a verbal approval but must be followed by a written referral within 5 days. It is the responsibility of the service provider to obtain the written referral.

A referral form from the referring DCS worker is required when changing the type of home based service.

**SERVICE STANDARD**  
**INDIANA DEPARTMENT OF CHILD SERVICES**  
**HOME-BASED FAMILY CENTERED THERAPY SERVICES**

**I. Service Description**

Provision of structured, goal-oriented, time-limited therapy in the natural environment of families who need assistance recovering from physical, sexual, emotional abuse, and neglect. Other issues, including substance abuse, mental illness, personality/behavior disorder, developmental disability, dysfunctional family of origin, and current family dysfunction, may be addressed in the course of treating the abuse/neglect.

Professional staff will provide family and/or individual therapy including one or more of the following areas:

- Family of origin/intergenerational issues
- Family organization (internal boundaries, relationships, roles)
- Stress management
- Self-esteem
- Communication skills
- Conflict resolution
- Behavior modification
- Parenting Skills/Training
- Substance Abuse
- Crisis intervention
- Strengths based perspective
- Adoption issues
- Child and Family team meetings
- Goal setting
- Family structure (external boundaries, relationships, socio-cultural history)
- Problem solving
- Support systems
- Interpersonal relationships
- Supervised visitation
- Family processes (adaptation, power authority, communications, META rules)
- Cognitive behavioral strategies
- Brief therapy
- Family reunification

Services will be provided face-to-face for the amount of time needed by each individual or family.

Services will be provided at times convenient for or necessary to meet the family's needs, not according to a specified work week schedule.

Services will be provided in the families' home or in the community environment when assisting with a particular learning task.

Services will be based on objectives derived from the family's established DCS case plan, Informal Adjustment, taking into consideration the recommendations of the Child and Family Team meeting.

Services will be time-limited. Therapist must respect confidentiality. Failure to maintain confidentiality may result in immediate termination of the service agreement.

Services include providing any requested testimony and/or court appearances (to include hearing or appeals).

The family (families are self-defined) or individual will be the focus of service. Services will focus on the strengths of families and individuals and build upon those strengths

One (1) full time Home-Based Therapist may have a caseload of no more than 12 families at any one time.



Services will be provided within the context of practice reform with involvement in Child and Family team meetings if invited. A treatment plan will be developed and based on the agreements reached in the Child and Family Team Meeting.

## **II. Target Population**

Services must be restricted to the following eligibility categories:

Children and families who have substantiated cases of abuse and/or neglect with moderate to high levels of risk and need, as well as moderate to high levels of service needs according to the DCS assessment matrix, and

Children and families who meet the requirements for CHINS, and or JD/JS, or

Children and families who are currently in substitute care and who are in need of reunification/permanent placement services; and or,

Any child who has been adopted, and adoptive families

## **III. Goals and Outcome Measures**

### **Goals #1**

Timely intervention with family and regular and timely communication with referring worker

#### **Outcome Measures**

- 1) 95% of all families that are referred will have face-to-face contact with the client within 5 days of the referral or inform the referring worker if the client does not respond to requests to meet.
- 2) 95% of families will have a written treatment plan prepared and sent to the referring worker within 30 days of the receipt of the referral.
- 3) 97% of all families will have monthly written summary reports prepared and sent to the referring worker.
- 4) Participation in Child and Family Team meetings will be accomplished as soon as possible

### **Goal #2**

Development of positive means of managing crisis.

#### **Outcome Measures**

- 1) 90% of the individuals/families served will not be the subjects of a new investigation resulting in the assignment of a status of "substantiated" or "indicated" abuse or neglect throughout the service provision period.
- 2) 90% of the individuals/families that were intact prior to the initiation of service will remain intact throughout the service provision period.

### **Goal #3**

DCS and client satisfaction with service provided.

#### **Outcome Measure**

DCS satisfaction will be rated 4 and above on the Service Satisfaction Report.

Clients will rate services as satisfactory or above on satisfaction survey.

## **IV. Qualifications**

Department of Child Services  
Regional Document for Child Welfare Services  
Term 1/1/09 to 6/30/11

**Direct Worker:**

Master's degree in social work, psychology, marriage and family therapy, or related human service field and 3 years related clinical experience or a masters degree with a clinical license issued by the Indiana Social Worker, Marriage and Family Therapist or Mental Health Counselor Board, as one of the following: 1) Clinical Social Worker 2) Marriage and Family Therapist 3) Mental Health Counselor.

**Supervisor:**

Master's degree in social work, psychology, or marriage and family or related human service field with a current license issued by the Indiana Social Worker, Marriage and Family Therapist or Mental Health Counselor Board, as one of the following: 1) Clinical Social Worker 2) Marriage and Family Therapist 3) Mental Health Counselor.

Supervision/consultation is to include not less than one (1) hour of face to face supervision/consultation per 20 hours of direct client services provided, nor occur less than every two (2) weeks.

In addition to:

Knowledge of family of origin/intergenerational issues

Knowledge of child abuse/neglect

Knowledge of child and adult development

Knowledge of community resources

Ability to work as a team member

Belief in helping clients change, to increase the level of functioning, and knowledge of strength-based initiatives to bring about change

Belief in the family preservation philosophy

Knowledge of motivational interviewing

Skillful in the use of Cognitive Behavioral Therapy

Skillful in the use of evidence-based strategies

Services will be conducted with behavior and language that demonstrates respect for socio-cultural values, personal goals, life-style choices, as well as complex family interactions; services will be delivered in a neutral valued culturally competent manner.

**V. Billable Units****Face to face time with the client:**

(Note: Members of the client family are to be defined in consultation with the family and approved by the DCS. This may include persons not legally defined as part of the family)

- Includes client specific face-to-face contact with the identified client/family during which services as defined in the applicable Service Standard are performed.
- Includes crisis intervention and other goal directed interventions via telephone with the identified client family.
- Includes Child and Family Team Meetings or case conferences initiated or approved by the DCS for the purposes of goal directed communication regarding the services to be provided to the client/family.

**Reminder:** *Not included is routine report writing and scheduling of appointments, collateral contacts, court time, travel time and no shows. These activities are built into the cost of the face to face rate and shall not be billed separately.*

For hourly rates, partial units may be billed in quarter hour increments only. Partial units to be billed are to be rounded to the nearest quarter hour using the following guidelines: 8 to 22 minutes = .25 billable hours, 23 to 37 minutes = .50 billable hours, 38 to 52 minutes = .75 billable hours, 53 to 60 minutes = 1.00 billable hours. All billed time must be associated with a family/client.

### **Translation or sign language**

Services include translation for families who are non-English language speakers or hearing impaired and must be provided by a non-family member of the client. Dollar for dollar amount.

## **VI. Rates**

Face to Face Maximum rate: \$76.00

Translation or sign language rate: Actual cost

## **VII. Case Record Documentation**

Necessary case record documentation for service eligibility must include:

- 1) A completed, dated, signed DCS referral form authorizing service;
- 2) Documentation of regular contact with the referred families/children and referring agency;
- 3) Monthly written reports, or more frequently if requested, regarding the progress of the family/children provided to the referring agency.

## **VIII. Service Access**

Services must be accessed through a DCS referral. Referrals are valid for a maximum of twelve (12) months unless otherwise specified by the DCS. Providers must initiate a reauthorization for services to continue beyond the approved period.

**NOTE:** *All services must be pre-approved through a referral form from the referring DCS. In emergency situations, services may begin with a verbal approval but must be followed by a written referral within 5 days. It is the responsibility of the service provider to obtain the written referral.*

**SERVICE STANDARD**  
**INDIANA DEPARTMENT OF CHILD SERVICES**  
**HOME-BASED INTENSIVE FAMILY PRESERVATION SERVICES**

**I. Service Description**

Intensive home based family preservation is seen as part of an array of home based services provided for children and families. The primary function of intensive family preservation is to engage the child (ren) and family, to take action to prevent removal of the child (ren), to increase safety, and to improve family functioning.

This is a categorical program able to help only one segment of the total range of families and children in need of support. The service is designed to offer short-term, crisis intervention; intense, family centered educational services within a continuum of care. The primary treatment emphasis is teaching skills to all family members, so that the family can learn to function more successfully on their own.

Intensive family preservation service is a cognitive behavioral approach based on the Homebuilders® Model using best practice strategies to motivate families to change, teaching skills, increasing access to personal, family, extended family, and community resources; to increase family functioning and child well-being

**II. Target Population**

Services must be restricted to the following eligibility categories:

- Children and families who have substantiated cases of abuse and/or neglect, with moderate to high levels of risk and service needs according to the assessment matrix; when there is “imminent risk of removal” of the child (ren) from the home, and
- Children with a status of CHINS, and/or JD/JS, or
- All adopted children and adoptive families

**III. Goals and Outcome measures**

**Goal #1**

Timely intervention with family and regular and timely communication with referring worker

**Outcome Measures**

- 1) 75% of families receive their first face to face visit no later than the end of the first day following the referral from DCS.
- 2) If the face to face is not possible within 24 hours, 95% of those records document the reason for not achieving this standard as being due to the family’s schedule. Waiting lists are not allowed for intensive services.
- 3) 95% of written treatment plans/ assessments will be completed, and sent to the referring worker within 7 days of face-to-face intake contact with the client/family.

**Goal #2**

Improved family functioning

**Outcome Measures**

- 1) Using the North Carolina Family Assessment Scales for measuring family functioning, 80% of families demonstrate improvement in at least one of the domains rated below baseline at intake
- 2) Family safety is increased during the intervention. When the NCFAS safety domain is rated below baseline at intake, at least 80% of interventions show an increased rating in this domain at service closure.

### Goal #3

#### Prevention of Out of Home Placement

##### Outcome measures

- 1) At least 70% of the families that were intact at the initiation of service will remain intact with no out-of-home, county paid placement for more than five days throughout the service provision period, and will have avoided out of home placement 6 months following service closure.

### Goal # 4

#### DCS and family satisfaction with services

##### Outcome Measure

- 1) DCS satisfaction will be rated 4 and above on the Service Satisfaction Report.
- 2) Clients will rate the services “satisfactory” or above.

## IV. Qualifications

### **Direct Worker:**

Master's degree in social work, psychology, marriage and family therapy, or related human service field or a Bachelor's degree in social work, psychology, sociology, or related human service field with at least 2 years of direct social service experience.

The completion of Fundamentals Training for the Homebuilders Model is required.

### **Supervision:**

Master's degree in social work, psychology, or marriage and family or related human service field with a current license issued by the Indiana Social Worker, Marriage and Family Therapist or Mental Health Counselor Board as one of the following: 1) Clinical Social Worker 2) Marriage and Family Therapist 3) Mental Health Counselor

The completion of Fundamentals and Fundamentals of Supervision Training for the Homebuilders Model is required

Supervision/consultation is to include not less than one (1) hour of face to face supervision/consultation per 20 hours of direct client services provided, nor occur less than every two (2) weeks.

Services will be conducted with behavior and language that demonstrates respect for socio-cultural values, personal goals, life-style choices, as well as complex family interactions; services will be delivered in a neutral valued culturally competent manner.

## **V. Billable Units**

### **Concrete funds**

Concrete funds of up to \$500 are available to be spent on a wide variety of things that reduce the likelihood of placement. Therapists help access needed items, supports and services to reduce the likelihood of placement. Documentation of expenditure of funds must be maintained by the agency.

### **Intensive service period payment**

The per diem rate for the 28 day intervention for intensive home based preservation services begins the first day of direct service with the referred family.

Absence of the child(ren) from the family's care will not exceed more than 5 days of county/state/federal payment for placement during the 28 days of the intervention. Termination of intensive services can occur if there is no family member willing to cooperate in treatment, the child (ren) has been removed, or there is no longer imminent risk of removal. Otherwise services will continue until the objectives of the intervention are met, or the 28 day limit has been reached. Families are to be referred to continuing services as needed following the termination of intensive services.

**All agencies that receive a contract for Intensive Family Preservation and Intensive Family Reunification, must also have a contract for Home Based Family Centered Casework (HBFCC) Services. Therefore proposals must be written for both/all. If an agency wishes to provide the HBFCC services by sub-contract, please identify the sub-contractor. Intensive and less intensive services are seen within a continuum of care, to meet the evolving service needs of the family.**

### **Translation or sign language**

Services include translation for families who are non-English language speakers or hearing impaired and must be provided by a non-family member of the client. Dollar for dollar amount.

## **VI. Rates**

**Budget Summary must be submitted for rates.**

## **VII. Service Delivery**

- 1) Providing agency receives referrals 24 hours a day, 7 days a week. There is a verbal determination between DCS and the agency that intensive services are warranted, and there is agency availability for the service before the referral is sent. Waiting lists are not allowed for intensive services.
- 2) Caseload size is 2-3 families at one time for a therapist.
- 3) Intensive services are limited to 28 consecutive days, or ends sooner when the risk of placement or disruption has ended; timeframe starts the day of the initial face-to-face intake session.
- 4) The face to face intake must occur no later than the end of the day following the referral. However, there is a 72 hour timeframe (including the first day as part of the 72 hours) from the day of the referral, for the agency to refuse services, or end the intervention if it has been discovered within that 72 hour timeframe that intensive services are not possible due to: no family member willing and capable of engaging in service; the safety of the worker, or child (ren) cannot reasonably be assured; or it is determined through discussion between DCS and the provider that less intensive services will be more beneficial. If it is determined that services are not appropriate within these 72 hours,

documentation of the reason and date of termination of intake must be provided to DCS. The provider is paid a per diem for the days the agency provided services within the 72 hour timeframe.

- 5) Assessments including the North Carolina Family Assessment Scale (NCFAS), goal setting, and service plan are mutually established with the client and therapist with a written report signed by the therapist and the client, submitted to the DCS referring worker within 7 days of the initial face to face intake. Communication between the therapist and DCS is constant and documented as arranged between the two.
- 6) Each family receives comprehensive services through a single therapist acting within a team, with agency availability 24 hours a day/7 days a week.
- 7) Service primarily occurs in the family's home or natural environment.
- 8) Family functioning assessments, family's response, presenting problems according to DCS referral are factors included in the goal setting. Goals are behaviorally specific, measured, and attainable. The intervention addresses the family's needs and strengths to alleviate the risk of removal, and increase family functioning.
- 9) Safety is of paramount importance. If there are indications of safety concerns within the home, there is an obligation for the therapist and DCS to communicate to address all safety concerns, and document steps taken to resolve the issues. If new incidences occur, the therapist is to notify DCS immediately of the situation.
- 10) Therapists strategically vary session times, 3-5 times a week in-home sessions, for an average minimum of 10 hours of face-to-face contact per week, typically 20 hours per week of service. Largely framed as crisis intervention, service delivery is grounded in best practice strategies, using such approaches as cognitive behavioral strategies, motivational interviewing, change processes, and building skills based on a strength perspective to increase family functioning.
- 11) Therapist providing intensive services must complete the Homebuilders fundamental training, supervisors will also complete the Homebuilders fundamental supervision training. Staff will receive ongoing annual training and education.
- 12) Child and family team meetings with DCS are included in the intervention with attendance as requested by DCS and the family (not a separate billable unit).
- 13) Regarding supervision:
  - Supervisors accompany new therapist for at least the first three face to face sessions.
  - Each family's case is reviewed through group and or individual consultation on a weekly basis
  - In-person team consultation meetings occur at least weekly
  - Supervisors review all forms, reports, documentation, and oversees all necessary change
  - Supervisors maintain constant direct contact with clients
  - Supervisors are available 24/7 for clinical supervision
- 14) A concluding session is conducted between the family and the therapist, 1 or 2 weeks before the end of the intensive service in order to:
  - assess changes / goal attainment
  - plan for maintenance of progress

- help the family access personal, family and community resources.

15) Through a collaborative process, the family, the therapist and DCS will determine if there are ongoing service needs, and if additional referrals are warranted from DCS for services other than intensive services.

(Note: A new referral to intensive services is not possible without a 90 day interim between the end of intensive services and a new intensive service.)

16) After the closure of the intensive case, a written summary report is prepared including second NCFAS scores, and submitted to the referring worker within 7 days of the end of intensive services.

17) Families have access to post-intervention contact for booster assistance within 6 months of the date of the referral for intensive services. Families are informed about how to access this available service.

18) Confidentiality must be maintained. Failure to maintain confidentiality may result in termination of the service agreement.

### **VIII. Case Record Documentation**

Necessary case record documentation for service eligibility must include:

- 1) A completed, dated, signed DCS referral form authorizing service
- 2) Documentation of regular contact with the referred families/children
- 3) Written reports as requested. Formats for written reports and forms will be designed collaboratively for use.

### **IX. Service Access**

Services must be accessed through a DCS referral. Providers must initiate a reauthorization for services to change from intensive to other types of DCS monitored services.

The referral for intensive service covers a maximum of 28 days.

***Note: All services must be pre-approved through a referral form from the referring DCS. In emergency situations, services may begin with a verbal approval, but must be followed by a written referral within 5 days. It is the responsibility of the service provider to obtain the written referral.***



**SERVICE STANDARD  
INDIANA DEPARTMENT OF CHILD SERVICES  
HOME-BASED INTENSIVE FAMILY REUNIFICATION**

**I. Service Description**

Intensive home based family reunification is seen within an array of home based services provided for children and families to help them in the reunification process. Intensive reunification service is a short term, intense, crisis intervention utilized if after the child (ren) has been returned home, the child and family are demonstrating difficulties of such magnitude that without intensive crisis intervention the reunification will be jeopardized.

Reunification is not a single event, it is a process which often calls for many forms of service. Forms of service might include home based services to prepare the child and family for reunification, or home based casework during the first months of the child returning home, or home based therapy. Intensive services are an example of a type of home based service to help children and families throughout the reunification process. Intensive reunification is a categorical program able to help only one segment of the total range of families and children in need of support.

Intensive family reunification service is a cognitive behavioral approach based on the Homebuilders® Model using best practice strategies to motivate families to change, teaching skills, increasing access to personal, family, extended family, and community resources; to increase family functioning and child well-being.

**II. Target Population**

Services must be restricted to the following eligibility categories:

- 1) Children and families who have substantiated cases of abuse and/or neglect, with moderate to high levels of risk and service needs according to the DCS assessment matrix; where reunification is jeopardized without intervention of intensive services, and
- 2) Children with a status of CHINS, and/or JD/JS, or
- 3) All adopted children and adoptive families

**III. Goals and Outcome measures**

**Goal #1**

Timely intervention with family and regular and timely communication with referring worker

**Outcome Measures**

- 1) 75% of families receive their first face to face visit no later than the end of the first day following the referral from DCS.
- 2) If the face to face is not possible within 24 hours, 95% of those records document the reason for not achieving this standard as being due to the family's schedule. Waiting lists are not allowed for intensive services.
- 3) 95% of written treatment plans/ assessments will be completed, and sent to the referring worker within 7 days of face-to-face intake with the client/family.

**Goal #2**

Improved family functioning

**Outcome Measures**

- 1) Using the North Carolina Family Assessment Scales-Reunification for measuring family functioning, 80% of families demonstrate improvement in at least one of the domains rated below baseline at intake
- 2) Family safety is increased during the intervention. When the NCFAS-R safety domain is rated below baseline at intake, at least 80% of interventions show an increased rating in this domain at service closure.

#### Goal #3

##### Prevention of Reunification Disruption

##### Outcome measures

- 1) At least 70% of the families that were intact at initiation of service will remain intact with no out-of-home, county paid placement for more than five days throughout the service provision period, and will have avoided out of home placement 6 months following service closure.

#### Goal # 4

##### DCS and family satisfaction with services

##### Outcome Measure

- 1) DCS satisfaction will be rated 4 and above on the Service Satisfaction Report.
- 2) Clients will rate the services “satisfactory” or above.

## IV. Qualifications

### **Direct Worker:**

Master's degree in social work, psychology, marriage and family therapy, or related human service field or a Bachelor's degree in social work, psychology, sociology, or related human service field with at least 2 years of direct social service experience.

The completion of Fundamentals Training for the Homebuilders Model is required.

### **Supervision:**

Master's degree in social work, psychology, or marriage and family or related human service field with a current license issued by the Indiana Social Worker, Marriage and Family Therapist or Mental Health Counselor Board as one of the following: 1) Clinical Social Worker 2) Marriage and Family Therapist 3) Mental Health Counselor

The completion of Fundamentals and Fundamentals of Supervision Training for the Homebuilders Model is required

Supervision/consultation is to include not less than one (1) hour of face to face supervision/consultation per 20 hours of direct client services provided, nor occur less than every two (2) weeks.

Services will be conducted with behavior and language that demonstrates respect for socio-cultural values, personal goals, life-style choices, as well as complex family interactions; services will be delivered in a neutral valued culturally competent manner.

## **V. Billable Units**

### **Concrete funds**

Concrete funds of up to \$500 are available to be spent on a wide variety of things that reduce the likelihood of placement. Therapists help access needed items, supports and services to alleviate the crisis situation which is jeopardizing reunification. Documentation of expenditures of funds must be maintained by the agency.

### **Intensive service period payment**

The per diem rate for the 28 day home based reunification intervention begins on the first day of direct service after the child (ren) has been returned to the home, to the parent's care. During the period of intervention, absence of the child (ren) from the home cannot exceed 5 days of paid placement by state/federal/county funds or the intensive service is terminated. Termination of intensive services can occur if there is no family member willing or capable of cooperating in treatment, the child (ren) has been removed, or there is no longer imminent risk of jeopardy to reunification. Otherwise services will continue until the objectives of the intervention are met, or the 28 day limit has been reached. Families are to be referred to continuing services as needed following the termination of intensive services.

**All agencies that receive a contract for Intensive Family Preservation and Intensive Family Reunification, must also have a contract for Home Based Family Centered Casework (HBFCC) Services. Therefore proposals must be written for both/all. If an agency wishes to provide the HBFCC services by sub-contract, please identify the sub-contractor. Intensive and less intensive services are seen within a continuum of care, to meet the evolving service needs of the family.**

### **Translation or sign language**

Services include translation for families who are non-English language speakers or hearing impaired and must be provided by a non-family member of the client. Dollar for dollar amount.

## **VI. Rates**

**Budget Summary must be submitted for rates.**

## **VII. Service Delivery**

- 1) Providing agency receives referrals 24 hours a day, 7 days a week. There us a verbal determination between DCS and the agency that intensive services are warranted, and there is agency availability for the service before the referral is sent. Waiting lists are not allowed for intensive services.
- 2) Caseload size is 2-3 families at one time for a therapist.
- 3) Intensive services are limited to 28 consecutive days from the initial face to face intake session, or ends sooner when the imminent risk of disruption has ended.
- 4) The face to face intake must occur no later than the end of the day following the referral. However, there is a 72 hour timeframe (including the first day as part of the 72 hours) from the day of the referral for the agency to refuse services, or end the intervention if it has been discovered within that 72 hour timeframe, that intensive services are not possible due to: no family member willing and/or capable of engaging in service, the safety of the worker, or child (ren) cannot be reasonably assured; or it is determined through discussion between the provider and DCS that intensive services are not appropriate. Documentation of the reason and date of termination of intake must be provided to DCS within 24 hours. The provider is paid a per diem for the days the agency conducted the intake within

the 72 hour timeframe. If it is a situation of safety, the provider is obliged to inform DCS within an hour of the documented incidence that safety issues must be immediately addressed.

- 5) Assessments including the North Carolina Family Assessment Scale (NCFAS-R), goal setting, and service plan are mutually established between the client and therapist with a written report signed by the family and the therapist, submitted to the DCS referring worker within 7 days of the initial face to face intake. Communication between the therapist and DCS is constant and documented as arranged between the two.
- 6) Each family receives comprehensive services through a single therapist acting within a team, with availability 24 hours a day/7 days a week.
- 7) Service primarily occurs in the family's home or natural environment.
- 8) Family functioning assessments, family's response, presenting problems according to DCS referral are factors included in the goal setting. Goals are behaviorally specific, measured, and attainable. The intervention addresses the family's needs and strengths to alleviate the risk of reunification disruption, and increase family functioning.
- 9) Safety is of paramount importance. If there are indications about safety concerns within the home, there is an obligation for the therapist and DCS to communicate to address all safety concerns, and document steps taken to resolve the issues. If new incidences occur, the therapist is to notify DCS immediately of the situation.
- 10) Therapists strategically vary session times, 3-5 face to face home based sessions a week, for an average minimum of 10 hours per week, typically 20 hours per week. Largely framed as a crisis intervention, service delivery is based in evidence based practice using such approaches as cognitive behavioral strategies, and teaching skills to increase family functioning.
- 11) Therapist providing intensive services must complete the Homebuilders fundamental training, supervisors will also complete the Homebuilders fundamental supervision training. Staff will receive ongoing annual training and education.
- 12) Child and family team meetings with DCS are included in the intervention with attendance as requested by DCS and the family (not a separate billable unit).
- 13) Regarding supervision:
  - Supervisors accompany new therapist for at least the first three face to face sessions.
  - Each family's case is reviewed through group and or individual consultation on a weekly basis
  - In-person team consultation meetings occur at least weekly
  - Supervisors review all forms, reports, documentation, and oversees all necessary change
  - Supervisors maintain constant direct contact with clients
  - Supervisors are available 24/7 for clinical supervision
- 14) A concluding session is conducted between the family and the therapist, 1 or 2 weeks before the end of the intensive service in order to assess changes / goal attainment, plan for maintenance of progress, help the family access personal, family and community resources. Through a collaborative process, the family, therapist, and DCS will determine if there are ongoing service needs, and if additional referrals are warranted from DCS for services other than intensive services. A new referral to intensive services is not

possible without a 90 day interim between the end of intensive services and a new intensive service period.

15) After the closure of the intensive case, a written summary report is prepared including second NCFAS-R scores, to be submitted to the referring worker within 7 days of the end of intensive services.

16) Families have access to post-intervention contact for booster assistance within 6 months of the date of the referral for intensive services. Families are informed about how to access this available service.

17) Confidentiality must be maintained. Failure to maintain confidentiality may result in termination of the service agreement.

### **VIII. Case Record Documentation**

Necessary case record documentation for service eligibility must include:

- 1.) A completed, signed and dated DCS referral form authorizing service.
- 2.) Documentation of regular contact with the referred families/children
- 3.) Written reports as requested. Formats for written reports and forms will be collaboratively designed for use.

### **IX. Service Access**

Services must be accessed through a DCS referral. Providers must initiate a new authorization for services to change from intensive to other types of DCS monitored services.

Referrals for intensive services cover a maximum of 28 days.

***Note: All services must be pre-approved through a referral form from the referring DCS. In emergency situations, services may begin with a verbal approval, but must be followed by a written referral within 5 days. It is the responsibility of the service provider to obtain the written referral.***

**SERVICE STANDARD**  
**INDIANA DEPARTMENT OF CHILD SERVICES**  
**HOMEMAKER / PARENT AID**  
**(Revised)**

**I. Service Description**

Homemaker/parent aid provides assistance and support for parents who are unable to appropriately fulfill parenting and/or homemaking functions. Paraprofessional staff assists the family through advocating, teaching, demonstrating, monitoring, and/or role modeling new, appropriate skills for coping with the following areas:

- Time management
- Child care
- Child development
- Health care
- Community resources (referrals)
- Transportation
- Visitation with child(ren)
- Systems support
- Problem solving
- Isolation
- Discipline
- Family Reunification
- Resource management
- Safety
- Nutrition
- Housekeeping
- Parenting skills
- Housing
- Self esteem
- Interpersonal Problems
- Crisis Resolution
- Parent/child interaction
- Supervision

**Homemaker/Parent Aid expectations:**

- 1) Services will be provided in the family's home and in the course of assisting with transportation, accompanying the parent(s) during errands, job search, etc.
- 2) Services must be indicated by the established DCS case plan.
- 3) Provide transportation in the course of assisting the client to fulfill the case plan or informal adjustment program, with learning a particular task as specified in the service components, such as visitation, medical appointments, grocery shopping, house/apartment hunting, etc.
- 4) Staff must respect confidentiality. Failure to maintain confidentiality may result in immediate termination of the service agreement.
- 5) Services must demonstrate respect for sociocultural values, personal goals, life style choices, and complex family interactions and be delivered in a culturally competent fashion.
- 6) Provide any requested testimony, for court appearances (to include hearing or appeals), or when requested participate in Child and Family Team Meetings.
- 7) Services to families will be available 24-hours per day, seven days per week.
- 8) The family (families are self-defined) will be the focus of service.
- 9) Services will focus on the strengths of families and build upon those strengths.
- 10) One (1) full-time homemaker/parent aid can have a caseload of no more than 12 families at any one time.

**II. Target Population**

**Services must be restricted to the following eligibility categories:**

- 1) Children and families who have substantiated cases of abuse and/or neglect, with moderate to high levels of risk and service needs according to the assessment matrix
- 2) Children with a status of CHINS, and/or JD/JS
- 3) All adopted children and adoptive families

### **III. Goals and Outcome Measures**

#### **Goal #1**

Timely intervention with family and regular and timely communication with referring worker

#### **Outcome Measures**

- 1) 95% of all families that are referred will have face-to-face contact with the client within 5 days of the referral or inform the referring worker if the client does not respond to requests to meet.
- 2) 95% of families will have a written plan prepared regarding expectations of the family and homemaker/parent aid and sent to the referring worker following receipt of the referral within 30 days of contact with the client.
- 3) 100% of all families will have monthly written summary reports prepared and sent to the referring worker.

#### **Goal #2**

Improved family functioning

#### **Outcome Measures**

- 1) 90% of the families served will have resolved the problem that preceded the need for homemaker/parent aid services (such as living conditions, lice, unsafe environment, etc.)
- 2) Scores will be improved on the Risk Assessment and needs and strengths assessment instruments in ICWIS used by the referring DCS.

#### **Goal #3**

DCS and family satisfaction with services

#### **Outcome Measure**

- 1) DCS satisfaction will be rated 4 and above on the Service Satisfaction Report.
- 2) Clients will rate the services "satisfactory" or above.

### **IV. Qualifications**

#### **Minimum Qualifications:**

##### **Direct worker:**

A high School diploma or GED ~~and that~~ is at least 21 years of age. Must possess a valid driver's license and the ability to use private car to transport self and others, and must comply with state policy concerning minimum care insurance coverage.

##### **Supervisor:**

Bachelor's Degree in social work, psychology, sociology, or a directly related human service field.

Supervision/consultation is to include not less than one (1) hour of face to face supervision/consultation per 20 hours of direct client services provided, nor occur less than every two (2) weeks.

## Qualities:

- Ability to work as a team member
- Ability to work independently
- Insight into human behavior
- Patience
- Nonjudgmental
- Emotional maturity
- Knowledge of child development
- Understanding of family of origin/intergenerational issue
- Knowledge of community resources
- Belief that change is possible
- Ability to get along with others
- Strong organizational skills
- Thorough listener
- Exercise sound judgment
- Belief in family preservation philosophy
- Knowledge of child abuse and neglect

Services will be conducted with behavior and language that demonstrates respect for socio-cultural values, personal goals, life-style choices, as well as complex family interactions; services will be delivered in a neutral valued culturally competent manner.

## V. Billable Units

### Face to face time with the client:

(Note: Members of the client family are to be defined in consultation with the family and approved by the DCS. This may include persons not legally defined as part of the family)

- Includes client specific face-to-face contact with the identified client/family during which services as defined in the applicable Service Standard are performed.
- Includes crisis intervention and other goal directed interventions via telephone with the identified client family.
- Includes Child and Family Team Meetings or case conferences initiated or approved by the DCS for the purposes of goal directed communication regarding the services to be provided to the client/family.

*Reminder: Not included is routine report writing and scheduling of appointments, collateral contacts, court time, travel time and no shows. These activities are built into the cost of the face to face rate and shall not be billed separately.*

For hourly rates, partial units may be billed in quarter hour increments only. Partial units to be billed are to be rounded to the nearest quarter hour using the following guidelines: 8 to 22 minutes = .25 billable hours, 23 to 37 minutes = .50 billable hours, 38 to 52 minutes = .75 billable hours, 53 to 60 minutes = 1.00 billable hours. All billed time must be associated with a family/client.

### Translation or sign language

Services include translation for families who are non-English language speakers or hearing impaired and must be provided by a non-family member of the client. Dollar for dollar amount.

## VI. Rates

Face to Face Maximum rate: \$45.00

Translation or sign language rate: Actual cost



## **VII. Case Record Documentation**

Necessary case record documentation for service eligibility must include:

- 1) A completed, dated, signed DCS referral form authorizing service
- 2) Documentation of regular contact with the referred families/children
- 3) Written reports no less than **monthly** ~~quarterly~~ or more frequently as prescribed by DCS.

## **VIII. Service Access**

Services must be accessed through a DCS referral. Referrals are valid for a maximum of twelve (12) months unless otherwise specified by the DCS. Providers must initiate a reauthorization for services to continue beyond the approved period.

***NOTE: All services must be pre-approved through a referral form from the referring DCS. In emergency situations, services may begin with a verbal approval but must be followed by a written referral within 5 days. It is the responsibility of the service provider to obtain the written referral.***

**FOSTER  
PARENT SERVICES  
SERVICE  
STANDARDS**

**SERVICE STANDARD**  
**INDIANA DEPARTMENT OF CHILD SERVICES**  
**FOSTER / ADOPTIVE / KINSHIP CAREGIVER TRAINING**

**I. Service Description**

The State of Indiana intends to contract with providers throughout the state to provide pre-service training for prospective families living in the State of Indiana. These families will be foster, adoptive or kinship families for children under the care and supervision of a local Department of Child Services (DCS) or under the care and supervision of another State Agency comparable to DCS. This training will also include in-service training, Adoption/Permanency, and First Aid/CPR/UP requirements.

**Pre-service Training**

The curriculum that is to be used is from the Institute for Human Services' "Foster, Adoption, Kinship Caregiver Training (FAKT) curriculum. When appropriate and if available, an introduction to foster parents supervising child visitation in their care should be included. The pre-service training is to be offered monthly in each region to ensure that pre-service training is offered on a regular, timely basis.

Provision of foster/adoptive/kinship caregiver training (FAKT), which includes 20 hours of pre-service training covering the competencies listed below:

- A. This will include permanency training for prospective foster, kinship, and adoptive parents.
- B. A monthly newsletter is to be provided to foster, adoptive, and kinship families to keep them informed of upcoming trainings and conferences as well as to provide them with educational information relative to children in their care.
- C. Pre-service training is to be provided to not less than 7 people or more than 30 people in a group. A waiver can be requested when less than 7 participants attend the training. A written request of waiver is sent to the Foster Care Consultant at Central Office for approval.
- D. The foster/adoptive/kinship caregiver training covers orientation and overview of the training and contains the following competencies:
  - 1) Teambuilding Competencies
  - 2) Family Systems and Abuse and Neglect Competencies
  - 3) Impact of Abuse and Neglect on Child Development Competencies
  - 4) Attachment, Separation, and Placement Competencies
  - 5) Discipline Competencies
  - 6) Cultural Issues in Placement Competencies
  - 7) Primary Families Competencies
  - 8) Sexual Abuse Competencies
  - 9) Effects of Care-giving on the Family Competencies
  - 10) Permanency Issues for Children Competencies
  - 11) Permanency Issues for Families Competencies
  - 12) Connection and Disconnection of Children

**In-Service Training**

Monthly in-service training will be provided for licensed DCS foster/kinship/adoptive families living in Indiana with topics that relate to fostering and/or adopting special needs children. The in-service trainings must be pre-approved by the FAKT Coordinator **OR** Central Office Foster Care Coordinator. Foster parents are required to obtain 10 hours of in-service training annually.

The in-service training contains information in the following areas:

- 1) Specialized and related classes as identified by the FAKT Coordinator.
- 2) Classes that meet a high need that have been identified by DCS **OR** the FAKT Coordinator.
- 3) Classes that address child development; proactive discipline and behavior management techniques; sexuality and sexual development and sexual abuse issues; abuse and neglect; attachment, separation, and placement; etc. and other topics as determined by the needs of foster, adoptive, and kinship parents.
- 4) Supervision of visitation between foster children and their biological parents (Any training material on this subject should be approved by DCS).

### **Other Training**

Other training (in-service training developed by subject matter expert):

- 1) Must submit curriculum for review/evaluation to FAKT Training Coordinator, Foster Care Consultant, **OR** DCS Regional Manager.
- 2) In-service training curriculum must be approved by FAKT Training Coordinator, Foster Care Consultant, **OR** DCS Regional Manager.

### **First Aid, CPR and Universal Precautions**

The provision of First Aid Training, CPR, and Universal Precautions Training (Blood Borne Pathogens, Transmission of Preventable Diseases) should include:

- 1) CPR training must include adult/child/infant CPR certified in a program on pediatric cardiopulmonary resuscitation and pediatric airway obstruction under the American Heart Association's Basic Life Support Course D or any other comparable course that provides the required training. American Heart Association, American Red Cross, American Safety and Health Institute, Medic First Aid/Pediatric First Aid (Adult, Child and Infant CPR inclusive), National Safety Council, and Heart Saver CPR state that they adhere to American Heart's Basic Course D's guidelines.
- 2) First Aid Training and Universal Precautions may be provided by any nationally accredited agency that provides this training to public and private agencies such as Red Cross and American Heart Association. The trainer must be certified to provide these trainings.

## **II. Target Population**

- 1) Prospective foster parents who have passed a criminal history check or current foster parents of DCS. (County receives the application, runs the State background check and sends results along with the FAKT training request to the agency that will be doing the training. For county checks, a form is sent to the local Sheriff's office requesting the check and information is sent to the licensing agency.)
- 2) Prospective kinship families who have passed a criminal history check
- 3) Case managers and supervisors
- 4) Prospective or prepared adoptive parents who have passed a criminal history check

## **III. Goals and Outcome Measures**

Goal #1

Increase the number of licensed foster/kinship parents and trained adoptive parents that are available to foster Indiana's abused and neglected children.

#### Outcome Measures

- 1) 90% of participants who start pre-service training will complete training sessions.
- 2) 95% of participants who complete pre-service training will become licensed.
- 3) 100% of adoptive parents will complete permanency training.
- 4) 100% of current foster/adoptive/kinship parents who start First Aid, CPR, and Universal Precautions training will complete.

#### Goal #2

Increase the licensed foster parent's knowledge of child development and behavioral issues related to abuse and neglect, increase participants understanding of proactive discipline, sexuality and sexual development and understanding of sexual abuse.

#### Outcome Measures

- 1) 100 % of foster parents who become licensed will complete the required number of in-service training hours annually based on the type of license they hold.
- 2) 100% of current foster/adoptive/kinship parents will complete evaluations of the training attended.

#### Goal #3

DCS and foster family satisfaction with services

#### Outcome Measures

- 1) DCS satisfaction will be rated 4 and above on the Service Satisfaction Report.
- 2) 94% of the families who have participated in FAKT trainings will rate the services "satisfactory" or above.

## IV. Qualifications

### Service Provider

Must be knowledgeable of the State foster care program and training requirements, must have completed the Pre-service FAKT training, and must be skilled in determining, coordinating, and scheduling needed training and maintaining a database related to training hours.

### Minimum qualifications for persons providing pre-service training:

- Complete the FAKT Training of Trainers Training (TOT) and participate in mentoring process as developed by the FAKT Training Coordinator
- Attend and complete Pre-service FAKT training
- Experienced in child welfare, foster parenting, foster parent training, or a directly related area
- Experienced as a group leader
- Recommended by DCS Regional Manager or their designee, or FAKT Training Coordinator

### Qualities of a trainer:

- Has expertise in the topic being provided
- Understand own motivation, the child welfare system and the workers roles within it
- Positive attitude toward foster/adoptive/kinship parents

- Understand and identify with the needs of all members of the foster/adoptive/kinship care team (foster/adoptive/kinship parents, birth family, foster child, case manager, CASA/GAL, and service providers)
- Emotionally mature, non-judgmental attitude, and exercises sound judgment
- Empathetic and a thorough listener
- Strong communication and interpersonal skills
- Belief in family preservation philosophy

Services will be conducted with behavior and language that demonstrates respect for socio-cultural values, personal goals, life-style choices, as well as complex family interactions; services will be delivered in a neutral valued culturally competent manner.

## V. **Billable Units**

### **Coordination for training per hour**

Rates must include coordinator time, overhead including fringe benefits, materials, registration, general training materials, lending library materials, mileage not to exceed the state rate of \$.40 per mile, attendance at bi-monthly FAKT Coordinator meetings and other required training meetings (not to exceed 3 per contract year), evaluations, and other items as specified related to the business of providing the trainings listed below:

- **Pre-Service Training**
- **In-Service Training**
- **First Aid, CPR, Universal Precautions Training**
- **Cancelled Trainings due to lack of registrations** *(This rate should be based on the predicted amount of work that will be required in scheduling, locating a speaker and location, phone calls, and other time required to plan for training. No more than two cancelled trainings may be claimed with a maximum of 10 hours for each scheduled training that is cancelled due to lack of registrations or attendance.)*

### **Miscellaneous costs for the above named trainings**

Rates should include trainer prep time, training time, travel expense for the trainer, training specific materials, and refreshments. Trainer costs should be based on the amount of experience and qualifications of the person providing the services as well as the number of trainers needed. Travel expense for mileage is not to exceed the State rate of \$.40 per mile.

### **Billing for crossed-county foster parents**

If it is just a one time occurrence, an MOU is not required. If the LCPA sends foster parents to training regularly, a MOU is required and must be approved by the State. The FAKT Coordinators should send copies of the MOU to the Foster Parent Coordinator in Central Office.

Any amount billed to an LCPA would be subtracted from the amount billed to the State.

Each provider should submit their claims for the region they are contracted to serve and should also submit a county break-out sheet for the counties that services are provided.

When all counties are listed under each region, the billing should be submitted in the following format:

Each provider is set up in CMS for the regions they are contracted to serve but the contracts are “statewide”. Each provider should continue to submit their claims for the region they are contracted to serve. Continue to submit a county break-out sheet for the counties you provided services in. If all participants are from a region that the coordinator serves, coordinators will take the cost of the training and divide it by the number of participants. The proportional cost would be charged to each region. If some participants are from regions that are not served by the coordinator, those participants would be billed to the region where the training was held. On the county expenditure form, the amount should be recorded under the county where they are licensed. The coordinator should track the total amount which has been billed to each region for training foster parents outside the region. These amounts should be reported regularly to the Regional Child Welfare Services Coordinators. Coordination time should be recorded under each county equally. If trainings cross months, the training amounts will need to be billed for each month. Providers will be permitted to have a summary page for training costs and keep timesheets in their office for audit purposes.

### **Billing for Coordinator Services**

Administrative fees are built into the coordinator hourly rate and should not be billed. It is not allowed to bill sick, personal, vacation or holiday pay separate as these should have also been built into your hourly rate that your coordinator is providing services. With Coordination services, only bill the time the Coordinator is actually working on the services as defined in the standards. The State allows billing for assistant coordinators when they are actually doing coordination work. They would, however, need to meet the qualifications for the coordinator in the service standards. We would need the same record keeping for time as the other coordinators keep.

### **Location costs**

Actual cost of rental space (if space is unavailable through a public facility at no cost).

### **Newsletter costs**

Includes developing the monthly newsletters, printing costs, and mailings. It is expected that the newsletter will be emailed when possible to reduce the cost.

### **Training of Trainers (TOT) cost**

TOT cost includes actual cost of attendance at TOT, mileage not to exceed the State rate of \$.40 per mile, and lodging if more than 50 miles from the training location. Actual cost of trainer for TOT that is provided by the service provider.

### **Translation or sign language**

Services include translation for families who are non-English language speaking or hearing impaired and must be provided by a non-family member of the client. Dollar for dollar amount.

*For hourly rates, partial units may be billed in quarter hour increments only. Partial units to be billed are to be rounded to the nearest quarter hour using the following guidelines: 8 to 22 minutes = .25 billable hours, 23 to 37 minutes = .50 billable hours, 38 to 52 minutes = .75 billable hours, 53 to 60 minutes = 1.00 billable hours.*

## **VI. Rates**

Available payment points are as follows:

- FAKT Coordinator Services – per hour

- FAKT Training – Actual Cost (includes costs of trainers, training sites, supplies, and cancelled trainings)
- FAKT Training of Trainers – Actual Cost
- FAKT Newsletters – Actual Cost
- FAKT Interpreter Services – Actual Cost

**Budget Summary must be submitted for rates.**

## **VII. Case Record Documentation**

- 1) Documentation of coordination services such as securing trainers, setting up locations, etc.
- 2) Evaluation reports completed by the participants on a form provided by DCS at the end of each in-service training session.
- 3) Monthly reports provided to DCS Central Office Foster Parent Consultant regarding all other training provided on a form provided by DCS for this purpose.

## **VII. Service Access**

Training services can be accessed by persons interested in becoming a licensed foster/kinship foster home or adoptive parents either through their local DCS or FAKT Coordinator. An agency may not provide training to their own prospective foster/adoptive parents. This must be done by another qualified agency.



**SERVICE STANDARD**  
**INDIANA DEPARTMENT OF CHILD SERVICES**  
**FOSTER FAMILY SUPPORT SERVICES**

**I. Service Description**

The Foster Family Support Coordinator (FFSC) will provide support services to local foster parents through a monthly or bi-monthly support group at the local DCS office which may include at least one training hour per meeting and bi-weekly phone contact. Child care should be provided if requested by foster families attending the support group meetings. Anyone providing childcare at support group meetings must pass a criminal history and CPS check.

The FFSC may be contracted to provide services on a part time or full time basis depending on the needs of the county. Working hours must be flexible and irregular in order to best meet the needs of the foster families. The FFSC may need to be available on weekends and evenings at times to provide assistance when situations arise that requires support services.

The FFSC will assist foster families in strengthening the relationship between the foster family and their foster children and promoting positive relationships between the foster families and the local DCS family case managers. The FFSC will work closely with the licensing Family Case Manager

The FFSC will assist in maintaining and strengthening the skills of local foster families. With support services available locally, foster families may be more willing to accept special needs children and older youth that come into care. By strengthening local foster homes, the DCS will be more able to maintain children in local foster homes. The following services will be provided by the FFSC:

- 1) Work with all licensed foster families by the county being served.
- 2) Work closely with the Licensing Family Case Manager in supporting the current foster families and working through situations involving other family case managers.
- 3) Serve as a liaison between the foster children's Family Case Manager and the foster family to work out any issues that may arise in order to preserve the child's placement and to develop and maintain a positive working relationship.
- 4) Develop a quarterly newsletter for foster parents and DCS staff to provide information regarding new staff at the DCS, upcoming topics for support meetings, and other pertinent information that needs to be decimated.
- 5) Provide refreshments and child care at monthly or bi/monthly support meetings.
- 6) Initiate at least monthly phone contact with foster families to allow foster parents to ask questions, request any needed information, and discuss any topic related to their foster children;
- 7) Facilitate a monthly/bi-monthly support group for foster parents to allow group discussion regarding fostering concerns and solutions and provide training sessions of topics requested by the foster parents (pro bono speakers/trainers should be recruited from the professional community that serve the foster children);
- 8) Invite prospective foster parents to the monthly/bi-monthly support group meeting.
- 9) Provide monthly reports regarding contact with the foster families to the licensing family case manager. The report must contain all contacts with foster families, foster children, and family case managers and information regarding issues that were discussed and resolution to the issues. The report must also include information regarding the monthly or bi-monthly support meeting, attendance, and information regarding the training that was provided for in-service credit.
- 10) Provide an annual report to the local DCS Regional Manager of the year's activities, progress, and areas that need improvement.

- 11) Additional outcome objectives may be included. Process objectives may be included (i.e. how services are to be delivered).
- 12) Provide foster parents with a certificate for training hours received signed by the presenter.
- 13) Provide annual in-home visits with each foster family coordinating with the licensing family case manager either six month prior to or six months after the DCS annual home visit.

## **II. Target Population**

- 1) All foster and kinship parents licensed by the referring county DCS office.
- 2) Court ordered substitute caregivers and adoptive parents.

## **III. Goals and Outcome Measures**

### **Goal #1**

Retention of the current number of foster parents that are licensed

Outcome Measures

- 1) 95% retention of currently licensed foster families that continue to reside in the county.
- 2) 90% of licensed foster families participate in support meetings
- 3) 100% maintain contact with the foster family support worker.

### **Goal #2**

Develop an environment where foster families believe they are being heard and respected for the work they do.

Outcome Measures

- 1) 100% of foster families can report their belief that the DCS respects the work they do.
- 2) 10% increase in the number of foster families willing to accept special needs children and older youth based on the support received.
- 3) 95% of foster families that attend support group meetings complete their required in-service training timely.

### **Goal #3**

DCS and foster family satisfaction with services

Outcome Measures

- 1) DCS satisfaction will be rated 4 and above on the Service Satisfaction Report.
- 2) 94% of the families who have participated in Foster Family Support Services will rate the services "satisfactory" or above.

## **IV. Qualifications**

### **Direct Worker:**

Bachelor's degree in social work, psychology, sociology, or a directly related human service field.

### **Supervisor:**

Master's degree in social work, psychology, or directly related human services field.

Supervision/consultation is to include not less than one (1) hour of face to face supervision/consultation per 20 hours of direct client services provided, nor occur less than every two (2) weeks.

**The FFSC must:**

- Possess clear oral and written communication skills
- Possess the ability to play the role of a mediator when necessary
- Possess the ability to confront in a positive manner and provide constructive criticism when necessary
- Demonstrate insight into human behavior
- Demonstrate emotional maturity and exercise sound judgment
- Be nonjudgmental
- Be a self starter
- Exhibit the ability to work independently
- Exhibit the ability to work as a team member
- Have strong organizational skills
- Must respect confidentiality. Failure to maintain confidentiality may result in immediate termination of the service agreement.
- Demonstrate respect for socio-cultural values, personal goals, life style choices, and complex family interactions and be delivered in a culturally competent fashion.

Services will be conducted with behavior and language that demonstrates respect for socio-cultural values, personal goals, life-style choices, as well as complex family interactions; services will be delivered in a neutral valued culturally competent manner.

**V. Billing Units****Face to face time with the client:**

(Note: Members of the client family are to be defined in consultation with the family and approved by the DCS. This may include persons not legally defined as part of the family)

- Includes client specific face-to-face contact with the identified client/family during which services as defined in the applicable Service Standard are performed.
- Includes crisis intervention and other goal directed interventions via telephone with the identified client family.
- Includes Child and Family Team Meetings or case conferences initiated or approved by the DCS for the purposes of goal directed communication regarding the services to be provided to the client/family.

**Reminder:** *Not included is routine report writing and scheduling of appointments, collateral contacts, court time, travel time and no shows. These activities are built into the cost of the face to face rate and shall not be billed separately.*

For hourly rates, partial units may be billed in quarter hour increments only. Partial units to be billed are to be rounded to the nearest quarter hour using the following guidelines: 8 to 22 minutes = .25 billable hours, 23 to 37 minutes = .50 billable hours, 38 to 52 minutes = .75 billable hours, 53 to 60 minutes = 1.00 billable hours. All billed time must be associated with a family/client.

**Translation or sign language**

Services include translation for families who are non-English language speakers or hearing impaired and must be provided by a non-family member of the client. Dollar for dollar amount.

## VI. Rates

Face to Face Rate:	<u>\$42.50</u>
Translation or sign language:	<u>Actual Cost</u>

## VII. Case Record Documentation

- 1) Contact logs of all phone and face-to-face contacts with foster families, prospective foster families and DCS workers related to the foster families;
- 2) Support meeting sign in sheets if applicable;
- 3) Monthly reports regarding work with foster families that is provided to DCS; and
- 4) Copies of quarterly newsletters.

## VIII. Service Access

Service can only be accessed by licensed foster families, prospective foster families, or adoptive families as identified by DCS either verbally or in written form.

***NOTE: All services must be pre-approved through a referral form from the referring DCS. In emergency situations, services may begin with a verbal approval but must be followed by a written referral within 5 days. It is the responsibility of the service provider to obtain the written referral.***

**SERVICE STANDARD**  
**INDIANA DEPARTMENT OF CHILD SERVICES**  
**FOSTER HOME STUDIES / UPDATES / RE-LICENSING STUDIES**  
**(Revised)**

**I. Service Definition**

This is an information-gathering and evaluation of the family and home environment and making recommendations to DCS, provide foster home licensing studies, and or updates/re-licensing studies. Collects information and evaluates the family and home in some combination of the following areas:

- Income/expense records
- Expectations
- Family history
- Education
- Concerns
- Discipline methods
- Employment history
- References
- History of arrests
- Attitude of family
- Marital relationships
- Adoption/fostering preparation
- Parent/child relationships
- Attitude of community toward foster care
- Areas of tension/conflict
- Adoption/fostering
- Extended family
- Sibling relationships
- Support systems
- Reasons for applying
- Interests/activities/hobbies
- Applicants knowledge/experience with type of child
- Adequacy of home
- Compliance with law/regulation/policy
- Family health
- Case record requirement
- Children's school performance
- Children's behavior
- Religious/spiritual orientation

- 1) Services will be provided in the family's home or combination office/home.
- 2) Services must be completed within 60 days of receipt of the referral or by a time frame specified by DCS at the time of referral.
- 3) Services will be provided at the convenience of the family.
- 4) For Interstate Compact (ICPC) requests, the final approval of the home is the responsibility of DCS.

- 5) Staff must respect confidentiality. Failure to maintain confidentiality may result in immediate termination of the service agreement.
- 6) Services must demonstrate respect for socio-cultural values, personal goals, life style choices, and complex family interactions and be delivered in a culturally competent fashion.

## **II. Target Population**

- 1) Families for who foster home licensing/updates/re-licensing studies have been requested by the DCS.
- 2) ICPC requests for studies of Indiana families as potential placement for relative children from other states.

## **III. Goals and Outcome Measures**

### Goal#1

Provide that foster care home studies/updates/re-licensing studies are completed timely.

### Outcome Measures

- 1) 98% of studies will be completed by DCS deadline within 60 days or unless otherwise specified.
- 2) 100% of studies will be completed by DCS instructions and accepted by them.

### Goal #2

DCS and foster family satisfaction with services

### Outcome Measures

- 3) DCS satisfaction will be rated 4 and above on the Service Satisfaction Report.
- 4) 94% of the families who have participated in Foster Family Support Services will rate the services “satisfactory” or above.

## **IV. Qualifications**

### **Direct Worker:**

Bachelor's degree in social work, psychology, sociology, or a directly related human service field.

### **Supervisor:**

Master's degree in social work, psychology, or directly related human services field.

Supervision/consultation is to include not less than one (1) hour of face to face supervision/consultation per 20 hours of direct client services provided, nor occur less than every two (2) weeks.

In addition to:

- Knowledge of family of origin/intergenerational issues.
- Knowledge of child abuse/neglect.
- Knowledge of child and adult development.
- Knowledge of community resources.

Services will be conducted with behavior and language that demonstrates respect for socio-cultural values, personal goals, life-style choices, as well as complex family interactions; services will be delivered in a neutral valued culturally competent manner.

## VI. Billable Units

**Hourly rate (up to 8 hours for foster home studies and 4 hours for updates and re-licensing studies; additional hours must be approved by the referring DCS):** Includes face to face contact with the identified clients during which services as defined in the service standard are performed. Collateral contacts, travel time, mileage not to exceed the State rate of \$.40, scheduling of appointments, and report writing are included in this billable unit.

### **Face to face time with the client:**

~~(Note: Members of the client family are to be defined in consultation with the family and approved by the DCS. This may include persons not legally defined as part of the family)~~

- ~~• Includes client specific face-to-face contact with the identified client/family during which services as defined in the applicable Service Standard are performed.~~
- ~~• Includes crisis intervention and other goal directed interventions via telephone with the identified client family.~~
- ~~• Includes Child and Family Team Meetings or case conferences initiated or approved by the DCS for the purposes of goal directed communication regarding the services to be provided to the client/family.~~

~~**Reminder: Not included is routine report writing and scheduling of appointments, collateral contacts, court time, travel time and no shows. These activities are built into the cost of the face to face rate and shall not be billed separately.**~~

For hourly rates, partial units may be billed in quarter hour increments only. Partial units to be billed are to be rounded to the nearest quarter hour using the following guidelines: 8 to 22 minutes = .25 billable hours, 23 to 37 minutes = .50 billable hours, 38 to 52 minutes = .75 billable hours, 53 to 60 minutes = 1.00 billable hours. All billed time must be associated with a family/client.

### **Translation or sign language**

Services include translation for families who are non-English language speakers or hearing impaired and must be provided by a non-family member of the client. Dollar for dollar amount.

## VI. Rates

Face to Face Maximum rate: \$51.00

Translation or sign language rate: Actual cost

## VII. Case Record Documentation

- 1) A completed, dated, signed DCS referral form authorizing service;
- 2) Documentation of contact with DCS workers, referred foster families, or others related to the requested study; and
- 3) Copy of the completed study.

## VIII. Service Access

Service can only be accessed through a DCS referral.

**OTHER SERVICE  
SERVICE  
STANDARDS**



**SERVICE STANDARD**  
**INDIANA DEPARTMENT OF CHILD SERVICES**  
**CHINS PARENT SUPPORT SERVICES**

**I. Service Description**

The CHINS Parent Support Worker (CPSW) will provide support services to parents who have children in foster care, this includes absent parents, and parents whose children were previously in foster care and remain a CHINS. The CPSW will assist families in strengthening the relationship with their children and promoting positive relationships between the families and the local DCS family case managers and others involved in their children's case. In the case of the absent parent the CPSW may help in the location, engaging and support of the absent parent. The CPSW may be contracted to provide services on a part time or full time basis depending on the needs of the county.

The CPSW will facilitate a monthly/bi-monthly support group for parents to allow group discussion regarding concerns related to their children and assist in maintaining and strengthening the skills of participating families. Individual family support may be provided for those families who are unable to function appropriately or understand the material in the group setting. Individual support of families can be for the caretaker or the absent parent. Services to locate and engage the absent parent can be supported through this service standard.

Use family finding techniques including case mining, Internet searches, and telephone calls to locate absent parent. Protocols for searching must be followed. **Contact the Deputy Director for Program and Services to arrange training from State Staff on the use of family finding techniques.**

**Family support group meetings must provide:**

- 1) information regarding the CHINS legal process including court procedures, parental participation requirements, court ordered services, visitation with the children, reimbursement of cost for services, and other aspects related to the legal process;
- 2) the expectations of the family related to participation in court ordered services and visitation with the children, attendance at court, appropriate dress for court, and other aspects related to the legal process;
- 3) information regarding the parent's rights and the CHINS proceedings, the length of time children may be in care prior to a permanency procedure, and termination of parental rights;
- 4) role of the Court Appointed Special Advocate or Guardian ad Litem,
- 5) interactive activities including pre and post tests related to the CHINS process, parental rights, parental participation, reimbursement for cost of services, permanency, termination of parental rights and other issues related to CHINS case to assist in the learning process and to ensure that learning is taking place,
- 6) an informal environment for parents to discuss issues that brought them to the attention of the DCS and develop suggestions that may assist in resolving these issues as a group, and;
- 7) educational programs using speakers recruited from the local professional community to assist and educate the families in areas such as:
  - abuse and neglect,
  - increasing parenting skills,
  - substance abuse,
  - anger management,
  - advocacy with public agencies including the children's schools, and;
  - issues of interest to the parents related to their needs and the needs of their children.

## II. Target Population

Services must be restricted to the following eligibility categories:

- 1) Children and families who have substantiated cases of abuse and/or neglect, with moderate to high levels of risk and service needs according to the assessment matrix
- 2) Families who's children has the status of CHINS, and/or JD/JS
- 3) Absent parents of children who have the status of CHINS and/or JD/JS

## III. Goals and Outcome Measures

### Goal #1

Educate parents regarding CHINS process and expectations of the parents involved.

#### Outcome Measures

- a. 90% of parents participating can verbalize their rights and expectations related to the CHINS proceedings.

### Goal #2

Develop an environment where families believe they are being heard.

#### Outcome Measures

- 1) 90% of families participating verbalize their ability to provide input and make recommendations at the meetings.

### Goal #3

DCS and family satisfaction with services

#### Outcome Measures

- 1) DCS satisfaction will be rated 4 and above on the Service Satisfaction Report.
- 2) 90% of the families who have participated in Family Support Services will rate the services "satisfactory" or above.

## IV. Qualifications

### **Direct Worker:**

Bachelor's Degree in social work, psychology, sociology, or a directly related human service field.

### **Supervisor:**

Master's degree in social work, psychology, or related human services field.

### **The CPSW must:**

- Possess clear oral and written communication skills
- Possess the ability to play the role of a mediator when necessary
- Possess the ability to confront others in a positive manner and provide constructive criticism when necessary
- Demonstrate insight into human behavior
- Demonstrate emotional maturity and exercise sound judgment

- Be non-judgmental
- Be a self starter
- Have strong organizational skills
- Must respect confidentiality. (Failure to maintain confidentiality may result in immediate termination of the service agreement.)
- Demonstrate respect for socio-cultural values, personal goals, life style choices, and complex family interactions and be delivered in a culturally competent fashion.

Services will be conducted with behavior and language that demonstrates respect for socio-cultural values, personal goals, life-style choices, as well as complex family interactions; services will be delivered in a neutral valued culturally competent manner.

## **V. Billing Units**

### **Group rate**

Groups are defined as a minimum of three (3) with no more than twelve 12 participants. The rate must include preparation time, report writing, contacting families, and face-to-face contact in group with participating families.

### **Face to face time with the client:**

(Note: Members of the client family are to be defined in consultation with the family and approved by the DCS. This may include persons not legally defined as part of the family)

- Includes client specific face-to-face contact with the identified client/family during which services as defined in the applicable Service Standard are performed.
- Includes crisis intervention and other goal directed interventions via telephone with the identified client family.
- Includes Child and Family Team Meetings or case conferences initiated or approved by the DCS for the purposes of goal directed communication regarding the services to be provided to the client/family.

***Reminder:** Not included is routine report writing and scheduling of appointments, collateral contacts, court time, travel time and no shows. These activities are built into the cost of the face to face rate and shall not be billed separately.*

For hourly rates, partial units may be billed in quarter hour increments only. Partial units to be billed are to be rounded to the nearest quarter hour using the following guidelines: 8 to 22 minutes = .25 billable hours, 23 to 37 minutes = .50 billable hours, 38 to 52 minutes = .75 billable hours, 53 to 60 minutes = 1.00 billable hours. All billed time must be associated with a family/client.

### **Translation or sign language**

Services include translation for families who are non-English language speakers or hearing impaired and must be provided by a non-family member of the client.

## **VI. Rates**

**Budget Summary must be submitted for rates.**

## **VII. Case Record Documentation**

**Necessary case record documentation for service eligibility must include:**

- 1) A completed, dated, signed DCS referral form authorizing service
- 2) Documentation of regular contact with the referred families/children
- 3) Written reports as requested but no less than quarterly

## **VIII. Service Access**

Service can only be accessed by families as identified by DCS either verbally or in written form. Any verbal recommendation from DCS must be documented in writing by the service provider with the date of referral and name of DCS staff person making the referral.

***NOTE: All services must be pre-approved through a referral form from the referring DCS. In emergency situations, services may begin with a verbal approval but must be followed by a written referral within 5 days. It is the responsibility of the service provider to obtain the written referral.***

**SERVICE STANDARD  
INDIANA DEPARTMENT OF CHILD SERVICES  
COUNSELING-INDIVIDUAL / FAMILY**

**I. Service Description**

Provision of structured, goal-oriented therapy on the issues related to the referral for family members who need assistance recovering from physical abuse, sexual abuse, emotional abuse, or neglect. Other issues, including substance abuse, dysfunctional families of origin, etc., may be addressed in the course of treating the abuse or neglect.

Professional staff provides individual, group, and/or family counseling with emphasis on one or more of the following areas:

- Conflict resolution
- Behaviors modification
- Support Systems
- Interpersonal Relationships
- Communication Skills
- Substance Abuse
- Parenting Skills
- Problem solving
- Stress Management
- Self-Esteem
- Goal-setting
- Domestic Violence Issues
- School Problems
- Family of origin/inter-generational issues

- 1) Services are provided at a specified (regularly scheduled) time for a limited Period of time.
- 2) Services are provided face-to-face in the counselor's office.
- 3) Services must be compatible with the established Department of Child Services (DCS), Informal Adjustment, or a CHINS Case Plan.
- 4) Counselor must respect confidentiality. Failure to maintain confidentiality may result in immediate termination of the service agreement.
- 5) Services must demonstrate respect for sociocultural values, personal goals, life style choices, and complex family interactions and be delivered in a culturally competent fashion.
- 6) Services include providing any requested testimony and/or court appearances including hearing and/or appeals.
- 7) Services must be provided at a time convenient for the family.
- 8) Services will be time-limited.
- 9) Written reports will be submitted monthly to provide updates on progress and recommendation for continuation or discontinuation of treatment.

**II. Target Population**

**Services must be restricted to the following eligibility categories:**

- 1) Children and families who have substantiated cases of abuse and/or neglect, with moderate to high levels of risk and service needs according to the assessment matrix
- 2) Children with a status of CHINS, and/or JD/JS
- 3) All adopted children and adoptive families

**III. Goals and Outcome Measures**

Goal #1

Assessment/Treatment initiated quickly after referral

Outcome Measures

Department of Child Services  
Regional Document for Child Welfare Services  
Term 1/1/09 to 6/30/11

- 1) 85% of clients referred for treatment will have an appointment take place within 12 business days of the receipt of the referral.
- 2) 95% of clients referred will have a treatment plan in place within 30 days of initial appointment.

#### Goal #2

Timely reports regarding progress

Outcome Measures

- 1) 100% of all progress reports will be submitted monthly or as requested by the referring DCS.

#### Goal #3

Development of positive means of managing crisis.

Outcome Measures

- 1) 90% of the individuals/families served will not be the subjects of a new investigation resulting in the assignment of a status of “substantiated” or “indicated” abuse or neglect throughout the service provision period.
- 2) 90% of the individuals/families that were intact prior to the initiation of service will remain intact throughout the service provision period.

#### Goal #3

DCS and client satisfaction with service provided.

Outcome Measure

- 1) DCS satisfaction will be rated 4 and above on the Service Satisfaction Report.
- 2) 90% of clients will rate services as satisfactory or above on satisfaction survey.

## IV. Qualifications

### **Direct Worker:**

Master's degree in social work, psychology, marriage and family therapy, or related human service field and 3 years related clinical experience or a masters degree with a clinical license issued by the Indiana Social Worker, Marriage and Family Therapist or Mental Health Counselor Board, as one of the following: 1) Clinical Social Worker 2) Marriage and Family Therapist 3) Mental Health Counselor.

### **Supervisor:**

Master's degree in social work, psychology, or marriage and family or related human service field with a current license issued by the Indiana Social Worker, Marriage and Family Therapist or Mental Health Counselor Board, as one of the following: 1) Clinical Social Worker 2) Marriage and Family Therapist 3) Mental Health Counselor.

Supervision/consultation is to include not less than one (1) hour of face to face supervision/consultation per 20 hours of direct client services provided, nor occur less than every two (2) weeks.

Services will be conducted with behavior and language that demonstrates respect for socio-cultural values, personal goals, life-style choices, as well as complex family interactions; services will be delivered in a neutral valued culturally competent manner.

In addition to:

- Knowledge of child abuse and neglect and child and adult development
- Knowledge of community resources and ability to work as a team member
- Beliefs in helping clients change their circumstances, not just adapt to them.
- Belief in adoption as a viable means to build families.
- Understanding regarding issues that are specific and unique to adoptions such as loss, mismatched expectations and flexibility, entitlement, gratification delaying, flexible parental roles and humor.

## V. Billable Units

### Face to face time with the client:

(Note: Members of the client family are to be defined in consultation with the family and approved by the DCS. This may include persons not legally defined as part of the family)

- Includes client specific face-to-face contact with the identified client/family during which services as defined in the applicable Service Standard are performed.
- Includes crisis intervention and other goal directed interventions via telephone with the identified client family.
- Includes Child and Family Team Meetings or case conferences initiated or approved by the DCS for the purposes of goal directed communication regarding the services to be provided to the client/family.

*Reminder: Not included is routine report writing and scheduling of appointments, collateral contacts, court time, travel time and no shows. These activities are built into the cost of the face to face rate and shall not be billed separately.*

**For hourly rates, partial units may be billed in quarter hour increments only. Partial units to be billed are to be rounded to the nearest quarter hour using the following guidelines: 8 to 22 minutes = .25 billable hours, 23 to 37 minutes = .50 billable hours, 38 to 52 minutes = .75 billable hours, 53 to 60 minutes = 1.00 billable hours. All billed time must be associated with a family/client.**

### Per person per group hour:

When DCS clients are referred to groups where most of the clients are non-DCS referrals. This is available when the nature of the group or the geographic location does not support a group composed of primarily DCS clients.

### Translation or sign language

Services include translation for families who are non-English language speakers or hearing impaired and must be provided by a non-family member of the client. Dollar for dollar amount.

## VI. Rates

Face to Face Maximum rate: \$71.00

Translation or sign language rate: Actual cost

## VII. Case Record Documentation

Necessary case record documentation for service eligibility must include:

- 1) A completed dated, signed DCS referral form authorizing service
- 2) Documentation of regular contact with the referred families/children and referring agency;
- 3) Written reports no less than monthly or more frequently as prescribed by DCS.

### **VIII. Service Access**

Services must be accessed through a DCS referral. Referrals are valid for a maximum of twelve (12) months unless otherwise specified by the DCS. Providers must initiate a reauthorization for services to continue beyond the approved period.

***NOTE: All services must be pre-approved through a referral form from the referring DCS. In emergency situations, services may begin with a verbal approval but must be followed by a written referral within 5 days. It is the responsibility of the service provider to obtain the written referral.***



**SERVICE STANDARD**  
**INDIANA DEPARTMENT OF CHILD SERVICES**  
**DIAGNOSTIC AND EVALUATION SERVICES**  
**(Revised)**

**I. Services Description**

Diagnostic and assessment services will be provided as requested by the DCS for parents, other family members, and children due to the intervention of Child Protective Services because of alleged physical, sexual, or emotional abuse or neglect and/or the removal of children from the care and control of their parents. Required information will be included in the referral form from the DCS identifying the reason for involvement with the family and specific information needed in order to assist the family in remedying the problems that brought the family to the attention of child protective services. Requested services may include: psychological evaluation, drug/alcohol testing, Minnesota Multiphasic Personality Inventory-2 (MMPI-2), or other testing instruments.

**II. Target Population**

Services must be restricted to the following eligibility categories:

- 1) Children and families who have substantiated cases of abuse and/or neglect, with moderate to high levels of risk and service needs according to the assessment matrix
- 2) Children with a status of CHINS, and/or JD/JS
- 3) All adopted children and adoptive families

**III. Goals and Outcomes**

**Goal #1**

Timely receipt of evaluations.

Outcome Measure

- 1) 90% of the evaluation reports will be submitted to the referring DCS case manager within twenty one (21) days of the last appointment or testing completed with the client.
- 2) 100% of the participating families will receive by face-to-face visit, whenever possible, a written copy of the agreed upon plan within five (5) working days following the family meeting and will provide written documentation of receipt of the plan.

**Goal #2**

Obtain appropriate recommendations based on information provided.

Outcome Measure

- 1) 100% of reports will meet information requested by DCS.
- 2) 100% of reports will include recommendations for treatment, needed services or indicate no further need for services.

**Goal #3**

Client satisfaction with service provided.

Outcome Measure

1) DCS satisfaction will be rated 4 and above on the Service Satisfaction Report.

#### IV. Qualifications

##### **Direct Worker:**

Master's degree in social work, psychology, marriage and family therapy, or related human service field and 3 years related clinical experience or a masters degree with a clinical license issued by the Indiana Social Worker, Marriage and Family Therapist or Mental Health Counselor Board, as one of the following: 1) Clinical Social Worker 2) Marriage and Family Therapist 3) Mental Health Counselor.

##### **Supervisor:**

**Doctorate Master's** degree in social work, psychology, or marriage and family or related human service field with a current license issued by the Indiana Social Worker, Marriage and Family Therapist or Mental Health Counselor Board, as one of the following: 1) Clinical Social Worker 2) Marriage and Family Therapist 3) Mental Health Counselor.

Supervision/consultation is to include not less than one (1) hour of face to face supervision/consultation per 20 hours of direct client services provided, nor occur less than every two (2) weeks.

Services will be conducted with behavior and language that demonstrates respect for socio-cultural values, personal goals, life-style choices, as well as complex family interactions; services will be delivered in a neutral valued culturally competent manner.

#### V. Billable Unit

**The hourly rate includes face to face contact with the identified client/family members and professional time involved in scoring testing instruments and preparing the assessment report.**

##### **Face to face time with the client:**

~~(Note: Members of the client family are to be defined in consultation with the family and approved by the DCS. This may include persons not legally defined as part of the family)~~

- ~~• Includes client specific face-to-face contact with the identified client/family during which services as defined in the applicable Service Standard are performed.~~
- ~~• Includes crisis intervention and other goal directed interventions via telephone with the identified client family.~~
- ~~• Includes Child and Family Team Meetings or case conferences initiated or approved by the DCS for the purposes of goal directed communication regarding the services to be provided to the client/family.~~

~~Reminder: Not included is routine report writing and scheduling of appointments, collateral contacts, court time, travel time and no shows. These activities are built into the cost of the face to face rate and shall not be billed separately.~~

**For hourly rates, partial units may be billed in quarter hour increments only. Partial units to be billed are to be rounded to the nearest quarter hour using the following guidelines: 8 to 22 minutes = .25 billable hours, 23 to 37 minutes = .50 billable hours, 38 to 52 minutes = .75 billable hours, 53 to 60 minutes = 1.00 billable hours. All billed time must be associated with a family/client.**

### **Translation or sign language**

Services include translation for families who are non-English language speakers or hearing impaired and must be provided by a non-family member of the client. Dollar for dollar amount.

### **VI. Rates**

Face to Face Maximum rate: \$97.00

Translation or sign language rate: Actual cost

### **VII. Case Record Documentation**

Necessary case record documentation for service eligibility must include:

- 1) A completed, dated, signed DCS referral form authorizing services
- 2) Documentation of regular contact with the referred families/children and referring agency; and
- 3) Written reports no less than quarterly or more frequently as prescribed by DCS.

### **VIII. Service Access**

Services must be accessed through a DCS referral. Referrals are valid for a maximum of twelve (12) months unless otherwise specified by the DCS. Providers must initiate a reauthorization for services to continue beyond the approved period.

***NOTE: All services must be pre-approved through a referral form from the referring DCS. In emergency situations, services may begin with a verbal approval but must be followed by a written referral within 5 days. It is the responsibility of the service provider to obtain the written referral.***

**SERVICE STANDARD**  
**INDIANA DEPARTMENT OF CHILD SERVICES**  
**FUNCTIONAL FAMILY THERAPY**

**I. Service Description**

Functional Family Therapy (FFT) is an empirically-grounded, family-based intervention program for acting-out youth between 11-18, whose problems range from conduct disorder to alcohol/ substance abuse, and their families. A major goal of Functional Family Therapy is to improve family communication and supportiveness while decreasing the intense negativity. Other goals include helping family members adopt positive solutions to family problems, and developing positive behavior change and parenting strategies. Further information on FFT can be found at <http://www.fftinc.com> or <http://www.ncjrs.org/pdffiles1/ojdp/184743.pdf>.

**FFT is designed to increase efficiency, decrease costs, and enhance the ability to provide service to more youth by:**

- 1) Targeting risk and protective factors that can change and then programmatically changing them;
- 2) Engaging and motivating families and youth so they participate more in the change process;
- 3) Entering each session and phase of intervention with a clear plan and by using proven techniques for implementation; and
- 4) Constantly monitoring process and outcome.

The program is conducted by FFT trained family therapists through the flexible delivery of services by one and two person teams to clients in the home and clinic settings, and at time of re-entry from residential placement. Service providers must adhere to the principles of the FFT model. FFT requires as few as 8-12 hours of direct service time for commonly referred youth and their families, and generally no more than 26 hours of direct service time for the most severe problem situations. Sessions are spread over a 3-month period or longer if needed by the family. Therapists must engage the family (as many members as reasonably feasible) through a face to face contact within 14 days of the referral and obtain their willingness to participate. FFT emphasizes the importance of respecting all family members on their own terms as they experience the intervention process. Therapists must be relationally sensitive and focused, as well as capable of clear structuring, in order to produce significantly fewer drop-outs and lower recidivism.

Empirically grounded and well-documented, FFT has three specific intervention phases. Each phase has distinct goals and assessment objectives, addresses different risk and protective factors, and calls for particular skills from the therapist providing treatment. The phases consist of:

- **Phase 1: Engagement and Motivation**  
During these initial phases, FFT applies reframing and related techniques to impact maladaptive perceptions, beliefs, and emotions and to emphasize within the youth and family, factors that protect youth and families from early program dropout. This produces increasing hope and expectation of change, decreasing resistance, increasing alliance and trust, reduced oppressive negativity within the family and between the family and community, increased respect for individual differences and values, and motivation for lasting change.
- **Phase 2: Behavior Change**  
This phase applies individualized and developmentally appropriate techniques such as communication training, specific tasks and technical aids, basic parenting skills, and contracting and response-cost techniques.

- **Phase 3: Generalization**

In this phase, Family Case Management is guided by individualized family functional needs, their interaction with environmental constraints and resources, and the alliance with the therapist to ensure long-term support of changes. FFT links families with available community resources and FFT therapists intervene directly with the systems in which a family is embedded until the family is able to do so itself.

Each of these phases involves both assessment and intervention components. Family assessment focuses on characteristics of the individual family members, family relational dynamics, and the multi-systemic context in which the family operates. The family relational system is described in regard to interpersonal functions and their impact on promoting and maintaining problem behavior. Intervention is directed at accomplishing the goals of the relevant treatment phase. For example, in the engagement and motivation phase, assessment is focused on determining the degree to which the family or its members are negative and blaming. The corresponding intervention would target the reduction of negativity and blaming. In behavior change, assessment would focus on targeting the skills necessary for more adaptive family functioning. Intervention would be aimed at helping the family develop those skills in a way that matched their relational patterns. In generalization, the assessment focuses on the degree to which the family can apply the new behavior in broader contexts. Interventions would focus on helping generalize the family behavior change into such contexts.

Program certification must be obtained and maintained through utilizing Functional Family Therapy certified trainers to train a site supervisor and therapists. Program fidelity must be maintained through adherence to using a sophisticated client assessment, tracking and monitoring system and clinical supervision requirements.

## **II. Target Population**

**Services must be restricted to the following eligibility categories:**

- 1) Children and families who have substantiated cases of abuse and/or neglect, with moderate to high levels of risk and service needs according to the assessment matrix
- 2) Children with a status of CHINS, and/or JD/JS
- 3) All adopted children and adoptive families

## **III. Goals and Outcome Measures**

### Goals #1

Services are provided timely as indicated in the service description above.

### Outcome Measures

- 1) 100% of referred children and families are engaged in services within 14 days of referral.
- 2) 100% of children and families being served have an assessment completed at the beginning of each phase.
- 3) 100% of children and families being served have a clear plan developed immediately following the assessment.
- 4) Progress reports are provided to the referring worker. Monthly.

### Goal #2

Improved family functioning as indicated by no further incidence of the presenting problem

## Outcome Measures

- 1) 90% of the children and families served will not have new incidences of substantiated abuse or neglect throughout the service provision period.
- 2) 90% of children and families actively engaged in treatment and following treatment recommendations will not have incidences of criminal or status charges while the agency is actively involved.
- 3) Scores will be improved on the Risk Assessment instruments in ICWIS used by the referring DCS or Youth Level of Service Inventory (YSLI) used by referring Juvenile Probation Officer.

### Goal #3

DCS and client satisfaction with service provided.

## Outcome Measures

- 1) Juvenile Probation/DCS satisfaction will be rated 4 and above on the Service Satisfaction Report.
- 2) 90% of clients will rate services as satisfactory or above on satisfaction survey.

## IV. Qualifications

### **Direct Worker:**

Master's degree in social work, psychology, marriage and family therapy, or related human service field and 3 years related clinical experience or a masters degree with a clinical license issued by the Indiana Social Worker, Marriage and Family Therapist or Mental Health Counselor Board, as one of the following: 1) Clinical Social Worker 2) Marriage and Family Therapist 3) Mental Health Counselor.

### **Supervisor:**

Master's degree in social work, psychology, or marriage and family or related human service field with a current license issued by the Indiana Social Worker, Marriage and Family Therapist or Mental Health Counselor Board, as one of the following: 1) Clinical Social Worker 2) Marriage and Family Therapist 3) Mental Health Counselor.

### **Both Direct Worker and Supervisor must complete FFT certified training.**

Supervision/consultation is to include not less than one (1) hour of face to face supervision/consultation per 20 hours of direct client services provided, nor occur less than every two (2) weeks.

Services will be conducted with behavior and language that demonstrates respect for socio-cultural values, personal goals, life-style choices, as well as complex family interactions; services will be delivered in a neutral valued culturally competent manner.

## V. Billable Units

### **Face to face time with the client:**

(Note: Members of the client family are to be defined in consultation with the family and approved by the DCS. This may include persons not legally defined as part of the family)

- Includes client specific face-to-face contact with the identified client/family during which services as defined in the applicable Service Standard are performed.
- Includes crisis intervention and other goal directed interventions via telephone with the identified client family.
- Includes Child and Family Team Meetings or case conferences initiated or approved by the DCS for the purposes of goal directed communication regarding the services to be provided to the client/family.

**Reminder:** *Not included is routine report writing and scheduling of appointments, collateral contacts, court time, travel time and no shows. These activities are built into the cost of the face to face rate and shall not be billed separately.*

**For hourly rates, partial units may be billed in quarter hour increments only. Partial units to be billed are to be rounded to the nearest quarter hour using the following guidelines: 8 to 22 minutes = .25 billable hours, 23 to 37 minutes = .50 billable hours, 38 to 52 minutes = .75 billable hours, 53 to 60 minutes = 1.00 billable hours. All billed time must be associated with a family/client.**

### **Translation or sign language**

Services include translation for families who are non-English language speakers or hearing impaired and must be provided by a non-family member of the client. Dollar for dollar amount.

### **VI. Rates**

Face to Face Maximum rate: \$179.50

Translation or sign language rate: Actual cost

### **VII. Case Record Documentation**

Necessary case record documentation for service eligibility must include:

- 1) A completed, dated, signed DCS referral form authorizing service
- 2) Documentation of regular contact with the referred families/children
- 3) Written reports no less than quarterly or more frequently as prescribed by DCS.

### **VIII. Service Access**

Services must be accessed through a Juvenile Probation/DCS referral unless otherwise specified. Referrals are valid for a maximum of twelve (12) months unless otherwise specified by the Juvenile Probation/DCS. Providers must initiate a reauthorization for services to continue beyond the approved period.

**NOTE:** *All services must be pre-approved through a referral form from the referring DCS. In emergency situations, services may begin with a verbal approval but must be followed by a written referral within 5 days. It is the responsibility of the service provider to obtain the written referral.*

**SERVICE STANDARD**  
**INDIANA DEPARTMENT OF CHILD SERVICES**  
**PARENT EDUCATION**  
**(Revised)**

**I. Service Description**

Parenting education is the provision of structured, parenting skill development experiences. Being a parent is rewarding and challenging and there are not easy answers. Education regarding parenting, discipline and child development is a means to provide parents whose children are “at risk” or have been abused or neglected with tools to assist them in the lifelong task of disciplining, understanding, and loving their children. Parent education is provided in a group setting except for those instances where a family is unable to function appropriately or understand the material in the group setting. Many curriculums such as STAR Parenting Program and Systematic Training for Effective Parenting (STEP), Strengthening Families and Celebrating Families are available to provide this education. Regardless of the curriculum that is used, the following components must be addressed:

Child development

- Nurturing
- Self-control
- Setting limits
- Child’s temperament
- Heredity and Environment
- Birth Order
- Gender roles
- Child’s desire to belong
- Children as observers
- Power and Revenge
- Inadequacy
- Beliefs and feelings
- Encouragement
- Listening and talking
- Owning the problem
- Natural and logical consequences and choices
- Family meetings
- Responding vs. reacting to behavior
- Parenting style
- Age appropriate expectations
- Communicating with teens
- Child abuse and neglect

**II. Target Population**

**Services must be restricted to the following eligibility categories:**

- 1) Children and families who have substantiated cases of abuse and/or neglect, with moderate to high levels of risk and service needs according to the assessment matrix
- 2) Children with a status of CHINS, and/or JD/JS
- 3) All adopted children and adoptive families



### III. Goals and Outcome Measures

#### Goal#1

Ensure that parents participating in the classes are provided with an opportunity improve parenting skills.

#### Outcome Measures

- 1) 100% of the families participating will sign attendance sheets at each session attended.

#### Goal #2

Strengthen and increase the parent's ability to provide for the emotional, physical, and safety needs of their children.

#### Outcome Measures

- 1) 100% of parents participating will complete a pre-test at the initial session.
- 2) 100% of parents participating will complete a post-test at the conclusion of the sessions.
- 3) 90% of the parents completing 75% of the sessions taking the pre and post tests will score higher on the post test.

#### Goal #3

DCS and family satisfaction with services

#### Outcome Measures

- 1) DCS satisfaction will be rated 4 and above on the Service Satisfaction Report.
- 2) 94% of the families who have completed home-based services will rate the services "satisfactory" or above.

### IV. Qualifications

#### **Direct worker (Paraprofessional):**

A high School diploma or GED ~~and that~~ is at least 21 years of age. Must possess a valid driver's license and the ability to use private car to transport self and others, and must comply with state policy concerning minimum care insurance coverage.

#### **Supervisor (Professional):**

Bachelor's Degree in social work, psychology, sociology, or a directly related human service field.

Direct worker and Supervisor must have direct training in the Parent Education curriculum they are teaching.

#### **In addition to:**

- Knowledge of child abuse and neglect
- Knowledge of child and adult development and family dynamics
- Ability to work as a team member
- Strong belief that people can change their behavior given the proper environment and opportunity
- Belief in helping families to change their circumstances, not just adapt to them.

Services will be conducted with behavior and language that demonstrates respect for socio-cultural values, personal goals, life-style choices, as well as complex family interactions; services will be delivered in a neutral valued culturally competent manner.

## V. Billable Units

### Face to face time with the client:

(Note: Members of the client family are to be defined in consultation with the family and approved by the DCS. This may include persons not legally defined as part of the family)

- Includes client specific face-to-face contact with the identified client/family during which services as defined in the applicable Service Standard are performed.
- Includes crisis intervention and other goal directed interventions via telephone with the identified client family.
- Includes Child and Family Team Meetings or case conferences initiated or approved by the DCS for the purposes of goal directed communication regarding the services to be provided to the client/family.

*Reminder: Not included is routine report writing and scheduling of appointments, collateral contacts, court time, travel time and no shows. These activities are built into the cost of the face to face rate and shall not be billed separately.*

**For hourly rates, partial units may be billed in quarter hour increments only. Partial units to be billed are to be rounded to the nearest quarter hour using the following guidelines: 8 to 22 minutes = .25 billable hours, 23 to 37 minutes = .50 billable hours, 38 to 52 minutes = .75 billable hours, 53 to 60 minutes = 1.00 billable hours. All billed time must be associated with a family/client.**

### Group rate

Groups are defined as:

- Minimum of three (3) to maximum of twelve (12) unrelated participants.

### Per person per group hour

When DCS clients are referred to groups where most of the clients are non-DCS referrals. This is available when the nature of group or the geographical location does not support a group composed of primarily DCS clients.

### Translation or sign language

Services include translation for families who are non-English language speakers or hearing impaired and must be provided by a non-family member of the client. Dollar for dollar amount.

## VI. Rates

Face to Face Maximum rate: \$38.00

Translation or sign language rate: Actual cost

**Budget summary must be submitted for all other rates.**

## VII. Case Record documentation

**Necessary case record documentation for service eligibility must include:**

- 1) A completed, dated, signed DCS referral form authorizing service
- 2) Documentation of regular contact with the referred families/children
- 3) Written reports no less than quarterly or more frequently as prescribed by DCS.

**VIII. Service Access**

Services must be accessed through a DCS referral. Referrals are valid for a maximum of twelve (12) months unless otherwise specified by the DCS. Providers must initiate a reauthorization for services to continue beyond the approved period.

***NOTE: All services must be pre-approved through a referral form from the referring DCS. In emergency situations, services may begin with a verbal approval but must be followed by a written referral within 5 days. It is the responsibility of the service provider to obtain the written referral.***

**SERVICE STANDARD**  
**INDIANA DEPARTMENT OF CHILD SERVICES**  
**PARENTING / FAMILY FUNCTIONING ASSESSMENT**

**I. Service Description**

**Testing and Interviews Required**

Parenting/family functioning assessment must include an interview with the adults and children being assessed in their current environment (such as: own home, relative's home, motel room, jail, etc.); completion by adults of standardized test(s) to include a parenting inventory (such as Parent-Child Relationship Inventory; Adult Adolescent Parenting Inventory-2; Family Assessment Device, Version 3; Family Assessment Measure Version III (FAM-III); and/or the Child Abuse Potential Inventory and /or another Standard Risk Assessment Instrument; observation of the parent(s) relationship with the child(ren); completion of an eco-map and/or genograms and a tour of the proposed home environment noting any needs or challenges.

If issues of substance abuse are prevalent during the investigation, a drug/alcohol assessment must also be completed which should include a clinical interview focusing on substance abuse issues and completion of the Substance Abuse Subtle Symptom Inventory (SASSI-3) or another substance abuse assessment tool.

Parenting and family functioning assessments shall include two separate appointments held on different days scheduled at the convenience of the client (to include evenings and weekends).

Failure to maintain confidentiality may result in immediate termination of the service agreement.

**Written Report**

All written reports must include the recommendations regarding services/treatment at the beginning of the report followed by information relating to specific categories. The written assessment must be prepared to include the following:

- 1) identifying information,
- 2) history of significant events, medical history, history of the children (including educational history),
- 3) family socio-economic situation, including income information of the parents and child(ren)
- 4) family composition, structure, and relationships
- 5) family strengths and skills
- 6) family motivation for change
- 7) description of home environment,
- 8) summary of any testing completed,
- 9) summary of collateral contacts,
- 10) assessment of relationship between parent(s), and child(ren), and
- 11) assessor's assessment of the client's ability to safely parent the children.

If assessing parents in separate households, a separate written report must be provided on each parent. The report must also include current issues that jeopardize reunification with either parent if separate as well as a description of ongoing issues that need to be addressed even if the children remain in the home or are returned to the home.

**If a substance abuse assessment was completed, the written report will also include the following:**

- 1) results of the SASSI and any other diagnostic instruments used results and interpretations of the interview data including the DSM-IV diagnosis, and
- 2) recommendations for treatment needs.

## **II. Target Population**

**Services must be restricted to the following eligibility categories:**

- 1) Children and families who have substantiated cases of abuse and/or neglect, with moderate to high levels of risk and service needs according to the assessment matrix
- 2) Children with a status of CHINS, and/or JD/JS
- 3) All adopted children and adoptive families

## **III. Goals and Outcomes**

### **Goal #1**

Timely receipt of report (service must commence within 3 working days of receipt of the referral)

Outcome Measures

- 1) 90% of the evaluation reports will be submitted to the referring DCS case manager within twelve (12) working days of the last appointment or testing completed with the client.

### **Goal #2**

Obtain appropriate recommendations based on information provided.

Outcome Measures

- 1) 100% of reports will meet information requested by DCS.
- 2) 100% of reports will include recommendations for treatment, needed services or indicate no further need for services.

### **Goal #3**

DCS and client satisfaction with service provided.

Outcome Measures

- 1) DCS satisfaction will be rated 4 and above on the Service Satisfaction Report.
- 2) 90% of clients will rate services as satisfactory or above on satisfaction survey.

## **IV. Qualifications**

### **Direct Worker:**

Master's degree in social work, psychology, marriage and family therapy, or related human service field and 3 years related clinical experience or a masters degree with a clinical license issued by the Indiana Social Worker, Marriage and Family Therapist or Mental Health Counselor Board, as one of the following: 1) Clinical Social Worker 2) Marriage and Family Therapist 3) Mental Health Counselor.

### **Supervisor:**

Master's degree in social work, psychology, or marriage and family or related human service field with a current license issued by the Indiana Social Worker, Marriage and Family Therapist or Mental Health

Counselor Board, as one of the following: 1) Clinical Social Worker 2) Marriage and Family Therapist 3) Mental Health Counselor.

Supervision/consultation is to include not less than one (1) hour of face to face supervision/consultation per 20 hours of direct client services provided, nor occur less than every two (2) weeks.

Services will be conducted with behavior and language that demonstrates respect for socio-cultural values, personal goals, life-style choices, as well as complex family interactions; services will be delivered in a neutral valued culturally competent manner.

## V. Billable units

### Face to face time with the client:

(Note: Members of the client family are to be defined in consultation with the family and approved by the DCS. This may include persons not legally defined as part of the family)

- Includes client specific face-to-face contact with the identified client/family during which services as defined in the applicable Service Standard are performed.
- Includes crisis intervention and other goal directed interventions via telephone with the identified client family.
- Includes Child and Family Team Meetings or case conferences initiated or approved by the DCS for the purposes of goal directed communication regarding the services to be provided to the client/family.

*Reminder: Not included is routine report writing and scheduling of appointments, collateral contacts, court time, travel time and no shows. These activities are built into the cost of the face to face rate and shall not be billed separately.*

For hourly rates, partial units may be billed in quarter hour increments only. Partial units to be billed are to be rounded to the nearest quarter hour using the following guidelines: 8 to 22 minutes = .25 billable hours, 23 to 37 minutes = .50 billable hours, 38 to 52 minutes = .75 billable hours, 53 to 60 minutes = 1.00 billable hours. All billed time must be associated with a family/client.

### Translation or sign language

Services include translation for families who are non-English language speakers or hearing impaired and must be provided by a non-family member of the client. Dollar for dollar amount.

## VI. Rates

Face to Face Maximum rate: \$87.50

Translation or sign language rate: Actual cost

## VII. Case Record Documentation

**Necessary case record documentation for service eligibility must include:**

- 1) A completed, dated, signed DCS referral form authorizing services;

- 2) Documentation of regular contact with the referred families/children and referring agency; and
- 3) Written reports no less than quarterly or more frequently as prescribed by DCS.

### **VIII. Service Access**

Services must be accessed through a DCS referral. Referrals are valid for a maximum of twelve (12) months unless otherwise specified by the DCS. Providers must initiate a reauthorization for services to continue beyond the approved period.

***NOTE: All services must be pre-approved through a referral form from the referring DCS. In emergency situations, services may begin with a verbal approval but must be followed by a written referral within 5 days. It is the responsibility of the service provider to obtain the written referral.***

**SERVICE STANDARD**  
**INDIANA DEPARTMENT OF CHILD SERVICES**  
**SUBSTANCE ABUSE ASSESSMENT, TREATMENT, & MONITORING**

**I. Service Description**

Drug addiction is a complex illness. It is characterized by compulsive, at times uncontrollable drug craving, seeking, and use that persist even in the face of extremely negative consequences. For many people, drug addiction becomes chronic, with relapses possible even after long periods of abstinence. Matching treatment settings, interventions, and services to each individual's particular problems and needs is critical to his or her ultimate success in returning to productive functioning in the family, workplace, and society. Treatment does not need to be voluntary to be effective. Strong motivation can facilitate the treatment process. Sanctions or enticements in the family, employment setting, or criminal justice system can increase significantly both treatment entry and retention rates and the success of drug treatment interventions.

Substance abuse negatively affects a parent's social, emotional and physical functioning. Their ability to provide for their children will be impaired and poses a risk to child development, safety and/or well being. Recognizing the "cloak of secrecy" that often surrounds these families, efforts must be made to open lines of communication and be sensitive to a variety of sources in verifying substance abuse and corroborating the effects on children.

**Assessment**

Effective treatment attends to multiple needs of the individual, not just his or her drug use. To be effective, treatment must address the individual's drug use and any associated medical, social, psychological, vocational, and legal problems. A face-to-face clinical interview must take place with each referred individual. In-person sessions provide the ability to provide immediate attention to individuals who may be a danger to themselves or others. Tremors, needle marks, dilated pupils, exaggerated movements, yellow eyes, glazed or bloodshot eyes, lack of eye contact, a physical slowdown or hyperactivity, appearance, posture, carriage, and ability to communicate in person are vital components to the clinical interview.

**The substance abuse assessment must include:**

- 1) Any associated medical, psychological and social history of the client,
- 2) An in-depth drug and alcohol use history with information regarding onset, duration, frequency, and amount of use; substance(s) of use and primary drug of choice; associated health, work, family, person, and interpersonal problems; driving record related to drinking or drug use; past participation in treatment programs,
- 3) Standardized assessment tool for drug/alcohol abuse such as Substance Abuse Subtle Screening Inventory (SASSI), Addiction Severity Index (ASI) Teen Addiction Severity Index (T-ASI), ASI Lite, or the Addiction Society of Medicine Placement Patient Criteria Revised Version II (ASAM PPII), Drug Abuse Screening Test (DAST), Substance Abuse Relapse Assessment (SARA), etc.,
- 4) Results of urine screen with the requested drug panel.

Reports on non-emergency referrals must be delivered within 30 days of the completion of the assessment. For emergency assessments, it is expected that a verbal report will be provided to the referring office within 72 hours and a written report provided within 14 days after the completion of the assessment with the client. It is expected that a client with a history of homelessness, frequently changing employment and/or instability in caring for their children will be addressed realistically regardless of an admission of substance abuse. Recommendations regarding the client's needs must be provided on each assessment. This information should



be used to develop an individualized treatment plan with specific strategies for coping with high-risk situations, slips, and relapses.

### **Treatment & Monitoring**

There are many addictive drugs. Treatments for specific drugs can differ and varies depending on the characteristics of the patient. Problems associated with an individual's drug addiction can vary significantly. People who are addicted to drugs come from all walks of life. Many suffer from mental health, occupational, health, or social problems that make their addictive disorders much more difficult to treat. Even if there are few associated problems, the severity of addiction itself ranges widely among people.

A variety of scientifically based approaches to drug addiction treatment exists. Treatment prescribed for all clients must be evidenced based. Drug addiction treatment can include behavioral therapy (such as counseling, cognitive therapy, or psychotherapy), medications, or their combination. Behavioral therapies offer people strategies for coping with their drug cravings, teach them ways to avoid drugs and prevent relapse, and help them deal with relapse if it occurs. When a person's drug-related behavior places him or her at higher risk for AIDS or other infectious diseases, behavioral therapies can help to reduce the risk of disease transmission. Case management and referral to other medical, psychological, and social services are crucial components of treatment for many patients.

Change does not happen all at once. Much of the early change process takes place internally as a person weighs whether change is worth the time and effort required. Treatment must help the client to identify the events that typically precede their substance use, as well as the consequences that may reinforce that use. Individual and/or group treatment to assist the client toward change may include any or all of the following:

- Consciousness raising
- Self-revelations
- Weighing pros and cons
- Environmental reassessment
- Problem solving
- Stimulus control-triggers
- Stress
- Assertiveness
- Refusal skills
- Thought management
- Cravings and urges
- Alternatives to using
- Social Support
- Identifying needs and resources
- Goal Setting
- Relapse Prevention Planning
- Role play
- Role clarification

Following the assessment of each client, the service provider must inform the referring worker of the expected number of treatment sessions to be provided to each client. The service provider must contact the referring worker by phone or email to relay important information regarding the client such as active drug use that affects parenting abilities as situations develop. Copies of treatment plans, progress reports with recommendations for each court hearing and discharge summaries with prognosis and recommendations must be provided to the referring worker in a timely manner. If self-help groups (such as AA/NA) are part of the

support of treatment process, the service provider must provide a means to document and verify attendance at such programs. Aftercare plans must be identified for all clients completing outpatient services.

Services must be available to clients who have limited daytime availability. The service provider must identify a plan to engage the client in the process, a plan to work with non-cooperative clients including those who believe they have no problems to address as well as working with special needs clients such as those who are mentally ill or developmentally delayed.

No-show alert forms will be provided by the contracted agency to inform the referring worker of the client's failure to attend sessions based on five no-shows and ten no-shows. After ten no-shows, the client will be administratively discharged. Any client who is administratively discharged must request a new referral from the referring worker to begin receiving services again.

## **II. Target Population**

**Services must be restricted to the following eligibility categories:**

- 1) Children and families who have substantiated cases of abuse and/or neglect, with moderate to high levels of risk and service needs according to the assessment matrix
- 2) Children with a status of CHINS, and/or JD/JS
- 3) All adopted children and adoptive families

## **III. Goals and Outcome Measures**

### **Goal #1**

Timely receipt of report to prepare for services/court.

Outcome Measures:

- 1) For non-emergency assessments: 100% of the written reports will be received by referring worker 14 days after the completion of the assessment with the family.
- 2) For emergency assessments: 100% of Verbal reports will be received by the referring worker within 72 hours; written report received by the referring worker 14 calendar days after the assessment with the family.

### **Goal #2**

Recommendations relevant and based on documentation in the body of the report.

Outcome Measures:

- 1) 100% of recommendations prepared as a result of the assessment are appropriate based on interviews, observations, review of other records, and completion of test instruments.
- 2) Abstinence or decrease use of alcohol or drugs.
- 3) Improvement of work or improvement of educational status
- 4) Stable living situation.
- 5) Decrease involvement with the criminal justice system

### **Goal #3**

Drug screens will be provided to the referring worker in a timely fashion.

Outcome Measures:

- 1) 100% of positive reports will be reported verbally by phone, voice mail or email within 24 hours of receiving the results of the urine screen. Written reports of the urine screen will be mailed/faxed to the referring worker within 24 hours of receipt of laboratory results.

- 2) Decreasing evidence of illicit drugs in drug screens.

#### Goal #4

No-show alert forms based on five no-shows and ten no-shows will be provided to the referring worker.

Outcome Measures:

- 1) 100% of no-show alerts will be provided to referring worker immediately following the select number of no-shows. After 10 no-shows, the client will be discharged from services.
- 2) Retention – Improvement in length of stay in treatment.

#### Goal #5

Referring worker will be provided treatment plan and sessions needed for progress to occur for each client referred.

Outcome Measures:

- 1) 100% of referred clients will have a treatment plan developed following the assessment with the treatment plan provided to the referring worker within 10 days of completion.

#### Goal #6

DCS and client satisfaction with services

Outcome Measures:

- 1) DCS satisfaction will be rated 4 and above on the Service Satisfaction Report.
- 2) 80% of the clients who have completed substance abuse assessment and treatment services will rate the services “satisfactory” or above.

### **IV. Qualifications**

Minimum Qualifications:

- 1) Master’s degree in social work, counseling or psychology with at least three years experience providing substance abuse services and a current license issued by the Indiana Social Worker, Marriage and Family Therapist and Mental Health Counselor Board, as one of the following: 1) Clinical Social Worker, 2) Marriage and Family Therapist, or 3) Mental Health Counselor or certified by the Division of Mental Health Administration to provide addiction services, or
- 2) An alcohol and drug abuse counselor certified by the National Association of Alcoholism and Drug Abuse Counselors Certification Commission (NAADAC), or by the International Certification Reciprocity Consortium/Alcohol and Other Drug Abuse (ICRC), or by the National Board of Certified Counselors, Inc and Affiliates/Master Addictions Counselor (NBCC).
- 3) Sample collection does not require the services of a certified drug abuse counselor. The person providing this service must be highly training in sample collection and the chain of custody procedures to document the integrity and security of the specimen from time of collection until receipt by the laboratory.

Supervision/consultation is to include not less than one (1) hour of face to face supervision/consultation per 20 hours of direct client services provided, nor occur less than every two (2) weeks.

Services will be conducted with behavior and language that demonstrates respect for socio-cultural values, personal goals, life-style choices, as well as complex family interactions; services will be delivered in a neutral valued culturally competent manner.

### **V. Billable Units**

**Face to face time with the client:**

(Note: Members of the client family are to be defined in consultation with the family and approved by the DCS. This may include persons not legally defined as part of the family)

- Includes client specific face-to-face contact with the identified client/family during which services as defined in the applicable Service Standard are performed.
- Includes crisis intervention and other goal directed interventions via telephone with the identified client family.
- Includes Child and Family Team Meetings or case conferences initiated or approved by the DCS for the purposes of goal directed communication regarding the services to be provided to the client/family.

*Reminder: Not included is routine report writing and scheduling of appointments, collateral contacts, court time, travel time and no shows. These activities are built into the cost of the face-to-face rate and shall not be billed separately.*

For hourly rates, partial units may be billed in quarter hour increments only. Partial units to be billed are to be rounded to the nearest quarter hour using the following guidelines: 8 to 22 minutes = .25 billable hours, 23 to 37 minutes = .50 billable hours, 38 to 52 minutes = .75 billable hours, 53 to 60 minutes = 1.00 billable hours. All billed time must be associated with a family/client.

**Per person per group hour**

When DCS clients are referred to groups where most of the clients are non-DCS referrals. This is available when the nature of the group or the geographic location does not support a group composed of primarily DCS clients

**For hourly rates, partial units may be billed in quarter hour increments only. Partial units to be billed are to be rounded to the nearest quarter hour using the following guidelines: 8 to 22 minutes = .25 billable hours, 23 to 37 minutes = .50 billable hours, 38 to 52 minutes = .75 billable hours, 53 to 60 minutes = 1.00 billable hours. All billed time must be associated with a family/client.**

**Drug Screens**

Actual cost of the screens. The provider is to present a list of the drug screens available with the total cost of each drug screen or set of drug screens. The DCS will specify which drug screen or screens they are authorizing for each client on the authorizing referral form.

**Translation or sign language**

Services include translation for families who are non-English language speakers or hearing impaired and must be provided by a non-family member of the client. Dollar for dollar amount.

**VI. Rates**

Face to face Maximum Rate: \$118.00

Budget summary must be submitted for other rates.

**VII. Case Record Documentation**

Necessary case record documentation for service eligibility must include:

- 1) A completed, dated, signed DCS referral form authorizing service
- 2) Documentation of regular contact with the referred families/children
- 3) Written reports no less than quarterly or more frequently as prescribed by DCS.

### **VIII. Service Access**

Services must be accessed through a DCS referral. Referrals are valid for a maximum of twelve (12) months unless otherwise specified by the DCS. Providers must initiate a reauthorization for services to continue beyond the approved period.

***NOTE: All services must be pre-approved through a referral form from the referring DCS. In emergency situations, services may begin with a verbal approval but must be followed by a written referral within 5 days. It is the responsibility of the service provider to obtain the written referral.***

**SERVICE STANDARD**  
**INDIANA DEPARTMENT OF CHILD SERVICES**  
**VISITATION FACILITATION-PARENT / CHILD / SIBLING**  
**(Revised)**

**I. Service Description**

**It is the fundamental right for children to visit with their parents and siblings.** The relationship developed by the child with the parent is one of bonding, dependency, and being nurtured, all of which must be protected for the emotional well being of the child. It is of extreme importance for a child not to feel abandoned in placement by either the child's parents or by other siblings, and for a child to be reassured that no harm has befallen either parent or siblings when separation occurs.

Visit facilitation will be provided between parents/children and/or siblings only who have been separated due to a substantiated allegation of abuse or neglect. Visitation allows the child an opportunity to reconnect and reestablish the parent/child/sibling relationship in a safe environment. It is an excellent time for parents to learn and practice new concepts of parenting and to assess their own ability to parent through interaction with the child. Supervised visitation allows the DCS to assess the relationship between the child and parent and to assist the parent in strengthening their parenting skills and developing new skills. In situations where reunification is not the goal for the family and siblings are separated, sibling visitation may be provided under this service.

The visitation provider provides a positive atmosphere where parents and children may interact in a safe, structured environment. Visitation may be held in a visitation facility; neutral sites such as parks, fast food restaurant with playground, or shopping malls; child's own home or relative's home; foster home; or other location as deemed appropriate by the referring DCS and other parties involved in the child's case taking into consideration the child's physical safety and emotional well being.

**Referral process**

In order for positive and productive visitation to occur, a referral form (*in addition to the IV-B referral form*) will be provided by the visitation facility for completion by the child's case manager to obtain information such as:

- 1) desired/allowable location of visits (such as facility, neutral space, foster home, own, home, etc.), length of visits, number of visits requested per week,
- 2) placement of the child and contact information,
- 3) who may participate in visits with contact information and relationship to child,
- 4) who is restricted from visits,
- 5) level of supervision requested (such as in-room, drop-in during visit, audio monitored, video monitored, semi-supervised, unsupervised, etc),
- 6) what is expected of the parents or other approved person(s) regarding prior preparation related to bottle feeding, meals and snacks, change of clothes if needed, diapers and wipes, etc.,
- 7) restricted activities, if any, and
- 8) consequences when parents do not attend visits as planned and agreed upon (this may include no showing or being consistently late or consistently leaving early);
- 9) circumstances under which visits may be limited or terminated (such as parent or child has head lice, parent under influence of mood altering substance, parent's intimidating or threatening behavior, inability of parent to manage children's behavior in structured setting, etc.); and
- 10) other information pertinent to the visits.

The referral form will provide adequate information for the visitation facility to develop a visitation plan with input from the child's placement and biological/legal parents and foster parents to activate the referral.

Upon receiving the referral from the DCS, the agency will contact all parties to set up the visits taking into consideration the ability of the parent to attend based on work schedules and the foster parent or relative caregiver ability to ensure attendance of the child. Every attempt must be made for visitation to be scheduled within 5 working days of receipt of the referral. All cancelled visits by the parent or visit facilitator must be reported to the referring DCS as soon as possible after the decision to cancel indicating who cancelled and the reason for cancellation.

### **Visit Observation and Reporting**

Professional and/or paraprofessional staff will assist the family by monitoring, strengthening, teaching, demonstrating, and/or role modeling appropriate skills in the following areas:

- Establishing and/or strengthening the parent-child relationship
- Instruction parents in child care skills such as feeding, diapering, administering medication if necessary, proper hygiene
- Teaching positive affirmations, praising when appropriate
- Providing instruction about child development stages, current and future
- Teaching age-appropriate discipline
- Teaching positive parent-child interaction through conversation and play
- Providing opportunities for snack and meal prep with children present
- Responding to child's questions and requests
- Teaching safety regarding age-appropriate toys, climbing, running, jumping, or other safety issues depending on the environment
- Managing needs of children of differing ages at the same time
- Helping parents gain confidence in meeting their child's needs
- Identifying and assessing potentially stressful situations between parent and their children
- Giving parents an opportunity to decide whether they are willing and able to pursue reunification

**At each visit, the visitation facilitator will accurately document for the referring DCS the following information:**

- 1) date, location, and level of supervision of visit;
- 2) those in attendance at the visit;
- 3) time of arrival and departure of all parties for the visit;
- 4) greeting and departure interaction between parent and child/ren;
- 5) positive interactions between parent and child;
- 6) planned activities by the parent for visit;
- 7) interventions required, if any and parent's response to direction provided with regard to interventions;
- 8) ability and willingness of parent to meet child's needs as requested by child or facilitator;
- 9) recommendation regarding level of supervision of follow up visits based on on-going demonstration of ability by the parents and comfort level of the child/ren;
- 10) tasks given to the parent to be completed prior to or at the next visit, etc.

**Additionally, the following items apply:**

- 1) Visitation staff must respect confidentiality. Failure to maintain confidentiality may result in immediate termination of the service agreement.

- 2) Family Case Managers will be notified by phone immediately when inappropriate behavior occurs with either parent in a visit that affects the ability of the visit to continue or the safety of the child.
- 3) Services must demonstrate respect for sociocultural values, personal goals, life style choices, and complex family interactions and be delivered in a culturally competent fashion.
- 4) Attendance at case conferences may be required as well as testimony and/or court appearances at review or permanency hearings for the child.
- 5) Documentation regarding subjective information must be followed by examples of the situation for clarification. The documentation of the visit must be provided to the referring DCS no less than 3 days following the visit.
- 6) Provider understands that documentation will be shared with the child's parents, foster parents or other placement of the child, the child's therapist, and other parties in the case to assist in decision making regarding decreased or increased levels of supervision and reunification.

## **II. Target Population**

**Services must be restricted to the following eligibility categories:**

- 1) Children and families who have substantiated cases of abuse and/or neglect, with moderate to high levels of risk and service needs according to the assessment matrix
- 2) Children with a status of CHINS, and/or JD/JS

## **III. Goals and Outcome Measures**

### **Goal #1**

Ensure that all children removed from their parents have the opportunity to visit their parents/siblings on a regular basis.

#### **Outcome Measures**

- 1) 90% of the families will actively and appropriately participate during visits.

### **Goal # 2**

Strengthen and increase the parent's ability to provide for the emotional and physical needs as well as the safety of their children.

#### **Outcome Measures**

- 1) 85% of parents served will recognize and respond to their children's cues regarding their needs and wants.
- 2) 85% of the parents provide an emotionally stable and safe level of care to meet the needs of their children during visits.
- 3) 90% of parents will arrive with previously requested items by the visit facilitator for the children such as diapers, food, etc. and be prepared a meal or snack if expected.

### **Goal # 3**

Provide accurate and timely information in the child's case so that informed decisions may be made regarding reunification and permanency for the child.

#### **Outcome Measures**

- 1) 98% of visitation reports will be received weekly by the DCS of the visitation or immediately when inappropriate behavior occurs with either parent.



#### Goal #4

DCS and family satisfaction with services

Outcome Measures

- 1) DCS satisfaction will be rated 4 and above on the Service Satisfaction Report.
- 2) 94% of the families who have completed home-based services will rate the services “satisfactory” or above.

#### IV. Qualifications

##### **Direct Worker (Paraprofessional):**

**A high school diploma or GED; one (1) year full-time experience in child care in an organized setting or experience as a parent and is at least 21 years of age.**

##### **Direct Worker (Professional):**

Bachelor's degree in social work, psychology, sociology, or a directly related human service field.

##### **Supervisor:**

Master's degree in social work, psychology, or directly related human services field.

Supervision/consultation is to include not less than one (1) hour of face to face supervision/consultation per 20 hours of direct client services provided, nor occur less than every two (2) weeks.

Services will be conducted with behavior and language that demonstrates respect for socio-cultural values, personal goals, life-style choices, as well as complex family interactions; services will be delivered in a neutral valued culturally competent manner.

#### V. Billable Units

##### **Face to face time with the client:**

(Note: Members of the client family are to be defined in consultation with the family and approved by the DCS. This may include persons not legally defined as part of the family)

- Includes client specific face-to-face contact with the identified client/family during which services as defined in the applicable Service Standard are performed.
- Includes crisis intervention and other goal directed interventions via telephone with the identified client family.
- Includes Child and Family Team Meetings or case conferences initiated or approved by the DCS for the purposes of goal directed communication regarding the services to be provided to the client/family.

**Reminder:** *Not included is routine report writing and scheduling of appointments, collateral contacts, court time, travel time and no shows. These activities are built into the cost of the face to face rate and shall not be billed separately.*

**For hourly rates, partial units may be billed in quarter hour increments only. Partial units to be billed are to be rounded to the nearest quarter hour using the following guidelines: 8 to 22 minutes = .25**

**billable hours, 23 to 37 minutes = .50 billable hours, 38 to 52 minutes = .75 billable hours, 53 to 60 minutes = 1.00 billable hours. All billed time must be associated with a family/client.**

### **Translation or sign language**

Services include translation for families who are non-English language speakers or hearing impaired and must be provided by a non-family member of the client. Dollar for dollar amount.

## **VI. Rates**

Face to Face Maximum rate: \$52.00

Translation or sign language rate: Actual cost

## **VII. Case Record Documentation**

**Necessary case record documentation for service eligibility must include:**

- 1) A completed, dated, signed DCS referral form authorizing service
- 2) Documentation of regular contact with the referred families/children
- 3) Written reports no less than quarterly or more frequently as prescribed by DCS.

## **VIII. Service Access**

Services must be accessed through a DCS referral. Referrals are valid for a maximum of twelve (12) months unless otherwise specified by the DCS. Providers must initiate a reauthorization for services to continue beyond the approved period.

***NOTE: All services must be pre-approved through a referral form from the referring DCS. In emergency situations, services may begin with a verbal approval but must be followed by a written referral within 5 days. It is the responsibility of the service provider to obtain the written referral.***

**SERVICE STANDARD**  
**INDIANA DEPARTMENT OF CHILD SERVICES**  
**SEX OFFENDER TREATMENT;**  
**VICTIMS OF SEX ABUSE TREATMENT**  
**(Revised)**

## **I. Service Description**

Sex offender specific treatment is designed to improve public safety by reducing the risk of reoccurring sexually based offenses. It is an intervention carried out in a specialized program containing a variety of cognitive behavioral and psycho-educational techniques that are designed to change offense supportive beliefs and attributions, improve handling of negative emotions, teach behavioral risk management, and promote pro-social behavior. Because programming will rely on a containment approach, providers shall work closely with local service and treatment agencies to enhance the community's response to sexual offending. Along with sexual offender specific treatment, containment teams shall be established for each referral in order to ensure consistency in service delivery and decision-making and foster collaboration. Programming will provide services to children and their families who are referred by the Department of Child Services, the local Juvenile Court, and/or the local Juvenile Probation Department.

All referred cases shall follow a continuum that provides the following:

- 1) Risk and needs assessment for sexual offenders: **(emergency and non-emergency)**  
Assessments must include the following components: Youth, family and community strengths; cognitive functioning; social/developmental history; current individual functioning; current family functioning; delinquency and conduct/behavioral issues; substance use and abuse; mental health assessment; sexual evaluation; community risk and protective factors; awareness of victim impact; external relapse prevention systems including informed supervision amenable to treatment and treatment recommendations. It must also include an assessment of risk using the ERASOR (Estimated Risk of Adolescent Sexual Offender Recidivism).
- 2) Risk and needs assessment for victim sex abuse assessment **(emergency and non-emergency)**  
Assessments must include the following components: Presenting issue; history of abuse; familiar history; social/developmental history; developmental competence; sexual evaluation; substance use and abuse; assessment of risk in home, community risks and protective factors; youth, family and community strengths; treatment recommendations.
- 3) Containment Teams for offenders  
Traditional supervision practices do not adequately address the unique challenges and risks that sexually maladaptive youth pose to the community. Therefore it is expected that the provider will establish a "network" of family members, friends, teachers, coaches and any other community members or professionals who are committed to the success of the youth, to provide intensive monitoring of the youth in the home, school and community. This monitoring will occur 24 hours a day while the youth receives treatment.
- 4) Treatment must include individual, group and family components for both sex offenders and victims of sex abuse including the following:
  - a. Case-specific treatment components through individual therapy including addressing personal history of sexual victimization and behavioral techniques designed to modify deviant sexual arousal if appropriate

- b. Core treatment modules through group therapy including: psycho-education about the consequences of abusive behavior; increasing victim empathy, identifying personal risk factors, promoting healthy sexual attitudes and beliefs; social skills training; sex education; anger management and relapse prevention as appropriate
- c. Parent components including: engendering support for treatment and behavior change; encouraging supervision and monitoring; teaching recognition of risk signs and promoting guidance and support to their teenager.
- d. Relapse prevention if appropriate
- e. Polygraph testing if appropriate
- f. Family and victim support services
- g. Compliance monitoring and reporting

Further, service providers shall strive to enhance the community's awareness of the dynamics of sexual abuse by providing the following:

- a. Community awareness projects
- b. Interdisciplinary training

## **II. Target Population**

Services must be restricted to the following categories:

- 1) Youth, under the age of eighteen (18), experiencing sexually maladaptive behaviors, who are under the supervision of the local Division of Child Services, the local Juvenile Probation Department, and/or the local Juvenile Court. Family members are included in services.
- 2) Children who are victims of a sex offense and their families.
- 3) Children and families who meet the requirements for CHINS 6; or
- 4) A family with a child (offender or victim) at imminent risk of placement.
- 5) Probation youth shall be included if they meet the criteria of 1, 2, 3 and/or 4 and the required case record documentation (referral, case plan and risk assessment) is provided to the local DCS for case processing.

## **III. Goals and Outcome Measures**

Goal #1:

Timely initiation of services with the family.

Outcome Measures

- 1) Emergency Assessments: Initial recommendations must be provided to the referring worker within 48 hours of the assessment with a full assessment report to the worker within 72 hours of the assessment (by email).
- 2) Non-Emergency Assessments: A full assessment report must be available within fourteen calendar days of the referral (by email).
- 3) Treatment: The initial treatment plan including measurable goals, specific steps to be taken to meet those goals and estimated timeframes for completing each goal must be sent to the referring worker within fifteen calendar days of the first face-to-face contact with the client (by email).
- 4) Monthly progress must be completed and sent to the referring worker by email by the 10<sup>th</sup> of each month for the previous month. Reports must contain progress made since the previous report in each goal.

Goal #2:

Programming shall include a “full service” response including, but not limited to all of the components identified in the service standards.

**Outcome Measures**

- 1) A clinical audit undertaken by a DCS employee will find documentation relating to all of the required components.

**Goal #3:**

A Containment Team shall be implemented for each family referred to services. The Team approach will allow for families to participate in the decision making process regarding their family.

**Outcome Measures**

- 1) 100% of all children/families referred for treatment will have a fully functional network in place within 60 days of the initial face-to-face contact and will thereafter meet monthly to review the adolescent’s progress, strengths and needs.
- 2) 100% of these meetings will have minutes prepared with action steps identified together with person(s) responsible for completing those steps. These minutes will be included with the monthly progress reports sent to the referring workers.

**Goal #4:**

Service providers shall work closely with local service and treatment agencies in order to enhance the community’s response to sexual offending.

**Outcome Measures**

- 1) Selected providers will develop and promote quarterly community education opportunities regarding child/adolescent sexual abuse issues.

**Goal #5:**

Youth participating in the program will have no behavioral issues and/or probation violations.

**Outcome Measures**

- 1) 90% of youth/families participating in the program will not have any delinquency charges and/or probation violations during the treatment phase.
- 2) 75% of youth who successfully complete the program will not have any delinquency charges and/or probation violations within 12 months of completing the program.

**IV. Qualifications**

**Minimum qualifications:** Master’s degree in a behavioral health science. Service providers will only utilize professionals who are specifically trained and are licensed practitioners. Training can occur through the University of Louisville, KY, Ohio University, OH, the Indiana Association for Juvenile Sex Offender Practitioners, or an equivalent recognized credentialed authority.

Further, staff members shall be knowledgeable of the dynamics surrounding child abuse/neglect, be knowledgeable of child and adult development and family dynamics, and also knowledgeable of community resources.

**V. Billing Units**

**Face to face time with the client:**

(Note: Members of the client family are to be defined in consultation with the family and approved by the DCS. This may include persons not legally defined as part of the family)

- Includes client specific face-to-face contact with the identified client/family during which services as defined in the applicable Service Standard are performed.
- Includes crisis intervention and other goal directed interventions via telephone with the identified client family.
- Includes Child and Family Team Meetings or case conferences initiated or approved by the DCS for the purposes of goal directed communication regarding the services to be provided to the client/family.

**Reminder:** *Not included is routine report writing and scheduling of appointments, collateral contacts, court time, travel time and no shows. These activities are built into the cost of the face to face rate and shall not be billed separately.*

**For hourly rates, partial units may be billed in quarter hour increments only. Partial units to be billed are to be rounded to the nearest quarter hour using the following guidelines: 8 to 22 minutes = .25 billable hours, 23 to 37 minutes = .50 billable hours, 38 to 52 minutes = .75 billable hours, 53 to 60 minutes = 1.00 billable hours. All billed time must be associated with a family/client.**

**Translation or sign language:**

Services include translation for families who are non-English language speakers or hearing impaired and must be provided by a non-family member of the client. Dollar for dollar amount.

**Polygraphs**

**Polygraphs must be purchased from a licensed provider. Polygraphs are a unit rate and the provider must tell what their rates are. The intent of the polygraph is for the sex offender only.**

**VI. Rates**

**Budget Summary must be submitted for rates.**

**VII. Case Record Documentation**

Necessary case record documentation for service eligibility must include:

- 1) A DCS referral form, **Juvenile** Court Order, or written referral from the Juvenile Probation Department;
- 2) Documentation of regular contact with the referred families/children and referring agency;
- 3) Written reports regarding each assessment;
- 4) Written minutes regarding each containment team meeting.
- 5) Written monthly progress reports

**VIII. Service Access**

Referrals will be submitted via a DCS service referral, Juvenile Probation Department written referral (with written notification to the DCS with corresponding case processing information and/or the Court Order of the Juvenile Court (with written notification to the DCS with corresponding case processing information. Referrals are valid for a maximum of six (6) months unless otherwise specified by the DCS, Juvenile Court, or Juvenile Probation Department. Providers must initiate a reauthorization for services to continue beyond the approved period.

# **PREVENTION SERVICES**

## **SERVICE STANDARDS**

**SERVICE STANDARD**  
**INDIANA DEPARTMENT OF CHILD SERVICES**  
**COMMUNITY PARTNERS FOR CHILD SAFETY**

**I. Service Description**

The purpose is to provide a secondary child abuse prevention service that can be delivered in every region in the state. This service will build community supports for those families that are identified through self-referral or other community agency referral to a service that will connect families to the resources needed to strengthen the family and prevent child abuse and neglect. It is intended that through the delivery of prevention services that the need for referral to Child Protective Services will not be necessary.

Community partners include, but are not limited to: schools, social services agencies, health care providers, public health, hospitals, child care providers, community mental health agencies, local DCS offices, child abuse prevention agencies like Healthy Families and local Prevent Child Abuse Councils, Youth Services Bureaus, Child Advocacy Centers, faith-based community, Twelve Step Programs. In general, each community defines its own partnerships. However, Local Offices of the Department of Child Services are required by the Director of DCS to be a partner. DCS must be a partner because Child Protective Services Investigators frequently identify families that could benefit from services, but do not have a substantiated case of child abuse. It is believed that if these families receive supportive services that they are less likely to have a substantiated case of child abuse in the future.

**Communities for Child Safety Grantees must deliver the following outcomes to the community/region as defined below to families:**

- A Community Partnership Project Manager is recruited and hired by the agency. The Project Manager develops and initiates the program effort as identified by the Regional Service Council and is qualified by credentials to be the Project Manager of the Community for Child Safety Program.
- An identified group of community partners.
- The partners must assume multiple roles including: referral source, provider of supportive services to a specific family (ies), potential provider of funding for the program as a whole or as a support to identified specific families, service administration and/or governance.
- Maintain the agency/community mission, vision, and goals.
- Strategy for governance that can be the Regional Service Council or an independent governance council as chosen by each region and approved by the Regional Service Council. That at a minimum includes: a governing or managing board, board committees that assure program integrity, desired outcomes and trends that affect/impact outcome, training and curriculum for training, assessment and planning, sustainability including funding. Governance membership must include community partners and other identified community leaders.
- Identify a strategy for establishing a consumer advisory board. Must include parents that have successfully completed the program and parents that live in the community.
- Maintain service delivery site, number of staff needed to continue service delivery, administrative efforts necessary to continue to accept referrals and serve families.
- Provision of on-going training for staff development, service delivery, community collaboration and partnerships. Curriculum will be selected by DCS.

**Communities for Child Safety Grantees must deliver the following services to identified families:**

- On-call staff availability for crisis intervention counseling and referral if needed



- Strengths-based, family focused assessment to identify families' stability, safety, and strengths. The intake or assessment tool used for this may be selected by the grantee.
- The "Parenting Inventory for Community Partners" will be used to measure improvement in family functioning.
- Development of family service plans that include no more than 3 active goals that families identify as goals. The development of these plans may include a solution-focused family case conference in which all persons chosen by the family are involved in the conference. Members present may assist with planning and goal development.
- Referrals to resources and supports in the community.
- Support and advocacy services to families.
- Development of classes and support groups for families as identified and needed (parenting skills building, life skills development, and self improvement).
- Participation and involvement in neighborhood and community events that support families.
- Development of relationships with agencies in the community that support families through referral of families, funding to the agency as a whole or to specific families within the program, and that , in general, will act as a partner in the delivery of services .
- Voluntary enrollment of referred families.
- Provision of home based family visitation program through which workers provide supportive services.
- Referred families will have a documented form of attempted contact from the agency within 5 working days from the date of referral.
- Families will work on each identified goal and accomplish one goal at a time; that goal can be replaced as long as there are no more than 3 goals.
- Service delivery will be as long as it takes to meet the goals identified by the family. During the service delivery time family must be actively engaged in goal accomplishment. Family may voluntarily withdraw from the program.
- Families will be terminated from the program within 10 days of reaching their goals.
- Families may be re-referred as many times as necessary as long as there is no substantiated case of abuse or neglect.
- Families will **not** have a substantiated case of abuse or neglect during their time in this program. If they have a substantiated case, the Local Office of Department of Child Services will determine the services needed by this family by the coercive intervention of the court, and this family will no longer receive services from this voluntary program.
- Parents who have successfully completed the program may be engaged as partners in service delivery to other families.

## II. Service Delivery Requirements

- Must identify one provider (administrative entity) to oversee service delivery in each region.
- Must employ a Project Manager to develop the partnerships, service delivery mechanisms, and governance.
- Must identify community partners that shall be actively involved as partners as established earlier in the service standard (section I, paragraph 2).
- Must establish governance that can be the Regional Service Council or an independent governance council as chosen by each region and approved by the Regional Service Council.
- Must establish a consumer advisory council.
- Must have a plan for delivery of staff and community training from a curriculum approved by DCS. DCS will approve any training plan that incorporates training on the assessment tool chosen by the agency for intake purposes. The assessment tool that has been chosen is the "Parenting Inventory for Community Partners". This will be used to measure improvement over time. The agency is also

expected to provide or arrange for training for home visitation programs like: domestic violence, addictions, mental health, home visitor safety, specific interventions, basic home visitor skills, and engaging families. DCS will not pay for this kind of training since it is intrinsic to home visitation services. It is further assumed that if an agency is awarded a contract for Community Partners for Child Safety that the agency will be knowledgeable about home visitation programs as well as types of training needed for these programs. If, through the course of the contract, it is determined that training is needed that is not available, the agency should notify the DCS staff consultant. Arrangements will be made to incorporate the training at The Institute for Strengthening Families, offered by DCS twice per year. It is also possible that training can be made available to staff through the contract with Indiana University that is used by Healthy Families staff and made available through e-learning modules. More information will be available on this in the future.

- Must be a home visitation program.
- Must have a plan for recruiting and identifying staff as family referrals increase.
- Must have a plan for receiving and tracking referrals.
- Must have a plan for attempting to conduct face to face contacts within 5 working days from date of referral.
- Must have a plan for engaging families to participate in voluntary services.
- Must know the services available in the community and be prepared to subcontract for those services if necessary and arrange for services if not available. For example, if parenting classes are identified as a need, there is sufficient funding in the reimbursement to develop and deliver these services. It is, however, anticipated that the home visitor will assist the family in meeting its goals without referral to other agencies; however, it is recognized that in some regions, it may be less expensive to subcontract for services due to travel costs. It is also likely that in some cases, agencies that are within the county/city/neighborhood will be more familiar to families and therefore, more likely to succeed in assisting families in meeting their goals.
- **Work with Partnertude, a database system to develop a plan for gathering and aggregating quantitative and qualitative data identified by DCS. These data will be required for quarterly reporting to DCS. At a minimum, grantees will be expected to gather the following information:**
  - \* Date of referral
  - \* Date of consent
  - \* Date of assessment and assessment data
  - \* Date(s) of face-to-face contact(s).
  - \* Family goal(s)
  - \* Date goal was met

As each event occurs, all data will be entered into Partnertude within 5 working days. Specific client files will contain assessment tools, goal(s) identified in the family service plan and other kinds of family-specific detail. This information will be collected and reported to DCS as soon as service delivery begins by the agency. This information will be entered into the state Partnertude data system. Information about the data system will be shared with providers as soon as specific data elements are identified. Reports will be obtained from Datatude, Inc., the vendor that has been selected to develop and monitor the Community Partners program. There will be no need for written reports. The provider will assure that all the data elements are completed in the state data system. Ultimately, even monthly claims may be submitted based on the information in this system.

- Must be willing to accept assistance from the DCS appointed persons responsible for the development of this service.

### **III. Target Population**

#### **A. Services must be restricted to the following eligibility categories:**

- 1) Children and families for whom a child protection service investigation has not been substantiated
- 2) Families that have been referred by a community partner or who self refer due to a determination that, with timely, effective, and appropriate prevention support services, family functioning can be improved and child abuse and neglect prevented.
- 3) Families that do **not** meet the criteria for Healthy Families participation.

**B. For purposes of evaluation, upon completion of services people/families will be classified as belonging to one of three categories of services:**

- 1) Information and referral (I&R),
- 2) Seven face-to-face contacts or less
- 3) Eight face-to-face contacts or more

**IV. Goals**

Goal #1

Prevent CPS referrals and prevent families from entering the DCS system.

Outcome Measures

- 1) All data will be recorded in Partnertude.
- 2) 100% of referred families will receive information about Community Partners. A referred family that requests only speaking with an agency to get their questions answered or for a referral to other community resources, shall be documented as a telephone or face to face contact.
- 3) 90% of families referred will receive a telephone call or a drop by contact within 5 working days of referral. (Documentation of all service activities is required).
- 4) 75% of families will have a minimum short term services to consist of at least one referral to Community Partners and/or community resources.
- 5) 50% of referrals will engage in home based services: have a face to face contact, a signed family consent form, a completed initial assessment, and at least one identified goal.
- 6) 90% of the families participating in home based or community based service (has consent) will have a service plan that identifies at least one goal but no more than 3 active goals.
- 7) A) 90% of families with 8 or more face-to-face contacts will have a second assessment of family functioning  
 B) 75% of families will show improvement in family functioning after a minimum of 8 face-to-face contacts.  
 C) 75% of families with consent will accomplish at least one goal as identified in the family service plan.
- 8) 75% of families receiving 8 or more face-to-face contacts will not have a substantiated child abuse case following the 8<sup>th</sup> contact for a period of 12 months after discharge.
- 9) 100% of participants who become clients of the agency will be terminated within 10 working days after final goal completion and when the family agrees that

services are no longer needed.

## Goal #2

Regional Service Council (RSC) and family satisfaction with services

### Outcome Measures

- 1) RSC will rate the services as “satisfactory” or above if 75% of families receiving 8 or more face-to-face contacts do not have a substantiated case of child abuse following the 8<sup>th</sup> contact for a period of 12 months after discharge.
- 2) 75% of families receiving 8 or more face-to-face contacts, will demonstrate improvement in family functioning as measured by the Parenting Inventory for Community Partners or other standardized tool approved by the Department of Child Services.
- 3) 90% of the families who have participated in prevention activities will rate the services “satisfactory” or above (using a uniform client satisfaction survey).

## V. Required Activities

The Community Partners for Child Safety Program is intended to be a community-based program with design flexibility at the local level. However, it is imperative that some program elements be required. This section identifies program requirements.

- Upon completion of services, people/families will be documented in one of three categories of services for outcome analysis: (1) Information and referral (I&R), (2) seven face-to-face contacts or less or, (3) eight face-to-face contacts or more.

## VI. Qualifications

### Minimum qualifications:

- 1) Project Managers are preferred to have a Masters Degree in social work or in a related human service field and 2 years of social work experience; project managers may have a Bachelors Degree in social work or a related human service field with 5 years experience in social work.
- 2) Neighborhood Liaisons (or case managers) are preferred to have Bachelors Degree in social work or in a related human services field and two years experience in working with families and children. Case managers may have education equivalent to a year above secondary education and 2 years experience in social work or a related human services field.
- 3) Parent Partners may work on a part time basis. A parent partner is preferred to be a parent who has successfully completed the program and is needed to mentor and assist other parents enrolled in the program. The parent partner may have a secondary degree or a GED equivalent, but these educational requirements may be waived if the parent partner is judged by the Project Manager to have the skills necessary to engage parents in the successful completion of their goals.
- 4) Administrative support staff may have a high school diploma or GED equivalent.

## VII. Billable Units

### 1. Program Development

Payment for services will be based on actual allowable costs. Grantees will bill monthly based on these payment points:

- .1-personnel
- .2-other
- .3-contracts
- .4-supplies
- .5-equipment
- .6-buildings/lands
- .7-indirect cost
- .8-travel

## **2. Service Delivery to Families**

Grantees must accept and adopt the DCS “Framework for Child Welfare Service Provision” in all contact with families. This model must be integral to the agency culture. Families and family identified support individuals/agency representatives will be involved in decisions that assist the family in meeting its needs. Community partner agencies will not tell families what to do but will facilitate family recognition of needs and solutions / goals to meet those needs.

## **VIII. Potential Funding**

- Kids First Fund
- Community-Based Child Abuse Prevention (CBCAP)
- Child Welfare Services Account
- IVE Waiver Savings
- Title IVB Part II Family Support
- Family

and

Children

Fund

