INDIANA DEPARTMENT OF CHILD SERVICES (DCS)
COMMUNITY PARTNERS FOR CHILD SAFETY (CPCS) SERVICE STANDARD
Effective : 07/01/2024 :

I. Community Partners for Child Safety Description

Community Partners for Child Safety (CPCS) provide primary, secondary, and tertiary child abuse and neglect prevention services in every region in the state. CPCS collaborates with other community resources within each region to create a coordinated prevention network. Families can access prevention services through self-referral or referral from another community agency. Participation in services is voluntary. CPCS also provides direct services to connect families to resources to strengthen the family unit and prevent child abuse and neglect.

Contracted CPCS agencies work with the DCS Regional Services Council to identify needs within the region and the community resources available. These resources could include, but are not limited to the following: DCS local offices, hospitals, faith-based organizations, schools, First Steps, Head Start, and Healthy Families Indiana as well as family resource centers (FRCs). In general, each region and community define their own needs and resources as updated through the DCS Biennial Regional Services Strategic Plans or other needs assessment strategies.

II. Target Population for direct services (provided through secondary and tertiary prevention activities)

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

- **Primary Prevention:** These services are available to all caregivers. No eligibility requirements.

- **Secondary Prevention: These services are available to** at risk families.

- **Tertiary Prevention: These services are available to** families that have had previous contact with the Child Welfare System.

The following eligibility criteria for services apply to both secondary and tertiary prevention:

1) Children and families for whom DCS does not currently have an open, on-going case.
    a. Special permission can be given by the DCS Prevention staff to provide CPCS services to a family with an open, on-going DCS case. Requests should be sent to the DCS Prevention staff detailing why these services are in the best interest of the family.

i. CPCS must inform any family that has an open DCS assessment upon entering CPCS services that CPCS services may end if DCS opens a case. See special permission above.

b. Older youth, who are participating in Collaborative Care and have children not involved in a DCS case, may be eligible for CPCS services. Including youth over 18 years of age still enrolled in a secondary education program (High School or GED program).

2) Families that have been referred by a community resource or who self-referred 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) Pregnant women and families that do **not** meet the criteria for Healthy Families Indiana participation or another pre-natal home visiting program, or if the local Healthy Families Indiana site is at capacity. Special permission must be given by the DCS Prevention staff to provide CPCS services to a family also being served by Healthy Families Indiana and services must be delivered in a coordinated manner to prevent duplication.
4) If the Juvenile Probation Department has an open case on a child, and that child is placed outside of the home, the family can receive CPCS services if there are other children still in the home. Special permission must be given by the DCS Prevention staff to provide CPCS services to a family also being served by Juvenile Probation and services must be delivered in a coordinated manner to prevent duplication.

Note: CPCS services shall not be used as a substitute for other DCS funded Community Based or Concrete Services available to open DCS and Juvenile Probation cases.

B. For purposes of evaluation, upon completion of CPCS services, people/families will be classified in one of three categories of services:

1) Information and referral (I&R)
   a. A referred family that requests only to speak with the agency in order to get their questions answered or for a referral to another community service shall be documented as I&R.
2) Short Term (7 or fewer face-to-face contacts).
3) Long Term with services ending within 180 days (8 or more face-to-face contacts).

Note: Provision of services past 180 days must be reviewed and approved by the DCS Prevention staff. Requests for extension should be submitted by CPCS management staff to the DCS Prevention Questions mailbox dcspreventionquestions@dcs.in.gov for review and approval by the DCS Prevention Team.

III. Service Delivery

A. Primary Prevention Activities May Include:

a. FRCs

FRCs must be established using a protective factors framework and in response to the needs of the community. Family resource centers must also include resource coordination (community health worker/community liaison/community navigator), community education, partnership and collaboration to provide co-located services including CPCS, Healthy Families Indiana, local community stakeholders such as libraries, schools, and families. Other activities may include the following: family fun events, resource fairs, concrete supports, recovery supports, parenting classes, child time activities, computer labs, legal aid, job readiness training, and health care insurance navigator.

Note: FRCs funded under this Service Standard must be part of the Strengthening Indiana Families Associations (SIFA). See Family resource center designation at the end of the Service Standard.

b. Outreach Activities/Community Events

Outreach Activities may include but are not limited to the following: marketing (e.g., billboards, brochures, flyers, and public service announcements), education and training, community events, April Child Abuse Prevention events, attendance and presentation at community collaboration meetings and local level councils such as Systems of Care (SOC), fatality reviews teams, Fetal-Infant Mortality Review (FIMR) teams ,youth worker cafes, regional service councils, provider fairs, and participation in a Prevent Child Abuse council.

c. Training

Training Activities may include but are not limited to the following: primary prevention efforts such as safe sleep, car seat training, protective factors, water safety, gun safety, substance abuse prevention, internet safety, and other trainings aimed at supporting child and family well-being.

d. Coordination of Resources

The CPCS agency for each region is responsible for coordinating resources with both communities and families and promoting the Warmline (1-800-Children) Each CPCS agency is required to maintain an updated list of community resources.

B. Secondary and Tertiary Prevention Activities May Include:

a. Direct Services such as:

i. Case Management
ii. Counseling
iii. Parenting Education
iv. Budgeting
v. Job and Education Obtainment
vi. Goal Setting

IV. Key Service Roles

- **Program Manager/Director**:
  - Develop partnerships with community agencies
  - Oversee the implementation of services
  - Ensure the fidelity of evidence-based practices used by the agency
- **Community Liaison**:
  - Assess families entering the program
  - Provide direct, home-based services
  - Refer families to community resources
  - Provide on-call crisis intervention
  - Complete Income Declaration form with the family (please see below section for further instructions and requirements).

- **Parent Partner**
  - Lead peer group meetings
  - Act as a spokesperson for the program/agency
  - Mentor other families in CPCS
  - Participate in governance of the program
  - Facilitate community family activities
  - Draft, review and provide input for development of parent materials
  - Contribute to the design of new or revisions of existing policies, procedures, programs and services
  - Take part in training group facilitators, home visitors, parent leaders, volunteers, children's program leaders, or child care providers
  - Participate in the hiring and training of staff
  - Contribute their skills and time to planning and coordinating local events and fundraisers
  - Participate in outreach activities to attract families to programs
  - Mentor and become advocates for other families enrolled in programs
  - Participate in the design and implementation of evaluation tools and satisfaction surveys
  - Participate on peer review teams
  - Parents may be involved in the following ways but are not limited to these roles:
    - Child Abuse Prevention Month Activities
    - Work groups, focus groups and parent cafes
    - Needs assessments, peer review, and program evaluation
    - Education and awareness efforts

        - Parent Advisory Councils for the CPCS providing agency (PACS)

- **Outreach Coordinator** (Family Resource Center):
    - Educate, promote, and market the CPCS program and FRCs
    - Develop relationships build partnerships within the community
    - Coordinate/plan events
    - Create and monitor program brochures and promotional materials
    - Maintain knowledge of community resources that provide family support
- **Community Navigator** (Family Resource Center):
    - Point of contact for families accessing the FRC
    - Provide
        - Advocacy
        - Navigation
        - Education
        - Health Services
        - Social-emotional support
        - Increase neighborhood awareness of the FRC

V. Assessments

Providers will use the updated North Carolina Family Assessment Scale for General Services (NCFAS-G) for assessing families and measuring growth over time. The NCFAS-G will be completed within the first thirty (30) days of CPCS services and at termination if the family has received (8) or more face-to-face contacts. Providers will also utilize the Protective Factor Survey 2nd Edition (PFS-2) which is designed to use with parents and caregivers engaged in family support and child maltreatment prevention services. The PFS-2 measures protective factors in five areas: (1) family functioning/resiliency, (2) social support, (3) concrete support, (4) nurturing and attachment, and (5) knowledge of parenting/child development. Use of the survey will help CPCS agencies to identify areas of focus in work with families and evaluate changes in the family's protective factors. The PFS-2 will be completed at intake and at termination if the family has received twelve (12) or more face-to -face contacts.

In addition to the NCFAS-G and PFS-2, providers will include the following domains when assessing the family's needs: housing history/current living arrangement, criminal history, substance use (utilizing a screening tool), and trauma.

Within the first 30 days of the family consenting to services, an assessment must be completed, with the family and input of other team members, to determine the family's needs.

1. The provider must include the following domains in the assessment in addition to the NCFAS-G:

(1) Housing history and current arrangement

(2) Criminal history
(3) A substance use screening tool including alcohol
(a) For example, UNCOPE or CAGE
(b) National Center on Substance Use and Child Welfare Home | National Center on Substance Abuse and Child Welfare (hhs.gov) (4) Trauma Domain
(a) Parental history of adverse childhood experiences (ACEs)
(b) Child history of trauma
(c) How trauma has impacted life functioning
(d) Prior child welfare involvement

2. A copy of the assessments must be retained in the service provider's case file for the client.

DCS will offer trainings on the NCFAS-G and PFS-2 as requested.

VI. Service Plan

Within 30 days of intake a service plan for the family will be created that contains a goal plan created in collaboration with the family being served as well as the inclusion of the NCFAS-G , PFS-2, and any additional assessment items relevant to guide the recommendations for service plan.

1. The service plan should include NCFAS-G domains scored at negative 1 to 3 with priority on the first 3 negative scores.
2. Recommendations regarding the family's needs including service needs, risks, and goals should be included in the family goal and service plan.

VII. Evidence Based Practices (EBP)

CPCS agencies must use a practice model that rests along a continuum of evidence informed to evidence based when providing direct services for families, and 50% of all direct services provided must be rated as an evidence-based practice (supported or well supported). For community-based child abuse prevention programs, **evidence-based practice (EBP)** is defined as the integration of the best available research with child abuse prevention program expertise within the context of the child, family, and community characteristics, culture, and preferences. These approaches to prevention are validated by some form of documented scientific evidence. Evidence based practices eligible to be used by CPCS agencies can be found at the California Evidence-Based Clearinghouse for Child Welfare (www.cebc4cw.org) and FRIENDS (https://friendsnrc.org/evidence-based-practice-in-cbcap) websites.

It is required that the CPCS agency will record all usage of EBP programming within the approved CPCS database system for each family served.

VIII. Service Components

1. Direct Service Component:

- All services are voluntary.

- Community liaisons must meet the evidence-based model requirements to provide EBP services to the family.
- With the assistance of the community liaisons, families must develop a family service plan:
  - Families must identify at least one (1), but no more than three (3) goals;
  - The plan must be solution focused;
  - The plan will include the first three components on from the NCFAS-G tool with a negative score.
  - A family meeting may be developed in which all persons chosen by the family should attend to plan and develop the goal(s) and service plan.
- Ten (10) days after achieving all goals, new goals should be added for the family or the family should be discharged.
- Staff must be available on call for crisis intervention and referral.
- Income Declaration Form must be completed
- Short term counseling may be provided.
  - Individuals providing counseling services must meet the minimum qualifications and supervision expectations as outlined in the DCS Community Based (Intervention) service standard for Counseling (https://www.in.gov/dcs/3878.htm)

2. Community Component:

- Participate in the local DCS Regional Services Council meetings.
- CPCS agencies will collaborate with other local agencies to develop a network of community resources that will provide equitable support to Indiana families which may include collaborating and the establishment of family resource centers.
- Participate in local level councils such as fatality review teams and child protection teams, systems of care, FEMR teams, regional service councils, etc.
- Participate in community events and outreach to build new relationships and support local prevention efforts such as
  - Developing contacts and partnering with local community agencies, including schools, police and fire departments, hospitals, local government, existing providers that offer child and family services to underserved populations, other prevention providers;
  - Establishing a presence within the community; including but not limited to a physical presence and office within the region
- Create opportunities to build a volunteer pool, specifically parents served by the CPCS program(s) previously.
- Pursue opportunities for additional funding and financial support.
- CPCS agencies may collaborate with their local communities to establish a FRC in communities where a need for a FRC has been identified or choose to support a FRC in their community by utilizing CPCS Funding.
- Any FRC that is established with CPCS funding or supported by CPCS funding should be working in collaboration with the local CPCS agencies to ensure that the FRC is meeting the standards.
  - DCS will provide training and support to CPCS providers for the establishment and designation as an Indiana Family Resource Center.

- The Kids First Trust Fund (KFTF) may provide funds for the CPCS program. KFTF Board requests that CPCS agencies:
  - Promote the purchase of Kids First license plates;
  - Promote direct donations to the KFTF;
  - Utilize the communication kit provided by the KFTF Board;

The donation portal and communication kit can be found at https://www.in.gov/dcs/2456.htm

3. Subcontracting Component:

- A percentage of funding (not more than 30% of the Region's allocation) may be utilized for other prevention services.
  - This funding will be allocated to be subcontracted for services that meet the prevention priority needs identified by the Regional Services Council.
  - Regional Services Councils may reduce the percentage for other prevention services and allocate additional funds to CPCS services. However, Regional Services Councils may not increase above 30% for other prevention services.
  - CPCS agencies may submit a proposal to the Regional Services Council to utilize funding for a program operated within its agency that focuses on prevention services that falls outside the Direct Service and Community components listed above.

- CPCS agencies will issue requests for proposals (RFPs) to identify services that meet regional prevention priority needs. The CPCS agency will select provider(s) to meet the stated need based on the RFP process and with approval from the Regional Services Council.
- CPCS agencies will provide quarterly reports on outcomes to the Regional Services Council.
- CPCS agencies will administer the prevention funds for the region and by doing so may collect up to 7.5% of the subcontracted amount in administration fees.
- CPCS agencies will make efforts to support minority and women owned business enterprises certified by the Indiana Department of Administration, Division of Supplier Diversity and prevention programs that serve special populations to include underserved and underrepresented groups such as fathers, racial and ethnic minorities, children and families with disabilities, adult former victims of CA/N or domestic violence, homeless families/youth and those at risk of homelessness.

NOTE: The CPCS agency is responsible for selecting subcontractors to provide prevention services, for monitoring services provided by the subcontractors, and ensuring the subcontractors are following all DCS contractual terms and conditions.

NOTE: CPCS agencies will monitor the service delivery of the subcontracted agency to ensure that the agency service delivery is meeting the requirements of this CPCS service standard.

IX. Data Collection for Direct Services provided through CPCS:

1. CPCS agencies must enter all direct service client data and service data into the DCS approved database system. At a minimum, CPCS agencies will be expected to gather the following information:
    - Income Declaration Form (see further requirements in Income Declaration Form section of the service standard below).
    - Contact information for family including:
        - First name, last name, DOB for caregivers and children,
        - Address, phone number, email address
        - Social Security Numbers (Optional per TANF Eligibility Requirements)
    - Referral Source
    - Language spoken in the home
    - Race/ethnicity
    - Gender identification
    - Date of referral
    - Date of consent
    - Date of assessment & assessment data
    - Date(s) of face-to-face contact(s)
    - Evidence Based Practices used
    - Family goal(s)
    - Date of goal completion
    - Termination date and reason
    - Informed Consent to Services (Please see further requirements in Participation Agreement Section below)

2. Data Collection Requirements for FRC Module
    - FRCs must enter all data into the DCS approved database system. At minimum, FRCs will be expected to gather the following information:
        - Date of visit
        - Contact information for each family including:
            - First name, last name, DOB for caregivers and children
            - Address, phone number, email address
        - Language spoken in the home
        - Race/ethnicity
        - Gender identification
    - Events
        - Under 25 participants require a sign in sheet, if there are more than 25 participants capture the number of participants.
        - Participant sign in sheet must include at minimum– name, address, number of children.
    - Complete welcome screen questionnaire within Enlite FRC Module to include capturing education that families received at FRC visit.

Note: Due to evolving standards and requirements, expectations for data collection may change.

3. All data must be entered into the database within five (5) business days after the event has occurred. Data may include, but is not limited to case notes, assessments, and goal progress.
4. DCS will monitor participants who receive services for more than six (6) months within a rolling 12-month year, measuring from first to last contact and quality of service.

X. Goals for Direct Services through CPCS:

Goal #1 - Prevent families from entering the DCS child abuse and neglect system by improving family functioning.

1. 90% of referred families will be contacted and receive information about Community Partners within five (5) business days of referral.
2. 90% of families accepting services will have a minimum of short-term service that consists of at least one referral to a community partner and/or community resource.
3. 50% of referrals to CPCS will engage in Direct Services
    a. Direct Services are defined as having a face-to-face contact, a signed family consent form, a completed initial assessment, and at least one identified goal.
4. 95% of the families participating in Direct Services will have a service plan that identifies at least one (1) but not more than three (3) goals.
5. 90% of families with eight (8) or more face-to-face contacts will have a second assessment of family functioning with the North Carolina Family Assessment Scale – General (NCFAS-G) completed at discharge.
6. 75% of families with eight (8) or more face-to-face contacts will demonstrate improvement in family functioning as measured by the NCFAS-G.
7. 75% of families with twelve (12) or more face-to-face contacts will complete a post PFS-2 at discharge.
8. 90% of families will accomplish at least one goal as identified in the family service plan.
9. 85% of families with eight (8) or more face-to-face contacts will not have a substantiated child abuse or neglect assessment within twelve (12) months after discharge from CPCS services.

Goal #2 – Ensure family and community satisfaction with services

1. DCS Regional Services Council will rate services as satisfactory.
2. 90% of families who have participated in prevention activities will rate the services as "satisfactory" or above using an annual client satisfaction survey. Providers are to survey a minimum of 12 clients or 20% of clients served (whichever results in a

larger number) randomly selected from each county served. Clients should be contacted to complete the survey within 2 months of ending services.

Goal #3 – Family Resource Center Goals:

1. 85% of families that visit the Family Resource Center (FRC) will complete a screening questionnaire
2. 85% of families that identify a need will be connected to a service or support to meet that need
3. 75% of families who visit FRC will complete a post visit survey.

Note: DCS has developed a satisfaction survey accessible in the DCS Prevention database.

XI. Utilization of the Community Partners for Child Safety Logo:

All providers of the CPCS programming, including subcontractors, will utilize the CPCS logo in accordance with the branding guidelines provided by DCS Communications. It is expected that the logo will be utilized in all advertisements, online media, referrals and print that markets to CPCS program outlined in this service standard. This can be in conjunction with CPCS program providing agency logo.

XII. Participation Agreement

DCS receives federal funding to pay for CPCS services. As a recipient of federal funding, DCS is required to obtain informed consent to services for DCS programming as a requirement of the federal funding. This requires that all of the CPCS program providers utilize a standardized informed consent. This informed consent to participate in services should contain the following requirements:

- A description of the voluntary Community Partners for Child Safety Program: The service will provide home based case management services to connect families to resources within the community to strengthen the family. Community resources include, but are not limited to the following: schools, social services agencies, health care providers, public health, hospitals, child care providers, community mental health agencies, Healthy Families and Twelve Step Programs. In general, each community defines its own resources. This is a no cost, voluntary service.
- A description of how the participant's data will be kept confidential:
    - Information is shared only on a need to know basis with appropriate staff, consultants, and other professionals within this CPCS program;
    - The information you provide will be stored in a password protected database;
    - Staff and their supervisors can only access data regarding families to which they are assigned;
    - Your information may be shared with funders, evaluators or researchers.
    - Any reports and evaluations given to funders are combined data;

    - No individual family is ever identified in data given to evaluators;
    - All employees of the database company sign confidentiality statements, and every security measure available is taken to protect your information; and
    - Data sent to the State of Indiana for purposes of billing and evaluation are encrypted.
- A description of possible circumstances that would require the participant's information to be shared:
    - If we have reason to believe any child is being abused or neglected, we are required by law to report to the Indiana Department of Child Services.
    - We must disclose information if ordered by a court; and
    - Your data may also be used to match against the Indiana's child abuse and neglect data system to determine the impact of Community Partners for Child Safety outcomes. Such reports are only provided in a combined format that provides no information that directly identifies your family.
    - Your data may also be used to match against data at the Indiana Department of Health to determine how CPCS services are impacting health outcomes. Reports stemming from such data matching are used to improve CPCS service systems. Data involved in these data matches are combined in a format that provides no information that directly identifies you or your family.
- A statement of informed consent upon collecting signature with the following language and a collection of the client's signature:
    - "By signing below, I am voluntarily consenting, to participate in CPCS services as described in this form. I am confirming I have read (or it has been read to me) and understand all the information above regarding confidentiality. I am also confirming I have had the opportunity to ask any questions I may have pertaining to this form and its contents, and any questions have been answered to my satisfaction. I understand I will be receiving a copy of this document. Refusal to sign may impact your ability to receive services."

XIII. Reporting of Critical Incidents

The following incidents are required to be reported to DCS Prevention Services within one business day of learning of the incident at the email address of DCSPreventionquestions@dcs.in.gov:

1. Child or caregiver death,
2. Serious abuse incidents (severe injury or hospitalization) which prompt local investigation or media involvement. CPCS staff are required to report serious abuse incidents on children to the Indiana Department of Child Services hotline # 1-800-800-5556.
3. Litigation pertaining to CPCS work/services.

It is not necessary to report miscarriages, termination of pregnancy, or deaths that do not lead to local investigation or media involvement.

Please include a signed report that includes the below information:

- Reporting Organization.
- Reporter's name, phone, and email.
- Program contact name, phone, and email.
- Full names (if possible) of all others involved.
- Incident details.
- Date of incident and location of where the incident occurred.
- Brief description of what happened as well as the current status of the situation.
- Describe what action was taken by those involved, including CPCS staff.
- Describe if local or national media attention has been involved and to what extent. (Include any publications and links to view).
- Describe any legal responses that have been made.
- Describe any criminal proceedings anticipated.
- **Confirm that any information related to child abuse or neglect that is relevant to this incident has been reported to the DCS hotline at 1-800-800-5556 as this critical incident report is not a report of child abuse or neglect.**

XIV. Income Declaration Form

CPCS agencies will attempt to complete the Income Declaration Form with each family that they serve within the first thirty (30) days of enrollment. The family will still be served by the agency via state funding if they do not complete the form or meet TANF eligibility requirements.

CPCS agencies will obtain income eligibility documentation from the family during the first thirty (30) days of enrollment and recertify the income annually. Parent-child relationship verification is obtained after the birth of the child when a CPCS agency is providing pre-natal services. It is important to use the most current CPCS Income Declaration form and to follow all instructions when verifying income and Parent Child Relationship (PCR). A comprehensive list of allowable income verification documents is found on this form.

A. Forms and Tools

-CPCS Income Declaration Form : Final CPCS Income Declaration Form 2023
-CPCS Income Declaration Form FAQ Sheet: INCOME DECLARATION FAQ 2023

B. Documentation requirements

1. Enter the dates for verification of income and parent child relationship in the database.
2. Hardcopies of the CPCS Income declaration form, supporting income verification documents, and parent-child relationship verification documents must be uploaded in the CPCS approved database system. After documents are uploaded securely into the CPCS database and verified to be eligible, site may choose to shred the documents. b. Sites are responsible for producing any needed documentation, either hard copy, electronic, or in the CPCS database.

It is important to use the most current CPCS Income Declaration form and to follow all instructions when verifying income and PCR. A comprehensive list of allowable income verification documents is found on this form.

XV. Quality Assurance

1. DCS staff may conduct site visits and case file reviews as a means of ensuring quality service provision.

XVI. Qualifications

Minimum Qualifications:

1. Program Managers, Directors, Supervisory Staff, and Family Resource Center (FRC)Coordinator under this standard must meet one of the following minimum qualifications:
   - Master's Degree in Social Work, public health, human services, or other fields related to work with children and families.
   - Bachelor's Degree in Social Work, public health, human services, or other fields related to work with children and families with 3 years of experience.
   - Less than a Bachelor's Degree with commensurate experience with the Community Partners Program and/or lived expertise.
   - Must possess a solid understanding of and experience in managing staff, motivating staff, providing support, knowledge of and experience with provision of family centered services as well as administrative experience.
2. Community Liaisons and Family Resource Center (FRC) Community Navigator/ Community Health Worker under this standard must meet one of the following minimum qualifications:
   - Associate's Degree or higher.
   - High school diploma or High School Equivalency (HSE) (previously GED) with a minimum of two years' experience working with children and families.
   - Knowledge of poverty.

- Knowledge of and proximity to the community being served and resources available.
- The individual must possess a valid driver's license and the ability to use a private car to transport self and others and must comply with the state policy concerning minimum car insurance coverage.

In addition to the above:

a. Knowledge of child abuse and neglect, and child and adult development;
b. Knowledge of community resources and ability to work as a team member;
c. Belief in helping clients change their circumstances, not just adapt to them;
d. Belief in adoption as a viable means to build families;
e. Understanding regarding issues that are specific and unique to adoptions such as loss, mismatched expectations and flexibility, loss of familiar surroundings, customs and traditions of the child's culture, entitlement, gratification delaying, flexible parental roles, and humor.

NOTE: Experience gained by an employee in which the employee was not qualified to complete the work at the current or previous employer does not count toward the required years of experience in combination with educational requirements.

3. Parent Partners

- A parent partner is a parent who represents the needs and perspectives of many parents without acting in a staff role for the CPCS program.
- It is preferred that the parent partner has accessed the CPCS program, or has accessed a local prevention programming or a FRC.
- Criminal and child protection background check waivers will be considered on a case-by-case basis.
- If the parent does have CPS history that is waived, it must be at least one year prior to their participation as a parent partner.
- A parent is defined as a biological parent or any adult who is in the primary caregiver in a child or adolescent's life.

NOTE:

- The CPCS agency must compensate the parent partner for their time. This compensation may be employment by the CPCS agency or receipt of a stipend. The agency shall obtain input from the parent on their preferred compensation method such as gift card, gas card, voucher, honorarium etc.
- CPCS providing agencies will have one parent partner per region that they serve but may have more depending on what is appropriate for the required work.
- There are a number of recommended ways for CPCS providing agencies to support and engage parents. These recommendations include but are not limited to:
    - Act as coach
    - Arrange for parents to attend training sessions

    - Help others in your agency
    - Learn from the "side"
    - Provide feedback to parents
    - Provide resources
    - Look for opportunities to involve
- CPCS providing agencies should uphold the following three values when engaging parent involvement as partners:
    - Be clear and honest in your commitments to parents.
    - Ask parents for feedback about your agency's performance in parent engagement.
    - Secure appropriate resources and funding levels. Parent engagement requires staffing time and financial support.

XVII. Billable Units

Payment for services will be based on actual allowable costs. Agencies may bill up to 7.5% of subcontracting costs for administration fees. Agencies will bill monthly based on these payment points for CPCS and FRCs (expenses specific to the FRC)entered on FRC invoice:

CPCS:

1. – Personnel
2. – Overhead/Indirect Costs (rent, utilities, etc.)
3. – Office Equipment
4. – Office Supplies
5. – Travel & Training
6. – Concrete Services
    a. TANF Eligible
    b. Non-TANF Eligible
7. – Direct Services
8. – Community Outreach Services
9. – Administration Fees
10. – Subcontracted Services

FRC:

1. – Personnel
2. – Overhead/Indirect Costs (rent, utilities, etc.)
3. – Office Equipment
4. – Office Supplies
5. – Travel & Training
6. – Concrete Services
7. – Direct Services
8. – Community Outreach Services
9. – Administration Fees
10. – Subcontracted Services

XVIII. Adherence to the DCS Practice Model

Services must be provided according to the Indiana Practice Model. Providers will build trust-based relationships with families and partners by exhibiting empathy, professionalism, genuineness, and respect. Providers will use the skills of engaging, teaming, assessing, planning, and intervening to partner with families and the community to achieve better outcomes for children.

XIX. Trauma Informed Care

A. Provider must develop a core competency in Trauma Informed Care as defined by the National Center for Trauma Informed Care (NCTIC) through SAMHSA (http://www.samhsa.gov/nctic/):

1. Trauma-informed care is an approach to engaging people with histories of trauma that recognizes the presence of trauma symptoms and acknowledges the role that trauma has played in their lives.
2. NCTIC facilitates the adoption of trauma-informed environments in the delivery of a broad range of services including mental health, substance use, housing, vocational or employment support, domestic violence and victim assistance, and peer support. In all these environments, NCTIC seeks to change the paradigm from one that asks, "What's wrong with you?" to one that asks, "What has happened to you?"
3. When a human service program takes the step to become trauma-informed, every part of its organization, management, and service delivery system is assessed and potentially modified to include a basic understanding of how trauma affects the life of an individual seeking services.
4. Trauma-informed organizations, programs, and services are based on an understanding of the vulnerabilities or triggers of trauma survivors that traditional service delivery approaches may exacerbate, so that these services and programs can be more supportive and avoid re-traumatization

B. Trauma Specific Interventions: (modified from the SAMHSA definition)

1. The services will be delivered in such a way that the clients/families feel respected, informed, connected, and hopeful regarding their own future.
2. The provider must demonstrate an understanding, through the services provided, of the interrelation between trauma and symptoms of trauma (e.g., substance abuse, eating disorders, depression, and anxiety)
3. The provider will work in a collaborative way with child/family, extended family and friends, and other human services agencies in a manner that will empower child/family.

XX. Cultural and Religious Competence

A. Provider must respect the culture of the children and families with which it provides services.
B. All staff persons who come in contact with the family must be aware of and sensitive to the child's cultural, ethnic, and linguistic differences.
C. All staff also must be aware of and sensitive to the sexual and/or gender orientation of the child, including lesbian, gay, bisexual, transgender or questioning children/youth.

1. Services to youth who identify as LGBTQ must also be provided in accordance with the principles in the Indiana LGBTQ Practice Guidebook.

2. Staff will use neutral language, facilitate a trust-based environment for disclosure, and will maintain appropriate confidentiality for LGBTQ youth.

3. The guidebook can be found at:
http://www.in.gov/dcs/files/GuidebookforBestPracticeswithLGBTQYouth.pdf

D. Efforts must be made to employ and/or have access to staff and/or volunteers who are representative of the community served in order to minimize any barriers that may exist.

XXI. Child Safety

Services must be provided in accordance with the Principles of Child Welfare Services. Please note: All services (even individual services) are provided through the lens of child safety. As part of service provision, it is the responsibility of the service provider to understand the child safety concerns and protective factors that exist within the family. It is the responsibility of the service provider to report any safety concerns, in accordance with IC § 31-33-5-1. All service plans shall include goals that address issues of child safety and the family's protective factors.

XXII. Strengthening Indiana Families Association (SIFA)

The Strengthening Indiana Families (SIFA) will ensure that all centers operate with the Protective Factors Framework providing a safe welcoming space accessible to all by providing culturally competent services. Members of the SIFA will operate with a shared mission and vision. The SIFA will meet at least quarterly and offer a venue for shared learning, information sharing, and strategic planning.

A. Member Expectations:

- Participate in quarterly association meetings,
- Data collection/sharing (including data entry into the DCS approved data system)
- Success sharing (what's working/not working/lessons learned)
- Desk reviews/site visits
- Members will be trained in the National Family Support Centers Standards of Quality
- Members will utilize the Strengthening Indiana Families (SIF) Logo and provided branding guidelines when marketing the FRC in media and print.
- Members will align with the Strengthening Indiana Families Mission and Vision.
- Offer ongoing child maltreatment primary prevention services to support parents/caregivers.
- Staff enhance families' capacity to support the growth and development of all family members-adults, youth, and children.
- FRCs advocate with families for services and systems that are fair, responsive, and accountable to the families they serve.
- FRCs work with families to mobilize formal and informal resources to support family development.
- Staff and families work together in relationships based on equality and respect

C. Membership in the SIFA includes:

- Training including access to the biannual Institute for Strengthening Families Conference and webinars offered by the National Family Support Network
- Technical assistance (TA) for implementation, data collection, programming, operations, manuals/resource materials
- Family Resource Center (FRC) building tours and shadowing opportunities
- Funding support
- Networking opportunities