

INDIANA DEPARTMENT OF CHILD SERVICES
COMMUNITY PARTNERS FOR CHILD SAFETY (CPCS) SERVICE STANDARD
Effective **1/1/2023**

I. Community Partners for Child Safety Description

Community Partners for Child Safety (CPCS) provides 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: local DCS offices, hospitals, faith-based organizations, schools, First Steps, Head Start, and Healthy Families Indiana as well as Family Resource Centers. In general, each region and community defines its 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: At risk families.

Tertiary Prevention: Families that have had previous contact with the Child Welfare System.

The following eligibility criteria 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: Community Partners for Child Safety 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 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 for review and approval by the DCS Prevention Team.

III. Service Delivery

A. Primary Prevention Activities May Include:

a. Family Resource Centers

NOTE: Family Resource Centers must be established using the 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: 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.

*Family Resource Centers funded under this Service Standard must be part of the Indiana Family Resource Center Association (INFRCA). See Family Resource Center designation at the end of the Service Standard.

b. Outreach Activities/Community Events

NOTE: Outreach Activities May Include: marketing (billboards, brochures, flyers, and public service announcements), education and training, community events, April Child Abuse Prevention events, attendance and presentation at community collaboration meetings (SOC, fatality reviews, youth worker cafes) and regional service councils, provider fairs, and participation in a Prevent Child Abuse Council.

c. Training

NOTE: Training activities may include: 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 should be responsible for coordinating resources with both communities and families and promoting the Warmline (1-800-Children), upon implementation. Each CPCS agency should 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.
- 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
- Outreach Coordinator (Family Resource Center):
 - Educate, promote, and market the CPCS program and Family Resource Centers
 - 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 Family Resource Center (FRC)
 - Provide
 - Advocacy
 - Navigation
 - Education
 - Health Services
 - Social-emotional support
 - Increase neighborhood awareness of the Family Resource Center (FRC)

Assessments

Providers will use the North Carolina Family Assessment Scale (NCFAS) for assessing families and measuring growth over time. Providers will use the updated NCFAS. The NCFAS will be

completed within the first 30 days 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: family functioning/resiliency, social support, concrete support, nurturing and attachment, and 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. Protective Factors Survey will be completed at intake and at termination if the family has received (12) or more face-to-face.

In addition to the NCFAS 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 should include the following domains in the assessment in addition to the NCFAS:

- (1) Housing history and current arrangement
- (2) Criminal history
- (3) Substance Use Screening Tool
 - (a) For example, UNCOPE or CAGE
 - (b) National Center on Substance Use and Child Welfare
<https://ncsacw.samhsa.gov/resources/daily-practice-client.aspx>
- (4) Trauma Domain
 - (a) Parental history of childhood trauma (ACEs)
 - (b) Child history of trauma
 - (c) How trauma has impacted life functioning
 - (d) Prior child welfare involvement

2. The NCFAS, PFS-2, and additional assessment items shall guide the recommendations for service provision.

3. Recommendations regarding the family's needs including service needs, risks, and goals should be included in the family goal/service plan.

4. The service plan should include NCFAS domains scored at negative 1 to 3 with priority on the first 3 negative scores.

5. 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 and PFS-2 as requested.

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.

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;
 - Plan must be solution focused;
 - Plan will include the first three components on from the NCFAS 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.
- 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>)

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 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;
- Create opportunities to build a volunteer pool, specifically parents served by the CPCS program(s) previously.

- Develop opportunities for additional funding and financial support.
- CPCS providers may collaborate with their local communities to establish a Family Resource Center in communities where a need for a Family Resource Center has been identified or choose to support a Family Resource Center in their community by utilizing CPCS Funding.
- Any Family Resource Center 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 Family Resource Center 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 provides funds for the Community Partners for Child Safety program. KFTF Board requests that CPCS providers:
 - Promote the purchase of Kids First license plates;
 - Promote direct donations to the Kids First Trust Fund;
 - 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>

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 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 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 Community Partner for Child Safety agency is responsible for selecting subcontractors to provide prevention services, for monitoring services provided by the

subcontractors, and ensuring the subcontractors are in compliance with all DCS contractual terms and conditions.

V. 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) 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.
7. 90% of families with eight (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. 95% 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.

Note: DCS is developing a satisfaction survey to be accessible in the DCS Prevention database.

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 minimum, CPCS agencies will be expected to gather the following information:
 - 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

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

2. 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.
3. 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.

Quality Assurance

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

Data Collection for Family Resource Centers:

2. 1. Family Resource Centers must enter all data into the DCS approved database system. At minimum, Family Resource Centers will be expected to gather the following information:
 - Date of visit
 - Contact information for 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
2. 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, # of children.
3. Screening questionnaire

VI. 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

- May be employed by the agency or receive a stipend.
- It is preferred that the parent partner has successfully completed the CPCS program, but not required.
- Criminal and child protection background check waivers will be considered on a case-by-case basis.

VII. 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 Family Resource Centers (expenses specific to the Family Resource Center should be separate):

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

VIII. 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.

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.

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.

VIII. 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, per state statute, IC 31-33-5-1. All service plans should include goals that address issues of child safety and the family's protective factors.

IX. Indiana Family Resource Center Association (INFRCA).

The Indiana Family Resource Center Association (INFRCA) 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 INFRCA will operate with a shared mission and vision. The INFRCA will meet at least quarterly and offer a venue for shared learning, information sharing, and strategic planning.

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

Membership in the INFRCA 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