

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 5: Out-of-Home Services	Effective Date: September 1, 2021
	Section 24: Child-Focused Treatment Review (CFTR)	Version: 1

POLICY OVERVIEW

See policy 8.04 Emergency Shelter Care and Urgent Residential Treatment for urgent placement in residential treatment and policy 8.53 Out-of-State Residential Treatment Review and Approval for out-of-state residential treatment.

Residential treatment should only be used when a child demonstrates such care is needed. Admission of a child to residential treatment must be viewed as a short-term, time-limited service, whenever possible. The Child-Focused Treatment Review (CFTR) process has been established to review the request to admit a child to residential treatment. The CFTR will evaluate the child’s needs, determine if admission to residential treatment is appropriate, and, if determined appropriate, identify which residential treatment facility will best meet the needs of the child and family.

PROCEDURE

The CFTR will consist of the following:

1. Family Case Manager (FCM) and FCM Supervisor for the Indiana Department of Child Services (DCS) child;
2. The child (when deemed appropriate);

Note: The child’s age, maturity, developmental level, and behavioral needs should be considered when determining a child’s attendance at CFTRs. The Child and Family Team (CFT) should discuss the CFTR process with the child, if appropriate, to assess the child’s understanding of and ability or willingness to participate in the meeting and determine which portions of the meeting the child should attend. If it is not appropriate for the child to attend the CFTR, ensure the child’s voice is presented to the team.

3. The child’s family (if Termination of Parental Rights [TPR] has not occurred);
4. The resource parent, if applicable;
5. Field Leadership or Designee;
6. Clinical Services Specialist (CSS) or Probation Services Consultant (PSC), for dual status youth, when requested by leadership;
7. Regional Foster Care Specialist (RFCS) or Kinship Navigator (KN) (formerly known as the Relative Support Specialist [RSS]);
8. Guardian Ad Litem (GAL) and/or Court Appointed Special Advocate (CASA);
9. Service providers; and
10. Other DCS support staff relevant to the case (e.g., Educational Liaison [EL], Adoption Consultant, and Regional Services Consultant).

When a child requires 24-hour supervision or the child is not able to function on a daily basis in a family home environment, the FCM will:

1. Discuss the child's needs, reason for requesting residential treatment, and verify there is no alternative to residential treatment with the FCM Supervisor and LOD. See policy 8.01 Selecting a Placement Option to ensure all steps are completed;

Note: RM approval must be sought prior to the CFTR if requesting admission of a child under the age of 10 to residential treatment.

2. Seek consultation from the CSS via phone or email concerning the behavioral, service, placement and treatment needs of the child, if needed,
3. Ensure the CFTR is scheduled and facilitated within one (1) week of determining a CFTR is needed. The CFTR should be scheduled at a time that works best for required parties;
4. Inform the CFT members of the CFTR process;

Note: Ensure the youth's Probation Officer (PO) is invited to participate in the CFTR for dual status youth.

5. Notify the CFTR participants of the date and time upon confirmation of the scheduled CFTR. The CFTR may be held in-person, via phone, or using virtual technology;

Note: The Integrated Care Manager and the Deputy Director of Juvenile Justice Initiatives and Support or designee must be present at the CFTR if residential out-of-state treatment is being considered. See policy 8.53 Out-of-State Residential Treatment Review and Approval for additional guidance.

6. Be prepared to present the following information for DCS or dual status youth to the CFTR to obtain placement approval and begin completion of the Step-Down Planning form:
 - a. Child and Adolescent Needs and Strengths Assessment (CANS) and/or Indiana Youth Assessment System (IYAS) score and recommendations,
 - b. Case Plan/Prevention Plan, and
 - c. Any other documentation available to support the proposed level of care (e.g., current psychological evaluation, current social history, or current list of medications).
7. Participate in the CFTR (held in person or virtual);
8. Ensure all team members are aware of the CFTR Confidentiality Agreement and document adherence to the CFTR Confidentiality Agreement in the case management system;

Note: Confidentiality of all members must still be ensured when the CFTR is held virtually.

9. Ensure completion of the 30-Day Assessment referral during the CFTR, if possible, or no later than 24 hours after the CFTR. The referral must include names and contact information for all CFT members and family supports, such as biological family members (if deemed appropriate), relatives and kin, and professionals who are a resource for the child, such as teachers, medical or mental health providers, or clergy. For a child age 14 years and older, include child representatives (age 18 years and older) who have been identified by the child;

Note: A new referral must be completed each time a child is placed in a Qualified Residential Treatment Program (QRTP), even if the child is being moved from one (1) QRTP to another QRTP.

10. Upload the completed Step-Down Planning form to the case management system if it is determined the child will be placed in residential treatment;
11. Seek assistance from the CSS and/or PSC, for dual status youth, to secure placement for the child in one (1) of the identified residential treatment facilities, if needed. See policy 8.53 Out-of-State Residential Treatment Review and Approval if out-of-state residential treatment is being considered for the child;
12. Work with the DCS Staff Attorney to request court approval prior to the child's admission to residential treatment;
13. Ensure the child is admitted to the recommended residential treatment facility;
14. Document the child's admission in the case management system within 24 hours of the admission;
15. Develop a plan for more frequent contact than the required monthly face-to-face contact with the child in the residential facility. See policy 8.10 Minimum Contact for more information;
16. Submit a referral to the DCS Education Services team to begin determination of best interest regarding educational setting placement (in accordance with the Every Student Succeeds Act [ESSA]). See policies 8.20 Educational Services and 8.22 School Notifications and Legal Settlement for further information;

Note: The FCM must notify the child's school within 72 hours when the child is admitted to residential treatment. A determination of the child's best interests regarding educational placement will be determined in collaboration with the local education agency.

17. Schedule a Residential Treatment Focused CFT meeting within five (5) to 10 business days of admission and invite the 30-Day Assessment contracted provider to attend the meeting. See policy 5.07 Child and Family Team Meetings for additional information;

Note: A Residential Treatment Focused CFT Meeting should occur every 30 days until the child is discharged from residential treatment. The Step-Down Planning form must be reviewed every 90 days during the Residential Treatment Focused CFT and provided to the court with the Child and Family Team Meeting Notes.

18. Complete the following upon electronic notification and receipt of the QRTP Determination Report:
 - a. Review and staff the QRTP Determination Report with the FCM Supervisor and RM, as needed,

Note: A Residential Treatment Focused CFT Meeting may be re-convened, if needed, to review the outcome with the CFT members.

- b. Email Indiana QRTP Referrals if the assessment determines that placement in residential treatment is **not** appropriate for the child, but there may be information that **warrants a reconsideration**. A reconsideration should be requested when additional information is identified that was not available or reported during the assessment or when significant changes in the child's status have occurred within 14 business days of the denial. Include the following information in the email:

- i. The child's name;
- ii. Specific and detailed information about the child's new or updated needs and circumstances; and
- iii. Any documentation that provides additional details, if available.

Note: If more than 14 business days have passed, a new 30-Day Assessment referral should be submitted in the case management system for a new QRTP Determination Report.

- c. Ensure the QRTP Determination Report is attached to the child's Case Plan/Prevention Plan.

Note: For dual status youth, the QRTP Determination Report should also be reviewed with the PO and the PO Supervisor. See policy 2.25 Dual Status for additional guidance.

19. Refer the child for a Strategic Permanency Roundtable if the child remains in residential treatment for more than five (5) months;
20. Refer the child for a 30-Day Assessment upon notification from the contracted provider that the child needs to be reassessed due to the child's age and/or length of time in residential treatment;

Note: The reassessment requirements depend on the following criteria:

- a. Six (6) months (consecutive or nonconsecutive) for a child 12 years of age and younger, or
- b. Twelve (12) consecutive months or 18 nonconsecutive months for a child 13 years of age and older.

21. Notify FCMS after the QRTP Determination Report is received;
22. Ensure all QRTP Determination Reports and the Case Plan/Prevention Plan, which includes the Step-Down Planning form, are provided to the DCS Staff Attorney for submission to the court; and
23. Document all recommendations, approvals, denials, and actions taken in the case management system.

The FCM Supervisor will:

1. Review with the FCM the child's needs and any information to support the recommendation for residential treatment;
2. Assist the FCM with preparation for each CFTR;
3. Ensure the RM is notified in advance if the child is under 10 years of age and admission to residential treatment is being requested;
4. Assist the FCM in presenting the case information during the CFTR;
5. Verify the completion of the 30-Day Assessment referral and ensure all required information is included;
6. Staff with the FCM if questions arise from the QRTP Determination Report;
7. Ensure the FCM manages all aspects of the residential treatment process, including, but not limited to:
 - a. The DCS Staff Attorney receiving the QRTP Determination Report and the Case Plan/Prevention Plan, which includes the Step-Down Planning form,
 - b. Step-Down Plan updates,
 - c. Monthly Residential Treatment-Focused CFT Meetings, and
 - d. More frequent contact with the child.

8. Ensure all recommendations, approvals, and actions taken are documented in the case management system.

The LOD will:

1. Assist the FCM and FCM Supervisor, as needed, when a child is recommended for admission to residential treatment;
2. Assist the FCM and FCM Supervisor, as needed, when the outcome of the 30-Day Assessment is a denial of QRTP or a reassessment is being considered; and
3. Attend scheduled CFTRs, when available or designated.

The RM will:

1. Ensure reviews by the CFTR take place timely;
2. Review and approve or deny all recommendations for a child placed in residential treatment prior to the CFTR for children under 10 years of age;
3. Assist with making decisions about placement and any discrepancies in the choice of the treatment facility;
4. Attend scheduled CFTRs, when available or designated; and
5. Assist the DCS local office, as needed, when the outcome of a 30-Day Assessment is a denial of QRTP.

The CSS will:

1. Respond to request to review the child's needs, including needed services, with the FCM in person, or via phone or email prior to the CFTR, if needed. See policy 5.10 Family Services for additional information;
2. Attend CFTRs for DCS youth upon request by field leadership;
3. Provide guidance, upon request, if the FCM experiences difficulty admitting the child to the residential treatment facility identified at the CFTR; and
4. Assist the FCM, as necessary, throughout the process of admitting the child to residential treatment, if requested.

When probation is the lead agency for Dual Status youth, the PSC will:

1. Review the child's needs, including needed services, and provide a preliminary recommendation to the PO in person, via phone, or via email prior to the CFTR if applicable or continuation with current process for approval for residential treatment;
2. Ensure the PO is aware of all steps necessary to prepare for and participate in the CFTR, if appropriate, and all additional steps necessary prior to the youth's discharge;
3. Attend all CFTRs when appropriate;
4. Provide guidance on the residential treatment facilities found on the Residential Treatment Facility Search and assist with prioritizing the most appropriate option for the child; and
5. Assist the PO, as necessary, throughout the process of admitting a youth to residential treatment.

The DCS Staff Attorney will:

1. Request court authorization prior to the child being admitted in residential treatment;
2. Provide notice to the court and request a court hearing if the child has been detained by DCS and/or the detention is included in a post-dispositional modification;
3. Ensure the QRTP Determination Report and the Case Plan/Prevention Plan, which includes the Step-Down Planning form, are submitted to the court for the 60-day review and approval; and

4. Ensure the child's progress in residential treatment is provided to the court at each subsequent hearing and provide the Step-Down Planning form.

LEGAL REFERENCES

- [IC 31-25-2-23: Permanency roundtable duties; residential placement committee](#)
- [42 USC 672: Foster care maintenance payments program](#)

RELEVANT INFORMATION

Definitions

Qualified Residential Treatment Program (QRTP)

A Qualified Residential Treatment Program (QRTP) is a designation for a Child Caring Institution (CCI), Group Home (GH), or Private Secure Facility (PSF) which meets requirements specified by the Family First Prevention Services Act (FFPSA). Requirements a program must meet for this designation may be found in policy 17.03 Verification of QRTP Designation. A program which receives this designation may qualify for federal Title IV-E matching payments after a child's first two weeks in the program. See policy 15.13 Title IV-E Eligible Placements for additional information regarding this eligibility.

Forms and Tools

- Case Plan/Prevention Plan – available in the case management system
- [Child-Focused Treatment Review \(CFTR\) Confidentiality Agreement \(SF 57114\)](#)
- [Continued Qualified Residential Treatment Program \(QRTP\) Approval for Title IV-E \(SF 57138\)](#)
- [DCS Clinical services Specialists Contact Map](#)
- Indiana QRTP Referrals Email - IndianaQRTPReferrals@maximus.com
- [Probation Service Consultants Map](#)
- [Residential Treatment Facility Search](#)
- [Step-Down Planning \(SF 57072\)](#)

Related Policies

- [2.25 Dual Status](#)
- [5.07 Child and Family Team Meetings](#)
- [5.10 Family Services](#)
- [8.01 Selecting a Placement Option](#)
- [8.04 Emergency Shelter Care and Urgent Residential Placement](#)
- [8.10 Minimum Contact](#)
- [8.20 Educational Services](#)
- [8.22 School Notifications and Legal Settlement](#)
- [8.53 Out-of-State Residential Treatment Review and Approval](#)
- [15.13 Title IV-E Eligible Placements](#)
- [17.03 Verification of Qualified Residential Treatment Program \(QRTP\) Designation](#)