Region 13

Biennial Regional Services Strategic Plan
Child Protection Plan and Service Array Plan

Section 5 – Service Array Appendix

SFY 2013-2014

February 2, 2012

Biennial Regional Services Strategic Plan
Service Array Appendix

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Service Array

Service Standard-August 26, 2011R	Revision/Clarification
Adoption	
Family Prep	"Reports" language added (Section II) and Reports billable unit to Billable Unit (Section VI).(June 7, 2011)
Family Centered Services	
Home-Based Family Centered Casework Services	Crisis Service Language added (Section IV) (May 5, 2011)
Home-Based Family Centered Casework Services	"Reports" language added (Section V) and Reports billable unit to Billable Unit (Section IX). (June 7, 2011)
Home-Based Family Centered Therapy Services	Crisis Service Language added (Section IV) (May 5, 2011)
Home-Based Family Centered Therapy Services	"Reports" language added (Section V) and Reports billable unit to Billable Unit (Section IX) (June 7, 2011)
Homemaker/Parent Aid	Crisis Service Language added (Section III) (May 5, 2011)
Homemaker/Parent Aid	"Reports" language added (Section IV) and Reports billable unit to Billable Unit (Section VIII) (June 8, 2011)
Homemaker/Parent Aid	Life Skills Training not Provision of Child Care added to Care of Children(Section I) (August 26, 2011)
Other Services	
Care Network	"Reports" language added (Section IV) and Reports billable unit to Billable Unit (Section VIII) (June 8, 2011)
Counseling	**Initial Assessment** added as a bullet point in second paragraph of what the Professional staff provides under Section I. Service Description (March 8, 2011)
Counseling	"Reports" language added (Section IV) and Reports billable unit to Billable Unit (Section VIII) (June 8, 2011)

Diagnostic and Evaluation Services	"Reports" language added (Section III) and Reports billable unit to Billable Unit (Section VII) (June 8, 2011)
Diagnostic and Evaluation Services	"Comprehensive Report" language added to Service Delivery (Section II) and Comprehensive Report Billable Component added to Billable Unit (Section VII) (July 21, 2011)
Diagnostic and Evaluation Services	Under Clinical Interview and Assessment in Service Delivery (Section II)-bullet point for Bio-psychological assessment /bullet point for Parenting Functioning assessment deleted.(July 7, 2011)
Domestic Violence-Batterer Intervention Services	"Reports" language added (Section III) and Reports billable unit to Billable Unit (Section VII) (June 8, 2011)
Domestic Violence-Batterer Intervention Services	"Therapeutic DV Batterer Intervention" added to Section II and to Per Person Per Group-Therapeutic DV Batterer Intervention billable unit to Billable Unit (Section VII) (July 12,2011)
Domestic Violence-Batterer Intervention Services	Per Person Per Group billable unit added to Billable Unit (Section VII)(July 12, 2011)
Domestic Violence-Batterer Intervention Services	II Service Delivery: Therapeutic DV Batterer Intervention facilitator qualifications revised. (August 26, 2011)
Domestic Violence-Survivor and Child Intervention Services	"Reports" language added (Section III) and Reports billable unit to Billable Unit (Section VII) (June 8, 2011)
Father Engagement Programs	"Reports" language added (Section III) and Reports billable unit to Billable Unit (Section VII) (June 8, 2011)
Father Engagement Programs	Billing language for additional collateral contacts added to Billable Unit (Section VII0 (July 7, 2011_
Parent Education	"Reports" language added (Section II) and Reports billable unit to Billable Unit (Section VI) (June 8, 2011)
Parent Education	"Group" definition revised in Billable Unit (Section VII), June 10,2011
Parenting/Family Functioning	"Reports" language added (Section III) and

Assessment	Reports billable unit to Billable Unit (Section VII) (June 8, 2011)
Sex Offender Treatment	"Reports" language added (Section IV) and Reports billable unit to Billable Unit (Section VIII) (June 8, 2011)
Transition From Restrictive Placement	Removed the following sentence: "Transition from Restrictive Placement (TRP) is a court-ordered program for youth adjudicated a CHINS or JD/JS" (Section I) (April 21, 2011)
Transition From Restrictive Placement	"Reports" language added (Section IV) and Reports billable unit to Billable Unit (Section VIII) (June 8, 2011)
Addictions	
Drug Testing & Supplies	Language added to I. Service Description: "The drug test list includes Drugs of Abuse (illegal drugs), Therapeutic Drugs (Prescription Drugs-Painkillers, Mental Health Meds, etc.) and Designer drugs (i.e. Ks, "Spice"). (March 21, 2011)
Random Drug Testing	Language added to I. Service Description: "The drug test list includes Drugs of Abuse (illegal drugs), Therapeutic Drugs (Prescription Drugs-Painkillers, Mental Health Meds, etc.) and Designer drugs (i.e. Ks, "Spice"). (March 21, 2011)
Detoxification Services	"Reports" language added (Section III) and Reports billable unit to Billable Unit (Section VII) (June 8, 2011)
Substance Use Disorder Assessment	"Reports" language added (Section IV) and Reports billable unit to Billable Unit (Section VIII) (June 8, 2011)
Substance Use Outpatient Treatment	"Reports" language added (Section IV) and Reports billable unit to Billable Unit (Section VIII) (June 8, 2011)

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	Foster Home Studies / Updates / Relicensing Studies	DCS	52
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	Domestic Violence - Survivor and Child Intervention Services (Revised 6/8/11-Effective 7/1/11)	**DCS**	**100**
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	Visitation Facilitation-Parent/Child/Sibling	**DCS**	**159**
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	Random Drug Testing (Revised 3/21/11-Effective 7/1/11)	**DCS**	**172**
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SERVICE STANDARD
INDIANA DEPARTMENT OF CHILD SERVICES
ADOPTION - CHILD PREPARATION

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 child(ren) 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 limited to the following areas:

1) reconstruction and interpretation of child's history
2) weaving together the child's background so s/he understands 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 individuals 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 acceptance of the adoption process.
2. 95% of the children prepared ages 4 to 10 will be able to draw a version of an adopted family.
3. 95% of the children prepared over the age 10 will describe their ideal adoptive family.
4. 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. Minimum 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/neglect and trauma 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 socio-cultural 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; report writing, travel time, professional time involved preparing the assessment report. This also includes support 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.

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. (Actual Cost).

Group
Services include group goal directed work with clients. To be billed per group hour.

Services may be billed in 15 minute increments; partial units are rounded to the nearest quarter hour using the following guidelines:

• 0 to 7 minutes	do not bill	0.00 hour
• 8 to 22 minutes	1 fifteen minute unit	0.25 hour
• 23 to 37 minutes	2 fifteen minute units	0.50 hour
• 38 to 52 minutes	3 fifteen minute units	0.75 hour
• 53 to 60 minutes	4 fifteen minute units	1.00 hour

- **Court:** The provider of this service may be requested to testify in court. A Court Appearance is defined as appearing for a court hearing after receiving a request (either verbal or written) by DCS to appear in court, and can be billed per appearance. Therefore, if the provider appeared in court two different days, they could bill for 2 court appearances. Maximum of 1 court appearance per day. The Rate of the Court Appearance includes all cost associated with the court appearance, therefore additional costs associated with the appearance cannot be billed separately.

VI. 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) Written reports no less than monthly or more frequently as prescribed by DCS/Probation. Monthly reports are due by the 10th of each month following the month of service, case documentation shall show when report is sent.
4) Copy of DCS/Probation case plan, informal adjustment documentation, or documentation of requests for documents given to DCS/Probation

VII. Service Access

All services must be accessed and pre-approved through a referral form from the referring DCS staff. In the event a service provider receives verbal or email authorization to provide services from DCS/Probation an approved referral will still be required. Referrals are valid for a maximum of six (6) months unless otherwise specified by the DCS. Providers must initiate a re-authorization for services to continue beyond the approved period.

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.

SERVICE STANDARD
INDIANA DEPARTMENT OF CHILD SERVICES
FAMILY PREPARATION/HOME STUDY
(Revised 6/7/11-Effective 7/1/11)

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 Policies. 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) Home study should address specific children if the following applies: a child has been identified to be placed or has already been placed in the home, such as in the case for foster to adopt and kinship adoption
2) Child Behavior Challenges Checklist
3) Reference forms completed by four (4) of which one (1) may be a relative
4) Financial profile
5) Medical Report for Foster Care/Adoption
6) Application for Foster Family/Adoptive/Approved Relative Home
7) Background check for all persons in the household:
    a. See State Child Welfare Policies for details and directions.
8) Consent to Release of Information for Foster Family Home License or Adoption
9) Outline for Adoption/Foster Family Preparation Summary

Family Assessment
The Family Assessment Process includes the initial contact with a family, the application, several home visits at convenient times for the parent(s) including evenings and weekends if necessary. The process may include but is not limited to the following:

- processing the family's references, medical information forms, financial forms and all other necessary state forms
- creating with the family, family genograms, eco-map, etc
- preparing other members of the 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 at the home during the day
- using the challenges checklist as a learning tool to review common challenges the children have with the family and to gauge the families degree of acceptance of the child's needs/challenges and to help the family self-evaluate to determine how such needs/challenges will impact the family now and in the future as well as if special needs adoption is for them
- assists the family with pre-placement family support services and
- serving as advocate for the family throughout the adoption process

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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 with which they can work.

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 child has already been identified for the home.

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 worker. 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. The SNAP council team will recommend if the family is appropriate for consideration to adopt a special needs child. Families will be added to a database of approved families and their information will be shared with the other SNAP Specialists.

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, lifestyle, 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. When DCS is not paying for services:

A billable unit of "Reports" has been developed for providers who service DCS families without DCS payment for these services (Medicaid, insurances, self-pay) but DCS wants a report from the provider on the progress of the family. The referral process has been set up to authorize reports and court components on the DCS referral form in these incidences. **DCS will only pay for reports when DCS is not paying for these services.** If the services provided are not funded by DCS, the report rate per hour will be paid for the necessary reports on a referral form issued by DCS. Court testimony will be paid per appearance if requested on a referral form issued by DCS. In order to be paid for a court appearance a subpoena or written request from DCS should be on file.

III. Target Population

1) Families who are willing to parent a child or a sibling group of children, in Indiana's custody.
2) Families for whom adoptive home study update has been requested by the DCS.
3) ICPC requests for studies of Indiana families as potential placement for relative children from other states.

IV. Goals and Outcome measures

Goal#l
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) 95% of families, who are approved by the SNAP Council, will not need additional work done or will have the recommended additions or changes completed within 30 days as recommended by the Council.

Goal #2
Ensure that the local SNAP Specialist are aware of each prepared and waiting family
Outcome Measures

1) 95% of families with completed home studies will be sent to SNAP Council Team for approval within 30 days of the completion of the home study.
2) 100% of prepared adoptive families, who are in need of recruitment, will be presented at SNAP Council Team 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.

Goal #4
DCS and family awareness of available services
Outcome Measure

1) 95% of families will report an understanding of the adoption process to the SNAP Specialist.
2) 100% of families will be made aware of post adoptive services available to them.
3) DCS satisfaction will be rated level 4 and above on the Service Satisfaction Report.

V. Minimum 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.

VI. Billable Units

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

The hourly rate includes face to face contact with the identified client/family members and professional time involved preparing the assessment report. Includes collateral contacts, case conferencing, follow up with the family, SNAP Team presentation at Statewide Council; and travel.

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

Services may be billed in 15 minute increments; partial units are rounded to the nearest quarter hour using the following guidelines:

• 0 to 7 minutes	do not bill	0.00 hour
• 8 to 22 minutes	1 fifteen minute unit	0.25 hour
• 23 to 37 minutes	2 fifteen minute units	0.50 hour
• 38 to 52 minutes	3 fifteen minute units	0.75 hour
• 53 to 60 minutes	4 fifteen minute units	1.00 hour

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. (Actual Cost)

Court: The provider of this service may be requested to testify in court. A Court Appearance is defined as appearing for a court hearing after receiving a request (either verbal or written) by DCS to appear in court, and can be billed per appearance. Therefore, if the provider appeared in court two different days, they could bill for 2 court appearances. Maximum of 1 court appearance per day. The Rate of the Court Appearance includes all cost associated with the court appearance, therefore additional costs associated with the appearance cannot be billed separately.

Reports: If the services provided are not funded by DCS, the "Reports" hourly rate will be paid. A referral for "Reports" must be issued by DCS in order to bill.

VII. Case Record Documentation

Case record documentation for service eligibility must include:

1) A completed, signed, and dated DCS/ Probation referral form authorizing services.
2) Documentation of contacts regarding foster parent interest in adopting children in their care or other children available. OR Documentation of all contacts with potential adoptive family and a record of services provided with goals and objectives of the services and dates of service.
3) Documentation includes a copy of the written home studies for all prospective families following the outline in the Child Welfare Policies.

VIII. Service Access

All services must be accessed and pre-approved through a referral form from the referring DCS. In the event a service provider receives verbal or email authorization to provide services from DCS an approved referral will still be required. Referrals are valid for a maximum of six (6) months unless otherwise specified by the DCS. Providers must initiate a re-authorization for services to continue beyond the approved period.

IX. 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.

SERVICE STANDARD
INDIANA DEPARTMENT OF CHILD SERVICES
HOME-BASED FAMILY CENTERED CASEWORK SERVICES
(Revised 6/7/11-Effective 7/1/11)

I. Services Description

Provision of home-based casework services for families involved with DCS/Probation. Home-based casework is also available for pre-adoption and post-adoption services for adoptive families at risk or in crisis. These in-home services should be high quality, family centered, and culturally competent. They should be effective in reducing maltreatment, improving caretaking and coping skills, enhancing family resilience, supporting healthy and nurturing relationships, and children's physical, mental, emotional and educational well-being. Home-Based Casework Services should help to safely maintain children in their homes (or foster home); prevent children's initial placement or reentry into foster care; preserve, support, and stabilize families; and promote the well-being of children, youth, and families. Home-based Caseworker Services (HCS) provides any combination of the following kinds of services to the families as approved by DCS/Probation:

- Home visits
- Participation in DCS Case planning
- Supervised visitation **
- Coordination of services
- Conflict management
- Emergency/crisis services
- Child development education
- Domestic violence education
- Parenting education/training
- Family communication
- Facilitate transportation*
- Participation in Child and Family Team meetings
- Family reunification/preservation
- Reactive Attachment Disorder (RAD) support
- Foster family support
- 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 goals

* HCS transport limited to client goal-directed, face-to-face as approved/specified as part of the case plan or goals/objectives identified at the Child and Family Team Meeting. (e.g. housing/apartment search, etc.)

**Supervised Visits will be billed separately from other services within this standard. The "Visitation Monthly Progress Report" form must be used to report the supervised visitation portion of the services provided. The "Monthly Progress Report" will be used for the remainder.

II. Service Delivery

1) Service provision must occur with face-to-face contact with the family within 48 hours of referral.
2) Services must include 24 hour crisis intake, intervention, and consultation seven days a week and must be provided primarily in the family's home. Limited services may also be provided at a community site.
3) Services must include ongoing risk assessment and monitoring family/parental progress.
4) The family will be the focus of service, and services will focus on the strengths of the family and build upon these strengths. Members of the client family, which may include foster parents, are to be defined in consultation with the family and approved by DCS/Probation. This may include persons not legally defined as part of the family. Approved family members will be documented as those listed on the authorizing DCS/Probation referral and subsequent written documents.
5) Services will be time-limited and focused on limited objectives derived directly from the established DCS/Probation case plan or Informal Adjustment.
6) Services must include development of short and long-term family goals with measurable outcomes that are consistent with the DCS case plan.
7) Services must be family centered and child focused.
8) Services may include intensive in-home skill building and must include after-care linkage.
9) Services include providing monthly progress reports; requested supportive documentation such as case notes, social summaries, etc.; and requested testimony and/or court appearances including hearings and/or appeals; case conferences/staffing. Monthly reports are due by the 10th of each month following the month of service.
10) Staff must respect confidentiality. Failure to maintain confidentiality may result in immediate termination of the service agreement.
11) 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.
12) The caseload of the HCS will include no more than 12 active families at any one time.
13) Services will be provided within the context of the DCS practice model or Probation plan with involvement in Child and Family Team (CFT) meetings if invited. A treatment plan will

be developed based on assessment by the provider and agreements reached in the Child and Family Team meetings and/or documented in the authorizing referral.

14) Each family receives comprehensive services through a single HCS acting within a team, with team back up and agency availability 24 hours a day, 7 days a week.
15) DCS may choose to select a standardized tool for evaluating family functioning. Services will include administration of this tool at the initiation of services as well as periodically during service provision.

III. Medicaid

For those families and children not eligible for Medicaid Rehabilitation Option, this service will be paid by DCS. For eligible families and children, some services may be provided through Medicaid Rehabilitation Option (MRO) with the remaining services paid by DCS. While the primary focus of these services is on the needs of the family, it is expected that some of these services will be deemed medically necessary to meet the behavioral health care needs of the MRO eligible client, and therefore may be billable to MRO. The service standard is not a Medicaid standard and includes services that are not billable to Medicaid. It is the responsibility of the contracted service provider to be knowledgeable about the Medicaid billing requirements and comply with them, including provider qualifications and any pre-authorization requirements and further, to appropriately bill those services in particular cases where they may be reimbursed by Medicaid. The Services not eligible for MRO may be billed to DCS.

IV. Crisis Service

"Safely Home Families First" is the Indiana Department of Child Services (DCS) Initiative for 2011. Our goal is to keep as many children "Safely Home" with their caretakers when possible. When removal of a child is necessary, then placement should be with "Families First." Placing children with relatives is the next healthiest action to take, regarding meeting a child's safety needs as well as their emotional needs. Crisis services may be necessary to prevent the removal of the child(ren). The family centered practice of the home based services is the best avenue to provide crisis services.

These crisis services are for families who have children at imminent risk of removal. Imminent risk is defined as: Immediate threat of injury or harm to a child when ***no interventions*** have occurred to protect the child. Goal is to resolve the immediate crisis, prevent removal of the child, and to transition and/or link the family to needed services.

Criteria for service:

- The crisis intervention provider must be available for contact 24/7.
- The provider must have a crisis intervention telephone number.
- The FCM will notify the Provider of a crisis situation and require a 1 hour response on the part of the provider.
- One (1) hour response time required. (No more than 1 hour from phone call to provider to a face to face contact with the family by the provider.)
- Referrals would be for families who are not currently receiving home based services (Home Based Casework, Home Based Therapy, Homemaker, or Homebuilders). Crisis Intervention services to existing clients in Home Based Services are already included as part of the service standards.
- Crisis Intervention includes, but is not limited to, crisis assessment, planning and counseling specific to the crisis. Most interventions are expected to be in the home.
- Crisis payment is for the "incident only". The "incident" for payment purposes for the provider will start at the time of a face to face contact with the client and end when that face to face contact ends.
- A Crisis Report shall be electronically sent to the FCM within 24 hours. This report should document the start time and end time of the intervention. It shall report the assessment of the situation and recommendations for services, if any.
- The referral for this service will be after the incident and will include ongoing services if deemed necessary.

V. When DCS is not paying for services:

A billable unit of "Reports" has been developed for providers who service DCS families without DCS payment for these services (Medicaid, insurances, self-pay) but DCS wants a report from the provider on the progress of the family. The referral process has been set up to authorize reports and court components on the DCS referral form in these incidences. **DCS will only pay for reports when DCS is not paying for these services.** If the services provided are not funded by DCS, the report rate per hour will be paid for the necessary reports on a referral form issued by DCS. Court testimony will be paid per appearance if requested on a referral form issued by DCS. In order to be paid for a court appearance a subpoena or written request from DCS should be on file.

VI. Target Population

Services must be restricted to the following eligibility categories:

1) Children and families who have substantiated cases of abuse and/or neglect and will likely develop into an open case with IA or CHINS status.
2) Children and their families which have an Informal Adjustment (IA) or the children have the status of CHINS or JD/JS.
3) Children with the status of CHINS or JD/JS and their Foster/Kinship families with whom they are placed.
4) All adopted children and adoptive families.

Services billable to MRO are for Medicaid eligible clients with a qualifying diagnosis and level of need.

VII. Goals and Outcomes

Goal #1
Maintain timely intervention with the family and regular and timely communication with referring worker.
Objectives:
1) HCS or back-up is available for consultation to the family 24-7 by phone or in person.

Fidelity Measures:

1) 95% of all families that are referred will have face-to-face contact with the client within 48 hours of receipt of the referral or inform the current Family Case Manager/Probation Officer 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 current Family Case Manager/Probation Officer 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 current Family Case Manager/Probation Officer by the 10th of the month following the services.

Goal #2 Clients will achieve improved family functioning.
Objectives:
1) Goal setting, and service planning are mutually established with the client and Home Based Caseworker within 30 days of the initial face-to-face intake and a written report signed by the Home Based Caseworker and the client is submitted to the current FCM/ Probation Officer.

Client Outcome Measures:

1) 67% 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
2) 90% of the individuals/families will not be the subjects of a new investigation resulting in the assignment of a status of "substantiated" abuse or neglect throughout the service provision period. (To be measured/evaluated by DCS/Probation staff)
3) 90% of the individuals/families that were intact prior to the initiation of service will remain intact throughout the service provision period.
4) If DCS elects to implement a standardized tool for evaluating family functioning, a related outcome measure will be added.

Goal #3 DCS/ Probation and clients will report satisfaction with services.

Outcome Measures:

1) DCS/ Probation satisfaction will be rated 4 and above on the Service Satisfaction Report.
2) 90% of clients will rate the services "satisfactory" or above on a satisfaction survey developed by the service provider, unless one is distributed by DCS/Probation to providers for their use with clients Providers are to survey a minimum of 12 clients or 20% of their caseload (whichever results in a larger number) randomly selected from each county served.

VIII. Minimum Qualifications

Direct Worker:

Bachelor's degree in social work, psychology, sociology, or a directly-related human service field from an accredited college. Must possess a valid driver's license and the ability to use private car to transport self and others, and must comply with the state policy concerning minimum car insurance coverage.

In addition to the above:

- 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 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, loss of familiar surroundings, customs and traditions of the child's culture, entitlement, gratification delaying, flexible parental roles and humor

Supervisor:
Master's or Doctorate degree in social work, psychology, or directly-related human services field from an accredited college.

Services provided 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.

Providers are to respond to the on-going individual needs of staff by providing them with the appropriate combination of training and supervision. The frequency and intensity of training and supervision are to be consistent with "best practices" and comply with the requirements of each provider's accreditation body. Supervision should include individual, group, and direct observation modalities and can utilize teleconference technologies. Under no circumstances is supervision/consultation to be less than one (1) hour of supervision/consultation per 25 hours of face-to-face direct client services provided, nor occur less than every two (2) weeks.

IX. Billable Unit

Medicaid: Services through the Medicaid Rehab Option (MRO) may be Case Management and/or Skills Training & Development. Medicaid shall be billed when appropriate.

- Medically necessary behavioral health care Skills Training and Development services for the MRO will be paid per 15 minute unit for Individual and Family per 15 minute unit for group.

- Medically necessary behavioral health care Case Management for the MRO child will be paid per 15 minute unit. Case Management services should not exceed those included in the MRO package.

Billing Code	Description
T1016 HW	Case Management, each 15 minutes
H2014 HW	Skills Training and Development , per 15 minutes
H2014 HW HR	Skills Training and Development, per 15 minutes (family/couple, consumer present)
H2014 HW HS	Skills Training and Development, per 15

	minutes (family/couple, without consumer present)
H2014 HW U1	Skills Training and Development , per 15 minutes (group setting)
H2014 HW HR U1	Skills Training and Development , per 15 minutes (group setting, family/couple, with consumer present)
H2014 HW HS U1	Skills Training and Development , per 15 minutes (group setting, family/couple, without consumer present)

DCS holds overall Case Management responsibility. In order to assist DCS with the coordination of medically necessary behavioral health care needs of the MRO client, CMHC's may provide case management services with this specific focus.

DCS Funding: Those services not deemed medically necessary for the Medicaid eligible client, including services to other referred members of the family that are not related to the behavior health care needs of the eligible client, will be billed to DCS per face-to-face hour as outlined below. These billable units will also be utilized for services to referred clients who are not Medicaid eligible and for those providers who are unable to bill Medicaid. .

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 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 in-vehicle (or in-transport) time with client provided it is identified as goal-directed, face-to-face, and approved/specified as part of the client's intervention plan (e.g. housing/apartment search, etc.).
- Includes crisis intervention and other goal-directed interventions via telephone with the identified client family.
- Includes time spent completing any DCS approved standardized tool to assess family functioning.

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

Supervised Visit:
** Time spent supervising visits will be billed separately from other services within this standard. The rate will be the same as the face-to-face rate, but will include only time spent face-to-face supervising the visit. Any other billable time as defined in the face-to-face rate, should be billed under the face-to-face rate.

Services may be billed in 15 minute increments; partial units are rounded to the nearest quarter hour using the following guidelines:

• 0 to 7 minutes	do not bill	0.00 hour
• 8 to 22 minutes	1 fifteen minute unit	0.25 hour
• 23 to 37 minutes	2 fifteen minute units	0.50 hour
• 38 to 52 minutes	3 fifteen minute units	0.75 hour
• 53 to 60 minutes	4 fifteen minute units	1.00 hour

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. (Actual Cost).

Court
The provider of this service may be requested to testify in court. A Court Appearance is defined as appearing for a court hearing after receiving a request (either verbal or written) by DCS or subpoena to appear in court, and can be billed per appearance. Therefore, if the provider appeared in court two different days, they could bill for 2 court appearances. Maximum of 1 court appearance per day. The Rate of the Court Appearance includes all cost associated with the court appearance, therefore additional costs associated with the appearance cannot be billed separately.

Reports
If the services provided are not funded by DCS, the "Reports" hourly rate will be paid. A referral for "Reports" must be issued by DCS in order to bill.

X. Case Record Documentation

Case record documentation for service eligibility must include:

1) A completed, signed, and dated DCS/ Probation 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/Probation. Monthly reports are due by the 10th of each month following the month of service, case documentation shall show when report is sent.
4) Copy of DCS/Probation case plan, informal adjustment documentation, or documentation of requests for documents given to DCS/Probation

XI. Service Access

All services must be accessed and pre-approved through a referral form from the referring DCS/Probation staff. In the event a service provider receives verbal or email authorization to provide services from DCS/Probation an approved referral will still be required. Referrals are valid for a maximum of six (6) months unless otherwise specified by the DCS/Probation. Providers must initiate a re-authorization for services to continue beyond the approved period. A referral from DCS does not substitute for any authorizations required by the Medicaid program.

XII. 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.

HOME-BASED FAMILY CENTERED THERAPY SERVICES
(Revised 6/7/11-Effective 7/1/11)

I. Service Description

This service standard applies to services provided to families and children involved with the Department of Child Services and/or Probation. These in-home services should be high quality, family centered, and culturally competent.

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
- Participation in Child and Family Team meetings
- Sex abuse
- Goal setting
- Family structure (external boundaries, relationships, socio-cultural history)
- Problem solving
- Support systems
- Interpersonal relationships
- Therapeutic supervised visitation**
- Family processes (adaptation, power authority, communications, META rules)
- Cognitive behavioral strategies
- Brief therapy
- Family reunification/preservation
- Grief and loss
- Domestic violence education
- Reactive Attachment Disorder (RAD) support

**Supervised Visits will be billed separately from other services within this standard. The "Visitation Monthly Progress Report" form must be used to report the supervised visitation portion of the services provided. The "Monthly Progress Report" will be used for the remainder.

II. Service Delivery

1) Services must include 24 hour crisis intake, intervention, and consultation seven days a week and must be provided primarily in the family's home. Limited services may also be provided at a community site.
2) Services must include ongoing risk assessment and monitoring family/parental progress.
3) The family will be the focus of service and services will focus on the strengths of the family and build upon these strengths. Members of the client family, which may include foster parents, are to be defined in consultation with the family and approved by DCS/Probation. This may include persons not legally defined as part of the family. Approved family members will be documented as those listed on the authorizing DCS/Probation referral and subsequent written documents.
5) Services will be time-limited and focused on limited objectives derived directly from the established DCS/Probation case plan or Informal Adjustment.
6) Services must include development of short and long-term family goals with measurable outcomes.
7) Services must be family focused and child centered.
8) Services may include intensive in-home skill building and must include after-care linkage.
9) Services include providing monthly progress reports; requested supportive documentation such as case notes, social summaries, etc.; and requested testimony and/or court appearances including hearings and/or appeals; case conferences/staffing.
10) Staff must respect confidentiality. Failure to maintain confidentiality may result in immediate termination of the service agreement.
11) 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.
12) The caseload of the Home-Based Family Centered Therapist (HBFCT) will include no more than 12 active families at any one time.
13) Services will be provided within the context of the DCS practice model or Probation plan with involvement in Child and Family Team (CFT) meetings if invited. A treatment plan will be developed based on agreements reached in the Child and Family Team meetings and/or documented in the authorizing referral.
14) Each family receives comprehensive services through a single HBFCT acting within a team, with team back up and agency availability 24 hours a day, 7 days a week.
15) DCS may choose to select a standardized tool for evaluating family functioning. Services will include administration of this tool at the initiation of services as well as periodically during service provision.

III. Medicaid

For those families and children not eligible for Medicaid Rehabilitation Option, this service will be paid by DCS. For eligible families and children, some services may be provided through Medicaid Rehabilitation Option (MRO) with the remaining services paid by DCS. While the primary focus of these services is on the needs of the family, it is expected that some of these services will be deemed medically necessary to meet the behavioral health care needs of the MRO eligible client, and therefore may be billable to MRO. The service standard is not a Medicaid standard and includes services that are not billable to Medicaid. It is the responsibility of the contracted service provider to be knowledgeable about the Medicaid billing requirements and comply with them, including provider qualifications and any pre-authorization requirements and further, to appropriately bill those services in particular cases where they may be reimbursed by Medicaid. The Services not eligible for MRO may be billed to DCS.

IV. Crisis Service

Safely Home Families First" is the Indiana Department of Child Services (DCS) Initiative for 2011. Our goal is to keep as many children "Safely Home" with their caretakers when possible. When removal of a child is necessary, then placement should be with "Families First." Placing children with relatives is the next healthiest action to take, regarding meeting a child's safety needs as well as their emotional needs. Crisis services may be necessary to prevent the removal of the child(ren). The family centered practice of the home based services is the best avenue to provide crisis services.

These crisis services are for families who have children at imminent risk of removal. Imminent risk is defined as: Immediate threat of injury or harm to a child when ***no interventions*** have occurred to protect the child. Goal is to resolve the immediate crisis, prevent removal of the child, and to transition and/or link the family to needed services.

Criteria for service:

- The crisis intervention provider must be available for contact 24/7.
- The provider must have a crisis intervention telephone number.
- The FCM will notify the Provider of a crisis situation and require a 1 hour response on the part of the provider.
- One (1) hour response time required. (No more than 1 hour from phone call to provider to a face to face contact with the family by the provider.)
- Referrals would be for families who are not currently receiving home based services (Home Based Casework, Home Based Therapy, Homemaker, or Homebuilders). Crisis Intervention services to existing clients in Home Based Services are already included as part of the service standards.
- Crisis Intervention includes, but is not limited to, crisis assessment, planning and counseling specific to the crisis. Most interventions are expected to be in the home.

- Crisis payment is for the "incident only". The "incident" for payment purposes for the provider will start at the time of a face to face contact with the client and end when that face to face contact ends.
- A Crisis Report shall be electronically sent to the FCM within 24 hours. This report should document the start time and end time of the intervention. It shall report the assessment of the situation and recommendations for services, if any.
- The referral for this service will be after the incident and will include ongoing services if deemed necessary.

V. When DCS is not paying for services:

A billable unit of "Reports" has been developed for providers who service DCS families without DCS payment for these services (Medicaid, insurances, self-pay) but DCS wants a report from the provider on the progress of the family. The referral process has been set up to authorize reports and court components on the DCS referral form in these incidences. **DCS will only pay for reports when DCS is not paying for these services.** If the services provided are not funded by DCS, the report rate per hour will be paid for the necessary reports on a referral form issued by DCS. Court testimony will be paid per appearance if requested on a referral form issued by DCS. In order to be paid for a court appearance a subpoena or written request from DCS should be on file.

VI. Target Population

Services must be restricted to the following eligibility categories:

1) Children and families who have substantiated cases of abuse and/or neglect and will likely develop into an open case with Informal Adjustment (IA) or CHINS status.
2) Children and their families which have an IA or the children have the status of CHINS or JD/JS.
3) Children with the status of CHINS or JD/JS and their Foster/Kinship families with whom they are placed.
4) Any child who has been adopted and adoptive families.

Services billable to MRO are for Medicaid eligible clients with a qualifying diagnosis and level of need.

VII. Goals and Outcomes

Goal #1 Maintain timely intervention with the family and regular timely communication with referring worker.

Objectives:

1) HCS or back-up is available for consultation to the family 24-7 by phone or in person.

Fidelity Measures:

1) 95% of all families that are referred will have face-to-face contact with the client within 48 hours of receipt of the referral or inform the current Family Case Manager/Probation Officer 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 current Family Case Manager/Probation Officer following receipt of the referral within 30 days of contact with the client.
3) 95% of all families will have monthly written summary reports prepared and sent to the current Family Case Manager/Probation Officer by the 10th of the month following the services.

Goal #2 Clients will achieve improved family functioning.
Objectives:

1) Goal setting, and service planning are mutually established with the client and Home Based Therapist within 30 days of the initial face-to-face intake and a written report signed by the Home Based Therapist and the client is submitted to the current FCM/ Probation Officer.

   Client Outcome Measures:
   1) 67% 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
   2) 90% of the individuals/families will not be the subjects of a new investigation resulting in the assignment of a status of "substantiated" abuse or neglect throughout the service provision period. (To be measured/evaluated by DCS/Probation staff)
   3) 90% of the individuals/families that were intact prior to the initiation of service will remain intact throughout the service provision period
   4) If DCS elects to implement a standardized tool for evaluating family functioning, a related outcome measure will be added.

Goal #3DCS/ Probation and clients will report satisfaction with services.

Outcome Measures:

1) DCS/ Probation satisfaction will be rated 4 and above on the Service Satisfaction Report.
2) 90% of clients will rate the services "satisfactory" or above on a satisfaction survey developed by the service provider, unless one is distributed by DCS/Probation to providers for their use with clients Providers are to survey a minimum of 12 clients or 20% of their caseload (whichever results in a larger number) randomly selected from each county served.

VIII. Minimum Qualifications

MRO:

Providers must meet the either of the following qualifications:

- Licensed professional, except for a licensed clinical addiction counselor
- Qualified Behavioral Health Professional (QBHP)

DCS Direct Worker:

Master's degree in social work, psychology, marriage and family therapy, or related human service field, and 2 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.

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:

- 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

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

Services provided 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.

Providers are to respond to the on-going individual needs of staff by providing them with the appropriate combination of training and supervision. The frequency and intensity of training and supervision are to be consistent with "best practices" and comply with the requirements of each provider's accreditation body. Supervision should include individual, group, and direct observation modalities and can utilize teleconference technologies. Under no circumstances is

supervision/consultation to be less than one (1) hour of supervision/consultation per 25 hours of face-to-face direct client services provided, nor occur less than every two (2) weeks.

IX. Billable Units

Medicaid: Services through the Medicaid Rehab Option (MRO) may be Behavioral Health Counseling and Therapy. Medicaid shall be billed when appropriate.

- Medically necessary behavioral health care services for MRO will be paid per 15 minute unit for Individual and Family per 15 minute unit for group.

Billing Code	Title
H0004 HW	Behavioral health counseling and therapy, per 15 minutes
H0004 HW HR	Behavioral health counseling and therapy, per 15 minutes (family/couple, with consumer present)
H0004 HW HS	Behavioral health counseling and therapy, per 15 minutes (family/couple, without consumer present

DCS Funding: Those services not deemed medically necessary for the Medicaid eligible client, including services to other referred members of the family that are not related to the behavior health care needs of the eligible client, will be billed to DCS per face-to-face hour as outlined below. These billable units will also be utilized for services to referred clients who are not MRO eligible and for those providers who are unable to bill Medicaid. .

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 in-vehicle (or in-transport) time with client provided it is identified as goal-directed, face-to-face, and approved/specified as part of the client's intervention plan (e.g. housing/apartment search, etc.).
- Includes time spent completing any DCS approved standardized tool to assess family functioning.

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

Therapeutic Supervised Visit:
** Time spent supervising visits will be billed separately from other services within this standard. The rate will be the same as the face-to-face rate, but will include only time spent face-to-face supervising the visit. Any other billable time as defined in the face-to-face rate, should be billed under the face-to-face rate.

Services may be billed in 15 minute increments; partial units are rounded to the nearest quarter hour using the following guidelines:

• 0 to 7 minutes	do not bill	0.00 hour
• 8 to 22 minutes	1 fifteen minute unit	0.25 hour
• 23 to 37 minutes	2 fifteen minute units	0.50 hour
• 38 to 52 minutes	3 fifteen minute units	0.75 hour
• 53 to 60 minutes	4 fifteen minute units	1.00 hour

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. (Actual Cost)

Court
The provider of this service may be requested to testify in court. A Court Appearance is defined as appearing for a court hearing after receiving a request (either verbal or written) by DCS to appear in court, and can be billed per appearance. Therefore, if the provider appeared in court two different days, they could bill for 2 court appearances. Maximum of 1 court appearance per day. The Rate of the Court Appearance includes all cost associated with the court appearance, therefore additional costs associated with the appearance cannot be billed separately.

Reports
If the services provided are not funded by DCS, the "Reports" hourly rate will be paid. A referral for "Reports" must be issued by DCS in order to bill.

X. Case Record Documentation

Case record documentation for service eligibility must include:

1) A completed, signed, and dated DCS/ Probation referral form authorizing services
2) Documentation of regular contact with the referred families/children
3) Written progress reports no less than monthly or more frequently as prescribed by DCS/Probation and requested supportive documentation such as case notes, social summaries, etc. Monthly reports are due by the 10th of each month following the month of service, case documentation shall show when report is sent.
4) Copy of DCS/Probation case plan, informal adjustment documentation, or documentation of requests for documents given to DCS/Probation

XI. Service Access

All services must be accessed and pre-approved through a referral form from the referring DCS/Probation staff. In the event a service provider receives verbal or email authorization to provide services from DCS/Probation an approved referral will still be required. Referrals are valid for a maximum of six (6) months unless otherwise specified by the DCS/Probation. Providers must initiate a re-authorization for services to continue beyond the approved period. A referral from DCS does not substitute for any authorizations required by the Medicaid program.

XII. 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.

SERVICE STANDARD
INDIANA DEPARTMENT OF CHILD SERVICES
HOMEMAKER / PARENT AID
(Revised 8/26/11-Effectove 7/1/11)

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 in an effort to build self-sufficiency:

- Time management
- Care of children (Life Skills Training not the provision of Child Care)
- Child development
- Health care
- Community resources (referrals)
- Transportation *
- Supervise visitation with child(ren)**
- Identify support systems
- Problem solving
- Family reunification/preservation

- Resource management/Budgeting
- Child safety
- Child nutrition
- Home management
- Parenting skills
- Housing
- Self esteem
- Crisis resolution
- Parent/child interaction
- Supervision

*Homemaker transportation limited to client goal-directed, face-to-face as approved/specified as part of the case plan or goals/objectives identified at the Child and Family Team Meeting. (e.g. housing/apartment search, etc)

****Supervised Visits will be billed separately from other services within this standard. The "Visitation Monthly Progress Report" form must be used to report the supervised visitation portion of the services provided. The "Monthly Progress Report" will be used for all other services outlined in this standard.**

II. Service Delivery

Services will be provided in the family's home, a community site, or in the office (if approved by DCS/Probation), and in the course of assisting with transportation, accompanying the parent(s) during errands, job search, etc.

1) Services must be compatible with the established DCS/Probation case plan and authorized by the DCS/Probation referral.
2) Transportation can be provided in the course of assisting the client to fulfill the case plan or informal adjustment program, or as part of learning a particular task as specified in the service components, such as visitation, medical appointments, grocery shopping, house/apartment hunting, etc.
3) Staff must respect confidentiality. Failure to maintain confidentiality may result in immediate termination of the service agreement.
4) 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.
5) Services will include any requested testimony, for court appearances (to include hearings or appeals), or when requested participate in Child and Family Team (CFT) meetings. (To ensure provider participation, DCS/Probation will give the service provider at least two working days notice in advance of CFT meeting.)
6) Services to provide monthly reports outlining progress toward treatment goals. Reports should utilize the DCS approved monthly report form and provided to the Family Case Manager or Probation officer by the 10th day of the month following the month the service was provided.
7) Services to families will be available 24 hours per day, 7 days per week.
8) Services will focus on the strengths of families and build upon those strengths. Members of the client family, which may include foster parents, are to be defined in consultation with the family and approved by DCS/Probation. This may include persons not legally defined as part of the family and should be listed as part of the referral document or subsequent written documents from the referral source.
9) One (1) full-time homemaker/parent aid can have a caseload of no more than 12 active families at any one time.

10) DCS may choose to select a standardized tool for evaluating family functioning. Services will include administration of this tool at the initiation of services as well as periodically during service provision.

III. Crisis Service

Safely Home Families First" is the Indiana Department of Child Services (DCS) Initiative for 2011. Our goal is to keep as many children "Safely Home" with their caretakers when possible. When removal of a child is necessary, then placement should be with "Families First." Placing children with relatives is the next healthiest action to take, regarding meeting a child's safety needs as well as their emotional needs. Crisis services may be necessary to prevent the removal of the child(ren). The family centered practice of the home based services is the best avenue to provide crisis services.

These crisis services are for families who have children at imminent risk of removal. Imminent risk is defined as: Immediate threat of injury or harm to a child when ***no interventions*** have occurred to protect the child. Goal is to resolve the immediate crisis, prevent removal of the child, and to transition and/or link the family to needed services.

Criteria for service:

- The crisis intervention provider must be available for contact 24/7.
- The provider must have a crisis intervention telephone number.
- The FCM will notify the Provider of a crisis situation and require a 1 hour response on the part of the provider.
- One (1) hour response time required. (No more than 1 hour from phone call to provider to a face to face contact with the family by the provider.)
- Referrals would be for families who are not currently receiving home based services (Home Based Casework, Home Based Therapy, Homemaker, or Homebuilders). Crisis Intervention services to existing clients in Home Based Services are already included as part of the service standards.
- Crisis Intervention includes, but is not limited to, crisis assessment, planning and counseling specific to the crisis. Most interventions are expected to be in the home.
- Crisis payment is for the "incident only". The "incident" for payment purposes for the provider will start at the time of a face to face contact with the client and end when that face to face contact ends.
- A Crisis Report shall be electronically sent to the FCM within 24 hours. This report should document the start time and end time of the intervention. It shall report the assessment of the situation and recommendations for services, if any.
- The referral for this service will be after the incident and will include ongoing services if deemed necessary.

IV. When DCS is not paying for services:

A billable unit of "Reports" has been developed for providers who service DCS families without DCS payment for these services (Medicaid, insurances, self-pay) but DCS wants a report from the provider on the progress of the family. The referral process has been set up to authorize reports and court components on the DCS referral form in these incidences. **DCS will only pay for reports when DCS is not paying for these services.** If the services provided are not funded by DCS, the report rate per hour will be paid for the necessary reports on a referral form issued by DCS. Court testimony will be paid per appearance if requested on a referral form issued by DCS. In order to be paid for a court appearance a subpoena or written request from DCS should be on file.

V. Target Population

Services must be restricted to the following eligibility categories:

1) Children and families who have substantiated cases of abuse and/or neglect and will likely develop into an open case with IA or CHINS status.
2) Children and their families which have an Informal Adjustment (IA) or the children have the status of CHINS or JD/JS.
3) Children with the status of CHINS or JD/JS and their Foster/Kinship families with whom they are placed.
4) All adopted children and adoptive families.

VI. Goals and Outcome Measures

Goal #1 Maintain timely intervention with family regularly, and timely communication with DCS/Probation worker.

Objective:

1) Homemaker/Parent Aid or backup is available for consultation to the family 24/7 by phone or in person.

Outcome Measure/Fidelity Measure:

1) 95% of all families that are referred will have face-to-face contact with the client within 5 days of the receipt of the referral. Provider will inform the current/referring Family Case Manager/Probation Officer if the client does not respond to requests to meet within that time period.
2) 95% of families will have a written plan prepared regarding expectations of the family and homemaker/parent aid and sent to the current Family Case Manager/Probation Officer 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 current Family Case Manager or Probation Officer.

Goal #2 Improved family functioning including development of positive means of managing crisis.
Objective:
1) Service delivery is grounded in best practice strategies and building skills based on a strength perspective to increase family functioning.

Outcome Measure/Fidelity Outcome:
1) 67% of the families that have a child in substitute care prior to the initiation of service will be reunited by the closure of the service provision period.
2) 90% of the individuals/families will not be the subjects of a new investigation resulting in the assignment of a status of "substantiated" abuse or neglect through the service provision period.
3) 90% of the individuals/families that were intact prior to the initiation of service will remain intact throughout the service provision period.
4) Scores will be improved on the state approved, standardized needs and strengths assessment instruments used by the referring DCS or Probation.
5. If DCS elects to implement a standardized tool for evaluating family functioning, a related outcome measure will be added.

Goal #3 Maintain satisfactory services to the children and family
Objective
1) DCS/Probation and clients will report satisfaction with services.

Outcome Measure/Fidelity Measure:
1) DCS/Probation satisfaction with services will be rated 4 and above on the Service Satisfaction Report.

2) 90% of clients will rate the services "satisfactory" or above on a satisfaction survey developed by the service provider, unless one is distributed by DCS/Probation to providers for their use with clients Providers are to survey a minimum of 12 clients or 20% of their caseload (whichever results in a larger number) randomly selected from each county served.

VII. Minimum Qualifications

Homemaker/Parent Aid:

A high School diploma or GED and 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 car insurance coverage.

Qualities:
Ability to work as a team member
Ability to work independently
Patience

Nonjudgmental
Emotional maturity
Knowledge of child development
Knowledge of community resources
Belief that change is possible
Strong organizational skills
Exercise sound judgment
Belief in family preservation philosophy
Knowledge of child abuse and neglect
Thorough and empathetic communication skills

Supervisor:
Bachelor's Degree in social work, psychology, sociology, or a directly related human service field from an accredited college.

Providers are to respond to the on-going individual needs of staff by providing them with the appropriate combination of training and supervision. The frequency and intensity of training and supervision are to be consistent with "best practices" and comply with the requirements of each provider's accreditation body. Supervision should include individual, group, and direct observation modalities and can utilize teleconference technologies. Under no circumstances is supervision/consultation to be less than one (1) hour of supervision/consultation per 25 hours of face-to-face 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.

VIII. 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/Probation. 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 scheduled Child and Family Team meetings or case conferences (including crisis case conferences via telephone) initiated or approved by the DCS/Probation for the purposes of goal-directed communication regarding the services to be provided to the client/family. All cases conferences billed, including those via telephone, must be documented in the case notes.

- Includes in-vehicle (or in-transport) time with client provided it is identified as goal-directed, face-to-face, and approved/specified as part of the client's intervention plan (e.g. housing/apartment search, etc.).
- Includes time spent completing any DCS approved standardized tool to assess family functioning.

Reminder: Not included are routine report writing and scheduling of appointments, collateral contacts unless ordered by DCS/Probation, travel time, and no shows. These activities are built into the cost of the face-to-face rate and shall not be billed separately.

Supervised Visit:
Time spent supervising visits will be billed separately from other services within this standard. The rate will be the same as the face-to-face rate, but will include only time spent face-to-face supervising the visit. Any other billable time as defined in the face-to-face rate, should be billed under the face-to-face rate.

Hourly services may be billed in 15 minute increments; partial units are rounded to the nearest quarter hour using the following guidelines:

- 0 to 7 minutes do not bill 0.00 hour
- 8 to 22 minutes 1 fifteen minute unit 0.25 hour
- 23 to 37 minutes 2 fifteen minute units 0.50 hour
- 38 to 52 minutes 3 fifteen minute units 0.75 hour
- 53 to 60 minutes 4 fifteen minute units 1.00 hour

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. (Actual Cost)

Court
The provider of this service may be requested to testify in court. A Court Appearance is defined as appearing for a court hearing after receiving a request (either verbal or written) by DCS to appear in court, and can be billed per appearance. Therefore, if the provider appeared in court two different days, they could bill for 2 court appearances. Maximum of 1 court appearance per day. The Rate of the Court Appearance includes all cost associated with the court appearance, therefore additional costs associated with the appearance cannot be billed separately.

Reports
If the services provided are not funded by DCS, the "Reports" hourly rate will be paid. A referral for "Reports" must be issued by DCS in order to bill.

IX. Case Record Documentation

Case record documentation for service eligibility must include:

1) A completed, signed, and dated DCS/ Probation 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/Probation. Monthly reports are due by the 10th of each month following the month of service, case documentation shall show when report is sent.
4) Copy of DCS/Probation case plan, informal adjustment documentation, or documentation of requests for documents given to DCS/Probation.
5) A copy of treatment plan to include short/long term goals with measurable outcomes consistent with case plan/agreements in the CFTM. Goals to be updated with each new referral.

X. Service Access

All services must be accessed and pre-approved through a referral form from the referring DCS/Probation staff. In the event a service provider receives verbal or email authorization to provide services from DCS/Probation an approved referral will still be required. Referrals are valid for a maximum of six (6) months unless otherwise specified by the DCS/Probation. Providers must initiate a re-authorization for services to continue beyond the approved period. A referral from DCS does not substitute for any authorizations required by the Medicaid program.

XI. 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.

SERVICE STANDARD
INDIANA DEPARTMENT OF CHILD SERVICES
RESOURCE FAMILY SUPPORT SERVICES

I. Service Description

Home Based Services
Face-to-face home-based caseworker services to preserve, support, and stabilize foster family home placements, and to promote the well-being of children, youth, and families.

Home-based caseworker will provide any combination of the following kinds of services to the families as approved by DCS/Probation:

- Home visits
- Coordination of services
- Conflict management
- Emergency/crisis services
- Child development education
- Developmental/behavioral effects of trauma education
- Parenting education/training
- Parent training with children present
- Monitor progress of parenting skills
- Family communication
- Foster family support
- Community services information
- Community referrals and follow-up
- Develop structure/time management
- Reactive Attachment Disorder (RAD) support

Target Population

Licensed resource families supervised by DCS.

DCS intends to develop specialized services targeting relative caregivers. Until such time, licensed and unlicensed relative caregivers may be referred to this service.

II. Goals and Outcome Measures

Goal #1 – Timely and on-going intervention with family

Outcome Measures

- 95% of all families that are referred will have face to face contact with the family within five (5) days of the referral
- 95% of all families will have monthly written summary reports prepared and sent to the referring worker

Goal #2 - Minimize the number of disrupted foster care placements (foster, pre-adoptive)

Outcome Measures

- 95% of foster parents will participate in supportive services that are recommended and available
- 95% of foster families and foster children requiring supportive services will maintain their placements

Goal #3 – DCS and foster family satisfaction with services

Outcome Measures

- DCS satisfaction will be rated 4 and above on the Service Satisfaction Report.
- 95% of families will rate the services "satisfactory" or above on a satisfaction survey developed by the service provider, unless one is distributed by DCS/Probation to providers for their use with clients. Providers are to survey a minimum of 12 clients or 20% of their caseload (whichever results in a larger number) randomly selected from each county served.

III. Minimum Qualifications

Direct Worker:
Bachelor's degree in social work, psychology, sociology, or a directly-related human service field from an accredited college. Must possess a valid driver's license and the ability to use

private car to transport self and others, and must comply with the state policy concerning minimum car insurance coverage.

In addition to the above:

- 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 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, loss of familiar surroundings, customs and traditions of the child's culture, entitlement, gratification delaying, flexible parental roles and humor

Supervisor:

Master's or Doctorate degree in social work, psychology, or directly-related human services field from an accredited college.

Services provided 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.

Providers are to respond to the on-going individual needs of staff by providing them with the appropriate combination of training and supervision. The frequency and intensity of training and supervision are to be consistent with "best practices" and comply with the requirements of each provider's accreditation body. Supervision should include individual, group, and direct observation modalities and can utilize teleconference technologies. Under no circumstances is supervision/consultation to be less than one (1) hour of supervision/consultation per 25 hours of face-to-face direct client services provided, nor occur less than every two (2) weeks.

IV. Billable Units Face to Face Time With the Client

<u>Face-to-Face time with the client</u>

(Note: Members of the client family are to be defined in consultation with the family and approved by the DCS. This may include person 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 appointment, collateral contacts, court time, travel time and no shows. These costs are built into the cost of the face to face rate and shall not be billed separately.

Translation or Sign Language
Services include translation for families who are non-English speakers of hearing impaired and must be provided by a non-family member of the client. (Actual Cost)

V. Case Record Documentation

Necessary case record documentation for service eligibility must include:

- A completed, dated, signed DCS referral form authorizing service
- Documentation of on-going contact with the referred foster families/children and referring agency
- Monthly written reports, or more frequently if requested, regarding the progress of the family/children provided to the referring agency

VI. Service Access

Services must be accessed through a Referral for Child Welfare Services Form. Referrals are valid for a maximum of six (6) 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 five (5) days. It is the responsibility of the service provider to obtain the written referral.

SERVICE STANDARD
INDIANA DEPARTMENT OF CHILD SERVICES
SUPPORT GROUP SERVICES FOR RESOURCE FAMILIES

I. Service Description

The Support Group Coordinator will provide face-to-face support group services to local resource parents. Support group services should be provided no less than quarterly, but may be provided as frequently as monthly. Monthly phone or email contact should be made with resource parents for the purposes of coordinating services and identifying pertinent support group topics. The Coordinator will record the topic(s) of discussion and keep a sign-in sheet for each support group meeting. Child care should be provided if requested by families attending support group meetings. Anyone providing childcare must pass criminal history and CPS checks.

Support group services will be designed to assist resource families in strengthening their relationships with foster children placed in their homes, as well as to promote positive relationships between foster families and the local DCS Family Case Managers and Regional Foster Care Specialists. Support group services will also focus on enhancing placement stability, and promoting foster families' willingness and ability to foster special needs children and older youth that come into care. The Coordinator will collaborate with the Regional Foster Care Specialist(s) to invite prospective foster parents to the monthly support group meeting, in order for them to gain insight and information regarding the foster care program.

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

<u>Goal #1</u>
Retention of the current number of foster parents that are licensed
Outcome Measures
1) 90% retention of currently licensed foster families that continue to reside in the county.
2) 70% of licensed foster families participate in support meetings at least one time per year.

<u>Goal #2</u>
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.

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. Minimum Qualifications

Coordinator:
Bachelor's degree in social work, psychology, sociology, or a directly related human service field or hold an active foster home license.

The Coordinator 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

Support Group

Per hour of support group service. A minimum of 3 foster parents must be in attendance in order to bill for this service.

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. (Actual Cost).

VI. Case Record Documentation

1) Support group sign in sheets including date and time of the group meeting
2) Meeting room documentation

VII. 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.

SERVICE STANDARD
INDIANA DEPARTMENT OF CHILD SERVICES
FOSTER HOME STUDIES / UPDATES / RE-LICENSING STUDIES

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
- Religious/spiritual orientation
- 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

II. Service Delivery

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.

III. 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.

IV. 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.

V. Minimum 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 relicensing 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.

Services may be billed in 15 minute increments; partial units are rounded to the nearest quarter hour using the following guidelines:

- 0 to 7 minutes do not bill 0.00 hour
- 8 to 22 minutes 1 fifteen minute unit 0.25 hour
- 23 to 37 minutes 2 fifteen minute units 0.50 hour
- 38 to 52 minutes 3 fifteen minute units 0.75 hour
- 53 to 60 minutes 4 fifteen minute units 1.00 hour

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. (Actual Cost)

Court
The provider of this service may be requested to testify in court. A Court Appearance is defined as appearing for a court hearing after receiving a request (either verbal or written) by DCS to appear in court, and can be billed per appearance. Therefore, if the provider appeared in court two different days, they could bill for 2 court appearances. Maximum of 1 court appearance per day. The Rate of the Court Appearance includes all cost associated with the court appearance, therefore additional costs associated with the appearance cannot be billed separately.

VII. Case Record Documentation
Case record documentation for service eligibility must include:

1) A completed, signed, and dated DCS/ Probation 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/Probation. Monthly reports are due by the 10th of each month following the month of service, case documentation shall show when report is sent.

4) Copy of DCS/Probation case plan, informal adjustment documentation, or documentation of requests for documents given to DCS/Probation.
5) A copy of treatment plan to include short/long term goals with measurable outcomes consistent with case plan/agreements in the CFTM. Goals to be updated with each new referral.

VIII. Service Access

All services must be accessed and pre-approved through a referral form from the referring DCS/Probation staff. In the event a service provider receives verbal or email authorization to provide services from DCS/Probation an approved referral will still be required. Referrals are valid for a maximum of six (6) months unless otherwise specified by the DCS/Probation. Providers must initiate a re-authorization for services to continue beyond the approved period. A referral from DCS does not substitute for any authorizations required by the Medicaid program.

IX. 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.

SERVICE STANDARD
INDIANA DEPARTMENT OF CHILD SERVICES
CARE NETWORK SERVICE STANDARD
(Revised 6/8/11-Effective 7/1/11)

I. Services Description

Care Network encompasses the part of the system of care that focuses on coordinating, integrating, facilitating and monitoring services for children with behavioral health needs who are in the child welfare or juvenile justice system.

This system of care is based on a comprehensive spectrum of services which are organized into a coordinated network to meet the multiple and changing needs of children with severe emotional disturbances and behavioral challenges and their families.

Services in the system of care should be comprehensive, incorporating a broad range of services and supports, individualized, provided in the least restrictive appropriate setting coordinated at the system and service delivery levels, involve youth and families as full partners and emphasize early identification and intervention. Core values of a system of care are that services are child centered and family focused community based and culturally competent.

Services include providing any requested testimony and/or court appearances including hearings or appeals.

Services include working with the FCM to ensure necessary additional referrals are made. Those services within the referral network will include but are not limited to the following:

1) Behavioral Health Services

- Behavior Management Services
- Crisis Intervention
- Day Treatment
- Evaluation / Testing Services
- Family Assessment
- Family Therapy
- Group Therapy
- Individual Therapy
- Parenting/ Family Skills Training Groups
- Special Therapy
- Substance Abuse Therapy- Group
- Substance Abuse Therapy- Individual
- Family Preservation – home based services

2) Mentor Services- hourly

- Case Management
- Clinical Mentor
- Educational Mentor
- Life Coach/ Independent Living Skills Mentor
- Parent and Family Mentor
- Recreational/Social Mentor
- Supported Work Environment
- Tutor

3) Other Services
- Consultation with Other Professionals
- Team Meetings
- Transportation

4) Psychiatric Services- hourly
- Assessments Outpatient
- Medication Follow-up/ Psychiatric Review

5) Respite Services
- Crisis Respite
- Planned Respite
- Respite-Residential or Hospital 23 Hour

6) Supervision Services
- Community Supervision
- Intensive Supervision

7) Services to meet the needs of children with complex medical needs or developmental delays.

II. Specific Responsibilities

1) The Care Network Facilitator conducts the following activities for the system of care:
- Evaluates and interprets referral packet application;
- Schedules and facilitates in coordination with the DCS Family Case Manager (FCM) family/child specific team meetings;
- Address need for and develop, revise and monitor a crisis plan with family and team members;
- Monitor progress by communicating with the family and child, as well other team members through no less than monthly team meetings;
- Maintains comprehensive reports based on services and assessments while providing information to FCM and team members every 30 days;

- Makes recommendations to team members based on monthly assessments and service reports;
- Assist the family and child with gaining access to services and assuring that families are aware of available community-based services and other resources such as Medicaid State Plan services, Vocational Rehabilitation programs, educational, and public assistance programs; mental health and addiction services as indicated;
- Monitor use of service and engage in activities that enhance access to care, improve efficiency and continuity of services, and prevent inappropriate use of services;
- Monitor health and welfare of the child/youth;
- May provide crisis intervention.

2) Providing agency receives referrals 24 hours a day, 7 days a week. There is a verbal determination between DCS or Probation, the family and the agency that services are warranted, and there is agency availability for the service before the referral is sent.

3) The face- to- face intake must occur no later than the end of the day following the referral or as requested by the referring worker.

4) Assessments including the goal setting and service plan are mutually established between the client, care facilitator and FCM with a written report signed by the family and care facilitator, submitted to the DCS or Probation referring worker within 7 days of the initial face-to-face intake and every 30 days thereafter. Communication between the care facilitator and DCS or Probation is constant and documented as arranged between the two.

5) Each family receives access to services through a single care facilitator acting within a team, with availability 24 hours a day 7 days a week.

6) Family functioning assessments, assessments of caretaker's needs, the family's response, presenting problems according to DCS or Probation referral are factors included in the goal setting. Goals are behaviorally specific, measured and attainable.

7) Safety is of paramount importance. If there are indications about safety concerns within the home there is an obligation for the care facilitator and DCS or Probation to communicate to address all safety concerns, and document safety steps taken to resolve the issues. If new incidences occur, the care facilitator is to notify DCS or Probation immediately of the situation.

8) Confidentiality must be maintained. Failure to maintain confidentiality may result in termination of the service agreement. Appropriate release forms will be requested and signed by family members and DCS or Probation before information is shared with team members or others.

III. Medicaid

For those families and children not eligible for Medicaid Rehabilitation Option, this service will be paid by DCS. For eligible families and children, some services may be provided through

Medicaid Rehabilitation Option (MRO) with the remaining services paid by DCS. While the primary focus of these services is on the needs of the family, it is expected that some of these services will be deemed medically necessary to meet the behavioral health care needs of the MRO eligible client, and therefore may be billable to MRO. The service standard is not a Medicaid standard and includes services that are not billable to Medicaid. It is the responsibility of the contracted service provider to be knowledgeable about the Medicaid billing requirements and comply with them, including provider qualifications and any pre-authorization requirements and further, to appropriately bill those services in particular cases where they may be reimbursed by Medicaid. The Services not eligible for MRO may be billed to DCS.

IV. When DCS is not paying for services:

A billable unit of "Reports" has been developed for providers who service DCS families without DCS payment for these services (Medicaid, insurances, self-pay) but DCS wants a report from the provider on the progress of the family. The referral process has been set up to authorize reports and court components on the DCS referral form in these incidences. **DCS will only pay for reports when DCS is not paying for these services.** If the services provided are not funded by DCS, the report rate per hour will be paid for the necessary reports on a referral form issued by DCS. Court testimony will be paid per appearance if requested on a referral form issued by DCS. In order to be paid for a court appearance a subpoena or written request from DCS should be on file.

V. Target Population

Services must be restricted to cases where severe emotional disturbances and/or behavioral problems have been documented within the following eligibility categories:

1) Children and families who have substantiated cases of abuse and/or neglect and will likely develop into an open case with IA or CHINS status.
2) Children and their families which have an Informal Adjustment (IA) or the children have the status of CHINS or JD/JS.
3) Children with the status of CHINS or JD/JS and their Foster/Kinship families with whom they are placed.
4) All adopted children and adoptive families.

Services billable to MRO are for Medicaid eligible clients with a qualifying diagnosis and level of need.

VI. Goals and Outcomes

Goal #1 Provide high quality care which results in improved outcomes for the child and family.

Objectives:

1) Improved school functioning from case opening to closure
   - An increase in scores as found on grade reports in 85% of cases
   - Decrease in absenteeism/truancy as reflected by attendance reports in 85% of cases
   - A decrease amount in behavior reports in 85% of cases
   - A decrease in suspension/expulsion reports in 85% of cases

2) Progress in service coordination plan
   - Measured by monthly team report and Care Facilitator plan of care

3) Fewer days in out of home placement (the provider will track and report as a part of evaluation the number of continuous days in placement for each child).
   - Information submitted will be evaluated by DCS or Probation against DCS data.

4) 50% of the children and families will have statistically significant improvement in any life domain on the CANS (functioning, behavioral health systems, risks, caretaker needs and strengths, child strengths)

Goal #2 Improved family functioning including development of positive means of managing crisis.

Objectives:

1) 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.

   Client Outcome Measures:

   1) 67% 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.
   2) 90% of the individuals/families will not be the subjects of a new investigation resulting in the assignment of a status of "substantiated" abuse or neglect throughout the service provision period. (To be measured/evaluated by DCS/Probation staff)
   3) 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/Probation and clients will report satisfaction with services provided.

   Outcome Measures:

   1) DCS/Probation satisfaction will be rated 4 and above on the Service Satisfaction Report.
   2) 90% of the clients will rate the services "satisfactory" or above on a satisfaction survey developed by the service provider, unless DCS/Probation distributes one to providers for their use with clients. Providers are to survey a minimum of 12 clients or 20% of their

caseload (whichever results in a larger number) randomly selected from each county served.

VII. Minimum Qualifications

Supervisor

1. Master's Degree in Social Work, Psychology, Marriage and Family Therapy, or related Human Services field; and,
2. A current license issued by the Indiana Social Worker, Marriage and Family Therapist or Mental Health Counselor Board as one of the following:
   - Clinical Social Worker
   - Marriage and Family Therapist
   - Mental Health Counselor

Care Network Facilitator

1. Bachelor's Degree in Social Work or related Human Service field; and,
2. Minimum of three years of clinical/management experience in human service field; and,
3. Demonstrated 2 or more years of clinical intervention skills; and,
4. Demonstrated skill in fiscal management activities, team building and development.

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.

The Care Network Facilitator assures care is delivered in a manner consistent with strength-based, family centered, and culturally competent values, offers consultation and education to all providers regarding the values of the model, monitors progress toward treatment goals and assures that all necessary data for evaluation is gathered and recorded.

VIII. Billable Unit

Medicaid: Services through the Medicaid Rehab Option (MRO) may be Case Management. Medicaid shall be billed when appropriate.

- Medically necessary behavioral health care Case Management for the MRO child will be paid per 15 minute unit. Case Management services should not exceed those included in the MRO package.

Billing Code	Description
T1016 HW	Case Management, each 15 minutes

DCS holds overall Case Management responsibility. In order to assist DCS with the coordination of medically necessary behavioral health care needs of the MRO client, CMHC's may provide case management services with this specific focus.

DCS Funding: Those services not deemed medically necessary for the Medicaid eligible client, including services to other referred members of the family that are not related to the behavior health care needs of the eligible client, will be billed to DCS per face-to-face hour as outlined below. These billable units will also be utilized for services to referred clients who are not Medicaid eligible and for providers who are unable to bill Medicaid..

Face to face time with the client and collateral contacts:
(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 documented telephone and face-to-face collateral contacts while engaged in services defined in this service standard.

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

Services may be billed in 15 minute increments; partial units are rounded to the nearest quarter hour using the following guidelines:

• 0 to 7 minutes	do not bill	0.00 hour
• 8 to 22 minutes	1 fifteen minute unit	0.25 hour
• 23 to 37 minutes	2 fifteen minute units	0.50 hour
• 38 to 52 minutes	3 fifteen minute units	0.75 hour
• 53 to 60 minutes	4 fifteen minute units	1.00 hour

- **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.

- **Court**
  The provider of this service may be requested to testify in court. A Court Appearance is defined as appearing for a court hearing after receiving a request (either verbal or written) by DCS to appear in court, and can be billed per appearance. Therefore, if the provider appeared in court two different days, they could bill for 2 court appearances. Maximum of 1 court appearance per day. The Rate of the Court Appearance includes all cost associated with the court appearance, therefore additional costs associated with the appearance cannot be billed separately.
- **Reports**
  If the services provided are not funded by DCS, the "Reports" hourly rate will be paid. A referral for "Reports" must be issued by DCS in order to bill.

IX. Case Record Documentation

Case record documentation for service eligibility must include:

1) A completed, signed, and dated DCS/ Probation referral form authorizing services
2) Documentation of regular contact with the referred families/children
3) Written progress reports no less than monthly or more frequently as prescribed by DCS/Probation and requested supportive documentation such as case notes, social summaries, etc. Monthly reports are due by the 10th of each month following the month of service, case documentation shall show when report is sent.
4) Copy of DCS/Probation case plan, informal adjustment documentation, or documentation of requests for documents given to DCS/Probation.

X. Service Access

All services must be accessed and pre-approved through a referral form from the referring DCS/Probation staff. In the event a service provider receives verbal or email authorization to provide services from DCS/Probation an approved referral will still be required. Referrals are valid for a maximum of six (6) months unless otherwise specified by the DCS/Probation. Providers must initiate a re-authorization for services to continue beyond the approved period. A referral from DCS does not substitute for any authorizations required by the Medicaid program.

XI. 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.

SERVICE STANDARD
INDIANA DEPARTMENT OF CHILD SERVICES
CHINS PARENT SUPPORT SERVICES

I. Services 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.

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, family team meetings and their procedures
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 and will likely develop into an open case with CHINS status.
2) Children and their families which have the status of CHINS.

III. Goals and Outcomes

Goal #1 Educate parents regarding CHINS process and help them to understand the expectations of the involved parent.

Outcome Measures

1) 90% of parents participating can increasingly verbalize their rights and expectations related to the CHINS proceedings measured through pre/post surveys.

Goal #2 Improved family functioning including the development of positive means of managing crisis. Develop an environment where families feel they are being heard.
Objective:

Outcome Measures

1) 67% of the families that have a child in substitute care prior to the initiative of service will be reunited by closure of the service provision period.
2) 90% of the individuals/families will not be the subjects of "substantiated" abuse or neglect throughout the service provision period.
3) 90% of the individuals/families that were intact prior to the initiation of service will remain throughout the service provision period.
4) 90% of families participating will provide input and make recommendations at the meetings.

Goal #3 DCS/Probation clients will report satisfaction with services provided.

Outcome Measures

1) DCS/Probation 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 on a satisfaction survey developed by the

service provider, unless DCS/Probation distributes one to providers for their use with clients. Providers are to survey a minimum of 12 clients or 20% of their caseload (whichever results in a larger number) randomly selected from each county served.

IV. Minimum 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 or a Bachelors degree in social work, psychology, or a directly related service field with 5 years child welfare experience.

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 address concerns/issues others in a positive manner and provide constructive feedback 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.)

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

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.

- **Group**
  Services include group goal directed work with clients. To be billed per group hour.

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

Services may be billed in 15 minute increments; partial units are rounded to the nearest quarter hour using the following guidelines:

• 0 to 7 minutes	do not bill	0.00 hour
• 8 to 22 minutes	1 fifteen minute unit	0.25 hour
• 23 to 37 minutes	2 fifteen minute units	0.50 hour
• 38 to 52 minutes	3 fifteen minute units	0.75 hour
• 53 to 60 minutes	4 fifteen minute units	1.00 hour

- **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.

- **Court**
  The provider of this service may be requested to testify in court. A Court Appearance is defined as appearing for a court hearing after receiving a request (either verbal or written) by DCS to appear in court, and can be billed per appearance. Therefore, if the provider appeared in court two different days, they could bill for 2 court appearances. Maximum of 1 court appearance per day. The Rate of the Court Appearance includes all cost associated with the court appearance, therefore additional costs associated with the appearance cannot be billed separately.

VI. Case Record Documentation

Case record documentation for service eligibility must include:

1) A completed, signed, and dated DCS/ Probation referral form authorizing services
2) Documentation of regular contact with the referred families/children
3) Written progress reports no less than monthly or more frequently as prescribed by DCS/Probation and requested supportive documentation such as case notes, social summaries, etc. Monthly reports are due by the 10th of each month following the month of service, case documentation shall show when report is sent.
4) Copy of DCS/Probation case plan, informal adjustment documentation, or documentation of requests for documents given to DCS/Probation

VII. Service Access

All services must be accessed and pre-approved through a referral form from the referring DCS/Probation staff. In the event a service provider receives verbal or email authorization to provide services from DCS/Probation an approved referral will still be required. Referrals are valid for a maximum of six (6) months unless otherwise specified by the DCS/Probation. Providers must initiate a re-authorization for services to continue beyond the approved period.

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.

SERVICE STANDARD
INDIANA DEPARTMENT OF CHILD SERVICES
COUNSELING
(Revised 6/8/11-Effective 7/1/11)

I. Service Description

This service standard applies to services provided to families and children involved with the Department of Child Services and/or Probation. These services include the provision of structured, goal-oriented therapy for families affected by 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. In addition, counseling may be provided to address family or youth issues that resulted in the involvement of juvenile probation.

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

- Initial Assessment
- Conflict resolution
- Behaviors modification
- Identify systems of support
- Interpersonal relationships
- Communication skills
- Substance abuse awareness/family dynamics *
- Parenting skills
- Anger management
- Supervised therapeutic visits**
- Problem solving
- Stress management
- Goal-setting
- Domestic violence issues
- School problems
- Family of origin/inter-generational issues
- Sexual abuse – victims and caretakers of sexual abusers

*Substance abuse Counseling/Treatment must be done under the Service Standard "Substance Abuse Treatment" due to the specific legal qualifications of the provider, not under this counseling service standard.

**Supervised Visits will be billed separately from other services within this standard. The "Visitation Monthly Progress Report" form must be used to report the supervised visitation portion of the services provided. The "Monthly Progress Report" will be used for the remainder.

II. Service Delivery

1) Services are provided at a specified (regularly scheduled) time for a limited period of time.
2) Service Settings:
   a. For services billable to DCS, services are provided face-to-face in the counselor's office or other setting.

b. For services billable to Medicaid Clinic Option, the service setting is either outpatient or office setting.
c. For services billable to Medicaid Rehabilitation Option, the service must be provided at the client's home or other at other locations outside the clinic setting.

3) Services will be based on objectives derived from the family's established DCS/Probation case plan, Informal Adjustment, taking into consideration the recommendations of the Child and Family Team (CFT) and authorized by DCS/Probation referral, and subsequent written documents.
4) The counselor will be involved in Child and Family Team Meetings (CFTM) if invited.
5) Counselor must respect confidentiality. Failure to maintain confidentiality may result in immediate termination of the service agreement.
6) 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.
7) Services include providing any requested testimony and/or court appearances, including hearings and/or appeals.
8) Services must be provided at a time convenient for the family.
9) Services will be time-limited.
10) Written reports will be submitted monthly to provide updates on progress and recommendation for continuation or discontinuation of treatment. The DCS approved "Monthly Progress Report" form will be used.

III. Medicaid

For those families and children not eligible for Medicaid Rehabilitation Option, this service will be paid by DCS. For eligible families and children, some services may be provided through Medicaid Rehabilitation Option (MRO) or Medicaid Clinic Option (MCO) with the remaining services paid by DCS. While the primary focus of these services is on the needs of the family, it is expected that some of these services will be deemed medically necessary to meet the behavioral health care needs of the MRO eligible client, and therefore may be billable to MRO. Other services for Medicaid clients may be covered under MCO. The service standard is not a Medicaid standard and includes services that are not billable to Medicaid. It is the responsibility of the contracted service provider to be knowledgeable about the Medicaid billing requirements and comply with them, including provider qualifications and any pre-authorization requirements and further, to appropriately bill those services in particular cases where they may be reimbursed by Medicaid. The Services not eligible for MRO or MCO may be billed to DCS.

IV. When DCS is not paying for services:

A billable unit of "Reports" has been developed for providers who service DCS families without DCS payment for these services (Medicaid, insurances, self-pay) but DCS wants a report from the provider on the progress of the family. The referral process has been set up to authorize reports and court components on the DCS referral form in these incidences. **DCS will only pay**

for reports when DCS is not paying for these services. If the services provided are not funded by DCS, the report rate per hour will be paid for the necessary reports on a referral form issued by DCS. Court testimony will be paid per appearance if requested on a referral form issued by DCS. In order to be paid for a court appearance a subpoena or written request from DCS should be on file.

V. Target Population

Services must be restricted to the following eligibility categories:

1) Children and families who have substantiated cases of abuse and/or neglect and will likely develop into an open case with Informal Adjustment (IA) or CHINS status.
2) Children and their families which have an IA or the children have the with a status of CHINS, and/or JD/JS;
3) Children with the status of CHINS or JD/JS and their Foster/Kinship families with whom they are placed.
4) All adopted children and adoptive families.

Services billable to MRO are for Medicaid eligible clients with a qualifying diagnosis and level of need. Services billable to MCO are for Medicaid eligible clients.

VI. Goals and Outcome Measures

Goal #1 Maintain timely intervention with family and regular and timely communication with current Family Case Manager or Probation Officer.

Objectives

1) Therapist or backup is available for consultation to the family 24-7 by phone or in person.

   Fidelity Measures:

   1) 95% of all families that are referred will have face-to-face contact with the client within 5 days of receipt of the referral or inform the current Family Case Manager or Probation Officer 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 current Family Case Manager/Probation Officer within 30 days of the receipt of the referral.

   3) 100% of all families will have monthly written summary reports prepared and sent to the current Family Case Manager/Probation Officer. Monthly reports are due by the 10th of each month following the month of service, case documentation shall show when report is sent.

Goal #2 Improved family functioning including development of positive means of managing crisis.

Objectives

1) 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.

Client Outcome Measures:
1) 67% 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.
2) 90% of the individuals/families will not be the subjects of a new investigation resulting in the assignment of a status of "substantiated" abuse or neglect throughout the service provision period. (To be measured/evaluated by DCS/Probation staff)
3) 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/Probation and clients will report satisfaction with services provided.

Outcome Measures:
1) DCS/Probation satisfaction will be rated 4 and above on the Service Satisfaction Report.
2) 90% of the clients will rate the services "satisfactory" or above on a satisfaction survey developed by the service provider, unless DCS/Probation distributes one to providers for their use with clients. Providers are to survey a minimum of 12 clients or 20% of their caseload (whichever results in a larger number) randomly selected from each county served.

VII. Minimum Qualifications

Counselor/Direct Worker:

MCO billable:

- Medical doctor, doctor of osteopath; licensed psychologist
- Physician or HSPP-directed services provided by the following: licensed clinical social worker, licensed marital and family therapist; licensed mental health counselor; a person holding a master's degree in social work, marital and family therapy or mental health counseling; an advanced practice nurse.

MRO billable:

Providers must meet the either of the following qualifications:

- Licensed professional, except for a licensed clinical addiction counselor
- Qualified Behavioral Health Professional (QBHP).

DCS billable:

Counselor

- Master's degree in social work, psychology, marriage and family therapy, or related human service field and 3 year's related clinical experience or a master's 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.

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.

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.

Providers are to respond to the on-going individual needs of staff by providing them with the appropriate combination of training and supervision. The frequency and intensity of training and supervision are to be consistent with "best practices" and comply with the requirements of each provider's accreditation body. Supervision should include individual, group, and direct observation modalities and can utilize teleconference technologies. Under no circumstances is supervision/consultation to be less than one (1) hour of supervision/consultation per 25 hours of face-to-face direct client services provided, nor occur less than every two (2) weeks.

In addition to the above:

- 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.

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.

VIII. Billable Units
Medicaid:
It is expected that the majority of the individual, family and group counseling provided under this standard will be based in the clinic setting. Some group counseling may occur in the community. In these instances, the units may be billable through MRO. Medicaid shall be billed when appropriate.

Services through the **MCO** may be Outpatient Mental Health Services. Medicaid shall be billed first for eligible services under covered evaluation and management codes, including those in the 90000 range.

Services through the Medicaid Rehab Option **(MRO)** may be **group** Behavioral Health Counseling and Therapy**.**

Billing Code	Title
H0004 HW U1	Behavioral health counseling and therapy (group setting), per 15 minutes
H0004 HW HR U1	Behavioral health counseling and therapy, per 15 minutes (family/couple, group setting, with consumer present)
H0004 HW HS U1	Behavioral health counseling and therapy, per 15 minutes (family/couple, group setting, without consumer present

DCS funding: Those services not deemed medically necessary for the Medicaid eligible client, including services to other referred members of the family that are not related to the behavior health care needs of the eligible client, will be billed to DCS per face-to-face hour as outlined below. These billable units will also be utilized for services to referred clients who are not Medicaid eligible and for those providers who are unable to bill Medicaid.

Face to face time with the client **(Individual and Family each have a face to face rate):** (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 including those via telephone initiated or approved by the DCS/Probation for the purposes of goal-directed communication regarding the services to be provided to the client/family

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

Supervised Visit:
** Time spent supervising visits will be billed separately from other services within this standard. The rate will be the same as the face-to-face rate, but will include only time spent face-to-face supervising the visit. Any other billable time as defined in the face-to-face rate, should be billed under the face-to-face rate.

Per person per group hour
Services include group goal directed work with clients. To be billed per client per hour attended.

Services may be billed in 15 minute increments; partial units are rounded to the nearest quarter hour using the following guidelines:

- 0 to 7 minutes do not bill 0.00 hour
- 8 to 22 minutes 1 fifteen minute unit 0.25 hour
- 23 to 37 minutes 2 fifteen minute units 0.50 hour
- 38 to 52 minutes 3 fifteen minute units 0.75 hour
- 53 to 60 minutes 4 fifteen minute units 1.00 hour

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.

Court
The provider of this service may be requested to testify in court. A Court Appearance is defined as appearing for a court hearing after receiving a request (either verbal or written) by DCS to appear in court, and can be billed per appearance. Therefore, if the provider appeared in court two different days, they could bill for 2 court appearances. Maximum of 1 court appearance per day. The Rate of the Court Appearance includes all cost associated with the court appearance, therefore additional costs associated with the appearance cannot be billed separately.

Reports
If the services provided are not funded by DCS, the "Reports" hourly rate will be paid. A referral for "Reports" must be issued by DCS in order to bill.

IX. Case Record Documentation

Case record documentation for service eligibility must include:

1) A completed, signed, and dated DCS/ Probation referral form authorizing services
2) Documentation of regular contact with the referred families/children
3) Written progress reports no less than monthly or more frequently as prescribed by DCS/Probation and requested supportive documentation such as case notes, social summaries, etc. Monthly reports are due by the 10th of each month following the month of service, case documentation shall show when report is sent.
4) Copy of DCS/Probation case plan, informal adjustment documentation, or documentation of requests for documents given to DCS/Probation

X. Service Access

All services must be accessed and pre-approved through a referral form from the referring DCS/Probation staff. In the event a service provider receives verbal or email authorization to provide services from DCS/Probation an approved referral will still be required. Referrals are valid for a maximum of six (6) months unless otherwise specified by the DCS/Probation. Providers must initiate a re-authorization for services to continue beyond the approved period. A referral from DCS does not substitute for any authorizations required by the Medicaid program.

XI. 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.

SERVICE STANDARD
INDIANA DEPARTMENT OF CHILD SERVICES
CROSS-SYSTEM CARE COORDINATION

I. Services Description

The provision of services is for youth and families with complex needs that are involved in multiple care systems and are involved with the Department of Child Services and/or Juvenile Probation. Cross-system care coordination is designed to facilitate child and family teams comprised of youth, families, their natural support persons, local systems, agencies, and community members. These teams design individualized service and resource plans based on the needs of the youth.

Services in this system of care should be comprehensive, incorporating a broad range of services and supports, individualized, provided in the least restrictive, appropriate setting coordinated at the system and service delivery levels involve youth and families as full partners and emphasize early identification and intervention. Core values of a system of care are, that services are child centered and family driven, community based and culturally competent.

The services provided are comprehensive and will include cross-system coordination, case management, safety and crisis planning, comprehensive strength-based discovery and assessment, activities of daily living training, assistance to the FCM in the facilitation of the child and family team process, and family and child centered care.

This service is based on the belief that children and their families are remarkably resilient and capable of positive development when provided with community-centered support, truly defined by what is in the best interest of the child. It is meant to provide a single comprehensive system of care that allows children and families in the child welfare and/or juvenile probation system(s) with complex needs to receive culturally competent, coordinated, and uninterrupted care.

The services provided to the clients and covered in the per child allotment rate will include but are not limited to the following:

1) Behavioral Health Services

- Behavior Management Services
- Crisis Intervention
- Day Treatment
- Evaluation / Testing Services
- Family Assessment
- Family Therapy
- Group Therapy
- Individual Therapy
- Parenting/ Family Skills Training Groups
- Special Therapy

- Substance Abuse Therapy- Group
- Substance Abuse Therapy- Individual
- Family Preservation – home based services

2) Mentor Services
- Case Management
- Clinical Mentor
- Educational Mentor
- Life Coach/ Independent Living Skills Mentor
- Parent and Family Mentor
- Recreational/Social Mentor
- Supported Work Environment
- Tutor

3) Other Services
- Consultation with Other Professionals
- Team Meetings
- Transportation

4) Psychiatric Services
- Assessments Outpatient
- Medication Follow-up/ Psychiatric Review

5) Respite Services
- Crisis Respite
- Planned Respite

6) Supervision Services
- Community Supervision
- Intensive Supervision

7) Residential Services

8) Services to meet the needs of children with complex medical needs or developmental delays.

II. Service Delivery

1) The Care Coordinator has the specific responsibilities for the following:
    - Evaluates and interprets referral packet information and completes a strength based assessment with child and family and the Child and Adolescent Needs and Strengths Assessment (CANS).

- Collaborate with the Family Case Manager (FCM)/Probation Officer in convening the family members, service providers and other child and family team members to form a collaborative plan of care with clearly defined goals.
- Addresses need for and develops, revises and monitors crisis plan with family and team members.
- Ensures that parent and family involvement is maintained throughout the service period so that families have continual voice and choice in their care.
- Maintains ongoing dialogue with the family and providers to assure that the philosophy of care is consistent and that there is progress toward service goals. Evaluates the progress and makes adjustments as necessary.
- Maintains central file consisting of treatment summaries, payment and resource utilization records, case notes, legal documents and releases of information.
- Facilitates the closing of the case and oversees transition to any ongoing care.
- Uses resources and available flex funding to assure that services are based specifically on the needs of the child and family.
- Able to deliver strength based, family centered, culturally competent services.
- Able to interpret psychiatric, psychological and other evaluation data, and use that information in the formation of a collaborative plan of care.
- Able to complete all documentation using a computerized clinical record.
- Creativity, flexibility and optimism about the strengths of children and their families.

2) Providing agency receives referrals 24 hours a day, 7 days a week. There is a verbal determination between the referring worker and the agency that services are warranted, and there is agency availability for the service before the referral is sent.

3) The initial face- to- face contact with the family must occur no later than two (2) business days following receipt of the completed referral or as requested by the referring worker.

4) An abbreviated assessment to determine service tier is based on the needs of the youth and family and is mutually established between the referral source and care coordinator within 14 days of completed referral. Goal setting and service planning are mutually established between the youth, caregiver, care coordinator, providers and referral source based upon the comprehensive assessment within 21 days of the completed referral.

5) Each family receives access to services through a single care coordinator acting within a team, with supports available 24 hours a day 7 days a week.

6) Regular assessment of needs and strengths of the youth and family will be completed and discussed within the Child and Family team to guide decision making on services and supports for the youth and family. System-related concerns and directives are included in these team discussions as well.

7) Safety is of paramount importance. If there are concerns about safety within the home there is an obligation for the care coordinator and the current worker to communicate to address all safety concerns, and document safety steps taken to resolve the issues. If new incidences occur, the care coordinator is to notify the current worker immediately of the situation.

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

III. Target Population

Services are restricted to cases where existence of complex needs has been documented within the following eligibility categories:

1) Children and families who have substantiated cases of abuse and/or neglect and will likely develop into an open case with IA or CHINS status.
2) Children and their families which have an Informal Adjustment (IA) or the children have the status of CHINS or JD/JS.
3) Children with the status of CHINS or JD/JS and their Foster/Kinship families with whom they are placed.
4) All adopted children and adoptive families.

IV. Goals and Outcomes

Goal #1 Provide high quality care which results in improved outcomes for the child and family.

Improved child and family functioning

A) Improved school functioning

- Maintain or improve CANS score for school achievement in 85% of cases.
- Maintain or improve CANS score for school attendance in 85% of cases.
- Maintain or improve CANS score for school behavior in 85% of cases
- In 85% of cases where a decrease in suspension/expulsion is identified as a goal, progress will be demonstrated
- The Care Coordinator Treatment Plan level rating decreases in severity in 85% of cases

B) Improved records with the child welfare and juvenile justice system

- 85% of families with no further substantiated incidences of child abuse or neglect, which results in removal of the child from the home for a period of six and twelve months from dis-enrollment
- In 85% of cases where delinquency, runaway, truancy or violations of probation are identified as an issue, children will have no further substantiated incidences which results in placement failure during enrollment
- In 85% of cases where delinquency, runaway, truancy or violations of probation are identified as an issue, children will have no further substantiated incidences which results in placement failure for a period of six and twelve months from dis-enrollment

C) Improved CANS scores

- 50 % of the children and families will have statistically significant improvement in any life domain on the CANS (functioning, behavioral health systems, risks, caretaker needs and strengths, child's strengths)

D) Progress in Service Coordination Plan

- Child will show progress in goals established in the individual plan as measured by monthly team report and Care Coordinator Treatment Plan

Increased family autonomy

A) Assist the family to increase informal supports and reduce reliance on formal service providers.

- 95% of families will increase the number of informal supports.
- 95% of families will have a reduced the need for service providers.

B) Caregiver Strain Questionnaire

- Increase family autonomy or maintain satisfactory family autonomy as measured by the Caregiver Strengths and Needs Dimension of the CANS in 80% of cases.

V. Minimum Qualifications

Supervisor:

Master's Degree in Social Work, Psychology, Marriage and Family Therapy, or related Human Services field; and,

A current license issued by the Indiana Social Worker, Marriage and Family Therapist and Mental Health Counselor Board as one of the following:

- Clinical Social Worker
- Marriage and Family Therapist
- Mental Health Counselor

Care Coordinator:

Bachelor's Degree in Social Work or related Human Service field; and,
Minimum of three years of clinical/management experience in human service field; and,
Demonstrated clinical intervention skills over 2 or more years; and,
Demonstrated skill in fiscal management activities, team building and development

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.

The Care Coordinator assures care is delivered in a manner consistent with strength-based, family centered, and culturally competent values, offers consultation and education to all providers regarding the values of the model, monitors progress toward treatment goals and assures that all necessary data for evaluation is gathered and recorded.

VI. Billable Units

Billable units will be based on four levels of service and are based on intensity with Level 1 being the least intense and Level 4 with the most intense. **Attach to your program narrative the definition of your levels of service of intensity and their components.** The assessment period will help determine the appropriate tier based on CANS scores, other criteria, and collateral information. Billable rates will include all costs associated with services and placement.

Due to economies of scale, the cost associated with serving each youth decreases as the number of youth served increases. As a result, the case rates vary based on the number of youth enrolled and the level of service. Rate will be defined as a monthly rate and daily rate based on the other criteria.

*Note that Medicaid MRO and MCO should be used to pay for care coordination and other services when possible.

- **Translation Services**
  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.

VII. Standard Rates

Per Youth per Day

Levels	150 Youth	225 Youth	300 Youth
1	$51.45	$49.08	$46.72
2	$91.40	$89.03	$86.66
3	$141.04	$138.67	$136.31
4	$213.70	$211.33	$208.96

If the number of youths to be served and the cost associated exceed the above then a budget summary must be submitted.

VIII. Case Record Documentation

Case record documentation for service eligibility must include:

1) A completed, signed, and dated DCS/ Probation referral form authorizing services

2) Documentation of regular contact with the referred families/children
3) Written progress reports no less than monthly or more frequently as prescribed by DCS/Probation and requested supportive documentation such as case notes, social summaries, etc. Monthly reports are due by the 10th of each month following the month of service, case documentation shall show when report is sent.
4) Copy of DCS/Probation case plan, informal adjustment documentation, or documentation of requests for documents given to DCS/Probation.

IX. Service Access

All services must be accessed and pre-approved through a referral form from the referring DCS/Probation staff. In the event a service provider receives verbal or email authorization to provide services from DCS/Probation an approved referral will still be required. Referrals are valid for a maximum of six (6) months unless otherwise specified by the DCS/Probation. Providers must initiate a re-authorization for services to continue beyond the approved period.

X. 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.

SERVICE STANDARD
INDIANA DEPARTMENT OF CHILD SERVICES
DIAGNOSTIC AND EVALUATION SERVICES
(Revised 7/21/11-Effective 7/21/11)

I. Services Description

Diagnostic and assessment services will be provided as requested by the referring worker for parents, other family members, and children due to the intervention of the Department of Child Services because of alleged physical, sexual, or emotional abuse or neglect, the removal of children from the care and control of their parents, and/or children alleged to be a delinquent child or adjudicated a delinquent child. When either a psychological or emotional problem is suspected to be contributing to the behavior of an adult or child or interfering with a parent's ability to parent, they should be referred for an initial bio-psychosocial assessment by a direct worker. If a psychiatric consultation/medication evaluation or either psychological or neuropsychological testing is necessary to answer a specific question, testing may be included in the evaluation after a consultation with the Family Case Manager (FCM) about the purpose of testing. Specific tests may include instruments that assess ability and achievement, substance use/abuse, testing for personality and psychopathology, and assessments of adaptive living skills. The results of the evaluation including diagnostic impression and treatment recommendations will be forwarded to the Family Case Manager to assist the family in remedying the problems that brought the family to the attention of child protective services or probation.

II. Service Delivery

Clinical Interview and Assessment

The purpose of the Clinical Interview and Assessment is to have the following completed and summarized in a report:

- Bio-psychosocial assessment(including initial impressions of parent functioning)
- Diagnosis (if applicable)
- Summary of Recommended Services and Service Approach

1. The completed report will utilize the DCS standardized report format for Diagnostic Evaluation Services. The report should be completed with a summary to DCS within 15 calendar days of referral.
2. The service provider may recommend psychological testing, neuropsychological testing and/or psychiatric consultation/medication evaluation as a result of the bio-psychosocial assessment. If psychological testing or neuropsychological testing is recommended, the service provider should include in the report the specific issues/questions the testing should address. A new referral under this service standard will be required for these services.

3. The service provider may recommend a Parenting/Family Functioning Assessment. Justification as to why this level of assessment is necessary should be included in the report. A new referral Parenting/Family Functioning Assessment will be required for this service.

Psychological Testing

1. The psychologist will conduct applicable psychological testing as recommended during the Clinical Interview and Assessment and approved by the Family Case Manager.
2. The psychologist will respond with a written report within 30 days from the date of the referral.

Neuropsychological Testing

1. The psychologist will conduct applicable neuropsychological testing as recommended by the service provider and approved by the Family Case Manager.
2. The psychologist will respond with a written report within 45 days from the date of the referral.

Medication Evaluation

If psychiatric consultation/medication evaluation is recommended, the psychiatrist will see the client within 14 days from the date of referral and complete a written report within 30 days from the date of evaluation.

Ongoing Medication Monitoring

Ongoing medication monitoring will be provided as needed based on the results of the Medicaid Evaluation.

Child Hearsay Evaluation

An evaluation completed by a psychiatrist, physician, or psychologist to determine if participation in court proceedings would create a substantial likelihood of emotional or mental harm to the child. A completed report will be provided to the referring worker with in 14 days of referral.

Comprehensive Report

Comprehensive psychological evaluations include a detailed history of the client in order to obtain symptom development and configuration, and include objective/standardized psychological testing results. Collateral data is also collected, and includes but is not limited to interviews with service providers, treatment records of inpatient and outpatient care, and information with family members.

The comprehensive report will integrate all data into a summary of the issues creating barriers to reunification, explain the psychological diagnosis, and will provide recommendations for treatment. If requested reports can make recommendations regarding parental functioning or the prognosis of the permanency options.

III. When DCS is not paying for services:

A billable unit of "Reports" has been developed for providers who service DCS families without DCS payment for these services (Medicaid, insurances, self-pay) but DCS wants a report from the provider on the progress of the family. The referral process has been set up to authorize reports and court components on the DCS referral form in these incidences. **DCS will only pay for reports when DCS is not paying for these services.** If the services provided are not funded by DCS, the report rate per hour will be paid for the necessary reports on a referral form issued by DCS. Court testimony will be paid per appearance if requested on a referral form issued by DCS. In order to be paid for a court appearance a subpoena or written request from DCS should be on file.

IV. Target Population

Services must be restricted to the following eligibility categories:

1) Children and families who have substantiated cases of abuse and/or neglect and will likely develop into an open case with IA or CHINS status.
2) Children and their families which have an Informal Adjustment (IA) or the children have the status of CHINS or JD/JS.
3) Children with the status of CHINS or JD/JS and their Foster/Kinship families with whom they are placed.
4) All adopted children and adoptive families

V. Goals and Outcomes

Goal #1
Timely receipt of evaluations.
Objective:
1) Service provider to submit written report to the referring Family Case Manager within the designated time frames of completion of evaluation.

Outcome Measure/Fidelity Measure

1) 95% of the evaluation reports will be submitted to the referring Family Case Manager within specified service delivery time frames.

Goal #2
Obtain appropriate recommendations based on information provided.
Outcome Measure
1) 100% of reports will meet information requested by the referring Family Case Manager/Probation Officer.
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 and/or probation satisfaction will be rated 4 and above on the Service Satisfaction Report.
2) A random Sample of Satisfaction Surveys will be completed at the conclusion of services.

VI. Minimum Qualifications

Clinical Interview and Assessment Reimbursed by DCS:
Diagnosis and assessment may only be done independently by a Health Services Provider in Psychology (HSPP). The following providers may provide bio-psychosocial assessments under the direct supervision of a Health Service Provider in Psychology (HSPP) psychologist or psychiatrist.

- Master's degree in social work, psychology, marriage and family therapy, or related human services field.

- 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.

Clinical Interview and Assessment Reimbursed by Medicaid:

Subject to prior authorization by the office or its designee, Medicaid will reimburse physician or HSPP directed outpatient mental health services for group, family, and individual outpatient psychotherapy when such services are provided by one (1) of the following practitioners:
(A) A licensed psychologist.
(B) A licensed independent practice school psychologist.
(C) A licensed clinical social worker.
(D) A licensed marital and family therapist.

(E) A licensed mental health counselor.
(F) A person holding a master's degree in social work, marital and family therapy, or mental health counseling
(G) An advanced practice nurse who is a licensed, registered nurse with a master's degree in nursing with a major in psychiatric or mental health nursing from an accredited school of nursing.

The physician, psychiatrist, or HSPP is responsible for certifying the diagnosis and for supervising the plan of treatment described as follows:
(A) The physician, psychiatrist, or HSPP is responsible for seeing the recipient during the intake process or reviewing the medical information obtained by the practitioner listed above within seven (7) days of the intake process. This review by the physician, psychiatrist, or HSPP must be documented in writing.
(B) The physician, psychiatrist, or HSPP must again see the patient or review the medical information and certify medical necessity on the basis of medical information provided by the practitioner listed above at intervals not to exceed ninety (90) days. This review must be documented in writing.

Psychological & Neuropsychological Testing Reimbursed by DCS:

Test Interpretation
Diagnosis and assessment may only be done independently by a Health Services Provider in Psychology (HSPP) or physician.

Test Administration
The following practitioners may **administer** psychological testing under the direct supervision of a HSPP or physician:

(A) A licensed psychologist.
(B) A licensed independent practice school psychologist.
(C) A person holding a bachelor's degree and one (1) of the following:
    (i) twenty (20) hours of documented specific instruction and direct supervision by a physician or HSPP psychologist at the performance site on the tests to be used including instruction on administration and scoring and practice assessments with non-patients and final approval to administer the specific instruments by a physician or HSPP psychologist at the performance site; or
    (ii) status as a psychology intern enrolled in an American Psychological Association (APA)-approved internship program.
(D) A psychology resident enrolled in an APA-approved training program or APPIC recognized internship or post-doctoral program.
(E) An individual certified by a national organization in the administration and scoring of psychological tests.

The physician and HSPP are responsible for the interpretation and reporting of the testing performed. The physician and HSPP must provide direct supervision and maintain documentation to support the education, training, and hours of experience for any practitioner providing services under their supervision. A cosignature by the physician or HSPP is required for services rendered by one of the lower level practitioners.

Psychological & Neuropsychological Testing reimbursed by Medicaid:

Subject to prior authorization by the office or its designee, Medicaid will reimburse for neuropsychological and psychological testing when provided by a physician or an HSPP. The services are provided by one (1) of the following practitioners:
(A) A physician.
(B) An HSPP.
(C) The following practitioners may only **administer** neuropsychological and psychological testing under the direct supervision of a physician or HSPP:

1. A licensed psychologist.
2. A licensed independent practice school psychologist.
3. A person holding a master's degree in a mental health field and one (1) of the following:
    (a) A certified specialist in psychometry (CSP).
    (b) Two thousand (2,000) hours of experience, under direct supervision of a physician or HSPP, in administering the type of test being performed.

The physician and HSPP are responsible for the interpretation and reporting of the testing performed. The physician and HSPP must provide direct supervision and maintain documentation to support the education, training, and hours of experience for any practitioner providing services under their supervision. A cosignature by the physician or HSPP is required for services rendered by one of the practitioners listed in subdivision (C).

Medication Evaluation and Ongoing Medication Management:
(A) Physician
(B) Advanced Practice Nurses (Nurse Practitioners or Certified Nurse Specialists) with a 1) master or doctoral degree in nursing with a major in psychiatric or mental health nursing, 2) from an accredited school of nursing.
If working as an Authorized Health Professional staff must 1) be an Advance Practice Nurse as described above, 2)and prescriptive authority, 3)must work within the scope of his/her license and 4) have a supervisory agreement with a licensed physician.

VII. Billable Unit

Medicaid:

It is expected that the diagnostic and assessment services provided under this standard will be based in the clinic setting. Medicaid shall be billed when appropriate. Services will be billable by utilizing the 90000 codes.

DCS Funding:

Those services not billable under Medicaid, may be billed to DCS as follows:

- **Clinical Interview and Assessment:** Hourly Rate-Face to Face time with a client. Plus a maximum of 1 hour may be billed for report writing.

- **Psychological Testing**: Per Hour. Includes time face to face with the client and time spent administering, scoring, and interpreting testing. Plus a maximum of 1 hour may be billed for report writing.
- **Neuropsychological Testing:** Per Hour. Includes time face to face with the client and time spent administering, scoring, and interpreting testing. Plus a maximum of 1 hour may be billed for report writing.

- **Medication Evaluation**: per hour face to face with the client. Plus a maximum of ½ hour may be billed for report writing.

- **Ongoing Medication Monitoring**: per hour face to face with the client.

- **Child Hearsay Evaluation**: per hour face to face with the client. Plus a maximum of ½ hour may be billed for report writing.

- **Comprehensive Report-**per hour. Additional hours can be billed when prior DCS approval is given. The Comprehensive Report includes extra collateral contacts and a more extensive written report.

Hourly Services may be billed in 15 minute increments, partial units are rounded to the nearest quarter using the following guidelines:

o 0 to 7 minutes	do not bill	0.00 hour
o 8 to 22 minutes	1 fifteen minute unit	0.25 hour
o 23 to 37 minutes	2 fifteen minute units	0.50 hour
o 38 to 52 minutes	3 fifteen minute units	0.75 hour
o 53 to 60 minutes	4 fifteen minute units	1.00 hour

- **Medication**: Actual Cost
  The provider must access all sample medication resources and other medication sources (e.g., MAP) and pharmaceutical companies that provide free or reduced cost medications prior to billing DCS. Documentation of these efforts must be maintained in the case file.

- **Court:** The provider of this service may be requested to testify in court. A Court Appearance is defined as appearing for a court hearing after receiving a request (either verbal or written) by DCS to appear in court, and can be billed per appearance. Therefore, if the provider appeared in court two different days, they could bill for 2 court appearances. Maximum of 1 court appearance per day. The Rate of the Court Appearance includes all cost associated with the court appearance, therefore additional costs associated with the appearance cannot be billed separately.
- **Reports**

  If the services provided are not funded by DCS, the "Reports" hourly rate will be paid. A referral for "Reports" must be issued by DCS in order to bill.

- **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.

VIII. Case Record Documentation

Necessary case record documentation for service eligibility must include:

1) A completed, dated, signed DCS/Probation referral form authorizing service;
2) Written reports as defined in this service standard.
3) Documentation regarding efforts to secure low cost or free medications prior to billing DCS.

IX. Service Access

All services must be accessed and pre-approved through a referral form from the referring DCS/Probation staff. In the event a service provider receives verbal or email authorization to provide services from DCS/Probation, an approved DCS referral will still be required. Referrals are valid for a maximum of six (6) months unless otherwise specified by the DCS/Probation. Providers must initiate a re-authorization for services to continue beyond the approved period.

X. 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, assessing, planning and intervening to partner with families and the community to achieve better outcomes for children.

SERVICE STANDARD
INDIANA DEPARTMENT OF CHILD SERVICES
DOMESTIC VIOLENCE BATTERERS INTERVENTION SERVICES
(Revised 8/26/11-Effective 8/26/11)

A Batterers Intervention Program (BIP), Certified by the Indiana Coalition Against Domestic Violence (ICADV), shall be utilized by DCS as a preferred contract provider of services for domestic violence offenders/batterers in keeping with I.C. 35-50-9. If a contract service provider is needed in an area in which an ICADV Certified BIP is not available, the service provider must adhere to the DCS standards listed below.

I. Service Description

Definition of Domestic Violence (Indiana Coalition Against Domestic Violence [ICADV] definition) - A pattern of assaultive or coercive behavior, including physical, sexual, or psychological attacks, as well as economic coercion, that adults or adolescents use against an intimate partner. Intimate partners include spouse, former spouse, those living or having lived as if a spouse, those having a child in common, those having a past or current sexual relationship, or a past or current dating relationship.

The batterer or offending parent may be selected for service delivery of Domestic Violence Batterers Intervention Services. Batterers' intervention services shall not exist in isolation, as it represents only one component of a coordinated community response to domestic violence. Services shall maintain cooperative working relationships with local programs (domestic violence programs and shelters, survivor programs, law enforcement, courts, advocates, legal services, etc.). Services shall focus on victim safety, batterer accountability and community collaboration, in that order. Services should be non-abusive, support change, and hold program clients accountable for their behavior.

II. Service Delivery

Group is the only method of services for the batterer. Group sessions will be for same-gendered participants only. All service must follow the ICADV approved policies and procedures for BIP service delivery as listed below:

1) The provider and the agency operating the program will not provide couples counseling involving the batterer until after the batterer/participant has successfully completed the program, and not thereafter if facilitators and advocates have reason to be concerned about the victim or child safety.
2) As a condition of program completion, each participant must attend a minimum of 26 weekly sessions, consisting of at least 1.5 hours each. Two of these sessions can be used for the orientation/intake and for the exit/program termination interviews.
3) A minimum of 24 of the 26 sessions will be group sessions.
4) Class size should not exceed 18.

5) The provider will establish objective criteria for program completion that will be enforced uniformly.
6) All on-going batterers' groups shall be conducted by qualified personnel.
7) The provider will have an established procedure for notification of victim/survivor/partner about expulsion and/or completions.
8) Any communication regarding program completion must include the following statement: *Program completion does not guarantee the absence of future violence or abusive behavior.*
9) The batterer may pursue other service methods after satisfactory completion of group services as determined and documented by BIP provider staff. The batterer should only be included in marital/couples or family services if the batterer has done extensive work to change violent behavior and there is proof of progress. The batterer should not be included in marital/couples or family services if there is reason to be concerned about the survivor/child's safety or wellbeing.
10) Services must be available to participants who have limited daytime availability.
11) Provider must respect confidentiality unless otherwise specified by the client-provider contract. Failure to maintain confidentiality may result in immediate termination of the service agreement between DCS and the provider.

Provider shall conduct intake with batterer within 72 hours after referral by DCS. Intake shall include but is not limited to:

- Acknowledgment of Batterer's past and current use of physical and sexual violence, including other abusive behaviors, within and outside of intimate relationships
- Substance abuse assessment and history
- History of mental illness, including threats or ideations of homicide

Substance abuse, addictions, and/or mental illness counseling/treatment is not an appropriate intervention for domestic violence and may not be substituted for the program. If intake indicates the need for substance abuse or mental health treatment, it shall be done separately and not in conjunction with batterer's intervention.

Providers shall require batterers to sign a contract as outlined in the ICADV Policies and Procedures for Services to Batterers. The provider shall require batterers to sign an explicit, written waiver of confidentiality at the time of intake, which will give the provider permission to make reports, to testify, to otherwise communicate as needed, and to reveal file and other information regarding the batterer to each of the following:

1) Indiana Department of Child Services;
2) The referral source, if legally mandated;
3) The court, prosecutor, police, probation and child protective agency of the referring county;
4) The victim/partner/survivor or her/his designated advocate;

5) Administrative and professional personnel who need information for record-keeping, monitoring, or professional development.
6) Any entity or person to whom the provider is legally bound to report suspected abuse or neglect of a child or protected adult;
7) Any person to whom the provider must report in order to fulfill its duty to warn or protect.

The waiver may include a specified end date, but an exception must be included in the text of the waiver that extends the waiver beyond the end date where necessary in order to prevent the participant from avoiding legal consequences for criminal or violent acts or in order for the provider to respond to a court subpoena for information or testimony.

Curriculum Content

1) The central focus of any provider curriculum will remain on participant responsibility and accountability for their beliefs and actions. It will actively challenge all abusive behaviors or victim blaming.
2) Any provider curriculum used or developed by provider programs will be based on ICADV-approved curriculum.
3) Provider curriculum should reflect an awareness of cultural diversity.

Therapeutic DV Batterer Intervention

Alternative approaches (e.g., therapeutic) with special approval from DCS. Group must be facilitated by someone with a Master's degree in social work, psychology, marriage and family therapy, or related human service field 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.

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Program Monitoring

Provider will establish a written working agreement with a local independent domestic violence program or advocate. The local domestic violence program or advocate will be referred to as the "monitor". This written agreement will include all necessary elements as per ICADV Policies and Procedures.

The provider will develop guidelines for BIP participant expulsion reflecting ICADV policies so that decisions are uniform and predictable and so that discrimination does not occur against any participant based on race, class, age, physical handicap, religion, educational level, ethnicity, national origin, sexual orientation, or gender. Batterers may be re-enrolled in group on an individual basis at the provider's discretion in consultation with the referring FCM.

Partner Contact

Definition: "Partner contact" refers to any mail, phone, e-mail, or face-to-face contact, direct or indirect, with any partner, victim, survivor, ex-partner/victim/survivor, or child of a program participant, before, during, or after his/her enrollment in the program. Providers shall follow guidelines established by ICADV.

The provider shall establish a written policy requiring that all staff have a duty to warn and protect victims, partners, children and others against whom the batterer has made a threat of violence. This policy will detail the criteria for determining when a duty to warn arises, and the procedures staff are expected to follow.

Batterer services must work in collaboration with local programs that serve survivors of domestic violence, law enforcement, the Indiana Coalition Against Domestic Violence and the Resource Center (ICADV) and others. Collaboration shall include: Measuring effectiveness of the services by outcome measures and being an active participant in local coordinated community response efforts.

III. When DCS is not paying for services:

A billable unit of "Reports" has been developed for providers who service DCS families without DCS payment for these services (Medicaid, insurances, self-pay) but DCS wants a report from the provider on the progress of the family. The referral process has been set up to authorize reports and court components on the DCS referral form in these incidences. **DCS will only pay for reports when DCS is not paying for these services.** If the services provided are not funded by DCS, the report rate per hour will be paid for the necessary reports on a referral form issued by DCS. Court testimony will be paid per appearance if requested on a referral form issued by DCS. In order to be paid for a court appearance a subpoena or written request from DCS should be on file.

IV. Target Population

Services must be restricted to cases where domestic violence has been documented within the following eligibility categories:

1) Children and families who have substantiated cases of abuse and/or neglect and will likely develop into an open case with IA or CHINS status.
2) Children and their families which have an Informal Adjustment (IA) or the children have the status of CHINS or JD/JS.
3) Children with the status of CHINS or JD/JS and their Foster/Kinship families with whom they are placed.

V. Goals and Outcomes

Goal #1 BIP participants will not continue to engage in assaultive or coercive behavior, including physical, sexual, or psychological attacks as well as economic coercion against an intimate partner.

Outcome Measures

1) 90% of participants will acknowledge use of power and control in their relationship.
2) 70% of program participants have no further involvement with the DCS or criminal justice system related to domestic violence for a 12 month period beginning with program enrollment.
3) 80% of referrals will complete the full 26 week group curriculum.

Fidelity Measures:

Program fidelity/abiding by "best practices" is perhaps the best predictor of successful outcomes and provides an effective indirect measure. An audit undertaken by a DCS employee or designee may be conducted to assure program accountability. Programs must clearly link daily practices to the following program fidelity issues:

1) 90% of the supportive services (shelters, law enforcement, courts, advocates, legal agencies etc.) have a cooperative working relationship with the provider.
2) 100% of the BIP provider staff focus on victim safety as evidenced by adherence to appropriate policies and procedures of the provider agency.
3) 100% of program participants have an opportunity to participate in same-gender group sessions within 30 days of the referral.
4) 75% of programs are available to participants who have limited daytime availability.
5) 100% of groups are conducted by qualified personnel (see qualification section).
6) 100% of the BIP referrals are offered a 26-week group curriculum for batterers.
7) 80% of referrals have a provider contact attempted within 72 hours of referral and outcome of contact is documented.
8) 100% of program participants sign an agreement/contract as outlined by ICADV Policies and Procedures for BIP providers.
9) 100% of BIP providers will require staff to warn and protect victims, partners, children and others when and if the batterer has made a threat of violence as evidenced by adherence to appropriate policies and procedures of the provider agency.

VI. Minimum Qualifications

A. Initial Qualifications

Individuals must meet one of the following ICADV criteria in order to be deemed a qualified service provider by DCS:

1. Co-Facilitator: To qualify to co-facilitate a class or group session with a qualified Supervisor/Trainer or Facilitator, an individual must show:
    a. Evidence of 60 hours of formal training approved by ICADV. A minimum of 40 hours of this training must be specific to domestic violence. The remaining 20 hours

shall include evidence of training in each of the following areas of group facilitation skills, cultural diversity, substance abuse, and mental health.

   b. Evidence of observing a minimum of 26 different ICADV-approved sessions.

2. Facilitator: To qualify to facilitate an individual must show:
   a. Evidence of meeting all the requirements of a Co-facilitator.
   b. 100 hours of formal training approved by ICADV. A minimum of 60 hours of this training must be specific to domestic violence. The remaining 40 hours shall include evidence of training in each of the following areas of group facilitation skills, cultural diversity, substance abuse, and mental health.
   c. Evidence of co-facilitating a minimum of 26 additional sessions with a Supervisor/Trainer.
3. Supervisor: To qualify to supervise an individual must show:
   a. Evidence of meeting all the requirements of a Facilitator.
   b. 120 hours of formal training approved by ICADV. A minimum of 80 hours of this training must be specific to domestic violence. The remaining 40 hours shall include evidence of training in each of the following areas of group facilitation skills, cultural diversity, substance abuse, and mental health.
   c. Evidence of facilitating a minimum of 26 additional sessions as a Facilitator under a Supervisor/Trainer.
4. Trainer: To qualify to train staff or others related to work, an individual must show:
   a. Evidence of fulfilling the requirements of a Supervisor.
   b. Evidence of a minimum of 3 years experience as a supervisor (or the equivalent thereof).
   c. Evidence of successfully completing the "train the trainer" offered by ICADV

VII. Billable Units

Group

Services include group goal directed work with clients. To be billed per group hour.

Per Person Per Group

Services include group goal directed work with clients. To be billed per client per hour attended.

Therapeutic Per Person Per Group

Services include group goal directed work with clients. To be billed per client per hour attended. Group must be facilitated by a licensed Master-level Social Worker.

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

Services may be billed in 15 minute increments; partial units are rounded to the nearest quarter hour using the following guidelines:

- 0 to 7 minutes do not bill 0.00 hour
- 8 to 22 minutes 1 fifteen minute unit 0.25 hour
- 23 to 37 minutes 2 fifteen minute units 0.50 hour
- 38 to 52 minutes 3 fifteen minute units 0.75 hour
- 53 to 60 minutes 4 fifteen minute units 1.00 hour

Child and Family Team Meetings
Includes only Child and Family Team Meetings or case conferences initiated or approved by the DCS or Probation for the purposes of goal directed communication regarding the services to be provided to the client/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. (Actual Cost).

Court
The provider of this service may be requested to testify in court. A Court Appearance is defined as appearing for a court hearing after receiving a request (either verbal or written) by DCS or subpoena to appear in court, and can be billed per appearance. Therefore, if the provider appeared in court two different days, they could bill for 2 court appearances. Maximum of 1 court appearance per day. The Rate of the Court Appearance includes all cost associated with the court appearance, therefore additional costs associated with the appearance cannot be billed separately.

Reports
If the services provided are not funded by DCS, the "Reports" hourly rate will be paid. A referral for "Reports" must be issued by DCS in order to bill.

Therapeutic DV Batterer Intervention
Alternative approaches (e.g., therapeutic) with special approval from DCS.

VIII. Case Record Documentation

Necessary case record documentation for service eligibility must include:
1) A completed, signed, and dated DCS/ Probation 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/Probation. Monthly reports are due by the 10th of each month following the month of service, case documentation shall show when report is sent.

4) Copy of DCS/Probation case plan, informal adjustment documentation

IX. Service Access

All services must be accessed and pre-approved through a referral form from the referring DCS/Probation staff. In the event a service provider receives verbal or email authorization to provide services from DCS/Probation an approved referral will still be required. Referrals are valid for a maximum of six (6) months unless otherwise specified by the DCS/Probation. Providers must initiate a re-authorization for services to continue beyond the approved period.

X. 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.

SERVICE STANDARD
INDIANA DEPARTMENT OF CHILD SERVICES
DOMESTIC VIOLENCE SURVIVOR AND CHILD INTERVENTION SERVICES
(Revised 6/8/11-Effective 7/1/11)

I. Service Description

Definition of Domestic Violence (Indiana Coalition Against Domestic Violence [ICADV] Definition) – A pattern of assaultive or coercive behavior, including physical, sexual, or psychological attacks, as well as economic coercion, that adults or adolescents use against an intimate partner. Intimate partners include spouse, former spouse, those living or having lived as if a spouse, those having a child in common, those having a past or current sexual relationship, or a past or current dating relationship.

The targeted population for Domestic Violence services includes both survivors and children. Services may be provided comprehensively with service delivery including the survivor and child. The provider is responsible for the reporting and coordinating of services to all populations. Domestic Violence intervention services provided by DCS/Probation are not intended to exist in isolation, but as only one component of a coordinated community response to domestic violence. Services shall maintain cooperative working relationships with local programs (domestic violence, batterers' programs, survivor programs, shelters, law enforcement, advocates, legal services, etc.). Services shall be structured, goal-oriented, time-limited individual/group services and casework/victim advocacy services.

Services provided may include the following:

- Educational and skills-based support group for survivor and/or child
- Assistance with transportation
- Coordination of services
- Advocacy (which includes goal setting, case management, supportive services)
- Safety planning
- Crisis intervention
- Community referrals and follow up
- Family/Child assessment
- Child development education
- Domestic violence education
- Parenting education with or without children present
- Budgeting and money management
- Participation in Child and Family Team meetings
- Family reunification
- Individual and family services
- Cognitive behavioral strategies
- Family of origin/Intergenerational issues
- Family structure and organization (internal boundaries, relationships, roles,

socio-cultural history)
- Conflict resolution
- Behavior modification
- Substance abuse assessment

II. Service Delivery

1) Child safety and ending violence takes precedence over saving relationships. The service focus shall be on child safety, survivor safety, and increasing the survivor and child's functioning, both emotionally and physically.
2) The provider must be available to respond for crisis intervention as needed.
3) Service will be provided within the context of the Department of Child Services' practice model with involvement in Child and Family Team meetings. The provider will develop a service plan based on the provider's assessment, and the agreements reached in the Child and Family Team meeting as convened by DCS/Probation. Service plans for survivors and children will be developed separately from service plans developed for batterers.
4) Services must be available to participants who have limited daytime availability. The provider must identify a plan to engage the participant in the process, and a plan to work with non-cooperative participants, including those who believe they have no problems to address.
5) Provider must respect confidentiality. Failure to maintain confidentiality may result in immediate termination of the agreement.
6) The provider shall establish a written policy requiring that all staff have a duty to warn and protect survivors, partners, children and others against whom the batterer has made a threat of violence.
7) Services include providing any subpoenaed/court ordered testimony and/or court appearances (to include hearings or appeals).
8) 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.
9) 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.

A. Child Services

1) Provider assessment shall occur within 24 hours after initiation of services, upon receipt of DCS/Probation referral. Children will receive an initial assessment of needs when DCS/Probation indicates imminent risk/immediate safety concerns. A full assessment shall be available to DCS/Probation no later than four (4) working days after receipt of DCS referral.
2) Assessments shall include, but are not limited to: safety and risk factors for the child; child abuse/neglect; food/shelter/clothing; the parent/child relationships; screening for other co-occurring issues (substance abuse, mental health issues, behavioral issues, social impairment,

educational impairment, etc.).

3) A child safety plan shall be developed. (Note: the child must be willing and able to use the plan, and have the ability to opt out of any step in the plan if needed.) Comprehensive safety plans that are age and developmentally appropriate will be developed. Plans at a minimum will include: input from the non-abusive parent and be age appropriate; input from the child when appropriate; identification of safe places to go inside/outside of the home during violence; identification of where to meet if exiting the home is necessary; identification of how and when to use the phone for help; and identification of how to stay safe during an argument/violence.
4) The provider shall develop a comprehensive domestic violence service plan based on the assessment. Plans, at a minimum, will identify the needs of the child, set goals for the child, and establish a timeline for the accomplishment of goals in plan.
5) Advocacy and support services shall be provided as needed and as consistent with the assessment. These services shall include, but are not limited to, crisis intervention, links to community resources, Court Appointed Special Advocate (CASA)/ Guardian Ad Litem (GAL), information, and referral.
6) Services should be provided in the method consistent with the assessment and comprehensive domestic violence service plan and may include: individual or group services, play services, group play services, family services, support groups, and casework/victim advocacy services.
7) Group services for children, if provided, are to occur in weekly sessions at least one (1) hour in length. The number of weekly sessions will be determined by the provider and DCS/Probation based on the child's individual needs. Class size shall contain a minimum of three (3) participants and is not to exceed twelve (12) participants.
8) Group curriculum will be age appropriate and shall include, but is not limited to: promoting safe discussion of experiences with violence; helping the child understand that violence is not their fault and/or the fault of the survivor; helping the child understand and cope with their emotional responses to domestic violence; helping children identify, label, and express their feelings; exploring the child's attitudes and beliefs about families and family violence; and teaching children how to effectively manage their own anger.

B. Survivor Services

A comprehensive domestic violence safety plan will be developed based on the assessment. Survivor safety plans at a minimum will include: strategies to increase the safety of themselves and their children; a list of emergency contacts; access to critical legal, financial, and medical documents; medications; and relocation or shelter services.

Provider assessment shall occur within 24 hours after initiation of services, upon receipt of DCS/Probation referral. Survivors will receive an initial assessment of needs when DCS/Probation indicates imminent risk/immediate safety concerns. A full assessment shall be available to DCS/Probation no later than four (4) working days after receipt of DCS/Probation referral.

Assessments shall include, but are not limited to, safety and risk factors for the survivor and his/her child(ren), emergency medical/dental care, legal assistance, food/shelter/clothing, parenting needs and the parent/child relationship, and screening for other co-occurring issues (substance abuse, mental health issues, etc.).

The provider shall develop a comprehensive domestic violence service plan based on the assessment. Plans, at a minimum, will identify the needs of the survivor, set goals for the survivor, establish a timeline for the accomplishment of goals in plan, and identify and promote the use of informal and community supports and community resources.

Advocacy and support services shall be provided as needed and as consistent with the assessment and comprehensive domestic violence service plan. These services shall include, but are not limited to, housing assistance, emergency medical/dental, legal advocacy, job training/employment, safety plan, transportation, links to educational resources and community resources, information, and referral.

Services should be provided in the method consistent with the assessment and comprehensive domestic violence service plan and may include individual, group and/or family services, case management, and advocacy services.

Group services, if provided, are for survivors of the same gender and occur in weekly sessions at least one (1) hour in length. Number of weekly sessions will be determined by the provider and DCS based on the survivor's individual needs. Class size shall be a minimum of three (3) and is not to exceed 20 participants.

Group curriculum shall include, but is not limited to, helping the survivors understand their attitudes and beliefs about families and family violence; helping the survivors understand that violence is not their fault and they have no control over the violence; helping the survivors understand the dynamics of domestic violence and aspects of power and control; helping the survivors understand the impact of family violence on their children's development; enhancing survivors' parenting skills and appropriate discipline methods; and enhancing the survivors' skills in interacting with the batterer on issues dealing with the best interest of the child, in circumstances where face-to-face contact is necessary (visitations, school/athletic events etc.).

If clinical services are identified as a need, and the agency does not provide that service, the agency shall notify the FCM, who may refer for additional services. If the agency has a clinician on staff, the clinician must adhere to qualifications below.

III. When DCS is not paying for services:

A billable unit of "Reports" has been developed for providers who service DCS families without DCS payment for these services (Medicaid, insurances, self-pay) but DCS wants a report from the provider on the progress of the family. The referral process has been set up to authorize reports and court components on the DCS referral form in these incidences. **DCS will only pay**

for reports when DCS is not paying for these services. If the services provided are not funded by DCS, the report rate per hour will be paid for the necessary reports on a referral form issued by DCS. Court testimony will be paid per appearance if requested on a referral form issued by DCS. In order to be paid for a court appearance a subpoena or written request from DCS should be on file.

IV. Target Population

Services must be restricted to cases where domestic violence has been documented within the following eligibility categories:

1) Children and families who have substantiated cases of abuse and/or neglect and will likely develop into an open case with IA or CHINS status.
2) Children and their families which have an Informal Adjustment (IA) or the children have the status of CHINS or JD/JS.
3) Children with the status of CHINS or JD/JS and their Foster/Kinship families with whom they are placed.

V. Goals and Outcomes

Goal #1: To Improve Safety of Survivors

Outcome Measures:
1) 100 % of survivors know how to plan for their continued safety.
2) 90 % of survivors report having an increased understanding of their legal rights.
3) 90 % of survivors report they know how to access resources that meet their needs.

Goal #2: To Enhance Skills of Children Who are Exposed to Domestic Violence

Outcome Measures:
1) 100% of children report they know that the violence is not their fault.
2) 90% of children will have identified effective coping mechanisms to deal with emotional responses to domestic violence.
3) 90% of children will have identified strategies to effectively manage their own anger.

Goal #3: Improved functioning including development of positive means of managing crisis
Objectives:
1) 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.

Client Outcome Measures:
1) 100 % of survivors report an increased knowledge and understanding of the effects of domestic violence on their children.

2) 90% of survivors report an increased understanding of parenting skills and appropriate discipline.
3) 90% of survivors report an increased knowledge on how to interact with the batterer on issues dealing with the best interest of the child.
4) 67% 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
5) 90% of the individuals/families will not be the subjects of a new investigation resulting in the assignment of a status of "substantiated" abuse or neglect throughout the service provision period. (To be measured/evaluated by DCS/Probation staff)
6) 90% of the individuals/families that were intact prior to the initiation of service will remain intact throughout the service provision period.
7) If DCS elects to implement a standardized tool for evaluating family functioning, a related outcome measure will be added.

Goal #4: DCS/Probation and clients will report satisfaction with services

Outcome Measures:
1) 90 % of the families who have participated in Domestic Violence Services will rate the services "satisfactory" or above on a satisfaction survey developed by the service provider, unless DCS/Probation distributes one to providers for their use with clients. Providers are to survey a minimum of 12 clients or 20% of their caseload (whichever results in a larger number) randomly selected from each county served.
2) DCS/Probation satisfaction will be rated 4 or above on the Service Satisfaction Report.

Program Fidelity Measures
Program fidelity/abiding by best practices is the best predictor of successful outcomes and provides an effective indirect measure. An audit undertaken by a DCS employee or DCS designee may be conducted to assure program accountability. Programs must clearly link daily practices to the following program fidelity issues:

1) 90% of families receive their first contact (telephone, mail or face-to-face) no later than the end of the first day following receipt of a referral from DCS/Probation.
2) 100% of referrals that are not seen within 24 hours of referral will be reported to the referral source.
3) 90% of required written domestic violence service plans/assessments will be completed and sent to the referring worker within 10 days of face-to-face intake with the client/family.
4) 90% of the community supportive services (BIP providers, law enforcement, courts, advocates, legal agencies, etc.) have a cooperative working relationship with the provider.
5) 100% of provider staff focus on child/victim safety as evidenced by adherence to appropriate provider policies and procedures.

6) 100% of program activities are carried out by qualified staff (see Qualifications).
7) 90% of programs are available to participants who have limited daytime availability.
8) 100% of provider staff are required to warn and protect children and victims and others when and if the batterer has made a threat of violence.
9) 100% of clients (children and victims) will have a comprehensive domestic violence service plan developed.
10) 100% of children referred and engaged in the program will have a developmentally-appropriate safety plan developed by provider staff.
11) 100% of clients will be able to access a provider staff in the event of an emergency, 7 days a week, 24 hours a day.

VI. Minimum Qualifications

Direct Worker:

Services may be provided as needed by personnel with a Associates degree in social work, psychology, sociology, or a directly related human services field and/or 2 years working with families in a social service setting. Worker should have knowledge of current Indiana state law and best practices regarding domestic violence.

Supervisor of Direct Worker:

Bachelor's degree in social work, psychology, marriage and family, or a related human services field. Minimum 4 years professional field experience in a social service setting. Or Master's degree in social work, psychology, marriage and family, or a related human services field. Minimum 2 years professional field experience in family violence services. Supervisor should have knowledge of current Indiana state law and best practices regarding domestic violence.

Counselor

- Master's degree in social work, psychology, marriage and family therapy, or related human service field and 3 year's related clinical experience or a master's 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 of Counselor:

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.

Providers are to respond to the on-going individual needs of staff by providing them with the appropriate combination of training and supervision. The frequency and intensity of training and supervision are to be consistent with "best practices" and comply with the requirements of each provider's accreditation body. Supervision should include individual, group, and direct observation modalities and can utilize teleconference technologies. Under no circumstances is supervision/consultation to be less than one (1) hour of supervision/consultation per 25 hours of face-to-face direct client services provided, nor occur less than every two (2) weeks.

In addition to the above:

- 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.

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.

VII. Billable Units

If agency administers clinical services, there may be two face to face units: Direct Worker and Counseling.

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 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 crisis intervention and other goal-directed interventions via telephone with the identified client family.

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

Group
Services include group goal directed work with clients. To be billed per group hour.

Services may be billed in 15 minute increments; partial units are rounded to the nearest quarter hour using the following guidelines:

- 0 to 7 minutes do not bill 0.00 hour
- 8 to 22 minutes 1 fifteen minute unit 0.25 hour
- 23 to 37 minutes 2 fifteen minute units 0.50 hour
- 38 to 52 minutes 3 fifteen minute units 0.75 hour
- 53 to 60 minutes 4 fifteen minute units 1.00 hour

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. (Actual Cost)

Court
The provider of this service may be requested to testify in court. A Court Appearance is defined as appearing for a court hearing after receiving a request (either verbal or written) by DCS or subpoena to appear in court, and can be billed per appearance. Therefore, if the provider appeared in court two different days, they could bill for 2 court appearances. Maximum of 1 court appearance per day. The Rate of the Court Appearance includes all cost associated with the court appearance, therefore additional costs associated with the appearance cannot be billed separately.

Reports
If the services provided are not funded by DCS, the "Reports" hourly rate will be paid. A referral for "Reports" must be issued by DCS in order to bill.

VIII. Case Record Documentation

Necessary case record documentation for service eligibility must include:

1) A completed, signed, and dated DCS/ Probation 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/Probation. Monthly reports are due by the 10th of each month following the month of service, case documentation shall show when report is sent.

4) Copy of DCS/Probation case plan, informal adjustment documentation, or documentation of requests for documents given to DCS/Probation

IX. Service Access

All services must be accessed and pre-approved through a referral form from the referring DCS/Probation staff. In the event a service provider receives verbal or email authorization to provide services from DCS/Probation an approved referral will still be required. Referrals are valid for a maximum of six (6) months unless otherwise specified by the DCS/Probation. Providers must initiate a re-authorization for services to continue beyond the approved period.

X. 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.

SERVICE STANDARD
INDIANA DEPARTMENT OF CHILD SERVICES
FATHER ENGAGEMENT PROGRAMS
(Revised 7/7/11-Effective 7/7/11)

I. Service Description

The Indiana Department of Child Services (DCS) intends to contract with providers throughout the state to implement fatherhood programming to provide assistance and support to fathers whose children are involved with the Department of Child Services. Providers will work actively with DCS employees to successfully engage fathers in services that will improve safety, stability, well-being and permanency for their children. Providers will assist fathers 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.

II. Service Delivery

- The direct worker's home office will be located in a DCS office where most of the services outlined in this standard can be performed. The provider will secure and maintain a working relationship with the Family Case Managers and other relevant DCS staff to provide a liaison between the fathers and DCS. When Family Case Managers have exhausted all known diligent search efforts and inquiries, providers will assist in locating and engaging fathers (including those who may be incarcerated or who live out of state).

- The provider will actively engage referred fathers with the goal of increasing their involvement in the DCS case.

- The provider will conduct intake interviews, and collect demographic and other outcome data for reporting purposes. Services must include ongoing monitoring of father/parental progress.

- The provider will work collaboratively with DCS, other contracted service providers, community organizations, and individuals to develop, maintain, and provide appropriate programming for fathers whose children are involved in the child welfare system.

- The provider will possess a clear understanding of male learning styles and male help seeking behaviors and will practice effective techniques for father engagement through a non-judgmental, holistic viewpoint regarding father/child relationship, focusing on the child in the context of the family.

- Refers participants, when indicated, to community resources and other organizations.

- Promotes community awareness regarding the value of engaging fathers of children involved in the child welfare process, through presentation and written materials.

- Develop a working relationship with local child support enforcement offices and staff members in order to be of mutual assistance in helping obtain appropriate financial support of children.

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

- Services will be provided in home, in the community environment, in the DCS office, and/or the providers' office.

- Services will be based on the family's established DCS Case Plan/Disposition or Informal Adjustment, while taking into consideration the recommendation of the Child and Family Team as applicable.

- 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.

- The provider will coordinate and provide Fatherhood Programming utilizing a DCS approved educational curricula such as *Bringing Back The Dads*, *National Partnership for Community Leadership, Bridges Out of Poverty* (any other curricula must have prior approval). The Programming can be provided through the use of group or one-on-one sessions. All curricula must include child support enforcement education and financial responsibility education. In addition, the Fatherhood Programming and other individual work with the father, may provide any combination of the following kinds of services:
    - 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;
    - 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;
    - 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, family team meetings and their procedures
    - role of the Court Appointed Special Advocate or Guardian ad Litem,
    - an informal environment for fathers 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;

- educational programs using speakers recruited from the local professional community to assist and educate the fathers 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.
- coaching and information to develop attitudes and social skills needed for improved family relations and personal responsibility.
- After consultation with the Family Case Manager, providers will make concerted, organized and systematic efforts to connect children with their incarcerated father (if applicable), through video conferencing, face to face contact, correspondence and by telephone, unless the court has determined that visiting would put the child in danger.
- Supports fathers and paternal relatives in court and Child and Family Team Meetings by providing transportation and/or transportation voucher when appropriate.

III. When DCS is not paying for services:

A billable unit of "Reports" has been developed for providers who service DCS families without DCS payment for these services (Medicaid, insurances, self-pay) but DCS wants a report from the provider on the progress of the family. The referral process has been set up to authorize reports and court components on the DCS referral form in these incidences. **DCS will only pay for reports when DCS is not paying for these services.** If the services provided are not funded by DCS, the report rate per hour will be paid for the necessary reports on a referral form issued by DCS. Court testimony will be paid per appearance if requested on a referral form issued by DCS. In order to be paid for a court appearance a subpoena or written request from DCS should be on file.

IV. Target Population

Services must be restricted to the following eligibility categories:

- Fathers of children who have substantiated cases of abuse and/or neglect and will likely develop into an open case an IA or CHINS status.
- Fathers of children which have an Informal Adjustment (IA) or the children have the status of CHINS.

V. Goals and Outcome Measures

Goal #1

Timely initiation of services with the fathers.
Outcome Measures

1) 90% of all fathers referred with a valid contact and/or address will receive a telephone call or a drop by contact within 5 working days of referral.
2) 75% of all fathers referred will have face to face contact within 10 working days of the referral.

Goal#2
Timely receipt of electronic outcome reports.
Outcome Measures

100% of reports will be received timely.
The report will include a summary of services to each father as well as the father's involvement with the child (ren) and father's parental progression as evidence by visitation supervised and unsupervised with child (ren), participation in Child and Family Team Meetings, fathers involvement in the DCS case plan, established paternity and if the father is paying child support. The summary will also include engagement in fatherhood curriculum and/or successfully/unsuccessful completion of referral sources will be provided to the referring FCM monthly. An approved excel spread sheet, documenting services, will be electronically forwarded to Central Office designated email address, no later then the 10th of each month. An approved monthly report, documenting services to each referred father, will be forwarded to the FCM, no later then the 10th of each month.

Goal #3
Engage fathers in services that will reduce barriers to safety, stability, well-being and permanency for their children.
Outcomes Measures

1) 60% of all fathers referred will become actively engaged in the DCS open case as evidenced by visitation with their children, participation in CFTM, and the Case Plan.
2) 60% of referred cases will have paternal relatives actively engaged.

Goal #4
Coordinate efforts between the department of corrections and/or local detention facilities, child welfare agencies, and the courts to ensure the incarcerated father is notified of court proceedings regarding the care and custody of their child (ren) when appropriate.
Outcome Measures

1) 60% of incarcerated fathers will become actively engaged in the DCS open case as evidenced by contact with their children

Goal# 5

All engaged fathers will complete a service satisfaction survey. DCS will randomly evaluate services provided to ensure services provided are in accordance with contract requirements and reflective of the practice model.
Outcome Measures

1) 95% of all engaged fathers will rate services "satisfactory" or above.
2) 100% DCS satisfaction with provider services will be rated "fair" or above on the provider evaluation tool.

Goal #6
Maintain satisfactory services to the children and family
Objective
1) DCS/Probation and clients will report satisfaction with services.

Outcome Measure/Fidelity Measure:
1) DCS/Probation satisfaction with services will be rated 4 and above on the Service Satisfaction Report.
2) 90% of clients will rate the services "satisfactory" or above on a satisfaction survey developed by the service provider, unless one is distributed by DCS/Probation to providers for their use with clients Providers are to survey a minimum of 12 clients or 20% of their caseload (whichever results in a larger number) randomly selected from each county served.

VI. Minimum Qualifications

Direct Worker:
Bachelor's degree in social work, psychology, sociology, or a directly-related human service field from an accredited college. Must possess a valid driver's license and the ability to use private car to transport self and others, and must comply with the state policy concerning minimum car insurance coverage.
In addition to the above:

- 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 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, loss of familiar surroundings, customs and traditions of the child's culture, entitlement, gratification delaying, flexible parental roles and humor

Supervisor:
Master's or Doctorate degree in social work, psychology, or directly-related human services field from an accredited college.

Services provided 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.

Providers are to respond to the on-going individual needs of staff by providing them with the appropriate combination of training and supervision. The frequency and intensity of training and supervision are to be consistent with "best practices" and comply with the requirements of each provider's accreditation body. Supervision should include individual, group, and direct observation modalities and can utilize teleconference technologies. Under no circumstances is supervision/consultation to be less than one (1) hour of supervision/consultation per 25 hours of face-to-face direct client services provided, nor occur less than every two (2) weeks.

VII. 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.
- Billing for additional collateral contacts can be approved by DCS when attempting to locate and/or engage an incarcerated client or client living out of state.

- **Group**

Services include group goal directed work with clients. To be billed per group hour

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

Services may be billed in 15 minute increments; partial units are rounded to the nearest quarter hour using the following guidelines:

• 0 to 7 minutes	do not bill	0.00 hour
• 8 to 22 minutes	1 fifteen minute unit	0.25 hour
• 23 to 37 minutes	2 fifteen minute units	0.50 hour
• 38 to 52 minutes	3 fifteen minute units	0.75 hour

- 53 to 60 minutes 4 fifteen minute units 1.00 hour

- **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.

- **Court**
  The provider of this service may be requested to testify in court. A Court Appearance is defined as appearing for a court hearing after receiving a request (either verbal or written) by DCS to appear in court, and can be billed per appearance. Therefore, if the provider appeared in court two different days, they could bill for 2 court appearances. Maximum of 1 court appearance per day. The Rate of the Court Appearance includes all cost associated with the court appearance, therefore additional costs associated with the appearance cannot be billed separately.

- **Reports**
  If the services provided are not funded by DCS, the "Reports" hourly rate will be paid. A referral for "Reports" must be issued by DCS in order to bill.

VIII. Case Record Documentation

Case record documentation for service eligibility must include:

1) A approved 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. Monthly reports are due by the 10th of each month following the month of service, case documentation shall show when report is sent.

IX. 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.

X. Service Access

All services must be accessed and pre-approved through a referral form from the referring DCS staff. In the event a service provider receives verbal or email authorization to provide services from DCS an approved referral will still be required. Referrals are valid for a maximum of six (6) months unless otherwise specified by the DCS. Providers must initiate a re-authorization for services to continue beyond the approved period.

SERVICE STANDARD
INDIANA DEPARTMENT OF CHILD SERVICES
FUNCTIONAL FAMILY THERAPY

I. Services 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/ojjdp/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.

II. Service Delivery

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.

III. Target Population

Services must be restricted to the following eligibility categories:

1) Children and families who have substantiated cases of abuse and/or neglect and will likely develop into an open case with IA or CHINS status.
2) Children and their families which have an Informal Adjustment (IA) or the children have the status of CHINS or JD/JS.
3) Children with the status of CHINS or JD/JS and their Foster/Kinship families with whom they are placed.
4) All adopted children and adoptive families.

IV. 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 current worker. Monthly.

Goal #2 Improved family functioning as indicated by no further incidence of the presenting problem

Objective:

1) 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.

Outcome Measures:

1) 67% 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.
2) 90 % of the children and families will not be the subjects of a new investigation resulting in the assignment of a status of "substantiated" abuse or neglect throughout the service provision period.
3) 90% of children and families that were intact prior to the initiation of service will remain intact throughout the service provision period.
4) 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/Probation and clients will report satisfaction with services provided.

Outcome Measures:

1) Probation/DCS satisfaction will be rated 4 and above on the Service Satisfaction Report.
2) 90% of clients will rate services "satisfactory" or above on satisfaction survey developed by the service provider, unless DCS/Probation distributes one to providers for their use with clients. Providers are to survey a minimum of 12 clients or 20% of their caseload (whichever results in a larger number) randomly selected from each county served.

V. Minimum 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
(See the links listed in the FFT Service Description.)

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.

VI. 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 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 crisis intervention and other goal-directed interventions via telephone with the identified client family.

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

Services may be billed in 15 minute increments; partial units are rounded to the nearest quarter hour using the following guidelines:

• 0 to 7 minutes	do not bill	0.00 hour
• 8 to 22 minutes	1 fifteen minute unit	0.25 hour
• 23 to 37 minutes	2 fifteen minute units	0.50 hour
• 38 to 52 minutes	3 fifteen minute units	0.75 hour
• 53 to 60 minutes	4 fifteen minute units	1.00 hour

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. (Actual Cost)

Court
The provider of this service may be requested to testify in court. A Court Appearance is defined as appearing for a court hearing after receiving a request (either verbal or written) by DCS to appear in court, and can be billed per appearance. Therefore, if the provider appeared in court two different days, they could bill for 2 court appearances. Maximum of 1 court appearance per day. The Rate of the Court Appearance includes all cost associated with the court appearance, therefore additional costs associated with the appearance cannot be billed separately.

VII. Case Record Documentation

Case record documentation for service eligibility must include:
1) A completed, signed, and dated DCS/ Probation referral form authorizing services
2) Documentation of regular contact with the referred families/children
3) Written progress reports no less than monthly or more frequently as prescribed by DCS/Probation and requested supportive documentation such as case notes, social

summaries, etc. Monthly reports are due by the 10th of each month following the month of service, case documentation shall show when report is sent.

4) Copy of DCS/Probation case plan, informal adjustment documentation, or documentation of requests for documents given to DCS/Probation

VIII. Service Access

All services must be accessed and pre-approved through a referral form from the referring DCS/Probation staff. In the event a service provider receives verbal or email authorization to provide services from DCS/Probation an approved referral will still be required. Referrals are valid for a maximum of six (6) months unless otherwise specified by the DCS/Probation. Providers must initiate a re-authorization for services to continue beyond the approved period. A referral from DCS does not substitute for any authorizations required by the Medicaid program.

IX. 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.

SERVICE STANDARD
INDIANA DEPARTMENT OF CHILD SERVICES
PARENT EDUCATION
(Revised 6/8/11-Effective 7/1/11)

I. Service Description

Parenting education is the provision of structured, parenting skill development experiences. 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. Family-centered parent training programs include family skills training and family activities to help children and parents take advantage of concrete social supports. A combination of individual and group parent training is the most effective approach when building skills that emphasize social connections and parents' ability to access social supports. However, the individual approach is most effective when serving families in need of specific or tailored services.

The following evidence-based programs are approved for use:

- Parent-Child Interaction Therapy (PCIT)
- STAR Parenting Program
- Systematic Training for Effective Parenting (STEP)
- Strengthening Families Program (SFP)
- Incredible Years; Parent-Child Interaction Therapy (PCIT)
- Parent Management Training-Oregon Model (PMTO)
- Positive Parenting Practices (Triple P)
- Parents as Teachers-Born to Learn
- Safe-Care
- Nurturing Program
- Active Parenting
- Effective Black Parenting by the Center for the Improvement of Child Caring
- 1-2-3 Magic
- Parenting with Love and Limits

Other Parent Education programs may be used but they require **written approval from the DCS Central Office.** Additional evidence-based programs are outlined at: The California Evidence-Based Clearinghouse at www.cebc4cw.org or the National Registry for Evidence Based Programs-SAMHSA (Substance Abuse and Mental Health Services Administration) at www.nrepp.samhsa.gov or the Office of Juvenile Justice and Delinquency Prevention at http://ojjdp.ncjrs.gov

The Child Welfare Information Gateway (www.childwelfare.gov/pubs/issue_briefs/parented) outlines key program characteristics and parent training strategies. Providers should review this issue brief incorporate these characteristics and strategies where possible. The key program characteristics include:

- strength-based focus
- family centered practice
- individual and group approaches
- qualified staff
- targeted service groups
- clear program goals and continuous evaluation

Parent Training Strategies include:

- Encourage Peer Support
- Involve Fathers
- Promote Positive Family Interaction
- Use Interactive Training Techniques
- Provide Opportunities to Practice New Skills

In-home assessments

When the model does not have prescribed in-home assessment procedures, the following shall be considered as a minimum standard:

An in-home assessment should be completed with the parent(s) and children before participation in the program, during program participation, as well as at program completion. These assessments should identify but are not limited to the following areas that impact the relationship of the parent/child:

- Appropriate developmental expectations-parent/child
- Empathy towards children's needs
- Use of corporal punishment
- Use of role reversal-child/parent
- Lack of family cohesion
- Lack of family expressiveness
- Lack of family independence

Postprogram assessments should indicate that parents significantly changed their parenting behavior and child-rearing attitudes following program completion. These changes should include having more appropriate developmental expectations, increased empathy toward children's needs, decreased use of corporal punishment, and decreased use of role reversal.

An examination of family interaction patterns should identify several significant improvements at postprogram assessment, including family cohesion, family expressiveness, and family independence, whereas family conflict significantly decreased.

II. When DCS is not paying for services:

A billable unit of "Reports" has been developed for providers who service DCS families without DCS payment for these services (Medicaid, insurances, self-pay) but DCS wants a report from the provider on the progress of the family. The referral process has been set up to authorize reports and court components on the DCS referral form in these incidences. **DCS will only pay for reports when DCS is not paying for these services.** If the services provided are not funded by DCS, the report rate per hour will be paid for the necessary reports on a referral form issued by DCS. Court testimony will be paid per appearance if requested on a referral form issued by DCS. In order to be paid for a court appearance a subpoena or written request from DCS should be on file.

III. Target Population

Services must be restricted to the following eligibility categories:

- Children and families who have substantiated cases of abuse and/or neglect and will likely develop into an open case with IA or CHINS status.
- Children and their families which have an Informal Adjustment (IA) or the children have the status of CHINS or JD/JS.
- Children with the status of CHINS or JD/JS and their Foster/Kinship families with whom they are placed
- All adopted children and adoptive families.

IV. Goals and Outcome Measures

Goal #1 Maintain timely intervention with the family and regular timely communication with DCS/Probation

Objectives:

1) Direct worker or backup is available for consultation to the family 24/7 by phone or in person.

Goal #2 Strengthen and increase the parent's ability to provide for the emotional, physical, and safety needs of their children.

Outcome Measures

1) 75% of the parents referred to program will complete the services.
2) 90% of the parents completing the program will show a demonstrated increase in skills during the in home postprogram assessment.
3) 67% 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.

4) 90% of the individuals/families will not be the subjects of a new investigation resulting in the assignment of a status of "substantiated" abuse of neglect throughout the service provision period.
5) 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/Probation and clients will report satisfaction with services provided.

Outcome Measures:
1) DCS or Probation satisfaction will be rated 4 and above on the Service Satisfaction Report.
2) 90% of the families who have completed Parent Education services will rate the services "satisfactory" or above on a satisfaction survey developed by the service provider, unless DCS/Probation distributes one to providers for their use with clients. Providers are to survey a minimum of 12 clients or 20% of their caseload (whichever results in a larger number) randomly selected from each county served.

V. Minimum Qualifications

Providers must meet the minimum qualifications guidelines of the chosen model. When qualifications are not prescribed in the model, the following shall be considered minimum qualifications:

Direct worker:
A high School diploma or GED and 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 car insurance coverage.

Supervisor:
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.

VI. 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 or Probation. 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 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 scheduled Child and Family Team meetings or case conferences (including crisis case conferences via telephone) initiated or approved by the DCS/Probation for the purposes of goal-directed communication regarding the services to be provided to the client/family. All case conferences billed, including those via telephone, must be documented in the case notes.

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

Group
Services include group goal directed work with clients utilizing an approved curriculum. To be billed per group hour..

Hourly services may be billed in 15 minute increments; partial units are rounded to the nearest quarter hour using the following guidelines:

• 0 to 7 minutes	do not bill	0.00 hour
• 8 to 22 minutes	1 fifteen minute unit	0.25 hour
• 23 to 37 minutes	2 fifteen minute units	0.50 hour
• 38 to 52 minutes	3 fifteen minute units	0.75 hour
• 53 to 60 minutes	4 fifteen minute units	1.00 hour

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

Court
The provider of this service may be requested to testify in court. A Court Appearance is defined as appearing for a court hearing after receiving a request (either verbal or written) by DCS to appear in court, and can be billed per appearance. Therefore, if the provider appeared in court two different days, they could bill for 2 court appearances. Maximum of court appearance per day. The Rate of the Court Appearance includes all cost associated with the court appearance, therefore additional costs associated with the appearance cannot be billed separately.

Reports
If the services provided are not funded by DCS, the "Reports" hourly rate will be paid. A referral for "Reports" must be issued by DCS in order to bill.

VII. Case Record documentation
Necessary case record documentation for service eligibility must include:
1) A completed, signed, and dated DCS/ Probation referral form authorizing services
2) Documentation of regular contact with the referred families/children. Signed attendance sheets for each group session.
3) Written reports no less than monthly or more frequently as prescribed by DCS/Probation. Monthly reports are due by the 10th of each month following the month of service, case documentation shall show when report is sent.
4) Copy of DCS/Probation case plan, informal adjustment documentation, or documentation of requests for documents given to DCS/Probation.
5) A copy of a treatment plan to include short/long term goals with measureable outcomes that is consistent with the case plan/agreements reached in the CFTM.

VIII. Service Access
All services must be accessed and pre-approved through a referral form from the referring DCS/Probation staff. In the event a service provider receives verbal or email authorization to provide services from DCS/Probation an approved referral will still be required. Referrals are valid for a maximum of six (6) months unless otherwise specified by the DCS/Probation. Providers must initiate a re-authorization for services to continue beyond the approved period. A referral from DCS does not substitute for any authorization required by the Medicaid program.

IX. 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.

SERVICE STANDARD
INDIANA DEPARTMENT OF CHILD SERVICES
PARENTING / FAMILY FUNCTIONING ASSESSMENT
(Revised 6/8/11-Effective 7/1/11)

I. Service Description

Parenting/family functioning assessment is an in home evaluation which includes standardized test instrument(s) to identify the strengths and needs of the family. The service is most appropriately used when the needs of the family are so complex that a traditional assessment completed by a Family Case Manager is not able to determine the services necessary to improve the family's functioning. These families tend to have multiple caregiver ratings on the CANS of 2 or higher which indicates complex needs.

II. Service Delivery

Testing and Interviews Required

- Parenting/family functioning assessment must include an interview with the adults and children being assessed in their current home environment;
- 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); tour of the proposed home environment noting any needs or challenges.
- Review of other information sources to verify family's reported history (e.g., previous DCS history, collateral contacts).

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

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,
12) client's understanding of the current situation.

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 the provider suspects substance use, the provider should notify the Family Case Manager immediately if children are present and within 24 hours if children are not present in the home.

Services include providing any requested testimony and/or court appearances, including hearings and/or appeals.

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

III. When DCS is not paying for services:

A billable unit of "Reports" has been developed for providers who service DCS families without DCS payment for these services (Medicaid, insurances, self-pay) but DCS wants a report from the provider on the progress of the family. The referral process has been set up to authorize reports and court components on the DCS referral form in these incidences. **DCS will only pay for reports when DCS is not paying for these services.** If the services provided are not funded by DCS, the report rate per hour will be paid for the necessary reports on a referral form issued by DCS. Court testimony will be paid per appearance if requested on a referral form issued by DCS. In order to be paid for a court appearance a subpoena or written request from DCS should be on file.

IV. Target Population

Services must be restricted to the following eligibility categories;

1) Children and families who have substantiated cases of abuse and/or neglect, and will likely develop into an open case with Informal Adjustment (IA) or CHINS status;
2) Children and their families which have an IA or the children with a status of CHINS, and/or JD/JS;
3) Children with the status of CHINS or JD/JS and their Foster/Kinship families with whom they are placed;
4) Any child who has been adopted, and adoptive families

V. 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 Family Case Manager or Probation Officer within 30 days of referral.

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 and needed 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 the families who have completed Parent Education services will rate the services "satisfactory" or above on a satisfaction survey developed by the service provider, unless DCS/Probation distributes one to providers for their use with clients. Providers are to survey a minimum of 12 clients or 20% of their caseload (whichever results in a larger number) randomly selected from each county served.

VI. Minimum Qualifications

Direct Worker:

Master's degree in social work, psychology, marriage and family therapy, or related human service field with 3 years related clinical experience or a masters degree with a clinical 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 3) Mental Health Counselor.

In addition to the above:

- 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.

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.

VII. Billable Units

Parenting/Family Functioning Assessment: per hour. Includes time face to face with the client/family, time spent administering, scoring, and interpreting testing. Plus a maximum of 1 hour may be billed for writing the report.

Reminder: Not included is scheduling of appointments, collateral contacts, travel time and no shows. These activities are built into the hourly rate and shall not be billed separately.

Hourly services may be billed in 15 minute increments, partial units are rounded to the nearest quarter using the following guidelines:

o 0 to 7 minutes	do not bill	0.00 hour
o 8 to 22 minutes	1 fifteen minute unit	0.25 hour
o 23 to 37 minutes	2 fifteen minute units	0.50 hour
o 38 to 52 minutes	3 fifteen minute units	0.75 hour
o 53 to 60 minutes	4 fifteen minute units	1.00 hour

Court: The provider of this service may be requested to testify in court. A Court Appearance is defined as appearing for a court hearing after receiving a request (either verbal or written) by DCS to appear in court, and can be billed per appearance. Therefore, if the provider appeared in court two different days, they could bill for 2 court appearances. Maximum of 1 court appearance per day. The Rate of the Court Appearance includes all cost associated with the court appearance, therefore additional costs associated with the appearance cannot be billed separately.

Reports
If the services provided are not funded by DCS, the "Reports" hourly rate will be paid. A referral for "Reports" must be issued by DCS in order to bill.

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.

VIII. Case Record Documentation
Necessary case record documentation for service eligibility must include:

1) A completed, dated, signed DCS/Probation referral form authorizing service;
2) Written reports as defined in this service standard.

IX. Service Access
Services must be accessed and pre-approved through a referral form from the referring DCS/Probation staff. In the vent a service provider receives verbal or email authorization to provide services from DCS/Probation, an approved DCS referral will still be required. Referrals are valid for a maximum of six (6) months unless otherwise specified by the DCS/Probation. A referral from DCS does not substitute for any authorizations required by the Medicaid program.

X. 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.

SERVICE STANDARD
INDIANA DEPARTMENT OF CHILD SERVICES
QUALITY ASSURANCE FOR CHILDREN IN RESIDENTIAL PLACEMENT

I. Service Description

Quality Assurance services will be provided for DCS and Probation children currently in residential placement to assist the local DCS and Probation offices in determining if the needs of the children are being met by the current placement, and to investigate and recommend alternative placement options that more suitably meet the child's individual needs at a lower cost if available. Children at-risk of residential placement will be evaluated to locate a placement that can meet the child's needs at an acceptable cost.

These quality assurance services will consist of, but are not limited to:

- Specific evaluations completed with regard to the child's educational, psychiatric, medical, and other needs to ensure each child is receiving the quality of services specified.
- Assure that each child is "matched" with a provider that can best meet the individual needs of the child.

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 and will likely develop into an open case with IA or CHINS status.
2) Children and their families which have an Informal Adjustment (IA) or the children have the status of CHINS or JD/JS.
3) Children with the status of CHINS or JD/JS and their Foster/Kinship families with whom they are placed.

III. Goals and Outcomes

Goal #1: Decrease the number of children in residential care.

Outcome Measure:
1) The number of children in residential placement will be monitored and compared to placement levels in previous years with a goal of decreasing the number of children in residential placement 25% by the end of the contract period.

Goal # 2: Children will be maintained at lower levels of care.

The level of services needed by individual children and provided at their placements will be monitored through visits to the facility and communication with the FCM to assess effectiveness of treatment and evaluate treatment progress.

Outcome Measure:

1) 100% of the youth in the program will establish at least one community-based support that will continue to provide assistance and/or direction following completion of the program
2) 85% of youth will maintain their placement in a less restrictive setting at 6 month follow up.

Goal #3: Maintain satisfactory services to the children and family

Objective
DCS/Probation and clients will report satisfaction with services.

Outcome Measure/Fidelity Measure:

1) DCS/Probation satisfaction with services will be rated 4 and above on the Service Satisfaction Report.
2) 90% of clients will rate the services "satisfactory" or above on a satisfaction survey developed by the service provider, unless one is distributed by DCS/Probation to providers for their use with clients Providers are to survey a minimum of 12 clients or 20% of their caseload (whichever results in a larger number) randomly selected from each county served.

IV. Minimum Qualifications

A Master's degree in social work, psychology or marriage and family therapy and 3 (three) years of related clinical experience is required.

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

Face to face time with the client and collateral contacts: (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 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 documented telephone and face-to-face collateral contacts while engaged in services defined in this service standard.

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

Services may be billed in 15 minute increments; partial units are rounded to the nearest quarter hour using the following guidelines:

- 0 to 7 minutes do not bill 0.00 hour
- 8 to 22 minutes 1 fifteen minute unit 0.25 hour
- 23 to 37 minutes 2 fifteen minute units 0.50 hour
- 38 to 52 minutes 3 fifteen minute units 0.75 hour
- 53 to 60 minutes 4 fifteen minute units 1.00 hour

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. (Actual Cost)

Court
The provider of this service may be requested to testify in court. A Court Appearance is defined as appearing for a court hearing after receiving a request (either verbal or written) by DCS to appear in court, and can be billed per appearance. Therefore, if the provider appeared in court two different days, they could bill for 2 court appearances. Maximum of 1 court appearance per day. The Rate of the Court Appearance includes all cost associated with the court appearance, therefore additional costs associated with the appearance cannot be billed separately.

VI. Case Record Documentation

Case record documentation for service eligibility must include:

1) A completed, signed, and dated DCS/ Probation referral form authorizing services
2) Documentation of regular contact with the referred families/children
3) Written progress reports no less than monthly or more frequently as prescribed by DCS/Probation and requested supportive documentation such as case notes, social summaries, etc. Monthly reports are due by the 10th of each month following the month of service, case documentation shall show when report is sent.
4) Copy of DCS/Probation case plan, informal adjustment documentation, or documentation of requests for documents given to DCS/Probation
5) Copy of treatment plan to include short/long term goals consistent with DCS case plan/agreements reached upon CFT meeting.

VII. Service Access

All services must be accessed and pre-approved through a referral form from the referring DCS/Probation staff. In the event a service provider receives verbal or email authorization to provide services from DCS/Probation an approved referral will still be required. Referrals are valid for a maximum of six (6) months unless otherwise specified by the DCS/Probation. Providers must initiate a re-authorization for services to continue beyond the approved period. A referral from DCS does not substitute for any authorizations required by the Medicaid program.

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.

SERVICE STANDARD
INDIANA DEPARTMENT OF CHILD SERVICES
SEX OFFENDER TREATMENT
(Revised 6/8/11-Effective 7/1/11)

I. Service Description

This service standard applies to services provided to families and children involved with the Department of Child Services and/or Probation.

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 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; psychosexual assessment; 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) 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.

3) Treatment must include individual, group and family components for sex offenders 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: psychoeducation
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 support services
g. Compliance monitoring and reporting

II. Service Delivery

1) For DCS, services are provided face-to-face in the counselor's office or other setting. For MCO, the service setting is either outpatient or office setting. For MRO, the service must be provided at the client's home or other at other locations outside the clinic setting.
2) Services must include 24 hour crisis intake, intervention and consultation seven days a week.
3) Services must include ongoing risk assessment and monitoring of progress.
4) Services must provide short/long term goals with measurable outcomes based on recommendation based on risk and needs assessment for sexual offenders. Services include monthly reports, to include treatment goals; requested supportive documentation such as case notes, social summaries, etc.; and requested testimony and/or court appearances including hearings and /or appeals; case conferences/staffing; CFTM, if invited.
5) Staff must respect confidentiality. Failure to maintain confidentiality may result in immediate termination of the service agreement.

III. Medicaid

For those families and children not eligible for Medicaid Rehabilitation Option, this service will be paid by DCS. For eligible families and children, some services may be provided through Medicaid Rehabilitation Option (MRO) or Medicaid Clinic Option (MCO) with the remaining services paid by DCS. While the primary focus of these services is on the needs of the family, it is expected that some of these services will be deemed medically necessary to meet the behavioral health care needs of the MRO eligible client, and therefore may be billable to MRO. Other services for Medicaid clients may be covered under MCO. The service standard is not a Medicaid standard and includes services that are not billable to Medicaid. It is the responsibility of the contracted service provider to be knowledgeable about the Medicaid billing requirements and comply with them, including provider qualifications and any pre-authorization requirements

and further, to appropriately bill those services in particular cases where they may be reimbursed by Medicaid.

IV. When DCS is not paying for services:

A billable unit of "Reports" has been developed for providers who service DCS families without DCS payment for these services (Medicaid, insurances, self-pay) but DCS wants a report from the provider on the progress of the family. The referral process has been set up to authorize reports and court components on the DCS referral form in these incidences. **DCS will only pay for reports when DCS is not paying for these services.** If the services provided are not funded by DCS, the report rate per hour will be paid for the necessary reports on a referral form issued by DCS. Court testimony will be paid per appearance if requested on a referral form issued by DCS. In order to be paid for a court appearance a subpoena or written request from DCS should be on file.

V. Target Population

Services must be restricted to the following eligibility categories:

Youth, under the age of eighteen (18), experiencing sexually maladaptive behaviors, who are within the target populations described below:

1) Children and families who have substantiated cases of abuse and/or neglect and will likely develop into an open case with IA or CHINS status.
2) Children and their families which have an Informal Adjustment (IA) or the children have the status of CHINS or JD/JS
3) Children with the status of CHINS or JD/JS and their Foster/Kinship families with whom they are placed.
4) All adopted children and adoptive families.

Services billable to MRO are for Medicaid eligible clients with a qualifying diagnosis and level of need. Services billable to MCO are for Medicaid eligible clients.

VI. Goals and Outcomes

Goal #1 Maintain timely intervention with family and regular and timely communication with current Family Case Manager or Probation Officer.

Objectives:
1) Therapist or backup is available for consultation to the family 24/7 by phone or in person.

Outcome Measures:

1) 95% of all families that are referred will have face-to-face contact with the client within 5 days of receipt of the referral or inform the current Family Case Manager or probation Officer if the client does not respond to requests to meet.
2) Emergency Assessments: 95% cases will include Initial recommendations being provided to the referring worker within 48 hours of the emergency assessment with a full assessment report to the worker within 72 hours of the emergency assessment (by email).
3) 95% of full assessment reports for nonemergency assessments must be available within fourteen calendar days of the referral (by email).
4) 95% of the initial treatment plans will including measurable goals, specific steps to be taken to meet those goals and estimated timeframes for completing each goal and must be sent to the referring worker within fifteen calendar days of the first face-to-face contact with the client (by email).
5) 100% of monthly progress must be completed and sent to the referring worker by email by the 10th of each month for the previous month. Reports must contain documentation of progress made since the previous report in each goal.

Goal #2 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. The 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 #3 Youth participating in the program will have no behavioral issues and/or probation violations.

Outcome Measures:

1) 90% of youth 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.
3) 95% of youth who participate in the program will not be a perpetrator of child sexual abuse during the 12 months following program completion.

Goal #4 DCS/Probation and client will report satisfaction with services provided.

Outcome Measures:
1) DCS/Probation satisfaction will be rated 4 and above on the Service Satisfaction Report.
2) 90% of the clients will rate the services "satisfactory" or above on a satisfaction survey developed by the service provider, unless DCS/Probation distributes one to providers for their use with clients. Providers are to survey a minimum of 12 clients or 20% of their caseload (whichever results in a larger number) randomly selected from each county served.

VII. Minimum Qualifications

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.

MCO:

- Medical doctor, doctor of osteopath, licensed psychologist
- Physician or HSPP-directed services provided by the following: licensed clinical social worker, licensed marital and family therapist; licensed mental health counselor; a person holding a master's degree in social work, marital and family therapy or mental health counseling; an advanced practice nurse

MRO:

- Licensed professional, except for a licensed addiction counselor
- Qualified behavioral health professional (QBHP)

DCS:

- Minimum qualifications**:** Master's degree in a behavioral health science.

VIII. Billing Units

Services through the **MCO** may be Outpatient Mental Health Services. Medicaid shall be billed first for eligible services under covered evaluation and management codes, including those in the 90000 range.

Services through the **MRO** may be Behavioral Health Counseling and Therapy.

Billing Code	**Title**
H0004 HW	Individual

H0004 HW HQ	Group
H0004 HW HR	Individual Setting with the Consumer Present
H0004 HW HS	Behavioral Health Counseling and Therapy
H0004 HW HR HQ	Behavioral Health Counseling and Therapy
H0004 HW HS HQ	Family/Couple Counseling and Therapy (Group Setting) without the Consumer Present

DCS funding: Those services not deemed medically necessary for the Medicaid eligible client, including services to other referred members of the family that are not related to the behavior health care needs of the eligible client, will be billed to DCS per face-to-face hour as outlined below. These billable units will also be utilized for services to referred clients who are not Medicaid eligible and for those providers who are unable to bill Medicaid.

- **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/Probation. 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 including those initiated or approved by the DCS/Probation 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, travel time and no shows. These activities are built into the cost of the face to face rate and shall not be billed separately.

Hourly Services may be billed in 15 minute increments, partial units are rounded to the nearest quarter using the following guidelines:

o 0 to 7 minutes	do not bill	0.00 hour
o 8 to 22 minutes	1 fifteen minute unit	0.25 hour
o 23 to 37 minutes	2 fifteen minute units	0.50 hour
o 38 to 52 minutes	3 fifteen minute units	0.75 hour
o 53 to 60 minutes	4 fifteen minute units	1.00 hour

Court: The provider of this service may be requested to testify in court. A Court Appearance is defined as appearing for a court hearing after receiving a request (either verbal or written) by DCS to appear in court, and can be billed per appearance. Therefore, if the provider appeared in court two different days, they could bill for 2 court appearances. Maximum of 1 court appearance per day. The Rate of the Court Appearance includes all cost associated with the

court appearance, therefore additional costs associated with the appearance cannot be billed separately.

Reports
If the services provided are not funded by DCS, the "Reports" hourly rate will be paid. A referral for "Reports" must be issued by DCS in order to bill.

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 as part of their proposal. The intent of the polygraph is for the sex offender only.

Per person per group hour
Services include group goal directed work with clients. To be billed per person per group hour .

IX. Case Record Documentation
Necessary case record documentation for service eligibility must include:
1) A DCS/Probation referral form, **Juvenile** Court Order, or written referral from the Juvenile Probation Department;
2) Documentation of regular contacts with the referred families/children and referring agency;
3) Written reports regarding each assessment;
4) Written minutes regarding each containment team meeting.
5) Written reports no less than monthly

X. Service Access
All services must be accessed and pre-approved through a referral form from the referring DCS/Probation staff. In the event a service provider receives verbal or email authorization to provide services from DCS/Probation, an approved DCS referral will still be required. Referrals are valid for a maximum of six (6) months unless otherwise specified by the DCS/Probation. Providers must initiate a re-authorization for services to continue beyond the approved period. A referral from DCS does not substitute for any authorizations required by the Medicaid program.

XI. 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, assessing, planning and intervening to partner with families and the community to achieve better outcomes for children.

SERVICE STANDARD
INDIANA DEPARTMENT OF CHILD SERVICES
TRANSITION FROM RESTRICTIVE PLACEMENTS (TRP)
(Revised 4/21/11-Effective 7/1/11)

I. Services Description

TRP is a provision of services to assist children in a more restrictive placement to a less/least restrictive placement. The purpose of the program is to prevent a return of the youth to a more restrictive setting/placement. TRP must include the following kinds of services to the youth and family:

Therapeutic/clinical interventions to address the service needs of the youth and family. Therapeutic interventions must be based on an evidence-based model such as Functional Family Therapy (FFT), Multi-systemic Therapy (MST), Parenting with Love and Limits (PLL), or similar program.

Home-based services including but not limited to the following:

- Home assessment
- Child development education
- Educational transition services
- Vocational services
- Drug/alcohol screening & monitoring
- Conflict management
- Addiction Education
- Group Therapy
- Coordination of services, with special emphasis on education and employment services
- Emergency/crisis services
- Parenting education/training
- Family communication
- Assistance with transportation
- Family reunification
- Family assessment
- Community referrals and follow-up
- Behavior modification
- Budgeting/money management
- Other services as deemed appropriate based on the needs of the youth and family

II. Service Delivery

1) Services must include 24-hour access to crisis intervention seven days a week and may be provided in the family's home, at a community site, or in the office.

2) Services must include ongoing risk assessment and monitoring family/parental progress.

3) Services must include development of goals with measurable outcomes.

4) Provider must complete an intake interview with the family within five calendar days after receipt of the referral or notify referral source if client does not respond to meeting requests.

5) Provider must maintain monthly contact with the youth's referring agency during the time

the youth is in the more restrictive placement to ensure that the transition plan remains consistent between agencies.

6) Provider must participate in an initial meeting with the youth's FCM or probation officer, youth, and family within 48 hours of release.

7) For JD/JS youth, the provider must complete the Child and Adolescent Needs and Strengths (CANS) assessment within 30 days of transition from the more restrictive placement, if not completed at the time of discharge from the more restrictive placement, and every six months thereafter. If no CANS assessment was completed prior to the youth being admitted to the more restrictive placement, the service provider is responsible for completing the assessment within 2 weeks of the placement in a less restrictive placement. (DCS will be responsible for CANS assessments for CHINS youth.)

8) Provider must conduct a minimum of two (2) face to face visits per week with the youth during the first thirty (30) days of release from the more restrictive placement. The level of supervision after that period of time will be determined by the team but will never be less than 1 face to face visit per week.

9) When appropriate and requested by the Probation Officer or Family Case Manager, the provider may require the youth to submit to at least one random drug screen within fourteen (14) days of changing from a more restrictive placement. This may be done through the local probation department or another approved vendor.

10) Provider must maintain frequent contact with the FCM/probation officer and notify the FCM/probation officer in writing of non-compliance issues. The provider must also develop a recommendation for the FCM/probation officer as to a suitable therapeutic intervention.

11) The family will be the focus of service and services will focus on the strengths of the family and build upon these strengths.

12) Services must be family focused and child centered.

13) Services must include intensive in-home skill building and after-care linkage.

14) Services include providing monthly progress reports in a format approved by the Court, participation in team meetings, and providing requested testimony and/or presence at court hearings.

15) Additionally, the provider will recommend to the referring agency any other services, such as therapy, which might be needed. Recommendations for additional services not covered in the service standard should be made, in writing, to the current FCM or probation officer. Additional services require a separate referral and should not be started until one has been received.

16) Staff must respect confidentiality. Failure to maintain confidentiality may result in immediate termination of the service agreement.

17) The caseload of the therapist/case manager will include no more than ten (10) workload units. All youth in service are weighted at 1 workload unit.

III. Target Population

Services must be restricted to the following eligibility category:

- Children with a status of CHINS and/or JD/JS who have been placed in a restrictive setting.

Note that Transition From Restrictive Placements (TRP) can be provided to CHINS or probation youth who are transitioning out of residential or group home placements. TRP services may begin while a youth is still in a residential or group home placement if that youth will be transitioning within 30 days.

For JD/JS youth who are committed to the Department of Corrections, this service may begin within 60 days of the scheduled or anticipated discharge.

IV. Goals and Outcomes

Goal #1 To improve the transition for youth back to their home by providing therapeutic services to the youth and family

Outcome Measures

1) Based on the CANS Assessment, 100% of participants will have an individualized service plan developed.
2) 90% of families will actively participate in services during the youth's period of placement.
3) 90% of the youth will have a minimum of 2 face to face visits each week from their direct worker/therapist during the first 30 days following their placement from a more restrictive to a less restrictive placement.

Goal #2 To reduce routine barriers by providing direct assistance with transition issues

Outcome Measures
1) 90% of all participants will have a state-issued ID or driver's license by the completion of the program.
2) 90% of all participants will actively participate in an education program.
3) 100% of participants not involved in an educational program will be employed and/or participating in a formal employment assistance program.

Goal #3 To develop a system of community supports for each youth that will continue after completion of the program.

Outcome Measures

1) 100% of the youth in the program will establish at least one community-based support that will continue to provide assistance and/or direction following completion of the program
2) 85% of youth will maintain their placement in a less restrictive setting at 6 month follow up.

Goal #4 Maintain satisfactory services to the children and family
Objective
1) DCS/Probation and clients will report satisfaction with services.

Outcome Measures

1) DCS/Probation satisfaction with services will be rated 4 and above on the Service Satisfaction Report.
2) 90% of clients will rate the services "satisfactory" or above on a satisfaction survey developed by the service provider, unless one is distributed by DCS/Probation to providers for their use with clients Providers are to survey a minimum of 12 clients or 20% of their caseload (whichever results in a larger number) randomly selected from each county served.

V. Minimum Qualifications
Counselor/Direct Worker:
MCO billable:

- Medical doctor, doctor of osteopath; licensed psychologist
- Physician or HSPP-directed services provided by the following: licensed clinical social worker, licensed marital and family therapist; licensed mental health counselor; a person holding a master's degree in social work, marital and family therapy or mental health counseling; an advanced practice nurse.

MRO billable:
Providers must meet the either of the following qualifications:

- Licensed professional, except for a licensed clinical addiction counselor
- Qualified Behavioral Health Professional (QBHP).

DCS billable:
Direct Worker:
A bachelor's degree in social work, psychology, sociology, or a directly related human service field is required.

Therapist:
A 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) Addictions Counselor Mental Health Counselor is required.

Supervisor:
A 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 4) Addictions Counselor 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, and occur every two (2) weeks or more frequently.

The staff person must possess:

- Knowledge of community resources and ability to work as a team member.
- An understanding of issues specific to youth transitioning back into the community following a stay in restrictive placement.
- 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.

VI. Billable Unit
Medicaid:
It is expected that the majority of the individual, family and group counseling provided under this standard will be based in the clinic setting. In these instances, the units may be billable through MCO. Medicaid shall be billed when appropriate.

Services through the **MCO** may be Outpatient Mental Health Services. Medicaid shall be billed first for eligible services under covered evaluation and management codes, including those in the 90000 range.

Services through the Medicaid Rehab Option **(MRO)** may be **group** Behavioral Health Counseling and Therapy, Case Management, and Skills Training and Development **.**

Billing Code	Title

H0004 HW U1	Behavioral health counseling and therapy (group setting), per 15 minutes
H0004 HW HR U1	Behavioral health counseling and therapy, per 15 minutes (family/couple, group setting, with consumer present)
H0004 HW HS U1	Behavioral health counseling and therapy, per 15 minutes (family/couple, group setting, without consumer present
T1016 HW	Case Management, each 15 minutes
H2014 HW	Skills Training and Development , per 15 minutes
H2014 HW HR	Skills Training and Development, per 15 minutes (family/couple, consumer present)
H2014 HW HS	Skills Training and Development, per 15 minutes (family/couple, without consumer present)
H2014 HW U1	Skills Training and Development , per 15 minutes (group setting)
H2014 HW HR U1	Skills Training and Development , per 15 minutes (group setting, family/couple, with consumer present)
H2014 HW HS U1	Skills Training and Development , per 15 minutes (group setting, family/couple, without consumer present)

DCS funding:
Those services not deemed medically necessary for the Medicaid eligible client, including services to other referred members of the family that are not related to the behavior health care needs of the eligible client, will be billed to DCS per face-to-face hour as outlined below. These billable units will also be utilized for services to referred clients who are not Medicaid eligible and for those providers who are unable to bill Medicaid.

If agency administers clinical services, there may be two face to face units: Direct Worker and Counseling.

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 Child and Family Team Meetings or case conferences, or probation meetings initiated or approved by the DCS or Probation for the purposes of goal directed communication regarding the services to be provided to the client/family.
• Includes crisis intervention and other goal-directed interventions via telephone with the identified client family.

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

Services may be billed in 15 minute increments; partial units are rounded to the nearest quarter hour using the following guidelines:

• 0 to 7 minutes	do not bill	0.00 hour
• 8 to 22 minutes	1 fifteen minute unit	0.25 hour
• 23 to 37 minutes	2 fifteen minute units	0.50 hour
• 38 to 52 minutes	3 fifteen minute units	0.75 hour
• 53 to 60 minutes	4 fifteen minute units	1.00 hour

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. (Actual Cost)

Court
The provider of this service may be requested to testify in court. A Court Appearance is defined as appearing for a court hearing after receiving a request (either verbal or written) by DCS or subpoena to appear in court, and can be billed per appearance. Therefore, if the provider appeared in court two different days, they could bill for 2 court appearances. Maximum of 1 court appearance per day. The Rate of the Court Appearance includes all cost associated with the court appearance, therefore additional costs associated with the appearance cannot be billed separately.

VII. Case Record Documentation
Case record documentation for service eligibility must include:
1) A completed, signed, and dated DCS/ Probation 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/Probation. Monthly reports are due by the 10th of each month following the month of service, case documentation shall show when report is sent.
4) Copy of DCS/Probation case plan, informal adjustment documentation, or documentation of requests for documents given to DCS/Probation

VIII. Service Access

All services must be accessed and pre-approved through a referral form from the referring DCS/Probation staff. In the event a service provider receives verbal or email authorization to provide services from DCS/Probation an approved referral will still be required. Referrals are valid for a maximum of six (6) months unless otherwise specified by the DCS/Probation. Providers must initiate a re-authorization for services to continue beyond the approved period. A referral from DCS does not substitute for any authorizations required by the Medicaid program.

IX. 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.

SERVICE STANDARD
INDIANA DEPARTMENT OF CHILD SERVICES
TUTORING/LITERACY CLASSES

I. Services Description

Tutoring/literacy and math services will be provided to raise the academic performance of school aged youth to a level consistent with state education standards.

Services shall be provided in a manner that is age and developmentally appropriate, and consistent with the child's academic ability and learning style, interpersonal characteristics and special needs. Children will be connected as appropriate with both formal and informal community supports, services and activities that promote their literacy skills. The child's characteristics such as race, culture, ethnicity, language and personal history including child abuse and neglect will be considered when choosing or designing program interventions, materials and curriculum. The provider will develop an education plan to address the child's literacy and math needs.

A variety of activities and lessons shall be available to afford choice. Activities and lessons shall promote literacy skills and academic development and should demonstrate well-planned, flexible and responsive services. Services should include regular use of external resources such as libraries, museums and community educational sites. Services may also incorporate the use of video games and computers. The use of television and videos shall be strictly limited to a minimal portion of the child's participation. Video games, computers, television and videos should be age and developmentally appropriate, supportive of the child's educational goals, and the child should be monitored at all times when using these resources.

The provider will develop a plan to engage the child, caregiver, and educator in the process. The plan will accommodate persons who are difficult to engage if necessary. The provider will clearly communicate and coordinate the child's education plan goals with the caregiver and educator and will periodically and frequently give updates and review progress with them.

II. Service Delivery

Treatment Modality

Tutoring/literacy and math services shall be provided through direct one-on-one sessions or in small groups of 2 to 4 children who are matched by ability. Services should occur in locations that that promote learning, are large enough to accommodate the group and teaching materials, allow the child to concentrate without being disturbed by others, and allow for meaningful and direct assistance. Services may take place after school, on weekends and/or other times when school is not in session. Services should not conclude later than normal bedtime hours.

Tutoring/literacy and math services shall incorporate evidence-based strategies that improve student achievement. Sessions shall be divided into segments, including: 1) an opening activity to set the stage, 2) activities based on individual learning goals, 3) opportunities to develop and

practice skills, and 4) a closing activity. All sessions shall include opportunities for the child to experience success and to progress. The provider should suggest home activities as appropriate.

Assessment

The provider will ensure the child receives an initial assessment in order to determine child specific learning needs no later than 10 days after being referred. The provider will make reasonable attempts to discover previous assessments and to utilize the findings of those assessments in conjunction with the provider's own assessment. Assessments shall include the use of standardized tools to obtain a baseline measurement and will at a minimum identify the following:

- Learning disabilities and/or impairments in cognitive functioning due to child abuse, neglect, or involvement with child welfare services
- Academic strengths, weaknesses and needs
- Level of ability compared to actual grade/age level

Services will be provided within the context of the Department of Child Services' practice model with participation in Child and Family team meetings if invited. An education plan will be developed and based on the agreements reached by means of the assessment and Child and Family Team Meeting (CFTM). Services will be provided in coordination with the child's Individualized Education Plan (IEP) if present, and the provider shall participate in IEP conferences with educators.

Education Plan

Comprehensive education plans will be developed based on the assessment and will contain both long-term and short-term goals. Plans at a minimum will:

Include input from the child, caregiver and the educator.

Reflect underlying needs and goals.

Be tailored to the child's strengths, weaknesses, needs, available resources and unique circumstances.

Build on realistic possibilities and options

Identify strategies for lessening the effects of any disabilities and/or impairments in cognitive functioning.

Promote reading and math achievement at a level consistent with state education standards.

Be consistent with the child's Individualized Education Plan (IEP), if one is present

Support and/or build upon what the child is learning through their primary education program

Respond flexibly to the child's changing needs

The provider will evaluate the child's progress toward achieving identified goals and will regularly incorporate the use of standardized performance measurement tools to track progress

and adjust tutoring/ literacy and math activities. The provider will assist the child and caregiver in realizing ways of generating and maintaining gains. The provider will document progress and participation.

Services must be available to participants who have limited daytime availability.

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

Provider must respect confidentiality. Failure to maintain confidentiality may result in immediate termination of the contract.

III. Target Population

Services must be restricted to the following eligibility categories:
1) Children who have substantiated cases of abuse and/or neglect and will likely develop into an open case with IA or CHINS status.
2) Children who have an Informal Adjustment (IA) or the children have the status of CHINS or JD/JS.
3) All adopted children.

IV. Goals and Outcomes

Goal #1 Timely provision of services for the youth and regular and timely communication with referring worker.

Outcome Measures:
1) 95% of all youth referred will have face-to-face contact with the provider within 10 days of the referral.
2) 95% of all youth will have a written education plan within 30 days of the referral.
3) 100% of all youth will have monthly written summary reports prepared and sent to the referring worker.

Goal #2
Child has improved academic and/or literacy performance

Outcome Measures:
1) 90% of children improve academic and/or literacy performance as evidenced by pre and post-testing
2) 90% of children improve overall school performance as measured by grade point average or other standard indicators
3) 100% of children participate actively in the goals of their education plan as evidenced by provider documentation

Goal #3 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.

V. Minimum Qualifications
Direct Worker:
Tutoring services may be provided by workers with a Bachelor's degree or at least 60 hours of post secondary credit hours in education, social work, psychology, or a related field.

Supervisor:
A bachelor's degree in education, social work, psychology, or a related field and 5 years experience tutoring children is required. Knowledge of state education standards 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 service hours provided. These sessions should occur no less frequently 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.

Worker Qualities:
Providers working directly with children have the competencies and support needed to:

- Engage, empower and communicate effectively, respectfully and empathetically with children and families from a wide range of backgrounds, cultures and perspectives.
- Develop plans to meet the child's literacy and tutoring needs.
- Recognize and identify the presence of cognitive impairments
- Collaborate with workers in other disciplines and access community resources
- Advocate for the child during Child and Family Team Meetings Individualized Case Plan (IEP) conferences

Providers working directly with children should be knowledgeable about:

- Child development
- Behavior management
- Learning disabilities
- Possible effects of child abuse and neglect on cognitive functioning
- The Individualized Education Plan (IEP) and its use in education
- Educational resources within the community
- Tutoring techniques

VI. 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 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 crisis intervention and other goal-directed interventions via telephone with the identified client family.

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

Group
Services include group goal directed work with clients. To be billed per group hour.

Services may be billed in 15 minute increments; partial units are rounded to the nearest quarter hour using the following guidelines:

• 0 to 7 minutes	do not bill	0.00 hour
• 8 to 22 minutes	1 fifteen minute unit	0.25 hour
• 23 to 37 minutes	2 fifteen minute units	0.50 hour
• 38 to 52 minutes	3 fifteen minute units	0.75 hour
• 53 to 60 minutes	4 fifteen minute units	1.00 hour

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.

Court
The provider of this service may be requested to testify in court. A Court Appearance is defined as appearing for a court hearing after receiving a request (either verbal or written) by DCS or subpoena to appear in court, and can be billed per appearance. Therefore, if the provider appeared in court two different days, they could bill for 2 court appearances. Maximum of 1 court appearance per day. The Rate of the Court Appearance includes all cost associated with the court appearance, therefore additional costs associated with the appearance cannot be billed separately.

VII. Case Record Documentation

Case record documentation for service eligibility must include:

1) A completed, signed, and dated DCS/ Probation 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/Probation. Monthly reports are due by the 10th of each month following the month of service, case documentation shall show when report is sent.
4) Copy of DCS/Probation case plan, informal adjustment documentation, or documentation of requests for documents given to DCS/Probation

VIII. Service Access

All services must be accessed and pre-approved through a referral form from the referring DCS/Probation staff. In the event a service provider receives verbal or email authorization to provide services from DCS/Probation an approved referral will still be required. Referrals are valid for a maximum of six (6) months unless otherwise specified by the DCS/Probation. Providers must initiate a re-authorization for services to continue beyond the approved period. A referral from DCS does not substitute for any authorizations required by the Medicaid program.

IX. 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.

SERVICE STANDARD
INDIANA DEPARTMENT OF CHILD SERVICES
VISITATION FACILITATION

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 as identified by DCS/Probation will be provided between parents/children/siblings and/or others who have been separated due to a substantiated allegation of abuse or neglect or involvement with juvenile probation. Visitation allows the child an opportunity to reconnect and reestablish the parent/child/family 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/Probation to assess the relationship between the child and parent and to assist the parent in strengthening their parenting skills and developing new skills

The role of the visitation provider is to protect the integrity of the visit and provide 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 agency and other parties involved in the child's case taking into consideration the child's physical safety and emotional well being.

II. Service Delivery

Referral process

In order for positive and productive visitation to occur, specific outlined below will be provided to the visitation provider by the child's family case manager or probation officer as part of the referral. Information may include:

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) any criminal, mental health, and safety information on all children and visiting parties
11) other information pertinent to the visits.
12) ratio of direct workers and clients.

In the event that the preceding information is incomplete, it is the responsibility of the visitation provider to obtain that information from the referring worker.

Upon receiving the referral from the DCS/Probation, 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 with the child's parent, guardian or custodian to occur within 48 hours of the child's removal from the home. For all other visitation referrals, visitation must be scheduled within 5 days. All cancelled visits by the parent or visit facilitator must be reported within 48 hours to the referring agency indicating who cancelled and the reason for cancellation.

Visit Observation and Reporting

Professional and/or paraprofessional staff will assist the family by strengthening, teaching, demonstrating, role modeling appropriate skills and monitoring in, but not limited to the following areas:

- Establishing and/or strengthening the parent-child relationship
- Instructing 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
- 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
- Visit Planning
- Teaching age appropriate activities that encourage child development and resiliency.
- Identifying and assessing potentially stressful situations between parent and their children
- Giving parents an opportunity to demonstrate

prep with children present their willingness to complete their case plan.

At each visit, the visitation facilitator will accurately document for the referring agency 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) tasks given to the parent to be completed prior to or at the next visit, etc.
10) pertinent information/issues/concerns regarding the child's placement

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) The current worker 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 of incidents in visitations which are or could be considered subjective must be followed by examples of the situation for clarification. The documentation of the visit must be provided to the current FCM/PO within 3 days of the visit. Phone calls shall be immediate for safety or recommendations for terminated visits.
6) Provider understands that documentation may be shared by DCS/Probation 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.

III. Target Population

Services must be restricted to the following eligibility categories:

- Children and families who have substantiated cases of abuse and/or neglect and will likely develop into an open case with IA or CHINS status.

- Children and their families which have an Informal Adjustment (IA) or the children have the status of CHINS or JD/JS.
- Children with the status of CHINS or JD/JS and their Foster/Kinship families with whom they are placed.

IV. 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) 100% of the families will have the first face-to-face visit with their child(ren) within 48 hours of the child's removal from the home.
2) 100% of the families will have visitation set up and occurring with the frequency and duration requested by DCS/Probation within 5 working days of receipt of the referral.

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 demonstrate an increased ability to recognize and respond appropriately to their children's cues by case closure.
2) 85% of the parents will actively reinforce positive behavior and address negative behavior.
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 to provide 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 by the DCS/Probation within 3 days of the visitation or immediately (by phone) when inappropriate behavior occurs with either parent, followed up with a monthly report form. Written reports will be completed on the DCS approved visitation report forms.

Goal #4
DCS/Probation and clients will report satisfaction with services provided

Outcome Measures

1) DCS or Probation satisfaction will be rated 4 and above on the Service Satisfaction Report.
2) 94% of the families who have completed visitation facilitation services will rate the services "satisfactory" or above on a satisfaction survey developed by the service provider, unless DCS/Probation distributes one to providers for their use with clients. Providers are to survey a minimum of 12 clients or 20% of their caseload (whichever results in a larger number) randomly selected from each county served.

V. Minimum Qualifications

Direct Worker

A high school diploma and 5 years of experience in providing visitation supervision OR 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 or a Bachelors degree in social work, psychology, or a directly related service field with 5 years child welfare experience.

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.

VI. 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 referring agency. 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/Probation (which can include telephone case conferences) either with or without the client, 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, travel time and no shows. These activities are built into the cost of the face to face rate and shall not be billed separately.

Hourly services may be billed in 15 minute increments; partial units are rounded to the nearest quarter hour using the following guidelines:

- 0 to 7 minutes do not bill 0.00 hour
- 8 to 22 minutes fifteen minute unit 0.25 hour
- 23 to 37 minutes 2 fifteen minute units 0.50 hour
- 38 to 52 minutes 3 fifteen minute units 0.75 hour
- 53 to 60 minutes 4 fifteen minute units 1.00 hour

Court
The provider of this service may be requested to testify in court. A Court Appearance is defined as appearing for a court hearing after receiving a request (either verbal or written) by DCS to appear in court, and can be billed per appearance. Therefore, if the provider appeared in court two different days, they could bill for 2 court appearances. Maximum of 1 court appearance per day. The Rate of the Court Appearance includes all cost associated with the court appearance, therefore additional costs associated with the appearance cannot be billed separately.

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. (Actual Cost).

VII. Case Record Documentation

Case record documentation for service eligibility must include:

1) A completed, signed, and dated DCS/ Probation referral form authorizing services
2) Documentation of regular contact with the referred families/children
3) Written progress reports no less than monthly or more frequently as prescribed by DCS/Probation and requested supportive documentation such as case notes, social summaries, etc. Monthly reports are due by the 10th of each month following the month of service, case documentation shall show when report is sent. The "Visitation Monthly Progress Report" form must be used to report the supervised visit.
4) Copy of DCS/Probation case plan, informal adjustment documentation, or documentation of requests for documents given to DCS/Probation

VIII. Service Access

All services must be accessed and pre-approved through a referral form from the referring DCS/Probation staff. In the event a service provider receives verbal or email authorization to

provide services from DCS/Probation an approved referral will still be required. Referrals are valid for a maximum of six (6) months unless otherwise specified by the DCS/Probation. Providers must initiate a re-authorization for services to continue beyond the approved period.

IX. 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.

SERVICE STANDARD
INDIANA DEPARTMENT OF CHILD SERVICES
DRUG TESTING AND SUPPLIES
(Revised 3/21/11-Effective 7/1/11)

I. Service Description

These services are designed for individuals who are suspected by DCS workers and Probation Officers of drug and/or alcohol use and require immediate testing. The drug test list includes Drugs of Abuse (illegal drugs), Therapeutic drugs (Prescription Drug-Painkillers, Mental Health Meds, etc.), and Designer drugs (i.e. K2, "Spice). The vendor must provide all required supplies and courier services to transport all specimens, test results, and testing materials to and from any location within the referring county.

The FCMs may administer saliva/oral fluid (swabs) only. Probation Officers are not prohibited by DCS from the administration of drug tests.

The types of drug screens included, but are not limited to, saliva/oral fluid, hair follicle, and urine.

Services include providing any requested testimony and/or court appearances (to include hearing or appeals), including chain-of-custody and/or testing procedures/results on an as needed basis and providing certified copies of drug tests, if requested, up to 2 years after screening.

The vendor shall provide Initial Testing and Gas Chromatography/Mass Spectrometry Confirmation (GC/MS) Testing or other federally approved testing methods which may include LC/MS/MS or GC/MS/MS (when the Initial Tests indicate a positive result) for any location within the referring county.

The Vendor shall ensure proper legal chain-of-custody procedures are maintained and comply with departmental procedure, state and federal law. The vendor shall also ensure complete integrity of each specimen tested and the respective test results. Receiving, transfer and handling of all specimens by laboratory personnel shall be fully documented using the proper chain-of-custody.

Testing shall not be conducted on any specimen without a legal chain-of-custody. All specimens found to be "Adulterated" or "Contaminated" shall be treated as an Invalid Specimen. Any specimen without a valid chain-of-custody is to be destroyed. The submitting location shall be notified in writing when a specimen has been rejected due to an invalid chain-of-custody or any other integrity problem. Monthly reports shall document how many random samples were taken minus how many "Adulterated" or "Contaminated" specimens there were for the month. (Note: This does not apply to oral fluid testing.)

<u>Initial Testing</u>

All sample collections drug screens will be observed sample collections screens. Minimum of substances tested should include Alcohol, Amphetamines, Barbiturates, Benzodiazepines, Cocaine, Cannabis, Opiates, Methadone, Oxycodone, Propoxyphene, and Methamphetamine and other drugs indicated by client's history. The agency will be expected to provide reports that state the minimum level necessary to detect the presence of each substance, the level of substance detected, and the chain of custody documentation.

For urine screens, testing for creatinine levels shall be conducted on all samples. The vendor shall also insure testing for total Cannabinoids per mg of creatinine using spectrophotometer technology. The Vendor shall insure testing for specific gravity on all samples with a creatinine level below 20 mg per deciliter. The Vendor shall also insure the administration of a nitrite test on any specimen that contains no creatinine and has a specific gravity test of 1.000.

Initial screening shall be conducted utilizing an enzyme immunoassay method. Testing should occur for the following substances utilizing the cut-off levels listed below:

DRUG	URINE	ORAL FLUID	HAIR LEVELS*
Amphetamines	*1000NG/ML*	*20NG/ML*	*500PG/MG*
Cannabinoids	*50NG/ML*	*1NG/ML*	*1PG/MG*
Benzodiazepines	*300NG/ML*	*10NG/ML*	*200PG/MG*
Methamphetamine (including ECSTACY(MDMA), ADAM(MDA)	*1000NG/ML*	*20NG/ML*	*500PG/MG*
Opiates	*2000NG/ML*	*10NG/ML*	*200PG/MG*
Cocaine	*300NG/ML*	*5NG/ML*	*500PG/MG*

**Hair uses = PG/MG = weight*
** For all other substances tested use recommended laboratory cutoff levels*

All negative samples held by the laboratory will be retained for one week. A retention time extension may be requested based upon need.

Confirmation Testing

Confirmation Testing **shall** be conducted utilizing GC/MS or LC/MS/MS Technology on all samples initially testing POSITIVE. The following cut-off levels shall be utilized:

DRUG	URINE	ORAL FLUID	HAIR LEVELS*
Amphetamines	*500NG/ML*	*10NG/ML*	*300PG/MG*
Cannabinoids	*15NG/ML*	*.5NG/ML*	*.05PG/MG*
Benzodiazepines	*100NG/ML*	*1NG/ML*	*50PG/MG*
Methamphetamine (including ECSTACY(MDMA), ADAM(MDA)	*500MG/ML*	*10NG/ML*	*300PG/MG*
Opiates	*150NG/ML*	*5NG/ML*	*200PG/MG*
Cocaine	*150NG/ML*	*1NG/ML*	*50PG/MG*

**Hair uses = PG/MG = weight*

** For all other substances tested use recommended laboratory cutoff levels*
All positive samples shall be frozen and maintained for 365 days by the laboratory. A retention time extension may be requested based upon need.

In situations where the source of the methamphetamine present in any specimen may come into question, the vendor must perform a d-1-isomer differentiation. This service is to be offered at no additional cost to the Department of Child Services and performed when requested by DCS or Probation.

Results Notification
The vendor shall notify the Department of Child Services and/or Probation of testing results via email or fax on vendor letterhead. The results will also be sent by U.S. mail to the referring agency as well. The vendor shall gain approval from DCS for any changes in the results notification system.

The referring agency will be notified of negative test results within 24 hours of the test. The specified time frame is from delivery to the testing laboratory to the time of notification. Positive test results will be provided within 72 hours of the lab receipt of the sample specimen.

For urine tests, diluted results must be reported on the result form.

Courier System
The vendor will coordinate all courier services to transport all specimens, test results, and testing materials to and from any location within the referring county. Deliveries shall be made during regular working days, normally between the hours of 8:00 am and 5:00pm unless otherwise indicated. The vendor shall be responsible for the cost of all courier services provided under the contract.

The vendor shall provide courier services that maintain the legal chain-of-custody, throughout the State of Indiana within 24 hours of request of pick up.
The vendor shall provide postage paid mailers or next day delivery services for utilization at any location that desires to use this method as an alternative to the courier services. This shall be at no additional charge to DCS.

The vendor's courier system shall provide documented, legal chain-of-custody throughout the State of Indiana which includes same day or next day delivery throughout Indiana.

Technical Support
A toll free 800 number will be available to all DCS local offices and Probation departments, in the State of Indiana to contact for technical support. Technical support staff and laboratory technicians shall be available during normal working hours via the 800 number, to provide technical assistance at no additional cost.

Supplies
The vendor shall provide the following supplies:
1) Sample containers
2) Specimen donor labels
3) Evidence security tape
4) Evidence bags
5) Evidence chain-of-custody forms with seals
6) Swabs
7) All supplies required for mailing or next day delivery
8) Any additional supplies necessary for referring specimens to the laboratory.

Note Regarding testing of Additional Substances:
A provider and/or the referral source may identify the need for screening of additional substances outside of what is specified above. This may be identified as a need in the entire region or for a specific client being referred.

If a contracted provider is proposing to test for additional substances to the already approved list of substances the provider shall submit an updated rate list to the Regional Child Welfare Services Coordinator to be approved by the Regional Services Counsel.

In the instance that the referral source has identified the need for testing of additional substances outside of what is specified above for a referred client, the provider will be expected to provide reports that state the minimum level necessary to detect the presence of each substance, the level of substance detected, and the chain of custody documentation. All testing levels (initial and confirmation) for additional substances outside of what is specified above shall be in compliance with Substance Abuse and Mental Health Administration (SAHMSA) regulations. All rates shall be billed at actual cost.

II. Target Population
Services must be restricted to the following eligibility categories:
1) Parent(s) of children for whom a DCS assessment has been initiated
2) Children and parent(s) who have substantiated cases of abuse and/or neglect
3) Children with a status of CHINS, and/or JD/JS
4) Minor children suspected of drug use prior to adjudication

III. Goals and Outcome Measures
Goal #1 Services are provided timely as indicated in the service description above.

Outcome Measures
1) 100% of courier services will be provided within a 24 hours of a request for pick up.
2) 100% of referring agencies will be notified of negative test results within 24 hours of

laboratory receipt of sample specimen.
3) 100% of referring agencies will be notified of positive test results within 72 hours of laboratory receipt of sample specimen.

Goal #2 Services are provided as indicated in the service description above.

Outcome Measures
1)100% of proper legal chain-of-custody procedures will be maintained and will comply with Departmental Policy, State and Federal law.
2) 100% of all specimens will be tested for illegal drugs or prescription medication if the client does not have a valid prescription**.** Amphetamines Cannabinoids Benzodiazepines Opiates, Cocaine, and Meth utilizing the cut-off levels listed above.
3) 100% of supplies will be provided to referring counties upon request.

IV. Qualifications

A laboratory participating in DCS/Probation drug testing must comply with all applicable Federal Department of Health and Human Service, and, under these federal requirements, are subsumed Substance Abuse and Mental Health Services Administration (SAMHSA), or College of American Pathology (CAP), or Clinical Laboratory Improvement Act (CLIA) requirements.

V. Billable Units

Providers shall submit a list of rates for all billable units listed in this section with the proposals. The rate list shall include the actual cost of all screens the provider is proposing to provide.

- **Drug Tests and Supplies:**
  Actual cost of the screens.

- **Confirmation: Per test**
  The billable units will include the following:
  1) Retention of positive samples as required by other standard.
  2) Technical Support
  3) Cost of Courier System
  4) Cost of Confirmation test

  NOTE: The provider cannot claim for the handling of rejected specimens or those otherwise unfit for testing.

- **Court**
  The provider of this service may be requested to testify in court. A Court Appearance is defined as appearing for a court hearing after receiving a request (either verbal or written)

by DCS or subpoena to appear in court, and can be billed per appearance. Therefore, if the provider appeared in court two different days, they could bill for 2 court appearances. Maximum of 1 court appearance per day. The Rate of the Court Appearance includes all cost associated with the court appearance, therefore additional costs associated with the appearance cannot be billed separately.

VI. Case Record Documentation

1) Receiving, transfer and handling of all specimens by laboratory personnel shall be fully documented using the proper chain-of-custody.
2) Documentation of notification of test results. Diluted results must be reported on the result form
3) The agency will be expected to provide reports that state the minimum level necessary to detect the presence of each substance, the level of substance detected, and the chain of custody documentation
4) All negative samples held by the laboratory will be retained for one week. A retention time extension may be requested based upon need.
5) All positive samples shall be frozen and maintained for 365 days by the laboratory. A retention time extension may be requested based upon need.

VII. Service Access

All services must be accessed and pre-approved through a referral form from the referring DCS/Probation staff. In the event a service provider receives verbal or email authorization to provide services from DCS/Probation an approved referral will still be required. Referrals are valid for a maximum of six (6) months unless otherwise specified by the DCS/Probation. Providers must initiate a re-authorization for services to continue beyond the approved period.

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.

SERVICE STANDARD
INDIANA DEPARTMENT OF CHILD SERVICES
RANDOM DRUG TESTING
(Revised 3/21/11-Effective 7/1/11)

I. Service Description

Random screens are designed for individuals who may or may not meet the criteria for substance abuse and may or may not actively participate in drug treatment services. The drug test list includes Drugs of Abuse (illegal drugs), Therapeutic drugs (Prescription Drug-Painkillers, Mental Health Meds, etc.), and Designer drugs (i.e. K2, "Spice). Each random screen referral shall consist of no more then twenty-four (24) screens to be completed over a period not to exceed six (6) months, with a maximum of three (3) screens per week as indicated by the referral form. It is expected that the referring worker and provider agency will work together to develop a plan to determine the appropriate duration (up to 6 months) of each referral. A second referral will be required if an excess of twenty-four (24) screens per referral are necessary.

II. Service Delivery

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.

The types of drug screens include, but are not limited to, saliva drug screen/oral fluid based drug screen, hair follicle, and urine.

Initial Testing

All sample collections drug screens will be observed sample collections screens. Minimum of substances tested should include Alcohol, Amphetamines, Barbiturates, Benzodiazepines, Cocaine, Cannabis, Opiates, Methadone, Oxycodone, Propoxyphene, and Methamphetamine. Other substances not listed that the client may report a history of using may also be tested. The agency will be expected to provide reports that state the minimum level necessary to detect the presence of each substance, the level of substance detected, and the chain of custody documentation.

For urine screens, testing for creatinine levels shall be conducted on all samples. The vendor shall also insure testing for total Cannabinoids per mg of creatinine using spectrophotometer technology. The Vendor shall insure testing for specific gravity on all samples with a creatinine level below 20 mg per deciliter. The Vendor shall also insure the administration of a nitrite test on any specimen that contains no creatinine and has a specific gravity test of 1.000.

Initial screening shall be conducted utilizing an enzyme immunoassay method. Testing should occur for the following substances utilizing the cut-off levels listed below:

DRUG	URINE	ORAL FLUID	HAIR LEVELS*
Amphetamines	*1000NG/ML*	*20NG/ML*	*500PG/MG*
Cannabinoids	*50NG/ML*	*1NG/ML*	*1PG/MG*
Benzodiazepines	*300NG/ML*	*10NG/ML*	*200PG/MG*
Methamphetamine (including ECSTACY(MDMA), ADAM(MDA)	*1000NG/ML*	*20NG/ML*	*500PG/MG*
Opiates	*2000NG/ML*	*10NG/ML*	*200PG/MG*
Cocaine	*300NG/ML*	*5NG/ML*	*500PG/MG*

**Hair uses = PG/MG = weight*
** For all other substances tested use recommended laboratory cutoff levels*

Confirmation Testing

Confirmation Testing **shall** be conducted utilizing GC/MS Technology on all samples initially testing POSITIVE. The following cut-off levels shall be utilized:

DRUG	URINE	ORAL FLUID	HAIR LEVELS*
Amphetamines	*500NG/ML*	*10NG/ML*	*300PG/MG*
Cannabinoids	*15NG/ML*	*.5NG/ML*	*.05PG/MG*
Benzodiazepines	*100NG/ML*	*1NG/ML*	*50PG/MG*
Methamphetamine (including ECSTACY(MDMA), ADAM(MDA)	*500MG/ML*	*10NG/ML*	*300PG/MG*
Opiates	*150NG/ML*	*5NG/ML*	*200PG/MG*
Cocaine	*150NG/ML*	*1NG/ML*	*50PG/MG*

**Hair uses = PG/MG = weight*
** For all other substances tested use recommended laboratory cutoff levels*

In situations where the source of the Amphetamine present in any specimen may come into question, the vendor must insure the performance of a d-1-isomer differentiation. This service is to be offered at no additional cost to the Department of Child Services and performed when requested by DCS or Probation.

The Vendor shall ensure proper legal chain-of-custody procedures are maintained and comply with departmental procedure, state and federal law. The vendor shall also ensure complete integrity of each specimen tested and the respective test results. Receiving, transfer and handling of all specimens by personnel shall be fully documented using the proper chain-of-custody.

The vendor shall insure that all laboratories used for drug testing purposes must comply with all applicable Federal Department of Health and Human Service, and, under these federal requirements, are subsumed Substance Abuse and Mental Health Services Administration

(SAMSHA) or The College of American Pathology (CAP), or Clinical Laboratory Improvement Act (CLIA) requirements.

A letter to all referred clients will be required within three (3) calendar days of referral with instructions for contacting the agency immediately to begin screens. It is expected that the first screen will be collected within seven (7) calendar days of referral and each subsequent screen will be random. One or more toll free phone lines for clients to call daily to determine the day their screen is to be required. Agency must have a plan in place to modify the phone messages every day by 5 a.m., instructing clients whether to report that day for a screen or call again the next day.

Note: It is expected that the referring worker and provider agency will work together to develop a plan to administer random testing for clients who do not have access to public transportation or telephone. In addition, the referring worker may also indicate the required number of random drug screens.

The agency shall update the referring worker, by phone or email, within ten (10) calendar days of the date the referral was sent regarding the status of the referral. Agencies should inform the referring worker of the date the client completed their first screen or, if the client has not contacted the agency to complete their first screen, a consultation with the referring worker should be held to determine the next steps of services.

Results Notification:

The vendor shall notify the local Department of Child Services Office/ Probation Officer (PO) of testing results via email or fax on vendor letterhead. The results will also be sent by U.S. mail to the referring county as well. The vendor shall gain approval from DCS or Probation for any changes in the results notification system.

The current FCM/PO (if not the referral source) will be notified of positive test results within 72 hours of sample collection. Negative test results will be provided within 24 hours of sample collections.

No-show alert forms will be provided by the contracted agency to the referring worker within 24 hours of the client's failure to show. Failure to show may result in an administrative discharge. Any client who is administratively discharged must request a new referral from the referring worker to begin receiving services again.

The DCS/Probation shall be notified in writing if the specimen has been rejected due to an invalid chain-of-custody or any other integrity problem.

For those employing urine tests diluted results must be reported on the result form.

Testing shall not be conducted on any specimen that does not have a legal chain-of-custody. All

specimens found to be “Adulterated” shall be treated as an Invalid Specimen. Any specimen without a valid chain-of-custody is to be destroyed. The referring location shall be notified in writing when a specimen has been rejected due to an invalid chain-of-custody or any other integrity problem. Monthly reports shall document how many random samples were attempted and completed minus how many "Adulterated" specimens there were for the month.

Note Regarding testing of Additional Substances:

A provider and/or the referral source may identify the need for screening of additional substances outside of what is specified above. This may be identified as a need in the entire region or for a specific client being referred.

If a contracted provider is proposing to test for additional substances to the already approved list of substances the provider shall submit an updated rate list to the Regional Child Welfare Services Coordinator to be approved by the Regional Services Counsel.

In the instance that the referral source has identified the need for testing of additional substances outside of what is specified above for a referred client, the provider will be expected to provide reports that state the minimum level necessary to detect the presence of each substance, the level of substance detected, and the chain of custody documentation. All testing levels (initial and confirmation) for additional substances outside of what is specified above shall be in compliance with Substance Abuse and Mental Health Administration (SAHMSA) regulations. All rates shall be billed at actual cost.

III. Target Population

Services must be restricted to the following eligibility categories:

1) Parent(s) for whom a DCS assessment has been initiated.
2) Children and families who have substantiated cases of abuse and/or neglect and will likely develop into an open case with IA or CHINS status.
3) Children and their families which have an Informal Adjustment (IA) or the children have the status of CHINS or JD/JS.
4) Children with the status of CHINS or JD/JS and their Foster/Kinship families with whom they are placed.
5) Minor children suspected of drug use prior to adjudication.

IV. Goals and Outcome Measures

Goal #1 Drug screen results will be provided to the referring worker in a timely fashion.

Outcome Measures

1) 95% of positive screens will be reported to the FCM/PO by fax or email within 72 hours of sample collection.

2) 95% of negative screens will be reported to the FCM/PO by fax or email within 24 hours of sample collection.

Goal #2 "No Show" alerts based on occurrence.

Outcome Measures
1) 100% of "No Shows" alerts will be provided to referring worker within 24 hours of the client's failure to show.

V. Minimum Qualifications
Sample collection does not require the services of a certified drug abuse counselor. The person providing this service must be trained 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.

VI. Billable Units

Providers shall submit a list of rates for all billable units listed in this section with the proposals. The rate list shall include the actual cost of all screens the provider is proposing to provide.

The provider cannot claim for the handling of rejected specimens or those otherwise unfit for testing. Grantees will bill monthly:
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 as part of proposal. The DCS will specify which drug screen or screens they are authorizing for each client on the authorizing referral form.

Initial Drug Screens

Services include all costs from the drug screen supplies needed to do the screen to the results notification (Includes but not limited to screening supplies, collection of specimen, lab costs, etc.) The vendor shall ensure that the chain of custody procedure is followed to maintain the integrity and security of the specimen from time of collection until receipt by the laboratory.

Confirmation of Positive Test (lab processing)
The confirmation test is for those initial drug screens with a "Positive" result. The unit rate will include all cost associated with confirming the status of the Initial Drug Screen and will include results notification. The vendor shall ensure that the chain of custody procedure is followed to maintain the integrity and security of the specimen from time of collection until receipt by the laboratory.

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.

Court
The provider of this service may be requested to testify in court. A Court Appearance is defined as appearing for a court hearing after receiving a request (either verbal or written) by DCS to appear in court, and can be billed per appearance. Therefore, if the provider appeared in court two different days, they could bill for 2 court appearances. Maximum of 1 court appearance per day. The Rate of the Court Appearance includes all cost associated with the court appearance, therefore additional costs associated with the appearance cannot be billed separately.

VII. Case Record Documentation

Case record documentation for service eligibility must include:

1) A completed, signed, and dated DCS/ Probation referral form authorizing services
2) Documentation of regular contact with the referred families/children
3) Documentation of screen results notification sent to DCS.
4) "No Show" alerts will be provided to referring worker within 24 hours of the client's failure to show.
5) Copy of DCS/Probation case plan, informal adjustment documentation, or documentation of requests for documents given to DCS/Probation

VIII. Service Access

All services must be accessed and pre-approved through a referral form from the referring DCS/Probation staff. In the event a service provider receives verbal or email authorization to provide services from DCS/Probation an approved referral will still be required. Referrals are valid for a maximum of six (6) months unless otherwise specified by the DCS/Probation. Providers must initiate a re-authorization for services to continue beyond the approved period.

IX. 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.

SERVICE STANDARD
INDIANA DEPARTMENT OF CHILD SERVICES
DETOXIFICATION SERVICES
(Revised 6/8/11-Effective 7/1/11)

I. Service Description

This service standard applies to families and children involved with the Department of Child Services and/or Probation. Services may be provided for clients of all ages in need of detoxification services. Detoxification is a process of treating individuals who are physically dependent on alcohol or drugs, and includes the period of time during which the body's physiology is adjusting to the cessation of substance use.

Three immediate goals of detoxification shall be included, to provide a safe withdrawal from the alcohol/drug(s) of dependence and enable the patient to become drug free, to provide withdrawal that is humane and protects the patient's dignity, and to prepare the patient for ongoing treatment of his or her alcohol and other drug dependence.

II. Service Delivery

The detoxification program must be state licensed and certified as well as supervised by a licensed physician. In addition, the program shall provide living accommodations in a structured environment for individuals who require twenty-four (24) hour per day supervision while withdrawing from toxic levels of consumption. Detoxification clients will be monitored by qualified, experienced staff 24 hours a day. Services will be available continuously twenty-four (24) hours a day, seven (7) days per week. Ambulatory detoxification may be provided on an outpatient basis as an alternative in limited situations. A caring staff, a supportive environment, sensitivity to cultural issues, confidentiality, and the selection of appropriate detoxification medication (if needed) are all important to providing humane withdrawal.

Clients will be accepted into the program within twenty-four (24) hours of the referral or sooner if an emergency exists. The type, length, and intensity of an individual's detoxification are determined by the severity of the addiction. Consultation with the Family Case Manager (FCM) and a new referral must be issued if length of stay is longer than two to six days.

All sample collections drug screens will be observed sample collections screens. Minimum of substances tested should include Alcohol, Amphetamines, Barbiturates, Benzodiazepines, Cocaine, Cannabis, Opiates, Methadone, Oxycodone,_Propoxyphene, and Methamphetamine and other drugs indicated by client's history. The agency will be expected to provide reports that state the minimum level necessary to detect the presence of each substance, the level of substance detected, and the chain of custody documentation.

A laboratory participating in DCS/Probation drug testing must comply with all applicable Federal Department of Health and Human Service, and, under these federal requirements, are subsumed Substance Abuse and Mental Health Services Administration (SAMHSA), or

College of American Pathology (CAP), or Clinical Laboratory Improvement Act (CLIA) requirements.

The provider shall inform the referring worker, of the drug screen results within ten (10) calendar days of the initial test.

The provider will develop a recovery plan. The recovery plan should include client's mental health status at transition and recommendations for the next level of recovery support services, and substance use recovery resources. The recovery plan could include any needed recommendations for psychological testing, psychiatrist consultation and/or medication evaluation. A consultation with the Family Case Manager to obtain a new referral must be completed to refer client to the next level of care.

Best practice will have client transition only when the next step of the recovery plan is available immediately or in a short time frame.

III. When DCS is not paying for services:

A billable unit of "Reports" has been developed for providers who service DCS families without DCS payment for these services (Medicaid, insurances, self-pay) but DCS wants a report from the provider on the progress of the family. The referral process has been set up to authorize reports and court components on the DCS referral form in these incidences. **DCS will only pay for reports when DCS is not paying for these services.** If the services provided are not funded by DCS, the report rate per hour will be paid for the necessary reports on a referral form issued by DCS. Court testimony will be paid per appearance if requested on a referral form issued by DCS. In order to be paid for a court appearance a subpoena or written request from DCS should be on file.

IV. Target Population

Services must be restricted to the following eligibility categories:

1) Children and families who have substantiated cases of Use and/or neglect and will likely develop into an open case with Informal Adjustment (IA) or CHINS status.
2) Children and their families which have an IA or the children have the status of CHINS or JD/JS.
3) Children with the status of CHINS or JD/JS and their Foster/Kinship families with whom they are placed.

V. Goals and Outcomes

Goal #1: Maintain timely intervention with the family and regular and timely communication with referring worker.

Outcome Measures:

1) 90% of services initiated within 24 hours of the referral.
2) 100% of recovery reports will be submitted to the Family Case Manager or Probation Officer.
3) 100% of cases will include a consultation with the Family Case Manager Probation Officer to discuss the recommended next level of care.

Goal #2: Effective treatment for individuals

Outcome Measures:

1) 90% of clients will participate in continuing care upon completion of detoxification.

Goal #3 DCS/Probation and clients will report satisfaction with services provided

Outcome Measures:

1) 90% of the families who have participated in medical detoxification will rate the services "satisfactory" or above on a satisfaction survey developed by the service provider, unless DCS/Probation distributes one to providers for their use with clients. Providers are to survey a minimum of 12 clients or 20% of their caseload (whichever results in a larger number) randomly selected from each county served.

2) DCS/Probation satisfaction will be rated 4 and above on the Service Satisfaction Report.

VI. Qualifications

Licensed Physician:

A licensed physician by the professional licensing agency shall be identified as the program's medical director. The vendor shall be licensed and/or certified by the Indiana Division of Mental Health and Addiction according to state law.

VII. Billable Units

Medicaid:

Providers should bill Medicaid or private insurance when appropriate. For information on coverage of detoxification services and specific Medicaid Programs, please refer to the Indiana Health Coverage Programs (IHCP) Provider Manual located at www.indianamedicaid.gov.

DCS funding:

- **Detoxification Services (inpatient)**: For those not eligible for Medicaid a Per Diem rate

will be paid for services as defined in this service standard. Detoxification Services will not be paid for services not deemed medically necessary.

- **Detoxification Services (outpatient)**: For those not eligible or Medicaid, a Per Diem rate will be paid or services as defined in this service standard. Detoxification Services will not be paid for service not deemed medically necessary.

- **Court:** The provider of this service may be requested to testify in court. A Court Appearance is defined as appearing for a court hearing after receiving a request (either verbal or written) by DCS to appear in court, and can be billed per appearance. Therefore, if the provider appeared in court two different days, they could bill for 2 court appearances. Maximum of 1 court appearance per day. The Rate of the Court Appearance includes all cost associated with the court appearance, therefore additional costs associated with the appearance cannot be billed separately.
- **Reports**
  If the services provided are not funded by DCS, the "Reports" hourly rate will be paid. A referral for "Reports" must be issued by DCS in order to bill.

VIII. Case Record Documentation

Case record documentation for service eligibility must include:

1. A completed, signed, and dated DCS/ Probation referral form authorizing services

2. Written reports no less than 7 days from transition to next level of care. Case documentation shall show when report is sent.

3. Copy of DCS/Probation case plan, informal adjustment documentation, or documentation of requests for documents given to DCS/Probation

IX. Service Access

All services must be accessed and pre-approved through a referral form from the referring DCS/Probation staff. In the event a service provider receives verbal or email authorization to provide services from DCS/Probation an approved referral will still be required. Referrals are valid for a maximum of six (6) months unless otherwise specified by the DCS/Probation. Providers must initiate a re-authorization for services to continue beyond the approved period. A referral from DCS does not substitute for any authorizations required by the Medicaid program.

X. 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.

SERVICE STANDARD
INDIANA DEPARTMENT OF CHILD SERVICES
RESIDENTIAL SUBSTANCE USE TREATMENT

I. Service Description

This service standard applies to families and children involved with the Department of Child Services (DCS) and/or Probation. Services may be provided for clients of all ages with a substance-related disorder and with minimal manageable medical conditions; minimal withdrawal risk; or emotional, behavioral cognitive conditions that will not prevent the client from benefiting from this level of care. Residential treatment programs are characterized by offering 24 hour supervised living with a highly structured treatment program that includes individual, group, and family counseling. Residential treatment is most appropriate for clients who are unsuccessful in outpatient. Residential treatment is comprehensive and intensive. The focus of residential treatment is to give the client the tools to begin a substance-free lifestyle. The program must be licensed and/or certified by The Division of Mental Health and Addictions. The program shall be staffed by appropriately credentialed personnel who are trained and competent to implement residential programming.

II. Service Delivery

The minimum length of stay in the program shall be 10 days and the maximum stay 21 days.

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.
Services are planned and organized with addiction professionals and clinicians providing multiple treatment service components for the rehabilitation of alcohol and drug abuse or dependence in a group setting.
An individualized recovery plan must be developed that considers the client's age, ethnic background, cognitive development and functioning, and clinical issues. Recovery plans should connect substance use and how it affects child safety. Attention to adverse experiences in the client in an attempt to break the cycle of child maltreatment. Recovery plans shall provide a framework for measuring success and progress. Recovery plans should also include goals and objectives. Goals shall be designed to address the issue(s) identified in the substance use assessment and include an achievable time frame. Objectives shall have an expected result. A recovery plan partially based on a functional assessment of each resident's daily living, socialization, and coping skills that is based on structured evaluation and observation of behavior.

Residential treatment services must be based on a written, cohesive, and clearly stated philosophy and treatment orientation and must include the following standards:

(1) There must be evidence that the philosophy is based on literature, research, and proven practice models.
(2) The services must be client centered.
(3) The services must consider client preferences and choices.
(4) There must be a stated commitment to quality services.
(5) The residents must be provided a safe, alcohol free, and drug free environment.
(6) The individual environment must be as homelike as possible.
(7) The services must provide transportation or ensure access to public transportation in accordance with the recovery plan.
(8) The services must provide flexible alternatives with a variety of levels of supervision, support, and treatment as follows:
(9) Service flexibility must allow movement toward the least restrictive environment but allow increases in intensity during relapses or cycles of relapse.
(10) The Residential services must provide continuous or reasonably incremental steps between levels.
(11) An agency cannot terminate a consumer from all services because of a need for more supervision, care, or direction without the agency making a good faith effort to continue to provide adequate, safe, and continuing treatment unless the resident is transferred to another entity with continuing treatment provided to the resident by that entity.
(12) The treatment services must be carried out in residences that meet all life safety requirements and are licensed or certified as appropriate.
(13) Residential services shall include specific functions that shall be made available to consumers based upon the individual recovery plan. These functions include the following:

- Crisis services, including access to more intensive services, within twenty-four (24) hours of problem identification.
- Case management services, including access to medical services, for the duration of treatment, provided by a case manager or primary therapist.
- A consumer of Residential treatment services must have access to psychiatric or addictions treatment as needed.

All sample collections drug screens will be observed sample collections screens. Minimum of substances tested should include Alcohol, Amphetamines, Barbiturates, Benzodiazepines, Cocaine, Cannabis, Opiates, Methadone, Oxycodone,_Propoxyphene, and Methamphetamine and other drugs indicated by client's history. The agency will be expected to provide reports that state the minimum level necessary to detect the presence of each substance, the level of substance detected, and the chain of custody documentation.

A laboratory participating in DCS/Probation drug testing must comply with all applicable Federal Department of Health and Human Service, and, under these federal requirements, are subsumed Substance Abuse and Mental Health Services Administration (SAMHSA), or College of American Pathology (CAP), or Clinical Laboratory Improvement Act (CLIA) requirements.

III. Target Population

In addition, services must be restricted to the following eligibility categories:

1. Children and families who have substantiated cases of child abuse and/or neglect and will likely develop into an open case with Informal Adjustment (IA) or CHINS status
2. Children and their families which have an IA or the children have the status of CHINS, and/or JD/JS
3. Children with the status of CHINS or JD/JS and their Foster/Kinship families with whom they are placed

IV. Goals and Outcome Measures

Goals #1 Recovery plan goals developed from the substance use assessment

Outcome Measure

1) 100% of referred clients will have a recovery plan developed following the assessment with the recovery plan provided to the referring worker within 10 days of completion. Treatment goals will be individualized based on assessment with easy to evaluate outcomes. All goals will be developed with the expectation that the client will remain drug free.

Goal #2 Regularly modify and update the recovery plan to reflect client changes and progress

Outcome Measure:

1) 100% of Recovery plan should identify short term goals attainable at 10 to 21 days and measurable by an expected performance or behavior.
2) 100% of cases where the client successfully completes treatment will have a discharge plan submitted to the referring worker within 7 days of discharge. The discharge plan will include client's response to treatment and the aftercare plan.
3) 100% of cases where the client does not successfully complete treatment will have a recommendation report submitted to the referring worker within 7 days of termination of services.

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 drug screen. Written reports of the drug screen will be mailed/faxed to the referring worker within 24 hours of receipt of laboratory results.

Goal #4 Clients will remain drug free.

Outcome Measures:

1) 95% of clients who participate in Residential treatment will remain drug free during the service provision period as indicated by routine drug screens.
2) 75% of clients who participate in Residential treatment will transition to a lower level of substance use treatment.
3) 60% of clients who participate in Residential treatment will remain drug free until DCS case closure as indicated by routine drug screens.

Goal #5 Provide No-show alert to FCM

Outcome Measures:

1) 100% of no-show alerts will be provided to referring worker immediately following each no-show.

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 use treatment services will rate the services "satisfactory" or above.

V. Qualifications

The program shall be staffed by appropriately credentialed personnel who are trained and competent to implement substance use treatment as outlined by state law. IC 25-23.6-10.5-9

VI. Billable Units

Medicaid Funding: Medicaid shall be billed when appropriate.

Providers should bill Medicaid or private insurance when appropriate. For information on coverage of residential services and specific Medicaid Programs, please refer to the Indiana Health Coverage Programs (IHCP) Provider Manual located at www.indianamedicaid.gov.

DCS funding:

Residential Treatment

Those services not deemed appropriate to bill Medicaid eligible client, will be billed to DCS per a day to day per diem rate for services as defined in this service standard.

Court Appearance

The provider of this service may be requested to testify in court. A Court Appearance is defined as appearing for a court hearing after receiving a request (either verbal or written) by DCS to appear in court, and can be billed per appearance. Therefore, if the provider appeared in court two different days, they could bill for 2 court appearances. Maximum of 1 court appearance per day. The Rate of the Court Appearance includes all cost associated with the court appearance, therefore additional costs associated with the appearance cannot be billed separately.

VII. Case Record Documentation

Case record documentation for service eligibility must include:

1) A completed, dated, signed DCS/Probation referral form authorizing service;
2) Documentation of regular contact with the referred families/children and referring agency;
3) Documentation of progress notes that provide details of clients increase in performance and/or behavior that demonstrate growth and/or regression regarding the recovery process and lifestyle changes needed for the individual to remain drug free.
4) Recovery plan documenting short term goals attainable at 14 to 21 days and measurable by an expected performance or behavior.
5) Written reports no less than monthly or more frequently as prescribed by DCS/Probation. Monthly reports are due by the 10th of each month following the month of service, case documentation shall show when report is sent.
6) Copy of DCS/Probation case plan, informal adjustment documentation, or documentation of requests for documents given to DCS/Probation

VII. Service Access

All services must be accessed and pre-approved through a referral form from the referring DCS/Probation staff. In the event a service provider receives verbal or email authorization to provide services from DCS/Probation, an approved DCS referral will still be required. Referrals are valid for a maximum of six (6) months unless otherwise specified by the DCS/Probation. Providers must initiate a re-authorization for services to continue beyond the approved period.

IX. 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, assessing, planning and intervening to partner with families and the community to better outcomes for children.

SERVICE STANDARD
INDIANA DEPARTMENT OF CHILD SERVICES
SUBSTANCE USE DISORDER ASSESSMENT
(Revised 6/8/11-Effective 7/1/11)

I. Service Description

This service standard applies to families and children involved with the Department of Child Services and/or Probation. Services may be provided for clients of all ages in need of an assessment for substance use. The goal of the initial substance use assessment is to evaluate the client's substance use, the client's level of functioning and the appropriate entrance into substance use treatment services.

II. Service Delivery

A face-to-face clinical interview must take place with each referred individual. The provider must be able to complete the initial assessment within 72 hours of the referral if an emergency exists or sooner if the Family Case Manager suspects the client is in need of detoxification services. For emergency assessments, it is expected that a verbal report will be provided to the referring Family Case Manager within 72 hours and a written report provided within 7 days after the completion of the assessment with the client. Recommendations regarding the client's needs must be provided on each assessment.

The following standardized assessment tools for drug/alcohol use may be administered to accurately determine if further substance use assessment is indicated: Substance Use Subtle Screening Inventory (SASSI), Addiction Severity Index (ASI) Teen Addiction Severity Index (T-ASI), ASI Lite, Addiction Society of Medicine Placement Patient Criteria Revised Version II (ASAM PPII), Drug Use Screening Test (DAST), Substance Use Relapse Assessment (SARA). Other standardized tools may be used to best assess the specific needs of the client.

A multi-axial system must be used to develop a comprehensive bio-psychosocial assessment to include a mental status examination at the time of the initial appointment.

<u>Bio-Psychosocial Assessment must include:</u>
A description of the presenting problem. Clinical Syndromes and/or other conditions that may be a focus of clinical attention. 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. Any associated medical, psychological and social history of the client, associated health, work, family, person, and interpersonal problems; driving record related to drinking or drug use; past participation in treatment programs. The assessment will also include client's attitude toward treatment.

Mental health examination must include: client's mood, affect, memory processes, hallucinations, judgment, insight, and impulse control.
Therapist Recommendations:
Following the assessment of each client, the service provider must make a recommendation which includes any necessary treatment as well as the treatment modality and length.

Services must be available to clients who have limited daytime availability. The service provider must identify 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 the initial assessment. After three no-shows, a new referral from the referring worker must be sent to initiate new services.

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.

III. Medicaid

It is the responsibility of the contracted service provider to be knowledgeable about the Medicaid billing requirements and comply with them, including provider qualifications and any pre-authorization requirements and further, to appropriately bill those services in particular cases where they may be reimbursed by Medicaid. The Services not eligible for MEDICAID REHABILITATION OPTION (MRO) or MEDICAID CLINIC OPTION (MCO) may be billed to DCS.

IV. When DCS is not paying for services:

A billable unit of "Reports" has been developed for providers who service DCS families without DCS payment for these services (Medicaid, insurances, self-pay) but DCS wants a report from the provider on the progress of the family. The referral process has been set up to authorize reports and court components on the DCS referral form in these incidences. **DCS will only pay for reports when DCS is not paying for these services.** If the services provided are not funded by DCS, the report rate per hour will be paid for the necessary reports on a referral form issued by DCS. Court testimony will be paid per appearance if requested on a referral form issued by DCS. In order to be paid for a court appearance a subpoena or written request from DCS should be on file.

V. Target Population

Services must be restricted to the following eligibility categories:

- Children and families who have substantiated cases of child abuse and/or neglect and will likely develop into an open case with Informal Adjustment (IA) or CHINS status.
- Children and their families which have an IA or the children have the with a status of CHINS, and/or JD/JS;
- Children with the status of CHINS or JD/JS and their Foster/Kinship families with whom they are placed.

VI. Goals and Outcome Measures

Goal #1 Maintain timely assessment with the family.

Outcome Measures:

1) 100% of emergency referred clients will be assessed within 72 hours or sooner if a medical crisis exists.
2) 90% of non-emergency referred clients will assessed within 10 days of the initial referral.

Goal #2 Timely receipt of report to prepare for services/court and regular and timely communication with the referring worker.

Outcome Measures:

1) For emergency assessment: 100% of the verbal reports will be received by the referring worker with 72 hours of the assessment; the written report received by the referring worker 7 calendar days after the assessment with the individual.

2) For non-emergency assessments: 100% of the written reports will be received by referring worker 10 days after the completion of the assessment with the individual.

Goal #3 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) 100% of no-show alerts will be provided to referring worker immediately following the clients (3) third no-show.

VII. Minimum Qualifications

Medicaid

Medicaid will reimburse physician or HSPP directed outpatient mental health assessments: (1) of the following practitioners:

(A) A licensed psychologist

(B) A licensed independent practice school psychologist
(C) A licensed clinical social worker
(D) A license marital and family therapist
(E) A license mental health counselor
(F) A license clinical addiction counselor
(G) An advanced practice nurse who is a licensed, registered nurse with a master's degree in nursing with a major in psychiatric or mental health nursing form an accredited school of nursing
(H) Anyone authorized by the agency

DCS

Minimum Qualifications:
1) The program shall be staffed by appropriately credentialed personnel who are trained and competent to complete Substance Use Assessments as required by state law.

VIII. Billable Units

Medicaid:

Services through the **MEDICAID CLINIC OPTION** may be Outpatient Mental Health Services. Medicaid shall be billed first for eligible services under covered evaluation and management codes, including those in the 90000 range.

MRO

Billing Code	**Title**
H0015 HW U1	Alcohol and/or other drug services; intensive outpatient (treatment program that operates at least three(3) hours/day and at least three(3) days/week and is based on an individualized treatment plan, including **assessment**, counseling; crisis intervention, and activity therapies or education

DCS funding: Those services not deemed medically necessary for the Medicaid eligible client, including services to other referred members of the family that are not related to the behavior health care needs of the eligible client, will be billed to DCS per face-to-face hour as outlined below. These billable units will also be utilized for services to referred clients who are not Medicaid eligible and for those providers who are unable to bill Medicaid.

- **Substance Use Assessment**
  per hour. Includes time face to face with the client administering, scoring, and interpreting testing and writing of reports. Maximum of 1 hour report writing may be billed per assessment.

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

  Services may be billed in 15 minute increments; partial units are rounded to the nearest quarter hour using the following guidelines:

  - 0 to 7 minutes do not bill 0.00 hour
  - 8 to 22 minutes 1 fifteen minute unit 0.25 hour
  - 23 to 37 minutes 2 fifteen minute units 0.50 hour
  - 38 to 52 minutes 3 fifteen minute units 0.75 hour
  - 53 to 60 minutes 4 fifteen minute units 1.00 hour

- **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.

- **Court**
  The provider of this service may be requested to testify in court. A Court Appearance is defined as appearing for a court hearing after receiving a request (either verbal or written) by DCS to appear in court, and can be billed per appearance. Therefore, if the provider appeared in court two different days, they could bill for 2 court appearances. Maximum of 1 court appearance per day. The Rate of the Court Appearance includes all cost associated with the court appearance, therefore additional costs associated with the appearance cannot be billed separately.
- **Reports**
  If the services provided are not funded by DCS, the "Reports" hourly rate will be paid. A referral for "Reports" must be issued by DCS in order to bill.

IX. Case Record Documentation

Necessary case record documentation for service eligibility must include:

1) A completed, dated, signed DCS/Probation referral form authorizing service;
2) Written reports as defined in this service standard.

X. Service Access

All services must be accessed and pre-approved through a referral form from the referring DCS/Probation staff. In the event a service provider receives verbal or email authorization to provide services from DCS/Probation an approved referral will still be required. Referrals are valid for a maximum of six (6) months unless otherwise specified by the DCS/Probation. Providers must initiate a re-authorization for services to continue beyond the approved period. A referral from DCS does not substitute for any authorizations required by the Medicaid program.

XI. 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.

SERVICE STANDARD
INDIANA DEPARTMENT OF CHILD SERVICES
SUBSTANCE USE OUTPATIENT TREATMENT
(Revised 6/8/11-Effective 7/1/11)

I. Service Description

This service standard applies to families and children involved with the Department of Child Services and/or Probation. Services may be provided for clients of all ages with a substance-related disorder and with minimal manageable medical conditions; minimal withdrawal risk; or emotional, behavioral cognitive conditions that will not prevent the client from benefiting from this level of care. A variety of scientifically based approaches to Substance Use Recovery exists. Recovery prescribed for all clients must be evidenced based. Substance Use Recovery can include behavioral therapy (such as counseling, cognitive therapy, or psychotherapy), medications, or their combination.

Effective Recovery attends to multiple needs of the individual, not just his or her substance use. To be effective, Recovery must address the individual's substance use and any associated medical, social, psychological, vocational, and legal problems.

A face-to-face multi-axial clinical assessment must take place prior to admission to an outpatient program.

II. Service Delivery

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.

Services are planned and organized with addiction professionals and clinicians providing multiple Recovery service components for the rehabilitation of alcohol and drug use or dependence in a group setting.

An individualized Recovery plan must be developed that considers the client's age, ethnic background, cognitive development and functioning, and clinical issues. Recovery plans should connect substance use and how it affects child safety. Recovery plans shall provide a framework for measuring success and progress. Recovery plans should also include goals and objectives. Goals shall be designed to address the issue(s) identified in the substance use assessment and include an achievable time frame. Objectives shall have an expected result.

All sample collections drug screens will be observed sample collections screens. Minimum of

substances tested should include Alcohol, Amphetamines, Barbiturates, Benzodiazepines, Cocaine, Cannabis, Opiates, Methadone, Oxycodone,_Propoxyphene, and Methamphetamine and other drugs indicated by clients history. The agency will be expected to provide reports that state the minimum level necessary to detect the presence of each substance, the level of substance detected, and the chain of custody documentation.

A laboratory participating in DCS/Probation drug testing must comply with all applicable Federal Department of Health and Human Service, and, under these federal requirements, are subsumed Substance Abuse and Mental Health Services Administration (SAMHSA), or College of American Pathology (CAP), or Clinical Laboratory Improvement Act (CLIA) requirements.

Addictions Counseling (Individual Setting) – is designed to be a less intensive alternative to IOT.

1. The client is the focus of the service.
2. Documentation must support how Addiction Counseling benefits the client, including when the client is not present.
3. Addiction Counseling requires face-to-face contact with the client and/or family members or non professional caregivers.
4. Addiction Counseling consists of regularly scheduled sessions as needed.
5. Addiction Counseling may include the following:
- Education on addiction disorders.
- Skills training in communication, anger management, stress management, relapse prevention.

6. Addiction Counseling goals are rehabilitative in nature.
7. Addiction Counseling must be provided in an age appropriate setting for a client less than eighteen (18) years of age receiving services.
8. Addiction Counseling must be individualized.
9. Drug Screens as recommended per level of care or requested by Family Case Manager.
10. Case managements/referrals to available community services.

Exclusions:

1. Clients with withdrawal risk or symptoms whose needs cannot be managed at this level of care, or who need detoxification services.
2. Clients at imminent risk of harm to self or others.
3. Addiction Counseling may not be provided for professional caregivers.
4. Addiction Counseling sessions that consists of education services only will not be reimbursed.

Addiction Counseling (Group Setting) - is designed to be less intensive alternative to IOT.

1. The consumer is the focus of Addiction Counseling.

2. Documentation must support how Addiction Counseling benefits the consumer, including when services are provided in a group setting and/or the consumer is not present.

3. Addiction Counseling requires face-to-face contact with the consumer and/or family members or non professional caregivers.

4. Addiction Counseling consists of regularly scheduled sessions.

5. Addiction Counseling is intended to be a less intensive alternative to IOT.

6. Addiction Counseling may include the following:

- Education on addiction disorders.
- Skills training in communication, anger management, stress management, relapse prevention.

7. Addiction Counseling must demonstrate progress toward and/or achievement of consumer Recovery goals identified in the IICP.

8. Addiction Counseling goals are rehabilitative in nature.

9. A licensed professional must supervise the program and approve the content and curriculum of the program.

10. Addiction Counseling must be provided in an age appropriate setting for a consumer less than eighteen (18) years of age receiving services.

11. Addiction Counseling must be individualized.

12. Drug Screens as recommended per level of care or requested by Family Case Manager.

13. Case managements/referrals to available community services.

Exclusions:

1. Clients with withdrawal risk or symptoms whose needs cannot be managed at this level of care, or who need detoxification services.
2. Clients at imminent risk of harm to self or others.
3. Addiction Counseling may not be provided for professional caregivers.
4. Addiction Counseling sessions that consists of education services only will not be reimbursed.

Intensive Outpatient Recovery (IOT)

1. Regularly scheduled sessions, within a structured program, that are at least three (3) consecutive hours per day and at least three (3) days per week.

1. IOT includes the following components:
    a. Referral to 12 step programs, peers and other community supports.
    b. Education on Addictions disorders.

c. Skills training in communication, anger management, stress management and relapse prevention.
d. Individual, group and family therapy (provided by a licensed professional or QBHP Only)

2. IOT must be offered as a distinct service.
3. IOT must be provided in an age appropriate setting for a client age eighteen (18) and under.
4. IOT must be individualized.
5. Access to additional support services (e.g. peer supports, case management, 12-step programs, aftercare/relapse prevention services, integrated Recovery, referral to other community supports) as needed.
6. The client is the focus of the service.
7. Documentation must support how the service benefits the client, including when the service is in a group setting.
8. Services must demonstrate progress toward or achievement of client Recovery goals identified in the IICP.
9. Service goals must be rehabilitative in nature.
10. Up to twenty (20) minutes of break time is allowed during each three consecutive hour session.
11. Drug Screens as recommended per level of care or requested by the Family Case Manager.
12. Referral to available community services is available.

Exclusions:

1. Clients with withdrawal risk/symptoms whose needs cannot be managed at this level of care or who need detoxification services
2. Clients at imminent risk of harm to self or others.
3. IOT will not be reimbursed for clients receiving Group Addictions Counseling on the same day.
4. IOT sessions that consist of education services only are not reimbursable.
5. Any service that is less than three hours may not be billed as IOT, but may be billed as Group Addictions Counseling (if provider qualifications and program standards are met)

Specialized Recovery:

Substance use Recovery can also be provided through the use of individual sessions as needed and 1 to 1.5 hours of group weekly or more than once weekly group counseling session based on assessment of individual's needs. Services will be conducted as outlined in the counseling and group counseling section of this service standard, and can include gender specific group counseling to deal specifically with gender issues that may cause barriers to the individual's ability to remain drug free i.e. domestic violence, traumatic events and/or childhood trauma.

Specialized Recovery can also include modalities of brief counseling therapy.

III. Medicaid

It is the responsibility of the contracted service provider to be knowledgeable about the Medicaid billing requirements and comply with them, including provider qualifications and any pre-authorization requirements and further, to appropriately bill those services in particular cases where they may be reimbursed by Medicaid

IV. When DCS is not paying for services:

A billable unit of "Reports" has been developed for providers who service DCS families without DCS payment for these services (Medicaid, insurances, self-pay) but DCS wants a report from the provider on the progress of the family. The referral process has been set up to authorize reports and court components on the DCS referral form in these incidences. **DCS will only pay for reports when DCS is not paying for these services.** If the services provided are not funded by DCS, the report rate per hour will be paid for the necessary reports on a referral form issued by DCS. Court testimony will be paid per appearance if requested on a referral form issued by DCS. In order to be paid for a court appearance a subpoena or written request from DCS should be on file.

V. Target Population

In addition, services must be restricted to the following eligibility categories:

1) Children and families who have substantiated cases of use and/or neglect and will likely develop into an open case with Informal Adjustment (IA) or CHINS status
2) Children and their families which have an IA or the children have the status of CHINS, and/or JD/JS
3) Children with the status of CHINS or JD/JS and their Foster/Kinship families with whom they are placed

VI. Goals and Outcome Measures

Goals #1

Recovery plan goals developed from the substance use assessment

Outcome Measure

1) 100% of referred clients will have a Recovery plan developed following the assessment with the Recovery plan provided to the referring worker within 10 days of completion. Recovery goals will be individualized based on assessment with easy to evaluate outcomes.

Goal #2

Regularly modify and update the Recovery plan to reflect client changes and progress.

Outcome Measure:

1) Recovery Plan should identify long and short term goals attainable at 2-, 4-, and 6-month's intervals and measurable by an expected performance or behavior.
2)Vendor shall maintain progress notes that provide details of clients increase in performance and/or behavior that demonstrate growth and/or regression regarding the recovery process and lifestyle changes needed for the individual to remain drug free.
3) Upon successful completion of Recovery the provider shall submit a discharge plan to the referring worker to include client's response to Recovery and aftercare plan.
4) Written reports with no less than monthly or more frequently as prescribed by DCS

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 drug screen. Written reports of the drug screen will be mailed/faxed to the referring worker within 24 hours of receipt of laboratory results.

Goal #4
Provide No-show alert to FCM.
Outcome Measures:

1) 100% of no-show alerts will be provided to referring worker immediately following each no-show.

Goal #5
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 use Recovery services will rate the services "satisfactory" or above.

VII. Minimum Qualifications

Medicaid Reimbursed
It is the responsibility of the contracted service provider to be knowledgeable about the Medicaid provider qualifications.

DCS Reimbursed
The program shall be staffed by appropriately credentialed personnel who are trained and competent to complete Substance Use Outpatient Treatment as required by state law.

VIII. Billable Units

Medicaid:
Services through the **MCO** may be Outpatient Mental Health Services. Medicaid shall be billed first for eligible services under covered evaluation and management codes, including those in the 90000 range.

MRO

Billing Code	Title
H2035 HW	Alcohol and/or other drug Recovery program, per hours
H2035 HW HR	Alcohol and/or drug Recovery program, per hour (family/couple, consumer present)
H2035 HW HS	Alcohol and/or drug Recovery program, per hour (family/couple, without consumer present)
H0005 HW	Alcohol and/or other drug services; group counseling by a clinician.
H0005 HW HR	Alcohol and/or drug services; group counseling by a clinician. (family/couple, consumer present)
H0005 HW HS	Alcohol and/or drug services; group counseling by a clinician. (family/couple, without consumer present)
H0015 HW U1	Alcohol and/or other drug services; intensive outpatient (Recovery program that operates at least three(3) hours/day and at least three(3) days/week and is based on an individualized Recovery plan, including assessment, counseling; crisis intervention, and activity therapies or education

DCS funding: Those services not deemed medically necessary for the Medicaid eligible client, including services to other referred members of the family that are not related to the behavior health care needs of the eligible client, will be billed to DCS per face-to-face hour as outlined below. These billable units will also be utilized for services to referred clients who are not Medicaid eligible and for those providers who are unable to bill Medicaid.

Addictions Counseling (Individual & Family): To be billed per hour

(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 goal directed face-to-face contact with the identified client/family during which services as defined in this Service Standard are performed.
- 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.

Addictions Counseling Group
Services include group goal directed work with clients. To be billed per person per hour.

Intensive Outpatient Treatment
Services include goal directed services as defined in this Service Standard. Per three hour session per person

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

Services may be billed in 15 minute increments; partial units are rounded to the nearest quarter hour using the following guidelines:

- *0 to 7 minutes* — *do not bill* — *0.00 hour*
- *8 to 22 minutes* — *1 fifteen minute unit* — *0.25 hour*
- *23 to 37 minutes* — *2 fifteen minute units* — *0.50 hour*
- *38 to 52 minutes* — *3 fifteen minute units* — *0.75 hour*
- *53 to 60 minutes* — *4 fifteen minute units* — *1.00 hour*

Court Appearance

The provider of this service may be requested to testify in court. A Court Appearance is defined as appearing for a court hearing after receiving a request (either verbal or written) by DCS to appear in court, and can be billed per appearance. Therefore, if the provider appeared in court

two different days, they could bill for 2 court appearances. Maximum of 1 court appearance per day. The Rate of the Court Appearance includes all cost associated with the court appearance, therefore additional costs associated with the appearance cannot be billed separately.

Reports
If the services provided are not funded by DCS, the "Reports" hourly rate will be paid. A referral for "Reports" must be issued by DCS in order to bill.

Drug Screens
Actual cost of the screens.

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.

IX. Case Record Documentation

Case record documentation for service eligibility must include:

1) A completed, dated, signed DCS/Probation 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/Probation. Monthly reports are due by the 10th of each month following the month of service, case documentation shall show when report is sent.
4) Copy of DCS/Probation case plan, informal adjustment documentation, or documentation of requests for documents given to DCS/Probation

X. Service Access

All services must be accessed and pre-approved through a referral form from the referring DCS/Probation staff. In the event a service provider receives verbal or email authorization to provide services from DCS/Probation, an approved DCS referral will still be required. Referrals are valid for a maximum of six (6) months unless otherwise specified by the DCS/Probation. Providers must initiate a re-authorization for services to continue beyond the approved period.

XI. 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, assessing, planning and intervening to partner with families and the community to better outcomes for children.

SERVICE STANDARD
INDIANA DEPARTMENT OF CHILD SERVICES
DAY REPORTING/TREATMENT PROGRAMS

I. Service Description

Day Treatment/Day Reporting programs provide intensive supervision to children exhibiting a pattern of delinquent behavior. The primary functions of Day Treatment/Day Reporting can include intensive supervision, utilization of a cognitive behavior change approach, and be utilized to prevent the removal of the child from the home, to increase community safety, and to improve family functioning.

Day Treatment/Day Reporting programs can vary in the intensity and length of supervision and service hours the child and family receive.

The Day Treatment service is designed to provide an environment in which each child can develop the skills necessary for successful living, and to alter the previous environment of the child so that newly acquired skills are encouraged and old inappropriate behaviors are discouraged. Family involvement is highly encouraged. The service also addresses the educational needs of the individual child, based on an assessment of their academic progress.

The day reporting service provides daily supervision and structured activities for youth who require more intensive oversight, as an alternative to secure detention. This program serves pre- or post-adjudicated youth.

Day Treatment

Providing agency receives referrals from the Department of Child Services FCM or the Probation Officer.

Upon receipt of a referral, the provider will respond to the referral source within two business days. Provider will conduct an interview with the child and family within 5 business days of the referral and notify the referral source regarding acceptance into the program within 24 hours after the interview.

Service delivery can range from 1-180 days, at 4-10 hours per day. Per Diem may not be billed if there is not at least 20 hours of face to face contact per week. Service delivery may be extended beyond 180 days if approved by referral source.

Services shall include, but are not limited to: Individualized educational planning, life skills training (including work readiness if appropriate), and community service projects.

Services shall also include a minimum of 6 hours per week of cognitive based instruction in a curriculum that demonstrates best practices of model programs. The use of role playing and interaction to teach new skills may be utilized. Services can address thinking errors, anger management, substance abuse, and other mental health needs identified by the provider and

referral source.

Pre- and post-tests for evaluation and progress must be utilized.

Provider must also include a component that requires family involvement for a minimum of one hour per week. This may be in the form of a parenting support group or parenting instruction.

Provider will communicate progress to the referral source at least once per month in the form of a written progress report and monthly attendance in program, including number of contact hours. Provider will attend all Court review hearings and provide written progress reports to the Court at each review hearing.

Day Reporting
Providing agency receives referrals from the Department of Child Services FCM or Probation Officer.

Upon receipt of a referral, the provider will respond to the referral source within two business days. Provider will conduct an interview with the child and family within 5 business days of referral and will notify the referral source regarding admission status within 24 hours of the interview.

Service delivery can range from 1-180 days, at 4-10 hours per day. Per Diem rate may not be billed if there are not at least 20 hours of face to face contact per week. Service delivery may be extended beyond 180 days if approved by referral source.

Services shall include, but are not limited to: Intensive supervision, educational planning assistance, and community/recreational activities.

Provider will communicate progress to the referral source and monthly attendance in program, including number of contact hours performed. Provider will submit written progress reports to the referral source prior to each court hearing.

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 and will likely develop into an open case with IA or CHINS status.
2) Children and their families which have an Informal Adjustment (IA) or the children have the status of CHINS or JD/JS.
3) Children with the status of CHINS or JD/JS and their Foster/Kinship families with whom they are placed.
4) All adopted children and adoptive families.

III. Goals and Outcomes
Day Treatment

Goal #1: Reduce the risk of repetitive delinquent behavior.

Outcome Measures

1) 100% of children in the Day Treatment program will receive a minimum of 6 hours per week of cognitive based instruction required to successfully complete the program.

2) 50% of children will successfully complete the program with a reduction of the risk to re-offend based on a validated risk assessment tool.

Goal #2: Prevent removal from home or community.

Outcome Measures

1) 70% of parents will participate in required family activities as identified by the individual program.

2) 70% of children who successfully complete the program will have exhibited improved family relationships.

3) 70% of 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 #3: Enrollment in education programming

Outcome Measures

1) 100% of children will be enrolled in some type of educational programming during their involvement in the program.

2) 70% of children will be enrolled in an education program three months after program completion.

Goal # 4: Provide opportunities for the child to make meaningful contributions to their community.

Outcome Measures

1) 100% of children will be given opportunities to participate in employment, community, and recreational activities during their involvement in the program.

2) 70% of children will be employed or involved in community activities three months after program completion

Day Reporting

Goal #1: Provide supervision as an alternative to incarceration.

Outcome Measures

1) 75% of youth will not return to secure detention while in the program.

2) 100% of youth will receive intensive supervision and participate in other activities while in the program.

Goal # 2: Provide opportunities for the child to make meaningful contributions to their community.

Outcome Measures

1) 100% of children will be given opportunities to participate in employment, community, and recreational activities during their involvement in the program.

2) 70% of children will be employed or involved in community activities three months after program completion.

Goal #3: Enrollment in educational programming.

Outcome Measures
1) 100% of children will be enrolled in some type of educational programming during their involvement in the program.
2) 70% of children will be enrolled in an educational program three months after program completion.

IV. Minimum Qualifications
Direct Worker:
Program Coordinator must hold a Bachelor's degree in criminal justice, sociology, psychology, social work or related field.

Supervision:
Program Supervisor must hold a Master's degree in criminal justice, social work, psychology, Social Work or related field.

Overall supervision of the Day Treatment program must be provided by a person with a Master's degree in Supervision/consultation. Supervision is to include not less than one (1) hour of face to face supervision/consultation per 20 hours of direct client services provided, and must occur every two (2) weeks or more frequently.

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
Per Diem cost for each client placed in the program. This per diem rate includes all costs of the program. Per Diem rate may not be billed if there are not at least 20 hours of face to face contact per week. (There are two per diem units Day Reporting and Day Treatment.)

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. (Actual Cost)

VI. Case Record Documentation
Case record documentation for service eligibility must include:
1) A completed, signed, and dated DCS/ Probation 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/Probation. Monthly reports are due by the 10th of each month following the month of service, case documentation shall show when report is sent.
4) Copy of DCS/Probation case plan, informal adjustment documentation, or documentation of requests for documents given to DCS/Probation

VII. Service Access

All services must be accessed and pre-approved through a referral form from the referring DCS/Probation staff. In the event a service provider receives verbal or email authorization to provide services from DCS/Probation an approved referral will still be required. Referrals are valid for a maximum of six (6) months unless otherwise specified by the DCS/Probation. Providers must initiate a re-authorization for services to continue beyond the approved period.

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.

SERVICE STANDARD
INDIANA DEPARTMENT OF CHILD SERVICES
TRUANCY TERMINATION

I. Services Description

The purpose of Truancy Termination services is to provide school drop-out prevention education, job readiness skills services, parent education, and family support services to youth and their families in order to reduce recidivism of delinquent youth and truants.

Family Support Services

Family support workers are to work with family members to identify reasons for youth's truancy and barriers to regular and positive school attendance as well as work with school personnel and Probation Officers to identify solutions and interventions necessary to ensure school attendance, increase the youth's involvement in the school, and improve academic performance.

Accomplishing these objectives may require the support worker to attend parent/teacher conferences and attend classes with the student. The support worker shall provide services in the areas of parent education and crisis intervention, including direct services. The support worker will be present as the court directs, including, but not limited to the initial hearing, where the worker will meet with the youth and family and complete the preliminary intake. The purpose of the preliminary intake is to gather basic information and provide a brief overview of the program.

The support worker is responsible for providing weekly written reports attending court hearing to provide testimony on progress, submitting monthly written progress reports regarding each family's circumstances, and monitoring school attendance, performance, and behavior. These reports shall reflect ongoing collaboration and cooperation among the family support workers, school social workers, and Probation Officers.

The family support workers shall conduct and complete comprehensive intake and assessment for each referral to create a Family Development Plan (FDP). The FDP will be shared with school social workers and Probation Officers. The family support worker will assist families with transportation to the program.

Training Modules

Training modules consist of six (6) weekly skills-based classes which the youth and parents are required to complete. The family support worker will assess progress of all program graduates, and identify youth and families who may benefit from additional training. Subsequent to the training an assessment of progress, including areas where additional improvement is needed should be made and any additional services recommended shared with school social workers, probation officers, and the court.

Youth Modules
The following youth modules of Skills Based programming will be taught:

- Personal Hygiene
- Truancy
- College Awareness
- Conflict Resolution
- Relationships (peer to peer and peer to parent)
- Substance Abuse
- Decision Making, Time Management, and Goal Setting

Parent Modules
The following parent modules of Skills Based programming will be taught:

- Role as a parent and self-esteem
- Understanding child growth and development/Sibling Rivalries
- Communication and listening skills/Relationships
- How to use effective discipline/Problem solving
- Anger management/Conflict resolution/Stress maintenance
- Teaching morals, values, and respect
- Financial Management

Subsequent to the completion of the training modules the family support worker shall continue to work with the school social workers, probation officers, and the court to monitor families' well-being to monitor school attendance. The support worker will conduct monthly activities designed to connect youth and families with positive sources of ongoing encouragement (i.e. carrier fairs, family dinners, age appropriate sports and/or entertainment events, etc.).

II. Target Population

Services must be restricted to the following eligibility categories:

- Children and families who have substantiated cases of abuse and/or neglect and will likely develop into an open case with IA or CHINS status.
- Children and their families which have an Informal Adjustment (IA) or the children have the status of CHINS or JD/JS.
- Children with the status of CHINS or JD/JS and their Foster/Kinship families with whom they are placed.
- All adopted children and adoptive families.

III. Goals and Outcomes

Goal #1 Ensure youth and parents participating in the program build skills in the module areas.

Outcome Measures
1) 85% of youth and parents referred by the Juvenile Court shall complete six (6) skills-based modules.
2) 85% of those families completing the modules shall demonstrate increased knowledge resulting from participation in the skills-based modules.

Goal #2 Increase regular school attendance of youth completing the program.

Outcome Measures
1) 75% of youth completing the six week modules will have 95% attendance during the service provision period.
2) 75% of youth will have 95% attendance during the period of time that begins at program completion and ends at 6 month follow up.

Goal #3 Juvenile Court and client satisfaction with services

Outcome Measures
1) Juvenile Probation/DCS staff satisfaction will be rated 4 and above on the Services Satisfaction Report.
2) 90% of clients will rate the services "satisfactory" or above on a satisfaction survey developed by the service provider, unless one is distributed by DCS/Probation to providers for their use with clients Providers are to survey a minimum of 12 clients or 20% of their caseload (whichever results in a larger number) randomly selected from each county served.

IV. Minimum Qualifications

Training Facilitator (Paraprofessional):

A high school diploma or GED and 21 years of age. Must possess a valid driver's license, the ability to transport self and others, and must have state minimum car insurance coverage in force at all times.

Family Support Worker:

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

Supervisor (Professional):

Bachelor's Degree in social work, psychology, sociology, or directly related human service field plus three (3) years related experience.

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

V. 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 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 crisis intervention and other goal-directed interventions via telephone with the identified client family.

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

Group

Services include group goal directed work with clients. To be billed per group hour

Services may be billed in 15 minute increments; partial units are rounded to the nearest quarter hour using the following guidelines:

• 0 to 7 minutes	do not bill	0.00 hour
• 8 to 22 minutes	1 fifteen minute unit	0.25 hour
• 23 to 37 minutes	2 fifteen minute units	0.50 hour
• 38 to 52 minutes	3 fifteen minute units	0.75 hour
• 53 to 60 minutes	4 fifteen minute units	1.00 hour

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.

Court

The provider of this service may be requested to testify in court. A Court Appearance is defined as appearing for a court hearing after receiving a request (either verbal or written) by DCS or subpoena to appear in court, and can be billed per appearance. Therefore, if the provider appeared in court two different days, they could bill for 2 court appearances. Maximum of 1 court appearance per day. The Rate of the Court Appearance includes all cost associated with the court appearance, therefore additional costs associated with the appearance cannot be billed separately.

VI. Case Record Documentation

Case record documentation for service eligibility must include:

1) A completed, signed, and dated DCS/ Probation 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/Probation. Monthly reports are due by the 10th of each month following the month of service, case documentation shall show when report is sent.
4) Copy of DCS/Probation case plan, informal adjustment documentation, or documentation of requests for documents given to DCS/Probation

VII. Service Access

All services must be accessed and pre-approved through a referral form from the referring DCS/Probation staff. In the event a service provider receives verbal or email authorization to provide services from DCS/Probation an approved referral will still be required. Referrals are valid for a maximum of six (6) months unless otherwise specified by the DCS/Probation. Providers must initiate a re-authorization for services to continue beyond the approved period. A referral from DCS does not substitute for any authorizations required by the Medicaid program.

VI. 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.

Intervention Services Providers by Service Standard
Region 13
Source: KidTraks Contract Service Guide Query
Date: 12/9/2011

Service Desc	Service Code	Vendor
CARE NETWORK	10529	CENTERSTONE OF INDIANA INC.
CARE NETWORK	10529	HAMILTON CENTER INC.
CHINS PARENT SUPPORT SERVICES	10531	CENTERSTONE OF INDIANA INC.
COUNSELING	10532	BLOOMINGTON MEADOWS G.P.
COUNSELING	10532	C.JESSICA HERSCH
COUNSELING	10532	CASSANDRA MCCONN INC.
COUNSELING	10532	CEDARBRIDGE TREATMENT CENTERS LLC
COUNSELING	10532	CENTERSTONE OF INDIANA INC.
COUNSELING	10532	CHRISTOPHER AND ASSOCIATES EVALUATION AND COUNSELING CENTER INC.
COUNSELING	10532	DAMAR SERVICES INC.
COUNSELING	10532	HAMILTON CENTER INC.
COUNSELING	10532	MONROE COUNTY BOARD OF COUNTY COMMISSIONERS
COUNSELING	10532	RES-CARE INC
COUNSELING	10532	THE VILLAGES OF INDIANA INC.
CROSS-SYSTEM CARE COORDINATION	10533	DAMAR SERVICES INC.
CROSS-SYSTEM CARE COORDINATION	10533	RES-CARE INC
DAY TREATMENT	10549	BLOOMINGTON MEADOWS G.P.
DAY TREATMENT	10549	MONROE COUNTY BOARD OF COUNTY COMMISSIONERS
DIAGNOSTIC AND EVALUATION SERVICES	10534	BLOOMINGTON MEADOWS G.P.
DIAGNOSTIC AND EVALUATION SERVICES	10534	C.JESSICA HERSCH
DIAGNOSTIC AND EVALUATION SERVICES	10534	CENTERSTONE OF INDIANA INC.
DIAGNOSTIC AND EVALUATION SERVICES	10534	CHRISTOPHER AND ASSOCIATES EVALUATION AND COUNSELING CENTER INC.
DIAGNOSTIC AND EVALUATION SERVICES	10534	CONNECTIONS INC
DIAGNOSTIC AND EVALUATION SERVICES	10534	HAMILTON CENTER INC.
DIAGNOSTIC AND EVALUATION SERVICES	10534	RESOURCE COMMUNITY BASED SERVICES INC.
DOMESTIC VIOLENCE BATTERERS	10811	CEDARBRIDGE TREATMENT CENTERS LLC
DOMESTIC VIOLENCE BATTERERS	10811	PRISONER & COMMUNITY TOGETHER INC
DOMESTIC VIOLENCE BATTERERS	10811	TERRY MOORE
DRUG TESTING AND SUPPLIES	10541	FORENSIC FLUIDS LABORATORIES INC.
FAMILY PREPARATION	10516	CASSANDRA MCCONN INC.
FAMILY PREPARATION	10516	NATIONAL MENTOR HEALTHCARE LLC
FAMILY PREPARATION	10516	THE VILLAGES OF INDIANA INC.
FATHER ENGAGEMENT PROGRAMS	10813	IRELAND HOME BASED SERVICES LLC
FUNCTIONAL FAMILY THERAPY	10536	GEORGE JUNIOR REPUBLIC IN INDIANA INC.
HOME-BASED FAMILY CENTERED CASEWORK SERVICES	10521	CASSANDRA MCCONN INC.
HOME-BASED FAMILY CENTERED CASEWORK SERVICES	10521	CENTERSTONE OF INDIANA INC.

Service Desc	Service Code	Vendor
HOME-BASED FAMILY CENTERED CASEWORK SERVICES	10521	CHAMPION VIRSHAWN
HOME-BASED FAMILY CENTERED CASEWORK SERVICES	10521	CHILDREN AND FAMILY SERVICES CORPORATION
HOME-BASED FAMILY CENTERED CASEWORK SERVICES	10521	DAMAR SERVICES INC.
HOME-BASED FAMILY CENTERED CASEWORK SERVICES	10521	FAMILY SOLUTIONS INC.
HOME-BASED FAMILY CENTERED CASEWORK SERVICES	10521	FOUNTAIN CONSULTING SERVICES INC.
HOME-BASED FAMILY CENTERED CASEWORK SERVICES	10521	GEORGE JUNIOR REPUBLIC IN INDIANA INC.
HOME-BASED FAMILY CENTERED CASEWORK SERVICES	10521	HAMILTON CENTER INC.
HOME-BASED FAMILY CENTERED CASEWORK SERVICES	10521	IRELAND HOME BASED SERVICES LLC
HOME-BASED FAMILY CENTERED CASEWORK SERVICES	10521	JACQUELINE M JORDAN
HOME-BASED FAMILY CENTERED CASEWORK SERVICES	10521	RES-CARE INC
HOME-BASED FAMILY CENTERED CASEWORK SERVICES	10521	RESOURCE COMMUNITY BASED SERVICES INC.
HOME-BASED FAMILY CENTERED CASEWORK SERVICES	10521	THE VILLAGES OF INDIANA INC.
HOME-BASED FAMILY CENTERED THERAPY SERVICES	10522	C.JESSICA HERSCH
HOME-BASED FAMILY CENTERED THERAPY SERVICES	10522	CASSANDRA MCCONN INC.
HOME-BASED FAMILY CENTERED THERAPY SERVICES	10522	CENTERSTONE OF INDIANA INC.
HOME-BASED FAMILY CENTERED THERAPY SERVICES	10522	CHAMPION VIRSHAWN
HOME-BASED FAMILY CENTERED THERAPY SERVICES	10522	CHILDREN AND FAMILY SERVICES CORPORATION
HOME-BASED FAMILY CENTERED THERAPY SERVICES	10522	DAMAR SERVICES INC.
HOME-BASED FAMILY CENTERED THERAPY SERVICES	10522	FAMILY SOLUTIONS INC.
HOME-BASED FAMILY CENTERED THERAPY SERVICES	10522	FOUNTAIN CONSULTING SERVICES INC.
HOME-BASED FAMILY CENTERED THERAPY SERVICES	10522	GEORGE JUNIOR REPUBLIC IN INDIANA INC.
HOME-BASED FAMILY CENTERED THERAPY SERVICES	10522	HAMILTON CENTER INC.
HOME-BASED FAMILY CENTERED THERAPY SERVICES	10522	IRELAND HOME BASED SERVICES LLC

Service Desc	Service Code	Vendor
HOME-BASED FAMILY CENTERED THERAPY SERVICES	10522	JACQUELINE M JORDAN
HOME-BASED FAMILY CENTERED THERAPY SERVICES	10522	PARENTING PLUS INC
HOME-BASED FAMILY CENTERED THERAPY SERVICES	10522	RES-CARE INC
HOME-BASED FAMILY CENTERED THERAPY SERVICES	10522	RESOURCE COMMUNITY BASED SERVICES INC.
HOMEMAKER/PARENT AID	10525	CASSANDRA MCCONN INC.
HOMEMAKER/PARENT AID	10525	CENTERSTONE OF INDIANA INC.
HOMEMAKER/PARENT AID	10525	CHILDREN AND FAMILY SERVICES CORPORATION
HOMEMAKER/PARENT AID	10525	FAMILY SOLUTIONS INC.
HOMEMAKER/PARENT AID	10525	FOUNTAIN CONSULTING SERVICES INC.
HOMEMAKER/PARENT AID	10525	HAMILTON CENTER INC.
HOMEMAKER/PARENT AID	10525	IRELAND HOME BASED SERVICES LLC
HOMEMAKER/PARENT AID	10525	RES-CARE INC
HOMEMAKER/PARENT AID	10525	THE VILLAGES OF INDIANA INC.
MED-ASSESSMENT FOR MRO	10512	CENTERSTONE OF INDIANA INC.
MED-ASSESSMENT FOR MRO	10512	HAMILTON CENTER INC.
MED-MEDICATION TRAINING AND SUPPORT	10561	CENTERSTONE OF INDIANA INC.
MED-PEER RECOVERY SERVICES	10564	CENTERSTONE OF INDIANA INC.
PARENT EDUCATION	10537	CENTERSTONE OF INDIANA INC.
PARENTING / FAMILY FUNCTIONING ASSESSMENT	10538	CASSANDRA MCCONN INC.
PARENTING / FAMILY FUNCTIONING ASSESSMENT	10538	CENTERSTONE OF INDIANA INC.
PARENTING / FAMILY FUNCTIONING ASSESSMENT	10538	FAMILY SOLUTIONS INC.
PARENTING / FAMILY FUNCTIONING ASSESSMENT	10538	HAMILTON CENTER INC.
PARENTING / FAMILY FUNCTIONING ASSESSMENT	10538	THE VILLAGES OF INDIANA INC.
RANDOM DRUG TESTING	10543	FORENSIC FLUIDS LABORATORIES INC.
SEX OFFENDER TREATMENT; VICTIMS OF SEX ABUSE TREATMENT	10539	CASSANDRA MCCONN INC.
SEX OFFENDER TREATMENT; VICTIMS OF SEX ABUSE TREATMENT	10539	CEDARBRIDGE TREATMENT CENTERS LLC
SEX OFFENDER TREATMENT; VICTIMS OF SEX ABUSE TREATMENT	10539	CENTERSTONE OF INDIANA INC.
SEX OFFENDER TREATMENT; VICTIMS OF SEX ABUSE TREATMENT	10539	CHRISTOPHER AND ASSOCIATES EVALUATION AND COUNSELING CENTER INC.
SEX OFFENDER TREATMENT; VICTIMS OF SEX ABUSE TREATMENT	10539	DAMAR SERVICES INC.
SEX OFFENDER TREATMENT; VICTIMS OF SEX ABUSE TREATMENT	10539	IRELAND HOME BASED SERVICES LLC

Service Desc	Service Code	Vendor
SEX OFFENDER TREATMENT; VICTIMS OF SEX ABUSE TREATMENT	10539	PSYCHOLOGICAL LABORATORIES OF
SEX OFFENDER TREATMENT; VICTIMS OF SEX ABUSE TREATMENT	10539	RES-CARE INC
SEX OFFENDER TREATMENT; VICTIMS OF SEX ABUSE TREATMENT	10539	RESOURCE COMMUNITY BASED SERVICES INC.
SUBSTANCE USE DISORDER ASSESSMENT	10807	BLOOMINGTON MEADOWS G.P.
SUBSTANCE USE DISORDER ASSESSMENT	10807	CASSANDRA MCCONN INC.
SUBSTANCE USE DISORDER ASSESSMENT	10807	CEDARBRIDGE TREATMENT CENTERS LLC
SUBSTANCE USE DISORDER ASSESSMENT	10807	CENTERSTONE OF INDIANA INC.
SUBSTANCE USE DISORDER ASSESSMENT	10807	CHRISTOPHER AND ASSOCIATES EVALUATION AND COUNSELING CENTER INC.
SUBSTANCE USE DISORDER ASSESSMENT	10807	HAMILTON CENTER INC.
SUBSTANCE USE DISORDER ASSESSMENT	10807	MENG AI COUNSELING AND
SUBSTANCE USE OUTPATIENT TREATMENT	10808	CASSANDRA MCCONN INC.
SUBSTANCE USE OUTPATIENT TREATMENT	10808	CEDARBRIDGE TREATMENT CENTERS LLC
SUBSTANCE USE OUTPATIENT TREATMENT	10808	CENTERSTONE OF INDIANA INC.
SUBSTANCE USE OUTPATIENT TREATMENT	10808	CHRISTOPHER AND ASSOCIATES EVALUATION AND COUNSELING CENTER INC.
SUBSTANCE USE OUTPATIENT TREATMENT	10808	HAMILTON CENTER INC.
SUBSTANCE USE OUTPATIENT TREATMENT	10808	MENG AI COUNSELING AND
TRANSITION FROM RESTRICTIVE PLACEMENTS (TRP)	10551	CENTERSTONE OF INDIANA INC.
TRANSITION FROM RESTRICTIVE PLACEMENTS (TRP)	10551	CHILDREN AND FAMILY SERVICES CORPORATION
TRANSITION FROM RESTRICTIVE PLACEMENTS (TRP)	10551	RES-CARE INC
TRUANCY TERMINATION	10552	CHILDREN AND FAMILY SERVICES CORPORATION
TRUANCY TERMINATION	10552	FAMILY SOLUTIONS INC.
TRUANCY TERMINATION	10552	IRELAND HOME BASED SERVICES LLC
VISITATION FACILITATION-PARENT/CHILD/SIBLING	10540	CASSANDRA MCCONN INC.
VISITATION FACILITATION-PARENT/CHILD/SIBLING	10540	CENTERSTONE OF INDIANA INC.
VISITATION FACILITATION-PARENT/CHILD/SIBLING	10540	CHAMPION VIRSHAWN
VISITATION FACILITATION-PARENT/CHILD/SIBLING	10540	CHILDREN AND FAMILY SERVICES CORPORATION
VISITATION FACILITATION-PARENT/CHILD/SIBLING	10540	DAMAR SERVICES INC.
VISITATION FACILITATION-PARENT/CHILD/SIBLING	10540	FAMILY SOLUTIONS INC.
VISITATION FACILITATION-PARENT/CHILD/SIBLING	10540	FOUNTAIN CONSULTING SERVICES INC.
VISITATION FACILITATION-PARENT/CHILD/SIBLING	10540	IRELAND HOME BASED SERVICES LLC

Service Desc	Service Code	Vendor
VISITATION FACILITATION-PARENT/CHILD/SIBLING	10540	JACQUELINE M JORDAN
VISITATION FACILITATION-PARENT/CHILD/SIBLING	10540	MONROE COUNTY BOARD OF COUNTY COMMISSIONERS
VISITATION FACILITATION-PARENT/CHILD/SIBLING	10540	PARENTING PLUS INC

Prevention Service Array

Region 13

Community Partners for Child Safety

Local Agency Name: Ireland Home Based Services, LLC
Contact Person: Mike Singleton
Address: 1900 W. 3rd St. Bloomington, IN 47404
Phone: (812)330-2780 E-mail: info@ihbs.us

Describe Services Provided: Community Partners for Child Safety is a child abuse prevention center based, service array that is to be delivered in every region in the state through community partnership. This service continuum builds community supports for those families who self identify or are referred by community agency referral to connect families to resources needed to strengthen the family and prevent child abuse and neglect.

Healthy Families Indiana

Agency Name: The Villages of Indiana, Inc. (Monroe County)
Contact Person: Deborah Brewer, Program Director
Address: 2405 N. Smith Pike Bloomington, IN 47404
Phone: (812)333-4717 E-mail: dbrewer@villages.org

Agency Name: The Villages of Indiana, Inc. (Brown County)
Contact Person: Deborah Brewer, Program Director
Address: PO Box 905 Nashville, IN 47448/50 N. Willow St Nashville, IN 47448
Phone: (812)988-1890 E-mail: dbrewer@villages.org

Agency Name: The Villages of Indiana, Inc. (Lawrence County)
Contact Person: Deborah Brewer, Program Director
Address: 2406 G. Street Bedford, IN 47421
Phone: (812)279-1707/(812)279-1767 E-mail: dbrewer@villages.org

Agency Name: Putnam County Family Support Services, Inc. (Owen County)
Contact Person: Cari Cox
Address: 24 W. Washington St. Greencastle, IN 46135
Phone: (765)653-4820 E-mail: pcfss@airhop.com

Agency Name: Hamilton Center, Inc. (Greene County)
Contact Person: Margie Grayless, Manager
Address: 500 8th Avenue, Po Box 4323 Terre Haute, IN 47804
Phone: (812)231-8166 E-mail: mgrayles@hamiltoncenter.org

Describe Services Provided: Healthy Families is a voluntary home visitation program that supports and educates new parents beginning at or before their baby's birth. This program has 3 main goals:

- **To promote positive parenting**
- **To promote and encourage positive child development and health**
- **To prevent child abuse and neglect**

Through the coordinated efforts of hospital maternity wards, prenatal clinics, and other local agencies, Healthy Families systematically identifies families that could benefit from these education and support services either before or after birth. There are 56 Healthy Families sites in Indiana that serve all 92 counties.

First Steps

Agency Name: Aging and Community Services of South Central Indiana (Monroe, Lawrence, Brown)
Contact Person: Becky Haymond
Address: PO Box 2249 Columbus, IN 47202-2249
Phone: (866)644-2454/(812)314-2982 E-mail: http://www.firststepssoutheast.org

Agency Name: Hamilton Center, Inc. (Greene, Owen)
Contact Person: Jennifer Stutler
Address: 500 8th Avenue, Terre Haute, IN 47804
Phone: (877)860-0413/(812)231-8337 E-mail: firststepswestcentral@yahoo.com

Describe Services Provided: First Steps is a family-centered voluntary program designed to provide early intervention services to infants and children with developmental delays or diagnosed conditions that may lead to a developmental delay. A child referred to First Steps may, with parental consent, be assessed and evaluated to determine eligibility for services. Eligibility is determined by a multidisciplinary team and must be re-determined annually.

The goal of First Steps is to assist families in assuring that their children receive services that will meet their future needs. First Steps partners with families to provide a total of 16 services including vision, nutrition, health, family education, training and counseling services. First Steps also offers speech, developmental and occupational therapy.

Indiana Youth Service Bureaus

Agency Name: Youth Services Bureau of Monroe County
County: Monroe
Contact Person: Dave Torneo, MA Clinical Coordinator
Address: 615 S. Adams St. Bloomington, IN 47403
Phone: (812)349-2506 E-mail: yshelter@co.monroe.in.us

Describe Services Provided: Youth Service Bureaus are funded with state funds for the purpose of providing administrative support to those bureaus that deliver services aimed at the prevention of juvenile delinquency. The primary statutory purpose is to provide information and referral to youth and their families, delinquency prevention, community education, and advocacy for youth. There is at least one YSB in every DCS region of the state.

Domestic Violence Intervention

Agency Name: Turning Point (Brown County)
Contact Person: Stephanie Cunningham, Community Services Director
Address: PO Box 103, Columbus, IN 47202-0130
Phone: (812)988-2239 x.12464 E-mail: stephaniecunningham@turningpointdv.org

Agency Name: Middle Way House, Inc. (Greene, Lawrence, Monroe, Owen County)
Contact Person: Toby Strout, Executive Director
Address: PO Box 95 Bloomington, IN 47402-95
Phone: (812)336-0846/(812)333-7404 E-mail: tstrout@middlewayhouse.org

Agency Name: Hoosier Hills PACT/DV Intervention Network (Lawrence County)
Contact Person: Kathy Kuss, Associate Director
Address: 1324 K St. Bedford, IN 47421
Phone: (812)723-5378/(812)844-1662/(888)883-1959 E-mail:

Describe Services: Array of domestic violence services including crisis lines, support groups for women and children, shelter services, day care for women in shelter, and transitional housing.

Brown County Township Trustees

Township: Hamblen
Contact: Phil Stephens
Address: 8120 Cordry Dr. Nineveh, IN 46164
Phone: (317)933-2565

Township: Jackson
Contact: Mindy Weddle
Address: 5765 Carmel Ridge Rd., Morgantown, IN 46160
Phone: (812)988-1013

Township: Van Buren
Contact: Vicki Payne
Address: 4748 Christianburg Rd., Columbus, IN 47201
Phone: (812)988-4020

Township: Washington
Contact: Bryan Gabriel
Address: 2444 E. Old SR 46 Creekstone Apartments, Nashville, IN 47448
Phone: (812)988-6523

Greene County Township Trustees

Township: Beech Creek
Contact: Donald Prow
Address: 4098 N. SR 43 Solsberry, IN 47459
Phone: (812)876-1235

Township: Cass
Contact: Jack F. Johnson
Address: RR 1, PO Box 41, Elnora, IN 47529
Phone: (812)659-2740

Township: Center
Contact: Sheila Workman
Address: 11242 E. SR 54, Bloomfield, IN 47424
Phone: (812)825-3066

Township: Fairplay
Contact: Sharon A. Holtsclaw
Address: RR1, PO Box 63, Switz City, IN 47465

Township: Grant
Contact: Melonie K. Graves
Address: 7255 W. 175 North, Switz City, IN 47465
Phone: (812)659-2077 E-mail: graves@bluemarble.net

Township: Highland
Contact: Sally L. Neill
Address: 7041 Neill Rd. Bloomfield, IN 47424
Phone: (812)876-1741 E-mail: sneill@bluemarble.net

Township: Jackson
Contact: Paul J. Trampke
Address: 3347 S. Old Clifty Rd., Bloomfield, IN 47424
Phone: (812)863-7102 E-mail: pjtrampke@hotmail.com

Township: Jefferson
Contact: Risa R. Dyar
Address: 4422 W. Terre Haute Rd., Worthington, IN 47471
Phone: None Listed

Township: Richland
Contact: Virgil Davis
Address: 200 E. Main St. Suite 2, Po Box 166, Bloomfield, IN 47424
Phone: (812)384-8208

Township: Smith
Contact: Terry Blanton
Address: RR2, PO Box 89, Worthington, IN 47471
Phone: (812)875-3720

Township: Stafford
Contact: Curtis N. Anderson
Address: 6591 S. SR 59, Sandborn, IN 47578
Phone: (812)694-8837

Township: Stockton
Contact: Doris I. Wall
Address: 620 NE. "D" Street, Linton, IN 47441
Phone: (812)847-4208

Township: Taylor
Contact: Charles F. Crouch
Address: 5744 E. Smith Drive, Bloomfield, IN 47424
Phone: (812)863-2820 E-mail: chuckcrouch@bluemarble.net

Township: Washington
Contact: Jay D. Kaho
Address: 470 E. Bogard St., Lyons, IN 47443
Phone: (812)659-2943

Township: Wright
Contact Sue Hubbell
Address: RR1, PO Box 170, Jasonville, IN 47438

Phone: (812)665-2945

Lawrence County Township Trustees

Township: Bono
Contact: Michelle Porter
Address: 1296 Noe Rd., Orleans, IN 47452
Phone: (812)849-3832 E-mail: mporter@bloombank.com

Township: Guthrie
Contact: Nickie R. Hubbard
Address: 1064 Grindstone Hollow Rd., Bedford, IN 47421
Phone: (812)849-9221

Township: Indian Creek
Contact: Ruth Godsey
Address: 918 Old Farm Rd., Bedford, IN 47421
Phone: (812)279-8146

Township: Marion
Contact: Ilene L. Hardman
Address: 903 W. Main St., Mitchell, IN 47446
Phone: (812)849-4254 E-mail: ilenefromin@hotmail.com

Township: Marshall
Contact: D. Susan Evans
Address: 466 Old SR 37 North, Bedford, IN 47421
Phone: (812)279-3754

Township: Perry
Contact: Bob Phillips
Address: 1464 Spencer Pike Rd., Springville, IN 47462
Phone: (812)279-4208

Township: Pleasant Run
Contact: Michael S. Nicholson
Address: 4561 Bartlettsville Rd., Bedford, IN 47421
Phone: (812)834-6813

Township: Shawswick
Contact: Millard Jones
Address: 1212 "I" St. #1, Bedford, IN 47421
Phone: (812)275-2511 E-mail: millardjones72@yahoo.com

Township: Spice Valley
Contact: Sarah E. Hillenburg
Address: 1203 Ridge Rd., Williams, IN 47470
Phone: (812)388-6884

Monroe County Township Trustees

Township: Bean Blossom
Contact: Vera E. Figg
Address: 7322 N. Redhill Rd., Ellettsville, IN 47429
Phone: (812)935-7174 E-mail: vefigg@hotmail.com

Township: Benton
Contact: Heather S. Cohee
Address: 7606 E. SR 45, Unionville, IN 47468
Phone: (812)325-0239 E-mail: hsc5338@gmail.com

Township: Bloomington
Contact: Linda J. Sievers
Address: 2111 W. Vernal Pike, Bloomington, IN 47404
Phone: (812)336-4976 E-mail: lsievers@btfire.org

Township: Clear Creek
Contact: Thelma Kelley Jeffries
Address: 9206 S. Old SR 37, Bloomington, IN 47403
Phone: (812)824-7225 E-mail: Thelma@bluemarble.net

Township: Indian Creek
Contact: Vicky A. Sorensen
Address: 8019 S. Rockport Rd., Bloomington, IN 47403
Phone: (812)824-4981 E-mail: vickyasorensen@gmail.com

Township: Perry
Contact: Dan Combs
Address: 1010 S. Walnut St., Suite A, Bloomington, IN 47401
(812)336-3713 mail: administrator@perrytownship.info

Township: Polk
Contact: Christopher Spiek
Address: 9220 Last Horse Lane, Heltonville, IN 47436
Phone: (812)837-9446

Township: Richland
Contact: J. Martin Stephens
Address: 102 S. Park St., Ellettsville, IN 47439
Phone: (812)876-2509 E-mail: rtt@bluemarble.net

Township: Salt Creek
Contact: David Lane
Address: 7012 Holly Lane, Bloomington, IN 47401
Phone: (812)837-9696 E-mail: dajlane@indiana.edu

Township: Van Buren
Contact: Rita Barrow
Address: 2130 S. Kirby Rd., Bloomington, IN 47403
Phone: (812)825-4490 E-mail: vbtrita@bluemarble.net

Township: Washington
Contact: Barbara Ooley
Address: 7974 Fox Hollow Rd., Bloomington, IN 47408
Phone: (812)876-1158 E-mail: ooleyb@yahoo.com

Owen County Township Trustees

Township: Clay
Contact: Karen Sue Freeman
Address: 5663 SR 43, Spencer, IN 47460
Phone: (812)876-1200 E-mail: claytwpfire@bluemarble.net

Township: Franklin
Contact: Leroy O. Gentry
Address: 5725 Gentry Rd., Freedom, IN 47431
Phone: (812)829-2192

Township: Harrison
Contact: Robert E. Janke
Address: 9827 Cooper Rd., Gosport, IN 47433
Phone: (812)879-4929 E-mail: rejok1943@aol.com

Township: Jackson
Contact: Janet (Gandy) Paris
Address: 7751 Lower Cliff Rd., Poland, IN 47868
Phone: (812)986-2986

Township: Jefferson
Contact: Mary F. Hochstetler
Address: 14693 Stockton Rd., Coal City, IN 47427
Phone: (812)859-4185 E-mail: hodge@iendeavor.com

Township: Jennings
Contact: Susan Nichols
Address: 10178 Buckskin Rd., Poland, IN 47868
Phone: (765)795-6546 E-mail: nicholsr@ccrtc.com

Township: Lafayette
Contact: Lois Bixler
Address: 6559 Vandalia Rd., Spencer, IN 47460
Phone: (812)859-3852

Township: Marion

Contact: James J. Elliott
Address: 13800 Stephens Rd., Bowling Green, IN 47833
Phone: (812)859-4695

Township: Montgomery
Contact: Sue M. Carpenter
Address: 5826 Rocky Hill Dr., Spencer, IN 47460
Phone: None Listed

Township: Morgan
Contact: Patricia A. Flowers
Address: 7101 Beamer Station Rd., Poland, IN 47868
Phone: (812)829-9583 E-mail: daltonflowers@sbcglobal.net

Township: Taylor
Contact: Mark A. McCammon
Address: 217 N. Cataract Rd., Cloverdale, IN 46120
Phone: (765)795-6163 E-mail: markfnis@ccrtc.com

Township: Washington
Contact: Patty A. Edwards
Address: 40 S. East St., Spencer, IN 47460
Phone: (812)829-4098 E-mail: pattyedwards@att.net

Township: Wayne
Contact: Kyle Hall
Address: 119 Church St., Gosport, IN 47433
Phone: (812)821-0765 E-mail: llahelyk@yahoo.com

Other Prevention Services

CAP Agencies
Agency: South Central Community Action Program (CAP) (Brown, Owen, Monroe)
Address: 1500 W. 15th St., Bloomington, IN 47404
Phone: (812)339-3447

Agency: Wabash Valley Human Services (CAP) (Greene)
Address: PO Box 687/ 525 N. 4th St., Vincennes, IN 47591
Phone: (812)882-7927

Agency: Hoosier Uplands Economic Development Corp. (Lawrence)
Address: 521 W. Main St., Mitchell, In 47446
Phone: (812) 849-4457

Describe Service: The Energy Assistance Program provides financial assistance to low-income households to maintain utility services during the winter heating season. The program is implemented through the

Community Action Agencies with outreach offices in every county. These agencies provide intake, application processing and utility vendor payments.
Emergency Shelters: (See Appendix)

Greene County
Roosevelt Mission, Inc.
Hope Housing and Restoration Center
Open Arms Christian Ministries

Monroe County
Backstreet Missions
Middle Way House
Shalom Community Center Day Shelter
Martha's House
Stepping Stones, Inc.
Youth Shelter

Section 8: (See Appendix)

Agency: South Central Community Action Program (Brown, Monroe, Owen)
Agency: Bloomfield Housing Authority (Greene)
Agency: Jasonville Housing Authority (Greene)
Agency: Linton Housing Authority (Greene)
Agency: Bedford Housing Authority (Lawrence)
Agency: Bloomington Housing Authority (Monroe)
Agency: Bridges Program (Monroe)

Food Pantries: (See Appendix)

Brown County: Salvation Army, St. Vincent DePaul, Brown County Food Pantry, Mother's Cupboard, Shepherd of the Hills Lutheran Church, Sycamore Valley Senior Center

Greene County: Roosevelt Missions, American Red Cross, Family Life Center of Greene County, Bloomfield Baptist Church, Solsberry Christian Church, St. Peter's Roman Catholic Church, Saron Church of Christ, Jasonville Assembly of God, Lebanon Baptist Church, Sonshine Shop, Meal Ministry, Generations

Lawrence: Bedford Community Care Center, God's Place, Indiana Indian Movement, LIFE Bedford, LIFE Mitchell, Mitchell Wesleyan Church, Salvation Army Bedford, St. Vincent De Paul Society, Church of Christ (Mitchell)

Monroe: Backstreet Missions, Monroe County United Ministries, Salvation Army, House of Prayer, Mother Hubbards Cupboard, Community Kitchen of Monroe Co, Inc, Meals on Wheels, Shalom Center, Geno'

Clothing/Household Goods: (See Appendix)

Brown County: St. Vincent DePaul, Salvation Army, Brown County Community Closet, Brown County Presbyterian Fellowship, Pregnancy Care Center

Greene County: American Red Cross, Ministerial Association, Family Life Center, Wabash Valley Human Services
Lawrence County: Girls Club Clothing, St. Vincent De Paul, LIFE Bedford, Regenerate (Mitchell)

Monroe County: Salvation Army, Monroe County United Ministries, St. Vincent De Paul Society, Goodwill Industries, Opportunity House, My Sister's Closet

Owen County: Salvation Army, American Red Cross, R-BB Family Store, Reborn Clothing, Cornerstone Bible Church

Legal Services: (See Appendix)

Brown County: Indiana Legal Services, Legal Aid District 11, Turning Point Legal Advocate

Greene County: Indiana Legal Services, Middle Way House

Lawrence County: Indiana Legal Services, Middle Way House, Hoosier Hills PACT

Monroe County: Indiana Legal Services, IU Community Legal Clinic, Protective Order Project, Middle Way House

Owen County: Indiana Legal Services, Protection Advocacy & Support, Middle Way House

Transportation: (See Appendix)

Brown County: CAP Medical Van, Brown County Public Transit (Access), Classic Medicab Transportation, Hoosier Healthwise

Greene County: Ride Solutions, Ministerial Association, MedExpress, J&S Medicab, Classic Medicab Transportation, Hoosier Healthwise

Lawrence County: Rural Transit, Bedford Public Transportation, Hoosier Healthwise, Classic Medicab Transportation

Monroe County: Bloomington Transit, Rural Transit, IU Transit, Yellow Taxi, Assisted Medical Transport (Bloomington Hospital), Reliable Medicab, Morgan Transportation, J&S Medicab, Hoosier Healthwise, Classic Medicab Transportation

Owen County: Cunot Community Center, Rural Transit, Classic Medicab Transportation, J&S Medicab, Hoosier Healthwise

Family and Youth Services: (See Appendix)

Brown County: Childhood Connections, Childcare Voucher Program, Head Start, Pregnancy Care Center, WIC, Big Brothers/Big Sisters, Boy Scouts of America, Purdue Extension Office, Brown County YMCA, Brown County Parks and Recreation

Greene County: Head Start, Step Ahead, Greene County WIC Program, Crisis Pregnancy Center, Purdue Extension Office

Lawrence County: CASY Fund, WIC, Head Start, Boys Club, Girls Club, Purdue Extension Office, Problem Pregnancy Center

Monroe County: CASY Fund, Head Start Program, MCCSC Program, Children's Village, WIC, Big Brothers/Big Sisters of Monroe County, Boy Scouts of America, Boys and Girls Club, Girl Scouts, Girls Inc. of Monroe County, Banneker Center, Purdue Extension Office, Rhino's Youth Media Center, Stepping Stones Inc, Family Resource Centers, Monroe County Extension Office, City of Bloomington Parks and Recreation, Monroe County YMCA, Catholic Social Services, IU Center for Human Growth, Family Services Association of Monroe County

Owen County: CASY Fund, Head Start, Big Brothers/Big Sisters, Boy Scouts of America, Purdue Extension Office, YMCA, Owen County Learning Network

Disability Services: (See Appendix)

Abilities Unlimited (Brown, Greene, Lawrence, Monroe, Owen)
Center for Disability Information and Referral (Brown, Greene, Lawrence, Monroe, Owen)
Stone Belt (Brown, Greene, Lawrence, Monroe, Owen)
Options for Better Living (Brown, Greene, Lawrence, Monroe, Owen)
Vocational Rehabilitation Services (Brown, Greene, Lawrence, Monroe, Owen)
First Steps (Brown, Green, Lawrence, Monroe, Owen)
Four Rivers Resource Services Inc (Greene)
Greene County Developmental Services (Greene)
Greene-Sullivan Special Education Coop (Greene)

BROWN	
	Emergency Shelters
	Turning Point Domestic Violence Shelter.....(800)221-6311
	*refer to other counties
	Section 8
	South Central Community Action Program (CAP).....(812)988-6636
	Public Housing & Income Based Housing
	*No public housing
	Affordable Housing

GREENE COUNTY	
	Emergency Shelters
	Roosevelt Mission, Inc. (men, women & children).....(812) 847-8110
	Hope Housing and Restoration center (women & children).....(812) 219-1332 Or (812)345-9741
	Open Arms Christian Ministries.....(812)659-2533
	Section 8
	Bloomfield Housing Authority.....(812) 384-8866
	Jasonville Housing Authority.....(812)665-3692
	Linton Housing Authority.....(812) 847-8254
	Public Housing & Income Based Housing
	Bloomfield Housing Authority.....(812) 384-8866
	Linton Housing Authority.....(812) 847-8254
	Camelot Court of Linton (1 bedroom).....(812) 847-7466
	Prima Estates (2,3 & 4 bedroom).....(812) 847-7145
	Affordable Housing

LAWRENCE	
	Emergency Shelters
	*refer to other counties
	Section 8
	Bedford Housing Authority.....(812) 279-2356
	Public Housing & Income Based Housing
	Rainbow Hills Apartments (1&2 bedrooms).....(812) 279-9677
	South Central Housing (disabled, 1 bedroom).....(812) 275-8456
	DVIN- Hoosier Hills PACT.....(812) 279-4099
	Affordable Housing

HOUSING

MONROE COUNTY

Emergency Shelters	
Backstreet Missions:	
• Upper Room Shelter (for men)	(812) 333-1905
• Agape House (women & children)	(812) 334-4047
Middle Way House: Domestic abuse(women & children)	(812) 333-7404
Shalom Community Center Day Shelter 8am-4pm	
• (men, women & children)	(812) 334-5728 Or (812) 334-5734
Martha's House (men and women)	(812)332-1444
Stepping Stones, Inc. (youth 16-20years)	(812) 339-9771
Youth Shelter	(812)349-2506
Section 8	
Bloomington Housing Authority	(812)339-3491
South Central Community Action Program (CAP)	(812)339-3447
Bridges Program	(812)332-1444
Public Housing & Income Based Housing	
Bloomington Housing Authority	(812)339-3491
Henderson Court (1,2 & 3 bedrooms)	(812)339-3088
Woodbridge Apartments (2 bedrooms)	(812)337-3501
The Rise (women and children only)	(812)337-4510
Ellettsville Apartments (1&2 bedrooms)	(812) 876-2563
School View Apartments (1&2 bedrooms)	(812) 876-7311
Heatherwood Mobile Home Park	(812)825-7441
Affordable Apartments	
Arbor Glen Apartments	(812)339-3980
Arlington Park Apartments	(812)323-2001
Bicycle Apartments	(812)339-1584
Canterbury House Apartments	(812)332-7522
Country View Apartments	(812)336-0377
Glen Arbor Apartments	(812)339-3980
Oakdale Square Apartments	(812)332-7289
Orchard Glen Apartments	(812)332-9177
Renaissance Rentals Properties	(812)323-8021
Woodland Springs Apartments	(812)336-5603

OWEN COUNTY

Emergency Shelters
*refer to other counties
Section 8
South Central Community Action Program (CAP).....(812)829-2279
Public Housing & Income Based Housing
Sweet Owen Manor II (1 bedroom).....(812) 829-7716
Williamsburg Apartments (1&2 bedroom).....(812)829-4028
Pine Apartments.....(812)829-4171
Kingston Ridge Apartments.....(812)879-5912
Affordable Housing
Landlords • Naomi Dean.....(812)829-2063 • Mary Rice.....(812)829-4562 • Steve Withem.....(812)829-4043 • Gary Hardesty.....(812)876-7842 • Millie Renard.....(812)829-2611 • Don Terrell.....(812)876-7776 • Coy McMillian.....(812)961-3809 • James West.....(812)829-3901 • Richard Parrish....(812)829-2064 • William Kothe.....(812)876-2990

OTHER SHELTERS

Well Spring (family shelter), Morgan Co.....(765) 342-6661
Anchor House (families w/children), Jackson Co.....(812) 522-9308
Horizon House & The Yellow House (families and singles).....(812)372-8407 -Bartholomew County
A-Way Home Shelter (men, women, children), Putnam Co.....(765)653-9734
Knox Co. Task Force Against Domestic Violence/ Harbor House, - Knox Co..... (812)882-7900

FOOD PANTRIES & HOT MEALS

BROWN COUNTY

Pantries	
Salvation Army	(812)988-7019
St. Vincent De Paul	(812)988-8821
Brown County Food Pantry	(812)988-0972
Mother's Cupboard	(812)988-8038
Shepherd of the Hills Lutheran Church	(812)988-8057

Hot Meals	
Mother's Cupboard	(812)988-8038
Sycamore Valley Senior Center	(812)988-0326

GREENE COUNTY

Pantries	
Roosevelt Missions	(812)847-8110
American Red Cross	(866) 932-3393
Family Life Center of Greene County	(812)384-1639
Bloomfield Baptist Church	(812)384-8459
Solsberry Christian Church	(812)825-5222
St. Peter's Roman Catholic Church	(812)847-7821
Saron Church of Christ	(812)847-4912
Jasonville Assembly of God	(812)665-2279
Lebanon Baptist Church	(812)665-2018
Sonshine Shop	(812)875-2286

Hot Meals	
Meal Ministry	(812)384-8747
Generations	(812)888-5880
Roosevelt Missions	(812)847-8110

LAWRENCE COUNTY

Pantries	
Bedford Community Care Center	(812)275-0535
God's Place	(812)755-4449
Indiana Indian Movement	(812)279-2335
LIFE Bedford	(812)279-4442
LIFE Mitchell	(812)849-2111
Mitchell Wesleyan Church	(812)849-3033
Salvation Army Bedford	(812)275-5429
St. Vincent De Paul Society	(812)279-8555
Church of Christ (Mitchell)	(812)849-3857

Hot Meals

MONROE COUNTY

Pantries	
Backstreet Missions	(812)333-1905
Monroe County United Ministries	(812)339-3429
Salvation Army	(812)336-4310
House of Prayer	(812)876-9002
Mother Hubbards Cupboard	(812)355-6843

Hot Meals	
Community Kitchen of Monroe Co, Inc (dinner)	(812)332-0999
Meals on Wheels	(812)323-4982
Shalom Center (breakfast)	(812)334-5728
Geno's Cafeteria (lunch&dinner)	(812)333-1905
Community Kitchen Express	(812)332-0999

OWEN COUNTY

Pantries	
Cunot	(765)795-3461
The Mark	(812)829-2980
Galilee Church Ministries	(765)795-4255
Spencer Presbyterian Church	(812)829-0940
Lighthouse Tabernacle	(812)829-2615

Hot Meals

FINANCIAL ASSISTANCE

BROWN COUNTY	
*Township Trustees....refer to Trustee Guide for contact info	
South Central Community Action Program (CAP)	(812)988-6636
Brown County Presbyterian Fellowship	(812)988-9764
Salvation Army	(812)988-7019
Brown County Community Closet	(812)988-6003
Prescription Medication Financial Assistance	(866)267-4679
AT&T "Lifeline" Program	(888)285-7983

GREENE COUNTY	
*Township Trustees....refer to Trustee Guide for contact info	
Ministerial Association	
• Worthington	(812)875-2126
• Linton	(812)847-2319
• Jasonville	(812)665-2279
• Central Greene	(812)384-8459
• Eastern Greene	(812)825-5222
Family Life Center	(812)384-1639
Pace Community Action Agency	(812)847-2237
Prescription Medication Financial Assistance	(866)267-4679
AT&T "Lifeline" Program	(888)285-7983

LAWRENCE COUNTY	
*Township Trustees....refer to Trustee Guide for contact info	
Salvation Army	(812)275-5429
AT&T "Lifeline" Program	(888)285-7983
Prescription Medication Financial Assistance	(866)267-4679
St. Vincent De Paul	(812)279-8555
Hoosier Uplands Bedford	(812)279-0412
Hoosier Uplands Mitchell	(812)849-4457
LIFE Bedford	(812)279-4442
LIFE Mitchell	(812)849-2111

MONROE COUNTY	
*Township Trustees....refer to Trustee Guide for contact info	
Backstreet Missions	(812)333-1905
Monroe County United Ministries	(812)339-3429
Salvation Army	(812)336-4310
South Central Community Action Program (CAP)	(812)339-3447
Vincent De Paul Society	(812)961-1510
Shalom Center	(812)334-5728
Prescription Medication Financial Assistance	(866)267-4679
Credit Counseling	(812)336-6083
AT&T "Lifeline" Program	(888)285-7983

OWEN COUNTY	
*Township Trustees....refer to Trustee Guide for contact info	
Cunot Community Center	(765)795-3461
South Central Community Action Program (CAP)	(812)829-2279
Credit Counseling	(812)336-6083
Prescription Medication Financial Assistance	(866)267-4679
AT&T "Lifeline" Program	(888)285-7983

BROWN COUNTY

Alcohol & Drug Treatment	
Alcoholics Anonymous	(800)589-8153
Family Planning & Support Services	
Crisis Pregnancy Center	(812)988-4500
Women Infant & Children	(812)988-6792
Behavioral & Mental Health	
Centerstone	(812)988-2258
Physical Health	
Brown County Health Support Clinic	(812)988-6678
Public Health Nursing	(812)988-2255

GREENE COUNTY

Alcohol & Drug Treatment	
Greene County Alcohol & Drug Counseling	(800)589-8153
Alcoholics Anonymous	(812)235-2228
• Linton (Saron United Christian Church)	(812)847-4911
• Bloomfield (Family Life Center)	(812)384-1639
Family Planning & Support Services	
Crisis Pregnancy Center	(812)334-0104
Greene County WIC Program	(812)659-3707
Problem Pregnancy Center	(812)847-4611
Behavioral & Mental Health	
Debra Corn Agency/ Best Way Counseling	(812)384-8253
Hamilton Center	(812)847-4435
Open Arms Christian Ministries	(812)659-2533
Roosevelt Mission	(812)847-8110
Physical Health	
Greene County Home Health Care	(812)847-9496
Health Department	(812)384-4496

HEALTH SERVICES

LAWRENCE COUNTY

Alcohol & Drug Treatment	
Centerstone	(812)279-3591
Alcoholics Anonymous	(800)589-8153
Family Planning & Support Services	
Pregnancy Care Center	(812)275-2827
WIC	(812)279-6222
Planned Parenthood	(812)279-3527
Behavioral & Mental Health	
Centerstone	(812)279-3591
Stone City	(812)279-4673
Physical Health	

MONROE COUNTY

Alcohol & Drug Treatment	
Alcoholics Anonymous	(812)334-8191
Amethyst House	(812)336-3570
Centerstone	(812)339-1691
Family Planning & Support Services	
Crisis Pregnancy Center	(812)334-0104
Hannah House Maternity Home	(812)334-2662
Future Clinic	(812)349-7343
Planned Parenthood	(812)336-0219
Women, Infant & Children (WIC)	(812)353-2901
Behavioral & Mental Health	
Family Services Association/Oak Tree Counseling	(812) 339-1551
Catholic Charities	(812)332-1262
Centerstone	(812)339-1691
Meadows Hospital	(812)331-8000
Milestones	(812)333-6324
Adolescent & Family Counseling Center (Youth Services Bureau)	(812)349-2796
Physical Health	
Volunteers in Medicine (VIM) Clinic	(812)353-3533
Dental Care Center of Monroe County	(812)339-7700
Positive-Link	(812)353-2901
Community Health Services	(812)353-2901
Community Eye Care Center	(812)855-1671

OWEN COUNTY	
Alcohol & Drug Treatment	
Alcoholics Anonymous	(800)589-8153
Centerstone	(812)829-4871
Family Planning & Support Services	
Crisis Pregnancy Center	(812)829-2229
Owen County Center for Women's Ministries	(812)829-0477
Women, Infant & Children (WIC)	(812)829-0303
Behavioral & Mental Health	
Centerstone	(812)829-4871
Hamilton Center	(812)829-0037
Physical Health	
Cunot Community & Senior Center	(765)795-3461
Gosport Dental Clinic	(812)879-4216
Owen County Health Services Clinic	(812)829-0303
Johnson Nichols Health Clinic	(812)823-0303

EMPLOYMENT

BROWN COUNTY	Brown County Career Resource Center.....(812)988-5880
	WorkOne.....(812)988-6315

GREENE COUNTY	Experience Works.....(812)522-7930
	Indiana WorkOne.....(812)847-4479

LAWRENCE COUNTY	Employment Plus.....(812)279-5070
	WorkOne.....(812)279-4400

MONROE COUNTY	
	JobLinks Program of RSVP & Shalom.....(812)334-5728
	WorkOne.....(812)331-6000
	-Vocational Rehabilitation Services..... (812)332-7331

OWEN COUNTY	WorkOne.....(812)829-6511
	-Vocational Rehabilitation Services..... (812)332-7331
	S-O Economic Development Corporation.....(812)829-3245

BROWN COUNTY	Brown County Community School Corporation	(812)988-6601
	Brown County Literacy Coalition	(812)988-6960
	Brown County Public Library	(812)988-2850
	Career Resource Center	(812)988-5880

GREENE COUNTY	Bloomfield School District	(812)384-4507
	Eastern Greene District	(812)825-5622
	Linton-Stockton School District	(812)847-6020
	Shakamack School District	(812)665-3550
	White River Valley School District	(812)659-2274
	Greene County Community Learning Center	(812)659-3862
	Greene County Literacy Coalition	(812)384-4125
	Turning Point High School	(812)659-2235
	Greene-Sullivan Special Education Group	(812)847-8497
	PACE Head Start	(812)847-2237
	Greene Academy (Jr. High)	(812)659-1300

LAW CO.	North Lawrence Community Schools	(812)279-3521
	Mitchell Community Schools	(812)849-4481
	Community Learning Center	(812)277-9251
	WorkOne (GED Classes with Jan Armstrong)	(812)279-4400

MONROE COUNTY	Monroe County School Corporation	(812)330-7700
	o Broadview Learning Center	(812)330-7731
	Richland Bean Blossom Community School Corporation	(812)876-7100
	Aurora Alternative High School	(812)330-7837
	Harmony School	(812)334-8349
	Ivy Tech Community College	(812)332-1559
	Indiana University Continuing Studies	(812)855-4991
	Monroe County Public Library, VITAL Program	(812)349-3175
	The Pinnacle School	(812)339-8141

OWEN COUNTY	Forest Hills Special Education Cooperative	(812)876-6325
	Spencer-Owen Community School Corporation	(812)829-2233
	Owen County Learning Network	(812)829-5869
	Cloverdale Community School Corporation	(765)795-4664
	Owen County Public Library	(812)829-3392

CLOTHING & HOUSEHOLD GOODS

BROWN COUNTY	St. Vincent De Paul	(812)988-8821
	Salvation Army	(812)988-7019
	Brown County Community Closet	(812)988-6003
	Brown County Presbyterian Fellowship	(812)988-9764
	Pregnancy Care Center	(812)988-4500

GREENE COUNTY	American Red Cross	(866)932-3393
	Ministerial Association	
	• Worthington	(812)875-2126
	• Linton	(812)847-2319
	• Jasonville	(812)665-2279
	• Central Greene	(812)384-8459
	• Eastern Greene	(812)825-5222
	Family Life Center	(812)384-1639
	Wabash Valley Human Services	(812)847-2237

LAW CO.	Girls Club Clothing	(812)279-6123
	St. Vincent De Paul	(812)279-8555
	LIFE Bedford	(812)279-4442
	Regenerate (Mitchell)	(812)849-0470

MONROE COUNTY	Backstreet Missions Thrift Store	(812)961-3903
	Salvation Army	(812)336-4310
	Monroe County United Ministries	(812)339-3429
	St. Vincent De Paul Society	(812)961-1510
	Goodwill Industries	(812)336-8104
	Opportunity House	(812)336-2443
	My Sister's Closet	(812)355-6842

OWEN COUNTY	Salvation Army	(812)829-3977
	American Red Cross	(812)829-9233
	R-BB Family Store	(812)876-6292
	Reborn Clothing	(812)829-1426
	Cornerstone Bible Church	(812)828-9579

BROWN	Indiana Legal Services.....(812)339-7668
	Legal Aid-District 11.....(812)378-0358
	Turning Point Legal Advocate.....(800)221-6311

GREENE COUNTY	Indiana Legal Services.....(812)339-7668
	Middle Way House.....(812)336-0846

LAW CO.	Indiana Legal Services.....(812)339-7668
	Middle Way House.....(812)336-0846
	Hoosier Hills PACT.....(888)883-1959

MONROE COUNTY	
	Indiana Legal Services.....(812)339-7668
	IU Community Legal Clinic.....(812)855-9229
	Protective Order Project.....(812)855-4800
	Middle Way House.....(812)336-0846

OWEN COUNTY	Indiana Legal Services.....(812)339-7668
	Protection Advocacy & Support.....(800)622-4845
	Middle Way House..... (812)336-0846

TRANSPORTATION

BROWN COUNTY	CAP Medical Van.....(812)988-6636
	Brown County Public Transit (Access).....(866)988-5523
	Classic Medicab Transportation.....(866)663-9990
	Hoosier Healthwise.....(866)408-6131

GREENE COUNTY	Ride Solutions.....(877)-369-8899
	Ministerial Association
	• Worthington.....(812)875-2126
	• Linton.....(812)847-2319
	• Jasonville.....(812)665-2279
	• Central Greene.....(812)384-8459
	• Eastern Greene.....(812)825-5222
	MedExpress.....(800) 536-1881
	J&S Medicab.....(812)254-7244
	Classic Medicab Transportation.....(866)663-9990
	Hoosier Healthwise.....(866)408-6131

LAWRENCE COUNTY	
	Rural Transit.....(812)277-9615
	Bedford Public Transportation.....(812)275-1633
	Hoosier Healthwise.....(866)408-6131
	Classic Medicab Transportation.....(866)663-9990

MONROE COUNTY	Bloomington Transit.....(812)336-7433
	Rural Transit.....(812)876-1079
	Yellow Taxi.....(812)339-9744
	Assisted Medical Transport (Bloomington Hospital).....(812)220-2427
	Reliable Medicab.....(866)277-7111
	Morgan Transportation.....(812)939-3405
	J&S Medicab.....(812)254-7244
	Hoosier Healthwise.....(866)408-6131
	Classic Medicab Transportation.....(866)663-9990

OWEN COUNTY	Cunot Community Center.....(765)795-3461
	Rural Transit.....(812)829-6066
	Classic Medicab Transportation.....(866)663-9990
	J&S Medicab.....(812)254-7244
	Hoosier Healthwise.....(866)408-6131

BROWN COUNTY

Pre-School Age	
Childhood Connections	(866)693-0672
Childcare Voucher Program	(812)988-7686
Healthy Families	(812)988-1890
Head Start	(812)988-6630
First Steps	(866)644-2454
Pregnancy Care Center	(812)988-4500
WIC	(812)988-6792
Grade School Age	
Big Brothers/ Big Sisters	(812)988-8170
Boy Scouts of America	(812)336-6809
Purdue Extension Office (4-H)	(812)988-5495
Teenagers	
Family	
Brown County YMCA	(812)988-YMCA
Brown County Parks And Recreation	(812)988-5522

GREENE COUNTY

Pre-School Age	
Head Start	
• Bloomfield	(812)384-0343
• Jasonville	(812)665-9521
• Linton	(812)847-7687
Step Ahead	(812)384-1639
Greene County Healthy Families	(812)847-9622
Greene County WIC Program	(812)659-3707
First Steps	(877)860-0413
Crisis Pregnancy Center	(812)334-0104
Grade School Age	
Purdue Extension Office (4-H)	(812)659-2122
Teenagers	
Family	

FAMILY & YOUTH SERVICES

LAWRENCE COUNTY

Pre-School Age	
CASY Fund	(800)886-3952
WIC	(812)279-6222
Healthy Families	(812)279-1707
First Steps	(866)644-2454
Head Start	(812)279-0412
Grade School Age	
Boys Club	(812)275-2235
Girls Club	(812)279-6123
Purdue Extension Office (4-H)	(812)275-4623
Teenagers	
Family	
Problem Pregnancy Center	(812)275-2827

MONROE COUNTY

Pre-School Age	
CASY Fund	(800)886-3952
Head Start Program	(812)334-8350
MCCSC Program	(812)330-7702
Healthy Families	(812)961-2500
First Steps	(866)644-2454
Children's Village	(812)355-4881
Women, Infant & Children (WIC)	(812)353-2901
Grade School Age	
Big Brother/ Big Sisters of Monroe County	(812)334-2828
Boy Scouts of America	(812)336-6809
Boys and Girls Club (downtown)	(812)332-5311
(Crestmont club)	(812)336-6501
Girl Scouts	(812)336-6804
Girls Inc. of Monroe County	(812)336-7313
Banneker Center	(812)349-3735
Purdue Extension Office (4H)	(812)349-2575
Teenagers	
Rhino's Youth Media Center	(812)333-3430
Youth Services Bureau	(812)349-2796
-Monroe County Youth Shelter	(812)349-2506
Stepping Stones, Inc	(812) 339-9771
Family	
Family Resource Centers:	
o Summit/Banneker/Broadview	(812)330-2011
o Edgewood Primary School	(812)876-9600
o Templeton-Shalom	(812)330-7735
Monroe County Extension Office	(812)349-2575
City of Bloomington Parks and Recreation	(812)349-3700
Monroe County YMCA	(812)332-5555
Catholic Social Services	(812)332-1262
IU Center for Human Growth	(812)856-8302
Family Service Association of Monroe County	(812)339-1551

OWEN COUNTY

Pre-School Age	
CASY Fund	(800)886-3952
Head Start	(812)829-4580
Healthy Families	(765)653-4820
Grade School Age	
Big Brothers/ Big Sisters	(812)828-9331
Boy Scouts of America	(812)336-6809
Purdue Extension Office (4-H)	(812)829-5020
Teenagers	
Monroe County Youth Shelter	(812)349-2506
Family	
YMCA	(812)828-YMCA
Owen County Learning Network	(812)829-5869

DISABILITY SERVICES

BROWN COUNTY	
Abilities Unlimited	(812)332-1620
Center for Disability Information and Referral	(812)855-9396
Stone Belt	(812)332-2168
Options for Better Living	(812)332-9615
Vocational Rehabilitation Services	(812)332-7331
First Steps	(866)644-2454

GREENE COUNTY	
Abilities Unlimited	(812)332-1620
Center for Disability Information and Referral	(812)855-9396
Stone Belt	(812)332-2168
Options for Better Living	(812)332-9615
Vocational Rehabilitation Services	(812)332-7331
Four Rivers Resource Services, Inc	(812)847-2231
Greene County Developmental Services	(812)659-2197
Greene-Sullivan Special Education Coop	(812)847-8497
First Steps	(877)860-0413

LAWRENCE COUNTY	
Abilities Unlimited	(812)332-1620
Center for Disability Information and Referral	(812)855-9396
Stone Belt	(812)332-2168
Options for Better Living	(812)332-9615
Vocational Rehabilitation Services	(812)332-7331
First Steps	(866)644-2454

MONROE COUNTY	
Abilities Unlimited	(812)332-1620
Center for Disability Information and Referral	(812)855-9396
Stone Belt	(812)332-2168
Options for Better Living	(812)332-9615
Vocational Rehabilitation Services	(812)332-7331
First Steps	(866)644-2454

OWEN COUNTY	
Abilities Unlimited	(812)332-1620
Center for Disability Information and Referral	(812)855-9396
Stone Belt	(812)332-2168
Options for Better Living	(812)332-9615
Vocational Rehabilitation Services	(812)332-7331
First Steps	(877)860-0413

Region 13 Barriers to Service Responses

0 = County did not contract / no providers exist
1 = Lack of office or staff person located in county or limited hours
2 = Lack of local telephone number or 800 number to contact direct service staff
3 = Waiting list if provider is unable to contact family within required number of days per Service Standard
4 = Lack of options of service providers
5 = Language/Cultural barriers (insufficient bi-lingual staff, paid confidential interpreters of services provided to non-English speakers and interpreters who can sign)
6 = Lack of transportation (public or otherwise) if the service is only available in office
7 = Lack of handicap accessibility (if the service is only available in office)
8 = Quality of service not available
9 = Not identified as a priority

#	Service Description	Browne	Greene	Lawrence	Monroe	Owen
1	Adoption – Family Preparation / Home Study		4	1		
2	Adoption Child Preparation					
3	Care Network	0	6	3		4
4	CHINS Parent Support Services	4	6	0	0	0
5	Counseling	6	6	4		6
6	Cross-System Care Coordination	6	4	6		6
7	Day Reporting / Treatment Programs	4, 9	0	4		4, 6
8	Detoxification Services	4	0	0	0	0, 4
9	Diagnostic and Evaluation Services	6	6	6	3	1, 4, 6
10	Domestic Violence Batterers Intervention Services	6	6	1	4	
11	Domestic Violence Survivor and Child Intervention	6	6	1		4
12	Drug Testing and Supplies					
13	Father Engagement Programs					
14	Foster Home Studies / Updates / Re-licensing	0		0		
15	Functional Family Therapy		6	4		

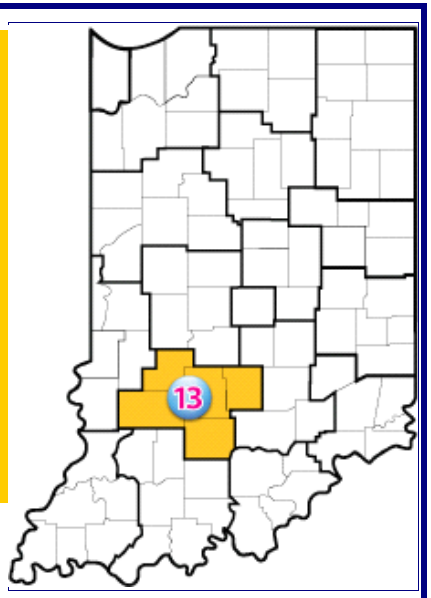
#	Service Description	Browne	Greene	Lawrence	Monroe	Owen
16	Home-Based Family Centered Casework Services			4		
17	Home-Based Family Centered Therapy Services			4		
18	Homemaker / Parent Aid			4		
19	Outpatient Substance Use Treatment	6	6	4		6
20	Parent Education	6		4		
21	Parenting / Family Functioning Assessment	0		4		
22	Quality Assurance for Children in Residential	4, 9	0	0	0	
23	Random Drug Testing	4	4	4	4	4
24	Residential Substance Use Treatment	4	0	0	0	0, 4
25	Resource Family Support Services					
26	Sex Offender Treatment	4	4	4	4	4
27	Substance Use Disorder Assessment	6	6	4		6
28	Support Group Services for Resource Families	0				0
29	Transitions from Restrictive Placements	4, 9		4		
30	Truancy Termination	0	0	4	0	0
31	Tutoring / Literacy Classes		0	1, 4	9	
32	Visitation Facilitation					
33	Affordable child/day care	1, 4	3, 4, 6, 8	4	0, 3	4, 8
34	Sex education / teen pregnancy prevention	4	1, 3, 6	3, 6	0	1, 2, 4, 6
35	Adult-child mentoring programs		4, 6	4	3	4, 6
36	After-school, recreational, or youth development	6	4, 6	1		0, 1
37	Support services for lesbian, gay, bi-sexual, transgender,		6	0		0
38	Outreach services for at-risk children and adults from	4	6	0		0

#	Service Description	Browne	Greene	Lawrence	Monroe	Owen
39	Programs for parents who are in the process of divorce		6	1	4	4, 6
40	Alcohol, tobacco, and other chemical dependency	4	6	4		4, 6
41	Inpatient mental health treatment services -	1	0, 6	0		0, 6
42	Early childhood education / preschool programs		4, 6	1		3, 6
43	Early childhood intervention / identification of		3, 6	1		4, 6
44	Special Education			1		
45	Support programs for teen parents / pregnant teens to	1, 4, 6	6	0		0
46	Job retraining, employment preparation / search /	6	6	1		4, 6
47	Low-income health services/clinics - children	6	0, 6	1	3	6
48	Low-income health services/clinics - adults	6	0, 6	1	3	6
49	Dental care for low-income adults / children / youth	4, 6	0, 6	1	3	0, 6
50	Family shelters for the homeless	1, 4, 6	0	0	0	0, 6
51	Safe, affordable low-income housing	3, 4	3	3		0, 3, 6
52	Food and nutrition resources (e.g. food pantry)	6	6	3		6
53	Assistance with clothing and household goods	6	4, 6	3		6
54	Emergency financial assistance (e.g. utilities,	6	4, 6	1		4, 6
55	Transportation assistance (formal or informal) so	6	6	3		0
56	Gang prevention services	9	9	9	9	9
57	Translation services	5	0	0		

INDIANA DEPARTMENT OF CHILD SERVICES

Protecting our children, families and future

Department of Child Services
Practice Indicator Reports
For January 2011



Region 13
January 2011

Data in the report (both historical and current) may be subject to change as it is continually being validated and updated. This may result in statistical data in previous reports to be inconsistent with statistics found in more recent reports even when the data pertain to the same time period.

Published
February 2011

DCS Practice Indicator Report
Initial Assessment - Use of Substitute Care

For January 2011

Report Description

This report uses data collected over a rolling three month period ending with the current report month. The graphs and numbers for historical months also use a rolling three month period ending with the historical month listed.

Reports Taken – This section has data regarding the reports taken during the three month period ending with the report month.

Count – This is the total number of reports of abuse or neglect that are entered into ICWIS during the period ending with the report month.

Percent Resulting in Screen Outs – This is the percentage of reports that are screened out divided by the total reports taken during the period ending with the report month.

Assessments Substantiated – This section has data regarding the number of assessments with substantiated findings of abuse and/or neglect during the three month period ending with the report month.

Count – This is the total number of assessments with substantiated findings of abuse and/or neglect during the period ending with the report month.

Percent Resulting in Removal – This is the percentage of substantiated assessments during the period that resulted in removal of the child from the home by the end of the report month divided by the total number of substantiated assessments during the period ending with the report month.

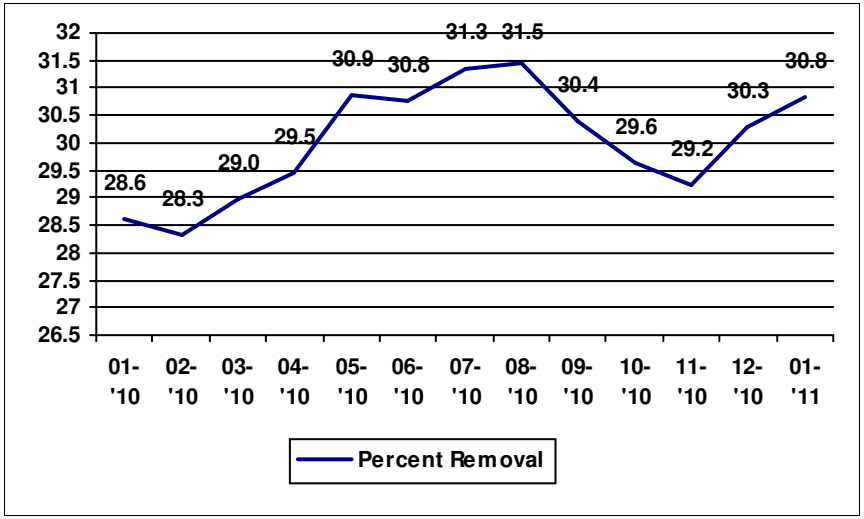
DCS Practice Indicator Report
Initial Assessment - Use of Substitute Care

For January 2011

January 2011

Location	Reports Taken For Nov 2010 to Jan 2011		Assessments Substantiated For Nov 2010 to Jan 2011	
	Count	Percent Resulting in Screen Outs	Count	Percent Resulting in Removal
Statewide	36,064	34.1%	5,343	30.8%
Region 13	1,431	37.32%	135	26.67%
Brown	97	44.3%	2	0.0%
Greene	255	32.5%	24	25.0%
Lawrence	332	36.1%	22	13.6%
Monroe	613	38.7%	69	34.8%
Owen	134	38.1%	18	16.7%

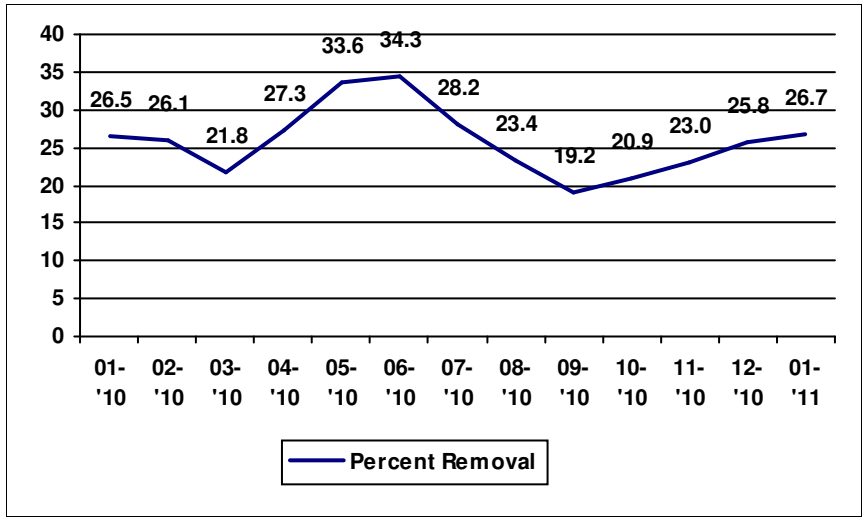
Statewide Percent Removal Trend



Region 13 For January 2010 to January 2011

Month	Reports Taken For Nov 2010 to Jan 2011		Assessments Substantiated For Nov 2010 to Jan 2011	
	Count	Percent Resulting in Screen Outs	Count	Percent Resulting in Removal
Jan 2011	1,431	37.3%	135	26.7%
Dec 2010	1,468	39.7%	163	25.8%
Nov 2010	1,547	40.9%	187	23.0%
Oct 2010	1,426	41.7%	220	20.9%
Sep 2010	1,353	40.3%	224	19.2%
Aug 2010	1,326	35.3%	231	23.4%
Jul 2010	1,351	32.3%	245	28.2%
Jun 2010	1,443	28.3%	268	34.3%
May 2010	1,509	25.2%	265	33.6%
Apr 2010	1,363	22.0%	260	27.3%
Mar 2010	1,266	19.7%	266	21.8%
Feb 2010	1,143	21.6%	280	26.1%
Jan 2010	1,215	21.2%	272	26.5%

Region 13 Percent Removal



Prepared by
Office of Data Management, Reports, and Analysis
February 09 2011

State of Indiana
Mitchell E. Daniels Jr, Governor - James W. Payne, Director
302 West Washington Street Room E306 / Indianapolis, IN 46204-2739

Source:
ICWIS Monthly Data

DCS Practice Indicator Report
CHINS Placements by County

For January 2011

Report Description

This report uses data collected at the end of the current report month. The graphs and numbers for historical months also use data from the end of the historical month listed. This report looks at CHINS children from CHINS cases that were open on the last day of the report month. It also collects where that child is located (in their own home or in substitute care). For the purpose of this report, a child with a non-custodial parent is considered "in home".

Total CHINS Count – This is the number of children that have an open CHINS case on the last day of the report month.

CHINS – This section has data regarding all children that have an open CHINS case on the last day of the month.

In Home – This section has data regarding children that have an open CHINS case on the last day of the month and are in their own home.

Count- This is the number of children that have an open CHINS case on the last day of the month and are in their own home.

Percent- This is the number of children that have an open CHINS case on the last day of the month and are in their own home divided by the total number of children that have an open CHINS case on the last day of the month.

Foster Care – This section has data regarding children that have an open CHINS case on the last day of the month and are in out of home placement.

Count- This is the number of children that have an open CHINS case on the last day of the month and are in out of home placement.

Percent- This is the number of children that have an open CHINS case on the last day of the month and are in out of home placement divided by the total number of children that have an open CHINS case on the last day of the month.

Out of Home Placements – This section has data for children that have an open CHINS case on the last day of the month and are in out of home placement.

Relative Homes – This section has data for children that have an open CHINS case on the last day of the month and are placed with relatives.

Count- This is the number of children that have an open CHINS case on the last day of the month and are placed with relatives.

Percent- This is the number of children that have an open CHINS case on the last day of the month and are placed with relatives divided by the total number of CHINS children in out of home placement at the end of the month.

Foster Homes – This section has data for children that have an open CHINS case on the last day of the month and are placed in foster homes.

Count- This is the number of children that have an open CHINS case on the last day of the month and are placed in foster homes.

Percent- This is the number of children that have an open CHINS case on the last day of the month and are placed in foster homes divided by the total number of CHINS children in out of home placement at the end of the month.

Residential – This section has data for children that have an open CHINS case on the last day of the month and are placed in residential setting.

Count- This is the number of children that have an open CHINS case on the last day of the month and are placed in residential setting.

Percent- This is the number of children that have an open CHINS case on the last day of the month and are placed in residential setting divided by the total number of CHINS children in out of home placement at the end of the month.

Other – This section has data for children that have an open CHINS case on the last day of the month and are in other placement settings. Example would be a court ordered unlicensed placement.

Count- This is the number of children that have an open CHINS case on the last day of the month and are in other placement settings.

Percent- This is the number of children that have an open CHINS case on the last day of the month and are in other placement settings divided by the total number of CHINS children in out of home placement at the end of the month.

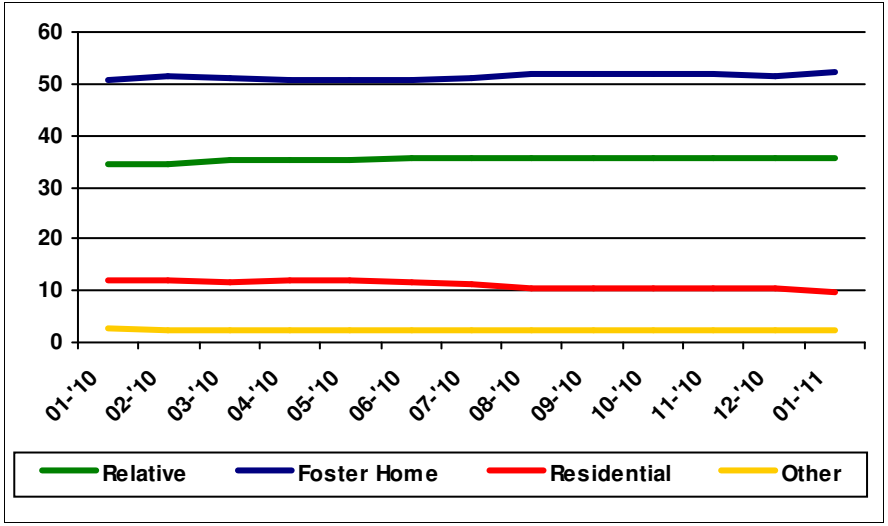
DCS Practice Indicator Report
CHINS Placements by County

For January 2011

January 2011

Location	Total CHINS	CHINS				Out of Home Placements							
		In Home		Foster Care		Relative Home		Foster Homes		Residential		Other	
	Count	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
Statewide	14172	4207	29.7%	9,965	70.3%	3554	35.7%	5192	52.1%	981	9.8%	238	2.4%
Region 13	351	101	28.8%	250	71.2%	119	47.6%	112	44.8%	17	6.8%	2	0.8%
Brown	24	6	25.0%	18	75.0%	7	38.9%	9	50.0%	2	11.1%	0	0.0%
Greene	41	14	34.1%	27	65.9%	8	29.6%	17	63.0%	2	7.4%	0	0.0%
Lawrence	38	9	23.7%	29	76.3%	17	58.6%	10	34.5%	1	3.4%	1	3.4%
Monroe	204	43	21.1%	161	78.9%	76	47.2%	72	44.7%	12	7.5%	1	0.6%
Owen	44	29	65.9%	15	34.1%	11	73.3%	4	26.7%	0	0.0%	0	0.0%

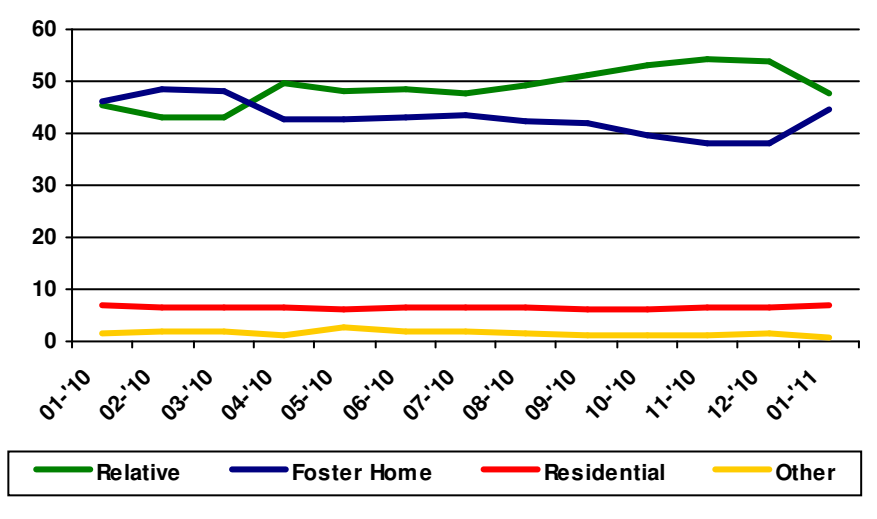
Statewide Foster Care Placement Breakdown



Region 13 For January 2010 to January 2011

Month	Total CHINS	CHINS				Out of Home Placements							
		In Home		Foster Care		Relative Home		Foster Homes		Residential		Other	
	Count	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
Jan 2011	351	101	28.8%	250	71.2%	119	47.6%	112	44.8%	17	6.8%	2	0.8%
Dec 2010	356	97	27.2%	259	72.8%	139	53.7%	99	38.2%	17	6.6%	4	1.5%
Nov 2010	362	91	25.1%	271	74.9%	147	54.2%	103	38.0%	18	6.6%	3	1.1%
Oct 2010	380	103	27.1%	277	72.9%	147	53.1%	110	39.7%	17	6.1%	3	1.1%
Sep 2010	396	111	28.0%	285	72.0%	146	51.2%	119	41.8%	17	6.0%	3	1.1%
Aug 2010	408	118	28.9%	290	71.1%	143	49.3%	123	42.4%	19	6.6%	5	1.7%
Jul 2010	436	133	30.5%	303	69.5%	145	47.9%	132	43.6%	20	6.6%	6	2.0%
Jun 2010	479	174	36.3%	305	63.7%	148	48.5%	131	43.0%	20	6.6%	6	2.0%
May 2010	487	171	35.1%	316	64.9%	152	48.1%	135	42.7%	20	6.3%	9	2.8%
Apr 2010	469	158	33.7%	311	66.3%	154	49.5%	133	42.8%	20	6.4%	4	1.3%
Mar 2010	484	183	37.8%	301	62.2%	130	43.2%	145	48.2%	20	6.6%	6	2.0%
Feb 2010	493	204	41.4%	289	58.6%	124	42.9%	140	48.4%	19	6.6%	6	2.1%
Jan 2010	502	202	40.2%	300	59.8%	136	45.3%	138	46.0%	21	7.0%	5	1.7%

Region 13 Foster Care Placement Breakdown



Prepared by
Office of Data Management, Reports, and Analysis
February 09 2011

State of Indiana
Mitchell E. Daniels Jr, Governor - James W. Payne, Director
302 West Washington Street Room E306 / Indianapolis, IN 46204-2739

Source:
ICWIS Monthly Data

DCS Practice Indicator Report
Use of Foster Care by County

January 2011

Report Description

This report uses data collected at the end of the current report month. The graphs and numbers for historical months also use data from the end of the historical month listed. This report looks at CHINS children from CHINS cases that were open on the last day of the report month. It also collects where that child is located (in their own home or in substitute care). For the purpose of this report, children with non-custodial parents are considered to be in their own home.

Total CHINS Count – This is the number of children that have an open CHINS case on the last day of the report month.

In Home or Relative Care – This section has data regarding children that have an open CHINS case on the last day of the month and are in their own home or in relative care.

Count- This is the number of children that have an open CHINS case on the last day of the month and are in their own home or in relative care.

Percent- This is the number of children that have an open CHINS case on the last day of the month and are in their own home or in relative care divided by the total number of children that have an open CHINS case on the last day of the month.

Target (At or Above) % – The target for the percent of the number of children that have an open CHINS case on the last day of the month and are in their own home or in relative care to the total number of children that have an open CHINS case on the last day of the month is 50% or higher.

Non Relative Foster Care – This section has data for children that have an open CHINS case on the last day of the month and are not in their own home or in relative care.

Count- This is the number of children that have an open CHINS case on the last day of the month and are not in their own home or in relative care.

Percent- This is the number of children that have an open CHINS case on the last day of the month and are not in their own home or in relative care divided by the total number of CHINS children in out of home placement at the end of the month.

Target (At or below) % – The target for the percent of the number of children that have an open CHINS case on the last day of the month and are not in their own home or in relative care to the total number of children that have an open CHINS case on the last day of the month is 50% or higher.

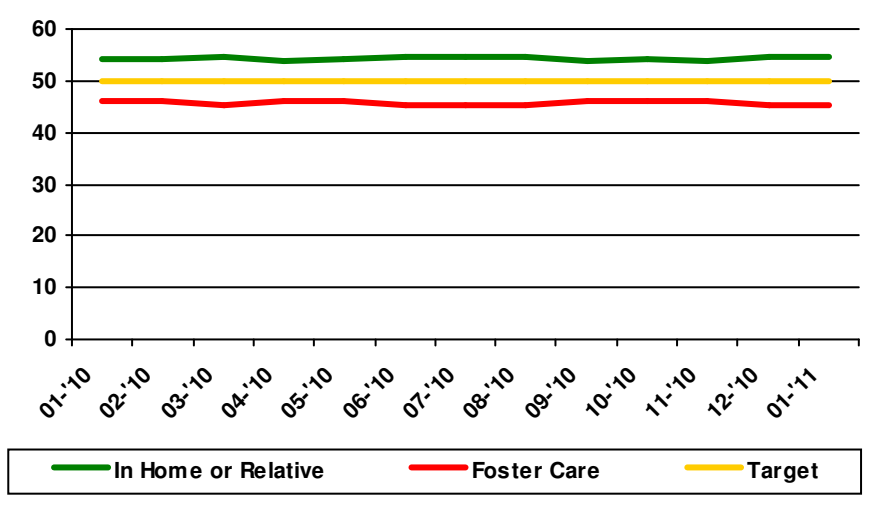
DCS Practice Indicator Report
Use of Foster Care by County

For January 2011

January 2011

Location	Total CHINS	In Home or Relative Care		Target (At or Above) %	Non-Relative Foster Care		Target (At or Below) %
	Count	Count	%		Count	%	
Statewide	14172	7761	54.8%	50.0%	6,411	45.2%	50.0%
Region 13	351	220	62.7%	50.0%	131	37.3%	50.0%
Brown	24	13	54.2%	50.0%	11	45.8%	50.0%
Greene	41	22	53.7%	50.0%	19	46.3%	50.0%
Lawrence	38	26	68.4%	50.0%	12	31.6%	50.0%
Monroe	204	119	58.3%	50.0%	85	41.7%	50.0%
Owen	44	40	90.9%	50.0%	4	9.1%	50.0%

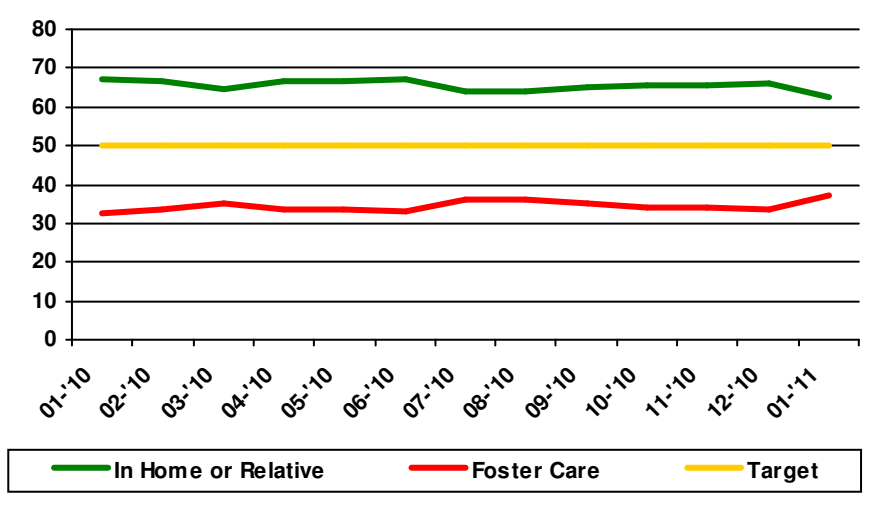
Statewide Foster Care Placement Breakdown



Region 13 For January 2010 to January 2011

Month	Total CHINS	In Home or Relative Care		Target (At or Above) %	Non-Relative Foster Care		Target (At or Below) %
	Count	Count	%		Count	%	
January 2011	351	220	62.7%	50.0%	131	37.3%	50.0%
December 2010	356	236	66.3%	50.0%	120	33.7%	50.0%
November 2010	362	238	65.7%	50.0%	124	34.3%	50.0%
October 2010	380	250	65.8%	50.0%	130	34.2%	50.0%
September 2010	396	257	64.9%	50.0%	139	35.1%	50.0%
August 2010	408	261	64.0%	50.0%	147	36.0%	50.0%
July 2010	436	278	63.8%	50.0%	158	36.2%	50.0%
June 2010	479	322	67.2%	50.0%	157	32.8%	50.0%
May 2010	487	323	66.3%	50.0%	164	33.7%	50.0%
April 2010	469	312	66.5%	50.0%	157	33.5%	50.0%
March 2010	484	313	64.7%	50.0%	171	35.3%	50.0%
February 2010	493	328	66.5%	50.0%	165	33.5%	50.0%
January 2010	502	338	67.3%	50.0%	164	32.7%	50.0%

Region 13 Foster Care Placement Breakdown



Prepared by
Office of Data Management, Reports, and Analysis
February 10 2011

State of Indiana
Mitchell E. Daniels Jr, Governor - James W. Payne, Director
302 West Washington Street Room E306 / Indianapolis, IN 46204-2739

Source:
ICWIS Monthly Data

DCS Practice Indicator Report
Locally Placed CHINS

For January 2011

Report Description

This report uses data collected over at the end of the current report month. The graphs and numbers for historical months also use data from the historical month listed. For the purpose of this report, children with their non-custodial parents are considered to be in their own home.

Total Out of Home Placements – This is the total number of CHINS children that are in out of home placement on the last day of the report month.

Placed in Same County – This is the total number of CHINS children that are placed in the same county as the county of their case.

Percent Locally Placed – This is the percentage of CHINS children that are placed in the same county as the county of their case divided by the total number of CHINS children which are in out of home placement on the last day of the report month.

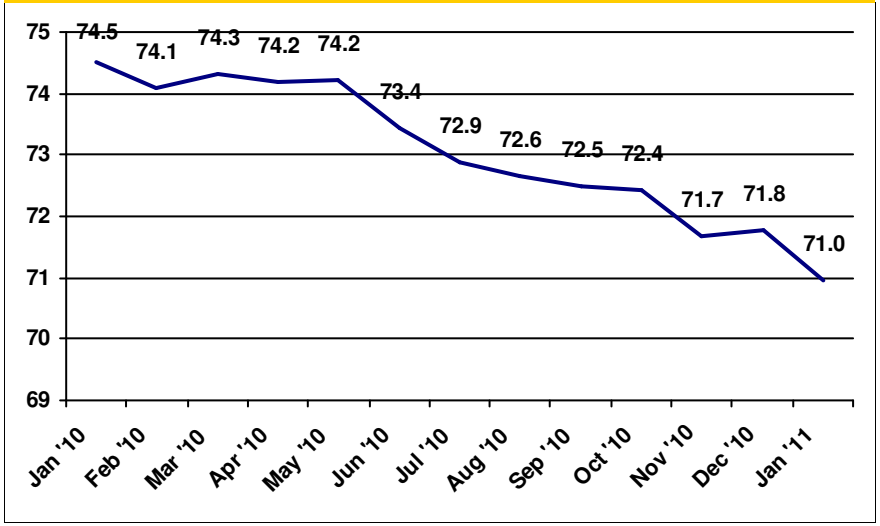
DCS Practice Indicator Report
Locally Placed CHINS

For January 2011

January 2011

Location	Total Out of Home Placements	Placed in Same County	Percent Locally Placed
Statewide	9,965	7,071	71.0%
Region 13	250	158	63.2%
Brown	18	16	88.9%
Greene	27	15	55.6%
Lawrence	29	20	69.0%
Monroe	161	97	60.2%
Owen	15	10	66.7%

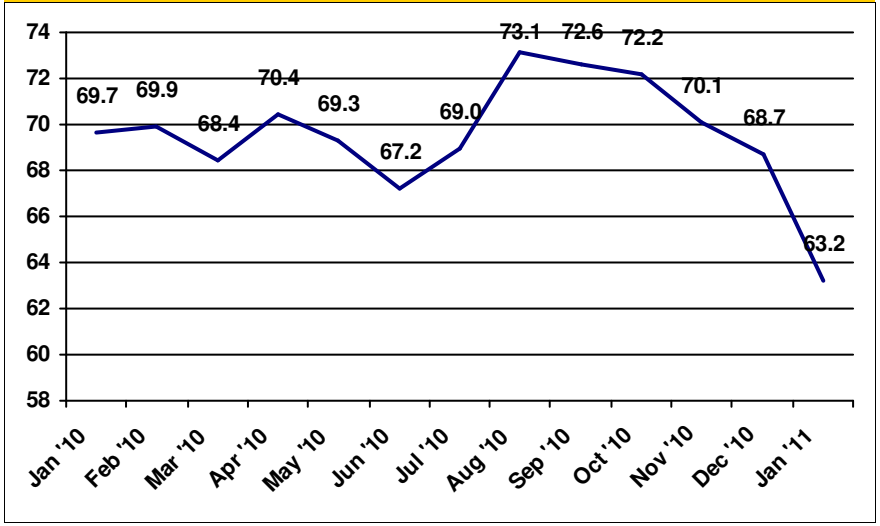
Statewide Percent Placed Locally



Region 13 For January 2010 to January 2011

Month	Total Out of Home Placements	Placed in Same County	Percent Locally Placed
Jan 2011	250	158	63.2%
Dec 2010	259	178	68.7%
Nov 2010	271	190	70.1%
Oct 2010	277	200	72.2%
Sep 2010	285	207	72.6%
Aug 2010	290	212	73.1%
Jul 2010	303	209	69.0%
Jun 2010	305	205	67.2%
May 2010	316	219	69.3%
Apr 2010	311	219	70.4%
Mar 2010	301	206	68.4%
Feb 2010	289	202	69.9%
Jan 2010	300	209	69.7%

Region 13 Percent Placed Locally



Prepared by
Office of Data Management, Reports, and Analysis
February 09 2011

State of Indiana
Mitchell E. Daniels Jr, Governor - James W. Payne, Director
302 West Washington Street Room E306 / Indianapolis, IN 46204-2739

Source:
ICWIS Monthly Data

DCS Practice Indicator Report
Average Number of Placements

For January 2011

Report Description

This report uses data collected at the end of the current report month. The graphs and numbers for historical months also use data from the historical month listed.

Average Number of Placements Per Child – This is the total number of out of home placements for each CHINS child in out of home placement on the last day of the report month. This includes all placements during the current removal episode. If a child had at least one placement end in the first 8 days from removal, then that child's number of placements was reduced by one.

This number is divided by the total number CHINS children who are in out of home placement on the last day of the report month.

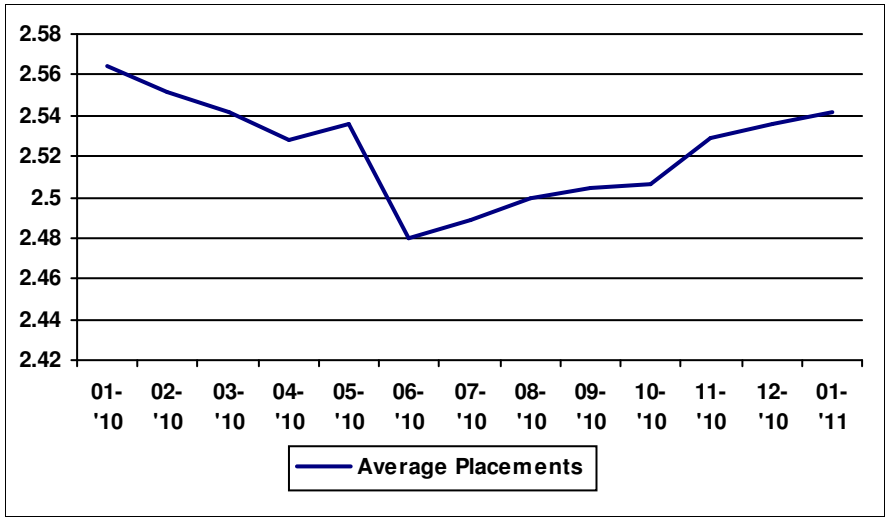
DCS Practice Indicator Report
Average Number of Placements

For January 2010 to January 2011

January 2011

Location	Average Number of Placements Per Child
Statewide	2.5
Region 13	2.4
Brown	1.8
Greene	3.5
Lawrence	2.4
Monroe	2.3
Owen	2.0

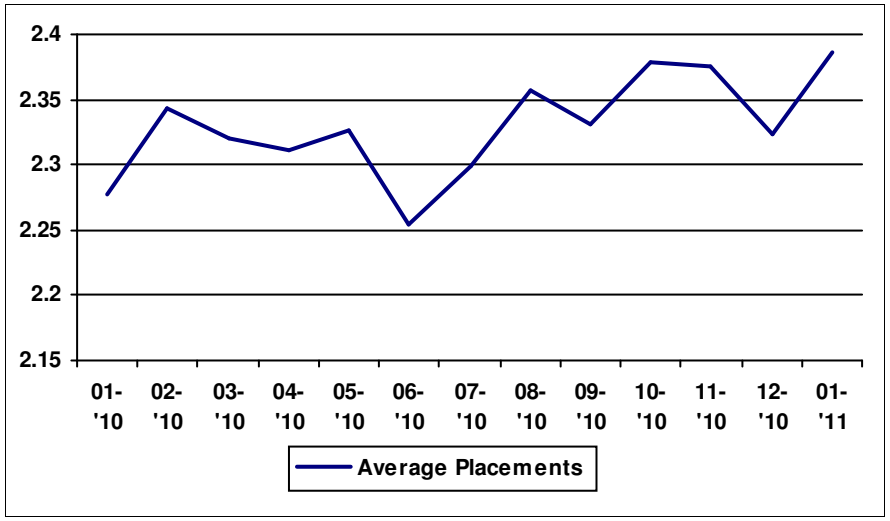
Statewide Average Number of Placements



Region 13 For January 2010 to January 2011

Month	Average Number of Placements Per Child
January 2011	2.4
December 2010	2.3
November 2010	2.4
October 2010	2.4
September 2010	2.3
August 2010	2.4
July 2010	2.3
June 2010	2.3
May 2010	2.3
April 2010	2.3
March 2010	2.3
February 2010	2.3
January 2010	2.3

Region 13 Average Number of Placements



Prepared by
Office of Data Management, Reports, and Analysis
February 09 2011

State of Indiana
Mitchell E. Daniels Jr, Governor - James W. Payne, Director
302 West Washington Street Room E306 / Indianapolis, IN 46204-2739

Source:
ICWIS Monthly Data

DCS Practice Indicator Report
Sibling Placement Report

For January 2011

Report Description

This report uses data collected at the end of the current report month. The graphs and numbers for historical months also use data from the end of the histori month listed. For the purpose of this report, children with a non-custodial parent are considered to be in their own home.

Count of Sibling Cases – This is the number of open cases as of the end of the report month which have more than one child in out of home placement at tl end of the report month.

Cases With All Children Placed Together – This is the number of cases with more than one child in out of home placement where all of the children are placed in the same resource with the same resource ID.

Percent Placed Together of Sibling Cases– This is the percentage of the number of cases where all of the children in out of home placement are placed together divided by the number of open cases with more than one child in out of home placement as of the end of the report month.

Average Number of Children per Case – This number takes the number of children in out of home placement from cases with more than one child in out of home placement and divides it by the number of cases with more than one child in out of home placement as of the end of the report month.

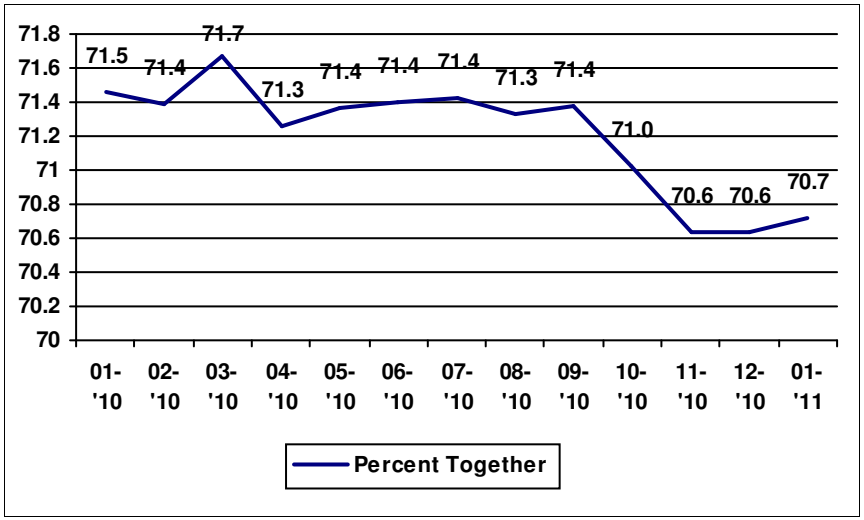
DCS Practice Indicator Report
Sibling Placement Report

January 2011

January 2011

Location	Count of Sibling Cases	Cases With All Children Placed Together	Percent Placed Together of Sibling Cases	Average Number of Children per Case
Statewide	2452	1734	70.7%	2.68
Region 13	63	54	85.7%	2.56
Brown	5	3	60.0%	2.80
Greene	7	7	100.0%	2.14
Lawrence	5	5	100.0%	2.40
Monroe	41	34	82.9%	2.63
Owen	5	5	100.0%	2.40

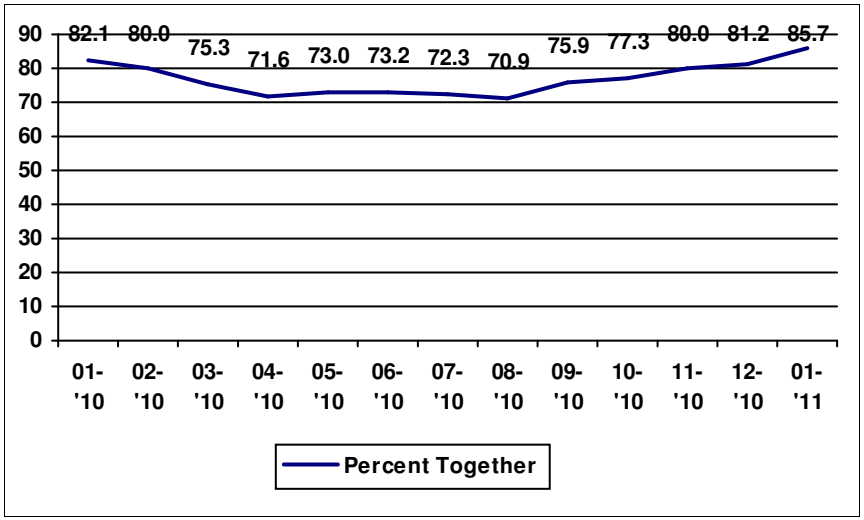
Statewide Percent Together



Region 13 For January 2010 to January 2011

Month	Count of Sibling Cases	Cases With All Children Placed Together	Percent Placed Together of Sibling Cases	Average Number of Children per Case
January 2011	63	54	85.7%	2.56
December 2010	69	56	81.2%	2.42
November 2010	75	60	80.0%	2.45
October 2010	75	58	77.3%	2.51
September 2010	79	60	75.9%	2.54
August 2010	79	56	70.9%	2.53
July 2010	83	60	72.3%	2.54
June 2010	82	60	73.2%	2.56
May 2010	89	65	73.0%	2.55
April 2010	88	63	71.6%	2.57
March 2010	85	64	75.3%	2.56
February 2010	80	64	80.0%	2.50
January 2010	84	69	82.1%	2.52

Region 13 Percent Together



Prepared by
Office of Data Management, Reports, and Analysis
February 09 2011

State of Indiana
Mitchell E. Daniels Jr, Governor - James W. Payne, Director
302 West Washington Street Room E306 / Indianapolis, IN 46204-2739

Source:
ICWIS Monthly Data

DCS Practice Indicator Report
Length of Stay in Out of Home Placement
Children in Out of Home Placement by Length of Time Since Latest Removal
For January 2011

Report Description

This report uses data collected at the end of the current report month. The graphs and numbers for historical months also use data from the end of the historical month listed. This report looks at CHINS children that were in out of home placement at the end of the month. It measures the number of days since the child was last removed from its home.

One Year - 0 to 365 Days– This is column shows data for CHINS children that have been in out of home placement between 0 and 365 days since the child's removal.

Count- This is the number of CHINS children that have been in out of home placement between 0 and 365 days since the child's last removal.
Percent- This is the number of CHINS children that have been in out of home placement between 0 and 365 days since the child's last removal divided by the total number of CHINS children in out of home placement at the end of the month.

One Year - 366 to 730 Days– This is column shows data for CHINS children that have been in out of home placement between 366 and 730 days since the c last removal.

Count- This is the number of CHINS children that have been in out of home placement between 366 and 730 days since the child's last removal.
Percent- This is the number of CHINS children that have been in out of home placement between 366 and 730 days since the child's last removal divided by the total number of CHINS children in out of home placement at the end of the month.

One Year - 731 to 1095 Days– This is column shows data for CHINS children that have been in out of home placement between 731 to 1095 days since the child's last removal.

Count- This is the number of CHINS children that have been in out of home placement between 731 to 1095 days since the child's last removal.
Percent- This is the number of CHINS children that have been in out of home placement between 731 to 1095 days since the child's last removal divided by the total number of CHINS children in out of home placement at the end of the month.

One Year - 1096 Days+– This is column shows data for CHINS children that have been in out of home placement 1096 days or more since the child's last removal.

Count- This is the number of CHINS children that have been in out of home placement 1096 days or more since the child's last removal.
Percent- This is the number of CHINS children that have been in out of home placement 1096 days or more since the child's last removal divided by the total number of CHINS children in out of home placement at the end of the month.

Length Per Child – This column shows data for length of time of CHINS children who were in out of home placement at the end of the report month have been in out of home placement since the child's last removal from their home.

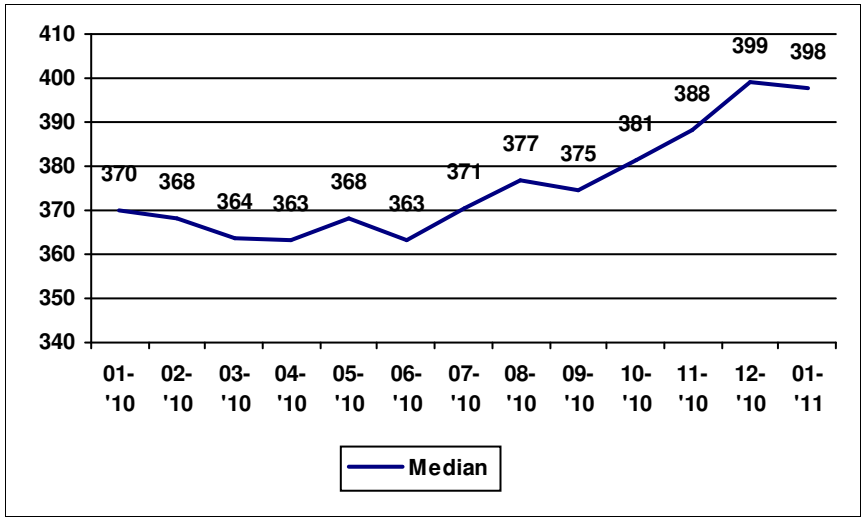
Average- This column calculates the average or "mean" length of time in out of home placement since the last removal per child in out of home placement at the end of the report month.
Median- This column calculates the median length of time in out of home placement since the last removal per child in out of home placement at the end of the report month.

DCS Practice Indicator Report
Length of Stay in Out of Home Placement
Children in Out of Home Placement by Length of Time Since Latest Removal
For January 2011

January 2011

Location	One Year 0 to 365 Days		Two Years 366 to 730 Days		Three Years 731 to 1095 Days		Three + Years 1096 Days+		Length Per Child	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Average	Median
Statewide	4,746	47.6%	2,462	24.7%	1,192	12.0%	1,565	15.7%	627.4	397.6
Region 13	119	47.6%	74	29.6%	28	11.2%	29	11.6%	568.3	410.0
Brown	11	61.1%	1	5.6%	3	16.7%	3	16.7%	573.2	258.5
Greene	11	40.7%	9	33.3%	3	11.1%	4	14.8%	592.8	444.4
Lawrence	11	37.9%	11	37.9%	4	13.8%	3	10.3%	569.9	487.6
Monroe	78	48.4%	49	30.4%	16	9.9%	18	11.2%	570.1	392.2
Owen	8	53.3%	4	26.7%	2	13.3%	1	6.7%	496.0	312.3

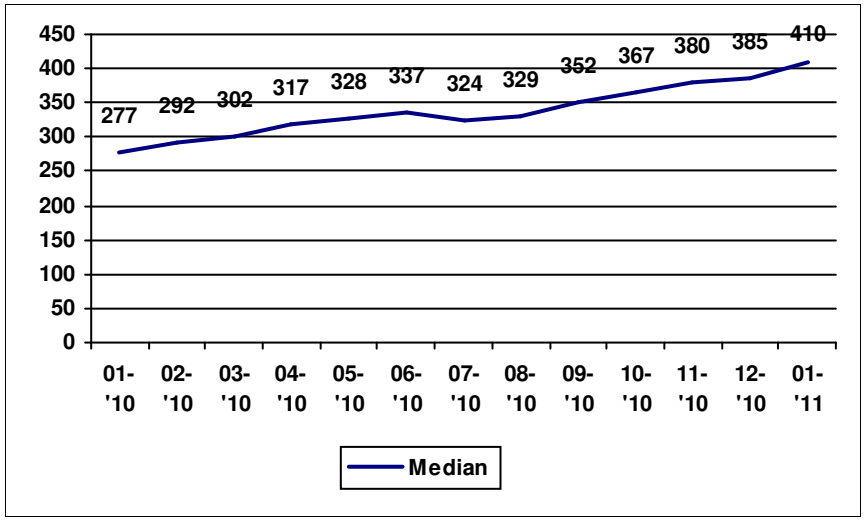
Statewide Median Length



Region 13 For January 2010 to January 2011

Month	One Year 0 to 365 Days		Two Years 366 to 730 Days		Three Years 731 to 1095 Days		Three + Years 1096 Days+		Length Per Child	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Average	Median
January 2011	119	47.6%	74	29.6%	28	11.2%	29	11.6%	568.3	410.0
December 2010	128	49.4%	72	27.8%	32	12.4%	27	10.4%	550.7	384.6
November 2010	130	48.0%	75	27.7%	30	11.1%	36	13.3%	570.6	380.4
October 2010	138	49.8%	74	26.7%	32	11.6%	33	11.9%	563.1	366.7
September 2010	149	52.3%	74	26.0%	30	10.5%	32	11.2%	545.9	351.5
August 2010	156	53.8%	72	24.8%	25	8.6%	37	12.8%	544.0	329.0
July 2010	160	52.8%	77	25.4%	27	8.9%	39	12.9%	534.2	324.4
June 2010	158	51.8%	80	26.2%	29	9.5%	38	12.5%	522.4	337.4
May 2010	175	55.4%	77	24.4%	23	7.3%	41	13.0%	511.7	327.5
April 2010	181	58.2%	65	20.9%	27	8.7%	38	12.2%	498.2	317.4
March 2010	182	60.5%	54	17.9%	29	9.6%	36	12.0%	499.9	302.4
February 2010	171	59.2%	50	17.3%	28	9.7%	40	13.8%	526.4	292.4
January 2010	178	59.3%	50	16.7%	29	9.7%	43	14.3%	515.4	276.5

Region 13 Median Length



Prepared by
Office of Data Management, Reports, and Analysis
February 09 2011

State of Indiana
Mitchell E. Daniels Jr, Governor - James W. Payne, Director
302 West Washington Street Room E306 / Indianapolis, IN 46204-2739

Source:
ICWIS Monthly Data

DCS Practice Indicator Report
CHINS and IA Permanency Report

For January 2011

Report Description

This report uses CHINS and IA case types that have case type status end date occurring during the month. It then groups these cases using the closure reasons codes into categories of closure reasons. Case with closure reason code "Case opened in error – disregard" are filtered out for the purpose of this report. This report uses the reason codes selected by the worker at the date of case closure. **Adoption closure reasons will not match the number of actual finalized adoptions reported from the hearing information fields in ICWIS/MaGik.**

Closure Reasons are group by:

Description	Category	Description	Category
Child Reunited with Parents	Reunification	Case closed; AG case created	Guardianship
Child never Removed from own home, wardship terminated	Reunification	Child placed with relatives	Relative
Extended wardship terminated (on court order for age 18 to 21)	Emancipation	Child Placed with Legal guardian	Guardianship
Child Returned to Primary Home	Reunification	Child Reached Age of Majority (age 18)	Emancipation
Period of IA ended code used for Informal Adjustment cases only	Reunification	Emancipated Court Ordered (age 18)	Emancipation
Child Adoption Finalized	Adoption	Child Already Reunited with parent (s) when wardship terminated	Reunification

The Permanency column "Total" refers to the total case with reason codes in the Reunification, Adoption, Relative, Guardianship, and Emancipation categories.

The Permanency column "Total within 24 months" refers to the total case that ended within 24 month of the case status type begin date in the Reunification, Adoption, Relative, Guardianship, and Emancipation categories.

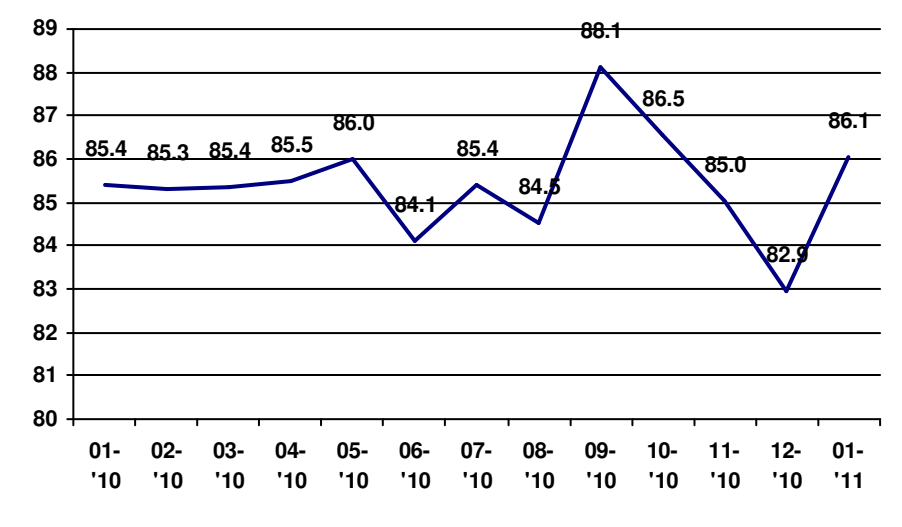
DCS Practice Indicator Report
CHINS and IA Permanency Report

For January 2011

January 2011

Location	Closed Cases Types with Permanency Outcomes					Permanency		
	Reunification	Adoption	Relative	Guardianship	Emanicipation	Total	Within 24 Months	24 Month Rate
Statewide	726	97	12	64	26	925	796	86.1
Region 13	27	2	0	0	0	29	28	96.6
Brown	0	0	0	0	0	0	0	NA
Greene	9	0	0	0	0	9	9	100.0
Lawrence	8	0	0	0	0	8	8	100.0
Monroe	9	2	0	0	0	11	10	90.9
Owen	1	0	0	0	0	1	1	100.0

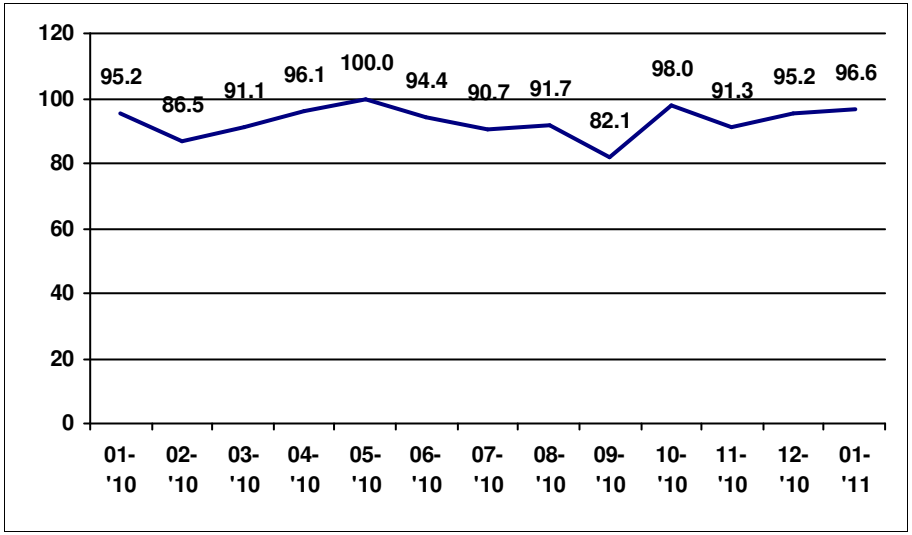
Statewide Permanency within 24 Months



Region 13 For January 2010 to January 2011

Location	Closed Cases Types with Permanency Outcomes					Permanency		
	Reunification	Adoption	Relative	Guardianship	Emanicipation	Total	Within 24 Months	24 Month Rate
Jan 2011	27	2	0	0	0	29	28	96.6
Dec 2010	18	1	0	1	1	21	20	95.2
Nov 2010	20	2	0	0	1	23	21	91.3
Oct 2010	41	5	0	4	0	50	49	98.0
Sep 2010	19	3	0	5	1	28	23	82.1
Aug 2010	29	2	0	4	1	36	33	91.7
Jul 2010	50	0	0	1	3	54	49	90.7
Jun 2010	48	2	2	1	1	54	51	94.4
May 2010	31	0	0	0	0	31	31	100.0
Apr 2010	45	2	0	1	3	51	49	96.1
Mar 2010	42	6	1	4	3	56	51	91.1
Feb 2010	25	5	0	6	1	37	32	86.5
Jan 2010	39	1	0	0	2	42	40	95.2

Region 13 Permanency within 24 Months



Prepared by
Office of Data Management, Reports, and Analysis
February 09 2011

State of Indiana
Mitchell E. Daniels Jr, Governor - James W. Payne, Director
302 West Washington Street Room E306 / Indianapolis, IN 46204-2739

Source:
ICWIS Monthly Data

DCS Practice Indicator Report
Family Case Manager Contacts Report

For January 2011

Report Description

This report uses data collected over at the end of the current report month. The graphs and numbers for historical months also use data from the historical month listed. For the purpose of this report, a person is considered family for the child if they have the following relationships:

- Father
- Mother
- Stepfather
- Stepmother
- Grandfather
- Grandmother
- Pre-adoptive father
- Pre-adoptive mother
- Adoptive grandparent
- Legal Guardian

Children Out of Home Entire Month – This column shows the number of children in out of home placement at the end of the report month who also have a removal date prior to the first of the report month.

Contact Information – This section of the reports shows information regarding FCM contacts (from the contact screens) during the report month.

FCM with Family – This section of the report shows FCM contacts with the child's family (as described above) during the report month.

Children – This is the total number of children that the FCM had at least one contact with a member of the child's family during the report month.
Rate – This is the total number of children that FCM had at least one contact with a member of the child's family divided by the total number of children in out of home placement for the entire month (as described above).

FCM with Child – This section of the report shows FCM contacts with the child during the report month.

Children – This is the total number of children that the FCM had at least one contact with a the child during the report month.
Rate – This is the total number of children that FCM had at least one contact with the child divided by the total number of children in out of home placement for the entire month (as described above).

FCM with Family and Child – This section of the report shows FCM contacts with the child's family (as described above) **AND** the child during the report month. Contact with both had to have occurred for the child to be included in this section. The family and child do not need to present at the same contact, contact with each could have been made in two separate contacts.

Children – This is the total number of children that the FCM had at least one contact with a member of the child's family **and** at least one contact with the child during the report month.
Rate – This is the total number of children that FCM had at least one contact with a member of the child's family **and** at least one contact with the child during the report month divided by the total number of children in out of home placement for the entire month (as described above).

DCS Practice Indicator Report

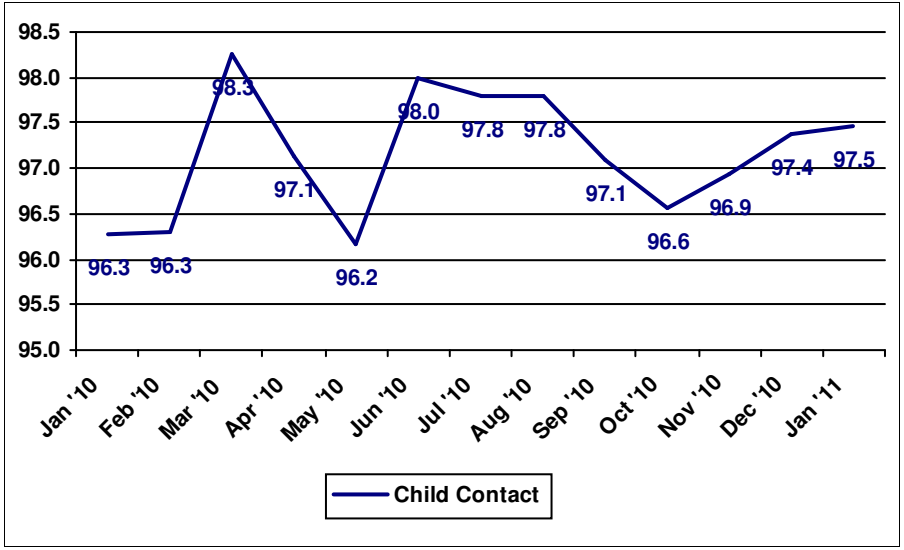
Family Case Manager Contacts Report

For January 2011

January 2011

Location	Children out of home entire month	Contact Information					
		FCM with Family		FCM with Child		FCM with Family and Child	
		Children	Rate	Children	Rate	Children	Rate
Statewide	9,558	2,669	27.9%	9,315	97.5%	2,634	27.6%
Region 13	244	79	32.4%	239	98.0%	79	32.4%
Brown	18	3	16.7%	15	83.3%	3	16.7%
Greene	27	7	25.9%	27	100.0%	7	25.9%
Lawrence	29	7	24.1%	29	100.0%	7	24.1%
Monroe	155	53	34.2%	153	98.7%	53	34.2%
Owen	15	9	60.0%	15	100.0%	9	60.0%

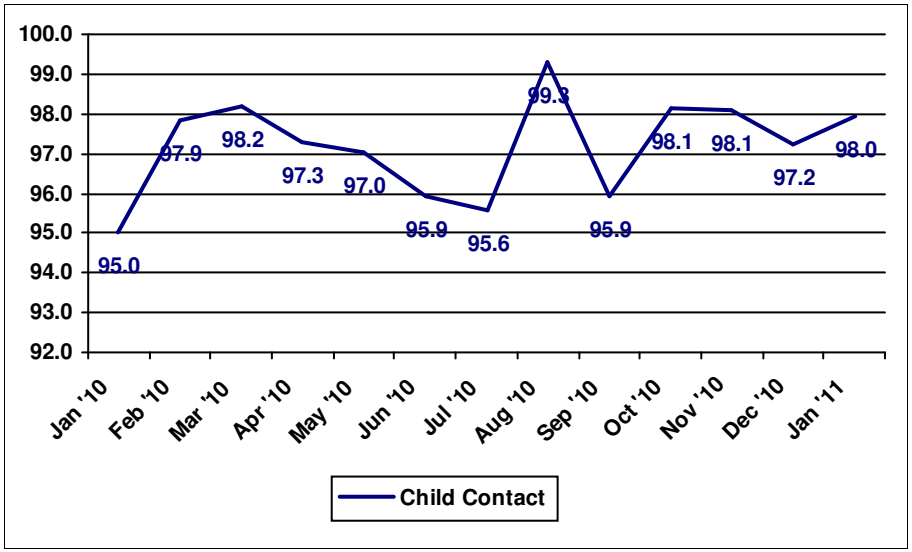
Statewide Child Contact Rate



Region 13 For January 2010 to January 2011

Month	Children out of home entire month	Contact Information					
		FCM with Family		FCM with Child		FCM with Family and Child	
		Children	Rate	Children	Rate	Children	Rate
Jan 2011	244	79	32.4%	239	98.0%	79	32.4%
Dec 2010	252	89	35.3%	245	97.2%	87	34.5%
Nov 2010	261	90	34.5%	256	98.1%	90	34.5%
Oct 2010	267	99	37.1%	262	98.1%	99	37.1%
Sep 2010	269	100	37.2%	258	95.9%	98	36.4%
Aug 2010	280	95	33.9%	278	99.3%	95	33.9%
Jul 2010	293	100	34.1%	280	95.6%	100	34.1%
Jun 2010	296	100	33.8%	284	95.9%	98	33.1%
May 2010	301	89	29.6%	292	97.0%	88	29.2%
Apr 2010	294	121	41.2%	286	97.3%	121	41.2%
Mar 2010	273	98	35.9%	268	98.2%	97	35.5%
Feb 2010	280	99	35.4%	274	97.9%	98	35.0%
Jan 2010	300	113	37.7%	285	95.0%	111	37.0%

Region 13 Child Contact Rate



Prepared by
Office of Data Management, Reports, and Analysis
February 09 2011

State of Indiana
Mitchell E. Daniels Jr, Governor - James W. Payne, Director
302 West Washington Street Room E306 / Indianapolis, IN 46204-2739

Source:
ICWIS Monthly Data

DCS Practice Indicator Report
Child Visitation Report

For January 2011

Report Description

This report uses data collected at the end of the current report month. The graphs and numbers for historical months also use data from the historical month listed. For the purpose of this report, a person is considered family for the child if they have the following relationships:

- Father
- Mother
- Stepfather
- Stepmother
- Grandfather
- Grandmother
- Pre-adoptive father
- Pre-adoptive mother
- Adoptive grandparent
- Legal Guardian

Children out of home with case plan goal of reunification – This column shows the number of children in out of home placement at the end of the report month who also have reunification as the most recently entered primary case plan goal.

Children with visits to their family during the month – This section of the report shows data regarding children who have had a visit with the child's family (as described above) begin during the report month.

Children – This is the total number of children that the child had at least one visit with a member of the child's family during the report month.
Rate – This is the total number of children that the child had at least one visit with a member of the child's family divided by the total number of children in out of home placement at the end of the report month with case plan goal of reunification(as described above).

DCS Practice Indicator Report

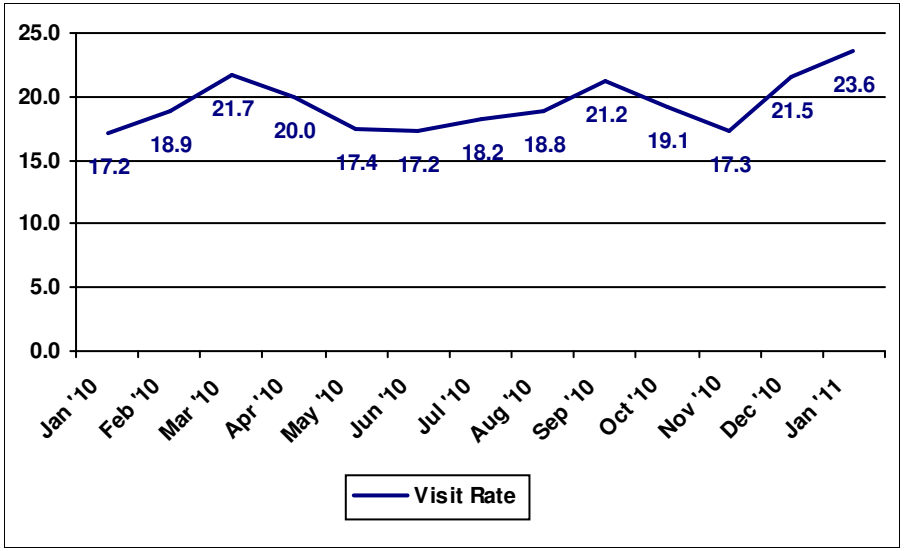
Child Visitation Report

For January 2011

January 2011

Location	Children out of home with case plan goal of reunification	Children with visits to their family during the month	
		Children	Rate
Statewide	5,268	1,245	23.6%
Region 13	121	46	38.0%
Brown	8	0	0.0%
Greene	15	8	53.3%
Lawrence	17	2	11.8%
Monroe	72	31	43.1%
Owen	9	5	55.6%

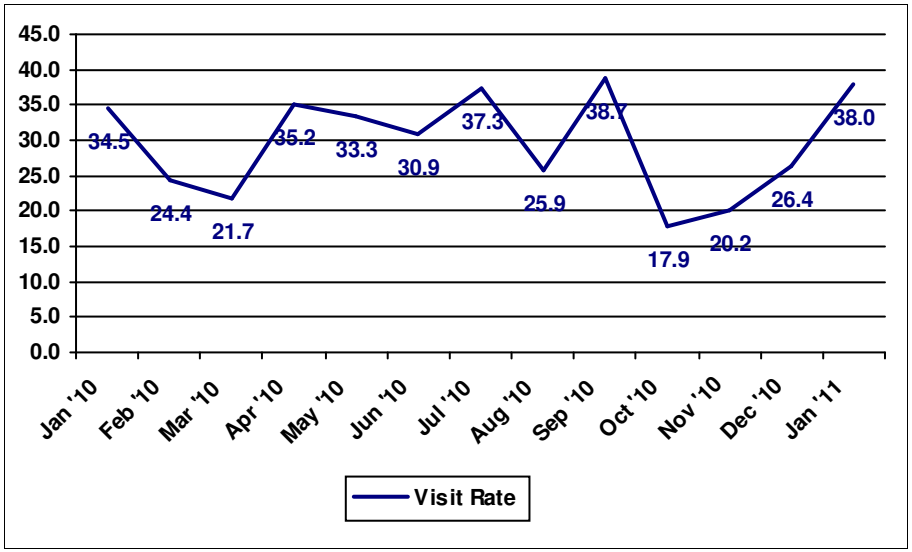
Statewide Visitation Rate



Region 13 For January 2010 to January 2011

Month	Children out of home with case plan goal of reunification	Chidlren with visits to their family during the month	
		Children	Rate
Jan 2011	121	46	38.0%
Dec 2010	125	33	26.4%
Nov 2010	124	25	20.2%
Oct 2010	117	21	17.9%
Sep 2010	142	55	38.7%
Aug 2010	147	38	25.9%
Jul 2010	153	57	37.3%
Jun 2010	162	50	30.9%
May 2010	168	56	33.3%
Apr 2010	165	58	35.2%
Mar 2010	166	36	21.7%
Feb 2010	160	39	24.4%
Jan 2010	116	40	34.5%

Region 13 Visitation Rate



Prepared by
Office of Data Management, Reports, and Analysis
February 10 2011

State of Indiana
Mitchell E. Daniels Jr, Governor - James W. Payne, Director
302 West Washington Street Room E306 / Indianapolis, IN 46204-2739

Source:
ICWIS Monthly Data

DCS Practice Indicator Report
Absence of Repeat Maltreatment

For January 2011

Report Description

This is a description of the key elements used in this report.

Time Period – The time period used in this report is the 12 months prior to the month of the report.

Assessments during time period – The assessment used in this report are assessment with BOTH report date AND approval date during the time period (12 months prior to the month of the report).

Victim Selection – The children used in this report were identified as having at least one substantiated allegation of abuse or neglect on an assessment during the time period.

First Occurrence – This looks at the victims of substantiated abuse or neglect during the first 6 months of the time period (6 to 12 months prior to the month of the report). If a child was a victim in multiple assessments with substantiated abuse or neglect, the assessment with the earliest report date is considered the first occurrence.

Recurrence Time Period – The time period used to see if a child is a substantiated victim in a recurring assessment of abuse or neglect is based off the report date of the first occurrence. The recurrence period begins one day after the first occurrence report date and ends 183 after the first occurrence report date (>= 1st Occurrence +1 and <= 1st Occurrence +183). If a child has multiple recurrences, the earliest report date in the recurring time period is considered the recurring assessment.

Here is a visual representation of an example. This is a report for December of a given year. The time period to review assessments would run from Jan 1st to Dec 31st. The time period for a first occurrence would be Jan 1st to Jun 30th. If a child had a first occurrence on Feb 7th, the recurrence period would run from Feb 8th to Aug 9th. If the child had a recurrence in Aug 5th, that would be considered repeat maltreatment. If the child had a recurrence Oct 10th, that would not be considered repeat maltreatment because it fell outside the recurrence period.

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Time Period (Jan 1st to Dec 31st)											
1st Occurrence Time Period (Jan 1st to Jun 30th)											
			Recurrence Period (Feb 8th to Aug 9th)								

Percent of absence of repeat maltreatment – This calculations uses the terms defined above. The numerator is the number of children with a first occurrence minus the number of children with a recurrence. The denominator is the number of children with first occurrence.

$$\frac{(1^{st}\text{ Occurrence} - \text{Recurrence})}{1^{st}\text{ Occurrence}}$$

For the purposes of this report, the county the child is assigned to is based off the county of first occurrence. If a child has a recurrence in a different county, the repeat will show for the county of the first occurrence.

DCS Practice Indicator Report

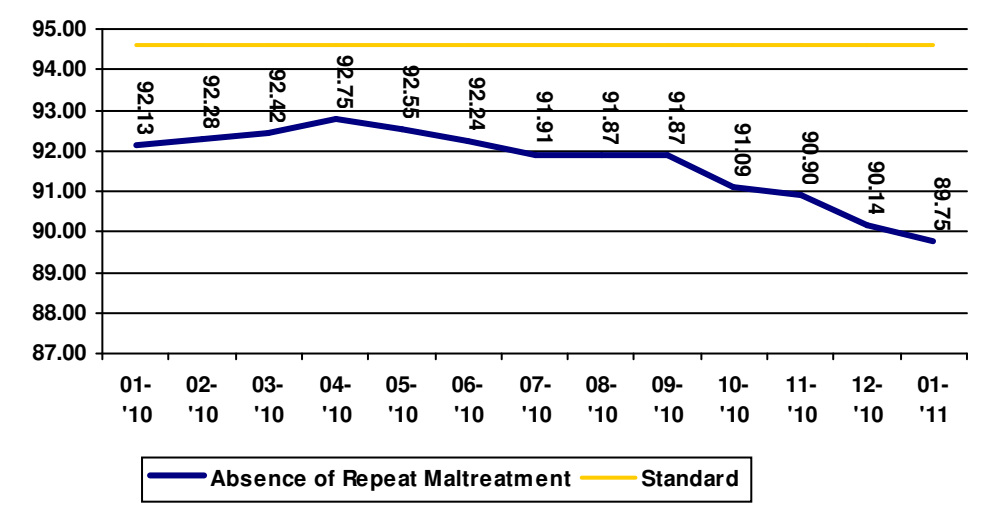
Absence of Repeat Maltreatment

For January 2011

January 2011

County	Victims from Feb 2010 to Aug 2010	Victims without a recurrence within 6 months	Absence of Repeat Maltreatment Percent	National Standard
Statewide	11,919	10,697	89.75%	94.60%
Region 13	424	385	90.80%	94.60%
Brown	17	15	88.24%	94.60%
Greene	85	79	92.94%	94.60%
Lawrence	76	69	90.79%	94.60%
Monroe	208	192	92.31%	94.60%
Owen	38	30	78.95%	94.60%

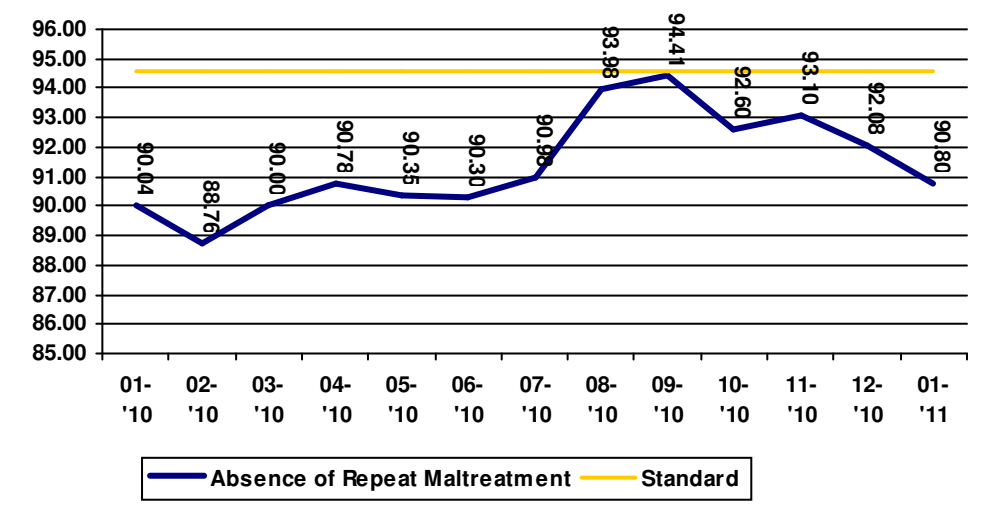
Statewide Absence of Repeat Maltreatment



Region 13 For January 2010 to January 2011

County	Victims from Feb 2010 to Aug 2010	Victims without a recurrence within 6 months	Absence of Repeat Maltreatment Percent	National Standard
January 2011	424	385	90.80%	94.60%
December 2010	442	407	92.08%	94.60%
November 2010	464	432	93.10%	94.60%
October 2010	473	438	92.60%	94.60%
September 2010	483	456	94.41%	94.60%
August 2010	498	468	93.98%	94.60%
July 2010	510	464	90.98%	94.60%
June 2010	526	475	90.30%	94.60%
May 2010	487	440	90.35%	94.60%
April 2010	499	453	90.78%	94.60%
March 2010	540	486	90.00%	94.60%
February 2010	507	450	88.76%	94.60%
January 2010	532	479	90.04%	94.60%

Region 13 Absence of Repeat Maltreatment



Prepared by:
Office of Data Management, Reports, and Analysis
February 10 2011

State of Indiana
Mitchell E. Daniels Jr, Governor - James W. Payne, Director
302 West Washington Street Room E306 / Indianapolis, IN 46204-2739

Source:
ICWIS Monthly Data

DCS Practice Indicator Report
Absence of Maltreatment in Foster Care

For January 2011

Report Description

This is a description of the key elements used in this report.

Time Period – The time period used in this report is the 12 months prior to the month of the report.

Assessments during the time period – The assessment used in this report are assessment with BOTH report date AND approval date during the time period (12 months prior to the month of the report).

Victim of maltreatment in Foster Care – The children used in this report were identified as having at least one substantiated allegation of abuse or neglect on an assessment during the time period where the perpetrator is a foster parent or institutional staff.

Children in Foster Care during the time period – All CHINS children with an open removal episode at any time during the 12 months prior to the month of the report. Also included are Probation children (who are IV-E eligible) with an open removal episode at any time during the 12 months prior to the month of the report.

Percent of absence of maltreatment – This calculations uses the terms defined above. The numerator is the number of children in foster care minus the number of victims of maltreatment in foster care. The denominator is the number of children in foster care.

$$\frac{\text{(Children in Foster Care – Victims of maltreatment in Foster Care)}}{\text{Children in Foster Care}}$$

DCS Practice Indicator Report

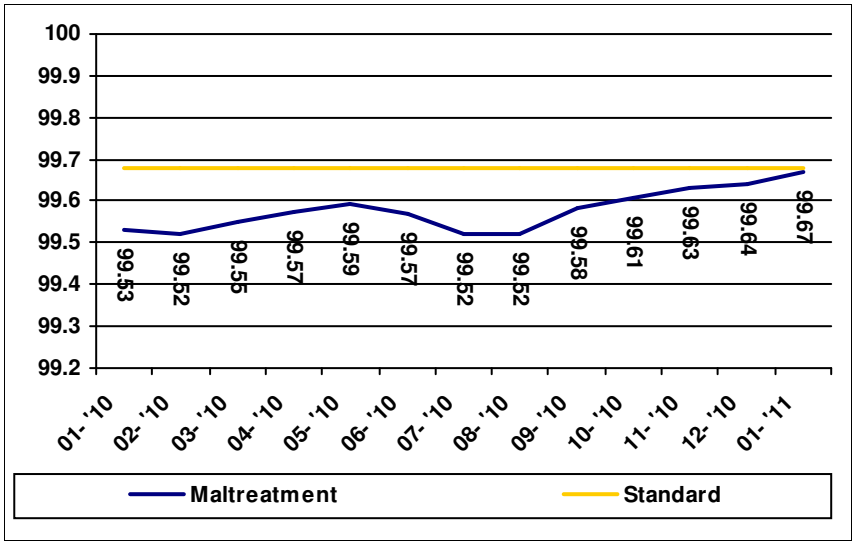
Absence of Maltreatment in Foster Care

For January 2011

For January 2011

Location	Children in Foster Care from Feb 2010 to Jan 2011	Substantiated Victims in Foster Care	Absence of Maltreatment Percent	National Standard
Statewide	21,543	71	99.67%	**99.68%**
Region 13	629	2	99.68%	**99.68%**
Brown	44	0	100.00%	**99.68%**
Greene	117	0	100.00%	**99.68%**
Lawrence	53	0	100.00%	**99.68%**
Monroe	340	1	99.71%	**99.68%**
Owen	75	1	98.67%	**99.68%**

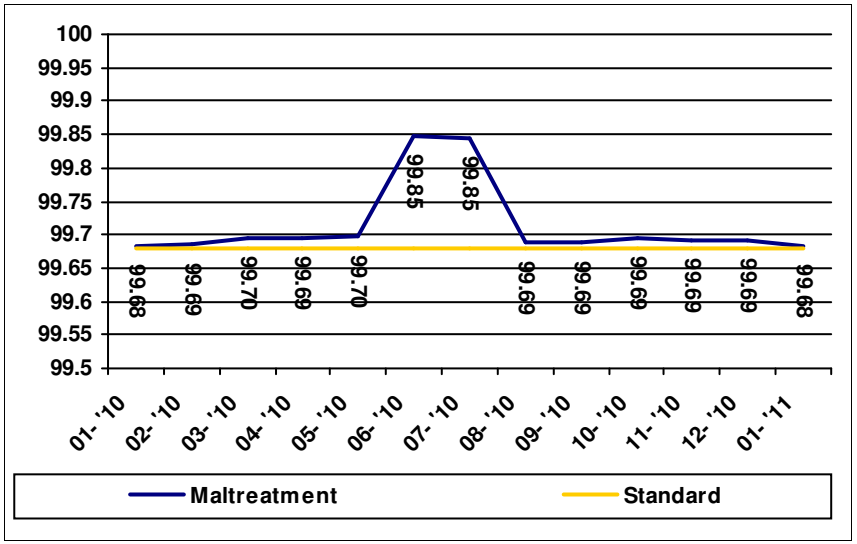
Statewide Trend of Absence of Maltreatment in Foster Care



Region 13 for January 2010 to January 2011

Month	Children in Foster Care from Feb 2010 to Jan 2011	Substantiated Victims in Foster Care	Absence of Maltreatment Percent	National Standard
January 2011	629	2	99.68%	**99.68%**
December 2010	646	2	99.69%	**99.68%**
November 2010	648	2	99.69%	**99.68%**
October 2010	652	2	99.69%	**99.68%**
September 2010	643	2	99.69%	**99.68%**
August 2010	640	2	99.69%	**99.68%**
July 2010	647	1	99.85%	**99.68%**
June 2010	655	1	99.85%	**99.68%**
May 2010	660	2	99.70%	**99.68%**
April 2010	654	2	99.69%	**99.68%**
March 2010	658	2	99.70%	**99.68%**
February 2010	635	2	99.69%	**99.68%**
January 2010	633	2	99.68%	**99.68%**

Region 13 Trend of Absence of Maltreatment in Foster Care



Prepared by
Office of Data Management, Reports, and Analysis
February 10 2011

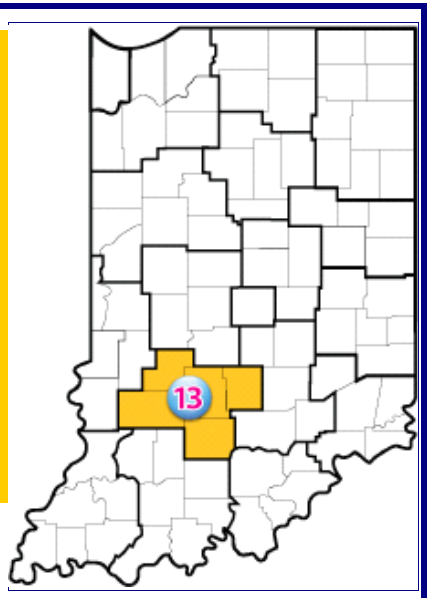
State of Indiana
Mitchell E. Daniels Jr, Governor - James W. Payne, Director
302 West Washington Street Room E306 / Indianapolis, IN 46204-2739

Source:
ICWIS Monthly Data

INDIANA DEPARTMENT OF CHILD SERVICES

Protecting our children, families and future

Department of Child Services
Practice Indicator Reports
For February 2011



Region 13
February 2011

Data in the report (both historical and current) may be subject to change as it is continually being validated and updated. This may result in statistical data in previous reports to be inconsistent with statistics found in more recent reports even when the data pertain to the same time period.

Published
March 2011

DCS Practice Indicator Report
Initial Assessment - Use of Substitute Care

For February 2011

Report Description

This report uses data collected over a rolling three month period ending with the current report month. The graphs and numbers for historical months also use a rolling three month period ending with the historical month listed.

Reports Taken – This section has data regarding the reports taken during the three month period ending with the report month.

Count – This is the total number of reports of abuse or neglect that are entered into ICWIS during the period ending with the report month.

Percent Resulting in Screen Outs – This is the percentage of reports that are screened out divided by the total reports taken during the period ending with the report month.

Assessments Substantiated – This section has data regarding the number of assessments with substantiated findings of abuse and/or neglect during the three month period ending with the report month.

Count – This is the total number of assessments with substantiated findings of abuse and/or neglect during the period ending with the report month.

Percent Resulting in Removal – This is the percentage of substantiated assessments during the period that resulted in removal of the child from the home by the end of the report month divided by the total number of substantiated assessments during the period ending with the report month.

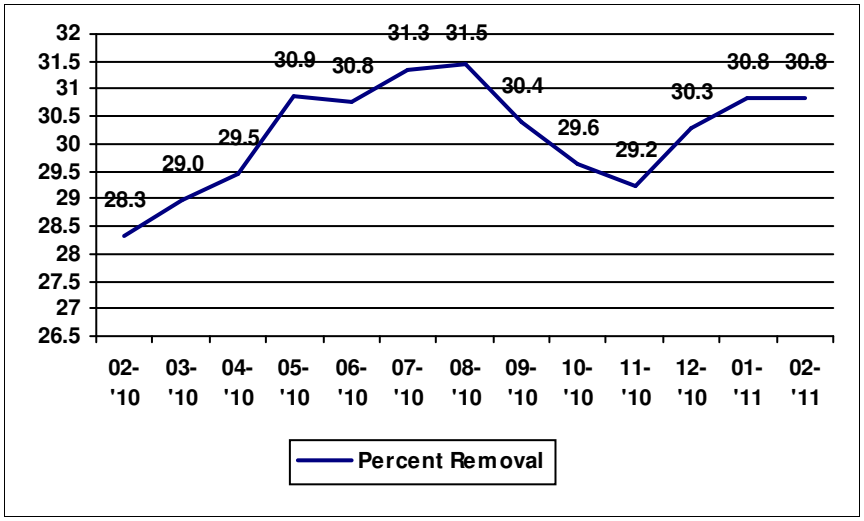
DCS Practice Indicator Report
Initial Assessment - Use of Substitute Care

For February 2011

February 2011

Location	Reports Taken For Dec 2010 to Feb 2011		Assessments Substantiated For Dec 2010 to Feb 2011	
	Count	Percent Resulting in Screen Outs	Count	Percent Resulting in Removal
Statewide	34,738	34.9%	5,149	30.8%
Region 13	1,340	37.76%	131	19.85%
Brown	96	45.8%	9	11.1%
Greene	256	37.5%	18	16.7%
Lawrence	320	34.7%	20	5.0%
Monroe	555	37.8%	63	30.2%
Owen	113	39.8%	21	9.5%

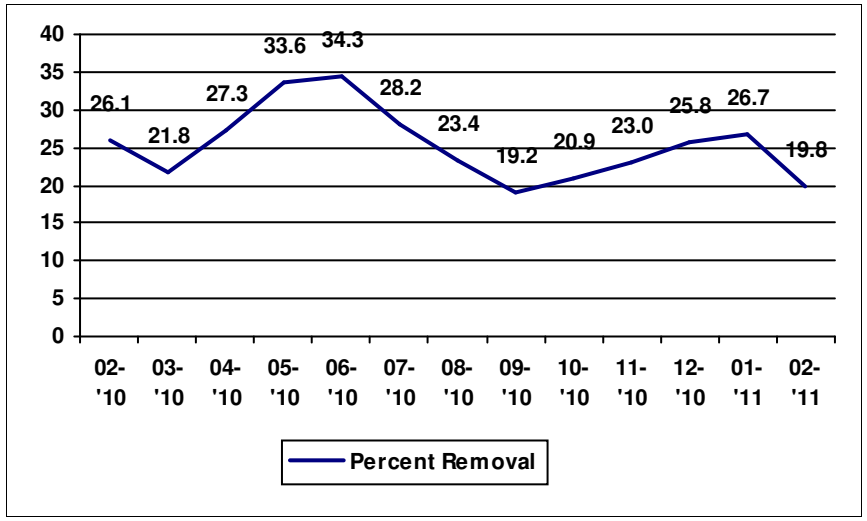
Statewide Percent Removal Trend



Region 13 For February 2010 to February 2011

Month	Reports Taken For Dec 2010 to Feb 2011		Assessments Substantiated For Dec 2010 to Feb 2011	
	Count	Percent Resulting in Screen Outs	Count	Percent Resulting in Removal
Feb 2011	1,340	37.8%	131	19.8%
Jan 2011	1,431	37.3%	135	26.7%
Dec 2010	1,468	39.7%	163	25.8%
Nov 2010	1,547	40.9%	187	23.0%
Oct 2010	1,426	41.7%	220	20.9%
Sep 2010	1,353	40.3%	224	19.2%
Aug 2010	1,326	35.3%	231	23.4%
Jul 2010	1,351	32.3%	245	28.2%
Jun 2010	1,443	28.3%	268	34.3%
May 2010	1,509	25.2%	265	33.6%
Apr 2010	1,363	22.0%	260	27.3%
Mar 2010	1,266	19.7%	266	21.8%
Feb 2010	1,143	21.6%	280	26.1%

Region 13 Percent Removal



Prepared by
Office of Data Management, Reports, and Analysis
March 02 2011

State of Indiana
Mitchell E. Daniels Jr, Governor - James W. Payne, Director
302 West Washington Street Room E306 / Indianapolis, IN 46204-2739

Source:
ICWIS Monthly Data

DCS Practice Indicator Report
CHINS Placements by County

For February 2011

Report Description

This report uses data collected at the end of the current report month. The graphs and numbers for historical months also use data from the end of the historical month listed. This report looks at CHINS children from CHINS cases that were open on the last day of the report month. It also collects where that child is located (in their own home or in substitute care). For the purpose of this report, a child with a non-custodial parent is considered "in home".

Total CHINS Count – This is the number of children that have an open CHINS case on the last day of the report month.

CHINS – This section has data regarding all children that have an open CHINS case on the last day of the month.

In Home – This section has data regarding children that have an open CHINS case on the last day of the month and are in their own home.

Count- This is the number of children that have an open CHINS case on the last day of the month and are in their own home.

Percent- This is the number of children that have an open CHINS case on the last day of the month and are in their own home divided by the total number of children that have an open CHINS case on the last day of the month.

Foster Care – This section has data regarding children that have an open CHINS case on the last day of the month and are in out of home placement.

Count- This is the number of children that have an open CHINS case on the last day of the month and are in out of home placement.

Percent- This is the number of children that have an open CHINS case on the last day of the month and are in out of home placement divided by the total number of children that have an open CHINS case on the last day of the month.

Out of Home Placements – This section has data for children that have an open CHINS case on the last day of the month and are in out of home placement.

Relative Homes – This section has data for children that have an open CHINS case on the last day of the month and are placed with relatives.

Count- This is the number of children that have an open CHINS case on the last day of the month and are placed with relatives.

Percent- This is the number of children that have an open CHINS case on the last day of the month and are placed with relatives divided by the total number of CHINS children in out of home placement at the end of the month.

Foster Homes – This section has data for children that have an open CHINS case on the last day of the month and are placed in foster homes.

Count- This is the number of children that have an open CHINS case on the last day of the month and are placed in foster homes.

Percent- This is the number of children that have an open CHINS case on the last day of the month and are placed in foster homes divided by the total number of CHINS children in out of home placement at the end of the month.

Residential – This section has data for children that have an open CHINS case on the last day of the month and are placed in residential setting.

Count- This is the number of children that have an open CHINS case on the last day of the month and are placed in residential setting.

Percent- This is the number of children that have an open CHINS case on the last day of the month and are placed in residential setting divided by the total number of CHINS children in out of home placement at the end of the month.

Other – This section has data for children that have an open CHINS case on the last day of the month and are in other placement settings. Example would be a court ordered unlicensed placement.

Count- This is the number of children that have an open CHINS case on the last day of the month and are in other placement settings.

Percent- This is the number of children that have an open CHINS case on the last day of the month and are in other placement settings divided by the total number of CHINS children in out of home placement at the end of the month.

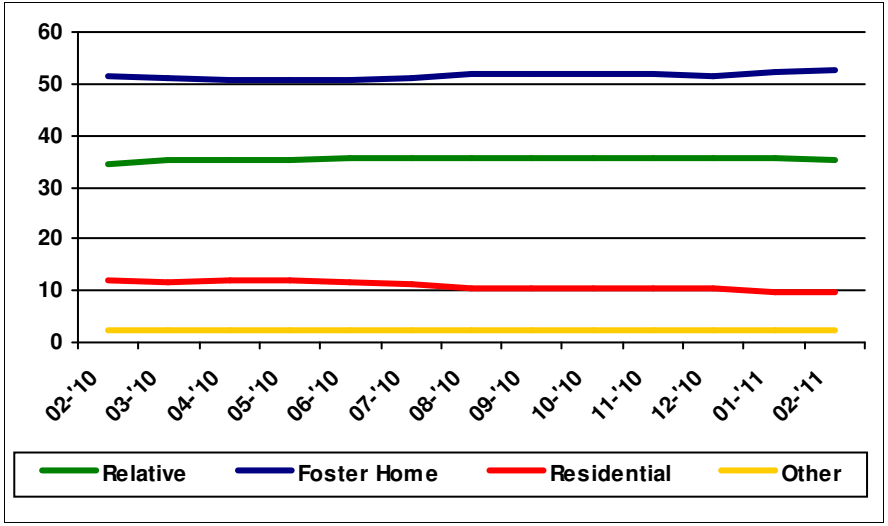
DCS Practice Indicator Report
CHINS Placements by County

For February 2011

February 2011

Location	Total CHINS	CHINS				Out of Home Placements							
		In Home		Foster Care		Relative Home		Foster Homes		Residential		Other	
	Count	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
Statewide	14102	4181	29.6%	9,921	70.4%	3507	35.3%	5235	52.8%	956	9.6%	223	2.2%
Region 13	342	103	30.1%	239	69.9%	112	46.9%	107	44.8%	18	7.5%	2	0.8%
Brown	24	5	20.8%	19	79.2%	7	36.8%	10	52.6%	2	10.5%	0	0.0%
Greene	38	18	47.4%	20	52.6%	4	20.0%	14	70.0%	2	10.0%	0	0.0%
Lawrence	37	10	27.0%	27	73.0%	15	55.6%	10	37.0%	1	3.7%	1	3.7%
Monroe	200	43	21.5%	157	78.5%	73	46.5%	70	44.6%	13	8.3%	1	0.6%
Owen	43	27	62.8%	16	37.2%	13	81.3%	3	18.8%	0	0.0%	0	0.0%

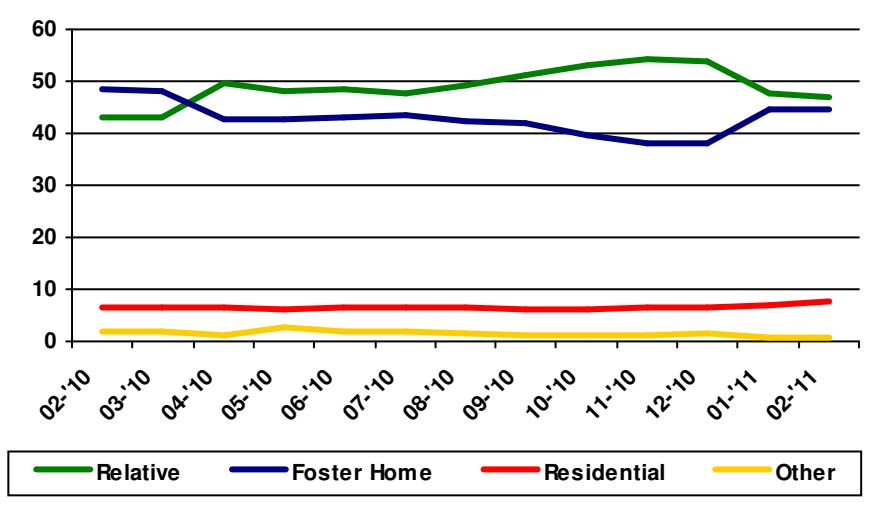
Statewide Foster Care Placement Breakdown



Region 13 For February 2010 to February 2011

Month	Total CHINS	CHINS				Out of Home Placements							
		In Home		Foster Care		Relative Home		Foster Homes		Residential		Other	
	Count	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
Feb 2011	342	103	30.1%	239	69.9%	112	46.9%	107	44.8%	18	7.5%	2	0.8%
Jan 2011	351	101	28.8%	250	71.2%	119	47.6%	112	44.8%	17	6.8%	2	0.8%
Dec 2010	356	97	27.2%	259	72.8%	139	53.7%	99	38.2%	17	6.6%	4	1.5%
Nov 2010	362	91	25.1%	271	74.9%	147	54.2%	103	38.0%	18	6.6%	3	1.1%
Oct 2010	380	103	27.1%	277	72.9%	147	53.1%	110	39.7%	17	6.1%	3	1.1%
Sep 2010	396	111	28.0%	285	72.0%	146	51.2%	119	41.8%	17	6.0%	3	1.1%
Aug 2010	408	118	28.9%	290	71.1%	143	49.3%	123	42.4%	19	6.6%	5	1.7%
Jul 2010	436	133	30.5%	303	69.5%	145	47.9%	132	43.6%	20	6.6%	6	2.0%
Jun 2010	479	174	36.3%	305	63.7%	148	48.5%	131	43.0%	20	6.6%	6	2.0%
May 2010	487	171	35.1%	316	64.9%	152	48.1%	135	42.7%	20	6.3%	9	2.8%
Apr 2010	469	158	33.7%	311	66.3%	154	49.5%	133	42.8%	20	6.4%	4	1.3%
Mar 2010	484	183	37.8%	301	62.2%	130	43.2%	145	48.2%	20	6.6%	6	2.0%
Feb 2010	493	204	41.4%	289	58.6%	124	42.9%	140	48.4%	19	6.6%	6	2.1%

Region 13 Foster Care Placement Breakdown



Prepared by
Office of Data Management, Reports, and Analysis
March 02 2011

State of Indiana
Mitchell E. Daniels Jr, Governor - James W. Payne, Director
302 West Washington Street Room E306 / Indianapolis, IN 46204-2739

Source:
ICWIS Monthly Data

DCS Practice Indicator Report
Use of Foster Care by County

February 2011

Report Description

This report uses data collected at the end of the current report month. The graphs and numbers for historical months also use data from the end of the historical month listed. This report looks at CHINS children from CHINS cases that were open on the last day of the report month. It also collects where that child is located (in their own home or in substitute care). For the purpose of this report, children with non-custodial parents are considered to be in their own home.

Total CHINS Count – This is the number of children that have an open CHINS case on the last day of the report month.

In Home or Relative Care – This section has data regarding children that have an open CHINS case on the last day of the month and are in their own home or in relative care.

Count- This is the number of children that have an open CHINS case on the last day of the month and are in their own home or in relative care.

Percent- This is the number of children that have an open CHINS case on the last day of the month and are in their own home or in relative care divided by the total number of children that have an open CHINS case on the last day of the month.

Target (At or Above) % – The target for the percent of the number of children that have an open CHINS case on the last day of the month and are in their own home or in relative care to the total number of children that have an open CHINS case on the last day of the month is 50% or higher.

Non Relative Foster Care – This section has data for children that have an open CHINS case on the last day of the month and are not in their own home or in relative care.

Count- This is the number of children that have an open CHINS case on the last day of the month and are not in their own home or in relative care.

Percent- This is the number of children that have an open CHINS case on the last day of the month and are not in their own home or in relative care divided by the total number of CHINS children in out of home placement at the end of the month.

Target (At or below) % – The target for the percent of the number of children that have an open CHINS case on the last day of the month and are not in their own home or in relative care to the total number of children that have an open CHINS case on the last day of the month is 50% or higher.

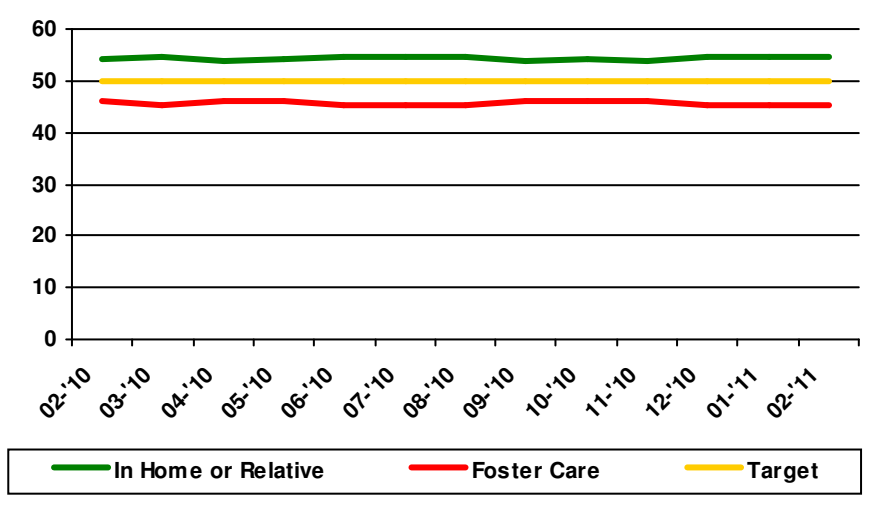
DCS Practice Indicator Report
Use of Foster Care by County

For February 2011

February 2011

Location	Total CHINS	In Home or Relative Care		Target (At or Above) %	Non-Relative Foster Care		Target (At or Below) %
	Count	Count	%		Count	%	
Statewide	14102	7688	54.5%	50.0%	6,414	45.5%	50.0%
Region 13	342	215	62.9%	50.0%	127	37.1%	50.0%
Brown	24	12	50.0%	50.0%	12	50.0%	50.0%
Greene	38	22	57.9%	50.0%	16	42.1%	50.0%
Lawrence	37	25	67.6%	50.0%	12	32.4%	50.0%
Monroe	200	116	58.0%	50.0%	84	42.0%	50.0%
Owen	43	40	93.0%	50.0%	3	7.0%	50.0%

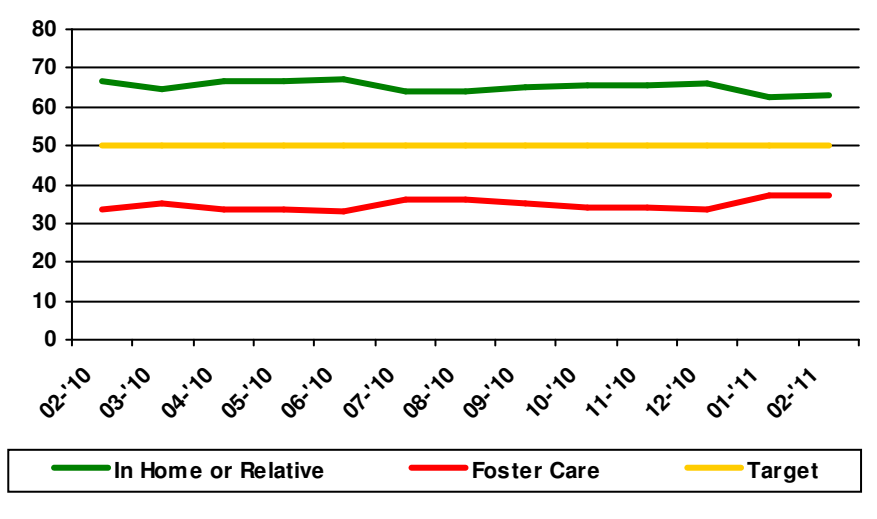
Statewide Foster Care Placement Breakdown



Region 13 For February 2010 to February 2011

Month	Total CHINS	In Home or Relative Care		Target (At or Above) %	Non-Relative Foster Care		Target (At or Below) %
	Count	Count	%		Count	%	
February 2011	342	215	62.9%	50.0%	127	37.1%	50.0%
January 2011	351	220	62.7%	50.0%	131	37.3%	50.0%
December 2010	356	236	66.3%	50.0%	120	33.7%	50.0%
November 2010	362	238	65.7%	50.0%	124	34.3%	50.0%
October 2010	380	250	65.8%	50.0%	130	34.2%	50.0%
September 2010	396	257	64.9%	50.0%	139	35.1%	50.0%
August 2010	408	261	64.0%	50.0%	147	36.0%	50.0%
July 2010	436	278	63.8%	50.0%	158	36.2%	50.0%
June 2010	479	322	67.2%	50.0%	157	32.8%	50.0%
May 2010	487	323	66.3%	50.0%	164	33.7%	50.0%
April 2010	469	312	66.5%	50.0%	157	33.5%	50.0%
March 2010	484	313	64.7%	50.0%	171	35.3%	50.0%
February 2010	493	328	66.5%	50.0%	165	33.5%	50.0%

Region 13 Foster Care Placement Breakdown



Prepared by
Office of Data Management, Reports, and Analysis
March 08 2011

State of Indiana
Mitchell E. Daniels Jr, Governor - James W. Payne, Director
302 West Washington Street Room E306 / Indianapolis, IN 46204-2739

Source:
ICWIS Monthly Data

DCS Practice Indicator Report
Locally Placed CHINS

For February 2011

Report Description

This report uses data collected over at the end of the current report month. The graphs and numbers for historical months also use data from the historical month listed. For the purpose of this report, children with their non-custodial parents are considered to be in their own home.

Total Out of Home Placements – This is the total number of CHINS children that are in out of home placement on the last day of the report month.

Placed in Same County – This is the total number of CHINS children that are placed in the same county as the county of their case.

Percent Locally Placed – This is the percentage of CHINS children that are placed in the same county as the county of their case divided by the total number of CHINS children which are in out of home placement on the last day of the report month.

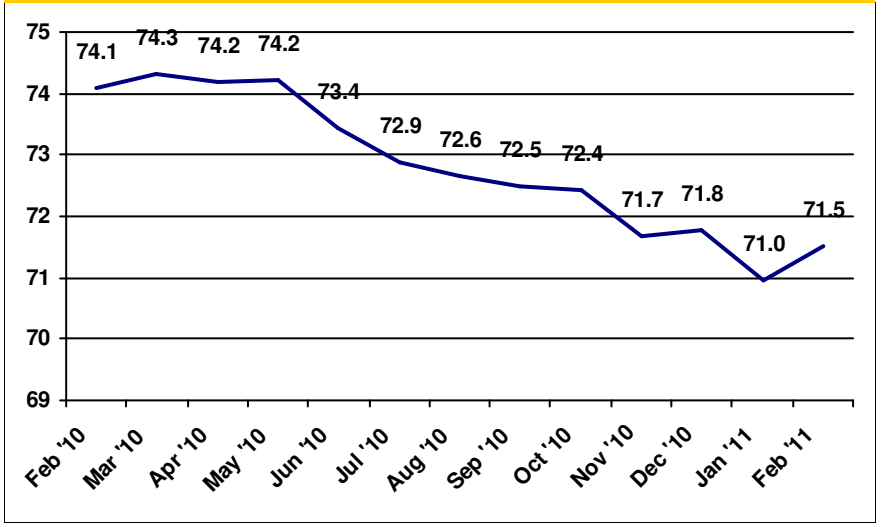
DCS Practice Indicator Report
Locally Placed CHINS

For February 2011

February 2011

Location	Total Out of Home Placements	Placed in Same County	Percent Locally Placed
Statewide	9,921	7,093	71.5%
Region 13	239	156	65.3%
Brown	19	17	89.5%
Greene	20	13	65.0%
Lawrence	27	18	66.7%
Monroe	157	97	61.8%
Owen	16	11	68.8%

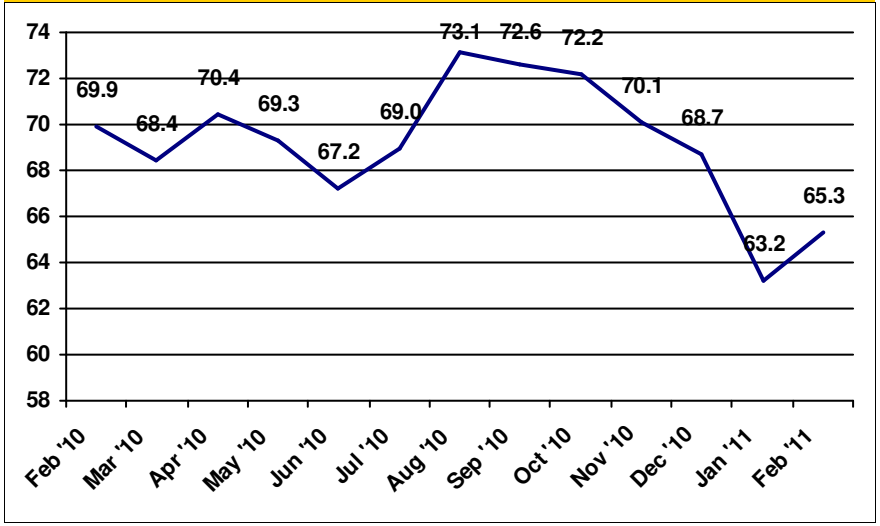
Statewide Percent Placed Locally



Region 13 For February 2010 to February 2011

Month	Total Out of Home Placements	Placed in Same County	Percent Locally Placed
Feb 2011	239	156	65.3%
Jan 2011	250	158	63.2%
Dec 2010	259	178	68.7%
Nov 2010	271	190	70.1%
Oct 2010	277	200	72.2%
Sep 2010	285	207	72.6%
Aug 2010	290	212	73.1%
Jul 2010	303	209	69.0%
Jun 2010	305	205	67.2%
May 2010	316	219	69.3%
Apr 2010	311	219	70.4%
Mar 2010	301	206	68.4%
Feb 2010	289	202	69.9%

Region 13 Percent Placed Locally



Prepared by
Office of Data Management, Reports, and Analysis
March 02 2011

State of Indiana
Mitchell E. Daniels Jr, Governor - James W. Payne, Director
302 West Washington Street Room E306 / Indianapolis, IN 46204-2739

Source:
ICWIS Monthly Data

DCS Practice Indicator Report
Average Number of Placements

For February 2011

Report Description

This report uses data collected at the end of the current report month. The graphs and numbers for historical months also use data from the historical month listed.

Average Number of Placements Per Child – This is the total number of out of home placements for each CHINS child in out of home placement on the last day of the report month. This includes all placements during the current removal episode. If a child had at least one placement end in the first 8 days from removal, then that child's number of placements was reduced by one.

This number is divided by the total number CHINS children who are in out of home placement on the last day of the report month.

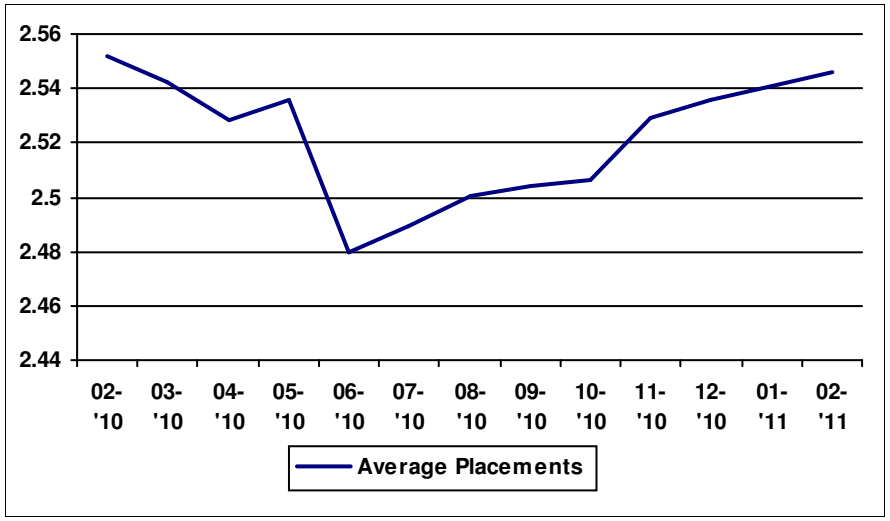
DCS Practice Indicator Report
Average Number of Placements

For February 2010 to February 2011

February 2011

Location	Average Number of Placements Per Child
Statewide	2.5
Region 13	2.4
Brown	1.8
Greene	4.0
Lawrence	2.5
Monroe	2.3
Owen	2.0

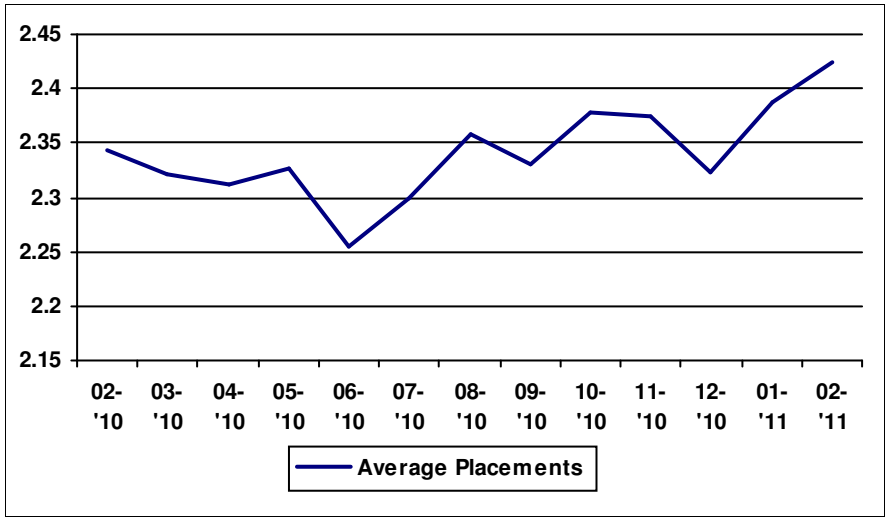
Statewide Average Number of Placements



Region 13 For February 2010 to February 2011

Month	Average Number of Placements Per Child
February 2011	2.4
January 2011	2.4
December 2010	2.3
November 2010	2.4
October 2010	2.4
September 2010	2.3
August 2010	2.4
July 2010	2.3
June 2010	2.3
May 2010	2.3
April 2010	2.3
March 2010	2.3
February 2010	2.3

Region 13 Average Number of Placements



Prepared by
Office of Data Management, Reports, and Analysis
March 02 2011

State of Indiana
Mitchell E. Daniels Jr, Governor - James W. Payne, Director
302 West Washington Street Room E306 / Indianapolis, IN 46204-2739

Source:
ICWIS Monthly Data

DCS Practice Indicator Report
Sibling Placement Report

For February 2011

Report Description

This report uses data collected at the end of the current report month. The graphs and numbers for historical months also use data from the end of the histori month listed. For the purpose of this report, children with a non-custodial parent are considered to be in their own home.

Count of Sibling Cases – This is the number of open cases as of the end of the report month which have more than one child in out of home placement at tl end of the report month.

Cases With All Children Placed Together – This is the number of cases with more than one child in out of home placement where all of the children are placed in the same resource with the same resource ID.

Percent Placed Together of Sibling Cases– This is the percentage of the number of cases where all of the children in out of home placement are placed together divided by the number of open cases with more than one child in out of home placement as of the end of the report month.

Average Number of Children per Case – This number takes the number of children in out of home placement from cases with more than one child in out of home placement and divides it by the number of cases with more than one child in out of home placement as of the end of the report month.

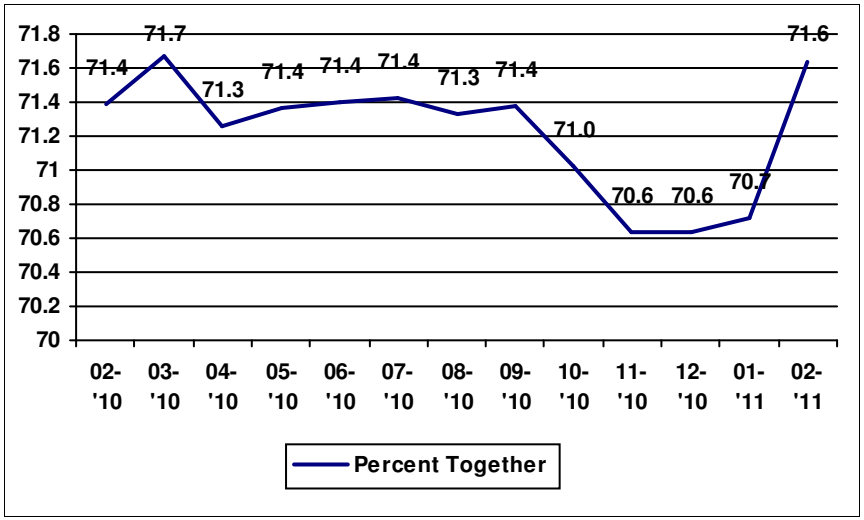
DCS Practice Indicator Report
Sibling Placement Report

February 2011

February 2011

Location	Count of Sibling Cases	Cases With All Children Placed Together	Percent Placed Together of Sibling Cases	Average Number of Children per Case
Statewide	2433	1743	71.6%	2.70
Region 13	56	48	85.7%	2.66
Brown	5	3	60.0%	3.00
Greene	3	3	100.0%	2.33
Lawrence	4	4	100.0%	2.50
Monroe	39	33	84.6%	2.69
Owen	5	5	100.0%	2.40

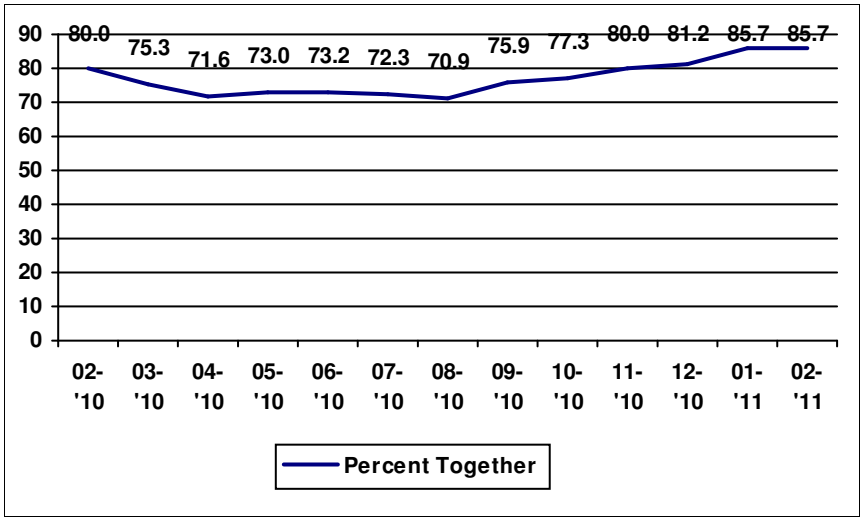
Statewide Percent Together



Region 13 For February 2010 to February 2011

Month	Count of Sibling Cases	Cases With All Children Placed Together	Percent Placed Together of Sibling Cases	Average Number of Children per Case
February 2011	56	48	85.7%	2.66
January 2011	63	54	85.7%	2.56
December 2010	69	56	81.2%	2.42
November 2010	75	60	80.0%	2.45
October 2010	75	58	77.3%	2.51
September 2010	79	60	75.9%	2.54
August 2010	79	56	70.9%	2.53
July 2010	83	60	72.3%	2.54
June 2010	82	60	73.2%	2.56
May 2010	89	65	73.0%	2.55
April 2010	88	63	71.6%	2.57
March 2010	85	64	75.3%	2.56
February 2010	80	64	80.0%	2.50

Region 13 Percent Together



Prepared by
Office of Data Management, Reports, and Analysis
March 02 2011

State of Indiana
Mitchell E. Daniels Jr, Governor - James W. Payne, Director
302 West Washington Street Room E306 / Indianapolis, IN 46204-2739

Source:
ICWIS Monthly Data

DCS Practice Indicator Report
Length of Stay in Out of Home Placement
Children in Out of Home Placement by Length of Time Since Latest Removal
For February 2011

Report Description

This report uses data collected at the end of the current report month. The graphs and numbers for historical months also use data from the end of the historical month listed. This report looks at CHINS children that were in out of home placement at the end of the month. It measures the number of days since the child was last removed from its home.

One Year - 0 to 365 Days– This is column shows data for CHINS children that have been in out of home placement between 0 and 365 days since the child's removal.

Count- This is the number of CHINS children that have been in out of home placement between 0 and 365 days since the child's last removal.
Percent- This is the number of CHINS children that have been in out of home placement between 0 and 365 days since the child's last removal divided by the total number of CHINS children in out of home placement at the end of the month.

One Year - 366 to 730 Days– This is column shows data for CHINS children that have been in out of home placement between 366 and 730 days since the c last removal.

Count- This is the number of CHINS children that have been in out of home placement between 366 and 730 days since the child's last removal.
Percent- This is the number of CHINS children that have been in out of home placement between 366 and 730 days since the child's last removal divided by the total number of CHINS children in out of home placement at the end of the month.

One Year - 731 to 1095 Days– This is column shows data for CHINS children that have been in out of home placement between 731 to 1095 days since the child's last removal.

Count- This is the number of CHINS children that have been in out of home placement between 731 to 1095 days since the child's last removal.
Percent- This is the number of CHINS children that have been in out of home placement between 731 to 1095 days since the child's last removal divided by the total number of CHINS children in out of home placement at the end of the month.

One Year - 1096 Days+– This is column shows data for CHINS children that have been in out of home placement 1096 days or more since the child's last removal.

Count- This is the number of CHINS children that have been in out of home placement 1096 days or more since the child's last removal.
Percent- This is the number of CHINS children that have been in out of home placement 1096 days or more since the child's last removal divided by the total number of CHINS children in out of home placement at the end of the month.

Length Per Child – This column shows data for length of time of CHINS children who were in out of home placement at the end of the report month have been in out of home placement since the child's last removal from their home.

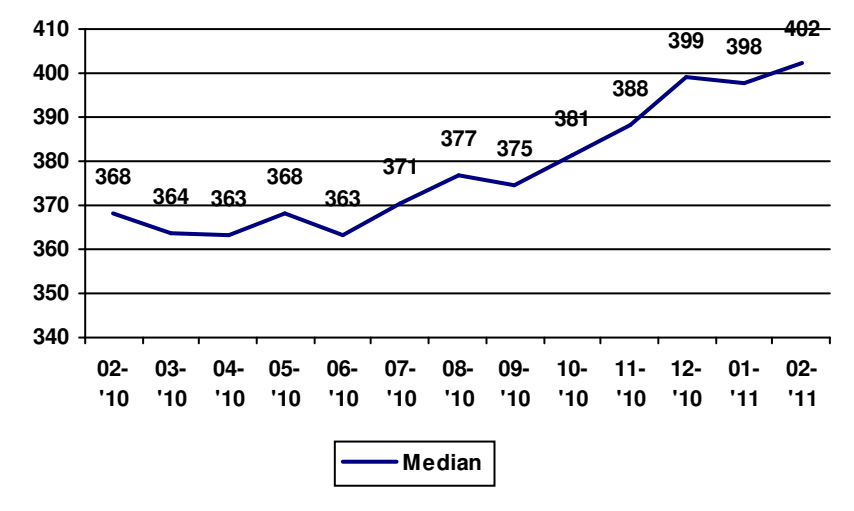
Average- This column calculates the average or "mean" length of time in out of home placement since the last removal per child in out of home placement at the end of the report month.
Median- This column calculates the median length of time in out of home placement since the last removal per child in out of home placement at the end of the report month.

DCS Practice Indicator Report
Length of Stay in Out of Home Placement
Children in Out of Home Placement by Length of Time Since Latest Removal
For February 2011

February 2011

Location	One Year 0 to 365 Days		Two Years 366 to 730 Days		Three Years 731 to 1095 Days		Three + Years 1096 Days+		Length Per Child	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Average	Median
Statewide	4,635	46.7%	2,469	24.9%	1,234	12.4%	1,583	16.0%	635.4	402.3
Region 13	112	46.9%	71	29.7%	27	11.3%	29	12.1%	592.0	441.6
Brown	12	63.2%	1	5.3%	3	15.8%	3	15.8%	572.5	280.6
Greene	6	30.0%	9	45.0%	1	5.0%	4	20.0%	686.6	564.0
Lawrence	9	33.3%	10	37.0%	5	18.5%	3	11.1%	615.1	559.6
Monroe	76	48.4%	47	29.9%	16	10.2%	18	11.5%	589.4	397.7
Owen	9	56.3%	4	25.0%	2	12.5%	1	6.3%	483.6	340.0

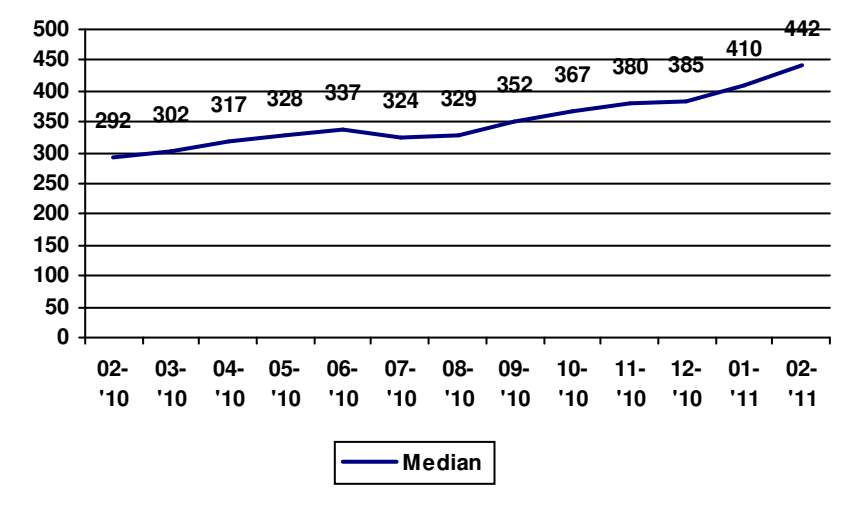
Statewide Median Length



Region 13 For February 2010 to February 2011

Month	One Year 0 to 365 Days		Two Years 366 to 730 Days		Three Years 731 to 1095 Days		Three + Years 1096 Days+		Length Per Child	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Average	Median
February 2011	112	46.9%	71	29.7%	27	11.3%	29	12.1%	592.0	441.6
January 2011	119	47.6%	74	29.6%	28	11.2%	29	11.6%	568.3	410.0
December 2010	128	49.4%	72	27.8%	32	12.4%	27	10.4%	550.7	384.6
November 2010	130	48.0%	75	27.7%	30	11.1%	36	13.3%	570.6	380.4
October 2010	138	49.8%	74	26.7%	32	11.6%	33	11.9%	563.1	366.7
September 2010	149	52.3%	74	26.0%	30	10.5%	32	11.2%	545.9	351.5
August 2010	156	53.8%	72	24.8%	25	8.6%	37	12.8%	544.0	329.0
July 2010	160	52.8%	77	25.4%	27	8.9%	39	12.9%	534.2	324.4
June 2010	158	51.8%	80	26.2%	29	9.5%	38	12.5%	522.4	337.4
May 2010	175	55.4%	77	24.4%	23	7.3%	41	13.0%	511.7	327.5
April 2010	181	58.2%	65	20.9%	27	8.7%	38	12.2%	498.2	317.4
March 2010	182	60.5%	54	17.9%	29	9.6%	36	12.0%	499.9	302.4
February 2010	171	59.2%	50	17.3%	28	9.7%	40	13.8%	526.4	292.4

Region 13 Median Length



Prepared by
Office of Data Management, Reports, and Analysis
March 02 2011

State of Indiana
Mitchell E. Daniels Jr, Governor - James W. Payne, Director
302 West Washington Street Room E306 / Indianapolis, IN 46204-2739

Source:
ICWIS Monthly Data

DCS Practice Indicator Report
CHINS and IA Permanency Report

For February 2011

Report Description

This report uses CHINS and IA case types that have case type status end date occurring during the month. It then groups these cases using the closure reasons codes into categories of closure reasons. Case with closure reason code "Case opened in error – disregard" are filtered out for the purpose of this report. This report uses the reason codes selected by the worker at the date of case closure. **Adoption closure reasons will not match the number of actual finalized adoptions reported from the hearing information fields in ICWIS/MaGik.**

Closure Reasons are group by:

Description	Category	Description	Category
Child Reunited with Parents	Reunification	Case closed; AG case created	Guardianship
Child never Removed from own home, wardship terminated	Reunification	Child placed with relatives	Relative
Extended wardship terminated (on court order for age 18 to 21)	Emancipation	Child Placed with Legal guardian	Guardianship
Child Returned to Primary Home	Reunification	Child Reached Age of Majority (age 18)	Emancipation
Period of IA ended code used for Informal Adjustment cases only	Reunification	Emancipated Court Ordered (age 18)	Emancipation
Child Adoption Finalized	Adoption	Child Already Reunited with parent (s) when wardship terminated	Reunification

The Permanency column "Total" refers to the total case with reason codes in the Reunification, Adoption, Relative, Guardianship, and Emancipation categories.

The Permanency column "Total within 24 months" refers to the total case that ended within 24 month of the case status type begin date in the Reunification, Adoption, Relative, Guardianship, and Emancipation categories.

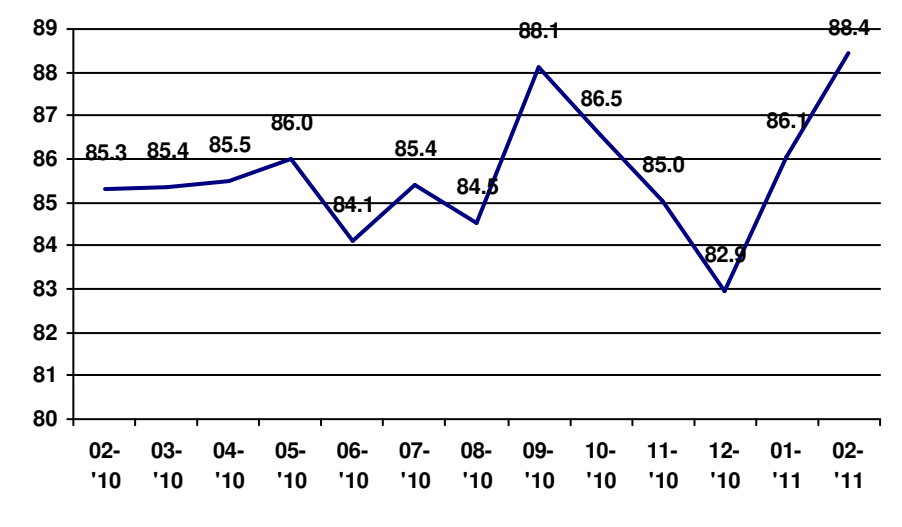
DCS Practice Indicator Report
CHINS and IA Permanency Report

For February 2011

February 2011

Location	Closed Cases Types with Permanency Outcomes					Permanency		
	Reunification	Adoption	Relative	Guardianship	Emanicipation	Total	Within 24 Months	24 Month Rate
Statewide	583	73	21	51	24	752	665	88.4
Region 13	24	2	0	4	3	33	30	90.9
Brown	3	0	0	0	0	3	3	100.0
Greene	0	0	0	3	1	4	3	75.0
Lawrence	8	0	0	0	0	8	8	100.0
Monroe	9	2	0	1	2	14	12	85.7
Owen	4	0	0	0	0	4	4	100.0

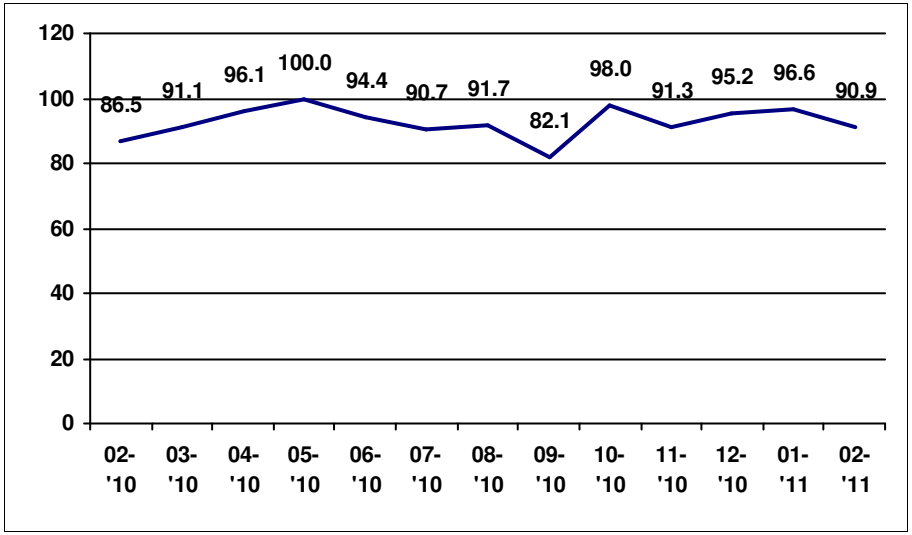
Statewide Permanency within 24 Months



Region 13 For February 2010 to February 2011

Location	Closed Cases Types with Permanency Outcomes					Permanency		
	Reunification	Adoption	Relative	Guardianship	Emanicipation	Total	Within 24 Months	24 Month Rate
Feb 2011	24	2	0	4	3	33	30	90.9
Jan 2011	27	2	0	0	0	29	28	96.6
Dec 2010	18	1	0	1	1	21	20	95.2
Nov 2010	20	2	0	0	1	23	21	91.3
Oct 2010	41	5	0	4	0	50	49	98.0
Sep 2010	19	3	0	5	1	28	23	82.1
Aug 2010	29	2	0	4	1	36	33	91.7
Jul 2010	50	0	0	1	3	54	49	90.7
Jun 2010	48	2	2	1	1	54	51	94.4
May 2010	31	0	0	0	0	31	31	100.0
Apr 2010	45	2	0	1	3	51	49	96.1
Mar 2010	42	6	1	4	3	56	51	91.1
Feb 2010	25	5	0	6	1	37	32	86.5

Region 13 Permanency within 24 Months



Prepared by
Office of Data Management, Reports, and Analysis
March 11 2011

State of Indiana
Mitchell E. Daniels Jr, Governor - James W. Payne, Director
302 West Washington Street Room E306 / Indianapolis, IN 46204-2739

Source:
ICWIS Monthly Data

DCS Practice Indicator Report
Family Case Manager Contacts Report

For February 2011

Report Description

This report uses data collected over at the end of the current report month. The graphs and numbers for historical months also use data from the historical month listed. For the purpose of this report, a person is considered family for the child if they have the following relationships:

- Father
- Mother
- Stepfather
- Stepmother
- Grandfather
- Grandmother
- Pre-adoptive father
- Pre-adoptive mother
- Adoptive grandparent
- Legal Guardian

Children Out of Home Entire Month – This column shows the number of children in out of home placement at the end of the report month who also have a removal date prior to the first of the report month.

Contact Information – This section of the reports shows information regarding FCM contacts (from the contact screens) during the report month.

FCM with Family – This section of the report shows FCM contacts with the child's family (as described above) during the report month.

> **Children** – This is the total number of children that the FCM had at least one contact with a member of the child's family during the report month.
> **Rate** – This is the total number of children that FCM had at least one contact with a member of the child's family divided by the total number of children in out of home placement for the entire month (as described above).

FCM with Child – This section of the report shows FCM contacts with the child during the report month.

> **Children** – This is the total number of children that the FCM had at least one contact with a the child during the report month.
> **Rate** – This is the total number of children that FCM had at least one contact with the child divided by the total number of children in out of home placement for the entire month (as described above).

FCM with Family and Child – This section of the report shows FCM contacts with the child's family (as described above) **AND** the child during the report month. Contact with both had to have occurred for the child to be included in this section. The family and child do not need to present at the same contact, contact with each could have been made in two separate contacts.

> **Children** – This is the total number of children that the FCM had at least one contact with a member of the child's family **and** at least one contact with the child during the report month.
> **Rate** – This is the total number of children that FCM had at least one contact with a member of the child's family **and** at least one contact with the child during the report month divided by the total number of children in out of home placement for the entire month (as described above).

DCS Practice Indicator Report

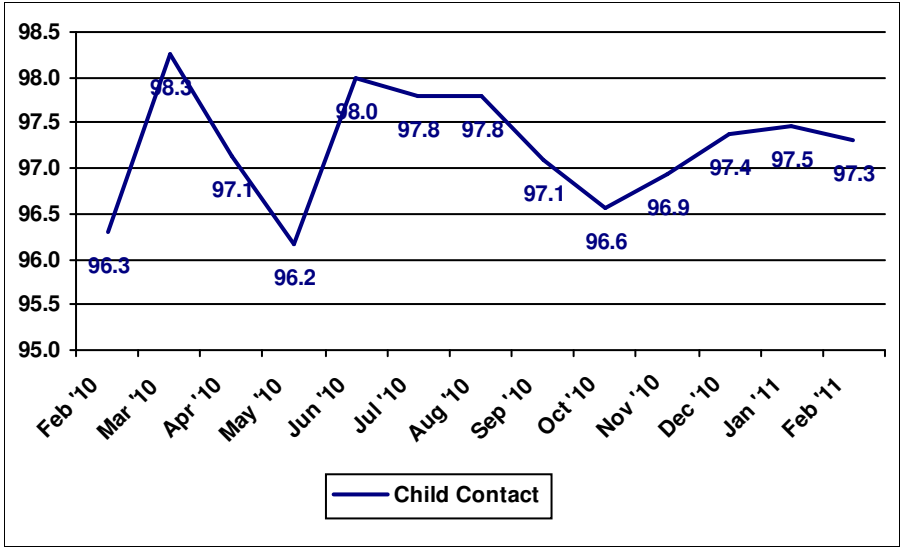
Family Case Manager Contacts Report

For February 2011

February 2011

Location	Children out of home entire month	Contact Information					
		FCM with Family		FCM with Child		FCM with Family and Child	
		Children	Rate	Children	Rate	Children	Rate
Statewide	9,638	2,728	28.3%	9,378	97.3%	2,684	27.8%
Region 13	237	65	27.4%	218	92.0%	64	27.0%
Brown	19	2	10.5%	11	57.9%	2	10.5%
Greene	20	6	30.0%	20	100.0%	6	30.0%
Lawrence	27	3	11.1%	22	81.5%	3	11.1%
Monroe	155	47	30.3%	149	96.1%	46	29.7%
Owen	16	7	43.8%	16	100.0%	7	43.8%

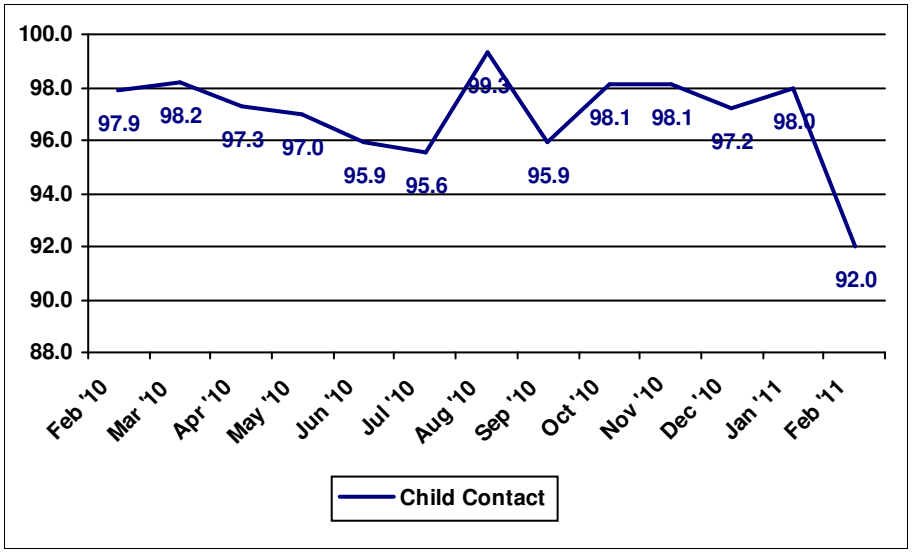
Statewide Child Contact Rate



Region 13 For February 2010 to February 2011

Month	Children out of home entire month	Contact Information					
		FCM with Family		FCM with Child		FCM with Family and Child	
		Children	Rate	Children	Rate	Children	Rate
Feb 2011	237	65	27.4%	218	92.0%	64	27.0%
Jan 2011	244	79	32.4%	239	98.0%	79	32.4%
Dec 2010	252	89	35.3%	245	97.2%	87	34.5%
Nov 2010	261	90	34.5%	256	98.1%	90	34.5%
Oct 2010	267	99	37.1%	262	98.1%	99	37.1%
Sep 2010	269	100	37.2%	258	95.9%	98	36.4%
Aug 2010	280	95	33.9%	278	99.3%	95	33.9%
Jul 2010	293	100	34.1%	280	95.6%	100	34.1%
Jun 2010	296	100	33.8%	284	95.9%	98	33.1%
May 2010	301	89	29.6%	292	97.0%	88	29.2%
Apr 2010	294	121	41.2%	286	97.3%	121	41.2%
Mar 2010	273	98	35.9%	268	98.2%	97	35.5%
Feb 2010	280	99	35.4%	274	97.9%	98	35.0%

Region 13 Child Contact Rate



Prepared by
Office of Data Management, Reports, and Analysis
March 08 2011

State of Indiana
Mitchell E. Daniels Jr, Governor - James W. Payne, Director
302 West Washington Street Room E306 / Indianapolis, IN 46204-2739

Source:
ICWIS Monthly Data

DCS Practice Indicator Report
Child Visitation Report

For February 2011

Report Description

This report uses data collected at the end of the current report month. The graphs and numbers for historical months also use data from the historical month listed. For the purpose of this report, a person is considered family for the child if they have the following relationships:

- Father
- Mother
- Stepfather
- Stepmother
- Grandfather
- Grandmother
- Pre-adoptive father
- Pre-adoptive mother
- Adoptive grandparent
- Legal Guardian

Children out of home with case plan goal of reunification – This column shows the number of children in out of home placement at the end of the report month who also have reunification as the most recently entered primary case plan goal.

Children with visits to their family during the month – This section of the report shows data regarding children who have had a visit with the child's family (as described above) begin during the report month.

Children – This is the total number of children that the child had at least one visit with a member of the child's family during the report month.
Rate – This is the total number of children that the child had at least one visit with a member of the child's family divided by the total number of children in out of home placement at the end of the report month with case plan goal of reunification(as described above).

DCS Practice Indicator Report

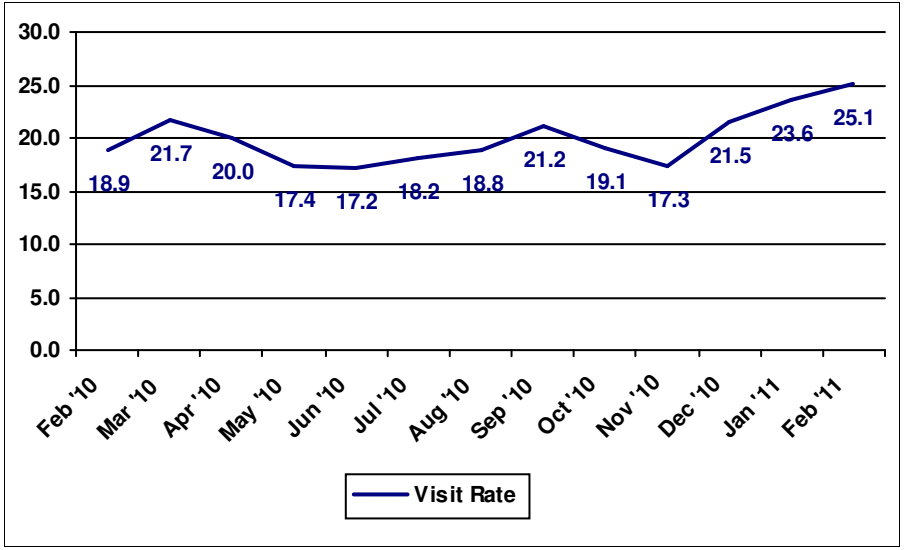
Child Visitation Report

For February 2011

February 2011

Location	Children out of home with case plan goal of reunification	Children with visits to their family during the month	
		Children	Rate
Statewide	5,238	1,313	25.1%
Region 13	108	26	24.1%
Brown	10	0	0.0%
Greene	10	3	30.0%
Lawrence	13	1	7.7%
Monroe	65	20	30.8%
Owen	10	2	20.0%

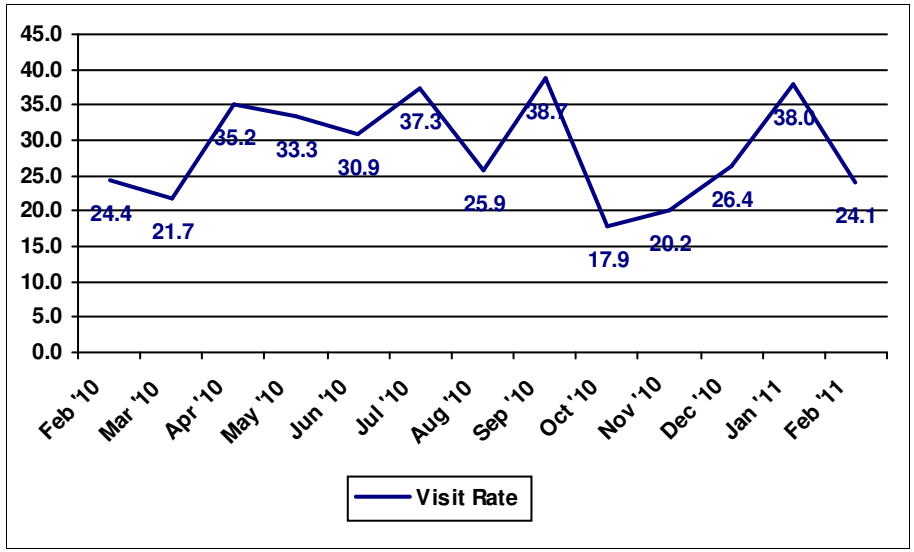
Statewide Visitation Rate



Region 13 For February 2010 to February 2011

Month	Children out of home with case plan goal of reunification	Chidlren with visits to their family during the month	
		Children	Rate
Feb 2011	108	26	24.1%
Jan 2011	121	46	38.0%
Dec 2010	125	33	26.4%
Nov 2010	124	25	20.2%
Oct 2010	117	21	17.9%
Sep 2010	142	55	38.7%
Aug 2010	147	38	25.9%
Jul 2010	153	57	37.3%
Jun 2010	162	50	30.9%
May 2010	168	56	33.3%
Apr 2010	165	58	35.2%
Mar 2010	166	36	21.7%
Feb 2010	160	39	24.4%

Region 13 Visitation Rate



Prepared by
Office of Data Management, Reports, and Analysis
March 15 2011

State of Indiana
Mitchell E. Daniels Jr, Governor - James W. Payne, Director
302 West Washington Street Room E306 / Indianapolis, IN 46204-2739

Source:
ICWIS Monthly Data

DCS Practice Indicator Report
Absence of Repeat Maltreatment

For February 2011

Report Description

This is a description of the key elements used in this report.

Time Period – The time period used in this report is the 12 months prior to the month of the report.

Assessments during time period – The assessment used in this report are assessment with BOTH report date AND approval date during the time period (12 months prior to the month of the report).

Victim Selection – The children used in this report were identified as having at least one substantiated allegation of abuse or neglect on an assessment during the time period.

First Occurrence – This looks at the victims of substantiated abuse or neglect during the first 6 months of the time period (6 to 12 months prior to the month of the report). If a child was a victim in multiple assessments with substantiated abuse or neglect, the assessment with the earliest report date is considered the first occurrence.

Recurrence Time Period – The time period used to see if a child is a substantiated victim in a recurring assessment of abuse or neglect is based off the report date of the first occurrence. The recurrence period begins one day after the first occurrence report date and ends 183 after the first occurrence report date (>= 1st Occurrence +1 and <= 1st Occurrence +183). If a child has multiple recurrences, the earliest report date in the recurring time period is considered the recurring assessment.

Here is a visual representation of an example. This is a report for December of a given year. The time period to review assessments would run from Jan 1st to Dec 31st. The time period for a first occurrence would be Jan 1st to Jun 30th. If a child had a first occurrence on Feb 7th, the recurrence period would run from Feb 8th to Aug 9th. If the child had a recurrence in Aug 5th, that would be considered repeat maltreatment. If the child had a recurrence Oct 10th, that would not be considered repeat maltreatment because it fell outside the recurrence period.

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Time Period (Jan 1st to Dec 31st)											
1st Occurrence Time Period (Jan 1st to Jun 30th)											
			Recurrence Period (Feb 8th to Aug 9th)								

Percent of absence of repeat maltreatment – This calculations uses the terms defined above. The numerator is the number of children with a first occurrence minus the number of children with a recurrence. The denominator is the number of children with first occurrence.

$$\frac{(1^{st}\text{ Occurrence} - \text{Recurrence})}{1^{st}\text{ Occurrence}}$$

For the purposes of this report, the county the child is assigned to is based off the county of first occurrence. If a child has a recurrence in a different county, the repeat will show for the county of the first occurrence.

DCS Practice Indicator Report

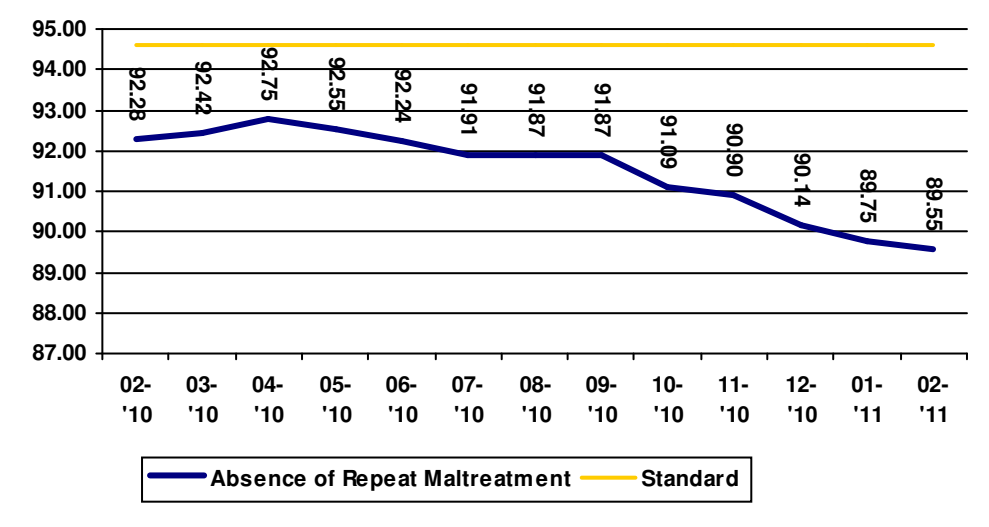
Absence of Repeat Maltreatment

For February 2011

February 2011

County	Victims from Mar 2010 to Sep 2010	Victims without a recurrence within 6 months	Absence of Repeat Maltreatment Percent	National Standard
Statewide	12,002	10,748	89.55%	94.60%
Region 13	439	398	90.66%	94.60%
Brown	26	24	92.31%	94.60%
Greene	84	78	92.86%	94.60%
Lawrence	75	69	92.00%	94.60%
Monroe	214	194	90.65%	94.60%
Owen	40	33	82.50%	94.60%

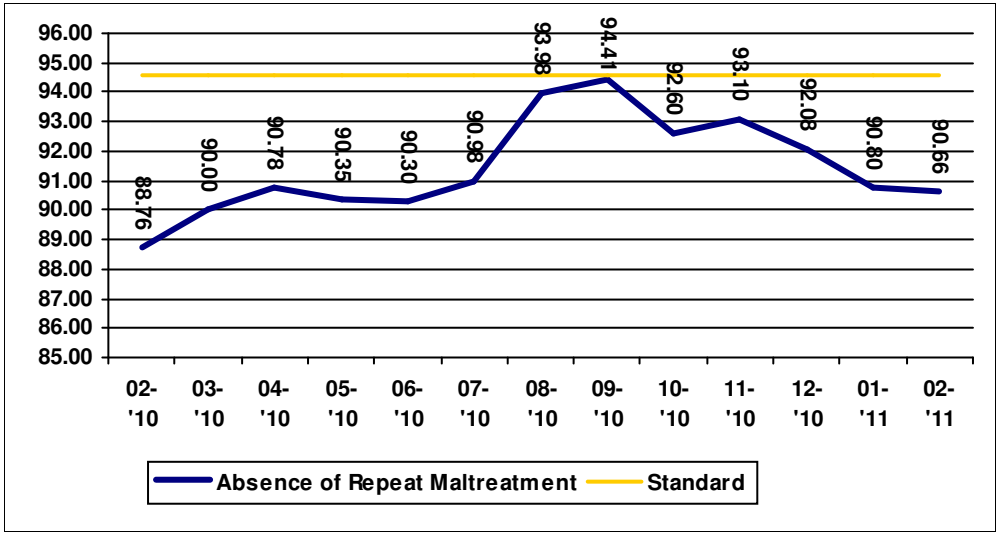
Statewide Absence of Repeat Maltreatment



Region 13 For February 2010 to February 2011

County	Victims from Mar 2010 to Sep 2010	Victims without a recurrence within 6 months	Absence of Repeat Maltreatment Percent	National Standard
February 2011	439	398	90.66%	94.60%
January 2011	424	385	90.80%	94.60%
December 2010	442	407	92.08%	94.60%
November 2010	464	432	93.10%	94.60%
October 2010	473	438	92.60%	94.60%
September 2010	483	456	94.41%	94.60%
August 2010	498	468	93.98%	94.60%
July 2010	510	464	90.98%	94.60%
June 2010	526	475	90.30%	94.60%
May 2010	487	440	90.35%	94.60%
April 2010	499	453	90.78%	94.60%
March 2010	540	486	90.00%	94.60%
February 2010	507	450	88.76%	94.60%

Region 13 Absence of Repeat Maltreatment



Prepared by
Office of Data Management, Reports, and Analysis
March 01 2011

State of Indiana
Mitchell E. Daniels Jr, Governor - James W. Payne, Director
302 West Washington Street Room E306 / Indianapolis, IN 46204-2739

Source:
ICWIS Monthly Data

DCS Practice Indicator Report
Absence of Maltreatment in Foster Care

For February 2011

Report Description

This is a description of the key elements used in this report.

Time Period – The time period used in this report is the 12 months prior to the month of the report.

Assessments during the time period – The assessment used in this report are assessment with BOTH report date AND approval date during the time period (12 months prior to the month of the report).

Victim of maltreatment in Foster Care – The children used in this report were identified as having at least one substantiated allegation of abuse or neglect on an assessment during the time period where the perpetrator is a foster parent or institutional staff.

Children in Foster Care during the time period – All CHINS children with an open removal episode at any time during the 12 months prior to the month of the report. Also included are Probation children (who are IV-E eligible) with an open removal episode at any time during the 12 months prior to the month of the report.

Percent of absence of maltreatment – This calculations uses the terms defined above. The numerator is the number of children in foster care minus the number of victims of maltreatment in foster care. The denominator is the number of children in foster care.

$$\frac{\text{(Children in Foster Care – Victims of maltreatment in Foster Care)}}{\text{Children in Foster Care}}$$

DCS Practice Indicator Report

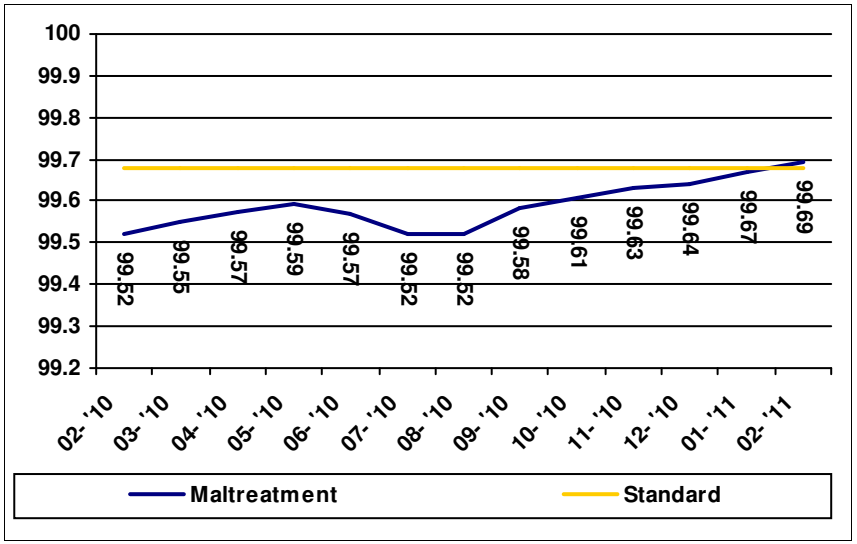
Absence of Maltreatment in Foster Care

For February 2011

For February 2011

Location	Children in Foster Care from Mar 2010 to Feb 2011	Substantiated Victims in Foster Care	Absence of Maltreatment Percent	National Standard
Statewide	21,280	65	99.69%	**99.68%**
Region 13	613	2	99.67%	**99.68%**
Brown	44	0	100.00%	**99.68%**
Greene	111	0	100.00%	**99.68%**
Lawrence	53	0	100.00%	**99.68%**
Monroe	335	1	99.70%	**99.68%**
Owen	70	1	98.57%	**99.68%**

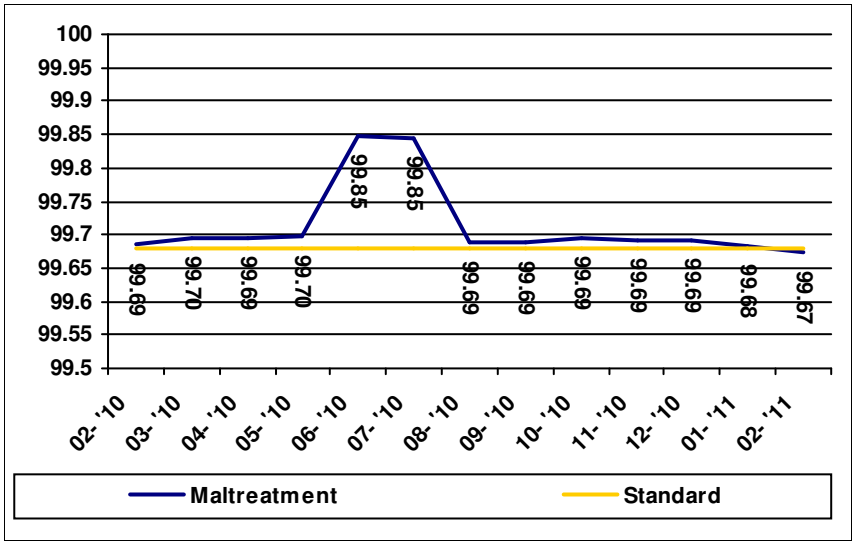
Statewide Trend of Absence of Maltreatment in Foster Care



Region 13 for February 2010 to February 2011

Month	Children in Foster Care from Mar 2010 to Feb 2011	Substantiated Victims in Foster Care	Absence of Maltreatment Percent	National Standard
February 2011	613	2	99.67%	**99.68%**
January 2011	629	2	99.68%	**99.68%**
December 2010	646	2	99.69%	**99.68%**
November 2010	648	2	99.69%	**99.68%**
October 2010	652	2	99.69%	**99.68%**
September 2010	643	2	99.69%	**99.68%**
August 2010	640	2	99.69%	**99.68%**
July 2010	647	1	99.85%	**99.68%**
June 2010	655	1	99.85%	**99.68%**
May 2010	660	2	99.70%	**99.68%**
April 2010	654	2	99.69%	**99.68%**
March 2010	658	2	99.70%	**99.68%**
February 2010	635	2	99.69%	**99.68%**

Region 13 Trend of Absence of Maltreatment in Foster Care



Prepared by
Office of Data Management, Reports, and Analysis
March 01 2011

State of Indiana
Mitchell E. Daniels Jr, Governor - James W. Payne, Director
302 West Washington Street Room E306 / Indianapolis, IN 46204-2739

Source:
ICWIS Monthly Data

Quality Services Review (QSR) Results for Region 13

Source Used:
The Process and Quality Improvement (PQI) Team provided a dataset titled "Regional QSR Data," which contained data for each region's QSR.

Results:

- Region 13 has completed their first QSR as of this report, and it took place in April, 2009. The results shown below are from that specific QSR.
- The results are shown in percentages of cases that scored in the "Refine and Maintain" category for each indicator.

Indicators	Percentage of Cases Scoring in Refine and Maintain
Child Indicators	
Safety	**100**
Behavioral Risk	**88**
Stability	**68**
Permanency	**74**
Appropriate Living Arrangement	**100**
Physical Health	**89**
Emotional Status	**81**
Learning and Development	**95**
Pathway to Independence	**33**
Overall Child Status	**89**
Parent Indicators	
Bio-Parent Parenting Capacity	**56**
Current Caregiver Parenting Capacity	**100**
Congregate Caregiver Parenting Capacity	**100**
Bio-Parent Informal Support	**44**
Current Caregiver Informal Support	**78**
Overall Bio-Parent	**50**
Overall Current Caregiver	**100**
System Indicators	
Role/Voice of Mother	**44**
Role/Voice of Father	**33**
Role/Voice of Child	**40**
Role/Voice of Other	**46**

Team Formation	**32**
Team Function	**6**
Cultural Responsiveness	**84**
Assessing and Understanding of Child	**53**
Assessing and Understanding of Family	**13**
Long-Term View	**42**
Child and Family Planning Process	**26**
Planning Transitions and Life Adjustments	**40**
Intervention Adequacy	**63**
Resource Availability	**68**
Maintaining Relationships – Mother	**67**
Maintaining Relationships – Father	**40**
Maintaining Relationships – Siblings	**50**
Maintaining Relationships – Extended Family	**60**
Tracking and Adjusting	**47**
Overall System Performance	**37**

Agenda for Work Group #1
Region 13—Biennial Plan
5/13/11

1. Welcome
2. Discussion of Roles and Responsibilities of the Work Group.
3. Overview of the Practice Model
4. Discussion of the Service Array
5. Discussion of Local Needs Assessment
6. QSR Results
7. Practice Indicators
8. Discuss Time Line and Next Meeting
9. Adjourn

Region 13 Work Group Agenda 2

I. Introductions
II. Review previous meeting notes
III. Finalize service array
IV. Collect Survey Participant Sheets
V. Discuss the Child Protection Plan
VI. Set time for Public Testimony

Agenda Work Group #4

Region 13

Biennial Regional Strategic Services Plan

11/10/11 9:00 a.m

1. Introductions
2. Survey Results
3. Previous Action Plan
4. Develop Action Plan
5. Close

Region 13 Work Group Agenda 5

I. Review Biennial Plan
II. Make necessary Revisions
III. Approve Plan

Appendix B

Public Testimony

Public Notice

Public Testimony

Child Protection Service Plan/Biennial Regional Services Strategic Plan

Notice of Public Hearing to take Public Testimony

The Child Protection Service Plan/Biennial Regional Services Strategic Plan is prepared bi-annually pursuant to IC31-33-4-1 and IC 31-26-6-5. Region 13, consisting of Monroe, Brown, Lawrence, Greene and Owen counties is seeking Public Testimony on the provision of child protection services, local service need and system change. The services will be targeted to the individual needs of children identified by the Department of Child Services or children alleged or adjudicated as children in need of services or delinquent.

To accommodate a large number of potential speakers, testimony will be limited to 3 minutes per speaker and will be given in order of signature on Sign-in-Sheet available the day of the Hearing. Submission of written comments/testimony is encouraged at the time of the Hearing.

Public Testimony on: Region 13 Child Protection Service Plan/Biennial Regional Services Strategic Plan

Date: July 8, 2011

Time: 10 am

Place: Monroe County Department of Child Services (training room) 1783 W. 3rd St. Bloomington, IN

Press Release

DCS Child Welfare Workgroup Seeks Public Testimony

The Department of Child Services' workgroup, for the counties of Brown, Greene, Lawrence, Monroe and Owen, will be taking public testimony on July 8, 2011 beginning at 10 am at the Monroe County Department of Child Services office (1783 W. 3rd St. Bloomington, IN) ahead of the creation of the county's Child Protection Plan. This Biennial Plan outlines the policies and procedures surrounding services delivered to assist after an allegation of abuse and/or neglect has been made. A draft plan will be available for viewing at the time of the time of the public hearing and on the DCS website (www.in.gov/dcs).

The workgroup is also seeking testimony with regard to the array of family services desired in the community and region. These services include prevention and intervention programs for families at the risk of child abuse and/or neglect.

Those having questions ahead of the meeting should contact Nikki Henderson, RM, at 812.336.6351 ext. 12517 or view the information on the DCS website.

208056

Prescribed By State Board of Accounts
Region 13

IN DEPT CHILD SERVICES
(Governmental Unit)

Monroe County, Indiana

TO: Herald-Times

PO Box 909 Bloomington, IN 47402

PUBLISHER'S CLAIM

LINE COUNT

Display Matter (Must not exceed 2 actual lines, neither of which shall total more than four solid lines of the type in which the body of the advertisement is set) - number of equivalent lines

Head - number of lines

Body - number of lines

Tail - number of lines

Total number of lines in notice: 43

COMPUTATION OF CHARGES:

43 lines 1 column(s) wide equals 43 equivalent lines at .364 cents per line . . . . . $ 15.65

Additional Charges for notices containing rule or tabular work (50% of above amount) . . . . . .

Charge for extra proofs of publication ($1.00 for each proof in excess of two) . . . . . .

TOTAL AMOUNT OF CLAIM . . . . . $ 15.65

DATA FOR COMPUTING COST

Width of single column in picas 9.4 Size of type 7 point.

Number of insertions 1

Pursuant to the provisions and penalties of IC 5-11-10-1, I hereby certify that the foregoing account is just and correct, that the amount claimed is legally due, after allowing all just credits, and that no part of the same has been paid.

I also certify that the printed matter attached hereto is a true copy, of the same column width and type size, which was duly published in said paper 1 time. The dates of publication being as follows:

06/22/11

Public Notice
Public Testimony
Child Protection Service Plan/Biennial Regional Service: Strategic Plan
Notice of Public Hearing to tak Public Testimony
The Child Protection Serv Plan/Biennial Regional Servi Strategic Plan is prepa bi-annually pursuant IC31-33-4-1 and IC 31-26-6-5. I gion 13, consisting of Monr Brown, Lawrence, Greene a Owen counties is seeking Pub Testimony on the provision child protection services, lo service need and system chang The services will be targeted the individual needs of childr identified by the Department Child Services or children alleg or adjudicated as children in ne of services or delinquent.
To accommodate a large numb of potential speakers, testimor will be limited to 3 minutes p speaker and will be given in ord of signature on Sign-in-Shee available the day of the Hearin Submission of writte comments/testimony is encou aged at the time of the Hearing.
Public Testimony on: Region 1 Child Protection Servic Plan/Biennial Regional Service Strategic Plan
Date: July 8, 2011
Time: 10 am
Place: Monroe County Department of Child Services (training room) 1783 W. 3rd St. Bloomington, IN

Additionally, the statement checked below is true and correct:

.....Newspaper does not have a Web site.

X..Newspaper has a Web site and this public notice was posted on the same day as it was published in the newspaper.

.....Newspaper has a Web site, but due to technical problem or error, public notice was posted on

.....Newpaper has a Web site but refuses to post the public notice.

Date 6-23-11

Joyce Thomas

Title Public Notice Clerk

LEGAL NOTICE

DCS Child Welfare Workgroup
Seeks Public Testimony

The Department of Child Services' workgroup, for the counties of Brown, Greene, Lawrence, Monroe and Owen, will be taking public testimony on July 8, 2011 beginning at 10 a.m. at the Monroe County Department of Child Services office (1783 W. 3rd St. Bloomington, IN) ahead of the creation of the county's Child Protection Plan. This Biennial Plan outlines the policies and procedures surrounding services delivered to assist after an allegation of abuse and/or neglect has been made. A draft plan will be available for viewing at the time of the time of the public hearing and on the DCS website (www.in.gov/dcs).

The workgroup is also seeking testimony with regard to the array of family services desired in the community and region. These services include prevention and intervention programs for families at the risk of child abuse and/or neglect.

Those having questions ahead of the meeting should contact Nikki Henderson, RM, at 812-336-6351 ext. 12517 or view the information on the DCS website.

EW-Je. 22-1t

PUBLISHER'S AFFIDAVIT

STATE OF INDIANA }
COUNTY OF OWEN } SS:

Personally appeared before me, the undersigned Bookkeeper of **THE SPENCER EVENING WORLD,** a daily newspaper of general circulation, printed and published at Spencer, in the County and State aforesaid, who being duly sworn upon his/her oath says that the notice, of which the attached is a true copy, was published in said paper

for 1 Time ~~weeks, successively, the first~~ of which publication was

on the 22nd day of June, 20 11 ~~, and the last on~~

~~the _____ day of _____, 20_____~~

Judy K. Dickard

Subscribed and sworn to before me this 30 day of

June, 20 11.

Sally Garrett

My Commission Expires Apr 16 2018

Printer's Fee $ 13.08

SALLY GARRETT
Notary Public, Owen Co. IN
My Comm. exp. April 16, 2018

escribed By State Board of Accounts
Biennial Plan-Region 13 (Henderson)

IN DEPT CHILD SERVICES
(Governmental Unit)

Lawrence County, Indiana

TO: Times-Mail

PO Box 849 Bedford, IN 47421

PUBLISHER'S CLAIM

LINE COUNT

Display Matter (Must not exceed 2 actual lines, neither of which shall total more than four solid lines of the type in which the body of the advertisement is set) - number of equivalent lines

Head - number of lines .....

Body - number of lines .....

Tail - number of lines .....

Total number of lines in notice: 34

COMPUTATION OF CHARGES:

34 lines 1 column(s) wide equals 34 equivalent lines at .364 cents per line ..... $ 12.38

Additional Charges for notices containing rule or tabular work (50% of above amount) .....

Charge for extra proofs of publication ($1.00 for each proof in excess of two) .....

TOTAL AMOUNT OF CLAIM ..... $ 12.38

DATA FOR COMPUTING COST

Width of single column in picas 9.4 Size of type 7 point.

Number of insertions 1

Pursuant to the provisions and penalties of IC 5-11-10-1, I hereby certify that the foregoing account is just and correct, that the amount claimed is legally due, after allowing all just credits, and that no part of the same has been paid.

I also certify that the printed matter attached hereto is a true copy, of the same column width and type size, which was duly published in said paper 1 time. The dates of publication being as follows:

06/22/11

Additionally, the statement checked below is true and correct:

.....Newspaper does not have a Web site.

✓....Newspaper has a Web site and this public notice was posted on the same day as it was published in the newspaper.

.....Newspaper has a Web site, but due to technical problem or error, public notice was posted on

.....Newpaper has a Web site but refuses to post the public notice.

Date 6-23-11

Title Public Notice Clerk

Press Release
DCS Child Welfare Workgrou
Seeks Public Testimony

The Department of Child Servi workgroup, for the counties Brown, Greene, Lawrence, Monr and Owen, will be taking pub testimony on July 8, 2011 beg ning at 10 am at the Monr County Department of Child S vices office (1783 W. 3rd Bloomington, IN) ahead of the c ation of the county's Child Prote tion Plan. This Biennial Plan o lines the policies and procedur surrounding services delivered assist after an allegation of abu and/or neglect has been made. draft plan will be available f viewing at the time of the time the public hearing and on the D website (www.in.gov/dcs).
The workgroup is also seeking te timony with regard to the array family services desired in the co munity and region. These servic include prevention and interve tion programs for families at t risk of child abuse and/or neglect. Those having questions ahead the meeting should contact Nik Henderson, RM, at 812.336.63 ext. 12517 or view the informatic on the DCS website.

LEGAL # 7742

Press Release

DCS Child Welfare Workgroup Seeks Public Testimony

The Department of Child Services' workgroup, for the counties of Brown, Greene, Lawrence, Monroe and Owen, will be taking public testimony on July 8, 2011 beginning at 10 am at the Monroe County Department of Child Services office (1783 W. 3rd St. Bloomington, IN) ahead of the creation of the county's Child Protection Plan. This Biennial Plan outlines the policies and procedures surrounding services delivered to assist after an allegation of abuse and/or neglect has been made. A draft plan will be available for viewing at the time of the time of the public hearing and on the DCS website (H Y P E R L I N K "http://www.in.gov/dcs" www.in.gov/dcs).

The workgroup is also seeking testimony with regard to the array of family services desired in the community and region. These services include prevention and intervention programs for families at the risk of child abuse and/or neglect.

Those having questions ahead of the meeting should contact Nikki Henderson, RM, at 812.336.6351 ext. 12517 or view the information on the DCS website.

Prescribed by State Board of Accounts

General Form No. 99P (Rev.

Dept of Child Serv
(Governmental Unit)

Greene County, Indiana

To Greene County Daily World
~~P.O. Box 129~~
Linton, IN 47441

PUBLISHER'S CLAIM

COUNT

Display Master (Must not exceed two actual lines, neither of which shall total more than four solid lines of the type in which the body of the advertisement is set) — number of equivalent lines

Head — number of lines

Body — number of lines 55

Tail — number of lines

Total number of lines in notice 55

MPUTATION OF CHARGES

55 lines, 1 columns wide equals 55 equivalent lines at 33¼¢ cents per line

Additional charges for notices containing rule or tabular work (50 per cent of above amount)

Charge for extra proofs of publication ($1.00 for each proof in excess of two)

TOTAL AMOUNT OF CLAIM $ 18.40

TA FOR COMPUTING COST

Width of single column in picas

Number of insertions 1 Size of type 7 point

$ 18.40

Pursuant to the provisions and penalties of IC 5-11-10-1, I hereby certify that the foregoing account is t and correct, that the amount claimed is legally due, after allowing all just credits, and that no part of the same s been paid.

I also certify that the printed matter attached hereto is a true copy, of the same column width and type size, ch was duly published in said paper 1 times. The dates of publication being as follows:

June 22, 2011

Additionally, the statement checked below is true and correct:

----- Newspaper does not have a Web site.

X Newspaper has a Web site and this public notice was posted on the same day as it was published in the newspaper.

----- Newspaper has a Web site, but due to technical problem or error, public notice was posted on

----- Newspaper has a Web site but refuses to post the public notice.

Date June 22 2011

Title Notary Public

Appendix C

Needs Assessment Survey

2011 Needs Assessment
Methodology

Invitations to take the 2011 Needs Assessment Survey were sent by email to over 7000 email addresses on 8/23/2011. The survey was administered via SurveyMonkey. As part of the invitation, recipients were encouraged to forward the link to anyone they thought might want to answer. A link to the survey was also posted on the DCS website. The survey concluded on 9/15/2011.

Respondents answered the survey based on their experience and knowledge of the services offered in one particular county. They were encouraged to take the survey for each county for which they could provide answers. There were 2442 responses.

Respondents were asked to identify themselves by type of agency they represent. The agency types used:

Agency Type	Description
Court Staff	Judge, Attorney, CASA
Department of Child Services Staff	All DCS employees
Educational Staff	Administrator, Teacher, School Counselor, School Nurse
Foster Parent	Current and former foster parents
Law Enforcement	Prosecutor, Corrections
Other	Do not fit in one of the other categories
Probation	Juvenile or adult probation
Residential Staff	Employed by a Residential Service Provider
Service Provider	Employed by an organization that services the community

Respondents had the opportunity to provide input on some or all of the following service categories:
- Adoption Services
- Home-Based Services
- Substance Abuse Services
- Resource Family Services
- Mental Health Services
- Educational Services
- Placement/Housing/Shelter Services
- Health and Monetary Services
- General Services

Those who indicated they wanted to rate the service category were first asked to rate the availability of the individual services in that category. If they indicated that the service was not available, they were asked to rate the need for the services. If they indicated that there was at least a minimal availability, they were asked to rate the quality of the services.

For the purpose of this survey, the following definitions were used:

AVAILABILITY - Is this service readily accessible (i.e. no waiting list, convenient office hours and location, etc.)?

NEED – Would this service be of benefit to the families in your county (i.e. improve quality of life, address an identified concern or issue, etc.)?

QUALITY – Is this service delivered in an effective manner (i.e. families are satisfied with the service, service has a positive impact, etc.)?

Respondents were asked to rate the availability, need, and quality on the following scale. For evaluation purposes, the responses were assigned a numerical value.

Response	Value
Highly Available	5
Above Average Availability	4
Average Availability	3
Minimal Availability	2
Not Available	1
Highly Needed	5
Needed	4
Somewhat Needed	3
Minimally Needed	2
Not Needed	1
Excellent Quality	5
Above Average Quality	4
Average Quality	3
Poor Quality	2
Very Poor Quality	1

2011 Needs Assessment
Survey Instrument

The Needs Assessment Survey was broken down into 9 service categories. Each service category contained questions regarding a specific service. The following is an outline of the survey instrument.

Survey Respondent Questions

- Please enter your email address so we can contact you if we have any questions.
- Please tell us about the type of agency that you represent.
    - Court Staff
    - DCS Staff
    - Educational Staff
    - Foster Parent
    - Law Enforcement
    - Probation
    - Residential Staff
    - Service Provider
    - Other (please specify)
- Please select the county for which you will be referring to in this survey:
    - Drop down list of all 92 Indiana counties
    - Only one county could be selected. If a respondent wanted to provide input on more than one county, they would have to complete the survey for each county.

Service Category Questions

<u>Service Category: Adoption Services</u>

- Child Prep
- Family Prep Home Study
- Adoptive Parent Recruitment
- Matching Adoptive Parents w/ children
- Post Adoption Home Based Therapy
- Respite for Adoptive Parent
- Support Groups for Adoptive Families

Question 1: Have you ever utilized, provided or referred for Adoption Services?

1. Yes, I utilize these services.
2. No, I do not utilize these services and do not wish to answer any questions regarding them. Please take me to the next service category.
3. No, I do not utilize these services, but I would still like to answer questions regarding them.

Question 1 for each service category requires a response. If the respondent selected the response 2 (No, I do not utilize these services and do not wish to answer any questions regarding them), then they skipped the services questions within that service category and were taken directly to the next service category. If the respondent selected response 1 or 3, then they were asked to answer questions regarding each of the services that fall into that service category.

A. Is this service available in your county?

Not Available	Minimally Available	Available	Above Average Availability	Highly Available

If the respondent replied with "not available" to Question A for any of the services, then they were asked the following question:

B. Is there a need for this service in your county?

Not Needed	Minimally Needed	Somewhat Needed	Needed	Highly Needed

If the respondent replied "minimally available", "available", "above average availability", or "highly available" to Question A for any of the services, then they were asked the following question:

C. Please rate the quality of the service in your county.

Very Poor Quality	Poor Quality	Average Quality	Above Average Quality	Excellent Quality

<u>Service Category: Home-based Services</u>

- Child Prep
- Family Prep Home Study
- Adoptive Parent Recruitment
- Matching Adoptive Parents w/ children
- Post Adoption Home Based Therapy
- Respite for Adoptive Parent
- Support Groups for Adoptive Families

Question 1: Have you ever utilized, provided or referred for Home-based Services?

1. Yes, I utilize these services.
2. No, I do not utilize these services and do not wish to answer any questions regarding them. Please take me to the next service category.
3. No, I do not utilize these services, but I would still like to answer questions regarding them.

Question 1 for each service category requires a response. If the respondent selected the response 2 (No, I do not utilize these services and do not wish to answer any questions regarding them), then they skipped the services questions within that service category and were taken directly to the next service category. If the respondent selected response 1 or 3, then they were asked to answer questions regarding each of the services that fall into that service category.

A. Is this service available in your county?

Not Available	Minimally Available	Available	Above Average Availability	Highly Available

If the respondent replied with "not available" to Question A for any of the services, then they were asked the following question:

B. Is there a need for this service in your county?

Not Needed	Minimally Needed	Somewhat Needed	Needed	Highly Needed

If the respondent replied "minimally available", "available", "above average availability", or "highly available" to Question A for any of the services, then they were asked the following question:

C. Please rate the quality of the service in your county.

Very Poor Quality	Poor Quality	Average Quality	Above Average Quality	Excellent Quality

<u>Service Category: Substance Abuse Services</u>

- Drug Testing and Supplies

- Random Drug Testing
- Detoxification Services
- Residential Substance Use Treatment
- Substance Use Disorder Assessment
- Outpatient Substance Use Treatment
- Substance Abuse Programs for Youth
- Substance Abuse Programs for Adults
- Inpatient Substance Abuse Services for Youth
- Inpatient Substance Abuse Services for Adults

Question 1: Have you ever utilized, provided or referred for Substance Abuse Services?

1. Yes, I utilize these services.
2. No, I do not utilize these services and do not wish to answer any questions regarding them. Please take me to the next service category.
3. No, I do not utilize these services, but I would still like to answer questions regarding them.

Question 1 for each service category requires a response. If the respondent selected the response 2 (No, I do not utilize these services and do not wish to answer any questions regarding them), then they skipped the services questions within that service category and were taken directly to the next service category. If the respondent selected response 1 or 3, then they were asked to answer questions regarding each of the services that fall into that service category.

A. Is this service available in your county?

Not Available	Minimally Available	Available	Above Average Availability	Highly Available

If the respondent replied with "not available" to Question A for any of the services, then they were asked the following question:

B. Is there a need for this service in your county?

Not Needed	Minimally Needed	Somewhat Needed	Needed	Highly Needed

If the respondent replied "minimally available", "available", "above average availability", or "highly available" to Question A for any of the services, then they were asked the following question:

C. Please rate the quality of the service in your county.

Very Poor Quality	Poor Quality	Average Quality	Above Average Quality	Excellent Quality

<u>Service Category: Resource Family Services</u>

- Resource Family Support Services
- Support Group Services for Resource Families
- Foster Home Studies/Updates
- Foster Family Recruitment
- Short-term Emergency Foster Care
- Foster Homes - Accept Multiple Siblings
- Respite Services for Foster Parents
- Support Services for Kinship Caregivers

Question 1: Have you ever utilized, provided or referred for Resource Family Services?

1. Yes, I utilize these services.

2. No, I do not utilize these services and do not wish to answer any questions regarding them. Please take me to the next service category.
3. No, I do not utilize these services, but I would still like to answer questions regarding them.

Question 1 for each service category requires a response. If the respondent selected the response 2 (No, I do not utilize these services and do not wish to answer any questions regarding them), then they skipped the services questions within that service category and were taken directly to the next service category. If the respondent selected response 1 or 3, then they were asked to answer questions regarding each of the services that fall into that service category.

A. Is this service available in your county?

Not Available	Minimally Available	Available	Above Average Availability	Highly Available

If the respondent replied with "not available" to Question A for any of the services, then they were asked the following question:

B. Is there a need for this service in your county?

Not Needed	Minimally Needed	Somewhat Needed	Needed	Highly Needed

If the respondent replied "minimally available", "available", "above average availability", or "highly available" to Question A for any of the services, then they were asked the following question:

C. Please rate the quality of the service in your county.

Very Poor Quality	Poor Quality	Average Quality	Above Average Quality	Excellent Quality

<u>Service Category: Mental Health Services</u>

- Counseling
- D/E Services
- Domestic Violence - Batterers Intervention
- Domestic Violence - Survivor & Child
- Functional Family Therapy
- Sex Offender Treatment
- Day Reporting / Treatment Programs
- Inpatient Mental Health Treatment for Youth

Question 1: Have you ever utilized, provided or referred for Mental Health Services?

1. Yes, I utilize these services.
2. No, I do not utilize these services and do not wish to answer any questions regarding them. Please take me to the next service category.
3. No, I do not utilize these services, but I would still like to answer questions regarding them.

Question 1 for each service category requires a response. If the respondent selected the response 2 (No, I do not utilize these services and do not wish to answer any questions regarding them), then they skipped the services questions within that service category and were taken directly to the next service category. If the respondent selected response 1 or 3, then they were asked to answer questions regarding each of the services that fall into that service category.

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Not Available	Minimally Available	Available	Above Average Availability	Highly Available

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C. Please rate the quality of the service in your county.

Very Poor Quality	Poor Quality	Average Quality	Above Average Quality	Excellent Quality

<u>Service Category: Education Services</u>

- Parent Education
- Tutoring / Literacy Classes
- Truancy Termination
- Sex Education / Teen Pregnancy Prevention
- Independent Living Skills Development
- Special Education
- Early Childhood Education / Preschool
- Educational Support Programs - Pregnant/Parent Teen
- Alternative Services to Suspension/Expulsion
- Post Secondary Education Planning Foster Youth
- Job Retraining / Employment Prep

Question 1: Have you ever utilized, provided or referred for Education Services?

1. Yes, I utilize these services.
2. No, I do not utilize these services and do not wish to answer any questions regarding them. Please take me to the next service category.
3. No, I do not utilize these services, but I would still like to answer questions regarding them.

Question 1 for each service category requires a response. If the respondent selected the response 2 (No, I do not utilize these services and do not wish to answer any questions regarding them), then they skipped the services questions within that service category and were taken directly to the next service category. If the respondent selected response 1 or 3, then they were asked to answer questions regarding each of the services that fall into that service category.

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C. Please rate the quality of the service in your county.

Very Poor Quality	Poor Quality	Average Quality	Above Average Quality	Excellent Quality

Service Category: Housing and Placement Services

- Care Network
- Quality Assurance - Residential Placement
- Transition from Restrictive Placement
- Transitional/Supervised Living - Older Youth
- Group Home & Residential Care
- Shelter Care for Battered Women & Children
- Family Shelters for Homeless
- Shelter Services for Homeless/Runaway Youth
- Safe Affordable Low Income Housing

Question 1: Have you ever utilized, provided or referred for Housing and Placement Services?

1. Yes, I utilize these services.
2. No, I do not utilize these services and do not wish to answer any questions regarding them. Please take me to the next service category.
3. No, I do not utilize these services, but I would still like to answer questions regarding them.

Question 1 for each service category requires a response. If the respondent selected the response 2 (No, I do not utilize these services and do not wish to answer any questions regarding them), then they skipped the services questions within that service category and were taken directly to the next service category. If the respondent selected response 1 or 3, then they were asked to answer questions regarding each of the services that fall into that service category.

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C. Please rate the quality of the service in your county.

Very Poor Quality	Poor Quality	Average Quality	Above Average Quality	Excellent Quality

Service Category: Health and Monetary Services

- Affordable Child Day Care
- Low Income Health Services for Family
- Dental Care for Low Income Families
- Family Planning / Preg Counseling
- Food & Nutrition Resources
- Assistance with Clothing & Household Goods
- Emergency Financial Assistance

Question 1: Have you ever utilized, provided or referred for Health and Monetary Services?

1. Yes, I utilize these services.

2. No, I do not utilize these services and do not wish to answer any questions regarding them. Please take me to the next service category.
3. No, I do not utilize these services, but I would still like to answer questions regarding them.

Question 1 for each service category requires a response. If the respondent selected the response 2 (No, I do not utilize these services and do not wish to answer any questions regarding them), then they skipped the services questions within that service category and were taken directly to the next service category. If the respondent selected response 1 or 3, then they were asked to answer questions regarding each of the services that fall into that service category.

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If the respondent replied "minimally available", "available", "above average availability", or "highly available" to Question A for any of the services, then they were asked the following question:

C. Please rate the quality of the service in your county.

Very Poor Quality	Poor Quality	Average Quality	Above Average Quality	Excellent Quality

<u>Service Category: General Services</u>

- CHINS Parent Support Services
- Father Engagement Programs
- Parenting/Family Functioning Assessment
- Child Advocacy Center Services
- Adult/Child Mentoring Programs
- After School Recreational Opportunities
- Support Services for LGBTQ Youth
- Outreach Services for Diverse Individuals
- Programs for Parents in Divorce
- Early Child. Intervention/Id of Dvlpmntl Delays
- Transportation Services
- Gang Prevention Services
- Translation Services

Question 1: Have you ever utilized, provided or referred for General Services?

1. Yes, I utilize these services.
2. No, I do not utilize these services and do not wish to answer any questions regarding them. Please take me to the next service category.
3. No, I do not utilize these services, but I would still like to answer questions regarding them.

Question 1 for each service category requires a response. If the respondent selected the response 2 (No, I do not utilize these services and do not wish to answer any questions regarding them), then they skipped the services questions within that service category and were taken directly to the next service

category. If the respondent selected response 1 or 3, then they were asked to answer questions regarding each of the services that fall into that service category.

A. Is this service available in your county?

Not Available	Minimally Available	Available	Above Average Availability	Highly Available

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C. Please rate the quality of the service in your county.

Very Poor Quality	Poor Quality	Average Quality	Above Average Quality	Excellent Quality

2011 Needs Assessment Survey Results
Region 13 - Detailed Results
All Counties

	Region 13		Statewide	
Role	**N**	**%**	**N**	**%**
Court Staff	12	9.8%	187	7.7%
Department of Child Services Staff	41	33.3%	972	39.8%
Educational Staff	17	13.8%	323	13.2%
Foster Parent	7	5.7%	201	8.2%
Law Enforcement	4	3.3%	57	2.3%
Other	7	5.7%	124	5.1%
Probation	12	9.8%	133	5.4%
Residential Staff	0	0.0%	41	1.7%
Service Provider	23	18.7%	404	16.5%
Grand Total	123	100.0%	2442	100.0%

AVAILABILITY

Adoption Services	**N**	**Avg Score**	**Highly Avail.**		**Above Avg**		**Average**		**Minimal**		**Not Avail.**		***(Skip)***
Child Prep	49	2.8	1	2.0%	3	6.1%	31	63.3%	11	22.4%	3	6.1%	74
Family Prep Home Study	48	2.9	1	2.1%	6	12.5%	27	56.3%	13	27.1%	1	2.1%	75
Respite for Adoptive Parent	47	2.4	1	2.1%	4	8.5%	16	34.0%	20	42.6%	6	12.8%	76
Support Groups for Adoptive Families	46	2.3	0	0.0%	5	10.9%	14	30.4%	16	34.8%	11	23.9%	77
Adoptive Parent Recruitment	45	2.6	1	2.2%	6	13.3%	16	35.6%	17	37.8%	5	11.1%	78
Matching Adoptive Parents w/ children	46	2.8	2	4.3%	9	19.6%	17	37.0%	14	30.4%	4	8.7%	77
Post Adoption Home Based Therapy	45	2.8	2	4.4%	6	13.3%	21	46.7%	11	24.4%	5	11.1%	78

Home-based Services	**N**	**Avg Score**	**Highly Avail.**		**Above Avg**		**Average**		**Minimal**		**Not Avail.**		***(Skip)***
Home-based Family Centered Casework	91	3.6	20	22.0%	26	28.6%	36	39.6%	8	8.8%	1	1.1%	32
Home-based Family Centered Therapy	85	3.4	13	15.3%	23	27.1%	35	41.2%	13	15.3%	1	1.2%	38
Home-based Youth Services, 0-5, no DCS involvement	79	2.8	6	7.6%	10	12.7%	34	43.0%	23	29.1%	6	7.6%	44
Home-based Youth Services, 6-18, no DCS involvement	82	3.0	6	7.3%	14	17.1%	40	48.8%	20	24.4%	2	2.4%	41
Homemaker/Parent Aid	77	3.3	9	11.7%	21	27.3%	32	41.6%	13	16.9%	2	2.6%	46

Substance Abuse Services	**N**	**Avg Score**	**Highly Avail.**		**Above Avg**		**Average**		**Minimal**		**Not Avail.**		***(Skip)***
Drug Testing and Supplies	76	3.1	13	17.1%	10	13.2%	26	34.2%	25	32.9%	2	2.6%	47
Random Drug Testing	75	3.1	9	12.0%	15	20.0%	28	37.3%	18	24.0%	5	6.7%	48
Detoxification Services	73	2.0	3	4.1%	5	6.8%	13	17.8%	19	26.0%	33	45.2%	50
Residential Substance Use Treatment	73	1.5	1	1.4%	2	2.7%	7	9.6%	16	21.9%	47	64.4%	50
Substance Use Disorder Assessment	73	2.7	5	6.8%	5	6.8%	33	45.2%	22	30.1%	8	11.0%	50
Outpatient Substance Use Treatment	74	2.7	5	6.8%	7	9.5%	30	40.5%	27	36.5%	5	6.8%	49
Substance Abuse Programs for Youth	74	2.2	1	1.4%	3	4.1%	20	27.0%	39	52.7%	11	14.9%	49
Substance Abuse Programs for Adults	73	2.8	7	9.6%	3	4.1%	34	46.6%	26	35.6%	3	4.1%	50
Inpatient Substance Abuse Services for Youth	72	1.6	2	2.8%	1	1.4%	11	15.3%	11	15.3%	47	65.3%	51
Inpatient Substance Abuse Services for Adults	73	1.7	4	5.5%	1	1.4%	12	16.4%	11	15.1%	45	61.6%	50

Resource Family Services	**N**	**Avg Score**	**Highly Avail.**		**Above Avg**		**Average**		**Minimal**		**Not Avail.**		***(Skip)***
Resource Family Support Services	61	3.0	2	3.3%	9	14.8%	34	55.7%	16	26.2%	0	0.0%	62
Support Group Services for Resource Families	58	2.6	1	1.7%	10	17.2%	18	31.0%	22	37.9%	7	12.1%	65
Foster Home Studies/Updates	58	3.2	5	8.6%	11	19.0%	33	56.9%	7	12.1%	2	3.4%	65
Foster Family Recruitment	59	2.8	3	5.1%	7	11.9%	28	47.5%	15	25.4%	6	10.2%	64
Short-term Emergency Foster Care	58	2.7	3	5.2%	6	10.3%	25	43.1%	21	36.2%	3	5.2%	65
Foster Homes - Accept Multiple Siblings	58	2.8	1	1.7%	6	10.3%	32	55.2%	19	32.8%	0	0.0%	65
Respite Services for Foster Parents	59	2.8	4	6.8%	4	6.8%	29	49.2%	19	32.2%	3	5.1%	64
Support Services for Kinship Caregivers	57	2.4	2	3.5%	3	5.3%	18	31.6%	24	42.1%	10	17.5%	66

Mental Health Services	**N**	**Avg Score**	**Highly Avail.**		**Above Avg**		**Average**		**Minimal**		**Not Avail.**		***(Skip)***
Counseling	71	3.3	6	8.5%	17	23.9%	39	54.9%	8	11.3%	1	1.4%	52
Diagnostic and Evaluation Services	70	2.7	2	2.9%	11	15.7%	27	38.6%	25	35.7%	5	7.1%	53
Functional Family Therapy	70	2.9	6	8.6%	8	11.4%	31	44.3%	22	31.4%	3	4.3%	53
Sex Offender Treatment	66	1.8	0	0.0%	1	1.5%	12	18.2%	23	34.8%	30	45.5%	57
Day Reporting / Treatment Programs	68	2.0	2	2.9%	1	1.5%	16	23.5%	24	35.3%	25	36.8%	55
Inpatient Mental Health Treatment for Youth	68	1.9	1	1.5%	4	5.9%	12	17.6%	19	27.9%	32	47.1%	55
Domestic Violence - Batterers Intervention	67	2.4	3	4.5%	7	10.4%	15	22.4%	31	46.3%	11	16.4%	56
Domestic Violence - Survivor & Child	67	2.6	5	7.5%	8	11.9%	21	31.3%	24	35.8%	9	13.4%	56

Education Services	N	Avg Score	Highly Avail.		Above Avg		Average		Minimal		Not Avail.		(Skip)
Parent Education	63	2.8	3	4.8%	10	15.9%	23	36.5%	23	36.5%	4	6.3%	60
Tutoring / Literacy Classes	0		0		0		0		0		0		123
Sex Education / Teen Preg. Prevention	0		0		0		0		0		0		123
Independent Living Skills Development	63	2.7	2	3.2%	8	12.7%	29	46.0%	18	28.6%	6	9.5%	60
Truancy Termination	60	2.3	0	0.0%	6	10.0%	16	26.7%	27	45.0%	11	18.3%	63
Early Childhood Education / Preschool	64	3.0	5	7.8%	11	17.2%	29	45.3%	16	25.0%	3	4.7%	59
Special Education	65	3.3	8	12.3%	12	18.5%	36	55.4%	9	13.8%	0	0.0%	58
Educational Support Prgms - Preg/Parent Teen	60	2.1	1	1.7%	3	5.0%	14	23.3%	26	43.3%	16	26.7%	63
Alternative Services to Suspension/Expulsion	62	2.6	3	4.8%	7	11.3%	24	38.7%	20	32.3%	8	12.9%	61
Post Secondary Education Planning Foster Youth	59	2.4	1	1.7%	4	6.8%	23	39.0%	22	37.3%	9	15.3%	64
Job Retraining / Employment Prep	62	2.4	1	1.6%	4	6.5%	24	38.7%	24	38.7%	9	14.5%	61

Housing and Placement Services	N	Avg Score	Highly Avail.		Above Avg		Average		Minimal		Not Avail.		(Skip)
Care Network	52	2.0	0	0.0%	4	7.7%	8	15.4%	23	44.2%	17	32.7%	71
Cross-System Care Coordination	53	2.1	0	0.0%	4	7.5%	15	28.3%	17	32.1%	17	32.1%	70
Quality Assurance - Residential Placement	53	2.0	1	1.9%	2	3.8%	14	26.4%	16	30.2%	20	37.7%	70
Transition from Restrictive Placement	53	2.2	1	1.9%	1	1.9%	19	35.8%	19	35.8%	13	24.5%	70
Visitation Facilitation Services	55	3.0	7	12.7%	7	12.7%	24	43.6%	11	20.0%	6	10.9%	68
Transitional/Supervised Living - Older Youth	54	1.6	0	0.0%	1	1.9%	4	7.4%	19	35.2%	30	55.6%	69
Group Home & Residential Care	55	1.9	2	3.6%	2	3.6%	11	20.0%	14	25.5%	26	47.3%	68
Shelter Care for Battered Women & Children	54	2.3	5	9.3%	6	11.1%	8	14.8%	14	25.9%	21	38.9%	69
Family Shelters for Homeless	54	1.9	1	1.9%	5	9.3%	8	14.8%	11	20.4%	29	53.7%	69
Shelter Services for Homeless/Runaway Youth	54	2.0	2	3.7%	5	9.3%	10	18.5%	9	16.7%	28	51.9%	69
Safe Affordable Low Income Housing	55	2.6	2	3.6%	2	3.6%	25	45.5%	25	45.5%	1	1.8%	68

Health & Monetary Services	N	Avg Score	Highly Avail.		Above Avg		Average		Minimal		Not Avail.		(Skip)
Affordable Child Day Care	48	2.5	0	0.0%	2	4.2%	20	41.7%	24	50.0%	2	4.2%	75
Low Income Health Services for Family	48	2.4	0	0.0%	5	10.4%	15	31.3%	23	47.9%	5	10.4%	75
Dental Care for Low Income Families	48	2.1	0	0.0%	1	2.1%	13	27.1%	22	45.8%	12	25.0%	75
Family Planning / Preg Counseling	47	2.5	1	2.1%	6	12.8%	13	27.7%	24	51.1%	3	6.4%	76
Food & Nutrition Resources	47	3.2	5	10.6%	9	19.1%	25	53.2%	7	14.9%	1	2.1%	76
Assistance with Clothing & Household Goods	48	2.9	3	6.3%	10	20.8%	16	33.3%	19	39.6%	0	0.0%	75
Emergency Financial Assistance	47	2.6	0	0.0%	3	6.4%	23	48.9%	20	42.6%	1	2.1%	76

General Services	N	Avg Score	Highly Avail.		Above Avg		Average		Minimal		Not Avail.		(Skip)
CHINS Parent Support Services	51	2.4	3	5.9%	4	7.8%	16	31.4%	14	27.5%	14	27.5%	72
Father Engagement Programs	51	2.4	1	2.0%	5	9.8%	17	33.3%	16	31.4%	12	23.5%	72
Parenting/Family Functioning Assessment	51	2.6	1	2.0%	4	7.8%	25	49.0%	15	29.4%	6	11.8%	72
Child Advocacy Center Services	50	2.6	6	12.0%	7	14.0%	15	30.0%	5	10.0%	17	34.0%	73
Adult/Child Mentoring Programs	51	2.4	3	5.9%	2	3.9%	20	39.2%	15	29.4%	11	21.6%	72
After School Recreational Opportunities	50	2.4	3	6.0%	1	2.0%	22	44.0%	13	26.0%	11	22.0%	73
Support Services for LGBTQ Youth	51	1.8	1	2.0%	3	5.9%	7	13.7%	13	25.5%	27	52.9%	72
Outreach Services for Diverse Individuals	51	2.0	1	2.0%	6	11.8%	9	17.6%	11	21.6%	24	47.1%	72
Programs for Parents in Divorce	49	2.3	0	0.0%	6	12.2%	15	30.6%	16	32.7%	12	24.5%	74
Early Child. Intervention/Id of Dvlpmntl Delays	51	2.7	2	3.9%	3	5.9%	26	51.0%	16	31.4%	4	7.8%	72
Transportation Services	52	2.7	3	5.8%	9	17.3%	12	23.1%	23	44.2%	5	9.6%	71
Gang Prevention Services	49	1.5	0	0.0%	1	2.0%	5	10.2%	10	20.4%	33	67.3%	74
Translation Services	49	1.9	0	0.0%	3	6.1%	9	18.4%	19	38.8%	18	36.7%	74

NEED

Adoption Services	N	Avg Score	Highly Needed		Needed		Somewhat		Minimally		Not Needed		(Skip)
Child Prep	5	3.0	0	0.0%	2	40.0%	1	20.0%	2	40.0%	0	0.0%	118
Family Prep Home Study	1	2.0	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	122
Respite for Adoptive Parent	7	3.4	1	14.3%	3	42.9%	1	14.3%	2	28.6%	0	0.0%	116
Support Groups for Adoptive Families	12	3.4	2	16.7%	3	25.0%	5	41.7%	2	16.7%	0	0.0%	111
Adoptive Parent Recruitment	7	3.0	0	0.0%	3	42.9%	2	28.6%	1	14.3%	1	14.3%	116
Matching Adoptive Parents w/ children	4	3.0	0	0.0%	2	50.0%	0	0.0%	2	50.0%	0	0.0%	119
Post Adoption Home Based Therapy	5	2.8	1	20.0%	1	20.0%	0	0.0%	2	40.0%	1	20.0%	118

Home-based Services	N	Avg Score	Highly Needed		Needed		Somewhat		Minimally		Not Needed		(Skip)
Home-based Family Centered Casework	1	5.0	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	122
Home-based Family Centered Therapy	3	4.7	2	66.7%	1	33.3%	0	0.0%	0	0.0%	0	0.0%	120
Home-based Youth Services, 0-5, no DCS involvement	8	2.8	1	12.5%	1	12.5%	3	37.5%	1	12.5%	2	25.0%	115
Home-based Youth Services, 6-18, no DCS involvement	3	4.3	1	33.3%	2	66.7%	0	0.0%	0	0.0%	0	0.0%	120
Homemaker/Parent Aid	6	4.0	1	16.7%	4	66.7%	1	16.7%	0	0.0%	0	0.0%	117

Substance Abuse Services	N	Avg Score	Highly Needed		Needed		Somewhat		Minimally		Not Needed		(Skip)
Drug Testing and Supplies	3	5.0	3	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	120
Random Drug Testing	6	4.2	4	66.7%	1	16.7%	0	0.0%	0	0.0%	1	16.7%	117
Detoxification Services	34	3.8	10	29.4%	14	41.2%	6	17.6%	2	5.9%	2	5.9%	89
Residential Substance Use Treatment	49	4.1	22	44.9%	17	34.7%	4	8.2%	4	8.2%	2	4.1%	74
Substance Use Disorder Assessment	10	4.0	4	40.0%	3	30.0%	2	20.0%	1	10.0%	0	0.0%	113
Outpatient Substance Use Treatment	6	4.7	4	66.7%	2	33.3%	0	0.0%	0	0.0%	0	0.0%	117
Substance Abuse Programs for Youth	12	4.5	9	75.0%	1	8.3%	1	8.3%	1	8.3%	0	0.0%	111
Substance Abuse Programs for Adults	6	4.5	4	66.7%	1	16.7%	1	16.7%	0	0.0%	0	0.0%	117
Inpatient Substance Abuse Services for Youth	48	3.9	15	31.3%	21	43.8%	6	12.5%	6	12.5%	0	0.0%	75
Inpatient Substance Abuse Services for Adults	46	4.2	20	43.5%	17	37.0%	7	15.2%	2	4.3%	0	0.0%	77

Resource Family Services	N	Avg Score	Highly Needed		Needed		Somewhat		Minimally		Not Needed		(Skip)
Resource Family Support Services	0		0		0		0		0		0		123
Support Group Services for Resource Families	9	3.1	0	0.0%	5	55.6%	1	11.1%	2	22.2%	1	11.1%	114
Foster Home Studies/Updates	2	2.0	0	0.0%	0	0.0%	1	50.0%	0	0.0%	1	50.0%	121
Foster Family Recruitment	6	3.7	2	33.3%	2	33.3%	1	16.7%	0	0.0%	1	16.7%	117
Short-term Emergency Foster Care	4	3.3	0	0.0%	2	50.0%	1	25.0%	1	25.0%	0	0.0%	119
Foster Homes - Accept Multiple Siblings	0		0		0		0		0		0		123
Respite Services for Foster Parents	3	4.0	0	0.0%	3	100.0%	0	0.0%	0	0.0%	0	0.0%	120
Support Services for Kinship Caregivers	10	4.1	4	40.0%	4	40.0%	1	10.0%	1	10.0%	0	0.0%	113

Mental Health Services	N	Avg Score	Highly Needed		Needed		Somewhat		Minimally		Not Needed		(Skip)
Counseling	1	5.0	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	122
Diagnostic and Evaluation Services	5	4.6	3	60.0%	2	40.0%	0	0.0%	0	0.0%	0	0.0%	118
Functional Family Therapy	3	3.3	1	33.3%	1	33.3%	0	0.0%	0	0.0%	1	33.3%	120
Sex Offender Treatment	31	3.8	7	22.6%	13	41.9%	9	29.0%	2	6.5%	0	0.0%	92
Day Reporting / Treatment Programs	26	3.9	7	26.9%	11	42.3%	6	23.1%	2	7.7%	0	0.0%	97
Inpatient Mental Health Treatment for Youth	33	3.5	4	12.1%	13	39.4%	11	33.3%	5	15.2%	0	0.0%	90
Domestic Violence - Batterers Intervention	11	4.6	7	63.6%	4	36.4%	0	0.0%	0	0.0%	0	0.0%	112
Domestic Violence - Survivor & Child	9	4.1	3	33.3%	4	44.4%	2	22.2%	0	0.0%	0	0.0%	114

Education Services	N	Avg Score	Highly Needed		Needed		Somewhat		Minimally		Not Needed		(Skip)
Parent Education	6	4.0	0	0.0%	6	100.0%	0	0.0%	0	0.0%	0	0.0%	117
Tutoring / Literacy Classes	0		0		0		0		0		0		123
Sex Education / Teen Preg. Prevention	0		0		0		0		0		0		123
Independent Living Skills Development	8	4.6	5	62.5%	3	37.5%	0	0.0%	0	0.0%	0	0.0%	115
Truancy Termination	12	4.1	5	41.7%	4	33.3%	2	16.7%	1	8.3%	0	0.0%	111
Early Childhood Education / Preschool	2	4.5	1	50.0%	1	50.0%	0	0.0%	0	0.0%	0	0.0%	121
Special Education	0		0		0		0		0		0		123
Educational Support Prgms - Preg/Parent Teen	19	3.9	7	36.8%	6	31.6%	4	21.1%	2	10.5%	0	0.0%	104
Alternative Services to Suspension/Expulsion	10	4.5	6	60.0%	3	30.0%	1	10.0%	0	0.0%	0	0.0%	113
Post Secondary Education Planning Foster Youth	12	3.8	4	33.3%	4	33.3%	2	16.7%	1	8.3%	1	8.3%	111
Job Retraining / Employment Prep	10	4.0	4	40.0%	3	30.0%	2	20.0%	1	10.0%	0	0.0%	113

Housing and Placement Services	N	Avg Score	Highly Needed		Needed		Somewhat		Minimally		Not Needed		(Skip)
Care Network	17	3.9	4	23.5%	8	47.1%	4	23.5%	1	5.9%	0	0.0%	106
Cross-System Care Coordination	18	3.8	4	22.2%	7	38.9%	6	33.3%	1	5.6%	0	0.0%	105
Quality Assurance - Residential Placement	21	3.2	1	4.8%	10	47.6%	4	19.0%	5	23.8%	1	4.8%	102
Transition from Restrictive Placement	14	3.6	1	7.1%	10	71.4%	1	7.1%	1	7.1%	1	7.1%	109
Visitation Facilitation Services	6	4.0	2	33.3%	3	50.0%	0	0.0%	1	16.7%	0	0.0%	117
Transitional/Supervised Living - Older Youth	30	3.5	6	20.0%	9	30.0%	8	26.7%	7	23.3%	0	0.0%	93
Group Home & Residential Care	27	3.3	3	11.1%	10	37.0%	7	25.9%	6	22.2%	1	3.7%	96
Shelter Care for Battered Women & Children	22	4.2	8	36.4%	10	45.5%	4	18.2%	0	0.0%	0	0.0%	101
Family Shelters for Homeless	30	4.1	13	43.3%	9	30.0%	6	20.0%	2	6.7%	0	0.0%	93
Shelter Services for Homeless/Runaway Youth	29	3.4	5	17.2%	10	34.5%	7	24.1%	6	20.7%	1	3.4%	94
Safe Affordable Low Income Housing	1	4.0	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	122

Health & Monetary Services	N	Avg Score	Highly Needed		Needed		Somewhat		Minimally		Not Needed		(Skip)
Affordable Child Day Care	2	5.0	2	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	121
Low Income Health Services for Family	5	4.8	4	80.0%	1	20.0%	0	0.0%	0	0.0%	0	0.0%	118
Dental Care for Low Income Families	12	4.6	8	66.7%	3	25.0%	1	8.3%	0	0.0%	0	0.0%	111
Family Planning / Preg Counseling	3	4.0	0	0.0%	3	100.0%	0	0.0%	0	0.0%	0	0.0%	120
Food & Nutrition Resources	1	5.0	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	122
Assistance with Clothing & Household Goods	0		0		0		0		0		0		123
Emergency Financial Assistance	1	4.0	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	122

General Services	N	Avg Score	Highly Needed		Needed		Somewhat		Minimally		Not Needed		(Skip)
CHINS Parent Support Services	14	3.4	4	28.6%	2	14.3%	3	21.4%	5	35.7%	0	0.0%	109
Father Engagement Programs	13	4.0	3	23.1%	7	53.8%	3	23.1%	0	0.0%	0	0.0%	110
Parenting/Family Functioning Assessment	8	4.3	4	50.0%	2	25.0%	2	25.0%	0	0.0%	0	0.0%	115
Child Advocacy Center Services	18	4.1	6	33.3%	8	44.4%	3	16.7%	1	5.6%	0	0.0%	105
Adult/Child Mentoring Programs	12	4.3	5	41.7%	6	50.0%	1	8.3%	0	0.0%	0	0.0%	111
After School Recreational Opportunities	14	4.4	9	64.3%	3	21.4%	1	7.1%	0	0.0%	1	7.1%	109
Support Services for LGBTQ Youth	29	2.8	3	10.3%	5	17.2%	9	31.0%	7	24.1%	5	17.2%	94
Outreach Services for Diverse Individuals	25	2.5	1	4.0%	3	12.0%	5	20.0%	15	60.0%	1	4.0%	98
Programs for Parents in Divorce	14	3.4	2	14.3%	4	28.6%	6	42.9%	2	14.3%	0	0.0%	109
Early Child. Intervention/Id of Dvlpmntl Delays	3	4.0	1	33.3%	1	33.3%	1	33.3%	0	0.0%	0	0.0%	120
Transportation Services	6	5.0	6	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	117
Gang Prevention Services	34	2.4	1	2.9%	4	11.8%	7	20.6%	16	47.1%	6	17.6%	89
Translation Services	20	2.4	0	0.0%	2	10.0%	6	30.0%	10	50.0%	2	10.0%	103

QUALITY

Adoption Services	N	Avg Score	Excellent		Above Avg		Average		Poor		Very Poor		(Skip)
Child Prep	45	3.0	1	2.2%	7	15.6%	30	66.7%	7	15.6%	0	0.0%	78
Family Prep Home Study	45	3.0	0	0.0%	10	22.2%	26	57.8%	9	20.0%	0	0.0%	78
Respite for Adoptive Parent	41	3.1	0	0.0%	8	19.5%	28	68.3%	5	12.2%	0	0.0%	82
Support Groups for Adoptive Families	33	3.0	0	0.0%	5	15.2%	23	69.7%	4	12.1%	1	3.0%	90
Adoptive Parent Recruitment	40	3.0	1	2.5%	7	17.5%	22	55.0%	10	25.0%	0	0.0%	83
Matching Adoptive Parents w/ children	42	3.0	2	4.8%	7	16.7%	24	57.1%	9	21.4%	0	0.0%	81
Post Adoption Home Based Therapy	40	3.0	0	0.0%	8	20.0%	26	65.0%	5	12.5%	1	2.5%	83

Home-based Services	N	Avg Score	Excellent		Above Avg		Average		Poor		Very Poor		(Skip)
Home-based Family Centered Casework	89	3.4	6	6.7%	32	36.0%	43	48.3%	6	6.7%	2	2.2%	34
Home-based Family Centered Therapy	84	3.2	5	6.0%	24	28.6%	45	53.6%	5	6.0%	5	6.0%	39
Home-based Youth Services, 0-5, no DCS involvement	73	3.1	4	5.5%	13	17.8%	47	64.4%	6	8.2%	3	4.1%	50
Home-based Youth Services, 6-18, no DCS involvement	79	3.1	4	5.1%	13	16.5%	48	60.8%	11	13.9%	3	3.8%	44
Homemaker/Parent Aid	74	3.3	4	5.4%	20	27.0%	43	58.1%	6	8.1%	1	1.4%	49

Substance Abuse Services	N	Avg Score	Excellent		Above Avg		Average		Poor		Very Poor		(Skip)
Drug Testing and Supplies	74	3.2	6	8.1%	13	17.6%	45	60.8%	9	12.2%	1	1.4%	49
Random Drug Testing	69	3.2	6	8.7%	12	17.4%	41	59.4%	10	14.5%	0	0.0%	54
Detoxification Services	41	3.0	2	4.9%	6	14.6%	25	61.0%	8	19.5%	0	0.0%	82
Residential Substance Use Treatment	27	3.1	1	3.7%	4	14.8%	18	66.7%	4	14.8%	0	0.0%	96
Substance Use Disorder Assessment	65	3.0	3	4.6%	7	10.8%	44	67.7%	9	13.8%	2	3.1%	58
Outpatient Substance Use Treatment	69	2.9	1	1.4%	9	13.0%	41	59.4%	16	23.2%	2	2.9%	54
Substance Abuse Programs for Youth	61	2.8	2	3.3%	5	8.2%	34	55.7%	18	29.5%	2	3.3%	62
Substance Abuse Programs for Adults	69	2.9	2	2.9%	7	10.1%	46	66.7%	13	18.8%	1	1.4%	54
Inpatient Substance Abuse Services for Youth	26	3.1	1	3.8%	3	11.5%	19	73.1%	3	11.5%	0	0.0%	97
Inpatient Substance Abuse Services for Adults	27	3.0	2	7.4%	2	7.4%	18	66.7%	5	18.5%	0	0.0%	96

Resource Family Services	N	Avg Score	Excellent		Above Avg		Average		Poor		Very Poor		(Skip)
Resource Family Support Services	60	3.1	1	1.7%	13	21.7%	39	65.0%	6	10.0%	1	1.7%	63
Support Group Services for Resource Families	53	2.9	1	1.9%	10	18.9%	28	52.8%	12	22.6%	2	3.8%	70
Foster Home Studies/Updates	56	3.3	3	5.4%	11	19.6%	39	69.6%	3	5.4%	0	0.0%	67
Foster Family Recruitment	59	2.8	3	5.1%	7	11.9%	28	47.5%	15	25.4%	6	10.2%	64
Short-term Emergency Foster Care	55	3.3	4	7.3%	9	16.4%	41	74.5%	0	0.0%	1	1.8%	68
Foster Homes - Accept Multiple Siblings	58	3.2	1	1.7%	11	19.0%	44	75.9%	2	3.4%	0	0.0%	65
Respite Services for Foster Parents	56	3.2	3	5.4%	8	14.3%	40	71.4%	5	8.9%	0	0.0%	67
Support Services for Kinship Caregivers	46	2.8	2	4.3%	3	6.5%	27	58.7%	13	28.3%	1	2.2%	77

Mental Health Services	N	Avg Score	Excellent		Above Avg		Average		Poor		Very Poor		(Skip)
Counseling	70	3.1	4	5.7%	12	17.1%	44	62.9%	9	12.9%	1	1.4%	53
Diagnostic and Evaluation Services	64	3.1	2	3.1%	12	18.8%	39	60.9%	10	15.6%	1	1.6%	59
Functional Family Therapy	65	3.1	3	4.6%	9	13.8%	46	70.8%	7	10.8%	0	0.0%	58
Sex Offender Treatment	36	2.9	0	0.0%	2	5.6%	28	77.8%	6	16.7%	0	0.0%	87
Day Reporting / Treatment Programs	42	3.0	0	0.0%	5	11.9%	30	71.4%	7	16.7%	0	0.0%	81
Inpatient Mental Health Treatment for Youth	35	2.9	2	5.7%	2	5.7%	22	62.9%	9	25.7%	0	0.0%	88
Domestic Violence - Batterers Intervention	56	3.0	2	3.6%	9	16.1%	34	60.7%	11	19.6%	0	0.0%	67
Domestic Violence - Survivor & Child	57	3.2	4	7.0%	8	14.0%	39	68.4%	5	8.8%	1	1.8%	66

Education Services	N	Avg Score	Excellent		Above Avg		Average		Poor		Very Poor		*(Skip)*
Parent Education	59	3.1	3	5.1%	11	18.6%	36	61.0%	9	15.3%	0	0.0%	64
Tutoring / Literacy Classes	0		0		0		0		0		0		123
Sex Education / Teen Preg. Prevention	0		0		0		0		0		0		123
Independent Living Skills Development	57	3.1	1	1.8%	12	21.1%	37	64.9%	7	12.3%	0	0.0%	66
Truancy Termination	50	2.9	1	2.0%	7	14.0%	30	60.0%	12	24.0%	0	0.0%	73
Early Childhood Education / Preschool	61	3.4	5	8.2%	15	24.6%	39	63.9%	2	3.3%	0	0.0%	62
Special Education	65	3.2	4	6.2%	15	23.1%	38	58.5%	7	10.8%	1	1.5%	58
Educational Support Prgms - Preg/Parent Teen	44	2.9	2	4.5%	4	9.1%	24	54.5%	14	31.8%	0	0.0%	79
Alternative Services to Suspension/Expulsion	54	3.1	5	9.3%	8	14.8%	31	57.4%	10	18.5%	0	0.0%	69
Post Secondary Education Planning Foster Youth	49	2.9	2	4.1%	3	6.1%	30	61.2%	14	28.6%	0	0.0%	74
Job Retraining / Employment Prep	53	3.0	3	5.7%	4	7.5%	36	67.9%	9	17.0%	1	1.9%	70

Housing and Placement Services	N	Avg Score	Excellent		Above Avg		Average		Poor		Very Poor		*(Skip)*
Care Network	35	3.0	2	5.7%	2	5.7%	24	68.6%	7	20.0%	0	0.0%	88
Cross-System Care Coordination	35	3.1	1	2.9%	5	14.3%	24	68.6%	5	14.3%	0	0.0%	88
Quality Assurance - Residential Placement	32	3.1	2	6.3%	3	9.4%	24	75.0%	3	9.4%	0	0.0%	91
Transition from Restrictive Placement	40	3.1	1	2.5%	5	12.5%	31	77.5%	3	7.5%	0	0.0%	83
Visitation Facilitation Services	49	3.2	2	4.1%	10	20.4%	34	69.4%	3	6.1%	0	0.0%	74
Transitional/Supervised Living - Older Youth	23	3.0	0	0.0%	4	17.4%	16	69.6%	3	13.0%	0	0.0%	100
Group Home & Residential Care	29	3.3	1	3.4%	7	24.1%	20	69.0%	1	3.4%	0	0.0%	94
Shelter Care for Battered Women & Children	33	3.5	5	15.2%	10	30.3%	16	48.5%	0	0.0%	2	6.1%	90
Family Shelters for Homeless	23	3.2	0	0.0%	6	26.1%	15	65.2%	2	8.7%	0	0.0%	100
Shelter Services for Homeless/Runaway Youth	26	3.3	2	7.7%	5	19.2%	17	65.4%	2	7.7%	0	0.0%	97
Safe Affordable Low Income Housing	53	2.8	1	1.9%	1	1.9%	39	73.6%	12	22.6%	0	0.0%	70

Health & Monetary Services	N	Avg Score	Excellent		Above Avg		Average		Poor		Very Poor		*(Skip)*
Affordable Child Day Care	46	2.9	0	0.0%	4	8.7%	36	78.3%	5	10.9%	1	2.2%	77
Low Income Health Services for Family	43	3.2	3	7.0%	7	16.3%	28	65.1%	5	11.6%	0	0.0%	80
Dental Care for Low Income Families	36	3.0	1	2.8%	4	11.1%	26	72.2%	5	13.9%	0	0.0%	87
Family Planning / Preg Counseling	44	3.1	1	2.3%	8	18.2%	31	70.5%	4	9.1%	0	0.0%	79
Food & Nutrition Resources	45	3.5	4	8.9%	15	33.3%	24	53.3%	2	4.4%	0	0.0%	78
Assistance with Clothing & Household Goods	48	3.2	3	6.3%	11	22.9%	28	58.3%	6	12.5%	0	0.0%	75
Emergency Financial Assistance	45	3.0	1	2.2%	5	11.1%	34	75.6%	4	8.9%	1	2.2%	78

General Services	N	Avg Score	Excellent		Above Avg		Average		Poor		Very Poor		*(Skip)*
CHINS Parent Support Services	38	3.3	3	7.9%	7	18.4%	26	68.4%	2	5.3%	0	0.0%	85
Father Engagement Programs	38	3.0	1	2.6%	4	10.5%	27	71.1%	6	15.8%	0	0.0%	85
Parenting/Family Functioning Assessment	44	3.0	1	2.3%	5	11.4%	33	75.0%	5	11.4%	0	0.0%	79
Child Advocacy Center Services	34	3.5	5	14.7%	9	26.5%	19	55.9%	1	2.9%	0	0.0%	89
Adult/Child Mentoring Programs	39	3.2	4	10.3%	5	12.8%	27	69.2%	2	5.1%	1	2.6%	84
After School Recreational Opportunities	39	3.2	3	7.7%	6	15.4%	27	69.2%	3	7.7%	0	0.0%	84
Support Services for LGBTQ Youth	23	3.0	1	4.3%	3	13.0%	15	65.2%	4	17.4%	0	0.0%	100
Outreach Services for Diverse Individuals	27	3.1	1	3.7%	6	22.2%	16	59.3%	4	14.8%	0	0.0%	96
Programs for Parents in Divorce	37	3.2	2	5.4%	6	16.2%	27	73.0%	2	5.4%	0	0.0%	86
Early Child. Intervention/Id of Dvlpmntl Delays	47	3.3	3	6.4%	10	21.3%	31	66.0%	3	6.4%	0	0.0%	76
Transportation Services	47	3.2	3	6.4%	9	19.1%	28	59.6%	7	14.9%	0	0.0%	76
Gang Prevention Services	15	2.9	0	0.0%	0	0.0%	14	93.3%	1	6.7%	0	0.0%	108
Translation Services	31	3.2	0	0.0%	7	22.6%	23	74.2%	1	3.2%	0	0.0%	92

Appendix D

Fiscal

Historical Spending Trends

Below is a listing of available funding sources utilized for service delivery.

Federal Funding Source	**Objective of Funding Source**
Title IV-B Part II: Promoting Safe and Stable Families Number: 93.556	To fund family preservation that serve families at risk or in crisis, including the following services: reunification and adoption services, pre-placement/preventive services, follow-up services after return of a child from foster care, respite care, services designed to improve parenting skills; and infant safe haven programs; to fund community-based family support services that promote the safety and well-being of children and families, to afford children a safe, stable and supportive family environment, to strengthen parental relationships and promote healthy marriages, and otherwise to enhance child development; to fund time-limited family reunification services to facilitate the reunification of the child safely and appropriately within a timely fashion; and to fund adoption promotion and support services designed to encourage more adoptions out of the foster care system, when adoption, promotes the best interests of the child. In addition, a portion of funds also is reserved in FY 2008 - FY 2011 for a separate formula grant for States and territories to support monthly caseworker visits with children who are in foster care. A small proportion of appropriated funds is reserved for research, evaluation and technical assistance, which may be awarded competitively through contracts or discretionary grants.

Federal Funding Source	**Objective of Funding Source**
Community-Based Child Abuse Prevention Grants Number: 93.590	To assist States to support community-based efforts to develop, operate, expand, and enhance, and where appropriate to network, initiatives aimed at the prevention of child abuse and neglect.
Child Welfare Services State Grants (Title IV-B Part I) Number: 93.645	The purpose of the Stephanie Tubbs Jones Child Welfare Services program is to promote State flexibility in the development and expansion of a coordinated child and family services program that utilizes community-based agencies and ensures all children are raised in safe, loving families.
Chafee Education and Training Vouchers Program (ETV) Chafee Education and Training Vouchers ETV Number: 93.599	To provide resources to States to make available vouchers for post-secondary training and education, to youths who have aged out of foster care or who have been adopted or left for Kinship guardianship from the public foster care system after age 16.
Chafee Foster Care Independence Program CFCIP Number: 93.674	To assist States and localities in establishing and carrying out programs designed to assist foster youth likely to remain in foster care until 18 years of age and youth who have left foster care because they attained 18 years of age, have not yet attained 21 years of age, to make the transition from foster care to self-sufficiency.

Social Services Block Grant SSBG Program Number: 93.667	To enable each State to furnish social services best suited to the needs of the individuals residing in the State. Federal block grant funds may be used to provide services directed toward one of the following five goals specified in the law: (1) To prevent, reduce, or eliminate dependency; (2) to achieve or maintain self-sufficiency; (3) to prevent neglect, abuse, or exploitation of children and adults; (4) to prevent or reduce inappropriate institutional care; and (5) to secure admission or referral for institutional care when other forms of care are not appropriate. In addition, special funding was provided to some states in fiscal year 1995 and 1996 for supplemental SSBG grants in support comprehensive of community revitalization projects in 104 federally designated Empowerment Zones (EZs) and Enterprise Communities (ECs). The supplemental funding is called "EZ/EC SSBG." The States, through the designated localities, may use the EZ/EC SSBG funds for activities included in each locality's strategic plan for comprehensive revitalization and directed toward goals 1,2 or 3 listed above. These funds will remain available until December 21, 2004. Information about this component of the SSBG is included below as appropriate.
State Funding	**Objective of Funding Source**
Foster Care Title IV-E Number: 93.658	The Title IV-E Foster Care program helps States provide safe and stable out-of-home care for children under the jurisdiction of the State child welfare agency until the children are returned home safely; placed with adoptive families, or placed in other planned arrangements for permanency. The program provides funds to States to assist with the costs of foster care maintenance for eligible children; administrative costs to manage the program; and training for the State agency staff, foster parents and certain private agency staff. In addition, $3 million is reserved for technical assistance and plan development/implementation grants to eligible Tribes beginning in FY 09.

Youth Services Bureau (YSB)	Youth Service Bureaus are funded with state funds for the purpose of providing administrative support to those bureaus that deliver services aimed at the prevention of juvenile delinquency. The primary statutory purpose is to provide information and referral to youth and their families, delinquency prevention, community education, and advocacy for youth. There is at least one YSB in every DCS region of the state. For more information, go to the website:
State Funding	**Objective of Funding Source**
Project Safe Place	Project Safe Place is funded with state funds for the purpose of providing a community outreach network that delivers emergency services, temporary shelter, and counseling for troubled youth in crisis situations. The triangular signs found in business establishments throughout the state that say "Safe Place" is provided through the efforts of this funding. These signs let youth in crisis know that this is a safe place to ask for help. Staff working in these businesses are trained to assist in offering appropriate referral to these youth.
Child Welfare Funding	Child Welfare Funding is state funds for the purpose of providing primary or secondary prevention services to reduce abuse and/or neglect.
Kids First Trust Fund	The Kids First Trust Fund is a fund whose capital is generated by public contribution through the purchase of a Kids First License plate, a portion of the divorce filing fees, and private contributions. The purpose of this fund is to support statewide child abuse prevention efforts. To make a contribution or to learn more about the fund, go to the website:
Family and Children Fund	Funding provided by the state for out-of-home care expenses as well as the cost of services to the child in need of services and/or delinquent child and their families.