

ATTACHMENT G

Post Adoption Service Coordination

I. Service description

The provision of services is for youth and families after adoption is completed. A service referral for a family will be made to the service provider with the intent of provider to assess the family and their needs, connect them to appropriate services within their community, and assist the family in building their own team of support. In instances where local services are unavailable the lead agency may provide services with documentation that appropriate services are unavailable within the local community.

Services in the system should be individualized, comprehensive, and sustainable and include a broad range of systems and supports. These services should be adoption and culturally competent.

The services provided will include a comprehensive strength based assessment, which will result in cross-system coordination and adoptive family 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. Services are defined by what is in the best interest of the child. It is meant to provide comprehensive system of care that allows families to obtain support after adoption.

The services provided to the client may include but are not limited to the following: behavioral health care services, respite, parent/child support groups, and other services and/or necessary items approved by DCS.

II. Specific Responsibilities

- 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). Staff must be trained in administering and scoring the CANS.)
 - Assist the family in convening a team (following the DCS practice model) to include other family members, service providers and informal supports to form a collaborative plan of care with clearly defined goals.
 - Addresses the 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.
 - 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 a 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 ensure that services are based specifically on the needs of the child and family.
 - Able to locate and/or deliver strength based family-centered, adoption and 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 child and their families.
- 2.) The attempt to contact must occur no later than 48 hours of the referral and face to face must occur within 5 calendar days of the initial referral unless the family requests a later date.
 - 3.) Assessments including the goals setting and service plan are mutually established between the client, care coordinator with a written report signed by the family and care coordinator, submitted to the DCS referring worker within 7 days of the initial face-to-face intake. Communication between the care coordinator and DCS will consist of assessment, treatment plan, and monthly progress reports by the 10th of the following month and any other documentation as arranged between the two.
 - 4.) Each referred family receives access to services through a single care coordinator acting within a team.
 - 5.) Family functioning assessments, family's response, presenting problems according to DCS referral are factors included in the goal setting. Goals are family driven, behaviorally specific, team developed that are measurable and attainable.
 - 6.) Safety is a paramount importance. If there are indications about safety concerns within the home there is an obligation for the care coordinator to communicate all safety concerns, and document safety steps taken, if safety concern is not corrected or new incidences occur, the care coordinator is to notify DCS hotline immediately of the situation. *All residents of Indiana are mandated reporters and all issues of abuse or neglect need to be reported to the DCS hotline.*
 - 7.) Confidentiality must be maintained. Failure to maintain confidentiality may result in termination of the service agreement.

Quarterly Reports:

This report should include:

- Number of referrals
- What region each referral came from
- Successes/accomplishments
- Challenges
- Goals for next quarter

Quarterly reports are due by the 10th of each month following the quarter's end.

First Quarter: January - March –Report due April 10

Second Quarter: April - June – Report due July 10

Third Quarter July - September - Report due October 10

Fourth Quarter October - December - Report due January 10

Respite Care:

It is expected that informal respite resources are identified through members of the family's team. When that is not possible, formal respite resources may be accessed. These resources may include DCS managed foster homes as well as LCPA managed foster homes. DCS will determine a mechanism for accesses DCS managed foster homes for this purpose. Respite Care will be paid at the DCS standard rate unless an exception is made by the Indiana Adoption Program Manager.

Support Groups:

Develop a support group directory of existing adoption support groups. Provide information about support groups to all referred families. Where support group gaps exist, work with the local community to develop an adoption support group.

Media:

Provider must submit an annual plan for any necessary media purchases. All media purchases must first be approved by DCS.

II. Target population

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

III. Goals and Outcome Measures

Goal #1: Timely and ongoing intervention with the family and referring Adoption Liaison.

Outcome Measures

- 1) 95% of all families that are referred will have contact with the provider within 5 days of the referral.

Goal #2: Educate and support adoptive parents on issues related to attachment, trauma, loyalty, grief, loss, separation, their own stages of acceptance, and claiming/entitlement of children who are adopted, and other supportive services in their community.

Outcome Measure

- 1) 100% of group activities will have monthly record of the topics of discussion and keep a sign in sheet for each support group and sent to the referring worker.

Goal #3: Minimize the number of foster/kinship/adoptive family dissolutions.

Outcome Measure

- 1) 80% post adoptive parents will participate in supportive services that are recommended and available.
- 2) 95% of families and children participating in supportive services will maintain their adoptive placement in a safe, family environment.
- 3) 95% of adoptive families will have identified and be connected/maintained with community resources/support.
- 4) If DCS elects to implement a standardized tool for evaluating family functioning, a related outcome measure will be added.

Outcome measure

DCS will be responsible for the surveying families and any data gathering for the following outcome measure.

Goal #4: DCS and family satisfaction with services.

Outcome Measure

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

Goal #5: Agency will report service information to DCS

- 1) Must enter all client data and service data, into the DCS approved database system provided by DCS once the database has been created and is available to providers. At a minimum, grantees will be expected to gather the following information:
 - Date of referral
 - Date of consent
 - Date of assessment and assessment data
 - Date(s) of face to face contact(s)

- Family goal(s)
 - Date goal was met
 - Termination date and reason
- 2) As each event occurs, all data will be entered into the DCS approved database within 5 working days. Specific client files will contain assessment tools, goal(s) identified in the family service plan, and case notes documenting the progress toward reaching those goals. Reports will be obtained through the DCS approved database system. The provider will assure that all the data elements are completed in the state data system.

IV. Qualifications

Care Coordinator:

Must have a Bachelor's degree in social work, psychology, sociology, or a directly related human service field **and** eighteen (18) months of experience in adoption and/or child welfare.

Supervisor:

Licensed master's degree in social work, psychology, or directly related human services field and three years minimum experience in adoption.

Supervision/ consultation is to include not less than one hour of face to face supervision/consultation per 20 hours of direct client services provided, nor occur less than every two 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 adoptive family interactions; services will be delivered in a neutral valued culturally competent manner.

In Addition, all direct care and indirect care staff will have:

- Knowledge of family of origin/intergenerational issues
- Knowledge of child abuse, neglect, separation, loss, grief
- Knowledge of attachment, claiming, entitlement, and loyalty issues
- Knowledge of child and adult development
- Knowledge of Indiana community resources
- Ability to work as a team member
- Belief that with supportive resources clients can maintain their families
- Adoption competency

Sub-Contractors:

The lead agency should be aware of the competencies of any sub-contractor and ensure the sub-contractor is able to meet the needs of adoptive family.

Clinical Services:

Master level therapist under the supervision of a licensed clinician for home based therapy.

Non-Clinical Services:

Sub-contracted services would be for items or services not provided by the Vendor.

V. Billing

Payment for services will be based on actual allowable costs per contract and billed monthly.

VI. Case Record Documentation

Necessary case record documentation for service eligibility must include:

- 1) Proof of adoption (decree needed only for non-DCS adoptions)
- 2) A completed and dated DCS referral from authorizing service
- 3) Documentation of Regular contact with the referred families/children with a minimum of one face to face contact every 30 days.
- 4) Documentation of referrals to other agencies.
- 5) Written monthly reports. Formats for written reports and forms will be collaboratively designed for use.

VII. Service Access

Services must be accessed through a DCS Adoption Liaison referral. Initial referrals are valid for maximum of six (6) months unless otherwise specified by the DCS Adoption Liaison. Service renewals are valid for a maximum of three (3) months and the request for renewal must be submitted to the Adoption Liaison prior to the expiration of any current referral.