Transitional Services Final Report

JUNE 2023

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Introduction

H.E.A. 1359 (2022) mandates the Youth Justice Oversight Committee (YJOC): "Develop policies, protocols, and a statewide implementation plan to guide the provision of transitional services for a child who is the ward of the Department of Correction as described in Ind. Code § 31-37-19-11.5." To accomplish this mandate, the YJOC formed the Transitional Services Workgroup (the Workgroup).

The YJOC approached this task with the goals of promoting successful youth reintegration, preventing recidivism, minimizing harm to individuals and communities, and decreasing taxpayer costs. Indiana's juvenile justice system can be made more uniform, but it will require a shift in current policy and practice.

The YJOC sets forth several recommendations for a statewide plan to successfully provide transitional services to youth being discharged from the Department of Correction, Division of Youth Services ("DYS"). These recommendations promote consistency in decision-making about exit status and help ensure the availability of transitional services to all youth being released.

Examining Transitional Services

Distinguishing Transitional Services

One goal of these recommendations, as mandated by HEA 1359, is to develop more uniform statewide policies and procedures to ensure Indiana offers services intended to support youth and families during transition from Department of Correction's Division of Youth Services (DYS) as they reintegrate into their community. Reintegration covers a limited time span, typically no more than six (6) months. Before discussing statewide implementation for transitional services, it is necessary to distinguish them from other services provided to youth in the juvenile justice system.

When a court orders a youth to be sent to DYS, the agency is awarded wardship of the youth for two broad categories of intervention: meeting a youth's criminogenic needs and

behavioral services[1]. DYS services treat a youth's criminogenic and behavioral needs by addressing underlying social, emotional, developmental, behavioral, educational, and communication needs which underpin the delinquency case.[2] The most common length of stay for a youth at DYS is between six (6) and twelve (12) months. DYS provides youth with the earliest possible release date at intake; however, this date can change based on a youth's progress in DYS services and programming. Once the youth has adequately progressed through their growth plan at DYS, the youth will receive a more certain release date to return to their community.

Transitional services cover an entirely distinct set of services than those provided by DYS. These services, which are also referred to as reintegration services, refer to activities, services, and tasks that prepare youth placed out-of-home for reentry into a family-like setting.[3] Transitional services are designed with the sole intent of helping the youth (and often their families) to apply the tools they learned in a restrictive placement and adjust back into a healthier and productive routine. Currently, a sizable majority of youth released from DYS do not receive transitional services. Many youth struggle to apply the skills they have acquired at DYS because they do not have the support to apply these new skills at home. Often when a court or DYS can provide transitional services, there is a significant gap in time between the youth's release from DYS and when reintegration services begin. To be successful, transitional services should begin well before DYS releases a youth to ensure the youth understand the expectations and tools available well before their release.

Appropriate Transitional Services: TRP and Community-Based Services

The recommendation in this report is that all youth released from DYS have an equal opportunity to receive transitional services to help improve their chances of a successful reintegration back into the community.

The preferred option for youth leaving DYS is "Transition from Restrictive Placement" (TRP) services offered by the Department of Child Services (DCS). DCS has identified TRP services

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[1] Indiana Department of Correction, Division of Youth Services, Policy on Youth Case Management. Page13-14

[2] *Id* pages 16-17 for list of rehabilitative and behavioral services available during DYS placement.

[3] Reentry | Youth.gov Citing Bilchik & Altschuler, 2010

as the best possible array of services to assist youth transitioning from a more restrictive to a least restrictive placement, including youth being discharged from DYS.[4] The DCS service standard provides that for JD/JS youth who are committed to the Department of Corrections, service may begin within 60 days of the scheduled or anticipated discharge[5]. TRP must include therapeutic/clinical interventions to address the service needs of the youth and the family. The services must include 24-hour access to crisis intervention seven days per week and other services intended to help the youth and their family succeed. Other supportive services may include educational transition services, vocational services, drug/alcohol screening and monitoring, and parent education. The full text of the DCS TRP service standard, including information demonstrating these services were intentionally and narrowly tailored for JD/JS youth transitioning from DYS back into their community, is available in the Appendix of this report.

The goals of TRP are outlined in the DCS service standard and include: to improve the transition for youth back to their home by providing therapeutic services to the youth and family, to reduce routine barriers by providing direct assistance with transition issues such as conflict management and transportation assistance, and to develop a system of community supports for each youth that will continue after the completion of the services. All of the services are aimed at successful reintegration into the community for the youth and family and are not duplicative of services provided to the youth in DYS.

Some local communities have developed their own transitional or reintegration services through the court and/or probation department. TRP services through DCS are not mandatory but could supplement any services offered by local communities as needed. The goal of HEA 1359 is to ensure all youth are receiving transitional services, and TRP services through DCS are one possibility available to courts and probation departments. TRP services are an especially viable option for many rural counties because the services are already available through DCS's contracted providers across the state. The local or regional justice reinvestment advisory council (JRAC) or other collaborative body of juvenile justice stakeholders should examine what transitional services are available in their community through probation and/or DCS.

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[4] Service Standard: Indiana Department of Child Services Transition from Restrictive Placement (TRP)
[5] I*d*

Why Provide Transitional Services?

Research and Support for Transitional Services

It is well-established that transitional services lead to better outcomes for youth: "After confinement, juveniles' experiences and training within correctional settings must be linked to their experience within their communities. Transitional services provide this link. Effective transitional programs increase the likelihood of reenrollment in school, graduation from high school, and successful employment."[6] A large body of academic and governmental research support that an individual transitioning out of incarceration will more likely be a safe and productive member of their community if they are provided with help through reintegration.

Congress has recognized this very notion, passing a bipartisan criminal reform bill called The Second Chance Act (SCA) in 2008. The underlying goals of this Act were to increase public safety, to reduce correction costs, and to reduce recidivism. The Act was based on findings that issues such as homelessness, unstable housing, education, employment, and issues between family members are some of the primary reasons youth and adult offenders are likely to reoffend. In response to these findings, Congress authorized a wide variety of transitional services under federal grants. These include programs to promote the safe and successful reintegration of youth who have been placed in a correctional facility back into the community upon their release. The SCA further encourages employment services, post-release substance abuse treatment, housing, family programming, victim services, and for the implementation of other methods to improve the outcomes for both adult and juvenile offenders. The act made a specific provision noting the importance of mentoring programs for both adult and youth offenders.[7]

Congress reauthorized the SCA and expanded grants for re-entry services in the First Steps Act (2018) to include support such as housing, treatment for substance use addictions, and childcare. It also expands the types of career training that correction agencies can offer. It

[6] From the Courthouse to the Schoolhouse: Making Successful Transitions (ojp.gov)
[7] July-2018_SCA_factsheet.pdf (csgjusticecenter.org)

emphasizes programs that track employment outcomes and ensure participants connect with employers.[8]

Governmental entities and related research have also thoroughly vetted the need for transitional services to support successful reintegration from restrictive placements. This is supported by the inclusion of aftercare services for youth in the Family First Prevention Services Act (2018). This Act requires that all qualified residential treatment programs provide discharge planning and family-based aftercare support to youth returning to a family-like setting for at least six months after discharge. [9] Using these FFPSA directives and knowing that TRP is an existing service standard through DCS, the Workgroup recommends Indiana's youth justice system incorporate TRP services into a statewide TRP implementation plan.

Additional Recommendations for TRP Services

Although YJOC recommends TRP as the best suited services available through DCS for youth transitioning out of DYS, there are several areas in which the DCS should consider adjusting the service standards to better serve this population. We recommend that DCS consider switching to a per diem style payment after DYS releases the youth and that DCS add mentoring services for the youth.

Currently the TRP service standards provide for an hourly rate to service providers. A per diem model will lead to improved results for this category of cases. Per diem funding for transitional services will allow the youth's team to be structured much like wrap-around services, with a care coordinator arranging service visits and tracking what needs they have to meet (rather than several separate providers all trying to meet with the youth and their family). We recommend that DCS consider amending the TRP service standards to allow an hourly rate prior to the youth's release, then upgrade the payment method to a per diem rate once the youth is released from DYS.

Mentoring is an invaluable service for youth. Mentoring is such a meaningful and effective tool that the Second Chance Act went so far as to establish a pilot program to pair youth

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[8] Reauthorizing Second Chance Act - CSG Justice Center - CSG Justice Center
[9] https://www.congress.gov/bill/114th-congress/house-bill/5456/text#H6056253ED40E42E7974C971B9CCBF377

with volunteers from faith or community-based organizations, including formerly incarcerated persons, in a minimum of twenty (20) facilities. Mentoring has the potential to be one of the most powerful TRP services available to youth reintegrating back into the community. We recommend that DCS amend TRP service standards to include mentoring when it is available.

The YJOC strongly supports the provision of TRP services to youth during their transition from DYS back into the community. However, this is not the only feasible way a court can offer services to assist and monitor a youth as they transition back into the court's community. Some courts have long-standing local community relationships with agencies that provide these services. Some courts may be interested in bringing in local providers to create their own transitional services program. TRP services through DCS are available to every county throughout the state and should be considered in cases where courts do not have access to alternative programming.

Barriers to the Provision of Transitional Services

There are several barriers to developing a statewide implementation plan for the provision of transitional services.

Different Methods of Release

Upon arrival at a DYS facility, all youth create an Individual Growth Plan and an Individual Aftercare Plan. The former serves as a roadmap for the rehabilitative services provided by DYS. The latter details what the youth will do to apply the skills they learn during their placement once they are released by DYS. DYS fully supports and provides services to assist a youth's growth plan. However, due to inconsistencies in how discharge status is determined (discharge, parole, and local court reassuming jurisdiction), there is no equally effective method in Indiana's youth justice system to assist in effectuating the aftercare plan.

There are three primary ways DYS releases youth. Each method has a significant impact on their access to the services needed to transition back into the community and to put their skills into practice. Decisions about release status are not made consistently across the

state. Some counties have courts that reinstate jurisdiction, some do not. Discharge and parole decisions are driven by the youth's risk for re-offense score as determined by the Indiana Youth Assessment System (IYAS) Re-Entry Tool.

1. Discharge: Youth are released to a designated person with no supervision or services provided. Youth may be given information about agencies in their community to contact for voluntary services. Current policies and procedures allow no further relationship with DYS and the discharged youth. The previous juvenile delinquency (JD) case remains closed.
2. Parole: Youth are conditionally discharged under DYS parole officer supervision. DYS's parole officers can make referrals for transitional services to DCS contracted providers, and these services become part of the parole conditions.
3. Probation: If the juvenile court reinstates jurisdiction, the JD case is re-opened, and the youth is monitored by the county Probation Department. Transitional services are ordered, with the goal of re-integration. Services are limited to whatever the county probation department has available. Currently, very few youth released from DYS receive transitional services. For those who do receive transitional services, the quality and availability of these services can vary from county to county.

Communication between State Agencies

DYS, the courts, probation, public defenders, DCS, and other agencies currently work together to serve youth in the delinquency system. However, there are many state resources which are available but under-utilized when transitioning a youth from DYS back into their community. We recommend an ongoing dialogue between various state agencies to ensure that DYS and courts are aware of and are using all available programming and resources to help ensure these youth are transitioning from DYS back into their communities in a healthy, supported, and productive manner. Educational programs, vocational programs, housing assistance and similar services provided by state agencies can positively impact outcomes for youth who have previously served a commitment to DYS. Of particular note are:

- The Department of Workforce Development (DWD) has several programs which can assist youth with vocational and educational opportunities. DWD provides information about training and employment, and they can also assist with placement in vocational programs and help the youth and their families find tuition assistance for youth who meet the requirements. All youth coming out of

the justice system are eligible for program funding covered under the Workforce Innovation and Opportunity Act10. Youth who transition out of DYS should be required to have a meeting with a DWD case worker to assess eligibility and the best match for available programs and services.

- The Indiana Housing and Community Development Authority (IHCDA) also has programs and resources available to the families of youth who are transitioning out of DYS. If the DYS case manager, probation, or any member of the youth's team believes that the youth and their family is at risk of experiencing housing instability upon release due to lack of safe, affordable, or otherwise suitable housing, they should contact the IHCDA for guidance. IHCDA administers a variety of programs that increase housing opportunities and promote self-sufficiency for vulnerable populations, including individuals exiting incarceration or residential treatment. IHCDA can assist DYS case managers with identifying resources to facilitate housing resources to aid the youth's transition into the community.

Recommitment for Minor or Technical Violations

Once DYS releases a youth, the juvenile justice system often holds them to a high standard of strict compliance with all rules. All youth need mechanisms for accountability and to understand expectations. However, for youth returning from DYS, the threat or reality of reincarceration is daunting. Violations which amount to normal age-appropriate behavior, such as curfew violations, should not be used to seek re-incarceration of the youth. These minor or technical violations (which are not new delinquent acts) should not be grounds for a youth to return to a DYS facility, particularly when less restrictive consequences will suffice.

A youth's release from DYS should be viewed as a final action rather than a trial period of release. We recommend that a statute or policy be adopted that the youth shall not be re-committed to DOC unless the child commits a subsequent delinquent act, poses a serious risk to public safety, or no less restrictive measures can be taken.

[10] 29 USC § 3164

Recommendations for a Statewide Implementation Plan for the Provision of Transitional Services

Statutory changes included in HEA 1359 allow for youth to receive "at least three (3) months of transitional services to support reintegration back into the community and to reduce recidivism." The charge to the YJOC is to establish policies guiding the provision of these services. This new statute presumes that transitional services are necessary and beneficial, aligning with congressional findings and accepted best practices.

The following recommendations are based on the foundational agreement that there needs to be consistency across Indiana's counties in the process of assessing reintegration supports and services for youth leaving a DYS facility.

Recommendation 1:

HEA 1359 directs the Youth Justice Oversight Committee to develop a plan and policies for the provision of transitional services. The YJOC recommends that all juvenile justice stakeholders work together to enhance opportunities for all youth released from DYS to receive appropriate community based transitional services or TRP services as defined by DCS standards. The YJOC understands this will require significant time and other resources to examine current practices across counties and pilot new practices so that Indiana may adopt a comprehensive plan that meets the needs of youth while considering Indiana's current legal framework. The YJOC anticipates these activities may result in future legislative, funding, and other policy changes to support youth transitioning from DYS. The YJOC acknowledges that this recommendation deviates from that proposed by the Transitional Services Workgroup for the reasons discussed below.

In its report to the YJOC, the Transitional Services Workgroup recommended proposing a legislative change requiring the juvenile court jurisdiction remain intact throughout a youth's commitment to DYS. The Workgroup and the YJOC members had extensive discussions on this topic and the pros and cons of this approach. Several concerns were raised, including procedural restrictions when a case is appealed. Most cases involving commitments of youth to DYS are appealed. The Rules of Appellate Procedures are clear that trial courts do not have jurisdiction during the appeals process. Juvenile courts would

not be able to exercise jurisdiction to hold review hearings during the pendency of the appeal, which is typically a several month process. Additionally, the YJOC noted that courts do already have the authority to reassert jurisdiction over a youth upon their release from DYS. Due to these concerns, the majority of the YJOC voted against recommending a statutory change to extend juvenile court jurisdiction.

The YJOC acknowledges and recommends that additional training and collaboration is needed amongst all stakeholders to determine how to best provide appropriate community based transitional services or TRP (DCS) services to youth. The YJOC notes that there is not a clear understanding of how and when transitional services are being provided across the state and under what circumstances courts are being asked to reinstate jurisdiction when a youth is released. There is also no information available on whether the transitional services being provided to youth now, either through community-based services or through the TRP service standards, are effective in reintegrating youth into the community and preventing recidivism.

As a result of the foregoing concerns, the YJOC determined that further study of the provision of transitional services and the role DYS, DCS, Probation and the Court plays in implementing these services is needed to determine the most effective procedures. The YJOC's Data Workgroup will implement pilots in five counties to conduct a process evaluation of the juvenile justice system to examine data collection and evaluation and they proposed including in their pilot work an evaluation of transitional services. The Data Workgroup will examine how counties are currently offering and providing transitional services, what works effectively, what the challenges are, and ideas for working together to enhance opportunities for youth to receive these services in appropriate situations, including the development of more formal processes. Once the current practices and needs are assessed, the YJOC can re-evaluate what, if any, legislation could be recommended to expand the use of transitional services for youth.

Recommendation 2:

The YJOC should collaborate with DYS and DCS to update and monitor TRP service standards for youth leaving DYS, to increase the availability of services in all areas of the state, including rural areas, and should determine which counties already have community-based transitional services available. The YJOC should review outcomes and cost structure for TRP services to determine if these services are effective for DYS youth and what

changes might need to be made to the cost structure of these services, such as a per diem versus an hourly pay rate and the inclusion of mentoring services.

Recommendation 3:

As part of the statewide plan for transitional services, we should adopt the following best practice for evaluating recommitment of a youth to DYS: When youth are engaged in transitional services with probation under the jurisdiction of the court, only serious probation violations should lead to recommitment to DYS, such as: when the violation is a new delinquent act; when the youth poses a serious risk to public safety; or when no alternative consequence or sanction will sufficiently address the violation.

Recommendation 4:

Indiana's juvenile justice system should foster greater collaboration among state agencies to ensure that DYS and the courts are incorporating all available state services into the after-care plan for youth who will soon transition out of DYS. There must be ongoing communication between state agencies that are able to supply assistance, guidance, and relevant services to youth.

Recommendation 5:

The YJOC should continue to research and examine successful evidence-based or evidence-informed models of transitional and/or reintegration services from other states to determine if any models could be adopted by Indiana using the community alternative grants being offered to counties through HEA 1359. The YJOC should give special attention to models that have been successful in rural communities. Promising new models should be piloted, and data and outcomes should be evaluated for effectiveness.

Recommendation 6:

A sub-committee of the YJOC or another entity should review cases of youth referred to DYS who are only at DYS due to the lack of feasible alternative placements for the youth. There should be a multi-disciplinary group of stakeholders from DOC, DCS, DMHA, Probation, and other entities that examine this problem and work to develop solutions.

Recommendation 7:

Upon the implementation of these policies and provisions, the YJOC recommends ongoing collection of data to evaluate the effectiveness and to develop additional best practices surrounding the use of community transitional services and TRP services through DCS. The current population of youth receiving and actively participating in transitional services after DYS releases them is minimal. Data points which will help review and further develop services for youth reintegrating into the community could include what offenses the youth committed prior to placement at DYS, the length of time the youth needed community transitional services or TRP services, how many youth are referred to community transitional services and/or TRP whether the youth successfully completed these services, employment/educational outcomes, and other factors. HEA 1359 also requires DOC to collect data to help assess the impact of reintegration services, including tracking recidivism beyond reincarceration and into the adult system.

Conclusion

Youth leaving DYS are at a critical juncture in their lives. In order the help these youth succeed at this crossroad and to protect the community they are returning to, they need to have the opportunity to participate in appropriate transitional services so they can complete their education, receive job training and assistance obtaining employment. They also often need assistance in locating ongoing mental health or substance use treatment, medication and other services which will continue after their case is closed in order to help them successfully reintegrate back into their communities. These services are not duplicative of any services youth receive while in DYS but rather are services uniquely tailored to helping the youth and family with this important transition. After careful consideration of the complex and challenging issues facing youth leaving DYS and their families, the YJOC adopts these recommendations and commits to the implementation of these recommendations.

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APPENDIX

SERVICE STANDARD

INDIANA DEPARTMENT OF CHILD SERVICES TRANSITION FROM RESTRICTIVE PLACEMENT (TRP)

I. Service Description

A.) TRP is a provision of services to assist children in a more restrictive placement to a less/least restrictive placement.
B.) The purpose of the program is to prevent a return of the youth to a more restrictive setting/placement.
C.) TRP must include the following kinds of services to the youth and family:
D.) Therapeutic/clinical interventions to address the service needs of the youth and family.
E.) Therapeutic interventions must be based on an evidence-based model such as:
F.) Functional Family Therapy (FFT)
G.) Multi-systematic Therapy MST)
H.) Parenting With Love and Limits
I.) Similar program
J.) Home-based services including but not limited to the following:
    1) Home assessment
    2) Child development education
    3) Educational transition services
    4) Vocational services
    5) Drug/alcohol screening and monitoring
    6) Conflict management
    7) Addiction education
    8) Group therapy
    9) Coordination of services
        a) Special emphasis on education and employment services
    10) Emergency/crisis services

11) Parenting education/training
12) Family communication
13) Assistance with transportation
14) Family reunification
15) Family assessment
16) Community referrals and follow up
17) Behavior modification
18) Budgeting/money management
19) Other services deemed appropriate based on youth and family needs

II. Service Delivery

A.) Services must include 24-hour access to crisis intervention seven days per week
B.) May be provided in family home, community site, or in the office
C.) Services must include ongoing risk assessment and monitoring family/parental progress
D.) Services must include development of goals with measurable outcomes
E.) Provider must complete an intake interview with the family within five (5) calendar days after the receipt of the referral or notify referral source if client does not respond to meeting requests.
F.) 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
G.) Provider must participate in an initial meeting with the youth's FCM or probation officer, youth, and family within 48 hours of release
H.) DCS will be responsible for CANS assessments for CHINS youth
I.) 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
    1) If not completed at the time of discharge
    2) Repeat every six months thereafter
J.) If no CANS completed prior to admission to the restrictive placement:
    1) Service provider is responsible to complete within 2 weeks of placement in a less restrictive placement
    2) Must never be less than one (1) face to face visit per week

K.) The provider may require the youth to submit at least one (1) random drug screen within fourteen (14) days of changing from a more restrictive placement
    1) When appropriate and requested by Probation Officer or Family Case Manager
    2) May be done through probation or another approved vendor
L.) Provider must maintain frequent contact with the FCM/Probation officer
    1) Notify in writing any non-compliance issues
    2) Develop a recommendation for the FCM/Probation Officer as to a suitable therapeutic intervention
M.) Services must be family focused and child centered
    1) Focus on strengths and build upon them
N.) Services include:
    1) Intensive in-home skill building and after-care linkage
    2) Providing monthly progress reports in a format approved by the court
    3) Participation in Child and Family Team Meetings
    4) Presence at court hearing and providing testimony when requested by DCS
O.) Provider will recommend to the referring agency any other services (therapy is common)
    1) Recommendations for additional services not covered in the service standard should be made in writing to the FCM or Probation Officer
    2) Additional services require a separate referral and should not be started until a referral has been received
P.) Staff must respect confidentiality
    1) Failure to do so may result in immediate termination of the service agreement
Q.) The caseload of the therapist/case manager will include no more than twelve (12) workload units
    1) All youth in service are weighted at one (1) workload unit

III. Target Population

A. Services must be restricted to the following eligibility category:
    1. Note that Transition from Restrictive Placement (TRP) can be provided to CHINS or Probation youth you are transitioning out of residential or group home placements

2. 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
3. For JD/JS youth who are committed to the Department of Corrections, service may begin within 60 days of the scheduled or anticipated discharge

IV. Goals and Outcomes

A. Goal 1: To improve the transition for youth back to their home by providing therapeutic services to the youth and family.
    1. Outcome Measure 1: Based on the CANS Assessment, 100% of participants will have an individualized service plan developed.
    2. Outcome Measure 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 placement to a less restrictive placement.
B. Goal #2: To reduce routine barriers by providing direct assistance with transition issues.
    1. Outcome Measure 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.
C. Goal #3: TO develop a system of community supports for each youth that will continue after the completion of the program.
    1. Outcome Measure 1: 100% of the youth in the program will establish as least one community-based support that will continue to provide assistance and/or direction following completion of the program.
    2. Outcome Measure 2: 85% of youth will maintain their placement in a less restrictive setting at 6 month follow up.
D. Goal #4: Maintain satisfactory services to the children and family
    1. Outcome 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.

3. 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

A. MCO:
   1. Medical doctor
   2. Doctor of osteopath
   3. Licensed psychologist
   4. Qualified Behavioral Health Professional (QBHP)

B. MRO:
   1. Licensed professional
      a) Except for a licensed clinical addictions counselor
   2. Qualified Behavioral Health Professional (QBHP)

C. DCS:
   1) Direct Worker:
      a) Bachelor's degree in Psychology or Sociology, or Social Work
      b) Master's degree in Psychology, Sociology, Social Work; OR
      c) Bachelor's or Master's degree in a directly related human services field. as evidenced by:
         1) Completion of a minimum of 39 semester/58 quarter hours in the following coursework:
            a) Human Growth and Development
            b) Social and Cultural Foundations
            c) Lifestyle and Career Development
            d) Sexuality
            e) Gender and Sexual Orientation
            f) Ethnicity, Race, Status, and Culture
            g) Psychology
            h) Sociology
            i) Social Work
            j) Criminology
            k) Ethics and Philosophy
            l) Physical and Behavioral Health
            m) Family Relationships

n) Advocacy and Mediation
o) Case Management
p) Resources and Systems
q) Social Policy
r) Community Planning and Relations
s) Crisis Intervention
t) Substance Use
u) Counseling and Guidance
v) Educational Studies

2) The individual must complete the Human Service Related Degree Course Worksheet.
    a) For auditing purposes, the worksheet should be completed and placed in the individual's personnel file.
    b) Transcripts must be attached to the worksheet.
3) Coursework must be completed at a satisfactory level, no less than a C- for any quarter or semester grade in applicable coursework.

D. Other non-Human Service related Bachelor's degrees will be accepted:
    1. Minimum of two years-experience
        a) Providing a service to families that need assistance in the protection and care of their children and/or providing skills training, development, and habilitation.
        b) Experience gained by an employee in which the employee was not qualified to complete the work at the current or previous employer does not count toward the required two (2) year experience in combination with a Bachelor's degree.
4) The individual must possess a valid driver's license and the ability to use a private car to transport self and others, and must comply with the state policy concerning minimum car insurance coverage.
5) In addition to the above:
    a) Knowledge of child abuse and neglect, and child and adult development
    b) Knowledge of community resources and ability to work as a team member
    c) Belief in helping clients change their circumstances, not just adapt to them

d) Belief in adoption as a viable means to build families
e) Understanding regarding issues that are specific and unique to adoptions such as loss, mismatched expectations and flexibility, loss of familiar surroundings, customs and traditions of the child's culture, entitlement, gratification delaying, flexible parental roles, and humor.

1. Therapist:
    a) Master's or Doctorate degree with a current license issued by the Indiana Behavioral Health and Human Services Licensing Board
    b) Master's Degree with a temporary permit issued by the Indiana Behavioral Health and Human Services Licensing Board
    c) Master's Degree in a related human service field and employed by an organization that is nationally accredited by the Joint Commission, Council on Accreditation or the Commission on Accreditation of Rehabilitation Facilities. The individual must also:
        1. Complete a minimum of 24 post-secondary semester hours or 36 quarter hours in the following coursework:
            a) Human Growth and Development
            b) Social and Cultural Foundations
            c) Group Dynamics, Processes, Counseling, and Consultation
            d) Lifestyle and Career Development
            e) Sexuality
            f) Gender and Sexual Orientation
            g) Issues of Ethnicity, Race, Status, and Culture
            h) Therapy Techniques
            i) Family Development and Family Therapy
            j) Clinical/Psychiatric Social Work
            k) Group Therapy
            l) Psychotherapy
            m) Counseling Theory and Practice
        2. Individual must complete the Human Service Related Degree Course Worksheet.
            a) For auditing purposes, the worksheet should be completed and placed in the individual's personnel file.

(i) Transcripts must be attached to the worksheet.

b) Individuals who hold a Master or Doctorate degree that is applicable toward licensure must become licensed as indicated in a and b above.

2. Supervisor
    a) 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 Behavioral Health and Human Services Licensing Board
    b) Supervision/Consultation is to:
        1) Include not less than one (1) hour face to face per 20 hours of direct client service provided
        2) Occur every two (2) weeks or more frequently
3. In addition to the above, staff must possess:
    a) Knowledge of community resources
    b) Ability to work as a team member

    Understanding of issues specific to youth transitioning back into the community following a stay in a more restrictive placement
4. Services will be conducted with behavior and language that demonstrates respect for:
    a) Sociocultural values
    b) Personal goals
    c) Life style choices
    d) Complex family interactions
    e) Delivery of services in a neutral valued culturally competent manner

VI. Billable Units

A. It is expected that the majority of the individual, family, and group counseling provided under this standard will be based in the clinic setting.
B. In these instances, the units may be billable through MCO.
C. Services through MCO may be Outpatient Mental Health Services.
D. Medicaid shall be billed when appropriate.
    1. Bill first for eligible services under covered evaluation and management codes, including those in the 9000 range.

E. 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)

F. DCS Funding
    1. 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 behavior health care needs of the eligible client, will be billed to DCS per face-to-face hours as outlined below.
    2. If agency administers clinical services, there may be two (2) face to face units:
        a) Direct Worker
        b) Counseling

G. Face-to-Face Time with Client
    1. Members of the client family are to be defined in consultation with the family and approved by DCS.
        a. This may include persons not legally defined as part of the family.
    2. Includes client specific face-to-face contact with the identified client/family during which services as defined in the applicable Service Standard are performed.
    3. Includes Child and Family Team Meetings or case conferences, or probation meetings initiated or approved by DCS or Probation for the purposes of goal directed communication regarding the services to be provided to the client/family.
    4. Includes crisis intervention and other goal-directed interventions via telephone with the identified client family.
    5. Not included:
        a) Report writing
        b) Scheduling of appointments
        c) Collateral contacts
        d) Travel time
        e) No shows
        f) All are built into cost of face-to-face rate and shall not be billed separately.

6. Hourly services may be billed in 15 minute increments, partial units are rounded to the nearest quarter using the following guidelines:
    a) 0 to 7 minutes – Do not bill (0.00 hour)
    b) 8 to 22 minutes – 1 fifteen minute unit (0.25 hour)
    c) 23 to 37 minutes - 2 fifteen minute units (0.50 hour)
    d) 38 to 52 minutes – 3 fifteen minute units (0.75 hour)
    e) 53 to 60 minutes – 4 fifteen minute units (1.00 hour)

H. Interpretation, Translation, and Sign Language Services
    1. The location of and cost of Interpretation, Translation, and Sign Language Services are the responsibility of the Service Provider.
    2. If the service is needed in the delivery of services referred, DCS will reimburse the Provider for the cost of the Interpretation, Translation, or Sign Language service at the actual cost of the service to the provider.
    3. The referral from DCS must include the request for Interpretation services and the agencies' invoice for this service must be provided when billing DCS for the service.
    4. Providers can use DCS contracted agencies and request that they be given the DCS contracted rate but this is not required.
    5. The Service Provider Agency is free to use an agency or persons of their choosing as long as the service is provided in an accurate and competent manner and billed at a fair market rate.
    6. If the agency utilizes their own staff to provide interpretation, they can only bill for the interpretation services. The agency cannot bill for performing two services at one time.

I. Court
    1. The provider of this service may be requested to testify in court.
    2. A Court Appearance is defined as appearing for a court hearing after receiving a written or email request or subpoena from DCS to appear in court, and can be billed per appearance.
    3. If the provider appeared in court two different days, they could bill for 2 court appearances.
        a. Maximum of one court appearance per day

4. 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.

J. Reports
    1. If the services provided are not funded by DCS, the 'Reports' hourly rate will be paid.
    2. DCS will only pay for reports when DCS is not paying for these services.
    3. A referral for 'Reports' must be issued by DCS in order to bill.

The provider will document the family's progress within the report.

VII. Medicaid

A. For those families and children not eligible for Medicaid Rehabilitation Option, this service will be paid by DCS.
B. For eligible families and children, some services may be provided through Medicaid Rehabilitation Option (MRO) with the remaining services paid by DCS.
C. 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 healthcare needs of the MRO eligible client, and therefore may be billable to MRO.
D. The service standard is not a Medicaid standard and includes services that are not billable to Medicaid.
E. It is the responsibility of the contracted service provider to be knowledgeable about the Medicaid billing requirements and comply with them.
    1. Including Provider Qualifications
    2. Including Pre-Authorization
    3. Appropriately bill services in cases where they are Medicaid reimbursed
F. Services not eligible for MRO may be billed to DCS
G. Medicaid section is not included in all standards
    1. For those standards it is included, format should be changed from paragraph form to this outline form
        a. Language is standard

VIII. Case Record Documentation (Some standards do not match this language – note differences for future edits)

A. Case record documentation for service eligibility must include:

1. A completed, and dated DCS/ Probation referral form authorizing services
2. Copy of DCS/Probation case plan, informal adjustment documentation, or documentation of requests for these documents from referral source.
3. Safety issues and Safety Plan Documentation
4. Documentation of Termination/Transition/Discharge Plans
5. Treatment/Service Plan
    a) Must incorporate DCS Case Plan Goals and Child Safety goals.
    b) Must use Specific, Measurable, Attainable, Relevant, and Time Sensitive goal language
6. Monthly reports are due by the 10th of each month following the month of service, case documentation shall show when report is sent.
    a) Provider recommendations to modify the service/ treatment plan
    b) Discuss overall progress related to treatment plan goals including specific examples to illustrate progress
7. Progress/Case Notes Must Document: Date, Start Time, End Time, Participants, Individual providing service, and location
8. When applicable Progress/Case notes may also include:
    a) Service/Treatment plan goal addressed (if applicable-
    b) Description of Intervention/Activity used towards treatment plan goal
    c) Progress related to treatment plan goal including demonstration of learned skills
    d) Barriers: lack of progress related to goals
    e) Clinical impressions regarding diagnosis and or symptoms (if applicable)
    f) Collaboration with other professionals
    g) Consultations/Supervision staffing
    h) Crisis interventions/emergencies
    i) Attempts of contact with clients, FCMs, foster parents, other professionals, etc.
    j) Communication with client, significant others, other professionals, school, foster parents, etc.
    k) Summary of Child and Family Team Meetings, case conferences, staffing
9. Supervision Notes must include:
    a) Date and time of supervision and individuals present

b) Summary of Supervision discussion including presenting issues and guidance given.

B. Comprehensive and FCT have REPORTING instead of Case Record Documentation

IX. Service Access

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

X. Adherence to DCS Practice Model

A. 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.
B. 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.

XI. Interpreter, Translation, and Sign Language Services

All Services provided on behalf of the Department of Child Services must include Interpretation, Translation, or Sign Language for families who are non- English language speakers or who are hearing- impaired.

A. All Services provided on behalf of the Department of Child Services must include Interpretation, Translation, or Sign Language for families who are non- English language speakers or who are hearing- impaired.
B. Interpretation is done by an Interpreter who is fluent in English and the non-English language and is the spoken exchange from one language to another.
C. Certification of the interpreter is not required; however, the interpreter should have passed a proficiency test in both the spoken and the written language in which they are interpreting.

D. Interpreters can assist in translating a document for a non-English speaking client on an individual basis, (i.e., An interpreter may be able to explain what a document says to the non-English speaking client).
E. Sign Language should be done in the language familiar to the family.
F. These services must be provided by a non-family member of the client, be conducted with respect for the socio- cultural values, life style choices, and complex family interactions of the clients, and be delivered in a neutral-valued culturally-competent manner.
G. The Interpreters are to be competent in both English and the non-English Language (and dialect) that is being requested and are to refrain from adding or deleting any of the information given or received during an interpretation session.
H. No side comments or conversations between the Interpreters and the clients should occur.

XII. Trauma Informed Care

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

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

XIII. Training

A. Service provider employees are required to complete general training competencies at various levels.
B. Levels are labeled in Modules (I-IV), and requirements for each employee are based on the employee's level of work with DCS clients.
C. Training requirements, documents, and resources are outlined at: http://www.in.gov/dcs/3493.htm
   Review the Resource Guide for Training Requirements to understand Training Modules, expectations, and Agency responsibility.
   Review Training Competencies, Curricula, and Resources to learn more about the training topics.
   Review the Training Requirement Checklist and Shadowing Checklist for expectations within each module.

XIV. Cultural and Religious Competence

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

2. Staff will use neutral language, facilitate a trust based environment for disclosure, and will maintain appropriate confidentiality for LGBTQ youth.
3. The guidebook can be found at: http://www.in.gov/dcs/files/GuidebookforBestPracticeswithLGBTQYouthpdf

D. Efforts must be made to employ or have access to staff and/or volunteers who are representative of the community served in order to minimize any barriers that may exist.
E. Contractor must have a plan for developing and maintaining the cultural competence of their programs, including the recruitment, development, and training of staff, volunteers, and others as appropriate to the program or service type; treatment approaches and models; and the use of appropriate community resources and informal networks that support cultural connections.

XV. Child Safety

A. Services must be provided in accordance with the Principles of Child Welfare Services.
B. All services (even individual services) are provided through the lens of child safety.
    1. As part of service provision, it is the responsibility of the service provider to understand the child safety concerns and protective factors that exist within the family.
    2. Continual assessment of child safety and communication with the Local DCS Office is required. It is the responsibility of the service provider to report any safety concerns, per state statue, IC 31-33-5-1.

All service plans should include goals that address issues of child safety and the family's protective factors. The monthly reports must outline progress towards goals identified in the service plans.