

SERVICE STANDARD
INDIANA DEPARTMENT OF CHILD SERVICES
FAMILY PREPARATION/HOME STUDY

I. Service Description

- A. Pursuant to IC 31-19-8-5, all Family Preparation providers contracted with DCS must be a Licensed Child Placing Agency (LCPA).
1. Preparation of the adoptive home study for prospective families should follow the outline provided by the referring DCS, from the State Child Welfare Policies.
 2. Contractors should commit to obtaining certification in the Structured Analysis Family Evaluation (SAFE) format.
 - a) Starting July 1, 2016 all contractors will be required to use SAFE for all adoption home studies. (www.SAFEhomestudy.org)
- B. Providers should collect information, evaluate the family and home, then make a recommendation as to the appropriateness and ability of the prospective adoptive parent(s) to meet the needs of children in Indiana's custody as a result of abuse or neglect.
- C. The assessment criteria must include but not be limited to the following areas:
1. Home study should address specific children if a child has been identified to be placed
 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 Adoptive Family
 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 prospective Adoptive family
 9. Outline for Adoptive Family Preparation Summary
- D. Family Assessment
1. 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, a minimum of three home visits is required. The process may include but is not limited to the following:
 - a) Processing the family's references, medical information forms, financial forms and all other necessary state forms
 - b) Creating with the family, family genograms, eco-map, etc.
 - c) 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
 - d) 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

E. Family Preparation

1. The Family Preparation should include the family's feelings about adoption and experiences with parenting as well as pertinent issues specific to adoption.
2. 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.
3. The contractor will engage in a dialogue with family members, providing information on all aspects of child abuse and neglect, including an explanation about how trauma impacts child development, typical resulting behaviors, and common characteristics of children in the system.
4. The contractor should assist the family in planning and foreseeing what is needed for their own specific successful parenting of these children and should discuss with the family how traditional disciplinary methods of time outs, groundings and loss of privileges may not be appropriate or effective with this population.
5. 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.

F. Recommendations

1. The contractor will also make a recommendation about the family's appropriateness for special needs adoption and their ability to meet the needs of children in Indiana's custody.
2. Any issues revealed during the home study process should be addressed & resolved prior to submission of the home study to Indiana Adoption Council.
3. The contractor should only present a family to Indiana Adoption Council when the contractor can endorse that family without reservation.
4. 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.

G. Pre-Adoptive Families

1. 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.
2. The contractor will also provide a copy of the SAFE Home Study to the Regional Adoption Liaison for the county of residence.
3. The contractor will then present the family preparation at the adoption team meeting. The Indiana Adoption Council will recommend if the family is appropriate for consideration to adopt a child from the foster care system.
4. Families will be added to a database of approved families and their information will be shared with the other Adoption Liaisons.
5. 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.
 - a) Family assessment services must be completed within 60 days of receipt of the referral or within a time frame specified by DCS at the time of referral.
 - b) Staff must respect confidentiality. Failure to maintain confidentiality may result in immediate termination of the service agreement.
 - c) Services must demonstrate respect for socio-cultural values, personal goals, lifestyle, choices, and complex family interactions and be delivered in a culturally competent fashion.
 - d) Services will be arranged at the convenience of the family and to meet the specific needs of the family.

II. Target Population

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

III. Goals and Outcomes Measures

- A. Goal 1: Provide adoption home studies for families interested in adopting children from the Department of Child Services system in a timely manner.
 1. Outcome Measure 1: 95% of families referred will have their home study completed within 60 days of the referral.
 2. Outcome Measure 2: 95% of families who are approved by the Indiana Adoption Council will not need additional work done or will have the recommended additions or changes completed within 30 days as recommended by the Council.
- B. Goal 2: Ensure that the local Adoption Liaisons are aware of each prepared and waiting family.

1. Outcome Measure 1: 95% of families with completed home studies will be sent to Indiana Adoption Council for approval within 30 days of the completion of the home study.
 2. Outcome Measure 2: 100% of prepared adoptive families who are in need of recruitment will be presented at Indiana Adoption Council for approval.
- C. Goal 3: Increase number of adoptions for children
1. 95% of the families prepared for adoption will have an understanding of the needs of a child(ren) that is being blended into their family through adoptive placement.
- D. Goal 4: DCS and family awareness of available services
1. 95% of families will report an understanding of the adoption process to the Adoption Liaison.
 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.
- E. Goal 5: Contracted agency staff will obtain Structured Analysis Family Evaluation (SAFE) certification no later than June 30, 2019 and may implement upon certification.
1. SAFE Implementation has been required since July 1, 2016.

I. Minimum Qualifications

A. Direct Worker

1. Direct workers under this standard must meet one of the following minimum qualifications:
 - a) Bachelor's degree in Psychology or Sociology, or Social
 - 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.
 - (i) 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.
- 2. 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.
- 3. 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.

B. Supervisor

- 1. Bachelor's degree in social work, psychology, or directly related human services field.
- 2. Supervision/consultation is to:
 - a) Include not less than one (1) hour of face to face supervision/consultation per 20 hours of direct client services provided
 - b) Occur no less than every two (2) weeks.

C. Services will:

- 1. Be conducted with behavior and language that demonstrates respect

for socio-cultural values, personal goals, life-style choices, as well as complex family interactions

2. Be delivered in a neutral valued, culturally competent manner

D. The worker must have:

1. Knowledge of family of origin/intergenerational issues
2. Knowledge of separation and loss issues
3. Knowledge of adoption specific issues and the needed characteristics for families to parent these children differently
4. Knowledge of child abuse/child neglect and how these impact behavior and development.
5. Knowledge of community resources, especially adoption friendly services in the communities where families reside.

IV. Billable Units

A. Billable Increments

1. Up to 26 hours for an initial home study and up to 8 hours for a home study update– additional hours must be approved by referring DCS
 - a) The hourly rate includes face to face contact with the identified client/family members and professional travel time involved preparing the assessment report.
 - b) Includes collateral contacts, case conferencing, report writing, follow up with the family, presentation at Statewide Indiana Adoption Council, and travel.

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

1. 0 to 7 minutes – Do not bill (0.00 hour)
2. 8 to 22 minutes – 1 fifteen minute unit (0.25 hour)
3. 23 to 37 minutes - 2 fifteen minute units (0.50 hour)
4. 38 to 52 minutes – 3 fifteen minute units (0.75 hour)
5. 53 to 60 minutes – 4 fifteen minute units (1.00 hour)

C. 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. Providers can use DCS contracted agencies and request that they be given the DCS contracted rate but this is not required.
4. 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.
5. 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. 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 1 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.

E. Reports

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

V. Case Record Documentation

A. Case record documentation for service eligibility must include:

1. A completed 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.

VI. 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.

VII. 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.

VIII. Interpretation, Translation, and Sign Language Services

- 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.

IX. 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.

X. 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>
 1. Review the **Resource Guide for Training Requirements** to understand Training Modules, expectations, and Agency responsibility.
 2. Review **Training Competencies, Curricula, and Resources** to learn more about the training topics.
 3. Review the **Training Requirement Checklist** and **Shadowing Checklist** for expectations within each module.

XI. Cultural and Religious Competence

- A. Provider must respect the culture of the children and families with which it provides services.
- B. All staff persons who come in contact with the family must be aware of and sensitive to the child's cultural, ethnic, and linguistic differences.
- C. All staff also must be aware of and sensitive to the sexual and/or gender orientation of the child, including lesbian, gay, bisexual, transgender or questioning children/youth.
 1. Services to youth who identify as LGBTQ must also be provided in accordance with the principles in the Indiana LGBTQ Practice Guidebook.
 2. Staff will use neutral language, facilitate a trust based environment for disclosure, and will maintain appropriate confidentiality for LGBTQ youth.
 3. The guidebook can be found at:
<http://www.in.gov/dcs/files/GuidebookforBestPracticeswithLGBTQYouth.pdf>
- D. Efforts must be made to employ 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.

XII. 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 statute, IC 31-33-5-1.

C. 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.