SERVICE STANDARD

INDIANA DEPARTMENT OF CHILD SERVICES

TUTORING/LITERACY CLASSES

I. Service Description

A. Tutoring will be provided to raise the academic performance of school aged youth to a level consistent with the Indiana Department of Education (IDOE) Academic standards.

1. These are benchmark measures that define what students should know and be able to do at specified grade levels beginning in kindergarten and progressing through grade twelve (12).
2. IDOE standards can be found at: https://www.doe.in.gov/standards

B. Services shall be provided in a manner that is age and developmentally appropriate, and consistent with the child's academic and learning style, interpersonal characteristics, and special needs.

C. Children will be connected as appropriate with both formal and informal community supports, services, and activities that promote their literacy skills.

D. 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.

E. The provider will develop an education plan to address the child's literacy and math needs.

F. A variety of activities and lessons shall be available to afford choice.

G. Activities and lessons shall promote literacy skills and academic development and should determine well-planned, flexible, and responsive services.

H. Services should include regular use of external resources such as libraries, museums, and community educational sites.

I. Services may also incorporate the use of video games and computers.

1. The use of television and videos shall be strictly limited to a minimal portion of the child's participation.
2. Video games, computers, television, and videos shall 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.

J. The provider will develop a plan to engage the child, caregiver, and educator in the process.

K. The plan will accommodate persons who are difficult to engage if necessary.

L. The provider will clearly communicate and coordinate the child's education plan with the caregiver and educator will periodically and frequently give updates and review progress with them.

II. Service Delivery

A. Treatment Modality

1. Tutoring services shall be provided through direct one-on-one sessions or in small groups of 2 to 4 children who are matched by ability.
2. Services should occur in locations 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.
3. Services will take place after school, on weekends, and/or other times when school is not in session.
    a) Services will be limited to best practice of no more than:
        (1) Thirty (30) minutes per day for young children
        (2) One (1) hour per day for adolescents
        (3) Two (2) hours per day for children 6th grade and above
    b) Services should not conclude later than normal bedtime hours.
4. Tutoring services shall incorporate evidence based strategies that improve student achievement.
5. Sessions shall be divided into segments, including:
    a) An opening activity to set the stage;
    b) Activities based on individual learning goals;
    c) Opportunities to develop and practice skills;
    d) A closing activity
6. Providers should refer to IDOE academic standards for best practice guidance.
    a) Information on academic standards can be found at: https://www.doe.in.gov/standards
7. All sessions should include opportunities for the child to experience success and to progress.
8. The provider should suggest home activities as appropriate.

B. Assessment

1. 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.
2. 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.
3. Assessments shall include the use of standardized tools to obtain a baseline measurement and will at a minimum identify the following:

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

4. 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.
5. An education plan will be developed and based on the agreements reached by means of the assessment and Child and Family Team Meeting.
6. Children with an IEP must have written and signed approval through the DCS chain of command prior to receiving tutoring services from a DCS contracted provider.

C. Education Plan

1. 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:
   a) Include input from the child, caregiver, and the educator;
   b) Reflect underlying needs and goals;
   c) Be tailored to the child's strengths, weaknesses, needs, available resources, and unique circumstances;
   d) Build on realistic possibilities and options
   e) Identify strategies for lessening the effects of any disabilities and/or impairments in cognitive functioning
   f) Promote learning and educational achievement at a level consistent with state education standards
   g) Be consistent with the child's IEP, if one is present
   h) Support and/or build upon what the child is learning through their primary education program
   i) Respond flexibly to the child's changing needs
2. The provider will evaluate the child's progress towards achieving identified goals and will regularly incorporate the use of standardized performance measurement tools to track progress and adjust tutoring activities.
3. The provider will assist the child and caregiver in realizing ways of generating and maintaining gains.
4. The provider will document progress and participation.
5. Services must be available to participants who have limited daytime availability.

6. Services shall include providing any requested testimony and/or court appearance (to include hearings or appeals)
7. Provider must respect confidentiality. Failure to maintain confidentiality may result in immediate termination of the contract.

III. Target Population

A. 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 Informal Adjustment (IA) or CHINS status.
   2. Children who have an IA or the children have the status or CHINS or JD/JS.
   3. All adopted children.

IV. Goals and Outcomes

A. Goal #1: Timely provision of services for the youth and regular and timely communication with referring worker.
   1. Outcome Measure: 95% of all youth referred will have face-to-face contact with the provider within 10 days of the referral.
   2. Outcome Measure: 95% of all youth will have a written education plan within 30 days of the referral.
   3. Outcome Measure: 100% of all youth will have monthly written summary reports prepared and sent to the referring worker.

B. Goal #2: Child has improved academic and/or literacy performance.
   1. Outcome Measure: 90% of children improve academic and/or literacy performance as evidenced by pre and post testing.
   2. Outcome Measure: 90% of children improve overall school performance as measured by grade point average or other standard indicators.
   3. Outcome Measure: 100% of children participate actively in the goal of their education plan as evidenced by prior documentation.

C. Goal #3: DCS and youth satisfaction with services
   1. Outcome Measure: DCS Satisfaction will be rated 4 and above on the Service Satisfaction Report.
   2. Outcome Measure: 90% of the youth who have participated will rate the services “satisfactory” or above.

V. Minimum Qualifications

A. Direct Worker:
   1. A Bachelor’s degree or at least 60 hours of post-secondary credit hours in the Education, Social Work, Psychology, or related field.

B. Supervisor:

1. A Bachelor's degree in Education, Social Work, Psychology, or related field and 5 years-experience tutoring children is required.
2. Knowledge of state education standards is required.
3. Supervision/consultation is to include no less than one (1) hour of individual face-to-face supervision/consultation per 20 hours of direct client service hours provided.
    a) These sessions should occur no less than every two (2) weeks.

C. Services will be conducted with behavior and language that demonstrates respect for socio-cultural values, personal goals, lifestyle choices, as well as complex family interactions.
1. Services will be delivered in a neutral valued culturally competent manner.

D. Providers working directly with children shall have the competencies and support needed to:
1. Engage, empower, and communicate effectively, respectfully, and empathetically with children and families from a wide range of backgrounds, cultures, and perspectives;
2. Develop plans to meet the child's literacy and tutoring needs;
3. Recognize and identify the presence of cognitive impairments;
4. Collaborate with workers in other disciplines and access community resources
5. Advocate for the child during Child and Family Team Meetings and Individualized Education Plans conferences.

E. Providers working directly with children shall be knowledgeable about:
1. Child development;
2. Behavior management;
3. Learning disabilities;
4. Possible effects of child abuse and neglect on cognitive functioning;
5. The Individualized Education Plan (IEP) and its use in education;
6. Educational resources within the community;
7. Tutoring techniques

VI. Billable Units

A. Face to Face (Note: Members of the client family are to be defined in consultation with the family and approved by DCS. This may include persons not legally defined as part of the family).
1. Includes client specific face-to-face contact with the identified client/family, during which services as defined in the applicable Service Standard are performed.

2. Includes Child and Family Team Meetings or case conferences initiated or approved by DCS for the purpose of goal directed communication regarding the services to be provided to the client/family.
3. Includes crisis intervention and other goal-directed interventions via telephone with the identified client/family.
4. Reminder: Not included are routine report writing and scheduling of appointments, collateral contacts, travel time, and no shows.
    a) These activities are built into the cost of the face-to-face rate and shall not be billed separately.

B. Group

1. Services include group goal directed work with clients, to be billed per group hour.
2. 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

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 agency's 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.

D. Court

    a) The provider of this service may be requested to testify in court.

b) A court appearance is defined as appearing for a court hearing after receiving a written request (email or subpoena) from DCS to appear in court, and can be billed per appearance.

c) If the provider appeared in court two different days, they could bill for 2 court appearances.

(1) A maximum of 1 (one) court appearance per day.

d) The rate of the court appearance includes all costs associated with the court appearance; therefore, additional costs associated with the appearance cannot be billed separately.

E. Reports

a) If the services provided are not funded by DCS, the "Reports" hourly rate will be paid.

b) DCS will only pay for reports when DCS is not paying for these services.

c) A referral for "Reports" must be issued by DCS in order to bill.

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

VII. Case Record Documentation

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 the following:
   a) Date
   b) Start time
   c) End time
   d) Participants
   e) Individual providing service

f) 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 goals
   e) Clinical impressions regarding diagnosis and/or symptoms (if applicable)
   f) Collaboration with other professionals
   g) Consultation/Supervision staffing
   h) Crisis interventions/emergencies
   i) Attempts of contact with clients, FCMs, resource families, other professionals, etc.
   j) Communication with client, significant others, other professionals, school, resource families, 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
10. Written reports regarding each assessment

VIII. 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.

IX. 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.

X. Interpretation, Translation, and Sign Language Service

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.

XI. 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.

XII. 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 Trauma 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.

XIII. 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.

XIV. 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.

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.