

SERVICE STANDARD
INDIANA DEPARTMENT OF CHILD SERVICES
ADOPTION – CHILD PREPARATION

I. Service Description

- A. This preparation is to assist the local Department of Child Services (DCS) in assessing the adoption readiness of children in the custody of the State of Indiana.
 - 1. Upon assessment, the contractor will work to prepare the child(ren) for adoption.
 - 2. The child should be counseled about what adoption will mean to them, and make it clear that an adoptive family is a permanent family.
 - 3. This explanation also necessitates the painful realization that the biological family ties may be severed prior to the adoption.
- B. Preparation of children or adolescents for adoptive placement may include but is not limited to the following areas:
 - 1. Reconstruction and interpretation of child's history
 - 2. Weaving together the child's background so s/he understands their own unique life experience
 - 3. Grief and loss issues with biological and foster families (and others)
 - 4. Loyalty issues
 - 5. What adoption means
 - 6. Listening to an adoptive child speak of their experience and feelings
 - 7. Sharing of feelings
 - 8. Knowing the difference between adoption and foster care
- C. Supportive Services
 - 1. Offering supportive services to the child and current care takers to help the child transition from a foster home to an adoptive placement.
 - 2. These services can be done in the foster home, in individual sessions or in group sessions.
 - 3. Every child referred for child preparation services will begin a Lifebook or continue working on an existing Lifebook.
 - a) The Lifebook is a means of documenting the child's life to date and is created for and with the child with the assistance of the child's case manager, therapist, foster parent, CASA, and/or other individuals in the child's life.
 - b) It is designed to capture memories and provide a chance to recall people and events in the child's life to allow a sense of continuity.
 - c) The Lifebook also serves as a focal point to explore painful issues with the child that need to be resolved.

II. Target Population

- A. Children who are free for adoption
- B. Children who have a permanency plan of adoption
- C. Children who have termination of parental rights initiated with an expected plan of adoption

III. Goals and Outcomes Measures

- A. Goal 1: Ensure that children in Indiana's custody are adequately prepared for adoption
 - 1. Outcome Measure 1: 100% of children referred for child preparation will complete an initial assessment which is to include a service plan within 30 days of the referral.
 - 2. Outcome Measure 2: 100% of children will have initiated a Lifebook within 60 days of the referral.
 - 3. Outcome Measure 3: 100% of the local DCS offices referring a child for adoption preparation will receive written monthly reports and a discharge report within 15 days of the completion of the service.
- B. Goal 2: Increase the child's understanding of adoption
 - 1. Outcome Measure 1: 90% of the children prepared over the age of 4 will verbalize their understanding and acceptance of the adoption process.
 - 2. Outcome Measure 2: 95% of the children prepared between ages 4 to 10 will be able to draw a version of an adopted family.
 - 3. Outcome Measure 3: 95% of the children prepared over the age 10 will describe their ideal adoptive family.
 - 4. Outcome Measure 4: 100% of the children prepared will have a Lifebook completed with their input.
- C. Goal 3: Successful transition for the children and family to increase the probability of a successful adoption.
 - 1. 90% of the children prepared will move into an adoptive home
 - 2. 95% of adoptions will be finalized within one year of placement.
- D. Goal 4: DCS and child satisfaction with services
 - 1. 95% of children over the age of 10 will indicate comfort with the adoption process to the county through a satisfaction survey.
 - 2. DCS satisfaction will be rated 4 and above on the Service Satisfaction Report.

IV. Minimum Qualifications

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 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.
 - (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. Supervisors under this standard must meet one of the following minimum qualifications:

- a) Master's or Doctorate degree in Social Work, Psychology, or directly related human services field from an accredited college and completion of DCS Supervision Qualification Training requirements specified for Masters level supervisors.
- b) Master's Degree in Social Work, Psychology, Marriage and Family Therapy, or related human services field, and two (2) years related clinical experience with a clinical license issued by the Indiana Social Worker, Marriage and Family Therapist, or Mental Health Counselor Board
- c) A Bachelor's Degree in Social Work, Psychology, or directly related human services field from an accredited college with five years-experience delivering home based child welfare or home based probation services with one year experience under the DCS Home Based Casework Service Standards (Community Partners, Father Engagement, or Home Based Family Centered Casework) and completion of DCS Supervisor Qualification Training requirements specified for Bachelor's level supervisors.
 - (1) The individual must have a minimum of 6 months of experience with the current agency or must have provided supervision under the service standard for at least 1 year at a different agency.
 - (2) All staff who are supervised by a bachelor's level supervisor must have clinical consultation a minimum of quarterly.
 - (a) This supervision can be provided in a group format.
 - (b) Supervisors should be present during clinical consultation, as this time can apply towards the minimum staffing requirements required for supervision.

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 and child development.
2. Knowledge of separation and loss issues
3. Knowledge of child abuse/neglect and trauma and how these impact behavior and development.
4. Knowledge of community resources, especially adoption friendly services in the communities' families reside.
5. Staff must respect confidentiality. Failure to maintain confidentiality may result in immediate termination of the service agreement.
6. Services must demonstrate respect for socio-cultural values, personal goals, life style choices, and complex family interactions and be delivered in a culturally competent fashion.

V. Billable Units

A. Billable Increments

1. Up to 24 hours – additional hours must be approved by referring DCS
 - a) The hourly rate includes face to face contact with the identified client, collateral contacts; report writing, travel time, professional time involved preparing the assessment report
 - b) Includes support on behalf of the child which includes review of the child's case file; preparation for contacts; preparation of life book; transporting the child to various places of interest related to the child's past and time in foster care while in the provision of services; taking pictures as important to the child to reconstruct a timeline related to placements, people, pets, place of birth, etc.

B. 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.
- C. 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:
 - 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)
- 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.

VI. 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: 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.

VII. 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.

VIII. 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.

IX. 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.

X. 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.

XI. 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:
 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.

XII. 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.

XIII. 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.