SERVICE STANDARD

INDIANA DEPARTMENT OF CHILD SERVICES

PARENTING/FAMILY FUNCTIONING ASSESSMENT

I. Service Description

A. Parenting/Family Functioning Assessment is an in-home evaluation which includes standardized test instrument(s) to identify strengths and needs of the family.

B. The service is most appropriately used when the needs of the family are so complex that a traditional assessment completed by a Family Case Manager (FCM) is not able to determine the services necessary to improve the family's functioning.

C. These families tend to have multiple caregiver ratings on the CANS of 2 or higher which indicates complex needs.

II. Service Delivery

A. Parenting/Family Functioning Assessment must include an interview with the adults and children being assessed in their current home environment.

B. Completion by adults or standardized test(s) to include one of the following:

1. Parent-Child Relationship Inventory;
2. Adult Adolescent Parenting Inventory-2;
3. Family Assessment Device, Version 3;
4. Family Assessment Measure Version III (FAM-III);
5. Child Abuse Potential Inventory; or
6. Another Standardized Risk Assessment Instrument

C. Observation of the parent(s) relationship with the children and tour of the proposed home environment noting any needs or challenges.

D. Review of other information sources to verify families reported history (e.g. previous DCS history, collateral contacts).

E. Parent and Family Functioning Assessment shall include at least two separate appointments held on different days, when possible, to be scheduled at the convenience of the client (to include evenings and weekends).

F. Written Report:

1. All written reports must include the recommendations regarding services/treatment at the beginning of the report followed by information relating to specific categories.
2. The written assessment must be prepared to include the following:
    a) Identifying information,
    b) History of significant vents, medical history, history of the children (including educational history),

c) Family socio-economic situation, including income information of the parents and children,
d) Family composition, structure, and relationships,
e) Family strengths and skills,
f) Family motivation for change,
g) Description of home environment,
h) Summary of any testing completed,
i) Summary of collateral contacts,
j) Assessment of relationship between parent(s) and children
k) Assessor's assessment of the client's ability to safety parent the children,
l) Client's understanding of the current situation

3. If assessing parents in separate households, a separate written report must be provided on each parent.
4. The report must also include current issues that jeopardize reunification with either parent if separate, as well as a description of ongoing issues that need to be addressed even if the children remain in the home or are returned to the home.

G. If the provider suspects substance use, the provider should notify the Family Case Manager immediately if children are present and within 24 hours if children are not present in the home.

H. Services include providing any requested testimony and/or court appearances, including hearings and/or appeals.

I. Failure to maintain confidentiality may result in immediate termination of the service agreement.

III. Target Population

A. Services must be restricted to the following eligibility categories:

1. Children and their families 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 and their families who have an IA or children with the status of CHINs or JD/JS;
3. Children with the status of CHINS or JD/JS and their Foster/Kinship families with whom they are placed;
4. All adopted children and their families.

IV. Goal and Outcomes

A. Goal #1: Timely receipt of report (services must commence within 3 days of receipt of referral).

1. Outcome Measure: 90% of the evaluation reports will be submitted to the referring DCS Family Case Manager or Probation Officer within 30 days of referral.

B. Goal #2: Obtain appropriate recommendations based on information provided.
   1. Outcome Measure: 100% of reports will meet information requested by DCS.
   2. Outcome Measure: 100% of reports will include recommendations for treatment and needed services.

C. Goal #3: DCS and client satisfaction with service provided.
   1. Outcome Measure: DCS satisfaction will be rated 4 and above on the Service Satisfaction Report.

V. Minimum Qualifications

A. Direct Worker:
   1. Master's or Doctorate degree with a current license issued by the Indiana Behavioral Health and Human Services Licensing Board
   2. Master's degree with a temporary permit issues by the Indiana Behavioral Health and Human Services Licensing Board
   3. 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. That individual must also:
      a) Complete a minimum of 24 post-secondary semester hours and 36 quarter hours in the following coursework:
         (1) Human Growth and Development
         (2) Social and Cultural Foundations
         (3) Group Dynamics, Processes, Counseling, and Consultation
         (4) Lifestyle and Career Development
         (5) Sexuality
         (6) Gender and Sexual Orientation
         (7) Issues of Ethnicity, Race, Status, and Culture
         (8) Therapy Techniques
         (9) Family Development and Family Therapy
         (10) Clinical/Psychiatric Social Work
         (11) Group Therapy
         (12) Psychotherapy
         (13) Counseling Theory and Practice

b) Individual must complete the Human Service Related Degree Course Worksheet.
   (1) For auditing purposes, the worksheet should be completed and placed in the individual's personnel file.
   (2) Transcripts must be attached to the worksheet.

4. Note: Individuals who hold a Master's Degree or Doctorate Degree that is applicable towards licensure, must become licensed as indicated in #1 and #2 above.
5. In addition to the above:
   a) Knowledge of child abuse and neglect;
   b) Knowledge of child and adult development;
   c) Knowledge of community resources and the ability to work as a team member;
   d) Belief in helping clients change their circumstance, not just adapt to them;
   e) Belief in adoption as a viable means to build families;
   f) Understanding regarding issues that are specific and unique to adoptions, such as loss, mismatched expectations and flexibility, entitlement, gratification delaying, flexible parental roles, and humor.
6. 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.
   a) Services will be delivered in a neutral valued culturally competent manner.

B. Supervisor
1. Master's Degree in Social Work, Psychology, Marriage and Family or related human services field with a current license by the Indiana Behavioral Health and Human Services Licensing Board

2. Supervision/consultation is to include no less than one (1) hour of individual face-to-face supervision/consultation per 20 hours of direct client services provided, nor occur less than every two (2) weeks.
3. 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
    a) Services will be delivered in a neutral valued culturally competent manner

C. Shadowing Criteria
1. All agencies must have policies that require regular shadowing by supervisor of all staff at established intervals based on staff experience and need.
2. Shadowing must be provided in accordance with the policy.
3. The agency must provide clear documentation that shadowing has occurred.

VI. Billable Units

A. Parenting/Family Functioning Assessment:
1. Parenting/Family Functioning Assessment, billed per hour. Includes time face-to-face with the client/family, time spent administering, scoring, and interpreting testing.
2. A maximum of one (1) hour may be billed for writing the report.
3. Reminder: Not included is routine report writing and scheduling of appointments, collateral contacts, travel time, and no shows.
    a) These activities are built into the hourly rate and shall not be billed separately.
4. Hourly services may be billed in 15 minute increments, partial units are rounded to the nearest quarter using the following guidelines:

o 0 to 7 minutes	do not bill	0.00 hour
o 8 to 22 minutes	1 fifteen minute unit	0.25 hour
o 23 to 37 minutes	2 fifteen minute units	0.50 hour
o 38 to 52 minutes	3 fifteen minute units	0.75 hour
o 53 to 60 minutes	4 fifteen minute units	1.00 hour

B. 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 request (email 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 costs associated with the court appearance; therefore, additional costs associates with the appearance cannot be billed separately.

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

D. 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. 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.
7. 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.

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
    1. Must incorporate DCS Case Plan goals and child safety goals
    2. 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.
    1. Provider recommendations to modify the service/treatment plan
    2. Discuss overall progress related to treatment plan goals including specific examples to illustrate progress
7. Progress/Case notes must document the following:
    1. Date
    2. Start time
    3. End time
    4. Participants
    5. Individual providing service
    6. Location
8. When applicable, progress/case notes may also include:
    1. Service/Treatment plan goal addressed (if applicable)
    2. Description of Intervention/Activity used towards treatment plan goal
    3. Progress related to treatment plan goal including demonstration of learned skills
    4. Barriers: lack of progress related goals
    5. Clinical impressions regarding diagnosis and/or symptoms (if applicable)
    6. Collaboration with other professionals
    7. Consultation/Supervision staffing
    8. Crisis interventions/emergencies
    9. Attempts of contact with clients, FCMs, resource families, other professionals, etc.
    10. Communication with client, significant others, other professionals, school, resource families, etc.
    11. Summary of Child and Family Team Meetings, case conferences, staffing
9. Supervision notes must include:
    1. Date and time of supervision and individuals present
    2. Summary of supervision discussion including presenting issues and guidance given

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. Interpreter, 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. 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).

D. Sign Language should be done in the language familiar to the family.

E. 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.

F. 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.

G. 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.