SERVICE STANDARD

INDIANA DEPARTMENT OF CHILD SERVICES

SUPPORT GROUP SERVICES FOR RESOURCE FAMILIES

I. Service Description

A. Support Group Coordinator
   1. Provide face-to-face support group services to local resource parents
      a) Provided no less than quarterly
      b) May be as frequently as monthly
      c) Monthly phone or email contact should be made with resource parents
         (1) Coordinate services
         (2) Identifying pertinent support group topics
      d) The Coordinator will:
         (1) Record the topics of discussion
         (2) Keep a sign-in sheet for each support group meeting
      e) Childcare should be provided if requested
         (1) Childcare provider must pass criminal history and CPS check

B. Support Group Services will:
   1. Assist resource families in strengthening their relationships with foster children placed in their home
   2. Promote positive relationships between foster families and Family Case Managers and Foster Care Specialists
   3. Focus on enhancing placement stability
   4. Promote foster families' willingness and ability to foster special needs children and older youth that come into care

C. Coordinator will collaborate with Foster Care Specialist
   1. Invite prospective foster parents to the support group meetings
      a) Gain insight and information regarding the foster care program

II. Target Population

A. All foster and kinship parents licensed by the referring county DCS office

B. Court ordered substitute caregivers and adoptive parents

III. Goals and Outcomes

A. Goal 1: Retention of current licensed foster parents
   1. Outcome Measure 1: 90% retention of currently licensed foster families that continue to reside in the county
   2. Outcome Measure 2: 70% of licensed foster families participate in support meetings at least one time per year

B. Goal 2: Develop an environment where foster families believe they are being heard and respected for the work they do.
   1. Outcome Measure 1: 100% of foster families can report their belief that the DCS respects the work they do
   2. Outcome Measure 2: 10% increase in the number of foster families willing to accept special needs children and older youth based on the support recieved

C. Goal 3: DCS and foster family satisfaction with services
   1. Outcome Measure 1: DCS satisfaction will be rated 4 and above on the Service Satisfaction Report
   2. 95% of families 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. 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.

IV. Minimum Qualifications

A. Coordinator

1. Coordinators 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:
    e) Knowledge of child abuse and neglect, and child and adult development
    f) Knowledge of community resources and ability to work as a team member
    g) Belief in helping clients change their circumstances, not just adapt to them
    h) Belief in adoption as a viable means to build families
    i) 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. Coordinator Must:
    a) Possess clear oral and written communication skills
    b) Possess the ability to play the role of a mediator when necessary
    c) Possess the ability to confront in a positive manner and provide constructive criticism when necessary
    d) Demonstrate insight into human behavior
    e) Demonstrate emotional maturity and exercise sound judgement
    f) Be non-judgmental
    g) Be a self-starter
    h) Exhibit the ability to work independently
    i) Exhibit the ability to work as a team member
    j) Have strong organizational skills
    k) Respect confidentiality
        (1) Failure to do so may result in immediate termination of the service agreement
    l) Demonstrate respect for:
        (1) socio-cultural values
        (2) personal goals
        (3) lifestyle choices
        (4) complex family interactions
    m) Services will be delivered in a neutral valued, culturally-competent manner

V. Billable Units

A. Per Support Group
    1. A minimum of three (3) foster parents must be in attendance in order to bill for this service
    2. Billing is allowed per group, per hour, maximum 3 hours

B. Interpretations, 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.

VI. Case Record Documentation

A. Case record documentation for service eligibility must include:
   1. A completed and dated DCS/Probation referral from authorizing services
   2. Copy of DCS/Probation case plan, informal adjustment documentation, or documentation of requests for these documents from the 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
      a) Case documentation shall show when report is sent
      b) Provider recommendations to modify the service/treatment plan
      c) Discuss overall progress related to treatment plan goals
         (1) Include specific examples to illustrate progress
   7. Progress/Case notes must document:
      a) Date
      b) Start and End times
      c) Participants
      d) Individuals providing service
      e) Location
   8. When applicable Progress/Case notes may also include:
      a) Service/Treatment plan goal addressed
      b) Description of Intervention/Activity used toward 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
f) Collaboration with other professionals
g) Consultation/Supervision staffing
h) Crisis intervention/emergencies
i) Attempts of contact with clients, FCMs, foster parents, and other professionals
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 supervisions and individuals present
b) Summary of Supervision discussion including presenting issues and guidance given

VII. Service Access

A. Services can only be accessed by licensed foster families, prospective foster families, or adoptive families as identified by DCS either verbally or in written form.

VII. Adherence to DCS Practice Model

B. 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.

C. 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 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.