

SERVICE STANDARD
INDIANA DEPARTMENT OF CHILD SERVICES
PARENT EDUCATION

I. Service Description

- A. Parenting education is the provision of structured, parenting skill development experiences.
- B. Education regarding parenting, discipline and child development is a means to provide parents whose children are “at risk” or have been abused or neglected with tools to assist them in the lifelong task of disciplining, understanding, and loving their children.
- C. Family-centered parent training programs include family skills training and family activities to help children and parents take advantage of concrete social supports.
- D. A combination of individual and group parent training is the most effective approach when building skills that emphasize social connections and parents’ ability to access social supports.
 - 1. However, the individual approach is most effective when serving families in need of specific or tailored services.

II. Service Delivery

- A. The following evidence-based programs are approved for use:
 - 1. Parent-Child Interaction Therapy (PCIT)
 - 2. STAR Parenting Program
 - 3. Systematic Training for Effective Parenting (STEP)
 - 4. Strengthening Families Program (SFP)
 - 5. Parent Management Training-Oregon Model (PMTO)
 - 6. Positive Parenting Practices (Triple P)
 - 7. Parents as Teachers
 - 8. Safe-Care
 - 9. Nurturing Program
 - 10. Active Parenting
 - 11. Effective Black Parenting by the Center for the Improvement of Child Caring
 - 12. 1-2-3 Magic
 - 13. Parenting with Love and Limits

14. Other Parent Education programs may be used but they require **written approval from the DCS Central Office.**
 - a) Additional evidence-based programs are outlined at:
 - (1) The California Evidence- Based Clearinghouse at www.cebc4cw.org
 - (2) National Registry for Evidence Based Programs- SAMHSA (Substance Abuse and Mental Health Services Administration) at www.nrepp.samhsa.gov
 - (3) Office of Juvenile Justice and Delinquency Prevention at <http://ojjdp.ncjrs.gov>
- B. The Child Welfare Information Gateway outlines key program characteristics and parent training strategies (www.childwelfare.gov/pubs/issue_briefs/parented). Providers should review this issue brief incorporate these characteristics and strategies where possible.
 1. The key program characteristics include:
 - a) Strength-based focus
 - b) Family Centered practice
 - c) individual and group approaches
 - d) qualified staff
 - e) targeted service groups
 - f) clear program goals and continuous evaluation
 2. Parent Training Strategies include:
 - a) Encourage Peer Support
 - b) Involve Fathers
 - c) Promote Positive Family Interaction
 - d) Use Interactive Training Techniques
 - e) Provide Opportunities to Practice New Skills
- C. In-Home Assessments
 1. When the model does not have prescribed in-home assessment procedures, the following shall be considered as a minimum standard:
 - a) An in-home assessment should be completed with the parent(s) and children before participation in the program, during program participation, as well as at program completion.
 - b) These assessments should identify but are not limited to the following areas that impact the relationship of the parent/child:
 - (1) Appropriate developmental expectations-parent/child
 - (2) Empathy towards children's needs
 - (3) Use of corporal punishment
 - (4) Use of role reversal-child/parent
 - (5) Lack of family cohesion
 - (6) Lack of family expressiveness
 - (7) Lack of family independence

- D. Post Program Assessments
 - 1. Should indicate that parents significantly changed their parenting behavior and child-rearing attitudes following program completion
 - 2. These changes should include having more appropriate developmental expectations, increased empathy toward children's needs, decreased use of corporal punishment, and decreased use of role reversal.
 - 3. An examination of family interaction patterns should identify several significant improvements at post-program assessment, including family cohesion, family expressiveness, and family independence, whereas family conflict significantly decreased.
- E. Conduct
 - 1. Services will 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. Services will be delivered in a neutral valued culturally competent manner.

III. Target Population

- A. Service must be restricted to the following eligibility categories:
 - 1. Children and families who have substantiated cases of abuse and/or neglect and will likely develop into an open case with IA or CHINS status.
 - 2. Children and their families which have an Informal Adjustment (IA) or the children have 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 adoptive families.

IV. Goals and Outcomes

- A. Goal #1: Maintain timely intervention with the family and regular timely communication with DCS/Probation
 - 1. Outcome Measure: Direct worker or backup is available for consultation to the family 24/7 by phone or in person

- B. Goal #2: Strengthen and increase the parent's ability to provide for the emotional, physical, and safety needs of their children.
 - 1. Outcome Measure: 75% of the parents referred to program will complete all services.
 - 2. Outcome Measure: 90% of the parents completing the program will show a demonstrated increase in skills during the in home post-program assessment.
 - 3. Outcome Measure: 67% of families that have a child in substitute care prior to the initiation of service will be reunited by closure of the service provision period.
 - 4. Outcome Measure: 90% of the individuals/families will not be the subjects of a new investigation resulting in the assignment of a status of 'substantiated' abuse or neglect throughout the service provision period.
 - 5. Outcome Measure: 90% of the individuals/families that were intact prior to the initiation of services will remain intact throughout the service provision period.
- C. Goal #3: DCS/Probation and clients will report satisfaction with services provided
 - 1. Outcome Measure: DCS or Probation satisfaction will be rated 4 and above on the Service Satisfaction Report.
 - 2. Outcome Measure: 90% of the families who have completed Parent Education services provider, unless DCS/Probation distributes ones to providers for their use with clients.
 - a) 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.

V. Minimum Qualifications

- A. Providers must meet the minimum qualifications guidelines of the chosen model. When qualifications are not prescribed in the model, the following shall be considered minimum qualifications:
 - 1. Direct Worker
 - a) A high school diploma or GED and is at least 21 years of age. Must possess a valid driver's license and the ability to use private car to transport self and others, and must comply with state policy concerning minimum car insurance coverage.

2. Supervisor

- a) At least 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.
- e) 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.
- f) In addition to the above:
 - (1) Knowledge of child abuse and neglect, and child and adult development
 - (2) Knowledge of community resources and ability to work as a team member
 - (3) Belief in helping clients change their circumstances, not just adapt to them
 - (4) Belief in adoption as a viable means to build families
 - (5) 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.

3. Additional Expectations for Direct Worker and Supervisor

- a) Direct Training in Parent Education Curricula used
- b) Knowledge of Child Abuse and Neglect
- c) Knowledge of child and adult development and family dynamics
- d) Ability to work as a team member
- e) Strong belief that people can change their behavior given the proper environment and opportunity

- f) Belief in helping families to change their circumstances, not just adapt to them

VI. Billable Units

A. Face To Face

1. Members of the client family are to be defined in consultation with the family and approved by the DCS or Probation. This may include persons not legally defined as part of the family.
2. Includes client-specific face-to-face contact with the identified client/family during which services as defined in the applicable service standard are performed.
3. Includes scheduled Child and Family Team meetings or case conferences (including crisis case conferences via telephone) initiated or approved by the DCS/Probation for the purposes of goal- directed communication regarding the services to be provided to the client/family.
4. All case conferences billed, including those via telephone, must be documented in the case notes.
5. The following activities are built into the cost of the face-to-face rate and shall not be billed separately:
 - a) Routing report writing
 - b) Scheduling of appointments
 - c) Collateral contacts
 - d) Travel time
 - e) No Shows

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.

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.

VII. When DCS is not paying for services

- A . A billable unit of “Reports” has been developed for providers who service DCS families without DCS payment for these services (Medicaid, insurances, self-pay) but DCS wants a report from the provider on the progress of the family.
- B . The referral process has been set up to authorize reports and court components on the DCS referral form in these incidences.
- C. DCS will only pay for reports when DCS is not paying for these services.
- D. If the services provided are not funded by DCS, the report rate per hour will be paid for the necessary reports on a referral form issued by DCS.
- E. Court testimony will be paid per appearance if requested on a referral form issued by DCS.
 - 1. In order to be paid for a court appearance a subpoena or written request from DCS should be on file.
- F. This section is not included in all standards
 - 1. For those standards it is included, format should be changed from paragraph form to this outline form
 - a. Language is standard

VIII. 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.
10. Documentation of regular contact with the referred families/children
11. Signed attendance sheet for each group session

IX. 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.

X. 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.

XI. 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.

XII. 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.

XIII. 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.

XIV. 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.

XV. 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.

