

SERVICE STANDARD  
INDIANA DEPARTMENT OF CHILD SERVICES  
COMMUNITY PARTNERS FOR CHILD SAFETY  
November 2010

**I. Community Partners For Child Safety Description**

The purpose of this program is to provide a secondary child abuse prevention service that can be delivered in every region in the state. This service will build community resources in order to have a collaborative prevention network throughout the region. The service will be for those families that are identified through self-referral or other community agency referral. The service will provide home based case management services to connect families to resources to strengthen the family and prevent child abuse and neglect.

Community resources include, but are not limited to: schools, social services agencies, health care providers, public health, hospitals, child care providers, community mental health agencies, local DCS offices, child abuse prevention agencies like Healthy Families and local Prevent Child Abuse Councils, Youth Services Bureaus, Child Advocacy Centers, faith-based community, and Twelve Step Programs. In general, each community defines its own resources.

**II. Service Delivery Requirements**

**Service Component:**

- A Project Manager must be employed to develop the partnerships, service delivery mechanisms, and governance
- Neighborhood Liaisons must be employed to utilize DCS approved assessment tools, provide home based visitation, refer family to community resources and provide on call crisis intervention
- Parent Partners may be employed to lead peer group meetings, mentor clients, act as spokesperson for Community Partners and coordinate local family activities
- Service delivery includes a home visitation program through which workers provide short term supportive services to families on a voluntary basis
- Development of family case plans that include no more than 3 goals that the family identifies. The development of these plans may include a solution-focused family case conference in which all persons chosen by the family are involved in the conference. Members present may assist with planning and goal development
- Classes and support groups will be developed for families as identified and needed (parenting skills building, life skills development, and self improvement)
- On-call staff availability for crisis intervention counseling and referral if needed
- The family may voluntarily withdraw from the program at any time, or they will be terminated from the program within 10 days of reaching their goals
- Agencies will have a plan for delivery of staff and community training from a curriculum approved by DCS.



### **Subcontracting Component:**

- A percentage of funding (not more than 40% of the Region's allocation) may be utilized for other prevention services.
  - This funding will be allocated to be subcontracted for services that meet the prevention priority needs that are determined by the Regional Services Council.
  - Regional Services Councils may reduce the percentage for other prevention services and allocate additional funds to Community Partners for Child Safety services. However, Regional Services Councils may not increase above 40% for other prevention services.
  - If the Community Partners for Child Safety agency wishes to utilize some of the funding for other prevention services, for a program it operates within its agency, the agency should submit a proposal to the Regional Services Council for their consideration.
- Issue Requests For Proposals to identify the services that meet the prevention priority needs
- Select the providers to offer services that meet the prevention priority needs
- Provide quarterly reports on outcomes to the Regional Services Council
- Administer prevention funds for the Region and collect 7.5% administration fee
- Administer Resource Parent Appreciation funds for the Region and collect 7.5% administration fee

### **III. Target Population**

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

- 1) Children and families for whom DCS does not currently have an open case.
- 2) Families that have been referred by a community resource or who self refer due to a determination that, with timely, effective, and appropriate prevention support services, family functioning can be improved and child abuse and neglect prevented.
- 3) Families that do **not** meet the criteria for Healthy Families participation, or if Healthy Families is at capacity, those families needing services may be referred to Community Partners. At no time can both Community Partners and Healthy Families service the same family.
- 4) If the Juvenile Probation Department has an open case on a child, and that child is placed outside of the home, the family can receive Community Partners services if there are other children in the home.

The Community Partners for Child Safety program should not be used for intervention services or as a substitute for DCS services or Probation Services.

#### **B. For purposes of evaluation, upon completion of services people/families will be classified as belonging to one of three categories of services:**

- 1) Information and referral (I&R),
- 2) Seven face-to-face contacts or less
- 3) Eight face-to-face contacts or more

#### IV. Goals

##### Goal #1

Prevent CPS referrals and prevent families from entering the DCS system.

Outcome Measures

- 1) 100% of referred families will receive information about Community Partners. A referred family that requests only speaking with an agency to get their questions answered or for a referral to other community resources, shall be documented as a telephone or face to face contact.
- 2) 90% of families referred will receive a telephone call or a face to face contact within 5 working days of referral. (Documentation of all service activities is required).
- 3) 75% of families will have at minimum a short term service that consists of at least one referral to a Community Partner and/or community resource.
- 4) 50% of referrals will engage in home based services: defined as having a face to face contact, a signed family consent form, a completed initial assessment on both the NCFAS and HFPI, and at least one identified goal.
- 5) 90% of the families participating in home based or community based service, with consent, will have a service plan that identifies at least one goal but no more than 3 active goals.
- 6) A. 90% of families with 8 or more face-to-face contacts will have a second assessment of family functioning with the Parenting Inventory for Community Partners.  
B. 75% of families receiving 8 or more face-to-face contacts will demonstrate improvement in family functioning as measured by the Parenting Inventory for Community Partners or other standardized tool approved by the Department of Child Services.
- 7) A. 90% of families with 8 or more face-to-face contacts will have a second assessment of family functioning with the North Carolina Family Assessment Scale - General (NCFAS) due at or about the 8<sup>th</sup> face-to-face. If the family terminates prior to the 8<sup>th</sup> face-to-face, but has had at least 4 face-to-face encounters, the staff will fill out the second administration of the NCFAS.  
B. 75% of families will show improvement in family functioning as measured on the NCFAS after a minimum of 8 face-to-face contacts.
- 8) 75% of families, with consent, will accomplish at least one goal as identified in the family service plan.
- 9) 95% of families receiving 8 or more face-to-face contacts will not have a substantiated child abuse case following the 8<sup>th</sup> contact for a period of 12 months after discharge.
- 10) 100% of participants who become clients of the agency will be terminated within 10 working days after final goal completion and when the family agrees that services are no longer needed.

##### Goal #2

Regional Services Council (RSC) and family satisfaction with services  
Outcome Measures

- 1) DCS satisfaction will be rated 4 and above on the Service Satisfaction Report.
- 2) 90% of the families who have participated in prevention activities will rate the services “satisfactory” or above (using a uniform client satisfaction survey developed by the provider).

**Data Collection**

- 1) Must enter all client data and service data, into the DCS approved database system provided by DCS. At a minimum, grantees will be expected to gather the following information:
  - Date of referral
  - Date of consent
  - Date of assessment and assessment data
  - Date(s) of face to face contact(s)
  - Family goal(s)
  - Date goal was met
  - Termination date and reason
- 2) As each event occurs, all data will be entered into the DCS approved database within 5 working days. Specific client files will contain assessment tools, goal(s) identified in the family service plan, and casenotes documenting the progress toward reaching those goals. Reports will be obtained through the DCS approved database system. The provider will assure that all the data elements are completed in the state data system.

**Quality Assurance**

- 1) DCS Staff will conduct site visits and case file reviews as a means of ensuring quality service provision.

**V. Qualifications**

**Minimum qualifications:**

- 1) Project Managers are to have a Masters Degree in social work or in a related human service field and 2 years of relevant experience, or a Bachelors Degree in social work or a related human service field with 5 years relevant experience.
- 2) Neighborhood Liaisons (or case managers) are to have Bachelors Degree in social work or in a related human services field and two years experience in working with families and children, or 5 years experience in social work or a related human services field.
- 3) Parent Partners may work on a part time basis. A parent partner is preferred to be a parent who has successfully completed the program and is needed to mentor and assist other parents enrolled in the program. The parent partner may have a secondary degree or a GED equivalent, but these educational requirements may be waived if the parent partner

is judged by the Project Manager to have the skills necessary to engage parents in the successful completion of their goals.

## **VI. Billable Units**

Payment for services will be based on actual allowable costs. There is a 7.5% Administration fee for subcontracts. DCS will coordinate Resource Parent Appreciation events for the Region, and the grantee will administer the funds and collect a 7.5 % fee. Grantees will bill monthly based on these payment points:

- .1-personnel
- .2-other
- .3-contracts
- .4-supplies
- .5-equipment
- .6-buildings/lands
- .7-indirect cost
- .8-travel
- .9-Administration fee for subcontracts
- .10-Resource Parent Appreciation
- .11-Other Prevention Services

## **VII. Adherence to the DCS Practice Model**

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. 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.