

**SERVICE STANDARD
INDIANA DEPARTMENT OF CHILD SERVICES
FATHER ENGAGEMENT PROGRAMS**

I. Service Description

The Indiana Department of Child Services (DCS) intends to contract with providers throughout the state to implement fatherhood programming to provide assistance and support to fathers whose children are involved with the Department of Child Services. Providers will work actively with DCS employees to successfully engage fathers in services that will improve safety, stability, well-being and permanency for their children. Providers will assist fathers in strengthening the relationship with their children and promoting positive relationships between the families and the local DCS family case managers and others involved in their children's case.

II. Service Delivery

- The direct worker shall make efforts to make periodic visits to DCS offices to network with FCM's and attend CFTM's when requested. The provider will secure and maintain a working relationship with the Family Case Managers and other relevant DCS staff to provide a liaison between the fathers and DCS. When Family Case Managers have exhausted all known diligent search efforts and inquiries, providers will assist in locating and engaging fathers (including those who may be incarcerated or who live out of state).
- The provider will actively engage referred fathers with the goal of increasing their involvement in the DCS case.
- The provider will conduct intake interviews, and collect demographic and other outcome data for reporting purposes. Services must include ongoing monitoring of father/parental progress.
- The provider will work collaboratively with DCS, other contracted service providers, community organizations, and individuals to develop, maintain, and provide appropriate programming for fathers whose children are involved in the child welfare system.
- The provider will possess a clear understanding of male learning styles and male help seeking behaviors and will practice effective techniques for father engagement through a non-judgmental, holistic viewpoint regarding father/child relationship, focusing on the child in the context of the family.
- Refers participants, when indicated, to community resources and other organizations.

- Promotes community awareness regarding the value of engaging fathers of children involved in the child welfare process, through presentation and written materials.
- Develop a working relationship with local child support enforcement offices and staff members in order to be of mutual assistance in helping obtain appropriate financial support of children.
- Services will be provided at times convenient for or necessary to meet the family's need, not according to a specified work week schedule.
- Services will be provided in home, in the community environment, in the DCS office, and/or the providers' office.
- Services will be based on the family's established DCS Case Plan/Disposition or Informal Adjustment, while taking into consideration the recommendation of the Child and Family Team as applicable.
- Services will be conducted with behavior and language that demonstrates respect for socio-cultural values, personal goals, life style choices, and complex family interactions and be delivered in a neutral, valued, culturally competent manner.
- The provider will coordinate and provide Fatherhood Programming utilizing a DCS approved educational curricula such as *Bringing Back The Dads*, *National Partnership for Community Leadership*, *Bridges Out of Poverty* (any other curricula must have prior approval). The Programming can be provided through the use of group or one-on-one sessions. All curricula must include child support enforcement education and financial responsibility education. In addition, the Fatherhood Programming and other individual work with the father, may provide any combination of the following kinds of services:
 - information regarding the CHINS legal process including court procedures, parental participation requirements, court ordered services, visitation with the children, reimbursement of cost for services, and other aspects related to the legal process;
 - the expectations of the family related to participation in court ordered services and visitation with the children, attendance at court, appropriate dress for court, and other aspects related to the legal process;
 - information regarding the parent's rights and the CHINS proceedings, the length of time children may be in care prior to a permanency procedure, and termination of parental rights, family team meetings and their procedures
 - role of the Court Appointed Special Advocate or Guardian ad Litem,

- an informal environment for fathers to discuss issues that brought them to the attention of the DCS and develop suggestions that may assist in resolving these issues as a group, and;
- educational programs using speakers recruited from the local professional community to assist and educate the fathers in areas such as:
 - abuse and neglect,
 - increasing parenting skills,
 - substance abuse,
 - anger management,
 - advocacy with public agencies including the children's schools, and;
 - issues of interest to the parents related to their needs and the needs of their children.
- coaching and information to develop attitudes and social skills needed for improved family relations and personal responsibility.
- After consultation with the Family Case Manager, providers will make concerted, organized and systematic efforts to connect children with their incarcerated father (if applicable), through video conferencing, face to face contact, correspondence and by telephone, unless the court has determined that visiting would put the child in danger.
- Supports fathers and paternal relatives in court and Child and Family Team Meetings by providing transportation and/or transportation voucher when appropriate.

III. When DCS is not paying for services:

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. The referral process has been set up to authorize reports and court components on the DCS referral form in these incidences. **DCS will only pay for reports when DCS is not paying for these services.** 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. Court testimony will be paid per appearance if requested on a referral form issued by DCS. In order to be paid for a court appearance a subpoena or written request from DCS should be on file.

IV. Target Population

Services must be restricted to the following eligibility categories:

- Fathers of children who have substantiated cases of abuse and/or neglect and will likely develop into an open case an IA or CHINS status.
- Fathers of children which have an Informal Adjustment (IA) or the children have the status of CHINS.

V. Goals and Outcome Measures

Goal #1

Timely initiation of services with the fathers.

Outcome Measures

- 1) 95% of all non-incarcerated fathers referred with a valid contact and/or address will receive a telephone call or a drop by contact attempt within 5 working days of referral.
- 2) 75% of all fathers referred will have face to face contact within 10 working days of the referral.

Goal#2

Timely receipt of electronic outcome reports.

Outcome Measures

100% of reports will be received timely.

- The monthly report will include a summary of services to each father as well as the father's involvement with the child (ren) and father's parental progression as evidence by visitation supervised and unsupervised with child (ren), participation in Child and Family Team Meetings, fathers involvement in the DCS case plan, established paternity and if the father is paying child support. The summary will also include engagement in fatherhood curriculum and/or successfully/unsuccessful completion of referral sources will be provided to the referring FCM monthly.
- An approved data sharing process, documenting services for each referred father, will be electronically forwarded to Central Office designated email address:
researchevaluation@dcs.in.gov

Goal #3

Engage fathers in services that will reduce barriers to safety, stability, well-being and permanency for their children.

Outcomes Measures

- 1) 60% of all fathers referred will become actively engaged in the DCS open case as evidenced by visitation with their children, participation in CFTM, and the DCS Case Plan.
- 2) 100% of referred fathers, who received a face to face contact, will have a paternal genogram created and sent to FCM within 30 days of first face to face contact. Genogram's will be created using guidance found at http://www.in.gov/dcs/files/Family_Network_Diagram.pdf

Goal #4

Coordinate efforts between the department of corrections and/or local detention facilities, child welfare agencies, and the courts to ensure the incarcerated father is notified of court proceedings regarding the care and custody of their child (ren) when appropriate.

Outcome Measures

- 1) 60% of incarcerated fathers will become actively engaged in the DCS open case as evidenced by contact with their children via email, visitation, phone, or video communication.

Goal# 5

DCS/Probation and clients will report satisfaction with services.

Outcome Measures:

- 1) DCS/ Probation satisfaction will be rated 4 and above on the Service Satisfaction Report.
- 2) 90% of clients 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.

VI. Minimum Qualifications

Direct Worker:

Bachelor's degree in social work, psychology, sociology, or a directly-related human service field from an accredited college. Other Bachelor's degrees will be accepted in combination with a minimum of five years experience working directly with families in the child welfare system. Must possess a valid driver's license and the ability to use private car to transport self and others, and must comply with the contract requirements concerning minimum car insurance coverage.

In addition to the above:

- Knowledge of child abuse and neglect, and child and adult development
- Knowledge of community resources and ability to work as a team member
- Belief in helping clients change their circumstances, not just adapt to them
- Belief in adoption as a viable means to build families
- 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

Supervisor:

Master's or Doctorate degree in social work, psychology, or directly-related human services field from an accredited college.

Services provided 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; services will be delivered in a neutral-valued culturally-competent manner.

Providers are to respond to the on-going individual needs of staff by providing them with the appropriate combination of training and supervision. The frequency and intensity of training and supervision are to be consistent with “best practices” and comply with the requirements of each provider’s accreditation body. Supervision should include individual, group, and direct observation modalities and can utilize teleconference technologies. Under no circumstances is supervision/consultation to be less than one (1) hour of supervision/consultation per 25 hours of face-to-face direct client services provided, nor occur less than every two (2) weeks.

VII. Billing Units

- **Face to face time with the client:**

(Note: Members of the client family are to be defined in consultation with the family and approved by the DCS. This may include persons not legally defined as part of the family)

- Includes client specific face-to-face contact with the identified client/family during which services as defined in the applicable Service Standard are performed.
- Includes Child and Family Team Meetings or case conferences initiated or approved by the DCS for the purposes of goal directed communication regarding the services to be provided to the client/family.
- Includes no more than 5 hours of time spent locating fathers including making telephone calls, attempted face-to-face contacts, collateral contacts, or completing online searches.
- Billing for additional collateral contacts can be approved by DCS when attempting to locate and/or engage an incarcerated client or client living out of state.

- **Group**

A minimum of 3 father’s must be in attendance in order to bill for group. Services include group goal directed work with clients. To be billed per group hour.

Reminder: Not included are routine report writing and scheduling of appointments, collateral contacts, travel time and no shows. These activities are built into the cost of the face- to-face rate and shall not be billed separately.

Services may be billed in 15 minute increments; partial units are rounded to the nearest quarter hour using the following guidelines:

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

- **Interpretation, Translation and Sign Language Services**

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

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. 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. No side comments or conversations between the Interpreters and the clients should occur.

The location of and cost of Interpretation, Translation, and Sign Language Services are the responsibility of the Service Provider. 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. 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. 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. 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.

- **Court**

The provider of this service may be requested to testify in court. 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. Therefore, if the provider appeared in court two different days, they could bill for 2 court appearances. Maximum of 1 court appearance per day per client. 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.

- **Reports**

If the services provided are not funded by DCS, the "Reports" hourly rate will be paid. A referral for "Reports" must be issued by DCS in order to bill.

- **JPAY**

To enhance communication with DOC incarcerated fathers. Services include: email communication, inbound video grams, and video visits. Agencies will partner with JPAY and will be reimbursed actual cost.

JPAY will be approved during a CFTM, and CFTM minutes must authorize the request, along with the appropriate level of communication.

VIII. Case Record Documentation

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) Child and Family Team Meeting Minutes authorizing usage of JPAY.
- 11) Paternal Genogram and documentation of when it was sent to referral source.

IX. Service Access

All services must be accessed and pre-approved through a referral form from the referring DCS staff. In the event a service provider receives verbal or email authorization to provide services from DCS an approved referral will still be required. Referrals are valid for a maximum of six (6) months unless otherwise specified by the DCS. Providers must initiate a re-authorization for services to continue beyond the approved period.

X. 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.

IX. Trauma Informed Care

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/>):

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. 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?" 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. 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

Trauma Specific Interventions: (modified from the SAMHSA definition)

- The services will be delivered in such a way that the clients/families feel respected, informed, connected, and hopeful regarding their own future.
- 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)
- 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. Cultural and Religious Competence.

Provider must respect the culture of the children and families with which it provides services. 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. 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. Services to youth who identify as LGBTQ must also be provided in accordance with the principles in the Indiana LGBTQ Practice Guidebook. Staff will use neutral language, facilitate a trust based environment for disclosure, and will maintain appropriate confidentiality for LGBTQ youth. The guidebook can be found at: <http://www.in.gov/dcs/files/GuidebookforBestPracticeswithLGBTQYouth.pdf>

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. 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.

XI. Child Safety

Services must be provided in accordance with the Principles of Child Welfare Services. Please note: All services (even individual services) are provided through the lens of child safety. 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. 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. 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 plan.