SERVICE STANDARD

INDIANA DEPARTMENT OF CHILD SERVICES

DAY REPORTING PROGRAMS

I. Service Description

A. Day Reporting and Evening Reporting are community-based programs designed to provide intensive supervision, intervention, and prevention of placement into more-restrictive settings for youth who exhibit disruptive and/or delinquent behavior.

B. The primary functions of the Day Reporting/Evening Reporting programs include intensive supervision, utilization of a cognitive-behavior change approach, and other interventions designed to prevent the removal of the child from the home, to increase community safety, and to improve family functioning.

C. The programs seek to prevent the removal of identified youth from the school setting, from the home, and/or safely maintain appropriate the child in the community; or for a child who is involved with the juvenile justice system.

D. Parent/caregiver involvement is highly encouraged whenever possible, and should include active participation in the curriculum. These programs are often utilized to prevent a removal from the home from being necessary, and thus it is essential that caregivers are involved in the programming whenever this is a goal of the service.

II. Service Delivery

A. **Day Reporting**

1. Upon receipt of a referral, the provider will:
    a. Conduct an interview with the child and parent/caregiver;
    b. Review previous home-based, community-based or school-based services previously or currently provided to the child.
2. If the child is suspended from school:
    a. Coordinate with the child's school of record in the development of a continuation of educational programs and goals;
    b. Work with the child's school of record to recover and/or complete school work to maintain academic progress until they return to the school setting.
3. If the child is expelled from school:
    a. Develop an educational plan to assist the child in a continuation of their academics, which may include the use of a computer-based program. A child who participates in credit recovery program through a computer-based application, must be registered to an accredited program and able to work independently.

b. For an age-appropriate child, develop vocational plans and assist the child developing skills for employment.
c. Day Reporting is time limited (no longer than 6 months). Referrals lasting beyond 6 months must be pre-approved by the Local Office Director or the Probation Service Consultant.

4. Day Reporting staff are to maintain consistent, weekly communication with the school of origin (if applicable), probation officer/family case manager (FCM)/referral source, and the parent/caregivers of the child referred to the program.
5. Day Reporting Programs shall have daily evidence-based group psycho-educational classes which will include but are not limited to the following:
    a. Understanding emotions;
    b. Reducing stress and anxiety/distress tolerance;
    c. Mindfulness;
    d. Relationship improvement/assertive communication/strengthening relationships;
    e. Coping strategies;
    f. Grief and loss;
    g. Conflict resolution;
    h. Life transitions/meeting life goals/goal setting;
    i. Boundaries/Healthy relationships;
    j. Assertive Communication;
    k. Health life habits;
    l. Cultivating support networks.
6. Upon request, the Day Reporting Supervisor/Program Manager shall attend a case conference on behalf of the child. The Day Reporting staff/Program Manager will:
    a. Act as an educational advocate for the child and family;
    b. Attend a CFTM;
    c. Assist child's transition back to the school setting;
    d. Coordinate Life Skills Training weekly to include work readiness, if appropriate;
    e. Community service projects monthly, if applicable for expelled child.
7. Day Reporting programs must have flexible schedules to meet the needs of the children referred to the program being available for a minimum of 20 hours per week during or after traditional school hours.
8. Transportation to and from Evening Reporting programs will not count toward hours of the program.
9. Monthly reports are due by the 10th of the month following the first month of service to the referral source.

B. **Evening Reporting (for children and youth attending after school hours)**

1. Upon receipt of a referral, the provider will:
    a. Conduct an interview with the child and the parent/caregiver;
    b. Review previous home-based, community based or school based services previously or currently provided to the child;
2. Evening Reporting Staff are to assist participating children in the completion of homework assigned by the child's school of origin;
3. Evening Day Reporting is time limited (no longer than 6 months). Referrals lasting beyond 6 months must be pre-approved by the Local Office Director or the Probation Service Consultant.
4. Evening Reporting staff are to maintain consistent, weekly communication with the school of origin (if applicable), probation officer/family case manager (FCM)/referral source, and the parent/caregivers of the child referred to the program;
5. Evening Reporting Programs shall have daily evidence-based group psychoeducational classes which will include but are not limited to the following:
    a. Understanding emotions;
    b. Reducing stress and anxiety/distress tolerance;
    c. Mindfulness;
    d. Relationship improvement/assertive communication/strengthening relationships;
    e. Coping strategies;
    f. Grief and loss;
    g. Conflict resolution;
    h. Life transitions/meeting life goals/goal setting;
    i. Boundaries/Healthy relationships;
    j. Assertive Communication;
    k. Health life habits;
    l. Cultivating support networks.
6. Evening Reporting staff shall tutor participating children (if applicable);
7. Day Reporting programs must have flexible schedules to meet the needs of the children referred to the program being available for a minimum of 20 hours per week during or after traditional school hours.
8. Transportation to and from Evening Reporting programs will not count toward hours of the program.
9. Monthly reports are due by the 10th of the month following the first month of service to the referral source.

III. Target Population:

A. Service must be restricted to these population, who have long-term suspension, current history of suspension, or expulsion:

1. Children who have a substantiated case of abuse and/or neglect and will likely develop into an open DCS case with an Informal Adjustment (IA) or formal adjudication of CHINS;
2. Children who have an Informal Adjustment (IA) in either a CHINS case or a juvenile delinquency case (criminal or status-JD or JS);
3. Children with an adjudication as a CHINS or as a juvenile delinquency (criminal or status-JD or JS).
4. **EVENING REPORTING:** Children pending a juvenile delinquency adjudication or adjudicated as a juvenile delinquent (criminal or status- JD or JS).

IV. Goals and Outcomes

A. Day Reporting Program

1. Goal #1. Decrease emotional/delinquent behaviors and improve behaviors in the home and school setting (upon their return), increasing public safety.
   a. Outcomes Measure 1: 75% of all participating children will not commit a delinquent act (JD/JS) leading to a placement in detention during their participation in the Day Reporting Program
   b. Outcome Measure 2: 75% of all participating children will not return to the program within 6 months.
2. Goal #2: Enrollment in school, credit recovery program/GED, or Work Force program.
   a. Outcome Measure 1: 100% of children suspended from school and participating in the program shall remain enrolled in the school of origin.
   b. Outcome Measure 2: 75% of children short on credits will register with an accredited credit recovery program or GED/TASC program (if applicable).
3. Goal # 3: Provide an opportunity for youth to maintain academic progress or recover credit(s) until they return to school.
   a. Outcome Measure 1: 85% of participating children will complete assigned school work and submit it timely.
   b. Outcome Measure 2: 85% of all participating children will recover credits (if applicable).
4. Goal #4: Provide opportunities for children to complete psycho-educational classes while participating in day reporting.
   a. Outcome Measure 1: 95% of participating children will complete psychoeducational classes while in day reporting.
   b. Outcome Measure 2: 85% of participating children will show an application of their skills learned from their psychoeducational classes.
5. Goal # 5: Provide an opportunity for children expelled to make meaningful contributions to the community;

a. Outcome Measure 1: 95% of participating expelled children will participate in employment training, community outings, or recreational activities while in the program.

B. Evening Reporting Program:

1. . Goal #1: Provide intensive supervision as alternative to detention.
   a. Outcome Measure 1: 95% of youth will report to Evening Reporting Program daily.
   b. Outcome Measure 2: 95% of youth will have weekly positive reports to Probation Officers.
2. Goal #2: Reduce Re-entry to the juvenile justice system.
   a. Outcome Measure 1: 75% of youth will not re-offend while in program.
   b. Outcome Measure 2: 95% of youth will not re-offend within 6 months of completion of program.
3. Goal #3: Provide opportunities for children to complete psycho-educational classes while participating in day reporting.
   a. Outcome Measure 1: 95% of participating children will complete psycho-educational classes while in day reporting.
   b. Outcome Measure 2: 85% of participating children will show an application of their psycho-educational skills while participating in the program.

V. Minimum Qualifications

A. The staff members responsible for the daily direct care and supervision of the children in the Day Reporting program shall:
   1. be at least twenty-one (21) years of age; and
   2. have at least a high school or equivalency diploma; and
   3. have completed all of the training required below in this Service Standard, and
   4. work under the direction of a supervisor described below
   5. The direct care worker-to-child ratio shall be at least one (1) direct care worker to every eight (8) children.
   6. When one (1) employee is supervising a group of children, the Day Reporting program shall have a written plan for that employee to summon another adult to immediately assist in case of an emergency without leaving the children unattended.
   7. These child-staff ratios shall be maintained at group off-grounds activities.

B. The Day Reporting program shall maintain a ratio of supervisors-to-direct care workers of 1:4.

1. The staff member responsible for supervising the direct care workers shall have one (1) of the following:
   a) A bachelor's degree and one (1) year of work experience in a child-caring institution.
   b) Two (2) years of college and two (2) years of work experience in a child-caring institution.
   c) A high school diploma and four (4) years of work experience in a child-caring institution.
   d) Supervision of Direct Care Workers shall occur no less than twice per month, and must be documented. Supervision notes shall include specific direction related to individual cases, as well as continued instruction on the evidence-based psychoeducational educational programming occurring within the program.

C. Every Day Reporting program must also employ a Program Director who shall have one of the following:
   1. A master's degree in social work, counseling, or a human service area of study from an accredited school.
   2. A bachelor's degree in social work or a bachelor's degree in a human service area of study from an accredited school plus four (4) years of experience in a professional capacity in a child welfare agency or therapeutic setting that serves children.

VI. Billable Units

A. Per Diem cost for each client placed in the program

B. Rate includes all costs of the program.

C. Program must be open and available for at least 20 hours per week

D. If a youth is in the program for at least 4 hours per day, the Per Diem can be billed

E. Providers may bill DCS an hourly rate of $10/hour for youth who attend the program for less than 4 hours. Only the hourly rate or the Per Diem may be billed for each youth for each day (providers may not bill both the hourly rate and the Per Diem for youth on the same day).

1. 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

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
    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.

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. 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. 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.

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
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** 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.