

**SERVICE STANDARD**  
**INDIANA DEPARTMENT OF CHILD SERVICES**  
**TRUANCY TERMINATION**

**I. Service Description**

- A. The purpose of Truancy Termination Service is to provide the following in order to reduce recidivism of delinquent youth and truants:
1. School drop-out prevention education
  2. Job readiness skills services
  3. Parent Education
  4. Family Support Services to youth and families

**II. Service Delivery**

- A. Family Support Workers
1. Work with family members to identify:
    - a) Reasons for youth's truancy
    - b) Barriers to regular and positive school attendance
    - c) May require worker to attend parent/teacher conferences and/or classes with student
  2. Work with school personnel and probation officers to:
    - a) Identify solutions and interventions necessary to ensure school attendance
    - b) Increase youth's involvement in the school
    - c) Improve academic performance
    - d) May require worker to attend parent/teacher conferences and/or classes with student
  3. Support worker shall provide services in the following areas:
    - a) Parent education
    - b) Crisis intervention
      - a) Including direct services
  4. Support worker will be present as the court directs
    - a) Including initial hearing
      - a) Worker will meet with youth and family
      - b) Complete preliminary intake
        - (1) Gather basic information
        - (2) Provide brief overview of the program
  5. Support Worker Responsibility:
    - a) Weekly written reports
    - b) Attend court hearing
      - a) Provide testimony regarding progress
    - c) Submit monthly written progress reports
      - a) Regarding family circumstances
      - b) Reflect ongoing collaboration/cooperation

- (1) Family Support Workers
      - (2) School Social Workers
      - (3) Probation Officers
    - d) Monitor school attendance, performance, and behavior
    - e) Conduct complete and comprehensive intake and assessment
      - a) Create a Family Development Plan (FDP)
        - (1) Shared with school social workers
        - (2) Shared with Probation Officers
      - f) Assist families with transportation to the program
- B. Training Modules
1. Training Modules consist of six (6) weekly skills-based classes
    - a) Youth and parents are required to complete
  2. Family Support Worker will:
    - a) Assess progress of all program graduates
    - b) Identify youth and families who may benefit from additional training
  3. Subsequent to training:
    - a) assessment of progress, including areas where additional improvement is needed should be made
    - b) Additional services recommended
      - a) Shared with:
        - (1) School Social Workers
        - (2) Probation Officers
        - (3) Court
  4. Youth Modules – Skills based programming to be taught
    - a) Personal Hygiene
    - b) Truancy
    - c) College Awareness
    - d) Conflict Resolution
    - e) Relationships
      - a) Peer to peer
      - b) Parental
    - f) Substance Abuse
    - g) Decision Making
    - h) Time Management
    - i) Goal Setting
  5. Parent Models – Skills based programming to be taught
    - a) Role as a parent
    - b) Self Esteem
    - c) Understanding Child Growth and Development/Sibling Rivalries
    - d) Communication and Listening Skills/Relationships
    - e) How to use effective discipline/Problem Solving
    - f) Anger Management/Conflict Resolution/Stress Maintenance
    - g) Teaching Morals, Values, and Respect
    - h) Financial Management

### **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 Informal Adjustment (IA) or CHINS status.
  - 2. Children and their families which have an Informal Adjustment 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: Ensure youth and parents participating in the program build skills in the module areas.
  - 1. Outcome Measure 1: 85% of youth and parents referred by the Juvenile Court shall complete six (6) skills based modules.
  - 2. Outcome Measure 2: 85% of those families completed the modules shall demonstrate increased knowledge resulting from participation in the skills-based modules.
- B. Goal #2: Increase regular school attendance of youth completing the program.
  - 1. Outcome Measure 1: 75% of youth completing the six week modules will have 95% attendance during the service provision period.
  - 2. Outcome Measure 2: 75% of youth will have 95% attendance during the period of time that begins at program completion and ends at 6 month follow up.
- C. Goal #3: Juvenile Court and client satisfaction with services
  - 1. Outcome Measure 1: Juvenile Probation/DCS staff satisfaction will be rated 4 and above on the Services Satisfaction Report.
  - 2. Outcome Measure 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.
    - 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. Training Facilitator (Paraprofessional)

1. A high school diploma or GED and 18 years of age.
2. Must possess a valid driver's license, ability to transport self and others, and must have state minimum car insurance coverage in force at all times.

### B. Family Support Worker:

- a) Bachelor's degree in Psychology or Sociology, or licensed Bachelor Degree Social Worker or licensed Social Worker with a Baccalaureate Degree
  - (1) A license is required unless a statutory licensure exemption in IC 25-23.6-4-2(a) is met.
- 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:
    - a) Knowledge of child abuse and neglect, and child and adult development
    - b) Knowledge of community resources and ability to work as a team member
    - c) Belief in helping clients change their circumstances, not just adapt to them
    - d) Belief in adoption as a viable means to build families
    - e) 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.

C. Supervisor (Professional)

1. Must meet qualifications of Family Support Worker (above), AND:
  - a) Have three (3) years related experience.
  - b) Supervision/consultation is to include not less than one (1) hour of face-to-face supervision/consultation per twenty (20) hours of direct client services provided, no occur less than every two (2) weeks.

**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 DCS.
  - a) 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 Child and Family Team Meetings or case conferences initiated or approved by DCS for the purposes of goal directed communication regarding the services to be provided to the client/family.
4. Includes crisis intervention and other goal-directed interventions via telephone with identified client family.
  - a) Best practice would include a follow up face to face visit with the client family.
  - b) Crisis over the phone is for extraordinary circumstances and should not be the mode to which ongoing services are provided.
5. Not included are routine report writing and scheduling of appointments, collateral contacts, travel time, and no shows.
  - a) These activities are built into the cost of the face-to-face rate and shall be billed separately.

B. Group

1. Group will be defined as at least 3 clients (who are DCS or Probation referrals and are from no less than two different referred families).
2. If there are less than 3 clients from at least two DCS/Probation referrals, the payment would be the face to face rate for each referral.
3. Invoicing should be allocated by referral, rather than by client. If two clients are from one family and each have a referral, each client will count individually toward the group.
4. 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)

C. 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.
- 4. Providers can use DCS contracted agencies and request that they be given the DCS contracted rate but this is not required.
- 5. 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.
- 6. If the agency utilizes their own staff to provide interpretation, they can only bill for the interpretation services. The agency cannot bill for performing two services at one time.

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.

**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 10<sup>th</sup> 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.
- B. Comprehensive and FCT have REPORTING instead of Case Record Documentation

### **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. 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 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.

### **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 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.