



Improving Outcomes by Improving Practice

A Practiced Focused Newsletter

Matching Services to Child and Family Needs



The Child Welfare Policy and Practice Group

The Child Welfare Policy and Practice Group is a nonprofit technical assistance organization committed to improving outcomes by improving practice. Its work has spanned over twenty states and focuses on the development of front-line practice that is strengths, needs and family team based, individualized and dedicated to safety, stability, permanence and well-being. Its technical assistance includes practice model development, strategic planning for practice model implementation, curriculum development, training and training of trainers, supervisory coaching, practice coaching and practice evaluation.

Inside this issue

Matching Services to Child and Family Needs	2
The Effects of Service Inflexibility	3
Why Can't Services be Matched to Need?	4
Strategies for Matching Services to Needs	7
Conclusion	10

Matching Services to Child and Family Needs

Most child welfare systems encourage in policy and training the development of individualized case plans, where child and family needs are identified and services are matched to those needs. The Administration for Children and Families (ACF) similarly anticipates that services will be linked to needs, to the extent that the Child and Family Service Review (CFSR) On-Site Review Instrument specifically directs that “Reviewers should determine whether services provided matched individualized needs. For example, were the services provided simply because those were the services available or were they provided because assessment revealed a particular need for a particular type of service?” Within the principle that services should be matched to needs is the assumption that all families and children are unique, meaning that some tailoring of services will be needed for service provision to respond in an individualized manner.

So it seems fair to ask, given the widespread adoption of this principle by child welfare systems, why do so many of the case plans and services provided to families and children look the same? The Child Welfare Group spoke to the development of needs-based plans in an earlier newsletter (http://www.childwelfaregroup.org/documents/Vol1_Issue1.pdf) and in this issue addresses the challenge of tailoring services to meet child and family needs. CWG’s experience in this area began with the work of some of its staff and consultants in Alabama’s R.C. class action-driven reforms, where individualized, needs-based planning and matching services to needs were core settlement principles. That settlement not only remarkably improved casework practice, it also drove a reform of the provider community and resulted in a host of new flexible services that helped improve outcomes. Today, CWG staff are constantly exposed to the challenges of matching services to needs in its practice coaching work and Qualitative Service Reviews. The QSR is a practice improvement approach designed to assess current child and family outcomes and system performance in a representative sample of cases by gathering information directly through interviews with families, children and service team members. We regularly see earnest practice improvement efforts across the nation stymied by the narrowness and rigidity of the service array. Many of the conclusions and strategies referenced in this newsletter edition are informed by the CWG experience referenced above.

In considering the concept of matching needs to services, systems should begin with a common understanding of the term “needs”. In the context of children, youth and family services, needs describe the condition or state causing the behaviors (or symptoms) to occur. Behaviors are an expression of needs that must be met to improve functioning.

The Effects of Service Inflexibility

When a child or family is forced to accept an unresponsive service due to a limited and

inflexible service array, the likelihood that the service will lead to suitable outcomes diminishes considerably. The need that must be met to achieve safety, permanency and well-being can remain unaddressed even though the family “complies” by conforming to the plan.

So, for example, a youth referred to anger management counseling due to aggressive and oppositional behavior may be unlikely to achieve lasting improvement, because the youth’s primary need is related to resolving his trauma issues, for which there are few capable providers. In other circumstances, a father with substance abuse issues that affect his parenting capacity may be ordered to undergo random UA screening, which he is willing to do. However if the only testing provider is in another county, the father will have to leave work at unpredictable intervals for considerable periods of time to satisfy the court, potentially jeopardizing his employment. As a result the parent is faced with two unsatisfactory options - losing his job by complying, which may also threaten his ability to support his son or failing to submit to testing, which could lead to the placement of his son. Unintentionally, the system had made these needs contradictory.

In the case of residential treatment services, the specialized services which may be needed by a youth are organizationally connected to a living arrangement, which constitutes a “program”. As a result the youth has to relocate to access the mental health supports needed to deal with behavior, trauma or attachment needs. So a youth must experience a placement disruption, usually with a parent or a caregiver they have formed an attachment to, to access specialized services. Assuming that the youth forms an effective therapeutic relationship with a therapist at the residential program, often he will lose that relationship when discharged, because the therapist is attached to the program and its residents. Loss of therapeutic continuity is a significant problem within the programmatic way we think about service provision.

Why Can’t Services be Matched to Need?

Substitution of Services for Needs - In the case planning process services are frequently substituted for needs. Case plans commonly list services rather than needs, such as “Mom needs substance abuse treatment”, or “Ellis need a more restrictive placement”, rather than identifying the needs that may be causing the behaviors the agency is concerned about. Being clear about underlying needs is the first step in matching them with the appropriate service. Planning can also fail to take into account the totality of child and family needs, often unintentionally setting up unnecessary choices in attempting to respond to them. In one case, CWG found:

During the course of a CPS investigation a mother was requested to submit to drug testing, despite the fact that substance abuse was not mentioned in the allegations. It was determined that she was participating in a methadone program and she was subsequently referred for A&D assessment. This assessment resulted in a recommendation that she participate in an intensive inpatient program operated by the same private agency that did the assessment. This program was to begin during the summer, creating conflicts with the mother's employment and child-care. These conflicts created an immediate barrier to the mother's engagement in the family's planning process. The mother was already working with another private agency unrelated to the CPS involvement. She had engaged them to do in-home work around conflict resolution between her and her teenage daughter. This agency could also do in-home work with substance abuse without interfering with the mother's employment or child-care; however the Department would not agree to it. The CPS assessment and service planning process had become so rigid that the system failed to look at less intrusive options that could better serve the family.

Inflexible, Categorical Thinking – The field has a tradition of thinking about services categorically and programmatically, which is often influenced by categorical funding streams. We tend to contract for a pre-structured parenting program or class, for example, not for individualized parent skill-building supports which could be home-based and tailored for unique child and family needs.

Traditional Service Contract Specifications – Essentially, child welfare systems get what they ask for in RFPs and contract specifications. We frequently buy categorical services and programs, not discrete, flexible supports that are portable. Where provider contract performance specifications require flexible, home-based supports, a network of more responsive supports can be created. In a simple example of the need for service flexibility, CWG learned:

Soon after Juana arrived in the United States, she married Enrique. He worked only part time and Juana spoke no English and had few job skills. Due to their limited financial resources, the couple moved in with Enrique's parents, who disapproved of Juana and the marriage. They soon had a child who was diagnosed with a chronic health condition. The couple fought frequently and Enrique's mother became increasingly critical of Juana. After one argument, Enrique struck his wife and the police responded. CPS became involved and opened an ongoing child protection case to monitor both the couple's behavior toward each other and the child's health. Juana moved out and was living with a friend. The child remained with the father and his parents. The couple planned to divorce with Juana gaining custody but for some reason Juana was allowed only supervised visits with her son, which were supervised by her mother-in-law. The mother-in-law used her position of authority to increase her criticism of Juana, resulting in constant disruptive arguments in each visit, to the point that the system was considering suspending visits. The worker had tried to supervise the visits herself to reduce tension, but did not have time to continue this practice. When asked why a contract provider couldn't provide supervision, the agency stated that the sole supervision provider was at their quota of cases. When asked why another provider couldn't offer the simple support of weekly supervision, the agency reported that it wasn't part of their contract. As a result, visits were suspended, impeding the child's strong attachment to his mother and further alienating Juana from her caseworker.

Activity-driven Plans – Child welfare, its attorneys and the courts have become accustomed to case plans that base child and family success on completed activities, such as completing a domestic violence class, attending therapy regularly or regular school attendance. While these experiences may be helpful, they don't necessarily address measurable personal progress in addressing domestic violence behaviors, greater emotional well-being or reading at grade level. Completion of a plan task is often the measure of success (and from the court's perspective, compliance) even if there has been no lasting change in functioning and behavior. Where child and family needs are accurately identified, case objectives can be described more behaviorally, which can lead to a more individualized strategy for improving functioning and assessing results. Those strategies often require tailored services to implement them.

In one system's effort to shift from activity-driven plans for supports such as parenting classes to a tailored needs-based and behaviorally focused response, the agency decided to modify a conventional foster parenting role.

As reunification neared for one young single mother and her two young sons, the foster mother would pick the children up from school and take them to the mother's apartment each afternoon. The foster mother "coached" the mother as she helped the children complete their homework, played with the children and prepared an evening meal. The foster parent began by modeling selected behaviors and then helped the mom prepare to practice needed skills. This pattern continued through trial home visits and contributed to a successful reunification. By tailoring the conventional foster parent role to one involving mentoring, the agency individualized the service and responded specifically to the family's needs. This strategy also did not require additional expenditures. With additional training in home-based coaching, many foster parents could serve in a coaching role.



Funding Restrictions – Depending on the design of a state’s Medicaid plan, Medicaid funded services can be particularly susceptible to rigidity. Often multiple discrete service activities must be combined to make up a supportive service response, each requiring conformity with state Medicaid standards and precise documentation. One common challenge driven by funding considerations is the inability or unwillingness of provider agencies to utilize professionals a youth or parent may already have a therapeutic relationship with, unless the professional is a part of their provider network. Providers would argue that their rates are built on the costs of in-house staff, meaning that they aren’t compensated for using external professionals. As a result, if a child or parent enters a program to receive a specific set of services, a preexisting essential therapeutic relationship would have to be terminated in favor of the program’s internal clinical staff.

Lack of Accessible Flexible Dollars – Many child welfare and mental health systems provide limited amounts of flexible funds for urgent child and family needs. These funding pools often significantly limit the amount that can be spent per family, can be complicated to access and are commonly spent on tangible items such as household goods or rent.

Unfortunately flexible funds are rarely spent for direct services, either by explicit limitations imposed and/or lack of creative confidence on the part of direct service staff. If flexible funds could be used to at least temporarily acquire a unique support until a more sustainable funding stream is found, many children and families could quickly be assisted in addressing challenges to safety, permanency and well-being. In a case of best practice where flexible funds are concerned, CWG learned:

A local agency noticed a spike in behavioral challenges among a number of children in foster care during the summer months, which carried over to the next school year. It determined that being out of school deprived these youth of the structure they experienced in school where teachers were adept at managing their behavior. The youths’ foster parents struggled to create an environment where behavioral problems were appropriately addressed, threatening placement stability. Assessing the children’s needs, the agency chose not to default to the common practice of referrals for therapy. Instead, they used flexible funds to contract individually with special education teachers, who were also out of school as behavioral coaches for the youth and their foster parents. This proved to be so effective that the system developed a provider contract to make such individual attention supports available throughout the year.



At times staff will identify flexible funding limits imposed by policy that do not actually exist. Local office traditions may be interpreted as limits, when written policy is actually more lenient. This “policy mythology”, a term used by staff of Casey Family Programs, may need addressing through written instruction and training. Unfortunately, there are also times where staff presume nonexistent policy limits because of an unwillingness to undertake the effort to create tailored services. It can take less effort to argue “we can’t do that” than to seek creative solutions .

Services are Structured for Organizational Convenience - Many service providers operate on an eight to five schedule, five days a week. Even if flexible services were offered, they could only be accessed during traditional work hours. Child and family needs can’t be confined to traditional work hours and urgent needs can emerge at any time. Often home-based work with families is only practical outside of their own work hours, meaning provider schedules must permit evening and week-end interventions and supports.

Strategies for Matching Services to Needs

Train Staff in Needs-Based Practice

Staff can be trained to identify functional child and family strengths and needs, which is the first step in matching services to needs. CWG’s training and coaching in this area focuses on identifying the underlying conditions that affect behavior. Participants can quickly move from identifying needs to crafting creative service supports that lead to improved outcomes.

Engage the Provider Community in Developing Flexible Services

To enlist the provider community in providing more flexible services, systems need to develop a partnership with providers through workgroups, training and inclusion in policy-making. It can be particularly effective to involve providers in needs-based training, where they see the value and technique of needs-based planning. Dialogue with providers permits a procurement design more likely to provide a safe environment for innovation while satisfying the need for services to be individualized.

Administrators, managers and front-line staff should become more assertive consumers of services, providing feedback to providers about what is desired and what should be improved. Non-responsive providers should face reduced referrals if they don’t offer flexible service provision.

As an example of how the service array can become more diversified, the following is a list of services created in Alabama’s responsive service initiative.

- Home-based instruction and support for parents on responsiveness, discipline, routines, and health care with specialized guidance for parents with developmental disabilities or mental illness
- Behavior aides providing instruction on self-regulation to the behavior-disordered child at home and in school and suggestions to parents and school staff on consistent support for the child's self-regulation
- Coaches for children with emotional problems to help them improve their self-confidence and develop success in activities and normal social activities
- Teaching parents how to help with homework
- Helping parents advocate in school on behalf of their child
- Specialized reunification services, including therapeutic and instructional visitation; hands-on family support before and after return; school placement assistance and crisis intervention
- Specialized support for foster parents managing children with behavior disorders or emotional disturbances
- Home-based individual attention for children to address depression, anger, inadequate relationship-building skills, feelings of worthlessness or other problems associated with sexual abuse, physical abuse and school failure
- Home-based individual supports for parents who are immature, depressed, easily victimized, or overwhelmed
- Home-based medication monitoring¹

Revise RFPs and Service Contracts to Establish Flexible Services

It may be helpful to develop a pilot contract for flexible services, using that experience to expand the availability of creative, tailored services. In such pilot contracts, attention will be needed to assisting providers to estimate demand so that costs can be recouped. Some systems have departed from budgets based on per diem or hourly rates during pilot contracts to permit providers to meet costs during a period where the baseline demand can't be anticipated. In such cases funding provides for constant resource availability until experience informs the capacity needed. Additionally, RFPs should require the employment of tailored services and proposals that describe a thoughtful strategy for individualizing services should be rated higher in competitive bidding.

Ensure that county offices can either contract for local services themselves or have a role in the design of provider contract specifications. It is important for providers to see the local office as a customer they have to satisfy.

Establish, Expand or Revise Flexible Funds Capacity

Examine your agency flex fund policy and capacity. How much is available and how is it being spent? Do rules permit quick access? Can funds be used for services as well as tangible items like furnishings or bus passes? Is there a common understanding of the limits and application of

¹Bazon Center for Mental Health Law, *Making Child Welfare Work*, (May 1998)

flexible funds between direct service staff and fiscal staff? It may be necessary to reduce layers of approval and expand the array of allowable expenditures. It can be useful to offer brief training on flex fund use to both line staff and fiscal staff together so social workers understand audit concerns and fiscal staff see the value of flexibility in improving outcomes. To sanction creative use of flexible resources, include examples of tailored services in agency communications like newsletters.

To assist systems in strengthening their flexible fund resources, the following policy guidance is provided.

Flexible Funds

Most narrowly, flexible funds are uncommitted, non-categorical funds, available and easily accessible to caseworkers and the child and family team at the case level. Flexible funds are intended to expand the agency's ability to respond to the unique needs of children and families beyond what is possible with inflexible categorical services that may be relevant to only one specific need. Flexible funds are essential to individualized, needs-based practice in that no categorical array of services can be broad or diverse enough to meet all of the complex needs experienced by the families and children served through child and family agencies.

More broadly, flexible funds are a core process of the strengths-based, individualized, needs-based approach to practice that increasing numbers of systems are adopting. The flexible funds approach is closely tied to the wraparound movement that came into use in the 1980's. The wraparound approach was a way to surround multi-problem youngsters and families with customized services rather than institutionalized walls. This approach broadened the practice of bringing services to the child and family's environment, rather than limiting parents and especially children to services that are attached to a place or location. The only effective way to achieve customization for many families is to have the ability through flexible funds and contracts to create or craft new services one child or family at a time.

One particular asset of flexible funds is the ability through their use, to match a particular individual who can provide the service to the child and family. This flexibility strengthens capacity to utilize more informal supports, capitalize on existing or promising personal relationships and strengthen the provision of culturally relevant services. Flexible funds are characterized by the following qualities:

- Uncommitted to existing services
- Free of unnecessary and arbitrary policy restrictions
- Easily accessible to caseworkers and the child and family team
- Minimally limited by multiple levels of approval*
- Routinely perceived as available at the front line

- If financed by categorical funding streams, the categorical origin is invisible to the front line worker (i.e. matching of cost to funding source should be made at levels other than the worker)
- Retain their flexible funds identity even after they have been committed to a provider for a specific service (i.e. not re-categorized for the long term related to the service provided)
- Applicability to recurring costs (such as an ongoing services) as well as to non-recurring costs (rent or automobile repairs)
- Reflect some parity across service/provider types (i.e. formal vs. informal, agency provider vs. individual provider, recurring vs. non-recurring costs)
- Ability to be quickly committed and paid
- Integrally linked to a needs-based, individualized practice culture

** Limiting the layers of approval for flexible funds use does not suggest that competent oversight of the use of flexible funds should be limited. Supervisory oversight and staff training are essential for the effective and appropriate use of flexible dollars.*

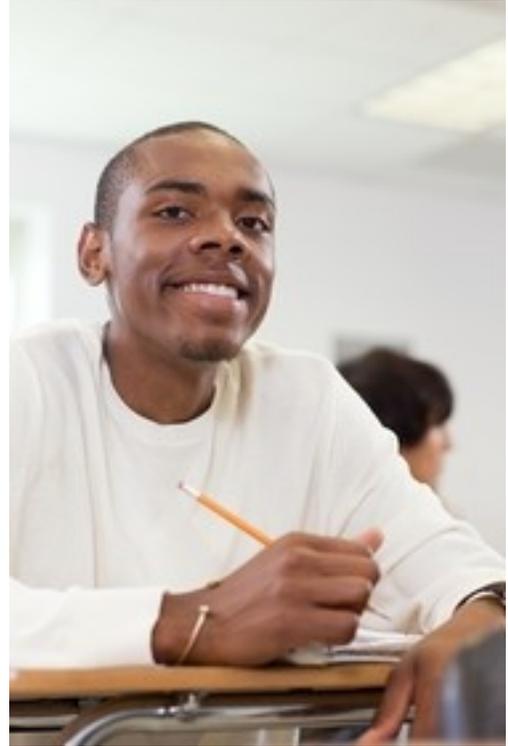
Conclusion

There are practical steps systems can take to increase the diversity and flexibility of the service array. As more responsive services are developed, systems will find that the traditional high usage of services like parenting classes and office-based counseling will be replaced by more home-based (and therefore portable) and individualized supports.

The system change process will not be limited to the provider community, however. Staff will need to learn to seek needs-based rather than service-driven solutions and some procurement policies may need revision. Perhaps the most powerful change will occur when staff learn to use their creativity to tailor individualized solutions. Once they overcome the rule-driven culture the field reinforces and have experience in creative problem solving, they will be able to use creative thinking to produce significant improvements in safety, permanency and well-being. The trick in the face of barriers is to learn to ask, "Why not?"

Jon, A 13 year old boy in an adoptive home was risking disruption due to his worsening behaviors - destroying property of other family members, running away from home, extreme defiance toward his parents. Therapy was not affecting his behaviors. Interestingly, the child was experiencing none of these problems in school - in fact his teacher reported to the team that he was extremely helpful to struggling classmates and cooperative in her class and thus he received a lot of positive attention from her and his classmates. At home, he lived in the shadow of a much praised brother (bio-child of the family) who excelled at sports just like his father had. The team focused on his need to feel successful and worthy at home and brainstormed how to replicate school success in other environments, especially at home.

Rather than attempting to become the baseball/football athlete his adoptive brother was, with the team's help he chose bowling as something he enjoyed and which could become a great physical outlet for his feelings. His coach from the behavioral health agency began to focus on his poor socialization skills, especially where they intersected with his budding interest in girls. As the plan evolved there were marked improvements in Jon's behavior at home and a greater sense of accomplishment and acceptance by his family on his part. He remains with his family.



They are ill discoverers that think there is no land, when they can see nothing but sea. ~Francis Bacon

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