

STANDARD FOR SERVICE DELIVERY

PURPOSE

The purpose of this standard is to provide direction and guidance to the Child and Family Services (CFS) program regarding delivery of services. This standard is intended to achieve statewide consistency in the development and application of CFS core services and shall be implemented in the context of all applicable laws, rules and policies. This standard will also provide a measurement for program accountability.

INTRODUCTION

After a family's issues, needs, and strengths have been assessed and a service plan has been developed with the family, it is time to help the family access services to meet their needs. There are times when a social worker/clinician may provide direct services through interactions with the family. They may also provide indirect serves as they help to select and/or arrange for the most appropriate, accessible, and culturally relevant services to address the objectives and goals of the service plan. To be effective in service provision, a social worker/clinician must be familiar with their community and its service resources.

When looking at services and/or providers, consider the following:

- Will the services address the factors contributing to child maltreatment?
- Is the service best suited to deal with the particular issues identified through the assessment process?
- Will the services be culturally appropriate?
- What skill or experience is required of the service provider? Does he or she have competency in working with the issues that must be addressed?
- Can various methods of service delivery be used concurrently, and how might this benefit the family?
- How soon are the services available?

Findings suggest that child welfare agencies should invest the most intensive resources during the initial months of treatment to engage the family and begin the change process as close to the point of initial referral as possible.

TERMS

Resources and Services Navigation

Navigation's primary purpose is to aid participants in achieving health, stability and safety through linkages to resources and services. Navigation works with customers in crisis (120 days or less) who can benefit from a linkage to resources and services.

IMPLEMENTING THE STANDARD

Communicating and Collaborating with Service Providers

- Obtain releases of information so pertinent information regarding the family can be exchanged between the CFS social worker/clinician and the provider.
- Be specific with the service provider about the reason the family is being referred. To be effective, the service provider needs the results of the family assessment, including identification of the most critical safety factors the service provider is to address. The role of the service provider should be clearly defined and documented in the service plan, and the service provider should have a copy of the family's service plan as it pertains to their role.
- Talk with the service provider regarding the purpose of the referral and expectations regarding the type, scope, and extent of services needed. Communicate the expectations of the agency regarding the service provider's role in reporting the family's progress. Identify how often and in what manner the information will be shared. Be specific in identifying how the family's progress will be measured and how the service delivery will be evaluated.
- Since families often have more than one service provider, coordinate services and share family progress. Periodic team meetings that monitor progress shall be held. Consistent with family-centered practice, it is most respectful to involve the family in the meetings.
- Assure that services are accessible to the family, the service provider is delivering them according to their agreement, and the family is participating. Negotiate any issues between the family and the service provider that may interfere with the provision and success of services.

Delivery of Services

Some families who are referred to child protection have multiple service providers and multiple case managers, both inside and outside the Department. In order to meet all the family's needs and not overwhelm the family with too many appointments or tasks, it is important to coordinate services with the other treatment providers/case managers. Coordination of services may require convening all providers. The purpose of convening the family, Department staff, and relevant parties is to review assessment outcomes, service recommendations, and existing service or treatment plans.

Families with multiple service needs that cross programs may benefit from a referral to navigation services. Navigators are content experts who work with participants to assist in determining a strength based plan to regain family health and stability. Navigation practice elements include:

- a strength based assessment;
- an outcome oriented case plan;

- referral to and collaboration with community and Department programs; and
- facilitation of Resources and Services meetings to coordinate multiple service providers on a single case.

Congruent with its direct services to customers, Navigation has responsibility within the Department and the community to:

- aid the development of needed resources;
- provide technical assistance regarding resources and services; and
- support customer service initiatives.

Among the initiatives currently supported by Navigation are:

- kinship care support (using Casey Family Programs funds and reducing the number of children in foster care);
- foster parent recruitment;
- economic development through the Earned Income Tax Credit education and resource effort;
- the state anti Human Trafficking effort;
- independent-living support for youth leaving state care; and
- temporary reallocation of Navigation staff in support of customer service efforts (e.g., Medicare Part D, SR call center, Medicaid application back log).

Navigation Referrals

Phone numbers for each Regional Navigation team are listed in the SharePoint: <http://hwteamsites/serviceintegration/default.aspx> or by calling 2-1-1 CareLine. Regional teams have team email addresses and team referral phone numbers.

In child welfare, if a family group decision making (FGDM) meeting is held, service providers and other agencies may be invited to all or a portion of the FGDM meeting to contribute knowledge about resources. At FGDM meetings, service providers and agency staff are encouraged to provide information and options for the family to consider rather than make recommendations.

Rural Service Principles

Idaho is a very rural state with only a couple of metropolitan areas. This presents a number of challenges to service delivery. In each region, there are areas where rural service principles shall be implemented. These include:

- Recruitment and retention of resource parents is particularly challenging in rural communities. This puts rural children at particular risk of being placed at long distances from their family and community, removing them from familiar religious and cultural practices. Rural social workers/clinicians must rely heavily on relative care;
- There is a limited array of formal services available in rural settings, including less family support services, health care, dental care, and mental health care options.

Rural social workers/clinicians have an increased responsibility to locate, develop, or provide needed services;

- Because of Idaho's depressed resource-based economy, children in rural areas are more likely to be poor. Due to the high correlation between poverty and neglect, a greater percentage of these children are at risk of child abuse or neglect. Rural social workers/clinicians must practice beyond their agency-defined child protection role, taking a generalist approach, to link families to resources and financial assistance;
- The rural social worker/clinician is challenged to balance the need for engaging and educating communities while ensuring child safety with individual families. Rural social workers/clinicians must be proficient at both direct and indirect practice;
- Physical distances between neighbors tend to heighten a family's sense of self reliance and privacy. These values frequently discourage child protection reporting and inhibit child safety monitoring. Therefore, a rural social worker/clinician must recruit nontraditional networks of community members to develop safety nets for children;
- Lack of anonymity in rural communities poses ethical dilemmas for client confidentiality. The rural social worker/clinician, therefore, must establish boundaries and know how to manage inevitable dual relationships, confidentiality and privacy issues; and
- Rural communities are often at great distances from urban centers where specialized services are more abundant. The rural social worker/clinician must rely on natural helpers including faith-based services to address such complex issues or provide them directly.

Any action taken not consistent with this standard must be pre-approved by the FACS Division Administrator or designee. The action, rationale and approval must be documented in the file.