

STANDARD: SERVICE DELIVERY

PURPOSE

The purpose of these standards is to provide direction and guidance to the Children and Family Services (CFS) programs regarding effective service delivery to children and families involved in the child welfare system. These standards are 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. The standards will also provide a measurement for program accountability.

INTRODUCTION

After a family's problems, 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. At times, a social worker/clinician may provide direct services as he/she interacts with the family. They may also provide indirect services as they 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 selecting services and/or providers, consider the following:

- Will the selection of 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 dealing 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.

Definitions:

Intradepartmental Multidisciplinary Team: IDHW staff from all Departmental programs who are already serving a family or may have services that could benefit the family. The purpose of the intradepartmental MDT is to coordinate services and develop an integrated service plan. Service providers or case managers, who are outside IDHW but are serving the family, shall also be invited to meet to coordinate services.

Child Protective Act Multidisciplinary Team: A coordinated effort of various community agencies who have a legal responsibility to be involved in the investigation and dispositional activities in cases involving child abuse and neglect, as defined in Idaho Code: 16-1609A. At a minimum, a Child Protective Act MDT should consist of a representative of the Prosecuting Attorney's office, law enforcement, and CFS child protection social worker. Other persons may participate at the invitation of the team.

STANDARD

Communicating and Collaborating with Service Providers:

- Obtain releases of information so pertinent information regarding the family can be exchanged between the CSF social worker/clinician and the provider.

- Educate 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. In using a family-centered approach, 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 Integrated Services:

Some families who are referred to child protection have multiple service providers and multiple case managers, both inside and outside the Department of Health and Welfare. 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 requires an intradepartmental multi-disciplinary treatment team.

The purpose of the intradepartmental multidisciplinary treatment team is to provide an opportunity for the family, Department staff, and relevant parties to review assessment outcomes and service recommendations, existing treatment plans, and to develop an integrated service plan.

In child protection, whenever the following is identified, a referral for an intradepartmental multidisciplinary treatment team is made:

- The child protection report is unsubstantiated, but the family is at risk for repeat referrals if the family does not receive additional support and/or services, (excluding financial or medical benefits) available from another IDHW program.
- The child protection report is substantiated on a child, birth to age three, which triggers a mandatory referral for Infant/Toddler assessment.
- The child protection report is substantiated and either the parent/caretaker or the child(ren) of concern is receiving services from another IDHW program.

In child welfare, if a family group decision making (FGDM) meeting is held, the intradepartmental multidisciplinary team may be invited to all or a portion of the FGDM meeting to contribute knowledge about resources. Members of the intradepartmental MDT are encouraged to provide information and options for the family to consider rather than make recommendations. If members of the intradepartmental multidisciplinary team participate in the FGDM meeting, this meeting will take the place of the intradepartmental multidisciplinary treatment team meeting that occurs with the integrated services process.

When an intradepartmental MDT should be convened, the CSF social worker/clinician does the following:

- 1) Consults with his/her supervisor before making the request for the intradepartmental MDT staffing;
- 2) Notifies the family and identified intradepartmental MDT members of the case that is scheduled for staffing;
- 3) Provides the intradepartmental MDT with necessary information for review prior to the case staffing;
- 4) Presents the case at the intradepartmental MDT staffing; The presentation will include screening and assessment findings as well as service needs that have been identified with the family and others involved in the assessment process.

The responsibilities of the intradepartmental MDT will be to:

- Review screenings, and assessments;
- Identify service needs;
- Attend the intradepartmental MDT meetings (this may take place in a family group decision making meeting);

- Assure community and Department resources are identified to meet the family's and child(ren)s' needs;
- Develop an integrated service plan; and
- Identify a primary plan manager.

For additional information on intradepartmental MDTs and integrated services, please see the Integrated Services Share Point Site on the IDHW Infonet.

Rural Service Principles:

Idaho is categorized as a rural state. In each region, there are areas where rural service principles shall be implemented.

- 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 kinship 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 confidentiality and privacy issues.

- Rural communities are often at great distances from urban centers where specialized services are available. The rural social worker/clinician must rely on faith-based services or natural helpers to address such complex issues or provide them directly.

Any variance to these standards will be documented and approved by Division administration, unless otherwise noted.