

Tough Problems, Tough Choices: Casey's Guidelines for Needs-Based Service Planning in Child Welfare

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The Casey Outcomes and Decision Making Project: An Overview

Project Partners:

- American Humane, Children's Services
- American Bar Association, Center on Children and the Law
- Annie E. Casey Foundation
- Casey Family Programs
- Institute for Human Services Management
- Casey Family Services



Project Purpose

- A collaboration devoted to outcomes and decision making in child welfare, and use of these concepts to enhance practice.
www.caseyoutcomes.org
- Team also included representatives from:
 - public & private child welfare agencies
 - former foster child
 - parent affected by system
 - juvenile court system
 - legislator concerned with children's issues.



Project Products

- Service Philosophy - A framework of common values and basic tenets.
- Outcomes Framework & Paper -
 - A framework of core indicators.
 - A paper that explicates outcomes approach.
- Guidelines for Planning Services - Decision trees to guide case level thinking on responses to specific family situations aimed at planning services and promoting specific outcomes.



How Project Interfaces with ASFA and CFSR

- Principles are congruent with U.S. Adoption and Safe Families Act (ASFA) and beyond.
- Outcomes paper gives approach for states to implement outcomes-based practice.
- Guidelines for planning services may be useful in planning to achieve case-level goals driven by ASFA requirements and to improve performance at case level to meet U.S. Dept. of Health & Human Services Child and Family Services Review (CFSR) goals of child safety, well-being, and expedited permanency planning.

Casey Outcomes and Decision Making Project



Product 1:

Child Welfare Service Principles



Child Safety and Family Support

- Safe, permanent home with family members is best place for children
- Most parents, adequately supported by community, can keep children safe
- Involve parents, kin, trusted community members in developing safety plan
- Intervention warranted if no other way to achieve child safety

ASFA Principle: Child Safety is Paramount



Child and Family Well-Being

■ Child Well-Being

- Basic needs are met.
- Opportunity exists to grow and develop in an environment of consistent nurture, support, stimulation.

■ Family Well-Being

- Family has capacity to provide care and fulfill basic developmental, health, educational, social, cultural, spiritual, & housing needs.

ASFA Principle: Promote Safe and Stable Families



Community Supports for Families

- Families raise children within communities.
- Family efforts are strengthened or diminished by community's social & economic health.
- Basic supports such as jobs, housing, economic development, are needed to stem the causes of child maltreatment.
- All communities need to offer full range of prevention, intervention, treatment services.

ASFA Principle: Promote Safe and Stable Families



Family-Centered Services

- Actively involve families in making key decisions.
- Create atmosphere in which families can comfortably express strengths & needs.
- Help is family-driven, rather than driven by service availability.
- Maintain family relationships, with birth parents, kin, or previous caregivers.

ASFA Principles: Kinship Care, Subsidized Guardianship, Promote Safe and Stable Families



Cultural Competence

- Culturally competent system is one that develops behaviors, attitudes, & policies to promote effective cross cultural work.
- Cultural self-assessment to clarify values
 - begins to address how values affect services
 - improves service access, availability, acceptance, and quality for all cultural groups.
- In partnership with community, adapt services to meet unique cultural needs.

ASFA Principle: Beyond ASFA



System Accountability and Timeliness

- System accountable to specific performance standards & time frames.
- Effectiveness measured in terms of ability to produce defined, visible outcomes:
 - prevent initial problems, prevent re-victimization
 - increase child safety, family ability to care for children.

ASFA Principles: 15/22, Child Safety 1st, Performance Measure Reports from the States, CFSR Evaluation and Program Improvement Plans



System Accountability and Timeliness (cont.)

- Services timely from child/youth developmental perspective.
 - helps children to remain or be placed in safe, permanent homes
 - quicker permanency plans and concurrent planning encouraged

ASFA Principles: 15/22, Child Safety 1st, CFSR and Program Improvement Plans



Coordination of System Resources

- Strive for cohesive service system that is:
 - family-centered, community-based, culturally competent, timely, accountable, & family-supportive.
- At family level, coordinate among providers to assess needs & achieve outcomes.

ASFA Principles: Beyond ASFA, Promote Safe & Stable Families, CFSR Responsiveness and PIPs



Coordination of System Resources (cont.)

- At systems level, work for cooperative agreements, flexible funding, holistic service array.

ASFA Principle: Beyond ASFA, CFSSR Program Improvement Plans

Casey Outcomes and Decision Making Project



Product 2:

Child Welfare Outcomes
Framework & Concepts Paper



Child Welfare Outcomes Framework

- Purpose is to:
 - Aid public & private child welfare agencies in selecting/developing their own outcome indicators.
 - Provide a checklist of key indicators.
 - Define and organize key indicators.
- Draws from a wide variety of written works, scholarship, field projects.



Child Welfare Outcomes Concepts Paper

- “Improving the Quality of Children’s Services: Outcome-Based Decision Making and Managed Care” summarized in Assessing Outcomes in Child Welfare Services: Principles, Concepts and a Framework of Core Indicators.



The Framework

- Outcome Domains are Tied to Principles
- Domains
 - Permanency
 - Well-Being
 - Safety
 - Family Support
 - Decision Making
 - Satisfaction
- Framework Includes 24 Indicators
 - Range of Child Welfare Professionals Suggested
 - Considered Research Findings As Well
- Indicators are Tied to the Focus of Measurement



<i>Outcome Indicators</i>	<i>Principle</i>	<i>Domain</i>	<i>Service Process or Intervention</i>	<i>Measurement Focus</i>
Post-finalization adoption disruption	Child and Family Well-Being	Permanency	Adoption	Child
Average length of stay between the placement date of the first temporary out-of-home placement and the date of permanent placement	Child and Family Well-Being	Permanency	Out-of-Home Services	Child – Spell
Children placed in out-of-home care who are placed with providers who are relatives or kin	Child and Family Well-Being	Permanency	Out-of-Home Services	Child – Spell
Children placed in out-of-home care who are placed with siblings	Child and Family Well-Being	Permanency	Out-of-Home Services	Child – Spell
Children placed in out-of-home care who are placed within the school district of origin	Child and Family Well-Being	Permanency	Out-of-Home Services	Child – Spell
Children placed in out-of-home care who are reunified with family	Child and Family Well-Being	Permanency	Out-of-Home Services	Child – Spell
Children who are placed in out-of-home care with the goal of returning home: Who return home	Child and Family Well-Being	Permanency	Out-of-Home Services	Child – Spell



<i>Outcome Indicators</i>	<i>Principle</i>	<i>Domain</i>	<i>Service Process or Intervention</i>	<i>Measurement Focus</i>
Children placed in out-of-home care who are reunified with family	Child and Family Well-Being	Permanency	Out-of-Home Services	Child – Spell
Children who are placed in out-of-home care with the goal of returning home: Who return home	Child and Family Well-Being	Permanency	Out-of-Home Services	Child – Spell
Change in frequency of positive child-caregiver interactions and/or attachment measured by an appropriate instrument	Child and Family Well-Being	Well-Being	All Child Welfare Services	Child
Children's cognitive, physical and mental functioning in relation to developmental milestones	Child and Family Well-Being	Well-Being	In-Home and Out-of-Home Services	Child
General physical health functioning as measured by an appropriate instrument	Child and Family Well-Being	Well-Being	In-Home and Out-of-Home Services	Child
Is drug and alcohol free	Child and Family Well-Being	Well-Being	In-Home and Out-of-Home Services	Child
Safe and adequate housing	Child and Family Well-Being	Well-Being	In-Home Services	Family



<i>Outcome Indicators</i>	<i>Principle</i>	<i>Domain</i>	<i>Service Process or Intervention</i>	<i>Measurement Focus</i>
Safe and adequate housing	Child and Family Well-Being	Well-Being	In-Home Services	Family
Child supervision is adequate	Child and Family Well-Being	Well-Being	In-Home Services	Caregiver
Basic needs (food and clothing) are provided	Child and Family Well-Being	Well-Being	In-Home Services	Child
Academic performance of children: While open for child welfare services	Child and Family Well-Being	Well-Being	Out-of-Home Services	Child
Appropriately identifies with own ethnic or racial background	Child and Family Well-Being	Well-Being	Out-of-Home Services	Child
Number of school suspensions/expulsions for children: While open for services	Child and Family Well-Being	Well-Being	Out-of-Home Services	Child
Change in parents' application of knowledge of children's physical and developmental needs as measured by an appropriate instrument	Child Safety and Family Support	Family Support	All Child Welfare Services	Caregiver

<i>Outcome Indicators</i>	<i>Principle</i>	<i>Domain</i>	<i>Service Process or Intervention</i>	<i>Measurement Focus</i>
Recurrence of founded child abuse or neglect: While open for child welfare services	Child Safety and Family Support	Safety	All Child Welfare Services	Child
Recurrence of founded child abuse or neglect: Within a specified period of time following case closure	Child Safety and Family Support	Safety	All Child Welfare Services	Child
Recurrence of founded child abuse or neglect: For families involved in a prior unsubstantiated report of child abuse and neglect	Child Safety and Family Support	Safety	CP Investigation / Assessment	Family
Post-reunification disruptions	Child Safety and Family Support	Safety	In-Home and Out-of-Home Services	Child
Ratio of percentage of children by race or ethnicity in caseload to percentage in general population	Cultural Competence	Decision Making	All Child Welfare Services	Child
Satisfaction of children: with quality and effectiveness of services	System Accountability and Timeliness	Satisfaction	All Child Welfare Services	Child
Satisfaction of parents: with quality and effectiveness of services	System Accountability and Timeliness	Satisfaction	All Child Welfare Services	Caregiver



Using the Framework

- Multiple Outcomes
 - Children's Services is Multifaceted
 - Reduce the Risk of Unintended Consequences by Balancing Outcomes
- Selection Considerations
 - Philosophical Principles
 - Audiences
 - Feasibility vs. Importance
 - Development Stage of Agency
 - Research Base



Uses for Implementing ASFA Performance Measures

- Explains core concepts, terminology, trends.
- Explains benefits of moving to an outcomes-based service delivery system.
- Gives overview of how to implement outcomes.
- Responds to federal CFSSR.

Casey Outcomes and Decision Making Project



Product 3:

Guidelines for Planning Services
for Children and Families



Guidelines for Planning Services

- Guidelines may be useful in reaching ASFA & CFSR goals at the case level, by assisting with case planning.
- Guidelines focus on need for a uniform, consistent decision-making process that assigns goals and services based on needs.
- Guidelines can also interface with a managed care approach to services.



ASFA & CFSR Goals That Guidelines Can Help to Implement

- Safety Paramount
- Quicker Permanency Planning
- Expedited TPR Requirements
- Encouragement of Kinship Care
- Planning for AOD/Substance Abusing Families
- Promoting Safe and Stable Families
- Working Toward Outcomes-Based Service Provision



Behavioral Health Model Inappropriate

- Typical behavioral health managed care criteria are service-focused:
 - e.g., Admission criteria for outpatient services may be: (1) Youth presents with psychological symptomatology consistent with DSM-IV diagnoses, which require and are likely to respond to therapeutic intervention, and (2) There are acute and significant symptoms which interfere with functioning in more than one life area.

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- Typically behavioral health services can be placed on a continuum from low intensity to high intensity need.





Child Welfare Doesn't Conform to Continuum

- Child welfare services can go in many different directions:
 - e.g., parenting, counseling, alcohol/ drug treatment, residential treatment, housing, family preservation, emergency food, etc.
- While some services are needed at higher intensity levels than others, the range of services does not conform easily to a continuum.

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- The range of services that typically comprise the child welfare system is too broad to make a service-based decision tool useful.
 - Therefore, system is being designed from a need-based perspective.
 - Families with similar needs will fall within similar service categories.



Child Welfare Guidelines Based on Case-Type

- Focus is not on broad range of presenting problems.
- Focus is on problems that led to families becoming an “open child welfare case.”
- Focus is on services and goals that can lead to closing of child welfare case.
- Using national incidence survey, focus is on service needs of 14 case types.



Neglect Case Types

- Substance abuse (includes minor physical abuse)
- Failure to thrive (infants)
- Medical neglect
- Inadequate supervision
- Abandonment, expulsion, other custody issues
- Physical neglect
- Educational neglect



Physical Abuse Case Types

- Physical abuse - major injury
- Physical abuse - minor injury
- Domestic violence & abuse/ neglect
- Sexual abuse



Emotional Abuse Case Types

- Emotional abuse - rejecting, degrading, terrorizing, corrupting

Other Case Types

- Youth in conflict
- Placement level of care



Youth in Conflict Case Types

- Not meant to be a diagnostic tool, or used to determine treatment plan.
- Purpose is to be used for youth coming into system because of their out of control behavior.
- Focus is on keeping youth living with or connected to family, and/or
- Determining appropriate level of care.



The Research Problem

- Can we develop a reasonable response to each of the case types that represents “good practice”?
- Would the response developed for each case type be considered reasonable by the public child welfare system?

- 
- Would the response allow for “individualized” case plans, but still fall within a systematic range of response for each particular case type? (a guideline versus a prescription)



The Methodology

- A field-based methodology was used.
- The public child welfare system was the primary source of information.
- For each case type, working with small groups (2-3) of the “best” public sector direct service workers and supervisors in the field.

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- “Best” workers identified by agency administrators.
 - Working sessions had participants focus on a particular case type,
 - then walk through how they approach case planning and service assignment, and
 - what factors, issues are going through their minds as they proceed.
 - how they sort factors and issues in planning process.

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- The group process was helpful to them in articulating the “hows” and “whys” of what they do.
 - Information obtained from the group process was structured and presented to the members of the group for review, adjustment, and/or modification.

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- Each guideline assumes that risk and safety assessment processes have been completed.
 - The purpose of the guidelines is to systematize the decisions *after* risk and safety -- decisions that have to do with the establishment of goals and the assignment of services.

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- Each guideline begins with a short review of the literature on the case type.



Goal of Guidelines

- Goal is that guidelines, developed with input from system's "best" workers, can be used by workers with little or no child welfare experience.
- Thereby giving *all* workers the benefit of the knowledge and experience of the best.



Purpose of Guidelines

- To provide direction and guidance to the case planning/ service assignment process;
- To be specific enough to be used by direct service staff both within the public agency and in private managed care systems;
- To be broad enough to allow for individualized case plans.



Pilot Test Overview

- Who

- Where

- How

- Purpose



Who

- Practitioners
- Supervisors

- Less Experienced Workers
 - Tool For Transmitting Practice Experience?
- Supervisors
 - Useful as Supervisory Checklist?



Where

- Urban Setting – Philadelphia public agency and 2 private agencies
- Semi-Rural Setting – Lancaster County, Pennsylvania public agency
- Mid-Size City Setting/Rural State – Des Moines, Iowa public agency
- Denver Indian Family Resource Center-private agency serving Native American families – Guidelines review only



How

- Variety of Practice Settings for Test
- Modified Cohort Approach
- Private Providers Included
- Cultural Competence Considerations
- Limited Number of Cases



Purpose

- Tools developed by small groups
- Need to know
 - Are they useful in practice?
 - How – Case planning tool? Supervision? Practice Checklist?
 - Which topics are most useful?
 - What modifications are needed?
 - What would increase ease of use?



Pilot Test Questions

Are Guidelines Helpful for:

- Child/Family Assessment
- Case Planning
- Supervisory Case Review

Do Guidelines:

- Raise or Illuminate Case Issues Not Otherwise Considered

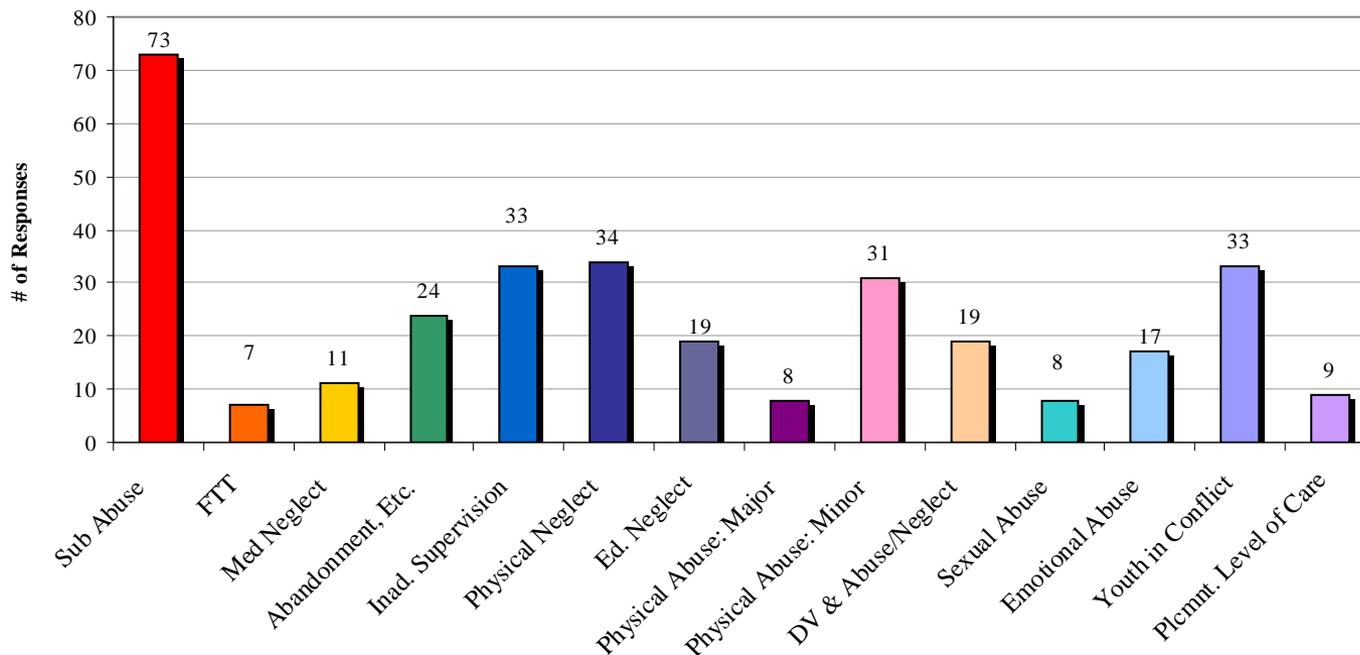
Is Guideline Wording/Format Clear?

Guideline Usage Data

Substance Abuse 73	Physical Abuse: Major Injury 8
Failure to Thrive 7	Physical Abuse: Minor Injury 31
Medical Neglect 11	Domestic Violence & Abuse/Neglect 19
Abandonment, Expulsion, or Other Custody Issues 24	Sexual Abuse 8
Inadequate Supervision 33	Emotional Abuse 17
Physical Neglect 34	Youth in Conflict 33
Educational Neglect 19	Placement Level of Care 9



The Usage of Specific Guidelines Total Number of Responses = 271



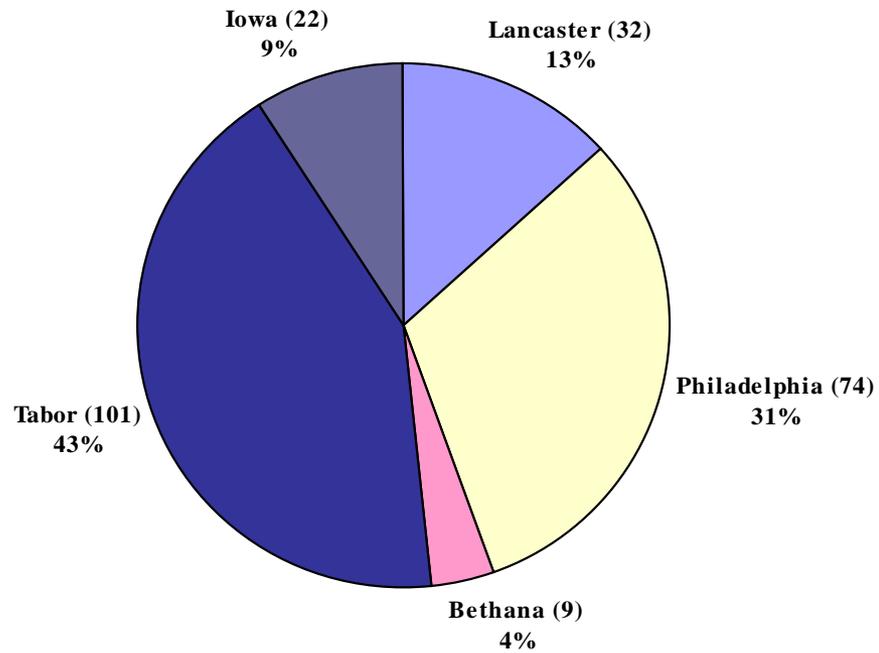


Overall Guideline Usage

- 238 Pilot test forms returned from all pilot test sites
- 326 Times that individual guidelines on different topics were utilized during the pilot test in all locations

Number of Responses

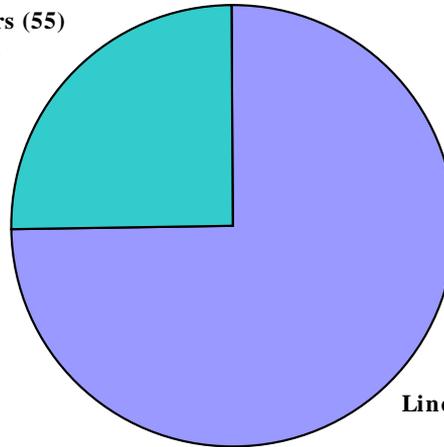
Total number of responses = 238



Number of Responses by Position Level

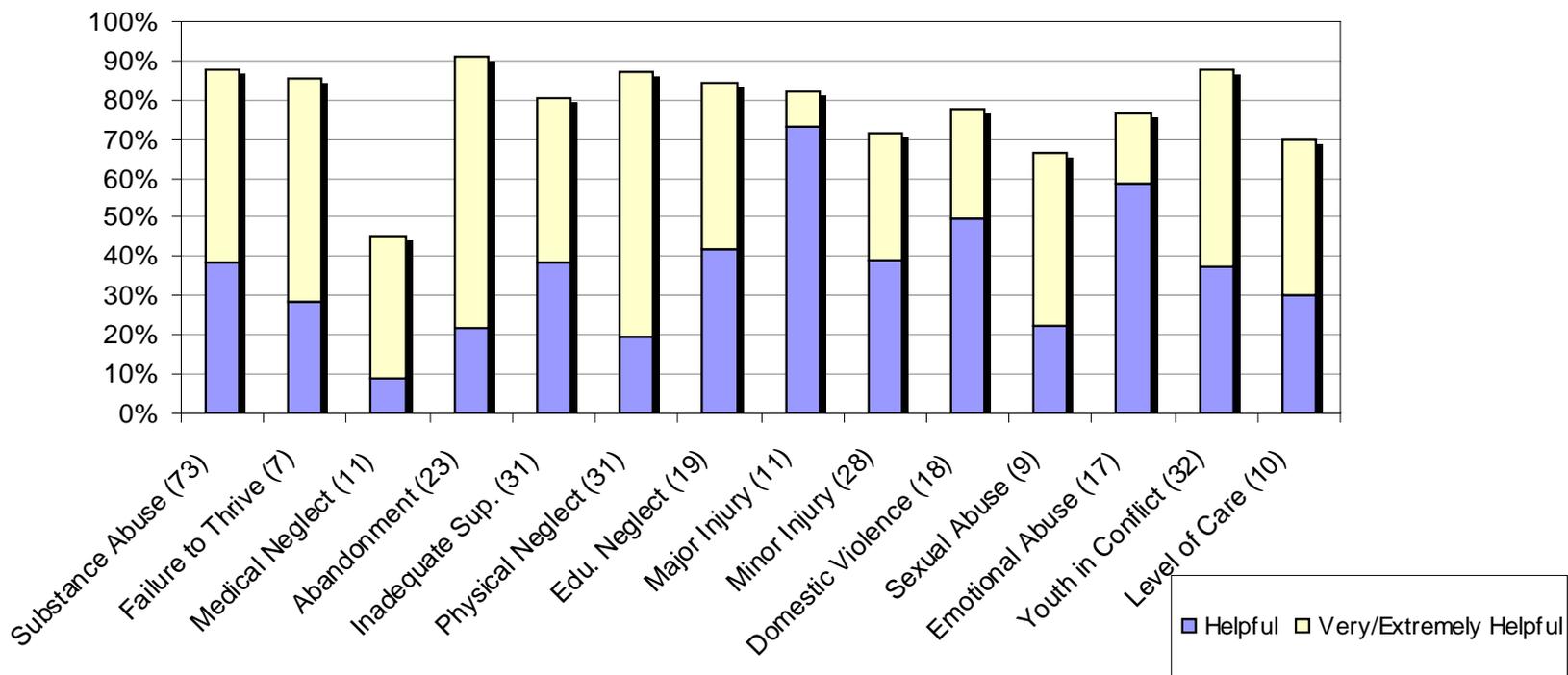
Total number of responses = 218

Supervisors (55)
25%

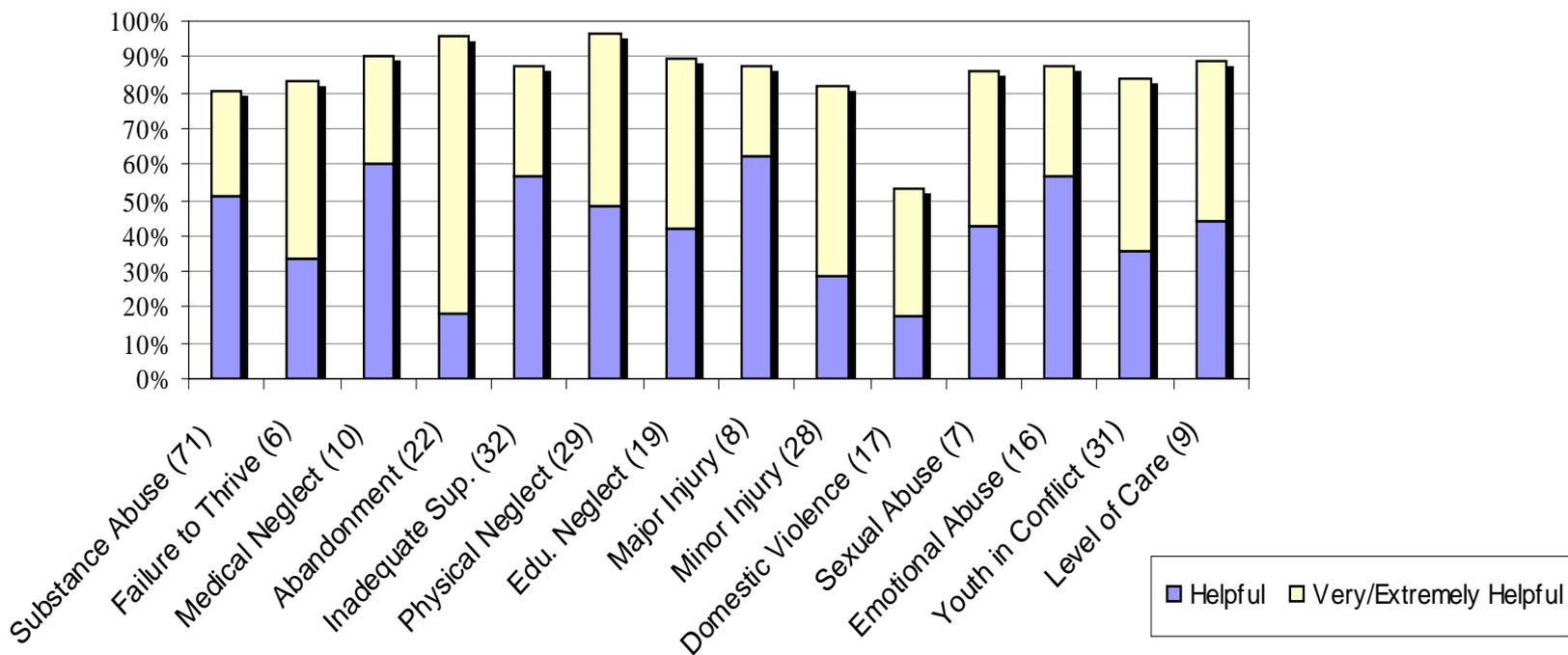


Line Workers (163)
75%

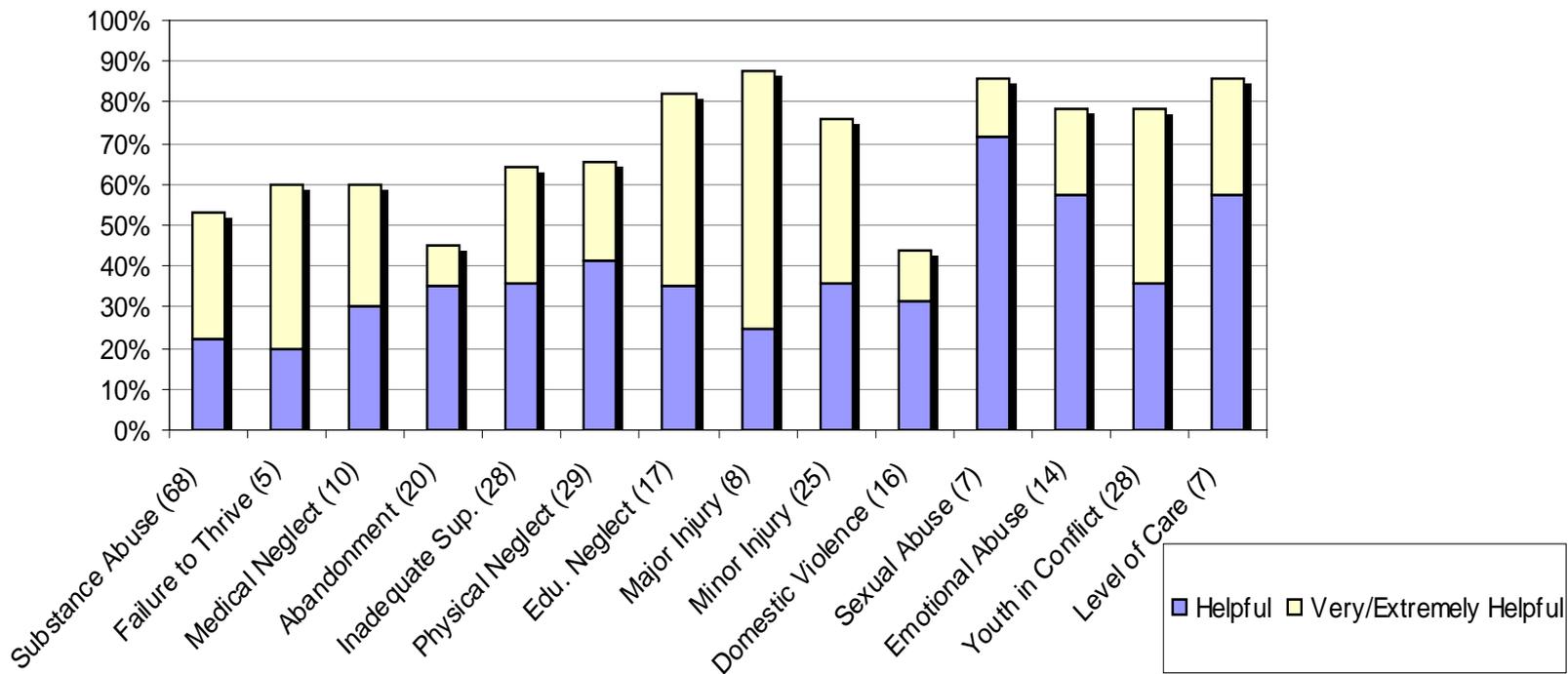
Child/Family Assessment Helpfulness Data



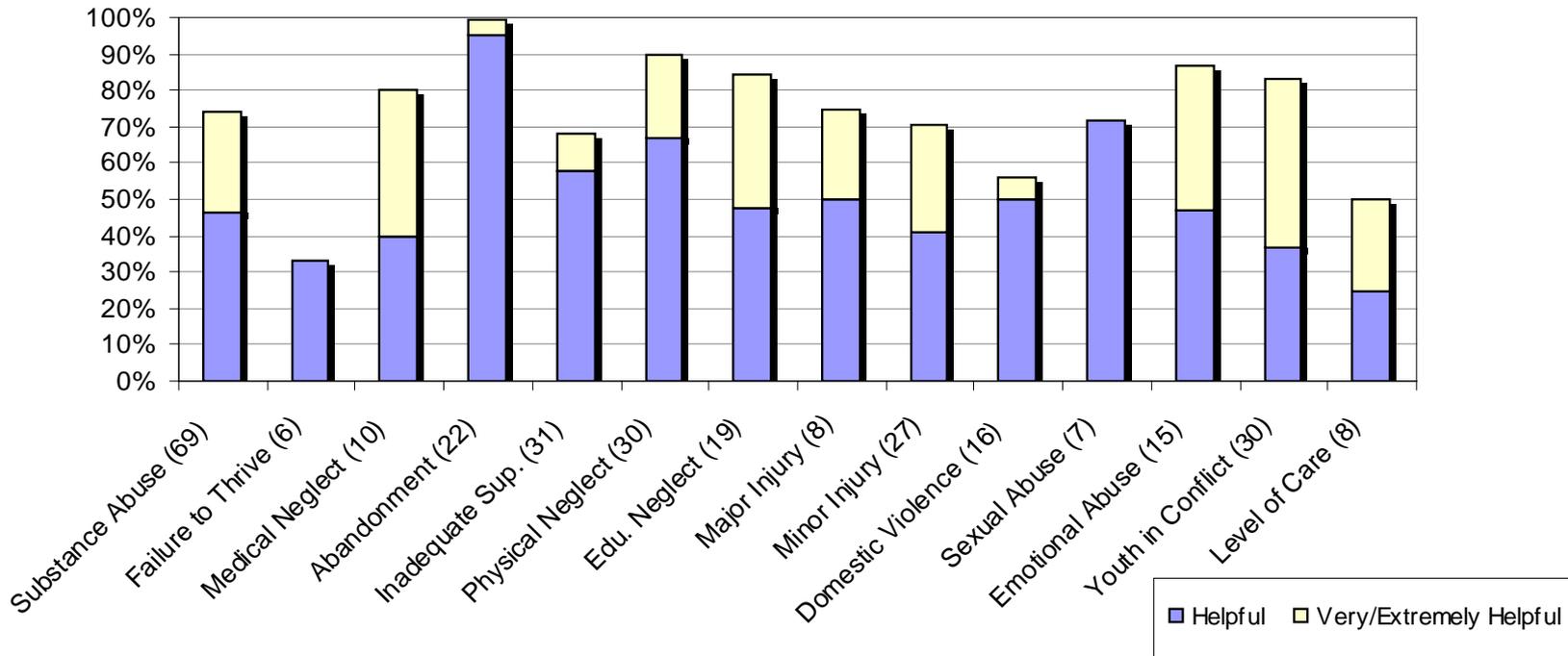
Case Planning Helpfulness Data



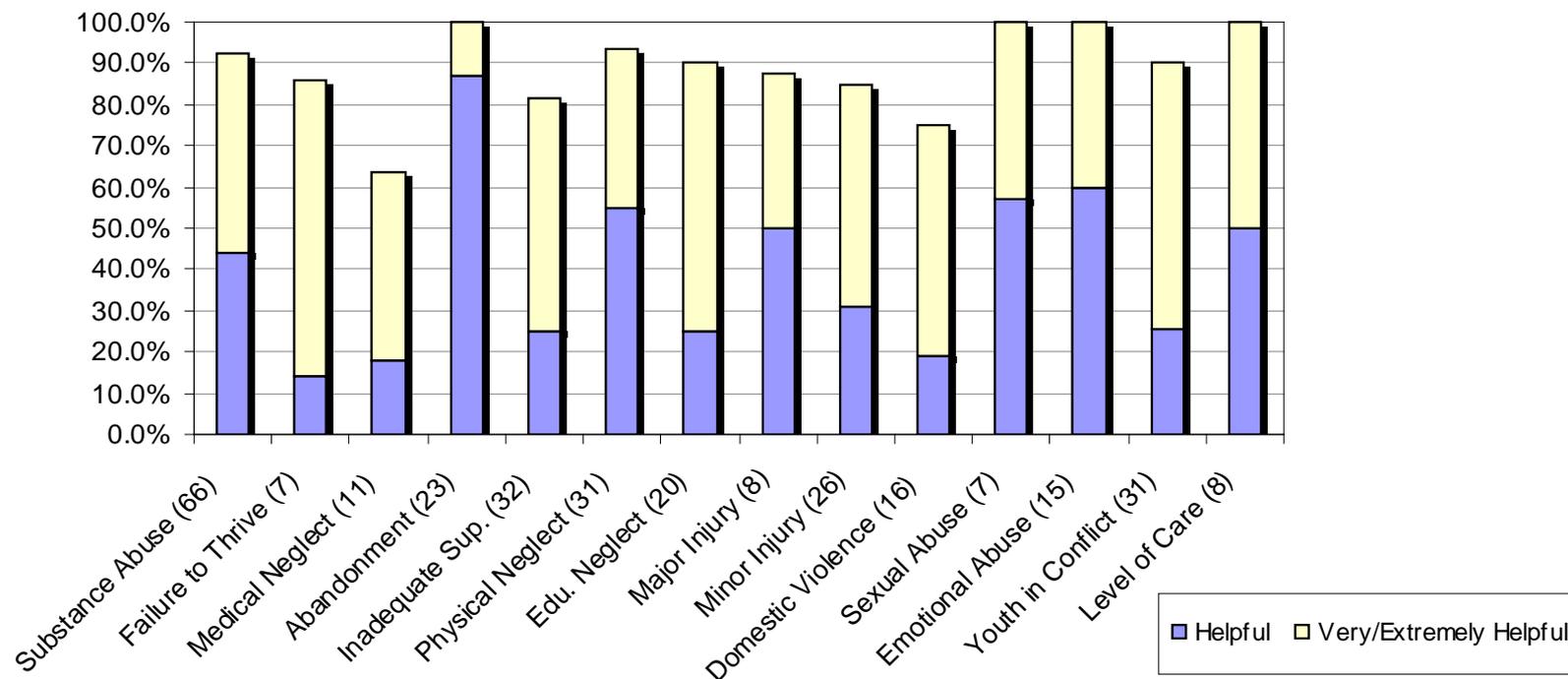
Supervisory Case Review Helpfulness Data



Raised or Illuminated Case Issues Not Otherwise Considered Helpfulness Data



Guideline Wording & Format Clear Data





Guidelines That Provide New Practice Resources – Based on Pilot Test Results

- Substance Abuse
- Abandonment, Expulsion, or Other Custody Issues
- Inadequate Supervision
- Educational Neglect
- Domestic Violence & Abuse/Neglect
- Emotional Abuse
- Youth in Conflict



Completed & Next Steps

- Circulate guidelines for review, modification. (completed)
- Pilot test guidelines in public and private agencies. (completed)
- Modify and disseminate guidelines in user friendly format.
- Potential to produce CD-Rom version.
- Potential for Guidelines trainings on-site.