Title IV-E Waiver
Service Array
&
Practice Guide

October 2006
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I. INTRODUCTION

Florida received Federal approval of the first statewide waiver providing flexibility for Title IV-E foster care funds in March 2006. The U.S. Department of Health and Human Services’ Administration for Children and Families (ACF) authorized the five-year waiver under Title IV-E of the Social Security Act, allowing Florida to demonstrate that flexibility in funding which will result in improved services for families.

The waiver proposal was developed as a joint effort by DCF and its Community Based Care (CBC) lead agencies. The waiver allows federal foster care funds to be used for any child welfare purpose rather than being restricted to out-of-home care as generally required under federal law. It also enables funds to be used for a wide variety of child welfare services including prevention, intensive in-home services to prevent placement of children outside the home, reunification, and foster care.

This Resource Users Guide is designed to outline the essential ingredients for successful transition to a flexible, responsive, family centered case practice model under the newly approved IV-E Waiver. It will provide guidance on evidence-based best program practice and service delivery systems that will enable and promote the flexibility of the demonstration to improve child welfare case practice. The hallmark of this Waiver is a permissive approach to non-categorical development of service planning for children and families that carry improved likelihood of successful outcomes.

The core values and principles described within are consistent with the objectives of the Florida Title IV-E Waiver. The methodologies, processes, assessments, and tools are intended to serve as a roadmap to guide Community Based Care agencies and provider networks in the system of care case practice principles that promote a flexible and responsive network of service delivery systems which that will achieve improved outcomes for children, youth, and families served.

Under the IV-E Waiver, the State of Florida pilot demonstration project allows for flexible use of funding to expand and enhance the array of community services and programs currently provided by Community Based Care Lead Agencies. The principles of practice promote case planning that addresses the unique needs of consumers in the least restrictive setting possible. Under a flexible system of care, non-categorical services and supports can be delivered on a customized basis and modified as family needs change. More flexible and extensive resources can be deployed to support and sustain families prior to and following an open case.
It is crucial for Community Based Care agencies to implement utilization management systems to effectively manage the funds. This is accomplished by redeploying formally restricted funds to support community based activities that promote the safety, stability, permanency, and well-being of children and families. Through implementation of front-end prevention efforts and a broad continuum of community based services, agencies are better positioned to improve outcomes by developing a comprehensive menu of services that meet the needs of consumers.

To achieve the goals and outcomes set forth in the Waiver, services shall be culturally sensitive, innovative, flexible, and responsive. Applicable services shall be expanded to include evidence based best practices. Under the Waiver demonstration pilot, community based agencies may make a shift toward a more family centered practice model by:
- capacity building and redeploying previously restricted funding streams;
- use of family team conferencing and family engagement models of care;
- transitioning from a deficit based to a strength based approach to meeting needs;
- placing focus upon needs driven planning; and,
- through implementation of a more comprehensive assessment process.

Wraparound is a common practice used when implementing and operating under a IV-E Waiver. The principles and philosophical underpinnings are compatible with that of the Community Based Care initiative and the systems of care proposed through the initial ITN process.

While wraparound terminology has been used to define mental health services throughout Florida, nationwide proponents who have implemented this practice in the child welfare arena define "wrap" as a process. It is not something you "get", it's something you "do"; it's a process, not a program or a service. These fundamental principles merge with a "whatever it takes" philosophy that embodies an unconditional commitment to team development, family empowerment and outcome based interventions. Wraparound and Family Team Conferencing models are common processes utilized and implemented in System of Care initiatives in which families are supported and encouraged toward their goals through the joint efforts of the people who are professionally or socially involved in their lives. The wraparound model is based on individualized, needs driven planning and services. It is not a program or a type of service. It is a value base and an unconditional commitment to create customized service plans on a "one child, one family at a time" basis to support normalized and inclusive options for youth and families. Wraparound is:

- Strength Based
- Family Centered
- Needs Driven
- Community Focused
- Culturally Competent
- Outcome Oriented
Rather than superimposed case plans, when utilizing a wraparound approach, a team, including the family, develops a plan based on the unique strengths, values, norms, and preferences of the child, family, and community. Family meetings are regularly scheduled as a means of monitoring outcomes and services and to reshape the plan as needed and/or required. Families are given access to needed services, voice in the process, and ownership of the plan.
II. SYSTEM OF CARE PRINCIPLES OF PRACTICE

i. Community Based

Services and supports are provided where the child and family live and are delivered in a manner that is compatible with family needs. Services are delivered with the frequency and duration warranted by the family in the least restrictive manner.

Service delivery is based on an individualized and customized plan complete with a comprehensive assessment of the family. This includes bringing institutionalized services to the community wherever possible. It is a process that is directly tied to a diverse group of basic needs, such as family, emotional, social, legal, and safety needs.

Community based care consists of building a team that sees itself as sharing responsibility for supporting the family or designated caretakers in meeting the child’s and family’s needs. This also can be considered an intervention strategy in which families are supported and encouraged to reach their goals through the joint efforts of the people who are professionally or socially involved in their lives. Team meetings should include interagency representatives when the family is dually involved and result in a single plan of care to decrease the potential for fragmentation and duplication. Agencies are encouraged to pool their resources to create a plan that is cohesive.

A customized plan for the family outlines delineation of responsibilities, steps to accomplish, challenges and barriers, next steps, and timeframe of completion. The plan, developed by the team, is based on the unique strengths, values, norms, and preferences of the child, family, and community.

Resource Development is a critical ongoing component of a IV-E pilot demonstration project which involves the networking of current and potential providers to promote the development of new services. Providing network management and development of an implementation committee is an essential element of de-categorizing and expanding the array of community based services available to children and families.

Consideration of life domains explores various aspects of the family that may be inhibiting the potential for progress due to basic needs going unmet. This addresses areas such as spiritual, financial, physical, educational, social, moods, behavior towards others, community, work, substance abuse, and involvement with the criminal justice system.

Informal and Natural Supports are an essential element of successful planning: Natural supports consist of the recruitment and coordination of informal supports from the community such as linkages existing within a neighborhood, churches, volunteers, and extended family. Teams of community partners can be formed to mobilize transportation, tutoring and similar services by volunteers and community groups.
• Community partnerships consist of the Department of Juvenile Justice, Department of Education, and Mental Health Agencies: By establishing regular meetings with community partners, relationships can be built that thrive on mutual interests marking the beginning of strategic planning and blended funding and resource sharing.

• Crisis Stabilization Team and Placement Prevention: A mobile crisis team can be designed for immediate responsiveness to stabilize crisis situations for access from families in the community, biological families, relatives, non-relatives, and licensed foster and group home placements in the child welfare system.

• Other Prevention Strategies and Diversion from the Child Welfare System: A team of specialists can be accessed by families in the community to “divert” them from the child welfare system. The team may conduct Family Team Conferencing and provide referrals to service providers as needed.

ii. Culturally Competent & Sensitive Services

Services encompass those that are tailored to the culture, ethnicity, linguistic capacity, race, values, and norms of the family while preserving children’s primary attachments.

• Multicultural Framework: The development and inclusion of an ethnically diverse constellation of providers willing to expand beliefs, attitudes, knowledge, and skills to become more culturally literate and competent will create a multicultural framework and perspectives.

• Cultural Sensitivity: The recognition that the dominant culture of each individual staff member influences the manner in which they approach a consumer and is not necessarily indicative of the cultural norms or values of the consumer. Staff should be encouraged to develop an appreciation for various cultural and ethnic practices.

• Informal Cultural Capacity: Create linkages to local minority populations and organizations within the community who can be accessed to support families as appropriate i.e. relative, clergy, minority associations, community leaders.

• Gender Sensitivity: The acknowledgement of not reinforcing stereotyped gender roles encourages clients to consider a wide range of choices. This avoids allowing gender stereotypes to affect the quality of care.

iii. Unconditional Care

Unconditional care is a commitment to customizing services to meet the unique needs of the child and family while addressing any barriers that may inhibit the family from achieving the case plan goals. Flexible funding can be used to make provision for needs that oft times create obstacles to successful case planning and service delivery such as
Staff should be mindful that such support should be tied to the case plan goal and on a one time/limited basis with an authorization system in place. When a family receives flexible funding to address basic needs, providers and case workers should assist the family in navigating the system to ensure sustainability.

A “whatever it takes” approach to care will drive the development of services that are identified in partnership with the family; cultivating a culture where caregivers have access, voice, and ownership in the planning process. While workers may not be accustomed to establishing partnerships with families, it is much easier to hold the family accountable to case plan outcomes when they have participated in the process and have ownership of the plan.

- **Access, Voice, and Ownership:** A commitment to ensure that families have access to services, are allowed a voice in the planning process, and experience a sense of ownership of their case plan.
- **Home Based Services:** Designed to accommodate and support the family network, home based services grant access to parenting skills, household and budget management, peer support, homemaker services, day care, respite, help with housing, crisis services, mental health services, services for substance abuse, mentors, certified behavior analysts, and individual and family therapy. Other states have extended home based services to include assistance with daily school attendance, teaching parents to help with homework, helping parents advocate in school on behalf of their child, specialized reunification services (including therapeutic and instructional home based supervised visitation), parent support groups, home based medication monitoring, specialized support for runaways, specialized counseling for families, and vocational assessment and training activities.

iv. **Outcome-Oriented**

Outcome driven service planning can be defined as services that are measurable against (a) the identified needs that eliminate the risk and safety factors present in the life of the child and family when entering the system, (b) the need for improvement in parent protective capacity, and (c) the child’s need for permanency.

- **Performance Measures:** Identifying specific goals and expectations is another method to help ensure the protection of children from abuse and neglect. Observable and measurable performance targets should be outlined in all program areas. Achieve safety, stability, well-being, and permanency for children by addressing physical, emotional, social, and educational needs.
- **Safety Plans:** These comprehensive plans address reasons for the family’s involvement and outline a plan of action in response to child and family safety factors. The process entails regular and frequent review with the family and/or caregivers. A safety plan should be succinct, accessible, and understood by all involved. The plan should be reviewed regularly to
incorporate any necessary modifications depending on family circumstances and support system. This plan should be written and discussed. Anyone included as a resource in crisis planning should be informed and included in the planning process.
• **Array of Assessments and Evaluations:** Integration of a comprehensive assessment process is vital to successful case planning and favorable outcomes. Implementation of a comprehensive front end, specialty and outcome measurement assessment process drives effective service delivery and ensures services are tailored to the needs of children and families. Outlined below are assessments commonly utilized in the child welfare environment:

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<th>Assessment</th>
<th>Description</th>
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<tr>
<td>Initial Needs Assessment</td>
<td>An initial needs assessment is designed to ascertain the domains of the family's life requiring support and intervention and to the drive service planning process. Examples: CBHA, CAFAS, CANS.</td>
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<tr>
<td>Family Assessment</td>
<td>This assessment is administered to determine the family culture, dynamics, behaviors, and ability to effectively manage safety factors. This assessment typically occurs in the natural environment over 5-7 sessions with all family members present.</td>
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<tr>
<td>Fire-setting Evaluation</td>
<td>This evaluation is utilized to determine the level of risk associated with fire-setting behaviors as well as recommendations to ensure safety.</td>
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<td>Functional Behavioral Assessment (FBA)</td>
<td>Functional behavioral assessment is a problem-solving process for addressing problem behavior. It is used to identify the purposes of specific behavior. It is the process of determining the cause (or &quot;function&quot;) of behavior before developing an intervention. FBA is used to create behavior plans, contain strategies, and document skills needed in order to behave in a more appropriate manner, or plans providing motivation to conform to required standards.</td>
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<td>Home Assessment</td>
<td>A home assessment is used to determine the family culture and appropriateness of the environment given the unique circumstances of the child and family. This assessment consists of (but not limited to): children with medical conditions whose safety may be compromised as a result of factors within the environment; for children whose siblings have high risk behaviors; for children diagnosed with Pervasive Developmental Disorder or Autism.</td>
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<tr>
<td>Intelligence Tests</td>
<td>A number of standardized tests that are used to provide helpful information for understanding and improving the learning process of individuals tested.</td>
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<tr>
<td>Batterers’ Assessment</td>
<td>An evaluation to examine the dynamics of power and control common in cases of domestic violence to ascertain the level and type of risk associated.</td>
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<tr>
<td>Medication Evaluation</td>
<td>Evaluates the appropriateness of or the need for a specific medication regimen, dose, frequency, duration etc. to ensure that the maximum benefit of the effect is received.</td>
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<td>Neuropsychological</td>
<td>The neuropsychological profile provides a global picture of the individual’s approach to doing things, based on patterns of strengths, weaknesses, and integration among a range of neurological measure which is a good way to diagnose Attention Deficit Disorder, Autism, Pervasive Developmental Disorder or specific Learning Disability issues. (This evaluation is done when there are learning, behavioral or social concerns.)</td>
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<tr>
<td>Occupational Therapy (OT)</td>
<td>An evaluation of fine and gross motor skills, visual motor integration, visual perception or visual processing, and sensory integration. Children who are sensory sensitive are often overwhelmed by lack of structure, chaos, and crowds which results in acting out behaviors. An OT evaluation determines the causative factors within the environment contributing toward the presenting behaviors.</td>
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<tr>
<td>Parenting Evaluation</td>
<td>A parenting evaluation is administered to determine parenting style, attitude, strengths, capabilities, risk, and deficits.</td>
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<tr>
<td>Personality Tests</td>
<td>Helps children and professionals understand behaviors that interfere with children's social and personal growth, the context in which these behaviors develop, the events or situations which maintain the behaviors, and the range of means to effect change.</td>
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<tr>
<td>Psychiatric</td>
<td>To determine an Axis I or Axis II Diagnosis, stabilize life threatening behaviors, and prescribe a medication management program.</td>
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<tr>
<td>Psychological</td>
<td>Psychological testing may include, but is not limited to: intelligence testing; educational achievement testing; personality evaluation; a vocational interest evaluation; assessment of brain damage; and, neuropsychological examination. It is important to distinguish the objective when making referrals.</td>
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<tr>
<td>Psychosexual Evaluation</td>
<td>This test is administered to determine the level of risk associated with deviant sexualized behavior</td>
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Speech and Language
An assessment of receptive language (the ability to understand spoken language), expressive language (the ability to formulate and organize oral language and written language), phonological processing (the ability to manipulate individual sounds within words), articulation, voice, auditory memory, pragmatics (the ability to use language effectively to interact with people).

Substance Abuse
A substance abuse evaluation should be administered when there is a suspicion of substance abuse without evidence or disclosure.

Trauma Evaluation
The purpose of the clinical evaluation of child sexual abuse is to determine whether:

1. Sexual abuse has occurred;
2. the child needs protection; and/or
3. the child needs treatment for medical or emotional problems.

Service Array: A wide array of specialized service options should be made accessible to families under a IV-E Waiver. Such services include, but are not limited to:

- Anger Management
- Batterers’ Intervention
- Behavior Management
- Therapeutic Camp and Recreation
- Crisis Intervention
- Child care
- Culturally-specific services
- Cognitive Behavior Therapy
- Dialectical Behavior Therapy (DBT) An approach that includes treatment designed specifically for individuals with self harm behaviors, such as self cutting, suicide thoughts, urges to suicide, and suicide attempts. DBT, developed by Marsha Linehan, is a modification of cognitive behavior therapy and is an empirically supported treatment.
- Domestic Violence Advocacy
- Domestic Violence Group
- Educational Stabilization
- Family Assessment
- Family Support
- Family Therapy
- Father specific groups/services/supports
- Flex funding (home repairs, one-time pay for phone bills, if necessary, etc.)
- Healthy Families
- Homemaker Services
• Individual Therapy
• Intensive Family Services
• Group Therapy
• Mentor Services
• Multi-Systemic Therapy
• Outreach to Families
• Outreach and Tracking
• Parenting Groups
• Parent Partners
• Parent Recovery Coaches
• Parent Support and Advocacy
• Play Therapy
• Post Adoption Services and Supports
• Post Reunification Services
• Respite
• Reunification Support
• Sibling Events
• Social Skills Building Groups
• Specialized After School Programs
• Substance Abuse Counseling
• Therapeutic Recreation
• Time Out
• Tracking and Mentoring
• Trauma and Recovery Services
• Tutoring
• Visitation: In home/sibling/observed/secure/social

v. Family-Centered:

Family centered practice is a hallmark of a service delivery system under a IV-E Waiver. Families and caregivers are at the center of decision making and case planning. Services should be needs driven and built upon the unique strengths of parents and children with the inclusion of natural family supports. Inclusion of natural supports and creating community linkages is critical to sustaining the family upon discharge. Enlarging the family's circle of care and creating community linkages for the child and family decreases the likelihood of isolation and further risk of abuse upon exit from the system. Key strategies to successful family centered practice include:

• **Family Engagement:** Embracing strength based inclusive approach to case planning when appropriate and feasible.
• **Use of a Strengths Discovery Process:** This is usually a face-to-face meeting with the family in a natural environment (preferably their home). This process serves as a catalyst for engaging the family in a mutual and non-threatening manner. It enables the case worker to explore the family’s
culture, traditions, norms, and supports. This may be a shift for workers who are encouraged to recognize the positive attributes of the family, i.e. the family is “resourceful, close, creative”, has a desire to better themselves, and is willing to accept assistance from others.” The Strengths Discovery involves the families’ activities, rules, likes, themes, faith, celebration of good times, and traditions. This is where a vision statement is formed. “Life will be better when...”

- **Genograms:** Can be used as another discovery tool to identify family patterns and validate cyclic patterns, also a great visual tool.
• **Family Team Conferencing:** The development of a supportive team through a process that allows the family to identify members by acknowledging who they call on in times of need, those individuals that have helped them in the past in other crisis situations, and who support them. (Creates the family support circle.) Firm ground rules such as no blaming, and starting and ending on time serve to establish boundaries and preserve the forum. The strengths of the family and the family vision of when life will be better open the meeting. Focusing upon strengths often enables the family to be more receptive to the areas of their lives requiring improvement.

• **Utilization Review (UR):** Involves the subsequent reviews of the family plan, the effectiveness of services, costs associated, review of any barriers, and increases and decreases services to reflect the changing needs of the family.

vi. **Non-Categorical Services**

Flexible service delivery systems that cater to the needs of families allow for the development of individualized case plans that carry maximum opportunity for achievement of desired outcomes, in particular, the opportunity for children to remain in-home with services, transition home with aftercare supports, and for expedited reunification or permanency when appropriate.

- **Flexible Support Services:** Includes the redesign of traditional services to create a more efficient service delivery system. A flexible support model transforms traditional, prepackaged, “one size fits all” programming into non-categorical and flexible alternatives with the frequency and duration of the service based upon the needs of the family. As the needs of the family change, services can be modified to reflect the change. Services can be authorized incrementally in units and monitored and modified as needed at subsequent review meetings. The preferences and needs of the family should shape the service authorization and referral.

- **Provider Network Meetings:** Regular meeting times to discuss operational issues, capacity, and the unfolding of the new service array. Identifying a presenter for each meeting will promote networking and allow the community to learn more about the resources available. This is an opportunity to receive updated information regarding 3rd party billing alternatives, new group and parent education programs, linguistic capacity, and review performance and outcome data. It is also an opportunity to review the referral pool and utilization of services, identify gaps and any technical assistance needs as well as brainstorming creative options.

Flexible supports are services delivered on a customized basis and are increased and decreased depending upon the needs of the family. The duration, frequency, location, days and times of service delivery are consistent with the needs and culture of the family.
Under a waiver, the unbundling of services typically occurs when a child is discharged from placement. The premise is that the residential provider of supports and services that has a connection to the child and family, remain connected to the child, and follow the child and family from entry to exit, and beyond discharge from care, if warranted. Any provider of services who is identified as appropriate, whether current or not, may be invited to participate on the Family Team as these connections are viewed as critical attachments. While these services are most likely to be delivered to alumni, they may also be requested of other children in care who demonstrate need.

Unbundled flex services may include:

- Regularly scheduled respite, short term crisis placement, stabilization, time out
- On-going participation in group or recreational activities as an alumnus
- Individual, family or group therapy
- Parent support & education
- Behavior management
- Summer & school holiday supports

**Strength-based services** recognize that all children and parents have unique strengths. A strength based approach is based on motivational engagement. Within a Waiver environment, flexibility in the service array will give case workers the ability to build off individualized strengths, rather than work from deficits. This is an approach that is more likely to promote the engagement of parents and children.

- **Strength Based Language:** Consists of a cultural shift in how families are described and viewed. This requires looking beyond negative traits and engages the family in genuine partnerships by identifying and validating their strengths. It imparts a sense of hope and a perception of who the family is and their potential for change. Recognizing strengths does not equate to ignoring risk issues but rather allows the relationship to form in a positive and collaborative solution focused manner which leads to cooperation, improved effectiveness of the engagement of early services, and expedited closing of the case.

- **Define a Child’s and Family’s Needs:** Consists of standing on common ground as providers, biological parents, foster parents, etc. putting the child’s needs first to reach decisions in consensus while being mindful of one another’s perspective.

vii. **Best Practices**

The implementation of a continuum of best and evidence based practices, ranging from prevention through to aftercare services, ensures the availability of resources and services which have been proven effective in the child welfare arena. There are numerous nationwide Technical Assistance sites that provide an array of supports to agencies seeking to establish systems of care practices and capacity. The Virtual Consultant Center of
Excellence proposes to fulfill a similar role for Florida’s Community Based Care agencies. When piloting a model program that could serve as a best practice model, it is critical to collect the necessary data that demonstrates the program's effectiveness.

viii. **The Family Team Process**

Regardless of the methodology used to build consensus and a family team, the fundamental principles should merge with a "whatever it takes" philosophy that embodies an unconditional commitment to team development, family empowerment, and outcome based interventions. The IV-E Waiver allows for innovations and creativity when planning.

Many times children and their families have needs which cross over agency boundaries. Therefore, interagency coordination is an integral part of a Wraparound planning process. It is essential that all services are developed cooperatively and become integrated into the Case planning process.

A wraparound team shares responsibility, expertise, ownership, and mutual support while designing creative services intended to meet an individual's strengths and needs across all domains of life. Historically, families' needs had to fit into categorical “one size fits all” types of available services. In wraparound planning, the needs of the family drive the services.

A Wraparound Plan is continually reviewed and modified based on the child's and family's developing strengths and evolving needs. Wraparound interventions are flexible non-categorical services and supports because the approach is multi-faceted, taking all aspects of the child and family history and current life situation into account.

The initial meeting of the Family Team should consist of a predetermined group of individuals who meets with the family and the Case Manager in an attempt to draft a Case Plan that fits the family's needs. Family members should always be present and encouraged to attend this meeting. Any barriers to their participation should be addressed and met. The family should be encouraged to invite any persons who they perceive as supportive. Meetings should begin with a focus upon the family's strengths, needs, and goals. Appropriate services are identified, a plan written and distributed, and supports coordinated. At the close of the meeting, a follow-up meeting, referred to as the Utilization Review meeting, should be scheduled while all members are at the table.

Why is FTC from a wraparound approach important? Wraparound outcome studies clearly indicate improvement in family functioning, reduced residential placement rates, and a reduction in recidivism. Wraparound proponents adhere to CASSP values which are attributed to the improvement of families within the child welfare system. Evidence
indicates when families have access, voice, and ownership in the planning process, they are more likely to improve.

Wraparound is a planning process designed to help people meet their needs. One of the key products of this process is coming up with a plan designed to meet those needs identified as most important by the child and family. Wraparound Plans that work include the following:

- Ground rules for the team.
- A written list of the family, team members, and community strengths.
- A mission/vision statement and goals set by the family.
- Identification of needs before services.
- Concrete tasks that will be carried out.
- The person responsible for carrying out each task. Ideally, all members of the team will agree to carry out tasks, not just family members and facilitator.
- The time frame for completing those tasks.
- An outcome which describes when life is better.
- A match between the strategies and strengths used.
- Facilitator’s role is to help coordinate the team’s activities in this process.

A person functioning in the role of Facilitator guides team development and oversees the process and tasks of the team in order to develop a comprehensive plan. While this may sound similar to other case management roles, it is different in that a facilitator works within a team structure that guides collaboration and consensus decision-making rather than coordinating services. Different individuals may take on the process of facilitation, depending on the child/family and referral circumstances. Likewise, the facilitator or team members may take on some functions of case management. The person in this role facilitates the development of a child and family team and plan, insuring the presence of mutual respect, teamwork, shared responsibility, and decision-making which is family driven.

Child/Family Care Teams - Commonly Asked Questions:

- **Who’s on the team?** Simply stated, the team consists of the parent(s), the child(ren) (if appropriate), and a group of people who know the family best. Ideally, the team should include a mix of natural supports in addition to professionals.
- **Who determines who's on the team?** The facilitator works with the family to determine who knows them best and who is most likely to help the family meet their needs. All mandated parties are invited to participate.
- **Where does the team meet?** Wherever it is most convenient for the family.
- **How often does the team meet?** FTC’s meetings are scheduled based upon acuity and needs of the family. The frequency is dictated by need and occurs no less than quarterly.
• What does the team do? The team develops and implements an individualized plan to help the family meet their goals and needs. The process they use will be consistent with the Wraparound Philosophy/Values.

• What happens if the plan isn't working? Wraparound is a blame free process. Consequently, if the family isn’t improving, the plan isn’t working and needs to be rewritten and the team reconvened. Crisis occurs when adults don’t know what to do. Crisis planning is a critical element of good wraparound planning.
• What is wrap-around, strengths/needs-based practice?
  o Identifying and clarifying the needs of the child.
  o Assisting parents to understand and reconcile those needs.
  o Listening to what parents believe they need.
  o Understanding that parents model the nurturing and care they received as children.
  o Focusing on the strengths of the family.
  o Building on parent strengths through community resources.
  o Giving parents options when they are not able to meet their children’s needs.
  o Maintaining child safety, attachment, and permanency as the cornerstone of sound child welfare practice.
  o Recognizing the individual need for dignity.

III. COMMONLY ASKED QUESTIONS

• What organizational and systemic supports are needed for a successful IV-E Waiver grounded in strengths/needs-based care?

There should be a local, Waiver implementation plan that addresses practice philosophy, practice supervision, casework practice expectations, streamlined eligibility and financial procedures, documentation requirements, training, local evaluation, etc.

Local Waiver Advisory Board:
- Consider creating an advisory board to assist with integration of the community into wrap-around efforts
- Board would include representation from families, providers, key business community members, staff, etc.

Wrap-around case and service plans:
- Development of investigation and services casework skills in reaching agreement with parents/families on children’s safety, permanency, and well-being needs, and a shared plan to meet those needs
- Development of investigation and services casework skills in identifying and securing individualized services to meet children’s needs
- Development of assessment skills and an understanding of evidence-based case and service plans by investigators and services counselors
- Strong clinical supervision focused on practice, as well as process

Expanded visitation:
- Visitation between children and parents in more natural settings
- Creative supervised visitation options monitored by existing providers familiar to families
• Training for foster care providers that supports provider supervision of parent-child visits and the opportunity for providers to coach and mentor parents
• Increased use of unsupervised visitation if safety is no longer an issue

Concurrent Permanency Planning:
• Development of the alternate permanency plan prior to 60 days following initial placement
• Active pursuit through the wrap-around case and service plans of both reunification and the alternate permanency plan
• Establish permanency review protocols to avoid case “drift”

Foster Care Reforms:
• Increase number of providers able to take placement of children with special needs
• Increase minority recruitment and retention
• Focus on “neighborhood foster care” recruitment in order to support retention of children in the same community and in the same schools, whenever possible
• Mentoring foster parents willing to educate and work with biological parents during and following placement

Workload:
• Caseloads or system designs that promote focus on engagement with families and individualized case and service planning
• After-hours availability of services to serve families when they are available, not around provider agency hours

Standards for staff:
• Assure staff have background and training to engage in wrap-around, strengths/needs-based services
• Explore current hiring protocols and consider a behavioral interviewing process

• What is the theoretical foundation for strengths/needs-based, wrap-around practice?

The relationship is the means to an end.

1. Conversation with parents and children that suggest inclusion facilitates more positive, permanent change by the family.

2. When measuring outcomes, have a clear understanding of the natural consequences, but work in increments with progressive goals to minimize risk that build on the individual’s actual competencies.
3. Parents usually experience heightened anxiety when faced with the challenge of completing the identified tasks in the case plan. Caseworkers should be sensitive to the pace and magnitude of the work expected of families. Wraparound is a process that encourages and celebrates incremental outcomes.

4. Change is rooted in the casework process. The key to creating the cultural shift under an IV-E Waiver environment includes creating consistency of use of semantics, paperwork, and plans that support the shift in practice. Competent caseworkers:
   - Are objective and inclusive of parents
   - Address and remove barriers that may prevent family participation
   - Make regular visits and maintain contact with families to strengthen the relationship and ensure progress is occurring
   - Are empathic
   - Are nonjudgmental
   - Recognize families strengths
   - Are creative and welcome informal supports and community resources
   - Can engage and disengage with their clients at the appropriate time
   - Have a developed sense of themselves and are not ambivalent about why they entered the profession
   - Are organized, prepared, and follow through
   - Are flexible and responsive
   - Celebrate and recognize success
   - Solution focused verses problem focused
   - Prepare for impending transitions
   - Create community linkages for the purpose of sustainability following discharge

   - What does a Waiver environment look like?

1. Establishment of standards that promote the shift in practice among workers, providers and within the local community.

2. There is a specific strengths/needs-based case plan for every family, in-home and out-of-home, that clearly identifies strengths and needs of parents and their children.

3. The case plan always clearly identifies safety, attachment, permanency, and well-being needs of the child and is outcome oriented. Outcomes are easily observed as plans are written in a measurable manner.

4. In reunification cases, planning always includes parents, caregivers and older children.
5. Some form of a “family meeting”, with documentation for the case record, is recommended as the key tool for case planning, for making changes in the case planning, and for finalizing decisions at critical case junctures.

6. Natural supports and nonprofessionals comprise 50% of the team with an emphasis of sustaining and supporting the family upon discharge.

7. When children must be placed, they are placed in their local community and within their school district unless there is an absolute safety issue or lack of resources.

8. There is a visitation plan that supports the child’s attachment needs and provides early and more frequent parent-child visitation. This keeps parents motivated and engaged in the process towards reunification and alerts the team to stressors which may surface in the process.

9. Progression towards reunification should be incremental, particularly when there are multiple children being reunited. Transition plans are reasonable, progressive, and include the provision of services to support the increases stressors associated.

10. There should be a visitation plan that addresses all of the elements of the strengths/needs-based plan from a variety of sources.

11. Documentation from observations of visitation should address the strengths/needs-based plan.

12. Supervision must always focus on safety, attachment, permanency, well-being, and the strengths/needs-based plan should be reviewed at every case review.

13. Local stakeholders should advocate for a local array of services and supports for families.

14. There should be an increase in prevention efforts to divert cases from entering the system.

15. All available resources and funds should be tapped for services before IV-E dollars are used.

16. Foster parents should be encouraged to participate in the case planning process and willing to mentor and work with biological parents when at all feasible.

- **What are considerations for flexible spending under a Waiver?**

It is recommended that spending decisions related to flexible funds in child welfare should have foundation in the following principles:
1. Have all reasonable alternatives been explored for the proposed expenditure, to include the resources of the extended family and community? This should include consideration of joint funding approaches with the family or partners involved with the case or assistance from the extended family.

2. Is there documentation that other options were considered before making a decision to use IV-E flex funds?

3. Is the decision reflective of good judgment?

4. Keeping in mind the evolving nature of a strengths/needs-based plan, does the expenditure support the plan, i.e., does it sustain the changes needed to meet the child’s safety and permanency needs?

5. Has the decision been reviewed to ensure that funds are not paying for something already covered by another source or that cost-shifting is occurring?

6. Has consultation been considered if there are concerns about legality of the expenditure or if there are questions about policy compliance?

7. Does the payment address the child’s identified safety, permanency, attachment, and well-being needs?

8. Is there a sustainability plan for the funding request?

9. Are providers working to link families to the existing resources within the local community?

10. Is there a fiscal UM monitoring system to regulate and control flexible spending?
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