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Family Preservation Services under Managed Care: Current Practices and Future Directions

Melanie Pheatt, Becky Douglas, Lori Wilson, Jody Brook, and Marianne Berry

Family preservation service agencies in the State of Kansas have undergone major changes since the implementation of a managed care model of service delivery in 1996. This qualitative study examines the successes and barriers experienced by agency directors in utilization of a managed care system. Outcome/ performance measures utilized by the State of Kansas are reviewed, and contributing factors to the successes and limitations of the program are discussed. Included in these reviews is an analysis and presentation of literature and research which has been used as support for the current program structure. Recommendations for further evolution of practice are proposed.

Family preservation service agencies in Kansas are experiencing an evolution in treatment and administration models, as are agencies across the country. Programs in Kansas, however, are specifically affected by the recent shift of all Kansas child welfare services in 1996 to a managed care model, with public child welfare services now contracted out to private providers; for family preservation services, for foster care services and for adoption services. The state public child welfare agency retains administrative responsibility and authority over all cases served by these private providers; the state agency continues to perform investigations of child maltreatment and referral of the family to an agency providing one of the above services: family preservation services, foster care services or adoption services.

The advent of managed care has resulted in rapid changes in the delivery of child welfare services in the state. In terms of the management of care, performance measures and expected outcome rates in the areas of safety and permanency have been set for all agencies; the state agency (with the courts) oversees and monitors the achievement of outcomes for all providers and takes corrective action where warranted. It should be noted that a key distinction between managed care models in child welfare settings and the health care arena is the involvement of the courts in the oversight and responsibility for case decision making and outcomes. This complicates the management of care substantially.

Some aspects of management of care have been difficult to make consistent across the range of agencies and agents that now provide services to the state's families and children. Referral

criteria for each of the services are inconsistent and not well-defined; judicial determinations of case disposition vary widely across the state; and worker turnover has been high in the aftermath of the move to managed care, resulting in concerns about experience and training among service providers.

In order to understand the impact of the move to managed care upon family preservation agencies in the state of Kansas, we performed a qualitative study of key agency directors, supervisors and caseworkers in the state in the Spring of 1999, almost three years after the implementation of managed care. Program directors had gathered substantial data and experience in this time, and as one set of "consumers" of the managed care model, could provide key insights as to the success of the program, what the barriers have been in providing family preservation services, and most importantly, how these programs need to continue to evolve to fit with a privatized service delivery model of all child welfare services.

Family Preservation Services in Kansas

Kansas family preservation providers and child advocates have been surprised by an under-utilization of family preservation services in the new managed case system. Foster care rates continue to remain constant. This study sought to understand the utilization of this service and where it might expand or be more appropriate.

Kansas's practice of family preservation services differs significantly from the Child Welfare League of America guidelines, in considering a family eligible even if a child is not at *imminent* risk of placement. Referral criteria in Kansas is as follows: (1) family must be at risk -but not necessarily imminent risk - of having a child removed; (2) a parent/care giver must be available to protect the child; (3) a parent/care giver must be willing and able to participate in family preservation services; (4) if a family has chronic problems, they must have experienced a significant change which makes them able to progress; (5) a parent/care giver who has mental or emotional health issues must have been stabilized; (6) a parent/care giver with limitations must be able to care for self and children; and (7) a substance abusing parent/care giver must be able to function adequately to care for children. This broad eligibility is a result of these programs serving as a placement prevention effort for all child welfare families, rather than as only one placement prevention option in an array of programs.

Contractors provide services in the home and community. Workers are available to families 24 hours a day. Commonly provided services include counseling, education, coordination, advocacy, crisis intervention, referrals, and provision of concrete services. Services and participation are voluntary, not mandatory, but those who decline services then have their

participation are voluntary, not mandatory, but those who decline services then have their children placed into foster care. Services are to be provided through two weekly contacts in the home with 2-10 hours of service per week. However, actual practice sometimes varies, with some families receiving less intensive service than this. Kansas's practice also differs significantly from intensive models in both lengths of service and caseload. Workers generally have a case load of ten families. Although contracts provide that service will be provided for up to three months, services may continue from three months to one year. The managed care capitated rate of $3400 is calculated based on three months of services, so any services beyond that are on the house. Most contractors report three to six months as common service duration, particularly with families who have substance abuse issues.

Six outcomes measures have been established in Kansas to evaluate the effectiveness of family preservation services: (1) 97% of all families referred will be engaged in treatment; (2) 90% of families will have no substantiated reports of abuse or neglect while participating in the program; (3) 80% of families successfully completing the program (no child removed from the home) will have no substantiated reports of abuse or neglect within six months of case closure; (4) 80% of families will not have a child placed outside the home during program participation; (5) 80% of families successfully completing the program (no child is removed from the home) will not have a child placed outside the home within six months of case closure; and (6) parents and children age 14-21 living in the home will report 80% satisfaction with services as measured by the Client Satisfaction with SRS[1] Services Survey completed 30 days from the start of the program.

Statewide performance against these measures for the first seven months of the third year of privatized services is shown in Table 1. Performance has exceeded the standard for each measure. Since many families served are not at imminent risk of having a child placed outside the home, these figures are not comparable to other programs who serve a largely imminent risk population.

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[1] Child welfare services in the state of Kansas are managed by the state agency, the Department of Social and Rehabilitative Services, also known as SRS.

Table 1. Performance Levels of Family Preservation Programs in Kansas, 1999

Outcome	Performance Standard	YTD Statewide Performance
Engagement	97%	98.2%
Child safety during participation	90%	99.7%
Child safety after six months	80%	95.6%
No placement during participation	80%	94.9%
No placement after six months	80%	94%
Client satisfaction rate	80%	94%

Source: University of Kansas School of Social Welfare, January 1999.

Research Questions and Methodology

In this study, the researchers used a qualitative approach to assessing current experience of family preservation personnel in the State of Kansas. Specific areas of assessment focus included examination of the obstacles faced by caseworkers in providing effective service delivery, and ideas about areas of service that were in need of expansion or revision in the aftermath of managed care.

The sample included four Program Directors for family preservation services in urban and rural areas of Kansas, one family preservation supervisor, one family preservation case manager, and one public child welfare worker with the state agency. Interviews occurred in February and March 1999. Additionally, three of the researchers attended a meeting of all family preservation agencies in the state held in March 1999, which was convened to discuss the Directors' ideas for expansion of family preservation services. An Interview Guide for these interviews can be found in Table 2.

The researchers compiled results from these interviews and meetings, and emergent themes are described in detail below.

Table 2. Interview Guide

1. With the success of the family preservation program there has been discussion of expanding the program to serve families with children now being placed in foster care. What kinds of cases could be served by family preservation that are now being served by foster care?

2. Can you describe what resources, program, treatment, practice or policy changes would need to occur to support an expansion of services?

3. Are there other agencies in the community that you currently have a well-developed partnership with in providing services to multi-need families?

4. What are some of the community strengths that are presently a positive influence to the agency and the families being served?

5. What are some of the barriers in the community that are presently of negative impact to the agency and the families being served?

Results

Obstacles to Effective Family Preservation Services

Need for Placement and Respite Options. Program Directors proposed that a greater availability of resources for respite care and or emergency placement, both at the beginning of a case and during the case, would enable family preservation providers to better prevent foster care placement. This care might last from one week to one month, and might be needed for a variety of reasons, including: (1) providing for a child's safety in a high risk situation, (2) providing an opportunity for a runaway to be reintegrated into the family, (3) providing care while a parent is participating in an in-patient substance abuse program and (4) providing care while a parent is participating in a parenting group or other program recommended by the contractor. Currently, neither caseworkers nor law enforcement have access to these resources; while funding is available, there is a dearth of providers.

It was reported that temporary kinship placement would also be an appropriate resource while family preservation services are being delivered. These placements are preferable to non-relative placements, as they maintain and reinforce family bonds, and ease reunification with

the family of origin. One Program Director interviewed noted that current managed care contracts and policy do not provide enough flexibility in placement options. S/he described one case in which the court ordered an appropriate kinship placement. But, since the case then became a "foster care" case, the family was no longer eligible for concurrent family preservation services.

Given the high percentage of families with substance abusing parents, there is a need for drug and alcohol treatment programs that can accept both parent(s) and children, but few are available. These programs prevent the need for temporary out-of-home placement for a child, and allow the family to continue to receive services as a family unit while parent(s) receive treatment for substance abuse.

Unnecessary Referrals to Foster Care. Referrals to family preservation programs are well below the rates expected by contractors. Wells and colleagues (1996) did a pilot study to determine why workers were reluctant to refer families to family preservation programs. They found that workers who were interviewed said that they questioned whether children at imminent risk of placement could be maintained safely in their homes. These workers reported that they made family preservation referrals instead when they believed that a family could benefit from the services. These authors also note that factors influencing caseworkers' decisions include the adequacy of the information available, the time frame within which a worker must make a decision, the individual worker's beliefs about the goals of child welfare services, and the range of available child welfare and other services in the community.

A state agency caseworker reported to one of the researchers that the agency as well as the court system were more comfortable in referring the less difficult cases, such as those needing informal supervision and those experiencing less severe truancy, to family preservation services. They sometimes referred more difficult cases to foster care instead because they were not confident of the family preservation contractor's ability to provide the level, amount and type of services needed by the family.

Bath, et al. (1994) note that the decision to place a particular child may be related to many factors other than the actual risk status of that child. These factors might include "...the availability of preplacement services, the availability of placement options, the attitude of the courts, local child protection services agency policies, and the pressures on caseworkers that arise from negative publicity over child deaths at the hands of maltreating parents." (p.393). All of these factors are considerations in any effort to decrease unnecessary referrals to foster care.

<u>**Variance in Services Offered and in Judicial Decisions.**</u> Families in similar circumstances are sometimes served differently. One Program Director reported differences in adjudication of similar cases by different judges. Another Program Director reported differences in adjudication that appeared to be linked to particular families, rather than to particular judges. In both instances, the differences in adjudication led to foster care placement instead of the provision of family preservation services. Two Program Directors identified a youth's truancy as one area in which adjudication led to foster care placement instead of family preservation services for some families. One reported that schools are not required to report truancy or lengthy school suspensions to any agency. Program Directors consistently felt that early identification and referral is essential to achieve the optimum outcome for a family. Two Program Directors identified truancy as one area in which adjudication varied from one jurisdiction to another. Services offered by family preservation contractors may also vary from one area to another, due to difference in available community resources, as well as differences in the pool of available workers.

<u>**Lack of Clarity on Model for Services.**</u> Significant differences exist between practice in Kansas and the family preservation service model as defined by the Child Welfare League of America. Differences include referral criteria, duration and intensity of services, as well as caseload. Considering the significance of these differences, it is difficult to say whether the services being delivered are true to the CWLA guidelines, and it is even more difficult to measure the outcomes of these services and compare them with empirical research on family preservation service. This study did not obtain information on theoretical frameworks for the programs, or on service fidelity; the lack of this information is also a barrier to examining outcomes data in a meaningful way.

Kansas Program Directors' Ideas for Expanding Services

<u>**Early Intervention.**</u> Research indicates that earlier intervention and service generates more positive and longer lasting outcomes for families. It has the potential for interrupting patterns of abuse or neglect, and preventing family problems from becoming more severe or chronic. Early intervention services are also likely to be delivered over a shorter period of time and to use fewer resources. By contrast, service entailing out-of-home placement is significantly higher in monetary and resource cost to the community. The current cost for foster care in Kansas is a minimum cost per child of $15,500; the capitated rate for family preservation services at this time is $3,400 per family.

A work group of Program Directors identified truancy referrals for children under age 12 as a rich source of potential family preservation services. The thinking is that truancy at these

ages is an indicator of family problems, and that early intervention will prevent problems from becoming chronic. The potential value of early intervention is borne out by research noted by Barth (1984). A high-nonattendance group studied in one school system increased its absences by .7 per year from first grade through junior high; that compared with a low-nonattendance group of first graders whose non-attendance rates dropped by .2 per year. By the eighth grade, the high-absence group had missed school four times more often than the low-absence group.

Several populations listed below were suggested as appropriate for referral to family preservation services. Charlotte Booth, director of the Homebuilder's program in Tacoma, Washington, states that there is no one particular targeted population that is best served by family preservation (personal communication, March, 1999). Rather, there is a need for practitioners to do a thorough assessment of each individual family, to determine the appropriate interventions and outcomes. This determination can hardly be made by artificially "forcing" referrals into family preservation.

In an urban county, an active community Truancy Committee, begun before family preservation services were offered, targets first, second, and sixth graders with truancy problems. The Program Director for this area also believes that seventh and tenth graders should be targeted, as youths who don't make these transition points may be future dropouts. Another Program Director also noted that they have a truancy component in their program. Yet another Program Director notes that, although truancy referrals are almost always more complex than they initially appear to be, this population is often more positively impacted by family preservation services than are other populations.

Families with children who are developmentally delayed are more likely to be placed out-of-home as compared with the normally developed child (MacEachron & Krauss, 1983). The judicial system has recognized and mandated the provision of services to the handicapped in the least restrictive setting. Provision of family-based services in the community and home of the child reduces fiscal cost, helps service providers focus on the family unit and their extended natural environment, and helps to maintain familial connections which are so vital to individuals with handicaps throughout their lives.

Community-based services, such as family preservation, can be quite effective in linking families to resources. Providers can also educate families on a child's disability, how the disability impacts the child, appropriate interventions, prognosis, how to develop goals for the child and how to plan for achieving those goals–both for the present and for the future. Families can also receive help in grieving the multiple losses generated by the death of their dreams of having a "normal" child with a "normal" future; unless these losses are faced and

dealt with, parenting can be negatively impacted. Families can also learn skills that will help them to deal with issues including stress, social isolation and reduced autonomy.

An agency worker can be effective by developing a family plan that connects families with informal familial social networks, concrete services, appropriate formal services and training. Family-based services also provide counseling and therapy for the purpose of focusing on the needs of all family members. Family-based services can also be used in a continuum of services to the family. The San Diego Center for Children (SDCC), a multi-service agency which focuses on prevention, has developed two categories of family based services: prevention and aftercare (Heying, 1985). The purpose of the service is to help families learn how to manage their internal responses and needs as well as learn to manage their own external needs. Once families learn how to manage their external environment, there is growth in feelings of power, competency and autonomy (Heying, 1985).

Some Program Directors expressed the ideal of early intervention services as those services being provided to young families or families with pre-school children. Because of the developmental implications for ages 0 to 5 and the importance of children developing a secure attachment to consistent care givers, it is logical to use family preservation services to stabilize the family. By providing support and education to the parents of young children, as well as connecting the families to local resources and supports, problems that families are struggling with will be targeted before they get out of control. An example that is widespread throughout the child welfare system is foster care drift and the emotional problems associated with children experiencing multiple placements, particularly at a young age (Katz and Robinson, 1991).

A wide range of services, and an emphasis on developmental needs, should inform practice for pre-school children. Wells and Tracy (1996) cite models by Newman and Newman (1995) and Culbertson and Schellenbach (1992) in discussing service delivery goals for pre-school children. They note that family preservation services for parents who have abused or neglected their infants should help to promote the achievement of the critical developmental tasks of that stage of life, such as helping the infant to develop a secure social attachment to its mother. They also note that factors which may threaten achievement of this goal may be the same factors that might predispose a mother to physically abuse or neglect her child; these factors might include "...feelings of rejection of an infant, rigid expectations of an infant's behavior, limited range of parenting skills, and inadequate social support." (Wells and Tracy, 1996, p. 684). Bath & Haapala (1993), in a discussion of services needed for neglectful families, cite Besharov (1988) as recommending that services for pre-school children should include infant

stimulation programs, Head Start, therapeutic day care, homemaker care and early childhood development programs. Strong community support is essential to achieve these goals.

A work group of Program Directors identified other means to increase referrals to family preservation agencies rather than foster care. One of these is a proposal that workers must review a case with the supervisor for potential referral on the third unconfirmed child abuse report within two years. (Kansas' child welfare program, like many others, operates under a settlement agreement with the American Civil Liberties Union; one Program Director reminds us that this review is a requirement for compliance with ACLU standards.) The thinking behind this proposal is that multiple unsubstantiated reports may be an indication of family problems, which might be more easily ameliorated in the early stages of problem development.

Increasing Referrals by Training SRS Workers, Examining Outcomes. Program Directors report that the most recent James Bell report evaluating child welfare services in Kansas (1998) indicates that only 10% of child abuse reports that are screened in are referred to family preservation; 77% are referred to foster care. One Program Director believes that providing additional training for SRS workers, examining their outcomes, and holding them accountable for making appropriate decisions will also increase referrals. S/he believes that training is needed for workers on when it is appropriate to refer to family preservation and when it is appropriate to refer to foster care. S/he believes that it will be useful to establish family preservation referral percentages for each worker; those who have low (as compared with other workers) or no referrals to family preservation should then receive additional training on decision making for these referrals. Another Program Director believes that frequent worker training on the specific services that are available through family preservation is essential, particularly due to the high turnover rate of staff.

Collaborative Efforts – Enhancing Communication and Understanding. The challenge for social service agencies has long been that of achieving and maintaining communication and understanding. Recent changes in our child welfare system have seen many of our social service agencies responding with a guardedness which in turn has brought a decrease in collaboration, communication and understanding. A family preservation Program Director has suggested that the various private contractors for family preservation, foster care and adoption should meet to discuss challenges, needs and solutions. Another Program Director has suggested that an even larger group meet; this group would include the State Commissioner, State Child Welfare Area Directors, district attorneys, judges, and legislators. The purpose of the meetings would be to enhance collaboration, identify current challenges and take steps towards solutions.

Prior to privatization, different communities developed coalitions that focused on using the continuum of agency services in a mindful, accessible and seamless way. Gaps in services were also identified for the purpose of development or brokering of services. Consideration should be given to re-forming these broad-based coalitions, or beginning similar collaborative efforts for the same purposes.

There do appear to be some current efforts towards collaboration occurring at some points in the child welfare system. State personnel and foster care contractors have had meetings; a public/private partnership has developed as a result. There have been some positive outcomes, beginnings of mutuality, and from this, collaboration. For example, on the foster care side, state personnel and all of the regional foster care contractors have made a joint business plan; this plan identifies needs, outcomes and steps to achieve those outcomes. The plan also identifies accountabilities for each agency. A future initiative is to have direct line staff for state personnel and foster care contractors participate in joint training. These are two examples of how collaboration can help the child welfare system to work more effectively, for the benefit of the families, children and communities that we serve. It is our hope that these efforts will extend into the family preservation area.

Examining the Timing of Filing for State Custody. At a meeting of Program Directors, one suggestion for increasing family preservation referrals was that there be a delay in the filing of a custody petition for up to 30 days; a child would be placed in respite care, if needed, during this period. Before considering implementation of this type of change, the authors believe that other ideas, some identified in this paper, others identified by Program Directors and some which are likely to be identified with additional research on this issue, ought to be explored.

Recommendations for Further Evolution in Programs

Developing Respite Care/Emergency Care Resources

The availability of respite and emergency care resources is clearly needed to prevent unnecessary foster care placement. Increasing the flexibility of the privatized contracts so that family preservation providers could access resources through foster care providers would help. One Program Director suggests that the local children's shelters should be used for respite/emergency care. This would enable family preservation workers to continue to provide service to the family while assuring the children's safety. This Director also suggests that funding for respite care should not come from family preservation dollars, as each referral brings a payment of $3,400. S/he recommends the use of United Way or Medicaid funds.

Another Program Director said that area SRS directors are willing to fund respite care, but that providers are not available.

Increasing Access to Substance Abuse Facilities that Can Accept Families and Enhancing Other Natural Sources of Support

Chemical addiction brings a complexity to the nature of the services needed to effectively support a family. In addition to building up natural sources of support, it is necessary to provide concrete and formal services as well. Concrete services are needed for all families, but particular attention must be paid to families of color because of systemic inequities that impact these children, who experience increased risk of out-of-home placement (Carten, 1996). Increasing access to facilities that can accept parent(s) and children will also enhance services. Family preservation and foster care providers note that services for families with addictions are needed for longer periods of time. Another well-known fact is that, once children are removed from a family with issues of addiction, they often remain out of the home longer.

Formal services offered in the community to chemically dependent individuals often target the following: (1) relapse prevention, (2) co-dependency, (3) parenting skills, (4) anger management, (5) mental health, (6) self-esteem and (7) behavioral change. The addiction itself so often bankrupts the family of its resources at all levels and in many areas. The opportunity to restore resilience for this population is a necessity. Additionally, services are often provided to groups of individuals seeking treatment. It is there that many begin relationships that can possibly become a natural and recurring support.

The importance of enhancing natural sources of support was noted. One Program Director described mentoring programs such as Big Brothers/Big Sisters, Mother to Mother, Alcoholics Anonymous and other substance abuse support groups as important resources. By referring families who are receiving family preservation services to natural sources of support, the contractors are weaving a safety net around the family that will remain in place long after the contractor's work is finished.

Enabling Kinship Placements

Kinship placements ought to be an alternative to foster care placement. Studies indicate that successful reunification is increased for children who are in kinship placements. Trauma for children is reduced when a relative placement can be arranged. A California study revealed that there is a greater assurance for African American youth to achieve permanency with

family than with other out-of-home placement or adoption should the child's permanence not occur with the family of origin (Barth, 1994).

Consistent with a policy statement by the Black Administrators in Child Welfare (1994), cited by Danzy and Jackson (1997), to facilitate these placements, we recommend that child welfare agencies be more supportive of kinship in policy and practice, removing administrative obstacles. We also recommend that kinship placement be reimbursed at a daily rate for the cost of care. Relatives caring for children should receive needed training, support, and services.

Developing Collaborative Truancy Programs

The authors found a small body of literature on truancy, with very few current resources, and very little in the way of current outcomes research. Thorough assessment, with close attention paid to individual factors influencing truancy, is essential to effective intervention. Service delivery that focuses on family strengths, rather than pathology, is also essential. One such approach is the solution-focused approach to family-centered practice described by Fausel (1998). A variety of truancy programs are being developed in different areas; frequently, these programs are being developed by a community or by a family preservation contractor. As with every aspect of family preservation services, a disciplined approach, grounded in theory, and informed by outcomes research, is likely to generate better results.

Considering this, the authors believe that a pilot project to study the effectiveness of truancy programs embedded within or working closely with family preservation providers will be useful. A program that identifies families with truancy problems early, and involves a wide range of community resources would be appropriate. The truancy program developed in one urban county might be considered for such a study. This program is collaborative; the truancy committee includes representatives from SRS, Court Services, schools, the family preservation provider and others. The program targets first, second and sixth graders for early intervention. A pilot study could help determine what types of interventions are being delivered, and whether or not they are effective.

Risk Assessment/Enhancing Children's Safety

Decisions about when or if a child needs to be placed out-of-home are difficult to make at best. Berry (1997) identifies two purposes for risk assessment: to target services for appropriate cases, and to aid in decision making and plans for individual treatment based on particular risks. A number of risk assessment systems are in use in the child welfare system;

they often consist of checklists or inventories of characteristics of the child, caretaker, environment, and abuse (Berry, 1997). Forty-two states use formal risk assessment tools. Risk assessments should be supported by the U.S. Department of Health and Human Services. The model should emphasize strengths, child safety concerns and needs which promote consistency in the criteria used for decision-making (De Panfilis & Scannapieco, 1994).

We recommend the use of an empirically validated risk assessment tool designed to help assure children's safety while they remain in the home. The University of Kansas, State agencies and private contractors have formed committees to develop a risk assessment tool; a statewide pilot project is being implemented. As this tool is implemented, worker, consumer, administrator and academic feedback should be gathered along with the data collected. The tool should be empirically validated as effective prior to full implementation statewide. Use of treatment fidelity tools will also be helpful in determining the connection between goals, outcomes, and use by the workers. Training, monitoring, and research outcomes will need to be implemented and reviewed on a regular basis. The risk assessment model needs to be implemented and reviewed on a regular basis. The model should be used as the first step in a treatment model which focuses on the client's strengths, and which can be connected to the worker's causal model of the child abuse and/or neglect. (Murphy-Berman, 1994).

Improved Training, Communication and Decision Making for State Personnel, Family Preservation Contractors and Courts

We recommend a survey of referring SRS workers and supervisors, as well as District Attorneys and Guardian Ad Litems, to determine how, when, and why they refer to foster care rather than to family preservation. The results of this survey will help to identify obstacles to family preservation referrals.

We also recommend "institutionalizing" training capability, as advocated by Nelson (1990, page 28). He notes that family preservation workers must possess skills in (1) recognizing and analyzing a wide variety of individual and family problems, (2) communicating with and earning the trust of family members and (3) using an appropriate therapeutic approach. They must also have a good working knowledge of community resources families may need to access. With the exception of the training unit within the Homebuilders program, he states that these skills are primarily acquired through on the job training by experienced staff.

One model for "institutionalized" training is described by Lindblad-Goldberg, Dore & Stern (1998, pp. 243-263). This is a state-wide training initiative adopted in Pennsylvania. This three-year mental health home-based curriculum was developed by Lindblad-Goldberg. Each

component of the program is consistent with the ecosystemic structural approach that is used in Pennsylvania's home-based program, and the program is targeted to every level of staff, from the highest level of administrator to the home-based worker. The program emphasizes the necessary knowledge and skills that will have most relevance for families receiving in-home services. One component of the program includes a parent-educator (formerly a consumer of services) who teaches new program workers what they can learn from parents and how they can support parent advocacy.

Fausel (1998) describes another training model developed in Arizona; this model is a solution-focused approach that also emphasizes the importance of collaborative work amongst community agencies. The program is community based, teaches (among other things) cultural competency and it provides training to all of the funded agencies involved in collaborative efforts.

These services make sense and are helpful to families. Tracy, Whittaker, Pugh, Kapp, & Overstreet, in their 1994 exploratory study, discuss the research on social support: Various studies show that social networks and social support can influence parents in positive ways (Cochran & Brassard, 1979, Dunst, Trivette, & Cross, 1986). A review of the research literature indicates that parenting attitudes, parent-child interactions, and child behavior are influenced by the availability of social networks and social support (Tracy & Whittaker, 1987). Social support has a mediating role for parents.

Strengthening Community Supports

Program Directors identified a number of community strengths. These vary by community, with some cited identified as strengths for some communities but not for others. The authors noted in particular that some Program Directors identified schools, including alternative schools and school counselors, as a strong resource for families, while others identified schools as not providing needed support and services. The following strengths were identified: (1) local truancy committees and truancy diversion programs, (2) Health Departments and programs, (3) education services and programs, such as early childhood services, Parents as Teachers, Birth to Three programs and prevention centers for substance use and abuse, (4) good working relationships with other agencies; those cited include mental health centers (offering programs for SED children, and for substance abuse), county extension offices, family resource centers (offering child trauma centers, day care, special education and pre-school services), law enforcement, domestic violence programs, YMCA and SRS, (5) churches and church-sponsored agencies such as Salvation Army and Wesley House; these resources are cited as providing both spiritual and concrete resources to needy families; (6)

collaborative efforts such as wraparound planning for family support, (7) Harvesters-a supplier of very low-cost food and other donations, (8) community donations, (9) community volunteers, (10) ROTC programs to help with youth interventions and (11) alliances with universities and colleges.

Some concrete examples of some of these community supports follow. Friends University in Wichita, Kansas has a family-based counseling service that develops programs and social work tools. Local businesses have shown an interest in supporting the efforts of families to stay together while overcoming their difficulties; one business donated alarm clocks and book bags for a program to use in their truancy interventions. One adult community center sets up center-based activities for client families as well as for other agencies. An adult living center allows parents to bring their expelled adolescents to the center to be involved in positive and productive work activities or projects. The Housing Authority in one community has placed 80 to 85 families in homes during the past 3 years. Local stores send loaves of bread or emergency food supplies.

These services make sense and are helpful to families. Tracy, Whittaker, Pugh, Kapp, & Overstreet, in their 1994 exploratory study, discuss research on social support: "various studies show that social networks and social support can influence parents in positive ways (Cochran & Brassard, 1979; Dunst, Trivette, & Cross, 1986). A review of the research literature indicates that parenting attitudes, parent-child interaction, and child behavior is influenced by the availability of social networks and social support (Tracy & Whittaker, 1987). Social support has a mediating role for parents at risk for child maltreatment (Polansky & Gaudin, 1983)." (p. 482). Tracy et. al. (1994) also note: "In terms of family preservation services, social support has been proposed as being important in helping families avert placement, shorten the duration of placement, or facilitate the child's return to the family and community." (Maluccio & Whittaker, 1988, p. 482). As one Program Director states, there is always a need for more; we continue to do the outreach.

Engaging Key Players in a Task Force to Make Recommendations for Policy, Contract, and Legislative Changes to Enhance Service to Families

Because of the relatively low cost of family preservation versus foster care, there is great interest in expanding these services, but there is a lack of communication amongst key stakeholders as to how and why this might happen. To effect *positive* programmatic change in the delivery of family preservation services, all of the parties concerned need to be a part of the conversation. Key players representing SRS, family preservation providers, foster care providers, the judicial system (judges and district attorneys), legislators, researchers in child

welfare policy and practice, as well as representatives of families who have been served, must come together to determine goals for change and methods for accomplishing those goals.

A specific agenda, including what will be decided, how it will be decided, and when it will be decided, must be established. Roles must be assigned and power must be shared. Particular attention must be paid to how policy change will affect real families who are currently experiencing oppression based on poverty, race, gender, age and single parent status. The sweeping changes introduced with so-called welfare reform have generated further oppression. This needs to be held to the light. Social workers, who have traditionally worked for social justice, must be a knowledgeable, consistent, and precise voice; they must bring practice wisdom, solid research, and a commitment to the families that they serve to this process.

Clarifying the Model: Continuum of Services, Consistency of Services, Fidelity of Services, Booster Shots

Wells and Tracy (1996) suggest abandoning prevention of placement as a goal in favor of using family preservation services as "...an initial response to all maltreating families where children do not require immediate placement. Such services should be designed to assess a family's strengths and weaknesses in relation to the social-psychological context in which maltreatment has occurred, to meet a family's critical concrete needs, to disrupt child maltreatment, and to lay the groundwork for providing comprehensive, home-based, and relatively long-term services." (p. 682). Three major areas for study, practice, and policy change in Kansas would be helpful.

First, it is important to examine the theoretical consistency within family preservation programs. This recommendation is informed by Cavazos Dylla & Berry's (1998) publication discussing theoretical consistency. We need to identify the theoretical framework or basis of each program. Then, we need to examine the consistency of program goals, service delivery models and expected outcomes with that theoretical framework. Then, we need to examine the fidelity of service delivery. If inconsistencies are identified, or if service is not delivered as it was designed, contractors can work towards improvement. Cavazos Dylla & Berry (1998) note that theoretical consistency within program service delivery models will allow us to identify the characteristics of successful programs.

The second area for further research involves identifying program components that will best serve the needs of different types of families. Due in great part to the methodological problems with family preservation research done to date, empirically validated studies of specific program elements which will "work" for specific family problems do not yet exist. Wells and

Tracy (1996) suggest, as a beginning, assigning families to programs based on the children's age, developmental stage, type of maltreatment, and the family's overall social condition.

Finally, further research needs to be done in examining the continuum of services provided to families. Charlotte Booth, director of the Homebuilders program in Tacoma, Washington, wonders why family preservation providers should consider it a "failure" when a family needs additional services at a later date (personal communication, March, 1999). She suggests that we consider these services to be "booster shots" that enhance a family's ability to maintain and build on skills and competencies they have developed. Rigorous attention to assessment, followed by the provision of appropriate services for a particular family, wherever they may be on the need/service continuum, is likely to generate optimum results.

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