



Child Welfare in the age of the Family First Prevention Services Act

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***Dedicated to strengthening the
health, safety, and independence
of Idahoans.***



IDAHO DEPARTMENT OF
HEALTH & WELFARE



Child Abuse & Neglect:

- "any recent act or failure to act on the part of a parent or caregiver that results in death, serious physical or emotional harm, sexual abuse, or exploitation, or an act or failure to act that presents an imminent risk of serious harm."

Child Welfare Information Gateway. (2019). Definitions of child abuse and neglect. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau

Prevention:

- Taking action before something happens...
- Keys to prevention:
 - Education
 - Support
 - Empowering Parents/Caregivers





- Prior to the Family First Prevention Services Act, federal funding for child welfare services were primarily accessed to reimburse for out-of-home placements.
- Community-driven efforts – Public Health Education programs, Head Start/Early Head Start, Children's Trust Fund organizations, and grassroots efforts.
- If prevention services were requested by or provided to families, then State funding had to be used to pay for those services.
- For the first time, with the enactment of the Family First Prevention Services Act (FFPSA), federal funding for **prevention services** to prevent family separation has become a federal priority.



WHAT IS THE FAMILY FIRST PREVENTION SERVICES ACT (FFPSA)?

- Signed into law on February 9, 2018, as part of the Bipartisan Budget Act – Public Law (PL) 115-123
- Reforms federal child welfare financing streams (Title IV-E and IV-B of the Social Security Act)
- First major modernization and overhaul to child welfare federal law in three decades.

FFPSA CONTINUED...

- The aim of these services is to keep families safely together
- Creates new federal funding for prevention services that are evidence-based and trauma-informed
- Funding for prevention services now supports services for children and families at risk of entering the foster care system and is not dependent on the family's income



KEY COMPONENTS OF THE FAMILY FIRST PREVENTION SERVICES ACT

- Evidence-based, trauma informed prevention services
- Ensuring appropriate placement & improving the well-being of children in foster care
- Model Foster Home Licensing Standards

Evidence-based Prevention Services:

- Mental Health
- Substance Abuse
- Parenting Education/Counseling

Congregate Care Changes:

Least restrictive placement

New QRTP designation for residential treatment facilities

Qualified Individual (QI), completes strengths and needs assessment for children who may need higher level of care. makes placement recommendation

Placement based on strengths and needs assessment

Model Foster Home Licensing Standards:

Ensure that licensed foster family homes are the home of an individual or family

Ensures that the foster parent lives in the home and provides substitute care for children 24 hours.

Ensures that foster parents provide loving, safe homes to children in foster care.

Growing up in a family is essential and best for all children, especially those who have experienced abuse or neglect.

FAMILY FIRST IN IDAHO

Vision Council

Qualified Residential Treatment
Program (QRTP) Workgroup

Prevention Services Workgroup

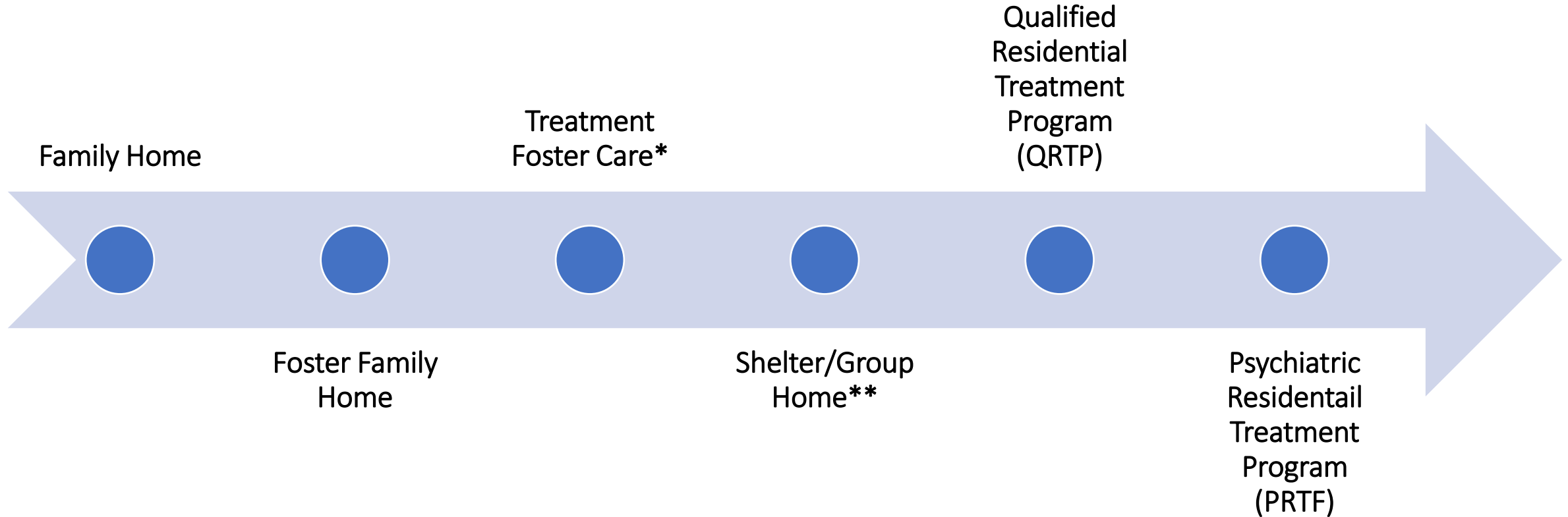




CHANGING THE FOCUS OF PLACING CHILDREN IN CONGREGATE CARE IN IDAHO...

Family First provides states an opportunity to shift to a treatment focused approach for non-family placements:

- Children and Youth thrive in family home settings, when their own home is not an option.
- No lack of family foster homes as an excuse for use of congregate care.
- Ensure that children/youth placed in congregate care settings receive targeted, time-limited, trauma- informed care and treatment for their assessed needs and can successfully transition back into either their own homes or back into foster family homes.





Federal reimbursement will no longer support group home levels of care including:

- Group Homes
- Shelter Homes
- Children's Residential Treatment Facilities that do not become QRTP providers.

Although Family First does not require the closure of non-QRTP facilities and does not prohibit Idaho from placing a child in any such setting, it does restrict reimbursement to the first fourteen (14) days of placement.



QUALIFIED RESIDENTIAL TREATMENT PROGRAMS (QRTP)

A NEW designation of residential options has been created:

- Qualified Residential Treatment Programs (QRTP)
- Youth will be assessed to determine if this is the appropriate non-family placement to meet their needs

General Requirements:

- QRTPs must use a trauma-informed treatment model
- Nursing and clinical staff must be accessible 24 hours a day/7 days a week
- State licensed AND nationally accredited
- Provides discharge planning and family-based aftercare supports for 6 months post discharge
- Family Outreach and facilitate family participating in child's treatment
- QRTP Development Grants



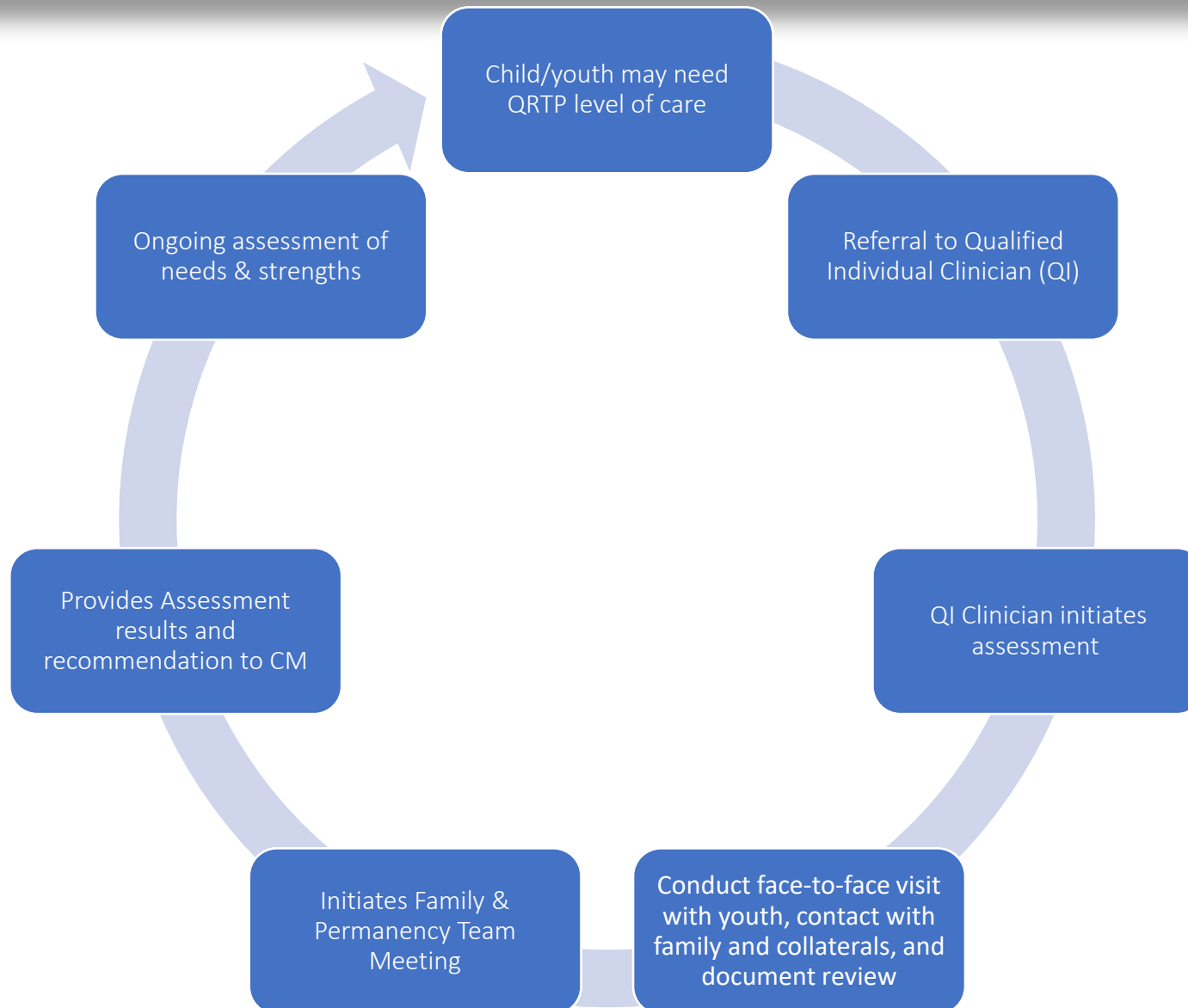
- Family and Youth Involvement in Assessment, Treatment planning & After Care
- Sibling connections must be maintained while a youth is in treatment
- Family-based aftercare support is required for at least 6 months post discharge





Beginning October 1, 2021, any placement in a QRTP requires the following:

- An assessment of the child's strengths and needs, completed by an independent Qualified Clinician.
- Idaho has selected the Child and Adolescent Needs and Strengths (CANS) tool for this assessment.
- This level of care assessment is intended to be collaborative with the youth, family, identified family supports and all who may be providing services and supports to the youth/family.
- QRTP placements will provide treatment for needs assessed.
- The Court will approve/disapprove QRTP placement based on identified needs and appropriateness of placement in meeting those needs.





Court Involvement in QRTP placements:

For child/youth in foster care, who has been placed in a QRTP facility, the Court must review the QI Assessment and “approve/disapprove” of the QRTP placement within 60 days of the initial placement.

AND

The Court will review the most updated QI Assessment at each review or permanency hearing and determine whether the placement is consistent with the short and long-term goals for the youth.

LONG TERM QRTP PLACEMENTS

Family First requires DHW
Director approval to justify
long-term placements in QRTP

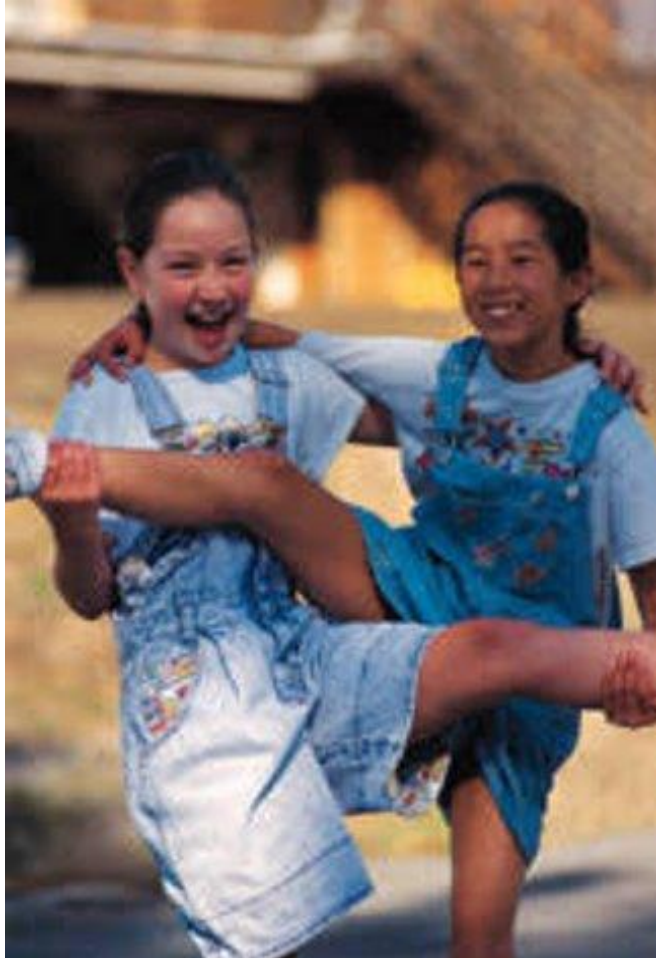
- Twelve or younger – 6 consecutive months.
- Thirteen or older – 12 consecutive or 18 non-consecutive months.





FEDERAL PREVENTION SERVICES TO KEEP FAMILIES TOGETHER

- Mental health services and/or substance abuse prevention and treatment services for a child AND parent or kin caregivers.
- In-home parenting skill support for parent or kin caregivers
- Placement of a child with a parent residing in licensed residential family-based substance abuse treatment facility



Prevention Services are...

- Allowed to be provided to eligible children and their family or kin caregiver for up to 12 months, or longer, depending on the circumstances.
- Evidence-based and trauma-informed programs – defined as either Promising, Supported or Well-Supported by the Title IV-E Prevention Services Clearinghouse. <https://preventionservices.abtsite.com>
- Designed to safely maintain children in their homes, while building parent or caregiver protective capacities.

“Personally, I very much believe that the best way in which to care for dependent children is in the family home....”

President Roosevelt

CLEARINGHOUSE



Title IV-E Prevention Services Clearinghouse – Parenting Skills

Promising

- Family Spirit
- Iowa Parent Partner Approach

Supported

- SafeCare
- Child First
- Multidimensional Family Therapy

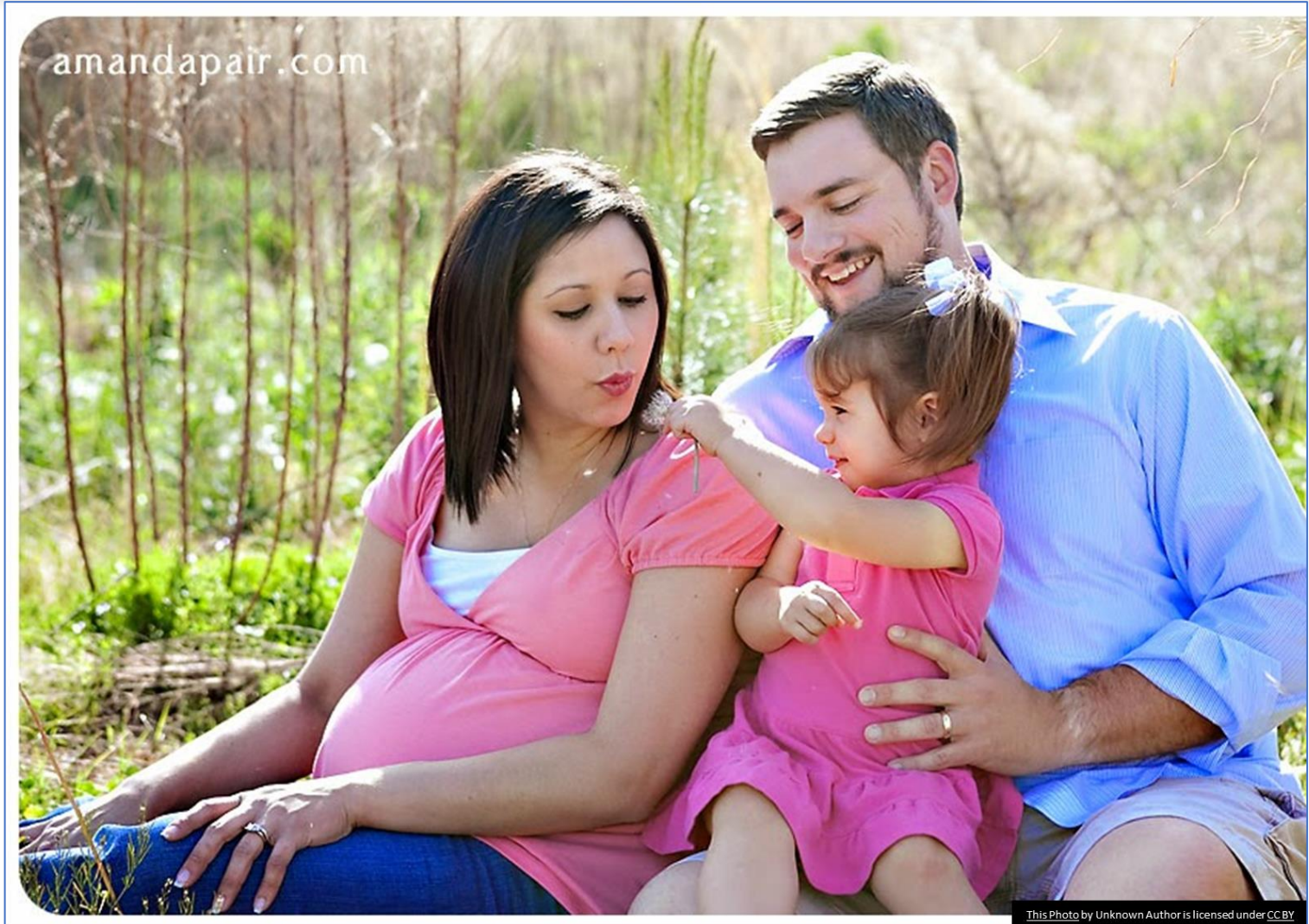
Well-Supported

- Nurse Family Partnership
- Parents as Teachers
- Healthy Families America
- Homebuilders



- From FFPSA: ‘child who is a candidate of foster care’ to mean “a child who is identified in a prevention plan under section 471(e)(4)(A) as being at imminent risk of entering foster care...but who can remain safely in the child’s home or in kinship placement as long as services of programs specified in section 471(e)(1) that are necessary to prevent the entry of the child into foster care are provided.” (Sec. 50711).

- Program instruction: A “child who is a candidate for foster care” includes a child whose adoption or guardianship arrangement is at risk of a disruption or dissolution that would result in a foster care placement (section 475(13) of the Act).



A woman with blonde hair, wearing a light blue long-sleeved shirt and light-colored pants, stands on a rocky outcrop. She is smiling and has her arms outstretched. To her right, a young girl with blonde hair, wearing a purple jacket and dark pants, also has her arms outstretched. In the foreground, a younger child with blonde hair, wearing an orange sweater, is sitting on the rock and smiling. The background is a clear blue sky.

IDAHO'S DEFINITION OF CANDIDACY FOR PREVENTION SERVICES

- A child who is found to be unsafe through a Comprehensive Safety Assessment and can be safely maintained in the home of the parents, relatives or kinship family with a safety plan and prevention plan.
- A child whose adoption or guardianship arrangement is at risk of a disruption or dissolution that would result in a foster care placement.
- A youth who is in foster care and is pregnant or parenting.
- Parents, relatives and kinship caregivers of those listed above.



Inform priority gaps between needs and services for youth and families in Idaho.

COLLABORATION IN NEEDS ASSESSMENT

Statewide needs assessment stakeholders included:

- Parents of child/youth in Foster Care
- Child/Youth in Foster Care
- Department Staff
- Community Service Providers
- Court Partners (judges, prosecuting attorneys, CASA, etc.)
- Foster & Adoptive parents...and more!





Needs Assessment & Gaps Analysis used a mixed methodology approach:

QUANTITATIVE – Surveys sent out to over 5,000 stakeholders; review of current data sources within the Department (annual reports, public health data, Medicaid data, etc.)

QUALITATIVE – Multi-participant interview sessions and one-on-one interviews were held over a period of 1 ½ months.



RESULTS

- Behavioral Health Services were consistently rated as a significant area of need.
- Housing-related needs and challenges were the largest service gap area identified.
- Parenting skills/education was both a top-rated need and service gap.

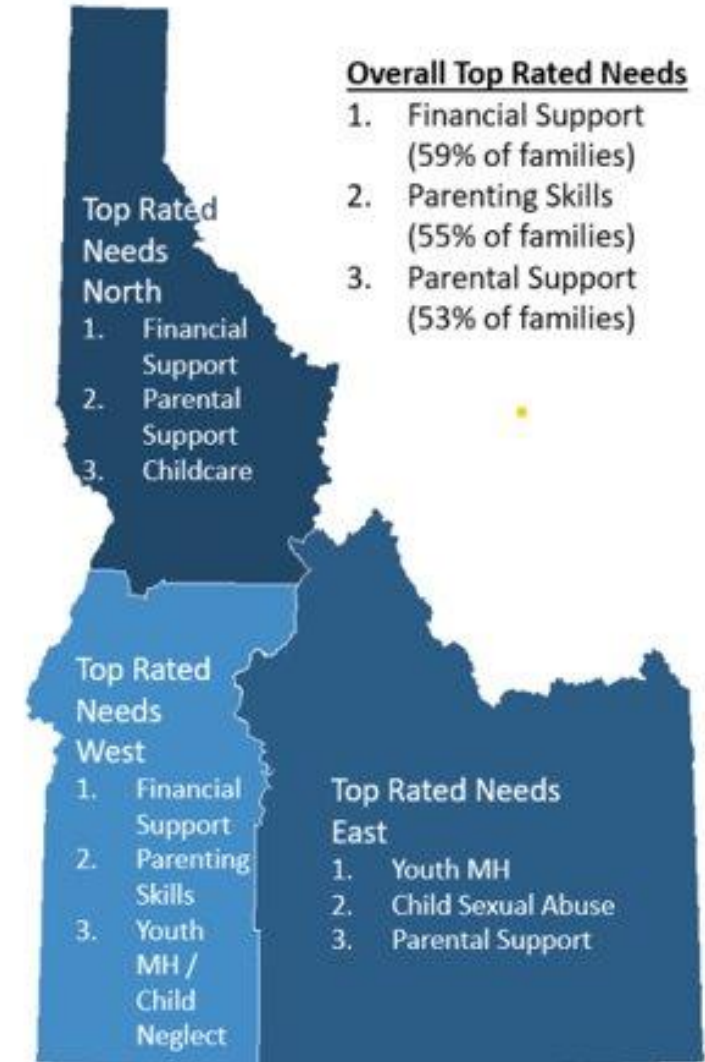


Allied Professional Ratings of Needs

Financial Support 59%

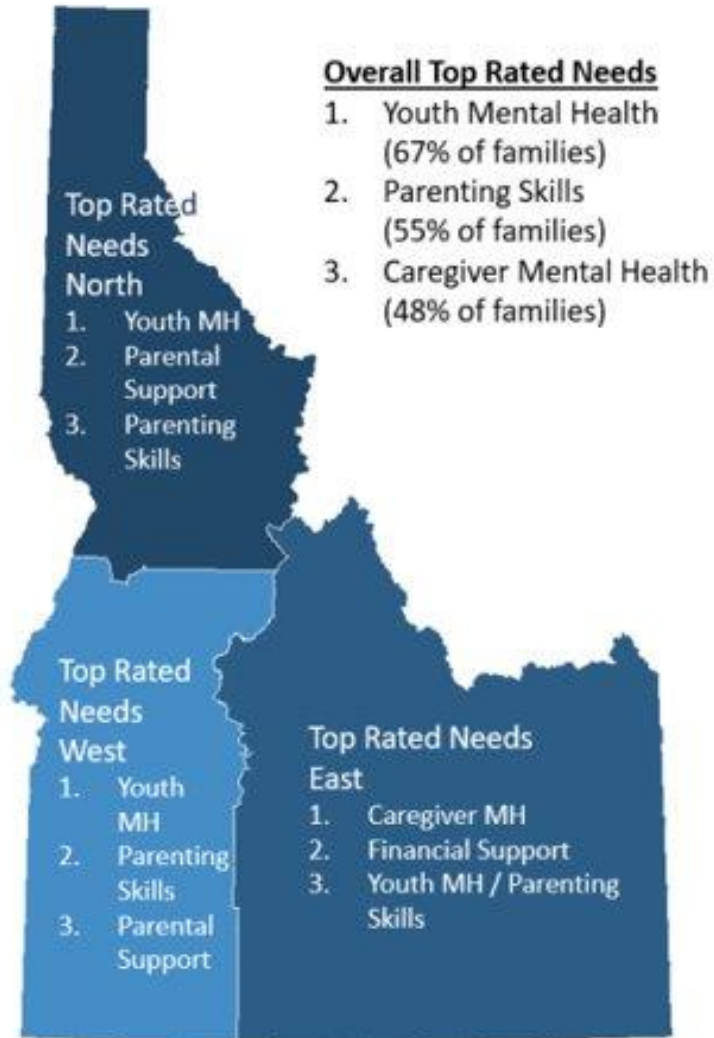
Parenting Skills 55%

Parental Support 53%





Service Provider Ratings of Needs



Youth Mental Health
– 67%

Parenting Skills –
55%

Caregiver Mental
Health – 48%

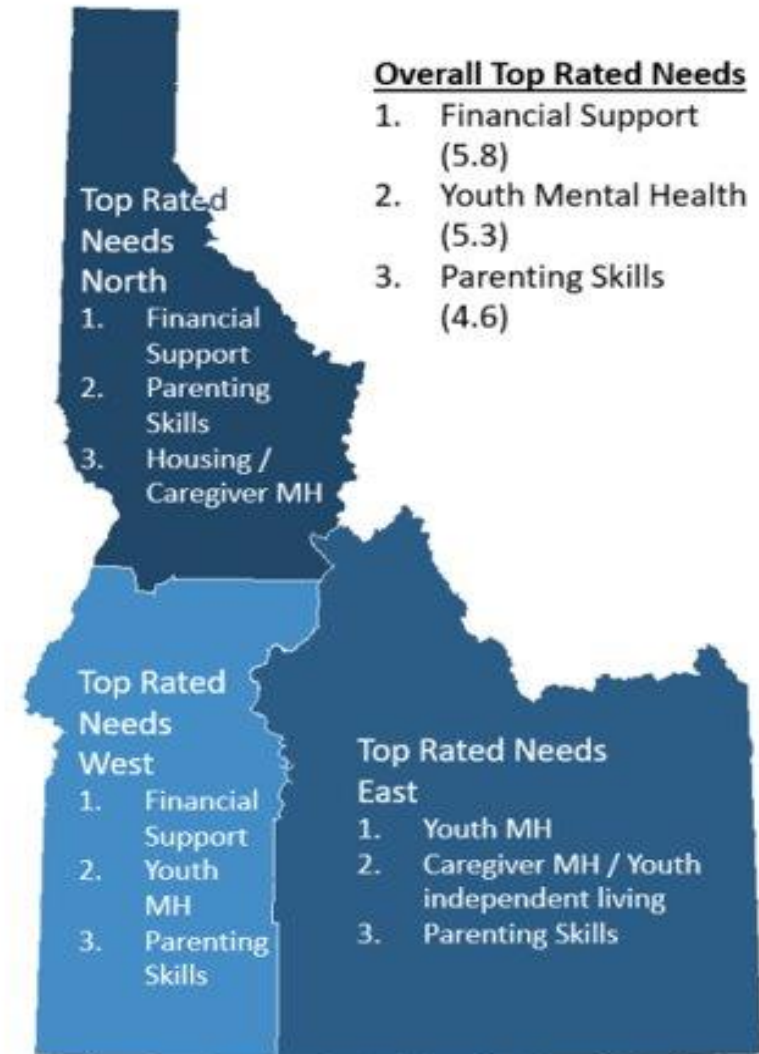


Financial Support 5.8

Youth Mental Health 5.3

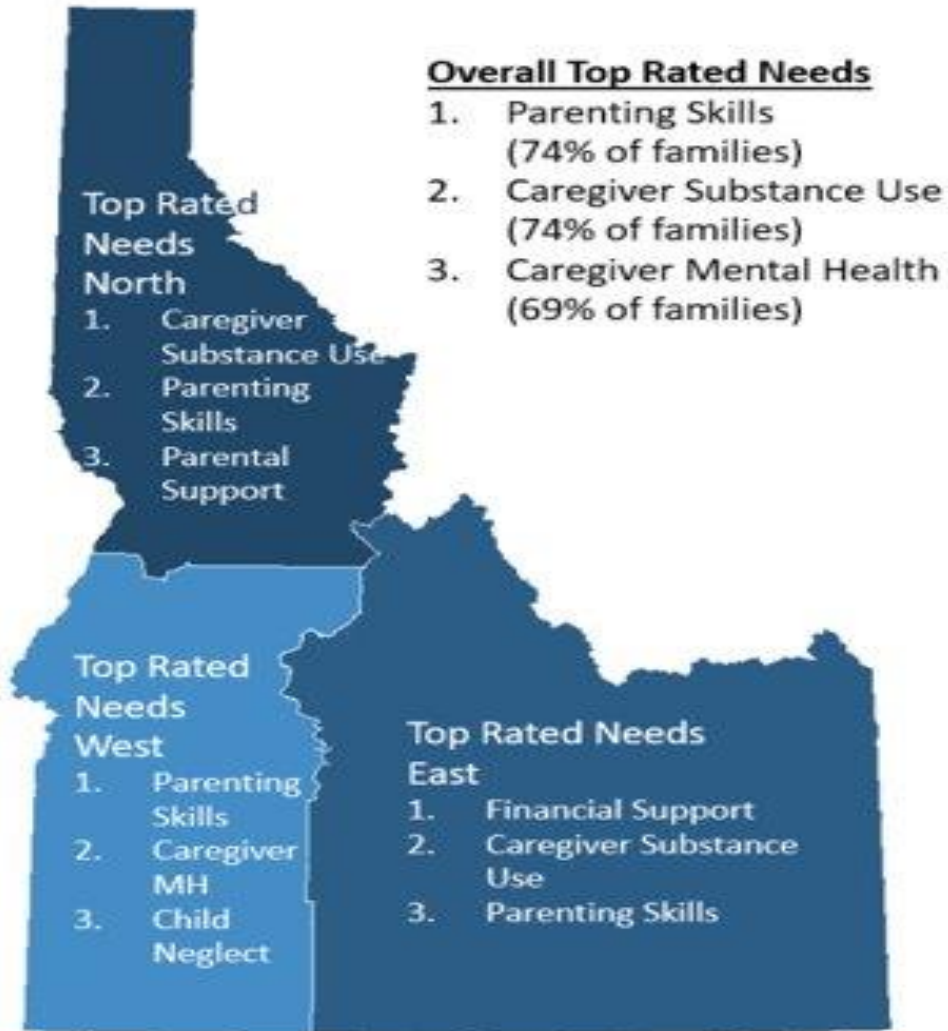
Parenting Skills 4.6

Family Ratings of Challenges





DHW Staff Ratings of Needs



Parenting Skills – 74%

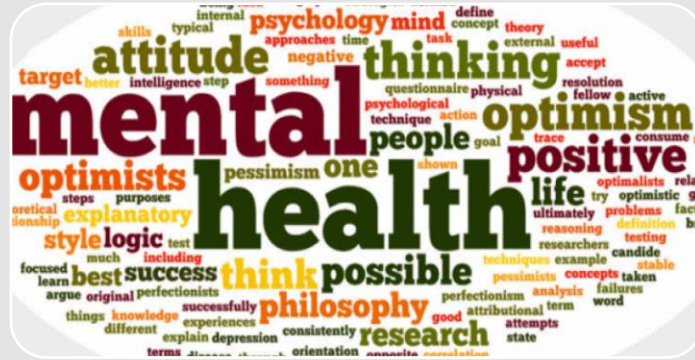
Caregiver Substance Abuse – 74%

Caregiver Mental Health – 69%



Idaho's Title IV-E Prevention Program Plan

- Service Description and Oversight
 - Trauma-Informed
 - Title IV-E Clearinghouse
 - Monitor to fidelity and outcomes
- Evaluation/CQI Strategy
- Monitoring Child Safety
- Consultation and Coordination
- Child Welfare Workforce Support
- Child Welfare Workforce Training
- Prevention Caseloads



Home Builders
Nurse Family Partnerships
(NFP)
Parents as Teachers (PAT)
Brief Strategic Family
Therapy
Familias Unidas



- **Decreased substance use disorder**
- **Enhanced internal motivation to change**
- **Increased family engagement and retention to services**





Target Population: First time pregnant mothers from early pregnancy to 2 years.

Targeted Outcomes:

Improved maternal and child health
Reduction in child maltreatment
Increased positive parenting practices
Improved family self-sufficiency

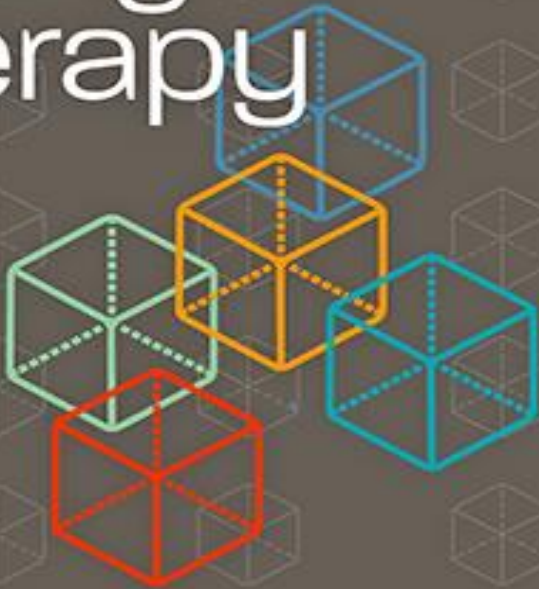


Parents as Teachers

- Target Population: Families with children from birth until entry into Kindergarten.
- Targeted Outcomes:
- Increased child safety
- Improved child behavioral and emotional functioning
- Increased positive parenting practices
- Improved parent/caregiver mental or emotional health



Brief Strategic Family Therapy



José Szapocznik and Olga Hervis

Target Population: Families with children ages 6-17

- Targeted Outcomes:
- Improved communication
- Improved conflict management
- Improved family functioning
- Improved emotional and mental health
- Increased positive parenting
- Decreased risk of substance abuse
- Decreased negative conduct



Target Population –

Hispanic adolescents ages 12-16 years and their families.

Targeted Outcomes:

- Improved child behavioral and emotional functioning
- Decreased child substance use
- Increased positive parenting practices
- Improved family functioning and monitoring of youth peers

Familias Unidas is a family-centered intervention that aims to prevent substance use and risky sexual behavior among Hispanic adolescents. Familias Unidas aims to empower parents by increasing their support network, teaching them about protective and risk factors, improving parenting skills, enhancing parent-adolescent communication, and facilitating parental involvement and investment in adolescents' lives.



Target Population: Families with children ages birth to 18 years.

Targeted Outcomes:

- Child safety
- Improved parenting skills
- Improved family functioning
- Increased connections to community resources
- Improved parent/caregiver mental and emotional health

Intensive Family Preservation Services are:

RESPONSIVE

- within 24 hours of referral

INTENSIVE

- up to 20 hours per week of services from workers who see only two families at a time

HOME-BASED

- services delivered in family's home and community

TIME-LIMITED

- four to six weeks of intensive crisis intervention services

ACCESSIBLE

- workers on call 24 hours a day, 7 days a week

GOAL-ORIENTED

- specific goals developed with family to address problems that led to crisis

SKILL-BUILDING

- teaches positive, practical ways to resolve family problems

FAMILY-CENTERED

- works with all members of the family

COMPREHENSIVE

- combines "hard" and "soft" services, meets family's goals

THOROUGH

- family referred to follow-up community support services as needed



Keeping Families
Together and
Children Safe







1. **Family-centered, strength-based case planning, including family decision-making.**
2. **Safety Management/Safety Planning (initial and ongoing) is essential/non-negotiable.**
3. **Comprehensive Assessments of Family Strengths and Needs must be included.**
4. **High Quality Worker-Client Relationship.**
5. **Voluntary Services Offered at Time of Assessment.**
6. Culturally Competent Models.
7. Case Coordination
8. Services targeted/matched to appropriate population (level of risk/type of problem, etc.)
(service selection - service array)
9. Intensity/Duration of Service appropriate for Family Needs.
10. Availability and use of Interventions aimed at specific Parent/Family/Child Issues
11. Assistance to the Family to improve Child Well-Being
12. Direct Teaching/Coaching
13. Assisting Families with Problem Solving Skills
14. Availability of Concrete Services
15. Services aimed at increasing Family's Social support
16. Teaching Families How to Access and Use Community Resources

