



**Center for the
Study of
Social Policy**
Ideas into Action

Family First Prevention Services Act: Candidacy within the Prevention Continuum

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Welcome to Part 1!



Introductions

- ① Who's in the virtual room?
- ① Introduce yourself providing your name, role, organization, and answer:
What is your favorite fair food?



Desired Results

- ① Understand importance of developing a prevention continuum where children and families can have their needs met with the least amount of system involvement and oversight
- ① Understand the opportunity under Family First to serve families better
- ① Develop recommendations for how to define candidacy under Family First



Overview of the Day

- Setting the vision for serving families better
- Digging into the data
- Break (11am-1pm)
- Defining the prevention continuum
- Alignment with DHS proposal
- Next steps



Group Agreements

- ⦿ Replace judgement with wonder
 - Be generous
- ⦿ Own intent and impact
- ⦿ Lean into discomfort
- ⦿ Step up (participate); Step up (listen)
 - One diva, one mic
 - Be mindful of participation level
- ⦿ Speak your truth (“I” statements)
- ⦿ Be present – limited tech zone
 - Housekeeping



Grounding: Why are we here today?

- ◎ Opportunity to identify a prevention continuum that can serve children and families better
- ◎ When children and families become known to child welfare:
 - How can we best support them?
 - How can we prevent deeper-end involvement?
- ◎ Process and progress to date



Vision Setting

◎ Guiding questions:

- What is your vision for better serving children and families in the community?
- When we talk about prevention, what comes to mind?
- When we talk about prevention of entry into foster care, what comes to mind?



Centering Equity

● **Creating an inclusive process:**

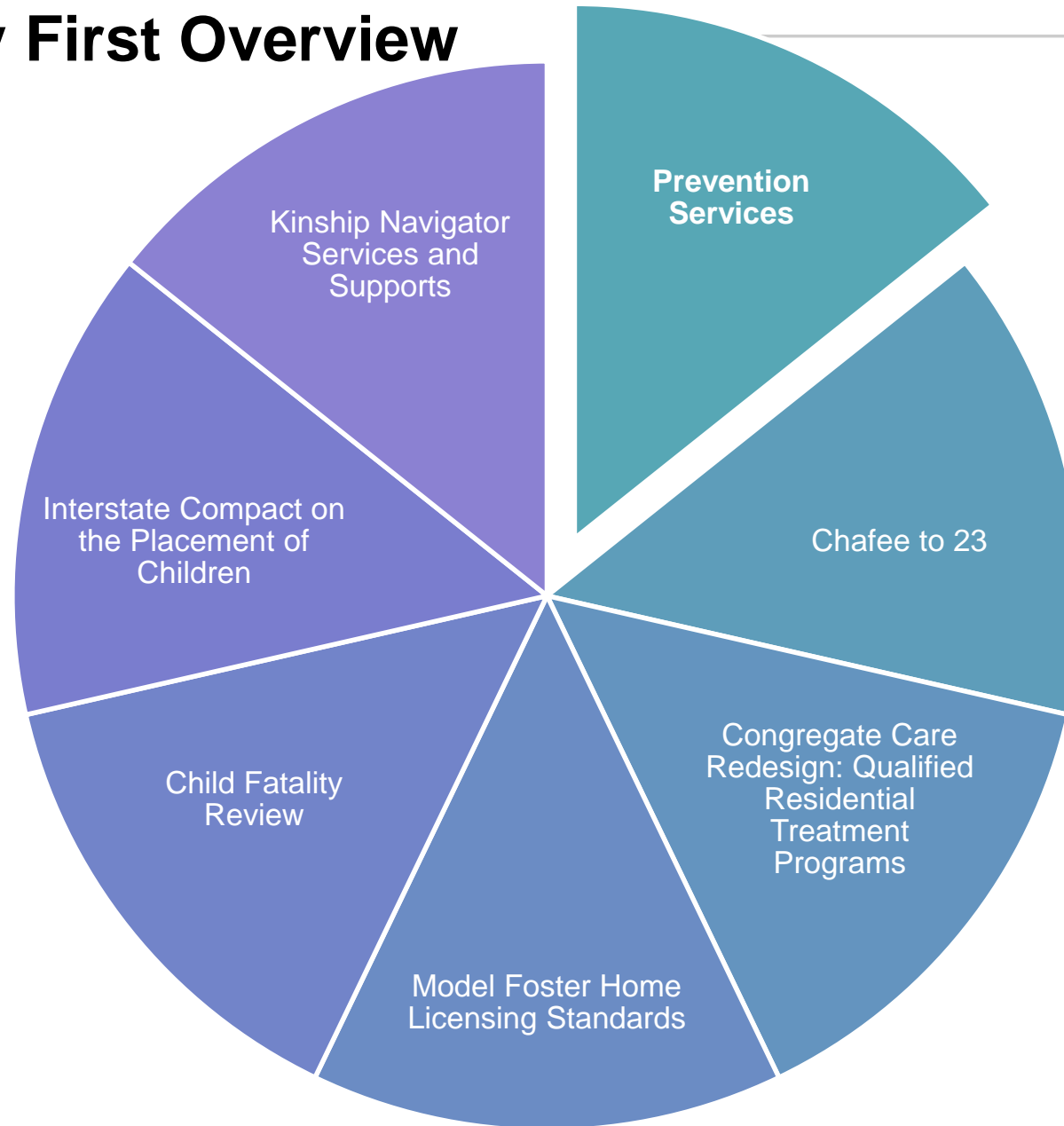
- A transparent and inclusive plan development process includes engagement of parents and youth with lived experience, as well as representatives of tribes, Black, immigrant, and Latinx communities, rural counties, providers, and other child and family-serving agencies.

● **Upholding equity principles in responsibly defining candidacy means:**

- Letting data drive decision-making by evaluating state and local data to understand the needs of Minnesota's children who are currently entering foster care and those who are "short stayers" and could likely remain at home and in their communities if evidence-based prevention services were made available to them;
- Taking extreme care and attention to ensure the definition of candidacy does not further structural and institutional racism;
- Developing a definition of candidacy that doesn't lead to children and families becoming involved with child welfare unnecessarily;
- Building a broad prevention continuum to support children and families further upstream and without involvement in child welfare. To do this well, child welfare must partner with other public human service agencies—including behavioral health, health, and income support agencies.



Family First Overview

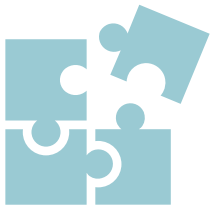


Aligns financing with research about what is best for children:

- At home, with family, and in community whenever safe and possible
- If children/youth have to enter care, they are in the most family-like setting to meet their needs



Prevention Services: Overview and Intent



- New Title IV-E prevention funding must **support and not supplant** existing investments in prevention
- FFPSA provides **funding for tertiary prevention**, not primary or secondary prevention; must be part of a comprehensive, cross-system continuum
- States will only receive federal reimbursement for **specific services** provided to **specific children (candidates) and families**
- States have the opportunity to **operationalize “candidate for foster care”**; what it means to support keeping children who are imminent risk of entering or re-entering foster care at home
- Family First is **not an anti-racist policy** on its own.



Foster Care Prevention Services



- **Eligibility:**
 - Children who are candidates for foster care
 - Parents and caregivers of children who are candidates
 - Pregnant (expectant) and parenting youth in foster care
- **Services:**
 - Mental health, substance abuse, in-home parent skill-based programs, and kinship navigator programs*
- **Evidence Criteria:**
 - Well-supported, supported, promising
 - Clearinghouse continues to rate programs
- **Requires states to submit a Title IV-E Prevention Plan**

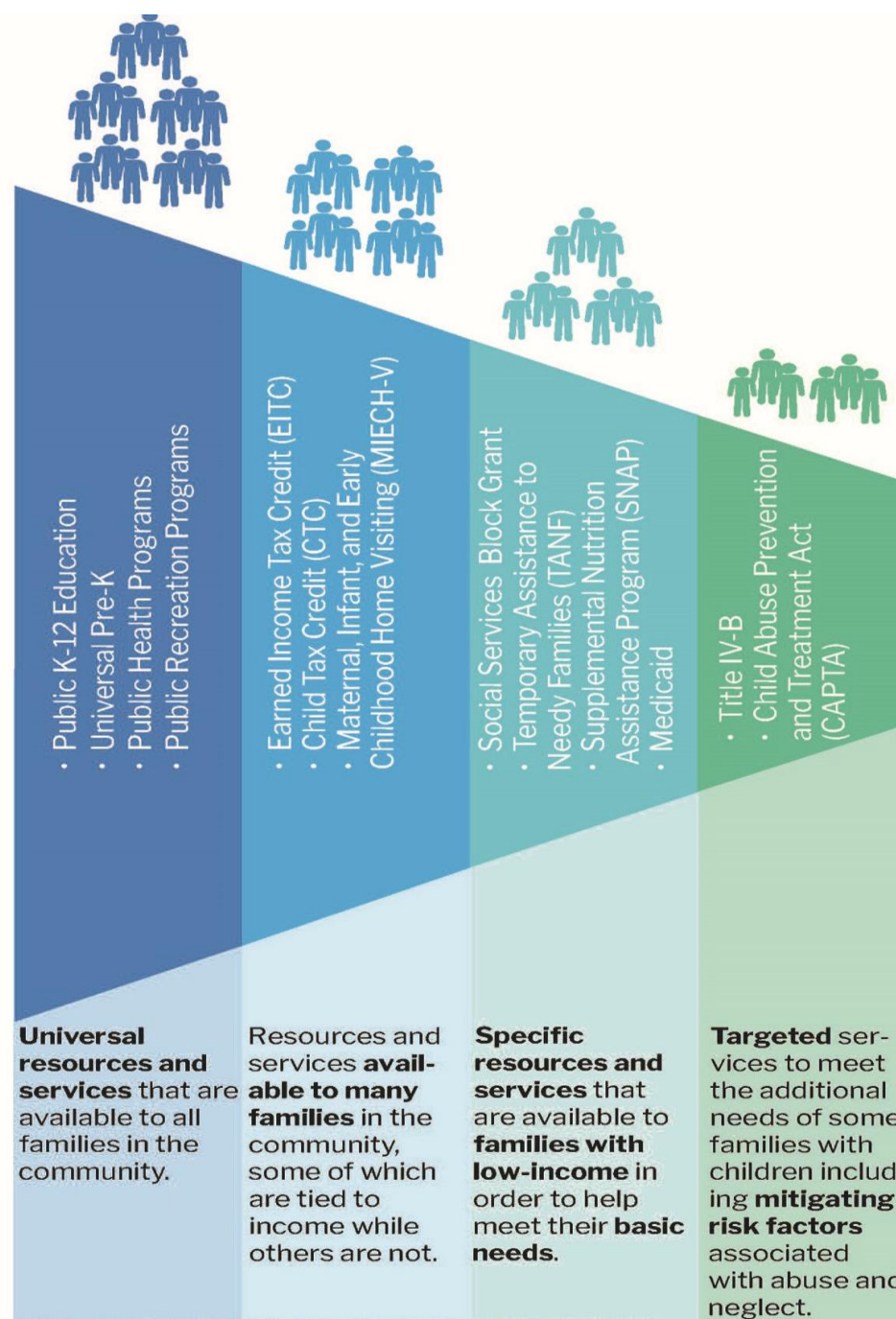


Candidacy

- ◎ **From the law:** ‘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).



Current Prevention Continuum

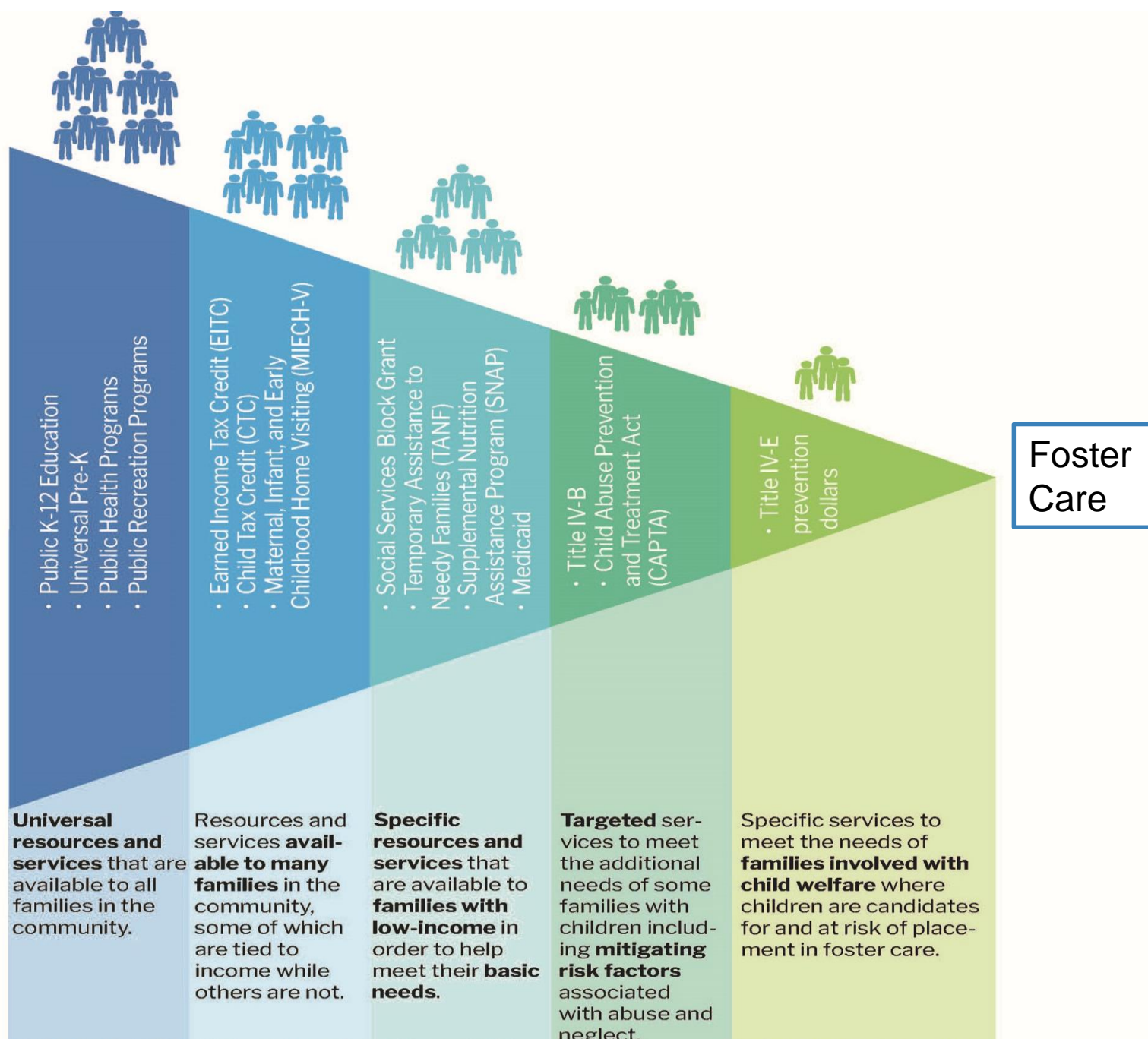


Foster Care

* this list is a sampling of funding streams and not meant to be exhaustive



New Prevention Continuum



* this list is a sampling of funding streams and not meant to be exhaustive



Family First Take Aways

What it is...	What it isn't...
Provides an opportunity to finance specific services for: <ul style="list-style-type: none">• children who are at imminent risk of placement in foster care and their caregivers• pregnant and parenting youth in foster care• children at risk of experiencing a disrupted adoption or guardianship	It's not the answer to broad prevention reform
Can be used as a tool to undo systemic racism and advance equity	Does not advance equity on its own
Family First can be leveraged to build and enhance broader prevention strategies	Is not a financing stream for primary prevention



Our goals today:

- Solidify a county vision for serving children and families across the continuum
- Identify children and families that may meet the federal candidacy requirements



MN Data Overview



What is the data telling us?

- ⦿ What is the data telling us about who is at imminent risk for entering foster care?
- ⦿ What is the data telling us about family needs?
- ⦿ What is the data telling us about who child welfare knows about and may benefit from more upstream support?



Guiding Questions

- ◎ Who are the children and families that are imminent risk of placement and what are their needs?
 - Entering foster care
 - Short-stayers
 - Open in-home cases
 - At-risk of re-entry
 - Who else?

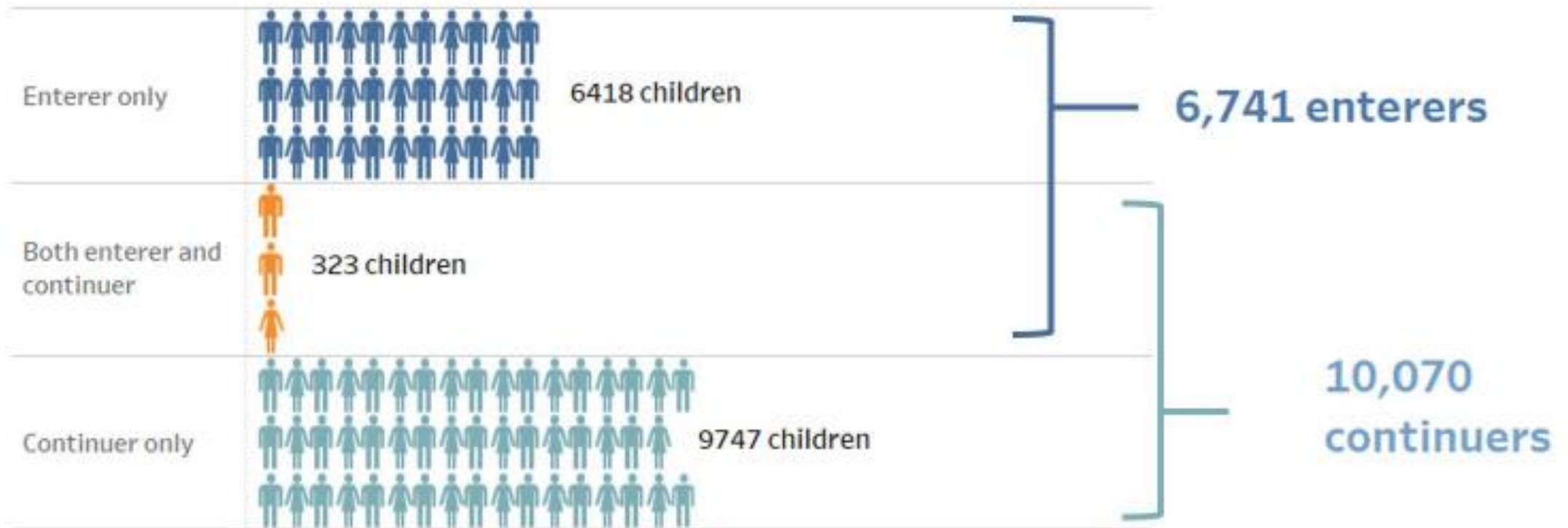
- ◎ Who are the pregnant and parenting youth in foster care?
 - How can we be inclusive of the needs of all young parents?

All data is from FY2018



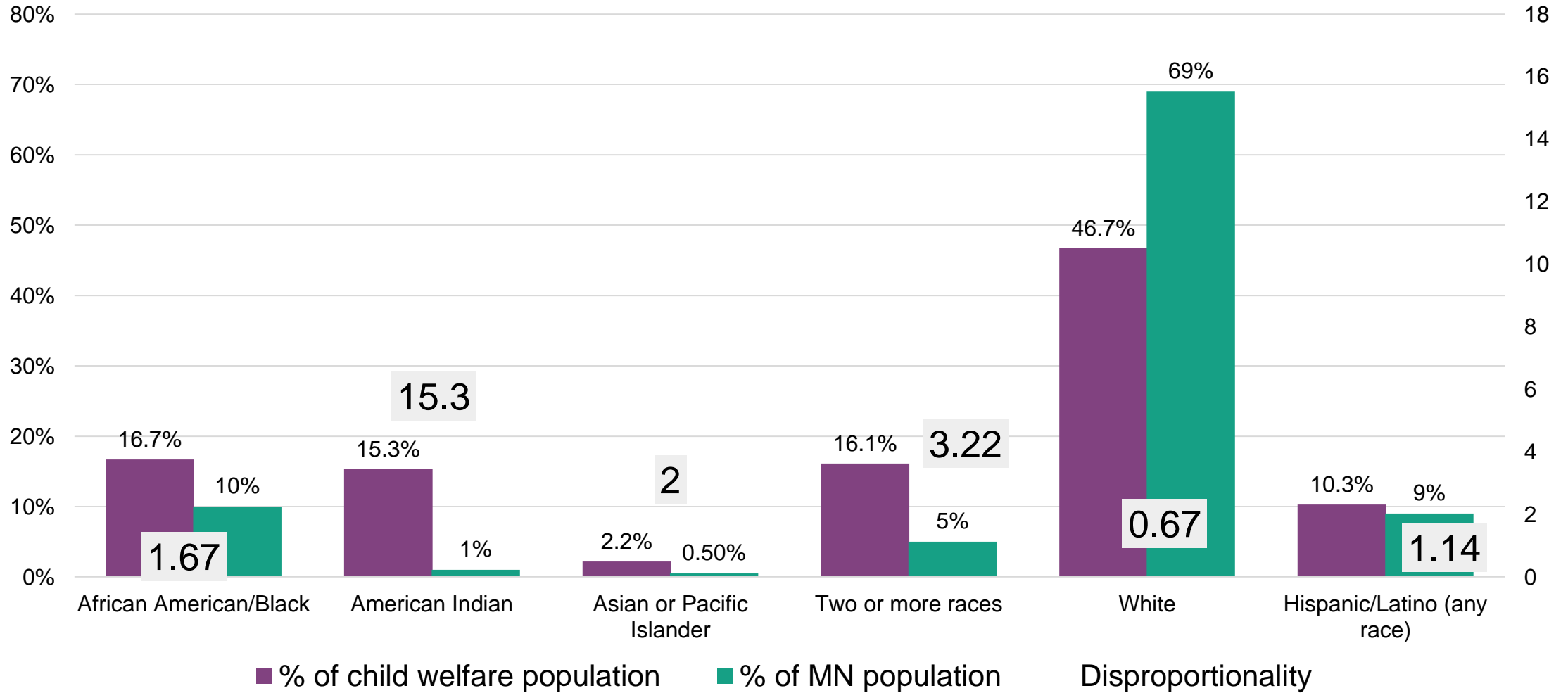
Who is in foster care?

Total number who experienced care in 2018:
16,488 children





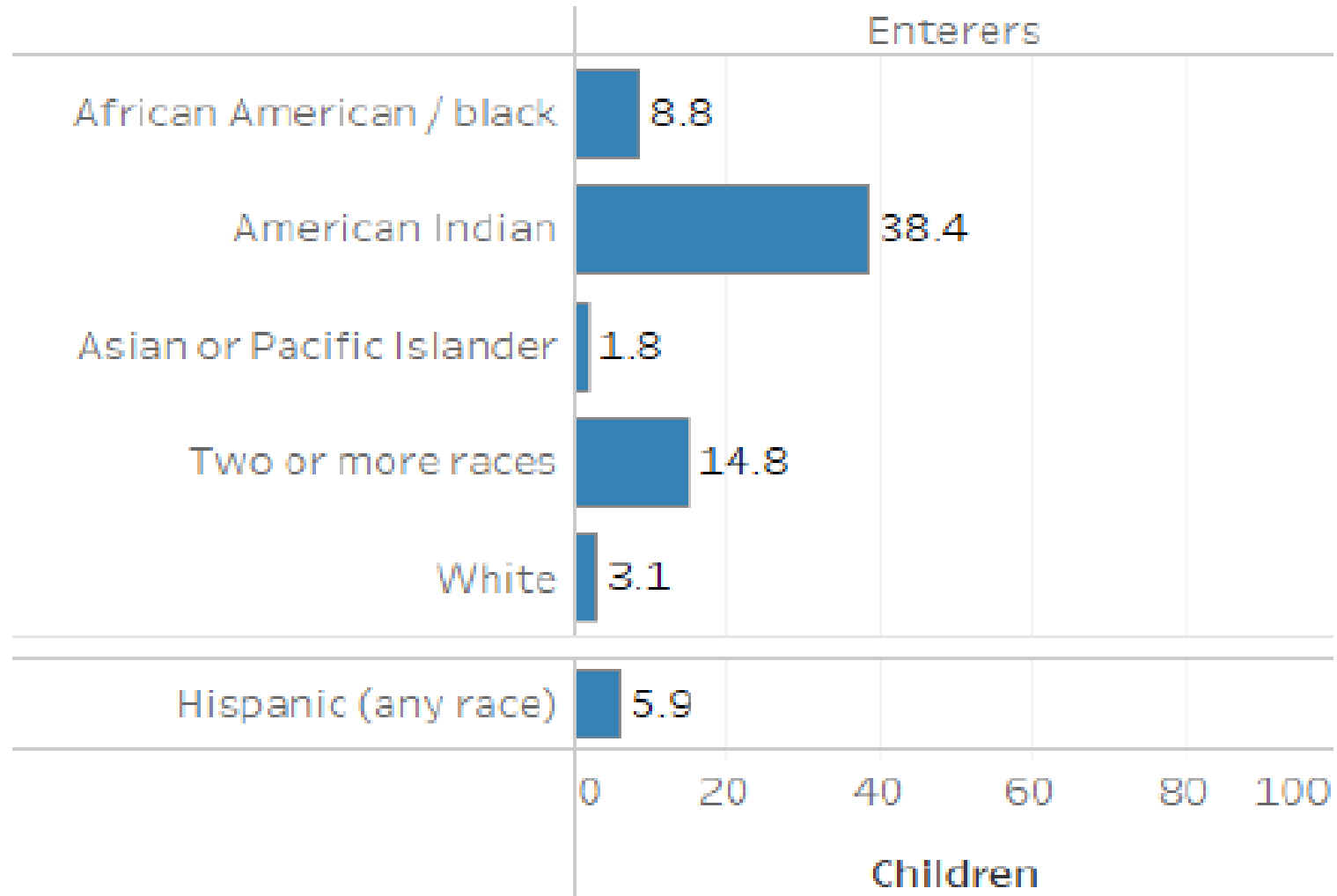
Who's in foster care: Racial Disproportionality





Who is entering care?

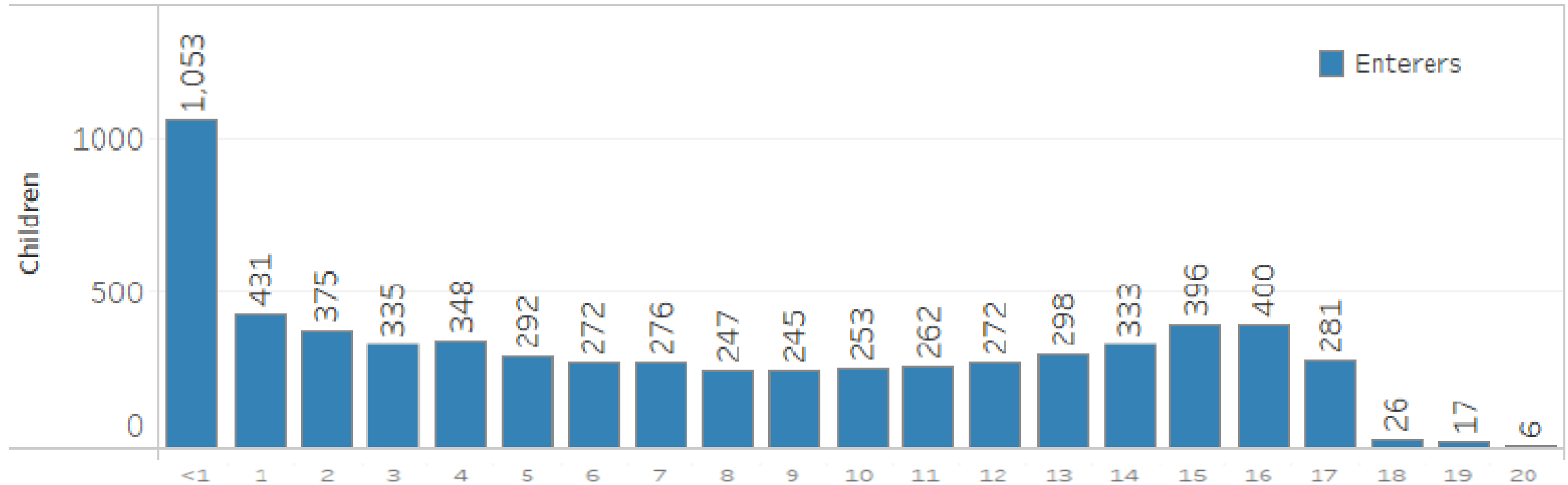
Rate per 1,000 for children in care in 2018





Who is entering care?

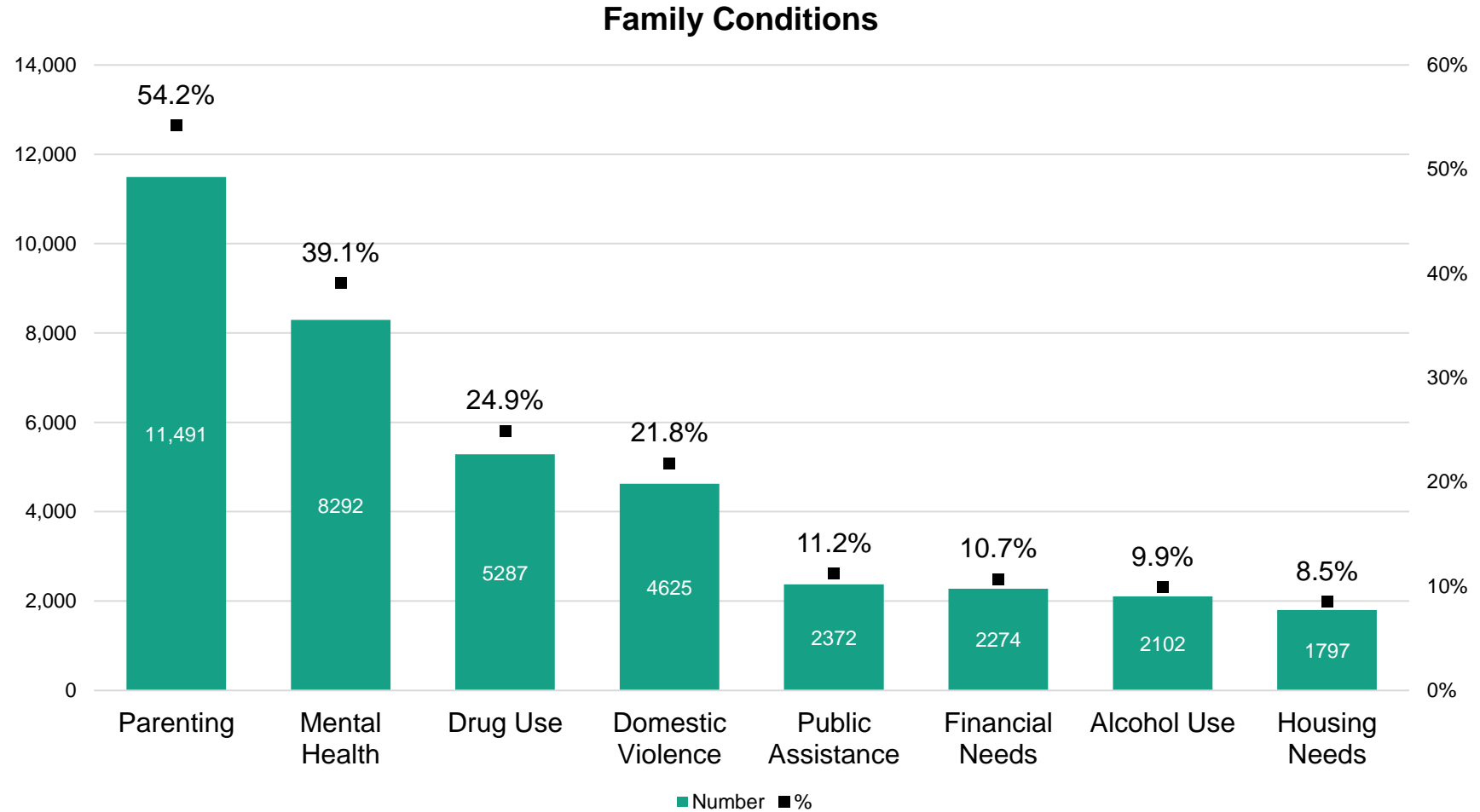
Number of children by age experiencing care in 2018





Who is coming to the attention of child welfare?

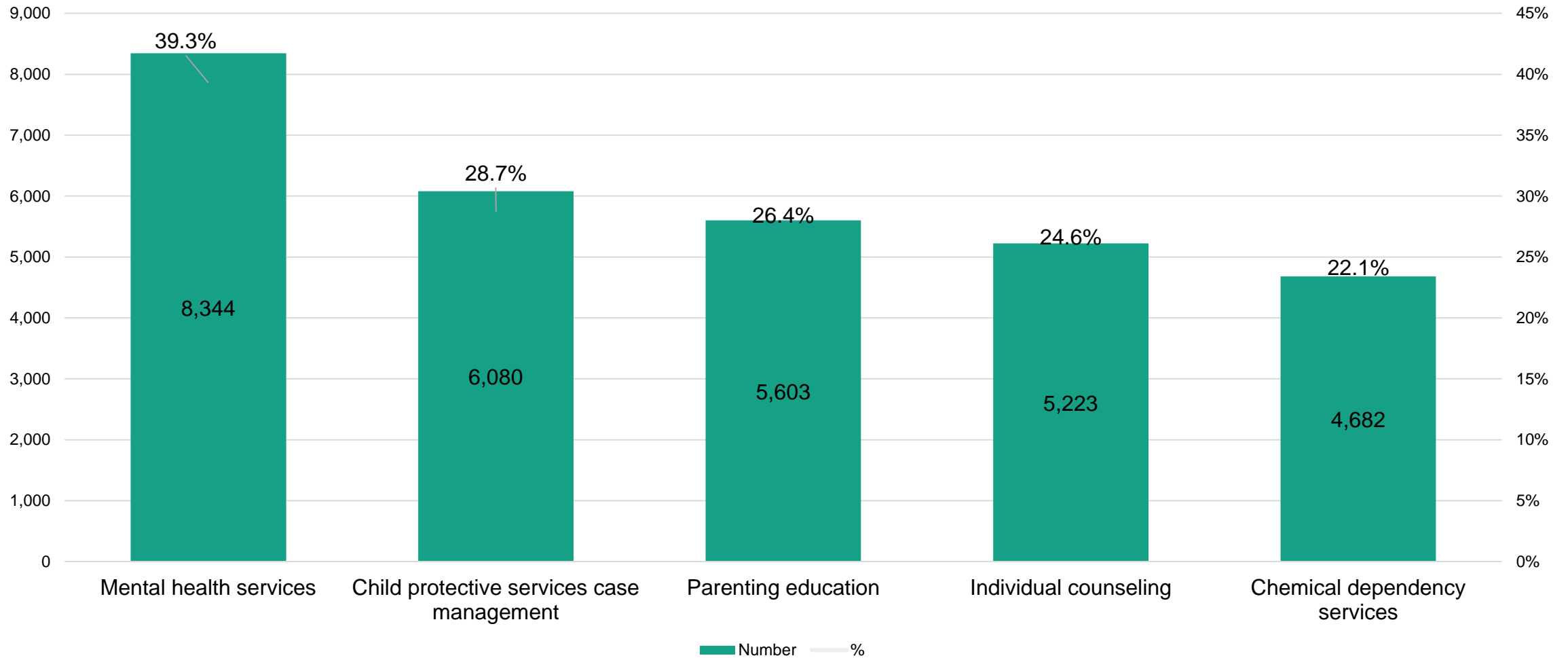
- 29,773 reports came to the attention of child welfare
- 21,216 (71.3%) were not opened to case management





Who is coming to attention of child welfare?

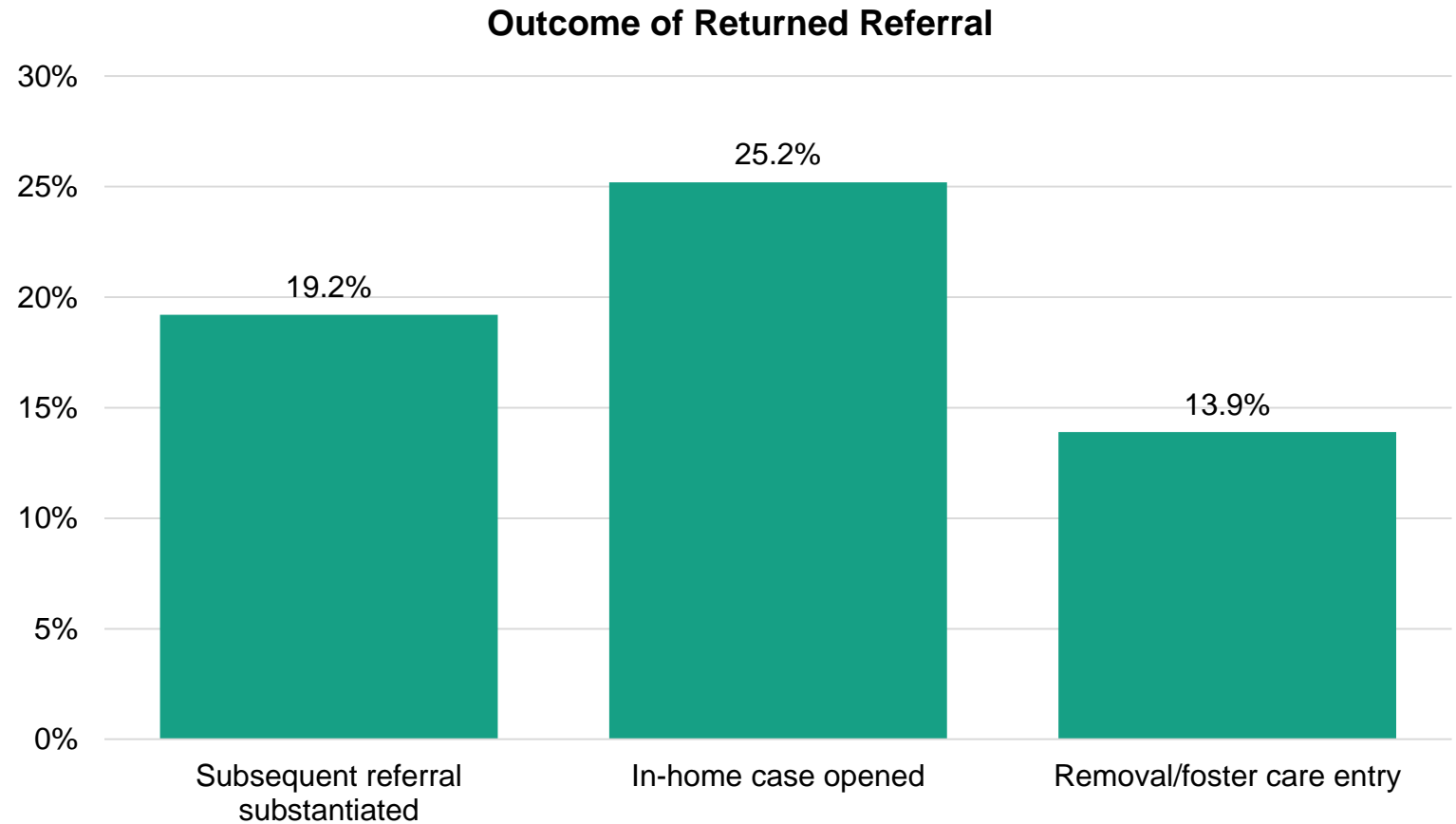
Recommended Services Following the Report





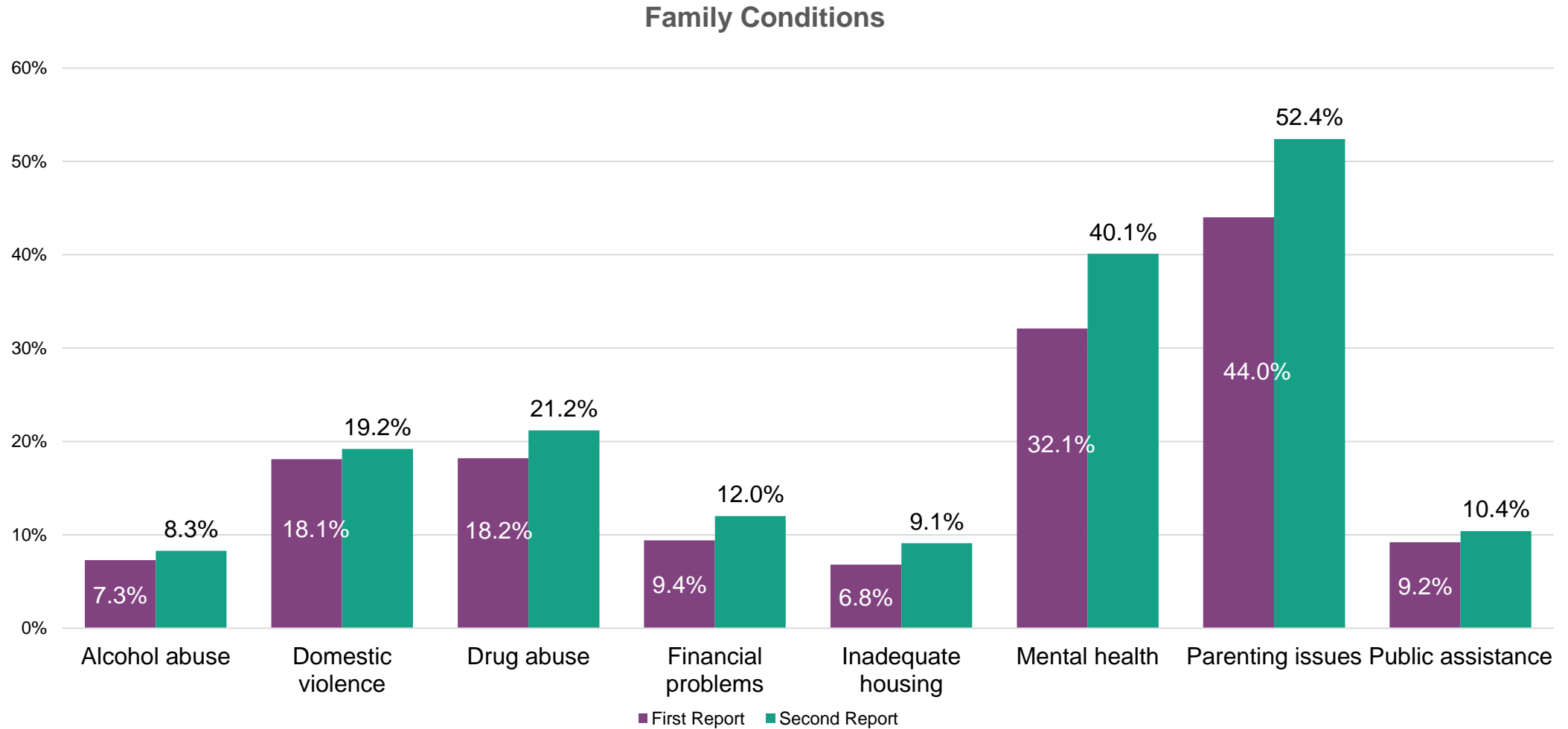
Who is coming back to the attention of child welfare within a year?

- Of the 29,773 family assessment and family investigation reports closed in FY 2018, **24.7%** had at least one victim in a screened in maltreatment report within one year
- Of the 37,810 victims in those reports, **21.6%** had another screened in maltreatment report within a year
- Of the referrals that came back within a year, **15%** had been substantiated during the initial investigation





Who is coming back to the attention of child welfare within a year?





Who is coming back to the attention of child welfare within a year?

Closed referrals that came back within a year by allegation

Allegation detail	# of reports	% of reports that came back
Access to alcohol, controlled substance, or prescription drugs	1,295	24.4
Chronic and severe use of alcohol/controlled substances	1,984	28.4
Domestic violence	147	31.3
Environmental hazards	903	29.1
Failure to ensure education	1,728	31.9
Failure to protect from serious endangerment	1,059	24.4
Inadequate provision for physical needs (food, clothing, shelter)	956	28.5
Inadequate supervision	3,079	26.6
Threatened physical abuse	1,225	25.3



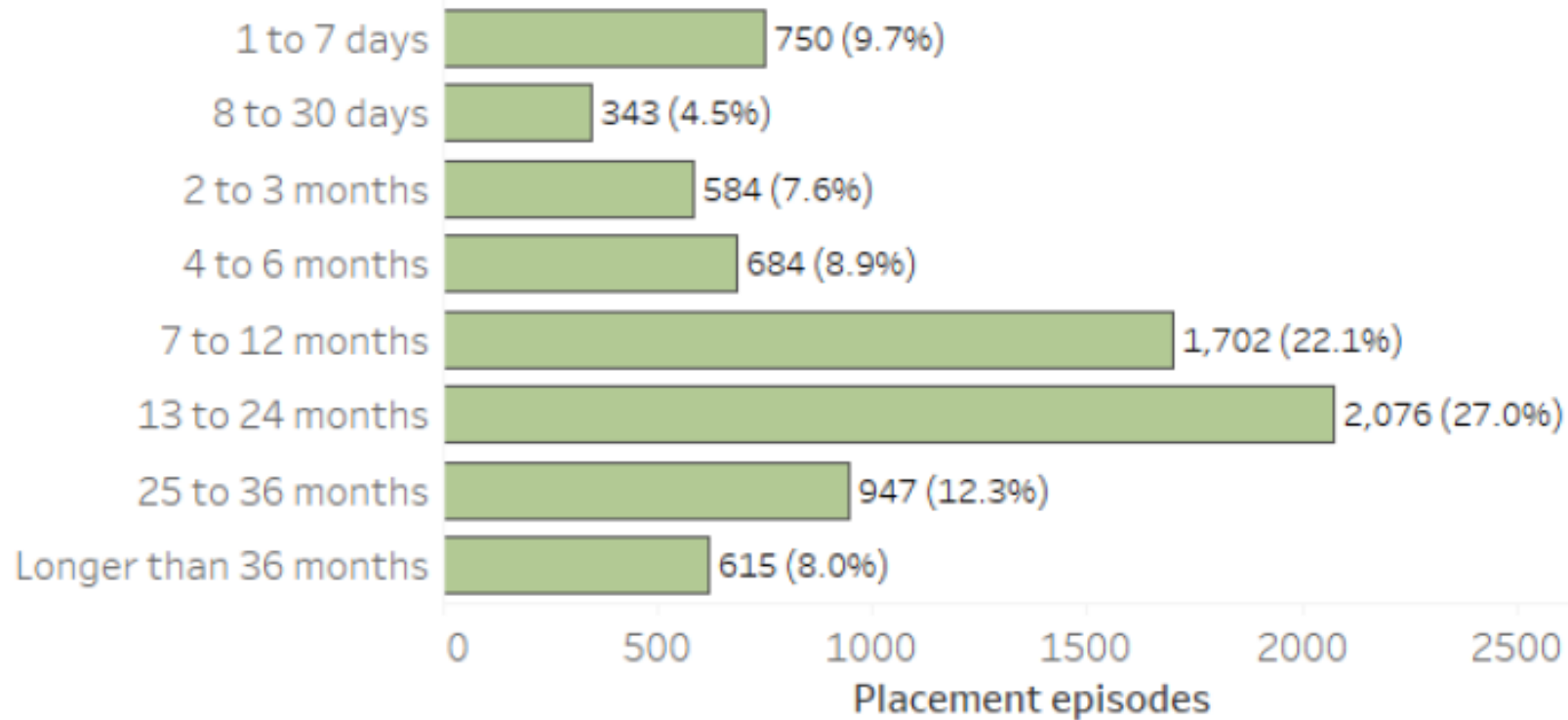
Who is coming back to the attention of child welfare within a year?

- Of the 6,199 in-home child protection cases that closed:
 - **67.2%** had clients in another child protection assessment or case management in-home case within one year;
 - **3.6%** had clients in an out-of-home care placement.



Short-Stayers

Length of stay for placement episodes ending in 2018



Of placement episodes that ended, 30.7% lasted six months or less.



Short-Stayers

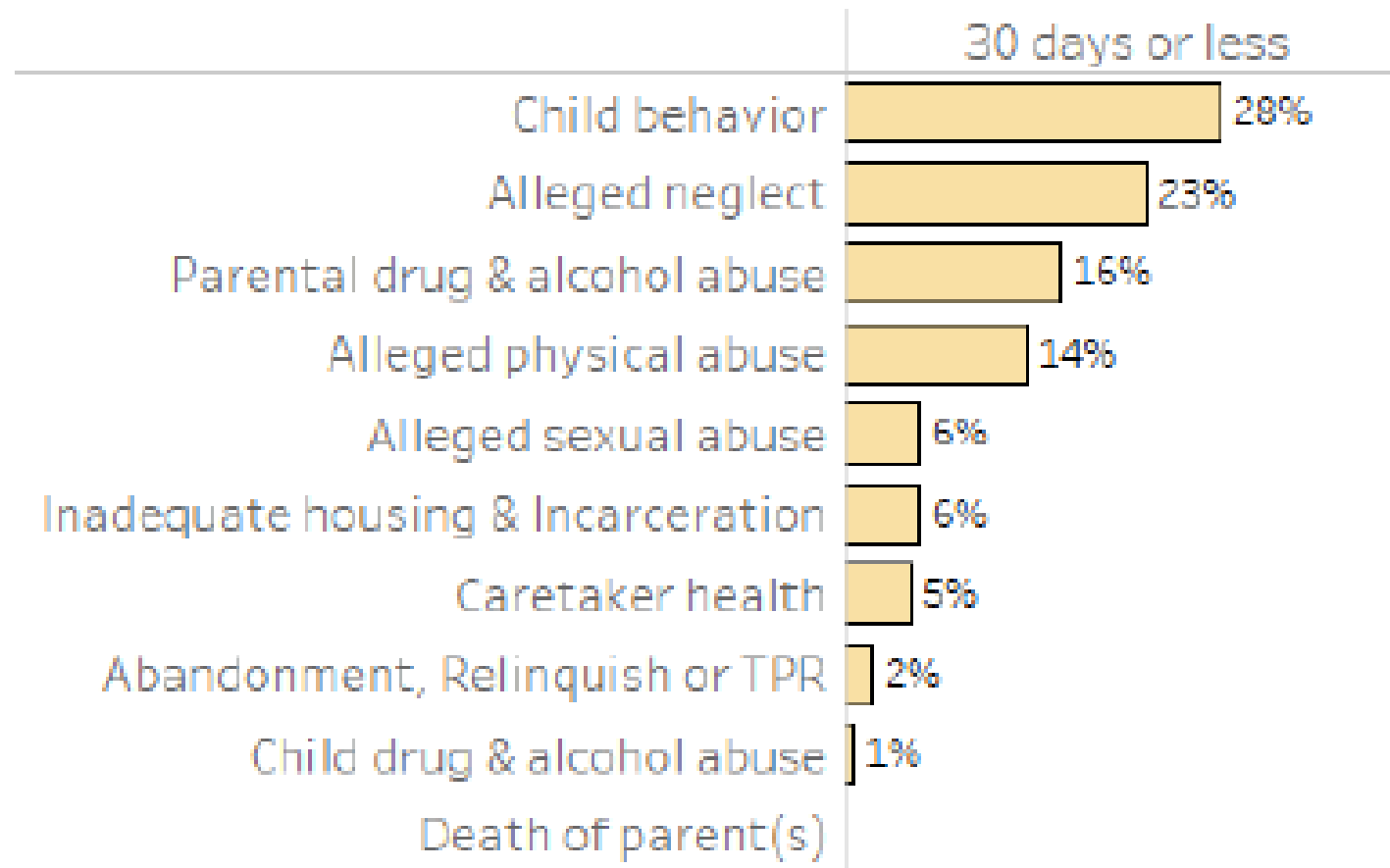
Length of stay for placement episodes ending in 2018

	African American / black	American Indian	Asian / Pacific Islander	Two or more races	Unknown / declined	White	All races	Hispanic (any race)
1 to 7 days	196 (15.0%)	47 (3.6%)	33 (16.5%)	107 (8.8%)	37 (24.0%)	330 (9.4%)	750 (9.7%)	73 (10.0%)
8 to 30 days	78 (6.0%)	32 (2.5%)	12 (6.0%)	63 (5.2%)	10 (6.5%)	148 (4.2%)	343 (4.5%)	34 (4.6%)
2 to 3 months	95 (7.3%)	67 (5.2%)	16 (8.0%)	102 (8.4%)	18 (11.7%)	286 (8.1%)	584 (7.6%)	66 (9.0%)
4 to 6 months	113 (8.6%)	88 (6.8%)	4 (2.0%)	136 (11.2%)	17 (11.0%)	326 (9.2%)	684 (8.9%)	73 (10.0%)



Short-Stayers

Percent of placements ending in 2018 lasting 30 days or less





Other key questions

- ◎ Who are the pregnant and parenting youth in foster care?
 - How can we be inclusive of all young parents?
- ◎ Who is at risk of re-entry to foster care?
 - Adoption/guardianship disruption
 - MN had a foster care re-entry rate of 15.9% in 2018
- ◎ What other questions do we need to ask?



What is the data telling us?

- ◎ What is the data telling us about who is at imminent risk for entering foster care?
- ◎ What is the data telling us about family needs?
- ◎ What is the data telling us about who child welfare knows about and may benefit from more upstream support?



Break!



Welcome Back!

Defining the Continuum



What did we learn?

Parental drug abuse/substance use is primary reason for out of home placements

Children under 2 and children between 15-17 are the most likely to experience out of home care

Parenting, mental health, substance use, and domestic violence are most common family conditions for families who come back to the system

Disproportionality everywhere

The disparities are overwhelming

System is failing to meet the underlying needs of children being served through in-home case

The disparities in short-stay numbers are overwhelming; do these families really need to come into the system? What could we do sooner?

Need culturally-responsive services to be more successful

Concerns with assessments/investigations where workers only have 1-2 contacts with families – and how this relates to families coming back to the attention of child welfare

What can we do differently for families?

What can we do differently to support workers? How do we support them when they are in conflict with court, law enforcement, etc. How do we need to train and shift these folks as well?

Counties need community-based supports – need resources for parents in the community; feels like setting parents up to fail

Need community resources that focus on addiction and the family

Challenges with allocations from the state – based on last year's needs, not flexible to meet current needs

Really want to understand what is happening with families who are returning to child welfare

Opportunity to look at local, county data to better understand what is happening – where the gaps are

Seeing families coming to child welfare as the only place for services

How do we bring the voices of families into our work – improving policy, enhancing our service

continuum?

What do we need to do to engage our cross-system partners? Break down silos with early childhood, economic security, mental health, substance use, etc.

Mental health underlies all the top reasons for coming to the attention of child welfare – where is mental health in all of this? How do we bring mental health and substance use into the conversation? Can these systems support families earlier on?

Lots of questions around parenting piece – what do parents need? How do we support parents?

Fear factor in our business – especially with young social workers

Hadn't seen these data before

Families are struggling more with less

How to handle the deep end of the system – response for children charged with a juvenile offense and the option is foster care or secure detention; need to be thinking about diversion in JJ as well

Some to leverage public health programs in legislation – build them up, and strengthen

So many young children coming to the attention – how do we lift this up/support these children?

Helpful to establish shared language and vision

What do we need to do from the policy/system level perspective: workforce (university partners), resource families



A new way to serve children and families

Serve in the community, no interaction with child welfare

- universal prevention for young children
- law enforcement has been involved with child/parent conflict – want to connect to services without having to go through child welfare (placement)
- families who benefit from PSOP

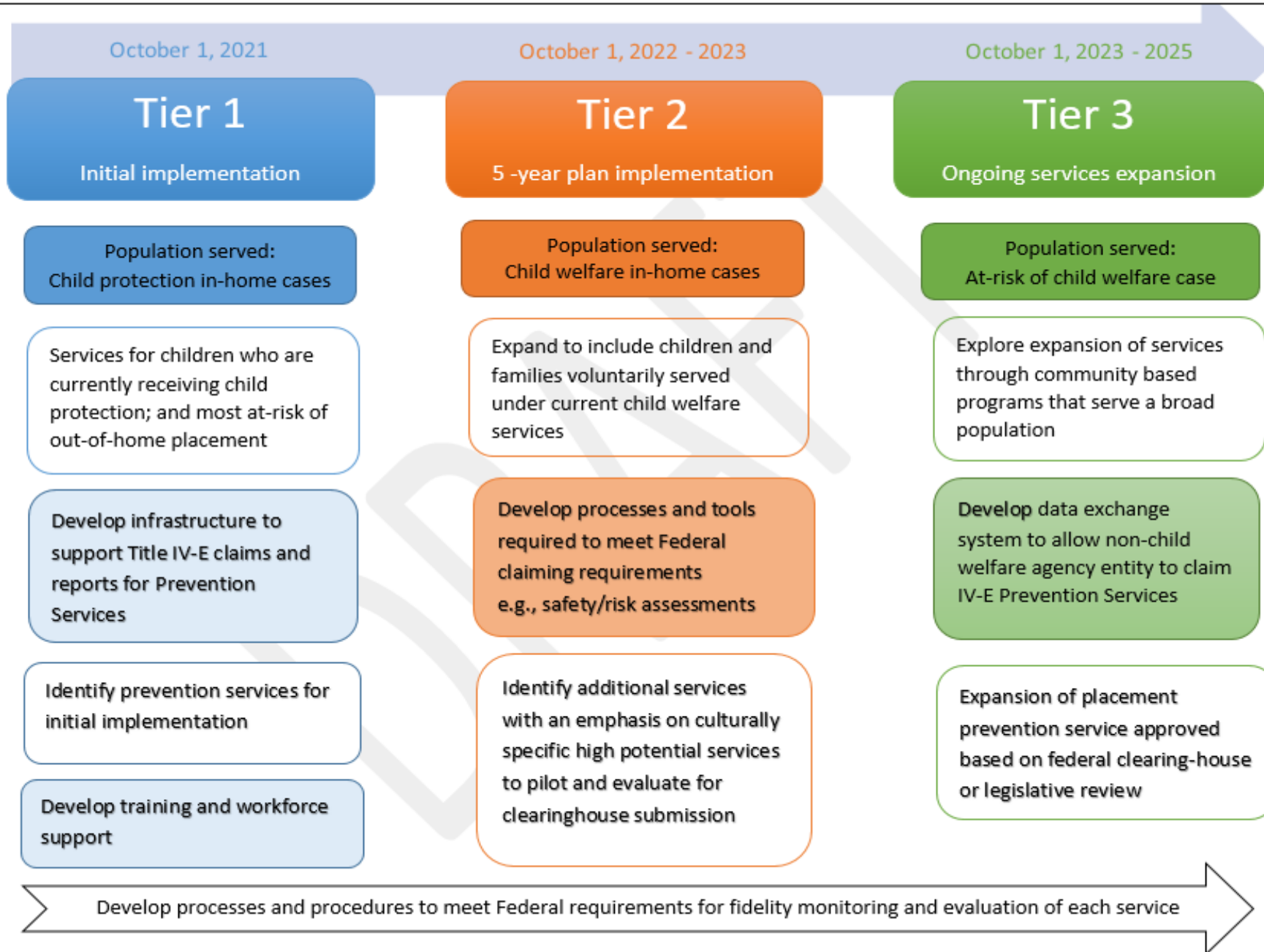
Known to child welfare, oversight requirements not needed

- re-reports where no service needs/no need to open an ongoing case
- young children where there is parental substance use: case is accepted for a CW response, no oversight of services needed (substance use specific?)
- first time reports where no services are required
- families who benefit from PSOP (first time reports to DHS (85% don't come back), with DHS h/x (75% don't come back)
- Expectant and parenting youth who have aged out of care (Chafee to 23)

Imminent Risk of Entry to Foster Care

- in-home child protection cases
- at CPS/FA closure: yes in need of services or yes experienced harm; those families where the second report with a year led to open case (in-home or foster care)
- young children where there is parental substance use: case is accepted for a CW response, service needs
- older youth with parental/child conflict (sometimes law enforcement/juvenile system is involved) – cross-over youth
- currently parents who utilize voluntary foster care placements

PREVENTION SERVICES IMPLEMENTATION CONTINUUM



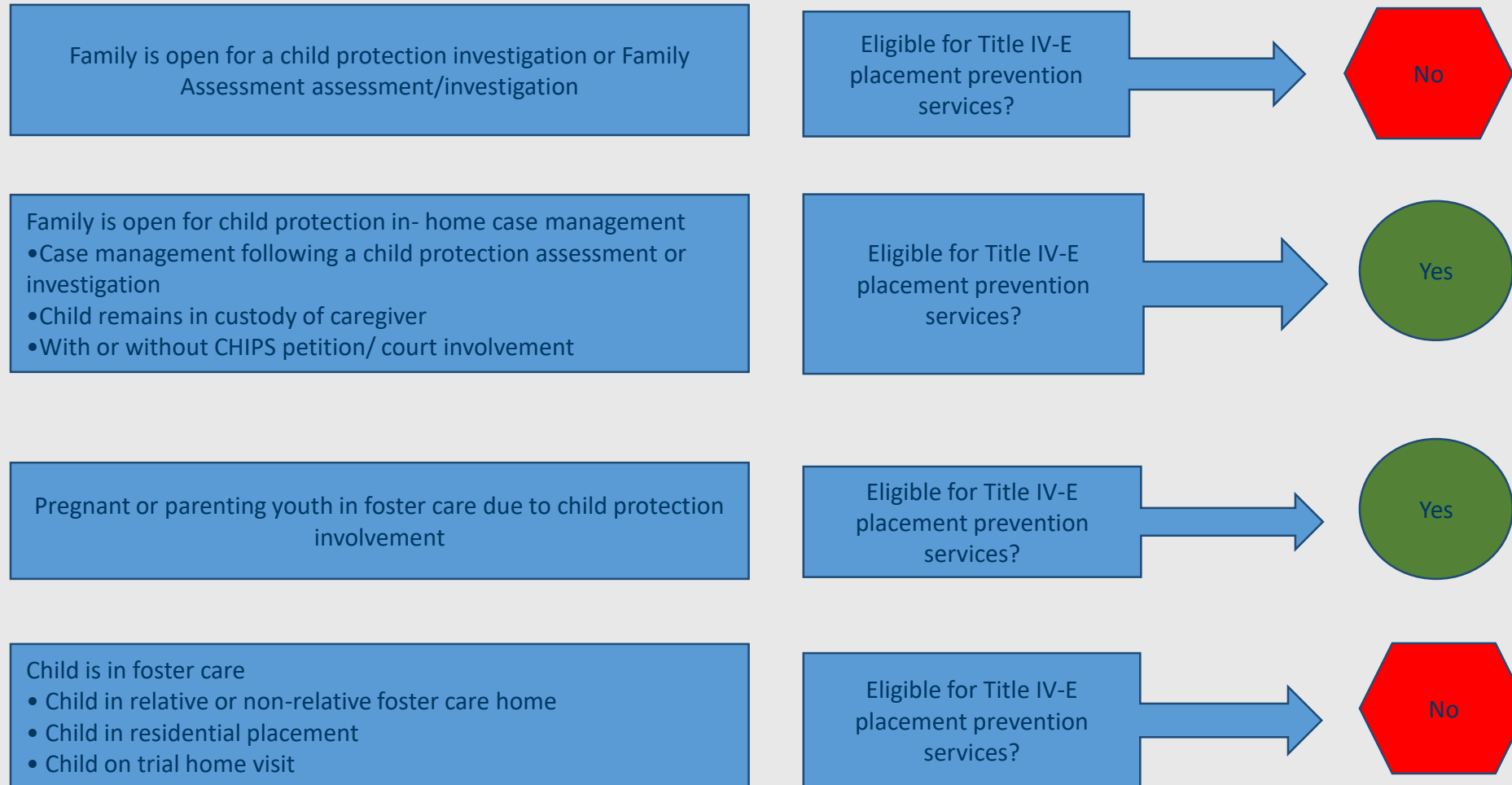
* Prevention services will be limited initially due to restricted number of services approved by the Federal clearinghouse; Minnesota's Healthcare Plan covers many of the approved evidence based practices.

Proposed - Tier 1 Prevention Candidates

While continuing to plan for a child welfare population, Minnesota's initial Prevention Services Prevention candidates will include the following:

- Children and families receiving in-home child protective services case management
- Court-involved (CHIPS) families when one or more child remains with their family under protective supervision
- Children who have reunified with their family
- Pregnant or parenting foster care youth.

Proposed tier one candidates





Initial Feedback on DHS Proposal

- Framing:
 - Need to develop the support for services for children/families who are not candidates for child welfare
- Specifics



Next Steps

- ⦿ What happens next?
- ⦿ How can we continue to support the work?



THANK YOU