

Family First Prevention Services Act Best Practices Brief

Prepared for Rock County
Children, Youth and Families Division
Wisconsin
October 2022



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DENVER

BUTLER INSTITUTE FOR FAMILIES
Graduate School of Social Work

Prepared by the Butler Institute for Families
Graduate School of Social Work | University of Denver

Overview

This brief provides:

- An overview and background of the Family First Preservation Services Act (FFPSA)
- Examples and related best-practice approaches for implementing FFPSA-funded supports and services
- Information and recommendations specific to Rock County
- Other strategies, resources, and recommendations related to implementing FFPSA in Rock County

The Butler Institute for Families at the University of Denver Graduate School of Social Work (Butler) aligned recommendations with Rock County efforts underway with Alia, a Minnesota agency that improves practice through strategic consulting.

Principal Authors

Kristin Clark (she, her, hers), MSW, Senior Program Associate, Butler Institute for Families, University of Denver Graduate School of Social Work

Sommer Purdom (she, her, hers), MSW, Program Associate, Butler Institute for Families, University of Denver Graduate School of Social Work

Carole Wilcox (she, her, hers), MSW, LSW, Intercultural Development Inventory Qualified Administrator, Director of Operations, Butler Institute for Families, University of Denver Graduate School of Social Work

Recommended Citation

Clark, K., Purdom, S., & Wilcox, C. (2022). *Family first best practices brief: Approaches and recommendations for Rock County Children, Youth and Families Division*. Butler Institute for Families, University of Denver Graduate School of Social Work.

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Introduction

The effects of child abuse and neglect compound throughout a person's life, with costly consequences for individuals, families, and society. These effects are visible in all aspects of human functioning, including in physical and mental health, education, work, and social relationships. Recent research suggests investments in prevention go beyond protecting children from maltreatment to also preventing its devastating consequences (Institute of Medicine and National Research Council, 2014). The Children's Bureau funded research and demonstration grants related to prevention and early intervention that noted early intervention led to gains in access to preventive health care, improved parental functioning, and early identification of developmental delays (Child Welfare Information Gateway, 2017a).

Child maltreatment prevention services can be organized into a framework of primary, secondary, and tertiary programs (Child Welfare Information Gateway, 2017b):

- Primary prevention programs are directed at the general population to prevent maltreatment before it occurs
- Secondary prevention programs are targeted to individuals or families deemed to be at greater risk for potential abuse or neglect
- Tertiary programs are directed at families in which maltreatment has already occurred

Ideally, county, community, and system stakeholders work together to create this framework, assuring a service array that consistently provides universal prevention for all families, early intervention to address identified risks, and strengths-based family-centered interventions when concerns for child safety and well-being are present. The Families First Prevention Services Act (FFPSA) provides important direction and funding supports for child maltreatment prevention.

A public child welfare program must create intentional infrastructure and sustain continuous quality improvement to create a nurturing, equitable, trauma-informed, and family-centered organizational culture that supports both the community and the workforce. It is essential that child welfare professionals address risks to family stability and assure children and families' needs are met in a way that avoids future involuntary intervention. Family risks, child safety concerns, and needs are best addressed by creating and sustaining a meaningful service array through:

- Effective partnerships with community and program-related stakeholders
- Active planning to reduce racial and ethnic disparities
- Sustainable development and support of staff and funding sources

This service array aligns with the mission of Rock County Children, Youth and Families Division, which is to empower families and youth by building upon strengths through services and relationships that center on family, encourage hope, and establish a supportive team that ensures safety within the family and community. The **Wisconsin Child Welfare Practice Model** provides a roadmap for this work at the county level, honing in on components of trust; respect; engagement; accountability; trauma-informed, culturally responsible, and family-centered practice; and workforce support. This brief builds on this foundation, aligns with **Rock County core values** guiding day-to-day practice, and connects with the state of Wisconsin's Department of Children and Families (DCF) FFPSA Prevention Plan.

Family First Preservation Services Act

The Family First Prevention Services Act (FFPSA) was enacted as part of the Bipartisan Budget Act of 2018. Historically, federal funds assisted with foster care costs, administrative costs, and related training for staff, foster parents, and some private agency staff (Administration for Children and Families, 2020). For decades, foster care and other out-of-home care arrangements were funded through the federal **Title IV-E Foster Care Program**. The passage of the FFPSA means that funding has moved to an earlier phase along the child welfare care continuum, giving states, counties, and tribes access to an enhanced funding stream to pay for effective interventions shown to prevent removal of the child from the parental home. The FFPSA allows a state to use Title IV-E funding if the state has an approved Title IV-E Prevention Plan that tracks and seeks to prevent child maltreatment and fatalities. Once approved, the state can use evidence-based interventions approved through the Title IV-E Prevention Services Clearinghouse to qualify for federal reimbursement (National Center on Substance Abuse and Child Welfare, n.d.).

This funding provides support to keep children safely with their families; supports pregnant/parenting foster youth; and increases families' access to resources like mental health programs, substance use prevention and treatment, in-home parent skill-based programs, and kinship navigator programs while reducing the use of congregate care in placement locations like group homes or residential treatment centers (Comstock, 2018). FFPSA allows states to claim reimbursement from the federal Title IV-E Foster Care Program for the cost of maintenance payments of eligible children in a foster care placement when their parent is in a licensed residential family-based treatment facility for substance misuse (Weiser & Spielfogel, 2021). These efforts are meant to build and bolster communities' capacity to support children and families by creating and supporting prevention-focused infrastructure and services.

Public child welfare systems can create diverse service arrays that directly address their community's needs by accessing this funding. States are addressing these issues by securing community input and paying attention to equity, financial accountability, continuous quality improvement, infrastructure development, and implementation planning and delivery while also attuning to organizational needs for workforce support, training, and development. While the FFPSA approved evidence-based service may not meet all the community's needs, these interventions can be utilized alongside currently funded interventions to holistically support the community. Like braided funding approaches for use of federal and state dollars, a public child welfare program can use FFPSA funds within a braided service array approach that fits the unique needs of their community and improves efforts to prevent child maltreatment by addressing risks earlier along the child welfare care continuum.

Rock County FFPSA Implementation and Funding Streams

Using FFPSA funds can assist Rock County in realizing their overarching goal of increasing services and support for families, children, and youth; empowering them; and building the community's capacity. Using FFPSA funding within the Wisconsin FFPSA Prevention Plan alongside Rock County's current continuum of care and planning could create direct, positive outcomes in child safety, permanency, and well-being for youth and families through multi-layered, cross-sectional planning and implementation.

Wisconsin's **FFPSA Prevention Plan** outlines the implementation of evidence-based, Title IV-E Prevention Clearinghouse Services (Wisconsin Department of Children and Families, n.d.-c). DCF receives

partial federal funds for delivering these services to children, youth, and their families through Nurse-Family Partnership, Healthy Families America, and Parents as Teachers programs. Connected to these three programs is an overarching service array that is part of DCF's Child Welfare Transformation plan, which is intended to keep more kids safely in-home and strongly connected with family Wisconsin Department of Children and Families, n.d.-a). This additional array of services includes:

- Targeted Safety Support Funds - help families when children are unsafe and at risk of removal from their home
- Promoting Safety and Stable Families Grants - provide funds to prevent child maltreatment and enhance family preservation and reunification for children in out-of-home care
- Family Foundation Home Visiting Programs - offer a voluntary home visiting program for pregnant women and families with children under age five
- Domestic Abuse Services - provide supports to survivors, their children, and family members

In addition, counties can receive state funding for many other key services, including Parents Supporting Parents, an evidence-based service aimed at empowering parents with lived child welfare experience who mentor families currently involved in public child welfare; *Youth Innovation Grants* that fund youth justice projects; and other funds that provide representation for parents and their children/youth who are parties in a Children in Need of Protection and Services (CHIPS) court intervention (Wisconsin Department of Children and Families, n.d.-d). The state plan promotes using evidence- and non-evidence-based supports and has specific best practices for Indigenous families such as Positive Indian Parenting and Linking Generations by Strengthening Relationships (Wisconsin Department of Children and Families, n.d.-b).

Beyond federal and state funding streams, Rock County has access to limited county funding, which requires the program to consider funding capacity and staffing resources needed to implement an intervention. Best practices related to FFPSA funding and implementation around the country can offer opportunities for improvement that can have widespread impact. Rock County's case review work with Butler and their partnership with Alia has enhanced positive change, including through the creation of a plan to address racial and ethnic inequities.

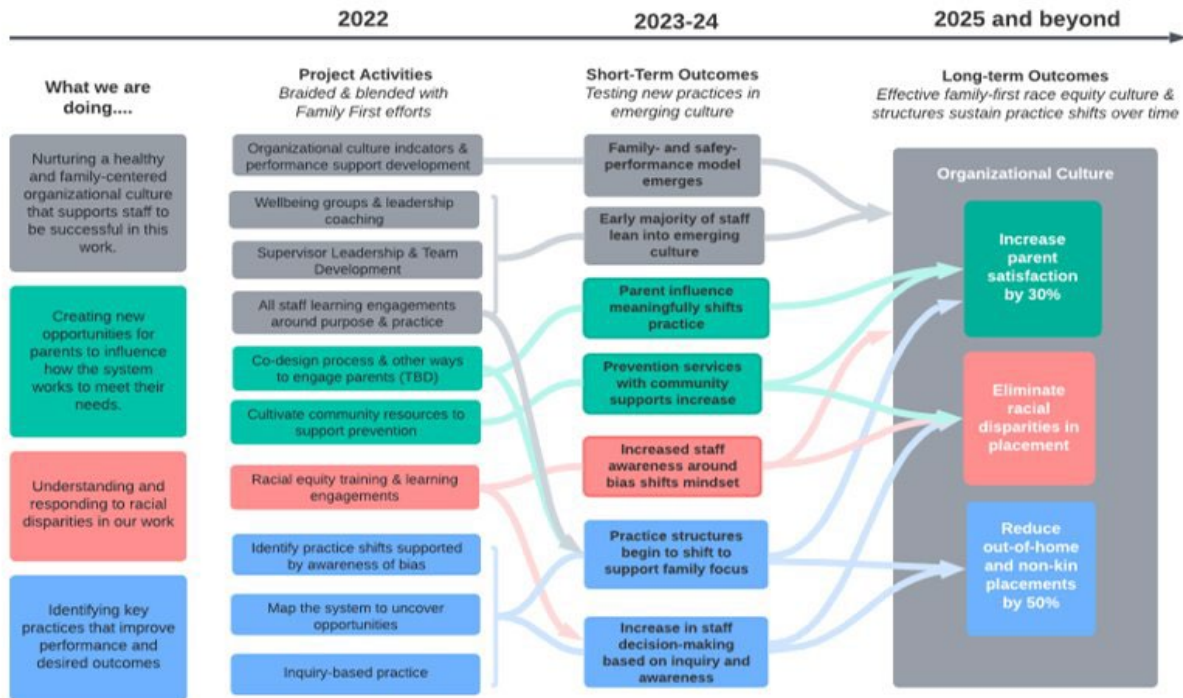
Racial and Ethnic Disparity Considerations

Recommendations in this brief connect with components of the logic model developed by Alia and Rock County (see Figure 1). The Rock County Racial Disparity Analysis revealed that African American/Black children have the largest disparity across children by race and ethnicity. They are disproportionately overrepresented compared to their presence in the general child population across the child welfare care continuum. These findings align with the case study review findings that show concerns of disparate support for Black, Indigenous, and People of Color (BIPOC) families in Rock County after a case is opened.

This overrepresentation begins with screened-in decisions about child maltreatment concerns referred by mandated and non-mandated reporters. Screening decision-making process changes offer a significant opportunity to use FFPSA funded practices for improvements in prevention and early intervention to reduce overrepresentation related to poor and disparate outcomes for children and youth. Shifts in workforce and service array development offer additional opportunities for practice

improvements in these areas that lead to increased accountability and equitable support for families throughout the case.

Rock Solid Community Equity Project Logic Model, Alia, 2021.



FFPSA Services and Improving Partnerships

Rock County is keenly interested in listening to community voices and involving members of the community in planning and developing improved services and supports. Partnering with community members and stakeholders to enhance the prevention and early intervention service array is most effective when the process holds to the **6 principles of partnership** promoted by the North Carolina Division of Social Services (2010). These principles, viewed as a whole, define the way best-practice approaches accomplish meaningful changes for the families, youth, and children served by the county public child welfare system. The 6 principles of partnership include:

Everyone Deserves Respect. Rock County practitioners communicate with families and stakeholders from a place of respect and mutual support. Each party must recognize that shared respect is central to the success of child safety, permanency, and well-being.

Partners Share Power. When obstacles arise, Rock County is encouraged to share the burden and the responsibility for making meaningful change with parents, community agency partners, and other agencies.

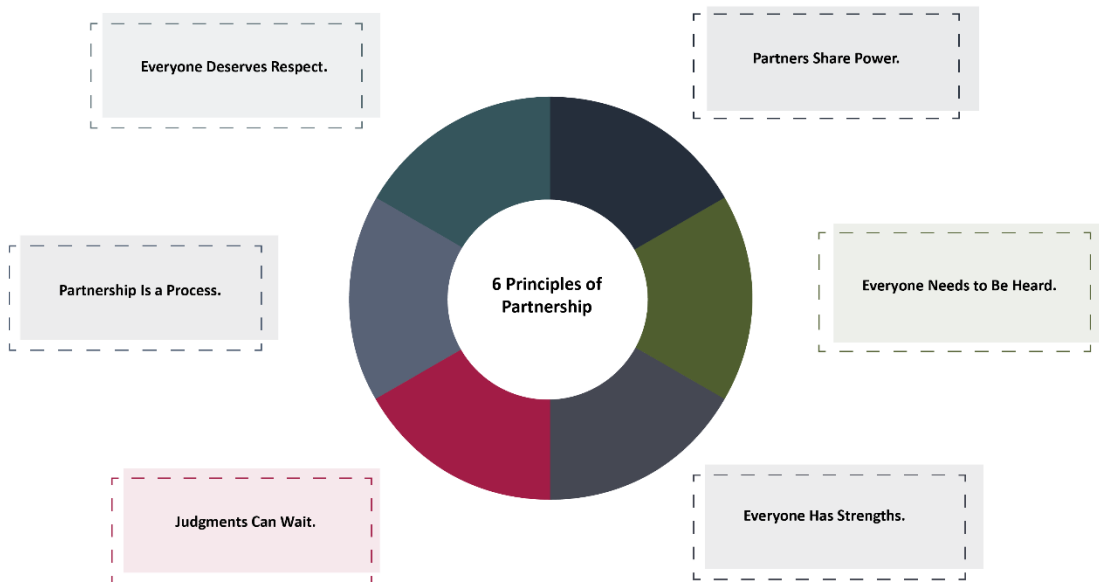
Everyone Needs to Be Heard. Empathetic listening should be used in all Rock County communications, which includes active listening accompanied by the listener’s sincere motivation to understand where

the speaker is coming from. The listener's desire should be to understand the other person's point of view and leave their own agenda "at the door." This keeps defensiveness and resistance from blocking solutions.

Everyone Has Strengths. Identify others' gifts and use them to accomplish goals. Use talents, abilities, resources, and connections to address worries as they arise. Rock County is encouraged to work hard to identify the problems ahead to create a hopeful and accomplishable path together.

Judgments Can Wait. Child welfare practitioners know that typically once a judgment has been created, the opening for exploring new ideas begins to close. Rock County child welfare staff are encouraged to delay judgments and stay open to changing decisions if further feedback or information indicates it is warranted. Hold candor with curiosity.

Partnership Is a Process. Rock County's realizes that work done together is effective when all partnership principles are used together. The focus is on the relationships within the work being done together with families, youth, children, and involved stakeholders.



State Examples of Evidence-Based Practice Approaches

Butler conducted a national scan of evidence-based practice (EBP) approaches other states are implementing using FFPSA-funded supports and services. The following information was gathered from published resources, such as journal or research articles, Title IV-E-FFPSA Prevention Plans, and other publicly available resources. The goal of these approaches is to increase prevention services for referrals that do not meet the criteria to provide a child protection response but where the family does need support to ensure stability. The goal is to avoid involving the family in involuntary child protection system interventions. The following are state practices that may be adapted for use at the county level.

Arkansas

The Arkansas Department of Children and Family Services (DCFS; 2020) outlined their prevention and early intervention approach in their **Title IV-E Prevention Program** report, including their home visiting and treatment programs that provide crisis intervention, short-term time-limited in-home treatment programs, and intensive in-home services. Arkansas DCFS has focused on going beyond addressing a crisis to providing more holistic intervention programs. Arkansas DCFS is currently working with the National Council on Crime and Delinquency to complete the independent systematic review of each service as necessary to claim transitional FFPSA payments. Their prevention and early intervention programs include:

- In-home parenting programs including SafeCare® for families (birth to age 5), Nurturing Parenting Program (ages 5-18), and intensive in-home services, including YVIntercept®, family-centered treatment, and intensive family services. YVIntercept® uses an integrated approach to in-home parenting skill development with a variety of EBPs.
- Mental health programming including trauma-focused cognitive behavioral therapy (TF-CBT), parent-child interaction therapy (PCIT), cognitive processing therapy (CPT), child-parent psychotherapy (CPP), and functional family therapy (FFT).
- Substance misuse programs including methadone maintenance therapy for opioid addiction and Arkansas Cares, a successful residential program for dual diagnosed mothers and their children.
- Cross-sectional programming integrating motivational interviewing (MI), a client-centered method that helps increase a client's intrinsic motivation to change, making it useful across various treatment modalities.

The MI approach is being reviewed by the Title IV-E Prevention Services Clearinghouse under substance abuse interventions, and Arkansas has encouraged the Children's Bureau to take a broader look at MI and its benefits across disciplines. If this occurs, the expansion would warrant MI training for all front-line child welfare staff. Currently, Arkansas DCFS is exploring costs for training, logistics, and coaching staff and for a related independent evaluation.

Colorado

Colorado geared their FFPSA plan toward robust primary prevention efforts, building multi-sector partnerships under a common vision, maximizing Medicaid and Title IV-E reimbursements for effective practices, and utilizing local and state resources to build capacity in EBP. This has required leveraging diverse funding streams alongside FFPSA. Colorado has approached FFPSA implementation across multiple offices within the Colorado Department of Human Services (CDHS), including the Division of Child Welfare, Office of Behavioral Health, Office of Early Childhood, and Office of Economic Security.

Colorado's Core Services Program has helped build a prevention infrastructure across the state by enhancing collaboration with community partners and providers and expanding intensive in-home therapeutic services, substance misuse treatment and mental health services, and innovative county-designed services. Their approach sets out a common set of interventions statewide with flexibility in local-level implementation. To guide the work, the Family First Implementation Team meets regularly around selected programs, such as Nurse-Family Partnership, Parents as Teachers, Healthy Families America, SafeCare®, multi-systemic therapy, FFT, high-fidelity wraparound, methadone maintenance therapy, MI, PCIT, TF-CBT, and an overarching Colorado Community Response (CCR) program.

The CCR program includes family preservation services designed to support families in crisis by improving parenting and family functioning while keeping children and youth safe. The staff can access flexible funds to assist families and their children and youth. This recognizes the need for safe and stable families and awareness that separating children/youth from their families and communities removes them from natural supports and often causes trauma, leaving lasting negative effects (Colorado Department of Human Services [CDHS] Division of Child Welfare, 2017). A CCR study found families who complete the program enhanced protective factors (CSSP, 2018), built social capital, increased stability, improved family functioning and self-reliance, and received concrete supports. Child welfare re-involvement, as measured by subsequent founded assessments and out-of-home placements, was lower for CCR completers than families with similar demographics and case characteristics who did not complete CCR, making it an effective program for strengthening families and preventing child welfare re-involvement (CDHS, 2018a).

Connecticut

Connecticut's Department of Children and Families (2022) FFPSA Plan provides EBP programs that include FFT, multi-systemic therapy, brief strategic family therapy, PCIT, Nurse-Family Partnership, Parents as Teachers, and Healthy Families America. Connecticut has a governance committee composed of seven workgroups that made community-informed recommendations. Each workgroup took a six-step approach to assessing the EBP options (see their FFPSA Plan pp. 34-35). Parents-as-experts conversations were designed to actively seek input from families on how services can best be delivered to prevent maltreatment and promote family well-being.

Connecticut recognizes that the list of evidence-based programs on the FFPSA Prevention Services Clearinghouse does not capture the full range of needs for Connecticut families. The state invests in additional programs that address family and community economic supports in which services are developed with and for communities of color and address the full continuum of mental, behavioral, and physical health needs of their children and families.

Montana

Montana's **Title IV-E Prevention Plan** focuses on Parents as Teachers, Healthy Families America, Nurse-Family Partnership, and PCIT as their identified EBPs. Montana pairs FFPSA funding with their Substance Abuse Prevention and Treatment Block Grant funding to provide family-based facilities specifically for families who have members with substance use disorders, allowing the parent and child to be together while they are involved in the child welfare system. Other states, such as Utah and Minnesota, also do this and have documented positive outcomes (Weiser & Spielfogel, 2021). California currently has a process underway to pair these two funding streams to promote development of family-based facilities (Weiser & Spielfogel, 2021).

Workforce supports, including training, are critical to delivering a successful array of supports and services to families. Montana's child welfare workforce support components, including training, are included in the FFPSA implementation. This aligns with national-level practices. The National Child Welfare Workforce Institute's (NCWWI) **Workforce Development Framework** (WDF, 2019) explains key elements of an effective workforce and provides evidence-informed strategies for development.

Staffing structure in Montana involves prevention services coordination by the prevention and support services program manager who leads prevention services specialists. They meet routinely with providers to identify appropriate prevention services and improve coordination between families and community providers. Family support teams assure effective communication and identification of appropriate prevention services for families (Grossberg, 2020).

New York

New York has integrated their **FFPSA Prevention Plan** (New York State Office of Children and Family Services, 2022) into their overarching principles on racial and gender identity equity, social and economic well-being, and parent and youth partnerships. New York provides brief strategic family therapy, family checkups, familias unidas, FFT, Healthy Families America, Homebuilders, MI, multisystemic therapy, Nurse-Family Partnership, PCIT and Parents as Teachers. New York has adopted a public health approach to tackling complex social needs and promoting community, parent, child, and family well-being by focusing on cross-system collaboration and community support.

New York has a Center for Excellence, which provides oversight and supports the success of their FFPSA EBP programs. The Center involves parent advocates who serve at the system-level and at the family consultation level. Additionally, they implemented a blind removal policy. Using blind removal processes helps reduce racial disparity and disproportionality by ensuring decision-makers do not have any family demographic information to prevent implicit bias from impacting a child removal decision (Casey Family Programs, 2021). Blind removals have been shown to eliminate bias in decision-making when removing a child from the parent's care by decreasing the overall number of children being removed from their homes and building a more equitable system of care. This is paired with ongoing training in the brain science of bias and related activities for the workforce.

Oklahoma Human Services (2021) has grounded their **FFPSA implementation** in four key principles: data-driven implementation informed by outcomes; two-way communication that is reliable, accurate, transparent, and timely among all stakeholders; integration with the Child & Family Services Plan (CFSP), Process Improvement Plan (PIP), IV-E Plan, and the Oklahoma Practice Model; and applying implementation science to continually monitor and adjust to emerging needs. Their programs include Home Visitation, Parents as Teachers, Children First, SafeCare-Augmented®, Child Guidance, The Incredible Years, Circle of Parents, PCIT, child care, Mental Health (MH) consultation, Family Expectations, healthy start, Maternal, Infant, Early Childhood Home Visiting (MIECHV), and YVIntercept®.

Intensive Safety Services (ISS) intervention was developed to complement SafeCare® (birth to age 3) and has been in place in Oklahoma since 2002. Providers visit with a family one to two times a week for approximately two hours for up to six months. YVIntercept® is an integrated, trauma-informed intensive in-home parenting skills program developed to safely prevent children ages birth to 18 years from being placed in out-of-home care, or in the cases where that is unavoidable, reunifying families faster. Family intervention specialists work with families from four to nine months to address issues impacting family stability, meeting with families on an average of three times a week, depending on family need, and providing 24-hour on-call crisis support.

Practice Strategies and Resources

There are four key overarching practice strategies that align with Wisconsin's FFPSA plan and can assist Rock County achieve their goal of developing enhanced services and supports. The results of the case review, led by Butler, outline many strengths and areas for growth around expanded and strengthened collaboration, consistent and equitable best practices application, and increasing the development of community support opportunities. However, the following areas can be improved upon through specific FFPSA-related strategies:

- Strengthen monthly family team meetings (FTM) to support already positive results using this practice. Invite and encourage foster or kinship parents, court personnel (including Court Appointed Special Advocates and Guardian ad litem), school personnel, natural supports, and extended family members to attend FTMs. This can help assure that family supports are coordinated to meet child needs, including notifying foster or kinship parents of the Child and Adolescent Needs and Strengths (CANS) score when placement occurs.
- Strengthen practices related to visitation (also known as family contact) including better connections between foster parents and parents, removing any link between the frequency of visitation and parent progress on the service plan, and addressing challenges for both incarcerated and unhoused parents.
- Reduce the disproportionate overrepresentation of African American/Black children across the child welfare care continuum and improve compliance with practice standards. African American/Black families were more than twice as likely to have practice standards go unmet when compared to their White counterparts.
- Improve the service array to address parental substance use disorders and their root causes. Substance use disorders were noted in the case review as a common cause of continued child

safety and risk concerns as well as barriers to permanency. Developing a holistic service array that integrates mental health and trauma-related supports, in addition to substance use treatment and protective factors supports, could help address chronic use and reduce the likelihood of repeat maltreatment.

There are four resources connected to the areas for improvement noted above:

Ensuring Team Member Collaboration to Better Serve Parents

Family team meetings, also known as family team conferencing and family team decision-making, can include family members, friends, extended family, kinship parents, foster parents, community supports, and other formal and informal relationships a family may have. These meetings are meant to be strengths-based and solution-focused. They support the family, who leads this individualized process as their own experts, in navigating complex challenges with the assistance of familial and community support. The Child Welfare Policy and Practice Group (n.d.) describes the facilitator's role in the family team meetings as bringing the team together to support them in identifying strengths and areas of support and contribution, developing a plan with clear action steps for team members, and coordinating and supporting the team in monitoring progress toward change. These supports can:

- Help prevent removals and disruptions
- Match appropriate supports to identified needs
- Help assure family safety, stability, and permanency long after child welfare involvement ends

This process supports the family in having autonomy and being engaged as partners and is aligned with the 6 Principles of Partnership as well as the **Strengthening Families Framework**. To learn more about this practice, go [here](#).

Family Contact Best Practices for Children and Youth in Placement

In Alaska's Matanuska-Susitna Borough, the Family Contact Improvement Partnership, a community partnership involving the Office of Children's Services, developed Best Practices in Family Contact, delivered training, and created numerous resources, knowing that frequent and quality family contact is a primary indicator of successful reunification (R.O.C.K. Mat-Su, 2022). When considering the importance of visitation frequency, research suggests the frequency of parental visitation is directly associated with reunification and permanent placements (Davis et al., 1996). Research shows that visitation frequency, especially for very young children, should range from twice weekly up to daily. And, ideally, family contact includes developmentally appropriate activities and coaching to promote knowledge and support the child's developmental needs (James Bell Associates, 2009). Family contact is not to be used as a reward or punishment. The frequency and quality of family contact should be consistent and include regular sibling connections. To learn more about this practice, go [here](#).

Decision-Making That Reduces the Impact of Implicit Bias

To assure equity for families and children, child welfare organizations can embrace an antiracist culture and practices recognizing and honoring cultural differences. To operationalize an anti-racist approach, leaders should make data-informed decisions and work to embed changes that reduce disparate outcomes for children, youth, and families. One important change is to examine practices that address

implicit bias at the system and person level. Implicit bias impacts decisions related to child removal. In Nassau County Child and Family Services, New York, the practice of blind removals at child welfare removal meetings resulted in a considerable reduction in the number of Black children removed from their families (Casey Family Programs, 2021). At their child welfare removal meetings where removal decisions are made, the staff de-identify the case file and present details without any demographic information that may elicit implicit bias. This includes not sharing names, races, ethnicities, or home addresses. Separate from this decision-making process, staff responsible for locating relative/kinship resources are given the information so they can immediately begin locating a kinship or community-based placement if a decision is made to remove the child. They are not involved in the removal decision-making process. The blind removal process eliminates potential for implicit bias and supports decisions using safety and risk information, family strengths, relevant history, and caregiver ability to protect the child. To learn more about this practice go [here](#).

Services to Address Substance Use Disorders

The overlap of parental substance use disorders and child maltreatment is a common concern related to child risk, safety, and well-being. Rock County families who become involved in the child welfare care continuum also experience this. Parent/child residential treatment services, motivational interviewing (MI), and peer support workers can help address parental substance use disorders that impact the child and are particularly helpful when addressing generational challenges for parents.

Parent/Child Residential Treatment Services

Some states, like Montana, have successfully linked their FFPSA funding with their Substance Abuse Prevention and Treatment Block Grant funding to provide family-based facilities specific to families with substance use disorders. This allows the parent and child to remain together, providing additional supports within the context of treatment and recovery. To learn more about this go [here](#).

Motivational Interviewing

Motivational Interviewing (MI) has been used across the child welfare care continuum to increase entry and engagement in treatment and motivation for changing substance use disorder behavior. Research with families involved in child welfare suggests that MI techniques may enhance the likelihood the person will follow up with substance use treatment. There are three basic characteristics of motivational interviewing:

- A collaborative, rather than authoritarian or prescriptive, relationship between the service provider and parent
- An eliciting, evocative approach
- A commitment to the ultimate autonomy of the parent to make decisions about change and to marshal personal resources for change

The use of MI respects a parent's freedom of choice and competence, which is consistent with the family-centered foundation of family preservation services (Silovsky et al., 2009). To learn more about MI, go [here](#).

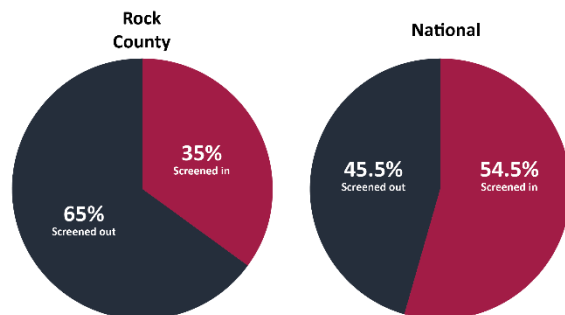
Peer Support Workers

In both substance use disorder treatment and mental health treatment settings, peers are increasingly integrated into the treatment team. The Substance Abuse and Mental Health Services Administration (SAMHSA) defines peer support workers as people who have been successful in their own recovery process and help others experiencing similar challenges. Peer support workers bring a shared understanding, respect, and mutual empowerment to the parent involved in child welfare who has substance use concerns. In this way, they build a therapeutic alliance that supports recovery. They connect with the parent and stay engaged in their recovery process, reducing the likelihood of relapse by offering one-on-one support. They understand that relapse is part of the recovery process and, if relapse occurs, they help support the parent. They can be an effective part of a treatment team and provide aftercare supports once the parent leaves a treatment program. Peer support workers are a key member of a team wrapped around the parent for a successful, sustained recovery process (Substance Abuse and Mental Health Services Administration, 2022). To learn more about peer support workers, go [here](#).

Considerations for Structure and Service Array

Rock County Children, Youth and Families Division serves over 30,000 children, youth, and their families annually and has a vision to create a nurturing, trauma-informed, and family-centered organizational culture that supports both community and staff while actively addressing systemic racial disparities.

Data shared with Butler from Rock County leadership indicated that from 2020-2021, approximately 35% of all child maltreatment concerns referred to child protection were screened in, while the majority, 65%, were screened out. Among the 45 states that reported data to the National Child Abuse and Neglect Data System (NCANDS), the most recently data published in 2019 revealed 54.5% of referrals were screened in and 45.5% were screened out (U.S. Department of Health and Human Services, 2021). Referrals to child protection are an indication that someone in the community found potential risks that worried the reporter. Rock County's screened out referral rate of 65% indicates the children and families connected to those reports are strong candidates for the voluntary supports and services funded by FFPSA. In addition, of those accepted for a child protection response, most were in the child maltreatment category, which comprised two thirds of all accepted reports over the same two-year period. Neglect is often tied to poverty and the social determinants of health, such as socioeconomic status and access to health care, education, and neighborhood resources to address food and housing insecurity (Hunter & Flores, 2020).



It is worth noting that of those families who received a child protection investigation in Rock County, the vast majority were found to be unsubstantiated. In 2020, this was approximately 88% of all safety

findings, and in 2021, approximately 82% had unsubstantiated safety findings. The county may want to consider the various resources being invested into the investigatory process and whether there are patterns within the unsubstantiated cases that reveal opportunities for the screening decision-making protocols.

There are opportunities to improve Rock County practices to meet the standards identified in the FFPSA legislation. Based upon the FFPSA national scan and the best practices review, the following recommendations are intended to contribute to improvements specifically to service array and delivery approach:

- Develop a comprehensive workforce development approach that addresses racial disparities while embedding culturally responsive and culturally informed training practices into all the services and supports across the child welfare care continuum, including implementing:
 - A blind removal policy for the decision-making process when a child may be removed from their parent.
 - A screening team to review which referrals should be screened in or out and a staffing model that supports a one worker/one family structure.
 - Critical workforce supports, trainings, and retention strategies to encourage a more stable workforce to serve and support families.
- Strengthen parent and partner engagement across the child welfare care continuum available to families:
 - Establish a formal and coordinated process to refer families to the FFPSA programs funded by the Wisconsin Prevention Plan, including Nurse-Family Partnership, Healthy Families America, and Parents as Teachers programs.
 - Given the level of impact substance use disorders have on the child welfare population, create and support recovery specialist services. Consider the use of programs such as adaptive Stepped Care (one program listed as a supported FFPSA intervention for chronic substance use/misuse).
 - Explore whether an existing substance use treatment center can be expanded to provide a residential treatment program that permits the parent and child to remain together.
 - Focus on holistic assessment and service approaches that have been found to reduce higher rates of return to the public child welfare system because core issues or root problems are more effectively resolved.
 - Strengthen engagement of both parents, not only the parent from whom the child was removed and implement best practices in family contact.
 - Create new partnerships and contracts with community agencies that serve families where they live, particularly in Beloit, WI, to address situations regarding unstable housing, individuals with mental health challenges, and substance use disorder services that are trauma-informed and culturally relevant.

Developing and implementing a community partnership advisory group is a promising practice across the nation and one that strengthens service implementation and supports to families earlier along the child welfare care continuum. Formal partnerships can help engage and involve families of origin, foster parents, kinship placements, and youth with previous child welfare system involvement in meaningful ways.

For Rock County to meet their goals of increasing community and parent satisfaction, eliminating racial disparities in placement, and reducing out-of-home and non-kinship placements, there must be an increased county and community investment in programs and internal structures that more strongly support these goals. These programs and structures should include youth and families as partners, consistently engage in evaluation that informs continuous quality improvement, take continuous action to develop the workforce in addressing racial disparities in practice, and create collaborative, culturally responsive, and community supported partnerships that increase a comprehensive and holistic service array for children and families.

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