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THE CHILD, FAMILY, AND COMMUNITY WELL-BEING LEARNING SERIES







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OUR INTENTION FOR THE LEARNING SERIES

- Create opportunities for Collaborative Counties to learn from subject matter experts and to engage one another about how to create a prevention infrastructure with shared responsibility and accountability among cross-sector partners, including the challenges and complexities of implementing / operationalizing their Comprehensive Prevention Plans
- Strengthen cross-sector relationships by learning together between County child welfare, juvenile justice and behavioral health, education, community-based service providers, family resource centers, local Child Abuse Prevention Council, tribal partners, and parents/youth with lived experience.
- Position Counties' to better examine and build their capacity and ability to effectively partner and engage with parents and youth with lived experience.
- Support Counties in measuring and decreasing racial disproportionality as well as elevating tribal sovereignty.
- Anchor service delivery systems in primary prevention and extend "downstream" from there, prioritizing resources in the most "upstream" way possible

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THE CHILD, FAMILY, AND COMMUNITY WELL-BEING LEARNING SERIES

TODAY'S TOPIC:

BUILDING THE COMMUNITY PATHWAY: PART 1

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THE CHILD, FAMILY, AND COMMUNITY WELL-BEING LEARNING SERIES

OUR PRESENTERS



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MODERATOR



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WHERE WE ARE IN THE JOURNEY

- We have previously anchored this series in Primary Prevention and now are working ourselves "downstream" toward Secondary Prevention
- Secondary Prevention strategies prevent those families at risk of child maltreatment - or its recurrence - from having formal system involvement or re-involvement
- Local Primary Prevention efforts will begin to gradually address Social Determinants of Health to protect and strengthen families who have not yet fallen prey to risks currently present in their communities
- There are, and will always be, families who will become susceptible to environmental risks, despite our best Primary Prevention efforts
- These families will require intervention - additional supports and services - to mitigate those risks and enhance protection in the face of those risks
- The existence of a community pathway provides those families with access to services with as little formal involvement as possible with public agencies
- Trusted community-based supports and organizations become the preferred intermediary connection to assessment, referral, linkage and service provision
- Existing diversion-oriented infrastructure, such as Differential Response, can be leveraged



Source: Public Health Sudbury & Districts www.phsd.ca



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Family First Prevention Services (FFPS) Program

THE COMMUNITY PATHWAY

Hillary Konrad
Bureau Chief of the
Office of Child Abuse Prevention (OCAP)




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VISION AND PURPOSE OF THE COMMUNITY PATHWAY

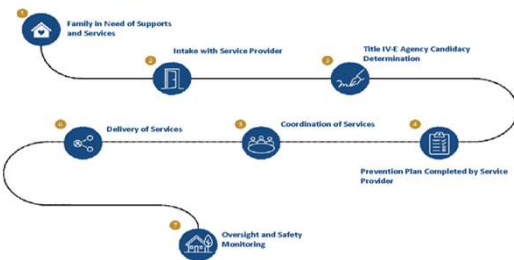


California's vision for prevention includes a community pathway for families to access services and supports earlier, to mitigate trauma, to prevent child welfare involvement and improve child, youth, and family well-being

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EXAMPLE OF A COMMUNITY PATHWAY

Figure 1: Community Pathway



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KEY ELEMENTS FOR COMMUNITY PATHWAY

Element	Information
Funding and Sustainability	<p>Prevention Funding Chart and Prevention Funding Guide is available to assist in understanding the complex funding streams.</p> <p>Community pathway is optional, and the design of the community pathway can be adjusted to meet the needs of the community and abide by the fiscal constraints of the Title IV-E agency and partners.</p>
Data	<p>Child specific data within a prevention plan must be shared with the local Title IV-E agency for candidates.</p>

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Element	Information
Service Access	Community Pathway may look different in each counties, especially those without an FRC infrastructure, it may mirror a pathway that is like differential response. Community pathway requires a coordinator of services to ensure services are accessible and transitions are smooth for children, youth, parents and families.
Service Coordination	The role of the community partner/service provider (CBO, FRC, etc.) for safety monitoring aligns with traditional processes, as a mandated reporter if child neglect and/or abuse is suspected it must be reported to CWS. The coordinator of services will be responsible for managing the family specific prevention plan. A Title IV-E agency must opt-into the FFPS Program, CAPC/FRC cannot opt-in alone.

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BUILDING COMMUNITY PATHWAYS

Community pathways provide children, parents and kin access to culturally relevant, local prevention services without direct involvement with CPS.

- FFPSA not the only **funding stream**
- Community pathways not the only **mechanism**
- This is **one important tool** in system transformation

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WHAT WE KNOW

- **All families** need and deserve access to high quality, timely, culturally relevant services and supports
- **Disinvestment in some communities** has led to deep inequities in community conditions and assets
- We must have an **intentional race equity and tribal sovereignty lens**
- **Getting help should not require system involvement** and the harm and trauma that often comes with it



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WHY WE NEED A DIFFERENT WAY

"There are so many barriers to even knowing about or getting the support you need. You have to prove yourself worthy, and it's a very dehumanizing experience. When families are told they can have this, but not that, it keeps them down. It keeps them in poverty and prevents them from having what they need to care for their children."



— Dee Bonnick, MSW, Parent, National Family Engagement Consultant, Education Advocate, and Social Justice Practitioner



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SHIFTING PARADIGMS

FFPSA is an opportunity to **reorient child welfare** in three ways:

- Types of services offered
- Who can receive services
- How and where they can access them



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LEARNING FROM EARLY IMPLEMENTATION

1. Engage community
2. Broaden eligibility for support
3. Build a robust array of services
4. Create/leverage sustainable infrastructure
5. Consider workforce implications



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ENGAGE COMMUNITY

"We really listened to families. They need support. They want to be able to exhale and not feel like DCF is hovering. So we said, 'Let's shift the experience families have of us, and create a system that allows them to truly get the support they need.'"

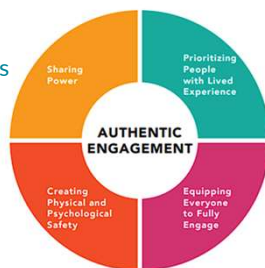
- JoShonda Guerrier, Connecticut Department of Children and Families



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ENGAGE COMMUNITY

- Understand your communities
- Engage lived experts
 - In planning (CT)
 - In implementation (DC)
- Build capacity



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BROADEN ELIGIBILITY FOR SUPPORT

States are taking an *expansive* view of pathways candidacy

- Anyone eligible for Healthy Families (IN)
- Specific groups at heightened risk (CT)
 - ✓ children who are chronically absent from school
 - ✓ children of incarcerated parents
 - ✓ youth who are unstably housed or experiencing homelessness
 - ✓ families experiencing interpersonal violence
 - ✓ caregivers with a substance use disorder, mental health condition, or disability that impacts parenting



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BUILD A ROBUST ARRAY OF SERVICES

"It feels like the system determines what services are needed and then is prescriptive about how they are done. If there had been places my family could have gone where they felt supported and trusted to say what they needed, that would have helped us."

—Christina Andino, former youth in foster care



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BUILD A ROBUST ARRAY OF SERVICES



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CREATE/LEVERAGE SUSTAINABLE INFRASTRUCTURE

- Existing infrastructure
 - Healthy Families (IN)
 - Community collaboratives (DC)
- New infrastructure
 - Care Management Entity (CT)



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CONSIDER WORKFORCE IMPLICATIONS

- Different competencies are needed!
- Rethink who provides services
- Be creative



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LOOKING AHEAD

- Be bold and expect to iterate
- Think broadly about community pathways
- Be solution-focused. Engage in barrier-busting and creative problem-solving




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RELATED PRODUCTS

www.casey.org/resources/field-questions/




- How are states building community-based pathways to prevention services through Family First?
- How do Washington, D.C.'s community collaboratives provide neighborhood-based supports to families?
- How have community voice and leadership guided the implementation of Family Success Centers in Washington, D.C.?
- How can helplines serve as a better pathway for families to access support?
- What are the four pillars of authentic engagement with communities and individuals with lived experience through co-design?
- What are some ways San Francisco's Family Resource Centers strengthen families and protect children?
- How does San Diego's child protection agency partner with 2-1-1 to better serve families and children?




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MENTIMETER

What is something that was shared today that connects with how your county or tribe is conceptualizing community pathways?

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FAMILY FIRST PREVENTION SERVICES ACT: COMMUNITY PATHWAYS

Krista Thomas & Jen O'Brien

May 2023

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WHAT WILL BE COVERED

Community Pathways to Prevention Services & Supports in the context of the Family First Prevention Services Act (Family First)

- What are community pathways?
- Benefits & opportunities
- Challenges & tensions to overcome

Opportunities for Systems Change through Community Pathways: State Examples

- Community pathways in approved Family First prevention plans

Break-out Group Discussion: Building Community Pathways in California

- Key considerations & questions

CHAPIN HALL
at the University of Georgia



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OVERVIEW OF COMMUNITY PATHWAYS



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OPERATIONALIZING A COMMUNITY PATHWAY?

A "community pathway" is any avenue that families can use to access title IV-E funded prevention services through Family First outside of the traditional child welfare service delivery & case management context

Who provides service delivery & case management in a community pathway? Options include but are not limited to:

1. Contracted community-based agencies (e.g. family resource centers)
2. Specific evidence-based prevention service providers (e.g. home visitors)
3. Non-child welfare public agency partners (e.g. Departments of homelessness, behavioral health, public assistance, etc.)

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BENEFITS OF COMMUNITY PATHWAYS

Serves families **outside of the child welfare system**

Allows families to **voluntarily** receive prevention services by trusted providers in their community with no direct on-going child welfare involvement

Leverages federal **title IV-E funding** through Family First for the prevention services provided

Supports a **paradigm shift** to build community capacity to strengthen families upstream and prevent maltreatment & child welfare involvement

Promotes **collaboration across family-serving systems** to develop an integrated & more holistic network for families and communities

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FAMILY FIRST PREVENTION SERVICES ACT: KEY PREVENTION PROGRAM ACTIVITIES

- ☐ Identifying & determining who is eligible for prevention services approved in jurisdiction's IV-E Prevention Plan ("candidates")
- ☐ Developing & monitoring child-specific prevention plans for each child determined to be eligible for Family First evidence-based practices (EBPs)
- ☐ Referring & connecting children and their families to Family First EBPs
- ☐ Providing Family First EBPs
- ☐ Conducting ongoing risk & safety assessments of children and families receiving Family First EBPs
- ☐ Fidelity monitoring of EBPs & continuous quality improvement (CQI) process
- ☐ Data reporting to federal government on each child who receives Family First EBPs

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FEDERAL POLICY GUIDANCE RELEVANT TO COMMUNITY PATHWAYS

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Federal Child Welfare Policy Manual Section 8.6C

Question 1: May a title IV-E agency contract out title IV-E administrative activities under the title IV-E prevention services program to a private or public agency?

Answer: Yes.

- A title IV-E agency may contract out title IV-E administrative activities necessary for the administration of the title IV-E prevention program, but the title IV-E agency must supervise the activities performed by the contracted agency.
- Only the title IV-E agency or a public agency (including a tribe) under a title IV-E agreement is permitted to make the determination that a child is a candidate for foster care.
- The title IV-E agency may contract with a private or public agency to gather necessary information for the title IV-E agency or public agency/tribe under the agreement must determine candidacy.

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RELEVANT FEDERAL POLICY GUIDANCE



Federal Child Welfare Policy Manual Section 8.6B Eligibility

Question: Are title IV-E agencies required to have an open child welfare case for a child who is receiving title IV-E prevention services? For example, if an otherwise eligible child is provided title IV-E prevention services by a community provider, does the title IV-E agency need to have an open child welfare case for that child?

Answer: No, there is no requirement in the statute that the title IV-E agency have an open child welfare case for a child who is receiving title IV-E prevention services. The title IV-E agency, however, must still meet the requirements of the agency's title IV-E prevention 5-year plan regarding these children.

Question: In the process of determining eligibility for and providing title IV-E prevention services, does title IV-E require that the title IV-E agency and/or community provider use language indicating that the child is "at imminent risk of entering foster care" in communicating with parents?

Answer: No, section 471(e) of the Act does not address what, if anything, the title IV-E agency must communicate to parents about a child's eligibility for title IV-E prevention services and status as a candidate for foster care. The law specifies only that a child's eligibility for title IV-E prevention services as a candidate for foster care who is at imminent risk of entering foster care absent the provision of title IV-E prevention services must be documented in the child's title IV-E prevention plan (section 471(e)(3)(A) of the Act). However, good practice dictates that title IV-E agencies approach families with integrity. The IV-E agency should consider potential practice implications related to family engagement and agency transparency with involved families when providing prevention services.

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COMMUNITY PATHWAYS: CHALLENGES & TENSIONS



Optimizing flexibility within the Family First legislative framework

Increasing access to prevention services *without increasing surveillance* or facilitating unnecessary child welfare involvement

Balancing data reporting requirements with family consent & privacy

Building community infrastructure & capacity to perform required care, coordination and data functions

Ensuring the *service array aligns with the needs* of upstream families, with careful consideration of reimbursement opportunities

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KEY COMMUNITY PATHWAY CONSIDERATIONS

Engagement & Partnerships	Governance & Decision-Making	Vision & Values	Communication & Messaging	Community Providers & Contracts
Identifying Candidates & Engaging Families	Child-Specific Prevention Plan Development & Candidacy Determination	Service Identification, Referrals & Coordination with EBP Providers	Risk & Safety Monitoring	IT Infrastructure, Data Collection & Data Sharing
	Monitoring & CQI	Staff Selection & Human Resources Considerations	Training & Coaching	




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CHAPIN HALL RESOURCE

Conceptualizing Community Pathways: Key Questions and Considerations

This document is primarily designed to support child welfare agencies and their partners during the exploration stage of designing and implementing community pathways for prevention in the context of the Family First Prevention Services Act (FFPSA). The resource includes a list of relevant domains, guiding questions, and considerations for planning and implementation teams to carefully explore, synthesize responses to these questions can be helpful for advancing and securing planning and implementation strategies and work plans towards respectful and sustainable community-based family first prevention services.

Introductions across the country are conceptualizing innovative pathways to prevention services through a variety of state, public and private partnerships. Influenced by these emerging efforts, "community pathways" is defined in this document as any combination of services that together can act to serve the IV-E funded prevention services outside the traditional child welfare service delivery and case management context. Community pathways for IV-E funded prevention services are state approved, evidence-based and state management context. Community pathways for IV-E funded prevention services are state approved, evidence-based and state management context. Community pathways for IV-E funded prevention services are state approved, evidence-based and state management context. Community pathways for IV-E funded prevention services are state approved, evidence-based and state management context.

For more information contact us at FamilyFirst@chapinhall.org

Table 1. A list of IV-E funded prevention services. (Source: Chapin Hall, 2021)

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OPPORTUNITIES FOR SYSTEMS CHANGE: EXAMPLES OF COMMUNITY PATHWAYS IN APPROVED FAMILY FIRST PREVENTION PLANS

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POTENTIAL PATHWAYS TO ACCESS FAMILY FIRST PREVENTION SERVICES IN THE COMMUNITY

Before any child welfare involvement	After a call to the hotline or closed CPS investigation	After a child welfare case is closed
Indiana	DC	DC
CA	CA	CA
Connecticut	Connecticut	Connecticut
DC	Indiana	Connecticut
NY	Rhode Island	Rhode Island
Rhode Island		

*In all pathways, the IV-E agency must make the final candidacy determination.

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COMMUNITY PATHWAY: WASHINGTON, DC (APPROVED)


Community Pathway Candidates Approved


No Child Welfare Involvement

- Children born to mothers with a positive toxicology screening (*if no case is open/after case is closed*)

Post-Child Welfare Involvement

- Children served through the Healthy Families/Thriving Communities Collaboratives (Community Collaboratives) following a closed CPS investigation or closed CFSA case
- Children who have exited foster care through reunification, guardianship or adoptions and may be at risk of re-entry (*after case is closed*)
- Children of pregnant or parenting youth who recently exited foster care (*after case is closed*)

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COMMUNITY PATHWAY: WASHINGTON, DC (APPROVED)


EBPs Approved for title IV-E claiming in Prevention Plan

Motivational
Interviewing
(MI)*

Parents as
Teachers
(PAT)

*MI approved as cross-cutting case management service

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COMMUNITY PATHWAY: WASHINGTON, DC (APPROVED)

Children remain eligible for Family First prevention services following a closed CPS investigation or after a child welfare case is closed.

Children and their families are served by trusted community organizations (Community Collaboratives) with the benefit of title IV-E funds and no on-going child welfare involvement


CPS
Hotline
Call


Closed CPS
Investigation

Open case

Case
closed

Community Collaboratives



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COMMUNITY PATHWAY: INDIANA (APPROVED)

Community Pathway Candidates Approved

No Child Welfare Involvement & Post-Child Welfare Involvement

- Children & families served by Healthy Families America/Indiana (HFI) providers outside of DCS

"Families receiving Healthy Families Indiana are incidentally considered eligible for Title IV-E services because **by definition** they are receiving services to prevent the need for removal.

Their eligibility for those services is determined on an individual basis through HFI's screening process."



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COMMUNITY PATHWAY: INDIANA (APPROVED)

EBPs Approved for title IV-E claiming in Prevention Plan

Healthy Families America (HFA)



Motivational Interviewing (MI)

Parents as Teachers (PAT)

Trauma-Informed CBT (TF-CBT)

Functional Family Therapy (FFT)

*MI approved as substance use prevention & treatment service



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COMMUNITY PATHWAY: INDIANA (APPROVED)

Candidacy Determination Process

Assessments



HFI will use the Family Resilience and Opportunity for Growth (FROG) scale to assess factors associated with increased risk for maltreatment or other adverse childhood experiences.

Service/Prevention Plan

HFI home-visiting staff will use the responses from the FROG scale to create a service plan to organize the risks, concerns and needs identified by families with the activities, interventions and supports provided by the family support specialist to help ameliorate family risk. This service plan meets the requirements of a child specific prevention plan as defined in legislation.

DCS makes candidacy determination

HFI service plan is the child-specific prevention plan



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COMMUNITY PATHWAY: NEW YORK (APPROVED)

Community Pathway Candidates Approved

No Child Welfare Involvement

- Children eligible and receiving Healthy Families New York (HFNY) home visiting services (*with no open case*)
 - New York State children who meet the criteria for enrollment in HFNY will be categorically approved as "candidates for foster care"
 - HFNY home visitors will use responses from the Family Resilience and Opportunities for Growth (FROG) scale & other HFNY screening tools to create an individualized preventive service plan
- Children who meet the criteria for opening a preventive services case that are identified and served by community-based providers or partner state agencies outside the formal child welfare system (*future implementation*)
- "No Track" families with economic, concrete, or other preventive service needs served through primary prevention programs without opening a services case (*future implementation*)

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COMMUNITY PATHWAY: NEW YORK (APPROVED)

EBPs Approved for title IV-E claiming in Prevention Plan

Healthy Families America (HFA)	Nurse Family Partnership (NFP)	Parents as Teachers (PAT)	Motivational Interviewing (MI)*	Multisystemic Therapy (MST)
Functional Family Therapy (FFT)	Homebuilders	Family Check-Up (FCU)	Familias Unidas	Brief Strategic Family Therapy (BSFT)
Parent-Child Interaction Therapy (PCIT)				

*MI approved as a stand-alone evidence-based preventive service; in conjunction with other EBPs, to promote greater service uptake and improved outcomes; and as case management and engagement service provided by caseworkers to families receiving preventive services.

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COMMUNITY PATHWAY: CONNECTICUT (APPROVED)

Community Pathway Candidates Approved

No Child Welfare Involvement

- Children who are chronically absent from preschool/or truant from school
- Children of incarcerated parents
- Youth that have experienced human trafficking
- Unstably housed/homeless youth and their families
- Families experience interpersonal violence (IPV)
- Youth who have been referred to juvenile review boards, youth service bureaus, or another diversion program or who have been arrested
- Caregivers or children who have a substance use disorder, mental health condition, or disability that impacts parenting
- Infants born substance-exposed

Post-Child Welfare Involvement

- Youth that have exited foster care
- Families accepted for Voluntary Services (*referred from hotline*)






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COMMUNITY PATHWAY: CONNECTICUT (APPROVED)

EBPs Approved for title IV-E claiming in Prevention Plan





Functional Family Therapy (FFT)	Multisystemic Therapy (MST)	Nurse Family Partnerships (NFP)	Parents as Teachers (PAT)
Healthy Families America (HFA)	Parent Child Interaction Therapy (PCIT)	Brief Strategic Family Therapy (BSFT)	





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COMMUNITY PATHWAY: CONNECTICUT (APPROVED)

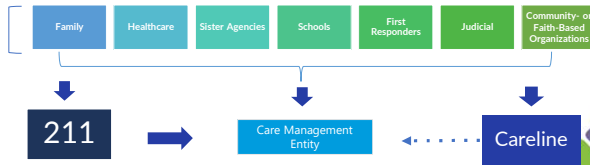
The goal is for families to be served as far upstream as possible to prevent ongoing involvement in the child welfare system.

 <p>CHILD/FAMILY IS REFERRED.</p> <p>Potential referral sources:</p> <ul style="list-style-type: none"> • Family/Self Referral • Schools • Partner Agencies & Organizations • Healthcare 	 <p>INITIAL ASSESSMENTS</p> <p>Community Management Entity (CME) assesses</p> <ul style="list-style-type: none"> • Safety & Risk • Strengths & Needs • Eligibility & Demographic Info • Child Specific Prevention Plan 	 <p>ELIGIBILITY DETERMINATION</p> <p>Child Welfare staff makes final determination</p> <ul style="list-style-type: none"> • Using data & recommendations from the CME • IV-E agency makes the final candidacy decision 	 <p>SERVICE REFERRAL & MONITORING</p> <p>CME leads case management efforts</p> <ul style="list-style-type: none"> • CME refers and monitors services • CME reports monitoring data to Child Welfare
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CONNECTICUT: ESTABLISHING A CARE MANAGEMENT ENTITY



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University of Arizona

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COMMUNITY PATHWAY: RHODE ISLAND (APPROVED)

Community Pathway Candidates Approved

No Child Welfare Involvement

- Since 2009, the Rhode Island Department of Children Youth and Families (DCYF) has been partnering with the Department of Health (RIDOH) to develop a network of prevention directed providers statewide, Family Community Care Partnership (FCCP)
- FCCP deploys both primary and secondary prevention interventions
 - Primary
 - Public service announcements: Safe Sleeping; Parenting; Child Development
 - Financial; Housing; Employment; Health Care Assess
 - Secondary
 - Wraparound; Well-Supported Home Visiting Programs
- Approximately 3% of families discharged from FCCPs become involved with the Department within six months
- Children & families referred to the Family Community Care Partnerships (FCCP) by another community-based organization or self-referral.

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COMMUNITY PATHWAY: RHODE ISLAND (APPROVED)

Community Pathway Candidates Approved

Post Child Welfare Involvement

- Children & families that are assessed by the DCYF Support and Response Unit (SRU) but receive services through the FCCPs.
 - Children ages 0-17 years whose families have been assessed following a direct call by the family to the SRU seeking assistance from DCYF
 - Families referred to the SRU following a CPS hotline call where Strategic Decision Making (SDM) did not identify safety factors, but risk is present.
- Children who are post-guardianship and/or post-adoption at risk for disruption of placement and receive services through the FCCPs.

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COMMUNITY PATHWAY: RHODE ISLAND (APPROVED)

EBPs Approved for title IV-E claiming in Prevention Plan

Familias Unidas

Functional Family Therapy (FFT)

Parent Child Interaction Therapy (PCIT)

Multisystemic Therapy (MST)

Motivational Interviewing*

Homebuilders

*MI approved as cross-cutting case management service

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Break-out Group Discussion: Building Community Pathways in California



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PLEASE PICK A QUESTION OR TWO

- **Infrastructure & Resources:** *Building a community pathway can require new resources and/or states can leverage existing infrastructure.*
 - What **community entities** and/or public agencies should be included in your county's community pathway?
 - What infrastructure **already exists**?
 - What will need to be **built from scratch**?
- **Engagement & Partnerships:** *Child welfare is not necessarily the expert at building community pathways.*
 - What opportunities exist to build community pathways for/with Tribal Nations?
 - How can your **existing relationships** with community partners be tapped to build a community pathway? What new partnerships are needed?
 - How do you plan to **build trust**?

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Thanks for joining us!

WHAT'S NEXT?

- Survey and certificate in the chat now
- Register for *Building the Community Pathway: Part 2*
- Recording and resources available within two days
- Watch your inbox for the next issue of *CalTrin Connect*

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