Investing in Community-Based Care for Children and Youth Involved With Child Welfare

The Family First Prevention Services Act (FFPSA) includes new requirements and funding pathways to help children at risk of entering foster care stay safely with their families and incentivizes prevention programs while also disincentivizing congregate care placements. Though some children and youth may require short-term residential congregate care, efforts focused on rebalancing a state’s continuum of care will ensure children, youth, and families involved in child welfare will receive care in the most integrated setting possible.

Structural and institutional racism increase the likelihood that children and youth of color (primarily Black and Native American children and youth) will experience congregate care (Boyd, 2015; Child Welfare Information Gateway, 2021; Ellis, 2019; Fluke, 2011). Effectively building community-based systems of care requires an intentional focus on racial equity and authentic partnership with people with lived experience, without which efforts run the risk of further widening disparities and/or not meeting the needs of children, youth, and families.

This publication references five key factors (and related resources) that can support an integrated continuum of care:

- Community collaborations
- Funding innovations
- Assessment and placement decisions
- Service array and continuum
- Connections and relationships with caring adults

Community Collaborations

Forming strong community partnerships is critical to success. With your (potential) partners, consider the following questions and dialogue with them to come to a shared understanding. Use the resources and tools linked below to build and strengthen relationships with a diverse group of partners.

Continuum of Care

The following graphic illustrates a continuum of child welfare care settings.

![Continuum of Care](image)

When children and youth with behavioral health care needs are linked to culturally responsive services in their homes and communities, and their families and caregivers are connected to resources and support, they are more likely to maintain stability and experience healthier long-term outcomes.

Read this publication to:

- Find information and resources for states seeking to build a continuum of behavioral health care for children and youth involved with child welfare
- Explore questions to assess current practice and build a plan for action

This publication was developed in collaboration with the U.S. Department of Health and Human Services Behavioral Health Coordinating Council.
Assessing Current Partnerships

- How strong is partner understanding of the intersections between child welfare and behavioral health? Is there shared understanding across partners?
- How have partners historically been engaged? Consider system partners, such as child welfare, runaway and homeless youth, behavioral health, Medicaid, and developmental disabilities agencies, as well as educational institutions, courts, Tribal partners, providers, nonprofit agencies, faith-based organizations, advocates, community leaders, and people with lived expertise in child welfare, including youth and families most likely to experience congregate care.
- How have system partners authentically included people with lived experience in child welfare in planning and decision-making? Are they partners at the table with the system partners? Consider engagement at the individual or case level, peer level, and agency or system level. Consider how others with intersecting lived experiences (for example, communities of color and LGBTQ+ communities) have been authentically engaged.
- What communications strategies are being used with partners, agencies, and communities? What communication strategies may be more effective or necessary moving forward?

Enhancing New and Existing Partnerships

- What kind of partnership do we want and need? What kind of partnership do our potential partners want and need? Where are we aligned and how can we navigate misalignment?
- How can we build cross-system understanding about child welfare and behavioral health and their aligned purposes while acknowledging the unique role and need for both?
- How could communication strategies be tailored to ensure they are culturally responsive and appropriate for diverse audiences?
- How can cross-system collaboration support children and youth with disabilities involved with child welfare? What shared goals and vision are both systems pursuing?
- What kinds of processes and structures can help sustain collaboration across systems and partners? Consider opportunities afforded through communication plans, data sharing agreements, stakeholder mapping, memorandums of understanding, and performance-based contracting.
- How can your partnership center people with lived experience and successful community-based approaches? Consider community assets, strengths, and formal and informal collaborations, particularly in Tribal communities and other communities of color, as well as LGBTQ+ communities.

Use the following resources as you assess and plan for enhancing partnerships across systems and communities:

General Resources to Support Collaboration and Partnerships

- Collaboration Toolkit (FRIENDS National Resource Center)
- Creating and Maintaining Coalitions and Partnerships (Community Tool Box)
- Building an Effective Tribal-State Child Welfare Partnership (Capacity Building Center for Tribes)
- Crossing the Bridge: Tribal-State-Local Collaboration (Tribal Law and Policy Institute)
- Building and Sustaining Commitment (Community Tool Box)
- Partnerships: Frameworks for Working Together (CCF National Resource Center)
- Stakeholder Engagement: Tools for Action (Western and Pacific Child Welfare Implementation Center)
- Engaging Your Community: A Toolkit for Partnership, Collaboration, and Action (JSI)
- The MSP Tool Guide: Sixty tools to facilitate multi-stakeholder partnerships (Wageningen University and Research)
- Key Considerations for Applying an Equity Lens to Collaborative Practice (National Center on Substance Abuse and Child Welfare)

Resources to Support Cross-System Understanding and Collaboration
Resources to Support Agency/Community Partnerships

- Building Agency/Community Partnerships (Child Welfare Information Gateway)
- Methods and Emerging Strategies to Engage People with Lived Experience (Office of the Assistant Secretary for Planning and Evaluation)
- Strategies for Authentic Integration of Family and Youth Voice in Child Welfare (Capacity Building Center for States)
- Becoming a Family-Focused System: Strategies for Building a Culture to Partner With Families (Capacity Building Center for States)
- Menu for Youth Engagement (Capacity Building Center for States)
- Dear Leaders (Alia)
- Involving People Most Affected by the Problem (Community Tool Box, University of Kansas)

Resources to Support Authentic Engagement of People With Lived Experience

- Communication Plans
  - Change and Implementation in Practice: Teaming (Capacity Building Center for States)
- Data Sharing Agreements (DSA) and Memorandums of Understanding (MOU)
  - Data Sharing for Child Welfare Agencies and Medicaid Toolkit (Children’s Bureau)
  - Establishing and Using Bidirectional Data Sharing (Centers for Medicare & Medicaid Services)
  - A Toolkit for Centering Racial Equity Within Data Integration (Actionable Intelligence for Social Policy)
  - A Checklist for Developing a Partnership Agreement or Contract (Child Care Technical Assistance Network)

Performance-Based Contracting

- Contracting and Service Agreements With Child Welfare Services (Child Welfare Information Gateway)

Stakeholder Mapping

- Identifying and Analyzing Stakeholders and Their Interests (Community Tool Box, University of Kansas)
- Stakeholder Mapping (The Partnering Initiative)
- Stakeholder Mapping (Living Guide to Social Innovation Labs)

Assessing, Monitoring, and Evaluating Partnerships

- The Partnerships Analysis Tool (VicHealth)
Funding Innovations

Collectively investing in effective approaches is a key opportunity for system partners working to improve services and outcomes for children, youth, and families. Collective investment may include **braided funding** (in which funds from different sources are coordinated but continue to be linked to, and tracked by, the original source), (FRIENDS National Resource Center, 2021).

Consider the following questions and use the resources and tools linked below to plan for innovative approaches to funding:

- How are funds currently (or how could they be) braided? Consider opportunities to braid funding across agencies and systems. For example:
  - How could child welfare, behavioral health, and education work together to increase access to services such as school-based mental health?
  - How could behavioral health, Medicaid, and child welfare work together to remove barriers to layered services, streamline approvals for mental health services, and reduce wait lists?
  - How could workforce development funds support the needs of youth with diagnosed disabilities receiving child welfare services?
  - How could youth development or youth transition funds be used to support the behavioral health needs of children and youth in care?
  - Are there opportunities for incentives for people with lived experience to pursue degrees in behavioral health, developmental disabilities, or child welfare areas of need?
- What opportunities exist for public or private funding innovations?
- How could we leverage Medicaid and title IV-E funding for holistic system reform?

**Resources to Support Funding Innovations**

- Funding Strategies (Child Welfare Information Gateway)
- Child Welfare Financing (Casey Family Programs)
- Residential Reimbursement (Casey Family Programs)
- Medicaid Waiver Authorities (Casey Family Programs)
- Understanding Roles of Funding and Decision Points | Planning Title IV-E Prevention Services: A Toolkit for States (Office of the Assistant Secretary for Planning and Evaluation)
- Implementation and Financing of Home- and Community-Based Services for Children's Mental Health (National Technical Assistance Center for Children’s Mental Health)
- Providing Youth and Young Adult Peer Support Through Medicaid (SAMHSA)

**Examples of Innovative Funding in Practice**

- Pooling and Braiding Funds for Health-Related Social Needs: Lessons from Virginia’s Children’s Services Act (National Academy for State Health Policy)
- Financing Systems of Care: An Overview of Funding and Resources to Maximize Sustainability presentation (University of Maryland)
- Systems of Care Financing Model: New Jersey (National Wraparound Initiative)
- Systems of Care Financing Model: Milwaukee (National Wraparound Initiative)
- Statewide Approach - Arizona’s Child and Family Team Model (National Wraparound Initiative)
- Medicaid Financing for Family and Youth Peer Support: A Scan of State Programs (Center for Health Care Strategies)
Assessment and Placement Decisions

Intentional and strengths-based approaches to assessment and placement decisions increase the likelihood of stable placements in family-based settings.

- **Trauma screens implemented at entry** into child welfare services can help improve understanding of the level of trauma and individual factors (including strengths and targeted needs) that are foundational to comprehensive treatment plans.

- **Trauma-informed services** that meet the individual needs of children, youth, and families can help prevent family separation.

- **Developmental disability screens at entry** can determine whether there are learning disabilities such as ADHD, deficits in receptive and expressive language, or diagnostic-specific disabilities that affect functioning such as Autism, Fragile X Syndrome, etc., that may compound the child’s ability to understand, communicate, and process experiences and that may require interventions.

- **Relationship mapping** can assure that all adults and children important to the child are identified and efforts are made to facilitate maintenance of important relationships.

- **Thoughtful placement planning** can help ensure that any and all steps have been taken to provide services that can keep children and youth in their communities, and out of institutional care, before they are referred for services.

- **Proactive discharge planning and aftercare** can ensure that children and youth will have their individual needs met in their home community to prevent subsequent need for QRTP services.

Consider the following questions and use the resources and tools linked below to plan for effective and collaborative assessment and placement decisions:

- How are youth and families currently involved in placement decisions? What opportunities are there to move toward shared decision-making?

- How are we listening to and learning from the experiences of youth, particularly those with congregate care involvement? How is our learning informing our approaches to assessments and placement decisions?

- How are caregivers trained and supported to nurture children and youth with behavioral health needs, particularly those with co-occurring disabilities? How are they connected to existing services?

- How are we working collaboratively to fill service gaps identified by youth and families?

- How can we better identify and serve children with developmental or complex trauma (including those who are undiagnosed)?

- How are we building on youth assets and strengths through healing-centered engagement practices and resilience-focused approaches?

- How are we ensuring that community-based service options have been exhausted prior to a QRTP referral?

- What kinds of analyses could help assess the effectiveness of QRTP programming? Do we fully understand the identified needs of youth receiving residential care (for example, has the need been clearly articulated or is the placement decision made based on age)?

- How could discharge and aftercare planning be improved for children and youth receiving QRTP services?

- How are youth and families involved in discharge planning? What opportunities are there to move toward shared decision-making?
How are we identifying children who have multiple disabilities including a developmental disability and how are we connecting them to needed services and assuring collaboration across systems?

Example in Practice
Michigan’s Department of Health and Human Services is piloting a performance-based funding model in Kent County, one component of which is a clinical liaison responsible for responding to child welfare trauma screening referrals. In the second quarter of 2022, the liaison received more than 87 referrals, which led to:

- 90 staff consultations on the mental health needs of children in foster care
- 60 youth connected to community-based mental health care

The pilot’s fifth annual evaluation report indicates a number of outcomes, including a 37 percent decrease in congregate care days.

Resources to Support Screening and Assessment
- Screening and Assessment of Child Trauma (Child Welfare Information Gateway)
- Trauma Screening Instruments in Child Protection (Child Welfare Information Gateway)
- Trauma Screening (National Child Traumatic Stress Network)
- Healing Centered Engagement Certification (Flourish Agenda)
- Trauma Informed Approaches (Youth.gov)
- Developmental Competencies and Resilience (Youth.gov)
- Lemonade for Life | A guide to using ACEs Research to build hope and resilience (University of Kansas)
- The Child and Adolescent Needs and Strengths (CANS) (Praed Foundation)

Examples of Trauma Screening in Practice
- Partnering for Excellence (Benchmarks NC)
- Children’s Trauma Assessment Center: Assessment Services (Western Michigan University)

Resources to Support Relationship Mapping
- Person-Centered Planning: PATH, MAPS, and Circles of Support (Inclusion Press)

Resources to Support Placement Planning
- Placing Foster Children with Relatives May Help Prevent Congregate Care (Imprint News)
- Placement Decisions (Child Welfare Information Gateway)
- Family Group Decision-Making (Child Welfare Information Gateway)
- Guiding Principles of Systems of Care: Community-Based Services (Child Welfare Information Gateway)
- Improving Access and Care for Youth Mental Health and Substance Use Conditions (The White House)
- White House Actions to Address Youth Mental Health Crisis (The White House)
- Support for Family-Focused Residential Treatment-Title IV-E and Medicaid Guidance (Centers for Medicaid and Medicare Services)

Examples of Placement Planning Efforts in Practice
- Youth Residential Placement Task Force (City of Philadelphia Health and Human Services)
Resources to Support Discharge Planning and Aftercare

- Supporting Families With Children and Youth in and Transitioning From Residential Care (Child Welfare Information Gateway)
- Achieving Positive Outcomes (Performance-based Standards for Juvenile Programs)
- A Positive Transition Home After Residential Treatment for Teens (Newport Academy)
- Reentry Starts Here: A Guide for Youth in Long-Term Juvenile Corrections and Treatment Programs (Office of Juvenile Justice and Delinquency Prevention)
- Transitioning Youth from Residential Treatment to the Community: A Preliminary Investigation (Nickerson, et.al.)

Service Array and Continuum

Children, youth, and families need robust, effective, and innovative community-based treatment options that are accessible by all and culturally responsive. These include mental health and substance use disorder treatment, treatment foster care, occupational therapy, developmental disabilities services, and specialized supports such as wraparound and mobile crisis response services. When a continuum of community-based services is available and caregivers have what they need to access them, children and youth have the opportunity to thrive in their own homes and communities.

Consider the following questions and use the resources and tools linked below to plan for a robust and responsive service array:

- What data are we using to guide service array? Has quantitative data been disaggregated (broken down) to help us understand the experiences of multiple, intersecting groups? Has qualitative data been gathered from people with lived experience, community members, providers and service agencies, and workforce?
- How can we effectively employ a shared continuity of services between community providers, courts, families, and child welfare agencies?
- How can we learn from communities, including Tribal nations and other communities of color most directly affected by child welfare, about what is already working well? How can we build on existing efforts?
- What services have families and youth identified a need for? How is our service array plan informed by their expertise?
- How can we effectively collaborate with trusted, culturally responsive community-based agencies to deliver services?
- What evidence-based and promising mental health and substance use disorder treatments are available in our jurisdiction? What resources or supports are necessary to expand access? Are we making crisis support services available?
- How is occupational therapy being used with children and youth in community-based settings? Residential treatment settings?
- What are the opportunities to embed community-based treatment into prevention plans? What prevention services will meet the needs of children, youth, and families in our jurisdiction?
- How can we support children and youth with developmental disabilities through services such as habilitation, speech and language therapy, daily living supports, and behavioral support services?
- How can we support innovation and equity in services?
- What kinds of cultural adaptations are necessary for us to consider?
- How can we plan for sustainable, effective implementation?
- What are some current barriers or challenges to enhancing service array? How can partners, including people with lived experience, be engaged in brainstorming how to address them? Are we leveraging Medicaid funding appropriately?

General Service Array Resources

- A Data-Driven Approach to Service Array (Capacity Building Center for States)
Becoming a Family-Focused System: Strategies for Building a Culture of Service Collaboration
(Capacity Building Center for States)

Mental Health Treatment Resources and Examples
- Title IV-E Prevention Services Clearinghouse (Children’s Bureau)
- Child Centered Play Therapy (California Clearinghouse for Evidence-Based Programs)
- Eye Movement Desensitization and Reprocessing/EMDR (Children’s Bureau)
- Trauma-Focused Cognitive Behavioral Therapy/TF-CBT (Children’s Bureau)
- Multisystemic Therapy/MST (Children’s Bureau)
- Family Focused Therapy/FFT (Children’s Bureau)
- Parent Child Interaction Therapy/PCIT (Children’s Bureau)
- Effective Black Parenting Program/EBPP (Children’s Bureau)

Therapeutic Foster Care Models
- Treatment Foster Care Oregon (Treatment Foster Care Oregon)
- Together Facing the Challenge, LLC. – An Evidence-Based Model for Foster Care (Together Facing the Challenge)

Occupational Therapy Resources
- Occupational Therapy’s Role in Mental Health Promotion, Prevention, & Intervention With Children & Youth: Foster Care (The American Occupational Therapy Association)
- Occupational Therapy Recognized in Federal Behavioral Health Programs (The American Occupational Therapy Association)
- Occupational Therapy’s Role in the Foster Care System (The Open Journal of Occupational Therapy)
- Occupational Therapy in Foster Care podcast (Fostering the Future)
- Occupational Therapy and Sensorimotor video (ATTACl)

Services for Children and Youth With Developmental Disabilities
- State Councils on Developmental Disabilities (Administration for Community Living)
- Service Needs of Children & Youth With Disabilities in Out-of-Home Care (Child Welfare Information Gateway)
- Improving the Transition to Adulthood for Youth with Disabilities in Foster Care (Juvenile Law Center)
- Developmental Disabilities and Foster Care podcast (THINK+change)
- Special Populations (Youth.gov)
- Georgetown University Center for Child and Human Development (GUCCHD)

Wraparound Services
- Reducing Risk: Families in Wraparound Intervention (Brevard C.A.R.E.S.)
- Systems of Care Services and Supports (Child Welfare Information Gateway)

Mobile Crisis Response Services
- Services in Support of Community Living for Youth with Serious Behavioral Health Challenges: Mobile Crisis Response and Stabilization Services (SAMHSA)

Respite Care
- Respite Care Programs (Child Welfare Information Gateway)
- ARCH Fact Sheets (ARCH National Respite Network)
- ABCs of Respite (ARCH National Respite Network)
Connections and Relationships With Caring Adults

Children and youth should be supported in their home and community to the fullest extent possible and cared for by adults who will provide a sustained and caring relationship regardless of the setting in which the child lives. According to Harvard University’s Center on the Developing Child, “The single most common factor for children who develop resilience is at least one stable and committed relationship with a supportive parent, caregiver, or other adult” (2018).

Consider the following questions and use the resources and tools linked below to plan for collaborative efforts to strengthen connections and relationships between children, youth, and caring adults:

- What community-based and system efforts currently exist to build resilience through relationships? How could we tap into existing supports?
- What supports do caregivers identify as most needed and how could we meet those needs? For example, are kinship caregivers requesting routine respite care? Are parents identifying a need for economic and concrete supports?
- How is relational permanence supported for all children and youth in care? How are youth involved in identifying the relationships they are interested in nurturing?

General Resources to Support a Focus on Building Relationships Between Children, Youth, and Caregivers

- Creating and Maintaining Meaningful Connections (Child Welfare Information Gateway)
- It’s All Relative: Supporting Kinship Care Video Series (Center for States)
- Foster Care as a Support to Families, Not a Substitute for Parents (Center for States)

Resources to Support a Focus on Resilience

- The Science of Resilience (Harvard Graduate School of Education)
- Public Policy and Resilience (Harvard Graduate School of Education)
- The HOPE National Resource Center (Tufts Medical Center)
- Lemonade for Life (University of Kansas Center for Public Partnerships and Research)

Resources to Support a Focus on Relational Permanency

- Support Services for Youth in Transition: Community Connections and Supportive Relationships (Child Welfare Information Gateway)
- The Role of Leaders in Engaging Youth and Families to Achieve Timely Permanency for Children and Youth Waiting to Be Adopted (Center for States)
- Supervisor Toolkit: Engaging Youth and Families to Achieve Timely Permanency for Children and Youth Waiting to Be Adopted (Center for States)

Looking for More?

See the Congregate Care in the Age of Family First series for more information about the congregate care provisions within the FFPSA and what they might mean for your agency.
References


