PRESENTATION

Department of Human Services

Policy & Practice Preliminary Recommendations

Implementation Team Meeting
September 21, 2020

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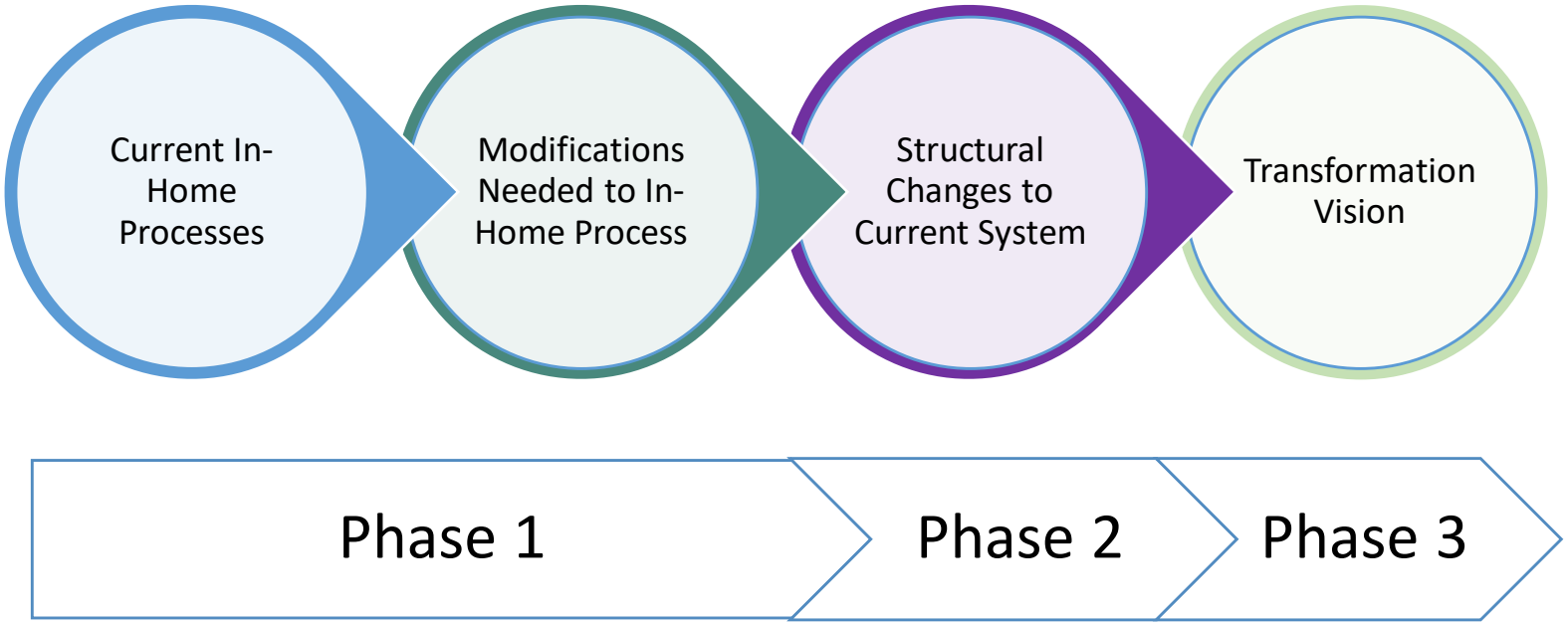
CHILD WELFARE

Policy & Practice Workgroup Charge

The Policy & Practice workgroup will recommend how to align, adjust or improve on policies and practices to facilitate providing children and families with high quality and effective prevention or out-of-home care services.

Proposed Transformation Process



Overarching Recommendations

1. **LIFE Program:** Embed Leveraging Intensive Family Engagement (LIFE) practice values and components into Oregon Child Welfare practice and procedure.

LIFE Values:

- Strengths-based
- Trauma-informed
- Culturally responsive
- Parent-directed, youth-guided

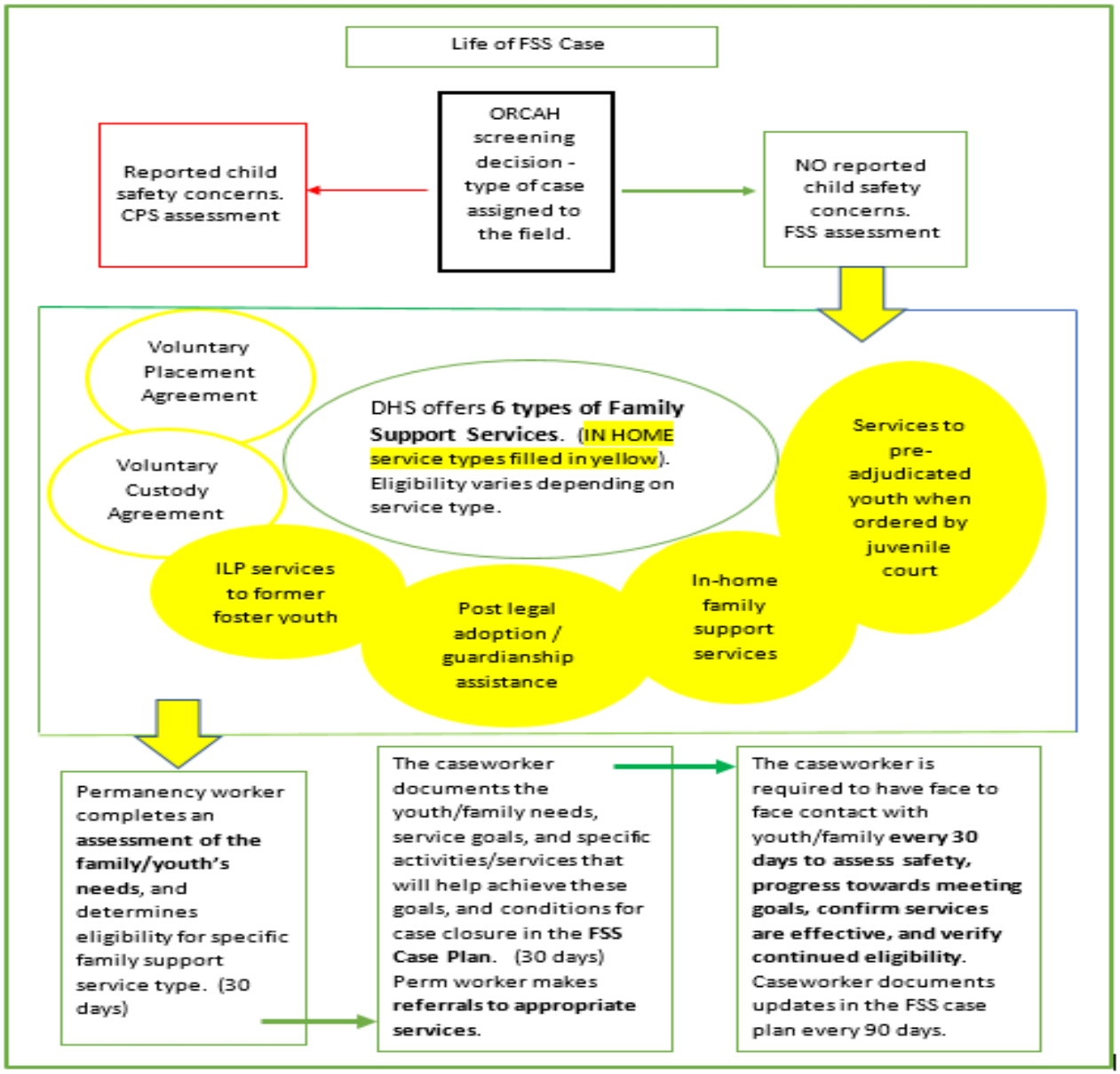
LIFE Components:

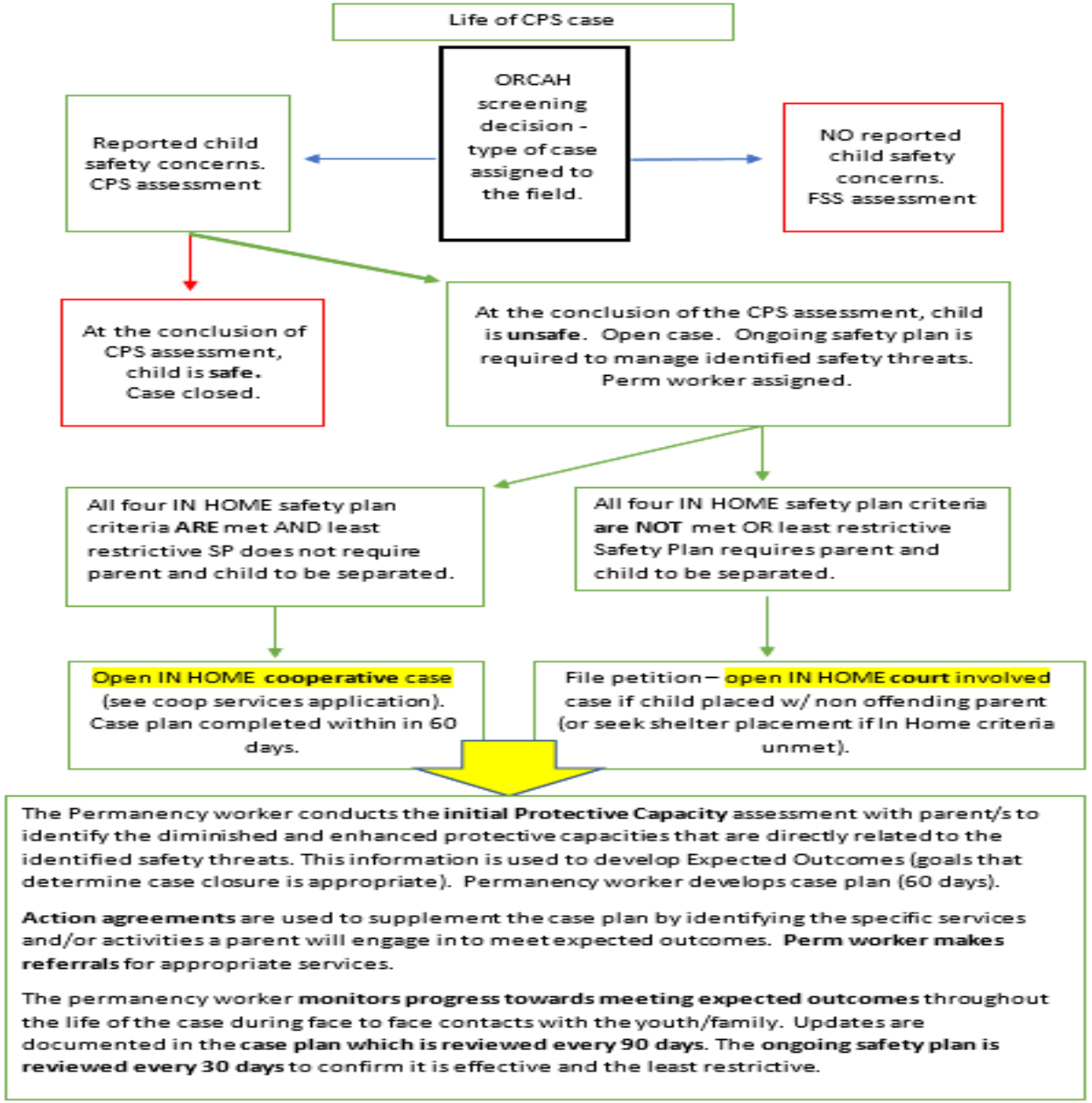
- Enhanced family finding
- Family case planning meetings
- Peer parent mentors (PMs)
- Team collaboration

2. **Workforce Development:** Build workforce capacity to
    - implement the LIFE program,
    - understand the FFPSA service array,
    - understand the purpose and partnership opportunities with sister agencies, and
    - build interdependence upon family supports .

3. **Prevention Unit:** Identify current staff with family engagement skills to take on prevention cases while building entire workforce capacity.

4. **Services tied to need:** Continue offering services to families if needs persist even if safety threats have been mitigated.


Life of FSS Case
ORCAH screening decision - type of case assigned to the field.
Reported child safety concerns. CPS assessment
NO reported child safety concerns. FSS assessment
Voluntary Placement Agreement
Voluntary Custody Agreement
DHS offers 6 types of Family Support Services. (IN HOME service types filled in yellow). Eligibility varies depending on service type.
Services to pre-adjudicated youth when ordered by juvenile court
ILP services to former foster youth
Post legal adoption / guardianship assistance
In-home family support services
Permanency worker completes an assessment of the family/youth's needs, and determines eligibility for specific family support service type. (30 days)
The caseworker documents the youth/family needs, service goals, and specific activities/services that will help achieve these goals, and conditions for case closure in the FSS Case Plan. (30 days) Perm worker makes referrals to appropriate services.
The caseworker is required to have face to face contact with youth/family every 30 days to assess safety, progress towards meeting goals, confirm services are effective, and verify continued eligibility. Caseworker documents updates in the FSS case plan every 90 days.



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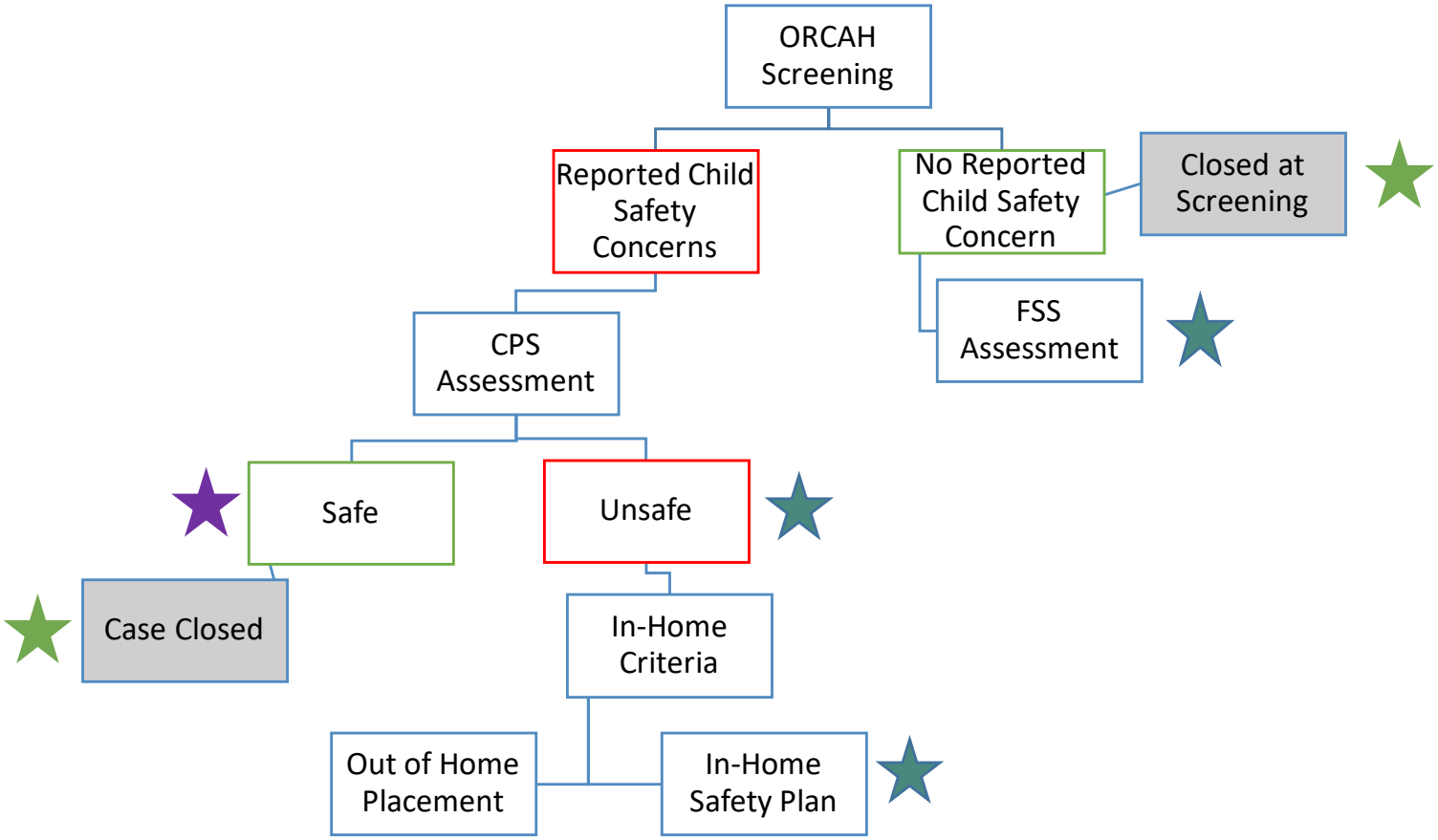
Phase 1 Pathways to FFPSA Services



= Where eligible candidates are assessed for imminent risk during phase 1
= Where eligible candidates are assessed for imminent risk during phase 2
= Where eligible candidates are assessed for imminent risk during phase 3 (transformation vision)

Pregnant and parenting youth in foster care will be identified during regular case planning

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Candidates for the FFPSA Prevention Plan:

- Children who are at risk of voluntary placement through Child Welfare if their caregivers are unable to access appropriate services/assistance for the child, or other utilized community resources have been determined to be ineffective or inaccessible.
- Children who have exited the foster care system to reunification, but are at risk of re-entry.
  - Phase one for immediately following trial reunification
  - Phase two for expansion of FSS to include broader period post reunification
- Children who have exited the foster care system whose caregivers have requested post-adoption or post-guardianship services.
- *Pregnant and parenting youth in foster care.*
- Children of youth/young adults transitioning out of the foster care system.
  - Phase one as expansion of FSS/ILP
- Children identified in a CPS assessment with one or more of the specified family stressors.
  - Phase one for children identified as “unsafe” at conclusion of CPS assessment
  - Phase two for children identified as “safe” at conclusion of CPS assessment

Imminent Risk Definition

"Observable family behaviors, conditions or circumstances that are occurring now and are likely to have a negative impact on a child's physical, sexual, psychological, cognitive, or behavioral development or functioning.

While intervention may not be required for the child to be safe, it is reasonable to determine that by supporting the family through culturally responsive and inclusive engagement honoring family traditions and relationships and family-led services, family stress factors that lead to subsequent incidents of maltreatment or foster care placement may be mitigated."

Imminent Risk Application

Candidacy Definition	Who?	Imminent Risk Determination Process
Children identified in a CPS assessment which identified at least one or more family stressors that align with FFPSA –reimbursable services*	CPS	Phase 1: Safety threat identification Phase 2: Review Imminent Risk Definition with Supervisor
Children who have exited the foster care system to reunification but are at risk of re-entry	FSS	Review Imminent Risk Definition with Supervisor
Children who are at risk of voluntary placement through Child Welfare if their caregivers are unable to access appropriate services/assistance for the child, or other utilized community resources have been determined to be ineffective or inaccessible.	FSS	Automatic
Children who have exited the foster care system whose caregivers have requested post-adoption or post-guardianship services.	FSS	Automatic
Children of youth/young adults transitioning out of the foster care system	FSS	Automatic
Pregnant and parenting youth in foster care	Case Manager	Automatic

*List of family stressors available

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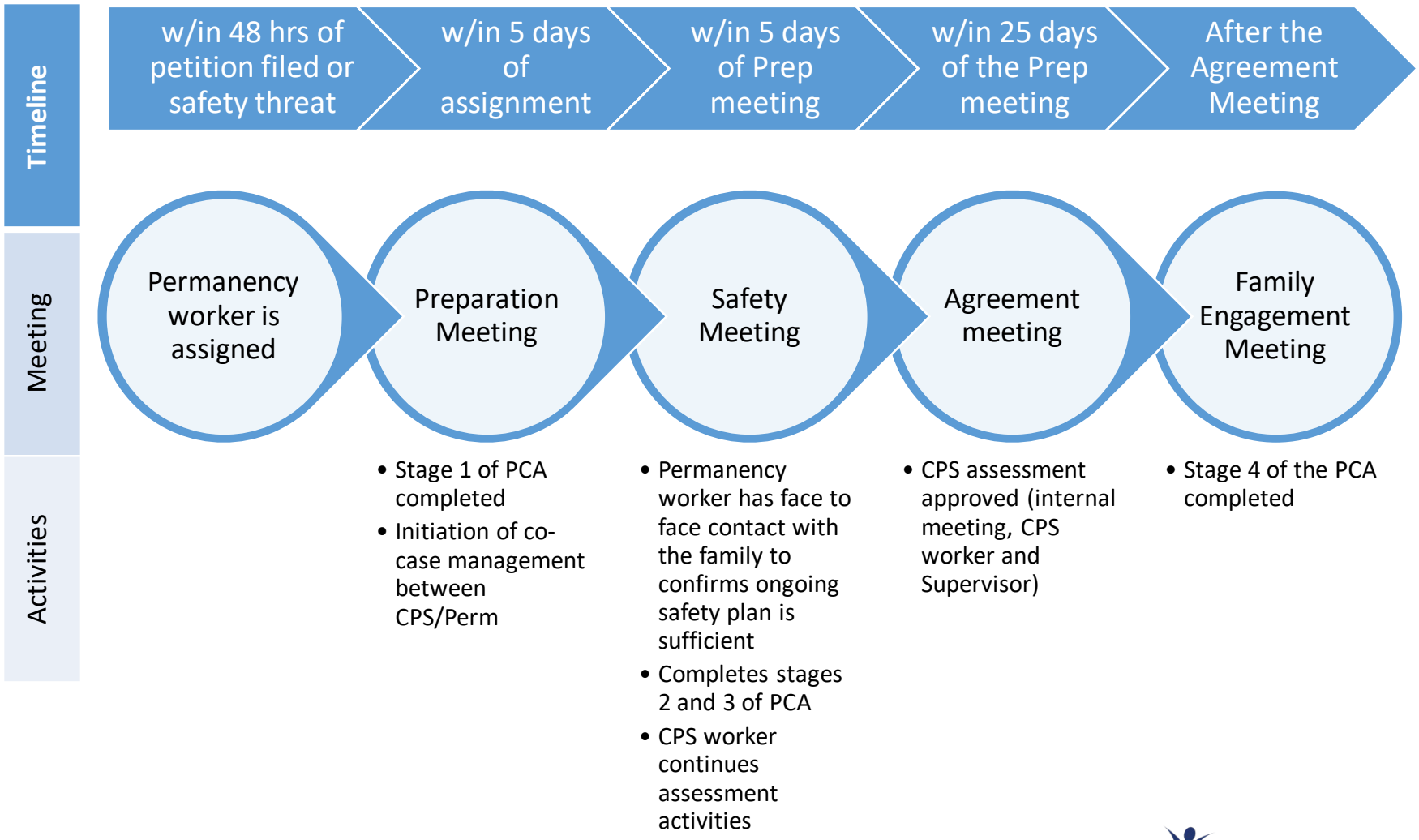
Screening and Eligibility

Current Practice	Recommended Modifications	Recommended Structural Changes	Transformation Goals
Refer to CPS and FSS flowchart	• Review in-home criteria • Provide training and coaching for workers and supervisors to apply in-home criteria with fidelity • Provide training on imminent risk determination	Adopt SDM tool and/or Functional Assessment	Determine family first eligibility earlier (at screening)

Current Case Transfer Protocol



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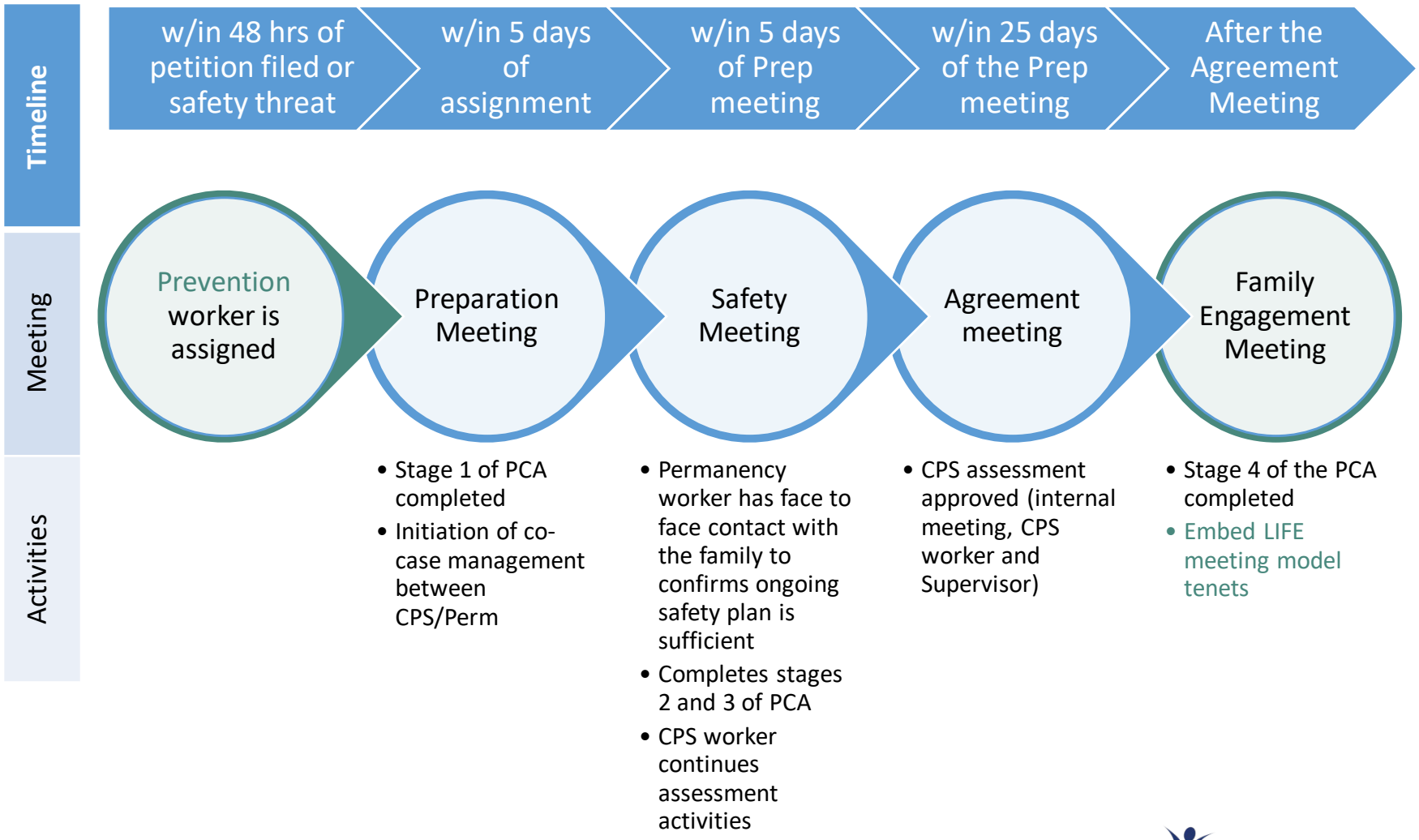
Recommended Modifications to Current Case Transfer Protocol



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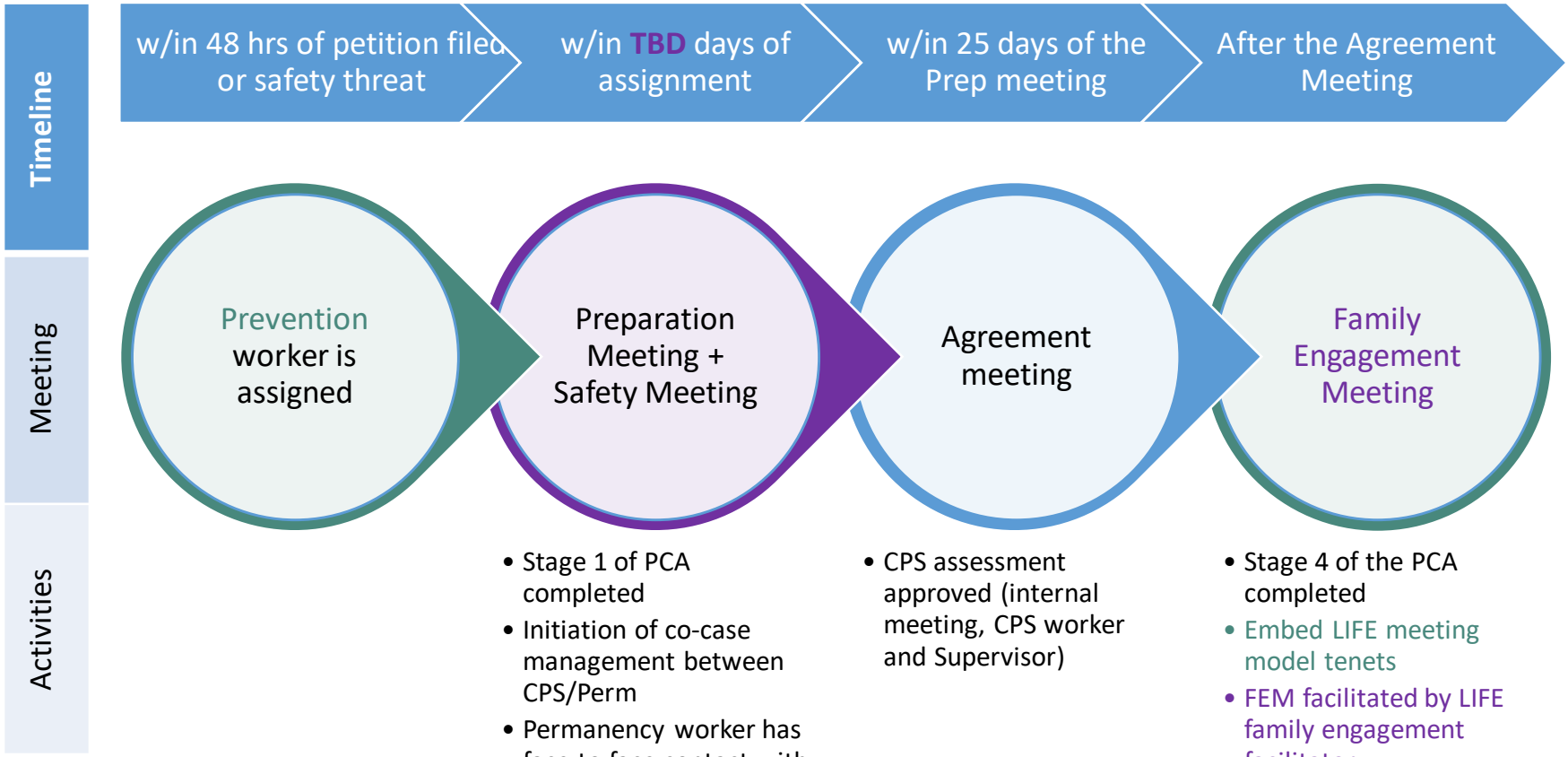
Recommended Structural Changes for Case Transfer Protocol



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Assessing Need

Current Practice	Recommended Modifications		Recommended Structural Changes	Transformation Goals
Moderate to High Need Assessment	Develop training, coaching, and supervision to increase fidelity	Embed family voice in determining need Crosswalk assessment processes with sister agencies Identify natural supports and existing professional relationships earlier with families	• Utilize functional assessment • Ensure each district has staff devoted to resource identification and matching needs with community resources • Develop communication channels and processes to streamline assessment sharing between agencies	• Ensure parent mentors are available to all families to assist with need assessment • Streamline assessment information from all relevant agencies/departments to determine family need
Family stressor identification	Develop training, coaching, and supervision to increase fidelity			
Initial Protective capacity assessment	Develop automated way to link PCA results with available services			

Child-Specific Prevention Plan

Current Practice	Recommended Modifications	Recommended Structural Changes	Transformation Goals
Documents to aid plan: • Action agreement • FSS Case Plan • (CPS) Case plan	• Follow LIFE meeting model for prevention plan development • Ensure the meetings and plans are family-led • Crosswalk assessment processes with sister agencies • Involve self-sufficiency and community partners	Develop prevention plans that are useful to the family • Apply concise "plain language" for ease of use by families and community partners • Consider the LIFE meeting form	• Ensure parent mentors are available to all families • Ensure there is at least one expert on community resources

Service Referral and Linkage

Current Practice	Recommended Modifications	Recommended Structural Changes	Transformation Goals
Permanency worker makes referral to services	• Include family choice • Connect family with community partners or providers • Develop way to link PCA results with available services • Increase fidelity of Family Stressor Data to inform referrals	• Develop uniform referral process • Use results from functional assessment to determine services	Develop cross-program district level service expertise

Case Management

Current Practice	Recommended Modifications	Recommended Structural Changes	Transformation Goals
All case management provided by Child Welfare	In-home unit or prevention unit responsible for case management	• Co-case management with self-sufficiency and/or external partners • Shared portal to enter child-specific data • Consider SSP system—accessible to families	• Case management provided by external partners when appropriate • Embed family choice in who provides case management • Enhance accessibility to services

Ongoing Monitoring of Safety and Progress

Current Practice	Recommended Modifications	Recommended Structural Changes	Transformation Goals
• Face to face contact every 30 days to assess safety, progress towards meeting goals, confirm services are effective, verify eligibility • Updated case plan every 90 days	• Case plans should be updated through facilitated family meetings that follow the LIFE meeting model • Families determine who attends updated case planning meetings	Provide expert facilitators for initial and ongoing family meetings	Empower natural supports to take on the role of monitoring safety

Policies/Rule/Procedure that need further review and refinement for a prevention-oriented system

- Voluntary Custody Agreement
- Joint response with Law Enforcement
- 304 B, Cooperative Case Agreement
- Rule/procedure around pregnant and parenting youth
- In-Home Criteria

Summary of recommendations

Decision Point	Modification	Structural Change
Imminent Risk	Training on how to apply imminent risk definition	Use SDM Tool or Functional Assessment
Screening and Eligibility	• Review in-home criteria • Provide training and clarification for workers and supervisors on in-home criteria	Use SDM Tool or Functional Assessment
Case Transfer Protocol	• Transfer case to prevention worker • Lead FEM meetings in LIFE meeting model	FEM facilitated by LIFE family engagement coordinator
Assessing Need	• Review/refinement of in-home criteria • Training and coaching on moderate to high need assessment • Training and coaching on family stressor • Automated link between PCA findings and service referral • Embed family voice • Crosswalk assessment processes with sister agencies • Identify natural supports and community partners earlier with families	• Functional assessment • Resource identification staff statewide • Parent mentors statewide • Enhanced communication and information sharing between sister agencies
Child-Specific Prevention Plan	• Follow LIFE meeting model for prevention plan development • Family-led meetings and plans • Involve self-sufficiency and community partners	• Develop prevention plans that are useful to the family
Case Management	• Prevention unit case management • Co-case management with self-sufficiency	External case management Shared data portal
Ongoing Monitoring of Safety/Progress	Case plans should be updated through facilitated family meetings that follow the LIFE meeting model	Provide expert facilitators for initial and ongoing family meetings

Thank you!

Questions?