



Oregon Title IV-E Prevention Plan

Executive Summary

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Introduction

The Family First Prevention Services Act (Family First) enacted on February 9, 2018, provides jurisdictions the option of receiving federal title IV-E reimbursement at a matching rate for certain evidence-based, trauma-informed services related to parenting skills, mental health and substance use disorders, aimed at preventing children from entering or re-entering foster care.

Leveraging Family First to increase access to preventive evidence-based programs and strengthen in-home supports is one strategy in Oregon's larger statewide effort to build a prevention-focused system that better supports our children, families and communities. Oregon, in partnership with the Tribal Nations of Oregon, welcomes Family First implementation as a tool that is aligned with our Child Welfare Vision for Transformation, which is an ongoing effort to safely reduce the number of children in foster care and increase the number of children who can safely remain at home with their families and in their communities.

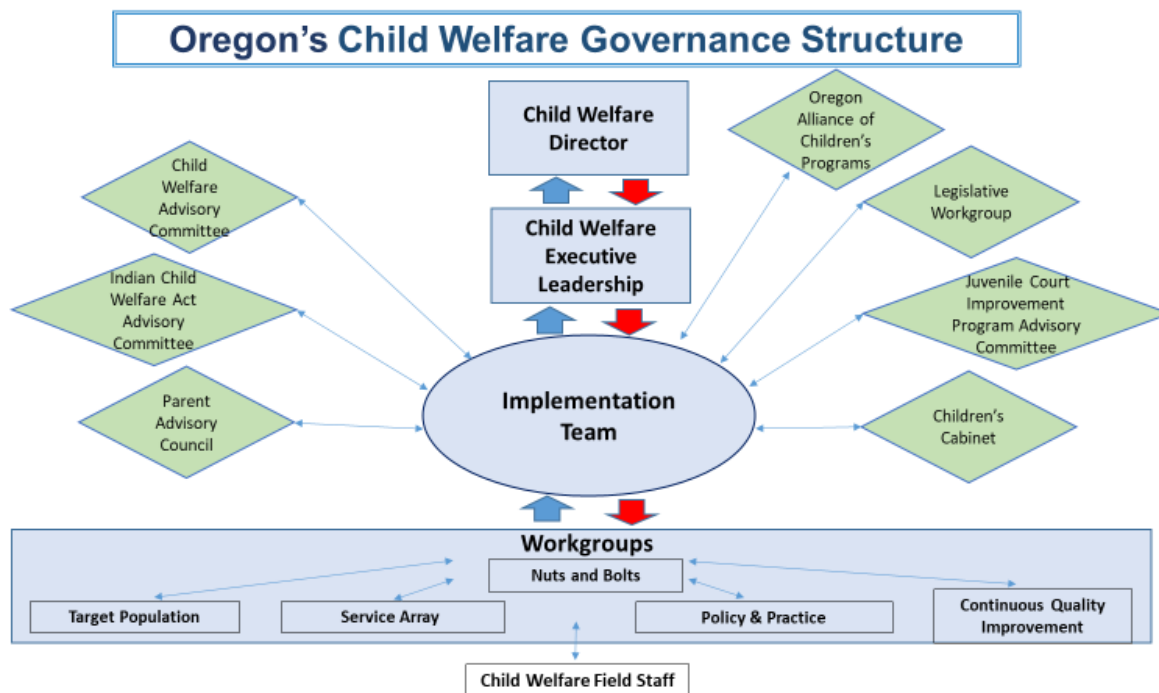
This iteration of the Prevention Plan is just the first step toward Oregon's goal of transforming to a prevention-oriented system. The initial phase of implementation that this Plan describes includes modifications to the current system of service delivery and the standing up of new evidence-based prevention services. Future steps toward transformation including structural changes to the current system of service delivery and additional progression towards a comprehensive prevention service array. As Oregon begins its journey of transformation, the implementation of Family First will be an integral landmark on the road to ending racial disproportionality, utilizing values-based practice and intentional engagement, strengthening communities and serving children and families together in their homes.

Building on Oregon's Demonstrated Success

Oregon has seized prior federal policy opportunities to improve practice in support of better outcomes for children and families. In July 2015, Oregon began implementation of its Title IV-E Waiver Demonstration Project, to develop the Leveraging Intensive Family Engagement (LIFE) model. LIFE is a values-based practice model designed to reduce the time to permanency of children who are likely to have long-term stays in foster care. LIFE has four essential practice values: strengths-based, trauma-informed, culturally responsive, parent-directed and youth-guided; and four key components: regularly scheduled case planning meetings, enhanced family finding, parent peer mentors and team collaboration. The demonstrated positive outcomes of LIFE align with Oregon's Vision for Transformation to be a more family-centered, holistic and prevention-oriented system. To enhance family and community engagement and partnership, Oregon will build on the most successful elements of LIFE to inform the casework practice model for the delivery of Family First prevention services to children and families.

Collaboration, Consultation and Coordination with Partners in the Development of the Prevention Plan

To achieve the Vision for Transformation and engage all key family-serving systems to accomplish the outcome of implementing Family First successfully, Oregon has engaged intentionally in collaboration and partnership. As a primary vehicle for ensuring cross-system collaboration and decision-making, Oregon created a governance structure for developing and implementing a comprehensive Prevention Plan. The governance structure consists of an implementation team and four workgroups focused on the key Prevention Plan components: target population, service array, practice and policy, and continuous quality improvement (CQI).



The implementation team and workgroups are comprised of a diverse array of partners including child welfare agency field and program leaders, Tribes, young adults who experienced foster care, parents who experienced the child welfare system, foster care providers, community partners, sister agencies and private service providers. The governance structure membership is intentionally varied to ensure many voices and perspectives are included in Oregon's plan development and implementation. The sister and other public agencies actively participating and providing consultation on the implementation team and workgroups include representatives from the ODHS Self-Sufficiency Program, Oregon Health Authority: Child and Family Behavioral Health and Maternal and Child Health Sections, Department of Education Early Learning Division, local county juvenile departments, Oregon Judicial Department and the Oregon Legislative Assembly. Consultants from Chapin Hall at the University of Chicago and Casey Family Programs have also provided much appreciated technical assistance and capacity building support. As Oregon moves into implementation, Oregon intends to adapt the implementation team and relevant workgroup membership and charges to ensure we are effectively operationalizing and overseeing implementation in concert with those carrying out and impacted by services.

Addressing Racial Equity and Justice in the Child Welfare System

Reducing racial disproportionality and focusing on achieving racial equity and justice in the child welfare system has also been a priority for Oregon and informed the development of all aspects of the Plan. In particular, the implementation team and workgroups have specifically focused on the needs of African American, American Indian/Alaska Native and Latinx children and families in addition to the needs of parents with intellectual and developmental disabilities. To address the racial disproportionality and the specific needs of these populations who may come into contact with the child welfare system, a diverse array of culturally specific and culturally responsive services and Oregon Tribal Best Practices have been highlighted in Oregon's Prevention Plan. Although many of these services have not yet been rated or selected for review by the federal Title IV-E Prevention Clearinghouse, Oregon finds that these services and practices have high value and efficacy in meeting the needs of historically underserved communities. Highlighting these services in the Plan represents Oregon's commitment to developing a service array that meets the needs of all children and families. Oregon's commitment to serving all families effectively extends beyond culturally specific or appropriate services and includes partnering with providers with expertise in delivering services and programs that are adapted to fit the culture and context of Oregon's communities and populations.

Collaboration with the Tribes of Oregon

Recognizing the State of Oregon has a government to government relationship with the nine federally recognized Oregon Tribal Nations, Oregon has tailored engagement with the Tribes to respect and uphold tribal sovereignty. In addition to including tribal representatives in the implementation team, ODHS Child Welfare and Tribes have had direct dialogue in bi-weekly meetings to identify the culturally specific needs of tribal communities as well as the needs of tribal children and families who can benefit from prevention services. Since partnering with Oregon Tribal Nations, Oregon has gained additional perspective on how prevention works within tribal communities. For Oregon Tribal Nations and beyond, prevention is already built into tribal culture, customs and values. Most Oregon tribal service delivery systems are intertwined with tribal culture, customs and values that have proven effective in serving their tribal members. Oregon has taken serious note of the experience and expertise of Oregon tribal prevention practices. For example, Oregon learned from the Confederated Tribes of Grand Ronde prevention framework and incorporated key aspects into its prevention framework. Moving forward, Oregon will continue engaging and consulting with Oregon Tribal Nations to ensure their voice and vision is fully captured and integrated into the Oregon Prevention Plan. A recent indication that Oregon is heading in the right direction was demonstrated by the Warm Springs Tribal Court quoting Family First policy during a child welfare hearing. From this example to many others, Oregon's Tribes are already embodying a prevention-oriented system.

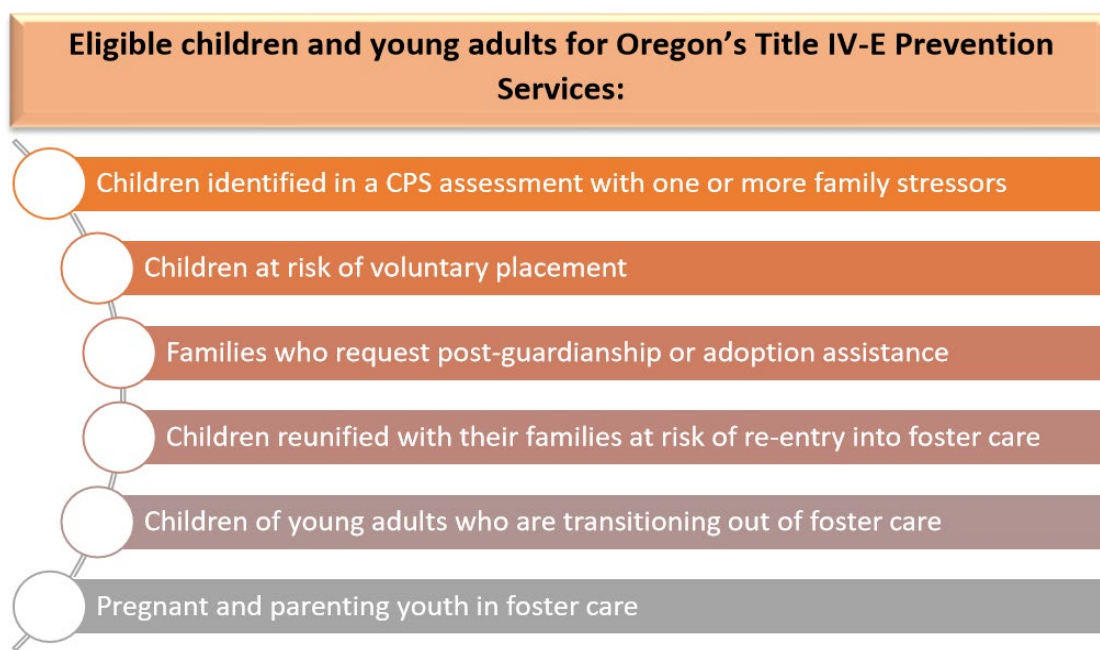
Eligibility and Candidacy Identification

To be eligible for prevention services under Family First an individual must be in one of the following categories:

- ***A child who is a candidate for foster care*** (According to federal guidance, a child is a “candidate for foster care” when they are identified as being at imminent risk of entering or re-entering foster care if not for the receipt of prevention services. This term also includes a child whose adoption or guardianship arrangement is at risk of disruption or dissolution.)
- ***A youth in foster care who is pregnant or parenting*** (Although pregnant or parenting youth in foster care are not candidates for foster care, they are eligible to receive prevention services under Family First.)
- ***Parents or kin caregivers of a child who is a candidate for foster care or a pregnant and parenting youth in foster care*** (Once a child is eligible, the child, parent or kin caregiver may be the recipient of an applicable service to prevent foster care or enhance their parenting capacity, if the service is identified in a child-specific prevention plan in advance of services being provided.)

Oregon developed its candidacy definition through a target population workgroup comprised of members with lived experience, Tribal representatives, community service providers, sister agencies and ODHS Child Welfare staff, including data and research specialists from the Office of Reporting, Research, Analytics and Implementation. Their charge was to develop data-informed recommendations to inform eligibility for prevention services in Oregon’s Prevention Plan. This information will also be used to inform Oregon’s larger prevention-oriented system efforts.

Candidates eligible for Family First prevention services include six target population groups.



Only Oregon Child Welfare staff and Tribes with title IV-E agreements with Oregon will determine child-specific eligibility for prevention services.

To clarify whether a child within a candidacy group needs services, Oregon is operationalizing “imminent risk” of foster care entry or re-entry as:

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.

For the initial phase of implementation, Oregon anticipates that this definition of candidacy and imminent risk will mean that the population served will be limited to children and their families who have open child protective services (CPS) or family support services (FSS) cases. Oregon is planning for later phases of our prevention-oriented transformation to serve an expanded population of families in need beyond those who are required to engage in services. Oregon recognizes that to support that expansion, we need to build our readiness, work to shift our culture to serve these families differently and add new resources and tools for our workforce to best identify the supports families need. Specifically, as we explore how best to identify this population and their needs, Oregon intends to select a validated tool that can help identify risk.

Title IV-E Prevention Services

Eligibility for federal reimbursement requires prevention services in the categories of mental health, substance use disorder treatment and in-home parenting skills to be evidence-based, trauma-informed and rated as “promising,” “supported” or “well-supported” by the title IV-E Prevention Services Clearinghouse. To ensure the selection of evidence-based practices (EBPs) and prevention services for the Family First Prevention Plan match the needs of the identified candidacy populations, Oregon used data and qualitative information to:

- Map and assess the scope, quality, and volume of Oregon's existing service array relevant to Family First (i.e., parenting, substance use disorder, and mental health services)
- Identify specific EBPs within the current service array that might align with the needs of the candidacy population
- Conduct a gap analysis and recommend additions to the service array that will fill unmet needs of children and families identified as candidates
- Address barriers and identify strategies for procuring or scaling the service array to meet needs, and

- Considered Oregon’s ability to implement the services relative to the potential impact on positive outcomes.

This framework guided the selection of the initial four services for Oregon’s Prevention Plan: Parent Child Interaction Therapy (PCIT), Parents as Teachers (PAT), Functional Family Therapy (FFT) and Motivational Interviewing (MI).

	Service, Description & Version	Target Population	Title IV-E Clearinghouse Rating	Intended Outcomes	Rationale for Selection
Mental	Parent-Child Interaction Therapy (PCIT) is a dyadic therapy that serves parents and children together to meet the parenting needs of the caregiver and improve the child’s behavioral functioning. It is administered in an office setting where a therapist monitors parent and child interactions through a two-way mirror and communicates with the parent via a wireless communication device. <u>Version:</u> Eyberg, S. & Funderburk, B. (2011). <i>Parent-Child Interaction Therapy Protocol: 2011</i>. PCIT International, Inc.	Children 2-7 and their parents/ caregivers	Well-supported	• Improved child behavioral and emotional functioning • Improved child social functioning • Increased positive parenting practices • Improved parent/caregiver emotional and mental health • Improved family functioning	PCIT was selected because it is designed to meet the needs of caregivers with young children who have emotional and mental health needs. Oregon has significant infrastructure for training and expansion of this service, including an annual PCIT conference hosted in Oregon. PCIT is also culturally responsive and can be provided in multiple languages. It has demonstrated similar outcomes with parents who are impacted by intellectual and/or developmental disabilities.
	Functional Family Therapy (FFT) is an intervention directed at adolescents who have behavioral and conduct needs. It combines individual and family interventions to address behavioral health needs for youth and positive parenting capabilities for families and caregivers. It is especially effective for youth who have been, or are at risk of, being involved with the juvenile justice system. <u>Version:</u> Alexander, J.F., Waldron, H.B., Robbins, M.S., & Neeb, A.A. (2013). <i>Functional Family Therapy for Adolescent</i>	Children 11-18	Well-supported	• Improved child behavioral and emotional functioning • Decreased child substance use • Decreased child delinquent behavior • Increased positive parenting practices • Improved family functioning	FFT was selected because it is expected to prevent the need for foster care placement for families seeking support and intervention for youth with behavioral health needs. FFT may divert youth from both juvenile justice and child welfare involvement. Oregon currently has some juvenile departments that utilize Functional Family Probation for youth on formal probation. Functional Family Probation is compatible with FFT, which will allow for continuity of services within local systems.

	Service, Description & Version	Target Population	Title IV-E Clearinghouse Rating	Intended Outcomes	Rationale for Selection
	<i>Behavioral Problems.</i> Washington, D.C.: American Psychological Association.				
Cross- Cutting	Motivational Interviewing (MI) is a method of counseling that is designed to promote behavioral change and to improve physiological, psychological and lifestyle outcomes by identifying ambivalence and increasing motivation to change. MI can be applied to many different treatment settings and can be implemented as part of casework practice. This practice can also be integrated within other service models as a driving curriculum. <u>Version:</u> Miller, W.R. & Rollnick, S. (2012). <i>Motivational Interviewing, Third Edition: Helping People Change</i>. New York: The Guilford Press.	Adolescents and parents/ caregivers	Well-supported	• Enhanced internal motivation to change • Increased family engagement and retention in services • Decreased substance use disorder	MI was selected because it is an easy model to access and can be added to existing services to improve outcomes. It has also demonstrated effectiveness in meeting the needs of caregivers with substance abuse treatment needs and can be integrated with casework practice models.

	Service, Description & Version	Target Population	Title IV-E Clearinghouse Rating	Intended Outcomes	Rationale for Selection
In-Home Parent Skill-Based	Parents as Teachers (PAT) is a curriculum that has demonstrated ability to assist parents in developing positive parenting skills. It aims to increase parent knowledge of early childhood development and prevents child maltreatment by improving parenting practices. PAT ensures early healthy childhood development and promotes early detection of developmental delays. <u>Version:</u> Depending on the ages of children in the families served, <i>Foundational Curriculum</i>. Parents as Teachers National Center, Inc. (2016) and/or <i>Foundational 2 Curriculum: 3 Years Through Kindergarten</i>. Parents as Teachers National Center, Inc. (2014) will be used.	Children prenatal – 5 and their parents/ caregivers	Well-supported	• Reduced children maltreatment • Improved child social and cognitive functioning • Improved child physical health and development • Increased positive parenting practices • Improved family functioning	PAT was selected because the curriculum can be applied to existing prevention services that Oregon has already invested in and there is broad capacity for expansion of this service in Oregon. In addition, the PAT curriculum has a demonstrated impact on improving outcomes for families at risk of child welfare involvement. It is culturally responsive and has shown effectiveness with non-white populations.

Oregon looks forward to adding more services through amendments to the Prevention Plan in the future. Please see *Table 5. EBPs of interest for future phases of Oregon's prevention transformation* in the Oregon Title IV-E Prevention Plan for more information on these services.

Trauma-Informed Framework

In 2019, ODHS implemented policy establishing standards and expectations as a trauma-informed organization. This included a commitment to building resiliency in agency staff and interacting with service recipients and one another in a way that is aware of and responsive to the impact of trauma in the lives of individuals. This trauma-informed policy and its related training, tools and resources created a framework to guide ODHS in becoming a trauma-informed organization. It also set minimum requirements for all staff training and standards for all ODHS programs. Oregon is mobilizing to ensure anti-racist and anti-bias knowledge and training is a foundational component of trauma-informed practice. Oregon plans to use trauma-informed, gender specific or non-conforming, and culturally responsive engagement skills when addressing the needs of children and young adults.

Oregon has ensured that the training models and curriculum for each selected EBP included trauma-informed elements throughout. Providers will be expected to implement all EBPs to fidelity which will include monitoring of trauma-informed elements in the practice.

Child Specific Prevention Plan

Case management of families receiving prevention services will be provided initially by Oregon Child Welfare family preservation workers. To ensure family needs are appropriately met, Oregon will install a specialized unit of family preservation workers at the local district level who will have primary responsibility for developing and overseeing child-specific prevention plans and working in collaboration with other workers serving such families. Although all Child Welfare workers are trained in and expected to provide trauma-informed family engagement, it will be critical for families to receive services from specialized prevention workers and supervisors who are committed to family-centered practice and who have the necessary engagement skills to help families co-design and participate in services.

Family preservation workers will develop and oversee the child-specific prevention plan in collaboration with the child, family, Tribes, community partners and service providers. During future phases of implementation, Oregon will seek opportunities to collaborate and share case management responsibilities with community partners and sister agencies including other divisions within ODHS, such as the Self Sufficiency Program and Developmental Disability Services, that may be better suited to meet specific child and/or family needs through prevention services that do not require Child Welfare intervention.

To enhance family engagement and partnership in the delivery of prevention services, Oregon will embed the values of the LIFE practice model (strengths-based, trauma-informed, culturally responsive, parent-directed and youth-guided) as well as the child and family teaming approach, within the existing casework practice for developing and overseeing child-specific prevention plans.

Coordinated with Other Services Provided to Children and Families under Oregon's Title IV-B Plan

Oregon's Prevention Plan is just one tool in addressing the varying needs of children at risk of foster care placement, pregnant and parenting youth in foster care and their families. Oregon will ensure that the partnership between programs and organizations that receive title IV-B funds, which is another source of federal funding for prevention and child welfare services, continues in support of coordinated services for children and families.

Oregon Tribes also use title IV-B funds to serve the needs of their communities by investing in services, systems change, community development and capacity building. Oregon will include Tribal partners in all ICWA cases to ensure tribal children and families have access to the wide array of prevention services funded by title IV-E and title IV-B, as well as by state funding.

Monitoring Child Safety

In order to ensure safety and appropriate case progress, Oregon Child Welfare's Safety Model

incorporates monitoring protocols that include regular face-to-face contact with the child, parents and foster parents if the child is in foster care. Oregon Child Welfare also requires regular contact with safety service providers and treatment service providers to facilitate collaboration on a family's case and to enable regular monitoring in case safety concerns arise. Initial and ongoing LIFE child and family team meetings will assist in monitoring and overseeing child safety and the effectiveness of child-specific prevention plans in mitigating risk. Further, current rules and procedures for CPS and FSS cases will be used to monitor children and families receiving prevention services for any safety issues that may arise.

For future transformation, Oregon is exploring designated expert facilitators of child and family meetings and the family's natural supports assuming some role for monitoring safety and risk for families who have no identified safety threats.

CQI Strategy

The four well-supported evidence-based programs--PCIT, PAT, FFT and MI--that are included in the initial phase of Oregon's Prevention Plan have existing fidelity and outcomes metrics by the proprietor or developer and include a robust in-state infrastructure to collect and share fidelity and outcomes information. Oregon is leveraging these existing metrics and infrastructure, in partnership with the Oregon Health Authority, Oregon's PAT and FFT certified/affiliate programs and community providers who have current Child Welfare contracts, to continue to enhance CQI strategies for these EBPs. Each service will be continuously monitored to ensure fidelity to the practice model, determine outcomes achieved and ensure that information gleaned from the continuous monitoring efforts will be used to refine and improve practices.

Prevention Plan CQI Structure and Processes

Oregon is creating new statewide CQI structure and processes for the Prevention Plan which build on existing CQI activities and will be aligned with Oregon's efforts to engage in robust CQI consistent with our Vision for Transformation. The Quarterly Targeted Service Reviews (QTSR) will be the main process used to understand, oversee and inform the implementation and effective service delivery of the EBPs in Oregon's Prevention Plan. The QTSR process will serve a key role in Oregon's overall Prevention Services CQI structure, please see *Figure 5. CQI structure and key research questions for Oregon's prevention services* in the Oregon Title IV-E Prevention Plan.

During the initial phase of implementation, the QTSR will primarily focus on the process and data related to the implementation of EBPs to inform how services are being implemented and the status of implementation drivers and supports. This will allow for any adjustments to be made in order to ensure implementation success. In later phases, child and family outcomes will be reviewed more closely as data become available and as implementation stabilizes sufficiently to allow for the evaluation of outcomes.

To ensure information gathered during continuous monitoring efforts is used to improve EBP specific outcomes and performance, the QTSR will utilize a standardized process for monitoring, reviewing, analyzing and sharing collected data and results and obtaining feedback from service providers, Child Welfare staff and other partners. Data sources will include but not be limited to quantitative measures gathered from service provider, OR-Kids and other data system reports and qualitative measures gathered from family, service providers and Child Welfare staff. In collaboration with EBP service providers, QTSR recommendations will drive necessary adjustments or contractual changes to EBP service delivery. Based on QTSR guidance, the Prevention Services CQI Team may also utilize a time-limited program improvement plan to improve EBP specific fidelity and outcomes. Following QTSR review of progress and confirmation of practice improvements, the CQI process cycle will repeat itself.

To measure the Child and Family Outcomes and Child Welfare Agency Outcomes detailed in Oregon's Family First Prevention Services Theory of Change (Appendix A), Oregon will identify and/or develop data points within current systems that can be used to establish baseline metrics and monitor progress toward the described outcomes.

Child Welfare Workforce Training and Support

Oregon will partner with the Oregon Health Authority, the PAT and FFT affiliated Oregon programs and the purveyor organizations to ensure providers have the necessary skills and capacities to provide PCIT, FFT and PAT to fidelity, including ensuring the provider workforce is trauma-informed. For MI, Oregon will work with the Motivational Interviewing Network of Trainers (MINT) to provide certified trainings and will partner with Trauma-Informed Oregon to provide additional trainings and resources to ensure that the contracted provider workforce is trauma-informed.

To prepare for Family First, the current trainings offered by both Child Welfare and Portland State University will be enhanced and modified to include training on topics such as the candidacy definition, imminent risk determination, child-specific prevention plans, assessment of family needs and the LIFE practice model and the EBP models. New caseworkers will receive training on all implications of Family First during their initial training. All trainings are offered with a trauma-informed lens and have an equity focus. For more information on those trainings please see the Oregon Title IV-E Prevention Plan.

Individual Training Modules: All family preservation, CPS and permanency workers, meeting facilitators and their supervisors will further be required to complete the following training module topics:

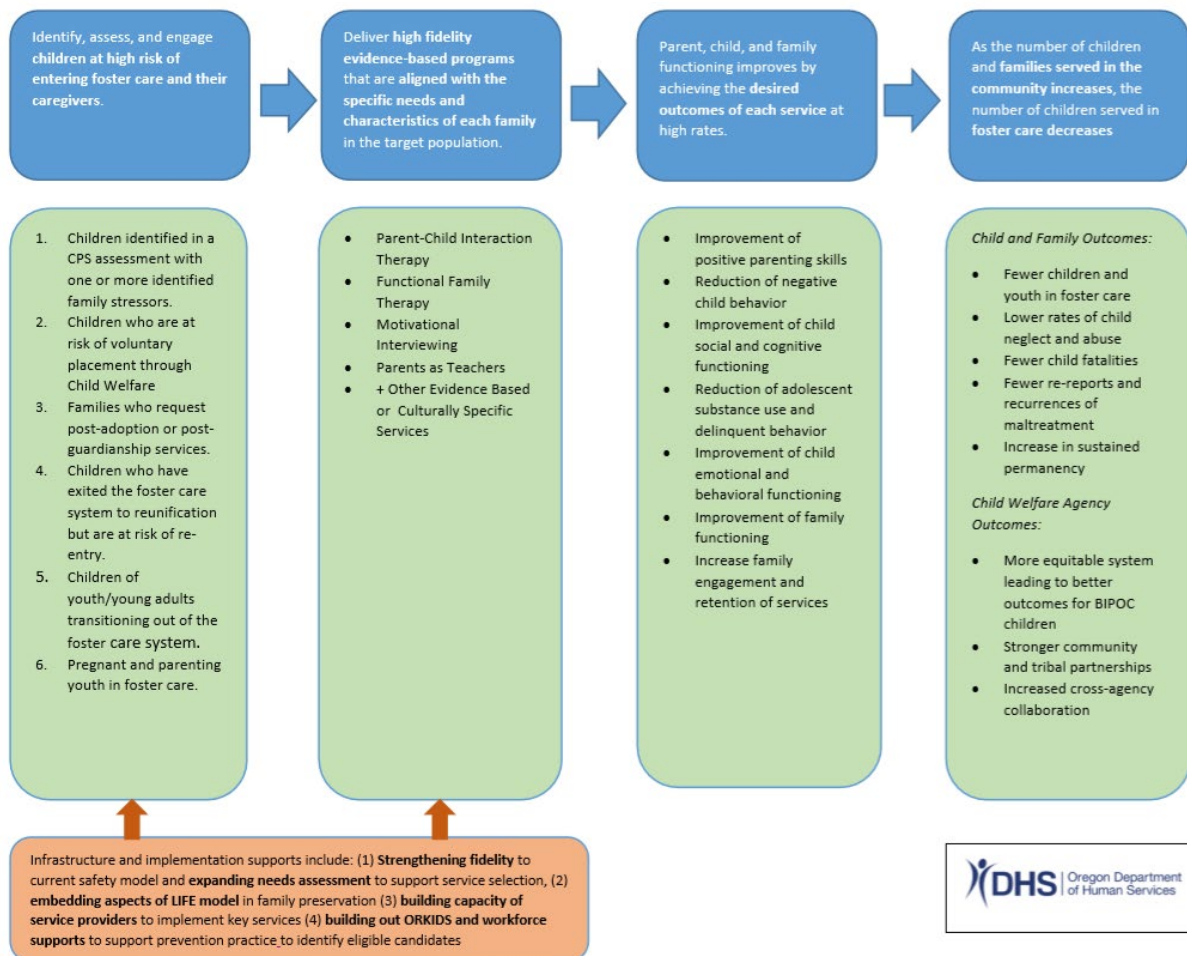
- Identifying Candidates for Prevention Services
- Conducting Risk Assessments
- Assessing Child and Family Needs
- Developing the Child-Specific Prevention Plan
- Matching Families to the Appropriate Services
- Overseeing and Evaluating the Effectiveness of Services

- Facilitating Child and Family Team Meetings

For more details on the information provided in this executive summary please see the Oregon Title IV-E Prevention Plan.

Family First Prevention Service Theory of Change

FAMILY FIRST PREVENTION SERVICE THEORY OF CHANGE, OREGON DEPT OF HUMAN SERVICES



Appendix B - Current Practice for Oregon Family First Eligible Populations

- 1. Children identified in a CPS assessment with one or more of select family stressors**
 - a. For children identified as “unsafe,” the current practice is for the CPS worker to transfer the case to the permanency worker for case management services within 48 hours of filing a court petition or identifying a safety threat.
- 2. 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**
 - a. During the course of an FSS assessment, the current practice is for the Child Welfare worker to provide a family with in-home services only if the parent is temporarily unable to fulfill parental responsibilities due to a diagnosed medical or mental health condition and there are no available community resources. A voluntary placement agreement is used in all cases in which the sole reason for placing the child in foster care is the need to obtain services for the child's emotional, behavioral, or mental disorder or developmental or physical disability. A voluntary custody agreement is limited to specific situations when a parent or legal guardian requests Child Welfare to take legal custody of the child on a temporary basis, because a parent is temporarily unable to fulfill parental responsibilities due to medical or mental health condition.
- 3. Children who have exited the foster care system whose caregivers have requested post-adoption or post-guardianship services**
 - a. The current practice is for ORCAH to receive a request for services from an adoptive parent or guardian and then the request is assigned to the field for an FSS assessment. Child Welfare provides services when a family whose adoption or legal guardianship (usually financially subsidized) occurred in Oregon through Child Welfare, and the family requests services to support or maintain the adoption or guardianship. A family may request services while the child remains in the family home or request that the child be placed temporarily in foster care to address the child’s identified needs.
- 4. Children who have exited the foster care system to reunification but are at risk of re-entry**
 - a. The current practice is for the Child Welfare worker to close the case immediately following a foster care placement or following a trial home visit (which can typically last for up to 6 months). Whether the child is returned to the parent or in a trial home visit, in-home safety plans are required to manage the safety of children who are determined to be unsafe through assessment or ongoing case management. There are 4 requirements for an in-home safety plan allowing the child to remain in the physical care of their parent. These include a

home-like setting, a willing parent, appropriate safety service providers, and no barriers present in the home environment for the plan to be implemented. When these four criteria are met, children are able to return to the home, and a safety plan continues to be in place until all safety threats have been ameliorated.

5. Children of youth/young adults transitioning out of the foster care system

- a. The current practice is for a former foster care youth to call ORCAH on their own behalf and request Independent Living Program (ILP) services through an FSS case. A former foster youth qualifies for an FSS Case for ILP services if the youth: (a) is under 21 years of age, (b) was in foster care (including foster care provided by a Federally Recognized Tribe) at or after 16 years of age; and (c) had been in foster care after 14 years of age for an accumulative 180 days or longer. Caseworkers determine what ILP services the individual is eligible to receive. The former foster child or the former foster child's family, if the youth is under 18 years of age, must agree to these services. Services include life skills; housing funding programs; education and training vouchers or grants; access to discretionary funds; driver education course fees; and referral to an ILP provider to assist with accessing additional resources.

6. Pregnant and Parenting Youth in Foster Care

- a. Pregnant and parenting youth in foster care are currently supported with services through an open case that may also include services for their child. In some cases, the parenting youth in foster care have open cases as parents, in addition to being a child in foster care on their own parents' case. If this is the case, both the parenting youth and their child are provided services and resources as children in the child welfare system.