

**FAMILY FIRST PREVENTION SERVICES ACT  
(FAMILY FIRST)**

**&**

**UPDATES ON OMBUDSMAN  
RECOMMENDATIONS**

Analysis and Implications for Iowa

January 26, 2021

# OVERVIEW

## Children Do Best in Families

Family First will restructure how the federal government spends money on child welfare to improve outcomes for children and families:

- ▶ Prevent the need for removal through evidence-based family preservation services
- ▶ **If removal is necessary**, placement in this order:
  - Relative or fictive kin
  - Licensed Foster Family
  - Congregate care (for treatment only)
- ▶ All possible strategies for keeping children with their families, or in family settings, must be explored.

# VALUE OF EVIDENCE-BASED PRACTICES

**Improvement in quality and variety of services.** Interventions are research-based and matched to the needs of children and families. Developing an array of EBPs is beneficial in effectively serving a range of families with different needs.

**Shorter lengths of services.** Due to higher intensity and quality interactions with families, EBPs length of service is much shorter than Services as Usual (SAU).

**Successful case closing.** Achievement of case goals for closed cases served through EBPs is higher than SAU. Goals are clearly defined, fidelity to curriculum is followed, and outcomes are demonstrated.

**Reduction in repeat maltreatment.** Due to sustained positive impact, families that graduate from EBPs have lower rates of repeat maltreatment episodes.

**Positive Engagement.** Because the goals of the interventions are targeted and specific, engagement in EBPs tends to be higher than SAU.

# KEY DECISIONS IN IOWA

## 1. Family-Centered Services package will include two EBPs:

### ▶ SafeCare

- ▶ Families who complete SafeCare have a **75% reduction in child maltreatment** reports
  - ▶ **Structured curriculum** delivered with flexibility to individual family needs
  - ▶ Service can be **completed in 6 months**
  - ▶ **Targets multiple risk factors** for abuse and neglect
    - Positive parent-child/infant interactions
    - Systematic health decision making
    - Appropriate supervision
- ★ Casey Family evaluation demonstrated **equal effectiveness** with Native American parents.

### ▶ Solution-Based Casework

- ▶ An evidenced-informed casework practice model that prioritizes working in partnership with families
  - ▶ Practitioners focus on developing pragmatic solutions to difficult situations
  - ▶ Applicable to a wide range of family problems, such as mental health or work related issues
  - ▶ Lowered rate of child abuse repeat maltreatment
- ★ **Keeps caseworker focused** on the relevant child welfare concerns and insists on collaboration with the family.

## 2. Family Preservation for all eligible families:

- ▶ **Intensive, in-home, crisis-oriented services**
- ▶ **Child Safety Conference to stabilize family**

# ENSURING THE NECESSITY OF A PLACEMENT THAT IS NOT A FOSTER FAMILY HOME (PART IV)

**What is Different:** Limitations on federal financial participation for placements that are not in foster family homes. Designed to discourage use of institutional care settings.

## **Services Eligible for Federal Financial Support:**

- The setting is a Qualified Residential Treatment Program (QRTP)

## **Eligible Population and Criteria:**

- A child whose who has been clinically assessed using an evidence-based and validated tool approved by HHS and determined:
  - specific short-term and long-term mental and behavioral health goals cannot be met in a family or family-like setting
  - the setting will provide the least restrictive environment and most appropriate level of care

# SPECIALIZED TREATMENT BEDS FOR YOUTH IN QRTP

## Purpose

- ▶ Most of Iowa's youth have treatment needs that can be met within the scope of the current general QRTP beds. However, a small population of youth have specific or significant needs which extend beyond what is offered in these general beds. By serving these youth in a separate unit with specialized treatment, curriculum, and staff, allows for better outcomes for these youth, as well as the other general QRTP youth. Creating specialized treatment beds decreases the likelihood of youth needing to seek treatment out of state or being referred to the Boys State Training School.

## Current Status

- ▶ Problematic Sexualized Behavior Beds (PSB): 68 beds across the state. PSB beds address a specific population of youth that need specialized treatment due to a youth's sexual behavior(s) that is/are developmentally inappropriate or harmful to others.
- ▶ Neurodevelopmental and Co-Morbid Conditions Beds (NACC): 8 beds in DMSA. NACC beds were created for youth who have a combination of lower cognitive functioning, developmental delays, and serious emotional and behavioral concerns with complex behavior needs.

## Planning Phase

- ▶ Collaborating with JCS to develop beds for youth with more pronounced delinquent behaviors. Up to 24 beds statewide for both males and females, which will have specialized treatment, staff and will be segregated from other youth in order to allow for maximum treatment and safety.

# HIERARCHY OF DECISION-MAKING



# STATE OF IOWA

## Family First: Implementation Strategies





# IOWA 4 QUESTIONS, 7 JUDGES



# WHAT IS THE DANGER?

## Before Removing a Child, ASK:

1. What can we do to remove the danger instead of the child?
2. Can someone the child/family knows move into the home to remove the danger?
3. Can the caregiver and child go live with a relative/fictive kin?
4. Could child move temporarily to live with relative or fictive kin?



*Questions courtesy of Iowa District Associate Judges Bill Owens and Linnea Nicol, and Amelia Franck-Meyer of Alia Innovations.*

# PILOT DATA

- ▶ 56% reduction in approved removals
- ▶ 15% increase in rate of placement with relatives and fictive kin
- ▶ No placements in residential setting

TIME FRAME	APPROVED REQUESTS	RELATIVE PLACEMENT	FICTIVE KIN	FOSTER	SHELTER
Aug. 2019 - Nov. 2019	99	42% (42)	9% (9)	34% (34)	13% (13)

TIME FRAME	NUMBER OF REQUESTS	APPROVED REQUESTS	RELATIVE PLACEMENTS	FICTIVE KIN	FOSTER CARE (STRANGER)	SHELTER
Dec. 2019 - Mar. 2020	83	44	55% (24)	11% (5)	34% (15)	0%

# CHILD SAFETY CONFERENCES

**Family Connections Are Always  
Strengthened and Preserved**



# WHY ARE WE DOING THESE?

We Believe In Keeping Kids Safe with their families not from them!

## Kinship or Fictive Kinship Care

- ▶ Child knows this person
- ▶ Lessons trauma
- ▶ Informal support: will be there after the child welfare and formal supports leave

## Stranger Care

- ✘ Child does not know this person
- ✘ Trauma
- ✘ Formal support: temporary supports in a family's life

# THE OUTCOME

10/1/18 – 12/31/19

**Child Safety Conferences held – 123**  
**Children Involved - 222**

## Initial Placement

<b>Intact</b>	<b>137</b>	<b>62%</b>
Relative	60	27%
Fictive Kin	17	7.6%
Foster Home	5	2.3%
Shelter/Group	1	.5%
Hospital	2	.9%

## Follow-up Conference

<b>Intact</b>	<b>138</b>	<b>62%</b>
Relative	56	25%
Fictive Kin	17	7.6%
Foster Home	5	2.3%
Shelter/Group	4	1.8%
Hospital	2	.9%

# THE STATE OF IOWA

## Data Driven Decision Making

- ▶ Family First Dashboard
- ▶ Foster Care Population since SFY19/Q1:
  - 19% reduction in overall Foster Care placements
  - 8.2% reduction in Black/AA
  - 14.7% reduction in Hispanic/Latinx
  - 8.2% reduction in 2+ races

# COMING SOON.....

- ▶ Kinship financial support
- ▶ Expanding Parent Legal Representation
- ▶ Statewide expansion of Kinship Navigator program
- ▶ Specialized beds for youth with complex delinquent behavior



# OMBUDSMAN REPORTS

- *A Tragedy of errors: An Investigation of the death of Natalie Finn (released 2.17.20)*
- *Misplaced trust: An Investigation of the death of Sabrina Ray (released 9.8.20)*

# STATUS OF ACCEPTED RECOMMENDATIONS

- ▶ Required medical professional collaboration and documentation
  - Allegations of food withholding, physical abuse, and failure to thrive;
  - Prior to case closing
- ▶ IT changes that allow for communication, collaboration and data integration between child welfare and child care licensing workers
  - Formally started our Comprehensive Child Welfare Information System on January 4<sup>th</sup>
  - Will allow for alerts and bi-directional data exchanges with key entities
- ▶ Internal Child Fatality Review Team

All fatalities accepted at intake in a child in the home was:

  - subject of an assessment in previous 12 months;
  - had 2 or more rejected intakes in the previous 12 months;
  - was adopted from foster care in the previous 12 months of the fatality;
  - occurs during an open service case;
  - lived in a foster home or a household that provided daycare services
- ▶ Establish 24/7 Centralized Intake
- ▶ Workgroup to develop best practice standards when children are returning home

**QUESTIONS?**