

# SPARC



State Policy  
Advocacy + Reform Center

**2023 Annual Convening  
December 3-5, 2023  
Annie E. Casey Foundation  
Baltimore, MD**

# Welcome

Elissa Hyne, *Partnership for America's Children*

Marquita Little NuMan, *Partnership for America's Children*

Todd Lloyd, *Annie E. Casey Foundation*



# Welcome from the Partnership for America's Children

2023 SPARC Convening  
Baltimore, MD



# Our Diverse Network



# Who We Are

## *Mission*

The mission of the Partnership for America's Children is to sustain a strong network of state and community child advocacy organizations by increasing member's capacity to support transformational and equitable policy change in their state and communities.

## *About the Partnership*

- A national network of child advocacy organizations focused on state and local policy change.
- Support member's efforts to advance public policies that enhance the health, education, financial security, and well-being of our nation's children and their families.
- 45+ member organizations work together to ensure that every child, from every race, ethnicity, ability, and zip code, has the opportunity to thrive.



# Partnership Member Supports

## Engage

- Partnership Peer Exchange
- Quarterly Race Equity Leadership Meetings
- Monthly Affinity Groups
- Annual Retreat

## Empower

- Communities of Practice
  - SPARC (State Policy and Advocacy Reform Center)
  - Count All Kids
- Blogs, Newsletter
- Advocacy Learning Lab
- Website, YouTube Channel

## Invest

- Funding Opportunities
- Organizational Capacity Building





The  
Partnership  
for  
America's  
Children  
Team



**Marquita Little  
Numan**  
Executive  
Director



**Jasmine Jones**  
Director of  
Member  
Engagement



**Elissa  
Glucksman Hyne**  
Senior Child  
Welfare Policy  
Manager

The  
Partnership  
for  
America's  
Children  
Team



**Zoe Kilbourne**  
**Administrative Assistant**



**Kim Gibson-Forrest**  
**Contract Finance Officer**





# Your Partnership At Work

# Welcome

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# Investing in Families: A Holistic Approach to Prevention

*Sarah Jankowski, New Jersey Department of Children and Families*

*Gretchen Cusick, Chapin Hall*

*Susan Elsen, Massachusetts Law Reform Institute*

*Danielle Mitchell, Acenda Integrated Health*

*Christina Armstrong, Greenway Family Success Center*



Click



@NewJerseyDCF



@NJDCF



@NewJerseyDCF

## A Spotlight on Prevention: NJ's Family Success Centers, "One-Stop Community Shops"



# Today's Presenters

## **Sarah Jankowski**

Supervising Program Support Specialist

Office of Family Support Services, Division of Family and Community Partnerships, Department of Children and Families

## **Danielle Mitchell**

Program Director

Prevention, Family Success Centers, Atlantic CCYC | Acenda Integrated Health, Southern NJ

## **Christina Armstrong**

Site Director

Greenway Family Success Center | Prevention Links, Central NJ



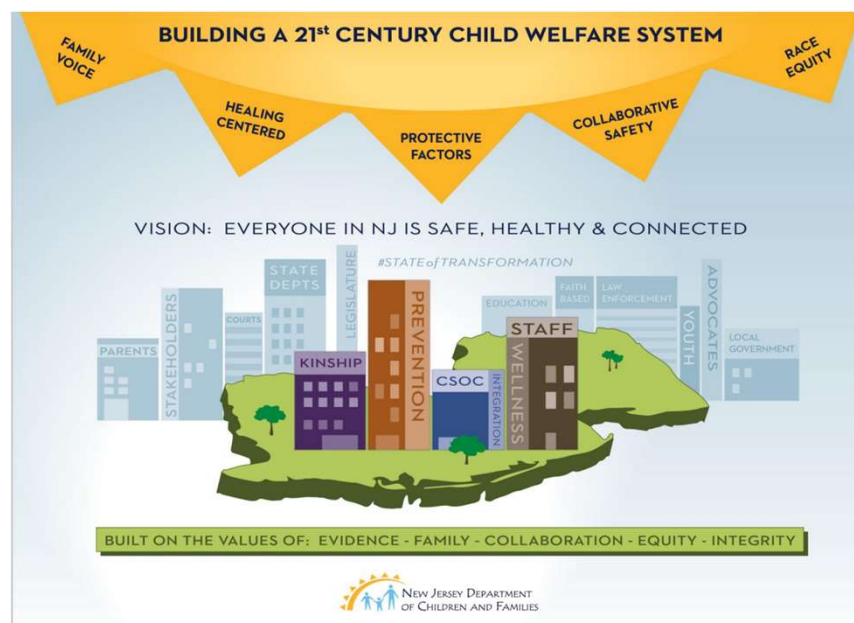
# Overview

- NJ and Prevention
- The Family Success Center Model
- Core Services & Their Connection to Primary Prevention
- Challenges + Successes

# DCF Investment in Prevention

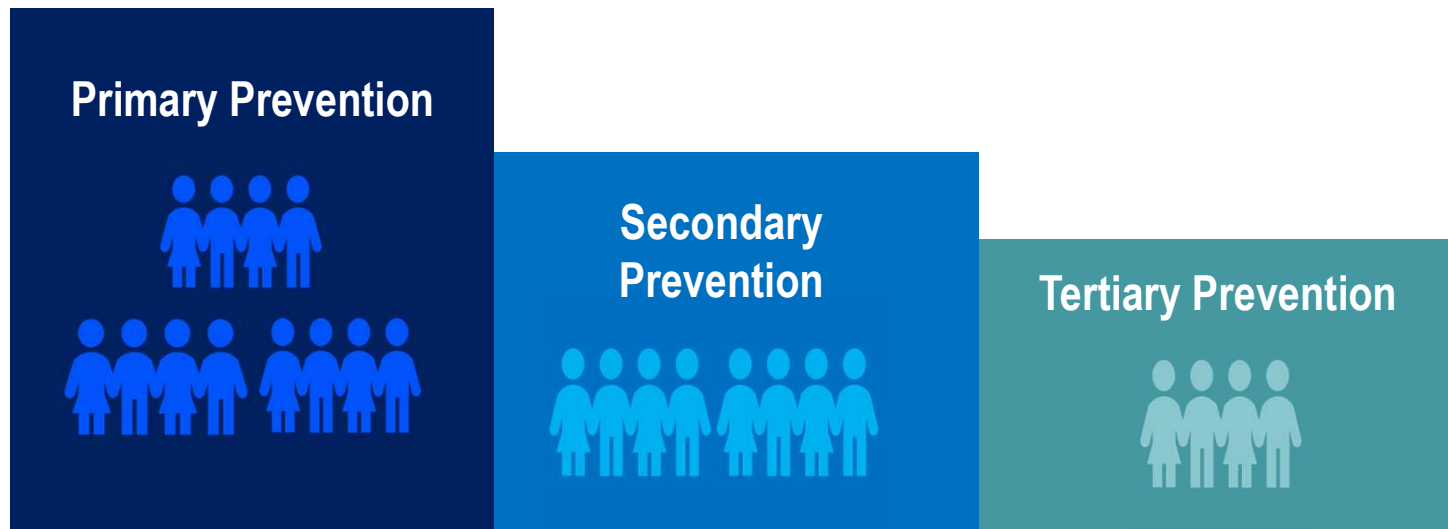
## DCF Strategic Plan

- Prioritization of primary prevention of maltreatment and maltreatment related fatalities
- Prevention and the Risk and Protective Factors Model



# What Does DCF Do?

- Division of Family and Community Partnerships (FCP)
- Office of Family Support Services (OFSS)





# What are Family Success Centers?



Safe, warm, and welcoming neighborhood gathering places

Any community resident

Support, information and resources

Family focused environment

Programming driven by families and their needs



# Goals

“One-stop” shops that provide wrap-around resources and supports for families before they find themselves in crisis

Offer primary child abuse prevention services to families

Bring together concerned community residents, leaders, and community agencies to address the problems that threaten the safety and stability of families and the community

Strengthen families by increasing protective factors and ultimately preventing child abuse and neglect.



# Purposes

- Enrich lives of children by strengthening families and neighborhoods
- Develop networks of family strengthening services to prevent child abuse and neglect
- Provide integrated, locally based services that are family focused and culturally responsive
- Strengthen connections with families, between families, and to the community

# What does an FSC look like?

Family friendly spaces that resemble homes or create home like environments; most of the meetings take place in the living room or the kitchen area

Living room area, hospitality corner (coffee, tea, water), business area (access to copiers, computers, fax machines, telephone), kitchenette, coaching corner, child area, and conference room.

# Take a Look



# Program and Service Delivery

- FSC Manual
- FSC Practice Profile
  - Guiding Principles
  - Essential Functions
- Flexibility

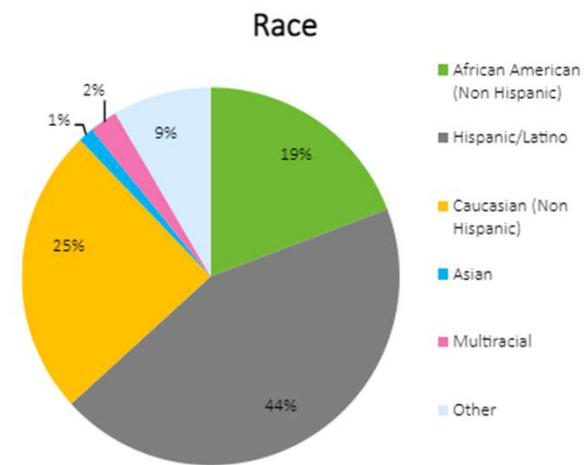
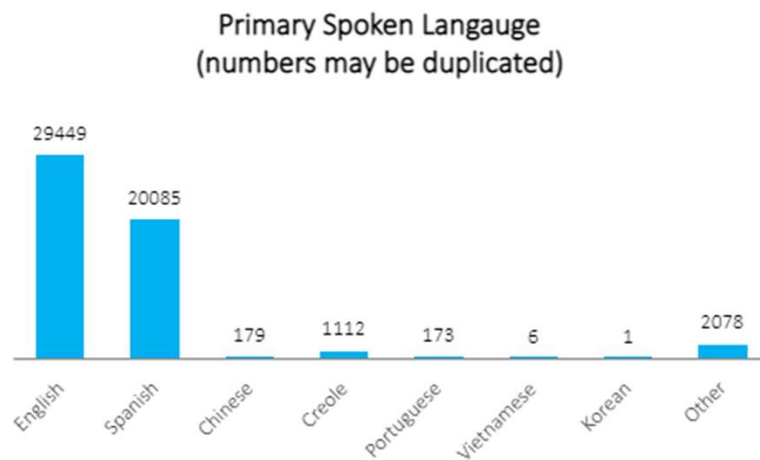
# Service and Program Delivery

Guiding Principles	
Collaborative	Strengths-Based
Community-Based	Voluntary
Culturally Responsive	Welcoming
Family-Focused	Holistic
Flexible	

Essential Functions	
Engagement	Coordination
Active Listening	Leadership
Connecting	Skill Building
Advocacy	Continuous Improvement

# The Data

In 2023, over 32,000 registered families have received support from FSCs.





# FSC Core Services

- Access to child, maternal, and family health services
- Parent education and parent-child activities
- Economic self-reliance/employment related services
- Life skills training
- Advocacy
- Information and referral services

# Core Services Examples

- Access to child, maternal, and family health services
  - Nutrition/Cooking classes
  - Medical presentations
  - Exercise Classes
  - Mental Health presentations
  - Health insurance registration
- Life skills training
  - Financial Literacy
  - Crochet Clubs
- Advocacy
- Economic self-reliance/employment related services
  - Resume writing
  - Guided job searches
- Parent education and parent-child activities
  - Active Parenting
  - Mommy & Me groups
  - Family arts & crafts
  - Holiday events

# Spreading the Word

**HOURS:**  
M,W,F 11am-5pm  
Tues & Thu 11am-7pm

**"Select Saturdays"**  
"By Appointment Only"

**NOVEMBER**

416 Sicklerville Rd, Sicklerville, NJ 08061  
Phone: 856-613-8829  
Fax: 856-616-0994  
fscamden@gmail.com

**FAMILY SUCCESS CENTER**  
ORCHARDS

Mon	Tue	Wed	Thu	Fri	Sat
<b>MUST REGISTER FOR ALL EVENTS</b>		1 November Acts of Kindness List Making 3-4pm	2 Fall Leaves Coloring & Snacks 4-5pm	3 Line Dancing 11:30am	4 Open center hour copy, fax, print... 12pm-1pm By appointment only
6 GetCovered NJ Insurance Applications 11:30 am-4 pm Gratitude ABC's 3-4pm	7 Holiday Toy Drive Application Sign-up 3:30pm-6:30pm	8 Holiday Toy Drive Application Sign-up 1pm-4pm	9 Family Cooking Officer Sausages 5-8pm Holiday Toy Drive Application Sign-up 3:30pm-6:30pm	10 Line Dancing 11:30am	11
13 Parent Advisory Board Meeting 4pm	14 Medicine & Poison 2pm Girl Scouts K-5 Grade 5pm	15 GetCovered NJ Insurance Applications 11:30 am-4 pm Gratitude BINCO 3-4pm	16 Life Insurance 101 4-5pm Yoga 6:30pm	17 Line Dancing 11:30am	18
20 Pumpkin spice DIY Slime 4-5pm	21 Winslow Chess Club 5pm-7pm	22 Corn on the cob painting 3-4pm	23 SORRY we're CLOSED	24 SORRY we're CLOSED	25
27 Camden County College student recruiting 3-4pm Five tips to do stress as an adult 4-5pm	28 Girl Scouts K-5 Grade 5pm	29	30 Identifying household toxins 5-7pm	<b>EVERYTHING IS FREE &amp; OPEN TO ALL!</b>	

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**Orchards Family Success Center**  
416 Sicklerville Rd, Sicklerville, NJ 08061  
Phone: 856-513-8829  
Fax: 856-516-0994  
fscamden@gmail.com  
orchardsfsc.org  
<https://www.facebook.com/OrchardsFSC>

**Center is open:**  
Mon, Wed & Fri: 11-5  
Tue & Thu: 11-7

**\*Select Saturdays\***  
**\*\*By Appointment Only\*\***

## Center Highlights

- **11/1: November Acts of Kindness List Making** join us as we make a list of all the kind things we can do in our community!
- **11/6 Gratitude ABC's 3-4pm:** Bring your family as we make an alphabetical list of things you are grateful for!
- **11/20 Pumpkin spice DIY Slime** learn how to make slime in the seasons favourite theme PUMPKIN SPICE !
- **11/21 Winslow Chess Club** Register to learn and play chess with some of the community's best!
- **11/23 & 11/24 CENTER WILL BE CLOSED. Happy Thanksgiving!**

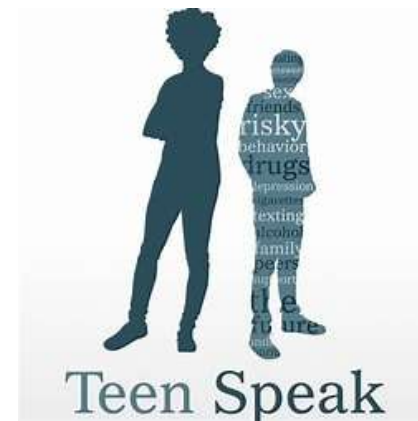
**EVERYTHING IS FREE & OPEN TO ALL!**

**FAMILY SUCCESS CENTER**  
ORCHARDS

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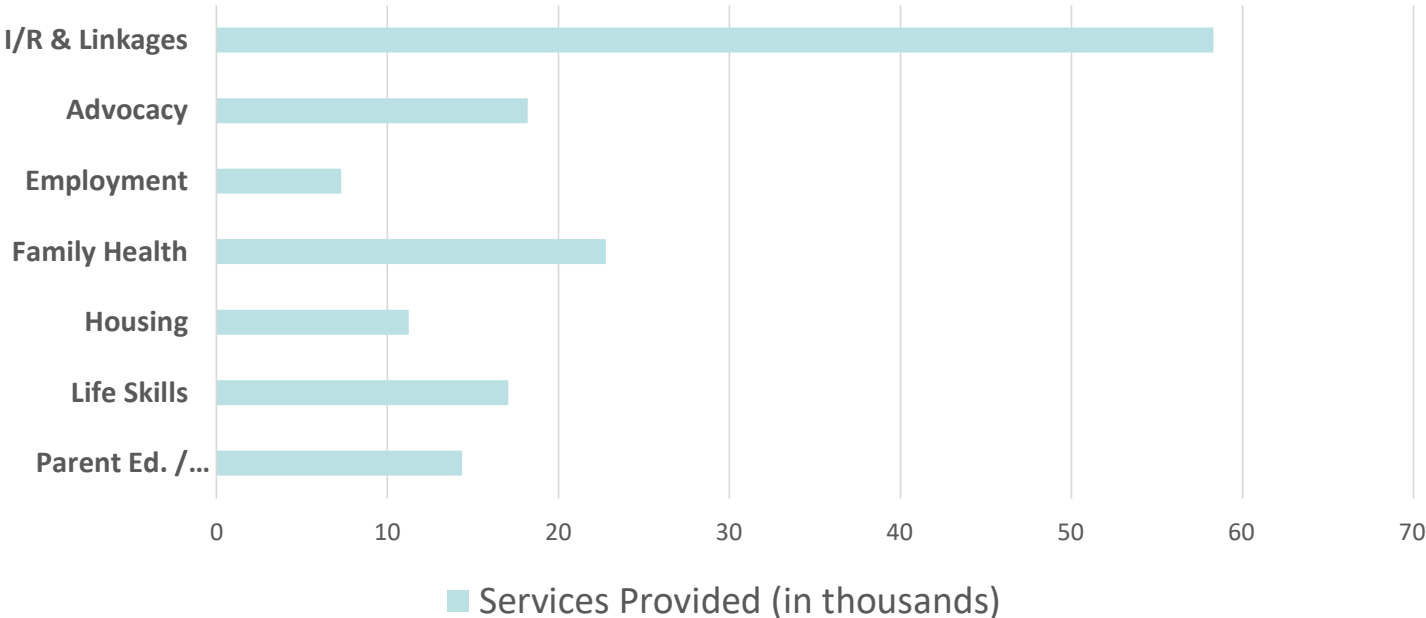
# Teenagers & Caregivers

- Targeted teen programs:
  - Girl Talk (support group)
  - Teen Dating workshops
  - Teen Game Nights
  - Video Game Design
- Caregivers of Teens:
  - Teen Speak
  - Helping your Youth Cope with Mental Health Challenges



# More NJ 2023 Data

Services Provided (Jan-Sept 2023)



# I&Rs and Linkages

- Most common:
  - Food/clothing
  - Family Health
  - Advocacy

# Information & Referrals

- Connections with vetted local and state resources:
  - Food pantries
  - Utility assistance
  - Rental assistance
  - Childcare
  - Legal assistance
  - and many more



# Parent Leadership

- Transactional → Transformational Engagement
- Parent Advisory Councils
- Parent Cafes



# FSCs + Child Protective Services

How FSCs can help families before, during, and after CPS involvement?

## Concrete support

- Diapers, wipes, formula
- Food

## Workshops

- Health/Insurance
- Housing
- Immigration

## Information and Referrals

## Support groups

- Teen Talk
- Nana's Love

## Life skills

- Job skills/employment
- GED
- ESL

## Parent/child activities

# Flexible Funding

- Grant-seeking
- Requesting donations
- Sponsorships
- Volunteers as an expansion of the workforce

# Challenges + Solutions

- Access issues
  - Transportation
  - Hours of operation
  - Hiring those with Lived Experience
- Mandated reporting
- Being part of a larger organization: Pros and Cons

## For More Information

- [DCF | Family Success Centers \(nj.gov\)](#) (families)
- [DCF | Family Success Centers \(nj.gov\)](#) (providers)
- [Greenway Family Success Center](#)
- [Acenda Family Success Centers](#)

# Thank You!



## Questions?

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[Dmitchell@acendahealth.org](mailto:Dmitchell@acendahealth.org)



# Investing in Families: A Holistic Approach to Prevention

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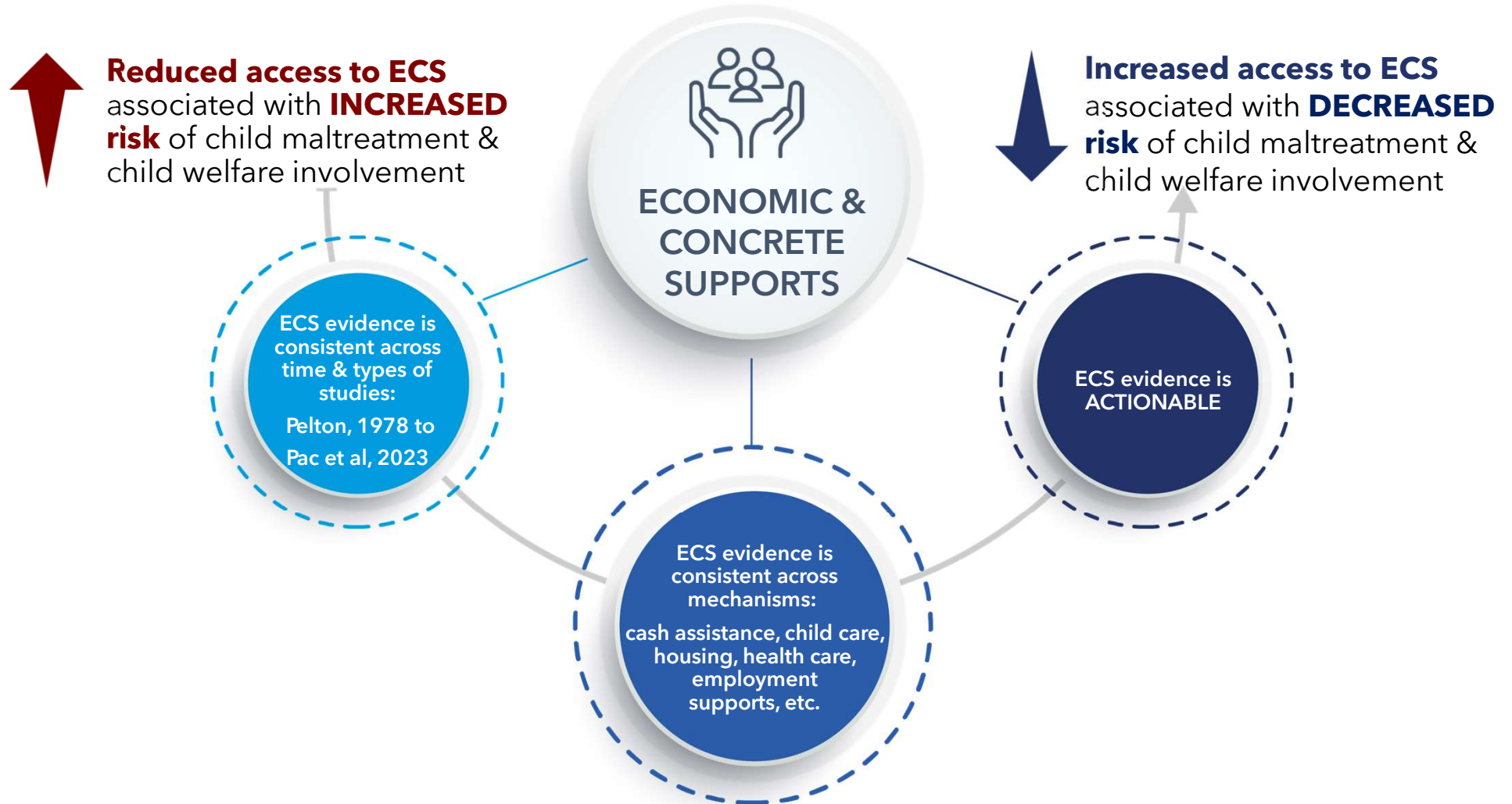


# **Child and Family Well-being System:** Economic & Concrete Support as a Core Prevention Component

Gretchen Cusick, Ph.D.  
Research Fellow, Chapin Hall



# Economic and Concrete Supports (ECS): An Overview



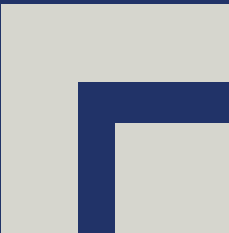


nearly **85%**

of families investigated by  
child protective services  
have incomes below 200%  
of the federal poverty line

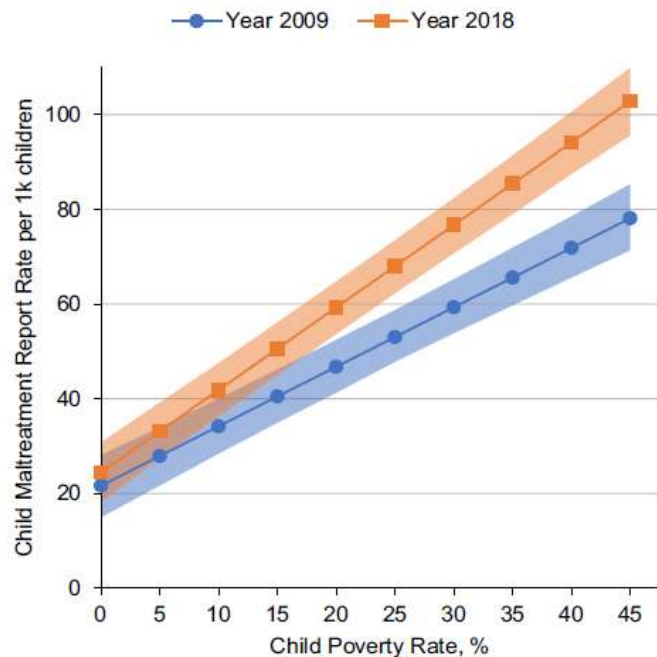
*(\$49,720 for a family of 3 in 2023)*

*(Dolan, 2011 - National Survey of Child & Adolescent Well-Being II Baseline Report)*  
*(HHS Poverty Guidelines, 2023)*



# County-Level Relationship Between Child Poverty Rates & CPS Reporting Rates Has **Intensified**

The relationship between child poverty rates & CPS reporting rates at the county level **intensified by almost 40%** from 2009 to 2018 (*particularly*

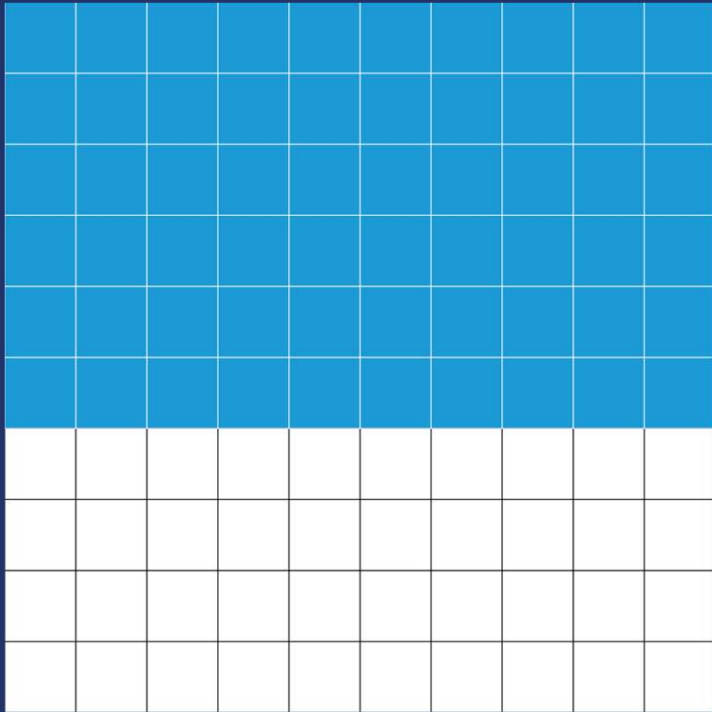


Two core approaches to reducing child maltreatment through economic means are offered:

- Build **policies & practices to reduce the level of economic hardship** for families in general
- **Reorient human services** to recognize the core & expanding importance of **poverty as a fundamental threat to human functioning**

Our findings highlight the continued, **perhaps increasing importance of poverty as a predictor** of CMR. . . . could be interpreted as supporting an increased emphasis on reducing child maltreatment incidents & reports through **poverty amelioration efforts & the provision of material family supports.**

(Kim & Drake, 2023)



# 60%+

of substantiated CPS responses nationally involve **neglect only**

...and provision of economic & concrete supports is associated with decreased risk for both neglect and physical abuse

# Material Hardship Increases Risk for Child Welfare Involvement: **Both Neglect & Abuse**

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If low-income families experience at least one material hardship

- ~3x higher likelihood of neglect investigation
- ~4x higher likelihood physical abuse investigation

If low-income families experience multiple types of material hardship  
(after experiencing no hardships)

- ~4x higher likelihood of CPS investigation
- ~7x higher likelihood physical abuse investigation

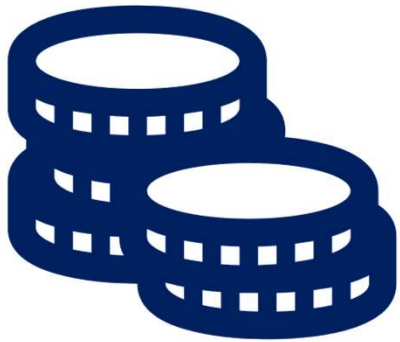
(Yang, 2015)

*\*Dimensions of material hardship in this study included: food, housing, utilities & medical hardship*



# Family Income Instability Increases Risk for Child Welfare Involvement

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Low-income families at risk for child welfare involvement who have experienced **income instability** in the past year (*including changes in both earnings and public benefits*) are at **increased risk for CPS investigations**, even after controlling for household income level

- These findings suggest a unique relationship between **income instability** & child welfare involvement



# Context & Economic Factors Matter

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- Economic factors are associated with neglect outcomes **above** individual-level parenting behaviors & capacities
- Material hardship is associated with CPS involvement **beyond** caregiver psychological distress & parenting factors
- The association of individual factors (such as caregiver substance abuse or mental health) with child maltreatment is **reduced after accounting for poverty** experienced by families receiving preservation services

➤ *“...when the effects of poverty are accounted for, these individual factors lose their potency...”*

(Slack, 2011)

(Yang, 2015)

(Escaravage, 2014)



# Macro-Economic Policy Packages (NAS) to Improve Context and Prevent Child Welfare Involvement

Analysis simulating the effects of increased household income under 3 anti-poverty policy packages found these could **reduce CPS investigations by 11 to 20% annually** (*386,000 to 669,000 fewer children investigated per year*)

- Reductions were **particularly large** for Black and Latinx children & those living with single parents
- Analysis suggests implementation would **substantially reduce racial disproportionality** in CPS involvement:
  - 19 to 29% reduction in investigations for Black children
  - 13 to 24% reduction in investigations for Latinx children
  - 7 to 13% reduction in investigations for white children

## National Academy of Sciences Consensus Report (2019)

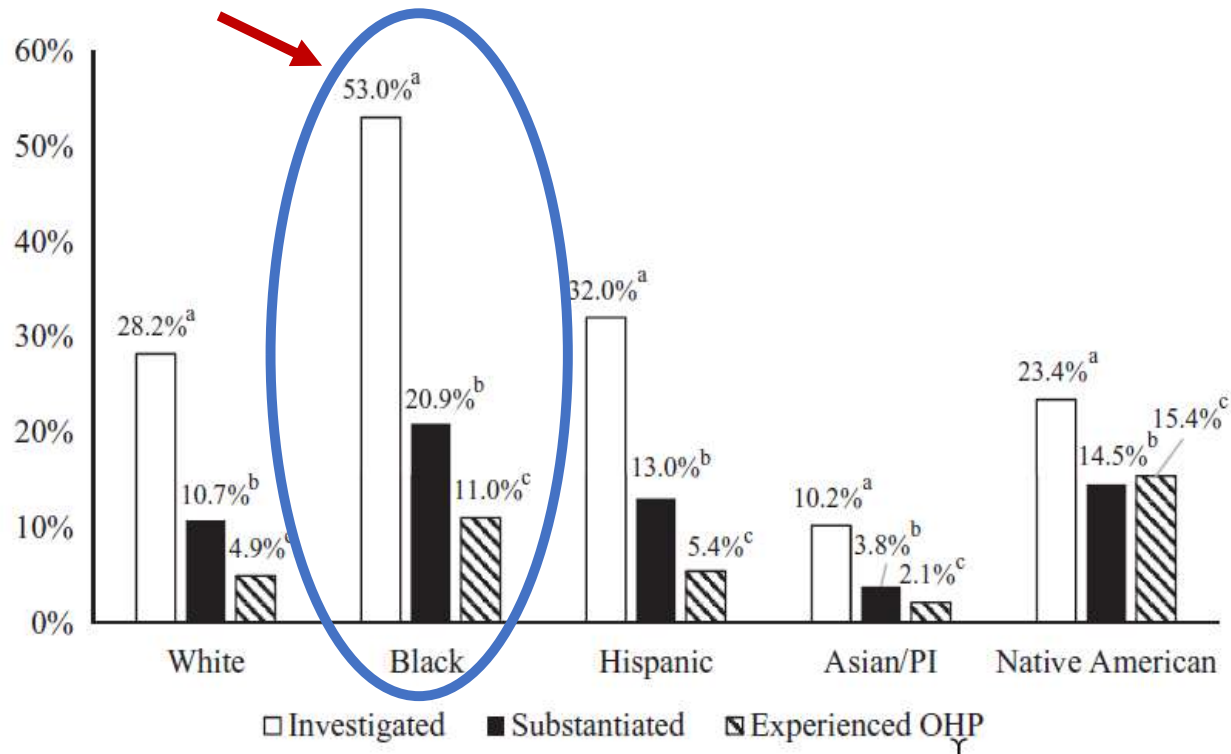
### *A Roadmap to Reducing Child Poverty*

- **Anti-poverty package 2:** expansion of EITC & Child and Dependent Care Tax Credit (CDCTC) + universal monthly child allowance
- **Anti-poverty package 3:** expansion of EITC, CDCTC, Housing Choice Voucher Program & SNAP
- **Anti-poverty package 4:** expansion of EITC & CDCTC, increase in federal minimum wage (to \$10.25/hr) + monthly child allowance

(Pac, 2023)  
([\*A Roadmap to Reducing Child Poverty\*](#), 2019)

# CPS Interventions Are Pervasive: Over Half of All Black Children Experience an Investigation

Lifetime (Birth–18) Incidence of CPS Involvement in the United States by Race/Ethnicity



- **37% of all children** and 41% of children in the 20 most populous U.S. counties experience at least one CPS investigation by age 18
- From 2006-2019, there were almost **30 million** CPS-investigated reports in the US
- An estimated **1 in every 100 children** experience a termination of parental rights

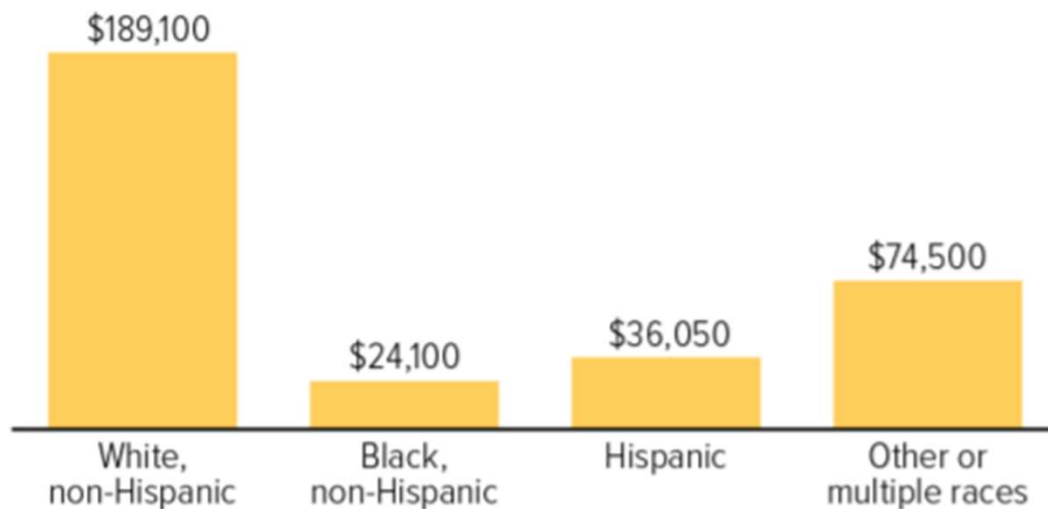
(Berger, 2020 - graphic)  
(Kim, 2017) (Edwards, 2021)  
([Child Maltreatment 2021](#))  
(Wildeman, 2020) (Austin, 2023)



# Macroeconomic Policy Context: Racial Wealth Gap Exacerbates Economic Insecurity for Families of Color

## White Families Hold 8 Times More Wealth Than Black Families, 5 Times More Than Hispanic Families

Median net worth, in 2019 U.S. dollars



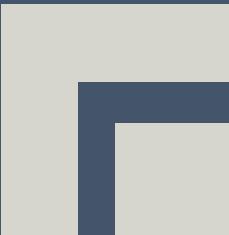
Note: "Other or multiple races" includes all respondents who identified as Asian, American Indian, Alaska Native, Native Hawaiian, Pacifica Islander, other race, and those who reported more than one racial identification. Roughly 69 percent and 23 percent of respondents in this grouping reported more than one racial identification or identified as Asian, respectively.

- Black Americans represent **13%** of the U.S. population, but possess **only 4%** of the nation's household wealth
- The median wealth of young Black families is **\$600**
- Nearly **1 in 5** Black households has **zero or negative net worth**
- Native American households own **\$0.09** for every dollar of wealth held by white households (*as of 2000*)

([CBPP](#), 2021 – graphic) (Federal Reserve, 2020)  
([Brookings](#), 2020) ([Prosperity Now](#), 2020)  
([Insight Center](#), 2010)

# Evidence:

Relationship between Economic & Concrete Supports  
and Child Welfare Involvement



# Decreased Access to Economic & Concrete Supports Is Associated with Increased Child Welfare Involvement



Reduced  
TANF  
benefits



Reduced income  
& negative  
earnings shocks



Lack of  
child care



Reduced  
employment



Lack of  
stable  
housing



Increased  
gas prices



Increased risk  
for child welfare  
involvement

(Ginther, 2017) (Ginther, 2022) (Paxson, 2003) (Yang, 2016) (Cash, 2003)  
(Klevens, 2015) (Brown, 2020) (Berger, 2011) (Warren, 2015) (Cai, 2021)  
(Weiner, 2020) (McLaughlin, 2017) (Bullinger, 2021) (Berger, 2015)  
(Frioux, 2014) (Wood, 2012)

# Increased Access to Economic & Concrete Supports (ECS) Is Associated with Decreased Risk for Child Welfare Involvement

## Macroeconomic Supports



- Unconditional cash transfers
- Tax credits (EITC & CTC)
- Employment
  - Minimum wage
  - Paid family leave
  - Unemployment benefits

## Concrete Supports



- Healthcare (Medicaid)
- Home visiting with ECS
- Child care & pre-K
- Housing

## Public Benefits



- Overall state spending on benefits
- TANF
- SNAP & WIC

## Child Welfare Interventions with ECS



- Differential response
- Family preservation



**Decreased  
Risk for Child  
Welfare  
Involvement**

# Sources of Evidence

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How do the following studies show the impact of programs, policies, and strategies for reducing child welfare system involvement through economic & concrete supports?



Research designed to detect the impact of a specific strategy through randomized controlled trials (RCT)



Analysis of decades of administrative data aligned with policy or other shifts



Natural experiments to assess public benefit programs



Theoretical models and studies that illustrate the processes by which material hardship leads to child maltreatment

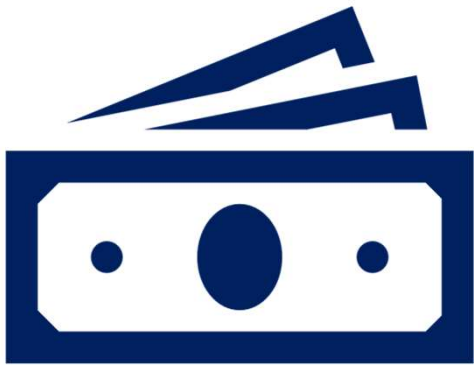
This vast body of science and growing preponderance of evidence informs our understanding of **what has been effective and why** and hypotheses about **potential policy shifts** & new pathways.

*\*Unless otherwise noted, all findings presented are statistically significant*

# Unconditional Cash Payments

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An additional **\$1,000 unconditional cash payment** to families in the early months of a child's life is estimated to:



- Reduce the likelihood of a CPS referral for neglect by **10%** (*by age 3*)
- Reduce the likelihood of a CPS referral for physical abuse by **30%** (*by age 3*)
- Reduce the likelihood of a substantiated CPS referral by **15%** (*by age 3*)
- Reduce the likelihood of child mortality by **30%** (3 fewer child deaths) (*by age 5*)

(Bullinger, 2023 working paper -  
analysis based on Alaska  
Permanent Fund Dividend)



# Evidence of Causal Effect of Income on Risk for Child Welfare Involvement

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Mothers who participate in TANF and are eligible to receive full child support for their children (and child support is disregarded in determining welfare benefits) are **10% less likely to have a child subject to a screened-in maltreatment report**

*(compared to mothers who are eligible to receive only partial child support payments)*

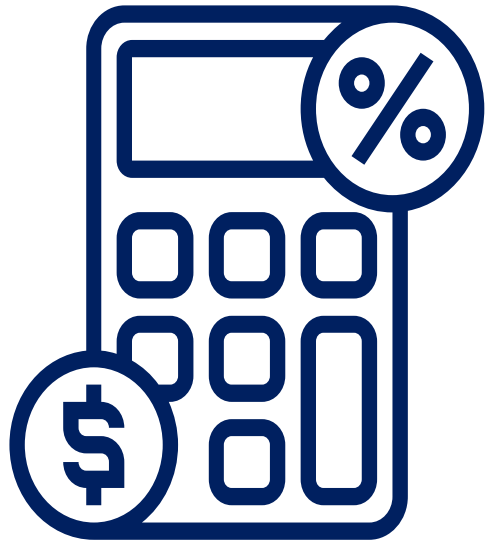
- Even a modest increase in child support payments—averaging \$100 per year—results in a decrease in screened-in maltreatment reports

(Cancian, 2013)  
(randomized controlled trial - RCT)



# Earned Income Tax Credit (EITC) & Child Tax Credit (CTC)

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- EITC and CTC payments are associated with **immediate reductions** in state-level child maltreatment reports
- Each additional \$1,000 in per-child EITC and CTC refunds is associated with a decline in state-level child maltreatment reports of:
  - **2.3%** in the week of payment
  - **7.7%** in the 4 weeks after payment

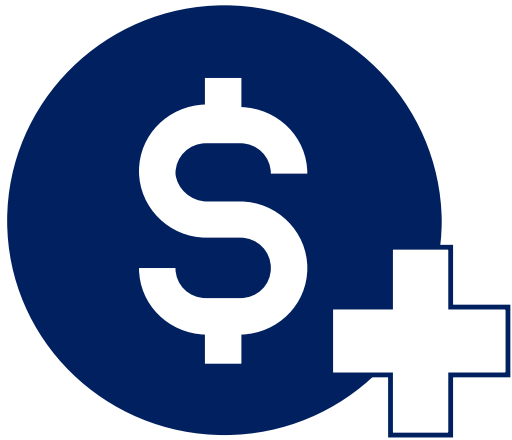
(Kovski, 2022)





# Minimum Wage

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## From 2004 to 2013:

- States that increased the minimum wage beyond \$7.25 per hour experienced a **decline in child maltreatment reports**
- Every \$1 increase in minimum wage was associated with a **9.6% decline in neglect reports** (*primarily for children < 12 years*)

(Raissian, 2017)



# Medicaid Expansion

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States that newly **expanded Medicaid** in 2014 were associated with **reductions in the average rate of child neglect reports** per state-year:

- **13% reduction** for children ages 0-5
- **15% reduction** for children ages 6-12
- **16% reduction** for children ages 13–17

*(compared to states that did not expand Medicaid from 2008 to 2018)*

- Almost **60% of uninsured children** are eligible for Medicaid/Children's Health Insurance Program (CHIP)
- **7.6% of children** in non-expansion states, compared to 3.8% of children in expansion states, are uninsured  
*(as of 2019)*



# Supportive Housing

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Children of child welfare-involved families who face housing instability and receive a supportive housing program (housing voucher + case management) experience:

- **Fewer removals** (*9% vs. 40% in business-as-usual control group after 2 years*)
- **Lower prevalence of substantiated maltreatment** (*8% vs. 26% in control group after 18 months*)
- **Increased reunification** (*30% vs. 9% in control group after 2 years*)

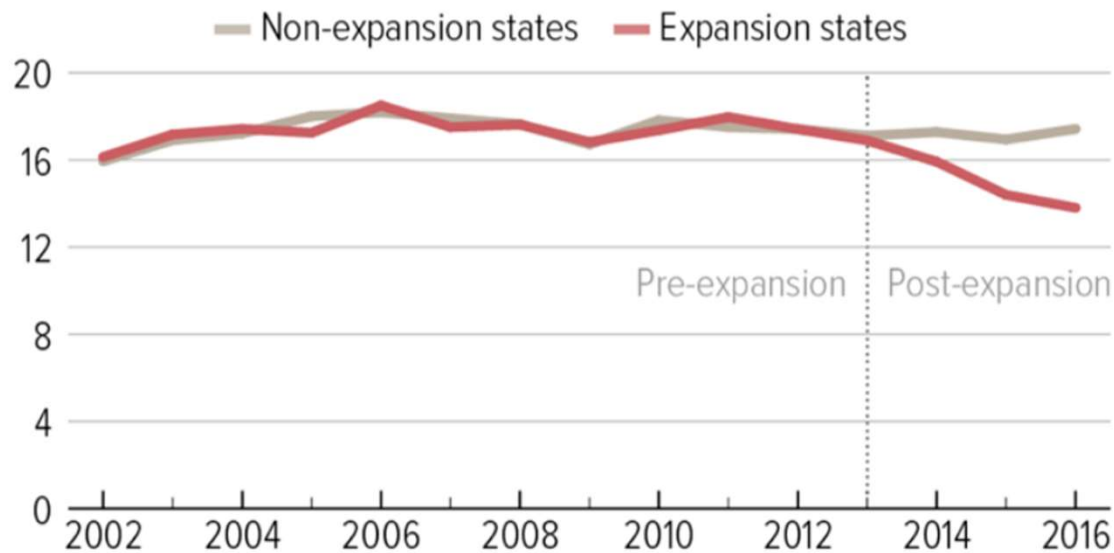
(Farrell, 2018) (RCT)



# Policy Synergy: Medicaid Expansion & Housing Stability

## Evictions Fell Sharply in Medicaid Expansion States

Evictions per 1,000 renter-occupied households



Source: Zewde et al, "The Effect of the ACA Medicaid Expansion on Nationwide Home Evictions and Eviction-Court Initiations," 2019

CENTER ON BUDGET AND POLICY PRIORITIES | CBPP.ORG

- Medicaid expansion is a **key strategy** for addressing housing instability for people with low incomes
  - **Evictions fell by 20%** in Medicaid expansion states compared to non-expansion states
- By providing enrollees with **financial protection from high medical bills**, Medicaid can free up income to pay rent or to avoid eviction
  - **41%** of US adults report they have health care debt

(Zewde, 2019)

([CBPP](#), 2022 - graphic)

([KFE](#), 2022)

# Temporary Assistance to Needy Families (TANF)

Easing TANF restrictions is associated with:

- Fewer children with substantiated neglect
- Fewer children placed into foster care



- An estimated **29,112 fewer** children would have entered foster care nationally from 2004 to 2016 if states had eased TANF restrictions to increase access for families

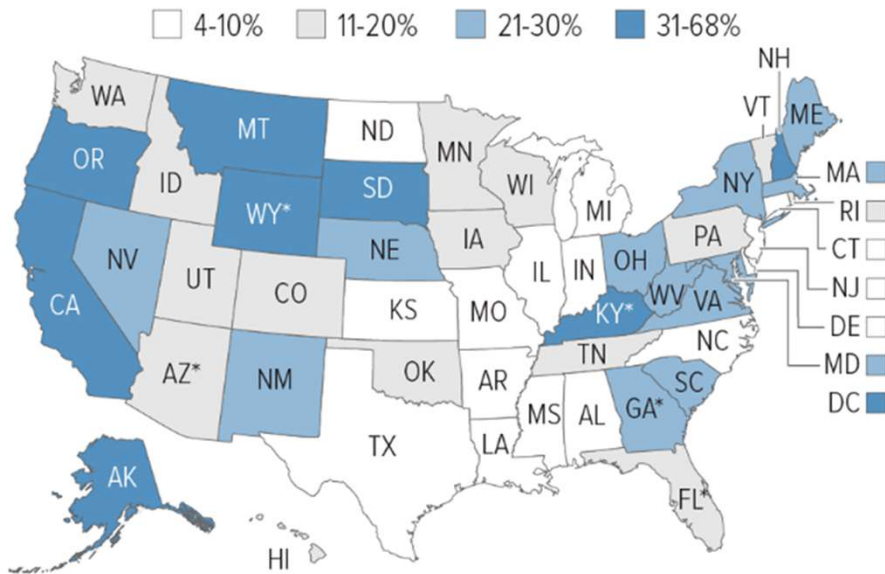
## TANF policy choices reviewed in this study included:

- Time limits of less than 60 months
- Severe sanctions for not meeting work requirements
- Work requirements for mothers with children < 12 months
- Suspicion-based drug testing of applicants

# State Policy Option: Increase TANF Spending on Cash Assistance

## Most States Spend Small Share of TANF Funds on Basic Assistance to Help Families

Share of TANF funds spent on basic assistance, 2020



\*Relative foster care payments and adoption/guardianship subsidies make up more than half of basic assistance spending by these states.

Note: TANF = Temporary Assistance for Needy Families.

Source: CBPP analysis of 2020 Department of Health and Human Services TANF financial data

- **15 states** spend **<10%** of TANF funds on basic assistance
- **41% of Black children** live in states that spend **<10%** of TANF funds on basic assistance

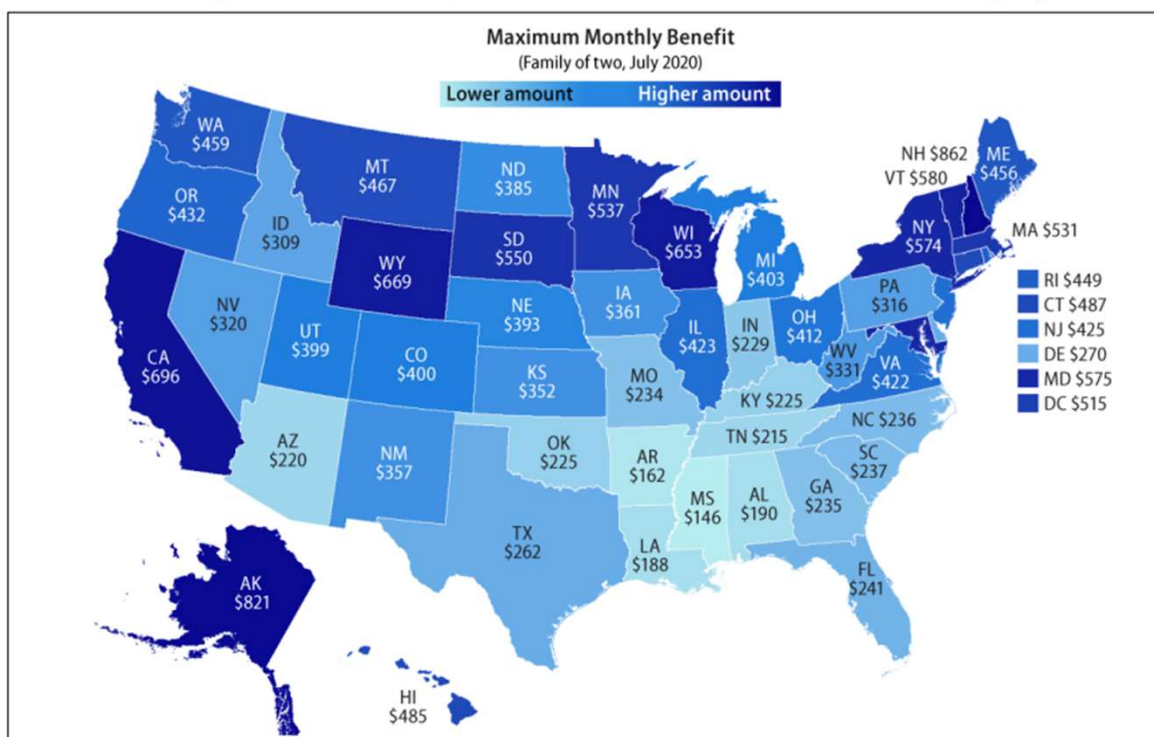
Find out how your state spends its TANF funds:

<https://www.cbpp.org/research/family-income-support/state-factsheets-how-states-spend-funds-under-the-tanf-block-grant>

(CBPP, 2022)

# State Policy Option: Increase TANF Cash Assistance Benefit Amounts

Figure 3. TANF Cash Assistance Maximum Monthly Benefit Amounts for a Single-Parent Family with One Child, 50 States and the District of Columbia, July 2020



## TANF cash benefit amounts are determined solely by states

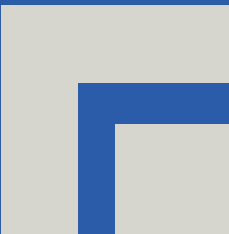
- For a family of 2, maximum benefit amount varies from \$146 to \$862 per month (as of July 2020)
- Only **two states** have a maximum benefit amount > 50% of the federal poverty level (FPL)
- Although several states increased cash benefit amounts in 2021, benefits in most states remain at their **lowest value** since the program was created in 1996
- **48% of Black children** live in states with benefit amounts below 20% of the FPL, compared to 35% of white children

(CRS, 2022)

(CBPP, 2023)

Source: Congressional Research Service (CRS), based on data from the Welfare Rules Database, funded by the Department of Health and Human Services (HHS) and maintained by the Urban Institute. The Welfare Rules

Cross-Sector Considerations  
for  
Shared Responsibility & Accountability

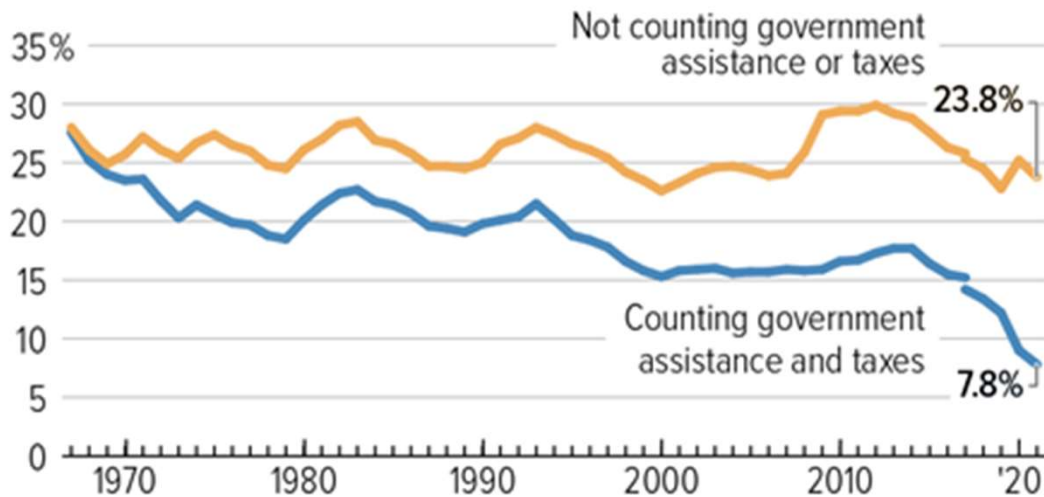




# Strong Policy Response During the Pandemic Led to Historic Decline in Poverty

## Enhanced Economic Security Programs Drove Poverty to Record Low in 2021

Poverty rate



Note: Break in 2017 reflects the implementation of an updated processing system by the Census Bureau. Figures use Supplemental Poverty Measure (SPM) and 2021 poverty line adjusted for inflation.

Source: CBPP analysis of SPM data from Columbia Center on Poverty and Social Policy (before 2009) and U.S. Census Bureau (2009 and later)

Strong policy response during the pandemic brought the U.S. poverty rate to its lowest level on record in 2020 & to a new **record low of 7.8%** in 2021

- Child poverty rate **fell to record low of 5.2%** in 2021 (compared to 9.7% in 2020)
- Black child poverty rate **declined to 8%** in 2021 (compared to 17% in 2020)

(CBPP, 2023)

# Economic & Concrete Supports As a Population-Level Strategy for Prevention of Child Maltreatment

Each additional **\$1,000** that states spend annually on public benefit programs per person living in poverty is associated with:

- 4% reduction in child maltreatment reports
- 4% reduction in substantiated child maltreatment
- 2% reduction in foster care placements
- 8% reduction in child fatalities due to maltreatment

*(independent of federal spending)*

(Puls, 2021, state-level data FFY 2010–2017)

Public benefit programs included in this analysis:

- ✓ Cash, housing & in-kind assistance
- ✓ Low-income housing infrastructure development
- ✓ Child care assistance
- ✓ Refundable EITC
- ✓ Medical assistance programs (including Medicaid + CHIP)

**Long-term cost savings:** Each additional **13.3%** that states invest annually in public benefit programs (*which would total \$46.5 billion nationally*) would **save up to \$153 billion** due to reduced maltreatment-related costs

# Chapin Hall & APHSA: ECS Policy Analysis Tool



American Public Human Services Association

CHAPIN HALL  
AT THE UNIVERSITY OF CHICAGO

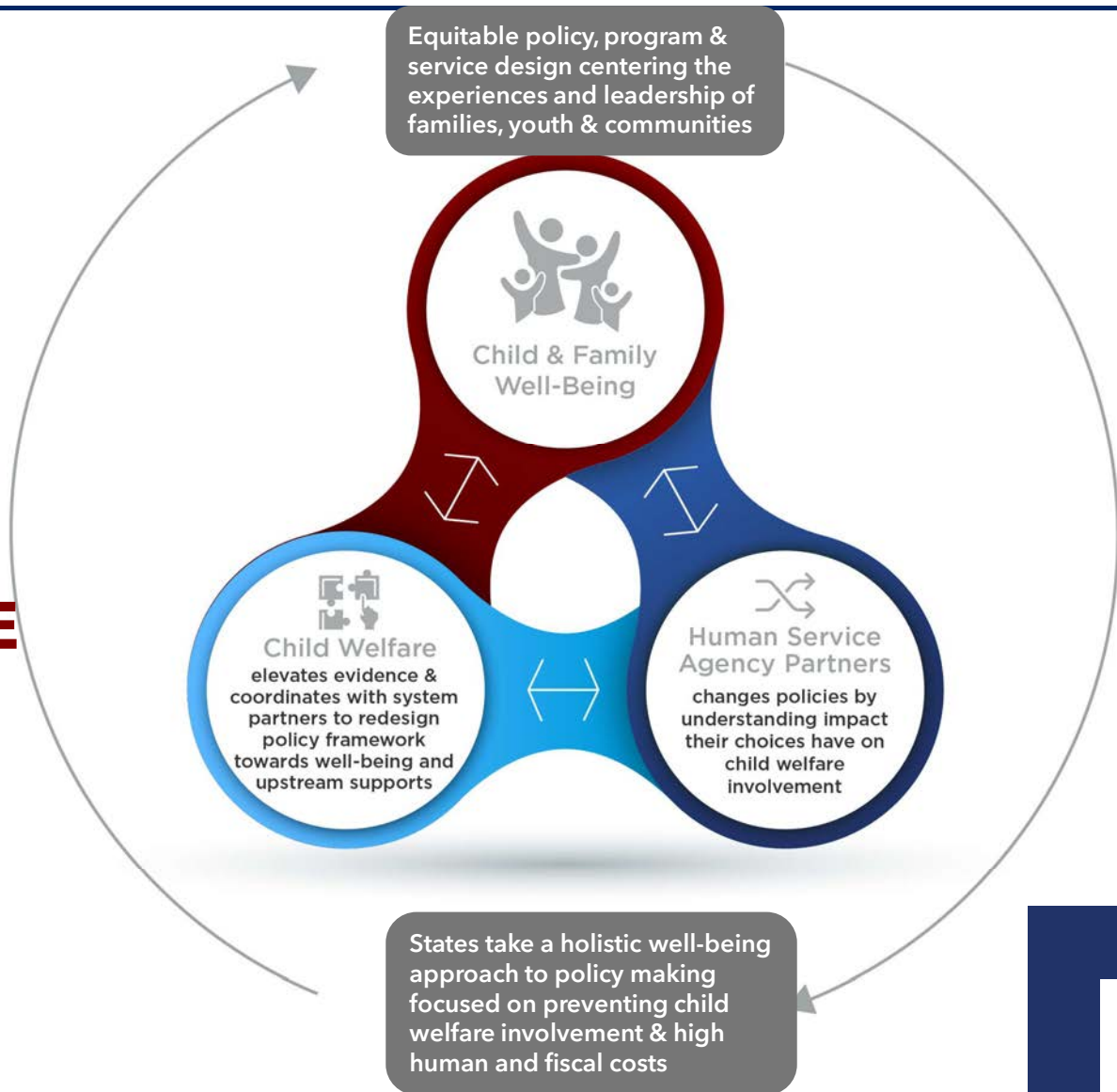
EVIDENCE TO IMPACT:  
STATE POLICY OPTIONS TO INCREASE ACCESS TO  
ECONOMIC & CONCRETE SUPPORTS AS A CHILD  
WELFARE PREVENTION STRATEGY

June 2023

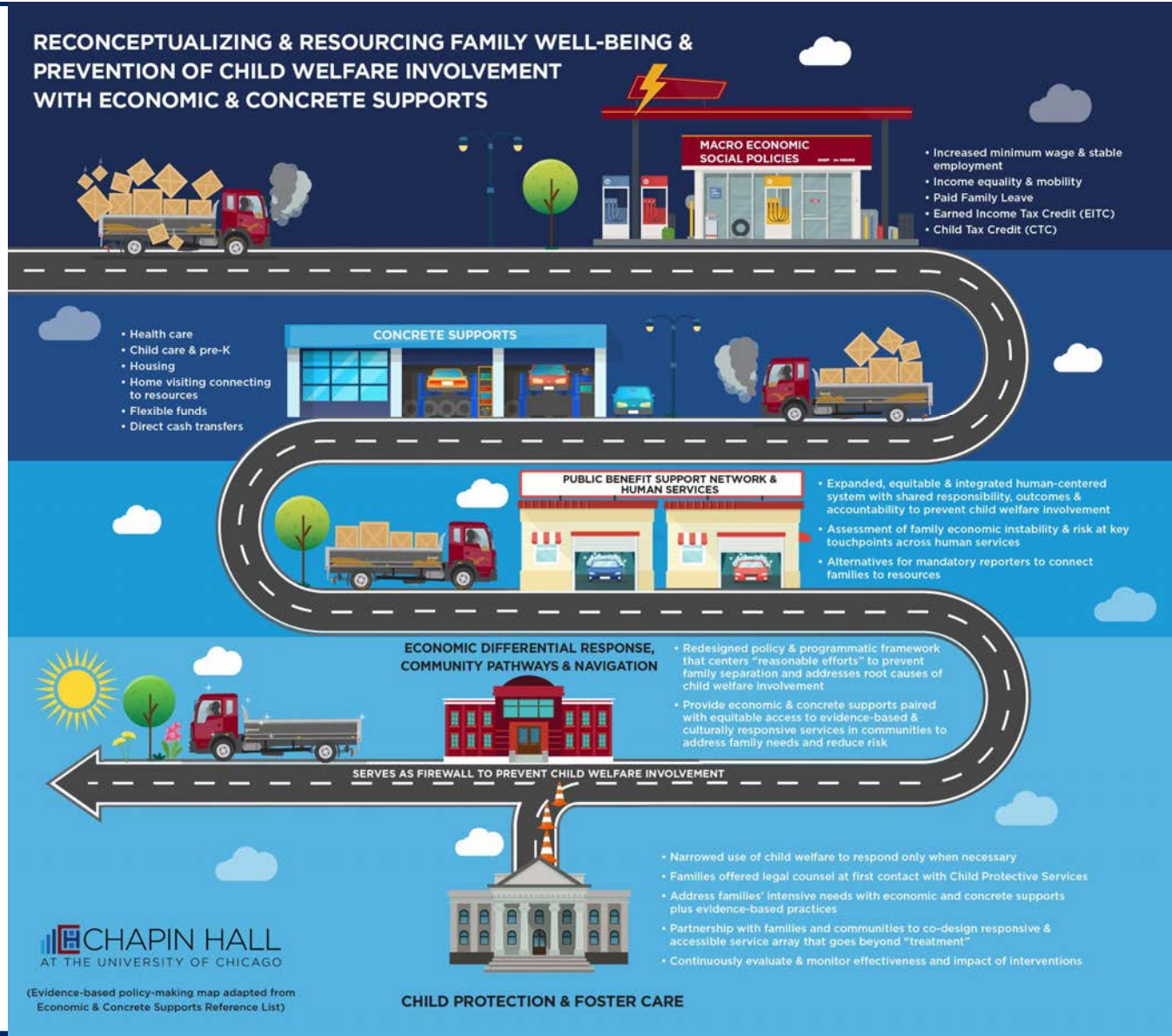
[www.familyeconomicmobility.com](http://www.familyeconomicmobility.com)

Policy	State Policy Options to Promote Access and Flexible Use	Peer-Reviewed Research Related to Reducing Risk for Child Welfare Involvement
<b>Concrete Supports</b>		
<b>Child Care</b>	<p>Increase investment &amp; expand child care assistance</p> <p>Establish priority for child care assistance receipt to child-welfare involved families or families at risk of child welfare involvement</p> <p>Eliminate or reduce copays, fees &amp; costs for families who receive child care assistance</p> <p>Implement Child Care Development Fund (CCDF) program policies that increase access &amp; reduce administrative burdens:</p> <ul style="list-style-type: none"> <li>Expand income eligibility</li> <li>Extend continuity of eligibility to 24 months, regardless of changes in income</li> <li>Waive work requirements or expand definition of approved activities to qualify for child care subsidies (ie, training, education, job search time)</li> <li>Provide graduated phase-out period for families with income increases</li> <li>Establish automatic/categorical eligibility for families already enrolled in SNAP, WIC, Medicaid or Head Start</li> <li>Implement shortened wait times for subsidy approval</li> <li>Create family-friendly child care assistance applications</li> </ul> <p>(PN3, 2022) (OCC, 2023)</p>	<p>Child care investments included in <a href="#">Build Back Better</a> (proposed 2020-2021) would be associated with a:</p> <ul style="list-style-type: none"> <li>6.4% reduction in CPS investigations</li> <li>6% reduction in substantiated child maltreatment</li> <li>3.1% reduction in foster care placements</li> <li>11.6% reduction in child fatalities due to maltreatment</li> </ul> <p>(Puls, 2022)</p> <p>Waitlists to access subsidized child care are associated with an increase in maltreatment investigations (Klevens, 2015)</p> <p>States with CCDF program policies that make child care subsidies more accessible to child welfare-supervised children (in terms of eligibility, priority lists, copays &amp; activity requirements) are associated with lower child removal rates (compared to other states) (Meloy, 2015)</p> <p>For every additional child care concern reported by families receiving TANF the risk of supervisory neglect increases by 20% (Yang, 2016)</p> <p>Each additional month that mothers who are low-income receive a child care subsidy is associated with:</p> <ul style="list-style-type: none"> <li>16% decrease in the odds of a neglect report</li> <li>14% decrease in the odds of a physical abuse report (in the following 12 months) (Yang, 2019)</li> </ul> <p>Mothers entering substance use treatment who have difficulty securing child care are 82% more likely to self-report child neglect (compared to mothers entering treatment who don't have difficulty securing child care)</p>

# Evidence-based Policy-Making to Build a Well-Being System: Making it **ACTIONABLE**



# RECONCEPTUALIZING & RESOURCING FAMILY WELL-BEING & PREVENTION OF CHILD WELFARE INVOLVEMENT WITH ECONOMIC & CONCRETE SUPPORTS

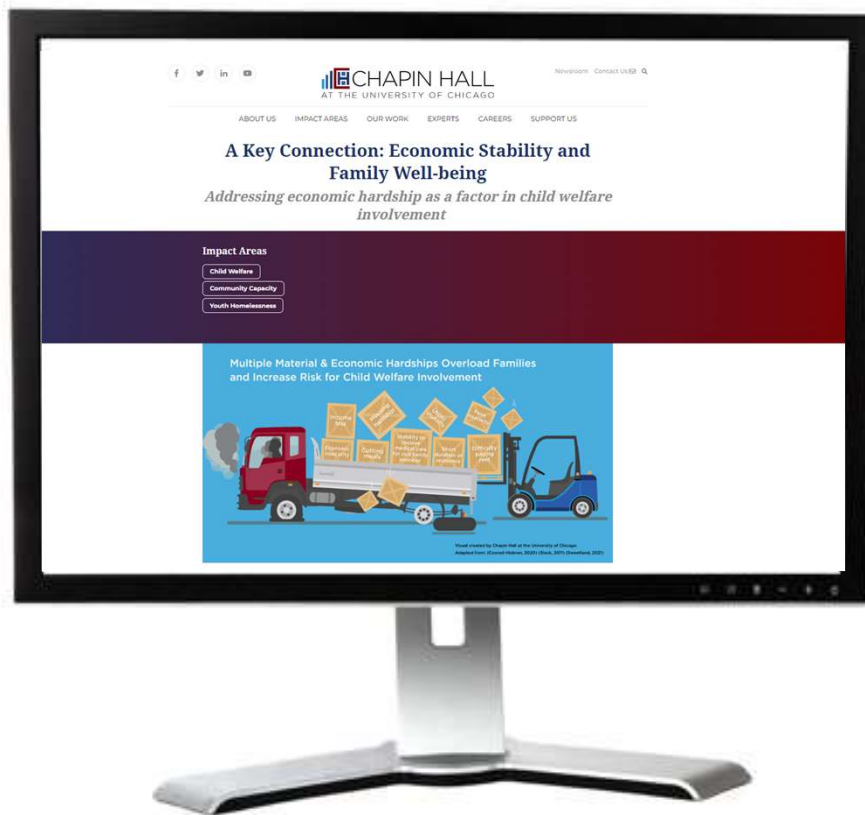


## Reference List

**CHAPIN HALL**  
AT THE UNIVERSITY OF CHICAGO

(Evidence-based policy-making map adapted from Economic & Concrete Supports Reference List)

# Chapin Hall Resources



[Chapinhall.org/ecspjroject](https://Chapinhall.org/ecspjroject)

(Weiner, Anderson & Thomas, 2021)  
(Anderson, Grewal-Kök, Cusick, Weiner & Thomas, 2021)



# Contact

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*Suggested citation:*

Anderson, C., Grewal-Kök, Y., Cusick, G., Weiner, D., & Thomas, K. (2023). Family and child well-being system: Economic and concrete supports as a core component. [Power Point slides]. Chapin Hall at the University of Chicago.



# Investing in Families: A Holistic Approach to Prevention

*Sarah Jankowski, New Jersey Department of Children and Families*

*Gretchen Cusick, Chapin Hall*

*Susan Elsen, Massachusetts Law Reform Institute*

*Danielle Mitchell, Acenda Integrated Health*

*Christina Armstrong, Greenway Family Success Center*





# SPARC



State Policy  
Advocacy + Reform Center

**2023 Annual Convening  
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# Engaging Youth in Policy: A look at Florida's Children First & Florida Youth SHINE

**FLORIDA'S  
CHILDREN  
FIRST**  
FIGHTING FOR  
CHILDREN'S RIGHTS





## Florida's Children First

Florida's Children First is a non-profit, nonpartisan, independent advocacy organization committed to protecting and advancing the rights of children and youth impacted by the child welfare, juvenile justice, and disability systems through systemic reform, education, youth voice, and promoting high-quality legal representation.



## Florida Youth SHINE

Florida Youth SHINE is a Youth Advocacy Group of current and former youth from foster care or that have experienced homelessness. FYS membership is made up of young people ages 13-26. FYS has 14 chapters around the state that work locally, statewide, and nationally to use their expertise in the child welfare system to improve the system.



# FCF & FYS Partnership

Florida Youth SHINE is a member group made up of current and former youth who have experienced, firsthand, life in Florida's care systems. As an affinity group to Florida's Children First, Florida Youth SHINE is unique in that it brings lived experience and perspective to the organization's work. Florida Youth SHINE receives funding, staff, and moral support for its operations through Florida's Children First.



**Needed to be informed, continue to be informed**



**Knowledge & Training**



**Staff Support**



**Funding**



**Legal & Policy Support**





## Examples of Ways FYS Advocates



**Legislative,  
Executive, Judicial  
Branch Advocacy**



**Community  
Education**



**Media  
Advocacy**



**Youth Advocacy**



## Example FYS Activities



**Quarterly  
Meetings**



**Children's  
Week &  
Session**



**Chapters**



**Statewide  
Board**



**Policy &  
Initiative  
Team**



## Top FYS Policy Wins

**College Tuition until 28**

**Normalcy**

**Keys to Independence**

**EFC/PESS**

**And most recently...**

**Youth Rights!**



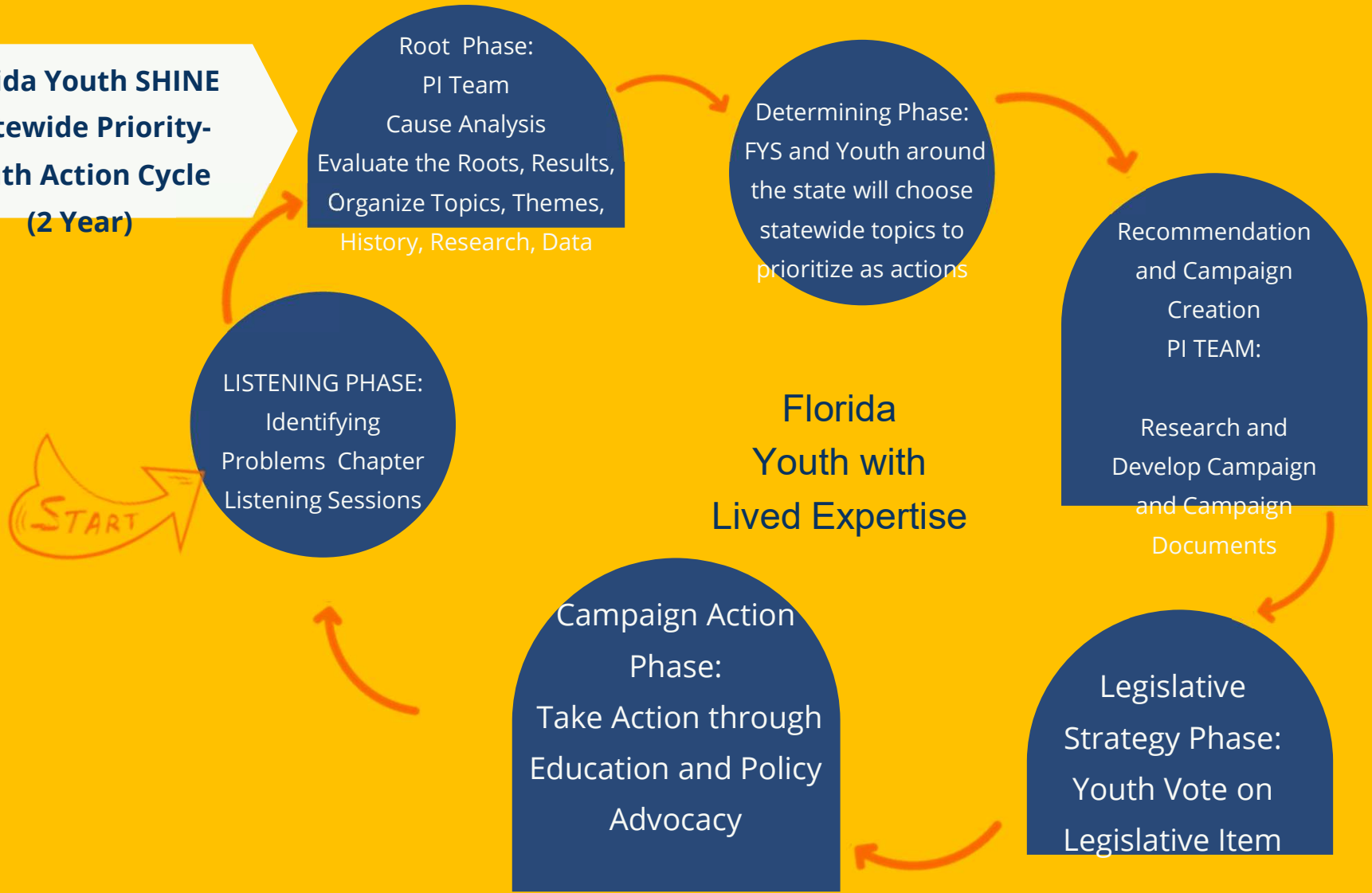




# FYS Key Practices

- ♥ **Youth-Led**
- ♥ **Preperation**
- ♥ **Education & Training**
- ♥ **Organizational Leadership Opportunities**
- ♥ **Community Leadership Opportunities**
- ♥ **Staff Support**
- ♥ **Value Youth Expertise**
- ♥ **Mentorship**
- ♥ **Peer Connection "FYS Family"**
- ♥ **Youth Determine Priorities**

**Florida Youth SHINE  
Statewide Priority-  
Youth Action Cycle  
(2 Year)**





# #YouthCanSHINEwith:

Youth Voice Action Campaign





Youth Voice Action Campaign

#YouthCanSHINEwith:

## POLICY REPORT

Written by: Florida Youth SHINE





# FYS Authentic Youth Engagement



**Youth  
Centered**



**Intentional**



**Respect & Value  
for Youth  
Expertise**



**Includes Youth of  
All ages,  
demographics and  
Experience**



**Trusting  
Relationships**



**Safe Space**



**Removes Barriers  
for Participation**



**Understand their  
Purpose**



**Are provided with  
all the information!**

# FYS prep Recipe

## Ingredients

Who

What

Where

When

Why

How

## Equipment

-Equal parts of information

-Utilizing a delivery appropriate  
to our needs and age



# instructions



## Recipe

Step 1. Who will be there? Who is the organization?

Step 2. What is the purpose of this? What is the meeting/opportunity? What is my message? What will be discussed? What will my expertise be used for? What will happen at this meeting?

Step 3. Where are we going? Is the location physical/virtual (and can someone help me download those platforms)?

Where do I need to be to get transportation? Where will my story be used?



# instructions



## Recipe Continued

Step 4. When will this take place. Is the time ok for a youth (after school/work/weekend) if it's not OK are their alternatives? When did you give me notice? When will you remind me? When can I expect to receive information or follow up?

Step 5. Why do you want me there? Why am I contributing my voice? Why are we saying this? Why would I want to participate in this?

Step 6. How will I get there and how will I know the details? How do I participate?







[WWW.FLORIDASCHILDRENFIRST.ORG](http://WWW.FLORIDASCHILDRENFIRST.ORG)

[Geori.Berman@floridaschildrenfirst.org](mailto:Geori.Berman@floridaschildrenfirst.org)



## FIND US ON SOCIAL MEDIA



FACEBOOK

@FIYouthSHINE

@FloridasChildrenFirst



INSTAGRAM

@floridayouthshine



**FosterClub**

the national network for  
young people in foster care





FosterClub BELIEVES:

With resources and connections, young people can be supported and thrive....

And can help find a way to make the foster care experience better.

WHAT WE SET OUT TO DO

FosterClub was created for young people who experience foster care.



“I can’t imagine not having FosterClub in my life.”



1

Provide direct support to young people who experience foster care.

2

Drive change in the child welfare system that is informed by their lived expertise.

# Direct Support to Young People

## Youth Training



## Resources and Referral



## Peer Support and Mentors



# System Change Informed by Lived Experience

## Public Policy



## Practice Improvement



## Public Awareness

Join with Lived Experience Leaders to #ProtectICWA

FosterClub is proud to join with and support the:

- 13 LEX Leaders
- 497 Tribal Nations
- 62 Native organizations
- 23 states and DC
- 87 congresspeople
- 26 other organizations
- 29,000+ individuals

telling the Supreme Court to #ProtectICWA

**FosterClub** #ProtectICWA

PUBLIC POLICY  
**WHAT LEX LEADERS SAY ABOUT ICWA**  
This week, the Supreme Court of the United

“ Because I got to stay on the reservation, I was closer to family and very well connected to my people. I went to the longhouse. I went root digging for feasts. I gained a sense of belonging. ”

— Jade Tibequits, former foster youth from Yakama Nation

**FosterClub**

YOUTH PERSPECTIVE  
**WHAT DOES INDIGENOUS PEOPLES' DAY HAVE TO DO WITH FOSTER YOUTH?**



FosterClub's work is carried out by a network of Lived Experience Leaders

# LEX Leadership



**OUR THEORY OF CHANGE:**

**When young people and families have the support they need and opportunity to drive change in their life, they become self-determined and do better.**

**When the system listens to lived experience leaders, it does better.**





Meaningful LEx Partnerships

# Key Principles to LEx Engagement



the national network  
for young people  
in foster care

## 12 KEY PRINCIPLES OF CONSTITUENT ENGAGEMENT

### 1. CENTERING FOSTERJEDI (JUSTICE, EQUITY, DIVERSITY & INCLUSION)

Individuals who are marginalized within foster care must be centered in LEx Leader Engagement. By centering those who are multiply marginalized/impacted, we increase the ability of the organization and Child Welfare System to better respond to the needs of children, youth, and families.

### 2. BE HONEST ABOUT POWER

Before asking a constituent to do something, determine what is a staff decision and what is a constituent decision. If there are limits on types of engagement due to funding, be clear up front about that. If there are power dynamics related to social identities, talk openly about them.

### 3. PROVIDE DIVERSE OPPORTUNITIES

Not all constituents can or want to be engaged at the deepest levels at all times. Provide space for small concrete contributions and large scale opportunities. Consider having a mix of low, medium, and high barriers to entry opportunities.

### 4. CLEARLY, CONCRETELY DEFINE PURPOSE

If you don't know what you are doing, it is hard to know if you have done it right. Constituents have busy full lives and we demonstrate our respect for their expertise and time by providing clear, specific instructions for how to complete a task.

### 5. BE LEADERFULL IN CONSTITUENT ENGAGEMENT

To avoid tokenization or over-burdening a small group of leaders, it is important to have many leaders and no single leader.

### 6. RELATIONSHIP BEFORE TASK

Strong constituent engagement requires excellent relationships. Staff often have multiple projects and many irons in the fire and so in the rush to get it all done, we might jump into tasks, before we ensure the relationships are in place.

### 7. MOVE AT THE SPEED OF TRUST

Given histories of trauma, constituents may be weary or distrustful. Often, staff may need to slow down and build trust first. Pushing too hard, too fast can alienate constituents.

### 8. RIGHT-SIZE THE LEVEL OF ENGAGEMENT AT PROJECT LEVEL

Not all projects can be deep, ownership-level engagement. The level of engagement needs to match the needs of the project.

### 9. START SMALL, GROW FROM THERE

Beginning with a pilot project will allow you to practice developing your constituent engagement practice. Learn from your mistakes and then broaden your constituent engagement. Constantly seek opportunities to engage constituents.

### 10. DETERMINE WHAT IS SUCCESS AND MEASURE IT

Decide at the outset what success is, how you need to prepare a person to reach that level of success, and measure your success. Measurement could include conversations, surveys, or other data collection methods.

### 11. CONNECT CONSTITUENTS TO EACH OTHER

Staff to constituent connection is important, but connecting constituents to each other is transformational.

### 12. PRACTICE MINDFUL ENGAGEMENT

Being mindful about approaching each other from the perspective of being on a healing journey is critical. Constituents are more than their trauma histories. However, we recognize how lived experience may impact an individual's reaction, perception, behaviors, or needs.

# Key Principles for Working with LEx

1. Centering FosterJEDI  
(Justice, Equity,  
Diversity and Inclusion)



# Key Principles for Working with LEx

## 2. Be Honest About Power



# Key Principles for Working with LEx



3. Provide Diverse  
Opportunities

# Key Principles for Working with LEx



4. Clearly, Concretely  
Defined Purpose

# Key Principles for Working with LEx

- 1) Centering JEDI (Justice, Equity, Diversity and Inclusion)
- 2) Be Honest About Power
- 3) Provide Diverse Opportunities
- 4) Clearly, Concretely Defined Purpose



# Key Principles for Working with LEx

5. Be Leaderful in  
Constituent  
Engagement



# Key Principles for Working with LEx

## 6. Relationship Before Task



# Key Principles for Working with LEx

## 7. Move at the Speed of Trust



# Key Principles for Working with LEx



## 8. Right Size Level of Engagement

# Key Principles for Working with LEx

- 5) Be Leaderful in Constituent Engagement
- 6) Relationship Before Task
- 7) Move at the Speed of Trust
- 8) Right Size Level of Engagement

# Key Principles for Working with LEx



9. Start Small, Grow from  
There

# Key Principles for Working with LEx

10. Determine What  
Success is and  
Measure It



# Key Principles for Working with LEx



11. Connect Constituents  
to Each Other



# Key Principles for Working with LEx



12. Practice Mindful  
Engagement



Q&A

What questions do you have  
for us so far?

# Breakout Activity



## FYS Authentic Youth Engagement



**Youth  
Centered**



**Intentional**



**Respect & Value  
for Youth  
Expertise**



**Includes Youth of  
All ages,  
demographics and  
Experience**



**Trusting  
Relationships**



**Safe Space**



**Removes Barriers  
for Participation**



**Understand their  
Purpose**



**Are provided with  
all the information!**

1. Centering JEDI (Justice, Equity, Diversity and Inclusion)
2. Be Honest About Power
3. Provide Diverse Opportunities
4. Clearly, Concretely Defined Purpose
5. Be Leaderful in Constituent Engagement
6. Relationship Before Task
7. Move at the Speed of Trust
8. Right Size Level of Engagement
9. Start Small, Grow from There
10. Determine What Success is and Measure It
11. Connect Constituents to Each Other
12. Practice Mindful Engagement

1. Which one is **most** present in your work?
2. One you hadn't thought about before?
3. One you want to strengthen?



Bringing it back

What are you taking away from your  
breakout discussion?

# Dig Deeper Activity

1. Centering JEDI (Justice, Equity, Diversity and Inclusion)
2. Be Honest About Power
3. Provide Diverse Opportunities
4. Clearly, Concretely Defined Purpose
5. Be Leaderful in Constituent Engagement
6. Relationship Before Task
7. Move at the Speed of Trust
8. Right Size Level of Engagement
9. Start Small, Grow from There
10. Determine What Success is and Measure It
11. Connect Constituents to Each Other
12. Practice Mindful Engagement



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**Youth  
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**Intentional**



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**Understand their  
Purpose**



**Are provided with  
all the information!**

1. Select the key principle or element of authentic youth engagement you want to work on strengthening.
2. How can you operationalize/incorporate this into your work?

# Contact Us



- [fosterclub.org](https://fosterclub.org)
- IG: [@FosterClub](https://www.instagram.com/FosterClub)
- Facebook: [facebook.com/FosterClub/](https://facebook.com/FosterClub/)



Contact us! [systemchange@fosterclub.com](mailto:systemchange@fosterclub.com)

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# SPARC



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Annie E. Casey Foundation  
Baltimore, MD**



# Rethinking Mandated Reporting: Prioritizing Family Resources and Community Support

*Crystal Charles, Schuyler Center for Analysis and Advocacy (NY)*  
*Jasmine Wali, Child Welfare Policy Consultant*  
*Leanne Heaton, Chapin Hall*

A photograph of a man with a beard and glasses kissing a baby on the cheek. The man is wearing a dark denim jacket and glasses. The baby is wearing a grey long-sleeved shirt and is smiling. The background is a gradient of purple and blue.

# Rethinking Mandated Reporting: Prioritizing Family Resources and Community Support

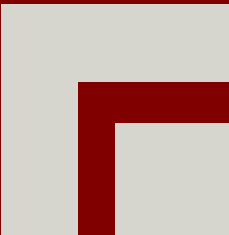
**2023 SPARC Convening**

Leanne Heaton, PhD, Research Fellow

María Gandarilla Ocampo, MSW, Researcher



# HISTORY OF MANDATORY REPORTER LAWS



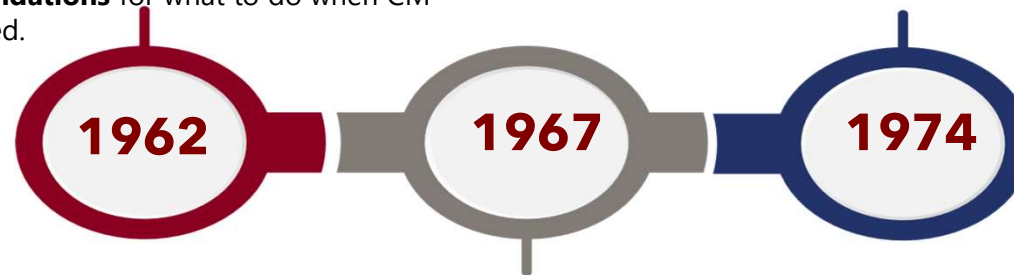
# HISTORY OF MANDATORY REPORTING LAWS

Dr. Henry Kempe- *The Battered Child Syndrome*

- **Medical profile** for child abuses
  - CM as an observable medical condition
  - Abuse as a medical problem<sup>4</sup>
  - Profile of parents
- **Recommendations** for what to do when CM encountered.

**The Child Abuse Prevention and Treatment Act (CAPTA)**

- Cemented MR policies - **tied funding** to them<sup>1, 7</sup>



**All states have statutes for mandatory reporting<sup>5,6</sup>**

- Initially focused on medical professionals
- Expanded to include other professions
- Other types of maltreatment

# HISTORY OF MANDATORY REPORTING LAWS

Universal: Requires all residents in the state to report suspicions of child abuse and neglect (18 states and territory),

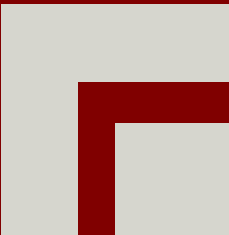
Mandated: Requires only certain professionals to report suspicions (33 states),



# MANDATORY REPORTING LAWS VARY BY STATE

- **Laws vary by state**
  - CAPTA has requirements for alignment in some areas but provided leeway (e.g. CM definitions)<sup>1</sup>
- **Laws include:**
  - **Who should report and the standard for reporting (reasonable suspicion)**
  - **What is reportable**
  - **Where to report (Child Protective Services (CPS), police, or some other entity)**
  - **Process for reporting**
  - **Consequences for failure to report**
  - **Immunity for reporting in good faith**

# WHY REPORTERS REPORT AND WHO GETS REPORTED



- Concerns about a child and/or family
  - Child safety issues
  - **Desire to connect families to support**
  - **Unsure of what else to do**<sup>1</sup>
  - Coercion (make family engage in certain behavior)<sup>2</sup>
- Liability concerns for self or agency<sup>1</sup>
- Agency policies/ Interdisciplinary teams<sup>3</sup>
- "Passing the baton"



- Malicious reasons<sup>4</sup>
  - Retaliation
- Bias and discrimination (conscious and unconscious)<sup>5,6</sup>



# MANY CHILDREN AND FAMILIES ARE INVESTIGATED

**37% of all children** and 41% of children in the 20 most populous U.S. counties experience at least one CPS investigation by age 18

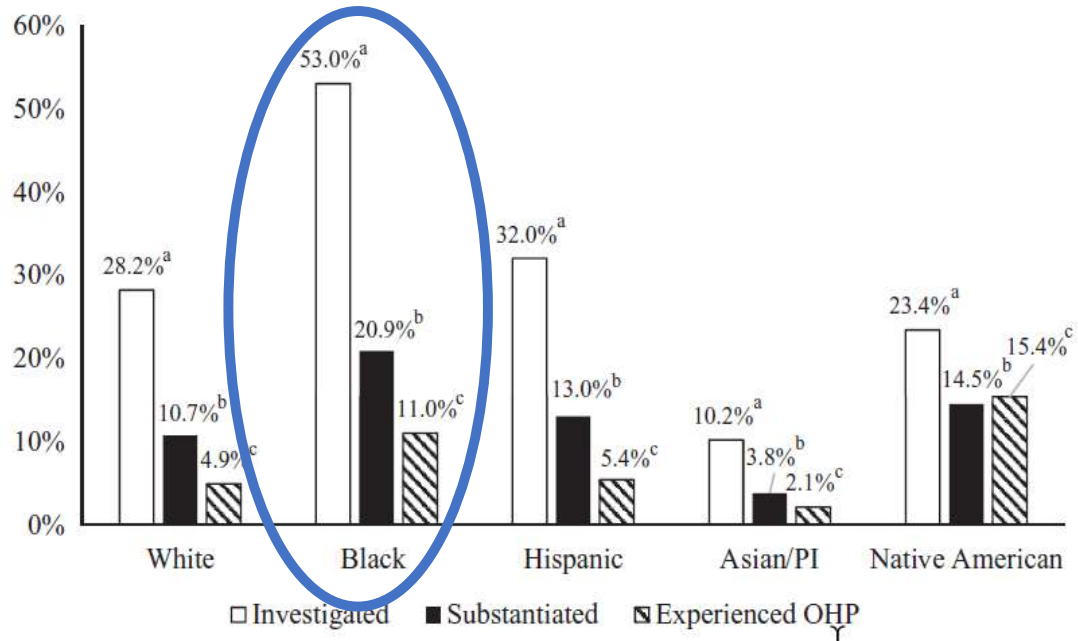
**3 million children** experience a CPS investigation or alternative response each year (*FFY 2021*)

From 2006-2019, there were almost **30 million** CPS-investigated reports in the US

An estimated **1 in every 100 children** experience a termination of parental rights

# OVER HALF OF ALL BLACK CHILDREN EXPERIENCE AN INVESTIGATION

Lifetime (Birth–18) Incidence of CPS Involvement in the United States by Race/Ethnicity

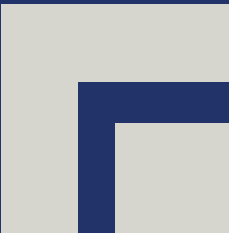


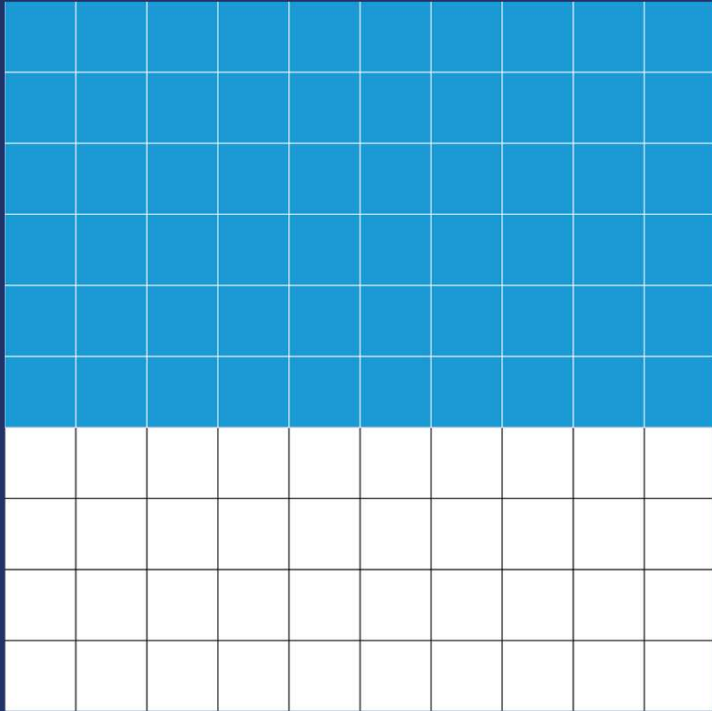
(Berger, 2020 - graphic)  
(Kim, 2017) (Edwards, 2021)  
([Child Maltreatment 2021](#)) (Wildeman, 2020)  
(Austin, 2023)

nearly **85%**

of families investigated by  
child protective services  
have incomes below 200%  
of the federal poverty line

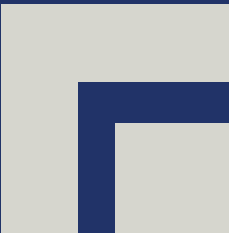
*(\$49,720 for a family of 3 in 2023)*





60%+

of substantiated CPS responses nationally involve **neglect only**



# The Intersection of Family Economic Insecurity & Child Welfare Involvement

## Most reliable economic predictors of child welfare involvement

- Income Loss** 
- Cumulative Material Hardship** 
- Housing Hardship** 

(Conrad-Hiebner, 2020 systematic review)

## Strongest predictors of investigated neglect reports

- Food pantry use** 
- Cutting meals** 
- Short duration of residence** 
- Difficulty paying rent** 
- Utility shutoffs** 
- Inability to receive medical care for sick family member** 
- Public benefit receipt** 

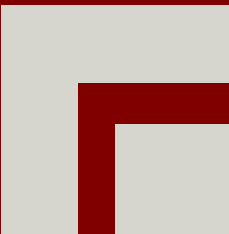
(Slack, 2011 cross-study comparison)

# almost 70%

of families with incomes below 200% of the federal poverty line report experiencing a **material hardship** in the past year  
*(difficulty paying for housing, utilities, food or medical care)*

Of these families:

**61%** experienced a **financial shock** in the past year



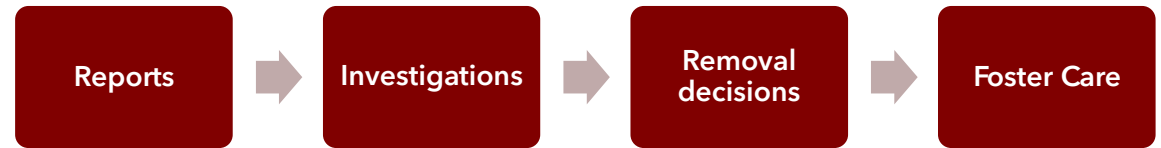


Decades of cumulative research show...

Worse outcomes ... across all these data points

Barth et al., 2020; Detlaff et al., 2020; Drake et al., 2011; Krase, 2015; Maguire-Jack et al., 2020.; Sedlak et al., 2010; Wulczyn et al., 2013

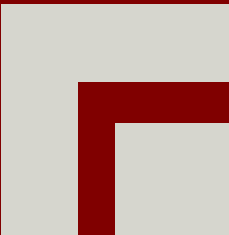
## CHILDREN AND FAMILIES OF COLOR ARE OVERREPRESENTED AT EVERY DECISION POINT IN **ALL CHILD WELFARE** SYSTEMS



They are more likely to be **separated** from their **families** and their **communities**



WHY ARE **CHILDREN OF COLOR** AT  
GREATER RISK OF CHILD WELFARE  
INVOLVEMENT?





# Current & Historic Systemic Inequities Put Families of Color at Disproportionate Risk of Economic Hardship

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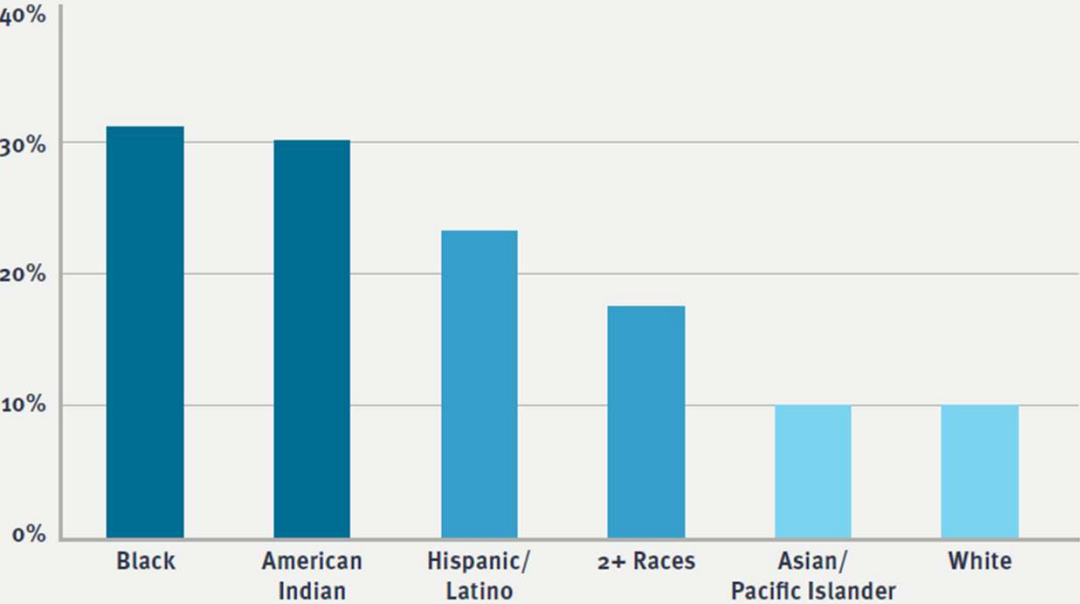
## Some examples include:

- Exclusion from homeownership via red-lining
- Denial of access to mortgages, banking & financial services
- Lending discrimination
- Exclusionary zoning policies
- Discriminatory federal housing policy
- Residential segregation
- Racially restrictive covenants & laws
- Denial of access to quality housing
- Discrimination in labor markets & commerce
- Inequitable hiring practices
- Denial of access to quality education
- Lack of access to health care
- Discriminatory law enforcement & criminal legal system policies
- Political disenfranchisement

# Children in Families of Color Are More Likely to Experience Poverty & Have Higher Rates of Foster Care Entry, National

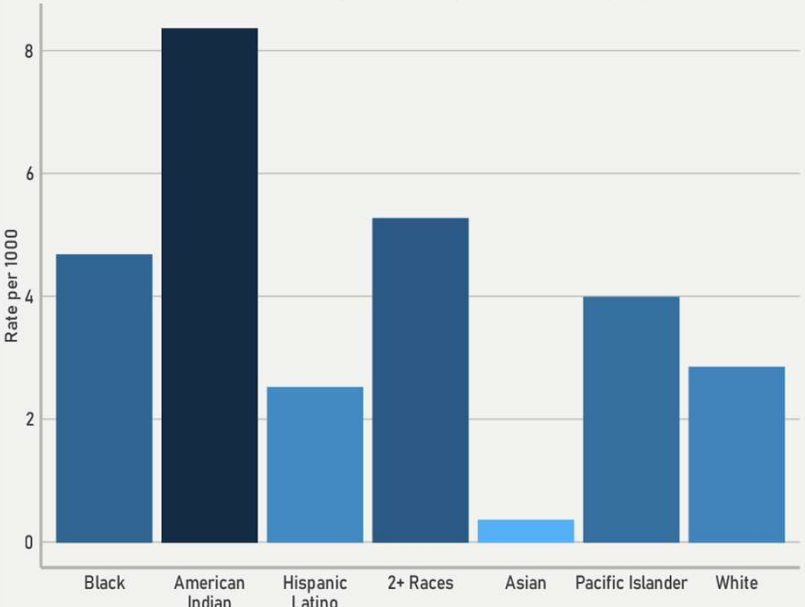
## US Children in Poverty by Racial Category

The 2019 share of children under age 18 who live in families with incomes below the federal poverty threshold (e.g., \$25,926 per year for a family of 4).



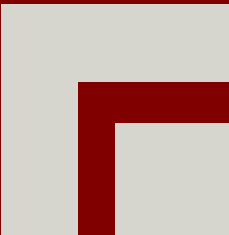
Source: KIDS COUNT Data Cent. 2020. Children in poverty by race and ethnicity in the United States. Data from U.S. Census Bureau, Am. Community Survey 2019, Annie E. Casey Found. KIDS COUNT Data Cent., Baltimore, MD.

## National Entry Rates by Racial Category

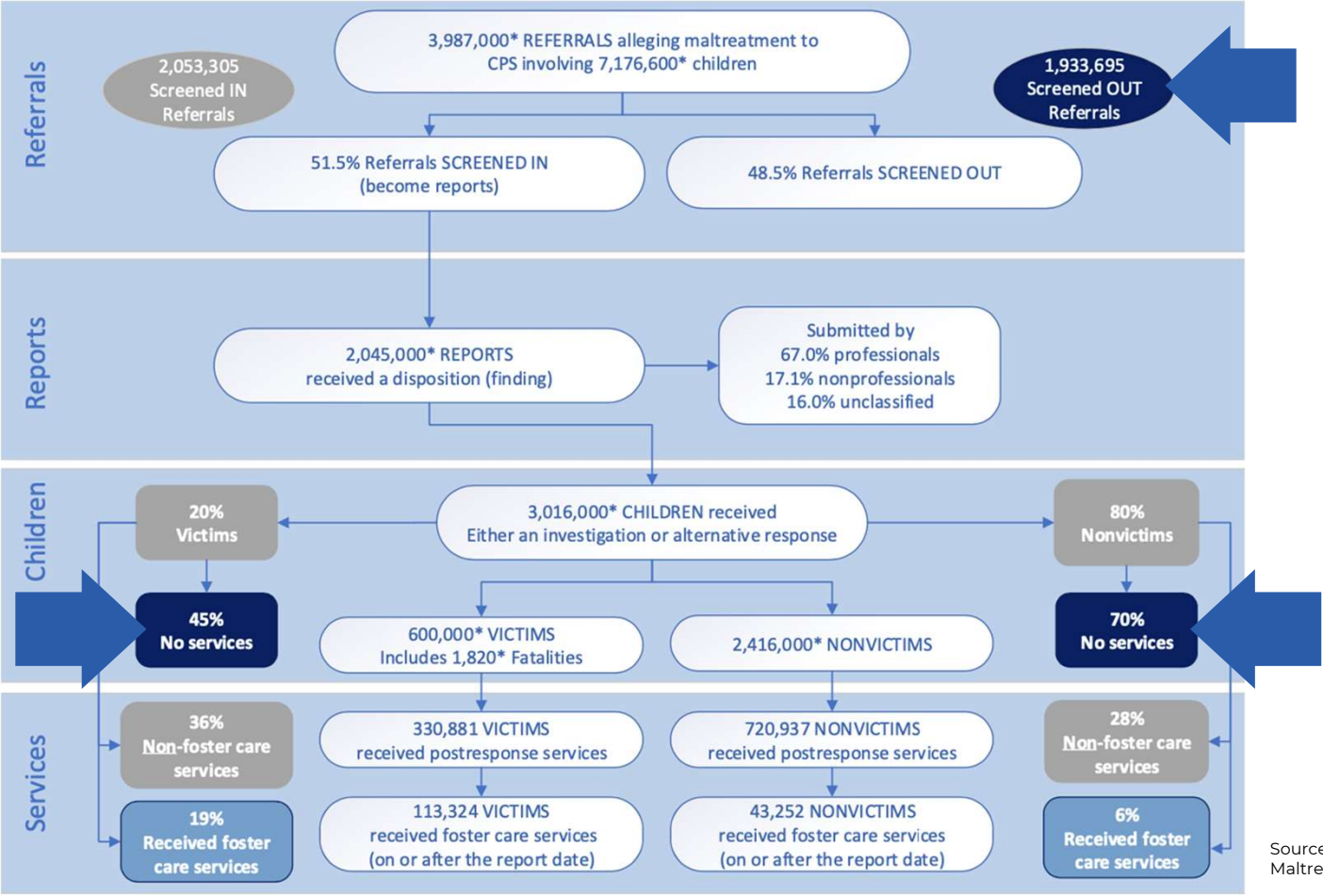


Data sources: Kids Count, 2020; National Child and Family Services Review (CFSR 4) Data Profile Context Data, 2023, FY2019 estimates for comparability.

# **WHAT HAPPENS WHEN REPORTS ARE MADE**

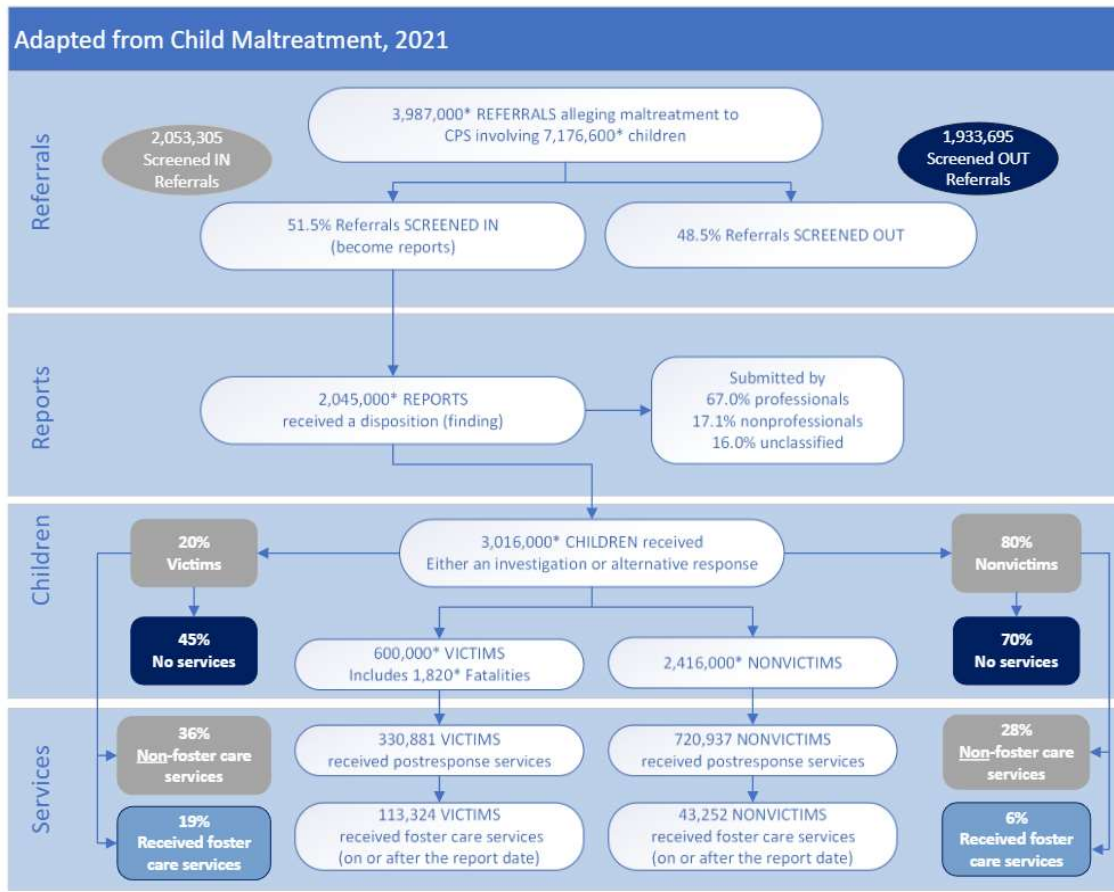


# In the current system, of the 7 million children who are called into child protection hotlines, 5 million receive no services



Source: Child Maltreatment 2021

# CPS Contact Associated with Worse Mental Health & Developmental Outcomes

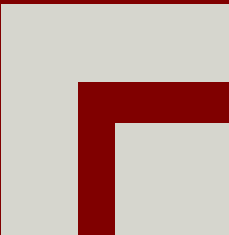


*“Despite a federal mandate to improve child well-being, we found no evidence that contact with the child welfare system improves child outcomes.*

*Rather, CPS contact was associated with worse mental health and developmental outcomes.”*

(Evangelist, 2023)

# **WHY MANDATORY REPORTING REFORMS ARE NEEDED**



# MANDATORY REPORTING POLICY TO PRACTICE: WELL INTENTIONED BUT MARRED WITH ISSUES AND CONSEQUENCES

---

**Policies currently  
designed for  
overreporting** <sup>(1)</sup>

**Underreporting and  
severe abuse cases still  
occur** <sup>(2,3)</sup>

**Negative impact on  
children and families  
often outweighs  
potential benefits-  
deters families from  
seeking help** <sup>(4,5,6)</sup>

**System misalignment-  
designed to address  
severe abuse and  
neglect not to offer  
prevention services**

**Misuse of system-  
reporting used to  
retaliate and make  
false report** <sup>(7)</sup>

**Lack of adequate  
training or education  
for mandatory  
reporters** <sup>(8,9)</sup>

# MANDATORY REPORTING POLICY TO PRACTICE: CHALLENGES AND BARRIERS

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**Lack of knowledge of  
child maltreatment, the  
law, and reporting  
procedures**

(1, 3, 7, 12-14)

**Inconsistent  
Processes**

(14-15)

**Attitudes, values,  
experiences, and/or  
beliefs about  
maltreatment, child  
rearing, and/or child  
protection**

(2, 12, 14, 16, 17)

**Organizational/agency  
context**

(14, 18,19)

**Underreporting -  
Concerns around impact  
of report (for self, child,  
family, or agency)**

(2, 14, 20,21,22, 23)



# MANDATORY REPORTING POLICY TO PRACTICE: TRAINING IS NOT AS EFFECTIVE AS WE THINK

**Research is mixed regarding the impact of factors on reporting** (1)

**Training can have some positive impact on knowledge and identification of hypothetical maltreatment**

(2-4)

**Most training sources don't sufficiently address all barriers to reporting**

**Training messaging often encourages reporting ("be a hero") and erring on side of caution**

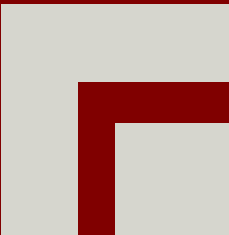
Learn about your role as a Mandated Reporter



Report concerns or suspected abuse to:  
1-855-422-4453



**WHAT IS THE SOLUTION**



# RECOMMENDATIONS FROM STATE CHILD WELFARE LEADERS



- Child welfare leaders confirm **economic need** frequently contributes to child welfare involvement
- More **direct & flexible federal funds** are needed to meet ECS needs of families
- Policies & practices that contribute to unnecessary child welfare involvement should be revised, including **mandated reporting laws & definitions of child maltreatment**
- Need for **cross-sector shared responsibility & accountability framework across human services** for upstream prevention of child maltreatment & child welfare involvement

<https://www.chapinhall.org/research/economic-concrete-supports-survey/>

# STATE EXAMPLE OF NARROWING THE DEFINITION OF NEGLECT

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## [AB 2085](#) (2022)

Limits the definition of **neglect** for the purposes of mandated reporting requirements:

- Only includes circumstances where child is at **substantial risk of suffering serious physical harm**
- Excludes a parent's **economic disadvantage**

## [SB 1085](#) (2022)

Prohibits children from being removed solely due to **family homelessness or poverty**, including inability to provide clothing, home repair or child care



# CONTACT INFORMATION

Leanne Heaton  
[lheaton@chapinhall.org](mailto:lheaton@chapinhall.org)

# Rethinking Mandated Reporting: Prioritizing Family Resources and Community Support

*Crystal Charles, Schuyler Center for Analysis and Advocacy (NY)*  
*Jasmine Wali, Child Welfare Policy Consultant*  
*Leanne Heaton, Chapin Hall*

# Describe a time you had a personal crisis and felt **supported**.

- Who did you trust enough to confide in?
  - Who did you look to for support?
  - Did you access community resources? If so, what were they?
-

# Mandated Supporting

Mandated Supporting is a framework. It is a way to reframe how we approach our relationships with families.

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# PROCESSING GUIDE

WHEN YOU ENCOUNTER A SITUATION IN WHICH YOU SUSPECT NEGLECT...

01 PAUSE.

02 REFLECT.

03 REVIEW YOUR UNDERSTANDING OF NEGLECT...

- Do I fully understand the needs of the student/family?
- Am I mistaking poverty or other financial inability to provide as neglect or maltreatment?
- Have I checked myself for implicit biases including racial bias? Ability bias?
- Am I calling out of frustration, fatigue, or inability to know how to best serve students and family?
- Am I calling just to cover myself from liability (CYA) or is this really in the best interest of the child and family?
- Is the child at "imminent risk of serious harm"?

## MISUNDERSTOOD CATEGORIES OF NEGLECT

Failure to provide adequate food, clothing, or shelter.

### ACTUAL NEEDS

- Food insecurity
- Housing insecurity
- Employment/financial insecurity

### ALTERNATIVES TO CALLING

- Food: [NYC.gov](#); [SNAP](#); [Mutual Aid](#)
- Housing: [Coalition for the Homeless](#)
- Employment/Cash Assistance: [NYC.gov](#)

---

Failure to provide medical or mental health care (including drug abuse services)

- Lack of access to health care

- [NYC.gov Free Health Resources](#)
- [NYCWell](#)
- [NYC Health + Hospitals Clinics List](#)

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Failure to support a child's educational needs by 1) keeping a child home from school for unexcused reasons or 2) not following up with a child's educational needs despite the school's outreach to the parent or caretaker

- Barriers to school engagement and attendance
- Lack of access to technology for online learning
- Disinterest in online learning due to trauma from COVID-19

- [Updated DOE Guidance on MR](#)

---

Leaving a child alone who is not developmentally (assumptions about developmental abilities based on bias) able to be left alone without adequate supervision.

- Barriers to appropriate childcare
- Closures of childcare facilities

- [Wiggle Room](#)
- [New York Foundling's Crisis Nursery](#)

<p>Leaving a child with someone without establishing a plan for the provision for food, clothing, education, or medical care.</p>	<ul style="list-style-type: none"> <li>• Not being able to find adequate and affordable childcare or after school programs</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Workers Need Childcare</a></li> </ul>
<p>Leaving a child with someone that does not have the ability to appropriately supervise or protect the child.</p>	<ul style="list-style-type: none"> <li>• Barriers to affordable childcare or after school programs</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">New York Foundling's Crisis Nursery</a></li> </ul>
<p>Subjecting a child to humiliation, fear, verbal terror, or extreme criticism.</p>	<ul style="list-style-type: none"> <li>• Unresolved generational trauma</li> <li>• Unmet mental health needs</li> <li>• Projection of workplace treatment</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">NYCWell</a></li> <li>• <a href="#">NYC Health + Hospitals Clinics List</a></li> </ul>
<p>Using corporal punishment beyond what is objectionably reasonable and it results in the physical or emotional harm of a child.</p>	<ul style="list-style-type: none"> <li>• Unresolved generational trauma</li> <li>• Barriers to understanding trauma-informed parenting</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">NYCWell</a></li> <li>• <a href="#">NYC Health + Hospitals Clinics List</a></li> </ul>
<p>Exposing a child to family violence</p>	<ul style="list-style-type: none"> <li>• Unresolved generational trauma</li> <li>• Barriers to accessing conflict mediation</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Family Justice Centers</a></li> <li>• <a href="#">Mediations and Alternative Dispute Resolution</a></li> </ul>
<p>Parent or caretaker using drugs to the point of not being able to adequately take care of a child.</p>	<ul style="list-style-type: none"> <li>• Decriminalization of addiction</li> <li>• Racially motivated biases against certain drugs</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Family Justice Centers</a></li> <li>• <a href="#">Mediations and Alternative Dispute Resolution</a></li> </ul>
<p>Keeping, manufacturing, or selling (prescribed?) drugs in the presence of a child, or giving drugs (alcohol?) to a child.</p>	<ul style="list-style-type: none"> <li>• Decriminalization of addiction</li> <li>• Racially motivated biases against certain drugs</li> <li>• Lack of employment opportunities</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Family Justice Centers</a></li> <li>• NYCWell</li> </ul>

# LAST RESORT

WHEN YOU FEEL A CALL IS ABSOLUTELY NECESSARY...

## RECONSIDER & REMEMBER...

- \* Intervention does not equal help. 82% of families reported ACS involvement made the situation "much worse", "worse" or "no different" (Lippy et al 2016)
- \* An ACS visit to a family's home is both invasive and traumatizing. Every detail of a family's home is scrutinized and children are often asked to disrobe so they can be searched for physical marks and bruises
- \* ACS intervention is a form of state surveillance that can generate information and evidence to prompt or support unnecessary criminal investigations that can separate a family.
- \* Know your threshold for not calling and think through ahead of time when a call would be warranted. Take thorough notes

## IF YOU MAKE THE CALL, ASK YOURSELF...

- Have I included parent/guardian in the decision-making and reporting process?
- Did I connect the family to a legal advocate or Family Defense Practice? (e.g. at Brooklyn Defender Services/Bronx Defenders)
- Did I ask the operator to read back my report? Am I giving a holistic, reasonable account of the family's situation and strengths?
- Did I provide the family with CUP's Guide to Parents' Rights?

**“Mandated Supporting” is limited.**

---

# Think outside the “Carceral Box.”

Make referrals to other services

Make a report to CPS

Call the police

List only weaknesses of families, not strengths

Start a walking school bus program with the local homeless shelter to help with truancy issues.

Strengthen & fund school Parent Teacher Association (PTA) to strengthen grassroots parent support.

# What can you do?

- Partner with agencies, schools, and hospitals to develop decision trees for mandated reporters.
- Advocate to end mandated reporting in your state.
- Support the campaign to allocate more CAPTA funding toward community support. Learn more at [repealCAPTA.org](https://repealCAPTA.org).

# Rethinking Mandated Reporting: Prioritizing Family Resources and Community Support

*Crystal Charles, Schuyler Center for Analysis and Advocacy (NY)*  
*Jasmine Wali, Child Welfare Policy Consultant*  
*Leanne Heaton, Chapin Hall*



# SPARC



State Policy  
Advocacy + Reform Center

**2023 Annual Convening  
December 3-5, 2023  
Annie E. Casey Foundation  
Baltimore, MD**

# REI Workgroup Session

Molly Dunn, *Children's Action Alliance (AZ)*  
Kelsey Bala, *Rhode Island KIDS COUNT*

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Annie E. Casey Foundation  
Baltimore, MD**

# Day One Wrap Up

Rachael Miller, *Pennsylvania Partnerships for Children*  
(*SPARC Leadership Council*)



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# Day Two Opening

*Lesley Kelley, Voices for Georgia's Children (SPARC Leadership Council)*



# Child Welfare Policy Reform: A Critical Examination of State Child Abuse Registries

Cathleen Palm, The Center for Children's Justice (PA)

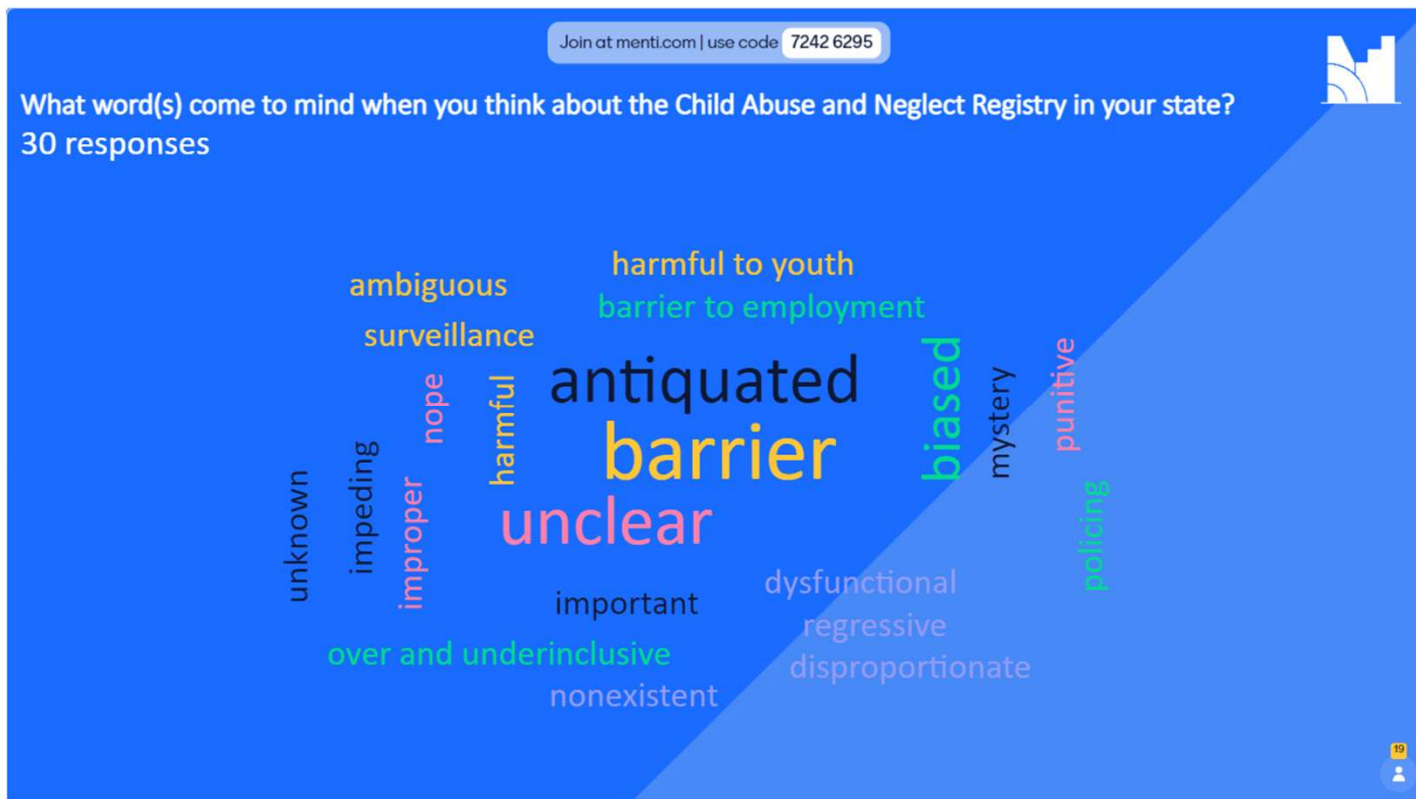
Amy Rose, Voices for Vermont's Children

Shannon Moody, Kentucky Youth Advocates

Molly Dunn, Children's Action Alliance (AZ)

# Let's start with hearing from you

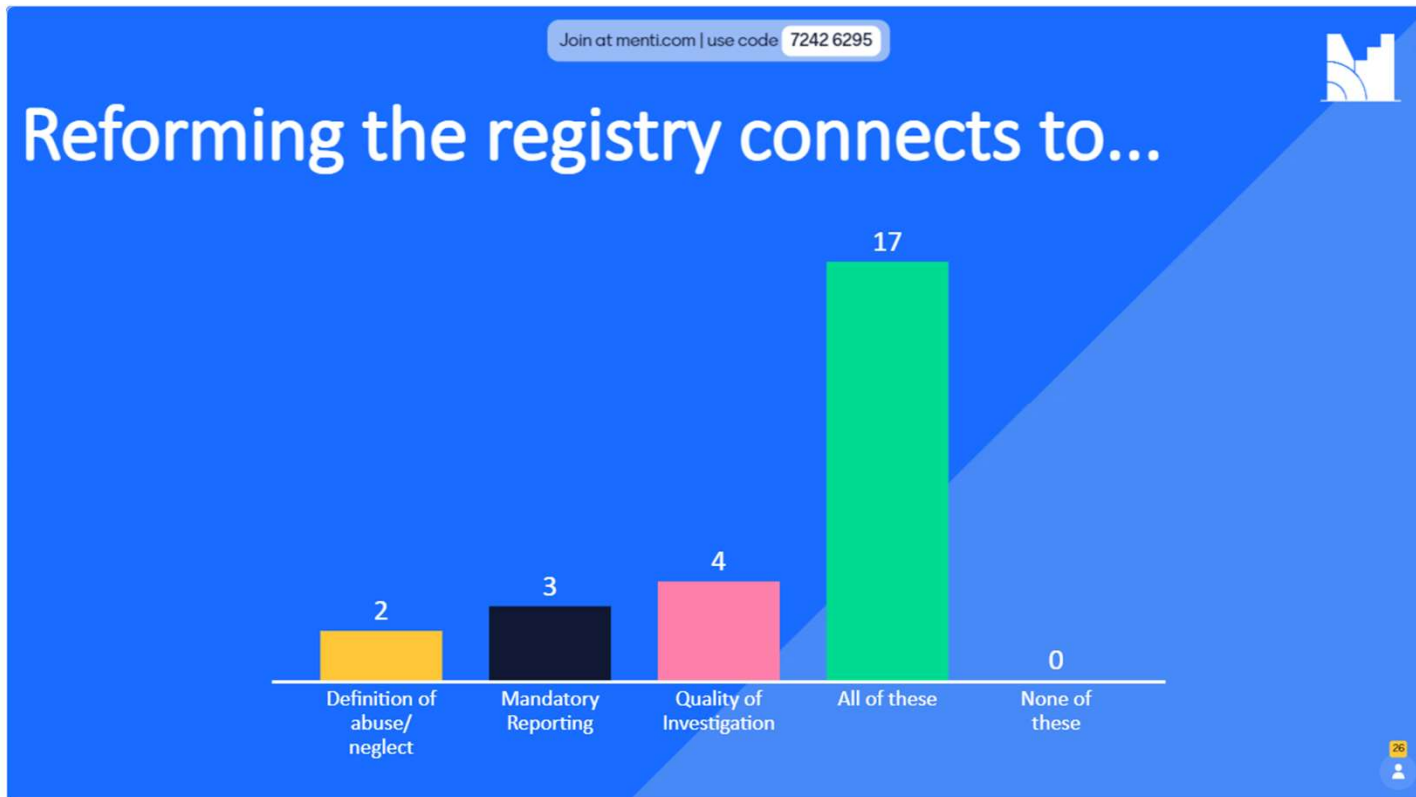
We'd love to have you share a single word or a few words that come to your mind when you think about your state's child abuse and neglect registry?





# Let's start with hearing from you

Now we are curious to see how you see other policy reform topics being discussed at the SPARC convening (and in workgroups) relate to child abuse registry reform.





Kentucky **youth** Advocates



**Arizona**

**Kentucky**

**Pennsylvania**

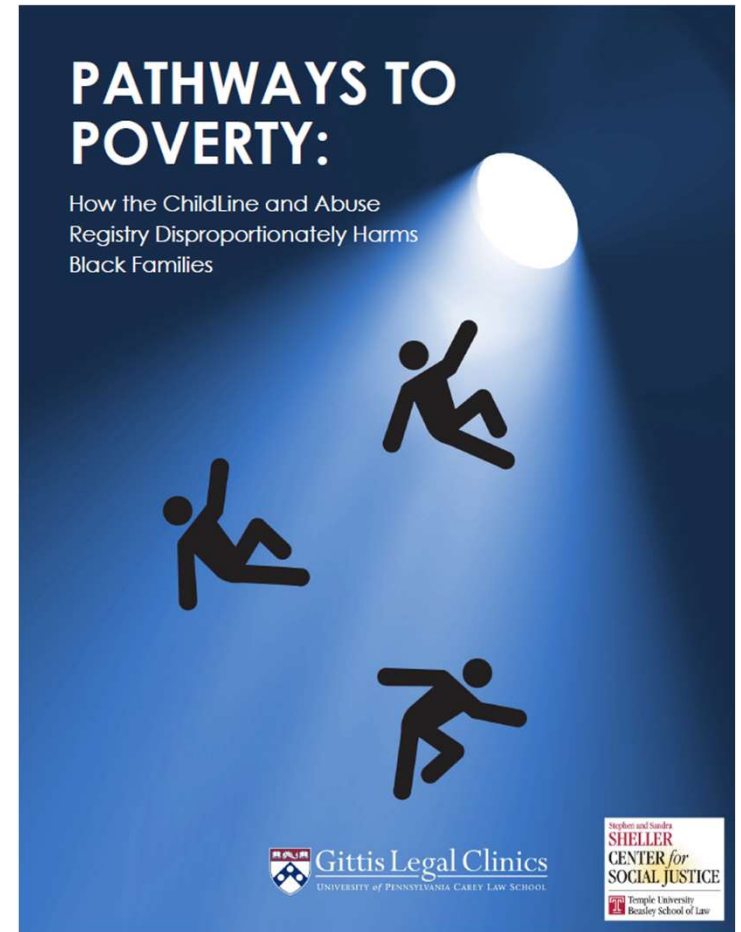
**Vermont**

- Red and Blue states
- 3 state run, 1 county administered/state supervised
- Variable definitions notably related to neglect
- Children subject to assessment or investigation (per 1,000 children)
  - AZ = 47.7
  - KY = 65.7
  - PA = 13.1 (note only investigations not assessments)
  - VT = 26.9
- Different evidentiary standards for substantiation
  - 1 probable (AZ)
  - 2 preponderance (KY and PA)
  - 1 reasonable (VT)

## Insight from AZ, KY, PA and VT

1. What triggered your state's readiness to explore registry reforms, was there a tipping point?
2. How are persons with lived experience, inclusive of parents, engaged/directly influencing the discussions and decisions?
3. What does the landscape look like in 2024 for reform – what would success look like in 2024, do you expect forward (incremental) steps or something more comprehensive?

- Registries cause **unintended and disproportionate harm** while lacking documented value in protecting children.
- Congress links states' access to critical funding that supports children and families (e.g., childcare) to **employment screenings** that rely on the registry.
- The design and application of child abuse registries vary significantly across states. **Momentum for reform is growing.** Key policy levers to improve registries are emerging.



- The Child Abuse and Prevention Treatment Act (CAPTA) **does not require** that states maintain a registry to use for employment screening.
- Congress has enacted other federal laws linking states' receipt of key funding for children and families (e.g., child care, Family First) to states relying on the registries to screen employees and volunteers.
- Congress has played a role in creating defacto employment bans.
  - For example, Pennsylvania interpreted Congress' expectation to check registries, within the 2014 reauthorization of the Child Care and Development Block Grant (CCDBG), to mean no one listed on the registry could work or volunteer in child care.

## What Needs Reform? Emerging Themes Include...

- **Definitions of child abuse**

- Broadness of neglect
- Conflation of poverty and neglect

- 

- **Determining who can be a perpetrator**

- Ensure automatic expunction (record cleared) if juveniles placed on the registry
- Particular attention to juveniles who are minor parents or identified with sexually problematic behaviors

- **Due process**

- Notification should be guaranteed and better documented
- Should exist before deprivations are experienced, such as lost or denied employment
- Use due process or evidence vetting connected to other judicial proceedings (e.g., criminal or family court)

- 

- **Differential or tiered approach**

- Certain abuse findings lead to shorter time on registry
- Abuse may be substantiated but not placed on registry
- Research or risk assessment used to determine suitability for employment

## What Needs Reform? Emerging Themes Include...

### •Limit using the registry to screen for employment

- Reconsider which employment opportunities need a child abuse registry check
- Address when and whether registry checks should occur: For any potential contact with a child? Or would checks be better linked to situations involving direct contact and care of a child or children, particularly if unsupervised?

### •Limit the trauma for child victims and witnesses

- Hearings or appeals that occur outside other court proceedings (e.g., criminal or family) need procedural safeguards for child witnesses

### Data

- Too little publicly facing data is reported. What data exists is insufficient to illustrate demographics of those on the registry.



# What's Next?


Research brief in early 2024

- tool to help SPARC and other independent advocates frame the why/how of reform
- Tool to invite philanthropy to consider front-end and back-end reforms
- Potential specific lens on one group of employees (e.g., child care)

## Open Discussion/Q&A

- What questions, feedback do you have?
- What do you think is most helpful for us to include in research brief, what would most help you?

### One final ask of you:



Join at [menti.com](https://menti.com) | use code 7242 6295

What supports do you need to engage in registry reform in your state?  
2 responses

I recommend a deep dive look at one occupation: health care. This will synergize with pressures legislatures are feeling to care for the aging baby boomer population.

The difference between what federal law requires and what states build on top

# Child Welfare Policy Reform: A Critical Examination of State Child Abuse Registries

Cathleen Palm, The Center for Children's Justice (PA)

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# A Home for Every Child: Finding and Maintaining Placements for All Children and Youth

Amanda McKinney, *Children Now (CA)*

Alex Volpe, *Catalyst Center*

Tina Harris, *National Foster Care Youth & Alumni Policy Council and FosterClub Lived Experience Leader*

Bianca Bennett-Scott, *National Foster Care Youth & Alumni Policy Council and FosterClub Lived Experience Leader*

Brooke Derrick, *Wayfinder Family Services*

Donna Ibbotson, *Wayfinder Family Services*

Carol Ramirez, *Wayfinder Family Services*



# Family Urgent Response System (FURS) Overview

Amanda Miller McKinney, Children Now  
Senior Associate, Child Welfare Policy  
[amckinney@childrennow.org](mailto:amckinney@childrennow.org)



# What is the Family Urgent Response System (FURS)?

A free, 24/7/365, **immediate, trauma-informed support** for children and youth (up to age 21) currently or formerly in foster care in California and their caregivers.

Available during **“situations of instability”** as defined by the child, youth, or caregiver.

## Two components:

- Statewide hotline
- County-based mobile response teams



# FURS Design & Goals



- A neutral, safe, judgement-free resource
- Early interventions and healing
- Placement stability
- Prevent needless criminalization and hospitalization of youth
- Connections to longer-term community-based supports and services



# Who Does FURS Serve?

**Current or former foster youth** (up to age 21) who are currently or previously were in foster care

- through either child welfare or probation/justice system
- left foster care for any reason
- Including those subject to voluntary placement agreement, or placed in CA via ICPC

**Caregivers** of any current or former foster youth

- This is anyone in a caregiving role

***Note:** This means FURS also provides support after case closure, including to reunification, adoption, or guardianship!*



# When should someone contact FURS?

**Anytime. Anywhere. For all issues big or small!**

Considering hurting  
oneself

Needing help  
deescalating a  
conflict

Seeking information  
on local resources or  
supports

Feeling frustrated,  
sad, or  
overwhelmed

Thinking about  
leaving a placement

Wanting strategies  
for addressing a  
behavior challenge

FURS provides a central place for children, youth, and their caregivers to contact to receive immediate consistent and coordinated support for ANY situation of instability *as defined by the child, youth, or caregiver*.

FURS provides individualized support and resources tailored to each caller's specific situation and needs.

# What to Expect When Calling FURS



You call, text, email or send a chat message to the FURS line



A 30 second recording plays to explain FURS confidentiality



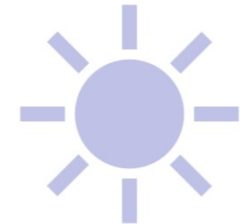
You are connected with a FURS counselor who will listen to what is going on and help



If you want, the FURS counselor will start a 3-way call to connect you with your local FURS mobile response team



If you want, your local FURS mobile response team will provide in-person support, usually within 1 hour



The next day, FURS will reach out to see how you are doing. If you connected with the local FURS team, they will stay in touch to connect you with ongoing supports

## A Few FURS Successes

A relative caregiver contacted FURS because they were feeling overwhelmed. The youth was in jeopardy of losing their transportation to school and issues had been arising at school and in transit. FURS met individually with the youth and caregiver at their home. As a result of rapport-building with the youth, they were able to determine that the youth had been bullied at school about their clothes. The team was able to obtain vouchers and help connect the youth and caregiver to financial resources to help obtain new clothing and other necessities, along with connecting them to other supportive resources.

Youth was having CFT and was getting escalated with their foster family and by end of meeting was refusing to go back with his foster family. The youth called FURS. The FURS team arrived, met with the youth separately, then worked to de-escalate the meeting. The youth rejoined CFT, FURS facilitated a conversation with their foster parents, and the youth ended up going home.

A caregiver called FURS because they were overwhelmed with meeting the needs of the child in their care. They had been asking for services and supports from the social worker and had not been connected to them. The home was a pre-adoptive one, but the caregiver had given a 14-day notice due to the lack of support. A FURS team went out to the home and provided immediate support and remained involved with the youth and caregiver until long-term community-based supports began. As a result of the supports provided, the placement stabilized and ultimately moved towards a completed adoption.

A non-minor dependent was struggling with a breakup and needed emotional support beyond what the staff at their THP could provide. A FURS team came out and spent hours with the young to help support them. They were able to identify that the youth had a positive relationship with a prior therapist and advocated with the youth's social worker for them to be reconnected with that same therapist for ongoing support.

# 2022 FURS Focus Group Findings



FURS is a wanted, needed, and appreciated resource



Awareness is growing but understanding of what FURS provides needs to be strengthened.



Youth, caregivers, and other stakeholders want more information on FURS structure and staffing.



Confidentiality is a primary concern of youth and caregivers.



The FURS experience can be strengthened.



Ongoing and expanded outreach is critical.

# Resources

Cal-FURS Hotline Access and Resources Webpage:

<http://www.cal-furs.org>

CDSS Policy Webpage:

<https://cdss.ca.gov/inforesources/cdss-programs/foster-care/furs>

2022 Focus Group Findings:

<https://www.childrennow.org/blog/what-do-youth-who-have-experienced-foster-care-and-their-caregivers-think-about-the-family-urgent-response-system/>



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# Serving Youth with Unmet Complex Needs in Enhanced Care Programs

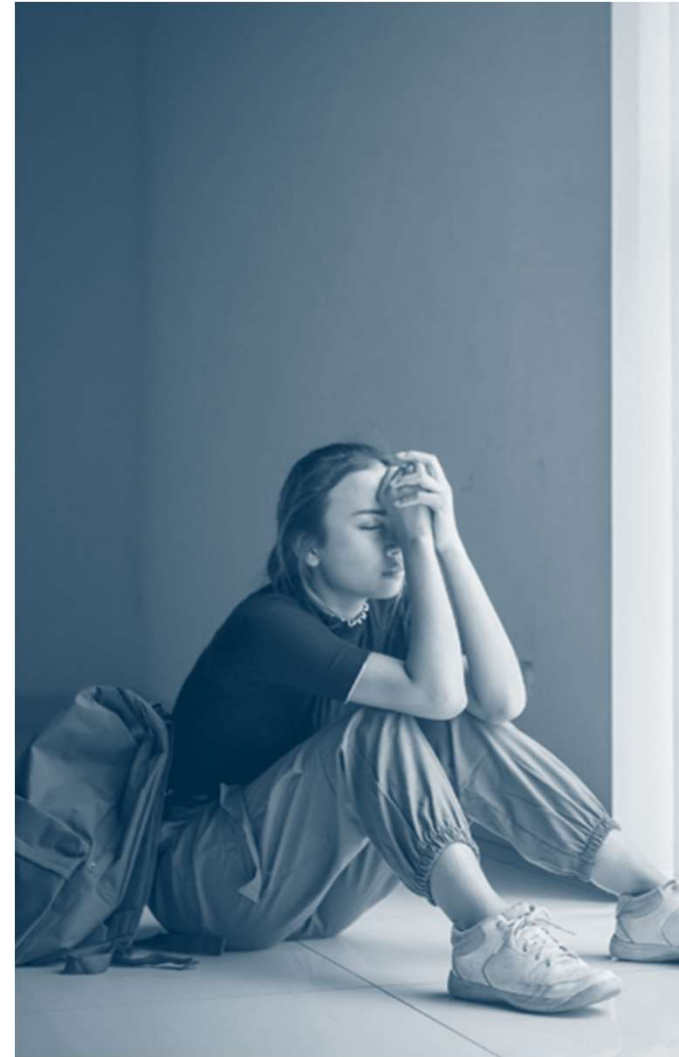
SPARC Convening | December 5, 2023  
Alex Volpe, Director of Programs, Catalyst Center





# Agenda

- 1 History/Context of Enhanced Care Programs (ECPs) in California
- 2 Who are ECPs designed to serve?
- 3 What are ECPs?
- 4 How are ECPs funded in California?
- 5 Q & A, Resources



# History/Context of Enhanced Care Programs (ECPs) in California

1

# The Need for ECPs



In the 2083 Children and Youth System of Care Legislative Report, the joint interagency team estimated that there are **150-200 youth** in California with significant unmet complex needs in a given year.

Currently, there are approximately **40 Enhanced Care Programs** (delivered by 9 providers) in California to serve these youth.

# Timeline



2000

- Pacific Clinics (formerly Uplift) launches ECP

2012

- Seneca Family of Agencies launches ECP

2013

- Redwood Community Services launches ECP

2017

- California Implements Continuum of Care Reform

2018

- AB 2083

2019

- AB-2944 Foster care
- Innovative Model of Care (IMC rates)

2020

- Return of out of state youth

2021

- Complex Care Child-Specific Funding
- Complex Care Capacity Building

# Who are Enhanced Care Programs designed to serve?

2

# Eligibility for an ECP

- Minor children and Non-Minor Dependents (NMDs)
- Needs not adequately treated in existing continuum of care
- Unmet Complex Needs
- Require substantial supervision
- Complex clinical picture
- Symptoms and/or behaviors requiring intensive behavioral health treatment
- Often engaging in high-risk behaviors



# Youth with Unmet Complex Needs



- Youth engaged in ECPs have a variety of identified needs across multiple domains
- Needs have been unmet over long periods of time by behavioral health, child welfare, probation, education and other systems.
- These systemic shortfalls have resulted in youth needing high intensity individualized treatment to better resolve challenges and address their needs.

# What are Enhanced Care Programs?

3



# Types of Enhanced Care Programs

## **Enhanced Intensive Services Foster Care (E-ISFC)**

- Foster Family Agency approved ISFC home with a specialized resource parent
- Resource parent can be family, kin, natural supports or previously unconnected to youth
- Typically, only one youth per placement

## **Enhanced Short Term Residential Therapeutic Program (STRTP)**

- Licensed STRTP/QRTP facility with 24/7 staffing
- Serving one to three youth at a time

# Enhanced Care Program Core Principles

## No Reject, No Eject

- No admission denials if youth meets criteria
- Work through complex/severe behaviors without giving discharge notice

## Individualized Supports

- Adaptable programming
- Youth Driven services
- Tailored to specific needs of youth and families

## Trauma Responsive Care

- Recovery oriented
- Acknowledge profound trauma histories
- Building feelings of safety and connection

## Permanency Focused

- Address lack of connection
- Building natural supports
- Family engagement

# Enhanced Care Program Core Principles

## Mitigation of inequities

- Attuned to racial, cultural and other systemic bias
- Examine program interventions with the awareness of inequities, implicit bias and explicit discrimination

## Continuous Quality Improvement

- Routine outcome monitoring
- Identification of target behavior improvements that signal discharge readiness
- Monitoring of service intensity

# Services and Supports

---



# Staffing

## 24/7 Staff

Availability for  
Intensive Services  
Foster Care (ISFC)

On site for STRTP at  
minimum 1:1 ratio



## Structured

Staffing ratios and  
hours that are  
responsive to youth  
needs



## Flexible

Ability to increase  
staffing and supports  
flexibly as needed  
during treatment



## Comprehensive

Rehab specialists,  
therapists,  
permanency staff,  
peer/family partners

# Specialized Resource Parents

Enhanced Intensive  
Services Foster Care  
(E-ISFC)

---



Experienced Resource Parent



Unconditional Commitment; no  
reject no eject



Intensive and Ongoing Training



24/7 availability

# Training

- Trauma Responsive Care
- Intervention skills practice
- Reinforcing positive behaviors
- Crisis Intervention and Suicide Risk Prevention
- Promoting Permanency
- Population specific trainings (e.g. CSEC)
- Specialized interventions (e.g. SUD treatment, Motivational Interviewing)
- Therapeutic Foster Care (TFC) (for Enhanced ISFC parents)



# Partnerships

## Key Partnerships can include:

- Child Welfare
- Probation
- Behavioral Health
- Education
- Regional Center (Serving Youth with IDD)
- Community Based Service Providers
- Family members and natural supports

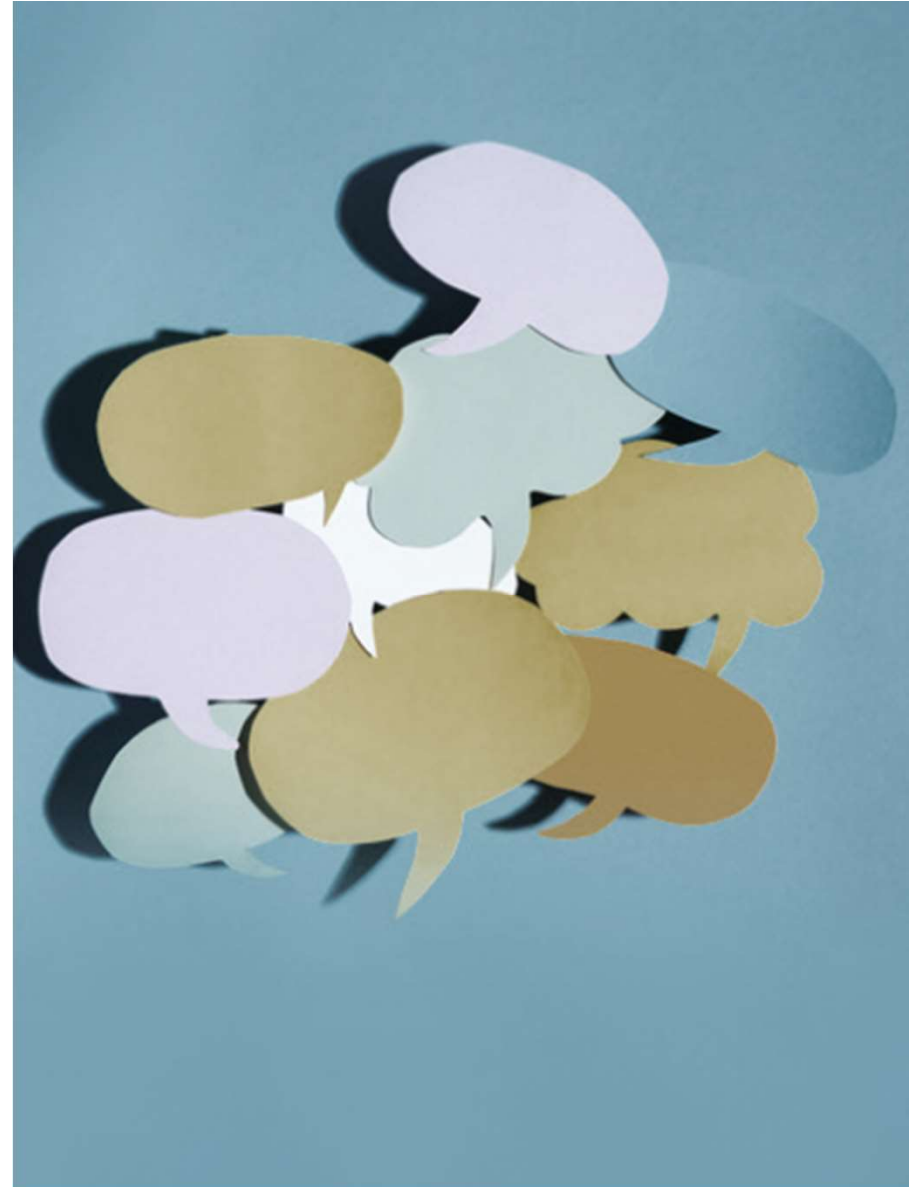
## Key partnership areas include:

- Funding/Resource allocation
- Mental Health Service provision and intensity
- Referral management
- Step-down and exit planning
- Shared Risk
  - Critical incidents and Safety Planning
  - Harm Reduction Strategies
  - Licensing issues



# Licensing Coordination

- Changes to Program Statement and/or Plan of Operations
- Specific facility or program changes that may be contrary to regulations
- Harm reduction strategies
- Regular Technical Assistance calls regarding youth needs



# How are Enhanced Care Programs funded in California?

4

# Overview

Consistent with the need for services and supports to be intensive and integrated within Enhanced Care Programs, so too should funding be intensive and integrated to account for young people's needs across their life domains, including care and supervision, behavioral health, and education.

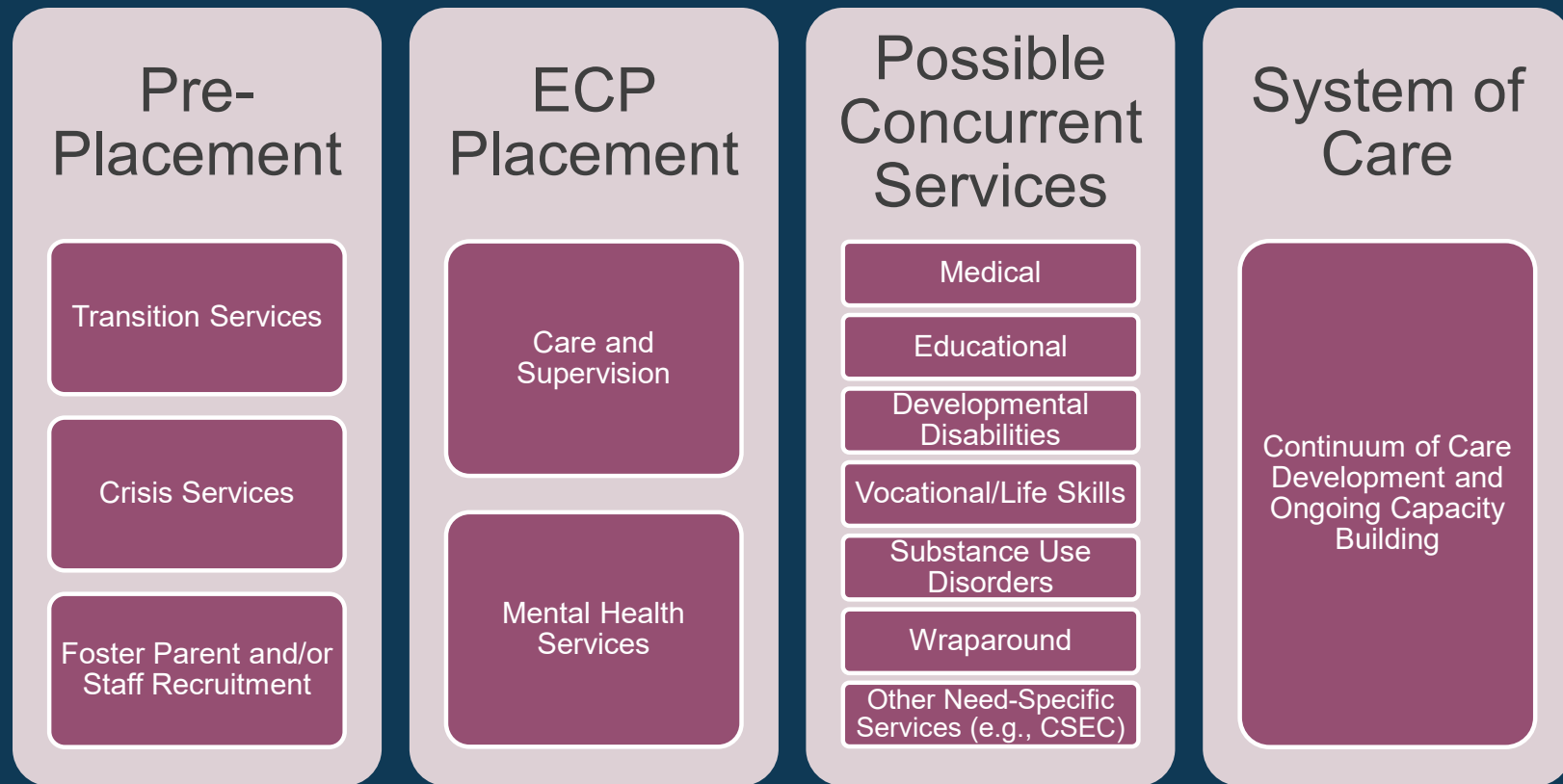


# California Context

- Care and Supervision
  - Referrals for out-of-home care placements may include county child welfare, county juvenile probation, local education agencies, and adoptive parents utilizing post-adoption funding.
- Mental Health Services
  - Medi-Cal is California's Medicaid program.
  - California's Medi-Cal Specialty Mental Health Services Program is administered by the State Department of Health Care Services and delivered through county mental health plans.



# Funding Layers & Phases



# ECP Funding

- Care and supervision rates under ECP placement contract
- Mental health services provided directly under ECP Specialty Mental Health Services contract
- Funding includes local, state and federal dollars
- County general funds may be used to augment





# Strategic Considerations

- ECPs in the context of a broader system of care
- Account for the youth's needs across life domains (e.g., family finding and engagement, transportation, activities, respite care)
- Budgets should account for both care and supervision and mental health services
- Anticipate related expenses (e.g., required start-up funding, staff and/or specialized parent-recruitment costs, specialized training costs)
- Ensure close collaboration with local, county, and/or state partners to maximize access to and utilization of available funding

# Care and Supervision Funding

Current Funding	Info	Details
Title IV-E	<a href="#">ACL 21-76</a> Title IV-E	<ul style="list-style-type: none"> <li>· Funding for care and supervision staff and activities.</li> <li>· Separate rate for STRTP and ISFC programs</li> </ul>
Innovative Model of Care Funds	<a href="#">ACL 22-21</a> AB 2944	<ul style="list-style-type: none"> <li>· Updates care and supervision rate for children with unmet complex needs</li> <li>· Two types of funds: Program-Specific and Child-Specific</li> <li>· Must provide program description for an innovative model or individual youth.</li> <li>· Counties responsible for 100% of non-FFP portion.</li> </ul>
Complex Care Funding Type I	<a href="#">ACL 21-119</a> <a href="#">ACIN 03-23</a> AB 153	<ul style="list-style-type: none"> <li>· Child-Specific funding for individualized services.</li> <li>· Must be consistent with a permanency plan.</li> <li>· Must submit a request form with plan and budget.</li> <li>· Recurring funding with a yearly allocation by county.</li> </ul>



# Mental Health Services Funding

Current Funding	Info	Details
Medi-Cal EPSDT SMHS	<a href="#"><u>DHCS billing manual</u></a>	<ul style="list-style-type: none"> <li>• Mental Health Services cover an array of MH support.</li> <li>• Provider rates negotiated by contract.</li> </ul>
Medi-Cal TFC	<a href="#"><u>TFC Manual</u></a>	<ul style="list-style-type: none"> <li>• Therapeutic Foster Care provided by foster parent in an ISFC home.</li> <li>• Requires trained foster parent to act as a Medi-Cal provider, supervised by FFA licensed clinical staff.</li> </ul>
MHSA Funding		<ul style="list-style-type: none"> <li>• Mental Health services that are covered by the county MHSA plan.</li> <li>• Funding differs based on county allocations and service contracts.</li> </ul>

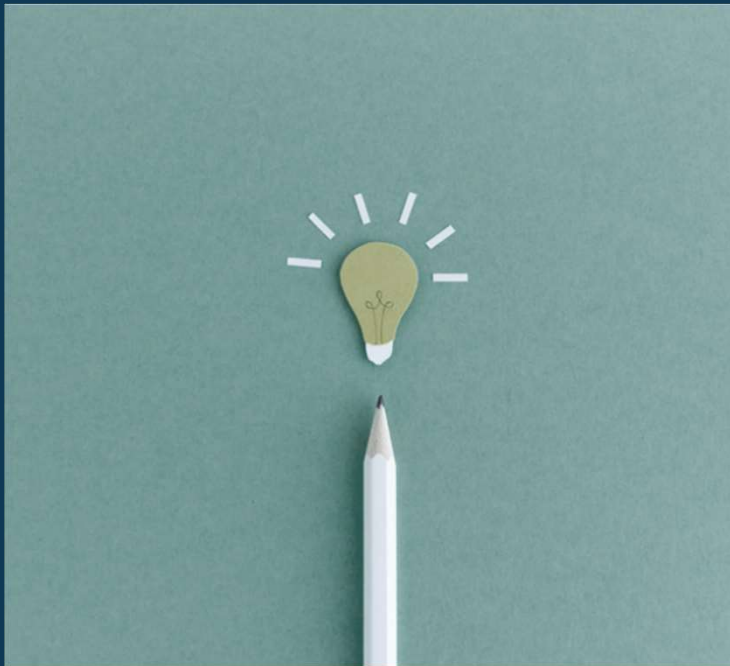
# Resources

5

# Resources to Help

## Enhanced Care Program Guide

- Clinical intervention guidance
- Funding information and budget templates
- Staffing models
- Training topics
- Plan of Operations/Program Statement Recommendations



# Contact Us!

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[youth@catalyst-center.org](mailto:youth@catalyst-center.org)



916-449-2273



[www.catalyst-center.org](http://www.catalyst-center.org)



2201 K Street,  
Sacramento, CA 95816





Questions?

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# SPARC



State Policy  
Advocacy + Reform Center

**2023 Annual Convening  
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**Wayfinder**  
FAMILY SERVICES

Placing youth with relatives/NREFM's is a way to prevent placement moves and instability for youth. Relatives are open to supporting larger sibling groups and youth with complex needs due to the familial relationship or history.

Wayfinder's three kinship service lines serve as a continuum of care.



Family Finding and Engagement  
Kinship Support Services and Navigation  
Kinship Resource Families

Locating relatives for youth who have been in care or entering care  
through our continuum of service lines (FF-KSSP-RFA)



Engagement strategies with relatives and the importance of tangible, concrete support as well as timely navigation and supportive services



# Core clinical issues to be aware of in working with kin families: Dr. Joe Crumbley

- Guilt, Loss
- Ambivalence
- Transference
- Projection
- Hope
- Fantasy
- Denial
- Loyalty divisions
- Changing roles/boundaries
- Anger
- Shame
- Self-Care



Funding for family finding and KSSP comes through contracts with counties, and are leveraged with some local grants to support the needs of the families and youth.

Tangible, concrete supports are key and are one of the initial methods for engaging with the family.



# Family Finding For Older Youth

For Youth who have been in care for over two years, family finding is a successful strategy to identify, locate and intensively engage relatives or those known to the Youth.

Engagement strategies focus on relatives, NREFM or a known trusted adult becoming a support and life long connection to the youth, sometimes resulting in placement.

For older youth, specific skills in re-engaging are key. As the youth may have been in placement or contact with these families before and the relationship may have been strained or closed.



# Six Steps of Family Finding - Kevin Campbell

- Discovery
- Engagement
- Planning
- Decision making
- Evaluation
- Follow up on supports





# Prevention Lens

Our programs view the work through the lens of prevention:

- Maintaining youth with their families, relatives, or those known to the family.
- Preventing youth from entering or re-entering the foster care system is another outcome and goal.



# Outcomes

- For family finding we are locating 40 relatives or NREFM's for each youth. Many of these result in strong connections or placement for the youth.
- For our RFA homes, our youth have placement stability with no moves during their placement with us in foster care. And our safety rate is 98-100%, meaning no substantiated abuse or neglect occurs during the placement.
- For our youth that go into guardianship with a relative, we receive updated information from 2 years after they close with us and the youth have remained with that caregiver 100% of the time.



# Need for Kinship Navigator Programs

- In general, kinship caregivers do not know about services or how to access them.
- With the help of a kinship navigator, kinship caregivers reported:
  - \* Reduction in overall need
  - \* Improved access to legal services including help with establishing legal custody
  - \* Improved child mental health and child relationships with birth parents
  - \* Generally feeling more supported
  - \* Improved social support



# Wayfinder's Kinship Navigation Model

## **Our kinship navigation model includes:**

- In-home Support/Case Management Services
- Support Groups
- Respite Resources
- Advocacy & Outreach
- Information & Referrals
- Legal & Guardianship Information and Referrals
- Family Activities & Events
- Concrete Supports & Assistance with Basic Needs
- Trauma-informed Information & Training on Kinship related topics



# Current Evaluation: Building the Evidence for Kinship Navigator Programs

3- Year Federal Demonstration Project

Funded through the Department of Health & Human Services Administration of  
Children & Families Family Connection Grants

Multi-agency partnership with CA DSS, 5 CA county child welfare agencies &  
Children's Bureau

Child Trends is evaluating the project



# Kinnections Project Goals

Implement & conduct a process and impact evaluation of Wayfinder's "Kinnections" kinship navigation program

Analyze the implementation and impact of the Kinnections Kinship Navigator model

Report & disseminate evaluation findings, including the submission of the program manual and evaluation findings for a systematic review by the Title I-VE Prevention Services Clearinghouse



# Contact Information



Donna Ibbotson, LCSW-Program Director, Wayfinder Family Services  
[dibbotson@wayfinderfamily.org](mailto:dibbotson@wayfinderfamily.org)

Brooke Derrick, MSW-Program Director, Wayfinder Family Services  
[bderrick@wayfinderfamily.org](mailto:bderrick@wayfinderfamily.org)

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A group of diverse children, including boys and girls of various ethnicities, are sitting together and smiling. The image is slightly faded to serve as a background for the text.

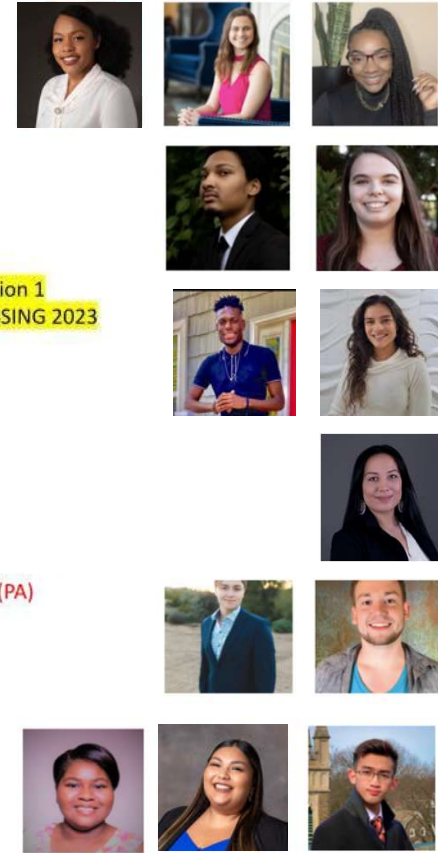
# A Home for Every Child

★ ★ ★ ★ ★  
*The National*  
FOSTER CARE  
YOUTH & ALUMNI  
*Policy Council*

# Meet the Council:



## 2023 ACF Regions & Policy Council Members (updated 5.8.2023)



# OUR PRIORITY MAKING PROCESS

Direct experience of current members  
+  
Recent attention to rates of foster youth involvement in the juvenile justice system



Formed workgroup of council members

Examined available research

Spoke with key stakeholders



# 20th Priority: Decriminalize Being in Foster Care

★ ★ ★ ★ ★  
*The National*  
FOSTER CARE  
YOUTH & ALUMNI  
*Policy Council*

# WHY THIS PRIORITY?

**Simply being in foster care increases a young person's interactions with law enforcement and increases the likelihood of entering the juvenile/criminal justice system.**



Decriminalizing the response to foster care involves reevaluating and reforming the way systems interact with families and children in need of support.

The primary goal should be to prioritize the well-being of children while minimizing punitive measures for children.

**Priority 1: Those charged with our safety must remember we are children and teenagers.**

**Priority 2: Our caregivers must understand our personal trauma and how that influences our behaviors. We aren't bad children or teens. We're individuals who have lived through bad things.**

**Priority 3: Disrupt the foster care-to-prison pipeline.**

# Priority 1

Those charged with our safety must remember we are children and teenagers.

## ➔ Training on:

- Adultification bias
- Youth brain development
- De-escalation strategies
- Restorative justice



## ➔ Supportive interactions to promote healthy relationships and stability for foster youth.

## ➔ Create a response system so that foster youth, caregivers, and others can request immediate help in a crisis.

81% of poll respondents reported interacting with law enforcement while in foster care.



**“Police were present each time I was removed from biological family. I can’t count the amount of times I’ve had the police called on me and the times I’ve been in a cop car.”**

**- Former Foster Youth**

# Priority 1

➔ **Foster youth must know their rights and how to contact help if their rights are violated.**

➔ **Limit police involvement in family removal.**

➔ **Foster youth, especially those in congregate care, must know their rights and have a say in outreach and education through a co-designed “Youth Bill of Rights.”**

**“[I felt] inherently criminalized simply due to my status as a foster youth”  
- Former Foster Youth from Washington**

**53%** when removed from their biological family.

**28%** transfer placement was with LE.

**56%** witnessed police interaction.

**13%** called the police or 911 for help in placement.

**30%** had their foster caregivers call LE on them.

**27%** foster caregivers called LE on other youth in placement.

**25%** lived in a facility where LE worked regularly.

**48%** attended a school with LE or resource officer.



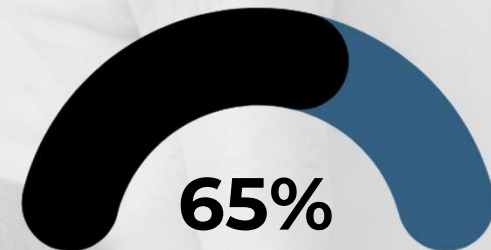
# Priority 2

Our caregivers need to understand our personal trauma and how that influences our behaviors. We aren't bad children or teens. We lived through bad things.

➔ **Inform young people and caregivers of the 988 Suicide Crisis Lifeline.**



➔ **Ensure case plans include alternatives to LE in the event of a crisis such as peer support and peer navigation. The plan must be developed with the youth.**



of poll respondents report that someone introduced or reinforced the idea that they were “bad”, a “troublemaker”, a “troubled kid” or a “drug addict.”

# Priority 2

➔ **Decriminalize trauma. Provide training. Require training on trauma-responsive approaches to de-escalate crises. Ensure training includes a framework of racial equity and the adultification bias. Co-design, deliver and evaluate the training with young people.**

➔ **Provide young people comprehensive mental health supports and services which meet the diverse needs of youth in foster care. This includes youth-initiated, alternatives to traditional therapy such as peer-to-peer services, and continuity of care when transitioning from the foster care system.**



**“It was mental health related. I was handcuffed several times and there was no mental health assessment team or PERT there to help. They would say I am not under arrest, but I was manic and really scared. The handcuffs were tight.”**

**- Former Foster Youth from California**

**“I remember being told that I needed to be extra careful of my choices because if I made the wrong ones then I would be labeled more harshly than that of ‘normal’ kids.”**

**- Former Foster Youth from Washington**

# Connected Council Priorities





## **Mental Health (2013-2020)**

- Education and Awareness for Foster Youth
- Proactive and Trauma Informed Support
- Youth Participation in Service Development



## **Normalcy (2013)**

- Skill Development through Age-Appropriate Activities
- Establishing Lasting Relationships
- Normalcy in Safety, Permanence, and Well-Being




## **Reducing Reliance on Congregate Care: (2016)**

- Improving Oversight on Congregate Care Placements
- Prohibiting Placement as Punishment



## **Model Family Foster Home Standards (2018)**

- Affirming and Supporting Diverse Identities
- Preventing Loss of Self in the Foster System

  
*The National*  
FOSTER CARE  
YOUTH & ALUMNI  
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Thank you!



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# Closing Remarks and Adjourn

Robin Rosenberg, *Florida's Children First* (SPARC Leadership Council)

# SPARC



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