Child Welfare and Early Childhood: Cross-Systems Collaboration to Improve Outcomes for Young Children and Their Families

Webinar 3: Prevention

Moderator: Cynthia L. Tate, Ph.D.
BUILD Initiative

Wednesday, March 16, 2022

Objectives of the Series

- Raise awareness about young children and their families encountering or involved with the child welfare system
- Educate participants about the racial disparities in family separation from child welfare involvement
- Promote opportunities and strategies for prevention for families and communities
- Provide examples of cross-systems collaboration on behalf of our youngest children

Objectives of Webinar 3: Prevention

- Learn what an effective/promising prevention system looks like in child welfare and other human services
- Learn about MN’s Promotion, Prevention, Early Intervention continuum; and the relationship between child maltreatment and poverty
- Learn about California’s child maltreatment prevention system and MN’s Community Resource Hubs
- Discuss the implementation of WA’s Plan of Safe Care and the challenges and solutions in this collaboration

Presenters

- Sarah Holdener, Washington DCYF, Plan of Safe Care Program
- Robert H. (Robin) Jenkins, Ph.D., Associate Director and Senior Implementation Specialist with the Impact Center at Frank Porter Graham Child Development Institute | University of North Carolina, Chapel Hill
- Nikki Kovan, Minnesota Department of Education, Early Learning Director
- Megan Waltz, Minnesota DHS, Supervisor, Promotion and Prevention Unit | Child Safety and Permanency

How to Participate

1

Introduce yourself in the chat

2

Answer the poll questions

3

Put your questions for the panelists in the chat or Q&A

4

Complete the survey at the end

Build INITIATIVE
Strong Foundations For Our Youngest Children

STATE, INTERMEDIARY AND LOCAL PARTNERSHIPS SUPPORTING EQUITY-FOCUSED CHILD & FAMILY SYSTEMS

Overview of Comprehensive Child Maltreatment Prevention Systems Grounded in California's Recent Efforts

Robin Jenkins, PhD
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Hopes and Dreams for Today:

- ❑ Review Concepts – Promising Ideas in Creating Effective, Sustainable Child/Family Wellbeing Systems
- ❑ Implementation Science – Key Elements in Support of Innovations and Human Services Systems
- ❑ A Closer Look – California's Child Maltreatment Prevention Initiative

If only …. (imagining a more integrative approach to equity-focused child and family well-being systems…)

- ✓ **Grounded in evidence that captures community / historical voice, experience, culture, values AND empirical findings.**
  - ✓ A new (different) paradigm that appreciably blends indigenous, racial-ethnic-cultural traditions (strengths), and results achieved through scientific methods (e.g., empiricism)
- ✓ **Rearranges the typical child welfare "equation" for children …. From "safety, permanency, and well-being" to "well-being, safety, and permanency" (Promotes well-being)**
- ✓ **Adopts integrated public health principles, strategies, and interdisciplinary methods:**
  - ✓ Integrated = public health + developmental science + ecological approach + resiliency / protective factors (trauma sensitivity) + Social Determinants + local cultural/racial/ethnic voice and history + cross-system design with implementation-prevention science evidence + holistic supports throughout support systems

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Build Strong Foundations For Our Youngest Children

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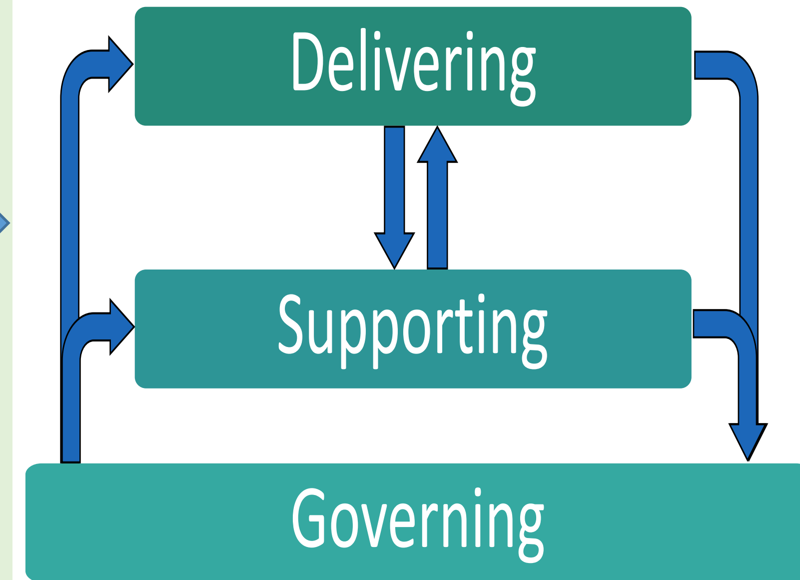
Designing Implementation with Open Systems Thinking = Ensures Full Attention to Interventions, Interconnections, and Communities

Best practices = we should design prevention systems with scalability and sustainability as goals. This improves outcomes when attending to the full Support System.

"Support System"

- ✓ **Allows and enables a plan for the full infrastructure and supports needed**
- ✓ **Links evidence (knowledge → practice → delivery) by way of attending/connecting each key layer of support**
- ✓ **Cultivates feedback loops between community, agencies, intermediaries, and those that make policies affecting the prevention system - e.g., attends to interactions across and among system levels and those receiving services/supports**



(Ramaswamy & Upshaw, 2018; Interactive System Framework, adapted from Wandersman et al., 2008)

California's Prevention System "Reboot" – Some Key Milestones

- Convening of CW leaders and state policy folks – early 2018 (included updated OCAP Strategic Plan)
- Inaugural CA Child Abuse Prevention Summit Jan 31-Feb 1 2019
- Formation of Child and Family Enrichment Cabinet – 2019
- FFPSA readiness building 2018-ongoing
- AB2083 (2018) – Mandated local SOC for youth in custody/ foster care
- Development of local T.A. resources (Strategies TA, Casey Family Programs, university partners, etc.)
- Next Phase Prevention Summits : 2020, 2021, 2022
- CA rollout of Core & Integrated Core Practice Models (2017-ongoing) – focus on family, child, community engagement

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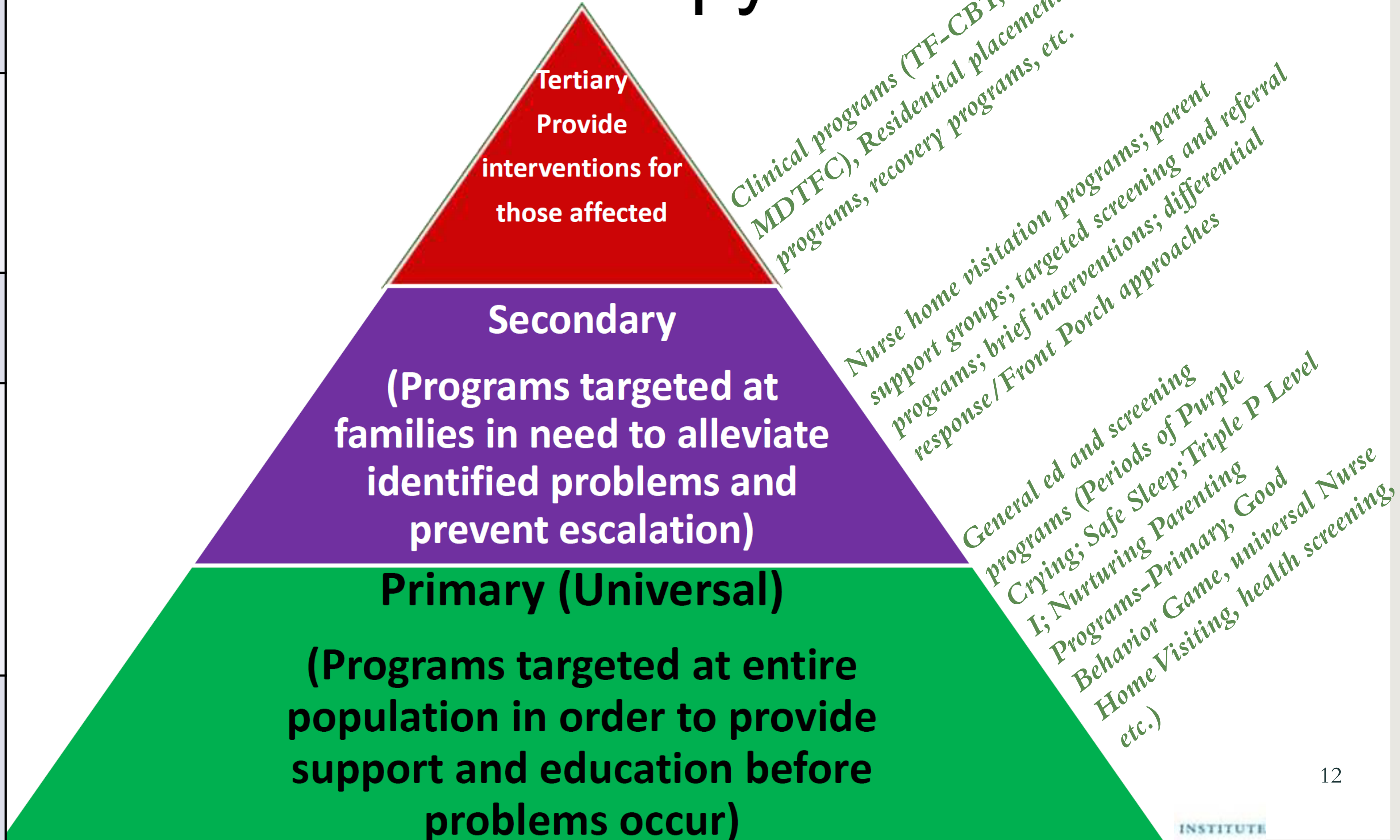
CA's State Improvement Plan Goals for Prevention:

- Families are strong and connected
- Children and youth are nurtured, safe and engaged
- Families are free from substance abuse and mental illness
  - Reduce risk and build protective factors
  - Prioritize direct services that address identified needs
  - Provide support for staff, resource, and biological families

Public Health / Integrative Approaches to Child and Family Support Systems

- Attend to systemic causes of trauma, disadvantage, lack of opportunity
- *Focus on 'whole child' and 'whole family' approaches (multi-generational)*
- *Build from/include evidence from cultural, racial/ethnic, economic, social, and traditional lenses*
- *Ecological – address systems, interconnections, and people*
- *De-silo funding, governance, and delivery systems (integrate, blend funding, etc. at state/local levels aiming for local implementation success (not system building))*
- *Design with FULL implementation system in mind (governance, delivery, and support levels)*



Key Features of CA's Child Maltreatment Prevention System(s)

- ✓ Efforts to link state, intermediary, and local capacity building (it's a work in progress)
- ✓ Clearly designed with implementation science, and prevention science best practices and principles
- ✓ Attends to local data, voice, and planning as key success drivers
- ✓ Attempts to wed multi-level policy rollout --- federal (FFPSA), state (AB2083 and several other initiatives including local Family Resource Centers), and OCAP prevention strategic planning
- ✓ Includes grass tops, and grassroots perspectives
- ✓ Extremely sensitive to tribal, race/ethnicity, other cultural drivers, institutional / other trauma, and community contexts

Other Implementation-Prevention Best Practices In CA's Child Maltreatment Prevention System

- Stage-based implementation planning and roll-out
- Local, intermediary, state (even federal) supports and "linked/leveraged/lifted"
- All driven by local data
- Informed by local implementation design, EBP adoption, capacity building, continuous learning
- Strengths based (asset focused), trauma and context sensitive

Stages of Development

It can be challenging to determine next steps once a PPT has formed. The OCAP has developed the Stages of Development tool to help counties determine actions steps for each phase of the prevention planning process. Each county is at a different stage within their prevention planning process; some are just beginning to identify key partners, and some are in the process of creating charters and MOUs, some are conducting community strengths assessments, and some have defined a mission and are developing strategies to meet the determined goals.

A few counties established PPTs several years ago and continue to develop new and innovative prevention strategies targeted at improving child, family, and community well-being. Below is a visual representation of the various prevention planning stages:

Challenges Ahead re: This "New" Child Maltreatment Prevention System

- ***MUCH*** infrastructure and connecting parts to build, link, and ensure effective feedback and communications
- ***MUCH*** work needed to define, authorize, and attend to roles/responsibilities at each level in the support system
  - Example: State evolving from accountability role (mainly) to blended roles of implementation support + compliance to state/federal/local policies and guidelines
- ***MUCH*** work needed to build data management and use infrastructure/capacity
- ***MUCH*** work ahead to "pace" implementation based on feasibility, acceptability, usability, adaptability, etc. of new policies, procedures, technologies, and practices (to include centering community voice, culture/history, and use of "business unusual" practices to engage non-traditional supports/stakeholders in community prevention networks and services

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Example CA Local Community Prevention Planning Team

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Thank you very much!!!!

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Behavioral Health

Public Health

Education

What We're Learning: *Child Welfare Prevention Strategies*

Economic security

Child Care

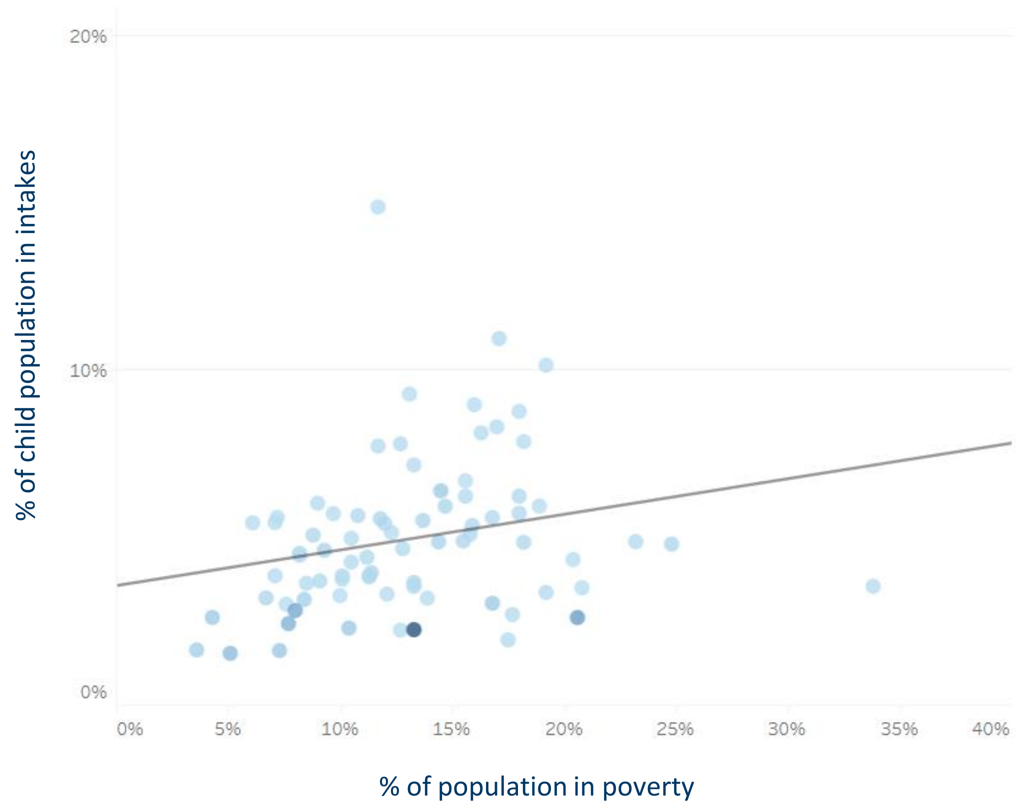
Transportation

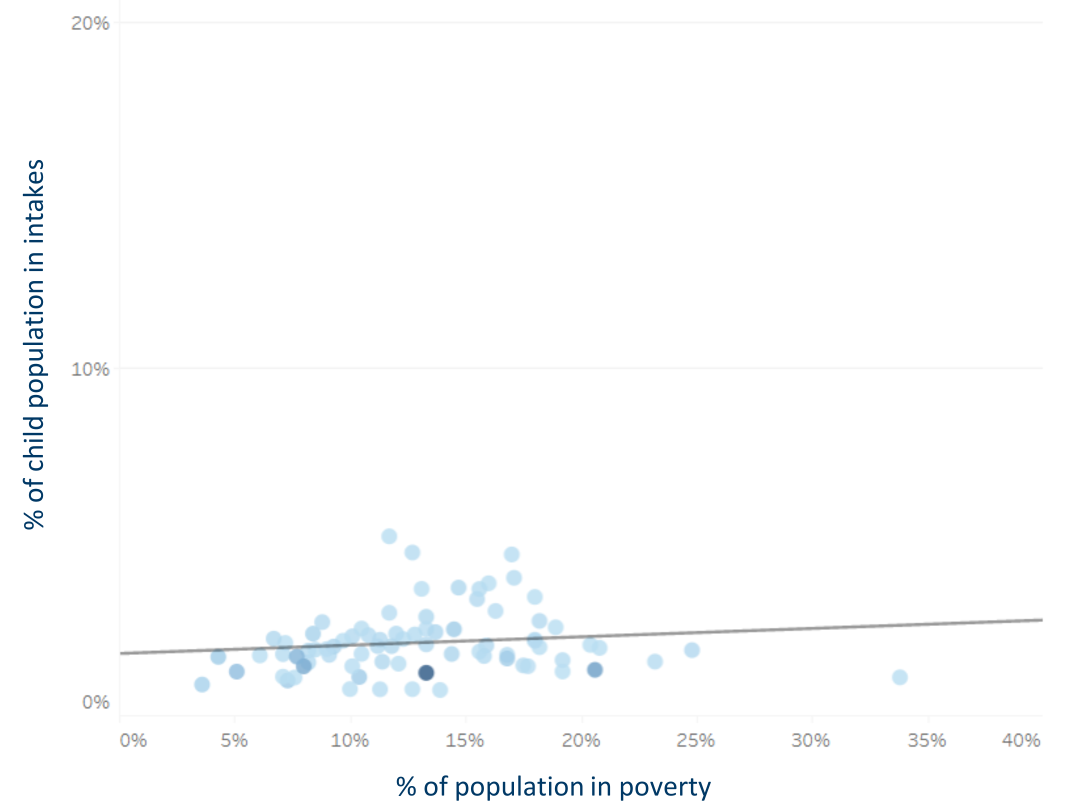
MINNESOTA

What we know for sure

- Poverty and economic instability are a significant factors - leading to number of negative outcomes for children and families, and in particular for involvement in child protection.
- Recent analysis from the DHS CSP Research Team show that census tracks with high rates of childhood poverty (all children) also have higher rates of **reporting** to child protection, and in particular higher rates of **reporting** for neglect.
- In 2020, American Indian children were 4 times more likely, African American / Black children were 2 times more likely, and children of two or more races were 4 times more likely than white children to be **reported** to child welfare.
- Once reported, American Indian children were 5 times more likely, African American / Black children were 2.5 times more likely, and children of two or more races were 5 times more likely than white children to be an alleged victim in a child protection assessment or investigation.
- In Minnesota, African American and American Indian children are 5.4 and 6.4 times more likely to live in poverty than are White children.

Relationship between poverty and maltreatment





Continuum

Promotion
Enabling populations to improve health and well-being through universal policies and systems

Prevention
Preventing disease and harm before it occurs

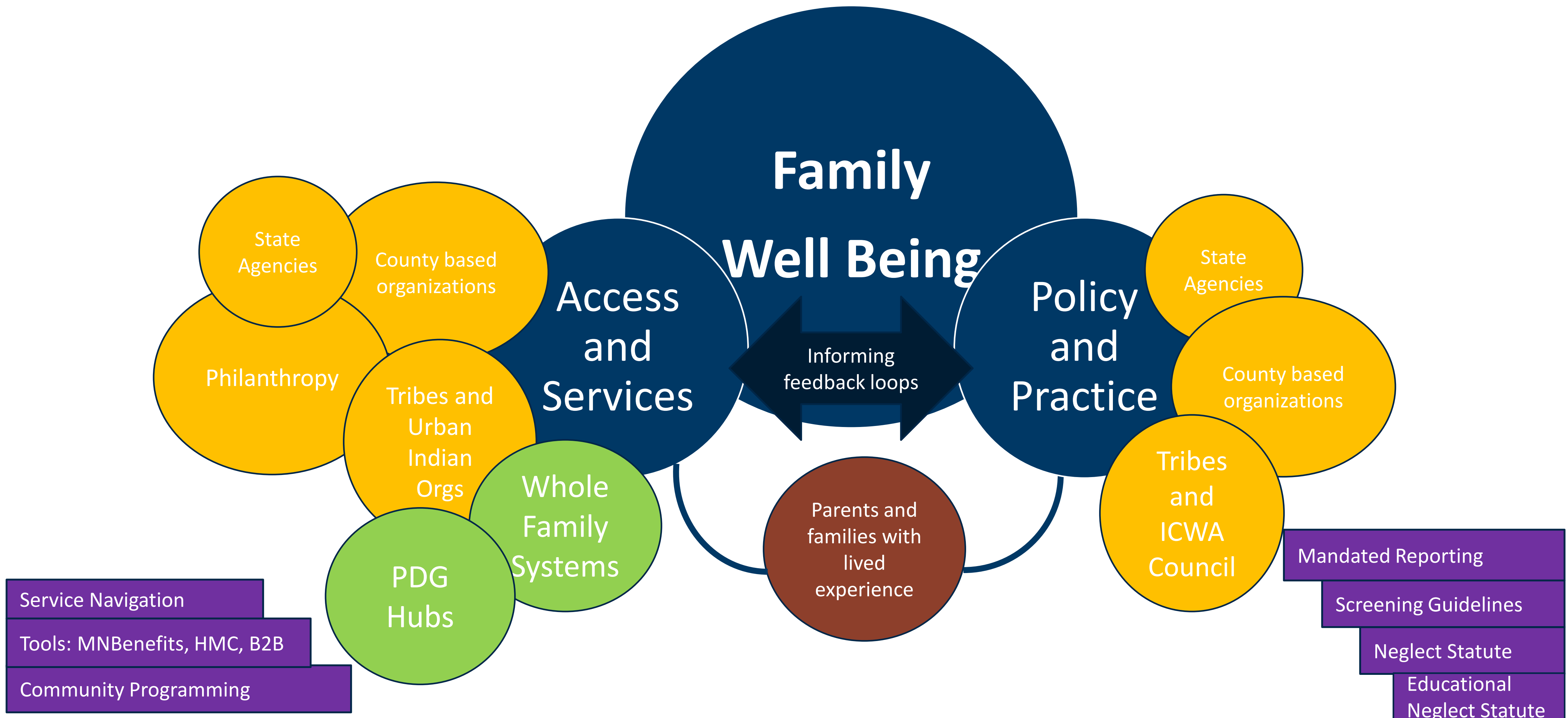
Early Intervention
Intervening to promote strengths and mitigate early risk

POPULATION

COMMUNITY

FAMILY

MN Thriving Families Safer Children



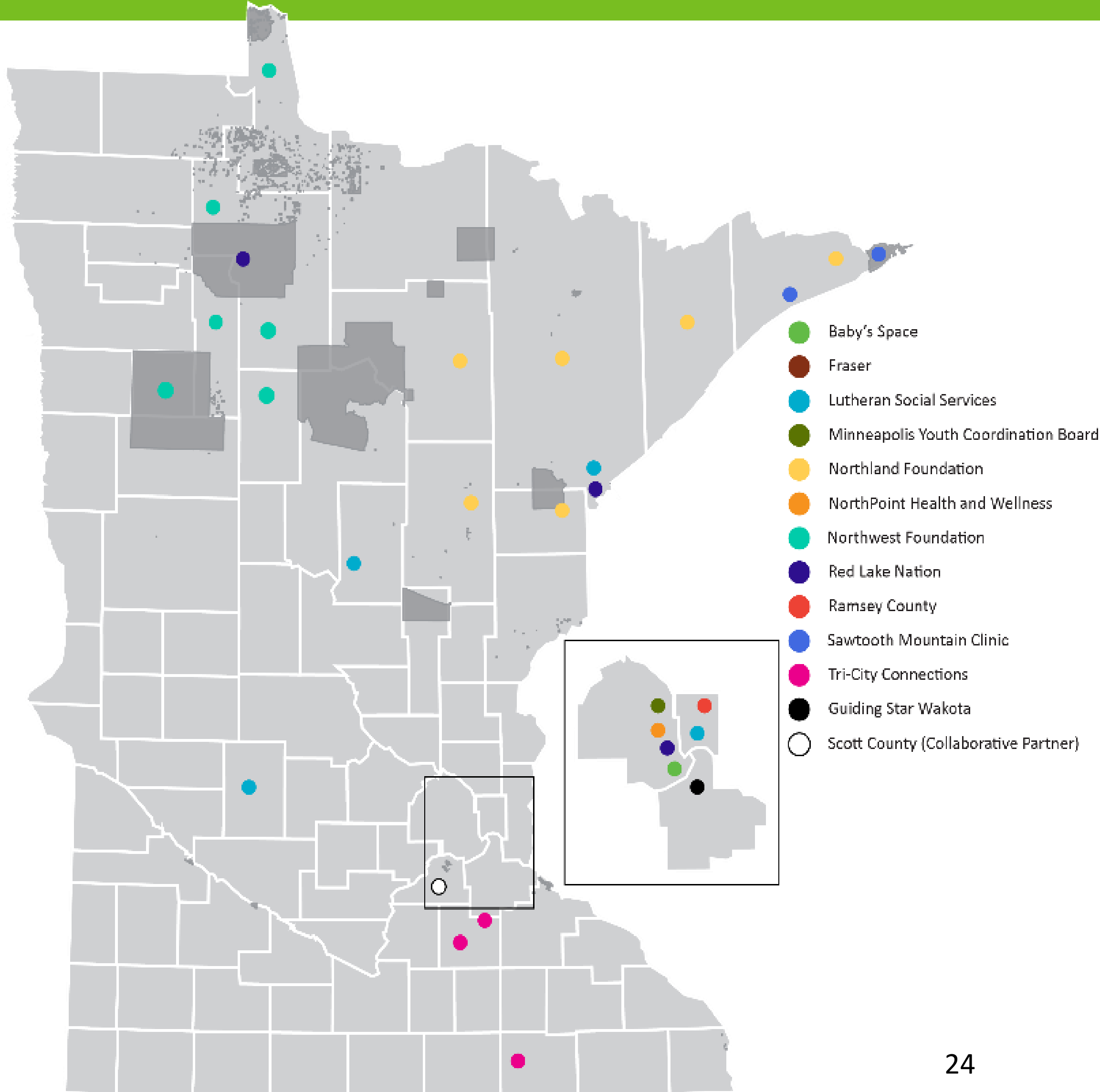
MN Preschool Development Grant

- Needs Assessment and Strategic Plan
- Shared Governance
- Coordinated Funding
- Shared Information Technology Projects
- Cross-agency Communications

MN PDG Community Resource Hubs

PDG Community Resource Hubs work at each level of a prevention continuum:

- Early Intervention (family): Navigators work 1:1 with families to ensure they are referred to and receive the right service at the right time.
- Prevention (community): PDG Hubs are located within existing community based organizations that work to create feedback loops between their community and state agencies
- Promotion (population): Feedback loops with PDG Hubs and local community provide meaningful input for policy and practice change



RESOURCES

Healthy Development and Screening tool

Developmental and Behavioral Concerns

Disability Services and Resources

Family Well-Being and Mental Health

Early Learning and Childcare

Basic Needs

Caregiving and Community Support

Dental Care

Legal Services

Peacetime Emergency Resources

Services/resources are provided to families via these partner organizations:

Clinics/Hospitals, Schools/School Districts, Local Governments, Tribal Communities, Community Action Agencies, and other Community Collaborations between Health, Education, and Human Service Agencies

NAVIGATORS

Serve as first point of contact for families

Engage families, build trust while identifying their needs

Assess services/ programs the family is eligible for

Make referrals to additional supports/services

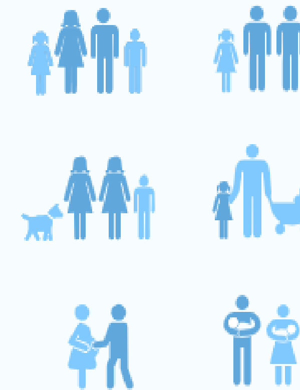
Develop strategies to overcome barriers

Follow-up on paperwork and referrals

Navigators use the following two state tools to identify the services that families are eligible for:

Help Me Connect • Bridge to Benefits

FAMILIES



Goals of Community Resource Hub Models

Make it easier for families to get what they need.
Develop universal access for families, paired with culturally appropriate, relationship-based navigation of programs and systems.

Increase access to services.
Collaborate with state agencies to test and evaluate Help Me Connect paired with culturally appropriate, relationship-based navigation.

Grow community engagement and support community developed solutions.
A community-based, whole family approach so families have what they need to thrive. This will look and feel different in every community.

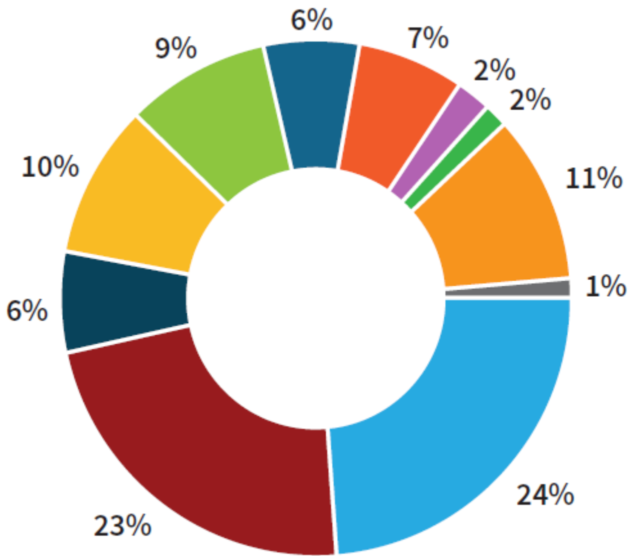
Community Resource Hub Supports

All Hubs participate in the following support structures:

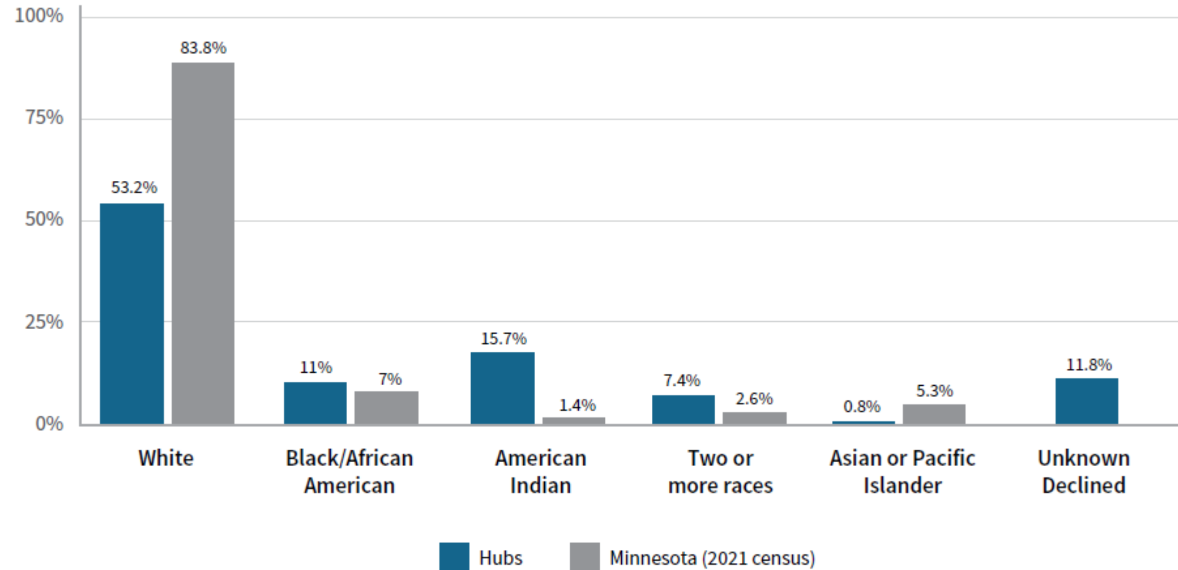
- Training on multiple tools: Help Me Connect; Bridge to Benefits; MN Benefits
- Monthly Communities of Practice
- Semi-monthly trauma informed reflective consultation
- Quarterly networking meetings
- Office hours upon request

Getting families what they need

In Q2/3 2021, the services most frequently sought by families through Community Resource Hubs were financial assistance, child care access, and health care.



In Q2/3 2021, Community Resource Hubs served a greater percentage of Black/African American families and Indigenous families than their respective populations in the state.



1762 families served

1051 referrals made

828 successful referrals

Washington State Plan of Safe Care

Developing a Community-Based Pathway

for Families with Plan of Safe Care Notifications

Washington State Department of
CHILDREN, YOUTH & FAMILIES

CARA’s Primary Changes to CAPTA

1. Further clarified population to infants “born with and affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder,” **specifically removing “illegal”**

2. Specified **data to be reported** by States

3. Required **Plan of Safe Care** to include needs of **both infant and family/caregiver**

4. Specified increased monitoring and oversight by States to ensure that **Plans of Safe Care** are implemented and **that families have access to appropriate services**

Primary Tasks for Washington

1. Develop definitions for “affected by substance abuse, withdrawal and FASD”

2. Determine which infants require a notification and POSC and which infants require a report and a POSC. Support Health Care providers with learning/understanding new definitions

3. Developing a system for overseeing POSCs

Who Needs a Plan of Safe Care in Washington?

Prenatal Substance Exposure: The presence of alcohol or any controlled substance verified by a positive toxicology test result in the infant or in the birthing parent at the birth event.

Affected by Withdrawal: A group of behavioral and physiological features in an infant that follows the abrupt discontinuation of a substance that has the capability of producing physical dependence. No potential clinical signs of withdrawal in the neonate may be attributed to in-utero exposure to alcohol or other drugs without appropriate assessment and diagnostic testing to rule out other causes.

Fetal Alcohol Spectrum Disorder: The range of effects that can occur in an individual whose birthing parent drank alcohol during pregnancy. These effects may include physical, mental, behavioral, and/or learning disabilities with possible lifelong implications.

When are Reports Required to the DCYF Intake Line?

The following situations require a report to the DCYF Intake Line and a POSC:

- Any case of a newborn with safety concerns

- A newborn has a positive toxicology with confirmatory testing for an illegal substance or a non-prescribed substance(s).
  - **Infants exposed to marijuana only do not require a report**

- A newborn is demonstrating signs of withdrawal as a result of maternal use of illegal substance(s), non-prescribed medication, or misuse of prescribed medication, or due to undetermined substance exposure

- A healthcare provider has evidence of ongoing substance use by the birthing parent that creates safety concerns for the infant.

- A newborn is diagnosed with a FASD OR the infant has known prenatal alcohol exposure when there are safety concerns for the infant

When are Notifications Required?

The following situations require a notification and a POSC:

- A healthcare provider verifies that the birthing parent is taking methadone or buprenorphine as prescribed and there are no safety concerns

- A healthcare provider verifies that the birthing parent is taking opioids as prescribed by her clinician, and there are no safety concerns

- A healthcare provider verifies that the birthing parent is taking any medication or combination of medications with abuse potential as prescribed by her clinician, and there are no safety concerns

- A newborn is prenatally exposed to marijuana and there are no safety concerns

Plan of Safe Care Community-Based Pathway

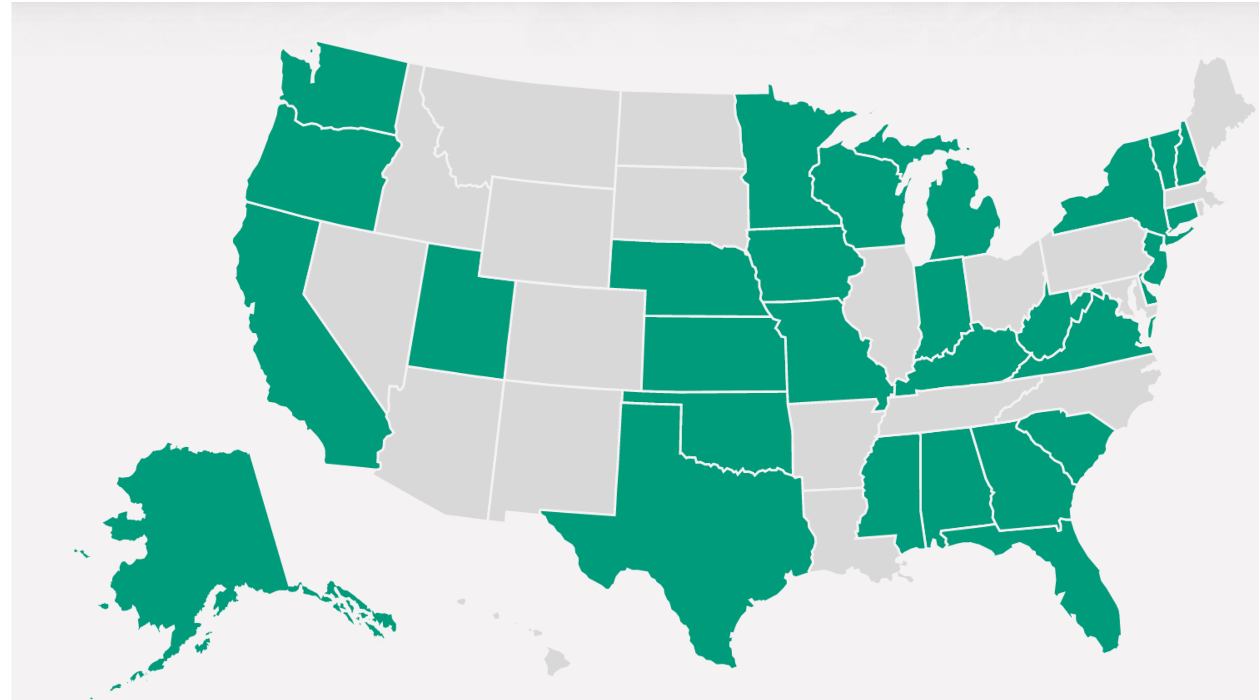
Hospitals determine if infants require a report or a notification. **They refer to DCYF Intake for reports.** For infants that do not require a report, hospital develops the POSC.

Receives the POSC from the hospital through the online portal and engages with the family.

HMG supports the parent to identify and access appropriate resources. Providers engage family and share progress.

What is Help Me Grow Washington?

Help Me Grow Washington is a comprehensive system, based in community, to connect young children and their families to the resources they need.



Help Me Grow Washington Connects Families to…

- Health Insurance Applications
- Food Stamps Applications & Food Resources
- WIC
- Early Intervention
- Home Visiting Programs
- Ages & Stages Questionnaire
- Immunizations & Child Profile
- Parent Support & Early Childhood Resources
- Post-Partum Mental Health
- Newborn Baby Supplies

Walk-through of the POSC Online Portal

An easy, online way to refer a family with a

Plan of Safe Care notification to Help Me Grow

Washington State Department of

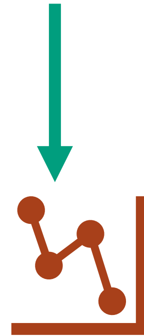
CHILDREN, YOUTH & FAMILIES

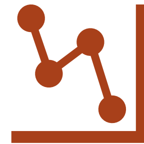
Implementation & Learnings

Key Learnings

- Intentionally bring in cross-sector partners to develop definitions and design the POSC system in your state
- Develop a relationship with your state hospital association
- Meet the community where they are
  - Bring together existing community collaborations
  - Identify aligned work in each community
  - Provide tailored support
- Be flexible during a pandemic

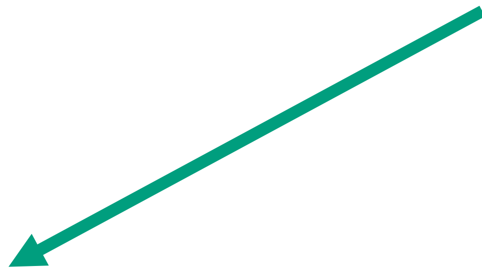
The Healthcare Provider identifies an infant as substance exposed. Via the online portal, the provider fills out the initial segment (the Data Tracking Form) for all exposed infants. This form automatically gets sent to DCYF.





If a **notification** is required, the online portal's algorithm will then direct the provider to complete the POSC. The POSC is automatically sent to Help Me Grow.

Help Me Grow will reach out to the family and refer them to services based on the POSC, as well as other wrap-around supports.



If a **report** is needed, the online portal's algorithm will then direct the provider to call DCYF Intake. DCYF will complete the POSC (or refer to Help Me Grow if a screen-out occurs).

Implementation

- Cross-sector stakeholders are driving the work forward
  - DCYF is coordinating with state-level agencies, statewide organizations, Washington State Hospital Association, and a multitude of community partners and providers

- Pilots
  - Launched initial two pilot sites in June 2021
  - Currently onboarding a second cohort of 13 birthing hospitals
  - Planning for statewide implementation this year

- Infrastructure
  - Developed online portal
  - Established HMG's Mental and Behavioral Health Team
  - Gathered 1100+ resources across the 39 counties in Washington (SUD, MAT, peer-support, parenting classes, baby supplies, etc.)
  - Exploring statewide and community referral partnerships

Thank you!

Visit https://www.dcyf.wa.gov/safety/plan-safe-care

for more information