

# Family First Prevention Services Act Communication Strategy: Case Managers

## Purpose

*This document was drafted for South Carolina Department of Social Services (DSS) Case Managers and Supervisors to orient them to key Family First Prevention Services Act (Family First) provisions, clarify the implications for the South Carolina child welfare context, and identify practice areas impacted by the legislation.*

## Overview

Family First was signed into law in 2018 and represents a shift in child welfare practice by providing reimbursement for evidence-based, foster care prevention services aimed at stabilizing families and keeping children safely at home with their families. Family First prioritizes placing children in the least restrictive, most family-like environment, and limits federal reimbursement for congregate care by establishing additional requirements related to child clinical assessment and court approval for placement in qualified residential treatment programs (QRTPs).

### Prevention Services

Family First reimbursable evidence-based programs must be listed in the Prevention Services Clearinghouse and selected in South Carolina's prevention plan, and must fall within the following categories:

- Mental health treatment services
- Substance abuse prevention and treatment services
- In-home parenting skill-based services and programs

### Eligible Families

- A child who is a candidate (i.e., at imminent risk) for foster care (as defined by South Carolina)
- A child in foster care who is pregnant or parenting
- The parents or kinship caregivers of these children

### Congregate Care Facility Modifications

- Trauma-informed treatment model
- Registered or licensed clinical staff
- Facilitated outreach and engagement of family members in treatment
- Discharge planning and family-based aftercare support for at least 6 months after discharge
- Facility accreditation

# Related Impacts: Case Managers and Supervisors

Case managers and supervisors are charged with supporting referrals of youth and families to appropriate, individualized prevention services using information gathered from the Family Advocacy and Support Tool (FAST) and Child and Adolescent Needs and Strengths (CANS) assessments.

## **Family Preservation Case Managers**

- Using information gathered from the FAST will support referrals to appropriate programs and services and the development of Family First prevention plans (case plans).
- Reducing entry and length of stay in congregate care settings (i.e., nontreatment-based settings like group homes) will enable children and youth to remain in family-like environments.
- Assessing and monitoring families' safety, risk, and progress with services will guide prevention plan development.

## **Family Preservation Supervisors, Managers, and County Directors:**

- Effective assessment and engagement with the family, including information gathered from the FAST, ensures that children and families receive appropriate and individualized prevention services that align with their needs and goals.
- Supervisors will be responsible for authorizing the payment of prevention programs and services.
- Tracking and monitoring referrals ensures children and families receive needed services in a timely manner.

## **Foster Care Case Managers**

- Pregnant and parenting youth in foster care are eligible for Family First prevention services to support parenting.
- Information gathered from the CANS will inform service matching for pregnant and parenting youth in foster care.
- Children and families are identified for step-down to Family Preservation services (e.g., reunification) and children and families served through Family Preservation are eligible for Family First services.
- Referrals to qualified residential treatment providers (Q RTP) and monitoring their progress will ensure children remain in family-like environments.
- Children stepping down from congregate care (Q RTP) will be matched to prevention services.

# Changes in Practice

- Emphasis on the prevention of foster care
- Children can remain in their homes as their families stabilize with expanded evidenced-based services
- Reduced entry and length of stay in congregate care
- Foster youth with more intensive mental health treatment needs are placed in qualified residential treatment facilities with aftercare supports