

Key Considerations for Prevention Plan Section II

Last updated on 4/8/2021

This document reflects responses gathered from the [State, child welfare leadership staff, other Family First work groups, readiness assessment, stakeholder engagement], to inform planning and decision-making for STATE's implementation of the Prevention provision of the Family First Prevention Services Act.

Section II - Eligibility and Candidacy Identification (Child and Family Eligibility for Title IV-E Prevention Program)

Section Consideration Questions	Content Development	Next Steps for Information Gathering and Decision-Making with Stakeholders
<p>Overview of children and families likely eligible to receive Title IV-E preventive services:</p> <ol style="list-style-type: none"> 1. Pool of children who could be at imminent risk of entering foster care 2. Description of the plan to assess children and their parents or kin caregivers to identify children at imminent risk of foster care and determine eligibility for Family First prevention services 		-

The below pages provide excerpts of other states' submitted prevention plans that detail their approaches to section II (updates evolving quarterly as new plans are submitted, or submitted plans are revised and approved). For more information contact us at FamilyFirstChapin@Chapinhall.org.

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Arkansas

Status: Approved

Section II: Eligibility and Candidacy Identification

Child and Family Eligibility for the Title IV-E Prevention Program Pre-Print Section 9

Defining Candidacy in Arkansas

The DCFS definition of candidacy took into consideration several factors that affect the Arkansas child welfare system including the legal definition of candidacy, who and how the Division already serves as clients, and prioritizing how to best serve DCFS clients. By taking all these factors into account, pulling data from CHRIS, and looking at known risk factors, the Division determined that the factors outlined in Table 5 below qualify a child as a foster care candidate in Arkansas. Only one factor has to be present for a child to be determined a candidate; however, multiple reasons may apply. Additional descriptions of each factor follow Table 5.

Table 5 Candidacy²⁰

1) Garrett's Law investigation that did not result in removal. *All children in the home will be considered a candidate.	2) A Protection Plan was put in place.
3) A TDM was held that did not result in removal.	4) High or intensive risk assessment.
5) Risk of adoption or guardianship disruption.	6) SS case opened to prevent removal.
7) A less than custody has been filed.	8) A 30-day petition has been filed.
9) Child is living with a relative caregiver (Does not include provisional or relative foster care)	10) A CACD investigation with a true finding and an in-home or unknown offender.
11) Reunification has occurred, and the case remains open.	12) A sibling is in foster care.
13) The parent or caregiver was in foster care as a child.	14) Failure to Thrive
15) Medical Neglect if the child is 5 or under	16) Inadequate Supervision with a child in the home 5 and under
17) Domestic Violence is a risk factor	

1. Garrett's Law (Front Door) - In SFY 2018, DCFS received 1,280 Garrett's Law reports. Statewide, DCFS substantiated 92% of these referrals, opened a case on 94%²¹, and removed 15% at the time of the investigation. However, this rate fluctuates widely, and in some counties, they remove approximately half of all Garrett's Law babies during the investigation. Furthermore, DCFS removes another 7% within 12 months, and in SFY 2018, 4% were cited in a subsequent true maltreatment report over the same time period. This equated to approximately 282 newborns

removed from their home due to substance abuse, these figures only capture the newborn and no siblings that are also removed as a result of the drug use. Arkansas has chosen to include this population in its definition of candidacy, due to the vulnerable age of the child, the inconsistency with which DCFS handles these cases across areas, and the frequency with which they come into care or are subsequently abused.

2. Protection Plan in place (Front Door and Tertiary Prevention) - By definition, these children are at imminent risk of coming into care. Protection plans are only completed when a safety factor has been identified and the only options are a protection plan or bringing the child into care.
3. Team Decision Meetings (Front Door and Tertiary Prevention) are only in 30 out of 75 counties at this time. In these counties they are held with every Garrett's law and any time a protection plan is put in place. However, a pilot is being done in Area 8 with triggers for TDM that align to model fidelity. These TDMs are held when a worker is considering or has done a removal. When this goes statewide, the candidacy reason would read that a TDM was held that did not result in removal or the children were returned home. For more information regarding the statewide expansion of Considered Removal TDMs, please see Arkansas's 2020-2024 Child and Family Services Plan Goal 2, Strategy 3.
4. High or Intensive Risk (Front Door and Secondary or Tertiary Prevention) - These families are at a greater danger of coming into care or experiencing subsequent maltreatment without intense intervention. In SFY 2018, 65% of children removed from the home had a current risk assessment of moderate, high, or intensive. There was missing data for approximately 15.5% of removals.²² A risk assessment will be completed at the time of determining candidacy
5. y. While subsequent risk assessments will be completed through the life of the case, candidacy status will not change due to a lower risk score. As the law states the risk should go down as services are being provided. At any point during a case if a child goes from a low-risk assessment to a high risk assessment they will then be designated as a candidate.
6. Failed Adoption/Guardianship – Due to restrictions of the CHRIS system, DCFS was unable to pull how many children came into care for this reason in SFY 2018; however, Arkansas plans to include this population within its definition of foster care candidates as allowed under Family First In SFY 2018, 502 families were served through a supportive services case, and 3% of these children were taken into foster care. While this is a low number of overall DCFS cases and removals, it is important to capture this population because
 - a. When judges open up a DCFS case to prevent removal, the children are at high risk of coming into care due to the court oversight component.
 - b. While this data is not able to be pulled from CHRIS, there are cases opened because a caregiver is at a breaking point and voluntarily requests services. The caregiver normally does not want to give custody to DCFS but does also not know how to access the help they need. These children are certainly at imminent risk of coming into care, but if the child welfare system can help support the caregiver and provide services immediately, then the system may also be able to keep that child from coming into care and prevent maltreatment from ever occurring.
 - c. DCFS wants to provide Family First services to families that become involved through a DR but need more intensive and longer involvement than a normal DR, which lasts between 30-60 days. As an example, families that had a DR and then a subsequent true maltreatment investigation that were then able to participate in NFA had the lowest number of subsequent maltreatment and removals. This group of families had the best outcomes from all waiver initiatives. DCFS suspects that providing them with NFA by opening a supportive services case to continue after the DR is closed will prevent removals and maltreatment from ever occurring.

2. Less than Custody Petitions - The current system does not have the capability of tracking how many less than custody petitions DCFS files in a year nor the outcomes of those. However, this subpopulation was included because the Division is restricting the rights of one or both parents, while saying that the child can safely remain in the home while services are provided. When there is a safety factor related to the parent, less than custody petitions also allow DCFS to leave a child in the home of a relative, if they have been in the relative's home for six months.
3. 30-day Petitions - The current system does not have the capability of tracking how many 30-day petitions have been filed. However, these are filed when a child is at substantial risk of harm or removal without intervention and the Division feels the risk level is high enough to warrant court oversight.
4. Children living with a relative/caregiver - Of the 3,289 children that entered care in SFY 2018, 244 were removed from a relative caregiver and not a biological/legal/or step parent. This category will overlap with the supportive services to prevent removal, but it will also capture those families that are using their informal support systems, allowing DCFS to provide services to both the current caregiver and the parent as needed.
5. CACD investigations with a true finding and in-home/unknown offender - CACD investigates Priority 1 investigations. These allegations are more severe (e.g., babies with broken bones, subdural hematomas, sexual abuse, etc.).
6. Reunification has occurred – The period immediately following reunification is a vulnerable time for families. In SFY 2018, 7.3% of children who were discharged to their families re-entered foster care within 12 months. However, in SFY 2017 and SFY 2016, those rates were 8.7% and 9.9%, respectively. Families deserve to have support during this transition, and DCFS needs to do everything it can to help reunification be successful. The DCFS Parent Advisory Council has also recommended that strategies be put in place to help after reunification. In addition, categorizing this as a candidacy reason will allow for some children to return home earlier than they traditionally could by opening up an avenue to provide intensive in-home services.
7. A sibling is in foster care - If there is a safety factor that caused the removal of one child, this indicates the remaining children may be at greater risk of coming into care.
8. The parent or caregiver was in foster care as a child - While this is not data that DCFS has traditionally tracked, a pull from SFY 2018 showed that approximately 8% of children who were removed had a parent who was in foster care at some point during their childhood.²⁵ This designation also allows the Division to continue serving youth that have left care at either 18 or 21 with a child.
9. Failure to Thrive (FTT) – Failure to thrive is a clinical term used by pediatric clinicians to describe infants and young children, generally three years of age and younger, who fail to grow as expected based on established growth standards for age and gender. FTT can trigger an array of health problems including long-term impairments in growth, physical and cognitive development, and other problems. While FTT can have organic causes, for the hotline to accept a report of FTT the reporter must have reason to believe that the child has FTT as a result of the parent's or caretaker's neglect. For a report to be determined true, the diagnosis of FTT must be verified by a physician and there must be a preponderance of evidence that the diagnosis is at least partially a result of the parent's or caretaker's failure to provide for the needs of the child.²⁶ Due to the serious potential outcomes and the vulnerability of this population, Arkansas has determined it appropriate to include in its definition of candidacy.
10. Medical Neglect for a child 5 and under – Arkansas defines medical neglect as a lack of medical or mental health treatment for a condition that could cause serious or long-term harm to the child if left untreated, this includes lack of follow through with a prescribed treatment plan. These allegations must be verified by a physician, nurse, psychologist, dentist, or by direct admission from

the alleged offender. Due to the serious or long-term harm to the child and the vulnerability of this age group, DCFS has determined that this child will be a candidate.

11. Inadequate Supervision for a child 5 and under – Inadequate supervision is defined as a parent or caretaker failing to supervise a child resulting in the child being left alone or in an inappropriate circumstance that creates a dangerous situation that puts the child at risk of harm. For DCFS to find true for inadequate supervision there must be a preponderance of evidence that inadequate supervision occurred and that it was a result of the parent or caretaker’s neglect. Due to the vulnerability of children under the age of five, DCFS is including this in its definition of candidacy so that the Division can serve these children in their home and prevent removal or serious harm.
12. Domestic Violence is a risk factor – Under the Arkansas Child Maltreatment Act, Domestic Violence is not listed as child abuse. However, the link between domestic violence and child abuse is strong and is a complicating factor for families served by DCFS. DCFS recognized that workers need more support in assessing for domestic violence and working with families where DV has occurred. DCFS is working on ways to increase workers knowledge of DV and increase appropriate services for this population.

Identifying and Reassessing Candidacy

FFPSA requires a prevention plan to be created for every child who is determined to be a candidate. The state is eligible for reimbursement for up to 12 months after a child is identified as a candidate in a prevention plan.

DCFS created a FFPSA eligibility screen to ensure workers are correctly identifying children who are FFPSA eligible. This screen can be completed in an investigation or in a case and will be done on each child in the home ages 0 through 17. This screen will be mandatory in all investigations that end with opening a new case, reopening a closed case, or connecting to a new case. Once a child is designated as a candidate they remain a candidate for the length of the case, until 12 months has passed, or until the last day of the month in which the child turns 18. Therefore, this screen is only mandated to be completed once, but if a client is identified as a candidate and the case remains open past twelve months then candidacy will be end-dated, and the worker will receive an alert to complete this screen again, if necessary. While it is only mandatory at these times, a case worker may go in at any point during a case to complete this screen should changed circumstances then qualify a child as a foster care candidate. For example, this may occur when a child has been in foster care and returns home and a case remains open. Another example might be if three months into a case a protection plan must be put in place. This screen will also capture if a youth is FFPSA eligible due to being a youth in foster care who is pregnant or parenting, which adults in the family are eligible because they are a parent or caregiver of a candidate, and where a youth was residing at the time they were identified as a candidate.

Connecting Candidacy to Appropriate EBP

Once FFPSA eligibility (either through candidacy or as a pregnant or parenting foster youth) is established, a Prevention Plan will be accessible to complete in CHRIS.²⁹ While eligibility is determined separately and must be completed on each child, the Prevention Plan will be a family plan that only identifies those children and parents or caregivers who are eligible. While a small timeframe is allowable between

identifying someone as eligible and completing the Prevention Plan screen, once the first prevention plan is completed, it will auto-populate a creation date of the date eligibility was approved.³⁰ The worker will be able to choose each client that is FFSPA eligible and pick a FFSPA-eligible service. At the appropriate time, the worker will put the begin date, the end-date, and whether or not the service was successfully completed. There is also a mandatory text box for the worker to state why this particular intervention was chosen and any pertinent notes. For pregnant and parenting foster youth, the worker will choose a service that will help ensure the youth is prepared or able to parent and describe in the narrative section the foster care prevention strategy for any child born to the youth. This screen can be updated at any time but will be mandatory to update with the case plan, every three months.

As discussed in section c of the Forward, Arkansas is aware that there will be eligible clients where no appropriate FFSPA eligible service is available, either because none of the FFSPA services in the plan are available in that county, or because none of the identified services are appropriate to meet the needs of the family at that time. There is a box on the prevention plan screen for a worker to check that states, "No Family First Eligible Services at this time." The text box will still be mandatory.

This prevention plan will print along with the case plan that address all other services. Workers will not be expected to duplicate services from the prevention plan into the case plan, but rather the services in the prevention plan and the case plan should work in tandem. By allowing prevention plans to be completed on all FFSPA eligible clients even when a FFSPA service is not available, it will allow DCFS to identify what populations are underserved by the Division and where to focus attention when looking for new services or expanding services into other areas.

In addition to candidacy, most of the FFSPA services have specific eligibility requirements. These requirements are detailed in section II Title IV-E Prevention Services. DCFS staff will be trained through in-person and on-line trainings on FFSPA services and eligibility requirements as described in sections VII and VIII of this plan. By the end of the second year of FFSPA implementation, DCFS will have a flow chart available to help workers and supervisors ask the appropriate questions when looking for FFSPA eligible services. This flow chart, which will be updated as new services become available, will be developed from the established program eligibility guidelines, information gathered from the evaluation, and from input from providers across the FFSPA services spectrum.

Reassessing Candidacy Definition Through Life of Family First

DCFS recognizes that the child welfare system is constantly changing and evolving. With that in mind, it is reasonable to expect that the current definition of candidacy is not set in stone, but rather should evolve along with the needs of DCFS and the families it serves. Throughout the first five years of implementation, DCFS will actively seek feedback from partners, providers, and parents, while also analyzing data to make changes to candidacy as needed.



Maryland

Status: Approved

Section II: Eligibility and Candidacy Identification

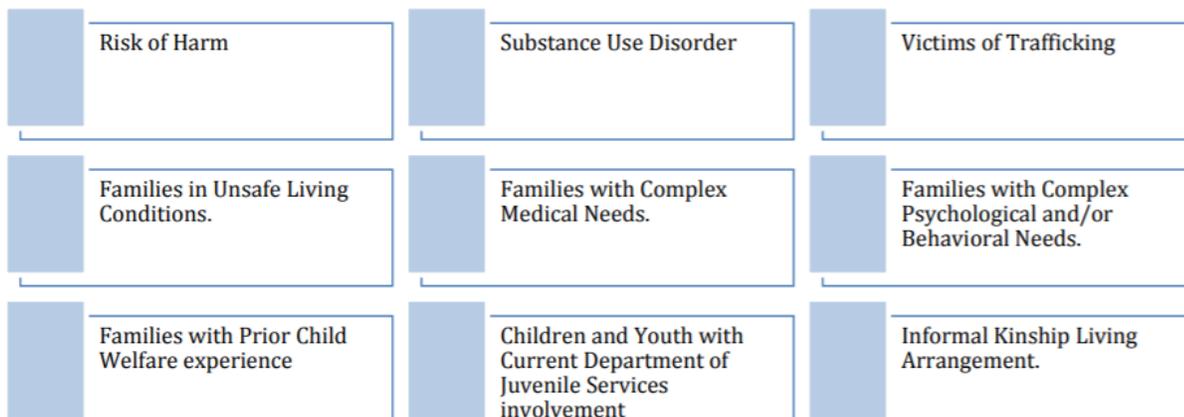
Prevention Services Eligibility and Candidacy Identification

There are two child populations eligible for Family First preventive services: 1) children who are determined to be candidates for foster care; and, 2) pregnant and parenting youth who are in foster care. When a child is determined eligible, the child, parent, and/or kin caregiver of the child may receive prevention services. DHS/SSA reviewed recent data in determining the population who could receive Title IV-E prevention services. Based on a thorough understanding of key populations afforded by a review of data, as described in the next sections, DHS/SSA and its partners reached a decision as to which children and families could be eligible for and ultimately receive services under the prevention plan.

Children at imminent risk of entering foster care will be defined as children who receive in-home services and who meet specific imminent risk criteria. Maryland chose not to include children who may have contact with the agency but do not receive in-home services at this time, regardless of their risk level. To provide a sense of volume, the total children served in-home in SFY 2018 was 12,640, versus a total screened out population of 135,883. Some percentage of the population served by in-home services would be defined as foster care candidates, depending on whether the child meets the imminent risk criteria. Maryland will continue to analyze data and may expand the candidacy description to include children who do not receive in-home services or refine the imminent risk criteria in later iterations of this plan. There is commitment by DHS/SSA to serve as many families as possible and appropriate through Title IV-E preventive services.

DHS/SSA will identify children at imminent risk if they meet any of the following criteria represented in Figure 1. The criteria are not mutually exclusive.

Figure 1. Imminent Risk Criteria for Candidates



- Families with identified risk of harm. This includes families that may need additional support because they have characteristics that have been found to elevate the risk of harm to the child and thus the potential for entering foster care. Specifically, this includes families who come to the attention of the local department because of a health provider notification of a substance-exposed newborn; domestic violence situations involving a minor; cases where there is an identified substantial risk of child sexual abuse due to a known sexual offender living with the child; and caregivers who have impairments that are likely to cause harm to a child. Other risk of harm situations include a family who has experienced a prior child fatality or serious child injury; situations in which there is previous report to child protective services (CPS) and there is currently a child age 5 or younger living in the home; and "Birth Match" cases in which a parent has previously had their parental rights terminated due to abuse or neglect and a subsequent child is born to the parent. Approximately 20% of families served with in-home cases exclusively are cases involving risk of harm.
- Families experiencing substance use disorder. Parental substance use disorders have been a leading circumstance associated with children entering foster care in Maryland, impacting approximately one quarter of entries in recent years and about 4 percent related to caregiver alcohol abuse. Child substance and alcohol use disorders are a factor in approximately 7% of removals. Due to the potential to lead to behavior which significantly disrupts the home environment and caregiver protective capacities, we identified substance use disorders of the parent, child/youth, and or other household member as one of the imminent risk criteria.
- Victims of trafficking. DHS/SSA is considering all forms of trafficking, human or labor trafficking, or sex-trafficking in this category. Research suggests that there is a significant intersection between youth who are or have been involved in the child welfare system and trafficking victimization (Child Welfare Information Gateway, 2017). Maryland's data indicates that 877 children came into contact with our local departments due to sex trafficking in particular, but just less than 10% received an in-home service. By identifying trafficked young people as a risk criteria, DHS/SSA seeks to expand access to prevention services that may keep children connected to their families when appropriate or address vulnerable youth exiting foster care.
- Families in unsafe living conditions. Approximately 9% of children enter foster care in Maryland with inadequate housing as a factor in their placement. DHS/SSA understands that unsafe housing, including homelessness, creates significant family instability, elevating parental stressors which can lead to maltreatment and safety concerns for children (Cunningham, Gillepsie & Batko, 2019).
- Families with complex medical needs. Families experiencing complex medical needs involve a myriad of situations, such as parents with medical challenges, medically fragile children, children with significant disabilities who need specialized care to ensure their health and safety, and children who are reported by health care practitioners to local departments as experiencing failure to thrive. It is difficult to specifically identify all of these situations in the data, but DHS/SSA believes that these families may need additional support to build their caregiving capacity and prevent entry into foster care when children are particularly vulnerable or parental health is challenged.
- Families with complex psychological and/or behavioral needs. Similar to the above, parents, caregivers and children who have complex psychological and/or behavioral needs are particularly vulnerable, often factoring into a child's placement into care. Data indicate that children's behavior is a factor in approximately 15% of entries into foster care and voluntary placements.
- Families with prior child welfare experience. Once a family has had some experience with the child welfare system, they are at higher risk of having additional involvement. For this reason, DHS/SSA identified families with a prior history of maltreatment, children/families involved in family preservation cases, children who have exited to some form of permanency, minors who leave care before turning age 21, and siblings of children in foster care who reside at home, as all at elevated risk for entering foster care. In particular, reentries into foster care within 12 months from

reunification are at 16.2%, persistently above Maryland's target of 12% and trending in the wrong direction, indicating a need to continue to focus on supporting families who have come to the agency's attention or have experienced out of home placement.

- Children and youth with current Department of Juvenile Services involvement. DHS/SSA identified youth who are involved with juvenile services as at risk of entering or reentering an out of home placement. This population is a focus as we understand the intersection between those who have experienced maltreatment and engage in delinquent behaviors and could benefit from prevention services to avoid placement.
- Informal kinship living arrangement. Kinship families who are not formally involved with the child welfare system may need additional support to ensure that children can thrive and remain with their families. Maryland served at least 1,000 families through its Kinship Navigator programs in SFY2018; providing them with referrals to community services and access to concrete assistance. DHS/SSA believes that this is an undercount due to inconsistencies in how these services are recorded within MD CHESSIE.

Identifying Pregnant and Parenting Foster Youth

Since Family First identifies pregnant and parenting foster youth as a uniquely eligible population for prevention services, workers will assess each pregnant and parenting youth in foster care to see if they need a prevention plan to support their healthy parenting and avoid their children being placed away from them. In exploring the data, we identified 83 young people in foster care on June 30, 2018, who are parenting and receiving in-home services on behalf of 49 children. DHS/SSA believes this number does not account for all youth in foster care who are pregnant or parenting as there is some inconsistency across local departments in reporting this circumstance and how such young people receive parenting support.

Determining and Documenting Eligibility

DHS/SSA carefully explored considerations, including pros and cons, for implementing a process to identify candidates and pregnant and parenting youth for prevention services. As Maryland is in the midst of a transition from our current case management system, Maryland's Children Electronic Social Services Information Exchange (MD CHESSIE) to an improved system known as Maryland Child, Juvenile and Adult Management System (MD CJAMS), DHS/SSA's ability to make significant changes within the current system is limited. As such, the process for identifying eligible families and documenting eligibility is semi-structured consistent with the capabilities of the current system.

A family's acceptance of in-home services and applicability of one of the imminent risk criteria is recorded in existing intake, assessment tools and data fields in MD CHESSIE. Workers will be directed by policy to review MD CHESSIE to identify potential candidates because there is imminent risk. Similarly out-of-home workers identify a young person's pregnant or parenting status within MD CHESSIE based on intake, assessment tools and other interactions with the young person. Even though imminent risk exists for a child or a young parent is identified, there is still a clinical determination to be made as to whether the family needs prevention services and a prevention plan to avoid foster care or build parenting capacity.

The caseworker, in conjunction with a supervisor, will make this clinical decision as to whether Family First prevention services are the appropriate course of action for this child/family and that they are within the target population for a specific evidence-based service in this Plan. The worker and supervisor will arrive at this decision using findings from the risk assessment, safety assessment and Child and Adolescent Needs and Strengths-Family version functional assessment tool (CANS-F), where appropriate. These tools along with authentic partnership and engagement of the family or young person will inform the identification of family strengths and needs, support co-creation of the prevention plan and selection of the most appropriate and effective evidence-based program. The final decision that a child is determined a candidate or pregnant/parenting youth eligible for prevention services will be recorded and dated within the Service Plan in MD CHESSIE. Any worker redeterminations of eligibility will also be captured in MD CHESSIE.

DHS/SSA will revisit the ability to initially identify imminent risk and pregnant/parenting youth (prior to worker/supervisor decision-making) as a more structured and automated effort as we roll out CJAMS. Similarly, we will continue to explore how future data fields can record the date and other aspects of the eligibility determination.



Washington, DC

Status: Approved
Section II: Eligibility and Candidacy Identification

Target population (Child and Family Eligibility for Title IV-E Prevention Program) Pre-Print Section 9

Overview of Target Population

CFSA’s target population for prevention services under Family First comprises sub-populations of children at risk of entry into foster care and their caregivers. These sub-populations were selected by CFSA’s Family First Prevention Work Group (Work Group) as the target population for Family First prevention services in light of each group’s (1) high rates of foster care entry or re-entry in the past calendar year and (2) high assessed levels of risk according to CFSA’s Structured Decision Making (SDM) tool, CFSA’s validated risk assessment tool, in the past calendar year. Where available, additional research evidence and data were examined to form a deeper understanding of each subpopulation’s risk of foster care entry. Careful application of these criteria has ensured that the children most at risk of imminent foster care entry will be targeted.

It is important to know that Family First prevention-eligible children may or may not be substantiated as maltreated, but all instances where findings are “unfounded” or “inconclusive” will be assessed as either high or intensive risk for maltreatment according to the SDM to be considered at imminent risk of entering foster care. In instances where maltreatment has been substantiated, children and their caregivers will be considered eligible for prevention services, regardless of the level of risk. To follow is a table (Table 1) displaying the target sub-populations who will be eligible in for Family First preventive services, as determined through development of a child-specific Prevention Plan, as outlined in the Family First legislation.

Table 1 Target sub-population groups of Family First Prevention-Eligible Children ¹²

Front Porch
(1) Children served through the Healthy Families/Thriving Communities Collaboratives (the Collaboratives) following a CPS investigation or closed CFSA case.
(2) Children who have exited foster care through reunification, guardianship, or adoptions and may be at risk of re-entry. ¹³
(3) Children born to mothers with a positive toxicology screening.
Front Door
(4) Children served through CFSA’s In-Home Services program, which offers intensive case management and service referrals to families.
(5) Pregnant or parenting youth in/recently exited foster care with eligibility for services ending at age 21.
(6) Children of pregnant or parenting youth in/recently exited foster care (non-ward children) with eligibility for services ending five years after exiting foster care.
(7) Siblings of children in foster care who reside at home and have assessed safety concerns.

As discussed in Section 1, a substantial body of data show that approximately three-quarters of children served by CFSA reside within DC's Wards 7 and 8, east of the Anacostia River. Services for candidates will echo and integrate with the larger Families First DC initiative with its focus on this area of the city where need is the greatest.

How CFSA will assess children and their parents or kin caregivers to determine eligibility for Family First prevention services

As outlined in the Family First legislation, a Family First Eligibility Screen and Prevention Plan (Prevention Plan) will be completed by CFSA staff for each Family First prevention-eligible child if appropriate to establish that they are eligible to receive prevention services, and to articulate an associated foster care prevention strategy. Only CFSA staff will determine child-specific eligibility for prevention services. To ensure that CFSA workers correctly identify children who are Family First prevention-eligible, there will be an eligibility screen designed to confirm the child's (1) membership in one of the above-noted subgroups, (2) risk level per the SDM, and (3) imminent risk of entering foster care. The technical interface will guide the appropriate CFSA worker through development of a foster care prevention strategy and selection of associated EBP interventions.

Process for Establishing Candidacy Date and Inclusion in a Prevention Plan

CFSA staff responsible for determining eligibility will select from a series of fields that include questions and answers to select in FACES, CFSA's system of record, to document child-specific eligibility for prevention services. The selection of these fields in FACES will validate eligibility and provide a child-specific candidacy timestamp also known as "candidacy determination date" for the candidate child or youth, and their family. This timestamp will be used to determine the 12 month time limit and will be monitored and tracked electronically in FACES and the CFSA's Community Portal, a web-based interface CFSA's Collaborative partners will use to accept all referrals/cases transferred from CFSA to the Collaboratives for ongoing case management and prevention plan management throughout 12 month period. Collaborative staff will not be responsible for determining eligibility for prevention services but will be responsible for managing prevention plans for prevention-eligible children and their families when candidacy has been established by CFSA. CFSA is currently building the technical solution in FACES and the Community Portal to meet this stated business process.

Eligibility for Prevention Services Determination Process

The Prevention Plan interface will allow workers to view risk and comprehensive assessment results while developing the plan, thus enabling CFSA workers to refer to and draw on assessment results when determining eligibility, developing the foster care prevention strategy, and selecting appropriate services. CFSA workers responsible for completing a child's Prevention Plan will be trained in understanding assessment results to inform an eligibility determination and service selection. The same methodology will be used for redetermination of eligibility should there be a need for services beyond twelve (12) months or if there has been a change in risk level. CFSA will use management reports as well as the support of staff within CFSA's prevention unit to ensure claiming ceases when a child is determined to no longer be a candidate prior to the 12 month time limit.

Prevention Plan Completion and Storage

The Prevention Plan template will be linked to within the existing in-home services case plans, foster care case plans, intervention plans, and sustainability plans in CFSA's child welfare information system, FACES. Integration within existing technology solutions will allow CFSA to streamline case documentation and ensure that the Prevention Plan aligns with larger case and service planning efforts. If the need for a foster care prevention strategy and associated services becomes necessary in the life of any case that falls within the Family First prevention-eligible population, or when a youth in foster care who is pregnant or parenting is identified, a Prevention Plan will be created to confirm the child's eligibility.

The Prevention Plan will always be completed and (if needed) edited by CFSA staff or CFSA's community-based contracted Collaborative partners. In situations where a child eligible for Family First prevention services has a CFSA in-home or foster care caseworker, that caseworker will complete the Prevention Plan as part of the case planning process. For families referred directly from investigations to the Collaboratives, who don't have CFSA caseworkers, CFSA's Collaborative partners will complete the Prevention Plan.

Collaborative Case Transfer Process

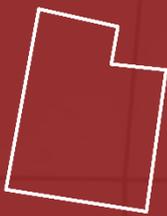
When a referral (if following a closed investigation) or case (following an open In-Home or Out-of-Home case) is ready to be transferred to a Collaborative for case management services and ongoing prevention plan management, the FACES technology will allow a CFSA staff person to initiate CFSA's electronic "Case Transfer Process". The Case Transfer Process allows CFSA staff to transition the referral or case, including the prevention plan, to the appropriate Collaborative based on geography and service needs of the prevention-eligible children and their family. All relevant information related to the prevention eligible child and their family will be transferred electronically to the specified Collaborative. The candidacy determination date and "eligibility clock" will be visible through the CFSA Community Portal (Community Portal). The Community Portal is the technical interface the Collaboratives will use to accept all referrals/cases transferred from CFSA to the Collaboratives for ongoing case management and prevention plan management. The Collaboratives will be able to view the candidacy determination date and "eligibility clock" when reviewing or updating a prevention plan.

Prevention Plan Maintenance by the Collaboratives

CFSA is developing a web-based Community Portal (technical solution) which will allow CFSA staff to transfer a prevention plan to the appropriate Collaborative as part of the Case Transfer Process. After the case is successfully transferred, the Collaborative will be able to view relevant assessment data about the prevention-eligible child and their family, as well as view and update the prevention plan as needed to reflect current service needs. The Collaborative will not be able to edit the original candidacy determination (eligibility timestamp) but will be able to re-assess risk based on changes to the child/family's situation and needs. The Collaboratives will report to CFSA in real-time if the child/family is no longer participating in services. CFSA staff have full access to the Community Portal to review cases.

Oversight

Oversight is provided as part of FY20 Contract management performed by CFSA Community Partnerships Administration program staff and CFSA Contract Monitoring Divisions' contract monitors. CFSA uses real-time management reports, monthly and quarterly data analyses, and quarterly case record reviews performed by the Contract Monitors to oversee the Collaboratives performance and ensure quality service delivery to children and families. The Collaboratives are required, as part of their contracts, to maintain fidelity with evidence-based model standards and have dedicated staff to perform internal quality assurance checks. In addition to regular contract oversight, in FY20, CFSA will monitor CQI activities as part of CFSA's evaluation design. The requirements of the prevention plan and all aspects of the prevention plan management and ongoing risk assessment are being written into the Collaboratives' FY20 contracts.



Utah

Status: Approved

Section II: Eligibility and Candidacy Identification

Child and Family Eligibility for the Title IV-E Prevention Program

Child and family eligibility for the Title IV-E Prevention Program is based on a child being at imminent risk of entry into foster care, but able to safely remain at home or in a kinship placement with receipt of approved evidence-based services under the child's prevention plan. For the purpose of this document, the term "prevention candidate" is equivalent to the Federal term "child who is a candidate for foster care" and the term "serious risk" is equivalent to the Federal term "imminent risk."

A child in foster care who is a pregnant or parenting foster youth is also eligible for prevention services under the Title IV-E Prevention Program.

Prevention Candidate Definition

For the purposes of the Title IV-E Prevention Program, a child under age 18 is a prevention candidate when at serious risk of entering or reentering foster care, but able to remain safely in the home or kinship placement as long as mental health, substance use disorder, or in-home parenting skill-based programs or services for the child, parent or kin caregiver are provided. To be eligible for Title IV-E Prevention Services, the child's prevention candidate status must be designated in the child's prevention plan prior to provision of services. Pregnant or parenting foster youth are also eligible for prevention services when services are designated in the child's foster care plan prior to provision of services.

A child may be at serious risk of entering foster care based on circumstances and characteristics of the family as a whole and/or circumstances and characteristics of individual parents, children, or kinship caregiver that may affect the parents' ability to safely care for and nurture their children.

Circumstances or characteristics of the child, parent, or kin caregiver that could put children at risk of entering foster care may include:

- Child maltreatment, including abuse or neglect
- Substance use or addiction
- Mental illness
- Lack of parenting skills
- Limited capacity to function in parenting roles
- Parents' inability or need for additional support to address serious needs of a child related to the child's behavior
- Developmental delays
- Physical or intellectual disability
- Adoption or guardianship arrangements that are at risk of disruption

Kin caregiver defined in Utah Code Section 78A-6-307 includes the child's grandparent, great grandparent, aunt, great aunt, uncle, great uncle, brother-in-law, sister-in-law, stepparent, first cousin, stepsibling, sibling of the child, first cousin of the child's parent, or an adult who is an adoptive parent of the child's sibling.

For the purpose of this plan, kin caregivers may also include individuals that are unrelated by either birth or marriage but have an emotionally significant relationship with the child that takes on the characteristics of a family relationship.

Also, for Indian children, the definition of kin caregiver under ICWA (25 U.S.C. Sec. 1903) will be utilized, which includes:

- An "extended family member" as defined by the law or custom of the Indian child's tribe or,
- In the absence of such law or custom, a person who has reached the age of 18 and who is the Indian child's grandparent, aunt or uncle, brother or sister, brother-in-law or sister-inlaw, niece or nephew, first or second cousin, or stepparent, or
- An Indian custodian, as defined by ICWA case law.

Children who are under the placement and care responsibility of the state are, by definition, in foster care and are not prevention candidates when placed with a kin caregiver.

Prevention Candidate Determination

Child and family eligibility for the Title IV-E Prevention Program is determined through assessments conducted by caseworkers for the Division of Child and Family Services (DCFS) or the Division of Juvenile Justice Services (DJJS), utilizing designated assessment tools. These assessments (of children identified in a prevention plan) determine if the child is at serious risk of entering foster, but can remain safely in the home or in a kinship placement as long as the title IV-E prevention services that are necessary to prevent the entry of the child into foster care are provided.

DCFS caseworkers assess children and families utilizing safety and risk assessment tools and through a functional assessment, which together identify a child's risk of entry into foster care and the child and family's needs related to mental health, substance abuse, and/or parenting skills.

Structured Decision Making (SDM) Safety and Risk Assessments are utilized during a child protective services investigation or assessment, and identify if a child can remain safely at home with a safety plan, and if families have needs related to substance use, mental health, and/or parenting skills.

The Utah Family and Child Engagement Tool (UFACET) is a functional assessment completed with the family at the beginning of an ongoing case that also informs the prevention candidate determination. UFACET is a CANS/FAST-based assessment developed as part of Utah's Title IV-E waiver project. It has been endorsed by Dr. John Lyons from the Praed Foundation and Chapin Hall.

UFACET is used to create a shared understanding of the reasons for agency involvement and to create plans and strategies to address the concerns assessed. UFACET focuses on the unique dynamics of each family and the role each individual plays in this dynamic. UFACET is comprised of four main sections: (1) Family Together, which focuses on how the family interacts with each other and the family's culture; (2) Household, which focuses on more basic needs such as finances and shelter; (3) Caregiver, in which each caregiver/parent is rated individually on their own strengths and needs related to stress management, parenting skills, mental and physical health, development and trauma; (4) Child, in which each child is rated individually on their own response to stress, social skills, mental health, education, physical health, development, and trauma.

For children placed with a kin caregiver, there is also a Substitute Caregiver section in UFACET with items related to supports the kin caregiver needs in order to maintain the child in the home. The Substitute Caregiver section is completed for each individual kin caregiver.

When needs justify opening a child welfare ongoing in-home services case, the SDM results and UFACET items requiring action are both taken into account to determine if the child is a prevention candidate.

DCFS will develop an individualized Child and Family Plan based on the needs requiring action identified in UFACET and with input of the child and family team. For children that are prevention candidates, evidence based programming in the areas of substance use, mental health, and parenting skills will be incorporated into the Child and Family Plan, which serves as the child's prevention plan. Candidate status is confirmed through finalization of the child's prevention plan.

DJJS caseworkers assess youth and families utilizing UFACET and a risk assessment tool, which identify a youth's risk of entry into foster care and the youth and family's needs related to mental health, substance abuse, and/or parenting skills.

Title IV-E prevention services tie to DJJS implementation of a statewide Youth Services Model to prevent delinquent behavior through positive youth and family development. All youth are screened to identify immediate needs and areas for future assessment. Youth and parents/guardians that move to the Youth Services assessment phase are administered a Utah Family and Children Engagement Tool (UFACET) Screener if the youth has no delinquency history.

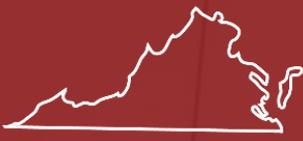
If a youth has a prior delinquency history, the youth and parents/guardians will be administered the Protective and Risk Assessment (PRA) and UFACET-Family Focused.

The PRA is used by Utah's juvenile justice system to determine risk to reoffend, need for supervision, protective factors, and need for services. Separate studies showed that youth scoring "low" on the assessments reoffend at a lower rate than youth scoring "moderate", and youth scoring "moderate" reoffend at a lower rate than youth scoring "high." Differences between risk levels for overall, felony, and misdemeanor reoffending were statistically significant for both assessments. With few exceptions, these findings generalize across demographic categories of gender, age at first assessment, minority status, and geographical location (DeWitt & Lizon, 2008 and DeWitt, Wetherley, & Poulson, 2016).

A youth is considered a candidate for foster care when a youth scores “moderate” or “high” on the PRA and is assessed as having one or more risk factors that identify the need for mental health, substance abuse, or in-home parenting skills services. A youth is also considered a candidate for foster care when UFACET-Family Focused items are assessed as requiring action.

DJJS will develop an individualized Youth and Family Plan based on screening results, assessments, and collateral information from allied agencies. For youth that are a prevention candidate, evidence based programming in the areas of substance use, mental health, and parenting skills will be incorporated into the Youth and Family Plan, which serves as the child’s prevention plan. Candidate status is confirmed through finalization of the child’s prevention plan.

A child may be reassessed for prevention candidate status at the end of each 12-month prevention episode utilizing the processes described above, based on continuing serious risk for entry into foster care and continuing need for evidence-based prevention services to prevent the entry of the child into foster care. Candidate status is confirmed through a new prevention plan.



Virginia

Status: Submitted

Section VIII: Prevention Caseloads

Assessment and Eligibility of Children and Families

VDSS intends to serve all three target populations for Family First funding, as defined within the law. A “candidate for foster care” in Virginia is a child identified in a prevention plan as being at imminent risk of entering foster care, but who can remain safely in the child's home or in a kinship placement as long as services or programs that are necessary to prevent the entry of the child into foster care are provided. The term includes a child whose adoption or guardianship arrangement is at risk of a disruption or dissolution that would result in a foster care placement. “Imminent risk” means a child and family’s circumstances demand that a defined case plan is put into place within 30 days; the plan must identify interventions, services, and/or supports, and absent these interventions, services, and/or supports, foster care placement is the planned arrangement for the child. “Candidates for foster care” are children who are known to the child welfare system through a referral to the local agency via the child abuse and neglect hotline or other referral process.

In SFY 2018, VDSS served 28,173 children in CPS ongoing and prevention cases. These children received ongoing, in-home services to prevent removal from the home. 61% of CPS ongoing and prevention cases received a referral for mental health, substance abuse, or parent skill-based training – all services eligible for reimbursement under Family First. The second target population is youth who have been adopted and are at risk of an adoption disruption/dissolution. From October 2017 through March 2019, 165 youth were identified as experiencing an adoption disruption, which put them at risk for entering foster care. This number includes children adopted internationally, domestic, in and out of state. The third target population is pregnant or parenting youth who are in foster care. At this time, VDSS does not track in our child welfare case management system, pregnant and/or parenting foster youth. In a representative sample from the National Youth In Transition Database (NYTD) for Virginia, 9% of 19 year olds and 30% of 21 year olds surveyed reported that they had a child in the past two years.

Multiple sections of the Code of Virginia provide statutory authority for the delivery of prevention services

- 63.2-319 provides a statutory requirement for each local board to provide services which are directed toward “...Preventing or remedying, or assisting in the solution of problems that may result in the neglect, exploitation or delinquency of children and Preventing the unnecessary separation of children from their families by identifying family problems, assisting families in resolving these problems and preventing the break up of the family where preventing the removal of a child is desirable and possible.”
- §§ 63.2-1505 and 63.2-1506 provide statutory authority “to provide or arrange for services to families at the conclusion of a family assessment or an investigation. ”
- § 63.2-1501 defines “Prevention” as “the efforts that (i) promote health and competence in people and (ii) create, promote and strengthen environments that nurture people in their development.”

- § 63.2-905 provides the statutory authority to provide foster care services which includes a child who has been identified as needing services to prevent the need for foster care placements. "Foster care services are the provision of a full range of casework, treatment and community services, including but not limited to independent living services, for a planned period of time to a child who is abused or neglected as defined in § 63.2-100 or in need of services as defined in § 16.1-228 and his family when the child (i) has been identified as needing services to prevent or eliminate the need for foster care placement, (ii) has been placed through an agreement between the local board or the public agency designated by the community policy and management team and the parents or guardians where legal custody remains with the parents or guardians, or (iii) has been committed or entrusted to a local board or licensed child placing agency. Foster care services also include the provision and restoration of independent living services to a person who is over the age of 18 years but who has not yet reached the age of 21 years, in accordance with § 63.2-905.1."

Additionally, 22 VAC 40-705-150 A provides the following direction: "At the completion of a family assessment or investigation, the local department shall consult with the family to provide or arrange for necessary protective and rehabilitative services to be provided to the child and his family to the extent funding is available pursuant to § 63.2-1505 or 63.2-1506 of the Code of Virginia."

LDSS will identify children and their parents or kin caregivers to determine their eligibility for Title IV-E Prevention Services through multiple strategies:

- At the conclusion of a CPS family assessment or investigation and services are identified that will reduce the risk for future abuse or neglect or entry into foster care (CPS Policy 6.2.1), and through
- Parent or caregiver self-referrals (Prevention Policy 2.4.1)
- Referrals to the LDSS from courts, schools, or other community-based organizations because of a specific concern that has or may impact the family's daily functioning (Prevention Policy 2.4.1)

After the identification of a child and their parents or kin caregivers as referenced above, the CANS must be completed to determine the family's strengths and needs and help identify contributing factors and underlying conditions that may influence child maltreatment and risk for entry into foster care. The CANS is a structured assessment instrument developed by John S. Lyons, Ph.D. with the University of Chicago (Chapin Hall) to assist in the planning and management of services to children and adolescents and their families. The CANS provides numerical ratings of various items, organized in a set of dimensions, or domains. These ratings are indicators of the presence and urgency/prominence of specific needs and strengths. Current certification on the CANS is required for all raters who administer the assessment. Certification must be renewed annually. Domains assessed through the CANS include life functioning, child strengths/resiliency, child behavioral/emotional needs, child risk factors, child and family functioning modules and parent/guardian strengths and needs. LDSS will identify which needs can be addressed through the provision of Title IV-E Prevention Services (described below) and which services can be addressed through other funding streams such as Promoting Safe and Stable Families (PSSF), local and state funding streams.



West Virginia

Status: Approved

Section II: Eligibility and Candidacy Identification

Foster Care Candidate: West Virginia's Definition

For the provision of FFPSA prevention services, a foster care candidate is identified as follows: A foster care candidate is a child, under the age of 21, who is at imminent risk of foster care entry or re-entry, and who:

- Has not been removed from their home and placed in foster care; or
- Is not under the placement and care of the Title IV-E agency and is residing with a relative or an individual with whom the child has an emotionally significant relationship characteristic of a family relationship (fictive kin); or
- Has returned home on a trial home visit; or
- Has returned from a foster care placement and is residing with their parent or a non-paid kinship relative caregiver; or
- Has been adopted or is in a legal guardianship arrangement.

The child is considered at imminent risk of foster care entry, or re-entry, if at least one of the following conditions exist:

- Has been abused or neglected or has been identified as unsafe and, without intervention, is likely to be removed;
- Suffers a serious emotional, behavioral or mental disturbance and without intervention will be unable to reside in their home;
- Has committed a prosecutable offense in which the state has filed, or is considering filing, a juvenile petition and the planned out-of-home living arrangement is a foster care setting;
- Is a runaway or homeless youth;
- Is, or will be born to, a youth residing in foster care;
- Is an adopted child or in a legal guardianship arrangement at risk of disruption.

DHHR's Bureau for Children and Families will identify pregnant and parenting youth through enhancements that have been made to the state Administered Child Welfare Information System (SACWIS). Plans are also underway to incorporate documentation strategies into the state's Centralized Child Welfare Information System (CCWIS), WV PATH (People's Access to Help), to assist with identification of pregnant and/or parenting youth.

Target Population of In-Home Visitation Programs

As described on the Title IV-E Prevention Services Clearinghouse, West Virginia will implement Mountain State Healthy Families/HFA® to families with increased risk of child maltreatment or those who have already experienced abuse/neglect within the home, and

- have an active Child Protective Services case; and
- at least one parent is pregnant or has a newborn

Parents as Teachers® will be implemented for families expecting a new infant, have increased risk of child maltreatment or have already experienced abuse/neglect in the home with a child kindergarten age or younger and have an active child protective services case, and meet the criteria to be defined as a foster care candidate. This service will also be available to pregnant and/or parenting foster youth.

For more information about eligibility, please review the utilization management guidelines for prevention services in Attachment K.

Target Population for Functional Family Therapy

As described on the Title IV-E Prevention Services Clearinghouse, West Virginia will be implementing FFT® for 11 to 18-year-old youth who experience behavioral or emotional problems that bring them into contact with the juvenile justice system and meet the criteria to be defined as a foster care candidate. These children will be assessed for eligibility through the completion of the FAST (Family Advocacy and Support Tool).

For more information about eligibility, please review the utilization management guidelines for prevention services in Attachment K.



Alaska

Status: Submitted

Section II: Eligibility and Candidacy Identification

Child and family Eligibility for the Title IV-E Prevention Program

Child and family eligibility for the Title IV-E Prevention Program is based on a child being at imminent risk of entry into the foster care, but able to safely remain at home or in a kinship placement with receipt of approved well supported evidence-based services in conjunction with other relevant services under the child's prevention plan. A child exiting foster care to a trial home visit with their caregiver, or a child in foster care who is a pregnant or parenting foster youth are also eligible for prevention services under the Title IV-E Prevention Program.

Prevention Candidate Definition

For the purposes of the Title IV-E Prevention Program, a child is a prevention candidate when at imminent risk of entering or re-entering foster care, but able to remain safely in the home or kinship placement as long as the identified risk can be mitigated through the provision of one or more evidence based interventions. These prevention services are designed to enhance a parents' diminished protective factors and include mental health, substance use disorder, or in-home parenting skill-based programs or services for the child, parent or kin caregiver. Services must exist and be available in the family's community.

Children who are under the placement and care responsibility of the state are, by definition, in foster care and are not prevention candidates when placed with a kin caregiver. When those children under the placement and care responsibility of the state are able to safely return to their caregiver on a trial home visit basis, they will then be eligible for prevention services under the Title IV-E Prevention Program. The provision of these prevention services will reduce the likelihood of foster care re-entry.

Pregnant or parenting foster youth are also eligible for prevention services when services are designated in the child's case plan prior to provision of services.

Children identified as candidates for foster care will meet one or more of the following criteria:

1. A child for whom the agency has received a protective services report and upon completion of the safety assessment it is determined that there are existing risk and safety factors that can be mitigated by the provision of in home services.
2. Pregnant or parenting youth in foster care
3. Children exiting foster care to a trial home visit with a caregiver

Priority considerations will be made for cases that meet one of the above criteria and:

4. Substance exposed newborns and parents
5. Parents of children under the age of five willing and able to accept prevention services

Prevention Candidate Determination

Following the department receiving a protective services report (PSR), OCS conducts an initial assessment with the family. When a child is known to be Alaska Native their Tribe and/or the Tribal Title IV-E prevention worker will be invited to participate in the initial assessment. During the initial assessment it is required to complete the Structured Decision Making tool, Future Risk of Abuse/Neglect (FRAN), to determine the risk of future child abuse and neglect. If a family were to be assessed at a high FRAN and are able to safely maintain in their home with the provision of services, they will be determined as eligible for prevention services under the Title IV-E Prevention Program. If a family were to be assessed at a medium FRAN and have one of the above listed criteria, they will be determined as eligible for prevention services.

Once the initial assessment has been completed and the candidate for foster care criteria has been met, a case transfer staffing with the Prevention Services Supervisor and either the OCS PSS or the Tribal Prevention Case Worker. The case transfer will detail the PSR, findings from the initial assessment and identified diminished protective factors. The initial assessment PSS and Prevention caseworker will meet with the family jointly for a warm handoff to the prevention services planning.

The Prevention Services PSS or Tribal Prevention Caseworker will continually monitor the effectiveness and suitability of the in-home safety plan, if one was necessary. If another Protective Services Report is screened in during the Prevention Services intervention, OCS will complete another initial assessment, following all the same procedures as required by policy and procedure. The child may be reassessed for prevention candidate status at the end of each 12-month prevention episode utilizing the FRAN.

Tribes who utilize the Structured Decision Making Tool, may elect to assess the FRAN of their Tribal member families. Upon the determination that a family meets the High Risk threshold, the Tribe will schedule a case staffing meeting with State Prevention Services Supervisor to discuss the risk and safety information, any child protection history with the family, the initial assessment information collection, client readiness for change and any other pertinent information. The State Prevention Services Supervisor and Tribal Prevention Caseworker will collaborate on the approval of the Tribal Prevention Services Plan and sign the plan to finalize.



Kansas

Status: Approved

Section II: Eligibility and Candidacy Identification

Child and Family Eligibility (Pre-print Section 9)

Under the Family First Prevention Services Act, the target population is described as children who are at imminent risk of entering foster care and who can remain safely at home with services. This population fits the statewide developed definition of candidacy of care staff are familiar with and currently use to determine if a family is eligible for services. Neither Family First nor Family Preservation is bound to income restrictions for families.

Candidacy of Care for Family First is defined as:

- A child(ren) or youth placed with a parent who PPS determines is at imminent risk of foster care and out of home placement but can be safe at home with prevention services.
- A child(ren) or youth who exited foster care to adoption or permanent custodianship or guardianship, or who was reunified with parents is at risk of entering foster care and out of home placement.
- A child(ren) or youth in placement with relative caregivers.
- A child(ren) or youth living with parents but needs to be with a relative caregiver as a guardian with prevention services
- Pregnant and parenting youth in foster care and out of home placement.
- Siblings of youth already in foster care.

As Figure 3 illustrates, initial reports are made to the Kansas Protection Reporting Center (KPRC). An intake specialist completes an assessment of the report using Structured Decision Making (SDM). If the report meets criteria of Abuse and/or Neglect or Family in Need of Assessment, it will be assigned to the regional DCF Service Center. An assigned PPS practitioner within the region will then locate and assess the family.

The PPS practitioner completes an initial assessment of the family, using the research-based Family-Based Assessment tool, to determine if they meet criteria for services. If answers to questions 1-3 below are "yes"; and questions 4-7 are either "yes" or "NA," they are deemed eligible for services.

1. The family is at risk of having a child(ren) removed; and
2. A parent/caregiver is available to protect the child; and
3. A parent/caregiver is willing and able to participate in services.
4. A family with chronic problems has experienced a significant change which makes them able to progress.
5. A parent/caregiver with mental/emotional health issues has been stabilized.
6. A parent/caregiver with limitations demonstrates an ability to care for self and children.
7. A parent/caregiver with substance abuse issues functions adequately to care for children.

In addition to the questions above, the regional PPS practitioner will utilize risk and safety assessment decisions to help guide the decision for candidacy for care and service referral. Families with the following risk level and safety decisions are deemed eligible for service:

1. Risk Level = High to Intense (SDM in pilot counties = High to Very High)
2. Safety Decision = Conditionally Safe (SDM in pilot counties = Safe with immediate safety plan)

The PPS practitioner and the family will decide on which program(s) best meets the family's needs. The PPS practitioner will upload the required documentation into Kansas Initiatives Decision Support (KIDS). KIDS is a web-based system to record, maintain, and report assigned abuse/neglect and non-abuse neglect intakes. Key milestones and the family's services are also tracked in the Family and Child Tracking System (FACTS), the DCF-PPS system for maintaining data and reporting to legislature, federal government, internal management, department budget, and the general public.



Kentucky

Status: Approved

Section II: Eligibility and Candidacy Identification

Eligibility and Candidacy Definition

There are two populations eligible for Family First preventive services: 1) Children who are determined to be candidates for foster care, and 2) Pregnant and parenting youth.

DCBS used calendar year (CY) 2018 data to get a sense of the size and scope of children already known to DCBS that are likely to meet the candidacy criteria. Through that analysis, Kentucky identified 27,522 children who could potentially be identified as candidates under Family First. Potential Family First candidates include children involved in a substantiated or family in need of services finding. This identifies children at risk for future or immediate removal from their home. See Appendix B for further detail about the CY2018 candidacy estimates and the pathways by which candidates and their families are involved with the Kentucky child welfare system. Further detail is available in Appendix C which includes a geographical representation of the potential candidates as represented in the CY2018 data. Children newly coming to the attention of the department will be assessed for candidacy eligibility using the criteria and processes identified in the subsequent subsection of this report.

Of the potential Family First candidate pool identified in the CY2018 data, data suggest only one in five is receiving contracted in-home service intervention highlighting an opportunity to expand service provision. Regionally, the Eastern Mountain Service Region utilizes more in-home services than any other region in the State. When considering the rate of youth entering out of home care in comparison to the rate of youth utilizing in-home services, regional service needs have been identified in Kentucky's eight remaining regions, with the greatest need occurring in the Cumberland, Jefferson, Northern Bluegrass, Salt River Trail, and Southern Bluegrass Service Regions.

Identifying candidates

A child meets the criteria for foster care candidacy when they are determined to be at imminent risk for removal, but the identified risk and safety issues can be mitigated through the provision of child-specific preventive services, including one or more of the evidence-based interventions designed to build parents' skills and protective capacities, treat mental health issues, and/or prevent or treat substance abuse.

The majority of the candidates for foster care who will receive prevention services as described in the Act will be identified during the investigative phase utilizing the agency's existing safety and risk assessment procedures. These children and families will come to the attention of the agency via a referral that meets acceptance criteria for investigation. Additional candidates for foster care will include children who have recently exited foster care whose families are in need of services to prevent further maltreatment and re-entry into care, with identification of these children occurring prior to reunification. Children identified as candidates for foster care will meet one of the following criteria:

1. A victim of substantiated maltreatment in which existing safety and risk factors can be mitigated by provision of in-home services;
2. A child for whom maltreatment has not been substantiated, however, moderate to severe risk factors for maltreatment are present and services are necessary to prevent maltreatment and subsequent entry into foster care;
3. A child who has recently been reunified for whom services to the family will mitigate identified risks, preventing further maltreatment and re-entry into care; or

Identifying pregnant and parenting youth

The agency will identify pregnant and parenting youth in out of home care through a variety of methods. Enhancements to the state's CCWIS system are currently underway to assist with identification of this population. These enhancements will be in place by October 1, 2019. There are multiple opportunities in routine casework for Social Service Workers (SSWs) to identify pregnant or parenting youth through routine casework including monthly home visits, ongoing assessments, supervisory consultation, case planning meetings, as well as youth transition planning meetings. Additionally, the enhancements to the data system will allow reports to be generated on a monthly basis to embed a quality assurance measure regarding referral and provision of prevention services as appropriate to this population.

The SSW will determine foster care candidacy in consultation with the candidate's family and the Family Services Office Supervisor. During the investigation, SSWs will identify high-risk behaviors of family members or case circumstances, which will result in removal of the child from the home, immediately or in the future, if intervention does not occur. A comprehensive prevention strategy for each identified candidate or pregnant/parenting youth will be developed in partnership with the candidate's family. SSWs will utilize the EBP Selection Document to identify appropriate Evidence-based Practice interventions to mitigate the specific, identified risk(s) for the family. EBPs will be selected methodically, reviewing the appropriate target population and outcomes associated with each EBP.

Please see Section 2, Title IV-E Prevention Services, for the referral process for services and child specific prevention plans.



Nebraska

Status: Approved

Section II: Eligibility and Candidacy Identification

Definition of Candidacy

Developing a clear scope for Nebraska's children and families in need of Family First prevention services is a critical task for CFS, its partners and stakeholders. Nebraska's approach to candidacy is to define the families currently served meeting the requirements of FFPSA.

Nebraska's Definition of Candidacy is:

Children and youth at imminent risk of entering foster care, as defined by Nebraska Revised Statute 71-1901, but who can remain safely in the child's home or kinship/relative non-foster care home as long as Title IV-E prevention services necessary to prevent entry into the foster care system are provided. This state statute provides clear delineation what foster care means, and the types of foster homes available in Nebraska, including kinship and relative foster homes. This candidacy definition includes, but is not limited to those children and youth who are:

1. residing in a family home accepted for assessment; or
2. within an ongoing services case including non-court and court involved families where the child may be a state ward; or
3. reunified with their caregiver following an out-of-home placement; or
4. the subject of a case filed in juvenile court and is mentally ill and dangerous, as outlined by Nebraska Revised Statute 43-247 (3)c and defined by Nebraska Revised Statute 71-908. This statute defines that a mentally ill and dangerous person is one that is of substantial risk of serious harm to themselves or others in the recent past or near future; or
5. pre- or post-natal infants and/or children of an eligible pregnant/parenting foster youth in foster care; or
6. at risk of an adoption or guardianship disruption or dissolution that would result in a foster care placement; or
7. presenting with extraordinary needs and whose parents/caretakers are unable to secure assistance for the child to transition between traditional IV-E eligibility and FFPSA IV-E eligibility; or
8. involved with juvenile probation and living in the parental/caretaker home.

Assessing Children and their Parents for Eligibility

CFS uses SDM®, a comprehensive case management system for child welfare, to guide decision making. SDM® is rated as a promising practice per the California Evidence-Based Clearinghouse for Child Welfare (CEBC). SDM® assessments are used to guide decision making, including identification of families at high risk of maltreatment, and ensures interventions meet the needs and strengths of families. Families involved in accepted intakes of abuse or neglect receive this initial assessment. A family with a case that does not

close after the initial assessment, receives an ongoing services case. Nebraska will offer FFPSA prevention services to families involved with CFS prior to October 1, 2019, as well as new families, who meet the definition of candidacy and are in need of such services (Attachment A).

Nebraska provides post-adoption and post-guardianship support and services to families meeting the criteria of: a) having a current adoption/guardianship assistance agreement with CFS for a child who was a state ward, b) a child whose adoption/guardianship arrangement is at risk of disruption or dissolution and would result in a foster care placement, or c) any family who adopted a child or became a guardian of a child and is currently residing in the State of Nebraska.

CFS provides post-adoption services through an external contractor. Currently CFS has issued a Request for Proposal (RFP) for post-adoption and post-guardianship services. The provider awarded this contract will provide intervention services to candidates at risk of an adoption/guardianship disruption. Referrals for these services can come from families, CFS or other sources. The contractor will provide intervention services such as advocacy, intervention, crisis management, mental health referrals, respite care, training and education, support groups for parents and children, and mentoring based on individualized needs of the family.



Washington State

Status: Approved

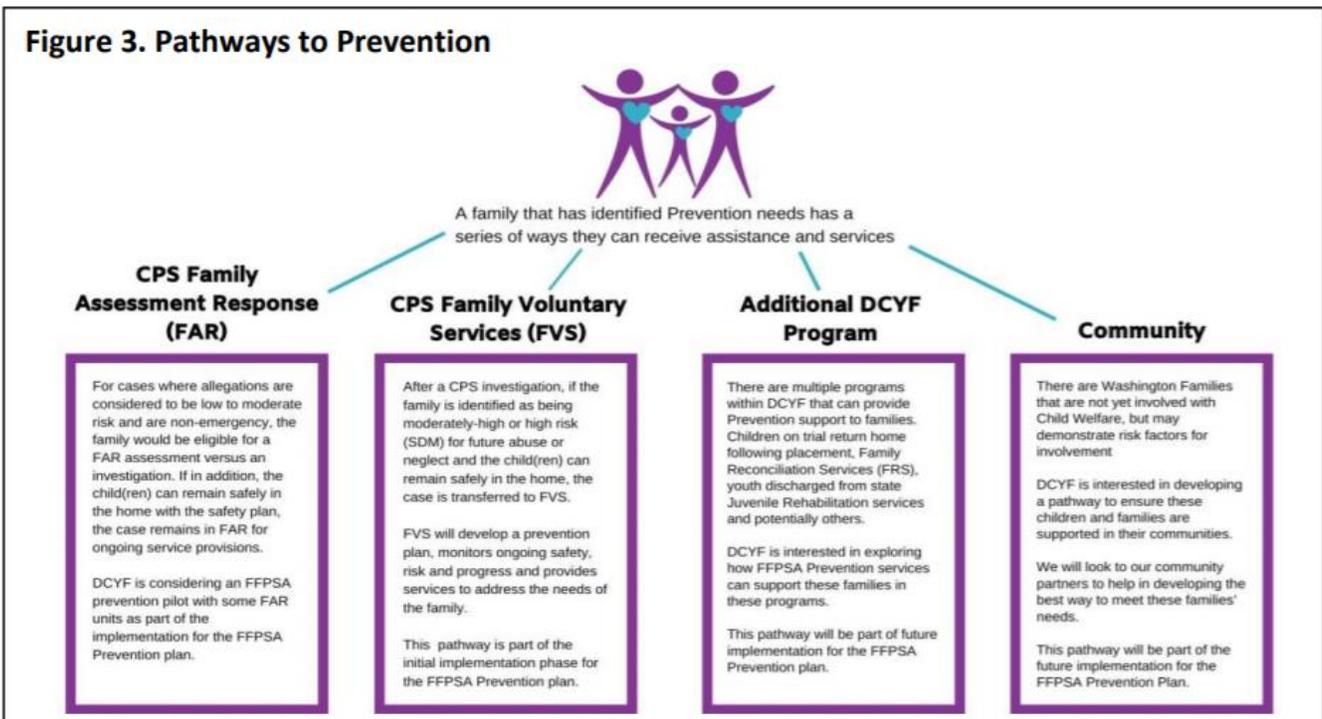
Section II: Eligibility and Candidacy Identification

Child and Family Eligibility for the Title IV-E Prevention Program Pre-print Section 9

What would child welfare look like if we could better support our families before they are in crisis, before children are removed from their homes? One of DCYF's top priorities is to enhance and integrate prevention services for the children, youth and families in Washington to achieve this vision. FFPSA is an integral part of a much larger effort to transform the way we serve our children and families. We are committed to a broader vision of strengthening families by preventing child maltreatment, unnecessary removal of children from their families, preventable incarceration among youth and a range of other destabilizing factors, such as homelessness and economic and food insecurity.

In order to effect true change and improve service delivery and outcomes through high-quality prevention efforts, we must start thinking differently about our services and how to best support our families. Over time and through partnerships with agency stakeholders, tribes, and those we serve, DCYF will take an aggressive approach to prevention candidacy beginning with the candidate groups identified in this plan and progressing to additional candidacy groups for future plan amendments. DCYF will also explore other funding sources to support the agency's broad prevention goals.

DCYF recognizes that there are multiple pathways by which a family can obtain prevention services. Figure 3 illustrates our initial vision of the pathways that exist today and those we intend to build in the future.



Prevention Candidacy

DCYF is designating eight candidacy groups of children, youth and families, eligible for voluntary prevention services under Washington’s Title IV-E Prevention Program detailed in Table 1 below. These are groups of children, adolescents, and families known to DCYF, therefore, they are presently touching the DCYF service system now, and the agency and staff have access to them. There are also groups of children and adolescents at imminent risk of entry or re-entry into foster care. These groups were chosen based on federal policy guidance, input from stakeholders and partners, and review of data and evidence.

Table 1. FPPSA Prevention Candidacy Groups, SFY2019		
Candidacy Group	Unduplicated Child/Youth/Pg Women	2-Year Placement Rates
CPS FAR	27,475	6%
CPS Investigation	25,244	15%
CPS Family Voluntary Services	1,125	12%
Trial Return Home	3,436	8%
SUD Pregnant Women	774	26%
Adoption Displacement	1,413	6.2%*
Family Reconciliation Svs.	825	7%
State JR discharge	450	unknown
Pregnant or parenting Foster Youth	20	unknown
Pregnant or parenting JR Youth	70	unknown
Children with developmental disabilities and/or intensive mental health needs	Under development	unknown
TOTAL	60,832	
<i>^Rate of re-entry into care within 12 months of exit *this is a ratio of the number of adoptions coming into placement to the number of DCYF completed adoptions this year. Strictly speaking, this is not a percentage, since many of the 87 adoptions that resulted in children coming into care did not originate from the 1,413. See further explanation in the text.</i>		

As detailed in Table 1 above, together these candidacy groups included 60,832 children/youth/pregnant women in SFY 2019.

Family Assessment Response (FAR). Established in 2013, FAR is Washington State’s alternative response system funded with a Title IV-E waiver that ended September 2019. The final evaluation report for FAR found the implementation safely reduced the placement rate for children served by 17% compared with a traditional investigation for eligible families. In SFY 2019, 14,932 CPS cases received a FAR response from DCYF. Children served by DCYF in this category have a 6% placement rate in the two years following intake.

CPS Investigation. In SFY 2019, 13,720 cases received a traditional CPS investigation response from DCYF. Children served by DCYF in this category have a 15% placement rate in the two years following intake.

Family Voluntary Services. In SFY 2019, 611 cases were served by DCYF Family Voluntary Services. A family is referred to FVS if, after the CPS investigation, (1) the family is identified as being moderately-high or high risk for future abuse or neglect and (2) the child(ren) can remain safely in the home with a safety plan. Children served in this category have a 12% placement rate in the two years following intake.

Children on trial return home following placement. In SFY 2019, 3,436 children experienced a trial return home. Washington state law currently requires a 6-month trial return for all children reunified following placement. Children reunified with their parents following placement have an 8% placement rate in the 12 months following exit from care.

Adoption Displacement. While adoptions experiencing challenges are notoriously difficult to identify, DCYF has a method to identify and track adoption displacements that result in new foster placements, identifying 87 of these in SFY 2019 from all sources. Not all of these adoptions originate with DCYF, some are out-of-state or international adoptions. Often these displacements are the result of child/youth behavior and lack of family resources to cope with trauma that children have experienced prior to adoption. While DCYF is unable to calculate a rate because so many of these adoptions do not originate with DCYF, we can calculate a ratio of adoption displacements that result in a new foster care placement to the number of total adoptions finalized each year. In SFY2019, that ratio was 6.2 displacements per 100 finalized adoptions. DCYF is collaborating with foster parent groups in Washington to identify needed services and opportunities for intervention to prevent the need for displacement.

Substance using pregnant women. In SFY 2019, DCYF screened out 774 unborn victim referrals for substance abuse. Children served in this category have a 26% placement rate in the two years following intake. It is important to note that substance-using pregnant women referred for child maltreatment, currently does not result in open cases if there is no child present who is in danger. Many of these cases are re-referred at birth and enter the CPS system at that time, in fact, 57% of substance affected infant referrals to CPS have had a previous unborn victim referral during the same pregnancy and 45% of substance affected infants identified at birth are placed.

Pregnant or parenting foster youth and pregnant or parenting juvenile rehabilitation youth. FFPSA allows for prevention services for pregnant or parenting foster youth. In SFY 2019, based on current tracking methods, there were 20 pregnant or parenting youth in foster care and 70 pregnant or parenting juvenile rehabilitation youth. DCYF anticipates that more refined tracking methods will identify an additional need in this area. Prevention services to or on behalf of the youth will help ensure that the youth is prepared (in the case of pregnant foster youth) or able (in the case of a parenting foster youth) to be a parent so that their unique needs are met and their efforts to transition to adulthood are successful.

Family Reconciliation Services (FRS). FRS is a voluntary program serving high-risk youth and their families. The program targets adolescents between the ages of 12 to 17. The FRS program is intended to resolve crisis situations and prevent unnecessary out-of-home placement. The program is designed to assess and stabilize the family's situation with the goal of returning the family to a pre-crisis state and to work with the family to identify alternative methods of handling similar conflicts. FRS services can be accessed directly through family self-referral or through Washington's At-Risk Youth/Child in Need of Services petition process,

whereby DCYF assists the family to prepare a petition to the court. In 2019, more than 3,000 youth had an FRS intake with 825 receiving some kind of service from DCYF staff and 9% receiving EBPs. The FRS population exemplifies clear risk factors for imminent entry into foster care. For example, one-quarter of youth with an FRS intake have had one or more screened-in CPS reports prior to their FRS intake. Youth served by DCYF in this category have a 7% placement rate in the two years following intake.

State Juvenile Rehabilitation (JR) discharge. Twenty-nine point four percent of youth in state JR facilities have had a previous foster care placement in their lifetime, and over 78% have had any child welfare involvement. In addition to youth who are dependent on entry into the state JR system, many of these youth often enter the child welfare dependency system through emergent circumstances, while in crisis when at discharge the family either refuses or is unable to take the youth home safely. While the percentage of youth who are not dependent and who enter dependency following discharged from state JR facilities is not known precisely, in the 30 months between January 2016 and June 2019, 76 youth leaving county detention facilities utilized night-to-night placements in the child welfare system following discharge.

Children with developmental disabilities and/or intensive mental health needs. Youth with intensive mental health needs and developmental disabilities are over-represented in the foster care system. These children and youth's needs can rapidly outpace the skills of their families, especially when their caregivers have needs of their own. In comparing the foster care population in SFY 2016 to the child Medicaid population, 56% of foster youth have a mental health need as opposed to 20% of the Medicaid child population. Twenty-seven percent of youth over the age of 12 have a substance use treatment need as opposed to 5% of the Medicaid child population and 21% have a specific developmental disorder/intellectual disability diagnosis compared to 6%. Children and youth with these high needs are at increased risk for placement when the parent or caregiver has a substance use disorder, mental health issue and/or is experiencing poverty or homelessness of their own. Once in the foster care system, these children and youth can be very difficult to serve and place in quality settings.



North Dakota

Status: Approved

Section II: Eligibility and Candidacy Identification

North Dakota's eligibility for foster care candidacy is determined when "a child may be at serious risk of entering foster care based on circumstances and characteristics of the family as a whole and/or circumstances and characteristics of the child or the parent/kinship caregiver's ability to safely care for and nurture their child." This allows our state to serve children both in the child welfare system and to prevent children and families from entering the child welfare system. DHS and contracted providers will monitor and oversee the safety of children who receive prevention services under North Dakota's Title IV-E prevention plan.

Specific highlights of candidacy for foster care include:

1. Candidacy is eligibility criteria, not maintenance reimbursement;
2. States claim IV-E administrative reimbursement;
3. A child may not be considered a candidate for foster care solely because the ND Department of Human Services or its authorized agents are minimally involved with the child and his/her family;
4. In order for the child to be considered a candidate for foster care, the ND Department of Human Services or its authorized agents involvement with the child and family must be for the specific purpose of either satisfying the reasonable efforts requirement with regard to preventing removal from the home or if needing removing the child and placing him/her in out of home care. Section 471(a)(15)(B)(i);
5. Determinations for foster care candidacy in relation to the Title IV-E Prevention Plan will be made by DHS (the State Title IV-E agency.) DHS maintains valid agreements with the Division of Juvenile Services and four federally recognized Tribes pursuant to section 472(a)(2) of the Social Security Act. (45 CFR 205.100) allowing them to determine candidacy for Title IV-E administrative claims.
6. There are three acceptable forms of documentation that establish a child's candidacy for Title IV-E eligibility: a case plan, an eligibility form or evidence of a court proceeding. DHS will determine foster care candidacy for Title IV-E prevention services using an eligibility referral form and requiring all candidates must have a defined case plan with a service provider. The case plan shall specify the prevention services provided to the child and/or family, goals, tasks and an indication that absent effective preventative services the child is at risk of out of home placement. The case plan must be updated by the service provider and reviewed for candidacy eligibility every six months by the North Dakota Department of Human Services or designee.



Colorado

Status: Submitted

Section II: Eligibility and Candidacy Identification

Colorado has intentionally designed a broad definition of candidacy for placement prevention services that pushes to serve children, youth, and families as early as possible and, ideally, before a report is made to the child welfare system.

Colorado's Proposed Definition of Candidacy

A child/youth is a candidate to receive Title IV-E prevention services when they are at serious risk of entering or reentering foster care but able to remain safely at home with the provision of mental health, substance use treatment, or in-home parenting services for the child/youth, parent, or kin caregiver. To be eligible, the child/youth's candidate status must be designated in the child/youth's prevention plan, and services must be directly related to the safety, permanence, or wellbeing of the child/youth. A child/youth in foster care who is a pregnant or parenting foster youth are also candidates.

A child may be at serious risk of entering foster care based on circumstances and characteristics of the family as a whole and/ or circumstances and characteristics of individual parents or children that may affect the parents' ability to safely care for and nurture their children.

Colorado's proposed definition of candidacy includes the following circumstances or characteristics of the child/youth, parent, or kin caregiver that could put a child/youth at risk of entering or re-entering foster care:

- Substance use disorder or addiction
- Mental illness
- Lack of parenting skills
- Limited capacity or willingness to function in parenting roles
- Parents' inability, or need for additional support, to address serious needs of a child/youth or related to the child/ youth's behavior or physical or intellectual disability
- Developmental delays
- Reunification, adoption or guardianship arrangements that are at risk of disruption

"Kin" may be a relative of the child, a person ascribed by the family as having a family-like relationship with the child, or a person that has a prior significant relationship with the child. These relationships take into account cultural values and continuity of significant relationships with the child.

ICWA Kin Caregiver as defined in 25 U.S.C. Sec. 1903 includes an "extended family member" as defined by the law or custom of the Indian child's tribe or, in the absence of such law or custom, is a person who has reached the age of 18 and who is the Indian child's grandparent, aunt or uncle, brother or sister, brother-in-law or sister-in-law, niece or nephew, first or second cousin, or stepparent.

Notes on Colorado’s Proposed Definition of Candidacy

Colorado’s vision is that all children, youth, parents, or kin caregivers with these risk factors will be eligible for Title IV-E prevention services—both those who are involved in the child welfare system and those who have not been the subject of a child maltreatment report but share characteristics that deem them at serious risk of out-of-home placement. This approach requires the development of coordinated systems, processes, and infrastructure related to the identification of candidates and determining eligibility, creating and maintaining prevention plans, and monitoring safety of candidates while on a prevention plan. Colorado and partner agencies are exploring the systems and processes currently in place that can contribute to this development, while simultaneously working with youth, families, counties, Tribes, and other stakeholders to identify needs and resources in order to realize Colorado’s bold vision.

CDHS is keenly aware that, with such a bold definition of candidacy, there is a risk of further stigmatizing and unintentionally increasing child welfare involvement based on systemic inequalities such as race and poverty factors. CDHS is committed to monitoring data statewide for increased impact on disproportionality as a result of identifying at-risk children, youth, and families further upstream.

The table on the following pages include some of the key characteristics from Colorado’s candidacy definition, along with state-level data describing the targeted population.

Candidacy Element	Colorado Population-Level Data
Substance Use – Parents	<p>In Colorado, a sizable amount of the adult population is engaged in substance use behaviors that could put families at risk of becoming involved in the child welfare system. It is estimated that almost one-fifth of the adult population engages in binge drinking, according to 2018 data ("BRFSS Prevalence & Trends Data," CDC).</p> <p>From the 2016-2017 NSDUH State-Specific Tables (SAMSHA):</p> <p>An estimated 143,000 adults in Colorado had an illicit drug use disorder in 2016-2017.</p> <p>An estimated 13,000 adults in Colorado had past-year heroin use in 2016-2017.</p> <p>An estimated 39,000 adults in Colorado had past-year methamphetamine use in 2016-2017</p> <p>An estimated 210,000 adults in Colorado had past-year misuse of pain relievers in 2016-2017.</p>
Substance Use – Infants Exposed	<p>Parental substance use is impacting newborn development in Colorado as well. According to Colorado Pregnancy Risk Assessment Monitoring System (PRAMS) data from 2018, an estimated 7.1% of mothers smoked</p>

	<p>during the last three months of pregnancy, an estimated 14.4% of mothers drank alcohol during the last three months of pregnancy, and an estimated 4.0% of mothers used marijuana or hashish during the last three months of pregnancy.</p> <p>In Colorado in 2016, there were 290 cases of infants born with neonatal abstinence syndrome (NAS), which is a syndrome that occurs when a newborn was exposed to addictive opiate drugs while in the womb (Heroin in Colorado Report prepared by the Heroin Response Work Group (page 16).</p> <p>In August 2019, CDHS began tracking infant exposure. From August 2019 through December 2019, there were 392 referrals that were flagged with an infant born exposed to one or more substances. The majority of these referrals (272) included a concern that an infant was born exposed to marijuana. The second largest category of referrals (115) included a concern that the infant was born exposed to methamphetamines. The remaining largest categories of concern were heroin (37 referrals), other opiates (37 referrals), and stimulants/amphetamines (29 referrals).</p>
Mental Health – Parents	<p>Many Colorado adults report a mental illness, but many of these adults also report that they do not receive mental health services. According to National Survey on Drug Use and Health data from 2016-2017, 838,000 adults in Colorado reported having a mental illness in the past year, but only 659,000 of adults reported receiving mental health services in that same year.</p> <p>214,000 adults in Colorado reported experiencing a serious mental illness in the past year, and 325,000 reported experiencing a major depressive episode ("2016-2017 NSDUH State-Specific Tables," SAMSHA).</p>
Mental Health – Children/ Youth	<p>Children and youth in the state are experiencing mental health issues as well, which may create parenting challenges for parents not yet trained in how to respond to mental health issues.</p> <p>In 2016-2017, an estimated 59,000 youth ages 12-17 experienced a major depressive episode ("2016-2017 NSDUH State-Specific Tables," SAMSHA).</p>
Lack of Parenting Skills	<p>The following indicators provide information about the scope of the population in Colorado that may need parenting skills support ("2017-2018 National Survey of Children's Health", Data Resource Center for Child and Adolescent Health).</p> <p>An estimated 10,640 parents in Colorado think that they handle the day-to-day demand of raising children "not very well" or "not very well at all."</p>

	An estimated 54,752 parents in Colorado felt aggravation "usually" or "always" in the past month from parenting in 2017-2018.
Limited Capacity to Function in Parenting Roles	In CY 2018, there were 13,353 substantiated allegations of abuse/neglect in Colorado. In CY 2018, there were 24,323 parents or caretakers in an open child welfare case for services or identified as the perpetrator of a founded allegation in a child welfare referral/ assessment
Youth involved in the juvenile justice/delinquency system	CDHS operates detention and commitment centers for youth involved with the justice system. In FY 2018-2019, there were 3,137 unique youth served in state-operated and contract secure detention. In FY 2018-2019, there were 1,171 unique youth served in commitment.
Youth Beyond Control of the Parent	In CY 2018, there were 1,408 youth who had Program Area 4, Youth in Conflict status during the year.
At Risk of Re-Entry	In CY 2018, 2,699 children/youth exited foster care to reunification, guardianship, or adoption. Of those children/youth, there were 580 instances of re-entry into out-of-home placement.
Substantiated Maltreatment – In-Home Services	In some cases of substantiated maltreatment, existing safety and risk factors can be mitigated by provision of in-home services. • In CY 2018, 14,222 children/youth received in-home services.

By continuing to analyze the demographics and characteristics of children, youth, and families in each of these categories, Colorado can understand more about those who may be at risk of entering the child welfare system and how to reach them prior to involvement. Colorado has invested in rigorous evaluation studies of its Core Services Program, Title IV-E Waiver interventions, and specific PA3 services such as SafeCare® and Colorado Community Response (described in Section III). CDHS has access to large amounts of data through these studies, our research partners, and sister agencies such as CDPHE, and will continue to utilize this information to guide implementation of its bold definition of candidacy. At the same time, Colorado is sensitive to the risks of furthering systemic disproportionality by using historical data to predict future need, but CDHS is committed to addressing these concerns by ensuring that our communities participate in all levels of candidacy implementation. We strive to be leaders in equitable access to services for communities and families across our state.

To understand how Colorado’s candidacy definition will be operationalized, it is important to recognize that Colorado is a local-control, county-administered, state-supervised system. This means that 64 unique county departments and 22 judicial districts will be implementing Colorado’s definition in ways that respond to the array of families, services, providers, partners, and funding streams in their communities. Some county human services departments are already implementing prevention and early intervention services in the broadest manner and are closely aligned with Colorado’s proposed definition of candidacy. Other counties are providing more traditional placement prevention services by focusing on families who are already involved in the child welfare system.

To honor the range of needs and practices across the state, the candidacy definition is intentionally broad and flexible enough to capture a variety of approaches. Below are descriptions of three unique communities in Colorado and their current and planned approaches to placement prevention services under Family First.

Candidacy Determination

For open cases within the child welfare system, caseworkers use information from the Colorado Family Safety and Risk Assessment tools, periodic case reviews, as well as information gained from engaging with the family and other collaterals to determine IV-E prevention candidacy. A new IV-E Prevention Candidacy Determination page will be created in Colorado’s Comprehensive Child Welfare Information System (Trails), and caseworkers will document children and youth who are eligible for IV-E prevention services. Once this determination is made, the caseworker will be allowed to create the required prevention plan, linking the candidate to appropriate services.

For those without an open case, but who are involved in the child welfare system and have risk factors present, the process will look similar to current PA3 cases. A candidate and prevention plan will be documented in Trails, and the county department will contract with community-based agencies to provide appropriate prevention services.

For those who have not been the subject of a child maltreatment referral and, thus, not known to the child welfare system, but have risk factors present, Colorado is continuing to work with partner agencies and community providers to build capacity in targeting and identifying eligible IV-E prevention candidates. Colorado is building the technological solutions necessary to ensure sufficient safeguards around client data while allowing CDHS, as the IV-E agency, to track and report on prevention activities provided outside of child welfare.

One of the key workgroups of the Colorado Family First Implementation Team is the Services Continuum workgroup, made up of diverse members representing CDHS, counties, service providers, and community partners. The long-term objective of the workgroup is to define a comprehensive continuum of care in Colorado spanning primary prevention, early intervention, stabilization, permanency, reunification, and re-entry. In the short term, the purpose of the workgroup was more narrowly focused on understanding and identifying opportunities for Colorado to access IV-E funding for current and future placement prevention services. Additionally, with the support of Casey Family Programs, the workgroup has mobilized research

and university partners statewide in developing a coordinated Colorado-focused research agenda to strategically build evidence for prevention services.

The workgroup strongly recommended that the state prioritize the evidence-based services that are currently in place and being implemented successfully in Colorado. This strategy will allow the state to build upon existing capacity, continue to assess program efficacy, make efforts to scale where appropriate, and minimize start-up costs for initial implementation. All of Colorado's proposed prevention services, therefore, are currently being implemented in the state, although to varying degrees. Simultaneously, Colorado will continue to look at evidence-based services that are not currently present in Colorado to understand how they align with the state's resources and the needs of target populations, including partnering with Tribes.

The workgroup compiled a snapshot of the approved services in the Title IV-E Prevention Services Clearinghouse (Clearinghouse) being provided in Colorado—both in terms of prevalence and geographic reach. Currently, 10 of the 12 rated Clearinghouse services (as of March 2020) are being implemented in Colorado. The map below shows the number of Clearinghouse services available in each of Colorado's 64 counties. Colorado is formally proposing nine practices in this initial five-year plan. Seven are rated well-supported, one is rated supported with a rigorous evaluation plan, and one is the result of an independent systematic review with documentation included in this plan. Colorado is continuing to develop rigorous evaluation plans for two additional promising practices, and has two additional independent systematic reviews pending.



Maine

Status: Submitted

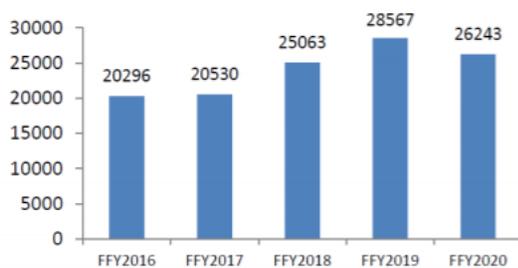
Section II: Eligibility and Candidacy Identification

Maine Data: Who are we serving?

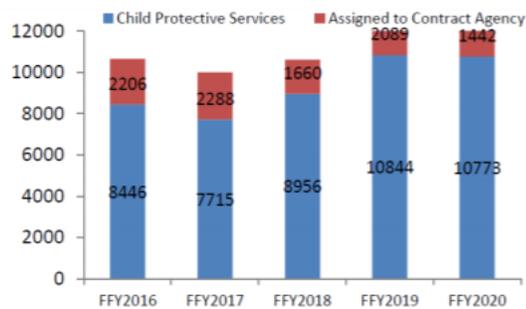
Child Welfare: In preparation for the planning and implementation of the FFPSA in Maine, child welfare data was gathered and analyzed from the Maine Automated Child Welfare Information System (MACWIS) to determine the ideal candidates for prevention services.

Intake Reports/Assessments: The following tables summarize the number of referrals to Child Protective Services and the number of referrals assigned for a Child Protective Services assessment or to a Contract Agency (Alternative Response) for assessment. Over the past 5 years ending FFY20, the OCFS intake team received an average of 24,139 reports each year with a high of 28,567 reports in FFY2019. On average, OCFS annually assigns 11,284 (47%) for assessment with the figure below outlining when assignments are made to a contract agency for assessment. In FFY20, OCFS received 26,243 reports of which 12,215 (47%) were assigned for assessment or alternative response.

Child Protective Intake Reports



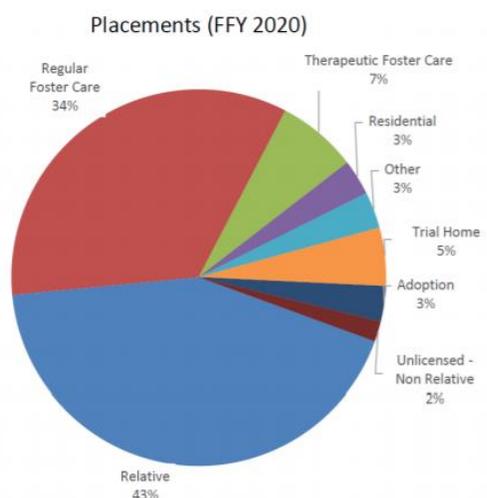
Assessments



*Child Protective Services figures are annual totals

Children in Foster Care: As indicated in the chart below, the numbers of children in foster care over the years has varied. The number of children in foster care at any given time is a function not just of the number of children entering foster care, but also the number exiting to permanency. In a given week if 12 children enter the Department’s care, but 15 exit to reunification with their parents, adoption, or another form of permanency, it results in 3 fewer children in care at the end of that week.

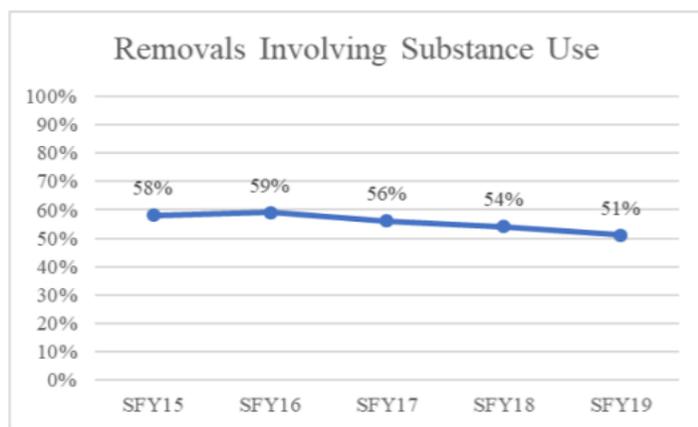




Maine Automated Child Welfare Information System (MACWIS)

Many factors have contributed to the number of children in foster care, but parental substance use has continued to be a significant contributing factor for removal of children from the home over the past several years.

In State Fiscal Year (SFY) 2019- half (51%) of all child welfare removals involved parental substance use as a factor in the removal which was a slight decrease in trend from 2018 (54%). Caseworkers documented the most commonly identified substances used by parents were alcohol and heroin. With that, 1 in 5 infants entered custody in SFY 2019 following a drug affected baby/substance exposed newborn report (Office of Child and Family Services, State Custody Summary 2019).



When assessing the age of children entering foster care, the highest rate (21%) of children entering care are newborns. Over half of the children entering foster care over the past three fiscal years were under the age of 5. Family structure at time of removal in SFY 2019 was primarily families identifying as an unmarried couple (42%) and single female families (36%). Most children entering foster care were white (72%), 3% were Black/African American, 6% identified as multi-racial (3% of them being Hispanic/Latino). Native American children made up 1% of the children in foster care in SFY 2019 and about 17% were of unknown race. Nearly half of children entering care were male (49%) with 51% being female. (Office of Child and Family Services, State Custody Summary 2019).

Maine consistently has had a low number of pregnant or parenting youth in foster care with only two youth identified in June 2020. (Maine Automated Child Welfare Information System, 2020.)

Although it is OCFS' goal to ensure children remain safely with their parents whenever possible, the need for caring and committed resource parents remains high. OCFS continues to concentrate resources on foster parent recruitment and has focused attention on retaining experienced foster parents. In FFY 2020, 43% of all children in state custody were placed with relatives. To compare nationally, in FFY 2018 (the most recent year for which federal data is available), 32% of all children in state custody were placed with relatives. Maine continues to have low numbers of children in care placed in residential programs.

Service Cases: Maine OCFS has seen an increasing trend over the past few years with the number of open active family Service cases; cases open to OCFS where risk and safety factors have been identified but the children remain in the placement and custody of a parent with supports and services. These would be considered traditional candidacy cases. The following chart indicates the numbers of Service cases open in each district in October of each given year.

District	Oct-14	Oct-15	Oct-16	Oct-17	Oct-18	Oct-19	Oct-20
1 York	52	42	69	67	71	67	51
2 Cumberland	47	24	29	39	20	25	30
3 Western Maine	47	38	41	38	31	67	66
4 Mid Coast	16	17	29	24	32	35	36
5 Central Maine	82	63	81	90	61	82	102
6 Penquis	33	48	49	51	39	65	56
7 Down East	53	47	37	18	14	24	35
8 Aroostook	14	8	8	15	8	21	22
State Totals	344	287	343	342	276	386	398

** These numbers represent current open service cases at the time the document is published. Adding the totals from each month will not accurately reflect how many cases there were in a year, as a case that is open in January may still be open in June or September.*

The top percent of risk factors found with child welfare Service cases is parental substance use at 56% with neglect being second at 50%. Domestic violence was identified in a quarter of cases and prior history with Child Protective Services was identified in 17% of cases. The table to the left highlights rates across risk factors.

Service Case Risk Factors	2019
Neglect	50%
Caretaker's drug use	37%
Domestic Violence	25%
Emotional or Psychological abuse	20%
Caretaker's alcohol use	19%
Physical abuse	18%
Prior History with CPS	17%

(Maine Automated Child Welfare Information System, 2020.)

Children's Behavioral Health Data: OCFS Children's Behavioral Health data was also examined for the needs of children across Maine, including those in and out of foster care. In State Fiscal Year (SFY) 2020, over 30,000 Maine children and youth received children's behavioral health services. Post-Traumatic Stress Disorder and Attention Deficit Hyperactivity were the two most common behavioral health needs identified. Developmentally, Autism disorder was the most common with language developmental delays the second most common.

Other Data Collection: Through the FFPSA stakeholder workgroup meetings, surveys, and meetings with parents and youth, qualitative data was gathered on the needs of families in Maine. Consistent with MACWIS data, substance use, neglect, and domestic violence were identified as significant concerns for families. Kinship supports were identified as important and opportunities were identified with providing prevention services through OCFS Service cases. Substance use, mental health and in-home supportive services were all identified as needed services for families in Maine. Some of the biggest barriers identified for families includes transportation, housing, childcare, and poverty as well as access, availability and knowledge of behavioral health and supportive services that exist to support families in Maine.

Eligibility and Candidacy for Prevention Services

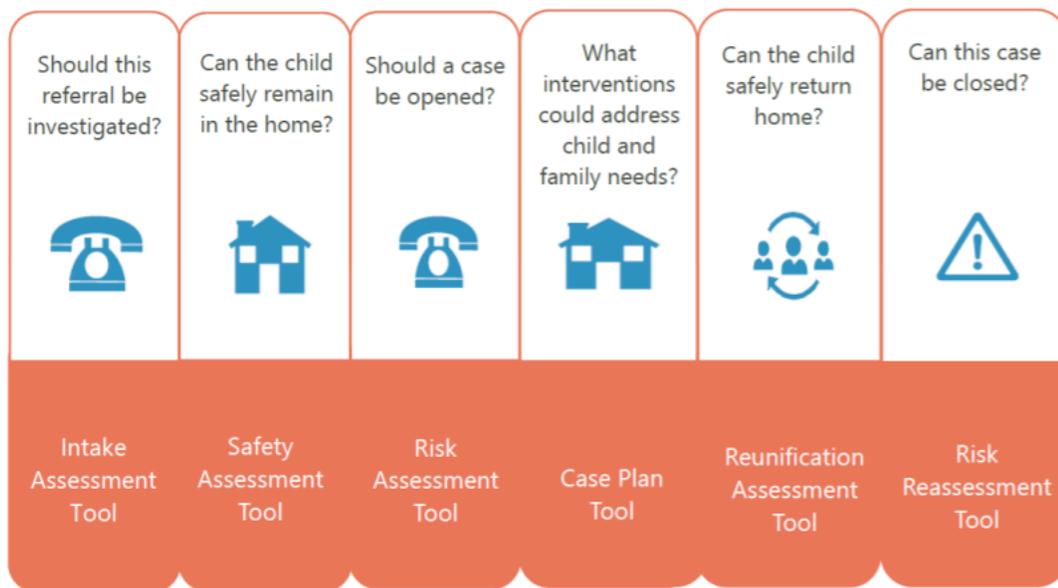
Ongoing data collection and analysis and engagement with statewide stakeholders, provided an opportunity for Maine to create a candidacy definition that allows for a diverse population of children who are at imminent risk of entering foster care to receive services and supports with the mission to keep children safely in the home.

OCFS has identified several pathways for families to receive a continuum of primary, secondary, and tertiary prevention services in Maine. This includes families who are not known to the Department, known but with risk factors, and those families who have a finding of abuse and/or neglect with safety and/or risk factors. The visual below identifies the pathways for prevention services in Maine with the candidacy criteria for Family First Prevention Services identified in the blue section. Services identified through the State Agency Partnership for Prevention compliments the pathways shown below as the opportunities for families to receive services in Maine goes beyond what just Family First Prevention Services will provide. More information about the prevention service continuum will be described in Section 3.



Determining Candidacy

Coordinated state and community initiatives listed in this State Plan in partnership with OCFS child welfare case processes provide support for engagement with families and community partners as the change agent for increased safety of children in the home. Existing OCFS case processes, from Child Protective Intake to case closure, will support the identification of candidates for Family First Prevention Services in Maine and are described in greater detail below. These processes incorporate the use of Structured Decision Making (SDM) at key decision points to determine risk and safety factors and guide case flow. The below graphic demonstrates the key decision points where SDM is currently used by child welfare staff, including whether the child can remain safely in the home, if a case should be opened, and interventions that are needed to maintain child safety in the home.



Phase 1-Intake:

The Intake Unit within the Office of Child and Family Services (OCFS) manages Maine's Child Protection hotline. Intake is the first point of contact between the public and the child welfare system. The Intake Unit is staffed 24 hours a day, 7 days a week and receives approximately 6,000-7,000 phone calls per month, while also making approximately 3,500 outgoing calls each month.

After a call of suspected child abuse or neglect is received by Child Protective Intake, a report is run through the Structured Decision Making (SDM) Intake Assessment tool in the SDM database. The intake caseworker makes a recommendation on disposition based on the SDM tool which is reviewed by an intake supervisor. At that time, the report is either assigned for investigation or screened out. The intake supervisor assigns all new reports to the "assigning supervisor" in each district. Intake has up to 24 hours from the time of the intake call to write up the report, approve it, and send to the district supervisor.

Substance Exposed Infant (SEI)/Newborn reports will be assigned for a child welfare investigation or referred to partners such as Public Health Nursing (PHN) and/or Maine Families Home Visitors through a referral to CradleMe (a referral service that helps connect families with newborns with the right home-based services

for their family.) Additionally, every SEI notification will have a Plan of Safe Care as described in Section 1 of this plan.

Phase 2-Investigation:

When a report is deemed appropriate, the case is assigned to a Child Protective investigations caseworker by the district supervisor for investigation. Contact with the child and parents must occur within 24-72 hours after a call to intake is made. The investigations caseworker will engage with the family and work in partnership with them in determining strengths, needs and safety threats. After initial contact with the family, the caseworker and supervisor complete the SDM Safety Assessment Tool within 24-72 hours as part of the preliminary safety decision. Additionally, the caseworker will continue to engage with the family, their providers and supports throughout the investigation and complete the SDM Risk Assessment Tool prior to the closure of the investigation. The investigation closure must occur within 35 days of assignment. During the investigation phase, a substance use screening tool (UNCOPE) is completed by the investigations caseworker which will assist with the identification of substance use as a risk factor and identify if further assessment of substance use or dependence is needed.

The combination of SDM Safety and Risk tools will determine if there is a need for a Prevention Service case and if the child meets the criteria for candidacy. A case of presenting risk factors but no safety factors typically would not become a Prevention Service case. Referrals to other community services would be made at this time and the child welfare case would be closed. If there are risk and safety factors present and it is determined the child meets the definition of candidacy, then a Prevention Service case will be opened. This can occur at SDM decision points, but this determination must happen for each child prior to the end of the investigation (35 days). The date candidacy determination is made will be documented in the new Comprehensive Child Welfare Information System (CCWIS) at the time the Prevention Service case is opened. Once the investigation is complete and candidacy determination is made, the case will be transferred to a Permanency caseworker for completion of the Prevention Services Family Plan, to be further outlined in Section 4 of this plan. Additional use of SDM tools to monitor safety will be discussed in Section 5 of this plan.



Oregon

Status: Submitted

Section II: Eligibility and Candidacy Identification

Section 2: Eligibility and Candidacy Identification: Child and Family Eligibility for Title IV-E Prevention Services

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

- A child who is a candidate for foster care
- A youth in foster care who is pregnant or parenting, or
- Parents or kin caregivers of a candidate for foster care or a pregnant and parenting youth in foster care.

According to federal guidance, a child is a “candidate for foster care” when they are identified as being at imminent risk of entering or re-entering foster care if not for the receipt of prevention services. This term also includes a child whose adoption or guardianship arrangement is at risk of disruption or dissolution. The federal Children’s Bureau, which administers the title IV-E programs, is not further defining the phrase “candidate for foster care” or the term “imminent risk,” so jurisdictions have flexibility in how they chose to define and apply the federal criteria to the populations they serve.

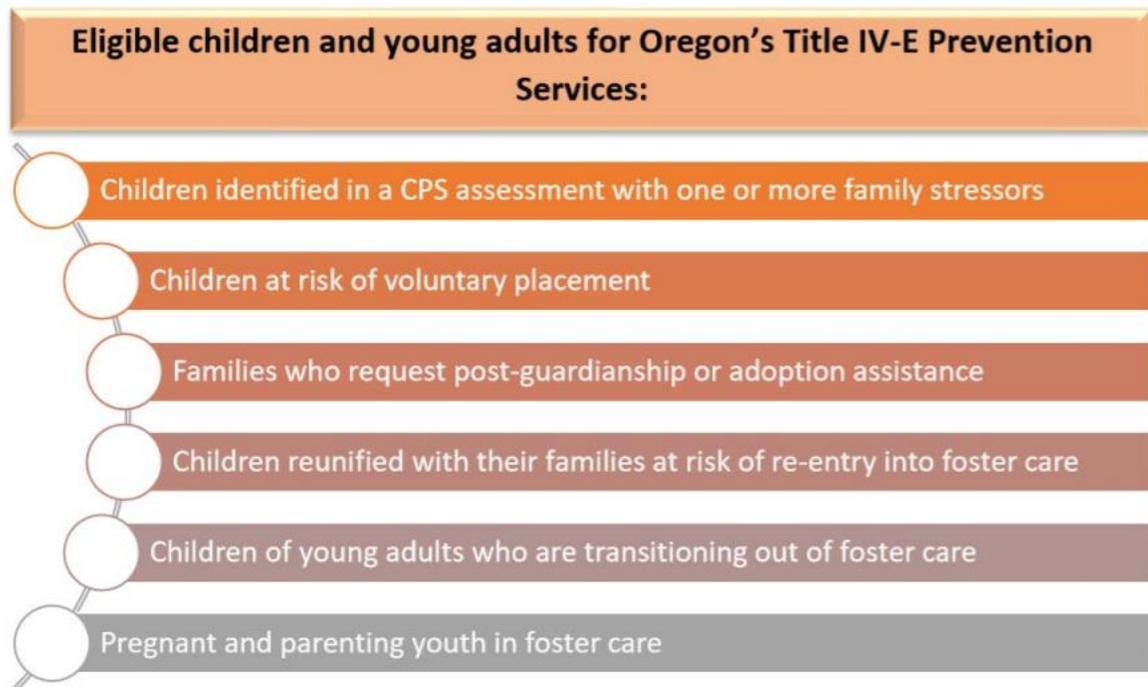
Although pregnant or parenting youth in foster care are not candidates for foster care, they are eligible to receive prevention services under Family First. Once a child is eligible, the child, parent or kin caregiver may be the recipient of an applicable service to prevent foster care or enhance their parenting capacity, if the service is identified in a child-specific prevention plan in advance of services being provided.

Defining Candidacy and Eligible Populations in Oregon

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

Candidates eligible for Family First prevention services include six target population groups (see figure 3). The first five population groups are children at imminent risk of foster care entry or re-entry, while the sixth population group, pregnant and parenting youth in foster care, are eligible because they are explicitly so in the Family First legislation. We describe each of these populations and the supporting analytic work used to identify them in the subsequent section below.

Figure 3. Population groups of children and young adults eligible for title IV-E prevention services



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

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

Observable family behaviors, conditions or circumstances that are occurring now and are likely to have a negative impact on a child's physical, sexual, psychological, cognitive or behavioral development or functioning. While intervention may not be required for the child to be safe, it is reasonable to determine that by supporting the family through culturally responsive and inclusive engagement, honoring family traditions and relationships and family-led services, family stress factors that lead to subsequent incidents of maltreatment or foster care placement may be mitigated.

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

1. Children identified in a CPS assessment with one or more of select family stressors

In order to inform decision-making about the eligible populations for Family First prevention services in Oregon, the target population workgroup analyzed cohort 2018 data to understand the size and scope of the child population already known to Child Welfare and who could benefit from evidence-based interventions under Family First.

During 2018, Child Welfare received 84,233 calls/referrals to the Oregon Child Abuse Hotline (ORCAH), of these 40,916 were closed at screening and 43,317 were assigned as CPS assessments. Of this total, 8,167 resulted in a founded allegation of abuse and/or neglect representing 12,585 unduplicated children (see Table 1).

Table 1. Child Protective Services case flow, 2018 cohort

Screening/assessment process	Counts
Total CPS screening/referrals	84,233
Number closed at screening	40,916
Number assigned as assessment	43,317
Incomplete/unfounded assessments	35,150
Founded assessments	8,167

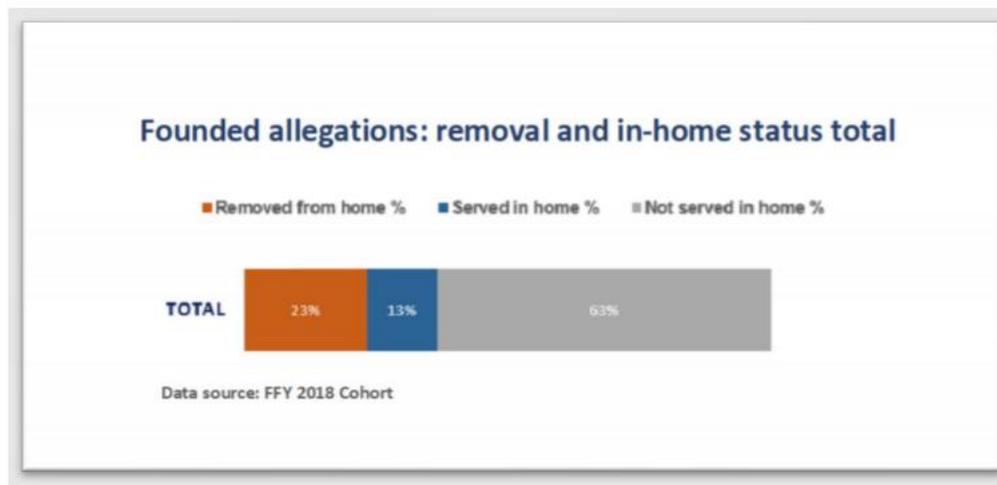
Of 12,585 children with findings of maltreatment, two-thirds remained in their own homes (9,679), while roughly a quarter (2,906) were removed from their homes and entered foster care. Of the ones remaining at home, some had in-home safety plans (1,700) and received services. The majority, however, stayed in their homes (7,979) and did not receive services because the assessment determined that it was not necessary to open a service case to keep the child(ren) safe (see Table 2).

Table 2. Founded allegations by removal and in-home service status, 2018 cohort

Unique children with founded allegation(s) of abuse/neglect	Counts
Number of children removed from home and entering care	2,906
Number of children remaining at home	9,679
Number of children remaining at home with no services	7,979
Number of children remaining at home with services	1,700
Total	12,585

Consequently, the majority of children (63%) with founded allegations of abuse and neglect did not receive any services after the conclusion of an assessment as the graph below illustrates:

Figure 4. Percentage of children served in home versus in care following a founded allegation, 2018



The decision to open a case at the conclusion of an assessment is based on whether a child is “safe” or “unsafe.” The child protective services (CPS) worker investigates an alleged incident of abuse or neglect and comprehensively assesses how a family functions. A child is considered unsafe if five safety threat threshold criteria are met. Consequently, a child may have experienced child maltreatment and have service-specific needs but, in current practice, service delivery is driven solely by child safety.

This illuminated a potential opportunity to expand in-home services to children and their families after a finding of child abuse and/or neglect. Further examination of the data supported the proposed expansion of services. Approximately one-third (33%) of children who received in-home services were later removed and seven percent, approximately 500 children, who remained at home without any services were later removed. This suggested that service delivery should be expanded to all children and families after an incident of maltreatment rather limiting service provision based solely on safety concerns.

To determine the needs of this group of children and families, the workgroup reviewed additional CPS assessment data consisting of 15 family stressors that potentially could put children at risk of foster care entry. Data showed that nine of 15 family stressors aligned with the three allowable Family First service categories of mental health, substance use treatment and parent skills training. Additional data analysis revealed that many of the family stressors present in founded allegations were also present in unfounded allegations of child maltreatment, suggesting another opportunity for expansion of prevention services. Table 3 illustrates the prevalence of family stressors by founded and unfounded allegations and their alignment with a Family First service category.

Table 3. Prevalence of family stressors in families with founded and unfounded allegations and alignment with Family First service need

Founded vs. unfounded allegations by family stressors			
Stressor	Family First Service Needed	Founded	Unfounded
Parent/caregiver alcohol/drug use	Substance use or Mental Health	42.5%	20.3%
Domestic violence	Other non-Family First service	29.7%	14.9%
Child emotional behavior disability	Mental Health or Parenting	9.9%	15.0%
Parent/caregiver involvement with LEA	Other non-Family First service	19.9%	7.2%
Family financial distress	Other non-Family First service	11.8%	7.9%
Parent/caregiver mental illness	Mental Health	13.5%	6.4%
Parent/caregiver history of abuse	Mental Health	11.4%	7.0%
Inadequate housing	Other non-Family First service	8.6%	4.4%
Head of household unemployed	Other non-Family First service	6.6%	3.4%
New baby/pregnant	Parenting	6.6%	3.4%
Child developmental disability	Mental Health or Parenting	2.0%	3.1%
Child mental illness	Mental Health	2.1%	3.0%
Heavy child care responsibility	Parenting	2.0%	1.4%
Parent developmental disability	Parenting	1.8%	1.1%
Social Isolation	Other non-Family First service	2.0%	1.0%

Oregon concluded that the candidacy definition should include all children identified in a CPS assessment with one or more of the following identified family stressors:

- Parent/caregiver alcohol and drug use
- New baby/pregnant
- Heavy childcare responsibility
- Parent developmental disability
- Child developmental disability
- Child emotional behavior disability
- Parent/caregiver mental illness
- Parent/caregiver history of abuse
- Child mental illness

Estimated Size: The estimated size of this candidacy population for the initial phase of implementation is 1,700 children. This is based on the total number of the children in FFY 2018 who were determined “unsafe” and an in-home services case was opened immediately following a CPS assessment. In later phases of

implementation, Oregon intends to expand this category to include children who are determined “safe” at the conclusion of a CPS assessment.

Determining Eligibility: For the initial phase, the CPS worker in consultation with their supervisor will make the imminent risk determination for the child whose family qualifies for inhome services. Instead of a permanency worker being assigned within the transfer protocol timelines cited above, a “family preservation worker” will be assigned who will immediately engage the family in the process of developing a child-specific prevention plan.

2. Children who are at risk of voluntary placement through Child Welfare if their caregivers are unable to access appropriate services/assistance for the child, or other utilized community resources have been determined to be ineffective or inaccessible.

Oregon currently provides Family Support Services (FSS) to families and young adults who request certain voluntary services or are unable to be served in the community. Eligibility for FSS falls into the following six categories:

- Voluntary out-of-home placement for the child
- Voluntary custody of the child
- Former foster youth request for Independent Living Program (ILP) services
- Post adoption and post legal guardianship services
- Voluntary in-home services
- Court ordered pre-adjudicated youth

An analysis of the requests from caregivers for voluntary services revealed that the children who are at imminent risk of foster care are those whose families seek a voluntary placement or custody agreement due to the behavioral/mental health condition of the child or the medical/mental health condition of the parent.

Estimated Size: Based on 2018 data, approximately 164 children would be eligible for Family First prevention services based on requests from caregivers for voluntary services.

Determining Eligibility: During an FSS assessment, the worker will determine in consultation with their supervisor if the potential candidate meets the definition of imminent risk and is a child at risk of being placed in foster care through a voluntary placement or custody agreement.

3. Children who have exited the foster care system whose caregivers have requested postadoption or post-guardianship services.

Children who exit care to adoption or guardianship are at risk of re-entry. Prior research shows that 17 percent of children who exit to guardianship re-enter care (Wulczyn et al., 2020). Oregon plans to make Family First prevention services available to caregivers who request postadoption or post-guardianship services to ensure they have the supports they need to remain intact.

Estimated Size: Additional analysis of the FSS 2018 data showed that caregivers requested postadoption or post guardianship services for approximately 122 children.

Determining Eligibility: The FSS worker will determine whether a child is at imminent risk of foster care placement during the FSS assessment.

4. Children who have exited the foster care system to reunification but are at risk of re-entry.

In 2018, approximately 2,346 children/youth placed in foster care were reunified with a parent and/or guardian. Prior research indicates that some of these children are at-risk of returning to care without needed supports and resources (Wulczyn et al., 2020). This finding suggests that some children and their families could benefit from additional Family First prevention services to reduce the likelihood of re-entry.

Estimated size: Data analysis of Oregon's recent four-year trends shows that, on average, 298 children each year re-enter foster care after being reunified.

Determining Eligibility: For the initial phase of implementation, the permanency worker will determine whether a child who successfully exits foster care to reunification meets the imminent risk definition immediately at the conclusion of the trial reunification and provided a determination is made that the child is no longer "unsafe." For future phases, eligibility for candidacy will be extended to include a greater time period after reunification has occurred.

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

Children of recent former foster youth are a high-risk group because of their parents' history in foster care. Research shows the intergenerational link between being in foster care and the likelihood of having a child enter care (Jackson Foster et al., 2015). To reduce this risk, Oregon plans to make Family First prevention services available to any child of a former foster youth/young adult transitioning out of the foster care system.

Estimated Size: A recent analysis of the current independent living program (ILP) in Oregon found that approximately 42 of these young adults had eligible children that could receive Family First services.

Determining Eligibility: During an FSS assessment, the worker will determine in consultation with their supervisor if the child of the former foster youth meets the definition of imminent risk of foster care. Oregon will provide ILP services to the former foster youth and, as needed, prioritize the provision of in-home parenting supports and other services to prevent the children of these youth from entering foster care.

6. Pregnant and Parenting Youth in Foster Care

Under Family First, pregnant and parenting youth in foster care are automatically eligible for Family First prevention services.

Estimated Size: An analysis of 2018 data identified approximately 10 parenting youth who were in foster care. Oregon does not currently track the number of pregnant foster youth and the number of parenting youth in foster care may be an underestimate. Oregon will begin to track this eligibility population in accordance with new federal reporting requirements.

Eligibility Determination: A pregnant and/or parenting youth in foster care will be eligible once they are identified as pregnant or parenting. Parenting youth will be identified regardless of their gender or gender identity.

Eligibility Documentation

The family preservation worker will document candidacy eligibility in the child-specific prevention plan as described in Section 4 of this Plan. For pregnant and parenting youth in foster care, eligibility will be documented in the youth's case plan. In addition to documentation of eligibility in the child-specific prevention and case plan, Oregon is exploring adding an eligibility screen in OR-Kids, the Child Welfare's SACWIS system, to document and track the eligibility criteria required for title IV-E prevention services, including the date that eligibility is determined.