

Family First Prevention Services Act: University Perspective

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State of Readiness for Family First in Arizona



Arizona not an early adopter – financial implications



Large increase in out-of-home population – peaking in 2015 – use of congregate care



Major initiatives to prepare for Family First underway since 2016

#1: Efforts to reduce congregate care and expand placement array



Partnering with foster care licensing agencies for recruitment, placement and support/fiscal supports to licensing agencies for placement of youth 12 +



Improving Therapeutic Foster Care – training




Expand Waiver demonstration statewide – Family Finding, In-home Services, specialized TDMs




#2. Developing Qualified Residential Treatment Programs

 Policy for QRTP qualifications and Office of Licensing Review oversight plans complete and in review

Grants awarded to assist specialized QRTPs to develop cohort programs

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- High needs behavioral
 - Medically fragile
 - Sexually maladaptive
 - Significant trauma

#3. Developing Qualifying Prevention Programs

 Arizona Families F.I.R.S.T. – statewide substance abuse treatment program – working to manualize, ensure program is based on best practices and trauma informed, family vs. individual oriented


 In-home preservation programs – stable of the service array

 Base selection on study of demographics – “what is right for the state regardless of what is on the list”

Concerns

 How to define Reasonable Candidacy?

 Base on safety assessment - limiting vs. inclusive?

 What programs to select?
Registry very limited, time and resource intensive to approve programs

 Cost and workforce readiness to implement EBPs?

University: Challenges and Opportunities

- Evaluation/Research
- Training
- Workforce development
- System enhancements and communication
- Legislative advocacy
- Leadership – primary prevention – abusive head trauma, universal quality early education, safety education and social emotional learning in schools (increases in MH disorders and suicide)



Title IV-E Prevention Service Clearinghouse (ACF)

Clearinghouse

- Rate programs as promising, supported, well supported
- Practices: mental health, substance abuse prevention and treatment services, in-home parenting, kinship navigator
- Clearinghouse requirements:
 - *Systematic, rigorous, transparent standards and procedures*
 - *Accessible, user friendly website*
 - *Relevant and responsive*



Clearinghouse Rating Criteria | Strength of Evidence

1. Promising practice

- ≥ 1 study with moderate/high study design
- favorable effect on ≥ 1 outcome

2. Supported practice

- ≥ 1 study, usual care setting
- moderate/high study design and execution,
- sustained favorable effective with moderate/high study design
- favorable effect ≥ 6 months on at least one outcome

3. Well supported practice

- ≥ 2 studies, non-overlapping samples, usual care setting
- moderate/high study design and execution,
- sustained favorable effective with moderate/high study design
- favorable effect ≥ 12 months on at least one outcome

4. Does not currently meet criteria (none of the above)



Clearinghouse Eligibility Criteria

1. Source

Peer-reviewed journal and/or publicly available literature that may include federal, state, and local government and foundation reports.

2. Design

Quantitative methods, appropriate control:

Randomized Controlled Trials (RCT), Quasi-Experimental Designs (QED), and other non-experimental designs that utilize an appropriate control.

3. Target Outcomes.

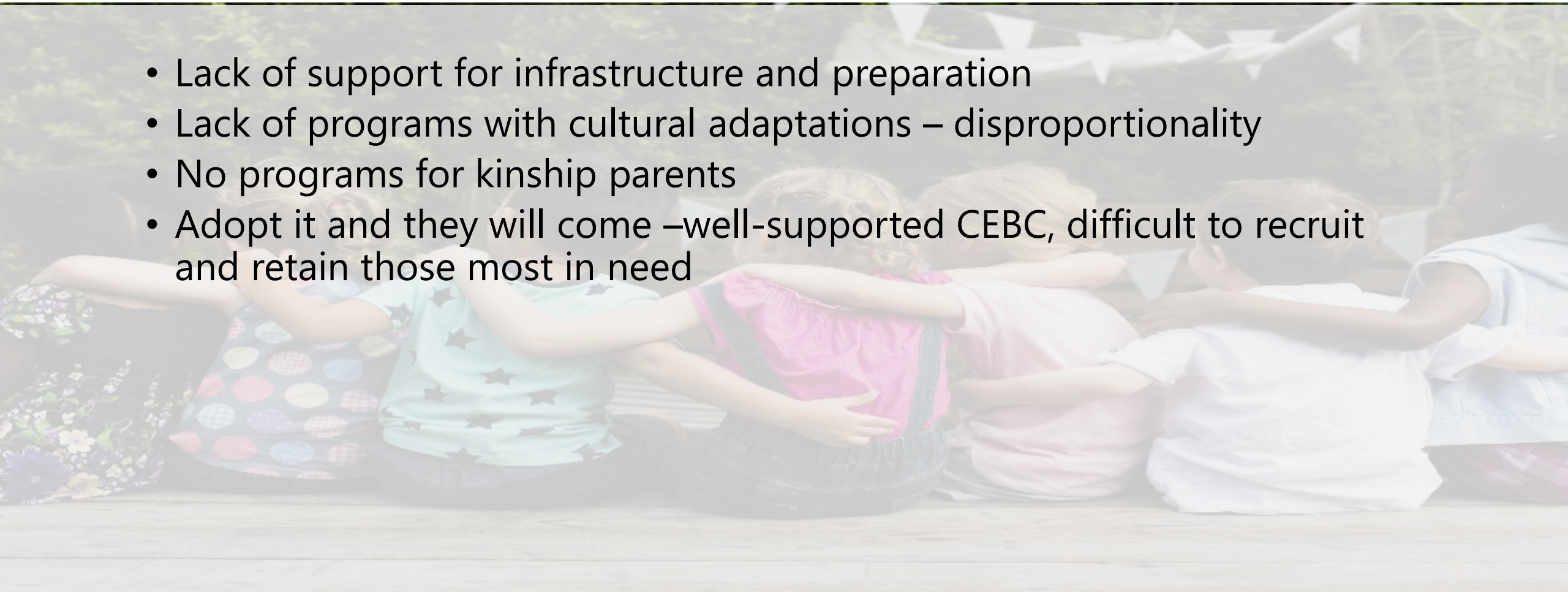
child safety, child permanency, child well-being, and adult (parent and kin caregiver) well-being.

4. Study in English



Concerns

- Lack of support for infrastructure and preparation
- Lack of programs with cultural adaptations – disproportionality
- No programs for kinship parents
- Adopt it and they will come –well-supported CEBC, difficult to recruit and retain those most in need



Safe Babies Court Team™



Cradle to Crayons was modeled after the ZERO TO THREE Safe Babies Court Team™

- Rated as a promising practice on the California Evidence-based Clearinghouse for Child Welfare
- An approach to community engagement and systems change focused on improving how courts, child welfare agencies, and community providers work with young children and their families
- Not manualized, interventions scaffolded into 12 core components, lacks demonstrated fidelity because it evolves

12 Core Components



1. Judicial Leadership
2. Local Community Coordinator
3. Active Court Team Focused on the Big Picture
4. Targeting Infants & Toddlers in Out of Home Care
5. Valuing Birth Parents
6. Placement & Concurrent Planning
7. Foster Parent Intervention/ Kinship and Extended Family
8. Pre Removal Conferences and Monthly Review of Cases
9. Parent Child Contact (Visitation)
10. Continuum of Mental Health Services
11. Training & Technical Assistance
12. Evaluation - Understand the Impact

Impact of Safe Babies Court Teams™ in Maricopa County – Cradle to Crayons (2018 report)

| Group Assignment | Reunification | | Adoption | | Guardianship | |
|--|---------------|----------|----------|----------|--------------|----------|
| | <i>N</i> | <i>%</i> | <i>n</i> | <i>%</i> | <i>n</i> | <i>%</i> |
| Experimental (<i>n</i> = 353) | 227 | 64.3 | 123 | 34.8 | 3 | 0.9 |
| Comparison (<i>n</i> = 364) | 112 | 30.8 | 247 | 67.8 | 5 | 1.4 |
| Pre C2C Comparison (<i>n</i> = 1,705) | 672 | 39.4 | 990 | 58.0 | 37 | 2.2 |


The receipt of Cradle to Crayons services significantly increases the odds of reunification



Services Significantly Associated with Reunification ($p < .05$)

Single Service

 Resource Coordination

 Bridge Program
(Reunification services)

 Family Time Coaching

 Clinical Assessment

Two Services in Combination

 Trauma Therapy/Resource
Coordination

 Family Time Coaching/Resource
Coordination

How is C2C experience relevant?

- just because randomized controlled trial and well supported, may not have best or acceptable outcomes - C2C required adaptation because effective clinical services did not exist
- Healthy Families America and Parents as Teachers – how effective in keeping children from entering care – focused on strengths, in-home, trauma focused, not so successful with risk: DV, MH, and SA– engagement, motivational interviewing, attachment interventions for those born substance exposed (much like C2C scaffolding in best practices and programs).



Resources

- Title IV- E Prevention Services Clearinghouse:
<https://preventionservices.abtsites.com/>
- The Prevention Services Clearinghouse Handbook of Standards and Procedures:
<https://www.acf.hhs.gov/opre/resource/the-prevention-services-clearinghouse-handbook-of-standards-and-procedures>
- Webinar overviewing the Handbook of Standards and Procedures:
<https://www.youtube.com/watch?v=YSRfI4qJ7qY&feature=youtu.be>