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Family First Prevention Services Act

Community Meeting Notes

DCYF is looking to expand existing evidence-based services in order to meet the opportunities of FFPSA. What changes to the system would you recommend we make in order to accomplish this?

Support Providers Need

- Court/legal education regarding service changes with context [is needed?]
- Promoting First Relationships (PFR) contract - every single the thing the provider is supposed to do, there is very little time to do the program. DCYF takes an Evidence Based Practices (EBP), over burdens the local implementing agency (LIA) and that makes it hard at program level. Connect at local level and regional CA HQ. Big Problem!
- Funding for providers to train on EBPs to ensure they are available
- How to more easily access these services?
- Increase payments to be more competitive - currently inadequate
- Increase access to training for EBPs
- 1) Technical & monetary assistance for how programs can achieve evidence-based standards. How do these align with age and programs?
- 2) Assistance with staff retention. The provider rate needs to be higher.
- 3) Better trainings for supervisors.
- Pay enough to sustainably provide care, make sure rate increases go to front line providers. Rural supplements. We need a new contracting system, risk sharing
- Database throughout state so we can track outcomes (perhaps modeling after health care databases)
- More trainings so more agencies can provide more variety of EBP's
- Support services seamless Adverse Childhood Experiences (ACES)/ Conscious discipline
- More education on cultural humility, more training on wise program, and more behavioral therapy
- Questions about how to get through the front door? Intake process to change drastically!
- Screening referral process - more seamless connection to resources. EBPs that are trauma focused (ACEs)
- School counselor resources for prevention
- Provide funding and technical assistance to help programs become Evidence Based - particularly in marginalized communities.
- Providing funding for evidence based services
- Trauma informed care : training/impact of trauma

Within System Supports for Child Welfare Staff/System

- Cases should be able to transfer from Family Assessment Response (FAR) to (Family Voluntary Services (FVS (this is a legislative change)



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- Look at supporting continuous training for staff to support them and at the same time supports staff turnover
- Fund /prioritize community relations within child welfare to support community work intentional culture change to prevention.
- How ensuring the DCYF knows about EBPs and is matching services to families?
- What capacity state needs and how to support agencies to have resources/referrals
- Celebrating and strengthening families
- Creating a process for appropriate referrals
- Melding services; navigators, community services to meet EBP requirements
- Communicating available systems
- Removing silo'd groups
- Streamlining access to/for new programs
- Increase accessing funds, programs e.g. controlled studies via universities
- Matching community resources for families and cross systems
- Allow [word] administrative determine appropriate services
- Focus on outcomes wanting to achieve, then look at qualifying services that can connect to those outcomes
- Be inclusive of all the services available to best serve specific populations
- Randomized control studies- meeting that criteria
- Having the capacity to support EBPs (hub?)
- How do we bring up promising services in partnering with local agencies, small community organizations?
- Community Innovation Fund to allow communities to test preventive/intervention strategies that work for their community.
- DCYF to provide a list of evidence-based practices and outline outcomes.
- Question if DCYF has capacity to do this when already have existing challenges w/ current work load. How feasible given challenges w/ boots on the ground?
- Contracting w/ appropriate services for families.
- True family engagement.
- Re-address intake protocol to go to early learning rather than Child Protective Services (CPS)
- Change intake screening systems
- Create new prevention to take risky screen outs
- No record in CPS system to use against family
- Changes to intake process
- Missing links
- Counseling system broke
- Disconnect/knowledge
- CPS; no trauma informed training for social work staff
- Background system is broken (takes months)
- Background system is broke
- Cultural humility, trauma informed care, money to educate and retain staff can carry out these services in practical ways



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- Cognizant how to switch from responding to abuse to prevention? (reactionary)
- Who is making the screenings for these referrals? (front end)
- Significant changes need to be made at the intake process. ACES training for foster parents, support groups for foster parents. There needs to be a lot of education to staff. Nurse visits to children with special needs (at risk families)
- To have seamless referrals, people need to be educated to how does that happen.
- Intake referral and screened out
- Threshold behaviors to qualify for Behavioral Rehabilitation Services (BRS) vs intake evaluation
- School councilors screen out not enough info at that level
- DCYF providing training- need more EBPs
- Trauma- Cultural humility
- More educational things
- Better trained people/ More money
- Trauma - cultural humility more education and training
- better trained people and more money
- Trauma based
- Zea - Trauma – Continuing Education Units (CEU)
- ACEs/trauma training for DCYF staff
- Intake process to screen for services, training for staff, and referrals to agencies (process). Home visiting programs
- More comprehensive needs assessment for communities and families
- Modify top down delivery system to account for community needs
- More definitive links between child welfare and other supporting systems
- Revisit 14 day assessment bids - some don't need it with history, some need 60 day assessment.
- Switch focus from reacting to preventing, increased focus on homeless not just dependent.
- Informing families of services available so they can access them, i.e. Parent Child Interaction Therapy (PCIT), Early Childhood Intervention and Prevention Services (ECLIPSE), Early Childhood Education and Assistance Program (ECEAP), ECLIPSE
- Child-Parent psychotherapy (starting at HopeSparks)
- Improving awareness of resources so that what we correctly have (Parents as Teachers, etc.) are of capacity! (using Help Me Grow)
- Strengths-bases opportunities
- ECLIPSE/Therapeutic child care expansion - not included in licensed child care facility - ECEAP also. More people could provide quality services.
- more options for therapeutic childcare
- Expansion of the ECLIPSE program - more options of therapeutic child care.
- Fully funded services, 24/7 response and keeping the file starter open. Referrals for services are inconsistent and not guaranteed however providers must have availability.
- Trauma informed systems
- Child Parent psychotherapy



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- services to prevent re-entry to Juvenile Rehabilitation (JR)
- How do people enter for these services?
- Need more collaboration, need more services to provide, need more providers to alleviate case workers
- Community lead vs top down led
- Family needs assessment
- Multiple systems solution- not only DCYF
- Nurse home visiting would be beneficial
- Nurse family partnership
- Have referral system set up outside DCYF
- Workforce strategies background checks
- Need more than 14 days to evaluate and figure out which service they need
- If screened out, how would we refer people to services? What workforce?
- Expand mental health services
- Mechanism for intake to make service requirements.
- Intake workers ability to make references

Diversity/Equity

- LGBT, homeless youth, Pride foundation involvement
- Adapting EBPs and recruiting and hiring DCYF employees of color and amplify the native and African American communities - adapting/green lighting the services.
- LGBTQ community and children with disabilities (look at Amara)
- addressing lack of EBP for minority groups - race LGBTQ, disabilities
- Addressing lack of EBP for minority groups - race, LGBTQ+, people with disabilities.
- Address basic needs/poverty level issues to ensure families can focus on higher level concerns such as parenting, resolving/addressing parental ACE's to reduce risk.
- How we can better serve the LGBTQ population
- Barriers within systems must be reduced or eliminated. Reduce stigma that exists that reduce access by families.

Rural Issues

- Rural areas/providers cannot maintain fidelity and run a business with low referrals/large distance and mileages.
- Challenger for providing EBP in rural areas - urban areas restricted to using well supported EBPs to free up flexible funding to rural areas



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Specific Evidence Based Practices (EBP) Suggestions

- Parent Child Assistance Program (PCAP) – extra funding
- Would be helpful if DCYF identifies what EBP are
- As a community we need to think about which EBP is best for across life spans: early learning, youth, families, chronically mentally ill
- More evidenced-based practices for foster care
- Evidenced-based practices need to have more leeway for working with disproportionate families
- CPP - child parent psychotherapy (pierce county) 12 month model, hope sparks network, 46% of 0-3 y/o unconventional , new to make it easier to change services of users, adolescent focused services - how do we support families and youth, money to maintain nucleus in delivering EBPs
- child care aware, family first, Functional Family Therapy (FFT), birth to age 3, Early teen adolescence, continuum of care services, Build EBPs
- Wise program
- Expand FAR services timeline
- Workforce/ needs more training slots on EBPs
- FAR & CPS are 45/90 day programs. Would need to be able to have case open longer to provide BBP which are lot was duration. Issues with assessment.
- Mechanism for intake to make service requirements.
- FAR/CPS needs to be open longer to allow services.
- More training slots for EBP

DCYF will likely need to bring in new services and increase the percent of people receiving our services in order to meet the opportunities of FFPSA. What changes to the system would you recommend we make in order to accomplish this?

Support Providers Need

- Volunteer drivers to help get clients to treatment and support groups
- Utilizing Help Me Grow as a supportive system outside DCYF to connect families and promote positive parenting opportunities/outreach efforts
- Build provider capacity to support FFPSA
- Funding, funding, funding! Community generated solutions. Providers that better reflect the communities we are serving (demographics). Caucusing in communities so each individual is represented. Capacity building to serve multiple preventions within the community (schools). Equity! Staffing to appropriately serve. Vicarious trauma curriculum for training staff.
- Increase training opportunities for providers to increase capacity, decrease waitlist. Trainings should be regularly scheduled and consistently available. Needs to include an equity, culturally responsive, immigrant families, rural needs lens?
- Do not decrease existing
- More money for employers to better train/maintain employees to provide the best care
- Have people trained in the community to recognize and ID
- Funding for additional services personnel



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- funding for counselor programs
- Self-referral for providers to give to families seeking services
- Training slots for Emergent Placement Services (EPS)
- Providers able to screen self-referrers
- School counselors, more providers-training, self-referral processes, more FAR workers

Within System Supports for Child Welfare Staff/System

- More staff to do the work
- Previously we had the ability to screen in 30 days before the child was born but have lost that ability
- Families able to self-refer
- Addiction recovery team contracted to outside agency but stationed in field offices
- Mental health providers stationed in field offices – contracted
- Communication with subpopulations through different venues – radio ads, novellas, social media, podcasts, message boards, YouTube
- Need to have community-based professionals residing at the department, for services in drug/alcohol abuse and mental health
- School-based interventions
- Homeless services
- Outreach centers with resources for youth, adults, the mentally ill
- At risk adoptions - prevention and services in the home after the child places and before adoption is finalized. Parent training. Adoption support services.
- Attract best and brightest services - competition payments.
- Parent allies statewide and earlier on to increase family engagement
- Expand services for teens in trauma
- Funding streams with Medicaid
- Prevention marketing to build resiliency, executive functioning. Caution in wording like Parents as Teachers (PAT) as prevention.
- University of Washington distance learning program. Work with universities to build skills. Distance learning.
- Opportunity to address post placement services for families that are adopting to prevent adoption. Not just reactive
- Address post-placement services for families who have already adopted/ are getting ready to adopt.
- Must change and repair relationship/image of child welfare with communities. Might be accomplished best through networking (network leadership) using trusted community organizations to deliver services.
- Fully fund/ contract process must be collaborative. DCYF must fund at a reasonable rate, provide training.
- Normalizing services, building trust with systems, bringing people to the table before this happens, strengths based. DCYF - small caseloads, training (ongoing), self-care and support for staff



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- Interpretive services and cultural humility rather than competence. (currently on providers, need connection to DCYF organize services for population in that area)
- Trauma-focused approach at system level which fosters agency-wide trauma focused approach from policy to practice.
- Strengthening families
- Celebrating families
- Referral process; database system to track resources, community navigators
- Continuum of best practices
- Personnel prep
- Residential needs while families are navigating CPS
- Building professional relationships supporting families; resiliency
- Supporting a trauma informed system
- Train in core principles, not just EBPs
- Make sure processes (background checks) are streamlined w/ shorter timeframe
- Make the system about families and children. Metrics all need to allow for basic services to be practiced.
- Approval processes need to be faster.
- Use data more effectively to identify families in need much quicker
- Update screening/ intake protocol for pregnant women
- Don't have services for fathers. Need to add that.
- Need capacity building for new services; need to get ahead of the capacity you're going to need
- Partnering schools: have evidence-based providers to be able to go to schools and do preventive services for parents and kids.
- Decreasing social worker caseload size to enhance their ability to appropriately refer. More training for social workers re: EBP's
- Support specialists within DCYF social work staff to connect families with community resources.
- Advisory board: align systems. service integration, seamless, huge disconnect
- More alignment with early childhood and foster care system
- Healing their hurts while ensuring they understand cause and effect.
- A way to self-refer?
- PR- families will not self-refer
- Better cause and effect program
- Better cause and effect program - accountability within the program and trauma
- Maintaining a better cause and effect program that hold children/ teens accountable for their actions. Balanced with healing. Offer wise more increased training's. Wraparound with Intensive Services (WiSe) inform more people and increase funds to get more stuff and education
- Systems integration - SW3 trained and other services in the community. Systems alignment. Reintegration of services that have been discontinued, example early intervention programs - nurses.



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- Expand mental health services, workforce needs more training slots on EBPS, Navigators, referrals, social workers need child development training and trauma informed training, social workers, build more emergency placements, crisis nursery for foster youth too! Not just biological kids, occupational therapies, physical therapies, speech and feeding therapies especially in rural areas. cultural training for diverse staff vs population
- More staff for DCYF
- Listening to line workers for advice, to improve
- How do we connect all services is worth doing
- Training for staff (trauma informed, ACEs training) CPS and prevention services separate from each other.
- crisis nursery funding
- Accept referrals for homeless adolescents
- More social workers
- Not accepting referrals for adolescents
- How to become dependent or not
- Accepting referrals for adolescents
- Supporting ages 13-18
- School employees being able to refer for services

Diversity/Equity

- More people of color and other marginalized staff in positions of power. develop workers and divide jobs
- Health Equity Lens
- culturally relevant and trauma informed services (Indian Child Welfare connection)
- reach equity, cultural humility, stigma associated with asking for help, target cultural outreach efforts differently, universal services, largely dishonest government
- Cultural Humility, Trauma Informed Care, Curriculum based trauma informed care, DCYF, Family, Program Improvement Plans (PIP)
- There are a limited number of culturally responsive programs

Family/Client Access to Services

- Family connects - universal access at birth
- The struggle is how to have programs wrap around the family's needs. It would work best if other agencies (not DCYF) had the necessary programs and DCYF could do a warm hand off after co-development of a plan of safe care.
- Population specialization – i.e. organizations specializing in specific populations
- Normalizing asking for help
- Need to normalize services for all parents - something for everyone to reduce stigma of asking for help.
- Review services and allow for specific needs of families

Specific EBP Suggestions



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- Some programs like Parent Child Interaction Therapy (PCIT), used proactively to prevent disruptions in families
- Extend timelines to fit EBP, rather than EBP fit timeline.
- Look at King County Best Starts; what worked
- Theraplay -look up
- Circle for caring-Local
- Moral Reconation Therapy (MRT) -JR
- FAR
- Increase funding and accessibility for Family Reconciliation Services (FRS)
- FRS - accessibility & funding

Uncategorized

- Need to determine how to support workforce to offer these services (work with [word] alliance)
- Way to share good work being done (e.g. when a school is doing good work, how do you share that with other schools?)
- For prevention - concerns about what accreditation means for contract recipients. Do these agencies also have to be accredited (secondary recipients)?
- Definition of imminent risk
- We need to assess capacity and determine real costs with increasing new services including facilities and supports. Public education that includes partnerships with schools and providers.
- Where does this extra space come from?

What other evidence-based services belong on our services list?

- (Vickie cites research that concrete goods are as much a preventive as other things)
- 2 generational programs for parents with their kids
- ACE/ Trauma Informed Care
- ACES
- Adolescents
- adoption competent therapists, service providers, foster care
- Adoption services. Teens and older kids.
- Allow for a flexible child welfare appropriate service like FPS to serve as a vehicle to introduce the variety of EVP- skills tailored to the family's needs/goals.
- BRS
- Can we submit programs for review
- Casey Family Programs' list and parent-child home program
- CBT – trauma focused
- Child- Parent Psychotherapy
- Circle of Serenity
- Cognitive behavior therapy (CBT)
- Conscious discipline



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- Consider: Cognitive Behavioral Therapy (CBT), Multisystem Therapy (MST), Family Integrated Transitions (FIT), Parent-Child Care (PC-CARE), STAY (FFT lite), Dialectal Behavior Therapy (DBT)
- Child Outcome Summary (COS), Childhaven, Mandated Reporter Training (MRT), Combined Parent-Child Cognitive Behavioral Therapy (CPC-CBT), Acceptance and Commitment Therapy (ACT)
- Could this kind of education and training be used as one of the voluntary services?
- Child-Parent Psychotherapy (CPP), momentum from the inside out, Safe babies count, Independent Living Skills (ILS) program, age cohorts
- CPP, mothering from the outside in, safe babies court team, help me grow system, mentors, and case management services in home? , head start/Early head start, any Domestic Violence (DV) programs
- Crisis nursery funding
- Culturally responsive services (Somali, Spanish, etc.)
- Culturally specific/relevant services provided in family's native language
- Disruptive Behavior Disorders (DBD) – great for teens/youth with high-risk behavior
- DBT
- Discussions re: what
- Diversified Mechanism of Dispute Resolution (DMDR)
- DSHS Economic Services Administration (ESA) side has programs that could be relevant for families; getting Children's Administration (CA) SW and ESA Social Work to combine those funding
- Dual open arms: members of the community promising
- EBP's?
- Allow for a flexible child welfare appropriate service like Family Preservation Services (FPS) to serve as a vehicle to introduce the variety of EVP- skills tailored to the family's needs/goals.
- Family based interactions.
- Family based interventions
- Family connects
- Family prevention - support families who are experiencing abuse and neglect
- Family to family mentor support – supports to enhance relationship between foster and bio parents
- Family/children PFR
- FFT
- Foster parent services – like counseling in the case of a child move or fatality
- General Education Development (GED) services –huge portion of parents who would be better off by getting work, but don't have GEDs (Pierce Co.); and it's expensive for a low income parent to pay for taking a GED exam (and book can be expensive) (if you are older than 21)
- Goodwill Job Training Education program – also do GEDs, pay for gas vouchers if you have a car, bus voucher etc. – Bremerton for Kitsap County. 8 week course teaching cash registers, customer service experience, teach you how to dress; need to have GED or high school



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diploma to get in but they may provide help with that as well. Stipend for each week you are in it (\$133/week), 4 days/week. First few weeks in a classroom setting, then into goodwill sites. They follow you for 1 year after you complete, including clothing voucher (\$25) each 3 months.

- Help Me Grow
- Help navigating finishing high school if you were close but not quite (good examples: Renton Tech, through high school 21, can do same program through bates technical college in pierce)
- High school 21+ is a statewide community and technical programs – 21 locations
- Home visiting
- Home visiting
- Home visiting and Early intervention services
- Home visiting programs
- Homeless teens not in system
- Housing – much agreement in the room that this is one of the most important things
- I.L.S.
- Identify EBPs for teens who have experience trauma
- Identify existing but underutilized services
- Incarceration interventions. Record stories to the interventions and reading stories.
- Lack of EBPs for minority groups in research. Tolls of the mind - more 2 generation approaches. Look at Odessa Brown. Build into facilities to run EBPs
- Longer term capacity building, especially for promising practices/fledgling programs. Support for how you scale up.
- Look at things that work for universal Home Visiting - connects family to services and visits as needed, stigmatize and get people connected, decrease isolation, must think of one in trouble and need help - family is enormous undertaking.
- Make sure that trainings of EBPs and core principles within funding (core competency training)
- Making sure people know about services statewide, not just in their area (portfolio)
- Mentor mentality, your coalition restoration deployment, developing curriculum, mentality from the evidence and C.P.P, free form addressing moms.
- Mentoring programs for older teens
- Misen Funds
- Mockingbird, wraparound
- More culturally evidence based practices, esp. for Native and Hispanic populations
- More social workers to have ER and Education training and so they need to know how to refer to services.
- More trauma training for pediatricians
- Most prevention EBP designed for younger children
- Mothering from the inside out
- MST
- Need more nurses



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- Not clear what our services list currently contains. Professional Parent Program (PPP), PCIT, Safe Care, PFR, Incredible Years (IY), HomeBuilders.
- Nurse consultant: Home visiting services: outlying services
- On-going trauma focused psychotherapy over the course of 12 months which greatly contributes to stability of family and child safety on a generational remission level.
- Parent allies - been through the system successfully
- Parent-child assistance programs
- PCIT, infant mental health, DBT, CBT, Guiding good choices, PPP, MRT, Motivational interviewing, Building your Bounce,
- Parent Education Program (PEPs) program for early parent support
- Practices for specific communities/demographics
- Prevent aging out of foster care
- Room for innovation with EBP focus
- Safe babies cohort team approach
- Safe Families for children (implemented by olive crest in WA) not promising yet (I know they are currently working on a Randomized control trial) so useful to prevent foster care!
- Social- Emotional learning in schools
- Strengthening Families Protective Factors framework (strength-based)
- Support of Casey Family Programs
- Team meetings more frequently through the process, with an external facilitator
- Trauma focused therapy
- Triple P
- Trust providers to match services to needs- decrease micromanagement
- Visiting home programs ACEs??
- Wendy's wonderful kids?
- What are EBP that are effective with older children in FC needs - trauma, attachment
- WISE
- Wise
- WISE
- Wraparound and WISE
- Self-care, PFR, PPP, Residential Family Treatment (RFT), PCIT, Theraplay, circle of serenity, MRT, ACT

What additional definitions of candidacy should we consider?

- 6-9 year old not connecting socially
- ACEs information (candidates)
- Adolescent youth
- Adolescent youth families in crisis, at use vs. at hope, language we use to describe women who need services, other pregnant women who all (homeless, teenage, mental health, at risk pregnant women)
- Aging out of foster care youth



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- Any Child in Need of Services (CHNS), truancy, offender youth unaccompanied homelessness, youth with multiple police calls to home
- Arrests
- At Hope vs At risk re-framing language
- At risk families, unstably housed families - prevent falling apart schools, help with housing, families
- At risk pregnant women
- Balance of definition of imminent rise. Assure definitions align to maximize funding streams and resource alignment while being flexible
- Becca Bill/High Conflict/ At-Risk Youth kids = Crisis Family Intervention (CFI)/FRS
- BRS bids with Developmentally Disabled (DD) parents - cant exit
- Centralized screening and referral (education around doing that)
- Children experiencing homelessness? expound prevention's to include future experiences of toxic stress/ trauma, not just focusing on preventing child welfare involvement
- Children of incarcerated parents
- Children with incarcerated parents
- Children with incarcerated parents
- Children's nursery
- Common care they will tell you who is at risk
- Community center, childcare, etc.
- Cultural diversity religions
- Cultural diversity, norms, religious, refuge, customs
- Cultural issues education
- Definitely focusing on pregnancy in terms of prevention! So glad we can now offer voluntary services to substance using pregnant women.
- Dependents - once being served and becoming dependent - do they lose services
- Domestic Violence victims
- DV services and don't punish victim, but support family.
- Early Head start, ECEAP, have a continuum, identify youth needing aide, mental health services, teen programs, k-12, At Hope
- ECEAP, Family medical providers, school district partnership - and service which is focused on strengthening the family through partnership with parents.
- Educate families about FAR program
- Education around
- Education around cultural diversity
- Exit from behavioral health
- Expand research on kinship to show how it helps prevent further foster system involvement
- Expanded income eligibility for programs
- Families experiencing homelessness; preventive services
- Families with developmentally delayed parents who need long term parenting support.
- FAR; pre filing w/ court (in dependency cases)
- Foster children having children; repeating history



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- FVS cases
- High need communities; racial, language, gender, economic
- High risk for child abuse and neglect communities
- Homeless
- Homeless
- Homeless families
- Homeless families
- homeless youth
- Homeless youth
- Homeless youth
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- Homeless youth
- Homeless youth
- Homeless youth
- Homeless youth/ at-risk youth (filed)
- Homelessness – mental health services for folks with disabilities who are homeless are also dealing with lack of housing
- Housing
- Identify high risk communities
- Imminent risk of re-entry
- Inpatient mental health and substance abuse treatment
- Kinship care – point out that kinship care is a prevention to entering into Foster Care
- Legal permanency
- LGBTQ communities
- Maternal health services: low-income moms and families
- Men – there are limited resources for single fathers accessing services without medical
- Missing school
- Other pregnant women who are at risk (not substance using) but young age, mental health, DV
- Parents with developmental disabilities
- Partner w/ medical providers - ACEs screening, Bright Futures screenings. Also other providers in the community- WIC providers?
- Partnerships with schools
- Partnerships with schools and other communities
- Phase 2:
- Post-placement (not just post-adoption)
- Poverty issues
- Poverty/DV issues? mental health
- Pregnant mothers at high risk



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- Pregnant women with other issues, homeless mental health, dv , etc....
- Prevention plan
- Preventive help for parents who need assistance with youth prior to being involuntarily committed, JR, etc.
- Preventive measures (Developmental delays, premature infancy, youth that have been arrested, etc.)
- Prioritize kinship care in Phase 1
- Rebrand extended foster care and make it opt out vs. opt in
- Religious refugee
- Same sex families
- Same sex parents/families - LGBTQ+ communities.
- Schools need to provide more prevention support programs to families through adding more school counselors, social workers, etc.
- Seamless from dependency to return home so not a switch need. Homeless youth, culturally appropriate, deferred youth, BECCA youth
- Seamless services between dependency and non - dependent. Families with parents with developmental delays.
- self-referral/ can do this for CHINS petition currently but needs to be more inclusive
- Separate FAR from CPS
- Sex trafficked youth
- Statistical prevention in high needs communities (23) could move to phase 1.
- suicidal youth - supports to family and peer support 0(zero) suicide approach
- Tribes or tribal interventions in the communities.
- Unstably housed families - school identified
- Up the number of same se parents. Some discriminating policies. EBPs about same sex parents being effective parents. Faith based organizations sometimes discriminate.
- VPA- voluntary placement agreement-
- Young adults exiting behavioral health to homelessness
- Young with developmental disabilities
- Young/teen parents
- Youth aging out of foster care – homelessness, substance abuse, re-entry from incarceration
- Youth and families leaving JR
- Youth exiting behavioral health care
- youth self-referral
- Youth that age out
- Zero detention kids

What elements of prevention services have not been discussed, or are not part of the FFPSA construct, but should be considered as part of DCYF's broader prevention strategy?



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- Accreditation
- adapt Korean Women's Association (KWA) model for keeping elders in home
- All generational historical poverty cycle
- Authentic family voice representation
- Better communication w/ regions
- Better data-sharing between departments and agencies
- Big brother big sisters
- Break down silos between counties and state
- Bridge Meadow in Portland O relative/Kin care to provide supports for families. Helen with Mary nights has been wanting to do this.
- Broader framework – Early Learning/Child Welfare/Juvenile Rehabilitation framework
- Budget
- Budget - paying for accreditation
- Budget accreditation
- Crisis Family Intervention (CFI) for prevention before JR
- Connect better with school counselors and schools
- Continue to provide prevention to children/families/young children
- Coordination between systems
- Coordination with agencies: top down change for systems
- Crisis centers
- Crisis nursery and crisis child care
- Crisis response to families challenges
- Culturally responsive services
- DCYF should create a new bucket – prevention
- Different strategies to enhance prevention
- Dual language providers – there are no in-patient substance abuse providers for men that are dual language; limited DV dual language services for men
- Ease/method of way to communicate CBT if something is not a good fit
- Educate judges- one size does not fit all. Family's investment would increase if goals were set via assessment with therapist rather than always ascribed.
- Early Support for Infants and Toddlers (ESIT); incorporate ESIT work into child welfare system
- Family Preservation Services (FPS) which included promising practice interventions, but covers an expanded focus on family to include: counseling, crisis stabilization, parenting skills, community resources.
- FIT prevention services pre JR
- Focus on community-based services
- Frequent rehoming kiddos
- Homeless youth fleeing system - maintain obligation to this population.
- Housing support



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- How can we ensure support will continue beyond the biennium? With funding not as stable the investments in increasing capacity and services are great and how not to drop flat on the face.
- Incorporating peer/mentor communities
- Legal aid is huge and needs to be addressed
- Long term follow-up- state's ability to track outcomes, re-entry
- Making sure linkages between opportunities e.g. people eligible under FFPSA must also be eligible for expanded opportunities under 1115 Medicaid transformation waiver
- Mandated reporting: old video, clarity re: protocol, meaningful responses
- Many good things, continuum of care.
- More opportunity for Voluntary Placement Agreements (VPAs)
- Need additional access to EBP's in crisis. Increase social worker knowledge of EBP criteria
- Need to determine how we can ensure undocumented people so they can access services without fear of retribution.
- Opportunities for families to dream their futures.
- Parent mentors
- Parenting classes + support groups (not therapeutic or necessarily evidence-based)
- Peer-to-peer programs to help w/ boots on the ground
- Process by identifying and recommending EBP's for community level 5 community needs. Assets/resources assessment process to guide delivery of services in the community.
- Providers to follow up for 6 mo. after discharge? FFPSA
- Public Health awareness campaign
- Racial equity lens
- Relative search specialists in each CA office.
- Respite centers
- Right fits for family, flexibility to match families' needs. Understand the reality of the family's needs and circumstances; following a manualized treatment is not always in the best service to families.
- Robust mandated reporting guidelines (equity lens)
- Service Provider Communication- HIPPA compliant
- Suanas family resource centers
- System overlap; public health, early learning systems, etc.
- Systems extremely punitive and not preventive - outline new program expansions
- Technology - nudging apps for parents in child welfare - kind of like a checklist of services they should be engaging in/ a calendar for court dates and rooms etc.
- Teen shelters
- To become a social worker in this system one needs child development courses that emphasize normal growth and development at the university level> so many don't have this as part of their training and they are not parents yet. So how would they know what's normal or even share how to intervene when it's not? We need more public health nurses doing home visits in the community and coordinating with multiple agencies. Care coordination



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- Train providers in a variety of EBTs but allow the provider to determine via assessment how and when to meet the family where they are at.
- Trauma informed care for employees
- Up mockingbird model and adaptations for prevention
- Up VPA options
- Urban Rest Stops
- Use of technology to engage
- What are youth learning in high school to prepare them to be parents? Sex Ed, child development, living skills like finances, and how to find housing (a mom whose children were in foster care asked me about this) - prevention means starting with teens way before they consider having kids.
- Where is the money for accreditation coming from?
- With all these new/expanded services, it will be vital to have help for families to navigate accessing and enrolling in services. Care coordination/ light case management/service navigation. Can't just give people a list of services they're eligible for and a bunch of phone numbers. Need to have someone to help them enroll in programs and follow up to see how it's working. This can also alleviate work load of caseworkers.
- Working closely with schools
- Youth input/suggestion strategies
- Youth on boards, stakeholder groups

Other questions/comments from the large group?

- I really like that DCYF is listening and using experience of community providers
- 24/7 response not funded
- There is a critical need for services that assess and address toxic stress in children and funding for non-traditional mental health treatment of Neurosequential Model of Therapeutics (NMT) - child trauma academy.
- Healing of canoe - Suquamish tribe - substance abuse prevention for teens
- Prioritize trauma informed care culture in child welfare and community - fund training for DCYF and community service providers.
- Thanks for bringing the community together, it seems DCYF is really trying to think creatively
- Importance of strengths based, trauma informed, culturally relevant services.
- At Hope instead of at risk
- Any consideration should include FPS services - as most vulnerable families present with historical and current issues that are not anchored in or addressed fully with a parenting Evidence Based Program.
- What about partnering with neonatal units of hospitals to provide outpatient services for opioid dependent babies instead of PIC? Maybe partnering with PPW program/neonatal so these babies are discharged to moms for therapy/bonding/ [word] and avoid foster care...
- Capacity building infrastructure for small organizations to develop protocols/procedures for FFPSA.
- DCYF to implement FIN (Family Impact Network) on the west side of the state



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- Peer navigators for youth- alumni who have successfully navigated transition
- Workforce- raise minimum wage and wage compression for reimbursement rates eliminates ability to recruit and retain qualified employees
- Stop institutional abuse by forcing them to go to visits with people who have traumatized them.
- Homeless families need help/ Help = work (Diversion)
- How do we assess emotional abuse and then get supports on place?
- Increase funding for health, public health, schools for counselors, etc.
- Connect beauty schools with group homes and help foster youth deal with hair
- Big take - accrued - be open/flexible - homeless youth - local coordination - multiple case plans - unintended consequences - community driven needs
- BRS is required to provide 6 month follow up care, but there is no system to allow this
- Great opportunity to begin discussion with others to gain understanding of barriers and opportunities.