

HFA CHILD WELFARE ADAPTATION

The HFA model, since its inception, has been focused on the prevention of child abuse and neglect. In communities throughout the country, child welfare providers have served as a source of referral to HFA for families who could benefit from home visiting. This has resulted in improved parent-child relationships, improved child health and safety, and many families averting further child welfare involvement. HFNY's randomized control study found that mothers with prior CPS reports experienced a reduced rate of confirmed abuse, as well as reduced rate of child welfare services cases opened. The HFA model was designed to engage families as early as possible, during pregnancy or at the birth of a baby. The literature suggests these are significant life events when parents can be more motivated to connect with a home visitor and before poor parenting practices become less amenable to change. For child welfare providers who work on the front lines each day and who recognize the value of connecting families in distress to long-term, intensive home visiting services like HFA, a challenge arises when families with older infants or toddlers are identified and HFA services are unavailable due to the child's age. However, it can be argued the very rationale for enrollment prenatally or at birth is similar to the rationale when serving a child welfare referred population. Parents referred by child welfare can potentially also be more motivated to change.

To address this existing gap in service, HFA has worked closely with state leaders and local implementing agencies to create an optional child welfare adaptation of the HFA model. HFA affiliates (new or existing) whether implementing a child welfare adaptation only or as an add-on to traditional HFA services who work with local child welfare providers, receive referrals from them*, and who choose to seek a child welfare adaptation, will comply with the following requirements:

- 1) Age at intake - A child welfare adaptation allows target children up to the age of 24 months at time of intake as long as the site maintains documentation to show the initial referral was received from the child welfare system.
- 2) Standard 1 – Initiate services prenatally or at birth. For families enrolled under an approved child welfare adaptation sites will continue to enroll as early as possible, but with an extended enrollment window to age 24 months. Standards, 1-2.C and 1-3.B will remain with the same threshold expectation. Sites are required to demonstrate a minimum of 80% of the adapted portion of the cohort are determined eligible and with a first home visit within twenty-four months of birth (a 2 rating), lest model fidelity be compromised. At least 95% will meet these criteria to demonstrate best practice (a 3 rating). Also, the site will establish and renew annually a formal MOA between the site and the local child welfare office related to referrals and services, sharing of information, including a very clear description of voluntary participation by the family at intake and throughout the course of HFA services (see sample language below, including in the MOA what HFA can and can not do).
- 3) Standard 3 - Voluntary nature of services. HFA remains a voluntary program throughout the family's enrollment, and the worker-parent alliance is maintained vs HFA becoming an "arm" of CPS or the courts. HFA sites utilizing this adaptation may need to further strengthen their creative outreach methods to ensure opportunities to build family trust.
- 4) Standard 4 - Length of services. Services will be offered for a minimum of 3 years (as with traditional HFA) regardless of age at intake (If resources like Family First are used, which are currently slated to provide 12 months of funding for services to families involved in the child welfare system or with characteristics similar to, the site will have to demonstrate access to

other funding streams through blended or braided resources to ensure the site's ability to offer services over the long-term).

- 5) Sites will adhere to all other HFA model expectations as expressed in the HFA Best Practice Standards, including need for signed consent to release information with CPS and the court (unless subpoenaed).
- 6) Data collection - Any site seeking a child welfare adaptation is required to code family data in such a way allowing it to be analyzed and reported separately from traditional HFA families.

* NOTE: Sites not currently working with their local child welfare office, will establish this relationship first before seeking a child welfare adaptation.

In addition, sites with approval to implement a HFA Child Welfare Adaptation are strongly encouraged to implement the following recommendations (when families become involved with child welfare after already being enrolled in HFA, the site is not required to seek a child welfare adaptation but will want to consider how to implement these recommendations to support staff):

- 7) Standard 8 - Maintain smaller caseloads due to the higher risk of families served (HFA recommends 10-12 families maximum when at the most intense level of service, 16-20 families maximum when at a variety of service levels, and a case weight of 20-24 points maximum). Also, spread child welfare referred families across site staff, rather than concentrating all with one worker, to reduce staff burnout.
- 8) Standard 9 – Consider staff characteristics and capacity at the time of hire to work exclusively with a child welfare population. A minimum of a bachelor's degree in human services or related field for HFA direct service providers is strongly recommended.
- 9) Standard 11 – Staff working with families referred from child welfare will receive ongoing training as is required in the standard, and in particular should include HFA's Facilitating Change or other training on motivational interviewing techniques, as well as training on specific issues impacting child welfare referred families, e.g. understanding of the child welfare system, and specific issues such as opioid use.
- 10) Standard 12 – In addition to required weekly individual supervision, provide monthly reflective consultation groups for direct service staff and supervisors with a skilled Infant Mental Health consultant (see HFA's facilitator requirements in standard 12-1.C for those providing reflective consultation groups). Supervisors should obtain additional training. HFA's Advanced and Reflective supervision courses should be received by supervisors.
- 11) Governance and Administration – strengthen cooperative relationship between HFA site and local CPS (i.e. invite child welfare membership on the site's Advisory Group, convene monthly trainings/in-services, with regular conversations in between, for child welfare staff to increase understanding of HFA as a voluntary program serving in a support role to families, not in a role as child welfare. This is critical, especially with CPS staff turnover, and to support coordination of services for families).
- 12) Remain involved with the family in situations where the target child is removed from the parent's custody when reunification is the plan, and strive for visits as often as possible with both the parent and child, recognizing this may include conducting the HFA visit during supervised visitation (but not with the HFA site responsible for supervision of the visit).
- 13) Sites are encouraged to have a thoughtful plan, describing how this adaptation is integrated into their home visiting services that gives families, staff, community partners and all referral

sources clear expectations regarding who the site's target population is and how Healthy Families services are described to families and agencies connected to child welfare, as well as to families and agencies not involved with child welfare.

With that in mind, sites will include in their implementation plan:

- a) Number of families the site intends to serve with this child welfare adaptation in years 1, 2 and 3 of implementation
- b) Total number of families (child welfare and all others) the site is intending to provide HFA services to
- c) Overall description of target population
- d) Description of how Healthy Families services will be communicated to agency partners, referral sources and all members of the target population

A site requesting a HFA child welfare model adaptation will submit its request to the HFA National Office, via the assigned Implementation Specialist, providing a written implementation plan of its intentions related to each of the requirements (items 1-6) and recommendations (items 7-13).

Sample Language to articulate expectations between the HFA site and local Child Welfare office:

**Healthy Families America and Department of Child Welfare
At-A-Glance**

Healthy Families is a voluntary evidence-based home visiting program serving pregnant women and families of infants and young children. HFA is a prevention program dedicated to supporting families in their quest to be the best parents they can be. Program services are designed to strengthen families during the critical first years of a child's life. The child's age at HFA enrollment is prenatal to age 24 months as services are focused primarily on prevention through education and support in the homes of new parents. All HFA Program criteria are based on proven best practice standards. Intensity of services is based on each family's needs, beginning weekly and moving gradually to quarterly home visits as families become more self-sufficient. The Department of Child Welfare contracts with community providers who implement the program in their local communities.

FAMILY SUPPORT SPECIALISTS are caring, well-trained home visitors who offer support, encouragement, and services using an evidence-based approach which include the following:

- Providing emotional support and encouragement to parents
- Teaching & supporting appropriate parent-child interaction and discipline
- Providing periodic developmental assessments and referrals if delayed
- Linking families with community services, health care, child care, and housing
- Encouraging self-sufficiency through education and employment
- Providing child development, nutrition, and safety education

INTAKE INTO THE HFA PROGRAM consists of the following steps which generally take place in a potential participant's home.

- Parents are to be informed, verbally and in writing, of the voluntary nature of participating in HFA services as early as possible but no later than when families consent to participate in services.
- The Family Resource Specialist reviews the Family Rights and Confidentiality handout, which also indicates the services are voluntary. Families will need to complete the signed document before services can proceed.
- In the event child welfare or the court system attempt to mandate services for a family, HFA staff will ensure that both the agency and the family know services will be offered voluntarily.
- HFA Family Resource Specialist or Family Support Specialist will complete a Parent Survey interview which is a comprehensive psycho-social assessment identifying early childhood trauma, life stresses, coping skills, parenting styles, etc. which will form the basis of each family's HFA Service Plan.
- All intake assessments must occur and the program accepted by the family prior to the target child turning twenty-four months of age.
- Program services to the entire family can continue until the child is five years of age.

HFA WILL PROVIDE THE FOLLOWING TO CHILD WELFARE INVOLVED FAMILIES:

- Accept referrals from Child Welfare staff and provide a screening and/or assessment for the parent(s) if the parent(s) wishes to determine if they are eligible to receive program services.
- While the child is often in parental custody at the time of HFA intake, situations of newborns removed at birth are appropriate referrals when reunification is intended.
- If a child has medical complications and is in the hospital for a period of time (i.e., the infant is not in the home), the family can be accepted into the program as long as the family retains custody of the child.
- Having an in-home dependency petition does not preclude enrollment in HFA if all other enrollment criteria are met.
- Should Child Welfare file a dependency petition and the child is removed from the parent's custody, there must be a plan for reunification if services are to continue.
- If the parent is involved in multiple services, the HFA Manager may request a staffing with Child Welfare and the parent(s) to determine the services most appropriate to meet the needs of the individual family.
- HFA staff will attend Child Welfare case staffings only with the parent(s) permission and with the parent(s) also in attendance.
- HFA staff are required by the model to report suspected child abuse and neglect, even if the state does not acknowledge them as mandated reporters, and staff will continue to report observations of child abuse and neglect in families in the program or as families are leaving the program.

HFA CAN NOT PROVIDE THE FOLLOWING:

- Supervision for visits between the child and parent(s) and/or transport to/from supervised visits.
- Progress reports to the Child Welfare staff without the written consent of the parent(s).

- Program records to Child Welfare or other government agencies without specific prior written consent of the parent(s) or the receipt of a court order.
- Joint visits to a family by HFA staff and Child Welfare without the parent(s) consent.
- Testimony in a proceeding without a court order or parent(s) written permission.
- Mandated service for a Child Welfare case plan since program services are voluntary and the parent can terminate services at any time.
- Preference to Child Welfare families. All families are enrolled in services on a first-come first-served basis.
- A waiting list for child welfare involved families. The HFA program does not maintain waiting lists.
- Upon termination of services, HFA will be unable to advise Child Welfare of the parent's status unless the parent gives written consent for HFA staff to talk with Child Welfare.

If you want to make a referral and please contact us.

Local HFA Site Manager: _____

Phone Number: _____