Idaho
Title IV-E
Prevention Program Plan

Dedicated to strengthening the health, safety, and independence of Idahoans.

IDAHO DEPARTMENT OF HEALTH & WELFARE

450 W State St, Boise, ID 83702

208-334-5700 or email cfsinquiries@dhw.idaho.gov

Idaho Family First
Title IV-E Prevention Program Plan

Prepared for:
Children's Bureau
Administration on Children and Families
Department of Health and Human Services
Washington, DC

Prepared by:
Idaho Department of Health and Welfare
Family and Community Services
Child and Family Services Program

Approved March 2, 2023

Table of Contents

As a condition of the receipt of Prevention Services and Program funds under Title IV-E of the Social Security Act (hereinafter, the Act), the

Idaho Department of Health and Welfare,

Division of Family and Community Services,

Child and Family Services Program

submits here a plan to provide, in appropriate cases, Prevention Services and Programs under Title IV-E of the Act and hereby agrees to administer the programs in accordance with the provisions of this plan, Title IV-E of the Act, and all applicable Federal regulations and other official issuances of the Department.

The state agency understands that if, and when, Title IV-E is amended or regulations are revised, a new or amended plan for Title IV-E that conforms to the revisions must be submitted.

Introduction

The primary commitment and responsibility of Child and Family Services (CFS) is the safety, well-being, and permanency of children who are victims of child abuse, neglect, or abandonment. As an agency, we believe that the best approach to support and protect children is to strengthen families, so they can safely parent their children and meet the child's needs for permanency and well-being. This family-centered approach is reflected in our daily work with families, supported by federal and state laws, and public policies which place a high priority on family unity, involvement, and privacy.

Research has shown that children thrive and have better outcomes when they can remain in their homes and maintain the connections in their communities (Child Welfare Information Gateway). Every effort is made by CFS to prevent the removal of a child from their home. Idaho has been providing in-home case management for some time, but there have been limitations on what prevention-type services are available and how well these cases are managed due to gaps in service array. The enactment of the Family First Prevention Services Act (FFPSA) has changed that landscape and presents an unprecedented opportunity to make transformative changes that will strengthen families so more children can remain safely with their parents and kinship caregivers. This history-making piece of legislation has opened the door to all kinds of possibilities to develop strategies to prevent family separation.

Child and Family Services (CFS) and stakeholders understand the advantages to having an approved Title IV-E Prevention Program Plan and are electing to implement the optional Title IV-E Prevention Program authorized by Family First. We believe that by seizing this opportunity, the department and our partners will be able to leverage available resources to better achieve our mission and strategic goal of ensuring children who have experienced abuse and neglect have safe, stable, and permanent homes. The services selected in Idaho's Title IV-E Prevention Program Plan include mental health, substance use prevention and treatment, and in-home parent skill-based services and programs.

Section I: Service Description and Oversight

Child and Family Services (CFS) will provide evidence-based services or programs to a child and the parents or kin caregivers on behalf of the child when the child, parent, or caregiver's need for the services or programs are directly related to the safety, permanence, or well-being of the child or to prevent the child from entering foster care.

The Family First Prevention Services Act (Family First) requires states utilize prevention services in the categories of mental health, substance use prevention and treatment, and in-

home parent skill-based programs and services; and that they be evidence-based, trauma-informed and rated as "promising," "supported" or "well-supported" by the Title IV-E Prevention Services Clearinghouse, to receive federal Title IV-E reimbursement for these services or programs.

Family First provides Idaho the opportunity to improve its ongoing assessment of family strengths and needs as a basis for guiding effective intervention and mitigate safety and risk, as well as provide an accessible and available service array to prevent further abuse or neglect and improve family functioning. With these goals in mind, Idaho is committed to introducing and expanding its use of evidence-based practices (EBPs) which are necessary to keep children at home safely and are most likely to result in positive outcomes for children and families. Idaho is committed to measuring the impact of these approaches for the children and families we serve.

Approved, evidence-based mental health, substance abuse prevention and treatment services, and in-home parent skill-based services and programs will be provided by a qualified clinician to a child or to the child's parent or caregiver for up to twelve (12) months for each prevention period, beginning on the date the child was identified as a "child who is a candidate for foster care" in an in-home prevention case plan.

Evidence-based Services and Programs in Idaho

Idaho began the development of a Family First Prevention Program Plan in December 2018 with the development of a Visioning Council including department staff and statewide stakeholders including foster care alumni, Guardians ad Litem, foster parents, kinship providers, courts, Idaho Juvenile Corrections, Idaho Voices for Children, tribal representatives, Division of Behavioral Health, Division of Medicaid, Idaho Children's Trust Fund, and Casey Family Programs. The Visioning Council provided initial implementation recommendations and most recently provided input through a survey specific to the desired selection of evidence-based services. The In-Home Prevention Workgroup (sub-committee to the Visioning Council) recommended further research regarding existing and needed evidence-based practices in Idaho.

Building on the In-Home Prevention Workgroup recommendation and Idaho's commitment to providing effective services to families and youth across the State of Idaho, CFS partnered with researchers from Boise State University School of Social Work in 2021 to develop and implement a comprehensive Needs Assessment and Gaps Analysis. The primary objectives of the Needs Assessment and Gaps Analysis were to (1) identify the most pressing needs faced by youth and families who come into contact with child welfare, (2) characterize the availability, accessibility, effectiveness of existing services for these youth and families, as well as the degree to which services are evidence-based, and (3) inform priority gaps

between experienced needs and services for youth and families in Idaho to guide efforts to build service array.

The Needs Assessment and Gaps Analysis included both quantitative and qualitative data collection methods. Stakeholders from eight separate groups were surveyed regarding the most significant needs, and the availability, accessibility, and effectiveness of services to address those needs across twenty (20) primary domains, as well as the extent to which services are evidence-based. Stakeholders were recruited across the state within three geographic hubs (North, West, and East) defined by CFS. A total of 5,499 potential stakeholders (e.g., allied professionals, community providers, families, and youth) were recruited for survey participation via email or text message, resulting in an overall response rate of over thirteen (13) percent. Proportions/percentages were calculated for regarding the most pressing needs facing youth and families, as well as the extent to which services to address the twenty (20) areas are available, accessible, effective, and evidence-based in stakeholders' respective communities. In addition, stakeholders' ratings of the largest need-service gaps were standardized and reported to identify functional domains where the largest gaps exist between the level of need and the availability, accessibility, and effectiveness of services. In addition, qualitative data was collected via twenty-eight (28), 90-minute listening sessions and twelve (12), 60-minute semi-structured interviews with allied professionals, community providers, families, and youth from all three hubs across Idaho. Using an Applied Thematic Analysis (ATA), 4,068 preliminary codes were generated by research team members, resulting in a total of 17 qualitative themes that provide an in-depth look at needs, service capacity, and gaps (2021 Idaho Department of Health and Welfare, Division of Family and Community Services Needs Assessment).

Results of the 2021 Idaho Needs Assessment and Gaps Analysis indicate that 1-2 out of 5 youth and families are not able to get evidence-based services in Idaho. CFS staff, service providers, and allied professionals all identified a lack of evidence-based services to support families in ensuring a safe home environment. Collectively, these findings suggest a need for infrastructure that supports improvement in the extent to which caregiver and youth mental health, safe home, parenting, independent living, and caregiver and youth substance use services are evidence-based in Idaho. Family First provides a vital opportunity to increase Child and Family Services' use of existing evidence-based services and expand Idaho's service array to include those evidence-based services targeted to the needs of Idaho's children and families.

The survey findings regarding the desired evidence-based service array and results of the Needs Assessments and Gaps Analysis have helped Child and Family Services (CFS) make informed decisions about its selection of key practices for inclusion in Idaho's Title IV-E Prevention Program Plan.

The tables following identify the evidence-based services Idaho is including in its first submission of its Title IV-E Prevention Program Plan. These evidence-based prevention programs align with the needs identified and have been rated by the Title IV-E Clearinghouse as well-supported. Each intervention is described following its respective table.

Mental Health Program and Services					
Service	Target Population	Intended Outcomes	Rating	Fidelity Measures	Service Roll Out Plan
Parent-Child Interactive Therapy (PCIT)	Children age 2-7 with their parent or caregiver	• Improved child behavioral and emotional functioning • Improved child social functioning • Increased positive parenting practices • Improved parent/caregiver emotional and mental health • Improved family functioning	Well Supported	Treatment Integrity Checklist (TIC). The basic clinical fidelity tools are included as part of the standard PCIT protocols www.pcit.org (CEBC).	Currently available in Regions 3, 4 and 5. Initially will increase or roll out in 1, 2, 5 and 6 in 2023 and 3, 4 and 7 in 2024

Parent-Child Interactive Therapy (PCIT)

Description

Parent-Child Interaction Therapy (PCIT) is a dyadic therapy which serves parents and children together to meet the parenting needs of the caregiver and improve the child's behavioral functioning. It is administered in an office setting where a therapist monitors parent and child interactions through a two-way mirror and communicates with the parent via a wireless communication device.

Rationale for Selection

Parent-Child Interactive Therapy (PCIT) was selected because it is designed to meet the needs of caregivers with young children who have emotional and mental health needs. PCIT is also culturally responsive and can be provided in multiple languages. It has demonstrated similar outcomes with parents who are impacted by intellectual and/or developmental disabilities. Idaho's needs assessment indicates behavioral health services (e.g., youth and caregiver mental health and substance use) were consistently identified in survey data as a significant area of need for families, with notable gaps in availability and accessibility. Survey data revealed lack of parenting education/skill was an important need/challenge

identified by multiple stakeholder groups, as well as a top-rated gap regarding the availability and accessibility of services to support families. PCIT has very limited availability in Idaho i.e., primarily in Regions 3 and 4 (Southwest Hub).

Implementation

Idaho will work with PCIT International to provide access to therapist and trainer certification processes. Idaho will utilize the Title IV-E Clearinghouse Book/Manual/Available documentation used for review for implementation. This book/manual is Eyberg, S., & Funderburk, B. (2011) *Parent-Child Interaction Therapy protocol: 2011.* PCIT International.

Mental Health, Substance Abuse, and In-Home Parent Skill-based Programs and Services					
Service	Target Population	Intended Outcomes	Rating	Fidelity Measures	Service Roll Out Plan
Brief Strategic Family Therapy (BSFT)	Families with children ages 6-17.	• Improved communication • Improved conflict management • Improved family functioning • Improved emotional and mental health • Increased positive parenting • Decreased risk of substance abuse • Decreased negative conduct	Well Supported	The BSFT Therapist Adherence Form and Clinical Supervision Checklist (CEBC).	This service is not currently available in Idaho. Roll out will begin with Pilot regions (1,5 and 6) in 2024 and in remaining regions in 2025.
Familias Unidas	Hispanic adolescents ages 12-16 and their family.	• Prevent drug use and sexual risk behaviors in adolescents • Improve family functioning • Improve parent-adolescent communication • Increased positive parenting practices	Well Supported	Evaluation of facilitator adherence to intervention model. Measured both on process and content. Measures identify and rate core prescribed intervention components (CEBC).	This service is not currently available in Idaho. To address the language and cultural needs of the Hispanic community in Idaho, this service will be rolled out in regions with the highest Hispanic population first including Region 3, 4, and 5

Brief Strategic Family Therapy (BSFT)

Description

Brief Strategic Family Therapy (BSFT) is a family-based intervention designed to prevent and treat child and adolescent behavior problems. The goal of BSFT is to improve a youth's behavior by improving family interactions which are presumed to be directly related to the child's symptoms, thus reducing risk factors, and strengthening protective factors for adolescent drug abuse and other conduct problems. BSFT targets children and adolescents who are displaying—or are at risk for developing—behavior problems, including substance abuse. BSFT is based on the fundamental assumption adaptive family interactions can play a pivotal role in protecting children from negative influences and maladaptive family interactions can contribute to the evolution of behavior problems and consequently are a primary target for intervention. The therapy is to change maladaptive family interaction patterns by coaching family interactions as they occur in session to create the opportunity for new, more functional interactions to emerge.

Major techniques used are joining (engaging and entering the family system), tracking and diagnosing (identifying maladaptive interactions and family strengths), and restructuring (transforming maladaptive interactions). Depending on the case, these techniques may include helping families develop effective behavior management skills, conflict resolution skills, or communications skills and helping parents learn parenting skills.

BSFT is a short-term, problem-oriented intervention. A typical session lasts 60 to 90 minutes and is held with the adolescent and one or more other family members. The average length of treatment is twelve (12) to sixteen (16) sessions over a 3-to 4-month period. For more severe cases, such as substance-abusing adolescents, the average number of sessions and length of treatment may be doubled. Treatment can take place in the office, home, or community settings.

Implementation

Idaho will work with Brief Strategic Family Therapy Institute to provide access for potential service providers to become licensed to provide BSFT. Idaho will utilize the Title IV-E Clearinghouse Book/Manual/Available documentation used for review for implementation. This book/manual is Szapocznik, J. Hervis, O., & Schwartz, S. (2003). *Brief Strategic Family Therapy for adolescent drug abuse* (NIH Pub. No. 03-4751). National Institute on Drug Abuse.

Familias Unidas

Description

Familias Unidas is a family-centered intervention that aims to prevent substance use and risky sexual behavior among Hispanic adolescents. Familias Unidas aims to empower parents by increasing their support network, teaching them about protective and risk factors, improving parenting skills, enhancing parent-adolescent communication, and facilitating parental involvement and investment in adolescents' lives. Familias Unidas is a multilevel intervention that targets risk (e.g., poor adolescent communication) and protective factors (e.g., parental involvement) at the family, peer, and school level. Familias Unidas has been adapted for use on the Internet and is currently being tested for obesity prevention, and delivery in primary care settings.

The goals of Familias Unidas are:

- Prevent drug use and sexual risk behaviors in adolescents
- Improve family functioning
- Improve parent-adolescent communication
- Improve positive parenting

The essential components of Familias Unidas:

- Eight (8) multiparent group sessions and four (4) family sessions with the adolescent that aim to develop effective parenting skills
- Developed for the parents of Hispanic adolescents and the adolescents
- 2-hour session multiparent groups with 12 to 15 parents
- Sessions delivered in school and community settings
- Designed to increase parents' understanding of their role in protecting their adolescent from risk behaviors such as substance use and unsafe sexual behavior through group sessions, and to facilitate parental investment in the adolescents' worlds as well
- Skills learned in the parent group sessions applied in the family sessions, with guidance from a facilitator
- Delivered by a trained facilitator and co-facilitator
- Facilitators trained in engagement and joining skills that optimize program participation
- Utilizes a participatory approach to deliver program content, including how to help parents communicate

Familias Unidas also involves meetings of parents with school personnel, including the school counselor and teachers, to connect parents to their adolescent's school world. Family

activities involving the parents, the adolescent, and his or her peers and their parents allow parents to connect to their adolescent's peer network and practice monitoring skills.

The duration of the intervention ranges from 6 weeks for the brief version to 3 to 5 months depending on the target population. Facilitators must be Spanish-speaking and bicultural, with a minimum of a bachelor's degree in psychology and 3 years of clinical experience, or a master's degree and 1 year of clinical experience.

There is formal support available for implementation of Familias Unidas as listed below:

- Provision of guidance on intervention implementation, supervision during implementation phase, data analyses, and fidelity ratings.
- Supervision will take place with up to 12 facilitators and includes case reviews, discussion of clinical issues, troubleshooting of retention, and feedback based on fidelity ratings. A total of 24 hours of supervision (twelve 2-hour supervision sessions) will be provided. UM raters will complete observational fidelity measures to evaluate whether the intervention is being delivered as designed. This includes assessment of group processes as well as intervention content.

Implementation

Idaho will utilize the Title IV-E Clearinghouse Book/Manual/Available documentation used for review for implementation. This book/manual is; Estrada, Y., Pantin, H. M., Prado, G., Tapia, M. I., & Velazquez, M. R. (2020). UM-Familias Unidas Program: For the families of Hispanic adolescents: Intervention manual. University of Miami.

Rationale for Selection of Brief Strategic Family Therapy (BSFT) and Familias Unidas

Both Brief Strategic Family Therapy and Familias Unidas were selected as youth mental health and substance use, as well as parenting skills, were consistently identified as a significant area of need for Idaho children and families, with notable gaps in availability and accessibility in Idaho's needs assessment gaps analysis. In qualitative data, parenting emerged as a primary theme related to biggest needs faced by youth and families, alongside evidence of low availability of services. Similar to the analysis of biggest need/challenge, findings related to availability highlighted the limited behavioral health services for youth and families. Included under this theme was youth and caregiver mental health and substance use, as well as specifically highlighting the overall lack of trained providers in this field. Within the 2020 Idaho Ten-Year Needs Assessment Update for Maternal, Infant, and Early Childhood (MIECHV) Program; family, educator, and provider stakeholders all ranked youth mental health among the top three biggest needs/challenges among families and

youth currently involved with the Idaho child welfare system, Child and Family Services Program.

Idaho was the nation's 6th fastest growing state over the last decade. During this time, the state's Hispanic population grew by 30%, compared to 12% among non-Hispanics. As of 2019, 40% of Idaho Hispanics were under age twenty (20), compared to 26% among non-Hispanics. There are ten (10) school districts with at least 50% Hispanic students located in both rural and urban areas across southern Idaho (Idaho Commission on Hispanic Affairs, 2021 The Hispanic Profile Data Book for Idaho, 5th Edition, https://icha.idaho.gov/docs/Hispanic%20Profile%20Data%20Book%202021%20-%20FINAL%20V3.pdf).

Both the 2021 Idaho Needs Assessment Gaps Analysis and subsequent Visioning Council survey point to additional themes related to the cultural responsiveness of services delivered to youth and families in Idaho. These themes emphasized the critical importance of understanding the complexity of unique family systems in Idaho including our Hispanic youth and families

Substance Abuse Services and Programs					
Service	Target Population	Intended Outcomes	Rating	Fidelity Measures	Service Roll Out Plan
Motivational Interviewing (MI)	Adolescents and Parents or Caregivers	• Decreased substance use disorder • Enhanced internal motivation to change • Increased family engagement and retention to services	Well Supported	Idaho's Child Welfare Endorsement Program (see Section 5 and Section 6). MI has the MI Treatment Integrity (MITI) instrument, as a fidelity measure and uses coaching and coding	MI is not currently utilized by Idaho Child Welfare but is utilized by a limited number of mental health providers. CFS will roll out MI with a child welfare focus to pilot regions in 1 and 5 in 2022, with additional sites including 2 and 6 in 2023 and 3, 4 and 7 in 2024.

Motivational Interviewing (MI)

Description

Motivational Interviewing (MI) is a method of counseling clients designed to promote behavior change and improve physiological, psychological, and lifestyle outcomes. MI aims to identify and explore ambivalence toward change and increase motivation by supporting clients as they progress through the five stages of change: pre-contemplation, contemplation, preparation, action, and maintenance. MI aims to do this by partnering with clients to identify and create their personal goals and explore how their current behaviors

may compete with attainment of those goals. MI uses clinical strategies to help clients identify reasons to change their behavior and reinforce that behavior change is possible. These clinical strategies include the use of open-ended questions and reflective listening. MI can be used to promote behavior change with a range of target populations and for a variety of problem areas. MI will be delivered over one to sixteen sessions with each session lasting about thirty (30) to fifty (50) minutes. Sessions are often used prior to or in conjunction with other therapies or programs. They are usually conducted in the home, community agencies, clinical office settings, care facilities, or hospitals. While there are no required qualifications for individuals to deliver MI, training can be provided by MINT (Motivational Interviewing Network of Trainers) certified trainers.

Rationale of Selection

Motivational Interviewing (MI) is an effective service delivery approach with both adult and youth populations, making it an ideal fit for parents, caregivers, as well as pregnant or parenting youth in foster care. Idaho intends to use MI as an adjunctive service to support family engagement in case management. MI, as an engagement strategy, aligns closely with Idaho's Family Centered Practice Model and approach to service delivery. By providing an evidence-based service at the center of case management, Child and Family Services (CFS) will equip case managers with the additional skills necessary to engage youth and families to make meaningful change, improve child and family safety and well-being, and prevent entries into foster care. Implementation of MI within case management is responsive to the needs of youth and families as identified via interviews and focus groups conducted during the 2021 Family and Community Services Needs Assessment Gaps Analysis. Idaho has developed a contract with a member of the Motivational Interviewing Network of Trainers (MINT) and is working with the Eastern Washington University (EWU) Child Welfare Resource and Training Center to implement an Idaho Child Welfare Endorsement Program for MI practice (see Section 5 and Section 6 of this plan).

Implementation

Idaho intends to implement MI as a case management strategy to support parents and caregivers of a candidate for foster care into increase protective capacity by partnering with clients to decrease ambivalence and increase partnership. MI will also be used when completing face to face visits with children of concern who have identified needs and services. While MI will be used as a case management strategy throughout the in-home prevention case, it will only be a Title IV-E claimable services after meeting the requirements for a prevention case including the completion of the In-Home Prevention Case Plan that identifies the need and plan for use of MI with the parents, caregivers, and adolescents. Implementation for the Motivational Interviewing Program will occur over 5 years; each year building off the previous end of year data analysis and adding specific training for targeted staff. Idaho will utilize the Title IV-E Clearinghouse Book/Manual/Available documentation

used for review for implementation. This book/manual is Miller, W. R., & Rollnick, S. (2012). *Motivational Interviewing: Helping people change* (3rd ed.). Guilford Press.

In 2022, the In-Home Pilot Endorsement began rollout in May, and continues through December for regions 2 and 5. The Pilot is designed using Kirkpatrick Levels of Learning, and includes content learning in online modules, Skill practice in a classroom setting, and ongoing skill development and coaching opportunities in coding/coaching sessions; as a method of attaining and monitoring fidelity to the model. Motivational Interviewing will be used specifically after eligibility is determined and the children of concern are candidates for foster care. Within 5 days of unsafe consultation, there will be a parent meeting to complete the FAST. The first four weeks of Prevention services, family service workers are required to meet weekly with families MI will be utilized in the first 15 – 60 minutes of each meeting, weekly the first month to explore individual client's intrinsic motivation and commitment to change as the case plan is developed and implemented.

Motivational Interviewing training will roll out with a strategic five-year plan. Participants will complete different levels of training based on their position.

- Year 1- Pilot program will include in-home prevention staff from pilot sites in Region 1 and 5 as well as Leadership staff.
- Year 2- Training will include Region 2 and 6, In-home Prevention staff, and those participating in Leadership Academy, and those needing ongoing re-endorsement. Additional Case Managers and ancillary staff will be identified to participate who have dual roles.
- Year 3- All In-home Prevention staff, and those participating in Leadership Academy, and those needing ongoing re-endorsement. Additional Case Managers, Safety Assessors, and ancillary staff will be identified to participate who have dual roles.
- Year 4- All In-home Case Managers, and those participating in Leadership Academy, and those needing ongoing re-endorsement. Additional Case Managers, Safety Assessors, and ancillary staff will be identified to participate who have dual roles.
- Year 5- All family service workers in New Worker and Leadership Academy, additional staff identified as needing MI training through process evaluation, and those needing

In-Home Parent Skill-Based Programs and Services					
Service	Target Population	Intended Outcomes	Rating	Fidelity Measures	Plan for Roll out
Homebuilders	Families with children birth to age 18	• Child safety • Improved parenting skills • Improved family functioning • Increased connections to community resources • Improved parent/caregiver mental and emotional health	Well Supported	Quarterly report from Homebuilders that tracks the 20 specific fidelity indicators and performance measures. (CEBC – Institute for Family Development).	Not currently available in Idaho. This service is not currently accepting new implementation sites for one year. Idaho will continue ongoing discussion to identify a date to begin implementing in pilot sites of 1, 2 and 6 at the earliest possible time based on Homebuilders availability.
Nurse-Family Partnerships	First time, low-income mothers from early pregnancy through their child's first two years	• Improved maternal and child health • Reduction in child maltreatment • Increased positive parenting practices • Improved family self-sufficiency	Well Supported	Nurse-Family Partnership Model Elements. Nurses collect client and home visit data per the Nurse-Family Partnership National Program Office (CEBC).	Available in a large majority of counties in Idaho. CFS will work with MIECHV to increase availability in counties previously identified by the MIECHV 2020 service analysis and the CFS gap analysis as being the county with the highest need. CFS will continue planning and support increased availability in 2025 - 2026
Parents as Teachers	Families with children from birth until entry into kindergarten	• Increased child safety/prevent child abuse and neglect • Improved child behavioral and emotional functioning • Increased positive parenting practices • Improved parent/caregiver mental or emotional health	Well Supported	The PAT National Center requires affiliates provide annual data on their fidelity to the program model through an Affiliate Performance Report (CEBC).	Available in large majority of counties statewide. CFS will work with MIECHV to increase availability in counties previously identified by the MIECHV 2020 gap and the CFS service gap analysis as being the highest need. CFS will support increased availability beginning in 2023

Homebuilders

Description

Homebuilders provides intensive in-home counseling, skill building, and support services for families who have children at imminent risk of out-of-home placement or who are in placement and cannot be reunified without intensive in-home services. Services are provided when and where the family needs them, including other community locations (e.g., school). Homebuilders conduct behaviorally specific, ongoing, and holistic assessments which include information about family strengths, values, and barriers to goal attainment. Homebuilders' practitioners then collaborate with family members and referents in developing intervention goals and a corresponding service plan. These intervention goals and service plans focus on factors directly related to the risk of out-of-home placement or reunification. Throughout the intervention the practitioner develops safety plans and uses clinical strategies designed to promote safety. Homebuilders utilizes research-based intervention strategies including Motivational Interviewing (MI), a variety of cognitive and behavioral strategies, and teaching methods intended to teach new skills and facilitate behavior change. Practitioners support families by providing concrete goods and services related to the intervention goals, collaborating with formal and informal community supports and systems, and teaching family members to advocate for themselves. Homebuilders' services are concentrated during a period of four (4) to six (6) weeks with the goal of preventing out-of-home placements and achieving reunifications.

Providers are required to have a master's degree in social work, psychology, counseling, or a closely related field or a bachelor's degree in social work, psychology, counseling, or a closely related field with at least 2 years of related experience.

Implementation

Idaho will work with Institute for Family Development as they begin accepting new sites for service delivery. Homebuilders is delivered according to the following manual: Manual: Kinney, J., Haapala, D. A., & Booth, C. (1991). Keeping Families Together: The HOMEBUILDERS Model. New York, NY: Taylor Francis.

Nurse-Family Partnerships (NFP)

Description

Nurse-Family Partnerships (NFP) is a home-visiting program typically implemented by trained registered nurses. The primary aims of NFP are to improve the health, relationships, and economic well-being of mothers and their children. Typically, nurses provide support related to individualized goal setting, preventative health practices, parenting skills, and educational and career planning. However, the content of the program can vary based on the needs and requests of the mother. NFP aims for sixty (60) visits that last 60-75 minutes each in the home or a location of the mother's choosing. For the first month after enrollment, visits occur weekly. Then, they are held bi-weekly or on an as-needed basis.

Implementation

The Nurse-Family Partnership National Service Office is a non-profit organization that provides network partners across the country the information, support, and specialized education they need to properly implement Nurse-Family Partnership and produce the same successful results that have made the program a national model. Idaho will continue to grow availability of services through the MIECHV program who provides grants to service providers. Subgrantees within Idaho who provide NFP adhere to model fidelity for this home visiting model using Nurse Family Partnership. (2020). *Visit-to-visit guidelines.*

Parents as Teachers (PAT)

Description

Parents as Teachers (PAT) is curriculum which has demonstrated ability to assist parents in developing positive parenting skills. It aims to increase parent knowledge of early childhood development and prevents child maltreatment by improving parenting practices. PAT ensures early healthy childhood development and promotes early detection of developmental delays.

The PAT model includes four core components: personal home visits, supportive group connection events, child health and developmental screenings, and community resource networks. PAT is designed so that it can be delivered to diverse families with diverse needs, although PAT sites typically target families with specific risk factors. Families can begin the program prenatally and continue through when their child enters kindergarten. Services are offered on a biweekly or monthly basis, depending on family needs. Sessions are typically held for one hour in the family's home, but can also be delivered in schools, childcare centers, or other community spaces.

Implementation

Idaho will increase availability of services through the MIECHV program who provides grants to service providers. All subgrantees within Idaho who provide NFP are required to adhere to model fidelity for this home visiting model using

Parents as Teachers National Center, Inc. (2016). Foundational curriculum.

Parents as Teachers National Center, Inc. (2014). Foundational 2 curriculum: 3 years through kindergarten.

Depending on the ages of children in the families served, the Foundational Curriculum is available to support families prenatal to age 3 and the Foundational 2 Curriculum is available to support families with children aged 3 through kindergarten. The manuals may be used separately, concurrently, or sequentially.

Rationale for Selection of Homebuilders, Nurse-Family Partnerships (NFP) and Parents as Teachers (PAT)

The 2021 Idaho Department of Health and Welfare Division of Family and Community Services Needs Assessment revealed lack of parenting education/skill was an important need/challenge identified by multiple stakeholder groups, as well as a top-rated gap regarding the availability and accessibility of services to support families. In qualitative data, parenting emerged as a primary theme related to biggest needs faced by youth and families, alongside evidence of low availability of services. In addition, qualitative data highlighted the theme existing parenting programs are effective, just not adequately available throughout the state.

The 2020 State of Idaho Ten-Year Needs Assessment Update for Maternal, Infant, and Early Childhood (MIECHV) recommended in-home service programming as an option for addressing Idaho's lack of behavioral health providers with advanced training to meet youth and family needs (IDHW FACS Needs Assessment).

Idaho MIECHV funds seven programs that are housed within the local public health districts. These programs include two (2) Nurse-Family Partnership Programs (Region 1 and Region 3) as well as five (5) Parents as Teachers Programs (Region 2, Region 4, Region 5, Region 6, and Region 7). Idaho is collaborating with the Division of Public Health to remove barriers and increase utilization of these programs for families and children engaged in the Child and Family Services (CFS) program. Currently Homebuilders does not exist in Idaho. Idaho will focus on developing this program within the first two years of the approved Title IV-E Prevention Program Plan.

Determining Eligibility and Assessing Needs for Development of the In-Home Prevention Case Plan

A Family First eligibility determination and In-Home Prevention Case Plan will be completed by CFS staff for each eligible child if appropriate to establish they are eligible to receive prevention services, and to describe the associated foster care prevention strategy. Only CFS staff will determine child-specific eligibility for prevention services.

Using Idaho's Comprehensive Safety Assessment (CSA), the assigned safety assessor, supervisor, and in-home case management representative, during the case consultation process, will determine eligibility for in-home prevention services in all cases where there is a child who has been determined to be unsafe in the CSA. The case is referred to an in-home case manager within two business days of the case consultation.

To initiate prevention case planning, the assigned in-home case manager and supervisor will make the decision as to which Family First services fit the needs of the eligible child/family based upon review of available assessment findings from the Comprehensive Safety Assessment and subsequent Parent and Family Meetings. The in-home case manager will document the need for prevention services and candidacy determination in the In-Home Prevention Case Plan.

As described in Section IV of this plan, CFS will implement the Family Advocacy and Support Tool (FAST). The FAST is a multi-purpose decision support tool developed to assist in family case planning, service matching, on-going safety and risk, and the monitoring of service outcomes. The FAST provides an understanding of a child and family's strengths, needs, and risk factors, all of which will help inform the in-home prevention case plan. CFS case mangers responsible for completing a child's in-home prevention case plan will be trained in understanding FAST ratings to inform service selection and eligibility re-determination.

A pregnant and/or parenting youth in foster care will be determined eligible for prevention services once they are identified as pregnant or parenting. This determination will be made by the assigned foster care case manager and documented in the youth's case plan.

In addition to documentation of eligibility in the in-home prevention case plan and foster youth's case plan, Idaho is modifying their Comprehensive Child Welfare Information System (CCWIS) known as ESPI, to include the in-home prevention case plan, document and track the eligibility criteria required for Title IV-E prevention services. This will include the date that eligibility is determined, the specific services provided, and service duration.

Implementation

To deliver Idaho's approved Family First services and programs, CFS, during the first two years of implementation, will expand its array of high-quality evidence-based (EBP) providers

able to deliver the selected evidence-based services and programs. A core strategy will be to provide program development grants, funded through transition funds, to promote the high-quality development of evidence-based practices approved in Idaho's Title IV-E Prevention Program Plan. The grants may be used by approved EBP providers to fund education, training, and/or certification, technology or materials, operating costs, and other initial or ongoing costs associated with building capacity to provide the selected evidence-based services and program with fidelity to the model.

Based on the results of the 2021 Family and Community Services Needs Assessment Gaps Analysis, Idaho has an especially strong interest in building the capacity of intensive in-home parent skill-based programs and services such as Familias Unidas, Homebuilders, and Brief Strategic Family Therapy (BSFT). The program development grants will initially target these interventions although they will be made available, by application, for all approved evidence-based services and programs.

Once developed, CFS will invite community service providers to become an approved EBP provider of one or more of the evidence-based programs listed in Idaho's Title IV-E Prevention Program Plan. Child and Family Services (CFS) will contract with community service providers who are qualified Family First EBP Providers.

After initial implementation guided by the 2021 Family and Community Services Needs Assessment Gaps Analysis, CFS will conduct ongoing regional and community-based analysis comparing the needs presented with service capacity. CFS will review regional data on service availability, gaps, and community readiness to determine geographic areas for service expansion across the state. This data will be gathered through Case Record Review (CRR) as well as through Idaho's Family First Continuous Quality Improvement (CQI) Workgroup, Regional CQI Teams, and bi-annual forums with parents and caregivers as discussed in Section 2 of Idaho's Family First Prevention Program. Throughout the initial five-year plan period, Idaho will expand service capacity to targeted geographic areas of the state. This phased approach to service expansion will allow time for the opportunity to respond to learnings from the initial implementation period and overall CQI as intentional growth occurs.

The Family First EBP Provider contract will be the mechanism by which to assure consistent high-quality delivery of services and fidelity across providers. Family First EBP Providers will be expected to participate in CFS case consultations specific to the child and/or family receiving services. Family First EBP Providers will also participate in continuous quality improvement review of their evidence-based practice including fidelity reviews and quarterly contract monitoring and feedback loops where the information discussed, including program outcomes, will be used to refine delivery of those services. CFS will use the monitoring activities to evaluate implementation and adjust, as necessary and improve service delivery on an on-going basis.

Trauma Informed Assurances

Idaho recognizes the importance of understanding trauma and creating a trauma-informed child welfare system to serve children and families who have had adverse childhood or other serious, traumatic experiences. Idaho is fully committed to ensuring that children, youth, and families not only receive the highest quality evidence-based prevention services, but also that these services are delivered in a manner which address trauma's impacts and facilitates healing.

Idaho's trauma-informed definition used in staff development and training comes from the National Child Traumatic Stress Network (NCTSN): "A trauma-informed service system is one in which all parties involved recognize and respond to the impact of traumatic stress on those who have contact with the system including children, adolescents and adults, caregivers and service providers. Programs and agencies within such a system infuse and sustain trauma awareness, knowledge, and skills into their organizational cultures, practices, and policies. They act in collaboration with all those who are involved with their clients, using the best available science, applied in a culturally sensitive manner, to facilitate and support recovery, developmental growth, and resiliency." Idaho is committed to ensuring all services delivered to youth and families are family-centered, individualized and strengths-based, culturally responsive, and trauma-informed.

Child and Family Services (CFS) will ensure, through contracting and continuous quality review, the core principles of trauma-informed care are being effectively translated into practice. Contracting processes will require each Family First EBP Provider to have policy and implement training on trauma-informed care.

During the first year of implementation, CFS will define a performance rubric for the degree to which each Family First EBP Provider is engaged in trauma-informed practices based on Idaho's stated definition. CFS plans to explore the feasibility of the Trauma-Informed Organizational Capacity Scale (TIC Scale) to measure trauma-informed care across five (5) assessment domains including: 1) trauma-informed knowledge and skills; 2) establishing trusting relationships; 3) respecting service users; 4) fostering trauma-informed service delivery; and 5) promoting trauma-informed procedures and policies (www.air.org/resource/framework-building-trauma-informed-organizations-and-systems).

Once Idaho determines a performance rubric for its Family First EBP Providers, this method of measurement will be incorporated into the provider contracts to monitor over time the extent to which each is trauma informed as well as to work with the provider to strategize needed development activities to assure ongoing assurances and indicators. Monitoring contractors both initially and ongoing will allow Idaho to assess whether improvements in the degree to which a provider is trauma-informed will influence expected outcomes and to

assure the continued provision of services grounded in an awareness and understanding of trauma and its impacts.

Section II Evaluation Strategy and Waiver Request

Overview

Idaho is committed to developing and implementing a fully functioning Continuous Quality Improvement (CQI) process, statewide. With leadership from the Bureau Chief of Operational Design, Child and Family Services (CFS) will work in close collaboration with the Children's Bureau, Region 10 to plan and develop Idaho's overarching CQI.

Child and Family Services (CFS) will implement new statewide continuous quality improvement strategies for the Family First Prevention Program Plan that build on existing activities and align with the department's goals and objectives for CQI. The successes and challenges of targeted evaluation and improvement processes used in the Family First Prevention Program will also inform the overarching Continuous Quality Improvement (CQI) process.

Department of Health and Welfare Strategic Goals 2020-2024

Child and Family Services (CFS) has a role in each of the Department of Health and Welfare's four strategic goals 2020-2024. Family First Prevention Program CQI and Evaluation process is strengthened by an integral connection to the Department of Health and Welfare (DHW) strategic goals, creating alignment department wide.

Strategic Goal 1: Ensure affordable, available healthcare that works

Child and Family Services (CFS) through its Family First Prevention Program will contribute to building available, evidence-based services and programs (EBPs) across the state. Each of these EBP services will include an evaluation plan, ongoing review of the access and effectiveness of the service and a clearly defined and communicated path for action to adjust or change as indicated by analyses of feedback and data collected. Increased collaboration and coordination with the Division of Behavioral Health as well as a completed Needs Assessment Gaps Analysis in collaboration with Boise State University, School of Social Work, will improve understanding of Idahoans' needs and support necessary steps to improve access and delivery of services. For example, the Division of Behavioral Health is in partnership with CFS to develop the Family Advocacy Support Tool (FAST) and is an active participant of the FAST Implementation Workgroup.

Strategic Goal 2: Protect children youth and vulnerable adults

Child and Family Services (CFS) through the Family First Prevention Program will increase the likelihood that children, at risk of family separation, remain safely in their home and not suffer the added trauma of removal to an out-of-home placement. Working with evidenced-based services in the home and building community relationships for ongoing support improves the likelihood of a family's success over time. Building on Idaho's comprehensive safety standard, the Family Advocacy Support Tool enhances both ongoing family risk assessment and the ability to build case plans that are based on the family and each family member's strengths and needs. In addition, building an accessible and available service array will address the individual needs of families to prevent further abuse and keep children at home safely.

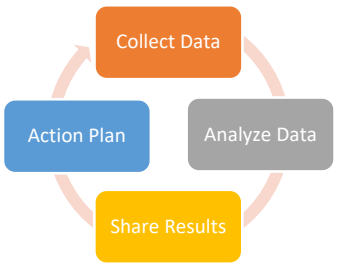
Strategic Goal 3: Help Idahoans become as healthy and self-sufficient as possible

Self-sufficiency is strengthened with successful engagement, building family's skills (efficacy) and abilities in a partnership relationship. The selected evidence-based program (EBP), Homebuilders, for example, is an intervention which includes a focus on building the skills and abilities of caregivers to advocate and seek supports in the community. Another selected EBP, the Nurse Family Partnership is a program which focuses on self-sufficiency through economic stability as well as other goals, for mothers and their children.

Strategic Goal 4: Strengthen the public's trust and confidence in the Department of Health and Welfare

As we engage families, demonstrate respect and inclusivity in all decision making as well as confidence in their protective factors and motivation for change, we will be building strong community-based relationships of trust and confidence. Transparent communication strategies and inclusivity in the CQI process will reinforce individual case efforts. Continuous Quality Improvement and Evaluation in support of Family First Prevention Services

Continuous Quality Improvement Includes the development of processes for: Collecting Data, Analyzing Data, Sharing Results and Action planning for change. Idaho's Strategic Plan and the Five-Year Plan are guides for cultural norms/overarching goals and performance measures.



During the first year of implementation following an approved Title IV-E Prevention Program Plan, CFS will establish a Family First Continuous Quality Improvement (CQI) Workgroup. The

purpose of Idaho's Family First Continuous Quality Improvement (CQI) Workgroup will be first and foremost to improve outcomes for children and families. Idaho's Family First CQI Workgroup will be responsible for reviewing EBP specific data, monitoring fidelity and outcome measures, and making necessary adjustments to ensure services are effective and meet the desired outcomes for children and families. To this end, it will be the workgroup that gathers input, identifies strengths/needs, shares results, and informs the implementation of program improvement plans specific to in-home prevention service delivery. Workgroup membership will include representatives from the Family First Implementation Team, Child Welfare Regional Program Specialists, the CFS Data Team, Process and Training Team, CFS Case Record Review (CRR) Team, CFS Policy and Program Team, and others as identified. Consultants from the Praed Foundation, the Divisions of Behavioral Health, Medicaid and Public Health, and Schools of Social work will be invited to contribute.

During the first year of Idaho's approved Title IV-E Prevention Program Plan, the Family First CQI Workgroup will develop and implement a standardized Family First CQI Policy Manual with clear processes, roles and responsibilities for CQI teams, tools, meeting guidance and expectations, communication pathways, and trainings. The CQI workgroup will be informed by A Measurement Framework for Implementing and Evaluating Preventive Services (Framework) developed by Chapin Hall to further clarify how outcomes will be measured and the data collection procedures. The Framework identifies metrics to better understand the reach of the selected prevention services, to monitor the fidelity and quality of the selected prevention services and determine whether the EBP-specific outcomes and the overall Idaho Family First outcomes are being achieved in order to improve as indicated by results.

Idaho CQI Workgroup will confirm a list of cross-cutting research questions that will be applied to all EBPs as they are implemented Idaho. Current data collected through DCFS and data available from contracted providers will identify what metrics are available in the present and what missing data needs to be addressed. All evaluation and CQI questions will be examined and confirmed through the Family First CQI Workgroup (intended to merge with statewide CQI development).

During the second year following Idaho's approved Title IV-E Prevention Program Plan, and annually thereafter, the formal CQI processes implemented will be reviewed with key stakeholders to determine missing inputs and/or measurements as an opportunity to refine and improve the processes.

The following sections will describe:

- How services or programs will be continuously monitored to ensure fidelity to the practice model,

- How services or programs will be continuously monitored to determine outcomes achieved, and
- How the information learned from the monitoring will be used to refine and improve practice.

How services or programs will be continuously monitored to ensure fidelity to the practice model

Idaho's selected evidence-based programs and services, described in Section I, will be provided through contracts with approved Family First EBP Providers. Providers are required to follow the fidelity practices of their evidence-based practice intervention. Using their intervention's fidelity monitoring tools, each approved Family First EBP Provider will be contractually required to collect, maintain, and report statistical data and information as requested for the purpose of program monitoring. Fidelity review documentation will be assessed by CFS contract monitors during quarterly contract reviews in addition to being incorporated into continuous quality improvement processes by the Family First Continuous Quality Improvement (CQI) Workgroup.

The Family First Continuous Quality Improvement (CQI) Workgroup will develop a quarterly fidelity monitoring on-site and/or virtual review process for each of the selected and approved EBP services provided to families. The review process will be developed in consultation with each of the Family First EBP Providers and their assigned CFS contract monitor(s), and include verification of the required certifications/trainings, documentation of the prescribed fidelity measures, approved manual, trauma-informed delivery, and tracking of model-specific program goals.

Two of the evidence-based services have already been engaged in implementation through contracted services. Both Motivational Interviewing (MI) and the FAST implementation contracts include CQI/Evaluation plans.

Motivational Interviewing, an evidence-based intervention that cuts across all service delivery, is currently being implemented statewide with implementation including training and evaluation being supported by the Eastern Washington University (EWU) Child Welfare Resource and Training Center. The MI CQI/Endorsement plan is discussed in Section V and Section VI.

The Family Advocacy Support Tool (FAST), while not recognized on the Title IV-E Prevention Services Clearinghouse, is evidence informed and pivotal to improved family assessment and case planning. Well designed and rigorous evaluation is addressed through the FAST Implementation Workgroup initiated November 2021. Participation is a collaborative process including internal and external participants. Particularly the Division of Behavioral Health and Praed Foundation representation. The scope of work included in the contract

includes clearly stated expectations for continuous quality improvement, evaluation, and quality assurance. Once the Family First Continuous Quality Improvement (CQI) Workgroup is established, the results of this the FAST Implementation Workgroup will be shared and included in all CQI discussions and reports.

How services or programs will be continuously monitored to determine outcomes achieved

The Family First Continuous Quality Improvement (CQI) Workgroup will convene Regional CQI Teams to review child and family and service specific outcomes, successes, and barriers. The Regional CQI Teams will meet, at minimum, semi-annually and be comprised of child welfare managers, chiefs of social work, supervisors, representatives from Family First EBP Provider agencies, regional contract monitors, and other internal and community stakeholders. The Regional CQI Teams will review regional EBP outcome measures and data, identify areas in need of improvement, and discuss ways to increase service capacity and ensure that services provided are effective and meet the desired outcomes for children and families. The regional CQI Teams will report their recommendations directly to the Family First Continuous Quality Improvement (CQI) Workgroup on which they will have ongoing representation.

To further inform the Regional CQI Teams, the Family First Continuous Quality Improvement (CQI) Workgroup, and overarching CFS Continuous Quality Improvement processes, continuous monitoring of outcomes for families receiving evidence-based services will include the following components:

- Feedback will be gathered from contracted providers' internal agency evaluation processes; specifically, outcomes for families receiving their service and fidelity to the EBP model.

- Formal forums will be held twice annually with families and caregivers to gather feedback and recommendations.

- Integration of voluntary prevention services into Idaho's existing Case Record Review (CRR) activities for Safety, Well-being, and Permanency measures. In-Home cases successful, and not successful, in preventing foster care placement will be reviewed to determine strengths, barriers, and areas needing improvement.

- Each service included in an in-home prevention case plan will be individually debriefed with the family and their supports at closure of the in-home case. The supervisor and/or chief of social work will join the debrief to support the gathering of information and participate in an analysis of what worked and what did not work; and

- In-home case management teams will have scheduled virtual statewide peer meetings monthly. The purpose of these consultation sessions is both a clinical and program focus. Challenging cases or situations may be staffed at this time for the purpose of accessing greater objectivity and creative solutions. Programmatic, training and support needs will be identified. To make the most of the collective feedback, a report will be provided by the Family First CQI Workgroup for discussion of patterns and or needs and identification of possible solutions/strategies for program improvements.

The CQI process will include feedback from multiple sources including families, stakeholders, and service providers, prevention workers and supervisors, program managers and consultants. The feedback gathered will focus implementation, service impact on families, relationship with providers, how the system is working and suggestions for improvements. The feedback will be provided through partners and stakeholders identified in Idaho's 2023 APRS and regularly scheduled prevention services supervisor meetings, written reports, surveys, focus groups, individual outreach, and verbal reports. To answer research questions, the CQI teams will rely on data metrics and reports generated from EPSPI, the data system that houses child welfare information. ESPI includes case management data on the children and families referred to or receiving services (child-specific plans) and their child welfare system involvement (e.g., child maltreatment screening and investigations; as well as foster care entries and exits), service delivery information such as the referral dates, eligibility, progress in treatment, and service completion.

The Data Collection Plan will be further developed through the CQI development process. The CFS data team will be significant participants in developing the collection plan, including identifying capacity building strategies. The Case Review Process is an existing source for data related to in-home cases. Given Idaho's candidacy definition, it is anticipated that the majority of in-home cases will fall under prevention cases for federal Case Review. Additional planning with our federal partners will be needed to determine how to best meet Case Review requirements and to consider the tool best suited to review Idaho's in-home prevention cases.

The FF implementation team will continue to work with 3 pilot sites throughout implementation for the purpose of gathering direct field experience and guidance. This is done through regularly scheduled meetings that provide for information sharing, time to apply program procedures, and feedback about what works and what does not work. The pilot regions are also actively engaged in identifying modifications and solutions. Regional CQI teams once formed will work with statewide CQI process to develop targeted protocols for research questions, gathering data, sharing information, and participating in analyses and solution development and oversite of the process including follow through of recommended improvements.

Idaho will use ESPI (SACWIS) measures from NCANDS and AFCARS and will utilize the CQI workgroup to determine the review process for Idaho's in-home prevention services cases.

Case Review managers through the CQI development process, will identify the meaningful number of prevention cases to be included in the case review process. Outcomes of reviews will be provided to Family First CQI team and in collaboration with regional teams will develop improvement plans and oversite structure.

The FAST will be integrated into ESPI and Idaho will collect data from FAST assessments to answer specific research questions focused on systemic and client outcomes.

Idaho will utilize Tableau to provide immediate and up to date access to data from the ESPI system. During the first year of implementation the Family First and Data teams will work in collaboration with the CQI workgroup to identify data that will be accessible on the tableau page. As needed or identified by stakeholders the tableau page will be updated to include additional data needs.

Evidence Based Practice – Specific CQI Processes

While each of the selected services has multiple fidelity measures and intended outcomes Idaho has identified specific outcomes for each evidence-based service to be targeted for continuous monitoring.

Parent Child Interaction Therapy (PCIT)

Fidelity

PCIT clinicians coach parents in behavior-management and relationship skills. Parents or caregivers progress through treatment as they grasp specific competencies. Most families can achieve understanding of the program content in 12 to 20 weekly sessions. Clinicians participate in 40 hours of clinical training, consultation, and video reviews. The video reviews are designed to assess treatment fidelity and provide individual training and guidance. PCIT has a rigorous fidelity monitoring infrastructure with a prescribed clinical tool called the Treatment Integrity Checklist (TIC) (PCIT International).

Outcomes

PCIT has many intended outcomes as identified below to assure that PCIT addresses the strategic plan goals including the access and delivery of the services, protecting children, and leading to family self-sufficiency.

- Child well-being outcomes

Outcomes for children participating in Parent Child Interaction Therapy include improving child behavioral and emotional functioning and reducing problematic behaviors, improving parent-child communication, increasing children's organizational and play skills and improving the child's self-esteem and social skills. Several different studies of PCIT have shown that participation improves child behavioral and emotional functioning in areas such as child compliance, internalizing and externalizing behaviors, and overall reduction in problematic behaviors (Bagner, 2007, 2010; Bjorseth, 2016; Leung, 2015, 2017; Matos, Schuhmann, 1998; & Thomas, 2011).

- Adult well-being outcomes

  Outcomes for adults participating in Parent Child Interaction Therapy include improving parent-child communication and reducing the frequency of corporal punishment. PCIT has demonstrated efficacy in enhancing positive parenting behaviors such as using encouraging directives, praise, and effective child- and parent-led play skills as well as reducing complacency and the frequency of corporal punishment (Bagner, 2007, 2010; Bjorseth, 2016; Leung, 2015, 2017; McCabe, 2009; & Thomas, 2011). At least one study showed that PCIT reduced parental stress, depression, and anxiety (Leung, 2015, 2017).

Idaho CFS will utilize data gathered from the ESPI electronic case management system and data reported by providers to support fidelity and specific outcomes. Fidelity will be monitored by contract monitors and the Family First team will report on the following specific outcomes to the Vision Council and CFS leadership to identify opportunities for improvement.

- Improved child behavioral, emotional, and social functioning
- Increased positive parenting practices
- Improved family functioning

Brief Strategic Family Therapy

Fidelity

The average length of BSFT treatment is 12 to 16 weekly sessions and can take place in several settings such as community centers, clinics, health agencies, or homes. Clinicians participate in three phases of training and a Supervision Practicum. Clinicians are rated based on filmed clinical sessions using the BSFT Adherence Certification Checklist (CEBC). The checklist is designed to assess how proficient a clinician is at implementing BSFT and to provide feedback that can be used to increase clinical skills and fidelity to the model.

Outcomes

BSFT has many intended outcomes for both children and adults.

- Child well-being outcomes

  Outcomes for children participating in Brief Strategic Family Therapy include reduction in behavior problems while improving self-control, reduction in associations with antisocial peers, reduction in drug use, the development of pro-social behaviors, improvements in maladaptive patterns, and improvements in communication, conflict resolution and family bonding. At least one study of BSFT has shown improved child well-being outcomes. Participation improved behavioral and emotional functioning by reducing externalizing behaviors (Horigian, 2015). Results of this study also showed reductions in delinquent behaviors such as the number of lifetime and past year arrests and incarcerations (Horigian, 2015).

- Adult well-being outcomes

  Outcomes for adults participating in BSFT include Improvement in maladaptive patterns of family interactions and improvement in family communication, conflict resolution, and family bonding. BSFT has demonstrated effects in improving adult well-being outcomes. In one study, parents who participated in BSFT reported less alcohol use (Horigian, 2015b). In another study, significant overall improvements in family functioning were achieved (Santisteban, 2003).

Idaho CFS will utilize data gathered from the ESPI electronic case management system and data reported by providers to support fidelity and specific outcomes. Fidelity will be monitored by contract monitors and the Family First team will report on the following specific outcomes to the Vision Council and CFS leadership to identify opportunities for improvement.

- Improved family functioning
- Increased positive parenting practices
- Improved emotional, behavioral, and social functioning of the child

Familias Unidas

Fidelity

Familias Unidas provides training on how to evaluate fidelity. Fidelity measures for Familias Unidas include:

- Study developed fidelity measures that evaluate facilitator adherence to the intervention are used.
- Measures have been developed to access fidelity for the group sessions and for the family sessions.
- Training is conducted using previous Familias Unidas intervention videos.
- Fidelity is measured based both on process and content of sessions.
- Fidelity measures help to identify and rate core prescribed intervention components delivered by the facilitator.

Outcomes:

- Prevent drug use and sexual risk behaviors in adolescents
  - Indicated by decreased alcohol and or illicit drug use and decrease in sexual engagement and or increased use of protection during sexual intercourse.
  - Indicated by a relationship change with the individuals or groups that contribute to youth's risk behavior

- Improve family functioning
  - Indicated by active participation in Familias Unidas and,
  - Increase supportive behaviors and interaction by parent/s

- Improve parent-adolescent communication
  - Indicated by open discussion between youth and parents, increased cooperation, and effective problem resolution and,
  - Reports from youth and parents that they are able to address issues and share more readily

- Improve positive parenting
  - Indicated by parents demonstrated knowledge and awareness of youth's activities, ideas, and concerns, and
  - Youths demonstrated willingness to confide in parents/share thoughts and feelings.

Idaho CFS will utilize data gathered from the ESPI electronic case management system and data reported by providers to support fidelity and specific outcomes. Fidelity will be monitored by contract monitors and the Family First team will report on the following specific outcomes to the Vision Council and CFS leadership to identify opportunities for improvement.

- Increased family engagement
- Increased family functioning and parenting practices

Motivational Interviewing

Fidelity

Idaho CFS will utilize Idaho's Child Welfare Endorsement Program for training of staff. The Motivational Interviewing Treatment Integrity (MITI) is an instrument developed by MI to measure how well a practitioner is using MI. In addition, staff will participate in coding and coaching as part of training to support fidelity to the model.

Outcomes

In addition to the positive effects identified through the independent review of research conducted by the Title IV-E Prevention Services Clearinghouse for MI, Idaho CFS expects to see and will monitor positive improvement in the following outcomes that are related to our strategic goal of health and self-sufficient families:

- Decreased substance use disorder
- Enhanced internal motivation to change
- Increased family engagement and retention to services

Idaho CFS will utilize ongoing coding and coaching as well as an annual endorsement to monitor fidelity to MI. The Family First team will utilize data from the ESPI electronic case management system and data from surveys completed with families who have completed in an in-home prevention case to obtain data related to the above outcomes.

Homebuilders

Fidelity

The Homebuilders model includes fidelity measures designed to track specific indicators and performance measures (CEBC, Institute for Family Development). Idaho CFS, and their designated Homebuilders providers, will work together with The Institute for Family Development, to obtain Homebuilders Program Quarterly Reports for each provider offering Homebuilders services. The Institute for Family Development offers technical assistance support and oversees compliance monitoring for each provider offering the Homebuilders program. They ensure the provider is delivering the Homebuilders model with fidelity and regularly evaluate service outcomes.

Outcomes

To assess overall performance, Homebuilders produce quarterly reports for each provider that includes 20 standards. Idaho will use a subset of data in the quarterly reports for

purposes of continuous monitoring. These include measure that align with Idaho's strategic goals and follow the proposed plan for continuous quality improvement.

Outcome measures:

- Child safety including placement prevention, safety threats are addressed, and there are no new CPS reports
- Improved family functioning
- Improved Parenting Skills

Idaho CFS will utilize data gathered from the Homebuilders assessment tool, ESPI electronic case management system and data reported by providers to support fidelity and specific outcomes. Fidelity will be monitored by contract monitors and the Family First team will report on the above outcomes to the Vision Council and CFS leadership to identify opportunities for improvement.

Nurse Family Partnerships

Fidelity

The Nurse-Family Partnership Model is based on nineteen essential model elements. Adherence to these elements provides a reasonable expectation of replication of the outcomes of NFP's initial randomized-control trials.

Nurse-Family Partnership maintains fidelity to its model by using a web-based performance management system designed specifically to collect and report Nurse-Family Partnership family characteristics, needs, services provided and progress toward accomplishing program goals as recorded by Nurse-Family Partnership nurses. This process is fundamental to ensuring successful program implementation and beneficial outcomes that are comparable to those from the RCTs.

Overarching NFP Research Results

48% reduction in child abuse and neglect
56% reduction in ER visits for accidents and poisonings
50% reduction in language delays of child age 21 months
67% less behavioral/intellectual problems at age 6
32% fewer subsequent pregnancies
82% increase in months employed
61% fewer arrests of the mother
59% reduction in child arrests at age 15

Outcomes

Nurse Family Partnership is a program which focuses on self-sufficiency through economic stability as well as other goals, for mothers and their children. In keeping with these outcomes, Idaho anticipates increased availability of NFP will positively impact our strategic goals and the following outcomes:

- Improved maternal and child health
  - Indicated by Improved Pregnancy and Birth Outcomes
  - Indicated by decreased disparities in pregnancy and birth outcomes according to race, ethnicity, age, income, and health insurance status.
- Reduction in child maltreatment
  - Indicated by a decrease in child maltreatment referrals for this population
- Increased positive parenting practices
  - Indicated by improvements in areas of concern
- Improved family self-sufficiency
  - Indicated by demonstrated ability to advocate for self and family

Idaho CFS will collaborate with the Maternal, Infant & Early Childhood Home Visiting Program to monitor fidelity of the model. In addition, Idaho CFS will utilize data gathered from MIECHV, individual surveys, the ESPI electronic case management system and data reported by providers to support fidelity and specific outcomes. The specific outcomes monitored by Idaho CFS will be reported to the Vision Council and CFS leadership to identify opportunities for improvement, specific outcomes will include the following:

- Family self-sufficiency including developed connections in community and ability to access services
- Infant of parenting youth in foster care does not enter foster care

Parents as Teachers

Fidelity

Parents as Teachers model fidelity requirements called Essential Requirements. requirements cover affiliate leadership, staffing, services to families, and evaluation.

Affiliates annual report implementation and service data to confirm they are meeting or exceeding the minimum levels for each Essential Requirement.

Parents as Teachers also has Quality Standards that provide a comprehensive blueprint for high quality services delivery.

Together, the Essential Requirements and Quality Standards form the basis for the Parents as Teachers Quality Endorsement and Improvement Process (QEIP), which is the process

that affiliates go through to demonstrate their commitment to high quality services and work to earn the Blue-Ribbon designation.

All Parents as Teachers affiliates complete the QEIP every five years. To earn the Blue Ribbon, affiliates must meet all of the Essential Requirements and complete a comprehensive self-study that demonstrates they are meeting at least 75% of the Quality Standards. The Blue Ribbon is good for up to five years, as long as the affiliate continues to meet the Essential Requirements each year.

Outcomes

A review of PAT research by the Title IV-E Prevention Services Clearinghouse shows that PAT has positive impacts on child safety as well as child and adult well-being. Idaho CFS expects to see improved outcomes in the following areas as related to our strategic goals:

- Increased child safety
  - Indicated by ameliorating underlying risks and safety issues
- Improved child behavioral and emotional functioning
  - Indicated by improvements in assessed concerns
  - Indicated by children's school readiness and success
- Increased positive parenting practices
  - Indicated by a demonstrated increase in parent knowledge of early childhood development.
  - Indicated by increased children's school readiness and success.
  - Indicated by parents increased involvement in their children's schooling
  - Indicated by Increased likelihood families will promote children's language and literacy
- Improved parent/caregiver mental or emotional health
  - Indicated by improvements to concerns expressed regarding mental and emotional health
  - Indicated by increased engagement in children's school and community
- Prevent child abuse and neglect
  - Indicated by no new child protection reports
  - Indicated by no entry into foster care

Idaho CFS will collaborate with the Maternal, Infant & Early Childhood Home Visiting Program to monitor fidelity of the PAT model. In addition, Idaho CFS will utilize data gathered from MIECHV, individual surveys, the ESPI electronic case management system and data reported by providers to support fidelity and specific outcomes. The specific outcomes monitored by Idaho CFS will be reported to the Vision Council and CFS leadership to identify opportunities for improvement, specific outcomes will include the following:

- Improved child functioning
- Increased positive parenting practices
- Improved family functioning

How the information learned from the monitoring will be used to refine and improve practice

The Family First Continuous Quality Improvement (CQI) Workgroup will provide a central repository for feedback, data and recommendations and responsibility for oversite of CQI processes and communication to CFS leadership.

During the initial phase of implementation, the Family First CQI Workgroup will primarily focus on the process and data related to the implementation of EBPs to inform how services are being implemented and the status of implementation. This will allow for any adjustments to be made to ensure implementation success. As referred to earlier in this plan the Measurement Framework for Implementing and Evaluating Preventive Services, developed by Chapin Hall, will provide the construct to guide development of outcomes and measures implementation. In later phases, the Family First CQI Workgroup will establish data measures based on the CQI structure to generate reports that will be used by CFS leadership to understand the successes and barriers to EBP service delivery and to evaluate if outcomes are being achieved. This will allow the program to make data-informed decisions and adjustments as needed. At minimum, semi-annual reports will be submitted to CFS leadership. In addition, the report will be valuable and made available to others who work on the behalf of children and families, including legislators, service providers, citizen review panels, courts, educators, and consumers.

The Family First Continuous Quality Improvement (CQI) Workgroup, in coordination with the contract monitor of each EBP, will develop specific strategies for data collection and outcome measures for each of the evidence-based services provided as selected EBP's are implemented. A timeline for implementation, prepared by the Family First Implementation Team, will include a schedule for evaluation.

The Regional CQI Teams responsible for evaluation and feedback will submit written reports summarizing activities and identify barriers and successes (for celebration) and recommendations for solutions or change will be provided no less then semi-annually and/or at any point issues surface.

During the second year of Idaho's approved Title IV-E Prevention Program Plan, and annually thereafter, the formal CQI processes implemented will be reviewed with key stakeholders to determine missing inputs and/or measurements as an opportunity to refine Idaho's CQI processes for Family First.

The CQI committee will be charged with developing specific and inclusive feedback loops, a process for integration of feedback across those feedback loops, regions, programs for analyses and recommendation. Improvement plans will be developed with stakeholders and a formal procedure for follow up on improvement plan implementation including corrective action, as needed to ensure follow through. Idaho's Case Review process will provide experiential insight regarding how the Program Improvement Process works currently and provide recommendations for structure needed to improve and support the process.

The Family First CQI Workgroup/Implementation Team (intended to merge with statewide CQI development). To guide this process, Idaho will re-engage The Vision Council, a diverse set of stakeholders, in FFY 2023. The Vision Council, as a steering committee to the department 2018-2021 contributed significantly to the development of funding change and limits on congregate care and development of overarching goals of Family First. Prior members will be invited, and additional targeted recruitment will broaden community representation. Data measures and reports currently available in Idaho will be assessed and gaps identified for the purpose of development. The Data Team will be an active participant on the CQI Workgroup. Deputy Administrator (CW Regions), Bureau Chiefs (3), and Program Managers will be active participants in the FFPS CQI development.

The information learned from continuous monitoring efforts will be used to refine and improve practices for each program or service. The Family First Team in consultation with the Vision Council and subcommittees will gather the CQI reports mentioned above to identify the strengths and needs of each EBP service program and to evaluate any previously identified program improvement measures. An annual report will be provided to Family and Children's Services leadership including central office and regional program managers outlining progress towards achieving outcomes, strengths and needs within each EBP, statewide and regionally, including the effectiveness of the in-home prevention case management standard and process. The report will describe efforts to implement program improvement measures through contract monitoring and updates to policy, practice, and process as well as additional recommendations for consideration by leadership.

Requests for waiver of well designed, rigorous evaluation of services and programs for a well-supported practice

The Title IV-E Prevention Services Clearinghouse was established by the Administration for Children and Families (ACF) within the U.S. Department of Health and Human Services (HHS) to conduct an objective and transparent review of research on programs and services intended to provide enhanced support to children and families and prevent foster care placements. The Clearinghouse reviews evidence on mental health, substance abuse prevention and treatment, and in-home parent skill-based programs and services, as well as kinship navigator programs.

The Prevention Services Clearinghouse uses a systematic review process that is implemented by trained reviewers using consistent, transparent standards and procedures. Clearinghouse staff use this systematic review process to (1) identify programs and services for review, (2) select and prioritize programs and services for review, (3) conduct a literature search to locate research studies on the effectiveness of the prioritized programs and services, (4) screen studies for eligibility and prioritize them for review, (5) conduct an evidence review to rate the strength of evidence of the studies using the design and execution standards, and (6) rate programs and services as well-supported, supported, promising, or does not currently meet criteria.

The work of the Prevention Services Clearinghouse is conducted under a contract with Abt Associates, Inc. (Sandra Wilson, Project Director and Erin Bumgarner, Deputy Project Director), along with a partner from the University of Denver (Suzanne Kerns, Principal Investigator). The federal project officers at the Administration for Children and Families are Christine Fortunato, Laura Nerenberg, and Jenessa Malin.

Idaho Child and Family Services is requesting waivers for seven (7) well-supported services. Detailed descriptions of each are included in Section I.

- Parent-Child Interaction Therapy (PCIT)
- Motivational Interviewing (MI)
- Brief Strategic Family Therapy (BSFT)
- Parents as Teachers (PAT)
- Nurse-Family Partnership (NFP)
- Homebuilders
- Familias Unidas

Compelling Evidence for EBP Effectiveness and Waiver Justification

Parent-Child Interaction Therapy (PCIT)

There is compelling evidence that PCIT reduces the risk of maltreatment and foster care placement by increasing the use of more effective parenting techniques, decreasing the behavior problems of children, and improving the quality of the parent-child relationship. PCIT is an evidenced-based parent training program with proven effectiveness in serving at-risk children ages two (2) to seven (7) and their caregivers. Idaho's Title IV-E Prevention Program Plan aims to serve families that have been assessed to have stressors of child emotional behavior challenges for which PCIT is a well-aligned intervention. Idaho's needs assessment indicates emotional and behavioral health services were consistently identified in survey data as a significant area of need for families as was parenting education/skill identified by multiple stakeholder groups as a need to support Idaho's families. Idaho's Title IV-E Prevention Program Plan aims to serve families that have been assessed to have stressors of child emotional behavior challenges for which PCIT is a well-aligned intervention.

Many children who are served by Idaho's Child and Family Services have emotional and behavioral health challenges and/or have experienced maltreatment, according to the research reviewed by the Clearinghouse, PCIT has been shown to be successful in improving child emotional and behavioral health and has had considerable success with children who have experienced maltreatment (Thomas & Zimmer-Gembeck, 2011). PCIT has shown to be successful for children with extensive underlying problems and psychological needs, such as ADHD (Leung, Tsang, Ng, & Choi, 2017), autism (Solomon et al., 2008), and disruptive behavior (Abrahamse, Junger, van Wouwe, Boer, & Lindauer, 2016).

The evidence supports using PCIT to reduce the risk of out-of-home placements by improving emotional behavior challenges in children as well as promoting positive parenting practices and family dynamics. This treatment has been shown to improve parent-child attachment and is a well-supported model that focuses on the challenges of children and families served by Idaho's Child and Family Services.

The Title IV-E Prevention Services Clearinghouse rated PCIT as a well-supported EBP following review of twenty-one (21) eligible studies that indicated favorable effects in the target outcomes of child and adult well-being. Specifically, there were eighteen (18) favorable effect findings for child behavioral and emotional functioning, twenty (20) for positive parenting practices and four (4) for parent/caregiver mental or emotional health. The California Evidence-Based Clearinghouse for Child Welfare also rated PCIT as having well-supported research evidence with medium relevance for child welfare in the categories of disruptive behavior treatment (child and adolescent) and parent training programs that address behavior problems in child and adolescents. These studies provide significant

demonstration of effectiveness which is applicable to the population Idaho plans to serve with its prevention services and supports a waiver of evaluation requirements for PCIT.

The program or service description, target population, and program or service delivery and implementation information was informed by the following sources: The California Evidence-based Clearinghouse for Child Welfare, the program or service developer's website, the program or service manual, and the studies reviewed.

Brief Strategic Family Therapy (BSFT)

Brief Strategic Family Therapy (BSFT) is rated as a well-supported practice because at least two studies with non-overlapping samples carried out in usual care or practice settings achieved a rating of moderate or high on design and execution and demonstrated favorable effects in a target outcome domain. At least one of the studies demonstrated a sustained favorable effect of at least twelve (12) months beyond the end of treatment on at least one (1) target outcome.

The California Evidence Based Clearinghouse (CEBC) also finds BSFT as well-supported and has a Scientific Rating 1: for the Topic Area Disruptive Behavior Treatment (Child and Adolescent)

Rating 3: for the Topic Area Substance Abuse Treatment (Adolescent)

From the IV-E EBP Clearing house:

Idaho is confident that BSFT is a service needed in our state. It is particularly appealing as it is a therapy designed to be delivered in the home or a community setting, focuses on a broad range of ages and is appropriate to use when the risk is exhibited, which is preventative in nature, and focuses on the family as a system. Mental Health services and services that are family based are identified needs in Idaho's recently completed Needs Assessment.

There is compelling evidence that BSFT is effective reaching the needs of children 6-17 in the following areas:

- Improved child behavioral and emotional functioning
- Decreased child substance use
- Decreased parent/caregiver substance use
- Decreased child delinquent behavior and substance use
- Improved family functioning

Date Research Evidence Last Reviewed: March 2020

Parent and child substance use significantly impacts Idaho families served by Child and Family Services, and has far reaching consequences on family functioning, child behavioral and emotional functioning, and child delinquent behavior. The BSFT model has been shown to actively engage and retain families in treatment and parents report improvements in family functioning (Robbins, Feaster, Horigian, Shoham, Bachrach, Miller, Burlew, Hodgkins, Carrion, Candermark, Schindler, Werstlein & Szapocznik, 2011).

The BSFT model has been determined to be a successful treatment for children with substance use and delinquent behaviors. BSFT treatment has been shown to reduce adolescent behavior problems by improving family relationships and those relationships within other systems such as with peers and school, that can impact behavior (Szapocznik, Hervis, & Schwartz, 2003; Szapocznik & Kurtines, 1989).

The program or service description, target population, and program or service delivery and implementation information was informed by the following sources: The California Evidence-based Clearinghouse for Child Welfare, the program or service developer's website, the program or service manual, and the studies reviewed.

Familias Unidas

Idaho is pleased to be able to implement an effective family focused prevention service developed and responsive to the Hispanic culture. There is compelling evidence that Familias Unidas is an effective intervention for:

- Improved child behavioral and emotional functioning
- Decreased child substance use
- Increased positive parenting practices
- Improved family functioning and monitoring of peers
- Improved parent-adolescent communication

As previously identified in Idaho's plan, Idaho's Hispanic population is growing at a rapid rate. According to the 2021 Profile Data Book for Idaho reported from the Commission in December 2020, Hispanic students made up 18% of K-12 enrollment in 2019-2020 but accounted for 31% of enrollment growth in the previous five years. From 2014-2015 to 2019-2020, Hispanic enrollment increased 12%, and non-Hispanic enrollment increased 5%. In several small districts, Hispanic enrollment more than doubled from 2014-2015 to 2019-2020. These districts are spread across the state, and many are charters.

Youth Risk Behavior Surveillance System (YRBSS) a national school-based survey that assesses high schoolers in grades 9-12on health-risk behaviors. Idaho's survey is administered every two years by the Idaho Department of Education with funding from the Centers for Disease Control and Prevention.

The Profile Data Book reported on

- Safety and mental health,
- Substance use,
- Exercise, diet, and sexual activity

Overall, youth in Idaho report significant rates of substance use. More than a quarter said they currently drink alcohol; 23% reported that they currently smoke tobacco in some form; and 17% currently use marijuana. Almost one-quarter say they had been offered, sold, or given an illegal drug on school property. Hispanic and non-Hispanic youth are similar on almost all behaviors related to substance use, with the exceptions of using electronic vapor products (57% of Hispanic youth compared to 46% of non-Hispanic) and trying marijuana before age 13 (8% of Hispanic youth compared to 4% of non-Hispanics). Early use of substances is a risk for prolonged and heavy use in the future.

Almost one fourth of Idaho youth report they are currently sexually active. Hispanic youth in Idaho were more likely than non-Hispanic youth to report that they:

- Had ever had sexual intercourse: 42% compared to 30%
- Were currently sexually active: 33% compared to 22% Hispanic

Familias Unidas is rated as a well-supported practice by the Title IV-E Prevention Services Clearinghouse because at least two studies with non-overlapping samples carried out in usual care or practice settings achieved a rating of moderate or high on design and execution and demonstrated favorable effects in a target outcome domain. At least one of the studies demonstrated a sustained favorable effect of at least twelve (12) months beyond the end of treatment on at least one (1) target outcome.

Study 11791 listed below includes research outcome by Cordova, D., Huang, S., Pantin, H., & Prado, G. (2012) that indicate Familias Unidas will address the issues currently found within Idaho. Among participants of the study who reported having sex in the past 90 days there were lower numbers of sexual partners reported as well as a reduction in inconsistent condom use as well as a reduction in the number of days of having unprotected sex while under the influence of drugs or alcohol. This study also showed a reduction in reported illicit drug use from 29.1% at baseline to 22.5% at 9-month follow-up, relative to community practice whose use increased from 23.1% at baseline to 31.3%. The study also found a reduction in the percentage of adolescents with an alcohol dependence diagnosis from 15.8% to 5.4%, relative to community practice whose diagnosis increased from 6.6% to 8.1%.

Study 11976 listed below includes research outcomes by Lee, T. K., Estrada, Y., Soares, M. H., Sanchez Ahumada, M., Correa Molina, M., Bahamon, M. M., & Prado, G. (2019). This study also found that Familias Unidas would assist in addressing the needs of Hispanic

youth and families in Idaho. From baseline to 12-months post-baseline, eHealth Familias Unidas participants compared to control group participants, reported significantly:

- Lower drug use
- Lower prescription drug use
- Lower cigarette use
- Higher family functioning (risk and protective factor)

The CEBC also finds Familias Unidas to be well-supported with Scientific Rating 1 in Topic Area Substance Abuse Prevention (Child and Adolescent) Programs.

Date Research Evidence Last Reviewed: October 2021

The program or service description, target population, and program or service delivery and implementation information was informed by the following sources: the program or service manual, the program or service developer's website, the California Evidence Based Clearinghouse for Child Welfare, the Blueprints for Healthy Youth Development registry, and the studies reviewed.

Homebuilders

Title IV-E Prevention Services Clearinghouse finds Homebuilders to be well-supported. The program or service description, target population, and program or service delivery and implementation information was informed by the following sources: The California Evidence-based Clearinghouse for Child Welfare (CEBC), the program or service developer's website, the program or service manual, and the studies reviewed.

There is compelling evidence that Homebuilders is successful at achieving the following outcomes:

- Safety
- Decreased Risks
- Improved Parenting Skills
- Improved Family Functioning
- Increase Connection with Community Resources

The CEBC finds Homebuilders for a Scientific Rating of two (2) (scale 1-5) for topic areas Interventions for Neglect, Post- Permanency Services, Reunification and Family Stability Programs.

As reported on the Institutes website, the Institute has received international recognition for its Homebuilders program, an intensive, in-home family counseling and skill-building program that is designed to keep children safe, improve family functioning, and prevent the

unnecessary removal of children into state custody. Homebuilders is the oldest and best-documented family preservation program in the country. In the early 1990s, thirteen (13) states set the characteristics of the program in statute, and the Washington State Legislature has implemented the model statewide.

In 2006, the Washington State Institute for Public Policy (WSIPP) conducted a meta-analysis of the research about family preservation programs across the country and concluded that programs with high fidelity to the Homebuilders model significantly reduced out of home placement and produced $2.54 of benefits for each dollar spent. Programs with low fidelity to the model produced no significant effect on placement and no cost benefit.

The California Evidence-Based Clearinghouse for Child Welfare (CEBC) includes the Homebuilders model as one of only five programs identified as being effective in reunifying families. The U.S. Surgeon General has recognized Homebuilders as a model family strengthening program, the Office of Juvenile Justice Delinquency Prevention (OJJDP) and Center for Substance Abuse Prevention (CSAP) has designated Homebuilders as a model program for preventing juvenile delinquency, and the program has been accepted into the Substance Abuse and Mental Health Services Administration National Registry of Evidenced Based Programs and Practices to prevent or treat mental health or substance abuse disorders. Research consistently shows that 70% to 90% of referred families remain safely together six months to a year following services.

As identified earlier, the 2021 Idaho Department of Health and Welfare Division of Family and Community Services Needs Assessment revealed lack of parenting education/skill as an important need/challenge identified by multiple stakeholder groups, as well as a top-rated gap regarding the availability and accessibility of services to support families. In qualitative data, parenting emerged as a primary theme related to biggest needs faced by youth and families, alongside evidence of low availability of services.

Research indicates that participation in Homebuilders prevented out-of-home placement directly after the intervention and at six and twelve months after the intervention (Walton, 1993). Additional research found that Homebuilders also improved reunification and family stability at the conclusion of child welfare involvement (Walton, 1993; 1998). Homebuilders also had a positive impact on adult outcomes including overall economic and housing stability (Westat, 2002).

Parents as Teachers (PAT)

PAT in Idaho will be implemented as developed according to core trainings and curriculums found at https://parentsasteachers.org/trainingcurriculagallery#PAT-CORE-TRAINING

PAT is rated as a well-supported practice because at least two (2) studies with non-overlapping samples carried out in usual care or practice settings achieved a rating of

moderate or high on design and execution and demonstrated favorable effects in a target outcome domain. At least one of the studies demonstrated a sustained favorable effect of at least twelve (12) months beyond the end of treatment on at least one target outcome.

In addition to studies reviewed by the Title IV-E Clearinghouse, Idaho reviewed recent studies looking at the impact Parents as Teachers has on primary prevention and secondary prevention of child abuse and neglect.

Primary prevention – Research looking at Parents as Teachers implemented in the state of Connecticut on a sample of almost 8,000 families found a 22% decreased likelihood of child maltreatment substantiations (as measured by Child Protective Services maltreatment data) for Parents as Teachers families compared to non-Parents as Teachers families (Chaiyachati et. al 2018).

Secondary prevention – A randomized-controlled trial looking at families that had prior engagement with Child Protective Services found that among non-depressed mothers or families without multiple Child Protective Services reports prior to study enrollment, Parents as Teachers was associated with a significantly lower likelihood of Child Protective Services recidivism (Jonson-Reid et. al 2018).

The CEBC gives a Scientific Rating of 3 for topics

- Promising Research Evidence
- Home Visiting Programs for Child Well-Being

There is compelling evidence that PAT effectively addresses the following with young children prior to kindergarten (typically age 5)

- Reduces children maltreatment
- Improved child social and cognitive functioning
- Improved child physical health and development
- Increased positive parenting practices
- Improved family functioning

The program or service description, target population, and program or service delivery and implementation information was informed by the following sources: The California Evidence-based Clearinghouse for Child Welfare (CEBC), the program or service developer's website, the program or service manual, and the studies reviewed.

Nurse Family Partnership (NFP)

NFP is rated as a well-supported practice because at least two (2) studies with non-overlapping samples carried out in usual care or practice settings achieved a rating of

moderate or high on design and execution and demonstrated favorable effects in a target outcome domain. At least one of the studies demonstrated a sustained favorable effect of at least twelve (12) months beyond the end of treatment on at least one target outcome.

The CEBC gives NFP a Scientific Rating of 1 in the following topic areas:

- Home Visiting Programs for Child Well-Being
- Home Visiting Programs for Prevention of Child Abuse and Neglect
- Teen Pregnancy Services
- Prevention of Child Abuse and Neglect (Primary) Programs

NFP has been determined to be successful with pregnant and parenting youth in low-resource settings and for long term effects in cognitive functioning and child development outcomes (Olds et al., 2014). It has been particularly successful for single, low-income mothers for improved maternal and child health, positive parenting practices, reducing child maltreatment, and improved family self-sufficiency (Olds, 2002).

Researchers from the Nurse-Family Partnership National Service Office, the Colorado School of Public Health, Chapin Hall at the University of Chicago, and the University of Chicago, in a 2017 NFP evaluation, found that first-time mothers receiving home visits from the NFP program were more likely to breastfeed and maintain breastfeeding at six and twelve months compared to their peers (Thorland et al., 2017). The study also found that the NFP children were more likely to be up to date on immunizations at 6 months compared to the control group.

The 2021 Idaho Department of Health and Welfare Division of Family and Community Services Needs Assessment reported that youth across the state identified the top-challenges for youth are the need for adult mentors, mental health, and physical health. NFP is a service that will be most often utilized the pregnant and parenting youth in foster care. By providing home-visiting to pregnant and parenting youth in foster care NFP is anticipated to further improve maternal and child health, parenting skills, and supporting youth in becoming self-sufficient.

Motivational Interviewing (MI)

Idaho CFS is actively engaged statewide, via contract, with a member of the Motivational Interviewing Network of Trainers (MINT) and The Eastern Washington University (EWU) Family Resource and Training Center's Workforce and Training Team to develop an Idaho Child Welfare Motivational Interviewing (MI) Endorsement. Family First is an active member of the EWU Family Resource and Training Center's Affinity Group. The membership of Affinity is an across state information sharing and solution focused group for successful

implementation of MI. The fidelity measures for supervisors are also being explored as part of the curriculum development process with EWU.

There is compelling evidence for the impact of Motivational interviewing for the following:

- Decreased parent/caregiver substance abuse
- Decreased ambivalence to change

MI is rated as a well-supported practice because at least two (2) studies with non-overlapping samples carried out in usual care or practice settings achieved a rating of moderate or high on design and execution and demonstrated favorable effects in a target outcome domain. At least one (1) of the studies demonstrated a sustained favorable effect of at least twelve (12) months beyond the end of treatment on at least one target outcome. In accordance with the Handbook of Standards and Procedures, if after review of fifteen (15) studies a program or service has not achieved a rating of well-supported, additional studies are reviewed until the program or service has achieved a rating of well-supported or all eligible studies have been reviewed. For Motivational Interviewing, thirty (30) studies were reviewed in depth, in order of prioritization.

The CEBC has given scientific ratings for MI research based in multiple service delivery situations and methodologies. The most relevant examples have been included.

Caregivers of children referred to the child welfare system, has been used with adolescents

Scientific Rating: 1 — Well-Supported by Research Evidence
Topic: Motivation and Engagement Programs
Scientific Rating: 1 — Well-Supported by Research Evidence
Topic: Substance Abuse Treatment (Adult Cognitive Therapy with Adults with mental health disorders including depression, anger, and anxiety, among others.

Scientific Rating: 1 — Well-Supported by Research Evidence
Topic: Depression Treatment (Adult)

Scientific Rating: 2 — Supported by Research Evidence
Topic: Prevention of Child Abuse and Neglect (Secondary) Programs
Scientific Rating: 1 — Well-Supported by Research Evidence
Topic: Prevention of Child Abuse and Neglect (Primary) Programs

The program or service description, target population, and program or service delivery and implementation information was informed by the following sources: The California Evidence-based Clearinghouse for Child Welfare, the program or service developer's website, the program or service manual, and the studies reviewed.

The use of MI as a casework intervention will have an impact on all four (4) of IDHW strategic goals. By improving how CFS interacts with families, children, stakeholders and each other, collaboration across divisions will improve and will strengthen the public trust. In addition, child welfare staff face challenges in engaging families, including initial parental resistance, lack of compliance in case planning and a lack of motivation to make needed change. The use of motivational interviewing to identify a parent's ambivalence towards change can be utilized in the child welfare setting according to Shah et al. (2019). Partnering with parents: Reviewing the evidence for motivational interviewing in child welfare. Families in Society, 100 (1), 52-67. Utilizing MI alone or in combination with other interventions MI, can be used to better understand the barriers to change for families and to increase engagement between the worker, family, and child. Shah et al. (2019) further states, "Initial research has uncovered the value of adding MI to interventions in the CW setting for both the client and the CWW (Child Welfare Worker). According to qualitative interviews with family assessment CWWs, implementing MI with continued coaching of CWWs to ensure treatment fidelity led to improved engagement and cooperation of families (Snyder et al., 2012). Similarly, in a study of the effectiveness of a 2-day MI training for CWWs engaging with substance-using parents (Forrester, McCambridge et al., 2008), CWWs reported increased reflexive listening skills and willingness to let the clients take the lead." By increasing engagement and identifying barriers to change, families will increase protective capacities and be better able to protect children from abuse and neglect and improve self-sufficiency.

Section III: Monitoring Child Safety

Initial and ongoing assessments of safety and risk are a critical part of the work of the Child and Family Services (CFS) program. To adequately monitor the safety of children who are involved with child welfare and receiving evidence-based prevention services under Idaho's Title IV-E Prevention Program Plan, CFS will both leverage existing practices to ensure child safety as well as implement new formal and informal tools and practices to monitor child safety and risk ongoing during the twelve-month period of an in-home prevention case.

Idaho Child Welfare's Safety Model

Idaho's Comprehensive Safety, Ongoing and Re-Assessment Standard applies to all children in care and will apply to families with children remaining in the home receiving evidence-based prevention services under Idaho's Title IV-E Prevention Program Plan on a voluntary basis and/or under protective supervision oversight of the court.

The purpose of the Comprehensive Safety, Ongoing and Re-Assessment Standard is to provide direction and guidance to the Child and Family Services (CFS) program regarding

comprehensive safety assessment, re-assessment, and ongoing assessment of safety and risk. This standard is intended to achieve statewide consistency in the development and application of CFS core services and is implemented in the context of all-applicable laws, rules, and policies. This standard also provides a measurement for program accountability.

Child safety is the central concern and function of CFS. The role of CFS is to intervene with only those families where a dangerous family condition is present and clearly threatens the safety of the child in the home. A Comprehensive Safety Assessment is completed for all child protection referrals that meet CFS Priority Response Guidelines for assessment

The Six Domains of the Comprehensive Safety Assessment:
1. Extent of Maltreatment
2. Nature of Maltreatment and History
3. Adult Functioning
4. Child Functioning
5. Parenting Practices
6. Disciplinary Practices.

It is the information gathering and assessment of the interplay among these six areas that further informs us about unseen, yet very real threats. A complete safety assessment cannot be done without this focused assessment.

The Comprehensive Safety Assessment is a formal comprehensive safety assessment tool which includes a robust information collection process within six (6) domains, identification of safety factors and application of the safety threshold, standardized criteria for differentiation between safe and unsafe children, and the family service worker's critical analysis and conclusion regarding the family conditions contributing to the safety of the child in the home. The Comprehensive Safety Assessment must be completed no later than forty-five (45) calendar days from the earliest start date of any safety case associated with the Comprehensive Safety Assessment. Completion of the Comprehensive Safety Assessment includes information collection, safety decision making, safety analysis and planning, documentation and case consultation and supervisory review. If a child is determined to be unsafe a safety plan is required. The purpose of interviewing the child, parents or caregivers, and case relevant collaterals is to obtain sufficient information within the six domains of which the safety assessment is dependent on. The safety assessor must use a family-centered approach with each interview, this builds rapport and strengthens the information the worker is able to obtain.

The Comprehensive Safety Assessment reassesses the last four domains in information collection. Including the safety threats and safety threshold initially identified, the safety plan and safety plan analysis, and a re-assessment of the parent/caregiver's protective capacities. The Re-Assessment of Safety is to be completed at key decision points in the case to determine if safety threats to a child, including parents/caregivers' protective capacities, have changed warranting a decision to increase or decrease CFS intervention with a family. Re-Assessment of Safety is a continuation of the initial to reunification, termination of parental rights, and case closure. Case Managers may also use the re-assessment tool to assess a family's progress or when there have been significant changes in the family's circumstances or dynamics.

Protective Capacities: Personal and caregiving, behavioral, cognitive, and emotional characteristics that specifically and directly can be associated with being protective to one's young. Protective capacities are personal qualities or characteristics that contribute to vigilant child protection. A detailed protective capacity assessment must be completed prior to service planning for a family.

Idaho's Structure for In-Home Case Management

In November of 2020, Child and Family Services (CFS) formed a workgroup to review the current process of monitoring and overseeing families and children receiving in-home services and design a specialized unit focused on in-home case management. The mission of the Family First In-Home Unit Design Workgroup (Process and Structure Report - February 2021), was to design a robust in-home service program designed to prevent unsafe children from entering foster care and allow families to access intensive services while their children remain at home with a targeted safety plan and prevention case plan.

To assure adequate monitoring and oversight of the safety of children receiving in-home services, the workgroup made the following process and structural recommendations:

- A specialized unit focused on in-home case management,
- Clearly defined monthly supervision and case consultation processes,
- Consistent interventions for monitoring ongoing safety,
- Comprehensive formal assessments of family strengths and needs,
- Availability of evidence-based services targeted to the needs of parent, child, and family issues,
- Enhanced worker knowledge and skill development e.g., Motivational Interviewing, and
- Emphasis on family engagement and quality face-to-face contacts.

As a result of the recommendations and approved structure of in-home case management, CFS is actively drafting new practice standards to include an In-Home Case Management Standard of Practice. In addition, modifications to existing standards are being made to reflect the requirements related to in-home case management.

Case Consultation

Effective management of safety is a continuous process of assessing safety threats and a parent or caregiver's protective capacities.

The CFS program implemented redesigned comprehensive safety assessment (CSA) processes including the use of case consultations in FFY 2019. Case consultation is a structured staffing facilitated by a supervisor and/or chief of social work. Consultation occurs as soon as the initial safety decision is made and at least every ninety (90) days thereafter for foster care cases. Case consultations, for in-home cases with safety threats, must occur a minimum of every thirty (30) days from the previous consultation. During the consultation, the in-home case manager:

- Provides updated assessment information,
- Reviews, with the supervisor and/or chief of social work, the safety threats and safety threshold criteria,
- Describes the family and child strengths and needs and how needs are being met,
- Reviews the safety plan and prevention case plan including a determination whether the plans need to be updated,
- Reviews conditions for case closure,
- Determines needed frequency of case manager contacts, and
- Competes a re-assessment of safety, or following full implementation, the Idaho FAST ratings.

Parent/Caregiver and Child Contact

Parent/caregiver and child contacts are used to help monitor safety and ongoing assessment of risk. Regular and purposeful visiting with the child and family enables the case manager to assess caregiver protective capacity, how well the parents and other caregivers are meeting the children's needs for safety and well-being, as well as the family's progress towards case goal achievement, and adjusting services/interventions when indicated.

The frequency of face-to-face contact for each case is guided by the minimum contacts set for in-home case management as well as the outcomes of the comprehensive safety assessment and ongoing re-assessment of safety. Initially, face-to-face contact with the parent/caregiver and child(ren) occurs weekly to monitor the child's safety; and then a minimum of monthly as guided by the re-assessment of safety in each 30-day ongoing consultation thereafter. This contact occurs in the parent/caregiver home. Face-to-face contacts are more frequent when needed to ensure child safety. Part of the visit must include time with the child(ren) away from the parent/caregiver.

Every home visit will include an informal re-assessment of safety as well as an evaluation of the family's progress toward identified goals in the prevention case plan. In-home case managers will conduct in-depth service coordination to include supporting access to community services. A review of the safety plan and prevention case plan will assure the in-home case manager and family are communicating expectations and work together to celebrate progress, overcome barriers, and make needed adjustments. It is fundamental practice to address the current plan, share observations and update as agreed on together at every visit.

Family Advocacy and Support Tool (FAST)

Family centered, strengths-based and trauma-informed, the FAST readily aligns with the enhanced safety model, is facilitated by Motivational Interviewing, (an evidence-based practice introduced to child welfare staff statewide 2021) and creates a unique opportunity to collaborate with Idaho Division of Behavioral Health to achieve Child and Adolescent Needs and Strengths (CANS) Certification. The FAST will be fully implemented in the Family First In-Home Prevention Services Program in 2023.

Building on Case Record Review (CRR) data, the Child Welfare Transformational (CWT) Initiative created in 2018, and recommendations from the Family First In-Home Unit Design Workgroup, Idaho's Title IV-E Prevention Program Plan will add dimension to Idaho's Safety Model with the inclusion of the Family Advocacy Support Tool (FAST). The FAST is an information integration tool designed to support family case planning, service matching, on-going safety and risk assessment, and the monitoring of service outcomes. The FAST is a communimetric tool, like its sister tools the Child and Adolescent Needs and Strengths (CANS) and Adult Needs and Strengths Assessment (ANSA) (Lyons, 2009). It is designed to maximize the understanding and communication of a child and family's strengths, needs, and risk factors, all of which will help inform the child-specific prevention case plan and ongoing re-assessment and improve the use of knowledge gathered to build responsive and effective case plans with the family. The FAST includes ratings of the family together, each individual caretaker, and each individual child.

The FAST aligns well with Idaho's Comprehensive Safety, Ongoing, and Re-Assessment Standard. The Standard's six (6) domains and protective factors are consistent with the FAST and the expectations of family engagement in the process is consistent with Idaho's commitment to Family Centered Practice

The use of the Family Advocacy Support Tool (FAST) in Idaho will enhance targeted parent/caregiver and child assessment and improve the use of knowledge gathered to build responsive and effective case plans with the family.

To support the implementation of FAST, Idaho formed a FAST Implementation Workgroup in collaboration with the Division of Behavioral Health. The first meeting of the Implementation Workgroup occurred mid-November of 2021. The planned outcomes include:

- An implementation plan with strategies to address identified barriers,
- Identification of needed ESPI (CCWIS) development,
- Communication strategies/outreach to CFS staff,
- Development of a FAST training and certification plan, and
- Recommendations for program-wide FAST implementation.

Emphasis on Family Engagement

Engagement is essential for successful outcomes. The use of Motivational Interviewing (MI) as a case management service will encourage Idaho's in-home case managers to work with the family and family supports to build on existing strengths and abilities. Recognizing the strengths in the family and helping them to recognize and appreciate their abilities will be accomplished when the family has confidence and trust in the process. Effective use of Motivational Interviewing (MI) is designed for sharing power, collaboration, inclusivity, and a non-judgmental assessment process that will provide the necessary conversational construct necessary to build trust and transparency and, as a result, accuracy in safety monitoring.

Section IV: Consultation and Coordination

Consultation

Child and Family Services (CFS) is committed to ensuring community engagement and stakeholder input in the implementation and expansion of Family First. CFS will continue to collaborate with internal and external partners through participation in collaborative meetings, listening sessions, and one-on-one interviews.

In FFY 2019, Idaho began the development of a Family First Pre-Implementation Plan with the convening of a Visioning Council including Idaho Department of Health and Welfare (IDHW) staff and statewide partners and stakeholders including:

- Foster youth alumni
- Guardians' ad Litem (GAL)
- Resource parents
- Kinship providers
- Idaho Department of Juvenile Corrections
- Idaho Voices for Children
- Idaho Tribes
- Representatives from the Administrative Office of the Courts
- IDHW Division of Behavioral Health

- IDHW Division of Medicaid
- Idaho Children's Trust Fund, and
- Casey Family Programs

During FFY 2019 and FFY 2020, Idaho's Family First Visioning Council developed the In-Home Prevention Services Workgroup made up of stakeholders from the Visioning Council as well as other agencies to inform the implementation of evidenced-based services in Idaho as part of the Family First Prevention Services Act.

During the months of January through September of FFY 2021 CFS conducted surveys, listening sessions, and one-on-one interviews with stakeholder groups across the state to (1) identify the most pressing needs faced by youth and families who come into contact with the Department, (2) characterize the availability, accessibility, effectiveness of services for these youth and families, as well as the degree to which services are evidence-based, and (3) inform priority gaps between experienced needs and services for youth and families in Idaho. The key stakeholders whose views were targeted for inclusion in this effort include:

- Birth parents of youth involved with the Idaho child welfare system,
- Youth involved in the child welfare system,
- Department employees (e.g., family service workers),
- Service/Community providers (e.g., mental health providers),
- Foster and adoptive parents,
- Guardian ad litem, judicial and legal representatives,
- Tribal representatives,
- Multidisciplinary team members (e.g., law enforcement, and child advocacy centers),
- Juvenile Justice,
- Educators, and
- Administrative leadership from the department.

Most recently the results of the 2021 Idaho Department of Health and Welfare Division of Family and Community Services Needs Assessment, completed in collaboration with Boise State University School of Social Work, were shared with the members of the Visioning Council and Prevention Services Workgroup requesting input regarding the selection of evidence-based services for Idaho's first Title IV-E Prevention Program Plan submission. The feedback from these sources have helped inform planning for Family First implementation and guide our efforts in creating a continuum of care for families receiving prevention services. CFS will continue to seek feedback through its continuous quality improvement (CQI) plan.

Consultation efforts have helped guide selection of the service array for the Idaho's Title IV-E Prevention Program Plan and will continue to guide development of a continuum of mental health and substance abuse prevention and treatment services, and in-home parent skill-based programs, to be added through future amendments.

Of note, Family First has provided Idaho with the opportunity to examine its continuum of placements in order to prioritize family placement when children do enter foster care. As a result, CFS is collaborating with the Divisions of Medicaid and Behavioral Health, other Family and Community Services Programs (e.g., Developmental Disabilities), and the Idaho Department of Juvenile Corrections to build a Treatment Foster Care Program. The collaboration has drafted a scope of work, published treatment foster care rates, allocated start-up costs to assist providers with the initial development costs, and is currently in discussion with three potential providers of treatment foster care in Idaho. It is anticipated a contract(s) will be in place by January of 2022.

Coordination

Idaho will engage in consultation with other state agencies responsible for administering health programs, including mental health and substance abuse prevention and treatment services, and with other public and private agencies with experience in administering child and family services, including community-based organizations, in order to foster a continuum of care for children described in paragraph 471(e)(2) and their parents or kin caregivers and to ensure the coordination of services to the greatest extent possible. CFS is coordinating efforts with other Department of Health and Welfare Divisions including the Divisions of Medicaid, Behavioral Health, Licensing and Certification and Public Health as well as with sister programs in the Division of Family and Community Services (e.g., Developmental Disabilities and Navigation). Efforts include expanding the CFS program utilization of existing Public Health/MIECHV programs such as Parents as Teachers (PAT) and Nurse-Family Partnership by coordinating cross-training and the identification of areas for collaboration (e.g., referral and monitoring of services); coordinating identification of evidence-based services including coordination of rate setting methodology with the Division of Medicaid; and partnering with the Division of Behavioral Health to standardize the application of the Child and Adolescent Needs and Strengths (CANS), enabling greater collaboration around needs and strengths of clients in the child welfare system (CFS) as well as coordinating the expansion of Idaho's Transformational Collaborative Outcomes Management (TCOM) tools to include implementation of the Family and Advocacy Support Tool (FAST).

Idaho CFS will increase the array of services or programs provided for or on behalf of a child and the parents or kin caregivers of the child by coordinating Title IV-B funded prevention services with the Title IV-E prevention services increasing the array of services available to all families. The Family First prevention services will be embedded into a service catalog which includes the entire service array regardless of their funding source. Case managers

will choose the best service to meet the needs of the family they are currently engaged with. The financial coding will be developed in ESPI (CCWIS) to ensure proper claiming for foster care candidates and their families, pregnant/parenting foster youth, as well as children and their families served in the larger foster care population.

Idaho is committed to ensuring the Child and Family Services (CFS) Program Improvement Plan (PIP), Child and Family Service Plan (CSFP) and the Title IV-E Prevention Program Plan align to maximize efforts and coordinate joint opportunities to achieve improved outcomes. Idaho will work closely to ensure these plans align. All plans include activities for increasing engagement with children, families, and stakeholders to improve and enhance safety, permanency, and well-being outcomes. Services provided through Idaho's Title IV-E Prevention Program Plan will increase the array of available evidence-based services addressing the Case Record Review (CRR) interviews and self-assessment that indicate inadequate service array limiting the availability for individualizing services to meet each child's and family's unique needs. The Family First Prevention Services Act (FFPSA) plan, PIP, and CFSP provide an opportunity to develop clear and consistent practice expectations for keeping children safely with their own families and ensuring needed community-based supports and services are available to strengthen families.

Idaho remains committed to ongoing coordination with all areas of CFS and other IDHW divisions through the Vision Council which will continue to receive updates and provide feedback throughout the first five years of implementation. In addition, the In-Home Prevention Workgroup currently made up of pilot sites but to be expanded as additional regions join, will continue to meet at intervals identified by the members throughout implementation to further assure statewide consistency in the application of policy and process. Through consultation and coordination with these stakeholder groups, CFS will review recommendations to the In-Home Prevention Standard which sets the policy for in-home services in Idaho as well as supporting documents as identified by the workgroups.

Section V and Section VI: Child Welfare Workforce Training and Support

Child and Family Services (CFS) Child Welfare Workforce

Child and Family Services (CFS) is committed to ensuring that its staff have all the support and training necessary to develop a strong, competent, successful workforce. The CFS child welfare workforce is made up of high-quality, family service workers who are dedicated to ensuring the safety and well-being of children and families statewide. All case-carrying staff are either licensed social workers in Idaho or have a bachelor's degree in a related human service field such as psychology, special education, counseling, or psychosocial

rehabilitation. This means that all CFS case-carrying staff have a bachelors or master's degree from a nationally accredited college.

Child and Family Services (CFS) contracts with Eastern Washington University's Family Resource and Training Center to provide full-time embedded trainers in each of our seven (7) regional offices to support all child welfare staff in strengthening skills, as identified by their supervisor. The embedded trainers support regional leadership in ensuring staff get the support and training they need to be successful in their practice.

Child and Family Services (CFS) leadership has recognized in-home prevention case management requires not only well-trained staff, but also case managers who can focus their time and attention to maintaining children safely in their home when possible, engaging families in the change process, and monitoring successful outcomes for in-home prevention cases. CFS plans to have teams dedicated only to in-home prevention case management. To build these teams across the state, CFS will transition some foster care case managers to in-home case management and request additional new positions for in-home case management during the 2022 Idaho Legislative Session. The state legislature in 2022 added 24 positions to the overall total of child welfare workers in Idaho. A staff allocation model has been developed to assist in determining, based on population and workload, where those positions will be placed in the infrastructure of the child welfare program. CFS continues to experience significant difficulties in hiring licensed social work staff and are in the process of working with the Director's office and our attorney's general to modify our staffing structure to include professional staff in related fields who may not have a professional license to support the safety assessment and case management work of the program. Those 24 positions have been allocated as to the model and individual regions would make the determination if the positions allocated in their area for in home prevention case management or out of home foster care cases.

Child and Family Services (CFS) is committed to implementing strategies to ensure children and their families have access to services that meet their needs. Expanding both the quality and quantity of services will enable more children to remain safely in their own homes. This outcome will be a result of using evidence-based practices, making informed decisions, and developing a prepared, well-trained, and well-supported workforce equipped with the tools and skills needed to succeed and feel confident following program implementation.

Evidence-Based Service Provider

All evidence-based programs, apart from Motivational Interviewing (MI) will be provided by qualified contracted providers. CFS will build upon and expand its existing provider network and their capacity to provide the evidence-based practices proposed in this plan. The selected services each have their own training requirements and staff qualifications specific to their model. CFS will require all providers working with families to uphold staffing and training requirements specified by each model to meet fidelity of the program.

Child and Family Services (CFS) recognizes the need for ongoing training for providers to support continuous learning and growth. As we expand our array of services and partnerships, Idaho will require providers of evidence-based services to operate from a trauma-informed framework which meets the necessary training, credentialing, and fidelity monitoring requirements associated with each model.

Child and Family Services (CFS) will support Idaho's transition to the use of evidence-based practices through Family First Development Grants funded with Family First transition funds. We will work to ensure contracted providers have the opportunity to collaborate and provide input through peer-learning and other training opportunities.

In addition, a catalog of available evidence-based services and their descriptions and targeted outcomes, will be provided to CFS case managers for each of the specific evidence-based mental health, substance abuse, and in-home parent skills services included in Idaho's Title IV-E Prevention Program Plan to help staff understand the service target population, needs the service addresses, and availability for each.

Child Welfare Academy

Child and Family Services' statewide training system is in place to ensure all new child welfare family service workers receive the training necessary to ensure they have the basic skills and knowledge required for their positions. Idaho has partnered with Eastern Washington University's Family Resource and Training Center to develop and implement initial and ongoing Child Welfare Workforce Development and Training courses. This includes Child and Family Services (CFS) New Worker Academy, Child and Family Services (CFS) Leadership Academy, Annual Inservice and Ethics course training opportunities, as well as field coaching and mentoring of CFS (child welfare) staff. Emphasis will be placed on concrete skill acquisition and interventions applicable to clients affected by a wide range of traumatic events using evidence-based interventions, common factors, and emerging trends on traumatic stress. Additionally, CFS staff will learn how to reduce the prevalence of secondary trauma, and to recognize the need for ongoing self-care.

The Child Welfare New Worker Academy is comprised of asynchronous and synchronous courses that address child welfare foundational practice. New Child Welfare Social Worker 1's and Family Service Workers are required to complete a nine-month entrance probationary period and complete all twenty-one (21) sessions of Child Welfare Academy within that time frame. New Child Welfare Social Worker 2's are required to complete a six-month entrance probationary period and complete all twenty-one (21) sessions of Child Welfare Academy within that time frame.

Transfer of Learning/Coaching

Child and Family Services staff engage in a transfer of learning coaching relationship with an embedded trainer from the Family Resource and Training Center's Workforce Training and Development Team. Throughout this process workers participate in individualized training, skill development, and field assessments. To further develop and solidify new skills, workers also have individual coaching plans, supported by the embedded trainer and their individual supervisor to work on strengthening skills and competencies identified through hands on practice and implementation of new learning. This model supports ongoing training and coaching outside of the traditional classroom setting and provides for additional expertise and knowledge from trainers in the field. With supervisor feedback and worker input, embedded trainers' mentor new family service workers and support supervisors in their role as coaches.

Child and Family Services Leadership Academy

Supporting leadership staff is critical to successful CFS practice and outcomes. Child and Family Services Leadership Academy was developed and implemented in 2020. The Academy was created to ensure the development of key competencies for supervisors, created by statewide needs assessments, collaboration with the National Child Welfare Workforce Institute's Leadership for Middle Manager's training program, and the GROW coaching model. This program allows for new and perspective leaders in CFS the opportunity to engage in competency-based learning, delivered through a Team Based Learning Model approach. Participants engage in courses, including data management, consultation, facilitating meetings, evaluating performance, etc. Additionally, participants in the Child and Family Services Leadership Academy simultaneously engage with an embedded trainer through the Family Resource and Training Center's Workforce Training and Development Team for twelve (12) months as part of the Readiness Coaching Program. The Readiness Coaching Program addresses an individualized approach to leadership skill development. Participants engaging in the Child and Family Services Leadership Academy and Readiness Coaching Program are evaluated on their reaction to training, knowledge, and skills throughout their participation.

Family First/In-Home Prevention Case Management Training and Support

Idaho CFS will provide targeted training and support for staff regarding implementing Family First Prevention Services, Evidence-Based Practices (EBP), in-home prevention case plan development and Family Risk Assessment (Family Advocacy Support Tool-FAST). Additional resources will be provided to staff for specific evidence-based mental health, substance abuse, and in-home parent skills services included in Idaho's Title IV-E Prevention Program Plan to help staff understand the service target population, needs the service addresses, how best to match services to the family needs identified through the Comprehensive Safety

Assessment (CSA) and Family Advocacy Support Tool (FAST), and monitoring to progress and outcomes. Emphasis will be given to incorporating the assessed needs into the written in-home prevention case plan in a way which identifies strategies making it safe for the child to remain safely at home or with a relative or kin caregiver and connecting to appropriate evidence-based trauma-informed services and programs.

The prevention services concepts will be incorporated into new employee practice model training, using a trauma informed approach, and will include classroom training, field experience, and coaching.

Utilizing the Business Process Design Team and Training and Development Team, CFS formed the Family First In-Home Unit Design Workgroup, in November of 2020, to design a specialized unit focused on the provision of in-home case management services. The workgroup recommended processes, training, and performance expectations to support staff and supervisors in meeting their responsibilities.

The Idaho Family First Implementation Team, in collaboration with the CFS Training and Development Team, will utilize the recommendations from the Family First In-Home Unit Design Workgroup to provide clear standards of practice, business processes, and training specific to in-home case management and the utilization of evidence-based practices through Idaho's Title IV-E Prevention Program Plan. As the design process is rolled out statewide during Spring 2022, effective implementation and training processes will be utilized to ensure all family service workers and supervisors have the knowledge, skills, values, and tools necessary for their specific positions and to support the transfer of their knowledge and skills into practice. Supervisors will be provided with the knowledge, skills, values, and tools necessary to integrate the new processes into their supervision and support of caseworkers.

Both case manager and supervisor trainings will be complimentary to Idaho's core training. Quality assurance of ongoing staff training will occur via formalized feedback loops to ensure input received from sources, including a Peer Support Group and Case Record Reviews (CRRs), is received, and incorporated into subsequent training and implementation plans.

The process of supervision plays an important role in developing the skills necessary to provide effective case management. Specifically, educational supervision prompting discussion and critical thinking can enhance the critical skills needed to consider the complexity commonly found in prevention case management. To this end, group supervision, via statewide in-home case management peer groups, will be formed during implementation in Idaho to enrich practice, enhance critical thinking, and maintain best in-home practices statewide.

The following training topics, as recommended by the design workgroup, will be incorporated into Idaho's Family First implementation training plan to inform, support, and bolster the skill set of in-home case managers and supervisors:

- Overview of the Family First Prevention Services Act (FFPSA),
- Family and Risk Assessment,
- Family engagement,
- EBP Services (fidelity and outcomes),
- Prevention case planning and monitoring,
- Safety planning,
- Emerging Danger,
- Group Process,
- Overview of Case Record Review (CRR) and desired outcomes,
- Protective Parental Capacities,
- Formal and informal ongoing safety assessment,

The Family First Implementation Team will work with the CFS Training and Development Team, The Family Resource and Training Center's Workforce and Training Team, the CFS Policy and Program Team, and EBP Developers/Service Providers to provide the identified training and support.

Training opportunities will be provided to regional in-home prevention workers beginning with the identified pilot sites in Regions 1 and 5. During the second phase of rollout Regions 2 and 6 will begin the training. Due to ongoing staffing issues, Regions 3, 4 and 7 will begin implementing in-home prevention teams who will receive training beginning in 2023.

Using In-home Unit Design Workgroup recommendations, regions 1 and 5 are assisting in the development of policy, standard and process for in-home prevention services in Idaho. Beginning in March 2022 case managers and supervisors who had been identified as in-home prevention teams began meeting with specialists to review the recommendations and begin updating standard, policy, and process to meet the expectations of Family First prevention services. Feedback from the pilot sites will be used to create an initial training for in-home prevention services beginning in July 2022 with the first roll out of training anticipated for the Fall of 2022 for regions 2 and 6.

Training and Support Specific to the Family Advocacy Support Tool (FAST)

Idaho CFS, in collaboration with the Division of Behavioral Health, has developed a contract with the Praed Foundation and Division of Behavioral Health to implement the Family Advocacy Support Tool (FAST) to maximize communication about the needs and strengths of families during safety and risk assessment and during case planning. Via the contract, the Praed Foundation will provide:

- on-site Train-The-Trainer (T3) certification trainings on the FAST tool,
- instructional resources, including a written FAST guide to be used for consultation, coaching, and educational purposes.
- evaluation of participants to determine if he/she is qualified to train others in the state of Idaho in the use of the FAST tool,
- in-person, webinar, or other distance learning methods,
- a certification and re-certification process for the purpose of permitting trained individuals to become certified users of the FAST tool,
- coaching and consultation with the aim of continuous quality improvement,
- consultation on the development, implementation, and documentation of strategies to deliver effective services and supports in a system of care for child welfare services. The consultation shall focus on but not be limited to screening, assessment, treatment planning, case plan review, outcomes, and case closure, and
- consultation on how to implement Transformational Collaborative Outcomes Management (TCOM) utilizing the FAST as measures for data, outcomes, and system improvement.

Training and Support Specific to Motivational Interviewing (MI)

Child and Family Services (CFS) intends to use Motivational Interviewing (MI) as an adjunctive service to support family engagement in case management. Effective family engagement strategies will be critically important. Idaho is currently utilizing Motivational Interviewing (MI) in various ways throughout the child welfare system, and some evidence-based practices included in this plan, e.g., Homebuilders, incorporate MI as a service component.

Under Family First, CFS will train all child welfare family service workers and supervisors in Motivational Interviewing (MI), which will be integrated as a core component of the Family Centered Practice Model and CFS New Worker and Leadership Academy. Motivational Interviewing (MI) will enhance partnering with families to develop and set case plan goals within the in-home prevention case plan and increase client motivation and internal resolve to follow-through. Eventually it will be used in all practice areas including safety assessment, in-home case management, and out-of-home case management.

CFS is actively engaged, via contract, with a member of the Motivational Interviewing Network of Trainers (MINT) and The Eastern Washington University (EWU) Family Resource and Training Center's Workforce and Training Team to develop an Idaho Child Welfare Motivational Interviewing (MI) Endorsement Team Based Learning Program which will include:

- Introduction to Motivational Interviewing (MI) training modules (Level 1-2 Learning)

    - Two (2) Online asynchronous modules
    - Two (2) day Introduction to MI Face-to-Face Skills Lab,
- Advanced Motivational Interviewing training modules (Level 1-2 Learning)
    - One (1) Online asynchronous modules
    - Two (2) day Advanced MI Face-to-Face Skills Lab,
- Skills Labs (Level 3 Learning),
- Coaching Sessions (Six (6) months initial and ongoing),
- Coding System (Six (6) months designed to measure treatment fidelity)/Field Assessment,
- Idaho Child Welfare Endorsement completing the Endorsement Process (3-hour course delivered via WebEx),
- Annual Idaho Child Welfare Re-Endorsement Courses, and
- MINT sponsorship/affiliation for identified CFS and EWU staff.

While Idaho is starting from a strong foundation of Family Centered Practice, Motivational Interviewing (MI), infused within current case management practice and existing and new training curriculums will help ensure that families have the support and motivation needed to sustain engagement in service interventions and achieve lasting behavior change and positive outcomes.

An introductory course for Motivational Interviewing began in May 2022 with anticipated completion of the Advanced Course in July 2022 and endorsements completed in September 2022. As of July 20, 2022, participants have completed:

Introduction to Using Motivational Interviewing

- Online modules 1.1 and 1.2
- Introductory in-person Skills Lab
- One coding/coaching session

Advanced Motivational Interviewing

- Online module 2.1
- Advanced in-person skills lab

Between July and November 2022, participants will complete five additional coding and coaching sessions working through targeted change goals with their MI coach, using the MITI4.2.1as the coding tool.

In December 2022, participants will complete a three-hour Endorsement course (TBD) that will summarize their learning experience and reflect on their MI skill development, offer ways to identify MI adjacent conversation opportunities, and solidify Endorsement expectations for ongoing training, fidelity management, and ongoing support while developing MI practice.

By December 30th, 2022, all components of the Pilot will be rolled out, and evaluations completed. Pilot review and curriculum revision will be completed before February 28th, 2023. Endorsement participants for Year 2 will be identified by March 31st, 2023. Year 2 Endorsement Training will begin in June and follow the same timeline as the 2022 Pilot, with Endorsement completion in December 2023.

Section VII: Prevention Caseloads

Overseeing caseload size and type is essential to assure safety and well-being. In-home case management in Idaho is aimed at preventing out-of-home placement for children who have been subjected to maltreatment, provided the child(ren) can remain in the home safely while the parent or caregiver focuses on addressing the issues that led to the abuse and/or neglect.

Manageable caseloads that allow for adequate time to monitor safety plans while providing prevention service that are individualized in intensity and duration, and matched to the family's needs, are essential to ensure children are safe and contribute to the success of improving family outcomes.

In November of 2020, Idaho Child and Family Services (CFS) convened a Family First In-Home Unit Design Workgroup to design a robust in-home services program intended to prevent unsafe children from entering foster care and allow families to access intensive services while their children remain at home. This workgroup determined one key to success is having specialized teams of in-home case managers whose sole focus is on voluntary and/or protective supervision (court oversight) in-home case management cases. Based on the staffing model the Family First In-Home Unit Design Workgroup estimated the total number of case managers needed statewide is eighteen (18). This would allow a staff-to-caseload ratio of approximately ten (10) families per case manager. CFS will be seeking additional child welfare case manager positions in the 2022 Idaho Legislative Session to meet this need.

Case management assigned to an in-home case management case will be determined at the regional level. The assigned safety assessor with an open safety case will immediately schedule a local case consultation when the information collection and analysis indicate any child on the safety case is unsafe. An in-home case manager and/or in-home supervisor is invited to the local unsafe consult when the comprehensive safety assessment results in a preliminary unsafe child safety decision and the safety analysis indicates the child(ren) may be safely maintained in their home with services. The local unsafe consultation will result in a final determination whether the case is appropriate for prevention services through in-home case management. Once the case is determined appropriate for in-home case management, the case will transfer to an in-home case manager as soon as possible but no later than two (2) business days from the unsafe consultation. Each of Idaho's seven regions

has a program manager and chief(s) of social work that monitors the region and team specific caseload data, including overall number of cases and the different case types. Idaho Child Welfare Operations, which includes Family and Community Services (FACS) Program Operations and Child and Family Services (CFS) Field Operations, regularly oversee, and manage caseload standards and business processes through ongoing CQI practices and regular department-wide performance monitoring via the data visualization tool Tableau. Additionally, CFS will expect all providers of evidence-based services to uphold the staffing and caseload requirements specified by each intervention and in accordance with the intervention fidelity.

Section VIII: Assurance on Prevention Program Reporting

Appendix I contains Idaho's assurance (CB-PI-18-09 Attachment I) that it will comply with all prevention program reporting requirements put forward by the Children's Bureau. At a minimum, Child and Family Services (CFS) will provide the following information for each child that receives Title IV-E prevention services:

- The specific services provided to the child and/or family,
- The total expenditures for each of the services provided to the child and/or family,
- The duration of the services provided,
- If the child was identified in a prevention plan as a "child who is a potential candidate for foster care:"
    - the child's placement status at the beginning, and at the end, of the 12-month period that begins on the date the child was identified as a "child who is a potential candidate for foster care" in a prevention plan,
    - whether the child entered foster care during the initial 12-month period and during the subsequent 12-month period, and
- Basic demographic information (e.g., age, sex, race/Hispanic Latino ethnicity).

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

To inform decision-making related to child and family eligibility, as well as services selected, the following data elements are helpful.

The data provided in this section is for the most recent State Fiscal Year (July 1, 2020, through June 30, 2021), and is preliminary at this time. In the tables below, any data prior to SFY 2020 was collected solely from Idaho's iCARE system. Idaho implemented a new system called ESPI during SFY 2020. Effective SFY 2021 forward, all data provided in this section is from Idaho's ESPI system.

The Child and Family Services program (CFS) has a Centralized Intake Unit in Boise to which all reports of child abuse or neglect throughout the state are directed. Each report is assessed to determine whether the allegations fall under the statutory definitions of abuse, abandonment, or neglect. Once that determination is made, the report is prioritized for a response. Referrals involving a life-threatening and/or emergency require an immediate response. Other reports receive a priority which requires a response within either 24 or 72 hours. On all reports requiring an immediate response, CFS coordinates the response with local law enforcement. CFS staff take and respond to child abuse and neglect reports 24/7 across the state.

Table 1 summarizes the referrals received by the CFS program over the past five state fiscal years updated with SFY 2021 data. In SFY 2021, 23,172 referrals were received with concerns of abuse, neglect, or abandonment. Of these referrals, 10,606 were assigned for a safety assessment, and are labeled as referrals "Screened in." If a referral does not meet the statutory guidelines for abuse, neglect, or abandonment a safety assessment will not be scheduled; in these cases, a secondary referral may be made to other entities or agencies based on the unique circumstances of each situation. These referrals are labeled as "Screened out" and 12,566 referrals were "Screened out" over 54% of all referrals) in SFY 2021. As a result of the "Screened in" referrals, and the subsequent safety assessment, 1,346 children were placed in Foster Care in SFY 2021. Note that percentages displayed in Table 1 may not add up to 100% due to rounding in the Referral Type categories.

Table 1: Referrals by Type

Referral Type	Number of Referrals by Referral Type by State Fiscal Year					SFY 2021 Percentages	
	SFY 2017	SFY 2018	SFY 2019	SFY 2020	SFY 2021	As a % of Screened in Referrals	As a % of All Referrals
Neglect	6,452	7,265	8,234	7,132	7,585	71.52%	32.73%
Physical Abuse	2,001	2,231	2,230	2,220	2,163	20.39%	9.33%
Sexual Abuse	539	660	775	694	801	7.55%	3.46%
Other	2	3	1	107	44	0.41%	0.19%
Human Trafficking (new)	*	*	*	26	13	0.12%	0.06%
Abandonment (new)	*	*	*	1	0	0.00%	0.00%
"Screened in" Referral Total	8,994	10,159	11,240	10,180	10,606	100.00%	45.77%
"Screened out" Referrals	13,131	13,440	12,316	11,948	12,566		54.23%
Total all Referrals	22,125	23,599	23,556	22,128	23,172		100.00%
Children Placed in Foster Care	1,337	1,374	1,407	1,173	1,346		

CFS tracks the source of all referrals. Table 2 tabulates the source of referrals over the past five years updated with SFY 2021 data. School personnel continued to be the primary source of referrals with more than 15% of all referrals in SFY 2021. Private agencies and Law Enforcement continued to be the second- and third-highest sources of referrals, respectively, with Law Enforcement referrals experiencing a significant increase from the prior year both in number and proportion of referrals.

Table 2: Referral Sources

Referral Source	Number and Percent of Referrals from each Referral Source by State Fiscal Year									
	SFY 2017		SFY 2018		SFY 2019		SFY 2020		SFY 2021	
	#	%	#	%	#	%	#	%	#	%
School Personnel	3,709	16.8%	4,411	18.7%	4,338	18.4%	3,45Z	15.6%	3,508	15.1%
Private Agency	2,367	10.7%	2,522	10.7%	2,778	11.8%	3,130	14.1%	3,440	14.8%
Law Enforcement	2,447	11.1%	2,444	10.4%	2,412	10.2%	2,564	11.6%	3,213	13.9%
Anonymous	1,009	4.6%	1,048	4.4%	1,132	4.8%	2,447	11.1%	2,678	11.6%
Parent/Substitute	2,839	12.8%	2,829	12.0%	2,775	11.8%	2,529	11.4%	2,405	10.4%
Hospital	1,280	5.8%	1,598	6.8%	1,781	7.6%	1,712	7.7%	1,986	8.6%
Relative	2,105	9.5%	2,171	9.2%	1,951	8.3%	1,738	7.9%	1,620	7.0%
Public Agency (new)	*	*	*	*	*	*	1,126	5.1%	1,170	5.0%
Child Protection	1,037	4.7%	1,054	4.5%	1,160	4.9%	1,107	5.0%	1,073	4.6%
Friend/Neighbor	1,702	7.7%	1,838	7.8%	1,495	6.3%	969	4.4%	843	3.6%
Medical	934	4.2%	781	3.3%	766	3.3%	681	3.1%	685	3.0%
Other	2,696	12.2%	2,903	12.3%	2,968	12.6%	614	2.8%	492	2.1%
Unknown (new)	*	*	*	*	*	*	57	0.3%	59	0.3%
Total	22,125	100.0%	23,599	100.0%	23,556	100.0%	22,128	100.0%	23.172	100.0%

The reasons for removal of a child from their home over the past five state fiscal years is shown in Table 3.

Table 3: Child Removal Reasons										
Number of and Reason for Child Removal by State Fiscal Year										
Removal Reasons	SFY 2017		SFY 2018		SFY 2019		SFY 2020		SFY 2021	
	#	%	#	%	#	%	#	%	#	%
Neglect	1,126	84.2%	1,129	82.2%	1,145	81.4%	784	66.8%	980	72.8 %
Physical Abuse	127	9.5%	139	10.1%	141	10.0%	136	11.6%	153	11.4 %
Abandonment	13	1.0%	16	1.2%	20	1.4%	95	8.1%	93	6.9%
Sexual Abuse	43	3.2%	60	4.4%	62	4.4%	84	7.2%	82	6.1%
Homeless	28	2.1%	30	2.2%	37	2.6%	74	6.3%	38	2.8%
Voluntary Placement	0	0.0%	0	0.0%	2	0.1%	0	0.0%	0	0.0%
Total	1,337		1,374		1,407		1,173		1,346	

During state fiscal year 2021, 1,298 children exited foster care. Of these children, 759 (over 58%) were reunified with their parents/caregiver. A total of 382 children were adopted (29.4%), which is a proportional increase of 5% from the prior year where 23.7% of children exiting foster care did so through adoption. The "Other Jurisdiction" could include children placed in the custody of the Department of Juvenile Corrections or another agency/jurisdiction, or the transfer of custody to a child's tribe.

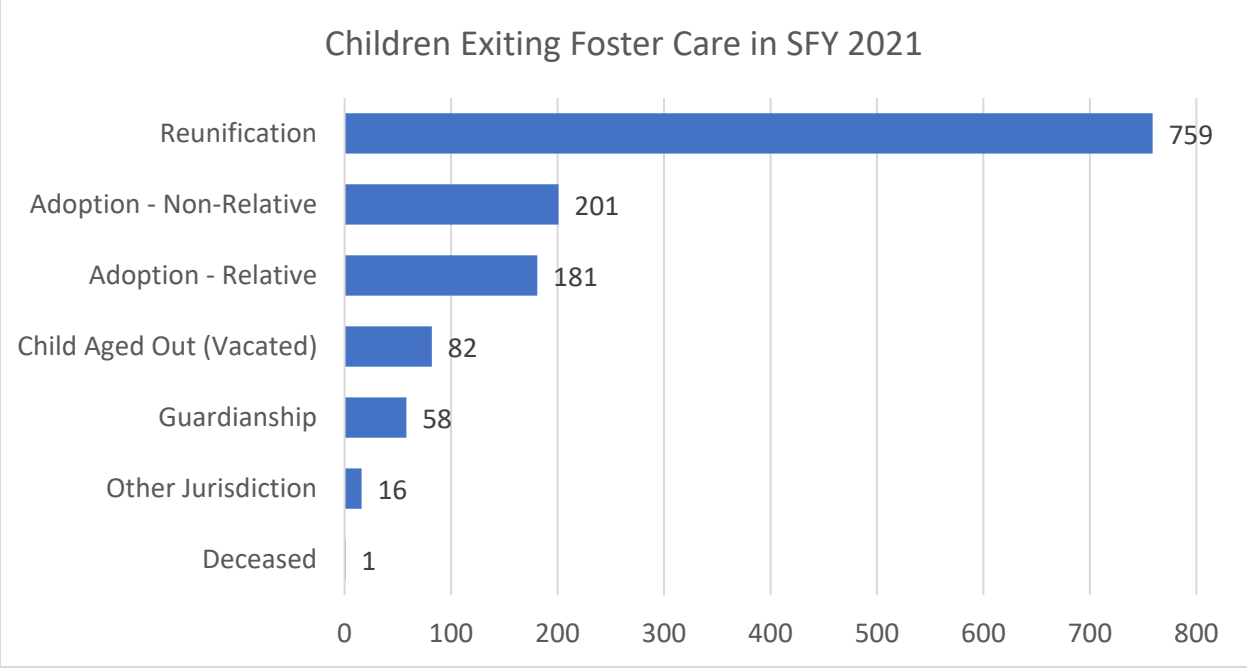


Table 4 shows the placement types made for children in foster care. Non-relative foster care placement was the largest placement type (623 or 39.6% of all children).

Table 4: Child Placements in Foster Care		
Number and Percent of Child Placements as of June 30, 2021		
Placement Type	Number	Percent
Non-Relative	623	39.61%
Relative	366	23.27%
Home Visit	182	11.57%
Fictive Kin	152	9.66%
Congregate	144	9.15%
Pre-Adoptive	62	3.94%
Other (hospital, detention, and DJC)	27	1.72%
Pre-Adoptive Relative	16	1.02%
Supervised Independent Living (new)	1	0.06%
Treatment Home	0	0.00%
Total	1,573	100.00%

Definition of Candidacy

The Family First Prevention Services Act (FFPSA) defines a "child who is a candidate for foster care" as a child who is identified in a Title IV-E prevention plan as being at imminent risk of entering foster care but who can remain safely in the child's home or in a relative or 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. This term also includes a child whose adoption or guardianship arrangement is at risk of disruption or dissolution (section 475(13) of the Act). 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.

Once a child is eligible, the child, parent and/or relative/kin caregiver may receive evidence-based prevention services, without regard to whether the child would be eligible for Title IV-E maintenance payments, to prevent foster care entry if the service is identified in the state's Title IV-E Prevention Program Plan in advance of services being provided.

Idaho developed its candidacy definition through the In-Home Prevention Services Workgroup comprised of state, county, tribal, community service providers, and other key partners and stakeholders. Candidacy, in Idaho, includes four (4) target population groups (see Figure # 1).

A child, under the age of 18, who although determined unsafe through a comprehensive safety assessment, can be safely maintained in the home of the parents or relatives/kin caretaker with a safety plan and prevention plan.

A child, under the age of 18, whose adoption or guardianship arrangement is at risk of disruption or dissolution that would result in a foster care placement.

A youth, who is in foster care, and is pregnant and/or parenting.

The parents or relative/kin caretakers of those listed.

Figure #1

Idaho's current definition of candidacy will limit services to those children and their families who have an open safety case. In future submissions of its Title IV-E Prevention Program Plan, Idaho will expand its definition to include children being reunified with their parents or caregivers following a placement in foster care.

Determining Candidacy

Initial reports of maltreatment are made to the Idaho Central Intake Unit. An intake worker analyzes the available intake information to determine a screening decision and priority response. If the report meets criteria of the priority guidelines, it will be assigned to the regional office. An assigned safety assessor within the region will then locate and assess the family using the Department's Comprehensive Safety Assessment.

The safety assessor immediately schedules a local case consult when the information collection and analysis indicate any child on the safety case is unsafe. An in-home prevention case manager and/or in-home prevention supervisor is invited to the local unsafe consult when the comprehensive safety assessment results in a preliminary unsafe child safety decision and the safety analysis indicates the child(ren) may be safely maintained in their home as each of the following criteria are met:

- There is at least one caregiver in the home,
- The home is calm enough to allow safety providers to function in the home,
- The adult(s) in the home are willing to cooperate with and allow an in-home safety plan, and

- There are sufficient, appropriate, reliable resources available and willing to provide safety services.

During the local unsafe case consultation, the assigned safety assessor and in-home prevention representative will discuss the most appropriate level of intervention to assure safety and determine eligibility for in-home prevention case management under Idaho's Title IV-E Prevention Program Plan. Once the family is determined eligible for in-home prevention case management, the case will transfer to an in-home prevention case manager as soon as possible but no later than two (2) business days from the unsafe consultation. Service delivery is driven solely by child safety.

The assigned in-home prevention case manager will develop an individualized in-home prevention case plan based on the needs requiring action and with input of the child and family. For children that are prevention candidates, evidence-based services in the areas of substance use, mental health, and in-home parent skill-based services will be incorporated into the in-home prevention case plan, which serves as the child's prevention plan. Candidate status is confirmed through finalization of the in-home prevention case plan which will be continually assessed for safety and to ensure that appropriate services are being implemented to target identified child and family needs assessed through the Comprehensive Safety Assessment, Re-Assessment, and following implementation, the Family and Advocacy Support Tool (FAST). A child may be reassessed for prevention candidate status at the end of each twelve-month prevention episode. Candidate status is confirmed through a new in-home prevention case plan.

Identifying Pregnant or Parenting Foster Youth

Since Family First includes pregnant and parenting foster youth, regardless of their gender, as an eligible population for prevention services, case managers will assess each pregnant and parenting youth in foster care to determine if a prevention plan is needed to support their healthy parenting and avoid their child entering foster care.

In addition, following Idaho's policy for extended foster care, if a pregnant or parenting youth is otherwise eligible as a "child who is a candidate for foster care" and over the age of 18, but less than 21 years of age the youth may qualify for Idaho's prevention program in the following circumstances:

- A guardianship assistance agreement was finalized after the child's 16th birthday and the child is not yet 21 years of age regardless of the child's educational status or physical or developmental delays (IDAPA 16.06.01.702);
- An adoption assistance agreement was finalized after the child's 16th birthday and the child is not yet 21 years of age regardless of the child's educational status (IDAPA 16.06.01.911)

- The youth are ordered into or voluntarily entered Extended Foster Care through Child and Family Services and meet the following criteria (IDAPA 16.06.01):

Identification of pregnant and/or parenting youth in foster care will occur through a variety of methods through routine case management including monthly face-to-face contacts, ongoing formal or informal assessment, and case consultations and meetings. Once identified the assigned foster care case manager may invite an in-home prevention case manager and/or supervisor to the youth's case consultation to determine candidacy in consultation with the youth's parent/caretaker and/or resource parent. A comprehensive prevention strategy for each identified candidate or pregnant/parenting youth will be developed in partnership with the candidate's family/caregivers and will be included in the youth's foster care case plan along with identification of the appropriate evidence-based services selected based on need. It is important to note, if a child born to a youth in foster care is believed to be at risk or to be unsafe despite efforts to engage the youth in foster care in prevention planning, a referral to the Central Intake Unit will result in a Comprehensive Safety Assessment and subsequent determination if the child born to the youth in foster care meets the definition of candidacy as an unsafe child who can be safely maintained in the home of the parents or relatives/kin caretaker with a safety plan and prevention case plan. In these circumstances, the foster care case manager assigned to the youth in foster care, would likely be assigned to the in-home prevention case and monitor both the youth in foster care's updated case plan and the prevention case plan for the child born to the youth in foster care as the child of concern.

References

Arnaud, N., Diestelkamp, S., Wartberg, L., Sack, P.-M., Daubmann, A., & Thomasius, R. (2017). Short- to midterm effectiveness of a brief motivational intervention to reduce alcohol use and related problems for alcohol intoxicated children and adolescents in pediatric emergency departments: A randomized controlled trial. Academic Emergency Medicine, 24(2), 186-200. doi:10.1111/acem.13126

Bernstein, J., Heeren, T., Edward, E., Dorfman, D., Bliss, C., Winter, M., & Bernstein, E. (2010). A brief motivational interview in a pediatric emergency department, plus 10-day telephone follow-up, increases attempts to quit drinking among youth and young adults who screen positive for problematic drinking. Academic Emergency Medicine, 17(8), 890-902. doi:10.1111/j.1553-2712.2010.00818.x

Bjorseth, A., & Wichstrom, L. (2016). Effectiveness of Parent-Child Interaction Therapy (PCIT) in the treatment of young children's behavior problems. A randomized controlled study. PLoS ONE, 11(9), e0159845. doi:10.1371/journal.pone.0159845

California Evidenced Base Clearinghouse (CEBC). Retrieved from The California Based Clearinghouse for Child Welfare:
Information and Resources for Child Welfare Professionals at https://www.cebc4cw.org/

Carey, K. B., Carey, M. P., Maisto, S. A., & Henson, J. M. (2006). Brief motivational interventions for heavy college drinkers: A randomized control trial. Journal of Consulting and Clinical Psychology, 74(5), 943-954. doi: 10.1037/0022-006X.74.5.943

Chapin Hall at the University of Chicago (2020). A Measurement Framework for Implementing and Evaluating Prevention Services (Framework).

Cordova, D., Huang, S., Pantin, H., & Prado, G. (2012). Do the effects of a family intervention on alcohol and drug use vary by nativity status? Psychology of Addictive Behaviors, 26(3), 655-660. https://doi.org/10.1037/a0026438

Cunningham, R. M., Chermack, S. T., Ehrlich, P. F., Carter, P. M., Booth, B. M., Blow, F. C., . . . Walton, M. A. (2015). Alcohol interventions among underage drinkers in the ED: A randomized controlled trial. Pediatrics, 136(4), e783-e793. doi:10.1542/peds.2015-1260

D'Amico, E. J., Parast, L., Shadel, W. G., Meredith, L. S., Seelam, R., & Stein, B. D. (2018). Brief motivational interviewing intervention to reduce alcohol and marijuana use for at-risk adolescents in primary care. Journal of Consulting and Clinical Psychology, 86(9), 775-786. doi:http://dx.doi.org/10.1037/ccp0000332

Diestelkamp, S., Arnaud, N., Sack, P.-M., Wartberg, L., Daubmann, A., & Thomasius, R. (2014). Brief motivational intervention for adolescents treated in emergency departments

for acute alcohol intoxication - a randomized-controlled trial. BMC Emergency Medicine, 14, 13. doi:10.1186/1471-227X-14-13

Estrada, Y., Lee, T. K., Huang, S., Tapia, M. I., Velazquez, M.-R., Martinez, M. J., Pantin, H., Ocasio, M. A., Vidot, D. C., Molleda, L., Villamar, J., Stepanenko, B. A., Brown, C. H., & Prado, G. (2017). Parent-centered prevention of risky behaviors among Hispanic youths in Florida. American Journal of Public Health, 107(4), 607-613. https://doi.org/10.2105/AJPH.2017.303653

Feaster, D. J., Robbins, M. S., Horigian, V., & Szapocznik, J. (2004). Statistical issues in multisite effectiveness trials: The case of Brief Strategic Family Therapy for adolescent drug abuse treatment. Clinical Trials, 1(5), 428-439.

Field, C., Walters, S., Marti, C. N., Jun, J., Foreman, M., & Brown, C. (2014). A multisite randomized controlled trial of brief intervention to reduce drinking in the trauma care setting: How brief is brief? Annals of Surgery, 259(5), 873-880. doi:10.1097/SLA.0000000000000339

Fraser, M. W., Walton, E., Lewis, R. E., Pecora, P. J., & Walton, W. K. (1996). An experiment in family reunification: Correlates of outcomes at one-year follow-up. Children and Youth Services Review, 18(4-5), 335-361. doi: https://doi.org/10.1016/0190-7409(96)00009-6

Fuster, D., Cheng, D. M., Wang, N., Bernstein, J. A., Palfai, T. P., Alford, D. P., . . . Saitz, R. (2016). Brief intervention for daily marijuana users identified by screening in primary care: A subgroup analysis of the aspire randomized clinical trial. Substance Abuse, 37(2), 336-342. doi:http://dx.doi.org/10.1080/08897077.2015.1075932

Gaume, J., Gmel, G., Faouzi, M., Bertholet, N., & Daeppen, J. B. (2011). Is brief motivational intervention effective in reducing alcohol use among young men voluntarily receiving it? A randomized controlled trial. Alcoholism, 35(10), 1822-1830. doi: 10.1111/j.1530-0277.2011.01526.x

Gentilello, L. M., Rivara, F. P., Donovan, D. M., Jurkovich, G. J., Daranciang, E., Dunn, C. W., . . . Ries, R. R. (1999). Alcohol interventions in a trauma center as a means of reducing the risk of injury recurrence. Annals of Surgery, 230(4), 473-480.

Hansen, A. B. G., Becker, U., Nielsen, A. S., Grønbæk, M., & Tolstrup, J. S. (2012). Brief alcohol intervention by newly trained workers versus leaflets: Comparison of effect in older heavy drinkers identified in a population health examination survey: A randomized controlled trial. Alcohol and Alcoholism, 47(1), 25-32. doi: 10.1093/alcalc/agr140

Holmberg, J., Luckey, D., & Olds, D. (2011). Teacher data for the Denver year-9 follow-up. Grant 2005-MU-MU-0001

Horigian, V. E., Feaster, D. J., Brincks, A., Robbins, M. S., Perez, M. A., & Szapocznik, J. (2015). The effects of Brief Strategic Family Therapy (BSFT) on parent substance use and the association between parent and adolescent substance use. Addictive Behaviors, 42, 44-50. doi:10.1016/j.addbeh.2014.10.024

Horigian, V. E., Feaster, D. J., Robbins, M. S., Brincks, A. M., Ucha, J., Rohrbaugh, M. J., . . . Szapocznik, J. (2015). A cross-sectional assessment of the long-term effects of Brief Strategic Family Therapy for adolescent substance use. The American Journal on Addictions, 24(7), 637-645. doi:10.1111/ajad.12278

Horigian, V. E., Robbins, M. S., Dominguez, R., Ucha, J., & Rosa, C. L. (2010). Principles for defining adverse events in behavioral intervention research: Lessons from a family-focused adolescent drug abuse trial. Clinical Trials, 7(1), 58-68. doi:10.1177/1740774509356575

Horigian, V. E., Weems, C. F., Robbins, M. S., Feaster, D. J., Ucha, J., Miller, M., & Werstlein, R. (2013). Reductions in anxiety and depression symptoms in youth receiving substance use treatment. The American Journal on Addictions, 22(4), 329-337. doi:10.1111/j.1521-0391.2013.12031.x

Huang, S., Cordova, D., Estrada, Y., Brincks, A. M., Asfour, L. S., & Prado, G. (2014). An application of the complier average causal effect analysis to examine the effects of a family intervention in reducing illicit drug use among high-risk Hispanic adolescents. Family Process, 53(2), 336-347. https://doi.org/10.1111/famp.12068

Jacobs, P., Estrada, Y. A., Tapia, M. I., Quevedo Teran, A. M., Condo Tamayo, C., Alban Garcia, M., Valenzuela Trivino, G. M., Pantin, H., Velazquez, M. R., Horigian, V. E., Alonso, E., & Prado, G. (2016). Familias Unidas for high-risk adolescents: Study design of a cultural adaptation and randomized controlled trial of a U.S. drug and sexual risk behavior intervention in Ecuador. Contemporary Clinical Trials, 47, 244-253. https://doi.org/10.1016/j.cct.2016.01.014

Kott, A. (2011). Family intervention may reduce HIV risk-taking in Hispanic adolescents. Perspectives on Sexual & Reproductive Health, 43(4), 267-268. https://doi.org/10.1363/4326711

Lee, T. K., Estrada, Y., Soares, M. H., Sanchez Ahumada, M., Correa Molina, M., Bahamon, M. M., & Prado, G. (2019). Efficacy of a family-based intervention on parent-adolescent discrepancies in positive parenting and substance use among Hispanic youth. Journal of Adolescent Health, 64(4), 494-501. https://doi.org/10.1016/j.jadohealth.2018.10.002

Leung, C., Tsang, S., Ng, G. S. H., & Choi, S. Y. (2017). Efficacy of Parent-Child Interaction Therapy with Chinese ADHD children: Randomized controlled trial. Research on Social Work Practice, 27(1), 36-47.

Leung, C., Tsang, S., Sin, T. C. S., & Choi, S. Y. (2015). The efficacy of Parent-Child Interaction Therapy with Chinese families: Randomized controlled trial. Research on Social Work Practice, 25(1), 117-128.

McCabe, K., & Yeh, M. (2009). Parent-Child Interaction Therapy for Mexican Americans: A randomized clinical trial. Journal of Clinical Child and Adolescent Psychology, 38(5), 753-759. doi:10.1080/15374410903103544

McCabe, K., Yeh, M., Lau, A., Argote, C. B., McCabe, K., Yeh, M., . . . Argote, C. B. (2012). Parent-Child Interaction Therapy for Mexican Americans: results of a pilot randomized clinical trial at follow-up. Behavior Therapy, 43(3), 606-618. doi:10.1016/j.beth.2011.11.001

Merrill, J. E., Reid, A. E., Carey, M. P., & Carey, K. B. (2014). Gender and depression moderate response to brief motivational intervention for alcohol misuse among college students. Journal of Consulting and Clinical Psychology, 82(6), 984-992. doi:http://dx.doi.org/10.1037/a0037039

Miller, T., Hendrie, D., & Miller, T. R. (2015). Nurse Family Partnership: Comparing costs per family in randomized trials versus scale-up. Journal of Primary Prevention, 36(6), 419-425. doi:10.1007/s10935-015-0406-3

Miller, T. R., Olds, D., Knudtson, M., Luckey, D., Bondy, J., & Stevenson, A. (2011). Return on investment: Nurse and paraprofessional home visitation, Denver. Grant 2005-MU-MU-0001

Molleda, L., Estrada, Y., Lee, T. K., Poma, S., Quevedo Teran, A. M., Tamayo, C. C., Bahamon, M., Tapia, M. I., Velazquez, M. R., Pantin, H., & Prado, G. (2017). Short-term effects on family communication and adolescent conduct problems: Familias Unidas in Ecuador. Prevention Science, 18, 783-792. https://doi.org/10.1007/s11121-016-0744-2

Neuhauser, A., Ramseier, E., Schaub, S., Burkhardt, S. C. A., & Lanfranchi, A. (2018). Mediating role of maternal sensitivity: Enhancing language development in at risk families. Infant Mental Health Journal, 39(5), 522-536. doi:http://dx.doi.org/10.1002/imhj.21738

Olds, D. L. (2002). Prenatal and infancy home visiting by nurses: From randomized trials to community replication. Prevention Science, 3(3), 153-172. doi: http://dx.doi.org/10.1023/A:1019990432161

Olds, D. L., Holmberg, J. R., Donelan-McCall, N., Luckey, D. W., Knudtson, M. D., & Robinson, J. (2014). Effects of home visits by paraprofessionals and by nurses on children: Follow-up of a randomized trial at ages 6 and 9 years. JAMA Pediatrics, 168(2), 114-121.

Olds, D. L., Robinson, J., Pettitt, L., Luckey, D. W., Holmberg, J., Ng, R. K., & Henderson, C. R. (2004). Effects of home visits by paraprofessionals and by nurses: Age 4 follow-up results of a randomized trial. Pediatrics, 114(6), 1560-1568.

Pantin, H., Prado, G., Lopez, B., Huang, S., Tapia, M. I., Schwartz, S. J., Sabillon, E., Brown, C. H., & Branchini, J. (2009). A randomized controlled trial of Familias Unidas for Hispanic adolescents with behavior problems. Psychosomatic Medicine, 71(9), 987-995. https://doi.org/10.1097/PSY.0b013e3181bb2913

PCIT International. Parent-Child Interaction Therapy (PCIT) retrieved from http://www.pcit.org/

Perrino, T., Brincks, A., Howe, G., Brown, C. H., Prado, G., & Pantin, H. (2016). Reducing internalizing symptoms among high-risk, Hispanic adolescents: Mediators of a preventive family intervention. Prevention Science, 17(5), 595-605. https://doi.org/10.1007/s11121-016-0655-2

Perrino, T., Pantin, H., Huang, S., Brincks, A., Brown, C. H., & Prado, G. (2016). Reducing the risk of internalizing symptoms among high-risk Hispanic youth through a family intervention: A randomized controlled trial. Family Process, 55(1), 91-106. https://doi.org/10.1111/famp.12132

Prado, G., Cordova, D., Huang, S., Estrada, Y., Rosen, A., Bacio, G. A., Leon Jimenez, G., Pantin, H., Brown, C. H., Velazquez, M.-R., Villamar, J., Freitas, D., Tapia, M. I., & McCollister, K. (2012). The efficacy of Familias Unidas on drug and alcohol outcomes for Hispanic delinquent youth: Main effects and interaction effects by parental stress and social support. Drug and Alcohol Dependence, 125 (Suppl 1), S18-S25. https://doi.org/10.1016/j.drugalcdep.2012.06.011

Prado, G., Huang, S., Cordova, D., Malcolm, S., Estrada, Y., Cano, N., Maldonado-Molina, M., Bacio, G., Rosen, A., Pantin, H., & Brown, C. H. (2013). Eco developmental and intrapersonal moderators of a family based preventive intervention for Hispanic youth: A latent profile analysis. Prevention Science, 14(3), 290-299. https://doi.org/10.1007/s11121-012-0326-x

Prado, G., Pantin, H., Huang, S., Cordova, D., Tapia, M. I., Velazquez, M.-R., Calfee, M., Malcolm, S., Arzon, M., Villamar, J., Jimenez, G. L., Cano, N., Brown, C. H., & Estrada, Y. (2012). Effects of a family intervention in reducing HIV risk behaviors among high-risk Hispanic adolescents: A randomized controlled trial. Archives of Pediatrics & Adolescent Medicine, 166(2), 127-133. https://doi.org/10.1001/archpediatrics.2011.189

Prado, G. J., Schwartz, S. J., Maldonado-Molina, M., Huang, S., Pantin, H. M., Lopez, B., & Szapocznik, J. (2009). Eco developmental x intrapersonal risk: Substance use and sexual

behavior in Hispanic adolescents. Health Education & Behavior, 36(1), 45-61. https://doi.org/10.1177/1090198107311278

Robbins, M. S., Feaster, D. J., Horigian, V. E., Puccinelli, M. J., Henderson, C., & Szapocznik, J. (2011). Therapist adherence in Brief Strategic Family Therapy for adolescent drug abusers. Journal of Consulting and Clinical Psychology, 79(1), 43-53.

Robbins, M. S., Feaster, D. J., Horigian, V. E., Rohrbaugh, M., Shoham, V., Bachrach, K., . . . Szapocznik, J. (2011). Brief Strategic Family Therapy versus treatment as usual: Results of a multisite randomized trial for substance using adolescents. Journal of Consulting and Clinical Psychology, 79(6), 713-727.

Robbins, M. S., Szapocznik, J., Horigian, V. E., Feaster, D. J., Puccinelli, M., Jacobs, P., . . . Brigham, G. (2009). Brief Strategic Family Therapy for adolescent drug abusers: A multi-site effectiveness study. Contemporary Clinical Trials, 30(3), 269-278. doi:10.1016/j.cct.2009.01.004

Roy-Byrne, P., Bumgardner, K., Krupski, A., Dunn, C., Ries, R., Donovan, D., . . . Zarkin, G. A. (2014). Brief intervention for problem drug use in safety-net primary care settings: A randomized clinical trial. JAMA, 312(5), 492-501. doi:http://dx.doi.org/10.1001/jama.2014.7860
Saitz, R., Palfai, T. P. A., Cheng, D. M., Alford, D. P., Bernstein, J. A., Lloyd-Travaglini, C. A., . . . Samet, J. H. (2014). Screening and brief intervention for drug use in primary care: The ASPIRE randomized clinical trial. JAMA, 312(5), 502-513. doi:http://dx.doi.org/10.1001/jama.2014.7862

Saitz, R., Palfai, T. P., Cheng, D. M., Horton, N. J., Freedner, N., Dukes, K., . . . Samet, J. H. (2007). Brief intervention for medical inpatients with unhealthy alcohol use: A randomized, controlled trial. Annals of Internal Medicine, 146(3), 167-176. doi:10.7326/0003-4819-146-3-200702060-00005

Solomon, M., Ono, M., Timmer, S., & Goodlin-Jones, B. (2008). The effectiveness of Parent-Child Interaction Therapy for families of children on the autism spectrum. Journal of Autism and Developmental Disorders, 38(9), 1767-1776. doi:10.1007/s10803-008-0567

St George, S. M., Huang, S., Vidot, D. C., Smith, J. D., Brown, C. H., & Prado, G. (2016). Factors associated with the implementation of the Familias Unidas intervention in a type 3 translational trial. Translational Behavioral Medicine, 6(1), 105-114. https://doi.org/10.1007/s13142-015-0344-x

Stein, M. D., Hagerty, C. E., Herman, D. S., Phipps, M. G., & Anderson, B. J. (2011). A brief marijuana intervention for non-treatment-seeking young adult women. Journal of Substance Abuse Treatment, 40(2), 189-198. doi:http://dx.doi.org/10.1016/j.jsat.2010.11.001

Title IV-E Prevention Services Clearinghouse. Retrieved from https://preventionservices.acf.hhs.gov/

Vidot, D. C., Huang, S., Poma, S., Estrada, Y., Lee, T. K., & Prado, G. (2016). Familias Unidas' crossover effects on suicidal behaviors among Hispanic adolescents: Results from an effectiveness trial. Suicide and Life-Threatening Behavior, 46(Suppl 1), S8-S14. https://doi.org/10.1111/sltb.12253

Wagner, M. M., & Clayton, S. L. (1999). The Parents as Teachers program: Results from two demonstrations. The Future of Children, 9(1), 91-115

Wagner, M., Clayton, S., Gerlach-Downie, S., & McElroy, M. (1999). An evaluation of the Northern California Parents as Teachers demonstration. SRI International Menlo Park, CA.

Walton, E. (1996). Family functioning as a measure of success in intensive family preservation services. Journal of Family Social Work, 1(3), 67-82.

Walton, E. (1998). In-home family-focused reunification: A six-year follow-up of a successful experiment. Social Work Research, 22(4), 205-214. doi:10.1093/swr/22.4.205

Walton, E., Fraser, M. W., Lewis, R. E., & Pecora, P. J. (1993). In-home family-focused reunification: An experimental study. Child Welfare, 72(5), 473-487.

Westat, Chapin Hall Center for Children, & James Bell Associates. (2002). Evaluation of Family Preservation and Reunification Programs: Final Report. Washington, DC: U.S. Department of Health and Human Services.

Westat, Chapin Hall Center for Children, & James Bell Associates. Evaluation of family preservation and reunification programs: Interim report