Planning Title IV-E Prevention Services: A Toolkit for States

Determining Priorities, Goals, and Actions

Identifying and engaging partners

Assessing population, service needs, and service coverage

Determining priorities, goals, and actions

Understanding roles of funding and decision points

Developing a plan for Title IV-E prevention services

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DETERMINING PRIORITIES, GOALS, AND ACTIONS

After exploring the questions in the "Assessing population, service needs, and service coverage" companion document in this toolkit to assess population and service needs, the landscape of services and providers, and insurance coverage and funding, your state's planning group can consider how to prioritize services given limited resources. You can review the key gaps and challenges as well as opportunities, goals, and activities to address them. Brainstorming a wide range of ideas to address the issues identified, as well as considering factors such as expected impacts, resources, and the stakeholders that will need to be involved, will help you determine how to address your priorities. Figure 1 includes some high-level questions to consider when planning next steps, which will be informed by assessment information from the "Assessing population, service needs, and service coverage" companion document in this toolkit.

Figure 1. Considering priorities, goals, and actions, based on assessment information

| Population and service needs | Landscape of services and providers | Insurance coverage and funding |

Considering what we know about populations, services, coverage, and funding (as in the "Assessing population, service needs, and service coverage" companion document in this toolkit), how can we prevent the need for foster care placement and impact other key outcomes for families?

1. Which populations, current challenges, or service needs should we prioritize in our planning efforts, and why?
2. What are our goals in relation to each population, challenge, or need?
3. What actions can we take to address our goals—whether through funding or not?

In relation to each of the three sub-questions in Figure 1, some additional considerations are detailed here.

A. Priorities and targeting resources

In Mathematica's stakeholder discussions, some states involved in planning prevention services reported considering multiple factors in determining how and to whom to focus

resources,[1] as well as how to address needs of populations more broadly. States reported considering factors such as the following:

- **Phases over time.** States can consider taking a phased approach in implementing improvements or targeting funding. For example, in relation to Title IV-E prevention services planning, a few states initially planned to focus on those who were at highest risk of foster care placement (such as those receiving in-home services from the child welfare agency). They then plan to expand services to a broader population over time.
- **Using data to identify risk.** Some states noted using descriptive and predictive analytic models related to likelihood of maltreatment or foster care placement, by geography and individual level (see related resources in companion document, "Assessing population, service needs, and service coverage.") These analyses helped states to identify areas in which to target services and resources (via geographic prediction) or to consider which factors contribute to candidacy for foster care (via individual-level risk prediction).
- **Focusing on primary prevention and casting a wide net.** Although states are considering to whom they will target Title IV-E prevention services, some are also thinking more systemically about addressing broader population needs through primary prevention and other strategies.[2] For example, in an initiative that complements its Title IV-E prevention program plan, the District of Columbia supports primary prevention by investing local funds in Family Success Centers, which connect people in settings such as food pantries and churches with various social services. Tennessee is considering how to make information about services available to broader groups of people (for example, families for which a hotline call was received but were not subject to investigation). As states consider systematic population reach and leveraging universal and wide-reaching platforms, they can also engage stakeholders such as primary care partners, birthing hospitals, and informal community centers.

  Naturally, casting a wide net does have budgetary implications. Though it might initially pose a budgetary challenge, primary prevention can help reduce the amount of state money spent further downstream to maintain children in foster care, ultimately leading to better outcomes for families and a significant return on investment. Working with partners to understand how other agencies can help cover services or costs for primary prevention could help to address concerns about resource constraints.

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[1] See the introduction to this toolkit for information about the stakeholder discussions, which were the source of state examples in this document.

[2] ACYF-CB-IM-18-05 includes information about strengthening families through primary prevention of child maltreatment and unnecessary parent–child separation, including examples of promising programs.

Box 1. District of Columbia example: Strategies used to identify target population and services

- **Environmental scan.** Surveyed partner organizations to assess prevention services currently provided, target populations, and availability to serve needs.
- **Focus groups.** Conducted provider and family focus groups to assess how evidence-based interventions were working as well as implementation challenges.
- **Target population subcommittee to review cross-sector data.** A subcommittee focused on identifying a target population was responsible for the following activities: analyzing their annual needs assessment, reviewing their annual resource development plan, and reviewing child welfare agency and partner agency data. They asked their partners (including the Department of Behavioral Health, the Department of Health, and the Department of Human Services) to bring their own data and recommend populations most in need of prevention services.
- **Matrix of population and services.** To develop a services list, the target population subcommittee worked with the service intervention committee to create a matrix of which services would meet the needs of which families.

B.   Goals and tracking

To guide potential strategies, it is important to articulate your goals in relation to each population, challenge, or service need you plan to prioritize. It might be useful to review Table 1: Dimensions of Accessible Prevention Services in the "Assessing population, service needs, and service coverage" companion document in this toolkit and consider which factors most impact access to services in your state.

Also, as a part of your planning process, it is important to consider how you will track progress toward your goals (including data, measures, and systems that are necessary for such tracking). For example, for Title IV-E prevention services, the Administration for Children and Families has outlined requirements related to monitoring, evaluation, and reporting (see ACYF-CB-PI-18-09, Technical Bulletin #1: Title IV-E Prevention Program Data Elements, and ACYF-CB-IM-19-04). More broadly, your goals will inform which process or outcomes measures are appropriate (for example, your goals could involve processes such as linking people to particular services or resources or outcomes such as preventing foster care placement). In developing your plans, it might be useful to review additional information about logic models (see Box 2) and an example from Virginia's Family First Prevention Services Act planning (see Table 1).

Box 2. Logic models

Inputs ➡ Activities or Outputs ➡ Outcomes

A logic model helps you map out your goals and what you would like to track, and is a helpful way to visually depict how different activities will relate to the overall program vision. Logic models can be particularly useful for articulating what you plan to measure and for determining whether your efforts correlate with the specific improved outcomes you seek. In the case of prevention services, a logic model can show how the service array will meet the needs of the target population.

Logic models show relationships between inputs (what is needed to make the program happen, such as staff and funding), outputs (activities), and expected outcomes (short term, intermediate, and long term). They can also include contextual factors influencing the relationship and additional considerations, which could be political, economic, social, technological, or legal.

For more information, the Administration for Children and Families Logic Model Tip Sheet offers examples of logic models and additional resources.

Table 1. Virginia example: Three branch team implementation of Family First Prevention Services Act

Vision: Keep children safe, strengthen families, and reduce the need for foster care whenever it is safe to do so				
Strategic priorities				
Prevention services	Family-based placements	Congregate care	Evidence-based services	Resources and financial accountability
Goals				
Target resources and services that prevent foster care placements and help children remain safely in their homes	Ensure children maintain family connections required for healthy development and emotional well-being and find safe, permanent homes for children as quickly as possible	Safely reduce inappropriate use of congregate care; when congregate care is necessary, ensure children are placed in the least restrictive, highest quality setting appropriate to their individual needs	Advance the implementation and sustainability of evidence-based, trauma-informed services that appropriately and effectively improve child safety, ensure permanency, and promote child and family well-being	Build capacity and leverage resources to provide effective services to prevent foster care placement and ensure financial accountability

Vision: Keep children safe, strengthen families, and reduce the need for foster care whenever it is safe to do so				
Example strategies				
Develop prevention services workflow, including planning, case management, and practice guidance and training	Increase number of children placed in the care of relatives when removal from the home is necessary	Develop licensing requirements for congregate care facilities to attain status as qualified residential treatment program	Increase and enhance evidence-based services consistent with the Family First Prevention Services Act focus on trauma, mental health, substance abuse, and in-home parent skill-based programs	Design and implement a fiscal auditing system for monitoring expenditures and assessing effectiveness of services

Source: Adapted from a document from the Family First Virginia Website at http://familyfirstvirginia.com/downloads/VDSS_FFPSA_implementation_Plan.pdf.

Note: Information in this table is from Virginia's internal planning processes and does not reflect an approved Title IV-E prevention program plan.

C.   Actions to consider

There are multiple types of strategies your state might use to address your goals. Title IV-E reimbursement can help fill some service needs, but you might also identify other opportunities to comprehensively address family needs. Categories of possible actions include the following:

1.   Improving linkages to insurance, services, or information

Depending on the challenges identified, it could be helpful to focus on better linking families with existing services as opposed to changing available services or funding. Some examples include the following:

- Develop better linkages from child welfare to help families enroll in Medicaid if they are eligible.
- Enhance partnerships or referral connections to help connect parents and children to services (for example, with social services or providers of behavioral health services). These connections can be to services directly or through establishing relationships with other entities that can assist families (for example, community-based organizations or Medicaid managed care organizations and their care coordinators).
- Identify providers who have expertise in treating particular populations (for example, pregnant women) and train child welfare staff about these services.
- Provide better training or informational resources to child welfare caseworkers regarding topics such as access to services and Medicaid coverage of services.

2.   Implementing and adapting evidence-based practices (EBPs)

The Title IV-E Prevention Services Clearinghouse will be the most relevant resource for identifying EBPs for Title IV-E prevention services planning.[3] But other clearinghouses and

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[3] As in ACYF-CB-PI-19-06, states can also seek Title IV-E transitional payments for programs that have not yet been rated by the Clearinghouse.

databases can help states identify additional EBPs by various characteristics of interest (for example, population served and demonstrated impacts). Examples of relevant clearinghouses include the following:

- [California Evidence-Based Clearinghouse for Child Welfare](#)
- [Home Visiting Evidence of Effectiveness](#)
- [The Substance Abuse and Mental Health Services Administration's Evidence-Based Practices Resource Center](#)

In addition, Table 2 includes multiple resources to help states consider how to implement and adapt EBPs.

Table 2. Resources for implementing and adapting EBPs

Resource	Description
Improving Evidence-Based Program Selection	The Casey Family Programs' webpage includes questions to consider for determining whether an EBP is the right fit for your context. It also includes research reports on various child welfare topics, policy resources, and practice tools.
Developing Strategies for Child Maltreatment Prevention: A Guide for Selecting Evidence-Based Interventions	This Child and Family Research Institute at the University of Texas at Austin's guide offers resources on understanding standards of evidence and selecting an EBP, details components of EBPs and implementation considerations, and briefly discusses when to adapt an EBP for local context.
Developing Strategies for Child Maltreatment Prevention: A Guide for Adapting Evidence-Based Programs	This Child and Family Research Institute at the University of Texas at Austin's guide discusses EBP adaptation specifically within the context of maltreatment prevention.
Blueprint for Embedding Evidence-Based Practices in Child Welfare	This Annie E. Casey Foundation document includes resources on factors to consider when selecting an intervention, tips to strengthen the implementation's team work, and how data can support quality improvement.
Key Implementation Considerations for Executing Evidence-Based Programs: Project Overview	This ASPE/Child Trends research brief includes stakeholder discussions about selecting EBPs, replicating EBPs, and scaling-up EBPs. It also highlights challenges and opportunities in implementing EBPs in child welfare.
The Importance of Conceptual Fit when Implementing Evidence-Based Interventions	This ASPE issue brief reviews eight elements that can be considered in establishing fit between an intervention and its setting. The elements have relevance for design and selection of interventions, process of initial implementation, and ongoing adaptations of the interventions needed for sustainability.
Making "What Works" Work for You: Evidence-Based Components and Adaptation	The Office of Juvenile Justice and Delinquency Prevention National Training and Technical Assistance Center offers this PowerPoint overview of the EBP adaptation process and provides examples.
Making Adaptations Tip Sheet	This Administration for Children and Families tip sheet is designed to guide teen pregnancy prevention grantees but includes useful information on how to pilot and monitor adaptations. It also offers additional resources on how to make adaptations so they are more likely to benefit the local context.
Model Programs Guide	This Office of Juvenile Justice and Delinquency Prevention's Model Programs Guide contains information about evidence-based juvenile justice and youth prevention, intervention, and reentry programs.

Resource	Description
Cultural Adaptation and Implementation of Evidence-based Parent-training: A Systematic Review and Critique of Guiding Evidence	This article, published in the *Children and Youth Services Review,* recommends ways to improve research to understand cultural adaptation and implementation of evidence-based parent training programs and might be useful to states that implement adaptations of EBPs to better serve the needs of their local population.

ASPE = Assistant Secretary for Planning and Evaluation; EBP = evidence-based practice.

3. Changing coverage or funding

Considering changes in funding and coverage of services is complex, and many factors related to each funding or coverage source are relevant. The "Understanding roles of funding and decision points" companion document in this toolkit presents details about various funding and coverage mechanisms for services to address the needs of families with children at risk of entering foster care.

Box 3. Example of putting priorities and goals into action

A state wants to focus on addressing the needs of infants who are prenatally exposed to substances, and their families. The state therefore includes infants exposed to substances in its candidacy definition for Title IV-E prevention services reimbursement. It convenes stakeholders to discuss current challenges with developing and implementing Plans of Safe Care[a] for these infants. The state considers opportunities for addressing the needs of this population, noting the following:

- Some services that are included in Plans of Safe Care do not have an identified funding source for families that lack insurance coverage for these services. The state considers how to provide better information to stakeholders about funding for commonly included services.

- The state reviews existing programs and funding in the state (such as those funded by Maternal Infant, and Early Childhood Home Visiting and Title V) to identify opportunities to expand these programs. Based on funding gaps it identifies, the state decides to target Title IV-E prevention services reimbursement to services for these families, focusing on programs that are especially useful to address their needs (such as home visiting programs and parenting groups that incorporate the needs of caregivers with substance use disorder (SUD)).

- Based on Medicaid income eligibility requirements in the state, many Medicaid-eligible pregnant women in the state lose coverage after 60 days postpartum, jeopardizing SUD treatment continuity for women who engaged in treatment during or immediately after pregnancy. The state considers funding sources, including Title IV-E, to address the needs of these women.

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[a] The Child Abuse Prevention and Treatment Act includes a state plan requirement that the governor of each state provide an assurance that the state has policies and procedures to address the needs of substance-exposed infants, including the development of a Plan of Safe Care for infants born and identified as being affected by substance abuse or withdrawal symptoms, or a Fetal Alcohol Spectrum Disorder (section 106(b)(2)(B)(iii) of the Child Abuse Prevention and Treatment Act).

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