



# CHILD- AND FAMILY-SERVING SYSTEMS

Child Welfare, Children's Behavioral Health and Juvenile Justice



**The Annie E. Casey Foundation develops solutions to build a brighter future for the nation's children and youth.**

# Introduction

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- Director, Child Welfare and Juvenile Justice and Policy, The Annie E Casey Foundation
- Former division director for New Hampshire's Division for Children, Youth and Families.
- Past leadership roles in the New Jersey Department of Children and Families
- Former lawyer and teacher

# Today's agenda and goals

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- Preview key themes and concepts
- Share core concepts and values for strengthening child- and family-serving systems — grounded in current national data and conversations
- Consider ways to support children, youth and their families by centering their experiences and needs

# Overview

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- **Child Welfare**

- Prevention, strengthening families, keeping families together
- Workforce: supported staff + child and family success = retention

- **Behavioral Health Care**

- Cross-system solutions that improve outcomes for children and youth — and results for child welfare and juvenile justice systems

- **Juvenile Justice**

- Strategies that ensure young people can realize their potential, even when they make mistakes and violate the law in serious ways

# Child Welfare and Prevention

Strengthening Families

# Effective child welfare systems are family well-being systems

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Here's an analogy:

Today's child welfare system is, in many ways, the Emergency Department of America's social service system.

Child welfare is designed to react to crisis and child maltreatment. Data show the greatest demand is for non-emergency care that could be better managed through prevention and robust community-based services and interventions. Most cases do not involve abuse.



# Prevention models in child welfare

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**Prevention relieves pressure from families, keeps families together, supports well-being and success, reduces the need for institutional placements**

- Economic support services
- Child care for infant, toddler, pre-K, afterschool
- Housing stability
- Access to health care
- Access to healthy food
- Parent and child behavioral health care
- Parenting education
- Substance use disorder treatment
- Family resource centers
- Home visiting
- Access to college, work training, jobs



# Leveraging resources to expand prevention services

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- **Family First Preventative Services Act**

- The Family First Prevention Services Act (FFPSA) gives states, territories and tribes the option to use child welfare programming funds (Title IV-E federal funds) for evidence-based preventive services.
- It reimburses for evidence-based programs and services for substance use, mental health and parenting programs.
- The federal government maintains a clearinghouse of programs it certifies as evidence-based.
- <https://preventionservices.acf.hhs.gov/>

# Child Welfare Workforce

Support Staff and Ensure Families Succeed to Improve Retention

# Child welfare workforce retention

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- Child welfare workers stay an average of two years, according to a federal center funded by the Children's Bureau to study the child welfare workforce.
- The connection between family preservation and staff retention:
  - Child welfare staff enter the field to help children and families and need to **experience success**. Improving outcomes for families will improve workforce retention.



# Child welfare workforce

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Baseline components of retention include:



The power of competitive compensation and benefits



Adequate professional development to handle the job



Manageable workloads and work/life balance

# Child welfare workforce retention

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Baseline components of retention include:



Supportive supervision structures



Physical and psychological safety

# Children's Behavioral Health Systems

Cross-System and Comprehensive Behavioral Health Care

to Improve Youth and Family Well-Being

# The role of children's behavioral health care

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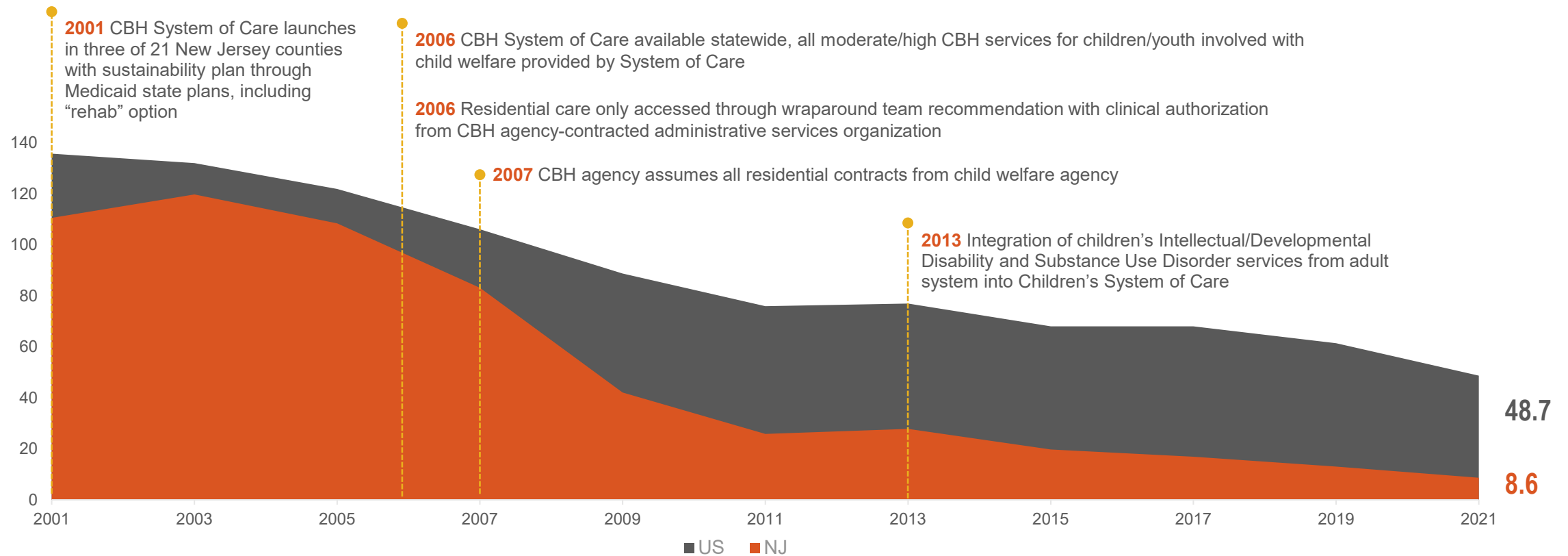
By **transforming children's behavioral health care**, some states have reduced the need for institutionalizing kids and youth AND improved outcomes.

Comprehensive, statewide “systems of care” for children's behavioral health, sustainably funded by Medicaid, and thoughtfully integrated with child welfare or juvenile justice systems, yield enviable results, including:

- the lowest utilization of group care per capita by a child welfare system;
- the lowest utilization of juvenile facilities per capita by a juvenile justice system; and
- the lowest youth suicide rate in the country.

# New Jersey — group care rates\* and Integrated System of Care timeline

1999 SAMSHA SOC Grant Award — Planning for Children’s Behavioral Health (CBH) System of Care with core service components of mobile response and stabilization, intensive care coordination (wraparound), in-home clinical care, parent/youth peer support and flex funds for additional supports

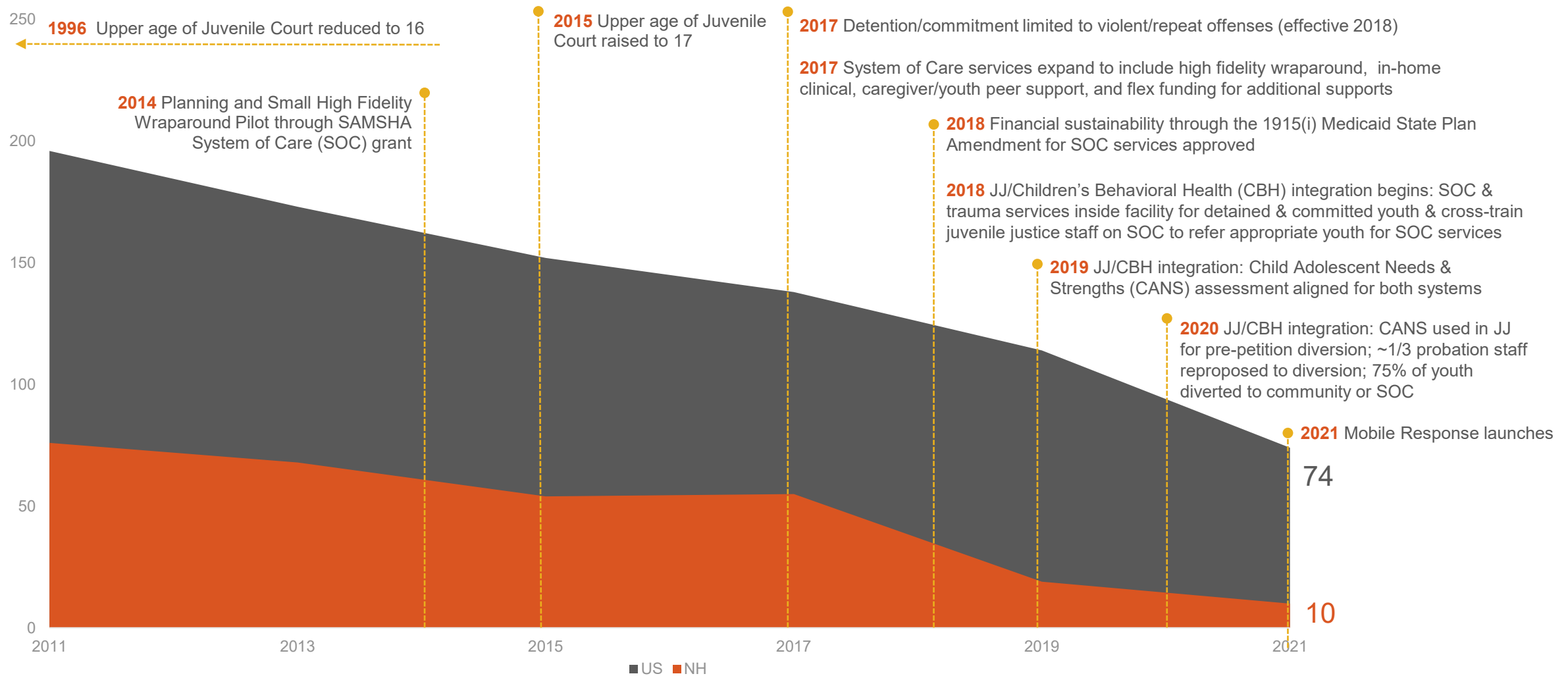


\*Child welfare group care rate per 100,000 children in population

SOURCES: Census of Juveniles in Residential Placement and U.S. Census Bureau, Population Estimates



# New Hampshire — juvenile justice facility rates\* with Integrated System of Care timeline



**1996** Upper age of Juvenile Court reduced to 16

**2014** Planning and Small High Fidelity Wraparound Pilot through SAMSHA System of Care (SOC) grant

**2015** Upper age of Juvenile Court raised to 17

**2017** Detention/commitment limited to violent/repeat offenses (effective 2018)

**2017** System of Care services expand to include high fidelity wraparound, in-home clinical, caregiver/youth peer support, and flex funding for additional supports

**2018** Financial sustainability through the 1915(i) Medicaid State Plan Amendment for SOC services approved

**2018** JJ/Children's Behavioral Health (CBH) integration begins: SOC & trauma services inside facility for detained & committed youth & cross-train juvenile justice staff on SOC to refer appropriate youth for SOC services

**2019** JJ/CBH integration: Child Adolescent Needs & Strengths (CANS) assessment aligned for both systems

**2020** JJ/CBH integration: CANS used in JJ for pre-petition diversion; ~1/3 probation staff repropoed to diversion; 75% of youth diverted to community or SOC

**2021** Mobile Response launches

\*Adolescent juvenile facility rate per 100,000 adolescents in the population

SOURCES: Census of Juveniles in Residential Placement and U.S. Census Bureau, Population Estimates

# Five core service components

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- **Mobile response and stabilization services** provide immediate and on-site support during a crisis and connect the family to community resources after;
- **In-home clinical support services**;
- Parent and youth **peer support programs**;
- **Intensive care management** (wraparound support), an evidence-based practice where a team of care providers engage relatives and family friends in creating a personalized support plan for children and families; and
- Flexible funding for **programs known to promote healing trauma**, including pro-social activities such as mentorship programs, arts and recreational sports that support the development of healthy relationships.

# How does it work?

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## Comprehensive, rational, trauma-informed systems of care

- Comprehensive — includes core components, integrated with a child welfare or juvenile justice system. Can serve families before systems involvement as prevention, during as an intervention, and/or after to reduce system re-entry
- Rational — designed in a way that families and communities can easily understand how to access and navigate the services
- Trauma-informed — responsible for the identification and treatment of trauma through both clinical and relational interventions

Cross-systems solutions

Community-based support

# Juvenile Justice Systems

Transformation with Youth, with Families, and with Communities

# Juvenile justice reform today

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**Going beyond detention** to address prevention, diversion, probation and deeper ends of the system

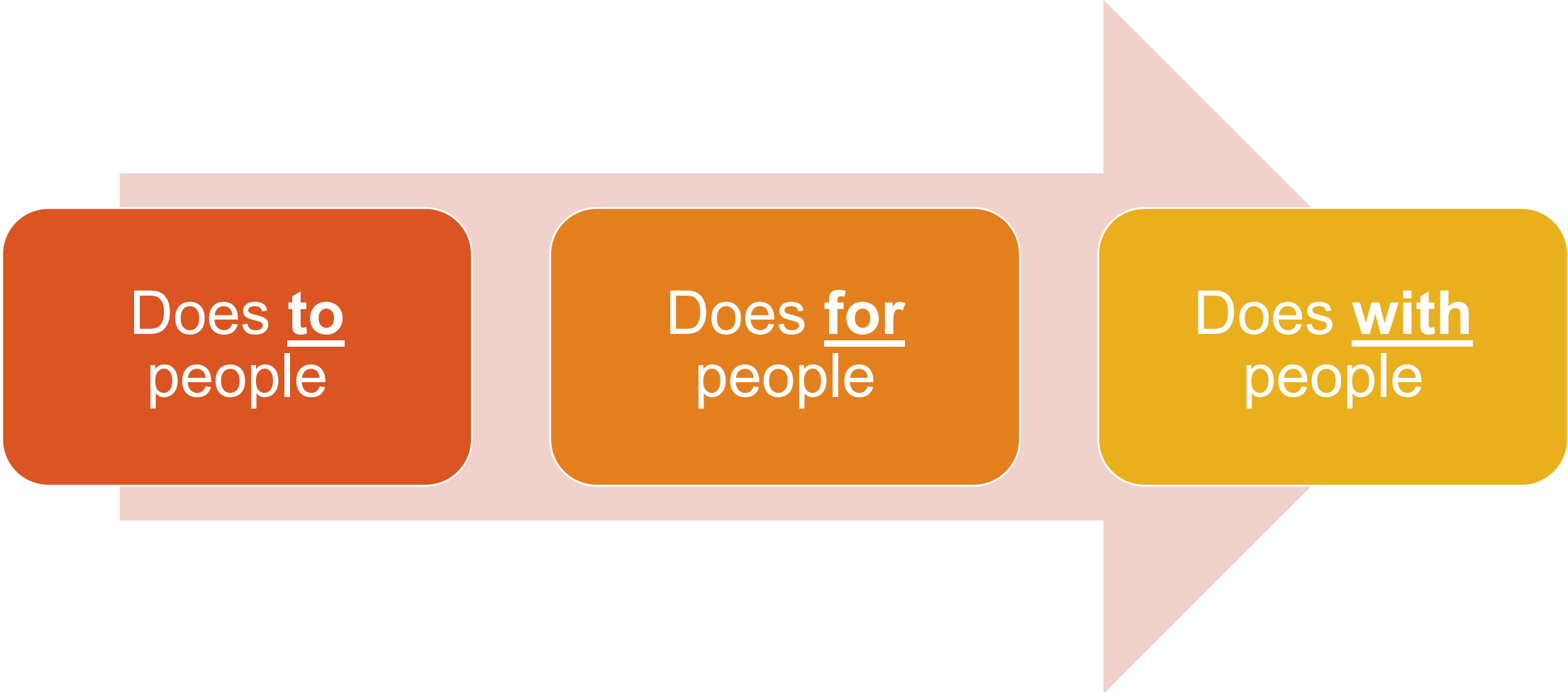
**Leading with race, ethnicity and culture** in pursuit of equity

**Aspiring for well-being, not just harm reduction**, by connecting youth to the positives they need to thrive

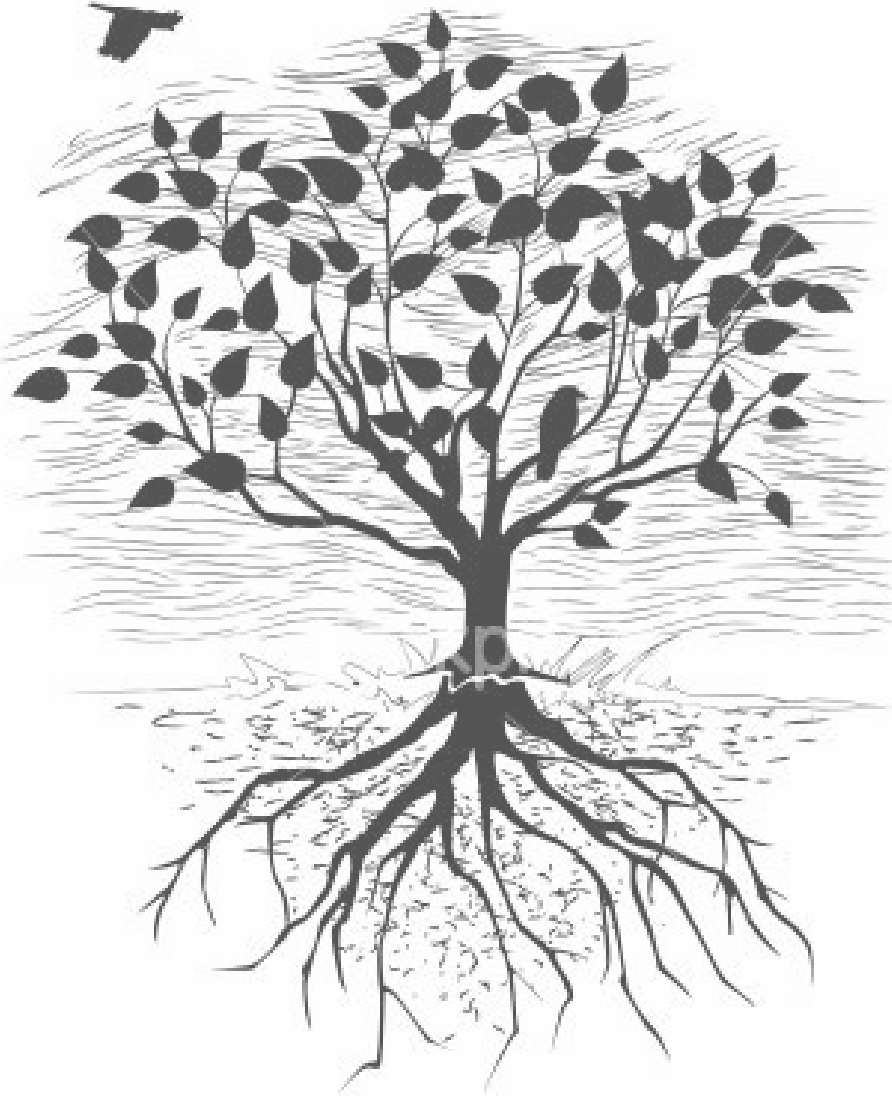
**Emphasizing collaboration** with the young people, families and communities most affected by the system

# Progression from punitive era to reform to transformation

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# Why community partnership is essential to creating accountability



## When systems act alone

- Can only impose sentences and court conditions

## When communities add their wisdom, perspective and culture

- Can express and help set conditions of real accountability for those who cause harm and on behalf of harmed communities
- Can pursue alternatives that address concerns of persons harmed and community conditions that erode safety

# Conclusion



# Parting message

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**CENTER**

**Children,  
youth and  
families**

**REORIENT**

**Child- and  
family-serving  
systems**

**MOVE AWAY FROM**

**Operational silos  
Funding silos**





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