



# 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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- Focusing on child welfare and juvenile justice system prevention
- Recognizing child and family serving system interdependency
- Approaches to improve effective implementation

# Child Welfare & Justice System Prevention

Strengthening Families & Supporting Youth  
in their Homes, Schools, and Community



# 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

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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
- Childcare 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 federal 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 children deemed at risk of entering foster care.
- Reimburses for approved evidence-based prevention programs and services for substance use, mental health and parenting programs  
<https://preventionservices.acf.hhs.gov/>

- **Medicaid**

- Many opportunities through traditional Medicaid & waivers that may reach broader populations than FFPSA, can be used as an alternative to or complement to FFPSA .



# 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.

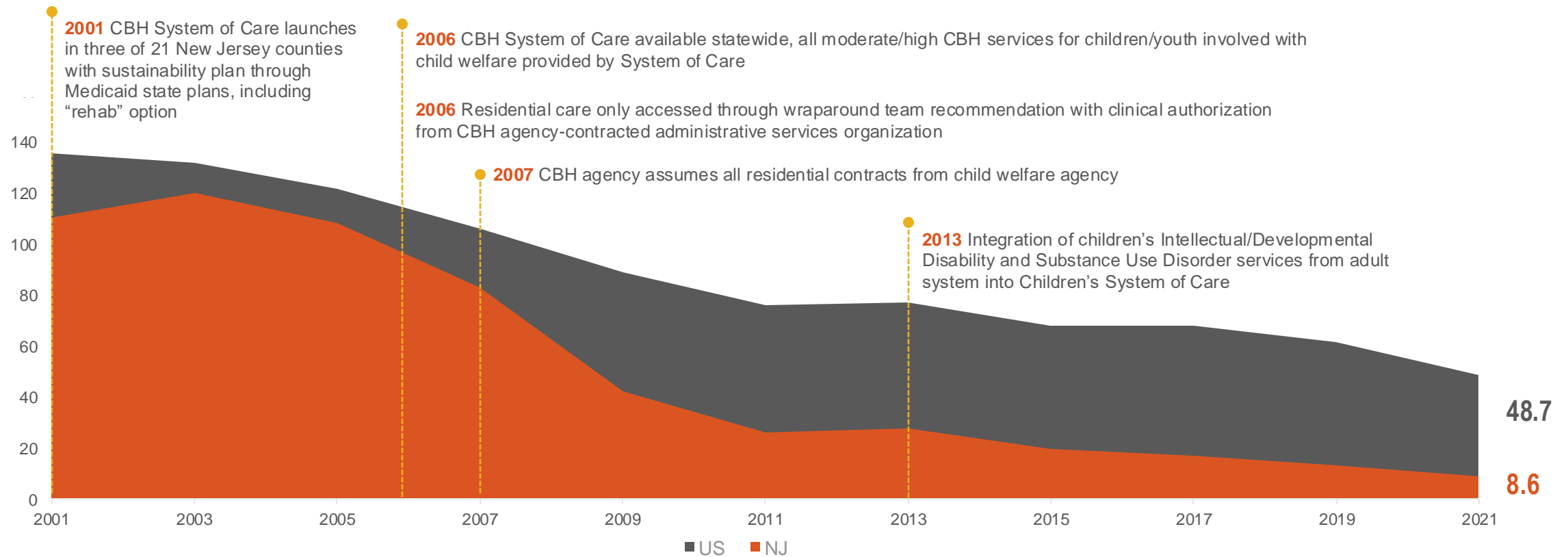
# Five core service components

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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.

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

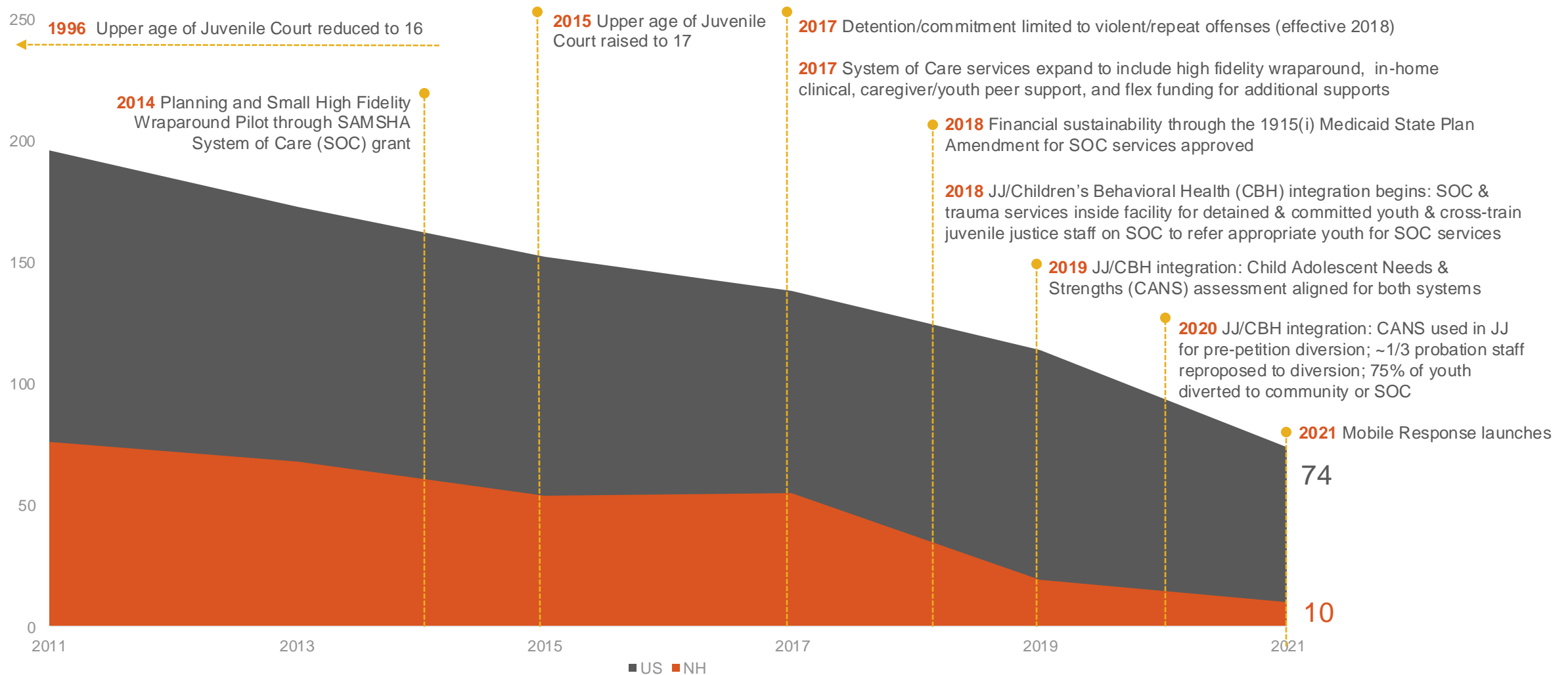
1999 SAMSHA SOC Grant Award — Planning for Children’s Behavioral Health (CBH) System of Care with core service components of mobile response and stabilization, intensive care coordination (wraparound), in-home clinical care, parent/youth peer support and flex funds for additional supports



\*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



\*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

# 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



# Improving Effective Implementation

Transformation with Youth, with Families, and with Communities

# Improving Implementation at Design

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# Improving Implementation at the Community Level

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for children, families and communities*

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