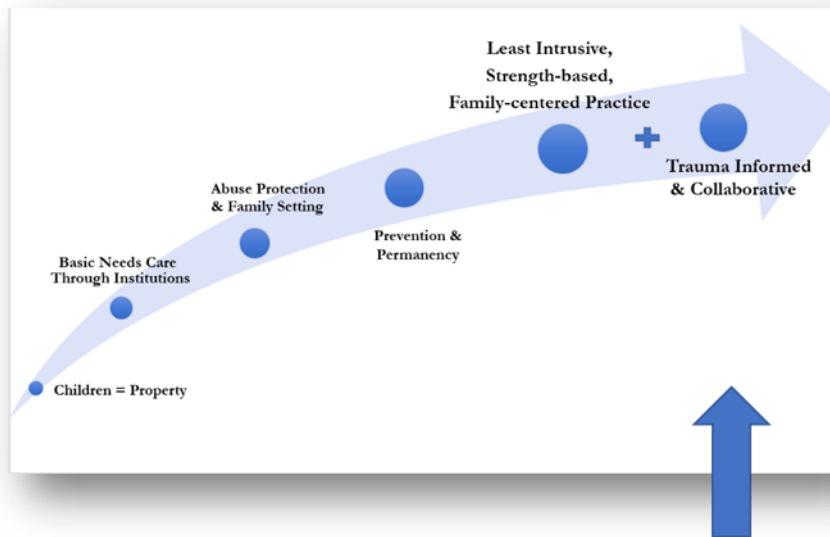


The Child Welfare Evolution



Trauma Informed & Collaborative

(Remains a current practice priority)

- In the 1990s, research started to show children who are abused, neglected, or placed in out-of-home care often experience trauma that may affect them across all developmental domains and in all areas of functioning.
- The National Child Traumatic Stress Network (NCTSN) was established in 2000 as a multi-disciplinary network of child serving agencies.
 - NCTSN is dedicated to improving the standard of care for traumatized children and provides tools and resources for PCSAs (Public Child Services Agencies) to implement trauma-informed services and systems of care:
 - Educating, recognizing, and addressing the impact of traumatic stress on children, caregivers, and service providers.
 - Develop trauma awareness, knowledge, and skills into organizational cultures, practices, and policies.
 - Support and facilitate psychological safety and recovery for children and families.

<https://www.nctsn.org/trauma-informed-care/creating-trauma-informed-systems>

- Also, in the 1990s – 2000s there was increasing recognition that not every family referred for suspected abuse or neglect required a traditional investigative process.
- Based on the evolved appreciation of harmony between protecting children and honoring families, Ohio developed a wholistic statewide Differential Response (DR) child protection system that allowed two approaches for child welfare agencies to “...assess and respond to the unique safety concerns, risks, and protective capacities of each family that is the subject of an accepted report of child maltreatment.”
(Ohio Practice Profiles booklet (JFS 08301))
- Within this Differential Response child protection system: “Regardless of the initial response to reports of maltreatment, the same quality child protective services principles and methods apply across Ohio’s child protection system.”
- In 2014 the **Preventing Sex Trafficking and Strengthening Families Act** became law to protect and prevent foster care youth from becoming victims of sex trafficking and provide system improvements to improve outcomes for youth in foster care.
- Sex Trafficking:
 - Identifying, documenting, and determining services for youth at risk of sex trafficking
 - Reporting sex trafficking victims to law enforcement and the U. S. Department Health and Human Services (HHS)
 - Expeditiously locating and responding to children missing from foster care, determine the primary factors that contribute to the child’s running away or being absent from foster care; determine the child’s experiences while absent, including a sex trafficking screening.
- Improving opportunities for children in foster care and supporting Permanency:
 - Supporting normalcy for children in foster care
 - Required “reasonable and prudent parent standard” for decisions made by a foster parent or official for a child care institution.

- Allow them to make parental decisions that maintain the health, safety, and best interest of the child.
 - Also allow them to make decisions about participation in extracurricular, enrichment, cultural and social activities.
- Improving Another Planned Permanent Living Arrangement (APPLA)
 - (Special note) In Ohio this is PPLA (Planned Permanent Living Arrangement) where a youth is placed in an independent living setting or in a family setting that is intended to be permanent in nature and that the caregiver will provide a stable placement for the child through the child's emancipation or until the court releases the child from the custody of the agency. (ORC 2151.353)
 - Eliminated APPLA as a permanency goal for children under the age of 16
 - Added additional case plan and case review requirements for older youth with APPLA permanency goal.
 - ✦ At each permanency hearing must:
 - ✧ Document the intensive, ongoing and unsuccessful efforts for location and placement with family
 - ✧ Required to ask the child about desired permanency outcome
 - ✧ Explain why APPLA is still the best permanency plan and why returning home, adoption, or being placed with a legal guardian or relative is not in the best interest of the child
 - ✧ Outline the steps being taken to ensure the reasonable and prudent parent standard is being followed and ongoing opportunities for developmental appropriate activities are being provided.
- Empowering foster children 14 and older to participate in the in the development and amendments of their case plan and transition planning
 - Youth permitted to select up to two individuals who are not a foster parent or caseworker to be a part of their case planning team as long

as they are would not act in the best interest of the child. One of the individuals may be designated to be the child's

- The case plan for all children 14 and older must include a list of rights that describes their rights regarding:
 - Education
 - Health
 - Visitation
 - court participation
 - staying safe
 - avoiding exploitation
- Requires children aging out of foster care have received:
 - An official or certified copy of their birth certificate
 - A social security card
 - Health insurance information
 - Medical records
 - A driver's license or identification card
- Encouraging the placement of children in foster care with siblings.
 - Requires all parents of siblings to the child on foster care (where the parent has legal custody of the sibling) be identified and notified within 30 days after removal.
 - <https://www.childrensdefense.org/wp-content/uploads/2018/08/fact-sheet-on-hr-4980.pdf>
- Continuing with the least intrusive, strength-based, family-centered practice response to child protection, the federal government passed the Comprehensive Addiction and Recovery Act (CARA) in 2016 to address the opioid epidemic and to coordinate services for those individuals and families challenged by substance use disorders.
 - The overarching goal is to improve treatment for pregnant and postpartum women and their families, with a focus on the establishment of a Plan of Safe Care prior to discharge from the hospital.
 - CARA encompasses the following six pillars necessary for a coordinated response:

- Prevention
 - Law Enforcement
 - Treatment
 - Recovery
 - Criminal Justice Reform
 - Overdose Reversal
- CARA requires mandated reporters (hospitals, doctors, social workers, etc.) to make a referral to a Public Children Services Agency (PCSA) when an infant is identified as exposed or affected by substance use.
Note: A mandated report is someone required by law to report if they suspect or know that child abuse is occurring. A complete list of the professional roles this includes can be found at:
<http://jfs.ohio.gov/ocf/ReportChildAbuseandNeglect.stm>
 - It is important to note CARA includes both legal and illegal substance abuse. Infants can and do withdraw from prescribed legal medications. If these infants are experiencing withdrawal symptoms, have a positive toxicology result, or are identified as having Fetal Alcohol Syndrome Disorder (FASD), mandated reporters are expected to make a referral to their local PCSA.
 - CARA requires a Plan of Safe Care be implemented prior to hospital discharge for infants (child under 12 months) prenatally exposed to or affected by substances, and/or demonstrating symptoms of withdrawal or Fetal Alcohol Spectrum Disorder (FASD).
 - The Plan of Safe Care is an arrangement which addresses the safety of the affected infant, the treatment needs of the infant, and the health and substance use disorder treatment needs of the affected family or caregiver.
 - The plan is developed with the parents or other caregivers, as well as the collaborating professional partners and agencies involved in caring for the infant and family.
 - A Plan of Safe Care can occur with or without the involvement of a child welfare agency.
A plan of safe care is not to be confused with PCSA safety or case plans. (These plans will be covered in more depth in Caseworker Core 4: Assessment and Safety Planning in Family-Centered Child Protective Services and Caseworker Core 6: Service Planning and Provision in Family-Centered Casework)

- Plans of Safe Care must:
 - Describe the services and supports needed to comprehensively address the needs of infants and their families to promote stability.
 - Identify family members'/caregiver's health care needs, including substance use disorder treatment services.
 - Developmental interventions for the baby.
 - Incorporate all treatment plans.
 - Be developed with the parents and all service providers.

- In Ohio, CARA is implemented in the following way (per OAC 5101:2-36-01):

At the time a referral is made to the PCSA, they will determine if a Plan of Safe Care is in place and is adequate to address the needs of both infants and their families or caretakers. If an adequate Plan of Safe Care is not in place, PCSAs are required to screen in the referral as abuse and complete an assessment/investigation.

- Additional information and resources can be found on the Ohio Department of Job and Family Services Knowledge Base: <http://jfskb.com/sacwis/> (search CARA or CARA Community kit).

<http://jfskb.com/sacwis/index.php/component/search/?searchword=CARA&searchphrase=all&Itemid=435>

Family First Prevention Services Act (FFPSA) 2018

- The most recent federal legislation to partner with families in a trauma informed, collaborative, least intrusive, strength-based, family-centered way is the enactment of the Family First Prevention Services Act (FFPSA) 2018.
- FFPSA was setup to allow increased flexible spending to strengthen families and limit residential (facility treatment) care.
 - Enables services to prevent a child being removed from their home for up to 12 month and may include:
 - Mental health services.
 - Substance abuse treatment.

- In-home parent skill-based programs.
- With the understanding children are best serviced in home settings, federal funding for residential care under FFPSA limits treatment to two weeks unless the facility is:
 - A setting for prenatal, postpartum, or parenting supports for teen moms.
 - A supervised setting for youth 18 years old or older.
 - “High quality residential services” for youth who have been victims of trafficking or who are at risk of it.
 - A “Qualified Residential Treatment Program,” or QRTP:
 - ✦ Has a trauma-informed treatment model that includes clinical services.
 - ✦ Has registered or licensed nursing staff (24hrs available).
 - ✦ Must include family members in treatment plans and programs.
 - ✦ At least six-month support after discharge.
- For treatment lasting 12 months straight, or any 18 months, the head of the state agency must sign off.
- To combat the large numbers of recidivism in out-of-home care, FFPSA also extends funding for reunification services and support for 15 months after the child returns home.

<https://chronicleofsocialchange.org/finance-reform/cliffsnotes-family-first-act-part-one-services-prevent-foster-care/29896>