



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

Identifying and Engaging Partners



March 2020

Rivka Weiser, Jill Spielfogel, Kristie Liao

This document was prepared by Mathematica for the U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation under contract HHSP233201500035I/HHSP23337015T (Mathematica reference number 50295). Jessica Heeringa was Mathematica's Project Director and Laura Radel was the Federal Project Officer.

It is part of "Planning Title IV-E Prevention Services: A Toolkit for States," which can be accessed at <https://aspe.hhs.gov/IV-E-prevention-toolkit>.

Suggested Citation: Weiser, R., J. Spielfogel, and K. Liao. "Planning Title IV-E Prevention Services: A Toolkit for States. Identifying and Engaging Partners." Washington, DC: Office of the Assistant Secretary for Planning and Evaluation, March 2020. Available at <https://aspe.hhs.gov/pdf-report/IV-E-prevention-toolkit-engaging-partners>.

CONTENTS

IDENTIFYING AND ENGAGING PARTNERS.....	1
A. Identifying partners and stakeholders.....	2
Box 1. Engaging youth and families in planning prevention services	4
B. Benefits of collaboration with other systems	5
C. Communication with stakeholders	5
D. Challenges and facilitators related to engaging partners and stakeholders.....	6
Box 2. Resources for collaborative planning and service delivery	8
References.....	9

This page has been left blank for double-sided copying.



IDENTIFYING AND ENGAGING PARTNERS

Cross-system collaboration is an essential component of successful planning and implementation of prevention services. It allows partners committed to preventing child maltreatment to work together in order to meet the needs of families. Conversations with relevant agencies; providers; communities; families, caregivers, and youth with lived experience; and other stakeholders lay the groundwork for cross-system collaboration. Through these conversations, you can begin to understand the broader landscape of services, population needs (including variation across communities), perspectives on the extent to which the population's needs are being met, funding, and challenges and opportunities to better serve families. These groups or individuals can be *partners* in planning and implementation, with whom you actively work to plan and implement the Title IV-E prevention program. Alternatively, they can be *stakeholders* in the process, other groups or individuals from whom you solicit feedback regarding planning. Stakeholders might be interested in understanding how to build out prevention services or how your planning efforts might affect them.

As noted in the introduction to this toolkit, it is important to begin with a sense of your broad vision and potential goals.¹ States can consider which partners and stakeholders share similar goals and identify those that will be useful to engage, because they can, for example, enhance reach and access to the target population; support cross-sector systems building; answer important questions about state context; or provide community, provider, and family engagement to support planning efforts. Conversations with potential partners and stakeholders could lead to various types of relationships, depending on the questions or issues you seek to address and the planning structure you wish to create. Box 1 provides examples of partnerships and stakeholder relationships. As part of planning, it is also important to ensure that child welfare agencies and partners understand the stipulations of the Family First Prevention Services Act (FFPSA) and work with the Administration for Children and Families (ACF) Children's Bureau Regional Offices to ensure that they have accurate and up-to-date information about Title IV-E prevention program requirements.

This part of the toolkit reviews considerations about whom to engage and provides quotes and examples from our stakeholder discussions.² States are at varying stages of working to (1) understand the populations that are most at risk of entering foster care, (2) envision an array of services that would comprehensively address the needs of their population, and (3) plan thoughtfully about how to implement the needed services and supports.

¹ For one example, see Table 1 of the "Determining priorities, goals, and actions" companion document in this toolkit regarding Virginia's vision, strategic priorities, and goals in implementing FFPSA.

² See the introduction to this toolkit for information on these stakeholder discussions.

A. Identifying partners and stakeholders

Many child welfare agencies planning for Title IV-E prevention services converse with partners and stakeholders. Examples of partners and stakeholders involved in planning conversations include state agencies for mental health (MH), substance use disorder (SUD), public health, juvenile justice, education, maternal and child health (Title V), and Medicaid; county administrators (if states had county-led child welfare systems); courts; parents' attorneys; providers; families, caregivers, and youth with lived experience; evaluators and university partners; tribal liaisons; and home visiting programs (including Maternal, Infant, and Early Childhood Home Visiting grantees).³

States may find it useful to engage partners and stakeholders that currently provide prevention services to families, such as Children's Trust Funds, Community-Based Child Abuse Prevention Program grantees, and others such as Essentials for Childhood and the Children's Bureau's Community Collaboration grantees. Engaging such groups could help states understand existing prevention services, including gaps in service delivery and opportunities for improvement.

Although the landscape of potential partners and stakeholders will differ by state, states might want to consider how to coordinate with the following:

- **Existing councils or planning bodies** that convene relevant cross-system stakeholders. Some examples follow:
 - **State MH (or behavioral health) planning and advisory councils**, which convene consumers and state agencies and are required for states to receive a MH block grant through the Substance Abuse and Mental Health Services Administration (SAMHSA).^{4,5} These councils are made up mainly of consumers, family members, and people from state agencies such as MH, education, vocational rehabilitation, criminal justice, housing, and social services. They also include representation from public and private entities concerned with the need, planning, operation, funding, and use of MH services and related supports.
 - **Child and youth policy coordinating bodies** (such as children's cabinets, interagency councils and commissions, and early childhood councils), which serve to

"Eliminate the silos because most people we serve are in multiple systems and have multiple needs. You just don't have one system. It usually involves coordination of these."

- Director of Human Services,
Allegheny County, PA

³ In addition, a variety of early childhood partners, depending on the state, could have goals that align well with maltreatment prevention. For example, Early Head Start and Centralized Access Point might be other key partners.

⁴ The term "behavioral health" refers collectively to both MH and SUD.

⁵ More information about SAMHSA block grant advisory councils is available at <https://ncsacw.samhsa.gov/resources/underlying-values.aspx>.

coordinate child policies at the state level (see Gaines et al. 2017 for relevant information by state).

If your state has other convening entities or other relevant planning efforts in progress, you can also leverage those to collaborate around prevention service planning.

- **Family and service participants.** Insights from family and services participants can be vital for understanding how families experience the services they receive, assessing whether the services are meeting families' needs, and improving service delivery. Some existing models and resources provide examples of how to include feedback from families to improve services:
 - As noted above, MH (or behavioral health) planning and advisory councils are required for SAMHSA MH block grant planning. The majority (51 percent or more) of each council is made of "consumers" and family members, such as adult consumers receiving MH services and family members of children with serious emotional disturbances (SAMHSA 2017).
 - Many maternal and child health programs have components that specifically target family engagement. For example, the Title V Maternal and Child Health Services Block Grant has a significant focus on family engagement in states' efforts to provide maternal health services (Association of Maternal and Child Health Programs n.d.).
 - The U.S. Department of Education's [policy statement on family engagement](#) provides helpful information about how best to engage families in planning conversations.
 - An ACF informational memorandum ([ACYF-CB-IM-19-03](#)) encourages child welfare agencies to gather and incorporate input from families as part of program planning efforts.
 - See Box 1 for additional resources for engaging youth and families in planning prevention services.

Box 1. Engaging youth and families in planning prevention services

The following resources provide information about organizations that aim to increase family and youth engagement in service design, implementation, and delivery.

1. **Family Run Executive Director Leadership Association (FREDLA)**: FREDLA serves as the national representative and advocate for family-run organizations and their executive directors and supports effective stewardship of family-run organizations.
2. **Youth MOVE National**: Youth MOVE is a chapter-based organization dedicated to improving services and systems that support positive growth and development by uniting the voices of people who have lived experience in various systems—including MH, juvenile justice, education, and child welfare.
3. **State youth advocacy and advisory boards and foster care alumni associations**: The Child Welfare Information Gateway provides information about states' foster youth alumni organizations and advocacy groups.
4. **Foster parent advisory councils**: Foster parent advisory councils aim to bring foster parents together to share information and elevate foster parent voices within child welfare departments. The [National Foster Parent Association](#) offers additional resources for foster parent advocacy.
5. **Birth Parent National Network (BPNN)**: BPNN is a network of parents and advocates who are engaged in local and national efforts to improve prevention services and advocate for families whose children are in the child welfare system.

B. Benefits of collaboration with other systems

States noted that there are many benefits to involving cross-system partners in planning prevention services, including the following:

- Understanding other systems and efforts.** Creating partnerships and engaging stakeholders allows agencies to develop mutual understanding of activities across service systems that serve the same clients, including the impact of services and gaps in service delivery. Mutual understanding creates more opportunities for collaborative planning of prevention services.
- Developing buy-in and engaging partners in leadership.** Partnerships can also help other systems take ownership of changes that will be necessary with the implementation of FFPSA. For example, Virginia’s planning committee is organized into four workgroups (finance, evidence-based services, prevention services, and appropriate foster care placements), and each workgroup is led by an individual from outside of the child welfare agency in partnership with a member of the child welfare agency. The director of Virginia’s FFPSA planning committee emphasized that although the child welfare agency needed to lead the overall planning, having system partners helped maximize buy-in and ensured that the key systems responsible for preventing maltreatment would work together to plan prevention services.
- Learning about resources and funding.** Some child welfare agencies discussed how they learned about other resources available within their state from stakeholder conversations. For example, some MH agencies train providers in the same evidence-based practices (EBPs) approved by the Title IV-E Prevention Services Clearinghouse (the Clearinghouse). This information was important to child welfare agencies as they considered opportunities to scale up EBPs. Cross-system conversations also help child welfare agencies learn more about funding sources for programs (such as private funding via foundations, state funding, and local funding). In addition, some partners and stakeholders might have experience with services that work for priority populations but are not yet listed in the Clearinghouse.

“We have done a series of focus groups, we had 125 people invited for the various focus groups... we involved a lot of community providers, both that we contract with and don’t contract with, to get input on where we need to go to provide services for children and families, especially in our rural counties.”
- Tennessee FFPSA Planning Workgroup member

C. Communication with stakeholders

To engage and share information with additional stakeholders (beyond those partners directly involved in planning efforts), some states used the following strategies:

- Meeting with a wider group of stakeholders.** Some states, in addition to having cross-system planning workgroups, met with broader groups of stakeholders for information

sharing and feedback. For example, one state convened meetings that included representatives from congregate care, psychiatric residential treatment centers, MH systems, home visiting, and in-home service administrators and providers. These meetings allowed the stakeholders to share information to support planning efforts and to be updated about efforts—even though the stakeholders were not formally part of planning workgroups.

- **Coordinating information sharing via websites.** Some child welfare agencies also used their websites to share FFPSA planning information. For example, Montana worked with the local university’s social work department to identify external stakeholders and created a state FFPSA webpage to share information and updates about planning.

D. Challenges and facilitators related to engaging partners and stakeholders

States noted a few factors that impacted their ability to engage partners and stakeholders in planning prevention services, including the following:

- **State structure influences collaboration.** Depending on the structure of health and human service agencies within a state, the ease of holding cross-system conversations might vary. Some states with agencies such as child welfare, MH, SUD, public health, or disability services housed under the same broader department noted that this structure facilitated collaboration. In these states, and others in which strong agency partnerships are already established for other purposes, collaboration for prevention services planning could be easier to achieve.
- **Building new relationships can be challenging.** For those without existing collaborative relationships with other agencies, developing relationships might take time and ongoing effort. Over time, however, these relationships can be fundamental for creating system change. Some points to consider include the following:
 - **Collaborative planning and services.** Box 2 provides resources regarding collaborative planning and services, including tips on how to develop sustainable working relationships.
 - **Shared goals.** Partnering around shared goals can build an important foundation for collaboration. One stakeholder noted the importance of thinking through shared goals before focusing on where funding would

“It is helpful if agencies can come together and discuss how they are serving shared populations or have aligned goals—such as improving particular outcomes—and collaborate on how to advance them. It can be important to come to the table and figure out what you collectively want to achieve—setting the money aside, especially in initial conversations. Often, Medicaid is viewed as ‘the bank,’ and starting by talking about funding—rather than shared goals—can really shut down the conversation.”

- Lindsey Browning, National Association of Medicaid Directors

come from. Thus, it can be important to start by identifying needs and priorities and then explore funding. Resources for identifying goals of other agencies include the following:

- State agency websites or reports about initiatives
- Cross-state surveys about priorities and initiatives (for example, the [National Association of State Budget Officers' 2019 Fiscal Survey of the States](#) and [Kaiser Family Foundation's Medicaid budget surveys](#)).
- **Aligning with existing efforts.** In a similar vein, some states found that aligning with existing broader efforts in the state helped advance FFPSA planning. For example, in Colorado, the governor established a behavioral health care task force focused on gaps in and availability of services, access to services, and affordability of services. Because the FFPSA planning team had similar goals, they worked to engage the behavioral health care task force regarding Title IV-E prevention services. Multi-system planning efforts can also offer opportunities to discuss braided funding opportunities, because agencies can allocate resources and deliver services to ensure that families have access to an array of services to meet their needs.
- **States have different levels of collaboration with justice systems.** Although court systems play an integral role in the lives of families with children at risk of entering foster care, some states find it challenging to collaborate with the justice system to help prevent foster care entry. Some states noted that judges are not always as family-centered as child welfare agencies try to be, and therefore these states found it challenging to align on the goal of preventing maltreatment. Other states, however, have had longstanding collaborative relationships with their justice departments, for example, in relation to providing MH EBPs to families. In addition, some states have infant-toddler or family drug courts to help meet the needs of children as parents address legal and SUD issues as well as court improvement programs to work with lawyers or judges to improve legal outcomes for families in foster care.⁶ Such programs could hold promise for comprehensively addressing the needs of families with children at risk of entering foster care.

⁶ For information about court improvement programs, see the Center for Courts website at <https://capacity.childwelfare.gov/courts/>

Box 2. Resources for collaborative planning and service delivery

1. [National Center on Substance Abuse and Child Welfare \(NCSACW\)](#): The NCSACW website provides a framework and policy tools for improving linkages between alcohol and drug services, child welfare services, and dependency courts.
2. [A Collaborative Approach to the Treatment of Pregnant Women with Opioid Use Disorders](#): This NCSACW report focuses on developing a collaborative approach for treating pregnant women with opioid use disorders. It includes insights on how to build a collaborative team.
3. [Underlying Values and Principles of Collaborative Practice](#): This NCSASW webpage offers links to states' statements of their plans to collaborate across systems to serve families impacted by MH and SUD issues. It also provides guidelines to states for incorporating different perspectives into planning.
4. [Leadership in the Improving Child Welfare Outcomes through Systems of Care Initiative](#): This ACF report discusses building and sustaining child welfare partnerships and is adapted from the National Technical Assistance and Evaluation Center for Systems of Care.
5. [Bringing Recovery Supports to Scale: Technical Assistance Center Strategy – Parents and Families](#): This SAMHSA webpage offers guidance to consumers of MH and SUD services and their families.
6. [Making Medicaid Work for Children in Child Welfare: Examples from the field](#): This Annie E. Casey Foundation–funded report explores the strategies used in four states to improve Medicaid programs and care for children and families involved with child welfare. Representatives from each state's Medicaid, behavioral health, and child welfare agencies were interviewed about their cross-agency partnerships, successes and challenges in collaborating, and lessons for other states.

References

- Association of Maternal and Child Health Programs. "Family Engagement in Title V." Washington, DC: Association of Maternal and Child Health Programs, n.d. Available at <http://www.amchp.org/programsandtopics/family-engagement/ToolsandResources/Documents/FamilyEngagementinTitleV.pdf>. Accessed October 1, 2019.
- Gaines, E., O. Allen, N. Patel, and N. Logan. "2017 State Policy Survey: Child and Youth Policy Coordinating Bodies in the U.S." Washington, DC: The Forum for Youth Investment, December 2017. Available at https://forumfyi.org/wp-content/uploads/2018/08/ccn_survey_report_2017.pdf.
- Substance Abuse and Mental Health Services Administration (SAMHSA). "Certified Community Behavioral Health Clinics Demonstration Program: Report to Congress, 2017." Rockville, MD: Substance Abuse and Mental Health Services Administration, 2017. Available at https://www.samhsa.gov/sites/default/files/ccbh_clinicdemonstrationprogram_071118.pdf.

This page has been left blank for double-sided copying.