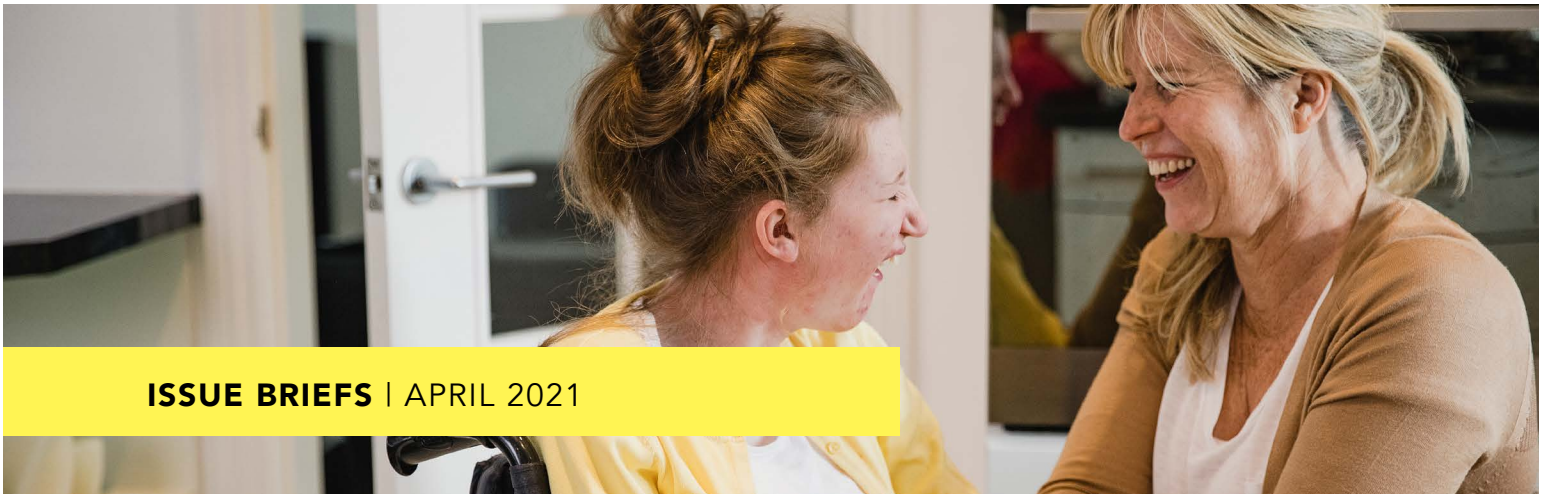

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In-Home Services to Strengthen Children and Families

Most children involved with the child welfare system are not separated from their families but instead receive services while living at home. These child welfare "in-home services" are designed to strengthen and stabilize families that come to the attention of child protective services (CPS).

This issue brief explores effective in-home services that are being used to promote safety and help keep children and families together, as well as practical considerations for their implementation. It then presents promising practices used by States and jurisdictions that are working to improve their delivery of in-home services.

WHAT'S INSIDE

Child Welfare Information Gateway
PROTECTING CHILDREN ■ STRENGTHENING FAMILIES

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WHAT ARE IN-HOME SERVICES?

Child welfare in-home services are a continuum of prevention-related supports and programs designed to enhance the protective capacity of caregivers and improve the conditions that may contribute to safety and risk concerns for children (e.g., mental health concerns, substance use, parenting practices). They can be *primary prevention services* geared toward the general population; *secondary prevention services* for families with one or more risk factors for child maltreatment; or *tertiary prevention services* aimed at preventing out-of-home placement for families in which maltreatment has already occurred, provided children can remain in their homes safely. Tertiary in-home services allow children to stay connected with their siblings, extended family, friends, school connections, and other support systems and provide resources that can help parents focus on addressing the issues that led to abuse or neglect or that could lead to future maltreatment.

In-home services may be voluntary or court ordered and can encompass an array of supports, interventions, and programs, ranging from transportation and housing assistance to intensive family preservation services. The term "in-home" refers to the location where the child and family are residing and not necessarily to the place where services are delivered. The services may be provided in the community or other places, such as at a counseling center or child welfare agency. However, services offered in the home have several added benefits. They give providers opportunities to identify family strengths, offer support around family routines, and manage stressful everyday situations. The location where services are delivered will depend on the protocols of the local service providers and the availability of services.

In defining in-home services, there is a common misconception between those described above and *home visiting programs*, which match at-risk families with professionals or paraprofessionals who provide support, education, training, and resources during visits to the home. Home visiting programs are often used as a preventive approach with high-risk populations, such as teen parents and families with infants and young children. However, some home visiting programs address the needs of families receiving in-home services and can be used or adapted for a child welfare population, often through their inclusion as part of an in-home services case or treatment plan.

HOW ARE IN-HOME SERVICES INITIATED?

When a report of child maltreatment is filed with CPS, intake workers screen the report to assess the allegations and determine whether there are any immediate or impending safety concerns. If safety concerns are identified and thresholds are met, CPS will recommend that the family receive either an investigation or a family assessment, the latter of which is typically an option in jurisdictions using differential response systems. In either case, child welfare caseworkers will conduct a safety and risk assessment to determine how safe children are in their homes and the level of risk for future harm. These safety and risk assessments, accompanied by a more comprehensive family assessment, are used to inform the feasibility of maintaining the child

safely in the home through the use of safety plans. Safety plans are written agreements designed to help parents focus on addressing the issues that led to unsafe conditions or threats to child safety, strengthen parental protective capacity, and enhance community connections so families can safely and sustainably care for children without further agency intervention. Safety stabilization creates conditions for working collaboratively with families to cocreate case plans with individualized in-home services.

WHO RECEIVES IN-HOME SERVICES?

In-home services are typically provided to families who have open cases with a child welfare agency and whose children remain at home or have returned home from foster care. In some cases, the allegations of child maltreatment have been substantiated, but the child is not in immediate or impending danger. In other cases, allegations have not been substantiated, but a comprehensive assessment of family functioning prompts the provision of targeted services to help strengthen parental protective capacities and address any general concerns. In-home services can also be provided to families whose children have returned home after a stay in foster care; in these cases, the child welfare agency strives to ensure that parents have the necessary strengths, protective capacities, and community and relational supports to safely care for their children and prevent their reentry into care. During fiscal year 2018, approximately 2 million children nationwide received prevention services and about 1.3 million received postresponse services from a child welfare agency (Children's Bureau, 2020b).

WHAT TYPES OF SERVICES ARE INCLUDED?

There is no standard set of required in-home services; the goal is to find the right combination of services and supports to meet the specific needs of each family. In-home services are geared toward meeting the following goals:

- Ensuring children's safety
- Strengthening parental protective capacity
- Improving overall adult, child, and family functioning
- Building caregiving and coping skills
- Supporting healthy and nurturing relationships
- Fostering physical, emotional, behavioral, and educational well-being and mental health
- Enhancing the potential for permanency

Services to address family challenges could include general prevention-related or knowledge-building information or referrals for tangible and intangible support, such as—but not limited to—the following:

- Age-specific parenting support, including teen or adult parent training, coaching, or skill building to help with complex parent-child interactions
- Individual and/or family therapy
- Referral for substance use treatment and skill building to enhance coping and encourage behaviors that replace substance use
- Referral for mental or behavioral health treatment followed by support in applying what was learned in treatment to improve family management and child safety

- Information and referrals for resume-building services as well as interview and job training to help with economic and financial stability and self-sufficiency
- Assistance with child care and transportation
- Concrete assistance, such as food, clothing, furniture, or housing to contribute to positive health and well-being outcomes

VOLUNTARY VS. COURT-ORDERED IN-HOME SERVICES

In-home services can be delivered either on a voluntary basis (meaning that family members have agreed to participate of their own accord) or as the result of a court order (meaning a judge has mandated a family's participation). Policies regarding whether these services can be delivered on a voluntary or court-ordered basis vary by State. Caseworkers may encounter difficulties when attempting to engage families in voluntary services because some potential participants may view the services as either intrusive or unlikely to provide useful benefits. (Daro et al., 2005). In addition, parents may fear that more frequent contact with the child welfare system and its service providers could put them at risk for having their children removed from the home, a circumstance that underscores the importance of caseworkers building rapport with the families on their caseloads to foster trust and engagement in services. When treatment services are mandated by a court order and conditions in the home environment that threaten the safety of a child cannot be controlled despite the agency's reasonable efforts, a child could be removed from the home and subsequently placed into out-of-home care.

IN-HOME SERVICES DELIVERY

Child welfare agencies must deliver effective in-home services that can stabilize and strengthen families and prevent the need for out-of-home care whenever possible. In some instances, caseworkers can provide in-home services directly to families, and in other instances they may facilitate contact between families and community-based service providers, such as family resource centers (FRCs). Having the capacity to provide an array of evidence-based or evidence-informed family support, family preservation, and postreunification services enables agencies to provide individualized treatment so that children can remain safely in their homes. A diverse service array includes programs that can address the physical, emotional, social, mental, developmental, and educational needs of children and families, while also considering key systemic factors, such as individual, family, and community circumstances that may impact service delivery.

SERVICE ARRAY

A child welfare agency's service array includes services funded by the agency and those provided by other agencies and community organizations. Families need accessible, quality services to strengthen parental protective capacity and support child safety at all points along the child welfare continuum. However, Child and Family Services Reviews Aggregate Report: Round 3: Fiscal Years 2015–2018[1] showed that State child welfare agencies

[1] The Child and Family Services Reviews (CFSRs) are periodic Federal reviews of State child welfare systems to (1) ensure conformity with Federal child welfare requirements, (2) determine what is actually happening to children and families engaged in child welfare services, and (3) assist States in helping children and families achieve positive outcomes.

did a better job of assessing the needs of children and families than providing services to meet the identified needs, suggesting that States should examine the systemic issues that create difficulties in meeting family needs identified in assessments. In fact, only the District of Columbia earned a strength rating in this area (Systemic Factor #29: Array of Services). Systemic factor concerns that were cited in the CFSRs include the following (Children's Bureau, 2020a):

- Gaps in the availability of services or long waiting lists for services
- Difficulty accessing services due to payment-related or transportation-related issues
- Delays in referrals and arranging services due to caseworker workloads
- Lack of quality providers
- Lack of services—especially specialty services—in rural areas

The report also noted the types of services that were most often needed but were insufficiently available, including substance use treatment, behavioral and mental health treatment, domestic violence services, trauma-informed services, housing, child care, employee assistance, transportation, visitation, and services to support youth transitioning into adulthood.

Agencies may need to adjust their service arrays to provide the necessary mix of supports and programs that foster the safety, permanency, and well-being of families in the communities they serve. Decisions made around service array adjustments and expansions should be informed by data collection geared toward answering the following questions about an area's service needs (Capacity Building Center for States, 2019a):

- What are the current needs of the children and families being served?
- What services are currently available and being provided to children and families?
- What child and family needs are currently not being met by the existing service array?

Building a service array that meets community needs allows child welfare agencies to facilitate collaboration with service providers for presently underserved or more vulnerable subpopulations of children and families. In cases where agencies need to increase the types of services available to families, they can approach community- and faith-based organizations and discuss the potential expansion of their services to meet client needs. For more information on partnering with community- and faith-based groups to increase service provision, visit the Children's Bureau Learning and Coordination Center's Engaging Communities web section.

THE ROLE OF COMMUNITY COLLABORATION

Enhanced collaboration with community providers can help build a service array that is sensitive to local needs, increase the availability of evidence-based and evidence-informed services, and strengthen community collaboration with family support and preservation programs and other State and local entities. When agencies support multiple community providers working together to deliver needed in-home services through systems of care, families benefit. These providers may include the following:

- Providers contracted for other State interagency programs (e.g., mental health, public health, workforce development)
- Specialized program providers (e.g., substance use treatment, therapeutic services, at-risk youth interventions, life skills services, sports and recreational activities)
- Advocacy centers and volunteer resources
- Local churches or charitable organizations

Child welfare agencies may also refer children and families to collaborative community support groups, such as FRCs, for services. FRCS are community- or school-based hubs that provide and connect families with a variety of in-home services for every stage of the prevention continuum (i.e., primary, secondary, tertiary). They offer both formal and informal supports and services—as well as referrals for supports and services—that are targeted to a community's specific needs and interests (Russo, 2019). FRCs provide access to a range of programs and supports in a single location, thereby making in-home services more accessible for families. FRCs take a strengths-based, culturally informed, and family-centered approach to service provision, allowing families to determine their own goals and level of involvement. They build communities that foster peer support for families and reduce feelings of stress and isolation. Importantly, they serve all families in their communities—not just vulnerable families or those referred from the child welfare system—which minimizes stigma that may be associated with service reception. For more information on FRCs, see the National Family Support Network's Family Resource Centers web section.

IN-HOME SERVICES FUNDING

The primary source of funding for child welfare in-home services is provided through provisions of title IV-B of the Federal Social Security Act. Historically, that funding has been invested in out-of-home care services (e.g., foster care). However, the 2018 Title IV-E Prevention Services Program has prompted a new emphasis on prevention services, and States are increasingly investing in evidence-based in-home services that meet the program's requirements. Funding for in-home services also comes from a variety of other sources, including Federal funds and grants made available through legislative programs. Most States use more than one of the following sources to fund their in-home services.

Title IV-E Prevention Services Program. In 2018, the Family First Prevention Services Act amended the Social Security Act to allow States and Tribes to use Federal title IV-E funds that were previously set aside for foster care expenses for services designed to prevent children from entering foster care. The amendment of the Act established the Title IV-E Prevention Services Program, which provides optional funding for certain time-limited prevention services, including in-home parent skill-based programs (i.e., parenting skills training, parent education, and individual and family counseling). States and Tribes with an approved title IV-E prevention plan may claim title IV-E reimbursement for a portion of trauma-informed mental health services, substance use treatment, and in-home parent skill-based programs for up to 1 year. To qualify for reimbursement, programs must be rated promising, supported, or well-supported by the Title IV-E Prevention Services Clearinghouse or have an approved

designation through an independent systematic review process. At least 50 percent of the amount paid to the State in any fiscal year must be for prevention services that meet the "well-supported" practice criteria. For more information, see "A Complete Guide to the Family First Prevention Services Act."

Medicaid. Medicaid, as authorized by title XIX of the Social Security Act, is a program funded jointly by Federal and State governments to provide health-care coverage to low-income people who meet certain additional criteria. Most children and youth involved with the child welfare system are eligible for Medicaid, and States can facilitate collaboration across child protection, Medicaid, and behavioral health systems to fund a broad range of in-home services that fulfill these children's needs (Center for Health Care Strategies, 2019). States can provide in-home services through a combination of Medicaid benefits, home- and community-based waivers, and general State funds. In addition, select evidence-based practices included in the Title IV-E Prevention Services Clearinghouse can be funded through Medicaid. For more information, see How Can Medicaid-Funded Services Support Children, Youth, and Families Involved With Child Protection?

Promoting Safe and Stable Families (PSSF) title IV-B program. PSSF is a Federal program under title IV-B of the Social Security Act that provides funding to States and Tribes to implement a coordinated program of community services that includes family support, family preservation, time-limited reunification, and adoption support.

Temporary Assistance for Needy Families (TANF). The Office of Family Assistance administers TANF block grants to States. These grants have a high degree of flexibility when it comes to the use of these funds. When families receiving TANF assistance through public welfare programs are also involved in child welfare, the two systems can coordinate on case planning. Specifically, they can allow activities in a child welfare case plan—including in-home services—to count toward TANF work requirements. For more information, see the Center for the Study of Social Policy's 20 Years of TANF: Opportunities to Better Support Families Facing Multiple Barriers.

Child Abuse Prevention and Treatment Act (CAPTA) Community-Based Child Abuse Prevention (CBCAP) grant program. CBCAP grants are provided through CAPTA to fund child abuse prevention programs at the community level. To learn more, visit the FRIENDS National Center for Community-Based Child Abuse Prevention website, which provides resources and capacity-building services to CBCAP grantees.

It is also important to note that some in-home services may be reimbursable under a family's personal health insurance plan. This generally applies to services related to reunification and crisis stabilization (before or after residential placement) but may also be used for intensive in-home therapeutic services aimed at preventing out-of-home placements.

IN-HOME SERVICES PRACTICE ELEMENTS

There is no one-size-fits-all approach for in-home services delivery; however, researchers in the field have identified a set of core elements for effective practice (D'Aunno et al., 2014). The National Resource Center for In-Home Services (NRCinhome), which was funded by the Children's Bureau from 2009 to 2014, conducted a nationwide assessment

of in-home service delivery practices in 2014. The analysis found that the following in-home services elements are among those that are supported by research and consistent with evidence-based practices and programs.

Family-centered practice and family engagement. Family-centered practice focuses on children's safety and needs within the context of their families and communities and builds on family strengths to achieve optimal outcomes. Rather than treating individuals within a family, family-centered practice uses the power of family relationships, interactions, and supports to help the entire family system. An important element of family-centered practice—and in-home services delivery—is engaging families in the casework process. Effective family engagement occurs when caseworkers recognize families as the experts in their respective situations and empower them throughout the casework process. (To learn more, see Information Gateway's *Family Engagement: Partnering With Families to Improve Child Welfare Outcomes*.)

One strategy that caseworkers can employ to encourage family engagement with in-home services is family group decision-making (FGDM). FGDM uses a trained facilitator to guide parents, children, and other family members through a structured case-planning process. This approach gives each member of the family a voice and a greater sense of ownership over the decision-making process, which can result in more engagement with their service plan and ultimately better outcomes. While FGDM is typically used as an engagement strategy following a child's placement in out-of-home care, some agencies employ the practice earlier on in CPS cases (NRCinhome, n.d.). Specifically, caseworkers can involve families in developing safety plans, identifying family strengths and anticipating needs, preventing imminent placements, and making placement decisions. To learn more, see the NRCinhome research brief Family Group Decision Making and In-Home Services.

Safety assessment and management. Child welfare agencies have the responsibility to ensure the safety of children who remain in their homes. Careful decision-making and safety planning at the front end of a case can prevent future abuse and the unnecessary placement of children in out-of-home care. However, results from round 3 of the CFSRs indicated that most States struggled when it came to providing services to families to prevent children's entry or reentry into foster care. Caseworkers typically use safety assessment models and tools (e.g., the Safety Assessment Family Evaluation model, the structured decision-making model, the Signs of Safety approach, the Safety Organized Practice approach) to help them assess and determine a child's level of safety in the home. Risk assessments are used to assess a family's risk and protective factors and to assign a value regarding the degree to which these factors indicate a likelihood for future maltreatment. While it is critical that caseworkers receive proper training on using safety assessment tools, the tools are most effective when they are directly connected to assessment practices, engagement with families, safety and service planning, service identification, and monitoring the ongoing progress of the family. Furthermore, caseworkers must develop the ability to understand and assess family dynamics, caregiver protective capacities, and family strengths and needs so they can critically analyze the information in its totality and

accurately apply the tools used to guide decision-making. For more information, see the Safety and Risk page on the Information Gateway website.

Individualized services. Caseworkers should connect their clients with available and accessible services that target the family's needs. Having an array of services that are accessible and available allows an agency to respond in a timely manner to family needs in order to keep children at home safely. Caseworkers should assess needs around the following factors when matching families with appropriate in-home services:

- **Concrete supports.** Families in crisis often have concrete needs that are not being met. Caseworkers should determine if there are family needs around income, housing, transportation, utilities, health care, child care, and other basic or essentials needs.
- **Problem-specific interventions.** Interventions should be individualized to meet the unique needs of families. Caseworkers should understand that for certain services to be effective, they must align with the needs of the families they are working with. For example, family preservation services may not be appropriate for families struggling with unmanaged mental health or substance use disorders. Providing services for the purpose of fulfilling practice requirements or expectations is not an effective approach to stabilizing and strengthening families. Common specialized interventions include substance use treatment, mental health services, age-specific parenting skills training, and interventions for certain child behaviors.
- **Culturally specific services.** When referring a family for services, child welfare caseworkers should seek out programs that are specifically designed for people with that family's cultural background." So it should just say "with that family's cultural background. Having access to in-home services that employ cultural awareness and sensitivity is critical for serving the diversity of families involved with the child welfare system.

Strengthening protective factors. Although protective factors were not evaluated as part of the NRCinhome assessment, they are increasingly being emphasized by child welfare in-home services providers (e.g., FRCs), programs (e.g., home visiting programs), and agencies (Child Welfare Information Gateway, 2020). A protective factors approach to child maltreatment prevention focuses on positive ways to engage families, such as by emphasizing their strengths and identifying areas where they have room to grow with support. Examples of protective factors include parental resilience, social connectedness, and social-emotional competence in children. To learn more, see Information Gateway's *Protective Factors Approaches in Child Welfare*.

EVIDENCE-BASED PROGRAMS

Evidence-based programs are those that have been evaluated for effectiveness and shown to produce positive outcomes. Since the enactment of the Title IV-E Prevention Services Program, there has been an increased emphasis on scaling up programs that are rated as promising, supported, or well-supported by the Title IV-E Prevention Services Clearinghouse. As of March 2021, the in-home services programs listed below have met the rigorous evaluation standards

prescribed in the ratings criteria and are therefore eligible for reimbursement under the Title IV-E Prevention Services Program. Please note that the clearinghouse is regularly updated. You can find the most up-to-date list of eligible programs in the Find a Program or Service section of the clearinghouse website.

- Brief Strategic Family Therapy
- Child-Parent Psychotherapy
- Families Facing the Future
- Functional Family Therapy
- Healthy Families America
- Homebuilders
- Incredible Years
- Interpersonal Psychotherapy
- Motivational Interviewing
- Multidimensional Family Therapy
- Multisystemic Therapy
- Nurse-Family Partnership
- Parents as Teachers
- Parent-Child Interaction Therapy
- SafeCare
- Trauma-Focused Cognitive-Behavioral Therapy
- Triple P (Positive Parenting Practice)

Other programs that have not yet met the clearinghouse criteria but are highly regarded in the field include the following:

- Family Connections
- Project Connect
- Signs of Safety
- Solution Based Casework

Additional evidence-based programs can be found on the California Evidence-Based Clearinghouse for Child Welfare website. It is important to note that Tribal IV-E agencies are not required to implement programs that meet the Title IV-E Prevention Services Program's rating requirements and may instead determine their own practice criteria for services that are adapted to the culture and context of the Tribal communities that they serve. For additional Federal guidance, see the Program Instruction ACYF-CB-PI-18-10, Tribal Title IV-E Agency Requirements for Electing Title IV-E Prevention and Family Services and Programs.

PROMISING PRACTICES

Several States and jurisdictions are making efforts to improve their practice and delivery of in-home services to better serve children and families. The following are examples from the field.

DISTRICT OF COLUMBIA

In round 3 of the CFSRs, the District of Columbia was the only jurisdiction to receive a strength rating on Systemic Factor #29: Array of Services (Children's Bureau, 2020a). The robustness of their service array is due in large part to the nearly 30-year partnership between the Child and Family Services Agency (CFSA) and its Healthy Families/Thriving Communities Collaboratives (HFTCC)—a network of five neighborhood collaboratives, each offering services targeted to the specific needs of its immediate community (Capacity Building Center for States, 2019b; Casey Family Programs, 2020). Over a 20-year period that spans the CFSA-HFTCC partnership (1998 to 2018), the number of children in out-of-home care in the District of Columbia decreased from 3,188 to just 707 children (78 percent) (Children's Bureau, 1998; Children's Bureau, 2018).

While there are innumerable community-based agencies working in neighborhoods

across the country, HFTCC in the District of Columbia is exemplary for the nature and closeness of its partnerships with the local child protection agency (Casey Family Programs, 2020). HFTCC provides community-based case management support, and CFSA colocates its in-home services staff in each collaborative within HFTCC, enabling caseworkers to be based in the communities they are serving. As a result, CFSA staff are seen as true members of their collaboratives, which is critical for families' engagement, since they tend to feel more comfortable working with caseworkers in these community-based organizations than at the agency's downtown government office building (Capacity Building Center for States, 2020).

Following the enactment of the Title IV-E Prevention Services Program, CFSA tapped into HFTCC's knowledge to assess the benefits and challenges of the evidence-based practices that were already being offered through the system. The District of Columbia was the first jurisdiction to have an approved plan for the Title IV-E Family First Prevention Plan, and CFSA continues to partner with HFTCC on implementation (Casey Family Programs, 2020). In 2020, CFSA also launched Families First DC, an initiative to establish 10 neighborhood-based family success centers in wards 7 and 8, which are home to approximately 75 percent of the children and families served by the agency (N. Craver, personal communication, February 4, 2021). The family success centers will expand on the District of Columbia's long-standing prevention and early intervention work by providing neighborhood-driven services and supports to strengthen families in their communities.

ALASKA

Alaska's Office of Child Services (OCS) partnered with the State's Division of Behavioral Health in 2019, and together they worked with the Capacity Building Center for States to conduct a statewide service provider gap analysis. This comprehensive needs assessment aimed to identify where evidence-based practices were operating across the State and where critical service gaps existed so that the State could effectively implement its 1115 Behavioral Health Medicaid Waiver program in coordination with the Title IV-E Prevention Services Program requirements. The effort included in-person visits to 73 Medicaid providers across Alaska, including 20 Tribal organizations providing behavioral health services. The cross-organizational team also administered surveys to Medicaid providers and OCS frontline staff working across 13 field offices.

Results from the assessment are helping to inform how OCS will invest and partner with Tribes and community-based organizations to develop its serve array and build capacity for Medicaid-reimbursable and evidenced-based services. The analysis revealed key takeaways regarding service gaps in rural areas as well as with the alignment of current services with community needs. OCS is in the process of building a strategy to increase its provision of in-home prevention services, with a focus on programs approved by the Title IV-E Prevention Services Program that can be funded through Medicaid (S. Abramczyk, personal communication, December 17, 2020).

In order to encourage existing providers to develop prevention services, OCS has brought in representatives from national programs to speak to providers and is offering

technical assistance for capacity building. OCS is specifically focused on developing programs that can be easily adapted for rural communities and have a strong cultural component that can meet the needs of Tribes throughout the State. The agency is concurrently working on changing its culture to ensure that staff and partners focus on prevention over removal and develop trusting relationships with families.

MONTANA

Montana worked with the Capacity Building Center for States in 2018 to improve its in-home services delivery. At that time, the State was also revisiting how it structured its child welfare contracts, which tended to be concentrated within a few providers (A. Beattie, personal communication, November 24, 2020). For example, the 18 counties in region I were all served by a single provider, making adequate service provision a challenge. The State took a two-pronged approach to addressing the service delivery issue: expanding access to services and creating family support teams.

Expanding access to services. As part of its service delivery evaluation efforts, Montana found there were many small agencies across the State that were trained in evidence-based practice models but would not apply for State-issued contracts, as the contracts typically allocated between $100,000 and $200,000 and these small agencies could not provide services at that level. To expand services and take advantage of these providers, Montana worked with its procurement office to move from using bigger, single-provider contracts to using smaller contracts with fees for service. The State developed a rate matrix as part of this process—not only to increase service delivery but also to increase access to evidence-based services with the Title IV-E Prevention Services Program in mind. The rate matrix was set up so that evidence-based service providers would earn a higher rate for services. The State also began offering increased rates for providers willing to travel more than 50 miles or those providing services in the evenings or on the weekends.

Family support teams. Montana identified a need to be more efficient in offering services to families at the outset of a case. Montana providers often felt they lacked the information necessary for quickly connecting a family to services, and there was a general concern that available services were going untapped despite community need. In response to these concerns, region 2 implemented family support teams—a successful effort that is expanding to other regions. Family support teams are assembled as part of a family's protection plan (ideally within 72 hours of the plan's establishment), with the primary goal of maintaining children in their homes when possible or quickly reunifying families in cases of removal. In region 2, there were roughly 18 community providers that committed to being available on an as-needed basis to support families in crisis. Preliminary data from the first year of this initiative show a 48-percent decrease in out-of-home placements and a 76-percent increase in family receipt of in-home services.

SOUTH CAROLINA

The South Carolina Department of Social Services (SCDSS) is currently working on multiple system reform efforts—including a new funding model for evidence-based services and a new casework practice

model—that are designed, in part, to impact the State's provision of in-home services (S. Ferrufino, personal communication, January 5, 2021). These initiatives are part of a statewide culture shift aimed at moving away from punitive child welfare practices and toward a focus on family safety, well-being, and prevention. Historically, South Carolina's child welfare system has primarily utilized private providers that serve children in out-of-home care (e.g., group homes). In addition, although the State had an existing network of primary prevention providers, there were gaps in its secondary and tertiary provider networks. With grant funding from the Family First Preventions Services Act Transition Grants and program support from the Thriving Families, Safer Children: A National Commitment to Well-Being initiative, South Carolina is expanding its array of prevention programs, with the ultimate goal of shifting service delivery to the front end of their system.

To kick off the process, SCDSS convened a prevention services workgroup comprising a diverse range of State agencies and stakeholders to assess the statewide evidence-based practice landscape and identify existing programs now eligible for title IV-E funding through the Title IV-E Prevention Services Program. They also created guidelines for providers that were willing to shift their program offerings to provide more evidence-based practices. South Carolina ultimately invested its Federal grant funds directly into select provider pilot sites to help enhance their capacity to deliver evidence-based in-home services. As of January 2021, the State was in the process of training the pilot sites, with the goal of launching service provision during the spring of 2021.

In the years prior to these initiatives around in-home services, SCDSS designed a practice model that emphasized a prevention-focused approach to service provision, with core principles that were subsequently reinforced by the enactment of the Title IV-E Prevention Services Program. The model was built upon a set of core values—specifically that practice should be trauma informed, family centered, individualized, and strengths based. Agencies across the State are increasingly making a concerted effort to listen to the perspectives of their families by engaging them in case planning and by tapping into the experiences of families currently and formerly involved in their system. They are also working to remove the stigma that parents experience when seeking assistance by shifting agency mindset to one that normalizes help-seeking behaviors.

CONCLUSION

The delivery of high-quality in-home services that help keep children safely at home with their families and prevent entry into foster care is becoming increasingly critical as States begin to shift their focus to prevention in alignment with the Title IV-E Prevention Services Program. It is often in a child's best interests to remain at home when safety can be controlled and services are provided, and it is important to avoid unnecessarily placing children in out-of-home care. Therefore, agencies must have a robust array of services and supports and collaborative systems of care to target the various family-specific challenges that are present in the communities they serve. In developing their optional title IV-E prevention plans, States must select and implement evidence-based prevention programs that, based on data for their agency's population and characteristics,

are feasible for their systems and work with the families living in their jurisdictions. Historically, there has been limited data on in-home services implementation and related continuous quality improvement; however, there are established measures that States can take to evaluate the extent to which their current service provision is meeting the needs of their families.

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