

Attachment 8

Healthy Families New York Child Welfare Protocols for Working with Families Referred From Child Welfare

Healthy Families New York (HFNY), since its inception, has been focused on the prevention of child abuse and neglect. In communities throughout New York State, child welfare providers have been a referral source to HFNY for families who could benefit from home visiting. This has resulted in improved parent-child relationships, improved child health and safety, and many families averting further child welfare involvement. HFNY's randomized control study found that mothers with prior CPS reports experienced a reduced rate of confirmed abuse, as well as reduced rate of child welfare services cases opened.

Over the years, Healthy Families America has worked closely with state leaders and local implementing agencies to create tailored protocols for working most effectively with child welfare referred families. New and existing HFNY affiliates will work with local child welfare providers, receive referrals from them will implement the child welfare protocols when the family is eligible for IV-E funding and will comply with the following requirements:

- 1) **Age at enrollment** - Child welfare protocols allow target children up to the age of 24 months as long as the site maintains documentation to show the initial referral was received from the child welfare system.
- 2) **Initiate services prenatally or at birth** - Families will continue to enroll as early as possible, but with an extended enrollment window to age 24 months for those referrals coming from child welfare and the family is eligible for IV-E funding. Sites are required to complete the first home visit (as defined by HFA Best Practice Standards and HFNY policy) within twenty-four months of birth, for at least 80% of child welfare protocol families, lest model fidelity be compromised
- 3) **Memorandum of Agreement/Understanding** - HFNY sites will establish and renew annually a formal Memorandum of Understanding (MOU) between the site and the local child welfare office related to referrals and services and, sharing of information, including a very clear description of voluntary participation by the family at enrollment and throughout the course of HFNY services.
- 4) **Voluntary nature of services** - HFNY remains a voluntary program throughout the family's enrollment, and the worker-parent alliance is maintained vs HFNY becoming an "arm" of Child Protective Services (CPS) or the courts. HFNY sites may need to further strengthen their creative outreach methods to ensure opportunities to build family trust.
- 5) **Length of services** - Services will be offered for a minimum of three years or until the target child enters Head Start or kindergarten.
- 6) **Adherence to HFA Best Practice Standards** - Sites will adhere to all other HFNY model expectations as expressed in the HFA Best Practice Standards, including the need for signed consents to release information to CPS and the court (unless subpoenaed).
- 7) **Data collection** - Sites are required to code family data for child welfare protocol families in such a way as to allow it to be analyzed and reported separately from families enrolled under the signature HFNY model.
- 8) **Caseload/Case Weight** - Maintain smaller caseloads due to the higher risk of families served. HFNY has reduced the average caseload size to 12-15 families per worker to

accommodate the child welfare protocols. Options are also available to increase the case weight for child welfare protocol families who may require more intensive support. Child welfare referred families should be spread out across site staff, rather than concentrating all with one worker, to reduce staff burnout.

- 9) **Hiring** - Consider staff characteristics and capacity at the time of hire to work with a child welfare population. A minimum of a bachelor's degree in human services or related field or experience with child welfare or in home visiting for HFNY direct service providers is strongly recommended.
- 10) **Training** - Staff working with families referred from child welfare will receive ongoing training as required by the HFA Best Practice Standards and HFNY policies, as well as additional training to support service delivery to the child welfare population (e.g., motivational interviewing techniques, training on specific issues impacting child welfare referred families).
- 11) **Supervision** - In addition to required weekly individual supervision, sites will provide monthly reflective consultation groups for direct service staff and supervisors with a skilled Infant Mental Health Consultant. Supervisors should also receive additional training (e.g., advanced supervision, reflective supervision infant and early childhood mental health basics course, etc.).
- 12) **Governance and Administration** – Sites will strengthen cooperative relationships with their local child welfare services providers (i.e., invite child welfare membership to participate on the site's Advisory Group, convene monthly trainings/in-services, with regular conversations in between, for child welfare staff to increase their understanding of HFNY as a voluntary program serving in a support role to families, and not in a role as child welfare. This is critical, especially with CPS staff turnover, and to support coordination of services for families).
- 13) **Foster Care** - Remain involved with the family in situations where the target child is removed from the parent's custody when reunification is the plan and strive for visits as often as possible with both the parent and child, recognizing this may include conducting the HFNY visit during supervised visitation (but not with the HFNY site responsible for supervision of the visit).
- 14) **Outreach** - Sites are encouraged to utilize marketing materials designed for a broad audience to reduce the perception that HFNY services are only geared for families involved in the child welfare system. All families can, and do, benefit from the support provided by HFNY.