

Investing in Community-Based Care for Children and Youth Involved With Child Welfare



Capacity Building
CENTER FOR STATES

This document was updated by the
National Child Welfare Center for
Innovation and Advancement in 2025.

The Family First Prevention Services Act (FFPSA) includes new requirements and funding pathways to help children at risk of entering foster care stay safely with their families and incentivizes prevention programs while also disincentivizing congregate care placements. Though some children and youth may require short-term residential congregate care, efforts focused on rebalancing a State's continuum of care will ensure children, youth, and families involved in child welfare will receive care in the most integrated setting possible.

High-quality and accessible community-based services are key to preventing entry (and reentry) into congregate care. Cross-system partners, including child welfare and behavioral health providers, can better serve the children, youth, and families in their care by working together to effectively build and invest in a continuum of behavioral health care.

This publication references five key factors (and related resources) that can support an integrated continuum of care:

- ▶ Community collaborations
- ▶ Funding innovations
- ▶ Assessment and placement decisions
- ▶ Service array and continuum
- ▶ Connections and relationships with caring adults

Read this publication to:

- ▶ Find information and resources for States seeking to build a continuum of behavioral health care for children and youth involved with child welfare
- ▶ Explore questions to assess current practice and build a plan for action

This publication was developed in collaboration with the U.S. Department of Health and Human Services Behavioral Health Coordinating Council.

Continuum of Care

The following graphic illustrates a continuum of child welfare care settings.



When children and youth with behavioral health care needs are linked to individualized services in their homes and communities, and their families and caregivers are connected to resources and support, they are more likely to maintain stability and experience healthier long-term outcomes.

Community Collaborations

Forming strong community partnerships is critical to success. With your (potential) partners, consider the following questions and dialogue with them to come to a shared understanding. Use the resources and tools linked below to build and strengthen relationships with your partners.

Assessing Current Partnerships

- ▶ How strong is partner understanding of the intersections between child welfare and behavioral health? Is there shared understanding across partners?
- ▶ How have partners historically been engaged? Consider system partners, such as child welfare, runaway and homeless youth, behavioral health, Medicaid, and developmental disabilities agencies, as well as educational institutions, courts, Tribal partners, providers, nonprofit agencies, faith-based organizations, advocates, community leaders, and people with lived expertise in child welfare, including youth and families most likely to experience congregate care.
- ▶ How have system partners authentically included people with lived experience in child welfare in planning and decision-making? Are they partners at the table with the system partners? Consider engagement at the individual or case level, peer level, and agency or system level. Consider how others with intersecting lived experiences have been authentically engaged.
- ▶ What communications strategies are being used with partners, agencies, and communities? What communication strategies may be more effective or necessary moving forward?

Enhancing New and Existing Partnerships

- ▶ What kind of partnership do we want and need? What kind of partnership do our potential partners want and need? Where are we aligned and how can we navigate misalignment?
- ▶ How can we build cross-system understanding about child welfare and behavioral health and their aligned purposes while acknowledging the unique role and need for both?
- ▶ How could communication strategies be tailored to ensure they are community-informed and appropriate for different audiences?
- ▶ How can cross-system collaboration support children and youth with disabilities involved with child welfare? What shared goals and vision are both systems pursuing?
- ▶ What kinds of processes and structures can help sustain collaboration across systems and partners? Consider opportunities afforded through communication plans, data-sharing agreements, stakeholder mapping, memorandums of understanding, and performance-based contracting.
- ▶ How can your partnership center people with lived experience and successful community-based approaches? Consider community assets, strengths, and formal and informal collaborations, particularly in Tribal communities.

Use the following resources as you assess and plan for enhancing partnerships across systems and communities:

General Resources to Support Collaboration and Partnerships

- ▶ [Collaboration Toolkit](#) (FRIENDS National Resource Center)
- ▶ [Building an Effective Tribal-State Child Welfare Partnership](#) (Capacity Building Center for Tribes)

Resources to Support Cross-System Understanding and Collaboration

- ▶ [What Is Child Welfare? A Guide for Behavioral and Mental Health Professionals](#) (Child Welfare Information Gateway)
- ▶ [Episode 13: Collaborating Between Child Welfare and Mental Health](#) (Child Welfare Information Gateway)
- ▶ [Advancing Child Welfare and Medicaid Alignment: Opportunities for Collaboration](#) (Child Welfare Information Gateway)

Resources to Support Collaborative Processes and Approaches

Data Sharing Agreements (DSA) and Memorandums of Understanding (MOU)

- ▶ [Data Sharing for Child Welfare Agencies and Medicaid Toolkit](#) (Children's Bureau)
- ▶ [Establishing and Using Bidirectional Data Sharing](#) (Centers for Medicare & Medicaid Services)

Stakeholder Mapping

- ▶ [Stakeholder Mapping](#) (Living Guide to Social Innovation Labs)

Funding Innovations

Collectively investing in effective approaches is a key opportunity for system partners working to improve services and outcomes for children, youth, and families. Collective investment may include **braided funding** (in which funds from different sources are coordinated but continue to be linked to, and tracked by, the original source) (FRIENDS National Resource Center, 2021).

Consider the following questions and use the resources and tools linked below to plan for innovative approaches to funding:

- ▶ How are funds currently (or how could they be) braided? Consider opportunities to braid funding across agencies and systems. For example:
 - How could child welfare, behavioral health, and education work together to increase access to services such as school-based mental health?
 - How could behavioral health, Medicaid, and child welfare work together to remove barriers to layered services, streamline approvals for mental health services, and reduce wait lists?
 - How could workforce development funds support the needs of youth with diagnosed disabilities receiving child welfare services?
 - How could youth development or youth transition funds be used to support the behavioral health needs of children and youth in care?
 - Are there opportunities for incentives for people with lived experience to pursue degrees in behavioral health, developmental disabilities, or child welfare areas of need?
- ▶ What opportunities exist for public or private funding innovations?
- ▶ How could we leverage Medicaid and title IV-E funding for holistic system reform?

Resources to Support Funding Innovations

- ▶ [Understanding Roles of Funding and Decision Points | Planning Title IV-E Prevention Services: A Toolkit for States](#) (Office of the Assistant Secretary for Planning and Evaluation)
- ▶ [Implementation and Financing of Home- and Community-Based Services for Children's Mental Health](#) (National Technical Assistance Center for Children's Mental Health)
- ▶ [Providing Youth and Young Adult Peer Support Through Medicaid](#) (SAMHSA)

Examples of Innovative Funding in Practice

- ▶ [Systems of Care Financing Model: New Jersey](#) (National Wraparound Initiative)
- ▶ [Systems of Care Financing Model: Milwaukee](#) (National Wraparound Initiative)
- ▶ [Statewide Approach - Arizona's Child and Family Team Model](#) (National Wraparound Initiative)
- ▶ [Medicaid Financing for Family and Youth Peer Support: A Scan of State Programs](#) (Center for Health Care Strategies, Inc.)

Assessment and Placement Decisions

Intentional and strengths-based approaches to assessment and placement decisions increase the likelihood of stable placements in family-based settings.

- ▶ **Trauma screens implemented at entry** into child welfare services can help improve understanding of the level of trauma and individual factors (including strengths and targeted needs) that are foundational to comprehensive treatment plans.
- ▶ **Trauma-informed services** that meet the individual needs of children, youth, and families can help prevent family separation.
- ▶ **Developmental disability screens at entry** can determine whether there are learning disabilities such as ADHD, deficits in receptive and expressive language, or diagnostic-specific disabilities that affect functioning such as autism, Fragile X syndrome, etc., that may compound the child's ability to understand, communicate, and process experiences and that may require interventions.
- ▶ **Relationship mapping** can assure that all adults and children important to the child are identified and efforts are made to facilitate maintenance of important relationships.
- ▶ **Thoughtful placement planning** can help ensure that any and all steps have been taken to provide services that can keep children and youth in their communities, and out of institutional care, before they are referred for services.
- ▶ **Proactive discharge planning and aftercare** can ensure that children and youth will have their individual needs met in their home community to prevent subsequent need for QRTP services.

Consider the following questions and use the resources and tools linked below to plan for effective and collaborative assessment and placement decisions:

- ▶ How are youth and families currently involved in placement decisions? What opportunities are there to move toward shared decision-making?
- ▶ How are we listening to and learning from the experiences of youth, particularly those with congregate care involvement? How is our learning informing our approaches to assessments and placement decisions?
- ▶ How are caregivers trained and supported to nurture children and youth with behavioral health needs, particularly those with co-occurring disabilities? How are they connected to existing services?
- ▶ How are we working collaboratively to fill service gaps identified by youth and families?
- ▶ How can we better identify and serve children with developmental or complex trauma (including those who are undiagnosed)?
- ▶ How are we building on youth assets and strengths through healing-centered engagement practices and resilience-focused approaches?
- ▶ How are we ensuring that community-based service options have been exhausted prior to a QRTP referral?
- ▶ What kinds of analyses could help assess the effectiveness of QRTP programming? Do we fully understand the identified needs of youth receiving residential care (for example, has the need been clearly articulated or is the placement decision made based on age)?
- ▶ How could discharge and aftercare planning be improved for children and youth receiving QRTP services?
- ▶ How are youth and families involved in discharge planning? What opportunities are there to move toward shared decision-making?

- ▶ How are we identifying children who have multiple disabilities including a developmental disability and how are we connecting them to needed services and assuring collaboration across systems?

Example in Practice

Michigan's Department of Health and Human Services is piloting a performance-based funding model in Kent County, one component of which is a clinical liaison responsible for responding to child welfare trauma screening referrals. In the [second quarter of 2022](#), the liaison received more than 87 referrals, which led to:

- ▶ 90 staff consultations on the mental health needs of children in foster care
- ▶ 60 youth connected to community-based mental health care

The pilot's fifth annual evaluation report indicates a number of outcomes, including a 37 percent decrease in congregate care days.

Resources to Support Placement Planning

- ▶ [Permanency](#) (Child Welfare Information Gateway)
- ▶ [Support for Family-Focused Residential Treatment-Title IV-E and Medicaid Guidance](#) (Centers for Medicaid and Medicare Services)
- ▶ [Partnering for Excellence](#) (Benchmarks NC)

Resources to Support Discharge Planning and Aftercare

- ▶ [Reentry Starts Here: A Guide for Youth in Long-Term Juvenile Corrections and Treatment Programs](#) (Office of Juvenile Justice and Delinquency Prevention)
- ▶ [Transitioning Youth from Residential Treatment to the Community: A Preliminary Investigation](#) (Nickerson, et.al.)

Service Array and Continuum

Children, youth, and families need robust, effective, and innovative community-based treatment options that are accessible by all and community informed. These include mental health and substance use disorder treatment, treatment foster care, occupational therapy, developmental disabilities services, and specialized supports such as wraparound and mobile crisis response services. When a continuum of community-based services is available and caregivers have what they need to access them, children and youth have the opportunity to thrive in their own homes and communities.

Consider the following questions and use the resources and tools linked below to plan for a robust and responsive service array:

- ▶ What data are we using to guide service array? Has quantitative data been disaggregated (broken down) to help us understand the experiences of multiple, intersecting groups? Has qualitative data been gathered from people with lived experience, community members, providers and service agencies, and workforce?
- ▶ How can we effectively employ a shared continuity of services between community providers, courts, families, and child welfare agencies?
- ▶ How can we learn from communities, including Tribal nations and other communities most directly affected by child welfare, about what is already working well? How can we build on existing efforts?
- ▶ What services have families and youth identified a need for? How is our service array plan informed by their expertise?
- ▶ How can we effectively collaborate with trusted, community-informed and community-based agencies to deliver services?
- ▶ What evidence-based and promising mental health and substance use disorder treatments are available in our jurisdiction? What resources or supports are necessary to expand access? Are we making crisis support services available?
- ▶ How is occupational therapy being used with children and youth in community-based settings? Residential treatment settings?
- ▶ What are the opportunities to embed community-based treatment into prevention plans? What prevention services will meet the needs of children, youth, and families in our jurisdiction?
- ▶ How can we support children and youth with developmental disabilities through services such as rehabilitation, speech and language therapy, daily living supports, and behavioral support services?
- ▶ How can we support innovation in services?
- ▶ What kinds of community-specific adaptations are necessary for us to consider?
- ▶ How can we plan for sustainable, effective implementation?
- ▶ What are some current barriers or challenges to enhancing service array? How can partners, including people with lived experience, be engaged in brainstorming how to address them? Are we leveraging Medicaid funding appropriately?

Mental Health Treatment Resources and Examples

- ▶ [Title IV-E Prevention Services Clearinghouse](#) (Children's Bureau)
- ▶ [Child Centered Play Therapy](#) (California Clearinghouse for Evidence-Based Programs)
- ▶ [Eye Movement Desensitization and Reprocessing/EMDR](#) (Children's Bureau)
- ▶ [Trauma-Focused Cognitive Behavioral Therapy/TF-CBT](#) (Children's Bureau)
- ▶ [Multisystemic Therapy/MST](#) (Children's Bureau)
- ▶ [Family Focused Therapy/FFT](#) (Children's Bureau)
- ▶ [Parent Child Interaction Therapy/PCIT](#) (Children's Bureau)

Therapeutic Foster Care Models

- ▶ [Treatment Foster Care Oregon](#) (Treatment Foster Care Oregon)

Occupational Therapy Resources

- ▶ [Occupational Therapy's Role in the Foster Care System](#) (The Open Journal of Occupational Therapy)

Wraparound Services

- ▶ [The Wraparound Process User's Guide: A Handbook for Families](#) (National Wraparound Initiative)
- ▶ [Reducing Risk: Families in Wraparound Intervention](#) (Brevard C.A.R.E.S.)

Connections and Relationships With Caring Adults

Children and youth should be supported in their home and community to the fullest extent possible and cared for by adults who will provide a sustained and caring relationship regardless of the setting in which the child lives. According to Harvard University's Center on the Developing Child, "The single most common factor for children who develop resilience is at least one stable and committed relationship with a supportive parent, caregiver, or other adult" (2018).

Consider the following questions and use the resources and tools linked below to plan for collaborative efforts to strengthen connections and relationships between children, youth, and caring adults:

- ▶ What community-based and system efforts currently exist to build resilience through relationships? How could we tap into existing supports?
- ▶ What supports do caregivers identify as most needed and how could we meet those needs? For example, are kinship caregivers requesting routine respite care? Are parents identifying a need for economic and concrete supports?
- ▶ How is relational permanence supported for all children and youth in care? How are youth involved in identifying the relationships they are interested in nurturing?

References

Capacity Building Center for States. (2021). *Congregate care in the age of Family First: Overview*.

Children's Bureau, Administration for Children and Families, U.S. Department of Health and Human Services.

Center on the Developing Child. (2018). A guide to toxic stress: Preventing and addressing toxic stress: Resilience. <https://developingchild.harvard.edu/science/key-concepts/resilience/>

FRIENDS National Resource Center. (2021). *Maximizing resources*.