



Integrating Safety, Permanency, and Well-Being for Children and Families in Child Welfare

A Summary of Administration on Children, Youth, and Families Projects in Fiscal Year 2012

In fiscal year (FY) 2012, the Administration on Children, Youth and Families (ACYF) disbursed \$46.6 million to States, Tribes, Territories, and local entities and granted title IV-E child welfare waivers to nine States with the goal of more fully integrating the three aims of child welfare in the U.S.: safety, permanency, and well-being. These projects have a specific focus on addressing trauma and improving the well-being of children, youth, and families. Across Federal agencies, preventing trauma and mitigating its impact on healthy development is a growing priority. In much of its work, ACYF has partnered with the Centers for Medicare and Medicaid Services (CMS) and the Substance Abuse and Mental Health Services Administration (SAMHSA) to align and strengthen efforts; CMS and SAMHSA are engaged in several of the projects listed here.

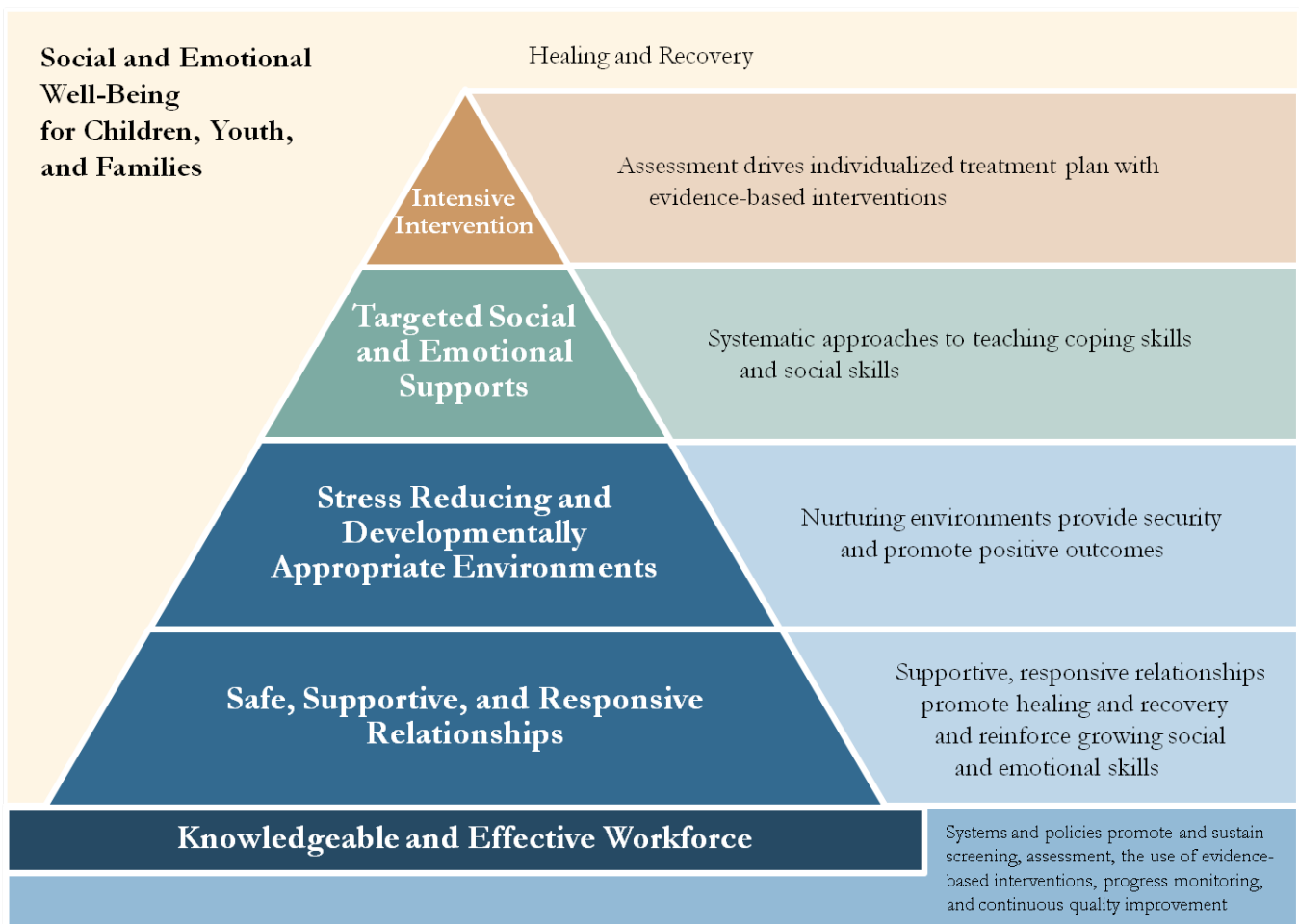
The focus on preventing and treating early exposure to trauma, including child maltreatment, is grounded firmly in emerging science about its devastating impact on lifelong well-being. Abuse and/or neglect can derail a child's normal development, disrupt critical attachments, and impair social and emotional functioning. When it takes place, how long it lasts, and the presence or absence of protective factors affect the traumatic impact of maltreatment on a child. In addition to hindering healthy development in the short term, early exposure to trauma can have significant adverse effects across the lifespan and in multiple domains. Unaddressed, the impact of maltreatment on the developing brain compounds over time, limiting social and cognitive capacities that are essential to school success, future earning potential, and the ability to engage in healthy relationships. Research has even shown that children who experience complex interpersonal trauma are more likely to have poor physical

health as adults, at greater risk for many of the leading causes of death, including diabetes, heart disease, and cancer.

While the effects of childhood trauma can be profound, they can be minimized, and children can recover. As we learn more about how trauma affects children's well-being, researchers and practitioners are developing increasingly effective methods for mitigating its harm. There is a rapidly growing array of evidence-based and evidence-informed interventions that, when delivered with fidelity, can help restore developmentally appropriate functioning and improve outcomes for children and youth who have experienced maltreatment. ACYF's projects promoting well-being revolve around better identifying children and youth whose development has been disrupted by trauma, increasing access to effective interventions, and strengthening linkages between systems that serve vulnerable children and families.

Historically, Federal policies have impelled child welfare systems to focus disproportionately on ensuring safety and permanency for the children they serve, with less emphasis on the promotion of well-being. However, as policies shift to more fully integrate safety, permanency, and well-being in child welfare, systems are increasingly reorganizing themselves to better serve children and families.

The April 2012 information memorandum, *Promoting Social and Emotional Well-Being for Children and Youth Receiving Child Welfare Services* (<http://www.acf.hhs.gov/sites/default/files/cb/im1204.pdf>) lays out essential elements of the approach, summarized here. Child welfare systems and their partners should use screening and



Adapted from the Technical Assistance Center on Social Emotional Intervention for Children and the Center on the Social and Emotional Foundations for Early Learning

assessment tools that are valid, reliable, and normed to the general population to identify the needs and strengths of children and families. They should ensure that appropriate evidence-based interventions are used to address problems, reduce risks, and build strengths. The use of ongoing progress monitoring indicates whether interventions are working and provides data that can be used to fine-tune the array of services available to the population.

For children who have experienced trauma, healing and recovery take place in safe, nurturing contexts. The image above shows how an approach that promotes well-being for children known to child welfare ensures that young people receive the relational and environmental support they need to heal and recover, as well as intensive intervention, when necessary. The foundation of the approach is a knowledgeable workforce, assuring the use of an effective, trauma-informed response that promotes well-being for children and families.

ALIGNMENT OF ACYF OPPORTUNITIES TO PROMOTE SOCIAL AND EMOTIONAL WELL-BEING

New title IV-E child welfare waiver demonstrations and ACYF's FY 2012 discretionary grant programs were designed to (1) increase the capacity of the workforce to meet the needs of children and families; (2) support caregivers so they can provide children with environments and relationships that offer security and developmental support; (3) offer targeted supports that help children build coping skills and social skills; and (4) enhance access to screening, assessment, and effective intervention. A list of evidence-based and evidence-informed interventions delivered by ACYF grantees can be found in Appendix A. While the projects have differing areas of focus and varied methods, the goal of each is to facilitate healing and recovery and promote social and emotional well-being for children and families.

By aligning funding opportunities around this vision achieved through shared methods, ACYF is helping to build nationwide capacity to identify and address trauma. A growing network of systems and providers are delivering evidence-based interventions to children and their families. In many of the projects described below, child welfare systems are partnering with mental health, substance abuse treatment, Medicaid, and other systems to streamline services and increase their effectiveness. Wherever you are, the odds are good that ACYF is supporting cross-system, evidence-based and evidence-informed strategies for treating trauma near you.

Child Welfare Demonstration Projects

Nine States received waivers to conduct **Title IV-E Child Welfare Demonstration Projects** beginning in 2012. Through an agreement with ACYF, these States have been granted flexibility to use Federal funds to test innovative child welfare strategies. The projects aim to increase safety, permanency, and well-being for children and families involved with child welfare. Nearly all of the demonstration projects will be implementing approaches designed to address trauma and improve the social and emotional well-being of the young people receiving services. These comprehensive projects incorporate screening and assessment, expand the array of available evidence-based interventions, and greatly enhance the capacity of the workforce to meet the needs of the population.

For example, Pennsylvania's demonstration project will test a new case practice model focused on family engagement, enhanced assessment, and the introduction or expansion of evidence-based programs. The project will target children 0-18 in or at risk of entering foster care with the goals of improving permanency, increasing positive well-being outcomes for children and families, and preventing maltreatment and re-entry of children into foster care. Pennsylvania's waiver team has already identified several standardized well-being, developmental and behavioral assessment tools for consideration, as well as potential evidence-based interventions. A robust evaluation will not only track changes in key child welfare outcomes for children and families participating in the demonstration but also assess the effectiveness of specific interventions with the population.

Discretionary Funding

Grantees in the **Initiative to Improve Access to Needs-Drive, Evidence-Based/Evidence-Informed Mental and Behavioral Health Services in Child Welfare** will focus explicitly on increasing screening and assessment and delivering evidence-based interventions. Using data from screening and assessment tools, each of the grantees will tailor their service array to better fit their population. While working to scale up evidence-based interventions, they will also identify and de-scale services that are not achieving the desired improvements in well-being for children and youth. One grantee, Western Michigan University and its partners, will use the Trauma Symptom Checklist to identify children with trauma-related needs. Using a Learning Collaborative model, the grantee will build the workforce's capacity to deliver evidence-based and evidence-informed trauma treatments, including Trauma-Focused Cognitive Behavioral Therapy (TF-CBT). Ongoing functional assessments will be used to track children's progress.

The **Family Connection Discretionary Grants Program** yielded three funding opportunities in FY 2012, each of which supports a distinct approach for ensuring that children have nurturing relationships in stable, developmentally appropriate environments. For instance, the **Combined Family-Finding/Family Group Decision-Making Programs** will use family-finding and/or family group decision-making methodologies to keep children safely with their parents, when possible, or locate kin caregivers. Because many families who come to the attention of child welfare systems have complex, multiple needs, **Comprehensive Residential Family Treatment Programs** will provide a range of services within a residential setting to strategically stabilize, preserve, and reunite families. The **Child Welfare/TANF Collaboration in Kinship Navigation Programs**, meanwhile, will specifically target kinship caregivers, providing supports and services that help them provide nurturing, stable environments for the children in their care.

Other discretionary grant programs target children and families facing particular risks. The **Regional Partnership Grants to Increase the Well-Being of, and to Improve the Permanency Outcomes for, Children Affected by Substance Abuse** will

serve families with children who are in or at risk of entering foster care as a result of a parent's or caregiver's substance abuse. Grantees must strengthen existing collaborations across systems to deliver evidence-based and evidence-informed interventions to treat parental substance abuse and address the complex array of needs faced by these families. This includes building caregivers' parenting skills and responding to children's exposure to trauma. For example, Child and Family Tennessee aims to address the complex needs of its target population by collaborating with an array of partners to provide early intervention and family assessment, housing services, family-centered treatment and integrated healthcare services. Child and Family Tennessee will evaluate the effectiveness of the evidence-based and trauma informed approaches utilized, including the Matrix Model.

Recipients of **Comprehensive Support Services for Families Affected by Substance Abuse and/or HIV/AIDS** grants will offer services to infants and young children who have been exposed to a dangerous drug or HIV/AIDS and are at risk of entering foster care as a result. These services will be designed to meet the array of needs of children, along with the needs of their caregivers, and will include family-based substance abuse treatment, parenting skills training, child and family counseling, and early intervention. For example, Colorado's Judicial Department will serve juvenile parents, providing evidence-based interventions to reduce trauma and improve parenting, including SafeCare and Child Parent Psychotherapy.

Partnerships to Demonstrate the Effectiveness of Supportive Housing for Families in the Child Welfare System also target a specific at-risk population: children and families who come to the attention of the child welfare system due to severe housing and service needs. Grantees will provide community-linked services through the implementation of supportive housing services designed to respond to the complex needs of families with child protective services involvement in a multidisciplinary and ongoing way. These grants will demonstrate that strong collaborations between child welfare and housing authorities can make the delivery of services to high-need families more efficient and effective. For example, the San Francisco Human Services Agency's Rapid Support and Housing for Families Project will serve a

minimum of 160 families who are homeless and at risk of foster care placement over the course of the five-year grant period. Elements of the project include identification, assessment, and rapid referral of families; use of multi-disciplinary teams to help families maintain housing and improve well-being; use of mobile housing vouchers; expanded trauma-informed services; and a focus on increasing family income through Supplemental Security Income advocacy and wage subsidies.

Finally, two discretionary programs support stronger linkages across systems. These grants will enhance collaboration between child welfare and education to give children in or at risk of entering foster care the best chance at educational success. For infants and toddlers, **Child-Welfare-Early Education Partnership to Expand Protective Factors for Children with Child Welfare Involvement** will increase access to and enrollment in quality early care and education programs. These programs do much more than provide child care; they promote healthy early childhood development and offer extensive support to parents and caregivers. Older children will benefit from **Child Welfare-Education System Collaborations to Increase Educational Stability**. These grants will support efforts to keep more children in foster care in their schools of origin when it is in the best interest of the child, and to facilitate the quick and complete transfer of records when a school change is made. Several grantees are integrating data systems to allow education and child welfare personnel to share information pertaining to children's foster care status and enrollment in school.

Looking Ahead

The projects funded by the ACYF in FY 2012 are ambitious. As they progress, they will contribute much to our understanding about how child welfare systems can meaningfully improve the well-being of the children, youth, and families they serve. Much of the work described here includes robust evaluation, both of individual grantees' work and across project sites. Findings and lessons learned will be disseminated widely and integrated throughout ACYF's ongoing activities. Around the country, we are collectively building a truly responsive system that facilitates the healing and recovery of our nation's most vulnerable children, proving that this urgent, important work, though complex, is possible.

ACYF Projects in Fiscal Year 2012 – At a Glance

For a more detailed look at each of the approved and funded projects, see Appendix B.

Title IV-E Child Welfare Waiver Demonstrations

Total Waivers: 9 States
Project Period: To be ended by 2019

Partnerships to Demonstrate the Effectiveness of Supportive Housing for Families in the Child Welfare System

Total Funding*: \$4.5 million
Total Grantees: 5
Project Period: 5 years

Comprehensive Support Services for Families Affected by Substance Abuse or HIV/AIDS

Total Funding: \$5.7 million
Total Grantees: 12
Project Period: 4 years

Family Connection Grants-CW/TANF Collaboration in Kinship Navigator Programs

Total Funding: \$5 million
Total Grantees: 7
Project Period: 3 years

Family Connection Grants-Combination Family Finding/Family Group Decision-Making Projects

Total Funding: \$2.5 million
Total Grantees: 5
Project Period: 3 years

Family Connection Grants-Comprehensive Residential Family Treatment Projects

Total Funding: \$2.8 million
Total Grantees: 5
Project Period: 3 years

Initiative to Improve Access to Needs-Driven, Evidence-Based/Evidence-Informed Mental and Behavioral Health Services in Child Welfare

Total Funding: \$5.6 million
Total Grantees: 9
Project Period: 5 years

Child Welfare-Education System Collaborations to Increase Educational Stability

Total Funding: \$2.4 million
Total Grantees: 9
Project Period: 2 years

Child Welfare-Early Education Partnerships to Expand Protective Factors for Children with Child Welfare Involvement

Total Funding: \$2.3 million
Total Grantees: 10
Project Period: 2 years

Regional Partnership Grants to Increase the Well-Being of and to Improve Permanency Outcomes for Children Affected by Substance Abuse

Total Funding: \$11.8 million
Total Grantees: 17
Project Period: 5 years

Two-Year Extension: Regional Partnership Grants to Increase the Well-Being of and to Improve Permanency Outcomes for Children Affected by Substance Abuse

Total Funding: \$4 million
Total Grantees: 7
Project Period: 2 years

* All figures reflect funding for FY 2012 only.

Appendix A: Evidence-Based and Evidence-Informed Interventions in ACYF Projects

Many of ACYF's projects in FY 2012 include the delivery of interventions that, when delivered with fidelity, have been shown to increase parenting skills, address children's trauma symptoms, and improve well-being outcomes for children, youth, and families. The interventions listed below are part of at least one, if not several, discretionary grant projects or title IV-E Child Welfare Demonstration Projects. More information about these evidence-based and evidence-informed interventions, including when, for whom, and under what circumstances they are most effective, can be found in one or more of the following databases:

- California Evidence-Based Clearinghouse for Child Welfare
<http://www.cebc4cw.org>
- SAMHSA's National Registry of Evidence-Based Programs and Practices:
<http://www.nrepp.samhsa.gov>
- Blueprints for Violence Prevention
<http://www.colorado.edu/cspv/blueprints>

Selected Evidence-Based and Evidence-Informed Interventions

Al's Pals: Kids Making Healthy Choices	Motivational Interviewing
Alternatives for Families: Cognitive Behavioral Therapy	Motivational Interviewing with Motivational Enhancement Therapy
Celebrating Families!	Multidimensional Family Therapy
Child Parent Psychotherapy	Multidimensional Treatment Foster Care
Circle of Security	Multisystemic Therapy
Cognitive Behavioral Therapy for Depression in Adolescents	Nurse-Family Partnership
Community Reinforcement Approach	Nurturing Parenting Programs
Coping Cat	Parent-Child Interaction Therapy
Dialectical Behavior Therapy	Parents as Teachers
Eye Movement Desensitization and Reprocessing	Promoting Alternative Thinking Strategies
Family Behavior Therapy	SafeCare
Family Group Decision-Making	Sanctuary Model
Functional Family Therapy	Seeking Safety
Guiding Good Choices	Strengthening Families Program
Healthy Families America	Structured Decision Making
Homebuilders	Systematic Training for Effective Parenting Curriculum
Incredible Years	Trauma Incident Reduction
Keepin' It REAL	Trauma Recovery and Empowerment Model
LifeSkills Training	Trauma-Focused Cognitive Behavioral Therapy
Living in Balance	Triple P (Positive Parenting Program)
Matrix Model	Wellness Recovery Action Plan
Moral Reconciliation Therapy	

Discretionary Funding

Grantee	City	ST	Amount	Description
Partnerships to Demonstrate the Effectiveness of Supportive Housing for Families in the Child Welfare System				
Total Funding:			\$4,483,643	Project Period: 5 Years
Four Oaks Family and Children’s Services	Cedar Rapids	IA	\$993,214	Partners United for Supportive Housing in Cedar Rapids (PUSH-CR) will serve 125 families over the 5-year demonstration. PUSH-CR has a two-tiered response system for families with less severe forms of housing crises and non-current/minimal child welfare involvement and high-need families currently involved with child welfare with multiple health, mental, or behavioral health needs. EBPs include Parents as Teachers, Functional Family Therapy, and Aggression Replacement Training.
State of Connecticut Department of Children and Families	Hartford	CT	\$936,496	The CT Dept. of Children and Families will implement Intensive Supportive Housing for Families (ISHF) program through collaboration with other state entities, community-based organizations, and service providers through a two-tiered methodology. The Division of Social Services will provide 50 new Rental Assistance Program housing vouchers in year 1 of the project and an additional 120 housing vouchers through ISHF in years 2-5.
Kids in Distress, Inc.	Wilton Manors	FL	\$850,000	The applicant and 20 community partners will establish the HEART (Housing, Empowerment, Achievement, Recovery, & Triumph) Alliance for Sustainable Families. HEART will provide integrated subsidized housing and a supportive services network to serve 50 at-risk families in Broward County. HEART’s objectives are to reduce child welfare contacts, child maltreatment, child removals, and foster care placements while increasing healthy parenting, family emotional coping, family employment, financial management, and housing stability.
Community Alliance for the Homeless	Memphis	TN	\$842,682	The Memphis Strong Families Initiative will provide permanent housing with integrated supportive services for three discrete sub-population-groups: parents reunifying with children exiting foster care; families at risk of losing custody of their children who agree to work with Shelby County DCS to prevent out-of-home placements; and mothers emancipating from foster care with children in custody of DCS. The project will serve 100 families over the 5-year project period.
San Francisco Human Services Agency	San Francisco	CA	\$826,760	The <i>Rapid Support and Housing for Families</i> (RSHF) project will serve a minimum of 160 families who are homeless and at risk of foster care placement over the course of the five-year grant period. Elements of the project include identification and rapid referral of families, use of multi-disciplinary teams to help families maintain housing and improve well-being, use of mobile housing vouchers, expanded trauma-informed services, and a focus on increasing family income through SSI advocacy and wage subsidies.
Initiative to Improve Access to Needs-Driven, Evidence-Based/Evidence-Informed Mental and Behavioral Health Services in Child Welfare				
Total Funding:			\$5,606,786	Project Period: 5 Years
Western Michigan University	Kalamazoo	MI	\$639,364	The grantee proposes to phase in the target population, serving children with goals of TPR or adoption in yr 2, children entering care and those with changed goals to TPR or adoption in yr 3, all children in yr 4, and only new cases in year 5. All partners will use the Trauma Screening Checklist; primary care physicians will conduct additional screening and functional assessment. Grantee will use Learning Collaborative model to introduce TF-CBT, CPP, Strengthening Families and Coping Resources, and Traumatic Grief Curriculum Therapy. Trauma-Informed, Resiliency-Focused Treatment Planning will be used.

Appendix B: ACYF Projects in Fiscal Year 2012 – Detail

Grantee	City	ST	Amount	Description
Trustees of Dartmouth College	Hanover	NH	\$636,803	The target population is all children and families served by the NH child welfare system. Grantee proposes to create a trauma-informed system that uses universal, web-based screening and assessment. Four EBPs will be used: TF-CBT, CPP, Helping the Noncompliant Child, and CBT for Depression. Project also includes systematic monitoring of psychotropic medication use.
NYU School of Medicine	New York	NY	\$639,309	The grantee proposes to serve all children in foster care, adapting an extant web-based screening tool to include measures of trauma and resilience to inform case planning. Learning Collaboratives will be used to increase the capacity of child welfare and private agencies to make decisions about their service array, scaling EBPs and de-scaling practices that don't work. Activities will be integrated with the Medicaid waiver and CHCS activities related to psychotropic medications.
Rady Children's Hospital – San Diego	San Diego	CA	\$640,000	The project will target children under 18 in out-of-home care. Community assessment will evaluate screening, assessment, and service delivery in 4 pilot counties. A Learning Community/Coaching Model will be used to implement screening and assessment (embedded in Structured Decision Making) and build capacity to match children to interventions based on assessed needs/use functional assessment to make course corrections.
Oklahoma Department of Human Services	Oklahoma City	OK	\$640,000	The target population is children in child welfare at risk for or experiencing behavioral or mental health disabilities due to maltreatment, exposure to violence, or trauma. Using the NIRN implementation model, the grantee will scale up universal screening, functional assessment, case planning, and data collection begun with State funding in 2012. Grantee is adopting the Sanctuary Model in Shelters and possibly group homes..
University of Washington	Seattle	WA	\$639,320	Grantee will serve children and youth in foster care ages 0-18, enhancing and extending current screening to include exposure to trauma and trauma symptoms. The project utilizes a website with an EBP roster and toolkit that will also document fidelity. A periodic functional assessment will be implemented using existing tools. Grantee will use a participatory implementation strategy as well as a Learning Collaborative Model. Training for workers will cover screening, EBPs, and data sharing.
Franklin County Children Services	Columbus	OH	\$640,000	The grantee's goals are to augment current screening procedures to achieve universal screening; implement functional assessment and ongoing monitoring; and develop a flexible, trauma-informed, evidence-based service array. The approach is grounded in decision and organizational theory, as well as implementation science. The grantee will build data sharing capacity and create a web-based behavioral health record using objective measures of well-being.
Tulane University	New Orleans	LA	\$491,990	Child welfare workers will screen children 0-18 in child welfare for trauma exposure and reactions; screening will be used to direct children for comprehensive assessment and referral to EBPs, including CBT, as appropriate. The focus is on training the child welfare workforce, key stakeholders, and mental health workers.
District of Columbia Child and Family Services Agency	Washington	DC	\$640,000	The grantee will serve all children in foster care in DC, providing evidence-based, evidence-informed screening, functional assessment, and outcome-oriented case planning, with a plan to scale up to serving all children receiving child welfare services, including the in-home population. The project will also create multidisciplinary teams to monitor psychotropic medication use for children in foster care.

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Grantee	City	ST	Amount	Description
Comprehensive Support Services for Families Affected by Substance Abuse or HIV/AIDS				
Total Funding: \$5,683,753		Project Period: 4 years		
The Regents of the University of California, UCSD	La Jolla	CA	\$475,000	The grantee provides a university-based, multidisciplinary HIV program that offers a medical home with wraparound family-centered, culturally competent HIV care to infants and children, birth through adulthood, and their families. Additional proposed services included preventative and early intervention services, Parent-Child Psychotherapy, and in-home parenting skills training.
The Family Center, Inc.	New York	NY	\$475,000	<i>Early Support for Lifelong Success Plus</i> is an enhancement of current services for children 0-5 perinatally exposed to HIV and/or dangerous drugs. Enhancements include evidence-based assessment of mother’s sensitivity to her child, Triple P, reflective supervision, and inclusion of a cohort of substance-exposed children and their substance-using mothers. 200 children and 130 mothers will be served.
LIGHT Health and Wellness Comprehensive Services, Inc.	Baltimore	MD	\$474,824	Through its program, Family Matters, LIGHT will serve 65 families impacted by HIV/AIDS and/or substance abuse, providing comprehensive, family-centered, community-based services. The project goal is to improve stability and wellness of target families by providing “wrap-around” services.
Washington Area Consortium on Youth dba MetroTeenAIDS	Washington	DC	\$475,000	The STABLE project is a community-based collaborative approach to service provision for families affect by HIV/AIDS and/or substance abuse. STABLE will connect children to services that enhance well-being and increase parenting skills. The grantee aims to engage community partners and strengthen institutions by building their capacity to serve the target population.
Center Point, Inc.	San Rafael	CA	\$475,000	The grantee will enhance a six-month substance abuse treatment program for women and their young children (0-5) by complementing residential and day treatment milieus with additional child assessments and care and parenting supports that continue three months post-treatment completion.
FCAN	Chicago	IL	\$475,000	Family Options IV (applicant has been AIA grantee since 1996) will deliver in-home social work and legal services enhanced with evidence-based and evidence-informed assessments and interventions to 145 families that include children, their parents, and caregivers affected by HIV/AIDS, as well as at least 48 incarcerated women who are pregnant or parenting and affect by substance abuse or HIV/AIDS.
Children and Families First Delaware, Inc.	Wilmington	DE	\$474,363	The grantee is testing two interventions: the Strengthening Families Program and Parents as Teachers. The overall goals of the program are to increase well-being, improve permanency, and enhance safety for children affected by substance abuse and/or HIV/AIDS.
Colorado Judicial Department	Denver	CO	\$474,085	The <i>Prevention of Abandonment through Hope</i> (PATH) project will serve juvenile parents, ages 13-19, who have court involvement, and provide evidence-based services, including Celebrating Families, SafeCare, and Child-Parent Psychotherapy.
Boston Medical Center Corporation	Boston	MA	\$474,899	The grantee will conduct an RCT of <i>RESPECT-Plus</i> , a continuum of promising and/or evidence-based practices that will strengthen protective factors until the opioid-exposed infant reaches one year of age, preventing child maltreatment. Components of the project include: Project DULCE (QIC-EC maltreatment prevention project), infant soothing techniques, and parent cafés.
Meta House, Inc.	Milwaukee	WI	\$475,000	The project will serve pregnant women who use alcohol or other dangerous drugs and postpartum mothers and their substance-exposed infants up to 1 year-old, as well as other family members. Services include: case management, comprehensive substance abuse treatment, medical care, mental health care, parenting services, and screening and intervention for children.

Appendix B: ACYF Projects in Fiscal Year 2012 – Detail

Grantee	City	ST	Amount	Description
Children’s Friend and Service	Providence	RI	\$475,000	<i>Families Growing Together</i> will increase protective factors in families affected by substances and/or HIV/AIDS and/or who have significant medical issues, with children 0-36 months-old. Services include the Promoting Responsible Parenting Program, modeling and coaching parenting skills, weekly home visits, case management and service coordination, linkages to community supports, and concrete services to meet basic needs. Staff will also receive training on trauma and toxic stress.
Thomas Jefferson University	Philadelphia	PA	\$460,582	The grantee will provide Practicing Safety, an intervention that improves pediatric care and strengthens the “Family Medical Home,” along with Mindfulness Based Parenting and Care Management, integrating parental case management and pediatric social work across organizations.
Family Connection Grants – CW/TANF Collaboration in Kinship Navigation Programs				
Total Funding:			\$4,930,411	Project Period: 3 years
Catholic Charities of Rochester	Rochester	NY	\$653,279	The grantee has identified five goals: the development of sustainable coalitions between Child Welfare (CW) and TANF (CW/TANF) agencies; enhanced outreach to build community capacity; improvement in the identification and engagement of kinship care families; improvement in service utilization; and a rigorous evaluation. The target sample size is 400 cases. The applicant anticipates that a total of 5,650 families in five counties will be contacted via web or toll free telephone.
Community Coalition for Substance Abuse Prevention	Los Angeles	CA	\$750,000	The Coalition plans to 1) demonstrate a successful kinship navigation program that involves the voices of kinship families in the types of services designed and delivered; 2) conduct intensive outreach to inform kinship families about the Kinship Navigator Program, and: 3) improve availability of and access to needed kinship-centered services and support. The applicant proposes to outreach to 2,405 Kinship caregiver families, and create service plans for 732 caregivers.
United Ways of California	South Pasadena	CA	\$750,000	This demonstration project builds upon two existing programs within California: 1) the United Ways of California, 2-1-1 California and iFoster resource portal, and 2) the CaIWORKS/Child Welfare Partnership Project (also known as the Linkages project). This demonstration project will be in 16 counties across the state of California and is expected to serve a minimum of 13,000 formal and informal kinship caregivers, with a randomized study group of approximately 1,000 kinship caregivers providing longitudinal study information.
North Oklahoma County Mental Health Center (NorthCare)	Oklahoma City	OK	\$750,000	The proposed project will provide wraparound care to kinship foster families who have completed a home study in Oklahoma County. The Kinship Navigator (KN) will provide information and referral to the families on community resources, help facilitate the obtaining of these services, and follow-up with the family to ensure the kinship families have the ability to maintain placements for their children in their home. The evaluation consists of a randomized control trial with a sample size of 800 families, 400 in the intervention and control group in the first two years.
Arizona Children’s Association	Tucson	AZ	\$750,000	The program's target population will include a minimum of 3,000 grandparents or other relatives and the children they are raising, especially children of incarcerated parents who reside in four Arizona counties. The project goals include: 1. Ensure kinship families have access to benefits which they are eligible for; 2. Provide linkage to needed legal services at the existing Kinship and Adoption Resource and Education Family Centers; 3. Navigate existing community support systems; 4. Strengthen kinship families involved with child welfare; 5. Enhance other community-based and government responses for kinship families.

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Grantee	City	ST	Amount	Description
Homes for Black Children	Detroit	MI	\$527,132	The Homes for Black Children, an African American adoption and child welfare advocacy group, proposes to implement a demonstration project to serve 100 families in the Metropolitan Detroit area. Preventive services children at risk of entering the child welfare system will be delivered within the schools and the community. Permanency services for children who are in the foster care system will be provided by a team effort of a kinship-licensing specialist, and kinship navigator/mentors to improve kinship care provider's capacity to provide permanency through a unique kinship licensure process.
The Children's Home	Tampa	FL	\$750,000	The Children's Home, Inc. proposes to implement the KIN-Tech Project to meet identified needs by implementing several program features. These include One-e-App (one-stop-web-based innovation for resources and collateral coordination), Peer-to-Peer Navigation (peer-led, emotional-support-focused navigation), and Interdisciplinary Team (coordinated team meetings with invested experts). The project will serve 1,000 kinship caregivers in Pinellas and 500 in Hillsborough, regardless of their involvement with child welfare or other systems of care.
Family Connection Grants – Combination Family Finding/Family Group Decision-Making Projects				
Total Funding:		\$2,497,063	Project Period: 3 years	
Oregon Department of Human Services	Salem	OR	\$500,000	Grantee will serve over 175 children in care in three targeted counties; the approach will integrate existing Family Finding and FGDN programs in three sites; a Statewide Task Force will develop an integrated model that is sustainable statewide.
Children's Home Society of Washington	Seattle	WA	\$498,175	Grantee will serve 90-120 dependent children ages 6 and up with severe emotional or behavioral issues who are at risk of Behavioral Rehabilitation Services referral; the approach will integrate and enhance existing family finding and Family Team Decision-making models, pair social workers with family engagement specialists, and provide professional development training in trauma-informed care and dealing with difficult behaviors.
Seneca Family of Agencies	San Leandro	CA	\$499,516	Grantee will serve 600 youth who are at the point of entry into foster care; the approach will take family finding from being an isolated practice and integrate it with FGDM into a larger systemic approach, including training and consultation, permanency specialists embedded into daily practice with county workers, and family partners. The goal will be to shift current practice to prioritize the use of informal supports.
Olmsted County Services	Rochester	MN	\$499,372	Grantee will serve 300 at-risk children; the approach includes an enhancement and integration of established Family Involvement Strategies (FIS) and Family Group Conference (FGC) models
Spaulding for Children	Southfield	MI	\$500,000	Grantee will serve 50 children annually, including those in foster care with a reunification plan, those with a plan of adoption, and families with children ages 0-10 with child welfare involvement or risk factors; the approach will enhance and intensify family finding and integrate it with existing Family Team Conferencing program, which will also be enhanced. Grantee will use Care Giver Navigators and training for kinship families.

Appendix B: ACYF Projects in Fiscal Year 2012 – Detail

Grantee	City	ST	Amount	Description
Family Connection Grants – Comprehensive Residential Family Treatment Projects				
Total Funding:		\$2,805,952	Project Period: 3 years	
Renewal House	Nashville	TN	\$560,000	Renewal House was an RFT grantee in the previous funding cycle. The current project will serve 79 new admissions and 240 children, fathers, partners, and other family members, substantially expanding its geographic area of service and the length of services offered, increasing use of extended recovery and supportive housing services. Phases of treatment include a planned transition to permanent housing and use of EBPs.
Meta House, Inc.	Milwaukee	WI	\$600,000	Meta House was an RFT grantee in the previous funding cycle. The project will implement a collaborative process to provide trauma-informed services that strengthen and build family protective factors and stabilize, strengthen, preserve, and support permanency. 165 families will be served over 3 years.
Susan B. Anthony Center	Broward County	FL	\$600,000	The grantee will deliver services to substance using pregnant or parenting women with co-occurring mental health challenges and their children ages 0-13. The project will add 10 trauma-informed, evidence-based treatment slots and increase engagement of fathers. Services will include screening, referral, tracking, job coaching, and case management.
Queen of Peace Center	St. Louis	MO	\$529,908	The <i>Family EMPOWERment Project</i> will expand and enhance comprehensive, trauma-informed and culturally competent RFT services for 144 pregnant and post partum women who suffer from alcohol or other substance abuse disorders and their minor children ages 0-6. Nonresidential services will be provided to fathers, partners, and extended family members for a total of 360 individuals.
Amethyst, Inc.	Columbus	OH	\$516,044	Amethyst, Inc. was an RFT grantee in the previous funding cycle. The project will serve 80 families, providing enhanced services that include increased treatment and prevention services for children and family units and services for nonresidential family members.
Child Welfare – Education System Collaborations to Increase Educational Stability				
Total Funding:		\$2,402,511	Project Period: 2 years	
The University of Vermont and State Agricultural College	Burlington	VT	\$248,429	The University and its partners will, in collaboration, implement a pilot tested Rock the GRADES Roll Up and Scale Out program statewide; establish improved cross-system multidisciplinary involvement, and data collection and reporting systems; implement Casey Family Programs’ Endless Dreams Curriculum training; and increase youth engagement and leadership.
Wisconsin Department of Children and Families	Madison	WI	224,086	The primary goal of the collaboration is to systematize and improve information available about WI’s children in OOH care and better identify and respond to their emotional and educational needs. The grantee will increase coordination and communication across systems; develop a local data-sharing portal; and develop policies and procedures to help identify enroll, and manage attendance of targeted youth in care.
Our Kids of Miami-Dade/Monroe, Inc.	Miami	FL	\$240,696	<i>Our Kids Education Collaboration Project</i> identifies four areas to improve protocols and maximize utilization of existing programs/models: education career plan, dropout prevention, data sharing/data implementation, and the education dependency action team. The target population is 80 foster youth in Miami-Dade Public Schools in middle and high school in licensed care.

Appendix B: ACYF Projects in Fiscal Year 2012 – Detail

Grantee	City	ST	Amount	Description
National Center for Youth Law, FosterEd	Oakland	CA	\$250,000	<i>Fostering Student Success</i> will serve 200 foster youth ages 11-17 in Santa Cruz County over the 2-year project. FosterEd will develop the local infrastructure necessary to implement a continuous cycle of data-driven education coaching that will improve educational success of youth in care. Infrastructure will include implementation of a joint child welfare-education database and development of tools. Educational coaching will include: selection of an educational champion, identification of educational strengths and needs, individualized coaching of youth and champions, re-assessment, adjustment and additional coaching.
San Diego County Superintendent	San Diego	CA	\$250,000	The collaboration will address four current service gaps to better serve youth in foster care ages 10-17 in San Diego: Foster youth services information systems, transportation to school of origin, school-based mental health, and educational advocacy. Data will be collected, shared, and used to drive decision-making.
Kent School of Social Work, University of Louisville Research Foundation, Inc.	Louisville	KY	\$250,000	<i>Pathway for Academic Stability and Success</i> will promote the academic stability and success of 100 foster youth in grades 6-8 who are at risk of dropping out of school. The project approach will focus on assessing and developing interagency infrastructure to enable the partners to more effectively respond to the educational needs of youth in care, tracking and addressing needs through the work of Student Success Navigators who will coordinate the work of representatives of partner agencies.
New York City Administration for Children’s Services	New York	NY	\$191,800	The second phase of <i>Project School Success</i> builds on existing efforts; will expand data-sharing from 9 pilot organizations to all 32 contract organizations; provide data specialists to 9 current sites to improve their capacity to use data; hire an education liaison; and train agency staff on informed decision-making about foster care placements and educational contexts.
Oregon Department of Human Services	Salem	OR	\$250,000	<i>Educational Stability Matters: increasing the Well-Being of Children in Substitute Care</i> will serve foster youth 12-20 years-old. The project will establish partnerships in four counties to implement multi-disciplinary educational teams. Oregon will create collaborative processes for data sharing agreements and data exchange procedures between partners.
Colorado Department of Human Services, Division of Children, Youth and Families	Denver	CO	\$247,500	<i>Colorado Education in Foster Care</i> will serve youth 10-17 in foster care, using the following strategies: foster coordination and communication among child welfare agencies, community organizations, and youth; support development of policies and procedures to increase identification, enrollment, and attendance of targeted youth; promote awareness of multidisciplinary interventions; and promote development of policies and procedures relating to trauma-informed practice.
Child Welfare-Early Education Partnerships to Expand Protective Factors for Children with Child Welfare Involvement				
Total Funding:		\$2,279,264	Project Period: 2 years	
County of Santa Clara	San Jose	CA	\$248,830	The <i>Circle of Care Project</i> will support a collaborative multi-agency service delivery system through strengthening existing partnerships, implementing screenings and assessments, and broadening the availability of high quality early care and education through specialized training for caregivers. The project will build on an existing data-sharing system and make real-time data available to all partners.
Collaborative for Educational Services	Northampton	MA	\$249,854	The project will provide on-site Infant and Early Childhood Mental Health consultation for DCF staff and parents, create and pilot a demonstration early childhood protocol for DCF, and develop cross-training and train the trainer curriculum. The project will also evaluate a recent pilot project that provided vouchers to enable children transitioning from foster care to remain in their early childhood education setting.

Appendix B: ACYF Projects in Fiscal Year 2012 – Detail

Grantee	City	ST	Amount	Description
Children’s Home and Aid Society of Illinois	Chicago	IL	\$247,647	The <i>Southside Child Welfare-Early Learning Partnership</i> will test strategies for engaging multiple systems to better identify, screen, enroll, and follow children ages 5 and under at risk of entering foster care. It will build on current efforts to enroll young children in early childhood education by adding follow-up data on the developmental progress experienced by participants in these programs.
Arizona Superior Court, Maricopa County	Phoenix	AZ	\$183,066	The project aims to coordinate a systematic process of planning, assessment, and evaluation to identify the gaps and strengths of the early childhood provider system, as well as create new linkages. Desired outcomes include building capacity and collaboration in early childhood service networks, with a long-term goal of wide replication. There will be a utilization-focused evaluation.
Children’s Home Society of Washington	Seattle	WA	\$247,334	The Children’s Home Society of Washington proposes a child welfare-early learning collaboration designed to increase access to evidence-based early learning programs for young children and their families involved in the child welfare system. Overarching project goals include improving collaboration between child welfare and early learning systems, increasing early learning system capacity to provide trauma-informed care, and improving the social-emotional well-being of children and their parents.
Oklahoma Partnership for School Readiness	Oklahoma City	OK	\$102,667	<i>From Vulnerable to Resilient: Building Stronger Pathways to Early Childhood Success for At-Risk Children</i> will work closely with children from birth to five years, in foster care and in home visitation programs. A large component of the proposed project is focused on the delivery of training to providers and caregivers of children involved with the child welfare system. Available trainings will include Strengthening Families, trauma-informed care, and building resiliency. Training will be designed to enhance efforts across multiple systems with the purpose of mitigating the effects of childhood trauma.
Family Support Services of North Florida	Jacksonville	FL	\$250,000	The applicant is a current grantee under the first round of funding for this initiative. The three phase plan will: identify and map out all preschool children in the child welfare system to determine their involvement in early education centers; create policies, procedures, and protocols for screening and referral for CWS children; and integrate the developed system county-wide and evaluate the project.
Philadelphia City Department of Human Services	Philadelphia	PA	\$250,000	<i>Teamwork for Enhancing Early Childhood (TEECH)</i> consists of a planning process for an initial testing of 1) an infrastructure to support collaboration among the CWS and ECE providers; 2) a centralized screening and referral system; 3) a model for information sharing; and 4) a cross systems approach to professional development.
University of Maryland	Baltimore	MD	\$249,861	The <i>Promise Heights Child Welfare Education Collaboration</i> builds on ongoing place-based efforts to develop a continuum of services. The project will offer NCTSN trauma-based training and introduce CSEFEL strategies to early childhood education staff in the target community. They propose to conduct pre- and post-tests related to the training to determine effectiveness. Ongoing mental health consultation will also encourage the integration of trauma-informed care into staff practices.
Rhode Island Department of Children, Youth, and Families	Providence	RI	\$249,995	The applicant intends to coordinate with the work being done by a non-profit organization in the State that is a current grantee under the first round of funding for this initiative. Proposed activities include reviewing pathways for screening and assessment, designing a trauma-informed train-the-trainer curriculum, and identifying a permanent multi-agency governance structure in the State that prioritizes the social-emotional well-being of young children in the child welfare system.

Appendix B: ACYF Projects in Fiscal Year 2012 – Detail

Grantee	City	ST	Amount	Description
Regional Partnership Grants to Increase the Well-Being of and to Improve Permanency Outcomes for Children Affected by Substance Abuse				
Total Funding:		\$11,757,849	Project Period: 5 years	
Families and Children Together	Bangor	ME	\$797,405	The <i>Penquis Regional Linking Project (PRLP)</i> will serve up to 250 impoverished, rural families and up to 500 children ages 0-5. The project will build trauma-informed, enhanced integration, and quality service capacity among child-serving and substance abuse treatment agencies in two Maine counties.
Northwest Iowa Mental Health Center dba Seasons Center	Spencer	IA	\$500,000	The target population is 500 children ages 0-18 who are in or at risk of being placed in out-of-home care as a result of caregiver's substance abuse. The project's goals are: 1) to increase organizational capacity to deliver and sustain trauma-informed EBPs across systems; 2) to increase the number of children served through developmentally and culturally appropriate, trauma-informed EBPs; and 3) to establish partnerships within local communities to raise awareness and mobilize services.
Child and Family Tennessee	Knoxville	TN	\$1,000,000	The project will serve at least 900 children and their substance addicted families in eastern regions of TN. Grantee proposes to provide early intervention and family assessment, housing services, family-centered treatment and integrated healthcare services. Children will live with their mothers and families in transitional and permanent housing in community and agency-owned settings. Evidence-based and trauma informed approaches include TF-CBT, NFP, NPP, and others.
Rockingham Memorial Hospital	Harrisonburg	VA	\$592,773	The target population is families at risk of having a child removed, or already in an out of home placement, due to substance abuse in the Central Shenandoah Valley Region. The applicant will use the Healthy Families America Model, the Incredible Years Parenting Program, Parents as Teachers, Staying Connected with your Teen, Motivational Interviewing, and Motivational Enhancement Therapy among other evidence-based strategies and interventions. With this funding at least 1000 assessments will be completed annually and 350 families will receive services from an evidenced-based program.
Nevada Division of Child and Family Services	Carson City	NV	\$593,110	The target population is low income women ages 18 and over who are pregnant and/or have minor children ages 17 and under who are at risk of or currently in an out-of-home placement, residing in Clark County, Nevada. Child welfare and substance abuse services will be integrated to improve the safety, permanency, and well-being of children and families affected by substance abuse and child maltreatment.
Summit County Children Services	Akron	OH	\$500,000	The target population is 400 children and approximately 235 families. The grantee will use rapid in-home Alcohol and Other Drug (AOD) assessments for all court involved caregivers (and youth as appropriate) reported for abuse or neglect. Each family will have a caseworker and recovery coach to offer a coordinated system of care, including a trauma assessment and evidence-based trauma services for children who need services and evidence-based family-strengthening services for the family
Georgia State University Research Foundation, Inc.	Atlanta	GA	\$790,452	The project proposes to reduce future incidents of abuse and neglect or prevent the removal of children from their homes. The project provides integrated service delivery to the participants in the DeKalb County Drug Court program. The providers currently offer a menu of evidence based practices for high risk offender population, including: relapse prevention, Moral Reconciliation Therapy, SafeCare parent training model, Trauma Focused Cognitive Behavioral Therapy, and Celebrating Families among others.

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Grantee	City	ST	Amount	Description
Health Federation of Philadelphia	Philadelphia	PA	\$600,000	This project will test the efficacy of integrating Child-Psychotherapy with a unique "one-stop-shopping" program, the Achieving Reunification Center. Additionally, the project will work to improve the overall system of services for children affected by prenatal substance abuse by strengthening existing partnerships and interagency collaborations and expanding cross-system training. The target population is 250 parent-child dyads with children ages 0-5.
The Center for Children and Families	Billings	MT	\$500,000	The Center proposes implementation of a new out-patient, family centered and trauma-informed treatment program and corresponding training and provider network forum. The applicant will use the Matrix Model, Incredible Years, Celebrating Families, Dialectical Behavioral Therapy, and Seeking Safety, among other EBPs. The program will serve women/mothers identified by CPS as having at least one child under the age of 12 already removed or at risk for removal due to parental substance abuse.
Commonwealth of Massachusetts	Boston	MA	\$750,000	The grantee will provide intensive evidence-based and collaborative services focused on stabilizing families from Fall River and New Bedford who are in out-of-home placements or who are at imminent risk for removal from the home because of parental substance abuse. The program will serve up to 75 DFS-involved families per year.
Oklahoma Department of Mental Health and Substance Services	Oklahoma City	OK	\$650,000	The applicant intends to implement two evidence-based early intervention and prevention initiatives, Strengthening Families Program and Solution-Focused Brief Therapy for OKDHS substance-involved children who are in custody or at risk of being placed in out-of-home placement. The applicant will use UNCOPE (screening), Strengthening Families program, and Solution Focused Brief Therapy (SFBT) among other EBPs. The service goal for the Strengthening Families Program is 120 families per year. The service goal for the SFBT program is 80 families per year.
Judicial Branch, State of Iowa	Des Moines	IA	\$500,000	The grantee will expand the Family Treatment Courts model in Wapello County to include a service delivery and care coordination system for families with children ages 0-12 in or at risk of foster care placement whose parents are substance-involved. Family Navigators will oversee the development and implementation of Systems of Care Teams comprised of parents, extended family, children, and expanded services including mental health services providers and GALs, and others. EBPs include TF-CBT, Strengthening Families and Celebrating Families!, and use of Recovery Support Specialists among others.
Alternative Opportunities, Inc.	Springfield	MO	\$984,310	The proposed project will test the impact of Family Group Conferencing matched with one or more separate but overlapping systems of care intervention models. The models include the following: modified Parent-Child Assistance System Program (CASSP), modified Homebuilders Model, and modified Parent-Child Assistance Program Approach (PCAP). 80 families are projected to enroll in each year.
Tennessee Department of Mental Health and Substance Abuse Services	Nashville	TN	\$1,000,000	The project plans to address the complex needs of children (age birth-17) who are in or at-risk of out-of-home placement due to parent/caretaker substance abuse. The applicant will collaborate with a behavioral health treatment provider and a nonprofit research/evaluation organization. The regional partnership proposes to use the Homebuilders Intensive Family Reunification Services.

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Grantee	City	ST	Amount	Description
Kentucky Department for Community-Based Services	Frankfort	KY	\$500,000	The Department for Community Based Services (DCBS), in Frankfort, Kentucky, will expand existing and established new regional partnerships to increase the Sobriety Treatment and Recovery Teams (START) since only 50% of DCBS clients needing substance abuse treatment receive any service. The grantee will provide comprehensive treatment to 130 families: including approximately 130 mothers, 91 fathers, and 208 children over the 5-year period.
Center Point, Inc.	San Rafael	CA	\$500,000	Building on its five-year old Family Link program, the applicant will implement comprehensive 180-day evidence-based substance abuse treatment and recovery services that use Matrix and Living in Balance treatment models in trauma-informed residential and intensive outpatient settings. The project will also use Celebrating Families and Partners in Parenting models and work with the local Head Start Program.
Children’s Research Triangle	Chicago	IL	\$999,799	With multiple partners, the grantee will develop Project Thrive: A Partnership to Enhance Child Well-being, Safety and Permanency. The project's three goals will focus on systems integration; increased safety of children involved with child welfare; and improved well-being as a result of comprehensive trauma-informed trans-disciplinary treatment services.
Two-Year Extension: Regional Partnership Grants to Increase the Well-Being of and to Improve Permanency Outcomes for Children Affected by Substance Abuse				
Total Funding:		\$4,000,000	Project Period:	2 years
Massachusetts Department of Public Health	Boston	MA	\$500,000	The grantee is using the extension to further demonstrate the effectiveness of its Family Recovery Project services model. The target population is families with open DCF cases referred by CPS with current substance abuse and mental health concerns who are not engaged in treatment. Proposed activities include: providing intensive home-based services to 60 new families per year, collecting and analyzing additional data on service impact, institutionalizing the collaborative processes and communication protocols among the collaborating agencies, working with funding sources to sustain the model, and disseminating lessons learned to statewide and national audiences.
The Center for Children and Families	Billings	MT	\$500,000	Grantee is continuing implementation of Second Chance Homes, a supportive housing program for children and mothers, target to those with child welfare involvement and needing addiction treatment. The project will serve 70-90 new families through the extension.
Kentucky River Community Care, Inc.	Jackson	KY	\$500,000	The extension funds will be used to expand and sustain the progress of the previous RPG through the adoption of Wagner's Chronic Care Model (CCM), and stronger reliance on the NIATx Process Improvement. The expansion of the CCM includes physical health (or primary care) in its core framework and the newly planned emphasis on primary care adds an extra dimension to the applicant's project. The project will serve 180 families each year.
Travis County	Austin	TX	\$500,000	Travis County Health and Human Services/Veteran Service (TCHHSVS) proposes to continue their Parent in Recovery (PIR) program, which provides recovery services, wrap around services and sober housing. The program proposes to enhance services during the extension by adding two additional partners to provide cross training for child protective service workers and substance use providers, advance service delivery through individual support, providing legal representation in court, and obtaining sustainability for the program.

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Grantee	City	ST	Amount	Description
County of Mendocino	Ukiah	CA	\$500,000	Mendocino County Department of Health and Human Services proposes to continue and expand their Mendocino County Dependency Drug Court (MCDDC) program for families involved with dependency court due to abuse and neglect, with priority to parents of children 3 years or younger. The current services provided include substance abuse treatment, case management services, and cross training of staff. The extension would allow the program to expand to increase sober house facilities for adults, trauma informed services for children and adults, and peer support services.
Judicial Branch, State of Iowa	Des Moines	IA	\$500,000	The extension of the Parents and Children Together (PACT): A Family Treatment Court Initiative, will address the following: continued adherence and fidelity to the Family Treatment Court Standards, reducing the number of unsuccessful participant discharges, the adoption of a "trauma focused lens", and addressing the gap in children's services for children of parents with substance use issues. The project also extends the target population to parents with children 0-10 years (from 0-5 years) based on the need
North Carolina Department of Health and Human Services	Raleigh	NC	\$500,000	The continuation of the program, Robeson County Bridges for Families, utilizes a comprehensive approach and assures interagency collaboration and capacity building in order to provide a full continuum of care, including acute residential program or pregnant woman and infants transitional program, men's residential treatment programs, early intervention, and children's mental health. New services added include the Matrix Model intensive outpatient program, Seeking Safety, Trauma-Focused Cognitive Behavioral Therapy, Strengthening Families. This system includes comprehensive screening and linkages to evidence-based mental health, prevention, parenting, trauma-focused adult treatment, intensive outpatient, and family-focused residential care.
Tennessee Department of Mental Health and Substance Abuse Services	Memphis	TN	\$500,000	The Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS) proposes to extend implementation of the Building Strong Families program, which uses the Homebuilders model, to continue to address the complex needs of children (ages 0-18) who are in or at-risk of out-of-home placement due to parent/caretaker methamphetamine or other substance abuse. TDMHSAS will partner with Tennessee's Department of Children's Services, the Administrative Office of the Courts, Centerstone, a behavioral health treatment provider and Centerstone Research Institute. They will use a trauma-informed, culturally competent continuum of outreach, treatment, education/counseling, and supportive services for children and families utilizing components of the evidence-based Homebuilders model. The proposed project will serve 80 families over the two-year extension period in eight rural Tennessee counties.

Title IV-E Child Welfare Waiver Demonstration Projects

State	Target Population	Key Outcomes	Description
Title IV-E Child Welfare Waiver Demonstration Projects			
Total Funding:	NA	Project Period:	To end by 2019
Arkansas	All children, statewide, referred for abuse or neglect or already receiving services	Increased placement stability; pre-post changes in nationally recognized measures of well-being	The project will expand the array of evidence-based and evidence-informed services available to in-home and out-of-home child welfare cases; implement a comprehensive practice model that spans the continuum of child welfare practice from initial maltreatment investigations to post-reunification services; and develop and implement a child welfare administrative case review system. Arkansas will select and implement evidence-based screening tools and functional assessments as well as expand training on trauma-informed care to child welfare caseworkers, supervisors, and foster parents. A parenting education program will also be selected.
Colorado	Children with screened-in cases of abuse/neglect or those with already open cases; demonstration will include implementation of three EBPs statewide, along with others to be provided in specific counties	Increased behavioral/social functioning; increased caregiver knowledge and capacity; fewer placement moves	Colorado’s demonstration project will support three primary service interventions to be implemented statewide: Family engagement, trauma-informed child assessment, and trauma-focused behavioral health treatments. These interventions will be integrated into and coordinated with existing initiatives in Colorado to create a trauma-informed system of care. Additionally, individual counties will implement other service interventions based on local need and readiness to implement, including Permanency Roundtables, Kinship Supports, and Market Segmentation.
Illinois	Children 0-3 in Cook County (Chicago) entering out-of-home care placement following implementation of the demonstration and their caregivers	Improved developmental progress for infants and toddlers	The demonstration will support the provision of evidence-based interventions (EBIs) designed to enhance the caregivers’ (i.e., biological parents, extended family, and foster caregivers) capacity to respond to the regulatory, emotional, and behavioral needs of the young child. Guided by screening and assessment of children and families, the waiver demonstration will incorporate three EBIs: Child-Parent Psychotherapy for children with the highest level of risk/need and their caregivers (i.e., foster or biological parents); Nurturing Parenting Program for moderate risk biological parents; and Circle of Security for moderate risk caregivers.

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State	Target Population	Key Outcomes	Description
Massachusetts	Children of all ages, statewide, at-risk of entering or in residential placement, or preparing for independence.	Increase in Child and Adolescent Needs and Strengths safety and well-being measures; shorter average length of stay; increase in placement stability; reduce placement rates	Massachusetts plans to implement four interventions statewide through performance-based contracts with private agencies to integrate congregate care treatment and community-based treatment under a unified service model. The waiver demonstration is comprised of these interventions: Follow Along Services, intensive home-based interventions to prepare for, and following, the transition to the home/community; Stepping Out Services, ongoing supports for youth transitioning to independent living settings; Continuum Services, intensive supports to children and youth at risk for residential placement and their families; and Family Partners, which are available to all families on a voluntary basis.
Michigan	Intact families with children 0-5 at high risk of maltreatment and recently reunified families; 3 sites initially	Positive changes in protective factors (caregivers); improved functioning in social and emotional well-being domains (children)	Michigan plans to expand its secondary and tertiary prevention service array provided to families with children ages 0-5 determined by the child welfare agency to be at high and intensive risk for maltreatment and in need of longer-term services, regardless of income or title IV-E eligibility. The project will aim to engage families and coordinate and provide supportive services to the target population for a 15-month period. Guided by screening and assessment of children and families, the waiver demonstration will incorporate evidence-based interventions such as Nurse-Family Partnership, Early Head Start, Healthy Families America, Parent-Child Interaction Therapy, and Trauma-Focused Cognitive Behavioral Therapy, depending on the specific needs of the family.
Pennsylvania	Initially in 5 counties, Children in or at-risk of entering placement, discharged from placement, or receiving in-home services	Improved parent behavioral health and functioning; increased parenting skills; improved child and youth functioning in home, school and community; reduced use of congregate care and other restrictive placement settings; increased placement in most appropriate and least restrictive settings	The project will develop a new case practice model focused on family engagement, assessment and the introduction or expanded use of evidence-based practices. The waiver demonstration will initially be implemented in Allegheny, Dauphin, Lackawanna, Venango, and Philadelphia counties, with the goal of further expansion based upon the readiness and capacity of each individual county.
Utah	Beginning in one urban and one rural area, focusing on the in-home population initially; expanding statewide over time	Increased identification of caregiver needs/strengths; increased child and family functioning	Utah's demonstration has three primary components: 1) the implementation of an evidence-based child and family functional assessment tool; 2) the development and implementation of caseworker tools and training, including a focus on trauma-informed practice, screening and assessment as well as strengthening families protective and promotive factors; and 3) increased community coordination and implementation of evidence-based programs including the implementation of at least one new evidence-based or evidence-informed in-home service in targeted communities.

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State	Target Population	Key Outcomes	Description
Washington	Low to moderate risk families screened in for alleged negligent treatment or maltreatment; statewide	Improved behavioral and emotional functioning; increased social functioning; increased cognitive and academic functioning; improved physical health and development; improved mental health	Washington’s project will develop and implement Family Assessment Response (FAR), a differential response pathway for screened-in allegations of abuse and neglect as an alternative to traditional Child Protective Services (CPS) investigations. being and who, with services and supports, are able to have the child safely remain in the home. The FAR program includes three primary components: 1) a comprehensive assessment of the child’s safety, health and well-being and any barriers the family faces in keeping the child safely at home; 2) the offering of concrete supports and voluntary services, such as housing vouchers, food, clothing, and utility assistance, mental health services, drug and alcohol treatment, and medical and dental care; and 3) linkages to an expanded array of evidence-based programs and services that promote family stability and preservation, such as Homebuilders, Functional Family Therapy, and Parent-Child Interaction Therapy, Project SafeCare, and The Incredible Years.
Wisconsin	All reunifying children in initial county, reunifying children ages 0-5 in expansion counties	Decreased exposure to trauma; improved social/emotional/behavioral functioning; improved educational outcomes; improved mental, physical, and dental health; reduced foster care re-entry	Wisconsin intends to provide post-reunification supports facilitated by child welfare case managers who will develop, in collaboration with the family, an individualized 12-month post-reunification plan. The plan will include, as appropriate, trauma-informed evidence-based practices such as Parent Child Interaction Therapy (PCIT); Child-Parent Psychotherapy (CPP); and Trauma Focused Cognitive Behavioral Therapy (TF-CBT). Additional services may include crisis stabilization; in-home therapy; substance abuse and mental health services for parents; and linkages to other community services.