

MONTANA FAMILY FIRST PREVENTION SERVICES EVALUATION 2024

On February 9, 2018, the landmark bipartisan Family First Prevention Services Act (FFPSA) was signed into law. The FFPSA includes reforms that support keeping children and youth, where possible, safely with their families, and helps ensure they are placed in the least restrictive, most family-like setting appropriate to their special needs when foster care is needed.

Children experience trauma from maltreatment which can be compounded when a child is removed from a home they are familiar with. While sometimes necessary for safety, trauma can continue when they are returned to a parent after growing attachment to foster families (Gauthier, Fortin, & Jeliu, 2004). When a child can safely stay in their home situation while parents get support in protective caregiving and wraparound care, research would suggest children experience less future maltreatment and greater placement stability (Rivera, & Sullivan, 2015).

Child and Family Services Division (CFSD) has been and continues to be committed to prevention efforts across Montana. CFSD has been supporting families through prevention methods for many years and is central to child wellbeing. Children must be protected from the trauma of abuse and neglect. When safe to do so, CFSD is committed to protecting children from the trauma of separation from their families by effectively utilizing prevention services.

In 2020, CFSD made significant efforts to identify, increase and implement evidence-based prevention models and updated their prevention process to engage and support families through what is now called a 'Prevention Plan.

Montana's FFPSA State Plan was approved by Administration of Children and Families on January 5, 2022.

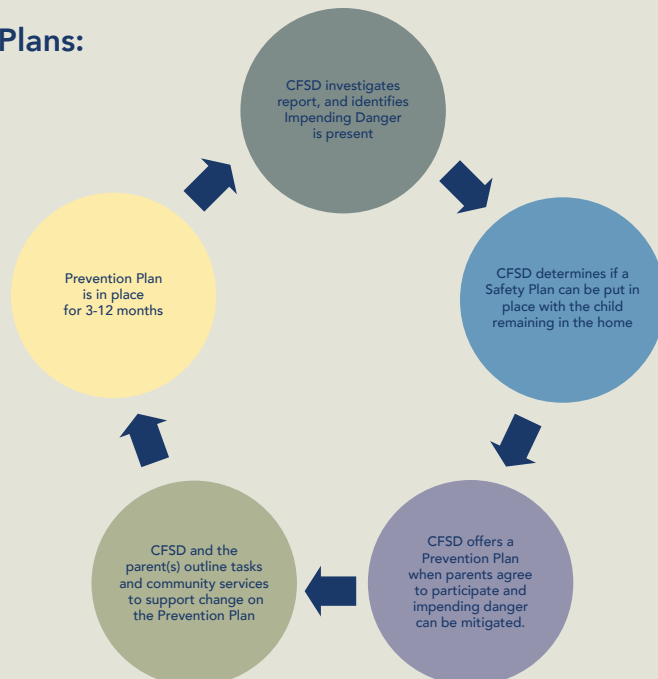
What are Montana's Families First Prevention Services Plan?

CFSD implementation of Prevention Plans are to improve outcomes for children and families in areas specific to their needs as follows:

1. Improved parenting behaviors, knowledge, emotional responsiveness, parent/caregiver collaboration, and conflict resolution skills within the family unit; and
2. Reduce family conflict, symptomatic problem behavior exhibited by children and adolescents, substance abuse, child maltreatment, and mental health symptoms.

Overall CFSD expects that the outcomes provided by the prevention plan will result in parents being better able to safely care for their children in their homes or with kin, thus preventing foster care placements when possible.

How Families Enter Prevention Plans:



Montana's FFPSA State Plan was approved by Administration of Children and Families on January 5, 2022. The four well supported FFPSA evidenced-based models listed in the MT FFPSA Plan and counties the services are provided in:

Parents As Teachers (Home Visiting) 22 Counties–

- A model focused on engaging parents and caregivers in promoting the optimal early development, learning, and health of young children, emphasizing parent-child interaction, development-centered parenting, and overall family well-being.
- This includes personal visits, building connections, resource network, and conducting child developmental, health, hearing and vision screenings.
- Parents as Teachers is a good fit for parents who are expecting or who have a child under age five at enrollment.
- Existing research indicates Parents as Teachers improved parenting knowledge and skills, prevention of child abuse and neglect, increased school readiness, and early detection of developmental delays and health issues.

Nurse Family Partnership (Home Visiting) 6 Counties–

- Moms enrolled in Nurse-Family Partnership get care and support to have a healthy pregnancy and families have a trusted resource on child development and future economic self-sufficiency for their new family.
- This includes specially educated nurses regularly visiting the expectant or new mom.
- Nurse-Family Partnership is a good fit for first-time moms, starting early in the pregnancy and continuing until the child's second birthday.
- Research indicates measurable, long-term differences for the whole family including positive maternal and child outcomes for low-income families.

Healthy Families America (HFA) (Home Visiting) 1 County–

- HFA seeks to engage parents to improve parent-child interactions through positive parenting, promoting child health and development, and family self-sufficiency.
- Providers visit homes weekly until the child's third birthday, and preferably until the child's fifth birthday.
- This model is a good fit for high-risk families before the child's birth or within three months of the child's birth.
- This program is theoretically rooted in attachment and bio-ecological systems theories and research shows improvements in parenting practices, healthy child development, and enhanced family well-being.

Parent Child Interaction Therapy (PCIT) (Therapy) 9 Counties-

- PCIT first focuses on warmth in the parent-child relationship, then treatment builds skills for parents to manage behaviors while remaining confident, calm, and consistent in discipline.
- Therapy involves 12-20 sessions in two phases, child-directed interaction (CDI) and parent-directed interaction (PDI), in which therapists instruct and coach caregivers in play therapy and operant conditioning skills.
- This model engages both parents and was originally intended to treat disruptive behavior problems in children aged 2 to 7 years.
- Research indicates the program reduces negative parent-child interactions and increases parental warmth and consistency among other well-being improvements for both parent and child.

Prevention Plans created between CFSD and the families can have other models listed to support the family on an individualized level; however, CFSD can only claim FFPSA IV-E funding for any of the four Well-Supported models that exist on a prevention plan with a family.

Evaluation Components:

The Title IV-E Prevention Plan under the Families First Prevention Services Act required program evaluation to understand how and if services were meeting the intended legislative goal of keeping families together. Implementing consistent process and outcomes evaluation across the state can help CFSD to improve programmatic flexibility to efficiently and effectively meet changing community needs. Safely and supportively keeping children in their homes could have long-term positive impacts on individual, family, and community well-being for years to come

The plan involves encouraging evidence-based programming as a part of prevention services. The plan also involves evaluating the use and success of these programs to ensure CFSD is meeting the goals of FFPSA. After initial exploration, some evaluation plans shifted to better answer questions at present stages of implementation. For example, we initially planned to assess fidelity to delivery and outcomes for well-supported models, but due to low statewide numbers, this would not have resulted in practical or generalizable information. This evaluation will help identify strengths and opportunities to work towards additional funding to help families access these services. The ultimate goal of the plan is to improve the lives of Montana's youngest residents by supporting strong and healthy families.

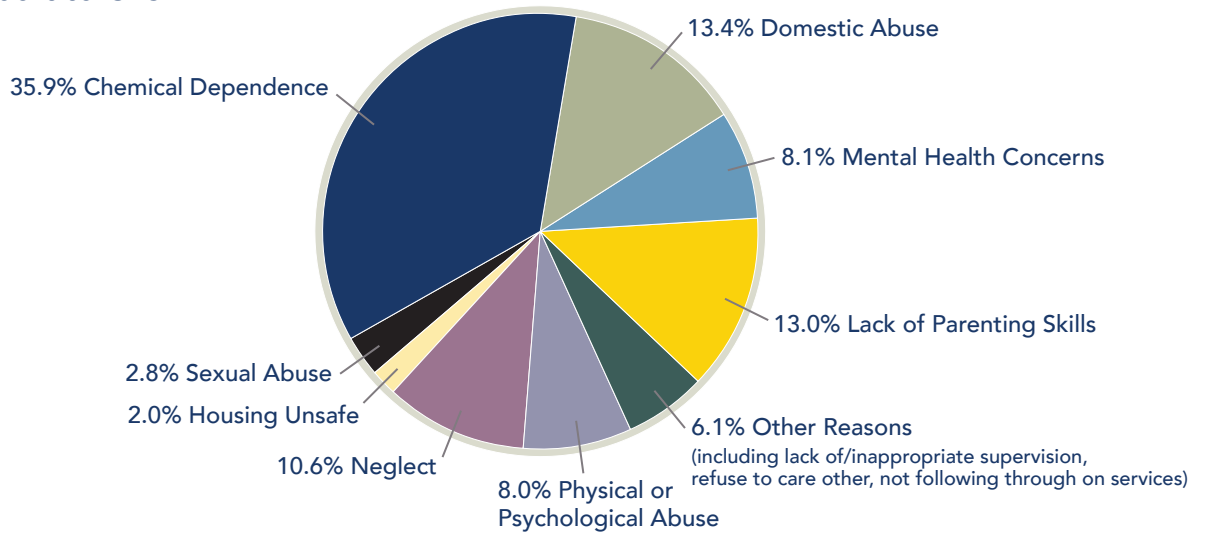
What we collected:

In partnership with DPHHS, Montana State University Extension Assistant Professor, Brianna Routh, PhD, provided program evaluation planning and implementation support. Data collection for these new program components was designed to determine current outputs and outcomes and to help consider what would be most valuable in future case-tracking systems. Regional representatives collected information from Protection Plans and Prevention Plans provided the data to the research team on a quarterly basis. The data included:

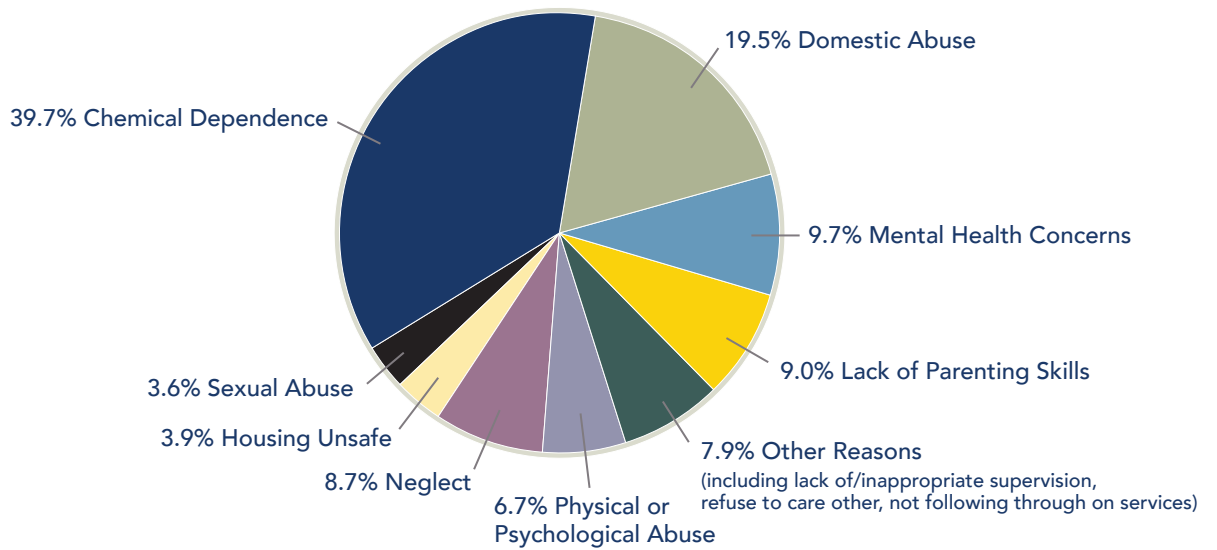
- Community report reasons for Child Protective Service (CPS) involvement
- Protection and/or Prevention plan open date
- Services to which families are referred by CFSD staff
- Services families receive to CFSD staff knowledge
- Prevention plan close date and reasons for closure

Reasons for Report to CFS:

2024:

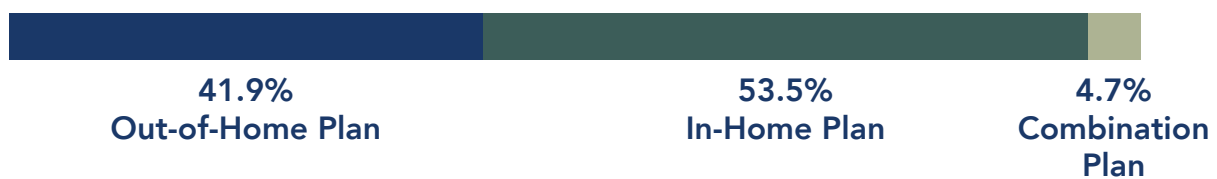


2023:



After a report is received, families start Protection Plans (up to 60 days) to assess child safety risk. During this time, children were: Prevention Plan, Families Were in Protection Plans that occurred:

2024:



2023:



What families did we see?

A family first comes to CFS through a report. The most common reasons for reporting were due to controlled substance use or domestic abuse concerns, largely related to one or both caregivers.

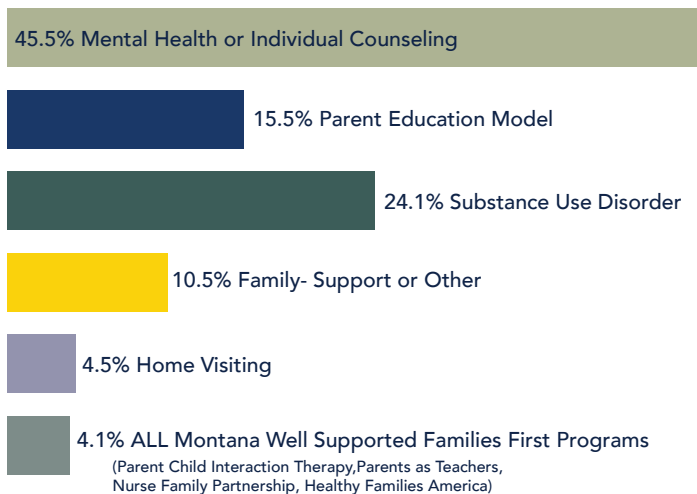


How did we help families eligible for Prevention Plans?

After a Protection Plan review, families qualified for Prevention Plans across the state.

Families participating in Prevention Plans were referred to an average of three services or providers for additional supports.

220 Services Referred from 86 Prevention Plans open in 2024:



Service Referral Categories⁺:

⁺**Bolded services are in Montana Families First Prevention Services Programs**

*Home Visiting Models: **Health Families America, Nurse Family Partnership, Parents as Teachers, and Safe Care** etc.*

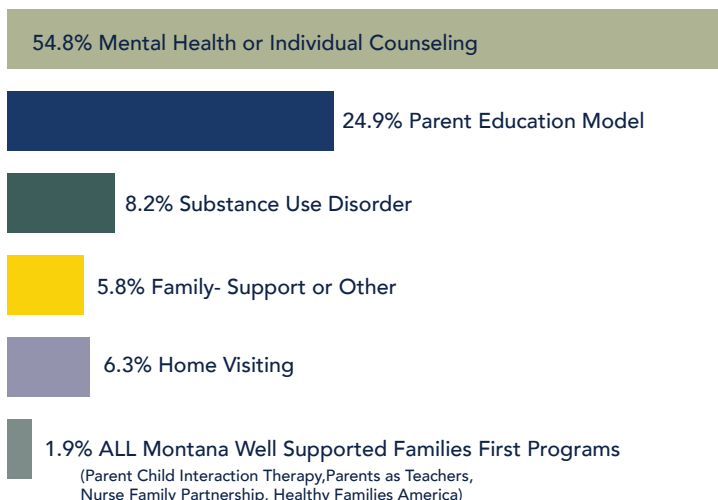
Parent Education Models: Nurturing Parenting Program, Parenting Class, Circle of Security, Family Based Services etc.

*Mental Health Services: **Parent Child Interaction Therapy, Anger Management, Domestic Violence, Couples Therapy, Individual Therapy, Wraparound** etc.*

Substance Use Disorder Services: Chemical Dependency, Multisystemic Therapy

Family Support Referrals: Medical, Community Resources (General), Part C etc.

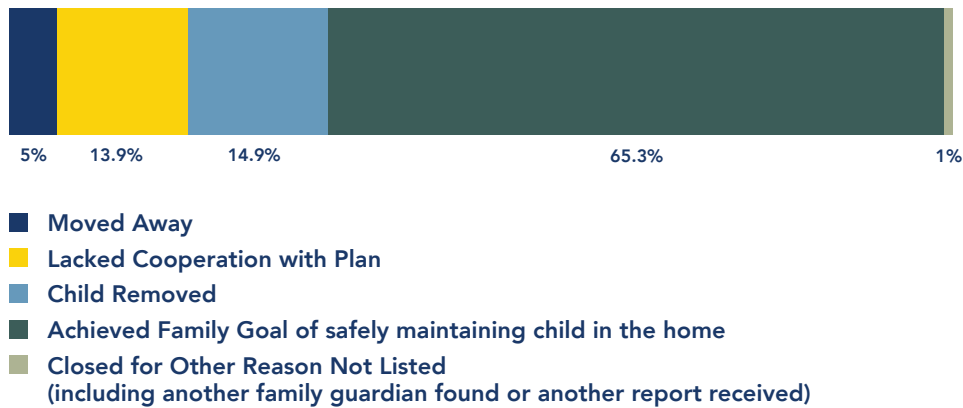
378 Services Referred from 91 Prevention Plans open in 2023:



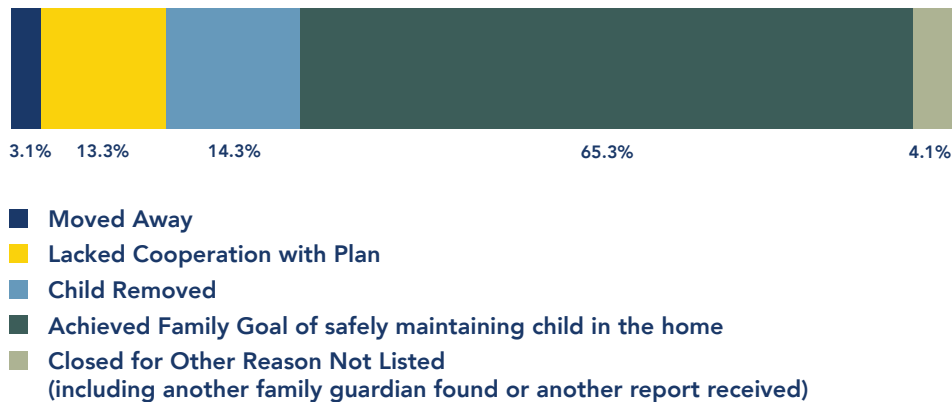
In alignment with reasons for the report, the most common service referred was mental health services for the individual, couple, or family. While many parent education models were referred to, none of these services currently have a well-supported evidence-base rating from the Title IV-E Clearinghouse.

Outcomes from Prevention Plans

Of 101 Prevention Plans Closed in 2024:



Of 98 Prevention Plans Closed in 2023:



Referral to relevant supports and resources for the caregiver and/or child through Prevention Plans appears to increase rates of achieving the family goal of keeping the child safely in the home at closure.

“A prevention plan was implemented with a dad living outside of the home who assaulted his wife and was experiencing [a substance abuse disorder]. [Through his engagement with services, he] returned home and the family home remained a stable environment, he continued to attend counseling and remain sober so the prevention plan was closed. The wife was provided information about a scholarship program that could help her finish her teaching degree!”
 --Child Protection Specialist

CFSD is committed at all levels to evaluation and Continuous Quality Improvement. Each region has a designated staff member tracking data element of Prevention Plans in regions they are held. Staff members of the Continuous Quality Improvement Unit are supporting regions throughout Montana in their ongoing prevention efforts to engage family and community stakeholders at the forefront of CFSD intervention. CFSD continues to build strong partnerships with the Early Childhood Family Support Services Division, the Children’s Mental Health Bureau, and other community stakeholder in informal learning collaboratives to ensure families are supported with home visiting, mental health, and substance use disorder models that support their family best in their time of need.