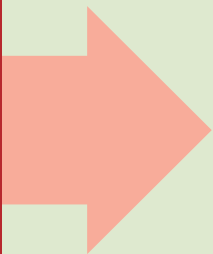


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Social Workers Can Help Move Family First from Policy to Practice



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Social workers know it—evidence-based approaches that keep children safely in their homes are far more productive than unnecessary foster care placements. Although those in the profession have long held this wisdom, lawmakers have historically been a few steps behind. Congress began catching up, with its decision to pass the Family First Prevention Services Act (Family First) in 2018.

Family First restructures how the federal government allocates money for child welfare, and it reaffirms that attention must be focused on keeping children safely with their families and avoiding the traumatic experience of entering foster care whenever possible. Research indicates that one in seven youth have experienced abuse while in an out-of-home placement (Helton & Gochez-Kerr, 2017). When gone

unchecked by case workers, due to either inexperience or extremely high caseloads, these “safe havens” open the door to a lifetime of trauma symptoms that follow a child back to their home or into an adoptive placement. Riebschleger, Day, and Damashek (2015) found disproportionality in the impact of trauma to children placed in foster care versus children remaining in their home.

As this issue relates to race disparities, such disproportionality is not uncommon in the child welfare system of Kansas. In some locations of the state, black children are screened and removed for nonabuse/neglect reasons at the rate of 269 percent more than white children (Kansas Front End, 2018). No specific cause was identified to account for these racial disparities, but initial

indicators point to a need for training and supervision to improve consistency and fairness in screening by child protection services.

Family First supports social workers by recognizing the critical role they play in making the shift toward a better child welfare system. The law tasks states with providing training and support for social workers to determine a family's needs and provide appropriate preventative services. It also gives social workers more productive options when a home setting is not safe and increases federal matching funds for state investments in evidence-based preventative services, such as parent skills training, mental health counseling, and substance use treatment. Rather than supporting placement in residential care, Family First enables social workers to explore the option of moving a child in with close family.

When it passed in 2018, Family First was a landmark policy change. The policy was crafted in part using social workers' lived experiences and expertise to ensure that it creates the best possible outcome for children. Kansas has led the way as one of the first states to announce that it would implement Family First. The state's legislature passed a HB 2103 (revised, 2019) to implement the law and allocated funds that will allow for a total of \$13 million to be invested in keeping children safely with their families (Smith, 2019).

With Family First, Kansas has an opportunity to make another historic change: moving away from an overburdened and under-resourced child welfare system and toward a better

future for children and families. Social workers—the people on the ground, in homes, connecting with children and their parents—will be critical voices in conversations across the state about how to effectively use and evaluate Family First. With training provided via the law, social workers will be able to better identify the family-centered services that work best for each home setting (Smith, 2019). With this knowledge, Kansas is poised to improve the odds for children, uplift parents, and support whole communities.

Family First represents the tools needed to move Kansas' child welfare system forward with a bold vision: more opportunity for jobs that support early interventions and prevention, and less need for jobs focused on foster care placements. If everyone involved—social workers, Kansas lawmakers, and child welfare advocates—works together on effective implementation, then the future holds opportunity to improve the lives of children and their families.

Now with Family First implemented the social work community must change in significant ways. There will be fewer positions for social workers to serve children in foster care and more social workers needed to serve families by delivering at-home parenting classes, mental health counseling, and substance abuse treatment. Social work education and training will also need to become more strategic about the role social workers play in child welfare.

Ongoingly, Family First, advocacy is critical. Social workers are embedded in their

communities and well positioned for this role. By sharing their experiences with state agencies serving children and families, legislators, and other advocates throughout the state, social workers can bridge the connection between those most affected by delaying implementation and policymakers able to steer this vehicle of change.

Family First represents a collective effort to improve the lives of children and families across the nation. Many organizations, such as the American Academy of Pediatrics, have developed resources to increase understanding and facilitate conversations among key players (Family First, 2019). To access these resources, visit FamilyFirstAct.org.

As the executive director of the Children's Alliance of Kansas, Christie Appelhanz drives system-level change to improve the safety and success of Kansas children and families. Since joining the association in June 2015, Appelhanz has led efforts to amplify the voice of private child welfare agencies—both at the statehouse and in the communities they serve. She previously managed government affairs and communications as vice president of public affairs at Kansas Action for Children (KAC), providing leadership in early childhood education, family economic security, and children's health. Prior to her work at KAC, Appelhanz served as director of external relations for the College of Liberal Arts and Sciences at the University of Kansas and as communications director for former Congressman Dennis Moore. She currently serves as a member of the USD 345 Seaman Board of Education. Appelhanz earned a bachelor's degree in business communication and a master's in global and international studies from the University of Kansas. She can be reached at cappelhanz@childally.org

Tara D. Wallace is a licensed clinical social worker in private practice, providing community-based behavioral and mental health services to underserved populations including the homeless, low-income individuals, and children and families in the child welfare system. She is also an adjunct professor for Central Texas College in Killeen, Texas. When not providing therapy to children or teaching undergraduate students, Wallace volunteers her time serving on the board of many agencies and organizations that focus on improving the lives of children and families in Kansas. Wallace holds a master's degree in social work from Washburn University and a bachelor of science in liberal arts with a psychology focus from Excelsior College. She is currently pursuing a Doctor of Education in community care and counseling (traumatology) at Liberty University. She can be reached at tara.wallace@lghthse.com.

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MEET THE COMMITTEE – Corina R. Dulecki, LMSW



I graduated with an undergraduate degree in sociology and German from Baker University in Kansas in 1991; I then moved to Michigan, where I started my career doing child welfare in Detroit. In 1997 I graduated with an MSW from Western Michigan University. I worked for several more years doing child welfare and then transitioned into medical social work. I currently work for a large health care system in west Michigan, and I live in Grand Rapids with my husband and dog. We have a 22-year-old daughter who lives in Chicago and 20-year-old son who goes to school in Grand Rapids.

AREA OF EXPERTISE:

I have experience with the foster care system doing family reunification and prevention (therapy with parents and children). With medical social work, I am experienced in discharge planning, suicide and SUD assessments, psychotherapy, and care coordination.

WHAT I ENJOY ABOUT MY WORK:

I enjoy being with people when they are at a difficult point in their life and working with them to manage whatever they are going through. I also love working with a wide variety of people from all walks of life.

CHALLENGES FOR SOCIAL WORKERS IN MY PRACTICE AREA:

For medial social workers in the hospital setting, one challenge is high caseloads in a fast-paced environment with the need to have a plan of care developed quickly. In the ambulatory setting, inadequate reimbursement by payer sources can be a barrier to care.