



REALIZING THE PROMISE OF FAMILY FIRST

The federal Family First Prevention Services Act (Family First) represents a transformational opportunity to rebalance child welfare systems to serve more children in their homes and communities, while safely reducing reliance on foster care. Family First introduces the opportunity for states to claim Title IV-E funds, which are traditionally reserved for foster care, for evidence-based services (EBPs) that prevent entry into foster care. Under Family First, prevention services can be offered to children who are at imminent risk of entering foster care, as well as to pregnant and parenting youth in foster care, to prevent their children from coming into care.

Within these parameters, each state has flexibility to determine how Family First will be operationalized, and is charged with documenting its approach in a five-year Title IV-E Prevention Plan for approval by the Children's Bureau. Most significantly, states are to select a target population as well as an array of preventive EBPs—key decisions around which states must engage in careful planning in consultation with system partners in order to maximize the impact of the legislation.

A Systematic Approach to Child Welfare Systems Transformation

By Natalie Craver, Katie Rollins, and Clare Anderson

The District of Columbia's (DC) Child and Family Services Agency (CFSA) led the nation in developing the first Family First Prevention Plan: *Putting Families First in DC*, following a robust planning process guided by agency leadership and supported by Chapin Hall at the University of Chicago. Planning took place within a newly formed Citywide Prevention Workgroup focused not only on planning for Family First, but also embedding it within a larger vision for primary prevention in the nation's capital. Within this Workgroup, Family First was leveraged not only to bring about a discrete array of preventive EBPs, but also as a strategic lever to instill a heightened focus on the responsibility of all health and human services agencies to collaboratively prevent child maltreatment.



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The Citywide Prevention Workgroup

For the past decade, DC's CFSA has been on a journey of transformation, moving purposefully away from a system primarily focused on foster care to one that supports and strengthens families in their homes. CFSA's investments in in-home and community-based prevention services and its partnerships with sister health and human services agencies have resulted in a 60 percent reduction in the number of children and youth in foster care, from a high of 2,092 in fiscal year (FY) 10 to fewer than 900 today, even as the city's population has increased by 100,000 residents.

With a decade of progress achieved, CFSA Director Brenda Donald recognized early on the opportunity presented by Family First to further transform the District's child welfare system. She formed the Citywide Prevention Workgroup, comprised of diverse CFSA and other human services agency staff and leadership, providers, and stakeholders, to craft a shared vision for primary prevention in the District. From the first meeting, the charge was clear: create a citywide prevention strategy that integrates Family First as a central pillar within a broader approach to prevention, rather than as an independent strategy. Agencies were asked to incorporate child maltreatment prevention approaches in their own strategic plans and combine efforts to ensure successful implementation of Family First.

The Citywide Prevention Workgroup served as a forum for health and human services leaders to articulate a shared vision and approach to prevention and make critical decisions. Three carefully designed subgroups were formed to analyze and make meaning of data, gather input from system partners, and synthesize information to form detailed and empirically driven recommendations about core aspects of DC's approach to prevention. Subgroups comprised management-level staff across the health and human services agencies, leadership from community-based organizations, and stakeholders. Each subgroup was supported by CFSA data analysts who provided and interpreted data to support decision

making. Chapin Hall and CFSA staff co-facilitated each subgroup with an eye toward helping practitioners and leaders effectively utilize data in order to maximize the impact of new and existing services. Each workgroup presented recommendations to CFSA leadership and the Prevention Workgroup for review and approval.

Subgroups reflected three major decision points central to defining DC's prevention approach: defining what constitutes imminent risk of foster care entry, or "foster care candidates," and other priority target populations; identifying the preventive services array inclusive of, but not limited to, Family First EBPs,¹ and determining an approach for primary prevention.

Target Population Definition

The Target Population Subgroup was charged not only with determining the criteria for imminent risk of foster care entry or "foster care candidates" under Family First, but also with identifying at-risk populations not served through Family First that should have access to a broader array of services.

To support decision making, Chapin Hall created visuals depicting the flow of cases through DC's child welfare system. Visualizing the system allowed subgroup participants to gain a shared understanding of case flow pathways and program areas within the system and build consensus regarding potential candidates and other priority subpopulations. Additionally, the CFSA and partner agencies presented data about the characteristics and risk levels of the children and families they serve, which informed the subgroup's decisions regarding target populations.

After defining imminent risk and foster care candidacy, the Target Population Subgroup identified key subpopulations of children and families that should be served but are not eligible under Family First. These included low- and moderate-risk cases that closed following an unsubstantiated investigation and families that self-refer to the CFSA's community-based child welfare providers without child welfare involvement. These families will be served through other agencies or providers, or by the CFSA using different funding streams.

Prevention Service Array Identification

The Prevention Service Array Subgroup was charged with determining an appropriate service array aligned with the characteristics and needs of DC's target populations. Providers and city agencies engaged in a scan of the landscape to capture information about the existing array of EBPs in DC. Meanwhile, the subgroup used child and family assessment data and removal reasons to understand the prevalence of needs that correspond to specific EBPs. Cross-walking assessment data with information about EBPs allowed the group to identify gaps in the service array and services to be expanded under Family First. The subgroup also drew on input from providers and evidence about what programs have proved effective in DC. Based on a synthesis of this information, the subgroup recommended a suite of evidence-based mental health, substance abuse, and parenting EBPs for inclusion in DC's Prevention Plan. While many of the services are listed on the Title IV-E Clearinghouse, others have not yet been rated nor demonstrated the level of evidence required to support federal reimbursement under Family First. Regardless of their ability to be claimed for under Family First, DC included all of these EBPs in their Family First Prevention Plan, justifying their inclusion based on evidence suggesting their strong alignment with the needs of the target population in DC. This continuum of EBPs represents the most intensive services buoying DC's child welfare prevention service array to support at-risk children and their families. CFSA's Family First theory of change articulates the potential impact of these EBP services collectively and serves as a guide for future evaluation and CQI activities.

Primary Prevention Design

Critical to the citywide primary prevention strategy, the Upstream Services Subgroup was charged with developing recommendations for allocating CFSA's Community-Based Child Abuse Prevention (CBCAP) funding to

meet the needs of children and their families. These services are designed to target the families at risk of child maltreatment but not eligible to be served through Family First as they are not at imminent risk of entering foster care. Although relatively small, the investment recommendations




from this subgroup reflected an initial down payment on the approach to primary prevention adopted by the larger workgroup. Recommendations included specific target populations, articulation of a geographically focused approach, and a suite of EBPs that would meet the needs of families. These recommendations continue to guide investment decisions as part of DC's citywide Prevention Plan. Building upon these recommendations, DC Mayor Muriel Bowser has established a new primary prevention initiative (Families First DC) to build family-strengthening supports upstream by creating a network of primary prevention services and neighborhood-driven resources. Families First DC is in the planning phases and will be implemented in FY 2020 in concert with Family First implementation.

Beyond the Prevention Plan: Implementation and CQI

Following submission of CFSA's Prevention Plan to the Children's Bureau in April, with the start date of Family First just six months away, CFSA began the work of implementation in earnest. Content from the city's prevention plan was translated to an implementation plan outlining key tasks necessary to prepare the DC for changes in operations, practice, and

services. The CFSA utilized Chapin Hall's suite of Family First planning tools to identify and proactively address key readiness and implementation drivers prior to start-up of services. The CFSA formed an internal implementation team to oversee execution of tasks within the implementation plan, and to promote collaboration and shared accountability. The team comprises leadership from programmatic and operational areas throughout the agency who are responsible for aspects of Family First, such as in-home services, child protection, finance, information technology (IT), contracts, and policy. Members of this team systematically liaise with external partners for input and coordination on planning and delivery of services through regular check-ins.

Effective October 1, 2019, the implementation team will follow a continuous quality improvement (CQI) framework, utilizing data and information to monitor implementation and inform management decisions related to prevention services. In addition to monitoring individual programs through evaluation and CQI as required through the legislation, CQI within the implementation team will examine the impact of the city's approach to prevention broadly. They will assess, for example, the degree to which Family First and complementary prevention strategies collectively have been implemented as intended and produced an impact, and whether the right services are in place.

Guided by its Family First theory of change, active implementation planning, as well as interagency partnerships and a cohesive implementation team, DC is poised to advance a comprehensive prevention strategy over the next five years, with Family First services at its core. 

Reference Note

1. Family First mandates that services provided to candidate children and their families be rated on the Title IV-E Prevention Services Clearinghouse (<https://preventionservices.abtsites.com/>), or receive approval under new guidance until services can be rated on the clearinghouse.