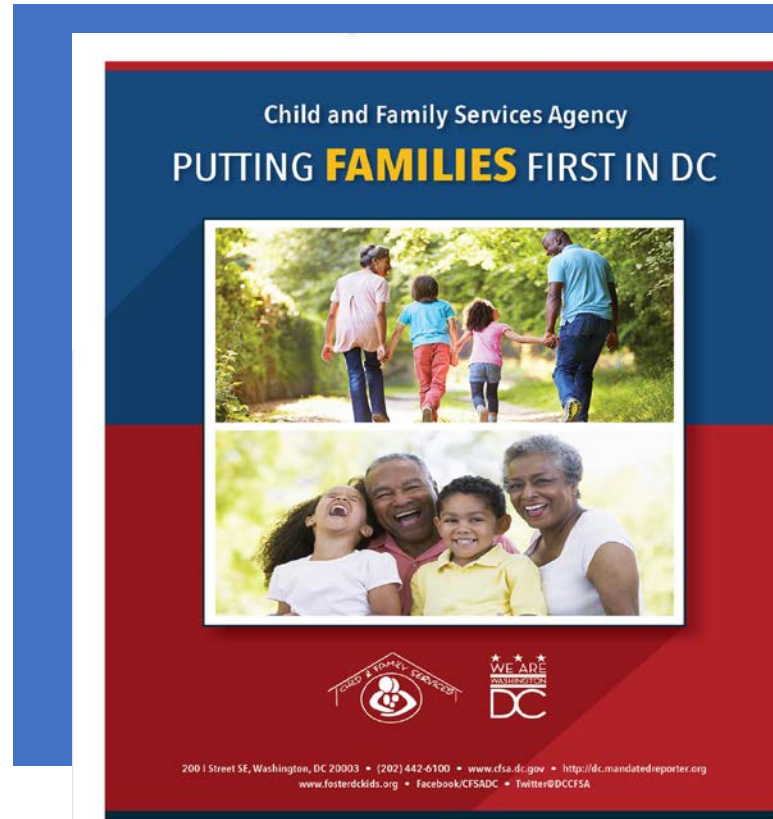


# PUTTING FAMILIES FIRST IN DC



December 5, 2019



NACBH

National Association for Children's Behavioral Health

Emerging Best Practices Conference

December 5-6, 2019  
St. Pete Beach, FL

# Four Pillars Agenda: Values-Based

*Children grow up best with their families. We remove children only when necessary to keep them safe.*

*Every child exits care as quickly as possible for a safe, supportive family or life-long connection. Older youth have skills for successful adulthood.*



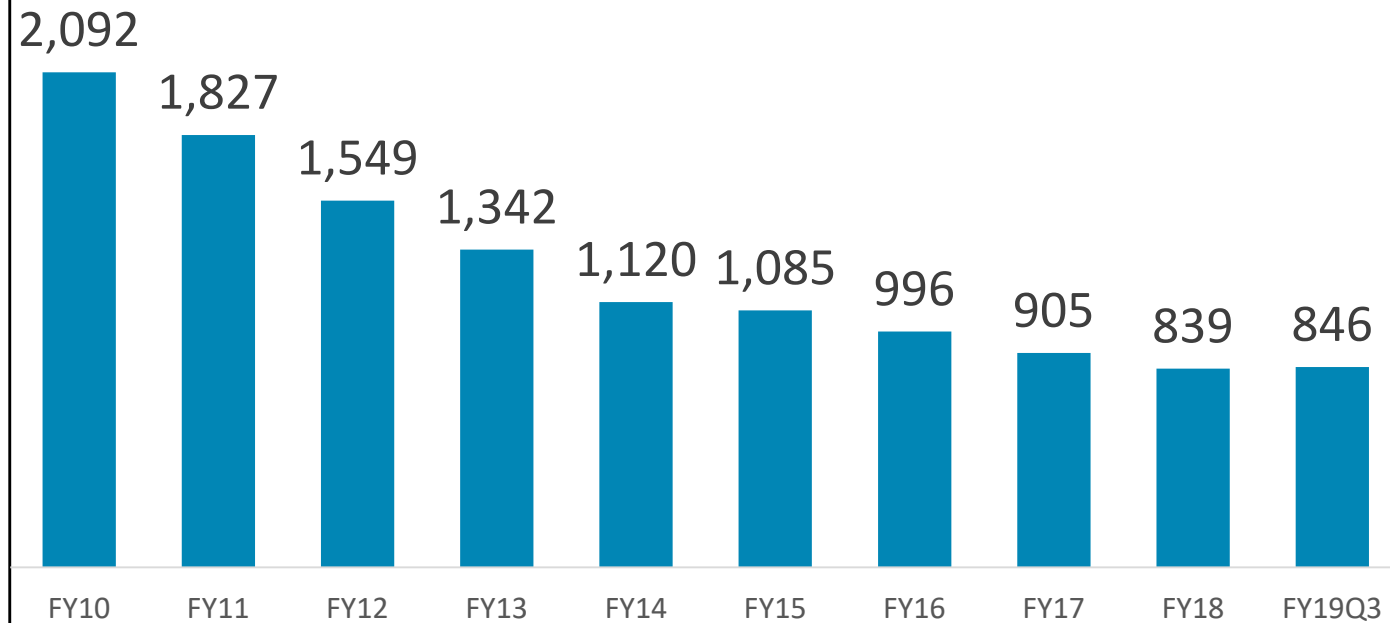
*Foster care is temporary. We start planning for permanence the day a child enters care.*

*Every child is entitled to a nurturing environment that supports healthy growth and development, good physical and mental health, and academic achievement.*

# CFSA's Focus on Prevention



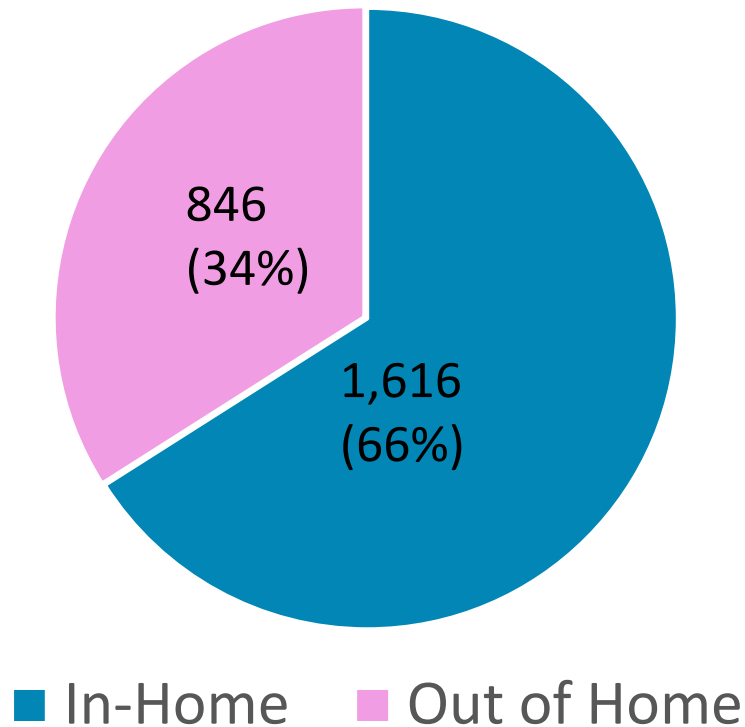
Children in District Out-of-Home Care  
Point in time: Last day of Fiscal Year



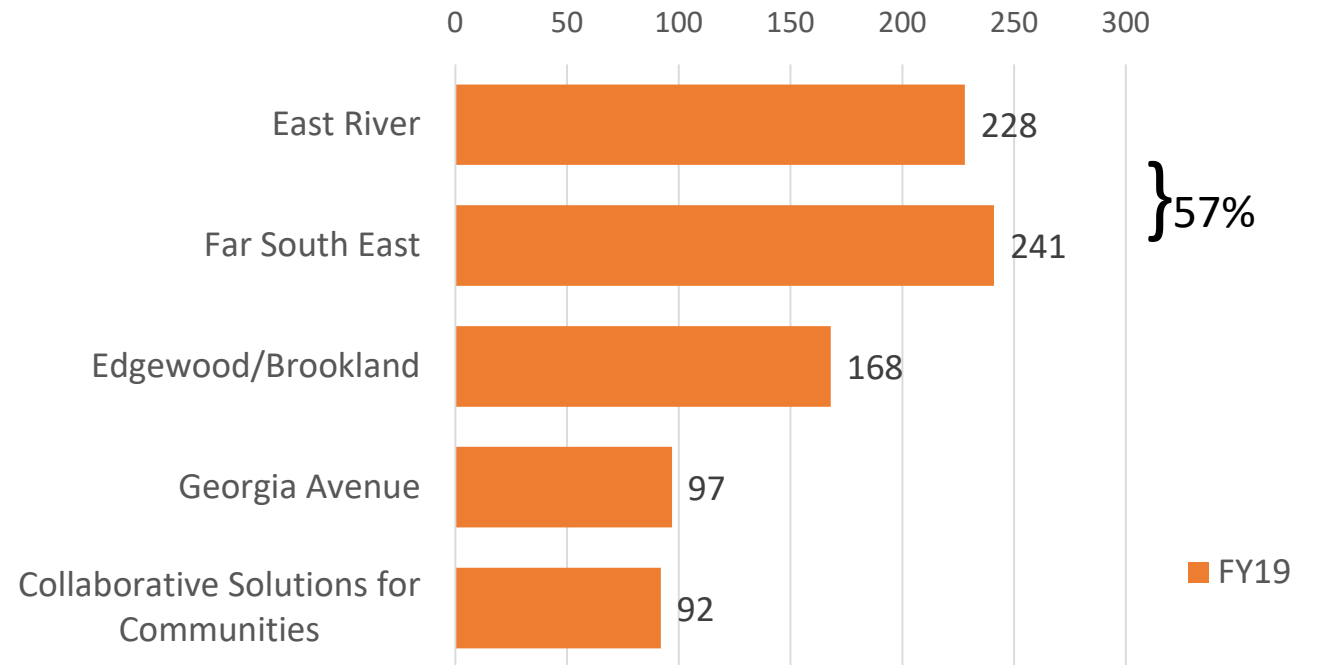
# SNAPSHOT: WHO WE SERVE

As of June 30, 2019

**2462** children and youth served by CFSA



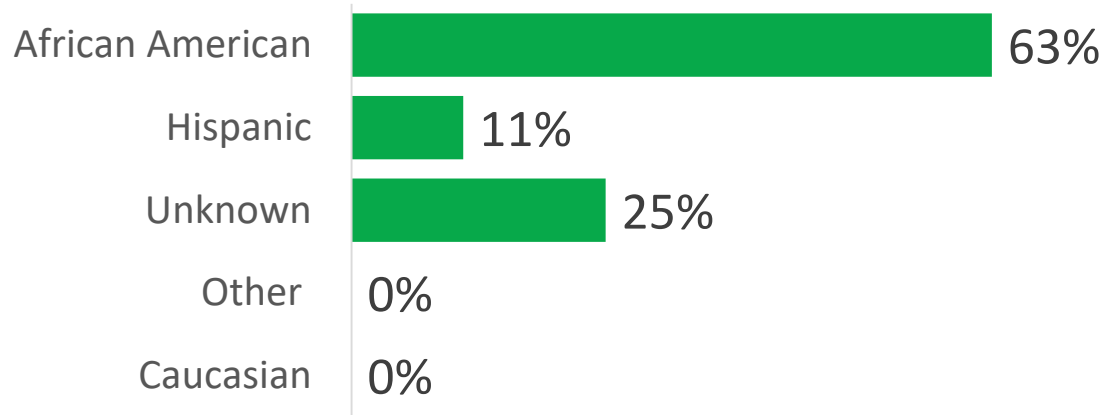
**826** Families served by the Collaboratives



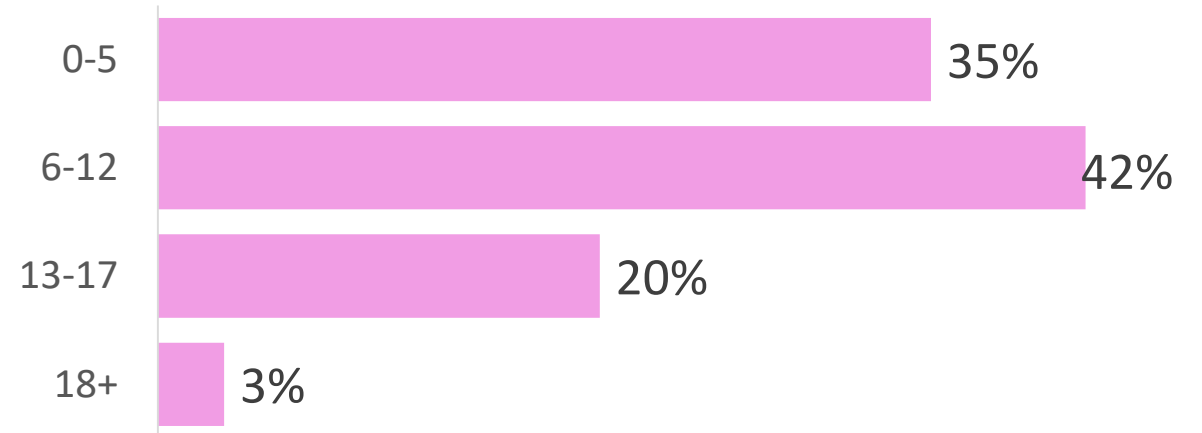
# Children served In-Home

(as of 6/30/2019)

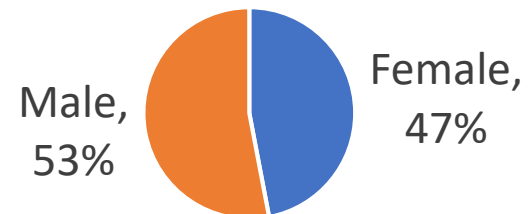
## Race



## Age



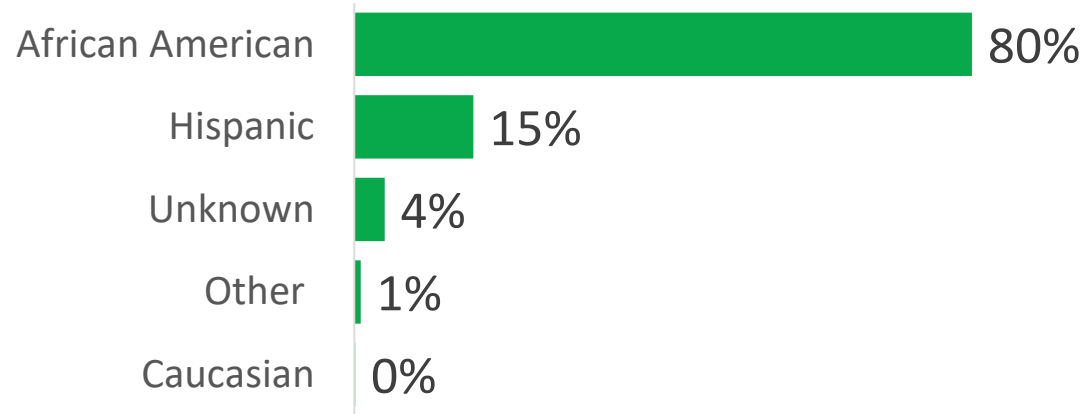
## Gender



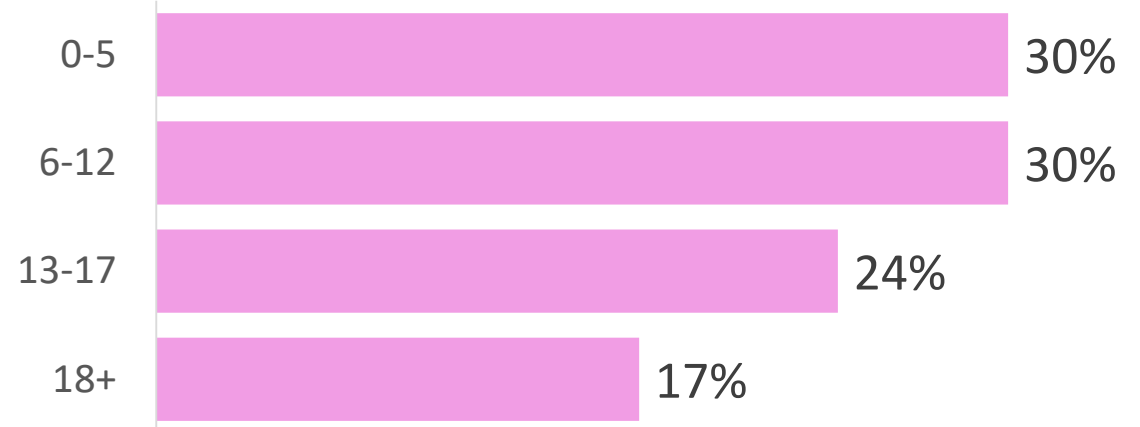
# Children served by Out-of-Home

(as of 6/30/2019)

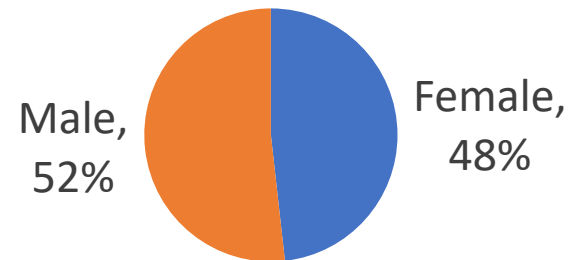
## Race



## Age



## Gender



# What is Family First?

- Family First Prevention Services Act (Family First) was enacted by the federal government to increase the availability of evidence-based services prevent foster care entry by serving families in their communities.
- Family First officially **launched on October 1, 2019**, allowing CFSA staff to document evidence-based prevention services for children to support family preservation and reunification.
- **Services include:**
  - Parenting and Home Visiting Programs
  - Mental Health treatment services
  - Substance Abuse treatment
- Family First is an enhancement to our current practice: the next evolution of the prevention work CFSA is already doing.



# Drivers of Success in DC

- Shift from IV-E Waiver to Family First
- Leadership commitment
- Consistent and targeted meetings
  - Workgroups & subgroups
  - Focus groups (stakeholder buy-in): Family and Provider voice
- Commitment to staffing (team)
- Asking forgiveness not permission – Vision First





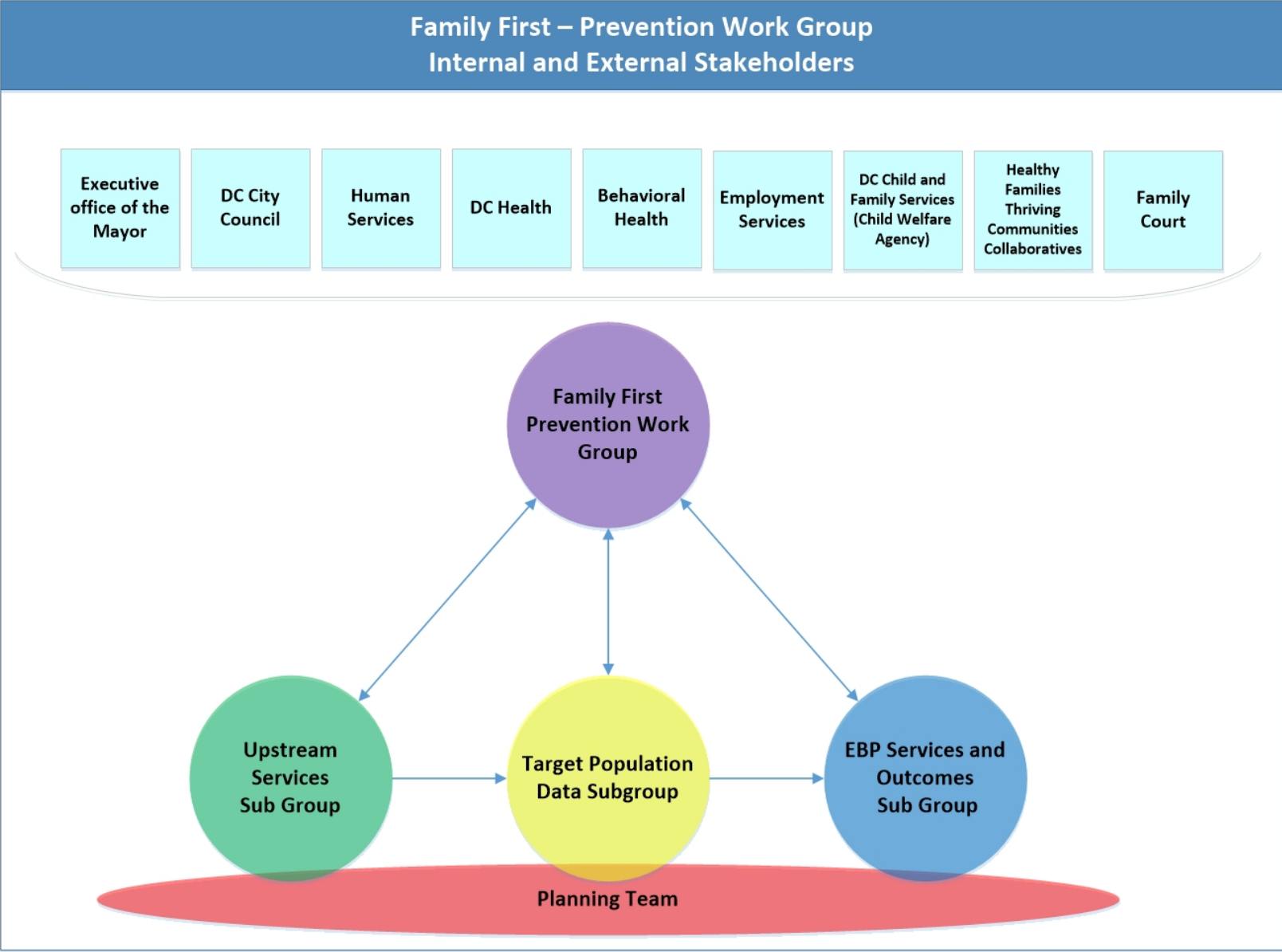
# Sister Agencies and Partners

- What populations are reflected in sister agency data? How do the populations relate to:
  - Potential candidates
  - Potential upstream populations
- What insights can be gained about client service needs?
- What insights can be gained about DC's existing service array?
- How do these insights influence our thinking about how to best serve families at risk of child maltreatment?



# Prevention Work Group

- Reviewed **CFSA** and **partner data** and obtained input on potential target populations and services
- Conducted client and provider **focus groups**
- Identified **target populations for services**, including upstream (primary prevention) target populations and candidates for foster care
- Recommended the best-fit **evidence-based interventions** to meet DC families' specific service needs.
- Articulated a **broad vision** for prevention in DC.



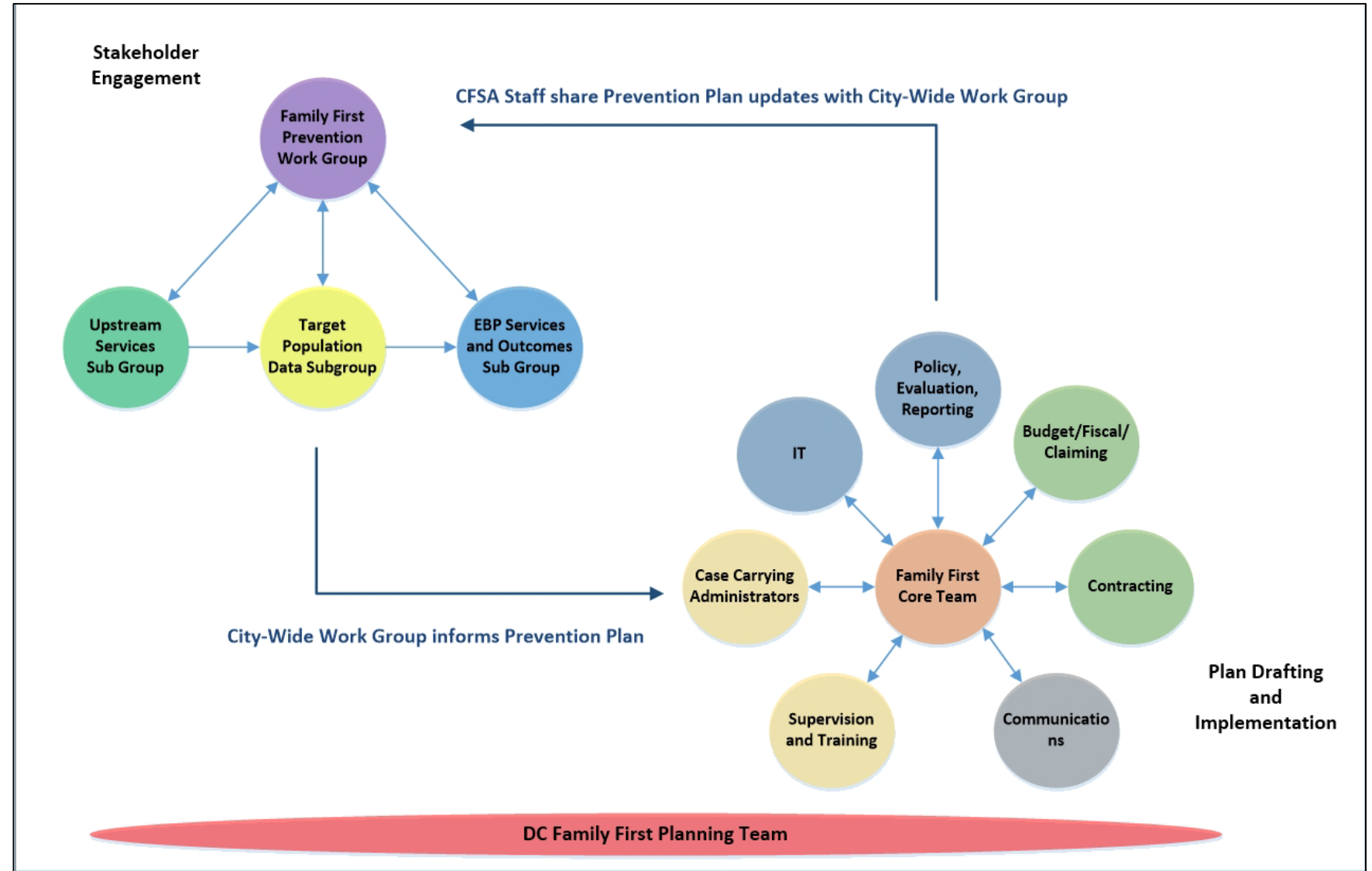
# Family Work Prevention Internal Implementation Team

- Key internal **stakeholder meetings** to answer plan development and implementation questions.
- Used Chapin Hall's **Readiness Assessment, Planning, and Implementation tool** as a framework for meeting with CFSA subject matter experts (SMEs).
- Initial meetings to inform plan development served as a **kick-off for CFSA's implementation team** to answer critical questions to craft our prevention plan.
- **Shifted from plan development to implementation** efforts following the submission of our Plan to the Children's Bureau.



# Family Work Prevention Work Group: Feedback Loop

- Prevention Plan **feedback loop ensured voices represented** from internal and external stakeholders.
- **Recommendations** from stakeholders **informed the Prevention Plan** content.
- **Core team and SMEs transitioned from planning to implementation.**



# Family First Target Population



## Target Sub-Populations

### Front Porch

- (1) Children served through the Healthy Families/Thriving Communities Collaboratives (the Collaboratives) following a CPS investigation or closed CFSA case.
- (2) Children who have exited foster care through reunification, guardianship, or adoptions.
- (3) Children born to mothers with a positive toxicology screening.

### Front Door

- (4) Children served through CFSA's In-Home Services program, which offers intensive case management and service referrals to families.
- (5) Pregnant or parenting youth in/recently exited foster care with eligibility for services ending five years after exiting foster care.
- (6) Non-ward children of pregnant or parenting youth in or recently exited foster care with eligibility for services ending five years after exiting.
- (7) Siblings of children in foster care who reside at home and have assessed safety concerns.



# The Role of Case Management

- CFSA is investing in training on encouraging meaningful connections-to and engagement-in EBP services
- Motivational Interviewing has emerged as a prominent case management tool in the field of child welfare
- CFSA social workers, supervisors and Collaboratives will carry out Motivational Interviewing (MI) as a core component of our practice model



# Changes to the way CFSA staff work



## Prevention Planning



## Referrals to EBPs

- **New way to document services** needed to support children and their families (Prevention Plan) and refer to EBP services.
- **Mandatory IT and Motivational Interviewing trainings** for all case-carrying staff and supervisors to prepare for case **practice and documentation changes**.
- **Improved internal communication to emphasize available prevention services** – leverage agency publications, trainings, and IT systems to make services easy to find!



# Technology to Support Family First – Prevention Plan and Service Tracking

The screenshot displays the CFSA Community web application interface. At the top, a blue header bar contains "CFSA Community" on the left and "Help Desk 202-434-0009" on the right. A left-hand navigation menu lists: Bill Cargo, Home, My CFSA Cases, Prevention Services, My Alerts, Help, and Log Out. The main content area features three top-level cards: "My CFSA Cases" (with a folder icon and a description: "Shows all your cases that have been transferred from CFSA and Private Agencies"), "Prevention Services" (with a green checkmark icon), and "My Alerts" (with a red exclamation mark icon). Below these is a "Service Tracking" section with a status of "Referral In-progress". This section contains five numbered steps: 1. Confirm Capacity (Completed on Sep 30, 2019), 2. Gather Information (Completed on Oct 01, 2019), 3. Enroll in Prevention Service (Completed on Oct 02, 2019), 4. Start Service (Started on Oct 03, 2019), and 5. End Service (Ended on Oct 04, 2019). Each step has an "UPDATE" button. Below the steps are two buttons: "DENY REFERRAL" and "PLACE ON WAITING LIST". At the bottom of the service tracking section is a dropdown menu labeled "Notes by Service Provider".

Intuitive and easy to use





# Families First DC: Moving Upstream

**NACBH**

National Association *for* Children's Behavioral Health

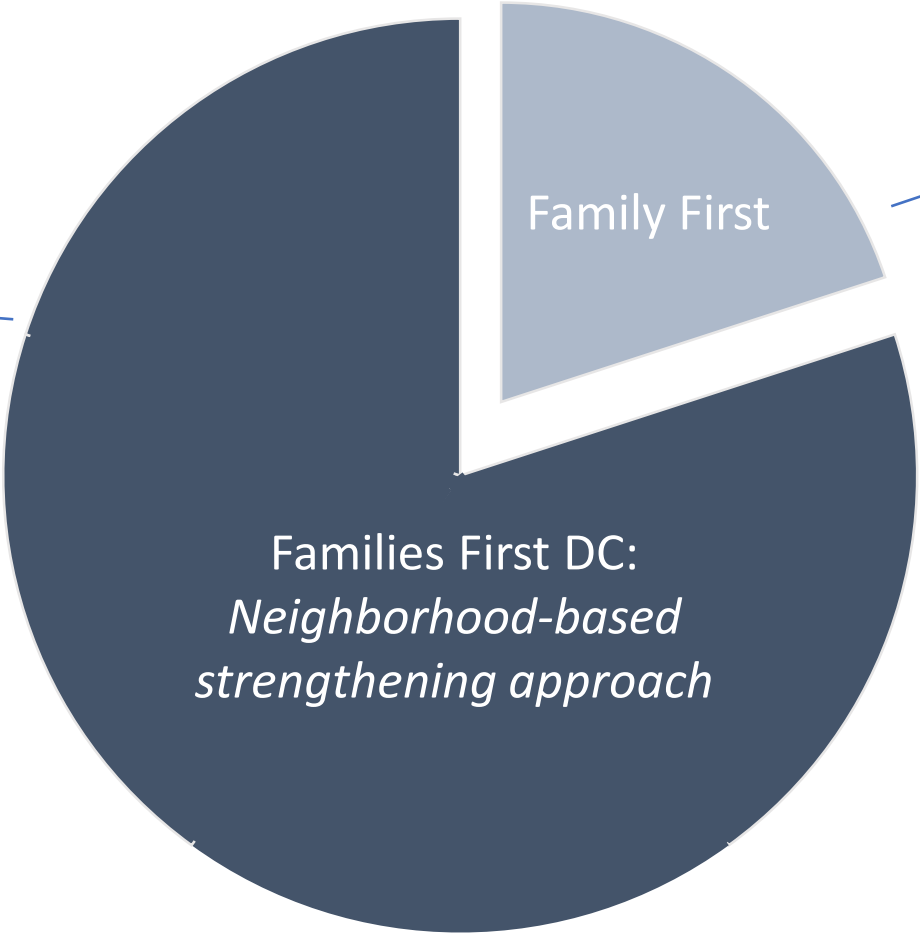


Emerging Best Practices Conference

December 5-6, 2019 | St. Pete Beach, FL

# Family First (CFSA) + Families First DC

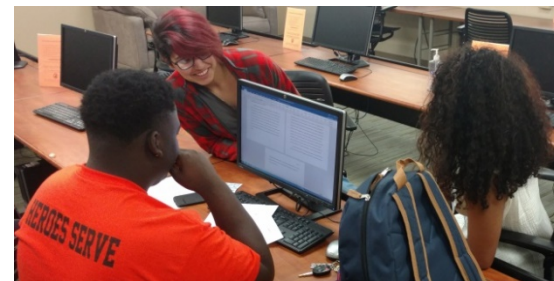
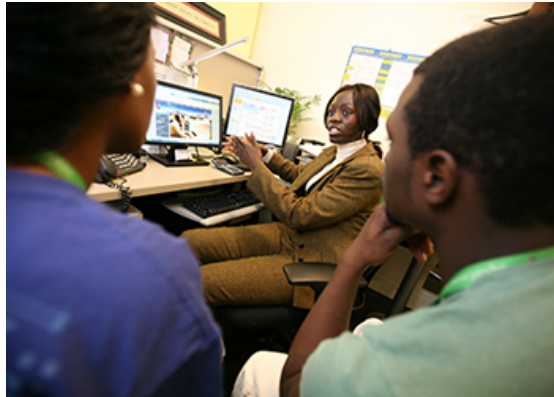
Wraps around the narrow requirements of Family First to support and strengthen DC families in their own neighborhoods through primary prevention.



Evidence-based programs to support pregnant & parenting youth in foster care and foster care candidates



# Families First DC: 10 Family Success Centers in Targeted Neighborhoods



# Families First DC: Goals

- **Empower Communities** - Place-based approach - neighborhoods and families will create Family Success Centers to meet their specific needs.
  - **Community Advisory Committees** to set priorities, \$400,000 grants including up to \$250,000 for sub grants to fill services gaps.
- **Integrate Services** –Centers will be uniquely designed by each community to **facilitate access** to existing government and community resources tailored to meet families' needs.
- **Focus Upstream** - Family Success Centers will focus on increasing protective factors and mitigating trauma - **prevent crises through early engagement.**



# Families First DC: Neighborhoods and Locations

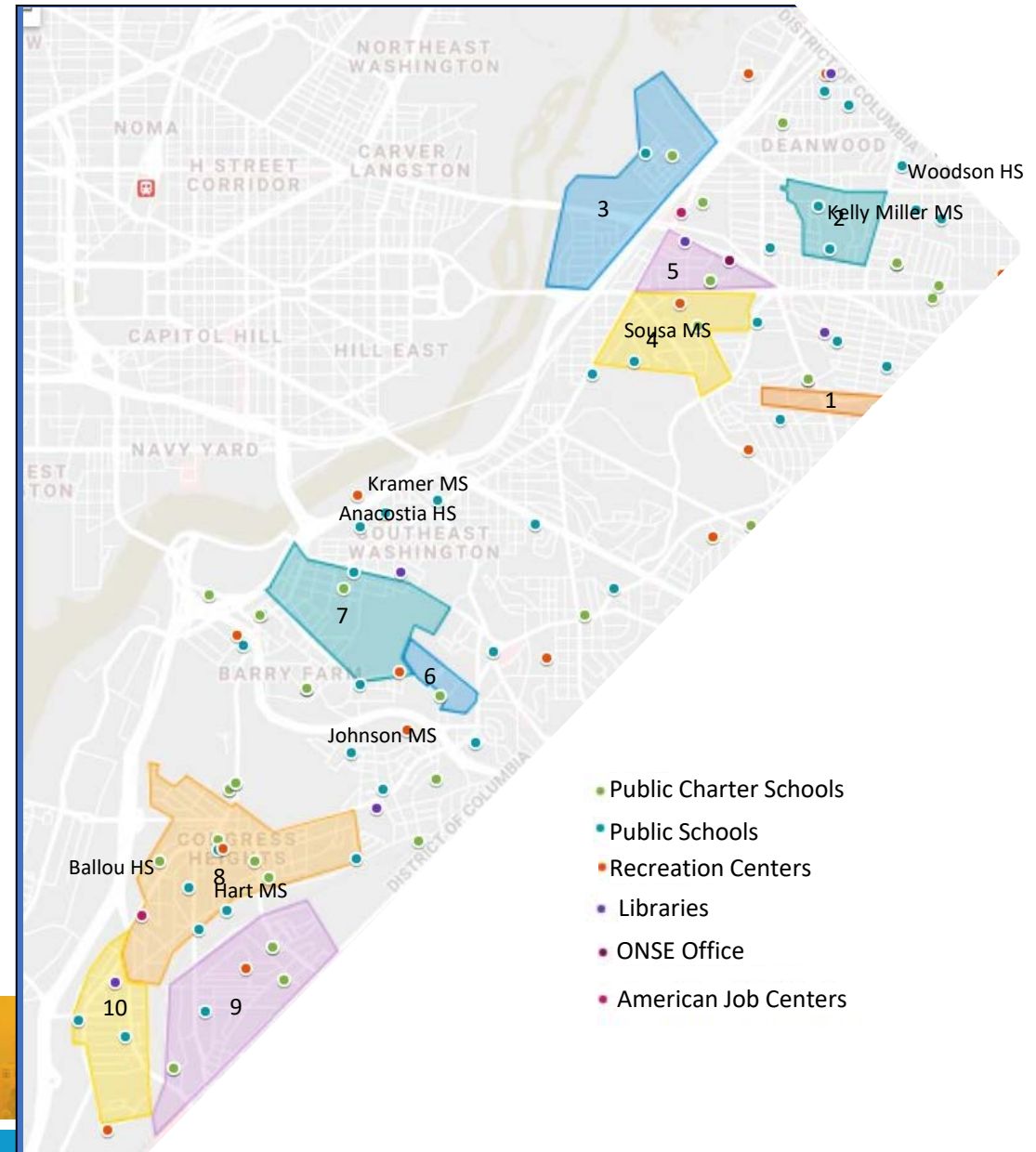
Families First DC neighborhoods were selected based on social determinants of health data, violence prevention priority areas, and substantiated reports of child abuse and neglect.

## Ward 7

1. Simple City (Benning Terrace)/Benning Park
2. Clay Terrace (Richardson Dwellings)
3. Mayfair/Paradise
4. Stoddart Terrace/ 37<sup>th</sup> (Fort Dupont)
5. Benning & Minnesota - Minnesota & Ridge Ave.

## Ward 8

6. Woodland
7. Anacostia
8. Congress Heights
9. Condon Terrace/Wahler Place/3<sup>rd</sup> World/6<sup>th</sup> Street (Washington Highlands)
10. Wingate/Forrester/Elmira (Bellevue)



# DC's Prevention Services Evaluation and CQI Strategy

- DC will **evaluate the effectiveness of prevention programs** across the child welfare system (secondary, and tertiary prevention), with a **specific focus on families considered at risk** of becoming involved with the Child Welfare agency (Family First)
- **Examine prevention programs' outcomes and impacts** on key child welfare and well-being outcomes, ranging from family-level to community-level outcomes.
- **Monitor facilitators of implementation** within in a well-developed continuous quality improvement framework as a basis for improving outcomes
- **Maintain CQI cycles to realize** continuous system **improvements** and assess, refine, and successfully **target investments** in services that work.



# CFSA's Three Pillars of Prevention Evaluation

*Draft Evaluation and CQI Research Questions*

(1) Family First CQI for PAT	(2) Secondary and Tertiary Preventive Services Array CQI	(3) Families First (Primary Prevention) Evaluation
<p><b>Implementation:</b></p> <ol style="list-style-type: none"> <li>To what extent did PAT <i>reach</i> its intended target population? What barriers to services can be identified?</li> <li>To what extent is PAT carried out with <i>fidelity</i>?</li> </ol> <p><b>Outcomes:</b></p> <ol style="list-style-type: none"> <li>To what extent did PAT bring about program-specific outcomes for participants?</li> <li>To what extent did PAT prevent <i>foster care entry or re-entry</i>? To what extent did the program reduce <i>repeat or subsequent child maltreatment</i>?</li> </ol>	<p><b>Implementation:</b></p> <ol style="list-style-type: none"> <li>To what extent did workers and clinicians directly responsible for providing the programs have the right support and <i>capacity</i> to be successful?</li> <li>To what extent did the programs <i>reach</i> their intended target population? What barriers to services can be identified?</li> <li>To what extent are the programs and associated practices <i>integrated</i> into the work of CFSA and provider staff—to promote <i>sustainability</i>?</li> <li>To what extent are the programs carried out with <i>fidelity</i>?</li> </ol> <p><b>Outcomes:</b></p> <ol style="list-style-type: none"> <li>To what extent did each program bring about intended <i>program-specific outcomes</i> (e.g., mental health, substance abuse, and parenting outcomes) for participants?</li> <li>To what extent did the program prevent <i>foster care entry or re-entry</i>? To what extent did the program reduce <i>repeat or subsequent child maltreatment</i>?</li> </ol>	<ol style="list-style-type: none"> <li>To what extent are family resource centers achieving their center-specific goals?</li> <li>To what extent is the center improving family outcomes?</li> <li><b>To what extent is the program preventing foster care entry or re-entry?</b></li> <li>Have there been neighborhood improvements since implementation?</li> </ol>



# Evaluation and CQI Planning

## Phase 1 – Plan

### Needs assessment and Service Selection (July 2018 – September 2019)

- Review of data across the Health and Human Services cluster to determine the need and gaps in services
- Select an array of Evidence-Based Programs (EBPs) that address the needs of the population and fills the gaps in service

### Design Evaluation and CQI (October 2019 – Present - Ongoing)

- Embed in existing CQI plans for EBPs that are well-supported (MIECHV Home Visiting CQI Plan)
- Meet with agency leaders to document program processes, clarify program outcomes and measures across all EBPs
- Develop cross – cutting fidelity measures across each program

## Phase 2 – Do

### Launch (October 2019)

- Launch of Family First and other EBPs and associated practices and business processes
- Begin data collection and refine evaluation & CQI design

## Phase 3: Study and Act

### Carry out evaluation (January 2020 - Ongoing)

- Analysis of data within CQI framework.
- Make changes to programs to improve implementation and outcomes.

**NACBH**

National Association for Children's Behavioral Health



Emerging Best Practices Conference

December 5-6, 2019 | St. Pete Beach, FL



# Drivers of Successful Evaluation

- Developmental evaluation - Working with decision makers in the evaluation process.
  - Give people ownership of their data and outcomes. Let the partners and programs present their data and take accountability for the work they've done.
- All information is good information!
- Understanding Implementation factors is key to improving outcomes.
  - Information about how services are delivered, engagement, obstacles to engagement should be fed back early and ongoing—with an eye to improving program implementation in order to improve outcomes.
- Rapid cycles.
  - We have a responsibility to use information frequently to help us make informed decisions as we manage and improve the prevention continuum.





# Questions & Discussion

