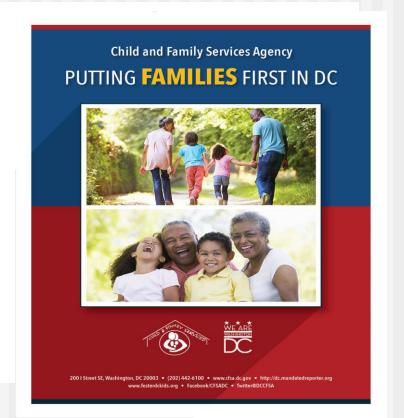
## PUTTING FAMILIES FIRST IN DC

Building a Framework for Preventing Abuse and Neglect

**September 12, 2019** 

NGA: Human Services
Policy Advisors Institute





# **Child Welfare District Characteristics**

- Both local and state functions within CFSA
- Partially privatized
- Have always supported youth in care to age 21
- Strong array of services and best practices
- Relationships are key. CFSA is the <u>agency</u>. Numerous partners make up the <u>system</u>.

# **Snapshot of the DC Kids We Serve**



The DC Child and Family Services Agency (CFSA) works to improve the safety, permanence, and well-being of abused and neglected children in the District of Columbia and to strengthen their families. The numbers and percentages below reflect CFSA data as of June 30, 2019 (end of FY19 Q3).

All children deserve to grow up in a loving, supportive and healthy home. CFSA invites DC families to join us as partners in caring for DC kids. Find out how and the resources available to help you serve as a successful foster parent.

1616

846

The number of children living in foster care (34% of kids we serve)

The number of children served in their home (66% of kids we serve)

238

The number of children living with kin or relative (28% of kids we serve)



55

The number of children who are in need of a permanent family

Where do most of our kids come from?

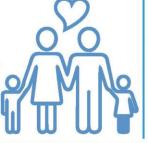


Ward 7: **25%** Ward 8: **34%** 

266

**AUGUST 2019** 

The number of children who have exited care and have been placed in a permanent home via reunification, adoption or kinship care



312

The number of children we serve, ages 14-21 (37% of kids we serve in foster care)



SEGOVERNMENT OF THE DISTRICT OF COLUMBIA COLUMBI

# Four Pillars Agenda: Values-Based

**CFSA Four Pillars** 

Front Porch

Front Yard

Safe Haven

**Well Being** 

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.

Exit to

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.



### **Front Door: Focus on Prevention**

### **Prevention Partners**

Healthy Families/Thriving Communities
 Collaboratives: key partners and primary neighborhood-based resource- 20 year history with CFSA







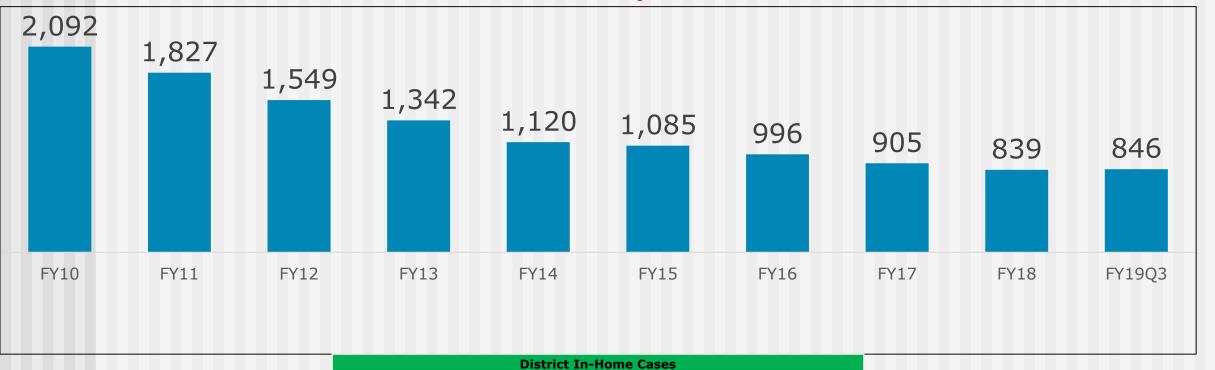


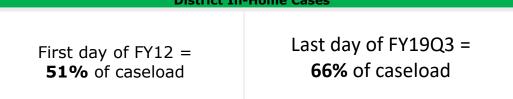


 Key collaborations with sister agencies: Health, Mental Health, and Human Services

# **CFSA's Focus on Prevention:** Fewer Kids in Foster Care

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





#### **District Title IV-E Waiver**

### **Safe and Stable Families**



#### Original target populations

- Young families (ages 17-25) with young children (ages 0-6)
- Children in foster care with goal of reunification for 6-12 months

#### Original evidence-based programs

- HOMEBUILDERS®
- Project Connect
- Parent Education Support Program (PESP)

#### Learnings

- Narrow requirements of national models led to low referrals
- At the mid-point, renegotiated our demonstration project

## **Moving from Waiver** to Family First

- Although IV-E waiver ended in mid-FY19, CFSA is committed to prevention and family support: front yard, front porch, and front door
- Goal is to expand effective community-based services available to help families in their own neighborhoods—often before they get involved with child welfare
- Strengthening strategic partnerships with communitybased organizations and other human services agencies is key
- Moving toward a city-wide approach to prevention
- Convened Prevention Work Group June 27, 2018

## Family First Planning Process

Established a cross-agency, cross-sector work group

 Clear charge: create a citywide plan to strengthen families and keep children safe

Family First Prevention Services Act is an opportunity, not an end game

# **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 First – Prevention Work Group Internal and External Stakeholders

Executive office of the Mayor

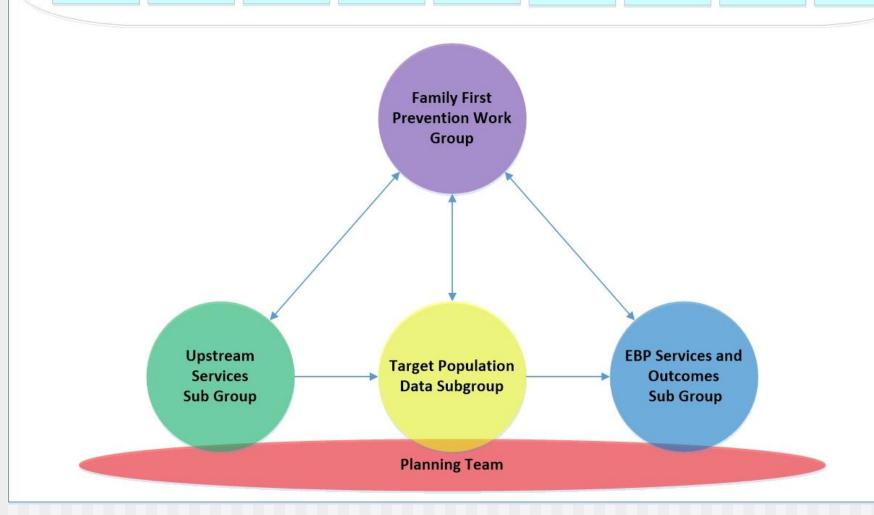
DC City Council

Human Services

DC Health

Behavioral Health Employment Services DC Child and Family Services (Child Welfare Agency) Healthy
Families
Thriving
Communities
Collaboratives

Family Court



# Family Work Prevention Internal Core Team – Subject Matter Expert (SME) Meetings

- 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.
- Shifting now from plan development to implementation efforts following the submission of our Plan to the Children's Bureau.

## Family First Internal Planning

- Congregate Care Analysis
- Claiming and Fiscal Impacts
  - Budget impacts and preparing to move from the Waiver to Family First
- Practice and IT System Changes
  - EBP Case Management Services, IT system design/changes, Training
- Building Evaluation and CQI capacity internally
  - Partnership with The Lab @ DC, Chapin Hall

## **Theory of Change**

#### **Target Population**

# Identify, assess, & engage the target population:

- Pregnant and parenting youth in foster care
- Children at high risk of entering or reentering foster care and their caregivers

#### Interventions

Deliver high fidelity evidence-based programs that are aligned with the specific needs and characteristics of the target population.



Promote increased family engagement and completion of services through case management and motivational interviewing.





#### Infrastructure & Implementation Supports

CFSA and city agencies provide **critical administrative supports** to facilitate successful implementation and achievement of outcomes, e.g., IT tools, interagency collaboration, and workforce supports.

#### **Proximal Outcomes**

Parent, child, and family functioning improves by achieving the desired outcomes each service at high rates, such as:

- Parents empowered with skills and resources
- Reduced behavioral and mental health disorder symptoms
- Improved PTSD and trauma symptoms
- Reduced problematic patterns of substance use



Initial and repeat child maltreatment declines

#### **Distal Outcomes**

As the number of children and families served in the community increases, the number of children served in foster care decreases



The child welfare system rebalances as a primarily preventive and family-strengthening system



## **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.

## **EBP Services: In-Home Parenting**

	EBP Interventions	Target Population (in years)
In-home Parenting	Parents as Teachers (PAT)	Parents of children 0-5
	Nurturing Parent Program (NPP)	Parents of children 5-12
	Healthy Families America (HFA)	Parents of children 0-5
	Chicago Parenting Program (CPP)	Parents of children 2-5
	Effective Black Parenting Program (EBPP)	Parents of children 0-17
	YVLifeset	Pregnant or Parenting Youth 17-22
	Transition to Independence (TIP)	Pregnant or Parenting Youth 14-29

## **EBP Services: Substance Abuse**

	EBP Interventions	Target Population (in years)
Substance Abuse	Project Connect	Parents of children 0-17
	Recovery Coaches - Connecticut Center for Addiction and Recovery (CCAR) certification	Caregivers (all ages)
	Adolescent Community Reinforcement Approach (A-CRA)	Children 12-25

# EBP Services: Mental Health & Cross-Cutting

	EBP Interventions	Target Population (in years)
Mental Health	Multi-Systemic Therapy (MST)	Children 11-17
	Trauma-Focused Cognitive Behavioral Therapy	Children 3-18 and their caregivers
	Functional Family Therapy	Children 11-18
	Parent Child Interaction Therapy (PCIT)	Children 2-6
	Parents Anonymous	All families
Cross- cutting	Motivational Interviewing (MI)	Parents (all ages)

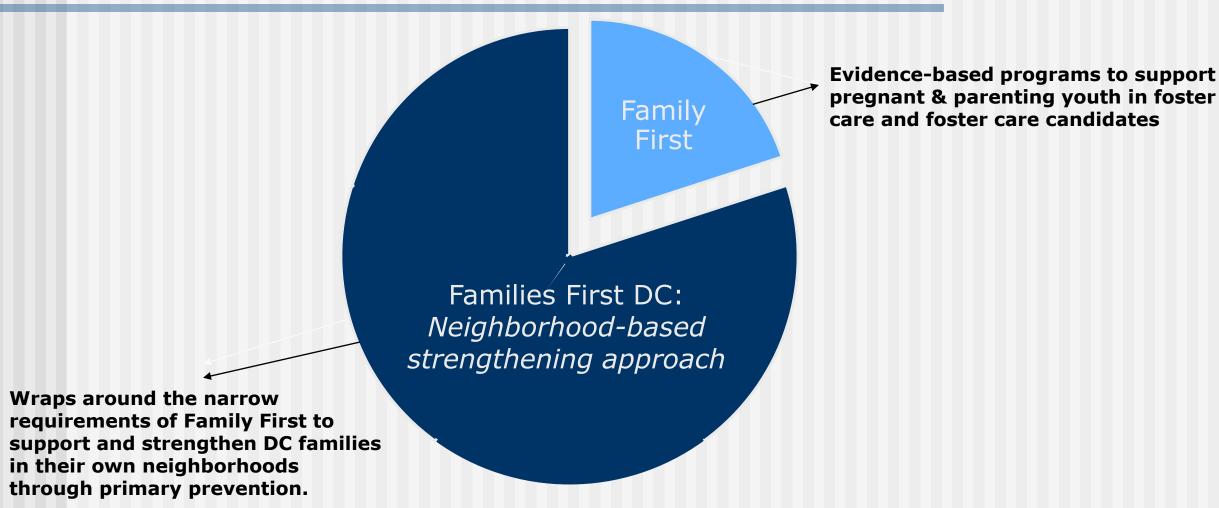
## The Role of Case Management

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



# FAMILIES FIRST DC: MOVING UPSTREAM

## Family First (CFSA) + Families First DC



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













## **Families First DC: Goals**

- <u>Empower Communities</u> 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**

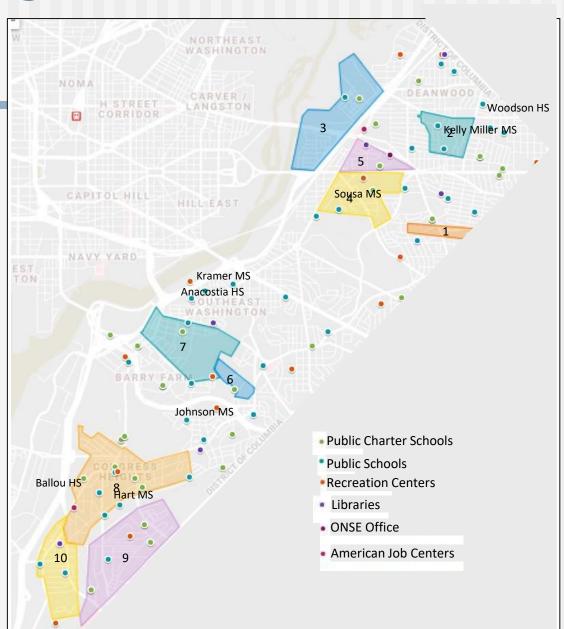
Families First DC neighborhoods were selected based on social determinants of health data, violence prevention priority areas, and substantiated reports of child abuse and neglect.

#### Ward 7

- 1. Simple City (Benning Terrace)/Benning Park
- 2. Clay Terrace (Richardson Dwellings)
- 3. Mayfair/Paradise
- 4. Stoddart Terrace/ 37th (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)



## **Questions & Discussion**

