



STRATEGY BRIEF

SUPPORTIVE COMMUNITIES

How are states building **community-based pathways to prevention services through Family First?**

The [Family First Prevention Services Act](#) (Family First), enacted in February 2018, created a federal entitlement with the stated purpose of reducing and preventing entry into foster care. Family First allows states and tribes to use federal Title IV-E funds for prevention services that support children living safely with their families. Family First has provided an unprecedented opportunity to reorient child welfare and advance transformation in terms of the types of services offered (evidence-based prevention programs rather than family separation and placement in foster care), which families receive services (candidates for foster care and their parents and kin rather than only children in foster care), and how and where they access them (through community-based organizations rather than the child protection agency).

Community pathways provide families access to culturally relevant local services without direct involvement with child protective services. Through these pathways, approved entities such as community-based organizations, prevention services providers, and other public agencies may deliver support and perform required Family First administrative functions. To date, at least 14 states have articulated



a community pathways approach in their Family First Prevention Plan, and many have been approved by the Children's Bureau.¹

Though high-quality services for families are critical, implementing community pathways is about much more than expanding services. **The concept of community pathways represents an opportunity to craft a fundamentally different experience for families, especially those who may distrust public entities or consider child protection punitive and threatening. It is an opportunity to work in new ways with trusted partners to empower and strengthen communities to help keep children safe, and to reduce the need for family involvement with child protection agencies.**

The need for community pathways

The large volume of reports to child protection hotlines each year that are screened out, unsubstantiated, or include allegations of neglect only, suggest that many families may benefit from supports that don't involve the intrusion of the child welfare system.² Subjecting families to unnecessary investigations is [traumatic for children and families](#) and [disproportionality affects families of color](#). Timothy Phipps, a parent mentor in Oregon with lived expertise in the child welfare system, said families often are unwilling to ask for help for fear of child welfare stepping in: "Investing upstream can distribute the responsibility of safety across the community and help shrink the role of (child welfare) agencies."

Families should have access to culturally relevant support services in their local communities, from organizations they trust. The needs and assets of

families should drive the focus and duration of services. In cases where child removal is necessary, flexibility in stepping down to community-based services to support reunification without requiring ongoing involvement of the child welfare system is critical. These services can exist alongside and outside of the child protection agency, with funding support, at least in part, from Title IV-E.

Three unique approaches

In Connecticut, the District of Columbia, and Indiana, approaches to building community pathways are still emerging. All, however, use Family First as a strategic lever to advance efforts already underway in their jurisdictions to develop more comprehensive, accessible systems of support.³

- [Connecticut](#) is creating a new centralized place for families to go or be referred when they need support. This Care Management Entity (CME), will be empowered to connect families to services without any direct contact with the child welfare agency (unless the CME determines a situation may involve child maltreatment).
- [Washington, D.C.](#), is building out a prevention strategy where families that come to the attention of child welfare are referred to one of [five community collaboratives](#). These trusted organizations located throughout the city provide case management using [motivational interviewing](#) to connect families to specific services based on their needs.
- [Indiana](#) developed its community pathway strategy in partnership with Healthy Families America, an evidence-based home visiting program which has [served families across the state for many years](#) and

We really listened to families. They need support. They want to be able to exhale and not feel like DCF is hovering. So we said, 'Let's shift the experience families have of us and create a system that allows them to truly get the support they need.'

— JOSHONDA GUERRIER,
CONNECTICUT DEPARTMENT OF CHILDREN AND FAMILIES

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has a [track record of preventing child maltreatment](#). Families can self-refer or be referred to the program, and will not have any formal connection to the child welfare agency.

Key considerations

As child welfare leaders work with providers, individuals with lived expertise, and other public agencies to develop sustainable, local prevention strategies, lessons from the experiences of Connecticut, the District of Columbia, and Indiana can help.

Invest in partnerships

[Developing a Family First plan](#) gives child welfare leadership and staff the opportunity to engage community leaders and advocates, partners with lived expertise, leadership from other public agencies, tribe partners, and community stakeholders — and design the plan in partnership with them. Investing the time needed to build and strengthen these stakeholder relationships is key to productive, sustainable partnerships and effective implementation.

In **Connecticut**, community engagement in plan development started early and included multiple opportunities for stakeholder participation, including long-term workgroups and less time-consuming, more individualized avenues such as focus groups and surveys. JoShonda Guerrier, administrator for clinical and community consultation and support services at the Department of Children and Families (DCF), emphasized that sufficient time to engage people with lived expertise in a meaningful way and dedicated staffing to oversee implementation of the plan were both critical to the state's progress. To underscore the collaborative nature of the effort, each workgroup within Connecticut's planning effort was co-chaired by a DCF leader and a community partner.

Multiple feedback loops helped ensure that stakeholders could see how guidance and recommendations from workgroups, surveys, and other sources influenced the plan. Near the end of the process, DCF also shared the draft plan with four "Parents as Experts" focus groups (three in English

and one in Spanish), to elicit additional feedback and refinement.

Washington, D.C.'s nine-month Family First planning process began in July 2018 and involved multiple agencies. Building on work that began in 2012, directors from all departments working with families came to the table, including behavioral health, public health, human services, employment services, housing and community development, the courts, and the community collaboratives. Impacted providers and families also participated through focus groups and subcommittees. Natalie Craver, deputy director of the Office of Community Partnerships at the D.C. Child and Family Services (CFSA), recommends building on existing partnerships whenever possible: "It is extremely valuable to start where you already have trust and organizational momentum rather than trying to launch a massive culture shift."

David Reed, deputy director of child welfare services with the **Indiana** Department of Child Services (DCS), emphasized the importance of keeping an eye on the big picture when bringing new partners to the table: "Be consistent in your messaging. Keep talking, keep engaging, and focus on communicating what you are trying to do and why. You will get to the details, but you must also keep a focus on the vision."

Identify families that need support

Family First describes candidates for Title IV-E prevention services as families that have experienced trauma and have children who are at "imminent risk" of entering foster care, [leaving specific definitions of candidacy and imminent risk to states and tribes](#). Indiana, D.C., and Connecticut all took different approaches to identifying families that could benefit.

In **Indiana**, DCS turned to Healthy Families America (HFA) as its initial community pathway provider, and HFA-eligible families as those the state would serve. HFA serves families with risk of system involvement, is evidence-based, and has a service delivery infrastructure across the state, mostly funded through federal TANF (Temporary Assistance for Needy Families) dollars. Access to Title IV-E dollars through Family

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First allows DCF to better analyze federal funding sources and provide the best support possible for an array of critical services, including economic and concrete supports.

Washington, D.C., identified subgroups of families coming into contact with the child welfare system that could, based on a clinical assessment, be safely referred to services in the community. This includes families that may have been substantiated for child abuse or neglect but now have low or moderate risk, and families with high levels of risk but no substantiated finding. CFSA is now partnering with other government and community agencies to further expand access to services.

Connecticut's candidacy workgroup identified 10 groups of families and youth with a heightened risk of out-of-home placement. They include: children who are chronically absent from school; children of incarcerated parents; youth who are unstably housed or experiencing homelessness; families experiencing interpersonal violence; and caregivers with a substance use disorder, mental health condition, or disability that impacts parenting. Connecticut's data-driven approach to candidacy determination demonstrates how Family First can be leveraged to support broad groups of children and families before traditional child welfare system involvement becomes necessary.

Prioritize access and availability

The purpose of a community pathway is to connect families with supportive services that help them avoid child welfare involvement. In **Connecticut** and **Indiana**, families connect with the community pathway before engaging with the child welfare system, while in **Washington, D.C.**, the agency identifies families coming into the system that can safely be referred out to neighborhood-based collaboratives. In all three jurisdictions, families also can self-refer to prevention services in their community.

Based on the strong advice of families during the planning process, **Connecticut** is building the new Care Management Entity, distinct and upstream from the child welfare agency. Families will be referred to the

CME by multiple entities, including school personnel, health care providers, community and faith-based organizations, the courts, and 211. Families will receive an assessment and referral to a range of services and supports. As part of that assessment, the CME will make a determination if child safety concerns exist that would be better handled by the Careline, Connecticut's point of contact for reporting suspected child maltreatment. When appropriate, Careline staff will refer families to the CME rather than pursue an investigation.

Eligible families across **Indiana** will self-refer or be referred by schools, hospitals, and other social service providers to Healthy Families America for home visiting services. DCS is putting administrative processes in place to determine Title IV-E candidacy based on HFA's assessment.

Offer a thoughtful and informed service array

A community pathways approach is an opportunity to be intentional about what services are delivered to families, where, and by whom. For community pathways to be as effective as possible, child welfare agencies should build the capacity of trusted, culturally competent, community-based partners that are guided by members of the neighborhoods they serve. Christina Andino, a former youth in foster care who works with [FosterClub](#), emphasized the importance of family empowerment: "It feels like the system determines what services are needed and then is prescriptive about how they are done. If there had been places my family could have gone where they felt supported and trusted to say what they needed, that would have helped us."

Washington, D.C.'s ward-based community collaboratives have deep roots in the neighborhoods they serve and refer families to a range of services, including population-specific programs like Effective Black Parenting and Parent Cafés offered in different languages. Each collaborative engages people with lived experience in the child welfare system to guide their culturally relevant offerings.

Connecticut's new CME will embody a "no wrong door" approach and coordinate with an array of providers, with the goal that families receive the

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services they need regardless of funding source. In addition to offering interventions currently rated on the Title IV-E Prevention Services Clearinghouse, Connecticut will continue to invest in mental, behavioral and physical health services that are developed with and for communities of color. “We know that families need so much more than the evidence-based services in the clearinghouse,” Guerrier noted.

All three jurisdictions consider [economic and concrete supports](#) critical to preventing child welfare system involvement, and all have developed partnerships that can connect families with supports like food assistance and legal aid, and financial assistance for necessities like housing, utilities, and child care.

Create a sustainable infrastructure

Building on existing service delivery infrastructure can facilitate implementation of a community pathway strategy. Launched in 2012, **Washington, D.C.**'s established network of community collaboratives has been central to the city's strategic prevention framework. **Indiana** chose to begin its community pathway effort by turning to a highly supported evidence-based home visiting program already serving families across the state. With the bulk of service delivery infrastructure in place, moving to implementation has required mainly the development of new tools and protocols related to eligibility, safety monitoring, and reporting compliance.

Connecticut used the Family First planning process to advance broad-scale system transformation and as a result is building new infrastructure outside of the child welfare agency. Though the CME function is in development, it builds on an existing differential response and system-of-care approach to children's behavioral health.

Effective IT infrastructure also is important to the design of community pathway approaches and should take into careful consideration data collection and reporting, data sharing and privacy, continuous quality improvement, and alignment with the requirements of Comprehensive Child Welfare Information Systems.

Establishing appropriate firewalls to ensure that information collected about families accessing services through community pathways does not expose them to negative future consequences is critical. **Indiana's** data system already had much of the necessary functionality and protections in place to move forward under Family First, while **Washington, D.C.**, built additional screens into the existing case management system and developed a new portal to support coordination with its five community collaboratives.

Consider workforce implications

Transforming child welfare systems to focus on preventing maltreatment and entry into foster care has significant implications for the workforce, within public agencies and community providers. Beyond addressing training needs that are specific to Family First, jurisdictions can use this shift as an opportunity to rethink who provides services. Community-based agencies often are best positioned to engage and support a workforce that represents the community and values lived expertise.

Washington, D.C., saw Family First as an opportunity to embed motivational interviewing (MI) as a core approach for supporting families across agencies. CFSA is now providing MI training to staff inside and outside of the agency in order to build a more aligned and robust approach to case management. Because MI does not require a specific degree to implement, expanding its reach across the city has also helped broaden the workforce pipeline. In **Indiana**, [shifting from a fee-for-service to per diem approach to contracting](#) has given provider partners like Healthy Families America a more reliable revenue stream.

What's next

Several jurisdictions have begun utilizing Family First to serve families further upstream and in the community, and more will follow. Learning from early implementers like Connecticut, D.C., and Indiana can help states and tribes that are developing or amending their own Family First plans to anticipate challenges, design for success, and strategically expand efforts over time.

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Building on family and community strengths and shifting resources upstream can keep families safely together. Solutions for transforming the child welfare system must focus on preventing child maltreatment, be guided by communities and people with lived experience, and

boldly confront the historic and current injustices that have created racial disproportionality and disparities. Family First can advance this critical work through the implementation of community pathways.

To learn more, visit [Questions from the field](#) at [Casey.org](#).

- 1 As of April 2023, 11 Title IV-E Prevention Plans that include a community pathway approach have been approved by the Children's Bureau, including California, Colorado, Connecticut, Indiana, Michigan, Nebraska, New Hampshire, New York, North Dakota, Washington, and Washington, D.C. Several additional states, including Arizona, Nevada, and Pennsylvania, have submitted plans that include a community pathway approach.
- 2 According to the National Child Abuse and Neglect Data System, about 7 million children are involved in a report to child protection hotlines each year, but nearly half (45.8%) are screened out for not meeting the legal threshold for abuse or neglect. Of the 3.1 million children who are screened in for an investigation or assessment, less than 1 in 5 are confirmed as victims of maltreatment and about three-quarters of those in a confirmed report are victims of neglect. For more information, see: <https://www.acf.hhs.gov/cb/report/child-maltreatment-2020>
- 3 The content of this brief was informed by conversations with Clare Anderson, senior policy fellow at Chapin Hall Center for Children, on March 22, 2022; Christina Andino, FosterClub, on May 18, 2022; Natalie Craver, deputy director of the D.C. Child and Family Services Agency, on May 18, 2022; JoShonda Guerrier, administrator for clinical and community consultation and support services at Connecticut Department of Children and Families, on May 23, 2022; Timothy Phipps, parent mentor at Morrison Child and Family Services, on May 18, 2022; David Reed, deputy director of child welfare services at Indiana Department Of Child Services, on May 9, 2022; and Krista Thomas, senior policy fellow at Chapin Hall Center for Children, on April 25, 2022.

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