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How can child protection agencies collaborate to prevent foster care and support family well-being?

This strategy brief was developed by the [Center for Health Care Strategies](#), in partnership with Casey Family Programs.

Child protection agencies can drive cross-system efforts to develop comprehensive prevention approaches that provide culturally relevant services across communities and populations. Collaboration across the child welfare, behavioral health, Medicaid, public health, education, and social service systems — as well as across governance levels (federal, state, local, and tribal) — can help meet the upstream needs of children and families and prevent child welfare involvement and out-of-home placement.

The [Family First Prevention Services Act](#) (Family First) allows state and tribal child protection agencies to use Title IV-E funding for services such as mental health, substance use prevention and treatment, in-home parenting, and kinship navigators, to prevent the need for family separation. Relying solely on prevention services funded through Title IV-E or delivered only through the child protection agency, is limiting, however, and can result in a service array that is not robust or lacks cultural relevance. **Addressing the range of systemic and societal factors that can contribute to child welfare involvement requires strategic, sustained partnerships at multiple levels, and with diverse stakeholders who can meaningfully elevate the input of communities and families.**

The Center for Health Care Strategies (CHCS) has identified promising cross-system collaborations that support integrated prevention planning and implementation, and focus increasingly on upstream approaches. Following a document and literature review, CHCS interviewed 46 stakeholders from four states (California, Kentucky, New Jersey, and Ohio) and one tribe (Salt River Pima-Maricopa Indian Community in Arizona), including representatives from child protection agencies, behavioral health, Medicaid, community-based organizations, youth and families with lived expertise, as well as other experts in child and family well-being. These geographically diverse jurisdictions deliver prevention services through a range of collaborative structures.

This brief includes a summary of the key strategies and lessons learned by stakeholders across these five jurisdictions. Together, they illustrate how child protection agencies and their partners are working to develop comprehensive systems that meet families' needs, prevent foster care placement, and support community health and well-being. For more information, see the detailed jurisdictional profiles: [California](#), [Kentucky](#), [New Jersey](#), [Ohio](#), and [Salt River Pima-Maricopa Indian Community](#).

Develop shared vision, mission, and values

A shared vision that clearly highlights prevention as a priority can support strong collaboration across systems and help guide the design and implementation of programs, services, and initiatives, such as a jurisdiction's Family First plan. Stakeholders described a range of **common values and goals** that initially brought them together as partners, including implementing family-centered practices, avoiding custody relinquishment, and developing a prevention continuum.

Strong prevention-focused partnerships are based on the understanding that no single agency or entity can achieve the vision alone and working collectively can lead to greater impact. Stakeholders must respect one another's roles. Ideally, the shared vision is articulated in writing, distributed widely, and used as a reference to guide and align current and future initiatives. Stakeholders who were interviewed highlighted the importance of clear protocols and materials to support shared vision, transparency, and accountability and to help promote consistency during leadership transitions that can result from political shifts and changes in state administrations.

In **Kentucky**, the Cabinet for Health and Family Services developed an [agency-wide strategic plan](#). Since the umbrella agency includes myriad departments affecting the well-being of children and families — Community Based Services; Public Health; Behavioral Health, Developmental and Intellectual Disabilities; Income Support (which oversees disability and child support); and Medicaid Services — the strategic plan acts an effective tool to inform and align work across all departments.

Kentucky's strategic plan recognizes that implementing prevention services is a cross-departmental goal that can be achieved only through active, ongoing collaboration. In addition to outlining common goals and making prevention a priority, the strategic plan creates a shared language to help stakeholders discuss the impact of policies and acknowledge and address unintended consequences. One agency representative in Kentucky noted that cross-agency meetings help facilitate collaboration, but also vision alignment and values-based leadership. "Kentucky is fortunate to have a statutorily created, multi-perspective governing body for its system of care. This is a mechanism for regular cross-agency and partner communication, coordination, and collaborative problem-solving. By virtue of coming together, members begin to see that our missions are not that disparate after all."

Similarly, **New Jersey's** Department of Children and Families worked with partners to develop a [strategic plan](#) that emphasizes the prevention of child maltreatment and focuses on wellness for families as one of four overarching goals. To develop and implement the plan, the agency organized steering committees consisting of staff leaders throughout central offices and divisions. The Office of Strategic Development, a unit within the agency specifically tasked with working across divisions to ensure service excellence, facilitated the steering committee that helped develop and roll out the strategic plan.

Support meaningful family engagement

Meaningfully engaging families, youth, and community members in prevention-centered collaborations is critical to success. This includes incorporating family voice in design, implementation, and quality improvement processes. Collaborating with established coalitions and organizations of people with lived expertise, including those with experience in the child welfare system, can help to ensure that:

- The needs of families and gaps in services and supports are accurately identified.
- Strategies to improve the prevention system are targeted and prioritized to best meet those needs.
- New strategies do not create inadvertent challenges for families, such as discontinuing services.
- Families are invested in and better aware of the system-wide prevention approach.
- The perspectives of families reach a broad audience.
- The voices of those who may be most impacted by the prevention approach are embedded in its design and implementation.
- The input of families is used to continuously improve prevention efforts.

Though state agencies and other stakeholders acknowledge the importance of engaging families, those interviewed shared they often are challenged to do so in a meaningful way due to agency policies and operations, as well as limited capacity and resources. Practices such as compensating families for participation in policy design and implementation, offering ongoing opportunities for collaboration, and providing training for families, agency staff, and other stakeholders on how to effectively collaborate can help address these barriers and facilitate mutual respect and greater transparency across systems. To address the root of these obstacles, many state agencies must undergo a cultural shift, from relying solely on professional expertise to centering family and youth in decision-making and policy development.

The sovereign **Salt River Pima-Maricopa Indian Community** emphasizes the importance of using community input to inform the services it provides. The community's Social Services department, which oversees child welfare, has prioritized building strong partnerships with families that acknowledge their expertise and center cultural awareness and respect. Agency leadership views community engagement as one of their primary roles. Along with implementing an open-door policy, the department developed a questionnaire about families' experiences to gather input. The tribe provided incentives to encourage survey completion and has used the results to inform service improvements. The department has also used social media to solicit feedback from community members on topics to address, which prompted the Life Enhancement and Resource Network (LEARN) to incorporate grief into their programming.

In **New Jersey**, the Department of Children and Families' Office of Family Voice was established to ensure that policies and practices incorporate the perspectives of people with lived experience. A 24-member [Youth Council](#) was established in 2020 within the office. Cross-

divisional subcommittees within the Youth Council meet at least weekly and agency leaders attend regularly. Youth Council members shared that the agency has strived to create an environment that values and welcomes ideas of youth at every level, including in decision-making related to the design, development, implementation, and evaluation of prevention services. Youth Council members are compensated for their expertise throughout their two-year term and support the recruitment of new members. As one member explained, the Youth Council was central to the creation of [EnlightenMENT](#), New Jersey’s peer-to-peer mentoring program for youth involved with child welfare. “Really, the peer-to-peer mentoring program would not have happened if we had not said, ‘Hey, there’s not anybody on our side going through foster care,’” said Jack Auzinger, a Youth Council member.

Identify leaders and champions

Collaborative approaches to prevention benefit from strong champions. A champion may be someone in a leadership position or anyone who can establish and clearly communicate across stakeholders a shared vision for the cross-system prevention approach. Champions connect the dots between a variety of goals, initiatives, and roles, which also may help draw in new partners. It is beneficial to designate a position with specific responsibility for championing and coordinating prevention initiatives at the state, tribal, and/or local level.

In **Ohio**, where child welfare is administered at the county level, local leaders play key roles in the implementation of Family First and [OhioRISE](#) (Resilience through Integrated Systems and Excellence), the state’s Medicaid program for youth with complex behavioral health needs. An Ohio county judge, inspired by the powerful potential of behavioral health system redesign, has helped champion reforms and address challenges with peers. Ohio’s champions for collaboration have been invested in the county’s system of care for decades and can speak to the history of these efforts, including progress and key challenges within their own entities and systemwide.

In **California**, the [Children and Youth Behavioral Health Initiative](#), which began in 2021, is a five-year comprehensive plan with components that cut across various agencies and programs, making collaboration critical to its success. The former director shared that if the initiative operates in a vacuum and is not connected to other initiatives, including Family First and [California’s Medicaid transformation effort](#) (CalAIM), and the new [Office of Youth and Community Restoration](#). “I will not have done my job.” Cross-system collaboration is built into the structure of the initiative and strengthened by the encouragement and vision of its director, who meets regularly with partners at the child protection agency to identify points of connection.

Create collaborative structures that support communication

Creating channels for open and reciprocal communication across stakeholders, and building a culture of curiosity and respect can strengthen and sustain collaboration. Some jurisdictions are establishing umbrella entities that include all key child- and family-serving agencies, departments, programs, and/or systems. States also are supporting local communities in implementing prevention-centered strategies by providing guidance, technical assistance, and structured peer learning. “We need to move from dynamic leaders to dynamic systems, so that collaboration is in the DNA of the system,” an interviewee from California shared.

In **Kentucky**, one state agency — the Department for Community Based Services — administers child welfare, Temporary Assistance for Needy Families (TANF), Supplemental Nutrition Program (SNAP), Medicaid, childcare, and other services across nine regions of the state, allowing for

coordination of funding and collaboration across prevention-based initiatives, including [Family First](#) and [Thriving Families, Safer Children](#). The department also partners with community organizations to convene and facilitate collaborative groups that include family and youth voice. The agency recently launched a Division of Prevention and Community Well-being to strengthen prevention services over the long term, avoid duplication of services, and reinforce alignment across agencies with differing mandates. “The division itself shows that deep investment into prevention and community well-being is a permanent structure that is here to stay,” said Amanda Body, division director.

Ohio’s Department of Children and Youth was established in July 2023 as a new cabinet-level state agency. The department focuses on children’s services, childcare, education, early childhood, developmental disabilities and early intervention, early childhood mental health, and home visiting. The state anticipates that aligning child-serving programs under one agency will help advance its prevention-centered goals and allow for a dedicated focus on programs designed for children and families throughout its county-administered systems.

Structures that support and facilitate collaborative and transparent work between the state and counties — and between counties — are especially critical in states with county-administered child welfare systems. The **Ohio** Department of Job and Family Services and the Department of Medicaid communicate regularly with regional care management entities and county children’s services agencies. This includes hosting educational events, sharing resources, and facilitating peer learning through Family First and OhioRISE. To support local implementation, the state created a [Child and Adolescent Behavioral Health Center of Excellence](#), a centralized source for information, training, technical assistance, and fidelity monitoring. Additional support for counties to implement Family First and OhioRISE is provided through the Public Children Services Association of Ohio, which created a role to work at the intersection of the various initiatives and help translate them across counties.

California’s Child Welfare Council, established in 2006, advises on collaboration and processes across the multiple state agencies and courts that serve children in the child welfare system. Council membership includes state and county departments, courts, nonprofit providers, advocates, parents, and youth formerly in foster care. The council is charged with monitoring and reporting on the extent to which the agencies and courts are responsive to the needs of children in their joint care. A council subcommittee focused on prevention developed recommendations to address Family First implementation, with a major focus on building robust community pathways to provide evidence-based services to families to prevent involvement with the child welfare system. These two governance structures are the main vehicles for communicating collaborative goals and objectives and action steps.

Facilitate information-sharing to track progress and improve quality

Sharing data and information across stakeholders related to child welfare system involvement, prevention services, and child and family well-being can help inform and advance collaboration. Data and information sharing can help:

- Identify common needs, gaps, inequities, populations, and goals.
- Inform process and program improvements.
- Share progress toward meeting common goals.
- Provide accountability and transparency to community stakeholders, including families.

Many states and communities face challenges effectively analyzing, sharing, and leveraging data due to limited availability, privacy concerns, complex data-sharing agreements, and barriers to data matching. As prevention efforts move further upstream, it becomes more challenging to demonstrate the impact of specific services, and to draw direct connections to reduced child protection involvement.

The **New Jersey** Department of Children and Families has several processes in place to track and share prevention-related data, such as partnering with Rutgers University to create a publicly available dashboard through the [NJ Child Welfare Data Hub](#) dashboard and the [Children's System of Care](#). Moving forward, the agency hopes to expand data capacity for prevention services, which would allow for improved tracking of upstream interventions. Additionally, the state's Task Force on Child Abuse and Neglect, whose membership includes individuals with lived experience, is tasked with reviewing the department's performance in key areas. The department, in cooperation with the state's Human Services Advisory Councils, conducts [county-specific strengths and needs assessments](#) every two years in all 21 counties. The findings inform the development of localized prevention plans. New Jersey's statewide 211 service also publishes [county-specific data](#) regarding needs that callers articulate when they contact the hotline for assistance.

Data and information-sharing also help drive collaborative prevention initiatives in **San Diego County** and **Ventura County** in **California**. To support the state's system of care, all counties in California are required to have an Interagency Leadership Team that includes representatives from child welfare, behavioral health, probation, education, and tribes. San Diego County has leveraged its team to develop common goals, deepen data-sharing, identify key metrics such as length of stay for children in short-term residential therapeutic settings, and review data quarterly as a team.

San Diego County's Child and Family Well-Being Department also built a publicly available [data dashboard](#) that shares information on a range of child welfare-related topics, in response to input from partners, including people with lived experience. The dashboard includes data on hotline calls, permanencies, and extended foster care. Data and information sharing has long been a priority in Ventura County. The Child Abuse Prevention Council has representation from child welfare, behavioral health, juvenile justice, early childhood, and other child- and family-serving systems, and each conducted a mapping exercise to identify geographic areas of need and overlap across the systems.

Coordinate and align funding

One key goal of cross-system prevention collaborations is to blend and braid funding streams, which can maximize available state and federal dollars to improve access, capacity, and sustainability. States must use Medicaid and/or other federal behavioral health funding streams for services that also may be covered by Title IV-E [before tapping into those funds](#). State agencies and other stakeholders can coordinate, using tools like [fiscal mapping](#), to ensure that available funding is best leveraged by identifying potential overlap and gaps in funding, and aligning eligibility definitions and processes. States also can implement innovative financing approaches that encourage cross-system collaboration in support of prevention.

While **Kentucky's** Family First plan was in development, the [State Interagency Council](#) was developing a systems of care [grant application](#). This timing allowed for greater collaboration and coordination across agencies, and helped avoid duplication of services. To align eligibility, the state matched the focus population for the grant with the state's Family First foster care

candidate population definition. Additionally, the Department for Behavioral Health, Developmental and Intellectual Disabilities leveraged discretionary grants to complement other funding sources, avoid overlap, and fill specific infrastructure and service gaps. For example, after identifying service overlap in the Family First plan and the draft grant application, the application was adjusted to specifically address services gaps in the Family First plan.

In 2021, the **California** Legislature appropriated \$222.4 million to the [Family First Prevention Services Program](#) used to support and/or expand prevention services. Counties and tribes that opted into the program are required to spend their Family First funds toward Title IV-E-eligible prevention services and allowable administrative activities. Additionally, counties in California have been encouraged to rethink how they were funding prevention services by aligning other federal funding (such as [Promoting Safe Stable Families Act](#) and [Community Based Child Abuse Prevention](#)). Another state funding source being leveraged for prevention-based services comes through [First Five California](#), which supports the creation of a comprehensive, integrated, and coordinated system for children (prenatal through age 5) and their families.

California's [Children and Youth Behavioral Health Initiative](#) implemented incentive payments for managed care plans to build partnerships with county offices of education. These partnerships support school-based mental health systems, where school attendance is tracked as a cross-sector outcome. Additionally, the Department of Social Services and the Department of Health Care Services collaborate closely to provide guidance and facilitate opportunities for counties to braid funding across Medicaid, behavioral health, and child welfare to support wraparound services, peer support, and other programs.¹ "Our fiscal model for Wraparound is very much predicated on braiding both funding sources, and that's incorporated throughout our standards and through all the training opportunities that are available," said Danielle Mole Gabri, manager of the family-centered practice unit of the System of Care branch in Sacramento.

¹ See examples: All County Letter No. 21-116/Behavioral Health Information Notice No. 21-061: www.cdss.ca.gov/Portals/9/Additional-Resources/Letters-and-Notices/ACLs/2021/21-116.pdf?ver=2021-09-30-162757-270; All County Information Notice No. I-73-21/Behavioral Health Information Notice No. 21-055: www.cdss.ca.gov/Portals/9/Additional-Resources/Letters-and-Notices/ACINs/2021/I_73-21.pdf?ver=2021-09-09-152546-450; Peer Partner Funding Opportunities Funding Matrix: www.cdss.ca.gov/Portals/9/Child-Welfare-Programs/Peer-Partners/202006-ParentPartnersFundingMatrix.pdf

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