



STRATEGY BRIEF

SAFE STRONG SUPPORTIVE

March 2026

How are jurisdictions building community 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 entries into foster care by allowing states and Tribes to use federal Title IV-E funds for prevention services that support children to live safely with their families. The law provided an unprecedented opportunity to reorient child welfare and advance system transformation in regard to the types of services offered, which families receive services, and how and where they access them.

This opportunity has led a growing number of jurisdictions to re-conceptualize the front end of their service delivery system and shift their prevention paradigm. Offering support within community-based settings, such that families don’t come into direct contact with the child welfare system unnecessarily, creates what are called “community pathways” to prevention services. Through these pathways, approved entities such as family resource centers, prevention services providers, and other community and public agencies may deliver support and perform required Family First administrative functions.

According to a Chapin Hall [policy brief](#), 22 states, the District of Columbia, and one Tribe either are conceptualizing, readying, or implementing community pathways. A growing number of them are including community pathways in their Title IV-E Prevention Program plans (also known as Family First prevention plans), some of which have been approved by the federal Children’s Bureau.¹ For example, Colorado’s second phase of Family First implementation was approved in December 2024 and included the launch of a [community pathway](#) to [SafeCare®](#), an evidence-based, in-home parent training program. The growing use of community pathways as mechanisms to support families was discussed at a July 2025 [Community Pathway Convening](#) co-hosted by Casey Family Programs and Chapin Hall, and attended by nearly 80 child welfare leaders, policy experts, and lived experts.

broad eligibility criteria with a focus on families with risk of system involvement. The evidence-based model, which includes access to social, economic, and concrete supports, has a service delivery infrastructure across the state and, until recently, was funded largely through federal Temporary Assistance for Needy Families (TANF) dollars. Indiana began claiming Title IV-E dollars through Family First for HFA in 2023. This upstream investment has paid off. Indiana has administered the Healthy Families program statewide for over 30 years, and participation in the program has prevented child maltreatment in almost all (over 99%) of the families that receive 12 or more home visits, said Hannah Robinson, prevention services manager at the Department of Child Services.

Initially, **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 included 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. In 2023, the Child and Family Services Agency began partnering with the city's Department of Human Services to broaden the target population for prevention services to include children and their families currently experiencing or at risk of experiencing homelessness.

Connecticut's candidacy workgroup identified 10 groups of children and families with a heightened risk of separation. They included: 1) children chronically absent from school; 2) children of incarcerated parents; 3) adolescents who are unstably housed or experiencing homelessness; 4) families experiencing interpersonal violence; and 5) 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. The creation of a central prevention care management entity (operated by Carelon) resulted in "an intentional shift in how families experience support — moving access to services upstream, centering trust, and connecting families to community and evidence-based interventions before crises escalate," said Davis of the state's Department of Children and Families. "This approach reflects Connecticut's commitment to a prevention system that partners with families, honors their strengths, and delivers the right support at the right time — without unnecessary child welfare involvement."

Prioritize access and availability

In **Connecticut** and **Indiana**, families can connect with a community pathway prevention service without first coming into contact with the child welfare system. In **Washington, D.C.**, the child protection 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.

Based on the strong advice of families during the planning process, Connecticut contracted with [Carelon](#) to be a single point of entry for families that is distinct and upstream from the child protection agency. Families are referred to Carelon by multiple entities, including school personnel, health care providers, community and faith-based organizations, the courts, and 211 (a 24-hour health and human services referral service). Families receive an assessment and are referred to services based on what they identify as their prominent needs. As part of that process, Carelon assesses whether child safety concerns exist, and those are reported to the child protection hotline. At the same time, non-emergency calls to the hotline are screened out and referred to Carelon.

Eligible families across Indiana self-refer or are referred by schools, hospitals, and other social service providers to Healthy Families Indiana for home visiting services. The child protection agency has put administrative processes in place to determine Title IV-E candidacy based on eligibility for the Healthy Families program.

Offer a thoughtful and informed service array

For community pathways to be as effective as possible, child protection agencies should build the capacity of trusted, culturally competent, community 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 we felt supported and trusted to say what we needed, that would have helped us.”

—Christina Andino, former youth in foster care, Foster Club

Washington, D.C.'s ward-based community collaboratives have deep roots in the neighborhoods they serve and refer families to a range of services. Each collaborative engages people with lived experience in the child welfare system to guide their culturally relevant offerings.

Connecticut's, “no wrong door” approach coordinates an array of providers that reflect and respect the cultural and linguistic needs of families. In addition to offering evidence-based programs currently rated on the Title IV-E Prevention Services Clearinghouse, Connecticut continues to invest in mental, behavioral, and physical health services that have been developed with and for all communities, including traditionally underserved populations. “We know that families need so much more than the evidence-based services in the clearinghouse,” Davis said.

All three jurisdictions consider [economic and concrete supports](#) critical to preventing child welfare system involvement, and all have developed partnerships that can connect families to supports like food assistance and legal aid, and financial assistance for basic necessities like housing, utilities, and child care. Title IV-E funds can be used to cover these kinds of costs [when economic and concrete supports are a core component of an approved evidence-based service](#), as is the case with Healthy Families America and several others.

Create a sustainable infrastructure

Building on existing service delivery infrastructure can facilitate implementation of a community pathway strategy. **Washington, D.C.**, leaned on its long-established partnership with the community collaboratives that have been central to the city's larger prevention strategy framework.

Indiana began by turning to Healthy Families, an evidence-based home visiting program already well-known and serving families across the state. With the bulk of service delivery infrastructure already in place, moving to implementation mainly required the development of new tools and protocols related to eligibility, safety monitoring, and reporting compliance. Indiana leverages Title IV-E funding for administrative costs associated with staff administering the program, as well as for contracts to implement the model, monitor fidelity, give quality assurance and technical assistance, and provide a database for collecting data.

Connecticut used the Family First planning process to advance broad-scale system transformation and build new infrastructure outside of the child protection agency. Though new, the statewide prevention care management entity system built upon prior approaches and structures, including differential response and the state's system of care for children's behavioral health.

Effective information technology (IT) infrastructure that ensures family privacy is important to the design of community pathway approaches and should take [data collection and reporting methods into careful consideration](#). A robust firewall is essential to help ensure that information collected about families

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Casey Family Programs is the nation's largest operating foundation focused on safely reducing the need for foster care and building Communities of Hope for children and families in the United States. By working together, we can create a nation where Communities of Hope provide the support and opportunities that children and families need to thrive. Founded in 1966, we work in all 50 states, Washington, D.C., Puerto Rico, the U.S. Virgin Islands and with tribal nations across North America to influence long-lasting improvements to the well-being of children, families and the communities where they live.

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