PEI Well-Being Workgroup Research Information Template

This template is designed for PEI Well-Being Workgroup members to document research findings from assigned jurisdictions. Each jurisdiction has its own section with a consistent set of questions. Researchers should provide narrative responses and link relevant resources. The purpose is to create a uniform and comprehensive collection of research to inform statewide well-being framework development.

Research Instructions

1. Timing: Please complete research by January 6, 2026.

2. Contact: Please contact Beth Kuenstler with any questions, issues, or ideas, beth@outsidevoicestrategy.com

3. Navigation: Use the Table of Contents to navigate between jurisdictions.
   - **Each jurisdiction name in the Table of Contents is hyperlinked** - clicking it will take you directly to that section.
   - At the top of each jurisdiction section, clicking the jurisdiction name again will bring you back to the Table of Contents.

4. Document Structure: Each jurisdiction section includes the jurisdiction name and assigned researcher at the top, followed by a consistent list of questions. Think of these as broad “starter questions.” If you have other questions you would like the group to consider, please let Beth know.

5. Entering Information: Add your answers directly beneath each question. Feel free to insert a table to organize your research if helpful.

6. Content Guidance: Provide detailed, narrative responses under each question.
   - Add links to data, reports, or reference materials where relevant.

7. Collaboration: All research should remain in this shared document to ensure consistency and coordination across contributors.

8. Updating the Table of Contents: Right-click on the small blue "Table of Contents" box, select Update Table, then choose an option.

Table of Contents

Allegheny County- Sid Gardner

What we are trying to understand:

Link to: Allegheny County Research Information

1. Brief description of the jurisdiction's work/initiative, and the primary points of contact.
2. What was the impetus for starting, e.g. Community-driven, influence of a high-level gov't official, community crisis (child fatality, lawsuit), other?
3. What are their goals?
4. What built momentum?
5. Who are key players?
6. What is their definition of Well-Being?
7. How permanent is the change?
8. Model vs. Implementation
9. How are they leveraging and braiding funding streams? For example, what are the federal, state, and local funding streams, and how are they leveraging them? Feel free to do it in a table format if it is easier to organize.
10. What are the well-being outcomes they are measuring, and what data are they using to measure?
11. Was the change legislated, or did the change create legislation?
12. Other

Calaveras County - Monica Montury

What we are trying to understand:

1. Brief description of the jurisdiction's work/initiative, and the primary points of contact.

   Calaveras County has done an exceptional amount of work to develop strong partnerships in their county to meet the needs of families in their community prior to reaching a level of crisis. They have strategized and leveraged their AB2083/Interagency Leadership Team (ILT) in a manner that has created highly effective, purposeful, and efficient teaming processes with all members seeing the value of participation for the families they serve.

   Primary point of contact: Mayle Johnson, HHSA Deputy Director - MJohnson@calaverascounty.gov

2. What was the impetus for starting, e.g. Community-driven, influence of a high-level gov't official, community crisis (child fatality, lawsuit), other?

   They were receiving a lot of evaluated out child abuse reports. One reason for this was kids were not enrolling back into school after COVID. Many did not return in-person and they could not find records of them enrolled in any school. Mandated Reporters needed a way to connect families to support and services that Child Welfare could not help with (no educational neglect in CA). They created a truancy response team that kicks in before SARB. This includes Office of Education, District Attorney assigned to SARB, CWS, welfare to work, and probation.

   In addition, the desire to focus on prevention efforts began when they launched their AB2083 work. There was a mutual understanding and desire to anchor support within the broader community, not just youth in care. The Calaveras Care Team (an Multi-Disciplinary Team approach) started in 2019. Family First Prevention Services then provided additional opportunity. The Calaveras Care Team will become the Community Pathway.

3. What are their goals?

   Stabilize families by providing support prior to there being a need for Child Welfare intervention.

4. What built momentum

   They started being mindful about who was meeting for what purposes and strategized meetings to keep momentum. All ILT members share the agenda. All partners prioritize these meetings.

Shared goals and focus toward prevention. Strong collaboration and partnership. AB2083 and FFPS.

Calaveras County held 2 Child Abuse Prevention Summits called Building Bridges to Resiliency. For the first one, CBOs, county agencies, law enforcement, education and their judge were invited. They created a scripted scenario based on a real report that was received, assigned seating so that there was a mix of representation from each group, and then asked them to do activities around how to support the family without involving law enforcement or CWS. Each agency was asked to speak in their table groups about how their agency would approach the family. They shared broadly about the prevention work and shift that was occurring and how each agency played a key role in preventing abuse by connecting to supportive resources. The second summit was focused on the experiences of foster kids. They had their Youth Advisory Board run the first part of the meeting, where they told their stories and shared what worked well and what didn't with all the agencies they interacted with, including their conversations with Mandated Reporters. Each participant received a name tag that had a label on it (aggressive, Oppositional/Defiant, depressed, behaviors, etc) and allowed them to sit where they chose. Activities were facilitated focused on team building and connection to the other group members. Throughout the activities, one person was randomly chosen from the table, handed a trash bag, and told to pack their stuff to "change placements". They were described using the label from their name tag and when they were "placed" at a new table, the table could accept or reject them. When they were accepted, they had to then conform to the new group's rules and agreements. It was really eye opening for a lot of people.

5. Who are key players

   Expanded their Interagency Leadership Team (ILT) to include: Public Health, First 5, CBOs, eligibility, SELPA, and CASA.

   The ILT consists of highest level directors. They meet quarterly.

   In addition, there is a larger AB2083 team called the Advisory Group that consists of deputy director level representatives. They meet twice a month every month. This is a mandatory meeting and there is a set expectation that all members attend. It is highly prioritized. The meetings are held at the continuation school as a strategy to prioritize these youth. Meetings are used to problem solve challenges families are facing.

   Calaveras CARE Team consists of representation from the same agencies represented in the Advisory Group, plus families. They are co-run by Child Welfare and Office of Education. Child and Family Team Meeting model at the prevention level.

6. What is their definition of Well-Being

They do not currently have a formal definition of well-being. Their goal is to meet needs as they arise before they rise to the level of crisis.

7. How permanent is the change

   Permanent, been in place since 2083 MOU.

8. Model vs. Implementation

9. How are they leveraging and braiding funding streams? For example, what are the federal, state, and local funding streams, and how are they leveraging them? Feel free to do it in a table format if it is easier to organize.

   Title IV-E MOU with Office of ED, a piece is education funding. MHSA was included, but no longer. FFPS funding through use of MI with navigators. ILP funding through Office of Ed, and CSEC dollars. This all supports the CARE Team model, which is the community pathway build. FFPS will replace MHSA funding.

10. What are the well-being outcomes they are measuring, and what data are they using to measure?
    Measures recorded in 2024-2025 Calaveras County Children's System of Care Year in Review:

    <u>Foundational Data</u>
    School enrollments
    Youth experiencing homelessness

    <u>Agency Collaboration</u>
    Number of Child and Family Team Meetings and Interagency Placement Committee Meetings hosted by each agency and participated in by each agency.
    Training participated in by staff across all ILT agencies

    <u>Prevention Efforts:</u> (comparison with year prior)

    Calaveras Care Team
    How many families were served through the Care Team
    How many families went into system involvement within 6 months of receiving services through the Care Team?
    Total youth/families served through referral or MDT

    Crisis response at school went from 26 down to 3 since this model has been in place.

    Will be using required measures for FFPS.

11. Was the change legislated, or did the change create legislation? N/A

Children's Data Network Review - Jacquelyn McCroskey

What we are trying to understand:

NOTE: We determined that these questions are not applicable, and decided not to analyze the CDN data at this point. We may revisit that decision during the development of recommendations.

1. What was the impetus for starting, e.g. Community-driven, influence of a high-level gov't official, community crisis (child fatality, lawsuit), other?

2. What are their goals?

3. What built momentum

4. Who are key players

5. What is their definition of Well-Being

6. How permanent is the change

7. Model vs. Implementation

8. How are they leveraging and braiding funding streams? For example, what are the federal, state, and local funding streams, and how are they leveraging them? Feel free to do it in a table format if it is easier to organize.

9. What are the well-being outcomes they are measuring, and what data are they using to measure?

10. Was the change legislated, or did the change create legislation?

11. Other

Colorado - OCAP

Highlights

- There is **legislation for an FRC program** - learn more - Learn more about whether there is a dedicated funding stream
- Family support assessment tool through the FRCs
- Awhile ago 50 FRCs across the state at $50k each
- What are the public/private relationships that are moving the work - across all of the examples, not just Colorado
- County run system like CA
- Consolidated all of early childhood into one dept. - EC + FRCs +++ Michael Olenick will send more information
    - New dept that was consolidated from a number of other departments - focused on families, not just early childhood. There are parent/child outcomes in addition to young child outcomes (Katie). CW also under this department
- Learn more about the consolidation move - new dept? What's under it? How does the funding work? What is the mechanism to make sure the entities work together? Since the consolidation has happened ~ 2022-ish what have the outcomes been and how have they shifted

What we are trying to understand:

1. Brief description of the jurisdiction's work/initiative, and the primary points of contact.
   Primary points of contact / key hubs (public-facing):
   Colorado's statewide child and family well-being work is anchored by the Colorado Partnership for Thriving Families, a cross-system collective impact initiative focused on prevention, family strengthening, and alignment across state and community systems. The Partnership uses the Colorado Thriving Families Framework as a shared planning and action guide.

   Key Public-Facing Resources:

   - Colorado Partnership for Thriving Families (includes partner list and engagement form): https://copartnershipforthrivingfamilies.org/about/
   - Colorado Thriving Families Framework: https://copartnershipforthrivingfamilies.org/colorado-thriving-families-framework/

Colorado Department of Early Childhood – Family Support Programs: https://www.coloradoofficeofearlychildhood.com/OEC_Families?lang=en&p=family&s=Family-Support-Programs

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Family Resource Center Association (statewide FRC network): https://www.cofamilycenters.org/family-resource-centers/

2. What was the impetus for starting, e.g. Community-driven, influence of a high-level gov't official, community crisis (child fatality, lawsuit), other?
   Colorado's child/family well-being alignment work grew out of statewide child maltreatment prevention efforts (including a 2017 prevention framework) and a recognition that preventing maltreatment and unnecessary system involvement requires cross-sector alignment (public health, Medicaid, human services, early childhood, and community partners).

3. What are their goals?
   Key goals include:
   - Reduce child maltreatment and strengthen protective factors by building an aligned, community-based prevention system.
   - Build shared understanding and collective action across partners (state agencies, counties, nonprofits, and families with lived expertise).
   - Advance equity, family-centered practice, and data-driven continuous improvement as core system values.
   - Use "community pathways"/community-based access points to connect families to support early (before crisis).

4. What built momentum
   Momentum drivers include:
   - A formal cross-agency collective impact structure (the Partnership) and shared prevention framework.
   - Evaluation/learning supports and shared tools (e.g., Colorado Evaluation & Action Lab resources connected to the Partnership).
   - Alignment with Family First Prevention Services Act (FFPSA) planning and implementation, emphasizing a continuum of community-based prevention supports.
   - Growth in statewide early childhood infrastructure (CDEC's role in family/community supports, home visiting, etc.).

5. Who are key players

Key players commonly cited in the Partnership include:

- Colorado Department of Early Childhood (CDEC)
- Colorado Department of Human Services (CDHS)
- Colorado Department of Public Health & Environment (CDPHE)
- Colorado Department of Health Care Policy & Financing (HCPF/Medicaid)
- County human services and public health departments
- Nonprofits focused on prevention/family strengthening (including Illuminate Colorado)
- Families/parents/caregivers with lived expertise

6. What is their definition of Well-Being

The Colorado Thriving Families Framework frames well-being as "thriving" and explicitly states a long-term vision: "All children, youth, and families are valued, healthy, and thriving."

It grounds action in aligned frameworks and concepts including Strengthening Families Protective Factors, Essentials for Childhood, HOPE (Healthy Outcomes from Positive Experiences), Social Determinants of Health, and Positive Youth Development, and it identifies foundational values such as equity/diversity/inclusion, child/youth/family-centered practice, evidence-informed approaches, and data-driven/outcomes-focused practice.

7. How permanent is the change

The Partnership/Framework approach is intended as an ongoing statewide alignment effort (not a one-time pilot). Durability is supported by its cross-agency ownership and its integration with statewide early childhood and prevention infrastructure; however, continued progress depends on sustained leadership attention and braided/ongoing funding.

8. Model vs. Implementation

Model:

- Collective impact/cross-systems alignment anchored by a shared framework, common language, and shared outcomes.
- A prevention continuum that includes community pathways and family-strengthening supports.

Implementation examples (vary locally):

- FFPSA Prevention Plan (evidence-based services + community pathways/community-based supports).
- Family Resource Centers providing navigation, concrete supports, parenting education, connections to benefits, and referrals.

9. How are they leveraging and braiding funding streams? For example, what are the federal, state, and local funding streams, and how are they leveraging them? Feel free to do it in a table format if it is easier to organize.

Funding is braided across Title IV-E/FFPSA, Medicaid, early childhood funding, public health funding, local/county funds, and philanthropy to support prevention and family well-being.

10.

Funding stream	How it supports prevention / well-being	Notes / examples
Title IV-E / FFPSA	Prevention services (evidence-based programs) and community pathways implementation.	Colorado FFPSA Prevention Plan emphasizes prevention continuum and community-based supports.
Medicaid (HCPF)	Potential funding/coverage for behavioral health, parenting supports, and family support services; supports SDOH-related interventions.	Cross-agency alignment includes HCPF participation in the Partnership.
Early childhood & family support (CDEC)	Home visiting, early childhood family support programs, early intervention infrastructure.	CDEC family support programs provide upstream supports for families with young children.
Public health (CDPHE) + local funding	Population health, maternal/child health, community prevention strategies.	Local public health departments participate in prevention planning.
Local/county & philanthropic	Flexible supports, community-based navigators, FRCs, innovation.	Illuminate Colorado and local nonprofits often braid private and public funds.

11. What are the well-being outcomes they are measuring, and what data are they using to measure?
    Outcomes and data sources typically include:
    - Partnership/collective impact outcomes: progress in family-centered services/support, child & family well-being, and equity conditions.
    - FFPSA-related outcomes: prevention service engagement, program fidelity/outcomes, and system indicators like foster care entries, recurrence, and re-entries.
    - Local prevention infrastructure outcomes (e.g., Family Resource Centers): number served, referrals made/completed, concrete supports delivered, protective-factor change (where measured), and community-level indicators where available.

12. Was the change legislated, or did the change create legislation?

Colorado's approach appears primarily driven by interagency collaboration and statewide frameworks/plans rather than a single comprehensive "well-being statute." That said, Colorado has statute provisions specific to Family Resource Centers (referenced by the statewide Family Resource Center Association and codified in Colorado Revised Statutes Title 26.5).

13. Other
    Other notable pieces:
    - Statewide Family Resource Center (FRC) network is a practical infrastructure for 'no wrong door' family support and prevention.
    - The Thriving Families Framework provides shared language and aligned principles for cross-system coordination.

Connecticut - Stephanie Inyama

What we are trying to understand:

Sources — With Live Hyperlinks

Source 1A: Executive summary outlining Connecticut's prevention approach and well-being framing.
Connecticut DCF, Connecticut Prevention Plan – Executive Summary (FFPSA)

Source 1B: Full Family First Prevention Services Plan approved by the federal government.
Connecticut DCF, Connecticut Prevention Plan (FFPSA)

Source 2: Annual report detailing system performance, services, funding, and CQI activities.
Connecticut DCF, CT DCF 2025 Final APSR Report (CFSP/APSR)

Source 3: Legislative portal tracking child and family well-being indicators using a Results-Based Accountability framework.
Connecticut General Assembly (CGA), CT Kids Report Card — Public Act 11-109.

Source 4: Implementation overview of Connecticut's Community Pathway model and lessons learned.
CWLA / Connecticut DCF & Chapin Hall, Installing a Community Pathway to Family First Prevention Services (April 27, 2023)

HIGHLIGHTS

- Other departments do a lot of cross collaboration, but that doesn't seem to be the case in CW - look into it more deeply
- Discuss when and **how** to work across the other CWC committees
- CT Child Report Card that is legislated as the tracking mechanism for child/family well-being

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1. Brief description of the jurisdiction's work / initiative and primary points of contact
Connecticut describes a long-term shift toward a prevention-oriented "system of wellbeing," grounded in cross-system partnership and a belief that children are best served safely at home whenever possible. Source 1A

A key element of Connecticut's FFPSA approach is building a Community Pathway—an avenue for families to access Title IV-E funded prevention services outside traditional child welfare case management—often through community-based agencies or non-child-welfare public partners. Source 4

Primary points of contact (as reflected in the CT Community Pathway deck) include CTDCF Family & Community Services leadership and implementation partners at Chapin Hall. Source 4

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2. Impetus for starting
Connecticut frames the impetus as:

- A decades-long shift toward prevention and "embracing families as partners," reflecting a belief that families most often need support rather than surveillance. Source 1A
- Using FFPSA as an opportunity to further advance this transformation by extending Title IV-E resources into evidence-based prevention supports. Source 1A

- A desire to create voluntary, trusted access points so families can receive supports without having an open child welfare case. Source 4

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3. Goals

Connecticut's stated goals include shifting practice toward upstream prevention, reducing system involvement, and supporting family thriving. Source 1A

Connecticut also articulates goals specific to the Community Pathway installation, including: Source 4

1. Create a "no wrong door" solution for families seeking support
2. Build an upstream connective hub of resources and services
3. Limit surveillance and prioritize family privacy and empowerment
4. Build formal and informal partnerships across agencies and providers
5. Provide mandated reporters with an alternative

Additionally, CTDCF's aspirational goals/KPIs (established 2019 and still in use) include targets related to keeping children safely at home or with kin, reducing congregate care, achieving permanency, meeting health/education/mental health needs, and improving youth outcomes post-care. Source 2

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4. What built momentum

Momentum is described as driven by: Source 4

- Broad partnership and engagement (400+ community partners, including parents/youth with lived experience, advocates, providers, and state decision-makers)
- Transparency mechanisms (public website for workgroup documents; a mailbox for community questions)
- Shared decision-making structure (Governance Committee + seven workgroups making recommendations to the Commissioner)
- Practical installation work: identifying a Care Management Entity, building data/IT and claiming infrastructure, practice/policy alignment, and workforce supports

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5. Key players

Key players and partner categories named across the documents include:

- CT Department of Children and Families (CTDCF) and “sister state agencies,” plus community systems such as schools, healthcare, courts, housing, behavioral health, and other family-serving entities Source 1A

- Governance Committee and seven workgroups supporting evidence review, community-informed recommendations, and Commissioner decision-making Source 4

- A Care Management Entity (CME) model for Community Pathways (CME assesses family needs, builds prevention plans, makes candidacy recommendations; CTDCF makes final candidacy determinations) Source 4

- Referral and access partners such as 211, Careline, sister agencies, schools, first responders, judicial, and community/faith-based organizations Source 4

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6. Definition of well-being

Connecticut does not provide one single sentence definition, but it operationalizes well-being through:

A) Legislative well-being results framework (CT Kids Report Card)
The legislature’s Results-Based Accountability “CT Kids Report Card” is built around the results statement:

“All Connecticut children grow up in a stable living environment, safe, healthy, and prepared to lead successful lives.” Source 3.

The framework is organized into domains including Stable, Safe, Healthy, and Future Success, each with indicators used to track child and family conditions. Source 3.

B) Practice orientation in CTDCF prevention framing
CTDCF describes well-being as a shared community responsibility grounded in family partnership, upstream supports, and reduced surveillance. Source 1A

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7. How permanent is the change

Connecticut demonstrates permanence in multiple ways:

- Legislative infrastructure: The CT Kids Report Card is a legislatively developed/maintained RBA tool created in accordance with Public Act 11-109, intended to inform policy, budget, management, and planning decisions. Source 3

- Embedded CTDCF performance goals: CTDCF's 2019 aspirational goals/KPIs continue to be used even after CT exited federal court monitor oversight in 2022. Source 2
- Implementation reality: Connecticut explicitly frames this work as iterative and long-term ("building the plane as we fly it") Source 4
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8. Model vs. implementation

Model: Source 4

A "community pathway" is defined as any avenue for families to access Title IV-E prevention services through Family First outside traditional child welfare service delivery and case management.

This model emphasizes voluntary access, trusted providers, and integrated family-serving systems.

Implementation: Source 4

Connecticut's operational Community Pathway model includes:

- Referral pathways through multiple family-serving access points (e.g., 211, schools, judicial, healthcare, community organizations)
- A CME-led process: assessment → child-specific prevention plan → candidacy recommendation → CTDCF final candidacy determination, with re-recommendation timing noted (11 months)
- Privacy protections: a community portal outside the child welfare data system, with limited access for reporting/claiming staff
- Installation activities spanning IT/data, claiming systems, practice/policy alignment, and workforce supports

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9. Leveraging and braiding funding streams (table)

Below is what is explicitly supported in the provided CT sources:

Funding / System Stream	How CT is leveraging it (per sources)	Source
Title IV-E (FFPSA Prevention)	Extends IV-E beyond foster care to reimburse eligible prevention services and related administrative functions; community pathways leverage IV-E for services plus associated admin costs	Source 1A Source 4

Contracted administrative capacity (IV-E admin activities)	Federal guidance allows contracting out IV-E administrative activities with IV-E agency supervision; CT model includes CME support roles with CTDCF retaining final candidacy determination	Source 4
Medicaid/behavioral health infrastructure (HUSKY; CT Behavioral Health Partnership)	CT CME "footprint" references CT Behavioral Health Partnership and integrated behavioral health systems serving Medicaid populations, including children/families enrolled in HUSKY Health and DCF limited benefit programs	Source 4
Existing voluntary services pathway and provider infrastructure	CT intends to leverage existing voluntary services pathways, provider/partner data portals, differential response structures, and evidence-based programs as part of pathway installation	Source 4
Title IV-B Subpart 2 / other child & family service expenditures	APSR includes expenditures supporting preservation/support-related services and broader system activities, reflecting continued investment in prevention-adjacent supports	Source 2

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10. Well-being outcomes and data used

Connecticut describes both administrative and public-facing measurement tools:

- Legislative RBA indicators: CT Kids Report Card includes trend data on child well-being indicators with narratives ("Story Behind the Curve") and demographic disaggregation to inform policy and planning. Source 3.

- CTDCF administrative monitoring: ROM reporting built from LINK (SACWIS) data with daily updates supports performance monitoring and federal reporting indicators. Source 2

- CQI infrastructure: ChildStat is used for data review, strategy development, and continuous improvement cycles across regions/programs. Source 2

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11. Was the change legislated, or did the change create legislation?
Connecticut's prevention work includes both:

- Federal statute implementation: FFPSA is federal law, and Connecticut is implementing FFPSA through its prevention plan and operational structures. Source 1A

- State legislative well-being accountability infrastructure: The CT Kids Report Card is a legislatively established Results-Based Accountability tool developed/maintained "in accordance with Public Act 11-109," intended to inform budget, management, and planning decisions regarding children's well-being. Source 3.

(In the provided sources, Connecticut's FFPSA prevention plan implementation is not described as being created through a new state statute; rather, the legislative role is clearly evidenced through statewide well-being accountability and indicator tracking.)

12. Other

Additional CT-specific design and implementation features that shape how the work operates include: Source 4

- Community Pathway candidacy population includes families accepted for voluntary services, youth exiting foster care, unstably housed/homeless youth, families experiencing interpersonal violence, trafficked youth, children of incarcerated parents, and other upstream risk contexts.

- Family privacy protections are built into the Community Pathway (portal outside child welfare data system; limited access for claiming/reporting).

- CT explicitly acknowledges the complexity and iterative nature of implementation, emphasizing that it requires sustained partnership and time.

Humboldt County - Richard Knecht

HIGHLIGHTS

- 16 FRCs - find out more about this investment, similarities/differences in the models, etc.! - started ~ 2017
- Intentional effort to making the narrative shift - learn more here
- Doing a more informal CP, 20 CBOs (16 being the FRCs), all using the protective factors as assessment - same pre and post data
- Less clear what the agency's commitment is to the work, but very clear that there is really strong community commitment (which was the start)
- CRG
    - First in state - not well received initially, was lawsuit driven
    - Possibly revamping their guide
- Letter to mandated reporters with a list of supports and services that could be offered to the families - how did they organize themselves to do this
- Initially the letter went to families and there was no response

1. Brief description of the jurisdiction's work/initiative, and the primary points of contact.

There are at least two Prevention related initiatives–**Comprehensive Prevention Plan (FFPSA 1),** **https://www.caltrin.org/wp-content/uploads/2023/07/HUMBOLDT-COUNTY-FINAL-CPP.pdf** led by the county's Child Welfare and Probation partners; and the **California Youth Behavioral Health Initiative (CYBHI),** led by the County Office of Education. Humboldt is one of 4 cohort counties in the first TA model via DHCS.

Within and around these two parallel efforts, partner agencies are attempting to leverage their AB 2083 ILT as the structure for those and other initiatives.

Peter Stoll (Humboldt County Superintendent of Schools Office)

2. What was the impetus for starting, e.g. Community-driven, influence of a high-level gov't official, community crisis (child fatality, lawsuit), other?

A specific impetus is challenging to identify. There are long standing historical challenges between county systems and local Tribes, which have often hampered relationships. One identifiable catalyst is a desire to remedy the over representation of Native children in the welfare and corrections system writ large. Other motives include a desire to design an authentic whole child System of Care under CYBHI and AB 2083.

Humboldt County's Comprehensive Prevention Plan (CPP) suggests they are attempting to "offer a client-centered 3×5 approach focusing on providing services within the three levels

of prevention to five target populations while moving investments from high-end focused treatment interventions for high-risk populations, toward more upstream selective and preventive strategies. Humboldt County has selected to provide Nurse Family Partnership and Motivational Interviewing. Humboldt County has opted to implement a community pathway composed of an established network of 16 Family Resource Centers, three tribes and the Humboldt County Transition Age Youth Collaboration, located at 17 sites throughout the county. The 20 sites are committed to keeping families out of CWS and children out of foster care."

18 Key Informant Interviews (2025) identified:

Prevention is Under-resourced. "Some believe that we don't have a strong network in the community to help people transition in and out of child welfare. ("FRCs are great, but they don't provide services.") There's an unmet need for the youth that need prevention or diversion for families to community-level service and supports.

- 1 in 3 students are chronically absent, there are serious implications.
- Several people hold the perspective that CWS ends up with kids in the system that shouldn't be there because other systems aren't or can't provide prevention or early intervention.

Treatment for parents and more behavioral health supports around trauma and trauma-informed care is both needed and under utilized due to stigma.

Prevention Strategy Integration

- "The prevention conversation is important. We've found people that have fallen through the cracks." Ideal: We'd have a safety net, preventing youth from falling too far.
- "Ramp up the prevention and diversion" supports and disrupt the CWS and Juvenile justice-to-prison pipeline.
- Sub-contract/resources share with Tribal Org's for prevention service delivery; uphold and value practice based evidences and not just evidence-based practices when considering diverse populations
- More robust community-level services and supports for youth/families transition in and out of CWS
- Some want to figure out more supportive programs for kids, e.g. outdoor leadership schools

Integration of Family Resource Centers. "Let's take the services to the youth via FRCs and give them what they need at that point, and divert them being part of our systems…"while also staying connected to their culture and home communities."

3. What are their goals?

Their CPP goals include:

1) Improve countywide capacity to deliver culturally and linguistically competent services by collaborating to ensure agencies, programs and services reflect the cultural, racial, ethnic, and linguistic populations they serve.

2) Engage the diverse tribal populations throughout the county as cross-sector collaborative partners during the planning and implementation of the CPP.

3) Facilitate access to and increase utilization of appropriate services and community supports throughout the county to reduce disparities.

Their CYBHI objectives are:

1) Reduce suicide in Native youth; expand access to trauma-informed services via school sites, scale parenting programs.

4. What built momentum

Coaching from Breaking Barrier via CYBHI, and engagement with two local trusted consultants who have helped county and Tribal leaders begin to mend long standing distrust and disengagement.

The CYBHI coaching has consisted of attendance in a four county cohort with coaching from System of Care designers; school wellness developers. Tools and resources anchored in SAMHSA/System of Care research have informed a redesign of their System of Care toward upstream, early and preventive focus.

5. Who are key players

Tribes, Child Welfare, Sup. of Schools, local schools. AB 2083 Partners,

6. What is their definition of Well-Being

???

7. How permanent is the change

It's hard to establish at this early time, whether or not substantive change is evident. Early progress has been noted in the CYBHI effort in terms of students accessing wellness programming in some schools and improved interagency collaboration by and between county agencies and Tribal partners.

8. Model vs. Implementation

There are a number of EBP models in use or attempting implementation.

9. How are they leveraging and braiding funding streams? For example, what are the federal, state, and local funding streams, and how are they leveraging them? Feel free to do it in a table format if it is easier to organize.

Blending of Federal Medicaid dollars via SBHIP and Fee Schedule. Leveraging of Family Resource Centers via CPP and a community pathway under CYBHI.

What are the well-being outcomes they are measuring, and what data are they using to measure?

From CPP– "The proposed project strives to substantially reduce those statistics within the next five years. In addition to bringing Humboldt County statistics in line with the statewide averages or improving them, FFPSA/FFPS will also educate the community support systems on prevention, destigmatize reaching out for assistance, and provide supports that are more robust for Quality outcomes measured and reviewed by the CSC.

Over the three-year timeframe of this plan will be, but not limited to:
1. The number of mandated reports received by CWS
2. The number of open cases in CWS
3. The number of children moving into foster care
4. The number of families referred to secondary prevention services
5. The number of families engaged in secondary prevention services.

10. Was the change legislated, or did the change create legislation?

Legislated/Opt in to CPP/FFPSA part 1 and Opt in to CYBHI

11. Other

Indiana - Derek Slama

What we are trying to understand:

1. Brief description of the jurisdiction's work/initiative, and the primary points of contact.

Indiana's child and family well-being and prevention work is led primarily by the Indiana Department of Child Services (DCS) through a network of statewide prevention programs and system reform efforts. Indiana has developed a prevention-oriented continuum that includes voluntary, community-based services designed to strengthen families and reduce the likelihood of child abuse or neglect. Key initiatives include Healthy Families Indiana (HFI**)**, an evidence-based home visiting program serving expectant parents and families with young children; Community Partners for Child Safety (CPCS), a statewide prevention program offered in every region of the state and is designed to strengthen families through voluntary home-based support services (there are five CPCS agencies located throughout all 92 counties); and Family Resource Centers (FRCs)**,** which function as community hubs offering parenting education, concrete supports, and referrals.

In addition to prevention programming, Indiana has undertaken a broader child welfare system transformation through **Project Awaken**, an internal restructuring of DCS intended to better align agency operations with child safety and family well-being goals. The Project Awaken initiative launched in June 2025 and is a collaboration with current and former employees, community partners, foster parents, and families to identify areas for improvement in policies and procedures. This includes restructuring from 18 regions to only five to streamline the operations and removing layers of upper management to create a more efficient, direct, and accessible organizational structure. It also directs $4-$8 million dollars to child safety and aims to enhance the workforce of case managers and supervisors by focusing on spending more time with families to provide support and spending less time on administrative tasks.

Primary points of contact are housed within Indiana DCS, particularly the Prevention Services division and DCS central administration: DCSPreventionquestions@dcs.in.gov.

Indiana's Child and Family Services Plan 2025-2029 further describes Indiana's approach to prevention.

2. What was the impetus for starting, e.g. Community-driven, influence of a high-level gov't official, community crisis (child fatality, lawsuit), other?

Indiana's prevention and well-being efforts emerged from a combination of federal policy influence, administrative leadership, and long-standing recognition of the need to intervene earlier with families. FFPSA created new opportunities to draw down federal Title IV-E funding for prevention services, reinforcing Indiana's existing investments in

home visiting and family support. Indiana's Five-Year State Prevention Plan elaborates on their approach to prevention in the state. Rather than being triggered by a single crisis, lawsuit, or child fatality, Indiana's work reflects a gradual evolution toward prevention, informed by data, practice experience, and national child welfare trends emphasizing upstream intervention and family strengthening.

Federal performance data, particularly from Child and Family Services Reviews (CFSRs), also influenced Indiana's direction. CFSR findings often showed that while safety outcomes were a priority, Indiana struggled with consistency, timely service delivery, and well-being measures such as stability, permanency, and family engagement that may have informed a focus on outcomes tied to family functioning and long-term stability.

Program-level data from prevention initiatives further strengthened the case. Healthy Families Indiana and other home visiting and family support programs produced data showing improvements in parenting practices, child development, and family stability. These results helped demonstrate that voluntary, early support could lead to better outcomes without formal child welfare involvement, making prevention a more compelling investment for policymakers and agency leadership.

Organizations like Prevent Child Abuse Indiana (PCAIN), a long-standing nonprofit focused on primary prevention, have also mobilized community members, volunteers, and local councils across the state to raise awareness, educate the public, and advocate for stronger prevention supports. In 2024, volunteers in 56 local PCAIN councils engaged families and policymakers in prevention work, helping elevate prevention in public discourse and policy conversations.

Additionally, Public Law 210-2019 was signed into law on May 5, 2019 that made significant changes to the "front end" of the child welfare continuum, including changing the statutory definition of neglect for parents who are financially unable to provide children with necessary food, clothing or shelter, and who have not failed, refused or demonstrated an inability to seek financial or other reasonable means to do so. The law also emphasized that DCS and courts must make decisions considering the *best interests of the child*, which includes finding the least intrusive and most supportive response possible.

3. What are their goals?

Indiana's goals focus on preventing child maltreatment, strengthening family stability, and promoting healthy child development. Prevention programs aim to reduce risk factors associated with abuse and neglect while increasing protective factors such as positive parenting, social supports, and access to services. At the system level, Indiana seeks to ensure that children can remain safely with their families whenever possible

and that child welfare involvement, when necessary, supports both safety and long-term well-being.

4. What built momentum

Momentum was built through several reinforcing dynamics. Federal funding flexibility under FFPSA incentivized prevention investment. State leadership elevated child welfare reform as a priority, creating space for internal restructuring and innovation within DCS. Community providers and advocates helped sustain momentum by demonstrating the effectiveness of voluntary, family-centered services and advocating for prevention as a core child welfare function rather than an optional add-on.

5. Who are key players

Key players include Indiana DCS leadership and frontline staff, the Governor's office and state policymakers, and a wide array of contracted community-based organizations that deliver prevention and home-based services. Nonprofit providers, Family Resource Centers, advocacy organizations such as Prevent Child Abuse Indiana, and service associations all play critical roles in implementation, community engagement, and continuous improvement.

6. What is their definition of Well-Being

Indiana does not articulate a single, formal definition of well-being; however, its prevention framework reflects a holistic, strength-based understanding. Indiana's *Supportive Communities, Resilient Families, Thriving Children: Indiana's Framework for Prevention of Child Abuse and Neglect* outlines how the state and communities can work together to bolster family and child well-being before abuse or neglect happens and emphasizes primary prevention. They provide an example of ways to develop indicators and community action plans aligned with child and family well-being but have 4 concrete outcome domain indicators for the framework in Appendix A.

OUTCOME DOMAIN 1: Child Safety, Well-Being, and Resilience	
Indicators	**Data Source**
Child maltreatment rate	IYI County Snapshots (through a data share agreement with DCS) https://www.iyi.org/county-snapshots/
Rate of youth suicide	Indiana Department of Health (IDOH) https://gis.in.gov/apps/isdh/meta/stats_layers.htm
Number and percentage of youth and children who are up to date on immunizations	IDOH https://gis.in.gov/apps/isdh/meta/stats_layers.htm

7. How permanent is the change

Many of Indiana's prevention efforts are relatively permanent and well-established. Programs such as Healthy Families Indiana and CPCS have operated statewide for years and are supported by ongoing funding streams and provider infrastructure. Administrative reforms such as Project Awaken represent a significant organizational shift; while durable in the near term, their long-term permanence depends on continued leadership commitment, policy alignment, and sustained investment.

8. Model vs. Implementation

Indiana's approach blends defined models with flexible implementation. The state relies on evidence-based or evidence-informed models -- particularly in home visiting and family support -- but allows community partners discretion in tailoring services to local needs. This balance supports fidelity to proven approaches while acknowledging geographic, cultural, and community variation across the state.

9. How are they leveraging and braiding funding streams? For example, what are the federal, state, and local funding streams, and how are they leveraging them? Feel free to do it in a table format if it is easier to organize.

Indiana braids multiple funding sources to support its child and family well-being system. Federal Title IV-E funds are used for eligible prevention services under FFPSA. Temporary Assistance for Needy Families (TANF) funds Healthy Families Indiana. State general funds supplement prevention programming and DCS operations, while local funds, grants, and private resources help sustain Family Resource Centers and community partnerships. This braided approach allows Indiana to maximize federal funding while maintaining flexibility and stability across programs.

10. What are the well-being outcomes they are measuring, and what data are they using to measure?

Indiana measures well-being and prevention outcomes using a combination of federal and state data sources. Outcomes include rates of child abuse and neglect, recurrence of maltreatment, family stability, and service engagement. Data are drawn from DCS administrative systems, program-level evaluations (such as home visiting outcomes), quality assurance reviews, and federal Child and Family Services Reviews (CFSRs). These data are used for accountability, performance monitoring, and continuous quality improvement.

11. Was the change legislated, or did the change create legislation?

Indiana's shift toward prevention and well-being has been shaped more by federal legislation and administrative action than by new state statutes. FFPSA provides the primary legislative framework supporting prevention services. Initiatives such as Project Awaken are administrative and executive in nature, rather than legislatively mandated. Ongoing legislative interest and task forces may influence future statutory changes, but most current efforts operate within existing authority.

Kentucky - OCAP

What we are trying to understand:

1. Brief description of the jurisdiction's work/initiative, and the primary points of contact.

Kentucky's Department for Community Based Services (DCBS) administers child welfare, TANF, SNAP, Medicaid, childcare, and other services across nine regions, allowing for coordination of funding and collaboration across prevention-based initiatives including Family First and Thriving Families, Safer Children. Casey Family Programs The department recently launched a **Division of Prevention and Community Well Being** to strengthen prevention services across the state

The main point of contact is **Kentucky Department for Community Based Services (DCBS):**

- Main Phone: (502) 564-3703
- Child Abuse/Neglect Hotline: (877) 597-2331 / (877) KYSAFE1 or (800) 752-6200
- Family Support Call Center: 1-855-306-8959

2. What was the impetus for starting, e.g. Community-driven, influence of a high-level gov't official, community crisis (child fatality, lawsuit), other?

Kentucky's Child and Family Well-Being structures were primarily initiated through the state's selection as a participating site in the national Thriving Families, Safer Children collaborative. Kentucky's Department for Community Based Services submitted a Letter of Intent to be a Thriving Families, Safer Children site, which is a first-of-its-kind effort of the U.S. Children's Bureau, Casey Family Programs, the Annie E. Casey Foundation and Prevent Child Abuse America working in 22 sites from coast to coast. Casey Family Programs While not the initial driver, Kentucky was also facing significant system challenges that reinforced the need for transformation. In February 2022, a Kentucky judge held the state in contempt of court for the "dismal shape" of its child welfare agency, finding that staff shortages and overwhelming caseloads left the agency incapable of properly managing abuse and neglect cases. Additional contributing factors included leadership commitment to prevention, as leaders committed to strengthen prevention and community well-being in the Cabinet for Health and Family Services' strategic plan, and the agency created the new Division of Prevention and Community Well-being to strategically strengthen prevention services and supports over the long term. Kentucky Cabinet for Health and Family Services Kentucky also recognized racial equity concerns, with data showing that on average, 15% of Black children age out of care and spend a longer time in care than white children. Ky The state's implementation of the Family First Prevention Services Act in October 2019 also created momentum for

broader prevention efforts. Overall, Kentucky's approach represents a combination of federally influenced initiative, proactive state leadership commitment, and community collaboration rather than a purely reactive response to crisis or litigation

3. What are their goals?

The overall vision is that every child and family will have access to the community supports and services they need to keep their children safe and their families thriving. Ky Specific goals include: optimizing resources to ensure services are responsive to family needs, ending child removal based on a parent or guardian's experience of domestic violence, and increasing coordination and transparency between systems involved in child protection. Casey Family Programs Kentucky is working to create conditions for strong, healthy communities where families are supported before crises occur, with particular emphasis on addressing racial equity disparities and preventing unnecessary child welfare system involvement for Black, Latino, and Indigenous families.

4. What built momentum

Several converging factors-built momentum for Kentucky's Child and Family Well-Being initiatives. In July 2016, Kentucky participated in round three of the Child and Family Services Review (CFSR), and none of the 7 outcomes was found to be in substantial conformity, with the review finding high turnover and high caseloads due to staffing shortages, with several caseworkers assigned to one case resulting in delayed service provision and disjointed case planning. (Kentucky Cabinet for Health and Family Services). This poor federal performance necessitated a Program Improvement Plan and highlighted systemic failures. The situation reached crisis levels when by early 2021, Kentucky had a staggering, record-high number of 10,000 kids in foster care, prompting 800 adults to gather in early January for the inaugural Transformers of Child Welfare Summit, including social workers, judges, educators, government officials, faith-based community leaders, parents, relatives and others all committed to improve the child welfare system. (Ky) Adding to the urgency, Kentucky led the nation in the rate of child abuse and neglect cases for three years running, (Kentucky Cabinet for Health and Family Services), which motivated lawmakers to advance child welfare overhaul legislation. The February 2022 contempt of court ruling against the state for the "dismal shape" of its child welfare agency created additional legal pressure for reform. Kentucky's decision to be an early implementer of the Family First Prevention Services Act in October 2019, (NKyTribune), also contributed to momentum, with leadership recognizing the opportunity to shift from reactive to proactive approaches by putting funding and resources at the front end of the system.

5. Who are key players

The key players in Kentucky's Child and Family Well-Being initiatives include state leadership, advocacy organizations, and individuals with lived experience. Eric Clark has served as Commissioner of the Department for Community Based Services (DCBS) since July 2018 (Kentucky Government), and has been the primary state official driving the transformation efforts. Dr. Terry Brooks, Executive Director of Kentucky Youth Advocates, Kschildrenscabinet has been instrumental in facilitating regional Visioning Sessions and serving as a key partner. Brighton Center has led a five-year Community Wellbeing Initiative in Northern Kentucky, partnering with the Community Wellbeing Parent Advisory Board in developing frameworks for power sharing and shifting. Casey Family Programs Prevent Child Abuse Kentucky has also served as an implementing partner. Central to the approach are parents and youth with lived experience, including KY SEAT (System Experience At the Table), Kentucky's Birth Parent Advisory Council formed in June 2022 through partnership between DCBS and Kentucky Youth Advocates, Casey Family Programs and Voices of the Commonwealth, an advocacy group of youth in or formerly in foster care. National partners include the U.S. Children's Bureau, Casey Family Programs, the Annie E. Casey Foundation, and Prevent Child Abuse America, with technical assistance from Harvard's Government Performance Lab, Foster America, and Chapin Hall at the University of Chicago.

6. What is their definition of Well-Being

Kentucky defines well-being through a shift from reactive child protection to proactive family support and maltreatment prevention. DCBS' mission is to build an effective and efficient system of care with Kentucky citizens and communities to reduce poverty, adult and child maltreatment and their effects; advance person and family self-sufficiency, recovery and resiliency; assure all children have safe and nurturing homes and communities. (NKyTribune). The Thriving Families effort seeks to demonstrate that intentional, coordinated investment in a full continuum of prevention and robust community-based networks of support will promote overall child and family well-being, equity, and other positive outcomes for children and families. (Kentucky Cabinet for Health and Family Services), rather than focusing solely on child safety after harm has occurred, Kentucky's approach emphasizes creating conditions where families have access to community supports and services before crises develop, with particular attention to addressing systemic obstacles, promoting family self-sufficiency and resiliency, and integrating racial equity considerations to ensure all families can thrive without unnecessary system involvement.

7. How permanent is the change

The permanence of Kentucky's Child and Family Well-Being changes has both structural foundations and sustainability challenges. Leaders have committed to

strengthen prevention and community well-being in the Kentucky Cabinet for Health and Family Services'(CHFS) strategic plan, and the agency created the new Division of Prevention and Community Well-being to strategically strengthen prevention services and supports over the long term (CHFS). This represents a permanent organizational structure within state government rather than a temporary initiative. However, funding sustainability faces uncertainties, as the state blends Title IV-B, TANF, and state general funds to support its family preservation program (Kentucky DCBS), and many regulations specify services are available "to the extent funds are available." Kentucky recently set aside $1 million in general fund dollars to provide concrete supports (up to $4,000 per family) to any biological, kin, or adoptive family that have active cases with the child protection agency (Kentucky Cabinet for Health and Family Services), though such appropriations require continued legislative commitment. Partners will continue to not only implement the work but also seek out opportunities to expand the work and ensure the sustainability of Kentucky's identified priorities (Thriving Families, Safer Children). Long-term sustainability ultimately depends on continued state investment, legislative support, and collaborative partnerships maintaining their commitment even as political leadership and priorities may shift over time.

8. Model vs. Implementation

Kentucky distinguishes between the Thriving Families, Safer Children framework (the model) and specific programmatic implementations. Kentucky adopted the national model, which uses a public health framework to transform child welfare from reactive intervention to proactive prevention, focusing on community-based networks of support. (Annie E. Casey Foundation). Kentucky implemented this through a statewide prevention collaborative and nine regional collaboratives with representatives from state agencies, community providers, and families with lived expertise. Key implementations include Alternative Response (AR) in seven of nine regions—the only model of its kind in the country where parents with system experience helped develop materials and determine evaluation methods. (Kentucky Youth Advocates)The state also conducted nine regional Visioning Sessions resulting in 18-month prevention action plans, utilizes the Strengthening Families Protective Factors Framework adapted with a Kentucky-specific sixth factor across early childhood providers, implements the Parent Café model for caregiver support, and pilots a DCBS and Family Resource and Youth Services Centers(FRYSC) Community Response program referring non-investigative cases to FRTCS Kentucky DCBS Standards of Practice: This approach takes a national framework and adapts it with state-specific programs and locally-driven action plans tailored to community strengths and challenges.

9. How are they leveraging and braiding funding streams? For example, what are the federal, state, and local funding streams, and how are they leveraging them? Feel free to do it in a table format if it is easier to organize.

Kentucky distinguishes between the Thriving Families, Safer Children framework (the model) and specific programmatic implementations. Kentucky adopted the national model, which uses a public health framework to transform child welfare from reactive intervention to proactive prevention, focusing on community-based networks of support. (Annie E. Casey Foundation). Kentucky implemented this through a statewide prevention collaborative and nine regional collaboratives with representatives from state agencies, community providers, and families with lived expertise. Key implementations include Alternative Response (AR) in seven of nine regions—the only model of its kind in the country where parents with system experience helped develop materials and determine evaluation methods. (Kentucky Youth Advocates)The state also conducted nine regional Visioning Sessions resulting in 18-month prevention action plans, utilizes the Strengthening Families Protective Factors Framework adapted with a Kentucky-specific sixth factor across early childhood providers, implements the Parent Café model for caregiver support, and pilots a DCBS and Family Resource and Youth Services Centers(FRYSC) Community Response program referring non-investigative cases to FRTCS Kentucky DCBS Standards of Practice: This approach takes a national framework and adapts it with state-specific programs and locally-driven action plans tailored to community strengths and challenges.

10. What are the well-being outcomes they are measuring, and what data are they using to measure?

Kentucky measures well-being outcomes through multiple frameworks. At the federal level, the state uses the Child and Family Services Review (CFSR) framework to assess whether families have enhanced capacity to provide for their children's needs, children receive appropriate educational services, and children receive adequate physical and mental health services (Kentucky CFSR Round 4 Statewide Assessment: https://acf.gov/sites/default/files/documents/cb/ky-cfsr-r4-swa.pdf). Kentucky also tracks 16 KIDS COUNT indicators across economic well-being, education, health, and family and community factors with county-level data disaggregated by race/ethnicity (Kentucky Youth Advocates: https://kyyouth.org/2025-national-kids-count-data-book/). Beyond federal measures, Kentucky has developed a prevention-focused framework centered on protective factors, adapting the national Strengthening Families model to include a sixth Kentucky-specific protective factor embedded across early childhood service providers (Kentucky Strengthening Families: https://manuals-sp-chfs.ky.gov/C3/Pages/C3-10-Strengthening-Families,-Protective-Factors,-and-Parent-Caf%C3%A9.aspx).
To measure these outcomes, Kentucky uses federal administrative systems (AFCARS and NCANDS), the state's Workers Information System (TWIST), linked Medicaid data through the CCOULD project (NCBI: https://www.ncbi.nlm.nih.gov/books/NBK602545/), the Protective Factors Survey assessing family functioning and support (CEBC: https://www.cebc4cw.org/assessment-tool/protective-factors-survey/), periodic CFSR case reviews, stakeholder surveys, and program-specific evaluations including a unique

Alternative Response evaluation where those most impacted determine evaluation methods (Kentucky Youth Advocates: https://kyyouth.org). Chapin Hall is also developing a Theory of Change alongside DCBS's Division of Prevention and Community Well-Being, and Brighton Center is creating a well-being matrix with a pathway of certification for families and organizations (Kentucky Youth Advocates: https://kyyouth.org/all-hands-on-deck-for-supported-thriving-kentucky-families-and-communities-whats-happening-now/).

11. Was the change legislated, or did the change create legislation?

Kentucky's child welfare transformation represents both: federal legislation enabled the change, while the momentum for transformation led to additional state legislation. The federal Family First Prevention Services Act (FFPSA), signed into law in 2018, provided the framework and funding flexibility for prevention-focused services, with Kentucky choosing to be an early implementer beginning in October 2019 (Kentucky Youth Advocates: https://kyyouth.org/updates-on-the-family-first-prevention-services-act-and-the-impact-on-kentucky-kids/). Kentucky's Title IV-E Prevention Plan was approved, allowing the state to use federal funds for prevention services including mental health treatment, substance abuse treatment, and in-home parenting programs (Kentucky Youth Advocates: https://kyyouth.org/kentuckys-family-first-prevention-plan-was-approved-so-what-and-whats-next/).
The child welfare crisis and transformation efforts led to significant state legislation. Kentucky led the nation in the rate of child abuse and neglect cases for three years running, which motivated lawmakers to advance child welfare overhaul legislation (The Imprint: https://imprintnews.org/news-briefs/kentucky-senate-advances-child-welfare-overhaul-bill/62634). Senate Bill 8, introduced in January 2022 and signed into law on April 1, 2022, impacts children across the child welfare continuum—from child maltreatment prevention to investigation to healing and foster care, creating a uniform definition of child abuse and neglect, establishing new membership of the State Child Abuse and Neglect Prevention Board, ensuring victims have access to critical medical examinations, broadening the definition of fictive kin, and expanding opportunities for youth aging out of foster care (Kentucky Youth Advocates: https://kyyouth.org/statement-on-passage-of-senate-bill-8-by-the-kentucky-senate/; LegiScan: https://legiscan.com/KY/text/SB8/2022). Senate Bill 8 was developed in consultation with the Attorney General's Office, the Cabinet for Health and Family Services, the Administrative Office of the Courts, child advocacy centers, and other child welfare organizations (Kentucky Youth Advocates: https://kyyouth.org/statement-on-passage-of-senate-bill-8-by-the-kentucky-senate/).
Kentucky's approach reflects a dynamic relationship where federal Family First legislation provided the framework and funding mechanism for prevention, while Kentucky's poor performance metrics and system crisis created momentum that resulted in state legislation to codify and strengthen the transformation.

12. Other

New York City - Dana Blackwell

What we are trying to understand:

Sources — With Live Hyperlinks

Source 1: *ACS Press Release re: Creation of Division of Child & Family Well-Being (CFWB) and 1st Advisory Board Meeting (December 2017)*
https://www.nyc.gov/assets/acs/pdf/PressReleases/2017/1205.pdf

Source 2: *ACS Divisions Descriptions incl. CFWB + its offices/programs*
https://www.nyc.gov/site/acs/about/acs-divisions.page

Source 3: *ACS Child & Family Well-Being/Primary Prevention Overview*
https://www.nyc.gov/site/acs/early-care/cfwbpurpose.page

Source 4: *ACS Community Partnership Program (CPP), Community Profiles*
https://www.nyc.gov/site/cidi/projects/community-partnership-program.page

Source 5: *CFWB Primary Prevention Testimony to NY State Assembly Committee (October 2022):* Framing/Definition/Approach
https://www.nyc.gov/assets/acs/pdf/testimony/2022/primary-prevention.pdf

Source 6: *ACS Press Release re: Family Enrichment Centers Evaluation and Impacts (July 2020)*
https://www.nyc.gov/assets/acs/pdf/PressReleases/2020/ACSFECEvaluation.pdf

Source 7:*Citizen's Committee for Children of NY Community Risk Ranking (December 2018):* NYC child well-being risk indicators by community district
https://s3.amazonaws.com/media.cccnewyork.org/2020/12/CCC-Community-Risk-Ranking-December2018-1.pdf

Source 8: *NYC Independent Budget Office Fiscal Brief: Working to Keep NYC kids Safe and Out of Foster Care: An Examination of Changes to the Child Welfare System's Prevention Programs (February 2022)*
https://www.ibo.nyc.gov/assets/ibo/downloads/pdf/community-and-social-services/2022/2022-february-working-to-keep-new-york-city-kids-safe-and-out-of-foster-care-an-examination-of-changes-to-the-child-welfare-systems-prevention-programs.pdf

Source 9: *Implementing Evidence-Based Child Welfare: The New York City Experience: (Revised August 2017):* ACS preventive services shift to evidence-based/

evidence-informed models starting 2011
https://www.casey.org/media/evidence-based-child-welfare-nyc.pdf

Source 10: *ACS Family Services Division - Mission, Values & Strategic Priorities 2025-2028*
https://www.nyc.gov/assets/acs/pdf/about/2025/strategic-priorities-2025-2028.pdf

Source 11: *ACS Strategic Priorities Fall 2025 Update*
(https://www.nyc.gov/assets/acs/pdf/about/2025/strategic-priorities-fall-2025-2026.pdf

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1. Brief description of the jurisdiction's work / initiative and primary points of contact

New York City's Administration for Children's Services (ACS) established the Division of Child and Family Well-Being (CFWB) to provide access to resources and opportunities that promote child and family well-being and reduce the likelihood of child welfare system involvement. The division focuses on families who are not child welfare–involved and operates alongside ACS's core child welfare and juvenile justice functions. **Source 1**; **Source 2; Source 3**

The division was announced by ACS Commissioner David A. Hansell and was led at launch by Deputy Commissioner Lorelei Vargas. **Source 1**

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2. Impetus for starting

The initiative was driven by ACS's adoption of a primary prevention framework focused on addressing family needs before they result in child welfare involvement. The Division of Child and Family Well-Being was created in 2017 to deliver supports and educational messages to families not involved with child welfare, with the explicit goal of preventing future involvement. **Source 1**; **Source 2**; **Source 3**

Primary prevention is described as proactively addressing service needs that, if left unmet, may contribute to child maltreatment or system involvement. **Source 2**

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3. Goals

Documented goals include:

- Promoting child and family well-being.
- Expanding access to quality resources and opportunities.
- Enhancing families' capacity to thrive.
- Minimizing or preventing child welfare system involvement.
  Source 2; **Source 3**

Through primary prevention initiatives, ACS aims to stop child maltreatment before it occurs by serving families in the general population, independent of traditional child welfare pathways. **Source 2**

Program-level goals, including those of Family Enrichment Centers, emphasize strengthening social supports and community connections in historically marginalized neighborhoods. **Source 6**

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4. What built momentum

- Momentum is reflected in ACS's public framing of the Division of Child and Family Well-Being as a leading municipal approach to primary prevention. **Source 1**

- Additional momentum is demonstrated by the continued expansion and operation of community-based prevention initiatives, including Family Enrichment Centers and the Community Partnership Program. **Source 2**; **Source 3**

- The initiative is reinforced through ACS strategic priorities and multi-year planning documents that maintain prevention and well-being as core agency directions. **Source 10; Source 11**

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5. Key players

Key institutional actors include: **Source 2**

- New York City Administration for Children's Services.
- ACS Division of Child and Family Well-Being.

Named leadership includes: **Source 1**

- ACS Commissioner David A. Hansell.
- Deputy Commissioner Lorelei Vargas (Division of Child and Family Well-Being, at launch).

Implementation partners include community-based nonprofit organizations participating in initiatives such as the Community Partnership Program. **Source 4**

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6. Definition of well-being

In the ACS framework, child and family well-being is defined as access to resources and opportunities that support families' ability to thrive and reduce the need for child welfare system involvement. **Source 2**; **Source 3**

Well-being is operationalized through a primary prevention approach focused on strengthening families before maltreatment occurs. **Source 2**

Community well-being is also assessed across domains including economic security, housing, health, education, youth development, and family and community conditions. **Source 7**

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7. How permanent is the change

The Division of Child and Family Well-Being is an administrative division created within ACS through agency leadership action. **Source 1**; **Source 2**

The division is embedded in ACS's organizational structure and reflected in multi-year strategic priorities, indicating ongoing operational commitment. **Source 10**

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8. Model vs. implementation

Model:
The model is a primary prevention framework designed to prevent child maltreatment and child welfare involvement by delivering supports to families in the general population and strengthening community-based resources. **Source 2**; **Source 5**

Implementation:
Implementation includes establishment of the Division of Child and Family Well-Being and

operation of specific initiatives such as Family Enrichment Centers and the Community Partnership Program. **Source 1**; **Source 2**; **Source 6**; **Source 4**

Preventive services are further supported by a continuum of evidence-based and evidence-informed models introduced beginning in 2011. **Source 9**

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9. Leveraging and braiding funding streams

ACS prevention initiatives are funded through a combination of city, state, and federal resources, as reflected in analyses of prevention program spending, service slots, and enrollment trends**. Source 8**

System-level prevention financing is described. Program-specific braiding funding for individual Child and Family Well-Being initiatives was not provided. **Source 8**

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10. Well-being outcomes and data used

Outcome measurement includes evaluation findings from Family Enrichment Centers related to family support, social connection, and access to resources. **Source 6**

Additional data sources include community-level indicators of child well-being across multiple domains, used to identify risk concentration across New York City community districts. **Source 7**

Prevention program data also include enrollment levels, service utilization, and spending trends over time. **Source 8**

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11. Was the change legislated, or did the change create legislation?

The Division of Child and Family Well-Being was created through an administrative action by ACS and not through legislation.**Source 1**

New York State - Dana Blackwell

What we are trying to understand:

Sources — With Live Hyperlinks

Source 1: *Schuyler / Child & Family Wellbeing Working Group, The Child and Family Wellbeing Fund (March 2025)*
https://scaany.org/what-is-the-child-and-family-wellbeing-fund/

Source 2: *NY Senate Bill S6431 (2025–2026)*
https://www.nysenate.gov/legislation/bills/2025/S6431

Source 3: *Citizens' Committee for Children of NY (CCC), The Road to Equity: Child & Family Well-Being in New York State (2025)*
https://www.news10.com/wp-content/uploads/sites/64/2025/03/2025_03_CFWB2025_Report_842f37.pdf

Source 4: *Casey Family Programs / KC Knowledge Management resources (contextual alignment; prevention framing)*
Casey Family Programs – Prevention & Well-Being Overview:
https://www.casey.org/prevention/
(This is a general prevention & family well-being portal — useful for context and framework alignment across analyses.)

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1. Brief description of the jurisdiction's work / initiative and primary points of contact

New York State is advancing the Child and Family Wellbeing Program and Fund, a statewide initiative designed to shift public investment away from punitive child welfare responses and toward community-led, voluntary supports that strengthen families and neighborhoods with the highest levels of CPS involvement and racial disproportionality **(Source 1; Source 2)**.

The program is housed within the New York State Department of State and is led by a Program Director and a nine-member Advisory Board, with implementation occurring through a statewide Backbone Organization, local Anchor Organizations, and Funded Community Groups selected through participatory processes **(Source 1; Source 2)**.

Primary points of contact include the Program Director, Advisory Board, Backbone Organization, and community-selected Anchor Organizations. CCC and Casey Family

Programs function as research, learning, and policy-alignment partners rather than direct implementers **(Source 3; Source 4)**.

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2. Impetus for starting

The initiative is driven by evidence that the majority of CPS reports are rooted in poverty-related conditions, not abuse, and that Black and Latinx families are disproportionately impacted by surveillance, investigation, and family separation **(Source 1; Source 2)**

CCC data highlights persistent inequities across economic security, housing stability, health access, and neighborhood conditions, reinforcing that CPS involvement concentrates where structural barriers to well-being are greatest **(Source 3)**

National prevention research and Casey Knowledge Management resources reinforce that upstream, voluntary, community-based supports are more effective at strengthening families and reducing system involvement than coercive interventions **(Source 4)**

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3. Goals

Key goals include:

- Reducing families' vulnerability to CPS contact by investing in upstream, community-trusted supports **(Source 1; Source 4)**
- Supporting family preservation, reunification, and healing through non-stigmatizing, voluntary resources **(Source 1; Source 2)**
- Building long-term community capacity and leadership in neighborhoods most impacted by CPS **(Source 1)**
- Improving multi-domain child and family well-being outcomes aligned with CCC's statewide indicators **(Source 3)**

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4. What built momentum

Momentum emerged through:

- A three-year, lived-expert-led Working Group process examining community reinvestment models in NY and nationally **(Source 1)**
- CCC's Road to Equity analysis, which provided a shared data narrative on disparities and structural drivers of outcomes **(Source 3)**
- Alignment with national prevention and well-being frameworks promoted by Casey Family Programs **(Source 4)**

- Introduction of Senate Bill S6431, translating the model into statutory authority **(Source 2)**

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5. Key players

Key players include:

- A nine-member Advisory Board appointed by the Governor, Senate, and Assembly, including people with lived experience, organizers, attorneys, and community leaders; members may not be current CPS contractors **(Source 2)**
- A Program Director selected by a two-thirds vote of the Advisory Board **(Source 2)**
- A statewide Backbone Organization providing contracting, fiscal oversight, technical assistance, and reporting **(Source 1)**
- Anchor Organizations in each community leading asset mapping and participatory grantmaking **(Source 1)**
- Funded Community Groups delivering voluntary, community-trusted supports **(Source 1)**

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6. Definition of well-being

Well-being is defined as families' ability to thrive in safe, nurturing environments supported by economic security, stable housing, access to health and behavioral health care, strong social networks, and community infrastructure **(Source 1; Source 2)**

CCC operationalizes well-being across six domains using 18 indicators spanning economic security, health, housing, education, youth, and community context **(Source 3)**

KC frameworks emphasize well-being as prevention-oriented, family-centered, and grounded in community conditions rather than system compliance **(Source 4)**

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7. How permanent is the change

The Fund is structured as a five-year pilot, with a statutory sunset and repeal provision to enable evaluation and refinement prior to continuation or scale-up **(Source 2; Source 1)**

CCC's recurring data infrastructure and KC learning frameworks support ongoing assessment beyond the pilot period **(Source 3; Source 4)**

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8. Model vs. implementation

Model:
Community-led investment grounded in Asset-Based Community Development (ABCD), participatory grantmaking, and community control over priorities **(Source 1)**

Implementation:
Statute specifies identification of ten high-impact communities, public input requirements, competitive selection of Backbone and Anchor Organizations, conflict-of-interest safeguards, and annual reporting **(Source 2)**

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9. Leveraging and braiding funding streams

The Fund is established as a state special revenue fund, eligible to receive appropriations and transfers and distributed through re-granting to Anchor and Community Groups **(Source 2)**

CCC identifies complementary state and local investments (housing, tax credits, behavioral health, youth opportunity) that can align with Fund investments to strengthen overall community conditions **(Source 3)**

The Backbone structure is intentionally designed to reduce administrative burden and position community groups to access future public and philanthropic funding **(Source 1; Source 4)**

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10. Well-being outcomes and data used

Required outcomes include:

- The extent to which grants enhance family preservation, reunification, and healing
- Structural recommendations for strengthening community-led capacity
- Annual public reporting **(Source 1; Source 2)**

CCC's 18-indicator, six-domain framework provides baseline and contextual data for tracking progress **(Source 3)**

KC emphasizes pairing administrative data with community-defined metrics and learning agendas **(Source 4)**

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11. Was the change legislated, or did the change create legislation?

The initiative is explicitly legislated through Senate Bill S6431, which creates new Executive Law and State Finance Law provisions governing the Program and Fund **(Source 2)**

The legislation is directly informed by the Working Group proposal and aligned with CCC and KC evidence on prevention and equity **(Source 1; Source 3; Source 4)**

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12. Other

Eligible communities are defined by zip-code-level CPS impact and racial disproportionality **(Source 1; Source 2)**.

Funded Community Groups must be trusted, community-led, and untethered from CPS contracts during the grant period **(Source 1; Source 2)**.

The initiative intentionally reframes family support away from “family regulation” toward community care, collective efficacy, and social infrastructure, consistent with CCC findings and KC prevention principles **(Source 3; Source 4)**.

Sources (same links as live hyperlinks above)
NY State Senate Bill 2025-S6431 - leg bill
Child and Family Well-Being in NY State
The Road to Equity: The Road to Child and Family Well-Being in New York State, 2025
Schuyler Center Child, Family Well-Being Fund - Report and Leg letters

Ohio - Kathy Icenhower

What we are trying to understand:

RESOURCES

- Ohio Department of Children and Youth: Overview and Stakeholder Feedback
- Ohio Family and Children First: Coordinator's Association Meeting
- Ohio Department of Children and Youth: Bi-Monthly Updates, Sept 2025

1. **Brief description of the jurisdiction's work/initiative, and the primary points of contact.**

Ohio introduced the Ohio Department of Children and Youth in July of 2023 in order to move children and family services upstream with the following visionary goal: ".....each Ohioan is ..... able to live up to their full potential and .....have the opportunity to live up to their version of the American dream.". The intent of the new Department is to promote the efficient and effective delivery of services to Ohio's more than 2.5 million children and their families by:

- Combining functions and programs from six different state agencies
- Reducing duplicative programs from across state government
- Increasing administrative efficiency
- Improving the delivery of services to families depending on these essential state programs

The Directors of the respective agencies were tasked with developing a detailed plan to implement the transfer of duties, functions, programs, and staff, with full transition of all programs to occur no later than January 1, 2025 (**Reference Doc 1**). Central to the plan development
was the focus on public awareness and the ease of access.

Contact: Kara Wente, Director; Casey Family Programs also has a contact person assigned to focus on child welfare services.

2. **What was the impetus for starting, e.g. Community-driven, influence of a high-level gov't official, community crisis (child fatality, lawsuit), other?**

It appears the original desire was pushed by the Governor's Office to move to a "prevention-first approach" to improve key data outcomes to the top percentiles in the country to make Ohio the "Best State to Start and Raise a Family." This move was supported by Departmental Leads in the Departments impacted by the transition, many who were brought in to support the move. The effort was further supported by Stakeholder input which included myriad focus groups, events and the gathering of family stories in order to

identify key issues and concerns. Stakeholder feedback helped to build out the design of the transition by identifying key themes that negatively impacted service delivery (**Reference Doc 1**). These
themes were used to establish building blocks for the new Department's plan and the framework to implement the change. This included developing a centralized intake system for all children and family services to ensure easy access and awareness of all available services a family might need.

3. **What are their goals?**

The Department has three overarching goals:

1. Support Children and Youth: Help children thrive in safe, healthy environments to reach their first birthday and beyond.
2. Empower Families: Empower families with needed resources and supports before, during and after a need.
3. Uplift Communities: Invest in community resources to enable support along the continuum of ages, stages, and services to help children and youth succeed.

These overarching Long Term goals are tied to numerous short term goals that impact an array of outcome areas (**Reference Doc 2, page 8**) that include service delivery, service expansion and
workforce. Ultimately, if short term goals are achieved, the initiative hopes to improve outcomes on 3 Key Data indicators, as follows:

- Reduce Infant Mortality Rate to 4.4/1000.
- Increase Kindergarten Readiness to 60%
- Reduce Rate of Children Entering Foster Care to 2/1000.

4. **What built momentum**

Momentum was built by the support of the Governor's Office, buy-in across Departments and the continuous engagement of stakeholders in the process. The development of a plan across Departments to map out the move, the input from internal and external stakeholders and the transparency regarding the changes were/are all key. Further, constant communication across Departments and with stakeholders has been critical, including monthly dashboards demonstrating outcomes on all the short term goals and continuous meetings, newsletters, emails etc. to provide information on all progress. Further, because the Department is now taking action on the plan, stakeholders are able to see the commitment in real time as the centralized intake is implemented, home visiting and child care is being expanded, consistent with the goals established, including the funding goals set for those expansions. **(Reference Doc 2 and 3)**.

5. **Who are key players**

In the initial stages, the Governor's Office was key to the transition. The development of the new Department was incorporated into the State Budget in 2023 and goals were established for full implementation by January of 2025. The transition was managed by a

Transition Team made of up the Directors from the six Departments that were transitioning services to the new Department, as well as the Departments of Administrative Services and Fiscal and Budget and representatives from the Governor's Office of Children's Initiatives, including Kara Wente who was appointed as Director of the new Department.

6. **What is their definition of Well-Being**

Vision: Each Ohioan is able to live up to their full potential and have the opportunity to live their version of the American dream.

Mission: Promote positive, lifelong outcomes for all Ohio youth.

Motto:
Giving Every Baby
A Fighting Chance

Giving Every Child
A Strong Start

Keeping Families
Together

Goals:
A. Support Children and Youth: Help children thrive in safe, healthy environments to reach their first birthday and beyond.
B. Empower Families: Empower families with needed resources and supports before, during and after a need.
C. Uplift Communities: Invest in community resources to enable support along the continuum of ages, stages, and services to help children and youth succeed.

7. **How permanent is the change**

The Department of Children and Youth was permanently created as a Cabinet-level Department in 2023, with the goal of transitioning all identified programs by January 2025.

8. **Model vs. Implementation**

Model: As indicated above, a Transition Team developed a detailed plan for the establishment and transition of the identified programs prior to the Department's implementation. I believe what was key to this plan, and why initial results are promising, is that full integration of administrative and fiscal functions occurred as a part of the programming transition. In other words, they did not move the program and all the administrative and fiscal components and just set up siloed services under a new

Department. ALL fiscal and administrative functions for the transitioning programs were fully integrated – e.g. One Contracting Division; One Research Division; One Finance Division. This enables the Department to maximize funding and services by integrating the resources available – and ensures shared knowledge across funding and service streams.

Implementation: To date, it appears that all programs have fully transitioned to the new Department and initial progress has been made on key indicators. From speaking with staff on the ground, the impact is being felt in terms of how services are being delivered with a much stronger focus on multidisciplinary efforts across all programs in the new Department.

9. **How are they leveraging and braiding funding streams? For example, what are the federal, state, and local funding streams, and how are they leveraging them? Feel free to do it in a table format if it is easier to organize.**

The new Department of Children and Youth brought the funding streams of the programs with them when they transitioned from their previous Departments. This includes the funding and programs from the following six Departments:

Department of Developmental Disabilities (DODD)
Department of Education (ODE)
Department of Health (ODH)
Department of Job and Family Services (ODJFS)
Department of Medicaid (ODM)
Department of Mental Health and Addiction Services (ODMH)

Therefore, the funding streams include federal (Medicaid, MIECHV) and State and local funding. It appears that they are leveraging their resources by being creative in how they support and fund services. For example, using State grant dollars for start up of new services until a provider can access and stabilize Medicaid FFS funding.

10. **What are the well-being outcomes they are measuring, and what data are they using to measure?**

As indicated previously, the Department has numerous short term goals that are measuring impact on 10 outcome areas that encompass expansion of services, access, workforce, and impact on children, youth and families (Doc 2, pg 8 for full list and logic model. The long term goals of the Department are to:

1. Support Children and Youth: Help children thrive in safe, healthy environments to reach their first birthday and beyond.
2. Empower Families: Empower families with needed resources and supports before, during and after a need.
3. Uplift Communities: Invest in community resources to enable support along the continuum of ages, stages, and services to help children and youth succeed.

The overall goals are being measured by achievement of specific data indicators that would move the State to the top 10 in the country in 3 key areas: infant mortality, kindergarten readiness and foster care involvement. Baseline data, current status and long term goal for each are, as follows:

Indicator	2023	2025	Goal
Reduce Infant Mortality	7.1	6.0	4.4
Kindergarten Readiness	35%	36.6%	60%
Reduce Rate of Children Entering Foster Care	3.3	3.3	2

Dashboards indicating status of all outcomes are produced and posted on a regular basis for transparency. Including documentation of funding allocated, number of additional slots/children/families served, as well as the plans for future release of funds and RFAs for the next 3 fiscal years.

11. Was the change legislated, or did the change create legislation?

The department was officially established in the state's operating budget for 2023 and began operations in July 2023, with full rollout expected by January 1, 2025, integrating programs like Help Me Grow, Early Intervention, and Foster Care, with the following stated vision: To create better outcomes for children through coordinated early intervention, education, and family support, making Ohio a great place for families.

Governor DeWine was a key proponent building on his desire to further his legacy of investing in children prior to having to leave office due to term limits. He previously created the Office of Children’s Initiatives in 2019 to focus on supporting and enhancing investment in children and families. This effort led to the decision to create a new Cabinet Level Department.

12. References

San Diego County - Lori Clarke

What we are trying to understand:

1. Brief description of the jurisdiction's work/initiative, and the primary points of contact.
   The County of San Diego has developed the **Child and Family Well-Being (CFWB) Department** –the first in the United States to reframe their CWS in this way– to fundamentally shift how children, youth, families, and communities are supported.

2. What was the impetus for starting, e.g. Community-driven, influence of a high-level gov't official, community crisis (child fatality, lawsuit), other? San Diego County has been a leader in prevention activities and initiatives for decades and lays out their evolution in "**the Prevention Story**" link. Notably:
   - Establishing a set of **Family Resource Centers** (among the first in CA) under the **1741 Waiver**, which allowed CWS to refer families who were evaluated out
   - Broad participation (and shaping) of **CA's Child Welfare Redesign**, including establishing and operating the CA Evidence-based Clearinghouse for Child Welfare (**CEBC**)
   - **HHSA launch of Live Well San Diego**, a comprehensive initiative focused on building better health, living safely, and cultivating communities where children, youth and families can thrive.
   - **2019 Statewide Prevention Convening**: Presenter/Pursuit of Happiness
   - CAPC became the **Child and Family Strengthening Advisory Board** (CFSAB) following grand jury report with 88 recommendations
   - Partners in Prevention/ Introduction of the **HOPE Framework**
   - Partners in Equity: **Integrated Practice Model** link that includes Race Equity and Lived Experience Framework

3. What are their goals? The primary goal is to **prevent children and youth from entering the child welfare system and create a partnership with families**, leveraging their experience, to hold them as the experts in keeping their children safe. If out of home placement is necessary, **place with kin** whenever possible.

4. What built momentum? The momentum took a quantum leap forward when the federal **Children's Bureau extended funding** for a community-based primary prevention effort to the YMCA of San Diego. The Y fostered collective impact by serving as a steward of the grant, enabling multiple partners and persons with lived expertise to actively participate in and contribute to Partners in Prevention. County leadership's support and engagement in the efforts allowed for full integration and adoptions.

5. Who are key players? **Aimee Zeitz**, formerly the *Executive Director*, Family & Community Well-being, YMCA of San Diego , now *Assistant Director, Child and Family*

Well-Being, County of San Diego Health & Human Services Agency. **Sarah Glass,** Deputy Director, Office of Child & Family Strengthening, Child and Family Well-Being, County of San Diego Health and Human Services Agency

6. What is their definition of Well-Being
   Well-being (formerly "Prevention) means families thrive in a connected community that enhances and restores nurturing and responsive relationships and environments. It involves aligning impact on multiple levels so that all children are safe and cherished, all families are nurtured to build up protective factors, and systems/structures create equitable pathways to wellness. In San Diego, the focus is on primary prevention. Our shared approach will reflect the innovation required to meet the evolving priorities and needs of children, families and communities.link

7. How permanent is the change
   San Diego County is fully committed to making the change permanent.

8. Model vs. Implementation
   County of San Diego Prevention Pathway link

   A family is identified as in need of services and supports due to a child who is at imminent risk of entering foster care but who can remain safely in the child's home or in a kinship placement as long as eligible prevention services to prevent the entry of the child into foster care are provided. No Wrong Door for Family in Need of Supports and Services:

   1.Self-referral
   2.Referral from the community
   3.Entrance from Probation
   4.Entrance from CWS

   Once the door is open, a family will have access to the **Prevention Hub**.
   The Prevention Hub will conduct a strengths and needs assessment, should the candidate be eligible, submit to the Title IV-E agency for candidacy approval, confirm with the family that they want to opt in for prevention services, and then make and provide a warm hand off with the family to the appropriate services and evidence-based practice.

   If a family already has a point of contact relationship with a service provider or tribal partner, that entity will remain the point of contact with the family to ensure efficient and timely assessment.

   If the family opts out, the family will be referred to any other supportive services to ensure family is connected to the service that best meets their needs.

9. How are they leveraging and braiding funding streams? For example, what are the federal, state, and local funding streams, and how are they leveraging them? Feel free to do it in a table format if it is easier to organize.

   SD is leveraging local realignment dollars (county) and typical child welfare funding streams (state and federal). Once CARES goes live in October, SD will be able to drawn down additional state/ fed dollars for FFPSA (commuity pathways and IV-E). In addition, SD is preparing to drawdown CalAIM/ Medi-Cal dollars and align/ leverage Community Schools (CYBHI) dollars.

10. What are the well-being outcomes they are measuring, and what data are they using to measure?

    Primarily tracking family level outcomes served through the Family Connection Hub. This includes # of referrals, # meeting FFPSA eligibility criteria, # participating in FFPSA EBPs and referrals/ open cases on families served through the hub. At this time, the hub only serves those families known to child welfare and informal kinship providers. We are also tracking data on initial and overall kinship placements, which we hope all prevention work will support increases (and address disproportionality).

11. Was the change legislated, or did the change create legislation?

12. Other

Santa Clara County/San Jose - Tabitha Grier

What we are trying to understand:

1. Brief description of the jurisdiction's work/initiative, and the primary points of contact.

   The City of San José Children and Youth Services Master Plan (CYSMP) is a strategic roadmap to ensure every child, youth, and young adult in San José has access to the resources, opportunities, and support they need to thrive. Developed through robust community engagement and data-driven insights, the plan addresses inequities, aligns systems, and fosters collaboration across organizations and stakeholders to improve outcomes for young people and their families.

   Phases of Implementation

   1. Phase 1 (2023): Community exploration and voice through focus groups and town halls.
   2. Phase 2 (2024–2025): Planning and design, including co-design with community members, creating evaluation metrics, and piloting strategies.
   3. Phase 3 (2025–2027): Initial implementation at demonstration sites using the "No Wrong Door" Service Delivery Model.
   4. Phase 4 (2027 and beyond): Full implementation and sustainability with ongoing evaluation and quality improvement.

   Primary points of contacts:
   - Rebecca Mendiola, Collective Impact Solutions, rebecca@collectiveimpactsolutions.com
   - Patty Ramirez, Santa Clara County, patty.ramirez@ssa.sccgov.org
   - Laura Buzo (former coordinator for the city of San Jose), current coordinator is Israel Canjura
   - Angel Rios San Jose Deputy City Manager, Angel.Rios@sanjoseca.gov

2. What was the impetus for starting, e.g. Community-driven, influence of a high-level gov't official, community crisis (child fatality, lawsuit), other?

   The work in the city of San Jose is the evolution of what was happening at the county level while developing the System of Care prevention strategies. They talked to the community about their needs and built a city-county partnership to avoid duplication of efforts

3. What are their goals?
   - **Early Learning and Child Care**: Ensure children and families have access to affordable, high-quality early learning and care experiences that promote optimal growth and development.

- **Health and Mental Wellness**: Ensure all children, youth and young adults feel valued, supported, and have a sense of purpose in their community while accessing holistic, culturally appropriate services throughout their developmental health journey.
- **Housing Access and Security**: Ensure San José children, youth, and their families have equitable access to affordable and stable housing.
- **Learning and Empowerment:** Ensure San José residents from birth to age 24 have equitable access to graduate from high school and enter pathways that promote economic mobility and generational wealth.
- **Meaningful and Sustainable Jobs**: Ensure San José children, youth, and families have equitable access to affordable,stable housing and economic opportunities.
- **Safe and Connected Communities**: Provide opportunities for San José children, youth, families, and community systems to access safe, clean, and vibrant neighborhoods where they can thrive, heal, organize,and gather.
- **System Transformation**: Collaborate with the community to create a unified, cross-sector ecosystem that dismantles systemic barriers and provides timely, equitable, and culturally responsive support to families, ensuring they receive the care they need.

4. What built momentum

   Building off the AB2083 work, they built a cross agency service team. The city engaged more than 3,000 youth, young adults, family members, and community partners through focus groups, town halls, and listening sessions. Advisory groups helped identify priority areas and shape strategies for the plan.

5. Who are key players

   There are two particular key collectives within the community that are really doing the work. They're the boots on the ground. **Sí Se Puede** is a collective of five or six CBOs. And the **Franklin McKinley Children's Initiative** is a school district that works very closely with CBO's within their district. They're in partnership with these two collectives to build off of the relationship that they have and how well they engage with community to help them move the work.

6. What is their definition of Well-Being

   Being able to support families in all areas, together. Children are safe, happy, and thriving.

   Shared Vision – A future where every child and youth in San José grows into a healthy, resilient, self-sufficient adult with access to opportunities to live, work, play, dream and prosper within the vibrant landscape of Silicon Valley.

Unifying Purpose – Create and expand pathways and supports from cradle to career that develop 21st-century skills and lead to better health outcomes, sustainable employment and a competitive living wage for San José children, youth and young adults (birth through age 24), particularly those most vulnerable.

7. How permanent is the change

   It's as permanent as far as the funding will allow, and they are continuing to look at sustainable funding options.

8. Model vs. Implementation

   The no wrong door model has been years in the making, initial implementation and pilot sites launched in 2025

9. How are they leveraging and braiding funding streams? For example, what are the federal, state, and local funding streams, and how are they leveraging them? Feel free to do it in a table format if it is easier to organize.

   City of San Jose provided funds that were matched by county funds, they are still learning and incorporating what pieces can be covered by medi-cal, and also will be drawing down Title IV-E FFPSA funds.
   They are hoping for more state guidance on how to best leverage funding opportunities

10. What are the well-being outcomes they are measuring, and what data are they using to measure?

Metrics: (Early Learning and Child Care)

- Number of ECE professionals in San José completing:
  - Family, friend, and neighbor (FFN) child development courses/series
  - Apprenticeship assistant teacher program
  - Apprenticeship teacher program
  - Pre-K–3 credential program
- Additionally, monitor:
  - Enrollment rates in quality early learning programs
  - Availability of childcare slots
  - Workforce retention in early education fields

Metrics: (Health & Mental Wellness)

- Expected number of children and youth (ages 8–18) to be screened
- Actual number of children and youth screened
- Number of children and youth who screened positive
- Number of children and youth who screened positive and were linked to behavioral health services
- Additional tracking to measure effectiveness:
  - Reduction in unmet healthcare needs

    - Increase in youth accessing mental health services
    - Rate of participation in wellness programs

Metrics: (Housing Access & Security)

- Outreach and Access
    - Number of families attending homeless outreach and access services
    - Number of CBO partners participating in outreach
    - Number of homeless outreach activities conducted
- Service Delivery
    - Fidelity of implementation of the CSJ No Wrong Door Service Delivery Model
    - Timeframe for individuals and families to receive services (goal is to decrease this timeframe with streamlined services)
- Outcomes
    - Reduction in youth and family homelessness
    - Successful transitions to stable housing
    - Utilization of housing support programs

Metrics: (Learning & Empowerment)

- Community engagement: Strengthen trust-building efforts with families.
- High-impact tutoring: Track student participation and progress.
- Awareness and outreach campaigns: Assess reach and effectiveness.
- Additional tracking:
    - High school graduation rates
    - Participation in postsecondary education or training programs
    - Gains in youth-reported self-efficacy

Metrics: (Meaningful & Sustainable Jobs)

- Participation and graduation rates: Track and improve rates for middle and highschool students. Reduce the number and percentage of opportunity youth (young people who are not in school or employed).
- Workshop effectiveness: Measure the number of workshops offered, collect survey data to assess quality, and track participation rates for youth and parents.
- Resource inventory: Develop and maintain a database to track the usage of college readiness and access programs in San José.

Metrics: (Safe & Connected Communities)

- Number of youth and families currently participating in programs
- Number of available services offered
- Number of neighborhood associations established

Metrics: (System Transformation)

- Fidelity measure: Track adherence to the implementation protocol for the System of Care and No Wrong Door service delivery model.

- Access and coordination: Measure reductions in time to access services and referral redundancy.
- Service delivery: Track client satisfaction and engagement rates.
- System efficiency: Monitor interagency collaboration and data-sharing utilization.
- Outcomes: Measure positive outcomes achieved and reductions in equity gaps.
- Training: Track the number of staff trained, feedback on training effectiveness, and application of training in practice.
- Community connections: Count the number of entities that families are connected to for resources and services.
- Referrals: Measure the number of individuals and families connected to services.

FFPSA- measuring entries into CWS, using Protective Factors pre-post tests, and specific EBP outcomes

11. Was the change legislated, or did the change create legislation?

    AB2083 was legislated, and they took advantage of the work already happening to build a relationship between Santa Clara county and City of San Jose to build this initiative

12. Other

South Carolina - OCAP

What we are trying to understand:

1. Brief description of the jurisdiction's work/initiative, and the primary points of contact.
   South Carolina's child and family well-being work is anchored in a prevention-oriented child welfare system led by the South Carolina Department of Social Services (SCDSS), alongside statewide prevention and early childhood structures that function as well-being infrastructure.

   - SCDSS Child & Family Services Plan (FFY 2025–2029) – sets statewide vision/practice model emphasizing prevention and community supports: https://dss.sc.gov/media/jh0kewhv/south-carolina-child-and-family-services-plan-cfsp-ffy-2025-2029.pdf

   - Children's Trust of South Carolina (statewide child abuse prevention organization; administers/advances prevention strategies and *Maternal Infant and Early Childhood Home Visiting (MIECHV)*: https://scchildren.org/

   - South Carolina Early Childhood Advisory Council (ECAC) – established in law; cross-agency early childhood system coordination: https://www.earlychildhoodsc.org/
   - Primary points of contact (public-facing):
     • SCDSS Director and Division leadership for Child Welfare Services.
     • Children's Trust leadership/team.
     • SC First Steps (coordinates ECAC): https://www.scfirststeps.org/

2. What was the impetus for starting, e.g. Community-driven, influence of a high-level gov't official, community crisis (child fatality, lawsuit), other?

   South Carolina's shift toward prevention and well-being is driven by longstanding federal accountability requirements, a stated intent to move from reactive child protection toward prevention and community-based supports, and its selection to participate in the Thriving Families, Safer Children national initiative.

   Impetus and current accelerant:
   • Longstanding federal/state expectations to improve safety, permanency, and well-being, reflected in SCDSS's CFSP and practice model.
   • A stated statewide intent to move from reactive child protection toward prevention and community-based supports.
   • South Carolina's recent selection as a national 'Thriving Families, Safer Children: A National Commitment to Well-Being' demonstration site (U.S. Children's

Bureau/Casey/Annie E. Casey/Prevent Child Abuse America partners), which is explicitly aimed at redesigning systems toward holistic well-being and prevention.

3. What are their goals?

   Key goals include preventing child maltreatment, reducing unnecessary family separation, strengthening community-based interventions, improving consistency of child welfare practice through the GPS (Guiding Principles and Standards) model, and strengthening early childhood system coordination and school readiness.

   Key goals include:

   • Prevent child maltreatment and reduce unnecessary family separation by investing in prevention and strengthening families.
   • Build robust, community-based interventions and normalize help-seeking (reduce stigma) across communities.
   • Improve agency practice consistency through SCDSS's GPS (Guiding Principles and Standards) practice model: family-centered, trauma-informed, culturally responsive, strengths-based.
   • Strengthen early childhood system coordination and school readiness (through ECAC/First Steps) as a core well-being strategy.

4. What built momentum
   Momentum drivers include:
   - National demonstration site designation (Thriving Families, Safer Children) bringing visibility, structured change support, and cross-sector engagement.
   - SCDSS's CFSP planning cycle (2025–2029) with explicit emphasis on prevention/community investment.
   - Children's Trust's statewide prevention infrastructure (training, funding, protective factors work; administration of MIECHV home visiting).
   - Cross-agency early childhood coordination through Early Childhood Advisory Council (ECAC) (established in law).

5. Who are key players
   Key players include:

• South Carolina Department of Social Services (SCDSS) – Division of Child Welfare Services (including Family & Community Services / Child Health & Well-Being functions as described in CFSP).
• Children's Trust of South Carolina and local prevention program partners.
• South Carolina First Steps and local First Steps partnerships.
• South Carolina Early Childhood Advisory Council (ECAC) – directors of multiple agencies/entities.
• Community-based providers delivering family preservation / prevention services (contracted by DSS) and family-serving partners (public/private/philanthropic).

6. What is their definition of Well-Being:

   Children's Trust frames well-being through prevention and protective factors that strengthen families and reduce trauma and stressors.

   In SCDSS planning documents, well-being is framed alongside safety and permanency and is operationalized through the GPS practice model (family-centered, trauma-informed, strengths-based, culturally responsive), with a clear prevention emphasis: building community supports and prevention services so families can safely remain together.

7. How permanent is the change
   South Carolina's prevention/well-being shift is being institutionalized through:
   • The SCDSS CFSP (2025–2029) and related federal accountability processes.
   • A multi-year national demonstration initiative (Thriving Families, Safer Children).
   • Ongoing statutory/cross-agency structures in early childhood (ECAC).
   Sustainability will depend on maintaining cross-sector governance and funding beyond initiative cycles.

8. Model vs. Implementation
   Model:
   • Shift from reactive child welfare to a child and family well-being system with stronger community-based prevention supports and cross-sector coordination.
   • 'No wrong door' orientation through community partners and prevention infrastructure (home visiting, family strengthening, preservation).

   Implementation examples:
   • SCDSS family preservation services and contracted community-based supports.
   • Children's Trust prevention programs and MIECHV-funded home visiting.

• Early childhood system coordination and access supports (ECAC / First Steps initiatives).

9. How are they leveraging and braiding funding streams? For example, what are the federal, state, and local funding streams, and how are they leveraging them? Feel free to do it in a table format if it is easier to organize.

Funding stream	**How it supports prevention / well-being**	**Notes / examples**
Title IV-B/IV-E + CAPTA + Chafee	Core child welfare services, prevention/preservation, and well-being supports within SCDSS planning framework.	CFSP lists these federal funding streams and related service arrays.
Family preservation service contracts (state/federal blend)	Community-based, in-home or family-centered services to stabilize families and prevent removal.	Family preservation services delivered through contracted providers as described in the CFSP.
MIECHV (federal home visiting) administered by Children's Trust	Evidence-based home visiting to strengthen parenting, reduce risk, improve early childhood outcomes.	Children's Trust administers South Carolina's MIECHV investment.
State early childhood investments (First Steps/ECAC system)	School readiness, early learning, family strengthening supports and coordination.	First Steps coordinates ECAC; local partnerships implement programs.
Public/private/philanthropy (Children's Trust, local partners)	Prevention messaging, training, grants to community programs, protective factors work.	Children's Trust funds and supports local prevention programs.

10. What are the well-being outcomes they are measuring, and what data are they using to measure?

    Measures described/typical in these systems include:

    • Federal child welfare outcomes tied to the CFSP/CFSR framework (safety, permanency, well-being) and associated administrative data.

    • Prevention/family preservation performance measures (service engagement, completion, and downstream system involvement such as foster care entry/length of stay).

    • Home visiting (MIECHV) performance measures and evaluation.

    • Early childhood indicators (school readiness and early learning metrics through First Steps/ECAC-related work).

11. Was the change legislated, or did the change create legislation?

    The shift is reinforced through required federal planning/accountability (CFSP/CFSR) rather than a single new state statute establishing a comprehensive well-being system. Separately, South Carolina's ECAC is explicitly described as established in law, providing a legislated cross-agency early childhood coordination body.

12. Other

    South Carolina's statewide Child Well-Being Coalition complements formal agency structures, and the Thriving Families, Safer Children initiative provides a platform to formalize governance, shared outcomes, and financing alignment.

    • Child Well-Being Coalition

Texas - Katie Albright

What we are trying to understand:

- **Brief description of the jurisdiction's work/initiative, and the primary points of contact.**
  - Description:
    - Systematically reforming Texas Child Welfare System to transform child welfare culture and practice to reduce trauma, prevent entries into foster care by keeping families intact whenever possible, leverage communities to strengthen families, and reduce the power of the state to interfere in family life.
  - Points of Contact:
    - Texas Public Policy Foundation (TPPF)
    - Andrew Brown, Vice President of Policy at the Texas Public Policy Foundation. *See his article in* Family Justice Journal, Winter 2026 Edition
    - Brandon Logan, Executive Director, One Accord for Kids. *See his article* Reclaiming Foster Care: An America First Vision for Protecting Children and Strengthening Families

- **What was the impetus for starting, e.g. Community-driven, influence of a high-level gov't official, community crisis (child fatality, lawsuit), other?**

  - Community crisis / lawsuit catalyst: Texas child welfare reform was catalyzed by the federal lawsuit *M.D. v. Abbott (2015)*, which found foster care conditions so bad that children "often age out of care more damaged than when they entered."
  - Post-lawsuit policy initiative launch: This judicial finding created the political and moral urgency for reform. In the wake of that decision, TPPF launched an initiative focused on family and child welfare policy.

- **What were their goals?**
  - Transform child welfare culture and practice to reduce trauma, prevent entries into foster care by keeping families intact whenever possible, leverage communities to strengthen families, and reduce the power of the state to interfere in family life.
  - Focus on due process.

- **What built momentum**
  - Research + lawmaker education: Research and educating lawmakers about system realities, harms, and constitutional violations.
  - Coalition-driven legislative work: Bipartisan coalition drafting legislation with lawmakers, supported by testimony and sustained advocacy.
  - "Radical incrementalism" + impacted family testimony: Legal changes plus changing hearts/minds—driven in part by lawmakers hearing directly from impacted constituents.

- Legislative: Public legislative debate and passage of bills like HB 63 (ending anonymous reporting to DFPS hotline) helped institutionalize the shift.

- **Who were key players**
  - TPPF Bipartisan coalition
  - Texas Legislature / lawmakers
    - Rep. Valoree Swanson authored HB 63
  - DFPS/CPS
  - Community coalitions, participatory democracy (eg West Texas Together)
  - Andrew Brown, Vice President of Policy at the Texas Public Policy Foundation *See his article in* Family Justice Journal, Winter 2026 Edition
  - Brandon Logan, Executive Director, One Accord for Kids. *See his article* Reclaiming Foster Care: An America First Vision for Protecting Children and Strengthening Families

- **What is their definition of Well-Being**
  - Need to define prevention. For Brandon Logan, it's about Protective Factors (versus social determinants of health).
  - "Family is first government. Family is at the center of the ecological model (not children)"
  - Need trusted relationships and helpers. It's not government, but families, kin, community, faith
  - Need to right size the system, and then scale down from a state system to a neighborhood system. This is likely not a federal or state answer to this question; it's a local/community answer.
  - Child protection should focus on relational permanence, not legal finality. We should figure out the "organic protection" (kin, community, faith)

- **How permanent is the change**
  - Focus on "radical incrementalism." Change rarely happens overnight. Raise the voices of those with lived experience.
  - Focus on community based solutions:
    - In West Texas, pilot program creates an alternative to community-based care contracts that are essentially privatizing government support. The pilot is focused more on individualized care supports and resourced hubs (not a "franchised" approached). See more here.

- **Model vs. Implementation**
  - The community develops the solutions for themselves. West Texas solution is different from other parts of the state, and other states.
  - Focus of change is at the local level. What can we do today to make a chance. We don't have to wait for the state and federal to act. "Claim power." Communities can be guilty of learned helplessness, by waiting around for the state and federal grants. We are just waiting for funding stream to open up, we should think about what we ought to do today and figure out what we can started on.

- **How are they leveraging and braiding funding streams?**
  - Advocates focus on leveraging federal funding to go to community (not through the state)

- **What are the well-being outcomes they are measuring, and what data are they using to measure?**
  - Transform child welfare culture and practice to reduce trauma
  - Prevent entries. If foster care, placement closer to home.
  - Keep families intact
  - Leverage communities. Including building community, community workgroups, and community solutions.

- **Was the change legislated, or did the change create legislation?**
  - Both. Court order, then organizing, then legislation.
  - Amending TX constitution to protect the fundamental rights of parents to raise their children free from government interference.
  - Narrowly tailored definition of neglect
  - Series of legislation focused on parents right during placement hearings
  - HB 63. End anonymous reporting; narrow mandatory reporting to certain trained professionals; and allow trained reporters to refer families to supportive community services instead of CPS reporting in appropriate situations.

- **Other**

– > Questions

- **Cross-system work FRC – true up stream model. Child care and home visiting, what other services are they offering.**
- **Why are foster care entries going down, particularly with increasing child populations? Has this been a policy change for front door entries, or are they really changing the system.**

Resource & References Summary - Beth Kuenstler

What we are trying to understand - any information that will support the list of questions above, but may not be applicable to a specific jurisdiction.

- **Compiled Reference Documents**

1. **CALIFORNIA CHILD WELFARE PREVENTION TOOLKIT, 2018, https://drive.google.com/file/d/12ROpt8KeR7uHfEQmAvJWP0Bs6KpMKfXe/view?usp=drive_link**

    - **Found in this resource is this document that was referenced, https://co4kids.org/wp-content/uploads/2023/06/Child-Maltreatment-Prevention-Community-Planning-Toolkit.pdf**

Field	Detail
Source	**Child Maltreatment Prevention – Community Planning Toolkit**
Page # / Location	**53–75**

Justification:
Provides evidence-based county planning steps, indicators, assessment tools, and partnership models.

Why It Matters for CA:
Counties need a consistent planning framework.

What CA Should Consider:
Adopt toolkit components into California's statewide planning structure for well-being work.

CA Status:
No statewide standard.

Justification:
Identifies indicators categories across development, economic stability, access to supports, and system environment.

Why It Matters:
Supports statewide indicator-setting work.

What CA Should Consider:
Extract and align indicators for CA well-being model.

CA Status:
Indicators pending.

Justification:
The planning model emphasizes cross-sector partnerships (WIC, MH, housing, early childhood).

Why It Matters:

Matches cross-system goals of CA's well-being design.

What CA Should Consider:
Require cross-system participation in every county plan.

CA Status:
Uneven.

2. **Financing Recommendations, March 2024,**
https://www.chhs.ca.gov/wp-content/uploads/2024/02/PEI-Financing-Recs_CWC_March-6-2024.pdf

Field	Detail
Source	PEI Financing Recommendations (2024)
Page # / Location	2–4

Justification:
Contains explicit recommendations already approved by the Child Welfare Council, including the call for a statewide prevention governance body and integrated prevention funding. These were highlighted by Beth as essential to lift up again.

Why It Matters for CA:
Provides a previously sanctioned roadmap that aligns with the current goal of designing a Child, Family & Community Well-Being system.

What CA Should Consider:
Re-elevate recommendations to the Child Welfare Council and request accountability updates.

CA Status:
Approved but largely unimplemented.

Justification:
Document identifies that California's prevention funding is fragmented (IV-E, CAPTA, FFPSA, OCAP, PH) and used duplicatively.

Why It Matters for CA:
Confirms the structural barriers CA must fix for a unified well-being system.

What CA Should Consider:
Create statewide funding alignment guidance across prevention streams.

CA Status:
Fragmentation persists.

Justification:

Calls for CalAIM to include “Families at Imminent Risk of CW Involvement” as a Population of Focus.

Why It Matters:
Integrates Medicaid as a prevention financing mechanism.

What CA Should Consider:
Add prevention-related populations to CalAIM definitions.

CA Status:
Not yet adopted.

3. **How can child protection agencies collaborate to prevent foster care and promote family well-being? April 2024**
https://www.casey.org/prevention-collab-overview/

Field	Detail
Source	QFF – Prevention Collaborations (2024)
Page # / Location	4–7

Justification:
Identifies core cross-system collaboration structures required for prevention.

Why It Matters:
Aligns with CA’s direction toward multi-system well-being pathways.

What CA Should Consider:
Formalize statewide multi-agency collaboratives (Public Health, Housing, BH, Schools, CW) at state and county levels.

CA Status:
Partial; varies by county.

Justification:
Emphasizes centered family/youth voice in design and CQI

Why It Matters:
Matches state equity expectations.

What CA Should Consider:
Compensated statewide lived-experience councils.
CA Status:
Partial.

Justification:
Promotes blending/ braiding Medicaid + BH + PH + IV-E prevention dollars.

Why It Matters:
Directly supports unified system financing.

What CA Should Consider:
State guidance on braiding/blending.

CA Status:
Minimal.

4. **Can Medicaid be leveraged as a sustainable source of prevention funding for family resource centers? 2023https://www.casey.org/medicaid-frc-san-francisco/**

Field	Detail
Source	QFF – Medicaid & FRCs (2023)
Page # / Location	2–4

Justification:
Demonstrates successful Medicaid funding (MAA) for prevention infrastructure.

Why It Matters for CA:
Confirms Medicaid as a viable sustainable financing stream.

What CA Should Consider:
Scale statewide Medicaid TA and claiming guidance.

CA Status:
Not scaled statewide.

Justification:
MAA-eligible activities = core prevention functions (navigation, screening, outreach).

Why It Matters:
Links prevention pathways to Medicaid.

What CA Should Consider:
Issue statewide guidance.

CA Status:
Guidance absent.

ADDED 11/11 - Searched under Well-Being

5. **https://www.casey.org/evidence-based-program-examples/**

Field	Detail
Source	QFF – Evidence-Based Programs (2024)
Page # / Location	2–3

Justification:

EBP implementation requires underlying supportive conditions (housing stability, health access, material supports).

Why It Matters:
Prevention systems must pair programs with concrete supports.

What CA Should Consider:
Require infrastructure supports and flexible funding alongside EBPs.

CA Status:
Not standardized statewide.

Justification:
Concrete supports recognized as evidence-based by federal Clearinghouse.

Why It Matters:
Validates upstream supports as legitimate prevention strategies.

What CA Should Consider:
Make flexible funds a core strategy.

CA Status:
Patchwork.

6. Chapin Hall — Community Pathways Convening Report (2025)

https://www.chapinhall.org/project/top-takeaways-from-2025-casey-family-programs-and-chapin-hall-community-pathways-convening/

Field	Detail
Source	Chapin-Hall Community Pathway Convening-Repor (2025)
Page # / Location	12–13

Justification:
Pathways must be universal, non-stigmatizing, and community-located.

Why It Matters:
Foundational to CA's design.

What CA Should Consider:
Create universal pathways statewide.

CA Status:
Not yet built.

Justification:
Housing stability is a core prevention condition.

Why It Matters:
Child welfare risk strongly tied to housing insecurity.

What CA Should Consider:
Integrate housing supports into prevention pathways.

CA Status:
Minimal integration.

7. Chapin Hall — Centers Meeting Family Needs Framework
https://www.chapinhall.org/project/meeting-family-needs/

Field	Detail
Source	Framework Centers Meeting Family Needs
Page # / Location	NA

Justification:
Shows how integrated, multi-domain supports reduce child welfare involvement.

Why It Matters:
Direct blueprint for well-being domains.

What CA Should Consider:
Adopt multi-domain well-being indicators.

CA Status:
Design underway.

8. System of Care (SOC) Toolkit
https://drive.google.com/file/d/1Ju2Ey77NJfk3SVvuVGhiZuj_qoZd9jzu/view

Field	Detail
Source	Prevention CSOC Toolkit SOC.
Page # / Location	NA

Justification:
SOC outlines governance, MOUs, shared outcomes, culturally responsive engagement, and cross-training.

Why It Matters:
Matches the operational structure needed for well-being.

What CA Should Consider:
Embed SOC principles as operational expectations.

CA Status:
Inconsistent.

9. Prevention Practice Summary_March 2016 revised,
https://docs.google.com/document/d/1Z1L-aI5PgdYa1tFI5YdpyHQpLWT3XG9E/edit?usp=sharing&ouid=117664041722301409790&rtpof=true&sd=true

Field	Detail
Source	Prevention practice summary (2016 revised)
Page # / Location	NA

Justification:
Identifies cross-framework core elements shared by six national prevention models, rare and important synthesis.

Why It Matters:
Provides scientifically grounded prevention values for CA's system.

What CA Should Consider:
Use these shared elements as statewide prevention principles.

CA Status:
Not adopted statewide.

Justification:
Defines six shared core beliefs (e.g., safe, stable, nurturing families; system starts with prevention; cross-sector collaboration).

Why It Matters:
These are the foundation of a well-being system.

What CA Should Consider:
Adopt as system beliefs/values.

CA Status:
Implicit but not formalized.

Justification:
States prevention elements should guide funding, program design, service delivery.

Why It Matters:
Supports CA's need to create statewide guidance.

What CA Should Consider:
Embed elements into funding guidance.

CA Status:
Not standardized.

10. Federal Financing Reform, 2014,
https://drive.google.com/file/d/1jMJ8PpAyslkgfxyqdl964xrhqu331T8x/view?usp=sharing

Field	Detail
Source	Federal Reform Child Welfare FinancingToolkit (2014)
Page # / Location	NA

Justification:
Describes federal misalignment (IV-E focused on foster care, outdated eligibility rules).

Why It Matters:
Explains why CA must pursue integrated, flexible prevention funding.

What CA Should Consider:
Use as background for advocacy.

CA Status:
Federal structure unchanged.

Justification:
CA's IV-E waiver showed better outcomes when funding was flexible.

Why It Matters:
Evidence that flexible prevention funding works.

What CA Should Consider:
Push for flexibilities similar to waiver.

CA Status:
Waiver ended; unmet need remains.

Justification:
National reform consensus: broaden eligibility, reinvest savings, expand services.

Why It Matters:
Provides federal policy alignment for CA's recommendations.

What CA Should Consider:
Use as pillars of advocacy strategy.

CA Status:
Pending.