PEI Well-Being Workgroup

Jurisdiction Interview Prep Packet

Jurisdiction Snapshots for Interviewers

Prepared for Interviewee Outreach and Pre-Interview Review

September 2026

Prepared to facilitate consistent outreach to selected jurisdictions by providing interviewers with concise jurisdiction information that can be easily copied, pasted, and shared with interviewees prior to 45-minute interviews.

Jurisdictions Included

Allegheny County	**Calaveras**	**Colorado**
New York City	**Ohio**	**San Diego**

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Allegheny County

PEI Well-Being Jurisdiction Comparison: Design Features, Key Patterns, and Implications for California

How to Read This Table
1. Each column summarizes how one jurisdiction approaches child and family well-being.
2. Each row applies the same design feature across jurisdictions, allowing side-by-side comparison.
3. The design feature definitions explain what each row is intended to capture.

Design Feature	Design Feature Definition	Allegheny County
Organizational Structure	How the system is set up, including implementation date/year where available	**Consolidated county DHS with centralized administrative structure:** The Department of Human Services (DHS) consolidation began in 1996 and combined six former departments, including Children, Youth and Families (CYF). DHS includes behavioral health, developmental services, substance use disorder treatment, and related human services. Human resources and the fiscal department report directly to the DHS director. Child Welfare has a Business Office that aligns the budget with the department's vision, reviews invoices and costs, supports provider solvency and adequate compensation, and applies Quality Assurance. Health services remain in a separate agency; early care and education are in a separate Department of Children Initiatives. Allegheny County has approximately 1.2 million residents.
Primary Orientation	Whether the approach is prevention-focused, intervention-focused, whole-family, or system-alignment oriented	**Integrated human services prevention and child welfare reform:** The work extends beyond Child Welfare. Allegheny uses family-strengthening and family-preservation services and is trying to provide help earlier and more deeply. Hello Baby uses a model that predicts at birth whether a child will be removed within the next three years and is an opt-out program for supports and services.
Program Coverage	Who is served, what services are included, and population size if available	**Broad cross-system service coverage:** Allegheny County residents, particularly vulnerable populations, receive services across DHS, including CYF, behavioral health, developmental services, substance use treatment, housing, Family Support Centers, family-strengthening and family-preservation services, home visiting, Hello Baby, Home Builders, and the Family Healing Center—an inpatient substance use disorder residence where children can live with their parents during recovery.
Coordination Method	How different parts of the system work together	1) **Consolidated coordination infrastructure:** Consolidated DHS, shared fiscal and human resources infrastructure, and integrated data support cross-system coordination. 2) **No Wrong Door and integrated data:** DHS describes its approach as "no wrong door." The data warehouse allows workers to see the other systems a family may be interacting with and coordinate across those systems. 3) **Family Support Center coordination:** Family Support Centers provide early-intervention services in one location and are connected to home-visiting services. DHS and the Family Support Center provider worked together to make early-intervention services available at the center. 4) **Additional coordination supports:** Prior research identified court engagement and community consensus-building as supporting cross-divisional work. 5) **Behavioral Health and Child Welfare coordination:** Coordination between Behavioral Health and Child Welfare remains complicated.
Financing Approach	How funding is structured and aligned, including fiscal/backend integration lessons	**Integrated and braided funding across DHS and child welfare:** 1. **Budget and planning:** The 2024 DHS budget was $1.24 billion, and the interview identified the child welfare budget as $350 million. Allegheny uses needs-based planning and budgeting focused on family needs. 2. **Family Support Center funding:** Family Support Centers have dedicated state funding and county support. Allegheny raised taxes in 2025 to provide the county match for state Family Support Center funding. 3. **Prevention funding:** Allegheny has braided prevention funding, and that approach continues. 4. **Family Healing Center financing:** The Family Healing Center braids Medicaid and child welfare funds and obtained a Medicaid license. 5. **Integrated fiscal structure and other resources:** Prior research identified a single fiscal office across DHS, 100% drawdown of available state and federal funds in 2025, and flexible resources from approximately 20 foundations.
What is Tracked	What outcomes, indicators, activities, or measures are monitored; this row does not substitute for reported results	**Child welfare, prevention, and service tracking:** 1) **Child welfare and federal measures:** Mandated federal outcomes, child welfare case counts, removals, and required FFPS measures. 2) **Predictive analytics:** Use of AFST and predictive analytics. 3) **Prevention and family-support measures:** Hello Baby reach and engagement and Family Strengthening Program activity. 4) **Housing measures:** Permanent housing provided to formerly homeless people.
Results	Reported results or early outcome evidence stated in the available research; not inferred where unavailable	**Reported results and indicators:** 1) **Children in care and kinship:** Approximately 1,200 children are in care, with approximately 63% in kinship care. 2) **Hello Baby reach and engagement:** Approximately 13,000 babies are born in Allegheny County annually. About 1,300 families are identified as needing supports through Hello Baby, and approximately 50% engage. Prior research reported that Hello Baby served 51% of the highest-need families in 2024. 3) **Child welfare cases and removals:** Prior research reported that children associated with a child welfare case decreased from 8,997 in 2018 to 4,200 in 2025, while removals decreased from 1,251 in 2022 to 1,025 in 2024. 4) **Allegation trend:** The interview indicated that the pattern of decreased allegations is consistent nationally. 5) **Permanent housing:** Prior research reported that 2,950 formerly homeless people received permanent housing, including 161 children in child welfare cases.
What Made It Work / Critical Enablers	Source-supported conditions that allowed implementation; no assumed success factors	1) **Longstanding consolidated human services structure:** Allegheny consolidated six former departments into DHS in 1996, including the Office of Children, Youth and Families, and uses DHS as a broader human services platform rather than a child-welfare-only reform. 2) **Integrated prevention, access, and data infrastructure:** The "no wrong door" approach, data warehouse, Family Support Centers, home visiting, Hello Baby, family-strengthening services, and housing supports connect families with services across systems. The interview emphasized that having services under one roof is essential. 3) **Fiscal and administrative integration:** Shared fiscal and human resources infrastructure, needs-based budgeting, prevention funding braiding, Medicaid and child welfare financing for the Family Healing Center, and foundation flexibility support work across divisions. 4) **State-sponsored, county-implemented flexibility:** This structure allows counties to operate differently; the state has been open to using Allegheny as a test case.
What We Still Need to Learn / Research	Known gaps that should not be guessed or filled without evidence	1) **Transferability without full agency consolidation:** Clarify which components could transfer to California without creating a fully consolidated human services agency. 2) **Governance following leadership transitions:** Clarify how cross-DHS decisions are made following major leadership transitions. 3) **Data governance and equity safeguards:** Clarify how Allegheny manages predictive analytics, transparency, and equity safeguards. 4) **Remaining Family Support Center financing:** Clarify whether Medicaid, federal, or foundation funds support the centers beyond the dedicated state funding and county match described in the interview. 5) **County-state relationship:** Clarify the operational relationship with the state child welfare agency and other state systems beyond the state-sponsored, county-implemented structure described in the interview.

Calaveras

PEI Well-Being Jurisdiction Comparison: Design Features, Key Patterns, and Implications for California		
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Design Feature	**Design Feature Definition**	**Calaveras**
Organizational Structure	How the system is set up, including implementation date/year where available	**Office of Education Care Team:** Care Team is housed in the Office of Education, with Child Welfare as a partner. The interview described a two-tier structure: an Executive ILT focused on fiscal and broader system issues and a Children's System of Care ILT that handles complex cases, programmatic issues, and systemic gaps and reports quarterly to the Executive ILT.
Primary Orientation	Whether the approach is prevention-focused, intervention-focused, whole-family, or system-alignment oriented	**Prevention and pre-crisis family support:** Calaveras uses a broader child and family well-being approach focused on connecting youth and families to support before Child Welfare intervention. The Care Team brings together schools, Child Welfare, behavioral health, probation, and other partners to coordinate support and reduce duplication.
Program Coverage	Who is served, what services are included, and population size if available	**Community pathways and prevention supports:** Community Pathways operates through partnership with the Office of Education and is expanding to include Family Well-Being Plans and Motivational Interviewing to support youth mentoring and SARB programs. Other supports include FURS crisis response for current and former foster youth, Homebuilders for prevention and high-fidelity wraparound, Parents as Teachers through Public Health, and a Title IV-E prevention-only pathway. A screening process is being developed for non-Child Welfare-involved families referred to Care Team.
Coordination Method	How different parts of the system work together	1) **Care Team leadership:** Care Team is led by the Office of Education. 2) **Core cross-system partners:** Core participants include the AB 2083 team—Probation, Child Welfare, Office of Education, Regional Center, and Behavioral Health—along with schools and special education, Welfare to Work, Nexus Family Services, First 5, and Public Health. 3) **Leadership and accountability structure:** The Executive ILT and Children's System of Care ILT provide the leadership structure, with reporting to the Executive ILT quarterly. 4) **Managed Care Plan engagement:** Managed Care Plans have also been engaged in Care Team through the CalAIM work. 5) **Closed-loop referral system:** Unite Us is in place as a closed-loop referral system. Utilization has been limited, and licensing and implementation have been challenges, although the county described it as a valuable tool.
Financing Approach	How funding is structured and aligned, including fiscal/backend integration lessons	**Braided funding across education, child welfare, and behavioral health:** 1) Title IV-E Administration, through an MOU with the Office of Education, and MHSA fund the Care Team Navigator position. 2) Other case-management supports are provided through the Office of Education, including peer mentorship, an ILP program for at-risk youth, and Foster Youth Services Coordinating Program supports. 3) The county plans to use FFPSA and some BHSA funding to support case management and Family Well-Being Plans for at-risk families in SARB and Care Team. 4) Other funding identified includes CSEC dollars, ILP funds, probation prevention dollars, and school district matching funds. 5) Title IV-E cannot fund the full navigation position; BHSA can help sustain the navigator/case manager position when an evidence-based practice is implemented.
What is Tracked	What outcomes, indicators, activities, or measures are monitored; this row does not substitute for reported results	**Data and prevention tracking:** **1) Foundational data:** school enrollment and youth experiencing homelessness. **2) Agency collaboration:** number of Child and Family Team Meetings and Interagency Placement Committee meetings hosted and attended by each agency, and training participation across ILT agencies. **3) Prevention measures:** families served through the Care Team, families entering system involvement within six months of receiving Care Team services, total youth/families served through referral or MDT, and required FFPS measures.
Results	Reported results or early outcome evidence stated in the available research; not inferred where unavailable	**Reported result:** Care Team served 37 families during the most recent fiscal year, diverting those families away from system involvement in both Child Welfare and Probation. It was indicated that 25–40 families is typical.
What Made It Work / Critical Enablers	Source-supported conditions that allowed implementation; no assumed success factors	1) **Collaboration and an integrated approach:** The work was described as needing an integrated approach, including a shift from "yours vs. mine kids to our kids." 2) **Using and adapting what already exists:** Emphasis was on not building something new, but assessing what they were already doing and how it could be adapted. 3) **Relationship-building:** Relationship-building was identified as the main theme in being able to move the work in this direction. 4) **System-of-Care structure and protocols:** The county has established protocols intended to keep the work going if current leaders leave.
What We Still Need to Learn / Research	Known gaps that should not be guessed or filled without evidence	1) **Confirm Care Team implementation timing:** The interview notes contain two different time references. Under "Validate the summary," Care Team is described as having "started in 2016," while under "Origin and impetus," the notes state "2018 or 2019 started building Care Team." The distinction between those dates needs clarification. 2) **Confirm referral volume:** The interview clarified that referrals come mostly from teachers and school staff, that the referral is public-facing on the Office of Education website, and that anyone can refer or self-refer, but it did not provide a total number of referrals.

Colorado

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Design Feature	Design Feature Definition	Colorado
Organizational Structure	How the system is set up, including implementation date/year where available	**Standalone Department of Early Childhood:** The Colorado Department of Early Childhood was created about three years ago from the former Office of Early Childhood within the Department of Human Services. The Early Childhood Leadership Commission helped determine which programs moved into CDEC. CDEC now includes Universal Pre-K, Family Support Programs, Early Childhood Mental Health, child care licensing, Early Childhood Workforce, and the Child Care Assistance Program.
Primary Orientation	Whether the approach is prevention-focused, intervention-focused, whole-family, or system-alignment oriented	**Whole-family prevention and family strengthening:** Colorado's approach emphasizes whole-family thriving, prevention, and cross-sector alignment, with a particular focus on strengthening families with young children, especially ages 0–5, and preventing entry into child welfare.
Program Coverage	Who is served, what services are included, and population size if available	**Broad statewide prevention and family-strengthening coverage:** Colorado serves children, youth, families, parents/caregivers, and communities through FRCs, community pathways, home visiting, early childhood family supports, and related prevention services. CDEC's Family Strengthening Unit administers roughly 9–12 programs, with a focus on children ages 0–5 and their families. Family Connects has broad eligibility and is not income-based. Colorado Community Response connected screened-out child welfare families to voluntary FRC outreach. Population size was not specified.
Coordination Method	How different parts of the system work together	**Cross-agency and community coordination:** 1) CDEC works closely with the Department of Human Services and other state partners, with departments expected to collaborate and share information. 2) The Partnership for Thriving Families supports cross-agency coordination. 3) The Colorado Child Abuse Prevention Trust Fund Board brings together state representatives, prevention experts, community partners, and people with lived experience. 4) The Family Resource Center Association serves as the statewide intermediary for FRCs, providing tools, training, and shared data infrastructure.
Financing Approach	How funding is structured and aligned, including fiscal/backend integration lessons	**State, county, federal, and competitive prevention funding:** 1) FRC funding is included in the state long bill and administered by CDEC through a competitive process for the intermediary and centers. 2) Some prevention funding flows through the Colorado Child Abuse Prevention Trust Fund Board. 3) FFPSA claiming is split between CDHS and CDEC, with CDEC funds flowing through the Trust Fund Board to community grants; reclaimed FFPSA funds are limited to programs included in the state plan. 4) Family Connects is supported through a mix of state, county, and Medicaid funding, although Medicaid funding has been lower than expected. 5) SafeCare claiming was expected around September pending updates to the data system.
What is Tracked	What outcomes, indicators, activities, or measures are monitored; this row does not substitute for reported results	**Prevention, family-support, and system outcomes:** 1) Colorado tracks service delivery and resources, hospital visits, referrals, child welfare entry, prevention service engagement, program fidelity and outcomes, foster care entry, recurrence/re-entry 2) FRC measures including number served, referrals made/completed, concrete supports, protective-factor change, and financial domains. 3) Partnership and collective-impact measures also include child and family well-being, equity conditions, and community-level indicators where available. 4) Family Connects outcome collection is still developing.
Results	Reported results or early outcome evidence stated in the available research; not inferred where unavailable	**Early signs of progress, with longer-term outcomes still developing:** 1) Colorado reported positive program outcomes that have supported requests for additional funding. 2) Colorado Community Response was described as having strong family participation, and some counties continued local partnerships after grant funding ended. 3) One Family Connects county reached the 60% coverage threshold for certification, although outcome collection has not yet begun. 4) A final report for the Family Support through Primary Prevention grant is expected after the grant ends September 30. 5) Quantified outcomes attributable specifically to creation of CDEC were not provided.
What Made It Work / Critical Enablers	Source-supported conditions that allowed implementation; no assumed success factors	1) **State leadership and investment:** Early childhood work was supported by state leadership focused on strengthening families with young children, the creation of the Department of Early Childhood, and continued investment in Family Resource Centers. 2) **Statewide intermediary support:** The Family Resource Center Association provides statewide intermediary support to FRCs. 3) **Cross-sector partnership and lived experience:** The Partnership for Thriving Families and the Colorado Child Abuse Prevention Trust Fund Board help connect agencies, community partners, prevention expertise, and lived experience. 4) **Collaboration and demonstrating value:** Colorado also emphasized collaboration, patience, and demonstrating the value of prevention through outcome and return-on-investment information.
What We Still Need to Learn / Research	Known gaps that should not be guessed or filled without evidence	1) **FRC statutory permanence:** Confirm whether the current FRC funding structure is permanently established in statute or remains dependent on the state budget and competitive funding. 2) **Funding integration:** Clarify how funding is blended or braided across the broader early childhood system after consolidation. 3) **Outcomes since consolidation:** Identify quantified outcomes attributable to creation of CDEC. 4) **Public/private decision-making:** Clarify how decision-making authority is shared across CDEC, FRCA, FRCs, the Partnership for Thriving Families, the Trust Fund Board, and other partners. 5) **County role:** Clarify counties' broader roles in implementation, decision-making, funding, and accountability. 6) T**hriving Families start year:** Confirm whether the partnership began in 2020 or 2021. 7) **Resource line status:** Confirm the current status of the pilot resource line designed to connect families to community supports without making a child abuse or neglect report. 8) How is the Division of Community and Family Support integrated within the overall CDEC mission and mix of other programs? 9) Given that the focus of the department is early childhood, are prevention supports for children over 5 funded and integrated? 10) Are counties integrating FFPSA with System of Care, and is there state support and encouragement to do so? 11) What benefits and challenges have they seen from decoupling prevention services from child welfare administration?
Unanswered Workgroup Follow-up Questions	Questions raised by Workgroup members after the jurisdiction interviews that were not fully answered and may require additional clarification, research, or follow-up with the jurisdiction.	1) What funding or governance decisions made the FRC network durable rather than optional? 2) How are counties engaged in implementation, decision-making, funding, and accountability within Colorado's state-supervised structure?"

New York City

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Design Feature	**Design Feature Definition**	**NYC**
Organizational Structure	How the system is set up, including implementation date/year where available	**Division-based structure within ACS:** The New York City Administration for Children's Services (ACS) created the Division of Child and Family Well-Being (CFWB) in 2017. CFWB and the Family Services Division (FSD) are both divisions within ACS. CFWB provides access to resources and opportunities intended to promote child and family well-being and minimize child welfare system involvement. FSD provides services to families that meet the eligibility criteria for prevention services, meaning there is an identified risk of maltreatment. **Note:** This version combines the post-interview synthesis with information validated through publicly available sources.
Primary Orientation	Whether the approach is prevention-focused, intervention-focused, whole-family, or system-alignment oriented	**Broader child and family well-being and primary prevention:** ACS describes CFWB's programs as primary prevention, focused on providing families with resources and opportunities that strengthen family protective factors, promote child and family well-being, and minimize child welfare system involvement. FSD provides a range of services for families with risk factors for child welfare involvement.
Program Coverage	Who is served, what services are included, and population size if available	1. **Community-based access and prevention pathways:** CFWB's Office of Community Engagement and Partnerships manages Community Partnerships and Family Enrichment Centers (FECs). As of January 2026, ACS reports 30 FECs across all five boroughs, in varying stages of implementation. FEC participation is free and voluntary and open to all community members; families do not need a referral, appointment, or eligibility screening to participate, and FECs are not case management programs. Families do not have to complete an intake assessment or disclose personal information about their family to visit. ACS also funds and supports Community Partnerships across 11 New York City neighborhoods. Community Partnerships connect families to resources and services, including housing, food, child care, mental health care, and other supports. 2. **FSD prevention-services access:** FSD serves families who meet prevention-services eligibility requirements, meaning there is an identified risk of maltreatment. Families may enter through Child Protection, direct access to providers, or referrals from schools, hospitals, clinics, and other community sources. Services are voluntarily accepted. Once participating, families have an individual service case, service plan, assessment of risk, and required service documentation tied to the funding and regulatory structure.
Coordination Method	How different parts of the system work together	1. **Community Partnership coordination:** Community Partnerships bring together residents, service providers, community and business leaders, and other partners to share information and resources, improve service connections, and design initiatives responsive to community priorities. 2. **Community participation:** Community Partnerships incorporate community members and Community Ambassadors, while FECs are co-designed with families and community members. Community Partnership contracts also include identifying and communicating practice and policy recommendations to City agencies. 3. **FSD family and community responsiveness:** Families' perspectives and responsiveness to community needs are core to FSD's work with providers and their work with families.
Financing Approach	How funding is structured and aligned, including fiscal/backend integration lessons	**Distinct funding structures for FSD and CFWB:** 1. **FSD prevention-services funding:** FSD uses federal funding first, followed by New York State's open-ended prevention-services funding structure once applicable federal capped funding streams are exhausted. The remaining prevention funding operates through a 62% state / 38% city match. 2. **FSD federal claiming:** FSD also uses Title 20 funding, has begun Family First claiming for some administrative costs, and was preparing to begin Title IV-E service claiming. 3. **CFWB Community Partnership contracts:** Public 2026 contract information confirms current Community Partnership contracts and shows that award amounts vary by provider. Public records also confirm that Community Partnerships are administered through ACS's Child and Family Well-Being division.
What is Tracked	What outcomes, indicators, activities, or measures are monitored; this row does not substitute for reported results	**Prevention, family-support, and community well-being measures:** 1. **FSD:** FSD tracks repeat maltreatment, placement, whether families disengage from services, whether families meet service goals, and uses community needs, demographic, poverty, and child maltreatment data to inform policy and programmatic decisions. 2. **Community Partnerships:** New Community Partnership contracts focus on making warm referrals that connect families to resources, filling service gaps through well-being activities, and identifying and communicating practice and policy recommendations to City agencies. 3. **Family Enrichment Centers:** FECs focus on strengthening protective factors and provide offerings designed and implemented with families and community members to build connections, strengthen protective factors, and respond to community interests and priorities.
Results	Reported results or early outcome evidence stated in the available research; not inferred where unavailable	**Reported results and signs of progress:** 1. **FSD contracted services:** Of the cases closed in FY25 Q3-FY26 Q2, 87% had goals achieved. Of those, 4% had an indicated investigation within six months and 0.8% had foster care placement. Among families whose cases closed without goals achieved during the same period, 7.8% had an indicated investigation within six months and 2.7% had foster care placement. 2. **CFWB/Family Enrichment Centers:** A 2020 evaluation of the original Family Enrichment Centers found preliminary evidence that FECs played a positive role in strengthening protective factors, including family functioning and social support.
What Made It Work / Critical Enablers	Source-supported conditions that allowed implementation; no assumed success factors	**Publicly documented implementation supports for the FEC model:** 1. **Research and stakeholder input:** ACS states that the FEC model resulted from 18 months of research, development, and input from community providers and other stakeholders. 2. **Community co-design:** FECs are co-designed with families and community members, including their names, physical spaces, and offerings. 3. **Local community organizations:** Community organizations with established ties to their communities operate the FECs. 4. **Community leadership:** FECs are co-designed with families and community members, and Parent Leaders help shape offerings and participate in community outreach and advisory activities.
What We Still Need to Learn / Research	Known gaps that should not be guessed or filled without evidence	1. **Publicly documented implementation supports for CFWB:** a. **Community co-design:** Families and community members help make decisions about the FEC's name, physical space, activities, partnerships, and resources. b. **Local community organizations:** FECs are operated by community-based organizations with deep roots and longstanding relationships in their neighborhoods. c. **Community-centered implementation:** FEC offerings are designed and implemented with families and community members to strengthen protective factors and respond to community interests and priorities. d. **Community leadership:** Community Partnerships include Community Ambassadors—trusted community residents with lived experience who build relationships and connect families to information and resources. 2. **FSD implementation considerations and supports:** a. **Funding and staffing:** Funding and staffing capacity are important implementation considerations for FSD. b. **Operational and fiscal infrastructure:** Decisions about where services are organizationally located need to account for funding eligibility, fixed costs, infrastructure, and other operational interdependencies. c. **Family and community responsiveness:** Families' perspectives and responsiveness to community needs are core to FSD's work with providers and to providers' work with families.

Ohio

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Design Feature	**Design Feature Definition**	**Ohio**
Organizational Structure	How the system is set up, including implementation date/year where available	**Cabinet-level Department of Children and Youth:** Ohio's Department of Children and Youth (DCY) is a Cabinet-level department that brings together child- and family-serving programs and functions that were previously spread across multiple state agencies. The department includes programs transferred from Job and Family Services, Education and Workforce, Health, Behavioral Health, and Developmental Disabilities, and also includes Ohio's Fatherhood Initiative and the Ohio Children's Trust Fund. The vision was described as creating a department "solely focused on children and youth."
Primary Orientation	Whether the approach is prevention-focused, intervention-focused, whole-family, or system-alignment oriented	**Prevention-first and whole-family orientation:** Ohio's approach is prevention-first and focused broadly on children and families, with particular attention to children ages 0–5, pregnant mothers, infant vitality, and kinship. Kinship was identified as a high priority and area of funding support. Interviewees also identified a continuing need to strengthen pathways for prevention and for programs and legacy departments to work together toward one goal for children and families.
Program Coverage	Who is served, what services are included, and population size if available	**Broad child and family-serving coverage:** More than 2.5 million children and their families are covered through programs transferred into DCY, including child welfare, early intervention, Help Me Grow, early education, Medicaid-related services, health, behavioral health, developmental disabilities, and other child- and family-serving programs. Ohio's Fatherhood Initiative, the Ohio Children's Trust Fund, kinship supports, home visiting, Parents as Teachers, Ohio CAN, and FFPSA prevention services are also part of the current work. Cash Aid remains in Workforce Services and is not part of DCY.
Coordination Method	How different parts of the system work together	1) **Cross-program collaboration:** Bringing the programs together in DCY created an opportunity for collaboration across programs and for legacy programs to understand how their work intersects and how they can work together toward one goal for children and families. 2) **Cross-system data sharing:** They can now share data and identify children across systems, which supports conversations about where funding is needed and can have the biggest impact.
Financing Approach	How funding is structured and aligned, including fiscal/backend integration lessons	**Braided and integrated funding still developing:** 1) Funding moved with programs and includes federal Medicaid, MIECHV, state/local funds, and state grant startup funding until Medicaid fee-for-service was stable. 2) Blending and braiding funding is still developing, including across CAPTA, early home visiting, Plans of Safe Care, and related programs. 3) Programs are no longer separate departments competing for the same bucket of money. 4) Ohio has begun FFPSA claiming for QRTP/prevention and evidence-based practices including Triple P, Motivational Interviewing, home visitation, kinship interventions, Ohio CAN, and Parents as Teachers.
What is Tracked	What outcomes, indicators, activities, or measures are monitored; this row does not substitute for reported results	**Short- and long-term outcome tracking:** Ohio tracks short- and long-term goals across three areas: 1) **Maternal & Infant Wellness:** infant mortality rate per 1,000. 2) **Early Care & Education:** percentage of children demonstrating readiness on the Kindergarten Readiness Assessment. 3) **Children Services, Kinship, Foster & Adoption:** rate of children entering foster care per 1,000. The existing Ohio tracking also includes service delivery, service expansion, workforce, access, outcomes, funding allocated, additional slots/children/families served, and future funding/RFA plans.
Results	Reported results or early outcome evidence stated in the available research; not inferred where unavailable	**Reported results and early signs of progress:** The DCY Short & Long Term Goals chart included in the interview materials reports: **1) Infant mortality:** 7.1 per 1,000 baseline (CY22); 6.4 preliminary most recent data released March 2026; short-term goal 6.0 and long-term goal 4.4. **2) Kindergarten readiness:** 35.4% baseline (Autumn 2022); 44.8% most recent data released June 2026; short-term goal 48% and long-term goal 60%. **3) Children entering foster care:** 3.3 per 1,000 baseline (FFY22); 3.52 most recent data released March 2026; short- and long-term goal 2.0 per 1,000. 4) They believe it will be longer term before they see the impact on families. 5) They reported that families' access to prevention services expanded. 6) The kinship program is growing, although only about 50% of counties were reported as participating. 7) At the county level, there were overall positive views, buy-in and support for having one agency committed to children and families, along with opportunities to leverage similar workforce qualifications across programs.
What Made It Work / Critical Enablers	Source-supported conditions that allowed implementation; no assumed success factors	1) **Leadership investment in children and youth:** Governor DeWine's vision for a department solely focused on children and youth and his investment in creating the department helped drive the transition. 2) **Bringing child and family-serving programs into one department:** The structure brought previously separate programs together under DCY, creating greater opportunity for collaboration across programs. 3) **Integrated fiscal and administrative structure:** The transition included shared administrative infrastructure, including one Contracting Division, one Research Division, and one Finance Division, rather than maintaining separate administrative and fiscal structures for each transferred program.
What We Still Need to Learn / Research	Known gaps that should not be guessed or filled without evidence	**Administrative integration:** Confirm whether the integrated fiscal and administrative structure has reduced duplication and inefficiencies as intended.

San Diego

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Design Feature	**Design Feature Definition**	**San Diego**
Organizational Structure	How the system is set up, including implementation date/year where available	**County-level Child and Family Well-Being Department:** San Diego transitioned from child welfare to a county-level Child and Family Well-Being Department. The change and the county's commitment to well-being were approved by the Board of Supervisors. Prevention pathway work is housed within the same department but is structurally separate from child safety functions, with data firewalls between the teams. The exact implementation date/year has not been confirmed.
Primary Orientation	Whether the approach is prevention-focused, intervention-focused, whole-family, or system alignment	**Prevention and family strengthening:** San Diego's approach is evolving from prevention toward broader family strengthening. Prevention/family strengthening, kin-first culture, and disproportionality were identified as the county's main priorities.
Program Coverage	Who is served, what services are included, and population size if available	**Families both known and not known to child welfare:** Eligible prevention services include families at imminent risk of entering foster care who can remain safely at home or in kinship placement, as well as informal kinship providers. Services include strengths/needs assessment, FFPSA candidacy, evidence-based practices, referrals, and warm handoffs. The Family Connection Hub accepts community partner referrals, although many first-year referrals came from reports to child welfare that were unsubstantiated or evaluated. Two school district pilots also reach families described as "absolutely unknown to child welfare." Current eligibility for prevention services is limited to specific areas and groups because CARES claiming is not yet available.
Coordination Method	How different parts of the system work together	1) **No Wrong Door and Family Connection Hub:** Families can enter through self-referral, community referral, Probation, or CWS. The Hub supports strengths/needs assessment, FFPSA candidacy, opt-in confirmation, referrals, and warm handoffs. 2) **Provider continuity:** If a family already has a service provider or tribal partner point of contact, that entity remains the point of contact. 3) **School-based coordination:** Two school district pilots use the Community Response Guide and co-located social workers to connect families to resources, including families not known to child welfare.
Financing Approach	How funding is structured and aligned, including fiscal/backend integration lessons	**Braided funding with CARES claiming still pending:** 1) Current funding includes local realignment dollars and state and federal child welfare funding. San Diego has spent down its FFPSA state block grant and is relying on county funding while waiting for CARES claiming. 2) Without CARES claiming, FFPSA EBP service delivery and claiming are on hold. 3) Planned CalAIM drawdowns involve community health workers and home visiting in partnership with First 5 and Public Health; current claiming status was not clearly established. 4) Community Schools and CYBHI funding opportunities are being coordinated rather than developed as separate community hubs. 5) The shift from MHSA to BHSA was identified as a challenge because BHSA de-emphasizes prevention while new children and family funding is Medi-Cal-only, creating tension with no-wrong-door and equitable access goals. 6) San Diego's electronic health record is expected to go live in October.
What is Tracked	What outcomes, indicators, activities, or measures are monitored; this row does not substitute for reported results	**Family Connection Hub and prevention tracking:** 1) San Diego tracks Family Connection Hub referrals, FFPSA eligibility, participation in FFPSA EBPs, referrals/open cases for families served through the Hub, initial and overall kinship placements, and disproportionality. 2) Ongoing work is to develop dashboards and a scorecard for upstream prevention; identified the need to move from tracking referrals to documenting enrollment and treatment/service completion.
Results	Reported results or early outcome evidence stated in the available research; not inferred where unavailable	**Early structural and implementation progress:** 1) San Diego has transitioned to a Child and Family Well-Being Department, implemented the Family Connection Hub, expanded referral pathways, and launched school-based pilots reaching families not known to child welfare. 2) Work is also underway on Community Schools/CYBHI coordination and prevention data/scorecard development. 3) No quantified outcome attributable to the overall transition was provided.
What Made It Work / Critical Enablers	Source-supported conditions that allowed implementation; no assumed success factors	**1) County leadership and structural commitment:** The Board of Supervisors approved the shift to a Child and Family Well-Being Department and the county's broader commitment to well-being. 2) **Family-centered prevention orientation:** The approach emphasizes preventing child welfare entry, partnering with families, and treating families as experts in keeping children safe. 3) **Cross-system partnerships:** First 5, schools, community-based organizations, and other partners were identified as important assets, with an emphasis on shared accountability for prevention outcomes. 4) **State support and technical assistance:** State support included Chapin Hall assistance with evaluation and data collection and convening opportunities with other counties.
What We Still Need to Learn / Research	Known gaps that should not be guessed or filled without evidence	1) **Implementation timing:** Confirm the exact year the Child and Family Well-Being Department transition took effect. 2) **CalAIM status:** Clarify which activities are currently being claimed or funded through CalAIM. 3) **Outcomes:** Identify quantified outcomes attributable to the overall transition beyond implementation and process measures.