The next pages provide excerpts of other states’ submitted prevention plans that detail their Family First theory of change approaches (updates evolving quarterly as new plans are submitted, or submitted plans are revised and approved). For more information contact us at FamilyFirstChapin@Chapinhall.org.
Arkansas-Approved

- Continued training and coaching
- Continued inter-agency collaboration
- Continued communication plan implementation
- Enhancements to Statewide Automated Child Welfare Information System (SACWIS) followed by Comprehensive Child Welfare Information System (CCWIS) implementation
- Policy development

Implementation Drivers

Family First Prevention Services
Theory of Change

Target Population
- Children ages 0-18
- Parents/other caregivers
- Foster youth who are parents

Interventions
- SafeCare
- Nurturing Families of Arkansas (Nurturing Parenting Program)
- Y Intercept
- Family Centered Treatment

Short-Term Outcomes
- Increased positive parent/child interaction
- Improved parents’ care of child’s health
- Enhanced home safety
- Measurable gains in individual self-worth
- Increased parental empathy in meeting their children’s and their own needs in healthy ways
- Increased use of dignified, non-violent disciplinary strategies and practices
- Increased nurturing parenting beliefs and use of skills and strategies
- Reduced hurtful/harmful behaviors affecting family functioning
- Decreased length of time spent in residential, psychiatric, or other out-of-home placement
- Decreased emotional and behavioral problems in youth
- Decreased substance abuse and involvement with juvenile justice
- Development of emotional and functioning balance in family so the family system can cope effectively with individual members’ intrinsic challenges

Long-Term Outcomes
- Reduced future maltreatment reports
- Reduced foster care entry, re-entry, or both
- Reduced overall foster care population
**Target Population**

- Identify, assess, and engage children at high risk of entering foster care and their caregivers, including:
  1. Children served through the Healthy Families/Thriving Communities Collaboratives (the Collaboratives) following a CPS investigation or closed CFSA case.
  2. Children who have exited foster care through reunification, guardianship, or adoptions and may be at risk of re-entry.
  3. Children born to mothers with a positive toxicology screening.
  4. Children served through CFSA’s In-Home Services program, which offers intensive case management and service referrals to families.
  5. Pregnant or parenting youth in/recently exited foster care with eligibility for services ending five years after exiting foster care.
  6. Children of pregnant or parenting youth in/recently exited foster care (non-ward children) with eligibility for services ending five years after exiting foster care.
  7. Siblings of children in foster care who reside at home and have assessed safety concerns.

**Interventions**

- Deliver high fidelity evidence-based programs that are aligned with the specific needs and characteristics of each family in the target population.
  - Parents as Teachers
  - Nurturing Parenting Program
  - Healthy Families America
  - Chicago Parenting Program
  - Effective Black Parenting
  - ACT - Raising Safe Kids
  - Transition to Independence
  - YVLifeSet
  - Project Connect
  - Recovery Coaches
  - Adolescent Community Reinforcement Approach
  - Multi-Systemic Therapy
  - Trauma-Focused Cognitive Behavioral Therapy
  - Functional Family Therapy

**Proximal Outcomes**

- Parent, child, and family functioning improves by achieving the desired outcomes each service at high rates, including but not limited to:
  - Parents empowered with skills and resources
  - Closer relationships and stronger attachment between parents and children
  - Parents learn effective discipline techniques
  - Increased parenting confidence
  - Increased child self-esteem and social skills
  - Increased youth ability to cope to family, peer, school, and neighborhood problems
  - Reduced inappropriate behavior and increased prosocial behavior
  - Reduced mental health disorder symptoms
  - Improved PTSD and trauma symptoms
  - Reduced problematic patterns of substance use
  - Build and sustain natural supports for overburdened families

**Infrastructure & Implementation Supports**

- CFSA and city agencies provide critical administrative supports to facilitate successful implementation and achievement of outcomes, including:
  - Information technology tools
  - Interagency collaboration
  - Training & workforce supports

**Distal Outcomes**

- As the number of children and families served in the community increases, the number of children served in foster care decreases.
  - Increased referrals for preventive and post-permanency services
  - Reduced foster care entry
  - Reduced foster care re-entry
  - Reduced foster care census

**The child welfare system rebalances** as a primarily preventive and family-strengthening system.
  - Resources required to run the foster care system decline
  - Resources available to invest in prevention services increase

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*Family First Prevention Service Theory of Change, DC Child and Family Services Agency*

September 2020
## Maryland’s Prevention Plan Theory of Change (v.12/2019)

### Inputs

**Infrastructure**
- IT capacity for capturing Family First eligibility and services
- Accessible policies clearly outlining Family First practices & processes
- University partnerships for evaluation and CQI with UMD SSW and the Institute for Innovation & Implementation

**Practice Supports**
- Clinical assessments: CANS, CANS-F, MFRA, SAFE-C
- Semi-structured eligibility determination and service selection processes
- Pre-service, foundations, and in-service trainings infused with key Family First practices
- Maryland’s integrated practice model

**Collaboration & Coordination**
- Implementation Teams and Family First workgroups
- Local and regional town halls
- Enhanced MOUs and contracts with sister agencies, providers and technical assistance supports

**Services**
- An evidence-based preventive service array aligned with the needs of Maryland’s children & families, including:
  - Healthy Families America
  - Nurse Family Partnership
  - Functional Family Therapy
  - Parent Child Interaction Therapy
  - Multi-systemic Therapy
  - Nurturing Parent Program
  - Family Centered Treatment
  - Sobriety Treatment & Recovery Teams

### Outputs

**Inputs**
- Clear procedures and standards
- Access to accurate and comprehensive data
- Capacity to evaluate implementation and effectiveness

**Practice Supports**
- Accurate assessment of safety, risk, and family strengths and needs
- Linkages of children and families to appropriate services
- Strong practice on technical and adaptive changes under Family First
- Consistent engagement and partnerships with families
- Consistent uptake and participation in services

**Collaboration & Coordination**
- Dialogue and consensus on key decisions related to Family First
- Buy-in and support from staff, stakeholders, partners, and community members
- Streamlined referral processes and information sharing between agencies and with providers

**Services**
- Preventive service array with greater evidence base and alignment with service needs
- Expanded service capacity statewide

### Outcomes

**Inputs**
- Alignment of policy and practice, and regular reflection on data & evidence.

**Practice Supports**
- A professional workforce that is prepared, supported, and effective.

**Collaboration & Coordination**
- A shared vision and plan for Family First in Maryland and coordination between entities on casework, service delivery, and evaluation

**Services**
- Vulnerable children & families in Maryland consistently achieving the goals of the EBPs in which they participate, including improved mental health and trauma symptoms, reduced problematic substance use, and improved parenting capacity.

### Impact

**Inputs**
- Families in Maryland are strengthened and stabilized
- Foster care entries and re-entries decline
- Child maltreatment and repeat maltreatment decline
- More families engage in services in their homes and communities
- Reduced need for out of home care
Figure 1. Theory of Change

Root Cause: Lack of accessible and/or targeted prevention services

Increase prevention service array for Kansas children and families.

So that

Services offered to families are individualized to meet their unique needs.

So that

A “cookie cutter” approach to service identification and provision is not utilized.

So that

The child(ren) and family’s needs are appropriately addressed.

So that

The risk and safety concerns within the family are mitigated.

AND

Desired Outcome: The child(ren) can remain safely with their families whenever possible.
## Appendix A: DCBS’ Overarching Theory of Change for its Title IV-E Prevention Plan

<table>
<thead>
<tr>
<th>Resources</th>
<th>Inputs</th>
<th>Outputs</th>
<th>Impact</th>
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<tbody>
<tr>
<td>• TWIST enhancements</td>
<td>• TWIST enhancements</td>
<td>• Intentional services</td>
<td>• Child and Family Outcomes</td>
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<tr>
<td>• Title IV-E funding</td>
<td>• CQ/Evaluation team</td>
<td>• Monitoring for effectiveness and appropriateness</td>
<td>• Entries into Out of Home care</td>
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<tr>
<td>• CQ plan</td>
<td>• Evaluation plan</td>
<td>• Access to accurate and comprehensive data</td>
<td>• Re-entries</td>
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<tr>
<td>• Provider agency and child welfare workforce</td>
<td>• CQ plan</td>
<td></td>
<td>• Maltreatment</td>
</tr>
<tr>
<td>• Provider Readiness findings</td>
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<td>• Repeat maltreatment</td>
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<td>• Child and Adolescent Needs and Strengths</td>
<td>• Child and Adolescent Needs and Strengths</td>
<td>• Quality assessment of risks, safety, and protective factors</td>
<td>• Child Welfare Agency Outcomes</td>
</tr>
<tr>
<td>• Structured Decision-Making</td>
<td>• Training and Coaching</td>
<td>• Quality strengths and needs assessments</td>
<td>• Increased investments in preventative services</td>
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<td>• Family First Prevention Services Act</td>
<td>• Family First Prevention Services Act</td>
<td>• Appropriate evidence-based practice identification</td>
<td>• Decreased foster care expenditures</td>
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<tr>
<td>Prevention Plan</td>
<td></td>
<td></td>
<td>• Decreased child welfare caseloads</td>
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<table>
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<th>Values Culture</th>
<th>Inputs</th>
<th>Outputs</th>
<th>Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Culture of Safety</td>
<td>• Public/private partnerships</td>
<td>• A workforce that feels safe and supported</td>
<td>• Child and Family wellbeing</td>
</tr>
<tr>
<td>• Legislative commitment</td>
<td>• Stakeholder engagement</td>
<td>with the right tools</td>
<td></td>
</tr>
<tr>
<td>• Stakeholder engagement</td>
<td></td>
<td></td>
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</tr>
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<table>
<thead>
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<th>Sources</th>
<th>Inputs</th>
<th>Outputs</th>
<th>Impact</th>
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</thead>
<tbody>
<tr>
<td>• Expanded business model</td>
<td>• Well-supported evidence-based practices</td>
<td>• Greater service capacity</td>
<td></td>
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<tr>
<td>• Multisystemic Therapy</td>
<td>• Functional Family Therapy</td>
<td>• Aligned service array</td>
<td></td>
</tr>
<tr>
<td>• Parent-Child Interaction Therapy</td>
<td>• Promoting evidence-based practices</td>
<td>• Fidelity monitoring</td>
<td></td>
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</table>
**Prevention Theory of Change**

**Goal:** Establish a Comprehensive Prevention Program

1. Virginia needs to define prevention services
   - And
2. Understand the current services available and barriers to services
   - So That
3. Virginia can develop a prevention model that includes definition, expectations, partnerships, funding, and a well-trained and skilled workforce
   - So That
4. Virginia can offer evidenced based prevention services to children and families early on
   - So That
5. Individualized services are available and accessible to families
   - And
6. Services are monitored and evaluated for effectiveness
   - So That
7. Children remain with family and all family members receive services that specifically meet their needs
### Table 7: Washington State Prevention Plan Theory of Change

<table>
<thead>
<tr>
<th>Target Population</th>
<th>Intervention</th>
<th>Proximal Outcomes</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify, assess and engage families in approved candidacy groups with children at risk of entry or re-entry into foster care.</td>
<td>Deliver high fidelity evidence-based practices that align with the specific needs and characteristics of each family in the target population.</td>
<td>Parent, child, and family functioning improves by achieving the desired outcomes of each intervention as demonstrated by (but not limited to)</td>
<td>Child maltreatment declines</td>
</tr>
</tbody>
</table>
| Child protective services (CPS) with screened-in referrals to both the Families in Family Assessment Response (FAR) and the CPS Investigation response | • Child-Parent Psychotherapy  
• Homebuilders  
• Incredible Years  
• Functional Family Therapy  
• Motivational Interviewing  
• Multi-Systemic Therapy  
• Nurse-Family Partnership  
• Parents as Teachers  
• SafeCare  
• Triple P | • Engagement in agreed upon services  
• Improved parenting skills/behaviors to support child development  
• Improved parent-child interaction  
• Increases in family connections to community resources  
• Increased parental capacity to meet the needs of their children.  
• Increased family communication  
• Increased family/child/youth protective factors | • Reduced foster care entry  
• Reduced foster care re-entry  
• Reduced foster care census |