

Candidacy Considerations for the Preventive Provision of Family First



Goals

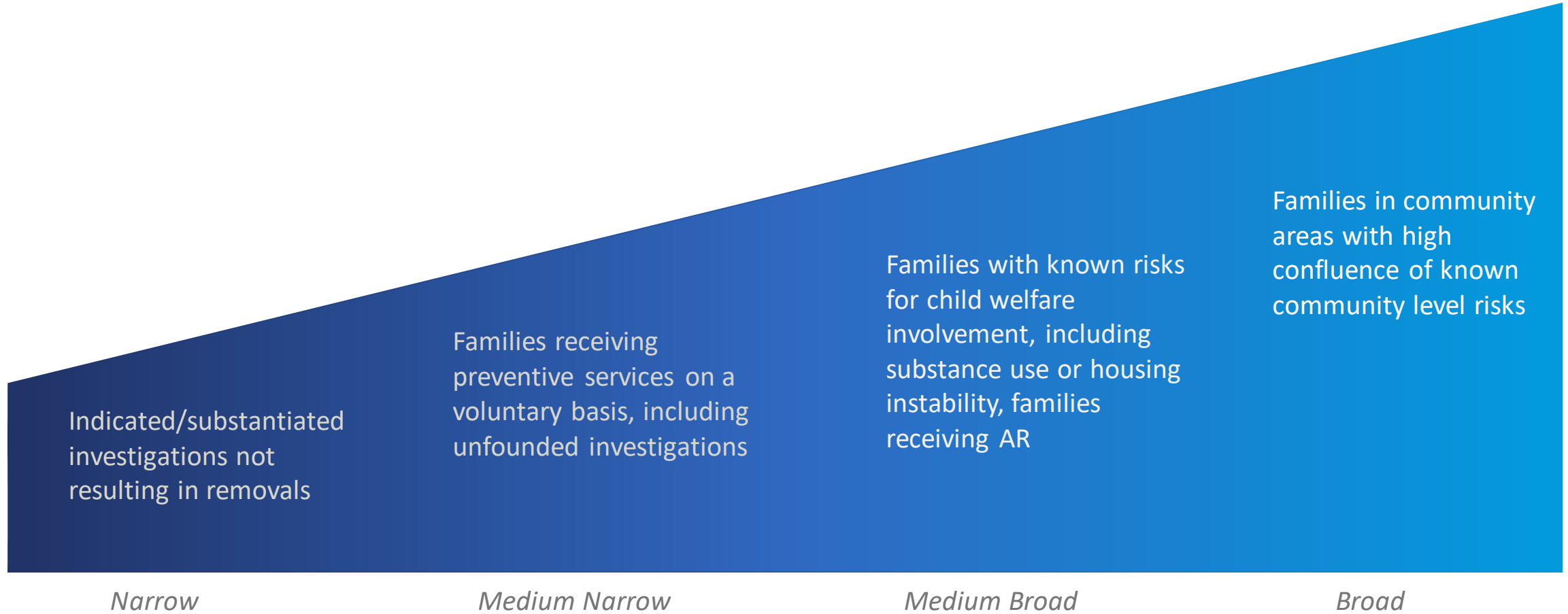
- Facilitate critical thinking among jurisdictions using data and evidence when considering candidacy for the preventive provision of Family First
- Illustrate the volume, distribution, and needs of potential candidate groups that can be used to refine target populations for Family First preventive services
- Guide discussion of the implications of choices around candidacy considerations

Candidacy Comparison

| | Preexisting Law and Policy | Family First |
|-----------------------------|--|---|
| Candidacy | “Imminent risk of removal” | “Imminent risk of entering foster care” and pregnant and parenting youth in foster care |
| Documentation | Identified in defined case plan, title IV-E eligibility determination or court order | Identified in prevention plan |
| Criteria | Absent preventive services, foster care is the planned arrangement for the child | Service required to address needs directly related to the child’s safety, permanence, or well-being or to prevent entry |
| Duration | (Re)determination every six months | Not more than 12 months of a service; redeterminations of candidacy allow additional/contiguous 12-month periods |
| Claimable activities | Administrative costs only. Federal reimbursement at 50% subject to cost allocation | Prevention services and administrative costs. Federal reimbursement at 50% for all candidates. |

Adapted from Don Winstead Consulting

Populations Considered for Preventive Candidacy in Family First

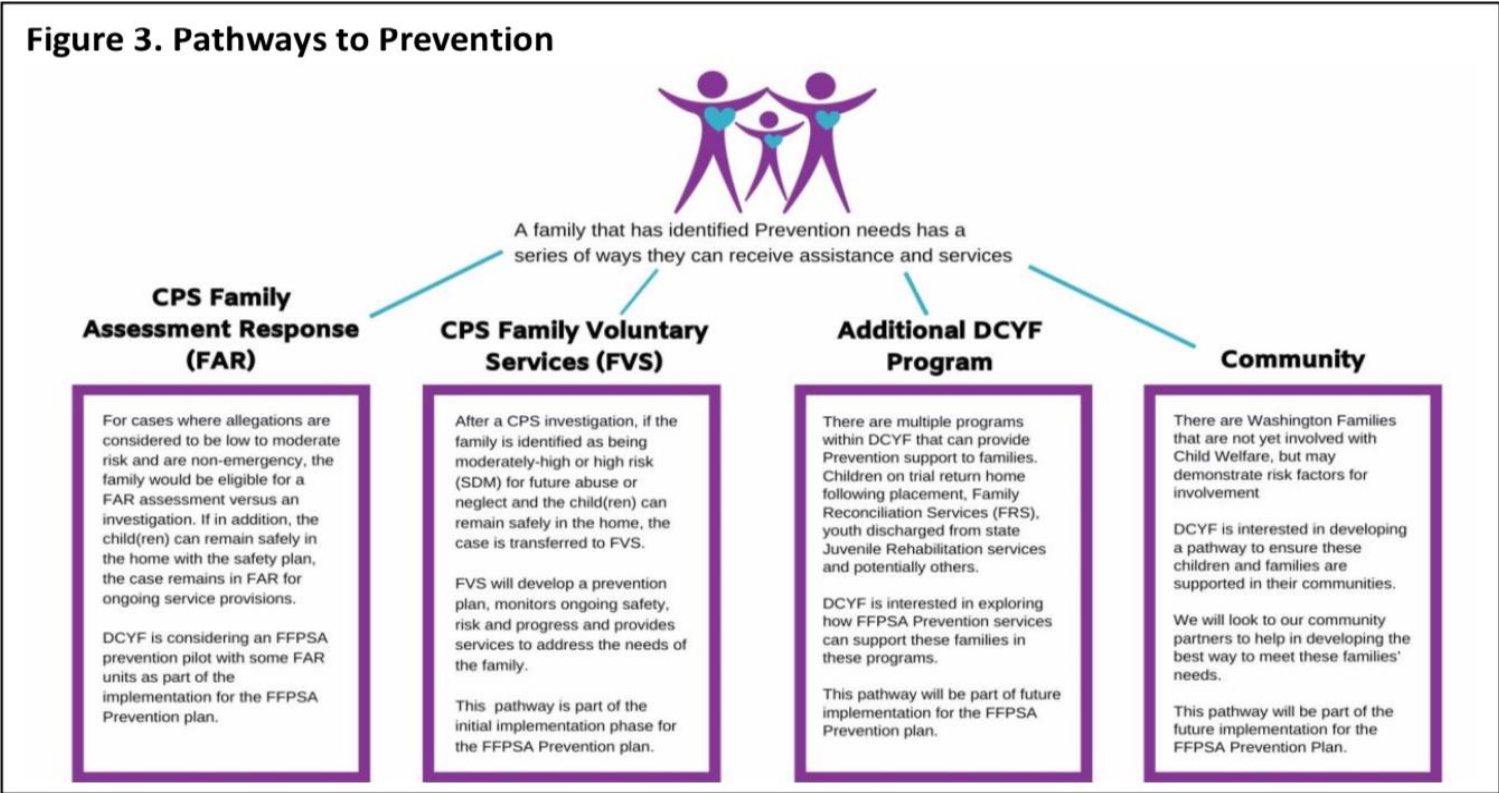


Washington State: Candidacy Sequencing Over Time

DCYF recognizes that there are multiple pathways by which a family can obtain prevention services. Figure 3 illustrates our initial vision of the pathways that exist today and those we intend to build in the future.



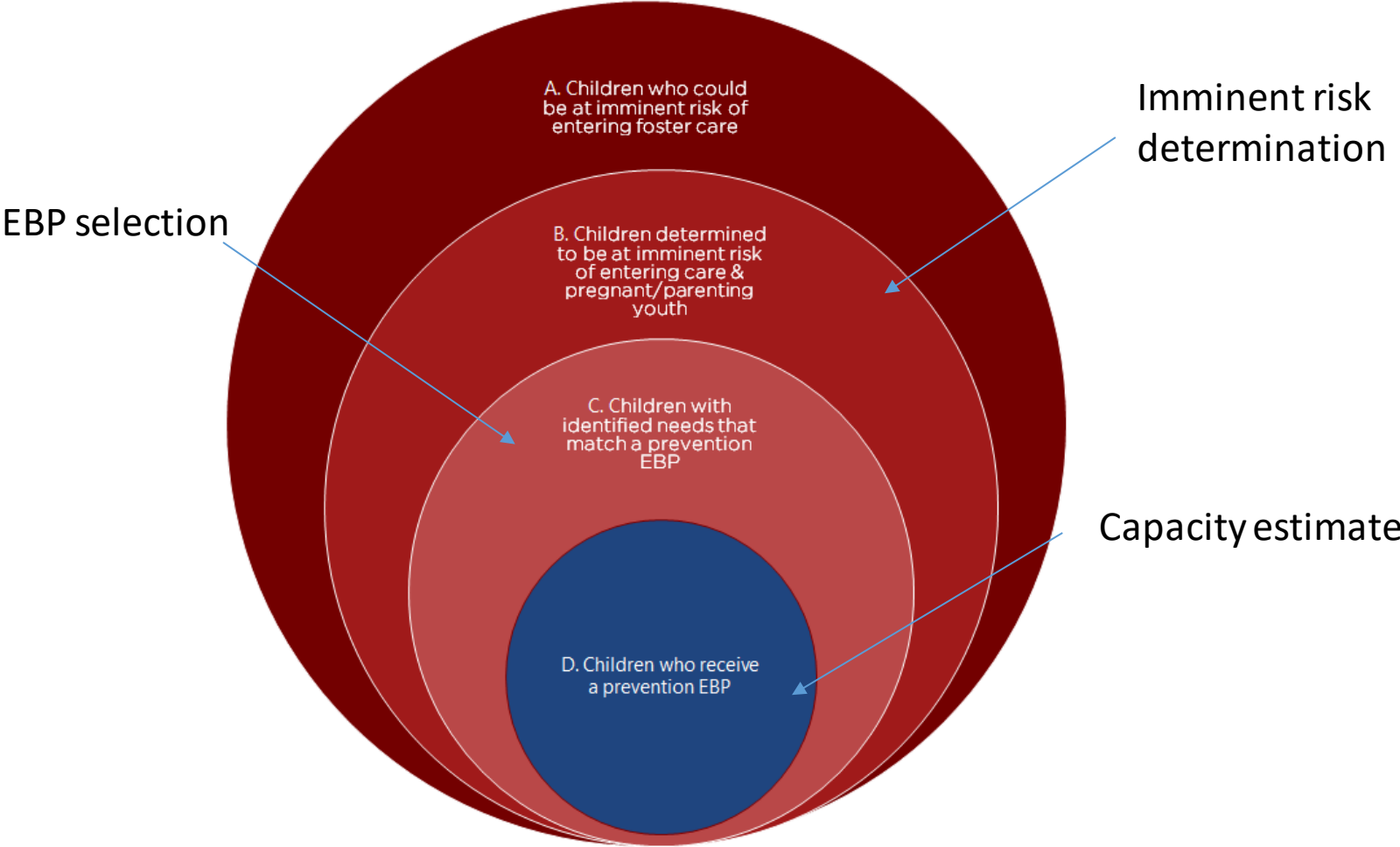
FAMILY FIRST PREVENTION SERVICES:
PREVENTION PLAN



Approach to Candidacy Considerations

- Construct visuals with groups of local stakeholders to build consensus on potential candidate populations
- Engage local data analysts to provide estimates of numbers children or families in each potential candidate pathway
- Map potential candidate families to understand geographic distribution
- Utilize assessment data to understand the prevalence of issues that may correspond to evidence-based interventions
- Conduct capacity assessment and gap analysis to gauge the match between child and family needs and EBP selection
- Develop a data informed Theory of Change to contextualize the potential impact of your Prevention Plan
- Evaluate the implications of potential policy choices

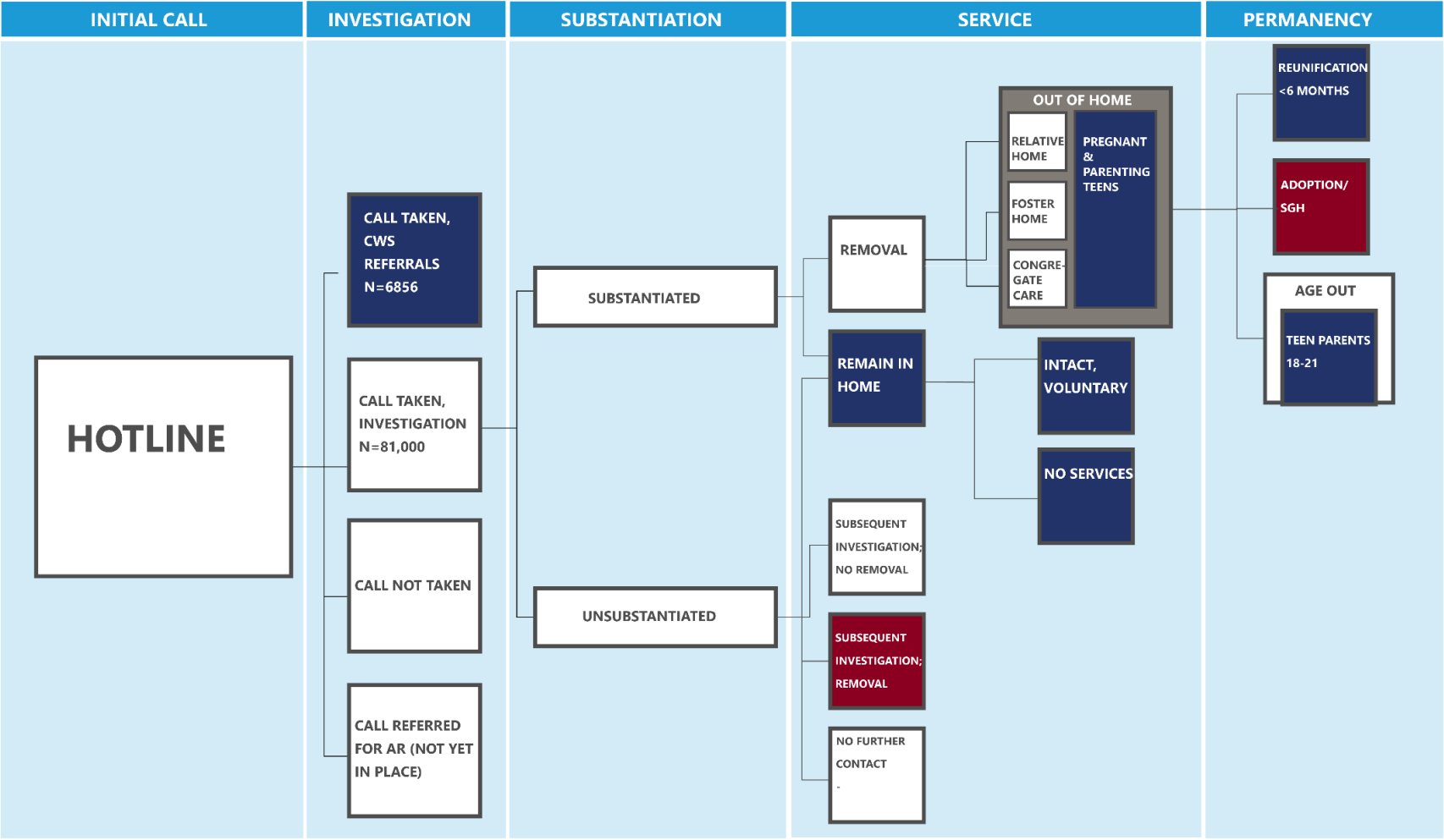
Conceptualizing Candidacy



Constructing Visuals

- Case flow visuals may identify opportunities that are not currently available
- Programmatic visuals may identify current service pathways that can leverage Family First funding for support

Illinois Example: Case Flow Candidacy Considerations



= potential candidate
 = if identifiable
 = not candidates

Considerations for Potential Candidate Populations

- Level of assessed risk of maltreatment
- Types of maltreatment
- Prior involvement with CPS
- Reasons for involvement with CPS
- Prior stay in foster care
- Age or other demographic considerations at a population/community level

Implications of Candidacy Considerations

- Workforce – What workforce will be needed to conduct risk assessment, determine candidacy, develop a prevention plan, monitor, connect child/family to EBP, etc.?
- Technology – What IT system modifications will be necessary to capture and document assessment of imminent risk, candidacy determination, facilitate prevention planning, measure child and family outcomes, evaluate EBPs and conduct CQI?
- Fiscal – What are the immediate and long term costs and/or savings with investments in title IV-E prevention services? How will state provide its 50% of services and administrative costs?
- Capacity to deliver evidence based interventions – Are public system or community based delivered interventions available in sufficient numbers to serve the identified population? What are the prospects for building capacity in the short term and over time?

Implications for Prevention Plan Development and Implementation Planning

- Policy
- Programming & procurement
- Case management and referral processes
- Continuous quality improvement and evaluation
- Business processes

District of Columbia: Family First Planning Structure

- Reviewed **CFSA** and **partner data** and obtained input on potential target populations and services
- Conducted client and provider **focus groups**
- Identified **target populations for services**, including upstream (primary prevention) target populations and candidates for foster care
- Recommended the best-fit **evidence-based interventions** to meet DC families' specific service needs.
- Articulated a **broad vision** for prevention in DC

