

Family First Prevention Work Group

Title IV-E Prevention Program Five Year Plan Executive Summary

Child and Family Services Agency

PUTTING **FAMILIES** FIRST IN DC



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CFSA submitted our Family First Prevention Services Five Year plan to the Children's Bureau on Wednesday April 10, 2019.

The executive summary provided herein outlines the key aspects of our proposed prevention plan, including the following:

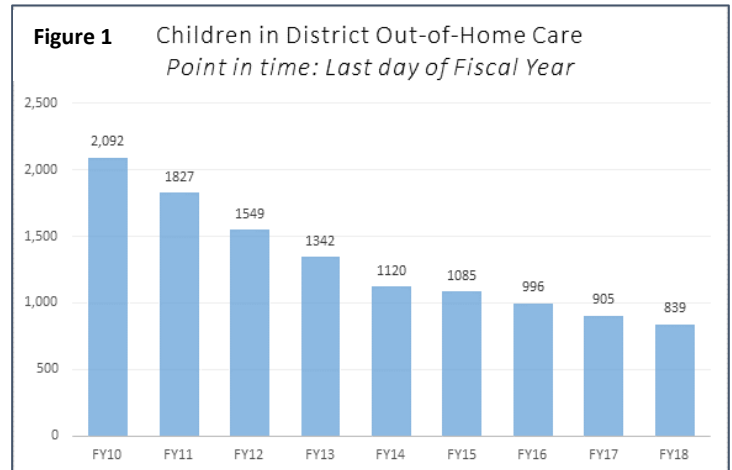
- Target Populations (Candidates)
- Prevention Services
- Theory of Change
- Prevention Work Group milestones and key accomplishments

Any questions related to this executive summary should be submitted by email to Natalie Craver Natalie.craver@dc.gov

Introduction

For the past decade, The District of Columbia’s (DC) Child and Family Services Agency (CFSA) has been on a journey of transformation, moving purposefully away from a system primarily focused on foster care to one that supports and strengthens families. CFSA’s investments in community-based prevention and our partnerships with sister health and human services agencies have resulted in a 60% reduction in the number of children and youth in foster care (see Figure 1), from a high of 2,092 in FY10 to fewer than 900 today, even as the city’s population has increased by 100,000 residents.

The median family receiving prevention services has three children and almost half (45%) of all caregivers are between the ages of 31-40, followed closely by 21-30 year old caregivers (30%). Additionally, CFSA’s FY20 Needs Assessment recently identified that families receiving prevention services often are at risk of homelessness, are served by DC’s Department of Disability Services (DDS) or were former pregnant or parenting youth in foster care.¹ CFSA’s deep understanding of the needs of the populations we serve has facilitated our ability to effectively tailor services and identified areas for additional resources needed to prevent child abuse and neglect.

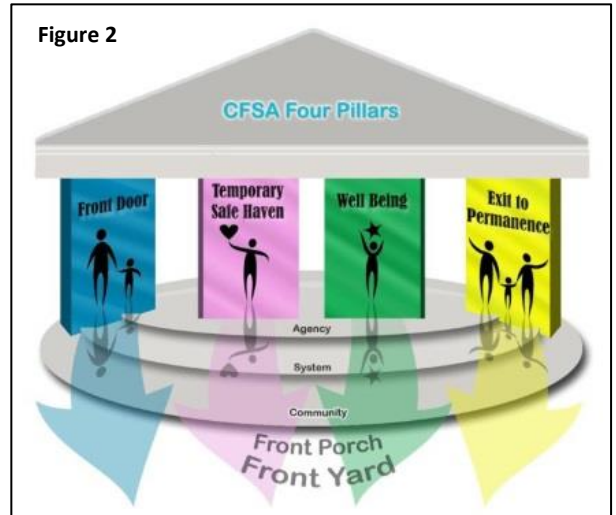


Enactment of the Family First Prevention Services Act (Family First) provided an opportunity to bridge the end of CFSA’s IV-E Waiver demonstration project (Waiver) with an on-ramp to a holistic prevention strategy for DC – but only if coupled with a broader primary prevention plan. When CFSA launched its Family First Prevention Work Group in June 2018 with a cross-sector of government and community members, the charge was clear: develop a citywide strategy to strengthen and stabilize families. The plan was not to be *driven* by Family First, but rather to *leverage* new opportunities provided by Family First as part of a comprehensive approach to family and child well-being.

This proposal to the Children’s Bureau represents CFSA’s five-year prevention plan in accordance with Family First, but it also describes it in the broader context of the District’s new citywide Families First DC initiative. CFSA’s prevention plan builds on the substantial progress made over the past decade to reform DC’s child welfare system and bolster prevention efforts to reduce child abuse and neglect. The plan reinforces the successes garnered through the implementation of CFSA’s Waiver and capitalizes on the critical lessons learned to refine programs and services to better meet the needs of DC’s children, youth, and families.

¹ CFSA FY20 Needs Assessment and Resource Development Plan (October 2018): pg. 15

CFSA’s plan, outlined herein, remains in close alignment with the Children’s Bureau’s vision to keep families healthy, together, and strong² and continues to build upon the primary prevention work outlined most recently by the Children’s Bureau in August of 2018³. CFSA has remained resolute in focusing on our strategic framework developed in 2012, the Four Pillars⁴ (see Figure 2). The Four Pillars represent a strategic framework to improve outcomes for children, youth, and families at every step in their involvement with the District’s child welfare agency. Each pillar sits on a values-based foundation, a set of evidence-based strategies, and a series of specific outcome targets.



The Four Pillars are:

- **Front Door:** The goal is to narrow the Front Door. Children deserve to grow up with their families and should be removed only as the last resort. When we must remove a child for safety, we seek to place with relatives first.
- **Temporary Safe Haven:** Foster care is a good interim place for children to live while we work to get them back to a permanent home as quickly as possible. Planning for a safe exit begins as soon as a child enters the system.
- **Well Being:** Every child has a right to a nurturing environment that supports healthy growth and development, good physical and mental health, and academic achievement. Children should leave foster care better than when they entered.
- **Exit to Permanence:** Every child and youth exits foster care as quickly as possible for a safe, well-supported family environment or life-long connection. Older youth have the skills they need to succeed as adults.

As noted in Figure 3, CFSA’s Four Pillars framework includes the Front Door, Front Porch, and Front Yard as a continuum of service interventions designed to meet families’ needs and prevent child abuse and neglect across the child welfare system.

- Families in CFSA’s **Front Yard** are not involved with CFSA but may demonstrate potential risk factors for involvement. Primary prevention efforts are designed to ensure children and families in the CFSA’s Front Yard are supported in their communities.
- Families at CFSA’s **Front Porch** may have engaged with CFSA, but have been able to safely remain, or reunify with their families, and receive community-based prevention services offered by our partnership with DC’s Healthy Families/Thriving Communities Collaboratives partners (Collaboratives).⁵

² Children’s Bureau Strategies to Strengthen Families: https://www.acf.hhs.gov/sites/default/files/cb/cb_vision_infographic.pdf

³ ACYF-CB-IM-1805: Reshaping child welfare in the United States to focus on strengthening families through primary prevention of child maltreatment and unnecessary parent-child separation: <https://www.acf.hhs.gov/sites/default/files/cb/im1805.pdf>

⁴ CFSA’s Four Pillars: CFSA Strategic Agenda Supports Good Outcomes for Kids: <https://cfsa.dc.gov/page/four-pillars>

⁵ For over 20 years, the Healthy Families/Thriving Communities Collaboratives have been key partners to CFSA, serving as

- Families engaged at CFSA’s **Front Door** have an open case with CFSA. Whenever possible, CFSA prioritizes keeping families together and working with parents and children in their communities.

DC’s long-standing and continued commitment to primary prevention⁶, family stabilization, and values-based practices are reflected throughout this plan and highlight CFSA’s progressive focus on building a 21st century child welfare system.

The Shift from Waiver to Family First

CFSA’s Waiver, implemented over the past five years, was designed to be responsive to the changing needs of children and families as DC experienced a decline in the number of foster-care placements and an increase in the number of children able to remain safely and stably at-home in their communities. At the time of implementation, CFSA theorized that by enhancing services and supports to children and families at various levels of involvement with the child welfare system, more children and youth would remain safely and stably in their homes, and for those children who were removed for safety concerns, a greater number of children would be able to achieve timely permanence. Progress to date has been incremental and trends towards consistently positive outcomes for families.⁷ Using continuous quality improvement cycles, CFSA was able to make decisions regarding Waiver programs informed by evidence and data. Evaluation reports showed that outcomes were better for families involved in Waiver programs; however, this was for a small set of families and programs consistently failed to reach their target enrollment numbers. Through the evaluation findings and our experience in the Waiver, CFSA has gained an understanding of the kind of programs that families will use and see to completion. With the no-cost extension of the Waiver until September 30th, 2019⁸, CFSA has continued to implement the evidence-based service interventions that are working well for DC’s community to strengthen families and address the well-being of both children and their parents.

As CFSA moves from the implementation of the Waiver to Family First, IV-E funding will be available for a subset of the families (Family First candidates and pregnant or parenting youth in foster care, collectively referred to as Family First prevention-eligible children) previously served under the Waiver. For these children, CFSA is working to deepen partnerships with service providers and sister agency partners to leverage existing capacity where current services are working well for families. CFSA is also creating new investments in service interventions needed to meet the specific needs of DC’s Family First prevention-eligible children. Family First prevention plan services will be targeted to Family First prevention-eligible children known to CFSA’s “Front Door” and Front Porch”, providing secondary and tertiary services to meet the needs of families that have had contact with CFSA (see Section 1 for description of CFSA’s target populations and candidate definition).

community-based prevention service providers. The Collaboratives provide an array of essential core services, including case management, information resource, referral, and linkage, as well as specialized services such as parent education and support programming to meet the needs of both CFSA-involved and all District Families.

⁶ ACYF-CB-IM-1805: Reshaping child welfare in the United States to focus on strengthening families through primary prevention of child maltreatment and unnecessary parent-child separation: <https://www.acf.hhs.gov/sites/default/files/cb/im1805.pdf>

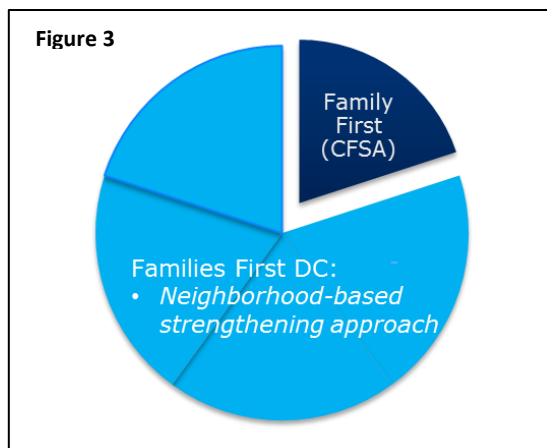
⁷ CFSA Semi-Annual Progress Report (SAPR) Spring 2018: <https://cfsa.dc.gov/publication/cfsa-safe-and-stable-families-semi-annual-progress-report-spring-2018>

⁸ CFSA received a No-Cost Extension (NCE) from the Children’s Bureau in August of 2018 to continue funding prevention services through Title IV-E Waiver funding until September 30, 2019.

Families First DC: Primary Prevention Strategy

DC has embraced a family strengthening vision that is broader and bolder than Family First, and Mayor Muriel Bowser has reinforced that vision with a companion initiative: Families First DC. In her FY20 budget, the Mayor has proposed \$4.75 million to fund ten Family Success Centers in targeted neighborhoods east of the Anacostia River, where approximately three-quarters of the children and families served by CFSA live.⁹

While CFSA's prevention plan, detailed in the following pages, focuses on the array of secondary and tertiary prevention services that will be available to support Family First prevention-eligible children and caregivers, the District is also building family-strengthening supports upstream. The goal is to create a network of primary prevention services and neighborhood-driven resources to round-out DC's robust city-wide prevention strategy (see Figure 3). Families First DC is a direct outgrowth of the planning conducted to be ready for implementation of the Family First Prevention Services Act.



Families First DC is a neighborhood-based, whole family approach for vulnerable families who live in DC. Families First DC is designed to disrupt the way services are delivered in ten neighborhoods where barriers to well-being, economic opportunity, and achievement are most acute.¹⁰

Families First DC has the following goals:

- **Empower communities** – through a place-based approach, neighborhoods and families will envision and create Family Success Centers that will meet their specific needs. Community Advisory Committees will be established, neighborhood action planning will be employed, and strategically tailored community-based grants will be provided to fill services gaps to meet their communities' needs.
- **Integrate Services** – the Family Success Centers will be uniquely designed by each community to facilitate access to existing government resources and new initiatives tailored to meet families' needs.
- **Focus Upstream** – The Family Success Centers will focus on increasing protective factors¹¹ and mitigating trauma to build on community and family strengths. Services will be designed to prevent crises through early engagement, offer assistance to meet families' basic needs, respond flexibly to the needs of families and the communities, and provide services outside of a traditional office setting.

As Families First DC unfolds its tapestry of community-grounded primary prevention supports, CFSA

⁹ All ten neighborhoods are located in Wards 7 and 8. Data analysis was conducted to select these neighborhoods based on social determinants of health, violence prevention priority areas, and substantiated reports of child abuse and neglect.

¹⁰ Families First DC is a new primary prevention initiative of DC Mayor Muriel Bowser.

¹¹ Center for the Study of Social Policy's (CSSP) Strengthening Families Framework: <https://cssp.org/wp-content/uploads/2018/11/About-Strengthening-Families.pdf>

proposes the following Family First prevention plan as a complement to this larger effort by serving the most vulnerable and at-risk populations of children and families through evidence-based services to prevent foster care entry. The two initiatives align and intersect without overlapping, providing a comprehensive approach to preventing child maltreatment in the nation's capital.

Target population (Child and Family Eligibility for Title IV-E Prevention Program)

Table 1 Target sub-population groups of Family First Prevention-Eligible Children¹²

Front Porch
(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.¹³
(3) Children born to mothers with a positive toxicology screening.
Front Door
(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.

¹² Each sub-population is categorized within the intervention group they belong to at the start of their candidacy. Note that individuals within each subgroup could move in to different intervention groups during the course of their candidacy.

¹³ Children in this subgroup can be determined eligible for services via a Prevention Plan at various times relative to their child welfare involvement, e.g., immediately upon permanency or later when the family returns to CFSA’s attention.

Title IV-E Prevention Services

Proposed Service Array

Table 2 below provides an overview of the selected EBPs, including the service type, target population, their rating on the CEBC, whether each intervention is currently under review by the Title IV-E Prevention Services Clearinghouse, and the estimated rating that is likely to be produced by the Title IV-E Prevention Services Clearinghouse. This table clearly shows the high level of research evidence associated with the service array, as well as **the distinct target populations and desired outcomes across programs, demonstrating that the District has selected a continuum of services that is as diverse as the needs and characteristics as the families we serve**. This builds on the waiver lesson learned that a diverse array of EBPs is necessary to ensure that each family can be matched to an EBP that aligns with their needs and circumstances. The service array is well-calibrated to effectively and comprehensively meet the needs of Family First prevention-eligible children and their caregivers.

Table 2 Overview of Selected Family First EBP Interventions

	EBP Interventions	Target Population (in years)	Selected Proximal Outcomes ¹⁴	Average Length of Service	On Title IV-E Clearinghouse ¹⁵	Estimated Title IV-E Clearinghouse Rating ¹⁶	CEBC Rating
In-home Parenting	Parents as Teachers (PAT)	Parents of children 0-5	Increased knowledge of child development, improved parenting practices, detection of developmental delays, school readiness	60 months	✓	Promising	Promising
	Nurturing Parent Program (NPP)	Parents of children 5-12	Increased self-worth for parents and children, increased parental empathy, use on non-violent discipline strategies, increased nurturing parenting knowledge and skills	4.5 months	✗	Promising	Promising
	Healthy Families America (HFA)	Parents of children 0-5	Increased nurturing parent-child relationships, healthy child development, enhanced family functioning, increased protective factors, reduced risk	60 months	✓	Well Supported	Well Supported
	Chicago Parenting Program (CPP)	Parents of children 2-5	Improved parent-child relationships, reduced reliance on harsh discipline methods, increased parent confidence & competence, reduced child behavior problems	4 months	✗	Well-supported	Supported
	Effective Black Parenting Program (EBPP)	Parents of children 0-17	Reduce parental stress, promote cultural pride, improve child school performance & behavior, strengthen family cohesion, increased coping with racism and prejudice	15 weeks	✗	Promising	Promising
	YVLifeset	Pregnant or Parenting Youth 17-22	Increased engagement in education and vocational pursuits, improved interpersonal and social skills, decreased interference from substance abuse and mental health issues, increased independent living.	7-9 months	✗	Promising	Not Rated ¹⁷
	Transition to Independence (TIP)	Pregnant or Parenting Youth 14-29	Increased engagement in education and vocational pursuits, improved interpersonal and social skills, decreased interference from substance abuse and mental health issues, increased independent living.	18 months	✗	Promising	Promising

¹⁴ Proximal outcomes obtained from individual program profiles on the California Evidence-Based Clearinghouse for Child Welfare: <https://www.cebc4cw.org/>

¹⁵ Will be evaluated/rated in first round of review by the Title IV-E Prevention Services Clearinghouse (Attachment C): ACYF-CB-PI-18-09: HHS Initial Practice Criteria and First List of Services and Programs Selected for Review as part of the Title IV-E Prevention Services Clearinghouse: <https://www.acf.hhs.gov/sites/default/files/cb/pi1809.pdf>

¹⁶ Estimated ratings complete through a combination of individual program evidence reviews by the authors of this plan and review of *Interventions with Special Relevance for the Family First Prevention Services Act (FAMILY FIRST) (Second Edition)*: https://casefamilypro-wpengine.netdna-ssl.com/media/Executive-Summary_Interventions_Family-First-Prevention-Services.pdf

¹⁷ Following recent completion of a study with a comparison group showing favorable outcomes, YVLifeset’s rating on the CEBC should be updated to “promising.”

	EBP Interventions	Target Population (in years)	Selected Proximal Outcomes ¹⁴	Average Length of Service	On Title IV-E Clearing-house ¹⁵	Estimated Title IV-E Clearinghouse Rating ¹⁶	CEBC Rating
Substance Abuse	Project Connect	Parents of children 0-17	Decreased problematic substance use, improved parenting skills, linkages to community resources	16 months	✗	Promising	Promising
	Recovery Coaches ¹⁸ - Connecticut Center for Addiction and Recovery (CCAR) certification	Caregivers (all ages)	Caregiver: Support with addiction and recovery: improved relationships with providers and social supports, increased satisfaction with the treatment experience overall, reduced rates of relapse, and increased retention in treatment.	Specific to program	✗	Promising	Not Rated
	Adolescent Community Reinforcement Approach (A-CRA)	Children 12-25	Child: Abstinence, increased positive social activity, improved family and peer relationships. Caregiver: Support for child abstinence, increased parenting knowledge and skills.	3-6 months	✗	Well Supported	Supported
Mental Health	Multi-Systemic Therapy (MST)	Children 11-17	Youth: Reduce behavior problems. Caregiver: increased ability to address parenting difficulties and empower youth.	4-6 months	✓	Well Supported	Well Supported
	Trauma-Focused Cognitive Behavioral Therapy	Children 3-18 and their caregivers	Improved PTSD, depression, anxiety symptoms, reduced behavior problems, improved adaptive functioning improved parent skills, reduced parent distress.	3-6 months	✓	Well Supported	Well Supported
	Functional Family Therapy	Children 11-18	Youth: Eliminate behavior problems, delinquency, and substance abuse; improve prosocial behavior. Family: Improve functioning and skills.	7 months	✓	Well Supported	Supported
	Parent Child Interaction Therapy (PCIT)	Children 2-6	Child: Increased parent-child closeness, decreased anger and frustration, increased self-esteem. Parent: Increased ability to comfort child, improved behavior management and communication with child.	6 months	✓	Well Supported	Well Supported
	Parents Anonymous ¹⁹	All families	Caregiver: Develop strengths-based personal goals, learn to monitor personal progress and advocate for effective services, learn modeled effective coping techniques and self-help strategies, help with resolving issues, help navigating the behavioral health system, build community supports	12 – 18 months	✗	Promising	Promising
Cross-Cutting	Motivational Interviewing (MI)	Parents (all ages)	Enhance internal motivation to change, reinforce that motivation, develop a plan to achieve change.	2-3 sessions, as needed	✓	Well Supported	Well Supported

¹⁸ DBH currently offers nationally recognized training in Connecticut Community for Addiction Recovery (CCAR): <https://ccar.us/>

¹⁹ Parents Anonymous (PA) is currently used as a primary prevention service intervention across the District.

In addition to the Family First EBP service array outlined above in Table 2.0, CFSA and sister agency partners have seen promising results in other locally implemented programs (outlined below in Table 3). While these services may not have the same level of rigor, or meet the specific criteria outlined in the Family First legislation, these programs have shown promise of effectiveness and support target populations outside of Family First prevention-eligible children and their caregivers to round-out a comprehensive city-wide prevention strategy. CFSA believes family-stabilizing services, post-permanency supports, peer-based programs for families receiving a range of mental health, substance use treatment services, or disability services, and programs to help teen parents successfully transition from care are powerful tools as part of CFSA’s comprehensive suite of interventions to meet the specific needs of children and their caregivers. Further, while these programs may incorporate one or more evidence-based models at the center of their design, CFSA recognizes the strength of coupling interventions (which many of these services do) to provide a suite of supportive services within one program.

Table 3 Overview of Other District Service Interventions – CFSA’s Additional Suite of Prevention Services and Partnerships

	Service Interventions	Target Population (in years)	Selected Proximal Outcomes ²⁰	Average Length of Service	On Title IV-E Clearing-house ²¹	Estimated Title IV-E Clearinghouse Rating ²²	CEBC Rating
Family Stabilization Services	Mobile Stabilization Services (MSS)	All families	De-escalate family crises, stabilize children in the home.	<1 month	✗	Insufficient evidence	Not Rated
Mental Health and Substance Abuse	Certified Peer Specialists	Caregivers (all ages)	Caregiver: Develop strengths-based personal goals, learn to monitor personal progress and advocate for effective services, learn modeled effective coping techniques and self-help strategies, help with resolving issues, help navigating the behavioral health system, build community supports	Specific to program	✗	Unknown	Not Rated

²⁰ Proximal outcomes obtained from individual program profiles on the California Evidence-Based Clearinghouse for Child Welfare: <https://www.cebc4cw.org/>

²¹ Will be evaluated/rated in first round of review by the Title IV-E Prevention Services Clearinghouse (Attachment C): <https://acf.hhs.gov/sites/default/files/cb/pi1809.pdf>

²² Estimated ratings complete through a combination of individual program evidence reviews by the authors of this plan and review of *Interventions with Special Relevance for the Family First Prevention Services Act (FAMILY FIRST) (Second Edition)*: https://caseyfamilypro-wpengine.netdna-ssl.com/media/Executive-Summary_Interventions_Family-First-Prevention-Services.pdf

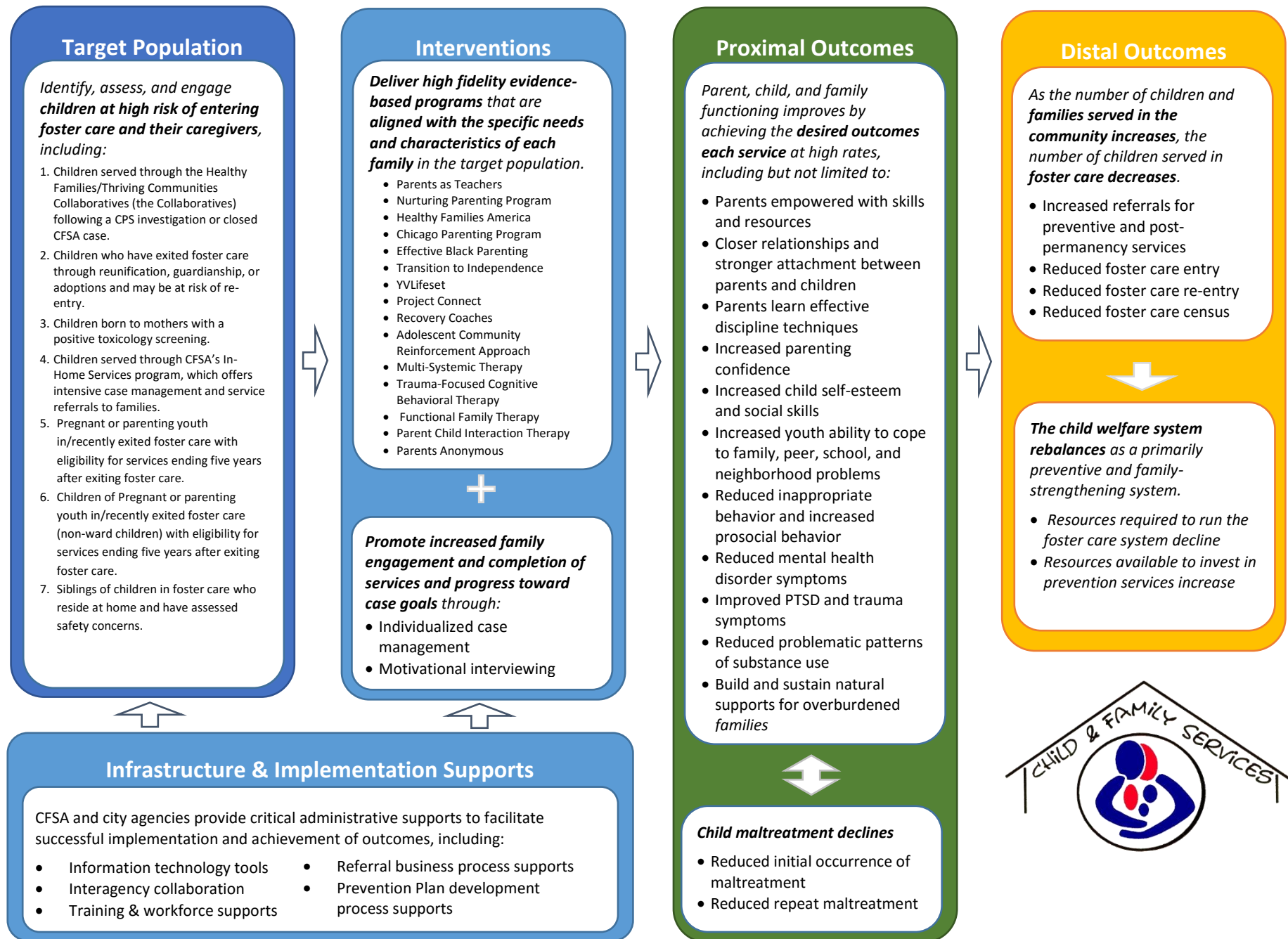
	Service Interventions	Target Population (in years)	Selected Proximal Outcomes ²⁰	Average Length of Service	On Title IV-E Clearing-house ²¹	Estimated Title IV-E Clearinghouse Rating ²²	CEBC Rating
	Family Peer Coaches - Strengthening Family Coping Resources (SFCR) ²³	Caregivers (all ages)	Child: Reduce symptoms of traumatic stress and other trauma-related disorders in any family member Family: Increase coping resources in children, caregivers, and in the family system to help families a) boost their sense of safety, b) function with stability, c) regulate their stress reactions, emotions, and behaviors, d) and make use of supports	2-4 months	✗	Unknown	Not Rated
Post-Permanency Supports/ Mental Health	C.A.S.E. - Center for Adoption Support and Education	Caregivers and youth (all ages)	Program designed to support CFSA staff with technical assistance including intervention planning and matching. CASE provides support to families through individual and family therapy before and after guardianship or adoptions have taken place.	9 -12 months	✗	Unknown	Not Rated
	Adoptions Together	Caregivers and youth (all ages)	Program designed to provide support for grief and loss, attachment and bonding through 6-week support groups, as well as provide children/youth and caregivers with individual/family therapy to address adoption/guardianship issues and mitigate disruption or adoption dissolution. ²⁴	6-9 months	✗	Unknown	Not Rated
In Home Parenting/ Support for specific populations	The Association for Successful Parenting (TASP): Successful Parenting DC ²⁵	Parents with intellectual and other learning disabilities	Increase the safety and well-being of children living with parents who have an intellectual disability and to provide appropriate supports to families to ensure all are safe. Decrease the rate of children entering the foster care system by increasing protective factors and parents' abilities to care for their children.	6 months	✗	Unknown	Not Rated

²³ Family Peer Coaches Program (Certified Family Peer Specialists) group classes use the Strengthening Family Coping Resources (SFCR) Model. Staff are Certified Peer Specialists trained by DC Department of Behavioral Health.

²⁴ Adoptions Together and C.A.S.E. clinicians use and array of treatment modalities including TF-CBT.

²⁵ The Association for Successful Parenting (TASP): <http://achancetoparent.net/dc-project/>: Successful Parenting DC program purpose: (1) develop a curriculum used to teach parenting skills to DC parents with ID who are receiving services from CFSA and DDA, by building on the parents' strengths; (2) hire, train and provide on-going supervision and training to 5 grass-roots Parent Educators/Peer Navigators (individuals with lived experience with a disability or the parent/care giver of an individual with a disability) for family-support purposes and lastly; (3) conduct quarterly trainings for CFSA and DDA professionals who work with DC parents

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



Prevention Work Group Meeting Schedule and Key Accomplishments

Prevention Work Group/Sub-group Meeting	Meeting Description/Key Accomplishments
Work Group Meeting 1: June 2018	<ul style="list-style-type: none"> • Overview of Family First legislation/opportunity and Prevention Plan development, discussion of City-wide prevention goals. • Defined the role and charge of the Prevention Work Group.
Work Group Meeting 2: July 2018	<ul style="list-style-type: none"> • Reviewed survey results and CFSA Needs Assessment data to explore target populations for primary prevention activities. • Charged sub-group with defining CBCAP funding recommendations for FY19, a down-payment on Family First.
CBCAP (Upstream Prevention) Sub-group	<ul style="list-style-type: none"> • Met throughout August 2018 (4 weeks). • Reviewed available data to recommended candidate target populations and services for Upstream prevention funding (CBCAP, Families First DC).
Work Group Meeting 3: September 2018	<ul style="list-style-type: none"> • Report-out from CBCAP/Upstream Prevention sub-group. • Reviewed updated Needs Assessment data to inform candidate Target Population “Data Sub-group” work.
Target Population Data Sub-group	<ul style="list-style-type: none"> • Met October 2018 -November 2018 (6 weeks) • Reviewed CFSA and external partner data to recommended candidate target populations for Family First Prevention Plan.
Work Group Meeting 4: October 2018	<ul style="list-style-type: none"> • Sister Agency and Partner presentations at Prevention Work Group meeting to inform possible target populations for primary prevention, bolstered environmental scan. • Agency Presenters: DC Department of Human Services (DHS) and DC Department of Behavioral Health (DBH)
Work Group Meeting 5: October 2018	<ul style="list-style-type: none"> • Sister Agency and Partner presentations at Prevention Work Group meeting to inform possible target populations for primary prevention, bolstered environmental scan. • Agency Presenters: DC Department of Health (DC Health), DC Department of Employment Services (DOES), and DC Health Families Thriving Communities Collaboratives (Collaboratives).
Work Group Meeting 6: November 2018	<ul style="list-style-type: none"> • Report-out from Target Population Data Sub-group on data-informed recommendation of candidate populations. Populations finalized in-meeting. • Report-out on Family and Provider focus group outcomes/feedback.
Services/Outcomes Sub-group	<ul style="list-style-type: none"> • Met December 2018 - January 2019 (8 weeks) • Recommended evidence-based service interventions for candidate populations within Five Year Prevention Plan.
Work Group Meeting 7: February 2019	<ul style="list-style-type: none"> • Report-out from Services/Outcomes Sub-group on data-informed evidence-based services recommendations. EBP service selections/outcomes finalized in-meeting. • Final report-out on Five Year Prevention Plan drafting process, CFSA Core Team engagement, recap all recommendations and decision points.