

ACF

Administration
for Children
and Families

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Administration for Children and Families

1. Log No: ACYF-CB-IM-18-05

2. Issuance Date: November 16, 2018

3. Originating Offices: Children's Bureau

4. Key Words: Primary Prevention, Family Strengthening, Reasonable Efforts, Trauma, Unnecessary Removal, Concrete Services, Protective Factors, Well-being, Family Support

TO: State, Tribal and Territorial Agencies Administering or Supervising the Administration of Titles IV-E and IV-B of the Social Security Act, Indian Tribes and Indian Tribal Organizations, State Courts, and State and Tribal Court Improvement Programs, and all mandatory Children's Bureau Grantees (including CBCAP, PSSF, and CJA/CAPTA).

SUBJECT: Reshaping child welfare in the United States to focus on strengthening families through primary prevention of child maltreatment and unnecessary parent-child separation.

LEGAL AND RELATED: Titles IV-E and IV-B of the Social Security Act; the Child Abuse Prevention and Treatment Act (CAPTA) (42 U.S.C. 5106a et seq.)

PURPOSE: The purpose of this Information Memorandum (IM) is to strongly encourage all child welfare agencies and Children's Bureau (CB) grantees to work together with the courts and other appropriate public and private agencies and partners to plan, implement and maintain integrated primary prevention networks and approaches to strengthen families and prevent maltreatment and the unnecessary removal of children from their families. Coordinated and robust primary prevention efforts are critically important to strengthen families, prevent the initial occurrence of and ongoing maltreatment, prevent unnecessary family disruption, reduce family and child trauma, interrupt intergenerational cycles of maltreatment, and build a well-functioning child welfare system.

BACKGROUND:

The number of children entering foster care is increasing and, as a nation, we continue to struggle with achieving satisfactory outcomes for the vulnerable families and children served by state and tribal child welfare systems. As the federal agency charged with administering funding to states and tribes to operate child welfare systems, providing guidance, and monitoring outcomes, it is incumbent upon CB to support, encourage, and hold states and tribes accountable for improving system efficacy and implementing programs, services, and approaches that best serve children and families. CB strongly believes that working with families sooner, through upfront primary prevention efforts, is necessary to improve child welfare outcomes nationally.

To reverse troubling trends of increasing foster care populations and reports of maltreatment, along with unsatisfactory outcomes, CB's top priority is to reshape child welfare in the United States to focus on proactively strengthening families through primary prevention of child

maltreatment. To accomplish this, CB believes strongly that primary prevention services must be located in communities where families live, where they are easily accessible, and culturally responsive. Those services should also focus on the overall health and well-being of both children and families and be designed to promote resiliency and parenting capacity.

In addition to preventing maltreatment, CB advocates for a strong continuum of prevention services that includes preventing unnecessary removals and foster care placements, preventing the re-occurrence of maltreatment and foster care placement, and preventing other negative outcomes such as children remaining in foster care for long periods of time without permanency and/or stability, youth emancipating from foster care unprepared for living on their own, and children and youth becoming homeless or otherwise disconnected.

Among the points of intervention on the prevention continuum, however, primary prevention of child maltreatment is the least supported through federal funding, and we believe firmly that maltreatment and family conditions leading to maltreatment are the catalysts for most of the situations where secondary or tertiary prevention efforts become necessary. Committing to a broader continuum of prevention services that emphasizes primary prevention is contingent on a change of mindset and reorientation of what child welfare is intended to accomplish. Child protection will always be paramount and will always be needed, but the system can and should be designed to protect children by keeping families safe, healthy, and together whenever possible before remedial efforts become necessary.

Beginning in 2017, CB embarked on a strategy to visit and learn about promising programs and approaches across the country that have implemented community-based primary prevention efforts and services to strengthen families. The strategy has immersed CB leadership in the field to learn as much as possible about the impact that primary prevention programs are having in communities around the country, to learn how they are organized, operated, and funded, how such programs came into existence, who the key partners are in operating the program, speak with the leaders and staff of such programs, and most importantly, hear directly from the parents, families and youth that have participated in primary prevention programs to learn how their lives have been affected. Visits continue and the knowledge gained is proving invaluable. This IM is intended to share the information CB has learned and call the field to action. It is organized as follows:

- I. The need to focus on primary prevention in child welfare
- II. Key partners in primary prevention
- III. Key components of primary prevention and family strengthening programs
- IV. Examples of programs that support families through primary prevention
- V. Summary and call to action

INFORMATION:

I. The need to focus on primary prevention in child welfare

Individual, family and environmental factors influence the risk for victimization and perpetration of child abuse and neglect.¹ These factors include child and parental age, social isolation, intimate partner and community violence, parental stress, and others. Often such challenges are associated with low parental income and poverty. These factors exacerbate vulnerability and can heighten the risk for child abuse and neglect. Children living in families with a low socioeconomic status (SES) have rates of child abuse and neglect that are five times higher than those of children living in families with a higher SES.²

For vulnerable families, common problems such as limited or loss of income, inadequate housing, or civil legal issues, if left unattended, can escalate to crisis and lead to formal child welfare system involvement. Neglect was present at the time of removal for over 60 percent of children who entered foster care in 2016. Parental substance abuse was present in approximately one third of families, and inability of a parent to cope was present for 14 percent of children that entered care at the time of removal.³

The root causes of many of these difficult issues are often associated with unresolved parental trauma and/or the erosion of protective factors, i.e., conditions or attributes in individuals, families, communities, or the larger society that, when present, can mitigate or eliminate risk and can increase health and well-being. Protective factors come in the form of resources, supports, or coping strategies that allow parents to parent effectively, even under stress.⁴ Using a protective factors approach focuses on family strengths while building resilience, developing parental skills and gaining knowledge of resources that can decrease exposure to risks. This approach further provides a strong platform for child welfare agencies to establish collaborative relationships with community providers who support children and families.

While some families may benefit from an evidence-based clinical intervention, many families, jurisdictions, and programs report that families would benefit from a temporary boost, someone to listen and provide good counsel, or very basic concrete supports such as help paying rent or a security deposit for housing, child care, transportation, legal services, or brief periods of respite care to allow parents time to seek help and work through a challenging situation. These types of services and supports coupled with efforts to enhance parenting skills, promote healthy child development, build and maintain positive peer and relational support networks, and help families achieve financial self-sufficiency, before crises arise, are all critical primary prevention efforts that can help prevent bad things from happening in the lives of children and parents.

Efforts to build protective factors and prevent initial acts of harm are less expensive and less intrusive in the lives of families than formal system involvement and foster care placement. Focusing on family strengths results in increased safety, improved health, and lasting self-sufficiency. Absent these services, families may be vulnerable to cascading and compounding

¹ Preventing Child Abuse and Neglect: A Technical Package for Policy, Norm, and Programmatic Activities.

² Sedlak, A. J., Mettenburg, J., Basena, M., Petta, I., McPherson, K., Greene, A., & Li, S. (2010). *Fourth National Incidence Study of Child Abuse and Neglect (NIS-4): Report to Congress, executive summary*. Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families.

³ AFCARS data report #24

⁴ <https://www.acf.hhs.gov/cb/resource/child-welfare-podcast-protective-factors-part1>

challenges that result in crises, place children at risk of maltreatment, and increase the probability of family separation, all of which come at significant and long-lasting human and financial costs.

In child welfare, primary prevention equates to addressing one simple question: How can we be more proactive in helping strengthen the protective capacities of families and keep them safe and healthy, so that we reduce the risk of initial harm to children and family disruption? The goal of primary prevention is to help all families thrive.

II. Key partners in primary prevention

The transition to a proactive prevention services approach requires shared vision, leadership, and ownership of the outcomes that will be achieved across the broader child welfare system. The child welfare agency cannot and should not attempt to address primary prevention independently from the other critical agencies and organizations that support families and children. The child welfare agency should actively seek, engage, and sustain the involvement of leaders across the branches and levels of government responsible for operating child welfare systems in designing and implementing their jurisdictions' visions for serving children and families. Our site visits have confirmed that partners in the broad child welfare system play different, but complimentary roles in creating a proactive, primary prevention system. Benefits of such a system may include reduced caseloads; prompt court oversight; greater access to substance abuse and mental health treatment, available treatment beds for parents, and residential substance abuse treatment programs that allow for the placement of parents and children together; and, increased options for children and youth to remain safely at home.

State and county child welfare agencies

Primary prevention strategies offer public child welfare agencies the opportunity to partner with community-based providers to better understand the unique strengths and needs of the communities they serve and to develop a tailor-made approach that supports vulnerable families before harm occurs through the provision of concrete supports that address their immediate needs. Proactively working to address these issues can help the child welfare agency reduce the number of reports of maltreatment and entries into care, which in turn can allow agencies to focus their attention on those children and families whose needs require the most intense levels of attention and intervention.

Child welfare agencies are well-positioned to cultivate and support statewide and/or community-wide visions of a child welfare system that actively seeks to prevent the initial occurrence of child maltreatment by strengthening families ahead of formal child protection involvement. As funders of state and local child welfare services and providers, public child welfare agencies are also positioned to establish prevention agendas, prioritize and contract for needed prevention services, and join with and support the private sector which is often the main provider of services to children and families. Child welfare agencies should also work to build consensus with and seek the commitment of judges, court administrators and lawyers, service providers and community partners to design and implement a proactive primary prevention approach.

CB strongly encourages the state and local public child welfare agencies to adopt and support a vision, culture, and network of stakeholders and consumers that share common goals and strategies for supporting families and preventing the initial occurrence of child maltreatment.

Courts, attorneys, and the Court Improvement Program

While primary prevention may not always be viewed as a traditional role for the legal and judicial community, judges, court administrators, and attorneys play critical roles in prevention activities outside the courtroom as part of systems improvement work at the state and local level. As leaders in their communities, judges have the ability to help highlight the importance of prevention and enhance credibility and support for the child welfare agency and broader child welfare system as it transitions to robust family strengthening and prevention efforts. Professionally, the role of judges as conveners and accountability agents in promoting justice through system reform work can also be highly impactful.

Guidelines written by the National Council of Juvenile and Family Court Judges, identifies judges as “uniquely positioned to motivate systems change. Because judges see families’ circumstances from all perspectives, they can often provide a clear vision of how the child welfare system needs to be improved. Judges have the influence to bring necessary stakeholders to the table to collaborate. Juvenile and family court judges can be leaders in their communities, state capitals, and at the national level to improve the administration of justice for children and families. Judges can be active in the development of policies, laws, rules and standards by which the courts and their allied agencies and system function.”⁵

The Guidelines continue by clarifying that “judicial responsibility for impartiality does not preclude judicial leadership” and that “... judicial ethics do not undermine or erase the power of off-the-bench judicial leadership”.⁶ The Guidelines highlight the importance of judges as conveners. The American Bar Association lends further support to the ethics and importance of judicial leadership outside the courtroom in its Standards for Judicial Excellence citing the “interdependence of the court”, within the child welfare context, stating “court leaders need to actively collaborate with other interested agencies and organizations”.⁷

High quality legal representation for parents prior to and after contact with the child welfare system is also a critical component of a robust prevention continuum. Civil legal services to address collateral legal issues (such as housing issues, domestic violence, paternity, child support, immigration, and work issues) that leave families vulnerable are key components of coordinated primary prevention approaches as any one of these factors could lead to family instability and increase the likelihood of child maltreatment.

⁵ Gatowski, S., Miller, N., Rubin, S., Escher, P., & Maze, C. (2016) *Enhanced resource guidelines: Improving court practice in child abuse and neglect cases*. Reno, NV: National Council of Juvenile and Family Court Judges, at p. 30.

⁶ Ibid, at p. 31.

⁷ American Bar Association, *Standards and Principles of Judicial Excellence*, American Bar Association House of Delegates Aug. 9, 2010.

In instances where contact with child protective services has been made, and later, ensuring that agencies are held accountable in judicial determinations⁸ that require evidence that reasonable efforts have been made to prevent removal and that it is contrary to the welfare of the child to remain in their home are also critical to preventing unnecessary parent-child separation. Such judicial determination must not be pro forma, and should serve as a critical check and balance on agency decision-making.⁹

CB strongly encourages child welfare agencies to engage judges, court administrators and attorneys across the country to exercise leadership in being strong voices for prevention and active partners in reshaping child welfare in their communities through supporting system changes to a primary prevention approach. CB further encourages Court Improvement Programs to engage proactively with child welfare agencies to promote the active involvement of the legal and judicial community in prevention efforts.

Community-based service providers

To be effective, a primary prevention approach involves partners from various disciplines to support families with in-home services and family preservation supports individualized to meet their needs. Community-based service providers work proactively to engage families by enhancing their strengths and addressing their immediate needs, often before more formal child welfare involvement is needed. These organizations and agencies are often the primary direct providers of child welfare services, operating under contract or in collaboration with the public agencies.

Moving to a primary prevention approach provides an opportunity for child welfare agencies to partner with community-based providers to evolve, adjust, and respond proactively to the needs of the children and families in their communities before they reach a level of risk or danger that puts their children in harm's way. Providers are uniquely well-positioned to partner with government and the community to implement, adapt, or create programs, services and interventions because of their knowledge of and commitment to the needs of families in their communities, the cultural norms and expectations, and the formal and informal support systems that can be mobilized on behalf of children and families. CB strongly encourages child welfare agencies to engage service providers to identify specific needs within their communities and to develop an array of services that match the cultural and support needs of families.

Other community partners

In addition to community-based service providers, other community partners run the gamut of parents with lived child welfare experience, youth who are alumni of foster care, teachers, schools and school districts, churches and faith-based organizations, businesses, hospitals and medical clinics, child care providers, early intervention and Head Start programs, summer youth programs, local law enforcement, housing programs and authorities, and all others that come into contact with children and families on a daily basis. These partners are well-positioned to know the strengths, resources, and ways in which their families, friends, and neighbors are struggling

⁸ 42 U.S.C. 671(a)(15); 42 U.S.C. 672(a)(2)(A)(ii); 45 CFR § 1356.21(b).

⁹ <https://www.acf.hhs.gov/sites/default/files/cb/im1702.pdf>

and the types of support and services that will be most culturally responsive and appropriate to their needs. Moreover, because of their influence on the well-being of families and children in their communities, their commitment to a family support/primary prevention model of child welfare is essential if we expect the outcomes for children and families to change substantially.

There are many opportunities for their active participation in a re-envisioned child welfare system, ranging from formal and informal opportunities to provide input into design and planning of programs and services, serving in advisory capacities, co-locating staff or representatives, cross training, and providing critical interventions that support and engage families and youth.

CB strongly encourages child welfare agencies, particularly local agencies, to identify and be in regular communication with community partners and to provide opportunities to participate in the development of a protective factors approach, child welfare program planning and improvement efforts, and to be a source of continuous feedback.

III. Key components of primary prevention and family strengthening programs

While each of the programs that CB leadership has visited over the past 18 months was unique and designed to meet specific needs of the communities they serve, all were unified in their visions to strengthen families through prevention and have shown or hold promise of showing improvements in outcomes for children and families, including, but not limited to reductions of the number of reports of maltreatment and reductions in the number of children entering foster care. Some jurisdictions have also seen measureable improvements in other critical social determinants of health, such as conditions in the places where people live, learn, work, and play and a wide range of health risks and outcomes.¹⁰

Common components across promising and successful primary prevention programs include:

- Services and resources are offered on a voluntary basis;
- Services and resources are commonly place-based and centrally located within the communities where families live, ensuring easy accessibility;
- Services and resources align with community values, norms, and culture;
- Services and resources are commonly offered by a public, nonprofit, faith-based or private provider, that may receive funding from the state or county child protection agency, but operates independently of government;
- Services and resources are available to anyone that lives in the community, not just to families deemed to be at risk and are offered in normalized, non-stigmatizing ways;
- Services and resources focus on enhancing parental protective factors;
- Services and resources include concrete supports (limited financial assistance, food assistance, housing assistance, legal services, respite or child care), clinical services, and peer mentoring or support services and activities; and

¹⁰ <https://www.cdc.gov/socialdeterminants/>

- Services and resources may be provided through braided funding including flexible funding, such as CB's title IV-E waiver demonstration authority, along with state, county, city and private funding.

Though many of the above components are self-explanatory, it is important to briefly discuss how such features combine to promote successful programs and approaches. Despite good intentions, state and tribal child welfare agencies in most jurisdictions are not known as a place where vulnerable families voluntarily turn for help. Families report a reluctance to engage with child welfare agencies for fear of having their children removed after revealing a struggle or need. Moreover, many families feel shame in working with or having any association with child protective services as they believe it may reflect badly on their ability to parent within their family or community. In contrast, a key feature of the programs and CB visited over the past 18 months is efforts to normalize help-seeking, that is, creating an environment where the need to ask for help is not viewed by families or the programs as judgmental or threatening to the families' integrity. Further, participating in services to prevent certain needs or problems from arising or becoming worse is viewed as a strength rather than a weakness.

To help mitigate the fear and stigma of asking for help, many of the programs CB has visited have been place-based and located in community centers, non-profit, faith-based, or private facilities as opposed to government agency buildings. Although many of the programs receive financial support through a contract with the child welfare agency, such programs often operate at arms-length and are not visibly connected to the public child protection agency. The programs often are staffed by community residents, many of whom have been service recipients themselves, from the communities in which the programs are located. This serves two critical purposes: (1) it increases the accessibility and receptivity of the programs and services by families; and (2) helps to ensure that programs and services are operated in culturally appropriate ways consistent with community norms and practices.

Participation by families and youth in most of the programs and services CB visited is completely voluntary, which encourages families and youth to determine what resources and supports can best meet their needs. Some families may receive referrals from a child protection agency to attend or enroll in the program or service, but the majority were not compulsory or court-ordered. The programs and services were also generally universal and open to anyone in the neighborhood, community or catchment areas that may elect to participate. Universality allows families to meet and interact where they may not otherwise have the opportunity, allows for peer-to-peer learning, and builds the resilience of entire communities.

Notably, nearly all of the programs that CB visited were intentionally designed to promote social connection and reduce social isolation that leaves families vulnerable and can heighten the likelihood of child maltreatment. Efforts to reduce social isolation through engaging parents with peers, program staff, and the larger community were apparent throughout much of the programming. While this is important for any family, not just those determined to be "at risk," adopting a universal approach seems likely to attract families who, without such supports, might actually become "at risk."

Many of the programs CB visited were designed with or in-response to community input or identification of need. At least one community-based resource center noted that while many organizations had come forth with requests or offers to co-locate services or to promote particular initiatives, the program held firm to the principle of adding to or revising its array of offerings only in response to community demand. As an example, program directors and parent and youth participants interviewed commonly identified concrete supports as the resource that initially attracted them to the program. Awareness that the program offered diapers, baby formula, food pantries, meals, safe play space for children, school supplies, and or clothing may have been the initial point of contact with the program, but once contact was made, families became aware of additional programming and services to address substance abuse, legal issues, parenting skills, peer support, or domestic violence, and additional, deeper-level involvement very often followed.

Some, but not all, programs included evidence-based services as part of the larger continuum of prevention services for those families with more clinical needs. These included substance abuse treatment interventions, mental health services, home-visiting programs, and trauma-informed services.

IV. Examples of programs that support families through primary prevention

Primary prevention programs, approaches and services designed to prevent child maltreatment, strengthen families and prevent unnecessary parent-child separation are operating across the country in urban and rural jurisdictions. Below, CB provides a description of some examples of particularly effective or promising approaches, programs and services that other child welfare agencies may consider in their efforts to strengthen and support families and children. Some of the programs are focused on primary prevention, while others address prevention and family strengthening at different points in the families' experiences, including after initial involvement with child welfare or after families have encountered some level of risk. These specific examples are not intended to disregard other similarly effective efforts across the country, but are included to illustrate the range of diversity in approaches across the country.

Allegheny County, Pennsylvania

As a long-standing example of a public child welfare agency operating family support and prevention services, Allegheny County Department of Human Services operates several initiatives through a broad spectrum of partnerships:

Family Support Centers. Over the past 20 years, Allegheny County has invested in 28 Family Support Centers that serve over 2,500 families with young children. These centers comprise one of the longest running and most successful attempts to strengthen families through prevention in order to reduce child maltreatment. They are located in areas of high poverty and need within the county. A set of nonprofit organizations operates each site and a family board of directors advises the programs on how they should best reach and serve families.

The goal of the Family Support Centers is to reduce the potential for child maltreatment by strengthening protective factors in families. The Centers do this by focusing on child development and parenting education, and by helping families gain support and connection with

others in their community. Each Center is warm and open - a place where families can come for group classes, peer support groups, parent-child interaction workshops, kindergarten-readiness classes, and resource and referral services. They also are a base for home visiting (see below). Family Support Centers provide a community hub for services and supports to families with young children, and DHS works with health, early childhood education, and social services organizations to augment services at/near these locations. These include:

- Drug and alcohol peer support.
- Behavioral health specialists embedded within the Centers.
- Home visiting by dedicated Family Support Center staff, using an evidence-based model.
- A pop-up pediatric and dental clinic (in pilot phase).
- Child care subsidies and human services navigation (begins in 2019).
- A human services center that integrates Family Support with housing, employment, child care, and other services, in collaboration with the city housing authority, the Department of Housing and Urban Development (HUD), and a recreational/cultural center (begins in 2020).

Results

The 2012-2014 evaluation of the (then) 25 Family Support Centers in Allegheny County found positive impacts that included:

- A lower rate of child welfare investigations. Chapin Hall matched neighborhoods on characteristics such as socioeconomic, family structure, and adult education levels. Comparing neighborhoods of similar (matched) characteristics, those with a Family Support Center had a lower rate of child welfare investigations than those neighborhoods without a Family Support Center (30.5 child welfare investigations per 1,000 children for those with a center versus 41.5 per 1,000 children for those without a center—which is statistically significant at $p = <0.001$). This finding is likely due to the cumulative protective effect of the Centers for their communities, reducing the incidence of child safety events that warrant child welfare involvement.
- Established relationships and support networks that can help to reduce isolation and build protective factors. In 145 interviews with parents who have participated in a Family Support Center, 61 percent reported that they connect with other Family Support Center families outside of Center activities.

In Home Treatment and Family Residential Treatment. In addition to Family Support Centers, the county provides:

- Treatment and social services specifically for families. DHS is investing in pilot studies of these programs:
 - In-home treatment—licensed therapists come to families' homes to deliver treatment and ensure families are receiving the support they need. DHS expects to reduce referrals to child welfare and out of home placements.
 - Family residential treatment—DHS selected a provider to purchase a former school, convert it to apartments, meeting space, and treatment areas so that families can live together and remain intact while one or more of the caregivers participates in treatment. DHS expects to reduce referrals to child welfare and out of home placements.

- Investments in home visiting (in addition to those provided by Family Support Centers) and in a home visiting network:
 - The county invests in more than 20 home visiting providers that serve more than 2,700 families. Most offer evidence-based programs such as Parents as Teachers, Nurse Family Partnerships, and Family Check Up.
 - DHS established a home visiting network to:
 - *Coordinate entry.* There is now a clear and simple entry point (the Allegheny Link) for all home visiting programs. This provides a referral pathway for medical professionals, caseworkers, and other key providers, and provides a mechanism for families who are interested in home visiting but do not know which program is the right fit for them. Families can still contact any of the providers directly.
 - *Strengthen training and support to providers.* The network provides training on key topics that all home visitors face, for example, a day-long training to support home visitors working with families facing opioid addiction or other substance abuse disorders had 100 participants and an extensive waitlist.

Out-of-School Time Program. Supporting people living in public housing via the Beverly Jewel Wall Lovelace (BJWL) Out-of-School Time Program. BJWL operates in 17 public housing communities across the county.

- It was developed over 20 years ago with the goal of keeping children safe and reducing their involvement in the child protection system.
- The program targets children who live in public housing communities, but any child, living within a two-mile radius of a BJWL program, and needing a safe place, is welcome to attend. Approximately 1,400 children are served per year.
- The program has a variety of activities that are trauma-informed, intentionally designed, and age-appropriate to develop skills, promote learning, and foster positive youth development. Activities include homework help, arts and crafts, health and wellness, sports and recreation, and STEM. In addition, BJWL implements one evidence-based curricula to support social and emotional growth (PATHS-Promoting Alternative Thinking Strategies). A healthy snack and meal are provided daily to all children.
- All children enrolled in BJWL are screened for the impact of trauma and connected to services as needed.

Results

- Youth who attend BJWL three or more days per week, demonstrate improvement in the following areas: aggressive and disruptive behaviors; concentration and attention; and social and emotional competence.
- During the 2016-2017 program year, there was a decrease in aggressive behaviors across all sites in the BJWL program. Youth at three of the sixteen BJWL sites showed improvement in all three areas; youth at seven of the sixteen sites showed improvement in concentration and attention; youth at nine of the sixteen sites showed improvement in social and emotional competence; and youth at seven of the sixteen sites showed improvement in two or more of the focus areas.

Boulder County, Colorado

As another public agency example, Boulder County, Colorado merged its Housing and Social Services departments into the Boulder County Department of Housing and Human Services (BCDHHS) in 2009 to create a single agency capable of utilizing public health and primary prevention. Its goal is to build a healthier community and promote family stability and success. As part of the merger, BCDHHS redesigned the entire child welfare system to focus on integrating programs that help children and families thrive with a range of social determinants supports. The integration of historically isolated programs shifted the focus upstream to early intervention and prevention activities that address the root causes of crisis and instability and reduce the need for foster care placements because broader family risk factors can be managed successfully.

Cross Program Supports. Boulder County invested significant resources in cross-programmatic supports such as the School-Based Rental Assistance Program, which helps keep families and children within the school districts and out of homelessness by helping to cover housing costs and providing intensive case management supports. The county's Early Intervention Program arranges supports for families with children ages 0-5 who are screened-out following a child protection referral. Supports provided in this context include Short-Term Housing and Family Unification Program vouchers for families at risk of homelessness to help them stabilize and avoid further child protection involvement.

Differential Response and Family Assessment Response. BCDHHS also broadly implemented a prevention-based, family engagement practice model including Differential Response with a critical focus on increasing Family Assessment Response cases. This model engages families and leverages resources on a wide range of integrated prevention-based supports outside of the child protection agency to help keep children safely at home and ensure the family is moving toward stability.

Title IV-E Flexible Funding Waiver. Boulder County is an active leader in Colorado's title IV-E waiver, dramatically expanding efforts to build extended family networks and provide a broad array of kinship supports to reduce the need for foster care and congregate care. The county has seen tremendous success in providing access to evidence-based and well-supported early childhood supports, including high-quality home visitation programs and Child Care Assistance. These early childhood supports benefit both parents and children by providing a pathway to better employment, stability, and economic gain. The Housing Development program creates new affordable housing opportunities for families and children in the community, incorporating strong human services-based case management supports for residents who are struggling in other areas of their lives.

Information System Integration. Boulder County uses an integrated data system in partnership with community providers to prioritize the needs and outcomes of the families they serve. BCDHHS actively works to break down the barriers between isolated systems in health care, housing, and human services to work better as an entire community to promote population-level health and well-being. This integration has increased the tools the county can wrap around families who have been referred to the child protection system with a range of social determinants and two-generation-driven services to help them stay together and thrive.

BCDHSS helps over 90,000 residents each year. The integrated prevention-focused approach to service delivery allows BCDHSS to access the right supports at the right time for families, improving health and well-being, boosting child safety and family stability, and decreasing the need for out-of-home placement.

Truancy Improvement Project. BCDHSS led a multi-agency collaboration including the courts and 2 school districts with the goals of eliminating the use of detention for youth who are truant, reducing the use of truancy court hearings, and addressing the root causes of truancy to improve school attendance and school achievement. The Truancy Review Team multi-agency staffing process utilizes the Child and Adolescent Strengths and Needs (CANS) assessment to identify primary needs and the team, including the youth and family, determine which services will support the best possible outcomes. CANS reassessments are completed at 4 months. In the first 2 years of the project, 36% of students reassessed showed significant improvement in school attendance and 38% of students reassessed showed a significant increase in school achievement as measured by the CANS.

Results

Although BCDHSS has experienced an increase in annual referrals to the child welfare system of 65 percent from 2010 to present (from 4,130 referral per year to 6,792 per year, respectively), it also has the lowest out-of-home placement rate in the state of Colorado at 2.6 children per 1,000, below the state average of 4.0 children and the national average of 5.6 per 1,000. BCDHSS' Truancy Improvement Project reduced the number of court-involved youth in county school districts from 123 to only 3 youth in two years, with zero children who are truant currently in detention. In addition, Boulder County has the lowest juvenile detention rate in the state of Colorado, with only five children detained in the entire county.

San Diego County, California

As an example of a public agency working with a host of community partners, The County of San Diego's Child Welfare Services (SDCWS) agency is a key partner in primary prevention efforts.

Safety Enhanced Together. SDCWS's child welfare services practice model, "Safety Enhanced Together," shares a vision with community providers and works to promote all of the same goals. The intent of the practice model is to ensure that every child grows up safe and nurtured. Under the model SDCWS works to keep children and families safely together whenever possible through the use of family strengthening practices, culturally responsive approaches, and close coordination with Behavioral Health Services. SDCWS works intensively to find additional family members that may serve as a support to vulnerable parents and foster permanent connections for youth that do not have family available to provide care.

Live Well San Diego (LWSD). LWSD is the county's vision to create a region that is healthy, safe and thriving. Utilizing a trauma-informed lens, LWSD promotes health, well-being and safety through countywide efforts to position all families to thrive. LWSD is made possible by two highly coordinated and complimentary components: (1) a unified public human services agency dedicated to proactively serving all community members in need, and (2) an expansive collaborative network composed of over 390 public and private partners that create opportunities

for families to engage in services, supports, programs and activities. Partners include participants from business and the media, the chamber of commerce, cities and government agencies, community and faith-based organizations, school districts and educational organizations. Both components are organized around the simple principle of helping all families “live well.”

This public-private partnership works to accomplish one shared vision: building better health, living safely, and ensuring that all members of the community thrive. LWSD utilizes four strategic approaches: (1) building a better service delivery system, (2) supporting positive choices, (3) pursuing policy and environmental changes, and (4) improving the social services culture. The strategies are designed to impact five key areas of influence: health, knowledge, standard of living, community, and social functioning. All partnerships and actions of the human services agency are designed to advance these goals.

The partners work together to establish measures for monitoring the effectiveness of their collective action. The top ten indicators to measure the success of LWSD are: life expectancy, quality of life, education, unemployment rate, income, security, physical environment, built environment, vulnerable populations, and community involvement.

Safety Organized Practice. Utilizing Safety Organized Practice in child welfare, San Diego has improved engagement with families and strengthened assessments to enhance safety and well-being for children. The successful use of Family Visit Coaching through one-on-one parent coaching during visitation enhances parenting practices and enables the caregiver to demonstrate acts of protection to increase child safety. SDCWS’s partnership with Behavioral Health Services, Pathways to Well-Being, ensures every child with an open case receives a mental health screening and engages the child and family team to determine resources and supports to build resiliency for youth experiencing mental health challenges. This approach promotes opportunities for all children to preserve or establish permanent life-long connections and thrive in a family setting. Furthermore, this aligns with California’s Continuum of Care Reform mandate to reduce the reliance on congregate care.

Results

These approaches and partnerships positioned San Diego to be a leader in the California Well-Being Demonstration Project beginning in 2014.

- San Diego has reduced the number of children ages 0-17 placed in out of home care by 30.6% (from 3052 on October 1, 2014 to 2116 as of April 1, 2018). SDCWS has reinvested approximately \$16.2 million in innovative family strengthening strategies.
- Taken together, proactive and preventative efforts in San Diego County have contributed to the following outcomes: thirty-nine percent (39%) reduction in average monthly removals of children from their homes based on allegations of child maltreatment since FY 2009-2010; forty-two percent (42%) decrease in the number of open child welfare cases since 2010; thirty-eight percent (38%) decrease in the number of children placed in out of home care; and a sixty-three percent (63%) decrease in the number of children in placed in

congregate care since 2010. These results are attributed to the collective efforts between the County, Live Well San Diego partners and numerous community providers.

Montgomery County, Maryland

As an example of a public agency working with the school system and other partners to support families and prevent maltreatment, the Montgomery County Department of Health and Human Services operates Linkages to Learning (LTL). LTL is a collaborative initiative among the Montgomery County Department of Health and Human Services, the Montgomery County Public School System, and local non-profit agencies. The goal of the program is to address the social, economic, health, and emotional issues that interfere with the academic success of children and the self-sufficiency and well-being of families. There are 29 LTL sites in elementary and middle schools across the county. Eight sites also have school-based health centers (SBHC), which serve students enrolled in the school, their siblings, and even parents. The accessibility and availability of these critical physical and mental health services have helped broaden parental engagement and deepen connections to children and families. Such connections are vital to both preventing and detecting child abuse and neglect.

Poverty and poor health are key indicators of trauma and family stress and often are predictors of poor academic performance. These schools are also located in zip codes where child abuse and neglect referrals tend to be high. LTL focuses on three broad areas of need: student well-being, family services, and community education and development.

- Student Well-Being Services include: assessments for social-emotional health and behavioral concerns; consultation with teachers, child and family; group therapy and psychosocial skills development groups; primary care and treatment, and SBHCs.
- Family Services include: family needs assessments; family case management; and referrals to community resources, parenting groups, and parent/guardian education.
- Community Education and Development Services include: community needs assessments, out-of-school time activities, adult English literacy classes, other adult education, and community wide events.

This community based model is a key component of the county's efforts to strengthen family resilience, close the educational opportunity gap, end intergenerational poverty, and reduce child maltreatment.

Results

Some of the most impactful program results include:

- Attendance (percentage of days attended) for elementary students who participated in recreation groups through LTL was statistically significantly higher and suspension rates were lower.
- Families who received case management services showed improvement in most areas of self-sufficiency. Ratings on health, nutrition, family development, income management, adult education, and community participation were statistically significantly higher after receiving LTL case management services than at referral to LTL.

- In an end-of-year LTL survey, large percentages of parents/guardians (more than 90 percent) agreed that LTL had helped them support their students' education and helped their student and family feel like a part of the school and become more engaged.

Bring Up Nebraska

As an example of a public-private partnership focused on family support and primary prevention, Nebraska implemented an intensive statewide prevention approach in 2017 in response to the following data and outcomes:

- 4,950 of Nebraska's children/youth were in out-of-home care. This is roughly equivalent to the total number of high school seniors in Omaha and Bellevue public schools for the 2016-2017 school year.
- 48% of children in Nebraska's custody ages 0-5 had at least one parent who also was in the state's custody.
- 305 Nebraska children were at risk of aging out of foster care.
- 85% of child maltreatment in Nebraska was neglect.
- The estimated annual cost of child maltreatment in Nebraska is \$435,693,489, which could go much further and produce better outcomes if focused on prevention.

Through the Bring Up Nebraska initiative, national, state and community partners are working with Nebraska Children and Families Foundation, a nonprofit organization, to bring resources and solutions together to address and support prevention efforts at the community level. Bring Up Nebraska is a community-owned effort that works to prevent families from reaching crisis and reduces the likelihood of child maltreatment. The initiative is guided by the belief that government is a poor substitute for family and that all efforts should be made to keep families strong, resilient, and safely together. The initiative explicitly recognizes that large, top-down approaches like the child welfare system are expensive, hard on families, and by design, become involved only after a crisis has happened.

The initiative identified barriers that communities want to solve with additional supports and resources. The first five areas Bring Up Nebraska is addressing are: 1) high rates of children being removed due to neglect and poverty; 2) high rates of children removed due to substance abuse and behavioral health issues; 3) limited resources for prevention services, for example, early childhood services, home visitation, parenting supports; 4) high rates of pregnant and parenting young adults coming out of the foster care and other systems; and 5) limited affordable and safe housing options for families. Bring Up Nebraska identified and implemented a number of strategies to address each of these issues with community and state leaders. Particularly promising strategies include:

Community Response (CR). This is a community collaborative voluntary service available to all families. CR connects families with resources and supports to help meet their goals, strengthen their relationships within the community, and prevent unnecessary involvement in higher end systems like child welfare and juvenile justice. CR addresses immediate needs and seeks to build longer-term relationships meant to increase family protective factors, strengthen parent and child resiliency, increase self-sufficiency and realize positive life outcomes over time. Family driven goals can include meeting basic needs, such as: housing, utilities, food, and

transportation; developing parenting support and skills; navigating challenging behaviors and seeking further education on parenting topics; building life skills, such as job searching, budgeting, and money management; and strengthening family support systems and building community connections so all families have partners.

Alternative Response. This is an approach to help families with less severe reports of child abuse and/or neglect connect with the supports and services they need in order to enhance the parent's ability to keep their children safe and healthy. Families eligible for Alternative Response are assigned to a Child and Family Services Specialist who will begin the assessment process, and begin to address the needs of families and services to increase protective factors for individual and family well-being.

Economic Assistance (FAST). Families referred from the Child Protective Services hotline can receive volunteer Family Action Support Teams (FAST) services to address their immediate crisis with community response, churches, schools, and other supports who can help them find housing, transportation, and child care.

Communities for Kids. This is an initiative created in response to community requests for assistance with shortages of high-quality early care and education programs—shortages that both impact children's optimal development and pose a challenge for communities hoping to attract and retain the viable workforces they need to thrive. Communities for Kids aims to partner with communities' public and private entities to support and coordinate planning for access to high-quality early child care and education for all children birth through age eight. These partnerships are customized to address each community's unique assets and needs so each community can grow and prosper well into the future.

Results

As a new initiative, it is too soon for Nebraska to report outcomes. The state is carefully monitoring efforts under the initiative. Assessment efforts within the Community Response program to date are demonstrating positive increases in the protective factors of families participating in the program.

Building Communities of Hope

As other examples of public-private prevention partnerships, Gainesville and Jacksonville, Florida, Hagerstown, Maryland, and New York City (among other sites) are partnering with Casey Family Programs to implement the Building Communities of Hope (BCOH) framework, based on the simple and well documented principle that children can remain safe and stable when their families are strong and the communities in which they live are supportive. BCOH is an orientation and a framework for reimagining the way we support and serve families. This framework is based on several beliefs that Casey Family Programs shares with its many national partners. Among those beliefs are:

- There are too many children in out-of-home care.
- There are disproportionately poor outcomes for certain families and children across a wide variety of well-being indicators.

- It is difficult to produce significantly better results in child welfare if the existing systems are only crisis oriented.
- There is a need to redefine success as it relates to child and family well-being and to change the narrative that families have of the helping system — and that the helping system has of families.
- There is need for increased community voice and stakeholder involvement in child welfare.
- The facts are clear about the significant impact of inter-generational family instability, poverty and trauma.
- There is an ongoing responsibility to repurpose and redirect existing resources so that they are more precise and effective.

The framework emerged as part of a broader effort supported by Casey Family Programs. The 2020 Building Communities of Hope initiative has the bold goal of safely reducing the number of children in out-of-home care by half by the year 2020. Within the context of this initiative, Casey Family Programs has collaborated with jurisdictions that are applying a number of fresh perspectives to the challenge of keeping children safe and stabilizing families.

Many of the site partners are taking an ecological approach to the tasks related to safe reduction and thus the development of the BCOH theme, “Safe Children, Strong Families and Supportive Communities.” Among Casey's partners, the framework for BCOH takes a much more expansive approach than child welfare systems have historically taken.

These are the elements of the BCOH framework emerging from the collective research and the lessons learned from Casey's site partners:

- Five-sector presence and involvement: public and non-profit sectors, philanthropy, business and community voices/stakeholders;
- Trauma- and recovery-focused practice approaches;
- Ongoing and robust community involvement;
- Intentional efforts to provide children and families with opportunities to succeed at the earliest possible stages of involvement;
- An active focus on reducing inequality and building a social justice framework that addresses generational patterns of poverty and trauma;
- Active use of data to identify what type of service array should be deployed and where;
- A place-based or ZIP code-driven focus on services and supports, including those related to education (graduation rates/degrees earned), employment, housing, infrastructure, mental health and related areas of need; and
- A focus on reducing levels of violence, incarceration and concentrated poverty.

Results

Several communities around the country have developed BCOH initiatives that have shown impressive results. Two sites in Florida, Gainesville and Jacksonville, have utilized a strategic set of partnerships that have helped them to significantly lower child maltreatment and foster care placement rates. Hagerstown, Maryland has created a school based and non-stigmatizing engagement program that includes a health clinic and in-home family support services, while

New York City has expanded a Community Partnerships Program that is a collaboration between the city's public child welfare agency and neighborhood-based organizations.

Though no site resembles the other, each shares the common framework. The BCOH framework also supports peer mentoring and support among its partners to highlight the established, promising and emerging best practices.

The Center for Family Life

As an example of a privately operated agency under contract with the public agency to provide family support and prevention services, along with foster care when needed, the Center for Family Life (CFL) is a neighborhood-based nonprofit community service agency based in Sunset Park, Brooklyn, a low-income neighborhood of about 150,000 residents where 43 percent of children live below the poverty line. CFL's mission is to strengthen youth, support families, and build community. It operates under the philosophy that the deeper a family's involvement in multiple programs and services, the greater the likelihood that the family will be healthy, stable, and self-sufficient. To that end, CFL offers a wide range of voluntary services, family support, and family engagement programs. These include counseling; job readiness; a wide range of school-based programs and services, including after school, extra-curricular, and summer programs; food and clothing support; substance abuse and mental health counseling; and civil legal services through legal services partners.

CFL serves over 14,000 individuals and 10,000 families (unduplicated) in a given year. Approximately 7,000 children are served in afterschool and summer camp programs. CFL serves 5,000 individuals in the food pantry, public benefits enrollment, legal clinic (wage and hour, landlord-tenant, and immigration law), and financial services. Over 600 individuals participate the job readiness program annually, with approximately 200 successful job placements a year. To promote economic self-sufficiency, CFL also serves close to 200 individuals in small business development services to launch cooperative businesses in domestic industries. CFL also provides free Earned Income Tax Credit (EITC) tax filing services that have helped over 3,000 individuals file taxes, returning over 5.5 million dollars to this community.

Results

In fiscal year (FY) 2018, none of the 1,012 children in CFL's maltreatment prevention program entered foster care, and in FY 2017, one child out of 1,189 entered foster care.

A significant number of children in CFL's foster care program are in kinship placements as they heavily prioritize and support the connection to family and community. Of children that were involved with foster care placement services offered through CFL in the last 10 years, 81 percent of children were in kinship placements, 8 percent were in mixed kin and non-kin over the course of placement, and 10 percent were in non-kinship placements.

Detroit Center for Family Advocacy

As an example of a partnership between a university and the public agency, the Detroit Center for Family Advocacy was a pilot project operated by the University of Michigan law School in partnership with the child welfare agency. The Detroit Center for Family Advocacy provided a lawyer, social worker, and parent advocate to work with families with a substantiated finding of

abuse or neglect whose child remained in their home without any court involvement (i.e., no petition had been filed). Center staff worked collaboratively with members of the child welfare agency, who refer cases to the Center, to stabilize the family so that they can remain together. While the lawyer resolves collateral legal issues affecting the family's stability, the social worker and parent advocate connect the family with community resources and provided emotional support.

Results

Over the Center's three-year pilot period, none of the 110 children served by the organization entered foster care.

Safe & Sound, San Francisco, CA

As an example of a private agency focusing on family support and prevention, Safe & Sound is a nonprofit organization based in San Francisco, CA. It uses a public health approach focused on primary prevention to promote the development of safe kids, strong families, and sound communities that is supported with braided public and private funding. Safe & Sound is one of 26 family support centers located throughout San Francisco, all designed to serve specific needs of the community in which they are located. Safe & Sound serves parents of children 0-18 and offers two levels of services through its family support center: Supportive Family Services and Integrated Family Services.

Supportive Family Services include parenting classes, counseling, care management, support groups, workshops, child safety classes, events for families, and a 24/7 parental stress TALK Line. Parents and caregivers in the community are welcome to drop in for support services, talk with a counselor about a crisis or parenting challenge, learn about and skills for raising families, take a break in the common day area, pick-up food, clothing or hygiene products, and join together for a family meal, event, or activity. These services all create community, build strong families, and keep kids safe. Safe & Sound's services are voluntary and families are referred by teachers, school counselors, doctors, clergy, and neighbors, as well as the county's child welfare agency.

Integrated Family Services (IFS) is a more intensive level of services for families who are living in conditions that pose a greater risk for abuse. This wrap-around, two-generation model uses evidenced-based and evidenced-informed assessments, education, case management, counseling, and structured service delivery plans to strengthen the Five Protective Factors demonstrated to reduce the risk of child abuse in vulnerable families: 1) parental resilience; 2) social connections; 3) concrete support in times of need; 4) knowledge of parenting and child development; and 5) social and emotional competence of children. All (100%) of families eligible for IFS have experienced one or more Adverse Childhood Experience (ACE) relating to child abuse or domestic violence, significantly higher than the general population.

Results

- Over the past 15 years, the City and County of San Francisco has seen the rate of substantiated child abuse cases decrease by 67 percent, from 12.3 cases per 1,000 children in 2003 to 4.0 in 2017. Over that same time period, the number of children in foster care has

decreased by 71 percent from 2,203 children in care in 2003 to an historic low of 633 children in 2017. In 2017, there were 5.0 children per 1,000 in foster care in San Francisco, below the statewide rate.

- Over 75 percent of families enrolled in IFS for at least six months improved their protective factors as demonstrated by the results of regular, evidence-based assessments, including the North Carolina Family Assessment Scale and the Parents' Assessment of Protective Factors

V. Summary and call to action

The current trajectory of increasing numbers of children in foster care, reports of maltreatment, victims and deaths due to maltreatment in the United States is unsustainable and the outcomes we are achieving for children and families involved with state and tribal child welfare systems fall far short of what we desire as a nation. These trends and outcomes are not inevitable. We can re-orient our programming and policies toward preventing and addressing the root causes of family vulnerability. It is time to design and implement more effective ways to build and support family resilience and self-sufficiency, and promote the long-term well-being of families and children.

It is essential for child welfare agencies to begin implementing a primary prevention approach to strengthening families, preventing the unnecessary removal of children and in helping ensure a well-functioning child welfare system. Primary prevention programs, strategies and services strengthen the protective capacities of children and parents, before child welfare involvement, to help children and their families thrive.

CB strongly encourages all child welfare agencies to partner with executive agencies, judicial partners, service providers and community partners to transition to a proactive prevention services approach with a shared vision, leadership, and ownership of the outcomes that will be achieved.

As evidenced by the programs and approaches highlighted in this memorandum, it is entirely possible to design and implement primary prevention approaches that will lead to better outcomes for children and families. CB strongly encourages all public child welfare agencies to begin or enhance primary prevention efforts as part of their child welfare programming, and to pursue and implement robust continuums of prevention services to strengthen families and reduce initial occurrences of maltreatment and the need for foster care.

Inquiries: Children’s Bureau Regional Program Managers

/s/

Jerry Milner
Associate Commissioner
Children’s Bureau

Attachment

CB Regional Office Program Managers

Resources

Child Welfare Capacity Building Center for Courts

<https://capacity.childwelfare.gov/courts/>

Child Welfare Capacity Building Center for States

<https://capacity.childwelfare.gov/states/>

FRIENDS National Resource Center for CBCAP

<https://www.friendsnrc.org/>

NCJFCJ Enhanced Resource Guidelines

<http://www.ncjfcj.org/ncjfcj-releases-enhanced-resource-guidelines>

Disclaimer: Information Memoranda (IMs) provide information or recommendations to states, Indian tribes, grantees, and others on a variety of child welfare issues. IMs do not establish requirements or supersede existing laws or official guidance.

Attachment

Children’s Bureau Regional Office Program Managers

1	<p>Region 1 - Boston Bob Cavanaugh bob.cavanaugh@acf.hhs.gov JFK Federal Building, Rm. 2000 15 Sudbury Street Boston, MA 02203 (617) 565-1020 States: Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont</p>	6	<p>Region 6 - Dallas Janis Brown janis.brown@acf.hhs.gov 1301 Young Street, Suite 945 Dallas, TX 75202-5433 (214) 767-8466 States: Arkansas, Louisiana, New Mexico, Oklahoma, Texas</p>
2	<p>Region 2 - New York City Alfonso Nicholas alfonso.nicholas@acf.hhs.gov 26 Federal Plaza, Rm. 4114 New York, NY 10278 (212) 264-2890, x 145 States and Territories: New Jersey, New York, Puerto Rico, Virgin Islands</p>	7	<p>Region 7 - Kansas City Deborah Smith deborah.smith@acf.hhs.gov Federal Office Building, Rm. 349 601 E 12th Street Kansas City, MO 64106 (816) 426-2262 States: Iowa, Kansas, Missouri, Nebraska</p>
3	<p>Region 3 - Philadelphia Lisa Pearson lisa.pearson@acf.hhs.gov The Strawbridge Building 801 Market Street Philadelphia, PA 19107-3134 (215) 861-4030 States: Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, West Virginia</p>	8	<p>Region 8 - Denver Marilyn Kennerson marilyn.kennerson@acf.hhs.gov 1961 Stout Street, 8th Floor Byron Rogers Federal Building Denver, CO 80294-3538 (303) 844-1163 States: Colorado, Montana, North Dakota, South Dakota, Utah, Wyoming</p>
4	<p>Region 4 - Atlanta Shalonda Cawthon shalonda.cawthon@acf.hhs.gov 61 Forsyth Street SW, Ste. 4M60 Atlanta, GA 30303-8909 (404) 562-2242 States: Alabama, Mississippi, Florida, North Carolina, Georgia, South Carolina, Kentucky, Tennessee</p>	9	<p>Region 9 - San Francisco Debra Samples debra.samples@acf.hhs.gov 90 7th Street - Ste 9-300 San Francisco, CA 94103 (415) 437-8626 States and Territories: Arizona, California, Hawaii, Nevada, Outer Pacific—American Samoa Commonwealth of the Northern Marianas, Federated States of Micronesia (Chuuk, Pohnpei, Yap) Guam, Marshall Islands, Palau</p>

5	<p>Region 5 - Chicago Kendall Darling kendall.darling@acf.hhs.gov 233 N. Michigan Avenue, Suite 400 Chicago, IL 60601 (312) 353-9672 States: Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin</p>	10	<p>Region 10 - Seattle Paula Bentz paula.bentz@acf.hhs.gov 701 Fifth Avenue, Suite 1600, MS-73 Seattle, WA 98104 (206) 615-3662 States: Alaska, Idaho, Oregon, Washington</p>
---	--	----	--