

Speakers: Female Narrator; Tom Oates, Child Welfare Information Gateway; Brenda Donald, Washington D.C. Child and Family Services Agency; Cosette Mills, Division of Child and Family Services; Dori Sneddon, Children’s Bureau

[00:00:00]: [Music Introduction]

**FEMALE NARRATOR** [00:00:02]: This is the Child Welfare Information Gateway Podcast, a place for those who care about strengthening families and protecting children. You’ll hear about the innovations, emerging trends and success stories across child welfare direct from those striving to make a difference. This is your place for new ideas and information to support your work to improve the lives of children, youth, and families.

**TOM OATES** [00:00:34]: Welcome everyone into the Child Welfare Information Gateway podcast. Tom Oates with you here again. Of course, as we are recording this in April 2020, “here” means physically distant, but hopefully as socially connected as possible. And, first I hope everyone is able to carve a bit of time for themselves – away from the news, away from adjusting to Working With Home, because it’s not Working From Home when kids or partners are there with you and you have to stay in place as well. And to those of you still venturing out to manage your cases and serve children and families – thank you. Please stay as safe as you can.

[00:01:15]: Now, I’ll wanna point folks to the Children’s Bureau’s website [acf.hhs.gov/cb](http://acf.hhs.gov/cb) for a collection of resources and guidance in addressing COVID-19. You can also head to Child Welfare Information Gateway at [www.childwelfare.gov](http://www.childwelfare.gov) as well. There you will find guidance and information specific to children involved in the child welfare system, for foster care providers, and the child welfare workforce. Alright, well in today’s episode, we are gonna continue the conversation around Title IV-E Prevention Plans as states and jurisdictions are reacting and adapting to the Family First Prevention Services Act. And actually, this conversation has already happened, we’re just passing it along to you.

[00:02:01]: You see, in March, the Children’s Bureau held a webinar titled Title IV-E Prevention Plan Implementation Updates and there were only about 500 spaces available and they filled up quickly, so we wanted to take the recording of the webinar and open it up to the Information Gateway podcast. So, this is going to come to you in two parts. This is Part 1 and it shares the lessons from two jurisdictions who’ve submitted their Prevention Plans to – and received approval from – the Children’s Bureau. Washington D.C. and Utah - they’ve applied different approaches and components to their respective plans. So, you’re gonna hear from Brenda Donald she’s the director of Washington D.C.’s Children and Family Services Agency, and Cosette Mills, the Federal Project Administrator for the Utah Division of Children and Family Services.

[00:02:52]: You’ll also hear from Dori Sneddon from the Children’s Bureau who helps usher the conversation between the two. So, this is Part One and it shares some of the experiences in developing the prevention plans both for D.C. and Utah, while Part Two shares some tips and techniques for jurisdictions in their Family First planning processes, and answers some questions and concerns brought up by webinar attendees and colleagues across child welfare. So, we pick up the webinar with Brenda Donald from the District of Columbia, walking the audience through the experiences D.C. had in developing their Prevention Plan.

**BRENDA DONALD** [00:03:34]: Knowing that every jurisdiction is different in their numerous ways to approach the Family First planning process, I just wanted to share with everyone the approach that we took in the District of Columbia. We started where we established a cross-agency cross-sector workgroup and the charge was clear that we were to create, as Jerry has said, a city-wide plan to strengthen families and keep children safe. The Family First Prevention Services Act is an opportunity, not an endgame.

[00:04:05]: So, we have a multistage process to develop our plan as people can see and we started our planning process in June of 2018 and submitted our plan to the Children's Bureau in April of 2019 and received final approval in October of that year. The reason that we were able to move so quickly was that our plan was built on a history of prevention in the District of Columbia and on the heels of our IV-E waiver, which also focused on prevention.

[00:04:40]: We had a comprehensive workgroup and we were able to bring our partners together pretty quickly, again, because we'd been working together on a number of these efforts. These are our partners that we work together with every day on multiple cross-sector work. We established three very short-term workgroups to, one, give us the lay of the land in our existing upstream prevention programs, secondly to reach agreement on the most vulnerable populations that we're all concerned about and three, to assess the District's portfolio of evidence-based practices and determine what else we needed.

[00:05:18]: I think this is really important - no one starts from scratch in this work and every jurisdiction is different. But, to take stock of where you are, who your partners are, where you wanna go collectively - again, we approached this not as just developing a plan but as an opportunity to say, here's where we are in the District, here's what our IV-E waiver allowed us to do, laying that foundation and now where we wanna go and what are the needs. The result was that our plan is a very comprehensive plan and looking at the pie chart we, our big focus is on upstream prevention and that really is a vision that we wanna meet families where they are and help them get to where they wanna go and that the plan we wanted to create would go beyond the narrow boundaries of the Family First Prevention Services Act - although we were very careful to align the Family First Act plan portion with the requirements of the act, thanks to many partners who kept us focused on that. Because of course, we wanted to take advantage of the opportunities that the act offered in terms of new prevention services and strategies and claiming opportunities - but again, in the context of a broader city-wide prevention plan.

[00:06:53]: So, we started looking at, with our partners - and here, when I say our partners, we're, our Department of Behavioral Health, which just focuses on mental health and substance abuse services, our Department of Health, which is a primary funder of home visiting, but also for us really focused on the social determinants of health and in the District, very neighborhood focused. Our collaboratives in Washington, D.C., we have a network of community-based collaboratives that we've been working with for over 20 years and then, our Department of Human Services, primarily responsible for families who are experiencing homelessness and families who receive public benefits.

[00:07:37]: We brought our partners together and said who are the most vulnerable populations that you work with or that you are concerned with, who keeps you up at night? And, we relied very heavily on data - how many of these groups are repeat clients, who are the most likely to engage or drop out of services, who hits multiple agencies - were just some of the markers we used to come together and no surprise, we were pretty quickly able to identify the most vulnerable populations that we know we need to focus on deeper and stronger. So, our, we looked at children who are from the child welfare

standpoint who are re-engaged in preventive services for us, children who were referred to and receiving in-home services, those who have had a substantiation of abuse and neglect but we made the decision based on risk factors and the opportunity to provide services where they could be safely supported at home.

[00:08:47]: Children who are referred to be receiving services from the collaboratives I mentioned, they maybe have a high-risk level but are not necessarily are substantiated. And then, also children with cases closed following investigations or family assessments who are medium or high risk. Then we looked at children with immediate family members in foster care, right - again looking at our data who comes into our system, who is likely to get a repeat report. Children of foster youth; children of youth who recently exited care and siblings of children in foster care; siblings who may not have been removed; and then children at risk for re-entry, those who were exiting to permanency or those who recently exited permanency and need additional support.

[00:09:39]: And then we cross-referenced these populations with the requirements of the act. We in D.C. refer to these as our front porch and our front yard families - when we go upstream, that's our front yard, that's our further up the stream or around the corner for our front porch and front yard families. So, we came together with all of our partner agencies and our target populations which we put into our plan and which were approved by the Children's Bureau are some that I have mentioned but also, we went a little bit deeper and got more specific. So, I talked about the children served through our collaborative for children who have exited foster care. We also have a special focus for children who were born to mothers with positive toxicology screening as a definitely vulnerable population and pregnant or parenting youth who are in foster care, but particularly the children of those youth once they have left us we know are an important population; and then, as I mentioned, the siblings of foster care.

[00:10:48]: So, those are our primary target populations and in addition to the data, we looked at some additional criteria like the risk level, the risk assessment score - we do have risk screening instruments, as most jurisdictions do - whether or not a substantiation was recent; the historic likelihood of entering foster care and all of these informed our business processes to narrow down the population. So, once we got our plan approved - well, let me backup. Even before we got our plan approved - and actually, this is the most important thing, I think, in the planning process is - we had the stakeholders and the building of vision and the identification of the target population as part of our safe planning process. At the same time, we started planning for implementation.

[00:11:46]: I think this is critically important, can't do the big vision and the lofty plan - we wanted to go October 1, and we did, even though our plan didn't get approved until later in October, but we had to build in the elements in our systems to make sure that we were ready to go. And, I mean, you cannot under attend to this planning. The three most critical areas, internal areas of focus were training, implementation technology and our finance and revenue. And the circles that you see in the chart represent internal stakeholders. So, they were meeting on a regular basis while we were developing the plan.

[00:12:36]: In terms of training, a huge partner - and in D.C., we have our own training academy which is very fortunate - if others have external partners, then you would wanna make sure that you have the training lined up, identified, resourced in ways that you can be ready to go day one. We made a decision in terms of one of our strategies in one of the evidence-based practices that we built in as a core component of our plan and that's motivational interviewing. And, for us it's because - and I think it's

everywhere - case management is the foundation to all services for the families we serve. So, we decided to include motivational interviewing. This meant getting all social workers, as well as our community partners trained and certified before October 1, which we did. We were betting on a favorable response from the Children's Bureau that motivational interviewing can be claimed for case management services beyond the clearinghouse's rather narrow designation and we have that into the Children's Bureau as of last week. But, even if that doesn't occur and that's really for claiming purposes, we wanted to get everybody trained so that we have a core evidence-based case management model. And so, that was training.

[00:14:00]: The, we also had to develop some new technology in terms of, or had to enhance our SACWIS system and this was, involved a lot of internal debate because we, like most other jurisdictions are in stages of development for the new CWIS development and we're making decisions about how much do we build on old systems and there's certain things that you just have to do, so we decided it was an important investment to build in a tracking system within our current SACWIS and that's because our model has families moving from the front porch, the front yard through the front porch and then out the back door for ongoing services and we need to track them through our prevention plan and be able to claim. So, our community partners are part of this portal. So, there's one prevention plan for each family, we hope for them it's relatively seamless, this allows us to track. So, we thought that was huge. This was not without cost and moving some other priorities where we think this is a critical requirement.

[00:15:19]: So, we looked back, then, to our prevention work group. Because, now, we're in implementation - which of course is multi-year and will be refined and we'll be making changes along the way - but we wanted the, another important element of our plan is evaluation and getting continuous quality improvement. So, we decided that our prevention workgroup - and again, these are our partners from other agencies and from our community partners and we included of course the courts and our legislature, as well as providers - that in terms of transparency and accountability that we want them to continue to have skin in the game and we have built them in a feedback loop for our CQI process. So, I think that is also an important element as you're developing your plans and you don't do evaluation at the end, you're thinking all along about what is it that we're going to be capturing not just in terms of data, but what are we looking for in terms of outcomes and where do, how and when do we need to make adjustments?

[00:16:30]: I'll say that our prevention workgroup is very excited about being part of this process and we think it's a really, it was a smart decision, not on my part but on my team's part to do this because, again, they're at the table and they're holding us accountable but they're also part of improving the whole process since this is a city-wide prevention plan. And then, finally, I just wanted to end with a picture of how we're envisioning our CQI process, as I just said includes our initial planning group and shows that we're looking at our current state in terms of our initial plan, are the target populations being reached, what are the various services, are the programs being done correctly with fidelity.

[00:17:25]: So, all of those, kind of process measures we have to pay attention to. And then, do our service providers have the right support, the technology and training and capacity to be successful are there improvements, regarding what are outcomes, improvements in mental health, substance abuse and parenting outcomes for families and was child abuse or neglect averted. And, we started our plan with data, so we will manage our plan with data. And our goals are that we have increased engagement, we have our families' high-quality services and service delivery, improved health and well-being and that

we reduce child maltreatment. So, thank you very much for allowing me to share where we are in the District of Columbia and I look forward to answering questions later on.

**DORI SNEDDON** [00:18:15]: Wonderful, thank you so much, Brenda, and I would, we would just encourage you again if you have questions or comments to put them in your chat box and we can address them at the end of the presentation. So, I would like to introduce Cosette Mills, the Federal Operations Administrator for the Utah Division of Child and Family Services to talk about Utah's approach to their Title IV-E prevention program plan.

**COSETTE MILLS** [00:18:44]: Thanks so much. I also appreciate the opportunity to participate in this webinar and to tell you about Utah's IV-E experience with our IV-E prevention program plan and one of the things we wanted to do is contrast the different ways that these approaches can take place in different parts of the country. I'm gonna briefly share some context about the approach in planning that we took and then I'm gonna talk a little more specifically about information specific to preparing the plan document and then was also asked to comment related to working with our regional office.

[00:19:23]: When Family First passed, our leadership in Utah made a firm commitment to move forward with the prevention services provisions at the earliest possible date. We recognized that the IV-E prevention plan does not reach the optimal level of prevention by preventing abuse and neglect from occurring in the first place and that it was limited to preventing entry into foster care. But, even so, our executive leadership said that despite this limitation, why would we not act on the opportunity to act on additional resources to support vulnerable children and families at the earliest possible time? So, we chose to move forward. With that mindset, we did some analysis of our capacity and we re-prioritized our resources so that we could target that October 1st, 2019 start date for the prevention program, which then also meant we had to meet the QRTP provisions of the Family First Act.

[00:20:26]: We, a deliberate decision was made not to focus on the whole prevention program continuum at that time while we were actually preparing this plan, though we are working with that bigger system, it just wasn't part of our IV-E prevention plan process. We did build our IV-E prevention program on our IV-E waiver, HomeWorks, our waiver focused on strengthening parents' capacity to safely care for their children while also safely reducing the need for foster care. And, although the IV-E prevention program can't fully replace the flexibility of our waiver, we see it as being able to help continue to build capacity to keep children safe in their homes.

[00:21:15]: And, because we, let's see, sorry, I'm not quite to this slide yet, so, sorry, we're tracking different slides but. Because we pushed for the early start, we decided initially to target services to the children who are already known as at risk in foster care. So, those are children served in child welfare, but also children and youth in the juvenile justice system. And, what we, the approach we took was to have our prevention plan become an opportunity to really build a foundation to implement all the provisions of the IV-E prevention program and then the goal is to expand over time. Like Washington, D.C. said we also acknowledge that the IV-E prevention program was really just a small slice of the pie of the overall prevention continuum and we are working on that, obviously, you know, we agree that that's a wonderful vision and we would love to put child welfare out of business, that no kids are abused or neglected, but in, you know, in the reality of now, we view the development and implementation of the prevention program and that broader prevention continuum as really being a marathon that we'll just need to push on over time, that it isn't a sprint.

[00:22:45]: So, while we are expanding our, both our IV-E program, we will also be working to expand the full continuum. Thank you, okay, let's now move to the planning process. And you can go ahead one more slide. Thank you. So, the planning process for Utah's IV-E prevention plan was directed by an executive steering committee that served as the governing body for implementation and that executive steering committee was at our department level for the Department of Human Services under which both child welfare and juvenile justice reside. The actual planning and implementation was managed by an implementation team or a project management team that included representatives from child welfare, juvenile justice and other offices in our department that support service development and contracts.

[00:23:40]: And then we also had workgroups who targeted specific areas. For example, in prevention, we had a workgroup for program operations that focused on developing the definition of candidates, what changes needed to occur in CWIS, what program policies needed change, training, regional implementation and finance. In service development we explored more specifically client needs, analyzing options around EBPs, assessing availability with providers and initiating the process to stand up EBPs. And we really feel like we started without a strong foundation of EBPs in our state so we're really starting from the bottom and building from there. Next slide.

[00:24:31]: So, we did involve key staff and partners from the start that we knew was critical. So, we had to include our program staff, our CWIS, our data, our evaluation, CQI staff, finance, procurement, training - a wide range variety of our internal process folks - but we also engaged stakeholders in a variety of ways, such as our legal partners, our providers, our youth and parents and other partners who are essential to our system of serving families in our state in the broader child welfare system. And stakeholders were involved in a variety of ways such as through participating in our workgroups, we did some surveys with them, we did some local focus groups and other informal meetings and informational meetings, as well.

[00:25:27]: We also engaged our research partners early in the process. They are assisting us in three primary ways. They are helping us, we initiated some actual research studies to help us develop, look at some of our services to have them become, be designated as evidence-based, so we're looking at an in-home parent skills program that we did under our waiver and also kinship navigator services. Also, our university partner is conducting some independent systematic reviews for use to help identify evidence-based services pending the clearinghouse reviews and also helping us to develop the evaluation strategies for those EBPs that are going to require evaluation, both development of strategies and then conducting the evaluations. For, so, any services that the clearinghouse has reviewed and determined are promising or supported and also for services that were rated through the independent systematic review.

[00:26:35]: Some of the major planning efforts - next slide - some of the major planning efforts that we focused on were really looking at what was the scope of the project, how were we gonna define candidates, what services were we going to include. Assessing our client needs - one of the ways we did that was through our Utah Families and Children Engagement Tool which is a CANS based tool that we use, that was developed under our waiver to serve both in home clients, as well as children in foster care. We also looked at our geography - we're a pretty, pretty large state geographically and have a lot of, we have, you know, some major urban areas, but we also have a lot of rural areas and some that would even be considered frontier and so, we did some heat mapping on needs and also looking at what existing services we had to try to identify where we needed to target.

[00:27:38]: We did some assessment of existing evidence-based programs and then looked at with our providers' community what evidence-based program they might be interested in standing up. Also, another thing we did is to look at what does it really take to stand up evidence-based services and what resources are available through developers, what would that cost and we utilized some of our waiver funds and some other department funds targeted to expanding services to help with some of those start-up costs and anticipate now with the passage of Family First Transition Act that some of that funding will continue to be used to help us with standing up those services. And where possible we're utilizing existing systems to make implementation more feasible in that short time frame we were targeting. So, for example, where we could, we used existing tools to assess safety and risk and also client needs and we utilized those tools to determine candidacy.

[00:28:42]: And where possible, we also automated those determinations through our CWIS system. We do anticipate that as we expand to additional services and expand beyond our existing child welfare population that we will have need to expand broader candidate population or to develop new tools and resources to support that. Okay, next, if we could go to the plan document. We're gonna be, I'm gonna just share a few specifics about some of the choices Utah made specifically related to development of the actual IV-E prevention program plan document. As we mentioned, jurisdictions have taken a variety of approaches in preparing their plans, so I'm just gonna share some of the choices Utah made.

[00:29:29]: When we looked at the program instructions for the prevention program, PI 18-09, we kind of decided it was a cross between a traditional IV-E plan preprint and the Child and Family Services plan APSR narrative documents and keeping that in mind helped us as we tried to decide exactly how we were gonna approach development of the plan. And also, you know, in contrast to D.C., to Washington D.C.'s plan, where they reflected their overall prevention vision, we made a deliberate decision to limit our plan, keep it modest in scope and only focus the plan document on the portion of our work that pertains specifically to the Title IV-E Prevention Program. So, we chose to have our IV-E Prevention Plan be just that, the plan to operate the IV-E Prevention Program and not to have this document be where we would represent our overall vision of prevention and the work we're doing for prevention beyond this prevention plan.

[00:30:37]: We also, obviously, we wanted to meet the federal requirements for the plan but we also wanted to develop a plan in a way that became a meaningful and useful tool for us. So, we created our plan with the intent to start small and to expand over time. So, one example of that is we created a broad definition for candidates for foster care, but then we chose initially to implement it more narrowly. And one thing we've tried to be really mindful of in as we've planned and as we're thinking about the scope of our services is that while we did create a more broad definition of foster care candidates than our current in-home services population under child welfare, we wanna be really mindful that we don't put children whose families are struggling on the trajectory for foster care through the IV-E Prevention Program if they wouldn't have been otherwise. Could you go to the next slide?

[00:31:37]: So, we made some intentional choices in preparing our actual plan document. We wanted the plan to be as easy as possible to review and to approve, so we chose to follow the program instructions very precisely. For example, the order of the sections of our plan matched the PI specifically and we used the exact same headings that were in the PI. And then, as we wrote the content of the plan, we wanted to ensure that we addressed the specific content that was being asked for in a way that would be clear and understandable. We also didn't include anything in our plan that wasn't specific to the IV-E Prevention Program and again, this is a contrast to what some other jurisdictions have chosen

to do. We didn't include any services that we're providing to clients if they weren't covered under IV-E. So, we didn't specify them in this specific plan. We also for our initial submission, we decided to limit it only to well supported services that had been identified by the clearinghouse that wouldn't also require evaluation or the independent systematic review. And, part of that goal was so that we could get a foundation of a plan approved and begin to operate the program and the services to make sure everything was working and then be able to submit those more challenging pieces that we were seeing were more difficult to work through.

[00:33:12]: So, in a subsequent amendment, we have, are including services that do require evaluation and also that require independent systematic review and then we'll work with our federal partners to work through the details of and really learning what's approvable in those areas. We did have one service we submitted for an independent systematic review that then was on Friday we got notice of its rating and so we're amending that amendment to indicate that it was a service approved by the clearinghouse. So, there is some back and forth and some adjusting because this is very much, you know, a plan in motion that we're kind of modifying as we go. Also, we carefully analyzed the preprint document and realized it wasn't necessarily like a traditional preprint, not everything in the preprint required the citation of laws, regulations or policies. In some sections, we referenced the attachments that were required to be submitted and there were some sections that it was just not applicable, there was no regulatory reference that was required.

[00:34:36]: So, that's a little different than your, our traditional preprint documents. We also just tried to be really specific about addressing each of the required elements for the plan and then there were some sections that we had to modify and to address in more detail than we initially understood would be required. So, there are some areas that have needed a little more detail than was initially evident. So, a couple things I would just mention on that, is be sure to indicate for the services that are being implemented, which specific version of the manual that were planning, that is planning to be implemented. And also, you're thinking about outcomes, I know that at for us initially we were thinking of broad outcomes to overall implementation of prevention, the prevention services but we needed to step that back and look at what are the outcomes to each specific service that we're proposing.

[00:35:33]: Also, there are a lot of details about each specific service that need to be included, which category of evidence-based service it is, what the target population is, how are, what our plan is for implementing that and how we're going to monitor that specific service for fidelity and what our CQI activities will be for that service. Also, again, for those services that require an evaluation strategy, we couldn't submit a general evaluation strategy overall, it needs to be specific to each individual service. And then, the next slide - just a few final tips and some things we learned based on our initial submission of the plan. I'll reinforce again the importance of differentiating between our CQI and fidelity activities and the formal evaluation of services. They are different functions and each needs to be clearly articulated.

[00:36:44]: Again, and I mentioned earlier that they do need to be specific for each service and not just a general overall CQI or evaluation plan. Where possible for the CQI processes and the fidelity processes, we looked at whether or not the developers of the services had already created tools and resources and where we could, we opted to use those. Where those were available, we are working with our evaluators to help us as part of the evaluation process to develop some specific fidelity monitoring tools that we'll be able to implement on an ongoing basis. Also, if you're requesting a waiver for evaluation for a service that was rated as well supported by the Title IV-E Prevention Services Clearinghouse, it's

really important to analyze and articulate why it's compelling not to conduct a formal evaluation of that service.

[00:37:35]: It was helpful for us to stop and really think about our services and our population and what other evidence is out there of the effectiveness of the service to be able to articulate that. We did find a variety of clearinghouses and developers' sites could help, was able to help us as we did that analysis and then also helped us in writing that justification. And again, for those programs that do require the evaluation strategy, what you need to provide a detailed evaluation for each program, the Children's Bureau tip sheet provided in August of 2019 was an excellent resource. We worked with our evaluators to look at that tip sheet as well as what the processes were for clearinghouse review as we thought about what it means to have an evaluation that will be effective for those services.

[00:38:36]: The other thing that we've tried to do with our services is to ask the question what are we really trying to accomplish with evaluation? Are we needing to try to add to the body of evidence to, maybe we want to see if we can help support increasing the rating of a specific service or is the purpose for a given service maybe just to look at what specifically is the benefit to our own clients and our own process evaluation. I think the answers to that question helps to guide the research design and the rigor and the cost of the evaluation. We haven't yet worked through the details with our federal partners in terms of evaluation, so I anticipate that we have more to learn in that area, but those are things that have helped us in preparing that part of our plan.

[00:39:30]: And then just, the last point we were asked to talk about was just sharing something about our interactions with our federal regional office through this process. We did communicate very frequently with our regional office and they were extremely helpful. We did submit many, many questions through them and they were very helpful in getting us responses to those questions in all aspects of the Family First implementation. We also discussed with them the process for submission and review and they gave us information about the timelines, kept us informed so we knew where our documents were in the process. And then, when we had items that needed further attention, they worked with us to identify how we needed to address those items and make modifications to our plan submission. And then, they've also helped us with next steps. For example, what steps to take when we needed to submit our first plan amendment where that wasn't specifically addressed in the program instructions. So, we, for us, our federal regional partners have been really important to the process and have been tremendously helpful.

**TOM OATES** [00:40:51]: So, now in Part Two which is coming up, the webinar provided a series of tips to help answer questions surrounding topics and approaches brought up to the Children's Bureau by various jurisdictions. You'll also hear Brenda Donald and Cosette Mills answer some of the questions that webinar participants ask, so that is Part Two. Now, again, some of my key takeaways here in Part One were the different approaches that D.C. and Utah took in their plans – clearly the flexibility and partnership that jurisdictions take really depend on their current situations, their specific needs, and the programs and services they see as useful.

[00:41:30]: Hey, if you go to the web page for this episode – and all our episode web pages are on [childwelfare.gov](http://childwelfare.gov) – we're gonna send you links to both D.C. and Utah's information, along with the Children's Bureau's Title IV-E Prevention Program website, we'll the link to the specific Program Instruction – that's PI 18-09, you'll also get links to the Title IV-E Prevention Services Clearinghouse and the Children's Bureau's page with the status of submitted independent systematic reviews to claim for Transitional payments.

[00:42:02]: So, a reminder to check out all of our episodes – you can subscribe to the Child Welfare Information Gateway on Apple podcasts, GooglePlay, Spotify, Stitcher and SoundCloud. So, last month's episode, and we'll wanna remind you to check that one out, that focuses on an Implementation Guide for Family First – a living document to help answer jurisdiction's questions and some provide guidance developed by a series of organizations led by the Children's Defense Fund, really informative episode there. Well, we encourage you to stick around for more episodes focused on Family First and other perspectives and insight to help you support the children, youth, and families that you serve. Please stay safe, take care of yourself and your loved ones, and thanks for listening to the Child Welfare Information Gateway Podcast. I'm Tom Oates. Have a great day!

**FEMALE NARRATOR** [00:42:54]: Thanks for joining us for this edition of the Child Welfare Information Gateway podcast. Child Welfare Information Gateway is available at [www.childwelfare.gov](http://www.childwelfare.gov) and is a service of the Children's Bureau, U.S. Department of Health and Human Services Administration for Children and Families. The views and opinions expressed on this podcast do not necessarily reflect on those of Information Gateway, or the Children's Bureau.