The Family First Prevention Services Act became law in February 2018 (Pub. L. 115-123, enacted as part of the Bipartisan Budget Act of 2018). Family First is a landmark child welfare law that establishes significant changes in how the child welfare system is funded and operates. The Family First Act’s overarching goal is to ensure children live with family—their birth families, kin caregivers, or foster families. To achieve that goal, the Act includes many provisions related to prevention services, foster care placement, and transitions from foster care.

Each provision presents implications for children’s and parents’ legal rights, with corresponding implications for child welfare professionals who work with them. This tool helps child welfare professionals, both within and outside the legal community, understand, value, and address legal implications of the Act to further the legislation’s goal of ensuring children live in families.

Purpose
This tool lays the groundwork for state and local child welfare agencies to partner with the legal community to implement the Family First Prevention Services Act. This includes identifying and addressing the Act’s potential legal implications. The overarching goal of the tool is to facilitate conversations and collaboration with the legal community to maximize the legislation’s positive impact for children and families.

Background
In February 2019, the ABA Center on Children and the Law surveyed 500 members of the legal field, primarily dependency judges and attorneys, to gauge their understanding of the implications of Family First and the potential impact on their roles. Key findings included:

- 71% of respondents believe the impact of the Family First Act will be “very positive” or “mostly positive” for children and families.
- 79% of respondents believe legal professionals will have a “moderate,” “large,” or “very large” impact on reducing group home placements under the Act.
- 66% believe legal professionals will have a “moderate,” “large,” or “very large” impact on implementing the prevention services component of the Act.
- 79% said success in 10 years would mean “fewer children are in foster care overall.”
- Survey respondents noted concerns about barriers to the Act’s success, including:
  - insufficient access to prevention services for children and families (46%)
  - a lack of court oversight (29%)
  - lack of appropriate foster family homes (30%)
  - potential conflicts between law and agency policy (15%)

Another key theme that emerged from the survey is that the child welfare legal community has been largely absent from state implementation teams and planning processes across the country. Based in part on the survey feedback, the Center began working with state implementation leaders to identify the Act’s legal implications and develop guidance on how to partner with the legal community. We were pleased to find so much interest among implementation leaders who recognized the importance of working with attorneys, judges, and court professionals to...
think through potential legal implications of the Act and to address those implications in a way that maximizes the legislation’s positive impact on children and families. This tool grew out of those discussions.

We also consistently heard implementation leaders talk about how the Family First Act serves as a vehicle to discuss longstanding child welfare topics such as family engagement, group home placements, kin caregiving, and transition age youth. None of these topics are new but the Family First Act offers a timely and concrete opportunity for reengaging on these topics in each jurisdiction as part of the implementation process.

How to Use this Tool

The tool promotes dialogue between state and local implementation teams and legal professionals to identify and address the Act’s legal implications for children and families. The tool should not be used in individual cases but rather to guide higher level decision making so that when legal issues emerge in future cases the potential benefits of this new law can be incorporated in advance as part of a collaborative process.

The document is structured as a series of discussion questions based on the following sections of the law:

- Prevention Services (Sec. 50711)
- Placement of Child with a Parent in a Residential Substance Abuse Treatment Facility (Sec. 50712)
- Reunification Services (Sec. 50721)
- Foster Family Home (Section 50741)
- Group Setting Foster Care Placements (Sec. 50741-42)
- Inappropriate Diagnosis Protocols (Sec. 50743)

For clarity, relevant citations to the Family First Act are included after the category headings. Some topics may already be clear under state law, such as questions about state definitions of the term “foster family home.” Other topics, such as due process protections, require more deliberation and discussion as part of the implementation process. The tool can be used by jurisdictions on their own or in coordination with the ABA Center on Children and the Law. The Center can work with your jurisdiction to convene legal community partners for guided discussion and strategic planning about the legal implications of Family First.

Although this document is extensive, it is not comprehensive and we encourage child welfare professionals to think about additional topics for dialogue related to your own jurisdiction. We also welcome feedback about how to incorporate those topics in future trainings and technical assistance projects.

Terminology

Because the tool is designed to be used across the country, we have used generic terms such as “agency” and “court” rather than jurisdiction-specific titles. In this respect, we have not differentiated between juvenile, dependency, or family court but rather refer universally to “dependency” courts as the venue where child welfare cases are heard.

Similarly, references to the “agency” signify both the state and tribal Title IV-E agencies leading state and tribal implementation efforts. The term “agency” may also signify the local child welfare agency responsible for applying the law in the community. Where appropriate, we have tried to specify whether the term applies most directly to state or local agency roles.

Legal Community Implementation Team

To ensure diverse viewpoints are shared and incorporated in the dialogue when using this tool, we recommend state and local implementation teams include opportunities for engagement with multiple members of the legal community, including:

Judicial
- Dependency and family court judges, magistrates, and hearing officers
- Tribal court judges
- Court Improvement Program staff
- Chief Justices
- Appeals court judges
- State court administrators
- Local court administrators

Counsel
- Attorneys for state government (e.g., attorneys general offices)
- Trial attorneys who represent the local child welfare agency
- Trial attorneys who represent children and youth
- Trial attorneys who represent parents
- Directors of state offices for parent and child counsel
- Appellate attorneys who handle child welfare cases in state court
- Attorneys who represent tribes
- Attorneys whose work intersects with child welfare (e.g., education, kinship, domestic violence, immigration, housing, juvenile justice, or other specialty)

Other
- Child welfare ombudsman offices
- CASAs or volunteer guardians ad litem directors or staff
- Legislators, county commissioners, or other local officials
- Kinship Navigator programs that include legal support or guidance
Prevention Services (Sec. 50711)

In a Nutshell

This section of the Act provides federal funding to support services that prevent children’s placement in foster care by providing:

- mental health services,
- substance abuse prevention and treatment services, and
- in-home parenting skill support.

The goal of this provision is to open federal funding beyond foster care maintenance payments to investments in family stability, thereby keeping children with their parents and with kin caregivers as an alternative to foster care placement.

The Act supports the provision of services when a child is a “candidate for foster care.” The legislation defines candidates as children at “imminent risk” of entering foster care who can safely remain home or move to live with kin because of prevention services. Candidates include children who are not in state custody but who reside with kin. Candidates can also include children who have left foster care but whose reunification, guardianship, or adoptive placement is at risk of disrupting. Prevention services are also available to support pregnant and parenting teens in foster care.

Setting Standards

- What state standards will the local child welfare agency use to determine a child is “at imminent risk of entering foster care” but can safely remain at home or live with kin with the provision of prevention services?
- What existing state statute, regulation, case law and/or policy will inform the definition of “imminent risk”?
- How will the local agency evaluate both risk of harm and risk of removal factors (i.e., potential trauma of experiencing family separation) when evaluating a child’s risk of entering foster care? Do any state statutes or case law require a risk of harm analysis?
- Do certain factors weigh more heavily in evaluating the potential for prevention services to have an impact and keep families together, such as children with siblings in foster care, children under age five, youth who have exited foster care within the last five years, etc.?
- In addition to prevention services supported through Family First, how will other protective factors in the home or community be incorporated into the determination that a child can safely remain at home? For example, will accessibility to child care services, schools, relative caregivers, churches, and local resource and community centers weigh as protective factors?
- In addition to prevention services supported through Family First, what other services does the agency have to offer the family to prevent the need for removal (e.g., housing assistance, child care assistance, food security, legal services to address unmet legal needs)?
- Will definitions of imminent risk be the same for children at risk of initial removal and children at risk of reentering foster care based on disrupted adoption, guardianship, or reunification?
- What guidance or training will the state child welfare agency provide caseworkers on determining if Family First supported prevention services are appropriate to address an imminent risk of harm?
- Will there be a standardized tool for caseworkers to use after receiving training?
- What process will the local agency use to determine which Family First supported prevention service (i.e., mental health, substance treatment, or parent skills) a family will engage in if they have multiple needs, or will the family be offered multiple services?
- What criteria will the local agency use to determine a pregnant or parenting teen would benefit from prevention services? How will this differ from the definition of “imminent risk” and “candidacy”?
- What state standards will the local child welfare agency use to determine a child should be moved to a kinship placement with prevention services rather than remaining in the original home with prevention services?
- Does Title IV-E funding for prevention services make this process distinct from existing state laws on safety plans that do not provide an option for federal reimbursement?
- Does the lack of Title IV-E maintenance payments and court oversight make this process distinct from existing state laws on voluntary placement agreements that may provide an option for federal maintenance payment reimbursement?
- What state and federal laws addressing rights to family integrity are implicated for the child and the parent when the caseworker recommends a transfer to kin during prevention services?
Roles and Responsibilities
Caseworker Roles
Caseworkers in each jurisdiction have the authority to determine a child is at “imminent risk” of entering foster care and the family is eligible for prevention services.

- Will local agency counsel review a caseworker’s determination before prevention services are offered to ensure the child fits a legal definition of “imminent risk”?
- Will this be a strictly administrative function, or will there be judicial review of the determination?
- How will the caseworker’s determination be documented?
- What process will the local agency provide for periodic safety and/or risk assessments to be considered in the prevention services plan? How will this be distinct from current use of safety plans or voluntary placement agreements?
- What process will the caseworker follow to evaluate prevention services that include sending a child to live with kin (i.e., will there be a maximum time period?)
- What type of assessment of the potential kinship home and caregiver will be conducted to determine whether it is a safe and appropriate home that can meet the child’s needs?
- Who is responsible and what is the process for deciding the next step after a child begins to live with kin (e.g., Child can reunify safely? Kin should seek custody/guardianship? Child should enter foster care and stay with kin? Child should enter foster care and be placed with another family?)
- Who decides if prevention services have been completed or more services are needed to ensure the child does not enter foster care or if a foster care placement is necessary?
- Can all caseworkers make determinations about prevention services or will there be distinctions between “prevention” caseworkers and “protection” caseworkers? If these are distinct, do they have different reporting requirements, case obligations, and duties?
- Will the caseworker who determines “imminent risk” be available for testimony if the case later requires a petition for foster care placement?

Family Consent
The concept of prevention services is that but for these services a child would enter foster care, which raises important considerations for ensuring each family accepts prevention services voluntarily.

- Who informs the child, parent, and kin about their potential legal rights and voluntary consent when prevention services are provided and/or a placement change to kin is recommended? Should this approach differ from any preexisting rules on voluntary agreements or safety plans?
- Should parents be given written notice of the reasons for the agency’s determination about a child’s “imminent risk of entering foster care” and the basis for the recommendation of prevention services to keep a child home?
- Should the agency require written consent to services by the parents, the child, or kin caregiver depending on who will be receiving services?
- What opportunities will there be for a parent, child, or kin caregiver to seek to terminate or amend a prevention services plan, especially if it involved a change in where the child resides?
- What parental consent may be required to ensure kin have the authority to provide appropriate care to the child (i.e., enroll the child in school, take child to medical appointments, etc.)?
- Could attorneys be appointed for parents or children when prevention services are offered to advise them during the prevention services process?
- Could pre-petition counsel be used to help address ancillary legal issues that may be contributing to the imminent risk of harm (e.g., housing, domestic violence, access to benefits, employment, special education, custody orders, etc.)?
- What court rules regarding appointment, billing structures, or other logistical criteria would need to change to make pre-petition appointment of counsel possible in your jurisdiction?
- If the situation requires a legal proceeding outside child welfare (e.g., guardianship or adoption) will counsel be appointed for the parent? For the child? For the kin caregiver? Who is responsible for ensuring each party has representation?
- How can federal resources for counsel be leveraged through Title IV-E to assist with costs of legal representation for children or parents?

Judicial Roles
Prevention services supported through Family First are provided before any petitions have been filed with the court. Nevertheless, there are two significant ways in which prevention services can impact judicial decision making: (1) in cases where prevention services were provided but were unsuccessful and the agency later files a petition to place the child in foster care; and (2) in cases where the agency files a petition to place the child in foster care without first attempting to provide prevention services.
In cases where prevention services were provided but were unsuccessful:

- If a child later enters foster care will documents related to the agency’s “imminent risk” and prevention services determination be included in the dependency case file?
- Do steps need to be taken to ensure prevention services documents are discoverable in the case?
- What confidentiality rules would apply in your jurisdiction for imminent risk/candidacy determinations and provision of services?
- Will the court require the agency to report why prevention services did not help prevent the child's entry into foster care?
- How will courts evaluate the provision of prevention services in relationship to findings that the agency provided reasonable efforts to prevent removal as required by federal law?
- Will the provision of prevention services or refusal to accept such services weigh against the parent as evidence of noncompliance with a pre-petition case plan?
- Although Family First does not affect the priority of a reunification goal, are there any risks that a family's lack of success with prevention services could affect the court's decision about supporting a reunification goal if the case later comes before the court?
- Are procedures needed to prepare for cases in which prevention services were provided but were unsuccessful?

In cases where prevention services have not been provided:

- At a preliminary protective or shelter care hearing, can judges ask if prevention services could be provided instead of removal?
- Will the court require the agency to report why prevention services were not pursued in cases that involve mental health, substance use, and parent skill challenges?
- How will courts evaluate the lack of prevention services in relationship to findings that the agency provided reasonable efforts to prevent removal as required by federal law?

**Placement of Child with a Parent in a Residential Substance Abuse Treatment Facility (Sec. 50712)**

**In a Nutshell**

This section of the Act changes federal law to allow federal maintenance payments for the cost of caring for a child who resides with a parent in a family-based residential facility licensed to provide substance use treatment for adults.

This provision recognizes children should remain with their parents when it is safe because separation is traumatic and remaining together while parents receive treatment can improve overall outcomes for children.

Parents’ costs while in such treatment are often covered through Medicaid but there has historically been no parallel funding stream to cover the child’s costs of care. The Family First Act addresses this barrier by allowing maintenance payment funding to be used for the child’s costs.

**Setting Standards**

- What criteria are used to determine if a child should enter a residential substance abuse treatment placement with a parent? Will the state child welfare agency set the criteria, or will it be determined by local child welfare agency policy?
- Because Family First calls for the child to be placed in foster care for the state to access this federal maintenance payment reimbursement, do any placement statutes, regulations, or policies require amendment to allow for this arrangement?
- Is a petition and removal finding by the court required, or is this placement option available for a parent who agrees to a voluntary placement agreement?
- When is it appropriate to place a child with a parent in a residential treatment placement compared to a child remaining in or returning to a parent’s care and custody in the home while outpatient services are provided?
- If the placement of the child in residential treatment with the parent is considered “foster care” under state law, will the time in such a placement count towards the 15 out of the last 22 months in foster care that requires agencies to file a termination of parental rights (TPR) petition under the Adoption and Safe Families Act (ASFA)? Does this arrangement constitute either a compelling reason for the agency not to file for TPR, or does it “stop the ASFA clock” entirely? Can the agency make that determination using its own discretion or must the compelling reasons be advanced before a judge?

**Roles and Responsibilities**

**Local Child Welfare Agency Roles**

- How will the caseworker ensure the parent consents to this placement recommendation?
What challenges to parental consent may arise if only one parent requires treatment and the other does not?

Will the setting’s age restrictions or other factors have implications for other state and federal requirements regarding sibling placement together?

Who is the client at the treatment facility? What role will the facility have in relationship with the agency if the child is in agency custody?

What federal or state substance abuse treatment confidentiality limitations exist between the facility and child welfare agency?

How are releases of information handled at the facility, and are parents informed of their right to keep information confidential? Does this change if a child has been found dependent?

What community organizations or substance abuse treatment providers should join discussions on this topic about available placements?

Attorney Roles

Will the caseworker’s placement decision be made in coordination with local agency counsel?

Are there instances where it would not be in the child client’s interest to be placed with a parent in residential treatment? For example, if there is another parent or caregiver with whom the child can remain safely or if there are siblings who would not be eligible to be placed with the child in the treatment location and the child is placed with those siblings.

Are there instances where it would not be in the parent client’s interest to have a child placed with him or her? For example, are alternative services available that could be provided without initiating a child welfare case? What risks exist to “starting the clock” for purposes of the ASFA rule regarding timing of termination of parental rights petitions?

At what point in the case can this be argued? Or is this strictly a decision between the parent and the agency?

Judicial Roles

Must a petition be filed and presented to court to seek IV-E support for a child’s placement with a parent in a residential treatment placement?

Based on state law, will judges have authority to order this placement or will it be subject to agency discretion for placement decisions? Will placement decisions about residential treatment with a parent differ from other placement decisions regarding judicial authority?

How will the court and advocates become familiar with treatment placements in the region?

Reunification Services (Sec. 50721)

In a Nutshell

The Family First Act expands reunification services available under Title IV-B “to facilitate the reunification of the child safely and appropriately within a timely fashion and to ensure the strength and stability of the reunification.” These services may include:

- counseling,
- substance use treatment,
- assistance to address domestic violence,
- peer mentoring,
- visitation, and
- transportation.

Previously, families were only eligible for federally funded reunification services for 15 months beginning on the date when a child had been removed from the home. This often meant that children and parents were no longer eligible for reunification services support after reunification had occurred. Family First changes this by permitting federal funding for reunification services during the child’s foster care placement and for up to 15 months after the child’s return home. This change will help families achieve more timely reunification by supporting the family with valuable assistance for a longer period.

Setting Standards

- How will this change affect state funding for reunification services while a child is in foster care and after the child has reunified with family?
- Does your state have sufficient funding through Title IV-B to allocate additional resources toward reunification services after a child returns home?
- Should state law timelines for reunification services be changed to match these new federal timelines?

Roles and Responsibilities

Local Child Welfare Agency Roles

- Will the agency have ongoing responsibility for the child during continued reunification services after the child has reunified?

Attorney Roles

- Does the Family First Act’s change providing for 15 months of postreunification services open up opportunities to advocate for earlier reunification? How might the agency attorney, parent attorney, or child attorney advance these arguments.

Roles and Responsibilities

Local Child Welfare Agency Roles
- Should attorney appointment continue during reunification services for the agency/parent/child? What if it’s a multidisciplinary legal team that has been assisting with the provision of reunification services through social work and legal advocacy?

**Judicial Roles**

- Can greater access to post-reunification services support reunification decisions earlier in the case?
- Does court jurisdiction continue after reunification if services are still being provided? Should it continue? Under what circumstances?
- Does the lack of a time limit on reunification service funding while in foster care have potential to affect judicial decisions about an agency’s reasonable efforts to reunify the family?
- Does this change also have potential to affect agency or judicial decisions about “compelling reasons” not to file a TPR motion at 15 months?

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### In a Nutshell

The Family First Act defines what a safe, home-like setting for children in foster care should be. The Act also provides for model federal licensing standards for foster family homes and encourages using licensed kinship foster homes through these standards (Family First Act, Sec. 50731). The Family First Act defines a “foster family home” as the home of an individual or family licensed or approved by the state who meets the standards established for licensing or approval and:

- provides 24-hour care for the child;
- adheres to the reasonable and prudent parent standard instituted by the Preventing Sex Trafficking and Strengthening Families Act of 2014; and
- cares for no more than six children in foster care.

The Act carves out exceptions to the maximum number of six children in foster care per home for:

- a parenting youth in care to remain with his or her child;
- siblings to remain together;
- a child with an established meaningful relationship with the family to remain with the family; and
- a child with a “severe disability” whose needs can be met by a family with special training or skills.

### Setting Standards

- Will the state require any legislative or policy change to ensure the definition of a foster family home meets the same criteria as the definition provided for in the Family First Act incorporating size requirements and exceptions?
- How do your state’s licensing provisions align with the federal model licensing standards? Do the new federal model standards provide an opportunity to advocate for changes in the state licensing system?

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### Roles and Responsibilities

#### Local Child Welfare Agency Roles

- How will the agency evaluate whether the foster family home exceptions apply, including evaluating such things as what qualifies as a “meaningful relationship”?
- Does the agency currently use licensing waivers?
- How are caseworkers trained to use this waiver authority?

#### Attorney Roles

- Are there instances where an attorney for the child or parent could advocate for placement in a home based on exceptions that apply to the definition for siblings, parenting youth, meaningful family relationships, children with severe disabilities?
- What role might children’s counsel play in advocating for applying licensing waivers for certain caregivers, including kin?
- If the child is not placed in a kinship home, can children’s or parent’s counsel ask why and advocate for a kinship placement?

#### Judicial Roles

- What role will judges have to inquire about licensing for the foster family home or potential caregivers in your jurisdiction?
In a Nutshell

Under Family First, states may no longer use federal Title IV-E foster care funds to pay for a child’s stay in a nonspecialized group home after a two-week period. Beginning in the third week of the child’s placement, federal maintenance payment funding will only be available to support the following four types of group setting placements for children and youth:

- A setting specializing in providing prenatal, post-partum, or parenting supports for youth.
- A supervised independent living setting for youth ages 18+.
- A high-quality residential care setting for youth who are victims or at risk of becoming victims of sex trafficking.
- A qualified residential treatment program (QRTP), a residential placement that meets the therapeutic needs of children and youth with serious emotional or behavioral disorders or disturbances.

The QRTP provisions within Family First include specific requirements for judges and attorneys. For example, courts must review the placement decision after 60 days and agency counsel must continue to introduce evidence supporting the need for a QRTP placement. The Act also includes requirements for Court Improvement Programs responsible for training legal professionals on the new law. Importantly, the QRTP provisions also address engaging family members, kin and other supports in the child’s treatment plan as part of a Family and Permanency Team for the child.

Roles and Responsibilities

Attorney Roles

- How should agency attorneys approach the requirement to submit evidence supporting a recommendation to maintain a QRTP placement?
- What responsibilities do children’s counsel and parent counsel have to challenge these recommendations and evidence in and out of court?
- How can attorneys ensure all family members participate in the QRTP placement and treatment decision, including biological parents and kin as required by Family First? What responsibilities will this entail for parent counsel? Children’s counsel?
- How will attorneys incorporate the recommendations of the Family and Permanency Team into a court hearing?
- How will the youth’s position be incorporated into the placement decision and the court review? How will education access and stability be incorporated in this advocacy?
- What happens if a youth refuses a placement in a foster family home but does not meet the QRTP criteria?
  - How can youth counsel best advocate for the youth’s interests?
  - How might this affect the role of parent counsel?
  - How might this affect the role of agency counsel?

Judicial Roles

- What role will the judge have in ensuring family members are engaged in the child’s treatment?
- How will the court ensure the qualified individual who assesses the child’s need to be in a QRTP meets the criteria required by the Family First Act?
- Will the qualified individual who conducts the assessment participate in court proceedings?
- Can education stability factor into a judge’s review when considering short- and long-term placement goals for the child? How might education factors relate to requirements in Fostering Connections and the Every Student Succeeds Act, which both address the need to ensure school stability and consistency for children in foster care?
- What happens if a judicial determination conflicts with the recommendation of the assessor and agency’s position?
- What workload issues will evaluating QRTP placement recommendations create for the court? What training is required, especially for judges who are not specialized in the dependency field?

Setting Standards

- What QRTP assessment tool will be used to identify a child’s treatment needs and ensure information is accessible and helpful to courts in evaluating whether it is an appropriate placement?
- What criteria will the court use to review the QRTP placement decision? Will your state enact legislation or court rules to provide guidance on what criteria courts should use?
- What procedures need to be created to get these matters before the court?
- What evidentiary standard should be applied for QRTP recommendations?
- What burden should the agency be required to meet?
Inappropriate Diagnosis Protocols (Sec. 50743)

**In a Nutshell**
The Family First Act requires state child welfare agencies to develop a protocol to prevent children from being inappropriately diagnosed with mental illness, other emotional or behavioral disorders, medically fragile conditions, or developmental disabilities. The protocol must also ensure that children are not placed in group settings based on inappropriate diagnoses.

**Setting Standards**
- What state protocols already exist to ensure children in foster care are not inappropriately diagnosed with mental illnesses, other emotional or behavioral disorders, medically fragile conditions, or developmental disabilities as required by Family First?
- Where can states seek assistance from other health or social services providers to develop protocols (e.g., pediatricians, mental health services, schools)?
- What other government and nongovernment partners can help?

**Roles and Responsibilities**

**Local Child Welfare Agency Roles**
- Who will be responsible for ensuring diagnoses for children and youth in care align with the state protocol?

**Attorney Roles**
- Will agency counsel work with caseworkers and other agency staff to ensure procedures are followed?
- Under what circumstances can a child’s attorney challenge a child’s diagnosis by questioning whether the state protocol was applied?
- What role does misdiagnosis play in medication authorizations and how can the child be protected against misdiagnosis?
- What remedies exist for a child who was misdiagnosed?
- What rights does the parent have in your jurisdiction to participate in decision making about prescription medication for their child while in foster care?

**Judicial Roles**
- Should judges ask about the use of state protocols to confirm diagnoses were properly made in individual cases?
- What other responsibilities do judges have in your jurisdiction to ensure children and parents have provided proper consent for the use of any mental health or behavior-related medications?

**For more information:**
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