Innovator Interview: Empowering families through place-based resource centers in Washington DC

Washington DC's 'Families First' initiative aims to empower DC families through ten Family Success Centers, which serve as physical hubs for families to access resources (like food or clothing) and get connected to services (like employment support). The Government Performance Lab (GPL) provided pro bono technical assistance to help these Family Success Centers better respond to community needs in real-time. In the following interview, we learn more about the project from Families First Program Manager Octavia Shaw, Management Analyst Taylor German, and Data Scientist Christian Gineste. Their responses below have been edited for clarity and brevity.

Q: Can you tell us about Families First DC and the Family Success Centers?

OCTAVIA SHAW: Families First DC is a mayoral initiative that lives in the Child and Family Service Agency (CFSA) and is motivated by a vision that all residents have what we call a 'fair shot.' The first goal of the program is to empower families: helping to build capacity and leadership in communities. The second goal is integration of services: to make sure we are working collaboratively, and we have a coalescent voice of government, community and faith-based organizations. And the third goal is to focus on upstream prevention at the family, program, and community level. We want to reach families as quickly as possible, ensuring that holistic resources are there and that families know how to access them. To achieve these goals, the CFSA made grants to ten existing community organizations to establish Family Success Centers. At the FSCs, similar to other family resource center programs across the country, families can access a wide range of services, from food to housing supports to parenting courses to youth programming.

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> Octavia Shaw, Program Manager Families First DC

Q: These Families Success Centers were all set up in DC's Wards 7 and 8. Tell us about these communities and the people who live there.

TAYLOR GERMAN: At the time of this project beginning, in Ward 7 the median household income was $41k a year, with about 30 percent of folks living below the poverty line. Two-thirds of these families were single-mother families. Ward 8 had really similar data. The neighborhoods are majority Black people who may or may not have trust or established relationships with traditional service providers or government programs.

OCTAVIA: The communities were prioritized after looking at data on child abuse and neglect, crime and violence, and social determinants of health. Wards 7 and 8 were the neighborhoods identified as most 'in-need' or 'at-risk'. The families are very resilient and there are so many

assets they have that they may not realize themselves. We hope to provide the resources to help them actualize their visions for the future.

TAYLOR: The physical locations of the Success Centers vary; some are located in units in apartment buildings, others are located in community centers, one is talking about opening up a kiosk moving forward. The providers have a lot of innovative strategies for how to be most accessible to families.

Q: This spring, the agency began adopting active contract management[1] (ACM) strategies to support the implementation of these Family Success Centers across the city. Can you describe what that has looked like?

OCTAVIA: With active contract management, we have been meeting together once a month with all of our Family Success Center providers. We look at all the commonalities and themes across the Family Success Centers, and using our data to inform next steps across the program as a whole. We can then follow-up with each provider specifically through our one-on-one meetings to address their distinct needs. There are some things that are relevant to all, and there are some things that need to be addressed with each provider.

What ACM has done is helped to enhance and deepen the focus on action steps. Looking at the data, those actions steps are critical. It's like 'okay we can talk about this data all day long, but what are we going to do about it?' And the GPL and ACM has definitely helped to elevate our thinking and questioning in that regard.

TAYLOR: Each month we'll have a new provider present what they're doing or something unique to their Success Center. We'll hear strategies or lessons learned, things that have worked and haven't worked so well. I think that a lot of other providers are absorbing that, they receive that information and adapt it.

OCTAVIA: By regularly looking at the data, at what we see, what we don't see, and together coming up with a plan of action, we've seen a huge difference in improvement over time. We're big on looking at strengths, asking providers 'what are you doing well and how do you help others?' And others who aren't doing so well in one area may be doing really well in another. The collaboration and partnership across providers allows us to improve in many different areas.

Q: Addressing inequities is clearly a big part of the Family Success Centers. How has our active contract management work advanced that commitment?

CHRISTIAN: One of the conversations that we recently had with providers a deep-dive conversation on diversity and equity inclusion and belonging in participation demographics at the Family Success Centers. The data that we look at through active contract management enabled us to notice that over the past year men have been underrepresented in the number of participants.

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[1] Active contract management is a set of strategies that apply high-frequency use of data and purposeful management of agency-provider interactions to improve outcomes from contracted services. Learn more at https://govlab.hks.harvard.edu/active-contract-management.

TAYLOR: And with this way of meeting with providers, this will not be a one-time conversation. We are looking at trends over time: number of families, services they request, etc. And I think that because ACM allows you to keep going back and see how things are changing, and what trends are coming up, and then adapt based on those trends. I think it will be really interesting to see in five years what our families' needs and what our family demographics look like (likely those will relate to each other), and what has changed over the last five years.

Q: ACM can often prompt providers to discover creative new ways they can adjust their services to better meet their residents' needs. Do you have any favorite examples of that?

TAYLOR: One that stood out was a conversation on restorative justice, where the providers described how they engage with individuals who have been formerly incarcerated, strategies they've used and what works for their community. That was a really a meaningful one for folks. A lot of the providers share their expertise, and for us that is a co-learning opportunity. It's not about CFSA telling the providers what they should be doing with the families, they're the ones on the ground, they're the ones engaging with the families every day, so we learn from them.

CHRISTIAN: Another success story is that providers are now offering more food services. In respect to food insecurity and access to food, Wards 7 and 8 are huge but only have three grocery stores total. Other Wards have several, higher-caliber grocery stores. The disparity in food access is really stark. Since the start of these contracts, some providers have offered food services to families, but our conversations have impacted others to do the same.

OCTAVIA: After we had this discussion about the food with providers, we met with a lot of the major community food access and hunger-relief organizations in DC. We met with them to discuss this issue and connected them to some of the providers. In short, out of that meeting, and knowing the need, one of the organizations is going to donate some giant food carts to some of the Success Centers. So again, back to the connections, and action steps: it has fueled some extra funds directly to the sites.

CHRISTIAN: As a result of that work, we are now seeing more and more providers offering food services because we know that they can increase the number of families served, they can facilitate engagement, and because there is such a high need for food services. We have now seen in the data that families are telling us that their concrete meets are being met – "yes, I've gotten fresh produce here."

Q: How does this work impact your ability to hear and bring in participant voice? Has it enabled you to get richer information from the participants about what they need?

TAYLOR: Our agency is trying to shift to a child wellbeing and family strengthening vision for our work. We want to get away from a mentality of "we are the government and we know all" and shift towards an orientation of "communities know exactly what they need and our role is to help them in navigating the system to get those supports."

Before we started working with the GPL, Octavia would often ask the team, "How do we hear the voices of the families? We need to better serve the families." But something that I think has been enhanced since we started working with the GPL is that now we ask more robust questions that may get at vantage points that we just didn't have before. We are getting

feedback from participants around ways that they could be better supported in the long run – in addition to meeting their immediate needs. For example, recently a participant made a comment about their experience at the Family Success Center I thought was so enlightening. They said, 'well they helped me get a job which has been really helpful, but those have been kind of one-off jobs. A potential improvement is if they could help me get a career.'

OCTAVIA: Meeting individual families where they are has been really key with this initiative: if that means knocking on the door or showing up where families are, for example at a laundromat. Ultimately, our goal is to ensure that families not only have the resources, but they know how to navigate the system.

Q: What feedback have you had from the providers on this new way of working?

CHRISTIAN: One of the comments I've heard many times are 'families are more than just numbers.' So, there is this perception that we are looking at data, so we don't care about families' experiences, which is absolutely not true. But eventually, month three or four, you see that the providers are starting to share their experiences with you, they contribute to the conversation, they provide feedback, and at that point they buy in to the concept. It can take some time.

TAYLOR: I would second that completely. I think our first ACM meeting, everyone was looking at us like "what are ya'll taking about? What is going on?" We presented so much new information. They couldn't understand the dashboard because it was only one data point, none of our data was clean. But just like Christian said, month three or four, providers are following up in a way that maybe they didn't before, with thoughts and ideas. Our data and reporting have improved so much since we started because providers are getting that individual attention and we're kind of building new capacity.

And our meetings have become much more interactive. Less of CFSA reporting out and more of 'okay this is what we see at a high-level, tell us what's happening on the ground and how we can support you all to make some adaptations and changes to better serve families.' It's taken a couple months and it's been a learning curve for all of us. But you can tell that the providers have now bought in.

Q: Do you see opportunities for adopting these tools in other areas?

CHRISTIAN: Yes absolutely. All the lessons we have learned we are trying to apply in other programs. So, we are talking to our co-workers and we're going to have a training session on ACM, so that we can really spread the message and allow others to benefit. We've already started to use ACM with our other prevention services for families who are involved with CFSA, including with our collaborative partners that are responsible for case management.

OCTAVIA: We just started a city-wide prevention network. And I imagine that we will definitely be using some of these strategies there as well. And that is made up of community-based organizations and government organizations. I'm sure we will employ a lot of ACM in our work across our administration but also the agency through our city-wide work.

Q: We often get questions from governments like 'how do you find the time to keep doing ACM?' What advice do you have for those that express this concern?

OCTAVIA: If you don't spend time together, and you don't make that investment, who knows where your relationship with your community organizations is going to go. If it means a lot to you, and it's important to you, you're going to make time. In the end, it's important to really prioritize what means the most to your work.

CHRISTIAN: If you are worried about the time commitment, I would say start with one provider, see how it goes, and if you are able to expand then do it. But just start with one. You don't have to do it with every single provider at first. Another thing, I think ACM can really have an impact on the efficiency of your services. So, it can probably reduce costs. You may need more staff upfront, but eventually it will reduce the cost of the services that you are providing while increasing the quality of those services.

To learn more about the GPL's work in DC, see our policy brief on 'Helping families be more responsive to community needs in Washington DC'.