



Family First National Perspective

June 9, 2021

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SAFE STRONG SUPPORTIVE

casey family programs

SAFE CHILDREN STRONG FAMILIES SUPPORTIVE COMMUNITIES SAFE CHILDREN STRONG FAMILIES SUPPORTIVE COMMUNITIES

safe children | strong families | supportive communities

What do we know is best for children and families?

- ▶ The goal in child welfare should be to ensure the safety, permanency and well-being of children ***and their families.***
- ▶ We know intervening as early as possible supports child well-being.
- ▶ We know removing children from their families and homes creates emotional distress and trauma that should be avoided whenever possible.
- ▶ We know some children can be better served by remaining safely at home while their parents receive the community services and support they need.

Family First Prevention Services Act of 2018

- ▶ The Family First Prevention Services Act was passed and signed into law (P.L. 115-123) as part of the Bipartisan Budget Act on February 9, 2018.
 - ▶ New option for States and Tribes to claim Title IV-E funds for prevention activities as early as October 1, 2019.
 - ▶ New policy to ensure appropriate placements for children in foster care as early as October 1, 2019.
 - ▶ New funding and reauthorization of existing funding for child welfare programs including prevention funding, court funding, and specific substance abuse prevention grant funding.

Big Opportunities

Pre-2018 federal law

Most federal \$\$ for foster care

Services only for child

Income test to qualify

\$\$ for children placed in group homes with little oversight

No \$\$ for child placed with parent in residential treatment

Family First

New federal \$\$ for prevention

Prevention for parents, child, kinship caregivers

No income test

No \$\$ unless placements are quality settings and appropriate

12 months of federal \$\$ for such placements

New Funding for Prevention Services

- ▶ Beginning October 1, 2019, states and eligible tribes may receive open-ended entitlement funding (e.g. no income test for eligibility) for evidence-based prevention services for candidates for foster care.
- ▶ ***Who is a candidate for foster care?***
 - 1) Children at imminent risk of placement in foster care
 - 2) Pregnant and parenting youth in foster care
 - 3) Their parents or kinship caregivers also are eligible.

New Funding for Prevention Services

- ▶ Prevention services eligible for up to 12 months of federal reimbursement:
 - ▶ Substance abuse prevention services
 - ▶ Mental health services
 - ▶ In-home parenting skills
- ▶ There is no limit on how many times a child parent, or kin caregiver is eligible for services.
- ▶ Additional 12-months periods of services, including contiguous periods, are allowed if necessary.

New Funding for Prevention Services

- ▶ Services must be evidence-based and trauma informed
- ▶ In-home services will be broadly defined, does not necessarily refer to the location where services are provided

Ensuring Appropriate Placements

- ▶ Beginning October 1, 2021 new requirements on what foster care placements receive federal reimbursement.
 - ▶ Goal is to encourage placement in family settings.
 - ▶ To address concerns around an overreliance on congregate care, the law creates “qualified residential treatment programs” with a number of requirements.

Ensuring Appropriate Placements

The following placement options already are allowable under current Title IV-E and will continue under Family First:

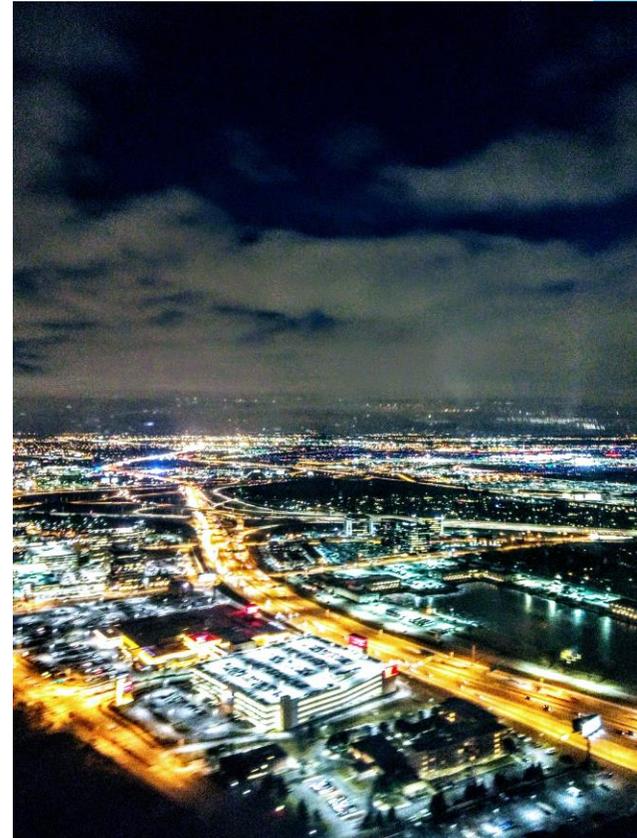
- ▶ Facility for pregnant and parenting youth
- ▶ Supervised independent living for youth 18 years and older
- ▶ Specialized placements for youth who are victims of or at-risk of becoming victims of sex trafficking
- ▶ Foster Family Home (defined) – no more than 6 children in foster care, with some exceptions

What is a Qualified Residential Treatment Program (QRTP)?

- ▶ Has trauma informed treatment model and registered or licensed nursing and other licensed clinical staff onsite, consistent with QRTP's treatment model.
- ▶ Facilitates outreach and engagement of the child's family in the child's treatment plan
- ▶ Provides discharge planning and family-based aftercare supports for at least 6 months
- ▶ Licensed by the state and accredited

There are no time limits on how long a child can be placed in a QRTP and receive federal support as long as the placement continues to meet his/her needs as determined by assessment.

What is Your High Level Vision



What is the status of Family First Prevention Plans?

Alaska



District of
Columbia



Hawaii



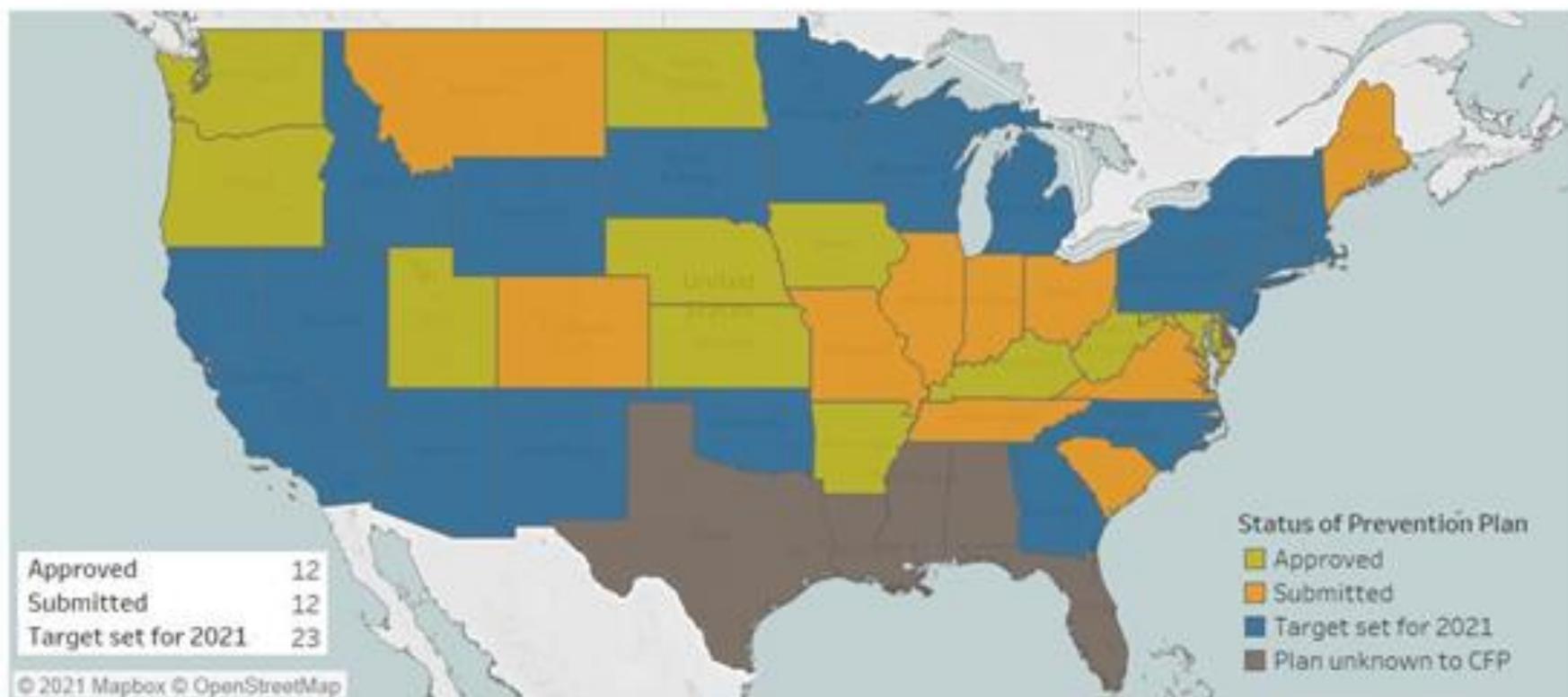
Puerto Rico



U.S. Virgin
Islands



United States



Submitted: Aleut Community of St. Paul Island, AK

Submitted: Salt River Pima-Maricopa Indian Community, AZ

Approved: Eastern Band of Cherokee Indians, NC



Approved Prevention Plans

- 13 total approved Prevention Plans
 - 12 States: AR, DC, IA, KS, KY, MD, ND, NE, OR, UT, WA, WV
 - 1 Tribe: (NC) Eastern Band of Cherokee Indians

Submitted Prevention Plans

- 14 submitted Prevention Plans currently
 - 12 States: AK, CO, HI, IL, ME, MO, MT, OH, SC, TN, VA
 - 2 Tribes: Aleut Community of St. Paul Island, AK; Salt River Pima-Maricopa Indian Community, AZ



Family First Prevention Services Act (FFPSA)

FFPSA Part 1 and State Prevention Plan

FFPSA Part IV

Part I:

Kelly Winston, Child Welfare Policy and Program Development Bureau

Part IV:

Lisa Witchev, Integrated Practice and Resource Development Bureau

Alicia Bernstein, Policy and Technical Assistance Bureau

Children and Family Services Division, CDSS

Prevention in California

Primary

Secondary

Tertiary

FFPSA Prevention

Focused on tertiary prevention

Permits IV-E Funding for prevention

Narrow Approach

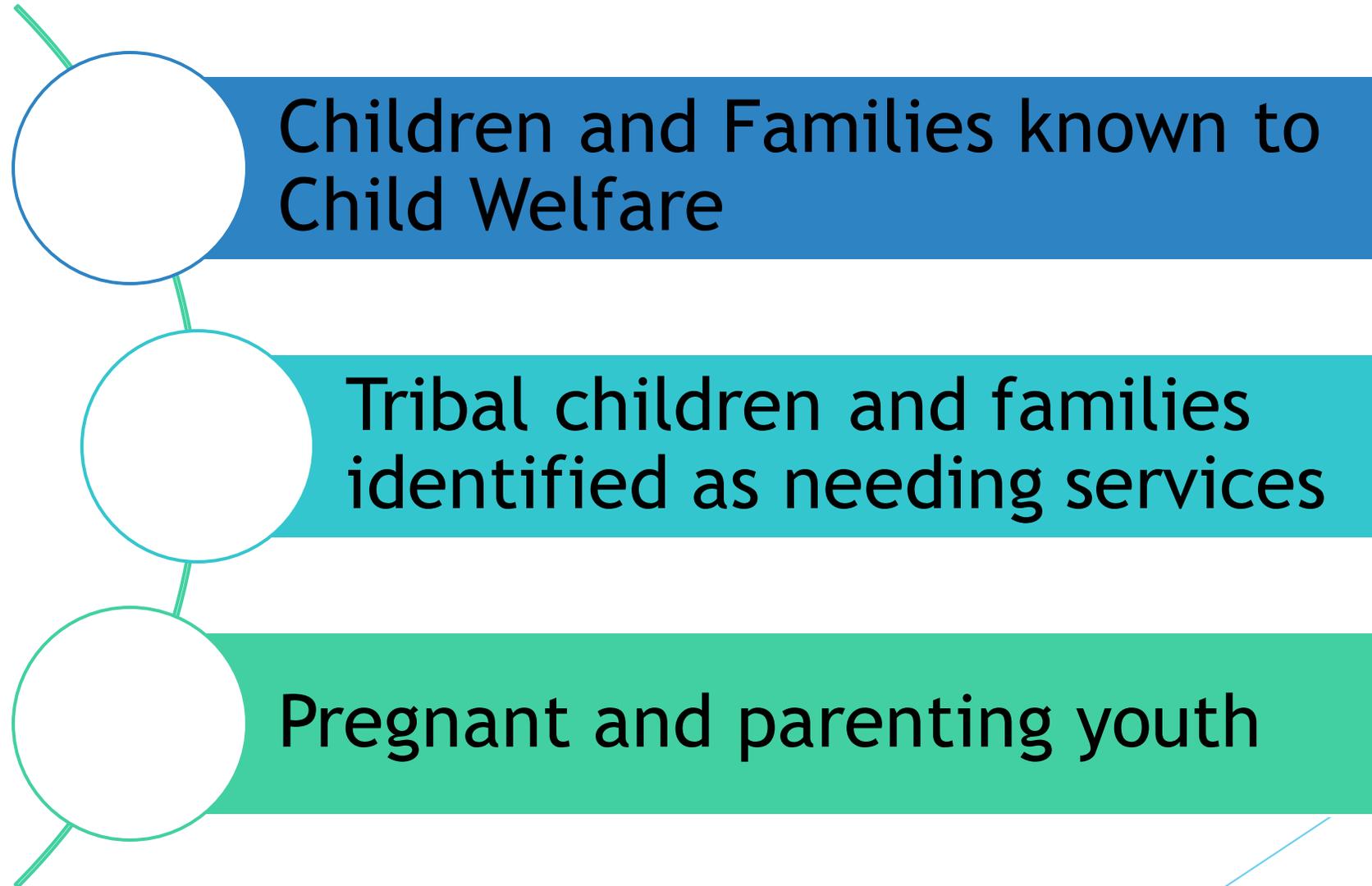
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**Trailer Bill
Language**

A green rounded rectangle with a light green gradient and a thin blue border, containing the text "State Prevention Plan".

**State
Prevention
Plan**

Initial Eligibility in California



Initial EBP Selection

One well-supported EBP selected for each service category

Elevating additional services to a clearinghouse rating

Considering cultural adaptations and usage throughout the state



Stakeholder Engagement

Summit

Written feedback
and Survey

Stakeholder
meetings

Feedback Received

Clarify the Vision of
FFPSA

Connect reduction
of disproportionality
to actions in the
plan

Broaden Candidacy

Increase EBPs

Add a community
pathway to services

Incorporate ICWA
throughout

General Fund Block Grant

Proposed in May Revise

Total 122.4 Million

One time funding, available for 3
years

Used for implementation efforts

Prevention Plan Development Timeline

February - April	Summit Stakeholder Review <ul style="list-style-type: none">▶ Released first Draft to the public▶ Online survey for input▶ CDSS/ Stakeholder meetings▶ FFTA ACL published
May & June	<ul style="list-style-type: none">▶ Second draft published May▶ Tribal Consultation Period June▶ Executive and Administration Reviews
July	Administration for Children and Families (ACF)
Next Steps:	Implementation Planning

Questions?

FEDERAL FAMILY FIRST PREVENTION SERVICES ACT

PART IV UPDATES

- ▶ The Family First Prevention Services Act (FFPSA) Part IV seeks to limit reliance on congregate care for serving children in foster care, consistent with the objectives of California's Continuum of Care Reform (CCR) that were implemented pursuant to AB 403 and subsequent legislation.
- ▶ California is already compliant with many provisions outlined in FFPSA Part IV.
- ▶ To achieve full compliance with the federal law, on May 17, 2021, California Department of Finance released the current version of the [Family First Prevention Services Act Implementation Trailer Bill](#) . The first version was released on February 16, 2021.
- ▶ Changes were largely based on stakeholder engagement that took place over the past several weeks.
 - ▶ A detailed summary of all changes can be found in the [FFPSA Walkthrough Chart Version 2](#)

The Qualified Individual (QI)

- ▶ On or after October 1, 2021, a QI must conduct an assessment prior to a foster youth's placement into an STRTP as a condition of title IV-E funding.
- ▶ The QI is defined as, a trained professional or licensed clinician who is not an employee of the State agency and who is not connected to, or affiliated with, any placement setting in which children are placed by the State.
- ▶ Distinct from the Interagency Placement Committee (IPC), in the event that a child requires an STRTP level of intervention, the QI is responsible for developing a list of child-specific, short and long-term behavioral health goals to be implemented by the STRTP.
- ▶ In the case of an Indian child, a person may be designated by the child's tribe as the qualified individual OR the QI must have specialized knowledge of, training about, or experience with tribes and the Indian Child Welfare Act.

The Qualified Individual (continued):

- ▶ The intent of the QI function is to identify the youth's needs and determine whether and how to best meet those needs in a family-based setting.
- ▶ The recommendations of the QI are shared with the child's CFT and with the Interagency Placement Committee (IPC). The IPC will continue to support multi-agency systems planning, as well as the coordination of care and mental health treatment goals identified by the QI.
- ▶ QI Activities:
 - ▶ Engage the CFT
 - ▶ Review biopsychosocial assessments
 - ▶ Conduct the QI assessment using the IP-CANS tool to make a determination regarding the strengths and needs of the child prior to placement in a STRTP.
 - ▶ In the event of an emergency placement, the QI to the CFT and conduct the assessment and determination regarding the needs of the child within 30 days of the start of the placement.

Transition planning

- ▶ During the assessment process the QI informs needs and service planning to support transitioning from the STRTP by:
 - Engaging members of the CFT in determining if there is an identified placement option to step the youth down to and if none exist, work with CFT to refer the youth for Specialized Permanency Services
 - Including in the determination summary a description of the services to be provided or arranged to meet the short- and long-term needs and goals of the child, including the anticipated duration of the treatment, and the timeframe and plan for transitioning the child to a less restrictive family environment.
 - Include in the assessment any known multiagency care coordination needs that should be planned for during discharge and aftercare planning, upon the child's transition to a family-based setting.

Aftercare

- ▶ By October 1, 2021, each county child welfare agency, probation department, and mental health plan will jointly provide, arrange for, or ensure the provision of the six months of aftercare services for youth and non-minor dependents transitioning from an STRTP to a family-based setting.
- ▶ Aftercare services to utilize California High Fidelity Wraparound model.
- ▶ High Fidelity California Wraparound:
 - ▶ Encompasses family/youth voice
 - ▶ Inspires transformation and hope in families' lives
 - ▶ Informed by data (fidelity tools, admin data, CANS, etc.)
 - ▶ Consistent across California
 - ▶ Based in the California Wraparound Standards ([ACIN I-52-15](#)).

Aftercare (continued): California Wraparound: A phased-in approach

- ▶ By October 1, 2021, leverage existing Wraparound programs and other resources to provide aftercare services, while planning and incrementally implementing high-fidelity Wraparound standards by October 1, 2022.
- ▶ Changes to the timeline for implementation: county child welfare, probation, and mental health agencies would be required to provide high-fidelity Wraparound services by October 1, 2022.
- ▶ County plans to be submitted by October 1, 2021, with updates annually thereafter.
- ▶ Provider certification process will be developed.

Aftercare (continued): Updates from the Governor's Budget

- ▶ Six months of aftercare services are required when a youth exits a STRTP placement.
- ▶ Aftercare start-up activities begin one month prior to a youth exiting a STRTP placement.
- ▶ There is funding for Aftercare activities displayed in the CDSS and DHCS budgets.
- ▶ An Aftercare allocation will be established to provide family-based services to youth who exit a STRTP and enter a family-based care setting.

Aftercare (continued): Opportunities for Engagement

- **Wraparound Steering Committee (WSC)** - 4th Wednesday of every month - Tribal representation is needed on the team
- **California Wraparound Advisory Committee** - Quarterly, 4th Thursday every of three months
- **Regional Wraparound Hubs** - Quarterly (day varies by region)
- **FFPSA Part IV Aftercare Wraparound Workgroups** - monthly meetings to develop Wraparound as California's solution to meet FFPSA Part IV Aftercare requirements:
 - Workforce Development - 4th Tuesday of every month
 - Fiscal & Organizational Leadership - 1st Friday of every month
 - Fidelity & Outcomes Data - 3rd Friday of every month

Aftercare Wraparound Workgroup Deliverables

Deliverables articulated by the Wraparound workgroups include, but are not limited to:

- ▶ Updates to the California Wraparound Standards
- ▶ Wraparound contracting guidance and support
- ▶ Recommended Wraparound program fiscal structures, based on requirements
- ▶ Guidance regarding leveraging funding streams across system of care partners to support Wraparound
- ▶ Development of standardized training and coaching curricula
- ▶ Training, coaching, supervision, and staff hiring and selection requirements and guidance
- ▶ Requirements regarding documentation in CWS/CMS
- ▶ Continuous quality improvement and fidelity guidance and requirements, including National Wraparound Initiative fidelity tools
- ▶ Development of county Wraparound report templates and provider Wraparound certification process based on the requirements and guidance listed above

Case Plan Documentation

- ▶ [Section 16501.1](#) applies to children and nonminor dependents placed in foster care by a county placing agency, and [WIC Section 706.6](#) applies to minors placed into foster care by a probation agency.
- ▶ Within 30 days of a child's placement into an STRTP documentation in the child welfare case plan is to include:
 - Information that demonstrates permanency planning, that is inclusive of the child and family, is occurring.
 - Information reflecting the Child and Family Team's (CFT) efforts.
 - The IPC and QI's determinations and assessments.

Court Oversight for Placement into an STRTP

- ▶ FFPSA requires additional court oversight. This includes:
 - Court hearings within 60 days of the start of each STRTP placement, including change in placements.
 - For each new placement and/or placement change, a new court hearing is required to approve the level of care based on an assessment by the Qualified Individual (QI).
 - At each court hearing the court of jurisdiction must take into consideration the QI's assessment when determining whether the STRTP is the most appropriate level of care.
 - Review of Placement at Post-Permanency, Status, and Probation Status Review Hearings
 - These hearings will require a supplemental report, or for probation a social study, that includes evidence of the following:
 - The youth's strengths and needs continues to support the determination that the child's needs cannot be met in a family-based setting.
 - The placement continues to be the most effective, appropriate, least restrictive setting.
 - The placement is consistent with the short and long-term mental and behavioral health goals and permanency plan for the child.
- ▶ The [Judicial Council of California](#) will be amending or adopting new rules of court and must develop or amend the appropriate forms to implement WIC Sections 361.22 and 727.12 by October 1, 2021.

Thank you!

DO YOU HAVE ANY QUESTIONS?

- ▶ If you have additional questions, please feel free to contact us:
 - ▶ [Part 1: ffpsapreventionservices@dss.ca.gov](mailto:ffpsapreventionservices@dss.ca.gov)
 - ▶ [Part 4: ffpsa@dss.ca.gov](mailto:ffpsa@dss.ca.gov)
 - ▶ Additional information can be found on the CDSS FFPSA [website](https://www.cdss.ca.gov/information-sources/ffpsa) at: <https://www.cdss.ca.gov/information-sources/ffpsa>