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Family First Prevention Services Act

10:00 – 11:30 AM, FRIDAY,
AUGUST 28, 2020

Today's Speakers

Topics to Discuss

- Overview of FFPSA
- Florida's FFPSA Implementation Vision
- Path Forward Initiatives
- Quality Placement Settings
- Evidence-Based Prevention Services
- Family First Transition Act
- Lessons Learned



Ginger Griffeth
Director of Policy and Practice
Office of Child Welfare



Vanessa Snoddy
Case Management and Well Being Manager
Office of Child Welfare



Courtney Smith
Adoption and Permanency Manager
Office of Child Welfare



Zandra Odum
Project Coordinator
Office of Child Welfare

Poll Question

What is your primary role in the child welfare system of care?

- Front Line Staff (Hotline, Investigations, Case Management, Other Direct Care Workers)
- Leadership (Supervisor, Manager, Director, Other Executives)
- Administrative (Training, Quality Assurance, Finance, Data, Technology, Human Resources, Other Program Support)
- Legal (Judges, Attorneys, Other Court Personnel)
- Community Partner (GAL, DJJ, DOE, APD, AHCA, DOH, Foster/Adoptive Parents, Group Home Providers, Treatment Staff, Other Providers)



Poll Question

On a scale of 1 to 4, how familiar are you with the Family First Prevention Services Act (FFPSA)

1. Just now hearing of FFPSA with this webinar invite
2. Have been hearing of FFPSA and want to learn more
3. Familiar with FFPSA and regularly participate in conversations about the act
5. Very familiar with FFPSA and have been active in planning/implementation activities





FFPSA

Family First Prevention Services Act

- The Act reforms the federal child welfare financing streams to provide services to families who are at risk of entering the child welfare system.
- Aims to prevent children from entering foster care by allowing federal reimbursement for mental health services, substance use treatment, and in-home parenting skill training.
- Seeks to improve the well-being of children already in foster care by incentivizing states to reduce placement of children in congregate care (group homes).



FFPSA Part I

Prevention Activities Under Title IV-E

- Provides option for states to use title IV-E to provide up to 12 months of evidence-based mental health services, substance abuse treatment, and in-home parenting training to families at risk of entry of the child welfare system.
- Eligible candidates include children who can remain safely at home with receipt of services, youth in foster care who are parenting, or parents or caregivers where services are needed to prevent the child's entry into foster care.
- States must maintain a prevention plan for the child to remain safely at home that lists the services or programs to be provided.
- Services must be trauma-informed and pre-approved on the HHS Clearinghouse as promising, supported, well-supported evidence-based practices (at least 50% of total expenditures must be for well-supported practices).



FFPSA Part II

Enhanced Support Under Title IV-B

- Eliminates time limit for family reunification services.
- Requires implementation of an electronic interstate case processing system to expedite placement of children in foster care by FY 2027.
- Provides \$5 million in grants to states to assist with implementation of processing system.
- Reauthorizes Regional Partnership Grants through FY 2021.



FFPSA Part III

Miscellaneous

- Establishes model foster care licensing standards to support placement in a relative foster family home.
- Require states to develop a statewide plan to prevent child abuse and neglect fatalities.





FFPSA
Part IV

Ensuring The Necessity of a Placement That Is Not a Foster Family Home

- Title IV-E reimbursement for group homes will only be available for two weeks unless the child is in a qualified residential treatment program (QRTP), a setting that specializes in prenatal or parenting support, provides high-quality services to youth at risk of or victims of sex trafficking, is a family-based treatment facility for substance abuse, or supervised independent living for youth over 18.
- A QRTP must include a trauma-informed treatment model designed to meet the emotional and behavioral needs of children as identified by an assessment within 30 days of the child's placement (must be court approved within 60 days of placement).
- Provides states the option to delay the congregate care provisions for up to two years while forfeiting reimbursement for prevention services.





FFPSA
Part V

Continuing Support for Child and Family Services

- Appropriated 8 million dollars for competitive grants to support recruitment and retention of high-quality foster families.
- Reauthorizes the Stephanie Tubbs Jones child welfare services program, the Court Improvement program, and the John H. Chafee Foster Care Independence Program.
- Expands until 23 Chafee supports for states that elected to extend eligibility for foster care to 21, and expands use of education and training vouchers for youth until 26.



FFPSA Part VI

Continuing Incentives to States to Promote Adoption and Legal Guardianship

- Reauthorizes Adoption and Legal Guardianship Incentive Payment Program.



FFPSA Part VII

Technical Corrections

- Amends state plan requirement under Title IV-B to describe ways to reduce length of time to permanency for children under the age of 5 and to address developmental needs of all vulnerable children under the age of 5 who receive IV-E or IV-B services.



FFPSA Part VIII

Ensuring States Reinvest Savings Resulting from Increases in Adoption Assistance

- Delays Fostering Connections implementation of federal assistance for adoption of special needs children.
- Authorizes children with special needs under 2 years old to be eligible for assistance if they meet existing requirements.
- Requires GAO study on state reinvestment of these savings because of this delay.



Poll Question

What key FFPSA provision would you like to know about?

- Prevention Services
- Electronic Interstate Compact Processing
- Model Licensing Standards for Family Foster Homes
- Limitation to Residential Group Care
- Kinship Navigator Program



GOALS



Move DCF from a crisis agency to a prevention agency



Increased Prevention services delivery and reduction in foster care placements



Increased Quality & Accountability

FOCUS



Path Forward

Phase 1

Maximize Florida's title IV-E claiming to sustain Florida's child welfare system and secure and provide prevention resources to families, diverting them from crisis.

Quality Placement Setting Alignment

Phase 2

Increase the utilization of family-like settings (Kinship care, FH capacity) concurrently right sizing Florida's utilization and quality of congregate care resulting in increased safety, permanency and well-being.

Evidenced-based Prevention Services

Phase 3 & 4

Increase Florida's utilization of EBPs to achieve better outcomes for Florida's families, diverting them from crisis and increasing pre-crisis contacts reducing foster care placements.

ADVISE

FFPSA Executive Steering Committee

Review and analyze recommendations from subcommittees to successful implement FFPSA in Florida and provide those insights to executive leadership for implementation.

TEAMS

EB Prevention Services / Plan

Design, and document Florida's prevention service array and service delivery.

Placement/ Group Care

Increase relative/non-relative placements, Increase foster home capacity, align group care settings (policy, licensing, training, technology)

Group Care Accountability

Standardize, measure and ensure quality of group care settings.

Q RTP Assessment

Recommend evidence-based , trauma-informed Q RTP assessment.

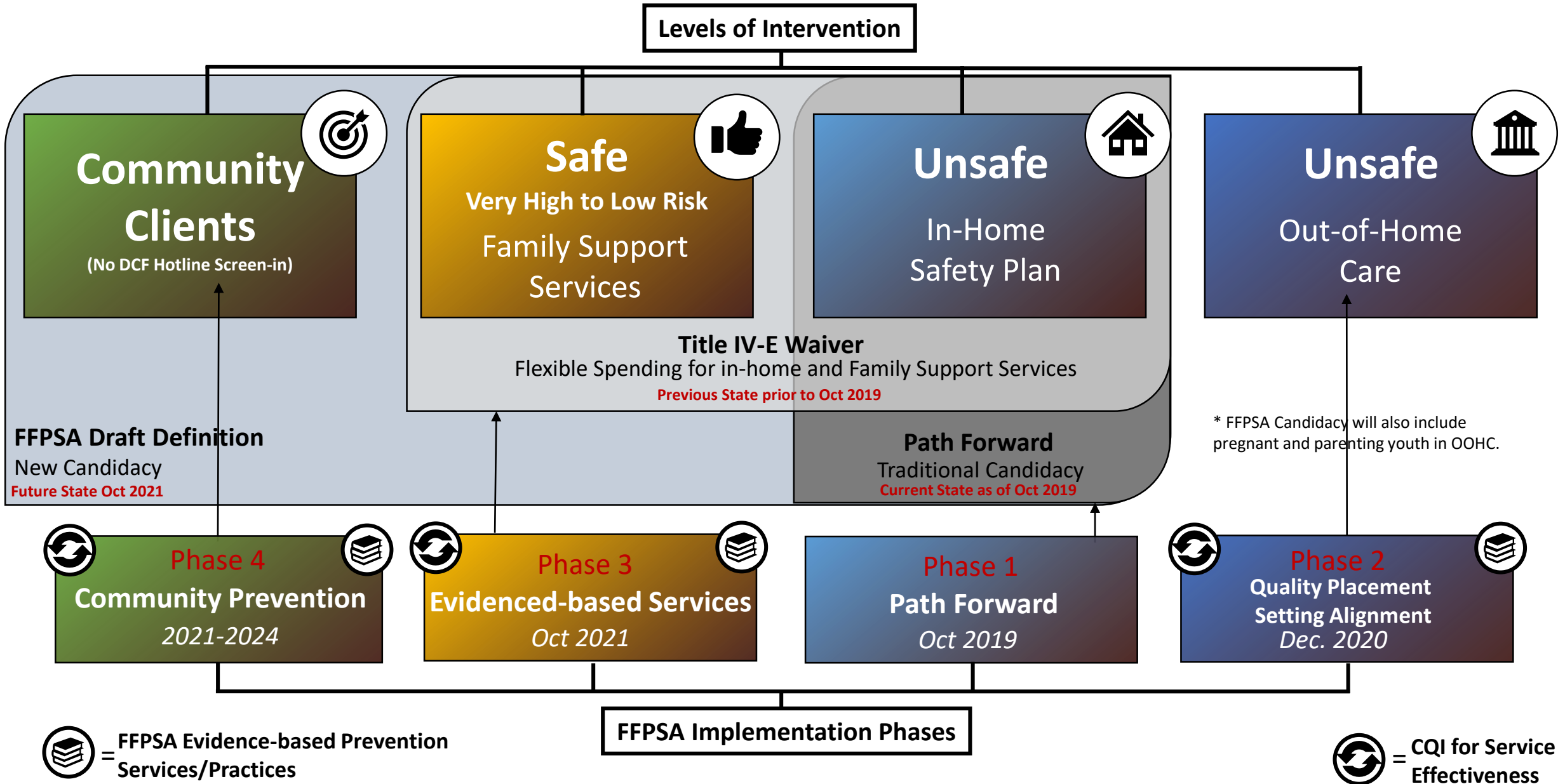
Q RTP Aftercare

Recommend evidence-based , trauma-informed Q RTP aftercare service delivery process and services

Child Welfare Task Force

Stakeholder overview and feedback loop to FFPSA goal and subcommittees.

Florida's Journey to FFPSA Implementation



Path Forward (Phase 1)

Title IV-E Extended Foster Care (EFC) – Implemented 1/4/19

Extension of Maintenance Adoption Subsidy (EMAS) – Implemented 1/4/19

Expansion of Family Foster Home Licensing (Level 1 Foster Homes) – Implemented 4/12/19

Guardianship Assistance Program (GAP) – Implemented 7/1/19

Extension of Guardianship Assistance Program (EGAP) – Implemented 7/1/19

Title IV-E Candidacy – Implemented 10/1/19

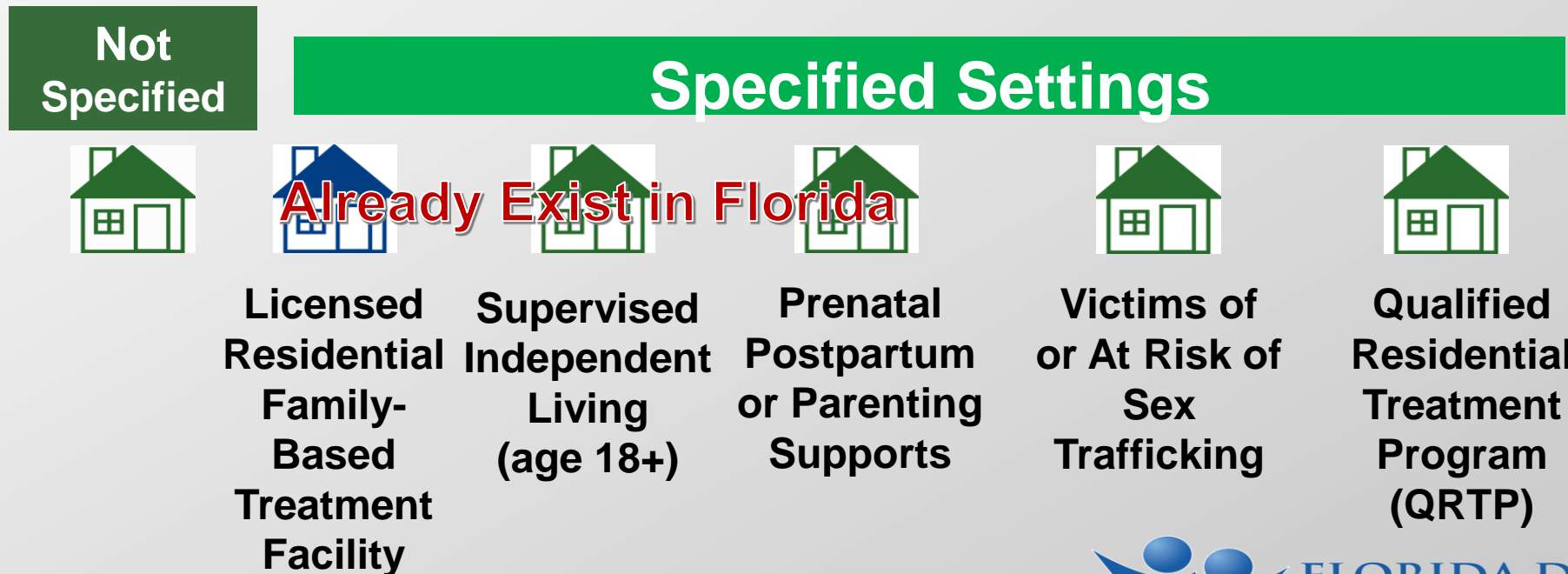
Title IV-E Eligibility Improvements – Ongoing



Quality Placement Alignment

Right Sizing Group Care(Phase 2)

With FFPSA, beginning with the **third week** of placement, **no federal funds** are to be made for maintenance in a setting that is not a specified setting or a licensed residential family-based treatment program for substance abuse.



FFPSA Group Care Update

- Path Forward
- Right Sizing Florida's Placement Continuum
- Evidenced Based Service Delivery

• Group Home Inventory

- Currently DCF licenses 9 GH settings (Total 274 group homes).
- Of those 274 group homes, 208 group homes have said they want to transition/remain one of 4 specified FFPSA programs/settings.
- We surveyed CBCs to identify the primary reason children/youth were currently in group homes (1,863=responses).

Setting	Baseline FFPSA Baseline Homes/Beds	Updated FFPSA Settings Homes/Beds	Chx Baseline count/Updated Count	Licensed by September 2021 Homes/Beds	Potential 2021 GAP Kids/Homes/Beds
QRTP *12	44/528	55/660	414/618	22/264	354
At-Risk *10	97/970	122/1,220	184/305	125/1,250	0
Maternity *12	14/168	15/180	42/38	15/180	0
Safe House *8	5/40	10/80	38/32	10/80	0
Totals	160/1,900	208/2,206	678/993	131/1,382	1,118



*764 placed DCF Licensed GC due to no foster family available/large sibling group

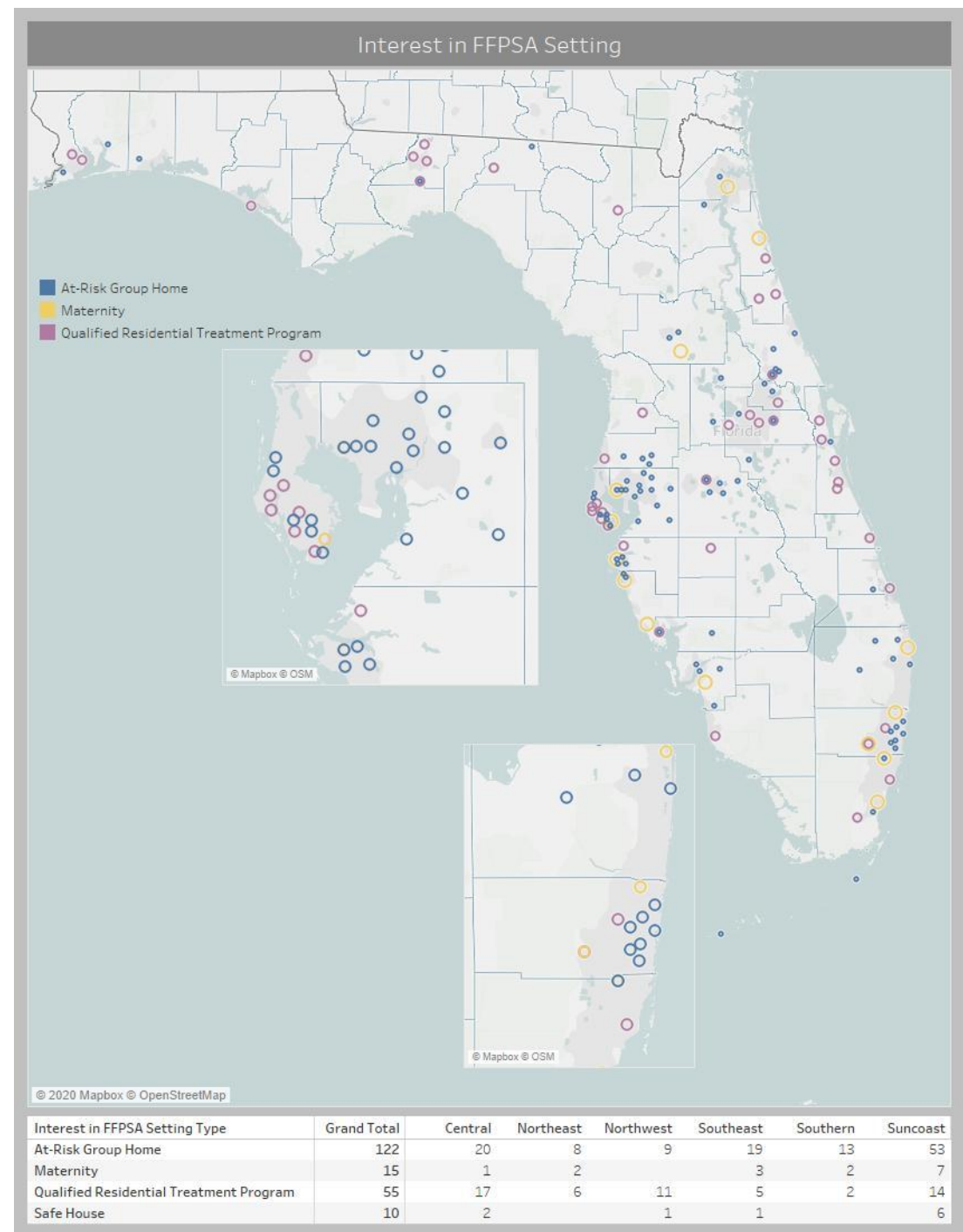
*106 Non-DCF Group Homes – that may be STGH/SIPPS



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Projected FFPSA Specified Setting Transitions



FFPSA Foster Home Model Alignment

- Inventory of current licenses, foster parent children, and current overcapacity waiver reason to assess Impact.
- Statutory Language change will be required.
- New Foster Home Subcommittee

Florida Over-Capacity Requirements

Federal Over-Capacity Requirements

Number of Children

5 or more children in the home to include the caregiver's children.

6 children to be placed in a foster home which does not include the caregiver's children.

Reason for Over Capacity can be requested

Florida allows for the issuance of an over-capacity waiver for any purpose.

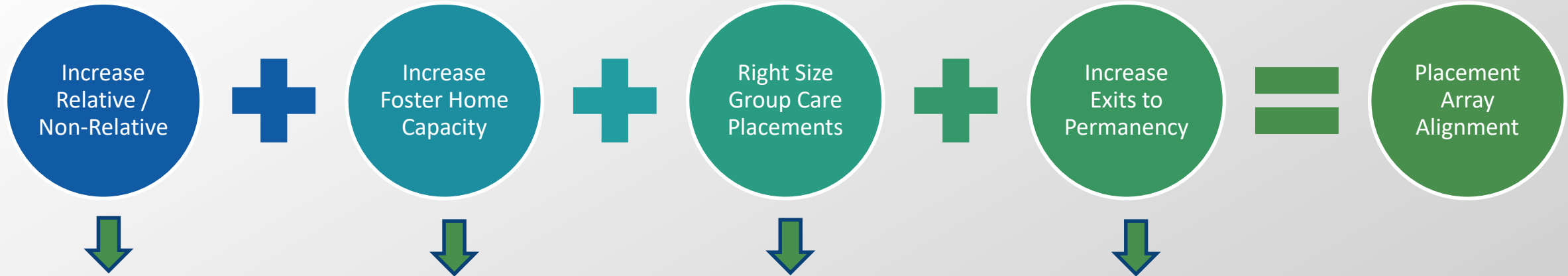
Federal foster home capacity requires one of the following exceptions be met if a home exceeds 6 foster children (not including the caregiver's children):

- To allow a parenting youth in foster care to remain with the child of the parenting youth
- To allow siblings to remain together.
- To allow a child with an established meaningful relationship with the family to remain with the family.
- To allow a family with special training or skills to provide care to a child who has a severe disability.

Placement Array Alignment

It's More Than Group Care

Method



Approach



Poll Question

All group homes currently licensed by DCF must transition to a FFPSA specified setting by October 2021.

True

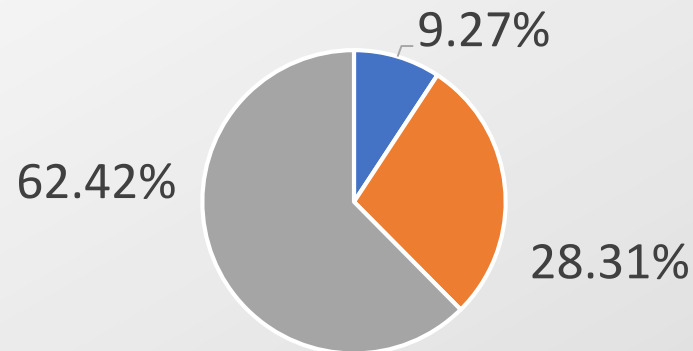
False



Evidence-Based Prevention Services

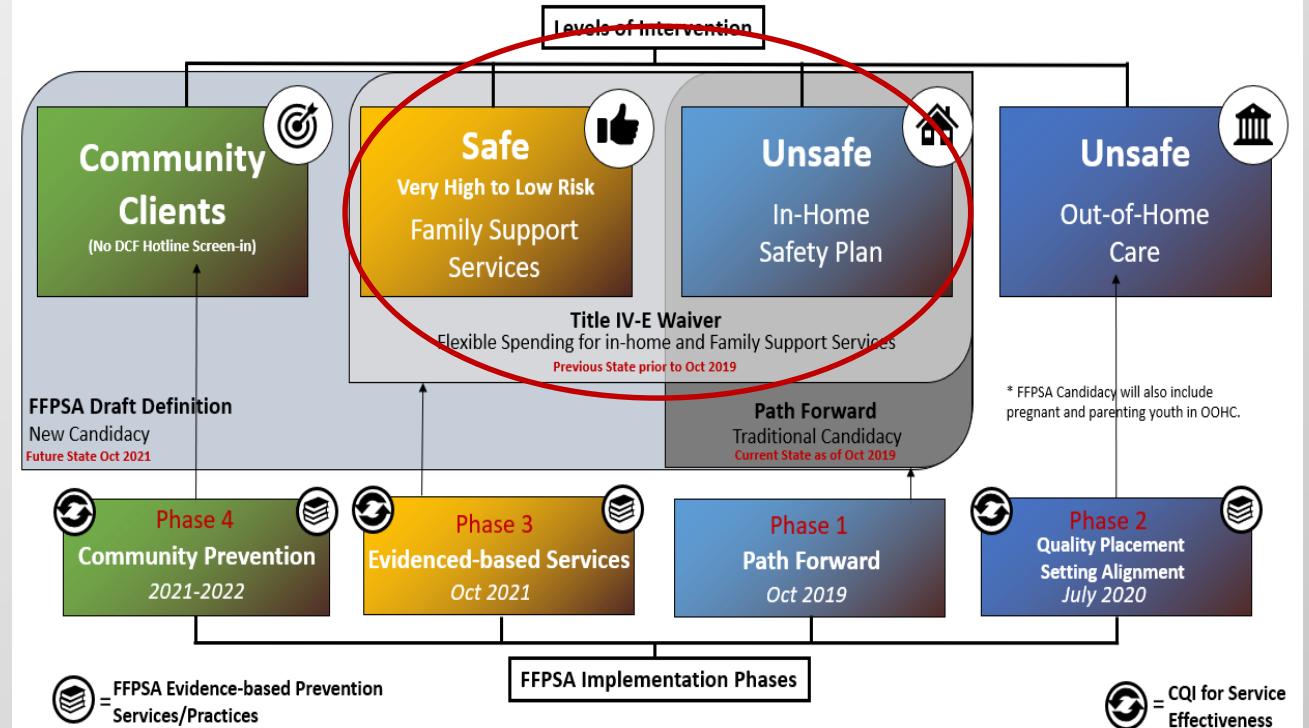
Phase 3 & 4

Children by Service Category



■ FSS ■ In-Home ■ OHC

Florida's Journey to FFPSA Implementation



Prevention Logic Model

Goal: Early, family-centered, trauma-informed, data driven, community-based prevention service delivery, to prevent maltreatment, and unnecessary foster care placements ensuring that children grow up in safe and loving families.

Conditions

- Florida's Title IV-E waiver allowed the flexibility to deliver prevention services to wider net of the child welfare population
- Florida's service array offers evidence-based programs rated through the California Clearinghouse not ACF clearinghouse
- Family support services are provided to families of safe children at risk of future maltreatment, to increase protective factors at a macro level to address barriers to long term safety
- Florida does not capture service level data and associated outcomes in its SACWIS system
- Lack of monitoring of service delivery that ensures programs are used to its fidelity



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Inputs

Leverage existing, effective practice models and assessments

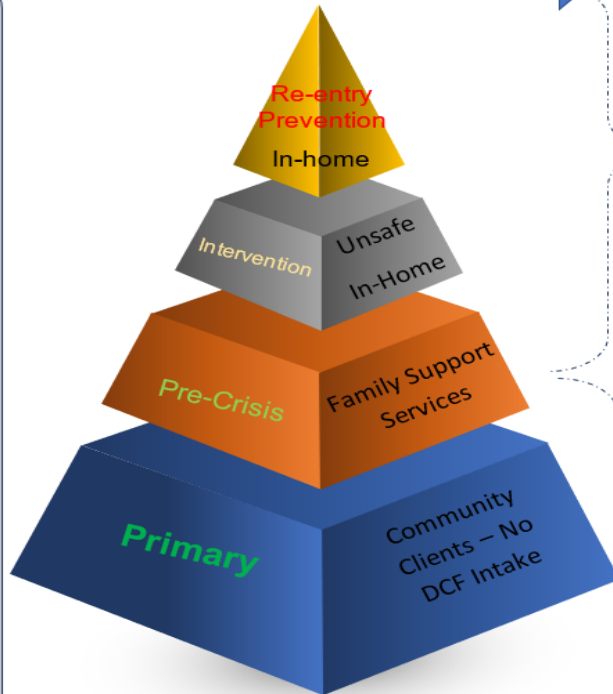
Leverage braided funding opportunities for implementation of evidence-based programs

Incorporate lived experience, engagement and collaboration with community stakeholders

Leverage existing partnerships and care coordination models (i.e GAL, ECC, Provider networks, Children Services Councils, State agencies) to inform the future vision for prevention

Leverage FFTA dollars to support early implementation activities

FFPSA Phase 3 & 4



Engaged with Child Welfare

Engaged with Community

Activities

Define prevention candidacy and draft prevention services plan

Inventory current ACF EBP

Assess Client Need

Train, install, monitor, and evaluate the fidelity of evidence-based programs

Develop process to collect Client-level service data

Define community client base through needs assessment and align federal grant dollars to those needs

Enhance SW Prevention plan to build out community care coordination model to include integrated data systems collect Client-level service data

Assess/Finalize MOU Updates

Delivery of stakeholder training on community prevention models and data systems

Outputs

Statewide integrated prevention plan meeting ACF requirements for claiming

Maintain and updated inventory of EB prevention service delivery and develop CQI activities and results

Operationalize standardized eligibility determination with total expenditures of well-supported practices at 50%

Comprehensive, integrated Statewide prevention plan and inventory of services that blends phase 3 outputs and outcomes with phase 4

Develop flexible, community prevention networks and processes (Model /care coordination) that can be replicated, leveraged throughout the state.

Outcome

Increased delivery of evidence-based, trauma-informed services to Florida's families will prevent entry into foster-care and re-entry.

Florida's Child welfare staff and partners will have increased knowledge of how to assess and link families to evidenced-based prevention services.

Maximization on Title IV-E reimbursement to broaden evidence-based service prevention services array

Updated policies and system culture will prioritize and re-enforce moving the child welfare system to a prevention verses crisis-oriented agency.

Families will receive early, upfront community driven services to prevent further penetration into the CW system and preserve the family and community ties.

Community prevention model and care coordination approaches will be installed in all communities.

Bring awareness and develop future partnerships to achieve prevention vision.

Metrics

- Increase the number of children receiving in-home services.
- Increase the number of EB prevention services delivered to in-home cases
- Reduce the rate of recurrence of maltreatment
- Reduce the rate of re-entry into the child welfare system
- Reduce the number of children placed in OOHC



- Increase the number and quality of pre-crisis contacts
- Decrease the number of reports to the Florida Abuse Hotline
- Decrease the number of families that require intervention
- Increase the number of formalized care coordination models

FFPSA Requirements

- Provides option for states to use title IV-E to provide up to 12 months of evidence-based mental health services, substance abuse treatment, and in-home parenting training to families at risk of entry of the child welfare system
- Eligible candidates include children who can remain safely at home with receipt of services, youth in foster care who are parenting, or parents or caregivers where services are needed to prevent the child's entry into foster care
- States must maintain a prevention plan for the child to remain safely at home that lists the services or programs to be provided
- Services must be trauma-informed and pre-approved on the HHS Clearinghouse as promising, supported, well-supported evidence-based practices (at least 50% of total expenditures must be for well-supported practices)

What's in a Prevention Plan

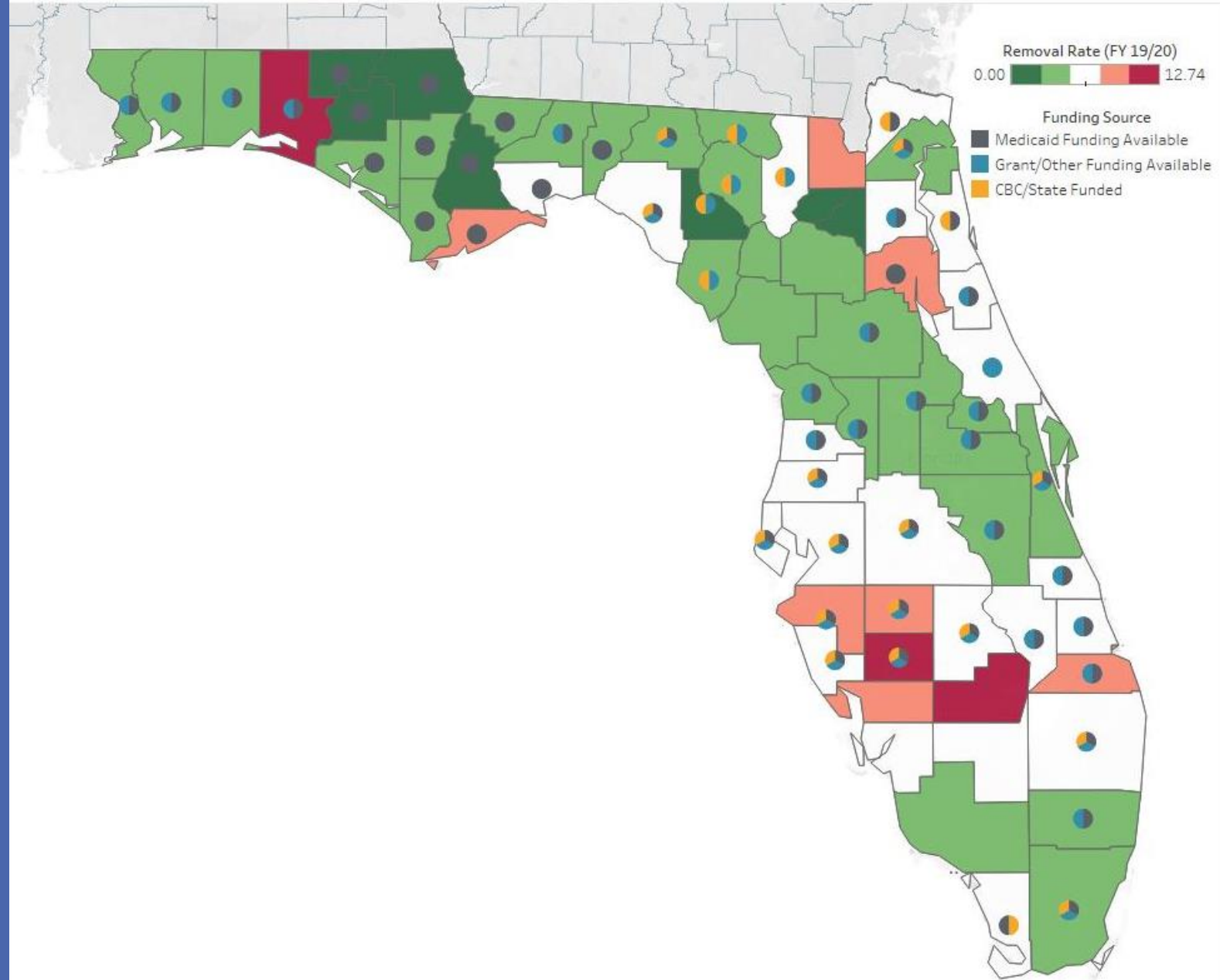
DRAFT TITLE IV-E PREVENTION PLAN SECTIONS

Section 1:	Service Description	Describe the prevention population you plan to serve? Describe your service array, inventory of services (EBPS), analysis of any service gaps, service development plans, how you identified the need for the service (data driven)?
Section 2:	Evaluation/ Fidelity	Describe how you will monitor and assure fidelity of evidence-based services that are being delivered to your community? How will you know they are working? How will you evaluate new prevention services for submission to ACF clearinghouse?
Section 3:	Monitoring Child Safety	Policy and local approaches to assess the level of intervention and risk, process for service linkage and prevention plan development in FSFN
Section 4:	Stakeholder Collaboration and Consultation	Describe how you consistently convene community and stakeholder voices to inform your initial and ongoing planning activities
Section 5:	Child Welfare Training	Describe the training approach, training inventory with targeted training participants, and training topics to support the implementation of the prevention plan
Section 6:	Child Welfare Support	Describe quality assurance activities and coaching activities to support prevention interventions, services linkages to quality assessments.
Section 7:	Prevention Caseloads	Describe your prevention workers required education, training, and caseload sizes and expectations of job duties of your prevention workers in your area.
Section 8:	Assurance Reporting/ Impact	Describe your plan to ensure required elements are captured in FSFN, as well as how you measure the success of your prevention interventions with data on baseline, targets, and actual performance.

The Title IV-E Prevention Services Clearinghouse was established by the Administration for Children and Families (ACF) within the U.S. Department of Health and Human Services (HHS) to systematically review research on programs and services intended to provide enhanced support to children and families and prevent foster care placements. The Clearinghouse, developed in accordance with the Family First Prevention Services Act of 2018, will rate programs and services as promising, supported, and well-supported practices. These practices will include mental health and substance abuse prevention and treatment services and in-home parent skill-based programs, as well as kinship navigator services.

Evidence Based Services Approved	Well Supported	Supported	Promising
Brief Strategic Family Therapy	X		
Child Parent Psychotherapy			X
Families Facing the Future		X	
Functional Family Therapy	X		
Healthy Families America	X		
Homebuilders- Intensive Family Preservation and Reunification Services	X		
Methadone Maintenance Therapy			X
Motivational Interviewing	X		
Multisystem Therapy	X		
Nurse-Family Partnership	X		
Parents as Teachers	X		
Parent-Child Interaction Therapy	X		
SafeCare		X	
Trauma-Focused Cognitive Behavioral Therapy			X

All Evidence Based Practices



Poll Question

Once Florida's Title IV-E Prevention Plan is federally approved, the state can not add new evidence-based services to the IV-E prevention plan.

True

False

Technology

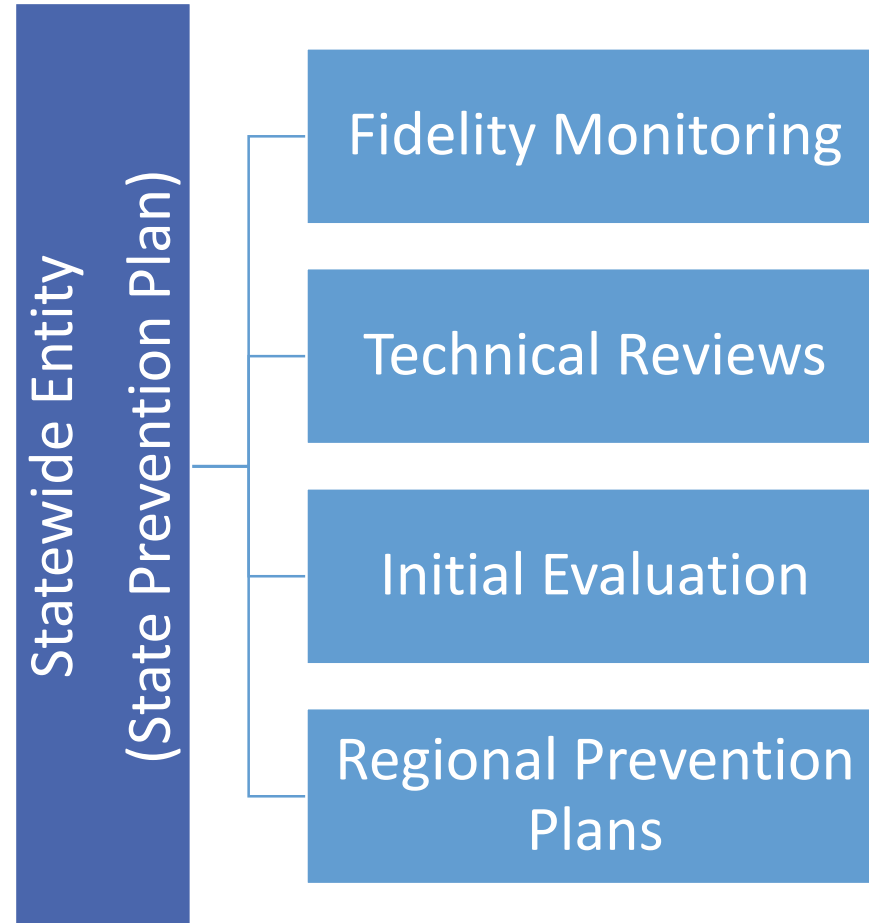
- Collection of data for each child:
 - Specific services or programs provided and the total expenditures for each of the services or programs.
 - Duration of the services or programs provided.
 - Child's placement status at the beginning, and at the end, of the 1-year period, of the child being determined a candidate for foster care
 - Whether the child entered foster care within 2 years after being determined a candidate for foster care.
- Reporting of data to ACF for annual reporting:
 - Percentage of candidates for foster care who do not enter foster care
 - The percentage of candidates for foster care for whom, or on whose behalf, the services or programs are provided who do not enter foster care, including those placed with a kin caregiver outside of foster care, during the 12-month period in which the services or programs are provided and through the end of the succeeding 12-month period.
 - Per-child spending
 - The total amount of expenditures made for mental health and substance abuse prevention and treatment services or in-home parent skill-based programs, respectively, for, or on behalf of, each child.

CQI / Evaluation/ Fidelity Requirements

- Description of—
 - the services or programs and whether the practices used are promising, supported, or well-supported;
 - how the State plans to implement the services or programs,
 - how implementation of the services or programs will be continuously monitored to ensure fidelity to the practice model and to determine outcomes achieved and
 - how information learned from the monitoring will be used to refine and improve practices;
 - how the State selected the services or programs;
 - the target population for the services or programs; and
 - how each service or program provided will be evaluated through a well-designed and rigorous process,
- Functional components and definition of a CQI system (source Children’s Bureau program guidance from 2012)
 - Administrative structure to oversee effective CQI system functioning
 - Quality data collection
 - Method for conducting ongoing case reviews
 - Process for the analysis and dissemination of quality data on all performance measures
 - Process for providing feedback to stakeholders and decision makers
 - Adjusting State programs and process, as needed



Evaluation/ Fidelity/ CQI



The Family First Transition Act

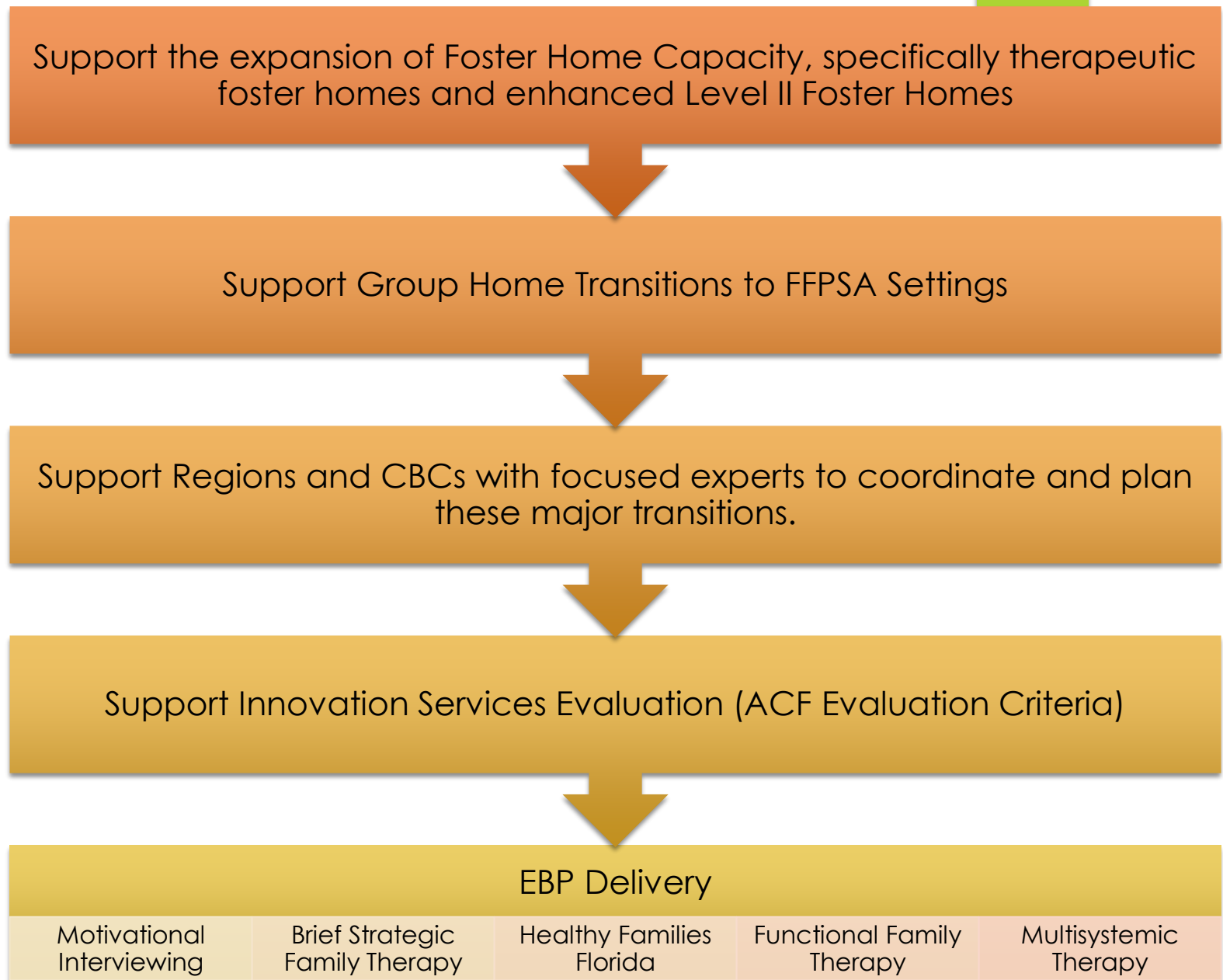
Congressional child welfare leaders introduced new legislation that was signed into law on December 20, 2019, that would ease the transition of states to FFPSA through the Families First Prevention Transition Act (FFPSTA).

- The “50% Well-Supported Reimbursement” requirement is **delayed by two years** and then **for two additional years**, supported practices are considered well-supported practices.
- **\$500 million** appropriated for **transition activities** in FFY 2020 which remains available through FFY 2021.
- States with **expiring waivers** will receive a minimum of **90%** of FFY 2019 funds in **FFY 2020** and a minimum of **75%** in **FFY 2021**.



FFTA Budget Considerations:

*****BUDGET CURRENTLY NOT FINALIZED**



Lessons learned

- Collaboration is key!
- Utilize lived experience experts
- Evaluation strategies require intense attention
- Engage stakeholders early and often
- Know your data!
- Identify and combat myths
- Build subject matter experts/champions throughout the state

What have we learned from other states?

