Family First Prevention Services Act: Overview, Planning, and Considerations

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Desired Results for Today

Exploration together of:

• Child welfare system transformation leveraging key provisions of the Family First Act
• Planning and readiness framework to prepare for implementation
• Examples (Maryland and DC) in applying this framework to deepen their ongoing system transformation, leveraging the prevention and QRTP provisions, and preparing for implementation

• Opportunities and challenges
Applying Lessons Learned from a Decade of Implementation Knowledge
IV-E Waiver Demonstration Projects
Discretionary Grants
Foundation Funded Initiatives
Family First Prevention Services Act

- Landmark legislation: Most significant child welfare law to pass in 20 years.
  - Congress heard the field’s requests about what is needed for children and families

- Dramatically alters the federal financing structure for child welfare programming (title IV-E).

- Provides the legislative foundation for states to:
  - Reorient their child welfare systems around prevention and FAMILY
  - Increase quality family-based placements for children and youth who enter foster care
  - Right size congregate care to create effective continuum to meet needs
Leveraging Family First to Promote Child Welfare System Transformation

Prevention

Evidence Based Interventions

Congregate Care

Other Major Provisions
Prevention: Reorienting to Family
October 1, 2019: States gain the option to use federal title IV-E funding for prevention services for “candidate” children at imminent risk of foster care entry, their parents and/or kin caregivers.

Prevention services for pregnant and parenting teens in foster care

3 categories of prevention services:
1) In-home, skill-based parenting programs
2) Substance abuse treatment and prevention
3) Mental health treatment

All prevention services must be provided within a trauma-informed organizational structure and treatment framework.
Major provisions: Prevention

• Levels of evidence for the prevention programs:

- Promising
- Supported
- Well-Supported

50% of service spending 50% of service spending

• HHS will publish services and their level of evidence via an Evidence-Based Clearinghouse.
Major provisions: Prevention

- **Eliminates the Look-Back**: No income/AFDC test for candidate children, their parent or kin recipients of prevention services.

- Preventive services can be federally funded for up to **12 months** at a time; additional 12 month periods are allowable.

- **Prevention Plan** is required for each child

- **Reimbursement** 50% for services, training, and admin costs*
Prevention Opportunities

✓ **Transforming** the child welfare focus from foster care to prevention, increased family stability, and well-being

✓ **Investing** in evidence-based interventions

✓ **Applying** a trauma-responsive lens to the continuum of prevention services

✓ **Partnering** across systems (mental health, substance use, juvenile justice, early childhood, health, etc.) to align prevention efforts

✓ **Scaling** up prevention service and de-scaling foster care
Congregate Care: Reorienting to Family
Major provisions: Congregate care

• Applies restrictions to federal reimbursement for children and youth placed in congregate care.

✓ Facilities that meet the Qualified Residential Treatment Program (QRTP) criteria (for child’s stay beyond 2 weeks)

✓ Children whose assessment indicates their clinical needs are best met in a residential treatment setting
Major provisions: Congregate care

QRTP:

✓ is licensed and accredited
✓ has a trauma-informed treatment model
✓ facilitates outreach to and participation of family members in the child’s treatment program
✓ assesses clinical need for treatment program placement
✓ responds to child’s assessed clinical and treatment needs
✓ has nursing staff and other licensed clinical staff, on-site in accordance with their treatment model, and are available 24/7
✓ Provides at least 6 months of aftercare
Improving quality of treatment settings to better address child needs

Building an effective array of family-based placements and community supports to meet treatment needs and promote placement stability

Preventing inappropriate increases to the juvenile justice population and inappropriate clinical diagnoses

Providing aftercare services to promote on-going stability and success

Expanding the business model of placement providers beyond congregate care

Scaling up high quality foster caregiving and descaling congregate settings
Service Expansion: Reorienting to Family & Needs of Special Populations
Family First Provisions: Expanding access to services

• Provides title IV-E dollars for evidence-based kinship navigator programs.

• Allows Title IV-B dollars to support reunification services while children and youth are in care, and up to 15 months post-reunification.

• Provides grants to states to recruit and retain high quality foster parents.

• Requires use of model foster parent licensing standards.
Family First Provisions: Meeting needs of special populations

- Revises Chafee program to allow services to youth who have aged out up to age 23.

- Allows 5 years of eligibility for Education and Training Vouchers up to age 26.

- Requires inclusion in state plan how state will meet developmental needs of young children.

- Requires statewide plan to prevent child fatalities.
Family First – Transformational Vision
Assessment, Planning & Readiness for Family First Prevention Services Act
Readiness Assessment, Planning and Implementation Framework & Suite of Tools
# Chapin Hall Suite of Tools for Readiness Assessment, Planning & Implementation

<table>
<thead>
<tr>
<th>Overall Assessment and Planning Guide</th>
<th>Agency Readiness Assessments and Capture Tools</th>
<th>Other Facilitative Tools</th>
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<tbody>
<tr>
<td>• Explains the overall approach to assessment and planning for Family First.</td>
<td>• Leadership assessment and capture tool to articulate the transformation framework, identify partners, and determine sequencing.</td>
<td>• Prevention plan theory of change template to articulate, document, and communicate the agency’s theory of change for the Five-Year Prevention Plan.</td>
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<tr>
<td>• Clarifies how the tools collectively support data-informed decision-making and a comprehensive implementation plan.</td>
<td>• Provision assessment and action capture tool to assess readiness for implementation per provision and articulate action steps and responsible parties.</td>
<td>• Candidacy discussion graphic to provide context and prompt dialogue regarding the children who are at risk of foster care relative to those who could best benefit from a prevention EBP intervention.</td>
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<tr>
<td>• Recommends a governance/implementation structure (new or leveraged) to conduct assessment, planning and readiness activities.</td>
<td>• Provider readiness assessment/survey to assess current EBP capacity, and readiness to implement prevention EBPs, congregate care, and other provisions</td>
<td>• Work plan template to guide action steps towards implementation</td>
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Framework for Assessment, Planning, Readiness: Domains of Inquiry

Transformation Framework

Sequencing and Jurisdictional Concerns

Implementation Capacity & Strategy

Practices, Service Array, and Policy

Data and Evidence

Administrative and Fiscal
Domain – Transformation Framework

- Transformation & vision for child welfare
- Strategic direction
- Target populations
- Priority outcomes to be achieved
Transformation Framework
Sample Opportunities & Considerations

• Use Family First as a tool for transforming child welfare
• Start with transformational vision first
• Embed the vision and transformation agenda into all agency and system operations
• Create and strengthen broad partnerships around a vision for children and families
• Set priorities – strategies and outcomes - to guide the
Domain - Practices, Service Array and Policy

- Practices & practice model
- Casework and supervisory practices
- Child and family assessment
- Case and service planning
- Service array
- Policies, regulations & rules
Practices, Service Array and Policy Sample
Opportunities & Considerations

• Consider needs of children and families first and then determine service array and EBPs
• Scan for existing EBPs and build from there
• Use implementation science and CQI to promote quality of services and EBPs
• Understand the needs of the workforce to ensure families have access to and sustain participation in EBPs
• Conduct policy review to ensure clear alignment with implementation of the transformation

Your Opportunities & Considerations??
Domain - Data and Evidence

- Data collection & federal reporting
- Information systems (SACWIS/CCWIS/TACWIS)
- Data analysis and evaluation
- Continuous quality improvement (CQI)
Continuous Quality Improvement
Sample Opportunities & Considerations

• Create and sustain a learning organization to improve CQI and evaluation capacity broadly across system
• Build on existing capacity and integrate CQI into all new and established implementation groups
• Integrate CQI into contracts and joint efforts with partners
• Integrate Family First planning with CCWIS build
• Prioritize outcomes to measure & share accountability with partners
• Determine if there are existing/on-going evaluations of EBP’s in partner agencies

Your Opportunities & Considerations??
Domain - Administrative and Fiscal

- Contracting
- Budgeting & appropriation requests
- Federal plans & reporting
- Accounting & claiming systems
Administrative and Fiscal Sample Opportunities & Considerations

- Develop a calendar of legislative and budgeting timelines for Family First considerations
- Braid and leverage funding with partners – Medicaid, behavioral health, home visiting, philanthropic projects, etc.
- Leverage state dollars previously used to support in-home services and move those further upstream for primary prevention
- Expand claiming for administering EBPs (training, staff certification, fidelity monitoring, etc.) to strengthen service array
Domain – Implementation Capacity & Strategy

- Workforce capacity and alignment
- Training and coaching
- Stakeholder analysis & engagement
- Technical assistance
- Communications
Implementation and Strategy
Sample Opportunities & Considerations

• Use a transparent planning, readiness and implementation structure to prepare & implement
• Use a methodological approach to planning and readiness
• Harness momentum of stakeholders and constituents early
• Create new partnerships or strengthen existing ones, especially interagency relationships
• Build collective ownership for the transformation and implementation

Your Opportunities & Considerations??

Build the necessary workforce – leverage knowledge and skills from existing capacity
Domain - Sequencing and Jurisdictional Considerations

• Sequencing and interdependencies
• Unique jurisdictional factors
Maryland Social Services Administration (SSA) and Planning to Implement Family First
SSA’s Strategic Direction

FAMILIES PLACE BLOSSOM MATTERS
Maryland’s Social Services Administration’s Transformation
Based on our core values of Collaboration, Advocacy, Respect and Empowerment and family-centered, community-focused, strengths-based, trauma responsive practice.

GOALS FOR OUR CHILDREN, YOUTH, VULNERABLE ADULTS, THEIR FAMILIES AND OUR COMMUNITIES
- Safe and free from maltreatment
- Living in safe, supportive and stable families where they can grow and thrive
- Partnered with a well-trained, competent, highly-qualified and supported workforce that effectively collaborates with individuals and families to achieve positive and lasting results.
- Healthy and resilient with stable and lasting family connections
- Able to access a full array of high quality services and supports designed to meet a family or individuals’ needs

OUR BUILDING BLOCKS AND STRATEGIES
- Integrated Practice Model
- Comprehensive Assessment
- Expanded & Aligned Arm of Services
- Highly-qualified, well-trained, respected staff
- Modernized technology
- Continuous quality improvements

OUR FOUNDATION AND CORE PRINCIPLES
- Based on SSA’s Values and Vision, these practice principles govern our work, relationships and decisions with children, youth, families, adults and each other.
- Family-Centered
- Trauma-Responsive
- Individualized & Strengths-based
- Culturally & Linguistically-Responsive
- Outcomes Driven
- Community Focused
- Trained & Professional Workforce

OUR INTEGRATED PRACTICE MODEL
- Engage
- Team Up
- Assess
- Plan
- Intervene
- Monitor & Adapt
- Transition

September 2018
SSA IMPLEMENTATION STRUCTURE

Advisory Boards/Councils
- SSA Advisory Board
- Youth Advisory Board
- Provider Advisory Council
- MD Commission on Caregiving

SSA Executive Leadership Team
Lead: Rebecca Jones Gaston

Outcomes Improvement Steering Committee
Lead: Brandi Stockdale

SSA/LDSS Groups
- MASSD
- Affiliates
- SSA Steering Committee
- SSA Extended Leadership

Placement and Permanency
Inclusive of Practice and Operation areas: Emerging Adults, Placement Resources (Congregate Care), Permanency Planning

Protective Services & Family Preservation
Inclusive of Practice and Operation areas: Preventing Maltreatment & Fatalities, Protective Services (AF), Family Preservation

Integrated Practice
Inclusive of Practice and Operation areas: Assessments, Practice Model, FIMs/CTCs, Kinship Navigation

Service Array
Inclusive of Practice and Operation areas: Substance Use Disorders, Wellbeing, Behavioral Health Services

Workgroups: Time limited and form as needed, with clear criteria and mandate

Cross-Cutting Networks: Data/Analytics, CQI, Workforce Development, Modernization/IT, Communications, Policy, Implementation

LDSS Leadership Teams
Oversee local implementation of identified initiatives/practices; participate in feedback loop; engage local stakeholders in planning and implementing identified initiatives; plan and monitor the implementation of new/expanded services/interventions

Local Learning Collaboratives/Cohorts
Support communication, participate in feedback loops, skill development, and CQI activities
SSA Planning to Implement Family First: Initial Steps

- Governance structure alignment
- Orientation and education
- Clarification of transformation leveraging Family First
- Consideration of implications
SSA Planning to Implement Family First: Action Planning

Prevention Provision Action Plan
Family First Prevention Services Act

ACTION ITEMS

1. Target Population Component Area

1.1 Leverage existing data sources to determine pools of potential foster care candidates.
   Responsible Parties: Protective Services & Data Analytics Implementation Teams
   Start Date: 1/1/2019
   Target End: 3/1/2019

1.2 Concurrent to above, develop the data analytics plan that describes the characteristics of Risk Of Harm, Alt Resp and Fam Pres to understand their service needs.
   Responsible Parties: Data lead
   Start Date: 1/1/2019
   Target End: 3/30/2019

Look at CANS-F assessment data to understand family needs

1.3 SSA leadership to make evidence informed decision on candidacy
   Responsible Parties: Outcomes Improvement Steering Committee
   Start Date: 1/1/2019
   Target End: 2/1/2019

1.4 Share target population approach with the Implementation Team for feedback and input
   Responsible Parties: Protective Services Lead
   Start Date: 2/1/2019
   Target End: 3/30/2019

Assessment to Action
SSA Planning to Implement Family First: Empirical Candidacy Analysis

1. Volume

<table>
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<tr>
<th>Alternative Response</th>
<th>Risk of Harm (i.e., non-CPS)</th>
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<tbody>
<tr>
<td>In-Home / Family Preservation Services</td>
<td>7,911 (95%)</td>
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<td>414 (5%)</td>
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<tr>
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<td>905 (29%)</td>
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<tr>
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<td>2,194 (71%)</td>
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2. Geography

- Safety, risk and functional assessment data
- Administrative data

3. Characteristics

- Safety, risk and functional assessment data
- Administrative data

4. EBP and other services selection and enhancement

* OPS = Order of Protective Services
Next Steps and Challenges for Maryland

• Increasing engagement of system partners - sister agencies, local departments and courts
• Moving concretely towards implementation
• Aligning efforts with CFSR program improvement plan and Child and Family Services Plan
Family First – Prevention Work Group
Internal and External Stakeholders

Executive office of the Mayor
DC City Council
Human Services
DC Health
Behavioral Health
Employment Services
DC Child and Family Services (Child Welfare Agency)
Healthy Families: Thriving Communities Collaborative
The Court

Family First Prevention Work Group

Upstream Services Task Group
Target Population Data Subgroup
EBP Services and Outcomes Task Group
Planning Team

Title IV-E Prevention Program Five Year Plan Executive Summary

The executive summary provided from outlines the key aspects of our proposed prevention plan, including the following:

- Target Populations (Candidates)
- Prevention Services
- Theory of Change
- Prevention Work Group members and key accountability

Any questions related to this executive summary should be submitted to email to Natalie Carrier at Natalie.Carrier@dc.gov
CFSA Family First Theory of Change

**Target Population**
- Identify, assess, & engage the target population:
  - Pregnant and parenting youth in foster care
  - Children at high risk of entering or re-entering foster care and their caregivers

**Interventions**
- Deliver high fidelity evidence-based programs that are aligned with the specific needs and characteristics of the target population.
- Promote increased family engagement and completion of services through case management and motivational interviewing.

**Proximal Outcomes**
- Parent, child, and family functioning improves by achieving the desired outcomes each service at high rates, such as:
  - Parents empowered with skills and resources
  - Reduced behavioral and mental health disorder symptoms
  - Improved PTSD and trauma symptoms
  - Reduced problematic patterns of substance use

**Distal Outcomes**
- As the number of children and families served in the community increases, the number of children served in foster care decreases
- The child welfare system rebalances as a primarily preventive and family-strengthening system

**Infrastructure & Implementation Supports**
- CFSA and city agencies provide critical administrative supports to facilitate successful implementation and achievement of outcomes, e.g., IT tools, interagency collaboration, and workforce supports.
- Initial and repeat child maltreatment declines
District of Columbia: Child and Family Services Agency

Families First DC: Neighborhood-based strengthening approach

Wraps around the narrow requirements of Family First to support and strengthen DC families in their own neighborhoods through primary prevention.

Evidence-based programs to support pregnant & parenting youth in foster care and foster care candidates
References: Federal Resources

• Legislative Language:

• Information Memorandum:
  • https://www.acf.hhs.gov/sites/default/files/cb/im1802.pdf

• Program Instructions:
  • https://www.acf.hhs.gov/sites/default/files/cb/pi1806.pdf
  • https://www.acf.hhs.gov/sites/default/files/cb/pi1807.pdf
References: Other Key Resources

• Campaign for Children

• Children’s Defense Fund

• Center for the Study of Social Policy
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