



**Implementation of the
Family First Prevention
Services Act (FFPSA)
in Placer County**

FFPSA: Entitlement for IV-E Prevention Funding for Eligible Populations

Open-ended entitlement to claim federal dollars for prevention services, but eligibility is restricted to:

- **Candidates** for Foster Care, Parent(s) or Relatives Caregiver(s) of Candidates for Foster Care – OR – Expectant and Parenting Foster Youth
- Prevention Services must fall into one of **three categories**: (a) mental health; (2) substance abuse prevention and treatment; (3) in-home parent skills-based programs
- **Evidenced-Based Program** that is included in the IV-E Prevention Services Clearinghouse AND 50% of all funding on a well-supported program
- Title IV-E is **payer of last resort**
- **Per child** claiming
- Ongoing continuing **evaluation**

Who is eligible to receive prevention services?

A child who is a “candidate” for foster care; - or -

A parent or kin caregiver of the child who is a candidate for foster care is eligible regardless of whether they meet AFDC income eligibility requirements required for Title IV-E reimbursement – or –

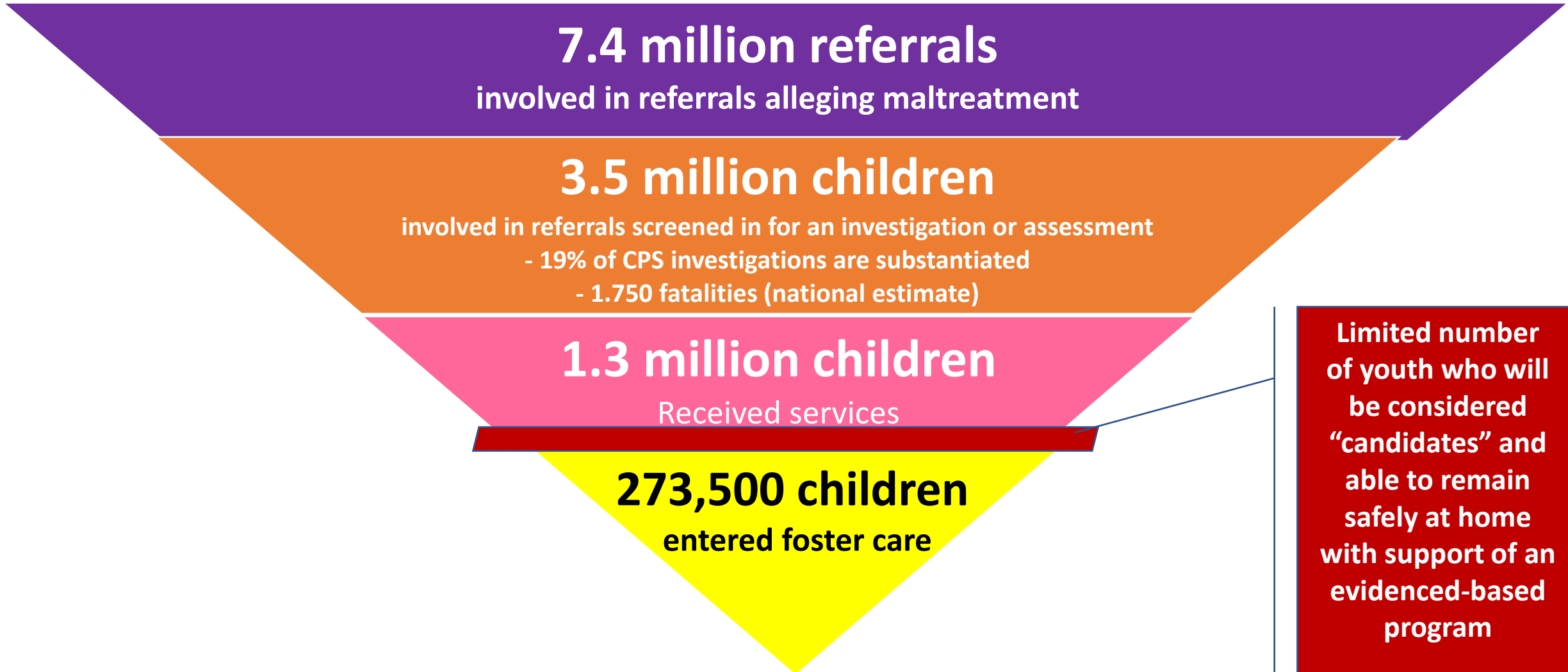
Youth in foster care who are pregnant/parenting

Definition of “Candidate”

For purposes of this title, “candidate for foster care” means the following:

- A child who is identified in a prevention plan as being at **imminent risk** of entering foster care, but who can remain safely in the child’s home or in a kinship placement as long as services available under the new title that are necessary to prevent the child’s entry into foster care are provided
- Includes a child whose adoption or guardianship arrangement is **at risk of a disruption or dissolution** that would result in a foster care placement

The Limited Reach of FFPSA



Limited number of youth who will be considered “candidates” and able to remain safely at home with support of an evidenced-based program

Case Plan Requirements for Foster Care Candidates

Document eligibility determination for “child who is a candidate for foster care”

Identify the prevention strategy for the child to remain at safely at home or live with a kin caregiver

List services that will be provided to ensure success of prevention strategy

Services initially authorized for up to 12 months; then must be reevaluated before extended

Pregnant & Parenting Youth: Opportunity for Primary Prevention



- Can serve any youth in care who is pregnant (expectant) or parenting (no candidacy requirement)
- Must be included in youth's case plan
- Must list services or programs to be provided to or on behalf of child to ensure youth is prepared (in the case of a pregnant youth) or able (in the case of a parenting youth) to be a parent
- Must describe foster care prevention strategy for any child born to the youth

Case-Level Outcome Reporting



For each child receiving services the state must collect and report:

The specific services/programs provided and total expenditures for each service/program

The duration of the services/programs provided



Also, for children identified as candidates:

The child's placement status at the beginning and end of the 1-year period of service/program eligibility or receipt

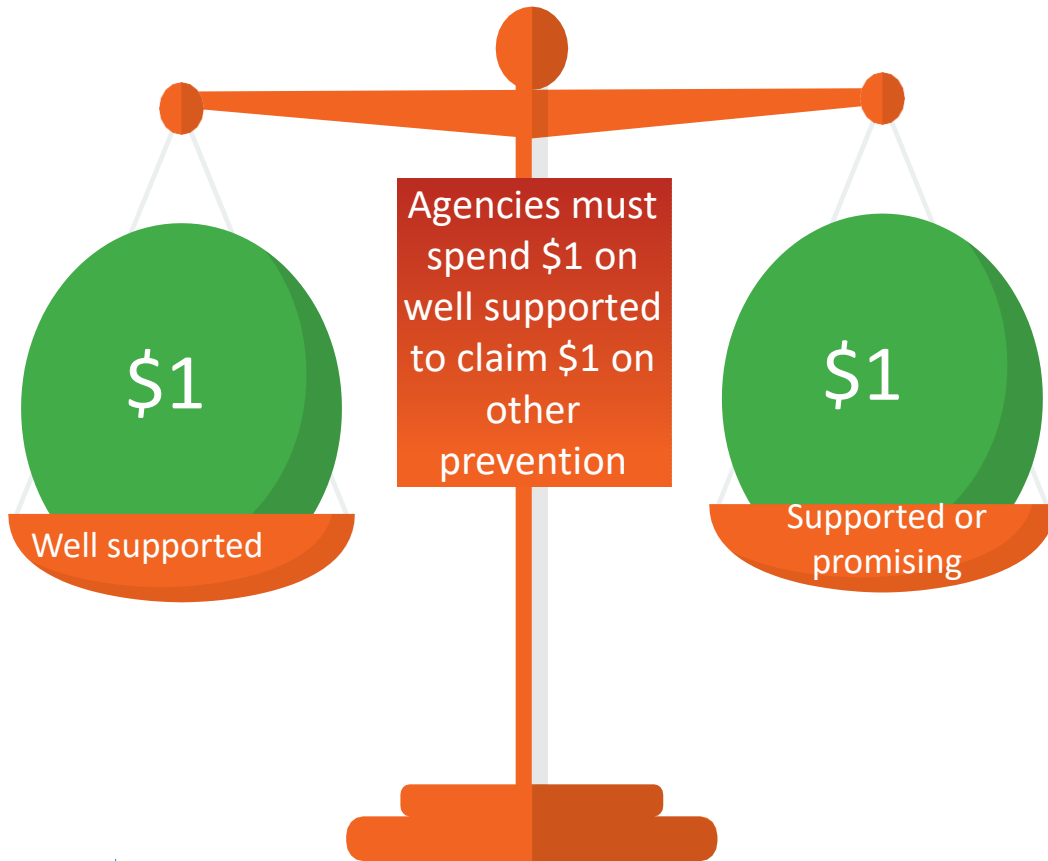
Whether the child entered foster care within 2 years of being determined a candidate

Optional Prevention Services

Opens Title IV-E for specified services to be provided at state option:

- **Mental health and substance abuse prevention** and treatment services provided by a qualified clinician
- **In-home parent skill-based programs** that include parenting skills training, parent education and individual and family counseling

Evidence Based Programs



- Only prevention services that meet one of the three “evidence-based” (*promising, supported, and well-supported*) federal standards will be eligible for reimbursement.
- States are required to spend at least 50% of the total amount claimed for federal reimbursement for prevention services on “well- supported” programs.
- **57 programs** are currently listed on the Title IV-E Prevention Services Clearinghouse and are eligible for federal reimbursement (15 of which are rated as well-supported). At this point just 10 of these programs are listed in California’s State Plan.
- Another 17 programs are listed as being planned for review next by HHS.

Title IV-E Payer of Last Resort



If a public or private program providers (such as private health insurance or Medicaid) would pay for a service allowable under the Title IV-E prevention program, those providers have the responsibility to pay for these services before the Title IV-E agency would be required to pay .



For example, if a parent with Medicaid coverage is receiving mental health services that would be covered by Medicaid, and that are also allowable under the Title IV-E prevention program, Medicaid must pay for the service before the Title IV-E portion (if any) is paid.

County Opt-In Requirements

- County CWS must notify CDSS by 4/30/22 that they want to opt in (and whether doing so jointly w/Probation) – this triggers access to the \$199 million FFPS Program State Block Grant funds being made available to counties
- Identify mechanism for cross-sector collaboration (AB 2083 workgroups – SMART group in Placer)
- Coordination w/local MH plans
- Complete Capacity Assessment using CDSS [tool](#)
- Complete Readiness Assessment by 1/31/23 using CDSS tool (in development)
- Submit five-year prevention plan to CDSS by 1/31/23



Local Prevention Plan Requirements

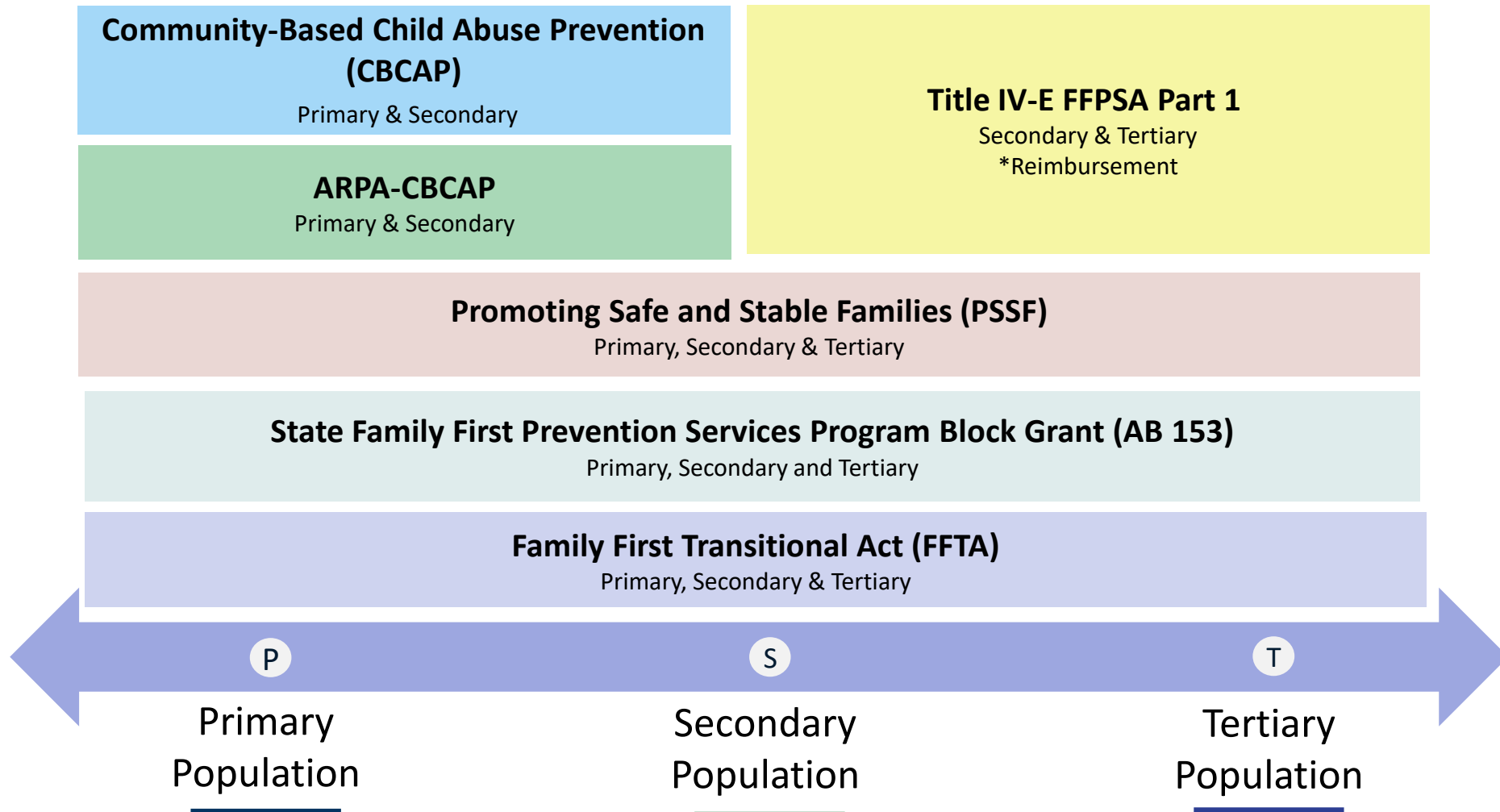
In order to be able to leverage federal Title IV-E prevention funds (as well as to access state block grant funding), the State of California is requiring counties to develop and submit local prevention plans detailing how they plan to implement the law, including:

- Capacity/Readiness Assessment results, target populations, EBPs
- Cross-sector collaboration strategies and ongoing program oversight/CQI involvement
- Process for ensuring EBPs delivered w/fidelity to program model
- Planned uses of FFPS Program State Block Grant funds
- Coordination w/MHP & payor of last resort protocols (DHCS/CDSS joint guidance pending)
- Assurances in meeting state standards for eligibility determinations, workforce training, child safety monitoring, etc.)

Community Pathway: Public Agency/CBO Roles



WHAT FUNDING CAN BE LEVERAGED TO CREATE A CPP?



Potential uses of State block grant funds

Delivery of EBPs or other prevention services



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graph TD; A[Delivery of EBPs or other prevention services] --> B[Building future evidence for other prevention programs]; B --> C[Piloting EBP services]; C --> D[Capacity building (internal or external) for service delivery]; D --> E[Range of administrative costs];
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Building future evidence for other prevention programs

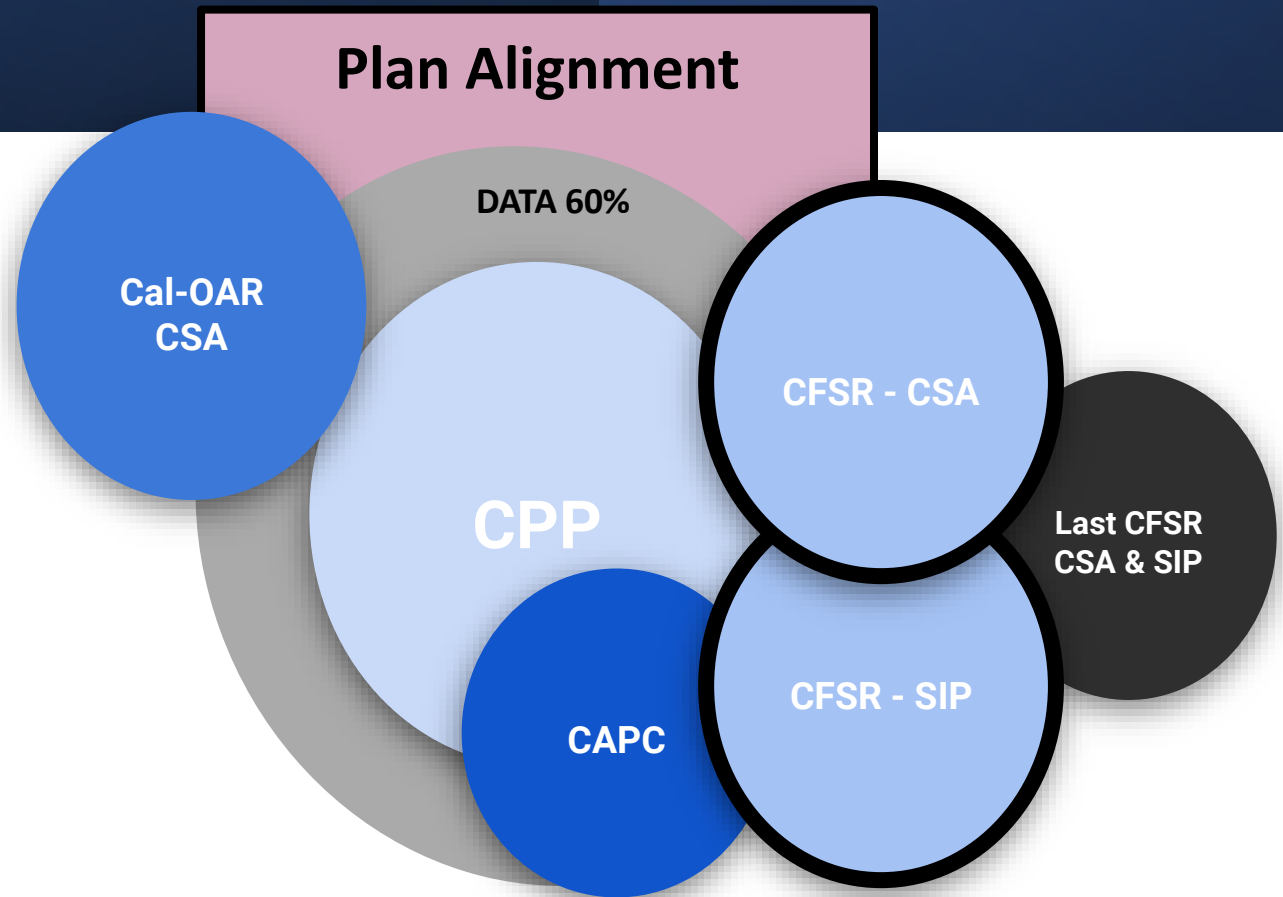
Piloting EBP services

Capacity building (internal or external) for service delivery

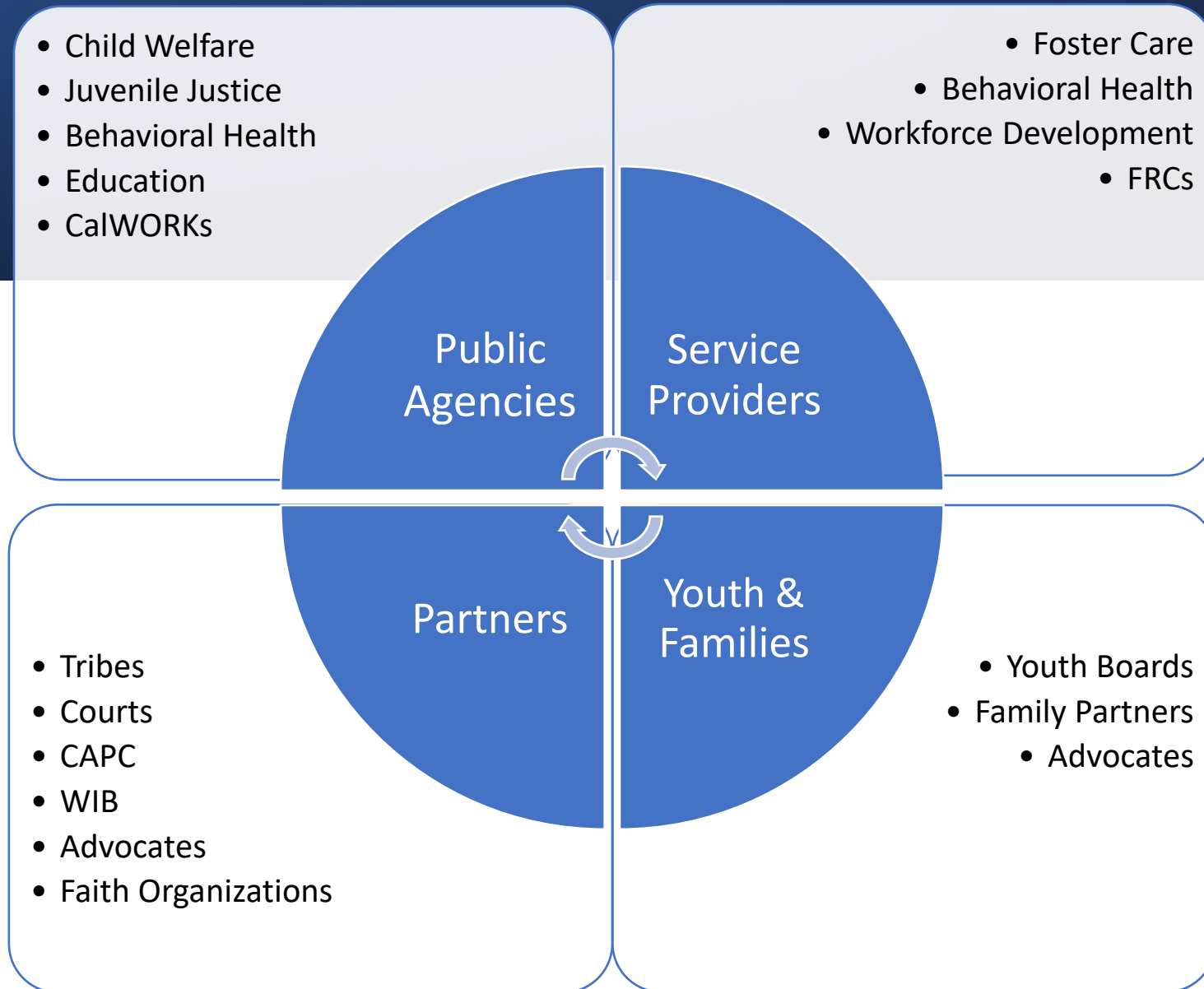
Range of administrative costs

From FFPSA to Big-Picture Prevention

- FFPSA provides new opportunities for *Tertiary* prevention
- The timing of the CPP process aligns with the renewal of several other plans that can support upstream prevention
- SCP will lead an efficient process to align the various plans as much as possible



Community Consultation



- 1:1 Interviews
- Focus Groups
- Surveys
- Comment Periods

- Working Groups
- Community Briefings