
Leveraging Funding to Support and Sustain Home Visiting: Session 5

April 4, 2022



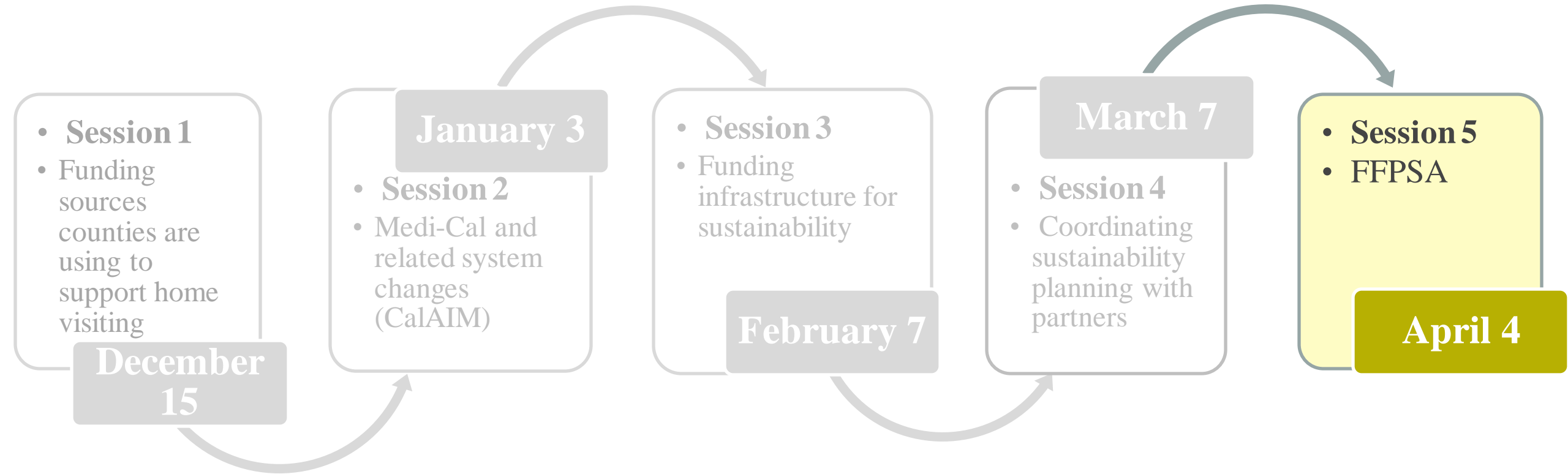


Welcome!

Introductions – please share your name, county, and role

What new steps will you take to leverage funding to support and sustain home visiting over the next few months?

Leveraging Funding TA Roadmap



Families First Prevention Services Act (FFPSA)

- Overview of FFPSA
 - Christina Altmayer, Health Management Solutions
- County Perspective: Implementation of FFPSA in LA County
 - Anna Potere, Senior Program Officer, First 5 LA
- Group Discussion



Overview of FFPSA For Home Visiting

Families First Prevention Services Act (FFPSA)

- What is it?
 - Passed in 2018, FFPSA created prevention services program that allows states the option to access Title IV-E federal financial participation for the provision of **specified evidence-based** mental health, substance use, and **in-home parent skill-based services** to children at **imminent risk** of entry into foster care, their parents or kin caregivers, and pregnant or parenting youth in foster care
- Why it matters for home visiting system building?
 - Home visiting is a recognized evidenced-based intervention to improve child welfare outcomes and family supports
 - FFPSA is a potential source of funding for home visiting services for qualified populations

FFPSA: Prevention Model

Prevention Level	Activities
Primary Prevention	These activities are directed at the general population to strengthen communities and improve child well-being by focusing on the social determinants of health, defined as the conditions into which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life.
Secondary Prevention	These activities are offered to populations that have one or more risk factors associated with compromised well-being or child maltreatment, such as poverty, parental substance abuse, young parental age, parental mental health concerns, exposure to violence, and parental or child disabilities. Programs seek to build protective factors and mitigate the risk factors.
Tertiary Prevention	These activities focus on families where child maltreatment has occurred, seeking to mitigate its trauma and reduce the negative consequences of the maltreatment and to prevent its recurrence.

- Counties can opt-in to participate in FFPSA
- To opt in, Counties must submit a Comprehensive Prevention Plan (CPP)
- CPP includes primary, secondary and tertiary prevention
- FFPSA can fund direct services in the secondary and tertiary levels for qualified families
- State Block Grants can be used to fund primary prevention strategies as part of a continuum of services consistent with CPP
- County letters of interest due April 31, 2022
 - Final due date for CPSS January 2023

Anna Potere
Senior Program Officer, First 5 LA
FFPSA LA Implementation in LA County



Family First Prevention Services Act CA Implementation

- California and LA County have opted in. California plan (under review by ACF) includes:
 - 3 home visiting models implemented in LA County and two by First 5 LA: HFA, PAT, and NFP
 - Motivational Interviewing, which all providers are already trained in
- Opportunity to:
 - Elevate Home Visiting programs and their benefits to families, particularly related to prevention
 - Secure reimbursement for services to children identified as being at risk of entering foster care system
 - Develop new partnerships with other County departments, including DCFS and Probation, to create referral pathways to home visiting

Evidence-Based Practices in Proposed CA Plan

CA Prevention Plan Draft	IV-E Clearinghouse Category
Motivational Interviewing (MI)	June: Substance Abuse August: Mental Health; Substance Abuse, Parenting Skills
Healthy Families America (HFA)	Parenting Skills
Nurse Family Partnership (NFP)	Parenting Skills
Parents as Teachers (PAT)	Parenting Skills
Functional Family Therapy (FFT)	Mental Health; Substance Abuse
Brief Strategic Family Therapy (BSFT)	Mental Health; Substance Abuse, Parenting Skills
Multisystemic Therapy (MST)	Mental Health; Substance Abuse
Parent-Child Interaction Therapy (PCIT)	Mental Health
Homebuilders	Parenting Skills
Family Check-Up (FCU)	Parenting Skills

CA Family First Subgroups

(1) Expectant & Parenting Youth (EPY) in Foster Care (American Indian/Alaska Native)

(2) Probation youth deemed as being at imminent risk of foster care via 602 Petition (American Indian/Alaska Native)

(3) Children with a Substantiated or Inconclusive Disposition, but no case opened (American Indian/Alaska Native)

(4) Dependency Cases - Children in Families Receiving Voluntary or Court-Ordered Family Maintenance (FM/VFM); FM at Reunification (FR)

Children who have siblings in foster care, and who are determined at imminent

Children whose Guardianship Arrangement is at-risk of disruption (FR)

American Indian/Alaska Native children identified by a Tribe or community-based agency to be at imminent risk of foster care

(5) Children whose Adoption Arrangement is at-risk of disruption - APSS - (American Indian/Alaska Native)

(6) Community Pathway:

Homeless or runaway youth who are determined to be at imminent risk of foster care

Trafficked children and youth who are determined to be at imminent risk of entering foster care

Substance-exposed newborns who are also determined to be at imminent risk of entering foster care

Children whose caretakers experience substance use disorder who are also determined to be at imminent risk of entering foster care

Children exposed to domestic violence who are determined to be at imminent risk of entering foster care

American Indian/Alaska Native children identified by a Tribe or community-based agency to be at imminent risk of foster care

Key Points for Consideration

- State Prevention Plan has not yet been approved by the Federal government
- FFPSA is payor of last resort – after Medi-Cal
- A 50% state or local match is required to draw down funds
- State establishing CWS-CARES data system → promote alignment with/connections to existing data systems
- Motivational Interviewing is cross-cutting: can be used for services that are not otherwise FFPSA EBPs

Focus on Community Pathway

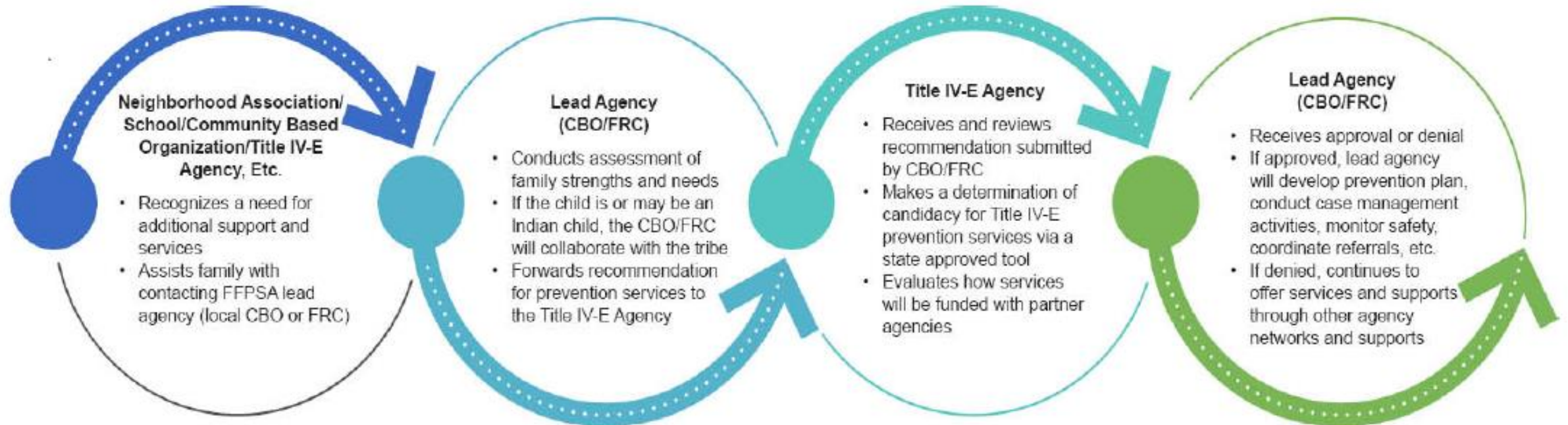
Goal #1: Increase community (non-DCFS involved) access to FFPSA funded service models

Goal #2: Improve sustainability, leveraging and equity of LA service infrastructure

Goal #3: Improve voluntary, non-stigmatizing access to family supports in the community and school environment more broadly

Focus on Community Pathway

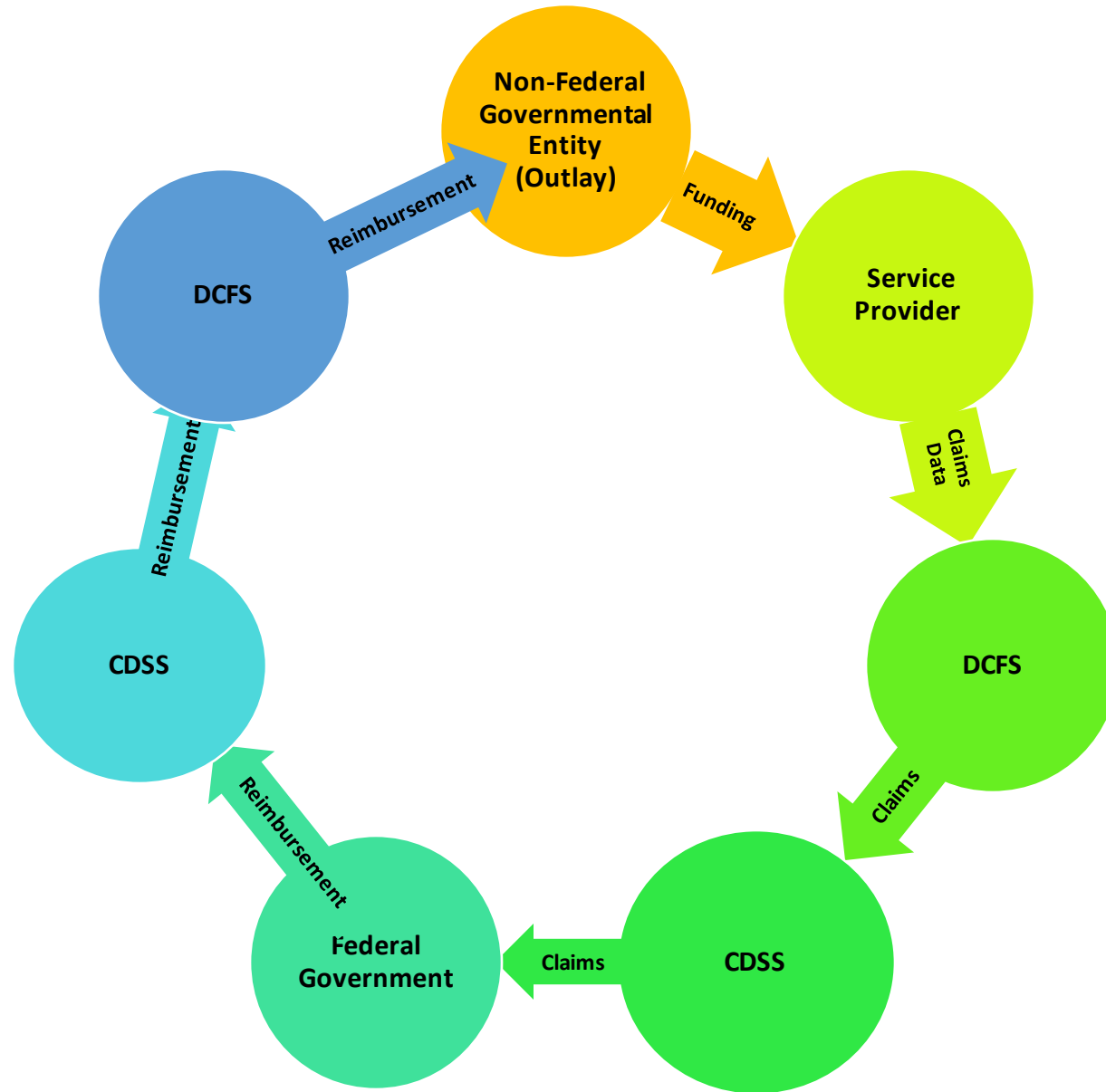
- Provided a child meets one of the subgroup's criteria, families without DCFS or Probation involvement could now be engaged via a "Community Pathway"
- In this scenario, public (e.g., DMH) or private agencies (e.g., P&A providers) that are affiliated/contracted by the local IV-E Agency could complete a strengths and needs assessment on the families to determine candidacy
- Once the assessment is complete, the IV-E Agency will make the final determination of candidacy
- Public or private partner agency may then develop prevention plan; coordinate referrals and/or provide services directly; monitor safety/risk; and submit regular reports to IV-E Agency



Fiscal Implications/Opportunities

- Reimbursement-based program: must submit claims for each visit for payment (more on next slide)
- Discrete pots of funding:
 - FFTA
 - State Block Grant

FFPSA Claims & Reimbursements Flow Chart



Key Details:

1. Initial funding to Service Provider is up-front and can be grant based
2. CDSS and DCFS may choose to withhold part of the reimbursement to cover administrative costs (no federal requirement).
3. Federal reimbursement (50%) loses federal identity and becomes “earned” income, meaning it can be used as the local match to draw down additional funds.
4. DCFS will bundle claims and submit them to CDSS on a quarterly basis. CDSS will also bundle state claims and submit to feds.
5. Contracts will need to set parameters for per unit data tracking for this funding flow.

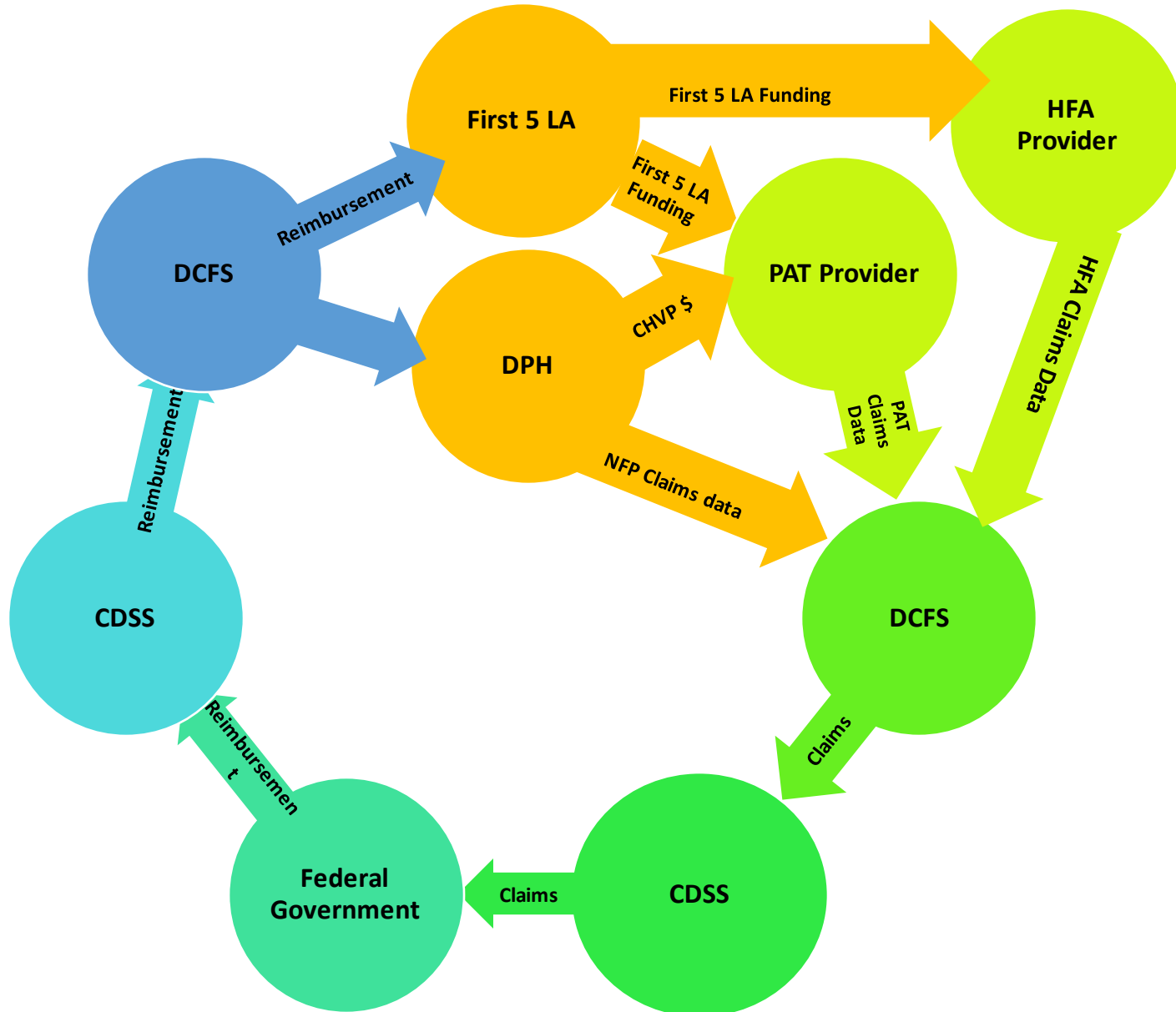
LA County Implementation: Planning

- Countywide group laying out implementation process for home visiting EBPs, inclusive of providers and lived experience
- Setting up pilots: “Learning Sites”
- Addressing key topics:
 - Departmental roles and responsibilities
 - Reimbursement rates for home visiting
 - Contractual implications (e.g., pass through strategy, braiding grant-based and fee-for-service funding)
 - Data systems understanding and alignment/interfaces
 - Identification of match
 - Communications to/feedback from providers
 - Referral pathways

LA County Implementation: Potential Eligible Population

- Currently, at least 220 clients already enrolled in home visiting may qualify for FFPSA reimbursement under CP subgroups
- Data suggest there are thousands of children who might qualify for home visiting and are in eligible CP subgroups but are not yet served by home visiting
- Over 2,000 children already involved in the child welfare system could benefit from a referral to home visiting

Proposed LAC Service Delivery Fiscal Flow Chart



Key State Questions:

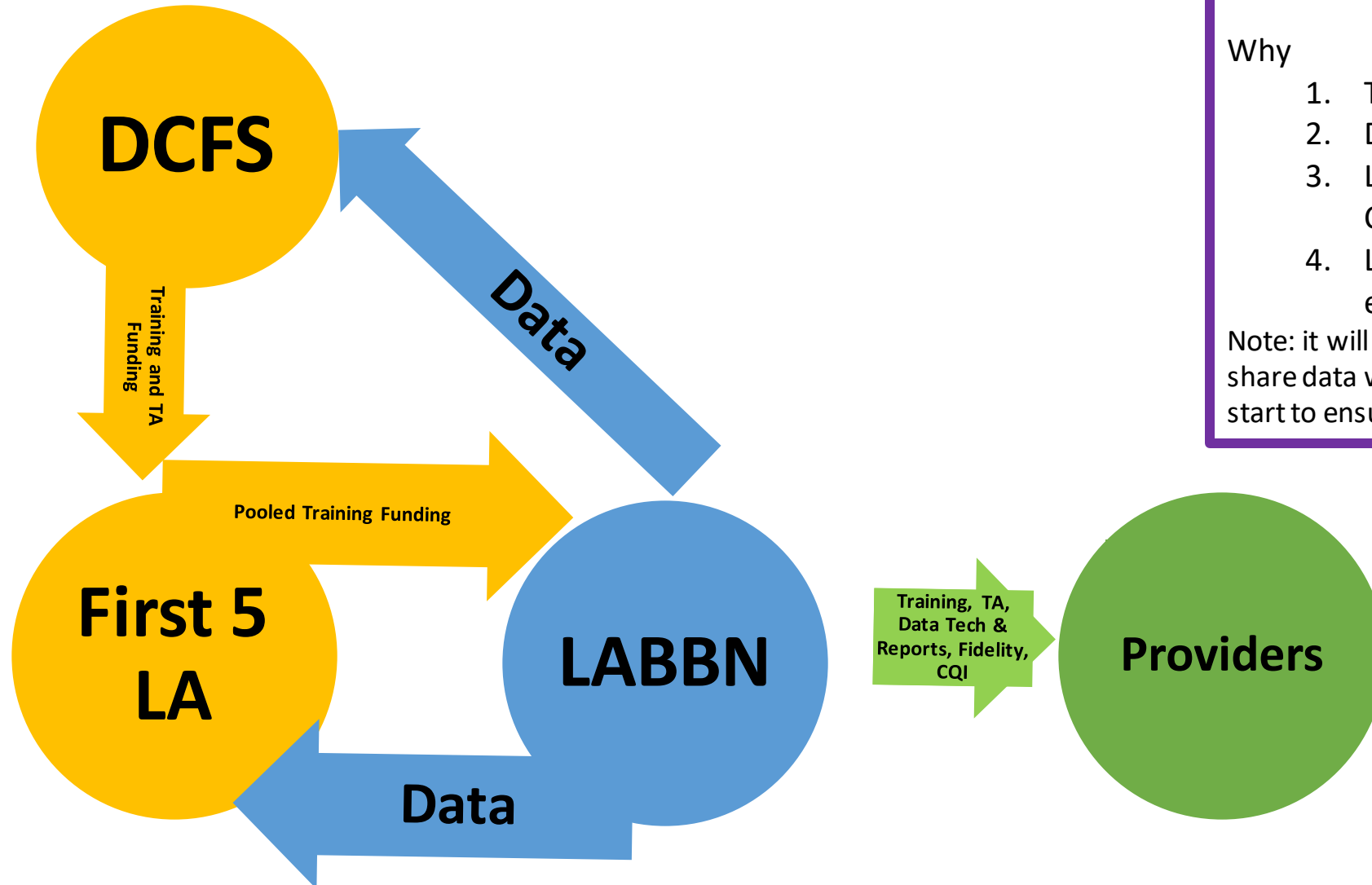
1. Can this be achieved through one MOU and Contract modification, or do we need to do both through DPH & First 5 LA?
2. Will the State eventually decide to allow for APIs to leverage local data systems, or insist on separate data entry?
3. Can funding relationship with provider indeed be grant based?

Local Questions:

1. How this be achieved with minimal contracting and oversight complexity?
2. Do NFP, HFA & PAT all have current client plans that can serve as the "Prevention Plan" to avoid duplication?
 1. If yes, how do we make sure to help the State understand how to leverage them and avoid confusing duplication for families (this is an issue that will not just affect LA)
 2. If no, what would be required to integrate this into services?

What questions do you have that we should add?

Proposed LAC Training and TA Flow Chart



F5 pass-thru → LABBN

Why

1. Time
2. Data access
3. Leverage Existing Relationship, Contract, Communication
4. Less expensive because leveraging expertise and infrastructure

Note: it will require changes in contract and consent to share data with DCFS, but this can be done from the start to ensure a smooth transition.

Thank you!

Anna Potere, Senior Program Officer

First 5 LA

apotere@first5la.org

Christina Altmayer, Principal

Health Management Associates

caltmayer@healthmanagement.com

Discussion

Discussion Questions

- What have you discussed in your county regarding FFPSA?
- Is your county opting in?
- What are ways in which First 5s could be engaged in this planning or initiate work with county partners?
- What have been some successes and/or challenges?



Thank You!

Katie Brennan

Brennan@jbassoc.com

(703) 552-9098

www.jbassoc.com

