



CALIFORNIA CHILD WELFARE COUNCIL



Prevention and Early Intervention Committee Family First Prevention Services Act Recommendations for California's Implementation

Co-Chairs

Kathryn Icenhower, Ph. D.
Chief Executive Officer,
SHIELDS for Families
Los Angeles, CA

David Swanson Hollinger
Senior Program Manager,
Children and Family Services
Human Services Agency
Ventura, CA

Introduction

The revised [charter](#) of the statewide PEI Committee, adopted in August 2020, notes our belief that this is a unique moment in time to reimagine and create a Child and Family Well-Being System that casts a broad, comprehensive safety net to strengthen families in their own communities. This process requires addressing the systemic racism impacting parents, children and youth of color that has led to Black/African American children being disproportionately represented in infant deaths, and Black/African American, Brown and Native children being overrepresented in foster care placements, and youth and adult incarceration.

To support the CWC progress towards this vision (Child and Family Well-Being System), the PEI Committee has augmented our roster and recruited a diverse group of members representing perspectives at the state and county level, including community-based organizations (CBOs) and advocacy groups, and those with lived experience and expertise.

FFPSA Focus In 2020-2021

In 2020, the CWC requested that the PEI Committee provide [recommendations](#) to guide the development of the draft FFPSA Plan, which were presented and approved at the September 2, 2020 CWC meeting. In the year following, the PEI committee was asked by the California Department of Social Services (CDSS) to provide feedback on the draft plan, as well as implementation recommendations.

To develop the implementation recommendations, PEI Committee members met as a full committee on September 8, 2021 and subsequently held several working group sessions which focused on Data & Evaluation, Planning & Oversight and Financing, and included non-member subject matter experts.

Following are the PEI Committee's top line recommendations, noting that there is further specificity on the "why" and "how" of implementation that will be shared directly with CDSS. Also note that these recommendations were developed to help ensure that FFPSA considers the needs of all children, parents and families who can benefit from its implementation in California.

Top-Line Implementation Recommendations

Operational Definitions

Develop consistent, statewide definitions for each of the twelve different candidacy categories, in order to facilitate eligibility for services, planning, oversight and evaluation.

Financing Guidelines

Develop a consistent definition of, and process for, determination of FFPSA (Title IV-E) as the payor of last resort. Further, establish clear guidelines for funding eligibility for FFPSA referred families including Medi-Cal eligible individuals who have a share of cost and individuals with private health insurance.

Integrating and Blending Funding

The state should develop a plan for the integration and blending of FFPSA, Medi-Cal/EPSTDT, Managed Care, SMHS, MHSA, DMC-ODS, CalAIM (specifically Community Support services starting January 2022), Behavioral Health and Child Welfare Realignment dollars, as well as all other available Child Welfare funding.

Measurable Outcomes of Well-Being and Evaluation

Develop state and county level baseline data for pre-FFPSA implementation on key indicators of child and family well-being, including measures on disparities & disproportionality. Going forward, include metrics for success that are cross systems in nature and integrate outcomes from other systems to align with the Child and Family Well-Being vision. Create data linkages with CWS and relevant responsible agencies that are integral to the success of FFPSA.

State and County Planning & Oversight to Center the Voice of Lived Experience

Youth, parents, community members, and CBO representatives—especially those representing diverse racial and ethnic backgrounds that are negatively impacted by disparities in our system— should be a part of the state implementation team/or advisory group. Additionally, local planning teams should actively engage youth, parents (both mothers and fathers) and community members. All representatives at the state and local levels should be active and fully participating in policy and plan development, and all recommendations should be regularly reviewed and presented in public forums to ensure accountability and action.

Evidence-Based Practices

The state should lead a robust process to develop, monitor, communicate, and implement evidence-based practices (EBPs), programmatically and financially, which includes pathways for counties to include supported and well-supported EBPs to increase options available to serve families. This process should include clear definitions of the unit of service that will be claimable under each EBP, as well as when FFPSA funds will be utilized as a match. Furthermore, the state should ensure the incorporation of existing community-defined practices into the service continuum offered through FFPSA, in addition to the EBPs identified.

Technical Assistance

The State should ensure that Technical Assistance (TA) is available to counties and CBO providers throughout the implementation of FFPSA—for programmatic, financing and evaluation needs. This could include ensuring that counties include TA for providers in their local plans, and/or that state contractors make TA available to all counties and providers.