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# FFPSA Implementation Recommendations

— PEI Committee —  
December 1 Child Welfare Council

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# Why PEI Committee?

Charge of PEI to work on issues of prevention and early intervention and this is goal of FFPSA (Part I)

Request from CWC/DHCS

Provided initial recommendations/approved by CWC in September 2020

Augmented membership with diverse representation including leadership, stakeholders and lived expertise

# Methodology

- PEI Committee meeting focused discussion on 9/8
- Organized into three subcommittees: Financing, Planning & Oversight and Data & Evaluation
- Committee members participated in two working sessions (10/1 and 10/8) with assistance of subject matters experts (and D&E had third session)
- Generated many questions and recommendations
- Synthesized into TOP LINE recommendations
- Allowed for feedback/refinement and approval by committee

# Participants Data & Evaluation

Name	Organization
Jackie McCrosky	Academic/USC, First 5, (SME)
Roger DeLeon	County/Parent/CWC member
Laurie Kappe	Consultant
Lucy Roberts	CBO/Advocate
Daniel Webster	Academic/CCWIP-UCB/CWC member (SME)
Sid Gardner	National/Advocate
Ashley O'Bryan	Parent Advocate/CBO - Parents Anonymous

# Participants Financing

Name	Organization
Kathy Icenhower	CBO/Shields-LA/CWC member
Alex Briscoe	Advocate/ CA Children's Trust (SME)
Sheila Boxley	State/FRCs
Danielle (Dani) Mole	Providers/Advocate/Catalyst
Michelle Callejas	County/Sac CW
Freny Dessai	State/OCAP
Chris Stoner-Mertz	Providers/Advocate/CWC member
Beth Kuentler	Consultant/Lived expertise/foster parent
Katie Albright	CBO/Advocate

# Participants Planning & Oversight

Name	Organization
JJ Trujeque	Youth/lived expertise in foster care
Dana Blackwell	Foundation/Casey/CWC member
Ebony Chambers	CBO/Advocate/lived expertise/parent/CWC member
David Swanson Hollinger	County/Ventura CW
Richard Knecht	State/CDSS
Cornell Jenkins	Provider/Catalyst
Jeff Farber	CBO - Helpline Youth Counseling

# Recommendations: cross cutting considera

- Diversity, Equity and Inclusion
- Capacity Building
- FFPSA as part of prevention continuum
- Cross systems collaboration and integration
- Centering the voice of lived expertise

*Please note that these are the PEI Committee's **top line recommendations** , additional recommendations further **specify the "why" and "how" of implementation** that will be shared directly with CDSS.*

# Preamble to PEI Recommendations

Per the Charter of the statewide PEI Committee (adopted in August 2020):

- 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* .
- To reimagine this system 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.



# Top line 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.

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# Topline...

## 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.

# Top line. (2)

## Integrating and Blending Funding

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

# Top line.(3)

## 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.

# Topline..(4)

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.

# Topline..(5)

## 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.

# Topline..(6)

## 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.

# Next Steps

- CWC Adoption; for vote at today's meeting
- Ongoing role for PEI Committee Co -Chairs to co-facilitate comprehensive prevention planning advisory group with CDSS to ensure that a broad array of stakeholders provide CDSS with guidance.



**Questions? Comments?**