



CALIFORNIA CHILD WELFARE COUNCIL



Prevention and Early Intervention Committee

Financing Recommendations to Build and Sustain Community Pathways

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The Prevention and Early Intervention Committee is requesting approval of additional Financing Recommendations to advance the work of our original *Financing Recommendation (#4)* of the [PEI Community Pathway Recommendations](#), which states, as follows:

Developing a Community Pathway requires: (1) identification of available resources and funding that supports a continuum of care that is equitable, (2) knowledge of and strategies for integration and blending of resources and funding, and (3) procurement and claiming methods that enable grassroots, faith-based, CBOs, and non-traditional partners to actively participate in Community Pathway service delivery. All efforts should be made to build the Community Pathway on existing resources and services and incorporate strategies to develop the infrastructure necessary for sustainability. Additionally, decisions regarding reimbursement for services delivered and funding allocations should be advised by the designated Community Pathway Advisory Committee. Further, for the Community Pathway to be effective, the State must provide clear guidance and support, as well as assist with eliminating barriers that deter resource availability for families and communities.

Since approval of our original recommendations on March 13, 2023, the Department of Social Services (CDSS) and numerous Counties have furthered Community Pathway efforts through implementation of the recommendations. However, it is apparent that additional support and fiscal guidance is needed, along with innovative State leadership, to assist with eliminating barriers and identifying the resources necessary to sustain successful Community Pathways. We believe these additional fiscal recommendations, outlined below, will move us closer to our goal of establishing Community Pathways throughout the State. Ultimately, we

believe the State should implement a Governor’s Office of Child and Family Well-Being to oversee the integration of prevention funding across Departments in order to reach California’s vision of “***Child and Family Well-Being for ALL***”.

To that end, we would like to ensure that funds are efficiently used to establish an infrastructure that focuses on utilization of existing resources, leveraging and blending of private and public funding, and maximization of the drawdown of Title IV-E and other federal funds, including Medicaid (Medi-Cal). Further, we would like to ensure the inclusion of smaller community-based and grassroots organizations, as well as those that serve under-resourced communities and underserved populations, in the development and implementation of Community Pathways by dedicating funding, training, and technical assistance to support building capacity, infrastructure, and sustainability.

Therefore, to enhance the ongoing implementation of California’s Family First Prevention Services (FFPS) Plan and Community Pathways, we are requesting approval of the fiscal recommendations below which provide specific guidance directed to the State to support County implementation. Recommendations are aligned with the original [Community Pathway Recommendations](#) approved by the Child Welfare Council on March 13, 2023.

◆ RECOMMENDATION 1

California’s Department of Health and Human Services (HHS) Agency should ensure that public funding available across all HHS Divisions and Departments is maximized through the identification and notice of funding that can be leveraged and/or blended. This action will reduce duplication of efforts, enhance and/or expand existing initiatives, and maximize the drawdown of federal funds, including the new benefits available under CalAIM and BH-Connect, as well as Title IV-E. Intentional leveraging of cross-systems funding and initiatives will demonstrate the State’s effective use of resources, as well as support of California’s Family First Prevention Services (FFPS) plan and the vision of “***Child and Family Well-Being for All***”. These efforts should be articulated and enacted through policies and protocols that specifically support and facilitate fiscal integration and leveraging.

◆ RECOMMENDATION 2

DHCS should include “***Families At-Imminent-Risk of Child Welfare Involvement***” as a Population of Focus under CalAIM. The ability to utilize CalAIM Enhanced Case Management (ECM) and Community Supports (CS) benefits for families at risk of involvement with the child welfare and/or juvenile justice system(s) will lead to efficient maximization of resources through effective leveraging of cross-system funding, as well as enhance the opportunity for long term sustainability of the Community Pathway. Any increase in expenditures related to the addition of this Population of Focus would ultimately be offset by the decrease in the number of families entering the child welfare and other related systems, and the associated costs.

◆ RECOMMENDATION 3

CDSS and DHCS should base the FFPS “payer of last resort” definition on the FFPSA legislation and guidance from the Federal Administration for Children and Families (ACF) that specifies that Title IV-E funds may be used to pay for any Evidence Based Program (EBP) model that is not already funded by public or private providers, such as Medi-Cal. Currently in California, none of the selected FFPS Plan EBPs are directly billable under Medi-Cal; rather, providers using Medi-Cal to support these EBPs are billing individual interventions to cover the costs of eligible services. Any expansion of FFPS EBPs throughout California should be based on the approved ACF definition, allowing for Title IV-E funding to be used as a match when non-federal dollars are utilized. This definition would enhance the opportunity to maximize federal drawdown of Title IV-E, including allowing for FFPS EBPs funded by State dollars under the Children and Youth Behavioral Health Initiative (CYBHI) to be eligible for match funds when serving FFPS children, youth, parents, and families.

◆ RECOMMENDATION 4

CDSS should allow for the use of a federally approved interim claiming system for FFPSA Title IV-E funding until the proposed CARES system is available in October of 2026. The inability to access revenue during this interim period places the sustainability of California’s FFPS plan and the Counties’ Prevention Plans in jeopardy, regardless of any other revenue streams that may be available. Further, CDSS should immediately begin claiming to ACF for state and county identified administrative costs under Title IV-E, particularly given the inability to claim for any EBP services rendered, as well as provide technical assistance to Counties to submit administrative claims pursuant to state guidance.

◆ RECOMMENDATION 5

As the lead entity for FFPS, CDSS—in coordination with DHCS—should provide and/or ensure the provision of specialized fiscal training and technical assistance (TA) to Counties implementing Community Pathways and community organizations interested in partnering to implement the CPP (including the expanded definition of partners discussed in Recommendation 6), to promote accessibility of alternate funding. This would include providing training and TA on the integration of CalAIM benefits, including Enhanced Case Management, Community Supports and Community Health Workers, as core components of the Community Pathway, as well as the promotion and advancement of models that enable smaller CBOs to access funding through CalAIM/Managed Care Plans (MCPs), including, but not limited to, the development of Regional Networks, as well as existing partner models, such as:

- [Full Circle Health Network](#)
- Independent Living Systems (ILS)
- Partners in Care Foundation (statewide, nationwide)
- San Diego Wellness Collaborative (statewide)

◆ RECOMMENDATION 6

CDSS should continue to maintain a focus on funding mechanisms that enhance opportunities for community-based organizations and non-traditional partners to participate in County Community Pathways. Emphasis should be placed on smaller, grassroots organizations (budgets of \$3 million or less); as well as those that are led by individuals with lived experience, serve groups that have disparate outcomes or over-representation in the child welfare system, and/or serve under-resourced communities and underserved populations. CDSS should support this recommendation by ensuring that any new funding earmarked for prevention related services, including grants issued through the Office of Child Abuse Prevention (OCAP), be aligned with, integrated into or utilized to enhance Community Pathway development in participating Counties and that smaller CBOs are provided training and TA so that they build capacity to apply for OCAP funded grants. Additionally, this would include enabling interested Counties to access federal funds to support pre-petition legal services, pursuant to ACF Bulletin ACYF-CB-IM-21-06, issued 1/14/21, which enables CDSS to draw down Title IV-E for this purpose. Further, in addition to outcome data, the State should maintain county-level data on where funding is being distributed, types of services funded, and the percentage of funding received by entities in the above-named categories.