# FAMILY FIRST PREVENTION SERVICES ACT

Current Status – August 2021



#### Major Elements of Family First – In Review

Prevention

Evidence
Based
Programs
& Services

Quality Residential Care System
Alignment
&
Integration

Family Focused Care

Transforming the child
welfare focus from
foster care to
prevention of foster
care and increased
family stability and wellbeing

Focusing and strengthening the service array.
Using what works.
Results based accountability

Right-sizing group and residential care for children with a clinical need Opportunity for siloed departments to share mission, collaborate fiscally and enhance service delivery; integrate congregate care with community care

Support for kinship networks, recruitment of foster families, reunification, model foster care regulations, Family Finding

# Timeline for FFPSA

| Activity   | Mar-21                                | Apr-21   | May-21  | Jun-21   | Jul-21  | Aug-21  | Sep-21   | Oct-21                     |
|--|---------------------------------------|--|---|--|---|---|--|----------------------------|
|  |                                       |  |   |  |   |   |  |                            |
| Foundation Setting & Prevention Plan Section 1<br>Introduction | Convene Family First Kick-Off Meeting | Begin planning section 1:  - Establish Theory of Change  - Develop & implement strategy to engage stakeholders   | Continue planning section 1:<br>- Draft section 1   |  |   | Compile draft section 1 into full draft and obtain feedback     | Incorporate feedback into Prevention<br>Plan draft |                            |
| Communications   |                                       | Develop a Family First communication plan  - Craft key set of messaging points and sequential set of steps by segmented audience   | Implement communications plan   |  |   |   |  | -                          |
| Section 2 Candidacy  |                                       | Begin planning section 2: - Assess agency analytical capacity - Finalize Data Sharing Agreement - Obtain data for candidacy analysis   | Continue planning section 2:  - Conduct candidacy data analysis - Identify candidacy subgroups - Draft candidacy considerations and obtain feedback from stakeholders   | Continue planning section 2:<br>- Finalize candidacy considerations<br>- Draft section 2   |   | Compile draft section 2 into full<br>draft and obtain feedback  | incorporate feedback into Prevention<br>Plan draft | Prevention Plan submitted! |
| Section 3 Title IV-E Prevention Services                       |                                       | Begin planning section 3: Explore existing work done to identify EBPs and assess provider readiness - Develop jurisdiction-specific Provider Readiness Assessment survey - Conduct instructional webinars to support providers with survey | Continue planning section 3:<br>- Conduct Provider Readiness Assessment survey  | Continue planning section 3:  - Analyze findings from Provider Readiness Assessment survey  - Convene key stakeholders to review provider Readiness Assessment findings and make recommendations about EBPs to be included in the plan | Continue planning section 3:  - Finalize the selection of EBPs  - Draft Section 3: Title IV-E Prevention Services | Compile draft section 3 into full<br>draft and obtain feedba ck | incorporate feedback into Prevention<br>Plan draft |                            |
| Section 4 Child-Specific Prevention Plan                       |                                       |  | Begin planning Section 4  | Continue planning Section 4 & Section 5  | Continue planning Section 4 & Section 5   | Compile draft sections 4 & 5 int                                | to Incorporate feedback into Prevention            |                            |
| Section 5 Monitoring Child Safety                              |                                       |  | <ul> <li>Convene key stakeholders to develop operational case flow<br/>activities (e.g. eligibility determination, child level service/Prevention<br/>Plan, referrals, information sharing, safety monitoring, claiming)</li> </ul> | - Identify screening and risk and safety tools and processes   | - Draft section 4   | full draft and obtain feedback                                  | Plan draft   |                            |
| Section 6 Evaluation & Waiver Request                          |                                       |  |   | degin planning Section 6:<br>- Begin developing overall approach to evaluation and CQJ<br>of prevention programs   | Continue planning Section 6:<br>- Draft section 6   | Compile draft section 6 into full<br>draft and obtain feedback  | Incorporate feedback into Prevention<br>Plan draft |                            |
| Section 7 Child Welfare Workforce Training                     |                                       |  |   | lagin planning Section 7 Cather Information about EBP provider workforce skills and capacity to deliver selected EBPs - Gather Information about jurisdiction workforce skills an capacity to implement the Prevention Plan            | 5   | Compile draft section 7 into full<br>draft and obtain feedback  | Incorporate feedback into Prevention<br>Plan draft |                            |
| Section 8 Prevention Caseloads                                 |                                       |  |   | Begin planning section 8:  - Gather information to describe how caseload size and type for prevention caseworkers will be determined   | Continue planning Section 8:<br>- Draft section 8   | Compile draft section 8 into full<br>draft and obtain feedback  | Incorporate feedback into Prevention<br>Plan draft |                            |

# What has happened recently?

Candidacy Definition Finalized Evidenced Based
Programs in the process
of being solidified for
Prevention Plan inclusion

### **Candidacy Definition**

Children and Families
Served by FSD
In Home
(non-court
involved cases)

- Children ages 0-17
  - Under 6 with a safety plan
  - Under 2 with moderate risk rating
  - Ages 6-11 with "very high" risk rating
- Families with CHINB Assessment and moderate risk rating
- Families experiencing parental substance use disorders and/or child mental or behavioral health concerns
- Assessment tools: SDM Safety
   Assessment, Risk Assessment, and [needs assessment tool]

Children Served by FSD In Home with Sibling in Care

Community Pathways w/o DCF involvement

- Children ages 0-17
- Assessment tools: SDM Safety Assessment & Risk Assessment
- Children ages 0-17
- Families with multiple unaccepted reports, with or without a subsequent accepted report
- Families experiencing parental or child substance use disorders, mental or behavioral health concerns, or parenting skill needs
- Children placed formally or Informally with kin caregivers

Court-involved Families

Children and Families
Who have Exited
Foster Care
(post-permanency)

- FSD In-Home Juvenile Probation Youth
- Children in Established
  Adoptions or
  Guardianships at Risk of
  Disruption, including Kin
  Caregivers

- Children ages 0-17
- Children ages 0-5 in Conditional Custody Orders with "Safe" finding on Safety Assessment
- Assessment tool: SDM Safety Assessment
- Children ages 0-17
- · Children exited to reunification
- Children exited to guardianship
- Children exited to adoption
- Children exited to alternative/other planned living arrangement
- Opportunity to continue serving children as voluntary, FSD non-court cases
- Youth ages 12+ served through Balanced and Restorative Justice (BARJ) cases
- Assessment tools: Youth Assessment Screening Instrument (YASI)

Children ages 0-17

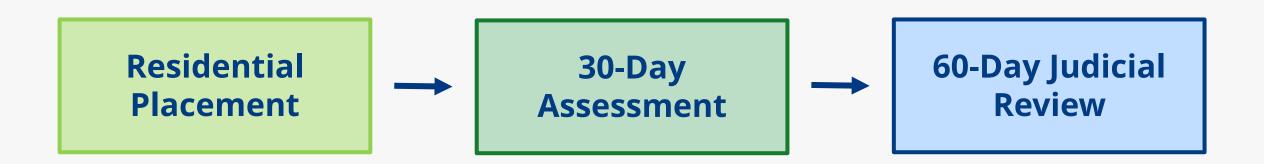
Pregnant and parenting youth in foster care are categorically eligible for Family First prevention services

#### VT's Prevention Plan in Process



# FFPSA Impacts on Congregate Care

FFPSA adds requirements on the State of Vermont to continue to draw down Title IV-E funds for residential treatment of children in DCF custody.



#### Child is in Need of Residential Treatment

- 350 placements of children will need to be evaluated per year.
- These placements represent 150 to 200 total children.
  - 286 placements of youth ages 12-17 years old;
  - 64 placements of a child younger than 12.

## 30-Day Assessment

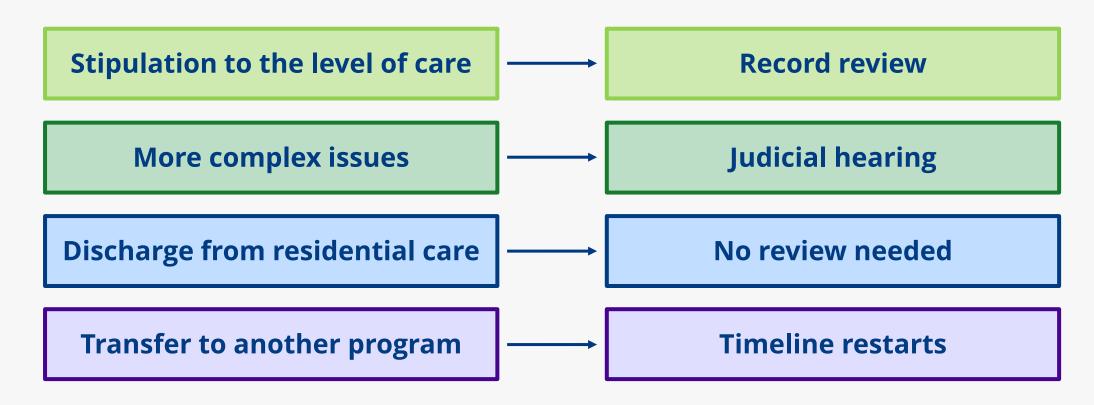
An assessment to determine level of care must be completed within 30 days for IV-E draw down. The assessment must be:

- Independent
- Use an evidence-based tool
- A determination made in conjunction with the child's treatment team

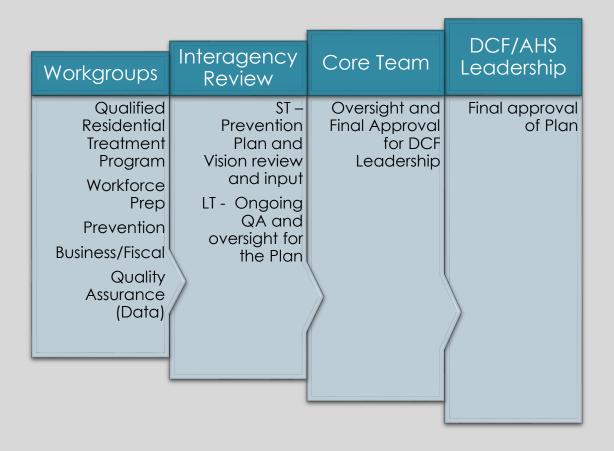
• If the assessor's recommendation is different than the treatment team, an explanation must be included

#### 60-Day Judicial Review

The residential placement of the child must be affirmed within 60 days of placement for IV-E draw down.



#### SYSTEM ALIGNMENT AT A CLOSER GLANCE



# Acronym Buster Slide



FFPSA – Family First Prevention Services Act



QRTP – Qualified Residential Treatment Program



EBP – Evidence Based Program



QA – Quality Assurance

