

The Family First Prevention Services Act

An Opportunity for Systems Change

Policy is a necessary tool in preventing child maltreatment, but policy alone is insufficient in addressing its complex root causes. Systems change, or 'shifting the conditions that are holding the problem in place', is a collaborative approach that works to redefine relationships between system actors, develop a shared understanding of the root causes of the problem, and implement strategies to influence drivers of systems change. The Family First Prevention Services Act (FFPSA) provides a unique opportunity for child welfare and other systems to work towards changing the conditions that have been focused on placing children in foster care and shift towards a prevention approach. The ability to update spending priorities, statewide rules and regulations, and infuse the latest evidence-based practices are all possible through FFPSA implementation, just as child welfare is facing new challenges and an increasing number of children in foster care.

“In child welfare, change is hard because people often underestimate the risk of current policies and overestimate the risk of changing policies.”

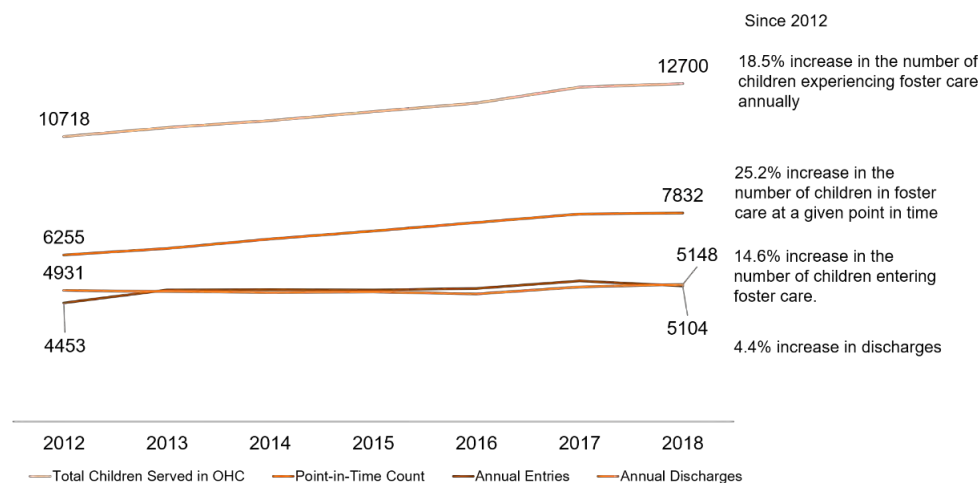
-Bryan Samuels, Executive Director, Chapin Hall

Child Welfare in Wisconsin Since 2012

In Wisconsin from 2012 to 2018 there was a 25.2%ⁱⁱ increase in foster care at a given point in time, an 18.5%ⁱⁱⁱ increase in the number of children experiencing foster care annually, and a 14.6% increase^{iv} in the number of children entering foster care in Wisconsin^v. 70% of the children entering foster care in 2018 had neglect identified as a factor in their removal.^{vi} There has also been a 90.7%^{vii} increase

in the rate of removals related to caretaker drug abuse. At the same time, the number of children exiting foster care only increased by 4.4%^{viii}. These increased challenges are accompanied with an enhanced

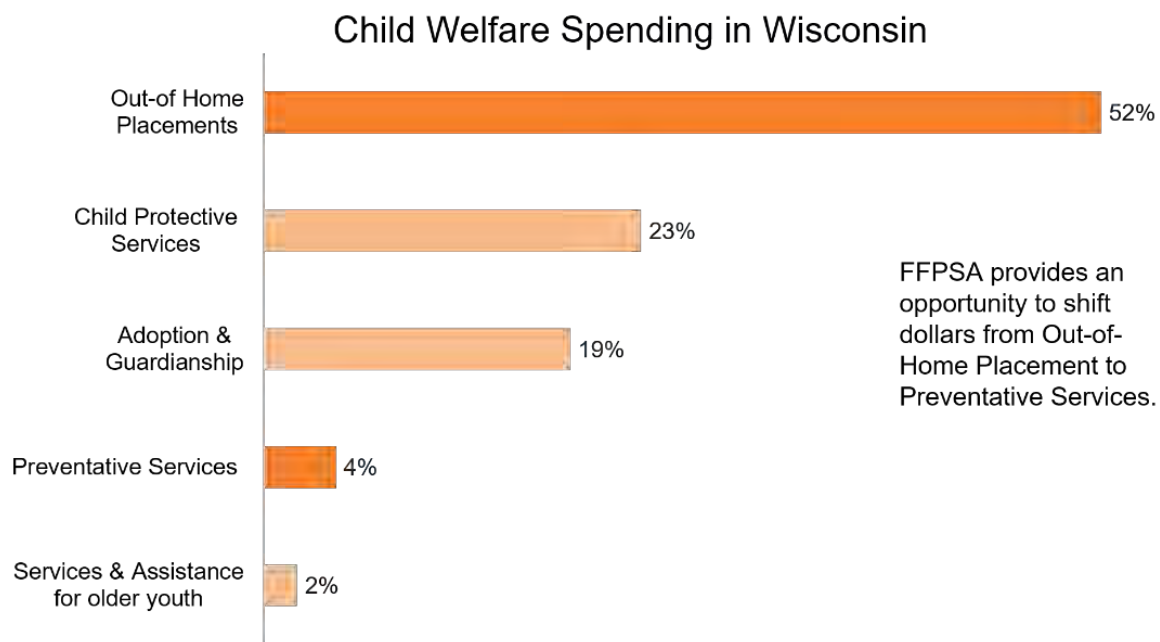
Wisconsin Out-of-Home Care Trends: 2012-2018



Source: Wisconsin Out-of-Home Care Reports, 2010-2018, retrieved from <https://dcf.wisconsin.gov/reports>

awareness of the impact of trauma and toxic stress has on the physical and behavioral health on children.

Our understanding of the impact that adverse childhood experiences (ACEs) and toxic stress has on child functioning and life-long health and well-being has profoundly developed since the passage of the Adoption-Safe Families Act (ASFA) in 1997. We know that removal from the family home only compounds the trauma and adversity that children receiving child welfare services have already endured in the form of neglect, abuse, and/or other forms of household dysfunction. This highlights the importance of preventing child abuse and neglect while also preventing children from being removed from the parental home and placing them in foster care. Improvements in the knowledge base surrounding the impact of removing children from the home have not been reflected in child welfare legislation over the years. However, the Family First Prevention Services Act (FFPSA) shifts federal funding from congregate care to services that would prevent children at imminent risk of entering foster care, designated as “candidates for foster care,”^{xix} from being separated from their family, and thus, from experiencing additional trauma and adversity related to out-of-home placement. Prior to FFPSA, funding for in-home services that preserve or reunite children and families only accounted for 8% of the roughly \$8 billion in federal child welfare spending.^{xi}



Source: Child Welfare Agency Spending in Wisconsin-2016, . Child Trends (2018), retrieved November 1st, 2019; https://www.childtrends.org/wp-content/uploads/2018/12/Wisconsin_SF2016-CWFS_12.13.2018.pdf

Wisconsin presently spends a smaller proportion of state/local child welfare funds on preventative services, and a larger proportion on out-of-home placements when compared to the US average.^{xii} Currently, Wisconsin uses 4.5% of state, local, and federal child welfare funds for child abuse prevention services.^{xiii} While spending for preventative services remains constrained by the amount of spending allocated to preventative services by the state, FFPSA offers federal funding to support well-validated programs for children at-risk of out-of-home placement, thereby presenting hope that increasing trends of removal and its consequential impact on families can be reversed.

Candidates for Foster Care and the IV-E Prevention Services Clearinghouse

For states to receive FFPSA funding they must submit plans every 5 years to detail how the state will monitor and oversee safety of children who receive the prevention services or programs; the services and programs the state intends to provide and whether they are promising, supported, or well-supported; the outcomes the state intends to achieve; how the state will evaluate the prevention services or programs offered; and how child welfare agency staff will be trained and supported to effectively implement the prevention services and programs.^{xiv xv} FFPSA funds evidence-based interventions to be provided in the home as identified by a newly established [IV-E Prevention Services Clearinghouse](#).^{xvi} Funding provisions related to the Act are available starting in October 2019, after states submit their state plan described by the legislation. Many states, including Wisconsin, opted to defer implementation of FFPSA for two years^{xvii}, providing opportunities to implement broader systems change.

A child is deemed a “candidate for foster care” when they would enter care but for the availability of FFPSA services.^{xviii} A candidate for foster care may receive FFPSA funded services once the state provides a written, trauma-informed prevention plan that identifies a strategy allowing the child to remain in the home or live with a kin caregiver. The family’s prevention plan must also provide a list of FFPSA Clearinghouse-approved services associated with the strategy.^{xix} States can receive federal reimbursement for up to 12 months of preventative services for children who are candidates for foster care. The 12 months of services begin when the child is identified in the prevention plan as a candidate for foster care.^{xx}

The IV-E Prevention Services Clearinghouse has been established to identify and approve evidence-based services eligible for funding pursuant to FFPSA. Services must fall into one of three areas to be eligible for funding: 1. Parenting; 2. Substance abuse treatment; or 3. Mental health interventions. To be approved by the clearinghouse, services must be able to meet standards identifying the service as a “promising practice,” a “supported practice,” or a “well-supported practice.” There must be a manual that specifies the components of the intervention and there must not be any “case data suggesting a risk of harm that probably was caused by the treatment and that was severe or frequent.”^{xxi} Once approved by the clearinghouse, interventions can be incorporated into a FFPSA prevention plan for children designated to be candidates for foster care in states that have access to the funding.^{xxii}

While the purpose of the FFPSA is to prevent the entry of children into the foster care system, children cannot be deemed a candidate for foster care without child welfare involvement and creation of an FFPSA prevention plan. Accordingly, the prevention services funded by the FFPSA should be classified as early intervention for families involved in the child welfare system as opposed to prevention of child welfare involvement in general. The early intervention model represents a significant shift from the traditional mindset related to the child welfare system and provision of evidence-based services.



FFPSA: A systems approach

A system is a configuration of interacting, interdependent parts that are connected through a web of relationships, forming a whole that is greater than the sum of its parts^{xxiii}. Systems change can be synonymous for addressing “root causes”, or as a way to move beyond Band-Aid solutions and tackle the underlying causes of social problems^{xxiv}. *Systemic interventions*^{xxv} provide a framework to collaboratively *understand complex problems*, develop strategies to *influence system drivers*, redefine relationships between system actors to change behavior and evaluate efforts to affect population level outcomes. Applying a systems lens to FFPSA implementation would include looking at various drivers, or factors that drive behavior of key actors within a system^{xxvi}. While there are many opportunities across different drivers of systems change, some that should be considered priorities in taking a systems approach to FFPSA include:

Drivers of systems change:

- Resource flow
- Communication
- Relationships
- Policy and regulation
- Mental Models
- Structures
- Ideas and Knowledge
- Authority
- Competencies

Relationships: Changing relationships between actors within a system is a core component of achieving transformational change. In systems, the relationships between individual parts may be more important than the parts. A system is not just a collection of individuals but includes how they interact with each other and their environment. In the systems view, the “objects” of study are networks of relationships^{xxvii}. FFPSA sets forth several clear system actors to coordinate efforts to maintain children in the parental home, including child protection, mental health, substance use treatment, health care, child abuse prevention services, and parents themselves. There is also an opportunity to include groups that traditionally operate in different silos, yet often serve the same families and strive for similar goals. Organizations focused on poverty, [violence prevention](#), education, and [housing](#) all strive for child, family, and community stability that can be protective factors for child maltreatment.

Emphasis has long been placed on content experts, people with academic or professional experience in the system or problem. Their voice, and definitions of success, has been given priority at decision-making tables and at each phase of the decision-making process from brainstorming to evaluation. These perspectives are often ingrained in the system that already is not working, or worse, causing more harm. On the other hand, context experts, people with lived experience of the issue, have a wealth of knowledge and skills to contribute to identifying, implementing, and evaluating solutions. Context experts:

- Have knowledge of navigating a complex system and ability to pinpoint barriers and facilitators.
- Know first-hand the internal reactions and choices that are made at each step in the process.
- Build rapport quickly with peers with shared experiences^{xxviii}.

Decision-making tables and processes must be designed to authentically engage the voice and wisdom of people with lived experience if we truly want to find solutions that work for all.

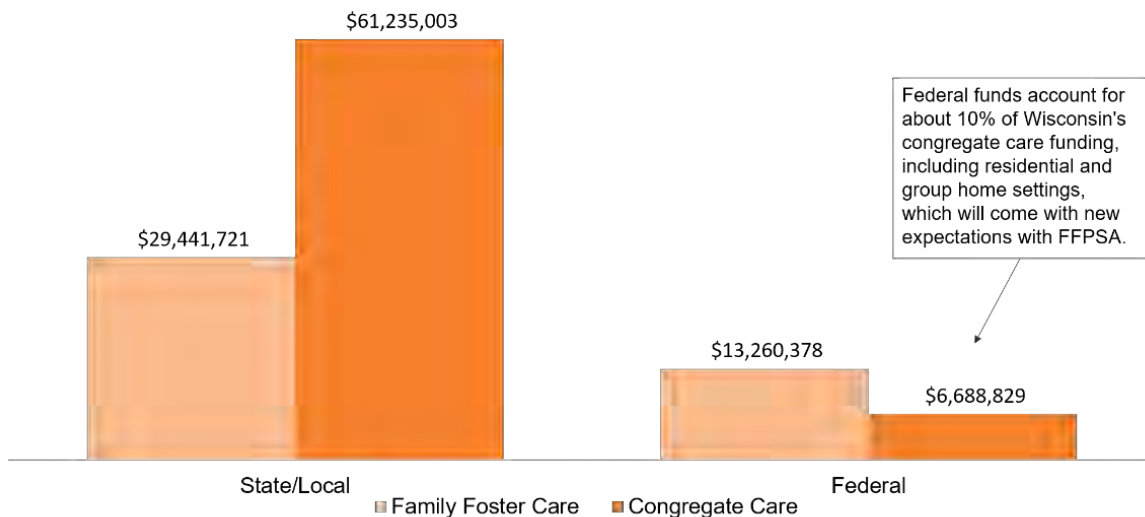
Direct Practice Mental Models: The mental models, or deeply held beliefs and assumptions that influences one's actions^{xxx}, can explicitly and implicitly influence decision making and behaviors. For direct practice providers serving families involved with, or at-risk for involvement with, the child welfare systems, an additional variable is how vicarious trauma may influence their thinking, decision making, and behaviors. Vicarious trauma, which can present much like the symptoms of Post-Traumatic Stress Disorder (PTSD), can include changes in identity, sense of safety, ability to trust, self-esteem, and sense of control^{xxx}. The judgement of staff selecting families for FFPSA services will be central in successfully executing any plans for a desired future state. Including their voice in the planning process is essential, but so is developing clear and transparent means to support them through implementation of new policies that require them to take chances on selecting a prevention services approach, instead of a removal into foster care where safety may be better controlled.

Mental Model Case Example:

The Urban Institute found that child welfare caseworker judgment factored heavily into selecting families eligible for Family Unification Program (FUP). Housing vouchers were used as a method to motivate families, as opposed to referring their families with the highest needs, the intended outcome of the program. In implementing FFPSA, states should consider including direct practice staff in designing the prevention plan, roll-out of the plan to other staff, and monitoring effectiveness of implementation.

Resource Flow: The availability of fiscal resources can have an important influence on the actions of individuals and institutions in the system. Incentives are a particularly important form of resource flow, rewards and sanctions for certain actions^{xxxi}. A significant opportunity in FFPSA is the flexibility in spending title IV-E funds, typically restricted to fund out-of-home placements, on prevention services. The funding flexibility to address the direct and indirect cost of EBIs and addressing challenges around access to providers able to deliver EBIs are systemic barriers that stretch beyond the traditional child welfare system.

Federal Contributions to Wisconsin's Congregate Care Funding

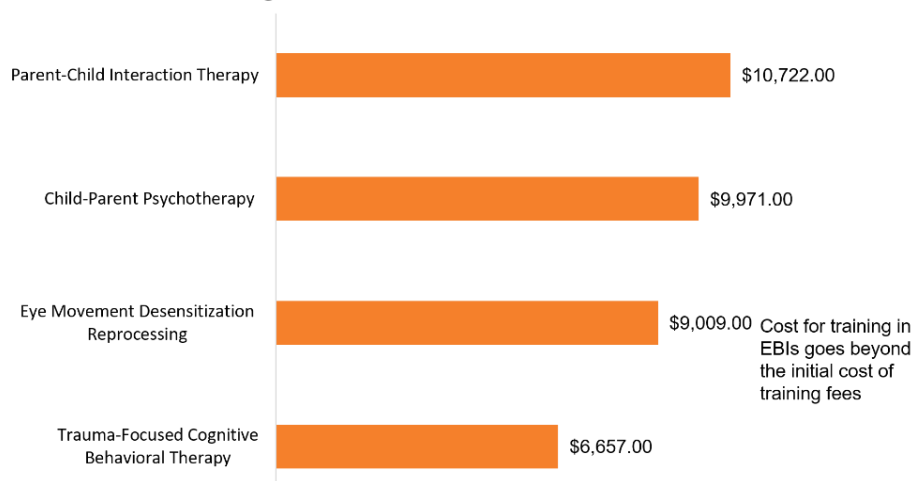


Source: Child Welfare Agency Spending in Wisconsin-2016, Child Trends (2018), retrieved November 1st, 2019; https://www.childtrends.org/wp-content/uploads/2018/12/Wisconsin_SFY2016-CWFS_12.13.2018.pdf

Currently, federal funding accounts for 35% of child welfare spending in Wisconsin^{xxxii}. The intention of FFPSA was to shift funding from congregate care settings, residential care centers and group homes, to prevention-focused services. Federal contributions to congregate spending only account for 1.4%^{xxxiii} of Wisconsin’s overall child welfare spending. While some FFPSA transitional funding may become available^{xxxiv}, additional flexibility, not new funding, is the fiscal cornerstone of FFPSA.

FFPSA’s flexibility extends beyond the ability to use IV-E funds to pay for preventative services, they can also be used for administrative expenses to manage the program and training for staff, foster parents, and certain private agency staff^{xxxv}. Funding for training staff in EBIs does not cover the cost of implementation, leaving that burden for private providers. The ICFW’s Trauma and Recovery Project (see sidebar on page 10) has found that smaller mental health clinics, in particular, are stretched thin by the costs of staff training in EBIs. By applying a broad definition of FFPSA’s “administrative costs” that includes direct and indirect costs related to training, the state may help to incentivize agencies and practitioners to invest their limited resources in

Training Costs of Evidence-Based Interventions



Source: A combination of Children’s Wisconsin spending on training fees, certification fees, Medicaid cost per hour of lost reimbursement, administrative overhead costs.

training in approved EBIs that will be central to FFPSA’s success.

Providing access to evidence-based mental health interventions is a systemic challenge to implementation of the FFPSA. Wisconsin is currently ranked 36th in the nation for mental health workforce availability, meaning there are 530 adults or children

needing services for every 1 mental health provider (psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists, and advanced practice nurses specializing in mental health). To create the infrastructure necessary to sustain FFPSA services, states will need to consider costs related to increasing workforce availability, such as funding the full cost of trainings, reimbursement for missed billable hours related to training, or factoring such costs into the billable rate for related services. Further, including in-home and/or group-based adaptations in the FFPSA clearinghouse of approved EBIs, such as Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) and Parent-Child Interaction Therapy (PCIT), would provide families greater access to these trauma-responsive services.

Sharing Knowledge and Ideas: Sharing knowledge is not a one-way approach, flowing from conveners to participants. Relationships among network members are strengthened when participants can name their issues, discuss them extensively, and eventually describe remedies that seem to offer the most hope for progress^{xxxvi}. Experience from providers, specifically around

implementing in-home EBIs, point to challenges around efficiency and adapting EBIs so that they may be provided in the home versus in a clinic.

The Trauma and Recovery Project (TARP):

TARP is a 5-year project that is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA). The project aims to increase the availability and accessibility of trauma-responsive treatments for children and families in southeastern Wisconsin by: (a) fortifying and coordinating systems of care, (b) increasing the pool of clinicians trained in evidence-based practices, and (c) increasing the number of children and caregivers that receive appropriate screening, assessment, and trauma-responsive services.

Reduced efficiency for clinicians related to providing EBIs in the home, thereby improving access, is a hurdle in reaching families most likely to be candidates for foster care. Several of the evidence-based interventions in the FFPSA clearinghouse (for example, TF-CBT and PCIT) are not originally designed to be delivered in the home and current trainings usually do not support such adaptations. The ICFW has experience in adapting PCIT and TF-CBT to the in-home setting and can speak to practical adaptation of the EBIs to in-home or group settings. FFPSA support for ongoing Communities of Practice around in-home and group adaptations would also further support practitioner development and fidelity to the EBIs. FFPSA reimbursement in the form of higher rates for in-home services provided could further help absorb the practitioner's cost of providing services in the home.

Closing

FFPSA is the most significant federal child welfare legislation since 1997 and presents as an opportunity to shift the focus *and* resources of child welfare systems

towards preserving children in their home, as they cope with increasing populations. The opportunity for transformational change with FFPSA comes from leveraging what we understand about the benefit of including a broad range of voices in generating solutions with the community; leveraging local content and context expertise; and the latest insights into trauma, vicarious trauma, resilience, and brain science.

The foundation of such an effort will be collaboration between new partners, extending past child protection services, into other service systems and into the community. Doing this effectively will require building trust among new partners with differing definitions of success. This will likely challenge the status quo, causing tension between well-meaning partners, which is a common element of transformational change. These efforts should extend past any FFPSA mandated timelines, into the space of a new definition of what constitutes a child welfare system.

Recommended Reading on the Family First Prevention Services Act (FFPSA):

The Annie E. Casey Foundation: <https://www.aecf.org/blog/family-first-prevention-services-act-will-change-the-lives-of-children-in-f/>

The Alliance for Strong Families and Communities Overview of Provisions in the Family First Prevention Services Act: <https://www.alliance1.org/web/news/2018/feb/overview-provisions-family-first-prevention-services-act.aspx>

The Chronicle of Social Change: A Complete Guide to the Family First Prevention Services Act: <https://chronicleofsocialchange.org/finance-reform/chronicles-complete-guide-family-first-prevention-services-act/30043>

Recommended Readings on Systems Change:
FSG: [The Water of Systems Change](#)

Tamarack Institute: [Evaluating Systems Change Results: An Inquiry Framework](#)

Stanford Social Innovation Review: [What Exactly Do We Mean by Systems?](#)

Citations

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