

# Position Statement

2020

## Proposal

### Issue:

Minnesota faces both a significant challenge and an opportunity to position itself strategically for dynamic changes coming from the *Federal Family First Prevention and Services Act (FFPSA)*. Foundational decisions need to align both *programmatic tenets* and *funding priorities* at the *state level*. Our convictions for *quality care* must be evidenced by *key investments* in *direct services* and *resources* based on *our stated mission* in Children and Family Services. Our mission must be focused on supporting, preserving and strengthening families while keep children safe. This can only be achieved through the integration of services at all levels (e.g. Child Welfare, Public Health, and Education) and the leveraging of funding from Medicaid, federal, state and counties.

### Implementation Strategy:

A *multi-dimensional roadmap* still should be developed aligned under the core philosophies of the FFPSA. In order for Minnesota to be prepared for *systemic-level changes*, a framework must be constructed with *respect to federal, state, and local duties and fiscal responsibilities*. *Roles* must be *clearly and proactively defined*. This effort will benefit from *realistic targets* for *planning and implementation* including both direct and indirect *cost projections*. The Association will use these objectives as a reference guide to develop a framework as more specific legislation is proposed.

In the short term with the 2021 Session:

- Support proposals that provide coordination and funding for the comprehensive changes once envisioned for the FFPSA planning process.
- Advocate for services that are promising to improve safety and wellbeing to preserve African American, American Indian, immigrant, and poor families in particular.
- Oppose efforts that foreseeably continue the IV-E reimbursement loss to counties in the transition to Qualified Residential Treatment Programs.
- Seek additional funding to build the infrastructure of prevention services statewide.
- Require administrative burden and inefficiencies in documentation be minimized.

## Systemic Priority Alignment (highlight all that apply and explain why)

- Equity
- Integrated Services
- Fiscal Framework

From the GARE Toolkit (See [www.racialequityalliance.org](http://www.racialequityalliance.org)): What are the racial equity impacts of this particular decision? Who will benefit from or be burdened by it? Are there strategies to mitigate unintended consequences?

### Comments:

Equity: Addressing clear and known disparities with regard to race and income for Child Wellbeing.

Service Integration: The full continuum of care must demonstrate an observable correlation of priority statements with % of national, state, and local investments in the identified priority areas for child protection, children's mental health, family support services, etc.

Fiscal Framework: Definition of roles and duties must be directly correlated with budgetary priorities (federal, state, local fiscal notes)

## Relevant Committee (highlight all that apply and explain why)

- Adult Services
- Behavioral Health

- **Children's Services**

- **Modernization**
- **Policy**
- **Self-Sufficiency**

**Why: The focus of FFPSA is in child welfare and children and family services.**

### **Rationale/Background:**

The implementation of Family First Prevention Services Act exists on different levels. The intent of MACSSA from the start was to accept the charge of Jerry Milner to leverage FFPSA in a planning process that would redefine service delivery in child welfare and for the support of families. MACSSA's perspective on that charge was to engage data and lived experiences from people served in the current system to consider approaches to addressing the root causes limiting families' functioning and success. The hope was to look across the range of funding streams—including but not limited to FFPSA—to design a comprehensive approach to prevention and family preservation services, bringing clarity to optimizing funding options and service access statewide. Predictable funding streams, investment in development of needed services, and financial support through the transition from the current to future preventive approach were vital for the transformation to occur. Beyond this broad system level planned in the process of responding to FFPSA, elements specific to FFPSA requirements included the selection of a small set of services approved for IV-E reimbursement for which provider training and communities of practice could be developed to create and sustain access statewide. The required evaluation system would inform continued services.

The experience has been much narrower with significant time lost in the planning process and then in response to the pandemic. These constraints have made the system planning MACSSA hoped for much less attainable. In light of the current limitations of time, budget, and capacity, MACSSA seeks a current refocusing of the Association's priorities for FFPSA in the 2021 Session and work with state administration.

- As a state supervised, county administered system, the counties, initiative tribes, and state must work together to define and operationalize the Family First Prevention Services prevention plan, including consideration as to how the Family First Transition Act funding furthers creation of the needed infrastructure for prevention services. Currently counties participate as stakeholders in a series of workgroups, but have not gained a collaborative or shared decision making structure with Minnesota Department of Human Services. Creation of a shared leadership structure is critical to effective planning and implementation, and should be pursued wherever the opportunity arises.
- Counties anticipate that the state and counties will struggle to find the funding to support building and sustaining the necessary prevention programming and required evaluation. This presents the real possibility that IV-E reimbursement for congregate settings past fourteen days will be lost without prevention services or reimbursable options being available. The further loss of revenue in this transition and both the loss of and failure to develop alternative supports will reduce resources available to children and families as well as to the system. Remedies should be pursued that sustain service access and provide financial stability.
- FFPSA Transition Act or any additional funding provided for this implementation should be directed at creating and strengthening the service infrastructure statewide so that family preservation support is readily available.
- It is unclear the extent to which Minnesota's prevention services plan will be reviewed by the Legislature. If considered by the Legislature, MACSSA should support efforts that bring services statewide that have been shown or are regarded as effective in preserving and supporting African American, American Indian, immigrant, and poor families, whether contained in a FFPSA prevention services plan or in service approaches ancillary to FFPSA.
- Legislation regarding access to Qualified Residential Treatment Programs should be evaluated and supported if it balances the needs of families, children and youth, and a sustainable system.
- Counties have already lost revenue in the transition to FFPSA-required background studies when the legislated implementation strategy left most Minnesota congregate settings out of compliance for IV-E reimbursement. Proposals that would remedy this substantial revenue loss and ensure counties are held harmless in these transitions should be supported.
- The 2021 Session is expected to review enabling legislation for the implementation of Qualified Residential Treatment Programs. The requirements placed in statute should mirror the federal requirements
- The October 2021 deadline for restrictions on congregate IV-E reimbursement follows on the impact of Children's Residential Treatment Centers being classified as Institutions of Mental Disease, impacting funding as well. The burden on counties from these policy changes should be considered in their totality, as these changes shift more and more of Minnesota's system of care on to property tax funding that varies widely across counties and regions in the state.
- Implementation of FFPSA requirements must seek to minimize or reduce the administrative burden on counties and initiative tribes delivering services. Wherever possible, inefficiencies in the Social Services Information System should be addressed and any new data collection streamlined.
- MACSSA continues to support the funding of pilot projects pursued at the county or tribal level that test out effective strategies to preserve families and prevent further system involvement. Funding for evaluation of local interventions that show potential to be considered for federal clearinghouse approval is particularly important in building Minnesota's service base.

Additional work is still needed for MACSSA to develop positions on the components of FFPSA implementation that have been presented by Minnesota Department of Human Services.

Summary Statement: As Minnesota moves forward with implementation of Families First Prevention Services Act, attention should be paid to accessing appropriate services statewide, adequately funded, without significant administrative burden to counties and initiative tribes, in promotion of the vision of a coordinated family preservation system of care and support.



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Approved on: