

Position Statement

For 2022 Session

Family First Prevention Services Act (FFPSA) – 2022 Position

Proposal

Issue:	<p>Minnesota faces both a significant challenge and an opportunity to leverage the Federal Family First Prevention and Services Act (FFPSA) to better support the children and families of Minnesota and prevent out of home placements. Foundational decisions need to align both programmatic tenets and funding priorities at the state and local level. Our convictions for quality care must be evidenced by key investments in direct services, resources and supports based on the principles of Advancing Minnesota Families (link to document). We must focus 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 Ed) with support and training from the state.</p>
Implementation Strategy:	<p>A multi-dimensional, integrated roadmap still should be developed and aligned under the core philosophies of the FFPSA. In order for Minnesota to be prepared for systemic-level changes, a framework that reflects the core tenets of FFPSA (Prevention, Kinship, Transition Age and Residential) must be constructed with respect to federal, state, and local duties and fiscal responsibilities. Stakeholder 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 2022 Session:</p> <ul style="list-style-type: none">• Support proposals that:<ul style="list-style-type: none">- Provide coordination and funding for the visioning and comprehensive system changes associated with FFPSA. This must include a vision across the child welfare/wellbeing continuum from prevention to placement prevention to out of home placements.- Advocate for services that are promising to improve safety and wellbeing to preserve African American, American Indian, immigrant, and poor families in particular.- Provide the necessary state investment in financial and technical support that allows for the implementation of statewide prevention services, including program implementation and continuous quality improvement requirements. Investments made in building and sustaining a prevention and kinship service array have been shown to reduce the number of out of home placements, an increase in child and parent reunifications and increase child wellbeing indicators.- Address the training and workforce needs throughout the course of implementing FFPSA- Address the necessary system changes to support and implement the changes in the areas of kinship and transition age services.- Recognize and reimburse counties for lost income as a result of FFPSA implementation including inability to implement prevention and kinship, services and specifically in the area of residential placements including Q RTP implementation which includes the impact of FFPSA requirements in the area

of IMD, Corporate Foster Homes, rate adjustments and impact to providers unable to meet the requirements.

- Address the implementation of new requirements in the area of QRTP's, including, but not limited to the areas of Qualified Individuals and After care.
- Require administrative burden and inefficiencies in documentation be minimized

• **Oppose proposals that:**

- Result in a loss of Title IV-E reimbursement to counties without additional and equitable financial support from the state.
- Support or enable new or further cost shifts to counties related to FFPSA implementation without additional and equitable resources appropriated from the state.

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

- **Equity**
- **Integrated Services**
- **Fiscal Framework**

From the GARE Toolkit (See 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**
- **Equity**
- **Healthcare**
- **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 many different levels. The intent of MACSSA from the beginning 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 cqi and evaluation system would inform service adaptations. The experience has been much narrower than MACSSA had hoped for due in part to significant time lost in the planning process, a lack of leadership and vision from the state and responding 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 2022 Session and ongoing 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 bolstered 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, including the continuous quality improvement (cqi)/evaluation requirements. 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 for children and families. 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 and make enacting the vision of FFPSA impossible. Remedies that build and sustain service access with stable funding streams should be pursued.

- 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.

- Qualified Residential Treatment Programs legislation should be evaluated and supported if it balances the needs of families, children and youth, and a sustainable system.

- Counties 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 backfill the substantial revenue loss and other revenue losses as a result of implementing FFPSA should be supported.

- Implementation of FFPSA must include training and support for the workforce. System, operational enhancements (including SSIS enhancements) and workforce training should occur a minimum of 90 days prior to implementation. The system (state, counties, providers and Tribes) must thoughtfully consider how to minimize any additional demands on staff by eliminating unnecessary work requirements and utilizing tools such as the Collaborative Safety framework to plan and address issues.

- 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.

Commented [AT1]: Community supports, supporting children and families in community, incorporating the voice of lived experience (development of CQI?); producing outcomes – make, real time information.

Flexibility of funding – pacing – per Paula conversation – it will take time for programs to be trusted and for them to staff up and be ready to provide services – when referrals come in fast – analogy of starbucks (orders wrong, site closures, limited communication with customers).

Commented [AT2]: Say anything here about IMD issue and likely impact?

Say anything about addressing the needs of the workforce – requirements for training, testing, design and development of local infrastructure?

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Commented [AS3R2]: I think we need to address the impact to workforce: Implementation of FFPSA must include training and support for the workforce. Training regarding practice changes including SSIS enhancements should occur a minimum of 90 days prior to implementation. The state has adopted Collaborative Safety framework which recognizes the complex and overwhelming demands on the workforce. State and counties must thoughtfully consider how to minimize any additional demands on staff by eliminating unnecessary work requirements.



Submitted by: Angie Thies and Suzanne Arntson

Approved on: