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## Families First Prevention Services Act (FFPSA) February 10, 2022

**Loc H. Nguyen, DrPH, MSW**  
Child Welfare Policy Consultant  
County Welfare Directors Association of California


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## Agenda

- Introduction
- Basic Child Welfare Background
- FFPSA
- FFPSA Impact on Service Provision and MSW Field Education
- Summary
- Questions


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## County Welfare Directors Association of California (CWDA)

- We are a non-profit representing the human services directors from each of the 58 California counties.
- I currently am a child welfare policy consultant specializing in Systems of Care and Indian Child Welfare Act (ICWA), and those in this position have to have extensive experience.


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## Professional Experience

- I spent 11 years at the Los Angeles County DCFS as a line SW and supervisor, and was the manager over the ICWA and Asian Pacific Programs (700+ children).
- I was head of the LA County RTA or the University Consortium for Children and Families for 2 years.


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## Professional Experience

- I was the child welfare director for San Mateo County for over 5 years.
- \$81 million CPS operation that included 3 units of psychiatric social workers (master's-level MH clinicians) and some public health nurses.


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## Academic and Research Experience

- I have taught at the MSW program San Jose State and at UCLA, as well as the DSW program at USC.
- I have published papers in number of peer-reviewed journals, including the *American Journal of Public Health, Child Abuse & Neglect, Children and Youth Services Review, and Social Work.*


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## National Data

- There is a report of child abuse every **7 seconds** and a child is abused every **48 seconds** in the nation.
- By then end of my presentation, there will have been **25 children** abused somewhere in the U.S.


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## California Current Data

- There were CPS calls on 400,313 children of whom 57,300 children had substantiated allegations.
- There were 22,004 children who entered foster care, 58,072 in foster care, and another **19,250** children at home actively receiving child welfare services.


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## California Current Data

- Of the 58,072 in foster care, 15.6% (9,034) are over 18 years of age.
- Another 3.3% (about 1,900) are in Short-Term Residential Treatment Programs (the placement below a psychiatric hospitalization) who are entitled to Medi-Cal Specialty Mental Health Services.


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## Racial and Ethnic Inequities (REI): Disproportionality Measure

	African-American (5.6%)	American Indian (0.4%)
Allegations	2.6	2.2
Substantiated Allegations	2.7	2.6
FC Entries	3.2	3.2
In-Care	3.8	3.5
In-Congregate Care	5.9	4.6

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### Significant Health Issues

- About 34.4% of current foster youth have been hospitalized, 18.5% thought about suicide, and 6.5% attempted suicide.
- Foster Youth are **52.5 times** as likely to be given **5 or more** psychotropic medications **at the same time** than non-FY.
- FY under the age of **12 months** are **5.0 times** as likely to be given PMs than non-FY.

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### Racial and Ethnic Inequities (REI): Disproportionality Measure

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In-Care	3.8	3.5
In-Congregate Care	5.9	4.6
Anti-Psychotic Medication	4.8	4.3

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### Significant Health Issues

- Former foster youth have significant mental health issues; for example, they have PTSD rates twice that of combat veterans.
- They also are 3.0 times as likely to develop diabetes and cancer, and 5.8 times as likely to have a stroke.

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### Aging Issues and Child Welfare

- How many foster youth are in the care of their Grandparents?
- 3.8% (or 15,485) of foster youth in the U.S. are in the care of GPs.
- 3.1% (or 1,800) of foster youth in CA are in the care of GPs.
- The range in CA is from 1.4% in Colusa County to 7.6% in Mariposa County.

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### FFPSA

- Families First Prevention Services Act (P.L. 115-123) was a bipartisan law signed in February 9, 2018.
- There are 8 parts and Parts I and IV will be covered in more detail.


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## FFPSA

- It was designed to reform Federal funding to provide services to children who are at risk of entering the foster care system.
- It also reauthorized some Federal Laws and enhanced services to address the most vulnerable among foster youth, including those in congregate care.


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## FFPSA Part I

- Prior to FFPSA, a child had to be at **imminent risk** of foster care in order to leverage funding.
- Part I focuses on FFPSA as an entitlement for IV-E Prevention funding for those at **risk** of foster care.


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## FFPSA Part I

- Prevention services must fall into **one of three categories**:
  - Mental health;
  - Substance abuse prevention and treatment; and
  - In-home parent skills-based programs.


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## FFPSA Part I

- The prevention services must be **Evidence-Based Programs**.
- These EBPs had to be included in the Federal IV-E Prevention Services Clearinghouse.


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## FFPSA Part I

- For Oct.1, 2021 to Sep 30, 2023, 50% of the services must be **Well-Supported or Supported** programs and the rest **Supported or Promising** programs as determined by the Federal Prevention Clearinghouse in order to leverage Federal funding.


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## FFPSA Part I

- Starting Oct. 1, 2023, 50% of the services must be **Well-Supported** programs and the rest **Supported** programs as determined by the Federal Prevention Clearinghouse in order to leverage Federal funding.


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## FFPSA Part I

- Promising: Studies that show positive outcomes.
- Supported: Studies that show one positive outcome after 6 months.
- Well-Supported: Studies that show two positive outcome, each after 12 months.


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## FFPSA Part I

- CA Dept. of Social Services (CDSS) submitted its Prevention Plan on August 4, 2021 and are reviewing the Federal response to the Plan.
- Counties have to partner with local Tribes to do a community readiness assessment.


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## FFPSA Part I

- CDSS has chosen 10 specific Well-Supported programs and will allow counties to pursue any combination of these programs.
- Counties will then have to monitor their approaches.


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## FFPSA Part IV

- FFPSA Part I focuses on prevention (before cases come into foster care).
- FFPSA Part IV focuses on the “other extreme” or those foster youth with more complex needs, including those in congregate care.


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## FFPSA Part IV

- FFPSA cuts off Title IV-E funding in congregate care programs with four exceptions:
  - Qualified Residential Treatment Facilities;
  - Specialized settings for pregnant and parenting youth;
  - Transitional housing programs for youth 18 and over; or
  - Programs providing support services to Commercially Sexually Exploited Children.


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## FFPSA Part IV

- STRTPs (QRTPs in CA) must be accredited.
- STRTPs require the use of trauma-informed treatments designed for youth with serious emotional or behavioral disturbances.
- A referral must be made to a Qualified Individual (QI) within 2 business days of a CFT determining that a youth needs to be in a STRTP.


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### FFPSA Part IV

- The QI assessment with input from a Child and Family Team must be completed within 30 days of the QI referral or the placement into the STRTP (if it was an emergency placement).


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### FFPSA Part IV

- There must be Court approval within 60 days of placement, with specified findings.
- A licensed or registered nurse or other clinical supports available 24/7.
- The youth must have after-care for 6 months post-discharge.


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### Beneficiary Access to Specialty Mental Health Services

- Per DHCS BHIN 21-073, as of January 1, 2022, medically necessary SMHS do not have to be only curative or restorative.
- They now can include services that sustain, support, improve, or make more tolerable a MH condition to be considered medically necessary.
- Does not apply to psychiatric health facilities.


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### Beneficiary Access to Specialty Mental Health Services

- If the beneficiary qualifies under 1) below, they do not need to qualify under 2).
- 1) To qualify, beneficiary can be at high-risk for MH because of child welfare or juvenile justice involvement, or experiencing homelessness, or


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### Beneficiary Access to Specialty Mental Health Services

- 2) Beneficiaries meet both (a) and (b).
- a) beneficiary has at least one of the following:
  - i. A significant impairment;
  - ii. A significant deterioration of a life function.
  - iii. Not progressing developmentally.
  - iv. Need for SMHS not included in current Medi-Cal benefits.


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### Beneficiary Access to Specialty Mental Health Services

- b) beneficiary's condition due to one of the following:
  - i. A diagnosed MH disorder per the DSM V and the International Statistical Classification of Diseases and Related Health Problems.
  - ii. A suspected MH disorder not yet diagnosed..
  - iii. A licensed MH professional assessing significant trauma placing beneficiary at risk of future MH issue.
  - iv. Need for SMHS not included in current Medi-Cal benefits.


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## CSEC Youth Example

- The FBI estimates that 100,000 children have been sex-trafficked, 60% of whom have come from foster care.
- It is estimated that 100,000 children have COVID, 60% of whom come from hospitals.

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## CSEC Example

- This suggests that CSEC youth have a large trauma history before they come into the foster care system.
- What is the average number of times that a Human Trafficked victim has been sexually assaulted?

**• 6,000**


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## CSEC Example

- So we have to recognize that some foster youth who have been sexually exploited have a tremendous trauma profile prior to coming into the child welfare system.
- Some foster youth continue to be traumatized once they are in the system.


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## CSEC Example

- There are things that CW staff do in order to try to help the foster children that may be triggering events intensifying their trauma history without CW staff realizing it.
- We had a situation where we had to transport a CSEC youth from a far northern County to San Diego for an interview with a STRTP.


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## CSEC Example

- Staff transported youth there, but because of timing of flights and additional road travel, staff and the child had to stay overnight at a hotel.
- They always had a SW outside the room to keep the youth safe.


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### CSEC Example

- How do human traffickers transport their victims and where do HT victims stay at?
- Human traffickers usually fly them on airplanes and stay at hotels.
- Then they put a guard outside the room to keep victims from running away.


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### CSEC Example

- The youth may be reliving their worse traumatic experiences by the time they get to the interview.
- So at the interview, their rational brain is shut down, their fight/flight/freeze mode is in full effect to maximize their survival.


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### CSEC Example

- But from the provider perspective at the interview, all the provider was seeing was the trauma-based manifestation of a toxic stress response.
- “Youth was angry, they got up and left the interview, and/or they do not want to participate in our program.”


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### Implications

- This example is just the CSEC perspective.
- Now add REI, adverse issues once youth are in foster care, and the lack of trauma-informed training on multi-systems involved youth.


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### Implications

- We have a **recipe for disaster**.
- Or we have an **opportunity for growth** through leveraging innovative and trauma-informed social work education, practice and services across the different social work disciplines.


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### Implications

- It takes field placements with SME field instructors to cultivate social work interns to better understand the impact of the complex child welfare system.
- It takes social workers in child welfare, CBO, and mental health settings who have a solid academic SW background educated by SW faculty from across the different SW disciplines.

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## Implications

- It takes social workers who are in tune with the latest SW practices to provide the services in both the Part I and Part IV settings.
- It takes SW researchers to help define the evidence-based approaches and evaluation for prevention and understanding complex child welfare cases.


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## Implications

- It takes human services executives with extensive social work education and expertise to influence the policies.
- It takes SWs at all levels across the social services continuum to work with multi-systems involved youth in child welfare, juvenile justice, and those affected by homelessness.


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## Summary

- The information I shared today aligns with CalSWEC's goals.
- The child welfare background shows that we need to prepare SWs with backgrounds in child welfare, mental health, and even aging.


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## Summary

- FFPSA creates opportunities to define and create a continuum of SW education and training.
- The FFPSA implications highlight ways to engage in evaluation, research and dissemination of best practices in the SW field.


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## Contact Info

**Loc H. Nguyen, DrPH, MSW**  
 Child Welfare Policy Consultant  
 County Welfare Directors Association  
 925 L Street, Suite 350  
 Sacramento, CA 95814  
 628-249-6821 (Work Cell)  
 LNgyuen@cwda.org


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