

Overview of the Family First Prevention Services Act

The Family First Prevention Services Act (FFPSA) is the most substantial funding reform in the child welfare arena in the last 20 years. It aims to correct the value-policy mismatch perpetuated by the former funding system, which incentivized foster care placement and did not provide funding for noncustodial and prevention services. The new approach to funding incentivizes placing children in family settings; providing evidence-based services; and working with relatives who care for children in their families outside of the foster care system. FFPSA impacts a number of areas of child welfare practice, to varying degrees. The most critical elements are highlighted below.

Funding Services to Prevent the Need for Foster Care

FFPSA allows states to use federal funds to provide evidence-based prevention services in three areas: substance abuse treatment, mental health treatment, and in-home parenting skill development. Services may be federally funded for up to a twelve month period, and families can receive services for multiple periods. There are three standards of evidence considered for these services: promising, supported, and well supported. In order to be reimbursed with federal dollars, half of the funding utilized on preventative services must be spent on those which fall into the well supported category. The Children's Bureau has released program instructions around how services will be evaluated, and a list of the initial 12 programs being reviewed for consideration. On June 6, 2019, the Children's Bureau released additional guidance allowing states with relevant partners, to assess all available services that are likely to be eligible for federal funding and identify the most critical needs throughout the state.

FFPSA also provides the flexibility to use federal funds to support kinship navigator programs. These programs connect people providing kinship care to community-based resources targeted at maintaining and stabilizing the relative placement. The programs must be evidence-based, and families must meet certain requirements in order to be eligible for federally funded services.

Foster Home Licensing and Placement in a Family Setting

The Children's Bureau released model foster home licensure standards which include new requirements for background checks in certain settings. FFPSA also establishes new guidelines for placement in Qualified Residential Treatment Programs (QRTP) and required quality and service provision standards for this placement type.

Other FFPSA Legislative Changes

FFPSA made modest changes to existing criteria related to Chafee funding, which assigns certain benefit eligibility to young people who experience foster care at age 14 or older. The Act also requires that states take appropriate actions to ensure that children are not misdiagnosed with mental illness or other disorders that could contribute to their being inappropriately placed in group care settings. Additionally, new requirements related to the collection and reporting of child maltreatment fatalities have been prescribed.

South Carolina's Implementation Status as of 6/15/2019 and Next Steps

The Children's Bureau released information memoranda and program instructions to provide states guidance for implementation of FFPSA. As information is received from the Children's Bureau, South Carolina Department of Social Services (SCDSS) is incorporating that information into ongoing planning. SCDSS is assembling workgroups that include critical stakeholders and partners to implement practices, policies, and programs to support FFPSA.

- On April 28, 2019, SCDSS formalized its FFPSA governance structure and chartered an executive steering committee to oversee the statewide development and implementation. SCDSS has elected to form two focused FFPSA workgroups (Prevention and Care Continuum) which are comprised of both internal and external stakeholders. The workgroups are tasked with identifying service requirements, QRTP requirements, eligibility, geographic need, policy, funding, and other miscellaneous FFPSA requirements related to their respective areas. FFPSA workgroups are scheduled to begin meeting in July 2019.
- SCDSS has recently begun to identify evidence-based services across the state that are consistent with FFPSA service recommendations. SCDSS will engage providers to assist in the analysis and compilation of the current service array as it relates to applicable federal evidence-based programming standards.
- On May 4, 2018, the Administration for Children and Families (ACF) announced a funding opportunity for the development, enhancement, or evaluation of kinship navigator programs. This grant would assist agencies in preparing to participate in newly authorized title IV-E kinship navigator funding options. In July 2018, SCDSS was awarded one of the kinship navigator grants. The funds from the grant are being used to raise awareness of kinship care through the development of outreach materials and community education, offer kinship care support groups, and to provide Attachment Regulation and Competency (ARC) training to kinship caregivers across the state.
- On March 11, 2019, SCDSS applied for the second round of kinship navigator funding. Submissions are still under review by the ACF and awards have not yet been announced. SCDSS remains committed to the expansion of kinship care options that support family connections and promote children maintaining healthy, stable bonds with those kin.
- In April 2019, SCDSS interviewed kinship caregivers from across the state to inform enhancements to the existing kinship care program. Following the interviews DSS formed an advisory panel to assist the agency in its ongoing kinship related endeavors.
- SCDSS has developed two strategies to enhance the accuracy of child fatality investigations and National Child Abuse and Neglect Data System (NCANDS) data reporting. First, SCDSS has a database to track all child fatalities occurring in South Carolina, that the agency is made aware of. This database allows for data collection around fatality trends in age, ethnicity, region, and contributing factors, as well as monitors the tracking of screening decisions and determinations. The database also serves as one method of tracking for the NCANDS Child Fatality reporting. A dual-level review process will be implemented going forward to ensure accuracy in NCANDS reporting. Additionally, SCDSS's Child Fatality Unit has begun a partnership with the SC Coroner's Association and the National Center for Child Fatality Review and Prevention to enhance the frequency, reach, and efficacy of Child Death Reviews.
- SCDSS's Child Fatality Unit has identified unsafe sleep and suicide as recurring causes of child fatalities in South Carolina. In partnership with SCDSS Staff Development and Training, the Child Fatality Unit has developed a Safe Sleep web-based training module to be available as part of required ongoing training for SCDSS staff. A Suicide module will be developed as well.

- To address FFPSA requirements around families and infants affected by substance use disorders, SCDSS published its Plans of Safe Care policy on October 1, 2018. As of November 1, 2018, statewide training began for staff on Plans of Safe Care and the risks of alcohol and substance abuse to unborn babies. DSS is also seeking a formal community-based partnership to provide Plan of Safe Care services statewide.
- SCDSS is currently in the planning stage of implementation for FFPSA recommended model licensing standards for foster families.
- SCDSS has implemented changes to the Educational and Training Voucher (ETV) by modifying eligibility criteria to eliminate the need for enrollment in a postsecondary educational program prior to the 21st birthday and extended the age of eligibility from age 23 to age 26. Outreach efforts were initiated to notify eligible youth and providers of these changes.
- SCDSS modified its John H. Chafee Foster Care Program for Successful Transition to Adulthood program by changing the age of eligibility from 13 to 14 years old, as required by FFPSA. These changes were reflected in agency procedure manuals and handouts. Eligible youth and providers were notified of changes to the program through outreach efforts.
- SCDSS reviewed and reported on existing South Carolina Department of Health and Human Services (SCDHHS) and SCDSS policies surrounding the prevention of inappropriate diagnosis and placement of children and youth.
- SCDSS has been actively working to place children ages 0-5 in the least restrictive, most family-like settings, unless certain exceptions set forth in policy are met. SCDSS has been successful in this work and there are currently no children ages 0-5 placed in non-family-like settings, except those who meet qualifying exceptions.
- SCDSS has identified a statewide service array for children aged 0-5 and partnered with the South Carolina Infant Mental Health Association to advocate for the expansion of mental health services for infant and early childhood mental health.
- On September 5, 2018, SCDSS implemented changes to the group home background check process. This process requires that any adult employed within a child-care institution must undergo a fingerprint-based criminal records check of the national crime information databases, including the child abuse and neglect registry checks.
- Relevant policies and procedures have been modified to reflect the revised Title IV-E Adoption Assistance program eligibility rules included in FFPSA. All program staff responsible for determining program eligibility and providing program oversight have been trained on the revision in policy and practice.

In order to prepare for a thorough implementation of FFPSA, ensure a quality service array, determine and plan for future legislative changes, and await full guidance from the Children's Bureau, SCDSS has, at this time, decided to delay implementation until October 2021. DSS is excited about the opportunity to enhance prevention practice and work with internal and external partners to support the maintenance of family connections, improving overall well-being and permanency.