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The Michigan Department of Health and Human Services (MDHHS) In-Home Services Bureau has been working diligently with stakeholders to draft Michigan's Five-Year Prevention Plan to implement a transformative opportunity offered by the Family First Prevention Services Act (FFPSA).

The FFPSA allows, for the first time, states to use Title IV-E dollars to pay for prevention services whereas traditionally Title IV-E was only available after a child was placed in out of home care.

[Attached](#) is the first newsletter outlining the work completed to date. In this newsletter, you will find an update on planning and implementation efforts for delivering Title IV-E prevention services through the FFPSA as well as a frequently asked questions section.

Please look forward to monthly newsletters moving forward.



July 2021 Newsletter

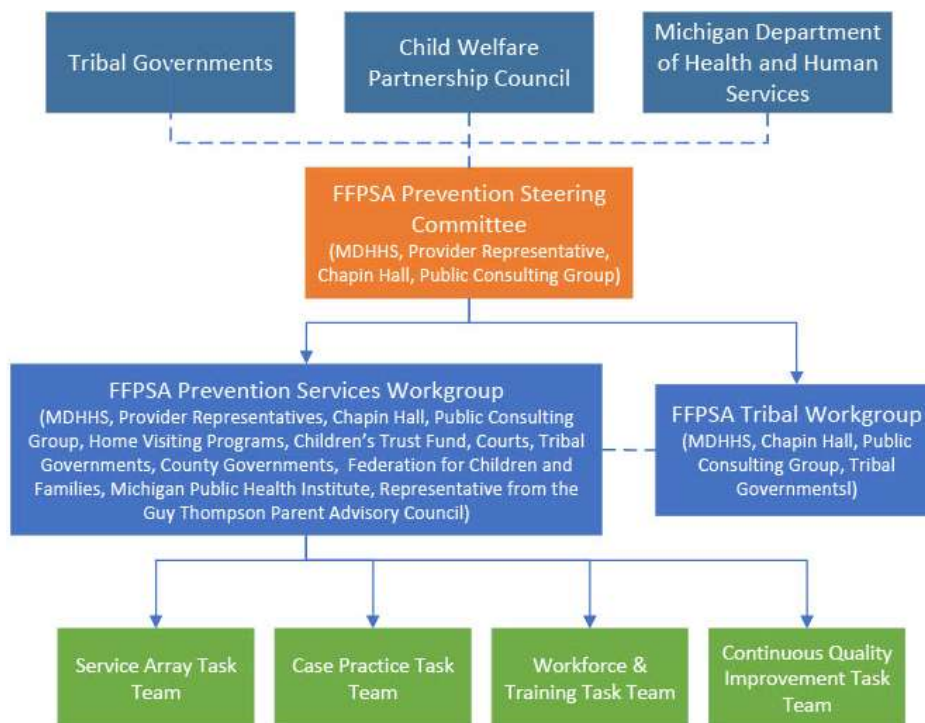
Family First Prevention Services Act

The Family First Prevention Services Act (FFPSA) allows, for the first time, states to use Title IV-E dollars to pay for prevention services whereas traditionally Title IV-E was only available after a child was placed in out of home care. In this newsletter, you will find an update on planning and implementation efforts for delivering Title IV-E prevention services through the FFPSA as well as a Frequently Asked Questions section.

Title IV-E State Plan Collaboration

Before a state can begin claiming Title IV-E prevention services dollars, the state must submit a Title IV-E Prevention State Plan to the federal Administration of Children and Families (ACF) and receive approval. States may submit amendments to their state plans at any time, so it is important to remember this is only the first phase plan for prevention services and the state can make adaptations as we learn more about the effectiveness of services in meeting the needs in our communities.

The Michigan Department of Health and Human Services (MDHHS) has taken a collaborative approach to developing the Title IV-E Prevention State Plan. MDHHS established a FFPSA Prevention Steering Committee and FFPSA Prevention Services Workgroup. The Prevention Services Workgroup then established four different task teams to develop components of the state’s Title IV-E Prevention Services plan. MDHHS also established a FFPSA Tribal Government Workgroup to address the unique opportunities and challenges for tribal nations.



Eligible Children and Families for Title IV-E Prevention Services

FFPSA states that a child eligible for Title IV-E Prevention Services must be a “candidate for foster care”; the child’s parents or kin caregivers are also eligible to receive Title IV-E Prevention Services¹.

A “child who is a candidate for foster care” is defined as a child who is identified in a title IV-E prevention plan as being at imminent risk of entering foster care (without regard to whether the child would be eligible for title IV-E foster care maintenance payments, title IV-E adoption assistance or title IV-E kinship guardianship assistance payments), but who can remain safely in the child’s home or in a kinship placement as long as the title IV-E prevention services that are necessary to prevent the entry of the child into foster care are provided. A “child who is a candidate for foster care” includes a child whose adoption or guardianship arrangement is at risk of a disruption or dissolution that would result in a foster care placement (section 475(13) of the Act)².

The federal government does not define these terms further and has allowed states flexibility in determining which populations meet these criteria.

MDHHS, in partnership with the workgroups outlined above, identified the following categories that would indicate a child *could be* considered a candidate for foster care.

| | | | |
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| A victim of confirmed abuse or neglect and siblings residing in the household | A child for whom child abuse or neglect has not been confirmed but moderate to intensive risk for abuse or neglect exists | A child who was in a foster care placement and was returned to their parents or other relatives | A child with delinquent behaviors under the supervision of MDHHS |
| An infant born exposed to substances | A child of a parent who had been in foster care until the parent reaches age 26 | A child at imminent risk of entering foster care as otherwise determined by a Tribe | A child whose adoption or guardianship arrangement is at risk of disruption or dissolution |

FFPSA also categorically allows **pregnant or parenting youth in foster care** to receive Title IV-E prevention services. Since this population is categorically eligible, the state does not need to determine the youth is a candidate for foster care as the youth is already in foster care.

Once a child or family is identified as a *potential* candidate for foster care, a formal determination of candidacy must be made based on actual risk levels. For pregnant or parenting youth in foster care, a need for Title IV-E prevention services must be identified.

¹ ACYF-CB-PI-18-09: <https://www.acf.hhs.gov/sites/default/files/documents/cb/pi1809.pdf>

² ACYF-CB-PI-18-09: <https://www.acf.hhs.gov/sites/default/files/documents/cb/pi1809.pdf>

The **Case Practice Task Team** made the following recommendations for who would be making the candidacy determination for each category and which tools would be used to assist in the determination.

FFPSA Case Practice Chart

| Investigative Caseworker | Juvenile Justice Specialist | Caseworker/ Prevention Worker | MYOI Caseworker/ Prevention Worker | Tribes | Post Adoption Resource Center Caseworker | Peer Service Navigator | Child-Placing Agency |
|--|---|---|--|--|---|---|--|
| Determine eligibility using the SDM Risk Assessment. Transfer to Ongoing Caseworker. | Determine eligibility using the MJJAS. Develop child-specific prevention plan. | Determine eligibility using the SDM Assessment and CANS/ FANS. Develop child-specific prevention plan. | Determine eligibility using assessment tool TBD. Develop child-specific prevention plan. | Provides attestation of eligible candidates. May develop child-specific prevention plan. | Recommends eligible candidates to MDHHS. Develop child-specific prevention plan. | Recommends eligible candidates to MDHHS. Develop child-specific prevention plan. | Recommends eligible candidates to MDHHS. Develop child-specific prevention plan. |
| for the following populations: | for the following populations: | for the following populations: | for the following populations: | for the following populations: | for the following populations: | for the following populations: | for the following populations: |
| A victim of confirmed maltreatment. A child for whom maltreatment has not been confirmed but moderate to intensive risk for maltreatment exists. Infant born exposed to substances. A child whose adoption or guardianship arrangement is at risk of disruption or dissolution. | A child with delinquent behaviors under the supervision of MDHHS. Monitors ongoing risk and safety of the population identified above. | Multiple candidacy populations from different pathways. Monitors ongoing risk and safety of the above populations and those identified by CPS Investigator and child-placing agency. | A child of a parent who had been in foster care until the age of 26. Monitors ongoing risk and safety of the population identified above. | A child determined to be at imminent risk of entering foster care as otherwise determined by the Tribe. May monitor ongoing risk and safety of the population identified above. | A child whose adoption or guardianship arrangement is at risk of disruption or dissolution. Monitors ongoing risk and safety of the population identified above. | Infant born exposed to substances that does not meet assignment criteria for CPS involvement. Connect to MDHHS and a home-visiting provider for ongoing monitoring of safety and risk. | A child who is in foster care and pregnant or parenting. A child who was in foster care and returned to their parents or other relative. May monitor ongoing risk and safety of the above populations. |

*There is a larger version of this chart at the end of this document.















Eligible Prevention Services through FFPSA

Prevention services are designed to help families keep their children safely at home. They help promote safety, permanency, and well-being for children and their families in their own homes and communities. Prevention services eligible for Title IV-E reimbursement are those included as evidenced-based practices (EBPs) in the Title IV-E Prevention Services Clearinghouse with a rating of well-supported, supported, or promising³. These EBPs must address parenting skills, mental health, or substance-use.

The **Service Array Task Team** developed recommendations for the EBPs to include in Michigan’s first submission of the Title IV-E Prevention State Plan. The task team studied the analysis provided by Chapin Hall that detailed Michigan’s current prevention services capacity compared to needs of children who could be eligible to receive Title IV-E prevention services. The data analysis findings illustrated that families with children under six years old and families with older youth are likely to benefit from prevention services, in addition to pregnant and parenting youth in foster care. Substance abuse disorders and domestic violence were also identified as contributors to increased risk of child removal. The analysis identified the evidence-based service gaps that exist across the state.

³ Title IV-E Prevention Services Clearinghouse: <https://preventionservices.abtsites.com/program>

The task team reviewed the list of EBPs on the Title IV-E Clearinghouse and identified those that would help meet the needs of eligible children and families in Michigan as identified in the analysis described above.

| MDHHS Proposed Evidence Based Practices for Title IV-E Prevention Plan | | |
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| Evidence-Based Program | Service Category | Title IV-E Prevention Services Clearinghouse Rating |
| 1 Nurse-Family Partnership (NFP) |  | <i>well-supported</i> |
| 2 Parents as Teachers (PAT) |  | <i>well-supported</i> |
| 3 Healthy Families America (HFA) |  | <i>well-supported</i> |
| 4 HOMEBUILDERS |  | <i>well-supported</i> |
| 5 SafeCare |  | <i>supported</i> |
| 6 Multi-Systemic Therapy (MST) |   | <i>well-supported</i> |
| 7 Brief Strategic Family Therapy (BSFT) |    | <i>well-supported</i> |
| 8 Motivational Interviewing |   | <i>well-supported</i> |
| 9 Trauma Focused Cognitive Behavioral Therapy (TF-CBT) |  | <i>promising</i> |
| 10 Family Spirit |  | <i>promising</i> |



Parenting



Mental Health



Substance-use Disorder

The FFPSA Prevention Services Workgroup accepted the recommendations of the task team, understanding the state may revisit the list of EBPs in future revisions to the Title IV-E Prevention State Plan and it will take time for the state, provider network, and community partners to build the capacity needed to serve all eligible families.

Questions from our Partners

Questions we have received from stakeholders over the last several months:

What did MDHHS do with the budget enhancement received in fiscal year 2021?

MDHHS and the Michigan Department of Education have partnered to expand availability and access to home visitation services, including Healthy Families America, Parents as Teachers, and Nurse Family Partnerships. MDHHS received a significant budget enhancement of \$2.25M for fiscal year 2021 that supports expansion of prevention services to an additional 500 families at imminent risk of having a

child enter foster care. Since the state does not yet have an approved Title IV-E Prevention State Plan, the expansion is funded only by general fund dollars and does not receive the Title IV-E funding match.

The Families First of Michigan (FFM) program was originally conceived as a HOMEBUILDERS program in the 90's. Its current design is similar to HOMEBUILDERS but does not include the fidelity management and oversight of the Institute for Family Development. Homebuilders is included in the Title IV-E Prevention Services Clearinghouse as a well-supported EBP. Is it the intent of MDHHS to convert the Families First of Michigan program into HOMEBUILDERS, thereby garnering additional Title IV-E dollars?

MDHHS conducted an analysis comparing FFM contracts to the HOMEBUILDERS program requirements to determine the current gaps in programming and the feasibility of enhancing the FFM program to meet HOMEBUILDERS requirements. FFM does provide prevention services to foster care candidates but these services would not be eligible for Title IV-E funding because the program is not included in the Title IV-E Prevention Services Clearinghouse. MDHHS is currently conducting a pilot of HOMEBUILDERS to compare outcomes between that program and FFM.

When the Title IV-E Prevention State Plan for Michigan is submitted to ACF, will it be available at a weblink for the field to access? Or not until it is approved?

MDHHS has shared the draft Title IV-E Prevention State Plan with the Child Welfare Partnership Council and other stakeholders and staff. There will likely be revisions made to the plan once feedback has been received from ACF. Once approved, MDHHS will publish the Title IV-E Prevention State Plan on the public website.

How much of the FFPSA will be invested in primary and secondary prevention?

Unfortunately, FFPSA does not specifically address primary prevention. The prevention services supported by FFPSA are those provided to children at imminent risk of entering foster care and pregnant or parenting youth in foster care.

Will there be a chance to leverage other funding sources to match with FFPSA dollars to stretch our resources?

Title IV-E funding requires a state match, generally of 50%. Outside funding sources cannot be used as "match" dollars.

MDHHS will be reviewing how other funding sources, such as Medicaid, can be leveraged to support the goals of FFPSA.

Will there be an RFP process so agencies not currently funded through MDHHS could apply?

Agencies interested in providing prevention services will be able to submit a proposal to the state of Michigan.

If a program has been "cleared" by another clearinghouse (i.e. SAMHSA, California), would it be considered eligible for Title IV-E prevention funding?

FFPSA required the establishment of a new Title IV-E Prevention Services Clearinghouse. A program being included as part of another evidence-based service clearinghouse does not necessarily mean the program will be included on the Title IV-E Prevention Services Clearinghouse.

More information on how the Title IV-E Prevention Services Clearinghouse evaluates programs for may be found here: <https://preventionservices.abtsites.com/review-process>

How is the state defining primary, secondary, and tertiary prevention? Different agencies may define these terms differently.

The state of Michigan's Children's Protective Services policy manual currently defines primary, secondary, and tertiary prevention in the following way:

Primary Prevention

Primary prevention activities are directed at the general population and attempt to stop maltreatment before it occurs. All members of the community have access to and may benefit from these services. Primary prevention activities with a universal focus seek to raise the awareness of the general public, service providers, and decision-makers about the scope and problems associated with child maltreatment. Universal approaches to primary prevention might include:

- Public service announcements that encourage positive parenting.
- Parent education programs and support groups that focus on child development, age-appropriate expectations, and the roles and responsibilities of parenting.
- Family support and family strengthening programs that enhance the ability of families to access existing services, and resources to support positive interactions among family members.
- Public awareness campaigns that provide information on how and where to report suspected child abuse and neglect.

Secondary Prevention

Secondary prevention activities are offered to populations that have one or more risk factors associated with child maltreatment, such as poverty, parental substance abuse, domestic violence, young parental age, parental mental health concerns, and parental or child disabilities. Programs may target services to parents or families that have a high incidence of any or all of these risk factors. Activities are designed to alleviate stress and promote parental competencies and behaviors that will increase the family's ability to successfully nurture their children. Approaches to secondary prevention programs might include:




































- Parent education programs for teen parents or substance abuse treatment programs targeted to parents with young children
- Parent support groups that help at-risk parents deal with their everyday stresses and meet the challenges and responsibilities of parenting.
- Home visiting programs that provide support and assistance to expecting and new mothers in their homes.
- Respite care for families that have children with special needs.
- Family resource centers that offer information and referral services to at-risk families.

Tertiary Prevention

Tertiary prevention activities focus on high-risk families and families where maltreatment has occurred (substantiated) and seek to reduce the negative consequences of the maltreatment and to prevent recurrence. These prevention programs may include services such as:

- Intensive family preservation activities designed to strengthen families who are in crisis and protect children who are at risk of harm.
- Individualized service plans that include families in identification of their needs, strengths and replacement behaviors.
- Parent mentor programs with stable, non-abusive families acting as "role models" and providing support to families in crisis.
- Parent support groups that help parents transform negative practices and beliefs into positive parenting behaviors and attitudes.
- In-home mental health services for children and families affected by maltreatment to improve family communication and functioning.

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|  A child for whom maltreatment has not been confirmed but moderate to intensive risk for maltreatment exists. | | | | | | |  A child who was in foster care and returned to their parents or other relative. |
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