


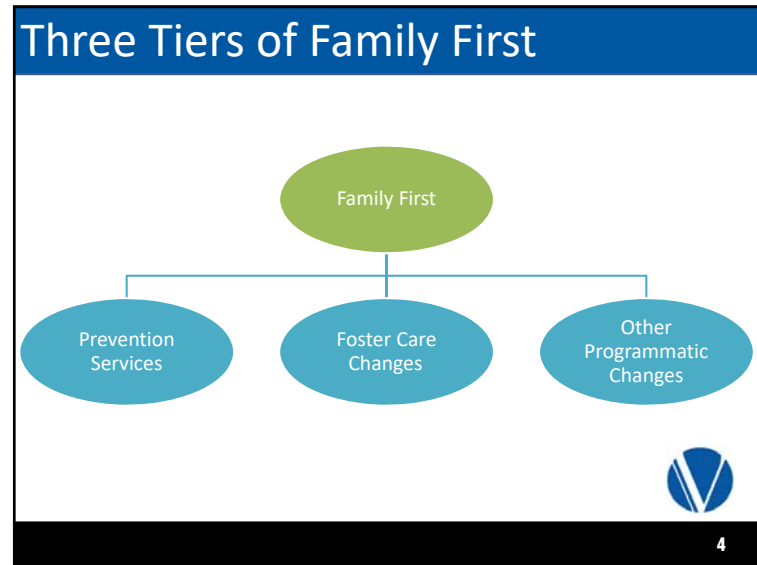
### Family First Prevention Services Act

Public Law 115-123  
Division E – Health and Human Services Extenders Title VII –  
Family First Prevention Services Act




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The slide features a blue header with the title. Below it is a white box with a blue border containing the text about Public Law 115-123. The Virginia Department of Social Services logo is in the bottom right, and the number 3 is in the bottom right corner.




## Implementing Family First


Family First can be implemented as early as October 2019; however, it must be implemented by October 2021.





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## Implementing Family First


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We are committed to using data to improve decision making and ensure services provided are informed by outcomes
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We will promote **reliable, accurate, transparent and timely two-way communication** among stakeholders throughout the implementation of Family First.
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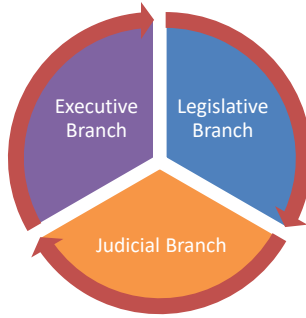
True transformation will take time, and implementation will **continually be monitored and updated** to meet emerging needs.
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**Collaboration and partnerships** with systems across the state are the key to successful implementation of Family First. Every person and every organization, provider and system have an important role to play.




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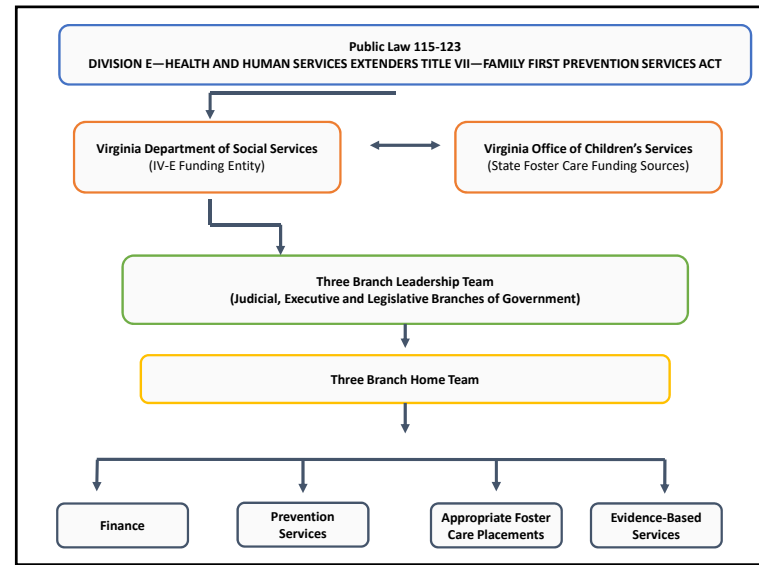
## Three Branch Model

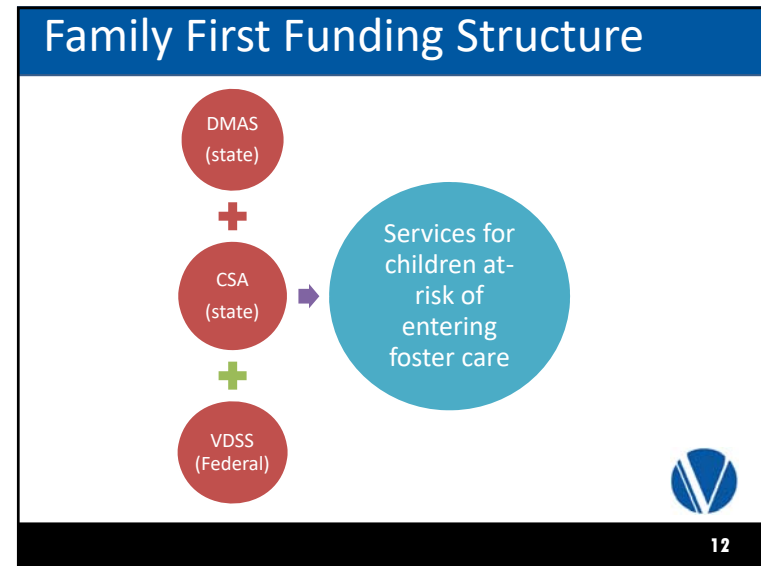
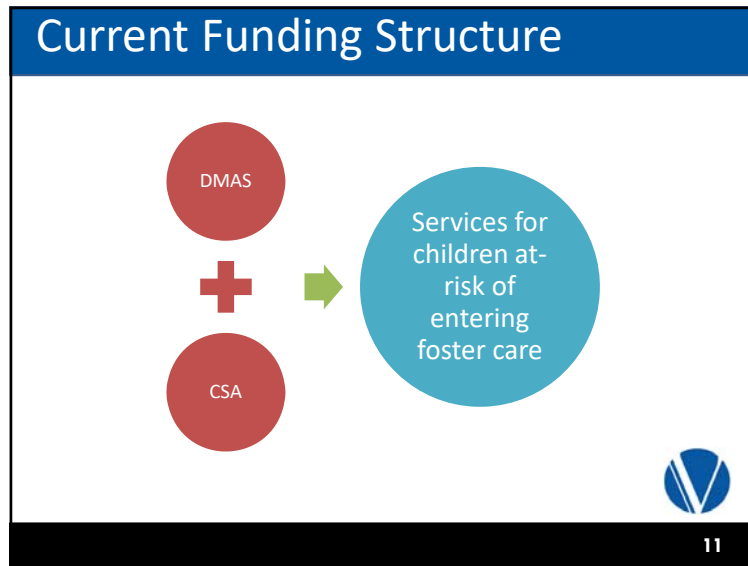
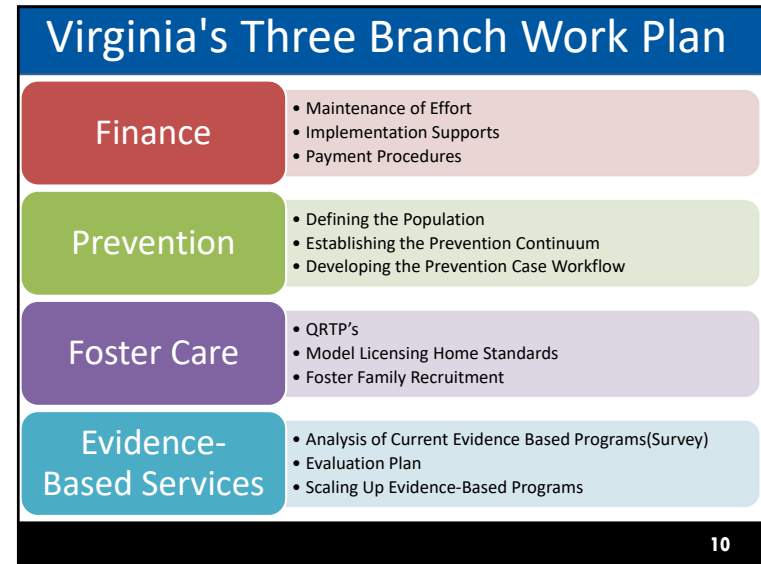


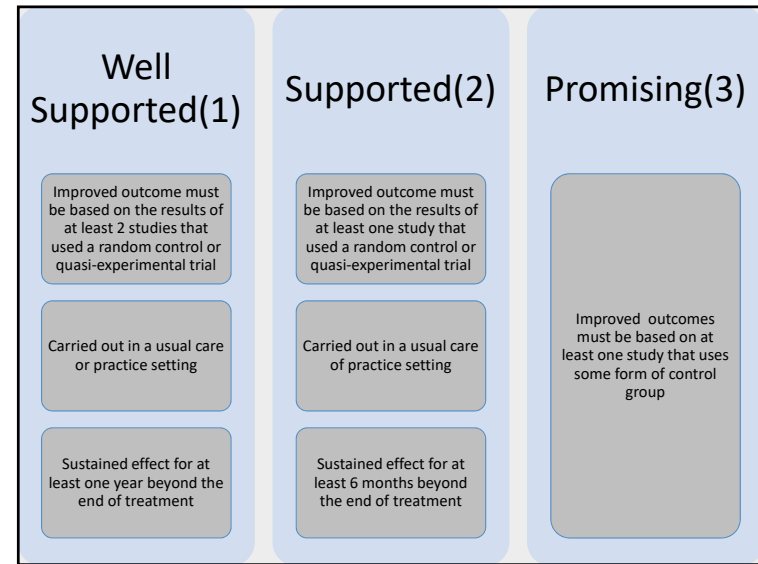
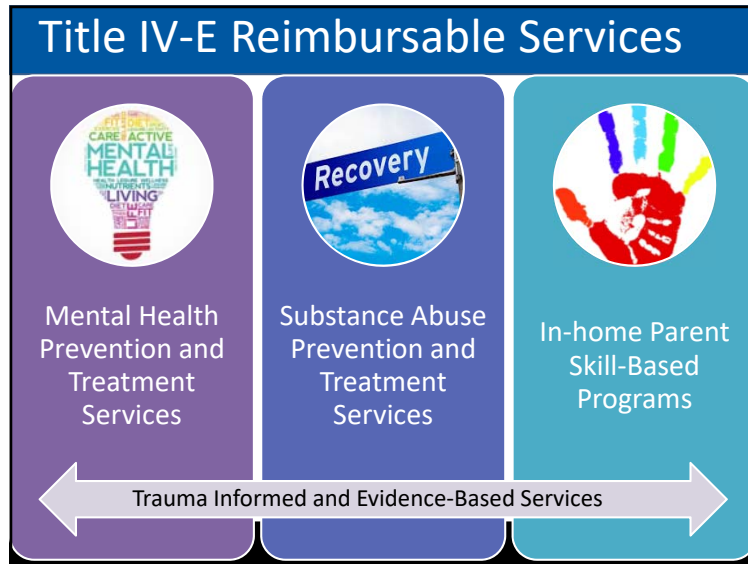
*Adapted from the National Governor's Association, National Conference of State Legislatures and Casey Family Programs Three Branch Institute*



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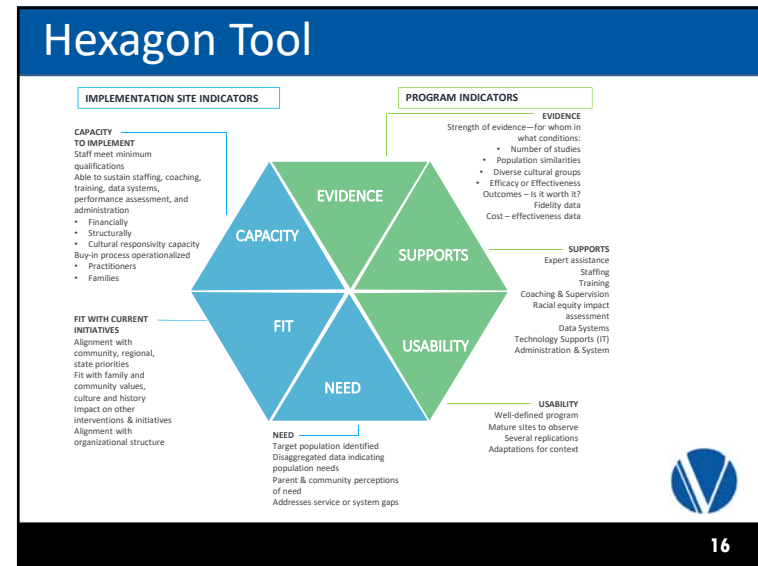


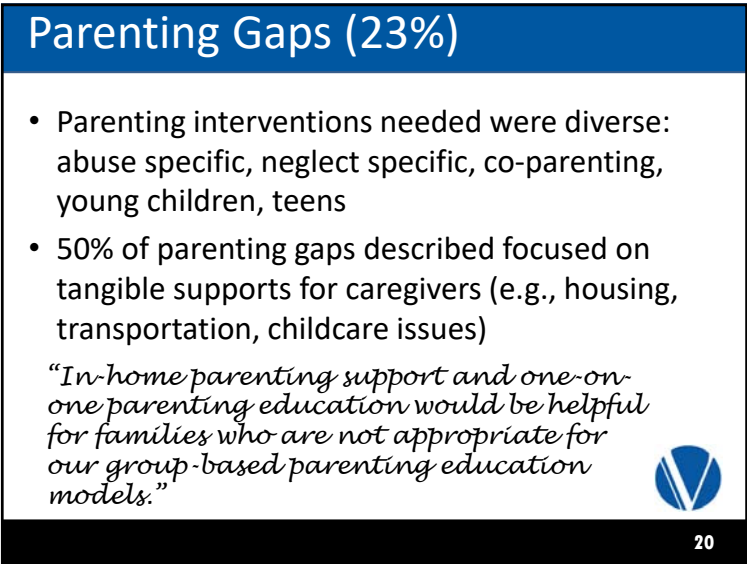
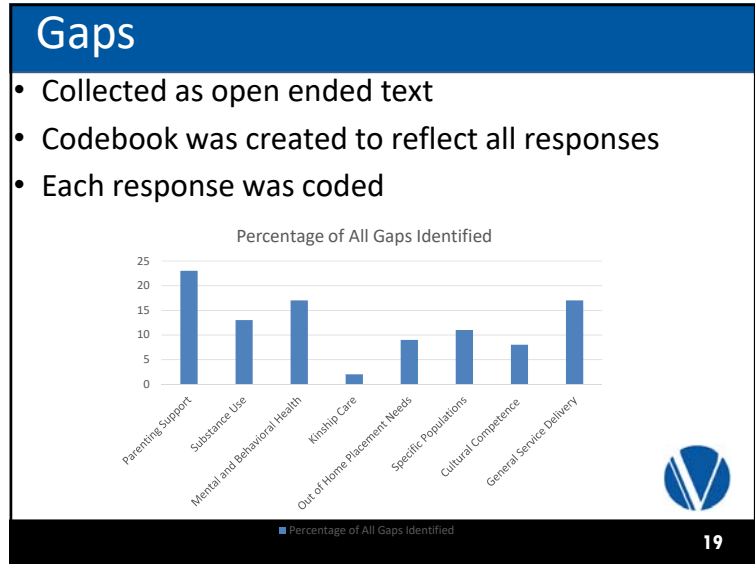
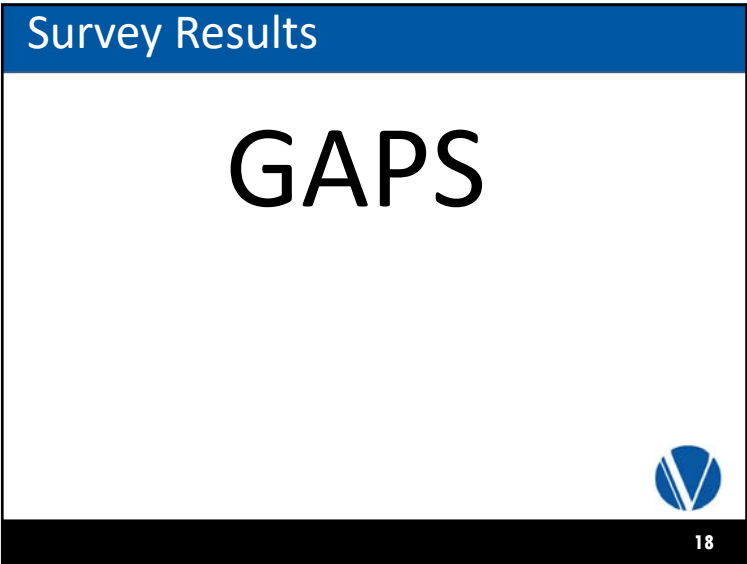
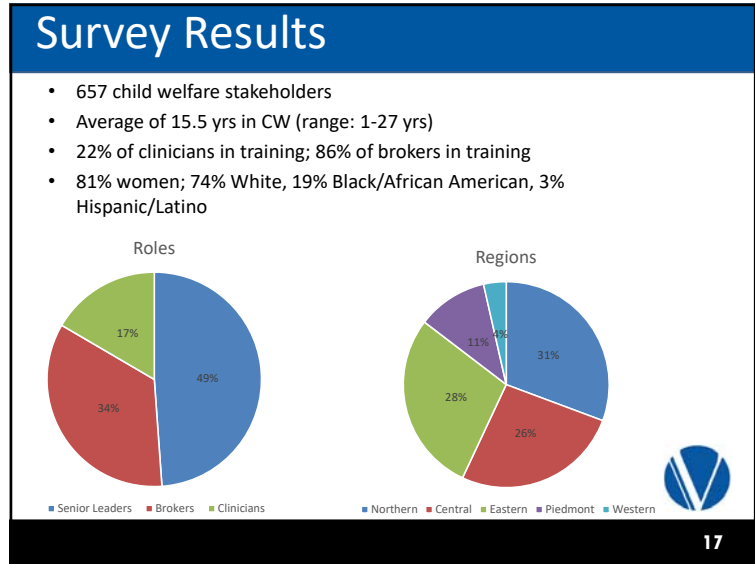




## Initial List of Services Under Review

Mental Health Prevention Treatment Services	Substance Abuse Prevention Treatment Services	In-Home Parent Skill-Based Programs
<ul style="list-style-type: none"> <li>Parent-Child Interaction Therapy</li> <li>Trauma-Focused Cognitive Behavioral Therapy</li> <li>Multisystemic Therapy</li> <li>Functional Family Therapy</li> </ul>	<ul style="list-style-type: none"> <li>Motivational Interviewing</li> <li>Multisystemic Therapy</li> <li>Families Facing the Future</li> <li>Methadone Maintenance Therapy</li> </ul>	<ul style="list-style-type: none"> <li>Nurse-Family Partnership</li> <li>Healthy Families America</li> <li>Parents as Teachers</li> </ul>





## Substance Use Gaps (13%)

- More focused on caregiver substance use services than youth

*“The overlap of child welfare and substance use issues is huge for us, as is chronic neglect - and there doesn't seem to be a model to handle these.”*

*I would say that the fastest growing issue in our community is substance abuse and the negative impact that it is having on children and families. I feel that there are not enough service providers in the area who specifically treat this need. The mental health system is overloaded in general, so clients who need substance abuse treatment in particular often slip through the cracks.”*

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## Mental and Behavioral Health (17%)

- More focused on youth mental/behavioral health than caregiver

- Trauma, complex trauma, and behavioral problems in young children and teens most commonly reported gaps

*“While these students are meeting with counselors to improve behaviors in the classroom, we are disregarding the immense needs and complex trauma however do not have time to grow in understanding...”*



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## Kinship Care (2%)

- Less likely to be mentioned; but many parenting/caregiver gaps are consistent with the goals of kinship care

*“Need more services geared specifically towards diversionary families - relatives/family friends who have obtained custody of a child in order to keep that child out of foster care when the biological parent(s) was not able to maintain custody of the child...”*



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## Out of Home Placement Needs (9%)

*“[some youth] struggle with the intimacy of a foster home due to the trauma they have experienced. More specialized foster homes will be needed for them as well as respite homes.”*

*“...Foster care placements for teens and, specifically, teens transitioning from residential settings or teens with particularly challenging behaviors—e.g., elopement, gang involvement, aggressions, defiance, suicidal ideation...”*



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## Cultural Competence (8%)

*“I believe culturally informed treatment is a major need...this applies to both language barriers and cultural competency in providing mental health services to those with different societal, religious and cultural backgrounds.”*



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## Specific Populations (11%)

*“...best practices with transgender populations...”*  
*“...we need more services, like vocational programs, for transition age youth”*



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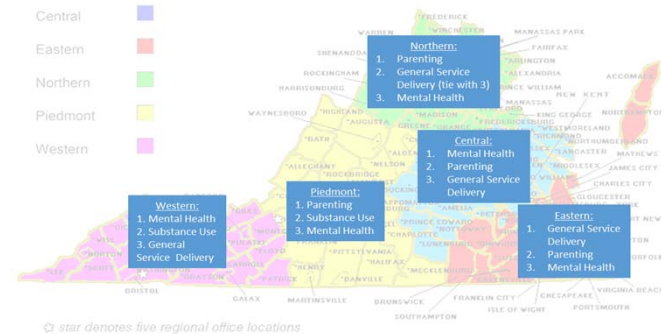
## General Service Delivery (17%)

*“I feel that there are not enough service providers...”*  
*“We would benefit from increased therapists and psychiatrist/psychiatric nurse practitioners...”*  
*“more time to communicate and coordinate care...”*



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## Top Gaps x Region



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# Survey Results

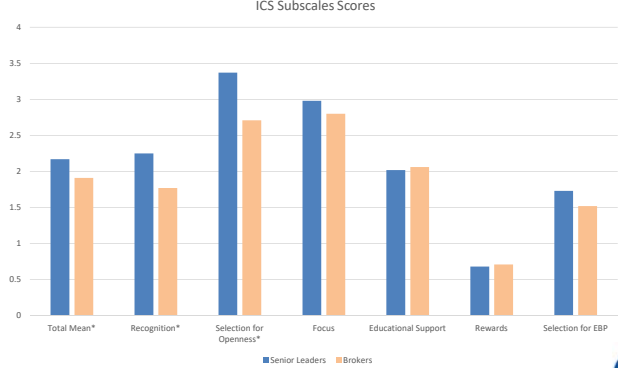
# ATTITUDES




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# Senior Leaders and Brokers

### ICS Subscales Scores

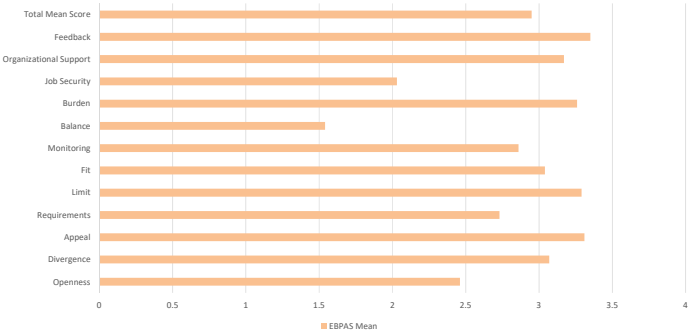


Subscale	Senior Leaders	Brokers
Total Mean*	~2.2	~1.9
Recognition*	~2.3	~1.8
Selection for Openness*	~3.4	~2.7
Focus	~3.0	~2.8
Educational Support	~2.0	~2.1
Rewards	~0.7	~0.7
Selection for EBP	~1.7	~1.5




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# Clinicians

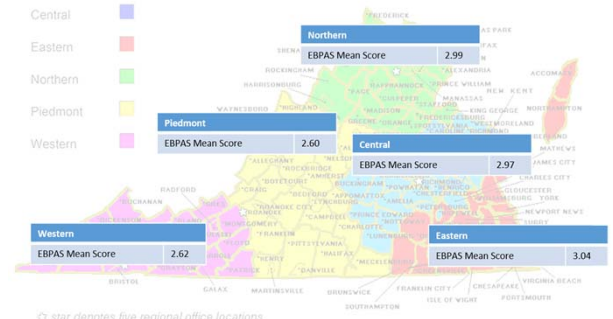


Category	EBPAS Mean
Total Mean Score	~3.0
Feedback	~3.4
Organizational Support	~3.2
Job Security	~2.0
Burden	~3.3
Balance	~1.5
Monitoring	~2.9
Fit	~3.1
Limit	~3.3
Requirements	~2.8
Appeal	~3.4
Divergence	~3.1
Openness	~2.5




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# Clinician Attitudes x Region



Region	EBPAS Mean Score
Central	2.97
Eastern	3.04
Northern	2.99
Piedmont	2.60
Western	2.62

\* star denotes five regional office locations




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## Survey Results


# ADDITIONAL COMMENTS



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## General Feedback/Additional Comments


	Code Category	
21%	Positives about FFPSA	<i>“Looking forward to its implementation”</i>
24%	Implementation Concerns or Considerations	
25%	Negatives about EBPs	<i>“Evidence based treatment options in SWVA are very much needed.”</i>
17%	Fit in Child Welfare System	
9%	Need for Education/Transparency	<i>“This is a positive move for VDSS!”</i>
4%	Unintended Consequences	



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## General Feedback/Additional Comments


	Code Category	
21%	Positives about FFPSA	<i>“help agencies that are innovating test these practices and develop the evidence base...”</i>
24%	Implementation Concerns or Considerations	
25%	Negatives about EBPs	<i>Funding to receive training in evidence based approaches is always helpful! These can be very expensive, especially if you seek out extra supervision/consultation in order to implement the model to fidelity.”</i>
17%	Fit in Child Welfare System	
9%	Need for Education/Transparency	
4%	Unintended Consequences	



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## General Feedback/Additional Comments

	Code Category	
21%	Positives about FFPSA	<i>“Therapy would be profoundly diminished should the eclecticism of it be eclipsed by EBP”</i>
24%	Implementation Concerns or Considerations	
25%	Negatives about EBPs	
17%	Fit in Child Welfare System	
9%	Need for Education/Transparency	
4%	Unintended Consequences	




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### General Feedback/Additional Comments

	Code Category
21%	Positives about FFPSA
24%	Implementation Concerns or Considerations
25%	Negatives about EBPs
17%	Fit in Child Welfare System
9%	Need for Education/Transparency
4%	Unintended Consequences

*“it is essential to be able to use additional techniques with families when spending more than one hour a week with them”*

*“the high turnover rate means that a lot of money is lost on training if someone leaves...”*




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### General Feedback/Additional Comments

	Code Category
21%	Positives about FFPSA
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25%	Negatives about EBPs
17%	Fit in Child Welfare System
9%	Need for Education/Transparency
4%	Unintended Consequences

*“I am looking forward to learning more and hope for learning opportunities to be provided to local departments in the near future so that staff can be prepared for the changes coming as a result of the Family First Prevention Services Act.”*




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### General Feedback/Additional Comments

	Code Category
21%	Positives about FFPSA
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25%	Negatives about EBPs
17%	Fit in Child Welfare System
9%	Need for Education/Transparency
4%	Unintended Consequences

*“...how are rural localities supposed to benefit at all from these funds and services when we cannot even access providers now without the requirement of EBT services?”*


*“Please do not make it more difficult to connect families to services of any type.”*



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### Summary


- Stakeholders have positive attitudes towards EBP and are eager to increase access
- Gaps are consistent with FFPSA
  - But contextual fit is key
- Stakeholders have unique expertise regarding details of implementation
  - E.g., evaluating Virginia programs, considering turnover rates, ensuring equal access to not increase disparities



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## Complexities of Implementation

- Multiple systems of care involved
  - Child welfare, adult and child mental health, substance use
- Systemic issues it aims to address (e.g., decreased use of congregate care, focus on prevention prior to child removal) have been the context for EBT evaluation
- Includes culture shift towards prevention mindset
  - Perceptions and attitudes towards families, but also systems, policies, and procedures



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## Resource Allocation

Pooling State Resources			
OCS(CSA)	DBHDS	VDSS	DMAS

↓

VDSS will be developing a Request for Proposal

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### Evidence-Based Programs and Q RTP

Federal Prevention Services Clearinghouse Programs	Qualified Residential Treatment Facility	Evidence-Based Services Basics
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## Envisioning the Future

**Short Term Goals**

Pooling resources; increasing access to EBPs; building infrastructure for evaluation


**Long Term Vision**

Targeted prevention services across developmental span and parental contexts




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## Envisioning the Future



*What do you envision?*



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