

Indiana: Implementation of the Family First Prevention Services Act (FFPSA) 2019-2021			The Family First Prevention Services Act (FFPSA) was adopted in February 2018 as part of the Bipartisan Budget Act (HR. 1892). Family First makes federal resources available through reimbursement for mental health services, substance abuse treatment and improved parenting skills for children who are at imminent risk of entering or a candidate for foster care. FFPSA is a significant milestone in efforts to transform the child welfare system.	
DCS VISION				
Indiana children will live in safe, healthy and supportive families and communities.				
FFPSA VISION				
DCS will use the tools in FFPSA to preserve families in their home of origin when it is safe to do so, focus on improving outcomes across the child welfare system, ensure appropriate residential treatment use only when children demonstrate the need for such care, and thrive financially in a post Title IV-E Waiver environment.				
STRATEGIC PRIORITIES				
Emphasize Prevention	Appropriate Use of Residential Treatment	Focus on Outcomes	Organizational System Support	Financial Stability
GOALS				
Prioritize the use of Evidenced Based Programs (EBPs) and support primary and secondary prevention services based on the needs of children, families, and communities.	Establish and implement a more structured, consistent process for making placement decisions within residential facilities. Properly assess the availability of readiness of residential providers to become QRTP providers.	Jointly establish outcomes and targets for the children and families DCS serves through collaboration with providers, while considering best practices, child and family service reviews, and other federal measures.	Ensure a continuous quality improvement environment within the child welfare system in Indiana.	Develop and enhance financial processes that align with needs of children and families and ensure federal funds are maximized.
STRATEGIES (Initial FFPSA implementation on October 1, 2020)				
EP 1: DCS identifies and invests in evidence-based prevention services so that children and families across Indiana may have access to such services.	AURT 1: Residential treatment facilities are used only when necessary through a validated assessment provided by a trained professional or licensed clinician.	FO 1: Strengthen capacity of foster homes and kinship caregivers to ensure that children are in safe and stable homes that contribute to positive outcomes in the permanency and well being of children.	OSS 1: Appropriate and relevant training is provided to individuals throughout the system of care.	FS1: Define Maintenance of Effort (MOE) as it relates to FFPSA.
EP 2: Identify the availability of Evidence Based Programs in the state and scale EBPs based on the needs of children and families in an appropriate manner.	AURT 2: Children who need residential treatment in Indiana will be placed with residential providers who are Qualified Residential Treatment Programs (QRTPs).	FO 2: Define Key Outcomes that are understood, tracked, and intentionally improved across the child welfare system.	OSS 2: DCS technology supports organizational business processes.	FS2: Review and improve identification of eligibility and candidacy along the child welfare continuum.
EP 3: Develop a strategic plan to monitor fidelity to EBPs.	AURT 3: DCS rate structure supports residential provider capacity.	FO 3: Strengthen DCS-Provider relationships by implementing a strategic communications plan aimed at eliminating myths that exist in the field.	OSS 3: Foster care licensing requirements address child safety.	FS3: Update allocation logic to determine most appropriate funding, prioritizing the most restrictive first.
		FO 4: Implement a performance based contracting system that focuses more on outcomes for children and families rather than outputs. The rate structure will support capacity of providers to focus on outcomes.		FS4: Develop procedures to identify and adjust IV-E/FFPSA claims for ineligible payments, including when eligibility changes over time.
EP 4: Explore ways to meet necessary concrete needs for families to prevent maltreatment and/or removals of children.	AURT 4: Determine process for making placement decisions with residential treatment facilities including assessing and understanding the provision of aftercare support services.	FO 5: Establish structured assessment processes that aid FCMs in assessing the needs of children and then appropriately matching services to children and families.	OSS 4: Ensure staff have a learning and development plan and support to carry out DCS' mission.	FS5: Enhance existing payment process to ensure appropriate documentation is gathered at the time of invoice.
				FS6: Establish processes to review operational data and encourage a culture focused on respect and continuous improvement.
KEY PRINCIPLES				
Clear Communication: FFPSA implementation workgroups will promote reliable, accurate, transparent, consistent and timely communication among child welfare stakeholders.				
Data: FFPSA implementation will be done in a data-driven manner, ensuring services developed and provided are informed by outcomes and improved when necessary.				
Child Welfare System Teamwork: Cross-level, cross-functional, cross-system staff will work together to identify strengths, gaps, root causes and major action areas to improve child welfare practice in Indiana.				
Continuous Monitoring: The FFPSA Implementation Plan will be continually monitored and adjusted to meet emerging or changing needs, and updates to the plan will be communicated on a regular basis to stakeholders.				