The Family First Prevention Services Act (P.L. 115-123)

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I. BACKGROUND AND INTRODUCTION

The Family First Prevention Services Act
After years of decline, the number of children in foster care has steadily risen in recent years.
What do we know about children who grow up in foster care? The most expensive options for keeping children safe often results in poor long-term outcomes.

MENTAL AND PHYSICAL HEALTH
- 39.0% have at least one past-year mental health diagnosis
- 44.1% have had substance abuse or dependence in their lifetime

EDUCATION AND TRAINING
- Less than half have a high school diploma (48.4%)

EMPLOYMENT, FINANCES, AND ECONOMIC HARDSHIPS
- 46.9% are currently employed
- 29.2% have been unable to pay their rent or mortgage during the past year

LIVING ARRANGEMENTS AND HOUSEHOLD COMPOSITION
- 37.7% have been homeless since leaving foster care

MARRIAGE, RELATIONSHIPS, AND CHILDREN
- 58.3% have given birth to or fathered a child
- 9.9% of those who have had a child have had a child placed in foster care

CRIMINAL JUSTICE INVOLVEMENT
- 68.0% of males and 40.5% of females have been arrested since leaving foster care

* Casey Family Programs Foster Youth Alumni Study
Child Welfare: What do we know is best for children and families?

- The goal in child welfare should be to ensure the safety, permanency and well-being of children and their families.
- We know to support child well-being, it is important to intervene as early as possible.
- We know that the act of removing children from their families and homes creates emotional distress and trauma that should be avoided whenever possible.
- We know some children can be better served by remaining safely at home while their parents receive the community services and support they need.
Family First Prevention Services Act of 2018

• The Family First Prevention Services Act was passed and signed into law (P.L. 115-123) as part of the Bipartisan Budget Act on February 9, 2018.

  – New option for States and Tribes (with direct federal IV-E agreements) to claim Title IV-E funds for prevention activities as early as October 1, 2019.
  – New policy to ensure appropriate placements for children in foster care as early as October 1, 2019.
  – New funding and reauthorization of existing funding for child welfare programs including prevention funding, court funding, and specific substance abuse prevention grant funding.
<table>
<thead>
<tr>
<th>Pre-2018 federal law</th>
<th>Family First</th>
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<tbody>
<tr>
<td>Most federal $$ for foster care</td>
<td>New federal $$ for prevention</td>
</tr>
<tr>
<td>Services only for child</td>
<td>Prevention for parents, child, kinship caregivers</td>
</tr>
<tr>
<td>Income test to qualify</td>
<td>No income test</td>
</tr>
<tr>
<td>$$ for children placed in group homes with little oversight</td>
<td>No $$ unless placements are quality settings and appropriate</td>
</tr>
<tr>
<td>No $$ for child placed with parent in residential treatment</td>
<td>12 months of federal $$ for such placements</td>
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QUESTIONS?
The Family First Prevention Services Act

II. NEW FUNDING FOR PREVENTION ACTIVITIES
New Funding for Prevention Activities

**Who:**

1) Children at imminent risk of placement in foster care
2) Pregnant and parenting youth in foster care
3) Their parents or kinship caregivers

- No income test for eligibility
- Defines children who are “candidates for foster care” as those who can remain safely at home or in a kinship placement with receipt of services.
New Funding for Prevention Activities

• Open-ended federal entitlement Title IV-E funding for 12 months of evidence-based prevention services.

*What services:*
  – Mental health prevention and treatment services
  – Substance abuse prevention and treatment services
  – In-home parent skill-based programs - parenting skills training, parent education and individual and family counseling

There is no limit on how many times a child and family can receive prevention services.
FFPSA Service Categories

Substance Abuse Prevention & Treatment

Prevention Service Areas

In-Home Parent Skill-Based Programs

1. Parenting skills training
2. Parent education
3. Individual & family counseling

Mental Health
New Funding for Prevention Activities

• Requires prevention services and programs to be trauma-informed and *promising, supported, or well-supported*, to qualify for federal reimbursement.
  – HHS to establish an Evidence Based Practices (EBP) Clearinghouse.
What are Family First Evidence-Based Practice Requirements?

<table>
<thead>
<tr>
<th>Evidence Level</th>
<th>Requirements for all Evidence Levels</th>
<th>Control Group</th>
<th>Sustained Effect</th>
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| Promising        | • The practice is superior to an appropriate comparison practice using conventional standards of statistical significance  
                          • Rated by an independent systematic review  
                          • For **Supported & Well Supported**...carried out in usual care or practice setting | • 1 untreated control, waitlist or placebo study       | • No follow-up study is required                        |
| Supported        |                                                                                                      | • 1 RCT or rigorous quasi-experimental                  | • 6 months                                             |
| Well Supported   |                                                                                                      | • 2 RCTs or rigorous quasi-experimental                 | • 12 months                                            |
Combined Summary Table of 67 Interventions That Should be Classified as Well-Supported in Terms of Evidence Level Using CEBC or FFPSA Criteria

<table>
<thead>
<tr>
<th>FFPSA Intervention Areas</th>
<th>No. of Interventions Ranked as Well-supported</th>
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<tbody>
<tr>
<td>▪ Mental health services for children and parents</td>
<td>39</td>
</tr>
<tr>
<td>▪ Substance abuse prevention and treatment services for children and parents</td>
<td>13</td>
</tr>
<tr>
<td>▪ In-home parent skill-based programs:</td>
<td></td>
</tr>
<tr>
<td>▪ Parenting skills training and Parent education*</td>
<td>10</td>
</tr>
<tr>
<td>▪ Individual and family counseling</td>
<td>5</td>
</tr>
</tbody>
</table>

*Because a clear definition of each program type and how they differ from each other has not yet been issued by the Federal Government in relation to FFPSA, we grouped interventions that might qualify for one or both these program types together.*
<table>
<thead>
<tr>
<th>1. Family Connects</th>
<th>5. Minding the Baby® (MTB)</th>
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<tbody>
<tr>
<td>2. Family Spirit (for American Indian/Alaskan Native parents)</td>
<td>6. Nurse Family Partnership (NFP)</td>
</tr>
<tr>
<td>3. Healthy Families America (HFA)</td>
<td>7. Parenting with Love and Limits</td>
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<tr>
<td>4. Home Instruction for Parents of Preschool Youngsters (HIPPY)</td>
<td>8. SafeCare</td>
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<tr>
<td></td>
<td>9. The Incredible Years</td>
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<td></td>
<td>10. Wraparound</td>
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In-Home Parent Skill-Based Programs: Individual and Family Counseling (Total: 5)

1. Attachment-Based Family Therapy (ABFT)
2. Child-Parent Psychotherapy
3. Functional Family Therapy (FFT)
4. Homebuilders (Intensive Family Preservations Services)
5. The Family Check-up (FCU)
One Approach to a FFPSA Interventions Catalog

• A summary of research-based interventions that have sufficient research evidence to likely qualify for FFPSA reimbursement (subject to forthcoming Federal guidance).

• Includes: Age range, Duration, Effectiveness rating, Effect sizes, Cost, Cost-savings data (where available), and if the EBP was used as part of a Title IV-E waiver.

• Note that the duration of most EBPs is <12 months.
<table>
<thead>
<tr>
<th>Program Model or Intervention</th>
<th>Ages and Problem or Skill Area Addressed</th>
<th>Treatment Duration</th>
<th>Level of Effectiveness/Effect Sizes</th>
<th>Cost &amp; Cost-Savings</th>
<th>Manual Available</th>
<th>Waiver Intervention</th>
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<tbody>
<tr>
<td><strong>Mental Health for Caregivers or Children</strong></td>
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</tr>
<tr>
<td><strong>Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)</strong></td>
<td>Ages 4–18. Anxiety, depression, PTSD</td>
<td>Weekly 60- to 90-minute sessions Duration: 12–16 weeks</td>
<td>1 (Well-supported)</td>
<td>$1,037 (CBT based models for child trauma)</td>
<td>Yes</td>
<td>AR, CO, IN, KY, MD, MT, NV, WI</td>
</tr>
<tr>
<td><strong>Triple P – Positive Parenting Program – Level 4 Individual for Child Disruptive Behavior</strong></td>
<td>Ages 0–12</td>
<td>10–16 sessions Duration: over 3–4 months</td>
<td>1 (Well-supported)</td>
<td>Cost: $1,792 Savings: $2339 B-C: $3.36</td>
<td>Yes</td>
<td>CO, ME, NE, TX, WA</td>
</tr>
</tbody>
</table>
New Funding for Prevention Activities

- Ohio’s Title IV-E Prevention Plan will need to address:
  - what EBPs the State will use
  - description of how the state will administer the program
  - determine eligibility
  - train caseworkers
  - track fidelity and outcomes
New Funding for Prevention Activities

Federal reimbursement rates for prevention activities:

– Oct 1, 2019 - Sept 30, 2026, Federal Financial Participation (FFP) is 50%.
– Oct 1, 2026, Ohio’s FFP will be 63%
– Also – States can claim administrative and training activities costs at 50%.

• At least 50% of the spending in every fiscal year must be for well-supported practices.
• Prevention services & activities claims are without regard to income of the families!
New Funding for Prevention Activities

• **When:** Title IV-E reimbursement for eligible prevention services option begins Oct 1, 2019, but cannot start until Ohio implements QRTP provisions.

• **Non-Supplantation:** New federal funds for prevention services are intended to augment, not supplant, state funding for prevention services.

• **Maintenance of Effort:** MOE will be set at FY2014 spending for these same prevention services for candidates for foster care.
QUESTIONS?
III. ENSURING APPROPRIATE PLACEMENTS IN FOSTER CARE

The Family First Prevention Services Act
Ensuring Appropriate Placements in Foster Care

Title IV-E allowable placements – current, and under Family First:

• Facility for pregnant and parenting youth
• Supervised independent living for youth 18 years and older
• Specialized placements for youth who are victims of or at-risk of becoming victims of sex trafficking
• Foster Family Home (defined) – no more than 6 children in foster care, with some exceptions
Congregate Care – Ohio is Blue
Higher than National Average

Percent of children in congregate care (teens ages 13-17) of all teenagers in care on 9/30/2018, what percent were placed in a group home or residential treatment facility? (2018)

The national avg. is 33% of teens in congregate care

the goal is to have a low percentage of teens in congregate care
Ensuring Appropriate Placements in Foster Care

• Oct 1, 2018 - Title IV-E foster care maintenance payments can be made on behalf of a child in foster care placed with their parent in a licensed residential family-based treatment facility for up to 12 months.
  – No income test applies, unlike other Title IV-E foster care placements.

• Applying Oct 1, 2019 – Oct 1, 2021, after 2 weeks in other congregate care, Title IV-E foster care maintenance will be available only for eligible youth placed in a Qualified Residential Treatment Program (QRTP).
What is a Qualified Residential Treatment Program (QRTP)?

• Has a trauma informed treatment model and a registered or licensed nursing and other licensed clinical staff onsite, consistent with the QRTP’s treatment model.

• Facilitates outreach and engagement of the child’s family in the child’s treatment plan.

• Provides discharge planning and family-based aftercare supports for at least 6 months.

• Licensed by the state and accredited.

There are no time limits on how long a child can be placed in a QRTP and receive federal support as long as the placement continues to meet his/her needs as determined by assessment.
Qualified Residential Treatment Program – Assessment & Timing

- Assessment of youth required within 30 days of placement (independent 3rd party assessment or waiver)
- Court oversight of placement decision, including review of assessment indicating residential and treatment plan, within 60 days
- Ongoing court review of assessment of needs & strengths during residential stay
- State must track QRTP placements longer than 12 months, or 6 months for children under age 13.
Elements of a Trauma-Informed Child and Family Service System

- Routinely screen for trauma
- Use culturally appropriate evidence-based assessments and treatments
- Make resources available to children, families, and providers on trauma exposure, its impact and treatment
- Emphasize continuity of care and collaboration across child-service systems
- Address parent and caregiver trauma and its impact on the family system
- Engage in efforts to strengthen the resilience and protective factors of children and families
- Maintain an environment of care for staff that addresses, minimizes, and treats secondary traumatic stress, and that increases staff resilience

QUESTIONS?
IV. ADDITIONAL SELECT ITEMS TO PROMOTE SAFETY, PERMANENCY AND WELL-BEING
Additional Select Items to Promote Safety, Permanency, and Well-Being

**Kinship Navigators:** Provides Title IV-E support for evidence-based kinship navigator programs at 50%

Additional Select Items to Promote Safety, Permanency, and Well-Being

Foster Parent Licensing Standards

HHS identified model foster parent licensing standards. By April 1, 2019, states have to identify the licensing standards they implement, if state standards differ from the model standards, and why they differ.
Additional Select Items to Promote Safety, Permanency, and Well-Being

**Child Abuse and Neglect Fatalities.** Requires the development of a statewide plan to track and prevent child abuse and neglect fatalities. As of October 1, 2018, states must document in their Title IV-B plan the steps being taken to:

- track child maltreatment fatalities, including working with other relevant agencies and stakeholders;
- develop and implement a comprehensive, statewide plan to prevent the fatalities, including engagement of relevant public and private partners.
Addressing Permanency

• All States to implement NEICE (National Electronic Interstate Compact Enterprise) to assist with ICPC; Ohio has already implemented!

• Reauthorizes the Adoption and Legal Guardianship Incentive Programs through FY2022.

• Delays the phase in/expansion of the Adoption Assistance delink for children under age 2 (eligibility tied to 1996 AFDC income test) through June 30, 2024.
Continues Child Welfare Funding

• Reauthorizes Title IV-B programs and services until FY2021.
  – Stephanie Tubbs Jones Child Welfare Services Program, including funding for monthly caseworker visits
  – Promoting Safe and Stable Families Program
  – Court Improvement Program
  – Regional Partnership Grants to Increase the Well-Being of, and to Improve the Permanency Outcomes for, Children Affected by Heroin, Opioids, or Other Substance Abuse
  – These prevention funding do not have evidenced based requirements.

• Modernizes and reauthorizes the John H. Chafee Foster Care Independence Program until FY2021.
Recent Activities by HHS in 2018

• July 9 - HHS released a Program Instruction (PI) regarding some of the new Title IV-E provisions (Chafee, Adoption Assistance).

• Aug 9 – Model foster care licensure standards released by HHS

• Sept – Abt & Assoc. awarded the EBP Clearinghouse

• Nov 30 – HHS released PIs for the Prevention Services (10 EBPs), Kinship Navigator Program, and revised IV-E Reporting forms
Awaiting Activities by HHS

• Expecting more guidance re QRTPs
• Early April 2019 – expect Clearinghouse handbook for EBP standards & procedures.
• May 2019 – additional clearinghouse EBPs to be announced
• Summer 2019 – additional EBP lists to be ranked / announced
• April 2019 – Ohio to submit update foster care licensure standards
For more information:


QUESTIONS?

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