Family First Prevention Services Act

Allison Gilbreath, Policy Analyst
Dillon Wild, Batten School Intern

Voices for Virginia’s Children July 12th, 2018
Voices for Virginia’s Children

• We champion public policies that improve the lives of VA’s children, especially in the areas of:
  • Early care and education
  • Family economic security
  • Foster care and adoption
  • Health and well-being
  • Mental health

• Privately funded, nonprofit, nonpartisan
KIDS COUNT Data

• KIDS COUNT Data Center tracks more than 40 indicators of child well-being by locality
• 150+ more at the state level
• Partnership with Annie E. Casey Foundation
• Trends, charts, maps, comparisons
We encourage advocates to share their personal stories about how policies affect them and their families.

Through KIDS COUNT, we collect and analyze data on child well-being throughout Virginia and use this data to inform our advocacy.
Agenda

• Background and Overview of FFPSA
  • Title I of FFPSA
  • Title II of FFPSA
  • Additional Provisions
  • Implementation
• Three Branch work in Virginia
  • Timeline/Next Steps
Title IV-E of the Social Security Act is a federal program that currently provides funding to states and tribes for:

- Maintenance payments for children in foster care
- Foster care administration costs
- Training for child welfare staff and foster parents
- Children with special needs receiving adoption services

Title IV-E is funded by federal and state/local matching funds at a 50/50 match rate.
FFPSA Background

• The Family First Prevention Services Act (FFPSA) was passed by Congress in February 2018 in the omnibus spending bill.

• The FFPSA was primarily motivated by:
  – Increasing pressure on the foster care system as a result of the opioid epidemic
  – A frustration with previous “reactionary” federal funding structures
  – An over-reliance on congregate care for children in foster care

• FFPSA makes changes to Title IV-E and IV-B of the Social Security Act to allow federal funds to be used for foster care prevention services and limits payments to congregate care institutions.
FFPSA Overview

**Title I:** Investing in Prevention and Family Services

**Title II:** Ensuring the Necessity of a Placement That Is Not in a Foster Family Home

**Title III:** Continuing Support for Child and Family Services

**Title IV:** Continuing Incentives to States to Promote Adoption and Legal Guardianship

**Title V:** Technical Corrections

**Title VI:** Ensuring States Reinvest Savings Resulting from Increase in Adoption Assistance
Title I: Investing in Prevention and Family Services
Title I: Prevention and Family Services

• Title IV-E funds will be available beginning October 1, 2019 for up to 12 months for services for families of children who are considered “candidates for foster care”
  – Services also available for pregnant and parenting foster youth and to prevent disruption to adoption or guardianship arrangement
  – These services are available on a per episode basis
  – 50% federal matching rate for prevention funds
• No income test necessary to qualify for preventative services
Title I: Prevention and Family Services

• Eligible services include:
  – Mental health services
  – Substance abuse services
  – In-home parent skill-based programs
    • These include parent training, home visiting, and individual/family therapy

• These services are available to:
  – A child who is a candidate for foster care at “imminent risk” of entering the system
  – A child in foster care who is pregnant or parenting
  – Parents or kin caregivers who need services to prevent the child from entering foster care
Evidence-Based Standard

• Prevention services and programs will be subject to an evidence-based standard similar to that developed by the California Evidence-Based Clearinghouse for Child Welfare
  – Services and programs must be classified as either “promising”, “supported”, or “well-supported”
    • HHS is expected to release a list of pre-approved services, as well as practice criteria, by October 1, 2018
  – 50% of reimbursed services and programs must meet the standards for a “well-supported” practice

• Services and programs must also be “trauma-informed”
Evidence-Based Standard

• Promising Practice
  – The practice is superior to an appropriate comparison practice using conventional standards of significance, as established by the results or outcomes of at least one study utilizing some form of control (such as an untreated group, placebo group, or a waitlist study)

• Supported Practice
  – The practice is superior to an appropriate comparison practice using conventional standards of significance, as established by the results or outcomes of at least one rigorous random-controlled trial or rigorous quasi-experimental research design
    • Practice must have a sustained effect for at least 6 months beyond treatment

• Well-Supported Practice
  – The practice is superior to an appropriate comparison practice using conventional standards of significance, as established by the results or outcomes of at least two rigorous random-controlled trials or quasi-experimental research design
    • At least one study must show the practice has a sustained effect for at least 1 year beyond treatment
Example Programs

- **Infant and Toddler Mental Health**
  - Circle of Security

- **Home Visiting Programs for Prevention of Child Abuse and Neglect**
  - Healthy Families and Nurse-Family Partnership

- **Home Visiting Programs for Child Well-Being**
  - Early Head Start and Parents as Teachers

- **Mentoring Programs**
  - Fostering Healthy Futures, Big Brothers Big Sisters

- **Behavioral Management Programs for Adolescents in Child Welfare**
  - Multidimensional Family Therapy, Multisystemic Therapy, Functional Family Therapy

- **Resource Parent Programs**
  - KEEP SAFE, 30 Days to Family, Permanency Navigator Program

For more examples, visit [http://www.cebc4cw.org/](http://www.cebc4cw.org/)
Communities across Virginia are experiencing an increase in substance exposed infants.

From Fiscal Year 2016 to 2017, Virginia experienced a 16% increase. That's 1,543 reports of substance exposed infants in FY 2017.
Title II: Ensuring the Necessity of a Placement That is Not in a Foster Family Home
Title II: Ensuring Appropriate Placements

- Children in foster care have the right to be placed in the “least restrictive” setting relative to their needs.
- Evidence overwhelmingly demonstrates that children do best when they are in a family-like setting.
- A priority of this act is to reduce the number of children in congregate care and place more children in family-like settings.
  - However, these settings are not always the best option, so appropriate treatment options must be available.
FFPSA Standards for Non-Family Placement

FFPSA allows some payments for congregate care, but limits IV-E maintenance payments to six qualifying placements:

1. Family foster homes (including relatives)
2. Placements for pregnant and parenting youth
3. Supervised independent living for youth 18+
4. Qualified Residential Treatment Programs (QRTP) for youth with treatment needs
5. Specialized placements for victims of sex trafficking
6. Family-based residential treatment facility for substance abuse
What is a QRTP?

• Under Family First, youth with treatment needs may be placed in an **accredited** Qualified Residential Treatment Program (QRTP)

• A QRTP uses a **trauma-informed treatment model** with a registered or licensed nurse and other licensed clinical staff onsite

• Facilitates outreach to the child’s family members and ensures their participation in the child’s treatment program

• Provides discharge planning and family-based aftercare supports for **at least six months** after the child is discharged

• Licensed in accordance with the state standards for child-care institutions providing foster care
Requirements for QRTP Placement

- **Within 30 days of placement**, an age-appropriate, evidence-based, validated functional assessment tool is to be used by a “qualified individual” to determine whether the child’s needs can be met with a family member or foster family home.
- A **family and permanency team** must participate in the assessment and the State must document the preferences of the family and team.
- If a child is in a QRTP for 12 consecutive months, or any 18 months, the Commissioner of DSS must sign and approve the continued placement.
- **Within 60 days of placement**, a **Court must review** and approve or disapprove the placement:
  - State must demonstrate ongoing assessments of strength and needs and whether or not the placement continues to be appropriate.
  - Must also document the specific treatment and services needs of the child that are being met through current placement and document efforts made to prepare child for placement with family, in a foster family home, or an adoptive parent.
Kinship Care Provisions

• The FFPSA takes a number of steps to improve and expand kinship care
  – **Kinship Navigator Programs**
    • Virginia is applying in July for funds to be spent on developing, expanding, or evaluating kinship navigator programs. If approved, they will become available October 1, 2018 with no state match for first year
    • Beginning October 1, 2019 IV-E funding will be available at 50% match rate with no cap
    • Evidence standards must be met for kinship navigator programs
  – **Foster Family Homes Licensing Standards**
    • By October 1, 2018, HHS will provide model licensing standards for foster family homes to be used by states
    • As part of new standards, states must make it easier for relatives to take in children
Success for kids in foster care relies on strengthening families and their supports.

The majority of children in foster care are placed in non-relative homes.

- 16% Group Setting
- 66% Foster Home Non-Relative
- 6% Pre-Adoptive Homes
- 6% Relatives
- 6% Other

3 out of every 5 kids who exit foster care go to live with family.

- 28% Reunification to Family of Origin
- 22% Transfer to Relative
- 10% Adoption by Relatives
- 18% Adoption by Non-Relatives
- 18% Emancipation/Age Out
- 4% Other
The Impact

Carl Price, entered into foster care while as a young child while receiving cancer treatment. A relative was willing to take him in had finances not been an issue.
Additional Provisions

- Requires states to use an **electronic interstate placement system** by October 2027
- Requires states to conduct **criminal history background checks** and check child abuse and neglect registries for any staff working in residential/group home settings
- Provides **$8 million** in grants for family foster home recruitment
- **Reauthorizes** the Stephanie Tubbs Jones Child Welfare Services Program, the Promoting Safe and Stable Families Program, the Court Improvement Program and the John H. Chafee Foster Care Independence Program through FY2021.
- Adjusts the start of PSSF time limits on family reunification services to the **date of reunification** rather than the date of placement
- Reauthorizes **Regional Partnership Grants** to address parental substance abuse
Additional Provisions

• **Expands Chafee program** to allow education and training funds to be used for youth up to 26 years old

• **Amends Court Improvement Program** to require judges, attorneys, and other personnel in child welfare cases be trained on new Title IV-E structure

• Reauthorizes and funds at the current level of $43 million per year the **Adoption and Legal Guardian Incentive Programs** through FY 2022

• **Delays eligibility for Title IV-E adoption assistance** enacted as part of the Fostering Connections to Success and Increasing Adoptions Act of 2008
  – Directs GAO to examine whether states are reinvesting savings from this provision into child welfare, with at least 30% of the savings being used for post-adoption and post-guardianship services and services that support permanency and other outcomes for children who would otherwise enter foster care
Three Branch and Next Steps in Virginia
Virginia Department of Social Services recently convened a group of stakeholders drawn from the Three Branch Institute to help guide implementation of Family First.

From this group, DSS will convene the following workgroups:
- Evidence Based Services
- Prevention Services
- Finance
- Appropriate Foster Care Placements

DSS will invite additional stakeholders to serve on these workgroups in order to help with key decision making and action items related to implementing Family First in Virginia.
State Implementation Delay

• Allows any state to request a delay in the effective implementation date of the provisions of Family First until FY2022.
  – States requesting a delay would postpone implementation of both the prevention and congregate care provisions

• Virginia is not planning to delay and is aiming to implement on time in October 2019
Timeline/Next Steps

Now:
- Convening of Three Branch workgroups, begin work on implementation action items including definitions and licensing standards
- Program reauthorizations in effect
- Court Improvement Training needs to begin incorporating FFPSA changes

By October 1, 2018:
- HHS will release guidance on evidence-based practices, as well as pre-approved list of services and programs
- HHS will release model licensing standards for foster family homes
- Background check requirement takes effect
- Title IV-E reimbursement available for children placed with parent in residential substance abuse treatment facility
- Possible kinship navigator funds available with no state match

By April 1, 2019
- Virginia will need to submit in state plan how licensing standards comply with model and if/why they deviate

October 1, 2019:
- Option to use Title IV-E funds at 50% FFP rate for prevention services begins
  - This includes kinship navigator, substance abuse, mental health, and in-home parenting programs
- Restrictions on Title IV-E foster care maintenance payments for congregate care begin, including QRTPs
- Virginia must include in state plan a guarantee that no policies designed to increase number of youth in juvenile justice system will be advanced

October 1, 2021:
- Congregate care maintenance payment restrictions begin for states that opted to delay implementation
- States that opted to delay will now be able to access Title IV-E funds for prevention services

After September 30, 2026
- States will now be reimbursed at the Federal Medical Assistance Percentage for prevention services

Not later than October 1, 2027
- All states must use electronic interstate processing system
Impact on Stakeholders

• Groups that have the potential for services to be reimbursed through IV-E dollars should meet with their local DSS agencies to talk through this new pathway to referrals.
• Speak up throughout the implementation process so issues can be addressed quickly.
• Some organizations may serve fewer children who would have entered into foster care but are being worked with on the prevention end.
• Communities should work together to help scale the availability of services.
Major Takeaways

• Some prevention services will now be able to be funded through Title IV-E with a 50% match rate from the federal government
  – Including mental health, substance abuse, in-home parent skill based programs, and kinship navigator programs
  – Prevention services and programs subject to evidence-based standards
• Congregate care IV-E maintenance payments will now be limited to the six qualifying placements and more resources are available for kinship care
• A lot of definitions and specifications are still unclear, but some clarity is likely coming October 1, 2018 from the Children’s Bureau
• Virginia aims to be an early adopter with VDSS leading implementation and the assistance of Three Branch model workgroups
Additional Resources

- Additional kinship care resources:
  - [https://www.childwelfare.gov/topics/outofhome/kinship/about/](https://www.childwelfare.gov/topics/outofhome/kinship/about/)
  - [https://www.academicpedsinl.net/article/S1876-2859(14)00330-1/fulltext](https://www.academicpedsinl.net/article/S1876-2859(14)00330-1/fulltext)
  - [http://www.aecf.org/m/pdf/KinshipDiversionDebate.pdf](http://www.aecf.org/m/pdf/KinshipDiversionDebate.pdf)
  - [http://www.aecf.org/resources/stepping-up-for-kids/](http://www.aecf.org/resources/stepping-up-for-kids/)
Questions?

Allison Gilbreath, Policy Analyst
allison@vakids.org
804-649-0184 ext. 102

www.vakids.org

www.facebook.com/vakids
www.twitter.com/vakids
Join Us!

• You have been added to our email list!
• Follow us on Facebook and Twitter @vakids.
• Share your story with us.
• Attend our events and advocacy days.
• Save the date for Part 2 on October 29th @ 10 a.m.