Family First Prevention Services Act
STAKEHOLDER KICKOFF MEETING

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

Prevent Child Abuse North Carolina™

THE DUKE ENDOWMENT

NC Child
The Voice for North Carolina's Children

Family First Prevention Services Act
STAKEHOLDER KICKOFF MEETING

For those using our live stream option,
please e-mail your questions
to the following e-mail address:
FFPSA@dhhs.nc.gov

We will read incoming questions
to our panelists.

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AGENDA	
9-9:15 am	Opening Remarks
9:15-9:20 am	Introduction of Guest Speaker
9:20-10:00 am	Overview: FFPSA
10:00-10:15 am	Break
10:15-10:20 am	Introduction of Guest Speaker
10:20-10:30 am	Remarks: National Perspective
10:30-11:00 am	Q&A: National Perspective
11:00-11:45 am	Q&A: Panel of NC Stakeholders
11:45-12:00 pm	Closing Remarks

Family First Prevention Services Act

The Family First Prevention Services Act:

Overview, Implications and Implementation Considerations

THE ANNIE E. CASEY FOUNDATION

Overview

- Most significant federal child welfare legislation in decades with potential to have enormous impact on children and families
- Substantial changes to federal child welfare financing – new resources available, new restrictions on reimbursement
- Varied implementation timelines with some changes effective immediately
- Many new requirements on state child welfare agencies
- Reforms may require state legislative and regulatory changes
- Opportunities to shape implementation – both federal and state (short- and long-term opportunities)

Placing FFPSA in Historical Context
The Culmination of the 40+ Years Push for Family Care

1961	AFDC Foster Care created
1978	Indian Child Welfare Act
1980	Reasonable efforts, Adoption Assistance (lost battle to include prevention funding in Title IV-E)
1994	IV-B Part 2 (FPFS) created – Capped prevention funding
1994	First IV-E Waivers to spur prevention
1996	TANF Block Grant (EA prevention funds rolled in)
1997	ASFA (IV-B language on services for timely reunification that was intended for IV-E)
2008	Fostering Connections Act (push for family placements with kin, direct IV-E access for Tribes)
2010	ACA (home visiting prevention services)
2011	Child Welfare Improvement Act (reauthorization of waivers)

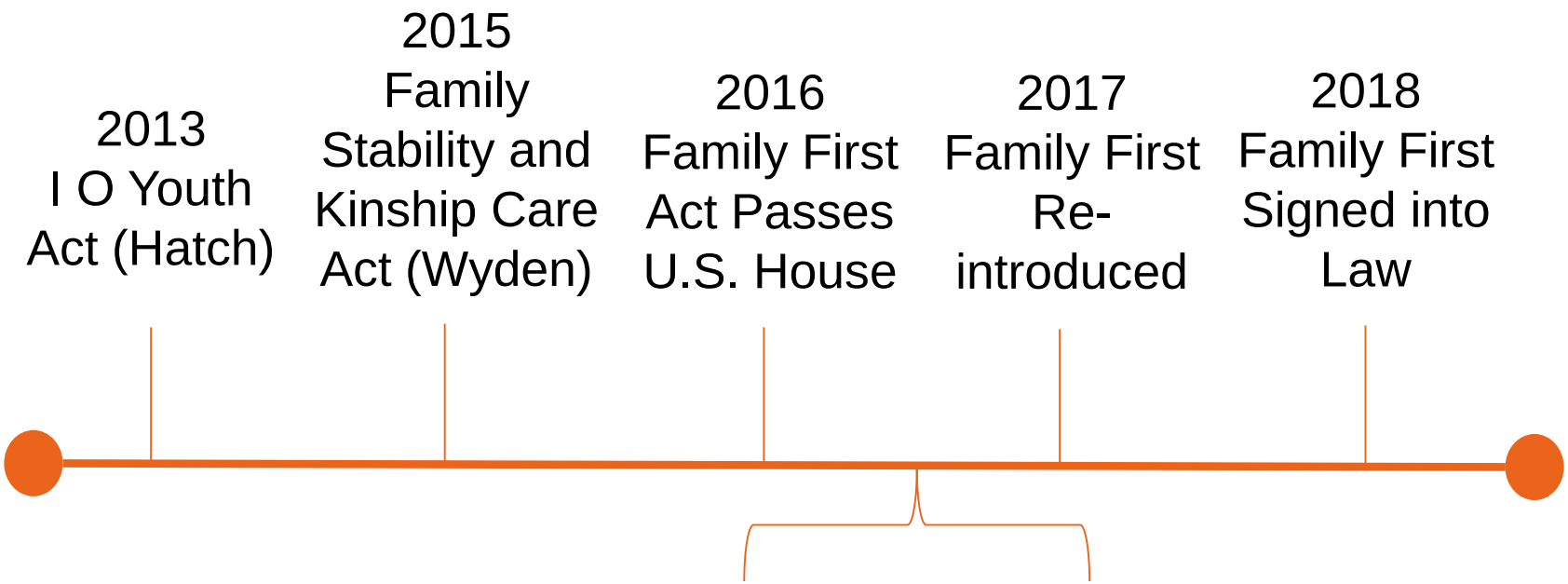
Why did this happen?: The debate about what is best for children

- Growing belief/evidence that we can do better preventing placements into foster care
  - Opioids
  - Teens
- Growing belief/evidence that children do best in families and that children are being unnecessarily placed in non-family settings
  - History of success in states in reducing group placements
  - Consensus statement
  - ACF report on children placed in group settings without therapeutic need
- Growing belief/evidence that children are not having needs met in residential treatment
  - Reports of abuse in group homes
  - Long lengths of stay in residential settings
  - Poor long-term outcomes of children who exit group care

Why did this happen: The Child Welfare Financing Debate

- Key concerns
  - Lack of flexibility/prevention $
  - Lack of incentives
  - No link between $ and outcomes
  - Complexity of IV-E
  - Underfunded
- Proposed solutions
  - Block grants
  - Waivers
  - Expand entitlement
  - Incentives
- 2013 AECF "When Child Welfare Works" Proposal
  - \+ What should/shouldn't be in the entitlement
  - \+ Focus on family-based/kinship care
  - +/- Delink Title IV-E form AFDC standards
  - ? Workforce investment
  - – Prevention/treatment primarily through Medicaid and TANF

The Family First Act – 4+ Years in the Making



- Introduced for UC in Senate
- Two holds placed in Senate (TX, WY) objections from others (CA, NY)
- Added to 21st Century Cures Act
- Removed from Cures Act following opposition from NC (Burr)

Summary

- Investing in prevention and family services
- Ensuring the necessity of a placement that is not a foster family home
- Ensuring the quality of residential treatment
- Other changes
  - Modifications and reauthorization of Title IV-B (Child Welfare Services and the Promoting and Safe and Stable Families Programs)
  - Modification to Chafee Foster Care Independence Program
- New state plan, reporting and data collection requirements

Investing in Prevention and Family Services

Investing in Prevention and Family Services

- Eligible children and parents
- Eligible services and programs
- State requirements to obtain federal reimbursement

Eligible Children and Parents

- “Candidates” for foster care
- Pregnant and parenting youth in foster care
- Birth parents, adoptive parents, relative and non-relative guardians of candidates for foster care

“Candidate” for Foster Care

- **Definition:** A candidate for foster care is a child who is at serious risk of removal from home as evidenced by the State agency either pursuing his/her removal from the home or making reasonable efforts to prevent such removal. [HHS considers the terms "serious risk of removal" and "imminent risk of removal" to be synonymous and States may also use alternate descriptions that are equivalent to "imminent" or "serious risk of removal.“]
- **Documentation:** A State must document that it has determined that a child is a candidate for foster care pursuant to one of three acceptable methods:
  - A case plan that identifies foster care as the goal absent preventative services;
  - An eligibility form used to document the child's eligibility for title IV-E; or
  - Evidence of court proceedings related to the child's removal from the home.

“Candidate” for Foster Care

- **Aftercare:** A child who is reunified, adopted/placed with legal guardian or transferred to a relative may be considered a candidate if the services or supports provided to the family can be considered the State agency's reasonable efforts to prevent the child's removal from the home and re-entry into foster care
- **Length of candidacy:** HHS does not prescribe the maximum length of time a child may be considered a candidate; however, a State must document its justification for retaining a child in candidate status for longer than six months.

Eligible Services and Programs

Types of services

- Mental health services
- Substance abuse prevention and treatment
- In-home parent skill-based programs
- Kinship Navigator programs
- Residential parent-child substance abuse treatment programs

Additional requirements or limitations

- No more than 12 months (per candidate episode)
- Must meet certain evidence-based requirements
- Must be trauma-informed
- Services must be provided by a qualified clinician

Evidence-Based Criteria

- Promising, supported, well-supported programs
- At least 50% of expenditures to be reimbursed must be for well-supported programs
- HHS to issue guidance by October 1, 2018 including pre-approved services/programs
- Resource: California Evidence-Based Clearinghouse for Child Welfare

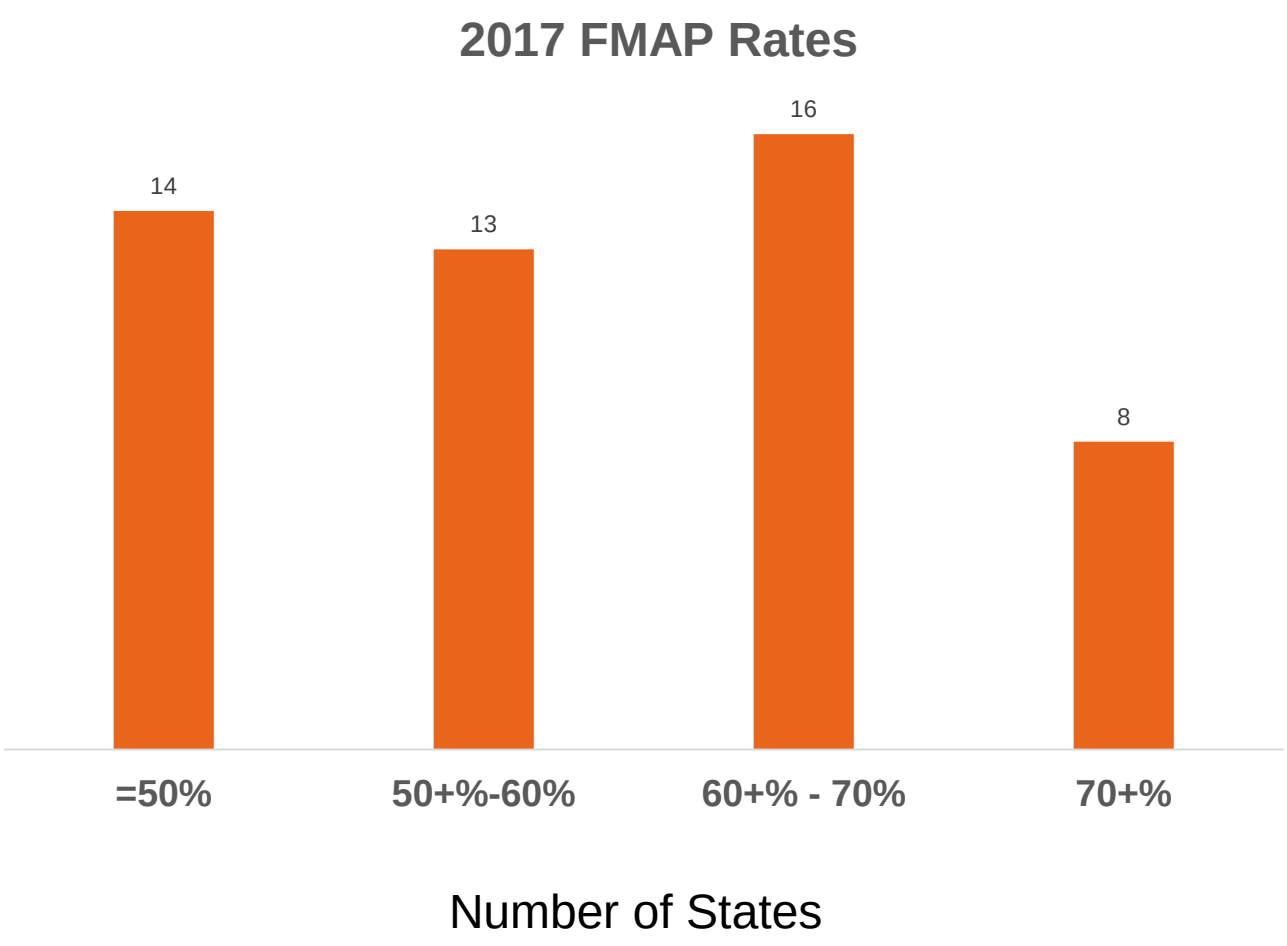
State Requirements to Obtain Federal Reimbursement

- No Title IV-E income eligibility requirement (for services or related training and administrative expenses)
- Preventions plans
- State Plans
  - Periodic risk assessment
  - Continuous quality improvement
  - Caseworker training
- Maintenance of Effort (MOE)
- Evaluation of evidence-based prevention programs
- Performance measures and data collection
  - Services provided and costs
  - Duration of services
  - Child's placement status after 12 months and 2 years

Implementation Timeline

• Federal reimbursement for children in residential family-based substance abuse treatment with a parent	October 1, 2018
• Federal reimbursement for kinship navigator programs	October 1, 2018
• Federal reimbursement for prevention services and programs	October 1, 2019 (50%) October 1, 2026 (FMAP)

Federal Medical Assistance Percentages



Investing in Prevention and Family Services: Implications and Questions

General

- What exactly does the MOE mean/how will it be applied?
  - For allowable services, to eligible children and parents, meeting evidence-based criteria?
  - Federal and non-federal share or just non-federal?
  - Can states even identify MOE expenditures in prior years?
- Medicaid coverage of similar prevention services, incentive to shift to IV-E?
- Are children/families now “entitled” to prevention services if the state “opts in?”
- Do states need to offer prevention programs statewide?
- Can counties “opt in” rather than entire states?

Investing in Prevention and Family Services: Implications and Questions

Claiming

- What are best practices for documenting candidates (especially for aftercare services)? Will there be additional scrutiny by HHS?
- When does the 12 month clock on prevention services start?
- How will “qualified clinician” be defined?
- Can states claim a portion of the salaries of child welfare caseworks when they are providing “parenting skills, parent education, and individual and family counseling?”
- What exactly can IV-E cover when a child is in a residential substance-abuse treatment program with a parent?
- Is the 12 month limit a lifetime limit? If not, how can you start the clock anew?

Investing in Prevention and Family Services: Implications and Questions

Evidence-Based

- Requirement for evidence-based, or evidence-based for this population?
- Fidelity in implementation vs. opportunity for adaptation
- No kinship navigator programs have yet to meet evidence-based threshold
- Does the 50% well supported evidence-based requirement include kinship navigator and child-parent residential treatment programs?
- Role of advocacy to identify programs as evidence-based

Ensuring the Necessity of a Placement That is Not a Family Foster Home

Ensuring the Necessity of a Placement that is Not a Foster Family Home

- Beginning after 14 days of entry into foster care, federal reimbursement for foster care payments limited to children in:
  - A foster family home
  - A Qualified Residential Treatment Program (QRTP)
  - A setting specializing in providing prenatal, post-partum or parenting supports for youth
  - A supervised setting for youth ages 18+ who are living independently
  - A setting providing high-quality residential care and supportive services to children who have been or at risk of being sex trafficking victims
- States may still claim administrative expenses on otherwise eligible children not in eligible placement settings

Foster Family Home Defined

- Licensed or approved by the state
- Capable of adhering to reasonable and prudent parenting standard
- Provides care to six of fewer children in foster care, exceptions to allow:
  - Parenting youth to remain with their child
  - Keeping siblings together
  - Keep children with meaningful relationships with the family
  - Care for children with severe disabilities

Assessment to Determine Appropriateness of QRTP Placement

- Must be completed within 30 days of QRTP placement
- Assessment by qualified individual, a trained professional or licensed clinician who is not a state employee or affiliated with any placement setting (may be waived)
- Tool must be age appropriate, evidence-based, validated, functional assessment (HHS will release guidance)
- Assessment must be conducted in conjunction with a family and permanency team meeting
- If QRTP is determined necessary, professional must document why child's needs cannot be met in a family
- If assessment does not support QRTP placement, states have 30 days to move child to an eligible placement or risk losing federal reimbursement

Ensuring the Necessity of a Placement that is Not a Family Foster Home: Implications and Questions

- When are pregnant/parenting youth in foster care best served in a family?
- When are youth in foster care at risk or victims of sex trafficking best served in a family?
- What exactly is an “independent assessor” and are there good models for this?
- Is the termination of federal funds permanent after 30 days or until a QRTP placement meets the requirements (e.g. an assessment is completed after 31 days)?

Ensuring the Necessity of a Placement that is Not a Family Foster Home: Implications and Questions

- How will “at-risk” of sex trafficking be defined?
- How will cottages that have 6 or less children be considered?
- Cost treatment basis for 3rd party assessments – IV-E admin (linked or de-linked), Medicaid?
- What is the potential impact for states that use IV-E for JJ youth?

Ensuring the Quality of Residential Treatment

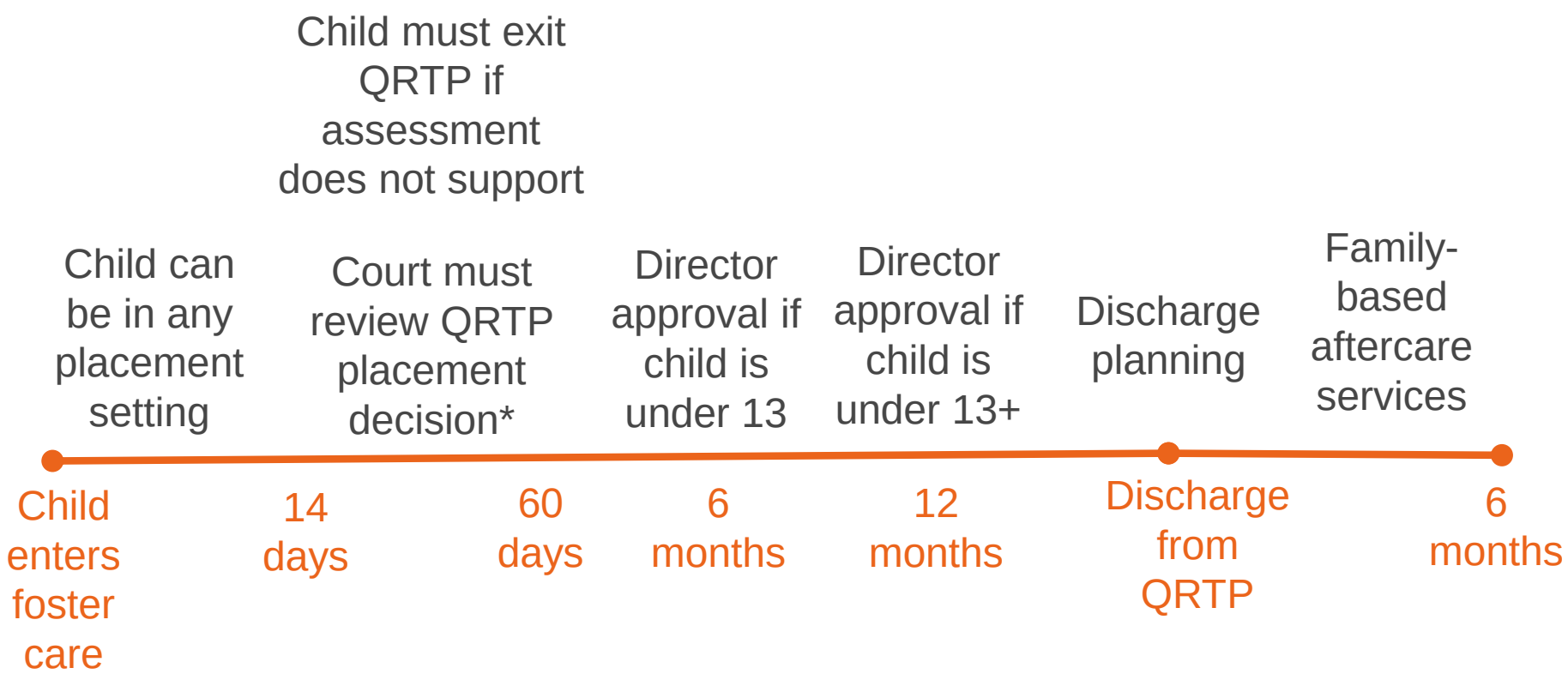
Ensuring the quality of residential treatment: QRTP Requirements

- Trauma-informed treatment model
- Model is designed to meet the specific clinical needs of children as identified in the child's assessment
- Has registered or licensed nursing staff and other licensed clinical staff (on-site consistent with the treatment model, and available 24/7)
- Facilitates family participation in child's treatment program, facilitates family outreach, and documents how the child's family is integrated into child's treatment (including post-discharge)
- Provides discharge planning and family-based aftercare supports for 6+ months post discharge
- Licensed and accredited by CARF, JCAHO, COA or other bodies approved by HHS Secretary

Monitoring of Children in QRTPs

- Court review within 60 days of QRTP placement
- At every status and permanency hearing, state must submit evidence
  - Ongoing assessment confirms need for QRTP placement
  - Specific treatment needs that will be met
  - Length of time child is expected to need additional treatment
  - Efforts made to prepare child to transition to a family
- Child welfare director approval for children in QRTP placement for 12 consecutive/18 cumulative months (or for 6 months for children under 13)
- Protocol to prevent inappropriate diagnoses
- Criminal background checks for adults working in QRTPs and other group settings

QRTP Requirements Timeline



*Court must review decision again at every status and permanency hearing

Data Reporting

For all children not in foster family home, for each placement setting:

- Numbers of children served
- Ages of children
- Gender
- Race/ethnicity
- Special needs
- Permanency goal
- Length of placement
- Whether placement was first placement or number of previous placements
- Extent of specialized education, treatment, counseling provided in the setting

Implementation Timeline

- Federal reimbursement for newly ineligible placements ends on September 30, 2019
- States may extend deadline by up to 2 years (no later than September 30 2021)
- For any period of time that states extend deadline, they will not be permitted to claim prevention funds under Title IV-E

Ensuring the Quality of Residential Treatment: Implications and Questions

- Clinical/nursing staff costs allowable for inclusion in IV-E rate? Medicaid allowable?
- IV-E claiming for aftercare services?
- Cost of accreditation reimbursable?

Other Provisions

Other Changes and Details

- Modifications and reauthorization of Title IV-B
  - Extends programs for 5 years (FY 2017 – FY 2021)
  - Creates $8 million competitive grant program to support recruitment and retention of foster parents
- Modifications to Chafee Foster Care Independence Program
  - Extends support to age 23 (previously 21)
  - Extends eligibility for ETVs to age 26 – youth can only participate for up to 5 years
  - Allows HHS to redistribute unused Chafee funds
  - Ensures that youth who age out have documentation that they were in foster care
- Reauthorization of incentive awards
- Delay of adoption assistance phased-in delink

Other Changes and Details

- Improving foster home licensing standards – HHS to identify model standards by October 1, 2018 and states will need to report by April 1, 2019 on how and why their standards differ
- Plans to prevent child abuse and neglect fatalities (October 1, 2018)
- TA/guidance/reports from HHS, GAO studies
- Eligibility of Indian Tribes, U.S. Territories
- Eligibility of child in kinship care receiving prevention services for 6+ months

Other Provisions:
Implications and Questions

- Are all Adoption Assistance payments made between 10/1/17 – 12/31/17 still eligible for federal reimbursement (the time between the start of the de-link for 0-2 year olds and when the Act eliminated federal reimbursement)?

Overall Federal Fiscal Impact of FFPSA FY 2018-FY2027

• Investing in prevention and family services		$1,690 Million
– Evidence based prevention	$1,480 Million	
– Other investments	$210 Million	
• Ensuring the necessity of a placement that is not a foster family home		- $641 Million
• Reduction in Adoption Assistance Support		- $505 Million
		$544 Million

Summary: Opportunities and Challenges

Opportunities

- Increased funding to prevent foster care
- Shift investment towards supporting evidence-based interventions
- Savings from shift away from unnecessary [group] placements, shorter stays [group], fewer re-entries
- Increased management/ accountability capacity
- Improved outcomes

Challenges

- Understanding the law and risk aversion/inertia
- State match requirement for expanding prevention services
- Foster parent recruitment and retention
- Meeting standards for quality residential care
- Capacity of private providers
- Administrative burden

Additional Federal Actions Following Family First

- Omnibus spending bill
  - $20 million to fund Kinship Navigator Programs
  - $20 million additional funds for Regional Partnership Grants
  - $1 million additional funds for the startup costs related to the clearinghouse of promising, supported, and well-supported practices
  - $37 million additional funds for the Adoption and Guardianship Incentives Program
  - $60 million additional funds to CAPTA (the Child Abuse Treatment and Prevention Act)
- End of waivers/Proposed optional block grant
- Congressional interest in supporting foster parents

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