Workshop Overview

I. QRTP Overview:

- Key FFPSA QRTP requirements
- How the FFPSA provisions relate to group care

II. FFPSA Intervention Standards:

- FFPSA intervention evidence standards
- Interventions that should be reimbursable

III. FFPSA-related Business Opportunities for Group Care:

- Business model opportunities to consider, including expansion into new program areas

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I. FFPSA OVERVIEW

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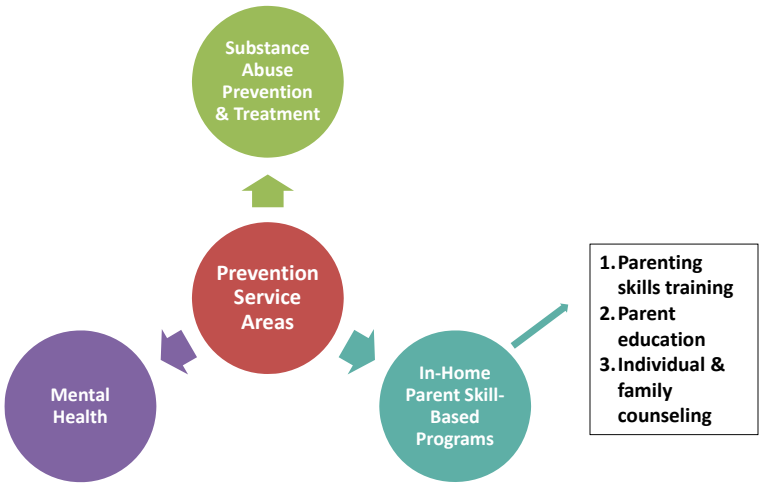
FFPSA Service Categories



Big Opportunities for Child Welfare

Pre-2018 federal law	Family First
Most federal $$ for foster care	New federal $$ for prevention
Services only for child	Prevention for parents & child
Income test to qualify	NO income test, just what at risk family needs
No dedicated kinship navigator funding	NEW 50% reimbursement for kinship navigators
No $$ for child placed with parent in residential treatment	12-months of federal $$ for such placements

New FFPSA Policy to Ensure Appropriate Placements in Foster Care

Beginning October 1, 2019, after 2 weeks in care, Title IV-E federal support will support the following placements:

- Foster Family Home (defined) – no more than 6 children in foster care, with some exceptions
- 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
- Family-based residential treatment facility for substance abuse
- **Qualified Residential Treatment Program (QRTP) – a clinically recognized treatment program**
  - **There are no time limits on how long a child or youth can be placed in a QRTP as long as the placement continues to meet his/her needs, as determined by their assessment.**

What is a Qualified Residential Treatment Program (QRTP)?

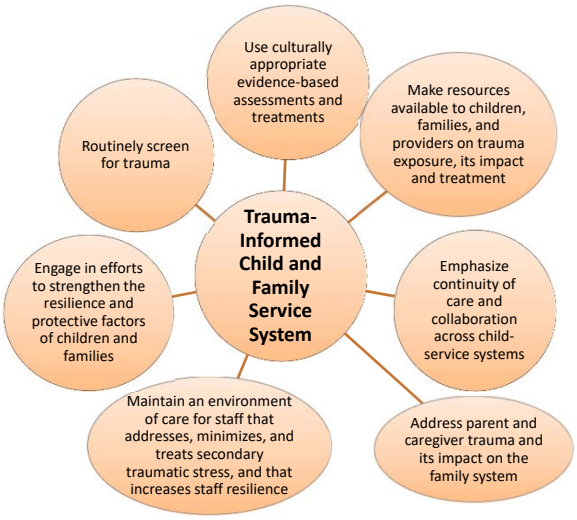
- Has a trauma informed treatment model, and a registered or licensed nursing and other licensed clinical staff onsite or accessible, consistent with the QRTP's treatment model
- Facilitates outreach and engagement of the child's family in the child's treatment plan
- Provides discharge planning and family-based aftercare supports for at least 6 months
- Licensed and accredited (e.g., COA, JCAHO, CARF)

Qualified Residential Treatment Program (QRTP) Assessment and Timing

After 14 days in QRTP, no federal funding will be available unless the following occurs:

- ❑ Assessment of youth within 30 days of placement (must be an independent 3rd party assessment)
- ❑ Court oversight of placement decision, including within 60 days, a review of the assessment that indicated the need for QRTP
- ❑ Ongoing court review of assessments of child needs and strengths during the stay in QRTP
- ❑ State director must review and track placements that extend beyond 12 months – 6 months for children under the age of 13

Elements of a Trauma-Informed Child and Family Service System



Source: National Child Traumatic Stress Network (NCTSN) (undated). *What is a Trauma-Informed Child- and Family-Service System?* http://nctsn.org/resources/topics/creating-trauma-informed-systems

Substance Abuse and Mental Health Services Administration. ***SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach.*** HHS Publication No. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.

THE FOUR "R'S:

1. All people at all levels of the organization or system have a basic **realization** about trauma and understand how trauma can affect families, groups, organizations, and co
2. People in the organization or system are also able to **recognize** the signs of trauma in commmunities as well as individuals.
3. The program, organization, or system **responds** by applying the principles of a trauma-informed approach to all areas of functioning.
4. **Resist** re-traumatization of clients as well as staff.

SIX KEY PRINCIPLES OF A TRAUMA-INFORMED APPROACH FROM SAMHSA

1. Staff and consumers feel safe
2. Trustworthiness and Transparency
3. Peer Support
4. Collaboration and Mutuality
5. Empowerment, Voice and Choice
6. Cultural, Historical, and Gender Issues

Distinguishing between Congregate Care and Therapeutic Residential Care (TRC)

Congregate Care		
Therapeutic Residential Care (TRC)		**Other Forms of Congregate Care**
Group Homes	**Other Forms of TRC**	
▪ **Group homes serving seven or more children**	▪ Residential treatment centers ▪ Psychiatric residential treatment facilities (PRTFs)	▪ Shelter care ▪ Psychiatric hospital programs ▪ Secure detention and other forms of juvenile corrections placements.

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II. FFPSA EVIDENCE STANDARDS FOR INTERVENTIONS

(ALSO SEE CASEY HANDOUT)

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FFPSA: Evidence Standards for Interventions… *General Practice Requirements*

Book or Manual	• The practice has a book, manual, or other available writings that specify the components of the practice protocol and describe how to administer the practice.
No Empirical Risk of Harm	• There is no empirical basis suggesting that, compared to its likely benefits, the practice constitutes a risk of harm to those receiving it.
Weight of Evidence Supports Benefits	• If multiple outcome studies have been conducted, the overall weight of evidence supports the benefits of practice.
Reliable & Valid Outcome Measures	• Outcome measures are reliable and valid, and are administered consistently and accurately across all those receiving the practice.
No Case Data for Severe or Frequent risk of harm	• There is no case data suggesting a risk of harm that was probable caused by the treatment and that was severe of frequent.

FFPSA Evidence-Based Practice Requirements

Evidence Level	Requirements for all Evidence Levels	Control Group	Sustained Effect
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

FFPSA Intervention Areas	No. of Interventions Ranked as Well-supported
▪ Mental health services for children and parents	**40**
▪ Substance abuse prevention and treatment services for children and parents	**13**
▪ In-home parent skill-based programs: ▪ Parenting skills training and Parent education[a] ▪ Individual and family counseling	**9** **5**

[a] 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.

Mental Health Services for Children and Parents (Total: 40)

1. Acceptance and Commitment Therapy (ACT) for Adults
2. Acceptance and Commitment Therapy (ACT) for adults with anxiety
3. Acceptance and Commitment Therapy (ACT) for adults with schizophrenia and psychosis
4. Acceptance and Commitment Therapy (ACT) for children with anxiety
5. Acceptance and Commitment Therapy (ACT) for children with depression
6. Aggression Replacement Training® (ART)
7. Attachment and Biobehavioral Catch Up (ABC)
8. Blues Program
9. Building Confidence
10. Chicago Parent Program
11. Child and Family Traumatic Stress Intervention (CFTSI)
12. Cognitive Behavioral Therapy (CBT)
13. Cognitive Behavioral Therapy (CBT) for Adult Anxiety
14. Cognitive Behavioral Therapy (CBT) for Adult Depression
15. Cognitive Behavioral Therapy (CBT) for Adult Posttraumatic Stress Disorder (PTSD)
16. Cognitive Behavioral Therapy (CBT) for Adult Schizophrenia and Psychosis
17. Cognitive Behavioral Therapy (CBT) for Child & Adolescent Depression
18. Cognitive Behavioral Therapy (CBT) for Children with Anxiety
19. Cognitive Behavioral Therapy (CBT) for Children with Trauma
20. Cognitive Behavioral Therapy (CBT) - Group Therapy for Children with Anxiety

21. Cognitive Behavioral Therapy (CBT) - Individual Therapy for Children with Anxiety
22. Cognitive Behavioral Therapy (CBT) - Parent Counseling for Young Children with Anxiety
23. Cognitive Therapy (CT)
24. Coping Cat
25. Coping Power Program
26. Dialectical Behavior Therapy (DBT)
27. Eye movement desensitization and reprocessing (EMDR) for Adult PTSD
28. Eye movement desensitization and reprocessing (EMDR) for Children
29. Families and Schools Together (FAST)
30. Family-Focused Treatment for Adolescents (FFT-A)
31. GenerationPMTO (Group Delivery Format)
32. Interpersonal Psychotherapy-Adolescent Skills Training (IPT-AST)
33. Mindfulness-Based Cognitive Therapy (MBCT) for Adults
34. Multidimensional Family Therapy (MDFT)
35. Parent Child Interaction Therapy (PCIT)
36. Problem Solving Skills Training for Children
37. Prolonged Exposure Therapy for Adolescents (PE-A)
38. Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)
39. Triple P – Positive Parenting Program – Level 4 Individual for Child Disruptive Behavior
40. Wraparound

Substance Abuse Prevention and Treatment for Children and Parents (Total: 13)

1. Adolescent Community Reinforcement Approach (A-CRA)
2. Adolescent Coping with Depression (CWD-A)
3. Assertive Continuing Care (ACC)
4. Brief Marijuana Dependence Counseling (BMDC)
5. Buprenorphine Maintenance Treatment for Opioid Use Disorder
6. Communities that Care for Substance Abuse Prevention
7. Ecologically Based Family Therapy (EBFT)
8. Functional Family Therapy (FFT) for adolescents with SUD
9. Helping Women Recover & Beyond Trauma (HWR/BT
10. Interim Methadone Maintenance (IM) for opioid use
11. Motivational Interviewing
12. Multidimensional Family Therapy (MDFT)
13. PROSPER

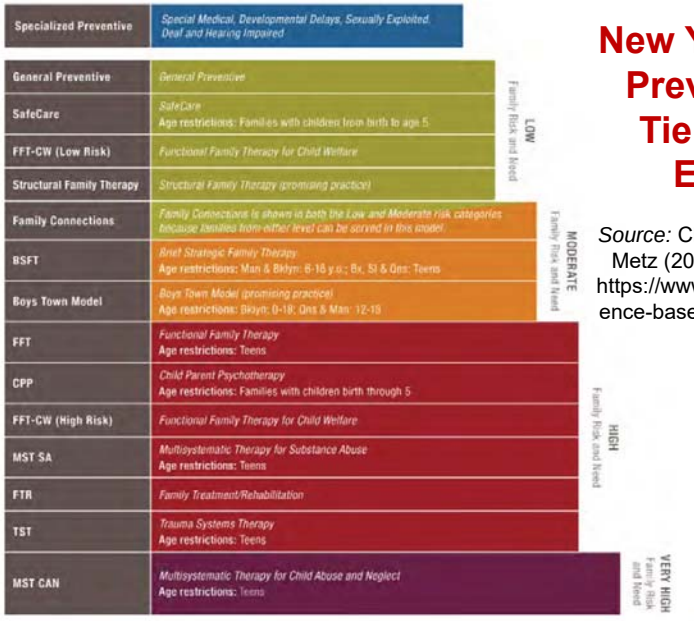
In-Home Parent Skill-Based Programs: Parenting Skills Training and Parent Education (Total: 9)

1. Family Connects
2. Family Spirit (for American Indian/Alaskan Native parents)
3. Healthy Families America (HFA)
4. Home Instruction for Parents of Preschool Youngsters (HIPPY)
5. Minding the Baby® (MTB)
6. Nurse Family Partnership (NFP)
7. Parenting with Love and Limits
8. SafeCare
9. The Incredible Years

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)

New York City Prevention Tiers and EBPs



Source: Clara, Garcia and Metz (2017), p. 13, see https://www.casey.org/evidence-based-child-welfare-nyc/

One Approach to a FFPSA Interventions Catalog (Second Edition)

- A summary of research-based interventions that have sufficient research evidence to likely qualify for FFPSA reimbursement (subject to forthcoming Federal guidance). See https://www.casey.org/evidence-to-action/
- 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: the duration of most EBPs is <12 months.

Sample Page from the Casey FFPSA Intervention Catalog

Program Model or Intervention	Ages and Problem or Skill Area Addressed	Treatment Duration	Level of Effectiveness/ Effect Sizes	Cost & Cost-Savings	Manual Available	Waiver Inter-vention
Mental Health for Caregivers or Children						
Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) TF-CBT is a conjoint child and parent psychotherapy approach for children and adolescents who are experiencing significant emotional and behavioral difficulties related to traumatic life events. It has mostly been used and evaluated with youth who were sexually abused or exposed to domestic violence. TF-CBT can also benefit children with depression, anxiety, shame, and/or grief related to their trauma.	Ages 4–18. Anxiety, depression, PTSD	Weekly 60- to 90-minute sessions Duration: 12–16 weeks	**1** (Well-supported)	$1,037 (CBT based models for child trauma)[i]	Yes[ii]	AR, CO, IN, KY, MD, MT, NV, WI
Triple P – Positive Parenting Program – Level 4 Individual for Child Disruptive Behavior Triple P—Positive Parenting Program (Level 4, self-directed) is an intensive individual-based parenting program for families of children with challenging behavior problems. In the self-directed modality, parents receive a full Level 4 curriculum with a workbook and exercises to complete at their own pace. They are also offered support from a therapist by telephone on a regular basis.	Ages 0–12	10–16 sessions Duration:over 3–4 months[iii]	**1** (Well-supported)	Cost: $1,792 Savings: $2339 B-C: $3.36[iv]	Yes[v]	CO, ME, NE, TX, WA

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III. BUSINESS MODEL OPPORTUNITIES FOR THERAPEUTIC RESIDENTIAL CARE

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TRC Business Opportunities that Could be Supported by FFPSA

- ❑ Campus-based child, parent and family therapy
- ❑ Campus-based clinical groups and parent training
- ❑ In-home counseling
- ❑ Placement ***aftercare*** services (campus-based and in-home) (FFPSA pays for 6 months)
- ❑ Other?

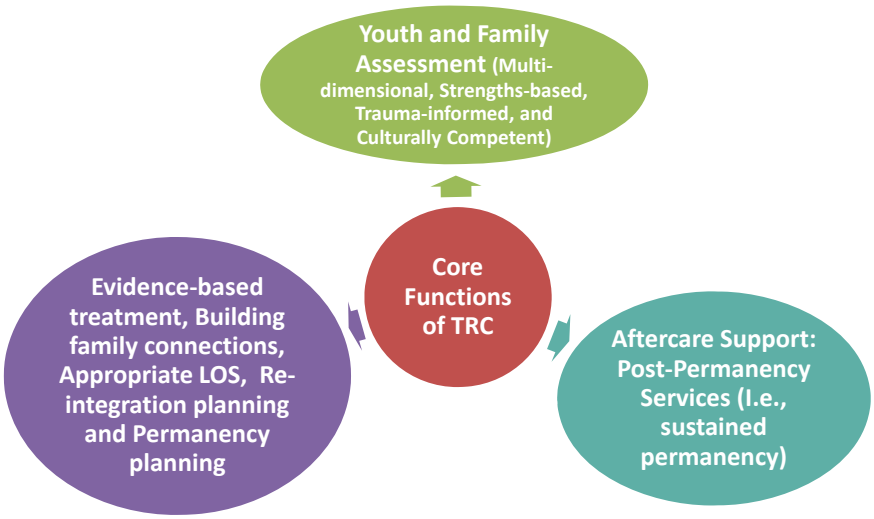
Figure 1. Grouping Youth by Level of Treatment Need and Risk of Harm to Themselves or Others

(Based on a Latent Class Analysis of youth currently in congregate care that used CANS ratings.)

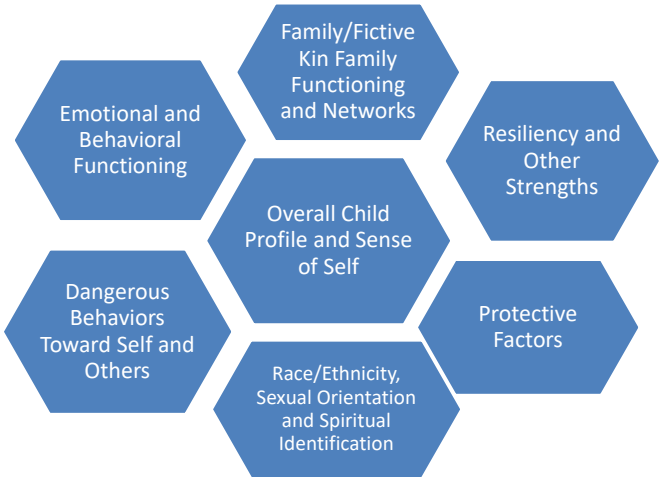
Table A1. A Summary of Interventions by LCA Group (p.31)
(CEBC-indicated Levels of evidence: ***Well-supported, ** Supported, *Promising)

LCA Groups 3 and 4: Need Group Home or Residential Treatment	LCA Group 2: Need Wraparound, Intensive Home-Based/Family Preservation Services, or possibly Foster Care or Treatment Foster Care	LCA Group 1: Need Community-Based Counseling Services or Wraparound Services
▪ Adolescent Coping with Depression (CWD-A)**	▪ Aggression Replacement Training®® (ART®)	▪ Child-Parent Psychotherapy**
▪ Aggression Replacement Training®® (ART®)	▪ Cognitive Behavioral Therapy (CBT)***	▪ Child and Family Traumatic Stress Intervention (CFTSI)*
▪ Attachment-Based Family Therapy (ABFT)*	▪ Coping Cat*	▪ Cognitive Behavioral Intervention for Trauma in Schools (CBITS)**
▪ Cognitive Behavioral Therapy (CBT)***	▪ Family Preservation Services – Homebuilders Model**	▪ Cognitive Behavioral Therapy (CBT)***
▪ Coping Cat*	▪ Multisystemic Therapy**	▪ Coping Cat*
▪ Dialectical Behavior Therapy (DBT)**	▪ Parent Management Training – Oregon Model (PMTO)***	▪ Family Preservation Services - Homebuilders model of family-based services**
▪ Generations (Parent Management Training – Oregon Model-PMTO)***	▪ Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)***	▪ Functional Family Therapy (FFT)**
▪ Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)***	▪ Wraparound Services**	▪ Multisystemic Therapy (MST)**
		▪ Parent Management Training – Oregon Model (PMTO)***
		▪ Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)***
		▪ Wraparound Services**

Group Care Refinement Areas

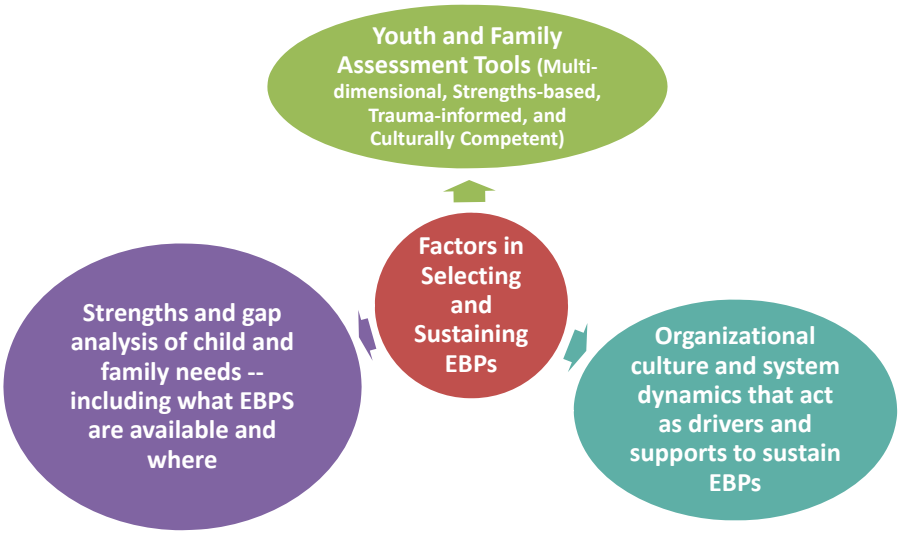


Key Child and Youth Assessment Domains in Child and Family Social Services (in addition to medical, dental & vision)



Source: Adapted from Pecora, P.J. (2015). *Assessment: Ensuring That Children Receive the Right Services at the Right Time From High Quality Providers*. Presentation for the National Association for Children's Behavioral Health conference, Baltimore, July 16, 2015.

Selecting Interventions



The likelihood of maintaining some gains after discharge can be increased by at least three factors:

1. Involving the resident's family in the treatment process before discharge (for example, in family therapy).
2. Achieving stability in the place where the child or youth goes to live after discharge.
3. Ensuring that aftercare support for the child or youth and their families is available (Hair, 2005, p. 556).

Key Takeaways

- In refining TRC, it is important to understand who is being served.
- By carefully pairing specific interventions with child needs, we can:
  - More accurately select the children who should be placed in group homes and residential treatment centers
  - Increase program effectiveness
  - Minimize length of stay
  - Increase the proportion of children "stepping down" promptly from group care to a permanent home.

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Appendix of Findings: Montana LCA Results

- ***Group 1 – Some Treatment Need but Low Risk***: Had strengths, with possibly some issues identified but were generally low risk – termed as a "watchful waiting" group.
- ***Group 2 – Some pressing treatment needs and moderate risk:*** Have some pressing needs, but not as high risk. Requires "watchful waiting" in some areas.
- ***Group 3 – Substantial treatment needs***: Had some risk (e.g., associated with self-mutilation, suicidal ideation, poor judgment and danger to others). Most of the ratings on this scale were "watchful waiting" – which means it could be an issue but has not "actively manifested at this time".
- ***Group 4 – High need for specialized treatment***: High risk for serious problems such as suicide, fighting with others, sexually reactive or aggressive.