Family Focused Treatment Association

Preparing for family-based services for youth with serious mental and/or behavioral health conditions (and/or medically fragile youth).

Family First Prevention Services Act (FFPSA)

Prepared for the Family Focused Treatment Association. Contact:
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Quick Poll

What is your level of familiarity with the Family First Prevention Services Act (FFPSA)?

1: Novice. I've heard about it and know it is important. But that's about it!

2: Intern. I've participated in webinars and/or discussions. I understand major concepts.

3: Practitioner. I feel competent in my understanding and am ready to "get into the weeds".

FAMILY FIRST PREVENTION SERVICES ACT: FFPSA

- **The Family First Prevention Services Act** redirects federal funds to provide services **to keep children safely with their families and out of foster care**, and when foster care is needed allows federal reimbursement for care in family-based settings **and certain residential treatment programs** for children with emotional and behavioral disturbance requiring special treatment.

Guidance 11.30.18 Prevention Services Under IV-E

- The Children's Bureau strongly encourages all states to take this opportunity to not only use the title IV-E prevention program to fund these important services, but *also to* ***envision and advance a vastly improved way of serving children and families, one that focuses on strengthening their protective and nurturing capacities instead of separating them.***

Major highlights from new guidance 11.30.18

- “Candidate” will not be further defined. (Prevention services)
- “Qualified Clinician” will not be further defined. (Prevention services)
- “Trauma informed approach” will not be defined beyond “recognized principles”
- “In-home” prevention services are not restricted literally to the home.
- Prevention services may begin on the first day that the “prevention plan” is approved for a candidate and is authorized for 12 months. (renewable for additional 12 month episodes with updated prevention plan.)
- “Family -home” is limited to homes in which the biological, adoptive, relative, or foster parent resides.

Major highlights from new guidance 11.30.18

- States may choose to participate on any date after 10.1.19.
- States must submit proposals to participate as part of their 5-year state IV-E plan; the IV-E plan can be amended at any time.
- Prevention services are not required to be state-wide and may be limited to specific geographical areas or to specific services per geographic location.
- Prevention plan must describe foster care prevention strategy to be offered/received, how fidelity to trauma-informed and EBP will be measured, expected outcomes, and evaluation strategy to be used. (ACYF has identified “outcomes” to be reported.)
- Consultation and coordination with other public and private agencies is required, including workforce support and training for trauma-informed approach (and services) and adoption of evidence-based programs approved by the federal FFPSA clearinghouse.

Candidate: States will make their own definitions/ determinations

- Eligibility: candidates for foster care (includes those who have been adopted or are in guardianship care), children in foster care who are pregnant or parenting, parents and kin caregivers who need services to prevent disruptions.
- **Additional clarification (11.30.18):** The needs of the child, parent, or caregiver for the services must be directly related to the safety, permanence, or well-being of the child to prevent the child from entering foster care.
- **Additional clarification (11.30.18):** The child at-risk of entering foster care can remain safely in the child's home or in a kinship placement as long as necessary (and allowed) prevention services are provided.

Prevention Services Under IV-E: Defining "Candidates"

- **Very broad**: Any child whose parent has tested positive for an illicit substance, or has a diagnosed mental health disability, is a candidate for foster care.
- **Broad**: Any child whose parent (or parents) has been referred to the state or local hotline for alleged maltreatment is a candidate for foster care.
- **Narrow**: Only pursuant to the substantiation of maltreatment a child is a candidate for foster care.

Prevention Services Under IV-E:

- **Types of services:** mental health and substance abuse prevention and treatment, in-home parent skill-based programs, parent education, individual and family counseling in the home.
- **Duration:** 12 months beginning on date of formal prevention plan; renewable.
- **No income eligibility requirement for prevention services.**
- **Services must meet Evidence Based Practice requirements:** promising, supported, or well-supported. (unless well-supported requirement is waived by state request and HHS approval)
- **Services must be trauma-informed.**

Prevention Services : **Additional clarification (11.30.18) :**

The title IV-E agency must have an approved Title IV-E Plan that includes a Prevention Services and Programs five-year plan.

Program expenditures for prevention services and programs made in FFY 2020 through FFY 2026 periods are reimbursable at the 50 percent FFP rate.

At least 50 percent of the expenditures by state title IV-E agencies for provision of prevention services and programs in each FFY must be for those that meet the “well-supported” practice criteria

All provision of prevention services and program (regardless of the practice standard) costs claimed for title IV-E reimbursement must, unless a waiver is approved, be subject to a well-designed and rigorous evaluation strategy

Instructions are included for billing of amounts for delivery of allowable services and programs made directly by the title IV-E agency to a provider or to a pass-through organization including those operating under a Tribal-State title IV-E agreement.

Prevention Services Training Costs

Agency Staff & Service Providers (At the 50 percent FFP rate). **Additional clarification (11.30.18):**

Training costs are allowed for "expenditures incurred for the development, delivery or participation in training *by eligible staff*, including State or Tribe title IV-E agency staff or persons preparing for employment by the State or Tribal agency, and the staff of State/Tribe licensed or *approved child welfare agencies providing title IV-E prevention services to or on behalf of eligible children and their parents or kin caregivers*. (Examples of allowable training activities include determining individuals who are eligible for the services or programs, how to identify and provide appropriate services and programs, and how to oversee and evaluate the ongoing appropriateness of the services and programs.)

Question for HHS: Does this instruction include training in EBP prevention practices for service providers?

Age: (definition of "child") Additional guidance 11.30.18

This means that a "child who is a candidate for foster care" and pregnant or parenting foster youth who have not attained age 18 are eligible for the title IV-E prevention program. If a state has elected a higher age under the state's title IV-E program, an otherwise eligible youth over age 18 may be eligible for the title IV-E prevention program in the following circumstances:

- A youth is otherwise eligible as a "child who is a candidate for foster care" and over age 18, and the youth could be eligible for the title IV-E prevention program if:
  - a title IV-E adoption assistance or guardianship assistance agreement is in effect with respect to the youth (that went into effect after the child attained 16 years of age);
  - the youth's adoption or guardianship arrangement is at risk of a disruption or dissolution that would result in a foster care placement (section 475(13) of the Act);
  - the youth meets the state's education/employment conditions as elected under title IV-E; and
  - the youth has not yet reached the state's highest elected age under title IV-E (19, 20 or 21).

- Title IV-E prevention services must be provided under an organizational structure and treatment framework that involves understanding, recognizing, and responding to the effects of all types of trauma and in accordance with recognized principles of a trauma-informed approach and trauma-specific interventions to address trauma's consequences and facilitate healing
- **Additional clarification (11.30.18):** HHS will not be further defining what a trauma-informed approach to service delivery means.

Trauma-informed approach to service delivery

What are prevention "administrative costs"?

- These include activities to develop necessary processes and procedures to establish and implement the provision of prevention services for eligible individuals, policy development, program management, and data collection and reporting. Also included are the development and maintenance of the child's prevention plan and case management activities such as verification and documentation of program eligibility, referral to services, and preparation for and participation in judicial proceedings.
- Child specific administrative costs may be claimed for allowable activities from the beginning of the month in which the child is identified in a prevention plan until the end of the 12th month.
- There is nothing to prohibit the state from claiming title IV-E foster care administrative costs for a child after the child's title IV-E prevention services period has ended.

MOE: Maintenance of Effort

Additional guidance 11.30.18

- States must use title IV-E prevention services to supplement, and not supplant, FY 2014 (or alternate applicable year). MOE is required only for the year a state enters the program.
- We are specifying that these state foster care prevention services and activities must have been approved by the Title IV-E Prevention Services Clearinghouse as being allowable for title IV-E prevention reimbursement and meeting the standards outlined in the statute.
- (Therefore, there is an advantage to 'early adopter states' as list of approved EBP practices will grow continually.)

Consultation and Coordination: Additional guidance 11.30.18

The state must describe: 1) how it will consult with other state agencies responsible for administering health programs, including mental health and substance abuse prevention and treatment services, and with other public and private agencies with experience in administering child and family services (including community-based organizations), in order to foster a continuum of care for children, parents and caregivers receiving prevention services; and 2) how the prevention services provided for or on behalf of a child and the parents or kin caregivers of the child will be coordinated with other child and family services provided to the child and the parents or kin caregivers of the child under the state title IV-B plan.

Consultation and Collaboration: Recommendations.

- Have child welfare identify for you approved Kinship Navigator Programs (or offer to partner and create one).
- Ask child welfare if they are aware that HHS will provide technical assistance for implementation of FFPSA. There is $1 million appropriated to HHS to carry out these provisions beginning in FY2018 and each year afterwards.
- Offer to assist (support) with implementation of the new model family home licensing standards.

Consultation and Collaboration: Recommendation

- Ask child welfare if they will apply for the $8 million in competitive grants that are available to states and tribes to support the recruitment and retention of high-quality foster families to help place more children in foster family homes. The funds will remain available through FY2022 and could go a long way to supporting TFC caregivers and recruitment/support of those caregivers.

Consultation and Collaboration: Recommendations

- Set up a meeting with your Medicaid entity (provider services or behavioral health division) to inform them of FFPSA Part II and the impending requirement to service youth with high mental and behavioral health needs in family homes.
  - Ask to partner for quality and accountability.
- Meet with your local/district judges and/or State Administrator of the Courts office about the new changes made to federal policy and reimbursement for children placed in settings that are not foster family homes, emphasizing the focus on placing children in family-homes.

If the cost of providing a title IV-E prevention service to an individual would have been paid from another public or private source if not for the enactment of FFPSA, a state is not considered to be a legally liable third party for the cost of providing such r services to that individual with one exception; a state may use title IV-E prevention program funding under section 474(a)(6) to pay a provider for these services to prevent delaying the timely provision of appropriate early intervention services (pending reimbursement from the public or private source that has ultimate responsibility for the payment) (section 471(e)(10)(C) of the Act).

Question for HHS: Does this instruction include EBP prevention practices for service providers under IV-E?

Payer of last resort

State IV-E Plan Requirements

States that choose to take the option to use Title IV-E funds for prevention will need to include a component in their state child welfare plan that details the services and programs and how they will improve outcomes for children, in addition to other specific elements.

The state plan must be approved by HHS to draw down these prevention funds.

Begins Oct.1, 2019. States have option to delay up to two years; however, if they delay, they must also postpone IV-E prevention funds for same period.

Foster Family Home

- **A foster family home** that is licensed or approved by the state and provides care to six or fewer children in foster care (exceptions to this limit can be made to accommodate parenting youth in foster care to remain with their child, keep siblings together, keep children with meaningful relationships with the family, and care for children with severe disabilities).
- **Additional clarification (11.30.18):** Since the definition of a "foster family home" requires that it is the home of an individual or family and that the foster parent resides in the home with the child (section 472(c)(1)(A)(ii) of the Act), the term may not include "group homes, agency-operated boarding homes or other facilities licensed or approved for the purpose of providing foster care…" as previously permitted in the regulatory definition at 45 CFR 1355.20(a) if that facility is not the home of an individual or family where the foster parent resides.
- **Additional clarification (11.30.18):** IV-E agencies may claim reimbursement during the period of time between the date a prospective foster family home satisfies all requirements for licensure or approval and the date the actual license is issued, not to exceed 60 days.

Training Costs – Staff, Provider and Professional Partner (At the 75 Percent FFP Rate) **Additional clarification (11.30.18):**

- Eligible individuals include title IV-E agency staff and certain others providing care to children in receipt of title IV-E Foster Care.
- The topics for all title IV-E training must be closely related to one of the examples of allowable administrative activities cited in 45 CFR 1356.60(c) (1) and (2). All training activities and costs funded under title IV-E shall be included in the title IV-E agency's training plan for title IV-B.

Reunification Services: Enhanced support under IV-B

FFPSA reauthorized the title IV-B, subpart 2, the Promoting Safe and Stable Families (PSSF) program, through FY 2021. It also made changes to the definitions of “family support” and “family reunification services.”

FFPSA revised and renamed the definition of “family reunification services” effective October1, 2018. The change in definition removes the previous time limit for providing reunification services to the family of a child in foster care, and allows reunification services to be provided for a period of up to15 months once the child is returned home.

The use of PSSF funding for reunification services are to be provided to the child and to his/her parent(s) or primary caregiver.

Kinship/ Grandfamilies: Licensing Standards

By April 1, 2019, each state must report to HHS on the following:

- are the state standards in accord with the model and if not, why not?
- does the state waive non-safety licensing standards for relatives, as allowed by federal law?
- which standards does the state most commonly waive?
- if the state does not waive, why not?
- how are caseworkers trained to use the waiver authority?
- does the state have a process or tools to assist caseworkers in waiving non-safety standards so they can place quickly with relatives?
- what steps are the state taking to improve caseworker training or the process?

Kinship navigator programs

The purpose of the program is to assist kinship caregivers in learning about, finding, and using programs and services to meet the needs of the children they are raising and their own needs. The services must be provided using promising, supported, or well-supported practices. Children in kinship care arrangements and their families are eligible for services under this program regardless of whether or not the child is currently, or is potentially, title IV-E eligible.

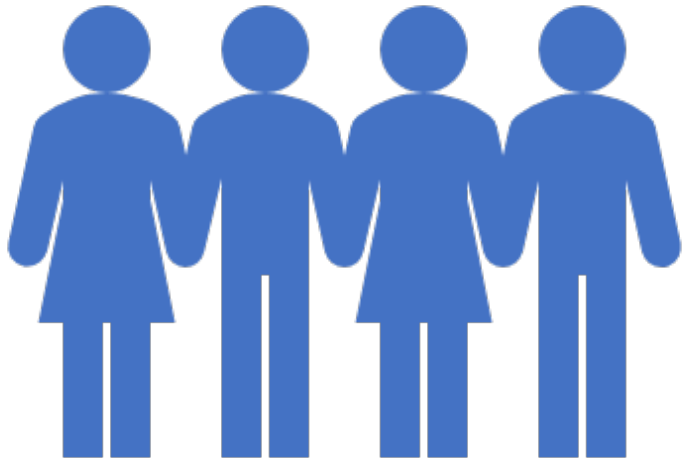
Placement OTHER Than Foster Family Home

A child-care institution (defined as a licensed private child-care institution or if a public child-care institution, the entity cares for no more than 25 children) that is one of the following settings:

- **A Qualified Residential Treatment Program (QRTP)**
- A setting specializing in providing prenatal, post-partum, or parenting supports for **pregnant or parenting youth**
- A supervised setting for youth **ages 18 and older who are living independently** (Child-care institutions do not include detention facilities, forestry camps, training schools, or any other facility operated primarily for the detention of children determined to be delinquent.)
- **A licensed residential family-based substance abuse treatment facility** for up to 12 months.
- A residential setting for youth who have been found to be – or are at risk of becoming – **sex trafficking victims.**

Placement OTHER Than Foster Family Home: Qualified Residential Treatment Program

- Beginning in 3rd week of placement in a setting other than foster family home, child must be in QRTP or aforementioned placement.
- Within 30 days of placement in QRTP, child must complete assessment that is EBP, age-appropriate, functional and clinical.
- Assessment must be conducted in conjunction with family and permanency team and if child is 14+, up to two individuals selected by the youth.
- If assessment determines QRTP is not appropriate placement, state has 30 days to move the child (and will be reimbursed).
- Within 60 days of placement in a QRTP, the Court must review assessment and approve or disapprove of placement.
- **Additional clarification (11.30.18):** If this Court deadline is not met, foster care maintenance payments on behalf of the child may be title IV-E claimed for only the first 60 days of the placement.



QRTP? Program model changes?

- A supervised setting for youth **ages 18 and older who are living independently** (Child-care institutions do not include detention facilities, forestry camps, training schools, or any other facility operated primarily for the detention of children determined to be delinquent.)
- **A licensed residential family-based substance abuse treatment facility** for up to 12 months.
- A residential setting for youth who have been found to be – or are at risk of becoming – **sex trafficking victims.**

- $8M in grants to support and retain high quality family-based services.
- 50/50% shared costs for FFPSA administration and training.
- No cost allocations/eligibility requirements for prevention programs. Protection from declining penetration rates.
- Availability of FMAP match rates in 2026.
- Use of TFC services for “prevention services” (IV-E) or under services to youth in care (Medicaid).
- Elimination of time limits for Family Reunification Services in foster care and permitting Family Reunification services when a child returns home (IV-B).

What are the implementation resources and supports to states?

Opportunities for TFC providers:

- **Prevention Services to <u>"candidates", parents, or kin caregivers</u>:**

  Mental health and substance abuse prevention and treatment services.

  In-home parent skill-based programs that include skills training, parent education, and individual and family counseling.

  Same prevention services available for adoptive families.

- **<u>Youth in foster care/kinship care</u>:**

  Treatment/Therapeutic Family Care ("foster care home")

  Kinship Care

- **<u>Reunification</u> services for youth in foster care/kinship care or reunification of candidate in kinship placement to original family home AND <u>post-discharge</u> services from QRTP or TFC foster care:**

  Family-based aftercare support

Preparing for family-based services for youth with serious mental and/or behavioral health conditions (and/or medically fragile youth). 10.1.21. Family First Prevention Services Act (FFPSA)

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Prevention

Safety - Permanency- Well Being: Requirements for all youths under FFPSA.

- Individualized Prevention Plan
- Allowable services: mental health and substance abuse prevention and treatment, in-home programs that include parenting skills and training, parent education, and individual and family counseling.
- Evidence-Based Programs must be approved by federal Family First clearinghouse
- Trauma informed/trauma specific prevention plan
- Prudent Parenting regulations included

Provisions for youths with serious mental and/or behavioral health conditions.

- Treatment Family-based Care is a service model for prevention of removal, for intervention and treatment for youth in care, and for reunification services for youth who otherwise would be served in residential or congregate care facilities, but who can be successfully treated in family-homes.
- Model TFC programs:
  - Are nationally accredited
  - Employ trauma-informed services and trauma-specific interventions
  - Employ evidence-based or evidence-informed treatment services
  - Provide biological parents, relative and kinship caregivers, adoptive parents, and foster parents with specialized training and consultation in the management of children with mental illness or other emotional and behavioral disorders based on an individualized prevention and treatment plan for each child receiving services.

Preparing for family-based services for youth with serious mental and/or behavioral health conditions (and/or medically fragile youth). 10.1.21. Family First Prevention Services Act (FFPSA)

Intervention and Treatment

FFTA Family Focused Treatment Association

Family First Prevention Services Act

- Unless otherwise exempt by law, after 10/1/21, youth in foster care will require placement in a foster-family home or in a Qualified Residential Treatment Program (QRTP) as described in PL 115-123, the FFPSA within Division E, Title VII of the Bipartisan Budget Act of 2018 if residential care intends to maintain federal reimbursement for room/board (maintenance) of youth in residential or congregate care.

Treatment Family-based Care

- Treatment Family-based Care is a distinct, powerful, and unique model of care that provides children with a combination of the best elements of traditional foster care and residential treatment centers in a family-setting.
- Public child welfare agencies contract with private provider agencies to deliver TFC in family-homes with special supervised training to caregivers: biological parents, relative and kinship caregivers, adoptive parents, and foster parents

Preparing for family-based services for youth with serious mental and/or behavioral health conditions (and/or medically fragile youth). 10.1.21. Family First Prevention Services Act (FFPSA)

Reunification

FFPSA allows:

- Elimination of time limits on reunification while a youth is in foster care.
- Time-limited (up to 15 months) family reunification services when a youth returns from foster care.

Treatment Family-based Care provides:

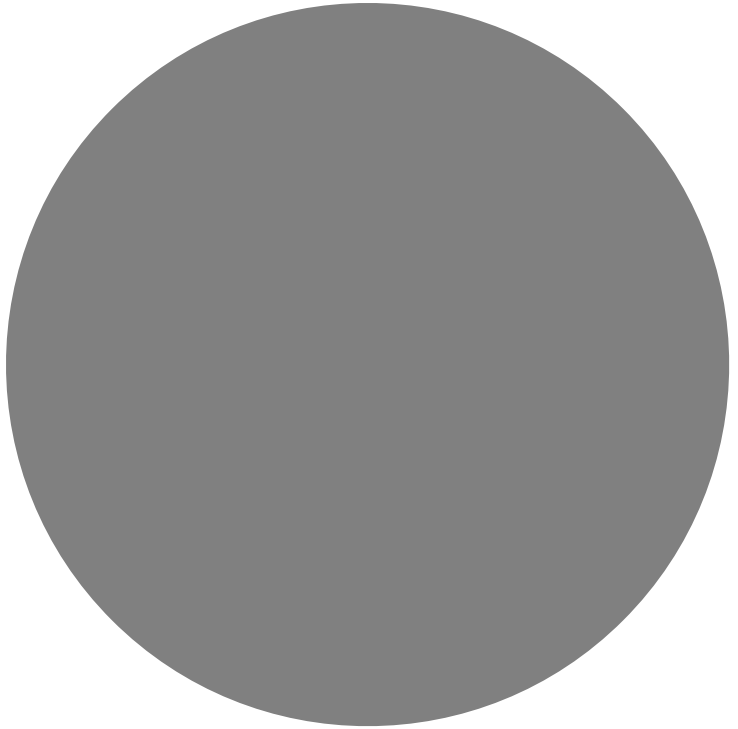
- Treatment Family-based Care is a service model for prevention of removal, for intervention and treatment for youth in care, and for reunification services for youth who otherwise would qualify for residential or congregate care services but who can be successfully treated in family-homes.
- Model TFC programs:
  - Are nationally accredited
  - Employ trauma-informed services and trauma-specific interventions
  - Employ evidence-based or evidence-informed treatment services
  - Provide biological parents, relative and kinship caregivers, adoptive parents, and foster parents with specialized training and consultation in the management of children with mental illness or other emotional and behavioral disorders based on an individualized prevention and treatment plan for each child receiving services.

Advantages for/of TFC programs

- TFC is reimbursable under Medicaid for home-based services wherever the qualifying youth resides: bio-home, kinship home, foster-care home (kinship and non-relative) and adoptive home.
- States have an additional option for prevention services to bill IV-E instead of Medicaid. (TBD)
- If accessing Medicaid, states will be reimbursed at FMAP rate, a broader array of services are reimbursed, and no-time limit is imposed….for prevention, treatment (foster care), or reunification services.

Responsibilities of TFC programs

- Recruiting and sustaining homes and caregivers
- Trauma-informed programs and interventions for prevention, treatment, and reunification services
- EBP for prevention and assessment for QRTPs
- Coordination with QRTPs for aftercare
- Data collection
- Higher expectations of TFC homes especially around SUD/OUD impact and CSEC
- Educating and forming partnerships with others in public and private sectors



Guidance delivered and ‘coming soon’

- EBP Clearing House: Guidance on Prevention Services – “sort of”
  - Manual on how to apply to be considered as EBP - “waiting”
- Kinship Navigator- “delivered”
- Model Family Home Licensing Standards – “waiting”
- Valid assessment tools for QRTP, Family Foster Home – “waiting”
- HHS will specify the prevention services and activities that should be counted under TANF, Title IV-B, SSBG and other programs. “delivered”
- How states should calculate MOE requirements. – “delivered”

Summary: requirement for trauma-informed and evidence-based practices.

- **EBP**: Kinship Navigator Program, in-home prevention services including parent skill-based training, assessment tools used by qualified assessor, any other requirements states may impose.
- **Trauma-informed**: QRTP, family residential treatment program, in-home prevention services for candidates and their families/kin.

Q&A

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