



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:

Laura W. Boyd, Ph.D.

National Public Policy Director (FFTA)

lboyd@ffta.org

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)



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



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.

Funding Streams for Treatment Family-Based Care



- For prevention services to candidates and youth at risk of foster care, TFC services can be provided in the home (or relative placement) and reimbursed by Medicaid. TFC provided services could alternatively be provided under prevention IV-E funds for the specified services in FFPSA.
- For intervention/treatment services to youth in TFC foster care (relative or non-relative homes), clinical services can be reimbursed by Medicaid, typically under EPSDT or the Rehabilitation Option. “Maintenance” is paid by IV-E for qualifying youth in foster care.
- For reunification services, Medicaid is a reimbursement source for youth in foster care. For youth returning home to permanency, TFC provided services could alternatively be provided under IV-B reunification funds for the specified services.

Real-Life Story: Treatment Family-based Care

Caleb and Eve

Several years ago Jim and Sandy Smith became a licensed treatment family home with our agency. At that time they had three children of their own (high school and middle school aged). That same year, Caleb and Eve were removed from their young mother and put into the State's Care. After multiple placements, Caleb (age 4) and Eve (age 3) were placed in the Smith treatment family home.

Caleb, born deaf, was placed in the State's care at age 4. While in his mother's care, Caleb never learned to communicate. After six foster care placements in three months and no attachment to a caring adult, Caleb had no communication skills, no exposure to rules or structure, and no social skills. Caleb also arrived heavily medicated.

Eve was 3-years-old, had been in nine foster homes (including psychiatric hospitalizations) in six months and also appeared to be deaf. It wasn't until a thorough medical exam was completed that we were told her hearing was fine. She was also heavily medicated.

Within the first couple of years, the entire Smith family became fluent in sign language. Caleb was beginning to communicate and Eve's eyes were showing signs of life and love. While Caleb continued to struggle with his disability, social skills, and many developmental delays, he was beginning the process of healing.

Fast forward: several years later at our annual Summer Celebration, I walked two lanky, well-adjusted, not medicated, much loved, and very beautiful, young teenagers. The haunting picture of Eve, broken by such a wounded spirit, was erased. And there sat Caleb, as if completing the cycle of healing, holding his 18-month-old foster sister, a beautiful little girl, also a victim of child abuse and neglect. The Smiths have now adopted both Caleb and Eve.

Gone are the wild, primal little boy and the little girl so wounded she showed no spirit.

-Stacy Bruce, TX



Real-Life Story: Treatment Family-based Care

Sammy:

Sammy is 23 years old. He first entered foster care at age 2 and experienced “about a dozen” moves before age 4. He was then placed with a foster family who went on to adopt him at age 9. Due to various matters, he returned to the foster care system at age 16 and then lived in various placements, including residential facilities, until turning 18. However, with support of his parents and treatment family-based services to both Eddie and his parents, today Edward has graduated high school and received his Associate’s degree. He aspires to teach middle or high school students someday. He and his adoptively family are healthy and emotionally close.

(words by Sammy) “Because I do not disclose my mental health information, I often silently deal with living with Asperger’s syndrome and depression. Thankfully I am able to adjust well and learn social, life, and financial skills I need to live independently. My therapists, social workers, friends, and family provide insightful advice on how to increase my social awareness and independence.

These efforts have genuinely paid off. I’ve been living with a roommate in an apartment complex for two years. A good support group, church, martial arts, fishing, employment, and other hobbies have helped ease my transition into adulthood. Therapy, family contact, and social workers have helped me to maintain my mental and physical wellbeing. I think that increased assistance with rent, social skills training, job skills training, and therapy would help me and other foster youth immensely.”

-Sammy, Florida



Research/Planning Background

- House Labor- H: Appropriations FY' 19 Pg. 158. <https://docs.house.gov/meetings/AP/AP00/20180626/108473/HRPT-115-HR.pdf>
- Senate HELP :similar to House FY' 19
- ASPE: <https://aspe.hhs.gov/pdf-report/state-practices-treatmenttherapeutic-foster-care>
- GAO: May, 2018 GAO-18-376, Foster Care- Additional Act... to Recruit and Retain Foster Families pdf
- OIG: Sept, 2018 Treatment Planning and Medication Monitoring...(OEI-07-15-00380; 09-18).pdf
- MACPAC: report underway; expected by April, 2019
- Federal legislation expected early in 116th Congress to regulate Licensed In-home Family-based Treatment Services (LIFT Act)

