Implementing The Family First Prevention Services Act in Virginia:

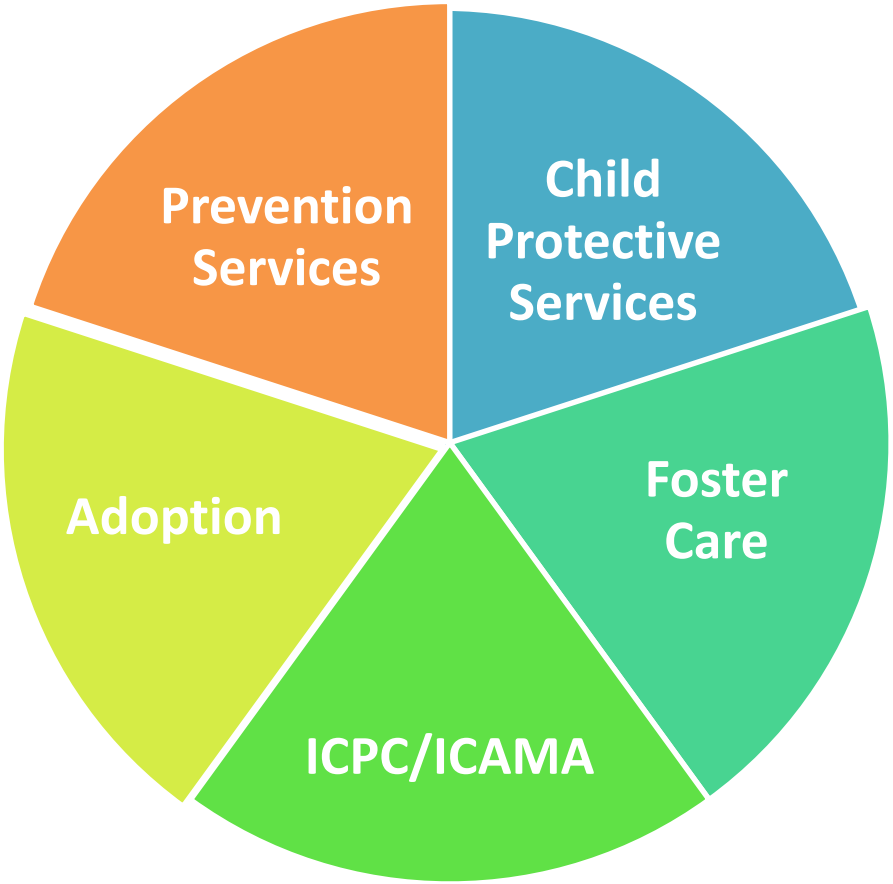
A Collaborative Approach

September 20, 2018

Virginia Department of Social Services

- State-supervised and locally-administered system that serves over 1.6 million people annually
- Includes Home Office in Richmond, five regional offices, and 120 local departments of social services
- VDSS receives federal and state funds and allocates them to local departments of social services to operate their programs

Division of Family Services



Children's Services Act

- Began in 1993 in response to § 2.2-2649 establishing a single state pool of funds to support services for eligible youth and their families
- The State Executive Council is the supervisory body responsible for programmatic and fiscal policies
- The Office of Children's Services is the administrative entity responsible for implementation
- In Fiscal Year 2017, CSA served over 15,000 children and families under a combined budget of over $370 million
- 65/35 average match rate

Title IV-E

- A federal program providing funding to states and tribes for:
  - Eligible children in foster care to support their maintenance (room and board and transportation to visit parents and siblings)
  - Administration (eligibility determination and case management activities)
  - Training (child welfare staff and foster/adoptive parents)
  - Children with special needs receiving adoption services
- Funded by federal and state/local matching funds
- Annual budget approximately $210 million
- 50/50 match rate

Background

Public Law 115-123
DIVISION E—HEALTH AND HUMAN SERVICES EXTENDERS TITLE VII—FAMILY FIRST PREVENTION SERVICES ACT

FFPSA amends the title IV-B, subparts 1 and 2 programs to reauthorize and make other revisions to:

- The title IV-E foster care program to create new optional prevention funding under title IV-E,
- Place title IV-E payment limits on child care institutions, and
- Reauthorize the Adoption Incentives Program.

Background

FFPSA is in response to:

- Increasing prevalence of opioids as a factor
- An inflexible funding structure under which the majority of federal funding is only available once children are removed from their home
- Consensus about the need for upfront services to strengthen families
- An over-reliance on inappropriate congregate care produces negative outcomes for children
- Ending of child welfare IV-E waivers in 2019

Basis for and Goals of Reform Efforts

- Preserving families by using IV-E for prevention services, include adoptive families
- Systematically address substance abuse, opioid issues, and trauma at the same time
- Paying for what works – use evidence-based standards and evaluate effectiveness
- Making the concept of “least restrictive environment” a viable reality
- Using group care for limited treatment needs supported by clinical and judicial reviews

Title I: Prevention Services

- October 1, 2019, Title IV-E (uncapped partial matching dollars) for up to 12 months for **voluntary services** (per episode) for families of children who, without these services, would likely enter foster care, and pregnant and parenting foster youth. Also to prevent adoption disruption or guardianship arrangement
- **No income test**.

Eligible services would include:

- Mental health services;
- Substance abuse services; and
- In-home parent “skill-based” programs (parent training, home visiting, individual and family therapy)

Who will be eligible for Prevention and Family Services under Title IV-E?

- ✓ A child who is a candidate for foster care who can remain safely at home or in kinship and is identified as being at ***imminent risk*** of entering foster care
  - Including a child whose adoption or guardianship arrangement is a risk of a disruption/dissolution and includes post-reunification services
- ✓ A child in foster care who is pregnant or parenting
- ✓ Parents or kin caregivers where services are needed to prevent the candidate for foster care from entry into care

Prevention Services Benefits

- Families and kin caregivers can receive services to prevent a child from entering foster care
- Clarifies that children receiving IV-E prevention services in the home of a kin caregiver will *not* lose future IV-E eligibility if a federally-funded foster care placement becomes necessary
- States and localities, along with their provider community, can now have more of a prevention focus and support children in their own homes with their family or with their kin
- Minimize trauma created through removal from the home having to live outside of their families
- Build capacity of community based services and programs

Evidence Standard

- ✓ Services and programs must be trauma-informed and be classified as “promising”, “supported”, or “well-supported” based on an evidence structure developed by the California Evidence-Based Clearinghouse for Child Welfare (CEBC)
  - Health and Human Services by October 1, 2018 will release practice criteria required for the services and programs and the pre-approved list of services and programs
  - 50% of the expenditures reimbursed must meet the requirements for well-supported practices starting in Fiscal Year (FY) 2020

Considerations

- Tremendous shift in financing and reimbursement practices for IV-E
- Lessons learned from CBCAP about evidence-based practice
- Target populations (not all evidence collected on child welfare)
- Fidelity to the model is expensive
- Cultural relevancy
- Recruiting personnel in rural areas
- Create combinations of services (“wrap-around”)
- Defining trauma-informed
- Caseworker training and caseload requirements

Considerations

- Which services and programs will be pre-approved by HHS?
- Which of those does the State/county already contracts for or will choose to contract for?
- Are provider(s) are already providing these and/or what is the level of effort needed to be able to do so? How will states support their provider community in being able to provide these services?
- The capacity of the developers of the programs to support a large number of providers (at the same time) who will want to get trained in the model and receive the required TA support to implement to fidelity in order to get the outcomes the model is known to achieve.
- How will adaptations be handled?
  - Will HHS allow for this?
  - Will the specific program developer allow for this?

Maintenance of Effort (MOE)

- New federal funds for prevention services are intended to increase, not replace, state funding for prevention services
- MOE will be frozen at 2014 spending of services for candidates for federal foster care, which is very difficult to determine. HHS has indicated they will rely on states to set their 2014 MOE
- SSBG, TANF, PSSF and other state and local funds used for prevention

Investment in Family Foster Homes

- $8,000,000 in grants for family foster home recruitment (prioritizes states with high congregate care numbers)
- HHS to identify national model licensing standards October 1, 2018
- By April 1, 2019 states indicate whether they will meet standards, use of waivers for relative caregivers, and complete caseworker training
- Revises definition of FFH to permit six (6) children with exceptions including allowing siblings to stay together

Title II: Ensuring Appropriate Placements

We believe that children do best when raised in families.

- According to current law, children in foster care have the right to be placed in the "least restrictive" setting relative to their needs
- Evidence is overwhelming that children do best in a family-like setting
- When a child cannot be safely placed in a family-like setting there should be appropriate treatment options available
- Shortage of foster family homes is NOT an acceptable reason for placement in a more restrictive setting

New Standards for Non-Family Placements

After a two-week grace period, FFPSA **limits IV-E maintenance payments** to six qualifying types:

1. Family foster homes (including relatives)
2. Placements for pregnant or 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?

- Trauma-informed treatment model with a registered or licensed nursing and other licensed clinical staff onsite, consistent with the QRTP's treatment model.
- 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 and accredited.

Congregate Care Changes

- Allows for flexibility in QRTP staffing requirements -- nursing and clinical staff may be onsite consistent with a program's treatment model as opposed to business hours
- Clarifies that IV-E administrative support remains available for children that are no-longer IV-E eligible for federally funded foster care maintenance payments due be being placed in a non-foster family home (e.g. congregate care setting)
- Requires states to conduct criminal history background checks and check child abuse and neglect registries for any staff working in residential/group home settings

QRTP Placement Requirements

- 30-day assessment of the appropriateness by a "qualified individual" (if *not*, IV-E reimbursement discontinued)
- Documentation of why the child's needs cannot be met in a family setting
- 60-day court review and approval of placement; documentation for continuation required at each status hearing
- Placement more than 12 consecutive months requires approval and signature of Commissioner

- Family and Permanency Team for the child/youth and evidence of family involvement in determining placement preferences
- Detailed case plan that reflects the Team's recommendations

Considerations

- Is there a process in place that would meet the assessment process? How does the clinical piece fit with trauma assessment
- Are there a sufficient # of trained professionals/licensed clinicians qualified to perform the assessment process?
- How will “qualified individuals” who act as assessors be apprised of local community resources and capacity?
- Does the state already use a robust functional assessment tool (e.g. CANS) that will meet clinical requirements
- What happens if there are not sufficient qualified foster families and the right support services available?
- The time-needed for residential service providers -- willing to transition to a QRTP -- to meet new accreditation and licensing requirements.

Additional Provisions

- Regional Partnership Grants: address parental substance abuse
- PSSF Time-limited reunification funds timeline clock changed: 15 months starts when child reunified
- **Kinship Navigator Programs**: IV-E funding for at 50% if evidence standards met
- Chafee: Education/training funds for youth extended to 26 years; also allows HHS to redistribute unspent funds
- Interstate Placement: Using electronic system when placing children across state lines (NEICE)
- Licensing standards: Ensuring states make it easier for relatives to take in children
- Amends Court Improvement Program: Requires CIP to train specified legal professionals on new title IV-E payment limitations

Opportunities for State Implementation Delay

- Allows any state to request a delay in the effective implementation date of the provisions of Family First until FY 2022 (October 2021). States requesting a delay would postpone implementation of both the prevention and congregate care provisions

- Legislation delay: permitted by HHS when legislation other than appropriations is required for an agency to comply with either Title IV-B or IV-E plan requirements