

A Transformational Change in Practice and Culture for the Child Welfare System

The Family First Prevention Services Act (FFPSA)

was signed into law as part of the Bipartisan Budget Act of 2018, Public Law (P.L.) 115-123 on February 9, 2018. P.L. 115-123 includes the FFPSA in Division E, Title VII. This act reformed the federal child welfare financing streams, Title IV-E and Title IV-B of the Social Security Act, to provide services to families who are at risk of entering the child welfare system and also restricts federal funding for group foster care settings.

Over the last several years, there has been growing consensus and evidence that children do best when living safely with their family, relatives or close support networks. Studies have shown that separating children from their families results in significant parent-child separation trauma and has detrimental effects on their long-term well-being.

Concerted efforts have been made over the last decade to address the realization that too many children are unnecessarily placed in non-family settings. In FY2017, there were approximately 442,995 children in foster care in the U.S. Eighty-Six percent (86%) of these children were placed with families; a five percent (5%) improvement since 2007.

Families are defined as relative, non-relative foster homes and pre-adoptive homes. The FFPSA's overarching intent is to reduce child placements outside the relative family setting; especially amongst older children and minorities.

The creation of the Title IV-E prevention program promotes strength-based, family-centered practice at its core. It is a dramatic step forward in recognizing the importance of working with children and families to provide preventive services, while reducing and preventing the need for foster care placement, and the ensuing trauma to the child of separation. The program's vision is one of strengthening families by preventing child maltreatment coupled with the unnecessary removal of children from their families.



This transformative legislation provides states with an opportunity to innovatively re-think how they have provided services to children and families in the past by focusing attention on prevention through strengthening families as the primary goal. Its intent is to reduce the reliance of placing children in foster care as a primary intervention unnecessarily. The Administration for Children and Families (ACF) encourages all Title IV-E agencies to utilize the Title IV-E prevention program to fund these services, while further seeking improved ways to serve children and families – one that focuses on strengthening and keeping them together rather than separating them.

The FFPSA seeks to prevent children from entering foster care by providing federal reimbursement for mental health services, substance abuse prevention and treatment, and in-home parent skill-based training. In addition, it hopes to improve the well-being of children already in foster care by incentivizing states to reduce placement of children in congregate care such as group homes and residential care unless there is a clinical determination of need and regular evaluation of the need for such a restrictive placement.

Leveraging Casebook PBC's (founded as an offshoot of the Annie E. Casey Foundation) deep experience supporting clients in the Health and Human Services Sector to achieve increased program effectiveness through innovative technology, the following presents an overview of the FFPSA and the opportunities presented by this legislation.



An Overview of the FFPSA

The FFPSA underscores the adage “it takes a village to raise a child” representing a once in decades opportunity to rebalance child welfare practice to serve more children safely in their homes, surrounded by their communities, while reducing the reliance on removal and placement into foster care.

Under this legislation, states can claim Title IV-E funds, which had traditionally been used for foster care, for evidence-based prevention services (EBPs) that prevent entry into foster care. Effective October 2019, Title IV-E agencies now have the option for open ended, federal reimbursement to prevent foster care entry for all children at risk of foster care without eligibility requirements. In order to access Family First Prevention funds, a child must be determined to be a ‘candidate for foster care’ (some level of imminent risk) and the state must maintain a prevention plan for the child. The prevention plan must show how the child will remain safely in the home or live with a kinship caregiver and list the services or programs to be provided.

The issuance of Family First strives to:

- reduce foster care placements by providing safe in-home prevention services to children who are foster care candidates; and
- enhance the quality of residential treatment programs aimed at reducing the number of children, and the duration of time spent, in congregate care facilities.

A candidate for ‘foster care’ is defined as:

“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.”

‘Aftercare’ is defined as:

“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.”

Under the Family First Prevention Fund, Title IV-E agencies will receive fifty (50) percent reimbursement from October 2019 through 2026. After that, the federal match for time-limited services will be based on the federal medical assistance percentage (FMAP).

How is Family First transformative ?

- Provides an investment in early intervention to prevent placement through family-based services
- Ensures the necessity of placements that are not family-based
- Ensures the quality of Residential treatment programs and facilities
- Modifies the Chafee Foster Care Independence Program to be more age and developmentally appropriate
- Improves State Title IV-E plans
- Strengthens reporting and data collection requirements to track better outcomes

Requirements and Eligible Services and Programs

The Family First legislation provides eligible services and programs for prevention services and includes additional requirements or limitations for funding. The two groups eligible for these services are 1) parents or relatives caring for children who are ‘candidates for foster care’, and 2) youth in foster care who are pregnant or already parents.

Family First eligible services and programs are:

- 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

Title IV-E agencies can be reimbursed from the Family First prevention fund for no longer than twelve (12) months (per candidate episode). The ‘clock’ starts the day a child is identified in a prevention plan as a candidate for foster care or when they are listed on a prevention plan as being pregnant or parenting.

Funds can only be used for services addressing mental health, substance abuse or in-home parent skill-based programs if they meet certain evidence-based requirements - one of the following three thresholds:

- Promising Practice: ‘superior’ to a comparable practice using conventional standards of statistical evidence
- Supported Practice: same as above plus a ‘rigorous’ quasi-experimental design and must demonstrate sustained effects for six (6) months beyond the end of treatment
- Well-Supported Practice: A sustained effect for at least one (1) year post treatment

At least fifty (50) percent of expenditures to be reimbursed by the fund must be for Well-Supported Programs. HHS will develop the formal standards for determining which services count under the three thresholds by October 2018. ACF will create a Clearinghouse of evidence-based programs, while allowing transitional payments for programs not yet approved by the Clearinghouse, but reviewed by the states. In addition, services and programs must be trauma informed.

It should be noted that the law does not require states to provide these services using IV-E funds. Rather, states can ‘elect’ to participate. Once states elect to participate, however, the above must become a component of their overall Title IV-E state plan.

The Evidence-Based options currently approved (and to be built upon) include:

1. **Prevention Services and Programs Mental Health**
 - Parent-Child Interaction Therapy
 - Trauma Focused-Cognitive Behavioral Therapy
 - Multisystemic Therapy
 - Functional Family Therapy
2. **Substance Abuse**
 - Motivational Interviewing
 - Multisystemic Therapy
 - Families Facing the Future
 - Methadone Maintenance Therapy
3. **In-Home Parent Skill-Based**
 - Nurse-Family Partnership
 - Healthy Families America
 - Parents as Teachers



Kinship Navigator Programs have yet to be determined.

The Following Requirements Ensure the Necessity of a Placement that is Not a Foster Family Home:

Beginning week three (3) (i.e., after fourteen (14) days) of entry into foster care, federal reimbursement for foster care payments is limited to children in:

- A foster 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 eighteen (18) and over who are living independently
- A setting providing high-quality residential care and supportive services to children who have been at risk of being sex trafficking victims

States may still claim administrative expenses on otherwise eligible children not in eligible placement settings.

To ensure the quality of Residential Treatments, Family First provides certain QRTP Requirements that must be met. The QRTP must be a trauma-informed treatment model that is designed to meet the specific clinical needs of children as identified in the child's assessment. The QRTP must also have registered or licensed nursing staff and other licensed clinical staff on-site consistent with the treatment model, and available twenty-four (24) hours a day, seven (7) days a week.

In addition, the programs must facilitate family participation in the child's treatment program and family outreach, as well as document how the child's family is a part of the child's treatment (including post-discharge). The QRTP must provide discharge planning and family-based aftercare supports for six (6) plus months post discharge.

Last, the program and/or model must be licensed and accredited by the: Commission on Accreditation of Rehabilitation Facilities (CARF); Joint Commission on Accreditation of Healthcare Organizations (JCAHO); Council on Accreditation (COA), or other bodies approved by the HHS secretary.

Establishing the Right Criteria for Residential Care and Ongoing Review of Residential Services:

QRTP criteria are meant to ensure quality residential treatment, while discouraging an over-reliance on residential care and utilization of non-therapeutic group settings. Often, children are placed in congregate care due to the lack of available foster homes and/or due to difficulties in placing older children; not because of a specific therapeutic program the facility may offer.

States have the option to determine whether to claim IV-E residential care funding. Those states with primarily teens in residential settings, with low FMAP and low IV-E eligibility, may decide to continue current practices and not claim any IV-E residential care funding despite the evidence pertaining to adolescent development benefits.



For those states who decide to claim IV-E residential funding, the legislation determines the “right criteria” for needing residential level of care as follows:

- An assessment must be completed and documented in the treatment plan within 30 days after the QRTP placement is made. If this timeframe is missed, no federal foster care maintenance payments can be claimed. Sec. 50472 details what must be documented in the assessment.
- The assessment must be completed by a qualified individual, a trained professional or licensed clinician who is not a state employee or affiliated with any placement setting (may be waived)
- The assessment instrument must be age appropriate, evidence-based and validated
- The assessment must be conducted during a family and permanency team meeting
- If the assessment does not support QRTP placement, and a child has been placed, states will have Thirty (30) days to move the child to an eligible placement or potentially lose federal reimbursement

If the child remains in QRTP, agencies will need to establish a process for ongoing utilization review of residential services. A court review must be conducted within 60 days of a QRTP placement and the court must approve the placement and agree that the placement provides the most effective level of care while meeting the goals of the permanency plan.

At each ensuing status and permanency hearing, the state must submit the following evidence:

- Ongoing assessment confirms the continued need for the QRTP placement
- Specific treatment needs that will be met and the length of time the child is expected to need additional treatment

- Efforts being made to prepare the child for transition to a family

Child welfare director approval is needed for children in a QRTP placement for twelve (12) consecutive/eighteen (18) cumulative months, or for six (6) months for children under thirteen (13). In addition, states will have to certify that efforts to meet federal funding limits on non-family settings will not increase the juvenile justice population.

National Model Licensing Standards

Part III of the FFPSA (Sec. 50731) directs the Secretary of HHS, no later than October 1, 2018, to identify reputable model licensing standards with respect to the licensing of Foster family homes. The FFPSA also indicates that no later than April 1, 2019, states must provide the following in their Title IV-E State Plan to the Secretary of HHS:

- Whether state licensing standards are in accordance with model standards identified by the Secretary, and if not, the reasons for deviation must be specified
- Whether the State has elected to waive standards established in section 471 (a) (10) (A) for relative foster homes, a description of which standards the State most commonly waives, and if the State has not elected to waive the standards, the reason for not waiving these standards
- If the State has elected to waive standards, how caseworkers are trained to use the waiver authority, and whether the State has developed a process or provided tools to assist caseworkers in waiving non-safety standards to quickly place children with relatives; and
- A description of the steps the State is taking to improve caseworker training or the process, if any

The ACF Children's Bureau issued a Memorandum on National Model Foster Family Home Licensing Standards on February 4, 2019 to 'State and Tribal Agencies Administering or Supervising the Administration of Title IV-E of the Social Security Act'. In the memorandum, the Children's Bureau identified eight categories of licensing standards in the final model standards which cover the essential components of licensing a foster family home to ensure:

1) the applicant has the capacity to care for a child in foster care, and 2) the physical home of the family is appropriate and safe for a child in foster care. The final model standards strike a balance between allowing for individual circumstances, while establishing minimum requirements. The Children's Bureau took the approach in finalizing the proposed model standards to retain more stringent standards that ensure the safety and well-being of children placed in a foster family home, closely following the National Association for Regulatory Administration (NARA) Model Family Foster Home Licensing Standards.

There is no federal requirement for Title IV-E agencies to adhere to the final model standards and they may waive non-safety licensing standards for relative foster family homes. Title IV-E agencies may choose to design licensing standards to meet the unique geographical, cultural, community, legal and other needs of the state or tribe, such as promoting relative placements.

As stated above, Title IV-E agencies shall develop plans that provide for the establishment and maintaining of standards for foster family homes and childcare institutions. These standards must be reasonably in accord with related standards developed by national organizations, including standards related to admission policies, safety, sanitation, protection of civil rights, and permit the use of the reasonable prudent parent standard.

The Children's Bureau memorandum on National Model Foster Family Home Licensing Standards identified the following eight (8) categories which are summarized in detail in Attachment A of the memorandum:

1. Foster Family Home Eligibility

- a. Threshold Requirements
- b. Physical and Mental Health
- c. Background Checks
- d. Home Study

2. Foster Family Home Health and Safety

- a. Living Space
- b. Condition of the Home

3. Foster Family Home Capacity

4. Foster Family Home Sleeping Arrangements

5. Emergency Preparedness, Fire Safety, and Evacuation Plans

6. Transportation

7. Training

8. Foster Parent Assurances

Considerations for Agencies from a Practice and Technology Perspective

The FFPSA encourages states to embrace the prevention of entry into foster care and aging out of foster care, while providing the latitude for state innovation. States will be faced with a myriad of policy and procedural decisions that will need to be made across the executive, legislative and judicial branches. Training to implement change will be significant and extensive – within Title IV-E agencies and across community partners.

Potential next-step considerations for states

States will have a plethora of considerations while overcoming associated challenges regarding Family First implementation. For States who elect to participate and receive federal reimbursement under the Title IV-E Prevention, now would be an excellent opportunity to revisit core elements of their business operations impacted by the FFPSA. Considerations for states to get started may include:

Which of our clients are impacted by of the FFPSA?

1. Which agencies and community partners do we interact with to serve and protect our children?
2. Who should be included in our assessing, planning and implementation of Family First?
3. How will they be engaged?

The voices of children, families and communities should all be critical in the process

- What will the legislative and judiciary roles in the process be?
- Which approved EBPs do we currently provide and what additional services are needed?
 1. How will they be matched to the right candidates?
 2. Which services will be contracted versus provided in-house?
 3. How will the effectiveness of both current and future preventive services be evaluated for effectiveness (positive outcomes) in order to be reimbursed?
- Do we meet QRTP criteria and how will we determine 'right' criteria for requiring residential care?
 1. How will we establish our ongoing foster family and residential services review process?
- What training is needed for Family First and how will it be structured and incorporated into our current training programs?
- How will we proceed with recruiting and supporting relative/kin, foster home, and other placements as alternatives to residential care?
- Can new technology support our implementation of the FFPSA?

The FFPSA presents challenges that will require considerable planning and training to ensure quality and consistent application and implementation. As states continue to assess their practice and consider how to proceed, we encourage them to consider

how Family First may impact technology. Advances in technology resulting from the CCWIS final rule may be best placed to incorporate Family First. The following list offers suggestions for such consideration:

What Enhancement to our SACWIS or CCWIS Systems, or Modules, Need to be Completed to Support Family First?

1. How should Case Management and Provider or Resource Management modules be updated to not only incorporate Family First, but provide streamlined, efficient data entry, and equally as important, the ability to track and report outcomes?
 2. How will the 'National Model Foster Family Home Licensing Standards' impact current licensing and home study procedures? What updates to our system modules and documents are needed?
 3. How will Prevention, Case and Permanency plans, as well as Assessment tools be updated to include needed Family First requirements and documentation with respect to these initial and ongoing plans and assessments?
- How will more effective and efficient communications between service providers and/or relative foster families and agency caseworkers be fostered? Would we benefit from provider portals to foster enhanced collaboration and support communications between partners and caseworkers?
 - Should placement matching tools be used to support caseworkers in determining the best possible relative placement matches, or foster home matches best suited to the unique needs of each child, when necessary?

- Can Automated Intelligence be utilized as part of implementing Family First? i.e.,
 1. Data mining for case history searches to maximize potential relative or kin placement possibilities
 2. Data analytics for tracking and reporting on effectiveness of services, treatments and their outcomes
 3. Natural Language Processing to reduce time spent inputting data by providing powerful tools such as real time association suggestion and talk-to-text
 4. Audio Processing for the upload and storage of audio report files and case notes compiled in the field, or dictated while travelling
- Are we utilizing mobile solutions to further support our staff? If so, how does Family First impact these solutions i.e., what changes are needed?
- Is it more cost effective to update current legacy systems versus replacing these systems (or components thereof) with latest technology CCWIS and Family First ready offerings available in the market?

States may bring together representatives from Title IV-E agencies and a wide range of community partners including the legislative and judicial branches, the foster care community including foster parents and children in care, and residential treatment programs. We encourage states to ensure that they have a cross section of geographic representation from both urban and rural communities.

States are forging various paths as they assess, plan and implement Family First. To provide a couple of examples; the Commonwealth of Virginia is doing substantial and groundbreaking work based on their Three Branch Model implementation of Family First. The Three Branch Model is based upon the National Governor's Association, National Conference of State Legislatures and Casey Family Programs' Three Branch Institute. This Model is designed to bring the three branches of government (Executive, Legislative and Judicial) together to develop action

plans to address the most pressing child welfare issues. This helps to redefine the responsibility of child welfare to all branches of government and child serving agencies.

The District of Columbia (DC) Children and Family Services Agency led the nation in developing the first Family First Prevention Plan: Putting Families First in DC, that followed a robust planning process guided by agency leadership and supported by Chapin Hall, University of Chicago. Planning was conducted via a Citywide Prevention Workgroup focused not only on planning for Family First, but also with the tasked goal and vision of primary prevention in the nation's capital. Family First was leveraged to instill a heightened focus on the responsibility of all health and human services agencies to work in partnership to collaboratively prevent child maltreatment.

Contact Us to Learn More

phone: (347)-746-0680

email: info@casebook.net

web: Casebook.net

address:

104 W. 27th St.

8th Floor

New York, NY 10001



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Contact Us

phone: (347)-746-0680
email: info@casebook.net
web: Casebook.net

address:
104 W. 27th St.
8th Floor
New York, NY 10001