Preparing for Family First Prevention Services Act Implementation: What you need to know

A presentation to the
Council for Health and Human Services Ministries
Of the United Church of Christ Annual Gathering Tuesday, March 5, 2019
1. The Facts of FFPSA
   - Funds for Prevention Services
   - Changes to Congregate Care
   - Additional Opportunities & Considerations
   - Resources

2. Timeline for Implementation

3. An Example of Regional Partnership Grants

4. Questions
The Facts of the FFPSA
Prevention Services

- Allows Title IV-E funding to be spent on services to prevent children and youth who are “candidates for foster care” from coming into care, and allow them to remain with their families.
- Services can be provided for up to 12 months.
- States must develop a written, trauma-informed plan to provide evidence-based services.
- The Federal government will reimburse states for 50% of eligible prevention services.
Eligible Populations for Prevention Services

- “Candidates for foster care” must be defined by each state; the Federal government will not be supplying a legal definition for this term
- Pregnant or parenting foster youth are also eligible
- Children under the guardianship of a kin caregiver are also eligible
Families First Prevention Services Act of 2018

**Eligible Prevention Services**
- In-home parent skill-based programs
- Mental health services
- Substance abuse prevention and treatment services

**Services Must:**
- Be included in the state’s written plan
- Have a manual
- Show a clear benefit
- Fall on the continuum of evidence-based services
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Evidence-Based Services
- Promising Practice = Created from an independently reviewed study that uses a control group and shows statistically significant results
- Supported Practice = A random control trial or rigorous quasi-experimental design that shows sustained results for at least 6 months post-treatment
- Well-Supported Practice = At least two random control trials or rigorous quasi-experimental design studies that show success beyond a year after treatment.
Challenges For EBP Implementation

- At least 50% of the expenditures eligible for Federal reimbursement must be well-supported practices.
- Contractor selected to establish a national database/clearinghouse of “approved” evidence-based services; 11 services are currently being reviewed.
- Timeframes and funding to grow this list.
- Opportunities for innovation and experimentation going forward.
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Congregate Care

- Reduces Federal Reimbursement for Congregate Care to 14 Days
  - Foster homes of more than 6 children
  - Child care institutions of more than 25 children
  - Exceptions are for:
    - Juvenile justice settings
    - Qualified Residential Treatment Programs,
    - Prenatal, postpartum, or parenting support for young mothers
    - Supervised independent living programs for youth 18 and older, or
    - Youth who are victims or at risk of human trafficking
Qualified Residential Treatment Program (QRTP)

- Accredited by CARF, COA, or the Joint Commission
- Uses a trauma-informed treatment model
- Staffed by registered or licensed nursing staff, onsite according to the treatment model, and available 24/7
- Includes family members in the treatment and documents family involvement
- Provides 6 months post-discharge support
• Use of a QRTP
  • Independent assessment* within 30 days of placement to determine whether placement is appropriate with no exceptions (no Federal funds will be disbursed if this requirement is not met)
  • Court review at 60 days
  • Head of state child welfare agency must submit to HHS approval for continued placement after 12 consecutive months or 18 nonconsecutive months

* Assessor must not be an employee of the Title IV-E agency or the QRTP, although this can be waived.
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Congregate Care

- **Other Considerations on Congregate Care**
  - Use of licensed residential family-based treatment facility for substance abuse treatment
  - States must develop a plan to prevent increases in the juvenile justice population
  - States must train judges and court staff on the appropriate use of QRTPs and need to place youth in foster families
  - By 2020, the U.S. DHHS will conduct an assessment of best practices
• **Other Considerations on Congregate Care**
  - States have flexibility to further define exceptions to congregate care limitations, such as approving students living in a dormitory at college as a supervised independent living arrangement for youth over 18
  - ACF is also not further defining high-quality residential programs for youth who are victims of or at risk of human trafficking
  - States can delay implementation of the congregate care rules for up to two years, but they also must delay claiming on prevention services during that same time period
  - No Federal funds may be used for non-approved congregate care settings beginning in the 3rd week (day 15)
Families First Prevention Services Act of 2018

Other Opportunities & Considerations

• **Expansion of the Regional Partnership Grants Program**
  
  • Regional Partnership Grants are targeted to improve the safety, permanency, and wellbeing of children in substance-abuse affected families, and to prevent or reduce their involvement in foster care
  
  • Extends the RPG program for another 5 years
  
  • Allows RPG funding to be used on a statewide basis
  
  • Allows organizations other than the state child welfare agency to apply
  
  • [https://ncsacw.samhsa.gov/technical/rpg.aspx](https://ncsacw.samhsa.gov/technical/rpg.aspx)
Other Opportunities & Considerations

- One Time, $8 Million Competitive Grant to Recruit Foster Families
- Extend Chaffee Foster Care Independence Programs to Age 23
  - If the state has extended services to age 23
  - Education and training vouchers may go to age 26
  - No more than five years total
Resources
- Children’s Bureau Information Memorandum April 12, 2018
- Children’s Bureau Program Instruction May 31, 2018
  https://www.acf.hhs.gov/cb/resource/pii806
- Children’s Bureau Program Instruction July 9, 2018
- National Conference of State Legislators
• **Resources**
  
  • Programs for Review by the FFPSA Clearinghouse
    https://www.eiseverywhere.com/file_uploads/52a3a396b6b197a2c1ca5fb7f6bb139_InterventionsUnderreviewbyFPSAClearinghouse_1-15-19.pdf
  
  • CARF International FFPSA Microsite
    http://www.carf.org/ffpsa/
  
  • Casey Family Programs FFPSA Resources
    https://www.casey.org/tag/family-first-prevention-services-act/
  
  *And*
    https://www.eiseverywhere.com/file_uploads/e69996313ed58e500982d736fa405de3_ExecutiveSummary_Interventions_for_the_Family_First_Prevention_Services_Act_SecondEdition_10.31.18.pdf
Timeline for Implementation
Timeline for Implementation

• **Several Deadlines Have Already Occurred**
  - October 1, 2018 - Criminal history and child abuse and neglect background checks on any adult working in a child care institution
  - October 1, 2018 - States must document steps taken to track and prevent child maltreatment fatalities

• **State Licensing Standards Align with HHS Model**
  - April 1, 2019 - States must submit a plan showing alignment with Feds
Timeline for Implementation

- The Crucial Decision Every State Must Make
  - Implement FFPSA beginning on October 1, 2019 to claim new prevention funding and comply with congregate care restrictions OR
  - Delay implementation of FFPSA for up to two years, with no funding for prevention services
  - All IV-E Waivers are current set to sunset prior to October 1, 2019

- Potential for Federal Delay on Waiver Expiration
Intact Family Recovery Program: Illinois Regional Partnership Grant Program
Illinois Intact Family Recovery Program

- 5 year project funded by the Administration for Children & Families (ACF) under its Regional Planning Grant (RPG) initiative
- All ACF RPG projects must:
  - Provide services that increase the well-being, permanency and safety of children affected by substance use and improve family recovery and stability
  - Increase system-level capacity and effectiveness
  - Evaluate project outcomes using a local evaluation and participate in the national cross-site evaluation
- Notice of RPG Funding Availability Expected Spring 2019
• **Illinois RPG Program**
  
  • Focused in 4 counties that include urban, rural, and suburban communities (Boone, Kankakee, Will, and Winnebago counties)
  
  • Pairs a substance abuse disorder (SUD) treatment provider with a child welfare provider serving intact families
  
  • Embeds a recovery coordinator employed by the SUD agency into the child welfare agency
  
  • Child welfare agency retains legal case management responsibility but the case is otherwise co-case managed
  
  • Recovery coordinator focuses on helping the parent to access substance abuse treatment services and maintain recovery
  
  • Child welfare case worker focuses on other aspects of the case
Illinois Intact Family Recovery Program

- Illinois RPG Program
  - 6 months planning period
  - 4.5 years of implementation
  - Substantial matching requirement that grows over time

- Independent Evaluation
  - Process evaluation documents program implementation and system outcomes around communication, collaboration, and service efficacy
  - Outcome evaluation assesses child, parent, and family outcomes
    - Child well-being, permanency, and safety
    - Parent substance use, treatment, and recovery
    - Family stability
    - Service use
Illinois Intact Family Recovery Program

• **Random Control Trial**
  - Testing the effectiveness of integrated child welfare and recovery coordinator services in improving child and family outcomes
  - Randomized at the agency/provider level
  - Blind assignment by DCFS to provider agency

• **Sample: 480 substance-involved DCFS families receiving Intact Services**
  - 240 families will receive Intact Family services plus specialized substance use case management provided by a recovery coordinator (intervention group)
  - 240 families will receive Intact Family services only (“treatment as usual”/comparison group)
Evaluation Hypothesis – Parents

- Intervention group parents will show greater improvements in recovery and family stability compared to comparison group parents
  - Decreased substance use
  - Decreased mental health symptoms
  - Decreased parenting stress
  - Improved family relationships
Evaluation Hypothesis -- Children

- Intervention group children will show greater improvements in well-being, safety, and permanency compared to comparison group children
  - Improved adaptive functioning and social/emotional well-being
  - Decreased problem behaviors
  - Decreased trauma and mental health symptoms
  - Fewer substantiated maltreatment recurrences
  - Fewer out-of-home placements
Illinois Intact Family Recovery Program

ILLINOIS INTACT FAMILY RECOVERY PROGRAM ORGANIZATIONAL CHART

LEAD AGENCY
ICY
Provide overall coordination and fiscal management of the grant

STEERING COMMITTEE
DCFS, IABH, SUPR, ICY, CHA, LSSI, AMIHW, Remedies, TASC, AHP
Provide oversight to the development, monitoring, and oversight of the RSC project

Region 2: Winnebago/Boone Counties

Treatment Group
SUD PROVIDERS
Remedies—11RC & 15 families
TASC—11RC & 15 families

Recovery Coordinator (RC) is hired and supervised by SUD provider, but housed at IFR to provide greater support to intact team and ensures collaboration between SUD & IFR

Control Group
IFR AGENCY
LSSI
30 families
Service as usual

Region 1: Will/Kankakee Counties

Treatment Group
SUD PROVIDERS
Remedies

IFR AGENCY
LSSI
30 families

Recovery Coordinator (RC) is hired and supervised by SUD provider, but housed at IFR to provide greater support to intact team and ensures collaboration between SUD & IFR

Control Group
IFR AGENCY
CH+A
30 families
Service as usual

EVALUATION
Advocates for Human Potential, Inc.
Collect and analyze data, and reporting

DCFS
Referral of intact cases
Questions
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