

Family First Prevention Services Act: Overview, Planning, and Considerations



Desired Results for Today

Shared understanding and exploration of:

- Child welfare system transformation leveraging Family First Act
- Key provisions of the Family First Act and implications
- Planning and readiness framework to prepare for implementation
- Opportunities and challenges



Family First – Transformational Vision



 CHAPIN HALL
AT THE UNIVERSITY OF CHICAGO

Chapin Hall  Casey Family Programs
COLLABORATING AT THE INTERSECTION
OF RESEARCH AND POLICY



Leveraging Family First to Promote Child Welfare System Transformation

Prevention

Evidence Based Interventions

Congregate Care

Other Major Provisions



Family First Prevention and Services Act

- Landmark legislation: Most significant child welfare law to pass in 20 years.
 - Congress heard the field's requests about what is needed for children and families
- Dramatically alters the federal financing structure for child welfare programming (Title IV-E).
- Provides the legislative foundation for states to:
 - Reorient their child welfare systems around prevention and FAMILY
 - Increase quality family-based placements for children and youth who enter foster care
 - Right size congregate care to create effective continuum to meet needs



Prevention: Reorienting to Family



Major provisions: Prevention

- October 1, 2019: States gain the option to use federal Title IV-E funding for prevention services for “candidate” children at imminent risk of foster care entry, their parents and/or kin caregivers.
- Prevention services for pregnant and parenting teens in foster care
- 3 categories of prevention services:
 - 1) *In-home, skill-based parenting programs*
 - 2) *Substance abuse treatment and prevention*
 - 3) *Mental health treatment*
- All prevention services must be provided within a trauma-informed organizational structure and treatment framework.



Major provisions: Prevention

- **Eliminates the Look-Back:** No income/AFDC test for candidate children, their parent or kin recipients of prevention services.
- Preventive services can be federally funded for up to **12 months** at a time; additional 12 month periods are allowable.
- **Prevention Plan** is required for each child
- **Reimbursement** 50% for services, training, and admin costs

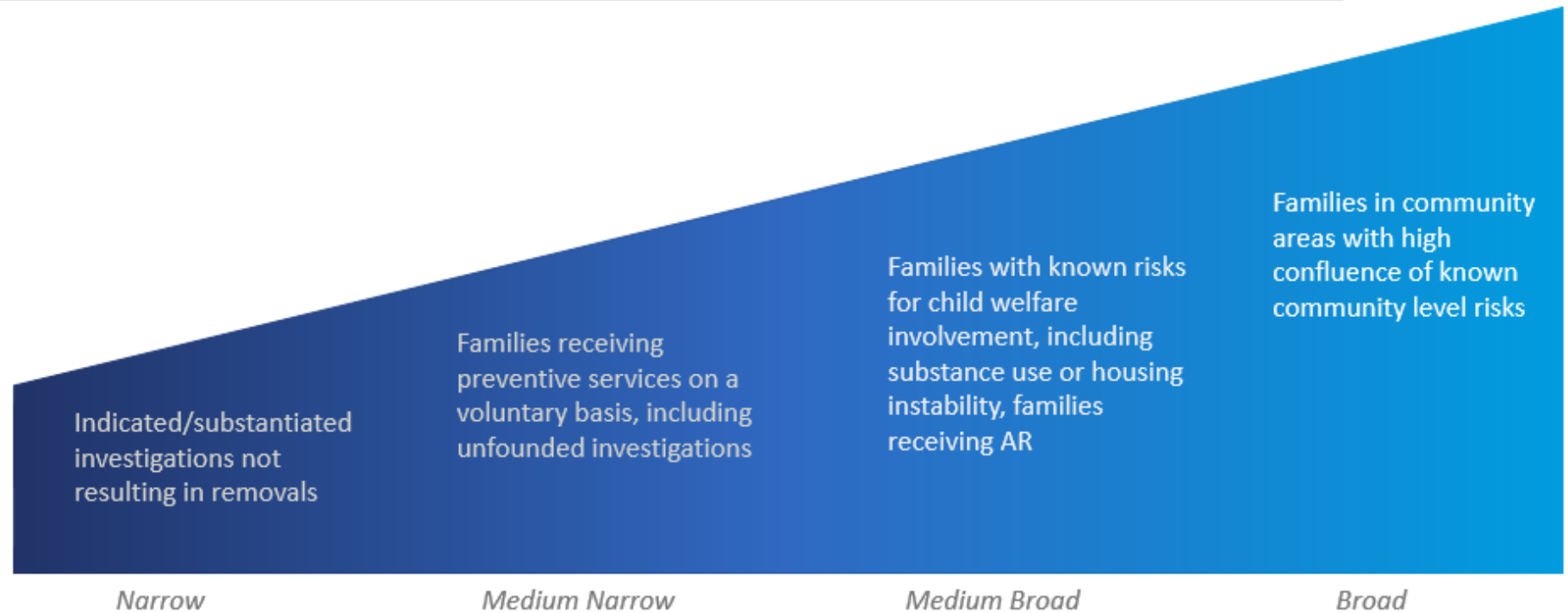


Prevention Opportunities

- ✓ **Transforming** the child welfare focus from foster care to prevention, increased family stability, and well-being.
- ✓ **Investing** in evidence-based interventions.
- ✓ **Applying** a trauma-responsive lens to the continuum of prevention services.
- ✓ **Partnering** across systems (mental health, substance use disorder, juvenile justice, early childhood, health, etc.) to align prevention efforts.
- ✓ **Scaling** up prevention service and de-scaling foster care.



Populations Considered for Preventive Candidacy in Family First



Chapin Hall Synthesis of Candidacy Criteria from Submitted Prevention Plans

The following sections include candidacy-related information, as submitted in the state Prevention Plans:

- Candidacy Criteria
- Candidacy Considerations

Prevention Plans Submitted to the Children’s Bureau as of August 21, 2020

Alaska – <i>Under Review</i>	4
Arkansas – <i>Approved</i>	5
Colorado – <i>Under Review</i>	8
Illinois – <i>Under Review</i>	10
Kansas – <i>Approved</i>	11
Kentucky – <i>Approved</i>	13
Maryland – <i>Approved</i>	14
Nebraska – <i>Under Review</i>	16
North Dakota – <i>Under Review</i>	17
Utah – <i>Approved</i>	20
Virginia – <i>Under Review</i>	21
Washington, D.C. – <i>Approved</i>	23
Washington State – <i>Under Review</i>	24
West Virginia – <i>Under Review</i>	26

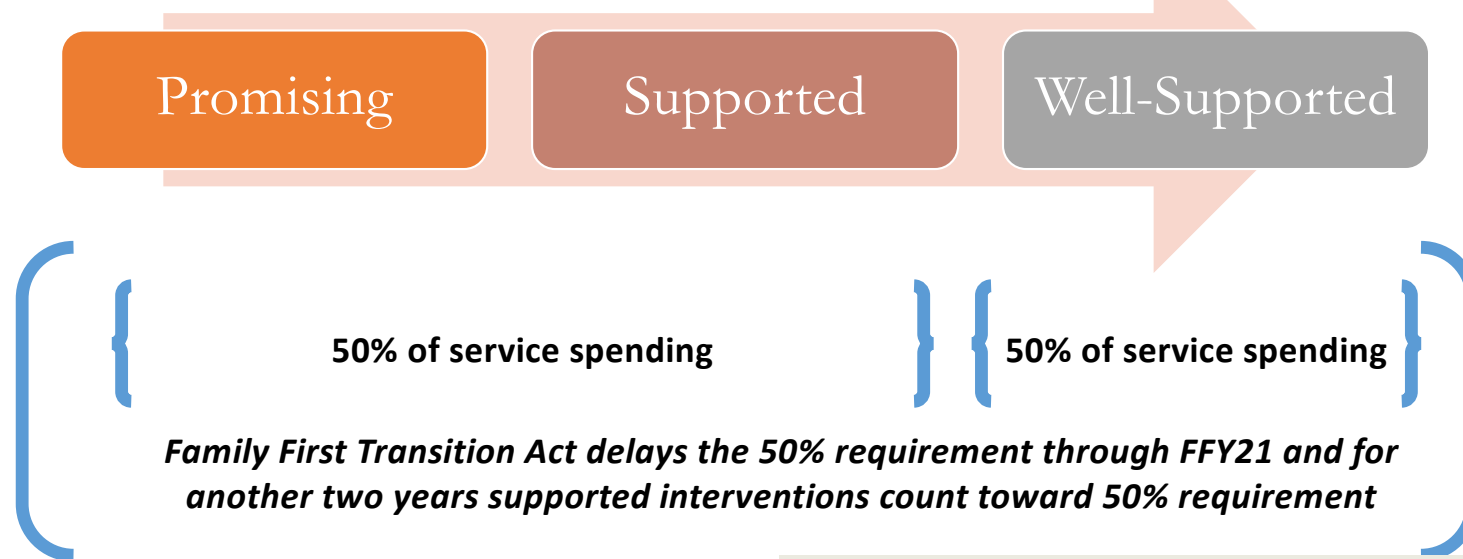


Family First Prevention Services Act:
Candidacy by Jurisdiction



Evidence-based Practices Level of Evidence

- Required levels of evidence for the prevention programs as determined by the Prevention Services Clearinghouse:



- States may conduct an independent systematic review of EBPs not included in the Clearinghouse and request "transitional payments" (deadline of Oct 2, 2021)



Clearinghouse Reviewed EBPs with Ratings

(as of 9/29/20)

	Evidence-based Program	Program	Clearinghouse Rating
1	Brief Strategy Family Therapy	MH, SUD, & IHPSB	Well-Supported
2	Child Parent Psychotherapy	MH	Promising
3	Families Facing the Future	SUD	Supported
4	Functional Family Therapy	MH	Well-Supported
5	Healthy Families America	IHPSB	Well-Supported
6	Homebuilders	IHPSB	Well-Supported
7	Incredible Years – School Age Basic	MH	Promising
8	Interpersonal Psychotherapy (Weissman)	MH	Supported
9	Methadone Maintenance Therapy	SUD	Promising
10	Motivational Interviewing	SUD	Well-Supported
11	Multidimensional Family Therapy	MH, SUD, & IHPSB	Supported
12	Multisystemic Therapy	MH & SUD	Well-Supported
13	Nurse Family Partnership	IHPSB	Well-Supported
14	Parent Child Interaction Therapy	MH	Well-Supported
15	Parents as Teachers	IHPSB	Well-Supported
16	Safe Care	IHPSB	Supported
17	Trauma-Focused Cognitive Behavioral Therapy	MH	Promising
18	Triple P – Group – Level Four	MH	Promising
19	Triple P – Self Directed – Level Four	MH	Promising
20	Triple P – Standard – Level Four	MH	Promising

- Substance Use Disorder (SUD)
- Mental Health (MH)
- In-Home Parenting Skills Based (IHPSB)

<https://preventionservices.abtsites.com/>



EBPs Approved for Transitional Payments via Systematic Review

Evidence-based Practice	Status and Level of Evidence
Family Centered Treatment (AR)	Approved – Well-supported
High Fidelity Wraparound (CO)	In Review
Sobriety Treatment and Recovery (KY)	Approved - Promising
YVIntercept	Approved - Supported

<https://www.acf.hhs.gov/sites/default/files/cb/pi1906.pdf>

<https://www.acf.hhs.gov/cb/resource/title-iv-e-independent-systematic-reviews>



Evaluation and CQI Requirements

- States must have **well-designed, rigorous evaluation strategies for each EBP** – all supported and promising EBPs, and EBPs approved via systematic review, must have a rigorous evaluation
- **EBPs that have received a “well-supported” rating by the Clearinghouse are eligible for an evaluation waiver** if evidence of their effectiveness is compelling and the state’s CQI system can continuously monitor them to ensure fidelity to the practice model, determine outcomes achieved, and specify how information learned from the monitoring will be used to refine and improve practices



Congregate Care Reduction: Reorienting to Family



Major provisions: Congregate care reduction

- Applies restrictions to federal reimbursement for children and youth placed in congregate care.
- Encourages placement in family-based settings.
- Provides a new placement option for children with high level of need.
 - ✓ Facilities that meet the *Qualified Residential Treatment Program* (QRTP) criteria (for any child's stay beyond 2 weeks.)
 - ✓ Children whose assessment indicates their clinical needs are best met in a residential treatment setting.



Major provisions: Congregate care reduction

- A QRTP:
 - ✓ is licensed and accredited
 - ✓ has a trauma-informed treatment model
 - ✓ facilitates outreach to and participation of family members in the child's treatment program;
 - ✓ assesses clinical need for treatment program placement
 - ✓ responds to child's assessed clinical and treatment needs
 - ✓ has nursing staff and other licensed clinical staff, on-site in accordance with their treatment model, and are available 24 hours a day and 7 days a week



Congregate care reduction opportunities

- ✓ **Building** an effective and appropriate array of family-based placements and community supports to meet treatment needs and promote placement stability.
- ✓ **Scaling** up high quality foster caregiving and descaling congregate settings
- ✓ **Improving** quality of treatment settings to better address child clinical needs
- ✓ **Preventing** inappropriate increases to the juvenile justice population and inappropriate clinical diagnoses.
- ✓ **Providing** aftercare services to promote on-going stability and success
- ✓ **Expanding** the business model of placement providers beyond congregate care.



Service Expansion: Reorienting to Family & Needs of Special Populations



Family First Provisions: Expanding access to services

- Provides Title IV-E dollars for evidence-based **kinship navigator** programs.
- Allows Title IV-B dollars to **support reunification** services while children and youth are in care, and up to 15 months post-reunification.
- Provides grants to states to recruit and **retain high quality foster parents**.
- Requires use of **model foster parent licensing standards**.

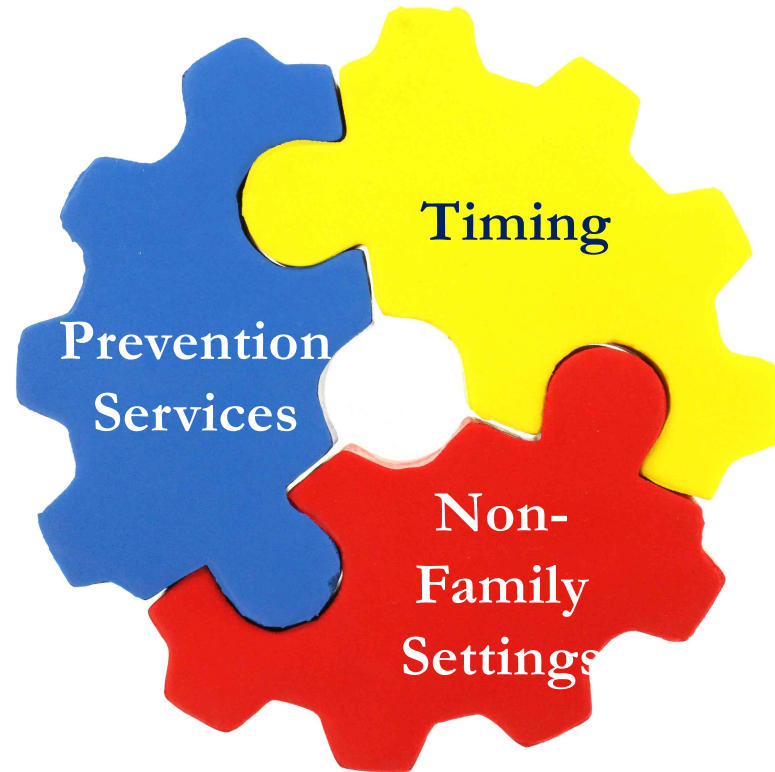


Family First Provisions: Meeting needs of special populations

- Revises Chafee program to allow services to **youth who have aged out** up to age 23.
- Allows 5 years of eligibility for Education and Training Vouchers up to age 26.
- Requires inclusion in state plan how state will meet developmental needs of **young children**.
- Requires statewide plan to **prevent child fatalities**.



Family First A Puzzle with Three Big Pieces



The Family First Transition Act

- **\$500 million** appropriated for **transition activities** in FFY 2020 which remains available through FFY 2021.
- States with **expiring waivers** will receive a minimum of **90%** of FFY 2019 funds in **FFY 2020** and a minimum of **75% in FFY 2021**.
- The “50% Well-Supported Reimbursement” requirement is **delayed by two years** and then **for two additional years**, supported practices are considered well-supported practices.

Prevention Services

- Mental Health and Substance Abuse Prevention and Treatment Services
- In-Home Parent Skill-Based Programs
 - Parenting skills training
 - Parent Education, and
 - Individual and Family Counseling
- For not more than 12 months
- For **Candidates** or **children in foster care who are pregnant or parenting**
- Trauma-Informed
- Provided in Accordance with Promising, Supported or Well-Supported Practices.



Candidacy & Placement and Care

PI-ACYF-CB-18-09 (11/30/2018)

- We are **not further defining** the phrase “**candidate for foster care**” as it appears in section 475(13) of the Act or further defining the term “**imminent risk**” of entering foster care for the title IV-E prevention program.
- However, because a child may not be simultaneously in foster care and a “child who is a candidate for foster care,” once the child enters foster care, reimbursement for the child under the title IV-E prevention program must end. **Foster care** is defined in 45 CFR 1355.20 and **includes children under the placement and care of the state title IV-E agency who are placed in a licensed or unlicensed kinship placement, regardless of whether payments are made** by the state, tribal or local agency for the care of the child or whether there is federal matching of any payments that are made.

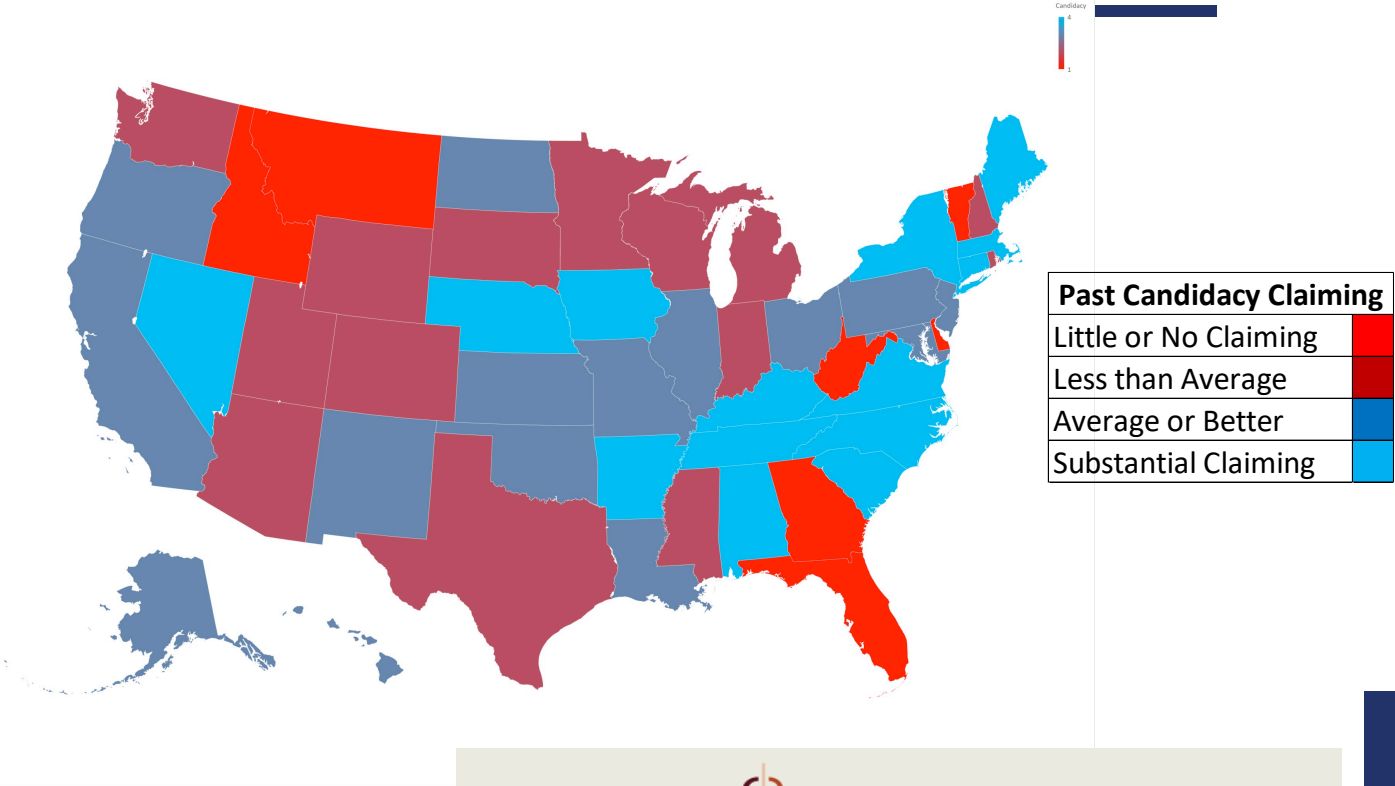


Candidacy Comparison

Current Law [472(i), SSA]	FFPSA [475(13), SSA]
Imminent risk of removal	Imminent risk of entering foster care
Identified in defined case plan, IV-E eligibility form or court order	Identified in prevention plan
Absent preventive services, foster care is the planned arrangement for the child	Service needs directly related to the child's safety, permanence, or well-being or to prevent entry
Renewed every 6 months	Not more than 12 months – but additional 12-month periods permitted including contiguous.
No services – Administration 50% match subject to participation rate (also called penetration rate, eligibility rate, discount rate).	Specified services 50% match (with some restrictions) - Administration 50% match not subject to 1996 AFDC eligibility
CWPM 8.1D Applies	CWPM 8.1D Does NOT Apply

Past Candidacy Claiming

Based on 2016 (non-waiver) or 2012 (waiver)



Clearinghouse Reviewed EBPs with Ratings

(as of 9/29/20)

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- Substance Use Disorder (SUD)
- Mental Health (MH)
- In-Home Parenting Skills Based (IHPSB)

<https://preventionservices.abt sites.com/>



Duration of Prevention Services and Administration

- **Services** - FFY 2020 through 2026 – 50% reimbursement rate; FFY 2027 – FMAP rate.
- **Administration – Beginning FFY 2020**
 - from the **beginning of the month in which the child is identified in a prevention plan...**
 - until the end of the 12th month, if services were provided for the entire 12-month period, or if the services are provided for less than the entire 12-month period, the **end of the month the child's title IV-E prevention services ended.**

The state may claim for allowable activities that **comport with or are closely related** to one of the listed activities at 45 CFR 1356.60(c)(2)...



45 CFR 1356.60(c)(2)

(2) The following are examples of allowable administrative costs necessary for the administration of the foster care program:

- (i)** Referral to services;
- (ii)** Preparation for and participation in judicial determinations;
- (iii)** Placement of the child;
- (iv)** Development of the case plan;
- (v)** Case reviews;
- (vi)** Case management and supervision;
- (vii)** Recruitment and licensing of foster homes and institutions;
- (viii)** Rate setting; and
- (ix)** A proportionate share of related agency overhead.
- (x)** Costs related to data collection and reporting.



Maintenance of Effort (MOE)

Any Other State

TANF IV-B SSBG Program
(but not IV-E)



FFY 2014
(most states)

PI-18-09 and PI-18-10

Prevention Services and Activities

- Allowable types (Mental Health, Substance Abuse or In-Home Parent Skill-Based Programs)
- For candidates, pregnant or parenting youth or their parents and kin caregivers
- EVPs approved by IV-E Prevention Clearinghouse and trauma-informed

Does NOT Include:

- IV-E Expenditures
- IV-E Waiver Expenditures

One-time calculation



Federal IV-E Payments to States

Sec. 474, as amended by FFPSA

1. Foster Care Maintenance Payments (FMAP)
2. Adoption Assistance Payments (FMAP)
3. **Administrative Expenditures**
 - Training (75%)
 - Automated Systems (50%)
 - Remaining expenditures for the proper and efficient administration of the State Plan (50%)
4. Chafee and ETV Expenditures (80% capped)
5. Kinship Guardianship Assistance (FMAP)
6. **Prevention Expenditures**
 - **Prevention Services Expenditures (50%)**
 - **Prevention Services Administration and Training (50%)**
7. **Kinship Navigator Expenditures (50%)**



Payer of Last Resort

ACYF-CB-PI-18-09 (11/30/2018)

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 services to that individual with **one exception**; a state may use title IV-E prevention program funding...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)

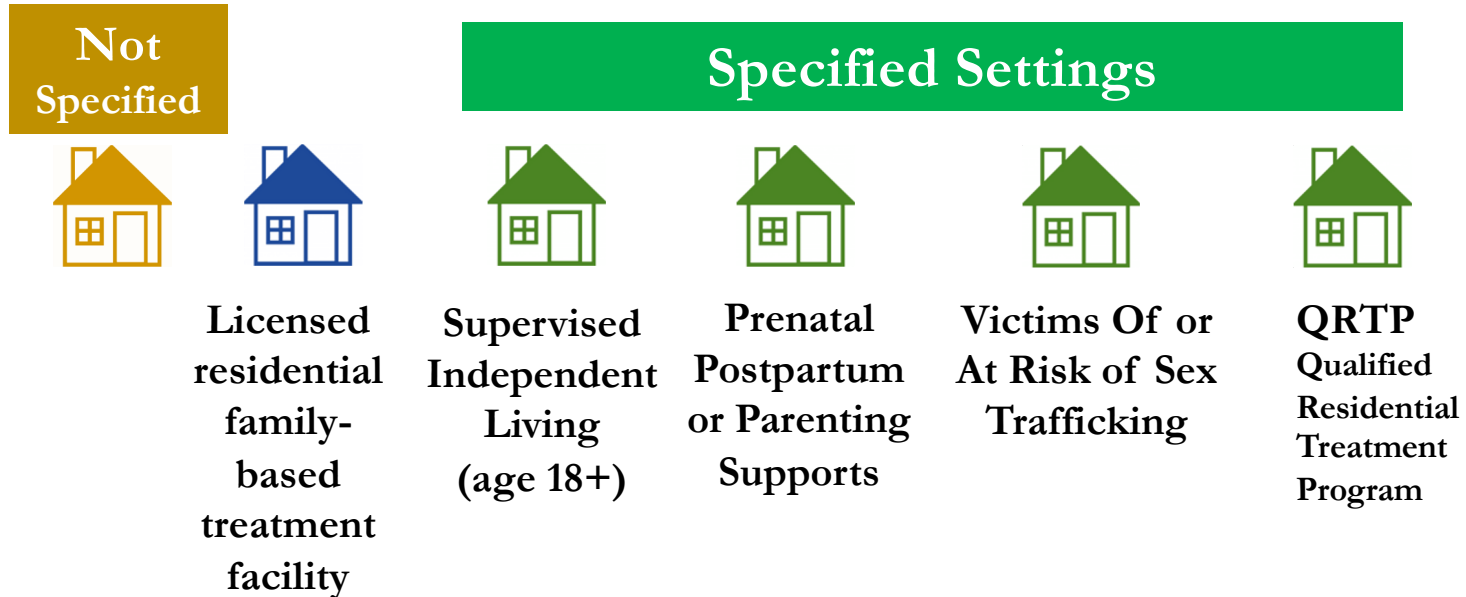
Payer of Last Resort

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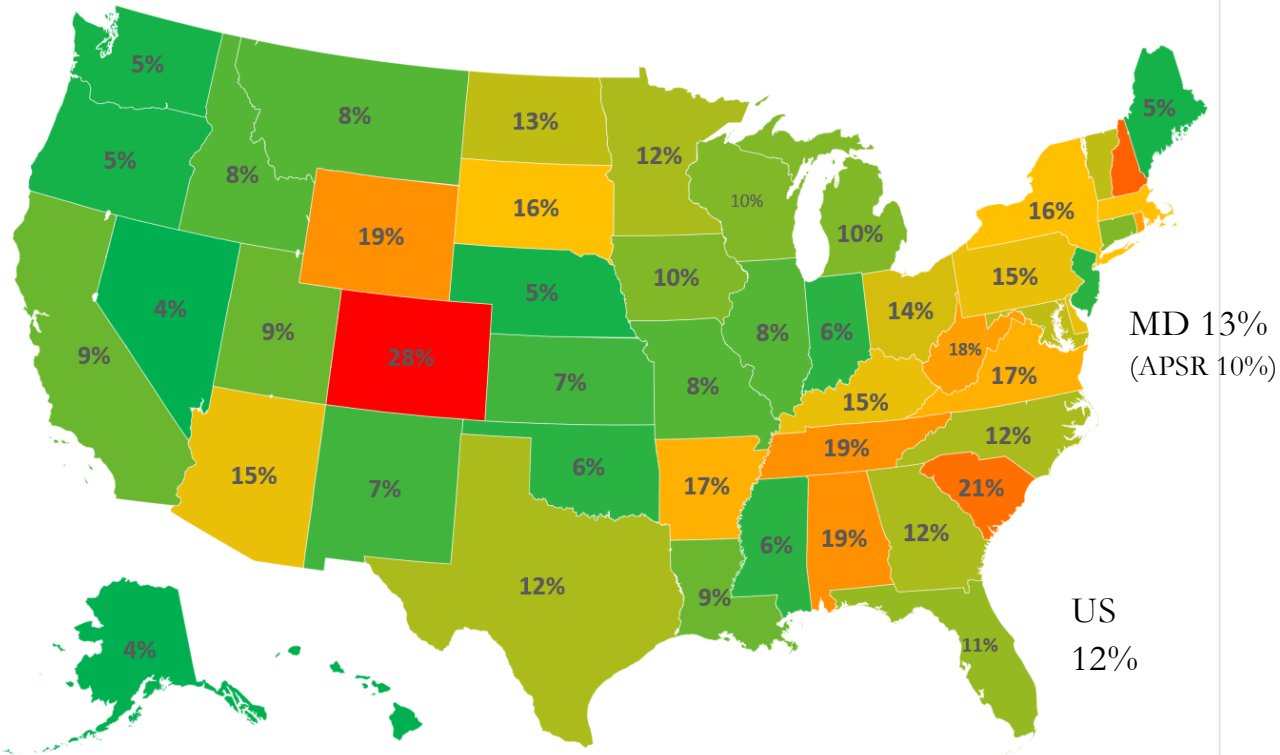
Therefore, if public or private program providers (such as **private health insurance or Medicaid**) would pay for a service allowable under the title IV-E prevention program, **those providers have the responsibility to pay** for these services **before** the title IV-E agency would be required to pay.

For example, if a parent with Medicaid coverage is receiving mental health services that would be covered by Medicaid, and that are also allowable under the title IV-E prevention program, **Medicaid must pay** for the service before the title IV-E portion (if any) is paid. This provision in effect makes title IV-E the payer of last resort for title IV-E prevention services in this instance.

Types of “Institutional Care”



Percentage of Children in Group Home or Institution FY 2017 (Kids Count)



MD 13%
(APSR 10%)

US
12%



Out-of-Home Care by Setting as of September 30, 2017

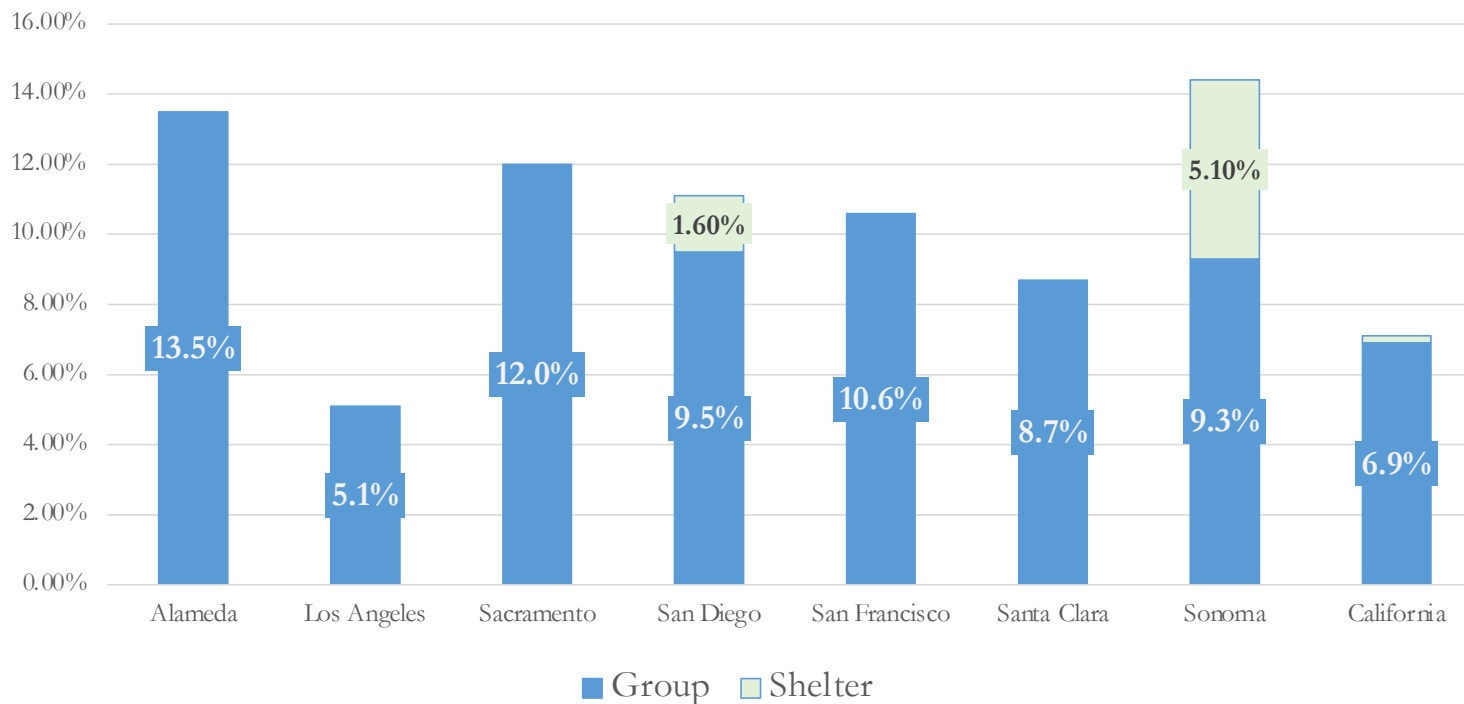
Setting	2017	Low	High
Foster family home - non-relative	45%	27%	71%
Foster family home - relative	32%	4%	47%
Group home or institution	12%	4%	28%
Pre-adoptive home	4%	0%	29%
Runaway	1%	0%	2%
Supervised independent living	1%	0%	5%
Trial home visit	5%	0%	18%

From Kids Count Data Book

Totals may not equal 100% due to rounding



Estimated Percentage in Group and Shelter Care – January 2019



Source: UC Berkeley Dashboard and Child Counts by Setting from CCWIP

Outcome Assessment and Reporting

For **each child** for whom prevention services are provided, the State shall report:

- The specific **services or programs provided** and the total **expenditures** for each of the services or programs.
- The **duration** of the services or programs provided.
- In the case of a candidate, the child's placement status at the beginning, and of the end, of the 1-year period and whether the child entered foster care **within 2 years** after being determined a candidate for foster care.



Prevention Services Measures

Beginning with **FFY 2021** and annually thereafter, the Secretary shall establish the following prevention service measures:

- Percentage of candidates for foster care who **do not enter** foster care, including those placed with a **kin caregiver outside of foster care**, during the 12-month period in which the services are provided and through the end of the succeeding 12-month period.
- Per **child spending** for prevention services for or on behalf of each child.

The Secretary shall establish and annually update the measures based on the median values for the most recent three years taking into account regional price parities and publish the prevention services measures for each state.

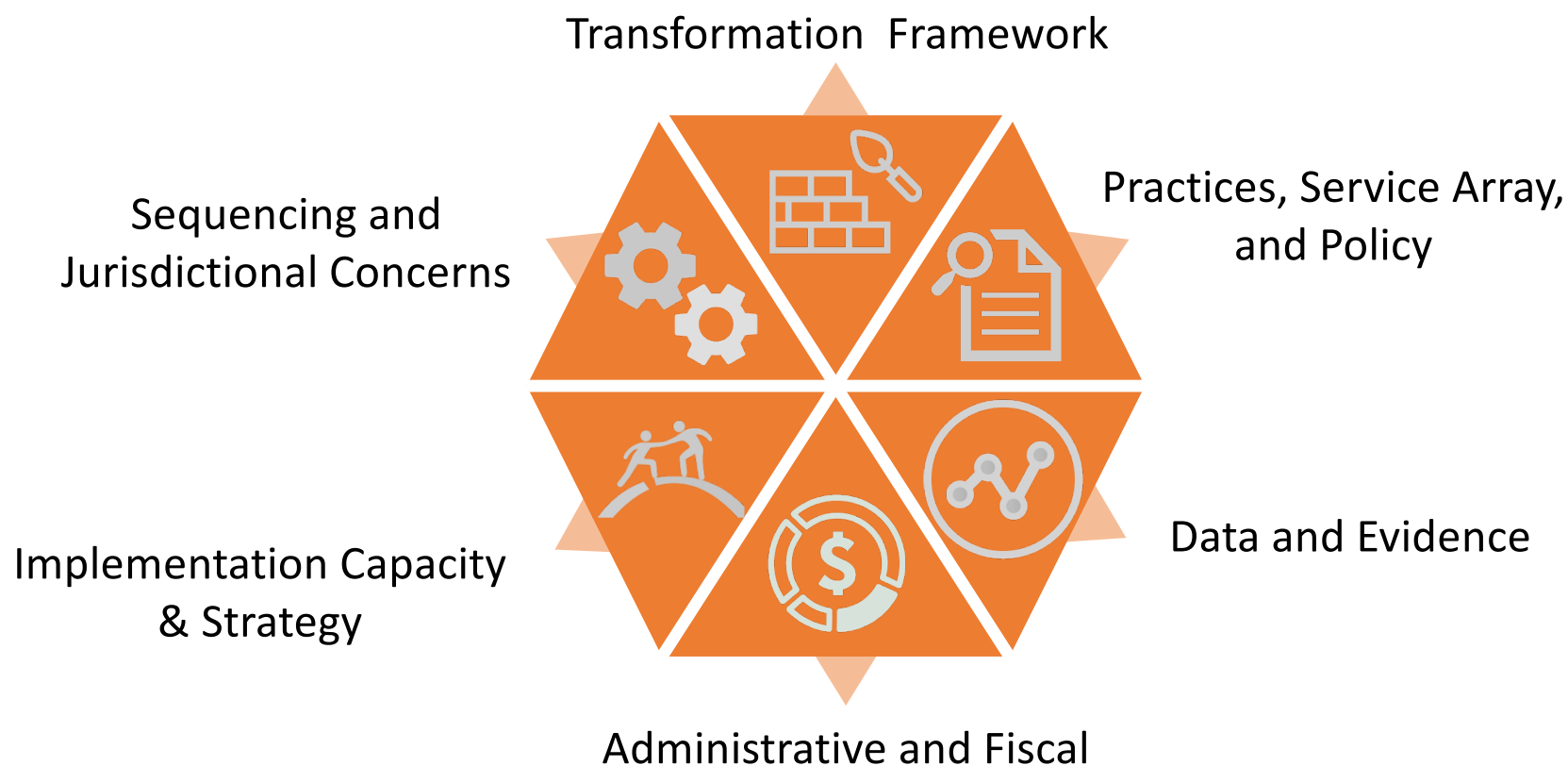


Assessment, Planning & Readiness for Family First Prevention Services Act

Early Implementers:
Opportunities & Considerations
Casey Family Programs Convening



Framework for Assessment, Planning and Readiness: Domains of Inquiry



Family First Readiness Assessment

Family First Readiness Assessment, Planning, and Initial Implementation



Current Date: 05/26/20

UPDATES UNDER DEVELOPMENT!

Assessment, Planning, and Implementation Questions

Instructions: Review the questions, record responses, and add action items that come from the responses.

Question	Response	Action Items	Workgroup Representative	Related Prevention Plan section
Transformative Vision				
What is the transformational vision for how to impact children and families considering Family First?				Sec. 1A & 1B
In what way will families be served differently?				
What systemic barriers could be eliminated or reduced with Family First?				
Is there an opportunity to reinforce or move towards organizational transformation or restructuring through implementation of Family First provisions?				



Domain – Transformation Framework

- Transformation & vision for child welfare
- Strategic direction
- Target populations
- Priority outcomes to be achieved



Early Implementers Selected Comments: Transformation and Vision - Opportunities & Considerations

- Family First is a tool for transforming child welfare
- Start with vision first and then embed the vision and transformation agenda into all agency and system operations
- Create and strengthen partnerships around a vision for children and families
- Avoid getting mired in the technical details and challenges
- Set priorities – strategies and outcomes - to guide the transformation



Domain - Practices, Service Array and Policy

- Practice model
- Casework and supervisory practices
- Child and family assessment
- Case and service planning
- Service array
- Policies, regulations & rules



Early Implementers Selected Comments: EBP Opportunities & Considerations

- Consider first the needs of children and families and then determine EBPs
- Scan for existing EBPs across the jurisdiction and build from there – leverage existing capacity
- Review Casey Family Programs paper on EBPs and level of evidence in selection process
- Leverage CBCAP, philanthropy, and partners to build EBP capacity
- Use implementation science and continuous quality improvement to promote quality EBPs
- Understand the needs of the workforce to ensure families have access to and sustain participation in EBPs



Domain - Data and Evidence

- Data collection & federal reporting
- Information systems (SACWIS/CCWIS/TACWIS)
- Data analysis and evaluation
- Continuous quality improvement (CQI)



Early Implementers Selected Comments: Continuous Quality Improvement Opportunities & Considerations

- Create and sustain a learning organization – leverage Family First to improve CQI and evaluation capacity broadly across system
- Build on existing CQI and PDSA capacity and integrate CQI into all new and established planning and implementation groups
- Integrate CQI into contracts and partnerships
- Prioritize the outcomes to measure
- Determine if there are existing/on-going evaluations of EBPs in partner agencies



Domain - Administrative and Fiscal

- Contracting
- Budgeting & appropriation requests
- Federal plans & reporting
- Accounting & claiming systems



Early Implementers Selected Comments: Fiscal Opportunities & Considerations

- Braiding funding across Medicaid with Family First – linking processes like Safe Plans of Care & EPSDT requirements to meet the assessed needs of children
- Braiding funding with home visiting
- Leveraging state dollars previously used to support in-home services and moving those further upstream for primary prevention
- Claiming for training, certification, fidelity monitoring and CQI of EBPs to expand service array



Domain – Implementation Capacity & Strategy

- Workforce capacity and alignment
- Training and coaching
- Stakeholder analysis & engagement
- Communications



Early Implementers Selected Comments: Stakeholder Engagement Opportunities & Considerations

- Harness momentum of stakeholders & constituents early-on
- Communicate agency message to broader community about prevention
- Include stakeholders & constituents on formal planning and implementation structures
- Create new partnerships or strengthen existing ones, especially interagency relationships (education, self-sufficiency, workforce, Housing, JJ, Medicaid, early learning, etc.)
- Build data sharing agreements across agencies
- Tap existing community stakeholder groups (youth/parent advisory boards, kinship support groups, provider networks, etc.)
- Build collective ownership for prevention and implementation



Domain - Sequencing and Jurisdictional Considerations

- Sequencing and interdependencies
- Unique jurisdictional factors



Family First Implementation Plan

Family First Readiness Assessment, Planning, and Initial Implementation



Current Date: 05/26/20

Implementation Plan

Instructions: After completing the Assessment Tool, write in detail the action items identified in column D on the Assessment Tool Tab.

	Action Items	Functional Area	Responsible Parties	Start Date	Target End Date	Duration	Today (or Actual if Actual End)	Actual End Date	Duration Post-Target End Date	Related Prevention Plan section	Notes
1		Target Population Component Area									
2		Stakeholder Engagement Component Area									
3		Communication Component Area									
4		Practice Model Component Area									
5		Child & Family Assessment Component Area									
6		Case & Service Planning Component Area									
7		Service Array Component Area									
8		Casework & Supervisory Practices Component Area									
9		Policies, Regulations, & Rules Component Area									
10		Workforce Capacity & Alignment Component Area									
11		Training & Coaching Component Area									
12		Data Analysis, Evaluation, & Continuous Quality Improvement Component Area									
13		Data Collection & Federal Reporting Component Area									
14		Information Systems Component Area									
15		Contracting Component Area									
16		Budgeting and Appropriation Requests Component Area									
17		Federal Plans & Reporting Component Area									
18		Accounting & Claiming Systems Component Area									



Chapin Hall  Casey Family Programs
 COLLABORATING AT THE INTERSECTION
 OF RESEARCH AND POLICY



References: Federal Resources

- **Legislative Language:**

- <https://www.congress.gov/bill/115th-congress/house-bill/1892>

- **Information Memorandum:**

- <https://www.acf.hhs.gov/sites/default/files/cb/im1802.pdf>

- **Program Instructions:**

- <https://www.acf.hhs.gov/sites/default/files/cb/pi1806.pdf>
- <https://www.acf.hhs.gov/sites/default/files/cb/pi1807.pdf>
- <https://www.acf.hhs.gov/sites/default/files/cb/pi1906.pdf>



References: Other Key Resources

- **Family First Act.Org**

<https://www.familyfirstact.org/>

- **Casey Family Programs**

<https://www.casey.org/tag/family-first-prevention-services-act/>

- **Chapin Hall**

<https://www.chapinhall.org/project/partnerships-with-jurisdictions-improve-implementation-of-family-first/>



References: Other Key Resources

- **Center for the Study of Social Policy**
 - <https://www.cssp.org/media-center/press-releases/keeping-families-together-family-first-prevention-services-act-ffpsa-aligns-financing-with-child-wellbeing>
- **Campaign for Children**
 - <https://campaignforchildren.org/wp-content/uploads/sites/2/2016/06/FFCC-Section-by-Section-FFPSA.pdf>
- **Children's Defense Fund**
 - <https://www.childrensdefense.org/policy/policy-priorities/child-welfare/family-first/>
 - <https://www.childrensdefense.org/policy/policy-priorities/child-welfare/family-first/implementing-the-family-first-prevention-services-act>

