

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

A presentation to the

Council for Health and Human Services Ministries

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*Andrea Durbin, A.M.
Chief Executive Officer
Illinois Collaboration on
Youth*



Presentation Agenda

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

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The Facts of the FFPSA

Families First
Prevention
Services Act of
2018

*Prevention
Services*

- **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.

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Prevention
Services Act of
2018

*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

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Prevention
Services Act of
2018

Prevention Services

- **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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2018

Prevention Services

- **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.

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2018

Prevention Services

- **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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Services Act of
2018

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

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Congregate Care

- **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

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2018

Congregate Care

- **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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2018

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

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Services Act of
2018

Congregate Care

- **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)**

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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>

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Services Act of
2018

*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

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2018

Resources

- **Resources**

- **Children's Bureau Information Memorandum April 12, 2018**

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

- **Children's Bureau Program Instruction May 31, 2018**

<https://www.acf.hhs.gov/cb/resource/pi1806>

- **Children's Bureau Program Instruction July 9, 2018**

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

- **National Conference of State Legislators**

<http://www.ncsl.org/research/human-services/family-first-prevention-services-act-ffpsa.aspx#PART%20I>

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2018

Resources

- **Resources**

- **Programs for Review by the FFPSA Clearinghouse**

- https://www.eiseverywhere.com/file_uploads/52a3a3a96b6b197a2c1ca5fb7f6bb139_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_fortheFamilyFirstPreventionServicesAct_SecondEdition_10.31.18.pdf

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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**
- **<https://www.childrensdefense.org/wp-content/uploads/2018/08/ffpsa-implementation.pdf>**

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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 Intact Family Recovery Program

- **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)

Illinois Intact Family Recovery Program

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

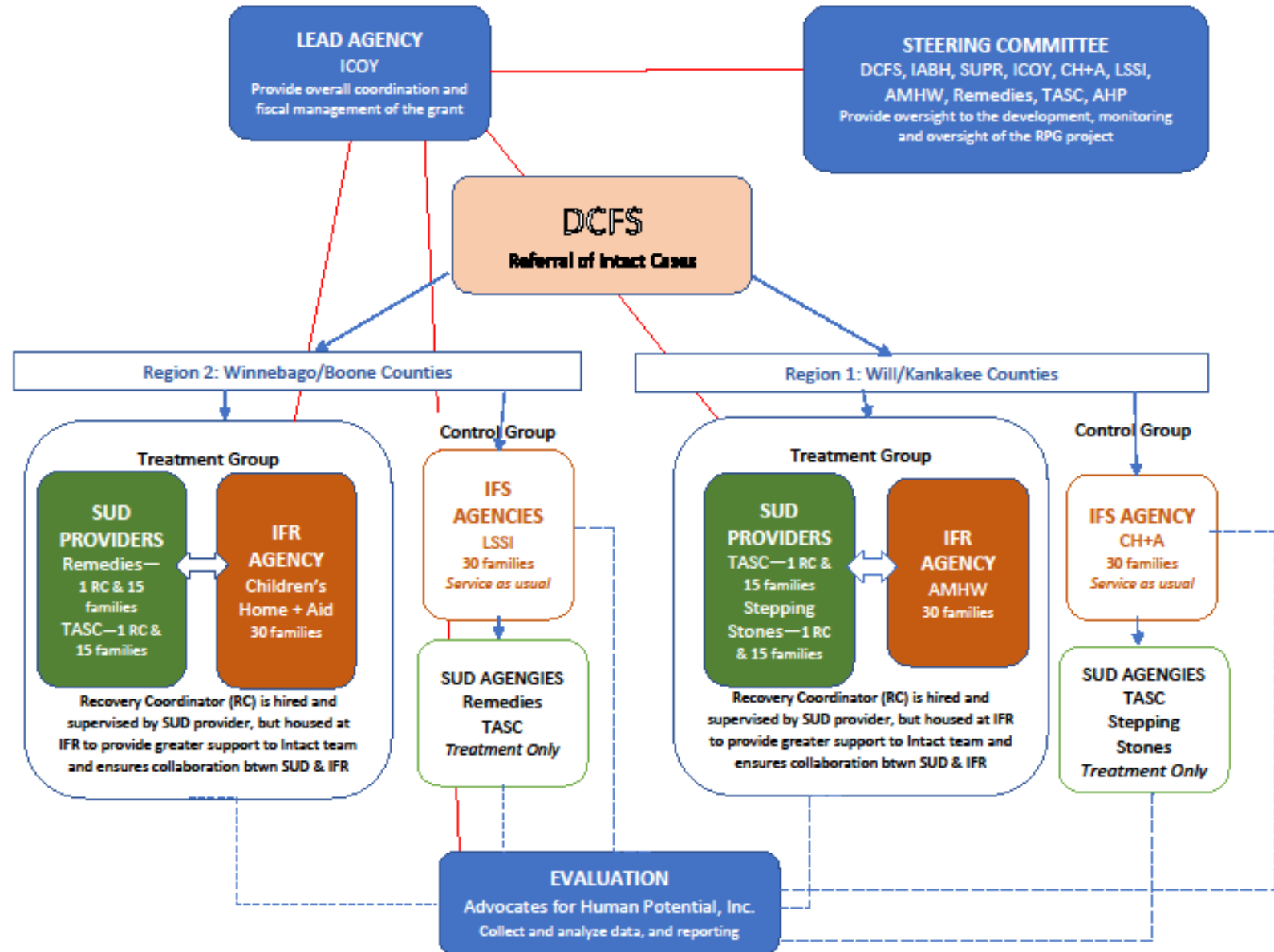
Illinois Intact Family Recovery Program

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



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Questions

For More
Information

Contact:

Andrea Durbin

ADurbin@ICOYouth.org

312-861-6600