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## September 19, 2018

## The Family First Prevention Services Act: Opportunities for Legislatures Presentation to the Iowa Legislative Fiscal Committee

Children and Families Program

NCSL



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Family First	Overview of FFPSA and Legislative Role in FFPSA Implementation and Oversight	
Prevention	Prevention Services	
Services	Congregate/Residential Care	
Act of	Other Important Provisions	
2018 (FFPSA)	State Legislative Response FFPSA Planning: CO, HI, OR, WA	

Next Steps/First Steps for Lawmakers to Consider



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**Family First Prevention Services Act of 2018** 

On Feb. 9, <u>Bipartisan Budget Act of 2018 (H.R. 1892)</u> (P.L. 115-123) signed into law; included in the act is the **Family First Prevention Services Act** (FFPSA):

Potential to dramatically change child welfare systems across the country.

- **New:** States and Tribes can claim Title IV-E funds for certain prevention services beginning October 1, 2019. This policy is optional for states.
- **New:** Policy for residential/congregate care placements for children in foster care beginning October 1, 2019.
- New funding/existing funding for prevention, courts, and substance abuse prevention grant funding.



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## Family First Prevention Services Act of 2018 (FFPSA)

- A monumental shift in child welfare funding and structure
- Child welfare experts agree that many children and youth can safely remain at home while their parents receive necessary community services, and that removing children from their homes often subjects them to trauma and grief.
- To ensure the safety, permanency and well-being of children and their families, and to begin to address the current opioid and substance abuse crisis, the federal government is now allowing states to use money previously used only for foster care to pay for prevention services for children at imminent risk of entry into foster care.
- Legislators can play key roles in educating members, convening stakeholders, planning, implementation and oversight
- Time is critical
- Ongoing process



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BEFORE FFPSA	AFTER 2018 FFPSA
Most federal Title IV-E money designated for foster care	New Title IV-E money: in-home parenting services, substance abuse prevention and treatment, and mental health treatment
Services only for the child	Prevention services for child, parents, kinship care providers
Income test	No income test
Title IV-E funding for children placed in group homes with little oversight	Congregate care/residential homes must be quality, appropriate settings to qualify for Title IV-E funds
No funds for children placed with parents in residential treatment	12 months of Title IV-E money for these placements
	Adapted from Casey Family Programs, 2018



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# FFPSA: Prevention Services



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#### **Prevention Services**

- Allows the use of Title IV-E funds for the following services to prevent the placement of children and youth into the foster care system.
  - In-home parent skill-based programs, including parenting skills training, parent education and individual and family counseling for up to 12 months.
  - Mental health prevention and treatment services provided by a qualified clinician for up to 12 months.
  - Substance abuse prevention and treatment services provide by a qualified clinician for up to 12 months.
  - There is no limit on how many 12 month periods a child and family can receive prevention services.
- Title IV-E funds can only be used in this capacity for 12 months for:
  - Children who are "candidates for foster care"
  - Pregnant or parenting foster youth
  - Parents of these children and youth (both biological and adoptive parents)
  - Kinship caregivers of these children and youth
- Candidates for foster care: Children who can remain safely at home or in a kinship placement with receipt of services.
- There is no income test for eligibility.



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#### Prevention Services (cont'd)

The secretary of the Department of Health and Human Services will be responsible for creating a pre-approved list of services that will qualify by October 1, 2018. These services will most likely be similar to those identified through the California Evidence-Based Clearinghouse on Child Welfare. The secretary may waive the evaluation requirement for a practice if they find the practice to be effective.

Eligible services must meet certain requirements:

- Must be trauma informed.
- Must be part of the child's prevention plan.
- The service must be described as part of a state's Title IV-E plan.
- There must be a manual outlining the components of the service.
- The service must show a clear benefit and no risk of harm to participants (see legislation for details).
- The service must meet one of the following three evidence thresholds:
  - **Promising Practice:** An independent systematic review has been conducted using some form of control group.
  - **Supported Practice:** A randomized-controlled trial or rigorous quasi-experimental design shows sustained effect for at least six months after treatment.
  - Well-supported treatment: A randomized-controlled trial or rigorous quasi-experimental design demonstrates sustained effect for at least a year after treatment.



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Examples of Candidate for Foster Care (Language is NOT in the legislation)

U.S. House Committee Report 114-628 includes the following to provide further information on Congressional intent:

- When an adopted child is at risk of entering or re-entering foster care, these prevention services can come in the form of post-adoption supports and be made available so that such parents need not relinquish their parental right in order to access such services;
- When a child in a formal or informal kinship placement is at imminent risk of entering or re-entering foster care, these prevention services can be made available;
- When a child is living with his or her parents and is deemed as being at imminent risk of entering foster care, but a relative caregiver could to become the guardian if provided prevention services, such services can be made available;
- If a child at a young age was deemed a candidate for care and his or her caregiver received services under this bill and years later the child was again deemed at imminent risk of entry later in life, this bill would allow for the state to draw down prevention services under title IV-E at both points in the child's and family's lives;



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#### **Prevention Services (cont'd)**

- Title IV-E reimbursement for the optional prevention services begins on October 1, 2019.
- Non-Supplantation: These services must not supplant or replace state funding for prevention services.
- Maintenance of Effort: MOE will be set at FY2014 spending for the prevention services for candidates for foster care.
- States may claim reimbursement for administrative and training costs for the prevention services at 50%.



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**Prevention Services (cont'd)** 

- Prevention services reimbursement rates:
  - 50% federal reimbursement October 1, 2019 through September 30, 2026
  - Beginning October 1, 2026, federal reimbursement will be state's FMAP rate
  - At least 50% of spending each fiscal year must be for wellsupported practices



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## **FFPSA:**

## Major Reforms to Congregate, Residential and Group Care



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Major Reforms to Congregate, Residential and Group Care

New requirements intended to provide appropriate placements that meet individual child's needs.

- Family foster care limited to six children, with certain exceptions (specified in the bill).
- Limits to congregate/residential care:
  - Federal Title IV-E reimbursement for children placed for more than 2 weeks is allowed only for the following residential placements:
    - A specialized program for pregnant or parenting teens in foster care
    - A supervised independent living for a child age 18 or older
    - Residential care and supports for children who have been or are at risk of sex trafficking
    - A Qualified Residential Treatment Program (QRTP) as described on the next 2 slides.
- Placements already allowable and will continue include:
  - Prenatal, postpartum or parenting placement and support for teen mom.
  - Supervised independent living (SIL) for youth 18 and older
  - Placements for youth victims of, or at risk of becoming victims of, sex trafficking



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Major Reforms to Congregate, Residential and Group Care (cont'd)

#### **QRTP** Programs

Beginning October 1, 2019, **Qualified Residential Treatment Programs (QRTP)**, will be reimbursed through Title IV-E. For a setting to be designated as a qualified residential treatment program (QRTP), it must meet the following qualifications:

- Utilizes a trauma-informed treatment model that includes service of clinical needs.
- Meets the treatment needs of child as determined by an assessment within 30 days of placement.
- Staffed by a registered or licensed nursing staff:
  - Provide care within the scope of their practice as defined by state law.
  - Are on-site according to the treatment model.
  - Are available 24 hours a day and seven days a week.



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Major Reforms to Congregate, Residential and Group Care (cont'd)

#### QRTP Programs (cont'd)

- Facilitates outreach and engagement of family members in child's treatment plan.
- Must provide discharge planning and family-based aftercare supports for at least 6 months.
- Must be licensed by the State and accredited by at least one of the following:
  - The Commission on Accreditation of Rehabilitation Facilities.
  - Joint Commission on Accreditation of Healthcare Organizations.
  - Council on Accreditation.

There are no time limits for how long a child may be placed in a QRTP as long as the placement continues to meet his/her needs as determined by assessment

States may delay the implementation of this part of the legislation for two years, until September 29, 2021, but if they choose to do so they will delay funding for prevention services for the same length of time. States must notify HHS by November 9, 2018 if they want to delay. (However, this notice is non-binding).



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### Other important provisions

Kinship Navigator Funding

• Provides Title IV-E support for evidence-based kinship navigator programs at 50%, beginning October 1, 2018. Includes kin caring for children who are not in foster care.

Model Licensing Standards for Family Foster Homes

 By April 2019, states must report how their state licensing standards differ from newly established national model licensing standards for family foster homes, and why they differ and report whether or not they waive relative safety standards. HHS is required to issue model licensing standards by October 1, 2019.

Tracking and Preventing Child Maltreatment Deaths

• By October 1, 2018, states must create a plan and fully document the steps it is taking to track and prevent child maltreatment deaths.



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Other Important Provisions (Cont'd)

Recruiting and Keeping Foster Families: Increased Financial Support through 2022

 A one-time, \$8 million competitive grant will be made available through 2022 to support the recruitment and retention of high-quality foster families.



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Other important provisions (cont'd)

- States may extend John H. Chafee Foster Care Independence Program funds for youth up to 23 years of age who have aged out of foster care if that state has extended federal Title IV-E funds to children up to age 23.
- States may also extend education and training vouchers up to age 26, but for no more than five years total.



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**Additional Funding** 

The FY2018 appropriations bill includes the following among the investments for children and families in FY2018:

- Adoption & Guardianship Incentives:\$37 million increase
- Child Abuse Prevention and Treatment Grants: \$60 million increase
- Home Visiting (MIECHV): \$400 million
- Head Start: \$610 million increase
- Early Head Start: \$115 million increase
- Child Care Block Grants: \$2.37 Billion increase
- Final 2019 appropriations bill included another \$20 million for states, tribes and territories to develop, enhance and evaluate kinship navigator programs!



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## State Legislative Responses to FFPSA



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## Legislative Role in FFPSA:

Reach out to your state child welfare agency; they should not make these decisions re: FFPSA in isolation.

□ Set up regular meetings during the interim to discuss FFPSA, assess state needs/concerns, examine potential benefits, implementation issues, costs, oversight, set priorities.

Conveners of Important Stakeholders □ Child welfare, Medicaid, early childhood, courts, education, health and mental health, provider community, university and research partners, and others.

□ Foster youth (including transitioning youth), birth parents, kin caregivers, foster and adoptive parents.

 Educate legislative colleagues, including members of Appropriations, Budget, Health, Education committees, and legislative audit, review, finance and similar departments.



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## Legislative Role:

#### Planning, Implementation and Oversight

Opportunity for long-range planning.

□ Develop a process for planning, implementation and oversight.

□ Encourage child welfare agency to take advantage of guidance released from federal HHS.

□ Critical conversations on prevention: child welfare, Medicaid, Appropriations and Budget committees.

□ Review existing policies, processes, standards.

□ Examine CFSR results, plans in light of FFPSA.

□ Look closely at FFPSA and other timelines.

□ Review best practice in other states.

□ Learn about evidence-based practice.

□ Learn about the accreditation process.



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### State Legislative Response:

## CO 2018 SB 254, Chap. 216 Legislation

1. □ 2018 CO SB 254, Chapter 216: Requires the state department to perform an analysis and cost projections to determine the fiscal impact of FFPSA. Child welfare allocation formulas must support the implementation of promising, supported, or well-supported practices as required by FFPSA.

 Each county must perform analysis of available in-home, family-like and out-of-home placements by July 1, 2019. By July 1, 2020, the department must report to the Joint Budget
Committee on county utilization rates of those placements and provide an analysis of projected federal reimbursement pursuant to FFPSA.

□ Creates a child welfare services task force to analyze laws and rules to ensure alignment with FFPSA.



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# State Legislative Response:

1.□ Senate Human Services Committee established a "Three Branch" work group to address policy, budget and communication needs related to the implementation of FFPSA.

#### OR Family First Implementation and Policy Work Group

- □ Central hub of communication
- □ Collaborate to identify actions for OR to meet requirements of FFPSA
- □ Meets monthly
- □ Staffed by legislative research office staff
- □ In-depth review of FFPSA
- □ Information on accreditation process
- □ Website FFPSA legislation, timelines, meeting agendas, model licensing standards:

https://www.oregonlegislature.gov/gelser/Pages/Family-First.aspx



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## State Legislative Response: WA and HI

1. Washington convened a work session, July 17,2018

2.  $\square$  Included members of Early Learning and Human Services,

Health, Appropriations committees

3. New Department of Children, Youth and Families

4. Medicaid Director

5. Washington State Institute on Public Policy (WSIPP), presented on evidence-based practice.

Hawaii convened an informational briefing June 19, 2018 Child welfare agency, Medicaid agency, other stakeholders



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### Next Steps and Questions for Lawmaker Consideration

1.  $\Box$  Identify what services your state is currently funding.

□ What is the quality of those services? Are they evidencebased?

How will you build up your evidence-based services capacity?

□ What does congregate care look like in your state?

□ What is your foster family capacity? How many are licensed, trained and prepared to accept children? What is your plan to increase capacity?

□ Examine requirements for accreditation.



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- July 9, 2018 Program Instruction (PI) on how to implement the provisions of FFPSA: <u>https://www.acf.hhs.gov/cb/resource/pi1807</u>
- Request for Comments on Proposed Model Family Foster Home Licensing Standards, Comments due October 1, 2018: <u>https://www.federalregister.gov/documents/2018/08/01/201</u> <u>8-16380/notice-for-proposed-model-family-foster-home-licensing-standards</u>



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#### **Contact NCSL**

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#### Resources

NCSL Family First Prevention Services Act webpage: <u>http://www.ncsl.org/research/human-services/family-first-prevention-</u> <u>services-act-ffpsa.aspx</u>

NCSL Child Welfare Webpage:

http://www.ncsl.org/issues-research/humanservices.aspx?tabs=858,51,16#16

California Evidence-Based Clearinghouse for Child Welfare: <u>http://www.cebc4cw.org/</u>