Family First and Beyond: A Mindful Look at Service Children and Families in a Post-Waiver Environment

Goals for the Presentation

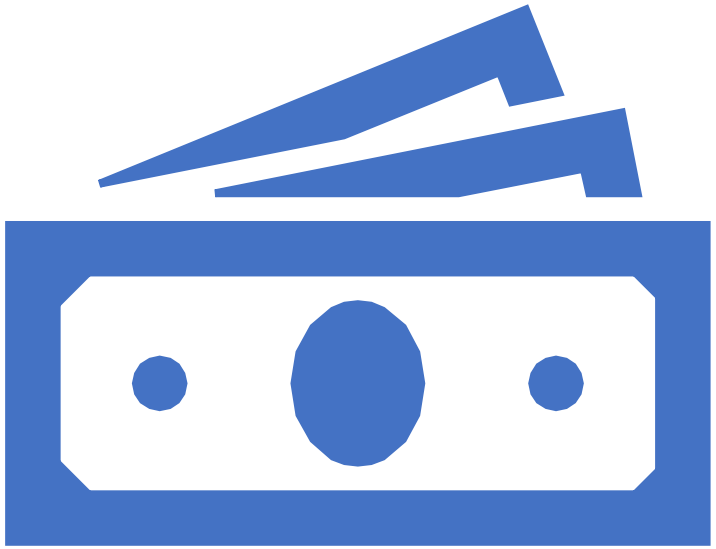
- Overview of FFPSA
- Opportunities and implementation challenges
  - What can counties do to prepare
- Next Wave of Federal Reform
- CA Implementation Efforts
  - How can counties engage

Family First Prevention Services Act: Three Prongs of Child Welfare Reform

Family First challenges states to explore ways to reform the entire continuum of our child welfare system:

- **Prevention:** Preventing abuse and neglect so children never come to the attention of the child welfare system (**not a focus of FFPSA**)
- **Intervention/Preventing Foster Care Entries:** Allowing expanded interventions to stem a family crisis so that children can remain safely at home (**focus of Part I of FFPSA**)
- **Family Placements:** Restricting the number of children placed in congregate care/group homes to ensure that all children in foster care are raised in families (**focus of Part IV of FFPSA**)

Level Setting: Family First and Budget Neutrality



- Family First is not an infusion of new federal funding to states – it's redirecting existing federal funds
    - Family First redirects federal savings currently used to support children in congregate care ($641 million) and delays additional federal funds for the Adoption Assistance program for another six years ($505 million)
        - Estimates that about 70% of the children residing in group settings other than RTFs in 2020 would simply become ineligible for any reimbursement under title IV-E
    - Redirects those federal savings to allowing states to claim federal dollars for prevention services under Part I

Brief Overview of Family First Prevention Services Act

FFPSA: Entitlement for IV-E Prevention Funding for Eligible Populations

- Open-ended entitlement to claim federal dollars for prevention services, but eligibility is restricted to:
  - **Candidates** for Foster Care, Parent(s) or Relatives Caregiver(s) of Candidates for Foster Care – OR – Expectant and Parenting Foster Youth
  - Prevention Services must fall into one of **three categories**: (a) mental health; (2) substance abuse prevention and treatment; (3) in-home parent skills-based programs
  - **Evidenced-Based Program** that is included in the IV-E Prevention Services Clearinghouse AND 50% of all funding on a well-supported program
  - Title IV-E is **payer of last resort**
  - **Per child** claiming
  - Ongoing continuing **evaluation**

Definition of "Candidate"

For purposes of this title, "candidate for foster care" means the following:

- A child who is identified in a prevention plan as being at **imminent risk** of entering foster care, but who can remain safely in the child's home or in a kinship placement as long as services available under the new title that are necessary to prevent the child's entry into foster care are provided
  - Includes a child whose adoption or guardianship arrangement is **at risk of a disruption or dissolution** that would result in a foster care placement

Overview of Congregate Care Changes

- FFPSA cuts off federal IV-E funding after two weeks for children who are placed in congregate care programs, with four exceptions:
    - "Qualified residential treatment programs" (QRTPs)
    - Specialized settings for pregnant or parenting youth
    - Transitional housing programs for youth 18 and older
    - Programs providing support services to CSEC youth
- Limits the number of children that can be served in a "foster family home" to six, unless the home:
    - Allows parenting youth in foster care to remain with their children
    - Allows siblings to live together
    - Allows a child with a meaningful relationship with the family to remain with the family
    - Allows a family with specialized skills to care for a child with a severe disability

	QRTP (federal law)	STRTP (CA law)
Eligible youth	"Children with serious emotional or behavioral disorders or disturbances"	Child meets one of the following: • medical necessity criteria for Medi-Cal specialty mental health services • Assessed as seriously emotionally disturbed • Requires emergency placement • Assessed as needing level of service provided by the STRTP • STRTP has specialized program to serve CSEC, juvenile sex offenders, youth affiliated with a gang
Treatment/ staffing requirement	Licensed or registered nursing staff and other licensed clinical staff who are available 24 hours/7 days a week	• STRTPs must have in good standing a mental health certification • Minimum education/training requirements for staff • Needs and services plan updated every 30 days
Timeline for assessment	Assessment by a "qualified individual" must be completed within 30 days after placement is made, or federal funding will be cut off	Timelines exist for those youth who require an emergency placement into an STRTP. • Within 72 hours of emergency placement, a licensed mental health professional must make a determination that the child/youth requires the level of services and supervision provided by the STRTP. • Within 30 days of emergency placement, the IPC shall make a determination, with recommendations from the CFT, as to whether the STRTP is appropriate.

	QRTP (federal law)	STRTP (CA law)
Who does the assessment?	"Qualified Individual" = trained professional or licensed clinician who is not an employee of the state agency and who is not connected to or affiliated with any placement setting in which children are placed by the state	• Assessment by a mental health professional • Placement decision by Interagency Placement Committee
Court Oversight	Within 60 days of a QRTP placement, juvenile court must: • Consider assessment by the qualified individual; • Determine whether the needs of the child can be met through placement in a family home or, if not, whether placement of the child in a QRTP provides the most effective and appropriate level of care in the least restrictive environment; and • Approve or disapprove the placement	Child of any age must have case plan documenting need for placement into STRTC and if the placement is longer than six months, the placement must be documented pursuant to Section 16501.1(a)(3) and shall be approved by the deputy director or director
Post-Discharge Support	QRTP must provide discharge planning and family-based aftercare support for at least 6 months post-discharge	STRTP must provide for, arrange for, or assist with continuity of care, services, and treatment as child moves from STRTP to home-based family care or to a permanent living situation through reunification, adoption, or guardianship.

QRTPs Classification by Center for Medicaid Services (CMS)

- Federal Center for Medicaid Services (CMS) does not allow “institutions for mental disease” (IMDs) to receive Medicaid funding for most institutional care for individuals under age 65

- IMDs are defined as any “hospital, nursing facility, or other institution of more than 16 beds, that is primarily engaged in providing diagnosis, treatment, or care of persons with mental diseases, including medical attention, nursing care, and related services”

- CMS Guidance

  - “QRTPs may qualify as IMDs if they are primarily engaged in providing diagnosis, treatment, or care of persons with mental diseases including medical attention, nursing care, and related services, and have more than 16 beds”

  - Consistent with current practices, states make an IMD assessment and determination on a facility by facility basis according to CMS’s existing statute, regulation and sub-regulatory guidance

  - Possible solutions: (1) FFP will not be available for room and board costs in QRTPs, unless they are **also certified as PRTFs**; (2) States interested in including QRTPs in their **section 1115(a) demonstrations** will need to determine how best to include stays in QRTPs, recognizing that overall the state will be expected to achieve a statewide average of 30 days as part of these demonstrations

Current Landscape of Implementation

Building on the Success of CCR

- Commitment to the policy that children/youth should live with families
- Enhanced to intercounty collaboration to support children, youth and families
- Build upon the success of the Child and Family Teaming process
- Thoughtful multidisciplinary approach to admission to STRTPs
- Public/private partnership to developing high quality, trauma informed residential programs with integrated mental health services
- Utilizing a continuous quality improvement strategy to make appropriate program modifications as needed

Timeline for Implementation of FFPSA

- States can delay implementation of the congregate care restrictions (Part IV) for up to two years.
    - Latest states can implement is **October 1, 2021**
- If a state chooses to delay, the state's ability to draw down Title IV-E for preventive services under **Part I (prevention services) is delayed for the same period**.

California FFPSA Implementation

- **Assumptions**
  - California will delay implementation until 2021
  - Much of CCR comports with requirements in FFPSA for QRTP services and placements
  - California will need law changes for anything inconsistent between FFPSA and current California law – likely to start working on this in 2020, with additional changes in 2021 session.
- **Broad-based stakeholder group led by CDSS**
  - Has been meeting for about four months
  - Subgroups related to key issues in each part of the new law (prevention, placement, etc.)

Opportunities and Challenges

Transition from Waivers to FFPSA

Transition from Waivers to FFPSA

Services through FFPSA

- Largely directed at the parent
  - Mental Health Counseling
  - Substance Abuse Treatment
  - Parenting Skills Training
- Only available at the point a child is a candidate (not primary prevention)
- Only available if child remains outside of foster care

Services through the waiver

- Primary, secondary and tertiary prevention
- No limitation on the type of services that could be provided
- Could support child in or out of foster care (do not have to stop providing the service just because the child enters care)

San Francisco Example

- Federal revenue is higher with waiver than without
- During Waiver, SF added both staff and CBO Services
  - 27 positions
  - Visitation, Peer Parenting, Wrap Expansion, Emergency FC, Mobile Response, etc.
- Reduced Federal Revenue + Staff/CBO expansion = ~8% of Family & Children's Services Budget

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- Work in progress now:
  - Function by function analysis of staffing needs
  - Review of major contracts and interagency service agreements to answer:
    - What is the efficacy?
    - How much do we really need?
    - Will it be claimable under FFPSA?

Prevention Services

California Key Decision Points: Prevention Services

How to identify those eligible for services?

(1) Substance Abuse

(2) Mental Health

(3) In-Home Skills Based Parenting Programs

Definition of candidacy ?

How do we ensure the capacity to offer the approved services?

Exploring how to leverage community-based organizations such as service providers

Potential Candidates for FFPSA Services (Draft Proposal)

Children (ages 0-17) receiving court-ordered, in-home family maintenance services

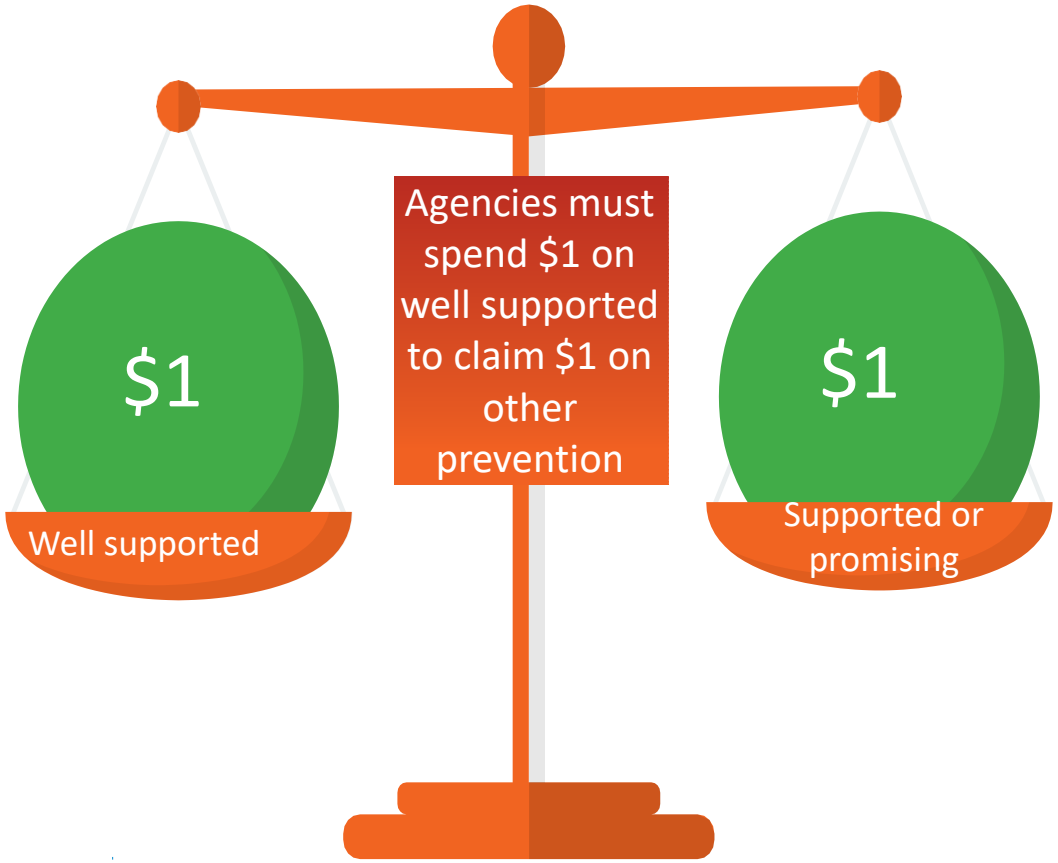
Probation youth who have been identified as likely to enter a IV-E placement without effective substance abuse, mental health, and/or parenting services

Children whose adoption or guardianship is at risk of disruption

Children (ages 0-17) whose state-approved risk assessment score is High or Very High and whose in-person assessment indicates that substance abuse, mental health, and/or parenting services are likely to prevent the need for foster care

Children (ages 0-17) whose state-approved safety assessment indicates the presence of at least one threat to child safety and whose in-person assessment indicates that substance abuse, mental health, and/or parenting services are likely to prevent the need for foster care.

Challenge: FFPSA Only Available for Evidence Based Programs



- Only prevention services that are determined by ACF to meet an "evidence-based" (*promising, supported, and well-supported*) and included in the Prevention Clearinghouse will be eligible for reimbursement.

- States are required to spend at least 50% of the total amount claimed for federal reimbursement for prevention services on "well- supported" programs.

- **9 programs** currently included in the Prevention Clearinghouse -- 6 were determined well-supported.

EBP: IV-E Prevention Clearinghouse

Program Name	Classification	Type of Program	Applicability under FFPSA	Potential Limitations
Families Facing the Future	Supported	Substance Abuse: Parenting and relapse prevention skills; case management/service referral; therapy	Parent receiving methadone treatment w/children or young adolescents who are "candidates for foster care"	Medicaid/Payor of last resort
Functional Family Therapy	Well-Supported	Mental Health: therapy; skill-building for youth and family;	Families - including adoptive families - with 11-18 year old adolescents that have been referred for behavioral or emotional problems by juvenile justice, mental health, school or child welfare systems and are "candidates for foster care"	Medicaid/Payor of last resort
Multi-Systemic Therapy	Well-Supported	Substance Abuse/Mental Health: intensive treatment with targeted interventions promoting pro-social behavior	Families - including adoptive families - with 12-17 year old adolescents that are engaging in delinquent activity or substance abuse, experience mental health issues, and are "candidates for foster care"	Medicaid/Payor of last resort
Nurse Family Partnership	Well-Supported	In-Home Parent Skill-based Program: home visiting program with registered nurses supporting individualized goal setting, preventative health, parenting skills, and education and career planning	Pregnant or parenting foster youth; low-income, first-time mothers from early pregnancy until the child turns age 2	
Parent-Child Interaction Therapy	Well-Supported	Mental Health: therapy on behavior management and relationship skills	Families - including adoptive families - with 2-7 year old children with severe emotional and behavioral problems who are "candidates for foster care"	Medicaid/Payor of last resort
Parents as Teachers	Well-Supported	In-Home Parent Skill-based Program: home visiting program that teaches new and expectant parent skills to promote positive child development and prevent maltreatment	Pregnant or parenting foster youth; new and expectant parents (including those with risk factors i.e. teenage parents, low-income, substance abuse issues, etc.) from prenatal through kindergarten who are "candidates for foster care"	
Trauma-Focused Cognitive Behavioral Therapy	Promising	Mental Health: therapeutic skill-building interventions targeting behavioral health issues stemming from trauma including PTSD; also supports parents in overcoming distress and fostering positive interactions	Families - including adoptive families - with children or adolescents who have experienced trauma and are having PTSD, dysfunctional thoughts/feelings, or behavioral problems and are "candidates for foster care"	Medicaid/Payor of last resort
Healthy Families America	Well-supported	In-Home Parent Skill-based program: home visiting program for new and expectant families with children at-risk of maltreatment	Families with services beginning prenatally or within 3 months of birth, families may be enrolled with a child up to 24 months in age	
Methadone Maintenance Therapy	Promising	medication-assisted treatment that aims to reduce the use of heroin and other opioids for individuals who have an opioid use disorder.	Typically, individuals must be at least 18 years old to receive MMT. However, individuals under 18 may be eligible to receive MMT if they have already had two unsuccessful treatment attempts and they have parent/guardian consent.	Medicaid/Payor of last resort

Title IV-E Payer of Last Resort

If a 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.

Of the 9 programs currently included in the Prevention Clearinghouse, only 2 are not funded through Medicaid

Placements into Congregate Care and Foster Parent Recruitment and Retention

Transition from STRTPs to QRTPs: Opportunities

Evaluate existing eligibility criteria and any potential changes needed to conform with FFPSA

Opportunity to further reduce use of congregate care (BUT, be careful to avoid unintended consequences of youth ending up in higher levels of care)

Who will be the qualified individual?

Fine tune the role of the IPC, CFT and CWS/MH to ensure appropriate placements into congregate care

Nursing Requirement and Aftercare Services

Bring additional resources such as nurses and after care

Court hearing

Ensure adequacy of placement

Challenge: Potential Impact of IMD Issue

If QRTPs are considered IMDs, children and youth would not be eligible for Medicaid reimbursement for their medical and mental health treatment while residing in these placements – which would seriously jeopardize their care

In California, this could impact up to **50 residential care programs** that have more than 16 beds

Almost **2,400 California children** could be impacted – about half of the children and youth in residential care in the state

Challenge: Lack of lower level placement cannot be a reason for congregate care, but recruitment and retention of families remains a need

California's Continuum of Care Reform (CCR)

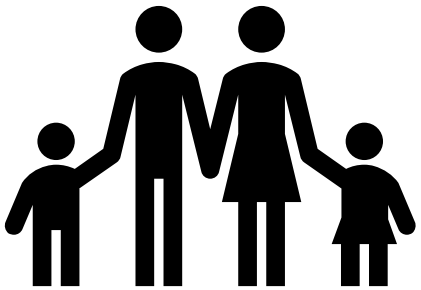
- $130 million in investments just for foster parent recruitment and retention in 3 years
- Total investments of **over $800 million state general fund in last three years** to revise approval system, rate system, child and family teams, equalize supports for kin, and foster parent recruitment and retention

Family First

- $8 million, one-time investment to be distributed across 50 states to recruit and retain foster parents
- No efforts to develop specialized foster homes as an alternative placement for high-needs youth

Kinship Caregivers

Kinship Navigator Programs



Allows states to receive 50% federal matching funds for expenditures on Kinship Navigator Programs

- Such programs exist in law and have been funded by federal Family Connection Grants
- Would also need to meet requirements of a “promising, supported or well-supported practice,” as defined
- Would be available without regard to IV-E eligibility of the child whose caregiver received the services

Where can the child be living while preventative services are provided?

- In the home of the parent(s)
- In the home of kin caregiver until child can be safely reunified
- In the home of kin caregiver who child will live with *permanently*

Due Process Considerations

- Need to be mindful in using prevention plans for children who cannot remain safely at home with a parent to address:
  - Due process for parent and child
  - Ensuring access to the benefits/services that child may need both short and long term if they are outside of the home
- Due process questions to address
  - *Who is ensuring that reasonable efforts were made to avoid the removal?*
  - *Who is making the decision that the permanent home of the kinship caregiver is in the best interest of the child?*
  - *How is it assured that the child is kept safe from the parent when care, custody and control is not transferred to the child welfare agency?*
  - *How is the legal permanency of the child accounted for?*

Service Array:

Prevention vs. Foster Care Placement

FFPSA services available are largely directed at the parent

- Mental Health Counseling
- Substance Abuse Treatment
- Parenting Skills Training

Children in foster care with a relative receive:

- Foster care payments, including adoption assistance and guardianship assistance
- Reunification services
- Case management
- Representation and advocacy by an attorney who is charged with representing the best interest of the child
- Categorical Medicaid eligibility
- Educational supports and rights

FFPSA Creates Two Paths for Youth Living with Kin

	Prevention of Foster Care Through Kinship Care	Placement With Kinship Caregiver Who Meets Licensing Standards
Funding for Caregiver?	**Limited funding** available to support kin caregiver – in most states, TANF is available	**Full foster care funding** – in CA this includes access to specialized care, clothing allowance, infant supplements, etc
Who receives services?	Prevention services **targeted primarily at the bio parent**/home of removal	**Reunification services** offered to the parent while child receives **legal representation** and **case management services**
Duration of services?	Prevention services offered **limited to 12 months**	**No limitation** reunification services while child is in foster care **+ 15 months of post-reunification services**
Permanency options and funding for permanency?	No requirement that the state make a formal placement with the relative if the child is not able to be reunified with the parent – FFPSA allows the prevention strategy to be the **permanent home of the relative without any additional services or funding**	Child is either reunified or can remain with relative through **adoption, guardianship, or as an Fit and Willing Relative** – all options offer **continued funding for kin families (AAP, KinGAP, or continued foster care funding)**
Supports for TAY?	**No eligibility** to receive extended foster care, independent living services, or Education and Training Vouchers	**Eligible** to receive extended foster care (if in care at age 18) independent living skill services (if in care at age 14) or Education and Training Vouchers (if either in care at 16 or adopted/guardianship at 14 or older)
Education rights to promote school stability?	No right to school of origin placements or funding, immediate enrollment, partial credits, etc.	Child has the right to attend their school of origin, the ability to utilize partial credit and immediate enrollment laws – these rights attach to foster care

	Voluntary Placement Agreement - allows children to be placed in foster care with kin prior to court ordered removal	**Prevention Plan - allows children to be moved to relatives' home outside of foster care**
Definition	"'voluntary placement agreement' means a written agreement, binding on the parties to the agreement, between the State agency, any other agency acting on its behalf, and the parents or guardians of a minor child which specifies, at a minimum, the legal status of the child and the rights and obligations of the parents or guardians, the child, and the agency while the child is in placement."	Prevention plan must: (i) identify the foster care prevention strategy for the child so that the child may remain safely at home, live temporarily with a kin caregiver until reunification can be safely achieved, or ***live permanently with a kin caregiver***; (ii) list the services or programs to be provided to ensure the success of that prevention strategy; and (iii) comply with other requirements as the Secretary establishes
Who consents?	Agreement between parent/guardian and child welfare agency	FFPSA is silent on whether Prevention Plan is voluntary
Care, custody and control	Child's placement into a VPA and care, custody and control transfers to child welfare agency	FFPSA is silent on whether the care, custody and control transfers to the state agency
Funding	Children placed in a VPA are eligible for foster care maintenance payments	No funding for children placed with a relative through a prevention plan
Time limits	Limited to 180 days unless there is a judicial determination by a court of competent jurisdiction (within the first 180 days of such placement) that such placement is in the best interests of the child	Prevention plan can be the permanent home of the kin caregiver

California:
Key Decision Regarding Kinship Caregivers

How can we continue and advance the work started through Continuum of Care Reform?

- Ensure kin families are prioritized placement who have immediate and equal access to funding, supports and services including Emergency Caregiver funding
- Child-specific approval for kinship caregivers and extended family members who are unable to be approved as a resource family to care for any child
- Investments in up-front family finding and retention

Can we get clarification from the feds to allow us to utilize VPAs for kin while also claiming IV-E prevention dollars to help rehabilitate the parent so the child can return home?

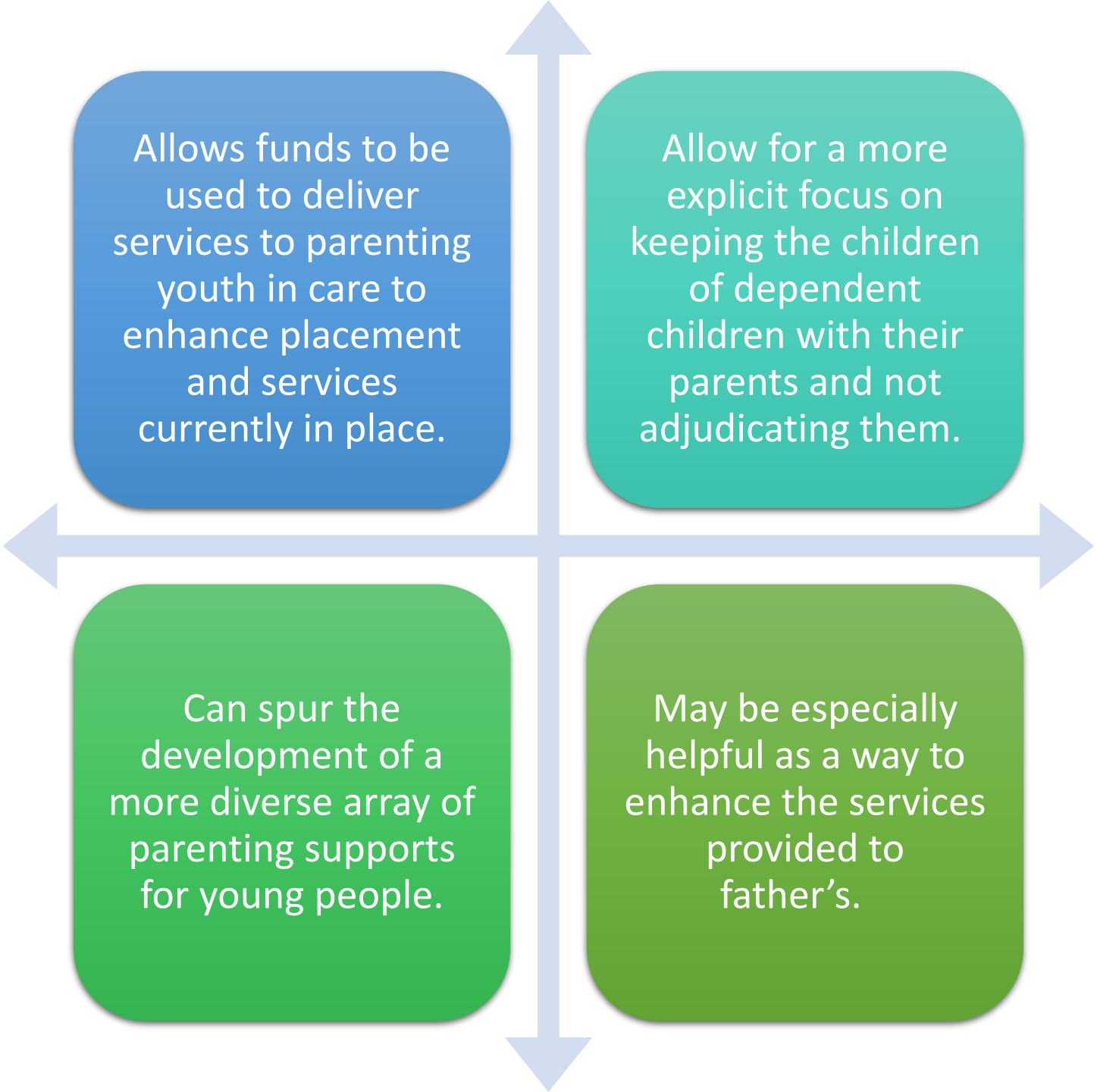
- Voluntary placement with kinship would allow kin placements to access necessary supports and services while also providing prevention services mainly targeted at the parents.

Special Populations

Expectant & Parenting Youth: Opportunity for Primary Prevention

- Opportunity for Prevention: prevention services can serve **any** youth in care who is pregnant (expectant) or parenting (no candidacy requirement)
  - Must be included in youth's case plan
  - Must list services or programs to be provided to or on behalf of child to ensure youth is prepared (in the case of a pregnant youth) or able (in the case of a parenting youth) to be a parent
  - Must describe foster care prevention strategy for any child born to the youth
- Specialized housing: FFPSA cuts off federal IV-E funding after two weeks for children who are placed in congregate care programs, with four exceptions:
  - "Qualified residential treatment programs" (QRTPs)
  - **Specialized settings for pregnant or parenting youth**
  - Transitional housing programs for youth 18 and older
  - Programs providing support services to CSEC youth

Opportunities to Enhance the TAY Service Array for Expectant and Parenting Young People



Programs providing support services to CSEC youth

- THPP programs for 16 – 17 year olds are no longer eligible for federal funding UNLESS they are a specialized setting for EPY or a program providing support services to CSEC

Licensed Residential Treatment Facility

- States can pay for children **to be placed with a parent** in a licensed residential treatment facility for substance abuse if:
  - Recommendation for placement is specified in child's case plan before placement
  - Treatment facility provides, as part of treatment for substance abuse, parenting skills training, parent education, and individual and family counseling
  - Substance abuse treatment, parenting skills training, parent education and individual and family counseling is provided under an organizational structure and treatment framework that is trauma-informed
- Can implement this provision separate from the other prevention services and prior to implementing the new restrictions on group homes/congregate care
- NO requirement that 50% of funds be spent on a well-supported program

FFPSA and Extended Foster Care

Could provide funds for services for a youth who is eligible to re-enter, has treatment needs, and is having challenges with the more traditional placement array and/or is unwilling or not ready to re-enter.

Funds could be used to provide mental health and substance abuse treatment and connect the young person to agency case management through a prevention plan.

This option of service delivery could allow the agency to connect youth who are hard to engage with the system, which could lead to full re-entry or allow for a better transition plan.

This could increase the funding available to serve youth with more complicated needs.

Risks in Using FFPSA to Support Youth Who Would Otherwise Re-Enter

1. **Limitations in Provision of Services.**

Youth with the most complicated needs would likely get more comprehensive services by re-entering foster care so they can have the option of a full array of placement and supports.

2. **Do not Want to Increase Barriers to Re-Entry.**

We see some states creating barriers to re-entry that impact the youth with the most complicated needs. We would not want use of these funds to enhance this risk by creating barriers to re-entry or ways to divert youth from a full service array. Delays may result in additional homelessness and consequently more trauma and exposure to the criminal justice system.

Homeless Youth

Many homeless youth – including those who have suffered abuse and/or neglect – are classified as “runaways” and fail to receive appropriate interventions

FFPSA may also provide any opportunity to leverage federal dollars to provide prevention services to unaccompanied homeless youth suffering from mental health and/or substance abuse challenges

States will need to incorporate this population into their definition of “candidates for foster care”

It will also be important for states to create pathways to foster care for this population if that is in youth’s best interests

Next Wave of Federal Reform and Current Implementation Efforts

Federal Reforms

Family First Transition Act
(discussion draft has been released)

Delay of 50% well-supported requirement

- For Fiscal Years 2020 and 2021: states can claim federal funds for any combination of promising, supported and well-supported programs
- For Fiscal Years 2022 and 2023: 50% must be spent on supported and well-supported programs in combination
- Fiscal Year 2024 and beyond: 50% must be spent on well-supported programs

$500 million one-time increase in Title IV-B funding

- CA anticipated to receive $52.8 million

Waiver jurisdiction bridge funding:

- For FY 2020: Guaranteed 90% of maximum amount payable as specified in waiver agreement
- For FY 2021: Guaranteed 75% of maximum amount payable as specified in waiver agreement

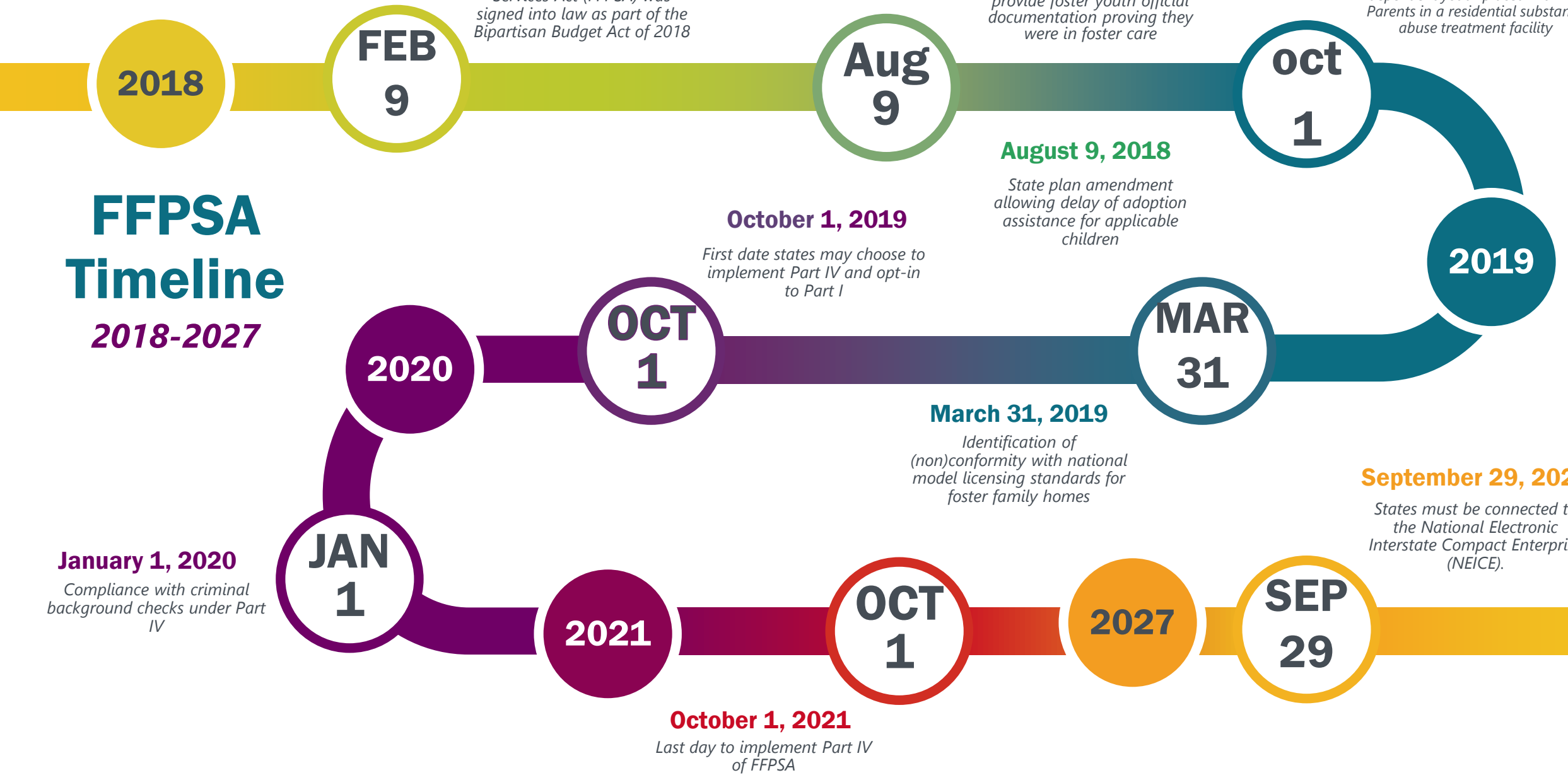
Amendments Sought to FFPSA

- Funding for evaluation and identification of EB Prevention Programs
- Increased funding for foster parent recruitment and retention
- Clarify that states can use prevention funds and VPAs simultaneously to support caregivers and reunification efforts
- Clarify IMD issue

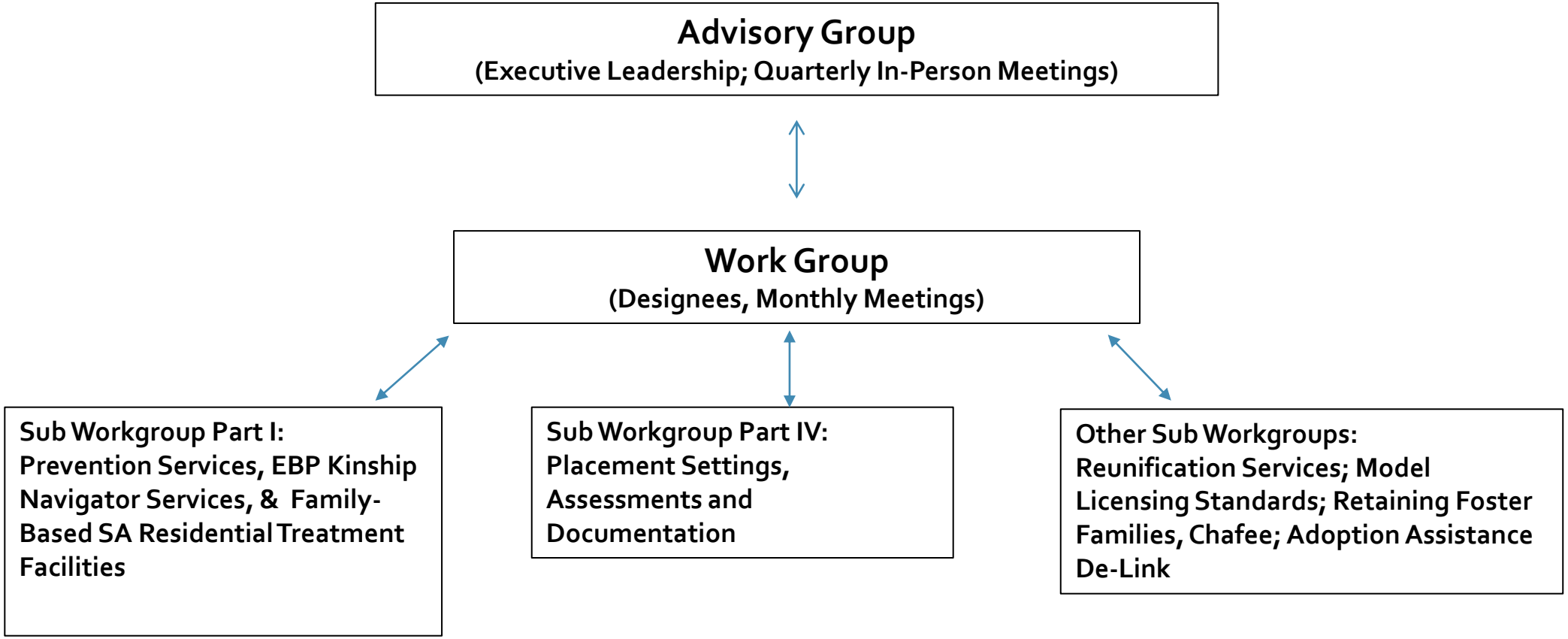
California Implementation Framework

FFPSA Timeline

2018-2027



FFPSA Engagement Group




QUESTIONS?