



# **Family First Prevention Services Act (Family First)**

Analysis and Implications for Iowa

November 29, 2018

# Overview

## ***Children do best in families!***

Family First will restructure how the federal government spends money on child welfare to improve outcomes for children:

- Prevent the need for removal through evidence-based family preservation services
- If removal is necessary, placement in this order:
  - Relative or fictive kin
  - Licensed Foster Family
  - Institutional care (for treatment only)
- All possible strategies for keeping children with their families, or in family settings, must be explored.

# Structure of Family First

- Part I:** Prevention Activities under Title IV-E
- Part II:** Enhanced Support Under Title IV-B
- Part III:** Miscellaneous
- Part IV:** Ensuring the Necessity of a Placement that is not in a Foster Family Home
- Part V:** Continuing Support for Child and Family Services
- Part VI:** Continuing Incentives to States to Promote Adoption and Legal Guardianship
- Part VII:** Technical Corrections
- Part VIII:** Ensuring States Reinvest Savings Resulting from an Increase in Adoption Assistance

# Prevention Activities Under Title IV-E (Part I)

## **Services Eligible for Federal Financial Support:**

- Mental health, substance abuse prevention and treatment services provided by a qualified clinician
- In-home, parent skill-based programs that include parenting skills training, parent education, and individual and family counseling
- Evidence-Based Kinship Navigator Program

## **Eligible Population and Criteria:**

- A child who is at imminent risk of entering foster care, but can remain safely at home or in a kinship placement with receipt of services or programs
- A child in foster care who is pregnant or parenting
- A child with parents in a residential treatment facility for substance abuse

## **Quality of Service:**

- The services described under 'eligible services' cannot be more than 12 months in duration
- Organizations providing eligible services must be Trauma-Informed
- Service must be a Promising, Supported or Well-Supported Practice

# Part I: Additional Requirements

## **State Shall:**

- Report to HHS data on children receiving these services – including duration, expenditures and outcomes
- Include in the State's IV-E Plan an explanation on how Foster Care Prevention services will improve specific outcomes
- Conduct periodic Risk Reassessments to determine effectiveness of service plan
- Report on how fidelity of services is ensured and how children and caregivers are determined to be eligible
- Submit a comprehensive report on steps the State is taking to support a competent and professional child welfare workforce to deliver trauma-informed and evidence-based services
- Provide a description of how caseload size for prevention caseworkers will be determined, managed, and overseen

## **Fiscal Implications:**

- Maintenance of Effort is determined by the state foster care prevention expenditures for the FFY14, FFY15 or FFY16 (whichever the State elects)
- Begins October 2019 and ends in September 2026.
- Rate of federal reimbursement is 50% for eligible expenditures for the Foster Care Prevention program and Kinship Navigator Program - for 100% of kids.

# Ensuring the Necessity of a Placement that is not in a Foster Family Home (Part IV)

**What is Different:** Limitations on federal financial participation for placements that are not in foster family homes. Designed to discourage use of institutional care settings.

## **Services Eligible for Federal Financial Support:**

- The setting is a Qualified Residential Treatment Program (QRTP)
- Specialized setting for prenatal, post-partum and parenting program for youth
- Supervised independent living for youth 18+yo
- Residential care for youth found to have been, or at risk of, being sex-trafficked

## **Eligible Population and Criteria:**

- A child whose who has been clinically assessed using an evidence-based and validated tool approved by HHS and determined:
  - specific short-term and long-term mental and behavioral health goals cannot be met in a family or family-like setting
  - the setting will provide the least restrictive environment and most appropriate level of care

# Part IV: Definition of a QRTP

## **Quality of Services:**

- Has a trauma-informed treatment model designed to address clinical needs of children with serious emotional or behavioral disorders or disturbances
- Program must be able to meet the treatment needs identified in the assessment needed for placement
- Must have a registered or licensed nursing staff on-site according to the treatment model identified and are available 24/7
- Facilitates outreach to known family members, including siblings, document outreach and keep records on all known biological family and fictive kinship and must include documented family members in treatment as appropriate
- Document how family members are included in the treatment process, including post-discharge
- Provide family-based aftercare support for 6-months post-discharge
- Accredited by CARF, COA or JCAHO
- Means an institution with no more than 25 children

# Part IV: Eligibility for the QRTP

## **State Shall:**

- Arrange for a ‘qualified individual’ to conduct the required clinical assessment
- Ensure every child approved for a QRTP has a family and permanency team that works in conjunction with the qualified individual conducting the assessment
- Have qualified individual conducting the assessment specify - in writing - the reasons why the needs of the child cannot be met in a family or family-like setting
- Arrange for the qualifying assessment within 30 days of referral to the QRTP
- Within 60 days from the start of placement in a QRTP, have a judge review the assessment, case plan, treatment goals and permanency plan in approving or disapproving the placement

## **Who is a ‘qualified Individual’ tasked with conducting the assessment?**

- Must be a trained professional or licensed clinician
- Cannot be an employee of the state
- Cannot be an employee of, or affiliated with, any placement setting

# Part IV: Additional Considerations

- Child specific reporting from the State Director to the Secretary for every youth in a QRTP according to age and length of time benchmarks
- Training is required for Judges and other legal personnel involved in child welfare cases on Federal child welfare policies and payment limitations for children in foster care placed in settings that are not family or family-like
- States must certify that policies and procedures will not be enacted that will result in a significant increase in the juvenile justice population
- The GAO shall study the impact of Family First on the juvenile justice system
- The Secretary shall study effectiveness of policies and procedures to ensure misdiagnosis are being prevented
- Staff in congregate care settings shall have national finger-print checks, criminal record and registry checks

## Fiscal Implications:

- QRTP requirements go into effect on October 1, 2019 – although states can request up to a 2-year delay
- If the assessment determines a clinical need does not justify placement in the QRTP, FFS for foster care maintenance can be received for 30 days after the determination is made, while a family or family-like placement is arranged

# Enhanced Support Under Title IV-B (Part II) Miscellaneous (Part III) and Technical Corrections (Part VII)

**What is Different:** IV-B dollars used for family reunification are not tied to specific timeframes and when a child returns home services are an eligible IV-B expense for 15 months.

## States Shall:

- Develop an interstate case processing system to expedite the interstate placement of children in foster care, guardianship and/or adoption.
- Develop of a statewide plan to prevent child fatalities
- Update IV-B State Plan requirements related to activities to address developmental needs of children younger than 5

## HHS shall:

- Improve licensing standards for placement into family foster homes
- Identify required data exchanges, include specification and timing of exchanges to be standardized, and address the factors used in determining whether and when to standardize data changes
- Continue to offer grants to improve well-being of families affected by substance abuse via the Regional Partnership Grant

# Continuing Support for Child and Family Services (Part V)

**What is Different:** Increase funding flexibility to better support youth aging out of foster care

## States:

- **May** extend Chafee services to youth who've aged out, up to 23yo, if State has certification that it extended foster care to 21 or DHHS certifies State provides comparable services utilizing state funds
- **Shall** ensure services supporting youth 14+ include post-secondary education support, opportunities to practice daily life skills, change focus from training and employment to ensuring child has connections with a caring adult and child experiences normalcy and age/developmentally appropriate activities similar to peers

## HHS shall:

- Extend ETV eligibility from 23yo to 26yo - funding restricted to 5 years
- Make available, up to \$8M in competitive grants, to support the recruitment and retention of high-quality foster families
- Permit PSSF to support recruitment and retention of foster families

# Ensuring States Reinvest Savings Resulting from Increase in Adoption Savings (Part VIII)

- Delay of adoption assistance phase-in until 2025
- GAO study and report on state reinvestment of savings resulting from increase in adoption assistance
- Reauthorizes adoption and legal guardianship incentive programs (Part VI)