Family First Prevention Services De-funding Act

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Utah Youth Village

- Non-profit - www.youthvillage.org
- Five small parent-based group homes
- Twenty-five treatment foster homes
- In-home services to 480 families this year
- Private Pay campus – social entrepreneurship
  – www.alpineacedmey.org
- Web site to share Teaching-Family Model with the World
  – www.smarterparenting.com
Teaching-Family Model

• As a milieu-wide treatment approach, “The Teaching-Family Model is probably the most described and researched residential care model in the literature.” Ingrid James, Therapeutic Residential Care for Children, pg. 149 (2015)

• www.teaching-family.org
Teaching-Family Model

- Strengths-based
- Trauma sensitive
- Aimed at first changing the adults in a youth’s life in whatever setting
- Delivered through direct service providers:
  - Group home live-in parents – “Family Teachers”
  - Treatment foster parents
  - Natural parents – in-home services
Short Video re: the History of Teaching-Family Model

- Go to: www.smarterparenting.com/team/
- Scroll down to video under: “We use the Teaching-Family Model”
UYV’s Initial Impact on FFPSA’s language

• Definition of “foster care:”
  – Allow for professional foster homes
  – Allow non-home owners to qualify as foster parents

• Definition of “evidence-based:”
  – Avoid requiring randomized clinical trails (RCT)
  – Allow quasi experimental designs (QED)
  – Define “evidence-based” in detail – don’t leave to DHHS
Utah Youth Village Group Homes

- Married couple
- Six or fewer youth
- Use of wrap-around support staff
- Functions like a home
- Able to take more behaviorally difficult children typical of residential care
- Licensed as residential care
Children’s Bureau’s Opinion

• “Based on my read of what you have outlined below, this type of therapeutic foster home setting (with foster parents as paid employees of the agency, etc.) would meet the definition of a foster family home per the Family First Legislation and is claimable as long as the other requirements prescribed by the law are met.” Jennifer Bradburn (ACF – Region 5) January 16, 2019
Changes in law/rules in Utah: Typical Challenges for Most States

• Allow foster parents to derive their primary income from foster parenting.
• Allow up to six youth in a professional foster parent home.
• Create a licensing category for professional foster parenting.
Utah’s Result

• Utah’s DCFS fearful of legislative pushback on $200+/day foster care category in last session
• Hard to do new licensing category in same year as Utah opts into FFPSA
• We are on QRTP track for this year
• UYV will continue to seek professional foster parent status
FFPSA’s Initial Intent

• Change national child-welfare policy
  – Functionally eliminate federal funding of residential care
  – Increase federal funding for prevention services to keep youth out of state custody and specifically residential care
Changes Necessary to Make FFPZA Passable

• Strong “evidence-based” requirement to satisfy the Congressional Budget Offices assessment of the potential financial impact of the Act

• Lots of other changes – a bit of sausage effect
Utah Youth Village’s Families First Service

• We had the name first – 1993
• Teaching-Family Model/Home Builders based
  – Can prove fidelity - www.teaching-family.org
• Specialist is in home 6-10 hours/week for 10 weeks
• Focus on changing parenting –
• We will serve 480 families this year
• Have a 150 family waiting list of non-state referred families – charity funded by UYV
UYV’s Families First In-Home Program

• Costs around $6,500 per family – 1/3rd of clinical cost
• In all rural areas of Utah – impossible clinical
• Averages 27 point drop on youth Y-OQ scores
• Scores in the top 3% nationally for the CPC
  – EVIDENCE-BASED CORRECTIONAL PROGRAM CHECKLIST
Evidence-Based Correctional Program Checklist (CPC 2.0)
“Research conducted by UCCI indicates that programs that score in the Very High Adherence categories look like programs that are able to reduce recidivism. “

Skill-based in-home programs have greatest potential for keeping kids out of the system

A 2007 randomized controlled study regarding suicide prevention by Doug Gray, MD, in which Families First was a treatment component, demonstrating a sustained effect at six months. Gray, D., Dawson, K. L., Grey, T. C., & McMahon, W. M. (2011), The Utah Youth Suicide Study: Best practices for suicide prevention through the juvenile court system, *Psychiatric Services, 62*(12), 1416–1418.


FFPSA Prevention Dilemmas and My Recommendations

• Academic practice does not necessarily support good national child-welfare policy

• In-home practices for older children have very little evidence in the literature:
  – No low hanging fruit – “well-supported”
  – 50% “well-supported” deadline for IV-E prevention funding is 6-7 years too early
RCT’s and In-Home Services

- All in-home services are government funded
  - No corresponding private sector like substance issues mental health counseling
- RCT’s by definition are arbitrary/random and cause the governments to treat citizens differently in a government funded program
  - 14th Amendment?
- States will reject RCT’s: Immoral, Un-ethical
  - In-home services vs. control group of treatment as usual
- RCT really difficult to do in “usual care or practice setting” because of the high number of compounding factors
Prevention Services Clearinghouse Recommendation

• For in-home services for families with youth 6-17, the expectations for “Support of Causal Evidence” needs to be adjusted: For example: Quasi-Experimental Design should be considered – “High”

• There needs to be some practical adjustment in the “proof” expectations for FFPSA for in-home prevention services
Skills Base In-Home Services for Older Children

• No programs yet that are “well supported”
• May take 3-5 years to get a few through the Prevention Services Clearinghouse
• Will then take years to replicate in other states
• Let States experiment with “promising” and “supported” evidence-based in-home services from any clearinghouse
  – States should receive prevention funds while the these programs are working up to “well-supported” – looks likely
  – Delay the 50% “well supported” requirement until 2026
• **Well Supported:** Functional Family Therapy; Multisystemic Therapy; Nurse-Family Partnership; Parent-Child Interaction Therapy; Parents as Teachers;

• **Supported:** Families Facing the Future

• **Promising:** Trauma-Focused Cognitive Behavioral Therapy

• **Doesn’t meet criteria:** KIN-Tech: Multisystemic for Abuse and Neglect;

• *Support for Patients and Communities Act* may functionally remove these from the “well-supported” $ total.
Recommendation to States

• Support the *Family First Transition and Support Act of 2019* - currently introduced in the Senate and the House

• FFPSA’s “evidence-based” definition is flawed. Urge Congress to fix the standards to be more realistic, considering the difficulty of proving in-home prevention services
Advice to the Children’s Bureau

• Broadly construe the language of FFPSA:
  – To promote experimentation and implementation of practices in the States
  – In spite of the academic tradition of some of the words in FFPSA with a lot of history

• The Children’s Bureau has punted on this issue.
Smarterparenting.org

• Sharing the Teaching-Family Model with the World -- FOR FREE

• Used widely by professionals in the field:
  – In home service providers
  – Foster System supervisors
  – School Administrators
  – Pediatrician referrals