Family First Prevention Services Act Opportunities

June 12, 2018
What are the problems that Family First tries to solve?

Figure 1: Children in Foster Care

More than 4 IN 10 children in group home placements have no mental health diagnosis, medical disability, or behavioral problems that would warrant such a restrictive setting.

Group placement costs 7 TO 10 TIMES the cost of placing a child with a family.

Figure 1: Annie E. Casey Foundation, http://www.aecf.org/blog/americas-foster-care-population-grew-for-third-straight-year/

Figure 2: Annie E. Casey Foundation, http://www.aecf.org/m/resourcedoc/aecf-EveryKidNeedsAFamily-2015.pdf
**What does Family First do?**

**Prevention Services**
- ✓ Child is identified as a candidate for foster care
  - ✓ at imminent risk for removal from family or at risk of adoption/guardianship disruption
  - ✓ in prevention plan
- ✓ Child in foster care who is pregnant or parenting
- ✓ Prevention plan authorizes prevention services
  - ✓ Mental Health prevention and treatment
  - ✓ Substance Use Disorder prevention and treatment
  - ✓ In Home Family Support
  - ✓ Maximum of 12 months
- ✓ The prevention services have an evidence base
  - ✓ Well-supported
  - ✓ Supported
  - ✓ Promising
- ✓ The prevention services are provided under a Trauma Informed framework
- ✓ A Maintenance of Effort Requirement is met
- ✓ Coordination with other relevant agencies occurs

**Qualified Residential Treatment Program**
- ✓ Independent assessment must be conducted and documented in the treatment plan within 30 days of the placement is made stating the need for this type of placement.
- ✓ Documentation of continued need for placement must be submitted in every status hearing or permanency hearing
- ✓ The program has:
  - ✓ Trauma Informed treatment model
  - ✓ Registered or Licensed Nursing and Clinical Staff available on call
  - ✓ Licensed according to state standards and Accredited by CARF, JCAHO, COA, etc.
  - ✓ Discharge Planning and Family-Based Aftercare Support for at least 6 Months
- ✓ Family members must be engaged in a child's treatment, if in their best interests and outreach and engagement of family, including siblings, must be documented.
- ✓ If the child is in a QRTP for a length of stay more than 12 consecutive months or 18 nonconsecutive months, or when a child under age 13 has a length of stay of more than 6 consecutive or non-consecutive months, the State agency must submit to HHS:
  - ✓ The most recent versions of case plan documentation, and
  - ✓ The signed approval by the head of the State agency for continued placement.
What is the work ahead?

- New processes and procedures for prevention and for QRTP
- State law changes, State plan amendments
- Reporting Changes
- CCWIS/Technology changes
Implementation Timeline

Federal HHS will release guidance on the practice criteria required for the prevention services or programs, and a pre-approved list of services and programs that meet the requirements of promising, supported, or well-supported practices.

States will be required to document in their state plans for Title IV-B Child Welfare Services the steps they are taking to track and prevent child maltreatment fatalities.

State plans must be updated with additional information regarding foster family licensing.

States can begin claiming for prevention services at 50% federal reimbursement rate, unless congregate care provisions are delayed.

Last date for limitations on claiming Title IV-E for congregate care will take effect.

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GAO will submit to Congress a study evaluating the impact on the juvenile justice system resulting from the new restrictions on federal reimbursement for children not placed in a foster family home.

States will need to use an electronic interstate case-processing system for exchanging data and documents to help expedite the interstate placement of children in foster care, adoption or guardianship. U.S. territories, Indian tribes, tribal organizations and tribal consortiums are exempt from this requirement.

Jan 1 2018

Oct 2018

Oct 2018

Oct 2018

Oct 2018

Apr 2019

Oct 2019

Oct 2019

Oct 2021

Oct 2021

Dec 2025

Oct 2026

Oct 2027

Federal HHS will publish model foster family home licensing standards

States can begin claiming for kinship navigator program

Eligibility changes for children placed with parents with substance use disorder.

States are required to have procedures for criminal records checks and checks of child abuse and neglect registries to be carried out on any adult working in group care settings where foster children are placed.

Limitations on claiming Title IV-E for congregate care are take effect. States can request a delay of up to 2 years.

States will need to include in their state plan a certification assuring that the state will not enact or advance policies or practices that will result in a significant increase in number of youth in the juvenile justice system because of the new restrictions on federal reimbursement for children not placed in a foster family home.

HHS will establish national prevention services measures, based on the data reported by the states, on certain indicators to measure the impact of and expenditures for the prevention services. This will be repeated annually thereafter, and reports on the state data made public.

Prevention services will be reimbursed at the Federal Medical Assistance Percentage (FMAP).
Regret Minimization Framework

In X years, will I regret not doing this?

Yes  (Do It!)

No   (Don’t Bother)
Don’t wait to make your first moves:

**Identify** who’s in charge

**Align** the requirements with your vision

**Create** an implementation plan
In your folder:

- Family First Prevention Services Act Summary (detailed)
- ACYF Information Memorandum ACYF-CB-IM-18-02
- Are you ready to implement the Family First Prevention Services Act?
- Implementation Timeline