# Family First Implementation

Investing In Prevention and Family Services
Prevention Activities Under Title IV-E
December 6, 2019



## Title IV-E Funds

- ✓ Allows states the option to use Title IV-E funds to provide prevention/intervention services and programs for up to 12 months, without regard to the Aid to Families with Dependent Children (AFDC) link, beginning October 1, 2019 (federal Fiscal year 2020)
  - Eligible services include evidence-based
    - Mental health prevention and treatment services
    - Substance abuse prevention and treatment services
    - In-home parent skill-based programs



# Who is eligible for Prevention and Family Services under Title IV-E?

- ✓ A child who is a candidate for foster care who can remain safely at home or in kinship and identified as being at <u>imminent risk</u> of entering foster care
  - Including a child whose adoption or guardianship arrangement is a risk of a disruption/dissolution and includes post-reunification services
- ✓ A child in foster care who is pregnant or parenting
- ✓ Parents or kin caregivers where services are needed to prevent the candidate for foster care from entry into care



### **Prevention Services**

- ✓ Services and programs must be trauma-informed and be classified as "promising", "supported", or "well-supported" similar to an evidence structure developed by the California Evidence-Based Clearinghouse for Child Welfare
  - 50% of the expenditures reimbursed must meet the requirements for well-supported practices starting in Fiscal Year (FY) 2020
- ✓ Title IV- E Prevention Service Clearinghouse
  - https://preventionservices.abtsites.com/



## **Family First Transition Act**

- ✓ Possible Phase-In of 50 percent 'Well-Supported" Requirement for Prevention Services Reimbursement
  - Delay this requirement for two years (through FY 2021),
  - Allow spending on both "supported" and "well supported" programs to count toward that 50 percent requirement in FYs 2022 and 2023.
  - In FY 2024, the requirement that 50 percent of claims be for well supported programs would resume.

# Title IV-E Clearinghouse

| Well-Supported                      | Supported                  | Promising                                      | Does Not Meet Criteria   |
|-------------------------------------|----------------------------|--|--|
| Functional Family Therapy           | Families Facing the Future | Methadone Maintenance<br>Therapy               | Children's Home Society of NJ Kinship Navigator Model                      |
| Healthy Families America            |                            | Trauma –Focused Cognitive<br>Behavioral Theray | Kinship Interdisciplinary<br>Navigation Technologically-<br>Advanced Model |
| Motivational Interviewing           |                            |  | Multisystemic Therapy for Child Abuse and Neglect                          |
| Multisystemic Therapy               |                            |  |  |
| Nurse-Family Partnership            |                            |  |  |
| Parent-Child Interaction<br>Therapy |                            |  |  |
| Parents as Teachers                 |                            |  |  |



## The Clearinghouse

#### Working list of the next programs and services planned for systematic review include:

- ✓ Attachment and Biobehavioral Catch-Up
- ✓ Brief Strategic Family Therapy Child Parent Psychotherapy
- ✓ Family Behavior Therapy
- √ Homebuilders
- ✓ Incredible Years
- ✓ Interpersonal Psychotherapy
- ✓ Multidimensional Family Therapy
- Nurturing Parenting
- ✓ Ohio's Kinship Supports Intervention/ProtectOHIO
- √ SafeCare
- ✓ Seeking Safety
- ✓ Solution Based Casework
- ✓ The Seven Challenges
- ✓ Triple P Positive Parenting Program
- ✓ YMCA Kinship Support Services, YMCA Youth and Family Services of San Diego County

and Families a National Priority

# State Plan Requirement

- ✓ To draw federal funding, the state must include as part of their state plan a prevention services and programs plan that includes:
  - How providing services and programs specified is expected to improve specific outcomes for children and families
  - How the state will monitor and oversee the safety of children who receive services/programs, including through periodic risk assessments while services and programs are provided
  - The services and the programs to be provided and for which target populations



# State Plan Requirement

#### **Continued**

- Implementation of services or programs and continuous monitoring
- The training and support for the child welfare workforce to be qualified to competently assess, access, deliver, and evaluate the continuing appropriateness for the trauma-informed and evidence-based services or programs being provided
- The oversight and management of the caseload size and type of prevention caseworker consistent with the evidence-based practice models



### **Federal Reimbursement**

- ✓ Federal match for prevention services and programs will be phased in at:
  - 50% to states beginning October 1, 2019 through September 30, 2026 (FY 2020-FY 2026)
  - Federal Medicaid Matching Rate beginning October 1, 2026 (FY 2027)
- ✓ State plan must include a well-designed and rigorous evaluation strategy for promising, supported, or well supported practice
  - HHS can waive this requirement for states



#### **Data Collection**

- ✓ States must collect data and report to HHS on the following information for each child (or adult receiving on the child's behalf) receiving prevention services or programs:
  - The specific services and programs provided and the total expenditure per services or programs
  - The duration of services or programs provided
  - The child's placement at the beginning and end of 12 months of service, and if the child enters foster care within 2 years after being determined a candidate for foster care



#### **Data Collection**

#### **Continued**

- ✓ States that elect to provide prevention services or programs will have to collect and report to HHS the following measures annually, beginning FY 2021:
  - Percentage of candidates for foster care who do not enter foster care within the 12 month period after prevention services or programs are provided
  - The total amount of expenditures for the prevention services or programs per child



### Prevention Activities Application to Tribes

- ✓ Allows for tribes with a Title IV-E program to include a prevention component in its IV-E plan
  - HHS to specify the requirements and performance measures applicable to a tribe offering Title IV-E prevention services and programs that must permit cultural adaptation and context of the tribal communities



### **Benefits**

- ✓ States will have other ways of addressing safety issues for children - Removal to access funding no longer only option
- ✓ Families and kin caregivers can receive services to prevent
  a child from going into foster care
- ✓ States/Counties and Tribes along with their provider community can now have more of a prevention focus and support children in their own homes with their family or with their kin help minimize much of the trauma created through removal and children having to live outside of their families
- ✓ Help build capacity of community based services and programs that has long been recognize as a significant issue



### **Benefits**

- ✓ The child welfare community will be using the research to inform the way they do their work
- ✓ Children and families will actually be receiving services and programs that achieve specific outcomes that are relevant to the issues that they are dealing with (50% need to be wellsupported)
- ✓ The funds can be used for post-reunification services and to support adoption and guardian assistance both of which are specific groups where there was definite need for funding to cover these kinds of services and programs
- ✓ The states will have more flexibility to leverage existing services and programs (that are well-supported, supported and promising) that are being provided (funded through other sources in order to get economies of scale)

# Challenges

- ✓ District of Columbia Approved plan by HHS
- ✓ Which of those does the State/county already contracts for or will choose to contract for?
- ✓ Are provider(s) are already providing these and/or what is the level of effort needed to be able to do so? How will states support their provider community in being able to provide these services?
- ✓ The capacity of the developers of the programs to be able to support a large number of providers (at the same time) who will want to get trained in the model and receive the required TA support to implement to fidelity in order to get the outcomes the model is known to achieve.
- ✓ How will adaptations be handled?
  - Will HHS allow for this?
  - Will the specific program developer allow for this?

### **Family First Transition Act**

#### **States with Expiring Waivers**

- ✓ Temporary grants to 22 states, the District of Columbia, and one tribe with expiring waivers if they face a significant loss of funds as they transition away from child welfare waivers.
- ✓ The grants would be provided separately from IV-E reimbursement, to make up a portion of the difference between what the state received in IV-E reimbursement and the temporary guarantee level.
- ✓ Specifically, any state or jurisdiction with a waiver ending would be guaranteed to receive the following:
  - In FY 2020, not less than 90 percent of the amount they negotiated to receive under their waiver for FY 2019; and
  - In FY 2021, not less than 75 percent of the amount they negotiated to receive under their waiver for FY 2019



## **Family First Transition Act**

# **Transition Funding to Help States Implement Family First**

- ✓ Provide states with a total of \$500 million in one-time, flexible funding to support their implementation of FFPSA and reduce any adverse fiscal effects due to startup costs, waiver transition, and improving foster care safety and quality.
- ✓ After a 3 percent set-aside for tribes, the funding would be distributed, without a match or any other reservations, using the same formula as is used to distribute Stephanie Tubbs Jones Child Welfare Services funding



### **CONTACT INFORMATION**

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