

FFPSA: An early look at what it means for Alaska



Overview of Family First Prevention and Services Act

- ▶ This is the most significant federal child welfare legislation in decades with potential to have enormous impact on children and families
- ▶ It makes substantial changes to federal child welfare financing - new opportunities for reimbursement, new restrictions on reimbursement
- ▶ It also places many new requirements on state child welfare agencies
- ▶ Reforms may require state legislative and regulatory changes

The FFPSA is primarily focused on two areas, investing in prevention and prioritizing family based placement

- ▶ FFPSA invests in prevention and family services by providing:
 - ▶ An open-ended entitlement for reimbursement of state expenditures on evidence-based programs and services to prevent need for foster care
 - ▶ Ongoing monitoring and data collection
 - ▶ 50% of programs must be highest level of EBP
- ▶ FFPSA ensures that non-foster family placement is only for short term treatment by:
 - ▶ Eliminating the federal reimbursement for non-therapeutic group homes
 - ▶ Requiring significant quality assurance restrictions on eligible residential treatment programs

FFPSA ensures the necessity of a placement in residential care settings

- ▶ Eliminates federal reimbursement for non-family foster homes after 14 days unless a child is in:
 - ▶ A Qualified Residential Treatment Program (QRTP)
 - ▶ A setting specializing in providing prenatal, post-partum or parenting supports for youth
 - ▶ A supervised setting for youth ages 18+ who are living independently
 - ▶ A setting providing high-quality residential care and supportive services to children who have been or at risk of being sex trafficking victims

What is a Qualified Residential Treatment Program (QRTP)?

- Has a trauma informed treatment model and a registered or licensed nursing and other licensed clinical staff onsite;
- Requires a 30 day assessment by a 3rd party clinician;
- Requires a 60-day Court Approval to determine whether the needs of the children could be met in a foster family home or if the QRTP is the most effective level of care;
- Requires a Family and Permanency Team for outreach and engagement of the child's family in the child's treatment plan

Residential Treatment Program Requirements, Continued:

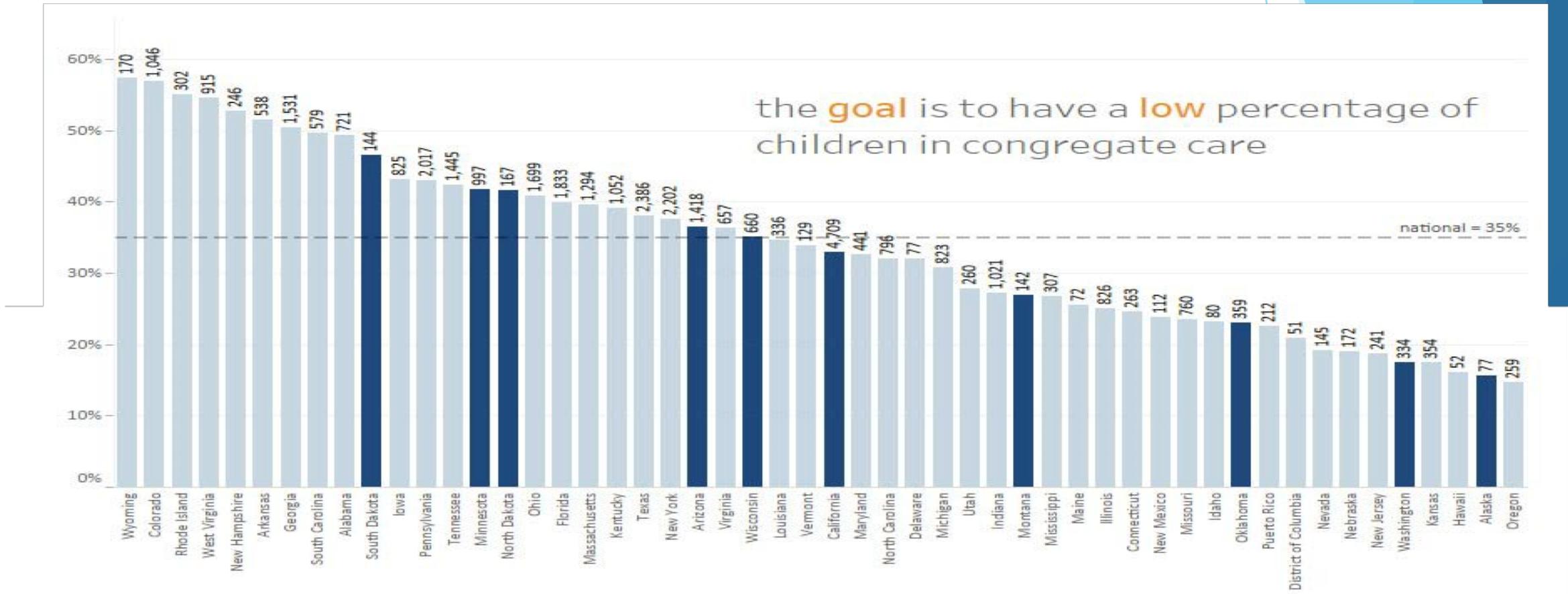
- Provides discharge planning and family-based aftercare supports for at least 6 months;
- Case Plan Requirements;
- Ongoing Review and Permanency Hearing requirements;
- Licensed and accredited

There are no time limits on how long a child or youth can be placed in a QRTP as long as the placement continues to meet his/her needs as determined in assessment.

Ensuring Appropriate Placements in Foster Care

- ▶ The new requirements are intended to reduce State reliance on residential care settings for youth in foster care.
- ▶ Alaska's percent of foster children in residential care is the second lowest in the nation.
- ▶ States can choose to not claim maintenance costs for youth in non-qualifying QRTP's after two weeks, this will have an impact on general fund spending.

Percent of teens (13-17 years of age) in residential care on 09/30/2016



Blue bars represent top 10 states with highest number of Native American/Alaska Native children

FFPSA invests Title IV-E dollars in prevention and family services in new ways for certain services

- ▶ **Children and parents must meet eligibility requirements:**
 - the child must be a “candidate” for foster care, or
 - be a pregnant or parenting youth in foster care
- ▶ **Only the following services and program types are eligible:**
 - Mental health services
 - Substance abuse prevention and treatment
 - In-home parent skill-based programs
 - Kinship Navigator programs
 - Residential parent-child substance abuse treatment programs
- ▶ All services must meet the federal definition of promising, supported, well-supported programs and 50% of all funding must be used on well-supported program models

Who is a Candidate For Foster Care?

“When a child is living with his or her parents and is deemed as being at imminent risk of entering foster care, but can remain safely at home through the provision of prevention services.”

- Current practice allows for these families to be served after a Protective Service Report is received and investigated and the family is determined to be high risk.
- The case must be opened and monitored by the child welfare agency while services are being provided.

Funding for Prevention Activities

- ▶ Allows states to claim reimbursement for 50% of costs for the services after they have been provided
- ▶ This is an open-ended entitlement (Title IV-E), as long as services meet the requirements, there is no cap on the amount that states can request
- ▶ Allows the following evidence-based services to be reimbursed:
 - Mental health prevention and treatment services provided by a qualified clinician for not more than a 12 month period.
 - Substance abuse prevention and treatment services provided by a qualified clinician for not more than a 12 month period.
 - In-home parent skill-based programs that include parenting skills training, parent education and individual and family counseling for not more than a 12 month period.

There is no limit on how many times a child and family can receive prevention services.

What are Family First Evidence-Based Practice Requirements?

Evidence Level	Requirements for all Evidence Levels	Control Group	Sustained Effect
Promising	<ul style="list-style-type: none"> The practice is superior to an appropriate comparison practice using conventional standards of statistical evidence Rated by an independent systematic Review For Supported & Well Supported... carried out in usual care or practice setting 	<ul style="list-style-type: none"> 1 untreated control, waitlist or placebo study 	<ul style="list-style-type: none"> No follow-up study is required
Supported		<ul style="list-style-type: none"> 1 RCT or rigorous quasi-experimental 	<ul style="list-style-type: none"> 6 months
Well Supported		<ul style="list-style-type: none"> 2 RCTs or rigorous quasi-experimental 	<ul style="list-style-type: none"> 12 months

Considerations as we move forward:

- ▶ Cost/benefit analysis of pursuing payment of services through Medicaid versus IV-E and the issue of “Medical Necessity”
- ▶ Service Provider capacity to provide evidenced based mental health, substance abuse prevention/treatment services and in-home parenting supports.
- ▶ Flexibility around the definition of Candidates for Care; and/or the capacity within the Office of Children’s Services and Tribal child welfare programs to manage additional prevention caseloads.
- ▶ Securing the financing that will be needed to fund the up-front costs associated with prevention services, with the anticipation that 50% of the expenses will be reimbursed.

Next Steps:

The Office of Children's Services must submit a comprehensive Prevention Plan to the federal Administration for Children and Services.

- ▶ OCS will conduct stakeholder meetings and meetings with providers prior to the development of this plan.

OCS will also be conducting a Gap Analysis as part of the planning process to determine where service providers exist, where new services are needed and how to best leverage limited state resources, especially for in-home parenting support services.

Claiming can begin July 1, 2019 - Alaska is not anticipating being ready by this date.

Questions / Discussion?

Contact: natalie.norberg@alaska.gov