



EARLY LEARNING FELLOWS

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AGENDA

- **Overview of NCSL's DC Office**
- **Family First Prevention Services Act (“Family First”) and Implementation Updates**
 - Overview
 - Prevention services and the clearinghouse
 - Congregate care/group care
- **Resources**



FAMILY FIRST PREVENTION SERVICES ACT OF 2018

- A shift in child welfare **funding and structure**
- Intent of the law is for children and youth to safely remain at home while their parents receive necessary services, rather than removing children from their homes
- To ensure the safety, permanency and well-being of children and their families, and to address mental health and substance use disorder issues, the federal government is now allowing states to use money previously used only for foster care to pay for prevention services for children at imminent risk of entry into foster care



FAMILY FIRST-CHANGING THE SYSTEM

Pre-Family First



Family First



FAMILY FIRST PREVENTION SERVICES ACT OF 2018

BEFORE Family First	AFTER 2018 Family First
Most federal Title IV-E money designated for foster care	Title IV-E money: in-home parenting skills, services, substance abuse prevention and treatment, and mental health treatment, kinship navigators
Services only for the child	Prevention services for child, parents, kinship care providers
Income test	No income test
Title IV-E funding for children placed in group homes with little oversight	Congregate care/residential homes must be quality, appropriate settings to qualify for Title IV-E funds
No funds for children placed with parents in residential treatment	12 months of Title IV-E money for these placements

PREVENTION SERVICES

Allows the use of Title IV-E funds (through reimbursement) for the following evidence-based services to prevent the placement of children and youth into the foster care system

- Children can receive services for up to 12 months.
- Mental health and substance abuse treatment and services have to be provided by a qualified clinician.
- There is no limit on how many 12 month periods a child and family can receive prevention services.

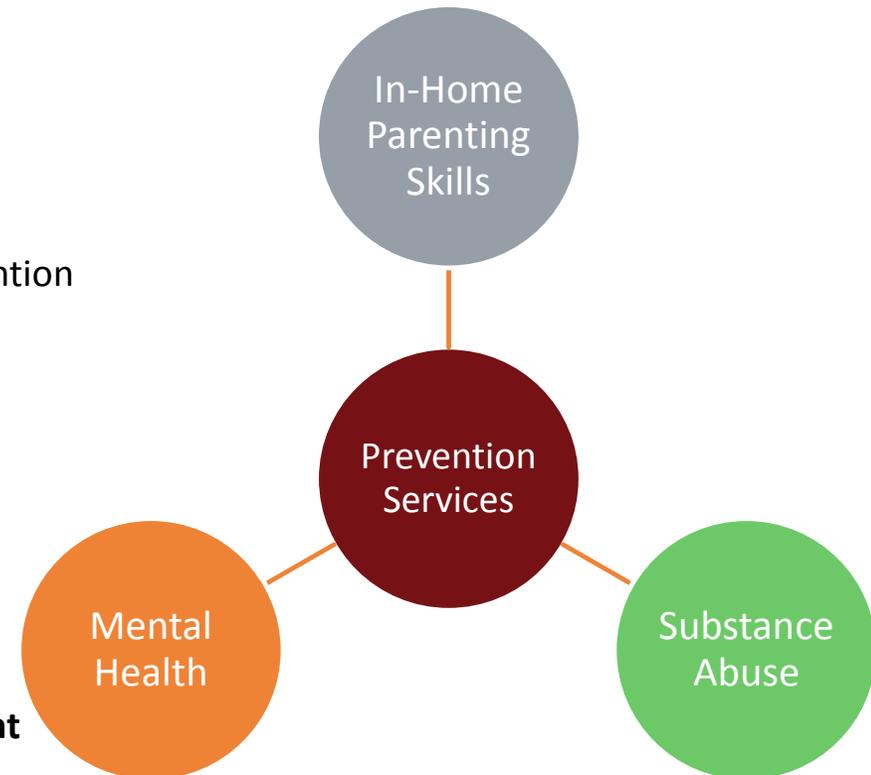
Title IV-E funds can only be used in this capacity for 12 months for:

- Children who are “candidates for foster care”
- Pregnant or parenting foster youth
- Parents of these children and youth (both biological and adoptive parents)
- Kinship caregivers of these children and youth

Candidates for foster care: Children who can remain safely at home or in a kinship placement with receipt of services

No income test for eligibility

Title IV-E reimbursement for the optional prevention services begins on October 1, 2019



PREVENTION SERVICES- THE CLEARINGHOUSE

Eligible services must meet certain requirements:

- Must be trauma informed.
- Must be part of the child's prevention plan.
- The service must be described as part of a state's Title IV-E plan.
- There must be a manual outlining the components of the service.
- The service must show a clear benefit and no risk of harm to participants
- The service must meet one of the three evidence thresholds- **promising practice, supported practice, and well-supported treatment.**





Find a Program or Service

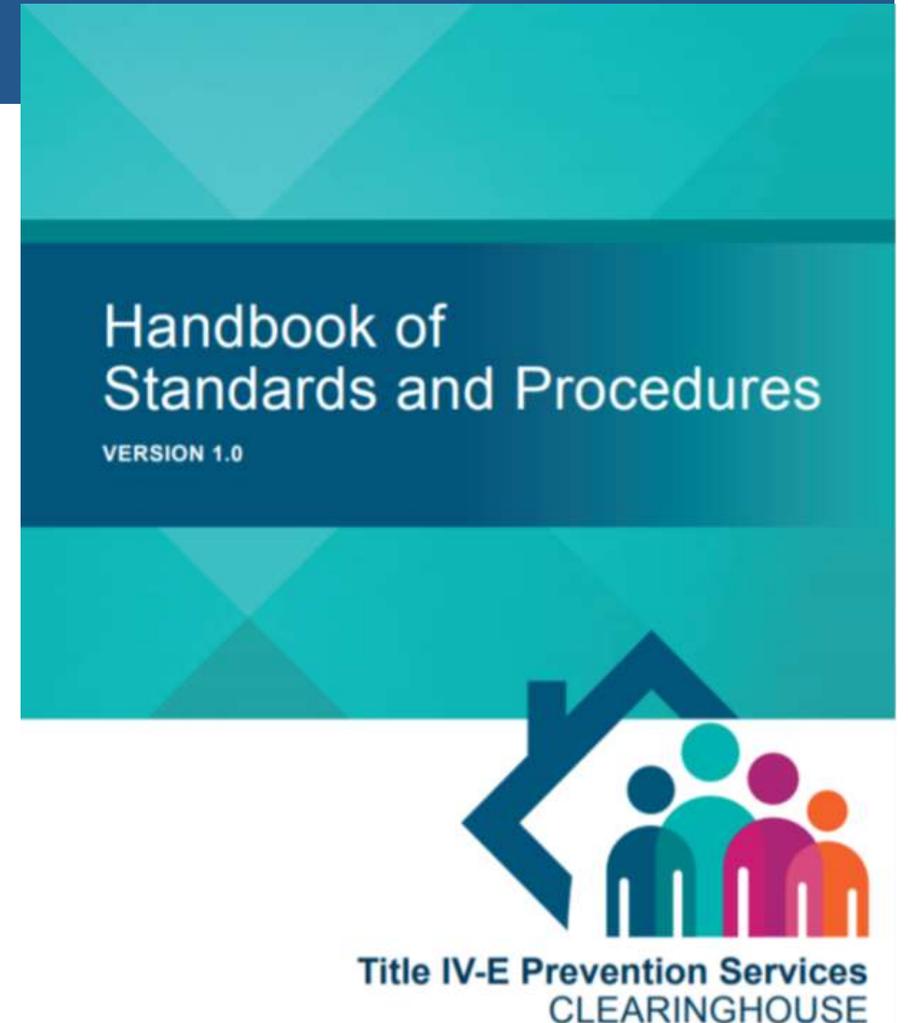
<https://preventionservices.abtsites.com/program>

Click each program or service for additional information.

Program or Service Name and Date	Program or Service Rating	Program or Service Impacts
<p>Children's Home Society of New Jersey Kinship Navigator Model</p> <p>Last Updated: Jun 2019</p>	<p> Does not currently meet criteria</p>	<p>Subdomains with favorable impacts None</p> <p>All Impacts: Favorable: 0 No Effects: 0 Unfavorable: 0</p>
<p>Families Facing the Future</p> <p>Last Updated: Jul 2019</p>	<p> Supported</p>	<p>Subdomains with favorable impacts Adult well-being: Parent/caregiver substance use</p> <p>All Impacts: Favorable: 3 No Effects: 37 Unfavorable: 0</p>
<p>Functional Family Therapy</p> <p>Last Updated: Jul 2019</p>	<p> Well-supported</p>	<p>Subdomains with favorable impacts Child well-being: Behavioral and emotional functioning, Child well-being: Substance use, Child well-being: Delinquent behavior, Adult well-being: Family functioning</p> <p>All Impacts: Favorable: 16 No Effects: 74 Unfavorable: 0</p>

GETTING A PROGRAM IN YOUR STATE APPROVED FOR THE CLEARINGHOUSE

The Administration for Children and Families (ACF) released, “The Prevention Services Clearinghouse Handbook of Standards and Procedures”



https://www.acf.hhs.gov/sites/default/files/opre/psc_handbook_v1_final_508_compliant.pdf

CONGREGATE, RESIDENTIAL AND GROUP CARE

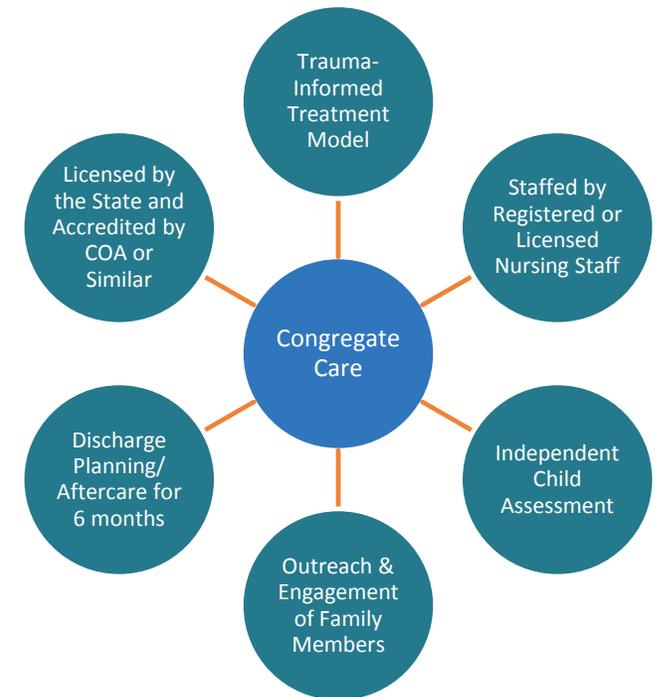
- Family foster care limited to six children, with certain exceptions (specified in the bill)
- Limits to congregate/residential care:
 - Federal Title IV-E reimbursement for children placed for more than 2 weeks is allowed only for the following residential placements:
 - *A specialized program for pregnant or parenting teens in foster care
 - *A supervised independent living placement for a child age 18 or older
 - *Residential care and supports for children who have been or are at risk of sex trafficking
 - A **Qualified Residential Treatment Program (QRTP)** as described on the next slide.

*Placements already allowable and will continue.

QUALIFIED RESIDENTIAL TREATMENT PROGRAMS (QRTP)

Beginning October 1, 2019, **Qualified Residential Treatment Programs (QRTP)**, will be reimbursed through Title IV-E. For a setting to be designated as a qualified residential treatment program (QRTP), it must meet the following qualifications:

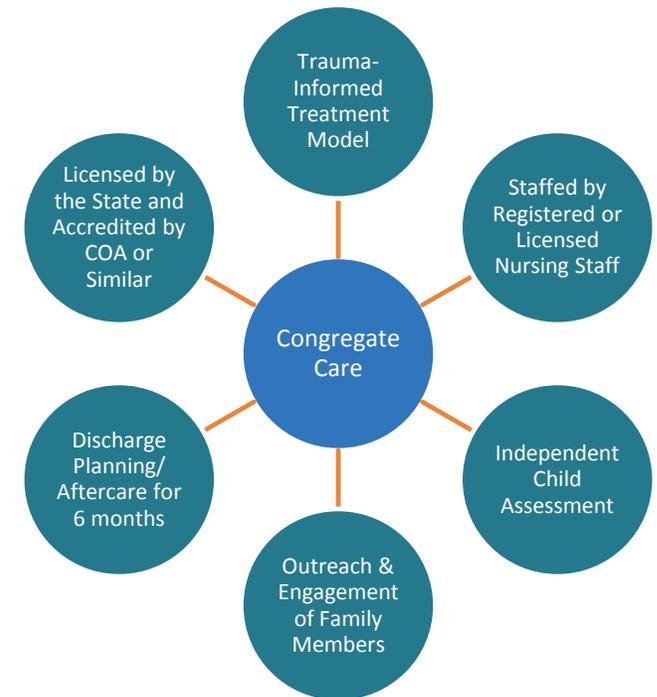
- Utilizes a trauma-informed treatment model that includes service of clinical needs.
- Meets the treatment needs of child as determined by an independent assessment within 30 days of placement. The court must approve or disapprove the placement within 60 days and continue to demonstrate at each status review that the placement is beneficial to the youth.
- Staffed by a registered or licensed nursing staff:
 - Provide care within the scope of their practice as defined by state law.
 - Are on-site according to the treatment model.
 - Are available 24 hours a day and seven days a week.



QUALIFIED RESIDENTIAL TREATMENT PROGRAMS (QRTP)

- Facilitates outreach and engagement of family members in child's treatment plan.
- Must provide discharge planning and family-based aftercare supports for at least 6 months.
- Must be licensed by the State and accredited by at least one of the following:
 - The Commission on Accreditation of Rehabilitation Facilities
 - Joint Commission on Accreditation of Healthcare Organizations
 - Council on Accreditation

There are no time limits for how long a child may be placed in a QRTP as long as the placement continues to meet his/her needs as determined by assessment.



NATIONAL MODEL FOSTER FAMILY LICENSING STANDARDS

States are required to develop plans that provide for standards for foster family homes related to **(states are NOT required to adhere to the national model standards)**:

- Admission policies (age, income, mental and physical health).
- Safety (background checks, home study, living space, condition of the home, home capacity, sleeping arrangements, emergency preparedness, fire safety, evacuation plans).
- Sanitation.
- Protection of civil rights, training, foster parent assurances, and permit the use of the reasonable prudent parent standard.

National Model Foster Family Home Licensing Standards

Subject Standards	Standards and Summary
Foster Family Home Eligibility – Threshold Requirements	<p>A. Foster Family Home Eligibility: A foster family home license includes the following:</p> <p>a. Threshold Requirements</p> <ul style="list-style-type: none"> i. Applicants must be age 18 or older. ii. Applicants must have income or resources to make timely payments for shelter, food, utility costs, clothing, and other household expenses prior to the addition of a child or children in foster care. iii. Applicants must be able to communicate with the child, the title IV-E agency, health care providers, and other service providers.¹ iv. At least one applicant in the home must have functional literacy, such as having the ability to read medication labels.
Summary – Foster Family Home Eligibility –	The foster family home eligibility standards provide threshold requirements for licensing a foster family home to assess the applicant's: 1) age, 2) financial stability, 3) ability to communicate

<http://www.grandfamilies.org/Portals/0/Documents/FFPSA/final%20AECF%20model%20licensing%20standards.pdf>

FAMILY FIRST RESOURCES

- **NCSL Family First Prevention Services Act Webpage:**
 - <http://www.ncsl.org/research/human-services/family-first-prevention-services-act-ffpsa.aspx>
- **NCSL Child Welfare Webpage:**
 - <http://www.ncsl.org/issues-research/human-services.aspx?tabs=858,51,16#16>
- **Title IV-E Prevention Services Clearinghouse:**
 - <https://preventionservices.abtsites.com/program>
- **The Prevention Services Clearinghouse Handbook of Standards and Procedures:**
 - <https://www.acf.hhs.gov/opre/resource/the-prevention-services-clearinghouse-handbook-of-standards-and-procedures>
- **National Model Foster Family Home Licensing Standards:**
 - <http://www.grandfamilies.org/Portals/0/Documents/FFPSA/final%20AECF%20model%20licensing%20standards.pdf>



NCSL HEALTH AND HUMAN SERVICES (HHS) COMMITTEE RESOURCES

- **HHS Committee Overview**

- <http://www.ncsl.org/ncsl-in-dc/standing-committees/health-and-human-services.aspx>

- **Newsletter:**

- <http://www.ncsl.org/ncsl-in-dc/standing-committees/health-and-human-services/hhs-standing-committee-newsletter.aspx>

- **Policies:**

- <http://www.ncsl.org/ncsl-in-dc/task-forces/policies-health-and-human-services.aspx>

- **HHS Members' List:**

- <http://www.ncsl.org/ncsl-in-dc/standing-committees/health-and-human-services/health-and-human-services-committee-members-list.aspx>



THANK YOU!



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LEGISLATIVE ROLE IN FAMILY FIRST

Opportunity for long-range planning:

Develop a process for planning, implementation and oversight.

- Encourage child welfare agency to take advantage of guidance released from federal HHS.
- Review existing policies, processes, standards.
- Examine CFSR results, plans in light of Family First.
- Look closely at Family First and other timelines.
- Review best practice in other states.
- Learn about evidence-based practice.
- Learn about the accreditation process.

Conveners of important stakeholders:

Set up regular meetings during the interim to discuss FFPSA, assess state needs/concerns, examine potential benefits, implementation issues, costs, oversight, set priorities.

- Child welfare, Medicaid, early childhood, courts, education, health and mental health, provider community, university and research partners, and others.
- Foster youth (including transitioning youth), birth parents, kin caregivers, foster and adoptive parents.
- Educate legislative colleagues, including members of Appropriations, Budget, Health, Education committees, and legislative audit, review, finance and similar departments.



LEGISLATIVE ROLE IN FAMILY FIRST: 2019 INTRODUCTIONS

As of June, 2019, at least 61 introduced bills from 26 states; 30 bills in 17 states have been enacted/sent to governor. Topics include definitions, implementation, strategic planning, task forces and more.

NE 2019 L328

Defines candidate for foster care, QRTP, prevention plan, coverage under Medicaid for all eligible services under Family First, creates family and permanency team, yearly report, Kinship Navigator.

NM 2019 HJM 10

Requests the creation of a CPS task force to include an expert in Family First.

NH 2019 SB14

Expands behavioral health services for children to include mobile crisis response and stabilization services and make other improvements in alignment with Family First.

OK 2019 HB2642

Creates an Oversight Committee on the Delivery of Child Welfare Services to review and analyze state laws, agency rules and funding related to the delivery of child welfare services and to ensure state compliance with Family First.

TX SB355

Requires the department to develop a strategic plan to ensure that the provision of prevention and early intervention services meets the requirements of Family First.

VA 2019 HB2014/S1678

Aligns code of Virginia with Family First, defines QRTP and family and permanency team.

WA 2019 HB1900 and SB5826

Defines prevention and family services programs in alignment with Family First, QRTPs, candidates for foster care.

WY 2019 HB170

Ensures that all CPS workers are trained on Family First.

FOR ALL 2019 LEGISLATION, PLEASE SEE:

<http://www.ncsl.org/research/human-services/family-first-updates-and-new-legislation.aspx>



LEGISLATIVE ROLE IN FAMILY FIRST

Colorado 2018 SB 254, Chap. 216

2018 CO SB 254, Chapter 216: Requires the state department to perform an analysis and cost projections to determine the fiscal impact of FFPSA. Child welfare allocation formulas must support the implementation of promising, supported, or well-supported practices as required by Family First.

Each county must perform analysis of available in-home, family-like and out-of-home placements by July 1, 2019. By July 1, 2020, the department must report to the Joint Budget Committee on county utilization rates of those placements and provide an analysis of projected federal reimbursement pursuant to Family First.

Creates a child welfare services task force to analyze laws and rules to ensure alignment with Family First.



LEGISLATIVE ROLE IN FAMILY FIRST

Washington 2018 Work Session

- Included members of Early Learning and Human Services, Health, Appropriations committees
- New Department of Children, Youth and Families
- Medicaid Director
- Washington State Institute on Public Policy (WSIPP) presented on evidence-based practice.

New Mexico 2018 Family First Interim Subcommittee

- Joint interim subcommittee
- Series of informational hearings
- Address next steps in implementation
- Examine maximizing federal dollars
- Federal substance use disorder services grants and overlap with Family First



LEGISLATIVE ROLE IN FAMILY FIRST

Oregon “Three Branch” Family First Implementation and Policy Work Group

Senate Human Services Committee established a “Three Branch” work group – with representation from the legislative, executive and judicial branches of government - to address policy, budget and communication needs related to the implementation of Family First.

- Central hub of communication
- Collaborate to identify actions for OR to meet requirements of Family First
- Meets monthly
- Staffed by legislative research office staff
- In-depth review of Family First
- Information on accreditation process
- Website – Family First legislation, timelines, meeting agendas, model licensing standards:

<https://www.oregonlegislature.gov/gelser/Pages/Family-First.aspx>



LEGISLATIVE ROLE IN FAMILY FIRST

Virginia “Three Branch” Team

Virginia is using a “Three Branch” approach to implementing FFPSA, a structure that allows for participation by the legislative, executive, and judicial branches and has been used successfully in past efforts to improve the child welfare system in Virginia

- How to calculate Virginia’s maintenance of effort level
- Defining the population at “imminent risk” of entering foster care
- Determining providers’ ability to meet the requirements of the new law - offering evidence-based practices for prevention services or to meet the requirements of a “Qualified Residential Treatment Program” for group homes or residential placements
- Determining resources necessary for implementation, to include technical support and training resources for localities

Expected implementation date of October 2019



LEGISLATIVE ROLE IN FAMILY FIRST

NCSL Informational Briefings

**HI, IA, LA, MT, NE,
NM, OK, VT, WI**

- ❑ Hawaii convened an informational briefing June 19, 2018
 - ❑ NCSL, Child welfare agency, Medicaid agency, others
- ❑ Iowa – September 2018
- ❑ Nebraska – October 2018
- ❑ New Mexico – August and November 2018
- ❑ Oklahoma – October 2018
- ❑ Montana – January 2019
- ❑ Vermont – February 2019
- ❑ Louisiana – May 2019
- ❑ Wisconsin – September 2019



NCSL AUGUST 2019 FAMILY FIRST POLICY FORUM SURVEY RESPONSES

What do you see as the major challenges (fiscal, capacity, etc.) your state will face implementing Family First?

23 responses

Fiscal, organizational/departmental comprehension of implementation, building collaboration between states, communities of color, and tribes

Fiscal

Fiscal, implementation, staff shortages

Adequate workforce of counselors and other professionals to meet family needs, especially in rural areas is by far the biggest challenge

We are working on it but we are watching other states to see what happens with them.

Unknown at this time.

I would probably say that guidance on the law and its proposals will be important to implement legislation.

Not sure

capacity

Unintended consequences and complications

Funding and political will

What do you see as the major challenges (fiscal, capacity, etc.) your state will face implementing Family First?

23 responses

At the moment, I would say not prioritizing implementation (and foster care in general) & lack of awareness of the FFPSA.

Impact on current local providers

Having appropriate providers. Being a QRTP is not enough-- it has to be the right QRTP for the right kid. DHS and providers seem focused on accreditation only, and are having a difficult time moving beyond the "bed" concept to "appropriate services for right kid" concept which is what underlies FF.

Getting infrastructure in place to serve families.

Foster Family availability

Change in process. Case workers hesitation with this change.

Funding

Change in provider business model - shortening length of stay in congregate care & fewer number of kids going into care

Extending length of time and requirements with after care.

We must be QRT compliant to our Qualified residential treatment program

As usual, funding is always a challenge but also the recruitment of foster families and the support they need.



LEGISLATIVE ROLE IN FAMILY FIRST

Next Steps and Questions for Lawmakers to Consider

- Identify what prevention and foster care prevention services your state is currently funding.
 - What is the quality of those services? Are they evidence-based?
 - How will you build up your evidence-based services capacity?
 - Seek implementation guidance on prevention services from the federal government.
-
- What does congregate care look like in your state?
 - What is your foster family capacity? How many are licensed, trained and prepared to accept children? What is your plan to increase capacity?
 - How will you identify children in congregate care whose needs can be met through family foster care?
 - Examine requirements for accreditation.
 - Monitor implementation through periodic reports to the legislature.

Contact NCSL

Nina Williams-Mbengue at 303-856-1559 or Nina.mbengue@ncsl.org

Resources

NCSL Family First Prevention Services Act webpage: <http://www.ncsl.org/research/human-services/family-first-prevention-services-act-ffpsa.aspx>

NCSL Child Welfare Webpage:

<http://www.ncsl.org/issues-research/human-services.aspx?tabs=858,51,16#16>

California Evidence-Based Clearinghouse for Child Welfare: <http://www.cebc4cw.org/>

PRESCHOOL DEVELOPMENT GRANTS BIRTH THROUGH 5

EARLY LEARNING FELLOWS

AUGUST 26, 2019



OVERVIEW

- Two phase competitive grant
- Authorized under the Every Student Succeeds Act (ESSA)
- Jointly administered by ACF and ED
- Different approach from previous PDG grants
- Focus on alignment and coordination of existing mixed delivery systems



PHASE ONE: DECEMBER 2018 – DECEMBER 2019

- 44 states and two territories received a total of \$240 million
- Major activities:
 - Needs assessment
 - Strategic planning
 - Maximizing parent knowledge and choice
 - Sharing best practices with providers
 - Improving overall quality
- **Phase One will be reposted in September 2019 for states and territories not currently funded that wish to apply**



PHASE TWO: DECEMBER 2019 – TBD

- Will shift focus to improving school readiness for low-income and disadvantaged children
- Unlike phase one, phase two can dedicate funds to expanding early learning slots
- Applications expected in early September
- Current forecast: 23 grantees to receive \$206 million

FIN

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