Family First Prevention Services Act – Opportunities for tribes and states

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Guiding Principles for Child Welfare

• There is a broad consensus about how child welfare systems should operate, many of which are codified in the Indian Child Welfare Act. One of the core principles is to actively provide services and supports to children and families at risk to protect child well-being and keep the child with his or her family.
Guiding Principles (cont.)

• Most vulnerable children can be better served by remaining safely at home while their parents receive the support they need
• Removing children from their families creates emotional trauma and stress that should be avoided whenever possible
• Most children enter foster care due to neglect and other reasons – not because of physical or sexual abuse.
## Federal Child Welfare Finance System (Pre-F FFPSA)

<table>
<thead>
<tr>
<th>Program</th>
<th>State (minus tribal)</th>
<th>Tribal</th>
<th>Tribal Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title IV-E</td>
<td>$6.7 Billion</td>
<td>$50 Million Projected* 7 tribes</td>
<td>0.7%</td>
</tr>
<tr>
<td>Title IV-B Subpart 1: Child Welfare Services</td>
<td>$274 Million</td>
<td>$5.5 Million 350 tribes</td>
<td>2.0%</td>
</tr>
<tr>
<td>Title IV-B Subpart 2: Promoting Safe &amp; Stable Families</td>
<td>$392 Million</td>
<td>$12 Million 250 tribes</td>
<td>3%</td>
</tr>
<tr>
<td>TANF: Child Welfare Specific***</td>
<td>$2.4 Billion</td>
<td>$15 Million 298 tribes</td>
<td>0.6%</td>
</tr>
<tr>
<td>Social Service Block Grant</td>
<td>$1.7 Billion</td>
<td>$0 0 tribes</td>
<td>0%</td>
</tr>
<tr>
<td>CAPTA and other discretionary funds</td>
<td>$193 Million</td>
<td>$417 Thousand 2 tribes</td>
<td>0.6%</td>
</tr>
<tr>
<td>BIA Funding (Child Assistance &amp; ICWA)</td>
<td>$0</td>
<td>$40 Million Child Assistance &lt;300 tribes</td>
<td>100%</td>
</tr>
<tr>
<td>Medicaid: Child Welfare Related</td>
<td>$1.4 Billion</td>
<td>$0 0 tribes</td>
<td>0%</td>
</tr>
<tr>
<td>TOTAL:</td>
<td>$13.059 Billion</td>
<td>$120.917 Million</td>
<td>&lt;1%</td>
</tr>
</tbody>
</table>

* Less than $1 billion of these funds is designed for children not already in out of home care
Need for Federal Finance Reform

• Many child welfare advocates have suggested that the federal finance system is misaligned with these core principles.
• Services are triggered by the need for foster care, rather than because “services are needed” for children before placement or after reunification.
• A broader array of services are needed to preserve families
Need for Federal Finance Reform (cont.)

• There have been sharp increase in substance abuse issues, i.e., meth, opioids, heroin
• The major reason kids come into foster care is parental substance abuse
• There are more effective ways to serve many of these families than the traditional “police and rescue” model used in many jurisdictions
• Costs can be reduced and families kept together if Title IV-E can be used for prevention services
Family First Preventive Services Act

• Provides option to use Title IV-E funds to provide prevention/intervention services and programs for up to 12 months, beginning FY 2019 (states may delay for up to two years)

• Eligibility linked to child’s status not income

• Eligible prevention services include evidence-based
  o Mental health prevention and treatment services
  o Substance abuse prevention and treatment services
  o In-home parent skill-based programs
  o Individual and family counseling
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 care and is identified as being at imminent risk of foster care
  o Includes a child whose adoption or guardianship arrangement is a risk 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 evidence-based (promising, supported, or well-supported categories)
  - HHS by October 1, 2018 to release practice criteria required and pre-approved list of services/programs
  - 50% of the expenditures reimbursed must meet the requirements for well-supported practices starting in Fiscal Year (FY) 2020
- States must spend no less on “foster care prevention” than it spent on FY 2014 prevention services Title IV-E waivers spending excluded (Maintenance of effort requirement)
  - Small states (Child pop. under 200,000) opt for FY2015 or FY2016
- 50/50 match through FY 2026, increasing to FMAP by 2027 (which for most tribes is 83%)
Evidence-based Practices

- **Promising**: At least one study that used some form of control group (e.g., wait list study, placebo group) to determine effect
- **Supported**: At least one study that used a random control or quasi-experimental trial to determine effect
- **Well-Supported**: At least two studies that used a random control or quasi-experimental trial to determine outcomes
Title IV-E Plan Requirements

• The Title IV-E plan must include a plan on prevention services and programs plan that includes:
  o How providing services & programs are expected to improve specific outcomes for children and families
  o How the safety of children who receive services/programs will be overseen and monitored
  o The services/programs provided and target populations
  o Training and support for the child welfare workforce and oversight and management of the caseload size

• Data must be collected and reported to HHS on each child/adult receiving prevention services
Restrictions on non-family placements

• Children in foster care have the right to be placed in the “least restrictive setting” relative to their needs
• Evidence is overwhelming that children do better in a family-like setting
• When a child cannot be placed in a family-like setting, there should be appropriate treatment options available
Restrictions on non-family placements

- 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
Restrictions on non-family placements

• Family foster home narrowly defined
  – Licensed/approved, 24 hour care, reasonable/prudent parent standard, no more than 6 children (some except.)
Types of “Institutional Care”

Not Specified

Specified Settings

Licensed residential family-based treatment facility

Supervised Independent Living (age 18+)

Prenatal Postpartum or Parenting Supports

Victims Of or At Risk of Sex Trafficking

QRTP
Licensed Residential Family-Based Treatment Facility for Substance Abuse

Specified Settings

- Child is eligible for maintenance payments *without regard to AFDC eligibility*.
- For a period of not more than 12 months.
- **Placement and care** requirements remain in effect.
- Recommendation for placement specified in the child’s *case plan before placement*.
- Treatment facility provides, as part of the treatment for substance abuse, parenting skills training, parent education and counseling.
Qualified Residential Treatment Program

Specified Settings

Not Specified

• A QRTP placement is a specific category of a non-foster family home setting, for which Title IV-E agencies must meet detailed assessment, case planning, documentation, judicial determinations and ongoing review and permanency hearing requirements for a child to be placed in and continue to receive Title IV-E foster care maintenance payments.

• Administrative Costs may be claimed by the IV-E agency regardless of whether QRTP requirements are met. If QRTP requirements not met, administrative costs remain but costs associated with administration and operation of the QRTP are not allowable.
QRTPs

- Must have a trauma-informed treatment model and a registered or licensing nursing and other licensed clinical staff onsite
- Facilitate outreach to the child’s family and include them in the child’s treatment plan
- Provide discharge planning and family-based aftercare support for at least six months after the child’s discharge
- Be licensed in accordance with state (or presumably tribal) standards for child-care institutions providing foster care and accredited
- Conduct an assessment within 30 days of placement by a “qualified individual”; HHS will provide guidance definitions & assessment tool
- Must assemble a family/permanency team including biological, kin, and appropriate professionals who are a resource to the family/child which must include members selected by the youth 14 or older
- When QRTP is not appropriate, states have 30 days to transition the child/youth to another placement
Kinship Navigator Program

• Designed to assist grandparent and other relatives who provide care to children who cannot stay at home with their parents
  
  o Starting October 1, 2018, Family First allows use of regular Title IV-E funds for kinship navigator programs at 50 percent match, provided they are evidence-based
  
  o There is also one-time funding for Kinship Navigator grants not linked to evidence-based programs. Unlike like in the past when they were competitive grants, this money will be available on a formula basis
    ▪ Tribes operating Title IV-E can access these funds if they submit a one-page application (due July 20); Allocation based upon population for IV-B purposes; first year amounts will range from $26,108 - $274,164
    ▪ Tribes accessing IV-E through tribal-state agreements can access these funds only if states pass through part of their allocation
Grant Programs

• Substance Abuse Regional Partnership Grants (competitive grant)
  o Now range from $250,000 to $1 million--include substance abuse agency along with child welfare agency
  o Tribes can be part of a state partnership or apply directly
  o If grants address foster care, the courts must be a partner (if it’s a direct grant to a Tribe and includes foster care it must include tribal courts as a partner)

• Foster Care Recruitment Grants ($8 million) – competitive grant - priority to jurisdictions with high numbers of children in non-family settings – tribes eligible
Tribal Provisions in Family First

• Allow for tribes with a Title IV-E program to include prevention services as part of their plan
• HHS is required to specify the requirements and performance measures for a tribal prevention services program
• HHS must allow programs and services adapted to culture and context of tribal communities served
**Prevention Services:** Tribes can claim for prevention services within the eligible categories of services that they deem culturally appropriate and meet the unique needs and context of the community (e.g. traditional services).

**Trauma Informed:** Tribes may define this category of services in a way that reflects the components of historical trauma unique to their communities (not defining what service delivery means).

**Practice Categories:** Tribes can define the practice criteria for services (e.g. values base, longevity of practice, community approval, traditional basis, evaluation). Tribes are not required to meet the criteria for amounts of expenditures in different practice categories.
Tribes Operating Title IV-E Directly DHHS Guidance

**Time-limited:** Tribes and states may provide the prevention services for an additional 12 month period beyond the initial 12 month period of service provision.

**Evaluation Strategy:** Tribes may use alternative evaluation strategies such as exploratory, community-based participatory research, and qualitative designs.

**Reporting Requirements:** Tribes must provide such data as the Secretary requires.

**MOE Requirements:** Tribes are not required to meet maintenance of effort requirements.
Tribes Operating Title IV-E Through State Agreement DHHS Guidance

• Tribes accessing IV-E through tribal-state agreements must meet the requirements of the state Title IV-E prevention program

• This would include requirements for
  – evidenced-based prevention and other eligible services
  – definition of trauma informed services
  – evaluation strategy
  – reporting requirements

• May be some flexibility for individual tribes in amount of funding expended in different services categories and MOE
AI/AN Children and Families in State Care
Possible Opportunities

• HHS established a Clearinghouse of Evidence-Based Practices (EBPs). The Clearinghouse will develop criteria for approval of programs covered by the Family First (FFPSA) legislation, as well as a list of approved programs.

• Federal guidance has established initial criteria and a list of initial programs to be reviewed. Culturally adapted programs have not been addressed yet, but the guidance states that the Clearinghouse should release additional information to supplement eligibility criteria including, “availability of culturally-specific, or location- or population-based adaptations of practices.”
Other Opportunities and Challenges

**Question:** What are the opportunities for states and tribes to use culturally-adapted models of evidence-based prevention services?

**Question:** What are the opportunities to improve the list of eligible prevention services for AI/AN children and caregivers?

**Question:** How do Kinship Navigator requirements impact support for Native caregivers for both tribes and states?
Other Opportunities and Challenges

**Question**: Can tribes only choose to operate the Title IV-E Prevention program and not the other components?

**Question**: What are the opportunities to revisit the interpretation that tribes in agreements must meet state requirements?

**Question**: In the future, could a state request a waiver from HHS to implement the HHS tribal guidance with tribes they are in a Title IV-E agreement with?
Other Opportunities and Challenges

**Question**: How can Title IV-E prevention services be used to support active efforts under ICWA?

**Question**: How will Native children in state or private group homes be impacted by QRTP requirements?

**Question**: Will the national foster care standards facilitate more support for tribal licensing standards and tribally-licensed homes that states want to use?
Other Opportunities and Challenges

**Question**: What kind of technical assistance will the Children’s Bureau provide to tribes and states wanting to work with tribes?

**Question**: How will Native children in state or private group homes be impacted by QRTP requirements?

**Question**: Will the national foster care standards facilitate more support for tribal licensing standards and tribally-licensed homes that states want to use?
Next Steps

• Submission regarding compliance with licensing standards (or deviation from standards if reason provided) due April 1, 2019 – extensions available for tribes

• Request for extension of time to implement restrictions on group care – September 29, 2019

• Implementation of FFPSA (unless delay requested) – October 1, 2019
For Further Information

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