

# Family First Prevention Services Act

## PL 115-123

### Stakeholder Informational Meeting Highlights

*The Family First Prevention Services Act (FFPSA) was signed into law as part of the Bipartisan Budget Act on February 9, 2018. This act reforms the federal child welfare financing streams, Title IV-E and Title IV-B of the Social Security Act, to provide services to families who are at risk of entering the child welfare system.*

*North Dakota Department of Human Services (NDDHS) is responsible to implement the federal regulations resulting from FFPSA, manage the Title IV-E State Plan, and administer funding to support these efforts. The department will host Stakeholder Informational Meetings the 3<sup>rd</sup> Wednesday of each month during 2019. The purpose of the monthly meetings is to engage with Stakeholders and inform on progress, while soliciting feedback and comments related to FFPSA implementation.*

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| <b>DATE</b>         | September 18, 2019   |
| <b>FACILITATORS</b> | Tracy Miller – Children and Family Services Division<br>Kelsey Bless - Children and Family Services Division |
| <b>TOPIC</b>        | Foster Care Candidacy and Prevention Plan Updates  |

#### Highlights of FFPSA Call:

Family First Stakeholder calls continue to be scheduled through December 2019; cancelation of meetings will be posted online on the website. Watch for updates on the CFS website <https://www.nd.gov/dhs/services/childfamily/family-first.html>

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| October 16  | Review of Family First Prevention Services Act implementation |
| November 20 | TBA   |
| December 18 | TBA   |

***\*Please refer to the PowerPoint throughout this presentation\****

#### Prevention Plan Update

- (Slide 2) In the context of FFPSA, 'prevention' is defined as **placement prevention**, or preventing a child from being removed and placed into foster care. So, prevention services implemented through the ND Prevention Plan will be primarily tertiary prevention activities and to a very limited extent secondary prevention activities. *Tertiary prevention* activities are those that focus on families where maltreatment has already occurred and seek to reduce the negative consequences of the maltreatment and prevent its recurrence. *Secondary prevention* activities are those with a high-risk focus offered to populations that have one or more risk factors associated with maltreatment.
- Title IV-E funds can only be used in this capacity for children who are 'candidates for foster care' and for pregnant or parenting foster youth. We will clarify ND's definition of 'candidates for foster care' in a minute. FFPSA also clarifies that children and youth under the guardianship of a kin caregiver are also eligible for these funds.

- (Slide 3) FFPSA allows Title IV-E reimbursement for the following specified service areas:
  - ✓ Mental health prevention and treatment services provided by a qualified clinician (DHS program lead is Kelli Ulberg)
  - ✓ Substance abuse prevention and treatment services provided by a qualified clinician (DHS program lead is Lacrosha Graham)
  - ✓ In-home parent skill-based programs (DHS program lead is Tracy Miller)
- Services reimbursed through Title IV-E dollars must meet one of the following categories of evidence as determined by the Title IV-E Prevention Services Clearinghouse:
  - ✓ **Promising Practice:** Created from an independently reviewed study that uses a control group and shows statistically significant results.
  - ✓ **Supported Practice:** Uses a random-controlled trial or rigorous quasi-experimental design. Must have sustained success for at least six months after the end of treatment.
  - ✓ **Well-supported Practice:** Same as 'supported' but shows success beyond a year after treatment.

NOTE: It was thought that the secretary of Dept of Health & Human Services would likely identify those services approved through the California Evidence-Based Clearinghouse for Child Welfare. Instead the Title IV-E Prevention Services Clearinghouse was developed, and this group is re-evaluating programs through a 6-step systematic review process, even if these programs were previously deemed 'evidence based' by the California Clearinghouse. We understand this is the primary reason why it's taken the HHS longer to get the initial list of approved programs out to states (i.e. 9-10 months after it was promised).

- Services can be provided for up to 12 months to candidates for foster care and/or their caregivers, but there can be more than one 12-month occurrence.
- Title IV-E funds will be reimbursed at 50%, with the remaining 50% being paid by the state.
- 50% of the prevention services billed through the Title IV-E Prevention Plan must fall into the 'well-supported' category. Therefore, DHS is prioritizing the well-supported services.

### Candidate for Foster Care

- (Slide 4) ND has a history of claiming federal funds for candidates for foster care. In the past, these were historically billed to in-home cases, DJS community placement, Tribal in-home/prevention, and Partnerships Care Coordination at the regional human service centers.
- (Slide 5) FFPSA allows states to create their own definition of 'candidate for foster care.' DHS has convened a team to refine the ND definition so that the population is manageable for the data collection requirements. See **ATTACHMENT A** for the definition and additional information.

## Placement Prevention Services

- (Slide 6) Title IV-E reimbursement for eligible prevention services begins as early as October 1, 2019 with the following conditions:
  - ✓ The state must have implemented the QRTP provisions within the law.
  - ✓ The state cannot supplant federal funds, rather these funds are intended to supplement state funding for prevention services.
  - ✓ The Maintenance of Effort will be set at FFY 2014 spending for these same prevention services for candidates for foster care. The MOE is required to avoid states substituting their current state prevention dollars with the new Title IV-E funds. In ND, this is not a concern because we only had one evidence-based program in 2014, which was Healthy Families America. So, the dollar amount spent on prevention programs at that time is excluded from our MOE.
  - ✓ Submission of the Prevention Plan does not have a 'due date.' We can submit it at any time. Our goal was to have the plan submitted prior to October 1, 2019 so we could start billing but that did not happen due to the delay on behalf of the HHS in releasing the initial list of approved programs/services. Once submitted, states can go back and update the plan as needed.
- (Slide 7) ND Prevention Plan will need to address the following:
  - ✓ Definition of candidacy, to determine eligibility (this is completed);
  - ✓ Describe the evidence-based services and programs we intend to provide and whether they are promising, supported, or well-supported;
  - ✓ Describe how we will administer and continuously monitor the provision of these prevention services and programs and use the information learned to refine and improve its practices;
  - ✓ Describe how we will monitor and oversee the safety of children who receive Title IV-E prevention services or programs, including through periodic risk assessments for each child receiving them;
  - ✓ Describe how child welfare workers will be trained and supported to effectively carry out Title IV-E prevention services and supports;
  - ✓ Describe the outcomes we intend to achieve; and
  - ✓ Discuss how we will evaluate the provision of each prevention service or program offered.

## Title IV-E Prevention Services Clearinghouse

- (Slide 8) Link: <https://preventionservices.abtsites.com/>
  - ✓ It is required that all approved prevention services and programs are trauma-informed and have a rating of either promising, supported, or well-supported.

- ✓ A Handbook of Standards and Procedures, as well as a webinar discussing the handbook, are available on their website.
- ✓ The Clearinghouse has identified the first set of approved programs/services and have scheduled the next set for review. They will continue to review programs going forward.
- ✓ *(Slide 9)* The list of services initially approved by the Prevention Services Clearinghouse is short, 7 of which are well-supported.
  - ND providers (both public and private) currently offer some of the services on the list. We are currently doing some information-gathering regarding where in the state these services available, and what agencies are providing them.
  - Our plan is to choose well-supported EBPs.

### Recent Administration of Children and Families (ACF) Updates

- *(Slide 10)* Title IV-E prevention services are the payer of last resort. So, if public or private program providers (such as private health insurance or Medicaid) would pay for a service allowable under the Title IV-E Prevention Plan, those providers have the responsibility to pay for these services before the Title IV-E dollars would pay.
  - ✓ Many of the well-supported EBPs currently offered in ND are paid through private health insurance or Medicaid.
  - ✓ If Medicaid pays for a service in part, and there is additional cost billed to the recipient, it is our understanding that we cannot use Title IV-E prevention dollars to pay that additional cost, per the Medicaid State Plan.
  - ✓ States CANNOT use Medicaid expenditures to meet the requirement of 50% well-supported EBPs as part of Title IV-E Placement Prevention Services reimbursement plan.
  - ✓ Based on this additional guidance, it is uncertain how many candidates will actually benefit from these Title IV-E prevention dollars.

### **STAKEHOLDER Q & A**

*Have you calculated the number of uninsured people who would be candidates for which you'd draw down the Title IV-E prevention dollars?*

**Not yet. We anticipate it will be a fairly small number.**

*Can you clarify the language that will be required on the case plans of foster care candidates? Is it, absent preventative services 'out of home care' or 'foster care' is the planned arrangement for the child?*

**In our definition, 'out of home' and 'foster care' mean the same thing. So, the case plan needs to say, "Absent effective preventative services, out of home care is the planned arrangement for the child." If a child is not in their home, they are not considered a foster care candidate. For example, children who receive funding from the voluntary treatment program are placed out of the home, so they are not considered foster care candidates.**

*So, to be a candidate then, a child has to be living in their own home?*

**Yes. Or the child could be in kinship care (i.e. living with grandma). Just not in public custody.**

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**NEXT MEETING:**

**October 16, 2019 from 1:00-2:00PM**

**TOPIC: Review of Family First Prevention Services Act implementation**

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## NORTH DAKOTA CANDIDATE FOR FOSTER CARE

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| <b>Definition</b>  | <i>A candidate for foster care is a child who is at serious risk of removal from the home as evidenced by the agency either pursuing his/her removal or making reasonable efforts to prevent such removal.</i>  |
| <b>Agency Means</b>  | <p>County Social Services</p> <p>ND Department of Human Services – Human Service Centers</p> <p>Tribal Social Services</p> <p>Division of Juvenile Services</p> <ul style="list-style-type: none"> <li>• Clients under court order custody –community living in their home</li> <li>• Does NOT include foster care placements or clients placed at YCC and DETENTION</li> </ul>   |
| <b>Home Means</b>  | The parental or relative dwelling where the child primarily resides   |
| <b>Serious Risk Means</b>  | Circumstances and characteristics of the child, parent, guardian, or children in the home that may affect the parent’s ability to safely provide care to the child  |
| <b>Circumstances Or Characteristics May Include But Are Not Limited to</b> | <p>Mental health diagnosis</p> <p>Substance use disorder</p> <p>Lack of parental capacity</p> <p>Limited capacity to function in parenting roles</p> <p>Parent’s inability to address serious needs of the child</p> <p>Parent’s need for additional support to meet the needs of a child’s behavior</p> <p>Physical or intellectual disability</p> <p>Kinship or relative placement in need of support and services</p> <p>Adoption or guardianship at risk of disruption</p>  |
| <b>Candidacy Highlights</b>  | <ol style="list-style-type: none"> <li>1. Candidacy is eligibility criteria, not a service</li> <li>2. States claim IV-E reimbursement for activities provided to children who are not in foster care.</li> <li>3. Candidacy is NOT a service or a specific activity, nor is candidacy maintenance reimbursement.</li> <li>4. A child may not be considered a candidate for foster care solely because the ND Department of Human Services or its authorized agents are minimally involved with the child and his/her family.</li> <li>5. In order for the child to be considered a candidate for foster care, the ND Department of Human Services or its authorized agents involvement with the child and family must be for the specific purpose of either satisfying the reasonable efforts requirement with regard to preventing removal from the home or if needing removing the child and placing him/her in out of home care. Section 471(a)(15)(B)(i).</li> <li>6. Determinations for foster care candidacy must be made by employees of the State agency or another public agency that has entered into an agreement with the State title IV-E agency pursuant to section 472(a)(2) of the Social Security Act. (45 CFR 205.100): <ul style="list-style-type: none"> <li>• NDDHS: CFS, Behavioral Health and Field Services</li> <li>• County: Authorized agents of the Department per law</li> <li>• DJS: Valid agreement with NDDHS</li> <li>• Tribes: Valid agreement with NDDHS</li> </ul> </li> <li>7. Three acceptable forms of documentation that establish a child's candidacy for title IV-E support; including a case plan, an eligibility form or evidence of a court proceeding. North Dakota made the decision the agency or its agent must make the determination with respect to candidacy and have on file a defined case plan.</li> </ol> |
| <b>Case Plan</b>   | <ul style="list-style-type: none"> <li>✓ Must indicate in writing <i>“absent effective preventative services, out of home care is the planned arrangement for the child.”</i></li> <li>✓ ND will proceed with required care plan language to not only meet eligibility, but to revisit the need/risk ongoing.</li> <li>✓ Plan must detail the child remains at serious risk and absent preventive services, out of home care is the plan for the child.</li> </ul>  |

