Gearing up for Family First

Overview of the Law & Strategies from Iowa & Virginia on Prevention and Congregate Care

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Presenters

Carl Ayers, Director, Division of Family Services, VDSS, carl.e.ayers@dss.virginia.gov, 804-726-7597

Christine Calpin, Managing Director, Public Policy, Casey Family Programs, ccalpin@casey.org, 202-728-2001

JooYeun Chang, Managing Director, Knowledge Management, Casey Family Programs, jchang@casey.org, 202-467-4441

Wendy Rickman, Administrator of Adult, Children and Family Services, Iowa DHS, wrickma@dhs.state.ia.us

Joan Smith, Managing Director, SI Services, Casey Family Programs, jsmith@casey.org, 206-714-5236
THE FAMILY FIRST PREVENTION SERVICES ACT (P.L. 115-123):
OVERVIEW, CFP SUPPORT & NEXT STEPS
Family First Prevention Services Act of 2018

- The Family First Prevention Services Act was passed and signed into law (P.L. 115-123) as part of the Bipartisan Budget Act on February 9, 2018.
  - New option for States and Tribes to claim Title IV-E funds for prevention activities as early as October 1, 2019.
  - New policy to ensure appropriate placements for children in foster care as early as October 1, 2019.
  - New funding and reauthorization of existing funding for child welfare programs, including prevention funding, court funding, and specific substance abuse prevention grant funding.
New Funding for Prevention Activities (1)

- Allows states to receive open-ended entitlement (Title IV-E) funding for evidence-based prevention services.

**Who:** 1) Children at imminent risk of placement in foster care and their parents or kinship caregivers, or 2) pregnant and parenting youth in foster care, are eligible.

- No income test for eligibility
- Defines children who are “candidates for foster care” as those who can remain safely at home or in a kinship placement with receipt of services or programs
New Funding for Prevention Activities (2)

- Allows states to receive open-ended entitlement (Title IV-E) funding for evidence-based prevention services.

**What:** Allows the following evidence-base 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 or family can receive prevention services.
New Funding for Prevention Activities (3)

• Requires prevention services and programs to be *promising, supported, or well-supported* to qualify for reimbursement.
  – Requires the Secretary of HHS to issue guidance to states regarding the criteria required for services or programs under this section by Oct. 1, 2018. This guidance must include a pre-approved list of services and programs that satisfy the requirements.
  – On June 22, 2018, the Children’s Bureau released a Federal Register Notice for Comments on initial criteria and programs for review in a Clearinghouse of evidence-based practices. Comments are due by July 22, 2018.

• Requires a state to submit a **prevention and services program plan** as part of the state’s Title IV-E plan
  – Requires the plan to include a number of components such as a description of how the state will administer the program, determine eligibility, train caseworkers and numerous other items.
New Funding for Prevention Activities (4)

• Reimbursement rates for prevention activities are:
  – Beginning October 1, 2019 through September 30, 2026, FFP is 50%
  – Beginning October 1, 2026, FFP is the state’s FMAP rate.
  – At least 50% of the spending in every fiscal year must be for well-supported practices.

• States who opt to administer a prevention program also may claim Title IV-E reimbursement for administrative costs at 50% and training costs at 50%.
  – As with the prevention services, these costs are “delinked” from AFDC so not related to the income eligibility of the child or their family.
New Funding for Prevention Activities (5)

- **When:** Title IV-E reimbursement for eligible prevention services begins October 1, 2019.
- **Non-Supplantation:** New federal funds for prevention services are intended to augment, not supplant, state funding for prevention services.
- **Maintenance of Effort:** MOE will be set at FY2014 spending for these same prevention services for candidates for foster care.
Who is a “Candidate for Foster Care?”

- U.S. House Committee Report 114-628 includes the following for further information on Congressional intent:

    ....Under the eligibility criteria for new prevention services in title IV-E, the Committee recognized that children may come to the attention of the child welfare system and be considered at imminent risk of entry into foster care in a wide variety of scenarios. Accordingly, the Committee intentionally did not attempt to provide an exhaustive list of the living situations and caregiver dynamics that would trigger eligibility for the evidence-based mental health, substance abuse, and parent skill-building services made available under this bill.
Ensuring Appropriate Placements in Foster Care (1)

• The following placement options already are allowable under current Title IV-E and will continue under Family First:
  – Facility for pregnant and parenting youth
  – Supervised independent living for youth 18 years and older
  – Specialized placements for youth who are victims of or at-risk of becoming victims of sex trafficking
  – Foster Family Home (defined) – no more than 6 children in foster care, with some exceptions
Ensuring Appropriate Placements in Foster Care (2)

• Beginning October 1, 2018, Title IV-E foster care maintenance payments can be made on behalf of a child in foster care who is placed with their parent in a licensed residential family-based treatment facility for up to 12 months.
  – No income test applies for these services, unlike other Title IV-E foster care placements.

• Beginning as early as October 1, 2019, after 2 weeks in care, Title IV-E federal support will be available for Title IV-E eligible youth placed in a Qualified Residential Treatment Program (QRTP).
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, consistent with the QRTP’s treatment model.
- Facilitates outreach and engagement of the child’s family in the child’s treatment plan.
- Provides discharge planning and family-based aftercare supports for at least 6 months.
- 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 (3)

• States have the **option to delay** this provision for 2 years. However, delays in implementation of these provisions require a delay in prevention provisions.

• To support State implementation of this provision, Family First provides $8 million in FY2018 for grants to states and tribes to support the **recruitment and retention of high quality foster families.**
Additional select items to promote safety, permanency & well-being

• Provides Title IV-E support for evidence-based **kinship navigator programs** at 50%, beginning October 1, 2018.

• Requires HHS to identify **model foster parent licensing standards**; states have to then identify how they will implement.

• Requires the development of a **statewide plan to prevent child abuse and neglect fatalities**.
Promoting Timely Permanency for Children Across State Lines

- Provides $5 million in new grants to states to expand the development of the electronic system to expedite the interstate placement across state lines of children in foster care, guardianship or adoption.

- Requires that states use an electronic interstate case processing system by October 2027.
Reauthorizes Adoption Assistance & Legal Guardianship Incentives

- Reauthorizes the Adoption and Legal Guardianship Incentive Programs through FY2022.

- Delays the phase in/expansion of the Adoption Assistance delink for children under age 2 (eligibility tied to 1996 AFDC income test) through June 30, 2024.
Continues Child Welfare Funding

• Reauthorizes **Title IV-B programs and services** until FY2021.
  – Stephanie Tubbs Jones Child Welfare Services Program, including funding for monthly caseworker visits
  – Promoting Safe and Stable Families Program
  – Court Improvement Program
  – Regional Partnership Grants to Increase the Well-Being of, and to Improve the Permanency Outcomes for, Children Affected by Heroin, Opioids, or Other Substance Abuse

• Reauthorizes and makes revisions to the **John H. Chafee Foster Care Independence Program** until FY2021.
Leadership for Implementing FFPSA

• FFPSA is the most important new tool in a generation to support safely reducing the need for foster care, improve outcomes and advance communities of hope across America.

• FFPSA is an opportunity to:
  – Create **system transformation** and not just a chance to maximize revenue
  – **Put into action our values** regarding strengthening families and prevention, using foster care as the last intervention instead of the first, and ensuring children are in the most family like settings.
CFP Support for Implementing FFPSA

1. Building on the experience and learning from waivers.

2. Use of Senior Leader Caucus and input.

3. Additional webinars and technical assistance on specific issues provided by CFP and our partners.

4. Upcoming Regional FFPSA jurisdictional and tribal focused meetings:
   - July 9, 2018 in Seattle
   - August 1, 2018 in Denver
   - August 16, 2018 in Atlanta
Catalog of Interventions & ACF Request for Public Comments

- Casey Family Programs: *Interventions with Special Relevance for the Family First Prevention and Services Act (FFPSA)*

- Federal Register Notice: **Decisions Related to the Development of a Clearinghouse of Evidence-Based Practices in Accordance With the Family First Prevention Services Act of 2018**
  - Comments must be submitted no later than 7/22/18 by email to ffclearinghouse@acf.hhs.gov
STRATEGIES IN VIRGINIA
Reducing overreliance on congregate care while safely reducing out-of-home care

- **2007-2010**: Partnered with AECF on creating a statewide steering committee, establishing a family-strengthening practice model, supporting leadership development, and creating reinvestment and revenue for community-based services

- **Result**: Combination of strategies resulted in a significant decrease of children in congregate care and the overall child welfare population

**Children in Group Care**

- **60% reduction**
- **26% in group care** in Dec. 2007 reducing to **16% in group care** in Dec. 2017

**Children in Foster Care**

- **37% reduction**
- **37% reduction** in foster care

Data Source: VCWOR > OASIS Children in Care on Last Day
Shifting from costly congregate care to community services & spending less

- Rate of annual cost growth slowed from +10% to -6%: more than $150 million below trend.
- Number of children served ran 9% below FY08, with two-thirds of that decrease occurring in FY11.
- Local share of spending continued to trend down, reflecting increased use of community-based services.

FY11 results:
- FY11 spending if 2001-08 trend had continued: $566 million
- Actual spending for FY11: $409 million
- Spending for congregate care down almost $64 million since FY08
- Spending for community services up nearly $10 million since FY08

For FY09, state match rate was increased for community services and decreased for congregate care, to provide an incentive for better practice.

Expenditures in millions

State Fiscal year (July-June)

- Pre policy change
- Post policy change

CSA Pool expenditures in millions

State Fiscal Year (July-June)
## Current Spending in the Pool

<table>
<thead>
<tr>
<th>Category</th>
<th>FY15</th>
<th>FY16</th>
<th>FY17</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CSA Expenditures</strong></td>
<td>$259 million</td>
<td>$275 million</td>
<td>$288 million</td>
</tr>
<tr>
<td><strong>Congregate Care</strong></td>
<td>$58 million</td>
<td>$59 million</td>
<td>$59 million</td>
</tr>
<tr>
<td><strong>Community-based Services</strong></td>
<td>$24 million</td>
<td>$27 million</td>
<td>$31 million</td>
</tr>
</tbody>
</table>
Children’s Services Act

• Began in 1993 in response to § 2.2-2649 establishing a single state pool of funds to support services for eligible youth and their families.
• Unique system where state foster care monies are not managed inside the Department of Social Services.
• The State Executive Council is the supervisory body responsible for programmatic and fiscal policies.
• The Office of Children’s Services is the administrative entity responsible for implementation.
• In Fiscal Year 2017, CSA served over 15,000 children and families under a combined budget of over $370 million.
Children’s Services Act: State Pool Funds Variable Match Rates

- Average state-wide match rate is 65/35 (state and local)
- With the Transformation, the Commonwealth instituted a variable match rate structure creating 3 different match rates depending on the service:
  1. Base match rate
  2. Community-based match rate (otherwise known as the “Incentive match rate)
     • 50% lower than base match rate
  3. Congregate care match-rate
     • 25% higher than base match rate
## Sustaining Progress: Foster Care Populations in Similar Size States

<table>
<thead>
<tr>
<th>State</th>
<th>Population</th>
<th>Foster Care Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Washington</td>
<td>6,895,318</td>
<td>10,665</td>
</tr>
<tr>
<td>Virginia</td>
<td>8,186,628</td>
<td>4,735</td>
</tr>
<tr>
<td>New Jersey</td>
<td>8,867,749</td>
<td>6,874</td>
</tr>
<tr>
<td>North Carolina</td>
<td>9,748,364</td>
<td>10,324</td>
</tr>
<tr>
<td>Michigan</td>
<td>9,882,519</td>
<td>12,248</td>
</tr>
<tr>
<td>Georgia</td>
<td>9,915,646</td>
<td>10,935</td>
</tr>
</tbody>
</table>
Lessons Learned & Resources

• Major focus in the Commonwealth on serving children and families in **community-based settings**.
• Required **support from the Governor's office all the way down through the legislature and multiple agencies to be successful**.
• Needed a shared understanding of trauma and the **realization that foster care is not the answer to larger societal issues**.
• The Children's Services Act, while unique to VA, has created a system where **all child serving agencies are at the table along with the family** to develop a service plan focused on supporting the child and family by wrapping services around them in the least restrictive environment.
• Resources:
  – [Back on Track: Transforming Virginia's Child Welfare System](#)
  – [Children's Services Act website](#)
  – [VDSS Annual Statistical Report - Family Services](#)
Shared Values & Principles

- Keep children closer to home
- More children living with relatives and siblings
- More children in family-like settings
- Increase number of foster families
- Services children need are available in the service area
- Payment structure focused on services, not setting
- Excellent communication at time of referral and "handoffs"
- Placement stability
- Exit planning from day one
- Pay tied to performance
Background: Contractor Capacity & Services Provided in SFY15

- **Child Welfare Emergency Services**
  - 13 Contractors with 15 shelters across Iowa and a daily average census of 156

- **Foster Group Care Services**
  - 14 Contractors with 63 licensed units across Iowa; 1,447 children were served

- **Supervised Apartment Living**
  - 6 Contractors with a monthly average of 71 youth

- **Recruitment and Retention of Resource Families**
  - 2,129 family foster care settings serving an average of 1,740 children monthly
New Child Welfare Service Contracts for SFY18

Crisis Intervention, Stabilization & Reintegration (CISR)
- Child Welfare Emergency Services (CWES)
- Foster Group Care Services (FGCS)
- Supervised Apartment Living (SAL)

Recruitment, Retention Training & Support (RRTS)
- Training & Support of Foster Parents (T&S)
- Recruitment & Retention of Resource Families (R&R)
Elements Iowa DHS sought to strengthen with RRTS contracts

• Matching children – first match, best match
• Well-trained foster parents capable of meeting our children’s needs
• Increased face-to-face support with foster parents to enhance placement stability
• Better alignment and streamlined roles and responsibilities that meet the fundamental needs of foster parents and children placed
• Enhanced capacity for siblings, older youth, and cultural matching
• Enhanced capacity for youth with increased needs who could be successful in family-like settings
• Better integration and communication between foster family services, foster families, residential providers and other stakeholders
• Enhanced support for non-licensed relative caregivers
# Key Decisions

<table>
<thead>
<tr>
<th>Subject</th>
<th>Decisions</th>
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<tbody>
<tr>
<td><strong>RFP Structure</strong></td>
<td>• Integrated RR and TS RFPs into one RRTS RFP</td>
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<tr>
<td></td>
<td>• Combined CWES, FGCS, and SAL RFPs into one CISR RFP, but keeping</td>
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<tr>
<td></td>
<td>the three services distinct for the time being</td>
</tr>
<tr>
<td><strong>Pricing Structures</strong></td>
<td>• Overhauled pricing structure for CISR – payments based on number of</td>
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<tr>
<td></td>
<td>beds, not children in beds</td>
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<tr>
<td><strong>Performance Measures</strong></td>
<td>• Updated all performance measures to outcomes-based measures</td>
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<td></td>
<td>• Tied 10% incentive payment per contract to performance measures</td>
</tr>
<tr>
<td><strong>Evaluations and Awards</strong></td>
<td>• Awards for each service will be made at the Service Area level</td>
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<tr>
<td></td>
<td>• RRTS may only have one winning Bidder per Service Area</td>
</tr>
<tr>
<td></td>
<td>• All CISR services may have multiple winning Bidders per Service Area</td>
</tr>
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Movement toward Child Welfare System of Care

• Iowa’s child welfare system must develop more evidence-based and data-driven approaches that support strong children and strong families.

• Community networks that focus on the whole person and meet the needs for growth and development must be developed/strengthened.

• Solid collaborations must be achieved to encourage cross-system, effective, community-based supports and services for children and youth from birth through young adulthood.

• We must be organized into a flexible coordinated network of resources with meaningful partnerships with and between families, children and young adults.

• Contracts should be used as vehicles to achieve these goals and focus on desired outcomes rather than compliance.
SFY 2016 Percent of Youth Placed in County of Origin

SFY16 percent of youth in home county in OOH
2017 Percent of Youth Placed in County of Origin

15 Aug - 8 Nov 2017 % in Home County
2017 Percent of Youth Placed within 2 Counties of Origin

15 Aug - 8 Nov 2017 % within 2 Counties of Origin

[Map showing the percentages of youth placed within 2 counties of origin for different counties in Iowa.]
2017 Percent of Youth 3+ Counties away from Origin

15 Aug - 8 Nov 2017 %3+ Counties from Origin

[Map of Iowa showing the percent of youth 3+ counties away from their origin for each county, with varying shades indicating the percentage.]
## July 2015-December 2017: Out of Home Population Over Time

<table>
<thead>
<tr>
<th></th>
<th>out-of home avg. daily population</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>family</td>
<td>group</td>
<td>SAL</td>
<td>shelter</td>
<td>Total</td>
<td></td>
</tr>
<tr>
<td>FY 2016</td>
<td>1,759</td>
<td>635</td>
<td>67</td>
<td>147</td>
<td>2,608</td>
<td></td>
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<tr>
<td>FY 2017</td>
<td>1,750</td>
<td>576</td>
<td>56</td>
<td>148</td>
<td>2,530</td>
<td></td>
</tr>
<tr>
<td>FY 2018</td>
<td>1,872</td>
<td>523</td>
<td>60</td>
<td>162</td>
<td>2,616</td>
<td></td>
</tr>
</tbody>
</table>
Lessons Learned

• The shift to reducing foster group care happened more rapidly than expected
  – Purchased 650 beds daily, which was aligned with practice for the past several years, but average utilization for SFY18 has only been 520 beds daily.

• Community response has been somewhat mixed, especially regarding delinquent youth being placed closer to home.

• Providers are experiencing less ability to manage the mix of kids and youth in their care due to the no eject-no reject expectations.

• The inter-connectedness of contracts is becoming very clear to providers of all child welfare services, resulting in meaningful provider discussions in each area.

• We are heading in the right direction….
QUESTIONS?
COMMENTS?