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**Nevada Department of
Health and Human Services**
DIVISION OF CHILD AND FAMILY SERVICES

Preparing Nevada for Family First Prevention Services Act (FFPSA) Planning

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TODAY'S PURPOSE

- Provide information about the Family First Prevention Services Act
- Identify implications and opportunities for all Nevada providers serving children, youth, adolescents and their families, young adults and adult consumers across all behavioral health and child/family serving systems
- Discuss importance of a cross-agency collaborative planning process
- Describe Nevada's FFPSA planning process and timeline
- Review the Nevada Provider Readiness Survey



FFPSA Overview



Two Major FFPSA Goals

1. Makes major change in use of Title IV-E to allow funding of prevention services



Funding for prevention services is intended to:

- a. prevent entry into foster care, and
- b. prevent adoptions and kinship guardian placement disruption

2. Limits on Congregate Care

The stronger the prevention services, the less the need for congregate care



Prevention Services

FFPSA Prevention Services

- Allows use of Title IV-E for Prevention Services and Supports to prevent (1) placement of children and youth into foster care and (2) placement disruption for children/youth in adoptive or kinship guardian homes.
- Covers for 12 months:
 - **Services to address mental health challenges**
 - **Substance abuse prevention and treatment**
 - **In-home parent skill-based programs, including parent education, individual, and family counseling**
- Also allows reimbursement for kinship navigator programs
- Also IV-E reimbursement allowed for up to 12 months for child placed with a parent in a licensed residential family-based treatment facility for substance abuse

FFPSA Prevention Services Eligibility

- Eligible populations to receive services:
 - Parents or relatives caring for children/youth who are “candidates for foster care” – at imminent risk of entering foster care but can remain safely at home with services and supports
 - Adoptive parents and relative guardians where placement disruption is a concern
 - Youth in foster care who are pregnant or already parents
- Extends to age 23 supports for youth transitioning out of foster care.
- Extends to age 26 eligibility for education and training vouchers (Chafee Foster Care Independence Program)

FFPSA Key Components

1. Prevention services and supports must be promising practices, supported practices, or well-supported practices. 50% of expenditures for prevention services must be for well-supported practice
2. Trauma-informed
3. IV-E reimbursement also allows for kinship navigator programs that meet promising, supported or well-supported practice requirements
4. IV-E Prevention funds cannot supplant current state spending. States must demonstrate maintenance of effort.
5. Funds can be used for training and administration related to the provision of prevention services.

Title IV-E Prevention Services Clearinghouse: First Services Selected for Systematic Review

Mental Health:

- Solution Based Casework
- Triple P – Positive Parenting Program
- Parent-Child Interaction Therapy
- Trauma Focused-Cognitive Behavioral Therapy
- Multi-systemic Therapy
- Functional Family Therapy
- Attachment and Biobehavioral Catch-Up
- Brief Strategic Family Therapy
- Child Parent Psychotherapy
- Incredible Years
- Interpersonal Psychotherapy
- Multidimensional Family

Substance Abuse:

- Motivational Interviewing
- Multi-systemic Therapy
- Families Facing the Future
- Methadone Maintenance Therapy
- Brief Strategic Family Therapy
- Family Behavior Therapy
- Multidimensional Family Therapy
- Seeking Safety
- The Seven Challenges

In-Home Parent Skill-Based:

- Nurse-Family Partnership
- Healthy Families America
- Parents as Teachers
- Attachment and Biobehavioral Catch-Up
- Brief Strategic Family Therapy
- Homebuilders
- Multidimensional Family Therapy
- Nurturing Parenting
- Safecare

Kinship Navigator Programs

- Children's Home Society of New Jersey Kinship Navigator Model
- Children's Home Inc. Kinship Interdisciplinary Navigation Technologically-Advanced Model (KIN-Tech)
- Ohio's Kinship Supports Intervention/ProtectOHIO
- YMCA Kinship Support Services, YMCA Youth and Family Services of San Diego County

IV-E Prevention Services Clearinghouse Handbook of Standards and Procedures

If not yet recognized by a listed Clearinghouse, must:

- Provide links to the study(ies), manuals, and/or training requirements
- Explain how the practice/program meets outcomes related to: child safety, and/or child permanency; and/or child well-being; and/or adult well-being
- If it is a kinship navigator program, show how it addresses access to services, and/or referral to services, and/or satisfaction with services

Priority given to programs/practices in active use with implementation supports like manuals, frameworks, fidelity checklists, video, training etc.

Particular consideration is being given to:

1. Recommendations from states and localities
2. practices/programs rated by other clearinghouses
3. recommendations from federal partners
4. practices/programs that have been evaluated as part of other Children's Bureau grants/waivers

Next Set of Programs Under Review

Mental Health:

Attachment and Biobehavioral Catch-Up [also listed under in-home parent skill-based]

Brief Strategic Family Therapy [also listed under substance abuse and in-home parent-skill based]

Child Parent Psychotherapy

Incredible Years

Interpersonal Psychotherapy

Multidimensional Family Therapy [also listed under substance abuse and in-home parent-skill based]

Triple P – Positive Parenting Program

Substance Abuse:

Brief Strategic Family Therapy [also listed under mental health and in-home parent skill-based]

Family Behavior Therapy

Multidimensional Family Therapy [also listed under mental health and in-home parent skill-based]

Seeking Safety

The Seven Challenges

In-home Parent Skill-based:

Attachment and Biobehavioral Catch-Up [also listed under mental health]

Brief Strategic Family Therapy [also listed under mental health and substance abuse]

Homebuilders

Multidimensional Family Therapy [also listed under mental health and substance abuse]

Nurturing Parenting

SafeCare

Solution Based Casework

Kinship Navigator:

Ohio's Kinship Supports Intervention/ProtectOHIO

YMCA Kinship Support Services, YMCA Youth and Family Services of San Diego County



Placement Services

FFPSA Allowable Placements

REDEFINES FAMILY FOSTER HOME

“The statute now limits the definition of a foster family home to a home of an individual or family and requires that the foster parent resides in the home with the child. This means that the term may no longer include group homes, agency-operated boarding homes or other facilities licensed or approved for the purpose of providing foster care...as previously permitted in the regulatory definition...if that facility is not the home of an individual or family.”

Children’s Bureau July 9, 2018: ACYF-CB-P1-18-07

<https://www.acf.hhs.gov/cb/resource/pi1807>

FFPSA Allowable Placements

Beginning with the third week of a child entering foster care, states will be eligible to receive IV-E maintenance payments only for children in the following settings:

- **A foster family home** that meets the new definition
- **A child care institution** - defined as a licensed private institution or public child-care institution with no more than 25 children that is one of the following settings:
 - ✓ A Qualified Residential Treatment Program (QRTP)
 - ✓ A setting specializing in providing prenatal, post-partum, or parenting supports for youth
 - ✓ A supervised setting for youth living independently
 - ✓ A setting providing high quality residential care and supportive services to children and youth who are found to be, or are at risk of becoming, sex trafficking victims
 - ✓ Children placed with a parent in a licensed residential family-based substance use treatment facility

Children's Bureau July 9, 2018: ACYF-CB-P1-18-07

<https://www.acf.hhs.gov/cb/resource/pi1807>

Congregate Care Limits and Requirements

- **Limits the use of congregate/group care**; states can seek two-year delay (until 2021), however funding for prevention services will be delayed for the same time period.
- **Residential treatment programs (unless PRTFs which are paid for by Medicaid) must meet Qualified Residential Treatment Program (QRTP) requirements, including:**
 - Has a trauma-informed treatment model
 - Has registered or licensed nursing staff and other licensed clinical staff, who are available 24/7 and available to provide services on-site – do not have to be employees of the facility itself
 - Facilitates family participation
 - Facilitates family outreach and documents how outreach is made, and maintains contact information for family and kin
 - Documents how the family is integrated into the child's/youth's treatment, including post-discharge, and how sibling connections are maintained
 - Provides discharge planning and family-based aftercare support for at least 6 months post discharge
 - Must be licensed and nationally accredited

Congregate Care Limits and Requirements

- **Assessment to determine appropriateness of placement**
 - Must be done within 30 days of placement in a QRTP
 - Must be done by a trained professional or licensed clinician who is not a state employee or employee of the QRTP – can be waived if state can demonstrate objectivity
 - Must use evidence-based, validated functional assessment tool (HHS to release guidance on valid tools)
 - Assessment must be done in conjunction with child's/youth's family and permanency team (can include kin, neighbors, clergy, etc.)
- More rigorous oversight of children in QRTPs - specific case planning requirements, review and hearing requirements, and court approval of placements within 60 days of placement



Systems Collaboration

Congregate Care: Family First Prevention Services Act and Medicaid

Child Welfare IV-E

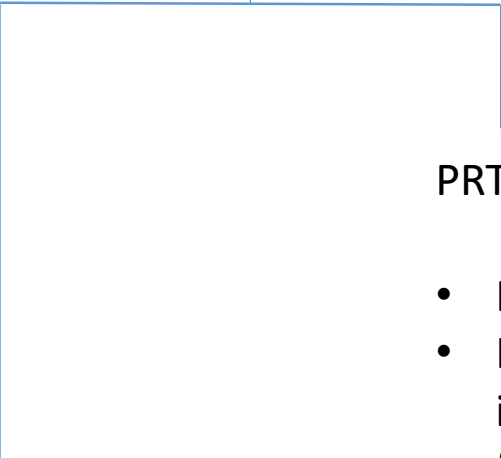
Medicaid

- Foster Family Homes ≤6 Beds
- Family-Based SUD RTC
- Supported Independent Living
- RTCs serving victims of sex trafficking
- RTCs serving pregnant & parenting teens
- RTCs not using IV-E (state or local GR)

QRTPs

Child Care Institutions

- Publicly operated ≤25 beds
- Private – no bed limit:
 - ❖ ≤16 beds can bill Medicaid for tx component
 - ❖ Over 16 beds, considered by Medicaid to be Institution for Mental Disease (IMD) – cannot bill Medicaid – unless included in 1115 waiver as demo –intended for acute care stays



PRTFs (no IV-E)

- No bed limit
- Inpatient service in non-hospital facility

- RTCs therapeutic component-Medicaid Rehab Option ≤16 beds



No bed limit

Opportunity for FFPSA Cross-System Collaboration

- FFPSA presents opportunities for child welfare, Medicaid, behavioral health, public health, juvenile justice to:
 - Expand mental health and SUD services for children, youth and adults;
 - Expand supports to families/caregivers;
 - Expand training for family-driven, youth-guided, trauma-informed best practices;
 - Obtain better data on mental health and SUD services for children involved with child welfare;
 - Improve the quality of residential care
- FFPSA can help to address **common cross-agency concerns** such as: high out-of-home placement rates; high placement disruption rates; insufficient access to effective home- and community-based behavioral health services; challenges to intervening early; and poor performance on quality measures

IV-E To Be Payor of Last Resort

The state child welfare agency is not “a legally liable third party for purposes of satisfying a financial commitment for the cost of providing such services or programs with respect to any individual for whom such cost would have been paid for from another public or private source but for the enactment of this subsection.”

ACF Guidance: “If a parent with Medicaid coverage is receiving mental health services that would be covered by Medicaid, and that are also allowable under the title IV-E prevention program, Medicaid must pay for the service before the title IV-E portion (if any) is paid.”

Exception: IV-E funds can be used to prevent a delay in receipt of services.



Nevada's FFPSA Planning

Nevada's FFPSA Planning Process

- In July 2019, Nevada put structures and processes in place to plan for Family First
 - Leadership Team: includes key child welfare leaders from State, Rurals, Clark and Washoe
 - Two Workgroups: include child welfare representation from State, Clark, Washoe and other State agencies
 - Prevention
 - Placement

Nevada's Planning Timeline

- Nevada plans to submit the state's Prevention Services Plan to the Children's Bureau at the end of April 2020.
- The hope is that the Children's Bureau approves with enough time to implement October 2020.

NV's Priority Populations Identification

Nevada Prevention Work Group reviewed the qualitative and quantitative data on factors driving :

- Entries into Foster Care
- Placement Disruptions

NV's Identified Priority Populations

1. Early Intervention (age 0-5) (for example, infants and young children at risk for entry into foster care due to the parent's mental health and/or SUD challenges or due to the child's behavioral health issues)
2. Parent Substance Use Disorders (placing the child at risk for entry into foster care)
3. Parent Mental Health Disorders (placing the child at risk for entry into foster care)
4. Child or Youth Behavioral Health Challenges (placing the child at risk for entry into foster care or for adoption and kinship guardian placement disruptions)
5. Domestic Violence/Intimate Partner Violence



NV's Provider FFPSA Readiness Survey

Survey Purpose

- Identify current capacity as well as interest in expanding prevention services capacity for NV's priority populations
- Identify capacity of congregate care providers to meet QRTP requirements
- Inform DCFS planning and decision-making related to the implementation of FFPSA and Nevada's larger child welfare transformation.
- Assist efforts to maximize and make the most efficient use of resources across funding streams (e.g., IV-E, Medicaid, behavioral health etc.) by reaching out to a broad group of providers, not only current child welfare providers.

Survey Audience Includes:

1. **Community-based providers** providing the following types of services:
 - Mental health treatment for children, youth and young adults and their families;
 - Mental health treatment for adults;
 - Substance use disorder treatment for adolescents;
 - Substance use disorder treatment for adults;
 - Substance use disorder treatment for mothers and their young children; and
 - In-home parent skill-building programs, including parenting skills training, parenting education, and individual and family counseling.

2. **Congregate Care providers**, including the following:
 - Psychiatric residential treatment facilities;
 - Residential treatment centers serving children, youth and/or young adults;
 - Group homes serving children, youth and/or young adults;
 - Learning homes;
 - Emergency shelter care providers;
 - Specialized foster care;
 - Advanced foster care;
 - Independent living programs serving youth and young adults;
 - Psychiatric inpatient hospital programs;
 - Substance use residential programs serving youth;
 - Substance use residential programs serving adults;
 - Substance use residential programs serving mothers and their young children

Survey Sections

Section A – Well Supported, Supported and Promising Models/Practices

Section B – Qualified Residential Treatment Programs (QRTPs)

Section C – Trauma Informed Approach

Section D – Continuous Quality Improvement (CQI) and Data Use

Who Should Fill Out What Sections

- ✓ If you are a community service provider, submit ONE survey, unless you feel strongly that your community programs warrant separate responses. For example, if you have community-based mental health programs serving children and their families and community-based programs serving adults with substance use disorders, you should fill out more than one survey response. Community-based providers will **complete Sections A, C and D**. Please indicate clearly the program for which you are filling out each survey response.
- ✓ If you are a congregate care provider and you operate several different types of congregate care programs (e.g., group home; emergency shelter, residential treatment center, etc.), you should submit multiple survey responses, one for each type of congregate care program you operate. Congregate care providers will complete **Sections B, C and D**. Please indicate clearly the program for which you are filling out each survey response. Your responses should be reflective of the specific program you have identified.
- ✓ If you are both a community service provider and congregate care provider, please submit separate survey responses for each type of program.

Who Should Fill Out What Sections

- You will be asked to fill out Overall Agency information (about your organization) and then also Program-specific information
- Agency leaders are encouraged to engage a diverse representation of staff, youth and families at all levels of the organization in completing the readiness assessment
- **TIP: Print out the hard copy of the survey for your reference and as a collaboration tool in advance of completing the web-based online survey**
- You will receive no direct benefits from participating in this survey. Rather, your responses will help us learn more about the readiness and capacity of Nevada providers to partner with DCFS in the implementation of the Family First Prevention Services Act.

SECTION A: PROMISING, SUPPORTED AND WELL-SUPPORTED MODELS/PRACTICES

PROGRAMS and SERVICE RATING DEFINITIONS from TITLE IV-E PREVENTION SERVICES

➤ Questions in Section A explore your current capacity and potential to expand capacity to provide well-supported, supported and promising programs/practices

Well-supported - A program or service is rated as a well-supported practice if it has at least two contrasts with non-overlapping samples in studies carried out in usual care or practice settings that achieve a rating of moderate or high on design and execution and demonstrate favorable effects in a target outcome domain. At least one of the contrasts must demonstrate a sustained favorable effect of at least 12 months beyond the end of treatment on at least one target outcome.

Supported - A program or service is rated as a supported practice if it has at least one contrast in a study carried out in a usual care or practice setting that achieves a rating of moderate or high on design and execution and demonstrates a sustained favorable effect of at least 6 months beyond the end of treatment on at least one target outcome.

Promising - A program or service is designated as a promising practice if it has at least one contrast in a study that achieves a rating of moderate or high on study design and execution and demonstrates a favorable effect on a target outcome.

SECTION B: QUALIFIED RESIDENTIAL TREATMENT CENTERS (QRTP)

Section B assesses the extent to which a congregate care facility meets the criteria for being considered a Qualified Residential Treatment Program

A QRTP is a newly defined residential placement setting that meets the following criteria:

- Has a trauma-informed treatment model
- Has registered or licensed nursing staff and other licensed clinical staff, who are available 24/7 and available to provide services on-site – do not have to be employees of the facility itself
- Facilitates family participation
- Facilitates family outreach and documents how outreach is made, and maintains contact information for family and kin
- Documents how the family is integrated into the child's/youth's treatment, including post-discharge, and how sibling connections are maintained
- Provides discharge planning and family-based aftercare support for at least 6 months post discharge
- Must be licensed and nationally accredited (i.e. COA, CARF, JCAHO, EAGLE)

SECTION B: QRTP related to EXCEPTION POPULATIONS

- Your congregate care setting does not have to be a QRTP if you serve one of these populations. These are considered EXCEPTION POPULATIONS under FFPSA:
 - Pregnant and Parenting Teen
 - Children/Youth who are Victims of Sex Trafficking or at Risk
 - Independent Living for Age 18 and Older
 - Family-Based Substance Abuse Residential Treatment Facility
- Please answer if you serve this population now or are interested in serving in the future.

SECTION C: TRAUMA-INFORMED

- FFPSA requires that services be trauma-informed.
- The items in this section refer to the delivery of services or programs under an agency structure and treatment framework that involves understanding, recognizing and responding to the effects of all types of trauma, and in accordance with recognized principles of a trauma-informed approach and trauma specific interventions to address trauma's consequences and facilitate healing.

Children's Bureau Information Transmittal: ACYF-CB-IM-18-02

SECTION D: CONTINUOUS QUALITY IMPROVEMENT (CQI) AND DATA USE

- As part of FFPSA, Nevada will need to establish a CQI strategy to support effective implementation of identified promising, supported and well-supported practices.
- This strategy will entail program-level and agency-wide CQI activities for gathering, monitoring, analyzing, and reporting utilization, fidelity, and outcomes for specified practices and programs.
- This section asks about your current CQI practices.

TWO ADDITIONAL QUESTIONS

1. Please provide any additional information about your program that is pertinent to FFPSA and/or to explain your responses.
2. What are your most critical questions or concerns related to FFPSA?

SURVEY TIMELINE & LINK

- Survey Link:
 - https://umaryland.az1.qualtrics.com/jfe/form/SV_3Jymd8thJREMLsN
- Deadline to complete the survey
 - Friday, December 20th
- Results reviewed and analyzed
 - As submitted

Finding More Information

- The FFPSA Leadership Team will post relevant updates on DCFS website at <http://dcfs.nv.gov/Programs/CWS/FFPSA/>
- Email inquiries or questions to centralized email address: ffpsanv@dcfs.nv.gov

Resources

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

<https://www.acf.hhs.gov/sites/default/files/cb/pi1906.pdf> (Transitional Payments)

<https://www.acf.hhs.gov/sites/default/files/cb/pi1809.pdf> (IV-E prevention program requirements)

https://www.acf.hhs.gov/sites/default/files/cb/letter_to_update_title_iv_e_prevention.pdf (January 2, 2019 Letter)

<https://www.cwla.org/wp-content/uploads/2019/06/Letter-to-States-IV-E-prevention-transitional-payments-6-6-19-Signed-6.6.19.pdf> (June 6, 2019 Letter)

More Resources

<https://www.acf.hhs.gov/sites/default/files/cb/im1901.pdf> (Licensing Standards)

<https://www.ncsc.org/~media/Files/PDF/Services%20and%20Experts/Government%20Relations/Overview-of-FFPSA-May-18.ashx> (National Center for State Courts Brief)

<https://www.acf.hhs.gov/opre/research/project/title-iv-e-prevention-services-clearinghouse>
(FFPSA Clearinghouse)

<https://www.childrensdefense.org/policy/policy-priorities/child-welfare/family-first/>
(Children's Defense Fund Guide)

<https://campaignforchildren.org/resources/fact-sheet/fact-sheet-family-first-prevention-services-act/> (Campaign for Children Fact Sheet)

<https://nwi.pdx.edu/pdf/Nominating-Wraparound-FFPSA.pdf> (Nominating Wraparound)

