Family First Prevention Services Act and Implementation Updates

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Virginia Commission on Youth
November 20, 2018
The **vision** for Family First is to **keep children safe,** strengthen families and reduce the need for foster care whenever it is safe to do so.
Family First is the **largest investment** in the child welfare system in nearly **40 years** and is an **extraordinary opportunity** to be **innovative** and **responsive** to children’s and families’ individual needs.

Family First supports VDSS’s Children’s Services Practice Model and overarching mission that kids should grow up in a **safe, stable and secure family** that supports their **long-term well-being**.

Family First recognizes that kids do best in families, and families do best in strong, supportive communities. Family First ensures a **family first for children and teens** with prevention services to **keep kids safe** and **families together**. Children and teens who cannot safely stay at home should **live with relatives or close friends**. When that is not possible, Family First advocates that kids should live with a **loving, and supportive foster family**

**Beneficiaries** of Family First are **families with children at imminent risk** of entering foster care.
Target resources and services that prevent foster care placements and help children remain safely in their home.

Ensure children maintain family connections needed for healthy development and emotional well-being while finding safe, permanent homes for children as quickly as possible.

Safely reduce the inappropriate use of congregate care; when congregate care is needed, ensure children are placed in the least restrictive, highest-quality setting appropriate to their individual needs.

Advance the implementation and sustainability of evidence-based, trauma-informed services that appropriately and effectively improve child safety, ensure permanency, and promote child and family well-being.

Build capacity and leverage resources to provide effective services to prevent foster care placement while ensuring financial accountability.
IV-E
$210 million
50/50 match rate
(federal/state)

Children’s Services Act
$370 million
65/35 average match rate
(state/local)
New federal funds for prevention services are intended to increase, not replace, state funding for Prevention Services.
A child (and caregivers) who is a candidate for foster care who can remain safely at home or in a kinship home and is identified as being at **imminent risk** of entering foster care

A child in foster care who is pregnant or parenting

A child whose adoption or guardianship arrangement is a risk of a disruption/dissolution and includes post-reunification services
IV-E Reimbursable Services

- Mental Health Prevention Treatment Services
- Substance Abuse Prevention Treatment Services
- In-Home Parent Skill-Based Programs

Trauma Informed
Why are Evidence-Based Services Important?

Our mission is to improve the lives of children and families.

Evidence based services have demonstrated their effectiveness in helping consumers achieve important outcomes.

Funding allows agencies to keep their doors open to fulfill the mission.

Strong service outcomes are increasingly important in maintaining funding.

Providing evidence based services will improve the confidence of staff in their service delivery.
Well Supported

- Improved outcome must be based on the results of at least 2 studies that used a random control or quasi-experimental trial
- Carried out in a usual care or practice setting
- Sustained effect for at least one year beyond the end of treatment

Supported

- Improved outcome must be based on the results of at least one study that used a random control or quasi-experimental trial
- Carried out in a usual care of practice setting
- Sustained effect for at least 6 months beyond the end of treatment

Promising

- Improved outcomes must be based on at least one study that use some form of control group
Foster Care Program Changes
We believe that children do best when raised in families.

- Family and kinship foster homes
- Placements for pregnant or parenting youth
- Supervised independent living for youth 18+
- Qualified Residential Treatment Programs (QRTP) for youth with treatment needs
- Specialized placements for victims of sex trafficking
- Family-based residential treatment facility for substance abuse  
  *(beginning October 2018)*
National Model Licensing Standards for Foster Families
$8,000,000 in grants for foster home recruitment
Qualified Residential Treatment Program (QRTP)

QRTP Model

- Accreditation
- Facilitates Outreach to the Family
- Trauma Informed Treatment Model
- Provides Family-Based Aftercare Support for at least 6 months
- Registered or Licensing Nursing and Clinical Staff

Congregate Care
Reduce Congregate Care

QRTP Requirements

- 30-day Assessment
- 60-day Court Review
- 12-month review by Commissioner
- Family and Permanency Team
Miscellaneous Changes
John H. Chafee Program for Successful Transition to Adulthood (CPSTA).

CPSTA/ILP services are available for young adults up until their 23rd birthday.

ETV Services available for young adults up until their 26th birthday.
Family Reunification Services

Family Reunification Services and Activities Include:

- Individual, group, and family counseling.
- Inpatient, residential, or outpatient substance abuse treatment services.
- Mental health services.
- Assistance to address domestic violence.
- Services designed to provide temporary childcare and therapeutic services for families, including crisis nurseries.
- Peer-to-peer mentoring and support groups for parents and primary caregivers.
- Services and activities designed to facilitate access to and visitation of children by parents and siblings.
- Transportation to and from any of the services and activities described.

- Removes the time limit on providing reunification services
- Now allows service provision for a period of up to 15 months after reunification

Additional Provisions
Implementation
We are committed to using data to improve decision making and ensure services provided are informed by outcomes.

We will promote reliable, accurate, transparent and timely two-way communication among stakeholders throughout the implementation of Family First.

True transformation will take time, and implementation will continually be monitored and updated to meet emerging needs.

Collaboration and partnerships with systems across the state are the key to successful implementation of Family First. Every person and every organization, provider and system have an important role to play.

Planning for implementation is currently underway, with initial implementation starting October 1, 2019.
A Collaborative Approach to Implementation:

The Three Branch Model

Virginia Department of Social Services
(IV-E Funding Entity)

Virginia Office of Children’s Services
(State Foster Care Funding Sources)

Three Branch Leadership Team
(Judicial, Executive and Legislative Branches of Government)

Three Branch Home Team

Finance
Prevention Services
Appropriate Foster Care Placements
Evidence-Based Services

Public Law 115-123
DIVISION E—HEALTH AND HUMAN SERVICES EXTENDERS TITLE VII—FAMILY FIRST PREVENTION SERVICES ACT
Core Team
Carl Ayers, Virginia Department of Social Services
Sandy Karison, Court Improvement Program
Scott Reiner, Office of Children’s Services
The Honorable Monty Mason, Senator
The Honorable Chris Peace, Delegate
The Honorable Frank Somerville, Culpeper JDR Court
To Date Accomplishments

- **Finance Workgroup**
  - Maintenance of Effort
  - Budget Implications

- **Evidence-Based Services Workgroup**
  - Survey for EBS in Virginia
  - Collaborate with DMAS and DJJ

- **Prevention Services Workgroup**
  - Recommendations on defining key terms
  - Continuum of Prevention Services
  - Feedback for Development of Federal Clearinghouse

- **Appropriate Foster Care Placements Workgroup**
  - Recommendations for QRTP Assessment
  - Feedback for Development of Federal Foster Home Model Licensing Standards
Moving Forward
Moving Forward

**Finance Workgroup**
- Recommend budgets/use of funds to support implementation
- Understand the financial costs of supporting the start up of evidence-based services

**Evidence-Based Services Workgroup**
- Analyze results of EBS Survey (service gaps)
- Perform CANS data analysis
- Provide recommendations for fidelity monitoring and CQI process

**Prevention Services Workgroup**
- Maximize and leverage CSA and Family First Funds (as well as other child serving agencies) to meet the diverse and complex needs of families
- Develop a long term vision for the prevention services continuum

**Appropriate Foster Care Placements Workgroup**
- Develop workflow recommendations for the judicial and Commissioner review requirements for a youth placed in a QRTP
- Develop strategies to increase foster homes with an emphasis on kinship homes
We know some of the pieces, but we’re still figuring out many of the pieces.
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