

# Moving Forward with the *Family First Prevention Services Act*

Joint Legislative Child Protection Oversight Committee

September 5, 2019

# FFPSA Fundamental: IV-E \$'s for Prevention

- Title IV-E funds have always paid for the care of children and youth AFTER they have crossed the line into custody.
- The fundamental opportunity of FFPSA is the ability to use IV-E funding to support prevention services and support families BEFORE a child crosses into state custody.
- The lift: States must first ensure that youth in congregate care are in *Qualified Residential Treatment Programs*

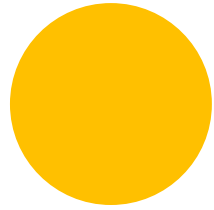
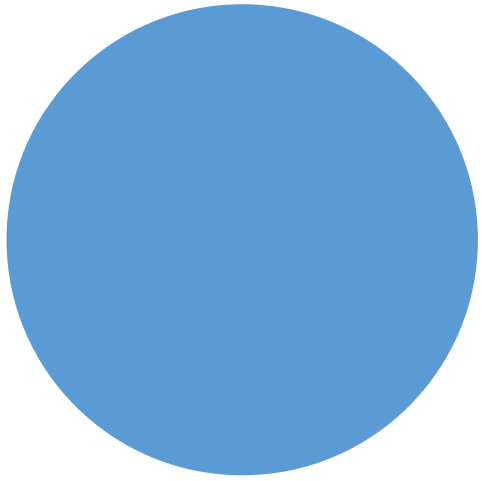


***To Date...FFPSA is very broad:***

- Model Foster Care Regulations
- RTP Staff Background checks
- Kinship Navigation
- Child Fatality Review Statewide Plan
- Initial Analysis of QRTP Impact
- Initial Collection of Prevention Opportunities

***Upcoming dates to remember...***

- Request delay in implementation from the Children's Bureau by September 30, 2019
- Request necessary legislative changes by the start of January 2021 Session at the latest
- IV-E Residential Treatment Program funding impact occurs September 2021 if QRTP guidelines are not in place



# FFPSA and our Residential System of Care

Some numbers and a  
need for creative  
planning!

# In State Residential Care – Short Term

Program	Number of licensed beds	Age/ Gender	Town/City	Additional Info
<b>Hospital Diversion</b>				
NFI Hospital Diversion Program	6	10 up to 18, M/F	So. Burlington	10 days
<b>Crisis Stabilization</b>				
Howard Center- Crisis beds, Jarrett House	6	5 up to 14, M/F	Burlington	10 days
Seall - Depot Gap	5	13 up to 18, F	Bennington	10 days
Seall- Depot Street	12	13 up to 18, M	Bennington	10 days
Seall - Horizon	1	10-18, M/F	Bennington	10-45 days
Windsor Co. YSB- 20 Mile Stream	8	13 up to 22, F	Proctorsville	14- 30 days
Windsor Co. YSB-Mountainside	8	13 up to 22, M	Proctorsville	14 - 30 days
<b>Assessment</b>				
Community House	8	6 up to 12, M/F	Brattleboro	90 days

# In State Residential Care – Long Term

Program	Number of licensed beds	Age/ Gender	Town/City	Additional Info
<b>Community Based Group Home</b>				
Howard Center Transition House	3 + 1	16 up to 22, M	Burlington	Primarily (but not necessarily) a step-down from Woodside
Laraway (Foote Brook)	4	12 up to 19, M	Johnson	Primarily (but not necessarily) a step-down from residential care
NFI Allenbrook	8	12 up to 18, M/F	So. Burlington	Family Teaching
NFI- DBT House	4	10 up to 18, F	Brattleboro	DBT Skills Work
Onion River Crossroads	8	12 up to 21, F	Montpelier	Group Home
WCMH- Skyline	3 + 1	12 up to 20, M	Barre	SHB or MH Issues
WCMH- Crescent	3	6 up to 17, M	E. Montpelier	Very Individualized
WCMH- Evergreen	3 + 1	13 up to 20, F	Berlin	High-End MH needs
WCMH- Oden	3+ 1	13 up to 20, F	Berlin	High-End MH needs
NFI Group Home	6	14 up to 18	Burlington	High-End MH needs
Village House	3	17+ to 22	Burlington	High-End MH needs
NFI- Shelburne House	3	12 up to 18, M	Williston	Very Individualized

# In State Residential Care – Long Term

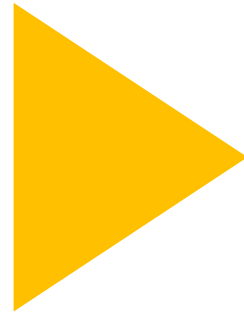
Intensive Residential				
VPI Vt School for Girls	25	9 up to 22, F	Bennington	Aggressive Girls
VPI VT Assess- Newbury	8	11 up to 18, M	Newbury	Agg/MH Boys
Brookhaven	8	6 up to 14, M	Chelsea	Agg/MH Boys
Howard Center-Park Street	10	12 up to 18, M	Rutland	Sexually Harmful Behaviors
Lund	24	no age limit, F	Burlington	Pregnant or Parenting Teens
Retreat- Adolescent Treatment, Linden	12	13 up to 18, M/F	Brattleboro	High-End Mental Health Needs
Retreat- Abigail Rockwell	11	6 up to 14, M/F	Brattleboro	High-End MH needs
Woodside	30	10 up to 18, M/F	Colchester	Delinquent

# SFY 2018

## In-State Congregate Care Placement Numbers...

446 entries

- 291 short term
- 155 long term



423 exits

- 289 short term
- 134 long term



# Qualified Residential Treatment Program Requirements

(short list!)

## Program specific:

- registered or licensed nursing staff
- accredited
- family-based aftercare support for at least 6 months post-discharge

## System specific:

- 30-day independent assessment
- 60-day family court approval

# Program Specific: registered or licensed nursing staff

- *“has registered or licensed nursing staff and other licensed clinical staff who provide care within the scope of their practice as defined by state/tribal law, are on-site according to the treatment model, and are available 24 hours a day and 7 days a week”*
- The addition of QRTP required nursing services for all beds would have increased costs by approximately \$448k, with the after- IVE match cost to the state being \$336k. Exploration of Medicaid covering this cost is warranted.
- TO DO: exploration of creating a financially oriented group to further clarify all these numbers

# Program Specific accredited

- *“Is licensed in accordance with the title IV-E requirements (section 471(a)(10) of the Act) and is accredited by any of the following independent, not-for-profit organizations: The Commission on Accreditation of Rehabilitation Facilities (CARF), the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), the Council on Accreditation”*
- The addition of QRTP required accreditation of all programs would have increased costs by approximately \$161k with the after-IVE match cost to the state being \$121k.
- TO DO: movement forward would require announcing to programs our intent so they can initiate this year long process

# Program Specific aftercare support 6 months post-discharge

- *“provides discharge planning and family-based aftercare support for at least 6 months post-discharge”*
- The addition of QRTP related 6-month aftercare for exiting youth *only from long term placements* increases costs by approximately \$2.1 to \$1.3M (S&S vs DMH case rate) with the after-IVE match cost to the state being \$1.6M to \$1M. Aftercare associated costs regarding short term care are harder to predict. Exploration of Medicaid covering a portion of this cost is warranted.
- TO DO: system-of-care oriented workgroup to explore strategies or options to include providers and DMH

# System Specific 30-day independent assessment

- *“within 30 days of placement a trained individual or licensed clinician not employed by the IV-E agency or the program must provide a written assessment affirming the treatment needs of the child or youth can and should be met at the program”*
- The system specific expectation of a 30-day independent assessment for all new placements would have increased costs by \$178k with the after-IVE match cost to the state being \$134k.
- TO DO: workgroup to explore creative options, contracts, and viability of utilizing CRC

# System Specific 60 day family court approval

- *“Within 60 days of placement the family court must consider the 30 day assessment and make a separate determination as to the placement being the most effective and appropriate level of care. (IV-E draw down must be terminated at each deadline until completed)”*
- The system specific expectation of a court approval within 60-days of the 426 entry placements has not been financially assessed. It would have significant financial, policy, legal, and feasibility impacts.
- TO DO: Explore/problem solve with judicial branch - this is first priority

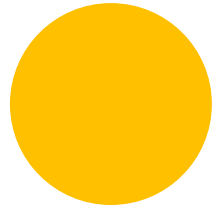
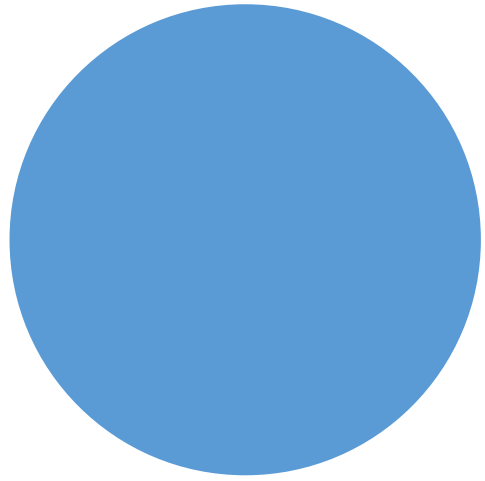
# Costs...

- \$816,783 federal IV-E dollars were realized in SFY18 on a total of \$1,520,445 IV-E eligible dollars spent on in-state congregate care.
- Total in state care cost was \$16,263,290.

• NO OUT-OF-STATE CARE INCLUDED

- Total forecast SFY18 additional cost for QRTP compliance would be between \$3M and \$2M with total after-IVE match costs to the state being between \$2.2 and \$1.5M.

• NO COURT COSTS INCLUDED



# FFPSA and Prevention Opportunities





# Prevention Opportunities

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**Programs must be “promising, supported or well supported”**

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**Trauma informed**

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**Time limited: 12 months of service delivery**

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**For “candidates for foster care and their families”**

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**Described in a prevention plan**

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**Rigorous evaluation component**

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**Title IV-E as “payor of last resort” and does not replace current funding**

# Beginning exploration...

Regional Partnership Program

Family Time Coaching

VT Strong Families/MESH

Caring Dads

Child Parent Psychotherapy

Parent-Child Interaction Therapy

Safe Babies Teams

???

# NIRN Tool

## IMPLEMENTING SITE INDICATORS

### CAPACITY TO IMPLEMENT

Staff meet minimum qualifications

Able to sustain staffing, coaching, training, data systems, performance assessment, and administration

- Financial capacity
- Structural capacity
- Cultural responsiveness capacity

Buy-in process operationalized

- Practitioners
- Families

### FIT WITH CURRENT INITIATIVES

Alignment with community, regional, state priorities

Fit with family and community values, culture and history

Impact on other interventions & initiatives

Alignment with organizational structure

### NEED

Target population identified

Disaggregated data indicating population needs

Parent & community perceptions of need

Addresses service or system gaps

## PROGRAM INDICATORS

### EVIDENCE

Strength of evidence—for whom in what conditions:

- Number of studies
- Population similarities
- Diverse cultural groups
- Efficacy or Effectiveness

Outcomes – Is it worth it?

Fidelity data

Cost – effectiveness data

### USABILITY

Well-defined program

Mature sites to observe

Several replications

Adaptations for context

### SUPPORTS

Expert Assistance

Staffing

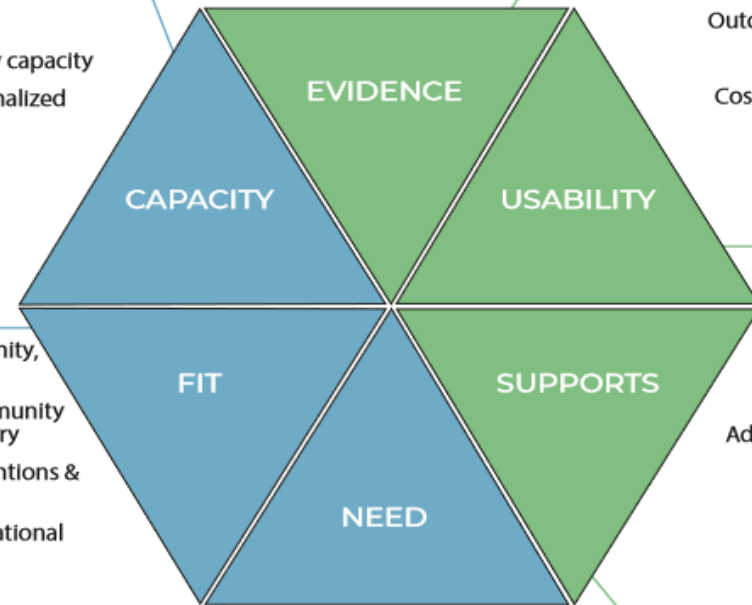
Training

Coaching & Supervision

Racial equity impact assessment

Data Systems Technology Supports (IT)

Administration & System



Moving  
Forward:  
What  
Structures to  
Hold...

Financial Analysis

Legal Analysis

Policy Analysis

Residential Program/System of Care  
Analysis (and Implementation)

Prevention Opportunity Analysis (and  
Implementation)