

Family First Prevention Services Act (FFPSA)

Overview of Federal
Legislation

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Summary of Federal Legislation

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- Most significant federal child welfare law in the last 20 years.
- Dramatically alters the federal Title IV-E funding structure for child welfare programming.
- Aims to transform the child welfare system to invest more in family preservation, family-based services and to increase the quality of residential care programs serving youth in state custody.

Policy and Programmatic Impact to Vermont

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- ❖ Prevention: Vermont will be able to draw down federal IV-E funding for “approved” prevention services designed to prevent children from coming into state custody.
- ❖ Prevention services must be evidenced-based and federally approved for:
 - In-home parenting training
 - Mental health services
 - Substance use treatment
- ❖ Vermont must develop a Prevention Plan approved by the federal government. Requires a state match of 50% and later ties to FMAP.

Policy and Programmatic Impact to Vermont

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To increase quality and ensure residential treatment programs are used only when therapeutically necessary, Vermont programs must be designated as “Qualified Residential Treatment Programs” (QRTP).

To achieve designation, programs must:

- Be accredited;
- Provide access to 24/7 nursing care;
- Ensure programming is trauma-informed and family inclusive; and
- Provide up to 6 months of aftercare.

Policy and Programmatic Impact to Vermont

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Children in state's custody needing residential treatment must be placed in a QRTP in order to draw down Title IV-E funding as of October 1, 2021.

- Children placed in QRTP must have an independent clinical evaluation supporting the placement within 30 days.
- A judicial review of the clinical evaluation must take place within 60 days.

Failure to meet these new FFPSA requirements will prevent Vermont from drawing down Title IV-E funding after 14 days of placement.

Operational Impacts to Implementation

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1. QRTP Readiness Assessment - conduct assessment of Vermont's residential programs to see how they meet FFPSA requirements.
2. QRTP Fiscal Assessment - conduct fiscal impact of not meeting FFPSA requirements by October 1, 2021.
3. Modify fiscal payment mechanisms for residential treatment programs to address program enhancements required by FFPSA.
4. Develop Prevention Plan for federal submission and approval.

Operational Impacts to Implementation

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5. Technology investment for SSMS system to achieve proper IV-E eligibility.
6. Create process for 30-day independent clinical evaluation of placement.
7. Create process for judicial review of evaluation at 60 days (estimated to be approximately 400 cases per year).
8. Assure all data and fiscal systems are in place to meet federal FFPSA audit requirements.

Financial Impacts

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- SSMIS IV-E Changes
- FFPSA Operational Impacts (Internal)
- Provider Impacts for QRTP compliance
- Increased costs of residential care (PNMI Rates)
- Judiciary Impacts with Increased Cases
- Costs associated with clinical assessments
- IV-E Revenue
 - QRTP \$1.3M
 - Prevention funding

What's been done so far...

- We have established a FFPSA Project Team led by DCF Project Manager Kristina James.
- Team members include staff from the DCF Commissioner's Office, Business Office, and staff from the Family Services Division led by Brenda Gooley, FFPSA Executive Sponsor.
- We have secured technical assistance and support from the Center for States Consulting Team.
- Workplan has been developed.

Next Steps

- Tasks with timelines will be assigned to DCF/FSD staff.
- Work with the Consulting Team to develop a meeting structure to track work and progress with the workplan.