

The Family First Prevention Services Act

Policy changes rarely overhaul government systems. But recently the child welfare system experienced a policy shift that will significantly change the way child welfare operates in the United States.

This change is the Family First Prevention Services Act, which alters the way the federal government provides money to the states to run their child welfare systems. While a financial policy shift may not sound important, this change is likely to have widespread ripple effects throughout the child welfare system and lead to some major changes in child welfare organizations' daily operations.

What is the Family First Prevention Services Act (FFPSA)?

The FFPSA is part of the federal Bipartisan Budget Act of 2018. This is federal legislation that affects which child welfare services provided by states can be reimbursed by the federal government. The FFPSA updates Titles IV-E and IV-B of the Social Security Act, which outline reimbursement funding to states for specific child welfare programs.¹

What do these updates do?

Title IV-E and IV-B funding previously offered states reimbursement for spending on programs that placed children into foster care but did not reimburse spending for programs that prevented children from entering the foster care system. Now, in addition to reimbursing states for spending on programs that prevent children from entering foster care, the FFPSA legislation seeks to:

- Emphasize prevention services;
- Promote keeping families together when possible;
- Reduce the number of children in congregate care settings for more than two weeks; and
- Provide evidence-based, in-home parenting skill development, among other efforts.²

In other words, the FFPSA emphasizes keeping families together when possible.



What Are Prevention Services?

Prevention services are a specific group of programs identified in the FFPSA for which states can now receive reimbursement funding. They are programs and services provided by the state in order to prevent children who would otherwise be placed in foster care from entering the foster care system. Some examples of prevention services are:

- Parenting skill development;
- Substance abuse treatment;
- Parent education;
- Individual and family counseling; and
- Mental health treatment.

By incentivizing states to invest in these programs, the FFPSA prioritizes creating safer, healthier, more supportive environments in a child's existing home rather than placing a child in foster care. This is crucial for reducing disruption in children's lives. In addition, services to keep children in their original home help to keep the foster care population at manageable levels for states, making it easier to recruit and retain an adequate number of foster families.

Why update the policies?

Evidence indicates children who are able to remain with their family of origin have better long-term life outcomes than children who are separated from their families, including lower rates of teen pregnancy and juvenile delinquency.³ Next to maintaining the child's home with their family, kinship placements and family-like foster homes provide more stability and better outcomes for the children than a group placement.⁴

When will program changes take place?

When the FFPSA was passed in 2018, states were offered the choice to delay accessing funding allocated by this bill, allowing them more time to overhaul their systems to accommodate new regulations.⁵ Arizona and most other states opted for this extension.⁶ Arizona should see full implementation of the act in late 2021. Further, in an effort to support states in their transition, the Family First Transition Act provides financial relief for states as their child welfare systems develop prevention-focused infrastructure.

Policy Impact: Kinship Placements and Navigation

Kinship placements are characterized by a familial relation or significant relationship with a child who would otherwise qualify for foster care. Kinship care settings are generally preferable to placing a child into a foster care setting when a child cannot stay in their current home for safety reasons.

In addition to reimbursing services to prevent removal, the FFPSA allows for reimbursement for kinship navigation programs. Kinship navigation programs are focused on helping kinship caregivers develop the best care setting possible for the child in their home. Although no kinship navigator programs in Arizona meet the required criteria yet, several are in review and include elements such as:

- Pairing the kinship caregiver with a “family advocate” for 4-6 months;
- Providing counseling and parenting skill courses for the caregiver;
- Peer support network development by connecting groups of kinship caregivers in order to provide a framework for a support group; and
- Financial assistance.

Source: Child Welfare Information Gateway. (N.D.). Kinship Care. Washington, DC: U.S. Department of Health and Human Services, Children’s Bureau. Obtained from <https://www.childwelfare.gov/topics/outofhome/kinship/>.

What does the FFPSA mean for Arizona?

In the mid 2010s, Arizona’s child welfare system was struggling. Some may remember that in 2016, Arizona had almost 19,000 children in foster care.⁷

During this challenging time, an independent review of Arizona’s child welfare system by Chapin Hall in 2015 revealed that there was significant need for improvement. The independent review found that between 2007 and 2013, the median length of stay for children admitted to foster care increased by about 50% with half of the children leaving foster care after 457 days. The report also notes that the number of maltreatment reports increased by 44%.⁸ The Chapin Hall report identified a contributing factor to these challenges was the cut in funding and services for families as a result of the economic recession, with state expenditures dropping by almost half between 2009 and 2014 (from \$193.7 million in 2009 to \$100 million in 2014).⁹

Since then, the Arizona Department of Child Safety has been making progress towards repairing and improving the child welfare system. The number of children in foster care is currently around 14,000 because of increased transparency, quality, and improvements by the state.¹⁰ More than half of children admitted to foster care now exit the system in less than a year.¹¹ In addition, from 2016 to 2018, the number of children in a congregate care setting dropped 30%.¹²

The FFPSA further supports Arizona’s efforts to limit the number of children placed into the foster care system. By providing funding reimbursement for prevention services such as substance abuse treatment for parents, the federal government provides greater motivation for states to invest resources in prevention programs rather than foster placements.

Substance Abuse Treatment Service Example: Arizona Families F.I.R.S.T.

Arizona Families F.I.R.S.T. (Families in Recovery Succeeding Together, also called AFF) is an example of Arizona’s efforts to implement prevention services. Although it existed before the FFPSA, it is being further developed to support the goals of the federal policy, as well as meet federal policy requirements.

The current program works on parenting skill development and addiction treatment. The future of Arizona Families F.I.R.S.T. will incorporate programs such as kinship navigation and foster recruitment and retention.

In short, the program is an aggregation of practices that work to keep families together and improve circumstances for the child. The intended development of the program includes incorporating “supported” and “well supported” practices approved by the clearinghouse (see pages 6-7 for more information) over time into Arizona Families F.I.R.S.T. in order to broaden the scope of its impact.

Source: Arizona Department of Child Safety. (Jan 2020). DCS Report on Progress Implementing Key Components of the Family First Prevention Services Act. Arizona Department of Child Safety. Obtained from <https://dcs.az.gov/content/dcs-progress-implementing-ffpsajan-2020>.

What is congregate care?

Congregate care is a licensed or approved setting that provides 24-hour care for children in a group home or an institution.¹³ The Family First Prevention Services Act discourages the use of congregate care settings for more than two weeks with exceptions for special circumstances such as pregnancy or risk of sex trafficking.¹⁴ As previously mentioned, congregate care settings are a risk factor for unfavorable life outcomes for children. Therefore, rather than relying on congregate care for a first, second, or even third option for foster care placement, it is vital to limit congregate care placement to when a child has specific care needs. The FFPSA encourages a family-like placement or placement in a Qualified Residential Treatment Program, which has more strict operational requirements to provide a high-quality level of care.

What is a Qualified Residential Treatment Program (QRTP)?

A QRTP is a group care setting that is not impacted by the FFPSA's two-week time restriction as are other congregate care settings. A QRTP can receive federal reimbursement payments as long as it meets the requirements outlined by the FFPSA. QRTPs must be licensed by one of three accredited institutions:¹⁵

1. Commission on Accreditation of Rehabilitation Facilities
2. Joint Commission on Accreditation of Rehabilitation Facilities
3. Council on Accreditation

Reimbursement funding for these programs is limited to 12 consecutive months or 18 nonconsecutive months. The secretary of the U.S. Department of Health and Human Services must approve continued placement of a child in a QRTP setting beyond those timeframes.¹⁶

Policy Impact: Qualified Residential Treatment Programs

A QRTP is not meant to be a permanent placement for children in the care of the state, but a transitional setting that provides evidence-based treatment for children who require extra support from the foster care system. The FFPSA encourages a move away from reliance on group care settings, and QRTPs provide evidence-supported group care to children who could benefit from behavioral or mental health intervention. The emphasis on family involvement during treatment, renewal of programs based on evidence, and rigorous evaluation of practices contribute to creating a consistent and reliable environment for the child receiving treatment.

Source: Child Welfare Information Gateway. (2020). Court Hearings for the Permanent Placement of Children. Obtained from <https://www.childwelfare.gov/topics/permanency/legal-court/statelaws/>.

How are QRTPs different from other congregate care settings?

According to the FFPSA, a QRTP must:¹⁷

- Have a trauma-informed treatment model designed to address the child's needs, including clinical needs as appropriate for children with serious emotional or behavioral disorders or disturbances;
- Have a registered or licensed nursing staff and other clinical staff who are on-site in accordance with the child's treatment model;
- Be available 24 hours a day and 7 days a week;
- Incorporate family participation in the child's program when in the best interest of the child; and
- Offer at least six months of support after a child is discharged from the QRTP.

Other group homes or non-QRTP congregate care settings are not required to meet the conditions listed above.

What does trauma-informed mean?

Trauma-informed treatment models are a broad set of healthcare reform initiatives that prevent re-traumatizing patients through the healthcare system. Problematic power dynamics between the patient and doctor, invasive personal questions, and a lack of privacy are replaced by maximizing a patient's sense of control, person-centered approaches, and training all staff. More and more healthcare providers are employing person-centered approaches and are training all staff in trauma-informed strategies.

Source: University at Buffalo, Buffalo Center for Social Research, The Institute on Trauma and Trauma-Informed Care. (2020). What is Trauma-Informed Care? University at Buffalo. Retrieved from [http://socialwork.buffalo.edu/social-research/institutes-centers/institute-on-trauma-and-trauma-informed-care/what-is-trauma-informed-care.html#:~:text=Trauma%2DInformed%20Care%20\(TIC\),individual's%20life%2D%20including%20service%20staff](http://socialwork.buffalo.edu/social-research/institutes-centers/institute-on-trauma-and-trauma-informed-care/what-is-trauma-informed-care.html#:~:text=Trauma%2DInformed%20Care%20(TIC),individual's%20life%2D%20including%20service%20staff).

How is Arizona implementing Qualified Residential Treatment Programs?

DCS has awarded seven vendors approximately \$1.5 million to help 87 group homes begin their transition from group homes into Qualified Residential Treatment Programs.¹⁸ DCS is also awarding grants to help develop specialized QRTP services for specific target cohorts. The identified cohorts are:

1. High needs population in terms of behavioral health
2. Medically Fragile
3. Pregnant/Parenting Teens
4. Significant Trauma (which includes youth known to be sex trafficked)
5. Sexually Maladaptive

Workforce development, governance and leadership, and progress monitoring/quality assurance are all factored into state certification for QRTPs. Arizona is aiming to reduce congregate care populations by 35-50% by 2029.¹⁹

If all of these models are evidence-based, where is the evidence coming from?

The FFPSA also required the development of a clearinghouse of evidence-based programs to provide information on which services would be eligible for federal reimbursement payments.²⁰ The clearinghouse categorizes programs as “promising,” “supported,” or “well supported.” Programs under review currently fall into the following categories, among others:²¹

1. Mental Health
2. Substance Abuse
3. In-home Parent Skill Based
4. Kinship Navigator

The clearinghouse employs a six step, systematic process to identify, review, and rate programs and services. The clearinghouse website provides details as to the rigor and recency of published studies that evaluate the impact and effectiveness of prevention services. More information can be found on the Title IV-E Prevention Services Clearinghouse website: <https://preventionservices.abtsites.com/>.

Policy Impact: Evidence-Based Practices

Evidence-based programs and practices are emphasized in the FFPSA legislation. The evidence-based requirement for federal reimbursement funding, however, has become a point of contention because there is typically substantial cost, time, and effort associated with the programmatic evaluation and development of written protocols required to be considered for inclusion in the Title IV-E Prevention Services Clearinghouse approved program list.

Source: Casey Family Programs and Arizona Department of Child Safety. (2019). Family First Prevention Services Act PowerPoint presented at the 2019 Prevent Child Abuse Arizona Conference. Retrieved from <https://www.pcaaz.org/wp-content/uploads/2019/07/E48-Change-is-Coming-Family-First.pdf>.

What else is critical to ensuring successful implementation of the FFPSA?

Foster care recruitment and retention policies and practices are crucial in the context of the FFPSA because it is designed to promote family preservation or family-like placements, such as foster care.

If remaining with parents is not feasible, kinship or foster care placements are preferable to congregate care placements for a number of reasons, including:

- A child can be placed with adults with whom he/she already has an existing meaningful relationship;
- A child can remain in their community of origin; and
- Children in kinship or foster care spend less time in out-of-home care and have fewer placements.²²

Maintaining an adequate supply of foster homes requires recruiting and training new foster families, retaining existing families that provide culturally competent care, and also relying on kinship placements. Retaining foster families who are experienced and culturally competent is key in providing stability for children who have been removed from their families.

Foster Family Retention

Foster family retention is a key part of maintaining child welfare systems. Foster family retention programs work to provide support to foster care providers in order to prevent burnout. Some retention and support resources provided through DCS or DCS contractors are:

- Respite care, which allows foster families to access childcare to provide relief from the task of caring for a foster child;
- The DCS Warm Line, which provides foster caregivers with requested information, timely communication, and support from DCS;
- The Provider Indemnity Program, which provides insurance coverage and oversees claims for damages caused by children in care; and
- Funding for foster care children to provide them with participation in team sports, dance and music lessons, graduation clothes, class trips, etc.

Sources: (1) Arizona Auditor General. (Sept 2019). Arizona Department of Child Safety Foster Home Recruitment, Licensure, Use, and Retention. Arizona Office of the Auditor General. Retrieved from https://www.azauditor.gov/sites/default/files/19-113_Report.pdf. (2) Arizona Department of Child Safety. (2020). Foster and Kinship Caregiver "Go-To Guide" Supports Section. Retrieved from <https://dcs.az.gov/foster-and-adoption/gotoguide>.

Notes

¹ National Conference of State Legislatures. (2020). Family First Prevention Services Act. National Conference of State Legislatures. <https://www.ncsl.org/research/human-services/family-first-prevention-services-act-ffpsa.aspx>.

² Ibid.

³ Child Welfare Information Gateway. (2014). In-home Services in Child Welfare. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau. Obtained from https://www.childwelfare.gov/pubPDFs/inhome_services.pdf.

⁴ Casey Family Programs. (2018). What are the Outcomes for Youth Placed in Congregate Care Settings? <https://www.casey.org/what-are-the-outcomes-for-youth-placed-in-congregate-care-settings/>.

⁵ National Conference of State Legislatures. (2020). Family First Prevention Services Act. National Conference of State Legislatures. <https://www.ncsl.org/research/human-services/family-first-prevention-services-act-ffpsa.aspx>.

⁶ Arizona Department of Child Safety. (Jan 2020). DCS Report on Progress Implementing Key Components of the Family First Prevention Services Act. Arizona Department of Child Safety. Obtained from <https://dcs.az.gov/content/dcs-progress-implementing-ffpsajan-2020>.

⁷ Arizona Department of Child Safety. (2018). Semi Annual Child Welfare Report September 2018. Obtained from <https://dcs.az.gov/news-reports/dcs-reports>.

⁸ Chapin Hall Center for Children. (2015). Arizona Department of Child Safety Independent Review. University of Chicago. Obtained from <https://dcs.az.gov/news-reports/dcs-reports>.

⁹ Ibid.

¹⁰ Arizona Department of Child Safety. (2020). Semi Annual Child Welfare Report March 2020. Obtained from <https://dcs.az.gov/news-reports/dcs-reports>.

¹¹ Perry, L. (Sept 2019). Arizona Department of Child Safety Foster Home Recruitment, Licensure, Use, and Retention. Arizona Office of the Auditor General.

¹² National Council for Behavioral Health. (2016). The ABC's of Trauma-Informed Care. <https://www.thenationalcouncil.org/wp-content/uploads/2020/04/The-ABCs-of-Trauma-Informed-Care-4.22.16.pdf?dof=375ateTbd56>.

¹³ National Conference of State Legislatures. (2017). Congregate Care, Residential Treatment and Group Home State Legislative Enactments 2009-2013. National Conference of State Legislatures. <https://www.ncsl.org/research/human-services/congregate-care-and-group-home-state-legislative-enactments.aspx>.

¹⁴ National Conference of State Legislatures. (2020). Family First Prevention Services Act. National Conference of State Legislatures. <https://www.ncsl.org/research/human-services/family-first-prevention-services-act-ffpsa.aspx>.

¹⁵ U.S. Department of Health and Human Services. Title IV-E Prevention Services Clearinghouse. <https://preventionservices.abtsites.com>.

¹⁶ National Conference of State Legislatures. (2020). Family First Prevention Services Act. National Conference of State Legislatures. <https://www.ncsl.org/research/human-services/family-first-prevention-services-act-ffpsa.aspx>.

¹⁷ Ibid.

¹⁸ Arizona Department of Child Safety. (2020). DCS Report on Progress Implementing Key Components of the Family First Prevention Services Act. Retrieved from https://dcs.az.gov/sites/default/files/DCS-Reports/DCS%20Progress%20Implementing%20FFPSA_Jan%202020_electronic.pdf.

¹⁹ Arizona Department of Child Safety. (2019). FFPSA Symposium: Qualified Residential Treatment Programs PowerPoint Presentation.

²⁰ National Conference of State Legislatures. (2020). Family First Prevention Services Act. National Conference of State Legislatures. <https://www.ncsl.org/research/human-services/family-first-prevention-services-act-ffpsa.aspx>.

²¹ Title IV-E Prevention Services Clearinghouse. (2020). Find a Program or Services. U.S. Department of Health and Human Services Administration for Children and Families. Retrieved from <https://preventionservices.abtsites.com/program>.

²² Casey Family Programs. (2018). What are the Outcomes for Youth Placed in Congregate Care Settings? Retrieved from <https://www.casey.org/what-are-the-outcomes-for-youth-placed-in-congregate-care-settings/#:~:text=Youth%20placed%20in%20group%20homes,in%20basic%20English%20and%20math-.&text=Youth%20in%20congregate%20care%20are,likely%20to%20graduate%20high%20school>.

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