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IMPLEMENTING THE SUBSTANCE USE DISORDER PROVISIONS OF THE FAMILY FIRST PREVENTION SERVICES ACT

March 31, 2019
2:00pm Eastern Time



ACKNOWLEDGMENT

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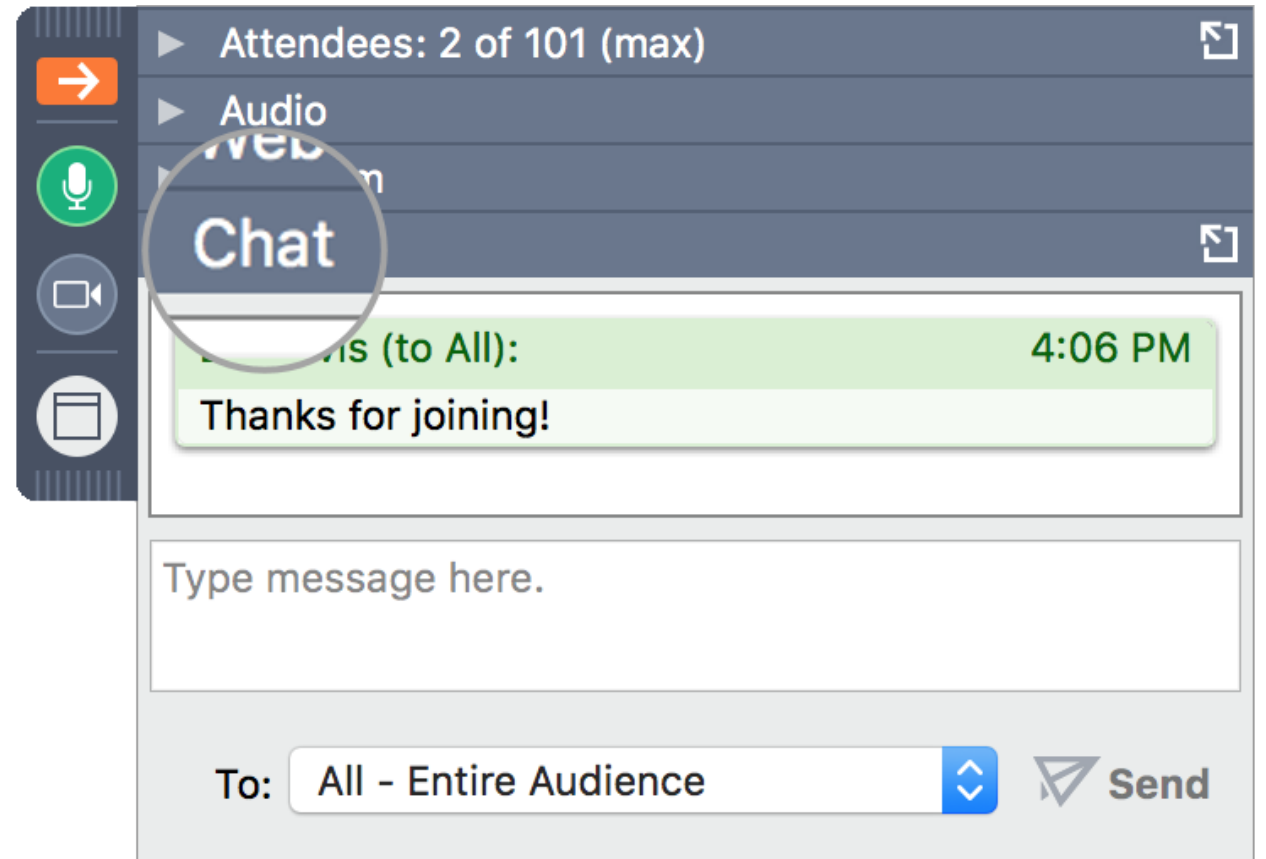
MODERATOR

Sarah O'Rourke,
Program Associate,
Children and Family Futures



PARTICIPATE IN TODAY'S DISCUSSION

Submit questions via the
chat box



PRESENTERS

Presenters

[Sarah Morris-Compton](#), Senior Associate, Child Welfare Strategy Group, Center for Systems Innovation, The Annie E. Casey Foundation

[Nancy Young](#), Executive Director, Children and Family Futures

[Heather D'Onofrio](#), AOD Research Analyst, NASADAD

[Rebecca Robuck](#), Policy Director, ChildFocus

[Melanie Whitter](#), Director of Research and Program Applications, NASADAD

AGENDA

- Introduction
- Overview of the SUD-Related Provisions in FFPSA
- Overview of the Project
- Overview of the Toolkit
- Call to Action
- Next Steps

INTRODUCTION

Sarah Morris-Compton,
Senior Associate,
Child Welfare Strategy Group,
Center for Systems Innovation



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Family First Prevention Services Act: Implementation Resources

FamilyFirstAct.org

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We have the ability to free the next generation of young people who experience foster care and enable them to become the best versions of themselves. Children in foster care must be provided proper environments to develop and the best treatment available to overcome the trauma they've experienced.

— Brian Morgantini, foster care alumni





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for children, families and communities*

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OVERVIEW OF THE SUD-RELATED PROVISIONS IN FFPSA

Nancy Young,
Executive Director,
Children and Family Futures



WHAT DOES IT MEAN TO BE FAMILY- CENTERED?

- Approach to SUD treatment designed to meet the needs of each family member
- Length of services, type of setting (e.g., residential, outpatient), and size of programs vary
- Common objectives:
 - Parents are fully supported in their parenting roles
 - Children receive the necessary services and supports to remain with their parent(s) during the treatment and recovery process
 - Remediate any social, emotional, and developmental challenges or trauma the children may experience
- Associated with a range of positive outcomes for children and parents

THREE PROVISIONS

1. Residential Family-Based Substance Use Disorder Treatment: Reimbursement for Children's Room and Board
2. Services to Prevent Children from Entering Foster Care: Use of Title IV-E Funds for Treatment
3. Reauthorization of the Regional Partnership Grants (RPGs)



1. RESIDENTIAL FAMILY-BASED SUBSTANCE USE DISORDER TREATMENT

Effective October 1, 2018, Family First allows states to claim Title IV-E foster care maintenance payments for a child in foster care who is placed with a parent in a licensed residential family-based treatment facility for SUDs

Program Instruction (PI) from Children's Bureau including instructions on this provision:

<https://www.acf.hhs.gov/sites/default/files/cb/pi1807.pdf>

2. SERVICES TO PREVENT CHILDREN FROM ENTERING FOSTER CARE

Family First also creates a new funding stream, known as Title IV-E prevention services, to support certain programs and services to prevent the need for foster care and keep children safely in their homes.

Effective October 1, 2019, states may draw down these Title IV-E prevention services payments to support evidence-based:

- SUD treatment
- mental health services
- in-home parenting skill-based programs

for up to 12 months at a time.

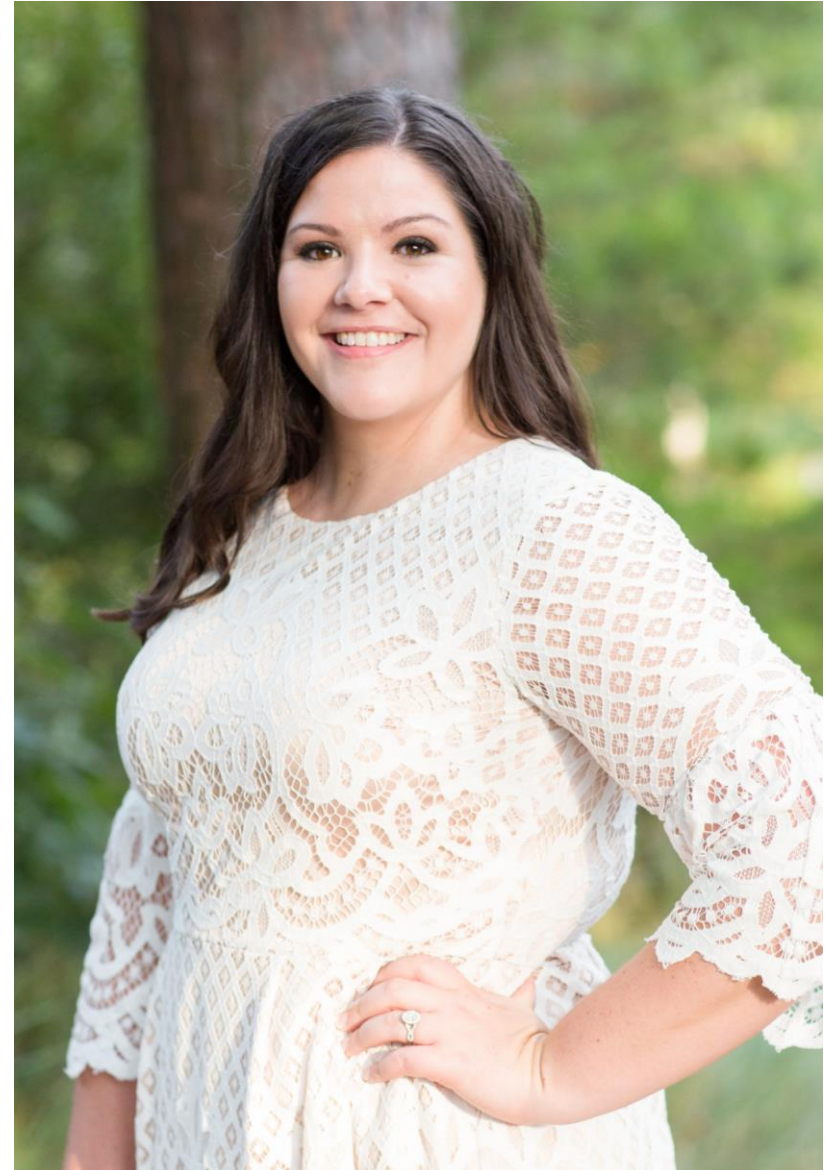
3. REAUTHORIZATION OF THE REGIONAL PARTNERSHIP GRANTS (RPGS)

- Extends the RPG program through FY 2021
- Authorizes three- to five-year competitive grants to support collaborative partnerships among providers of child welfare services, SUD treatment agencies, family or dependency courts, and family support services



OVERVIEW OF THE PROJECT

Heather D'Onofrio,
AOD Research Analyst,
NASADAD



GOAL OF THE PROJECT

This toolkit is designed to guide state leaders in their efforts to implement the SUD-focused provisions of the law, including the development and execution of their state Title IV-E prevention program plan, which is required to draw down Title IV-E prevention services funding. States can use this toolkit to assist in planning efforts whether they have already begun developing their plans or have deferred submission of a plan until October 1, 2021.

THE PROCESS



1. Formed an experienced group of partners and state working group members



2. Met virtually and in person to identify needs and best practices related to serving children and families



3. Drafted and sought input to develop the toolkit

PARTNERS

Children and Family Futures

- Nancy Young
- Sarah O'Rourke



Children and Family Futures
Strengthening Partnerships, Improving Family Outcomes

ChildFocus

- Jennifer Miller
- Rebecca Robuck



NASADAD

- Melanie Whitter
- Heather D'Onofrio



STATE WORKING GROUP



CO - Marc Condojani

GA - Wrayanne Glaze Parker

IL - Lisa Cohen

MD - Suzette Tucker

MI - Angie Smith-Butterwick

NJ - Christine Scalise

NY - Maria Morris-Groves

NC - Starleen Scott Robbins

TN - Hilary Daugherty

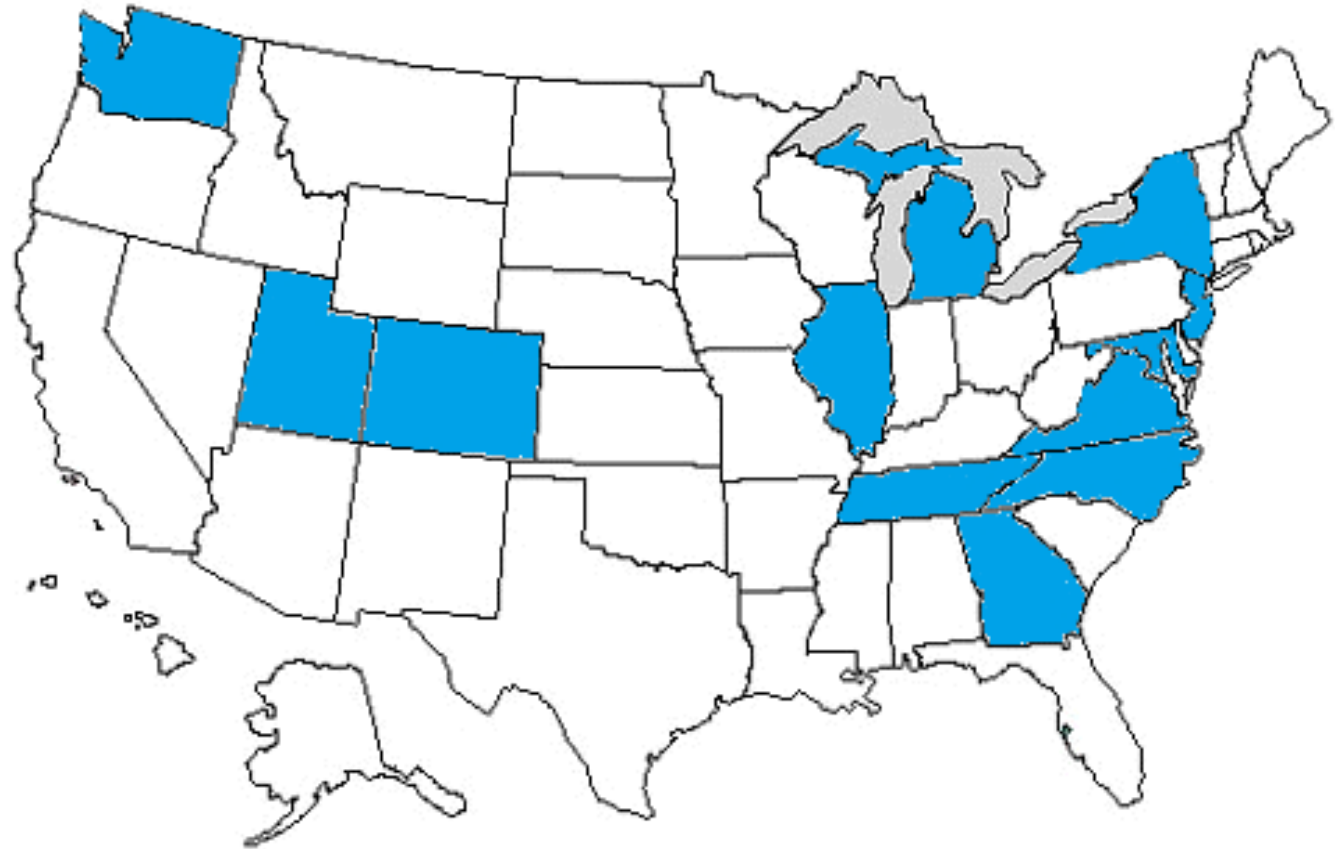
UT - Becky King

VA - Amanda Stehura

WA - Sarah Pine

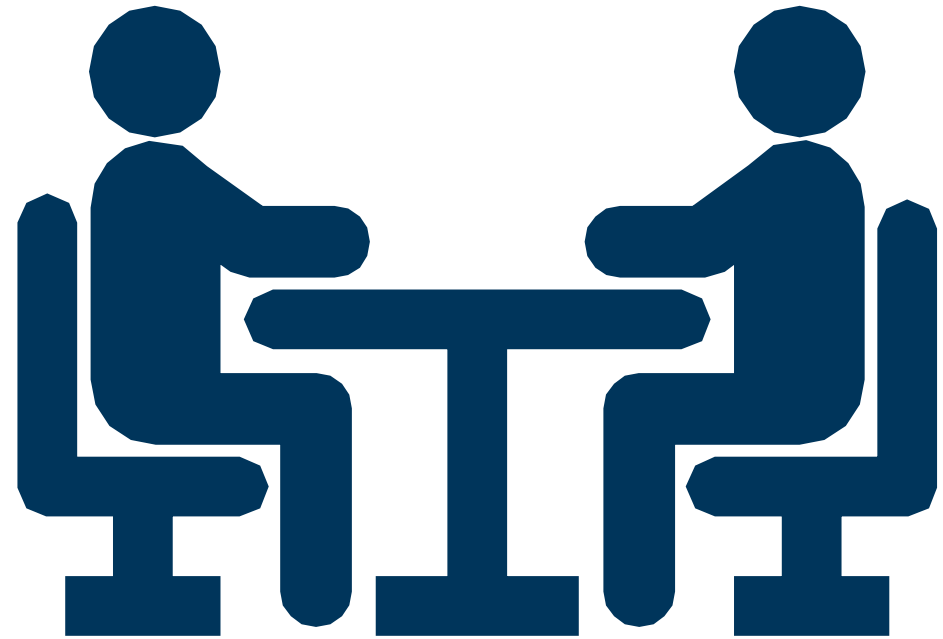
THE WORKING GROUP WAS:

- Geographically diverse
- Composed of new and seasoned Women's/Treatment coordinators
- A mixture of successful and more challenging relationships with their child welfare agencies
- PPW grants recipients
- TA project members
- ALL ARE DOING GREAT WORK WITH PPW POPULATIONS IN THEIR STATE!



VIRTUAL AND IN-PERSON MEETINGS

- Held a virtual meeting May 2019 to identify needs and best practices related to serving children and families.
- Held an in-person meeting June 2019 to discuss progress of implementing the Family First Act from the state SUD agency perspective.





Based on input from the working group, partners drafted the toolkit



Requested feedback from the working group as each step was drafted and the toolkit was compiled



Reached out to other partners, including the Annie E. Casey Foundation for feedback



We hope you find the final product informative and useful!

TOOLKIT DEVELOPMENT

OVERVIEW OF THE TOOLKIT

Rebecca Robuck,
Policy Director,
ChildFocus



SECTION 1: UNDERSTAND KEY OPPORTUNITIES AND LAY THE GROUNDWORK FOR COLLABORATION



- What Family First Does to Meet the Needs of Children and Families Affected by SUDs
 1. Residential Family-Based Substance Use Disorder Treatment: Reimbursement for Children's Room and Board
 2. Services to Prevent Children from Entering Foster Care: Use of Title IV-E Funds for Treatment
 3. Reauthorization of the Regional Partnership Grants (RPGs)
- Laying the Groundwork for Collaboration: Common Values and Differences

SECTION 2: DETERMINE MOST APPROPRIATE EVIDENCE-BASED PROGRAMS AND SERVICES

- Evidence-based Programs and Services Allowable under Family First
 - Promising
 - Supported
 - Well-Supported
- Title IV-E Prevention Services Five-Year Plan
- Transitional Payments for Evidence-Based Programs and Services
- Other Considerations in Planning for Title IV-E Prevention Programs and Services



SECTION 3: LEVERAGE FAMILY FIRST TO EXPAND RESIDENTIAL FAMILY-BASED TREATMENT

SUMMARY OF TWO NEW OPPORTUNITIES TO SUPPORT FAMILY-BASED TREATMENT	
TITLE IV-E FOSTER CARE MAINTENANCE PAYMENTS FOR CHILDREN ALREADY IN FOSTER CARE	TITLE IV-E PREVENTION SERVICES FOR CHILDREN AND FAMILIES AT RISK OF OUT-OF-HOME PLACEMENT
<ul style="list-style-type: none">• Applies to children already in, or entering, foster care• Intended to help connect children already in foster care to their families when possible• Allows children in foster care to be placed with their parent or caregiver in a family-based residential treatment facility in lieu of a kinship care or foster care placement• Covers the room and board costs of placing a child with their parent• Traditional income eligibility criteria for children in foster care do not apply	<ul style="list-style-type: none">• Applies to children deemed eligible for prevention services and their parents/ caregivers• Intended to prevent the need for foster care by providing SUD treatment services to families• Allows children and families to benefit from SUD treatment services, including a range of outpatient services that can be delivered in the community or the home, and residential treatment• Can be claimed for programs and services that meet the evidentiary standards specified in the law• Traditional income eligibility criteria for children in foster care do not apply

SECTION 4: DEVELOP A COMPREHENSIVE UNDERSTANDING OF AVAILABLE FUNDING STREAMS



Primary Sources of Funding to Consider

- Title IV-E Foster Care Maintenance
- Title IV-E Prevention Services
- Medicaid
- Substance Abuse Prevention and Treatment Block Grant (SAPTBG)
- Child Abuse Prevention and Treatment Act (CAPTA)
- Temporary Assistance for Needy Families (TANF)
- State General Funds

Possible Pitfalls	Strategies for Success
Embarking on collaborative efforts without understanding the perspectives of other systems	At the outset of implementation, understand the perspective each system brings to the partnership
Using plans of safe care to bring more children into foster care	Take advantage of new federal opportunities to help keep families together
Having child welfare outreach to treatment providers without involving SUD systems	Involve SUD systems experts from the outset of Family First implementation efforts
Treating medications used in MAT as an inappropriate substance	Educate all stakeholders about MAT and how to incorporate it into child welfare case planning
Placing families into residential treatment without assessing their need for that level of care	Reinforce the importance of a continuum of SUD services and placement options
Promoting family-centered treatment without engaging all family members	Use Family First to strengthen the capacity of treatment providers to work with the whole family
Relying solely on SUD treatment services to meet family needs	Ensure families have access to a range of services to meet the whole family's needs

SECTION 5: CREATE STRONG PARTNERSHIPS TO MAXIMIZE SUCCESS

CALL TO ACTION

Melanie Whitter,
Director of Research and
Program Applications,
NASADAD



MOVING FORWARD

Taking advantage of the Family First opportunities requires extensive collaboration, planning, and implementation activities between the child welfare and SUD systems.

There are several questions stakeholders will want to consider as they move forward:

- 1) Who is leading the Family First work in my state?
- 2) Is the state moving forward with the option to provide prevention services through Title IV-E, or is it taking a 2-year delay?
- 3) Is there a process in place to begin planning efforts? How do I contribute?
- 4) Who are the key SUD and child welfare stakeholders that should be involved in the process?
- 5) Is additional room and board for children required in residential family-based substance use disorder treatment? How does child welfare work with the Single State Agencies (SSAs) for alcohol and other drug services and SUD providers to offer these services?

CREATE A PROCESS

Key Steps:

- Develop or Enhance Existing Partnerships
- Learn the Landscape
- Plan and Implement



Develop or strengthen

Develop or strengthen partnerships:

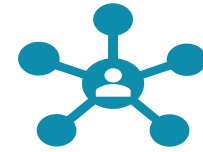
- SSAs and child welfare stakeholders should reach out/renew relationships in the context of Family First.



Establish

Establish a committee to:

- Discuss or revisit your mission, shared values and goals, how to move forward together.



Consider

Consider developing a MOU:

- Articulate roles and responsibilities for each partner engaged in Family First

PARTNERSHIPS

LEARN THE LANDSCAPE

Needs, gaps, and strengths should be assessed to determine the extent to which services are available for children and families impacted by SUD.

The gap analysis should assess the following:

- SUD service array
- Child welfare services
- Use of evidence-based programs/practices
- Service gaps in family-centered services
- Barriers to providing services to families across the substance use treatment continuum
- Funding and other resources to provide family-centered care



PLAN AND IMPLEMENT

- Identify and fund SUD residential providers that would benefit from room and board support for children in family-based treatment. SSAs can play an important role in helping child welfare systems develop provider contracts that are aligned with current SUD funding and ensure quality practice.
- Develop the state's Title IV-E Prevention Plan
 - Review gap analysis and take stock of which evidence-based programs/practices are already offered and what others should be implemented;
 - Identify evidence-based programs/practices from the national clearinghouse and other sources to help address service gaps; and
 - Develop and submit the state's 5-year Title IV-E Prevention Plan to the Department of Health and Human Services (HHS) by the October 2021.
- Educate and cross-train leadership and frontline staff on policies governing screening, referral, service delivery, effective practices and realistic clinical outcomes.



NEXT STEPS



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