Family First Prevention Services Act

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January 31, 2019
West Virginia Guardian Ad Litem Conference
Charleston Marriott Town Center
The Family First Protection Services Act (Family First) was signed into law in February 2018, as part of the Bipartisan Budget Act of 2018 (H.R. 1892). Family First is revolutionary and will require collaboration with public child welfare agencies, private child-serving agencies, behavioral health and substance abuse providers, the Court Improvement Project, local court jurisdictions, and children and families. Family First redirects federal Title IV-E funds to provide services to keep children safely with their families and out of foster care, and when foster care is needed, allows federal reimbursement for care in family-based settings and certain residential treatment programs for children with emotional and behavioral disturbances requiring special treatment. Starting in October 2019, states may claim Title IV-E reimbursement for certain services provided to the family without the child being removed from his or her home.
• What does Family First allow?
  • Family First provides for new Title IV-E funding for time-limited prevention services.
• Types of services:
  • Mental health and substance abuse prevention and treatment provided by a qualified clinician.
  • In-home parent skill-based programs, parent education, and individual and family counseling in the home.
• Duration: 12 months beginning on date of prevention plan and is renewable.
Who is Eligible for Prevention Services?

Foster care candidates are:

- Children who are at imminent risk of removal.
- Children for whom an adoption or guardianship arrangement is at risk of disruption.
- Children in foster care who are pregnant or parenting.
- Caregivers of these children.
Prevention Services Under Title IV-E

• Services must establish evidence-based criteria:
  • Well-supported;
  • Supported; or
  • Promising.

• The federal government released a list of 12 prevention programs “to be reviewed” for potential inclusion on the IV-E Prevention Services Clearinghouse in November 2018.

• West Virginia will be required to submit a Five Year Prevention Plan before being able to claim IV-E for these services.

• All services and programs must be delivered under an organization structure and treatment framework that is trauma-informed.
The 12 Prevention Services are:

- Parent - Child Interaction Therapy - Mental Health
- Trauma Focused Cognitive Behavioral Therapy - Mental Health
- Multisystemic Therapy - Mental Health and Substance Abuse Treatment
- Functional Family Therapy - Mental Health
- Motivational Interviewing - Mental Health and Substance Abuse Treatment
- Families Facing the Future - Substance Abuse Treatment
- Methadone Maintenance Therapy - Substance Abuse Treatment
- Nurse-Family Partnership - In-home Parenting Education
- Healthy Families America - In-home Parenting Education
- Parents as Teachers - In-home Parenting Education

Kinship Navigator Programs

- Children’s Home Society of New Jersey Navigator Model
- Children’s Home Inc., KIN-Tech
Prevention Plans

Prevention Plans for candidates for foster care must:
• Identify the prevention strategies so the child may remain safely out of foster care; and
• List the services to be provided, detailing how these services will assist in keeping the child safe.

Prevention Plans for pregnant or parenting youth in custody must:
• Be included in youth’s foster care case plan;
• List the services to be provided to ensure the youth is prepared and able to be a good parent; and
• Describe the foster care prevention strategy for any child born to the youth.
Title IV-E reimbursement is only allowable for:

- Qualified Residential Treatment Programs - requires an independent evaluator, a 60-day court approval, an accredited facility and up to six months of aftercare services;
- Settings specializing in providing prenatal, post-partum or parenting supports for youth;
- Supervised settings for youth who have attained 18 years of age where a youth can learn to live independently;
- Settings providing high-quality residential care and supportive services to children and youth who have been or are at risk of becoming sex trafficking victims (Vulnerable Youth); and
- Licensed residential family-based treatment facility for adult substance use disorders.
Qualified Residential Treatment Programs

The Qualified Residential Treatment Programs (QRTP):

• Are the most strictly defined by Family First;
• Require multiple levels of checks and balances;
• Are considered the most restrictive level of care; and
• Pose the greatest financial risk for states to administer.
Within 30 days of placement, the child will be assessed by a “qualified individual.” The qualified individual will:

- Assess the strengths and needs of the child using an assessment tool approved by the U.S. Department of Health and Human Services;
- Determine whether needs can be met with family members or in a foster family home;
- If not, then determine which allowable child care institution setting is the least restrictive environment;
- Develop a list of child-specific short- and long-term mental and behavioral health goals; and
- Work in conjunction with the child’s family and permanency team while conducting and making the required assessment.
Family and Permanency Teams must:

- Consist of all appropriate biological family members, relatives/fictive kin of the child, as well as professionals who are a resource to the family (this could be the MDT with expanded membership).
- If the child is 14 or older, the team must also include the members of the permanency planning team for the child that are selected by the child, in accordance with already established case plan requirements.
For each child placed in a QRTP, the worker must document the following in the child’s case plan:

- Reasonable and good faith effort to identify and include all the individuals required to be on the child’s Family and Permanency Team (FAP Team);
- Evidence that meetings of the FAP Team are held at a time and place convenient for the family;
- If reunification is the goal, evidence demonstrating parental input to the members of FAP Team;
- Evidence that the 30-day assessment is determined in conjunction with the FAP Team;
- The placement preference of the FAP Team;
- If it differs from the qualified individual, the reasons why the preference of the FAP Team and child were not recommended; and
- The written recommendation of the qualified individual and the court.
Within 60 days of the start of each placement in a QRTP, a court must:

• Consider the 30-day assessment;
• Determine whether the needs of the child can be met through placement in a foster family home or, if not, whether a QRTP placement provides the most effective and appropriate level of care in the least restrictive environment;
• Determine whether the placement is consistent with the short- and long-term goals for the child; and
• Approve or disapprove the placement.
A vulnerable youth is a young person under the age of 21 who has been, or is at risk of becoming, a victim of sex trafficking, as indicated by one or more of the following risk factors:

- Has runaway behaviors;
- Has been abused and/or neglected;
- Is homeless or has been homeless in the recent past;
- Identifies as Lesbian, Gay, Bi-sexual, Trans-sexual or questions their sexuality (LGBTQ);
- Has no meaningful connections to family and/or community;
- Has experienced significant trauma;
- Has engaged in indiscriminate and/or unsafe sexual activities;
- Has a history of involvement with the juvenile justice and/or child welfare systems.
A youth living independently is a young person between the ages of 17 and 23 who is living independently in a supervised setting and is paired with a licensed transitional living provider.

Supervised settings are identified as the following:

- Semi-supervised or supervised apartments or houses;
- College dormitories;
- Shared housing;
- Host homes;
- College fraternity or sorority homes;
- Boarding care rooming homes;
- Kinship homes;
- Couch surfing with friends/relatives; and
- Homeless shelters.
Family-based Treatment Facilities for Adult Substance Abuse

- Parents receive services that are delivered under an organizational structure and treatment framework of trauma-informed interventions.
- The following services will be offered to each parent whose child is co-placed:
  - Parenting skills training;
  - Individual counseling;
  - Family counseling; and
  - Substance abuse treatment.
- Children are placed by the court into the legal custody of the West Virginia Department of Health and Human Resources and the physical custody of the parent.
What is My Role?

- Evaluation, counsel and advocacy;
- Maintaining face-to-face contact with children as set forth in the *Rules of Procedure for Child Abuse and Neglect Proceedings*;
- Participation in the Family and Permanency Team process for youth placed in QRTP; and
- Helping guide the case planning for children supervised by the court but remaining in the home under prevention plans.
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