Family First Overview

Family First Vision

Prevention Services

Foster Care Changes

Provider: Need to Know
Strategic Priorities: Prevention Services, Family-Based Placements, Congregate Care, Evidence-Based Services, Resource and Financial Accountability

Family First

Prevention Services

Foster Care Changes

Other Programmatic Changes
Our vision for Family First is to keep children safe, strengthen families and reduce the need for foster care whenever it is safe to do so.
Prevention Services
IV-E
$210 million
50/50 match rate
(federal/state)

Children’s Services Act
$370 million
65/35 average match rate
(state/local)
A child (and their caregivers) who is a candidate for foster care who can remain safely at home or in a kinship home and is identified as being at *imminent risk* of entering foster care

A child in foster care who is pregnant or parenting

A child whose adoption or guardianship arrangement is at risk of a disruption/dissolution and includes post-reunification services

*There is no income test for eligible children and families.*
“Imminent risk” means a child and family’s circumstances demand that a defined case plan is put into place within 30 days that identifies interventions, services and/or supports and absent these interventions, services and/or supports, foster care placement is the planned arrangement for the child.
The Candidate for Foster Care must have a written prevention plan which includes the following:

- Identify the prevention strategy so that the child can remain in the home, live temporarily with a kin caregiver until reunification can be safely achieved, or live permanently with a kin caregiver;
- List of services or programs to be provided to or on behalf of the child to ensure success of the prevention strategy.
Mental Health Prevention and Treatment Services

Substance Abuse Prevention and Treatment Services

In-home Parent Skill-Based Programs

Trauma Informed and Evidence-Based Services
Defining Trauma-Informed

SAMHSA’s Four R’s:

- **Realizes** the widespread impact of trauma and understands potential paths for recovery
- **Recognizes** the signs and symptoms of trauma in clients, families, staff, and others involved with the system
- **Responds** by fully integrating knowledge about trauma into policies, procedures, and practices
- Seeks to actively **resist** re-traumatization
Well
Supported

- Improved outcome must be based on the results of at least 2 studies that used a random control or quasi-experimental trial
- Carried out in a usual care or practice setting
- Sustained effect for at least one year beyond the end of treatment

Supported

- Improved outcome must be based on the results of at least one study that used a random control or quasi-experimental trial
- Carried out in a usual care or practice setting
- Sustained effect for at least 6 months beyond the end of treatment

Promising

- Improved outcomes must be based on at least one study that use some form of control group
Our mission is to improve the lives of children and families.

Evidence based services have demonstrated their effectiveness in helping consumers achieve important outcomes.

Funding allows agencies to keep their doors open to fulfill the mission.

Providing evidence-based services will improve the confidence of staff in their service delivery.

Strong service outcomes are increasingly important in maintaining funding.
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<th>Mental Health Prevention Treatment Services</th>
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<td>• Parent-Child Interaction Therapy</td>
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<td>• Trauma-Focused Cognitive Behavioral Therapy</td>
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<td>• Multisystemic Therapy</td>
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<td>• Functional Family Therapy</td>
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<th>Substance Abuse Prevention Treatment Services</th>
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<td>• Motivational Interviewing</td>
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<td>• Multisystemic Therapy</td>
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<td>• Families Facing the Future</td>
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<td>• Methadone Maintenance Therapy</td>
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<th>In-Home Parent Skill-Based Programs</th>
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<tr>
<td>• Nurse-Family Partnership</td>
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<td>• Healthy Families America</td>
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<td>• Parents as Teachers</td>
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Release of Clearinghouse Handbook of Standards and Procedures
April 2019

May 2019
Release of Program and Service Ratings of the Initial 11 evidence-based services

Release of the next list of evidence-based services to be reviewed
Late Spring-Summer 2019
Foster Care Program Changes
After a two-week grace period, IV-E payments will be limited to the following placement types:

- Family and kinship foster homes
- Placements for pregnant or parenting youth
- Supervised independent living for youth 18+
- Qualified Residential Treatment Programs (QRTP) for youth with treatment needs
- Specialized placements for victims of sex trafficking
- Family-based residential treatment facility for substance abuse *(beginning October 2018)*
QRTP Model

- Accreditation
- Facilitates Outreach to the Family
- Trauma Informed Treatment Model
- Provides Family-Based Aftercare Support for at least 6 months
- Registered or Licensing Nursing and Clinical Staff
QRTP Requirements

- 30-day Assessment
- 60-day Court Review
- 12-month review by Commissioner
QRTP Collaborations

- DBHDS
- OCS
- VDSS Licensing
- VDSS Family Services
- DMAS
Qualified Individual

Qualified Mental Health Professional means a physician, licensed clinical psychologist, licensed professional counselor, licensed clinical social worker, licensed substance abuse treatment practitioner, licensed marriage and family therapist, certified psychiatric clinical nurse specialist, or licensed behavior analyst. As defined in 12VAC35-105-20.

Qualified Assessment

Recommended use of the mandatory Medicaid clinical assessment process (currently known as IACCT), with the possibility of an added Child Welfare module.

- This will require extensive collaboration and planning with the Department of Medical Assistance Services (DMAS) to determine feasibility.
Implementation
Public Law 115-123
DIVISION E—HEALTH AND HUMAN SERVICES EXTENDERS TITLE VII—FAMILY FIRST PREVENTION SERVICES ACT

Virginia Department of Social Services
(IV-E Funding Entity)

Virginia Office of Children’s Services
(State Foster Care Funding Sources)

Three Branch Leadership Team
(Judicial, Executive and Legislative Branches of Government)

Three Branch Home Team

Finance
Prevention Services
Appropriate Foster Care Placements
Evidence-Based Services
Provider Representation

- Children's Home Society
- Elk Hill Farm
- HopeTree Family Services
- United Methodist Family Services
- Richmond Behavioral health Authority
- Youth for Tomorrow
- Family Preservation Services, Inc.
- National Counseling Group
- ADORE Child and Family Services
- Depaul Community Resources
- Fairfax Community Services Board
- Virginia Home for Boys and Girls

Associations Represented:

- Family Focused Treatment Association
- Virginia Association of Community Services Boards
- Virginia Coalition of Private Provider Associations
- Virginia Network of Private Providers
- Virginia Association of Community-Based Providers
34 meetings
106 hours
110 Experts

= 10,884 hours of work invested in the implementation of the Family First Act in Virginia

**June 2018 – April 2019**
We know some of the pieces, but we’re still figuring out many of the pieces.
Implications for Providers
Reach out to community partners (DSS, CSB, CSA, DJJ, Health Dept, etc.) to discuss community needs when choosing an evidence-based program.

Choosing an Evidence-Based Program/Services

Consider costs, your agency’s organizational structure and the administrative support needed to support and sustain an evidence-based program.

Federal Prevention Services Clearinghouse

Consider the needs of the children and families in your community (especially those that qualify for Family First).
QRTP Provider Considerations

Choose an accrediting body that best fits your organization
- Council on Accreditation
- The Commission on Accreditation of Rehabilitation Facilities (CARF)
- The Joint Commission
- Reach out to other providers who have already been accredited for support and information
- Come to the QRTP Conference on June 12th

Reach out to community partners to discuss community needs when choosing a trauma-informed treatment model.
- Approved SAMHSA Definition
- Consider an evidence-based treatment model

Full approval as a QRTP will occur at the state level.
- Virginia Department of Social Services and/or Department of Behavioral Health and Developmental Services
- Contacting currently accredited facilities
Think of ways to support kinship placements and approve kinship providers

Explore Evidence-Based Models – Treatment Foster Care - Oregon (Adolescents), Teaching-Family Model, etc.

Review the Children's Bureau’s model licensing home standards

Keep in contact with your colleagues who are on the Three Branch Team
To Do

- Consider establishing a local Three Branch Team
- Locate the providers in your community and ensure they’re aware of these changes
- Reach out to the Family First Team if you have any questions
- Stay Tuned for our public-facing website which will be debuted soon!