

Together the Voice!

Family First Prevention Services Act Update & ACF Request for Comment

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acrc

together, the voice

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ACRC's Mission: Providing a powerful voice for residential interventions through relationships, leadership, *advocacy*, and the promotion of innovative treatment and best practices.

ACRC's Vision: ACRC envisions youth and families thriving in their homes and communities; and should they require residential interventions, having *uncompromised access to quality treatment at the right time.*

Agenda

- **Brief Overview**
- **Family First Prevention Services Act Update**
- **What's happening in the field?**
- **Administration for Children and Families Request for Public Comment**
- **Wrap up – Questions & Next Steps**

Who is on the call?

ACRC has members in almost every state...

- What state(s) do you represent?



What is your role at your organization?

- Successful implementation of FFPSA will include proactive input from a variety of people, including Executive Directors/CEO, researchers, government relations professionals, program directors, and direct service professionals (including all levels of treatment provides and staff)

Brief Overview

What is the FFPSA?

- The law expands the use of Title IV-E child welfare entitlement dollars to prevent entry into foster care and restricts funds for out-of-home care that is not a foster family home

What are next key deadlines?

- Congregate care providers must comply with standardized federal requirements for employee background checks Oct. 2018
- HHS will release a list of approved prevention programs Oct. 2018



Brief Overview - Resources

- ACRC FFPSA Summary
- ACRC Webinar - FFPSA: What You Need to Know (March 2018)
- ACF Information Memo (April 12, 2018)
- ACF Request for Public Comment (June 22, 2018)

Family First Prevention Services Act Update

States are at varying points in the planning process

- Examples: Colorado, Nebraska, Iowa, Louisiana, Florida, North Carolina
- What is your state doing? (feel free to add to comments in the chat function)
- Many states are discussing a delay to allow time to plan

State Budget Considerations

Financial Support for Implementation Efforts

- If funding were available, what would your priorities be?

What's happening in the field?

- Are you participating in an FFPSA workgroup led by your state child welfare agency?
- Is your state or local provider association taking coordinated action regarding FFPSA?
- Does your individual organization have a coordinated plan to influence and respond to FFPSA implementation?
- Does your organization currently provide, or have interest in providing, mental health, substance use disorder, and/or in-home parent skill-based services that could help prevent entry into foster care?

ACF Request for Comment

- Administration for Children and Families released a request for public comment regarding the implementation of the Family First Prevention Services Act (FFPSA).
- Specifically, ACF is requesting feedback regarding the selection process for programs and services to include in the FFPSA-mandated Clearinghouse of evidence-based practices that will be eligible for Title IV-E funding under the prevention provision of the law.

ACF, HHS Request for Public Comment Evidence-Based Clearinghouse - Due July 22, 2018

Federal Register Section/Sub-Section	Comment Requested	Considerations for ACRC Response	Respondent Comments
2.2.1	<p>Types of Programs and Services. HHS intends to limit eligibility to mental health and substance abuse prevention and treatment services, in-home parent skill-based programs (including parenting skills training, parent education, and individual and family counseling), or kinship navigator programs. This Notice requests comment on the scope of programs and services and topic areas of interest <i>within the aforementioned categories</i> that should be prioritized for inclusion.</p>	<p>Within the three eligible service categories provided and with target population(s) in mind, what scope of programs and services and topic areas of interest should be included for prioritization?</p>	
2.2.2	<p>Target Population of Interest. HHS intends to prioritize programs or services for review that have been developed or used to target children and families involved in the child welfare system or populations similar to those involved in the child welfare system. This Notice requests comment on populations that may be considered "similar" to those involved in the child welfare system.</p>	<p>We know that children and families with similar trauma histories and circumstances often enter "different doors" to obtain services or treatment. What populations of children and caregivers should be considered similar to those who touch the child welfare system?</p>	
2.2.3	<p>Target Outcomes. HHS intends to prioritize programs or services for review that aim to impact target outcomes. Target outcomes should be defined in accordance with FFPSA statutory language [section 471(e)(4)(C)] and include those outcomes that "...prevent child abuse and neglect, and reduce the likelihood of foster care placement by supporting birth families and kinship families and improving targeted supports for pregnant and parenting youth and their children." These may include, but are not limited to, "...important child and parent outcomes, such as mental health, substance abuse, and child safety and well-being." This Notice requests comment on which types of mental health, substance abuse, and child and family outcomes should be considered as "target outcomes" and requests research evidence to support recommendations of "target outcomes". HHS does not intend to include access to service, satisfaction with programs and services, and referral to programs and services as "target outcomes".</p>	<p>This comment is specific to what target outcomes included in studies under review should be considered rather than what target outcomes should be adopted for consideration. See also 2.3.2 in Federal Register. See also 2.5.6.</p>	

2.2.7	<p>Trauma-Informed. HHS may also prioritize services and programs that have been implemented using a trauma-informed approach. FFPSA statutory language [section 471(e)(4)(B)] states, "The services or programs to be provided to or on behalf of a child are provided under an organizational structure and treatment framework that involves understanding, recognizing, and responding to the effects of all types of trauma and in accordance with recognized principles of a trauma-informed approach and trauma-specific interventions to address trauma's consequences and facilitate healing." This Notice requests comment on <i>the feasibility of prioritizing programs and services based on past implementation in accordance with trauma-informed principles.</i></p>	<p>There are many programs that implement trauma-informed principles that may not explicitly advertise themselves in the literature as trauma-informed.</p>	
3	<p>Recommendations of Potential Candidate Programs and Services for Review. This Notice requests comment on potential candidate programs and services to consider for the systematic evidence review. Comments should identify how recommended programs and services meet the criteria described in section 2.1. Program or Service Eligibility Criteria. These criteria include: Types of Programs and Services and Book/Manual/Writings Available. Comments should also identify how recommended programs and services meet the criteria described in section 2.2 Program or Service Prioritization Criteria. These criteria include: Types of Programs and Services, Target Population of Interest, Target Outcomes, Number of Impact Studies, In Use/Active, Implementation and Fidelity Support, Trauma-Informed, and Delivery Setting for In-Home Parent Skill-Based Programs and Services. In order to leverage new insights from the field, HHS may put forth additional future Notices requesting recommendations of potential candidate programs and services for review.</p>	<p>Please list any programs and services for HHS to consider for systematic review with accompanying eligibility criteria.</p>	

FFPSA Analysis – Prevention Program Eligibility

Program	General Practice Requirements (I) Book, Manual, Other writings that specify components of practice protocol and how to administer (II) No empirical basis suggesting a risk of harm (III) If multiple outcomes studies, overall weight of evidence supports benefits of practice (IV) No case data suggesting risk of harm	Promising Practice • Validated by 1 study for mental health, substance abuse, or child safety and well-being (I) Rated by an independent systematic review for quality of the study design and determined to be well designed and well executed (II) Utilized some form of control group	Supported Practice (I) Validated by 1 study in mental health, substance abuse or child safety and well-being (aa) Rated by an independent systematic review for quality of the study design and determined to be well designed and well executed (bb) was a rigorous random-controlled trial (or if not available, a study using a rigorous quasi-experimental research design (cc) was carried out in a usual care or practice setting (II) Study described in sub clause (I) established the practice sustained effect when compared to a control group for at least 6 months beyond end of the treatment	Well-Supported Practice (III) Practice is superior to comparison producing outcomes in mental health, substance abuse, and child safety and well-being in at least 2 studies (aa) Rated by an independent systematic review for quality of the study design and determined to be well designed and well executed (bb) was a rigorous random-controlled trial (or if not available, a study using a rigorous quasi-experimental research design (cc) was carried out in a usual care or practice setting (IV) Study described in sub clause (I) established the practice sustained effect when compared to a control group for at least 12 months beyond end of the treatment	Sites Providing The Service	Documentation
Example 1	Missing criteria (III) Do not have outcome studies	Does Not Meet Any of the Criteria	Does Not Meet Any of the 3Criteria	Does Not Meet Any of the Criteria		
Example 2	All criteria Met Child Safety and Well-Being	All criteria Met	All criteria Met	Does Not Meet Criteria Need 1 more RCT		
Example 3	All criteria Met Substance Use Disorder	In Progress • Meets 1 of 3 criteria, Validated by 1 study for child safety and well-being • Not rated by independent systematic review • RCT in progress	In Progress • Meets 2 of 5 criteria • Validated by 1 study for child safety and well being • Carried out in a usual care or practice setting • RCT in Progress	Does Not Meet Criteria • Meets 1 of 5 Criteria • Carried out in a usual care or practice setting • 1 st RCT in progress		
Example 5	All criteria Met Mental Health	All Criteria Met SAMSHA	Does Not Meet Criteria • Meets 4 of the 5 criteria • Outcome studies do not include 6 month outcomes	Does Not Meet Criteria • Meets 4 of the 5 criteria • Outcome studies do not include 12 month outcomes		
Example 6	All criteria Met Permanency and Well-Being	All Criteria Met IES	In Progress • Meets 4 of the 5 criteria • Outcomes are pending for establishing the practice sustained effect for 6 months with current RCT	In Progress • Meets 2 of the 5 criteria • 2 nd Study is currently pending • Outcomes are pending for establishing the practice sustained effect for 12 months with current RCT		

Next Steps

Questions?

Next steps?

- Send feedback about which prevention programs you would like to see on the list – Due by July 18th
- Email Lisette.Burton@boystown.org if you would like to join the ACRC Public Policy FFPSA Workgroup
- Craft your own organization's response to the request for comment – Due by July 22nd
- Seek out (or create) opportunities to get involved in your state
- Be proactive

Wrap Up - Upcoming Webinars

July 12th, 2 pm CST

- Current Controversies in the Use of Psychiatric Medications for Children and Youth: A Critical Debate

August 9th, 2 pm CST

- No Wrong Door: An Innovative, Integrated Service Developed in the UK

