



FAMILY FIRST PREVENTION SERVICES ACT Q&A

On February 9, 2018, President Trump signed into law the Family First Prevention Services Act (Family First) as part of the Bipartisan Budget Act of 2018 (Pub. L. 115-123). Family First includes eight reforms aimed at keeping families together by preventing children from entering foster care (Part I), as well as ensuring children are placed in the least restrictive, most family-like setting when foster care is needed (Part IV). The lead sponsors of the bill were Senators Ron Wyden (D-OR, 1996-present) and Orrin Hatch (R-Utah, 1977-2018). The goals of Family First are to increase efforts to safely preserve families, and to reduce the misuse of congregate care facilities for children and youth placed in foster care.

WHAT ARE THE PREVENTION SERVICES?

Before Family First, federal funding for child welfare was restricted to the costs of maintaining a child in a foster home; states were unable to use these funds until after a child was removed from their family. Under Title I of Family First, states can claim federal matching funds for services provided to families *before* children are removed from the family home. Family First amends the federal reimbursement for foster care by allowing these funds to be spent on three categories of prevention services, enabling children to remain safely at home:

- mental health services;
- substance abuse prevention and treatment; and
- in-home parenting skill-based services.

States can only access funds for prevention services and programs that are evidence-based and approved by the U.S. Department of Health and Human Services (HHS). Furthermore, states can only access funds for prevention services and programs upon completion of the congregate care policy changes in Title II of Family First.

WHEN ARE THE EFFECTIVE DATES FOR FAMILY FIRST?

States have the option start drawing down federal funding for prevention services beginning October 1, 2019 as long as the congregate care changes are implemented. States are required to make the congregate care changes by October 1, 2021 to continue receiving federal funding for these placements.

WHAT ARE THE NEW CONGREGATE CARE STANDARDS?

Under Family First, children and youth are required to be placed in family like settings with no more than six children unless an evidence-based assessment demonstrates that they need a higher level of care. This higher level of care would be provided in a Qualified Residential Treatment Program (QRTP).

WHAT IS A QUALIFIED RESIDENTIAL TREATMENT PROGRAM (QRTP)?

As defined in Family First, a QRTP is a program that is:

- licensed (by the state) and accredited;
- has a trauma-informed treatment model;
- has registered or licensed nursing and clinical staff available to children 24/7; and
- engages family members in the treatment of the child as well as after-care for at least six months.

HOW IS A QRTP PLACEMENT MADE?

To be placed in a QRTP, the child must have an evidence-based assessment that is completed no later than 30 days after the placement in the program. The assessment must use a validated, evidence-based tool that is approved by HHS, and it must be administered by a Qualified Individual (QI). The QI's report must be submitted to the court for approval no more than 60 days after the child is in the placement. If the assessment does not demonstrate that the child needs the QRTP, the child must be moved.

WHO IS A QUALIFIED INDIVIDUAL (QI)?

The QI is a social services professional or medical professional that is not employed by the Department of Human Services (DHS), the Oregon Health Authority (OHA), or any program that serves kids. The QI's report must include the strengths and needs of the child, short- and long-term treatment goals, the results of the assessment, and a recommendation about whether QRTP level of care is needed, and whether the proposed QRTP placement is appropriate.

CAN THE QI USE THE CHILD AND ADOLESCENT NEEDS AND STRENGTHS (CANS) ASSESSMENT?

Oregon is one of several states that uses Child and Adolescent Needs and Strengths (CANS) assessments, which is a free assessment tool developed by the University of Chicago. The federal statute requires that the assessment tool be validated, evidence-based, and approved by HHS. CANS is not currently considered an evidence-based assessment, so it is unlikely that HHS will approve this tool for QRTP placements.

HOW IS OREGON IMPLEMENTING FAMILY FIRST?

Last May, the leadership of the Senate Human Services Committee established the Family First Implementation and Policy Work Group to address the policy, budget, and communication needs related to the implementation Family First in Oregon. Membership includes the executive,

legislative, and judicial branches at the state level, as well as tribes, former foster youth, current foster parents, service providers, and stakeholders, and meetings are open to the public. Work group members meet monthly during interim and provide HHS with feedback as federal policy develops. The work group also launched a provider survey to compile a comprehensive list of potential prevention program providers in Oregon. This list was shared with HHS to advocate for inclusion of Oregon's most effective practices on the list of approved services for federal reimbursement.

WHAT IS SENATE BILL 171 A?

Senate Bill 171 A (formerly Senate Bill 825) sets up the QRTP system in Oregon by giving DHS authority to pay QRTPs and by aligning placement and licensing requirements with Family First. The Work Group is currently working on the final amendments to the legislation in collaboration with multiple agencies. However, the bill outlines the court process and timelines for placement and assessment.

CAN OREGON PLACE KIDS IN OTHER CONGREGATE CARE SETTINGS?

Under Senate Bill 171 A, Oregon would still be able to place kids in the following congregate care settings without meeting the QRTP standard:

- Residential programs that are nationally accredited and licensed by OHA for the provision of psychiatric services;
- Residential programs that provide short term stabilization, assessment and crisis services to kids for up to 60 days in a year;
- Proctor care administered by child caring agencies;
- Programs specifically serving victims of sex trafficking and pregnant and parenting youth;
- Independent Living Programs; or
- Transitional living, runaway and homeless shelters.

WHEN ARE THE EFFECTIVE DATES FOR SENATE BILL 171 A?

Senate Bill 171 A would impose the new requirement on July 1, 2020. Though the group tried to prepare for an October 1, 2019 implementation date, it is not feasible to do that safely. It is anticipated that by July 1, 2020, Oregon's providers will be able to make it through the accreditation process so they are eligible as QRTPs.

ARE DHS PROGRAMS BECOMING QRTPS?

As of March 2019, 10 out of 12 DHS providers have started the process to become accredited. The other two are planning to do so. DHS is providing grants to help with the costs and workload related to this process. Senate Bill 171 A will likely propose to provide more grants to be sure DHS is ready to meet the timeline and the providers are supported to do so.

WHAT ELSE IS IN SENATE BILL 171 A?

Senate Bill 171 A also addresses issues of out-of-state placements by identifying the minimum standards for placing a child out of state. Under Senate Bill 171, after July 1, 2020, DHS would only be able to place a child in an out of state placement if it is a QRTP and the assessment indicates the child needs the program. The out-of-state program would also need to meet, at a minimum, Oregon's licensure requirements and extend to kids the same rights and protections they have under Oregon law. The bill also clarifies that children and youth that are in DHS care as foster youth must be placed in programs designed for foster youth. They are not to be placed in Oregon Youth Authority facilities for adjudicated youth.

WHAT ABOUT OREGON'S IV-E WAIVER?

The IV-E waiver expires when the federal law goes into effect. Family First does not allow any future waivers. This means services funded under the waiver need to be addressed through General Fund or replaced with Family First eligible programs.