



Family  
Focused  
Treatment  
Association

Preparing for family-based services for youth with serious mental and/or behavioral health conditions (and/or medically fragile youth).

And other “hot” topics.

Family First Prevention Services Act  
(FFPSA)

Prepared for the Family Focused Treatment Association. Contact:

Laura W. Boyd, Ph.D.

National Public Policy Director (FFTA)

[lboyd@ffta.org](mailto:lboyd@ffta.org)/[lboyd544@gmail.com](mailto:lboyd544@gmail.com)

# Funding Streams for Treatment Family-Based Care: New Legislative and Administration Support

---



Family  
Focused  
Treatment  
Association

- **The Treatment Family Care Services Act:** bipartisan, bicameral. This legislation requires the Secretary of HHS in consultation with CMS and ACF to publish guidance on TFC within 120 days. The guidance is statutory/codified, and shares responsibility between CMS and ACF to give support and instruction to state public child welfare and the private provider community on key elements of TFC: listing not only what services Medicaid reimburses for TFC, including a baseline requirement of professional practice national accreditation for service providers, and explaining the TFC services paid by IV-E and services paid by Medicaid. (Original sponsors: Baldwin, Portman, Stabenow, Blunt)
- **Brown/Stabenow: Removing Barriers and Implementation of FFPSA:** FFPSA transition funding for activities such as recruitment of foster parents, training for TFC caregivers, and accreditation and other costs to meet the requirements of FFPSA.
- **Administration proposed FY'20 budget:** "The Promote Family Based Care proposals will increase the availability of family foster homes for children with more severe behavioral, physical, or emotional needs by allowing federal reimbursement for salaries for foster parents to care for these children. As states implement the Family First Act's funding restrictions on congregate care placements, they will need to develop alternate foster care options."

# Treatment Family Care Services Act of 2019

---



Family  
Focused  
Treatment  
Association

- Requires the Secretary of HHS in consultation with CMS and ACF to develop and issue guidance to States to provide a standard at the federal level for the family-based treatment services model of Treatment Family Care (TFC) within 90-120 days of enactment.
- The legislation shares responsibility between CMS and ACF to give support and instruction to state public child welfare entities and to the private provider community on key elements of TFC by providing a listing of treatment services Medicaid reimburses for TFC, a baseline requirement for professional quality (national accreditation of service providers), the intersection of the Family First Prevention Services Act and TFC, and detailed guidance on the TFC services reimbursed by IV-E and services reimbursed by Medicaid and how States can employ and coordinate opportunities and flexibilities for funding.

Preparing for family-based services for youth with serious mental and/or behavioral health conditions (and/or medically fragile youth). 10.1.21. Family First Prevention Services Act (FFPSA)



## Prevention

### Safety - Permanency– Well Being: Requirements for all youths under FFPSA.

- Individualized Prevention Plan
- Allowable services: mental health and substance abuse prevention and treatment, in-home programs that include parenting skills and training, parent education, and individual and family counseling.
- Evidence-Based Programs must be approved by federal Family First clearinghouse
- Trauma informed/trauma specific prevention plan
- Prudent Parenting regulations included

### Provisions for youths with serious mental and/or behavioral health conditions.

- Treatment Family-based Care is a service model for prevention of removal, for intervention and treatment for youth in care, and for reunification services for youth who otherwise would be served in residential or congregate care facilities, but who can be successfully treated in family-homes.
- Model TFC programs:
  - Are nationally accredited
  - Employ trauma-informed services and trauma-specific interventions
  - Employ evidence-based or evidence-informed treatment services
  - Provide biological parents, relative and kinship caregivers, adoptive parents, and foster parents with specialized training and consultation in the management of children with mental illness or other emotional and behavioral disorders based on an individualized prevention and treatment plan for each child receiving services.

Preparing for family-based services for youth with serious mental and/or behavioral health conditions (and/or medically fragile youth). 10.1.21. Family First Prevention Services Act (FFPSA)

## Intervention and Treatment



### Family First Prevention Services Act

- Unless otherwise exempt by law, after 10/1/21, youth in foster care will require placement in a foster-family home or in a Qualified Residential Treatment Program (QRTP) as described in PL 115-123, the FFPSA within Division E, Title VII of the Bipartisan Budget Act of 2018 if residential care intends to maintain federal reimbursement for room/board (maintenance) of youth in residential or congregate care.

### Treatment Family-based Care

- Treatment Family-based Care is a distinct, powerful, and unique model of care that provides children with a combination of the best elements of traditional foster care and residential treatment centers in a family-setting.
- Public child welfare agencies contract with private provider agencies to deliver TFC in family-homes with special supervised training to caregivers: biological parents, relative and kinship caregivers, adoptive parents, and foster parents

# Preparing for family-based services for youth with serious mental and/or behavioral health conditions (and/or medically fragile youth). 10.1.21. Family First Prevention Services Act (FFPSA)



## Reunification

### FFPSA allows:

- Elimination of time limits on reunification while a youth is in foster care.
- Time-limited (up to 15 months) family reunification services when a youth returns from foster care.

### Treatment Family-based Care provides:

- Treatment Family-based Care is a service model for prevention of removal, for intervention and treatment for youth in care, and for reunification services for youth who otherwise would qualify for residential or congregate care services but who can be successfully treated in family-homes.
- Model TFC programs:
  - Are nationally accredited
  - Employ trauma-informed services and trauma-specific interventions
  - Employ evidence-based or evidence-informed treatment services
  - Provide biological parents, relative and kinship caregivers, adoptive parents, and foster parents with specialized training and consultation in the management of children with mental illness or other emotional and behavioral disorders based on an individualized prevention and treatment plan for each child receiving services.

# Funding Streams for Treatment Family-Based Care

---



Family  
Focused  
Treatment  
Association

- For prevention services to candidates and youth at risk of foster care, TFC services can be provided in the home (or relative placement) and reimbursed by Medicaid. TFC provided services could alternatively be provided under prevention IV-E funds for the specified services in FFPSA.
- For intervention/treatment services to youth in TFC foster care (relative or non-relative homes), clinical services can be reimbursed by Medicaid, typically under EPSDT or the Rehabilitation Option. “Maintenance” is paid by IV-E for qualifying youth in foster care.
- For reunification services, Medicaid is a reimbursement source for youth in foster care. For youth returning home to permanency, TFC provided services could alternatively be provided under IV-B reunification funds for the specified services.

# Brown/Stabenow: Removing Barriers and Implementation of FFPSA

---



Family  
Focused  
Treatment  
Association

Senators Brown and Stabenow are introducing legislation that would provide states and territories with resources and funding flexibility to transition to Family First – enhancing support for parents and relatives who are struggling to care for their children.

- Eliminate the outdated Federal Title IV-E foster eligibility requirements for foster family homes tied to the 1996 AFDC “look back,”
- Expand funding for kinship support services, including childcare, transportation, and legal services to ensure families have access to services;
- Provide states with more time to develop the research base for prevention programs they want to use by delaying the 50% well-supported requirement;

# Brown/Stabenow: Removing Barriers and Implementation of FFPSA

---



Family  
Focused  
Treatment  
Association

- Provide additional funds for State-directed research to develop interventions to meet Family First evidenced-based requirements, strengthen families, improve service delivery for youth victims of trafficking, and reduce inter-generational poverty;
- Enhance funding for the child welfare Court Improvement Program;
- Provide new time-limited resources to support quality foster parent recruitment and retention;
- Provide short-term Federal support to help States meet Family First licensing and accreditation standards for quality residential treatment programs and therapeutic foster care settings; and
- Provide additional resources and improvements for tribal child welfare programs.

# A Roadmap to Reducing Child Poverty

- In 2015, the latest year for which the committee was able to generate estimates, more than 9.6 million U.S. children—13 percent of all U.S. children—lived in families with annual incomes below a poverty line defined by the Supplemental Poverty Measure. Of these, 2.1 million children—2.9 percent of all U.S. children—lived in “deep poverty,” in families with incomes less than half of the poverty line.
- Research shows that childhood poverty leads to poor outcomes later on, including lower-educational attainment; difficulty obtaining steady, well-paying employment in adulthood; and a greater likelihood of risky behaviors, delinquency, and criminal behavior in adolescence and adulthood. Studies also have estimated child poverty’s costs for the nation, indicating that it costs the U.S. between \$800 billion and \$1.1 trillion annually in terms of lost adult productivity, the increased costs of crime, and increased health expenditures.
- The U.S. historical record shows that reducing child poverty is an achievable policy goal. Child poverty fell by nearly half between 1970 and 2016, and government programs such as the Earned Income Tax Credit (EITC) and Supplemental Nutrition Assistance Program (SNAP) played important roles in achieving this drop. Rates of deep child poverty declined as well over that period. The experience of “peer” countries—such as the United Kingdom, which enacted policies that reduced its child poverty rate by half in a little less than a decade—also demonstrate that this goal is achievable.

# A Roadmap to Reducing Child Poverty

**The means-tested supports and work package achieves a 50 percent poverty reduction** by expanding four existing programs—changes that could be implemented rapidly and begin to yield reductions in child poverty rates soon after implementation. This package entails the following:

- Increasing payments under the EITC along the phase-in and flat portions of the EITC schedule.
- Converting the Child and Dependent Care Tax Credit (CDCTC) to a fully refundable tax credit and concentrate its benefits on families with the lowest incomes and with children under the age of 5.
- Increasing the number of housing vouchers directed to families with children so that 70 percent of eligible families that are not currently receiving subsidized housing would use them.

Increasing SNAP benefits by 35 percent and increasing benefits for older children.



# A Roadmap to Reducing Child Poverty

**The universal supports and work package would achieve a 52.3 percent reduction in child poverty** and a 55 percent reduction in deep poverty by combining incentives to work, economic security, and social inclusion, using some existing programs and two new programs. This package entails the following:

- Increasing the EITC payments by 40 percent across the entire tax schedule, keeping the current range of the phase-out region.
- Converting the CDCTC to a fully refundable tax credit and concentrating its benefits on families with the lowest incomes and with children under the age of five.
- Raising the current \$7.25 per hour federal minimum wage to \$10.25 and index it to inflation after it is implemented.
- Restoring eligibility for SNAP, TANF, Medicaid, SSI and other means-tested federal programs for legal immigrants.
- Instituting a new child allowance that pays a monthly benefit of \$225 per month (\$2,700 per year) to families of all children under age 17. This child allowance would also be paid to currently nonqualified legal immigrants.
- Instituting a child support assurance policy to provide a backup source of income if a parent does not pay child support and setting guaranteed minimum child support of \$100 per month per child.



*The National  
Academies of*

SCIENCES  
ENGINEERING  
MEDICINE