

OFFICE OF CHILD WELFARE

PREPARING FOR FFPSA

DCF Placement Alignment



OFFICE OF CHILD WELFARE
MYFLFAMILIES.COM

2:00-3:30 PM, Friday, August 28, 2020

TODAY'S SPEAKERS



Tanisha Lee
Office of Child Welfare



Dr. Kimberly McGrath
Citrus Family Care Network



Zandra Odum
Office of Child Welfare



Courtney Smith
Office of Child Welfare



Vanessa Snoddy
Office of Child Welfare

TOPICS TO DISCUSS

- FFPSA OVERVIEW
- TRANSITIONING TO FFPSA
- SURVEY ANALYSIS
- NEXT STEPS

POLL QUESTION

What is your primary role in the child welfare system of care?

- a. Group Care Staff
- b. DCF Staff
- c. CBC Staff
- d. Community Partner/Provider



FAMILY FIRST PREVENTION SERVICES ACT

- The Family First Prevention Services Act (FFPSA) was passed into law on February 9, 2018 as part of the Bipartisan Budget Act of 2018.
- The original version was introduced in 2015.
- It aims to prevent children from entering foster care.

FFPSA Provisions



Part I. Prevention Activities under Title IV-E

Part II. Enhanced Support Under Title IV-B

Part III. Miscellaneous

Part IV. Ensuring the Necessity of a Placement that is not in a Foster Family Home

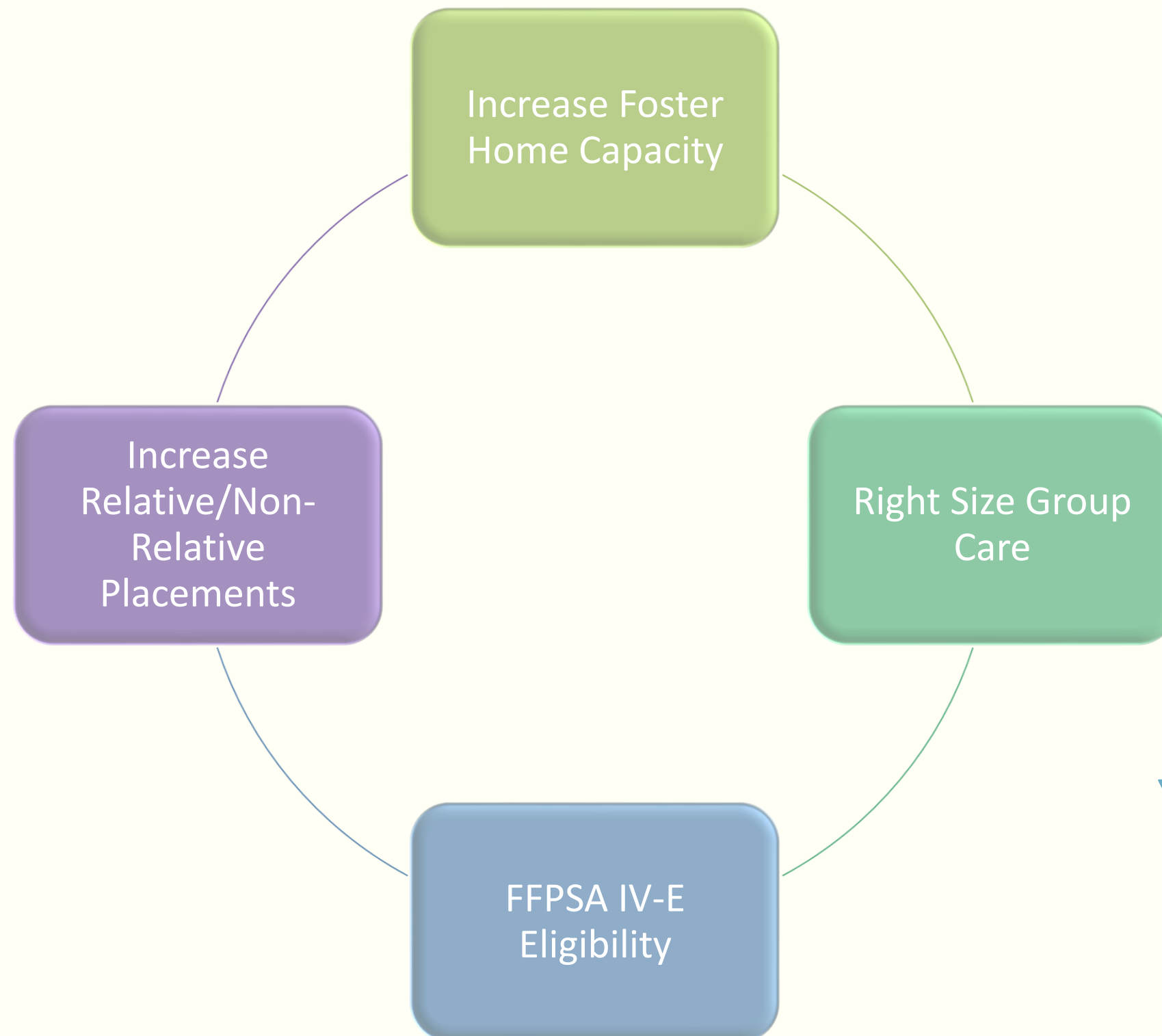
Part V. Continuing Support for Child and Family Services

Part VI. Continuing Incentives to States to Promote Adoption and Legal Guardianship

Part VII. Technical Corrections

Part VIII. Ensuring States Reinvest Savings Resulting from Increases in Adoption Assistance

Department Goals & Federal Requirements



Youth must be placed in a *specified* group home setting to be eligible for IV-E reimbursement after the first 14 days.

What Setting Can I Transition To?

FFPSA Specified Settings

- Maternity
- Safe House
- At Risk of Sex Trafficking
- Qualified Residential Treatment Program (QRTP)



Other Setting Types

- Independent Living
- Large Family Foster Home



FEDERAL FOSTER HOME

The term “foster family home” means the home of an individual or family—

- (i) that is licensed or approved by the State in which it is situated as a foster family home that meets the standards established for the licensing or approval; and
- (ii) in which a child in foster care has been placed in the care of an individual, who resides with the child and who has been licensed or approved by the State to be a foster parent—
 - (I) that the State deems capable of adhering to the reasonable and prudent parent standard;
 - (II) that provides 24-hour substitute care for children placed away from their parents or other caretakers; and
 - (III) that provides the care for not more than six children in foster care.

FOSTER HOME OVER-CAPACITY REQUIREMENTS

	Florida	Federal
Number of Children in the Home	5 or more children in the home to include the caregiver's children	6 children to be placed in a foster home which does not include the caregiver's children
Reason for Over-Capacity Request	Florida allows for the issuance of an over-capacity waiver for any purpose.	<p>Federal foster home capacity requires one of the following exceptions be met if a home exceeds 6 foster children (not including the caregiver's children):</p> <ul style="list-style-type: none">a. To allow a parenting youth in foster care to remain with the child of the parenting youthb. To allow siblings to remain together.c. To allow a child with an established meaningful relationship with the family to remain with the family.d. To allow a family with special training or skills to provide care to a child who has a severe disability.

FLORIDA'S LARGE FAMILY FOSTER HOME MODEL

What is a Large Family Foster Home Model?

- Typically consists of campus style group homes with cottages that have converted each cottage to individual licensed foster homes.
- These group homes use a houseparent model with at least one caregiver residing in the group home with the children

How many do we currently have in the state?

- 7 agencies in the state that practice this model
- 1 in the Central Region- One More Child Florida Baptist-Lakeland
- 2 in the Northwest Region-One More Child Florida Baptist-Tallahassee, One More Child Florida Baptist-Pensacola
- 4 in the Southeast Region-SOS Children's Villages of Florida (SOS), Place of Hope, Children's Ranch and 4kids. (4kids in SE is also considered to be a large family foster home model but the homes are not campus style.)





LARGE FAMILY FOSTER HOME MODEL TRANSITION PROCESS

- Group Home/Agency must be licensed as a Child Placing Agency
- No major issues with ensuring that the homes were able to meet Level 2 foster home licensing requirement.
- Ensuring the caregiver has a driver's licenses or lease for the home they are residing in to document residency requirement for foster home licensure. All homes having contract/leasing agreement with their foster parent/employees to live in the home.
- Ensuring reference checks for applicants are speaking to the individuals as foster parents and not house parents/employee.
- 6 of the 7 of the homes are under the attestation model and directly contract with the CBCs in their areas.

LARGE FAMILY FOSTER HOME MODEL POLICY & FINANCIAL UPDATES

Policy Update

- Currently 6C-45 FAC doesn't not allow a child placing agency to complete work associated with licensure/ re licensure and the monitoring of employees of the agency. Large Family foster parents are employed with their child placing agency, updates will need to be made to allow for the child placing agencies to complete this work.

Financial Update

- Financial components will need to be reviewed and updated. There are vast differences among the CBCs on how much they pay, which is very apparent when looking at the payment structure of these homes. Standardized methods of how to code these homes in FSFN will need to be created to ensure these homes do not present as red flags during a Title IV-E audit.
 - Title IV-E does not allow foster care room & board payments to pay salaries to foster parents who may be employed with their child placing agencies.



INDEPENDENT LIVING

POPULATION SERVED

Young adults, age 18-21 years of age who are enrolled in Extended Foster Care (EFC)

CCA LICENSE TYPE

Traditional
Residential

PROGRAM STANDARDS

- Staffing ratio 1:8
- Staff receive 8 additional pre-service training hours related to serving young adults.
- Program service requirements include lifeskill instruction, employment preparation, educational support, and 24-hour crisis intervention and support.





MATERNITY

POPULATION SERVED

Pregnant, post-partum, or parenting youth or young adults, age 17 and under

PROGRAM STANDARDS

- Staff receive 20 additional pre-service training hours related to the care of pregnant and/or parenting youth.
- Program service requirements include but are not limited to pre-natal and childbirth education and clinical services to address trauma and childhood sexual exploitation.

SAFE HOUSE

POPULATION SERVED

Youth, age 17 and under, who are victims of sex trafficking. If serving dependency youth, ages 12-17.

PROGRAM STANDARDS

- Staffing ratio 1:4
- Staff receive an additional 24 hours of specialized training specific to human trafficking & sexual exploitation.
- Program service requirements include but are not limited to victim-witness counseling, behavioral health care, treatment and intervention for sexual assault, and survivor mentoring support.





AT RISK

Definition

DRAFT PENDING FEDERAL APPROVAL

“Child or youth at risk of sex trafficking” means an individual who has experienced trauma, such as abuse, neglect, and/or maltreatment, and presents with one or more of the accompanying risk factors:

- a. History of running away and/or homelessness.
- b. History of sexual abuse and/or sexually acting out behavior.
- c. Inappropriate interpersonal and/or social media boundaries.
- d. Family history of or exposure to human trafficking.
- e. Out-of-home placement instability demonstrated by repeated moves from less restrictive levels of care.

POPULATION SERVED

Youth, age 17 and under, who are at risk of sex trafficking. If serving dependency youth, ages 12-17.



AT RISK

- Staff receive an additional 24 hours of specialized training specific to human trafficking & sexual exploitation.
- The child-caring agency shall have available staff trained in a department approved human trafficking prevention education curriculum to facilitate to youth residing in the home.
- Program service requirements include but are not limited to programming related to the prevention of sex-trafficking including healthy relationships, interpersonal boundaries, community engagement, etcetera.
- Providers are responsible for assessing youth to determine if a treatment plan is required.

POLL QUESTION

Please indicate your Medicaid and Accreditation status:

- a. I am a Medicaid Provider Only
- b. I am Accredited Only
- c. I am both a Medicaid Provider and Accredited
- d. I have a pending application for Medicaid and/or accreditation



QUALIFIED RESIDENTIAL TREATMENT PROGRAM (QTRP)

Licensed & Accredited

Trauma-informed treatment model

Assessment completed within 30 days of placement by qualified individual

Court approved placement within 60 days

24/7 availability of clinical and nursing staff according to treatment model

Documentation of family/sibling engagement

6 months aftercare services post-discharge

POPULATION SERVED

18

Youth, age 17 and under, who have serious emotional or behavioral disorders or disturbances

PROGRAM STANDARDS

- Staff receive an additional 30 hours of specialized training specific to residential group care.
- Providers with multiple facilities licensed as a Q RTP cannot have a combined capacity that exceeds 12.
- Program service requirements include but are not limited to psychiatric, specialized intervention, social and rehabilitative services.

QRTP Credential

For Entities Licensed by
Another State Agency

Requirements

QRTP credentialed providers must meet the same QRTP program standards

Staff must obtain the following background screenings per federal safety requirements:

- FBI/FDLE Criminal History Records
- Abuse and Neglect History Records including Out of State Records, if applicable

POLL QUESTION

Providers licensed by a state agency other than DCF:

Are you interested in becoming credentialed by the department as a Qualified Residential Treatment Program (QRTP)?

- a. Yes
- b. No
- c. Undecided



QRTP Clinical Program: What Providers Need to Know



Presented by: Dr. Kimberly McGrath, Citrus Family Care Network



Development of a Qualified Residential Treatment Program (QRTP) at Citrus Health Network



QRTP Requirements

Under the Family First Prevention Services Act (FFPSA), a Qualified Residential Treatment Program (QRTP) must meet the following criteria:

- I. Accreditation
- II. Trauma-Informed Treatment Model
- III. Availability of Clinical Services
- IV. Family Engagement
- V. Discharge Planning & Aftercare Supports

Accreditation

- QRTPs must be licensed as a child caring institution and accredited by at least one of three federally approved accreditors:
 - The Commission on Accreditation of Rehabilitation Facilities (CARF),
 - Council on Accreditation (COA),
 - The Joint Commission (formerly JCAHO)
 - or an Health and Human Services (HHS) approved organization.
- Pros & Cons of Each Accrediting Body

Becoming Medicaid Provider

- The requirements of the QRTP resulted in higher operating costs.
- The day of care rate would exceed the board rates of the CBC Lead Agency.
- Braiding funding with Medicaid revenue will make the program sustainable
- Billing for individualized services vs bundled day of care rate
- Factors to Consider:
 - Becoming a Medicaid provider can be time consuming.
 - Billing Medicaid can be cumbersome and requires support staff for prior authorization, billing and management of client records.

Physical Structure & Location

CONSIDERATIONS:

- Consider Special Needs of Target Population
- Need adequate physical spaces to practice EBPs or other treatment models/programs. (e.g., space for group session)

CITRUS HEALTH NETWORK & CITRUS FAMILY CARE NETWORK APPROACH:

- Will serve 10 males, ages 12-18 with severe behaviors and a range of educational needs.
- Maximum capacity set at 12 to allow for individualized attention
- Facility allows flexibility for single bedrooms and separating ages by floors.
- Structure of facility allows for living quarters for live-in house parent
- In a residential community, which allows easy access to public transportation and employment opportunities.

Trauma-Informed Organizational Culture & Specific Therapies

CONSIDERATIONS:

- Do you have a treatment model that is clearly defined and a training program for new staff?
- Is it a trauma-informed treatment model?
- Have you implemented the model with fidelity?

CITRUS HEALTH NETWORK & CITRUS FAMILY CARE NETWORK APPROACH:

- Follow the SAMHSA Implementation Domains & the six key principles of the SAMHSA Trauma-Informed (T-I) approach
- Trauma Focused-Cognitive Behavioral Therapy
- Multisystemic Therapy
- Functional Family Therapy
- Wraparound Services
- Behavior Support and Management – Professional Crisis Management

More information available at:

<https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4884.pdf>

Availability of Clinical Services & Services to Consider

*Will services be
provided in-house
or by a contracted
service provider?*

- **Screening Services:** Establish the need for an in-depth assessment.
- **Assessment:**
 - Establish the presence or absence of a mental health and/or substance use disorder
 - Determine the client's readiness for change, identify client strengths or problem areas that may affect the process of treatment and recovery
 - Engage the client in the development of an appropriate treatment relationship.
- **Psychological Testing:** Psychodiagnostic assessment of personality, psychopathology, emotionality, and/or intellectual abilities.
- **Crisis Intervention:** 24-hour on-site availability
- **Individual, Group, and Family Therapy**
- **Psychiatric Services**
- **Substance Abuse Services**
- **Specialty Services:** EMDR, DBT

Family Engagement

QRTP REQUIREMENTS:

- Document how family members are **integrated into the treatment process**, including:
 - Post-discharge
 - How sibling connections are maintained.
- Facilitate outreach to family members, including siblings and document how outreach is made

CITRUS HEALTH NETWORK & CITRUS FAMILY CARE NETWORK APPROACH:

- Family therapy by Master and Doctoral level clinicians for all family members including siblings
- Group therapy offered for siblings

Aftercare

- Aftercare support must be offered to all children who have a qualifying assessment and court order recommending placement in a QRTP setting. Aftercare support is not required for youth who discharge to another QRTP setting or higher level of care to include Statewide In-Patient Psychiatric Program (SIPP) or Specialized Therapeutic Group Home (STGH).
- Considerations:
 - Are you prepared to work with families in their communities?
 - Does it mean changes in the geographic areas you serve?
 - Would you want to contract for the service?
 - Consistency in treatment process?

Youth may remain in their current placement upon the implementation of FFPSA until their natural transition.

Youth who transition out of a group home setting, cannot re-enter another group home setting unless the admission criteria has been met for that setting type.

FFPSA Transition Process



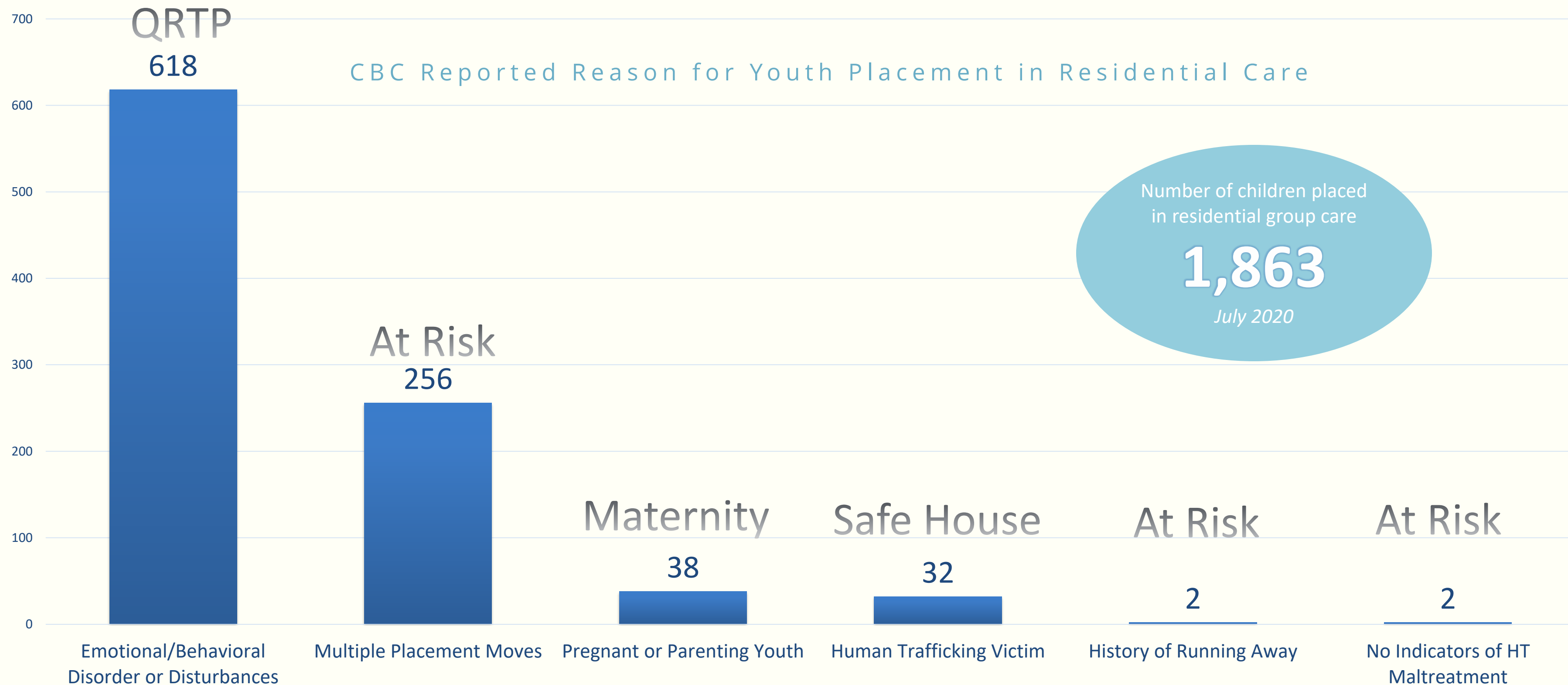
POLL QUESTION

Who are you currently discussing your FFPSA transition plan with?

- a. CBC
- b. DCF
- c. Both
- d. None

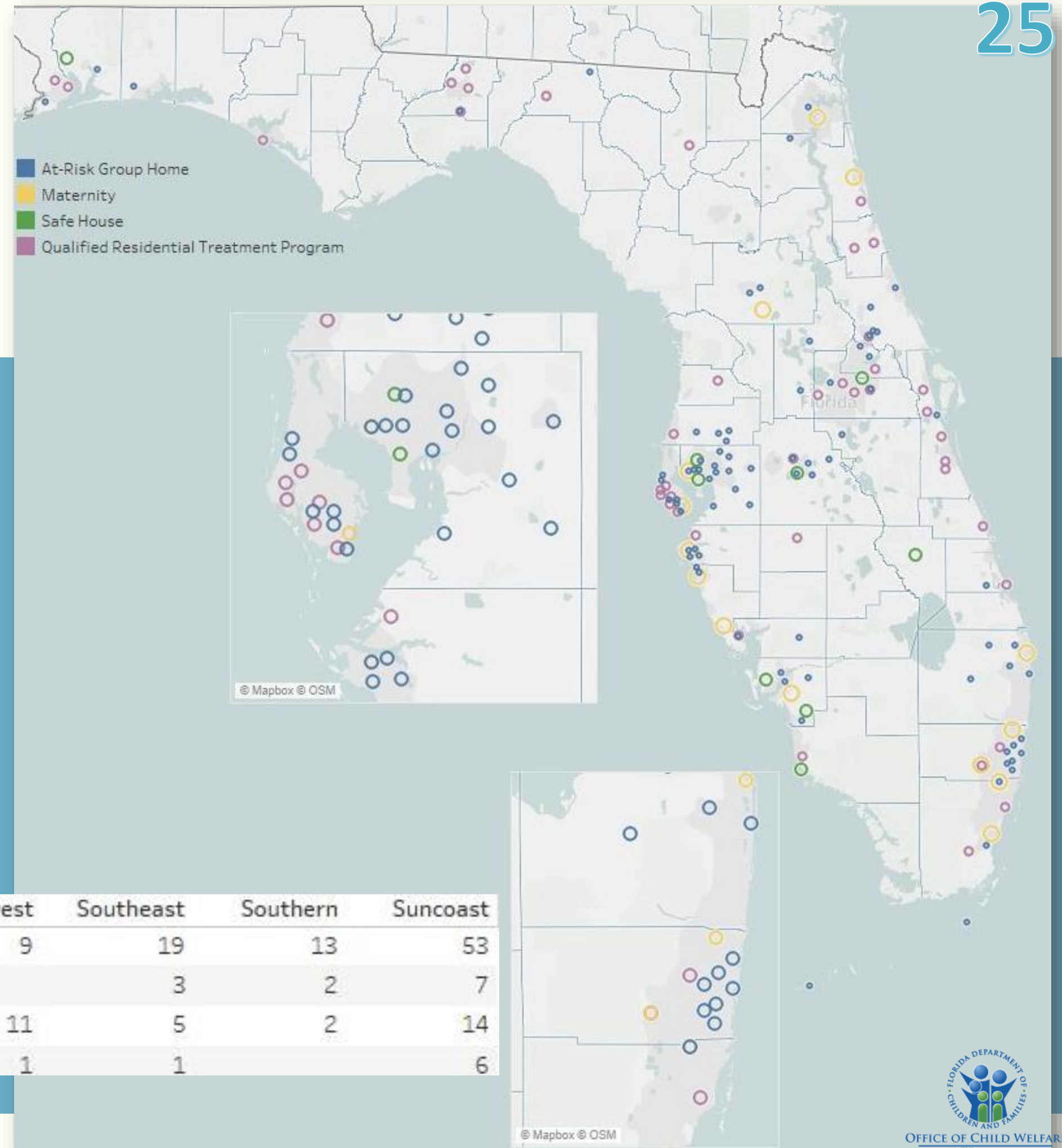


REASONS FOR PLACEMENT IN RESIDENTIAL CARE



FFPSA Setting Interest

35



Interest in FFPSA Setting Type	Grand Total	Central	Northeast	Northwest	Southeast	Southern	Suncoast
At-Risk Group Home	122	20	8	9	19	13	53
Maternity	15	1	2		3	2	7
Qualified Residential Treatment Program	55	17	6	11	5	2	14
Safe House	10	2		1	1		6

POLL QUESTION

For DCF Licensed Group Home Providers:
Which setting type are you interested in converting to?

- a. An FFPSA setting (Maternity, Safe House, At Risk, QRTP)
- b. Independent Living
- c. Large Family Foster Home
- d. Remain the same



POLL QUESTION

For those who selected FFPSA setting, which setting type are you interested in transitioning to?

- a. Maternity
- b. Safe House
- c. At Risk
- d. QRTP



FFPSA IMPLEMENTATION TIMELINE



November 2020

FFPSA Policies*
Finalized

December 2020

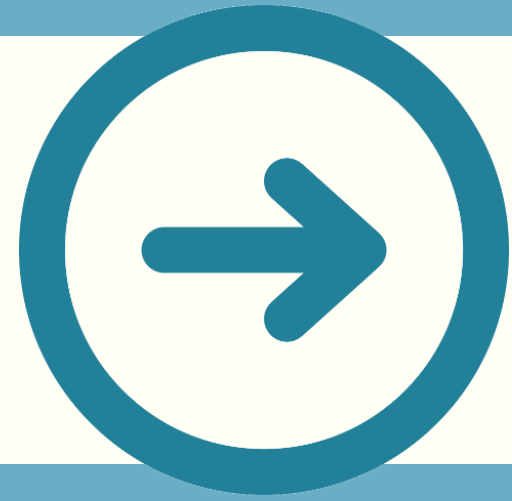
Begin Policy Training

January 2021

Implementation of
FFPSA

* Excludes Large Family Foster Home

Next Steps



- Providers should determine readiness status with selected setting type
- Communication with the CBC, DCF, and group care providers regarding the need for residential services based on the population need
- Participation in upcoming trainings and webinars
- DCF and CBCs review existing transition plans for youth in residential care, to ensure youth will transition to the most appropriate, least restrictive setting

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