

**Family First  
Prevention  
Services Act and  
Implementation  
Updates**

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Virginia Coalition of Private Provider  
Associations  
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**VIRGINIA DEPARTMENT OF  
SOCIAL SERVICES**

The **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.

- Family First is the **largest investment** in the child welfare system **in nearly 40 years** and is an **extraordinary opportunity** to be **innovative** and **responsive** to children's and families' individual needs.
- Family First supports VDSS's Children's Services Practice Model and overarching mission that kids should grow up in a **safe, stable and secure family** that supports their **long-term well-being**.
- Family First recognizes that kids do best in families, and families do best in strong, supportive communities. Family First ensures **a family first for children and teens** with prevention services to **keep kids safe** and **families together**. Children and teens who cannot safely stay at home should **live with relatives or close friends**. When that is not possible, Family First advocates that kids should live with a **loving, and supportive foster family**
- **Beneficiaries** of Family First are **families with children at imminent risk** of entering foster care.

## **Prevention Services**

Target resources and services that prevent foster care placements and help children remain safely in their home.

## **Family-Based Placements**

Ensure children maintain family connections needed for healthy development and emotional well-being while finding safe, permanent homes for children as quickly as possible

## **Congregate Care**

Safely reduce the inappropriate use of congregate care; when congregate care is needed, ensure children are placed in the least restrictive, highest-quality setting appropriate to their individual needs

## **Evidence-Based Services**

Advance the implementation and sustainability of evidence-based, trauma-informed services that appropriately and effectively improve child safety, ensure permanency, and promote child and family well-being

## **Resources and Financial Accountability**

Build capacity and leverage resources to provide effective services to prevent foster care placement while ensuring financial accountability



**IV-E**

**\$210 million**

**50/50 match rate**  
(federal/state)

**Children's Services Act**

**\$370 million**

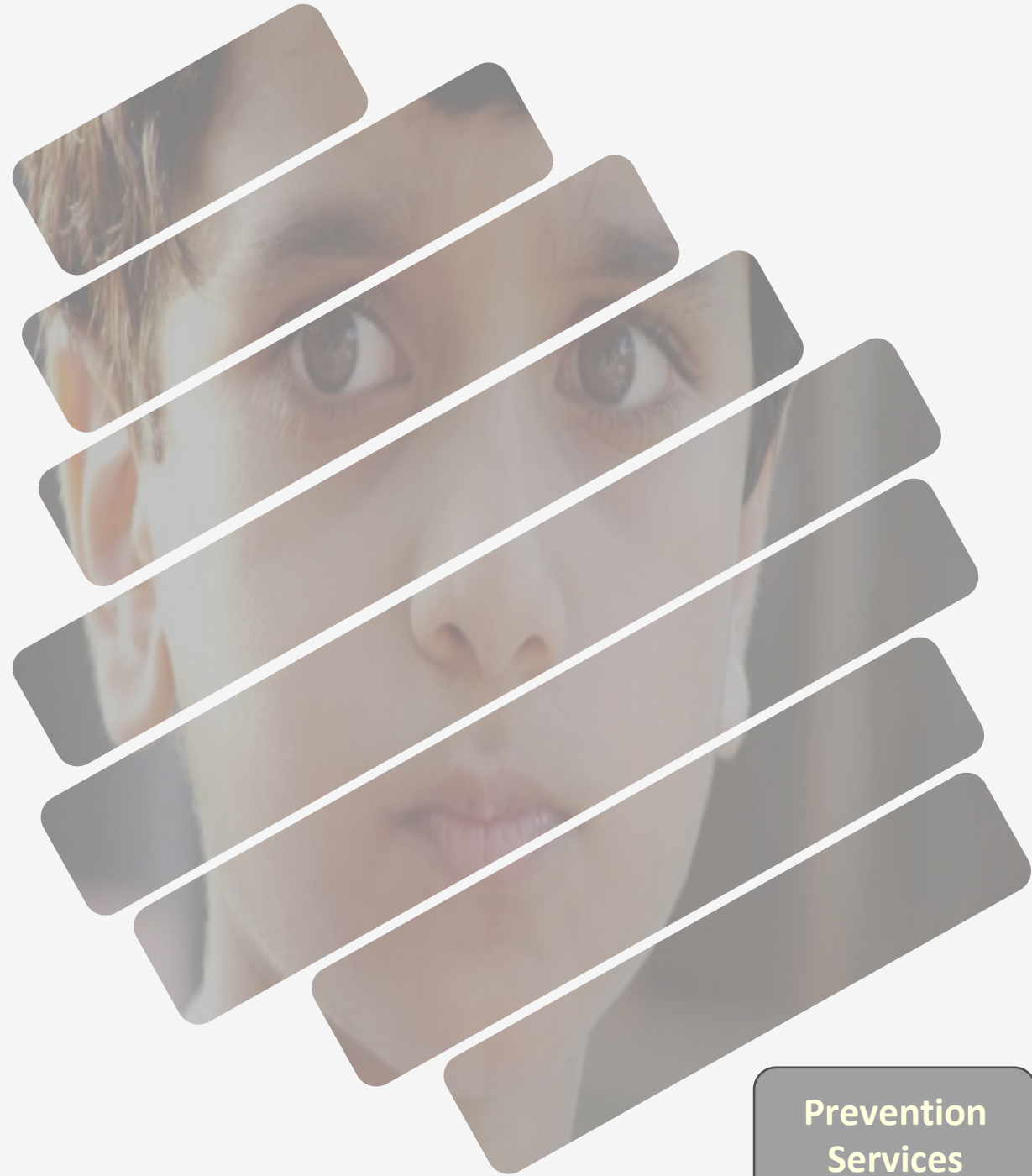
**65/35 average match rate**  
(state/local)





New federal funds for prevention services are intended to increase, not replace, state funding for Prevention Services.

- ❖ A child (and 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 a risk of a disruption/dissolution and includes post-reunification services



# IV-E Reimbursable Services

Mental Health  
Prevention  
Treatment  
Services

Substance Abuse  
Prevention  
Treatment  
Services

In-Home Parent  
Skill-Based  
Programs

## Trauma Informed

Prevention  
Services

# Why are Evidence-Based Services Important?

*Slide adapted from Dr. Alyssa Ward, DMAS*



## Well Supported

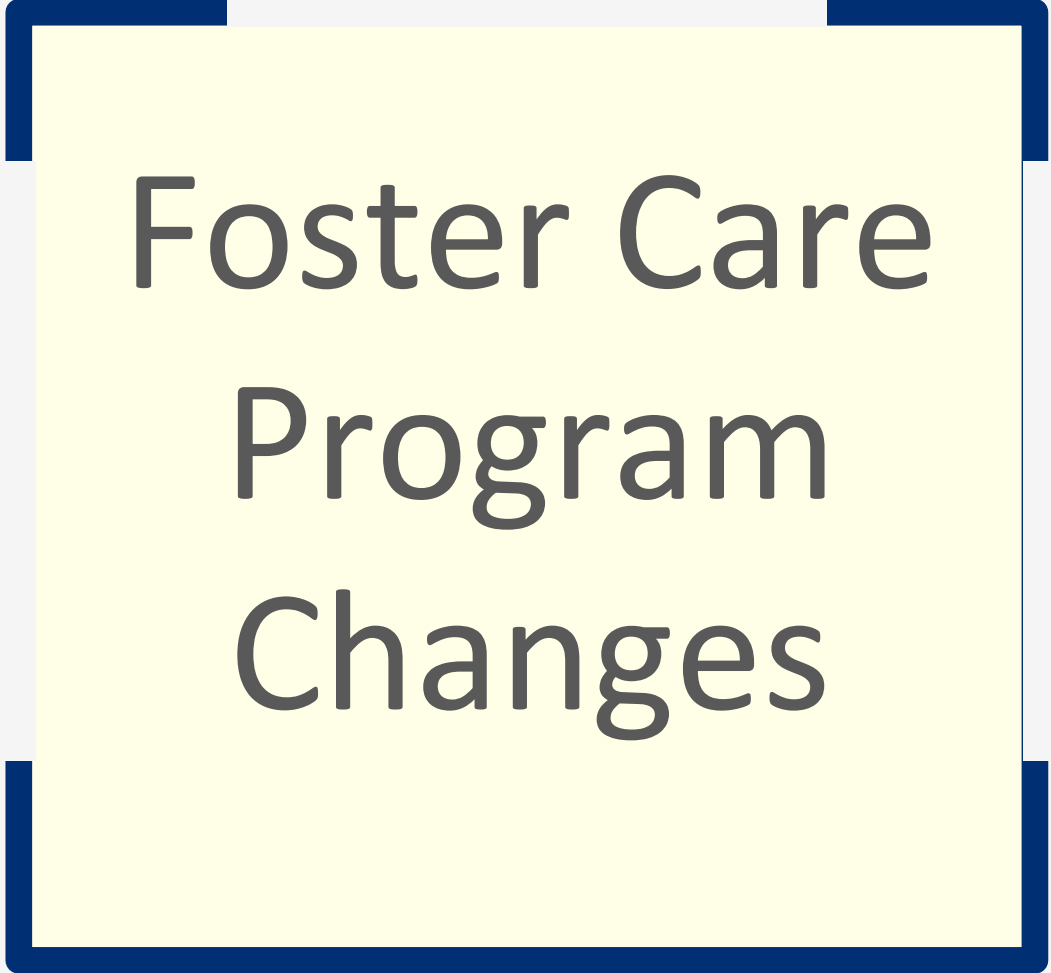
- Improved outcome must be based on the results of at least 2 studies that used a random control or quasi-experimental trial
- Carried out in a usual care or practice setting
- Sustained effect for at least one year beyond the end of treatment

## 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



# Foster Care Program Changes



*We believe that children do best when raised in families.*



- ❖ 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)*

**Family Based  
Placements**

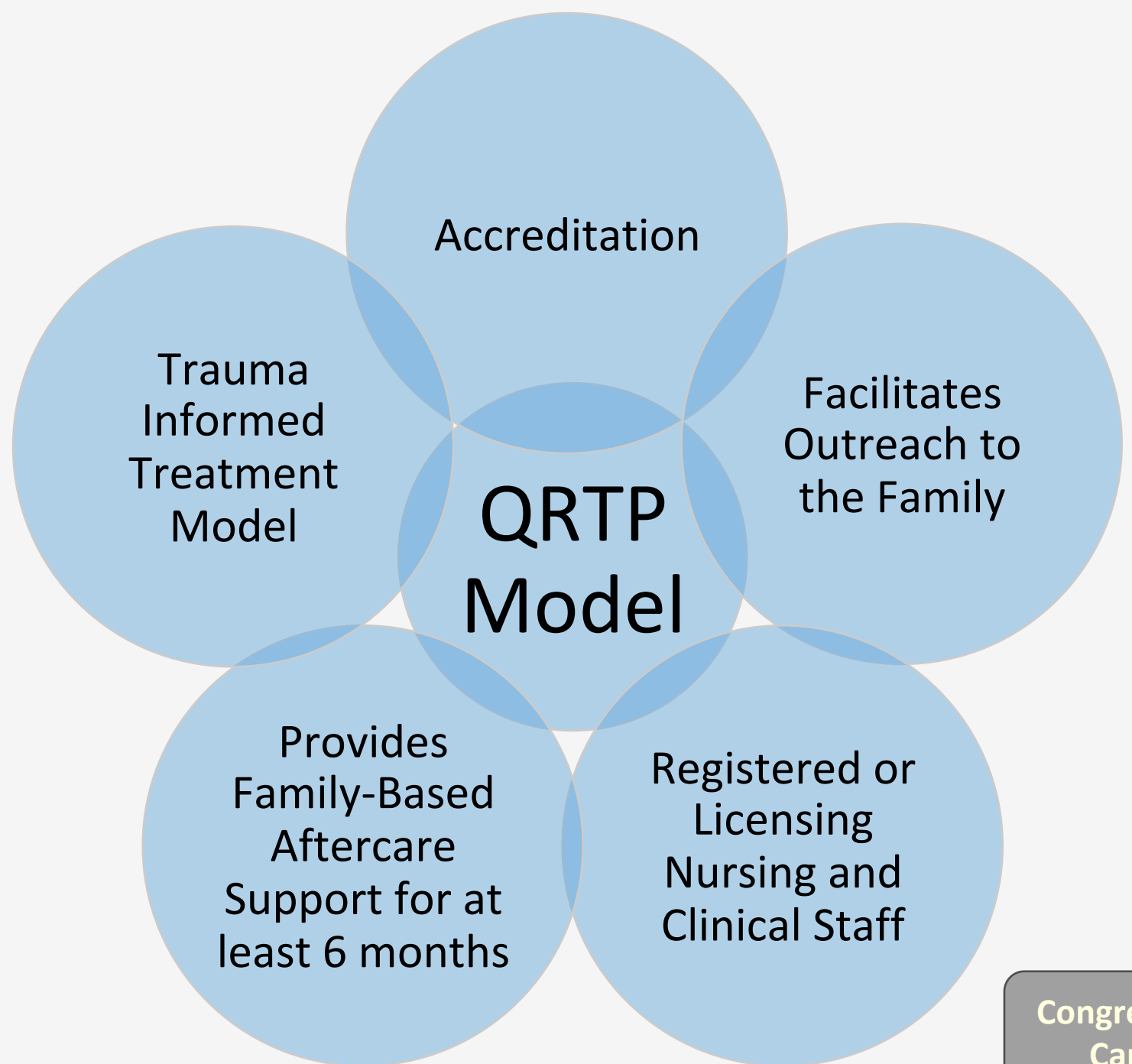




National Model Licensing Standards for Foster Families  
\$8,000,000 in grants for foster home recruitment

Family Based  
Placements

# Qualified Residential Treatment Program(QRTP)



Congregate Care

30-day  
Assessment


60-day Court  
Review

12-month  
review by  
Commissioner

Family and  
Permanency  
Team

## QRTP Requirements





# Miscellaneous Changes

# Kinship Navigator Programs



Promote Family-Based Placements



# John H. Chafee Program for Successful Transition to Adulthood (CPSTA).

**CPSTA/ILP services are available for young adults up until their 23<sup>rd</sup> birthday**

**ETV Services available for young adults up until their 26<sup>th</sup> birthday**



# Family Reunification Services



- ❖ Removes the time limit on providing reunification services
- ❖ Now allows service provision for a period of up to 15 months after reunification

## Additional Provisions

### Family Reunification Services and Activities Include:

- ❖ Individual, group, and family counseling.
- ❖ Inpatient, residential, or outpatient substance abuse treatment services.
- ❖ Mental health services.
- ❖ Assistance to address domestic violence.
- ❖ Services designed to provide temporary childcare and therapeutic services for families, including crisis nurseries.
- ❖ Peer-to-peer mentoring and support groups for parents and primary caregivers.
- ❖ Services and activities designed to facilitate access to and visitation of children by parents and siblings.
- ❖ Transportation to and from any of the services and activities described.

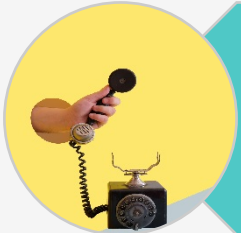


Implementation





We are committed to **using data to improve decision making** and ensure **services provided are informed by outcomes**



We will promote **reliable, accurate, transparent and timely two-way communication** among stakeholders throughout the implementation of Family First.



True transformation will take time, and implementation will **continually be monitored and updated** to meet emerging needs.

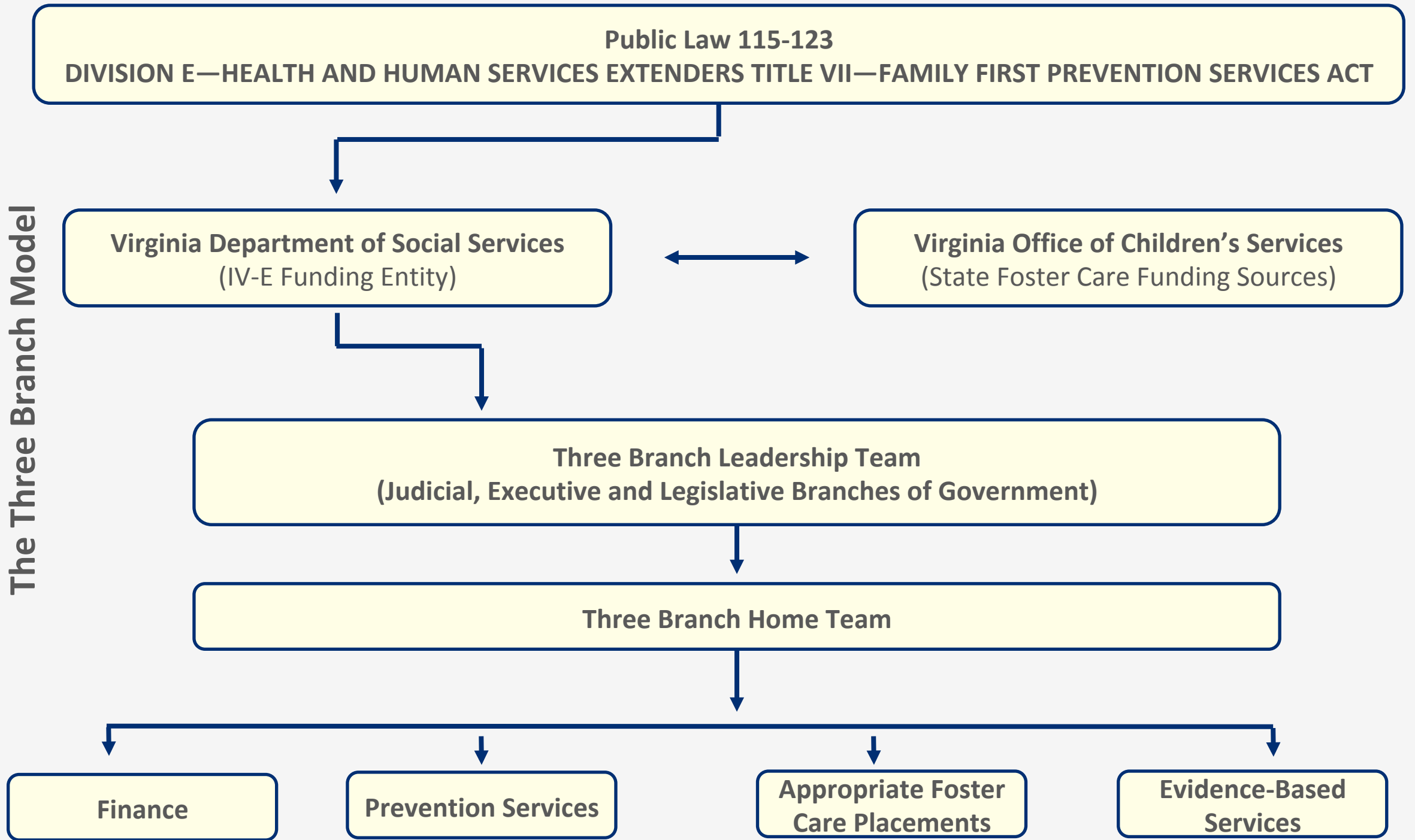


**Collaboration and partnerships** with systems across the state are the key to successful implementation of Family First. Every person and every organization, provider and system have an important role to play.

*Planning for implementation is currently underway, with **initial implementation starting October 1, 2019.***

**A Collaborative Approach to Implementation:**

**The Three Branch Model**



## Core Team

Carl Ayers, Virginia Department of Social Services

Sandy Karison, Court Improvement Program

Scott Reiner, Office of Children's Services

The Honorable Monty Mason, Senator

The Honorable Chris Peace, Delegate

The Honorable Frank Somerville, Culpeper JDR Court

Children's Home Society

Commission on Youth

Court Improvement Program, Office of the Executive Secretary Supreme Court of Virginia

Culpeper Juvenile and Domestic Relations Court

Department of Behavioral Health and Developmental Services

Elk Hill Farm

Fairfax Department of Human Services

Families Forward

Family and Children's Trust Fund of Virginia

Family Focused Treatment Association

Fredericksburg Department of Social Services

Governor's Office

Greater Richmond SCAN

HopeTree Family Services

Norfolk Department of Human Services

Office of Children's Services

Office of the Attorney General

Powhatan Department of Social Services

Senate Rehabilitation and Social Service Committee

Spotsylvania Department of Social Services

Troutman Sanders Strategies

United Methodist Family Services

Virginia Association of Community Services Boards

Virginia Association of Counties

Virginia Association of Licensed Child Placing Agencies

Virginia Association of Local Human Services Officials

Virginia Coalition of Private Provider Associations

Virginia Department of Health

Virginia Department of Juvenile Justice

Virginia Department of Medical Assistance Services

Virginia Department of Social Services

Virginia League of Social Services Executives

Virginia Municipal League

Virginia Poverty Law Center

Voices for Virginia's Children

Youth for Tomorrow

## Finance Workgroup

- Maintenance of Effort
- Budget Implications

## Evidence-Based Services Workgroup

- Survey for EBS in Virginia
- Collaborate with DMAS and DJJ

## Prevention Services Workgroup

- Recommendations on defining key terms
- Continuum of Prevention Services
- Feedback for Development of Federal Clearinghouse

## Appropriate Foster Care Placements Workgroup

- Recommendations for QRTP Assessment
- Feedback for Development of Federal Foster Home Model Licensing Standards



Moving Forward

### Finance Workgroup

- Recommend budgets/use of funds to support implementation
- Understand the financial costs of supporting the start up of evidence-based services

### Evidence-Based Services Workgroup

- Analyze results of EBS Survey (service gaps)
- Perform CANS data analysis
- Provide recommendations for fidelity monitoring and CQI process

### Prevention Services Workgroup

- Maximize and leverage CSA and Family First Funds (as well as other child serving agencies) to meet the diverse and complex needs of families
- Develop a long term vision for the prevention services continuum

### Appropriate Foster Care Placements Workgroup

- Develop workflow recommendations for the judicial and Commissioner review requirements for a youth placed in a QRTP
- Develop strategies to increase foster homes with an emphasis on kinship homes

# Prevention Service Provider Considerations

## Choosing an Evidence-Based Program/Service

- Must be chosen from the federal clearinghouse
  - Waiting on the release of clearinghouse
- Reach out to community partners to discuss community needs when choosing an evidence-based program.
- Consider the needs of the children and families in your community (especially those that qualify for Family First).
- Consider costs associated with implementation.
- Consider your agency's organizational structure and the administrative support needed to support and sustain an evidence-based program.

Evidence-Based Services

# QRTP Provider Considerations

Choose an accrediting body that best fits your organization.

- Council on Accreditation (deadline for application is Nov 19, 2018 to ensure accreditation by Oct 1, 2019)
- The Commission on Accreditation of Rehabilitation Facilities (CARF) (deadline for application is Dec 29, 2018 to ensure accreditation by Oct 1, 2019)
- The Joint Commission(no application deadline)
- Reach out to other providers who have already been accredited for support and information

Reach out to community partners to discuss community needs when choosing a trauma-informed treatment model.

- Streamline efforts with the Children's Cabinet to define trauma-informed
- 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

Congregate  
Care



# Treatment Foster Care Provider Considerations



Think of ways to support kinship placements and approve kinship providers



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



Stay tuned to the Children's Bureau for their formal announcement of model licensing home standards



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



We know some of  
the pieces,  
But we're still  
figuring out many  
of the pieces.

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