

Family First Prevention Services Act Creates Trauma-Informed Options for Children

The Family First Prevention Services Act, signed into law by Congress on February 9, 2018, could drastically change the child welfare system by putting more of an emphasis on prevention and using a trauma-informed approach to develop service and support plans for children at-risk of entering foster care or children already placed in foster care.

This change coincides with the NC DHHS work to restructure the social service and child welfare system in North Carolina. This restructure not only impacts social services and child welfare, but also impacts the child mental health services within the NC public system. For the federal government, this is an opportunity to strengthen the early intervention services and potentially save hundreds of millions of dollars in higher level treatment services. Most importantly, this new law provides children and their families additional supports that could keep a child at home.

Under this act, each state now has the option to use Title IV-E funds (Title IV-E is a part of the Social Security Act) for prevention services, allowing children who are at-risk of entering foster care and children in foster care to stay with their parent(s), guardian or in a foster home. The idea is that a good family setting with prevention services can allow rehabilitation and growth for an at-risk child.

Services considered prevention services include: mental health treatment, substance abuse prevention and treatment, in-home parenting skills training, parenting education, and individual and family counseling. This is an important area of potential for the North Carolina child mental health service system and mechanisms such as the local [System of Care](#) collaboratives that work to coordinate services for children who tap into multiple public health and human services, including mental health treatment.

Key components of the legislation include:

- A provision stating that the child must have a written, trauma-informed prevention plan created with evidence of the success of the prevention services such as: empirical evidence that the program has no risk of harm and valid and measurable outcomes of the treatment.
- A \$5 million grant fund is established to create an electronic processing system for the placement of children in foster care.
- A requirement that each state establishes new licensing standards for foster families that complies with the Family First Prevention Services Act by April 1, 2019. Any appeals to the federal government for an extension will delay funding to that state for the program.
- An emphasis on placing children into family situations instead of group settings whenever possible. If necessary, a child and parent can be placed into a residential treatment center. Each home is limited to six children and each congregate care setting is limited to 25 children.

- An \$8 million federal grant for the recruitment of foster families and extension of the foster care program for 5 more years.

The Government Accountability Office will analyze how each state is using the money they saved in the adoption assistance program.

Who is eligible for these services?

Any child eligible for foster care maintenance may receive these services. The child does not need to meet the Aid to Families with Dependent Children (AFDC) requirements.

How will services be funded?

Reimbursement for prevention services is available for up to 12 months, beginning at the date the child is identified in a prevention plan as a candidate for foster care or a pregnant and parenting foster youth. Services can be received after that time if the individual is identified as a foster care candidate again. The state Medicaid program (or Department of Social Services) will still be considered the primary payer for prevention services. Only when qualified prevention services not covered under the individual's Medicaid plan are used will the federal funding pay for the services. The federal government will reimburse the state Medicaid program 50 cents for every dollar being spent. At least 50% of expenditures must come from well-supported programs. Federal reimbursement for newly ineligible programs ends on September 1, 2019.

How will this service option be evaluated?

States will need to collect and report all services, service recipients, service expenditures and durations of service to the federal government. By the year 2021, the federal Department of Health and Human Services will measure the percent of foster care candidates who do not enter the foster care system and how much money is spent on each child for prevention services. The US DHHS may also collect data to assess if the child's well-being is improved and if there is an increase in kinship care.

Challenges with this legislation

Receiving funding for this act requires large amounts of planning. In order to receive a reimbursement, the specified policies and processes for the Families First Prevention Services act must be followed. In addition, the legislation only pays for qualifying services that aren't covered under NC Medicaid.

With the focus on placing children in foster families, North Carolina will have to put more focus on finding people willing to be foster parents.

This legislation requires the state to have enough high-quality clinicians to support the mental health service needs that will multiply with this change.

Encouragements of the Act

The focus on health for US DHHS is now on the environmental effects on health, such as where we live, work and play. This act is the first step in trauma prevention for at-risk children. In North Carolina, the intent of this legislation aligns with the vision of NC DHHS to restructure the social service and child welfare system and to transform the Medicaid program with a focus on Social Determinants of Health and integrated care.