

TEAMS LIVE EVENT



FFPSA JOINT TRAINING

03.03.2021 | 9 am - 12 pm

Learn about FFPSA in Indiana including the IV-E Prevention Plan and Q RTP requirements



FFPSA and INFPS:

- **FFPSA was passed as part of the 2018 federal bi-partisan budget bill.**
- **INFPS developed in stages, and it launched June 2020**
- **What's the point of these programs and what's the difference?**



Why is it important to keep families together?

- **ACE Study**—landmark child welfare research started by Kaiser Insurance in the 1990s.
- Found **Adverse Childhood Experiences** (childhood traumas) have **long-term effects**.



What experiences/traumas?

- Physical abuse
- Sexual abuse
- Neglect
- Serious illness or injury
- Witnessing domestic violence
- Witnessing other types of violence
- **Separation from caregivers**
- **Loss and grief**

What do they predict?

Negative outcomes...*in adulthood*:

- Addiction issues
- Unwanted/early pregnancy
- Poor educational outcomes
- Employment problems
- Mood problems
- Marital problems
- Legal problems
- **Early death**
- **We want all Hoosier kids to grow up healthy!**





What *separating children* from the caregivers does to them...

- **Disrupted attachment**—Attachment begins at birth, and when it is disrupted, the child is harmed in numerous ways—emotionally, socially, physically, and intellectually.
- **Abused children are as attached to their caregivers as non-abused children.**
- Kids want to be with their primary caregiver, **they just want to be safe there.**
- So much research tells us that kids fare better when they can stay safely with their families.



FFPSA and INFPS

Both have the same goal of keeping kids safely with their families, and there are many similarities. For example:

FFPSA requires the use of evidence-based models with the clear goal of preventing children from being placed into foster care.

INFPS requires the use of evidence-based models with the clear goal of preventing children from being placed into foster care.



FFPSA and INFPS

*While both FFPSA and INFPS require evidence-based practices, **INFPS** adds concrete supports for families.*

Monitoring **safety** and developing “**protective factors**”

Providers must use the Protective Factors Survey in their work with referred families. For more on protective factors, see:

<https://www.childwelfare.gov/topics/preventing/promoting/protectivefactors/>



FOSTER CARE CANDIDACY:

The draft version of Indiana’s definition of “foster care candidacy” includes three broad categories:

- Children and Families Served by Providers Outside of DCS (think families receiving Healthy Families services)**
- Children and Families Served in Their Home with an Open DCS Case (in-home CHINS and IAs)**
- Children and Families Served by the Juvenile Justice System**



Evidence-based Models?

Both FFPSA and INFPS require the use of evidence-based models.

An evidence-based model is a practice (intervention) with scientific evidence consistently showing they improve client outcomes.

So, if we follow EBMs (EBPs) to fidelity, we can expect better family outcomes!



Which Evidence-Based Models?

For FFPSA: The Title IV-E Prevention Services Clearinghouse:

<https://preventionservices.abtsites.com/>

- Mental Health Programs
 - *Functional Family Therapy (FFT)*
- Substance Abuse Prevention and Treatment
 - *Motivational Interviewing (MI)*
- In-home Parent Skill-Based Program
 - *Healthy Families*

For INFPS: The California Evidence-Based Clearinghouse for Child Welfare:

<https://www.cebc4cw.org/>



What's next for INFPS as we approach FFPSA implementation?

Formal evaluation began on 1/1/2021, and can be found here:

https://www.in.gov/dcs/files/ProviderSummary_INFPS_Evaluation_2021_02_22.pdf





More on the evaluation, and INFPS

INFPS Evaluation:

https://www.in.gov/dcs/files/ProviderSummary_INFPS_Evaluation_2021_02_22.pdf

- Don't order INFPS for reunification cases, please.
- Initial Assessments and Safety Plans
- More on Concrete Supports



Back to the Prevention Plan

The Indiana IV-E Prevention Plan is currently being circulated in draft form.

Mental Health Treatment:

- Functional Family Therapy (Well-Supported)
- Multisystemic Therapy (Well-Supported)
- Parent-Child Interaction Therapy (Well-supported)
- Trauma-Focused Cognitive Behavioral Therapy (Promising)



Models on Indiana's Prevention Plan

In-home Skill-Based Parenting Programs:

- Healthy Families America (Well-Supported)
- Nurse-Family Partnership (Well-Supported)
- Parents as Teachers (Well-Supported)



Models on Indiana's Prevention Plan

Substance Abuse Treatment and Prevention:

- Motivational Interviewing (Well-Supported)
- Multisystemic Therapy (Well-Supported)





Why do ratings matter so much?

Two reasons:

- 50% of what states do must be in the well-supported category (eventually! *)
- If states use a model that is not well-supported, they have to complete a formal evaluation of that model to try to move it to “well supported”.



How can I learn more?

DCS Family First Act page:

<https://www.in.gov/dcs/familyfirstact.htm>

Indiana Family Preservation Services page:

<https://www.in.gov/dcs/4102.htm>

Upcoming: QRTP and FFPSA

BREAK!



FFPSA & QRTP

DCS – March 3, 2021



Agenda

- FFPSA Impact on Residential Placements
- QRTP Components and Designation
- Aftercare
- Timing
- 30 Day Assessment
- DCS Plans for Implementation

FFPSA – Impact on Residential Placements

- Limits on federal reimbursement for placements that are not in foster homes
 - After two weeks, federal reimbursement will only be made for residential placements if the child is in:
 - A qualified residential treatment program (QRTP)*
 - A setting specializing in providing prenatal, post-partum, or parenting supports for youth
 - Supervised independent living for youth over 18
 - Settings providing high-quality residential care and supportive services to children and youth who have been found to be, or are at risk of becoming, sex trafficking victims

*Provided the 30-day assessment determined the youth appropriate for QRTP placement

QRTP Components

- Trauma-informed treatment model designed to address the needs of children with serious emotional/behavioral disorders and can implement the necessary treatment identified in the child's assessment
- Has registered or licensed nursing staff and other licensed clinical staff who can provide care, who are on-site consistent with the treatment model, and available 24 hours and 7 days a week.
- Facilitates family participation in child's treatment program
- Facilitates family outreach, documents how this outreach is made, and maintains contact information for known biological and kinship family members.
- Documents how the child's family is integrated into the child's treatment, including post-discharge, and how sibling connections are maintained.
- Provides discharge planning and family-based aftercare for at least 6 months post-discharge.
- The program is licensed and nationally accredited (COA, CARF, JCAHO, EAGLE)

QRTP Designation

- Indiana DCS will be responsible for determining and ensuring providers meet the QRTP requirements
- All Residential Facilities must meet QRTP requirements to have a DCS contract effective 1/1/2021
- DCS Residential Licensing is in the process of developing and testing a QRTP designation tool to utilize for this process
- Goal of testing is to determine if the information needed to determine QRTP designation lives somewhere already or if something new must be developed to capture the information needed

QRTP Aftercare

- Discharge Planning Needs to Begin at Placement
- Discharge Plans need to be specific and meaningful
- Radical Parent/Caregiver Engagement
- QRTPs are required to provide family-based aftercare for at least 6 months post-discharge
- Standard Aftercare requires monthly team meetings and provider facilitation
- Request for Information (RFI) focusing on creating definitions, expectations, and costs for enhanced and intensive aftercare

QRTP Timing and Implications

- After two weeks, federal reimbursement will only be made for residential placements if the child is in a QRTP or one of the exceptions
 - Impact on ESC placements
 - Impact on Diagnostic Placements
- Change in Placements
- Length of Total Time in Placement
 - A reassessment will be necessary in the case of any child who is placed in a QRTP for more than 12 consecutive months or 18 nonconsecutive months (or, in the case of a child who has not attained age 13, for more than 6 consecutive or nonconsecutive months)

30 Day Assessment

- DCS selected Maximus to provide the 30 day Assessment services
- DCS has been meeting with Maximus weekly to ensure contractual understanding, developing a process and clinical alignment
- DCS will implement the 30 day Assessment process on 4/1/2021 to allow for process enhancements in preparation for FFPSA implementation

DCS Initiatives

- DCS Out of Home Value Steering Analysis
 - Monthly rapid improvement events directly related to the out of home process
 - Internal and External Stakeholders will be part of the events
- FFPSA: A shortage of foster family homes is not an acceptable reason for determining that the needs of the child cannot be met in a foster family home
 - Licensed Child Placing Agency Request for Information
 - Foster Care Value Statements:
 - Higher acuity youth served in community-based settings
 - Reduced placement disruption of youth
 - Foster parents that express feeling supported in their caregiving journey
 - Increased birth parent engagement with caregiving families
 - Reduction in repeat maltreatment

DCS Initiatives Involving Juvenile Justice Youth

- Juvenile Justice Representation in Planning Events
 - Family First Prevention Services Act Workgroup
 - DCS Value Stream Out of Home Ste
 - Rapid Improvement Event (RIE)- 30 Day Assessment
- Juvenile Justice Representation On-Going Efforts
 - Family Preservation Workgroup
 - Family First Prevention Services Act Implementation Committee
- Partnership with Indiana Office of Court Services
 - Family First Prevention Services Act Judicial Workgroup
 - Family First Prevention Services Act Training Subcommittee

Indiana DCS Plans for FFPSA Implementation

- 30 Day Assessment – Tentative start date 4/1/2021
- Aftercare – Tentative start date will be prior to 9/29/2021
- QRTP Contractual Requirement: 1/1/2021
- QRTP Designation: prior to 9/29/2021



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CHILD
SERVICES

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"Children will live in safe, healthy and supportive families and communities."



MAXIMUS®

**Indiana QRTP
Independent
Assessment**



Who we are

- + Since 1975, Maximus has partnered with federal and state agencies to meet legislative mandates and operational improvements
 - Operating large-scale health service access projects since 1992
 - Medicaid access and customer service projects since 1995
- + We have performed both mental health and intellectual disability assessment services in 14 states
- + Engagement in FFPSA since it was enacted, currently providing QRTP assessments in ND and MI
- + We set the industry standard for delivering high-quality, innovative, and value-driven healthcare access solutions, including specialized tools that conduct clinical assessments, configurable information systems, and comprehensive project management services.
- + Existing Maximus location at 429 N Pennsylvania Street, Indianapolis
- + Over three decades of partnership with the State of IN

IN QRTP Team Introductions and Roles



Christa Ballew, BA, PMP
Vice President

- 23+ years of experience in health and human services program administration
- Proven organizational leadership skills through effective management of department heads to maintain operational efficiency, effectiveness, and productivity on a variety of statewide assessment programs



Joanna Morgan, MA, MBA
Senior Director

- Experience as Director of statewide assessment projects across eight states, with responsibility for all aspects of our performance
- Over 15 years of experience managing complex health and human services programs
- Extensive experience successfully administering programs and coordinating services for children and families with complex needs
- Significant experience ensuring regulatory and contractual compliance with federal, organizational, and State requirements
- Local to Indianapolis



Brad Goodin, MDiv
Program Manager

- 20 years of experience with IDD and behavioral health clinical services, including providing comprehensive assessments, and executive management of residential and advocacy organizations
- Direct experience supervising assessors to ensure high quality services and alignment with the project, state, and Maximus goals
- Current Program Manager of Iowa PASRR Program

IN QRTP Team Introductions and Roles



Emily Isaacs, MS/Ed.S
Clinical Alignment Manager

- 14+ years of experience providing mental health services to vulnerable populations
- Former Program Manager of North Dakota QRTP Services and consultant for Michigan's QRTP Services implementation; strong understanding of vulnerable youth population
- 3+ years of proven experience conducting large-scale, statewide assessment projects, including assessing the needs of youth in out-of-home care
- Extensive background in applied quality and clinical work with vulnerable populations; experience conducting clinical summaries to identify individual needs and recommendations aimed at optimizing treatment success for individuals, running clinical alignment sessions, and providing clinical management



Amanda Learned
Implementation Manager

- 22+ years of experience in project management, implementations and transitions, system design, business analysis, and reporting
- MI QRTP and ND QRTP Services Implementation Manager; successfully implemented statewide QRTP programs within time constraints and to client specifications
- Successful implementations of similar size and scope include Ohio PASRR and Maine ASA

QRTPs and the Qualified Individual Assessment

Timeline of 30 Day Assessment:

Must be completed prior to or within 30 days of a youth's admission to a QRTP

The 30 Day Assessment:

Must be completed by a Qualified Individual (QI), defined as: a trained professional or licensed clinician who is not an employee of the state agency and is not connected to or affiliated with any placement setting where the state agency places children

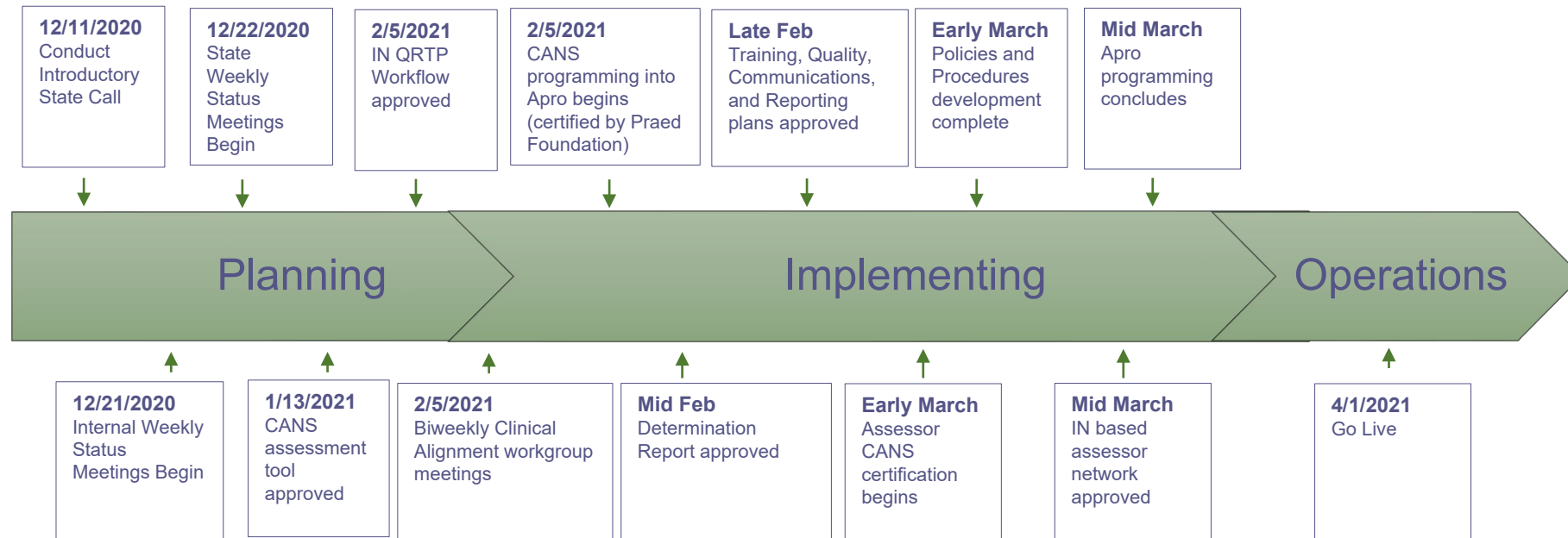
The QI:

Completes an assessment of the child's strengths and needs using an age-appropriate, evidence-based, validated, functional assessment tool approved by DHHS

Determines whether the child's needs can be met in a family or foster family setting

If the child's needs cannot be met in a foster home, determines **which setting would provide the best care** in the least restrictive environment consistent with the child's short- and long-term goals (also developed by the QI).

Maximus Implementation Timeline



IN Based Assessor Network

Assessor Requirements:

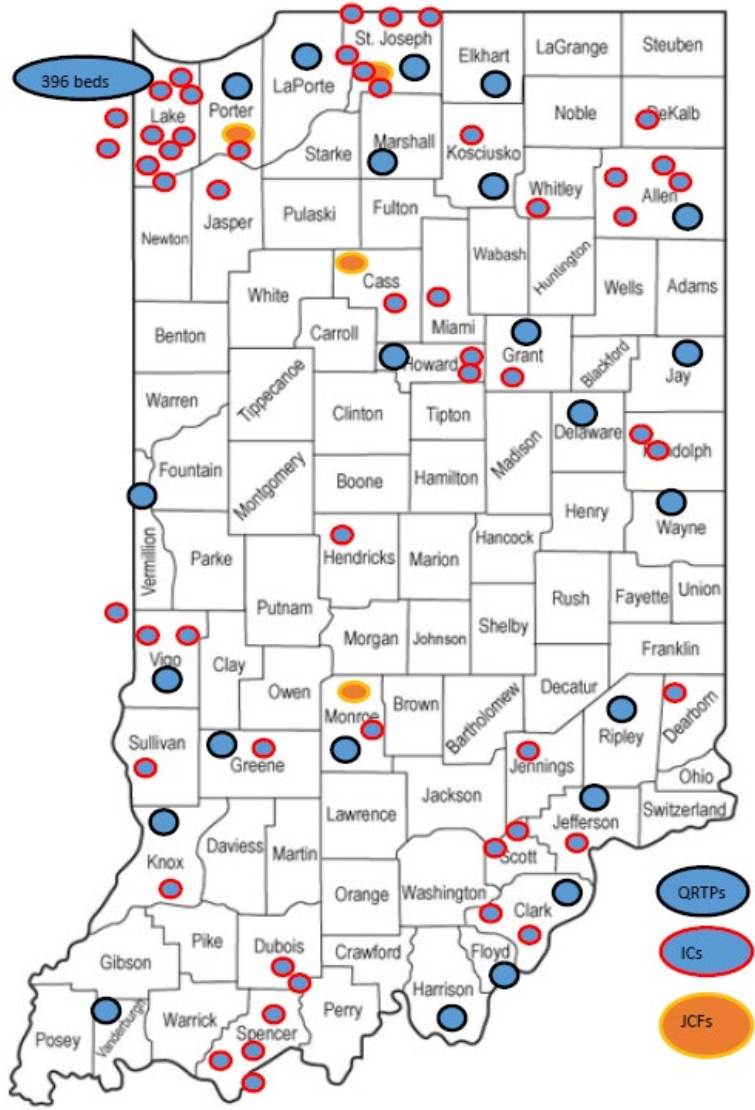
- A minimum of a bachelor's degree in a human services or related field
- A minimum of 4 years' experience working with children and families in a health care and/or social science discipline
- Assessments are completed by "Qualified Individuals" who are trained professionals and who are not employed by DCS and are free of all affiliations with all placement settings in which children are placed by DCS
- Assessors are certified to administer the CANS Assessments

Final determinations are completed by licensed clinical professionals

Assessor Credentialing:

- Assessors are screened, interviewed and thoroughly vetted
- Professional references are obtained by the Maximus Recruiting and Credentialing Department
- Background clearances obtained:
 - Social Security Number Trace
 - County Criminal Record Search for every address the assessor has resided in the last 7 years
 - Federal Criminal Records Search
 - National Criminal Records Search
 - National & State Sex Offender Registry
 - Fraud and Abuse Control Information System (FACIS), Level 3
 - National Practitioners Data Bank – for professionally licensed clinicians
 - Education Verification – for non-licensed professionals – highest degree is confirmed
 - Professional License Verification – if applicable
 - Employment Eligibility (E-Verify)
 - Fingerprint Background Clearance
 - Child Protective Services Clearance(s)
- Credentialing Review Committee: Two members from the Committee who hold leadership positions review each assessor to ensure they meet all qualifications and are free of conflicts of interest

Assessor Network



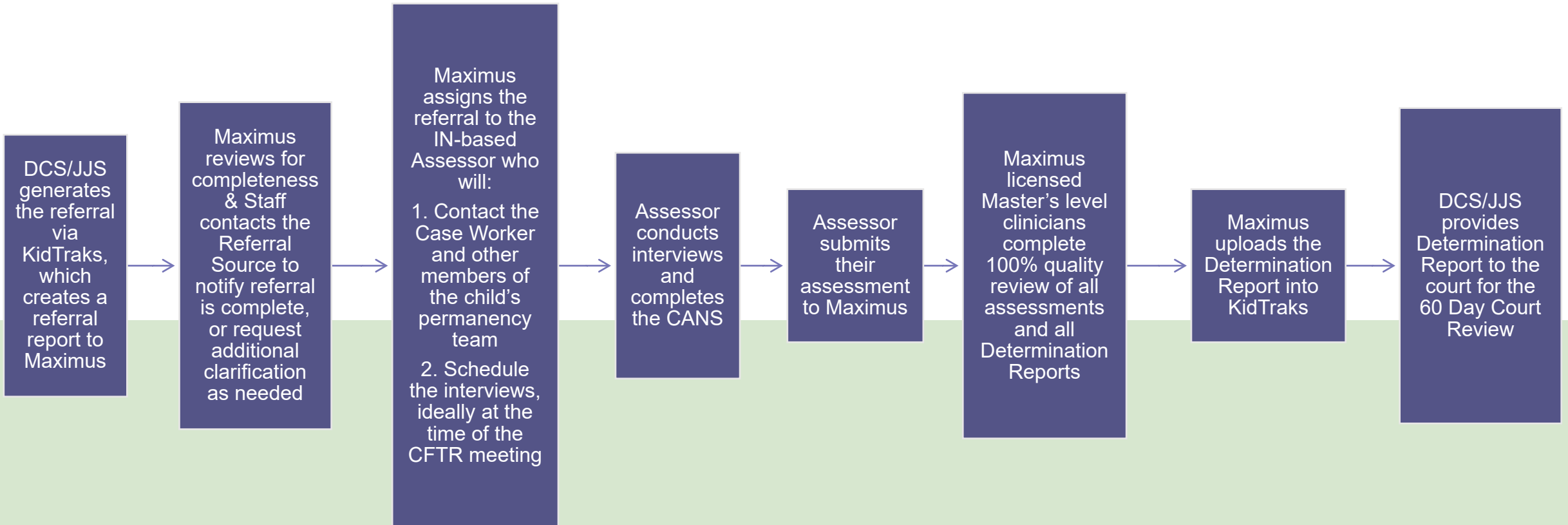
Clinical Alignment: Child and Adolescent Needs and Strengths (CANS) assessment

- Meets the federal requirement for an age-appropriate, evidence-based, validated, functional assessment tool of needs and strengths
- Used an information integration tool with the goal of creating a shared vision and reducing complexity in child serving systems -appropriate, evidence-based, validated, fun
- Developed for children's services to support decision making
 - Level of care and strengths-based service planning
 - To facilitate quality improvement initiatives
 - To allow for the monitoring of outcomes of services
- Each item suggests different pathways for service planning
- 4 levels for each item with anchored definitions to translate into action levels
- Currently used in the IN child welfare system to assist with making informed decisions about child level of care needs



The Praed Foundation is a public charitable foundation committed to improving the wellbeing of all through the use of personalized, timely, and effective interventions

Workflow for Case Workers



DETERMINATION REPORT CONTENTS

- Cover letter providing basic demographics and determination
- Description of circumstances of referral
- Child's service and placement history
- Description of strengths and needs identified through the CANS
- Child-specific short-term and long-term mental and behavioral health goals and interventions needed to address those goals, related to action levels identified through the CANS
- Any barriers to progress toward treatment goals and steps recommended to address barriers
- Placement preference of the child and the permanency team (if not the recommended placement, explanation provided)
- Determination and rationale
- Supporting documentation reviewed along with the assessment
- Individuals interviewed by the assessor



Questions?

QRTP PLACEMENT REQUIREMENTS

- 30 DAY ASSESSMENT
- 60 DAY COURT ORDER
- CONTINUED COURT REVIEW

QRTP ASSESSMENT

- Child must be assessed by Qualified Individual within 30 days.
- Assessment Provision will be provided by Maximus.
- Must Assess Strengths/Needs using validated tool; Must be conducted in conjunction with Child's family and permanency team. DCS is responsible for convening/engaging the team and must document its efforts in this regard in the case plan.

QRTP ASSESSMENT CONT'D

- Wait, wait, wait...who must be on the family and permanency team?

Short answer: Everybody.

Long answer: All appropriate biological family members, relative, and fictive kin of the child, as well as, as appropriate, professionals who are a resource to the family of the child, such as teachers, medical or mental health providers who have treated the child, or clergy. In the case of a child who has attained age 14, the family and permanency team shall include the members of the permanency planning team for the child that are selected by the child.

42 USCS § 675a

Photo from the First QRTP Family and Permanency Team Meeting:



QRTP ASSESSMENT CONT'D

- If placement in a QRTP is supported by Assessor, the Assessor must document:
 - Why the Child's needs can't be met in family setting (including foster care).
 - Why QRTP is most effective level of care in least restrictive environment.
 - How placement is consistent with Child's goals—short and long term.

QRTP ASSESSMENT CONT'D

What happens if the Assessor finds that placement in a QRTP is not appropriate?

IV-E funds will not continue beyond 30 days after such a finding.
DCS essentially has 30 days to transition the Child to an alternative placement to remain eligible for IV-E funds.

Where do the Court's come in...

The Courts are tasked with conducting an independent review of the QRTP placement to approve or disapprove of placement in a QRTP.



Within 60 days of placement the Court must:

Hold the Review Hearing; **AND**

Enter the Order with requisite findings.

The Court must:

Consider the assessment, determination, and documentation made by the qualified individual conducting the assessment;

Determine whether the needs of the child can be met through placement in a foster family home or, if not, whether placement of the child in a qualified residential treatment program provides the most effective and appropriate level of care for the child in the least restrictive environment and whether that placement is consistent with the short- and long-term goals for the child, as specified in the permanency plan for the child; and

Approve or disapprove QRTP placement. Approval or disapproval should be documented by DCS in the case plan. 42 USCS § 675a

The Court must also conduct ongoing review of the Child's placement in a QRTP

- Ongoing assessment of the Child's strengths and needs. Whether the placement provides most effective and appropriate level of care in the least restrictive environment. Whether placement remains consistent with short/long term goals for the Child. Documenting specific treatment needs being provided at QRTP, and length of time Child will need services. Reviewing DCS' efforts to prepare the Child to return home or to a less restrictive environment.
- **Courts are monitoring whether the Child's needs can be met in a less restrictive placement at each Review/Permanency Hearing.**

Other questions at ongoing Review:

- Is the QRTP facilitating family participation in treatment?
- Is the QRTP being used a placement because a less restrictive placement hasn't been located or is it providing necessary treatment for the Child?
- What does the plan for aftercare services look like? What aftercare supports are available in the Child's community of origin to maintain continuity of care and support the Child and family?

What does the process look like?

Child is Placed at QRTP Prior to Assessment:

1. FCM/PO determines residential placement is needed, appropriate Motion is filed with Court, Hearing on Preliminary Placement is held, Child is placed prior to assessment
2. Matter is referred to Qualified Individual, QI completes assessment within 30 days of placement
3. FCM/PO matches Child with appropriate QRTP (Child placed or remains placed)
4. Court conducts 60 Day Review Hearing on placement and enters Order within 60 days of placement
5. Court conducts subsequent review(s) of QRTP Placement

What does the process look like?

- Child is Assessed Prior to Placement:
 1. FCM/PO believes residential placement is necessary but not so exigent as to require placement prior to assessment
 2. Matter is referred to Qualified Individual (QI) for Assessment QI completes assessment within 30 days of referral
 3. FCM/PO matches Child with appropriate QRTP and Child is placed if same is determined to be appropriate (hearing may be required before or within 48 hours, depending on Court and posture of case)
 4. Court conducts 60 Day Review Hearing on placement and enters Order within 60 days of placement
 5. Court conducts subsequent review(s) of QRTP Placement

QRTP Forms have been developed and will be available for use



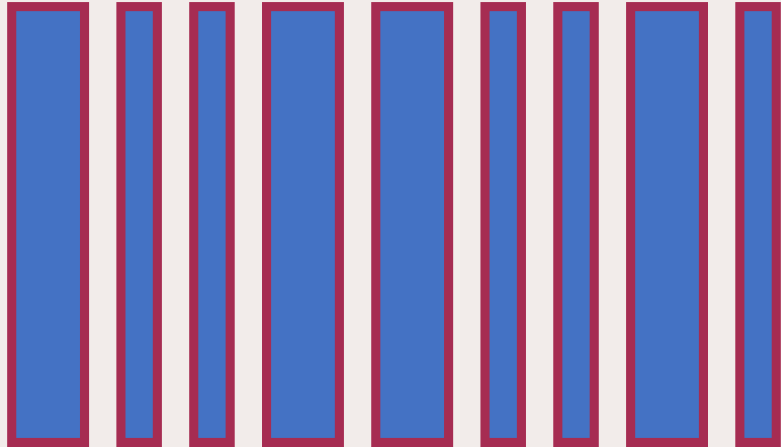
Notice of Assessment

- DCS can refer for assessment without residential placement. If DCS does so, they should file Notice with the Court.
- Even though Child is not formally placed at time of Notice, it is advisable for Courts to set matter of residential placement for Review Hearing within 60 days of Notice to review and ensure timeliness requirements are met.



Increased Review

- Increased review after child younger than 13 in care for 6 months.
- Increased review 13 or older 12 consecutive or 18 non-consecutive.
- In the case of any child who is placed in a qualified residential treatment program for more than 12 consecutive months or 18 nonconsecutive months (or, in the case of a child who has not attained age 13, for more than 6 consecutive or nonconsecutive months), the State agency shall submit to the Secretary, the most recent versions of the evidence and documentation from Review Hearings and the signed approval of the head of the State agency for the continued placement of the child in that setting.
- Best practice: Court Review every 90 days. Use QRTP Review Hearing Each Time.



CLE CODE: 3321



Please submit any questions to the Q&A section of this event.