What's Next for Foster Care: Preparing for Dramatic Changes

- *Opportunities and Challenges from the National Vantage Point*

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Shifting to a Prevention Mindset

National Context

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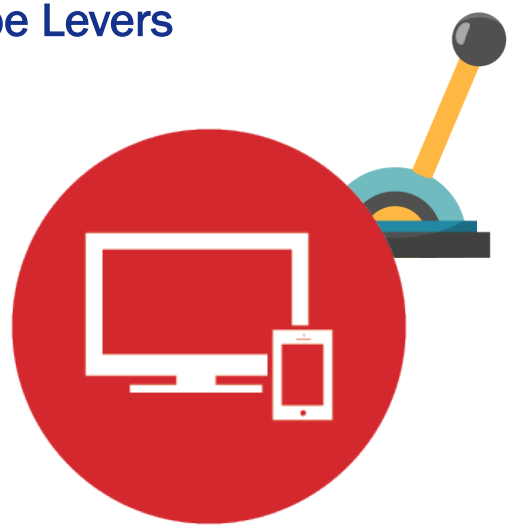
Key Approaches Aimed at Root Cause

- Adjusting Fiscal Policy to Incentivize Prevention/Early Intervention
- Optimizing Data – at Individual and Community Levels and through Population Level Data Sets
- Understanding and Addressing the Social Determinants that Affect Health and Well-being
- Applying Multi-generational and Whole Family Approaches
- Applying Human-centered Design Principles
- Using the Neuroscience of Trauma and its Impact on Executive Function to Strengthen Resilience
- Focus on Advancing Community-wide and Community-relevant Outcomes Aimed at Addressing Structural Bias and Inequity

Ripe Levers



Modern Platforms

Investing in Outcomes

Partnering for Impact

Primary Prevention from a Child Welfare Lens

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"Coordinated and robust primary prevention efforts are critically important to strengthen families, prevent the initial occurrence of and ongoing maltreatment, prevent unnecessary family disruption, reduce family and child trauma, interrupt intergenerational cycles of maltreatment, and build a well functioning child welfare system."

- From November 2018, HHS Administration of Children and Families Information Memorandum

Goals of Primary Prevention:

- Increased knowledge of how children develop and what to expect at each stage
- Enhanced bonding and communication between parent(s) and child
- Increased stress management skills
- Increased knowledge about managing homes and families
- Change social norms to support parents and positive parenting
- Strengthen the capacity of communities to support children and families who live there and provide the critical services they need
- Ensuring those working to serve children and families, take measures to ensure their own health and resilience in order to continue their important work

Family First Prevention Services Act

Opened door wider to secondary prevention services as a step toward primary prevention

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Significant Opportunities:

- Allows use of title IV-E funding for in-home parent skill-based programs, mental health, and substance abuse prevention and treatment services (up to a year)
- No income eligibility requirement for prevention and family services/programs
- States have broad latitude in defining "candidate" for foster care in alignment with state demographics and approaches
- Expands services and supports to kinship placements
- Emphasis on trauma-informed approaches and programs/service arrays with a proven impact
- Cross agency partnership with Medicaid

Biggest Challenges:

- States still have a number of unanswered questions with Oct. 1 implementation date fast approaching
- Slow rate of clearinghouse approval of evidence-based programs; to date only 12 programs have been rated
- States just learned that program expenditures under Medicaid cannot be used to meet the 50% well-supported requirement
- New QRTP requirement a significant lift for some states | provider community transition time and/or limited capacity to increase family-based settings
- Unanswered questions re Medicaid coordination

Family First Prevention Services Act

Requires Coordination with Medicaid & Public Health

Common CMS Programs for Children

- Therapeutic Foster Care
- Home Visiting Services
- Family and Youth Peer Support
- Mobile Response and Stabilization Services
- Supportive Housing
- Respite
- Substance Use Services

Breaking News from Children's Bureau: Medicaid funded programs cannot count toward 50% well-supported requirement

State's Use of 1115 Waivers – Innovations Being Tested, especially through SDOH

Special Medicaid Considerations: IMD Exclusion

- Institutions for Mental Disease (IMD) exclusion – "hospital, nursing facility, or other institution of more than 16 beds, that is primarily engaged in providing diagnosis, treatment, or care of persons with mental diseases, including medical attention, nursing care, and related services"
  - **Child Welfare counts beds by facility | CMS counts beds by system**
  - *Recent Guidance from some State Medicaid Directors: QRTPs should be counted as IMDs and therefore not funded through Medicaid*

Family First Prevention Services Act

Unanswered Questions / Challenges

- What will reimbursement/billing look like? What is the claiming process for IV-E dollars if Medicaid denies funding? Is there a reporting requirement?
- Can states even begin to meet the 50% well-supported requirement without the ability to leverage expenditures under Medicaid?
- If Medicaid IMD exception is applied, what does that mean for how QTRPs are to be funded in a state?
- How will private insurance plans impact prevention services?

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