

casey family programs

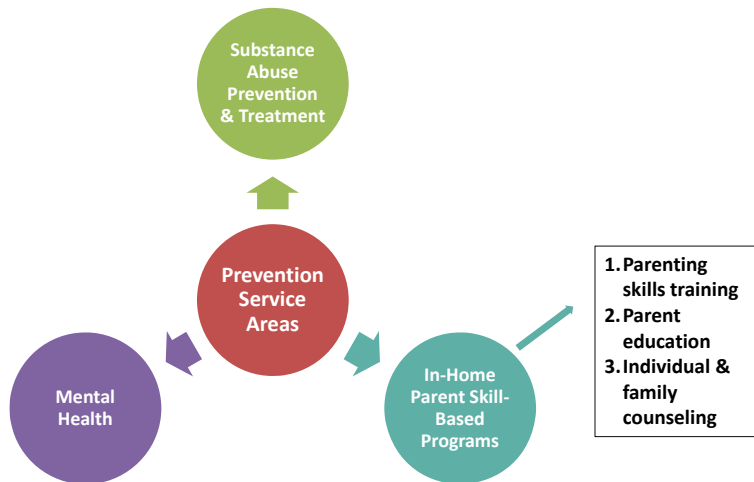
SAFE STRONG SUPPORTIVE



I. FFPSA OVERVIEW

safe children | strong families | supportive communities

FFPSA Service Categories



casey family programs | casey.org

Big Opportunities for Child Welfare (Barbara Pryor)

Pre-2018 federal law

Most federal \$\$ for foster care

Services only for child

Income test to qualify

No dedicated kinship navigator funding

No \$\$ for child placed with parent in residential treatment

Family First

New federal \$\$ for prevention

Prevention for parents & child

NO income test, just what at risk family needs

NEW 50% reimbursement for kinship navigators

12-months of federal \$\$ for such placements

casey family programs | casey.org

New FFPSA Policy to Ensure Appropriate Placements in Foster Care

Beginning October 1, 2019, after 2 weeks in care, Title IV-E federal support will support the following placements:

- Foster Family Home (defined) – no more than 6 children in foster care, with some exceptions
- Facility for pregnant and parenting youth
- Supervised independent living for youth 18 years and older
- Specialized placements for youth who are victims of or at-risk of becoming victims of sex trafficking
- Family-based residential treatment facility for substance abuse
- **Qualified Residential Treatment Program (QRTP) – a clinically recognized treatment program**
 - There are no time limits on how long a child or youth can be placed in a QRTP as long as the placement continues to meet his/her needs, as determined by their assessment.

casey family programs | casey.org

What is a Qualified Residential Treatment Program (QRTP)?

- Has a trauma informed treatment model, and a registered or licensed nursing and other licensed clinical staff onsite or accessible, consistent with the QRTP's treatment model
- Facilitates outreach and engagement of the child's family in the child's treatment plan
- Provides discharge planning and family-based aftercare supports for at least 6 months
- Licensed and accredited (e.g., COA, JCAHO, CARF)

casey family programs | casey.org

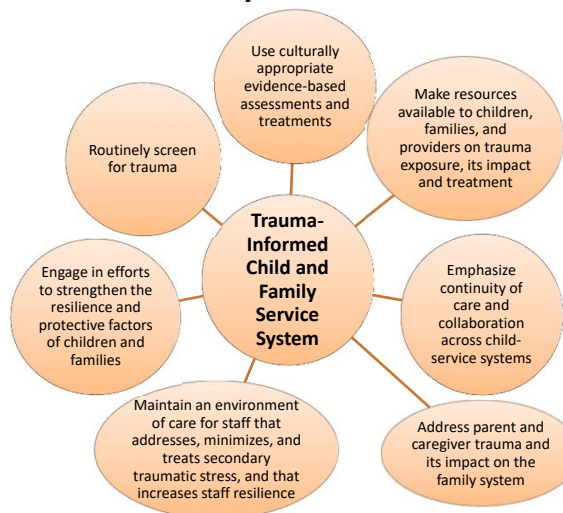
Qualified Residential Treatment Program (QRTP) Assessment and Timing

After 14 days in QRTP, no federal funding will be available unless the following occurs:

- Assessment of youth within 30 days of placement (must be an independent 3rd party assessment)
- Court oversight of placement decision, including within 60 days, a review of the assessment that indicated the need for QRTP
- Ongoing court review of assessments of child needs and strengths during the stay in QRTP
- State director must review and track placements that extend beyond 12 months – 6 months for children under the age of 13

casey family programs | casey.org

Elements of a Trauma-Informed Child and Family Service System



Source: National Child Traumatic Stress Network (NCTSN) (undated). *What is a Trauma-Informed Child- and Family-Service System?* <http://nctsn.org/resources/topics/creating-trauma-informed-systems>

Substance Abuse and Mental Health Services Administration. **SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach**. HHS Publication No. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.

THE FOUR "R'S":

1. All people at all levels of the organization or system have a basic **realization** about trauma and understand how trauma can affect families, groups, organizations, and co
2. People in the organization or system are also able to **recognize** the signs of trauma in communities as well as individuals.
3. The program, organization, or system **responds** by applying the principles of a trauma-informed approach to all areas of functioning.
4. **Resist** re-traumatization of clients as well as staff.

SIX KEY PRINCIPLES OF A TRAUMA-INFORMED APPROACH FROM SAMHSA

1. Staff and consumers feel safe
2. Trustworthiness and Transparency
3. Peer Support
4. Collaboration and Mutuality
5. Empowerment, Voice and Choice
6. Cultural, Historical, and Gender Issues

Distinguishing between Congregate Care and Therapeutic Residential Care (TRC)

Congregate Care		
Therapeutic Residential Care (TRC)		Other Forms of Congregate Care
Group Homes	Other Forms of TRC	
<ul style="list-style-type: none"> ▪ Group homes serving seven or more children 	<ul style="list-style-type: none"> ▪ Residential treatment centers ▪ Psychiatric residential treatment facilities (PRTFs) 	<ul style="list-style-type: none"> ▪ Shelter care ▪ Psychiatric hospital programs ▪ Secure detention and other forms of juvenile corrections placements.

casey family programs

SAFE STRONG SUPPORTIVE

II. FFPSA EVIDENCE STANDARDS FOR INTERVENTIONS (ALSO SEE CASEY HANDOUT)

safe children | strong families | supportive communities

FFPSA: Evidence Standards for Interventions... *General Practice Requirements*

Book or Manual	<ul style="list-style-type: none"> • The practice has a book, manual, or other available writings that specify the components of the practice protocol and describe how to administer the practice.
No Empirical Risk of Harm	<ul style="list-style-type: none"> • There is no empirical basis suggesting that, compared to its likely benefits, the practice constitutes a risk of harm to those receiving it.
Weight of Evidence Supports Benefits	<ul style="list-style-type: none"> • If multiple outcome studies have been conducted, the overall weight of evidence supports the benefits of practice.
Reliable & Valid Outcome Measures	<ul style="list-style-type: none"> • Outcome measures are reliable and valid, and are administered consistently and accurately across all those receiving the practice.
No Case Data for Severe or Frequent risk of harm	<ul style="list-style-type: none"> • There is no case data suggesting a risk of harm that was probable caused by the treatment and that was severe or frequent.

casey family programs | casey.org

FFPSA Evidence-Based Practice Requirements

Evidence Level	Requirements for all Evidence Levels	Control Group	Sustained Effect
Promising	<ul style="list-style-type: none"> The practice is superior to an appropriate comparison practice using conventional standards of statistical significance Rated by an independent systematic Review For Supported & Well Supported...carried out in usual care or practice setting 	<ul style="list-style-type: none"> 1 untreated control, waitlist or placebo study 	<ul style="list-style-type: none"> No follow-up study is required
Supported		<ul style="list-style-type: none"> 1 RCT or rigorous quasi-experimental 	<ul style="list-style-type: none"> 6 months
Well Supported		<ul style="list-style-type: none"> 2 RCTs or rigorous quasi-experimental 	<ul style="list-style-type: none"> 12 months

casey family programs | casey.org

Combined Summary Table of 67 Interventions That Should be Classified as Well-Supported in Terms of Evidence Level Using CEBC or FFPSA Criteria

FFPSA Intervention Areas	No. of Interventions Ranked as Well-supported
<ul style="list-style-type: none"> Mental health services for children and parents 	40
<ul style="list-style-type: none"> Substance abuse prevention and treatment services for children and parents 	13
<ul style="list-style-type: none"> In-home parent skill-based programs: <ul style="list-style-type: none"> Parenting skills training and Parent education^a Individual and family counseling 	9
	5

^a Because a clear definition of each program type and how they differ from each other has not yet been issued by the Federal Government in relation to FFPSA, we grouped interventions that might qualify for one or both these program types together.

casey family programs | casey.org

Mental Health Services for Children and Parents (Total: 40)

1. Acceptance and Commitment Therapy (ACT) for Adults
2. Acceptance and Commitment Therapy (ACT) for adults with anxiety
3. Acceptance and Commitment Therapy (ACT) for adults with schizophrenia and psychosis
4. Acceptance and Commitment Therapy (ACT) for children with anxiety
5. Acceptance and Commitment Therapy (ACT) for children with depression
6. Aggression Replacement Training® (ART)
7. Attachment and Biobehavioral Catch Up (ABC)
8. Blues Program
9. Building Confidence
10. Chicago Parent Program
11. Child and Family Traumatic Stress Intervention (CFTSI)
12. Cognitive Behavioral Therapy (CBT)
13. Cognitive Behavioral Therapy (CBT) for Adult Anxiety
14. Cognitive Behavioral Therapy (CBT) for Adult Depression
15. Cognitive Behavioral Therapy (CBT) for Adult Posttraumatic Stress Disorder (PTSD)
16. Cognitive Behavioral Therapy (CBT) for Adult Schizophrenia and Psychosis
17. Cognitive Behavioral Therapy (CBT) for Child & Adolescent Depression
18. Cognitive Behavioral Therapy (CBT) for Children with Anxiety
19. Cognitive Behavioral Therapy (CBT) for Children with Trauma
20. Cognitive Behavioral Therapy (CBT) - Group Therapy for Children with Anxiety

casey family programs | casey.org

21. Cognitive Behavioral Therapy (CBT) - Individual Therapy for Children with Anxiety
22. Cognitive Behavioral Therapy (CBT) - Parent Counseling for Young Children with Anxiety
23. Cognitive Therapy (CT)
24. Coping Cat
25. Coping Power Program
26. Dialectical Behavior Therapy (DBT)
27. Eye movement desensitization and reprocessing (EMDR) for Adult PTSD
28. Eye movement desensitization and reprocessing (EMDR) for Children
29. Families and Schools Together (FAST)
30. Family-Focused Treatment for Adolescents (FFT-A)
31. GenerationPMTO (Group Delivery Format)
32. Interpersonal Psychotherapy-Adolescent Skills Training (IPT-AST)
33. Mindfulness-Based Cognitive Therapy (MBCT) for Adults
34. Multidimensional Family Therapy (MDFT)
35. Parent Child Interaction Therapy (PCIT)
36. Problem Solving Skills Training for Children
37. Prolonged Exposure Therapy for Adolescents (PE-A)
38. Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)
39. Triple P – Positive Parenting Program – Level 4 Individual for Child Disruptive Behavior
40. Wraparound

casey family programs | casey.org

Substance Abuse Prevention and Treatment for Children and Parents (Total: 13)

- | | |
|--|---|
| 1. Adolescent Community Reinforcement Approach (A-CRA) | 8. Functional Family Therapy (FFT) for adolescents with SUD |
| 2. Adolescent Coping with Depression (CWD-A) | 9. Helping Women Recover & Beyond Trauma (HWR/BT) |
| 3. Assertive Continuing Care (ACC) | 10. Interim Methadone Maintenance (IM) for opioid use |
| 4. Brief Marijuana Dependence Counseling (BMDC) | 11. Motivational Interviewing |
| 5. Buprenorphine Maintenance Treatment for Opioid Use Disorder | 12. Multidimensional Family Therapy (MDFT) |
| 6. Communities that Care for Substance Abuse Prevention | 13. PROSPER |
| 7. Ecologically Based Family Therapy (EBFT) | |

casey family programs | casey.org

In-Home Parent Skill-Based Programs: Parenting Skills Training and Parent Education (Total: 9)

- | | |
|---|-----------------------------------|
| 1. Family Connects | 5. Minding the Baby® (MTB) |
| 2. Family Spirit (for American Indian/Alaskan Native parents) | 6. Nurse Family Partnership (NFP) |
| 3. Healthy Families America (HFA) | 7. Parenting with Love and Limits |
| 4. Home Instruction for Parents of Preschool Youngsters (HIPPY) | 8. SafeCare |
| | 9. The Incredible Years |

casey family programs | casey.org

In-Home Parent Skill-Based Programs: Individual and Family Counseling (Total: 5)

- | | |
|--|---|
| <ol style="list-style-type: none"> 1. Attachment-Based Family Therapy (ABFT) 2. Child-Parent Psychotherapy 3. Functional Family Therapy (FFT) | <ol style="list-style-type: none"> 4. Homebuilders (Intensive Family Preservations Services) 5. The Family Check-up (FCU) |
|--|---|

Specialized Preventive	Special Medical, Developmental Delays, Sexually Exploited, Deaf and Hearing Impaired	
General Preventive	General Preventive	LOW Family Risk and Need
SafeCare	SafeCare Age restrictions: Families with children from birth to age 5	
FFT-CW (Low Risk)	Functional Family Therapy for Child Welfare	
Structural Family Therapy	Structural Family Therapy (promising practice)	
Family Connections	Family Connections is shown in both the Low and Moderate risk categories because families from either level can be served in this model	MODERATE Family Risk and Need
BSFT	Brief Strategic Family Therapy Age restrictions: Mom & Bklyn: 6-18 y.o.; Bx, SI & Qns: Teens	
Boys Town Model	Boys Town Model (promising practice) Age restrictions: Bklyn: 0-18; Qns & Man: 12-18	
FFT	Functional Family Therapy Age restrictions: Teens	HIGH Family Risk and Need
CPP	Child Parent Psychotherapy Age restrictions: Families with children birth through 5	
FFT-CW (High Risk)	Functional Family Therapy for Child Welfare	
MST-SA	Multisystematic Therapy for Substance Abuse Age restrictions: Teens	
FTR	Family Treatment/Rehabilitation	VERY HIGH Family Risk and Need
TST	Trauma Systems Therapy Age restrictions: Teens	
MST-CAN	Multisystematic Therapy for Child Abuse and Neglect Age restrictions: Teens	

New York City Prevention Tiers and EBPs

Source: Clara, Garcia and Metz (2017), p. 13, see <https://www.casey.org/evidence-based-child-welfare-nyc/>

One Approach to a FFPSA Interventions Catalog (Second Edition)

- A summary of research-based interventions that have sufficient research evidence to likely qualify for FFPSA reimbursement (subject to forthcoming Federal guidance). See <https://www.casey.org/evidence-to-action/>
- Includes: Age range, Duration, Effectiveness rating, Effect sizes, Cost, Cost-savings data (where available), and if the EBP was used as part of a Title IV-E waiver.
- Note: the duration of most EBPs is <12 months.

casey family programs | casey.org

Sample Page from the Casey FFPSA Intervention Catalog

Program Model or Intervention	Ages and Problem or Skill Area Addressed	Treatment Duration	Level of Effectiveness/ Effect Sizes	Cost & Cost-Savings	Manual Available	Waiver Intervention
Mental Health for Caregivers or Children						
Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) TF-CBT is a conjoint child and parent psychotherapy approach for children and adolescents who are experiencing significant emotional and behavioral difficulties related to traumatic life events. It has mostly been used and evaluated with youth who were sexually abused or exposed to domestic violence. TF-CBT can also benefit children with depression, anxiety, shame, and/or grief related to their trauma.	Ages 4–18. Anxiety, depression, PTSD	Weekly 60- to 90-minute sessions Duration: 12–16 weeks	1 (Well-supported)	\$1,037 (CBT based models for child trauma) ¹	Yes ^a	AR, CO, IN, KY, MD, MT, NV, WI
Triple P – Positive Parenting Program – Level 4 Individual for Child Disruptive Behavior Triple P—Positive Parenting Program (Level 4, self-directed) is an intensive individual-based parenting program for families of children with challenging behavior problems. In the self-directed modality, parents receive a full Level 4 curriculum with a workbook and exercises to complete at their own pace. They are also offered support from a therapist by telephone on a regular basis.	Ages 0–12	10–16 sessions Duration: over 3–4 months ^a	1 (Well-supported)	Cost: \$1,792 Savings: \$2339 B-C: \$3.36 ^a	Yes ^a	CO, ME, NE, TX, WA

casey family programs | casey.org

casey family programs

SAFE STRONG SUPPORTIVE

III. BUSINESS MODEL OPPORTUNITIES FOR THERAPEUTIC RESIDENTIAL CARE

safe children | strong families | supportive communities

TRC Business Opportunities that Could be Supported by FFPSA

- Campus-based child, parent and family therapy
- Campus-based clinical groups and parent training
- In-home counseling
- Placement **aftercare** services (campus-based and in-home) (FFPSA pays for 6 months)
- Other?

casey family programs | casey.org

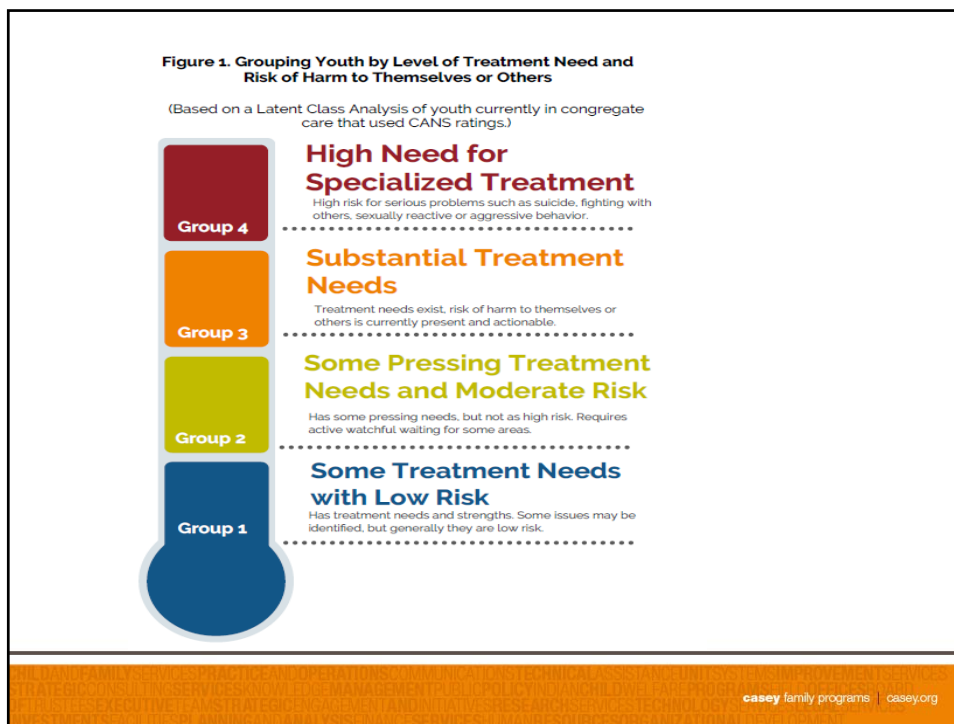
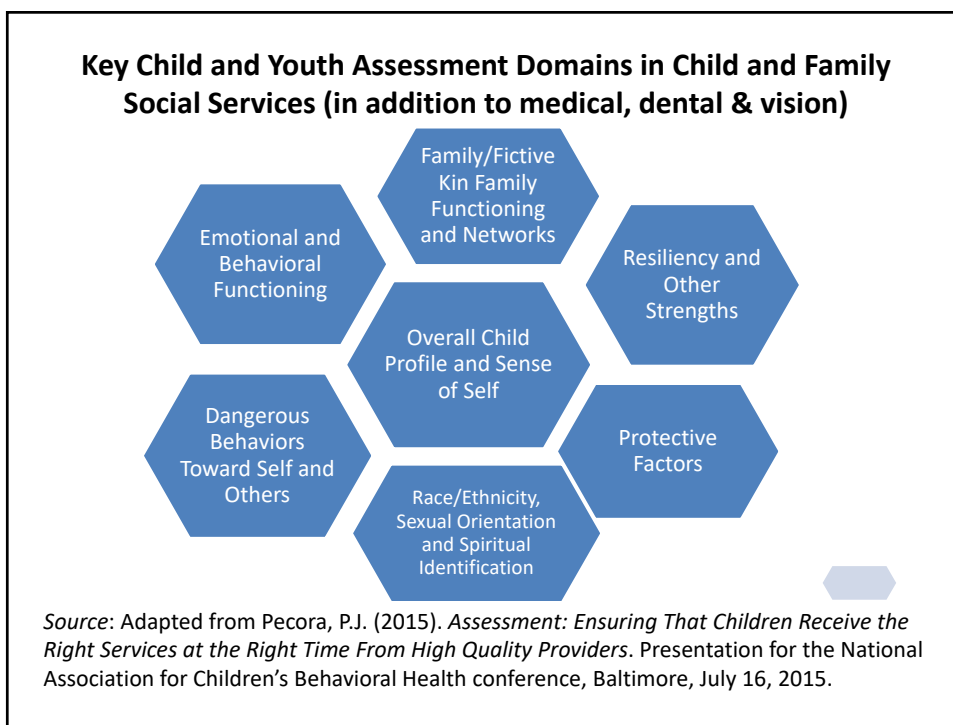
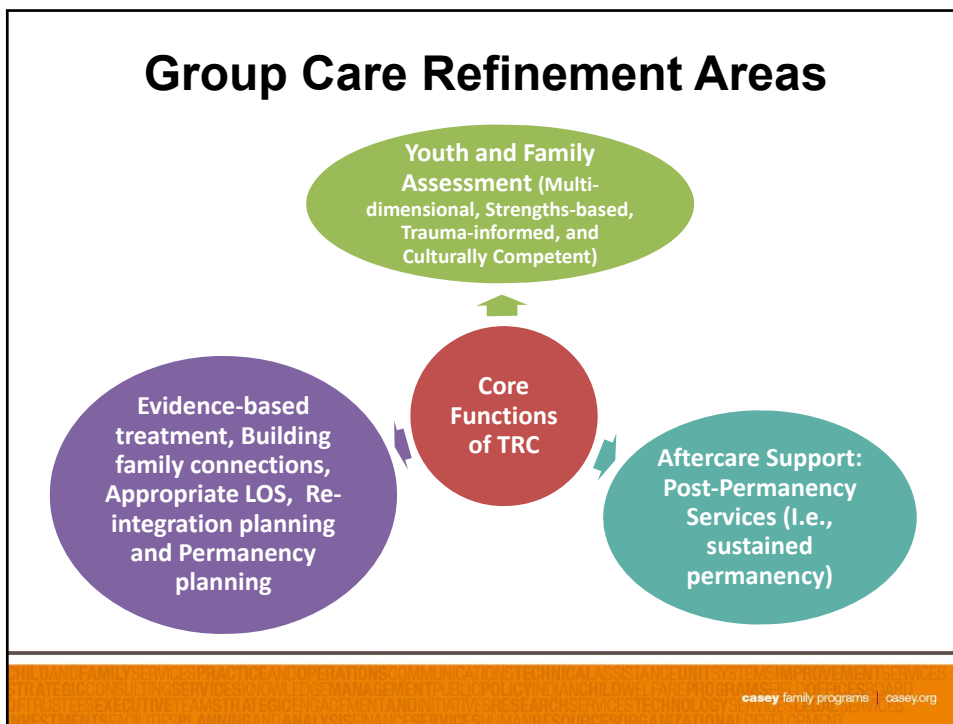
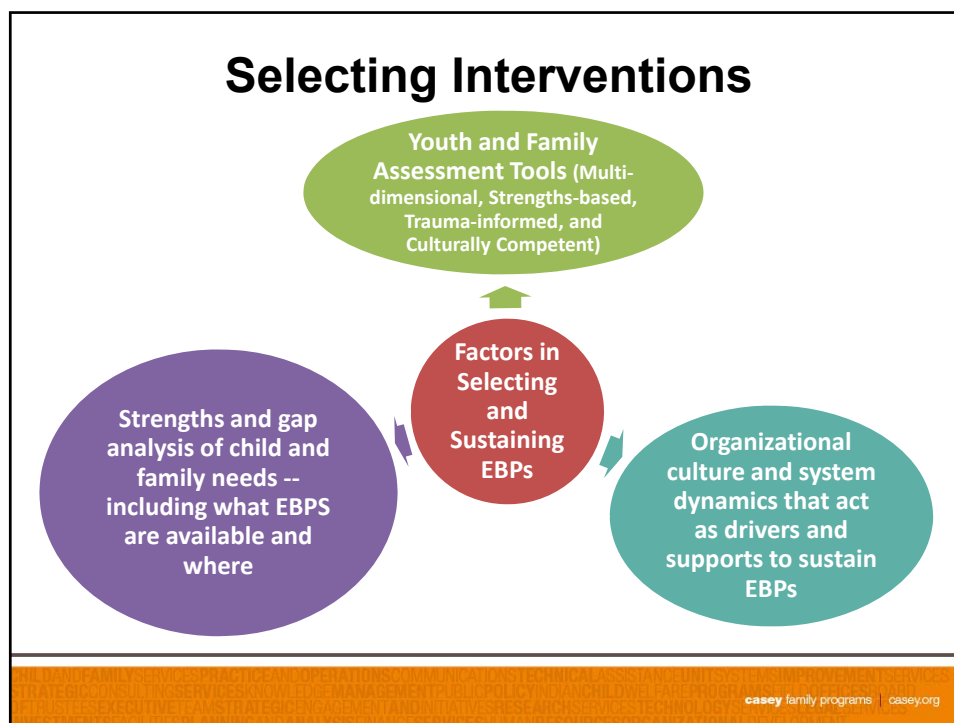


Table A1. A Summary of Interventions by LCA Group (p.31)
 (CEBC-indicated Levels of evidence: ***Well-supported, ** Supported, *Promising)

LCA Groups 3 and 4: Need Group Home or Residential Treatment	LCA Group 2: Need Wraparound, Intensive Home-Based/Family Preservation Services, or possibly Foster Care or Treatment Foster Care	LCA Group 1: Need Community-Based Counseling Services or Wraparound Services
<ul style="list-style-type: none"> Adolescent Coping with Depression (CWD-A)** Aggression Replacement Training** (ART*) Attachment-Based Family Therapy (ABFT)* Cognitive Behavioral Therapy (CBT)*** Coping Cat* Dialectical Behavior Therapy (DBT)** Generations (Parent Management Training – Oregon Model-PMTO)*** Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)*** 	<ul style="list-style-type: none"> Aggression Replacement Training** (ART*) Cognitive Behavioral Therapy (CBT)*** Coping Cat* Family Preservation Services – Homebuilders Model** Multisystemic Therapy** Parent Management Training – Oregon Model (PMTO)*** Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)*** Wraparound Services** 	<ul style="list-style-type: none"> Child-Parent Psychotherapy** Child and Family Traumatic Stress Intervention (CFTSI)* Cognitive Behavioral Intervention for Trauma in Schools (CBITS)** Cognitive Behavioral Therapy (CBT)*** Coping Cat* Family Preservation Services - Homebuilders model of family-based services** Functional Family Therapy (FFT)** Multisystemic Therapy (MST)** Parent Management Training – Oregon Model (PMTO)*** Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)*** Wraparound Services**

casey family programs | casey.org





The likelihood of maintaining some gains after discharge can be increased by at least three factors:

1. Involving the resident's family in the treatment process before discharge (for example, in family therapy).
2. Achieving stability in the place where the child or youth goes to live after discharge.
3. Ensuring that aftercare support for the child or youth and their families is available (Hair, 2005, p. 556).

Key Takeaways

- In refining TRC, it is important to understand who is being served.
- By carefully pairing specific interventions with child needs, we can:
 - More accurately select the children who should be placed in group homes and residential treatment centers
 - Increase program effectiveness
 - Minimize length of stay
 - Increase the proportion of children “stepping down” promptly from group care to a permanent home.

casey family programs | casey.org

References

- Casey Family Programs. (2018). *Interventions with Special Relevance for the Family First Prevention and Services Act (FFPSA). (Second Edition)* Seattle: Author. Retrieved from <https://www.casey.org/evidence-to-action/>
- Chadwick Center and Chapin Hall. (2016). *Using evidence to accelerate the safe and effective reduction of congregate care for youth involved with child welfare.* San Diego, CA & Chicago, IL
- Clara, F. Garcia, K.Y., & Metz, A. (2017). *Implementing Evidence-Based Child Welfare: The New York City Experience.* Seattle: Casey Family Programs. <https://www.casey.org/evidence-based-child-welfare-nyc/>
- Florida Institute for Child Welfare (2018). *Interventions suited for child welfare with age range, skill area addressed, treatment duration, effectiveness rating, cost of treatment, and cost for implementation.* Tallahassee: Florida State University.
- English, D.J., & Pecora, P.J. (2017). *Effective Strategies for Serving Montana Youth with Different Levels of Need.* Seattle: Casey Family Programs.

casey family programs | casey.org

References (Cont.)

- Finkelhor, D., Ormrod, R.K., & Turner, H.A. (2007). Poly-victimization: A neglected component in child victimization. *Child Abuse & Neglect*, (31), 7–26.
- Griffith, A. K., Ingram, S. D., Barth, R. P., Trout, A. L., Hurley, K. D., Thompson, R. W., et al. (2009). The family characteristics of youth entering a residential care program. *Residential Treatment for Children & Youth*, 26, 135–150. As cited in Zelechoski et al. (2012), p.646.
- Metz, A. & Bartley, L. (2012). Active implementation frameworks for program success: How to use implementation science to improve outcomes for children. *Zero To Three (March)*, 11-18. Retrieved from: <http://www.zerotothree.org/about-us/areas-of-expertise/reflective-practice-program-development/metz-revised.pdf>
- Mitchell, P. F. (2011). Evidence-based practice in real-world services for young people with complex needs: New opportunities suggested by recent implementation science. *Children and Youth Services Review*, 33: 207-216.
- Pecora, P.J. & English, D.J. (2016). *Elements of Effective Practice for Children and Youth Served by Therapeutic Residential Care*. Seattle: Casey Family Programs. Retrieved May 23, 2016 from <http://www.casey.org/residential-care/> Infographic summary available at: <http://www.casey.org/media/residential-care-infographic.pdf>
- U.S. Children's Bureau. (2015). *A National Look at the Use of Congregate Care in Child Welfare*. Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau. Page ii. Retrieved Aug. 23, 2015, from: <http://www.acf.hhs.gov/programs/cb/resource/congregate-care-brief>

Appendix of Findings: Montana LCA Results

- **Group 1 – Some Treatment Need but Low Risk:** Had strengths, with possibly some issues identified but were generally low risk – termed as a “watchful waiting” group.
- **Group 2 – Some pressing treatment needs and moderate risk:** Have some pressing needs, but not as high risk. Requires “watchful waiting” in some areas.
- **Group 3 – Substantial treatment needs:** Had some risk (e.g., associated with self-mutilation, suicidal ideation, poor judgment and danger to others). Most of the ratings on this scale were “watchful waiting” – which means it could be an issue but has not “actively manifested at this time”.
- **Group 4 – High need for specialized treatment:** High risk for serious problems such as suicide, fighting with others, sexually reactive or aggressive.