

# Leveraging ARPA to Support Family First Prevention Services Act Implementation

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Shortly before the devastating effects of the pandemic, the Family First Prevention Services Act (FFPSA) was enacted. States were concentrating heavily on how to implement this new federal program to fund evidence-based practices that prevent placement into foster care. Specifically, FFPSA allows for the availability of federal funding through Title IV-E for prevention services that are rated as promising, supported, or well-supported and approved by the Title IV-E Prevention Services Clearinghouse, provided under a trauma-informed framework, included in the state's approved five-year prevention plan, and dedicated to supporting children who have been identified as candidates for foster care in a prevention plan.

American Rescue Plan Act (ARPA) funds have been made available to support long-term growth and opportunities like those made available through FFPSA. However, ARPA funds are non-recurring and should be applied primarily to non-recurring expenditures. Many of the FFPSA programs eligible for federal financial reimbursement at 50 percent require start-up costs. ARPA provides an avenue for states to finance the initial costs associated with FFPSA prevention services implementation. The following is an overview of FFPSA expenses that could be funded through the Coronavirus State and Local Fiscal Recovery Funds (SLFRF) program:

## 1. Categories of Allowable Title IV-E prevention Services: Home Visiting Programs

State Title IV-E agencies may claim reimbursement for in-home parent skill-based programs that include parenting skills training, parent education, and individual and family counseling that have been rated and approved by the Title IV-E Prevention Services Clearinghouse and are identified in the state's five-year Title IV-E prevention program plan.<sup>1</sup> The following evidence-based home visiting programs have been approved by the Title IV-E Prevention Services Clearinghouse:

- Healthy Families America
- Nurse Family Partners
- Parents as Teachers

Because of the impact of COVID-19 on pregnant and recently pregnant individuals, the U.S. Department of Treasury is re-categorizing home visiting programs as an eligible use for impacted communities, not just disproportionately impacted communities.

Many states are working to develop their claiming methodology for Title IV-E prevention services. In many states, home visiting programs were already partially funded through other federal programs prior to FFPSA enactment, which can make integrating Title IV-E claiming a more complex task. The addition of home visiting programs as eligible for impacted communities would allow states the flexibility to expand provider capacity to address the immediate need for home visiting services while still developing a comprehensive Title IV-E claiming methodology.

## **2. Victims of Sex Trafficking**

FFPSA limits Title IV-E foster care maintenance payments for eligible children placed in a Child Caring Institution (CCI) to the first 14 days unless the child is placed in a CCI that meets the criteria of a specified setting. One such setting is a placement that provides 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.

According to the National Foster Youth Institute, an estimated 60 percent of child sex trafficking victims have been a part of the foster care system. The National Center for Missing and Exploited Children reports that 19 percent of runaway reports for foster youth are assessed as likely victims of sex trafficking.<sup>2</sup>

The interim final rule highlighted that some types of violence, such as human trafficking, had increased during the pandemic and that the ability of victims to access services had decreased. The final rule includes an eligible use for community violence intervention programs in all communities and not just the disproportionately-impacted communities eligible under the interim final rule. The final rule incorporates guidance issued after the interim final rule on specific types of eligible services, including:

- Evidence-based practices, including violence intervention models, complete with wraparound services such as behavioral therapy, trauma recovery, job training, education, housing and relocation services, and financial assistance
- Capacity-building efforts for community violence intervention programs such as funding more intervention workers and increasing their pay, providing training and professional development for intervention workers, and hiring and training workers to administer the programs

The final rule provides an avenue for child welfare agencies to develop programming for youth who have been, or are at risk of being, trafficked. In the case of congregate care settings, such programs would be Title IV-E allowable for Title IV-E eligible youth.

### **3. Outcome Evaluations**

FFPSA requires each Title IV-E agency to implement a well-designed and rigorous evaluation strategy for each program or service, which may include a cross-site evaluation approved by the Administration for Children and Families (ACF).<sup>3</sup> A waiver may be requested for a well-supported practice, but the state must still meet the continuous quality improvement (CQI) requirements.<sup>4</sup> In addition, the state must demonstrate the effectiveness of its CQI practices.

In the final rule, the Treasury highlights that recipients are encouraged to undertake rigorous program evaluations when practicable and assess the impact of their programs. Use of funds includes program evaluations and evidence resources to support building and improving outcomes, program evaluations such as impact evaluations (randomized control trials and quasi-experimental designs) as well as rapid-cycle evaluations, process or implementation evaluations, outcome evaluations, and cost-benefit analyses.

### **4. Supports to Kinship Caregivers**

Under FFPSA, states may provide services and programs to kin caregivers<sup>5</sup> of a child who is a “candidate for foster care” but can remain safely at home or in a kinship placement with receipt of allowable services or programs.<sup>6</sup> Additionally, FFPSA provides an opportunity for states to access funds for kinship navigator programs that meet the existing kinship navigator grants requirements and the promising, supported, or well-supported practices requirements.<sup>7</sup> The requirements under section 427(a)(1) of the FFPSA describe the purpose of the kinship navigator grants, which is to assist kinship caregivers in learning about, finding, and using programs and services to meet both their needs and the needs of the children they are raising.

In the final rule, the Treasury has clarified that services to families involved in child welfare may encompass a wide array of financial, educational, child development, health, kinship care, or other necessary supports. This broad scope provides an opportunity for states to expand not only the supports provided to kin caregivers participating in services through a prevention plan, but also the programming and supports available through kinship navigator programs.

### **5. Mental Health and Substance Prevention and Treatment**

Title IV-E agencies may claim reimbursement for mental health and substance abuse prevention and treatment services provided by a qualified clinician<sup>8</sup> that have been rated and approved by the Title IV-E Prevention Services Clearinghouse and are identified in the state’s five-year Title IV-E prevention program plan.<sup>9</sup>

Under the final rule, the Treasury emphasizes several ways that funds may be used to respond to opioid use disorder and prevent overdose mortality, including programs to expand access to evidence-based treatments such as medications to treat opioid use disorder for individuals in active use, post-overdose follow-up programs, programs for diversion from the criminal justice system, and contingency management interventions.

Additionally, the final rule highlights the provisions of behavioral health services to members of the general public without any further analysis of the pandemic's impacts on those individuals or the responsiveness of those services. The behavioral health care category can be used to respond to increased rates of behavioral health challenges at a population level or individual level, new behavioral health challenges, or the exacerbation of pre-existing challenges. Pre-existing challenges include new barriers to accessing treatment such as acute and chronic care, prevention, outpatient treatment, inpatient treatment, crisis care, diversion programs outreach to individuals not yet engaged in treatment, harm reduction, and supports for long-term recovery.

The Treasury also specifically points out that eligible uses of behavioral funds may include both services typically billable to insurance and services not typically billable to insurance. **Recipients may also use funds in conjunction with other federal grants or programs.**

Applying the broad range of possibilities allowable through SLFRF offers states the opportunity to access funds needed to develop, expand, and implement many behavioral health programs fundable under FFPSA.

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**Contact us today to learn more about how to use ARPA funds to help with FFPSA implementation.**



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## References

<sup>1</sup> Section 471(e)(1) of the Act

<sup>2</sup> Child Welfare System Response to Sex Trafficking of Children (hhs.gov)

<sup>3</sup> Section 471(e)(5)(B)(iii)(V) of the Act

<sup>4</sup> Section 471(e)(5)(B)(iii)(II)

<sup>5</sup> Section 471(e)(1) of the Act

<sup>6</sup> Section 471(e)(2)(A) of the Act

<sup>7</sup> Section 427(a)(1) of the Act

<sup>8</sup> Section 471(e)(1)(A) of the Act

<sup>9</sup> Section 471(e)(1) of the Act