



Status Update:

ALASKA AND THE FAMILY FIRST PREVENTION SERVICES ACT



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WHAT IS THE FAMILY FIRST PREVENTION SERVICES ACT?

- Most Significant Child Welfare Legal Reform in 40 Years
- Shifts Federal Funds Away from Institutionalization and Toward Evidence-Based Prevention Programs

The Family First Prevention Services Act (FFPSA) (H.R. 253) became law as part of The Bipartisan Budget Act of 2018 (P.L. 115-123). The FFPSA aims to shift federal funds toward foster care prevention and away from institutions and group homes that child advocates and child welfare professionals have long criticized. This law effectively changed the Title IV-E and Title IV-B federal funding under the Social Security Act away from institutions that many states were using in excess.

The law requires that for states to receive these federal funds for their child welfare programs, they must fund evidence-based practice (EBP) prevention services and substantially limit the use of group homes for children in their care (Family First Act). The FFPSA's shift to funding prevention EBPs elevates the use of prevention nationwide. Funded prevention services include in-home parental skills training, family counseling, mental health treatment, and substance abuse prevention or treatment. These funds were made available beginning October 1, 2019, and can fund up to 12 months of services, regardless of income (Children's Defense Fund, 2020a).

WHO IS ELIGIBLE FOR FFPSA PREVENTION SERVICES?

➤ Children at Imminent Risk of Going into Foster Care and their Parents or Relative Caregivers

➤ Pregnant or Parenting Youth and their Parents or Relative Caregivers

With an approved FFPSA Plan, State Title IV-E agencies and Title IV-E American Indian and Alaska Native Tribes can get federal reimbursement for 50% of eligible prevention services expenditures for the following individuals:

- A child who is a “candidate for foster care” (identified as being at imminent risk of entering or re-entering foster care if they do not receive prevention services). Children whose adoption or guardianship is at risk of disruption or dissolution are also considered candidates for foster care.
- A youth in foster care who is pregnant or parenting, or
- Parents or kin caregivers of a “candidate for foster care” or a pregnant and parenting youth in foster care. (Although parents or kin caregivers are not “candidates for foster care,” they can receive services to prevent foster care placement if the service is identified in the child-specific prevention plan before services are provided.)

The Children’s Bureau allows flexibility in how states further define the terms “candidate for foster care” and “imminent risk” so each state can adequately provide services befitting their population. FFPSA Prevention Plans must include a state-specific definition of candidacy and outline the process for identifying families at risk of entering the child welfare system and referring those families to prevention services.

WHAT QUALIFIES AS PREVENTION UNDER THE FFPSA?

> States with an Approved FFPSA Plan can Receive 50% Reimbursement on Prevention Services for:

- Mental Health Services
- Substance Abuse Treatment
- In-Home Parenting Support
- Kinship Navigation

Under the FFPSA, prevention programs fall under four categories: 1) mental health services from qualified clinicians, 2) substance abuse prevention and treatment services administered by qualified clinicians, 3) parent skill-based programs to include parenting skills training and education as well as individual and family counseling, and 4) kinship navigator programs.

There are no income requirements for the services, and they can be used up to 12 months from the date a child is identified as a candidate for foster care or is a pregnant or parenting child in foster care in need of prevention. Services can continue for contiguous 12-month cycles on an approved case-by-case basis. There is no lifetime limit on accessing prevention services.

WHAT PROGRAMS ARE REIMBURSABLE?

- > Evidence-Based
- > Trauma-Informed
- > Rated as Promising, Supported or Well-Supported

Prevention services eligible for federal reimbursement must be evidence-based and trauma-informed. EBPs in child welfare are defined as using the best research evidence, best clinical experience and are consistent with family/client values (The California Evidence-Based Clearinghouse for Child Welfare). "Trauma-Informed Care (TIC) understands and considers the pervasive nature of trauma and promotes environments of healing and recovery rather than practices and services that may inadvertently re-traumatize (University at Buffalo, Buffalo Center for Social Research)."

Who decides what is evidence-based?

To establish national continuity with the EBP requirements built into the new law, the U.S. Department of Health and Human Services Administration for Children and Families (ACF) established the Title IV-E Prevention Services Clearinghouse. The Title IV-E Prevention Services Clearinghouse is operated under ACF and used as the information source, program assessor, and registrar for all FFPSA EBPs (Title IV-E Prevention Services Clearinghouse). All program evidence is reviewed and rated by the ACF. **The Clearinghouse has been consistently evaluating many prevention programs and has rated 17 programs as well-supported as of February 2023 (Administration for Children & Families).** An updated list of services under current review is on the Title IV-E Prevention Services Clearinghouse website (Title IV-E Prevention Services Clearinghouse).

How do they decide?

The Clearinghouse has divided EBPs into three categories of proof: promising, supported, and well-supported. Practices are rated as "promising" if they were created from a study that "achieves a rating of moderate or high on study design and execution and demonstrates a favorable effect on a target outcome" (Title IV-E Prevention Services Clearinghouse). Practices are "supported" once they have sustained success for a minimum of six months after treatment and were "carried out in a usual care or practice setting that achieves a rating of moderate or high on design and execution" (Title IV-E Prevention Services Clearinghouse). "Well-supported" programs must have at "least two contrasts with non-overlapping samples in studies carried out in usual care and practice settings that achieve a rating



of moderate or high on design and execution and demonstrate favorable effects in a target outcome domain. At least one of the contrasts must demonstrate a sustained favorable effect of at least 12 months beyond the end of treatment on at least one target outcome (Title IV-E Prevention Services Clearinghouse).”

In addition to the EBP rating system of the Title IV-E Clearinghouse, the ACF classifies each program by prevention type. For instance, Brief Strategic Family Therapy is a program that has been rated as well-supported and can be used in three of the four eligible intervention categories: mental health, substance abuse, or in-home parent skill-based programs. In contrast, the Healthy Families America program has also been rated as well-supported but can only be used as an in-home parent skill-based program or service (Title IV-E Prevention Services Clearinghouse).

When a State submits its FFPSA Plan to the ACF for approval, it lists the prevention programs it will be funding and the target population those programs will serve. The only programs eligible for partial reimbursement by the ACF are those that have been evaluated, approved, and rated by the ACF. **Until 2024, a prerequisite for state agencies to draw down federal prevention dollars is that 50% of all expenditures for the state’s prevention program must be for services deemed by the Clearinghouse to be supported or well-supported. Beyond 2024, 50% of the state’s reimbursable prevention programs must be well-supported.** In addition to the 50% reimbursement for prevention programs and services, Title IV-E agencies may receive funding for administrative and case management activity costs related to administering these preventative programs. Part of the FFPSA requires that states meet a Maintenance of Effort (MOE) standard of spending on prevention services. New prevention spending must exceed prior spending on FFPSA services.

Tribal entities with a direct IV-E agreement with the federal government are exempt from these criteria; however, there are few tribes with direct IV-E agreements. Some Tribes are currently under a Title IV-E Administrative Agreement with their state and work within their state’s plan requirements.

HOW DOES A STATE GET THE 50% REIMBURSEMENT?

➤ A State Must Have an Approved FFPSA Plan

➤ A State Must Spend Money on Approved Evidence-Based Practice Programs

When a state submits its FFPSA Plan to the ACF for approval, the ACF evaluates the plan according to the use of promising, supported, and well-supported programs, according to the Clearinghouse. Approval of an FFPSA Plan requires:

1. Operational prevention programs that are evaluated, monitored for fidelity to their models, and reported to the state in compliance with all guidelines. 50% of these prevention programs must qualify as supported or well-supported.
2. In addition to a list of eligible programs, state agencies must submit details of the program, how they were selected, a defined target population, assurance that the program is trauma-informed, and a detailed plan of how each program is expected to improve outcomes for children and families.
3. A description of how the state agency will monitor and oversee the prevention programs to ensure the safety of the children served.
4. A coordinated administration plan consulting with other State health services and with other child and family services provided under Title IV-B.
5. A child welfare workforce training and support program guaranteeing adequate support and training for all child welfare workers, and a plan for how reasonable prevention caseloads will be determined, managed, and overseen.

Due to the complexity of compliance with the FFPSA, for several reasons, implementing an FFPSA Plan may cost more than the federal dollars reimbursed. **States do not have to apply for FFPSA prevention funding.** Some states will find that compliance could be more costly and laborious. **Of the 65 eligible Title IV-E State and Tribal agencies, 50 plans have been submitted for review, and 39 have been approved as of January 6, 2023** (Children's Bureau).

WHY IS ALASKA'S FFPSA PLAN ON HOLD?

- > The FFPSA Plan requires an extensive system for OCS oversight, evaluation, and reporting that is not yet built.
- > Alaska providers would need to deliver more approved EBPs.
- > The State of Alaska would need to pay for EBP prevention programs.
- > Culturally tailored prevention programs would need to be used, evaluated, and approved for federal reimbursement.
- > OCS vacancy, tenure, and caseload issues need resolution prior to adding a new prevention caseworker team.
- > The needed system, human resource, and leadership re-allocation costs do not currently outweigh the federal matching benefit.



Establishing and maintaining an approved FFPSA Plan requires significant time and resource investment from OCS, the State, and EBP providers. There are many reasons why Alaska is not yet ready to re-submit their FFPSA Plan for approval. Successful implementation of an FFPSA Plan is contingent on many interdependent systems and public/private partnerships. Alaska's child welfare leaders must approach the implementation of an FFPSA Plan analytically and recognize that there are always competing positive initiatives with limited resources. Although this report does not address each reason Alaska's FFPSA Plan is on hold, it does highlight some in greater detail.

ARE THERE APPROVED EVIDENCE-BASED PREVENTION PROGRAMS OPERATING IN ALASKA?

- > Alaska's Families Need Culturally Tailored Programs
- > Evaluation of Programs that Aren't Well-Supported

Currently, there are only so many approved EBPs operating in Alaska with fidelity to their model. In 2024, the FFPSA will require that 50% of all FFPSA Plan expenditures be on programs that the Title IV-E Clearinghouse has rated well-supported. To reduce the need for FFPSA Plan amendments and strenuous program evaluation, states may include only well-supported programs within their FFPSA Plans at the start and build out the FFPSA Plan over time. This is an effective strategy for approval, although it may restrict comprehensive prevention efforts.

Within the FFPSA prevention areas, the author knows of five well-supported practices available in Alaska. They are:

- Parent Child Interaction Therapy
- Nurse Family Partnership
- Motivational Interviewing
- Multisystemic Therapy
- Parents as Teachers

Parent Child Interaction Therapy, Motivational Interviewing, and Multisystemic Therapy are behavioral health programs used by individual clinicians. The usage, training, and certification for these programs are the preference and responsibility of individual clinicians or agencies. The State does not monitor the use or fidelity of these behavioral health programs and therefore cannot link direct State spending on each model for federal reimbursement under FFPSA. Additionally, many behavioral health programs operating in Alaska for the target population are covered under Medicaid, excluding claiming FFPSA reimbursement.

Two in-home parenting support programs that have a robust presence in Alaska. Providence Hospital and Southcentral Foundation administer Nurse Family Partnership. Both organizations operate their NFP programs with model fidelity and are funded with federal MIECHV dollars. The State does not provide NFP funding to either organization eliminating the ability to draw down the 50% federal reimbursement.

Parents As Teachers (PAT) is another well-supported EBP operating in Alaska through multiple providers. Although not all organizations in the network deliver the program to fidelity, many do, and there is a State PAT administrator monitoring the program. The Alaska Legislature spent \$474,700 on PAT in 2022 (PAT Legislative Request). State funding and program monitoring make PAT the most promising prevention program for the potential 50% FFPSA reimbursement with an approved FFPSA Plan.

Alaska's Families Need Culturally Tailored Programs

Of the 65 prevention programs rated by the Title IV-E Clearinghouse, Family Spirit is the only program culturally tailored for indigenous populations. It has only been rated as a promising practice (Administration for Children & Families). Because Family Spirit has not met the strenuous well-supported rating, using it within an FFPSA Plan would require costly ongoing program evaluation.

Alaska Native and American Indian children remain disproportionately represented in Alaska's foster care system. Impactful prevention programs in Alaska need to be culturally tailored and evidence-based.

Evaluation of Programs that Aren't Well-Supported

Only 50% of all state FFPSA spending needs to be on well-supported programs to qualify for reimbursement leading some to wonder why Alaska does not include lesser-rated programs that the State is currently funding (many of which are culturally tailored). Although this is possible, the law requires formal and ongoing evaluation of any program with a lower rating. This is prohibitive for Alaska as it would demand costly external evaluation.



HOW ARE OCS VACANCY RATES RESTRICTING ITS ABILITY TO ESTABLISH AN FFPSA PLAN?

➤ Individual Prevention Case Plans with Appropriate Caseloads

➤ Reporting and Oversight Guidelines

Individual Prevention Case Plans with Appropriate Caseloads

One of the main thrusts of the FFPSA is to reduce the need for child removal by providing in-home services for families. This accountability is indeed a best policy practice but does create additional demands on an already stretched workforce and is criticized for unintentionally gathering data and tracking families that may have avoided system involvement through voluntary primary prevention services.

Compliance with the law requires a written prevention case plan for each child receiving Title IV-E prevention services. These individual case plans must include a strategy to remain safely at home or with kin caregivers and documentation of services provided and their effectiveness. An approved FFPSA Plan requires prevention caseloads that do not exceed the threshold of acceptable practice. For children in the custody of OCS, House Bill 151 recommended caseloads of thirteen, but existing caseloads far exceed this guideline due to OCS vacancy levels (Alaska State Legislature).

Adherence to the case plan and caseload provisions of the FFPSA would require an adequate team of prevention services caseworkers, which does not exist within the current OCS structure. OCS is already experiencing a 57% turnover rate for case-carrying staff coupled with a 25% vacancy rate. Caseworkers' inability to keep up with current caseloads is a primary cause of job dissatisfaction (Citizen Review Panel). Filling additional caseworker positions would require complex workplace restructuring and substantial investment.

The FFPSA requires a detailed plan for workforce oversight and training. This workforce plan would include trauma-informed prevention-focused family engagement strategies and resource coordination. Alaska does not have a system for training caseworkers on available EBPs and in-home prevention strategies.

Reporting and Oversight Guidelines

The FFPSA requires states to coordinate prevention services with other agencies and organizations that serve families at risk of entering the child welfare system. This includes coordinating with substance abuse treatment programs, health programs, and mental health providers, as well as with other community-based organizations that may be able to provide support and resources to families in need. An approved FFPSA Plan must also describe how prevention services will coordinate with other child and family services provided under Title IV-B (Implementing the Family First Prevention Services Act).

Quality assurance and continuous improvement reporting on EBPs, workforce, and prevention case plans are all funding requirements under the FFPSA. A dynamic reporting system between EBP providers, OCS, and the ACF would be needed. Although service coordination and reporting are possible, these systems require additional OCS staff positions and technology.

CONCLUSION

The Alaska Legislature and OCS Leadership are devoting a large amount of time and money toward the Alaska Tribal Compact to encourage and support Alaska Native Tribes in their individual prevention program implementation. Through the Alaska Tribal Compact, Alaska's leaders are prioritizing culturally tailored prevention approaches, even though many programs are not yet approved for federal funding under FFPSA. The goal of a Tribal-led prevention system is to strengthen Alaska's children and families while reducing trauma and disproportional rates of system-involved Alaska Native and American Indian children.

Until OCS workforce vacancies decrease, program oversight systems are established, and more EBPs are used in Alaska, the cost of implementing an FFPSA Plan would outweigh the benefit of drawing down the limited federal reimbursement. This does not mean that Alaska will never implement the prevention reimbursement aspects of the FFPSA, but it does mean that it will take time to build out the systems and infrastructure needed to do so. In the meantime, Alaska's committed leaders and stakeholders will continue to work on filling the program and system gaps identified in this report.

To learn more, please contact Dr. Carmody at charity@alaskaimpactalliance.com.

REFERENCES

Administration for Children & Families. "[Dear Colleague Letter](#)." 2023.

[Alaska State Legislature](#). n.d.

[Child Welfare Information Gateway](#). 3 October 2020

[Children's Bureau](#). 6 January 2023. 2 February 2023.

Citizen Review Panel. "[Citizen Review Panel 2021-2022 Annual Report](#)." n.d.

[Family First Act](#). 17 September 2019.

"[Implementing the Family First Prevention Services Act](#)." n.d.

"PAT Legislative Request." State of Alaska PAT, n.d.

[The California Evidence-Based Clearinghouse for Child Welfare](#). 19 May 2021.

[Title IV-E Prevention Services Clearinghouse](#). 2 June 2021.

[Title IV-E Prevention Services Clearinghouse](#). 1 December 2021.

[Title IV-E Prevention Services Clearinghouse](#). 5 June 2021.

[Title IV-E Prevention Services Clearinghouse](#). 29 July 2022.

[Title IV-E Prevention Services Clearinghouse](#). 28 November 2021.

[Title IV-E Prevention Services Clearinghouse](#). 2 February 2023.

[University at Buffalo, Buffalo Center for Social Research](#). 19 May 2021.

[Alaska and the Family First Prevention Services Act Status Update](#). 15 March 2023.