



THE SOLUTION

HOW TO ENSURE CHILDREN RECEIVE ACCESS TO THE RIGHT SERVICES AT THE RIGHT TIME






- Remove unnecessary age restrictions and burdensome approval process for access to residential services out of proposed Adm Code language and maintain current 6 y/o and above requirement.
- Remove capacity restriction of QRTP beds per provider out of proposed Adm Code language.
- Join coalition of states working towards waiver status in reference to FFPSA group care categories to receive a waiver from IMD rule.
- Distribute portions of FFTA funding towards assisting group care providers becoming in compliance with FFPSA new requirements in order to draw down IV-E funding.
- Work with ACHA on developing a day of care rate to reflect QRTP requirements and to support QRTP service requirements that are not IV-E eligible.
- Adopt workgroup recommendations on the QRTP assessment tool and processes. Follow assessment tool developers recommendations for assessor qualifications.
- Change proposed Adm. Code specific training requirements to training categories and work with providers to accept and combine model trainings within the training categories.
- Coordinate reporting documentation requirements with Medicaid and agree upon type of one reports that will satisfy both entities and agree upon deadline timelines of reporting documentation.

THE CONSEQUENCES OF FFPSA

Will every child have a safe place to sleep, every night?



GROUP CARE IMPROVING THE LIVES OF FLORIDA YOUTH

-  **The St. Augustine Record**
[St. Augustine Youth Services provides a 'time-out' for boys in crisis to give them brighter outcomes](#)
-  **Orlando Sentinel**
[Nearly 100 years after Father Flanagan, Boys Town is still uplifting at-risk kids](#)
-  **Florida Sheriffs Youth Ranches**
[Andrea: Ahead of the Curve](#)
-  **Boys Town**
[Former Boys Town North Florida Youth Finds Her Calling in Advocacy](#)
-  **Seminole Voice**
[The home that keeps kids from jail](#)





WHAT IS FFPSA?

The Family First Prevention Services Act of 2018 (FFPSA) was designed to help thousands of people reach their potential by transforming how states address child maltreatment. FFPSA reforms the federal child welfare financing streams, Title IV-E and Title IV-B of the Social Security Act, to provide services to families who are at risk of entering the child welfare system. The bill aims to prevent children from entering foster care by allowing federal reimbursement for mental health services, substance use treatment, and in-home parenting skill training. It also seeks to improve the well-being of children already in foster care by incentivizing states to reduce placement of children in residential group care.

When Congress enacted the Family First Prevention Services Act, it created a new federal category for settings delivering trauma-informed treatment to foster children in a residential setting. The intent of Congress was to ensure the federal government funded interventions to address the symptoms of trauma and accompanying behavioral and emotional challenges for children with assessed need. Qualified Residential Treatment Programs (QRTPs) along with three other residential settings are now among the few residential settings that are eligible for Title IV-E reimbursement. However, FFPSA includes a provision that presents a serious unintended consequence in reference to the IMD 1905(a)(B) of the Social Security Act, for children in the foster care system.

Congressional engagement is needed right now to help fix it.

FINANCIAL IMPACT

\$30 MILLION

Right sizing Group Care by reducing beds and providers

\$2.3 MILLION

Providers increased needs to meet FFPSA and QRTP requirements

\$4.745 MILLION

Ongoing annual cost for implementation of FFPSA qualified group care categories

YOUTH 12 AND UNDER DENIED SERVICES DUE TO FL POLICY

By raising the age requirement for QRTP or other setting from 6 to 12 years old, many youth will lose services.

640

Average number of youth, 12 and under, in group care each month who will require a waiver*

80

Number of youth, 12 and under, in SIPP or SGTH placements last year

9

Median age of child sexual assault victims**

1,118

Other potentially non IV-E eligible placements

*DC&F 19/20 fiscal year dashboard
**Kristi House Children's 2020 presentation



SERVICE SHORTAGES DUE TO CAPACITY REDUCTIONS

Proposed public policy restrictions submitted through 65c-14 draft and IMD rule interpretation threaten drastic reductions of Residential Group Care beds and providers across the state of Florida also resulting in significant reduction in IV-E revenue for the state.

- Proposed restriction of providers of QRTP services to a capacity of 12 beds when each home/facility has the same treatment program, shared staff, medical professionals, and are under the same management.
- Proposed 65c-14 policy language restricting youth placements by age.
- Unnecessary age requirement of 10 y/o for youth to be placed in a QRTP or other settings. Current age requirement is 6 y/o.
- Unnecessary age requirement of 12 y/o for a youth to be placed in an "At Risk" group care placement.
- Proposed language overly restricting qualifications of "individual assessors of youth for QRTP placement resulting in limited amount of assessors, lengthened time frames to receive an assessment resulting in youth not receiving the right service at the right time.

QRTP: POTENTIAL CAPACITY ISSUES (BEDS)

Updated FFPSA Settings	Chx Updated Count	Licensed by Sept. 2021	Potential 2021 GAP	FCC Res. Comm. GAP
660	618	264	354	575

STATE POLICY DECISIONS THAT WILL LIMIT YOUTH SERVICES

Restricting access to residential care to 10 y/o or above
Restricting access to "At Risk" group care specialty homes for youth 12 or above.

Defining QRTP more restrictive than the FFPSA definition
Applying the IMD rule more restrictively than Federal IMD code. DCF capping a 12 bed QRTP capacity per group care provider agency.

Increasing required trainings of group care providers, ignoring group care providers model specific (in some cases evidence based) trainings creating an overload on training and hindering the hiring process and timeframes of direct care staff.

Dictating numerous reports and timelines that are at times similar to Medicaid required reports but conflicts with reporting timeline requirements resulting in duplication of documentation and conflicting deadlines of documentation.

Requiring overly restrictive service requirements in the provision of Aftercare Services that are more restrictive than FFPSA federal requirements.

Ignoring FL statute 39.402(8)(h)6 – keepings sibling groups together by placing them in a group home if a foster home is unavailable for all siblings to be placed together.

WHAT'S HAPPENING TO CHILDREN ACROSS THE U.S.

Lawsuits, children sleeping in hotels, jails converted into placements, and youth lingering in psychiatric hospitals.

- WASHINGTON**
Investigate West
[Foster-Care Funding Falls Short of Ending Hotel-Stay Crisis](#)
- OREGON**
The Oregonian
[Oregon sends hundreds of foster kids to former jails, institutions, not families](#)
- KANSAS**
Kansas Appleseed
[New Federal Civil Rights Settlement Agreement Promises to Transform Broken Foster Care System and End Years of Victimization and Trauma for Kansas Children](#)
- MASSACHUSETTS**
The Boston Globe
[In a broken foster system, some kids can't find a bed for the night](#)
- TEXAS**
The Statesman
[Foster children are still sleeping in state offices amid shortage of homes](#)
- ILLINOIS**
ProPublica Illinois
[Hundreds of Illinois Children Languish in Psychiatric Hospitals After They're Cleared For Release](#)

A 2018 ProPublica study revealed children in the care of the state were being held in psychiatric hospitals beyond medical necessity due in large part to the state's drastic reduction in residential care capacity, leaving few options for appropriate step down placement. The state was sued. Nearly 30% of all children in DCFS custody who were hospitalized between 2015-2017 were held beyond medical necessity. In 2014, only 88 hospital admissions went beyond medical necessity. In 2015, that number jumped to 246 admissions that went beyond medical necessity. In just the couple of years before 2015, the state lost 350 residential beds, and that gap in the continuum contributed to the overstay in psychiatric hospitals.



To view this booklet online with links, please visit www.flchildren.org/resources or scan this QR code.

