

The Family First Prevention Services Act (P.L. 115-123)

SAFE STRONG SUPPORTIVE

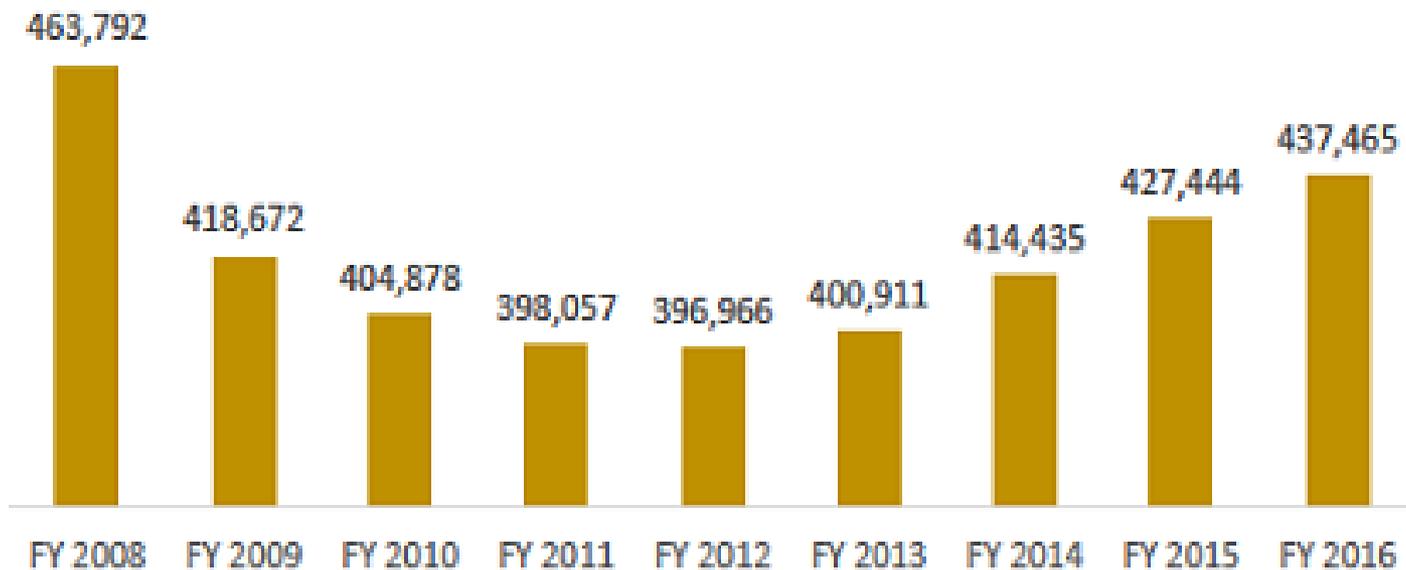
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safe children | strong families | supportive communities

After years of decline, the number of children in foster care has steadily risen in recent years.

Number in foster care on September 30 of the FY

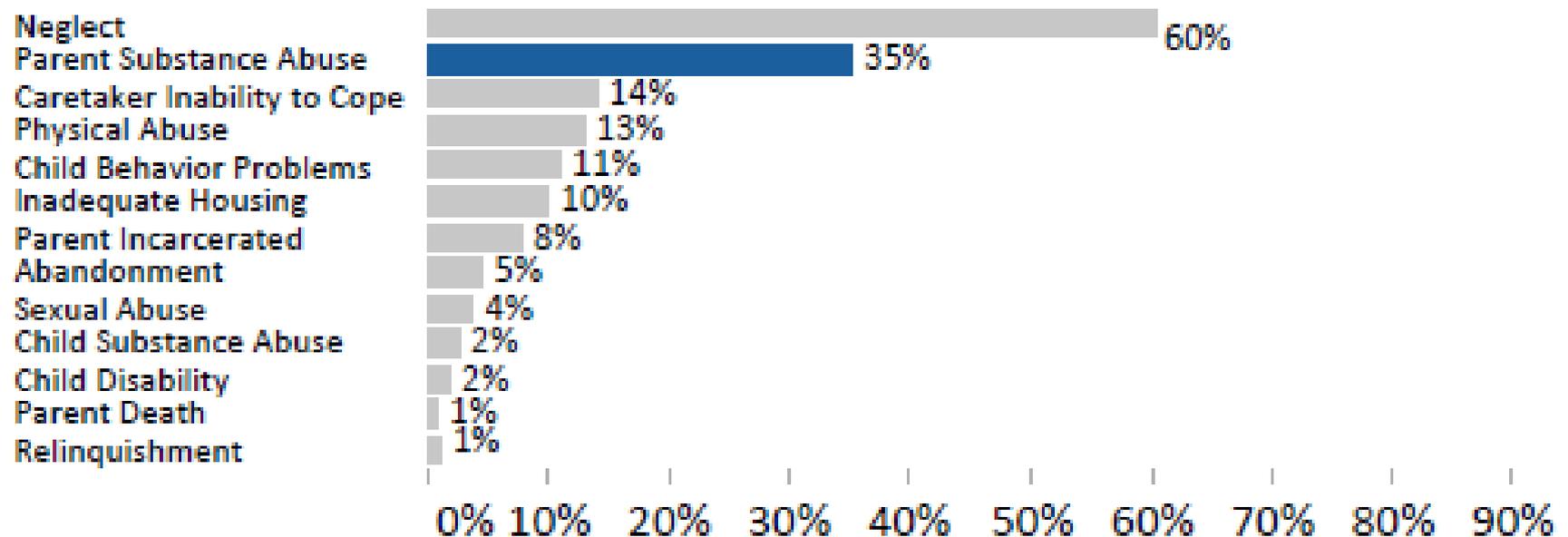


SOURCE: Adoption and Foster Care Analysis and Reporting System (AFCARS)

Children enter foster care overwhelmingly due to neglect

% of children entering care for each removal reason*

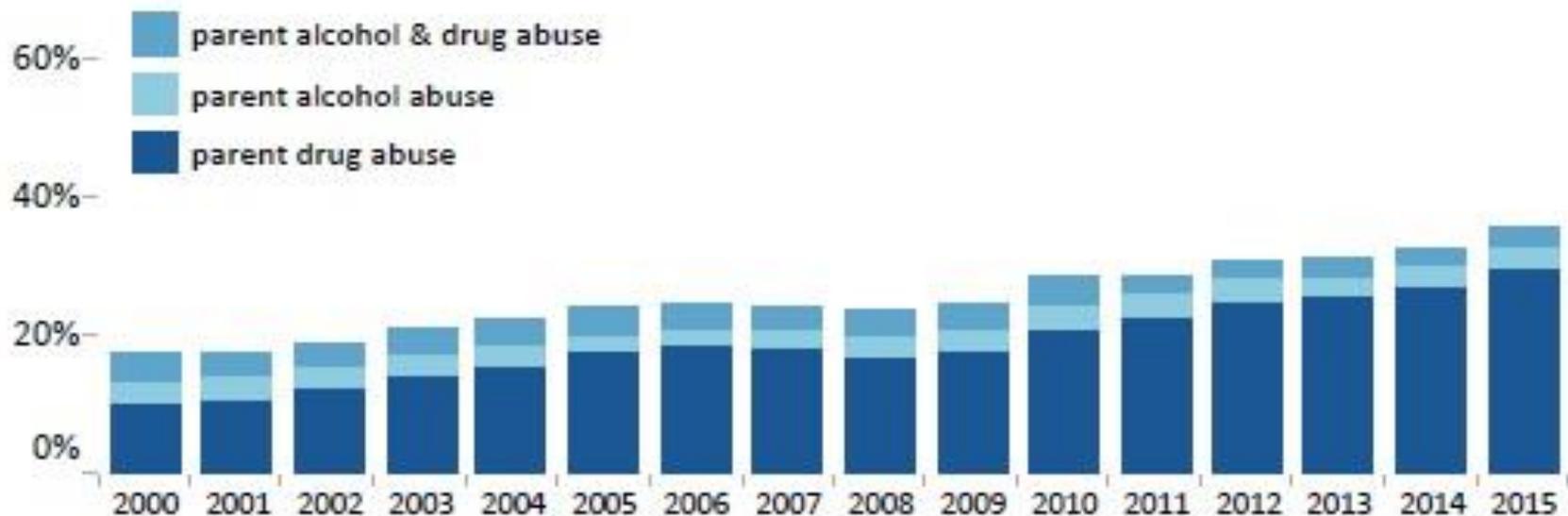
(note: multiple reasons may be selected for a single child, Federal Fiscal Year 2015)



Source: Adoption and Foster Care Reporting System (AFCARS) FY2016

Nationally, the percentage of children entering foster care due to parental substance use has risen

% of children entering care with parental substance abuse as a removal reason
(alone or in combination with other reasons)

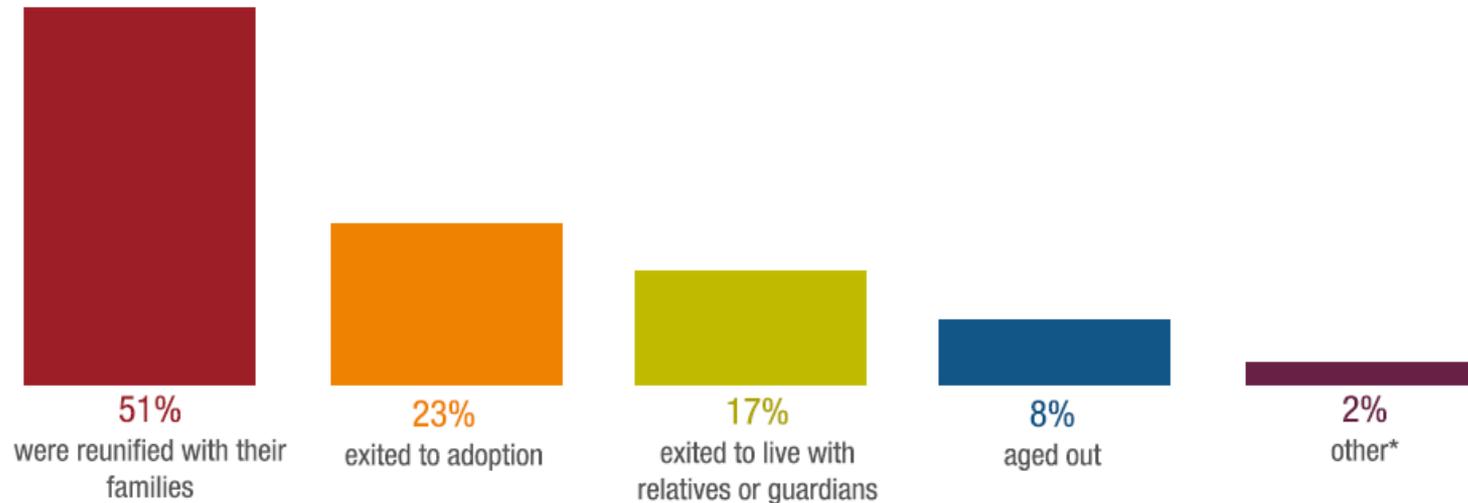


Source: Adoption and Foster Care Reporting System (AFCARS) FY2016

Children Exiting Foster Care

What happens to children who end up in foster care? Most are safely reunited with their own parent or extended family. A significant number are adopted. Communities across America have shown that they can help more children to grow up in safe, stable families by providing appropriate and timely services after they return home.

Among children who exited foster care in 2016:



*"Other" includes transferred to another agency, ran away or died.
Numbers may not equal 100% due to rounding.

Data source: AFCARS Report #24

Child Welfare: What do we know is best for children and families?

- The goal in child welfare should be to ensure the safety, permanency and well-being of children ***and their families.***
- We know to support child well-being, it is important to intervene as early as possible.
- We know that the act of removing children from their families and homes creates emotional distress and trauma that should be avoided whenever possible.
- We know some children can be better served by remaining safely at home while their parents receive the community services and support they need.

Family First Prevention Services Act of 2018

- The Family First Prevention Services Act was passed and signed into law (P.L. 115-123) as part of the Bipartisan Budget Act on February 9, 2018.
- Culmination of years of discussion among key Congressional leaders who share a vision and are passionate about keeping children safely with their families.
 - Over 500 organizations supported this Act

Family First Prevention Services Act of 2018

- The Family First Prevention Services Act was passed and signed into law (P.L. 115-123) as part of the Bipartisan Budget Act on February 9, 2018.
 - New option for States and Tribes to claim Title IV-E funds for prevention activities as early as October 1, 2019.
 - New policy to ensure appropriate placements for children in foster care as early as October 1, 2019.
 - New funding and reauthorization of existing funding for child welfare programs including prevention funding, court funding, and specific substance abuse prevention grant funding.

New Funding for Prevention Activities

- Allows states to receive open-ended entitlement (Title IV-E) funding for evidence-based prevention services

Who: 1) Children at imminent risk of placement in foster care or 2) pregnant and parenting youth in foster care are eligible. Their parents or kinship caregivers also are eligible.

- No income test for eligibility
- Defines children who are “candidates for foster care” as those who can remain safely at home or in a kinship placement with receipt of services or programs

New Funding for Prevention Activities

- Allows states to receive open-ended entitlement (Title IV-E) funding for evidence-based prevention services

What: Allows the following evidence-based services to be reimbursed

- Mental health prevention and treatment services provided by a qualified clinician for not more than a 12 month period.
- Substance abuse prevention and treatment services provided by a qualified clinician for not more than a 12 month period.
- In-home parent skill-based programs that include parenting skills training, parent education and individual and family counseling for not more than a 12 month period.

There is no limit on how many times a child and family can receive prevention services.

New Funding for Prevention Activities

- Requires prevention services and programs to be ***promising, supported, or well-supported***, to qualify for reimbursement.
 - Requires the Secretary of HHS to issue guidance to states regarding the practices criteria required for services or programs under this section by Oct. 1, 2018. This guidance must include a pre-approved list of services and programs that satisfy the requirements
 - On June 22, the Children’s Bureau released a Federal Register Notice for Comments on initial criteria and programs for review in a Clearinghouse of evidence-based practices. Comments were due on July 22.
- Requires a state to submit a prevention and services program plan as part of the state’s Title IV-E plan
 - Requires the plan to include a number of components such as a description of how the state will administer the program, determine eligibility, train caseworkers and numerous other items.

New Funding for Prevention Activities

- Reimbursement rates for prevention activities are:
 - Beginning October 1, 2019 through September 30, 2026, FFP is 50%
 - Beginning October 1, 2026, FFP is the state's FMAP rate.
 - At least 50% of the spending in every fiscal year must be for well-supported practices.
- States who opt to administer a prevention program also may claim Title IV-E reimbursement for administrative costs at 50% and training costs at 50%.
 - As with the prevention services, these costs are “delinked” from AFDC so not related to the income eligibility of the child or their family.

New Funding for Prevention Activities

- ***When:*** Title IV-E reimbursement for eligible prevention services begins on October 1, 2019.
- ***Non-Supplantation:*** New federal funds for prevention services are intended to augment, not supplant, state funding for prevention services.
- ***Maintenance of Effort:*** MOE will be set at FY2014 spending for these same prevention services for candidates for foster care.

Who is a “Candidate for Foster Care?”

- U.S. House Committee Report 114-628 includes the following to provide further information on Congressional intent

....Under the eligibility criteria for new prevention services in title IV-E, the Committee recognized that children may come to the attention of the child welfare system and be considered at imminent risk of entry into foster care in a wide variety of scenarios. Accordingly, the Committee intentionally did not attempt to provide an exhaustive list of the living situations and caregiver dynamics that would trigger eligibility for the evidence-based mental health, substance abuse, and parent skill-building services made available under this bill.

Who is a “Candidate for Foster Care?”

“The Committee believes the intent of this legislation is for states to use these new matching funds in the panoply of possible scenarios under which a child may be at imminent risk of entering foster care and would likely enter but for the provision of support services.

The following represents examples, but is by no means an exhaustive list, of the types of scenarios during which a state could claim a match for title IV-E prevention services on behalf of a child and his or her caregivers:

Who is a “Candidate for Foster Care?”

- *When an adopted child is at risk of entering or re-entering foster care, these prevention services can come in the form of post-adoption supports and be made available so that such parents need not relinquish their parental right in order to access such services;*
- *When a child in a formal or informal kinship placement is at imminent risk of entering or re-entering foster care, these prevention services can be made available;*
- *When a child is living with his or her parents and is deemed as being at imminent risk of entering foster care, but a relative caregiver could to become the guardian if provided prevention services, such services can be made available;*

Committee Report Illustrative examples

- *If a child at a young age was deemed a candidate for care and his or her caregiver received services under this bill and years later the child was again deemed at imminent risk of entry later in life, this bill would allow for the state to draw down prevention services under title IV-E at both points in the child's and family's lives; or*
- *When a child is living with his or her parents and is deemed as being at imminent risk of entering foster care, but can remain safely at home through the provision of prevention services.*

Ensuring Appropriate Placements in Foster Care

The following placement options already are allowable under current Title IV-E and will continue under Family First:

- 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
- Foster Family Home (defined) – no more than 6 children in foster care, with some exceptions

Ensuring Appropriate Placements in Foster Care

- Beginning October 1, 2018, Title IV-E foster care maintenance payments can be made on behalf of a child in foster care who is placed with their parent in a licensed residential family-based treatment facility for up to 12 months.
 - No income test applies for these services, unlike other Title IV-E foster care placements.
- Beginning as early as October 1, 2019, after 2 weeks in care, Title IV-E federal support will be available for foster care maintenance payments for eligible youth placed in a Qualified Residential Treatment Program (QRTP).

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, 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

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 in assessment.

Ensuring Appropriate Placements in Foster Care

- States have the option to delay this provision for 2 years. However, delays in implementation of these provisions requires a delay in prevention provisions.
- To support State implementation of this provision, Family First provides \$8 million in FY2018 for grants to states and tribes to support the recruitment and retention of high quality foster families.

Additional Kinship Provisions

- Provides Title IV-E support for evidence-based kinship navigator programs at 50%, beginning October 1, 2018.
- Requires HHS to identify model foster parent licensing standards; states have to then identify how they will implement.
 - On August 1, the Children's Bureau released a Federal Register Notice for Comments on standards. Comments were due October 1.

Additional Changes for Older Youth

- Reauthorizes the John H. Chafee Foster Care Independence Program until FY2021.
 - Allows the John H. Chafee Foster Care Independence Program independent living services to be used to assist former foster youth up to age 23 if foster care has been extended to age 21.
 - Extends to age 26 eligibility for Education and Training Vouchers (ETV) under Chafee.
 - Allows youth to use ETVs over nonconsecutive semesters or years. Youth may use ETV for no more than 5 years (whether consecutive or nonconsecutive).

Additional select items to promote safety, permanency, and well-being

- Requires the development of a statewide plan to prevent child abuse and neglect fatalities.
- Provides \$5 million in new grants to states to expand the development of the electronic system to expedite the interstate placement across state lines of children in foster care, guardianship or adoption.
 - Requires that states use an electronic interstate case processing system by October 2027.

Continues Child Welfare Funding

- Reauthorizes Title IV-B programs and services until FY2021.
 - Stephanie Tubbs Jones Child Welfare Services Program, including funding for monthly caseworker visits
 - Promoting Safe and Stable Families Program
 - Court Improvement Program
 - Regional Partnership Grants to Increase the Well-Being of, and to Improve the Permanency Outcomes for, Children Affected by Heroin, Opioids, or Other Substance Abuse.
 - Applications were due August 13.
- Reauthorizes the Adoption and Legal Guardianship Incentive Programs through FY2022.

Recent Activities by Congress

- The FY2018 appropriations bill includes the following among the investments for children and families in FY2018:

Adoption & Guardianship Incentives:	\$37 million increase
Child Abuse Prevention and Treatment Grants:	\$60 million increase
Home Visiting (MIECHV):	\$400 million
Head Start:	\$610 million increase
Early Head Start:	\$115 million increase
Child Care Block Grants:	\$2.37 Billion increase

- As of 9/26/18, the pending FY2019 appropriations bill includes additional investments in children and families.
- The U.S. House Committee on Ways and Means held a hearing in July 2018 with HHS on FFPSA implementation.

Recent Activities by HHS

- On May 4, HHS published availability of one-time funding of \$20 million in FY2018 for all states and direct-funded title IV-E tribes to develop, enhance and evaluate Kinship Navigator programs.
 - Funds have no match requirement.

Recent Activities by HHS

- On June 22, a Federal Register Notice was published by HHS requesting comments on decisions related to developing a Clearinghouse of Evidence-Based Practices as required by Family First.
 - Comments were due July 22.

Recent Activities by HHS

- On July 9, a Program Instruction (PI) was released outlining how states must implement the new Title IV-E provisions.
 - Outlines five different deadlines for states to meet.
 - The PI outlines that states who wish to delay the QRTP provisions for up to two years must notify HHS by November 9, 2018.
 - The Children's Bureau has publically confirmed that the November 9th deadline is not binding. It is merely for planning purposes, and a State can change its mind at any point, both to go ahead or delay.

Recent Activities by HHS

- On July 13, HHS published an opportunity to apply for funding for Regional Partnership Grants to increase the well-being and permanency of children impacted by substance use.
 - Up to 10 grants will be awarded for a 36-month period.
 - Application deadline was August 13, 2018.

Recent Activities by HHS

- On August 1, a Federal Register was published by HHS requesting comments on model foster parent licensing standards.
 - Comments were due October 1.

Questions?

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