Public Law 115-123
DIVISION E—HEALTH AND HUMAN SERVICES EXTENDERS
TITLE VII—FAMILY FIRST PREVENTION SERVICES ACT
Opening Comments

- Anne DeCesaro, Majority Staff Director, Subcommittee on Human Resources, U.S. House Committee on Ways and Means

- Morna Miller, Minority Staff Director, Subcommittee on Human Resources, U.S. House Committee on Ways and Means

- Ryan Martin, Senior Human Services Advisor, Majority, U.S. Senate Committee on Finance

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Foster Care in the US: Recent Trends

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Prevalence of Parental Alcohol or Other Drug Use as a Contributing Factor for Reason for Removal in the United States, 2000 to 2015

Note: Estimates are based on all children in out-of-home care at some point during Fiscal Year.

Select Child Welfare Challenges

- An inflexible funding structure under which the majority of federal funding is only available once children are removed from their home.
- Consensus about the need for upfront services to strengthen families.
- An over-reliance on inappropriate congregate care produces negative outcomes for children.
1. Inflexible Funding Structure Under Which Most Federal Dollars Come Into Play Post-Removal

Source: Child Trends
2. Consensus on Need for New Support for Vulnerable Families

- Sharp increase in substance abuse issues, i.e. opioids
- Title IV-E waivers, in addition to new research and evaluations, have shown that there are effective interventions to serve these populations
- Focus on evidence-based policymaking within funding streams as way to drive research and innovation, e.g. MIECHV
- Over 500 organizations supported the Family First Prevention Services Act

There is a great deal of variance between states relative to placement in congregate care.

On average, 12% of children are in congregate care.

Many placed in congregate care are not IV-E eligible.

According to HHS, about 20% of children entering foster care in FY2008 were placed in congregate care initially or within five years entry.

Of those, 41% had no clinical or other indicator suggesting this level of care was needed ("A National Look at the Use of Congregate Care in Child Welfare")
4. Expiration of Waivers

http://www.casey.org/communities/
Preserving families

• States have repeatedly made the case they can reduce costs and keeps families together if they can use IV-E for prevention services.

Systemically addressing substance use/opioid issues

• A major reason kids come into foster care is parental substance abuse (nationally more than one in three, CT witness said than 60% and KY was about the same). We can help solve the substance abuse problem and avoid child trauma at the same time.
Basis for and Goals of Reform Efforts

Getting incentives right

- Many have advocated opening up the IV-E entitlement for prevention services. Entitlement expansion must be thoughtful and evidence based.

Paying for what works/evaluate programs to make sure they're effective

- Moving forward, a goal of Congress is to focus on what works and to evaluate the effectiveness of federally-funded programs.
Timeline

2015:
- May - Senate hearing on congregate care
- August - Senate hearing on prevention services
- November - Senate shares discussion draft

2016:
- February - Senate hearing on opioid epidemic
- May - House hearing on substance abuse
- June - Introduced in the House and Senate in after roundtables, outreach, and stakeholder conversations
- June - W&M marked up on June 15 and passed the House on June 21

2017:
- Reintroduced in the House as HR 253

2018:
- Modified version included in Bipartisan Budget Act of 2018 which was signed into law on February 9, 2018 as PL 115-123.
Title I: Prevention Services

- Beginning in FY2020, title IV-E (uncapped partial matching dollars) would be available for up to 12 months for services (per family/episode) for families of children who, without these services, would likely enter foster care, and pregnant and parenting foster youth. No income test.

- These services would include:
  - Mental health services;
  - Substance abuse services; and
  - In-home parent “skill-based” programs (parent training, home visiting, individual and family therapy).
Evidence Standard

• Prevention services would need to be evidence-based for the state to receive payment, based on a model developed by (but not identical to) *California Evidence-Based Clearinghouse* classifying interventions as “promising,” “supported,” or “well supported.”

• State MOE funds could be used to build evidence for future federal funding and the Regional Partnership Grants will also be available.
Evidence Standard Continued

- **Promising**: At least one study that used some form of control group (e.g., wait list study, placebo group) to determine effect.

- **Supported**: At least one study that used a random control or quasi-experimental trial to determine effect.

- **Well-supported**: At least two studies that used a random control or quasi-experimental trial to determine outcomes.

- **Note**: 50% must be spent on well-supported.
Federal Contributions

- **Prevention services**
  - 2020-2026: 50% match for prevention services
  - 2027-thereafter: FMAP
  - 2020-thereafter: Training is 75%
  - 2020-thereafter: Admin is 50%

- **Kinship Navigator**
  - 2020-thereafter: 50%

- **Foster Parent Recruitment and Retention**
  - $8 million in 2018
New federal funds for prevention services are intended to augment, not supplant, state funding for prevention services.

MOE will be frozen at 2014 spending of services for candidates for federal foster care, which are very difficult to determine. HHS has indicated they will rely on states to set their 2014 MOE.

Expectation is that all waivers would be extended through 2019.
According to current law, children in foster care have the right to be placed in the “least restrictive” setting relative to their needs.

Evidence is overwhelming that children do best in a family-like setting.

When a child cannot be safely placed in a family-like setting there should be appropriate treatment options available.
New Standards for Non-Family Placements

After a two week grace period, FFPSA would limit IV-E maintenance payments for foster care placements that are NOT:

1. Family foster homes (including relatives)
2. Placements for pregnant or parenting youth
3. Supervised independent living for youth 18+
4. Qualified Residential Treatment Programs for youth with treatment needs
5. Specialized placements for victims of sex trafficking
6. Family-based residential treatment facility for substance abuse
What is a QRTP?

- Has a trauma-informed treatment model and has a registered or licensed nursing and other licensed clinical staff onsite, consistent with the QRTP’s treatment model.
- Facilitates outreach to the child’s family members and their participation in the child’s treatment program.
- Provides discharge planning and family-based aftercare supports for at least six months after the child is discharged.
- Licensed in accordance with the state standards for child-care institutions providing foster care.
- Is accredited.
State Efforts Already Underway

- Many states have already taken proactive steps to reduce the use of congregate care settings, now the federal government is providing an additional financial incentive.

- Significant reductions in congregate care are possible. At least 17 states observed reductions in congregate care in excess of 20% between 2007-2013.
Additional Provisions

- Regional Partnership Grants: Partnerships to address parental substance abuse
- Chafee: Education/training funds for youth aging out of foster care
- Interstate Placement: Using electronic system when placing children across state lines
- Licensing standards: Ensuring states make it easier for relatives to take in children
- Expiring provisions: Promoting Safe and Stable Families, Adoption and Legal Guardian Incentives, Court Improvement Program
- Addresses problematic payment restrictions – foster care payments for children in family residential treatment programs, time limits on reunification services
Prevention Services Changes

- Clarifies that children receiving IV-E prevention services in the home of a kin caregiver will not lose future IV-E eligibility if a federally-funded foster care placement becomes necessary.

- Excludes funding for prevention services and programming from being counted towards the social services spending cap for territories.

- Allows states with fewer than 200,000 children to utilize an alternative MOE when it comes to determining the state’s spending on prevention services that are eligible for federal matching funds.
Congregate Care Changes

- Allows for additional flexibility in qualified residential treatment program (QRTP) staffing requirements so that nursing and clinical staff may be onsite consistent with a program’s treatment model rather than a requirement that they be onsite during business hours.

- Allows for the federal reimbursement of specialized foster care placements for youth who are victims of or at-risk of becoming victims of sex trafficking.

- Clarifies that IV-E administrative support remains available for children that are no-longer IV-E eligible for federally funded foster care maintenance payments due to being placed in a non-foster family home (e.g. congregate care setting).

- Requires states to conduct criminal history background checks and check child abuse and neglect registries for any staff working in residential/group home settings.
Additional Changes

**Adoption Assistance Phase-In**
- Delays the full phase in of de-linking the federal match to states for adoption assistance from AFDC income requirements. Specifically, beginning on January 1, 2018 and through June 30, 2024, the income test would need to be applied for any child who is under the age of two when the adoption assistance agreement is signed.

**Opportunities for State Implementation Delay**
- Allows any state to request a delay in the effective implementation date of the provisions of Families First until 2022. States requesting a delay would postpone implementation of both the prevention and congregate care provisions of Families First.
Implementation?

• Stay tuned
• Don't wait
• Stay engaged