

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

1



Opening Comments

2

- 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
- Laura Berntsen, Senior Human Services Advisor, Minority, U.S. Senate Committee on Finance

Basis for and Goals of Reform Efforts

3

Preserving families

- States have repeatedly made the case they can reduce costs and keep 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

4

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

5

- 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

6

- 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

7

- 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

8

- Prevention services
 - 2020-2026: 50% match for prevention services
 - 2027-thereafter: FMAP
 - 2020-thereafter: Training and Administration is 50%
- Kinship Navigator
 - 2020-thereafter: 50%
- Foster Parent Recruitment and Retention
 - \$8 million in 2018

Maintenance of Effort (MOE)

9

- 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.

Title II: Ensuring Appropriate Placements

- 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?

12

- 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.

Additional Provisions

13

- ❑ 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

14

- 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

15

- 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

16

- 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?

17

- Stay tuned
- Don't wait
- Stay engaged

