

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

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Opening Comments

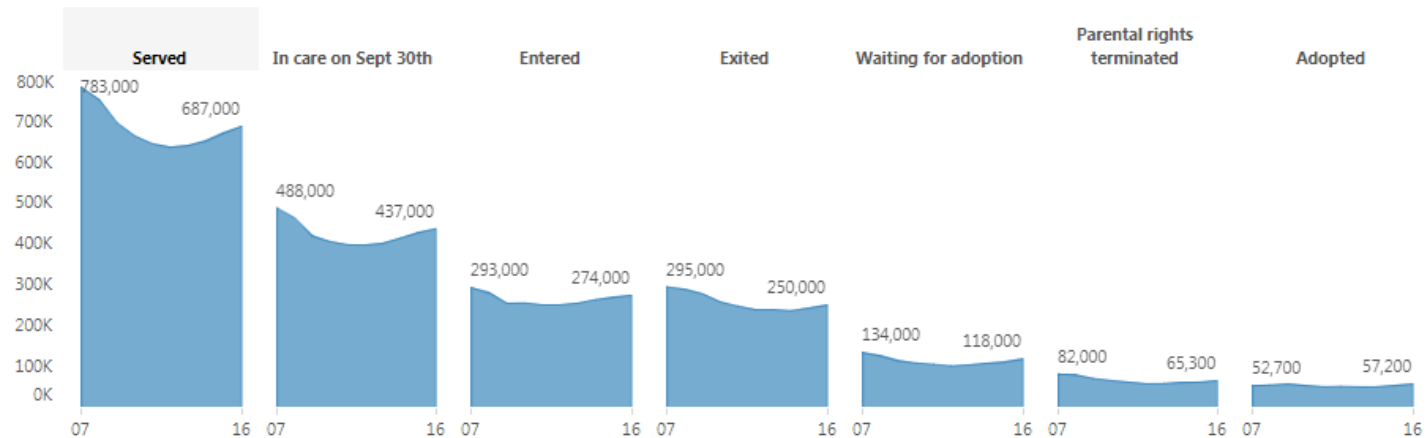
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- Anne DeCesaro, Majority Staff Director, Subcommittee on Human Resources, U.S. House Committee on Ways and Means
- Morna Miller, Minority Staff Director, Subcommittee on Human Resources, U.S. House Committee on Ways and Means
- Ryan Martin, Senior Human Services Advisor, Majority, U.S. Senate Committee on Finance
- Laura Berntsen, Chief Human Services Advisor, Minority, U.S. Senate Committee on Finance

Foster Care in the US: Recent Trends

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Trends in Foster Care and Adoption
FY 2007 - FY 2016



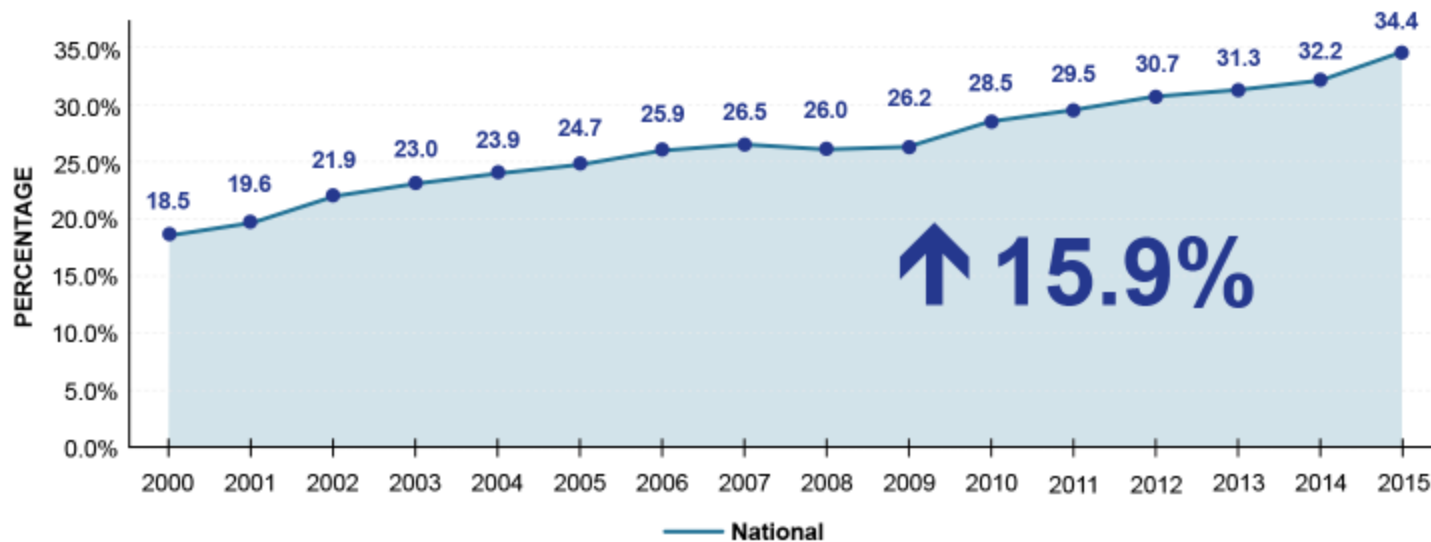
Year	Served	In care on Sept 30th	Entered	Exited	Waiting for adoption	Parental rights terminated	Adopted
2007	783,000	488,000	293,000	295,000	134,000	82,000	52,700
2008	752,000	464,000	280,000	289,000	126,000	79,400	55,300
2009	696,000	419,000	255,000	278,000	114,000	71,400	57,200
2010	664,000	406,000	256,000	258,000	109,000	65,900	53,500
2011	645,000	398,000	251,000	248,000	106,000	61,900	50,900
2012	636,000	397,000	251,000	239,000	102,000	58,200	52,000
2013	640,000	401,000	255,000	239,000	104,000	58,700	50,800
2014	651,000	414,000	264,000	237,000	108,000	61,000	50,700
2015	670,000	427,000	269,000	243,000	111,000	62,100	53,600
2016	687,000	437,000	274,000	250,000	118,000	65,300	57,200

Source: <https://www.acf.hhs.gov/cb/resource/trends-in-foster-care-and-adoption>

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.

Source: <https://ncsacw.samhsa.gov/resources/child-welfare-and-treatment-statistics.aspx>

Select Child Welfare Challenges

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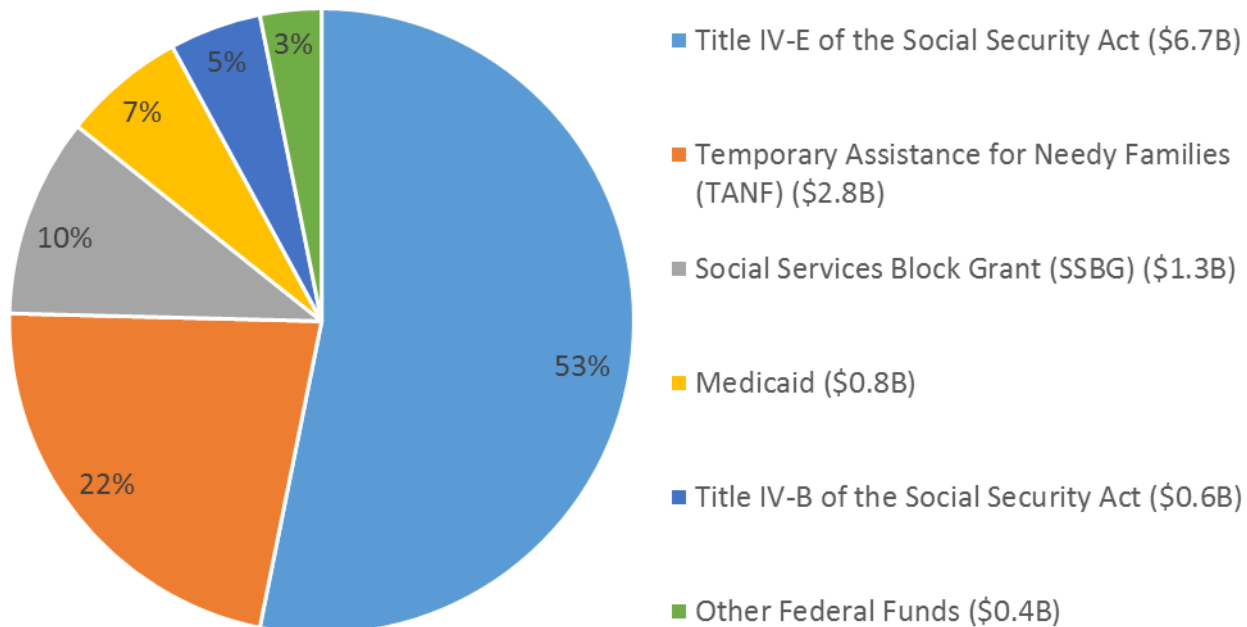
- An inflexible funding structure under which the majority of federal funding is only available once children are removed from their home
- Consensus about the need for upfront services to strengthen families
- An over-reliance on inappropriate congregate care produces negative outcomes for children
- Ending of child welfare waivers in 2019

1. Inflexible Funding Structure Under Which Most Federal Dollars Come Into Play Post-Removal

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SFY 2014 Federal Child Welfare Spending by Funding Source

Total Federal Spending: \$12.8 billion



Source: Child Trends

2. Consensus on Need for New Support for Vulnerable Families

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- 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

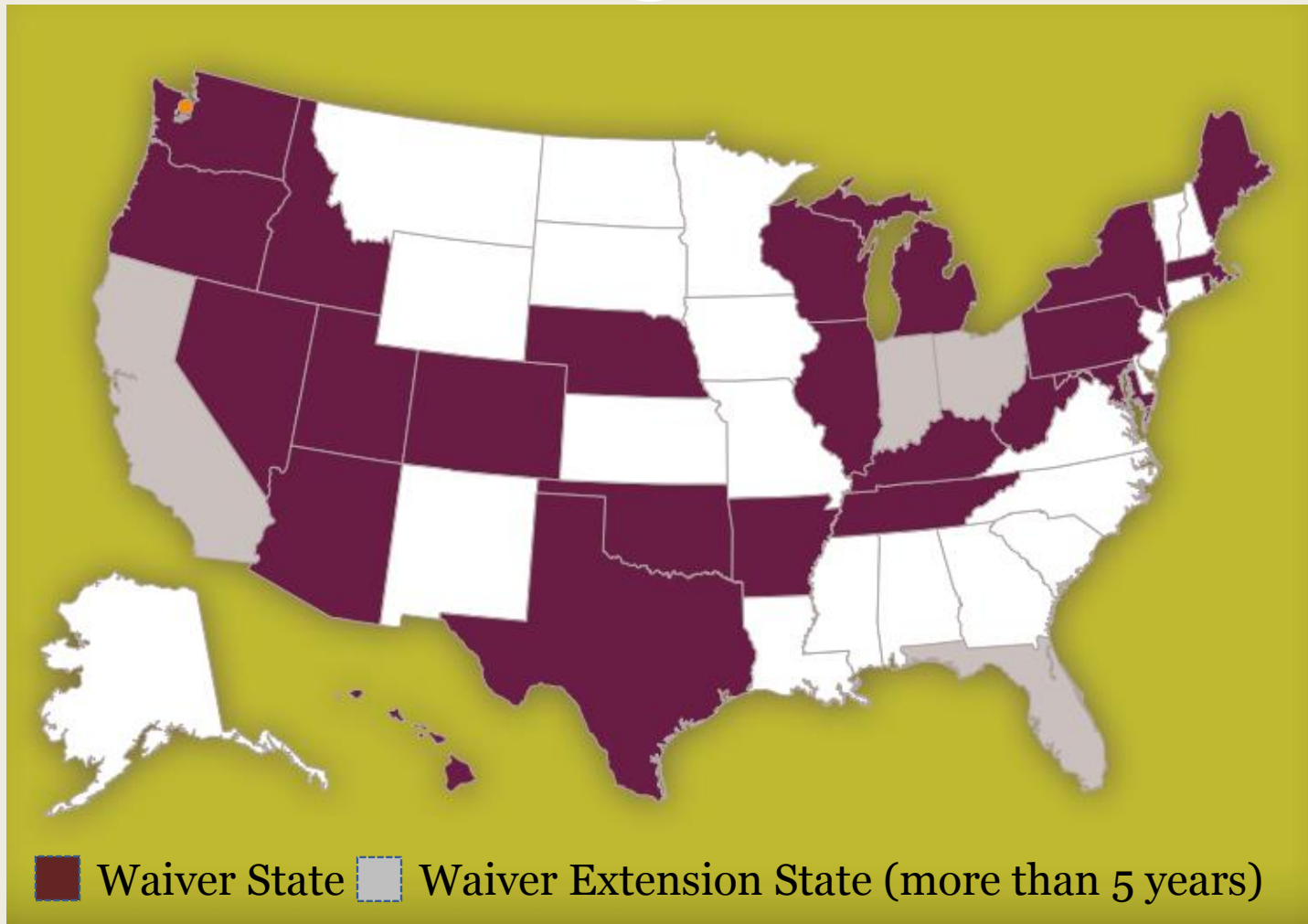
3. Overreliance on Congregate Care

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- 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

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Basis for and Goals of Reform Efforts

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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

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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

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- 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

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- 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

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- 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

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- 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

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- **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

Maintenance of Effort (MOE)

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- 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

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- 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?

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- 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

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- 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

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- 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

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- 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?

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- Stay tuned
- Don't wait
- Stay engaged

