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

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The Family First Prevention Services Act

I. BACKGROUND AND INTRODUCTION
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

<table>
<thead>
<tr>
<th>Year</th>
<th>Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY 2008</td>
<td>463,792</td>
</tr>
<tr>
<td>FY 2009</td>
<td>418,672</td>
</tr>
<tr>
<td>FY 2010</td>
<td>404,878</td>
</tr>
<tr>
<td>FY 2011</td>
<td>398,057</td>
</tr>
<tr>
<td>FY 2012</td>
<td>396,966</td>
</tr>
<tr>
<td>FY 2013</td>
<td>400,911</td>
</tr>
<tr>
<td>FY 2014</td>
<td>414,435</td>
</tr>
<tr>
<td>FY 2015</td>
<td>427,444</td>
</tr>
<tr>
<td>FY 2016</td>
<td>437,465</td>
</tr>
</tbody>
</table>

*SOURCE: Adoption and Foster Care Analysis and Reporting System (AFCARS)*
Children enter foster care overwhelmingly due to neglect

<table>
<thead>
<tr>
<th>Reason</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parental Substance Abuse</td>
<td>42%</td>
</tr>
<tr>
<td>Neglect</td>
<td>22%</td>
</tr>
<tr>
<td>Percent child related</td>
<td>18%</td>
</tr>
<tr>
<td>Physical Abuse</td>
<td>8%</td>
</tr>
<tr>
<td>Parent Incarcerated</td>
<td>7%</td>
</tr>
<tr>
<td>Caregiver Inability to Cope</td>
<td>6%</td>
</tr>
<tr>
<td>Abandonment</td>
<td>4%</td>
</tr>
<tr>
<td>Inadequate Housing</td>
<td>1%</td>
</tr>
<tr>
<td>Sexual Abuse</td>
<td>1%</td>
</tr>
<tr>
<td>percent other</td>
<td>0%</td>
</tr>
</tbody>
</table>

*Children enter care for many reasons. These categories represent the standard removal reasons states provide as part of their required AFCARS submission. How states utilize these standard fields, and whether or not they use all fields, is impacted by two key things: 1) how the removal reasons in their case management system are mapped to these categories; and 2) how caseworkers are instructed to determine removal reasons for a child. State policy and practice vary.*
Children enter foster care overwhelmingly due to neglect – especially tribal children.

**Reasons Children Enter Care (2016)**

Why do Alaska Native/American Indian children enter care, relative to non-Alaska Native/American Indian children?

<table>
<thead>
<tr>
<th>Reason</th>
<th>Alaska Native/American Indian</th>
<th>Non-Alaska Native/American Indian</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neglect</td>
<td>Red</td>
<td>Yellow</td>
</tr>
<tr>
<td>Parental Substance Abuse</td>
<td>Red</td>
<td>Yellow</td>
</tr>
<tr>
<td>Physical Abuse</td>
<td>Red</td>
<td>Yellow</td>
</tr>
<tr>
<td>Caretaker Inability to Cope</td>
<td>Red</td>
<td>Yellow</td>
</tr>
<tr>
<td>Child Behavior Problems</td>
<td>Red</td>
<td>Yellow</td>
</tr>
<tr>
<td>Sexual Abuse</td>
<td>Red</td>
<td>Yellow</td>
</tr>
</tbody>
</table>

Source: Adoption and Foster Care Reporting System (AFCARS) FY2016
What do we know about children who grow up in foster care? The most expensive option for keeping children safe often results in poor long-term outcomes.

MENTAL AND PHYSICAL HEALTH
• 39.0% have at least one past-year mental health diagnosis
• 44.1% have had any substance abuse or dependence in their lifetime

EDUCATION AND TRAINING
• Less than half have a high school diploma (48.4%)

EMPLOYMENT, FINANCES, AND ECONOMIC HARDSHIPS
• 46.9% are currently employed
• 29.2% have been unable to pay their rent or mortgage during the past year

LIVING ARRANGEMENTS AND HOUSEHOLD COMPOSITION
• 37.7% have been homeless since leaving foster care

MARRIAGE, RELATIONSHIPS, AND CHILDREN
• 58.3% have given birth to or fathered a child
• 9.9% of those who have had a child have had a child placed in foster care

CRIMINAL JUSTICE INVOLVEMENT
• 68.0% of males and 40.5% of females have been arrested since leaving foster care

* Casey Family Programs Foster Youth Alumni Study
North Dakota children exits from foster care

Percent (number) of children exiting care by exit reason (Federal Fiscal Year 2017)

- Reunified with parent: 55% (473)
- Adoption: 15% (128)
- Guardianship: 14% (119)
- Other: 11% (97)
- Aged out: 5% (46)
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.
What are some of the challenges Family First hopes to address?

- An inflexible funding structure where 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 with negative outcomes.
- Ending of child welfare waivers on September 30, 2019.

Source: Presentation on the Family First Prevention Services Act prepared by staff for the U.S. Senate Committee on Finance and the U.S. House Committee on Ways and Means
Shifting Resources to Support What Works

De-scaling what doesn’t work

Investing in what does work

INEFFECTIVE APPROACHES

- Short Term Emergency Foster Care Placements
- Non-specific Psychotherapy
- Long-Term Shelter and Group Care
- Ineffective Parenting Skills Classes

RESEARCH-BASED APPROACHES

- Evidence-Based Interventions for Permanence and Child Well-Being
- Evidence-Based Interventions for Emotional and Behavioral Disorders
- Evidence-Based Child Maltreatment Prevention Strategies
- Evidence-Based and Promising Community-Based Family Support such as ACEs and NEAR

Investing savings to bridge from ineffective to effective practices.

Source: Casey reinvestment brief: http://www.casey.org/Resources/Publications/pdf/ShiftingResources.pdf
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 (with direct federal IV-E agreements) 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.
Family First Prevention Services Act of 2018

*Family-centered policies that will help pave the way to allow more children to safely be served in their homes, families, and communities.*
Child Welfare: Past and Future

History:
• Federal child welfare dollars focused only on the child for foster care after removal from their home

Family First and the future:
• Federal dollars now available for prevention services for the child, the parent and the kinship caregiver

New Title IV-E of the Social Security Act:
• Federal Payments for Foster Care, Prevention and Permanency
<table>
<thead>
<tr>
<th>Pre-2018 federal law</th>
<th>Family First</th>
</tr>
</thead>
<tbody>
<tr>
<td>Most federal $$ for foster care</td>
<td>New federal $$ for prevention</td>
</tr>
<tr>
<td>Services only for child</td>
<td>Prevention for parents, child, kinship caregivers</td>
</tr>
<tr>
<td>Income test to qualify</td>
<td>No income test</td>
</tr>
<tr>
<td>$$ for children placed in group homes with little oversight</td>
<td>No $$ unless placements are quality settings and appropriate</td>
</tr>
<tr>
<td>No $$ for child placed with parent in residential treatment</td>
<td>12 months of federal $$ for such placements</td>
</tr>
</tbody>
</table>
II. NEW FUNDING FOR PREVENTION ACTIVITIES
New Funding for Prevention Activities

- Allows States (and Tribes with direct federal Title IV-E agreements) to receive open-ended federal entitlement (Title IV-E) funding for evidence-based prevention services.

- Tribes that have an agreement with a state to operate the Title IV-E program may also be eligible to seek reimbursement for the new services, depending upon the terms of their agreement and the state’s decision on whether they choose to offer the prevention services in their state.
New Funding for Prevention Activities

Who:
1) Children at imminent risk of placement in foster care
2) Pregnant and parenting youth in foster care
3) Their parents or kinship caregivers

- 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.
New Funding for Prevention Activities

• Allows States (and Tribes with direct federal Title IV-E agreements) to receive open-ended federal entitlement (Title IV-E) funding for evidence-based prevention services.

**What services:**

– Mental health prevention and treatment services provided by a qualified clinician for up to 12 months.
– Substance abuse prevention and treatment services provided by a qualified clinician for up to 12 months.
– In-home parent skill-based programs that include parenting skills training, parent education and individual and family counseling for up to 12 months.

There is no limit on how many times a child and family can receive prevention services.
North Dakota | Family First Prevention Areas (FY17BA)

- **Proxy: Parental Substance Abuse**
  - Number: ~445
  - Percentage: 38% of entries

- **Proxy: Mental Health**
  - Number: ~306
  - Percentage: 26% of entries

- **Proxy: Parenting**
  - Number: ~302
  - Percentage: 26% of entries

Number of children entering care (2017):
- 1,200
- 1,000
- 800
- 600
- 400
- 200
- 0
New Funding for Prevention Activities

• Requires prevention services and programs to be trauma-informed and *promising, supported, or well-supported*, to qualify for federal reimbursement.
  – Requires the Secretary of HHS to issue guidance to states regarding the practices criteria required for services or programs.
  – This guidance must include a pre-approved list of services and programs that satisfy the requirements.
What are Family First Evidence-Based Practice Requirements?

<table>
<thead>
<tr>
<th>Evidence Level</th>
<th>Requirements for all Evidence Levels</th>
<th>Control Group</th>
<th>Sustained Effect</th>
</tr>
</thead>
</table>
| Promising           | • The practice is superior to an appropriate comparison practice using conventional standards of statistical significance  
                       • Rated by an independent systematic Review  
                       • For **Supported & Well Supported**...carried out in usual care or practice setting | • 1 untreated control, waitlist or placebo study                               | • No follow-up study is required                      |
| Supported           |                                                                                                       | • 1 RCT or rigorous quasi-experimental                                         | • 6 months                                            |
| Well Supported      |                                                                                                       | • 2 RCTs or rigorous quasi-experimental                                        | • 12 months                                           |
New Funding for Prevention Activities

• 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

• **Federal reimbursement rates** for prevention activities are:
  – Beginning October 1, 2019 through September 30, 2026, Federal Financial Participation (FFP) is 50%.
  – Beginning October 1, 2026, FFP is the state’s FMAP (Medicaid) rate. ND’s FMAP is 50%.
  – At least 50% of the spending in every fiscal year must be for well-supported practices.
New Funding for Prevention Activities

- 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 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. State’s with child population below 200,000 would have a option to use FY2015 or FY2016 as their MOE base year.
Who is a “Candidate for Foster Care?”

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

…. 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 become the guardian if provided prevention services, such services can be made available;
Who is a “Candidate for Foster Care?”

• 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.
III. ENSURING APPROPRIATE PLACEMENTS IN FOSTER CARE
Congregate care

Percent of All Children in Congregate Care

Of all children under age 18 in care on the last day of the fiscal year, what percent were placed in congregate care setting? (FFY2017)
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 placed with their parent in a licensed residential family-based treatment facility for up to 12 months.
  – No income test applies, 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 by the state and accredited.

*There are no time limits on how long a child can be placed in a QRTP and receive federal support as long as the placement continues to meet his/her needs as determined by assessment.*
Ensuring Appropriate Placements in Foster Care

• States have the option to delay this provision for up to 2 years, until September 29, 2021. However, delays in implementation of these provisions requires a delay in prevention provisions for the same period of time.

• To support State implementation of this provision, Family First provided $8 million in FY2018 for grants to states and tribes to support the recruitment and retention of high quality foster families.
IV. ADDITIONAL SELECT ITEMS TO PROMOTE SAFETY, PERMANENCY AND WELL-BEING
Kinship care

Percent of Children in Kinship Care

Of all the children under age 18 in care on the last day of the fiscal year, what percent were placed with relatives? (FY2017)

- National: 33%

States: NY, HI, IL, MT, AZ, FL, MD, CT, MN, WI, NV, IN, PA, MS, WA, MI, NE, ME, TX, NJ, CA, OR, IA, ID, WY, GA, OK, KS, MO, UT, NH, VT, NC, CO, MA, AK, AR, NV, SD, WV, ND, OH, DC, DE, AL, TN, VA, SC, KY

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

- **Kinship Navigators**: Provides Title IV-E support for evidence-based kinship navigator programs at 50%, beginning October 1, 2018.

- **Foster parent licensing standards**: Requires HHS to identify model foster parent licensing standards. By April 1, 2019, states have to identify the licensing standards they implement, if state standards differ from the model standards, and why they differ.
Additional select items to promote safety, permanency, and well-being

Child Abuse and Neglect Fatalities. Requires the development of a statewide plan to track and prevent child abuse and neglect fatalities. As of October 1, 2018, states must document in their Title IV-B plan the steps being taken to:

- track child maltreatment fatalities, including working with other relevant agencies and stakeholders;
- develop and implement a comprehensive, statewide plan to prevent the fatalities, including engagement of relevant public and private partners.
Promoting Timely Permanency for Children Across State Lines

• 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.
Reauthorizes Adoption Assistance & Legal Guardianship Incentives

• Reauthorizes the Adoption and Legal Guardianship Incentive Programs through FY2022.

• Delays the phase in/expansion of the Adoption Assistance delink for children under age 2 (eligibility tied to 1996 AFDC income test) through June 30, 2024.
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

• Modernizes and reauthorizes the John H. Chafee Foster Care Independence Program until FY2021.
The Family First Prevention Services Act

V. RECENT DEVELOPMENTS & RESOURCES
Recent Activities by Congress

The FFY2019 appropriations bill includes the following among the investments for children and families:

- **Kinship navigators**: $20 million in FFY2019 grants for states/tribes to continue to develop, improve and evaluate Kinship Navigator Programs in order to meet the evidence-based standard in the Family First Prevention Services Act.

- These grants were also included in the FFY2018 appropriations bill, and the 2018 funds have already been distributed to the 46 states and 8 tribes that applied.
FFY2019 Appropriations Bill

Administration for Children and Families:
$23.2 billion, an increase of $357 million, including:

• Head Start: $10.1 billion, an increase of $200 million.
• Child Care and Development Block Grant: $5.22 billion, an increase of $50 million, building on the historic $2.4 billion increase provided in FFY2018.
• Social Services Block Grant: $1.7 billion
• Regional Partnership Grants: $20 million
• Adoption & Guardianship Incentives: $75 million
Recent Activities by HHS

• On July 9, the federal HHS released a Program Instruction (PI) outlining how states must implement the new Title IV-E provisions.
  – Family First has five different deadlines for states/tribes to meet.
  – Of note, the PI outlines that states who wish to delay the QRTP provisions for up to two years must notify HHS by November 9, 2018. HHS has since clarified that this certification of intent to delay is non-binding.
Recent Activities by HHS

• On August 1, a Federal Register Notice was published by HHS requesting comments on the Proposed Model Family Foster Home Licensing Standards.
  – Comments were due by October 1, 2018.
  – By April 1, 2019, state agencies & tribes must inform HHS about the consistency of their licensing standards with the model and their policies and practices for waiving non-safety licensing standards for relative foster family homes.
For more information:

Questions?

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