



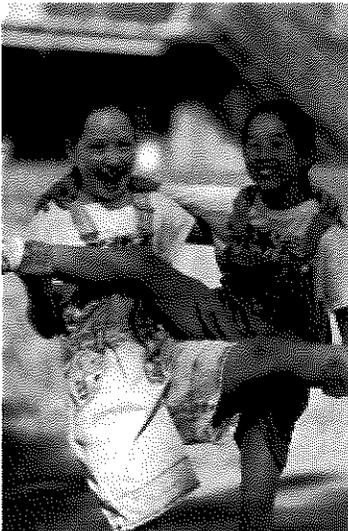
Family First Prevention Services Act

6/27/2019

Overview

NEW! The Title IV-E Prevention Services (Family First) Clearinghouse released the first set of approved prevention programs eligible for Title IV-E reimbursement. Click on "Find a Program or Service" to see the full list. Six of the programs are supported or well-supported, one is promising and three do not currently meet criteria. Healthy Families America, Methadone Maintenance Therapy, and Motivational Interviewing are still under review and ratings will be released soon.

A list of 2019 introduced legislation and additional guidance can be found on our Family First Update And New Legislation page.



President Donald Trump signed the Bipartisan Budget Act of 2018 (H.R. 1892) on Feb. 9, 2018, to keep the government funded for six more weeks and pave the way for a long-term budget deal that will extend to the end of the fiscal year. Included in the act is the Family First Prevention Services Act, which has the potential to dramatically change child welfare systems across the country.

One of the major areas this legislation seeks to change is the way Title IV-E funds can be spent by states. Title IV-E funds previously could be used only to help with the costs of foster care maintenance for eligible children; administrative expenses to manage the program; and training for staff, foster parents, and certain private agency staff; adoption assistance; and kinship guardianship assistance.

With the Family First Prevention Services Act states, territories, and tribes with an approved Title IV-E plan have the option to use these funds for prevention services that would allow "candidates for foster care" to stay with their parents or relatives. States will be reimbursed for prevention services for up to 12 months. A written, trauma-informed prevention plan must be created, and services will need to be evidence-based. The U.S. Department of Health and Human Services (HHS) expects to release guidance on service eligibility before Oct. 1, 2018.

The Family First Prevention Services Act also seeks to curtail the use of congregate or group care for children and instead places a new emphasis on family foster homes. With limited exceptions, the federal government will not reimburse states for children placed in group care settings for more than two weeks. Approved settings, known as qualified residential treatment programs, must use a trauma-informed treatment model and employ registered or licensed nursing staff and other licensed clinical staff. The child must be formally assessed within 30 days of placement to determine if his or her needs can be met by family members, in a family foster home or another approved setting.

Certain institutions are exempt from the two-week limitation, but even they are generally limited to 12-month placements. Additionally, to be eligible for federal reimbursement, the act generally limits the number of children allowed in a foster home to six. Although the new programs are optional state officials will need to review their policies and develop state plans that are in line with the latest federal guidelines.

For a refresher on child welfare financing, check out NCSL's Child Welfare Financing 101 page. Since the introduction of FFPSA, NCSL has found 21 introduced bills from 16 states dealing with aspects of the legislation. Below is a more in-depth look at the Family First Prevention Services Act.

TITLE VII—Family First Prevention Services Act | Subtitle A—Investing in Prevention and Supporting Families

SEC. 50702. PURPOSE:

“The purpose of this subtitle is to enable States to use Federal funds available under parts B and E of title IV of the Social Security Act to provide enhanced support to children and families and prevent foster care placements through the provision of mental health and substance abuse prevention and treatment services, in-home parent skill-based programs, and kinship navigator services.”

PART I—Prevention Activities Under Title IV–E

States Have the Option to Use Title IV-E to Prevent Children's Entry into Foster Care

- Allows the use of Title IV-E funds for the following services to prevent the placement of children and youth into the foster care system.
 - In-home parent skill-based programs.
 - Mental health services and substance abuse prevention and treatment services.
- Title IV-E funds can only be used in this capacity for 12 months for children who are “candidates for foster care” and for pregnant or parenting foster youth. The act further clarifies that children and youth under the guardianship of a kin caregiver are also eligible for these funds.
- Eligible services must meet certain requirements:
 - The service must be described as part of a state's plan.

- There must be a manual outlining the components of the service.
- The service must show a clear benefit.
- The service must meet one of the following three thresholds:
 - **Promising Practice:** Created from an independently reviewed study that uses a control group and shows statistically significant results.
 - **Supported Practice:** Uses a random-controlled trial or rigorous quasi-experimental design. Must have sustained success for at least six months after the end of treatment.
 - **Well-supported treatment:** Shows success beyond a year after treatment.
- The secretary of the Department of Health and Human Services will be responsible for creating a clearinghouse of approved services by October 2018. These services will most likely be similar to those identified through the California Evidence-Based Clearinghouse on Child Welfare
- The secretary may waive the evaluation requirement for a practice if they find the practice to be effective.
- States that choose to use Title IV-E funds must demonstrate maintenance of effort of state foster care prevention spending at the same level as their 2014 spending.
- States with fewer than 200,000 children for the year 2014 may opt to base their maintenance of effort on their expenditures for 2014, 2015 or 2016.
- This section also extends the matching rate from the federal government for prevention services to 2026. The Federal Medical Assistance Percentage will be applied beginning in 2027.

PART II—Enhanced Support Under Title IV–B

Improving the Interstate Placement of Children and Extending Substance Abuse Partnership Grants

- Funding authority is provided to support states in establishing an electronic interstate processing system for the placement of children into foster care, guardianship or adoption. It also creates a \$5 million grant fund to improve interstate placement of children.
- FFPSA extends regional partnership grants for five years and allows the grants to be used on a statewide basis and for organizations that are not state agencies.

PART III—Miscellaneous

Model Licensing Standards for Kinship Care Homes and Preventing Child Maltreatment Deaths

- States must demonstrate that they are in line with newly established national model licensing standards for relative foster family homes.

Tracking and Preventing Child Maltreatment Deaths

- States must create a plan and fully document the steps taken to track and prevent child maltreatment deaths in their state.

PART IV—Ensuring the Necessity Of A Placement That Is Not In A Foster Family Home

Focus on Family Foster Care: Major Reforms to Congregate, Residential and Group Care

- Federal law defines a reimbursement-eligible family foster home as having six or fewer children, and a reimbursement-eligible child care institution as having 25 or fewer youth.
- This section places a limit of two weeks on federal payments for placements that are not foster homes or qualified residential treatment programs. This rule takes effect Oct. 1, 2019.
- An exception to this rule is made under the following circumstances:
 - Juvenile justice system (states may not incarcerate more juveniles under this provision).
 - Prenatal, postpartum or parenting support for teen moms.
 - A supervised setting for children 18 or older.
 - High-quality residential activities for youth that have been victims of trafficking or are at risk of it.
- States may delay the implementation of this part of the legislation for two years, but if they choose to do so they will delay funding for prevention services for the same length of time.
- For a setting to be designated as a qualified residential treatment program, it must meet the following qualifications:
 - Licensed by at least one of the following:
 - The Commission on Accreditation of Rehabilitation Facilities.
 - Joint Commission on Accreditation of Healthcare Organizations.
 - Council on Accreditation.
 - Utilizes a trauma-informed treatment model that includes service of clinical needs.
 - Must be staffed by a registered or licensed nursing staff.
 - Provide care within the scope of their practice as defined by state law.
 - Are on-site according to the treatment model.
 - Are available 24 hours a day and seven days a week.
 - Be inclusive of family members in the treatment process if possible, and documents the extent of their involvement.
 - Offer at least six months of support after discharge.
- Within 30 days of a youth being placed in a qualified residential treatment program, an age-appropriate and evidence-based review must be performed to determine if a qualified residential

treatment program is the best fit for them.

- The court must approve or disapprove the placement within 60 days and continue to demonstrate at each status review that the placement is beneficial to the youth. The state must also show that progress is being made in preparing a child to be placed with a family, in a foster family home or with an adoptive parent.
- After 12 consecutive months or 18 nonconsecutive months, the state must submit to the secretary of health and human services approval for continued placement from the head of the state child welfare agency
- States must develop a plan to prevent the enactment or advancement of policies or practices that would result in an increase in the population of youth in a state's juvenile justice system. States are also required to train judges and court staff on child welfare policies, including limitations on use of funding for children placed outside of a foster care family.
- By 2020 the Department of Health and Human Services will perform an assessment of best practices
- Starting Oct. 1, 2018, states are required to conduct criminal history and child abuse and neglect registry checks on any adults working in a childcare institution.

PART V—Continuing Support For Child And Family Services

Recruiting and Keeping Foster Families: Increased Financial Support through 2022

- A one-time, \$8 million competitive grant will be made available through 2022 to support the recruitment and retention of high-quality foster families.

Extending John H. Chafee Foster Care Independence Programs to Age 23

- States may use John H. Chafee Foster Care Independence Program funds for youth up to 23 years of age who have aged out of foster care if that state has extended federal Title IV-E funds to children up to age 23 They may also extend education and training vouchers up to age 26, but for no more than five years total.

PART VIII—Ensuring States Reinvest Savings Resulting From Increase In Adoption Assistance

- The Fostering Connections to Success and Increasing Adoptions Act, signed in 2008, set the income test for federal adoption assistance payments to gradually expire by 2019. Teens were to be the first group to be exempt from the income test and this exemption would gradually extend to newborns.
- With the FFPSA this process is halted at 2-year-olds until 2024. The federal Government Accountability Office is tasked with conducting a study to determine how states are using the

money they saved from the exemptions. The income test for federal adoption assistance payments will end in October 2024.

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