

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

Basis for and Goals of Reform Efforts

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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

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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.

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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- 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 and Administration is 50%
- Kinship Navigator
 - 2019-thereafter: 50%
- Residential Family Treatment
 - 2019-thereafter: Title IV-E reimbursement for up to 12 months for foster children placed with a parent in a licensed residential family-based treatment facility for substance abuse (regardless of income).
- 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

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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.

Implementation?

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- HHS issued program instructions about changes to foster care maintenance payments on July 9
- 46 states, 2 territories, and 8 tribes applied for \$20M in bridge kinship navigator funds provided in the FY 2018 Omnibus; FY 2019 omnibus bill includes additional \$20M
- HHS solicited comments on implementing evidence standard/creating clearinghouse (closed July 22)
- House Ways and Means Hearing held on July 24th
- HHS issued solicitation for RPGs (closed August 13th)
- HHS solicited comments from states on new IV-E financial reporting format, in light of changes
- HHS Administration for Children and Families Assistant Secretary Confirmed
- Ways and Means sends clarifying letter to states on HHS interpretations to date (Sept 2019)
- Don't wait – Engage now

Ways and Means Hearing July 24

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- Issues raised: Accreditation, waiver transition, clearinghouse and approved interventions
- Confirmations:
 - No forthcoming definition of “candidate for care”
 - November 9 “deadline” for states to notify HHS of possible delay non-binding/strictly advisory
 - Kinship navigator services to be provided to broad population, not just candidates for care
- Assurance of additional guidance, including admin funding and clearinghouse, to come in the “fall”
- Multiple rounds of questions and nearly 60 questions submitted to HHS for written responses

Questions

