



Major Development for Family First Prevention Services Act – November 27, 2016

On Friday, Senate amendments, including those made to the Family First Prevention Services Act (FFPSA), became a part of the much more comprehensive, bipartisan [21st Century Cures Act](#). The bill will be heard by the [House Committee on Rules on Tuesday, November 29 at 5:00 pm ET](#).

The 21st Century Cures Act is a gargantuan 996-page bill that covers many topics, from giving the Food and Drug Administration (FDA) the ability to move more rapidly toward the approval of prescription drugs and medical devices, to additional funding for research for the National Institutes of Health, to provisions from the Helping Families in Crisis Mental Health Reform Act, including increasing access to pediatric mental health care and establishing a grant program for infant and early childhood mental health promotion, intervention and treatment. With provisions included from the Social Impact Partnership to Pay for Results Act, the bill would also reauthorize TANF until September 2017 and reserve \$100 million from funds already appropriated for the TANF Contingency Fund for the federal government to pay for outcomes, such as reducing incidences and adverse consequences of child abuse and neglect, through social impact projects. And, this short list of provisions from the 21st Century Cures Act doesn't nearly cover even the tip of the iceberg. A 44-page summary of the bill offers an overview.

The bill has the support of major lobbying efforts, including the U.S. Chamber of Commerce, the major pharmaceutical trade group for brand-name drugmakers, hospitals, universities and others. NPR.org reported it to be "the second-most lobbied health care bill since 2011." In short, it is a bipartisan bill that appears to have widespread support from very powerful DC lobbies, which makes it seem likely to pass during a floor vote in the House this week. We understand that no amendments will be allowed and that the Senate will take up whatever passes the House without any Senate amendments.

Overview of Provisions for FFPSA

Through a quick, early review it is apparent that the intense negotiations we had been hearing about over the last few months resulted in changes from the version of the FFPSA that passed the House in June. In order to get an update out to you quickly, Lisette Burton of Boys Town and the Alliance Public Policy Office teamed up to share this overview of provisions for FFPSA that includes the indication of "(NEW)" before any changes from the version previously passed by the House. For reference, the FFPSA provisions are detailed on pages 840-943 of the bill and pages 39-43 of the bill summary. If the bill passes, it would:

Title XIX - Investing in Prevention and Family Services

Subtitle A - Prevention Activities Under Title IV-E

1. Allow title IV-E dollars to fund promising, supported, and well-supported mental health or substance abuse prevention and treatment, and in-home parent skill-based programs, for up to 12 months for candidates for foster care and for pregnant or parenting foster youth. Services must be described as part the State's plan and the child's individual plan. The Secretary may waive the evaluation requirement for a well-supported practice if evidence of effectiveness is

compelling. The services or programs to be provided to or on behalf of a child must be trauma-informed.

2. Require states electing to provide prevention services with IV-E dollars to demonstrate Maintenance of Effort (MOE) of state foster care prevention spending at FY2014 levels. **(NEW)** Small states with less than 200,000 children in the 2014 census can choose to base MOE on FY2014, FY2015, or FY2016 expenditures.
3. **(NEW)** Clarify that the provision of prevention services to children residing with a kin caregiver does not disqualify a child from being eligible for IV-E foster care at a later date.
4. **(NEW)** Clarify that territories are eligible for prevention funding.
5. Permit title IV–E foster care maintenance payment support, for up to 12 months, for a child in foster care who is placed with a parent in a licensed residential family-based treatment facility.
6. Provide 50% federal reimbursement for promising, supported, or well-supported kinship navigator programs.

Subtitle B - Enhanced Support Under Title IV-B

7. Provide \$5 million in grants to states to establish an electronic interstate processing system to expedite the interstate placement of children in foster care, or guardianship, or for adoption.
8. Require HHS to continue regional partnership grants for five years, and would allow the grants to be used on a statewide basis and include partners other than state agencies only.

Subtitle C - Miscellaneous

9. Establish a model for standard licensing for relative foster family homes and require states to demonstrate that the state standards are in accord with the corresponding national model standards.
10. Require state child welfare agencies to more fully document the steps it takes to track and prevent child maltreatment deaths, as well as explain how they are implementing a comprehensive plan to deal with this problem.
11. Change the formal heading of title IV-E to “Federal Payments for Foster Care, Prevention, and Permanency,” to reflect the authorization of title IV–E prevention services and programs included in the bill.

Title XX - Ensuring the Necessity of a Placement that is not in a Foster Family Home

12. Limit federal payments for out-of-home placements that are not foster homes. After 2 weeks in placement, only “Specified Settings” would be eligible for federal foster care maintenance payments. Mandatory change takes effect October 1, 2019. **(NEW)** States may opt to delay the effective date for up to two years, which would also delay funding for prevention services for the same length of time.
13. Define “Specified Settings” as: Qualified Residential Treatment Programs (QRTPs); programs for pregnant and parenting youth; independent living programs for youth 18 and older; *and* **(NEW)** “settings providing high-quality residential care and supportive services to children and youth who have been found to be, or are at risk of becoming, sex trafficking victims.”
14. Specify that QRTP placement requires states to provide additional assessment, documentation, and oversight to justify such placements. QRTPs must be licensed and accredited, have a trauma-informed treatment model, facilitate and document family involvement and outreach, and provide at least 6 months post-discharge family-based aftercare support.
15. Require that QRTPs have a medical staffing model including a registered or licensed nurse and other licensed clinical staff on-site during business hours and available 24 hours a day, 7 days a

week. (NEW) A state can use an alternate Q RTP staffing pattern with clinical staff, including those licensed to monitor medications, and physical and behavioral health staff trained in child development and trauma, in lieu of nursing and licensed clinical staff, only if:

- The state has 5% or less children in group homes and institutions or has reduced congregate usage by at least 20% from the previous fiscal year, *and* has an average length of stay in congregate care of 9 months or less;
 - The state demonstrates that alternatively staffed Q RTPs have the capacity to serve children whose treatment plans indicate a need for increased supervision based on behavioral history, history of delinquency, or history of sexual offenses; and
 - The state annually demonstrates statewide reduction in congregate care without wide disparities between rural, urban, and suburban children.
16. (NEW) Clarify that a state can continue to receive federal reimbursement for administrative expenses associated with overseeing a child placed in a congregate care setting for which the state will no longer receive federal reimbursement.
17. Define foster family home as a home where a licensed foster parent resides with 6 or fewer foster children (with allowable exceptions), provide training for judges and legal personnel, and require states to assure new policies will not increase the state's juvenile justice population nor result in inappropriate diagnoses.

Title XXI - Continuing Support for Foster Family Services

18. Provide a one-time appropriation in FY2018 (available through FY2022) of \$8 million in competitive grants to states or tribes to support recruitment and retention of high-quality foster families.
19. Reauthorize the Stephanie Tubbs Jones Child Welfare Services, Promoting Safe and Stable Families, and Court Improvement Programs through each of FY2017-FY2021.
20. Give states the authority to use John H. Chafee Foster Care Independence Program funds for youth up to 23 years of age who have aged out of foster care, as long as the state has elected to extend federal title IV-E funds to children up to age 21 or comparable assistance with other non-title IV-E funds.

Title XXII - Continuing Incentives to States to Promote Adoption and Legal Guardianship

21. Continue state's eligibility to earn incentive payments for adoption and legal guardianship programs each year from FY2016 to FY2020 and extend annual discretionary funding authority, at the current law annual level of \$43 million, for each year from FY2017 to FY2021.

Title XXIII - Technical Corrections

22. Rewrite provisions to require HHS to develop regulations concerning the categories of information that state child welfare agencies must be able to exchange with another state agency as well as federal reporting and data exchange required under applicable federal law.
23. Clarify that a state must describe in its title IV-B Child Welfare Services plan what it is doing to address the developmental needs of all vulnerable children under five years of age who receive benefits or services under the title IV-B programs or the title IV-E foster care and permanency program (not just children in foster care).

Title XXIV - Ensuring States Reinvest Savings Resulting from Increase in Adoption Assistance

24. Phase in title IV-E adoption assistance, part of Foster Connections, by delaying assistance without meeting an income test for children with special needs who are two but not yet four years of age from October 1, 2016 to FY2020 and any child with special needs, regardless of age, from October 1, 2017 to FY2021. (NEW) Children who were two but not yet four who were eligible from October 1, 2016 through December 31, 2016 would maintain their eligibility.
25. Require the Government Accountability Office (GAO) to study whether states are complying with the requirement that they spend, for child welfare purposes, an amount equal to the amount of savings (if any) resulting from phasing out the income eligibility requirements for federal adoption assistance.

Please feel free to contact [Marlo Nash](#), SVP of Public Policy and Mobilization for the Alliance for Strong Families and Communities, with any questions.