



Family First Regional Educational Meeting

August 24, 2016

SAFE STRONG SUPPORTIVE

casey family programs

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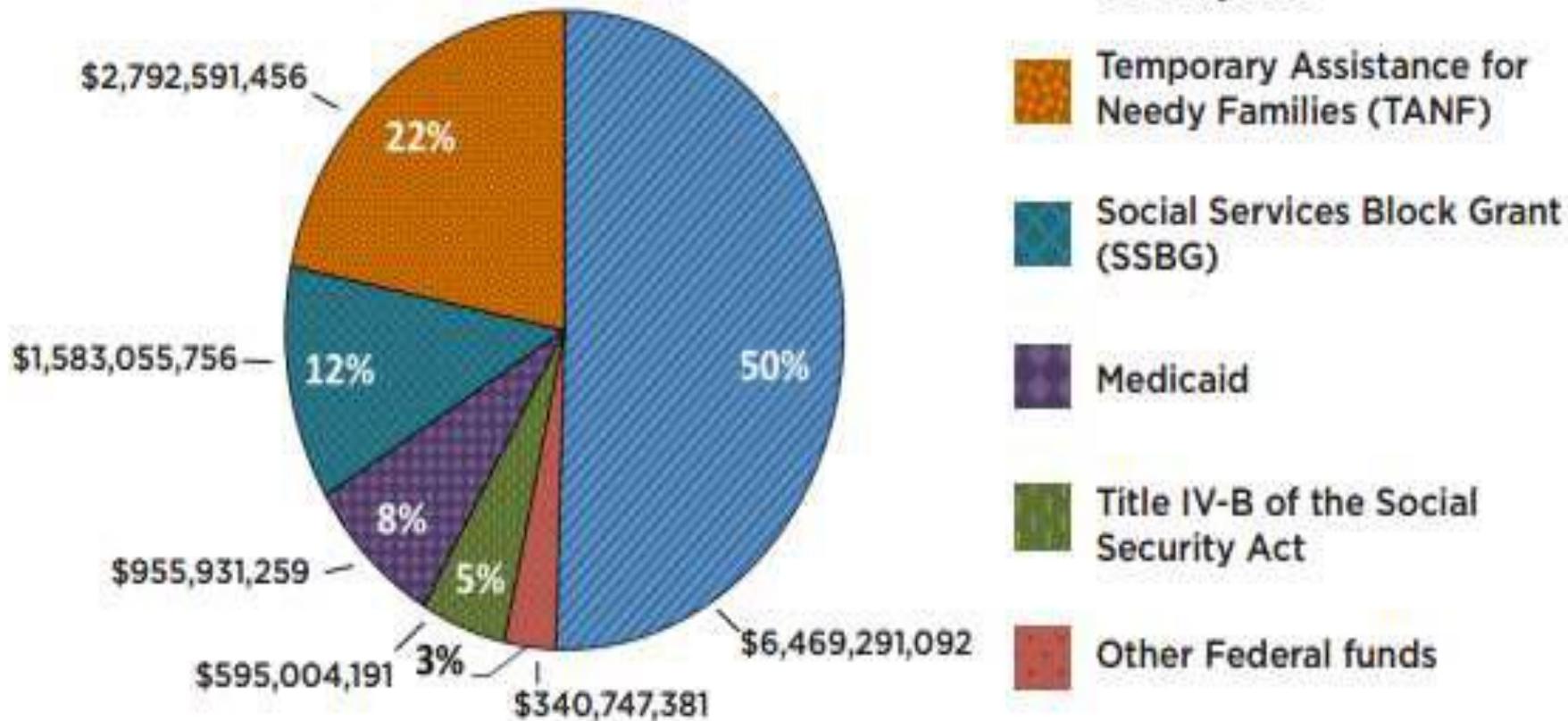
safe children | strong families | supportive communities

What is the challenge?

- Federal funding for foster care does not allow states to provide prevention & aftercare services that best address the needs of children and families and enhance child and family well-being.
 - It is triggered when a child enters out-of-home care.
 - It is tied to a non-existent eligibility program.
 - It does not promote the integration of well-being with work to promote safety and permanency.
- Current flexibility in the Title IV-E Waiver Demonstrations will expire in 2019.

SFY 2012 Federal Child Welfare Spending in the United States, by Funding Source

Total Federal Spending: \$12.7 billion



Source: "Federal, State and Local Spending to Address Child Abuse and Neglect in SFY 2012." Child Trends. September 2014

Why is a different funding approach necessary to achieve better outcomes?

- Financing of child welfare should promote strong and healthy families by allowing for **a complete continuum of services** including:
 - prevention services that are available to vulnerable children and families before serious risk has developed or harm has occurred,
 - temporary foster care that helps children return to a family setting as soon as possible,
 - therapeutic, mental and behavioral health, and other individualized services that improve well-being, and
 - post-permanency supports to strengthen and provide ongoing assistance to families.

Current federal funding imbalance

Title IV-E



\$4.4 billion

Amount of Title IV-E money spent to maintain children in foster care



170,100 children receive federal foster care dollars

\$703 million

Amount of Title IV-B money available to be invested in keeping children safely out of foster care

Title IV-B



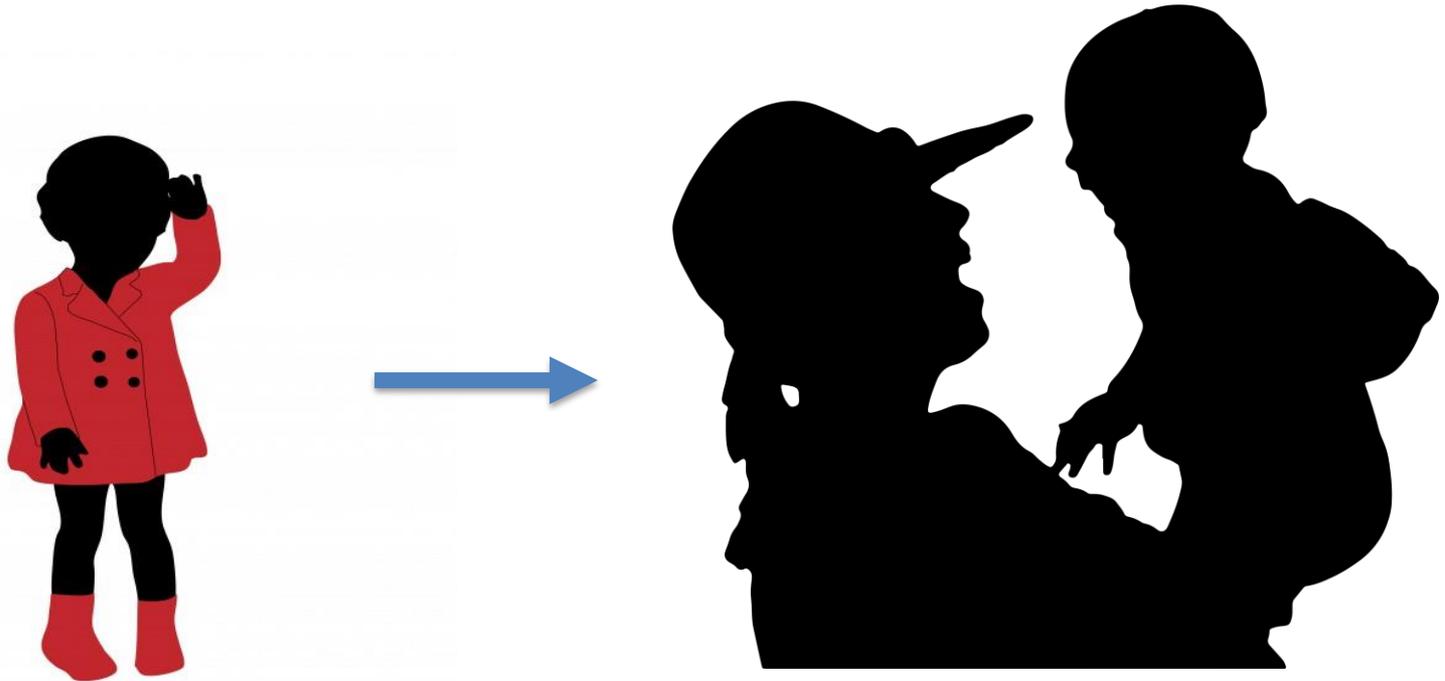
Sources: Adoption and Foster Care Analysis and Reporting System (AFCARS) and the National Child Abuse and Neglect Data System (NCANDS), provided in part by the National Data Archive on Child Abuse and Neglect data (NDACAN). Updated as of March 2013.

U.S. Department of Health and Human Services, Administration for Children and Families.

Legislative success and support for improvements in federal child welfare policy

- Fostering Connections to Success and Increasing Adoptions Act of 2008
- Child and Family Services Improvement and Innovations Act of 2011
- Protect Our Kids Act of 2012
- Preventing Sex Trafficking and Strengthening Families Act of 2014
- Introduction of new proposals in Congress addressing the financing of child welfare

What's being considered in the Family First Prevention and Services Act, and in the broader conversation?



Current reality: Financial support for children in foster care
New conversation: Support children in the context of their families

What has occurred to bring us to the Family First Prevention Services Act?

- Congressional hearings
 - U.S. Senate Committee on Finance hearings about preserving families and reducing the need for foster care (August 2015), safely reducing reliance on congregate care placements (May 2015)
 - U.S. House of Representatives Ways and Means Subcommittee hearing on the impact of parental substance use on children (May 2016), full committee mark up of H.R. 5456 (June 2016)
- Numerous child welfare bills have been introduced in the U.S. Senate and U.S. House of Representatives
- Discussions and meetings between states, advocates and congressional staff
 - Brookings Meetings with Casey Family Programs
- Numerous congressional briefings with participation and perspectives from youth and parents, states, providers and advocates

The Family First Prevention Services Act of 2016 (H.R. 5456/S. 3065)

- Landmark bipartisan, bicameral legislation that would fundamentally shift how the federal government partners with states and tribes to support families.
- Introduced in June 2016 by key leaders in the U.S. House of Representatives, with identical legislation introduced in the U.S. Senate
- Passed the U.S. House of Representatives unanimously by voice vote in late June, and currently pending consideration by the U.S. Senate

Investing in Prevention Services and Family Services

- Would create a new option for states to receive open-ended entitlement (Title IV-E) funding for prevention services
 - **Who:** Children at imminent risk of placement in foster care and their parents or kinship caregivers, and pregnant and parenting youth in foster care would be eligible
 - **What:** Eligible prevention services would be mental health, substance abuse treatment, and in-home parenting skills
 - **How Long:** Services would be allowable for up to 12 months, with no limit on how many times a child and family can receive prevention services if the child continues to be at risk of entry into foster care. Services must be evidence-based and trauma informed.

Investing in Prevention Services and Family Services

- ***When:*** IV-E reimbursement for eligible prevention services would begin on October 1, 2019.
- ***Delinking Eligibility from AFDC:*** The new Title IV-E prevention services, as well as training and administrative costs associated with developing these services, would have no income test
- ***Non-Supplantation:*** New federal funds for prevention services are intended to augment, not supplant, state funding for prevention services.
- ***MOE:*** MOE will be frozen at 2014 spending of services for candidates for federal foster care.

Continuing Support for Children and Family Services

- Would reauthorize Title IV-B programs and services, which are set to expire September 30, 2016. These programs include:
 - Stephanie Tubbs Jones Child Welfare Services Program, including funding for monthly caseworker visits
 - Promoting Safe and Stable Families Program
 - Court Improvement Program
 - The John H. Chafee Foster Care Independence Program
 - Regional Partnership Grants to Increase the Well-Being of, and to Improve the Permanency Outcomes for, Children Affected by Methamphetamine or Other Substance Abuse

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

- Would make changes to what types of out-of-home placements would be eligible for federal IV-E reimbursement beginning October 1, 2019.
 - Creates disincentives for placement in non-family based setting such as congregate/institutional care
 - Sets specific requirements for and within the type of non-family based placements allowable for maintenance payments
 - Promotes placement in family foster care homes
 - Includes \$8 million in new grants for recruitment of foster family homes beginning October 1, 2017.

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

After 2 weeks in care, would provide Federal Financial Participation for the following placements:

- Foster Family Home (defined) – no more than 6 children in foster care, with some exceptions
- Facility for pregnant and parenting youth
- Independent living arrangement
- Licensed residential substance use treatment center (12 month stay limit)
- Qualified Residential Treatment Program (defined) – clinically recognized treatment program
 - Would require assessment to be completed within 30 days after placement in QRTP
 - There are no time limits on how long a child or youth can be placed in a QRTP as long as the placement continues to meet his/her needs determined in assessment.

Keeping Families Together During Substance Use Treatment

- For the first time, Title IV-E foster care maintenance payments could be made on behalf of a child in foster care who is placed with their parent in a licensed residential family-based treatment facility for up to 12 months.
- No income test would apply for receipt of these services.
- This opportunity exists regardless of whether a state chooses to operate a prevention program through IV-E.

Reauthorizing Adoption Assistance & Legal Guardianship Incentives

- Would reauthorize the Adoption and Legal Guardianship Incentive Programs.
- Would delay the phase in/expansion of the Adoption Assistance delink (eligibility tied to 1996 AFDC income test) that was enacted as part of Fostering Connections.
- Affects children with special needs:
 - Children between 2 and 4 y.o. will be eligible without income test in 2019 instead of 2017
 - All special needs children will be eligible without income test in 2020 instead of 2017

Promoting Timely Permanency for Children Across State Lines

- Would require states to use electronic interstate case processing system to expedite the interstate placement across state lines of children in foster care, guardianship or adoption.
- Would require that states use an electronic interstate case processing system by October 2026.
- Would provide \$5 million in new grants to states to expand the development of the electronic system.

Supporting Youth in their Transition to Adulthood

- Would reauthorize for 5 years The John H. Chafee Foster Care Independence Program, currently set to expire on September 30, 2016.
- Shifts language to emphasize transition to adulthood rather than independence.
 - Would allow services and education support for youth who have experienced foster care at age 14 and older (currently 16 and older).
 - Would allow youth to remain eligible for Education and Training Vouchers (EVT) until age 26 (currently age 23). Youth could use EVTs for up to 5 years non-consecutively.
 - Would add achieving connections to caring adults and positive youth development to the service array.

Additional items of note to promote safety, permanency, and well-being

- Would allow or require:
 - IV-E payments for evidence-based kinship navigator programs
 - HHS to identify model foster parent licensing standards; states to identify how they will implement
 - Development of statewide plan to prevent fatalities
 - Inclusion in the state plan a description of the activities to address developmental needs of young children

Family First Prevention and Services Act would be a fundamental shift of federal funds to invest in strengthening families and protecting children across full child welfare continuum – prevention through aftercare.

It promotes a wider service array to achieve better outcomes for children and families.