IMPLEMENTING THE FAMILY FIRST PREVENTION SERVICES ACT

A Technical Guide for Agencies, Policymakers and Other Stakeholders

COLLABORATING ORGANIZATIONS:

Children's Defense Fund
American Academy of Pediatrics
ChildFocus
FosterClub
Generations United
Juvenile Law Center
National Indian Child Welfare Association

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This implementation guide is dedicated to the memory of MaryLee Allen (1944-2019). Throughout her more than 40 years at the Children's Defense Fund, MaryLee was a driving force behind every major child welfare law ever passed by Congress, beginning with the Adoption Assistance and Child Welfare Act of 1980 (PL-96-272), which authorized foster care funds under Title IV-E of the Social Security Act and created the framework for today's child welfare system.

MaryLee strongly believed that each of the laws she helped to shape represented an important step forward for children and families, but that none finished the job. Throughout her career, she worked tirelessly to enact needed reforms and vigilantly to ensure they were successfully implemented to truly help the most vulnerable children and families. It is in this light that the goal of this guide is to help States, Tribes and other stakeholders understand and embrace the historic new reforms created in Family First.

In finishing the guide she began and continuing the work she guided, we remember and celebrate her keen intelligence, unwavering kindness and relentless advocacy for children's welfare, health and safety.

All labor that uplifts humanity has dignity and importance and should be undertaken with painstaking excellence. - Dr. Martin Luther King, Jr.

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INTRODUCTION: THE FAMILY FIRST PREVENTION SERVICES ACT AND ITS OPPORTUNITIES FOR CHILDREN AND FAMILIES

The Family First Prevention Services Act (Family First), signed into law on February 9, 2018, provides a historic opportunity for child welfare agencies and their partners to improve the lives of children and families touched by the child welfare system. By expanding critical federal resources, Family First takes bold steps to keep families together, prevent unnecessary foster care removals and ensure that children grow up in safe and loving families. The law also offers important tools to help States and Tribes improve the quality of services and supports, including new requirements for placement assessments, evidence-based programs, residential treatment, and common-sense licensing.

Family First's framework is built around three fundamental principles:

1. **Help families whose children are at risk of removal stay together safely:** Family First expands eligibility for Title IV-E, previously restricted primarily to out-of-home foster care placements, to be used for services to strengthen families and prevent children from being separated from their parents. To ensure that federal funding is used to support effective services, Family First also requires new evidentiary standards for critical substance use, mental health, and parenting supports. Critically, Family First does not apply the income eligibility requirements used for foster care to these services, meaning that income does not dictate whether a family can access them.

2. **Ensure that children in foster care can live with a family:** Family First reinforces long-standing federal and state laws prioritizing family-based care, preferably within a child's own family network. It also requires additional steps by child welfare agencies and the courts to ensure that non-family settings are only used to meet specific treatment needs by limiting federal funding for non-therapeutic residential placements.

3. **Improve access to high quality residential treatment:** Family First recognizes that some children and youth may require high quality residential treatment to stabilize them before they are able to return to their families and communities. For the first time, federal funding is limited only to high-quality residential treatment programs that are short-term, meet minimal standards for quality of clinical care, involve families in treatment plans, and work towards helping children and youth return to family-based settings as quickly and safely as possible.

Family First also recognizes the needs of other populations in the child welfare system who face additional barriers to success. These include families impacted by substance use disorders, older youth who are making the transition to adulthood without a permanent family, pregnant and parenting youth, and relatives and other family members who step in to care for children when their parents cannot.

As States and Tribes and their partners prepare to implement this complex piece of legislation, it is helpful to keep the following principles in mind:

- **Implementation will require strong and sustained partnerships among multiple stakeholders**. Child welfare leaders understand that they cannot implement Family First without the support of other government agencies, community-based providers and individual citizens. The new prevention provisions, for example, require child welfare agencies to work with other public agencies with a track record of implementing evidence-based programs, such as their State's Medicaid agency. Similarly, the provisions for non-family settings depend on strong partnerships between child welfare agencies, the courts and residential treatment centers. A strong partnership with foster parents and kinship caregivers will also be critical to ensure family foster care is well supported and that caregivers have what they need to help children and youth thrive.

- **Implementation is a long game**. Family First requires a fundamental shift in how the child welfare system is organized and funded and will require child welfare agency staff, judges, attorneys and contracted provider agencies to be aligned in their values about what is best for children and families. It recognizes that this transition will take time and includes a period of planning, education, resource alignment and system re-balancing to ensure its intended impact on children and families.

- **Implementation measures must always consider the ultimate impact on children and their families**. Family First is designed to align federal funding and policy with current research on what works best for children and their families. As with all pieces of legislation, however, there will be implications that cannot be anticipated at the time of enactment. It is critical for all stakeholders to hold children, youth and families at the center of planning and implementation. Regular review of data and consistent and authentic engagement of youth, parents, and caregivers must be a central part of the planning and implementation effort. Those involved with implementation efforts must also regularly assess the impact of new provisions on children, families and communities of color who are overrepresented and experience child welfare system disparities.

- **Implementation will demand new levels of coordination among federal, state, tribal and local governments**. Implementation of Family First will require strong communication between the U.S. Department of Health and Human Services and its regional offices, state and tribal child welfare agencies, and local jurisdictions that have the most knowledge about the needs of children and families in their local communities. Flexibility is important, but also requires clear lines of communication between different levels of government to ensure implementation is consistent with congressional intent, statutory requirements, and the values upon which Family First is built. Clear and consistent communication is also critical to ensure the field can work out implementation challenges, share successes, and highlight additional policy and practice supports that are needed to implement Family First.

- **Family First is a starting point for continued reform**. Family First establishes a new and improved federal blueprint to achieve better outcomes for children and families

involved with the child welfare system, but it was never intended to overcome all of the challenges that child welfare agencies experience in re-imagining their systems to work more effectively for children and families. Implementation of Family First will require careful consideration of the additional state and federal resources that are needed to help families before they ever become involved in the child welfare system. It will also require child welfare stakeholders to continue working to overcome workforce challenges, ensuring a strong pool of well supported foster parents, overcoming barriers to finding and supporting kinship families, and building an adequate array of services and supports.

To support the range of strategies needed to effectively implement this groundbreaking legislation, this guide is intended to offer the clearest possible information about the provisions of the law and the congressional intent behind it, based on a careful review of statutory language, agency guidance and additional analysis by multiple organizations and partners who were intimately involved in the support and passage of the legislation. By explaining each provision of the law and answering the critical questions raised by a diverse group of stakeholders, the guide is designed to provide a starting point for implementation efforts with the understanding that its contents will change and grow as federal, state and tribal agencies move ahead. Towards this end, users are encouraged to continue to ask questions, share alternative interpretations and provide additional feedback on the guide to improve its contents. It will be updated regularly to incorporate new major implementation developments. This version also includes changes made to the law by the Family First Transition Act (FFTA), enacted in December 2019, which provides a one-time infusion of funding to States to help implement Family First and modifies the timeline for the evidence-based practice requirements in Family First.

Thank you for the opportunity to share this guide, and we look forward to your comments and guidance.

THE GUIDE AT A GLANCE

This guide is organized into nine sections:

1. Keeping Children At Risk of Entering Foster Care Safely With Their Families
2. Meeting the Needs of Families Affected By Substance Use Disorders including Opioids
3. Investing in New Supports for Relatives Caring for Children
4. Prioritizing Foster Family Care
5. Attending to the Needs of Children in Non-Family Settings
6. Meeting the Needs of Pregnant and Parenting Youth in Foster Care
7. Extending and Enhancing Services to Support Permanency and a Successful Transition from Foster Care to Adulthood
8. Requirements and Opportunities for Tribal Nations Under the Family First Act
9. Additional Important Changes for Children and Families Made in Family First

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1. KEEPING CHILDREN AT RISK OF ENTERING FOSTER CARE SAFELY WITH THEIR FAMILIES

Overview: Beginning October 1, 2019, The Family First Prevention Services Act (Family First) allows state and tribal Title IV-E agencies to claim Title IV-E funds for certain time-limited prevention services for eligible children and their families. Those eligible for prevention activities include children who are "candidates" for foster care and youth in foster care who are pregnant or parenting. Parents and kin caregivers for these children are also eligible to receive services and programs needed to prevent the child's entry into care or that are directly related to the child's safety, permanence or well-being. Funding is available for these prevention services regardless of whether families meet the income eligibility requirements required for the purposes of other Title IV-E reimbursement, a substantial change in federal child welfare financing that will provide significant incentives for prevention services.

Effective Date: October 1, 2019. State and tribal Title IV-E agencies electing to provide Title IV-E prevention services must be implementing the new limitations on Title IV-E reimbursement for non-family settings. States and Tribes may elect to delay the effective date for the new rules on non-family settings for up to two years (no later than October 1, 2021).

TITLE IV-E PREVENTION PROGRAM REQUIREMENTS AT A GLANCE

- **Effective Date**: The Title IV-E Prevention Program is entirely optional, but state and tribal Title IV-E agencies may take up the option beginning October 1, 2019, provided they are also implementing the new requirements on federal reimbursement for non-family settings as specified in Family First. Title IV-E agencies may elect to start operating the Title IV-E Prevention Program at a later date, but they must implement the new rules for eligible non-family settings no later than October 1, 2021.

- **Eligible Individuals**: (1) Children who are "candidates for foster care," (2) a child in foster care who is a pregnant or parenting foster youth, and/or (3) parents or kin caregivers of a candidate for foster care or a pregnant and parenting foster youth. There is no income requirement to qualify.

- **Eligible Services and Programs**: (1) Mental health services provided by a qualified clinician; (2) substance abuse prevention and treatment services provided by a qualified clinician; and (3) in-home parent skill-based programs, which include parenting skills training, parent education and individual and family counseling, which do not have to be delivered in the home.

- **Duration**: Eligible services and programs may be used for up to 12 months and for additional contiguous 12-month periods when justified on a case-by-case basis. There is no lifetime limit on accessing these prevention services.

- **Evidence-based Requirements**: All eligible services and programs must meet evidence-based requirements based on the definitions of "promising," "supported," or "well-supported" practices defined in Family First. Tribal Title IV-E agencies do not have to meet these practice standards.

- **Trauma-informed**: All eligible services and programs must be trauma-informed.

- **Written Prevention Plan**: Title IV-E agencies must maintain a written prevention plan for each child that describes the services and programs that will be provided to the child or on their behalf.

- **Data Reporting Requirements**: Title IV-E agencies must submit child-specific data to the Children's Bureau related to the specific services provided, total expenditure for the services, duration of the services, and whether or not the child entered foster care.

- **State Plan Component**: Title IV-E agencies must submit a five-year Title IV-E Prevention Program plan (five-year plan) that details the services they plan to use, how they will monitor and oversee the safety of children receiving the prevention services, plans for evaluation of the program, consultation and coordination among other agencies, steps to support and train the child welfare workforce, and other requirements specified in Family First.

- **Maintenance of Effort**: State Title IV-E agencies must maintain at least the same level of "state foster care prevention expenditures" each year as the amount the agency spent in FY2014 (or an alternate applicable year) for services with similar characteristics. Tribal Title IV-E agencies do not have to meet this requirement.

- **Federal Reimbursement**: From FY2020 – FY2026, costs of the Title IV-E prevention services are reimbursable at 50 percent. Beginning in FY2027, Title IV-E prevention services are reimbursable at the Federal Medical Assistance Program (FMAP) rate. Beginning in FY2020, administrative and training costs associated with the Title IV-E Prevention Program will be reimbursed at 50 percent.

- **"Well-supported" Practices Requirement**: In FY2022 and FY2023, at least 50 percent of the total expenditures by the State for the Title IV-E Prevention Program must be for services that meet the "supported" or "well-supported" evidence-based practice criteria. In FY2024 and beyond, at least 50 percent of the total expenditures by the State for the Title IV-E Prevention Program must be for services that meet the "well-supported" evidence-based practice criteria.[†] Tribal Title IV-E agencies do not have to meet this requirement.

This guide was last updated on: February 18, 2020. The information within the guide does not reflect any changes to statute or guidance after that date.

† This has been updated to reflect changes made by the Family First Transition Act. In the original Family First Prevention Services Act, the requirement that at least 50 percent of the total expenditures by the State for the Title IV-E Prevention Program be for "well-supported" services began immediately.

Box 1: Title IV-E Prevention Program Requirements at a Glance

A. Eligible Prevention Services and Programs

1.A.1. What prevention services and programs qualify for Title IV-E reimbursement under Family First?

Family First allows three types of services and programs to be eligible for Title IV-E reimbursement under the new Title IV-E Prevention Program:

- Mental health prevention and treatment services provided by a qualified clinician;
- Substance abuse prevention and treatment services provided by a qualified clinician; and
- In-home parent skill-based programs, which include parenting skills training, parent education and individual and family counseling.

The services and programs must be trauma-informed and meet certain evidence-based requirements that follow promising, supported, or well-supported practices as defined in Family First. The Title IV-E Prevention Services Clearinghouse (Clearinghouse) will rate services and programs on a rolling basis and create a list of "pre-approved" services and programs that meet these requirements. For more information on the evidence-based requirements and the Clearinghouse, see the Evidence-Based Programs and Title IV-E Prevention Services Clearinghouse sections. [§471(e)(1); §471(e)(4)(B); §471(e)(4)(C); P.L. 115-123 §50711(a); ACYF-CB-PI-19-06, p. 2]

1.A.2. Does Family First further define what qualifies as eligible "mental health and substance abuse prevention and treatment services" and "in-home parent skill-based programs"?

While Family First does not provide definitions for the types of prevention services and programs, the Title IV-E Prevention Services Clearinghouse Handbook of Standards and Procedures (Handbook) provides further guidance about what services and programs are eligible for inclusion in the Clearinghouse.

Qualified mental health prevention and treatment services and programs are those that seek to reduce or eliminate behavioral and emotional disorders or to reduce or eliminate the risk of behavioral or emotional disorders. Services and programs can be delivered to children and youth, to adults or to families using any therapeutic modality and orientation, and may be delivered with or without formal diagnosis. Programs that utilize psychotropic medications without a counseling or therapeutic component are ineligible for inclusion in the Clearinghouse.

Qualified substance abuse prevention and treatment services and programs explicitly focus on the prevention, reduction, treatment, remediation and/or elimination of substance use, misuse, or

exposure. Programs may target specific drugs or general use of substances including alcohol, marijuana, illicit drugs or prescription and over-the-counter drugs, but not tobacco. Any therapeutic modality can be utilized, but programs that utilize pharmacological interventions without a therapeutic component and programs that focus only on screening or service referral without a prevention or treatment component are ineligible. Programs must be client-oriented, meaning the program works directly with the person they are trying to impact. A program, for example, that focuses on adults in a youth's life to aid them in keeping the child away from substance abuse, but that does not directly work with the youth themselves, would not be eligible.

Qualified in-home parent skill-based services and programs are directly provided to a parent or caregiver, with or without children present, to provide psychological, educational or behavioral interventions or treatments.

States have wide discretion to define which eligible services and programs to use, but a service or program must either have been approved by the Clearinghouse or the State must demonstrate in its five-year plan that the service or program meets evidentiary standards outlined in Family First in order to receive transitional payments until the program can be rated by the Clearinghouse. (For more information, see Evidence-Based Programs.) [OPRE 2019-56, p.2-5; ACYF-CB-PI-19-06, p. 2]

1.A.3. Does Family First define a "qualified clinician" to provide mental health and substance abuse prevention and treatment services?

No. Family First does not specify a definition for "qualified clinician," and the Children's Bureau has clarified they will not further define this term. [ACYF-CB-PI-18-09, p. 3]

1.A.4. Does "in-home" (in reference to "in-home parent skill-based programs") mean the services must be provided in the home of the child or caregiver?

No. The Children's Bureau has clarified it will interpret the term 'in-home' broadly, in that it does not necessarily refer to the location in which the services are provided. Federal guidance has also reiterated a child may not simultaneously be in foster care and a "candidate for foster care," so once the child enters foster care, reimbursement for the service under the Title IV-E Prevention Program must end. This would mean in-home parent skill-based programs would not be available to children who are in settings associated with a removal into care. [ACYF-CB-PI-18-09, p. 3]

1.A.5. Does Family First define "trauma-informed" services and programs?

No. Family First and existing federal guidance do not specify a definition for "trauma-informed," except to say that the eligible Title IV-E prevention services and programs be:

> "…provided under an organizational structure and treatment framework that involves understanding, recognizing, and responding to the effects of all types of trauma and in accordance with recognized principles of a trauma-informed approach and trauma-specific interventions to address trauma's consequences and facilitate healing."

The Children's Bureau has indicated that it will not further define what a trauma-informed approach to service delivery means. [§471(e)(4)(B); P.L. 115-123 §50711(a); ACYF-CB-PI-18-09, p. 3]

1.A.6. Can both public and private agencies be service providers?

Yes. A state or tribal child welfare agency may provide services directly through its own staff, and it may also contract with other public and private entities to provide services.

1.A.7. How will the Children's Bureau approve or deny prevention services that a State wants to provide for Title IV-E reimbursement?

States can receive pre-approval for any service or program that has been rated "promising," "supported" or "well-supported" by the Clearinghouse. For services and programs that have not been rated by the Clearinghouse, but would meet evidentiary standards outlined in Family First, States can claim transitional payments.

States must conduct independent systematic reviews of services and programs and submit sufficient documentation of evidence in their five-year plans in order to be approved for transitional payments until the Clearinghouse can rate the service or program. Once a State has been approved for transitional payments for a particular service or program, any other State can claim payments for that program before October 1, 2021. For more information on how to apply for transitional payments, please see the section on Evidence-Based Programs. [ACYF-CB-PI-19-06, p. 2]

1.A.8. Are the services and programs selected for "pre-approval" the only ones for which States can receive Title IV-E reimbursement?

No. The list of pre-approved services released by the Clearinghouse should be considered a starting point. The Children's Bureau has clarified that States can draw down Title IV-E prevention dollars for other evidence-based programs that have not yet been rated by the Clearinghouse, so long as they can show in their five-year plan how they meet the evidentiary standards in the law. To receive reimbursement for a program, a State would have to conduct an independent systematic review of the service or program in question and submit documentation to demonstrate that it meets evidentiary standards. Once a program is approved for transitional payments for one State, other States may claim transitional payments for the program until the Clearinghouse is able to provide a rating for the service or program if they request to use it in their five-year plan before October 1, 2021.

The Children's Bureau has indicated that the Clearinghouse will select additional services and programs for review on a rolling basis. It has provided more clarity in the Handbook about its process to identify and select potential services and programs for Clearinghouse review. For more information on that process, see the section on the Title IV-E Prevention Services Clearinghouse. [§471(e)(5)(B)(iii); P.L. 115-123 §50711(a)(4); ACYF-CB-PI-19-06, p. 2; ACYF-CB-PI-18-09, Attachment C, p. 1; OPRE 2019-56; ACYF-CB-PI-19-06, p. 2]

1.A.9. What flexibility do Title IV-E agencies have to choose the evidence-based services that best meet the needs of their communities?

Title IV-E agencies are given flexibility in choosing the Title IV-E prevention services and programs that best suit the needs of the children and families in their communities. Title IV-E agencies can tailor their use of the Title IV-E Prevention Program to certain populations or to certain services. A Title IV-E agency may opt to begin offering Title IV-E prevention services and programs to one of the eligible categories of individuals, such as pregnant and parenting youth in foster care, and then scale up to provide services to the other eligible groups. Likewise, a Title IV-E agency may opt to begin offering only one or two of the three prevention service categories (i.e. mental health, substance abuse, or in-home parent skills training) and then scale up to offer all three services when the agency has the right programs in place. Title IV-E agencies also may decide to offer the services only in certain areas of the state or tribal lands. They do not have to offer the same services in all areas.

States may choose to include any program that has been rated as "promising," "supported" or "well-supported" by the Clearinghouse. Further, States can claim transitional payments for services and programs that have not yet been rated by the Clearinghouse. To do so, they must conduct an independent systematic review and provide documentation in their five-year plan that demonstrates the service or program meets the evidentiary standards outlined in Family First.

The Handbook provides more clarity about the process to identify potential new services and programs for review for inclusion by the Clearinghouse, which will include a public call for service and program recommendations at least annually. It is the intent of the Children's Bureau for the list of programs in the Clearinghouse to grow over time to reflect feedback from States, Tribes and other stakeholders. [ACYF-CB-PI-18-09, p. 4; OPRE-2019-56; ACYF-CB-PI-19-06, p. 2]

B. Duration of Title IV-E Prevention Services

1.B.1. How long can Title IV-E funds be used for prevention services to families?

Family First allows Title IV-E agencies to receive not more than 12 months of Title IV-E reimbursement for eligible services for eligible children and families per episode of child welfare involvement. Agencies may claim Title IV-E reimbursement for prevention services and programs until the last day of the 12th month if services were provided for the entire 12-month period or, if services are provided for less than the entire 12-month period, until the end of the month in which the child's Title IV-E prevention services ended. The Children's Bureau has also clarified that a State or Tribe may provide Title IV-E prevention services or programs to or on behalf of the same child for additional 12-month periods, including contiguous 12-month periods. In order to claim Title IV-E services and programs for each additional 12-month period, the Title IV-E agency must first determine and document in its prevention plan that the child is eligible for such services. This must be done on a case-by-case basis. [§471(e)(1); P.L. 115-123 §50711(a); ACYF-CB-PI-18-09, p. 4]

1.B.2. When does the 12-month clock start?

The 12-month clock of Title IV-E funding begins on the date the child is identified in a prevention plan as either a candidate for foster care or as a pregnant or parenting child in foster care in need of prevention and family services and programs. Waitlists or other delays for a child or parent/caregiver to begin accessing a particular service do not stop the clock from starting, so agencies should work hard to identify ways to promptly begin providing needed services. Agencies also have the ability to claim a contiguous 12 months of services if necessary. [§471(e)(3); P.L. 115-123 §50711(a)]

1.B.3. Is the 12-month maximum a lifetime limit on prevention services for a family?

No. There is no lifetime limit on a child or family accessing these prevention services. The 12-month time limit is only in reference to services per family, per episode of child welfare involvement. Furthermore, the Children's Bureau also clarified that a State or Tribe may provide Title IV-E prevention services and programs to or on behalf of the same child for additional 12-month periods, including contiguous 12-month periods.

For example, a parent could receive nine months of substance abuse treatment services with their child in the home to prevent the child's placement into foster care. If, six months later, the mother relapsed, and there was a new prevention plan stating that the child was a candidate for foster care but could be kept safely at home, the family would be eligible to receive 12 months of additional prevention services and programs. The prevention clock starts when a prevention plan is made, and any eligible services that the family needs can be reimbursed by Title IV-E during that period. [ACYF-CB-PI-18-09, p. 4]

1.B.4. What happens if the children and family continue to need prevention services once they have exceeded Title IV-E reimbursement?

On a case-by-case basis, agencies have the ability to claim reimbursement for Title IV-E prevention services and programs for the same child for contiguous 12-month periods, as long as they are able to continue documenting that the child remains a candidate for foster care.

If the child no longer meets the candidate eligibility requirements after the 12 months of prevention services, the Title IV-E agency cannot justify a service extension under the Title IV-E Prevention Program. In those instances where a jurisdiction determines that a child no longer meets eligibility requirements for more prevention services, but would still benefit from services being provided, Title IV-E agencies may continue to support other prevention-based interventions for the child and family using other available federal, state and tribal funding sources, such as Medicaid, the Substance Abuse Prevention and Treatment Block Grant, Title IV-B, Bureau of Indian Affairs Social Services funds, and state, tribal and local funding sources. In order to receive these additional federal, state and tribally-funded services, the child does not need to enter foster care, and the Title IV-E agency need not close the case. [ACYF-CB-PI-18-09, p. 4]

1.B.5. How must the Title IV-E agency monitor the family during the 12 months of prevention services?

Title IV-E agencies that choose to draw down Title IV-E prevention dollars must specify in their five-year plan how they will monitor and oversee the safety of children who receive Title IV-E prevention services and programs, including the use of periodic risk assessments and the re-examination of the child's prevention plan if the agency determines the risk of the child entering foster care remains high despite the provision of the services or programs. Caseworker monitoring and involvement are anticipated. Title IV-E agencies may receive Title IV-E administrative reimbursement for the case management activities related to the child and family receiving Title IV-E prevention services and programs. [§471(e)(5)(B)(ii); P.L. 115-123 §50711(a); ACYF-CB-PI-18-09, p. 5, 9]

C. Children and Others Eligible for the Services

1.C.1. Who is eligible for the Title IV-E prevention services?

There are three categories of eligible individuals for the new Title IV-E prevention services and programs:

1. **Children who are "candidates for foster care,"** meaning a child who is identified in a prevention plan as being at imminent risk of entering foster care but who can remain safely at home or in a kinship placement as long as the Title IV-E prevention services or programs that are necessary to prevent the entry into foster care are provided (This also includes children whose adoption or guardianship arrangement is at risk of a disruption or dissolution such that it might result in a foster care placement.);
2. **A child in foster care who is a pregnant or parenting foster youth;** and
3. **Parents or kin caregivers of a candidate of foster care or a pregnant and parenting foster youth** when the need for the services or programs are directly related to the safety, permanence, or well-being of the child or to prevent the child from entering foster care.

[§471(e)(1), §471(e)(2); §475(13); P.L. 115-123 §50711(a)]

1.C.2. Is there an income test for the prevention services?

No. There is no income eligibility requirement for the Title IV-E prevention services and programs. This is different than the reimbursement structure for Title IV-E foster care, which ties eligibility for Title IV-E foster care support to several factors, including the requirement that the child must have been removed from a home that met the 1996 income criteria for a needy family under the Aid to Families with Dependent Children (AFDC) program, without adjustment for inflation. Family First also clarifies that Title IV-E prevention services and programs provided to or on behalf of a child will not be counted against that individual as receipt of aid or assistance in regards to their eligibility for other programs. [§475(13); §471(e)(10); P.L. 115-123 §50711(a)]

1.C.3. Are children at risk of re-entering foster care eligible for prevention services under Title IV-E?

Yes. Children at risk of re-entering foster care are eligible for Title IV-E prevention services and programs if they are determined to be a candidate for foster care. The definition of "candidate for foster care" in the law also includes children "whose adoption or guardianship arrangement is at risk of a disruption or dissolution that would result in a foster care placement." The Title IV-E agency may develop a prevention plan for a child who recently exited foster care if they document how the Title IV-E prevention services or programs are necessary to prevent re-entry into foster care and how the child is at imminent risk of entering foster care without these services. There are no restrictions on the number of times an eligible child, parent or kin caregiver can receive these prevention services. [§475(13); P.L. 115-123 §50711(a)]

1.C.4. May a child, parent and a relative caregiver receive Title IV-E prevention services at the same time?

Yes. Family First does not limit the number of recipients who can receive Title IV-E prevention services and programs at the same time. The services may be provided to all three categories of eligible individuals, or they may only be necessary for one or two categories of the eligible individuals. Likewise, the child's parent(s) and relative caregiver may both receive services at the same time. The Title IV-E agency will have flexibility to determine who receives these services on a case-by-case basis.

1.C.5. Is the parent or caregiver of an eligible child automatically eligible for prevention services?

Yes. It is presumed that the child's parent(s) and/or caregivers will be eligible for the services in the prevention plan when the need for the services or programs are "directly related to the safety, permanence, or well-being of the child or to preventing the child from entering foster care." The Title IV-E agency must develop a written prevention plan that specifies the strategy and services necessary to keep a child safely out of foster care, and how the inclusion of the parent and/or caregiver impacts the success of the services provided through the prevention plan. [§471(e)(1); P.L. 115-123 §50711(a)]

1.C.6. Are Title IV-E prevention services and programs available to a child before they are found to be at imminent risk of entering foster care?

No. A child must first be identified as a candidate for foster care, and therefore at "imminent risk" of entering foster care, before qualifying for the Title IV-E prevention services and programs. However, States and Tribes have discretion on how they define "imminent risk."

1.C.7. Are children in foster care – and their parents or relative caregivers – eligible for the Title IV-E prevention services and programs?

No. Other than pregnant and parenting youth in foster care, once a child is removed from their home and placed in foster care, the child is no longer a candidate for foster care and therefore ineligible. Parents or caregivers of pregnant or parenting youth in foster care are also eligible for Title IV-E prevention services and programs if the services and programs are directly related to

the youth's safety, permanence or well-being. Other children in foster care – and their parents or relative caregivers – are not eligible. The Children's Bureau also clarified this in Program Instructions:

> "However, because a child may not be simultaneously in foster care and a "child who is a candidate for foster care," once the child enters foster care, reimbursement for the child under the Title IV-E prevention program must end. Foster care is defined in 45 CFR 1355.20 and includes children under the placement and care of the state Title IV-E agency who are placed in a licensed or unlicensed kinship placement, regardless of whether payments are made by the state, tribal or local agency for the care of the child or whether there is federal matching of any payments that are made. As such, a child who is not under the placement and care of the state Title IV-E agency and in a kinship placement could be considered a "child who is a candidate for foster care" as defined in section 475(13) of the Act."

Children in foster care can continue to receive services or other benefits traditionally available to them under Title IV-E or IV-B. [§471(e)(2)(B); P.L. 115-123 §50711(a); ACYF-CB-PI-18-09, p. 7]

1.C.8. Can youth ages 18 and older who are at risk of re-entering foster care receive prevention services?

Yes. Current Children's Bureau guidance states that the definition of a "child" used in the Social Security Act for Title IV-E for foster care and adoption assistance [§475(8)] applies to the Title IV-E Prevention Program. Because that definition includes youth between the ages of 18 and 21 in States that have Title IV-E plans approved to provide extended foster care, transition-age youth between 18 and 21 in some circumstances will be eligible for prevention services if they fit into the State's definition of "candidates for foster care" or are pregnant and parenting youth under Family First. For more information about how Title IV-E prevention services and programs can benefit older youth, please see the section on Extending and Enhancing Services to Support Permanency and a Successful Transition from Foster Care to Adulthood. [ACYF-CB-PI-18-09, p. 7-8]

1.C.9. Are the new Title IV-E prevention services and programs only available to children who come to the attention of the system after the State or Tribe elects to take the option?

No. The new changes made to Title IV-E for prevention under Family First apply to all children, regardless of when they came into contact with the child welfare system. Once a jurisdiction submits and receives approval for its five-year plan, the agency may begin to offer these services to children and families who are just coming to the attention of the child welfare system for the first time, along with children and families who may have had former contact or involvement with the system and pregnant and parenting youth who are currently in foster care.

1.C.10. Can a child and family receive these prevention services under Title IV-E more than once?

Yes. Children and families can receive Title IV-E prevention services and programs more than once. There is no lifetime limit on accessing these benefits. Furthermore, the Children's Bureau also clarified that a Title IV-E agency may provide Title IV-E prevention services and programs to or on behalf of the same child for additional 12-month periods, including contiguous 12-month periods. In order to claim Title IV-E for each additional 12-month period, the Title IV-E agency must first determine and document in a prevention plan that the child is eligible for such services. This must be done on a case-by-case basis.

There are several different scenarios in which a child or family can benefit from Title IV-E prevention services and programs more than once, including, but not limited to, the examples below:

- A child and parent/caregiver receive Title IV-E prevention services and programs for 12 months and the child does not enter foster care. The child is later identified as being at imminent risk of entering foster care. The child and family can again receive prevention services and programs again to prevent entry.
- A child and parent/caregiver receive Title IV-E prevention services and programs for 12 months. At the end of the first 12 months, it is determined and documented in the child's prevention plan that another 12 months of services are needed to prevent entry into foster care.
- A child or parent/caregiver receives Title IV-E prevention services and programs for 12 months, but the services are unsuccessful and the child enters foster care. If the child later exits foster care and is reunified with their parents (or exits to adoption or guardianship with a relative or other family) and is later identified as being at imminent risk of re-entry, the child and family can once again access Title IV-E prevention services and programs.
- A pregnant or parenting youth in foster care receives Title IV-E prevention services and programs for 12 months to ensure the youth is prepared to parent and later exits foster care with the child born to her. If that youth – or their child – is later identified as being at imminent risk of re-entry, they can again access Title IV-E prevention services and programs.

[ACYF-CB-PI-18-09, p. 4]

1.C.11. Are children eligible for Title IV-E prevention services or programs if they are not living with their parents?

Yes. Eligibility for Title IV-E prevention services and programs is tied to whether the child is a "candidate" for foster care or a pregnant or parenting youth in foster care, not where they are living. To be eligible for Title IV-E prevention services and programs, children can live in their parent's home or the home of a kin caregiver – either temporarily or permanently – as long as they are not under the placement and care of the Title IV-E agency. [ACYF-CB-PI-18-09, p. 7]

1.C.12. May a Title IV-E agency limit eligibility for Title IV-E prevention services to specific populations (e.g. only pregnant/parenting foster youth)?

Yes. Title IV-E agencies may tailor their use of the Title IV-E prevention services and programs to certain populations or to certain services. The Title IV-E agency may opt to begin offering Title IV-E prevention services and programs to one of the eligible categories of individuals, such as only pregnant and parenting youth in foster care, and then scale up to provide services to the other eligible groups. Likewise, a Title IV-E agency may opt to begin offering only one or two of the three prevention service categories (i.e. mental health, substance abuse, or in-home parent skills training) and then scale up to offer all three services when the Title IV-E agency has the right programs in place. The five-year plan that States and Tribes must submit if they elect to provide the Title IV-E Prevention Program must contain several pieces of information, including the services they plan to use and the target population for the services. (See section State Plan Requirements for more information on the five-year plan)

1.C.13. Will the Children's Bureau define what a prevention plan is? Could safety assessments be considered a prevention plan?

The Children's Bureau has not provided any further clarifications or definitions regarding the written prevention plan that the Title IV-E agency must develop before Title IV-E prevention services and programs can be provided to or on behalf of the child. The written prevention plan must identify whether the child is either a candidate for foster care or is a pregnant or parenting foster youth in need of prevention services, and Family First details different requirements for each:

- If the child is determined to be a candidate for foster care, the prevention plan must:
  - Identify the foster care prevention strategy for the child so that the child may remain safely at home, live temporarily with a kin caregiver until reunification can be safely achieved, or live permanently with a kin caregiver;
  - List the services or programs to be provided to or on behalf of the child to ensure the success of the prevention strategy; and
  - Comply with other requirements, if any, established by the Secretary of the U.S. Department of Health and Human Services (HHS).
- If a child is a pregnant or parenting foster youth, the prevention plan must:
  - Be included in the child's foster care case plan;
  - List the services or programs to be provided to or on behalf of the youth to ensure that the youth is prepared (in the case of a pregnant foster youth) or able (in the case of a parenting foster youth) to be a parent;
  - Describe the foster care prevention strategy for any child born to the youth; and
  - Comply with other requirements, if any, established by the HHS Secretary.

As of January 2019, the HHS Secretary has not issued any other requirements related to the written prevention plan.

In addition to the prevention plan, Title IV-E agencies must describe how it will monitor and oversee the safety of children receiving services during the 12-month period. If the Title IV-E

agency determines the risk of the child entering foster care remains high despite the provision of the services, the agency must reexamine the child's prevention plan during the 12-month period. [§471(e)(4)(A); P.L. 115-123 §50711(a); 471(e)(5)(B)(ii); P.L. 115-123 §50711(a); ACYF-CB-PI-18-09, p. 5]

1.C.14. Are there age eligibility requirements for a child to qualify for the Title IV-E Prevention Program?

The age limit for the Title IV-E Prevention Program is tied to the same age limit the State or Tribe elects for the Title IV-E program. Under the broader Title IV-E program, States and Tribes have the option to extend care beyond age 18, up to ages 19, 20 or 21, if the youth meets certain criteria. This means that a child who is a candidate for foster care or a pregnant or parenting foster youth are eligible for the Title IV-E prevention program through age 18. However, if a State or Tribe has elected a higher age under the Title IV-E program, youth over age 18 also may be eligible for the Title IV-E Prevention Program. Youth over age 18 would be eligible in the following circumstances:

- As a candidate for foster care if:
  - A Title IV-E adoption assistance or guardianship assistance agreement is in effect with respect to the youth (that went into effect after the child attained 16 years of age);
  - The youth's adoption or guardianship arrangement is at risk of a disruption or dissolution that would result in a foster care placement (section 475(13) of the Act);
  - The youth meets the State's or Tribe's education/employment conditions as elected under Title IV-E;[1] and
  - The youth has not yet reached the State's or Tribe's highest elected age under Title IV-E (19, 20 or 21).
- As an eligible pregnant and parenting youth in foster care if:
  - The youth meets the State's or Tribe's education/employment conditions as elected under Title IV-E;[2] and
  - The youth has not yet reached the State's or Tribe's highest elected age under Title IV-E (19, 20 or 21).

The Children's Bureau also clarified the reimbursement structure for States and Tribes providing services to youth over age 18:

> "If a youth turns age 18 (or the higher elected age per section 475(8) of the Act) while receiving Title IV-E prevention services, the state can only claim Federal financial participation for services until the day the youth turns age 18 (or the higher elected age

[1] The education/employment criteria from section 475(8)(B)(iv) of the Act is (1) completing secondary education or a program leading to an equivalent credential; (2) enrolled in an institution which provides postsecondary or vocational education; (3) participating in a program or activity designed to promote, or remove barriers to, employment; (4) employed for at least 80 hours per month; or (5) incapable of doing any of the activities described in subclauses (1) through (5) due to a medical condition, which incapability is supported by regularly updated information in the case plan of the child.

[2] Ibid.

per section 475(8) of the Act). The state may claim Title IV-E administrative costs until the end of the month in which the youth turns age 18 (or the higher elected age as applicable)."

[ACYF-CB-PI-18-09, p. 8]

1.C.15. What prevention services are available for pregnant and parenting youth in foster care?

Please see the section on Meeting the Needs of Pregnant and Parenting Youth in Foster Care for more information on available services.

D. CANDIDATES FOR FOSTER CARE

1.D.1. How does Family First define "imminent risk"? Does the Children's Bureau provide any further guidance on this definition?

Family First does not specifically define "imminent risk," and the Children's Bureau does not plan to further define the terms "candidate for foster care" or "imminent risk" of entering foster care beyond what is currently in statute. States and Tribes will have flexibility in the decisions and definitions related to who is at "imminent risk" of entering foster care and to adjust or change that definition in the future.

Congress 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. As a result, the law does not provide an exhaustive list of situations that would trigger eligibility for services. The U.S. House Ways and Means Committee report on Family First made clear that the intent of the 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 Committee Report also provides several examples of the types of scenarios based upon which a state or tribal Title IV-E agency could claim reimbursement for Title IV-E prevention services and programs on behalf of a child and his or her caregivers but cautions that it was a representative but "by no means" an exhaustive list. These scenarios include:

- When an adopted child is at risk of entering or re-entering foster care, prevention services can come in the form of post-adoption supports and be made available so that parents do not have to relinquish their parental rights 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 step in to become the guardian if provided prevention services, such services can be made available;
- If a child at a young age was deemed a candidate for foster 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; and

- 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, such services can be made available.

[House of Representatives Report No. 114-628, 2016, p. 37]

1.D.2. How will the Children's Bureau ensure States and Tribes are not penalized for how they define "imminent risk"?

In testimony submitted to the House Subcommittee on Human Resources of the Committee on Ways and Means for the July 24, 2018 hearing on implementation of Family First, the Commissioner of the Children's Bureau emphasized its intention to allow States and Tribes maximum flexibility around defining "candidacy" and "imminent risk:"

> "Our approach to FFPSA implementation allows for as much flexibility as the statute permits. We do not intend to regulate definitions of key concepts beyond what is in the statute, such as 'candidate,' 'imminent risk of foster care entry,' and 'risk of sex trafficking.' We will also strive to provide maximum flexibility to states and tribes in claiming funding for prevention services."

The Children's Bureau is not planning to release specific guidelines or parameters on "imminent risk," so it may be beneficial for States or Tribes to share their proposed definition with the Regional Office for review and written approval to avoid potential penalties. [Hearing on the Opioid Crisis: Implementation of the Family First Prevention Services Act (FFPSA), House, 115th Cong. 14, 28 (2018)]

1.D.3. Who makes the determination that a child is at "imminent risk" and therefore a candidate for foster care?

The Title IV-E agency or another public agency that has entered into an agreement with the state Title IV-E agency, such as a Tribe, must make the determination that a child is at "imminent risk" and therefore a candidate for foster care. The Title IV-E agency (or other public agency authorized to perform that activity via an agreement with the Title IV-E agency) must make this determination because candidacy is a type of eligibility determination that results in the use of Title IV-E funds.

Furthermore, long-standing regulations require that officials of a Title IV-E agency exercise discretion when making determinations of an individual's eligibility for a federal entitlement. Only employees of the Title IV-E agency or public agency are authorized to make these determinations, excluding consultants or contractors that may have contracts with the Title IV-E agency or public agency. Private agencies/parties, and other public entities that do not have a determination agreement with the Title IV-E agency, can inform the decision-making process, but the final determination is reserved solely and exclusively to the Title IV-E agency or an authorized surrogate. [§472(a); 45 CFR 205.100; Departmental Appeals Board Decision No. 844; Child Welfare Policy Manual 8.1D question 6]

1.D.4. Are all substance-exposed infants automatically considered to be at "imminent risk" of foster care?

No. The Children's Bureau has said it will leave candidacy decisions up to States and Tribes. While Family First enables Title IV-E agencies to receive a federal reimbursement for substance abuse services for parents and infants in those situations they deem children to be "at imminent risk," not every substance-exposed infant triggers an "imminent risk" determination.

The federal Child Abuse Prevention and Treatment Act (CAPTA) requires health care providers to notify child protective services when an infant is being affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure or a Fetal Alcohol Spectrum Disorder. CAPTA also requires that States make an assurance to the federal government that they are operating programs with policies and procedures for the development of a plan of safe care to ensure the safety and well-being of such infants following their release from the care of healthcare providers. Depending on a State's or Tribe's definition of candidacy, it is possible they could use Title IV-E prevention services and programs to provide the supports necessary to implement an infant's plan of safe care. [42 U.S.C. Chapter 67]

1.D.5. How are the new Title IV-E prevention services and programs for candidates for foster care related to the previous procedures in place for Title IV-E administrative costs for candidates for foster care?

State and tribal Title IV-E agencies will have the option of federal funding of different types for the candidates before Family First and candidates after passage of Family First. Prior to passage of Family First, Title IV-E agencies were able to receive Title IV-E reimbursement for administrative activities related to pursuing the removal, or providing reasonable efforts to prevent the removal, of a candidate for foster care. Federal reimbursement for these administrative activities were conditioned on the child being eligible for Title IV-E foster care, so Title IV-E agencies were not able to claim federal reimbursement for children not eligible for Title-IV-E. This allowable use of Title IV-E administrative dollars is authorized under §472(i) of the Social Security Act and will continue to be an allowable use of federal dollars unchanged by Family First. New guidance and information is available in the Child Welfare Policy Manual (Section 8.1D Administrative Functions/Costs, Candidates).

In addition, Family First has also created a new allowable use of Title IV-E funds for children who are determined to be candidates for foster care. Under the new law, a candidate is defined as a child "identified in a prevention plan as being at imminent risk of entering foster care but who can remain safely at home or in a kinship placement as long as the Title IV-E prevention services or programs that are necessary to prevent the entry into foster care are provided." Under this definition, any eligible child may be a candidate for foster care – not just Title IV-E eligible children – and may receive reimbursement for services, administrative and training costs related to preventing entry into foster care.

States and Tribes may use the same definition for "candidates for foster care" for both forms of candidacy, but would have to follow the other federal requirements for the two different forms of candidacy. During the July 24, 2018 House hearing on implementation of Family First, Associate Commissioner Milner acknowledged the different candidacies and said the Children's Bureau

will determine in the future whether they will update the Child Welfare Policy Manual regarding candidacy for prevention services. [Hearing on the Opioid Crisis: Implementation of the Family First Prevention Services Act (FFPSA), House, 115th Cong. 164 (2018)]

Highlighted below is a brief summary of the major differences between the two candidacies:

CHANGES TO FOSTER CARE CANDIDACY	
BEFORE FAMILY FIRST	**AFTER FAMILY FIRST**
Requirements: A candidate for foster care is a child who is at imminent risk of removal from home as evidenced by the Title IV-E agency either pursuing his/her removal from the home or making reasonable efforts to prevent such removal	**Requirements:** A candidate for foster care is a child identified in a prevention plan as being at imminent risk of entering foster care but who can remain safely at home or in a kinship placement as long as the Title IV-E prevention services or programs necessary to prevent the entry into foster care are provided. This includes children whose adoption or guardianship arrangement is at risk of disruption or dissolution that would result in a foster care placement.
Eligibility: Only for children eligible for Title IV-E Foster Care Maintenance Payments	**Eligibility:** Available to all eligible children No income requirement
Title IV-E Reimbursement: Administrative costs (50% rate)	**Title IV-E Reimbursement:** Prevention services and programs (50% reimbursement from FY2020- FY2026, and then FMAP rate beginning in FY2027) Administrative costs (50% reimbursement) Training costs (50% reimbursement)
Duration: No maximum length of time, but States and Tribes need to re-determine at least every 6 months that the child remains at imminent risk of removal from the home No lifetime limits	**Duration:** Up to 12 months, and contiguous or non-contiguous 12-month periods thereafter No lifetime limits

Box 2: Changes to Foster Care Candidacy

1.D.6. Will petitions and court orders still be valid documentation sources for candidacy?

Family First requires that a child be identified as a candidate for foster care in a written prevention plan in order for a Title IV-E agency to claim reimbursement for Title IV-E prevention services and programs. Prior to passage of Family First, Title IV-E agencies were able to claim Title IV-E reimbursement for administrative costs associated with children considered candidates for foster care, but that reimbursement was limited to children who were Title IV-E eligible. Under those rules, there were three acceptable methods for documenting a child's candidacy: (1) a defined case plan which clearly indicates that, absent effective preventive services, foster care is the planned arrangement for the child; (2) an eligibility determination form which has been completed to establish the child's eligibility under Title IV-E; or (3) evidence of court proceedings in relation to the removal of the child from the home, in the form of a petition to the court, a court order or a transcript of the court proceedings.

While each type of candidacy has different statutory authority and requirements, it is reasonable to assume that States and Tribes can continue to use one of the previous three acceptable methods for documenting candidacy, including court proceedings, as long as they are meeting the other prevention plan requirements for Title IV-E Prevention Program candidates.

1.D.7. Can States and Tribes still draw down federal administrative reimbursement for candidates who do not have a prevention plan?

Yes. However, without a prevention plan, States and Tribes will only be able to receive federal reimbursement for administrative costs related to the form of candidacy used prior to Family First. To receive reimbursement for allowable administrative costs related to Title IV-E family prevention activities, and for children who are not Title IV-E eligible, States and Tribes are required to develop a prevention plan for candidates.

1.D.8. May transition-age foster youth qualify as candidates for foster care?

Yes, in some situations. Please see the section on Extending and Enhancing Services to Support Permanency and a Successful Transition from Foster Care to Adulthood for more information.

SUMMARY OF THE FAMILY FIRST TRANSITION ACT

In December 2019, Congress passed the *Family First Transition Act* as part of the *Further Consolidated Appropriations Act, 2020* (P.L. 116-94). The law provides resources to States, Tribes and Territories and modifies the timeline for Family First's evidence-based requirements for prevention services, in order to help jurisdictions meet the unique fiscal and statutory requirements of implementation. The law contains four main provisions.

1. Provides $500 million in one-time, flexible funding for States, Tribes and Territories to support their implementation of Family First. These funds, after a three percent set-aside for Tribes, are to be distributed according to the formula for the Title IV-B Subpart 1 of the Social Security Act. There is no requirements for a state match for these funds.

2. Provides short-term funding guarantees for jurisdictions whose Title IV-E Demonstration waivers expired at the end of FY 2019. These guarantees take the form of grants provided to make up a significant portion of the difference between the reimbursement amount they receive from Title IV-E and the amount they negotiated to receive under their FY 2019 waivers.
    - In FY 2020, jurisdictions are guaranteed to receive not less than 90 percent of the total negotiated for under their FY 2019 waivers.
    - In FY 2021, jurisdictions are guaranteed to receive not less than 75 percent of the total negotiated for under their FY 2019 waivers.
3. Delays the requirement in Family First that 50 percent of all funds reimbursed to a State under the Title IV-E Prevention Program must be spent on programs rated as "well-supported" by the Clearinghouse.
    - In FY 2020 and FY 2021, the requirement is delayed entirely, allowing States to receive reimbursement under the Title IV-E Prevention Program for any programs rated as "well-supported," "supported" or "promising" by the Clearinghouse.
    - In FY 2022 and FY 2023, 50 percent of all funds reimbursed to a State under the Title IV-E Prevention Program must be spent on either programs rated as "well-supported" or programs rated as "supported" by the Clearinghouse.
    - In FY 2024 and beyond, States must meet the 50 percent "well-supported" expenditures requirement.
4. Renames Title IV-B, subpart 2 of the Social Security Act from "Promoting Safe and Stable Families" to "The MaryLee Allen Promoting Safe and Stable Families Program."

[P.L.116-94]

Box 3: Summary of the Family First Transition Act

E. EVIDENCE-BASED PROGRAMS

1.E.1. How and why does Family First promote evidence-based programs?

Evidence-based programs are critical to ensure that children and families have access to effective prevention programs and that public funding is wisely spent. For this reason, the prevention services and programs eligible for Title IV-E reimbursement under Family First must meet certain evidence-based requirements that follow promising, supported or well-supported practices.

Family First required that HHS release by October 1, 2018 guidance to States regarding the criteria for evidence-based programs and a pre-approved list of services and programs that meet these criteria. Beginning October 1, 2019, States and Tribes with an approved five-year plan are eligible to receive reimbursement for eligible Title IV-E prevention services and programs.

1.E.2. Must prevention services be "evidence-based" to qualify for federal reimbursement?

Yes. Prevention services and programs must meet certain evidence-based standards to qualify for federal reimbursement under Family First. Prevention services eligible for Title IV-E reimbursement must be provided in accordance with general practice requirements and fall under one of three categories of evidentiary support: promising, supported, or well-supported. These are summarized in Summary of Family First Evidence-Based Practice Requirements.

Title IV-E Tribes administering a Title IV-E Prevention Program do not have to meet the same practice criteria for promising, supported or well-supported for prevention services, and instead may determine practice criteria that is adapted to the cultural context of the tribal communities served. [§471(e)(4)(C); P.L. 115-123 §50711(a); ACYF-CB-IM-18-02; ACYF-CB-PI-18-10, p. 4]

<table>
<tr><th colspan="2">SUMMARY OF FAMILY FIRST EVIDENCE-BASED PRACTICE REQUIREMENTS</th></tr>
<tr><td colspan="2">All practices must meet the following requirements:

• Book or Manual: The practice has a book, manual or other available writings that specify the components of the practice protocol and describe how to administer the practice.
• No Empirical Risk of Harm: There is no empirical basis suggesting that, compared to its likely benefits, the practice constitutes a risk of harm to those receiving it.
• Weight of Evidence Supports Benefits: If multiple outcome studies have been conducted, the overall weight of the evidence supports the benefits of the practice.
• Reliable and Valid Outcome Measures: Outcome measures are reliable and valid and are administrated consistently and accurately across all those receiving the practice.
• No Case Data for Severe or Frequent Risk of Harm: There is no case data suggesting a risk of harm that was probably caused by the treatment and that was severe or frequent.</td></tr>
<tr><td>"Promising" Practice Requirements
[§471(e)(4)(C)(iii)]</td><td>• The practice is superior to an appropriate comparison practice using conventional standards of statistical significance (in terms of demonstrated meaningful improvements in validated measures of important child and parent outcomes, such as mental health, substance abuse, and child safety and well-being), as established by the results or outcomes of at least one study that:
  ○ Was rated by an independent systematic review for the quality of the study design and execution and determined to be well-designed and well-executed; and</td></tr>
</table>

	○ Utilized some form of comparison group (such as an untreated group, a placebo group, or a wait list study).
"Supported" Practice Requirements [§471(e)(4)(C)(iv)]	• The practice is superior to an appropriate comparison practice using conventional standards of statistical significance (in terms of demonstrated meaningful improvements in validated measures of important child and parent outcomes, such as mental health, substance abuse, and child safety and well-being), as established by the results or outcomes of at least one study that: ○ Was rated by an independent systematic review for the quality of the study design and execution and determined to be well-designed and well-executed; ○ Was a rigorous randomized-controlled trial (RCT) (or, if not available, a study using a rigorous quasi-experimental design [QED]); ○ Was carried out in a usual care or practice setting; and ○ Established that the practice has a sustained effect (when compared to a control group) for at least six months beyond the end of the treatment.
"Well-supported" Practice Requirements [§471(e)(4)(C)(v)]	• The practice is superior to an appropriate comparison practice using conventional standards of statistical significance (in terms of demonstrated meaningful improvements in validated measures of important child and parent outcomes, such as mental health, substance abuse, and child safety and well-being), as established by the results or outcomes of: ○ At least two studies that were rated by an independent systematic review for the quality of the study design and execution and determined to be well-designed and well-executed; ○ At least two studies that were rigorous RCTs (or, if not available, studies using a rigorous QED); ○ At least two studies that were carried out in a usual care or practice setting; and ○ At least one of the studies must have established that the practice has a sustained effect (when compared to a comparison group) for at least one year beyond the end of treatment.

Box 4: Summary of Family First Evidence-Based Practice Requirements

1.E.3. How were these evidence-based standards developed?

The evidence-based standards for the Clearinghouse were modeled after the standards developed by the California Evidence-Based Clearinghouse for Child Welfare (California Clearinghouse), which has been a critical tool for identifying, selecting, and implementing evidence-based child welfare practices that improve child safety, increase permanency, and promote child and family well-being. They differ somewhat from those standards primarily in the areas of peer review and standards for study design. [House of Representatives, Committee on Ways and Means Report, Family First Prevention Services Act, p. 28]

1.E.4. Will States be required to evaluate the effectiveness of any services or programs that they provide?

Yes. States electing to use Title IV-E for prevention services and programs must submit a five-year plan that contains information related to the prevention services, including a well-designed and rigorous evaluation strategy for each service, which may include a cross-site evaluation approved by the Administration on Children and Families. (See the State Plan Requirements section for more information.)

Tribal Title IV-E agencies are not required to meet the same well-designed and rigorous evaluation strategies that States and Tribes participating in state-tribal agreements must meet. Instead, they can use alternative evaluation strategies and study designs such as exploratory, community-based participatory research and qualitative study designs to meet the evaluation requirements in Family First. (See Requirements and Opportunities for Tribal Nations Under the Family First Act for more information on the special requirements for Tribes.) [§471(e)(5)(B); P.L. 115-123 §50711(a); ACYF-CB-PI-18-09, p. 4-5; ACYF-CB-PI-18-10, p. 6]

1.E.5. What criteria will be used to determine whether a State's plan includes a "well-designed and rigorous" evaluation for each funded service? Must the results of those evaluations be shared with the Children's Bureau?

States cannot receive Title IV-E reimbursement for prevention services unless there is a well-designed and rigorous evaluation strategy for each service included in their five-year plan. The Children's Bureau describes how it will consider evaluations for services and programs in the Handbook, released in April 2019. Please see Box 5 for a summary of the initial criteria the Clearinghouse will consider. [OPRE 2019-56]

1.E.6. Are there any exceptions to the evidentiary standards in Family First?

The Children's Bureau may waive the requirement for a well-designed and rigorous evaluation strategy for a well-supported practice if evidence of its effectiveness is compelling and the State meets certain continuous quality improvement requirements in Family First. These continuous quality improvement efforts must be documented in the five-year plan and must detail how the State plans to implement the services and programs. More specifically, the plan must include an explanation of how implementation of the services or programs will be continuously monitored to ensure fidelity to the practice model, to determine outcomes achieved and identify how information learned from the monitoring will be used to refine and improve practices. The State

may request this waiver using Attachment II to the five-year plan and must demonstrate the effectiveness of the practice.

Tribal Title IV-E agencies can also waive the evaluation strategy requirement if the evidence of the effectiveness of a program or practice is compelling and the tribal Title IV-E agency meets the continuous quality improvement requirements. The tribal Title IV-E agency may request this waiver using Attachment II as part of the five-year plan and must demonstrate the effectiveness of the practice. [§471(e)(5)(C)(ii); P.L. 115-123, §50711(a); ACYF-CB-IM-18-10, p. 6; ACYF-CB-IM-18-02, p. 4; ACYF-CB-IM-18-09, p. 5]

1.E.7. What are the quality improvement requirements for the evidence-based services?

Federal guidance refers to the continuous quality improvement requirements cited in Question 5 above, which include how implementation of services and programs will be continuously monitored to ensure fidelity to the practice and to determine outcomes achieved, and how information learned from monitoring will be used to refine and improve practice. [§471(e)(5)(B)(iii)(II); P.L. 115-123, §50711(a); ACYF-CB-IM-18-09, p. 9]

1.E.8. Is federal reimbursement available for evaluation of services?

Title IV-E agencies will be allowed to claim reimbursement for administrative costs associated with developing the necessary processes and procedures for Title IV-E prevention services and programs. The Children's Bureau has clarified that the costs of conducting a well-designed and rigorous evaluation are allowable Title IV-E administrative costs because they are necessary for the proper and efficient administration of the Title IV-E Prevention Plan. [§474(a)(6)(B); P.L. 115-123, §50711(c); ACYF-CB-PI-18-09, p. 9; ACYF-CB-PI-18-10, p. 10; Child Welfare Policy Manual, 8.6C.1 Question 2]

1.E.9. Must evidence-based services have been specifically developed for children and families at risk of child welfare involvement?

No. Both Congress and the Children's Bureau have made clear their intention for the Clearinghouse to include as many evidence-based prevention services and programs as possible and not limit them only to those used specifically for children and families in or at risk of entering the child welfare system. [ACYF-CB-PI-18-09, Attachment C, p. 1, 5-6]

1.E.10. Can Title IV-E agencies receive reimbursement for training and administrative costs related to meeting the evidence-based requirements for the Title IV-E prevention program?

Yes. Title IV-E agencies will be allowed to use Title IV-E funds for administrative costs associated with developing the necessary processes and procedures for Title IV-E prevention services and programs (including expenditures for data collection and reporting) at the 50 percent reimbursement rate. Additionally, training costs for staff related to eligibility for these preventive services, how to identify and provide appropriate services and how to evaluate and oversee their appropriateness will also be eligible for Title IV-E reimbursement at 50 percent federal financial participation (FFP). Notably, these activities are reimbursable without reference

to the percentage of individuals eligible for Title IV-E. For more information on Title IV-E administration and training costs, see Administrative and Training Costs. [§474(a)(6)(B); P.L. 115-123, §50711(c); ACYF-CB-PI-18-09, p. 9; ACYF-CB-PI-18-10, p. 10]

F. TITLE IV-E PREVENTION SERVICES CLEARINGHOUSE

1.F.1. What is the "Clearinghouse" for evidence-based prevention programs?

For States to claim Title IV-E reimbursement for mental health and substance abuse prevention and treatment services and in-home parent skill-based programs, the services must meet certain standards of evidence-based practice. Family First requires HHS (directly or through grants, contracts or interagency agreements) to evaluate research on prevention services and programs and to establish a public Clearinghouse of the practices to assist with implementation of the prevention provisions in the law.

The Children's Bureau contracted with Abt Associates to administer this Clearinghouse, known as the Title IV-E Prevention Services Clearinghouse, which has provided a pre-approved list of programs that qualify for Title IV-E reimbursement, with specific information on the programs, including outcomes associated with the practices. The Clearinghouse systematically reviews research on programs intended to provide enhanced support to children and families and prevent foster care placements and rates them based on their level of evidence ("promising," "supported," "well-supported" or "does not currently meet criteria").

Additionally, States can request, in their five-year plans, to receive transitional payments for specific evidence-based services and programs that have not yet been rated by the Clearinghouse if they conduct their own independent systematic reviews and submit sufficient documentation of evidence of the service or program. [§476(d)(2); P.L. 115-123 §50711(d); ACYF-CB-PI-18-09, Attachment C; ACYF-CB-PI-19-06, p.1; OPRE 19-56, p. iv]

1.F.2. What pre-approved services eligible for Title IV-E reimbursement have already been released by the Clearinghouse?

On November 30, 2018 the Children's Bureau released an initial list of prevention services and programs that were being reviewed for inclusion in the Clearinghouse. On June 20 and July 23, 2019, the Clearinghouse released the ratings - "promising," "supported," "well-supported," or "does not currently meet criteria" - for many of those services and programs.

For an up-to-date list of programs and services that have been rated by the Clearinghouse, visit www.preventionservices.abtsites.com.

[ACYF-CB-PI-18-09, Attachment C, p. 5-6]

1.F.3. How were these programs selected?

The Children's Bureau has indicated that, in selecting the initial list of services and programs, the heaviest weight was given to programs recommended most frequently by States, and programs that are most likely to meet the evidence standards.

According to federal guidance, the first services and programs selected for systematic review met at least two of the following conditions: (1) recommendation from state or federal government administrators in response to the June Federal Register Notice;[3] (2) rated by the California Clearinghouse; (3) evaluated by the Title IV-E Child Welfare Waiver Demonstrations; (4) recipient of a Family Connection Discretionary Grant; and/or (5) recommendation solicited from federal partners in the Administration for Children and Families, Health Resources and Services Administration, the National Institutes of Health, the Centers for Disease Control and Prevention, the Office of the Assistant Secretary for Planning and Evaluation, and the Substance Abuse and Mental Health Services Administration.

The Clearinghouse has indicated that, because of the high volume of service recommendations that have been received, it is not feasible to send individualized responses indicating why a program or service has been selected for review. [ACYF-CB-PI-18-09, Attachment C, p. 5; Title IV-E Prevention Services Clearinghouse FAQ]

1.F.4. Are these services and programs selected for "pre-approval" by the Clearinghouse the only ones for which States and Tribes can receive Title IV-E reimbursement?

No. The Children's Bureau has noted the Clearinghouse will be adding to this pre-approved list over time and selecting additional services and programs for review on a "rolling basis." The meaning of "rolling basis" has not been clarified nor has the mechanism for describing the process for reviewing and screening additional qualified programs.

Additionally, States are permitted to claim transitional payments for services and associated costs under the Title IV-E Prevention Program until the Clearinghouse can review and rate a service or program. States must conduct independent systematic reviews of services and programs and submit sufficient documentation to demonstrate that a program meets the evidentiary standards in Family First to receive a designation of promising, supported or well-supported.

The Children's Bureau also clarified in federal guidance that Title IV-E Tribes do not have to meet the same practice criteria for promising, supported, or well-supported prevention services. Tribal Title IV-E agencies may determine the practice criteria for services that are adapted to the culture and context of the tribal communities served and must describe the practice criteria in their five-year plan. [§471(e)(5)(B)(iii); P.L. 115-123 Sec. 50711(a)(4); ACYF-CB-PI-18-09, Attachment C, p. 1; ACYF-CB-PI-19-06, p.1; ACYF-CB-PI-18-10, p. 4]

[3] On June 22, 2018, HHS published a Federal Register Notice (FRN; 83 FR 29122) requesting public comment on initial criteria and potential services and programs to be considered for systematic review in the Title IV-E Prevention Services Clearinghouse.

1.F.5. How can States apply to receive transitional payments for programs that have not been rated by the Clearinghouse?

As part of a five-year plan or as an amendment to a five-year plan, a State must complete and submit the checklist provided in Attachment B to ACYF-CB-PI-19-06, along with all necessary documentation, in order to be eligible for transitional payments for services which have not yet been rated by the Clearinghouse.

Though States are permitted to use different standards and procedures to demonstrate the evidence-based criteria in Family First and Attachment C to ACYF-CB-PI-18-09 are met, it is suggested that States follow the procedures outlined in the Handbook. The Clearinghouse will use the Handbook to make the final rating determination.

Once a service or program is approved as part of a State's five-year plan, any other State may submit a five-year plan for approval of transitional payments for those same programs, so long as the plan is submitted prior to October 1, 2021. All other requirements for Title IV-E Prevention Programs remain in effect for transitional payments. [ACYF-CB-PI-19-06, p. 2]

1.F.6. What will happen when the Clearinghouse rates a program that was approved for transitional payments?

If the designation that a program receives from the Clearinghouse is the same or higher than the designation approved in the State's five-year plan, that becomes the effective rating for the program. Any States utilizing that program will be able to continue to claim Title IV-E Prevention Program payments for that program.

If a service or program is rated by the Clearinghouse with a lower designation than the designation approved as part of the State's five-year plan, the designation approved in the plan will remain in effect through the end of the federal fiscal quarter following the federal fiscal quarter in which the program was rated by the Clearinghouse. After that point, the Clearinghouse rating will become the effective rating of the program.

If a service or program is rated as "does not currently meet criteria" transitional payments for the service or program (and associated costs) will continue through the end of the federal fiscal quarter following the federal fiscal quarter in which the program was rated by the Clearinghouse. After that point, the service or program will no longer be eligible for transitional payments. [ACYF-CB-PI-19-06, p. 2-3]

1.F.7. What flexibility do States have to choose the evidence-based prevention services that best meet the needs of their communities?

States are given flexibility in choosing the Title IV-E prevention services and programs that best suit the needs of the children and families in their communities as long as the service or program meets the evidentiary standards in Family First. This can include services and programs that are rated in the Clearinghouse, as well as services and programs that have received provisional approval for transition payments until the Clearinghouse can review them.

States can tailor their use of the prevention services to certain populations or to certain services. A State may opt to begin offering Title IV-E prevention services and programs to one of the

eligible categories of individuals, such as only pregnant and parenting youth in foster care, and then scale up to provide services to the other eligible groups. Likewise, a State may opt to begin offering only one or two of the three prevention service categories (i.e. mental health, substance abuse, or in-home parent skills training) and then scale up to offer all three services when the State has the right programs in place.

The Children's Bureau has also clarified in federal guidance that States do not have to administer their Title IV-prevention service statewide and may decide instead to provide the Title IV-E prevention program in only some areas of the State. They also do not have to provide the same services in all areas where preventive services are being provided.

The Children's Bureau also clarified in federal guidance that Title IV-E Tribes do not have to meet the same practice criteria for promising, supported, or well-supported prevention services. Tribal Title IV-E agencies may determine the practice criteria for services that are adapted to the culture and context of the tribal communities served and must describe the practice criteria in their five-year plan. [ACYF-CB-PI-18-09, p. 4; ACYF-CB-PI-18-10, p. 4]

1.F.8. What information related to the evidence-based prevention services must be included in the five-year plans?

Title IV-E agencies electing to provide the Title IV-E Prevention Program must submit a five-year Title IV-E prevention program plan that meets the statutory requirements in Family First. Federal guidance outlined the key elements the five-year plan must include related to evidence-based services and programs:

- **Service Description and Oversight**: The Title IV-E agency must describe how it will assess children and their parents or kin caregivers to determine eligibility for Title IV-E prevention services and programs describe the Children's Bureau- approved services the State will provide, including:
    - Whether the practices used to provide the services are rated as promising, supported, or well-supported in accordance with the criteria and procedures for systematic review for the Clearinghouse;
        - NOTE: Tribal Title IV-E agencies do not need to adhere to the promising, supported or well-supported practice criteria and only need to provide a description of the practice criteria used to select the proposed services and programs.
    - How the agency plans to implement the services, including how implementation of the services will be continuously monitored to ensure fidelity to the practice model and to determine outcomes achieved and how information learned from the monitoring will be used to refine and improve practices;
    - How the agency selected the services;
    - The target population for the services;
    - An assurance that each Children's Bureau-approved Title IV-E prevention service and program provided in the five-year plan meets the requirements related to trauma-informed service delivery; and

    - How providing the services is expected to improve specific outcomes for children and families.
- **Evaluation Strategy**: The State must include a well-designed and rigorous evaluation strategy for each service which may include a cross-site evaluation approved by ACF.
    - NOTE: Tribal Title IV-E agencies do not have to implement the rigorous evaluation strategies because of unique factors impacting Tribes, and instead may use alternative evaluation strategies and study designs.
- **Evaluation Waiver Request**: The Children's Bureau may waive this requirement for a well-supported practice if the evidence of the effectiveness of the practice is compelling and the Title IV-E agency meets the continuous quality improvement requirements with regard to the practice. The State may request this waiver using Attachment II (from ACYF-CB-PI-18-09) to the five-year plan and must demonstrate the effectiveness of the practice.

There are additional requirements for the five-year plan that are not as directly relevant to the evidence-based programs, including how the Title IV-E agency will monitor child safety, consult and coordinate with other public agencies, take steps to support and train the child welfare workforce to deliver trauma-informed and evidence-based services, assess what children and families need and connect them with needed services and oversee their continuing appropriateness, and determine caseload size and types for prevention caseloads. See State and Tribal Plan Requirements for more information on the requirements for the five-year Title IV-E prevention program plan. [ACYF-CB-PI-18-09, p. 4-6; ACYF-CB-PI-18-10, p. 5-6]

1.F.9. What criteria does the Clearinghouse use to review and approve programs?

Due to limited timing and resources, the Clearinghouse prioritizes preventive services and programs according to criteria summarized in Criteria and Procedures for Systematic Review for the Title IV-E Prevention Services Clearinghouse, described below. The Clearinghouse uses a variety of criteria to:

- Identify and prioritize services and programs for review;
- Identify and prioritize their review of studies for each of the selected services and programs;
- Assess the design, execution and impacts of studies; and
- Rate services and programs as "promising," "supported," "well-supported" or "does not currently meet criteria."

The Handbook provides a detailed description of the criteria and procedures for systematic review. [OPRE-2019-56, p. 1-44; ACYF-CB-PI-18-09, Attachment C, p. 2-5]

1.F.10. Can programs or services be re-reviewed for the Clearinghouse?

Yes. Individual programs and services may be considered for re-review based on mis-application of criteria, missing information or other errors in the original review. Additionally, if there is substantial new evidence that could change the rating of a program or service, programs or services can be eligible for re-review. While the Clearinghouse periodically assesses the

availability of new evidence and consults with content experts, stakeholders are also allowed to request re-review of a program or service. To do so, they should email PreventionServices@abtassoc.com, detail the reasons why the program or service should be eligible for re-review and provide any documentation that supports the claim a program or services deserves a higher determination of evidence.

Additionally, individual studies may be eligible for re-review by the Clearinghouse if there were errors in the original Clearinghouse review or if information was missing. If a program is deemed eligible for re-review, a new set of blinded reviewers will be assigned to conduct the re-review. To request re-review of an individual study, stakeholders should email PreventionServices@abtassoc.com, detail the reasons why the study should be eligible for re-review and provide any documentation that supports the claim that the study deserves a higher evidence rating.

[OPRE-2019-56, p. 49; Title IV-E Prevention Services Clearinghouse FAQ]

CRITERIA AND PROCEDURES FOR SYSTEMATIC REVIEW FOR THE TITLE IV-E PREVENTION SERVICES CLEARINGHOUSE
SERVICE OR PROGRAM ELIGIBILITY CRITERIA
Services or programs must, at a minimum, meet the following criteria to be eligible for review by the Clearinghouse: • **Service or Program Areas**: Eligibility will be limited to mental health and substance abuse prevention and treatment services and programs and in-home parent skill-based services and programs, as well as Kinship Navigator Programs. • **Book/Manual/Writings Available**: Eligibility will be limited to services or programs that are clearly defined and replicable. To meet this criterion, they must have available written protocols, manuals or other documentation describing how to implement or administer the practice and these materials must be available to the public to download, request or purchase.
SERVICE OR PROGRAM PRIORITIZATION CRITERIA
For each service or program considered for inclusion in the Clearinghouse, reviewers evaluate whether the service or program explicitly aims to impact each of the target outcomes, whether it is currently in use, and whether there are fidelity and implementation supports available in addition to a manual or protocol. The Clearinghouse also prioritizes services and programs to ensure representation of services and programs across the four service and program areas.

- **Target Outcome Domains**: To be prioritized, a service or program in the area of mental health, substance abuse or in-home parent skills, must target outcomes in the domains of
    - Child Safety;
    - Child Permanency;
    - Child Well-Being; and/or
    - Adult Well-Being.

  Kinship Navigator Programs must target outcomes in any of the above domains or:
    - Access to Services;
    - Referral to Services; and/or
    - Satisfaction with Services and Programs.
- **In Use/Active**: The Clearinghouse prioritizes services and programs that are in active use, meaning they are currently available or delivered with a book, manual or other documentation available in English.
- **Existence of Implementation and Fidelity Supports**: Services and programs that have implementation training and staff support and/or fidelity monitoring tools and resources available to implementers in English will be prioritized.

Initially, the Clearinghouse will give particular consideration to services and programs recommended by state and local government administrators in response to the request for public comment, included as part of existing evidence reviews, and/or evaluated by Title IV-E child welfare waiver demonstrations.

STUDY ELIGIBILITY CRITERIA

Studies examining each of the selected services and programs will be screened for eligibility for inclusion in the Clearinghouse using the following criteria:

- **Date of Publication**: Studies must be published or prepared in or after 1990. If a study is reported in multiple documents, the earliest available document must be published or prepared in or after 1990.
- **Source of Publication**: Eligibility will be limited to studies included in peer-reviewed journal articles or in reports prepared or commissioned by federal, state or local government agencies or departments, research institutes, research firms, foundations or other funding entities, or other similar organizations.
- **Language of Publication**: Studies must be available in English.
- **Study Design**: Eligibility will be limited to studies that use a randomized group design or QED with at least one intervention condition and at least one comparison condition. Intervention groups must receive a service or program that is essentially the same for all participants in the group. Comparison groups must be “no or minimal intervention” or “treatment as usual groups.” Studies that compare one intervention to a second intervention are not eligible for review.
- **Target Outcomes**: Eligibility will be limited to studies that examine the impact of the service or program on at least one of the eligible target outcomes defined above. More

detailed descriptions of the target outcomes and eligible indicators are available in the Handbook on pages 10-14.

- **Program Adaptations**: If multiple formal versions of a service or program are available, the Clearinghouse will select only a single version for review at a time and will review only studies that pertain to the version selected. Other versions may be eligible for review as a separate service or program.
  If a program or service has been modified, but the adaptations is seen as having not *substantially* modified or adapted the program or service from the version that was selected for review, it may be reviewed as part of the version selected for review.

Eligible Adaptations	Adaptations that Result in Different Program or Service
• Modestly changing session frequency or duration • Delivering the intervention in the home compared to office-based delivery • Making small changes to increase the cultural relevancy of the intervention (e.g., changing examples to match the cultural background of subjects; providing the intervention in a different language) without changing program components • Delivering the program by slightly different types of professionals than described in the manual or original research on the program or service (e.g., using social workers instead of counselors to deliver the program)	• Changing from individual to group therapy • Adding any new modules or session content • Subtracting any modules or session content that was part of the original intervention • Radically changing content for different cultural groups, such as to reflect particular issues experienced by those groups • Delivery of the program by substantially different providers than described in the manual (e.g., using para-professionals instead of nurses to deliver the program)

[OPRE 2019-56, p. 15]

STUDY PRIORITIZATION CRITERIA

The Clearinghouse will review all eligible studies.

- If a service or program has fewer than 15 eligible studies, all studies will be reviewed and assessed for risk of harm.
- If a service or program has more than 15 eligible studies, all eligible studies will be assessed for risk of harm. Eligible studies will then be evaluated on the following criteria and assigned points to determine the order in which they will be reviewed.
  - **Design**: Three points if a study uses a RCT; two points if a study uses a QED
  - **Sample Size**: One point if a study has a total sample size of 250 or more participants

- **Duration of Sustained Effects Examined**: Two points for studies that examine sustained effects for 12 months or more; one point for studies that examine sustained effects for six months or more, but fewer than 12 months
- **Number of Different Outcomes Examined**: One point for each different outcome domain being examined in the study (maximum of three points for Child Safety, Child Permanency, Child Well-Being, or Adult Well-Being)
- **Pre-Registered Study Designs**: Three points for studies that were pre-registered in a trial registry, such as clinicaltrials.gov, or that have published study protocols

Once sorted by their points (maximum of 12 points), the first 15 eligible studies will be reviewed using the design and execution standards. If, after 15 studies have been reviewed, a service or program has not achieved a "well-supported" rating, additional studies will be reviewed until a "well-supported" rating is reached, or all studies have been reviewed.

EVIDENCE REVIEW

The Clearinghouse will evaluate each contrast[4] and assign each contrast its own design and execution rating, indicating either high, medium or low support for causal evidence. As some studies have multiple contrasts, a single study may have multiple different ratings. RCTs are rated differently from QEDs and only RCTs can achieve a rating of high support for causal evidence. They are rated on the following criteria.

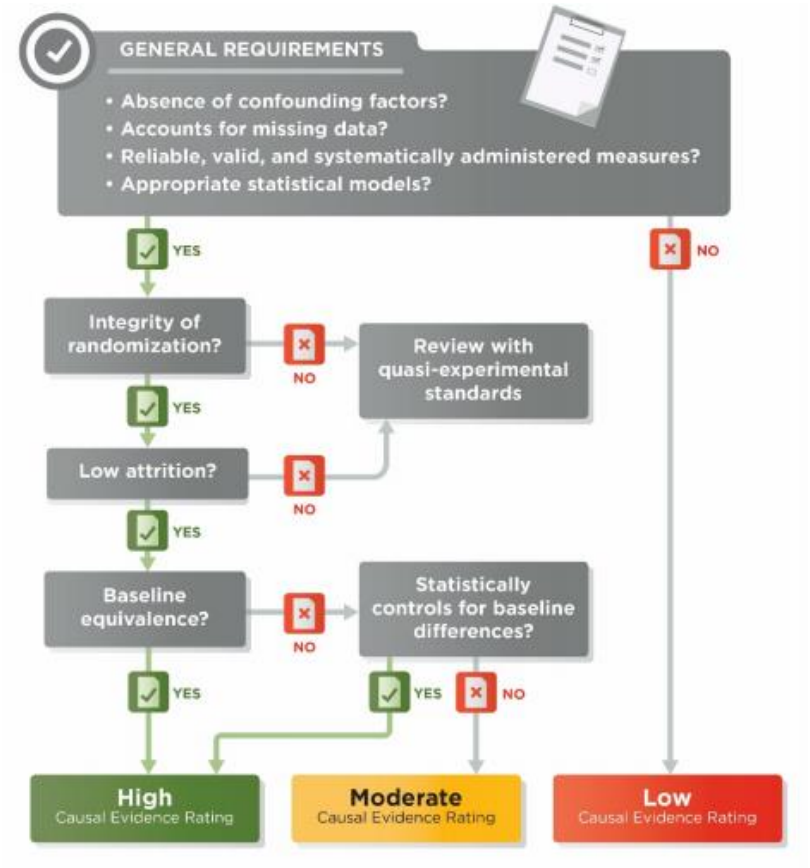
- **Integrity of Randomization**: For RCTs, reviewers will evaluate whether the process of assigning participants to an intervention or comparison condition was properly executed to ensure the integrity of randomization. If the integrity of a contrast's randomization is compromised, that contrast can be reviewed by the Clearinghouse using the QED protocols.
- **Attrition**: If study participants leave the sample, they can compromise the credibility of the evidence in an RCT. When participants who leave the study have characteristics that are related to the outcomes of the study, this can cause the intervention and comparison groups to be too different from each other to accurately estimate the impact of a service or program.
- **Baseline Equivalence**: Both RCTs and QEDs are evaluated to ensure that the intervention and comparison groups are statistically similar at the start of a study. In the case that the groups statistically differ in relevant demographic or socioeconomic characteristics, it may be possible for researchers to control mathematically for baseline differences between the intervention and comparison group. When a pre-test (a measure of the outcome prior to the intervention being administered) is available, reviewers will use that as the variable on which baseline equivalence must be demonstrated. If no pre-test is available, reviewers will either seek a pre-test alternative or will determine baseline

[4] A contrast is a comparison of one condition to a counterfactual condition of a specific condition. A study with one intervention group and one comparison group that reports findings on one outcome has a single contrast. A study with one intervention group and one comparison group that reports findings on two outcomes would have two contrasts, one for each of the comparisons between the intervention and comparison group on the two outcomes.

equivalence by evaluating both race/ethnicity and socioeconomic status of the participants of the study. Additionally, for all contrasts, reviewers will examine equivalence with regard to race/ethnicity, socioeconomic status and child age to determine if any particularly large imbalances exist between intervention and comparison groups.

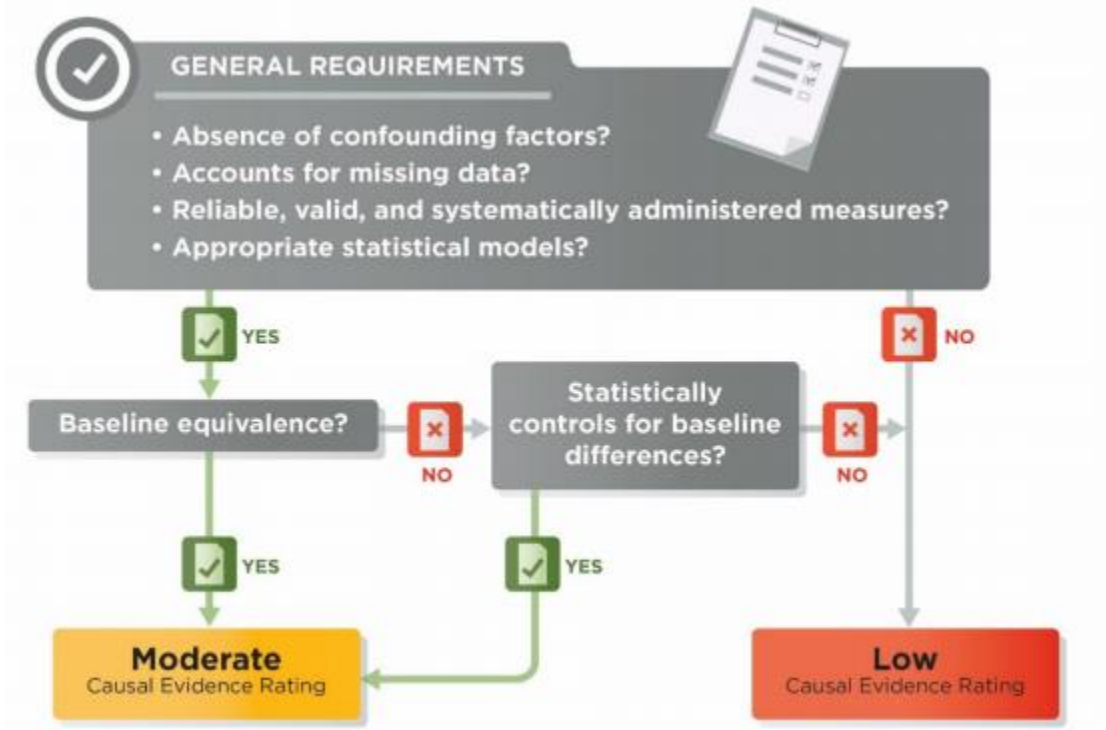
- **Design and Execution Requirements**: All RCTs and QEDs will also be required to meet additional standards regarding the validity of their statistical models, the quality and consistency of measurement standards, and the ways in which the study responds to confounding factors and missing data.

All RCTs will be evaluated based on the above criteria as follows:



[OPRE 2019-56, p. 20]

QEDs will be evaluated as follows:



[OPRE 2019-56, p. 29]

SERVICE OR PROGRAM RATING CRITERIA

The Clearinghouse will rate a service or program as "promising," "supported," "well-supported," or "does not currently meet criteria" based on the extent of evidence for the service or program.

- **Promising Practice**: A service or program will be rated as "promising" if at least one contrast achieves a rating of "moderate" or "high" on design and execution and demonstrates a favorable effect on at least one target outcome.
- **Supported Practice**: A service or program will be rated as "supported" if at least one contrast in a study carried out in a usual care or practice setting achieves a rating of "moderate" or "high" on design and execution and demonstrates a sustained favorable effect for at least six months beyond the end of treatment on at least one target outcome.
- **Well-supported Practice**: A service or program will be rated as "well-supported" if at least two contrasts with non-overlapping samples in studies carried out in a usual care or practice setting achieve a rating of "moderate" or "high" on study design and execution. At least one of the contrasts must demonstrate a sustained favorable effect for at least 12 months beyond the end of treatment on at least one target outcome.
- **Does not Currently Meet Criteria**: A service or program or will be rated as "does not currently meet criteria" if it has been reviewed and does not currently meet the evidence criteria for a "promising," "supported," or "well-supported" rating. This could be because the service or program does not have any eligible contrasts with moderate or high design

and execution ratings or because no eligible contrasts with moderate or high design and execution ratings have statistically significant favorable results.

[OPRE-2019-56, p. 1-45]

Box 5: Criteria and Procedures for Systematic Review for the Title IV-E Prevention Services Clearinghouse

1.F.11. If evidence-based programs need to be monitored for fidelity to the model, how will States be allowed to adapt evidence-based programs to meet local needs and ensure they are culturally competent?

In developing the Clearinghouse, Family First directs the Children's Bureau to include culturally specific, or location- or population-based adaptations of the evidence-based practices, which will remain relevant as fidelity to the model is being assessed. The Children's Bureau has been most direct about responsiveness to local needs and cultural competence in the exceptions it has granted to Title IV-E prevention requirements for tribal Title IV-E agencies, including waiving the requirement that the Title IV-E prevention services and programs meet the same practice criteria rated as promising, supported, or well-supported as States are required to do.

Tribal Title IV-E agencies must describe in their five–year plan the practice criteria they will use to claim Title IV-E funds for prevention services and programs they deem culturally appropriate and that meet the unique needs and context of the tribal community, including traditional healing programs consistent with meeting mental health and substance abuse treatment needs of children, parents and/or caregivers. Furthermore, the Children's Bureau also has clarified that tribal Title IV-E agencies may define trauma-informed services in a way that reflects the components of historical trauma unique to their communities. [§476(d)(2); P.L. 115-123 §50711(d); ACYF-CB-PI-18-10, p. 3-4]

1.F.12. Is federal reimbursement available for training personnel to provide evidence-based programs?

Yes. Beginning October 1, 2019 (FY2020), state and tribal Title IV-E agencies will be able to claim at a 50 percent federal reimbursement rate for costs related to training personnel employed or preparing for employment by the agency or by the local agency administering the five-year plan in the political subdivision and members of the staff of state/tribal-licensed or approved Title IV-E agencies providing services to children who are candidates for foster care and pregnant and parenting foster youth (and their parents or kin caregivers). Allowable training topics include how to determine who is eligible for the Title IV-E Prevention Program, how to identify and provide appropriate services, and how to oversee and evaluate the ongoing appropriateness of the services. [ACYF-CB-PI-18-09, p. 9; ACYF-CB-PI-18-10, p. 10]

G. SPECIAL CONSIDERATIONS FOR ADMINISTERING THE TITLE IV-E PREVENTION PROGRAM

1.G.1. When is an agency able to start accessing Title IV-E for prevention services?

State and tribal Title IV-E agencies can begin drawing down Title IV-E reimbursement for prevention services and programs beginning October 1, 2019. However, a Title IV-E agency can only access Title IV-E prevention funding if they also commit to not claim Title IV-E Foster Care Maintenance Payments (FCMP) for children placed in non-family settings no longer approved for Title IV-E FCMP. The only approved settings an agency can receive Title IV-E FCMP for are:

- A foster family home (with six or fewer children, although exceptions may apply);
- Qualified Residential Treatment Programs (QRTP);
- Settings specializing in providing prenatal, post-partum, or parenting supports for youth;
- Supervised settings for youth ages 18 and older who are living independently;
- 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; and
- Children who are placed with a parent in a licensed family-based substance abuse treatment facility for up to 12 months.

Family First gives Title IV-E agencies the option to delay by up to two years implementing the provisions related to the new restrictions on federal reimbursement for non-family settings. However, the Title IV-E agency then forfeits the ability to claim Title IV-E prevention services and programs during the duration of the delay. The connection between accessing the Title IV-E Prevention Program and using Title IV-E FCMP for certain non-family settings is only relevant during the two-year delay period (between October 1, 2019 and October 2, 2021). After October 1, 2021, all States and Tribes lose the ability to draw down Title IV-E FCMP for children who entered ineligible non-family settings after October 2021, regardless of whether they are using Title IV-E for prevention. [P.L. 115-123 §50746]

1.G.2. What if a State or Tribe declines Title IV-E reimbursement for settings no longer eligible for FCMP? Are they allowed to draw down Title IV-E funds for prevention services and programs?

Yes. If a State or Tribe chooses to forego Title IV-E FCMP for children in placements that are no longer eligible for federal reimbursement, they are allowed to draw down Title IV-E for prevention services and programs. States and Tribes are only prohibited from claiming Title IV-E for prevention if they choose to continue (up until October 1, 2021) claiming Title IV-E FCMP for settings no longer approved for federal reimbursement.

1.G.3. Does a State need to offer the Title IV-E prevention services and programs statewide?

No. The Children's Bureau has clarified in federal guidance that States do not have to administer their Title IV-E prevention services and programs statewide and may decide instead to provide the Title IV-E Prevention Program in only some areas in the State. Federal guidance also

clarifies that States do not have to provide the same services in all areas where preventive services are being provided:

> "A state is not required to provide services in all counties and geographic locations in the state, nor is the state required to provide the same type of prevention services in the elected jurisdictions. We recognize that this flexibility will allow more states to elect to provide the Title IV-E prevention program, but we still encourage states to implement the program as broadly as possible in order to make prevention services available to as many families in need of those services as possible."

States also have the flexibility to discontinue a service if it is no longer filling a need. [ACYF-CB-PI-18-09, p. 4]

1.G.4. What if other funding streams could pay for a service allowable under the Title IV-E Prevention Program?

Federal law has made clear that Title IV-E should be the payer of last resort. If other funding streams, such as Medicaid, would otherwise pay for a service allowable under the Title IV-E Prevention Program, these providers have the responsibility to pay for these services before the Title IV-E agency would be required to pay. The one exception to the payer of last resort rule is that a State or Tribe may use Title IV-E Prevention Program funding to pay a provider for services in order to prevent a delay in the timely provision of appropriate early intervention services, as long as the other public or private source ultimately has the responsibility for payment of that service and reimburses Title IV-E. [§471(e)(10)(C); The Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act, P.L. 115-271, §8082(b)(2); ACYF-CB-PI-18-09, p. 12]

1.G.5. Will HHS provide technical assistance to States and Tribes about the Title IV-E prevention services and programs?

Yes. Family First requires HHS to provide technical assistance and best practices to States and Tribes on Title IV-E prevention services and programs, including how to plan and implement a well-designed and rigorous evaluation of promising, supported, or well-supported practices. [§476(d)(1)(4); P.L. 115-123 §50711(d)]

1.G.6. Will the Title IV-E prevention services and programs provided to or on behalf of a child be considered in determining their eligibility for other federal support programs?

No. Family First clarifies that Title IV-E prevention services and programs provided to or on behalf of a child will not be counted against the individual as a receipt of aid or assistance in regards to eligibility for other federal programs. Children and families receiving Title IV-E adoption or guardianship assistance payments will continue to be eligible for those benefits if the placement is at risk of disrupting or dissolving and the child is at risk of re-entering foster care. In fact, Family First specifically includes in the definition of "candidates for foster care" children whose adoption or guardianship arrangement is at risk of a disruption or dissolution that would result in a foster care placement.

Furthermore, legislation enacted after passage of Family First clarifies that States and Tribes cannot reduce medical or other assistance available to a Title IV-E Prevention Program recipient. [§471(e)(10)(A); P.L. 115-123 §50711(a); ACYF-CB-PI-18-09, p. 12; §8082(b)(1) of P.L. 115-271]

1.G.7. How does a Title IV-E agency opt into the Title IV-E Prevention Program? Must it then opt into the program each year?

Title IV-E agencies must submit and receive approval from the Children's Bureau for a five-year plan to begin claiming Title IV-E reimbursement for the prevention services. A Title IV-E agency may submit its five-year plan at any time, as there is no deadline for this plan, and may also amend its plan at any time during the five-year period. States and Tribes do not need to opt into the Title IV-E Prevention Program every year. Please see the State and Tribal Plan Requirements section for additional information about what goes into the five-year plan. [ACYF-CB-PI-18-09, p. 4]

1.G.8. Are Tribes eligible to provide Title IV-E prevention services and programs?

Yes. Tribes that administer a Title IV-E program may opt into the Title IV-E Prevention Program. Tribes that do not operate a Title IV-E program directly through HHS, but instead operate under a state and tribal Title IV-E program agreement, can access Title IV-E prevention services and programs through the State, but must then meet the state requirements for the Title IV-E Prevention Program. There are several special considerations and exceptions for Title IV-E Tribes; please see Requirements and Opportunities for Tribal Nations Under the Family First Act for more detailed information about how Tribes can implement Family First. [ACYF-CB-PI-18-10]

H. Administrative and Training Costs

1.H.1. What types of administrative and training activities are reimbursable under the new Title IV-E Prevention Program? What is the reimbursement rate?

Beginning in FY2020, state and tribal Title IV-E agencies will be able to claim federal reimbursement at the 50 percent FFP rate for certain administrative activities related to the proper and efficient administration of the Title IV-E Prevention Program. These include activities to develop necessary processes and procedures to establish and implement the provision of prevention services and programs and Kinship Navigator Programs for eligible individuals, policy development, program management, and data collection and reporting.

Additionally, the Title IV-E agency may claim federal reimbursement at 50 percent FFP for allowable child-specific administrative activities, such as verification and documentation of program eligibility and activities that comport with or are closely related to one of the listed activities at 45 CFR 1356.60(c)(2), which include:

- Referral to services;
- Preparation for and participation in judicial determinations;

- Placement of the child;
- Development of the case plan;
- Case reviews;
- Case management and supervision;
- Recruitment and licensing of foster homes and institutions;
- Rate setting;
- A proportionate share of related agency overhead; and
- Costs related to data collection and reporting.

Allowable administrative costs are reimbursable without regard to whether expenditures are incurred for a child who is eligible, or potentially eligible, for Title IV-E FCMP.

Further, beginning in FY2020, Title IV-E agencies will be able to claim federal reimbursement at 50 percent FFP for training costs for personnel employed or preparing for employment by the state agency or by the local agency administering the plan in the political subdivision and of the members of the staff of state/tribal-licensed or approved child welfare agencies providing services to children who are candidates for foster care and pregnant/parenting foster youth (and their parents or kin caregivers). Allowable training topics include how to determine who is eligible for the Title IV-E Prevention Program, how to identify and provide appropriate services, and how to oversee and evaluate the ongoing appropriateness of the services. [§471(e)(9); P.L. 115-123 §50711(a); ACYF-CB-IM-18-02, p. 5; ACYF-CB-PI-18-09, p. 8-9, ACYF-CB-PI-18-10, p. 10]

1.H.2. When can a Title IV-E agency begin claiming administrative and training costs related to the Title IV-E Prevention Program?

A Title IV-E agency may begin claiming allowable Title IV-E administrative and training costs on the first day of the fiscal quarter in which the agency submits an approvable five-year plan. Child-specific administrative costs may be claimed for allowable activities from the beginning of the month in which the child is identified in a prevention plan until the end of the 12th month, if services were provided for the entire 12-month period. If services are provided for less than the entire 12-month period, administrative costs may be claimed until the end of the month the child's Title IV-E prevention services or programs ended.

If a youth turns age 18 (or older if States or Tribes have elected to expand services) while receiving Title IV-E prevention services or programs, the Title IV-E agency can only claim federal reimbursement for services until the day the youth turns age 18 (or the higher elected age). The Title IV-E agency may claim Title IV-E administrative costs until the end of the month in which the youth turns age 18 (or the higher elected age).

The Title IV-E agency may claim Title IV-E prevention program administrative costs for data collection and reporting beyond the child's Title IV-E prevention service period to meet the data collecting and reporting requirements in Family First. [ACYF-CB-PI-18-09, p. 8-9]

1.H.3. Can administrative dollars be used to evaluate and implement evidence-based services?

Title IV-E agencies will be allowed to claim reimbursement for administrative costs associated with developing the necessary processes and procedures for Title IV-E prevention services and programs. The Children's Bureau has clarified that the costs of conducting a well-designed and rigorous evaluation are allowable Title IV-E administrative costs because they are necessary for the proper and efficient administration of the Title IV-E Prevention Plan. [§474(a)(6)(B); P.L. 115-123, §50711(c); ACYF-CB-PI-18-09, p. 9; ACYF-CB-PI-18-10, p. 10; Child Welfare Policy Manual, 8.6C.1 Question 2]

1.H.4. Can the cost of implementing the data and reporting requirements for a prevention services program be claimed as an administrative cost?

Generally, yes. Guidance indicates that costs incurred to meet the data collection and reporting requirements for a Title IV-E prevention service or program will be claimable as an administrative cost. However, there is presently no guidance on whether system design, development, and implementation costs will also be claimable and to what extent any claims that are allowed will be further conditioned upon the prior submission and approval of other materials. [ACYF-CB-PI-18-09, p. 9]

1.H.5. Can the cost of conducting an independent systematic review for the purposes of claiming transition payments be claimed as an administrative cost?

Yes. The Children's Bureau has clarified that States may claim the cost of conducting independent systematic reviews of the evidence of a prevention service or program for the purpose of completing the Checklist for Program or Service Designation for HHS Consideration and claiming transitional payments as an administrative cost if the State claims such costs pursuant to an approved five-year plan. [Child Welfare Policy Manual, 8.6C.1 Question 3]

1.H.6. Are Title IV-E administrative and training costs related to the new prevention activities tied to a child's eligibility for Title IV-E FCMPs?

No. Allowable Title IV-E administrative and training costs are reimbursable without regard to whether expenditures are incurred for a child who is eligible, or potentially eligible, for Title IV-E FCMP. This follows the new structure of the Title IV-E Prevention Program, which does not require children to be meet the eligibility requirements for Title IV-E FCMP. [ACYF-CB-PI-18-02, p. 5]

1.H.7. What administrative and training costs for Kinship Navigator Programs are eligible for reimbursement under the Title IV-E Prevention Program?

Title IV-E administrative and training expenditures for Kinship Navigator Program are reimbursable at the 50 percent FFP rate once the Children's Bureau approves the agency as operating a Kinship Navigator Program that meets the evidence-based practice criteria required under Family First. The Title IV-E agency may begin claiming reimbursement in the quarter in which services through an approved program model have begun.

All administrative costs must be allocable to the Title IV-E Kinship Navigator Program in accordance with an approved or pending public assistance cost allocation plan under federal regulations at 45 CFR Part 95 Subpart E – Cost Allocation Plans (States) or an approved child welfare cost allocation methodology and a negotiated indirect cost rate (Tribes). Activities constituting administrative costs include:

- Program policy development in compliance with the existing federal requirements for a Kinship Navigator Program (as described in section 427(a)(1) of the Social Security Act);
- Operational support activities centralized in the grantee department or in some other agency;
- Payroll;
- Personnel functions;
- Management, maintenance and operation of space and property;
- Data processing and computer services;
- Accounting;
- Budgeting; and
- Auditing.

Any expenditures incurred for the development, delivery or participation in training by eligible staff and the staff of state or tribally-licensed or approved child welfare agencies providing the Kinship Navigator Program services to or on behalf of eligible clients are also reimbursable at the 50 percent FFP rate. [§474(a)(7); P.L. 115-123, § 50711(c); ACYF-CB-PI-18-11, p. 4]

I. MAINTENANCE OF EFFORT

1.I.1. What is the Maintenance of Effort requirement for prevention services?

Family First requires that States maintain their previous level of spending on foster care prevention in order to access the new Title IV-E funding for prevention. This Maintenance of Effort (MOE) requirement was included in the law to ensure States maintain their current spending on prevention and don't use the new Title IV-E prevention funds to supplant existing efforts. This helps ensure States are using the new funds to expand their efforts to provide critical services and programs to vulnerable children and families and help prevent more children from entering foster care. Tribal Title IV-E Agencies are not required to meet the MOE requirements.

MOE provisions are commonly used in federal law to prevent States from substituting new federal dollars for investments they are currently making for the same or similar services with state or local dollars. In the case of Family First, States electing to take the Title IV-E Prevention Program will be required to maintain a level of spending on foster care prevention expenditure from the State's applicable baseline period as a condition to making any claim for reimbursement for family prevention services under Family First.

The computation of a State's MOE requirement is linked to the date when the State opts into the Title IV-E Prevention Program. The computation of a State's MOE spending requirement will be

correlated to the prevention services included in the Clearinghouse that have been approved by HHS as of the first date of the calendar quarter in which the State opts to have a Title IV-E Prevention Program under Family First. [P.L. 115-123 §50711(a)]

1.I.2. How is the MOE requirement defined in Family First?

States must use Title IV-E prevention services and programs to supplement, and not supplant, previous "state foster care prevention expenditures," which are defined in Family First as: (1) state/local expenditures and federal matching funds for foster care prevention services and activities under the Temporary Assistance for Needy Families (TANF) program, Title IV-B and the Social Services Block Grant (SSBG), and (2) state/local expenditures for foster care prevention services and programs and activities under any other state program (except Title IV-E). Family First requires, as explained below, that state Title IV-E agencies maintain at least the same level of state foster care prevention expenditures spent in FY2014. (See question #4 below for exceptions to the 2014 baseline year).

The Children's Bureau has clarified that the state foster care prevention expenditures that will count towards the MOE will only include expenditures on services and activities that would have met the evidence based ranking standards under the new structure for the Title IV-E Prevention Program. This means only services and activities that meet all of the following requirements need to be included in the State's MOE calculation:

- Services or activities that fit into one of the allowable types of services:
  - Mental health and substance abuse prevention and treatment services; or
  - In-home parent skill-based programs that include parenting skills training, parent education, and individual and family counseling;
- The populations served are children who are candidates for foster care, pregnant or parenting youths in foster care, or their parents and kin caregivers;
- The services are rated as well-supported, supported, or promising as outlined in Family First and in accordance with the criteria and procedures for systematic review established in the Handbook; and
- The services or activities are trauma-informed (as defined by the State).

The Children's Bureau has also stated that a State's MOE computation need only include countable costs incurred in the applicable baseline year for prevention services or activities that have been approved by the Clearinghouse at the time the State submits its initial five-year plan. The computation of a State's MOE level is only done once. The original MOE will carry over and apply the same for every five-year plan thereafter. [§471(e)(7)(B); P.L. 115-123 §50711(a); ACYF-CB-PI-18-09, p. 10-11]

1.I.3. How will a State's MOE requirement correlate with its ability to make a claim for Title IV-E prevention services?

A State's MOE requirement creates a minimum spending requirement that a State must meet each year before it can claim Title IV-E prevention services or programs. For example, assume that a State's MOE requirement is $10,000. In order for the State to make a Title IV-E

Prevention Program claim, it will need to certify to HHS that it has spent at least $10,000 on eligible MOE services. Any allowable prevention costs in excess of that amount would then be potentially claimable for Title IV-E reimbursement.

1.I.4. Are there any special exceptions to the MOE computation period?

Yes. States with a population of children less than 200,000 in FY2014 (as determined by the Bureau of the Census) may elect to use FY2015 or FY2016 as the base year of their MOE calculation, rather than FY2014. We believe the only States that could qualify for this exception may be Alaska, North Dakota, Wyoming, Vermont, Rhode Island, and the District of Columbia. Tribal Title IV-E agencies also do not have to adhere to the MOE requirement. (See Requirements and Opportunities for Tribal Nations Under the Family First Act for more information on Tribes) [§471(e)(7)(E); P.L. 115-123 §50711(a); U.S. Census Bureau. 2015. "2014 American Community Survey 1-Year Estimates," Tables S0901. Accessed via American FactFinder 2: http://factfinder2.census.gov. Calculations by the Children's Defense Fund; ACYF-CB-PI-18-10, p. 10-11]

1.I.5. Does the MOE calculation include state matching funds used for federal prevention services?

Yes. The MOE includes state and local expenditures that are matched or reimbursed by the federal government for allowable prevention services under TANF, SSBG and Title IV-B. The MOE must also include state or local funds spent on prevention services that are not matched or reimbursed by the federal government. [§471(e)(7)(C); P.L. 115-123 §50711(a)]

1.I.6. Does the MOE include any state/local expenditure on foster care prevention, or just Title IV-E agency expenditures on foster care prevention?

As no definitive guidance has been provided, States would be best served by including any state/local expenditures, not simply those spent by the Title IV-E agency. However, it is possible that States could follow the MOE calculation guidelines for TANF, the closest analog to this process. Under TANF, a State would only need to include 3rd party expenditures for otherwise countable services incurred on behalf of candidates for foster care outside the Title IV-E agency if:

- The 3rd party entity provided those services solely at the direction of the agency;
- The 3rd party entity provided the service uniquely to the child welfare population; or
- The state child welfare agency transferred funds that would have otherwise been countable in the MOE to the 3rd party entity to use for those services.

1.I.7. What if a State has not previously used any of the prevention services included in the Clearinghouse?

That State's MOE would be zero.

1.I.8. **Will the MOE baseline be determined by the Children's Bureau or the individual State?**

State Title IV-E agencies will determine their own MOE on their foster care prevention expenditures for FY2014 (or one of the alternative baseline years as mentioned above in question #4) and report it in the State's five-year plan. The State only needs to calculate its MOE baseline once, as the original MOE will carryover and apply the same for every five-year plan thereafter. [ACYF-CB-PI-18-09, p.10-11]

HOW DOES A STATE CALCULATE EXPENSES FOR SERVICES AND ACTIVITIES THAT COUNT UNDER THE MAINTENANCE OF EFFORT REQUIREMENT?

The following steps will help a State determine which of their previous expenditures on prevention services should or should not be included in the MOE computation. Before beginning this exercise, a State must first set its baseline year (likely FFY2014).

For each prevention service, perform the following steps in sequence:

Step 1: List the service name.

Step 2: Functionally describe the service, its stated purpose, and intended outcome.

Step 3: YES or NO – Is the service the functional equivalent of one or more of the services presently included in the Clearinghouse and therefore approved by the Children's Bureau as claimable as a Title IV-E prevention service or program?

If you answer YES, proceed to next step. If you answer NO, stop and proceed to the next service under consideration as costs of this service are not countable in the MOE computation.

Step 4: YES or NO – Did the population that consumed this service or program include one or more of the following groups of individuals:

- Children identified in a prevention plan as being at imminent risk of entering foster care (without regard to whether any such child would be eligible for Title IV-E foster care, adoption, or guardianship payments) but who you determined could remain safely in their home or in a kinship placement as long as services or programs necessary to prevent the entry of the child into foster care were provided;
- Children whose adoption or guardianship arrangement was determined to be at risk of a disruption or dissolution that would result in a foster care placement;
- Children in foster care who were pregnant or already a parenting foster youth; or
- The parents or kin caregivers of any such children

If you answer YES, proceed to next step. If you answer NO, stop and proceed to the next service under consideration as the costs of this service are not countable in the MOE computation.

Step 5: YES or NO – Was the delivery of the service or program provided under an organizational structure and treatment framework that involved understanding, recognizing, and responding to the effects of all types of trauma and also in accordance with recognized

principles of a trauma-informed approach and trauma-specific interventions to address trauma's consequences and facilitate healing?

If you answer YES, proceed to next step. If you answer NO, stop and proceed to the next service under consideration as the costs of this service are not countable in the MOE computation.

Step 6: For each of the funding sources denoted below, what was the federal and state/local cost incurred on behalf of the parties denoted in Step 4 above in the baseline period?

- TANF: _____
- TANF MOE: _____
- IV-B (federal share both parts I and II): _____
- SSBG: _____
- State and local funds (including the non-federal share for IV-B but excluding the non-federal share for Medicaid covered services): _____

Step 7: Sum the costs noted in Step 6: _____

Step 8: Go to next service under consideration.

The State's MOE amount will be the sum of services that have a value of $0 or greater in Step 7.

Box 6: How Does a State Calculate Expenses for Services and Activities that Count Under the Maintenance of Effort Requirement?

1.I.9. Does a State's MOE have to be approved by the Children's Bureau?

Yes. The MOE must be submitted as part of the State's five-year plan that will be reviewed and approved by the Children's Bureau. For each fiscal year that the State operates the Title IV-E Prevention Program, the State must report to the Children's Bureau the amount of actual "state foster care prevention expenditures" for that year to determine whether the State is complying with the MOE requirement. However, the State only needs to calculate its MOE baseline once because the original MOE will carryover and apply the same for every five-year plan thereafter. [§471(e)(7)(D); P.L. 115-123 §50711(a); ACYF-CB-PI-18-09, p.10-11]

1.I.10. Will the Children's Bureau provide guidance on how States should determine previous prevention expenditures to meet the MOE requirement?

The Children's Bureau included information on the MOE requirement in the Program Instruction ACYF-CB-PI-18-09 released on November 30, 2018. Included with this Program Instruction was Attachment IV that States must submit to the Children's Bureau each fiscal year that the State operates the Title IV-E Prevention Program, and report the amount of actual state/local foster care prevention expenditures for the fiscal year to determine whether the State is complying with the MOE requirement. The Children's Bureau does not provide any further information on how to calculate the MOE. [ACYF-CB-PI-18-09, p. 10-11]

1.I.11. Will Medicaid expenses that would be construed as "prevention funding" (i.e. Medicaid-funded substance use disorder treatment, mental health counseling services) be counted in MOE?

No. Family First does not require that state/local prevention expenditures related to Medicaid services or activities be included in the State's MOE baseline. [§471(e)(7)(B); P.L. 115-123 §50711(a)]

1.I.12. For state-supervised, locally-administered child welfare systems, may the State use claims data submitted by the local agencies administering programs for the purpose of calculating state foster care prevention expenditures for the MOE?

Yes. In a state-supervised, locally-administered child welfare system, the MOE calculation would include the local expenditures spent on previous foster care prevention services. Family First defines the term "state expenditures" to mean "all State or local funds that are expended by the State or a local agency including State or local funds that are matched or reimbursed by the Federal Government and State or local funds that are not matched or reimbursed by the Federal Government." [§471(e)(7)(C); P.L. 115-123 §50711(a)]

1.I.13. How will participation in the Title IV-E waiver impact the MOE?

State and local expenditures on foster care prevention used by a State in its Title IV-E waiver are excluded from the State's MOE calculation. [§471(e)(7)(B)(ii); P.L. 115-123 §50711(a)]

1.I.14. Are there restrictions on how the MOE funds must be spent?

At present, no federal guidance exists regarding the eligibility requirements for expenditures to count toward a State's MOE. It is assumed that any spending on services or programs that would otherwise be eligible for reimbursement under the Title IV-E Prevention Program would count toward a State's MOE requirement. Until further guidance is issued, though, it remains unclear what, if any, other expenditures would be eligible.

J. STATE AND TRIBAL PLAN REQUIREMENTS

1.J.1. What are States and Tribes required to document in their five-year plan?

States and Tribes are required, under Family First, to submit a plan for each five-year period that their Title IV-E Prevention Program is in operation. State and Tribal Plan Requirements details what information must be included in that plan.

Additionally, if a State meets certain continuous quality improvement requirements in Family First and evidence of a well-supported practice's effectiveness is compelling, the Children's Bureau may waive the evaluation strategy requirement. A State may request this waiver using Attachment II to the five-year plan and must demonstrate the effectiveness of the practice. To qualify, the continuous quality improvement efforts must be documented in the five-year plan, and must detail how the State plans to implement the services or programs, including how implementation of the services or programs will be continuously monitored to ensure fidelity to

the practice model and to determine outcomes achieved and how information learned from the monitoring will be used to refine and improve practices. [§471(e)(5)(C)(ii); P.L. 115-123, §50711(a); ACYF-CB-IM-18-02, p. 4; ACYF-CB-IM-18-09, p. 5; ACYF-CB-PI-19-06, p. 2]

STATE AND TRIBAL PLAN REQUIREMENTS

While States and Tribes are permitted to include more detail in their plans, the following information is required:

Service Description and Oversight: The State or Tribe must describe how it will assess children and their parents or kin caregivers to determine eligibility for Title IV-E prevention services and programs and describe the Children's Bureau-approved services the State will provide, including:

- Whether the practices used to provide the services are rated as promising, supported, or well-supported in accordance with the HHS practice criteria as part of the Clearinghouse (There are exceptions for Tribes to use culturally-based services. See Requirements and Opportunities for Tribal Nations Under the Family First Act for more information.);
- How the State or Tribe plans to implement the services or programs, including how they will:
  - Continuously monitor to ensure fidelity to the practice model;
  - Determine outcomes achieved; and
  - Use information learned from monitoring to refine and improve practices.
- How the State or Tribe selected the services or programs;
- The target population for the services or programs;
- An assurance that each service provided in the state plan meets the requirements in the Act related to trauma-informed service delivery (Tribes may define trauma-informed services. See Requirements and Opportunities for Tribal Nations Under the Family First Act for more information.); and
- How providing these services and programs is expected to improve specific outcomes for children and families.

Evaluation Strategy: The State must include a well-designed and rigorous evaluation strategy for each service which may include a cross-site evaluation approved by ACF (Tribes have different evaluation strategy requirements. See Requirements and Opportunities for Tribal Nations Under the Family First Act for more information.).

Monitoring Child Safety: How the State plans to monitor and oversee the safety of children who receive these services and programs through periodic risk assessments while the services are being provided, and reexamination of the prevention plan if the State determines the risk of the child entering foster care remains high despite the services of the program.

Consultation and Coordination: How the State will consult and coordinate to provide optimal care for children and families and family, including:

- A description of how the agency tasked with administering the plan will engage and consult with other state agencies responsible for administering health programs (i.e. mental health, substance abuse prevention and treatment services) and with other

public and private agencies with experience in administering child and family services (i.e. community-based organizations); and
- A description of how the prevention services or programs will be coordinated with other child and family services provided under Title IV-B.

Child Welfare Workforce Support: Description of steps the State or Tribe is taking to support and enhance a competent, skilled, and professional child welfare workforce to deliver trauma-informed and evidence-based services, including:

- Ensuring staff are qualified to provide evidence-based services or programs; and
- Developing appropriate prevention plans and conducting the risk assessments required.

Child Welfare Workforce Training: A description of how the State or Tribe will provide training and support for caseworkers in:

- Assessing what children and their families need;
- Connecting to the families served;
- Knowing how to access and deliver the needed trauma-informed and evidence-based services; and
- Overseeing and evaluating the continuing appropriateness of the services.

Prevention Caseloads: A description of how caseload size and type for prevention caseworkers will be determined, managed and overseen.

Assurance on Prevention Program Reporting: An assurance that the State will report to the Secretary on required information and data for the prevention services measures and to ensure compliance with the MOE requirement (Tribal requirements differ from those of States. See Requirements and Opportunities for Tribal Nations Under the Family First Act for more information.).

Box 7: State and Tribal Plan Requirements

1.J.2. Can States and Tribes submit for approval in their five-year plans additional prevention services and programs that they believe meet the evidence-based practice criteria in Family First?

Yes. A State or Tribal Title IV-E agency can include services and programs that have not yet been evaluated by the Clearinghouse and receive transitional payments for services and their associated costs until the Clearinghouse is able to complete a systematic review and rating of the program. To do so, the Title IV-E agency must conduct an independent systematic review of the evidence for any services or programs and submit sufficient documentation to demonstrate the service or program meets the evidentiary standards in Family First to receive a designation of promising, supported or well-supported. Tribal Title IV-E agencies do not have to meet the same evidence-based requirements for prevention services as state Title IV-E agencies, so they may deem applying for transitional payments unnecessary.

If a Title IV-E agency wishes to claim transitional payments, they must complete and submit the checklist provided in Attachment B to ACYF-CB-PI-19-06, along with all necessary

documentation, as part of their five-year plan. Though Title IV-E agencies are permitted to use different standards and procedures to demonstrate the evidence-based criteria in Family First and Attachment C to ACYF-CB-PI-18-09 are met, it is suggested that they follow the procedures outlined in the Handbook. The Clearinghouse will use the Handbook to make the final determination of a rating.

Once a service or program is approved as part of a State's five-year plan, any other State may submit a five-year plan that includes those same programs, as if they had been rated, so long as the plan is submitted prior to October 1, 2021. All other requirements for Title IV-E Prevention Program remain in effect for transitional payments.

1.J.3. When are the five-year plans due to the Children's Bureau?

Because the operation of a Title IV-E Prevention Program by a State or Tribe is entirely optional, there is no deadline by which a State must submit their five-year plan. States and Tribes may not claim reimbursement for otherwise allowable costs incurred for such a program until they have submitted and received approval of their five-year plans. [ACYF-CB-PI-19-06, p. 2]

1.J.4. What steps must States take to submit the five-year plan?

Title IV-E agencies that wish to opt into the Title IV-E Prevention Program should:

1. Submit the completed five-year plan pre-print in Attachment B (including the State Title IV-E Prevention Program Reporting Assurance, the State Request for Waiver of Evaluation Requirement for a Well Supported Practice (if applicable), the State Assurance of Trauma-Informed Service-Delivery, and the State Annual MOE Report) to the appropriate Children's Bureau Regional Office. Alternatively, Title IV-E agencies can submit the same information in its own format;
2. Submit copies of referenced material noting the specific section of the material with page numbers, highlighting or other means, to document compliance with any cited statute, regulation, policy and/or procedure; and
3. Submit the five-year plan and accompanying documentation electronically or on a compact disk or USB flash drive to the Children's Bureau Regional Office.

A Title IV-E agency may not substitute a hyperlink instead of providing paper or electronic documents for its five-year plan pre-print submission. If the Title IV-E agency is unable to submit electronic signatures for purposes of the certification, it may submit the appropriate pages with original signatures. Tribal Title IV-E agencies should contact the regional Children's Bureau office near them to inquire as to the process for Tribes that will be opting in the Title IV-E Prevention Services program. [ACYF-CB-PI-18-09, p. 12]

1.J.5. Can States and Tribes amend their five-year plan during the five-year period? What is the process for doing so?

Title IV-E agencies may amend or terminate their five-year plans at any time during the five-year period. To submit an amendment to their five-year plan, a Title IV-E agency should follow the same procedures they would follow for submitting a new plan.

[§471(e)(5); P.L. 115-123 §50711(a); ACYF-CB-PI-18-09, p. 4-6]

K. Data Reporting Requirements

1.K.1. What data are States and Tribes required to collect related to the Title IV-E Prevention Program in Family First?

Under Family First, States and Tribes that elect to participate in the Title IV-E Prevention Program will be required to report child-specific data on every child receiving Title IV-E prevention services or programs. Specific tribal data requirements may be different than those for States (See Requirements and Opportunities for Tribal Nations Under the Family First Act for more information.).

States must submit data on all children with a prevention plan on a six-month (per federal fiscal year) basis with a transmission period of 45 days. Information that is also included in the Adoption and Foster Care Analysis and Reporting System (AFCARS), the National Child Abuse and Neglect Data System (NCANDS), or the National Youth in Transition Database (NYTD) must be consistent with what is reported in those files, including the child's record number and agency identifier.

TITLE IV-E PREVENTION SERVICES DATA ELEMENTS		
Data Element Name	**Definition**	**Valid Codes**
1. Title IV-E Agency	Indicate the Title IV-E agency responsible for submitting the data.	ACF provided code
2. Child Identifier	Indicate the child's record number. This is an encrypted, unique person identification number that is the same for the child across all report periods state/tribe-wide.	Encrypted
3. Date of Birth	Month, day, and year of the child's birth.	Date
4. Sex	Indicate as appropriate.	Male Female
5. Race	In general, a person's race is determined by how they define themselves or by how others define them. In the case of young children, parents determine the race of the child. American Indian or Alaska Native - A person having origins in any of the original peoples of North or South America (including Central America), and who maintains tribal affiliation or community attachment. Asian - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent	Indicate child's race

	including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. Black or African American - A person having origins in any of the black racial groups of Africa. Native Hawaiian or Other Pacific Islander - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. White - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa. Declined - The child or parent(s) or legal guardian(s) has declined to identify a race. Unknown - The child's race is unknown because the race, or at least one race of the child is unknown, or the child and/or parent is not able to communicate the child's race.	
6. Hispanic or Latino Ethnicity	Answer "yes" if the child is of Mexican, Puerto Rican, Cuban, Central or South American origin, or a person of other Spanish cultural origin regardless of race. Whether or not a person is Hispanic or Latino is determined by how they define themselves or by how others define them. In the case of young children, parents determine the ethnicity of the child. Declined - The child or parent(s) or legal guardian(s) has declined to identify ethnicity. Unknown - The child and/or parent is unable to communicate the child's ethnicity.	Yes No Declined Unknown
7. Pregnant or Parenting Youth in Foster Care	Is the child a pregnant or parenting youth in foster care as described in section 471(e)(2)(B) of the Act?	Yes No
8. Prevention Plan Start Date	Indicate the month, day, and year that the Title IV-E agency identified the child in a prevention plan.	Date
9. Type of Service(s)	Identify the Title IV-E prevention service category for each service provided during the 12-month period beginning on the prevention plan start date.	Mental health Substance abuse prevention and treatment services In-home parent skill-

		based programs
10. Service Start Date(s)	Enter the start date(s) of the Title IV-E prevention service(s) or program(s).	Date(s)
11. Cost of Service(s)	Enter the total expenditures for each Title IV-E prevention service provided within the 12 months following the prevention plan start date.	Amount
12. Service End Date(s)	Enter the date(s) that each Title IV-E prevention service or program ended. Note: This date cannot be after the 12 months following the prevention plan start date. If the Title IV-E prevention service or program is still being provided as of the end of the report period, please indicate not applicable.	Date Not applicable
13. Foster Care Placement Status at 12 Months from Prevention Plan Start Date	Indicate whether the candidate entered foster care 12 months from the prevention plan start date.	Yes No
14. Foster Care Entry	Did the candidate enter foster care as defined in 45 CFR 1355.20 within 24 months of the prevention plan start date?	Yes No
14.a. Date of Entry into Foster Care	If yes to #14, enter month, day, and year of each entry into foster care.	Date

Box 8: Title IV-E Prevention Services Data Elements

[§471(e)(4)(E); P.L. 115-123 §50711(a); ACYF-CB-PI-18-09, p. 11; CB Technical Bulletin #1]

1.K.2. Will Comprehensive Child Welfare Information System funding be available for system changes related to Family First?

No. Funding was specifically appropriated for the data collection and reporting requirements related to the prevention services under Family First. However, States may claim 50 percent reimbursement under Title IV-E administrative costs for the data collection and reporting expenses. [§474(a)(6)(B)(i); P.L. 115-123 §50711(c); ACYF-CB-PI-18-09, p. 9]

1.K.3. How are the data reporting requirements impacted by a child who is re-determined to be a candidate after the initial 12 months of services?

Guidance from the Children's Bureau clarifies that candidacy can be reestablished for a child for additional 12-month periods, including contiguous periods, on a case-by-case basis. The Children's Bureau has not yet published specific guidance as to how this reestablishment would impact the tracking of that child's outcomes. Without guidance to the contrary, it is expected that

each separate establishment of candidacy would have its own separate tracking of placement status and foster care entry. [ACYF-CB-PI-18-09, p. 4]

L. THE INTERSECTION OF FAMILY FIRST AND THE MEDICAID PROGRAM

1.L.1. How does Medicaid intersect with Family First?

Family First provides significant opportunities to expand access to needed mental health and substance use disorder (SUD) treatment services, both for children and their parents or caregivers. The Medicaid program plays an essential role in financing behavioral health services, but also has varying eligibility criteria and benefit packages by State. In addition, Medicaid's Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit is key to ensuring children receive all needed health services. Prevention services under Family First are available without regard to income, offering an opportunity to fill gaps in access to care for vulnerable children and families. Given the incredible complexity of the Title IV-E and Medicaid programs, and their significant variation by State, there is no single set of definitive questions and answers regarding the programs' intersection. Coordination and alignment between Title IV-E and Medicaid can help align systems and payment processes to ensure children and their parents or caregivers receive needed services as early as possible.

Tribes are not eligible to access Medicaid directly through the federal government, but many have agreements with States to access different programs under Medicaid. In addition, Indian Health Services clinics and hospitals that operate in Indian Country do access Medicaid directly through the federal government. The interface for tribal Title IV-E agencies operating the prevention services component of Title IV-E and Medicaid will be impacted by state Medicaid plans for Tribes in agreements with them and by program strategies used by Indian Health Services clinics and hospitals.

This section of the guide provides key questions for jurisdictions to contemplate as they prepare for implementing Family First, and high-level questions and answers about the programs' interaction. This coordinated implementation can support the best use of public resources through Family First supplementing rather than supplanting Medicaid. In order to ensure the highest leverage implementation of Family First, we encourage jurisdictions to bring together Medicaid and Title IV-E agency officials to ensure comprehensive examination of all pertinent issues related to Family First implementation. This collaboration offers an opportunity for Medicaid agencies to learn about evidence-based services that can address underlying drivers of familial health service utilization, including unmet parental behavioral health needs.

KEY QUESTIONS TO CONSIDER IN ASSESSING HOW A JURISDICTION'S TITLE IV-E PREVENTION PROGRAM AND MEDICAID PROGRAM WILL INTERACT

With such significant variation in States' Medicaid programs, there is no definitive answer to how Medicaid will interact with a Title IV-E Prevention Program. Instead, there are key questions jurisdictions should consider. As part of this process, it is essential to include Medicaid and Title IV-E agency officials and stakeholders, as well as others who oversee and finance behavioral health services within the jurisdiction, to make sure all potential avenues for federal reimbursement are maximized. The following are critical questions to contemplate as part of this process, along with some additional explanation as to the purpose of focusing on these questions. For some of these questions you will get answers in this guide, and others will emerge in your discussions:

- Who is eligible for Title IV-E prevention services and programs? How does this population compare to your State's Medicaid beneficiary population?
    - What is the overlap of eligibility among specific beneficiaries, and also within families?
- What are the categories of individuals or families that may be eligible for Title IV-E prevention but are not Medicaid eligible?
    - For families where only the child has Medicaid or CHIP eligibility, there may be opportunities to benefit parents with Title IV-E prevention services and programs already available to Medicaid beneficiaries, which could inform outreach efforts and service provision estimates.
- What are the State's income eligibility requirements for Medicaid for children? For parents?
    - The Medicaid income eligibility for children and parents is different in each State. Knowing the eligibility threshold can help States target intervention outreach, and understand whether families could be served by Family First, Medicaid, or both.
- What Title IV-E prevention services and programs are identical to or very similar to services and programs a child can receive as medically necessary via Medicaid's EPSDT benefit?
- What Title IV-E prevention services and programs are identical to or very similar to services and programs a parent can access through Medicaid?
    - In exploring these services, it will be important to see what services Medicaid actively reimburses in the State.
        - For those where it is actively reimbursed, it will be important to determine where it is provided, through which eligible providers, and under what circumstances.
        - For those where it is not actively reimbursed, it will be important to understand why. This could prompt discussions and changes to Medicaid policy to best coordinate the two programs.

- In what ways is Medicaid used for health services for children who come to the attention of the child welfare system, are in foster care or who receive adoption assistance or guardianship assistance payments? For their parents?
    - All children with family income at or below 138 percent of the federal poverty line qualify for Medicaid, ensuring access to a robust set of comprehensive benefits. Children receiving federal child welfare assistance under Title IV-E (through foster care, adoption assistance, or guardianship assistance) are automatically eligible for Medicaid; those who are not receiving Title IV-E assistance may be eligible for Medicaid on another basis, such as income or disability. Youth who have aged out of foster care also may be eligible for Medicaid, in some cases up to age 26.
    - In States electing the ACA's Medicaid expansion, parents of child welfare involved youth qualify for Medicaid if their income is below 138 percent of the poverty line. In the 14 States that haven't expanded Medicaid,[5] some parents may be eligible based on income; however, parent eligibility varies greatly between States.
    - Currently, States are only required to provide coverage to young people who age out of their State's child welfare program. Recent legislation (P.L. 115-271) has further clarified that this will apply regardless of the State from which a young person aged out of care starting in 2023.
- What mental health and SUD services does the State already cover through Medicaid? For children? For parents? For families? Are those services covered under the state plan, or through a waiver?
    - The extent to which Medicaid programs cover behavioral health services differs by State. Understanding what services Medicaid covers, whether it pays for those services on a managed care or fee-for-service basis, and who is eligible to provide the services will help inform the coordination of services with Medicaid.
- How does that list of Medicaid services overlap with the allowable services included in the Clearinghouse?
    - It is important to ensure Family First supplements Medicaid coverage, rather than supplants it. Reviewing any service overlap will allow jurisdictions to maximize the complementary impact of both programs. For example, if a Clearinghouse service is not currently reimbursed by Medicaid (e.g. dyadic SUD treatment model) for eligible children or parents but would fall under EPSDT guidelines, should the State take steps to change its policy? Additionally, should the State clarify that the service is available for reimbursement before using the Title IV-E Prevention Program?
- What role does Medicaid play in the State's financing of residential treatment services for parents and children together?
    - This is important for understanding how Family First and Medicaid will intersect in certain non-family settings that commonly bill the Medicaid program, including residential family-based SUD treatment and residential

[5] AL, FL, GA, KS, MS, MO, NC, OK, SC, SD, TN, TX, WI, & WY

behavioral health treatment for children in foster care. This is important since under Family First, Title IV-E can cover room and board for children placed together with their parents in these facilities.

- If the State has expanded Medicaid, is the expansion benefit package the same as or different from traditional Medicaid?
    - States must provide Medicaid expansion beneficiaries with Alternative Benefit Plan (ABP) coverage, which can be the same as benefit package as traditional Medicaid coverage so long as the ABP includes the ten essential health benefits (EHB). States have many options in designing their ABP, which may include differing coverage for behavioral health services, a required EHB. It's important to note that for children age 21 who are enrolled in Medicaid expansion coverage must still have access to EPSDT coverage.
    - If those benefit packages differ, is there variance in the mental health and SUD treatment services those benefit packages cover?
- What is the State's Family First FMAP reimbursement rate? How does it vary by service or activity?
    - Family First offers a 50 percent federal match for prevention services beginning in FY2020. Starting in FY2027, that rises to the State's Medicaid FMAP rate. Knowing this information will help the State project available federal resources to support the use of Family First interventions.
- How prevalent is managed care in your state Medicaid program? If your State has a high managed care penetration rate, are behavioral health services still offered via fee-for-service (i.e. carved out)?
    - Even when the services Medicaid covers are clearly defined, children may receive services through a combination of managed care and fee-for-service coverage, which can be confusing and difficult to navigate. In addition, if provider networks change, child welfare-involved youth may experience disruptions in care or lose access to providers who are most familiar with their needs as they transition between managed care plans
- What is the working relationship in your State between the Medicaid and Title IV-E agencies?
    - The vast majority of children and youth in the child welfare system are eligible for Medicaid-financed services. As States move forward with the implementation of Family First, collaboration between the Medicaid and Title IV-E agencies will be essential. Previous partnerships and relationship-building may help the implementation process.

Box 9: Key Questions to Consider in Assessing How a Jurisdiction's Title IV-E Prevention Program and Medicaid Program Will Interact

1.L.2. **What are the largest areas of overlap between Medicaid and Family First?**

There are three main aspects of Family First with significant implications for interaction with a State's Medicaid program:

- The option to operate a Title IV-E Prevention Program;
- Services children receive in a QRTP; and

- Use of Title IV-E funds to pay for the placement of a child with their parent in a residential family SUD treatment setting, regardless of income.

Jurisdictions that elect to operate a Title IV-E Prevention Program will want to consider how to coordinate that program with their Medicaid program, to maximize access for children and families through coordinated and sustainable funding arrangements. There may be overlap in both covered services and eligible beneficiaries, which necessitates intentional consideration by policymakers to ensure the maximal complementary impact of these two significant federal funding streams.

Medicaid often funds health services and interventions for children in foster care who require care in specialized residential treatment settings. Under Family First, there will be new federal standards to ensure the appropriateness and quality of specialized non-family settings. The law creates the QRTP model, designed to ensure children with the highest needs receive high-quality care that will support their transition to a family setting. Jurisdictions will want to consider how the new QRTP requirements interact with their current practices for financing specialized residential treatment for children in foster care to ensure that they are able to provide all necessary services for children in those settings.

Starting October 1, 2018, Family First began to allow the use of Title IV-E funds to cover the placement of a child with their parent in a residential family SUD treatment setting, regardless of the parent's income. In this scenario, Title IV-E funds will finance the child's placement, but other funding streams will cover services for both the child and their parent or caregiver. Medicaid is likely to have a significant role in supporting the provision of those services. Jurisdictions will want to work closely with residential family SUD treatment providers and their Medicaid agencies to consider the availability of these settings in their community and to coordinate financing of care to ensure the sustainability of this new placement setting option. Availability of these treatment settings varies significantly by State, so understanding both the availability of providers and their capacity to serve additional families will be essential. A directory of such programs is available here.

1.L.3. Is there an overlap between the services Medicaid and Title IV-E can provide?

Most likely, although the services provided under Title IV-E and under Medicaid will vary from State to State. For example, Medicaid requires coverage of mental health and SUD services for all enrolled populations, including adults and children. Family First allows jurisdictions to provide services to prevent the need for foster care to children and their parents or caregivers, regardless of income, in three categories: (1) mental health prevention and treatment; (2) substance abuse prevention and treatment; and (3) in-home parent skills-based training. Medicaid bases access to services other than preventive screenings on their medical necessity, while Family First requires that services be listed in the Clearinghouse or receive approval for transitional payments and fall within one of three categories of evidentiary basis. Understanding the overlap between services is important to help jurisdictions consider how to ensure that Medicaid and Family First work in as complementary of a manner as possible.

1.L.4. Are there types of Medicaid services that all States provide?

For the traditional Medicaid adult population, all state Medicaid programs offer certain mandatory behavioral health services, such as:

- Inpatient hospital services;
- Outpatient hospital services;
- Rural health clinic services;
- Nursing facility services;
- Home health services; and
- Physician services.

States may also choose to provide coverage for additional optional services under state plan authority, most commonly under the so-called "rehab option," which allows States to cover a wide variety of recovery-oriented services to individuals in the community for both mental health and SUDs. Some States require beneficiaries to pay nominal copayments or achieve prior authorization before receiving certain optional services, and have discretion to place limits on the total number of service sessions/days in a given year. Family First may be able to help fill the coverage void during these instances. (Kaiser Family Foundation, 2018)

Under the EPSDT benefit– the child health component of Medicaid – all children under the age of 21, including those made eligible under Medicaid expansion, are entitled to all coverage and medically necessary services needed to correct or ameliorate physical and behavioral health conditions. Cost sharing and limits on coverage do not apply to EPSDT-covered medically necessary services. This includes all mandatory and optional Medicaid services, whether or not such services are in the state Medicaid plan, based on a case-by-case determination of medical necessity.

In addition to the mandatory services listed above, children are entitled to receive:

- Inpatient psychiatric services;
- Intermediate care facility services for individuals with intellectual disabilities;
- Prescription drugs;
- Primary care and targeted case management services;
- Private duty nursing services; and
- Other diagnostic, screening, preventive and rehabilitative services.

1.L.5. What is Managed Care, and how does it impact the delivery of Medicaid services to children and families?

Managed Care is a health care delivery system organized to manage the cost and utilization of health services. Under Medicaid Managed Care, Medicaid health benefits and additional services are delivered through contracted arrangements between state Medicaid agencies and managed care organizations (MCOs) that accept a set per member per month (capitation) payment for these services. This differs from fee-for-service Medicaid, which pays for services that providers charge.

While federal statute entitles all enrolled children to the services listed above, the reality is that States and MCOs use various definitions of medical necessity that can ultimately lead to inappropriate coverage denials and soft-limits on services.

Additionally, while MCOs must provide all benefits offered under the state plan, they can establish their own provider network qualifications, contract terms, and payment rates (within parameters required by the terms of the contract with the State). Geographic variation in provider access, which can be driven by both the breadth of an MCO's network and the availability of providers in a given geographic area, can also affect the type, quality, and amount of services used by beneficiaries. This will have important implications for service availability for children served through the Medicaid program.

1.L.6. How will the interaction of Medicaid and Title IV-E differ based on whether a State has expanded its Medicaid program under the Affordable Care Act?

The Affordable Care Act gives States the option to expand Medicaid coverage for low-income adults to 138 percent of the federal poverty level (FPL). To date, 36 States and the District of Columbia have elected to offer Medicaid to childless adults and to parents with incomes under 138 percent FPL.[6] States have flexibility in designing the benefit package for their expansion populations, as described above.

In States that haven't expanded Medicaid, Title IV-E presents an opportunity to expand access to mental health and SUD treatment to adults whose children are at risk of foster care but who do not qualify on Medicaid based on income alone. It is critical to ensure this occurs in a complementary fashion that supplements rather than supplants Medicaid.

As such, the interaction between Medicaid and Title IV-E will differ depending on the State in question, whether it expanded Medicaid, and the services Medicaid covers. Jurisdictions should plan to discuss with their Medicaid agencies the specifics of their Medicaid expansion, including the behavioral health services it covers.

1.L.7. Is Medicaid the payer of last resort for IV-E prevention services and programs?

No. Medicaid is not the payer of last resort for the Title IV-E Prevention Program. Normally, the Medicaid program is the payer of last resort; however, clarifying language was included as part of The Substance Use–Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act (SUPPORT for Patients and Communities Act) that passed in fall 2018 indicating that Title IV-E is the payer of last resort for the Title IV-E prevention services and programs. Therefore, if Medicaid would normally pay for a service allowable under the new Title IV-E Prevention Program, it must continue to pay for these services before the Title IV-E would be required to pay. [§471(e)(10)(C); 8082(b)(2) P.L. 115-271; ACYF-CB-PI-18-09, p. 12]

[6] See here for a regularly updated breakdown of which States have expanded Medicaid.

1.L.8. **In some of these prevention and treatment services, it may be that the child will be eligible for Medicaid, but not the parent. Does Medicaid enable the provision of services to parents through a child's Medicaid eligibility?**

Yes. This scenario underscores the importance of intentional planning to ensure that Family First and Medicaid work effectively in concert. While specifics will vary by jurisdiction, there will be circumstances in which parents and children have differing eligibility for services through either Medicaid or Family First. Ongoing coordination of these programs will be critical to ensuring that they achieve positive outcomes for vulnerable children and families.[7]

CMS issued guidance in 2016 clarifying that diagnostic and treatment services may be provided to non-Medicaid eligible mothers if the services are directed at treating the health and well-being of the child (such as family therapy services) to reduce or treat the effects of the mother's condition on the child.[8] The results and analysis of a 50-State survey conducted by the National Center for Children in Poverty show that some parental services can be paid for by the child's Medicaid:

- **Maternal Depression Screening**: 11 States reported they pay for maternal depression screening under the child's Medicaid. States that allow billing under the child's Medicaid ensure the widest access to maternal depression screening because pediatricians and other providers have ready access to the child's Medicaid information for routine billing, plus not all mothers will be covered by Medicaid. Among States covering maternal depression screening, four States also pay for depression screening of other primary caregivers (CO, IA, MN, and WA).
- **Dyadic Treatment**: Several models of dyadic (parent-child) treatment have been developed to address mental health and behavioral problems of young children in the early years. These models target children from infancy through the early grades who may exhibit challenging behaviors (e.g., hitting, biting, refusing to cooperate) or difficulties engaging in positive interactions with the parent. Dyadic treatment can help parents develop responsive, nurturing styles of interaction with their child that promote positive behavior and a parent-child relationship that fosters the child's social-emotional growth. 38 States reported that Medicaid pays for dyadic treatment of young children and parents.
- **Parenting Programs**: 12 States reported that Medicaid pays for parenting programs designed to help parents of young children promote children's social-emotional development and address child mental health needs. Two States (MI and OR) require providers to use an evidenced-based parenting program. Three States require involvement in the child welfare system to be eligible.

[7] For examples of strategies for two-generation approaches to care provision, see https://cssp.org/resource/medicaid-blueprint/.

[8] https://www.medicaid.gov/federal-policy-guidance/downloads/cib051116.pdf

1.L.9. **Is the parent automatically eligible for Medicaid as a participant in Title IV-E prevention services or programs?**

No. Receipt of Title IV-E prevention services or programs does not automatically confer Medicaid eligibility on parents. However, some parents will be eligible for Medicaid through other eligibility pathways.

Eligibility for Medicaid varies State by State. All States must provide eligibility for parents and caretaker relatives with dependent children, although typically at low-income thresholds that are often tied to historic eligibility standards for cash assistance. Under the welfare reform law of 1996, the link between Medicaid and cash assistance for families with children was severed. Today, in States that have not taken up the Medicaid expansion, Medicaid eligibility for these families is based on specified income standards—generally those that were in effect in 1996 for AFDC, with State options to be more or less restrictive. Those standards are the same for beneficiaries of Title IV-E services and programs.

For States that have taken up the Medicaid expansion, all adults under age 65 (including parents and adults without dependent children) with incomes below 138 percent FPL are eligible for Medicaid. To date, 37 States including DC have taken this option. In these States, parents and caretaker relatives with incomes that exceed a State's parent and caretaker relative threshold are eligible for Medicaid.

1.L.10. **Can program expenditures under Medicaid for well-supported programs count toward the 50 percent well-supported requirement?**

No. Only expenditures for the provision of Title IV-E prevention services and programs count towards the 50 percent well-supported requirement. [Child Welfare Policy Manual, Section 8.6]

2. MEETING THE NEEDS OF FAMILIES AFFECTED BY SUBSTANCE USE DISORDERS INCLUDING OPIOIDS

Overview: Parental substance use disorders (SUDs) are a key driver of family involvement in the child welfare system, and the connection between substance use and child welfare has been exacerbated by the recent national rise in opioid use disorders.[9] In part as a result of the ongoing opioid crisis, many States have seen an increase in the number of children in foster care, and similar impacts are occurring in tribal communities.[10] The Family First Prevention Services Act (Family First) gives States and Tribes new tools to address SUDs among families in the child welfare system by providing access to treatment, while also offering services and supports to address the needs of children and parents so they can remain safely together.

SUBSTANCE USE DISORDER PROVISIONS AT A GLANCE

Children Placed in Residential Family-Based Substance Abuse Treatment with a Parent: Family First amends Title IV-E to allow federal foster care maintenance payments to be used to support the placement of children who are in foster care with their parent(s) in residential family-based substance abuse treatment settings. These are specialized settings that can accommodate children with their parents in a safe and healing environment, and also meet the child's unique developmental needs, particularly those related to the trauma and parental neglect that can occur as a result of a parent's SUD. This provision offers a critical opportunity to keep infants and other children with their parents during treatment and increase the likelihood of their staying together during recovery. Critically, Family First does not require any income eligibility criteria for access to this service. **Effective Date:** October 1, 2018

Substance Abuse Prevention and Treatment Services: Family First offers critical opportunities to connect families whose children are at risk of entering foster care with SUD prevention and treatment services. Many children who enter foster care due to a parent's SUD might be able to remain safely with their parents and out of foster care if their families receive treatment services. Young people in foster care, including those who are pregnant or parenting, may also benefit from substance abuse prevention or treatment services. These services may be important as well for older youth at risk of entering or re-entering the foster care system, and for kinship and other caregivers who are caring for children and youth impacted by SUDs. **Effective Date:** October 1, 2019. States electing to provide Title IV-E prevention services and programs must be implementing the new limitations on Title IV-E reimbursement for non-family settings. States may elect to delay the effective date for the new rules on non-family settings for up to two years (no later than October 1, 2021).

Reauthorization of the Regional Partnership Grants: Family First also helps Title IV-E agencies collaborate with courts, substance abuse treatment agencies, and other community

[9] Radel, Laura, Melinda Baldwin, Robin Ghertner, Glibert Crouse, and Annette Waters. "Substance Use, the Opioid Epidemic, and the Child Welfare System: Key Findings from a Mixed Methods Study." ASPE Research Brief, March 7, 2018, 9.
[10] The AFCARS Report #25. [Washington, D.C.]: U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau.

partners to improve outcomes for children and families affected by SUDs by reauthorizing and making changes to the Regional Partnership Grant (RPG) program. **Effective Date:** October 1, 2018.

Box 10: Substance Use Disorder Provisions at a Glance

A. Children Placed in Residential Family-Based Substance Abuse Treatment with a Parent

2.A.1. What is residential family-based substance abuse treatment?

Residential family-based substance abuse treatment is an approach to the treatment of parents with SUDs designed to meet both the needs of parents and their children. While the size of the programs and service offerings can vary, common across all of them is that children receive the necessary supports to remain with their parents during SUD treatment.

2.A.2. Are there requirements for the types of residential family-based substance abuse treatment facilities that Title IV-E funds can be used for?

Yes. To qualify for Title IV-E reimbursement, the following must be met:

- A recommendation for the placement must be specified in the child's case plan before the placement is made;
- The treatment facility must provide, as part of the treatment of SUDs, parenting skills training, parent education, and individual and family counseling;
- The substance abuse treatment, parenting skills training, parent education, and individual and family counseling must be provided under an organizational structure and treatment framework that understands, recognizes and responds to the effects of all types of trauma. This framework must also be in accordance with recognized principles of a trauma-informed approach and trauma-specific interventions to address the consequences of trauma and facilitate healing; and
- The family-based substance abuse treatment facility must be licensed (the law does not specify which agency must license the program).

[§472(j)(1); P.L. 115-123 §50712; ACYF-CB-PI-18-07, p. 4]

2.A.3. Who is eligible for federal reimbursement for placement in a residential family-based substance abuse treatment facility?

Children who meet all of the eligibility requirements for Title IV-E Foster Care Maintenance Payments (FCMPs), or who meet all the eligibility requirements except for the Aid to Families with Dependent Children (AFDC) eligibility requirements,[11] are eligible to receive Title IV-E reimbursement of room and board in these treatment settings. The child must already be under

[11] This includes the deprivation, income and assets provisions of the AFDC lookback requirements for Title IV-E foster care eligibility.

the placement and care responsibility of the Title IV-E agency, or about to enter foster care with the residential family-based treatment facility specified as the recommended placement for the child in his or her case plan. Children currently in foster care who are not eligible for Title IV-E foster care solely because they did not meet the AFDC eligibility requirements could qualify for reimbursement in these settings if the agency is able to verify that they meet all other Title IV-E foster care eligibility requirements. [§472(j)(1); P.L. 115-123 §50712(a); ACYF-CB-PI-18-07, p. 4]

2.A.4. Can Title IV-E Prevention Program funds be used for care and services for candidates for foster care and their caregivers in these treatment settings?

Title IV-E Prevention Program funds can be used for care of a parent and child who is a candidate for foster care in a residential treatment setting, but only if the setting or services to be provided meet the evidentiary standards in Family First and are included in the Title IV-E Prevention Services Clearinghouse or have been approved for transitional payments, making them reimbursable under Title IV-E. (See Eligible Prevention Services and Programs for more information about the use of Title IV-E dollars for preventive services.)

2.A.5. Is there a Title IV-E income eligibility test for a child placed in an approved residential family-based treatment setting under this provision?

No. There is no income eligibility requirement. Eligible children must meet all the eligibility requirements for Title IV-E foster care, except the AFDC eligibility requirements related to income, assets and deprivation. [§471(j)(2); P.L. 115-123 §50712(a)]

2.A.6. Is there a time-limit for the federal reimbursement for these placement settings?

Federal reimbursement is available for no more than 12 months for the child with the parent. [§471(j)(1); P.L. 115-123 §50712(a)]

2.A.7. Are there age restrictions for children placed in residential family-based treatment settings with their parents?

Family First does not place any age restrictions on children who can be placed in residential family-based treatment with their parents with Title IV-E maintenance payments. However, different providers may have age restrictions for their programs. [§471(j); P.L. 115-123 §50712(a)]

2.A.8. What is eligible for federal reimbursement by States and Tribes under this provision?

Family First allows state and tribal Title IV-E agencies to claim Title IV-E FCMPs for up to 12 months for children placed in licensed residential family-based substance abuse treatment with their parents. The Title IV-E agency may claim FCMPs, which include such things as the cost of providing food, clothing, shelter, and daily supervision. The Title IV-E agency may also claim administrative costs during those 12 months related to the administration of the Title IV-E program, such as case management and activities allowable under 45 CFR 1356.60(c). (See Eligible Prevention Services and Programs and Evidence-Based Programs for more information

on these reimbursable services.) However, because a licensed residential family-based treatment facility for substance abuse is not a child-care institution (CCI) as defined in the Social Security Act, the Title IV-E agency may not include the indirect costs for the administration and operation of the treatment facility in the child's Title IV-E FCMP. [ACYF-CB-PI-18-07, p. 4]

2.A.9. Can Title IV-E pay for services, in addition to maintenance payments?

Family First allows Title IV-E foster care dollars to support maintenance payments for children who are in these settings with their parents. However, the Title IV-E agency may also claim Title IV-E prevention dollars for evidence-based services and programs provided to these children and their families, provided that the licensed residential family-based substance abuse treatment providers are providing services that meet the evidentiary standards defined under Family First, and the children are deemed eligible for the prevention services (See Children and Others Eligible for Services for more information about prevention program eligibility.).

2.A.10. Do these residential family-based substance abuse treatment settings need to be evidence-based and trauma-informed?

These settings must be trauma-informed in order to qualify for claiming Title IV-E maintenance payments for eligible children; they do not need to be evidence-based. The law requires that the services provided in these settings be "provided under an organizational structure and treatment framework that involves understanding, recognizing, and responding to the effects of all types of trauma and in accordance with recognized principles of a trauma-informed approach and trauma-specific interventions to address the consequences of trauma and facilitate healing." [§471(j)(1)(C); P.L. 115-123 §50712(a)]

2.A.11. What is the federal reimbursement rate for these settings?

As with other federal Title IV-E reimbursements to States and Tribes, the reimbursement rate for these settings is the State's or Tribe's Federal Medical Assistance Percentage (FMAP) rate, which ranges across the States from a 50 percent to an 83 percent federal reimbursement rate, based on state median income. Tribal FMAP rates are generally higher than rates for States, and many are at the maximum level allowed by statute at 83 percent. In addition, States that have Title IV-E agreements with Tribes are allowed to use the Tribe's FMAP rate for reimbursement (See Requirements and Opportunities for Tribal Nations Under the Family First Act for more information.).

2.A.12. Are children in foster care placed in residential family-based treatment settings eligible for Medicaid?

An estimated 99 percent of children in foster care are eligible for Medicaid.[12] For those children who do not fall within eligibility guidelines, most States utilize other pathways to make children in foster care Medicaid eligible, although exceptions may occur. However, the services they are

[12] Baumrucker, Evelyne P, Adrienne L Fernandes-Alcantara, Emilie Stoltzfus, and Bernadette Fernandez. "Child Welfare: Health Care Needs of Children in Foster Care and Related Federal Issues." Congressional Research Service R42378 (July 24, 2012): 60., p. 32

eligible for may vary from State to State depending on Medicaid coverage in a particular State. There will likely be some exceptions.

2.A.13. **Are parents receiving treatment with their children in a residential family-based treatment setting eligible for Medicaid?**

Maybe. A parent's Medicaid eligibility will vary by State, based on that State's categorical and income eligibility criteria for Medicaid, as well as whether the State has taken advantage of the Medicaid expansion option under the Affordable Care Act. Whether an eligible individual can receive Medicaid-financed care in a residential family-based treatment setting depends on the State's specific approach to using Medicaid to meet an individual's SUD treatment and mental health needs. States will need to actively coordinate with their Medicaid partners to determine the best funding mechanism to meet parents' treatment needs. Tribally-run treatment centers will need to consider their Medicaid access strategy (agreement with State or through Indian Health Services) to determine eligibility.

2.A.14. **Will a residential family-based substance abuse treatment center be considered a CCI?**

No. A licensed residential family-based treatment facility for SUDs is not a CCI as defined in section 472(c) of the Social Security Act. This opportunity is entirely separate from the provisions in Family First related to non-family settings. [ACYF-CB-PI-18-07, p. 4]

2.A.15. **Do these settings need to be licensed or accredited?**

Family First requires licensure, but not accreditation, for residential family-based substance abuse treatment settings, though it is not specific about which agency licenses the setting. [§471(j)(1); P.L. 115-123 §50712(a)]

2.A.16. **Do these settings have to meet the new requirements that all adults working in child-care settings must have criminal record and background checks?**

No. A licensed residential family-based substance abuse treatment facility is not a CCI as defined in section 472(c) of the Social Security Act, and therefore does not need to meet the Title IV-E background check requirements for a CCI. However, such checks may be a requirement for licensure in a particular State or a State may decide to require background checks for staff working in these facilities through another state policy or regulation. [ACYF-CB-PI-18-07, p. 4]

2.A.17. **How do I learn about providers of residential family-based substance abuse treatment in my State?**

Although residential family-based substance abuse treatment agencies exist in all 50 States, not all of them have partnered with child welfare in the past. Child welfare stakeholders will need to identify which providers are in their State or county and assess their capacity and willingness to partner with Title IV-E agencies on behalf of children and families involved with the child welfare system. Some Tribes and urban tribal organizations operate treatment centers that offer this style of services. Consult Tribes within your area, urban health centers, or the regional

Bureau of Indian Affairs or Indian Health Services office to determine the availability of these types of services in your area.

Some helpful resources for identifying residential family-based substance abuse treatment facilities include:

- The National Association of State Alcohol and Drug Abuse Directors (NASADAD) facilitates a group of Women's Services Coordinators who oversee women and children's programming in the States. These coordinators are a good place to start when beginning to understand the landscape of providers in each State. NASADAD maintains a roster of these professionals on their website.
- The Substance Abuse and Mental Health Services Administration (SAMHSA) maintains a searchable treatment database.
- Volunteers of America has conducted a national survey of residential family-based substance abuse treatment providers, and published the results in an online directory.

B. Substance Abuse Prevention and Treatment Services

2.B.1. Who is eligible for the Title IV-E substance abuse prevention and treatment services?

Like the other prevention services, substance abuse prevention and treatment services are available to help three populations: (1) "candidates for foster care," which includes children and youth at imminent risk of entering foster care, (2) pregnant and parenting youth in foster care; and (3) parents or kinship caregivers when the need for the services or programs are directly related to the safety, permanence or well-being of the child or to preventing the child from entering foster care. [§471(e)(1), §471(e)(2); §475(13); P.L. 115-123 §50711(a)]

2.B.2. Why would substance abuse *prevention* services be needed if a child or family has already come to the attention of the child welfare system? Isn't it too late?

Until recovery is achieved, all family members impacted by SUDs can benefit from prevention services to better understand the nature of addiction, the trauma associated with it, how they can best support family members who are impacted by a SUD, and how to prevent the intergenerational cycle of substance use and child abuse and neglect. These services can be helpful to both children in the family and other family caregivers – kin, foster, and adoptive – to understand how familial substance use impacts the entire family network, with the goal being to support family healing and stability. Additionally, these services can be provided to youth who are determined to be eligible for prevention services to prevent entry into foster care if the youth's SUD is a contributing factor.

2.B.3. Is there a time limit on how long these services can be provided?

Substance abuse prevention and treatment services may be provided for up to 12 months at a time beginning on the date the Title IV-E agency identifies the child as either a candidate for foster care or a pregnant or parenting youth in need of these services. The Children's Bureau has

also clarified that a Title IV-E agency may provide Title IV-E substance abuse prevention services to or on behalf of the same child for additional 12-month periods, including for contiguous 12-month periods. In order to claim Title IV-E reimbursement for each additional 12-month period, the State or Tribe must first determine and document in a prevention plan that the child is eligible for such services. This must be done on a case-by-case basis. Children, parents and other family members can receive these services more than once, as there is no lifetime limit on accessing these benefits. [§471(e)(1)(A); P.L. 115-123 §50711(a); ACYF-CB-PI-18-09 p. 4]

2.B.4. What types of substance abuse prevention or treatment services can be reimbursed by Title IV-E?

Substance abuse prevention and treatment services must meet certain evidentiary standards set forth in Family First to be eligible for Title IV-E reimbursement. For more information about these evidentiary standards, please see the section on the Title IV-E Prevention Services Clearinghouse. The Children's Bureau will continue to review interventions and expand the list of eligible programs on an ongoing basis.

2.B.5. Do substance abuse prevention and treatment services that include a parenting skills training component have to be delivered in the home, or can they be delivered in another treatment setting?

No. "In-home" services or programs do not necessarily refer to the location in which the services are provided. The Children's Bureau is interpreting "in-home" broadly. It could mean, for example, that the child is continuing to live in the home of a parent or relative caretaker during the time the Title IV-E agency is providing services. The need for services by the child, parent, or caregiver must be directly related to the safety, permanence or well-being of the child or to preventing the child from entering foster care. [ACYF-CB-PI-18-09, p. 3]

2.B.6. Can a State or Tribe use both Medicaid and Title IV-E to fund substance abuse prevention and treatment services?

Yes. States and Tribes may blend Medicaid dollars with Title IV-E dollars to support substance abuse prevention and treatment services for families. However, Title IV-E is considered the payer of last resort, so if there is a substance abuse prevention or treatment service that would be paid for by Medicaid, the Medicaid provider would be responsible for paying for the service before the Title IV-E agency. For example, if a parent with Medicaid coverage is receiving substance abuse services that would be covered by Medicaid, and these services are also allowable under the Title IV-E Prevention Program, Medicaid must pay for the service before the Title IV-E portion (if any) is paid. There is one exception to the payer of last resort rule: if the Medicaid prevention and treatment service is not available in a timely manner, a State or Tribe may use Title IV-E Prevention Program funding to pay a provider for the service, as long as Medicaid ultimately has the responsibility for payment of that service and will reimburse the Title IV-E agency. [§471(e)(10)(C); The Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act, P.L. 115-271, §8082(b)(2); ACYF-CB-PI-18-09, p. 12]

C. REAUTHORIZATION OF THE REGIONAL PARTNERSHIP GRANTS

2.C.1. What are Regional Partnership Grants?

First authorized in 2006 as part of the Child and Family Service Improvement Act (P.L. 109-288), the RPG program provides five-year competitive grants to support collaborative partnerships between providers of child welfare services, SUD treatment, courts and other family support services. Grantees create "regional partnerships" aimed at improving the well-being, permanency, and safety outcomes of children who were in, or at risk of, out-of-home placement as a result of a parent or caregiver's SUD. Activities made possible by RPGs often include the creation or expansion of comprehensive family-centered treatment, family treatment courts, recovery coach services, and other evidence-based and evidence-informed services.

2.C.2. What changes did Family First make to the RPG program?

Family First made three changes to the RPG program. First, it extended funding for the program for five years (FY2017-FY2021) and created a new award structure so that grants will be awarded in two phases: (1) a planning phase (not to exceed two years and $250,000) and (2) an implementation phase. Second, it specified new partners that are required to be a part of an RPG collaborative agreement. These agreements specify the entities that will participate in the RPG partnership process and outline their roles and responsibilities. These new partners include the Title IV-E agency, the agency responsible for administering the Substance Abuse Prevention and Treatment Block Grant, and, if the partnership plans to work with families in which the child has been placed in protective custody, the appropriate state-level court that has jurisdiction with these families. It also specifies optional partners, which may include Indian Tribes, Tribal Consortia, nonprofit and for-profit child welfare providers, community health and mental health providers, law enforcement, school personnel, tribal child welfare agencies and any others related to provision of services under the partnership. Third, Family First made some changes to the application requirements, performance indicators, and reporting requirements aimed at strengthening the program. [§437(f)(2); P.L. 115-123 §50723]

2.C.3. How can I learn if my State has an RPG, and how to apply?

Check the National Center on Substance Abuse and Child Welfare, which maintains a list of past and current RPGs.

2.C.4. How can RPGs help me implement other aspects of Family First?

RPGs can help create stronger partnerships between Title IV-E agencies and substance abuse prevention and treatment agencies, which are critical to effective implementation of the prevention and treatment services and the residential substance abuse treatment services included in Family First.

2.C.5. How can the Title IV-E agency be helped to effectively partner more with the substance abuse prevention and treatment agency?

Visit the National Center on Substance Abuse and Child Welfare to learn more about the Technical Assistance resources available to you or email ncsacw@cffutures.org.

3. INVESTING IN NEW SUPPORTS FOR RELATIVES CARING FOR CHILDREN

Overview: The Family First Prevention Services Act (Family First) provides new investments in kinship families in three major ways: (1) providing federal reimbursement for qualifying Kinship Navigator Programs, (2) requiring States and Tribes to review and report on their foster family care licensing standards in order to address barriers to licensing relatives, and (3) providing federal reimbursement for qualifying prevention services to help children who are at imminent risk of coming into foster care and are living with and/or being cared for by kinship caregivers. A short summary of the kinship provisions, a list of action steps to help implement the kinship provisions of Family First, and other resources related to kinship opportunities in Family First can be found at www.grandfamilies.org.

WHO ARE KINSHIP CAREGIVERS?
Family First does not define "kinship caregiver," leaving the definition to the States and Tribes. However, federal guidance related to Kinship Navigator Programs states that the Title IV-E agency may serve families headed by a grandparent or other relative as well as tribal kin, extended family or friends, or other 'fictive kin" who are caring for children.

Box 11: Who Are Kinship Caregivers?

A. KINSHIP NAVIGATOR PROGRAMS

3.A.1. What are Kinship Navigator Programs?

Kinship Navigator Programs are critical resources that assist kinship caregivers – those caring for children both inside and outside of foster care – in learning about, finding and using services and programs to meet the needs of the children they are raising and their own needs. These programs first began in the 1990s as state and county initiatives, and based on their success, advocates sought to obtain support at the national level to expand the use of Kinship Navigator Programs. These advocacy efforts resulted in the authorization of Family Connection Grants in the Fostering Connections to Success and Increasing Adoptions Act of 2008 (P.L. 110-351). There were two rounds of grants in 2009 and 2012 reaching 14 States and several Tribes. According to the evaluation of these grantees, positive outcomes for those receiving services from Kinship Navigator Programs included:

- **Safety**: Kinship caregivers receiving navigator services achieved identified safety goals for their families.
- **Permanency**: Children in the care of kinship caregivers receiving navigator services had higher rates of permanency through legal guardianship and reunification with parents.

- **Well-being**: Kinship Navigator Programs were successful at ameliorating the needs of children and their kinship caregivers.

While some programs closed when their federal funding ended in 2013, others continued to thrive. Learn more about current and past Kinship Navigator Programs.

3.A.2. What does Family First do to promote Kinship Navigator Programs?

Building on the success of these former grants, effective October 1, 2018, Family First allows all States and Tribes operating Title IV-E programs to obtain Title IV-E reimbursement for evidence-based Kinship Navigator Programs. This option for federal support illustrates important priority being given to better support kinship caregivers and help to keep children from entering foster care.

3.A.3. How are Kinship Navigator Programs defined in the law and what services will they provide?

Existing federal law defines Kinship Navigator Programs as programs that assist kinship caregivers in learning about, finding and using services and programs to meet the needs of the children they are raising and their own needs, and promote effective partnerships among public and private agencies to ensure kinship families are served. The definition used (detailed in Requirements for Kinship Navigator Programs) was created under the Fostering Connections to Success and Increasing Adoptions Act of 2008 (Fostering Connections), which authorized the two rounds of federal competitive grant funding for Kinship Navigator Programs. [§427(a)(1); P.L.110-351 §102]

3.A.4. What are the requirements for Kinship Navigator Programs to receive federal reimbursement under Family First?

In order to receive Title IV-E reimbursement, Family First requires Kinship Navigator Programs meet both of the following:

- A list of detailed requirements in existing federal law created by Fostering Connections described in Requirements for Kinship Navigator Programs; and
- Any of the three "promising, "supported" or "well-supported" evidence-based standards described in the section on Title IV-E Prevention Services Clearinghouse. [§427(a)(1); P.L.110-351 §102; §471(e)(4)(C), P.L. 115-123 §50711]

REQUIREMENTS FOR KINSHIP NAVIGATOR PROGRAMS
Existing federal requirements state that qualifying Kinship Navigator Programs must: • Be coordinated with other state or local agencies that promote service coordination or provide information and referral, including 2–1–1 or 3–1–1 where available, to avoid duplication or fragmentation of services to kinship care families;

- Be planned and operated in consultation with kinship caregivers, organizations representing them, youth raised by kinship caregivers, relevant government agencies and community-based or faith-based organizations;
- Establish information and referral systems that link (via toll-free access) kinship caregivers, kinship support group facilitators, and kinship service providers to:
    - Each other;
    - Eligibility and enrollment information for federal, state, and local benefits;
    - Relevant training to assist kinship caregivers in caregiving and in obtaining benefits and services; and
    - Relevant legal assistance and help obtaining legal services;
- Provide outreach to kinship care families, including by a kinship care website, or other relevant guides or outreach materials; and
- Promote partnerships between public and private agencies, including schools, community based or faith-based organizations, and relevant government agencies.

Qualifying kinship navigator programs MAY also:

- Establish and support a kinship care ombudsman with authority to intervene and help kinship caregivers access services; and
- Support any other activities designed to assist kinship caregivers in obtaining benefits and services to improve their caregiving.

A new federal requirement established under Family First states that:

- Qualifying Kinship Navigator Programs *must m*eet any of the three evidence-based based standards (promising, supported or well-supported) defined in Family First.

[§427(a)(1); P.L.110-351 §102; §471(e)(4)(C), P.L. 115-123 §50711]

Box 12: Requirements for Kinship Navigator Programs

3.A.5. Who may Kinship Navigator Programs serve under Family First?

Family First does not define "kinship caregiver," but federal guidance states that the Title IV-E agency may serve families headed by a grandparent or other relative as well as tribal kin, extended family or friends, or other "fictive kin" who are caring for children. These kinship families are eligible regardless of whether the child is eligible for Title IV-E reimbursement. Title IV-E agencies may decide who will be served through the program, including kinship families caring for children who are in foster care or legal guardianship arrangements, are at risk of entering foster care, and those who are being cared for by kin outside of the child welfare system – those diverted from the system as well as those who are being raised informally by kin and have never been in the system. [§474(a)(7); P.L. 115-123 §50713; ACYF-CB-PI-18-11, p. 3]

3.A.6. Are Kinship Navigator Programs required to be statewide in order to receive federal reimbursement?

No, but it is encouraged. A Title IV-E agency is not required to operate the Kinship Navigator Program in all counties and geographic locations in the state or tribal service area, but the

Children's Bureau encourages Title IV-E agencies to implement the program as broadly as possible in order to make Kinship Navigator Program services available to as many families in need of those services as possible**.** Regardless of how broadly programs are established, it is important that they operate locally so kinship families can be reached directly. [ACYF-CB-PI-18-11, p. 3]

3.A.7. Do Kinship Navigator Programs need to be housed within the Title IV-E agency, or can a nonprofit or other entity not part of the agency administer the program?

Kinship Navigator Programs may be housed either within the Title IV-E agency or at another organization contracting with the Title IV-E agency to operate the program. Kinship Navigator Programs serving kinship families not currently in the child welfare system may find those families reluctant to seek out and receive services housed at Title IV-E agency. Contracting for services from a community-based organization with experience serving kinship families and/or locating the services separate from the child protective services agency is likely to result in more effective outreach and greater engagement from the families.

3.A.8. Many States, U.S. Territories and Tribes received funds for Kinship Navigator Programs in 2018. Were those funds a result of the Family First Act?

Congress appropriated $20 million in funds in each of the fiscal years 2018 (P.L. 115-141) and 2019 (P.L. 115-245) for grants to States, eligible Tribes and U.S. Territories to develop, enhance or evaluate Kinship Navigator Programs to help programs meet evidence-based requirements to qualify for the new Title IV-E funds provided in Family First (§471(e)(4)(C) P.L. 115-123 §50711). These grants must be used to develop Kinship Navigator Programs for Family First as defined in Fostering Connections (§427(a)(1); P.L.110-351 §102).

Grant amounts were determined through a formula and given to all States, Tribes and U.S. Territories operating Title IV-E plans who applied for 2018 funds. All eligible jurisdictions applied for and received FY2018 funds except Delaware, Idaho, Maine, South Dakota and the Chickasaw Nation. Applications for 2019 funds were due in March 2019. Children's Bureau was expected to announce recipients of those funds by September 30, 2019.

More information about these funds to help States and others prepare to implement Kinship Navigator Programs under Family First is available on grandfamilies.org.

3.A.9. When can States and Tribes begin to take the option to draw down Title IV-E funds for Kinship Navigator Programs and what will the reimbursement level be?

The availability for Title IV-E reimbursement for Kinship Navigator Programs has been delayed. Family First anticipated funds being available on October 1, 2018, but the requirement that the programs be evidence-based and included in the Title IV-E Prevention Services Clearinghouse (Clearinghouse) has delayed reimbursement until the Clearinghouse has identified at least one evidence-based Kinship Navigator Program or a Kinship Navigator Program is approved for transitional payments because a State or Tribe has submitted documentation as part of their five-year Title IV-E Prevention Program plan (five-year plan) of an independent systematic review

demonstrating that the program has met the Clearinghouse criteria. (For more information, see the section on the Title IV-E Prevention Services Clearinghouse.)

In June 2019, the Clearinghouse announced the first round of programs that have been rated and meet the evidence-based criteria for federal reimbursement. Two Kinship Navigator Programs were under consideration by the Clearinghouse in the initial round. The Clearinghouse did not recognize either of those two programs as meeting the criteria for federal reimbursement in that review. Additional Kinship Navigator Programs are being considered on an ongoing basis. A list of programs already reviewed by the Clearinghouse and their ratings is available on the Clearinghouse website, as well as a list of programs currently under review. Once the Clearinghouse has identified evidence-based Kinship Navigator Programs, States and Tribes that choose to implement those programs and so indicate in a five-year plan or Title IV-E plan amendment will be eligible to receive federal reimbursement for 50 percent of their expenditures. [§474(a)(7); P.L. 115-123 §50713; ACYF-CB-PI-19-06]

3.A.10. Are there current examples of evidence-based Kinship Navigator Programs?

To qualify as an evidence-based Kinship Navigator Program under Family First, the program needs to meet certain evidence-based criteria and be approved and included in the Clearinghouse. As of September 2019, no Kinship Navigator Programs have yet been identified as evidence-based programs in the Clearinghouse. There are, however, many Kinship Navigator Programs which have evaluations demonstrating positive outcomes, and additional Kinship Navigator Programs are under consideration by the Clearinghouse on an ongoing basis. For a list of programs currently under consideration, visit the Clearinghouse website. To learn more about other Kinship Navigator Programs, visit the kinship navigator section of grandfamilies.org/.

3.A.11. Where can I learn more about the Children's Bureau's Clearinghouse, its requirements, and its process for approving programs?

More information about the Clearinghouse is available at the Clearinghouse website and in the Title IV-E Prevention Services Clearinghouse section of this document.

3.A.12. What evidence-based level (promising, supported or well-supported) do Kinship Navigator Programs have to meet in order to receive Title IV-E reimbursement?

Kinship Navigator Programs may meet any of the three levels of evidence-based requirements in order to qualify for federal Title IV-E reimbursement. [§474(a)(7); P.L. 115-123 §50713]

3.A.13. Are there any differences between evidence-based requirements for Kinship Navigator Programs and other prevention programs funded under Family First?

Yes. While Kinship Navigator Programs and the new Title IV-E prevention services and programs must meet the same practice criteria, target outcomes for Kinship Navigator Programs may also include "access to, referral to and satisfaction with services and programs." [ACYF-CB-PI-18-11, Attachment C.]

3.A.14. **Is there a requirement in Family First that at least 50 percent of the funds States and Tribes spend on Kinship Navigator Programs must be for "well-supported" programs?**

No. Expenditures for Kinship Navigator Programs are treated differently and separately from the other Title IV-E prevention services and programs in Family First. There is no requirement that at least 50 percent of the expenditures on Kinship Navigator Programs must meet the well-supported evidence-based standard. Moreover, state and tribal expenditures on Kinship Navigator Programs cannot be included in the jurisdiction's overall prevention services expenditures to help meet the requirement that 50 percent of prevention services be spent on well-supported programs. [§474(a)(7); P.L. 115-123 §50713]

3.A.15. **Can a State or Tribe receive Title IV-E reimbursement for both Kinship Navigator Programs and other prevention services?**

Yes. States and eligible Tribes may simultaneously receive Title IV-E reimbursement for operating both Kinship Navigator Programs and other prevention services that meet the evidence-based requirements of Family First. [§471(a)(1) P.L. 115-123 §50711; §474(a)(7); P.L. 115-123 §50713]

3.A.16. **Do evidence-based Kinship Navigator Programs need to conduct ongoing evaluation of their programs?**

Title IV-E agencies using evidence-based Kinship Navigator Programs must submit Pre-Print Attachment XII, which identifies the name of the qualifying evidence-based Kinship Navigator Program. While ongoing evaluation is not explicitly required in the Children's Bureau program instruction, federal reimbursement is available only to programs implementing eligible programs with fidelity. It is the expectation that qualifying evidence-based Kinship Navigator Programs will have a process to ensure fidelity to their practice model. [ACYF-CB-PI-18-11 Attachment B]

3.A.17. **Do evaluation outcomes related to the impact on kinship caregivers count toward evidence-based standard requirements, or are they restricted to those that impact the child and/or parent?**

Evaluation outcomes for "adult (parent and kin caregiver) well-being" are allowable under the evidence-based standard requirements. **[**ACYF-CB-PI-18-11, Attachment C]

3.A.18. **Do States and Tribes have to include plans for Kinship Navigator Programs in their Title IV-E plans to receive funding for them? What information must they include?**

Yes. To begin receiving Title IV-E reimbursement for Kinship Navigator Programs, the Title IV-E agency must submit Title IV-E Plan Pre-Print Attachment XII with their Title IV-E plan (See Attachment B from ACYF-CB-PI-18-11). They may do this at any time before they implement the program. The attachment must include:

- The Kinship Navigator Program model the Title IV-E Agency has chosen to implement;

- The date on which the provision of the program services began or will begin;
- Assurances that the model meets the evidence-based requirements and has been identified by the Clearinghouse as meeting promising, supported or well-supported practice criteria; and
- A brief narrative describing the program, including:
    - Its target population and service area;
    - How the Title IV-E agency plans to implement it (e.g., directly or through contracted service providers);
    - How the program is coordinated with other state or local agencies that promote service coordination or provide information and referral services; and
    - How the development and operation of the program has been and will be informed by consultation with kinship caregivers and organizations representing them, youth raised by kinship caregivers, relevant government agencies, and relevant community-based or faith-based organizations.

[ACYF-CB-PI-18-11, Attachment B]

3.A.19. When are Title IV-E plans for operating Kinship Navigator Programs due?

The Title IV-E agency may submit the Title IV-E plan amendment for a Kinship Navigator Program at any time. [ACYF-CB-PI-18-11, p. 4]

3.A.20. Do Title IV-E agencies have to explicitly identify plans to draw down Title IV-E funds for prevention services in their plans before they can get reimbursed for Kinship Navigator Programs?

No. Kinship Navigator Programs are treated separately from other prevention services and programs in Family First. States and Tribes do not have to first affirm that they are going to be using Title IV-E dollars for other eligible preventive services in order to get reimbursed for Kinship Navigator Programs. Kinship Navigator Programs are also eligible for federal reimbursement programs one year earlier than other prevention programs.

Title IV-E agencies must identify in their plan that they are preparing to draw down funds for Kinship Navigator Programs before they can be reimbursed for them. Once they have identified their plans to operate Kinship Navigator Programs with Title IV-E funds and they have been approved, they may draw down funds retroactively back to October 1, 2018 if their plans have been approved and the program has been operating since that date. [ACYF-CB-PI-18-11]

3.A.21. May a Title IV-E agency change their Kinship Navigator Program model?

Yes. If the Title IV-E agency with an approved Kinship Navigator Program elects to change its program model or if the Title IV-E agency expands the Kinship Navigator Program to be statewide or in a different service area, the Title IV-E agency must re-submit an updated attachment to the Title IV-E plan. The Title IV-E agency must submit the updated attachment no later than the end of the calendar quarter in which the stated program changes are to be in effect. [ACYF-CB-PI-18-11, p. 4]

B. FOSTER FAMILY HOME LICENSING

3.B.1. What does Family First do related to licensing standards for foster family and kinship homes?

To address barriers and unsafe conditions caused by variations in state or tribal licensing standards, Family First calls for reviewing and improving licensing standards for foster family homes and requires the Children's Bureau to identify reputable model licensing standards for foster family homes. Title IV-E agencies must then compare their standards against the model standards and report to the Children's Bureau on the comparison and their practices related to waiving non-safety licensing standards. The purpose of the model standards is to assure the most critical standards necessary for a safe placement and at the same time identify unnecessary barriers to licensure. One goal of this requirement is clear from the title of this provision of Family First: improve licensing standards for placement in a relative foster family home. This provision of Family First went into effect on October 1, 2018. [§471(a)(20)(A); §471(a)(36); P.L.115-123 §50731; §471(a)(10)(D)]

3.B.2. What do I need to know about licensing standards before Family First made these reforms?

For a State or Tribe to receive Title IV-E foster care maintenance reimbursement for a child in a foster family home, the child needs to be placed in a licensed placement. Existing federal child welfare law largely leaves the requirements for licensing foster parents to the States and Tribes that directly operate a Title IV-E agency. States and Tribes vary dramatically in their standards for licensing foster family homes, and in their processes and procedures in licensing relatives and supporting them. Many state licensing standards, for example, were not developed with relative foster homes in mind and create unnecessary barriers to licensing relatives as foster parents. Since 2008, federal law has given Title IV-E agencies the authority to waive non-safety related licensing requirements for relatives on an individual basis. States and Tribes have a great deal of flexibility as federal law does not define what constitutes safety or non-safety standards other than to essentially provide that the provisions of the federal Adam Walsh Child Protection and Safety Act (Adam Walsh), which requires criminal background and child abuse registry checks on foster parent applicants and adult household members, may not be waived. Title IV-E agencies, however, are often reluctant to assert that a standard is not safety-related and for that and other reasons do not use the waiver authority effectively.

Because non-safety standards that can cause unnecessary barriers for relatives to become licensed are often not waived, relatives, who in many cases may be the best placement option for children, are often denied licensure. Children are placed instead with either a non-relative foster family home or with a relative in an unlicensed home with reduced or no financial support and services and no pathway to exit foster care to assisted guardianship or adoption.

3.B.3. **Has the Children's Bureau identified model foster family home licensing standards for Title IV-E agencies to use to compare their standards?**

Yes. The Children's Bureau issued proposed model foster family home licensing standards in the Federal Register on August 1, 2018, which received 1,275 sets of comments by the October 1, 2018 deadline. The Children's Bureau released final National Model Foster Family Home Licensing Standards on February 4, 2019. [§471(a)(36); P.L.115-123 §50731; ACYF-CB-IM-19-01; 83 FR 37495]

3.B.4. **Are the final National Model Foster Family Home Licensing Standards much different than the proposed model released August 1, 2018 for public comment?**

No. The final national model is very similar to the proposed national model. The modifications include:

- Allowing family friends and teen household members – not just adults in the home – to drive the foster child, as is consistent with reasonable and prudent parent standards;
- Clarifying that foster parents can meet communication standards through communication aids and non-verbal means;
- Adding immunization requirements for caregivers, provided those immunizations are not contrary to the health of the caregiver; and
- Explaining a few additional points raised in the public comment process, which can be found in the endnotes to the final National Model Foster Family Home Licensing Standards.

[ACYF-CB-IM-19-01; 83 FR 37495]

3.B.5. **How did these national model licensing standards emerge?**

The Children's Bureau established the national model licensing standards on February 4, 2019. The Children's Bureau acknowledged that the standards "relied heavily" on a set of comprehensive Model Foster family home Licensing Standards from the National Association for Regulatory Administration (NARA).

Prior to the passage of Family First and its requirement for the Children's Bureau to develop model licensing standards, the Annie E. Casey Foundation, Generations United and the ABA Center on Children and the Law had undertaken extensive research into the laws and regulations governing foster care licensing standards in all 50 States and the District of Columbia. Their research is summarized in *Improving Foster Care Licensing Standards around the United States: Using Research Findings to Effect Change*. Subsequently, the same organizations joined forces with NARA to create the first set of comprehensive Model Foster family home Licensing Standards (NARA model). The purpose of the NARA model is to ensure children in foster care are safe while also establishing a reasonable, common-sense pathway to enable more relatives and non-related caregivers to become licensed foster parents.

3.B.6. What must Title IV-E agencies do with the national model?

Reading Family First together with the Children's Bureau's July 9, 2018 Program Instruction (ACYF-CB-PI-18-07) and its February 4, 2019 Information Memorandum (ACYF-CB-IM-19-01), Title IV-E agencies must have submitted by March 31, 2019 a Title IV-E plan amendment (Attachment X of the pre-print, from Attachment D in ACYF-CB-PI-18-07) that provides the following "specific and detailed" information:

- Are the agency's foster family home licensing standards consistent with the national model? If not, why not?
- Does the agency waive non-safety licensing standards for relative foster family homes, as allowed by federal law? If not, why not?
- Which standards are most commonly waived?
- How are caseworkers trained to use the waiver authority?
- Is there a process or tools to assist caseworkers in waiving non-safety standards so they can place children quickly with relatives?
- What steps are being taken to improve caseworker training or the process?

[§471(a)(36); P.L.115-123 §50731; ACYF-CB-IM-19-01, p. 3; ACYF-CB-PI-18-07, p. 6]

3.B.7. Were any delays in submissions permissible?

The Children's Bureau indicated that a delay was permissible if state legislation was required to implement licensing changes. Also, Tribes, Tribal Organizations or Tribal Consortia were allowed to request additional time from the Secretary of the U.S. Department of Health and Human Services. [ACYF-CB-IM-19-01, p. 3; ACYF-CB-PI-18-07, p. 6]

3.B.8. What if Title IV-E agencies did not meet the March 31, 2019 deadline to submit the comparison of their licensing standards with the national model standards and information about their use of waiver authority?

Family First is not explicit about the consequences States and Tribes face if they did not meet the deadline.

3.B.9. Are there any tools that Title IV-E agencies can use to compare their use of waiver authority under federal law with how other States and Tribes use that authority?

A *wikiHow for Kinship Foster Care* produced by Generations United, the ABA Center on Children and the Law and ChildFocus can be consulted for state tools and promising practices for implementing waiver authority.

3.B.10. In addition to meeting the reporting requirements, what can Title IV-E agencies continue to do to improve their licensing standards and practices?

Title IV-E agencies can consider the requirements under Family First as creating an ongoing opportunity to improve their foster family home licensing standards and practices. They can establish a workgroup or taskforce with multiple stakeholders, including relative caregivers, youth, judges, attorneys, caseworkers and licensors, and leverage the multiple voices in that

group to fully explore which standards and practices are causing barriers for relatives to become licensed. Common barriers include restrictive criminal history background checks that bar applicants from becoming foster parents for any type of criminal history, even non-violent crimes that occurred decades ago. These types of crimes do not serve as barriers under federal law, and those standards can be reexamined, along with other restrictive standards such as applicant's income, educational-level and vehicle ownership.

In addition to the standards themselves, States and Tribes can take this opportunity to consider their practices concerning the licensure of relatives as foster parents, including:

- The training they require of relatives seeking licensure to ensure it is tailored and meaningful to them;
- Their training of front-line workers on how to present the option to become licensed to relatives; and
- Written tools for relatives explaining the financial and legal ramifications of becoming licensed or not.

3.B.11. In addition to the national model and allowing waivers of non-safety standards for relatives, what else does federal law say about foster family home licensing standards?

For years, federal law has required that States develop their own standards and review them periodically, and that those standards be "reasonably in accord with recommended standards of national organizations…" Family First builds on this long-standing federal requirement by giving Title IV-E agencies a tool with which to compare and align their standards. The standards included in the national model address both relative and non-relative foster parents because federal law has long prohibited a two-tiered system of licensing: one for relatives and another for non-relatives. [§471 (a)(10)(A); 65 FR 4022]

3.B.12. How do the national model foster family home licensing standards relate to the NARA model foster family home licensing standards?

The Children's Bureau acknowledges the NARA standards as the "main source" for its national model foster family home licensing standards and accorded it "considerable deference." Although the Children's Bureau did not incorporate all of the NARA standards or accompanying tools, they focused on some of the most important, particularly the NARA standards that address many of the licensing barriers faced by relatives. That focus is consistent with both the spirit of Family First and the spirit with which the NARA drafters approached their "multiyear effort." [ACYF-CB-IM-19-01, p. 2; 83 FR 37496]

3.B.13. Can the NARA model provide States and Tribes with further guidance?

States and Tribes can compare their licensing standards against both the national model and the NARA model and tools, as part of the process required by Family First and ongoing efforts to improve foster care licensing**.** There are certain NARA definitions, principles, standards, and tools, some described below, that will provide States and Tribes with important guidance and

additional clarity as they settle on standards for licensing their foster family homes. The NARA model and its tools are available free of charge.

- **NARA Definitions**: The national model uses the terms "community standards," "functional literacy" and "household member" as in the NARA model, but does not define them. The NARA definition section can be of help to Title IV-E agencies wanting to include their own definitions of these critical terms.
- **NARA Principles**: Ten principles in the NARA model may be of help to States and Tribes. Principle #5, for example, emphasizes the importance of cultural considerations in licensing homes and that "[i]f necessary, the agency should assist the applicant with costs associated with meeting the standards." Such costs could include buying a required fire extinguisher or crib, or fixing a hazard in the home.
- **NARA Standards**: A variety of standards in the NARA model may assist States and Tribes striving to improve their licensing standards. As an example, the NARA standards provide further guidance on implementing the federal Adam Walsh criminal background check requirements and how to assess foster parent applicants who are convicted of non-Adam Walsh crimes.
- **NARA Emergency Placements**: These standards allow a child to be placed with a relative in a home that is assessed to be safe virtually immediately after removal from the parents' home. The relative then completes the remaining licensing process while the child is in their home and prevents the child from experiencing multiple placements. Please note that the Children's Bureau did not reject emergency placement standards: they simply considered them outside the scope of the Family First requirements. [83 FR 37496]
- **NARA Interpretative Guide**: The guide contains additional information to help licensors make their compliance determinations.
- **NARA Crosswalk Tool**: The NARA partners have also created a new crosswalk tool containing the national model and NARA model standards side-by-side with a column for States and Tribes to insert their standards and compare.

3.B.14. Does the national model point to a limit on the number of foster children who are allowed to be in a licensed foster family home?

The national model and the NARA model both follow Family First's limit on the number of foster children in a licensed foster family home to no more than six children. Family First does not provide a limit on how many total children can be in the home – it only provides a limit on the number of foster children. [§472(c)(1)(A); P.L.115-123 §50741]

3.B.15. Does the national model include any exceptions that allow Title IV-E agencies to place more than six foster children in a home?

There are several exceptions – each of which are explicitly listed in Family First, the national model and the NARA model – that allow more than six foster children to be placed in a home: (1) to allow a parenting youth in foster care to remain with his or her child; (2) to allow siblings to remain together; (3) to allow a child with an established meaningful relationship with the

family to remain with the family; and (4) to allow a family with special training or skills to provide care to a child who has a severe disability. [§472(c)(1)(B); P.L.115-123 §50741]

3.B.16. Are the standards in the national model different for therapeutic foster care?

The national model, which is based on the NARA model, provides safety standards that would apply to all homes. For further guidance on therapeutic foster care licensing standards, please see information from the Foster Family-based Treatment Association (FFTA) at www.ffta.org. FFTA has a complete set of *Program Standards for Treatment Foster Care*, which FFTA members can access.

3.B.17. Do the national model standards have special cultural considerations for Tribes?

The national model, based on the NARA model, attempted to take into account special cultural considerations for Tribes. Although the national model does not explicitly incorporate the NARA model principles, they can be used for further guidance. NARA model Principle #10 states that "[w]hen working with American Indian and Alaska Native families, public and private agencies should consult with Tribes and nearby urban Indian organizations with expertise in recruiting and licensing tribal family homes" (NARA model, p. 3). Moreover, in the NARA model purpose statement, Tribes and States are directed to National Indian Child Welfare Association (NICWA) materials for further guidance on developing licensing standards. (Learn more at www.nicwa.org.) [83 FR 37496]

3.B.18. With many States and Tribes facing an increased need for foster parents, often as a result of the opioid crisis, how can the national model help with foster parent recruitment efforts for both relative and non-relative foster parents?

Adherence to the Children's Bureau national model foster family home licensing standards should help to break down known barriers that both relatives and non-relatives face in seeking to become licensed foster parents. For example, unlike many States, the Children's Bureau national model standards do not require that foster parent applicants own their own vehicle or have enough wealth to take on foster children without relying on foster care maintenance payments to meet the needs of the children in foster care. There was also a one-time $8 million included in Family First to help States, Tribes or Tribal Consortia recruit, support and retain foster families so they can provide quality family-based settings for children. [P.L. 115-123 Sec. 50751]

3.B.19. Will Title IV-E agencies that are planning to provide Title IV-E prevention services and programs available through Family First need to align with the standards in the national model?

No. There is not a direct link between a State or Tribe responding to the Children's Bureau about the alignment of their licensing standards with the national model (which is a requirement) and their ability to use Title IV-E funds for preventive services (which is an option).

C. PREVENTION SERVICES

3.C.1. How can the Title IV-E prevention services and programs created by Family First benefit kinship caregivers?

Family First makes available Title IV-E reimbursement for prevention services for children considered "candidates for foster care" and for their caregivers and birth parents when the need for the prevention services are directly related to the safety, permanence, or well-being of the child or to preventing the child from entering foster care. This includes children who are living with relatives temporarily while their birth parents receive services or those living permanently with relatives. Family First treats these prevention services separately from Kinship Navigator Programs, which may serve a broader array of kinship families and still qualify for federal reimbursement as described in the Kinship Navigator Programs section of this document. Additional details about Family First's prevention services and requirements are available in the Eligible Services and Programs section. The following questions relate specifically to Family First prevention services for kinship families.

3.C.2. What types of prevention services for kinship families will qualify as Title IV-E prevention services and programs?

Kinship families will be eligible for the same set of Title IV-E prevention services and programs available to birth parents and candidates for foster care as established under Family First. Eligible services include (1) mental health services, (2) substance abuse prevention and treatment services, and (3) in-home parent (caregiver) skill-based programs, which include parenting skills training, parent education and individual and family counseling. These services must be trauma-informed and meet the evidence-based requirements in Family First. (See the section on Evidence-Based Programs for more detailed information) [§471(e)(1), §471(e)(4),(B), §471(e)(4),(C), P.L. 115-123, §50711(a)]

3.C.3. When the Children's Bureau releases lists of eligible services in the Clearinghouse, do they identify which of these programs have been used to serve kinship families or can be adapted to serve kinship families?

The Children's Bureau released their first list of eligible Title IV-E prevention services and programs in June 2019. The Clearinghouse provides information on how the eligible Title IV-E prevention services and programs are rated. The Clearinghouse website provides summary information about each rated program, which includes a description of the program and the program's target population. Some descriptions specifically include "caregivers." Others use terms like "parent" or "family" without defining the terms. The Title IV-E agency should return to the Clearinghouse to ask whether kinship families have benefitted from the programs or if adaptations for serving different populations are available.

3.C.4. How do a child and caregiver in a kinship family qualify to receive Title IV-E prevention services?

In order for a child to qualify for Title IV-E prevention services and programs they must be either (1) a candidate for foster care or (2) a pregnant or parenting foster youth. "Candidate for

foster care" means a child who is identified by the Title IV-E agency in a prevention plan as being at imminent risk of entering foster care but who can remain safely at home or in a kinship placement as long as the Title IV-E prevention services or programs that are necessary to prevent the entry into foster care are provided. Eligibility includes children whose adoption or guardianship arrangement is at risk of a disruption or dissolution that would result in a foster care placement. Kinship caregivers are eligible for Title IV-E prevention services and programs when the need for the services or programs are directly related to the safety, permanence, or well-being of the child or to preventing the child from entering foster care. See the section on Kinship Navigator Programs for more information. [§471(e)(1), §471(e)(2); §475(13); P.L. 115-123 §50711(a)]

3.C.5. How long and often can a kinship family receive Title IV-E prevention services and programs?

A Title IV-E agency may provide Title IV-E prevention services and programs to a kinship family for up to 12 months, and services can extend for additional 12-month periods including contiguous 12-month periods. Each time a kinship family receives a 12-month period of Title IV-E prevention services or programs, the State or Tribe must determine and document in a prevention plan that the child is eligible for such services. This must be done on a case-by-case basis. There is no lifetime limit on accessing these services. [ACYF-CB-PI-18-09, p. 4]

3.C.6. Can relative caregivers, children and birth parents all receive Title IV-E prevention services at the same time?

Yes. Family First does not limit the number of recipients who can receive Title IV-E prevention services or programs at the same time. The services may be provided to all three categories of eligible individuals, or it may only be necessary for one or two of the categories of eligible individuals to receive services. Likewise, the child, child's parents and relative caregivers can all receive services at the same time: one does not preclude the other. The Title IV-E agencies will have flexibility to determine who receives these services on a case-by-case basis. [ACYF-CB-PI-18-09]

3.C.7. What type of oversight will be required for a child placed "temporarily" with kinship caregiver while the birth parents, child and caregivers receive prevention services?

Title IV-E agencies providing federally reimbursable prevention services are required to include in their Title IV-E plans how they will monitor and oversee the safety of children who receive Title IV-E prevention services and programs wherever they are living. Oversight should include periodic risk assessments throughout the period in which the services and programs are provided on behalf of a child and reexamination of the services and programs specified in the child's prevention plan if the State or Tribe determines the risk of the child entering foster care remains high despite the provision of the services or programs. [§471(e)(5); P.L. 115-123, §50711]

3.C.8. **If a child is being cared for in the home of a kinship caregiver for more than six months while Title IV-E prevention services or programs are being provided, would the child still be Title IV-E eligible if the kinship caregiver later became a licensed foster parent?**

Yes. A child receiving Title IV-E prevention services or programs while in the home of a kinship caregiver who meets Title IV-E eligibility requirements will continue to be eligible for Title IV-E Foster Care Maintenance Payments if they later need to enter foster care. The previous federal time limit that a child must be removed from a parent's home within six months will not apply if prevention services or programs are being provided. Kinship caregivers may pursue licensure after the provision of prevention services. [§474(a)(6)(B); P.L. 115-123 §50711]

3.C.9. **What steps can Title IV-E agencies and advocates take to ensure kinship families receiving prevention services are made aware of the option to become licensed foster parents if the children in their care are unable to remain with or return to their birth parents?**

The period of time during which the child, caregivers and birth parents are receiving Title IV-E prevention services and programs offers an opportunity for caseworkers to not only talk about the importance of these services, but to also discuss with the family the options and implications of the kinship caregiver becoming a licensed kinship foster parent or raising the child outside of the foster care system if the child is unable to safely remain with or return to their parents' care.

Title IV-E agencies could build on requirements already in place to identify and notify relatives in Fostering Connections, and develop protocols for how to use the prevention services phase to discuss with relatives by:

- Describing the requirements to become a foster family home and the additional services and supports that are available for children placed in such a home; and
- If kinship guardianship assistance payments are available, describing how licensed relative foster parents may obtain guardianship and enter into an agreement with the State or Tribe to receive ongoing monthly assistance to meet the needs of the child.

Resources are being developed by Generations United, Children's Defense Fund and the American Bar Association Center on Children and the Law that can assist caseworkers in communicating the options and implications of each option with kinship families. [§471(a) (29); P.L. 110-351, §103]

3.C.10. **How does Family First impact a State's or Tribe's ability to use Voluntary Placement Agreements to place children with relatives when their birth parents cannot safely care for them?**

Family First does not impact a Title IV-E agency's ability to use Voluntary Placement Agreements to place children in foster care with relatives when their birth parents cannot safely care for them.

3.C.11. **Do evaluation outcomes related to the impact on kinship caregivers count toward evidence-based standard requirements or are they restricted to those that impact the child and/or parent?**

Evaluation outcomes for "adult (parent and kinship caregiver) well-being" are allowable under the evidence-based standard requirements. [ACYF-CB-PI-18-11, Attachment C]

3.C.12. **Can program models that meet the evidence-based standards for one population be adapted for different populations without going through a separate Title IV-E Clearinghouse or the transitional payments approval process? For example, could an evidence-based program that has demonstrated success in working with birth parents be adapted to work with kinship caregivers without requiring a full separate evaluation and approval process through the Clearinghouse?**

Programs that help birth parents may already be inclusive of kinship or other caregivers even though they primarily use the term "parents," so it is important to first learn whether the model has already been used with kinship caregivers. Descriptions of approved programs and their target populations are available at the Title IV-E Prevention Services Clearinghouse website. If a State or Tribe is interested in using a program to serve kinship families that appears to have only been used to serve birth parents, it may contact the Children's Bureau to clarify whether the model has been used with kinship families and demonstrated benefits or to explore whether an adapted model for working with kinship families could be approved.

4. PRIORITIZING FOSTER FAMILY CARE

Overview: True to its name, one of the chief goals of the Family First Prevention Services Act (Family First) is to keep children in families – ideally with their own families and out of foster care whenever safely possible. When foster care is necessary, Family First promotes placing children in the least-restrictive, most family-like setting appropriate to their needs. Existing federal child welfare law requires identifying relatives for children and prioritizing placement with them when safely possible, and Family First builds on those existing requirements by taking steps to make it easier for relatives to become licensed foster parents. To encourage agencies to prioritize placement in family-like settings, Family First clarifies what constitutes a "foster family home" and limits federal reimbursement, with some exceptions, for non-family settings. Together, these policies promote recognition of the fact that children fare best in families and should only be in non-family settings when it is essential to their healing for a particular disability or condition.

A. FOSTER FAMILY CARE UNDER FAMILY FIRST

4.A.1. What changes does Family First make to foster family homes?

Family First continues to provide federal reimbursement for Title IV-E Foster Care Maintenance Payments but amends some aspects of the statute. It provides a more precise definition of "foster family home" than what had previously been offered. The changes include specifying that the setting had to be the home of an individual or family and created capacity limits. This effectively eliminates "family group homes" and corporately-operated residences and harmonizes the concept of what a foster family home is and isn't with the Qualified Residential Treatment Program provisions of Family First.

4.A.2. How does Family First define a foster family home?

Family First defines "foster family home" as the home of an individual or family:

- That is licensed or approved by the state or tribal Title IV-E agency in which it is situated as a foster family home that meets the standards established for the licensing or approval; and
- In which a child in foster care has been placed in the care of an individual, who resides with the child and who has been licensed or approved by the Title IV-E agency to be a foster parent—
    - That the Title IV-E agency deems capable of adhering to the reasonable and prudent parent standard;[13]

[13] The "reasonable and prudent parent standard" was established by the *Preventing Sex Trafficking and Strengthening Families Act of 2014* (P.L. 113-183).

- That provides 24-hour substitute care for children placed away from their parents or other caretakers; and
- That provides the care for not more than six children in foster care.

[§472(c)(1)(A); P.L. 115-123 §50741(c)]

4.A.3. Does the six-children maximum include just foster children, or will other children in the household be counted as well?

This maximum only refers to the number of children in foster care in the home. [§472(c)(1)(A)(III); P.L. 115-123 §50741(c)]

4.A.4. Are there any exceptions to the six-children maximum?

Yes. Title IV-E agencies have the option to approve homes with more than six children if relevant to maintaining important familial connections in a child's life and ensuring children with special health care needs have access to foster families with specialized skills and abilities. Family First provides the following flexibility to the six-child maximum in a foster family home:

- To allow a parenting youth in foster care to remain with the child of the parenting youth;
- To allow siblings to remain together;
- To allow a child with an established meaningful relationship with the family to remain with the family; and
- To allow a family with special training or skills to provide care to a child who has a severe disability.

[§472(c)(1)(B); P.L. 115-123 §50741(c)]

4.A.5. How do the model licensing standards Family First establishes affect foster family homes?

Family First requires Title IV-E agencies to submit information to the Children's Bureau on whether their standards for licensing foster family homes are consistent with national model licensing standards identified by the Children's Bureau, and if not, why this inconsistency is appropriate for the State or Tribe. While the primary goal of the model licensing standards is to improve licensing standards and remove unnecessary barriers to placing children in relative foster family homes, these model licensing standards apply to all foster family homes. Overall, these standards are designed to ensure access to a sufficient supply of quality foster family homes while ensuring children's health and safety.

The Children's Bureau released final the National Model Foster Family Home Licensing Standards on February 4, 2019 (ACYF-CB-IM-19-01), and Title IV-E agencies must submit specific and detailed information responding to the differences between their licensing requirements to the national model by March 31, 2019. (For more information on the national model licensing standards, see the section on Foster Family Home Licensing.) [§471(a)(35)(B); P.L. 115-123 §50731]

4.A.6. **What resources does Family First provide for recruiting and retaining foster family homes?**

Family First authorizes $8 million for competitive grants to States, Indian Tribes or Tribal Consortia for the recruitment and retention of high-quality foster families to increase their capacity to place more children in family settings. The grants must be focused on States, Indian Tribes, and Tribal Consortia with the highest percentage of children in non-family settings. [P.L. 115-123 §50751]

4.A.7. **How will Family First impact States that do not directly approve foster family homes, but rather contract with a private agency to approve foster family homes?**

The impact Family First has on those States will not differ from States that directly approve foster family homes. In States where some or all of the authority to approve, license or certify foster family homes is delegated to private agencies, the State still creates its own licensing standards and sets the standards that the private agencies must meet.

4.A.8. **What does Family First do to improve interstate placements for children in foster care?**

Family First requires that, no later than October 1, 2027, States must use an electronic interstate case-processing system for exchanging data and documents to help expedite the interstate placement of children in foster care, adoption or guardianship. (Note: U.S. Territories, Indian Tribes, Tribal Organizations and Tribal Consortia are exempt from this requirement.) It also provides funding to help States develop these systems. Tribes are not signatories to the Interstate Compact on the Placement of Children so these requirements will not apply to tribal Title IV-E agencies. For more information about Family First's requirements related to interstate placements, please see the section on Better Serving Children Placed Across State Lines.

5. ATTENDING TO THE NEEDS OF CHILDREN IN NON-FAMILY SETTINGS

Overview: Beginning October 1, 2019, the Family First Prevention Services Act (Family First) requires new criteria for determining whether a child's placement in a non-family setting, like congregate care, is eligible for federal reimbursement under the Title IV-E foster care program. Advocates and child health experts have long been concerned about over-reliance on non-family settings and their inappropriate use, particularly for very young children and those who do not have a clinical need necessitating institutionalization. A 2015 U.S. Department of Health and Human Services (HHS) report found that over 40 percent of children in congregate care do not have a clinical reason for that acute of a setting, and that nearly one-third of children in congregate care were age 12 and younger. Under Family First, Title IV-E funds will be available for the first two weeks of any placement in a non-family setting. After that initial period, a placement not with a family must meet new criteria to be eligible for Title IV-E foster care maintenance reimbursement. Designed to promote family placement and reduce unnecessary use of non-family settings, the law establishes new standards to assure the quality and appropriateness of non-family settings. Family First outlines categories of non-family settings that may receive Title IV-E Foster Care Maintenance Payments (FCMPs) for eligible children, including the newly designated Qualified Residential Treatment Program (QRTP). The goal is to emphasize family placement wherever possible and to see non-family settings as intensive and time-limited treatment interventions, rather than placements for children.

Effective Date: October 1, 2019. Each State and Tribe may also elect to delay the effective date of these provisions for up to two years (no later than October 1, 2021).

A. NEW REQUIREMENTS FOR NON-FAMILY SETTINGS

5.A.1. How does Family First affect federal funding for non-family settings?

Family First places new restrictions on the circumstances under which the federal government will provide Title IV-E FCMPs on behalf of children in non-family settings. Family First allows States and Tribes to continue claiming Title IV-E administrative costs for children in non-family settings, even in instances where they do not qualify for Title IV-E FCMPs. These new requirements do not change how jurisdictions may spend their own funding on these settings. [§472(3)(B)(k); P.L. 115-123 §50741; ACYF-CB-PI-18-07 p. 12]

5.A.2. Under Family First, how long will Title IV-E funds be available for any non-family setting?

Family First creates new requirements for the types of non-family settings that the federal government will pay for. Under Family First, the federal government will continue to pay for children to enter certain qualified non-family settings under certain circumstances and limits for length of stay vary. Family First limits federal funding for settings that do not meet special

criteria to two weeks, beginning on the day a child is first placed in that setting. Family First does not place any time limits on federal funding for children in family foster care placements, but does define the number of children to be cared for in these settings. [§472(3)(B)(k); P.L. 115-123 §50741]

5.A.3. What are the categories of non-family settings eligible for Title IV-E reimbursement beyond two weeks under Family First?

Family First allows Title IV-E FCMPs beyond two weeks for the following categories of non-family settings:

- QRTPs, subject to the procedures denoted in Family First;
- Settings specializing in providing prenatal, postpartum, or parenting supports for youth;
- Supervised settings in which a child is living independently, in the case of children who have attained 18 years of age; and
- 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.

[§472(3)(B)(k)(2); P.L. 115-123 §50741]

5.A.4. Does Family First place time or age limits on non-family settings?

Family First does not create any age or time limits that preclude a child entering a non-family setting, except for independent living settings that are for children 18 and older. In addition, the law does require additional documentation to justify long-term placements in a QRTP, which differ based on whether a child is 13 or older, or younger than 13. [§475A(c)(5); P.L. 115-123 §50742; ACYF-CB-PI-18-07 p.12]

5.A.5. When do the new requirements limiting Title IV-E reimbursement for certain non-family settings take effect?

Unless a State or Tribe opts to delay implementation, these requirements take effect on October 1, 2019. States and Tribes have the option to elect to delay that effective date up to two years, to October 1, 2021. However, a State or Tribe that takes the option to delay the limitation of Title IV-E reimbursement for certain non-family settings must forgo the ability to participate in the Title IV-E Prevention Program opportunity in Family First for the duration of their delay. The new non-family setting requirements only apply to children placed in the setting after the requirement takes effect. [ACYF-CB-PI-18-07, p. 8]

5.A.6. Does Family First create new limits on the number of beds a non-family care provider may operate?

No. Family First does not make any changes to the existing federal regulations on the size of child-care institutions, defined as a licensed public child-care institution, which accommodates no more than 25 children. Federal law places a limit of 25 beds on a public "child-care institution," but no limit on the bed capacity of a facility operated by a private entity. [§472(h)(2); 45 CFR §1355.20]

5.A.7. **Does Family First require the closure of non-family settings?**

No. Family First does not require the closure of any non-family settings, nor does it prohibit a Title IV-E agency from placing any child in any such setting. Family First only restricts Title IV-E foster care maintenance reimbursement for children placed in those facilities after the date on which the new rules take effect. Jurisdictions may continue to use state, tribal and local dollars as they deem appropriate and the State or Tribe may choose to claim Title IV-E administrative costs for some related activities.

5.A.8. **What happens if a Title IV-E eligible child is in a placement setting that does not meet these criteria?**

If a Title IV-E eligible child is in a non-family setting that does not meet the QRTP requirements or placed in one of the permissible placement categories, then the Title IV-E agency's ability to claim Title IV-E foster care maintenance reimbursements for such child will be limited to the first 14 days of the placement episode. However, the Title IV-E agency may claim reimbursement for otherwise allowable administrative costs associated with the child. [§472(3)(B)(k)(4); P.L. 115-123 §50741]

5.A.9. **What is the penalty for a State or Tribe claiming federal reimbursement longer than allowed under Family First for a group setting that does not meet these requirements?**

Inappropriate reimbursement claims are subject to audit disallowance and recovery by the HHS Office of Inspector General.

5.A.10. **Is the federal funding limitation applicable once per placement episode or is it specific to each individual placement move?**

This limitation applies to each individual placement move. [ACYF-CB-PI-18-07 p. 7]

5.A.11. **Does every provider or placement within a state or tribal service area need to meet the standards for the Family First non-family setting reforms for the State or Tribe to be eligible to receive Title IV-E for prevention services and programs?**

No. Only those non-family care providers for which the State or Tribe wants to continue to receive Title IV-E reimbursement after the effective date of the new restrictions on non-family settings must meet the requirements.

5.A.12. **What data reporting does Family First require for non-family settings?**

Family First requires the collection and annual reporting by States and Tribes to the Children's Bureau of data regarding each child placed in a setting that is not a foster family home. These data must include:

- The type of setting;
- The number of children in the setting, and the age, race, ethnicity, and gender of each child;
- The length of each child's placement;

- Whether it is the child's first placement, and if not, the number and type of previous placements for that child;
- Whether the child has special needs, or another diagnosed mental or physical illness or condition; and
- The extent of any specialized education, treatment, counseling, or other services provided in the setting.

[§479A(a)(7)(A)(i); P.L. 115-123 §50744]

5.A.13. When do States need to begin collecting and reporting these new data on non-family settings?

The data requirements in Family First for children placed in non-family settings took effect as if enacted on January 1, 2018. These are part of the annual data reporting process regardless of whether a State begins implementing Family First's non-family setting reforms on October 1, 2019 or elects to delay their implementation for up to two years. Tribal data collection requirements may be different than States so please consult your regional Children's Bureau office (see section on Requirements and Opportunities for Tribal Nations Under Family First). [§479A(a)(7)(A)(i); P.L. 115-123 §50744]

B. TITLE IV-E ADMINISTRATIVE CLAIMING

5.B.1. Is Title IV-E administrative reimbursement available on behalf of a child in a non-family setting that does not meet the requirements in Family First?

In most instances, yes. Title IV-E agencies may claim reimbursement for Title IV-E administrative costs of the type found at 45 CFR 1356.60 unimpaired during the child's placement in that non-family setting. However, Title IV-E agencies may only claim reimbursement for other types of administrative costs that are included in the calculation of the setting's foster care maintenance rate for first 14 days of the child's placement in the setting. Further, for QRTP settings, if the placement assessment was not completed within 30 days of the child's placement in the setting, Title IV-E agencies may NOT claim any reimbursement for foster care maintenance costs - including those types of administrative costs that are included in the calculation of the setting's foster care maintenance rate. [ACYF-CB-PI-18-07 p. 12]

ALLOWABLE ACTIVITIES UNDER 45 CFR 1356.60
• Making referrals to services • Finding an out-of-home placement for a child • Developing a child's case plan • Providing case management and case supervision • Preparing for, and participating in, required court proceedings • Holding periodic case reviews for a child in care

- Recruiting and licensing foster homes and institutions
- Conducting background checks of prospective foster caregivers
- Operating a rate setting or rate monitoring unit
- Determining Title IV-E eligibility
- Providing for fair hearings and appeals
- Developing required program policies
- Participating in federal compliance reviews
- Collecting and reporting data
- Operating a quality assurance system
- Providing for a proportionate share of related agency overhead
- Supporting "other costs directly related only to the administration of the foster care program"

Box 13: Allowable Activities Under 45 CFR 1356.60

5.B.2. The law assures that Title IV-E administrative reimbursement remains available for non-family settings for the duration of the placement. Does this include the administrative costs incurred by both the private provider and the Title IV-E agency?

Providers are compensated by the Title IV-E agency. The level/amount of that compensation, and its adequacy, is solely a matter between the Title IV-E agency and the provider. The provisions in Family First concerning the claiming of Title IV-E administrative costs are only applicable to the fiscal relationship between the Title IV-E agency and the federal government and have no bearing on provider compensation or rates. [Child Welfare Policy Manual, 8.1B]

C. Background Checks for Adults working in Child-Care Institutions

5.C.1. What does Family First require in terms of background checks for individuals working in child-care institutions?

Family First requires criminal record checks, including fingerprint-based checks through the National Crime Information Center and its incorporated history databases, and checks of child abuse and neglect registries for all adults working in a child-care institution. This includes any non-family setting, including a QRTP. Title IV-E agencies may use alternate background check procedures if they report those alternate procedures to the HHS Secretary, along with an explanation of why the checks specified in Family First are not appropriate for the Title IV-E agencies. [§471(a)(20)(D); P.L. 115-123 §50745]

5.C.2. How is this different from background check requirements prior to Family First?

Prior to Family First, background checks were only required for prospective foster parents, adoptive parents, and relative guardians. Family First extends those same requirements to adults working in a child-care institution, including a QRTP and other non-family settings. [ACYF-CB-PI-18-07, p. 5]

5.C.3. What staff need to meet criminal record checks and child abuse registry checks?

This requirement applies to any adult working in the setting, regardless of whether they work directly with children. There are no exemptions or exceptions for conducting the checks on any adult working in these settings. However, agencies may determine their own procedures for conducting checks on unpaid volunteers. [ACYF-CB-PI-18-07, p. 5]

5.C.4. Can agencies claim Title IV-E administrative dollars for the expenses related to the criminal record and registry checks?

To the extent that Title IV-E agencies incur administrative costs as a result of implementing this requirement, they may claim Title IV-E administrative costs in accordance with an approved Title IV-E cost allocation plan or cost allocation methodology, as outlined at 45 CFR 1356.60. [ACYF-CB-PI-18-07, p. 5]

5.C.5. What do agencies have to do to verify that these checks were completed?

The agency must include its procedure for adhering to these requirements in its updated Title IV-E plan. A provider must maintain appropriate documentation reflecting adherence to these requirements in its licensing files. [ACYF-CB-PI-18-07, p. 5]

5.C.6. Must the clearance be completed by the Title IV-E agency or may it be completed by another state or tribal agency?

The Title IV-E agency is responsible for ensuring the background checks happen, but does not have to conduct them directly. The Title IV-E agency may decide which entity within the jurisdiction is best situated to conduct the required checks. [ACYF-CB-PI-18-07, p. 5]

5.C.7. When do child-care institutions need to meet these new requirements for criminal record checks and child abuse registry checks?

Title IV-E agencies must submit an amendment to their Title IV-E plan by September 30, 2018 addressing the new requirements for criminal record checks and child abuse registry checks, unless the HHS Secretary granted a delay. [ACYF-CB-PI-18-07, p. 6]

5.C.8. What happens if providers do not comply with these checks?

In order for a child placed in a child-care institution to be eligible for Title IV-E funding, the licensing file for the institution must contain documentation verifying that safety considerations of the staff have been addressed, which now must include proof that background checks for the adults in the institution were conducted. Without this documentation, the child-care institution loses the ability to claim Title IV-E reimbursement. Further, to the extent that a Title IV-E agency has incorporated the background check requirement into its provider licensing requirements, the failure of the provider to comply with such requirements may constitute a violation of licensing requirements and subject the provider to state enforcement action. [ACYF-CB-PI-18-07, p. 6]

D. QUALIFIED RESIDENTIAL TREATMENT PROGRAMS - OVERVIEW

5.D.1. What is a QRTP?

A Qualified Residential Treatment Program employs the newly created non-family setting treatment intervention model definition under Family First that is intended to try to ensure quality care for children. The model draws upon the best practices of leading providers in the field, as well as the latest science on child development, trauma, and attachment. A QRTP is not itself a monolithic intervention, but an overarching model for quality residential care. Each QRTP will have the ability to specialize based on the populations it can serve and the particular treatment interventions it offers.

A QRTP is a setting that can serve children with serious emotional or behavioral disorders or disturbances. Family First does not include any age restrictions on who may be in a QRTP beyond current federal and state or tribal law that dictates the ages at which children and youth may continue to be eligible for Title IV-E foster care maintenance reimbursement.

For a setting to be designated a QRTP, it must be licensed and accredited, use a trauma-informed treatment model, engage a family and permanency team, have registered or licensed nursing and licensed clinical staff on-site and available 24/7 in accordance with a QRTP's trauma-informed treatment model. A QRTP must also provide six months of family-based post-discharge services. To be eligible for Title IV-E FCMPs, a Title IV-E eligible child must receive an assessment from a qualified individual within 30 days of placement, and within 60 days of placement a court must approve the child's placement in a QRTP. In addition, review of whether this setting remains appropriate for a particular child will be part of their ongoing permanency hearings. [§472(3)(B)(k)(4); P.L. 115-123 §50741]

5.D.2. To which children in a QRTP setting do these requirements apply?

The new QRTP requirements apply to Title IV-E eligible children placed on or after the effective date for the new non-family settings reforms in Family First. This is the later of either October 1, 2019, or the date to which a State or Tribe delays implementation of the policy, which may not exceed October 1, 2021. While children placed in a QRTP prior to implementation of this component of Family First are not subject to the new QRTP requirements, they continue to be subject to other protections that accompany Title IV-E reimbursement, including the requirement for a case plan and ongoing court review of placements. However, applying these procedures to all children will improve the quality of care they receive and simplify program administration. [ACYF-CB-PI-18-07 p. 8; U.S. House Ways and Means Committee Serial No. 115-HR08, p. 168-170]

5.D.3. Is a child in a QRTP or other non-family setting automatically eligible for Medicaid?

Although a child is not automatically eligible for Medicaid by virtue of placement in a QRTP, most children will be eligible. There are also several other Medicaid eligibility pathways related to a child's placement in out-of-home care. In general, 99 percent of children in out-of-home

care are eligible for Medicaid, either through family income or a child welfare eligibility pathway. [Congressional Research Service R42378, p. 32]

5.D.4. Is a QRTP eligible to receive Medicaid funding for a child's health needs?

The QRTP designation will not automatically qualify a facility to bill the Medicaid program for health services it provides to children. Depending on the services a provider offers, it is likely that many QRTPs will be eligible to receive funding through the Medicaid program. For a more detailed explanation of the intersection of Family First and Medicaid, including discussion of questions to consider in maximizing the complementary impact of these funding streams, please see the Intersection of Family First and the Medicaid Program section of this guide.

5.D.5. Who makes the determination of whether a service provider qualifies as a QRTP?

The Title IV-E agency will ultimately be responsible for ensuring that a service provider meets the QRTP requirements. [§472(3)(B)(k)(4); P.L. 115-123 §50741]

5.D.6. What services must a QRTP provide?

Family First does not specify the individual services a QRTP must provide. Instead, Family First leaves the specific service array a QRTP must use broad to provide jurisdictions and providers with sufficient flexibility to meet the needs of their populations. A QRTP must use a trauma-informed treatment model, have registered or licensed nursing and licensed clinical staff on-site in accordance with that treatment model and available 24/7, and provide six months of post-discharge services. [§472(3)(B)(k)(4); P.L. 115-123 §50741]

5.D.7. Under federal Medicaid law, inpatient facilities treating mental health and substance use disorders face certain restrictions on their size and operations to receive Medicaid funding, under a rule known as the IMD exclusion. Will QRTPs be affected by the IMD exclusion?

Designed to reduce large-scale institutionalization of individuals with mental health conditions and substance use disorders in the mid-20th century, the Institution for Mental Disease (IMD) exclusion has been part of the Medicaid program since its enactment in 1965. The IMD exclusion precludes Medicaid financing of care for inpatient or residential facilities with over 16 beds that specialize in psychiatric care. The U.S. Centers for Medicare and Medicaid Services (CMS) use a variety of additional factors to determine if a facility is an IMD, including licensure and accreditation; being under the jurisdiction of a State's mental health or substance use treatment agency; and specializing in psychiatric services. (NASADAD)

The exemption of children from the IMD exclusion began in 1972 (Rosenbaum, 2002). Under this exemption, CMS allows payment to psychiatric hospitals, psychiatric units in hospitals, or specially designated psychiatric facilities for children through age 21. This often takes the form of care in psychiatric residential treatment facilities (PRTFs), which are designed to serve as a short-term intensive treatment setting to facilitate a child's return to family or move to a less restrictive treatment setting.

Because of the IMD exclusion policy, state Medicaid programs could not use federal match dollars to pay for any beneficiary services affiliated with an IMD facility, including residential services for substance use disorders. Despite the general prohibition in federal law, States were still able to receive federal Medicaid funds for IMD services for nonelderly adults beginning in 2015 through approval of Section 1115 waivers, which allow States to apply for authority to use federal funds to pay for substance use disorder treatment in an IMD facility. Additionally, CMS issued regulations in 2016 allowing for Medicaid managed care organizations to pay for substance use disorder treatment in an IMD facility under certain conditions.

The SUPPORT for Patients and Communities Act, legislation passed in fall 2018 that addresses the ongoing opioid epidemic, includes a state option to temporarily repeal the IMD exclusion policy for up to five years (FY2019-2023). The legislation will allow state Medicaid programs to receive federal reimbursement for up to 30 total days of care in an IMD during a 12-month period for eligible individuals. To qualify for the state option, state Medicaid programs must meet certain requirements including covering certain outpatient and inpatient levels of care, maintaining certain state spending requirements, and abiding by other reporting and notification rules.

In September 2019, CMS released guidance clarifying that a QRTP is not automatically an IMD. Instead, States will need to review each facility individually to determine whether a QRTP is an IMD, based on current Medicaid statute, regulation, and guidance in CMS's State Medicaid Manual. For those QRTPs that would qualify as IMDs, they can still be eligible for Medicaid reimbursement if they are either classified as a PRTF or participate in a State's Section 1115 Medicaid demonstration waiver focused on adults with serious mental illness or children with serious emotional disturbance. More information about those waivers is available here. Jurisdictions will have important decisions to make regarding the use of both QRTPs and PRTFs, depending on the needs of the children they serve and the number of children they serve in residential settings.

5.D.8. Would a treatment or therapeutic foster care setting qualify as a QRTP, or as a foster family home?

Therapeutic or treatment foster care settings would only qualify as a QRTP if they were operating as an institutional setting with shift staff. Settings using the traditional model of foster families with additional training and supports for the foster parents would qualify as foster family homes. A facility does not qualify as a foster family home if it is a group home, agency-operated boarding home, or other facility licensed or approved for the purpose of providing foster care if that facility is not the home of an individual or a family where the foster parent resides. [CB-496, p. 8]

5.D.9. Is there no limit on QRTP placement length if the placement is continually assessed and confirmed by the court and approved by HHS at the appropriate intervals?

While Family First does not create a hard deadline for moving children out of a QRTP, it requires increased review of the child's placement after a child younger than 13 is in care for six

months and a youth 13 or older is in care for 12 consecutive or 18 non-consecutive months. These ongoing oversight requirements exist to ensure that children are in a QRTP only as long as is necessary to meet their treatment needs. The level of acuity of care that a QRTP offers is designed to serve as an intensive and time-limited intervention, not a long-term placement. Evidence demonstrates that children fare best in families, and high-level residential settings exist to serve a treatment need that can enable a child to find permanency within a family. [§475A(c)(5); P.L. 115-123 §50742; ACYF-CB-PI-18-07, p.12]

5.D.10. Will HHS review each "long-term" QRTP placement once or at multiple intervals?

Title IV-E agencies will need to submit justifying documentation for placements of Title IV-E eligible children that exceed 12 consecutive or 18 nonconsecutive months for children older than 12, and longer than six consecutive or nonconsecutive months for children 12 and younger. Family First requires Title IV-E agencies to submit the most recent versions of the evidence and documentation required for each status review and permanency hearing, along with the signed approval of the head of the state or tribal agency. Due to the sensitive nature of this information, the Children's Bureau is not requiring the agency to submit that information to the Children's Bureau outside of such inspection/review. This requirement only applies to QRTP settings, and not to the other non-family settings eligible for Title IV-E funds beyond two weeks. These protections are designed to reflect the shift in viewing these settings as treatment interventions rather than placements, and for the benefit of the children involved, it is essential that these review requests receive prompt processing upon receipt. Although technically the reviews are only required for Title IV-E eligible children placed after the effective date, it is hoped that these and other protections intended to promote quality care will be applied to all QRTP residents. [§475A(c)(5); P.L. 115-123 §50742; ACYF-CB-PI-18-07, p. 12]

5.D.11. With regard to HHS's review and approval of "long-term" QRTP placements, is the count of nonconsecutive months specific to an individual QRTP setting or the cumulative time spent in different QRTPs during the placement episode?

This review is specific to each QRTP setting in which the child is placed, meaning that the clock would reset for subsequent placement in a new QRTP. [ACYF-CB-PI-18-07, p. 12]

5.D.12. For States or Tribes with child welfare systems that are State or Tribe-supervised and locally administered, can the approval for the continued placement of a child in a QRTP for more than 12 consecutive months or 18 non-consecutive months be done at the local level?

No. The statutory language of Family First requires sign-off from the head of the state or tribal agency. [§475A(c)(5)(B); P.L. 115-123 §50742]

5.D.13. What is the role of the courts in oversight of placements in QRTPs?

Within 60 days of the start of each placement in a QRTP, the court or an administrative body appointed or approved by the court must consider the assessment, determination, and documentation made by the qualified individual in approving the placement. If the court does not

approve the placement in a timely manner (i.e., within the 60-day timeframe), the agency may only claim Title IV-E FCMPs for the child's first 60 days in the QRTP. [§475A(c)(2); P.L. 115-123 §50742]

5.D.14. What services exist to provide for prenatal, postpartum and parenting supports for youth in care?

See the section on Meeting the Needs of Pregnant and Parenting Youth in Foster Care for more information on Family First provisions for prenatal, postpartum and parenting supports.

E. QRTP ASSESSMENT

QRTP ASSESSMENT – BACKGROUND AND OVERVIEW
As part of the QRTP model, Family First creates a new process for ensuring that a Title IV-E eligible child needs the level of treatment intervention that a QRTP offers. Within 30 days of entering a QRTP, a child must receive an assessment from a qualified individual using an appropriate functional assessment tool to determine whether they need care in a QRTP and whether that particular QRTP can meet their specific treatment needs. The purpose of this process is to acknowledge that QRTPs are a treatment intervention, and that through the process of specialization, not every QRTP will be appropriate for each child's specific needs. The law also requires court review of the appropriateness of a child's placement in a QRTP within 60 days of placement for additional oversight and assurance that it is the correct setting for that child. Throughout the assessment process, a child's family and permanency team also has the opportunity to provide input on placement decisions. Taken together, these policies ensure that a child receives care in the right setting for their unique needs.

Box 14: QRTP Assessment - Background and Overview

5.E.1. What assessment process does Family First require?

For any Title IV-E eligible child placed in a QRTP, Family First requires an assessment to verify the appropriateness of the placement. Family First spells out the following specific requirements for the assessment process:

- Using an age-appropriate, evidence-based, validated, functional assessment tool to evaluate a child's strengths and needs;
- Developing a list of child-specific short- and long-term mental and behavioral health goals; and
- Determining whether that child's needs can be met with relatives or in a foster family home. If not, the assessment is designed to determine which setting that is not a foster family home would be the most effective and least restrictive, and consistent with the child's short- and long-term goals. Family First specifically states that a shortage or lack of foster family homes is not a permissible reason to place a child in a QRTP.

This process ensures that a specific QRTP is correct for a specific child, given that each QRTP will have unique strengths and capacities based on its treatment model, staff, and approach. [§475A(c)(1)(A); P.L. 115-123 §50742]

5.E.2. How soon after entry into a QRTP must a child receive an assessment?

Title IV-E eligible children must receive an assessment within 30 days of placement in a QRTP. The Children's Bureau has indicated that the 30-day timeline begins when a child enters a QRTP. Timely assessment is important because it ensures that this specific treatment setting is right for this specific child. [§475A(c)(1)(A); P.L. 115-123 §50742; ACYF-CB-PI-18-07, p. 10]

5.E.3. Who may assess a child to determine whether a jurisdiction may place them in a QRTP?

Family First requires a "qualified individual" to conduct an assessment to determine whether a child's placement in a QRTP is appropriate. Family First defines a qualified individual as a trained professional or licensed clinician who is not an employee of the Title IV-E agency and who is not connected to, or affiliated with, any placement setting in which children are placed by the Title IV-E agency. The Children's Bureau has clarified that this could include, for example, a licensed social worker or a trained child welfare worker. This separation from both the Title IV-E agency and placement settings the Title IV-E agency uses is designed to avoid real and perceived conflicts of interest in deciding whether a child requires a level of care not available in a foster family home. Effective training of assessment professionals in child development, child trauma, and the types of particular QRTPs and how they meet the needs of individual children will be essential to the effective implementation of this aspect of Family First. [§475A(c)(1)(A); P.L. 115-123 §50742; ACYF-CB-PI-18-07, p. 10-11]

5.E.4. What if our jurisdiction does not have anyone available who meets the qualified individual criteria?

There is a process for Title IV-E agencies to obtain from the HHS Secretary a waiver from the requirement that a qualified individual conduct the assessment. Title IV-E agencies must submit documentation to the HHS Secretary certifying that trained professionals or licensed clinicians conducting these assessments shall maintain objectivity in determining the most effective and appropriate placement for a child. This certification process is required to prevent conflicts of interest in placing children in QRTPs. [§475A(c)(1)(D)(ii); P.L. 115-123 §50742; ACYF-CB-PI-18-07 p. 11]

5.E.5. What functional assessment tools are permissible for determining the appropriateness of a QRTP placement?

Family First does not require a specific assessment tool – only that the HHS Secretary approves the use of any particular tool. The Children's Bureau has indicated that they will not prescribe any particular assessment tool. [§475A(c)(1)(A)(i); P.L. 115-123 §50742]

5.E.6. **What happens if a child's assessment takes longer than 30 days?**

If a child's assessment is not complete within 30 days, the Title IV-E agency may not receive Title IV-E foster care maintenance reimbursement for those 30 days (including the first 14 days of the placement episode), nor for the duration of the placement. The Title IV-E agency may claim reimbursement for Title IV-E administrative costs of the type found at 45 CFR 1356.60 (see QRTP Assessment - Background and Overview) during the placement in the QRTP, but may not claim reimbursement for those type of costs that are for the administration and operation of the institution/QRTP because those costs are only allowable when foster care maintenance reimbursement is claimable for a child. [ACYF-CB-PI-18-07 p. 10]

5.E.7. **What happens if a jurisdiction places a child in a QRTP, but the assessment determines that is not an appropriate setting for them?**

Title IV-E FCMPs may continue for no longer than 30 days following a determination that the placement is no longer recommended or approved for that child. [ACYF-CB-PI-18-07, p. 11]

5.E.8. **What additional oversights does Family First require as part of the assessment process?**

Within 60 days of a Title IV-E eligible child's placement in a QRTP, Family First requires court review of the child's placement. Family First requires that review from a family or juvenile court, or another court of competent jurisdiction, including a tribal court, or an administrative body appointed or approved by the court. This review must include consideration of the assessment, determination, and documentation that the qualified individual conducts. In addition, the review must determine whether that child's needs can be met with relatives or in a foster family home and, if not, whether a QRTP placement is the most effective and appropriate level of care for the child in the least restrictive environment, and whether the placement is consistent with the child's short- and long-term goals in the child's permanency plan. Family First explicitly states that a shortage or lack of foster family homes is not an acceptable reason for determining that a child's needs cannot be met in a foster family home. The court must also formally approve or disapprove the placement. If the court disapproves the placement, the jurisdiction may receive Title IV-E FCMPs on their behalf for only up to 30 days for that determination, for the purpose of transitioning them to an appropriate setting. [§475A(c)(2); P.L. 115-123 §50742]

5.E.9. **If, at the 60-day court review, the court disapproves the placement of the child in the QRTP, what happens in terms of federal funding already provided on behalf of that child?**

As long as the child received an appropriate and timely assessment within 30 days of placement in a QRTP, a jurisdiction may retain the Title IV-E FCMPs that it has already received on that child's behalf up until that 60-day review and for up to 30 days after the court decision is made as the child is transitioned to an appropriate setting. [ACYF-CB-PI-18-07 p. 11]

5.E.10. **If a child moves from one QRTP program to another, will a new 30-day assessment/60-day court review be required?**

Yes. The assessment and court review process apply to each QRTP setting in which a jurisdiction places a child. [§475A(c)(1)(A); P.L. 115-123 §50742]

5.E.11. **If the court order placing the child into foster care specifies that the child is to be served in an institutional setting (for example, in the case of a child placed in relation to a delinquency or person in need of supervision docket), are the 30-day assessment and 60-day court review still required?**

Yes. If the child is Title IV-E eligible and placed in a QRTP after the effective date, the assessment and court review are required if the Title IV-E agency desires to receive Title IV-E foster care maintenance reimbursements beyond the first 14 days of the placement episode. [Child Welfare Policy Manual 8.3A.8a]

5.E.12. **How is the child's family involved in assessment process?**

Family First requires that, as part of the assessment to determine whether a QRTP is an appropriate setting for a child, the Title IV-E agency work to convene a family and permanency team to provide input on the process of determining the most appropriate and least restrictive environment for the child. The purpose of this team is to ensure that those adults closest to a child and who best know the child's needs can share their perspectives as part of the process of determining the most appropriate setting for the child. A family and permanency team must consist of all of a child's appropriate birth family members, relatives, and other individuals who have an emotionally significant relationship with the child but are unrelated by birth or marriage, known as fictive kin. The team must also include, as appropriate, professionals who are a resource to the child's family, including teachers, medical or mental health providers who have treated the child, or clergy. The team's role is to provide input during the assessment process, particularly during the determination of whether a child's needs can be met with family members or in a foster family home, or if not, what type of non-family setting is appropriate to meet their needs. The team also helps to develop a list of child-specific short- and long-term mental and behavioral health goals. To ensure the voice and perspective of youth is a part of this process, for children 14 and older, the team must include individuals that the young person selects from their permanency planning team as required by Sec. 475(5)(C)(iv). This youth engagement practice builds upon pre-existing policies in federal law that promote youth engagement (See *Youth engagement in case plans - what Federal Law Requires*). The qualified individual conducting the assessment will work with the family and permanency team when making the assessment. [§475A(c)(1)(B)(i); P.L. 115-123 §50742]

5.E.13. **Are there requirements that the Title IV-E agency document how it engaged the family in the assessment process?**

Family First requires that a child's case plan include documentation on how to contact the family and permanency team members, as well as evidence that the meetings are held at times and places convenient to the family. If a child's assessment outcome is different than the wishes of

the family and permanency team, the case plan must also outline why the assessment does not recommend those preferences. [§475A(c)(1)(B)(iii)(VII); P.L. 115-123 §50742]

5.E.14. Is Title IV-E administrative reimbursement available on behalf of a child in a non-family setting if their assessment was not completed in 30 days?

Yes. Title IV-E administrative reimbursement is available to jurisdictions on behalf of children in settings no longer eligible for Title IV-E FCMPs under Family First, including situations where a child has not received an assessment within the 30 days necessary to be eligible for Title IV-E FCMPs on behalf of a child in a QRTP. [ACYF-CB-PI-18-07, p. 12]

F. QRTP STAFFING

5.F.1. What are the staffing requirements for a QRTP under Family First?

Family First requires a QRTP to have registered or licensed nursing and licensed clinical staff on-site in accordance with a QRTP's trauma-informed treatment model and available 24/7. These requirements are designed to ensure that a QRTP has a sufficient level of staffing to meet the significant needs of the children that a QRTP is designed to serve. Nurses can help meet children's basic health needs, administer medications when necessary, and join other clinical staff in administering more specialized treatment. Together, these two categories of required staffing ensure that a QRTP has the needed professional skills to provide a trauma-informed treatment model that can address the needs of vulnerable children. [§472(k)(4)(B); P.L. 115-123 §50741]

5.F.2. Does Family First further define nursing or clinical staff?

The law does not further define registered or licensed nursing and licensed clinical staff, leaving those terms for state or tribal interpretation. Nursing staff will encompass both Registered Nurses, as well as Licensed Practical Nurses and Licensed Vocational Nurses. Clinical staff can include social workers, therapists, psychologists, and other professionals providing care and interventions for a child. Title IV-E agencies will have flexibility to pursue staffing arrangements that meet their provider needs, such as contracting for nursing and clinical staff, or sharing them across providers. Part of that process will entail appropriately matching a QRTP's staffing to its treatment model, to ensure that the QRTP can meet the needs of the children it is serving [§472(k)(4)(B); P.L. 115-123 §50741]

5.F.3. Do the nursing and clinical staff need to be direct employees of a QRTP?

No. The statutory language of Family First clarifies that nursing and clinical staff need not be direct employees of a QRTP provider. Title IV-E agencies will have flexibility to pursue staffing arrangements that meet their provider needs, such as contracting for nursing and clinical staff, or sharing them across providers. [§472(k)(6); P.L. 115-123 §50741]

5.F.4. **Does Family First further define a trauma-informed treatment model? Does Family First require the Children's Bureau to further define what will qualify as an appropriate model?**

Family First does not require the Children's Bureau to define what will qualify as an appropriate trauma-informed treatment model, nor has the Children's Bureau done so to date. Family First generally states that the trauma-informed treatment model must be designed to address the needs, including the clinical needs, as appropriate, of children with serious emotional or behavioral disorders or disturbances. It does not further define trauma-informed treatment model. However, a QRTP's accrediting body may include requirements around what constitutes trauma-informed care. This flexibility offers QRTPs the opportunity to focus on models that allow them to meet the specific needs of the particular populations they may serve. Each QRTP will be able to focus on specialized treatment services to serve particular populations. For example, a setting designed to meet the needs of children with problematic sexual acting out behavior could use the Multisystemic Therapy for Youth with Problematic Sexual Behavior.

As Title IV-E agencies establish their understanding of a trauma-informed treatment model, the characteristics of a trauma-informed service system as defined by the National Child Traumatic Stress Network (NCTSN) might be helpful:

> "All parties involved recognize and respond to the impact of traumatic stress on those who have contact with the system including children, caregivers, and service providers. Programs and agencies within such a system infuse and sustain trauma awareness, knowledge, and skills into their organizational cultures, practices, and policies. They act in collaboration with all those who are involved with the child, using the best available science, to maximize physical and psychological safety, facilitate the recovery of the child and family, and support their ability to thrive."

NCTSN suggests that service systems with trauma-informed perspectives are those in which agencies, programs, and service providers:

- Routinely screen for trauma exposure and related symptoms;
- Use evidence-based, culturally responsive assessment and treatment for traumatic stress and associated mental health symptoms;
- Make resources available to children, families, and providers on trauma exposure, its impact, and treatment;
- Engage in efforts to strengthen the resilience and protective factors of children and families impacted by and vulnerable to trauma;
- Address parent and caregiver trauma and its impact on the family system;
- Emphasize continuity of care and collaboration across child-service systems; and
- Maintain an environment of care for staff that addresses, minimizes, and treats secondary traumatic stress, and that increases staff wellness.

[§472(k)(4)(A); PP.L. 115-123 §50741]

5.F.5. Can States and Tribes claim Title IV-E administrative costs for the training around and implementation of a trauma-informed treatment model in a QRTP?

The Children's Bureau has not yet released guidance on whether States and Tribes may claim Title IV-E reimbursements for costs they incur to train QRTP staff in trauma-informed treatment models.

G. QRTP ACCREDITATION

5.G.1. Does a QRTP have to be licensed and accredited?

Yes. Family First requires a QRTP to be licensed by the Title IV-E agency and accredited by an independent, not-for-profit accrediting organization. Accreditation is designed to ensure the quality, transparency, and accountability of providers serving children with some of the highest needs in out-of-home care. [§472(k)(4)(G); P.L. 115-123 §50741]

5.G.2. What organizations can accredit a QRTP?

A QRTP can receive accreditation from the Joint Commission on Accreditation of Healthcare Organizations, the Commission on Accreditation of Rehabilitation Facilities, or the Council on Accreditation. The HHS Secretary may also choose to approve other independent, not-for-profit accrediting bodies. [§472(k)(4)(G); P.L. 115-123 §50741]

5.G.3. When do the accreditation requirements go into effect?

A QRTP must be accredited for a Title IV-E agency to receive otherwise allowable Title IV-E foster care maintenance reimbursements once the non-family setting reforms in Family First take effect in that State or Tribe. [§472(k)(4)(G); P.L. 115-123 §50741; U.S. House Ways and Means Committee Serial No. 115-HR08 p. 161]

5.G.4. Could a State or Tribe receive federal reimbursement for two weeks of residential treatment if the placement is not in an accredited facility?

Family First allows two weeks of federal Title IV-E FCMPs for any eligible child's placement. Accreditation is necessary for a Title IV-E agency to receive Title IV-E foster care maintenance reimbursements beyond that time. [§472(k)(1); P.L. 115-123 §50741]

5.G.5. Do Title IV-E agencies have flexibility to use Title IV-E administrative funds to pay for accreditation of QRTPs?

No. The Children's Bureau has clarified that jurisdictions cannot use Title IV-E administrative funds to finance the accreditation process. [U.S. House Ways and Means Committee Serial No. 115-HR08 p. 161]

5.G.6. Will a provider be considered a QRTP if they meet all other requirements and are in the process of conducting their accreditation?

No. The Children's Bureau has clarified that there is no flexibility in the statute to allow Title IV-E FCMPs for a child in a QRTP that is undergoing the process of accreditation. [U.S. House Ways and Means Committee Serial No. 115-HR08 p. 161]

5.G.7. How long is the accreditation process?

Generally, accreditation can take between 12 and 18 months and varies with demand.

H. QRTP AND AFTERCARE

5.H.1. What services must a QRTP provide to a child after their discharge from the setting?

Family First requires a QRTP to provide discharge planning and family-based aftercare support for at least six months post-discharge. This follows the best practices of quality residential treatment for this population. [§472(k)(4)(F); P.L. 115-123 §50741]

5.H.2. Does Family First require specific services as part of the six-month discharge planning and family-based aftercare supports? Do they need to meet a certain standard of evidence?

Family First does not specify individual required services or that services be evidence-based as part of the discharge planning and aftercare services requirement. [§472(k)(4)(F); P.L. 115-123 §50741]

5.H.3. How will QRTPs finance these services?

Providers will be compensated by the Title IV-E agency for all services they provide consistent with the scope of their provider agreement/contract with the Title IV-E agency. The Children's Bureau has not yet provided guidance to Title IV-E agencies on what, if any, of those service costs paid to providers might be reimbursable under Title IV-E or other federal reimbursement pathways.

I. NON-FAMILY CARE SETTINGS AND SUPPORT FOR VICTIMS OF SEX TRAFFICKING

5.I.1. What settings does Family First allow for children and youth who are, or are at risk of becoming, sex trafficking victims?

Under Family First, a setting providing "high-quality residential care and supportive services to children and youth who have been found to be, or are at risk of becoming, victims of sex trafficking" is one of the non-family settings eligible for Title IV-E funding beyond two weeks

of care. There is significant research that outlines key elements of how to best serve this population. Those considerations will be critically important in ensuring these settings are "high quality" as the law requires. [§472(k)(2)(D); P.L. 115-123 §50741(a)]

5.I.2. What is sex trafficking?

Sex trafficking is the action of forcing or coercing a victim to perform commercial sexual acts against their will. Although the hidden nature of sex trafficking and transiency of victims makes research with this population difficult, there is broad consensus about general risk factors, needs, and principles for providing compassionate, effective care, and further insight can be drawn from scholarly work with other populations who have overlapping backgrounds and needs.[14,15,16,17] Additionally, advocates and researchers typically use the terms "survivors" to highlight their activity and strength, or "commercially sexually exploited children" to include youth who may experience commercial sexual exploitation not typically associated with trafficking (e.g. pornography, survival sex without a trafficker, performing in strip clubs, etc.). Not having clear research on the term that best describes children who end up in foster care, we use below the statutory "sex trafficking victims" and "sex trafficking," recognizing that it may include children and youth who are victims of commercial sexual exploitation.

5.I.3. What makes youth in the child welfare system vulnerable to sex trafficking?

Many of the reasons why youth become involved with the child welfare system are also known individual risk factors for sex trafficking: a history of child maltreatment (sexual abuse, physical abuse, or neglect); being a homeless, runaway, or "thrown away" youth; identifying as lesbian, gay, bisexual, transgender, or queer (LGBTQ); family dysfunction, including caregiver substance use disorder, intimate partner violence, or lack of supervision; and juvenile justice system involvement. For example, youth who are maltreated or LGBTQ are more likely to run away or be thrown out, leading to homelessness, a lack of resources for basic needs like food and a desire for social connection and affirmation.[18] Moreover, child welfare system involvement, particularly when children are placed in non-family settings, is in and of itself one of the biggest

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[14] Institute of Medicine (IOM) and National Research Council (NRC) of the National Academies. Confronting commercial sexual exploitation and sex trafficking of minors in the United States. Washington, DC: The National Academies Press. https://www.ojjdp.gov/pubs/243838.pdf. Published 2013. Accessed January 28, 2019.

[15] Greenbaum J. Child sex trafficking and commercial sexual exploitation. Adv Pediatr. 2018;65(1):55-70. https://www.advancesinpediatrics.com/article/S0065-3101(18)30004-5/.

[16] Reichert J, Sylwestrzak A. National survey of residential programs for victims of sex trafficking. Chicago, IL: The Illinois Criminal Justice Information Authority. http://www.icjia.state.il.us/assets/pdf/ResearchReports/NSRHVST_101813.pdf. Published 2013. Accessed January 28, 2019.

[17] Ide M, Mather D. The structure and practice of residential facilities treating sex trafficking victims. J Hum Traffick. 2018;1(103):1-14. https://www.tandfonline.com/doi/abs/10.1080/23322705.2018.1447204.

[18] Institute of Medicine (IOM) and National Research Council (NRC) of the National Academies. Confronting commercial sexual exploitation and sex trafficking of minors in the United States. Washington, DC: The National Academies Press. https://www.ojjdp.gov/pubs/243838.pdf. Published 2013. Accessed January 28, 2019.

risk factors for trafficking.[19,20] Traffickers are reported to often recruit children and youth inside and outside shelters and group homes,[21] making ill-equipped non-family settings a prime target for recruitment.[22,23,24]

5.I.4. What are the clinical needs of this population that specialized non-family settings should address?

Survivors of trafficking have significantly more intense medical, mental health, substance use disorders and social needs than a typical child in foster care, particularly reproductive and behavioral health needs. These needs arise from the many traumas they face as a result of being sexually exploited and the backgrounds that made them vulnerable to exploitation in the first place.

It is important that programs provide timely access to medical providers to address reproductive health needs (e.g. sexually transmitted infections, pregnancy, and abortions) and other health needs including injuries, infections (e.g. tuberculosis and scabies), malnutrition, and untreated chronic conditions. Mental health treatment is also critical, and their immediate problems and those from the past may necessitate a much longer period of follow up for treatment and are often the most pervasive and troubling for survivors. Post-traumatic stress disorder, depression, anxiety, suicidality, substance use, and difficulty with emotions and relationships are extremely common. Survivors may also have a need for shelter/housing, food, clothing, education, life skills and job training, legal services and family services, as well as opportunities to develop other sources of income to reduce the pressure of being exploited again. They also must be able to feel safe and extra security may be required to prevent contact with traffickers.[25,26]

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[19] Institute of Medicine (IOM) and National Research Council (NRC) of the National Academies. Confronting commercial sexual exploitation and sex trafficking of minors in the United States. Washington, DC: The National Academies Press. https://www.ojjdp.gov/pubs/243838.pdf. Published 2013. Accessed January 28, 2019.

[20] Greenbaum J, Crawford-Jakubiak JE. Child sex trafficking and commercial sexual exploitation: Health care needs of victims. Pediatrics. 2015;135(3):566-74. http://pediatrics.aappublications.org/content/135/3/566.

[21] Smith L, Healy Vardaman S, Snow MA. Shared Hope International. The national report on domestic minor sex trafficking: America's prostituted children. Vancouver, WA: Shared Hope International. https://sharedhope.org/wp-content/uploads/2012/09/SHI_National_Report_on_DMST_2009.pdf. Published 2009. Accessed February 1, 2019.

[22] Finklea K, Fernandes-Alcantara AL, Siskin A. Sex trafficking of children in the United States: Overview and issues for congress. Washington, DC: Congressional Research Service. https://fas.org/sgp/crs/misc/R41878.pdf. Published January 28, 2015. Accessed February 1, 2019.

[23] Sioux Falls man convicted in sex trafficking case [press release]. Minneapolis, MN: Federal Bureau of Investigation, Minneapolis Division; December 6, 2013. https://archives.fbi.gov/archives/minneapolis/press-releases/2013/sioux-falls-man-convicted-in-sex-trafficking-case. Accessed February 1, 2019.

[24] Manhattan U.S. Attorney charges 14 Gambino crime family associates with racketeering, murder, sex trafficking, and other crimes [press release]. New York, NY: Federal Bureau of Investigation, New York Field Office; April 20, 2010. https://archives.fbi.gov/archives/newyork/press-releases/2010/nyfo042010.htm. Accessed February 1, 2019.

[25] Greenbaum J. Child sex trafficking and commercial sexual exploitation. Adv Pediatr. 2018;65(1):55-70. https://www.advancesinpediatrics.com/article/S0065-3101(18)30004-5/.

[26] Greenbaum J, Crawford-Jakubiak JE. Child sex trafficking and commercial sexual exploitation: health care needs of victims. Pediatrics. 2015;135(3):566-74. http://pediatrics.aappublications.org/content/135/3/566.

5.I.5. What is considered "high-quality" when it comes to non-family care and supportive services in meeting the needs of survivors? In what ways does this differ from the needs of other youth and children in foster care?

Trauma-informed care, other health and mental health treatment, case management, services that promote empowerment and transitional services upon leaving a program are widely agreed upon best practices in supporting survivors. Many programs also use survivor-led or survivor-informed models to encourage empowerment. Capacity for collaborating with health care systems, other service providers, and law enforcement agencies is also critically important. This helps not only to offer comprehensive support during care and treatment, but also to ensure more successful transitions back into the community upon program completion. If these recommendations were followed for non-family settings aiming to provide services for survivors of sex trafficking, high-quality care and treatment would likely appear similar to at least some of the characteristics of a QRTP, with services and treatment tailored to the more intense needs of survivors and cross-system collaboration.

5.I.6. What different opinions are there on best practices in caring for sex trafficking survivors?

Beyond the principles described above, there is limited research on the efficacy of specific treatment components for care and treatment of survivors of sex trafficking, leading to a diversity of perspectives on many aspects of treatment. To start, programs use varying definitions of "success," making comparative program evaluation difficult. Most programs offer some degree of counseling, therapy, life skills training and educational services, but a wide range of additional supportive services may be offered: recreational programs, support groups, mentoring, music and art therapy, substance abuse treatment, medical and dental care, spiritual services, family reintegration and family therapy, relationship and parenting skills or immigration and legal assistance.[27] Lengths of stay also vary and may be 18 months or longer, creating the space for survivors to build trust with staff and gain valuable skills and healing, or much shorter time periods. Most programs have 10 or fewer beds.[28]

Programs also differ in how they address security. Some programs physically lock in youth or are located in remote areas, while others believe in an open-door model that allows survivors to walk in when they are ready for services.[29] Policies about access to cell phones and social media also vary. Some programs believe they help youth maintain crucial social connections and emotional supports. Others prohibit it to avoid the risk of maintaining contact with traffickers.

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[27] Reichert J, Sylwestrzak A. National survey of residential programs for victims of sex trafficking. Chicago, IL: The Illinois Criminal Justice Information Authority. http://www.icjia.state.il.us/assets/pdf/ResearchReports/NSRHVST_101813.pdf. Published October 2018. Accessed January 28, 2019.

[28] Reichert J, Sylwestrzak A. National survey of residential programs for victims of sex trafficking. Chicago, IL: The Illinois Criminal Justice Information Authority. http://www.icjia.state.il.us/assets/pdf/ResearchReports/NSRHVST_101813.pdf. Published October 2018. Accessed January 28, 2019. p. 28-31

[29] Sapiro B, Johnson L, Postmus JL, Simmel C. Supporting Youth involved in domestic minor sex trafficking: Divergent perspectives on youth agency. Child Abuse Negl. 2016;58:99-110. https://www.ncbi.nlm.nih.gov/pubmed/27352092.

5.I.7. What do sex trafficking survivors value in non-family care and supportive services?

In spite of a unanimous call for trauma-informed care emphasizing empowerment, there exists minimal research on the treatment preferences of trafficking survivors. One recent comprehensive study in Los Angeles County highlighting the perspectives of female survivors in residential settings noted participant preferences for unlocked facilities, local programs and access to technology to maintain family ties, foster homes or small group homes (six or fewer beds) when family settings were not possible, settings not just for trafficking survivors, and dedicated staff they could trust.[30]

5.I.8. What else can these specialized treatment settings under Family First do to promote the health and well-being of survivors of trafficking?

Non-family settings can strengthen and standardize evaluations of survivors' experiences and the various treatment options provided. It could help to agree on a standard definition of certain characteristics of the survivors and the services and treatment they have received so data on their outcomes could be tracked over time.[31] Such data can be useful in better understanding how to support survivors and prevent future trafficking.

J. THE APPLICATION OF FAMILY FIRST TO THE JUVENILE JUSTICE SYSTEM

5.J.1. Why was there concern that reducing use of non-family settings in the child welfare system would result in youth being directed to the juvenile justice system?

There was concern that youth who were placed in non-family settings in the child welfare system would not have the support they needed in less restrictive settings and that the response to their behavior could be arrest or other justice system involvement.

5.J.2. How does Family First ensure that its reduction of non-family setting provisions will not lead to youth being pushed from the child welfare to juvenile justice system?

Family First requires that state and tribal plans include certifications that, in addressing the non-family setting restrictions, "the State will not enact or advance policies or practices that would result in a significant increase in the population of youth in the State's juvenile justice system." In addition, the law requires the Government Accountability Office to complete a study and report in 2025 on the impact of the Family First non-family setting restrictions on state juvenile justice systems.

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[30] Dierkhising CB, Walker Brown K, Ackerman-Brimberg M, Newcombe A. Commercially sexually exploited girls and young women involved in child welfare and juvenile justice in Los Angeles County: An exploration and evaluation of placement experiences and services received. Los Angeles, CA: National Center for Youth Law: California State University, Los Angeles. https://youthlaw.org/publication/csec_la_childwelfare_juvenilejustice/. Published 2018. Accessed January 29, 2019.

[31] Ide M, Mather D. The structure and practice of residential facilities treating sex trafficking victims. J Hum Traffick. 2018;1(103):1-14. https://www.tandfonline.com/doi/abs/10.1080/23322705.2018.1447204.

5.J.3. How can juvenile justice and child welfare stakeholders make sure this required certification is meaningful?

Stakeholders and policy makers should outline and act on specific steps to avoid increased juvenile justice system involvement of youth in the child welfare system. Such requirements should be included in any state or tribal legislation and policy that is enacted related to Family First and could include:

- Requiring regular data collection on the number of youth who are placed in out-of-home care pursuant to a delinquency adjudication and their placement type, the number of dual system involved youth and the service and placement array available as part of delinquency dispositions; and
- Requiring that a cross-system committee be appointed to review the data and develop an annual report on the impact of Family First implementation on movement of youth from the child welfare to juvenile justice system, dual-system involvement and any growth in the juvenile justice population that occurs as Family First is implemented along with any recommendations to address patterns.

5.J.4. How does Family First apply to the funding of placements in the juvenile justice system?

The non-family setting reforms in Family First will apply to all children in Title IV-E funded out-of-home placement in a setting that is not a family. This includes Title IV-E reimbursed placements in non-family settings for young people in the juvenile justice system. If those placements are not allowable placements, federal Title IV-E funds will no longer be available.

5.J.5. How many States currently use Title IV-E funds for juvenile justice placements, and how much funding do they receive for this purpose?

In SFY2016, the 17 States that responded to a Child Trends survey drew down nearly $62 million in Title IV-E funds to cover placements for this population. To draw down Title IV-E funds for these placements, States must ensure that these placements comply with all other Title IV-E requirements, which include the youth being in the placement and care responsibility of the Title IV-E agency. [Child Trends, Child Welfare Financing SFY 2016: A survey of federal, state, and local expenditures]

5.J.6. Does Family First disallow the use of Title IV-E funds for children in juvenile justice?

No. Family First does not change existing rules on the overall availability of Title IV-E funds for children in the juvenile justice system.[32]

[32] The Child Welfare Manual clarifies that youth in the juvenile justice system can be IV-E eligible. See Child Welfare Manual, Question 8.3A.1, Title IV-E, Foster Care Maintenance Payments Program, Eligibility, Adjudicated Delinquents.

5.J.7. Does Family First disallow the use of non-family settings for children in the juvenile justice system for whom jurisdictions draw down Title IV-E funds?

Jurisdictions must meet the criteria in Family First to draw down Title IV-E funds for placement in a setting that is not a foster family home. A jurisdiction would only be able to claim Title IV-E FCMPs for a child in the juvenile justice system if their placement met these criteria.

5.J.8. Utilizing Title IV-E funds for juvenile justice placements has been used as a strategy to develop a more community-based juvenile justice system and way to developed less restrictive placements. Does Family First eliminate this strategy?

No. Title IV-E agencies that are using or want to use Title IV-E funds for youth in the juvenile justice system to fund placement and services can use discussions around Family First to complement juvenile justice systems efforts to provide community-based, non-institutional care. In addition to funding community-based placements, tapping into Title IV-E funds for youth in the juvenile justice system opens up an array of supports and services that can be beneficial to youth and families. These include, but are not limited to, transition to adulthood services, permanency services, extended foster care and Chafee aftercare.

To the degree that out-of-home placement is appropriate in the juvenile justice system, agencies should consider developing family and kinship foster care placements. These settings remain eligible for Title IV-E funds. As mentioned in the section on Extending and Enhancing Services to Support Permanency and a Successful Transition to Adulthood, there are several placement settings that are exempt from Family First's non-family setting restrictions. Some of these settings, like those for pregnant and parenting youth, victims of sex trafficking, and Supervised Independent Living Settings for youth 18-21, can also be utilized for youth in the juvenile justice system when there are no alternatives to placement.

6. MEETING THE NEEDS OF PREGNANT AND PARENTING YOUTH IN FOSTER CARE

Overview: Pregnant and parenting youth in foster care—both mothers and fathers—face the dual challenge of transitioning into adulthood while learning to parent and meet the needs of their children. Research has shown that pregnant and parenting youth in foster care often experience poorer outcomes transitioning to adulthood compared to their peers; however, there is currently no national data on the number of pregnant and parenting youth in foster care.[33] The Family First Prevention Services Act (Family First) recognizes the unique needs of pregnant and parenting youth in foster care in two important ways. First, they are eligible for the new Title IV-E Prevention services and programs without themselves or their children having to meet the criteria for "candidate for foster care." Second, the law also identifies residential placements specializing in supporting pregnant and parenting youth as exempted from the new restrictions on non-family settings. Family First is a clear statement by Congress that pregnant and parenting youth in foster care are important and need specialized services and supports to help them and their children bond and remain together. The spirit of the law is to ensure that children remain with their parents and their families, which includes young mothers and fathers already in foster care. (Note: While many States use "expectant" rather than "pregnant" to be a more inclusive term of all those in care expecting a child, pregnant and parenting is used throughout this section because it is the language used in Family First.)

Effective Date: October 1, 2019. States and Tribes electing to provide Title IV-E prevention services and programs must be implementing the new limitations on Title IV-E reimbursement for non-family settings. States may elect to delay the effective date for the new rules on non-family settings for up to two years (no later than October 1, 2021) and tribal Title IV-E agencies may request additional time for implementation (See Requirements and Opportunities for Tribal Nations Under the Family First Prevention Services Act for more information.).

A. NEW PREVENTION SERVICES AND PROGRAMS FOR PREGNANT AND PARENTING YOUTH IN FOSTER CARE

6.A.1. Why were pregnant and parenting youth in foster care included as eligible recipients for the new Title IV-E prevention services and programs?

Although no national data exist on the number of pregnant and parenting youth in foster care, research suggests young people in foster care are more than twice as likely as their peers not in foster care to become pregnant and give birth, and their children are more likely to enter foster care.[34] In addition, research has shown that parenting youth who aged out of foster care face

[33] Dworsky, A. & DeCoursey, J. (2009). Pregnant and Parenting Foster Youth: Their Needs, Their Experiences. Chicago: Chapin Hall at the University of Chicago

[34] Courtney, M. E., Dworsky, A., Ruth, G., Keller, T., Havlicek, J., Bost, N. (2005). *Midwest Evaluation of the Adult Functioning of Former Foster Youth: Outcomes at Age 19*. Chicago: Chapin Hall at the University of Chicago.

additional challenges and are more likely to experience poor outcomes compared to their non-parenting peers who aged-out of care.[35] The House of Representatives Committee on Ways and Means report on Family First provided the following insight into why this population is explicitly considered eligible for prevention services in Family First:

> "Foster youth are at heightened risk of teenage pregnancy and childbearing. The Midwest Evaluation of the Adult Functioning of Former Foster Youth found that half (48%) of the young people aging out of foster care have been pregnant by age 19 compared to only 27 percent of teen girls in the general population, and that young women aging out of foster care are more likely than their peers in the general population to have more than one pregnancy by age 19. Another recent study revealed that, among girls in foster care in California at age 17, more than 1 in 4 had given birth at least once during their teens, and, of these women who had given birth before age 18, more than one-third had had a second teen birth…The Committee provided specific eligibility for prevention services for pregnant or parenting foster youth because these youth are at particularly high risk of bad outcomes affecting them and their children."

[H. Rept. No. 114-628, p. 38]

6.A.2. Are there any restrictions that limit eligibility for pregnant and parenting foster youth?

No. Title IV-E prevention services and programs can be provided to *any* youth in foster care who is expecting or parenting a child, as well as the youth's caregivers and their children. There is no requirement that the pregnant or parenting youth be eligible for Title IV-E Foster Care Maintenance Payments. Some States define "pregnant" to include expectant fathers and there has been no guidance from the Children's Bureau to suggest expectant fathers are not eligible for prevention services. [§471(e)(1), §476(d)(2); P.L. 115-123 §50711(a), §50711(d)]

6.A.3. What types of prevention services can be provided to these young people?

The types of prevention services and programs available for pregnant and parenting youth are the same as those available to or on behalf of candidates for foster care: mental health and substance abuse prevention and treatment, and in-home parenting skills training. The services must also meet the evidence-based requirements set forth by Family First. For more information about the Title IV-E prevention services and programs, please see the Eligible Prevention Services and Programs section. [§471(e)(1); P.L. 115-123 §50711(a)]

6.A.4. Do these evidence-based services have to be specifically targeted for pregnant and parenting foster youth?

No. Both Congress and the Children's Bureau have made clear their intention to not limit the evidence-based prevention services only to those specifically designed for pregnant and parenting youth. The Children's Bureau has clarified that the initial practice criteria for

[35] Courtney, M., Dworsky, A., Brown, A., Cary, C., Love, K., & Vorhies, V. (2011). Midwest evaluation of the adult functioning of former foster youth: Outcomes at age 26. Chicago, IL: Chapin Hall at the University of Chicago

prevention services included in the Title IV-E Prevention Services Clearinghouse (Clearinghouse) would no longer consider "target populations," meaning services or programs that have been developed or used to target children and families involved in the child welfare system or populations similar to those involved in the child welfare system. Furthermore, the initial list of prevention services and programs selected for review by the Clearinghouse include programs that have not been evaluated specifically on children, youth and families in the child welfare system.

However, in developing the continuum of Title IV-E prevention services and programs, Title IV-E agencies are encouraged to consider the unique needs of pregnant and parenting youth to ensure there are services in place that meet their specific needs and support them in their roles as both adolescent and parent. [ACYF-CB-PI-18-09, Attachment C, p. 1, 5-6]

ADDRESSING THE UNIQUE NEEDS OF PREGNANT AND PARENTING YOUTH

Addressing the unique needs of pregnant and parenting youth, preventing child abuse and neglect of their children, and reducing disparate outcomes require child welfare systems to provide equitable access to a wide range of evidence-informed and trauma-informed services that are responsive to the developmental needs of both young parents and their children.[36] Examples of programs from the California Evidence-Based Clearinghouse for Child Welfare (California Clearinghouse) that fit these criteria include:

- Nurse Family Partnership*;
- Adolescent Parenting Program;
- Children's Aid Society Carrera Adolescent Pregnancy Prevention Program;
- Computer-Assisted Motivational Intervention;
- The Family Growth Center; and
- Wyman's Teen Outreach Program.

It is important to note that not all of these programs are included in the Title IV-E Clearinghouse. States can include programs on their state plans that are not included in the Clearinghouse for review and approval by the Children's Bureau. Prior to October 1, 2021, the Children's Bureau may approve a service for a transitional payment while the Clearinghouse completes a review of the program. For programs that are not included and where the evidence does not meet the criteria for inclusion in the Clearinghouse, States, policymakers, and advocates should invest in building the evidence about effectiveness for this population. [ACYF-CB-PI-19-06]

* Nurse Family Partnership has been rated as Well-Supported by the Title IV-E Clearinghouse.

Box 15: Addressing the Unique Needs of Pregnant and Parenting Youth

[36] Center for the Study of Social Policy. (2019) Connecting the Dots: A Resource Guide for Meeting the Needs of Expectant and Parenting Youth, their Children, and their Families. https://cssp.org/wp-content/uploads/2019/02/CSSP-EPY-Resource-Guide-FINAL.pdf

This guide was last updated on: February 18, 2020. The information within the guide does not reflect any changes to statute or guidance after that date.

6.A.5. How long can services be provided to this population?

Pregnant and parenting foster youth are eligible for the same services as candidates for foster care and their caregivers (parents or kinship caregivers) and the same timeframes for the services applies. Family First allows Title IV-E agencies to claim Title IV-E reimbursement for evidence-based prevention programs for pregnant and parenting foster youth for up to 12 months at a time, including for contiguous 12-month periods. In order to claim Title IV-E reimbursement for each additional 12-month period, the Title IV-E agency must first determine and document in a prevention plan that the young person is eligible for such continued services. This must be done on a case-by-case basis. The pregnant and parenting youth – and their children and caregivers – may receive the Title IV-E prevention services or programs more than once, as there is no lifetime limit on accessing these benefits. For example, a pregnant or parenting youth in foster care may receive Title IV-E prevention services or programs for 12 months to ensure the youth is prepared to parent, and again later when the youth exits foster care with the child born to her. If that youth – or their child – is later identified as being at imminent risk of re-entry into foster care, they can again access Title IV-E prevention services or programs. For more information about the duration of prevention services, please see the Duration of Title IV-E Prevention Services section. [§471(e)(1); P.L. 115-123 §50711(a); ACYF-CB-PI-18-09, p. 4]

6.A.6. When does the 12-month "clock" start for prevention services?

Title IV-E dollars can be used to provide prevention services for up to 12 months, and beyond if approved, beginning on the date the young person is identified in his or her case plan as a pregnant or parenting foster youth in need of services under the Title IV-E Prevention Program. For more information about the duration of prevention services, please see the Duration of Title IV-E Prevention Services section. [§471(e)(3)(B); P.L. 115-123 §50711(a)]

6.A.7. Do pregnant and parenting foster youth have to accept these services when they are offered?

No. The Title IV-E prevention services and programs are voluntary. It is important to recognize young people's capacity and rights as parents, and failure to accept these services should not equate to an allegation of abuse or neglect or determination that a young person's child is at imminent risk.

6.A.8. Is the Title IV-E agency required to create a separate prevention plan for a pregnant or parenting foster youth if the youth accepts the prevention services?

The Title IV-E agency must include a written prevention plan within the young person's ongoing case plan but is **not required** to create a prevention plan housed outside of the youth's case plan. The prevention plan must list the prevention services or programs to be provided to or on behalf of the youth that ensure they are prepared or able to be a parent and must also include a description of the foster care prevention strategy for any child born to that youth. [§471(e)(4)(A)(ii); P.L. 115-123 §50711(a)]

6.A.9. **Are the children of expectant and parenting foster youth considered "candidates" for foster care?**

No. The children of pregnant and parenting foster youth do not have to be at imminent risk of entering foster care to receive prevention services. Congressman Danny Davis (D-IL), Chair of the House Ways and Means Subcommittee on Worker and Family Support, described it this way in the July 24, 2018 House hearing on Family First implementation: "Family First makes pregnant and parenting foster youth categorically eligible for prevention services even if their children are not at imminent risk of entering foster care." [House Subcommittee on Human Resources of the Committee on Ways and Means Hearing on the Opioid Crisis: Implementation of the Family First Prevention Services Act, House, 115th Cong. 28 (2018), p. 31]

6.A.10. **Is the child of a pregnant and parenting youth in foster care also eligible for prevention services?**

Yes. Given their parents' current involvement in the child welfare system, the child is eligible to receive prevention services under Family First. Further, a child of a parenting youth in care does not have to be under the custody of the Title IV-E agency nor automatically determined to be a candidate for foster care.

6.A.11. **Will young men in foster care who are fathers or expectant fathers be eligible for services?**

Yes. Congress and the administration have been clear that prevention services can be provided to fathers in foster care in addition to mothers. The House of Representatives Committee on Ways and Means report on Family First states: "It is also the Committee's expectation that many of the evidence-based interventions targeting this vulnerable group will involve expectant fathers." In the July 24, 2018 House hearing on Family First implementation, when asked if fathers were included in the pregnant and parenting youth eligibility category for prevention services, the Commissioner of the Children's Bureau stated: "Absolutely. The whole issue of responsible fatherhood and engagement of fathers in the lives of their children and families is of critical importance to us." [H. Rept. No. 114-628, p. 38; House Subcommittee on Human Resources of the Committee on Ways and Means Hearing on the Opioid Crisis: Implementation of the Family First Prevention Services Act, House, 115th Cong. 28 (2018), p. 31]

6.A.12. **For pregnant and parenting youth in foster care who are eligible for prevention services, are their partners also eligible to receive prevention services, even if they are not in foster care?**

No. While best practice encourages the inclusion of the partner of the pregnant or parenting foster youth in the prevention services to help successfully stabilize the family and promote healthy co-parenting, one parent is not eligible for prevention services because of the other parent's placement in foster care. However, if the child is determined to be a candidate for foster care, then both parents are eligible for Title IV-E prevention services and programs due to their role as caregivers for a candidate of foster care.

6.A.13. **Are other caregivers living in the home with pregnant and parenting foster youth also eligible for services?**

Yes. Caregivers (parents or kinship caregivers) of pregnant or parenting youth in foster care are also eligible for the prevention services if the services or programs are directly related to the young person's safety, permanence, or well-being. Supporting these caregivers is critical to providing support to both the expectant and/or parenting young person and their child(ren). [§471(e)(1); P.L. 115-123 §50711(a)]

6.A.14. **Are the new Title IV-E prevention services and programs only available to pregnant and parenting youth who enter foster care after the State or Tribe implements Family First?**

No. The new Title IV-E prevention services and programs under Family First apply to all children and youth, regardless of when they came into contact with the child welfare system. Once a jurisdiction submits and receives approval for their five-year Title IV-E Prevention Program plan (five-year plan), the agency may begin to offer these services to young people who are just entering the child welfare system for the first time, along with those currently in foster care.

6.A.15. **May a State or Tribe elect to opt into the Title IV-E Prevention Program and only provide services to pregnant and parenting foster youth?**

Yes. Title IV-E agencies may tailor their use of the Title IV-E prevention services and programs to certain populations. A Title IV-E agency also may opt to begin offering Title IV-E prevention services and programs to one of the categories of eligible individuals, such as only pregnant and parenting youth in foster care, and then decide to scale up to provide services to the other eligible groups. Likewise, Title IV-E agency may opt to begin offering only one or two of the three prevention service categories (i.e. mental health, substance abuse, or in-home parent skills training) and then scale up to offer all three categories of services. The five-year plan that Title IV-E agencies must submit must contain several pieces of information, including the services they plan to use and the population they plan to serve. (See the State and Tribal Plan Requirements section for more information on the five-year plan.)

6.A.16. **Are there age requirements for a pregnant and parenting foster youth to be eligible to qualify for the Title IV-E Prevention Program?**

The age limit for the Title IV-E Prevention Program is tied to the same age limit the State or Tribe elects for the Title IV-E program. Under the broader Title IV-E program, States and Tribes have the option to extend care beyond age 18, up to ages 19, 20 or 21, if the youth meets certain criteria. This means that a pregnant or parenting foster youth is eligible for the Title IV-E prevention program up until 18 or the age the State or Tribe has extended care. Additionally, there is no lower age-limit, so pregnant and parenting youth are not required to reach a certain age in order to be eligible for services provided through the Title IV-E Prevention Program.

6.A.17. **Can the availability of prevention funds for pregnant and parenting youth in foster care be used to help develop a placement setting for these youth?**

Yes. Family First prevention funds can be used for pregnant and parenting youth in care. This is a separate category of eligibility from the "candidate for foster care" category. A youth is eligible simply by being a pregnant or parenting youth in care and being identified as in need of services. This provision could be used to allow specialized services to be provided that could make a placement possible or make an existing placement more appropriate and supportive. For example, being able to provide mental health or family in-home parent skill-based services to a young parent could make a foster or kinship placement possible by providing the additional services or make an existing placement more effective by layering on additional specialized services.

6.A.18. **What happens if a pregnant or parenting foster youth is receiving prevention services and ages out of care?**

The youth may continue receiving services; however, the Title IV-E agency will no longer receive Title IV-E reimbursement as a result of the youth's eligibility as a pregnant or parenting youth in care after the end of the month in which the youth turns 18 (or the higher elected age per section 475(8) of the Act). If the youth's child is considered to be a candidate for foster care, then services may continue under this eligibility category. The service may also continue under another funding stream including Medicaid if applicable. [ACYF-CB-PI-18-09, p.8]

6.A.19. **Where can I go to learn more about how to improve services for pregnant and parenting youth in foster care?**

There are several general principles that can help improve services for pregnant and parenting youth in care. These include engaging young women before delivery through at least six weeks postpartum to facilitate bonding and attachment; clinical models that use a multi-generational approach and counsel the young women regarding their own trauma; and providing a comprehensive service array that can be customized to meet the needs of parents and their children together. For more detail and good resources relevant to assisting pregnant and parenting youth in foster care, see:

- Pregnant and Parenting Foster Youth: Their Needs, Their Experiences – Chapin Hall
- Advocacy for Pregnant and Parenting Teens in Foster Care – Healthy Teen Network
- Working with Pregnant and Parenting Teens – Health Teen Network
- Expectant & Parenting Youth in Foster Care: Transforming systems to change standards of care – Center for the Study of Social Policy
- Supporting Pregnant and Parenting Teens – Child Welfare Information Gateway
- Evidence-Based Programs for Young Parents in Foster Care – The Annie E. Casey Foundation
- Connecting the Dots: A Resource Guide for Meeting the Needs of Expectant and Parenting Youth, their Children, and their Families – Center for the Study of Social Policy
- Family First Prevention Services Act: Pregnant & Parenting Youth FAQs – Center for the Study of Social Policy

B. Settings Specializing in Providing Prenatal, Postpartum, or Parenting Supports for Youth

6.B.1. How will the QRTP standards impact pregnant and parenting youth?

As for all youth in foster care, Family First requires that youth in foster care who are pregnant or parenting be placed in a foster family home unless the Title IV-E agency determines that they need a higher level of care. In most cases, pregnant and parenting youth can and should remain in foster family homes, and in all cases, the youth should be included in all decision-making regarding their case plan. Title IV-E agencies should target foster care recruitment and retention efforts to ensure there are family-based settings that are able to meet and support the unique needs of pregnant and parenting youth and their children.

6.B.2. How will child-care institutions that specialize in pregnant and parenting youth be defined?

Family First specifies various child-care institutions (CCIs) that are exempt from the Qualified Residential Treatment Program (QRTP) requirements in the law, including "a setting specializing in providing prenatal, post-partum, or parenting supports for youth." The Children's Bureau has not provided further guidance on this topic and is not expected to do so in the near future. Best practices for non-family settings for pregnant and parenting youth in foster care include placing a strong emphasis on attachment and bonding between parents and children, providing postpartum services for at least six weeks postpartum, and focusing on helping parents of children understand and heal from the trauma they have experienced.

6.B.3. What about for pregnant and parenting youth who are placed in non-family settings that do not specialize in pregnant and parenting young people?

For pregnant and parenting youth who are placed in non-family settings that do not specialize in pregnant and parenting youth, the requirements outlined in the QRTP section apply when making Title IV-E eligibility determinations. Please see the Qualified Residential Treatment Programs section for more information on these requirements.

6.B.4. Do pregnant and parenting youth have to be placed in CCIs that specialize in pregnant and parenting youth?

No. All youth should be provided the opportunity to be placed in a family-based setting. Additionally, research has shown the negative impact placement changes can have on a youth's well-being so efforts should be put in place first to meet the youth's pregnant and parenting needs in their current setting. Pregnant and parenting youth should only be placed in a CCI that specializes in pregnant and parenting youth if it is the least restrictive setting that meets their need. Additionally, the youth should be included in making any decision about their placement.

6.B.5. **What determinations must the State or Tribe make prior to placing a pregnant or parenting youth in a specialized CCI?**

A Title IV-E agency only has to determine that the youth is pregnant or parenting. The Title IV-E agency is not required to complete an assessment like the one required when placing a child/youth in a QRTP.

7. EXTENDING AND ENHANCING SERVICES TO SUPPORT PERMANENCY AND A SUCCESSFUL TRANSITION FROM FOSTER CARE TO ADULTHOOD

Overview: The Family First Prevention Services Act (Family First) has the potential to drastically improve outcomes for older youth ages 14 and older, often referred to as "transition age youth." Specifically, the law offers new supports so young people can remain safely with their families and extends additional supports to those who do need to enter foster care. This is important given the unique vulnerabilities of this population, and research that has shown these youth are at heightened risk for experiencing poor outcomes. With an overall goal of improving permanency and well-being for these youth, Family First includes several provisions related to providing prevention services, ensuring appropriate placements, including engaging kin, and increasing access to transition services for transition age youth. The goal of these provisions is to improve outcomes for older youth and establish stronger connections to family and other networks of adults to support youths' the transition to adulthood.

Note that other sections of this Implementation Guide contain information about provisions relating to older youth, including Attending To The Needs Of Children In Non-Family Settings, Meeting the Needs of Pregnant and Parenting Youth in Foster Care, and Application of Family First to the Juvenile Justice System. We hope this section will aid in supporting older youth to remain in their homes whenever possible, achieve permanency and successfully transition to adulthood.

A. LEVERAGING PREVENTION SERVICES FOR TRANSITION AGE YOUTH

THE DEFINITION OF A CHILD
The definition of "child" in 42 U.S.C.A. § 675 (8)(B) includes an individual—
(i) (I) Who is in foster care under the responsibility of the State;
(II) With respect to whom an adoption assistance agreement is in effect under section 473 if the child had attained 16 years of age before the agreement became effective; or
(III) With respect to whom a kinship guardianship assistance agreement is in effect under section 473(d) if the child had attained 16 years of age before the agreement became effective;
(ii) Who has attained 18 years of age;
(iii) Who has not attained 19, 20, or 21 years of age, as the State may elect; and
(iv) Who is—

(I) Completing secondary education or a program leading to an equivalent credential;

(II) Enrolled in an institution which provides postsecondary or vocational education;

(III) Participating in a program or activity designed to promote, or remove barriers to, employment;

(IV) Employed for at least 80 hours per month; or

(V) Incapable of doing any of the activities described in subclauses (I) through (IV) due to a medical condition, which incapability is supported by regularly updated information in the case plan of the child.

Box 16: The Definition of a Child

7.A.1. Can jurisdictions provide Title IV-E prevention services and programs for youth between ages 18 and 21?

Yes, in some circumstances for States that have an approved plan for Title IV-E extended foster care. Current Children's Bureau guidance states that the definition of a "child" used in the Social Security Act for Title IV-E for foster care and adoption assistance [§475(8)] applies to the Title IV-E Prevention Program. Because that definition includes youth between the ages of 18 and 21 in States or Tribes that have Title IV-E plans approved to provide extended foster care, transition age youth between 18 and 21 will be eligible for prevention services if they fit into the State's or Tribe's definition of "candidates for foster care" or pregnant and parenting youth under Family First.

Current Children's Bureau guidance specifies two categories of eligible transition age youth who are between the ages of 18 and 21. The first is young people who have finalized a Title IV-E adoption or guardianship arrangement at or after age 16, which is now at risk of disruption. The young person must also meet the participation criteria for extended foster care in place in the State or Tribe pursuant to the Fostering Connections to Success and Increasing Adoptions Act of 2008 (Fostering Connections).

The second category is youth who are in extended foster care and would be eligible for prevention services because they are pregnant or parenting. [ACYF-CB-PI-18-09, p. 7-8]

PARTICIPATION CRITERIA FOR EXTENDED FOSTER CARE

If a State or Tribe has elected a higher age under the State's or Tribe's Title IV-E program, an otherwise eligible youth over age 18 may be eligible for the Title IV-E Prevention Program in the following circumstances:

- If a youth is otherwise eligible as a "child who is a candidate for foster care" and over age 18, the youth could be eligible for the Title IV-E Prevention Program if:
  - A Title IV-E adoption assistance or guardianship assistance agreement is in effect with respect to the youth (that went into effect after the child attained 16 years of age);

- The youth's adoption or guardianship arrangement is at risk of a disruption or dissolution that would result in a foster care placement (section 475(13) of the Act);
- The youth meets the State's or Tribe's education/employment conditions as elected under Title IV-E; and
- The youth has not yet reached the State's or Tribe's highest elected age under Title IV-E (19, 20 or 21).

- If a youth is an otherwise eligible pregnant or parenting youth in foster care over age 18, the youth could be eligible for the Title IV-E Prevention Program if:
  - The youth meets the State's or Tribe's education/employment conditions as elected under Title IV-E; and
  - The youth has not yet reached the State's or Tribe's highest elected age under Title IV-E (19, 20 or 21).

Box 17: Participation Criteria for Extended Foster Care

Children's Bureau guidance does not mention eligibility for youth who seek re-entry under state or tribal law into extended foster care programs that are Title IV-E approved between the ages of 18 and 21. Based on the clear language of the statute and guidance, which states that the prevention provisions apply to the federal definition of "child," it makes sense that youth who are between 18 and 21 and are at risk of re-entering (extended) foster care should be eligible for prevention services. States and Tribes with extended foster care are encouraged to include these youth in their definition of candidates for foster care.

7.A.2. Are transition age youth who are eligible to re-enter foster care under a State's or Tribe's Title IV-E extended foster care program eligible for Title IV-E prevention services and programs?

Federal guidance does not include this example. However, the guidance emphasized that the definition of "child" currently used in the Social Security Act for Title IV-E foster care and adoption assistance (§475(8)) applies to the Title IV-E Prevention Program (Federal Guidance, p. 7). States and Tribes that allow re-entry into Title IV-E funded extended foster care program are doing so using the definition of a "child" under federal law. If a transition age youth between ages 18 and 21 is eligible for Title IV-E extended foster care and falls within the State's or Tribe's definition of "candidate for foster care," it is likely that the youth is eligible for prevention services and programs. Since many transition age youth age out and return to the home of a parent or kin, these services may be incredibly helpful to stabilize that family situation if the youth is at risk for re-entering in States and Tribes that have extended foster care. [ACYF-CB-PI-18-09, p. 7]

7.A.3. Can pregnant and parenting transition age youth benefit from prevention services through Family First?

Yes. Family First allows Title IV-E agencies to use Title IV-E funds for prevention services for pregnant and parenting youth in foster care. This includes mothers and fathers at any time while they are in foster care. Jurisdictions can provide these Title IV-E prevention services and

programs for expectant and parenting youth in foster care without their children themselves being candidates for foster care as this is a completely separate basis for eligibility. For more information, please see the section on New Prevention Services and Programs for Pregnant and Parenting Youth in Foster Care.

7.A.4. What can jurisdictions do to ensure that transition age youth benefit from prevention services?

As part of the process to develop their five-year Title IV-E Prevention Program plan (five-year plan), Title IV-E agencies can consider whether the evidence-based programs they will offer have the potential to benefit families with teens. This can include consideration of whether the available in-home parent skills-based programs, as well as mental health and substance abuse programs, are able to help parents understand adolescent development and trauma, and strategies parents can use to productively respond to youth. In order to select and implement programs that are able to respond to the family dynamics that cause young people to be at risk of entering foster care, jurisdictions can gather feedback from youth and families about what they need—or needed—to remain together.

7.A.5. Are there evidence-based programs that meet the prevention requirements of Family First and the needs of transition age youth and their families?

Yes. On August 8, 2019, the Title IV-E Prevention Services Clearinghouse (Clearinghouse) announced 15 programs that will be reviewed to determine their evidence rating and whether they can be funded with Title IV-E prevention dollars. Several of the programs considered for review focus on meeting the needs of adolescents, including those with addiction issues. There are also some specific interventions that are evidence-based for supporting transition age youth. Some of these programs, including Multisystemic Therapy, have been rated by the Clearinghouse and meet the requirements while others have not. Additionally, more evidence is needed about which programs work well to support transition age youth. States and Tribes can invest in building the evidence about what works through utilizing state, tribal or philanthropic dollars.

There is a significant need for additional interventions to be reviewed by the Clearinghouse, and for new programs to be developed and evaluated that meet the needs of this population. Senators Chuck Grassley (R-IA), Debbie Stabenow (D-MI), Michael Bennet (D-CO) and Todd Young (R-IN) expressed concerns about the lack of guidance and focus on older youth related to Family First in general in a letter to U.S. Department of Health and Human Services (HHS) Secretary Alex Azar,[37] noting a lack of programs targeting older youth that will meet the evidence-based criteria. This is an area of ongoing need for research, guidance, and advocacy.

[37] "Grassley, Senators Press HHS to Include Older Foster Youth in Implementation of Family First" September, 24, 2018, available at https://www.grassley.senate.gov/news/news-releases/grassley-senators-press-hhs-include-older-foster-youth-implementation-family.

B. AMENDMENTS TO THE CHAFEE ACT

7.B.1. What changes did Family First make to the Chafee program?

Family First reauthorized the Chafee Act through FY2021 and modernized and expanded Chafee to enhance the support Title IV-E agencies can provide youth so they can more successfully transition to adulthood. Specifically, Family First made the following changes to Chafee:

- Renamed the John H. Chafee Foster Care Independence Program as the "John H. Chafee Foster Care Program for Successful Transition to Adulthood";
- Revised the purpose of the Chafee Act to clarify and broaden the scope of services that can be funded and the youth who can be served;
- Allowed the redistribution of unused Chafee grants to States that need them rather than returning funding back to the U.S. Treasury; and
- Increased the data elements that must be included in the Report to Congress as part of the National Youth in Transition Database (NYTD).

In addition, Family First provides Title IV-E agencies the option to expand the eligible age for youth who receive Chafee-funded services including:

- Services to youth who were in foster care at age 14 or older (instead of prior law age 16);
- Aftercare services until age 23 (instead of prior law age 21) if the agency provides foster care up to age 21; and
- Education and Training Vouchers (ETVs) to eligible youth up to age 26 (instead of prior law age 23).

7.B.2. When are these changes effective?

Changes to Chafee services and ETVs were effective with enactment of Family First on February 9, 2018. However, States can opt to make the changes at any time.

7.B.3. Does Family First provide additional funding for Chafee services or ETV under Family First?

No. Family First does not provide additional funding for Chafee or ETV services. The current budgetary allocation for Chafee services remains $140 million, with an increase to $143 million in 2020. The budgetary allocation for ETV remains at $60 million. However, Family First did change the funding structure to allow unexpended funds to be re-allocated to other States and Tribes. The Administration for Children and Families is now mandated to redistribute Chafee funds that States and Tribes do not apply for or are allocated and not spent. States and Tribes that want to utilize unspent funds must apply for the additional funds. Funds will be distributed based on the requesting State's or Tribe's "foster care ratio." [§477 (h)(1) & 2; §477(d)(4) & (5)]

7.B.4. How does Family First expand *who* is eligible for Chafee services?

Prior to Family First, Chafee funds could be used to provide services to youth who were likely to remain in foster care until age 18. These services could be provided to youth who were Chafee eligible while in care and as they aged out, as well as youth who entered adoption and

guardianship arrangements when they were age 16 or older. Family First gives States the option to expand the groups of youth eligible for Chafee services to youth in foster care who are 14 and older.

Prior to Family First, States had flexibility to identify youth who are "likely to remain in foster care until 18." Family First now sets the expectation that youth will be provided Chafee services beginning at age 14, but still provides States flexibility to define which youth are most likely to benefit from the services.

ELIGIBILITY FOR CHAFEE SERVICES	
Minimum Age	Age 14
Maximum age	21st birthday or 23rd birthday if the State or Tribe operates an extended foster care program up to age 21 and chooses to exercise this option.
Eligibility for youth in foster care	Youth who have experienced foster care at age 14 or older are eligible for Chafee services. This means any youth in foster care, including extended foster care, may be served starting at age 14 until their 21st birthday.
Eligibility for youth who aged out of foster care at age 18 or older	Youth who aged out of foster care at age 18, 19 or 20 may receive services until their 21st birthday or their 23rd birthday if the State or Tribe operates an extended foster care program for youth up to age 21 and chooses to exercise this option.
Eligibility for youth who exited foster care to adoption or legal guardianship	Youth who exited foster care to either adoption or legal guardianship after age 16 may receive services until their 21st birthday or their 23rd birthday if the State or Tribe operates an extended foster care program for youth up to age 21 and chooses to exercise this option.
Eligibility for youth who exited foster care for reasons other than adoption, legal guardianship or aging out of foster care	Youth who exited foster care for reasons other than adoption, guardianship or aging out of foster care (e.g., youth who were reunified) may receive services if they experienced foster care at age 14 or older. These youth may receive services until their 21st birthday or their 23rd birthday if the State or Tribe operates an extended foster care program for youth up to age 21 and chooses to exercise this option.

Box 18: Eligibility for Chafee Services

7.B.5. **Does Family First change *what service*s can be funded by Chafee?**

Yes. Family First has expanded the services that jurisdictions can fund with Chafee dollars. Federal child welfare law continues to provide States great flexibility in the services it can provide with Chafee funds. Chafee services can be provided to eligible youth while they are still in foster care and as aftercare when they leave the system.

The Chafee Act provides examples of services that can be funded, and they can be generally be grouped into three categories: (1) skill and competency building, (2) relationship building, and (3) normalcy and the promotion of age and developmentally appropriate activities. It is noted that while Chafee funds can be used to support the activities below, most of these services can and should be supported by other child welfare funds.

- Skill and competency building includes services such as:
    - Assistance in obtaining a high school diploma and post-secondary education;
    - Career exploration;
    - Vocational training;
    - Job placement and retention;
    - Training and opportunities to practice daily living skills (such as financial literacy training and driving instruction);
    - Substance abuse prevention; and
    - Preventive health activities (including smoking avoidance, nutrition education, and pregnancy prevention).
- Relationship building includes services such as:
    - Programs to support all youth who have experienced foster care at age 14 or older to achieve meaningful, permanent connections with a caring adults and peers, clarifying that relationship building is vital to a successful transition to adulthood.
- Normalcy and the promotion of age and developmentally appropriate activities includes:
    - Programs to support all youth who have experienced foster care at age 14 or older engage in age or developmentally appropriate activities, positive youth development, and experiential learning that reflects what their peers in intact families experience.

7.B.6. **What are Chafee aftercare services?**

Aftercare services—those that are provided after a youth leaves foster care—are vital to help youth make a gradual transition to adulthood and to enable Title IV-E agencies to provide levels of support rather than ending services abruptly. Ideally, aftercare is planned as a youth discharges from foster care, but it also serves as an important safety net for youth who have left care and need assistance. Chafee aftercare services are provided to youth who are no longer in the placement and care responsibility of the Title IV-E agency.

7.B.7. **Who is eligible for Chafee aftercare services?**

Eligible youth include youth who “age out” when they are age 18 or older, or youth who left foster care at age 16 or older and enter guardianship or adoption arrangements. If a State or Tribe elects to provide Chafee services to youth who leave foster care to reunification between ages 14

and 16, these youth may access Chafee aftercare services as well. States must provide Chafee aftercare services to all Chafee eligible youth residing in the State.

7.B.8. How long are youth eligible for Chafee aftercare services?

Currently, Title IV-E agencies must provide aftercare to Chafee eligible youth who leave foster care until youth reach 21. Family First, however, allows States that have extended foster care in the State to age 21 to provide aftercare until age 23. (More details are provided below.) [§477(b)(3)(A)(i)]

7.B.9. How much Chafee funding can a Title IV-E agency use for housing ("room and board") as part of aftercare services?

It remains the case that a Title IV-E agency can use up to 30 percent of its Chafee funds for room and board for youths who have aged out of foster care and are age 18 or older. Room and board can currently be provided until age 21. If States or Tribes with extended foster care opt to serve youth until age 23, room and board can be provided during that time period, but the 30 percent cap of the total allocation remains. [§477(b)(3)(B) & (C)]

7.B.10. When and how can a Title IV-E agency take the option to expand the population of youth for whom Chafee program services are provided?

States and Tribes can elect to expand services to this population at any time as part of their Annual Progress and Services Report (APSRs). Agencies can identify the groups of youth who experienced foster care at age 14 or older who will be eligible for services.

7.B.11. Are all Title IV-E agencies eligible to take the option to extend Chafee aftercare services to age 23?

No. Only Title IV-E agencies in States and Tribes that have extended foster care to age 21, with either state or federal Title IV-E dollars, can take this option. If a State or Tribe is using Title IV-E dollars, it must update its APSR with a signed certification from the Governor or chief executive officer. If a State or Tribe is providing extended foster care to age 21 with state-only funds (i.e. no Title IV-E funds), the Title IV-E agency will need to submit information documenting that the State or Tribe operates an extended care program.[38]

States and Tribes can take this option at any time by amending their APSR. [ACYF-CB-PI-18-06, Attachment A]

7.B.12. When can a State or Tribe that opts to extend Chafee aftercare until age 23 begin using Chafee funds to serve those youth?

States and Tribes can provide Chafee services to youth until age 23 upon receipt of a counter-signed certification from the Children's Bureau.

[38] The certification can be found as an attachment to Program Instruction ACYF-CB-PI-18-06.

7.B.13. **Why was the Chafee program renamed?**

Family First renames the John H. Chafee Foster Care Independence Program to the "Chafee Program for Successful Transition to Adulthood." This represents an ongoing shift in the field to emphasize the gradual nature of the transition to adulthood and the merits of promoting interdependence with others over total independence.

7.B.14. **Is Chafee the only source of funding for services to support the transition to adulthood for youth in foster care?**

No. Local, state and federal child welfare funds support all youth, including older youth, in the care of the child welfare system. The obligation to provide services to prepare youth for the transition to adulthood, beginning at least at age 14, is separate from the Chafee funding stream and applies to all youth in care. The obligation to support planning for the transition to adulthood and provide transition services beginning at age 14 is part of the case planning and case review obligation in federal law. In addition, requirements around transition planning that must occur before youth age 18 or older discharge from the child welfare system apply to all youth regardless of the funding source for the services. Chafee funds are designated to fund services for various populations of older youth who are or were in the foster care system in making their transition to adulthood. Federal law notes that Chafee funds must supplement other funds that States and Tribes draw on to build a high-quality system of supports for older youth. [§475(1)(D)("case plan"); §475(5)(C)("case review"); §475(5)(H); §477(d)(2)]

C. EDUCATION AND TRAINING VOUCHERS

7.C.1. **What are Education and Training Vouchers, and how did Family First change them?**

ETVs provide up to $5,000 annually for Chafee-eligible youth for costs related to post-secondary education and training. ETVs can be used for the "cost of attendance" (including tuition, fees, books, room and board, supplies, and other items) at an "institution of higher education" (including public or private, nonprofit two- and four-year colleges and universities, as well as proprietary or for-profit schools offering technical training programs, among others). The previous age limit for ETV was age 23, but Family First gave States and Tribes the option to extend the age limit up to 26, with the condition that in no event may a youth participate in ETVs for more than a total of five years. The expansion of Chafee eligibility under Family First also means that more youth may become eligible for ETV by virtue of their State's or Tribe's use of Chafee funds to serve youth who have attained age 14.

7.C.2. **Can youth who were eligible but reached the previous age limit benefit from the extension to 26?**

Yes, in some cases. For example, if a youth lost eligibility for ETV due to turning age 23, and is now age 24 and lives in a state or tribal service area that extends eligibility, he or she may be

eligible, as long as they meet the other eligibility criteria related to the eligible institutions, academic progress, and the cap on years that the award can be received (5).

7.C.3. How many years can a youth receive ETV?

A transition age youth may participate in the ETV program for up to five years. The five years of ETV do not have to be consecutive (for example, a youth can take a break from college and go back without losing eligibility). This five-year limit is a new requirement of the law and not an option.

7.C.4. Does a State or Tribe have the option to extend ETV only until age 26, or can a State or Tribe choose to extend until 24 or 25?

States and Tribes can elect to expand eligibility for ETV until 24, 25 or 26. However, there is strong evidence that extending this option to age 26 leads to better outcomes for these young adults and States and Tribes should consider maximizing the age limit to age 26.

7.C.5. Are all States and Tribes eligible to take the option to extend ETV until age 26?

Yes. All States and Tribes are eligible regardless of whether they have an extended foster care program to age 21.

7.C.6. What process must States and Tribes follow to take the option to extend ETV to 26?

States and Tribes can take the option by updating their APSR and submitting a signed certification from the Governor or chief executive officer.

7.C.7. Is there a deadline to take the option to extend ETV until age 26?

No. There is no deadline, but States and Tribes must follow the plan amendment/update process detailed above.

7.C.8. How might States and Tribes expand their services if there is no new or additional federal funding for Chafee services or ETV?

It is recommended that States, Tribes and advocates use the option to expand services under Family First as an opportunity to advocate for an increased investment of state funds to enhance and expand support services for transition age youth using the momentum of the federal law change and the increasing data and research that show the need for more transition services. Some States have already been successful in securing an increased investment of state funds to allow for the expansion of ETV.

It is also recommended that States review and assess how existing Chafee funds are being used and whether they, and other funds, could be used more effectively. Many States continue to provide the same services each year. While this may result in a good service array and outcomes, the Chafee Act intended for periodic review and assessment, especially with all community stakeholders, including youth, which might result in new choices about investments that may make expansion feasible.

D. THE NATIONAL YOUTH IN TRANSITION DATABASE

7.D.1. What is the National Youth in Transition Database?

NYTD collects information on youth in foster care, including sex, race, ethnicity, date of birth and foster care status. It also collects information about the outcomes of youth who have aged out of foster care as well as their receipt of services. States began collecting data in 2010, and the first data set was submitted in May 2011.

7.D.2. What changes did Family First make to NYTD?

By enhancing the scope and type of information that HHS must report to Congress, Family First expands the type of information and the group of youth for whom data must be collected.

7.D.3. What does Family First require HHS to report to Congress with the amended NYTD data?

Not later than October 1, 2019, the HHS Secretary shall submit to the Committee on Ways and Means of the House of Representatives and the Committee on Finance of the Senate a report on NYTD and any other databases where States report outcome measures related to children in foster care, children who have aged out of foster care, or children who have left foster care for kinship, guardianship, or adoption.

The report shall include the following:

- A description of the reasons for entry into foster care and the foster care experiences, such as length of stay, number of placement settings, case goal and discharge reason of 17-year-olds who are surveyed by NYTD and an analysis of the comparison of that description with the reasons for entry and foster care experiences of children of other ages who exit from foster care before attaining age 17;
- A description of the characteristics of the individuals who report poor outcomes at ages 19 and 21 to NYTD;
- Benchmarks for determining what constitutes a poor outcome for youth who remain in or have exited from foster care and plans the executive branch will take to incorporate these benchmarks in efforts to evaluate Title IV-E agency performance in providing services to youth transitioning from foster care;
- An analysis of the association between types of placement, number of overall placements, time spent in foster care, and other factors, and outcomes at ages 19 and 21; and
- An analysis of the differences in outcomes for children in and formerly in foster care at ages 19 and 21 among States.

[§477(f)(2)]

E. IMPROVING TRANSITION/DISCHARGE PLANS BY ENSURING THAT IMPORTANT DOCUMENTS ARE PROVIDED TO YOUNG PEOPLE AS THEY TRANSITION FROM CARE

7.E.1. What did Family First do to improve transition and discharge planning for young people in foster care?

Effective upon enactment of the law, Family First requires States to provide official documentation necessary to prove that the child was previously in foster care. Verification of former foster care status is important for transition planning and adult success as it can be a requirement for eligibility for benefits and services, such as Medicaid, financial aid and scholarships for higher education, and housing assistance.

7.E.2. Which youth does this new requirement apply to?

The new requirement in Family First to provide official documentation necessary to prove that the child was previously in foster care applies to youth who leave care at age 18 or older and were in care for at least six months. [§475(5)(I); P.L. 115-123 §50753(e)]

7.E.3. Does Family First specify what type of official documentation be provided, and how it is to be provided?

No. The Title IV-E agency has flexibility in determining the type of documentation and process for providing that documentation to demonstrate the youth was in foster care. Developing young adult-friendly documents and discussing with the young adults the importance of keeping all discharge documents in safe places are means for improving the likelihood of their sustained use. States and Tribes should give consideration to electronic storage of this information to ensure youth have ongoing access to copies of important documents.

7.E.4. Why are these new documentation requirements important to transition planning?

Transition planning should prepare youth to navigate and thrive in the adult world and support them in efforts to access a place to live, a career and employment, health insurance, family and a support network. To access and maintain these things, transition age youth often need various documents that prove their identity and in some cases their history in foster care. The Affordable Care Act ensures that former foster youth who aged out of care can access Medicaid up to age 26, and this documentation is essential to demonstrating eligibility for that service.

CALIFORNIA VERIFICATION MODEL

California provides a good model for a verification document.

CDSS
WILL LIGHTBOURNE
DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES
744 P Street • Sacramento, CA 95814 • www.cdss.ca.gov

EDMUND G. BROWN JR.
GOVERNOR

Foster Care Verification

RE: Name of Former Foster Youth

DOB: MM/DD/YYYY

Dates the individual entered and exited foster care: MM/DD/YYYY to MM/DD/YYYY [1]

A review of the statewide database indicates that the above referenced individual was in foster care until MM/DD/YYYY, when the individual was XX years old.

_____ _____
Signature Date

_____
Print Name

For additional resources or information about services for former foster youth, please contact the California Foster Care Ombudsman's Office at 1-877-846-1602 or fosteryouthhelp@dss.ca.gov, or the child welfare department in County Name County, at (XXX) XXX-XXXX.

This letter serves as verification that the above referenced individual was in foster care for the time period identified above and, assuming all other eligibility criteria are met, may qualify for programs, services or benefits for which eligibility is based, in whole or in part, on being in foster care. Such programs, benefits or services include, but are not limited to:

- *Independent status on the Free Application for Federal Student Aid (FAFSA).*
- *Cooperating Agencies Foster Youth Educational Support (CAFYES) Program (if all other eligibility criteria are met)*
- *Extended Medi-Cal to age 26*
- *Priority registration at a California post-secondary institution.*
- *Priority on-campus housing as described in Sections 76010, 90001.5 and 92660 of the California Education code.*
- *Preference for internships and student assistant positions within State agencies as specified in California Government code section 18220.*

[1] If the individual experienced multiple episodes in foster care, the dates listed refer to the most recent episode.

Box 19: California Verification Model

7.E.5. Before Family First, what did federal law require Title IV-E agencies to provide youth when they age out of foster care?

Prior to Family First, federal law required that transition planning begin at age 14 and that a transition/discharge plan be developed with the youth and provided to them before they leave care at age 18 or older. The transition plan must at least include specific options on housing, health insurance, education, local opportunities for mentors and continuing support services, workforce supports and employment services, and information about the importance of designating a health care decision-maker. Youth also must be provided with the following when they discharge from care at age 18 or older:

- An official or certified copy of the United States birth certificate of the child;
- A social security card issued by the Commissioner of Social Security;
- Health insurance information;
- A copy of the child's medical records; and
- A driver's license or state identification card (that meets the requirements of the REAL ID Act of 2005)

Beginning at age 14, the Title IV-E agency also must annually provide youth a copy of their credit report and assist them in resolving any issues. It is recommended that these documents should also be included in the "discharge package." [§475(5)(H); §475(5)(I)]

F. Leveraging Family First to Expand, Enhance, and Improve the Placement and Service Array for Older Youth so it Better Supports the Achievement of Permanency and a Successful Transition to Adulthood

7.F.1. How do the provisions in Family First benefit older youth?

One fourth of youth in care are ages 14-20, and approximately one third of these transition age youth are now placed in non-family settings, which generally will no longer be eligible for Title IV-E maintenance funds after two weeks. These youth deserve to be in a family setting or a living arrangement that includes the involvement and care of family and supportive adults. To ensure that transition age youth have access to family placements, jurisdictions will need to expand their kindship and foster family capacity for transition age youth and ensure those youth already in non-family settings can transition successfully to a family. Family First does provide exceptions to the Title IV-E limitations on non-family settings for certain settings that may be appropriate for transition age youth. While it is important for States and Tribes to include some of these settings in their placement continuum, it is also critical to remain focused on ensuring that all youth have the opportunity to be placed with and/or connected to a family.

7.F.2. Family First greatly impacts the funding for placements. What does this have to do with permanency for older youth?

Family First financially incentivizes family-based settings. In these settings, youth have the opportunity to develop relationships with adults who provide care, nurturing and guidance.

Family settings are the optimal settings for all youth, including transition age youth, to grow up in, and are the setting where permanency is most likely to be achieved.

7.F.3. Can Family First be used to expand and enhance the placement array for transition age youth?

Yes. Family First encourages placements in family settings such as kinship and family foster care, as opposed to non-family settings where many older youth are now placed. Family First does not provide new funds to develop these settings and services, but the placement and service array will need to be enhanced and expanded so that there is the capacity to provide family-based settings for all youth, including older youth. Title IV-E agencies should be creative in developing a placement array that meets the unique needs of older youth as well as their permanency needs. Jurisdictions can fund family settings with Title IV-E funds and should maximize that continued opportunity.

In addition, Family First continues to allow federal funding for certain settings for transition age youth that may be provided as non-family settings, but need not be delivered in that fashion. This includes settings for pregnant and parenting youth, settings for youth who are victims of or at risk of sex trafficking and supervised settings in which youth ages 18-21 live independently. It is important to ensure these settings are of high quality and offer appropriate support and treatment to meet their needs and help promote permanence.

7.F.4. Has the Children's Bureau provided any guidance on how to structure Supervised Independent Living settings for youth ages 18-21 in extended foster care?

Family First allows Title IV-E agencies to continue to use Title IV-E funds for Supervised Independent Living (SIL) settings for youth ages 18-21. The nature of these settings was clarified after the enactment of Fostering Connections in 2008, and the Children's Bureau has delegated authority to develop and define these settings to Title IV-E agencies. Federal guidance states that these settings do not require licensure, and Title IV-E agencies may develop their own approval process and developmentally appropriate standards. The Children's Bureau offers examples of the types of settings that could qualify as SIL, when paired with a supervising agency or supervising worker: host homes, college dormitories, shared housing, semi-supervised apartments, supervised apartments or another housing arrangement. The Children's Bureau "encourage[s] the title IV-E agency to be innovative in determining the best living arrangements that could meet an older child's needs for supervision and support as he/she moves toward independence." Guidance importantly notes that permanency must continue to be a focus even if youth are placed in SIL settings:

> "[W]e note that a title IV-E agency should continue to work with youth who are in supervised independent living settings to form permanent connections with caring adults. This could take the form of determining whether guardianship, adoption or living with other caring adults remains appropriate options for an older youth, and if so, helping the youth to work towards those outcomes."

[ACYF-CB-PI-10-11, p. 9]

7.F.5. What opportunity does Family First provide to improve SIL settings?

Many States that have extended foster care provide SIL settings and Family First does not change the funding stream for this placement type. However, most States with extended foster care face challenges in providing these settings in the numbers that match the demand and providing them in a way that is effective in providing adequate guidance support while also supporting the independence and autonomy of young adults.[39]

As States and Tribes plan for the ideal placement and service array, it is important to think about improving and "right-sizing" SIL placements – i.e., matching the supply of high-quality SIL placements to the young people who need these placements – so they are available in adequate numbers and are effective in both developing skills and supporting relationships that youth need as they enter adulthood. SIL should not be a default placement because of age, but rather one that meets the individual needs of the transition age youth. Advocates should make sure the issue of quality is a core component of the discussion as settings are developed and that the placement array includes independent settings as well as family-based settings.

7.F.6. What are some key components of a strong SIL program?

Housing for Young Adults in Extended Federal Funded Foster Care provides a good description of the array of settings and existing challenges. Below are some strengths of effective SIL programs. It should be noted that these are strengths of any service delivery to transition age youth.

- Ideally, programs provide the full range of settings detailed in the federal guidance and young people can easily flow through the continuum as their needs and strengths change with little disruption.
- Settings should allow varying levels of supervision and also allow for the layering on of enhanced and specialized services based on individual needs.
- Programs should seek to develop a young person's decision-making skills and responsibility as they provide support and allow young people to learn from mistakes.
- Staff development and training must include information on adolescent development and positive youth development and program rules should reflect these insights and philosophies (seeking to build strengths and establish accountability rather than teaching through punishment or the imposition of restrictions).
- Permanency services and the development and maintenance of family and supportive connections must be a core program component.
- Planning and support in all key areas of transition planning must be provided.
- Transition age youth must be supported in being connected to activities and supports in the community.
- Strong transition planning practice and supervision to assure meeting of benchmarks and appropriate responses and supports when youth confront barriers to success should be provided.

[39] GAO Report, States with Approval to Extend Care Provide Independent Living Options for Youth up to Age 21 (May 2019) (reporting that most States do provide SIL in extended foster care but may struggle with providing the most effective mix of supports and services).

- Discharge policies should provide young people with opportunities to learn from mistakes and include accountability of the SIL provider in assisting the young person in goal achievement.
- Good connections with services and systems in the community, including those most relevant to accessing affordable housing and health and disability and clinical services, if needed.

7.F.7. Are there other settings in addition to SIL that are exempt from the funding restrictions in Family First? How should these exemptions fit into Family First implementation planning?

Family First exempts settings for pregnant and parenting youth and victims of sex trafficking from Title IV-E funding restrictions. This means that specialized settings for these groups of young people could be provided in group settings and still be eligible for IV-E reimbursement after two weeks. States and Tribes are encouraged to analyze the need for these settings in their system and the capacity to serve these young people.

The exemptions under Family First were included to ensure that pregnant and parenting youth and victims or those at risk of becoming victims of sex trafficking have access to high-quality residential settings that can meet their individualized needs, based on a clinical assessment of the need for a higher level of care. The use of these non-family settings should be rare, time-limited and highly monitored so that the transition to a family setting can occur as quickly as possible. The exemption is not intended to suggest that a non-family setting is appropriate for these populations in each and every case, and family settings should still be the goal whenever possible.

The ability of jurisdictions to use prevention funds to serve pregnant and parenting foster youth should increase the capacity of the system to provide high-quality family settings for these youth by funding enhanced services. This may make a family placement possible that was otherwise not available because the caregiver did not feel there was enough support.

7.F.8. Do these settings have to meet any federal requirements to receive Title IV-E funds?

The Children's Bureau has not issued any guidance or requirements related to these settings.

This is the first time that the first two settings (for pregnant and parenting youth and commercially sexually exploited youth) have been mentioned in federal law as a specialized placement type. However, "a supervised setting in which an individual lives independently" has been a Title IV-E reimbursable setting for youth who are in extended foster between ages 18 and 21 since the Fostering Connections to Success and Increasing Adoptions Act of 2008.

7.F.9. Should transition age youth in extended foster care be placed in Qualified Residential Treatment Programs?

A decision about placing a transition age youth in a Qualified Residential Treatment Program (QRTP) would depend on the special needs of the youth and the ability of the program to assist them in their transition to adulthood. Family First does not prohibit the placement of older youth

in QRTPs, but States may decide that such settings are not appropriate for transition age youth in extended foster care and are not able to meet their transition to adulthood needs as there are no requirements related to provision of these services. Some States do prohibit placement of older youth or youth in extended foster care in non-family settings, except in exceptional settings.

8. REQUIREMENTS AND OPPORTUNITIES FOR TRIBAL NATIONS UNDER THE FAMILY FIRST ACT

Overview: With the enactment of the Family First Prevention Services Act (Family First), Tribal Nations were afforded new opportunities to seek reimbursement for eligible prevention services and application of new requirements that will apply to American Indian and Alaska Native (AI/AN) children in both state and tribal child welfare systems. The requirements of the law will apply primarily to AI/AN children under tribal jurisdiction that are operating the Title IV-E Federal Payments for Foster Care, Prevention, and Permanency program directly or through an agreement with a state child welfare agency. However, many AI/AN are also served by state child welfare agencies, so the requirements of the law will also have an impact these children and families under state jurisdiction. Coordination between tribal and state governments will be key to maximizing participation and benefits for AI/AN children and families under the law, especially those served by a Tribal Nation in a Title IV-E agreement with a State and those under state jurisdiction.

All federally recognized Tribal Nations – 573 as of September 1, 2019 – operate some form of child welfare services. They can vary from providing just a few prevention services to a large array of services broader than some States. AI/AN children can also be served within a number of different jurisdictions including tribal, federal, and state systems acting alone or in combination. The jurisdictional and service delivery complexity has encouraged hundreds of Tribal Nations and over 30 States to develop intergovernmental child welfare agreements that clarify issues related to jurisdiction, service delivery responsibility, and the sharing of various resources.

It was not until 2008, after the passage of the Fostering Connections to Success and Increasing Adoptions Act (Fostering Connections), that Tribal Nations were eligible to directly apply for and operate the Title IV-E program from the federal government. Previously, they were only able to operate the Title IV-E program by developing an agreement with a state child welfare agency based on the State's Title IV-E plan. While only a few Tribes have been approved by the federal government to directly operate the Title IV-E program – 17 as of September 1, 2019 – approximately 267 Tribes in 16 States have entered into Title IV-E agreements with States.[40] These tribal-state agreements provide many Tribes with an opportunity to provide Title IV-E services within their communities, but require the Tribe in most cases to follow the state Title IV-E plan and accompanying state policy.

While Tribes operating the Title IV-E program directly through the federal government have been afforded greater flexibility through the statute and federal guidance, a number of the requirements under Family First that apply to States also apply to Tribes operating the Title IV-E program. The following is a description of key areas of the law that apply to Tribes, differences

[40] Trope, J. F. and O'Loughlin, S.K. (2014). *A Survey and Analysis of Select Title IV-E Tribal-State Agreements Including Templates of Promising Practices* (pp. 2-3). Rockville: Association on American Indian Affairs. Retrieved from: https://www.indian-affairs.org/uploads/5/4/7/6/54761515/fulltitleiv-ereport.pdf.

in the requirements for Tribes vs. States, and opportunities to further implementation of the law for AI/AN children and families.

WHAT NEW REQUIREMENTS FROM FAMILY FIRST APPLY TO TITLE IV-E TRIBES?			
Provision	**Applies to Title IV-E Tribes**	**Applies, with Exceptions**	**Does not Apply to Title IV-E Tribes**
Keeping Children at Risk of Entering Foster Care Safely with Their Families			
Reimbursement of the Title IV-E Prevention Program *(Sec. 50711 – Effective October 1, 2019)*	✓		
Title IV-E Prevention Program requirements on the promising, supported or well-supported evidence-based practice criteria *(Sec. 50711 – Effective October 1, 2019)*			✓ [41]
Title IV-E Prevention Program requirement that 50 percent of Title IV-E prevention expenditures be spent on services that meet the well-supported evidence-based practice criteria *(Sec. 50711 – Effective October 1, 2019)*			✓
Title IV-E Prevention Program requirements on trauma-informed practices *(Sec. 50711 – Effective October 1, 2019)*		✓ [42]	
Title IV-E Prevention Program requirements on evaluation strategy		✓ [43]	
Maintenance of Effort requirement for prevention services *(Sec. 50711 – Effective October 1, 2019)*			✓
Title IV-E Prevention Program data reporting		✓ [44]	

[41] FFPSA requires that state Title IV-E agencies use prevention services or programs that are rated as promising, supported, or well-supported in accordance with the Title IV-E Prevention Services Clearinghouse. Tribal Title IV-E agencies do not have to meet these same practice criteria ratings and may determine practice criteria that are adapted to the culture and context of the tribal community.

[42] Tribal Title IV-E agencies may define trauma-informed services in a way that reflects the components of historical trauma unique to their communities.

[43] Family First requires States to include a well-designed and rigorous evaluation strategy for each prevention service (with an exception for well-supported programs if approved by the Children's Bureau), but tribal Title IV-E agencies are given broad flexibility to meet this requirement and may use alternative evaluation strategies and study designs to meet the evaluation requirements.

[44] The Children's Bureau has instructed tribal Title IV-E agencies that they will need to comply with program reporting requirements, but has indicated that the data elements required may differ from those that States have to collect. As of September 1, 2019, the Children's Bureau has not published a final list of program data elements for Tribes.

This guide was last updated on: February 18, 2020. The information within the guide does not reflect any changes to statute or guidance after that date.

Title IV-E reimbursement for children in residential family-based substance abuse treatment with a parent *(Sec. 50712 – Effective October 1, 2018)*	✓		
Changes to use of Title IV-B services for family reunification services *(Sec. 50721 - Effective October 1, 2018)*	✓		
Investing in New Supports for Relatives Caring for Children			
Title IV-E reimbursement for evidence-based Kinship Navigator Programs *(Sec. 50713 – Effective October 1, 2018)*	✓		
Improving licensing standards for relative foster family homes *(Sec. 50731 - Due to Children's Bureau by March 31, 2019)*		✓ [45]	
Prioritizing Family Foster Care			
Changes to Title IV-B to support and retain foster families *(Sec. 50751 – Effective upon enactment of Family First on February 9, 2018)*	✓		
Competitive grants under Title IV-B to recruit and retain foster families *(Sec. 50751 – Effective upon enactment of Family First on February 9, 2018)*	✓		
Attending to the Needs of Children in Special Non-family Settings			
Restrictions on Title IV-E reimbursement for non-family settings *(Sec. 50741 – Effective October 1, 2019, with option to delay up to October 1, 2021)*	✓		
Court Improvement Program training on non-foster family homes *(Sec. 50741- Effective as if enacted January 1, 2018)*	✓		
QRTP placement requirements (i.e. 30-day assessment, qualified individual, 60-day court review, long-term placement oversight, accreditation, etc.) *(Sec. 50742 - Effective October 1, 2019, with option to delay up to October 1, 2021)*	✓		
Protocols to prevent inappropriate diagnoses	✓		

[45] State and tribal Title IV-E agencies were instructed to submit to the Children's Bureau no later than March 31, 2019 information on how their licensing standards compared to the national model licensing standards, but Tribes, Tribal Organizations or Tribal Consortia were allowed a delay if approved by the Children's Bureau. (States were also allowed a delay if legislation was required for this provision.)

(Sec. 50743 - Effective upon enactment of Family First on February 9, 2018)			
Assuring changes in federal reimbursement do not impact the juvenile justice system *(Sec. 50741 – Effective October 1, 2019)*	✓		
Criminal record checks and checks of child abuse and neglect registries for adults working in child-care institutions and other non-family settings *(Sec. 50745 - Effective on October 1, 2018)*	✓ [46]		
Data and reports on children placed in settings other than foster family homes *(Sec. 50744 - Effective as if enacted January 1, 2018)*	✓		
Extending Services to Help Former Foster Youths Transition to Adulthood			
Extending John H. Chafee Foster Care Independence Program services to age 23 *(Sec. 50753 – Effective upon enactment of Family First on February 9, 2018)*	✓		
Extending eligibility for Education and Training Vouchers under Chafee to age 26 *(Sec. 50753 – Effective upon enactment of Family First on February 9, 2018)*	✓		
Better Serving Children Across State Lines			
Improving interstate placements by using an electronic interstate case-processing system *(Sec. 50722 - No later than October 1, 2027)*			✓
Addressing Child Fatalities			
Developing statewide plans to prevent child abuse and neglect fatalities *(Sec. 50732 - Effective upon enactment of Family First on February 9, 2018)*			✓

Box 20: What New Requirements from Family First Apply to Title IV-E Tribes?

[46] Tribal governments that operate child-care institutions and other non-family settings are also subject to criminal background check requirements under the Indian Child Protection and Family Violence Prevention Act [P.L. 101-630, Title IV]

A. KEEPING CHILDREN AT RISK OF ENTERING FOSTER CARE SAFELY WITH THEIR FAMILIES

8.A.1. How does Family First relate to the Indian Child Welfare Act?

The Indian Child Welfare Act (ICWA) contains requirements specifically for AI/AN children and families in child custody proceedings under state jurisdiction. ICWA was enacted in response to alarmingly high numbers of AI/AN children being removed from their families by state and private child welfare agencies and most often placed within non-Native families. Included in ICWA are requirements to provide active efforts to AI/AN children and families that are at-risk or have been removed and are in out-of-home placement. Active efforts are preventive and rehabilitative in nature as defined within the statute and federal regulations and emphasize culturally appropriate services and early and often engagement of the child's extended family and Tribal Nation in case planning. For AI/AN children and families in state child welfare systems, integration of ICWA requirements with Family First requirements and opportunities is critical.

8.A.2. Are Tribes eligible to receive reimbursement for Title IV-E prevention services and programs?

Yes. Tribes that are approved to operate the Title IV-E program directly from the federal government and choose the prevention services option may submit reimbursement for eligible prevention services and associated eligible administrative and training expenses. Tribes that have entered into a Title IV-E agreement with a State may also seek reimbursement for prevention services if the State has chosen the Title IV-E prevention services and programs option and it is included in the tribal-state Title IV-E agreement. [§479B(c)(1)(C)(i)(IV) and (c)(1)(E); P.L. 115-123 §50711; ACYF-CB-PI-18-10, p. 1-2]

8.A.3. How are Tribes in Title IV-E agreements with States treated for the purposes of requirements under Family First?

Tribes in Title IV-E agreements with States will be required to meet all of the requirements that apply to a state Title IV-E agency. The exemptions for Tribes that operate the Title IV-E program directly through the federal government do not apply to Tribes operating some or all of the Title IV-E program through an agreement with a state Title IV-E agency. States are required to negotiate in good faith with tribal governments on the development of a Title IV-E agreement that allows a Tribe to operate all or any part of the Title IV-E program. [§479B(c)(1)(C)(i)(IV) and (c)(1)(E); §471(a)(32); P.L. 115-123 §50711; ACYF-CB-PI-18-10, p. 2]

8.A.4. What are the tribal Title IV-E requirements for the Title IV-E Prevention Program regarding the different evidence-based categories of prevention services?

Tribes operating the Title IV-E program directly through the federal government are allowed to claim reimbursement for eligible prevention services. These services include mental health and substance abuse prevention and treatment services provided by qualified clinicians, and in-home parent skill-based programs that include parent skills training, parent education, and individual and family counseling. The services can be provided to children at risk of entering foster care

(candidates for foster care), children who are pregnant or parenting, or parents or kin caregivers of children at risk of entering foster care where services are needed to prevent the child from entering foster care or are directly related to the child's safety, permanence or well-being. The term "in-home" is interpreted broadly in that it does not necessarily refer to the specific location in which the services are provided. The term "qualified clinician" is not further defined in the statute or guidance, so Tribes have some ability to define that term as well. The prevention services claimed for reimbursement must be directly related to the safety, permanence or well-being of the child or to preventing the child from entering foster care.

Tribal Title IV-E agencies have the flexibility to claim Title IV-E funds for prevention services and programs they consider culturally appropriate and meet the unique needs and context of the tribal community. They are **not** required to meet the practice criteria for evidence-based prevention services that apply to States. Tribal prevention services can include traditional healing services and programs in the areas of eligible prevention services.

Tribes operating the Title IV-E program through an agreement with a State will not have the same flexibility to provide cultural services as Tribes operating the Title IV-E program directly through the federal government and will be subject to the requirements for States relating to practice criteria for evidence-based prevention services. The Children's Bureau has established the Title IV-E Prevention Services Clearinghouse (Clearinghouse) where approved evidenced-based prevention services will be identified. The Clearinghouse will review proposed evidence-based prevention services according to the criteria established by the U.S. Department of Health and Human Services (HHS) and the statutory requirements. [§479B(c)(1)(C)(i)(IV) and (c)(1)(E); P.L. 115-123 §50711; ACYF-CB-PI-18-09; ACYF-CB-PI-18-10, p. 3, 4, 7-9]

8.A.5. What is the Title IV-E prevention services reimbursement rate for tribal Title IV-E agencies?

The reimbursement rate is the same as that of state Title IV-E agencies – 50 percent of eligible prevention services costs through FY2026, after which the reimbursement rate will increase to the equivalent of the Tribe's Federal Medical Assistance Percentage (FMAP) starting in FY2027. Most tribal Title IV-E agencies that are operating the Title IV-E program are eligible for a higher FMAP rate than state Title IV-E agencies. A number of tribal Title IV-E agencies approved to operate the Title IV-E program have the highest FMAP rate allowed under the law, which is 83 percent. Tribes operating the Title IV-E program through an agreement with a State are authorized to use the tribal FMAP rate rather than the state FMAP rate for prevention services reimbursement as well as other Title IV-E services that use FMAP to calculate reimbursement. [§474(a)(6); P.L. 115-123 §50711; ACYF-CB-PI-18-10, p. 9]

8.A.6. Do Title IV-E Tribes need to meet the requirement for States that 50 percent of prevention services expenditures within a fiscal year must meet the well-supported practice criteria?

No. Tribes operating their own Title IV-E programs are not required to have 50 percent of their prevention services expenditures meet the well-supported practice criteria. Tribes in Title IV-E

agreements with States may be subject to this state requirement. [§474(a)(6)(A)(ii); P.L. 115-123 §50711; ACYF-CB-PI-18-09; ACYF-CB-PI-18-10, p. 4]

8.A.7. How long can the eligible Title IV-E prevention services be provided to eligible recipients and still be reimbursed under Title IV-E?

The tribal Title IV-E agency can provide eligible prevention services for up to 12 months, with an additional 12 months available if needed, beginning on the date the tribal Title IV-E agency identifies the child as either a candidate for foster care or as a pregnant or parenting foster youth. An eligible recipient (child or caregiver) can receive prevention services more than once if they are later identified as a candidate for foster care again. [§471(e)(2)(A) and (B); P.L. 115-123 §50711; ACYF-CB-PI-18-10, p. 4]

8.A.8. What are the requirements for trauma-informed prevention services for tribal Title IV-E agencies?

Tribal Title IV-E agencies operating the Title IV-E program directly must provide prevention services that are trauma-informed and provided under an organizational structure and framework that understands the effects of trauma, but Family First allows flexibility for Tribes to define what "trauma-informed service delivery" means in their contexts. This can include the unique experiences of individual AI/AN communities and how trauma has impacted their children and families, including historical trauma. [§471(e)(4)(B); P.L. 115-123 §50711; ACYF-CB-PI-18-10, p. 4]

Tribes operating the Title IV-E program through an agreement with a State will be subject to federal requirements that define trauma informed programming and services that apply to States.

8.A.9. What are the key elements of the tribal Title IV-E five-year plan for prevention services that Tribes must submit to HHS?

The tribal Title IV-E agency must submit a five-year Title IV-E Prevention Program Plan (five-year plan) that meets the statutory requirements under Family First. The tribal Title IV-E agency may submit its plan at any time and may amend its plan at any time during the five-year period. The tribal Title IV-E agency is not required to provide services in all of its service area or provide the same type of prevention services in each part of its service area. [§471(e)(5); P.L. 115-123 §50711; ACYF-CB-PI-18-10, p. 5]

8.A.10. Must tribal Title IV-E agencies meet the same requirements for evaluation strategies as States?

No. Tribal Title IV-E agencies operating the program directly have broad discretion on how to meet the evaluation strategies requirements. Instead of the rigorous designs that States are required to use, Tribes may use evaluation strategies and study designs such as exploratory, community-based participatory research, and qualitative study designs. Tribal Title IV-E agencies, like States, may also request a waiver from the Children's Bureau from evaluation strategy requirements if the evidence of the effectiveness of a prevention service or program is compelling and the tribal Title IV-E agency meets the continuous quality improvement

requirements included in section 471(e)(5)(B)(iii)(II) of Family First. Tribes that are in agreements with States to operate the Title IV-E program may be asked to participate in state-designed evaluations of prevention services. [§471(e)(5)(B)(iii)(V); §471(e)(5)(C)(ii); P.L. 115-123 §50711; ACYF-CB-PI-18-10, p. 5-6]

8.A.11. Do tribal Title IV-E agencies have to meet the Maintenance of Effort requirement for Title IV-E prevention services?

No. The Maintenance of Effort requirement is not applicable to tribal Title IV-E agencies operating the IV-E program directly. Tribes that are in agreements with States to operate the Title IV-E program may be subject to the Maintenance of Effort requirement that applies to States. For more information about the Maintenance of Effort requirement, see Maintenance of Effort. [§471(e)(7); P.L. 115-123 §50711; ACYF-CB-PI-18-09; ACYF-CB-PI-18-10, p. 10]

8.A.12. What are the prevention data reporting and performance measures requirements for tribal Title IV-E agencies?

Like States, tribal Title IV-E agencies will be required to report child specific data to HHS regarding their Title IV-E prevention services. At a minimum, tribal Title IV-E agencies who are administering Title IV-E directly should be prepared to collect the following data:

- The specific services provided to the child and/or family;
- The total expenditures for each of the services provided to the child and/or family;
- The duration of the services provided; and
- If the child was identified in a prevention plan as a "child who is a candidate for foster care":
    - The child's placement status at the beginning, and at the end, of the 12-month period that begins on the date the child was identified as a "child who is a candidate for foster care" in a prevention plan;
    - Whether the child entered foster care during the initial 12-month period and during the subsequent 12-month period; and
    - Basic demographic information (e.g., age, sex, race, Hispanic/Latino ethnicity).

The Children's Bureau is required to develop performance measures for tribal Title IV-E agencies that, while as similar to state requirements as is practicable, also consider the unique factors related to the provision of services by tribal Title IV-E agencies.

The Children's Bureau has not yet provided additional guidance on the specific data elements that tribal Title IV-E agencies will be required to collect, the process for collecting and submitting program data, or specific performance measures for Tribes. Tribes that are operating the Title IV-E program through an agreement with the State will be subject to requirements that apply to States in this area. [§474(e)(4)(E); §479B(c)(1)(E)(ii); P.L. 115-123 §50711; ACYF-CB-PI-18-09; ACYF-CB-PI-18-10, p. 10-11]

8.A.13. **Are the requirements for tribal Title IV-E agencies different than those for States regarding children in residential family-based substance abuse treatment with a parent?**

No. Tribal Title IV-E agencies must meet the same requirements as States regarding the use and reimbursement of residential family-based substance abuse treatment programs. Tribes and States can get Title IV-E reimbursement for not more than 12 months for a child who has been placed with a parent in a licensed residential family-based treatment facility for substance abuse, regardless of whether the child meets the Aid to Families with Dependent Children (AFDC) income-eligibility requirement for Title IV-E. Additional requirements include:

- The child's case plan has to recommend this placement;
- The substance abuse treatment facility must provide parenting skills training, parent education, and individual and family counseling; and
- The treatment and related services must be trauma-informed.

A Tribe operating the Title IV-E program through an agreement with the State will be subject to the same requirements that apply to States. [§472(j); P.L. 115-123 §50712]

8.A.14. **Do changes to Title IV-B, Subpart 2 (MaryLee Allen Promoting Safe and Stable Families Program) apply to Tribes?**

Yes. Family First removes the 15-month time-limit for family reunification services from the Title IV-B program. Tribal and state Title IV-B agencies will now be able to use Title IV-B funds to support family reunification services beyond 15 months. In addition, a state or tribal Title IV-B agency will be able to use their MaryLee Allen Promoting Safe and Stable Families Program funds to provide family reunification services for a period of up to 15 months after a child returns home from an out-of-home placement. In addition, the definition of "Family Support Services" was amended to include community-based services that are designed to support and retain foster families. Finally, a new competitive grant program for Tribes and States was authorized at $8 million (FY2018-2022) to support the recruitment and retention of foster families to help place more children in foster family homes. [§431(a)(7); §431(a)(2)(B)(iii); §436(c); P.L. 115-123 §50721 & 50751]

B. SUPPORT FOR RELATIVES CARING FOR CHILDREN

8.B.1. **Are tribal Title IV-E agencies eligible to receive reimbursement for evidence-based Kinship Navigator Programs and services under Title IV-E?**

Yes. Family First includes authorization for tribal Title IV-E agencies to seek reimbursement for eligible evidence-based Kinship Navigator Programs and services. Tribes operating the Title IV-E program through an agreement with a State may be able to seek reimbursement for Title IV-E evidence-based Kinship Navigator Programs and services if the State has chosen to do this in their five-year plan. [§474(a)(7); P.L. 115-123 §50713; ACYF-CB-PI-18-09, Attachment C, p. 1-2]

8.B.2. How do foster care licensing standards under Title IV-E apply to tribal Title IV-E agencies?

Family First requires the Children's Bureau to establish national foster care licensing standards for States and Tribes. On February 4, 2019, HHS issued an Information Memorandum describing the new standards. In conjunction with the issuance of the national foster care licensing standards, Tribes and States are required to do the following:

- Describe how their licensing standards are in accordance with Children's Bureau standards, and if not, why they deviate and a description of why those Children's Bureau standards are not appropriate;
- Describe if the Tribe or State waives certain licensing standards for relative foster family homes, and if so, a description of the standards they most commonly waive. If the Tribe or State does not waive standards for relatives, they must describe the reason for not doing so;
- If the Tribe or State waives licensing standards for relatives, a description of how caseworkers are trained on this waiver and whether the Tribe or State has developed processes or tools to help caseworkers in waiving the non-safety standards to help place children with relatives more quickly; and
- A description of how the Tribe or State is improving caseworker training or the process on licensing standards.

Tribal sovereign authority to license foster care homes using culturally appropriate standards is not modified or supplanted by these requirements, but Tribes must provide the required information in order to receive Title IV-E funding. This requirement will also apply to Tribes operating the Title IV-E program through an agreement with a State. [§471(a)(36); (§479B(c)(2); P.L. 115-123 §50731; ACYF-CB-IM-19-01]

C. NEEDS OF CHILDREN IN NON-FAMILY SETTINGS

8.C.1. Do the restrictions on non-family settings apply to tribal Title IV-E agencies?

Yes. Tribal Title IV-E agencies will be required to meet all of the statutory requirements for non-family settings. Beginning with the third week of a child entering foster care, tribal and state Title IV-E agencies will only be reimbursed for Title IV-E foster care payments on behalf of a child in the following settings:

- A foster family home of an individual or family that is licensed or approved by the Tribe or State, and is capable of adhering to the reasonable and prudent parent standard, provides 24-hour care for children placed away from their family and provides care to six or fewer children in foster care (exceptions to this limit can be made to accommodate parenting youth in foster care to remain with their child, keep siblings together, keep children with meaningful relationships with the family and care for children with severe disabilities).

- A child-care institution (defined as a licensed private or public child-care institution with no more than 25 children) that is one of the following settings:
    - A Qualified Residential Treatment Program (QRTP);
    - A setting specializing in providing prenatal, post-partum, or parenting supports for youth;
    - A supervised setting for youth ages 18 and older who are living independently; or
    - A setting providing residential care and supportive services to children and youth who have been found to be, or are at risk of becoming, sex trafficking victims.

  (Child-care institutions do not include detention facilities, forestry camps, training schools, or any other facility operated primarily for the detention of children determined to be delinquent.)
- Children who are placed with a parent in a licensed residential family-based substance abuse treatment facility for up to 12 months.

Placements in non-family settings that do not meet these requirements will be reimbursed under Title IV-E for only the first two weeks of placement. For additional information on non-family settings, please see the section on Attending to the Needs of Children in Non-Family Settings.

Tribes operating the Title IV-E program through an agreement with a State will also be subject to these requirements and restrictions. [§472(k)(1) & (2); P.L. 115-123 §50741; ACYF-CB-PI-18-07]

8.C.2. **What are the requirements for a QRTP for tribal Title IV-E agencies?**

The QRTP requirements for tribal Title IV-E agencies are the same as those for state Title IV-E agencies. A QRTP is defined as a non-family setting that:

- Has a trauma-informed treatment model designed to address the needs, and clinical needs as appropriate, of children with serious emotional or behavioral disorders or disturbances, and can implement the necessary treatment identified in the child's assessment;
- Has registered or licensed nursing staff and other licensed clinical staff who can provide care, who are on-site consistent with the treatment model, and are available 24 hours a day and 7 days a week. The QRTP does not need to have a direct employee/employer relationship with required nursing and behavioral staff;
- Facilitates family participation in the child's treatment program (if in the child's best interest);
- Facilitates family outreach, documents how this outreach is made, and maintains contact information for any known birth family and fictive kin of the child;
- Documents how the child's family is integrated into the child's treatment, including post-discharge, and how sibling connections are maintained;
- Provides discharge planning and family-based aftercare supports for at least six months post-discharge; and
- The program is licensed and nationally accredited by the Commission on Accreditation of Rehabilitation Facilities, the Joint Commission on Accreditation of Healthcare

Organizations, the Council on Accreditation, or others approved by the Children's Bureau.

A qualified individual must assess the child's strengths and needs using an age-appropriate, evidence-based, validated, functional assessment tool to determine if the child's needs can be met with family members or in a foster family home, or in one of the approved Title IV-E approved non-family settings. This assessment must occur within 30 days of the child being placed in a QRTP placement. The qualified individual must be a trained professional or licensed clinician who is not a Title IV-E agency employee or affiliated with any placement setting in the Title IV-E agency. This requirement may be waived by the Children's Bureau upon the request of the Title IV-E agency certifying that the trained professional or clinician can maintain objectivity during the assessment process.

The assessment must be performed in conjunction with the child's family and permanency team, which can include parents, relatives, fictive kin, or appropriate professionals. This could include representatives of the child's Tribe or the Tribe's child protection team. This could be a valuable resource for AI/AN children, especially in cases where the child is in state custody. The State and Tribe will need to document in the child's case plan their efforts to identify and include a family and permanency team for the child and other related efforts. If the assessment is not performed within the first 30 days of the child's placement in the QRTP, the State or Tribe will not be able to claim Title IV-E Foster Care Maintenance Payments for the child while in placement.

Tribes wanting to claim foster care payments for children in non-family settings should pay close attention to the assessment requirements, especially those related to the definition of who can perform the assessment, the type of assessment utilized, as well as the staffing requirements for a QRTP and accreditation status of the program.

These requirements may pose challenges for tribal non-family settings, such as group homes, where local resources are not sufficient to meet these requirements. Tribal non-family settings that do not meet the QRTP requirements can still be used, but funding from other sources outside of Title IV-E will need to be utilized.

For additional information on QRTP requirements please see the section on Attending to the Needs of Children in Non-Family Settings.

Tribes operating the Title IV-E program through an agreement with a State will also be subject to these requirements and restrictions. [§472(k)(4); §475(A)(c); P.L. 115-123 §50741 and 50742; ACYF-CB-PI-18-07]

8.C.3. What are the steps that should be taken by a tribal Title IV-E agency if it is determined that a child should not be placed in a QRTP setting?

If it is determined by an assessment or court order that a QRTP placement is not appropriate for a child, then the Tribe has an additional 30 days from that determination to transition the child to another placement or to a facility that can better address the child's needs. Foster care payments through Title IV-E will continue for that 30-day transition period, but not beyond that.

For additional information on QRTP requirements please see the section on Attending to the Needs of Children in Non-Family Settings.

Tribes operating the Title IV-E program through an agreement with a State will also be subject to these requirements and restrictions. [§472(k)(3)(B); P.L. 115-123 §50741; ACYF-CB-PI-18-07]

8.C.4. What are the requirements for tribal Title IV-E agencies if a QRTP is determined to be appropriate for a child?

The requirements for a tribal Title IV-E agency are the same as those for a state Title IV-E agency. The qualified individual who performed the assessment must document in writing why the child's needs cannot be met by her family or in a foster family, why a QRTP will provide the most effective and appropriate level of care and in the least restrictive environment and how it is consistent with the short- and long-term goals of the child. Additional requirements include the following:

- Within 60 days of a placement in QRTP, the court must review the assessment and approve or disapprove of the QRTP placement.
- For children who remain in a QRTP, at every permanency hearing the state agency will need to submit evidence:
    - Demonstrating the ongoing assessment that the child's needs continue to be best met in a QRTP and that it is consistent with the child's short- and long-term goals;
    - Documenting the specific treatment or service needs that will be met by the QRTP and the length of time the child is expected to need treatment and services;
    - Documenting the efforts made to prepare the child to exit care or to be placed in a foster family home; and
    - For children in a QRTP for 12 consecutive or 18 non-consecutive months (or for more than six consecutive months for children under age 13), the Tribe or State will need to submit to the Children's Bureau the most recent evidence and documentation supporting this placement with a signed approval by the head of the Tribe or State.

For additional information on QRTP requirements, please see the section on Attending to the Needs of Children in Non-Family Settings.

Tribes operating the Title IV-E program through an agreement with a State will also be subject to these requirements and restrictions. [§475(A)(c); P.L. 115-123 §50742; ACYF-CB-PI-18-07]

8.C.5. What must tribal child welfare agencies do to prevent inappropriate diagnoses?

Tribes and States will need to establish, as part of their health care services oversight and coordination plan, procedures and protocols to ensure children in foster care are not being inappropriately diagnosed with mental illnesses, disorders or disabilities that may result in the child not being placed with a foster family home. This requirement is applicable for all Title IV-B and Title IV-E tribal agencies, including Tribes operating the Title IV-E program through an agreement with a State. [§422(b)(15)(A)(vii); P.L. 115-123 §50743; ACYF-CB-PI-18-07]

8.C.6. Are Tribes receiving Title IV-B Court Improvement Grants eligible to conduct trainings with their court improvement funds that address the requirements of Family First that apply to placements of children in non-family settings?

Yes. Tribal Court Improvement grantees may generally use their funds to provide trainings on requirements of Title IV-E and Family First, such as placements of children in non-family settings. However, the statute and federal guidance do not specifically address this requirement for tribal Court Improvement grantees. Furthermore, eligible tribal court improvement grantees are not required to operate the Title IV-E program where the provisions that address non-family settings for children are contained. [§438(b)(1); P.L. 115-123 §50741; HHS-2012-ACF-ACYF-CS-0323]

8.C.7. Are tribal Title IV-E agencies subject to new background check requirements?

Yes. State and tribal Title IV-E agencies are required to establish background check procedures for any adult working in non-family settings where foster children are placed. Tribal governments that do not operate the Title IV-E program have separate federal requirements for criminal background checks for tribally-licensed foster homes and for adults employed within tribal settings where adults have control or contact over children, such as non-family settings. These federal requirements are contained with the Indian Child Protection and Family Violence Prevention Act.

For additional information on background check requirements, please see the section on Attending to the Needs of Children in Non-Family Settings.

Tribes operating the Title IV-E program through an agreement with a State will also be subject to these requirements and restrictions. [§471(a)(20)(D); P.L. 115-123 §50745; ACYF-CB-PI-18-07]

8.C.8. What data will tribal Title IV-E agencies need to submit regarding placements of children in non-family settings?

Data will be required to be collected and submitted to the Children's Bureau by tribal Title IV-E agencies operating the Title IV-E program directly or through an agreement with a State. The following are data elements that will be required for children in child-care institutions or other settings that are not foster family homes:

- The type of placement setting;
- The number of children in the setting, and the age, race/ethnicity and gender of each child in the setting;
- For each child, the length of stay in that setting, whether it was the child's first placement, and if not, the number of previous placements, and whether or not the child has special needs;
- The extent of specialized education, treatment, counseling, or other services provided in that setting; and
- The number and ages of children in these placements that have a permanency goal of Another Planned Permanent Living Arrangement (APPLA).

While tribal Title IV-E agencies were granted flexibility with regards to program reporting under the prevention services program, it is not clear if the Children's Bureau will extend flexibility to Tribes with regard to program reporting in this area. (§479A(a)(7)(A); P.L. 115-123 §50744; ACYF-CB-PI-18-07)

D. Extending Services to Help Former Foster Youth Transition to Adulthood

8.D.1. Can tribal Title IV-E agencies utilize the new policy opportunities within the John H. Chafee Foster Care Program for Successful Transition to Adulthood?

Yes. Tribal Title IV-E agencies are also eligible to extend services under the Chafee program for former foster youth under their jurisdiction. The statute provides that Tribes and States may extend services in the following ways:

- Extend supports and services under the Chafee program to youth age 23; and
- Extend eligibility for Education and Training Vouchers under the Chafee program to age 26. (It also clarifies that youth aging out of foster care must be at least 14 years of age to use the vouchers and can only participate in the voucher program up to five years.)

For additional information about new requirements under the John H. Chafee Foster Care Program for Successful Transition to Adulthood program, please see the section on Extending and Enhancing Services to Support Permanency and a Successful Transition to Adulthood.

Tribal Title IV-E agencies can operate the Chafee program directly through the federal government or establish an agreement with a State to operate the program. States are required to make Chafee benefits available to tribal youth on the same basis as other youth in the State. In addition, States are required to negotiate in good faith with Tribes regarding the development of tribal-state Chafee program agreements. [§477(a); §477(b)(3)(G); P.L. 115-123 §50753; ACYF-CB-PI-18-06]

E. Better Serving Children Across State Lines

8.E.1. Do new requirements regarding the use of an electronic interstate case-processing system apply to tribal Title IV-E agencies?

No. The statute provides an exemption for tribal Title IV-E agencies from this requirement. In addition, Tribes are not signatories to the Interstate Compact on the Placement of Children (ICPC) and therefore cannot use the ICPC in the same manner as States. However, state Title IV-E agencies who have AI/AN children under their jurisdiction will be required to follow these requirements. [§471(a)(25); 479B(c)(4); P.L. 115-123 §50722; ACYF-CB-PI-18-07]

F. ADDRESSING CHILD FATALITIES

8.F.1. Are tribal Title IV-E and Title IV-B agencies required to establish plans to address child fatalities in tribal communities?

Unclear. Family First provides a new requirement under Title IV-B Subpart 1 (Child Welfare Services) that States must establish a statewide plan on steps they are taking track and prevent child abuse fatalities. This is a Title IV-B plan requirement and, while most state plan requirements under Title IV-B also apply to tribal grantees as of September 1, 2019, there is no guidance on if and how this would apply to tribal Title IV-E or Title IV-B agencies. [§422(b)(19); P.L. 115-123 §50732; ACYF-CB-IM-18-02]

9. ADDITIONAL IMPORTANT CHANGES FOR CHILDREN AND FAMILIES MADE IN FAMILY FIRST

Overview: The Family First Prevention Services Act (Family First) made several additional changes to benefit children and families in the child welfare system, which are aimed at supporting reunification efforts, better serving children placed across state lines and ensuring permanent families for children exiting from foster care with Title IV-E adoption assistance. Although smaller, these provisions are important for States to consider as they implement Family First.

A. SUPPORTING REUNIFICATION EFFORTS

9.A.1. What new support does Family First provide to help reunify children with their families?

Family First eliminates, as of October 1, 2018, the current 15-month time limit on the use of Title IV-B funds for family reunification services for children in foster care. However, it also clarifies that a child returning home also will now have access to 15 months of family reunification. Accordingly, the law also changes the name of the program from "Time-Limited Family Reunification Services" to "Family Reunification Services." [P.L. 115-123 §50721]

9.A.2. What reunification services are provided under Title IV-B?

Under the MaryLee Allen Promoting Safe and Stable Families Program (PSSF), States and Tribes receive funding that must be used to support four categories of services, including time-limited family reunification services (tribal grantees are not required to support all four categories of services). Before Family First was enacted, time-limited family reunification services were defined in the PSSF program as specific services provided to a child who has entered foster care within the last 15 months, and to the parent(s) primary caregiver of such a child, to enable safe and timely family reunification. [§431(7) and §432(a)(4)]

9.A.3. What was the reason for the change?

According to the Committee Report, Congress believed the time limit on these services prevented some States from using their PSSF funds to support reunification that will result in good outcomes for children and families. The Committee believes that, by removing this time limit, it will not delay timelines for reunification; on the contrary, it will allow this funding to benefit a broader range of children and families. [House Report 114-628]

9.A.4. Is this related to the 15-month timeline for termination of parental rights established by the Adoption and Safe Families Act?

No. The Adoption and Safe Families Act, passed in 1997, requires state and tribal Title IV-E agencies to file for termination of parental rights once children have been in foster care for 15 of

the most recent 22 months, except in certain allowable circumstances. The provision in Family First does not change this requirement.

B. BETTER SERVING CHILDREN PLACED ACROSS STATE LINES

9.B.1. What is an electronic interstate case-processing system?

In order to improve permanency outcomes for children, Family First mandates that States operating Title IV-E plans use an electronic case-processing system to facilitate the execution of the Interstate Compact for the Placement of Children (ICPC) in a more efficient manner. Family First also provided financial resources to help States implement a case-processing system.

The ICPC governs the process for placing children across state lines in foster, relative, adoptive or therapeutic settings. Historically, this paper-intensive process has been plagued by lengthy delays, inconsistencies from State to State and a lack of accountability. The National Electronic Interstate Compact Enterprise (NEICE) is an electronic exchange connecting state child welfare agencies to facilitate exchange of ICPC cases. NEICE was piloted in 2014 with six States, and successfully reduced the timelines for children waiting for placements. The Children's Bureau supported national implementation of NEICE throughout the country beginning in 2015.

An electronic interstate case-processing system transmits data and documents securely and efficiently across state lines. States can transmit ICPC information (data and documents) from one State's child welfare system to another State's system through a central, secure interstate exchange, without the need for creating a central national database to store all the information. States can develop electronic connections to the NEICE exchange to process, send and receive information securely and efficiently.

9.B.2. By when do all States need to have included use of a centralized electronic interstate case-processing system as part of their Title IV-E plans and procedures?

Although the requirement to have implemented a centralized electronic interstate case-processing system went into effect October 1, 2018, Family First built in time for States to implement it. Family First requires all States to implement an electronic interstate case-processing system by October 1, 2027. States will need to update their Title IV-E state plans to include the procedures meeting this requirement. [§471(a)(25); P.L. 115-123 §50722; Attachment D "Title IV-E Plan Pre-Print" of ACYF-CB-PI-18-07]

9.B.3. Are Territories and Tribes required to join the centralized electronic interstate case-processing system?

No. Territories and Tribes, Tribal Organizations and Tribal Consortia operating a Title IV-E agency are exempt from the requirement to implement a centralized electronic interstate case-processing system. [§471(a)(25), §4679B(c)(4); P.L. 115-123 §50722(b)]

9.B.4. Is there funding available to help States develop electronic interstate case-processing systems?

Yes. Family First authorized $5 million for a new discretionary grant designed specifically to help States develop an electronic interstate case-processing system to expedite interstate placements of children in foster, guardianship or adoptive homes. The Children's Bureau is disbursing this discretionary grant funding as an increase in the FY2018 allocation to States under the Title IV-B Subpart 2 PSSF program. This funding is available through FY2022. [HHS-2019-ACF-ACYF-CE-1560, ACYF-CB-IM-18-04, p. 2; §437(b)(4); P.L. 115-123 §50722]

9.B.5. What are States allowed to do with the discretionary grants?

States that are awarded these grants must use the funding to support connecting with – or enhancing or expediting the services provided under – the electronic interstate case-processing system, specifically the NEICE system. According to the U.S. Department of Health and Human Services (HHS) funding opportunity announcement, specifically, States may apply for funds to develop an electronic exchange through the NEICE, make refinements to the system they have already established through the NEICE, and/or provide for the on-going operating fees associated with the NEICE. This project is for one 36-month project period. [HHS-2019-ACF-ACYF-CE-1560, §437(g)(4); P.L. 115-123 §50722; ACYF-CB-IM-18-04]

9.B.6. Can States develop their own electronic interstate case-processing system or are they required to adopt NEICE?

While the law does not specifically name the NEICE system, HHS has been clear that their intent is for States to connect with NEICE and not to build their own systems. The HHS FOA specifies that state grants to be awarded by HHS should be used to connect to the NEICE system. The NEICE system has developed a National Information Exchange Model Information Exchange Package Document which specifies the fields, information and documents that must be exchanged for an ICPC case.

NEICE is currently used by 32 States and has shortened timelines to permanency for children by up to 40 percent, reduced delays in data and document transfers, and improved information security and accountability. Five additional States plan to implement NEICE in 2019. States not using NEICE are exchanging documents and data via fax, postal mail or email, which can lead to unnecessary delays and potential information security risks. Implementing a national data exchange system will create greater efficiency, increase accountability, shorten the timelines to permanency for children, lower costs to the system and improve the security of documents exchanged. [HHS-2019-ACF-ACYF-CE-1560, §437(g)(1); P.L. 115-123 §50722]

THE NATIONAL ELECTRONIC INTERSTATE COMPACT ENTERPRISE (NEICE)

WHAT IS NEICE?

NEICE is a national electronic system for quickly and securely exchanging the data and documents required by the Interstate Compact on the Placement of Children to place children across state lines. It was developed and implemented by The American Public Human Services Association (APHSA), in conjunction with the Association of Administrators of the Interstate Compact on the Placement of Children (AAICPC).

NEICE was launched in November 2013 with pilot funding from the Office of Management and Budget through the Partnership Fund for Program Integrity Innovation. Recognizing the success of the pilot and the potential for a nationwide, electronic data exchange, in June 2015, the Children's Bureau awarded a cooperative agreement (grant number 90XA0151) to APHSA and AAICPC to rollout NEICE to every State and jurisdiction. At this time, the NEICE project is expanding nationwide, with the goal of serving all States. Plans are in place to sustain the system beyond the grant and the goal is to have all States onboard.

OUTCOMES?

A pilot project was tested in 2013-2015 with six ICPC jurisdictions: District of Columbia, Florida, Indiana, Nevada, South Carolina, and Wisconsin. An external evaluator, WRMA, conducted a comprehensive evaluation of the project, including assessing overall impact and efficiency. The results of the pilot and the ongoing evaluation of the system by Child Trends indicates that in the past three years, this technology has demonstrated substantial benefits to States and the children in their care.

- Length of Time Between Start of ICPC Process to Receiving 100A Packet
  - Home Study that required priority placement: 45 percent decrease
  - Home Study for Foster Care or Public Adoption: 46 percent decrease
- Length of Time for Receiving 100A Packet, Conducting Home Study, and Sending Decision
  - Home Study that required priority placement: 48 percent decrease
  - Home Study for Foster Care or Public Adoption: 26 percent decrease
- Length of Time Between Placement Decision to Child Placement
  - Home Study that required priority placement: 11 percent decrease
  - Home Study for Foster Care or Public Adoption: 24 percent decrease
- Length of Time Between Beginning the 100B and Receiving the 100B
  - Home Study that required priority placement: 75 percent decrease
  - Home Study for Foster Care or Public Adoption: 44 percent decrease
- Cost Reduction from No Longer Requiring the Printing and Shipping of Hard Copied Materials
  - Annual cost for copying and shipping: $1,681,810 (This does not include cost of labor.)

WHICH STATES UTILIZE NEICE?

- 32 States currently use NEICE
- Five States plan to implement NEICE in 2019

Form ICPC-100A is the sending agency's formal written notice to the receiving agency of its intention to make an interstate placement and a request for finding as to whether the placement would or would not be contrary to the interests of the child. With most placements, it is also a formal request for a home study.

Form ICPC-100B is used to (1) confirm that an approved placement in accordance with the Compact has been made, (2) withdraw a request prior to the home study, (3) indicate that an approved resource will not be used, (4) report a change in the placement resource and/or type of care, (5) report a change of address, and (6) close an ICPC case.

All Information was obtained from APHSA at: https://aphsa.org/AAICPC/AAICPC/NEICE.aspx

Box 21: The National Electronic Interstate Compact Enterprise (NEICE)

9.B.7. How can the centralized electronic interstate processing system be beneficial to children who have relatives across state lines?

Administering the ICPC using an electronic interstate case-processing system can greatly reduce the time it takes for children and youth to be placed with safe and appropriate relatives. To place a child with a relative across state lines, agencies are required to conduct a home study and exchange case files. As these exchanges ordinarily occur via postal mail, there are significant delays built into the process that will be obviated when immediate transfer can occur via an electronic interstate processing system. This will greatly reduce the length of time children wait for permanent placements.

Additionally, converting to a national electronic interstate case-processing system can help to ensure the confidentiality of a child or youth's information by guaranteeing HIPAA-compliant information transfer and by reducing the likelihood of physical paperwork being misplaced or lost in the mail. It can improve the quality of placements by facilitating communication between jurisdictions and by reducing the administrative burden on caseworkers.

9.B.8. Are there any data reporting requirements for the electronic interstate case-processing system?

Yes. Family First requires the HHS Secretary to submit a report to Congress on the following evaluations:

- How using the electronic interstate case-processing system has changed the time it takes for children to be placed across state lines;
- The number of cases subject to the ICPC that were processed through the electronic interstate case-processing system, and the number of interstate child placement cases that were processed outside the electronic interstate case-processing system, by each State in each year;
- The progress made by States in implementing the electronic interstate case-processing system;
- How using the electronic interstate case-processing system has affected various metrics related to child safety and well-being, including the time it takes for children to be placed across state lines; and

- How using the electronic interstate case-processing system has affected administrative costs and caseworker time spent on placing children across state lines.

This report must be available to the general public by having it posted online and is due to Congress one year after all of the $5 million discretionary funds are awarded to States. Family First does not detail how States are to submit this information to the Children's Bureau, so further guidance will likely be issued on this evaluation process. [§437(g)(5); P.L. 115-123 §50722]

9.B.9. What ways can an electronic interstate processing system support other efforts to better serve the children and families that come to the attention of the child welfare system?

The HHS Secretary, in consultation with the Secretariat for the ICPC and the States, will assess how the electronic interstate case-processing system can be used to better serve and protect children that come to the attention of the child welfare system. Specifically, Family First includes:

- Connecting the system with other data systems (such as systems operated by state law enforcement and judicial agencies, systems operated by the Federal Bureau of Investigation for the purposes of the Innocence Lost National Initiative, and other systems);
- Simplifying and improving reporting related to paragraphs (34) and (35) of section 471(a) regarding children or youth who have been identified as being sex trafficking victims or children missing from foster care; and
- Improving the ability of States to quickly comply with background check requirements of section 471(a)(20), including checks of child abuse and neglect registries as required by section 471(a)(20)(B).

C. Ensuring Permanent Families for Children Exiting from Foster Care with Title IV-E Adoption Assistance

9.C.1. What changes were made to the Title IV-E Adoption Assistance Program?

Family First temporarily suspends – from January 1, 2018 to June 30, 2024 – the removal of Aid to Families with Dependent Children (AFDC) income eligibility requirements for Title IV-E adoption assistance for applicable children adopted under age 2. The Fostering Connections to Success and Increasing Adoptions Act of 2008 began expanding federal reimbursement for Title IV-E adoption assistance by eliminating the eligibility connection to the AFDC income requirements. This change in federal reimbursement was intended to be achieved through an eight-year phase-in, beginning in FY2010 for youth who enter into an adoption agreement in the federal fiscal year at which they turn 16 and older, and going down two years of age every year until FY2018 when all applicable children of any age would be eligible for federal reimbursement. As of January 1, 2018, the phase-in for applicability for the Title IV-E Adoption Assistance Program looks like this:

PHASE-IN FOR THE TITLE IV-E ADOPTION ASSISTANCE PROGRAM	
Fiscal Year the Title IV-E Adoption Assistance Agreement is Finalized	**Age of the Applicable Child at the End of that Fiscal Year**
FY2010	16
FY2011	14
FY2012	12
FY2013	10
FY2014	8
FY2015	6
FY2016	4
FY2017 - June 30, 2024 (9 mos. into FY2024)	2
End of FY2024 (beginning July 1, 2024) and thereafter	Any age

Box 22: Phase-In for the Title IV-E Adoption Assistance Program

All children will be considered "applicable" and potentially eligible for Title IV-E adoption assistance as of July 1, 2024. Please note, however, that an applicable child is not necessarily automatically eligible for Title IV-E adoption assistance. They must meet the Title IV-E agency's criteria for a child with special needs, have been removed from their home in a manner that meets the IV-E requirements, meet certain citizenship and immigration status requirements and meet requirements for prospective adoptive parents to pass a federal criminal records check. [§473(e)(1)(B); P.L. 115-123 §50781; ACYF-CB-PI-18-07, p. 3]

9.C.2. What happens if Title IV-E adoption assistance agreements for children under age 2 were entered into between October 1, 2017 and December 31, 2017?

Children under age 2 who entered into a Title IV-E adoption assistance agreement before January 1, 2018 are not affected by these changes. The State will therefore continue to be eligible for federal reimbursement for them. [§473(e)(1)(B); P.L. 115-123 §50781; ACYF-CB-PI-18-07, p. 2]

9.C.3. What happens if Title IV-E adoption assistance agreements for children under age 2 were entered into after January 1, 2018?

For children who entered into Title IV-E adoption assistance agreements between January 1, 2018 and February 9, 2018, but who: (1) will not reach age 2 before the end of FY2018 (September 30, 2018) and (2) are not Title IV-E eligible, the Title IV-E agency may only claim reimbursement for:

- Title IV-E adoption assistance payments made only during the period between when a child was eligible for Title IV-E adoption assistance and when the changes were made in Family First (i.e. up to February 9, 2018); or
- Title IV-E administrative costs allocated in accordance with its approved cost allocation plan or cost allocation methodology for the full calendar month that a child was eligible

but during which time the changes were made under Family First (i.e. the full month of February).

TITLE IV-E ADOPTION ASSISTANCE EXAMPLE
If a Title IV-E agency entered into a Title IV-E adoption assistance agreement after January 1, 2018 with an applicable child who will not reach age 2 by September 30, 2018, and the child is not Title IV-E eligible, then the agency may only claim reimbursement for the following activities: • The full Title IV-E adoption assistance payment made to the child for the entire month of January and the prorated portion of the payment made for February 1 – February 9, 2018; and • The Title IV-E Administrative Costs for January and the full calendar month of February.

Box 23: Title IV-E Adoption Assistance Example

[§473(e)(1)(B); P.L. 115-123 §50781; ACYF-CB-PI-18-07, p. 3]

9.C.4. Can the Title IV-E agency still receive federal reimbursement for subsidy benefits for children under 2 receiving a Title IV-E adoption assistance payment because they are a sibling of another eligible child?

Yes. Siblings of an applicable child receiving Title IV-E adoption assistance are still eligible for their subsidy benefits, regardless of their age. [ACYF-CB-PI-18-07, p. 3]

9.C.5. Will a Title IV-E agency still receive federal reimbursement for Title IV-E adoption assistance subsidies for children under age 2 whose eligibility does not rely on the "applicable child" provision suspended by Family First and the associated implementation guidance published by HHS?

Yes. A Title IV-E agency's ability to receive reimbursement for Title IV-E adoption assistance subsidies for such children remains unimpaired.

9.C.6. May children under age 2 still receive state or tribal-funded adoption assistance?

Yes. Children who are not applicable under Title IV-E may be eligible to receive adoption assistance funded through state, tribal and local dollars if they can meet the other eligibility requirements.

9.C.7. What is the timing of the Government Accountability Office report on how States have reinvested state funds saved as a result of increased federal reimbursement for adoption assistance originally required by the Fostering Connections to Success and Increasing Adoptions Act of 2008 and the Preventing Sex Trafficking and Strengthening Families Act?

The law does not specify a release date for this report. Family First required the study by the Government Accountability Office to review States' compliance with the requirements related to

the phase-out of the AFDC income eligibility requirements for Title IV-E adoption assistance payments, specifically the:

- Requirement that state savings generated from the phase-out are being used to provide any services that can be funded under Title IV-B or Title IV-E to adopted children and their families; and
- Requirement that the State will spend no less than 30 percent of the savings generated by the phase-out on post-adoption services, post-guardianship services, and services to support and sustain positive permanent outcomes for children who might otherwise enter foster care, and that at least two thirds of that 30 percent requirement must be spent on post-adoption and post-guardianship services.

Once completed, the report on the findings in the study must be submitted to the Senate Finance and House Ways and Means Committees and the HHS Secretary. [§473(a)(8); P.L. 115-123 §50782; ACYF-CB-IM-18-02, p. 7]

9.C.8. Can Adoption Savings funds be used as the non-federal share of the Title IV-E Prevention Program?

Yes. The Children's Bureau has indicated that a Title IV-E agency may use Adoption Savings[47] expenditures beginning in FY2020 for the non-federal share of an optional Title IV-E program, including the Title IV-E Prevention Program.

However, to document the fact that these Adoption Savings are not being used to supplant the non-federal share, a Title IV-E agency must establish a base year amount of non-federal expenditures to maintain. The base year for this will be the FY prior to the FY in which the Title IV-E agency begins to use Adoption Savings expenditures as a source of its non-federal share for the Title IV-E Prevention Program. The Title IV-E agency must then maintain at least that base year amount as the non-federal share for the program.

A Title IV-E agency that begins to use Adoption Savings expenditures as the non-federal share of the Title IV-E Prevention Program in FY2020 will have a base year amount of zero since the agency did not participate in the Title IV-E Prevention Program in FY2019.

[Child Welfare Policy Manual, 8.2]

9.C.9. Are children in adoptive or guardianship placements eligible for the Title IV-E prevention services and programs under Family First?

Yes. Family First specifically states that a "child who is a candidate for foster care… includes a child whose adoption or guardianship arrangement is at risk of a disruption or dissolution that would result in a foster care placement." The problems threatening the adoption or guardianship

[47] Since FY2010, the Title IV-E Adoption Assistance program has expanded eligibility provisions for applicable children, including delinking eligibility from the Aid to Families with Dependent Children (AFDC) requirements, among other changes. These eligibility changes have resulted in more children being determined as Title IV-E eligible. Federal law requires Title IV-E agencies to spend an amount equal to any savings they achieve, as a result of applying the differing program eligibility criteria to applicable children, for other child welfare service activities permitted under Titles IV-B or IV-E of. These funds are referred to as "Adoption Savings."

arrangement might also be related to mental health or substance abuse, so the preventive services would be especially relevant. [P.L. 115-123 §50711; §475(13); ACYF-CB-PI-18-09, p. 7]

9.C.10. Would receiving Title IV-E prevention services and programs under Family First affect the adoption or guardianship assistance a child is receiving?

No. Receipt of Title IV-E prevention services and programs does not require or permit a State or Tribe to reduce adoption or guardianship assistance payments or medical or other assistance available to a recipient. [P.L. 115-123 §50711; §471(e)(10)(A); ACYF-CB-PI-18-09, p. 11]

D. ADDRESSING CHILD FATALITIES

9.D.1. What does Family First require States to do to address child fatalities?

Under Family First, state child welfare agencies must update their five-year Title IV-B Child and Family Services Plans (CFSPs) to include descriptions of two new sets of activities:

- The steps the State is taking to compile complete and accurate information on the deaths for which federal law requires reporting to the agency, including gathering relevant information on the deaths from the relevant organizations in the State, including entities such as the state vital statistics department, child death review teams, law enforcement agencies, offices of medical examiners, or coroners; and
- The steps the State is taking to develop and implement a comprehensive, statewide plan to prevent the fatalities that involves and engages relevant public and private agency partners, including those in public health, law enforcement, and the courts.

States update their child welfare services plans each five years, with the next round of plans due in 2019, so Family First requires this new plan component in States' current and subsequent five-year plans beginning in 2019. [§422(b)(19); P.L. 115-123 §50732]

9.D.2. What new data does Family First require States to collect on child fatalities?

Family First does not require States to collect any new data on child fatalities. Family First refers to data States are already collecting pursuant to federal law through the Child Abuse Prevention and Treatment Act. These requirements update what States must report to the Children's Bureau about how they are ensuring the data they collect is complete and accurate. [§422(b)(19); P.L. 115-123 §50732]

9.D.3. Does Family First require standardized data collection?

No. Family First does not require standardized data collection on child fatalities. [§422(b)(19); P.L. 115-123 §50732]

9.D.4. **Does Family First define child maltreatment fatality?**

No. Family First does not define the fatalities about which States must collect data. The law instead refers to the data collection States already conduct under the Child Abuse Prevention and Treatment Act. (§422(b)(19); P.L. 115-123 §50732)

9.D.5. **What does Family First require States to do with the data they collect on child fatalities?**

Family First requires States to describe what they are doing to develop and implement a comprehensive and statewide fatality prevention plan. The law does not require States to use the data they collect in a specific way, but does require them to conduct intentional planning about how to prevent maltreatment fatalities. States will benefit significantly from considering how best to use their data and whether they should update their data collection methods for the purposes of informing their fatality prevention plans. [§422(b)(19); P.L. 115-123 §50732]

9.D.6. **How will the Children's Bureau determine whether States are complying with the fatality requirements in Family First?**

The Children's Bureau has not provided specific guidance on how it will assess States' compliance with these requirements. Typically, the Children's Bureau reviews States' five-year CFSPs for initial approval, and also can examine aspects of those plans through their ongoing Child and Family Services Review (CFSR) process.

9.D.7. **Does Family First address all the recommendations of the Commission to Eliminate Child Abuse and Neglect Fatalities?**

No. The Protect Our Kids Act (P.L. 112-275) created the bipartisan Commission to Eliminate Child Abuse and Neglect Fatalities (CECANF). CECANF spent over two years developing extensive recommendations on child fatality prevention, culminating in the report Within Our Reach. Family First addresses only a small subset of those recommendations.

10. APPENDICES

A. IMPLEMENTATION CHRONOLOGY

2018	
Effective upon Enactment	**The U.S. Department of Health and Human Services (HHS) will provide technical assistance, disseminate best practices, establish a clearinghouse, and collect data and conduct evaluations** for the prevention services and programs. There is $1 million appropriated to HHS to carry out these provisions beginning in FY2018 and each year afterwards. [P.L. 115-123 §50711(d)] Title IV-E is renamed **"Part E—Federal Payments for Foster Care, Prevention, and Permanency"** and the purpose of Title IV-E is amended to reflect the new use of federal funds for prevention services and programs. [P.L. 115-123 §50733] The **Adoption and Legal Guardianship Incentive Payment program is reauthorized** for an additional five years, from FY2017 through FY2021. This takes effect as if enacted on October 1, 2017. [P.L. 115-123 §50761] The **John H. Chafee Foster Care Independence Program** is amended by extending independent living services to assist former foster youth up to age 23 (previously for youth ages 18-21) and extends eligibility for education and training vouchers for these youth to age 26 (previously only available to youth up to age 23). [P.L. 115-123 §50753] **The state plan requirement under Title IV-B, Subpart 1 is amended to describe activities to reduce the length of time to permanency for children under age 5** and the activities the State undertakes to address the developmental needs of all vulnerable children under age 5 who receive services until Title IV-B or Title IV-E. [P.L. 115-123 §50772] **Government Accountability Office (GAO) is required to review States' compliance with the various requirements of the Title IV-E adoption assistance "delink"** and the savings and reinvestments that results from the federal reimbursement phase-in [P.L. 115-123 §50782] **A number of Title IV-B programs are reauthorized for five years**, from FY2017 through FY2021, including: The Stephanie Tubbs Jones Child Welfare Services Program (Title IV-B, Subpart 1), and the MaryLee Allen Promoting Safe and Stable Families Program (Title IV-B, Subpart 2),

	funding reservations for supporting monthly caseworker visits, and state Court Improvement Program Grants [P.L. 115-123 §50752]
Beginning in FY2018	HHS will provide $5 million under the MaryLee Allen Promoting Safe and Stable Families Program to help States **develop electronic interstate case-processing systems**. The funds will remain available through FY2022; HHS is required no later than one year after the final year that funds are awarded to submit a report to Congress (available to the public) on the impact of the electronic interstate case-processing systems. [P.L. 115-123 §50722] $8 million in competitive grants will be available to States and Tribes to support the **recruitment and retention of high-quality foster families** to help place more children in foster family homes. The grants will be focused on States and Tribes with the highest percentage of children in non-family settings. The funds will remain available through FY2022. [P.L. 115-123 §50751]
Effective as if Enacted January 1, 2018	The Court Improvement Program (CIP) in Title IV-B, Subpart 2, will need to include training for judges, attorneys and other legal personnel in child welfare about the new changes made to federal policy and reimbursement for children placed in settings that are not foster family homes. [P.L. 115-123 §50741(c)] States will need to establish as part of their health care services oversight and coordination plan **procedures and protocols to ensure that children in foster care are not being inappropriately diagnosed** with mental illnesses, disorders or disabilities that may result in the child not being placed with a foster family home. [P.L. 115-123 §50743] States will need to collect and **report data on children in child-care institutions** or other settings that are not foster family homes. [P.L. 115-123 §50744] The **Title IV-E adoption assistance income eligibility requirements for children under age 2 will be reinstated until June 30, 2024**. In the interim, children with special needs under 2 years of age will continue to be eligible for Title IV-E adoption assistance if they meet the existing Title IV-E eligibility requirements or are eligible for state-funded adoption assistance payments. [P.L. 115-123 §50781]
No later than October 1, 2018	**HHS will release guidance on the practice criteria required for the prevention services or programs**, and a pre-approved list of services and

	programs that meet the requirements of promising, supported, or well-supported practices. This guidance will be updated as often as necessary. [P.L. 115-123 §50711] HHS will identify reputable **model licensing standards** for foster family homes. States will need to review how their standards compare to these standards and submit in their five-year Title IV-E Prevention Program Plans (five-year plans) to HHS why they are different by April 1, 2019. [P.L. 115-123 §50731]
On October 1, 2018	States can get Title IV-E reimbursement for up to 12 months for a **child who has been placed with a parent in a licensed residential family-based treatment facility for substance abuse**, regardless of whether the child meets the Aid to Families with Dependent Children (AFDC) income-eligibility requirement for Title IV-E. [P.L. 115-123 §50712] States can start receiving Title IV-E reimbursement for 50 percent of the State's expenditures on **Kinship Navigator Programs** that meet the evidence-base requirements of promising, supported, or well-supported practices, without regard to whether those services were accessed on behalf of children who meet the AFDC income-eligibility requirements for Title IV-E. [P.L. 115-123 §50713] The **15-month time limit will be eliminated in the renamed "Time-Limited Family Reunification Services"** program in Title IV-B. There will no longer be a time limit on reunification services for a child in foster care preparing to return home, and a child returning home will now have access to 15-months of family reunification services beginning on the date the child returns home. [P.L. 115-123 §50721] The standards and grant amount for **Regional Partnership Grants** (RPGs) will be amended, including updates to the program that specifically address the opioid and heroin epidemic and updates the grant amount. RPGs are also extended for an additional five years (FY2017 – FY2021). [P.L. 115-123 §50723] States will be required to document in their five-year plans for Title IV-B Child Welfare Services the steps they are taking to **track and prevent child maltreatment fatalities**. [P.L. 115-123 §50732] States are required to have procedures for criminal records checks and checks of child abuse and neglect registries to be carried out on any adult

	working in non-family settings where foster children are placed. [P.L. 115-123 §50745]
2019	
No later than April 1, 2019	**States will need to submit in their five-year plans to HHS how their licensing standards are in accordance with the HHS's model standards**, and if not, why they deviate and a description of why that model standard is not appropriate for the State, whether and why they waive licensing standards for relative foster family homes and which ones, how the State trains caseworkers on the relative licensing waiver authority, and improvements the State is making in this area. [P.L. 115-123 §50731]
No later than October 1, 2019	HHS will submit to the House Ways and Means and Senate Finance Committees a **report on the National Youth in Transition Database** and any other databases in which States report outcome measures relating to children in foster care and children who have aged out of foster care or left foster care for kinship guardianship or adoption. [P.L. 115-123 §50753]
On October 1, 2019	Beginning October 1, 2019 (FY2020), **States, Tribes and U.S. Territories will have the option to use Title IV-E funds, at a federal financial participation (FFP) rate of 50 percent, for evidence-based prevention services and programs that are promising, supported, or well-supported.** States will be allowed to use Title IV-E funds for training and the administrative costs associated with developing the necessary processes and procedures for these services (including expenditures for data collection and reporting), based on a 50 percent reimbursement rate. These service, training and administrative costs are "delinked" from the AFDC income eligibility requirement for Title IV-E. [P.L. 115-123 §50711] **New restrictions on Title IV-E Foster Care Maintenance Payments** for children not placed in (1) foster family homes, (2) Qualified Residential Treatment Programs, (3) settings for pregnant or parenting youth in foster care, (4) independent living settings for youth age 18 and older, or (5) 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. The non-family settings will be ineligible for federally-reimbursed maintenance payments, but may receive Title IV-E administrative reimbursement. [P.L. 115-123 §50741] **States have the option delay the effective date for up to two years; however, any State that does so must also postpone seeking Title IV-E prevention investments for the same period of time.**

	States will need to include in their five-year plans a certification assuring that the **State will not enact or advance policies or practices that will result in a significant increase in number of youth in the juvenile justice system** because of the new restrictions on federal reimbursement for children not placed in a foster family home. [P.L. 115-123 §50741(d)]
2020	
No later than January 1, 2020	HHS must submit to Congress a report on the results of the **evaluation of state procedures and protocols to prevent inappropriate diagnoses of mental illness or other disorders** resulting in the placement of children in non-family settings, including their effectiveness and best practices. [P.L. 115-123 §50743]
No later than the ate that is 24 months after enactment	HHS will issue a **proposed rule on data exchange standards for improved interoperability** that identifies federally required data exchanges, includes specification and timing of exchanges, addresses factors used to determine whether and when to standardize data exchanges, and specifies state implementation options and future milestones. [P.L. 115-123 §50771]
2021	
Beginning in FY2021	**HHS will establish national prevention services measures**, based on the data reported by the States, on certain indicators to measure the impact of and expenditures for the prevention services. This will be repeated annually thereafter, and reports on the state data made public. [P.L. 115-123 §50711]
On October 1, 2021	**New restrictions on Title IV-E Foster Care Maintenance Payments** for children not placed in (1) foster family homes, (2) Qualified Residential Treatment Programs, (3) settings for pregnant or parenting youth in foster care, (4) independent living settings for youth age 18 and older, or (5) 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. The non-family settings will be ineligible for federally-reimbursed maintenance payments, but may receive Title IV-E administrative reimbursement. [P.L. 115-123 §50741] **States that took the option to delay the effective date of the restrictions on the Title IV-E Foster Care Maintenance Payments are prohibited from seeking Title IV-E prevention investments for the same period of time. States that take the prevention option to use Title IV-E funds for promising, supported, or well-supported prevention services and**

	programs will be reimbursed at a FFP rate of 50 percent. States will be allowed to use Title IV-E funds for training and the administrative costs associated with developing the necessary processes and procedures for these services (including expenditures for data collection and reporting) based on a 50 percent reimbursement rate. These service, training and administrative costs are "delinked" from the AFDC income eligibility requirement for Title IV-E. [P.L. 115-123 §50711] At least 50 percent of the total expenditures by the State for the Title IV-E Prevention Program must be for services that meet the "supported" or "well-supported" evidence-based practice criteria. Tribal Title IV-E agencies do not have to meet this requirement. [P.L. 116-94]
2023	
On October 1, 2023	At least 50 percent of the total expenditures by the State for the Title IV-E Prevention Program must be for services that meet the "well-supported" evidence-based practice criteria. Tribal Title IV-E agencies do not have to meet this requirement. [P.L. 116-94]
2025	
No later than December 31, 2025	GAO will submit to Congress a **study evaluating the impact on the juvenile justice system** resulting from the new restrictions on federal reimbursement for children not placed in a foster family home. [P.L. 115-123 §50741(d)]
2026	
Beginning after September 30, 2026	**States, Tribes and U.S. Territories will be reimbursed at the Federal Medical Assistance Percentage (FMAP) for evidence-based prevention services and programs that are promising, supported, or well-supported.** For States, at least 50 percent of expenditures reimbursed by federal funds must be prevention services and programs that meet the requirements for well-supported practices. States will be allowed to use Title IV-E funds for training and the administrative costs associated with developing the necessary processes and procedures for these services (including expenditures for data collection and reporting), based on a 50 percent reimbursement rate. These service, training and administrative costs are "delinked" from the AFDC income eligibility requirement for Title IV-E. [P.L. 115-123 §50711]
2027	

No later than October 1, 2027	**States will need to use an electronic interstate case-processing system** for exchanging data and documents to help expedite the interstate placement of children in foster care, adoption or guardianship. U.S. Territories, Indian Tribes, Tribal Organizations and Tribal Consortia are exempt from this requirement. [P.L. 115-123 §50722]

B. GLOSSARY

Adam Walsh Child Protection and Safety Act
Enacted in 2006, the Adam Walsh Child Protection and Safety Act, or Adam Walsh Act, is the federal statute that requires criminal background checks, including fingerprint-based checks of national crime information databases, on foster and adoptive parent applicants and child abuse registry checks on foster parent applicants and adult household members.

Adoption and Foster Care Analysis and Reporting System (AFCARS)
The Adoption and Foster Care Analysis and Reporting System, also known as AFCARS, is a database of child-level data from Title IV-E agencies, which collects case information on every child in foster care or adopted from the child welfare system. Title IV-E agencies report this data twice per year, including demographic data on children and their foster or adoptive parents, as well as specific data about the child's case and placement history.

Adoption and Safe Families Act (ASFA)
The Adoption and Safe Families Act (ASFA), enacted in 1997, was a significant child welfare reform bill aimed at enhancing safety, permanence and well-being for children at risk of entering or in the child welfare system. The law established expedited timelines for moving children into permanent homes, either by safely returning them home or by terminating parental rights and moving children into adoptive or other permanent placements, including guardianship or placement with a fit and willing relative. It also required that a child's safety be the paramount consideration in any decision a State makes regarding a child in the system. In addition, it reauthorized the Family Preservation and Support Services Program to expand its focus on adoption and changed its name to the Promoting Safe and Stable Families Program (Its name has since been changed to the MaryLee Allen Promoting Safe and Stable Families Program).

Aid to Families with Dependent Children (AFDC)
The Aid to Families with Dependent Children (AFDC) program was the federal-state cash assistance program that replaced by the Temporary Assistance for Needy Families (TANF) block grant in 1996 as part of welfare reform. Although foster care was removed from the welfare program decades ago, and AFDC has been dismantled, a child today is only eligible for Title IV-E foster care support if the family from which the child is removed would have been eligible for AFDC in 1996 – this is known as the AFDC "lookback." This income standard has also not been adjusted for inflation, resulting in fewer children eligible for federal foster care support each year. Family First removes this income eligibility standard for Title IV-E prevention services as well as Foster Care Maintenance Payments for children in foster care who are placed with a parent in a licensed family-based residential treatment setting.

Alternative Benefit Plan (ABP)
As an alternative to traditional Medicaid benefits, States have the option to provide alternative benefits specifically tailored to meet the needs of certain Medicaid population groups, target residents in certain areas of the State, or provide services through specific delivery systems

instead of following the traditional Medicaid benefit plan. States must still provide access to the ten essential health benefits required under the Affordable Care Act, as well as federally qualified health center services and the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services for children under 21.

Annual Progress and Services Report (APSR)
Child welfare agencies receiving Title IV-B funding must submit annual progress reports, which address the progress made in the prior year toward their Child and Family Services Plan and plans for the following year.

Another Planned Permanent Living Arrangement (APPLA)
Federal law provides multiple permanency options for children and youth in foster care, including "another planned permanent living arrangement" (also known as APPLA), which was added to Title IV-E in 1997 to replace "long-term foster care." It was intended to be a permanency option for children for whom the other permanency options were not in their best interest, and although it replaced "long-term foster care," in reality it allowed many young people in foster care to stay there for too long. In 2015, the Preventing Sex Trafficking and Strengthening Families Act included provisions aimed at improving APPLA as a permanency option for children by prohibiting its use for children under age 16 and adding additional case plan and case review requirements for older youth with a permanency goal of APPLA.

California Evidence-Based Clearinghouse for Child Welfare (California Clearinghouse)
The California Evidence-Based Clearinghouse for Child Welfare rates services and programs to determine their evidence base and maintains a registry of evidence-based practices relevant to child welfare that have empirical research to support their efficacy. The evidence-based standards for the Title IV-E Prevention Services Clearinghouse were modeled from the standards developed by the California Clearinghouse, though they differ somewhat in the areas of peer review and standards for study design.

Comprehensive Child Welfare Information System (CCWIS)
A Comprehensive Child Welfare Information System (CCWIS) is a case management information system that state and tribal Title IV-E agencies may develop to manage data requirements for their child welfare program. The federal government will provide funds to help Title IV-E agencies pay for a CCWIS program should the agency elect to build one, provided that the system meets certain standards related to data automation and quality.

Centers for Medicare and Medicaid Services (CMS)
The Centers for Medicare and Medicaid Services (CMS) is the federal agency that administers Medicare and, in collaboration with the States, Medicaid and the Children's Health Insurance Program (CHIP).

Chafee Program for Successful Transition to Adulthood (Chafee)
The John H. Chafee Program for Successful Transition to Adulthood, or simply the Chafee program (previously known as the John H. Chafee Foster Care Independence Program),

provides funds to States and Tribes aimed at helping current and former foster youth transition successfully to adulthood. It has three components: (1) independent living services to aid in the transition to self-sufficiency for youth who are "likely to remain in foster care until the age of 18," youth who leave foster care at 18 or older, and youth who were adopted or entered legal guardianship from foster care after attaining age 16; (2) assistance with "room and board" for those who exited foster care because they turned 18 but who have not yet turned 21 or 23 in States that have extended foster care to age 21; and (3) educational and training vouchers for youth otherwise eligible for services under that State's Chafee program, including those who were adopted or entered kinship guardianship from foster care after attaining age 16.

Child Abuse Prevention and Treatment Act (CAPTA)
The Child Abuse Prevention and Treatment Act (CAPTA) provides federal funding and guidance to States in support of prevention, assessment, investigation, prosecution and treatment activities and also provides grants to public agencies and nonprofit organizations, including Indian Tribes and Tribal Organizations, for demonstration programs and projects. Additionally, CAPTA identifies the federal role in supporting research, evaluation, technical assistance and data collection activities and sets forth a federal definition of child abuse and neglect.

Child and Family Services Plan (CFSP)
The Child and Family Services Plan (CFSP) is a five-year strategic plan submitted by Title IV-E agencies receiving Title IV-B funding, that details agencies goals and objectives to advance the State's or Tribe's overall child welfare system. Agencies receiving Title IV-B funding must submit Annual Progress and Services Reports (APSRs) to detail their efforts to meet the goals in the CFSP over the prior year and plans for the next year.

Child Care Institution (CCI)
Defined in section 472(c) of the Social Security Act, a child-care institution is "a private child-care institution, or a public child-care institution which accommodates no more than twenty-five children, which is licensed by the State in which it is situated or has been approved, by the agency of such State responsible for licensing or approval of institutions of this type, as meeting the standards established for such licensing, except, in the case of a child who has attained 18 years of age, the term shall include a supervised setting in which the individual is living independently, in accordance with such conditions as the Secretary shall establish in regulations, but the term shall not include detention facilities, forestry camps, training schools, or any other facility operated primarily for the detention of children who are determined to be delinquent."

Commercial Sexual Exploitation of Children (CSEC)
Commercial Sexual Exploitation of Children is a blanket term for any transaction in which money, goods or services are exchanged for the sexual abuse of children. This can include sex trafficking as well as sexual exploitation without a trafficker, such as child pornography, survival sex or performance in strip clubs. Youth involved in the child welfare system are particularly vulnerable to commercial sexual exploitation.

Congressional Budget Office (CBO)
The Congressional Budget Office (CBO) is a nonpartisan organization required by Congress to prepare annual budgets and economic outlooks for the country, estimates of the fiscal impact of the President's proposed budget, and estimates of legislative proposals introduced in Congress.

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)
The Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) program is the piece of Medicaid that governs the broad array of child health prevention and treatment services that States must cover for children under the age of 21 who are enrolled in Medicaid. A comprehensive approach to medical, dental and mental health care, EPSDT is focused on prevention, early detection and early intervention.

Education and Training Vouchers (ETV) Program
Education and Training Vouchers (ETVs) provide up to $5,000 annually for Chafee-eligible youth for costs related to post-secondary education and training. ETVs can be used for the "cost of attendance" (including tuition, fees, books, room and board, supplies, and other items) at an "institution of higher education" (including public or private, nonprofit two- and four-year colleges and universities, as well as proprietary or for-profit schools offering technical training programs, among others). The previous age limit for ETV was age 23, but Family First gave States and Tribes the option to extend the age limit up to 26, with the condition that in no event may a youth participate in ETVs for more than a total of five years.

Essential Health Benefit (EHB)
The set of ten categories of services that are required to be covered by insurance plans under the Affordable Care Act are referred to as Essential Health Benefits (EHBs). All plans must include: (1) ambulatory patient services; (2) emergency services; (3) hospitalization; (4) pregnancy, maternity, and newborn care; (5) mental health and substance use disorder services, including behavioral health treatment; (6) prescription drugs; (7) rehabilitative and habilitative services and devices; (8) laboratory services; (9) preventive and wellness services and chronic disease management; and (10) pediatric services, including oral and vision care. Additionally, plans must include birth control coverage and breastfeeding coverage.

Family Connection Grants
The Family Connection Grant program was a discretionary grant program established by the Fostering Connections to Success and Increasing Adoptions Act of 2008 aimed at supporting the connection between family members and children/youth who are in, or at risk of entering, foster care. These were the first source of federal funding for Kinship Navigator Programs.

Family Foster Care
In family foster care, children live with relative or nonrelative adults who have been approved by the Title IV-E agency to provide them with shelter and care.

Family Reunification Services
The category of services funded by the Title IV-B, Subpart 2 MaryLee Allen Promoting Safe

and Stable Families Program that are provided to or on behalf of a child who is removed from their home and placed in a foster care setting, in order to facilitate the safe and timely reunification of the child with their family. These may include counseling, substance abuse treatment services, mental health services, temporary child care, and therapeutic services for families which includes crisis nurseries, as well as services that facilitate visitation of children in care by parents and siblings and transportation to services. Prior to Family First, these services were known as "Time-Limited Family Reunification Services."

Federal Financial Participation (FFP)
The percentage of a State's expenditures for a program that are paid for by the federal government.

Federal Fiscal Year (FFY or FY)
The accounting period of the federal government is the federal fiscal year. It begins on October 1 of each year and runs through September 30 of the next year. Each fiscal year is identified by the calendar year in which it ends. A State's fiscal year may or may not coincide with the federal fiscal year; it may coincide with the calendar year or run from July 1 of the year to June 30 of the next year.

Federal Medical Assistance Percentage (FMAP)
The Federal Medical Assistance Percentage (FMAP) is used in determining the amount of federal matching funds for each State's expenditures for assistance payments for the Medicaid program, the Children's Health Insurance Program and certain social services, including the Title IV-E Foster Care and Adoption Assistance programs. The Social Security Act requires the Secretary of the U.S. Department of Health and Human Services to calculate and publish each State's FMAP each year. The formula is designed so that the federal government pays a larger portion of costs in States with lower per capita incomes relative to the national average, and vice versa for States with higher per capita incomes.

Federal Poverty Level (FPL)
The Federal Poverty Level (FPL) is a measure of income issued every year by the U.S. Department of Health and Human Services. Eligibility for certain programs and benefits, including savings on Marketplace health insurance, and Medicaid and CHIP coverage are determined based on a percentage of the federal poverty level. In 2019, the FPL income for a family of four was $25,750.

Fictive Kin
An adult with whom the child has a family-like relationship, such as a tribal kin, godparent or close family friend, who provides full-time care and nurturing to a child when their parent is not able to provide care.

Foster Care Licensing Standards
Each Title IV-E agency has licensing standards to ensure children are cared for in physically and developmentally safe foster family homes, group homes, and child-care institutions. The U.S. Department of Health and Human Services has interpreted federal law to require that, for

purposes of federal reimbursement, the same licensing standards must be applied to all foster parents, related or not. However, federal law authorizes Title IV-E agencies to waive non-safety licensing standards for relatives on a case by case basis. The Title IV-E agency determines which of its standards are non-safety related.

Foster Care Maintenance Payments (FCMP)
Payments to caregivers intended to cover the cost associated with caring for children in the child welfare system. Under Title IV-E, these payments include those to "cover the cost of (and the cost of providing) food, clothing, shelter, daily supervision, school supplies, a child's personal incidentals, liability insurance with respect to a child and reasonable travel to the child's home for visitation and reasonable travel for the child to remain in the school in which the child is enrolled at the time of placement." For Title IV-E eligible children, the payment is made up of state and federal funds. For children not eligible for Title IV-E, the payment is made up of state and local funds. FCMPs are provided at a flat monthly rate.

Fostering Connections to Success and Increasing Adoptions Act of 2008 (Fostering Connections)
The Fostering Connections to Success and Increasing Adoptions Act of 2008, usually referred to simply as "Fostering Connections," is a large child welfare reform bill designed to ensure greater permanence and improve the well-being of children in foster care. It amended Title IV-B and Title IV-E of the Social Security Act to connect and support kinship caregivers, improve outcomes for children in foster care, provide for tribal foster care and adoption access, improve incentives for adoption and provide for educational stability. Additionally, Fostering Connections created the pathway to extend federal support for youth in child welfare to age 21 if States and Tribes choose to participate.

Health & Human Services (HHS), U.S. Department of
The U.S. Department of Health and Human Services (HHS) is a federal cabinet-level department within the Executive Branch that is the United States' principal governmental agency for protecting the health of all Americans and providing essential human services across the country, especially for those who are least able to help themselves.

- **Administration on Children & Families (ACF)**
  Within HHS, ACF is responsible for federal programs that promote the economic and social well-being of families, children, individuals and communities. Programs under ACF's purview include adoption and foster care; child abuse and neglect; child care; child support; disabilities; energy assistance; Head Start; Healthy Marriage Initiative; Human Trafficking; Native American/Tribal supports; and the Temporary Assistance for Needy Families Program.

- **Children's Bureau**
  One of two bureaus within the Administration on Children & Families (ACF), the Children's Bureau works with state and local agencies to develop programs that focus on

preventing the abuse of children, protecting children from abuse, and promoting permanent families for children.

Health Insurance Portability and Accountability Act of 1996 (HIPAA)
HIPAA (Health Insurance Portability and Accountability Act of 1996) is a federal law that provides confidentiality provisions for safeguarding medical information. It provides certain requirements for data security in the transfer of sensitive medical information to caregivers and between agencies.

Institution for Mental Disease (IMD)
A facility for inpatient or residential care with over 16 beds that specialize in psychiatric care. As part of the push to reduce large-scale institutionalization of individuals with mental health conditions and substance use disorders, these facilities are barred from receiving Medicaid financing for patient care.

- **IMD Exclusion**
  Designed to reduce large-scale institutionalization of individuals with mental health conditions and substance use disorders in the mid-20th century, the Institution for Mental Disease (IMD) exclusion precludes Medicaid financing of care for inpatient or residential facilities with over 16 beds that specialize in psychiatric care. CMS uses a variety of additional factors to determine if a facility is an IMD, including licensure and accreditation, being under the jurisdiction of a State's mental health or substance use treatment agency, and specializing in psychiatric services. Beginning in 1972, CMS allows payment to psychiatric hospitals, psychiatric units in hospitals, or specially designated psychiatric facilities for children through age 21. This often takes the form of care in psychiatric residential treatment facilities (PRTFs), which are designed to serve as short-term intensive treatment settings to facilitate a child's return to family or move to a less restrictive treatment setting.

Indian Child Protection and Family Violence Prevention Act
The Indian Child Protection and Family Violence Prevention Act of 1990 mandated greater coordination between law enforcement and child protection agencies serving Native children on tribal lands, improved reporting standards before and during investigations of alleged child abuse and neglect involving Native children on tribal lands, required criminal background checks for the Bureau of Indian Affairs, Indian Health Services, and tribal employees with contact or control over Native children, and authorized grant programs to address child abuse and domestic violence prevention and treatment for victims, including the establishment of regional child abuse resource centers for Indian Country. The grant programs were, and still are today, the only tribal-specific prevention and treatment program funds for Native children who are at risk of being abused or have been abused.

Indian Child Welfare Act (ICWA)
The Indian Child Welfare Act was enacted in 1978 "to protect the best interests of Indian children and to promote the stability and security of Indian Tribes and families." Studies

revealed that 25 to 35 percent of Native children were being separated from their parents, extended families, and communities by state child welfare and private adoption agencies even when fit and willing relatives were available. ICWA sets federal requirements that apply to state child custody proceedings involving a Native child who is a member of or eligible for membership in a federally recognized Tribe. Among its added protections for Native children, ICWA requires caseworkers to make several considerations when handling an ICWA case, including (1) providing active efforts to the family; (2) identifying a placement that fits under the ICWA preference provisions; (3) notifying the child's Tribe and the child's parents of the child custody proceeding; and (4) working actively to involve the child's Tribe and the child's parents in the proceedings.

Innocence Lost National Initiative
Created in 2003, Innocence Lost is a national initiative that targets the criminal enterprises involved in the commercial sexual exploitation of children. Innocence Lost was developed by the FBI's Violent Crimes against Children division in collaboration with the Department of Justice's Child Exploitation and Obscenity Section and the National Center for Missing and Exploited Children. Since 2003, the initiative has recovered more than 2,300 children who had been victims of commercial sexual exploitation.

Interstate Compact on the Placement of Children (ICPC)
The Interstate Compact on the Placement of Children (ICPC) is an agreement between all 50 States, the District of Columbia and the U.S. Virgin Islands that provides protections and support services for children in the child welfare system when they are being placed across state lines and clarifies which State maintains jurisdiction over the child's case. A ten-step process requiring offices in both States and the local social services agency must be completed to complete the requirements of the ICPC, including a court order, case plan, medical plan and more.

John H. Chafee Foster Care Independence Program
See Chafee Program for Successful Transition to Adulthood.

Kin/Relative
"Kin" and "relative" are used interchangeably in this document. The term relative is often used with respect to foster care licensing standards, but it does not mean that it should be considered a narrower group of individuals than "kin." Title IV-E agencies have discretion to define all these terms as broadly as they wish.

Kinship Caregivers
A kinship caregiver is a grandparent, other adult relative or fictive kin who provides full-time care and nurturing to a child when their parent is not able to provide care. While many children are being cared for by kinship caregivers as formal child welfare placements, many other kinship caregivers provide care to children outside the formal child welfare system.

Kinship Families
Kinship families are families made up of children and their kinship caregivers.

Kinship Navigator Program
Programs that assist kinship caregivers in learning about, finding, and accessing supports and services to meet the needs of the children they are raising and their own needs, and that promote effective partnerships among public and private agencies and organizations to ensure kinship families are served.

Managed Care/Managed Care Organizations (MCOs)
Managed Care is a health care delivery system organized to manage the cost and utilization of health services. Under Medicaid Managed Care, Medicaid health benefits and additional services are delivered through contracted arrangements between state Medicaid agencies and managed care organizations that accept a set per member per month (capitation) payment for these services. This differs from fee-for-service Medicaid, which pays for services that providers charge. While MCOs must provide all benefits offered under the state plan, they can establish their own provider network qualifications, contract terms, and payment rates (within parameters required by the terms of the contract with the State).

MaryLee Allen Promoting Safe and Stable Families Program
See Title IV-B – Child Welfare Services Program

Medicaid
The federal Medicaid program provides financial assistance to States for payments of medical assistance on behalf of cash assistance recipients, children, pregnant women, the aged who meet income and resource requirements, and other categorically-eligible groups including children who are eligible for the Title IV-E Foster Care, Adoption Assistance and Guardianship Assistance programs. In certain States that elect to provide such coverage, medically-needy persons who, except for income and resources, would be eligible for cash assistance, may be eligible for medical assistance payments under this program.

National Association for Regulatory Administration (NARA)
The National Association for Regulatory Administration (NARA) is an international non-profit professional association representing human care licensing. NARA worked with the Annie E. Casey Foundation, Generations United and the ABA Center on Children and the Law to conduct extensive research and create a set of comprehensive Model Foster Family Home Licensing Standards, known as the NARA model. The Children's Bureau has acknowledged that it "relied heavily" on the NARA model when producing its national model licensing standards.

National Child Abuse and Neglect Data System (NCANDS)
Created in 1988, the National Child Abuse and Neglect Data System (NCANDS) is a voluntary data collection system that gathers information from all 50 States, the District of Columbia, and Puerto Rico about reports of child abuse and neglect. The data are used to examine trends in

child abuse and neglect across the country, and key findings are published in the Children's Bureau's Child Welfare Outcomes Reports to Congress and annual *Child Maltreatment* reports.

National Youth in Transition Database (NYTD)
The National Youth in Transition Database (NYTD) collects information on youth in foster care, including sex, race, ethnicity, date of birth, and foster care status. It also collects information about the outcomes of those youth who have aged out of foster care. NYTD is also meant to track independent living services that States provide to transition-age youth and to develop outcome measures that can be used to assess a State's performance in operating independent living programs. States began collecting data in 2010, and the first data set was submitted to HHS in 2011.

Non-Family Settings
Commonly referred to as congregate care or group care, a non-family setting is any placement for a child that is in a licensed institutional facility instead of a foster or kinship family.

Psychiatric Residential Treatment Facilities (PRTF)
A psychiatric residential treatment facility (PRTF) is an accredited non-hospital facility with a provider agreement that provide intensive inpatient psychiatric services benefits to Medicaid-eligible youth under the age of 21. The goal of a PRTF is to serve as a short-term intensive treatment setting to facilitate a child's return to family or move to a less restrictive treatment setting. PRTF services must be provided under the direction of a physician and are only meant to be used if other forms of treatment have not worked or if the child would not be safe in an alternative therapeutic setting or a family.

Qualified Residential Treatment Program (QRTP)
A Qualified Residential Treatment Program (QRTP) is a non-family setting under Family First that is intended to try to ensure quality care for children with a serious emotional or behavioral disorder or disturbance. For a setting to be designated a QRTP, it must be licensed and accredited, use a trauma-informed treatment model, engage a family and permanency team, and have registered or licensed nursing and licensed clinical staff on-site and available 24/7 in accordance with a QRTP's trauma-informed treatment model. A QRTP must also provide six months of family-based post-discharge services. To be eligible for Title IV-E foster care maintenance payments, a Title IV-E eligible child must receive an assessment from a qualified individual within 30 days of placement and within 60 days of placement a court must approve the child's placement in a QRTP. In addition, review of whether this setting remains appropriate for a particular child will be part of their ongoing permanency hearings.

Social Services Block Grant (SSBG)
The Social Services Block Grant (SSBG) is a flexible funding source that allows States and Territories to tailor social service programming to their population's needs. Through the SSBG, States provide essential social services that help achieve a myriad of goals to reduce dependency and promote self-sufficiency; protect children and adults from neglect, abuse and exploitation;

and help individuals who are unable to take care of themselves to stay in their homes or to find the best institutional arrangements.

Substance Abuse Prevention and Treatment Block Grant (SAPTBG)
The SAPTBG is a flexible funding source that provides funds to all 50 States, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, six Pacific jurisdictions and one Tribe to plan, implement and evaluate services and programs that prevent and treat substance abuse. No less than 20 percent of SAPTBG funds must be spent on primary prevention of substance abuse.

Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act (SUPPORT for Patients and Communities Act)
The SUPPORT Act is a federal law that improves the delivery of treatment for opioid addiction while increasing penalties for use of illicit drugs. It identifies Title IV-E as the payer of last resort for Title IV-E prevention services and programs and provides an option for States to repeal the IMD exclusion for five years (FY2019-2023).

Supervised Independent Living (SIL)
Supervised Independent Living settings are voluntary placements where young adults live on their own, while still receiving case management and support services to help them transition into independence and self-sufficiency.

Temporary Assistance for Needy Families Program (TANF)
The Temporary Assistance for Needy Families Program (TANF) provides grants to States, Territories, the District of Columbia and federally recognized Indian Tribes operating their own tribal TANF programs to assist needy families with children so that children can be cared for in their own homes; reduce dependency by promoting job preparation, work, and marriage; reduce and prevent out-of-wedlock pregnancies; and encourage the formation and maintenance of two-parent families.

Title IV-E Agency
State agencies that are mandated to respond to reports of child abuse and neglect and to intervene as needed to protect children. Typically, they provide a range of child welfare services for children and families, including family preservation, child protection, out-of-home care, kinship care, and adoption. For links to child welfare agencies in each State, see: http://www.childwelfare.gov/pubs/reslist/rl_dsp_website.cfm?rs_ID=16&rate_chno=AZ-0004E

Title IV-B – Child Welfare Services Program

- **Stephanie Tubbs Jones Child Welfare Services Program (Subpart 1)**
  Promotes State flexibility in the development and expansion of a coordinated child and family services program that utilizes community-based agencies and ensures all children are raised in safe, loving families. Funds may be used for the following purposes: (1) protecting and promoting the welfare of all children; (2) preventing the abuse, neglect, or exploitation of children; (3) supporting at-risk families through services that allow

children to remain with their families or return to their families in a timely manner; (4) promoting the safety, permanence, and well-being of children in foster care and adoptive families; and (5) providing training, professional development, and support to ensure a well-qualified workforce.

- **MaryLee Allen Promoting Safe and Stable Families Program (Subpart 2)**
  Funds family preservation services that assist families at risk or in crisis; community-based family support services that promote the safety and well-being of children and families to afford children a safe, stable and supportive family environment, to strengthen parental relationships and promote healthy marriages, and otherwise to enhance child development; family reunification services to facilitate the reunification of the child safely and appropriately within a timely fashion; and adoption promotion and support services designed to encourage more adoptions out of the foster care system, when adoption promotes the best interests of the child. Funds also are reserved for research, evaluation and technical assistance, which may be awarded competitively through contracts or discretionary grants.

Title IV-B Court Improvement Program (CIP)
Under the Court Improvement Program (CIP), the highest court in any State or Tribe operating a Title IV-E program is entitled to an allotment of formula grant funding to make improvements in their handling of child welfare-related proceedings. These grants are provided for three kinds of court improvement purposes: (1) to assess and improve handling of child abuse and neglect proceedings; (2) to train judges and legal personnel and attorneys in handling of child welfare cases; and (3) to improve the timeliness of court decisions regarding the safety, permanence, and well-being of children (through collection and analysis of relevant data).

Title IV-E Adoption Assistance
The Title IV-E Adoption Assistance Program provides federal funding to States for adoption subsidy costs for the adoption of eligible children with special needs who meet certain eligibility tests; administrative costs to manage the program; and training for the public agency staff, adoptive parents, and certain private agency staff.

Title IV-E Foster Care
The Title IV-E Foster Care program provides federal funding to help Title IV-E agencies provide safe and stable out-of-home care for children under the jurisdiction of the Title IV-E agency until the children are returned home safely, placed with adoptive families, or placed in other planned arrangements for permanency. The program provides funds to States to assist with the costs of foster care maintenance for eligible children, administrative management of the program, and training for foster parents and the public and private agency staff.

Title IV-E Prevention Services Clearinghouse
The Title IV- E Prevention Services Clearinghouse was established by the Administration for Children and Families to conduct objective and transparent reviews of research on services and programs intended to provide enhanced support to children and families and prevent foster care

placements. The Clearinghouse rates services and programs as well-supported, supported, promising, or does not currently meet criteria, based on whether they meet the evidentiary standards outlined in Family First.

Title IV-E Training
Title IV-E provides federal funding to States to assist with training for public and private agency staff, court staff, attorneys, court appointed special advocates, and guardians ad litem, and foster and adoptive parents and relative caregivers.

Trauma-Informed Care/Practice
A child welfare practice that realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; responds by fully integrating knowledge about trauma into policies, procedures, and practices; and seeks to actively resist re-traumatization.

Voluntary Placement Agreements
In a voluntary placement agreement, the decision to place a child in temporary foster care is made by a parent, rather than a judge.

C. CONTACTS FOR COLLABORATING ORGANIZATIONS

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