

Summary of the Family First Prevention Services Act of 2016 (H.R. 5456 and S. 3065)

The Family First Prevention Services Act of 2016 (H.R. 5456) was introduced in the U.S. House of Representatives on June 13, 2016. Identical legislation (S. 3065) was introduced in the U.S. Senate on June 16, 2016. The U.S. House of Representatives Committee on Ways and Means held a mark up on this legislation on June 15, 2016 and passed the bill out of committee by unanimous consent. On June 21, 2016, the bill was passed unanimously by voice vote by the U.S. House of Representatives. It is now pending consideration by the U.S. Senate.

This summary document provides information on the legislation as passed by the U.S. House of Representatives.¹ The U.S. Senate is not expected to return to conduct business until September 6, 2016 so no activity to consider this legislation is expected to occur before then.

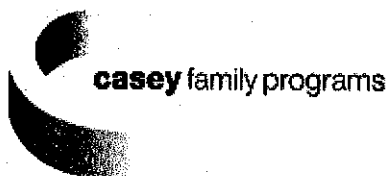
Title I – Investing in Prevention and Family Services (Pages 3-60)

This Title would allow states and tribes that operate direct Title IV-E programs to operate optional prevention services and programs within Title IV-E beginning October 1, 2019. Services, training and administrative costs would be “delinked” from the former Aid to Families with Dependent Children (AFDC) income eligibility requirement. Prevention services and programs would be available to children, their parents and kinship caregivers, and pregnant and parenting teens in foster care. Eligible services would include substance abuse services, mental health services and in-home parenting services.

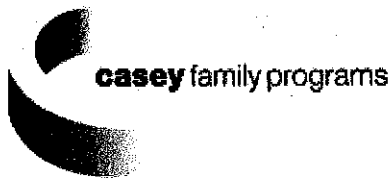
Sec. 111 Prevention Activities under Title IV-E of the Social Security Act (Pages 4-36)

- Would allow states to have the option to use Title IV-E for prevention and family services for children who are candidates for foster care or who are pregnant or parenting foster youth, and the parents or kin caregivers of the children.
- Would allow the following services to be reimbursed through Title IV-E funds through an optional prevention program:
 - Mental health and substance abuse prevention and treatment services provided by a qualified clinician for not more than a 12 month period; and
 - In-home parent skill-based programs that include parenting skills training, parent education, and individual and family counseling for not more than a 12-month period.
- Would define a candidate for foster care as a child who is at imminent risk of entry or re-entry into foster care, but who can remain safely at home or in a kinship placement with receipt of services or programs. Would allow a child in foster care who is pregnant or parenting to also be eligible for services or programs.
- Would not apply an income test as an eligibility requirement for receipt of prevention services.
- Would set the beginning of the 12 month period as the date on which the state determined a child to be a candidate for foster care, or a parenting or pregnant youth in

¹ A two-page high-level overview the legislation is also available from Casey Family Programs. See “Overview of the Family First Prevention Services Act of 2016.”



- foster care is identified by the state in a prevention plan as being in need of services or programs.
- Would require a state choosing to offer prevention services through Title IV-E to meet the following requirements:
 - Would require the state to maintain a written prevention plan for the child and include the foster care prevention strategy, list the services or programs to be provided to or on behalf of the child, and comply with other requirements as the Secretary of the U.S. Department of Health and Human Services (HHS) may establish.
 - In the case of a child who is a pregnant or parenting youth in foster care, the prevention plan must be included in the child's case plan, list the services or programs to be provided to or on behalf of the youth to ensure that the youth is prepared or able to be a parent, describe the foster care prevention strategy for any child born to the youth, and comply with other requirements as the Secretary of HHS may establish.
 - Would require services or programs provided to or on behalf of a child to be trauma-informed.
 - Would require services and programs to be promising, supported, or well-supported, and specifies what is necessary to be considered a promising, supported, or well-supported practice. Also specifies general practice requirements.
 - Would require the Secretary of HHS to issue guidance to States regarding the practices criteria required for services or programs under this section no later than October 1, 2018. Would require the guidance to include a pre-approved list of services and programs that satisfy the requirements.
 - Would require states to collect and report to the Secretary of HHS the following information about each child for whom, or on whose behalf, prevention services under this section are provided during a 12-month period beginning on the date the child is determined to be an eligible candidate. Information required includes:
 - The specific services or programs provided and the total expenditures for each of the services or programs;
 - The duration of the services or programs provided; and
 - In the case of a child who is a candidate for foster care, the child's placement status at the beginning and end of the 12-month period, and whether the child entered foster care within 2 years after being determined to be a candidate for foster care.
 - Would require a state electing to provide prevention and family services and programs under this section to submit as part of the state's Title IV-E plan a prevention services and programs plan component to include the following:
 - How providing services and programs is expected to improve specific outcomes for children and families;
 - How the state will monitor and oversee the safety of children who receive these services and programs, with periodic risk assessments and reexamination of the prevention plan;
 - Information on the specific promising, supported or well-supported practices the state plans to use to provide the services or programs;



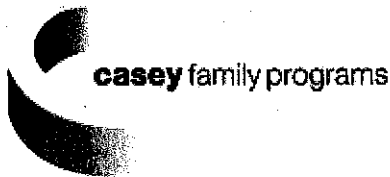
- A description of how the state agency responsible for administering Title IV-E and Title IV-B engages and coordinates with other state agencies responsible for administering health programs, including mental health, substance abuse prevention and treatment services and with other public and private agencies to provide a continuum of care for children and their parents or kin caregivers;
- A description of how the state will assess children and their parents or kin caregivers to determine eligibility for services or programs under this section;
- A description of how the new Title IV-E services or programs that are provided for or on behalf of a child and the parents or kin caregivers of the child will be coordinated with services provided under Title IV-B;
- Descriptions of the steps the state 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 services and programs, develop appropriate prevention plans and conduct risk assessments;
- A description of how the state will provide training and support for caseworkers in assessment, delivery and evaluation of services provided;
- A description of how caseload size and type for prevention caseworkers will be determined, managed and overseen;
- An assurance that the state will report to the Secretary of HHS information and data necessary to determine performance measures.
- Would require a state to include a well-designed and rigorous evaluation strategy for the practices included in its prevention plan in order to receive Title IV-E funds unless the Secretary deems the practice effective.
- Would require the Secretary of HHS, beginning with fiscal year (FY) 2021, to establish the following prevention services measures based on information and data reported by states: the percentage of candidates who do not enter foster care and per-child spending for each service made available to the public. Would require the Secretary of HHS to annually make available to the public the prevention services measures of each state.
- Would require a maintenance of effort (MOE) by states. Would require the state continue spending – outside of the Title IV-E program – no less on “foster care prevention services, and activities” than what it had spent on these services and activities in FY2014 under the Temporary Assistance for Needy Families (TANF) program, the Title IV-B child welfare services programs, the Social Services Block Grant (SSBG) program, and state expenditures for any other state foster care prevention services and activities, not including a Title IV-E waiver. Would require annual reporting requirements to ensure states are complying with the MOE requirement.
- Would clarify that states are eligible for Title IV-E administrative cost reimbursement without regard to whether the expenditures are incurred on behalf of a child who is, or is potentially, eligible for foster care maintenance payments. (Would “delink” Title IV-E administrative costs)
- Would specify that prevention services eligible for reimbursement must be evidence-based, with the federal financial participation (FFP) phased in over time as follows:
 - Beginning October 1, 2019, FFP is 50% of the total cost of providing Title IV-E prevention services and programs



- Beginning October 1, 2025, FFP is the state's Federal Medical Assistance Percentage (FMAP) of the total cost of providing Title IV-E prevention services and programs
 - FFP for tribes is the tribal FMAP unless the tribal FMAP is less than the FMAP of the state. For the District of Columbia, FFP is 70%
- Services eligible for reimbursement must be promising, supported, or well-supported. In every fiscal year, the bill further specifies that 50% of the spending must be for well-supported practices.
- Would allow federal support for program administration and training related to providing the Title IV-E prevention services and programs to be reimbursed at 50% without regard to whether the expenditures are incurred on behalf of a child who is, or is potentially, eligible for foster care maintenance payments ("delink").
- Would require the Secretary of HHS to provide technical assistance regarding the provision of prevention services and programs and disseminate best practices to states and tribes, including how to plan and implement well-designed and rigorous evaluations.
- Would establish a public clearinghouse of promising, supported, and well-supported practices.
- Would require the Secretary of HHS directly or through grants to evaluate research on promising, supported, or well-supported practices, including culturally specific and location or population-based adaptations, and the specific outcomes associated with each practice.
- Would allow the Secretary of HHS to collect data and conduct evaluations with respect to the provision of services and programs described in this section for the purposes of assessing the extent to which the services and programs did the following:
 - Reduced the likelihood of foster care placement;
 - Increased use of kinship care arrangements; or
 - Improved child wellbeing.
- Would require the Secretary of HHS to submit to the Committee on Finance of the U.S. Senate and the Committee on Ways and Means of the U.S. House of Representatives periodic reports based on the provision of services and programs and the activities carried out under this section. Would require the Secretary to make these reports available to the public. Would appropriate \$1 million to the Secretary of HHS for FY2016 and each fiscal year thereafter to carry out this subsection.
- Would allow tribes with direct Title IV-E access to have the same option as states to elect to provide prevention services and programs for children and their parents or kinship caregivers. Would require the performance measures, to the greatest extent practicable, be consistent with the prevention services measures required for states, but shall allow for consideration of factors unique to the provision of services by tribes.

Sec. 112 – Foster Care Maintenance Payments for Children with Parents in a Licensed Residential Family Based Treatment Facility for Substance Abuse (page 36-38)

- Would allow for Title IV-E foster care maintenance payments to be made for a child in foster care who is placed with a parent in a licensed residential family-based treatment facility, under certain circumstances.



- The child would be eligible for a period of not more than 12 months during which the child is placed with a parent who is in a licensed residential family based treatment facility for substance abuse and:
 - The recommendation for the placement is specified in the child's case plan before the placement;
 - The treatment facility provides as part of the treatment for substance abuse parenting skills training, parent education, and individual and family counseling; and
 - The substance abuse treatment, parenting skills training, parent education and individual and family counseling are provided under an organizational structure and treatment framework that involves understanding, recognizing and responding to the effects of all types of trauma and is in accordance with recognized principles of a trauma-informed approach and trauma-specific interventions to address the consequences of trauma and facilitate healing.
- No income test would apply for receipt of these services which would be reimbursed at the state's FMAP rate.

Sec. 113 – IV-E Payments for Evidence-Based Kinship Navigator Programs (Page 38-39)

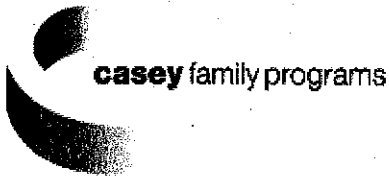
- Would provide an amount equal to 50 percent of the amounts expended by the state during the quarter as the Secretary determines for kinship navigator programs that are operated in accordance with promising, supported or well-supported practices.

Sec. 121 - Elimination of Time Limit for Family Reunification Services while in Foster Care and Permitting Time-Limited Family Reunification Services when a Child Returns Home from Foster Care (pages 39-40).

- Would eliminate the time limit for reunification services provided during a child's placement in foster care and adjust the start of time limits for family reunification services in the Promoting Safe and Stable Families Program to the date of reunification instead of the date of foster care placement.
- Would allow the services and activities to be provided to a family for a 15-month period that begins on the date that the child returns home (is reunified).

Sec. 122 - Reducing Bureaucracy and Unnecessary Delays When Placing Children in Homes across State Lines (page 40-45)

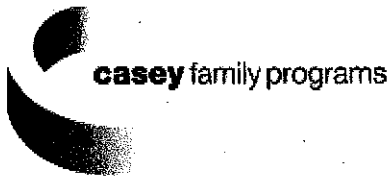
- Would require that states use an electronic interstate case processing system beginning no later than October 1, 2026.
- Would provide \$5 million in grants to states for the development of an electronic interstate case processing system to expedite the interstate placement across state lines of children in foster care, guardianship or adoption. Would require grant funding to remain available through FY2021.
 - The state would be required to submit an application to the Secretary of HHS with a description of:



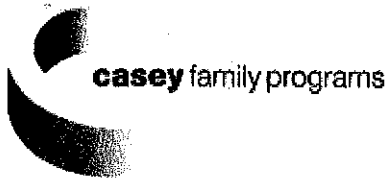
- Goals and outcomes to be achieved during the grant period. The goals must result in
 - A reduction of time for a child to be provided with a safe and appropriate permanent living arrangement across state lines;
 - Improvement of administrative processes and reduction of costs in the foster care system; and
 - The secure exchange of relevant case files and other necessary materials in real time and timely communications and placement decisions regarding interstate placements;
 - Activities to be funded with the grant funds, including the sequencing of events;
 - Strategies for the integration of programs and services for children placed across state lines; and
 - Other information that the Secretary of HHS may require.
- Would require the Secretary of HHS to submit to Congress and make available on a public website a report on:
 - How using the electronic interstate case processing system changed the time it takes for children to be placed across state lines;
 - A state-by-state comparison in each year of the number of cases subject to the Interstate Compact on the Placement of Children (ICPC) that were processed by the electronic case processing system, and those that were processed outside the electronic case processing system;
 - The progress made by states implementing the electronic interstate case processing system;
 - How the 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 system has affected administrative costs and caseworker time spent on placing children across state lines.
- Would require the Secretary, in consultation with the Secretariat for the ICPC and the states, to assess how the electronic interstate case processing system could be used to better serve and protect children that come to the attention of child welfare system by the following:
 - Connecting the system with other data systems;
 - Simplifying and improving reporting regarding children or youth identified as being a sex trafficking victim or missing from foster care; and
 - Improving the ability of states to quickly conduct background checks, including checks of child abuse and neglect registries.

Sec. 123 – Enhancements to Grants to Improve Well-being of Families Affected by Substance Abuse (pages 45-54)

- Would reauthorize Regional Partnerships Grants for FY2017 through FY2021 and would define partnerships as collaborative agreements with mandatory participation of the state child welfare agency and the state agency responsible for administering the substance abuse prevention and treatment block grant (Title XIX-B, Subpart 2).



- Would allow for optional partners to be tribes; non-profit child welfare service providers; for-profit child welfare service providers; community health service providers, including substance abuse treatment providers and community mental health providers; local law enforcement agencies; school personnel; and other service providers.
- Would require the Juvenile Court or Administrative Office of the Courts, as appropriate, to be a mandatory partner in all grants that serve children in out-of-home placements.
- Would allow the following exceptions if the lead grant applicant is an Indian tribe or tribal consortium.
 - Would allow the tribe or tribal consortium to include the state child welfare agency as a partner.
 - Would permit but not require the tribe or tribal consortium to enter into a collaborative agreement only with tribal child welfare agencies.
 - Would allow the tribe or tribal consortium to include tribal court organizations in lieu of other judicial partners.
- Would allow funding per grant per fiscal year to be no less than \$250,000 and not more than \$1 million.
- Would require the grant be disbursed in 2 phases - a planning phase (not to exceed 2 years) and an implementation phase. Total disbursement to a grantee for the planning phase would not exceed \$250,000 and may not exceed the total anticipated funding for the implementation phase.
- Would require that no payment be made to a grantee for the implementation phase until the Secretary of HHS determines that the eligible partnership has made sufficient progress in meeting the goals of the grant and that members of the eligible partnership are coordinating to a reasonable degree with the other members of the eligible partnership.
- Would make changes to the goals and outcomes to be achieved during the funding period for the grant that recognize the well-being of parents and families and promoting reunification and would add the following goals and outcomes:
 - Improve the substance abuse treatment outcomes for parents including retention in treatment and successful completion of treatment, and
 - Facilitate the implementation, delivery, and effectiveness of prevention services and programs under Title IV-E.
- Would require applicants to include a plan for sustaining the services provided by or activities funded under the grant after the conclusion of the grant period, including through the prevention services and programs under Title IV-E and other funds provided to the state for child welfare and substance abuse prevention and treatment services.
- Would require applicants to provide research or evaluations demonstrating effectiveness of proposed activities and implementation under the grant.
- Would allow funds under this grant to include medication assisted treatment and in-home substance abuse disorder treatment and recovery.
- Would require the Secretary of HHS to establish a set of core indicators related to child safety, parental recovery, parenting capacity, and family wellbeing to be used to assess the performance of grant recipients. Core indicators should be consistent with outcome measures in Title IV-E State Plans as much as possible.



- Would require performance measures to be based on lessons learned from prior rounds of regional partnership grants.
- Would require grant recipients to submit every 6 months to the Secretary of HHS a report on the services provided and activities carried out during the reporting period. Would require data on each of the performance indicators annually.

Sec. 131 – Reviewing and Improving Licensing Standards for Placement in a Relative Foster Family Home (Pages 55-56)

- Would require the Secretary of HHS no later than October 1, 2017 to identify reputable model licensing standards with respect to the licensing of family foster homes. Would require states to submit no later than April 1, 2018 (within 6 months):
 - Information addressing which standards they would be using;
 - If they are deviating from the standard to provide reasons why; and
 - How caseworkers would be trained to follow the state standards.

Sec 132 – Development of a Statewide Plan to Prevent Child Abuse and Neglect Fatalities (Page 57)

- Would amend existing law to require states to document steps taken to track and prevent child maltreatment deaths by including the following:
 - A description of the steps the State has taken to compile complete and accurate information required by federal law to be reported by the state, including gathering relevant information on the deaths from the relevant organizations in the state, such as state vital statistics departments, child death review teams, law enforcement agencies, and offices of medical examiners or coroners.
 - A requirement to develop and implement a comprehensive statewide plan to prevent child fatalities that would involve and engage relevant public and private agency partners, including those in public health, law enforcement and the courts.

Sec. 133 – Modernizing the Title and Purpose of Title IV-E (Pages 58)

- Would rename the Title IV-E program to “Federal Payments for Foster Care, Prevention, and Permanency” and to reflect support for kinship guardianship assistance (current law) and prevention services or programs (as outlined in this legislation).

Sec. 134 – Effective Dates (Pages 58-60)

- Would make the amendments offered in this Title (Title I) go into effect on October 1, 2016 (FY2017) with a transition rule that would allow states additional time if state legislation is required and enable the Secretary of HHS to provide tribes time as deemed necessary.

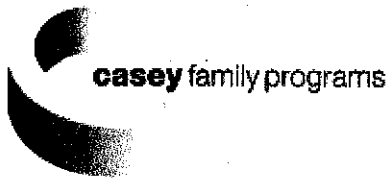


TITLE II – Ensuring the Necessity of a Placement that is not in a Foster Family Home (Pages 60-83)

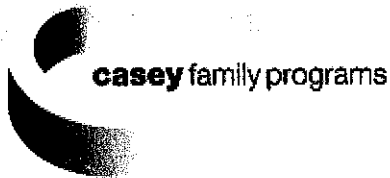
This Title would establish new procedures and protocols to promote placement in foster family settings home settings. It would create new procedures to ensure that placement in non-foster family homes is appropriate and meets the needs of the child. This Title would not place any time limit on placement of children in congregate care.

Sec. 201 – Limitation on Federal Financial Participation for Placements That Are Not in Foster Family Homes (Pages 60-70)

- Would stop Title IV-E foster care maintenance payments for a child in a child care institution after two weeks unless the child is placed in:
 - A licensed residential family-based treatment facility
 - A setting specializing in providing prenatal, post-partum, or parenting supports for youth
 - A supervised setting of independent living for youth who have attained 18 years of age
 - A “qualified residential treatment program” (QRTP), defined as a program that
 - Provides a trauma-informed treatment model designed to address the clinical needs of children identified in an assessment;
 - Has registered or licensed nursing staff and other licensed clinical staff who would be on-site during business hours and available 24 hours a day, 7 days a week;
 - To the extent appropriate and within the child’s best interest, facilitates family participation in the child’s treatment program;
 - Facilitates outreach to family members, including siblings, with documentation for how outreach is made, and maintains contact information for any known biological family and fictive kin;
 - Documents how family members are integrated into the treatment process for the child, including post-discharge, and how sibling connections are maintained;
 - Provides discharge planning and family-based aftercare support for at least 6 months post-discharge
 - Is licensed and accredited by any of the following organizations:
 - The Commission on Accreditation of Rehabilitation Facilities (CARF)
 - The Joint Commission on Accreditation of Healthcare Organizations (JCAHO)
 - The Council on Accreditation (COA)
 - Any other independent, not-for-profit accrediting organization approved by the Secretary of HHS.
 - Would require an assessment for every child within 30 days of placement in a QRTP. No Federal payment would be made to the state for any amounts expended for foster care maintenance payments on behalf of the child if assessment has not been completed within that timeframe.

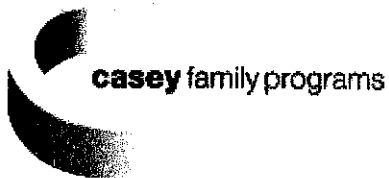


- Would allow payments for a maximum of 30 days once a determination is made that the placement in a QRTP is no longer the recommended or approved placement for the child so that the child can return home or transition to a fit and willing relative, a legal guardian, an adoptive parent, or a foster family home.
- Would define the term “family foster home” as a home of an individual or family:
 - That is licensed or approved by the state in which it is situated; and
 - In which a child in foster care has been placed in the care of an individual, who resides with the child and has been licensed or approved by the state to be a foster parent that:
 - The state deems capable of adhering to the reasonable and prudent parent standard
 - Provides 24-hour substitute care for children placed away from their parents or other caretakers
 - Provides the care for not more than 6 children in foster care with the following exceptions:
 - 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; or
 - To allow a family with special training or skills to provide care to a child who has a severe disability.
 - Would allow foster parents to rent their home.
- Would define the term “child care institution” to be a private child-care institution or a public child-care institution that accommodates no more than 25 children and that meets the licensing or approval standards of the State.
 - In the case of a youth who has attained 18 years of age, the term would include a supervised setting in which the individual is living independently, in accordance with such conditions as the Secretary of HHS shall establish in regulations.
 - The term would 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.
- Would require as a condition of eligibility for the Court Improvement Program (CIP) funds that the highest state court provide training for judges, attorneys and other legal personnel in child welfare cases on federal child welfare policies and payment limitations with respect to children in foster care who are placed in settings that are not a foster family home.
- Would make assurances of non-impact on the Juvenile Justice System
 - Would add a state plan requirement to include a certification that, with respect to foster care maintenance payments made on behalf of any child who is placed in a setting that is not a foster family home, the state would not enact policies or practices that result in a significant increase in the state’s juvenile justice system.
 - Would require a U.S. Government Accountability Office (GAO) study and report on the impact, if any, on State juvenile justice systems on the limitations imposed on congregate care.

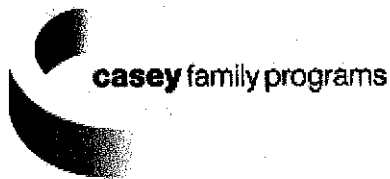


Sec. 202 – Assessment and Documentation of the Need for Placement in a Qualified Residential Treatment Program (Pages 71-78)

- Would require any child who is placed in a QRTP to have the following be included in a case plan for the child and the case review procedure for the child:
 - Would require a "qualified individual" to do the following within 30 days of the start of each placement in a QRTP:
 - Assess the strengths and needs of the child using an age-appropriate, evidence-based, validated, functional assessment tool approved by the Secretary of HHS;
 - Determine whether the needs of the child can be met with family members or through placement in a foster family home or, if not, which settings would provide the most effective and appropriate level of care for the child in the least restrictive environment and be consistent with the short- and long-term goals for the child, as specified in the permanency plan for the child; and
 - Develop a list of child-specific short- and long-term mental and behavioral health goals.
- Would require the state to assemble a family and permanency team for the child to be involved with the permanency plan and development of short- and long-term mental and behavioral health goals. Would require the qualified individual to work in conjunction with the family and permanency team to conduct the assessment of the child.
- Would require the family and permanency team to consist of all appropriate biological family members, relative and fictive kin of the child, as well as appropriate professionals who are a resource to the child.
 - In the case of a child who has attained the age of 14, the family and permanency team must include individuals selected by the child.
- Would require the state to document the following in the child's case plan:
 - The reasonable and good faith efforts of the state to identify and include all such individuals on the family and permanency team for the child;
 - All contact information for the members of the family and permanency team, as well as contact information for other family members and fictive kin who are not part of the family and permanency team;
 - Evidence that meetings of the family and permanency team, including meetings relating to the assessment, are held at a time and a place convenient for the family;
 - If reunification is the goal, evidence demonstrating that the parent from whom the child was removed provided input on the members of the family and permanency team;
 - Evidence that the assessment required is determined in conjunction with the family and permanency team; and
 - The placement preferences of the family and permanency team relative to the assessment and, if the placement preferences of the family and permanency team and child are not the placement setting recommended by the qualified individual conducting the assessment, the reasons why the preferences of the team and of the child were not recommended.



- Would require written documentation by the qualified individual conducting the assessment why the needs of the child cannot be met by the family of the child or in a foster family home.
 - A shortage or lack of foster family homes would not be an acceptable reason for determining that the needs of the child cannot be met in a foster family home.
 - The qualified individual would also be required to specify in writing why the recommended placement in a QRTP is the setting that will provide the child with the most effective and appropriate level of care in the least restrictive environment and how that placement is consistent with the short- and long-term goals in the permanency plan for the child.
- Would define a "qualified individual" as a trained professional or licensed clinician who is not an employee of the state agency and who is not connected to, or affiliated with, any placement setting in which children are placed by the state.
 - Would allow the Secretary of HHS to waive the requirement upon submission by the state, in accordance with criteria established by the Secretary of HHS, which certifies that the trained professionals or licensed clinicians with responsibility for performing the assessments maintain objectivity with respect to determining the most effective and appropriate placement for a child.
- Would require a family or juvenile court or another court (including tribal court) or administrative body appointed or approved by the court to do the following within 60 days of the start of each placement in a QRTP:
 - Consider the assessment, determination, and documentation made by the qualified individual conducting the assessment;
 - Determine whether the needs of the child can be met through placement in a foster family home or, if not, whether placement of the child in a QRTP provides the most effective and appropriate level of care for the child in the least restrictive environment and whether that placement is consistent with the short- and long-term goals for the child in the permanency plan; and
 - Approve or disapprove the placement.
- Would require the child's case plan to include written documentation from the qualified individual with reasons for why the needs of the child cannot be met by the family of the child or in a family foster home and the approval or disapproval of the placement by the court or administrative body.
- Would require the state agency to submit the following at each status review and each permanency hearing for the child as long as the child remains placed in a QRTP:
 - Evidence demonstrating that ongoing assessment of the strengths and needs of the child continues to support the determination that the needs of the child cannot be met through placement in a foster family home, that the placement in the QRTP provides the most effective and appropriate level of care for the child in the least restrictive environment, and that the placement is consistent with the short- and long-term goals in the permanency plan for the child;
 - Documentation that the specific treatment or service needs will be met for the child in the placement and the length of time the child is expected to need the treatment or services; and



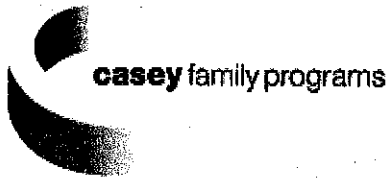
- Documentation of the efforts made by the State agency to prepare the child to return home or to be placed with a fit and willing relative, a legal guardian, or an adoptive parent, or in a foster family home.
- Would require the state agency to submit to the Secretary of HHS the following information in cases of any child who is placed in a QRTP for more than 12 consecutive months or 18 non-consecutive months – or in the case of a child who has not attained age 13, for more than 6 consecutive or non-consecutive months:
 - The most recent versions of the evidence and documentation provided by the state agency (as outlined above); and
 - The signed approval of the head of the state agency for the continued placement of the child in that setting.

Sec. 203 – Protocols to Prevent Inappropriate Diagnoses (Pages 78-79)

- Would require state Title IV-E plans to include the procedures and protocols the state has established to ensure that children in foster care placements will not be inappropriately diagnosed with mental illness, other emotional or behavioral disorders, medically fragile conditions, or developmental disabilities, and placed in settings that are not foster family homes as a result of the inappropriate diagnoses.
- Would require the Secretary of HHS to conduct an evaluation of the procedures and protocols established by states to prevent inappropriate diagnoses.
 - The evaluation must analyze the extent to which states comply with and enforce the procedures and protocols and the effectiveness of various state procedures and protocols and shall identify best practices.
 - The Secretary of HHS must submit a report on the results of the evaluation to Congress no later than January 1, 2019.

Sec. 204 – Additional Data and Reports Regarding Children Placed in a Setting that is Not a Foster Family Home (Pages 80-81)

- Would require the following data and information to be collected and reported by states about children in non-foster family home settings:
 - The type of placement setting
 - If the placement setting is a group home the range of the child population in the home must be included
 - The number of children in the placement setting and the age, race, ethnicity, and gender of each of the children;
 - For each child in the placement setting, the length of the placement of the child in the setting, whether the placement of the child in the setting is the first placement of the child and if not, the number and type of previous placements of the child, and whether the child has special needs or another diagnosed mental or physical illness or condition;
 - The extent of any specialized education, treatment, counseling or other services provided in the setting; and
 - Separately, the number and ages of children in the placements who have a permanency plan of another planned permanent living arrangement (APPLA).



Sec. 205 – Effective Dates; Application to Waivers (Page 81-82)

- Restrictions on Title IV-E funding for non-foster family placements would be effective on October 1, 2019. Other provisions in Title II would be effective on October 1, 2016.
- Would allow a transition rule in cases where state legislation may be required in order for the plan to meet the additional requirements imposed by this title.
- Would make an allowance for states with a Title IV-E waiver on the date of the enactment of the bill that the amendments made by Title II will not apply to the state before the expiration (determined without regard to any extensions) of the waiver to the extent that the amendments are inconsistent with the terms of the waiver.

Title III – Continuing Support for Children and Family Services. (Pages 83-94)

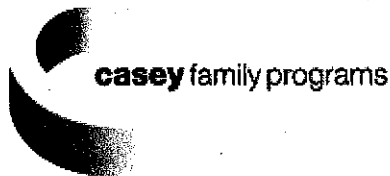
This Title would reauthorize and fund Title IV-B programs, including the Court Improvement Program, the Allotment for Monthly Caseworker Visits, and the Regional Partnership Grants. It also would reauthorize the John H. Chafee Foster Care Independence Program and would update the language to emphasize more successful transitions to adulthood, including allowing states to provide services to youth who have aged out of foster care up to age 23, and to allow 5 years of eligibility for Education and Training Vouchers up to age 26.

Sec. 301 Supporting and Retaining Foster Families for Children (Page 83)

- Would add to the purpose of Title IV-B family support services the goal to support and retain foster families so they can provide quality family based settings for children in foster care.
- Would provide \$8 million for competitive grants to states, tribes or tribal consortia to support the recruitment and retention of high-quality foster families to increase their capacity to place more children in family settings, focusing on the states, tribes or tribal consortia with the highest percentage of children in non-family settings. Funding would remain available through FY2022.

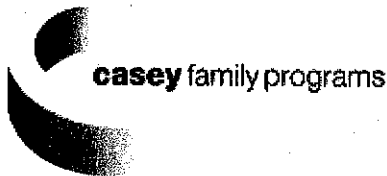
Sec. 302 - Extension of Child and Family Services Programs (Pages 83-85)

- Would extend the Stephanie Tubbs Jones Child Welfare Services Program from FY2017 through FY2021.
- Would extend the reauthorization of appropriations for the Promoting Safe and Stable Families Program (mandatory, discretionary and targeted grants) from FY2017 through FY2021.
- Would extend the time for which the Secretary shall reserve \$20 million in mandatory funds for Monthly Caseworker Visits from FY2017 through FY2021.
- Would extend the time for which the Secretary of HHS shall reserve \$20 million for Regional Partnership Grants from FY2017 through FY2021.
- Would reauthorize funding for the Court Improvement Program, under which HHS makes grants to state highest courts to assess and improve handling of proceedings relating to foster care and adoption from FY2017 through FY2021, and would maintain the provision that courts may use such funds to pay no more than 75% of the cost of activities during the extended years.



Sec. 303 - Improvements to the John H. Chafee Foster Care Independence Program and Related Provisions (Pages 85-94)

- Would reauthorize the John H. Chafee Foster Care Independence Program from FY2017 to FY2021, and would allow states that have opted to extend foster care up to age 21 to provide transition services to youth up to 23 years of age
- Would allow the Secretary of HHS to redistribute unused funding to states that apply for additional funding based on the amount available multiplied by the state foster care ratio.
- Would amend the Education and Training Vouchers program to allow youth to remain eligible until age 26, but would stipulate that a youth may only participate in the program for 5 years.
- Would rename the program as the John H. Chafee Foster Care Program for Successful Transition to Adulthood, and amend program purposes to:
 - Support with services all youth who have experienced foster care at age 14 or older in their transition to adulthood;
 - Add training and opportunities to practice daily living skills;
 - Serve youth who have experienced foster care at age 14 or older to achieve meaningful, permanent connections with a caring adult; and
 - Serve youth who are likely to remain in foster care until age 18 with age or developmentally appropriate activities, positive youth development, and experiential learning that reflects what their peers in intact families experience.
- Would require the Secretary of HHS to submit to the U.S. House of Representatives Committee on Ways and Means and the U.S. Senate Committee on Finance no later than October 1, 2017 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, children who have aged out of foster care or left foster care for kinship guardianship or adoption, including:
 - A description of reason for foster care entry, foster care experiences, such as length of stay, number of placement settings, case goal and discharge reason for youth age 17 years or older compared with the reasons for entry and foster care experiences of children who exit from foster care before attaining age 17.
 - A description of the characteristics of the individuals who report poor outcomes at age 19 and 21 to the National Youth in Transition Database.
 - Benchmarks for determining what constitutes a poor outcome for youth who remain in or have exited from foster care and plans of the Executive branch to incorporate these benchmarks in efforts to evaluate child welfare agency performance in providing services to children transitioning from foster care.
 - A comparison of outcomes for youth age 19 and 21 who have remained in foster care to outcomes for youth who have aged out of care at age 18.
- Would add to the list of documentation required to be provided to foster youth leaving foster care any official documentation necessary to prove that the child was previously in foster care.



Title IV - Continuing Incentives to States to Promote Adoption and Legal Guardianship (Pages 94-95)

This Title would reauthorize the Adoption and Legal Guardianship Incentive Programs

Sec. 401 - Reauthorizing Adoption and Legal Guardianship Incentive Programs (Pages 94-95)

- Would reauthorize the incentive program from FY 2017 to 2021.

Title V – Technical Corrections (Pages 95-97)

This Title would make technical corrections related to data exchanges Programs and would require states to include in their Title IV-E and Title IV-B state plans steps taken to address the developmental needs of young children receiving services under Title IV-E or Title IV-B.

Sec. 501 – Technical Corrections to Data Exchange Standards to Improve Program Coordination (Pages 95-96)

- Would require the Secretary of HHS, in consultation with an interagency work group established by the Office of Management and Budget and considering the perspective of state governments, by rule, to designate data exchange standards to govern the following:
 - Necessary categories of information that state agencies operating programs under state plans required under applicable federal law to electronically exchange with another state agency to the extent practicable:
 - Incorporate a widely accepted, non-proprietary, searchable, computer-readable format such as the eXtensible Markup Language;
 - Contain interoperable standards developed and maintained by intergovernmental partnerships such as the National Information Exchange Model;
 - Incorporate interoperable standards developed and maintained by Federal entities with authority over contracting and financial assistance;
 - Be consistent with and implement applicable accounting principles;
 - Be implemented in a manner that is cost-effective and improves program effectiveness, and
 - Be capable of being continually upgraded as necessary.
- Would require the Secretary of HHS no later than 24 months after enactment to issue a proposed rule to do the following
 - Identify federally required data exchanges, include specification and timing of exchanges to be standardized and address the factors used in determining whether and when to standardize data exchanges, and
 - Specify state implementation options and describe future milestones.

Sec. 502 - Technical Correction to State Requirement to Address the Developmental Needs of Young Children (Page 97)

- Would require states to include in their state plans a description of the activities to reduce the time to permanency for all children under the age of 5 and the activities the



state undertakes to address the developmental needs of all children under 5 who received services under Title IV-B or Title IV-E.

Title VI – Ensuring States Reinvest Savings Resulting from the Increase in Adoption Assistance (Pages 97-100)

This Title would delay the phase-in of the adoption assistance reimbursement delink and direct GAO to examine state compliance with the requirement to reinvest the savings and the requirement that not less than 30% of those savings be reinvested into post-adoption and post-guardianship services.

Sec. 601 - Delay of Adoption Assistance Phase-In (Page 97-99)

- Would delay phase-in of the adoption assistance delink (elimination of the income test based on AFDC standards).
- The delay would affect children with special needs who are less than four years of age when their adoption assistance agreement is finalized as follows:
 - Special needs children between the ages of 2 and 4 would be eligible for Title IV-E Adoption Assistance without application of an income test as of April 1, 2019 instead of October 1, 2017;
 - All special needs children of any age would be eligible for Title IV-E Adoption Assistance without application of an income test as of April 1, 2020 instead of October 1, 2017.

Sec. 602 - GAO Study and Report on State Reinvestment of Any Adoption Assistance Savings (Pages 99-100)

- Would require a report, as well as any recommendations, to be submitted to the U.S. House of Representatives Committee on Ways and Means and the U.S. Senate Committee on Finance on the extent to which states are
 - complying with the requirements to reinvest the savings from the phasing out of the AFDC income eligibility requirement for adoption assistance payments, and
 - spending no less than 30 percent of the savings on post-adoption services, post-guardianship services and services to support and sustain positive, permanent outcomes for children who otherwise might enter foster care.

