



Family First Prevention Services Act: An Opportunity to Redefine Pennsylvania's Child Welfare Practices



The Family First Prevention Services Act (FFPSA) was signed into law as part of the Bipartisan Budget Act on February 9, 2018. This groundbreaking legislation reshapes child welfare funding to promote prevention services for children at imminent risk of out-of-home placement. It also sets criteria to promote placement in high-quality family foster care – including kinship care – and limit the use of congregate care setting unless needed for time-limited treatment. The intention of funding these prevention services is to safely keep families together. Parents, advocates, child welfare agencies, providers, and state leaders all can be a voice to ensure that implementation is strong and robust and aims to strengthen families.

“We must re-envision child welfare in the United States as a system that strengthens families and breaks harmful cycles of trauma and family disruption, rather than waiting until children are hurt to respond.”

- Jerry Milner, Acting Commissioner for the Administration on Children, Youth and Families

What are the Prevention Activities under Title IV-E of the Social Security Act?

States and tribes will have the ability to use Title IV-E funding to support prevention services for children at imminent risk of out-of-home care and their parents – biological, adoptive and caregivers.



These evidence-based services will address mental health, substance abuse and parenting skills and can be provided for up to twelve months. The federal support is up to 50 percent reimbursement, and could take effect as early as October 1, 2019, should the state decide to opt in. Some requirements include:

- States individually can define the qualification of a child who is at “imminent risk of foster care,” which allows the ability to be creative but also family focused.
- The 12-month period in which the service is offered can be utilized for additional 12-month periods, if needed; it can also be provided after a child has returned home from out-of-home care under Title IV-B funding.
- A case plan must be maintained by the Title IV-E agency, and there is great latitude in defining what type of case plan can be developed and utilized.
- Biological parents are not the only individual as defined to receive the service. Also included are caregivers, kinship caretakers and adoptive parents.

- Services must meet the qualification of “Evidence Based” and further defined as “Supportive, Well Supported, or Promising Practice.” Additionally, the program must be Mental Health, Substance Abuse or an In-home Parenting Program.

- The qualifying evidence-based services will be on the Department of Health and Human Services Clearinghouse, which is slated to launch in Spring 2019.

The Kinship Caregiver Navigator Program, established through Act 89 of 2018, is also listed as a Prevention Program. While the program must meet the Evidence-Based Standards, the other qualifications of the child being at “imminent risk of foster care” and needing a defined case plan, do not apply.

Federal reimbursement will also be provided through Foster Care Maintenance Payments, for a child placed in foster care with a parent in a licensed residential family-based treatment facility for up to 12 months.

Ensuring Foster Care Licensing Standards Are Aimed at Promoting High-Quality Family Foster Care and the Increased Use of Kinship Care

The Children's Bureau released National Model Foster Family Licensing Standards on February 4, 2019. These standards address Foster Family Eligibility, Home Study and Home Safety, Foster Home Capacity, Transportation, Training and Foster Parent Assurances, among others. These National Standards are what states should closely align their current regulations and processes to. All states are required to amend their Title IV-E plan and report back to the Children's Bureau as to whether the current state requirements are consistent with the national model, and if not, why; and if the state's child welfare agency utilizes the waiver authority to waive non-safety areas for kinship families, how the caseworkers are trained on using the waiver or have tools and processes that assist. Pennsylvania is in a great position to revamp current licensing requirements in hopes of breaking down current barriers to increase the ability for children to be placed with kin, as well as strengthening the current recruitment and licensing of foster parents to ensure those settings are high quality.

Disincentivizing Placements Into Group Settings, Unless They Are Specialized

If a child must enter out-of-home placement, the law encourages that the child be placed in a family setting.

Historically, federal reimbursement has been provided for all types of out-of-home placement settings, including the less ideal group home or institutional settings, commonly known as Congregate Care. Federal reimbursement will now only be provided for the following group care settings:

- Facilities for pregnant and parenting youth
- Supervised independent living for youth 18 years old and older
- Specialized placements for youth who are victims or at risk of becoming victims of sex trafficking
- Qualified Residential Treatment Program (QRTP)

The QRTP has rigorous requirements to qualify for Title IV-E reimbursement. These requirements aim to ensure that the setting is of high quality and meets the child's treatment needs. The program must be licensed and accredited, and a trauma informed model with registered or licensed nursing staff available 24 hours a day, 7 days a week. Family and kin participation in the child's treatment and discharge planning is required.

Additionally, strict guidelines have been set to ensure that the child being placed in a QRTP is appropriately and consistently monitored to ensure the child does not languish in such a setting. Within 30 days of the placement in the QRTP, a Qualified Individual must make findings to ensure that the child received a functional assessment to identify the needs and strengths, determine the setting is necessary and needs could not be met in a family-based setting, develop the short and long-term goals, and ensure a permanency team, including family, are involved in the planning process. The child must also have a case plan that ensures that contacts for all team members are available, and to outline the reasonable and good faith efforts to include family, kin, and siblings in the treatment process.

After 2 weeks of placement, only specialized settings are eligible for federal foster care maintenance payments. These placements must also be court-approved within 60 days of the placement.

Opportunities to Promote Positive Outcomes for Youth Transitioning to Adulthood

The John H. Chafee Foster Independent Program is available to youth in Pennsylvania. Currently, Independent Living Services, also known as Aftercare Services, are available to youth up to age 21 years old. FFPSA allows Pennsylvania to consider extending that support to age 23. Additionally, currently Education and Training Vouchers are available to youth age 23 but allows the state to extend that opportunity to age 26. Taking advantage of these expansions will assist youth transitioning out of foster care and support a positive transition to successful adulthood, with outcomes being self-sufficiency, higher academic achievement, employment, and less reliance on other state systems.



What can we do now?

This is a high-level overview and we recommend further examination of the legislation and consider how Pennsylvania can capitalize on new federal reimbursement opportunities.

Most importantly, we should consider how Family First can help reshape and refine the practices in Pennsylvania to promote safe children, build strong and resilient families, reduce the need for out-of-home care through Evidence-Based programs and specialized services, and if a child must enter out-of-home care that all efforts are made to maintain them with kin or in a high-quality placement. While Pennsylvania has delayed implementation until October 1, 2020, state leaders should be knowledgeable about planning efforts and asking how everyone involved in child welfare practice is promoting successful, sustainable, and best practice implementation.



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