Attachment B: Time-Limited Foster Care Prevention Program And Services

Prevention Services and Programs Five-Year Plan: States electing to provide title IV-E prevention services and programs must submit a *Prevention Services and Programs* five-year plan as part of the title IV-E plan (section 471(e)(5)of the Social Security Act (the Act)). The five-year plan must describe:

- The target population for the services or programs and how the state will assess children and their parents or kin caregivers to determine eligibility for services or programs.
- 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 services and programs, including through periodic risk assessments and reexamination 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.
- The specific promising, supported, or well-supported practices the state plans to use for the services or programs, whether the practices used are promising, supported, or well-supported, and how the agency selected the services or programs.
- How the state plans to implement the services or programs, including how implementation 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 each service or program provided will be evaluated through a well-designed and rigorous process, which may consist of an ongoing, cross-site evaluation approved by HHS.
- The consultation engaged in with other agencies responsible for administering health programs, including mental health and substance abuse prevention and treatment services, and with other public and private agencies with experience in administering child and family services, including community-based organizations and how the services or programs will be coordinated with other child and family services provided under title IV-B of the Act.
- 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 and how the agency will provide training and support for caseworkers in assessing needs, 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.
- How caseload size and type for prevention caseworkers will be determined, managed, and overseen.
- An assurance that the state will report to HHS information and data (determined by HHS) on the provision of services and programs.

Allowable Services and Service Period:

- Allowable services:
    - Mental health and substance abuse prevention and treatment services provided by a qualified clinician (section 471(e)(1)(A) of the Act).
    - In-home parent skill-based programs that include parenting skills training, parent education, and individual and family counseling (section 471(e)(1)(B) of the Act).

Disclaimer: Information Memoranda (IMs) provide information or recommendations to States, Tribes, grantees, and others on a variety of child welfare issues. IMs do not establish requirements or supersede existing laws or official guidance.

- All services must meet the service and practice requirements outlined in section 471(e)(4) of the Act (also described below).
- *Limitation*: The allowable services are limited to a 12-month period that begins on the date on which a child is identified in a prevention plan as either a "candidate for foster care" or a pregnant/parenting youth in need of those services or programs (section 471(e)(1)(A) and (B) of the Act).

Served Population:

- The state may provide services and programs to the following:
  - A child who is a "candidate for foster care" (as defined in section 475(13) (the Act)) but can remain safely at home or in a kinship placement with receipt of allowable services or programs (section 471(e)(2)(A) of the Act).
    - "Candidate for foster care" is defined as a child identified in a prevention plan as being at imminent risk of entering foster care (without regard to whether the child would be eligible for title IV-E foster care, adoption, or guardianship payments) but who can remain safely in the child's home or in a kinship placement as long as services or programs that are necessary to prevent the entry of the child into foster care are provided. The term includes a child whose 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).
  - A child in foster care who is a pregnant or parenting foster youth (section 471(e)(2)(B) of the Act).
  - Parents or kin caregivers of the listed above (section 471(e)(1) of the Act).

Prevention and Family Services and Programs Requirements: The state must meet the following requirements if it elects to provide prevention services and programs:

1. The programs and services must be specified in advance in the child's prevention plan (section 471(e)(4)(A) of the Act).
2. The programs and services must be trauma-informed (section 471(e)(4)(B) of the Act).
3. The programs and services must be provided in accordance with general practice requirements and promising, supported, or well-supported practices (section 471(e)(4)(C) of the Act).
4. The state meets the outcome assessment and reporting requirements (section 471(e)(4)(E) of the Act).
5. An evaluation strategy must be included for each program or service in the state's five-year prevention plan (section 471(e)(5)(B)(iii)(V) of the Act).

1. Prevention Plan for Child: The state must maintain a written prevention plan for the child that meets the following requirements (as applicable):

- *For "candidates 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 that prevention strategy; and

    - comply with other requirements HHS establishes (section 471(e)(4)(A)(i) of the Act).
- *For pregnant/parenting foster youth, 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 (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 that HHS establishes (section 471(e)(4)(A)(ii) of the Act.

2. <u>Trauma-Informed Approach</u>: The services or programs must 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 (section 471(e)(4)(B) of the Act).

3. <u>Programs Must Be Provided in Accordance with General and Promising, Supported, or Well-Supported Practices</u>:

- <u>General Practice Requirements.</u> Practices must meet the following:
    - *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 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 (section 471(e)(4)(C)(ii) of the Act).
- <u>Promising Practice Requirements</u>: 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
    - utilized some form of control (such as an untreated group, a placebo group, or a wait list study) (section 471(e)(4)(C)(iii) of the Act).
- <u>Supported Practice Requirements</u>: 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 random-controlled trial (or, if not available, a study using a rigorous quasi-experimental research design),
  - 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 6 months beyond the end of the treatment (section 471(e)(4)(C)(iv) of the Act).
- Well-Supported Practice Requirements: 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 random-controlled trials (or, if not available, studies using a rigorous quasi-experimental research design),
  - 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 control group) for at least 1 year beyond the end of treatment (section 471(e)(4)(C)(v) of the Act).

4. Individual Child Outcome Assessment and Annual Reporting: The state must collect and report to HHS the following information for each child for whom, or on whose behalf mental health and substance abuse prevention and treatment services or in-home parent skill-based programs are provided:

- 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 at the end of the one-year period, respectively, and whether the child entered foster care within two years after being determined a candidate for foster care (section 471(e)(4)(E) of the Act).

5. Evaluation strategy: The state must have well-designed and rigorous evaluation strategy for any promising, supported, or well-supported practice. HHS may waive this requirement if HHS deems the evidence of the effectiveness of the practice to be compelling and the state meets the continuous quality improvement requirements with regard to the practice (section 471(e)(5)(B)(iii)(V) of the Act). The state cannot receive FFP for the program or service unless the evaluation strategy is included in the five-year plan (described below) (section 471(e)(5)(C) of the Act).

Prevention Services Measures and Annual Expenditure Updates: Beginning with FY 2021, states electing to provide title IV-E prevention services and programs must annually report the following to HHS:

- The percentage of candidates for foster care for whom, or on whose behalf, the services or programs are provided who do not enter foster care, including those placed with a kin caregiver outside of foster care, during the 12-month period in which the services or programs are provided and through the end of the succeeding 12-month period, and
- The total amount of expenditures made for mental health and substance abuse prevention and treatment services or in-home parent skill-based programs, respectively, for, or on behalf of, each child (section 471(e)(6)(A) of the Act).

HHS must establish, calculate and publish results of performance measures on children who do not enter foster care or are placed with kin guardians and per child spending for children receiving these prevention services and programs beginning FY 2021 (section 471(e)(6)(B) and (C) of the Act).

Maintenance of Effort: States providing title IV-E prevention services or programs must maintain the same level of "state foster care prevention expenditures" each FY as the amount the state spent in FY 2014. States must report the state foster care prevention expenditures for FY 2014 and each FY the state participates in the title IV-E prevention program. "State foster care prevention expenditures" are title IV-B, Temporary Assistance for Needy Families (TANF), Social Services Block Grant (SSBG), and state or local agency program funds used for "state prevention services and activities." HHS must specify the specific services and activities under each program that are "state prevention services and activities." Title IV-E agencies with a population of children of less than 200,000 in FY 2014 may elect to use FY 2015 or FY 2016 instead of FY 2014 for this purpose (section 471(e)(7) of the Act).

Parameters for FFP under Title IV-E for Time-Limited Foster Care Prevention Services and Programs:

- Section 474(a)(6) of the Act is effective 10/1/2018, but claiming FFP may not begin until FY 2020.
- From FY 2020 – FY 2026, prevention services are reimbursable at 50 percent FFP.
- Beginning FY 2027, prevention services are reimbursable at the applicable FMAP
- At least 50 percent of the amount paid to the state in any FY must be for prevention services that meet the "well-supported" practice criteria.
- Administrative costs and training:
  - Beginning FY 2020, costs for the proper and efficient administration of the title IV-E prevention plan are reimbursable at 50 percent, including activities to promote the development of necessary processes and procedures to establish and implement the provision of the services and programs for individuals who are eligible for the services and programs and expenditures attributable 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 foster care maintenance payments.(471(e)(9).
  - Beginning FY 2020, training costs are reimbursable at 50 percent 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-licensed or state-approved child welfare agencies providing services to children who are candidates for foster care and pregnant/parenting foster youth (and their parents or kin caregiver). Allowable training topics include how to determine who is eligible for the prevention services or programs, how to identify and provide appropriate services and programs, and how to oversee and evaluate the ongoing appropriateness of the services and programs.

- Note on claiming FFP and the effective date of other provisions of P.L. 115-123: A title IV-E agency may request a delayed effective date not to exceed two years for the following provisions: 472(a)(2)(C), 472(c), 472(k), 474(a)(1), 471(a)(37), and 475A(c) of the Act. If so, this means that the effective date for claiming for title IV-E prevention services under section 474(a)(6) of the Act is also delayed for the same period (section 50746(b) of P.L. 115-123).

Guidance on Practice Criteria and Pre-Approved Services and Programs: HHS must issue guidance no later than October 1, 2018 to states regarding the practices criteria required for services or programs and update as necessary. The guidance must include a pre-approved list of services and programs that satisfy the requirements.

Tribal Title IV-E Agencies: For tribal title IV-E agencies, HHS must specify requirements for the provision of the services and programs that are, to the greatest extent practicable, consistent with the requirements applicable to states. The requirements must permit tribes to provide services and programs that are adapted to the culture and context of the tribal communities served. HHS must also establish specific performance measures for each tribal title IV-E agency providing prevention services that allow for consideration of factors unique to the provision of the services by tribes and to the greatest extent practicable, consistent with the measures for states (section 479B(c)(1)(C)(i)(IV) and (c)(1)(E) of the Act).

Technical Assistance, Research and Training:

- Technical assistance: HHS must provide technical assistance and best practices regarding the provision of title IV-E prevention services and programs, including on how to plan and implement the requirement to evaluate the promising, supported, or well supported practices.
- Clearinghouse: HHS must, directly or through grants, contracts or interagency agreements, evaluate research on the promising, supported, or well-supported practices and programs, including culturally specific, or location- or population-based adaptations, to identify and establish a public clearinghouse of the promising, supported, or well-supported practices. The clearinghouse must include specific information on whether the promising, supported, or well-supported practice has been shown to prevent child abuse and neglect or reduce the likelihood of foster care placement by supporting birth families and kinship families and improving targeted supports for pregnant and parenting youth and their children.
- Data collection and evaluation: HHS may, directly or through grants, contracts or interagency agreements, collect data and evaluate programs and services to assess the extent to which the provision of the services and programs reduces the likelihood of foster care placement, increases kinship arrangements or improves child well-being.

- Report to Congress: HHS must provide periodic, publicly available reports on the provision of title IV-E prevention programs and services.
- Appropriations: The bill provides $1 million per year beginning FY 2018 for the above activities (section 476(d) of the Act).