Family First: Implementing the Landmark Child Welfare Law

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After a significant decline in foster care caseloads over the past two decades, child maltreatment rates and foster care caseloads have begun to rise again. In 2017, child protective services agencies across the U.S. screened 2.4 million reports of suspected child abuse and neglect. Of that number, 674,000 children and youth were confirmed as victims of maltreatment. Most of the children were victims of neglect, and many were removed from their homes. Data now indicate that the increase is largely due to the substance abuse and opioid crises: 36% of children entering care in 2017 were removed because of parental substance abuse.

Federal Action

In response, Congress enacted the Family First Prevention Services Act (Family First) as part of the Bipartisan Budget Act, signed into law by President Donald Trump in 2018. This landmark legislation offers states an unprecedented opportunity to transform state child welfare systems by providing substance abuse, mental health, and other prevention and treatment services to prevent children’s entry into foster care. The law also seeks to reduce states’ reliance on group and residential treatment homes and instead prioritize family-based care.

Before the passage of Family First, states could use federal Title IV-E funds (the primary source of federal funding for foster care) for children only after they entered foster care. As of Oct. 1, 2019, states will have the option to claim federal reimbursement for approved prevention services designed to let “candidates for foster care” stay with their parents or kin caregivers. These include evidence-based in-home parenting training and mental health and substance abuse treatment. Pregnant and parenting youth in foster care and their parents and kin caregivers also are eligible for

Did You Know?

• The 442,995 children and youth in foster care nationwide in federal fiscal year 2017 is the highest number since 2008.
• Babies under age 1 make up the highest percentage, by age group, of children entering foster care.
• From 1999 to 2014, the incidence of parental alcohol or other drug use as a reason for child removal more than doubled.
To qualify for reimbursement, prevention programs must meet certain criteria to determine whether they are promising, supported or well-supported by evidence of effectiveness. The Title IV-E Prevention Services (Family First) Clearinghouse released the first set of approved prevention programs eligible for reimbursement.

States also can be reimbursed for costs related to a child’s stay in their parent’s residential treatment program, and for evidence-based kinship navigator programs, which provide caregivers with information, education, and referrals to services and support.

To reduce states’ use of congregate or residential group care, the federal government will reimburse programs that are designated as qualified residential treatment programs (QRTPs) starting Oct. 1, 2019. These must be licensed and accredited and use a treatment model that recognizes the effect trauma has on youth. They are also required to have registered or licensed nursing staff available 24 hours a day and seven days a week, and must engage families and support them after discharge.

Children must be assessed regularly to determine their need for residential care. Benefit to the child must be regularly demonstrated and approved by the courts. States may delay the implementation of this part of the legislation for two years (until Sept. 29, 2021)—however, this will delay funding for prevention services.

Other services in which children and youth can be placed include programs for pregnant and parenting foster youth, supervised independent living programs for children older than 18, and programs for youth that are victims of, or at risk of, human trafficking.

Family First also allows states to extend John H. Chafee Foster Care Independence Program funds to youth up to age 23 if the state has extended federal Title IV-E funds to children up to that age. States may also extend education and training vouchers to youth up to age 26.

State Action

States have begun to respond to the new law. As of May 2019, at least 63 bills had been introduced in 26 states, with 22 bills enacted and four resolutions adopted. Topics include defining “candidates for foster care,” “qualified residential treatment program (QRTP),” “trauma” and “evidence-based programs.” Legislation also includes developing strategic prevention plans, establishing task forces or study committees, and addressing fiscal issues related to Family First.

The following are examples of enacted legislation:

- Colorado SB 18-254 (2018) requires an analysis and cost projection of the fiscal impact of the federal law and that a child welfare services task force ensures alignment with Family First. Colorado HB 19-1308 (2019) implements a foster care prevention services program for families with children and youth who are candidates for foster care.

- Georgia SB 225 (2019) defines “qualified individuals” and “qualified residential treatment programs” and creates procedures for placing a child in a QRTP.

- Iowa House File 766 (2019) creates a group foster care and funding work group to determine the impact and role of Family First.

- Montana HB 604 (2019) tasks the Department of Public Health and Human Services with developing a strategic plan for creating and expanding prevention services.

- Texas SB 781 (2019) requires a strategic plan regarding the placement of children in settings eligible for federal financial participation under Family First.

Other legislative activity included the Oregon Senate Human Services Committee forming a work group, with representatives from all three branches of government, on implementing Family First. Virginia’s Department of Social Services developed a similar work group to guide discussions about implementing Family First. In 2018, the New Mexico Legislature created a joint Interim Family First Prevention Services Subcommittee to monitor planning and make recommendations regarding implementation.