Hearing on the Opioid Crisis: Implementation of the Family First Prevention Services Act (FFPSA)

HEARING

BEFORE THE

SUBCOMMITTEE ON HUMAN RESOURCES

OF THE

COMMITTEE ON WAYS AND MEANS

U.S. HOUSE OF REPRESENTATIVES

ONE HUNDRED FIFTEENTH CONGRESS

SECOND SESSION

JULY 24, 2018

Serial No. 115-HR08

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Hearing on the Opioid Crisis: Implementation of the Family First Prevention Services Act (FFPSA)

U.S. House of Representatives,
Subcommittee on Human Resources,
Committee on Ways and Means,
Washington, D.C

WITNESSES

Jerry Milner
Associate Commissioner, Children's Bureau, and Acting Commissioner, Administration on Children, Youth and Families, United States Department of Health and Human Services
Witness Statement

WAYS AND MEANS
CHAIRMAN KEVIN BRADY

Chairman Smith Announces Human Resources Subcommittee Hearing on The Opioid Crisis: Implementation of the Family First Prevention Services Act (FFPSA)

House Ways and Means Human Resources Subcommittee Chairman Adrian Smith (R-NE) announced today that the Subcommittee will hold a hearing entitled "The Opioid Crisis: Implementation of the Family First Prevention Services Act (FFPSA)" on **Tuesday, July 24, 2018 at 10:00 AM in 1100 Longworth House Office Building.** This hearing will review the Department of Health and Human Services' ongoing progress implementing recently enacted legislation to address family substance abuse issues, improve child well-being, support kin caregivers, and strengthen families.

In view of the limited time to hear witnesses, oral testimony at this hearing will be from invited witnesses only. However, any individual or organization may submit a written statement for consideration by the Committee and for inclusion in the printed record of the hearing.

DETAILS FOR SUBMISSION OF WRITTEN COMMENTS:

Please Note: Any person(s) and/or organization(s) wishing to submit written comments for the hearing record must follow the appropriate link on the hearing page of the Committee website and complete the informational forms. From the Committee homepage, http://waysandmeans.house.gov, select "Hearings." Select the hearing for which you would like to make a submission, and click on the link entitled, "Click here to provide a submission for the record." Once you have followed the online instructions, submit all requested information. ATTACH your submission as a Word document, in compliance with the formatting requirements listed below, **by the close of business on Tuesday, August 7, 2018**. For questions, or if you encounter technical problems, please call (202) 225-3625.

FORMATTING REQUIREMENTS:

The Committee relies on electronic submissions for printing the official hearing record. As always, submissions will be included in the record according to the discretion of the Committee. The Committee will not alter the content of your submission, but we reserve the right to format it according to our guidelines. Any submission provided to the

Committee by a witness, any materials submitted for the printed record, and any written comments in response to a request for written comments must conform to the guidelines listed below. Any submission not in compliance with these guidelines will not be printed, but will be maintained in the Committee files for review and use by the Committee.

All submissions and supplementary materials must be submitted in a single document via email, provided in Word format and must not exceed a total of 10 pages. Witnesses and submitters are advised that the Committee relies on electronic submissions for printing the official hearing record.

All submissions must include a list of all clients, persons and/or organizations on whose behalf the witness appears. The name, company, address, telephone, and fax numbers of each witness must be included in the body of the email. Please exclude any personal identifiable information in the attached submission.

Failure to follow the formatting requirements may result in the exclusion of a submission. All submissions for the record are final.

The Committee seeks to make its facilities accessible to persons with disabilities. If you are in need of special accommodations, please call 202-225-1721 or 202-226-3411 TTD/TTY in advance of the event (four business days' notice is requested). Questions with regard to special accommodation needs in general (including availability of Committee materials in alternative formats) may be directed to the Committee as noted above.

Note: All Committee advisories and news releases are available at http://www.waysandmeans.house.gov/

THE OPIOID CRISIS: IMPLEMENTATION OF THE FAMILY FIRST PREVENTION SERVICES ACT (FFPSA)

Tuesday, July 24, 2018
House of Representatives,
Subcommittee on Human Resources,
Committee on Ways and Means,
Washington, D.C.

The subcommittee met, pursuant to call, at 10:03 a.m., in Room 1100, Longworth House Office Building, Hon. Adrian Smith [chairman of the subcommittee] presiding.

Chairman Smith. The subcommittee will come to order. Welcome to today's hearing on the implementation of the Family First Prevention Services Act.

After steady declines in the number of children in foster care, we have, unfortunately, begun to see an increase again. Both the data and the experience of those on the front lines indicate substance abuse, specifically opioid use and overdose, are a contributing factor.

More than 3 years ago, this subcommittee set out to reverse this trend and do what Americans across this country expect of us. We worked together across the aisle and across the Capitol. Inspired by a desire to improve outcomes for children, we knew we had to strengthen families, whether they are biological, foster, or adoptive.

We remained steadfast to the questions we were hearing from former foster youth, such as, "Why did you take me away," "Why didn't you help my mom," or "Why didn't you help my dad?" Backed by research in the field, we set out to change the role of Federal taxpayer dollars in foster care and adoption. We wanted to reset the incentives and focus resources earlier, with upfront prevention services for substance abuse, mental health, and parenting for all families, so fewer children would have to experience additional trauma of being removed from his or her home.

We listened to advocates, researchers, States, providers and, most importantly, foster youth during the multiyear policy development process. For me, one of those voices was Nebraska's own Boys Town and Reverend Steven Boes, where, for more than 100 years, Boys Town, has been helping children and healing families. Feedback from Boys Town helped us further our goal of providing the right kind of supports at the right time for each child in care.

Now, 6 months after the enactment of the Family First Prevention Services Act, we return to talk about the implementation of this important law, again using those same voices to drive our questions today.

To provide the answers, we are pleased to be joined by HHS Associate Commissioner for the Children's Bureau and lead policy official for the implementation of Family First, Jerry Milner. He brings with him more than 40 years of practice, management, and technical assistance experience in child welfare at the local, State, and Federal levels of government. He has been a busy man over the last 6 months, traveling the country to spread the word about Family First and address outstanding questions.

Thank you, Mr. Milner, for being here today and for all of your efforts to Family First.

I also want to commend my home State of Nebraska for being on the leading edge of implementation and setting a strong example for others under the leadership of Dr. Courtney Phillips, CEO of the Nebraska Department of Health and Human Services; and Director Matthew Wallen of the Division of Child and Family Services, DCFS.

In June, DCFS hosted a kickoff meeting, marking the official start of the State's efforts to implement the act and included a number of child welfare stakeholders, such as judges, advocates, providers, families, and others often involved in the State's child welfare system.

This type of cross-collaboration is precisely what Family First is all about and will create the type of positive systems change to improve outcomes for children and families for years to come.

They also set up working groups on specific topics which need to be addressed under Family First, and those groups will be meeting regularly over the next few months to develop strategies for implementing Family First. Nebraska DHHS also created a website where the public can engage in the process of implementing Family First and monitor the progress.

The use of technology also exists to their creative thinking families in the rural and sometimes remote areas of our state when it comes to providing prevention services. And they are thinking about ways to dovetail Family First with their existing “Bring Up Nebraska” initiative, which is a primary prevention program focused on developing nurturing communities to raise strong and healthy children.

Every State is different and will have to chart its own course for Family First, but States like Nebraska, Oregon, and others are showing it can be done when everyone focuses on what is truly important: better outcomes for children and families.

I now recognize the distinguished ranking member, Mr. Davis, for 5 minutes for his opening statement.

Mr. Davis. Thank you, Mr. Chairman.

And before getting into my opening comments, I would like to recognize my colleague Congresswoman Karen Bass, who is here today observing our hearing. Congresswoman Bass is a tremendous leader on foster care issues, was a valued partner and resource throughout our efforts to enact this landmark change in foster care. I look forward to continuing to work closely with her and as we implement the law. And I might indicate that she also organized the foster care caucus that any number of us are members of.

Mr. Chairman, thank you for scheduling this bipartisan oversight hearing. Child welfare is a deeply important issue to me and to the people of Illinois. I am grateful that we are working together so closely to ensure effective implementation of the landmark new law, the Family First Prevention Services Act, or Family First.

Frederick Douglas was fond of saying that it is easier to build strong children than to repair broken men. There are very few places that this lesson is more evident than in our troubled foster care system, which has historically provided help only when it was too late to keep families together.

When I ask foster youth what policymakers could do to make child welfare better, they almost always say: "You could have helped my mom and dad."

That is exactly what we tried to do in Family First.

I am proud of our work together to enact this law to fundamentally shift child welfare from separating families to strengthening them, but our work is not done until children and families receive the help that they were promised. That is why we hold this hearing today, and that is why we will continue our active involvement in its implementation.

Family First provides a number of opportunities to strengthen families and build strong children. For families struggling with mental health, substance

abuse, or parenting skills and challenges, it will provide uncapped Federal matching funds for State services to address those challenges and to make foster care unnecessary. Importantly, these services are available to parents, children, and other family members. They are also available to youth in foster care who are pregnant and those who are parents, both mothers and fathers, to prevent the cycle from repeating.

To trigger the Federal investment in these services, States will need to develop prevention plans and provide a contribution. Child welfare advocates state that local officials and State legislators have told us they have a number of questions that need to be answered so that we can do that. We will ask our questions today, and we hope to get answers that will support positive action.

Another aspect of the new law that is close to my heart is the opportunity to better support grandparents and other kinship caregivers. My congressional district has the highest percentage of children living with grandparent caregivers in the Nation. We know that if children can't live safely with their parents, being with family is the next best option. But these kin caregivers need help and support.

I commit to personally making sure that the new Federal funding for kinship navigators provides services to all grandfamilies that need them and that States update their policies to involve and support kin.

The Department of Health and Human Services has already begun issuing policy guidance and soliciting applications for kinship navigator funds and regional partnership grants to address family substance abuse that will be available even before the permanent prevention funding, but there is a great deal of work to do.

I appreciate Jerry Milner for being here with us today to answer our questions and his commitment to making the law a success. I look forward to working with the administration as we move ahead on behalf of the families we represent.

Thank you, Mr. Chairman, and I yield back.

Chairman Smith. Thank you, Mr. Davis.

I would like to welcome our witness to the table: Mr. Jerry Milner, Associate Commissioner at the Children's Bureau and Acting Commissioner of the

Administration on Children, Youth and Families, and with the United States Department of Health and Human Services.

Our witness is reminded to limit his oral testimony to 5 minutes. And certainly, your written statement will be included in the record. I would also like to remind our witness and members that time is limited today and that the topic for today's hearing is oversight of the implementation of Family First Prevention Services Act.

While there are certainly many important issues we are all facing today, this hearing is part of a larger effort to make Family First a success by addressing outstanding questions that are holding States back from moving forward on this very important legislation.

I would kindly suggest that if there is a veering off track, I will not hesitate to make sure that we bring the hearing back to its primary focus.

With that, Mr. Milner, you may begin when you are ready.

STATEMENT OF JERRY MILNER, ASSOCIATE COMMISSIONER, CHILDREN'S BUREAU, AND ACTING COMMISSIONER, ADMINISTRATION ON CHILDREN, YOUTH AND FAMILIES, UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES

Mr. Milner. Thank you, Chairman Smith, Ranking Member Davis, and members of the subcommittee. Thank you very much for inviting me here today to testify about something that is near and dear to me and the work that I have done over many years now.

I also want to acknowledge the large number of former foster care youth who are in the room today, many of whom I know and have had the pleasure of meeting with over time. I unabashedly say that their voice gives me a voice, and it means a lot to me that they are here today.

I began my career as a case --

Chairman Smith. One moment. If you don't mind my interruption, former foster youth in the audience, would you raise your hand? Very good. It is great to have you here. And, again, I apologize for interrupting, but your input is very valuable, and we are glad you are here. Please proceed.

Mr. Milner. Thank you. I began my career as a case-carrying social worker, and child welfare has, frankly, remained my life's work. Before joining the administration, my experience in child welfare included providing technical assistance to States to improve services to children and families as well as serving as Alabama's State child welfare director.

In more than four decades of work in child welfare, I have seen far too many situations where all the factors that place children at risk of serious harm went unaddressed by the child welfare system until a serious injury, psychological damage, or something much worse occurred. These things do not typically happen because of a lack of will or a lack of skill within the child welfare workforce but, rather, because of the way our system has been designed and funded.

Traditionally, the majority of Federal funds have been used for foster care, and in comparison we spend only a tiny fraction of Federal funds for actual prevention of child maltreatment before children become known to child welfare agencies. It does not have to be that way.

I am pleased to report to you that we have made significant progress in implementing the Family First Act, and we are absolutely committed to timely and effective implementation.

By permitting, for the first time States and Tribes to use title IV-E funds to prevent children from entering foster care, the Family First Act provides a pathway for the child welfare system to help some families stay together rather than placing their children in foster care. Our approach to Family First implementation allows for as much flexibility as the statute permits. We do not intend to regulate definitions of key concepts beyond what is already in the statute. We will also strive to provide maximum flexibility to States and Tribes in claiming funding for prevention services. Our first program instruction to States and Tribes was published on May 31st and addressed the amendments to title IV-B of the Social Security Act and the Chafee Foster Care Independence Program. Our program instruction on the amendments to title IV-E, the Foster Care Prevention and Permanency Program, was published on July 9th.

In order to participate in the new title IV-E Prevention Services Program, States and Tribes will submit a plan to us that describes how they will carry out the program. We will provide information to States and Tribes on how to submit this plan in a further program instruction that we expect to publish in the first quarter of Federal fiscal year 2019.

We are in the process now of procuring contract support to create the clearinghouse that will identify interventions that satisfy the requirement for reimbursement under the Prevention Services Program, and we expect to award a contract in the coming weeks.

I also want to acknowledge a few of the implementation challenges that States and Tribes, as well as other stakeholders in the child welfare community, are sharing with us. We have heard concerns about the availability of the array of prevention services needed to be effective, about developing alternative placement options for children in congregate care who may not be able to succeed in a foster family home, about the expensive upfront cost of evidence-based programs and about the time limits on reimbursable prevention services in light of wait lists and delays in getting families into services. Some States that have had the flexibility of title IV-E waivers for quite some time are also concerned about the loss of that flexibility.

While some of these challenges are undoubtedly very complex, we are committed to providing States and Tribes with assistance to promote their opportunities for success. Creating a child welfare system that we can be proud of as a Nation and one that children, families, and communities will see as a source of support and strength as opposed to a system to fear will take collaboration across the three branches of government.

We have a collective duty and a responsibility to ensure that Federal policy and funding protects children to the best extent possible, which includes living in resilient, healthy families. I look forward to working with you as we continue implementation, and I am happy to answer your questions.

Statement by

Jerry Milner
Associate Commissioner
The Children's Bureau
Administration for Children and Families
U.S. Department of Health and Human Services

Before the

Subcommittee on Human Resources
Committee on Ways and Means
United States House of Representatives

July 24, 2018

Chairman Smith, Ranking Member Davis, and Members of the Subcommittee, thank you for inviting me to testify on behalf of the Department of Health and Human Services (HHS). I am Jerry Milner, the Associate Commissioner of the Children's Bureau, and the Acting Commissioner for the Administration on Children, Youth and Families. I am here today to discuss our progress in implementing the Family First Prevention Services Act (FFPSA).

Child welfare is my life's work. Before joining the Administration, I served as the Vice President for Child Welfare Practice at the Center for the Support of Families, providing assistance to states in improving services to children and families. My prior experience in child welfare also includes serving as Alabama's state child welfare director and working as a career employee in the Children's Bureau to implement and manage the Child and Family Service Reviews. I began my career as a case-carrying child welfare social worker.

Each of these experiences strengthened my conviction that 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. Foundational principles and values should guide our work in child welfare, including the recognition that all parents and families could become vulnerable with a twist of fate, that all families are worthy and deserve respect, that all children love their parents, and that everyone needs a little help at times in overcoming life's challenges.

In more than four decades of work in child welfare, I have seen too many situations where all the factors that place children at risk of serious harm went unaddressed by the child welfare system

until a serious injury, psychological damage, or something much worse occurred. These things do not typically happen because of lack of will or skill within the child welfare workforce, but rather because of the way our systems are designed and funded. Traditionally, the overwhelming majority of federal funds have been used for foster care. There are now more than 437,000 children in foster care and more than four million reports of maltreatment per year and the numbers are increasing. We spend only a tiny fraction of federal funds on preventing the maltreatment of children before they become known to child welfare agencies. It does not have to be that way.

President Trump signed FFPSA into law in February of this year. As you are aware, FFPSA sets aggressive timelines for the substantial changes contemplated by the legislation. I am pleased to report that we have made significant progress in implementation of its provisions and requirements, and we are committed to a timely and effective implementation.

Before describing our progress further, I would like to explain the central role that we believe FFPSA will perform in changing child welfare programs in the United States and our approach to implementation of the law.

Role of FFPSA

By permitting, for the first time, states and tribes to use federal title IV-E funds to prevent children from entering foster care, FFPSA provides a pathway for the child welfare system to help some families to stay together rather than placing children in foster care. In fiscal year (FY) 2016, close to 10 percent of the children exiting foster care were in care for less than 30 days.

The percentage of such short stays has declined slightly over the past five years, but the question remains whether prevention services offered to many of the more than 24,000 children could have prevented them from being placed in foster care in the first place.

FFPSA provides a tremendous opportunity to make substantial improvements in the outcomes of children and families in the child welfare system. Such improvements, as FFPSA seeks to create, require shifts in long-held mindsets, a new vision of serving children and families, and a commitment to a different way of working with communities and the broader child welfare system. If states and tribes focus their efforts solely on meeting the technical requirements of the law, they may not achieve the goals of FFPSA. Successful implementation must also occur in communities and in collaboration with stakeholders that affect the lives of families in those communities every day, including the legal and judicial community, and public and private service providers. Communities know their residents' needs better than anyone in Washington, D.C., and we should assist them in supporting their families.

Approach to Implementation

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.

While the law is prescriptive in terms of the evidence base required for allowable prevention services, we will seek to open the door of "promising" practices so that states and tribes using practices shown outcomes to support families and children in remaining together safely, while continuing to use those services while building the necessary evidentiary support. We will also look for flexibilities to incorporate basic community-based, family support services into the realm of reimbursable prevention services to the extent possible.

To prepare for implementation that meets the spirit and intent of the FFPSA, we are engaging stakeholders to hear their concerns, respond to questions, and assist states and tribes. Our efforts include: regional listening sessions with states and tribes; formal requests for public comment; site visits in many states to observe effective community-based prevention programs; national webinars; in-person discussions with our relevant grant clusters; participation in child welfare professional membership or association meetings; and individual meetings and calls with state and county child welfare leaders. We will also use our formal tribal consultation process to address tribal FFPSA issues. Our intent in making these significant efforts is to develop a thoughtful, well-informed, and comprehensive implementation plan that will best position all states, territories, and tribes for success.

Our goal is to provide guidance and instruction in a format and timeline that enables the Children's Bureau, states, and tribes to meet statutory deadlines. Through an initial information memorandum published on April 12, we provided an overview of the FFPSA provisions and requirements.

Amendments to Title IV-B of the Social Security Act

Our first program instruction to states and tribes was published on May 31 and addressed the amendments to title IV-B of the Social Security Act and the Chafee Foster Care Independence Program (now renamed as the John H. Chafee Foster Care Program for Successful Transition to Adulthood) and Education and Training Vouchers (ETV) Program. States and eligible tribes submit plans to operate both the title IV-B and Chafee programs in their five-year Child and Family Services Plans, and update these plans annually through the Annual Progress and Services Reports (APSR). This guidance document serves as an addendum to instructions for submission of the 2018 APSR and includes instruction on the following provisions:

- Implementing procedures and protocols to ensure that children in foster care are not inappropriately diagnosed and placed in settings that are not foster family homes as a result;
- Providing services and activities that address the developmental needs of all vulnerable children under the age of five;
- Compiling accurate information on child maltreatment deaths and developing comprehensive plans to prevent child maltreatment fatalities. Tracking trends, planning service improvements, and preventing child maltreatment deaths;
- Redefining "family support services" and "family reunification services";
- Revising the population of children and youth that may be served by the Chafee Program; and
- Extending ETV eligibility up to age 26, and adding a five-year limit on receipt of vouchers.

States and tribes, where applicable, must describe how they intend to comply with these provisions no later than August 15, 2018.

Amendments to the Title IV-E Foster Care Maintenance Payments Program

Our program instruction on the amendments to the title IV-E Foster Care, Prevention, and Permanency Program was published on July 9. It instructed states and eligible tribes on how to amend their title IV-E plans to submit evidence of compliance for the following provisions:

- Delaying the Adoption Assistance phase-in that de-links Aid to Families with Dependent Children eligibility from program eligibility criteria;
- Providing proof that a youth was in foster care;
- Permitting time-limited placements in a licensed residential family-based treatment facility for substance abuse;
- Conducting criminal record and child abuse and neglect registry checks for all adults working in child care institutions;
- Adhering to model licensing standards for foster family homes;
- Preventing states and tribes from implementing new policies that increase the juvenile justice population;
- Limiting title IV-E payments to children placed in child care institutions; and
- Implementing requirements for placements in qualified residential treatment programs (QRTP).

The program instruction also provides instructions to states and tribes that opt to delay some of these provisions, as permitted by law. Timelines for demonstrating compliance vary

significantly based on the statutory effective dates of the provisions and/or the applicable delayed effective date.

Implementation of the Title IV-E Prevention Services Program

To participate in the new title IV-E prevention services program, states and tribes will submit a plan to the Children's Bureau that describes how the state or tribe will carry out the program, the population served, and the approved evidence-based intervention(s). The Children's Bureau will provide information on how to submit these plans through a program instruction for states and another for tribes that we expect to publish in the first quarter of FY 2019.

Operation of a title IV-E prevention services program will require use of an approved set of evidence-based interventions that fall into one of three levels of evidence set forth in the statute. The statute requires HHS to develop and publish criteria for determining what level of evidence interventions meet and are, therefore, approved for title IV-E funding. HHS is also required to create a clearinghouse of the criteria and approved interventions.

We are procuring contract support to create the clearinghouse that will be responsible for identifying interventions that satisfy the criteria for reimbursement under the title IV-E prevention services program and expect to award a contract in the coming weeks. We are developing the criteria for systematically reviewing programs and services this summer. Further, we are engaged in a broad consultation effort on development of the criteria. This effort began with a notice for public comment published in the *Federal Register* on June 22.

Our intent is to include the criteria and an initial list of programs and services identified for review by the clearinghouse in the program instruction, which we will publish in the first quarter of FY 2019. Contracted support will administer the clearinghouse, which includes ongoing review and identification of interventions eligible for reimbursement under the title IV-E prevention services program, and, to the extent that any of the appropriated funds for the clearinghouse are available, for limited support to states in evaluating their services.

FFPSA Implementation Challenges

In addition to the opportunities for improving child welfare through FFPSA implementation, I also want to share the implementation challenges. Based on extensive contacts with state child welfare leaders and other stakeholders, we have heard concerns about the availability of the array of prevention services needed to be effective and about developing alternative placement options for children in congregate care. Some states that have had the flexibility of the title IV-E waivers for long periods of time are also concerned about the loss of flexibility when the waiver authority expires next year, and how their current work will be supported under FFPSA.

Through our analysis of the legislation, our interactions with states and tribes, and our initial implementation efforts, we have identified the following important implementation challenges.

Start-up costs are a potential barrier for states

Title IV-E is a cost reimbursement program and agencies must pay the full cost of prevention services upfront. Therefore, state and tribal access to start-up funding required for initial

participation in the title IV-E Prevention Services Program may be a barrier, as evidence-based interventions can be very expensive to implement.

Availability of an adequate array of placement options for children in foster care

While congregate care placements have declined nationally from 14.6 percent of the foster care population in 2012 to 12.2 percent in 2016, some youth currently in congregate care may be unable to succeed in a foster family home because they may have needs that cannot be addressed in a family setting. FFPSA reduces the types of allowable facilities to a few that focus on specialized populations such as pregnant youth, and may be insufficient for the full population of youth in foster care. HHS will work with states to help ensure all youth are placed in the most appropriate setting.

Twelve-month availability of prevention services is too short for many families' needs

States are rarely able to enroll families in programs and services immediately due to limited availability of services, wait lists, and other barriers. As a result, availability of federal reimbursement under the title IV-E Prevention Services Program is likely to be less than the 12 months from the time the state identifies the child as being in need of programs and services as allotted in the statute. States are also seeing a significant increase in the misuse of opioids and other substances, often resulting in more families encountering the child welfare system. While we anticipate that FFPSA can provide substantial funding for substance abuse treatment services to families whose children are at imminent risk of entering foster care, states will need to ensure they can promptly place families in these services to ensure they are taking full advantage of the twelve-month period of availability provided by the statute.

Review of all studies on prevention programs and services as part of the clearinghouse

Although FFPSA statutory criteria and evidence review requirements closely align with existing evidence-based clearinghouses, significant differences exist that will likely make reviews time-consuming and resource-intensive. Many studies of relevant programs and services have not been reviewed in accordance with the statutory requirements. For example, FFPSA broadens the type of research that may meet criteria to include rigorous quasi-experimental research designs in addition to randomized control trials for designating well-supported and supported practices. Further, FFPSA requires the risk of harm to be assessed for studies (including case data) on programs and services. These requirements will result in a large number of studies needing to be reviewed with the new criteria.

Limited current availability of well-supported prevention programs and services

FFPSA requires states to spend at least 50 percent of their IV-E prevention funding on well-supported programs. Few programs have been documented as well-supported to date and states will need to train and support child welfare staff to ensure successful implementation and fidelity to existing well-supported program models.

Difficulty determining which kinship navigator programs would meet statutory criteria

FFPSA opens up title IV-E reimbursement for kinship navigator programs that meet one of the levels of evidence required in the prevention programs. To date, it is unclear whether any kinship navigator programs meet statutory criteria because they have not been included in existing evidence reviews. The clearinghouse will need to review studies on these kinship navigator programs to determine eligibility for IV-E reimbursement.

Limited number of qualified residential treatment programs meeting the statutory criteria

There are currently a limited number of QRTPs that meet the statutory criteria, FFPSA requires programs to be accredited by certain organizations, be trauma-informed, and provide aftercare services for six months following discharge, among other things. There are additional requirements, such as court approval, for children placed in these programs that may reduce or eliminate federal participation for children placed there.

Limited availability of qualified individuals to assess placements in QRTPs

In order to receive reimbursement for a child placed in a QRTP, a state must ensure that a child's placement is assessed by a "qualified individual" within 30 days of the start of the placement. States already struggle to meet existing needs and requirements given the low supply of qualified clinicians, and this may become more difficult under the new requirements.

While some of these challenges are undoubtedly complicated, we are committed to providing states and tribes with resources, guidance, and technical assistance to promote their success in complying with the FFPSA amendments and in taking advantage of this historic opportunity to access prevention funds and realign the child welfare system in the United States.

Conclusion

In addition to sharing information on our work to implement this legislation effectively and capitalize on the opportunity, I also would like to articulate the importance of working with families even further upstream through efforts to prevent maltreatment from occurring in the first place, as part of a broad continuum of prevention services and flexible funding.

In several jurisdictions, primary prevention efforts are contributing to reductions in reports of maltreatment, decreased numbers of children entering foster care, and improved overall well-being for children and families. FFPSA's funding stream to prevent unnecessary removals, coupled with the President's legislative proposal to provide additional flexibility to use title IV-E funds for primary prevention of maltreatment, would provide an expansive continuum of prevention efforts that could help to break the inter-generational cycles of unresolved trauma and maltreatment that are a part of so many children's and families' lives.

Creating a child welfare system that we can be proud of as a nation and that children, families and communities will see as a source of support and strength, as opposed to a system to fear, will take collaboration across the three branches of government, as well as with states and tribes. We have a collective duty and responsibility to ensure that federal policy and funding protects children to the best extent possible, which includes living in resilient, healthy families. I look forward to working with you as we continue to implement this landmark piece of legislation. I would be happy to answer any questions you have.

Chairman Smith. Thank you, Mr. Milner. Thank you for sharing your insight and expertise.

In preparation for this bipartisan hearing on implementation, Ranking Member Davis and I solicited questions directly from States and their representative organizations. In total, we received nearly 200 questions, and today we are going to do our best to get them answered so States can continue to move forward with the important task of implementing this important bill to strengthen families and improve outcomes for children.

We heard States greatly appreciate the Children's Bureau's efforts to provide summaries and overviews through the recent program information releases, but State and local leaders request more specific information on timelines for policy releases and expected implementation milestones, both for the Children's Bureau as well as for implementing State agencies.

We also heard human services leaders and child welfare administrators welcome the opportunity to implement a new vision for child welfare and to expand the continuum of services oriented toward prevention.

In order to move forward with key decisions on implementation or delay, budget forecasting, workforce planning, community-based partner engagement and State legislative activities, State and local leaders need a more concrete and regular communication and guidance from the Children's Bureau to facilitate implementation.

Please tell us more about the timeline for upcoming guidance, what States can expect will be included and not included in upcoming guidance, also timelines for States taking action, submitting plans and the like. And for States that are delaying, how are those timeframes impacted? On the issue of State option to delay implementation for 2 years, the law is explicit that States have full control over their decision to delay implementation, but yet the program guidance mentions no less than six times approval by HHS and asks for a decision by November 9.

There was no deadline requirement for this decision in the law, and by expecting a decision now for a year later appears to push States to make rushed decisions about these important reforms before thoughtful consideration and discussions can happen with various stakeholders, before the results of State elections allow new policymakers to make decisions about resource allocations, and before State and local budgets are finalized that would impact the State's ability to implement these reforms.

I understand the November 9th deadline is not binding but merely for planning purposes, and a State can change its mind at any point, both to go ahead or delay. Is that correct?

Mr. Milner. That is correct.

Chairman Smith. Thank you. On the topic of what families will be eligible for prevention -- what families will be eligible for prevention services, known as the candidate of imminent risk issue, I would like to highlight what you said in your written and oral testimony. The Children's Bureau does not intend to regulate a definition beyond what is already in law, correct?

Mr. Milner. That is correct.

Chairman Smith. Does this mean States should be setting out to define it themselves and, if they wanted to in the future, could adjust it?

Mr. Milner. Presumably so. States have flexibility under the current title IV-E Foster Care Program to make certain decisions about who is a candidate there. We want to give them that maximum flexibility there as well, and we don't intend to impose any restrictions on those definitions beyond what is already in statute.

Chairman Smith. Okay. Very good. Can you reflect a little bit on the timelines that I mentioned earlier?

Mr. Milner. Yes, sir. I am happy to. Let me first of all say we are absolutely committed to timely implementation, but we are also committed to doing it well. I am far more interested in seeing States truly move the culture and the foundation of their child welfare systems to one that is designed to strengthen families and gets the outcomes that Family First contemplates as opposed to a purely technical implementation that may not, in fact, improve the outcomes for children and families. We issued our first information memorandum in April of 2018, which was an overview of the requirements of the Family First Act. Our first program instruction was issued in May of 2018, which covered the requirements under title IV-B of the Social Security Act. Our second PI was issued July 9, I believe, which covers the requirements of title IV-E of the Social Security Act.

We currently have in clearance a Federal Register notice in clearance, which will be issued regarding the Family First requirement that we issue model licensing standards; and we will be sending that information out for comment

before finalizing it. We expect in the first quarter of Federal fiscal year 2019 to issue additional program instructions for both States and Tribes on the new IV-E Prevention Funding Program, which is part of Family First.

In the meantime, I think it is important to note that while we recognize 7that States and Tribes have a tremendous number of questions, as evidenced by the 189 that I received sometime yesterday afternoon, we are trying our best to be as responsive as we can to those questions going forward. Many of the answers to those questions have been addressed in the program instructions. Many of those questions are addressed in the statute itself. Where there are gaps, we are committed to issuing either clarifying instructions for States and Tribes or meeting with them in order to answer those questions. We are participating in and cohosting with the Casey Family Programs a series of three listening sessions across the country to address State concerns and to respond to the questions. I participated in the first of those a couple of weeks ago in Seattle, and we have two more forthcoming. Even as we speak today, we have a State call is being conducted to answer questions and to help respond to the concerns that States are raising with regard to the implementation of the Family First Act. We have four more of those calls scheduled with States.

Chairman Smith. Thank you. On the model licensing standards, you expect that to be available when?

Mr. Milner. Very soon. It is in clearance right now. We have drafted that. Within the coming weeks, that should be out there and available for comment.

Chairman Smith. So well in time for States to run that through their respective legislative processes?

Mr. Milner. Yes. Our deadline on that is October 1 of 2018. We will come out with that before that October 1 deadline.

Chairman Smith. Okay. Thank you very much.

I now recognize the distinguished ranking member, Mr. Davis, for 5 minutes for any questions he might have.

Mr. Davis. Thank you very much, Mr. Chairman.

And, Mr. Milner, thank you again. Starting October 1, 2018, the Federal Government will provide a dollar-for-dollar match for State expenditures for

the Kinship Navigator Program, which will help provide needed support to grandparents and other kin caregivers who have stepped up to keep children with their families and out of care. The law clearly provides this funding separately from the prevention funding, and it was Congress' intent that kinship navigator programs be allowed to serve all kin caregivers, not only those caring for children at imminent risk of foster care. This broader target population of kinship families is consistent with previously federally supported Kinship Navigator Program funding in the Fostering Connections to Success and Increasing Adoption Act of 2008, which is referenced in Family First.

Is it your understanding of the law as well that States should serve a broader population of kinship caregivers beyond simply those caring for children at imminent risk of care?

Mr. Milner. Yes, sir.

Mr. Davis. Thank you for that.

Similarly, the requirement that 50 percent of interventions must meet the well-supported evidence standard only applies to the prevention services funding, not to the kinship navigator programs. The kinship navigator programs simply need to be evidence-based, which means they meet the promising standard in the law. Is that your understanding of the law as well?

Mr. Milner. I believe. I am clear that the kinship navigator programs must meet the evidence-based requirements. I am less clear in the moment about the 50 percent requirement there, but we will be absolutely glad to clarify that for you.

Mr. Davis. Thank you very much for that.

In your testimony, you said there might not be any models of kinship navigator programs that meet the evidence standard. What are you doing to make sure there are models available to States in time for States to claim funding in fiscal year 2019?

Mr. Milner. Well, first of all, to clarify that statement, we have heard from a number of stakeholders that there are not many or possibly any kinship navigator programs out there that would meet the evidentiary standards required by Family First. We believe one program that we have begun to look at that might meet those standards, and we are actually going to be pursuing

that, hopefully, as one of our priorities in determining the evidence-based programs that are reimbursable under Family First.

Apart from that, you mentioned the prior work that we have funded. We are going to be looking at those programs as possible candidate programs in the kinship navigator realm that we could fold into the list of approvable services to be funded under title IV-E.

We are also working with our Office of Planning, Research, and Evaluation to fund a contract that is designed to build the evidence for promising programs out there so that we can expand the entire array of reimbursable services. Kinship navigator programs are a part of that work that is going forward.

Mr. Davis. And, finally, 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. We wrote the language to ensure that this group of youth include fathers as well as mothers.

Family First allows service provision on behalf of pregnant and parenting youth, meaning that services should be available to their kin caregiver. Does HHS plan to emphasize these important points in its guidance to States to ensure that they know teen fathers and kin caregivers of pregnant and parenting foster youth can also be served?

Mr. Milner. 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. It has been an area that I personally have been focused on through the Child and Family Services Reviews since 2001, and we continue to work with States on ways to improve their response to that.

I am going to add that, just a few weeks ago, I was fortunate enough to meet with a group of parenting youth who were either still in foster care or emancipated from foster care and a couple of those youth who were about to become parents. That was in your home State of Nebraska, Chairman Smith. That group of youth gave me a tremendous amount of information about how important it is that they get the services that they need.

I will also say that they gave me hope. They gave me hope that, despite so many obstacles that they have faced, their goals were incredibly lofty. One of the young women in that meeting had strong desires of attending law school. My special assistant who was with me there and is also a lawyer was

able to meet with her and link her up with some resources that she could begin that whole process of living out her dream and her goal.

So you are raising a critical issue here, and we are entirely supportive of providing as much of an array of services to that population served under Family First as we can.

Mr. Davis. Thank you, Mr. Chairman, and I yield back.

Chairman Smith. Thank you.

I now recognize Mrs. Walorski from Indiana.

Mrs. Walorski. Thank you, Mr. Chairman.

And thank you, Mr. Milner, for being here. For all of you that came with him, thank you so much. Seeing your faces this morning gives me hope and very tangible evidence, sitting here today with all of you being here. Thank you so much for joining us today.

The opioid crisis has put unprecedented strains on our communities and social service agencies. Indiana has seen a huge spike in the number of children in the foster care system due in large part to this epidemic. I was proud to vote for the Family First Prevention Services Act because we needed to reframe the conversation and to put a greater emphasis on prevention rather than just treating problems as they happened and to verify that children were being placed in quality settings.

Mr. Milner, when it comes to accreditation of group homes, there is a lot of anxiety in my home State of Indiana. Part of that stems from the fact that Family First congregate care provisions, only facilities that meet the qualified residential treatment program criteria are eligible for Federal reimbursement. In order to meet these criteria, a facility must be accredited by an independent not-for-profit accrediting organization. I think this is a great thing. This ensures quality. However, the anxiety kicks in when they look at the fact that the process takes 1 to 2 years to complete, and there is a limited number of accrediting organizations who will be facing a significant uptick in their workload.

How are you planning to work with States to ensure these aren't negative impacts on service delivery?

Mr. Milner. It is a tough issue, and in no way do I want to minimize the importance of that issue. Among the States, Tribal representatives, and other groups out there that I talk to, that is one of the top two issues that I consistently hear about.

We are meeting with the different organizations that could potentially be involved in this. I would be misrepresenting to you if I said we understand completely the range of possible accreditation options out there. We don't have all of those details worked out. But in our consultation with States, as we are hearing about their concerns -- and I mentioned that we are in the process of having three of these listening sessions around the country as well as five calls -- they are raising those concerns to us. We are committed to developing an implementation strategy and a plan that will, to the best of our ability, address those critical concerns. It is, frankly, a very big concern.

Mrs. Walorski. Would States with a pending accreditation be allowed to provide reimbursable services? And can any IV-E funds be made available to assist providers in being accredited?

Mr. Milner. I am not aware of any IV-E funds that would allow States to use that for the accreditation process. I am not going to speak definitively on that, but I can say that I am not aware of that. And could you repeat your first question, please? I am sorry.

Mrs. Walorski. Sure. Would States with a pending accreditation be allowed to provide reimbursable services?

Mr. Milner. I am not aware of any flexibility in the statute that would permit that.

Mrs. Walorski. Are States able to identify accreditation standards apart from the national standards?

Mr. Milner. The standards would apply to the accrediting body. So the body that -- for example, the Council on Accreditation and the Joint Commission on Accreditation of Healthcare Organizations would probably have slightly different accreditation standards there. So it would depend upon the accrediting body that the State chose to use.

Mrs. Walorski. Will standards defining trauma-informed program models be incorporated into those standards?

Mr. Milner. I think the statute does require that the programs, the qualified RTPs, provide services that are trauma-informed. So they would have to be a part of that process.

Mrs. Walorski. Great.

Thank you, Mr. Chairman. I yield back. Thank you.

Chairman Smith. Thank you.

I now recognize Ms. Sewell for 5 minutes.

Ms. Sewell. Thank you, Mr. Chairman.

First, I want to welcome our guest, Commissioner Milner, a fellow Alabamian. Since you went to both schools, War Eagle and Roll Tide.

Mr. Milner. War Eagle.

Ms. Sewell. I believe members of both sides of the aisle saw the passage of the Family First legislation as a huge success. We all know that foster care placements are on the rise. In 2016, 3,769 children in my home State of Alabama, our home State, entered the foster care system, and over 36,000 Alabama kids were involved in an investigation of maltreatment.

However, the Family First Act has provided States like Alabama with an opportunity to invest Federal funds in preventive services that will keep kids out of foster care, wherever possible. Right now, Alabama spends about $54 million on foster care, but only one-fifth of that on preventive and permanency services.

Under the new Family First law, this spending imbalance can be corrected and States like Alabama can begin to invest more resources in substance abuse, mental health, and parenting skills training. However, in order for States to successfully implement the new law, HHS must provide the proper guidance and assistance to States, which leads me to my first question.

When the Family First law requires HHS to identify national model foster care licensing standards and requires States to report whether they have implemented them or not, the House has passed that provision three times that HHS should help identify national model foster care licensing standards. And

the House has passed provisions three times, including voting for a separate bill, H.R. 2866.

At the time that we were debating H.R. 2866, my colleague Mr. Kelly from Pennsylvania and I engaged in a floor colloquy to make very clear our intent that the National Association for Regulatory Administration model standards, which were the result of a multiyear effort incorporating input from key national associations and professional licensors, should be the foundation of such standards.

I would like to enter for the record a copy of the model family foster home licensing standards from the National Association for Regulatory Administration.

Chairman Smith. Without objection.

nara

Model Family Foster Home Licensing Standards

AMERICAN BAR ASSOCIATION
Center on Children and the Law

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THE ANNIE E. CASEY FOUNDATION

The American Bar Association, Center on Children and the Law
The ABA is the largest voluntary professional association in the world with nearly 400,000 members. The ABA Center on Children and the Law improves children's lives through advances in law, justice, knowledge, practice and public policy by focusing on child abuse and neglect, child welfare and protective services system enhancement, family preservation, adolescent health and other child protective legal issues.

The Annie E. Casey Foundation
The Annie E. Casey Foundation is a private philanthropy that creates a brighter future for the nation's children by developing solutions to strengthen families, build paths to economic opportunity and transform struggling communities into safer and healthier places to live, work and grow.

Generations United
Generations United is a national membership organization focused solely on improving the lives of children, youth, and older people through intergenerational collaboration, public policies, and programs for the enduring benefit of all. For well over a decade, Generations United's National Center on Grandfamilies has been at the forefront of national efforts to support grandfamilies through federal and state legislative testimony and briefings, publications, training, and technical assistance.

National Association for Regulatory Administration
The National Association for Regulatory Administration (NARA) is an international professional organization dedicated to promoting excellence in human care regulation and licensing through leadership, education, collaboration, and services. NARA represents all human care licensing, including adult residential and assisted living, adult day care, child care, child welfare and program licensing for services related to mental illness, developmental disabilities and abuse of drugs or alcohol.

The American Bar Association, Center on Children and the Law, Generations United, and the National Association for Regulatory Administration gratefully acknowledge the Annie E. Casey Foundation for their support of this project.

Model Family Foster Home Licensing Standards

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Model Family Foster Home Licensing Standards

Purpose Statement

The American Bar Association Center on Children and the Law, the Annie E. Casey Foundation, Generations United and the National Association for Regulatory Administration have developed **Model Family Foster Home Licensing Standards** that, for the first time, help 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.

These standards, which are the only comprehensive national guidelines, fill a previous void by giving the federal government a set of clear and practical requirements to reference and guide states in their efforts to license homes. Under federal law, states have extraordinary flexibility to create family foster home licensing standards, and the law requires only that states develop guidelines "reasonably in accord" with national organizations' recommendations.

Model Family Foster Home Licensing Standards help ensure that children in foster care:

- live in safe and appropriate homes under child welfare and court oversight,
- receive monthly financial assistance and supportive services to help meet their needs, and
- can access the permanency option of assisted guardianship in the states and tribes that participate in the federal Guardianship Assistance Program (GAP).

The Model Family Foster Home Licensing Standards, which encompass all the necessary components to license a family foster home, are flexible enough to respond to individual circumstances, but most importantly they help ensure that children in out-of-home care have safe and appropriate homes. These standards should not be considered "minimum" criteria, but instead should be adopted as all the criteria necessary to license a safe home.

The standards are accompanied by an interpretative guide and crosswalk tool. The guide summarizes the purpose of each standard, and provides instructions necessary for compliance determinations. The crosswalk tool is designed to assist states compare and align their current standards with the model standards.

While we acknowledge that not all states will be able to implement this model in its entirety without any modifications, we challenge all states to use it to assess their own standards and ultimately to align their standards with this model. For the development and implementation of tribal foster care standards, please refer to the National Indian Child Welfare Association (NICWA) materials at http://www.nicwa.org/resources/booklets/.

In creating these model licensing standards, our hope is that all children, regardless of the state in which they live, will be in homes that have met the same reasonable and achievable safety standards.

Model Family Foster Home Licensing Standards

Principles

(1) Family foster home licensing standards should be reasonable and achievable and based on the need to find a safe and appropriate home for each child in out of home care.

(2) Each child in state or county custody needs to be in a licensed home (recognizing that courts can still order a child to be placed in a specific, unlicensed home).

(3) Family foster home licensing standards should promote the opportunity for adults to apply to become foster parents. The licensing process should be based on an assessment of abilities and continued desire to care for children in out of home care. Not everyone will be able to meet the needs of abused or neglected children.

(4) The licensure of family foster homes is typically a distinct process with different standards than the placement of children in family foster homes. These processes must work together to ensure that children in out of home care are placed in the best homes for them.

(5) Family foster home licensing standards should be flexible and reflect community standards and cultural considerations. If necessary, the agency should assist the applicant with costs associated with meeting the standards.

(6) The licensure of family foster homes should recognize that family systems change over time and therefore assessments must be ongoing.

(7) Family foster home licensing standards must be distinct from licensing standards for child care and adult care settings. Family foster homes should not also be licensed as child care or adult care settings.

(8) Family foster home licensing standards are necessary to promote safety and consistency in licensing assessments and to give licensors the tools to make good decisions. Over regulation should be avoided.

(9) The role of regulation is intended to help safeguard vulnerable individuals who are unable to protect themselves. Rules and the regulatory process must be respectful of the individuals being regulated and, in turn, be respected by them and by the public.

(10) When 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.

Model Standards

1. DEFINITIONS
A. "Applicant" – an individual(s) who has submitted an application and is seeking a license from the licensing agency as a family foster home.
B. "Community standards" – local norms bounding acceptable conduct. For housing, the term means acceptable building standards based on the neighborhood and similar homes.
C. "Corporal punishment" – any form of physical discipline in which a child is spanked, paddled or hit on any part of the body with a hand or instrument.
D. "Family foster care" – continuous 24 -hour care and support services provided for a child in a family foster home.
E. "Family foster home" – a private home, including adjacent grounds belonging to the home, in which a child is placed for family foster care under the supervision of the licensing agency. This term includes a kinship, relative, and child-specific home.
F. "Foster parent" – an individual who provides family foster care with a license from the licensing authority.
G. "Functional literacy" – the ability to read and write at the level necessary to participate effectively in society.
H. "Household member" – any relative or non-relative who regularly lives, shares common areas, and sleeps in a home. An individual who is living, sharing common areas, and sleeping in a home temporarily for more than two consecutive weeks is considered a household member.
I. "License" – the approval, verification or certification of a home and applicant to provide family foster care.
J. "Licensing agency" (also known as "agency") – the entity, either private or public, that has authority to consider and approve a family foster care license.
K. "Licensing authority" – the governmental body responsible for carrying out licensing and regulatory functions, including monitoring compliance with applicable state laws and rules.
L. "Relative" – an individual who is related by blood, marriage or adoption or who has a close family-like relationship to another individual. For American Indian and Alaska Native children, "relative" could also include a tribally defined extended family relationship.
M. "Sibling" – brothers and sisters by birth or adoption, stepbrothers, stepsisters, half-brothers, and half-sisters.
2. ELIGIBILITY STANDARDS
A. All applicants must submit a complete application and accompanying documentation for a family foster home license, and keep copies in their home.
B. To apply for a family foster home license:
1. Applicants must be age 18 or older.
2. Applicants must be able to communicate with the child in the child's own language.
3. Applicants must be able to communicate with the licensing agency and health care and

other service providers.

4. At least one applicant in the home must have functional literacy, such as have the ability to read labels on medications in order to properly administer them.

5. Applicants must have income or resources to make timely payments for shelter, food, utility costs, clothing, and other household expenses prior to the addition of a child in foster care.

C. The agency must not deny to any individual the opportunity to become a foster parent on the basis of the race, color, or national origin of the individual, or of the child, as required by the federal Multiethnic Placement Act (MEPA), 42 U.S.C.A. sec. 1996b and Title IV-E of the Social Security Act, 42 U.S.C.A. sec. 671(18). MEPA also provides that this law must not be construed to affect the application of the Indian Child Welfare Act, which contains preferences for the placement of eligible American Indian and Alaska Native children in foster care, guardianship, or adoptive homes. Furthermore, the agency must not discriminate with regard to the application or licensure of a foster family on the basis of age, disability, gender, religion, sexual orientation, gender identity or marital status.

3. PHYSICAL AND MENTAL HEALTH STANDARDS

A. All applicants and household members must have physical exams from a licensed health care professional recognized by the agency. The exam results, which must be no older than 12 months prior to application, must indicate that the applicants are capable of caring for an additional child. The agency may require further documentation and/or evaluation to make such a determination.

B. All children who are household members must be up to date on immunizations jointly recommended by the American Academy of Pediatrics, the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention, and the American Academy of Family Physicians, unless the immunization is contrary to the child's health as documented by a licensed health care professional.

C. Applicants and all household members must disclose any past or current mental health and/or substance abuse issues. The agency may require further documentation and/or evaluation to determine the suitability of the home.

4. HOME STUDY STANDARDS

A. The agency must conduct a written comprehensive family assessment and home study in collaboration with the applicants to include:

1. At least one scheduled on-site visit to assess the safety of the home using these licensing standards.

2. At least one scheduled in home, individual interview of each household member to observe family functioning and assess the family's capacity to meet the needs of a child in foster care. The agency will determine whether to interview or just observe each household member based on his or her age and development.

B. The agency must obtain at least three references, including at least one from a relative and one from a non-relative.

C. Tribal agencies may also be involved in conducting home studies for American Indian and Alaska Native children. 42 U.S.C.A. sec. 671(26)(B) provides that any receiving state must treat any tribal home study report as meeting the requirements imposed by the state for the completion of a home study.

5. CAPACITY STANDARDS

A. The total number of children in a family foster home, including the family's own children living in the home, must not exceed 8, of which no more than 5 may be children in foster care. The agency may determine lower capacities based on the family assessment and home study.

1. No more than 3 children total under age 2.
2. No more than 4 children total under age 5.
3. No more than 4 children total between the ages of 5-13.
4. No more than 4 children total over the age of 13.

B. The maximum number of children may be increased with agency approval to allow for siblings to remain together or to allow applicants to provide care to a child who has an established, meaningful relationship with the applicants' family, such as a child who was formerly in foster care with the family.

6. SLEEPING STANDARDS

A. Each child in foster care must have a sleeping space with an individual bed or crib, mattress and linens, as appropriate for the child's needs and age and similar to other household members.

1. Children who are relatives may share a bed with agency approval.
2. All cribs in the home must be in compliance with Consumer Product Safety Commission standards.
3. All bunk beds in the home must not have more than two tiers.
    a. The upper tier must have railings on both sides to prevent falling.
    b. The top tier must not be used by a child under the age of 6.

B. There must be no more than 4 children total sharing a room used as a sleeping space.

1. A child over the age of 5 must not share a room used as a sleeping space with a child of the opposite sex.
2. Children who are relatives may share a room used as a sleeping space with agency approval.
3. A child under 12 months of age in an individual crib may share a room used as a sleeping space with the foster parent.
4. A child over 12 months of age may share a room used as a sleeping space with the foster parent with agency approval.

7. OTHER LIVING SPACE STANDARDS

A. The home may be a house, mobile home, housing unit or apartment occupied by an individual or a family.

B. The applicants' home and all structures on the grounds of the property must be maintained in a clean, safe, and sanitary condition and in a reasonable state of repair within community standards.

C. The home must satisfy the following living space standards:

1. Be free from objects, materials, and conditions that constitute a danger.
2. Prevent or eliminate rodent and insect infestation.
3. Regularly dispose of trash and recycling.
4. Have a working phone or access to a working phone in close walking proximity.
5. Have at least one toilet, sink, and tub or shower in safe operating condition.
6. Have kitchen facilities with a sink, refrigerator, stove, and oven in safe operating condition.
7. Have heating and/or cooling as required by the geographic area, consistent with accepted community standards and in safe operating condition.
8. Have ventilation where household members and children in foster care eat, sleep, study, and play.
9. Have artificial lighting where household members and children in foster care study and read.

8. FIRE SAFETY/EVACUATION PLAN STANDARDS

A. The applicants' home must meet the following fire safety/evacuation plan standards:

1. Have at least one UL (Underwriter's Laboratory) approved smoke detector on each level of occupancy of the home and near sleeping areas.
2. Have at least one operable fire extinguisher that is readily accessible.
3. Be free of obvious fire hazards, such as defective heating equipment or improperly stored flammable materials. Household heating equipment must be equipped with appropriate safeguards, maintained as recommended by the manufacturer.
4. Have a written emergency evacuation plan to be reviewed with the child within 24 hours of placement in the home and posted in a prominent place in the home. The plan must identify multiple exits from the home, and designate a central meeting place close to the home that is known to the child yet at a safe distance from potential danger.

B. Applicants must maintain a comprehensive list of emergency telephone numbers, including poison control, and post those numbers in a prominent place in the home. If there is a landline phone located in the home, the numbers must be posted next to the phone.

9. ADDITIONAL HEALTH AND SAFETY STANDARDS

A. The applicants' home must meet the following standards concerning weapons:

1. The following weapons must be stored in an inoperative condition in a locked area inaccessible to children:
   a. Firearms;
   b. Air guns;
   c. BB guns;

d. Hunting slingshots; and
e. Any other projectile weapon.
2. All ammunition, arrows or projectiles for such weapons must be stored in a locked space separate from the weapons.
3. Applicants who are also law enforcement officials and can document that their jurisdiction requires them to have ready and immediate access to their weapons may be exempt from these weapon requirements provided the applicants adopt and follow a safety plan approved by the agency.
B. The applicants' home must meet the following standards concerning water:
1. A family foster home must have a continuous supply of safe drinking water.
2. If a home uses private well water or another source of drinking water other than water through the municipal water supply, then it must be tested for safety.
3. The temperature of any water heaters must be set in accordance with the manufacturer's recommendations.
C. The applicants' home must meet the following standards concerning animals:
1. Any animal that poses a threat to the safety or health of a child in foster care must be confined in a place away from the child and inaccessible to the child.
2. Pets that are required to be vaccinated by state or tribal law must be vaccinated against diseases that can transmit to humans, including rabies.
D. The applicants' home must meet the following standards concerning swimming pools, hot tubs, and spas:
1. Swimming pools must have a barrier on all sides at least four feet high.
2. Swimming pools must have their methods of access through the barrier equipped with a safety device, such as a bolt lock.
3. Swimming pools must be equipped with a life saving device, such as a ring buoy.
4. If the swimming pool cannot be emptied after each use, the pool must have a working pump and filtering system.
5. Hot tubs and spas must have safety covers that are locked when not in use.
E. The applicants' home must meet the following standards concerning hazardous materials and first aid supplies:
1. Prevent the child's access, as appropriate for his or her age and development, to all medications, poisonous materials, cleaning supplies, other hazardous materials, and alcoholic beverages.
2. Maintain first aid supplies as recommended by the Red Cross.
10. CRIMINAL HISTORY RECORDS CHECK STANDARDS
A. Applicants and any other household members who are adults age 18 or older must submit to fingerprint-based checks of national and state crime information databases and checks of state or local crime information databases before the applicants may be approved for placement of a child.
B. The agency must also check sexual offender registries for mention of the applicants and any other household members who are adults age 18 or older.

C. If a record check reveals a felony conviction for child abuse or neglect, for spousal abuse, for a crime against children (including child pornography), or for a crime involving violence, including rape, sexual assault, or homicide, but not including other physical assault or battery, and a state finds that a court of competent jurisdiction has determined that the felony was committed at any time, approval for placement of a child must not be granted.

D. If a record check reveals a felony conviction for physical assault, battery, or a drug-related offense, and a State finds that a court of competent jurisdiction has determined that the felony was committed within the past 5 years, approval for placement of a child must not be granted.

E. If an applicant was convicted for a crime other than those included in C. and D., the applicant will not be automatically rejected as a foster parent. The agency must consider the following:

1. the type of crime;
2. the number of crimes;
3. the nature of the offenses;
4. the age of the individual at the time of conviction;
5. the length of time that has elapsed since the last conviction;
6. the relationship of the crime and the capacity to care for children;
7. evidence of rehabilitation; and
8. opinions of community members concerning the individual in question.

F. Applicants and all household members have an ongoing duty to report any juvenile offenses committed by any member of the household. The existence of a household member with a juvenile offense does not automatically exclude the applicants. The agency must consider the suitability of the home based on the criteria used to assess crimes set forth in C.- E. of this standard and standard 11. B. and C.

11. ABUSE AND NEGLECT BACKGROUND CHECK STANDARDS

A. The agency must meet the following abuse and neglect background checks standards:

1. Check all child abuse and neglect registry and adult protective services registry maintained by the state, tribe or locality for information on applicants and any other household members who are adults age 18 or older.
2. Request that any other state in which applicants and other adult household members who are adults age 18 and older have resided in the preceding 5 years also check all child abuse and neglect registry and adult protective services registry maintained by that state.
3. Comply with any request described in A.2. that is received from another state.

B. The applicants must not be licensed if the applicants or any household member who is an adult age 18 or older has been the subject of a substantiated allegation of sexual exploitation or sexual abuse of a child or has been substantiated for child abuse that resulted in a child fatality.

C. If there is a substantiated report of child abuse or neglect, other than those listed in B., involving the applicants or any household member who is an adult age 18 or older, the application is assessed on a case-by-case basis, which includes a discussion with the applicants and household members, to determine if the safety of any child in the home will be impacted. If not impacted, the results of the abuse and neglect background check may not prevent licensure.

D. Applicants and all household members have an ongoing duty to report any juvenile offenses committed by any member of the household. The existence of a household member with a juvenile offense does not automatically exclude the applicants. The agency must consider the suitability of the home based on the criteria used to assess crimes set forth in B.-C. of this standard and standard 10 C.-E.

12. ASSURANCES FROM APPLICANTS

A. Applicants must sign an agreement containing the following assurances that they and all household members will comply with their roles and responsibilities as discussed with the agency once a child is placed in their care:

1. They will not use any corporal or degrading punishment on any children in the home.
2. They will not use any illegal substances, abuse alcohol by consuming it in excess amounts, or abuse legal prescription and nonprescription drugs by consuming them in excess amounts or using them contrary to as indicated.
3. They will not smoke in the presence of the child in foster care, in the family foster home, or in any vehicle used to transport the child. Furthermore, guests will not be allowed to smoke in the presence of the child in the family foster home or in any vehicle used to transport the child.
4. They will closely supervise the child in foster care when the child is in close proximity to any swimming pool or body of water. When they cannot supervise, they must restrict the child's access to swimming pools or bodies of water. The child must never be left to swim alone.
5. They will provide water safety instruction to the child in foster care as appropriate for his or her age and development if the home is adjacent to any body of water or has a swimming pool. Water safety instruction addresses key knowledge and skills on how to be safe around water and does not necessarily mean swimming lessons.
6. They will maintain the swimming pool in safe condition, including testing and maintaining the chlorine and pH levels as required by the manufacturer's specifications.
7. They will lock all entry points when the swimming pool is not in use.
8. They will remove or secure any steps or ladders to the swimming pool to make them unusable when the pool is not in use.
9. They will set up and maintain wading pools according to the manufacturer's instructions, and empty and store them when not in use.
10. They will ensure that the child in foster care has legal and safe transportation to and from health care, therapy, and agency appointments; school; extracurricular activities; social events; and scheduled meetings or visitation with parents, siblings, extended family members, and friends.
11. They will ensure that if a privately-owned vehicle, owned by the applicants , family or friends, is used to transport the child in foster care, it must be inspected (if applicable under state or tribal law), registered, and insured, and meet all applicable state or tribal requirements to be an operable vehicle on the road.
    a. The driver will have a valid driver's license.
    b. Safety restraints will be used that are appropriate to the child's age, height, and weight.

c. Weapons must not be transported in any vehicle in which the child is riding unless the weapons are made inoperable and inaccessible.

12. They may need to take additional steps for the safety of the child in foster care, depending on the home, the area in which it is located, and the age and any cognitive and behavioral challenges of the child. For example, applicants may be required to child proof their home or place a fence to prevent the child from accessing nearby railroad tracks or another hazard.

B. The agency will review the assurances agreement with the foster parents at initial licensing, when a child is placed in their care, and annually thereafter.

13. PRE-LICENSE TRAINING STANDARDS

A. All applicants must complete at least 6 hours of pre-license training on care of the child.

B. Pre-license training topics must include:

1. An overview of the child welfare system:
   a. Legal rights, roles, responsibilities and expectations of foster parents;
   b. Agency purpose, policies, and services; and
   c. Courts, and applicable laws and regulations.
2. Information, including trauma concepts and behavioral management, to provide for the needs of the child who is or may be placed in the home.

14. EMERGENCY PLACEMENT STANDARDS

A. A child may be placed in a home on an emergency basis pending licensure for a maximum of 90 calendar days with a relative. The applicants must agree to complete the full assessment and approval process for a family foster home license within 90 calendar days. For emergency placements of American Indian and Alaska Native children, agencies should work closely with tribal and urban Indian organizations that have expertise in recruiting and licensing tribal family foster care homes.

B. The agency must complete the following prior to approving an emergency placement:

1. State and/or local criminal background check of applicants and any other household member who is an adult age 18 or older. To determine eligibility, the results of the check will be assessed using the criteria in 10. C., D., and E. above.
2. State, tribal, and/or local child abuse and neglect registry and adult protective services registry check for information on applicants and any other household member who is an adult age 18 or older. To determine eligibility, the results of the check will be assessed using the criteria in 11. B. and C. above.
3. For other states in which applicants and any other household member who is an adult age 18 and older have resided in the preceding five years, applicants and household members must attest that they are not on the child abuse and neglect registry or the adult protective services registry. At that time, the agency will submit its request that the other states check their registries.
4. Preliminary visual inspection to assess the safety of the home.
5. Preliminary assessment of the ability of the applicants to meet the needs of the child.
6. Discuss assurances agreement, as described in standard 12 above, with applicants and obtain their signatures on the agreement.

C. If the home is not licensed within 90 calendar days, the child must be removed from the home, unless:
1. A direct placement of the child in the home is ordered by the court while the child is still in the custody of the child welfare agency.
2. The applicants file for and receive care and custody of the child directly from the court.
3. The agency grants an extension of up to 90 calendar days for applicants to complete licensure if it determines that removal of the child would be detrimental to the best interests of the child.

Model Family Foster Home Licensing Standards

Interpretive Guide

PURPOSE OF THE INTERPRETIVE GUIDE

This guide is designed to assist licensing staff meet the requirements of the Model Family Foster Home Licensing Standards (Model Standards). The guide provides parameters for the licensing process. It also provides information on the purpose of each standard as well as any special instructions necessary for compliance determination. This guide will hopefully serve as a practical document that facilitates a better understanding of the standards in preparation for licensure and for maintaining on-going compliance.

The guide is organized in the following format:

- The complete standard.
- The 'intent' statement, which summarizes the purpose of the standard – the 'why' of the standard.
- The guidelines, which include the assessment methods for evaluating compliance with the standard.

Note: This guide must not be construed to reduce, limit, or restrict the licensing authority to enforce applicable statues and regulations. It does not establish a precedent or otherwise bind the licensing authority in any other action and must not be construed as evidence of practice, policy, or interpretation with respect to any dispute or issue not addressed herein.

BALANCED PRACTICE PRINCIPLES IN THE LICENSING ASSESSMENT
(Adapted from the National Association for Regulatory Administration (NARA) Licensing Curriculum)

1. Use the least enforcement necessary. Violations must be cited, but correction does not need to go beyond what is needed to accomplish lasting compliance. Enforcement responses should be risk-based and consistent to be seen as fair.

2. Use technical assistance *appropriately*. Technical assistance is a positive enforcement and consumer protection tool. It is not a substitute for citing violations or requiring prompt correction.

3. Show respect for the standards by explaining and teaching their protective intent. The merits of the standards are not a subject for personal opinion or debate. Licensees do a better job of compliance though, when they understand the underlying risks and their role in reducing those risks.

4. If a standard is specific, it must be enforced. If a standard can be met in several acceptable ways, the licensee must be free to exercise his/her preference for how to comply with the standard. Use organizational resources. For example, when disputes arise, encourage the use of available resolution services or skills. Use the power and expertise inherent in the collective experience of colleagues and supervisors.

5. Gather facts fully and objectively.

6. Provide findings promptly, clearly, and factually to help the licensee understand how to comply. Delayed or unclear findings heighten anxiety; factual findings defuse an emotionally charged situation.

7. Learn and practice good verbal and non-verbal communication.

1. DEFINITIONS

A. **"**Applicant" – an individual(s) who has submitted an application and is seeking a license from the licensing agency as a family foster home.

B. "Community standards" – local norms bounding acceptable conduct. For housing, the term means acceptable building standards based on the neighborhood and similar homes.

C. "Corporal punishment" – any form of physical discipline in which a child is spanked, paddled or hit on any part of the body with a hand or instrument.

D. "Family foster care" – continuous 24 -hour care and support services provided for a child in a family foster home.

E. "Family foster home" – a private home, including adjacent grounds belonging to the home, in which a child is placed for family foster care under the supervision of the licensing agency. This term includes a kinship, relative, and child-specific home.

F. "Foster parent" – an individual who provides family foster care with a license from the licensing authority.

G. "Functional literacy" – the ability to read and write at the level necessary to participate effectively in society.

H. "Household member" – any relative or non-relative who regularly lives, shares common areas, and sleeps in a home. An individual who is living, sharing common areas, and sleeping in a home temporarily for more than two consecutive weeks is considered a household member.

I. "License" – the approval, verification or certification of a home and applicant to provide family foster care.

J. "Licensing agency" (also known as "agency") – the entity, either private or public, that has authority to consider and approve a family foster care license.

K. "Licensing authority" – the governmental body responsible for carrying out licensing and regulatory functions, including monitoring compliance with applicable state laws and rules.

L. "Relative" – an individual who is related by blood, marriage or adoption or who has a close family-like relationship to another individual. For American Indian and Alaska Native children, "relative" could also include a tribally defined extended family relationship.

M. "Sibling" – brothers and sisters by birth or adoption, stepbrothers, stepsisters, half-brothers, and half-sisters.

2. ELIGIBILITY STANDARDS

A. All applicants must submit a complete application and accompanying documentation for a family foster home license, and keep copies in their home.

INTENT: To help both the applicants and the agency begin the licensing process and determine if the applicants and household can be considered as a family foster home, applicants must submit a complete application and keep copies. The process of completing an application may help applicants determine whether they can meet all the criteria or whether they should select themselves out of the licensing process.

GUIDELINE: The agency should review application materials for accuracy as they are submitted. If any errors or omissions are noted, the agency should promptly return the materials for correction and completion. The application is considered complete once all the information requested by the agency has been submitted. The agency should promptly notify the applicants once the application is considered complete.

B. To apply for a family foster home license:

1. Applicants must be age 18 or older.
2. Applicants must be able to communicate with the child in the child's own language.
3. Applicants must be able to communicate with the licensing agency and health care and other service providers.
4. At least one applicant in the home must have functional literacy, such as have the ability to read labels on medications in order to properly administer them.
5. Applicants must have income or resources to make timely payments for shelter, food, utility costs, clothing, and other household expenses prior to the addition of a child in foster care.

INTENT: To help determine their suitability, there are threshold requirements for applicants.

GUIDELINE: Applicants must be able to meet the needs of a child to be placed in the home. It is the responsibility of the agency to ensure that applicants understand the standards and expectations of becoming a foster parent. The key is to articulate the requirements in a manner that is appropriate and understandable to the applicants for the benefit of a child.

Communication is critical to the success of any placement. The agency should be flexible when working with applicants and understand that communication is more than verbal. Applicants must be able to follow agency and service provider instructions to best meet the needs of the child placed in the home. However, communicating and understanding instructions can occur through various means, including through the use of translators. Translators can be an agency staff member or an applicant's tribe, community organization, colleague, neighbor, family member or friend.

Functional literacy does not necessarily require functional literacy in English. Rather, it means that the applicants have the ability to read and write at the level necessary to participate effectively in the society or community in which they live. For example, they must be able to read street signage, medicine labels, and complete basic school and other forms in their community. Their community may include another language and culture and therefore functional literacy in English would not be necessary.

In order to determine the financial stability of the applicants, the agency should ask applicants to attest to that stability through the use of an income and expense statement or other form. Later, during the home study and family assessment, if the agency determines through observation that the home does not have adequate food, heat, etc., the agency should request verification of income/financial resources to make timely payments of household expenses.

C. The agency must not deny to any individual the opportunity to become a foster parent on the basis of the race, color, or national origin of the individual, or of the child, as required by the federal Multiethnic Placement Act (MEPA), 42 U.S.C.A. sec. 1996b and Title IV-E of the Social Security Act, 42 U.S.C.A. sec. 671(18). MEPA also provides that this law must not be construed to affect the application of the Indian Child Welfare Act, which contains preferences for the placement of eligible American Indian and Alaska Native children in foster care, guardianship, or adoptive homes. Furthermore, the agency must not discriminate with regard to the application or licensure of a foster family on the basis of age, disability, gender, religion, sexual orientation, gender identity or marital status.

INTENT: To help make clear to all involved that the values and cultural traditions of each applicant and child are understood and respected, the agency must communicate and observe anti-discriminatory standards.

GUIDELINE: Only the most compelling reasons may serve to justify the consideration of race, color, and national origin (RCNO) as part of a placement decision. Such reasons emerge only in the unique and individual circumstances of each child and each applicant. However, the application of the Indian Child Welfare Act (e.g. placement preferences) must not be affected by implementation of these federal law requirements. The Indian Child Welfare Act (25 U.S.C.A. sec. 1931) provides that for the purposes of qualifying for assistance under a federally assisted program, such as Title IV-E, tribal licensed or approved foster care or adoptive homes, and institutions are equivalent to state licensing or approval.

3. PHYSICAL AND MENTAL HEALTH STANDARDS

A. All applicants and household members must have physical exams from a licensed health care professional recognized by the agency. The exam results, which must be no older than 12 months prior to application, must indicate that the applicants are capable of caring for an additional child. The agency may require further documentation and/or evaluation to make such a determination.

INTENT: To ensure that each household member is physically, mentally, and emotionally healthy and the risk of harm to children in foster care is thereby reduced, physical exam requirements must be met. The health status of each household member has a direct impact on the health and safety of children in foster care as well as on others in the home.

GUIDELINE: The agency should directly discuss health history with the applicants and adult household members. The agency should discuss with the applicants the health history of any minors in the home**.** Applicants should be free from health conditions that would prevent them from adequately caring for a child in foster care. When assessing the applicants' health condition, the agency should determine if the condition in question interferes with the applicants' ability to care for the child. If a household member has a health condition that requires the applicants to provide care for that household member, the agency assessment should include how that care would impact the applicants' ability to care for a child placed in the home. The agency should obtain additional information if it is necessary to determine the ability of the applicants to care for the child. Active efforts should be made to determine if the applicants have access to services that could remedy any perceived barriers to his/her ability to care for a child. The agency should make all necessary referrals to available services.
B. All children who are household members must be up to date on immunizations jointly recommended by the American Academy of Pediatrics, the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention, and the American Academy of Family Physicians, unless the immunization is contrary to the child's health as documented by a licensed health care professional.
INTENT: To prevent the spread of vaccine preventable communicable disease, all children in the home must have documentation of current immunizations.
GUIDELINE: Applicants must provide the agency with a written copy of an immunization record for each child residing in the home. A child should not be required to satisfy all the immunization requirements if a health care professional has found that immunization is contrary to the child's health. For example, a child's immunization schedule may need to be modified if the child is undergoing chemotherapy or radiation therapy.
C. Applicants and all household members must disclose any past or current mental health and/or substance abuse issues. The agency may require further documentation and/or evaluation to determine the suitability of the home.
INTENT: To ensure that each household member is physically, mentally, and emotionally healthy and the risk of harm to children in foster care is thereby reduced, applicants and household members must disclose mental health and/or substance abuse issues. The health status of each household member has a direct impact on the health and safety of children in foster care as well as on others in the home.

GUIDELINE: The agency should directly discuss health history, including any history of drug or alcohol abuse or treatment, with the applicants and adult household members. The agency should also discuss with the applicants the health history, including any history of drug or alcohol abuse/treatment, of any minors in the home. The discussion should include the nature and circumstances of the drug or alcohol abuse and/or treatment. A history of drug or alcohol abuse that includes appropriate treatment, including current ongoing treatment, should not automatically exclude the applicants from consideration for approval as a foster home.

4. HOME STUDY STANDARDS

A. The agency must conduct a written comprehensive family assessment and home study in collaboration with the applicants to include:

1. At least one scheduled on-site visit to assess the safety of the home using these licensing standards.
2. At least one scheduled in home, individual interview of each household member to observe family functioning and assess the family's capacity to meet the needs of a child in foster care. The agency will determine whether to interview or just observe each household member based on his or her age and development.

INTENT: To ensure that family functioning and the home itself allow children to participate in safe exploration and learning thereby contributing to their overall growth and development, the agency must conduct a comprehensive family assessment and home study.

GUIDELINE: The home study process should be mutually respectful and collaborative. The agency should call the family to schedule the visit, unless a significant safety concern requires an unannounced visit. The agency should inform the applicants what to expect from the agency and how to contact agency staff if the applicants' assigned caseworker is not available.

The home study and family assessment should include the following: child, adult and family functioning; perceptions of children; history of parenting and interpersonal relationships; extended family relationships; understanding of issues in birth families; preparation to be a foster home; understanding of the needs of children requiring foster care, including children's need for permanency and his/her cultural considerations. When assessing the home and family, the agency should use a template or checklist with clear assessment criteria, which helps to standardize the approval of the foster home, increase uniformity in decision making, and promote accountability. An example of such a checklist is the "Action for Child Protection: The Safe Foster Home. A Study and Assessment Method," available at www.grandfamilies.org. It has 14 indicators and then is scored accordingly to identify the presence of positive parenting and effective family functioning; likelihood of stability; and indication of safety.

This tool also provides a template for a support plan that can be developed with the family. The

support plan is designed to remedy the potential for disruptive conditions identified during the home study or to strengthen applicants' skills and abilities. Agencies should consider providing in-kind and financial support to help applicants meet licensing standards when they are otherwise qualified.

The agency must either interview or observe each household member. The agency should determine whether to interview or observe based on the household member's age and development. Under the definitions for these standards, household members include an individual who is living, sharing common areas, and sleeping in a home temporarily for more than two consecutive weeks. An individual who uses the home as his or her legal residence, but does not live there all year, is also a household member. Consequently, college students, individuals performing seasonal work, deployed military or individuals in other situations that take them from their residency must be interviewed by the agency. If a household member is unable to return promptly to the home to be interviewed in-person, the agency can exercise its discretion and interview the individual via the Internet using Skype or similar technology that allows the agency staff person to see the household member. Telephone-only interviews of household members do not meet this standard, unless exceptional circumstances exist.

B. The agency must obtain at least three references, including at least one from a relative and one from a non-relative.

INTENT: To obtain additional information about the applicants and verify information that has been provided, the agency must obtain references for all applicants.

GUIDELINE: The agency should obtain references by phone or in writing sent directly to the agency. If the applicants provide the agency with copies of the references, the agency should contact the references to verify the content. If possible, references should be obtained from adult children of the applicants who do not reside in the home. The agency should review and discuss negative references with the applicants. The agency may need to obtain additional information or references.

C. Tribal agencies may also be involved in conducting home studies for American Indian and Alaska Native children. 42 U.S.C.A. sec. 671(26)(B) provides that any receiving state must treat any tribal home study report as meeting the requirements imposed by the state for the completion of a home study.

5. CAPACITY STANDARDS

A. The total number of children in a family foster home, including the family's own children living in the home, must not exceed 8, of which no more than 5 may be children in foster care. The agency may determine lower capacities based on the family assessment and home study.

1. No more than 3 children total under age 2.
2. No more than 4 children total under age 5.
3. No more than 4 children total between the ages of 5-13.

4. No more than 4 children total over the age of 13.

INTENT: To provide a family setting and to care for each individual child in the home, the number of children must be limited.

GUIDELINE: The agency should determine how many children to be placed in the home by conducting at least one visit to the home to perform the home study and family assessment. When determining capacity, the agency should consider: the living space, other children receiving full time care in the home, and the applicants' ability to provide adequate physical and emotional care while maintaining current family stability.

The standards do not require specific square footage in the sleeping spaces or in the home itself. The agency should not let arbitrary space requirements prevent the licensing of an appropriate and safe home. The agency should exercise common sense in determining capacity limits based on the living space. While assessing the home, the agency should consider that sufficient space decreases risk of injuries, and child behavior tends to be more constructive when space is organized to promote developmentally appropriate skills. Overcrowding has been shown to be associated with increased respiratory infections.

B. The maximum number of children may be increased with agency approval to allow for siblings to remain together or to allow applicants to provide care to a child who has an established, meaningful relationship with the applicants' family, such as a child who was formerly in foster care with the family.

INTENT: To promote stability and family connections, children should be placed with siblings and with applicants with whom they have an established relationship when appropriate.

GUIDELINE: The total number of children to be placed in the home should be based on the family assessment and home study. The best interest of the child must be the determining factor. When determining whether to exceed capacity limits, the agency should consider if the applicants can provide care for more than the maximum number of children permitted by the standard, based on the living space, other children receiving full time care in the home, and the applicants' ability to provide adequate physical and emotional care while maintaining current family stability. If the agency determines that capacity limits should be exceeded to allow siblings to remain together or to care for a specific child, the agency should note the reasons to exceed the maximum capacity in the home study document.

6. SLEEPING STANDARDS

A. Each child in foster care must have a sleeping space with an individual bed or crib, mattress and linens, as appropriate for the child's needs and age and similar to other household members.

1. Children who are relatives may share a bed with agency approval.
2. All cribs in the home must be in compliance with Consumer Product Safety Commission standards.
3. All bunk beds in the home must not have more than two tiers.

a. The upper tier must have railings on both sides to prevent falling.

b. The top tier must not be used by a child under the age of 6.

INTENT: To promote safety and comfort, children need to have their own identified sleeping space that is assigned to them for use while they are in placement.

GUIDELINE: The agency should assess compliance with these standards by conducting at least one visit to the home and noting the sleeping arrangements for all household members and prospective children in foster care, including the specific crib or bed, and noting the arrangements in the home study document. Sleeping arrangements should be similar to all other children in the home. Children in foster care should sleep in safe and comfortable sleeping spaces with appropriate furnishings to meet their basic needs and ensure privacy.

The term sleeping spaces rather than bedroom is used intentionally. The agency may find that a home should be licensed even if there are not separate bedrooms as such, provided that a room may also be used as a sleeping space with a bed that fits the child. Children in foster care should not, however, be made to sleep in routinely designed public spaces when other children in the home have their own bedrooms. All children in the home should be treated equitably. If that equity exists, the agency should exercise discretion and some children, for example, may be allowed to use murphy beds or a bed that doubles as a sitting place for the family during the day.

All cribs and beds should be age or developmentally appropriate for the children who are placed in the home. The agency should ensure that all children in foster care are provided a crib that meets Consumer Product Safety Commission (CPSC) standards. Drop side cribs must not be used for children in foster care. If necessary, the agency should assist applicants who are otherwise qualified to obtain a safe crib or an appropriate bed.

B. There must be no more than 4 children total sharing a room used as a sleeping space.

1. A child over the age of 5 must not share a room used as a sleeping space with a child of the opposite sex.
2. Children who are relatives may share a room used as a sleeping space with agency approval.
3. A child under 12 months of age in an individual crib may share a room used as a sleeping space with the foster parent.
4. A child over 12 months of age may share a room used as a sleeping space with the foster parent with agency approval.

INTENT: To ensure a family like environment in the foster home, the number of children assigned to a bedroom or sleeping space must be limited.

GUIDELINE: The agency should assess compliance with these standards by conducting at least one visit to the home and assessing the sleeping space for all household members and children in foster care and noting that space in the home study document. The agency should identify each approved bedroom or sleeping space and include the number of approved occupants for each space.

7. OTHER LIVING SPACE STANDARDS

A. The home may be a house, mobile home, housing unit or apartment occupied by an individual or a family.

INTENT: To allow for the licensing of any suitable and safe foster family home, families can reside in a variety of types of housing.

GUIDELINE: Any type of permanent structure is permissible as a family foster home provided it meets all the standards. The family may rent or own the home. The family must have a stable home and be able to demonstrate they have the financial resources to make timely payments for the cost of the home as required in Standard 2 B.5. of these standards. The agency should confirm the applicants' home status by viewing rental agreements, mortgage statements or other documents. The agency should document how it verified a stable home in the home study assessment tool.

B. The applicants' home and all structures on the grounds of the property must be maintained in a clean, safe, and sanitary condition and in a reasonable state of repair within community standards.

INTENT: To be able to meet the needs of the child, the living arrangements and housing must meet certain standards.

GUIDELINE: The agency should assess compliance with these standards by conducting at least one visit to the home and noting how compliance was verified in the home study document. The agency can use a site and safety checklist to ensure consistent assessments and to verify the areas that were assessed.

These standards require that homes comply with "community standards," so that applicants living in low-income areas may qualify as foster parents. Middle class norms should not dictate the homes that get licensed. The agency should assess whether a home is maintained in a clean, safe and sanitary condition and in a reasonable state of repair within community standards. The agency should take into account neighborhood norms while being mindful of any potential health and safety risks. For example, 19th century row houses may not meet a city's new building ordinances, however, provided the agency considers such a home safe for children and perhaps assists the applicants in making safety modifications as necessary, the home may be licensed if the applicants otherwise qualify.

C. The home must satisfy the following living space standards:

1. Be free from objects, materials, and conditions that constitute a danger.

2. Prevent or eliminate rodent and insect infestation.
3. Regularly dispose of trash and recycling.
4. Have a working phone or access to a working phone in close walking proximity.
5. Have at least one toilet, sink, and tub or shower in safe operating condition.
6. Have kitchen facilities with a sink, refrigerator, stove, and oven in safe operating condition.
7. Have heating and/or cooling as required by the geographic area, consistent with accepted community standards and in safe operating condition.
8. Have ventilation where household members and children in foster care eat, sleep, study, and play.
9. Have artificial lighting where household members and children in foster care study and read.

INTENT: To be able to meet the needs of the child, the living arrangements and housing must be safe, clean and include basic features. To ensure the ability to communicate during emergencies, telephones must be available in the home, on the grounds or in close walking proximity.

GUIDELINE: The agency should assess compliance with these standards by conducting at least one visit to the home and noting how compliance was verified in the home study document. The agency can use a site and safety checklist to ensure consistent assessments and to verify the areas that were assessed.

These standards seek to accommodate many types of homes, including, for example, rural homes that may not have a bathroom inside the home or homes that lack electricity, but have other means of safe lighting and refrigeration. Agency staff should exercise discretion and consider the community where the home is located. For example, some cultures do not allow electricity in their homes; therefore, access to a working telephone may be a phone in close proximity or short walking distance, e.g., a neighbor's phone. Consideration should be given to homes in rural, geographically isolated areas that may have limited communications infrastructure and family resources. Proper ventilation may include the use of fans, screens on windows and doors or a central air system that circulates air in the home.

Agencies should provide in-kind and financial support to help applicants meet living space licensing standards when they are otherwise qualified.

8. FIRE SAFETY/EVACUATION PLAN STANDARDS

A. The applicants' home must meet the following fire safety/evacuation plan standards:

1. Have at least one UL (Underwriter's Laboratory) approved smoke detector on each level of occupancy of the home and near sleeping areas.
2. Have at least one operable fire extinguisher that is readily accessible.

3. Be free of obvious fire hazards, such as defective heating equipment or stored flammable materials. Household heating equipment must be equipped with appropriate safeguards, maintained as recommended by the manufacturer.

4. Have a written emergency evacuation plan to be reviewed with the child within 24 hours of placement in the home and posted in a prominent place in the home. The plan must identify multiple exits from the home, and designate a central meeting place close to the home that is known to the child yet at a safe distance from potential danger.

INTENT: To protect children and household members from risk of harm, the home must be assessed for fire safety and evacuation plans. The development of safety procedures and emergency plans increase the probability of safety and injury prevention for each household member. The practice of emergency procedures fosters calm, competent use of the procedures in an actual emergency.

GUIDELINE: The agency should assess compliance with these standards by conducting at least one visit to the home and noting how compliance was verified in the home study document. The agency can use a site and safety checklist to ensure consistent assessments and to verify the areas that were assessed. A fire inspection by a fire safety inspector is not required to license a home. However, if the agency or applicants have concerns about fire risks, the agency or applicants can ask for an inspection by a fire safety inspector.

The agency should verify that operable smoke detectors are located in all areas specified in the standard or as recommended by the fire safety inspector. The agency should verify that they are operable by viewing an indicator light on the detectors or by testing the detector by pushing the test button. Although the standards do not require carbon monoxide detectors for all homes, the agency should consider factors such as connected garages and types of artificial heat in determining whether such detectors should be required. The agency should examine the fire extinguisher and verify that the extinguisher is in operating condition by viewing either the gauge on the extinguisher or a service tag from a competent authority. An extinguisher with a broken seal does not meet this standard.

The agency should review the written emergency evacuation plan to verify that it meets this standard. The evacuation plan must be posted in a conspicuous place in the home. Within one day of placement, the foster family should review the emergency procedures for evacuation for fire, and any natural disasters that occur in their area, such as tornados or earthquakes, so that all household members know how to exit safely, with a planned meeting spot.

B. Applicants must maintain a comprehensive list of emergency telephone numbers, including poison control, and post those numbers in a prominent place in the home. If there is a landline phone located in the home, the numbers must be posted next to the phone.

INTENT: To ensure that emergency numbers are readily available in case of an emergency, they should be compiled and posted in a prominent place in the home.

GUIDELINE: The agency should assess compliance with these standards by conducting at least one visit to the home and noting compliance in the home study document. The agency should verify that the applicants keep a list of appropriate emergency telephone numbers including fire, police, ambulance, poison control, and all agencies working with the family. The agency should further verify that the list is posted in a prominent place in the home. If there is a landline phone located in the home, the numbers must be posted next to the phone. The numbers should be accessible and all children should be shown where to find such numbers in case of emergency. The agency could provide the family with a sticker or magnet that is pre-printed with emergency and important numbers along with space to add personal numbers such as the family doctor.

In a home that does not have a phone, but instead relies on a phone in close walking proximity, the numbers should be posted near the home's exit to permit household members to take the emergency phone numbers with them to the phone's location. During the home study, the agency should check the phone that the family relies upon, if it is in walking distance, and if the family who owns that phone permits ready access to it.

9. ADDITIONAL HEALTH AND SAFETY STANDARDS

A. The applicants' home must meet the following standards concerning weapons:

1. The following weapons must be stored in an inoperative condition in a locked area inaccessible to children:
    a. Firearms;
    b. Air guns;
    c. BB guns;
    d. Hunting slingshots; and
    e. Any other projectile weapon.
2. All ammunition, arrows or projectiles for such weapons must be stored in a locked space separate from the weapons.
3. Applicants who are also law enforcement officials and can document that their jurisdiction requires them to have ready and immediate access to their weapons may be exempt from these weapon requirements provided the applicants adopt and follow a safety plan approved by the agency.

INTENT: To verify that the applicants' home will provide an environment in which children in foster care will be protected from any conditions that threaten their safety and well-being, weapons must meet safe storage standards. The potential for injury or death of children due to firearms is substantial.

GUIDELINE: The agency should assess compliance with these standards by conducting at least one visit to the home and noting the location and type of any weapons in the home in the home study document. The agency can use a site and safety checklist to ensure consistent assessments and to verify the areas that were assessed.

Weapons in a foster home or in a vehicle used to transport children in care are strongly discouraged. However if the applicants own weapons, appropriate safety measures must be taken to make sure the children do not have access to such weapons. Further, no child in the home may have unsupervised access to the weapons. When an applicant or household member is not carrying a weapon, it must be stored as specified in this standard. As part of the interview of all household members, the agency should ask if there are any weapons or ammunition located in the home or grounds. If the applicants or household members have weapons in the home, the agency should ask for verification that the individual has the required license or permit. The agency should view the areas where the weapons and/or ammunition are stored to verify that they are inaccessible to children. The agency should visually inspect the weapons to verify that they are stored unloaded and under lock. The agency should verify that the ammunition is stored in a separate locked space away from the weapons.

B. The applicants' home must meet the following standards concerning water:

1. A family foster home must have a continuous supply of safe drinking water.
2. If a home uses private well water or another source of drinking water other than water through the municipal water supply, then it must be tested for safety.
3. The temperature of any water heaters must be set in accordance with the manufacturer's recommendations.

INTENT: To provide for a child's hygiene needs and safe consumption, the home must have access to clean, sanitary water.

GUIDELINE: The agency should assess compliance with these standards by conducting at least one visit to the home and noting the water supply and temperature in the home study document. The agency should check the source of the water supply by asking the applicants to provide documentation, such as a water bill or confirmation of hook up to a public water source. All water not from a public water source must be tested by a means that the community accepts or a detailed description of how the water is treated to make it safe for consumption. It might be an internal agency inspection, another government agency or an outside contractor. Homes that use wells often already conduct water tests at periodic intervals; this satisfies the requirement if the applicants can provide certification that the water has been tested. Commercially bottled drinking water must be used until water testing results are available or if the results show that the tested water is unsafe to drink**.**

The agency may use a waterproof digital thermometer held under running water in all sinks, showers or tubs to verify that the temperature does not exceed 120 degrees Fahrenheit. The water must be tested on all levels or floors of the home. The agency should also view the water heater to verify that it is set in accordance with the manufacturer's instructions.

C. The applicants' home must meet the following standards concerning animals:

1. Any animal that poses a threat to the safety or health of a child in foster care must be confined in a place away from the child and inaccessible to the child.
2. Pets that are required to be vaccinated by state or tribal law must be vaccinated against diseases that can transmit to humans, including rabies.

INTENT: To ensure safety, children should be protected from any hazardous animals kept in the home or on the grounds.

GUIDELINE: The agency should assess compliance with these standards by conducting at least one visit to the home and noting the type and location of any animals in the home study document. By documenting them, referring or placing agencies will be aware that there are animals in the home. Some children are allergic or fearful of animals, and the home may not be a suitable placement for those children. Remember, children can be intrigued by animals and wander into confined areas, therefore, confinement areas must be secure and not accessible to the child without adult supervision.

The agency should ask for verification that any animals located in the home or on the grounds of the home have vaccinations as required by tribal, local or state laws. The agency should observe where the animals are located in the home or on the grounds and verify that children are kept safe from potentially dangerous animals. The agency should contact local veterinarians or local law enforcement for assistance as needed.

D. The applicants' home must meet the following standards concerning swimming pools, hot tubs and spas:

1. Swimming pools must have a barrier on all sides at least four feet high.
2. Swimming pools must have their methods of access through the barrier equipped with a safety device, such as a bolt lock.
3. Swimming pools must be equipped with a life saving device, such as a ring buoy.
4. If the swimming pool cannot be emptied after each use, the pool must have a working pump and filtering system.
5. Hot tubs and spas must have safety covers that are locked when not in use.

INTENT: To ensure the safety of children, swimming pools and hot tubs must meet certain standards.

GUIDELINE: The agency should assess compliance with these standards by conducting at least one visit to the home and noting any swimming pools, hot tubs and spas in the home study document. The agency should verify that any swimming pools have proper barriers and that access is equipped with a safety device, such as an alarm, key lock, self-locking door, bolt lock or other lock that is not accessible to children. Lifesaving devices that must be available at any swimming pool include a ring buoy, rescue tube, flotation device with a rope, or a shepherd's hook sufficiently long to cover the area. Resources regarding pool safety features can be found through the American Academy of Pediatrics, Safe Kids Coalition, and the Consumer Products Safety Commission websites.

E. The applicants' home must meet the following standards concerning hazardous materials and first aid supplies:

1. Prevent the child's access, as appropriate for his or her age and development, to all medications, poisonous materials, cleaning supplies, other hazardous materials, and alcoholic beverages.
2. Maintain first aid supplies as recommended by the Red Cross.

INTENT: To prevent poison exposure, certain storage standards must be met. There are over two million human poison exposures reported to poison centers each year. Children under six account for over half of those potential poisonings. The substances most commonly involved in poison exposures of children are: cosmetics, cleaning substances, and medications. Plastic bags and aerosols present increased risks of injury and death as well. Medicines can be crucial to the health and wellness of children. However, they can also be very dangerous if the wrong type or amount is given to the wrong person at the wrong time.

GUIDELINE: The agency should assess compliance with these standards by conducting at least one visit to the home and noting how hazardous materials are stored and the availability of first aid supplies in the home study document. The agency should take into consideration the age, and any cognitive and behavioral challenges of the child placed in the home when assessing the method to prevent that child's access to medications, poisonous and other hazardous materials, and alcoholic beverages. However, all medications should be kept in locked storage and inaccessible to all children at all times. During the inspection for the home study, the agency should ask the applicants to view the storage areas where alcoholic beverages, poisonous materials, cleaning materials, and other hazardous materials that could be a danger to children are kept to ensure that this standard is being met.

First aid supplies should be maintained in the home. As recommended by the Red Cross, these supplies for a family of four are: 2 absorbent compress dressings (5 x 9 inches); 25 adhesive bandages (assorted sizes); 1 adhesive cloth tape (10 yards x 1 inch); 5 antibiotic ointment packets (approximately 1 gram); 5 antiseptic wipe packets; 2 packets of aspirin (81 mg each); 1 blanket (space blanket); 1 flashlight; 1 breathing barrier (with one-way valve) for cardiopulmonary resuscitation (CPR); 1 instant cold compress; 2 pair of non-latex gloves (size:

large); 2 hydrocortisone ointment packets (approximately 1 gram each); 1 roller bandage (3 inches wide); 1 roller bandage (4 inches wide); 5 sterile gauze pads (3 x 3 inches); 5 sterile gauze pads (4 x 4 inches); 1 oral thermometer (non-mercury/non-glass); 2 triangular bandages; scissors; tweezers; any vital medications as prescribed by a health care professional; emergency phone numbers; and a first aid instruction booklet. These first aid supplies should increase proportionally if there are more than four family members, including the child in foster care.

10. CRIMINAL HISTORY RECORDS CHECK STANDARDS

A. Applicants and any other household members who are adults age 18 or older must submit to fingerprint-based checks of national and state crime information databases and checks of state or local crime information databases before the applicants may be approved for placement of a child.

B. The agency must also check sexual offender registries for mention of the applicants and any other household members who are adults age 18 or older.

C. If a record check reveals a felony conviction for child abuse or neglect, for spousal abuse, for a crime against children (including child pornography), or for a crime involving violence, including rape, sexual assault, or homicide, but not including other physical assault or battery, and a state finds that a court of competent jurisdiction has determined that the felony was committed at any time, approval for placement of a child must not be granted.

D. If a record check reveals a felony conviction for physical assault, battery, or a drug-related offense, and a state finds that a court of competent jurisdiction has determined that the felony was committed within the past 5 years, approval for placement of a child must not be granted.

E. If an applicant was convicted for a crime other than those included in C. and D., the applicant will **not** be automatically rejected as a foster parent. The agency must consider the following:

1. the type of crime;
2. the number of crimes;
3. the nature of the offenses;
4. the age of the individual at the time of conviction;
5. the length of time that has elapsed since the last conviction;
6. the relationship of the crime and the capacity to care for children;
7. evidence of rehabilitation; and
8. opinions of community members concerning the individual in question.

F. Applicants and all household members have an ongoing duty to report any juvenile offenses committed by any member of the household. The existence of a household member with a juvenile offense does not automatically exclude the applicants. The agency must consider the suitability of the home based on the criteria used to assess crimes set forth in C.-E. of this standard and standard 11. B. and C.

INTENT: To ensure that the agency is not approving a foster home where any applicants or household members have certain previous criminal convictions, comprehensive criminal background checks are performed in accordance with federal and state laws.

GUIDELINE: This standard mirrors the requirements under the federal Adam Walsh Child Protection and Safety Act, P.L. 109–248, July 27, 2006, 120 Stat. 587, which requires these types of national criminal background checks on all applicants and adult household members. The Adam Walsh Act does not require state or local criminal background checks, as are required under these standards. That requirement acknowledges the lack of a well unified criminal background database.

The agency should review the criminal background checks for all applicants and adult household members to ensure that they meet these standards. The agency should obtain copies of the checks and maintain them in the applicants' record. For those crimes that do not automatically disqualify applicants, the agency should consider each factor listed in E. of this standard. The agency may want to contact legal counsel for assistance as needed.

The Adam Walsh Act does not require criminal background checks on juvenile household members. The agency should inform applicants and all household members that they have an ongoing duty to report any juvenile offenses committed by any member of the household. During the interview of each household member, the agency should ask if he or she has committed a juvenile offense or knows of any household member who has committed a juvenile offense. The agency should note the responses to the questions regarding juvenile offenses in the home study document. The existence of a household member with a juvenile offense does not automatically exclude the applicants. The agency should consider the suitability of the home based on the criteria used to assess crimes set forth in C.-E. of this standard and standard 11. B. and C.

11 . ABUSE AND NEGLECT BACKGROUND CHECK STANDARDS

A. The agency must meet the following abuse and neglect background checks standards:

1. Check all child abuse and neglect registry and adult protective services registry maintained by the state, tribe or locality for information on applicants and any other household members who are adults age 18 or older.
2. Request that any other state in which applicants and other adult household members who are adults age 18 and older have resided in the preceding 5 years also check all child abuse and neglect registry and adult protective services registry maintained by that state.
3. Comply with any request described in A.2. that is received from another state.

B. The applicants must not be licensed if the applicants or any household member who is an adult age 18 or older has been the subject of a substantiated allegation of sexual exploitation or sexual abuse of a child or has been substantiated for child abuse that resulted in a child fatality.

C. If there is a substantiated report of child abuse or neglect, other than those listed in B., involving the applicants or any household member who is an adult age 18 or older, the application is assessed on a case-by-case basis, which includes a discussion with the applicants and household members, to determine if the safety of any child in the home will be impacted. If not impacted, the results of the abuse and neglect background check may not prevent licensure.

D. Applicants and all household members have an ongoing duty to report any juvenile offenses committed by any member of the household. The existence of a household member with a juvenile offense does not automatically exclude the applicants. The agency must consider the suitability of the home based on the criteria used to assess crimes set forth in B.-C. of this standard and standard 10 C.-E.

INTENT: To ensure that the agency is not approving a foster home where any applicants or household members have substantiated allegations of abuse or neglect**,** these comprehensive background checks are performed in accordance with federal and state laws.

GUIDELINE: The agency must complete a state child abuse and neglect registry and adult protective services registry check for each adult household member. For any other state in which the adult household member resided within the most recent 5 years, the agency must request that those states check their registries or any applicable tribal registries. The state contact for those child abuse and neglect checks can be found at the following link: http://www.dfps.state.tx.us/Child_Care/Other_Child_care_Information/abuse_registry.asp *(a pdf can also be found at www.grandfamilies.org)* All states should respond to requesting states within 30 calendar days with the results of the registry checks, so as not to delay the licensing process. The agency should maintain copies of all the checks in the applicants' record. If the results of the check show a positive history, then the agency must assess those results consistent with B. and C. of these standards. The agency must discuss the results with the applicants and household members.

As with criminal background checks, federal law does not require child abuse and neglect registry checks on juvenile household members. The agency should inform applicants and all household members that they have an ongoing duty to report any juvenile offenses committed by any member of the household. During the interview of each household member, the agency should ask if he or she has committed a juvenile offense or knows of any household member who has committed a juvenile offense. The agency should note the responses to the questions regarding juvenile offenses in the home study document. The existence of a household member with a juvenile offense does not automatically exclude the applicants. The agency should consider the suitability of the home based on the criteria used to assess crimes set forth in standards 10. C.-E. and B. and C. of this standard.

12. ASSURANCES FROM APPLICANTS

A. Applicants must sign an agreement containing the following assurances that they and all household members will comply with their roles and responsibilities as discussed with the agency once a child is placed in their care:

1. They will not use any corporal or degrading punishment on any children in the home.
2. They will not use any illegal substances, abuse alcohol by consuming it in excess amounts, or abuse legal prescription and nonprescription drugs by consuming them in excess amounts or using them contrary to as indicated.
3. They will not smoke in the presence of the child in foster care, in the family foster home, or in any vehicle used to transport the child. Furthermore, guests will not be allowed to smoke in the presence of the child in the family foster home or in any vehicle used to transport the child.
4. They will closely supervise the child in foster care when the child is in close proximity to any swimming pool or body of water. When they cannot supervise, they must restrict the child's access to swimming pools or bodies of water. The child must never be left to swim alone.
5. They will provide water safety instruction to the child in foster care as appropriate for his or her age and development if the home is adjacent to any body of water or has a swimming pool. Water safety instruction addresses key knowledge and skills on how to be safe around water and does not necessarily mean swimming lessons.
6. They will maintain the swimming pool in safe condition, including testing and maintaining the chlorine and pH levels as required by the manufacturer's specifications.
7. They will lock all entry points when the swimming pool is not in use.
8. They will remove or secure any steps or ladders to the swimming pool to make them unusable when the pool is not in use.
9. They will set up and maintain wading pools according to the manufacturer's instructions, and empty and store them when not in use.
10. They will ensure that the child in foster care has legal and safe transportation to and from health care, therapy, and agency appointments; school; extracurricular activities; social events; and scheduled meetings or visitation with parents, siblings, extended family members, and friends.
11. They will ensure that if a privately-owned vehicle, owned by the applicants, family or friends, is used to transport the child in foster care, it must be inspected (if applicable under state or tribal law), registered, and insured, and meet all applicable state or tribal requirements to be an operable vehicle on the road.
    a. The driver will have a valid driver's license.
    b. Safety restraints will be used that are appropriate to the child's age, height, and weight.

c. Weapons must not be transported in any vehicle in which the child is riding unless the weapons are made inoperable and inaccessible.

12. They may need to take additional steps for the safety of the child in foster care, depending on the home, the area in which it is located, and the age and any cognitive and behavioral challenges of the child. For example, applicants may be required to child proof their home or place a fence to prevent the child from accessing nearby railroad tracks or another hazard.

B. The agency will review the assurances agreement with the foster parents at initial licensing, when a child is placed in their care, and annually thereafter.

INTENT*:* To ensure that the family has a clear understanding of expectations prior to approval as a foster home, the applicants' sign assurances at the time of licensing concerning their future behavior when a child is placed in their care.

GUIDELINE: The agency can use this list to create an assurances agreement that the agency and applicants will sign. Before signing, the agency should carefully review it with the applicants along with the reasons for these assurances. It can be used as an education and training tool, as well as to provide clear expectations. The assurances cover behaviors after the home is licensed, and these behaviors cannot be verified as part of the home study. These are considered conduct requirements and will be assessed after the placement of the child. This assurance tool is a way to help foster parents understand the need to follow these safe and prudent parenting practices after a child is placed in his/her home and avoid compromising a child's civil rights and his/her birth family's cultural practices.

13. PRE-LICENSE TRAINING STANDARDS

A. All applicants must complete at least 6 hours of pre-license training on care of the child.

INTENT: To provide information to applicants prior to licensing so they can make an informed decision about their commitment to foster a child, pre-license training must occur. Pre-license training should complement the life experiences that applicants bring to their child rearing skills.

GUIDELINE: The agency should exercise discretion in determining how many hours of training are needed. These standards simply say no less than six, but expect that agencies may provide more.

B. Pre-license training topics must include:

1. An overview of the child welfare system:
   a. Legal rights, roles, responsibilities and expectations of foster parents;
   b. Agency purpose, policies, and services; and
   c. Courts, and applicable laws and regulations.
2. Information, including trauma concepts and behavioral management, to provide for the needs of the child who is or may be placed in the home.

INTENT: To provide applicants with current knowledge of the child welfare system and access to education that will prepare and provide ongoing instruction to support their parental roles, certain pre-training topics must be addressed.

GUIDELINE: These standards concern pre-license training only. At that point in time, applicants may or may not know the child who is to be placed with them. Training for the care of a specific child and his or her needs is particularly important.

Training may be comprised of different training modalities including video and Internet-based, to complement in-person, and the agency should maintain a list of training resources. The agency should approve in advance any video or Internet-based training. Training may need to be conducted in an applicant's native language or may need to be translated from English through the use of translators. Special consideration should be given to provide training that incorporates the culture of those families who are receiving the training, including the acknowledgement and acceptance of different cultural practices in child-rearing that still maintain child safety.

No later than the first 30 days after a foster parent has been licensed and a child has been placed with him or her, the agency should develop and implement a written needs assessment and continuing training plan for the foster parent. When creating the individualized training plan, the agency should take into account the parenting knowledge and skills of the foster parent, the needs of the specific child, and the ability of applicants to attend trainings, especially in rural areas where training may be conducted far from the applicants' home.

14. EMERGENCY PLACEMENT STANDARDS

A. A child may be placed in a home on an emergency basis pending licensure for a maximum of 90 calendar days with a relative. The applicants must agree to complete the full assessment and approval process for a family foster home license within 90 calendar days. For emergency placements of American Indian and Alaska Native children, agencies should work closely with tribal and urban Indian organizations that have expertise in recruiting and licensing tribal family foster care homes.

INTENT: To allow children to be placed with an individual known to them, emergency placements pending full licensure are permissible.

GUIDELINE: All emergency placement screening requirements should be completed no later than within the first 24 hours of placement. During those 24 hours, the complete process for full licensure should be reviewed with the emergency placement provider to identify any potential obstacles to licensure that would require the child to endure another move.

B. The agency must complete the following prior to approving an emergency placement:

1. State and/or local criminal background check of applicants and any other household member who is an adult age 18 or older. To determine eligibility, the results of the check will be assessed using the criteria in 10. C., D., and E. above.

2. State, tribal, and/or local child abuse and neglect registry and adult protective services registry check for information on applicants and any other household member who is an adult age 18 or older. To determine eligibility, the results of the check will be assessed using the criteria in 11. B. and C. above.
3. For other states in which applicants and any other household member who is an adult age 18 and older have resided in the preceding five years, applicants and household members must attest that they are not on the child abuse and neglect registry or the adult protective services registry. At that time, the agency will submit its request that the other states check their registries.
4. Preliminary visual inspection to assess the safety of the home.
5. Preliminary assessment of the ability of the applicants to meet the needs of the child.
6. Discuss assurances agreement, as described in standard 12 above, with applicants and obtain their signatures on the agreement.
INTENT: To ensure the safety and well-being of children in foster care, certain safety standards must be met prior to emergency placement.
GUIDELINE: In order to immediately and safely place a child with a family known to him or her, the agency must conduct a basic assessment for safety and the ability to adequately care for the child as delineated in this standard. All information collected should be documented and kept as part of the application for licensure.
C. If the home is not licensed within 90 calendar days, the child must be removed from the home, unless:
1. A direct placement of the child in the home is ordered by the court while the child is still in the custody of the child welfare agency.
2. The applicants file for and receive care and custody of the child directly from the court.
3. The agency grants an extension of up to 90 calendar days (for a total of 180 calendar days maximum) for applicants to complete licensure if it determines that removal of the child would be detrimental to the best interests of the child.
INTENT: To ensure that each child in state or county custody be in a licensed home that meets certain safety criteria, children cannot remain for more than 90 calendar days in an emergency placement.

GUIDELINE: Emergency placement will need to be monitored by the agency to ensure family foster home licensure is met within the federal and state timeline requirements. Agency monitoring of the emergency placement should include periodic onsite visits.

The agency should review the required timeline for full licensure with the emergency placement provider to identify any potential obstacles to licensure that would require the children to endure another move. Emergency placement providers should understand that if they are unable to meet federal and state guidelines for family foster home licensure, children will need to be moved to another placement.

To minimize disruption to children's lives, the agency will work in partnership with emergency placement providers if children are moved.

Model Family Foster Home Licensing Standards

Purpose and Use of Cross-Walk Tool

The cross-walk tool is designed to assist regulatory staff and providers compare the requirements of the Model Family Foster Home Licensing Standards (Model Standards) with current state family foster home licensing standards, in order to develop a plan to align with the Model Standards. In addition to completing this tool, there are additional resources available to assist states in the alignment and revision of their current family foster home licensing standards.

Collaborating Organizations

The American Bar Association, Center on Children and the Law

The ABA is the largest voluntary professional association in the world with nearly 400,000 members. The ABA Center on Children and the Law improves children's lives through advances in law, justice, knowledge, practice and public policy by focusing on child abuse and neglect, child welfare and protective services system enhancement, family preservation, adolescent health and other child protective legal issues. www.americanbar.org/groups/child_law.html

The Annie E. Casey Foundation

The Annie E. Casey Foundation is a private philanthropy that creates a brighter future for the nation's children by developing solutions to strengthen families, build paths to economic opportunity and transform struggling communities into safer and healthier places to live, work and grow. www.aecf.org

Generations United

Generations United is a national membership organization focused solely on improving the lives of children, youth, and older people through intergenerational collaboration, public policies, and programs for the enduring benefit of all. For well over a decade, Generations United's National Center on Grandfamilies has been at the forefront of national efforts to support grandfamilies through federal and state legislative testimony and briefings, publications, training, and technical assistance. www.gu.org

National Association for Regulatory Administration

The National Association for Regulatory Administration (NARA) is an international professional organization dedicated to promoting excellence in human care regulation and licensing through leadership, education, collaboration, and services. NARA represents all human care licensing, including adult residential and assisted living, adult day care, child care, child welfare and program licensing for services related to mental illness, developmental disabilities and abuse of drugs or alcohol.

NARA offers agencies in-depth consulting services tailored to specific needs such as: development of interpretive guidelines for licensing rules ; manual development or revision (e.g. for policies, procedures and rules); best practices training ; review of administrative

policies and procedures and licensing enforcement systems; design and implementation of efficient licensing measurement systems and automation systems, such as key indicator systems; operational analyses of the licensing program and review and revision assistance with licensing rules. www.naralicensing.org

Other Resources

The Grandfamilies State Law and Policy Resource Center

A project of the ABA Center on Children and the Law, Generations United, and Casey Family Programs, the Grandfamilies State Law and Policy Resource Center serves as a national resource on state laws and policies that support kinship care. The website includes a searchable database of laws and legislation, narrative analyses of legal topic areas, practical implementation and advocacy ideas, personal stories, relevant resources and publications. The resources, analyses and legislative database are updated regularly. This website contains state licensing standards, as well as other licensing resources. www.grandfamilies.org

The National Indian Child Welfare Association (NICWA)

NICWA is a private, nonprofit, membership organization, which is a national voice for American Indian children and families. NICWA is the most comprehensive source of information on American Indian child welfare and the only national American Indian organization focused specifically on the tribal capacity to prevent child abuse and neglect. Review their **Development and Implementation of Tribal Foster Care Standards**, which provide a process through which tribes can develop locally appropriate standards.
http://www.nicwa.org/resources/booklets/.

Kinship Process Mapping: A Guide to Improving Practice in Kinship Care

Kinship Process Mapping is a tool that allows child welfare agencies to assess their agency practices with identifying, approving, and supporting kin for children who cannot safely live with their parents. The Kinship Process Mapping guide outlines a step-by-step process that agencies can use to prepare for, conduct, and analyze the results of kinship process mapping sessions. The Guide also includes best practices for ensuring that children have an opportunity to be placed with and connected to their kin whenever possible. www.aecf.org/~/media/Pubs/Topics/Child%20Welfare%20Permanence/Kinship/KinshipProcess MappingGuide/KinshipProcessMappingGuide.pdf

Technical Assistance

Attorneys at Generations United and the ABA Center on Children and the Law are available to provide technical assistance to jurisdictions seeking to align their current rules, policies and practices with the Model Family Foster Home Licensing Standards. This technical assistance is available free of charge thanks to support from the Annie E. Casey Foundation. Contact Ana Beltran at abeltran@gu.org or Heidi Redlich Epstein at Heidi.Epstein@americanbar.org

Model Family Foster Home Licensing Standards Cross-Walk Tool

Model Licensing Standards Title and Rule Number	Model Licensing Standards Rule Content	Comparable State Standard	State Standard Source - Indicate the citation for all (statutes, regulations/ administrative codes, policies, etc.)	Alignment with Model Licensing Standards	Identify changes needed to align	Plan to address Alignment – Legislative, Policy or Procedure	Comments
1. Definitions A.	**"Applicant" – an individual(s) who has submitted an application and is seeking a license from the licensing agency as a family foster home.**			☐ Yes ☐ No			
B.	**"Community standards" – local norms bounding acceptable conduct. For housing, the term means acceptable building standards based on the neighborhood and similar homes.**			☐ Yes ☐ No			
C.	**"Corporal punishment" – any form of physical discipline in which a child is spanked, paddled or hit on any part of the body with a hand or instrument.**			☐ Yes ☐ No			

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D.	**"Family foster care" – continuous 24 - hour care and support services provided for a child in a family foster home.**			☐ **Yes** ☐ **No**			
E.	**"Family foster home" – a private home, including adjacent grounds belonging to the home, in which a child is placed for family foster care under the supervision of the licensing agency. This term includes a kinship, relative, and child-specific home.**			☐ **Yes** ☐ **No**			
F.	**"Foster parent" – an individual who provides family foster care with a license from the licensing authority.**			☐ **Yes** ☐ **No**			

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G.	**"Functional literacy" – the ability to read and write at the level necessary to participate effectively in society.**			☐ **Yes** ☐ **No**			
H.	**"Household member" – any relative or non-relative who regularly lives, shares common areas, and sleeps in a home. An individual who is living, sharing common areas, and sleeping in a home temporarily for more than two consecutive weeks is considered a household member.**			☐ **Yes** ☐ **No**			

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I.	**"License" – the approval, verification or certification of a home and applicant to provide family foster care.**			☐ **Yes** ☐ **No**			
J.	**"Licensing agency" (also known as "agency") – the entity, either private or public, that has authority to consider and approve a family foster care license.**			☐ **Yes** ☐ **No**			
K.	**"Licensing authority" – the governmental body responsible for carrying out licensing and regulatory functions, including monitoring compliance with applicable state laws and rules.**			☐ **Yes** ☐ **No**			

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L.	**"Relative" – an individual who is related by blood, marriage or adoption or who has a close family-like relationship to another individual. For American Indian and Alaska Native children "relative" could also include a tribally defined extended family relationship.**			☐ **Yes** ☐ **No**			
M.	**"Sibling" – brothers and sisters by birth or adoption, stepbrothers, stepsisters, half-brothers, and half-sisters.**			☐ **Yes** ☐ **No**			
2. ELIGIBILITY STANDARDS **A.**	**All applicants must submit a complete application and**			☐ **Yes** ☐ **No**			

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	accompanying documentation for a family foster home license, and keep copies in their home.						
B. **1.**	**To apply for a family foster home license:** **Applicants must be age 18 or older.**			☐ **Yes** ☐ **No**			
2.	**Applicants must be able to communicate with the child in the child's own language.**			☐ **Yes** ☐ **No**			
3.	**Applicants must be able to communicate with the licensing agency and health care and other service providers.**			☐ **Yes** ☐ **No**			

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4.	**At least one applicant in the home must have functional literacy, such as have the ability to read labels on medications in order to properly administer them.**			☐ **Yes** ☐ **No**			
5.	**Applicants must have income or resources to make timely payments for shelter, food, utility costs, clothing, and other household expenses prior to the addition of a child in foster care.**			☐ **Yes** ☐ **No**			
C.	**The agency must not deny to any individual the opportunity to become a foster parent on the basis of the race, color,**			☐ **Yes** ☐ **No**			

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	or national origin of the individual, or of the child, as required by the federal Multiethnic Placement Act (MEPA), 42 U.S.C.A. sec. 1996b and Title IV-E of the Social Security Act, 42 U.S.C.A. sec. 671(18). MEPA also provides that this law must not be construed to affect the application of the Indian Child Welfare Act, which contains preferences for the placement of eligible American Indian and Alaska Native children in foster care, guardianship, or adoptive homes. Furthermore, the agency must not						

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	discriminate with regard to the application or licensure of a foster family on the basis of age, disability, gender, religion, sexual orientation, gender identity or marital status.						
3. PHYSICAL AND MENTAL HEALTH STANDARDS **A.**	**All applicants and household members must have physical exams from a licensed health care professional recognized by the agency. The exam results, which must be no older than 12 months prior to application, must indicate that the**			☐ **Yes** ☐ **No**			

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	applicants are capable of caring for an additional child. The agency may require further documentation and/or evaluation to make such a determination.						
B.	**All children who are household members must be up to date on immunizations jointly recommended by the American Academy of Pediatrics, the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention, and the American Academy of Family Physicians, unless**			☐ **Yes** ☐ **No**			

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	the immunization is contrary to the child's health as documented by a licensed health care professional.						
C.	**Applicants and all household members must disclose any past or current mental health and/or substance abuse issues. The agency may require further documentation and/or evaluation to determine the suitability of the home.**			☐ **Yes** ☐ **No**			
4. HOME STUDY STANDARDS **A.**	**The agency must conduct a written comprehensive family assessment and home study in**			☐ **Yes** ☐ **No**			

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	collaboration with the applicants to include:						
1.	**At least one scheduled on-site visit to assess the safety of the home using these licensing standards.**			☐ **Yes** ☐ **No**			
2.	**At least one scheduled in home, individual interview of each household member to observe family functioning and assess the family's capacity to meet the needs of a child in foster care. The agency will determine whether to interview or just observe each household member based on his or her age and**			☐ **Yes** ☐ **No**			

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	development.						
B.	**The agency must obtain at least three references, including at least one from a relative and one from a non-relative.**			☐ **Yes** ☐ **No**			
C.	**Tribal agencies may also be involved in conducting home studies for American Indian and Alaska Native children. 42 U.S.C.A. sec. 671(26)(B) provides that any receiving state must treat any tribal home study report as meeting the requirements**						

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	imposed by the state for the completion of a home study.						
5. CAPACITY STANDARDS **A.**	**The total number of children in a family foster home, including the family's own children living in the home, must not exceed 8, of which no more than 5 may be children in foster care. The agency may determine lower capacities based on the family assessment and home study.**			☐ **Yes** ☐ **No**			

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1.	**No more than 3 children total under age 2.**			☐ **Yes** ☐ **No**			
2.	**No more than 4 children total under age 5.**			☐ **Yes** ☐ **No**			
3.	**No more than 4 children total between the ages of 5 -13.**			☐ **Yes** ☐ **No**			
4.	**No more than 4 children total over the age of 13.**			☐ **Yes** ☐ **No**			

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B.	**The maximum number of children may be increased with agency approval to allow for siblings to remain together or to allow applicants to provide care to a child who has an established, meaningful relationship with the applicants' family, such as a child who was formerly in foster care with the family.**			☐ Yes ☐ No			
6. SLEEPING STANDARDS **A.**	**Each child in foster care must have a sleeping space with an individual bed or crib, mattress and linens, as appropriate for the**			☐ Yes ☐ No			

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	child's needs and age and similar to other household members.						
1.	**Children who are relatives may share a bed with agency approval.**			☐ **Yes** ☐ **No**			
2.	**All cribs in the home must be in compliance with Consumer Product Safety Commission standards.**			☐ **Yes** ☐ **No**			
3.	**All bunk beds in the home must not have more than two tiers.** **a. The upper tier must have railings on both sides to prevent falling.** **b. The top tier must**			☐ **Yes** ☐ **No**			

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	not be used by a child under the age of 6.						
B.	**There must be no more than 4 children total sharing a room used as a sleeping space.**			☐ **Yes** ☐ **No**			
1.	**A child over the age of 5 must not share a room used as a sleeping space with a child of the opposite sex.**			☐ **Yes** ☐ **No**			
2.	**Children who are relatives may share a room used as a sleeping space with agency approval.**			☐ **Yes** ☐ **No**			

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3.	**A child under 12 months of age in an individual crib may share a room used as a sleeping space with the foster parent.**			☐ **Yes** ☐ **No**			
4.	**A child over 12 months of age may share a room used as a sleeping space with the foster parent with agency approval.**			☐ **Yes** ☐ **No**			
7. OTHER LIVING SPACE STANDARDS **A.**	**The home may be a house, mobile home, housing unit or apartment occupied by an individual or a family.**			☐ **Yes** ☐ **No**			

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B.	**The applicants' home and all structures on the grounds of the property must be maintained in a clean, safe, and sanitary condition and in a reasonable state of repair within community standards.**			☐ Yes ☐ No			
C.	**The home must satisfy the following living space standards:**						
1.	**Be free from objects, materials, and conditions that constitute a danger.**			☐ Yes ☐ No			
2.	**Prevent or eliminate rodent and insect infestation.**			☐ Yes ☐ No			

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3.	**Regularly dispose of trash and recycling.**			☐ Yes ☐ No			
4.	**Have a working phone or access to a working phone in close walking proximity.**			☐ Yes ☐ No			
5.	**Have at least one toilet, sink, and tub or shower in safe operating condition.**			☐ Yes ☐ No			
6.	**Have kitchen facilities with a sink, refrigerator, stove, and oven in safe operating condition.**			☐ Yes ☐ No			
7.	**Have heating and/or cooling as required by the geographic area, consistent with accepted community**			☐ Yes ☐ No			

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	standards and in safe operating condition.						
8.	**Have ventilation where household members and children in foster care eat, sleep, study, and play.**			☐ **Yes** ☐ **No**			
9.	**Have artificial lighting where household members and children in foster care study and read.**			☐ **Yes** ☐ **No**			
8. FIRE SAFETY/ EVACUATION PLAN STANDARDS							
A.	**The applicants' home must meet the following fire safety/evacuation plan standards:**						

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1.	**Have at least one UL (Underwriter's Laboratory) approved smoke detector on each level of occupancy of the home and near sleeping areas.**			☐ **Yes** ☐ **No**			
2.	**Have at least one operable fire extinguisher that is readily accessible.**			☐ **Yes** ☐ **No**			
3.	**Be free of obvious fire hazards, such as defective heating equipment or improperly stored flammable materials. Household heating equipment must be equipped with appropriate safeguards, maintained as recommended by the manufacturer.**			☐ **Yes** ☐ **No**			

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4.	**Have a written emergency evacuation plan to be reviewed with the child within 24 hours of placement in the home and posted in a prominent place in the home. The plan must identify multiple exits from the home, and designate a central meeting place close**			☐ **Yes** ☐ **No**			

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	to the home that is known to the child yet at a safe distance from potential danger.						
B.	**Applicants must maintain a comprehensive list of emergency telephone numbers, including poison control, and post those numbers in a prominent place in the home. If there is a landline phone located in the home, the numbers must be posted next to the phone.**			☐ **Yes** ☐ **No**			
9. ADDITIONAL HEALTH AND SAFETY STANDARDS **A.**	**The applicants' home must meet**						

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	the following standards concerning weapons:						
1.	**The following weapons must be stored in an inoperative condition in a locked area inaccessible to children:** **a. Firearms;** **b. Air guns;** **c. BB guns;** **d. Hunting slingshots;** **e. Any other projectile weapon.**			☐ **Yes** ☐ **No**			
2.	**All ammunition, arrows or projectiles for such weapons must be stored in a locked space separate from the weapons.**			☐ **Yes** ☐ **No**			

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3.	**Applicants who are also law enforcement officials and can document that their jurisdiction requires them to have ready and immediate access to their weapons may be exempt from these weapon requirements provided the applicants adopt and follow a safety plan approved by the agency.**			☐ **Yes** ☐ **No**			
B.	**The applicants' home must meet the following standards concerning water:**						

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1.	**A family foster home must have a continuous supply of safe drinking water.**			☐ Yes ☐ No			
2.	**If a home uses private well water or another source of drinking water other than water through the municipal water supply, then it must be tested for safety.**			☐ Yes ☐ No			
3.	**The temperature of any water heaters must be set in accordance with the manufacturer's recommendations.**			☐ Yes ☐ No			
C.	**The applicants' home must meet the following standards concerning animals:**						

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1.	**Any animal that poses a threat to the safety or health of a child in foster care must be confined in a place away from the child and inaccessible to the child.**			☐ **Yes** ☐ **No**			
2.	**Pets that are required to be vaccinated by state or tribal law must be vaccinated against diseases that can transmit to humans, including rabies.**			☐ **Yes** ☐ **No**			
D.	**The applicants' home must meet the following standards concerning swimming pools, hot tubs and spas:**						

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1.	**Swimming pools must have a barrier on all sides at least four feet high.**			☐ Yes ☐ No			
2.	**Swimming pools must have their methods of access through the barrier equipped with a safety device, such as a bolt lock.**			☐ Yes ☐ No			
3.	**Swimming pools must be equipped with a life saving device, such as a ring buoy.**			☐ Yes ☐ No			
4.	**If the swimming pool cannot be emptied after each use, the pool must have a working pump and filtering system.**			☐ Yes ☐ No			

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5.	**Hot tubs and spas must have safety covers that are locked when not in use.**			☐ **Yes** ☐ **No**			
E.	**The applicants' home must meet the following standards concerning hazardous materials and first aid supplies:**						
1.	**Prevent the child's access, as appropriate for his or her age and development, to all medications, poisonous materials, cleaning supplies, other hazardous materials, and alcoholic beverages.**			☐ **Yes** ☐ **No**			

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2.	**Maintain first aid supplies as recommended by the Red Cross.**			☐ **Yes** ☐ **No**			
10. Criminal History Records Check Standards **A.**	**Applicants and any other household members who are adults age 18 or older must submit to fingerprint-based checks of national and state crime information databases and checks of state or local crime information databases before the applicants may be approved for placement of a child.**			☐ **Yes** ☐ **No**			

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B.	**The agency must also check sexual offender registries for mention of the applicants and any other household members who are adults age 18 or older.**			☐ **Yes** ☐ **No**			
C.	**If a record check reveals a felony conviction for child abuse or neglect, for spousal abuse, for a crime against children (including child pornography), or for a crime involving violence, including rape, sexual assault, or homicide, but not including other physical assault or battery, and a state finds that a court of competent jurisdiction has determined that**			☐ **Yes** ☐ **No**			

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	the felony was committed at any time, approval for placement of a child must not be granted.						
D.	**If a record check reveals a felony conviction for physical assault, battery, or a drug-related offense, and a State finds that a court of competent jurisdiction has determined that the felony was committed within the past 5 years, approval for placement of a child must not be granted.**			☐ **Yes** ☐ **No**			

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E.	**If an applicant was convicted for a crime other than those included in C. and D., the applicant will not be automatically rejected as a foster parent. The agency must consider the following:**			☐ Yes ☐ No			
1.	**the type of crime;**			☐ Yes ☐ No			
2.	**the number of crimes;**			☐ Yes ☐ No			
3.	**the nature of the offenses;**			☐ Yes ☐ No			
4.	**the age of the individual at the time of conviction;**			☐ Yes ☐ No			
5.	**the length of time that has elapsed since the last conviction;**			☐ Yes ☐ No			

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6.	**the relationship of the crime and the capacity to care for children;**			☐ Yes ☐ No			
7.	**evidence of rehabilitation; and**			☐ Yes ☐ No			
8.	**opinions of community members concerning the individual in question.**			☐ Yes ☐ No			
F.	**Applicants and all household members have an ongoing duty to report any juvenile offenses committed by any member of the household. The existence of a household member with a juvenile offense does not automatically exclude the applicants. The agency must**			☐ Yes ☐ No			

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	consider the suitability of the home based on the criteria used to assess crimes set forth in C- E of this standard and standard 11. B. and C.						
11. ABUSE AND NEGLECT BACKGROUND CHECK STANDARDS **A.**	**The agency must meet the following abuse and neglect background checks standards:**			☐ **Yes** ☐ **No**			
1.	**Check all child abuse and neglect registry and adult protective services registry maintained by the state, tribe or locality for**			☐ **Yes** ☐ **No**			

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	information on applicants and any other household members who are adults age 18 or older.						
2.	**Request that any other state in which applicants and other adult household members who are adults age 18 and older have resided in the preceding 5 years also check all child abuse and neglect registry and adult protective services registry maintained by that state.**			☐ **Yes** ☐ **No**			
3.	**Comply with any request described in A. 2. that is received from another state.**			☐ **Yes** ☐ **No**			

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B.	**The applicants must not be licensed if the applicants or any household member who is an adult age 18 or older has been the subject of a substantiated allegation of sexual exploitation or sexual abuse of a child or has been substantiated for child abuse that resulted in a child fatality.**			☐ **Yes** ☐ **No**			
C.	**If there is a substantiated report of child abuse or neglect other than those listed in B., involving the applicants or any household member who is an adult age 18 or older, the application is**			☐ **Yes** ☐ **No**			

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	assessed on a case-by- case basis, which includes a discussion with the applicants and household members, to determine if the safety of any child in the home will be impacted. If not impacted, the results of the abuse and neglect background check may not prevent licensure.						
D.	**Applicants and all household members have an ongoing duty to report any juvenile offenses committed by any member of the household. The existence of a household member with a juvenile offense does not**			☐ **Yes** ☐ **No**			

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	automatically exclude the applicants. The agency must consider the suitability of the home based on the criteria used to assess crimes set forth in B.- C. of this standard and standard 10 C.-E.						
12. ASSURANCES FROM APPLICANTS **A.**	**Applicants must sign an agreement containing the following assurances that they and all household members will comply with their roles and responsibilities as discussed with the agency once a child**						

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	is placed in their care:						
1.	**They will not use any corporal or degrading punishment on any children in the home.**			☐ **Yes** ☐ **No**			
2.	**They will not use any illegal substances, abuse alcohol by consuming it in excess amounts or abuse legal prescription and nonprescription drugs by consuming them in excess amounts or using them contrary to as indicated.**			☐ **Yes** ☐ **No**			

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3.	**They will not smoke in the presence of the child in foster care, in the family foster home or in any vehicle used to transport the child. Furthermore, guests will not be allowed to smoke in the presence of the child in the family foster home or in any vehicle used to transport the child.**			☐ **Yes** ☐ **No**			
4.	**They will closely supervise the child in foster care when the child is in close proximity to any swimming pool or body of water. When they cannot supervise, they must restrict the child's access to swimming pools or**			☐ **Yes** ☐ **No**			

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	bodies of water. The child must never be left to swim alone.						
5.	**They will provide water safety instruction to the child in foster care as appropriate for his or her age and development if the home is adjacent to any body of water or has a swimming pool. Water safety instruction addresses key knowledge and skills on how to be safe around water and does not necessarily mean swimming lessons.**			☐ **Yes** ☐ **No**			

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6.	**They will maintain the swimming pool in safe condition, including testing and maintaining the chlorine and pH levels as required by the manufacturer's specifications.**			☐ **Yes** ☐ **No**			
7.	**They will lock all entry points when the swimming pool is not in use.**			☐ **Yes** ☐ **No**			
8.	**They will remove or secure any steps or ladders to the swimming pool to make them unusable when the pool is not in use.**			☐ **Yes** ☐ **No**			

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9.	**They will set up and maintain wading pools according to the manufacturer's instructions, and empty and store them when not in use.**			☐ **Yes** ☐ **No**			
10.	**They will ensure that the child in foster care has legal and safe transportation to and from health care, therapy, and agency appointments; school; extracurricular activities; social events; and scheduled meetings or visitation with parents, siblings, extended family members, and friends.**			☐ **Yes** ☐ **No**			

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11.	**They will ensure that if a privately-owned vehicle, owned by the applicants , family or friends, is used to transport the child in foster care, it must be inspected (if applicable under state or tribal law), registered, and insured, and meet all applicable state or tribal requirements to be an operable vehicle on the road.** **b. Safety restraints will be used that are appropriate to the child's age, height, and weight.** **c. Weapons must not be transported in any vehicle in**			☐ **Yes** ☐ **No**			

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	which the child is riding unless the weapons are made inoperable and inaccessible.						
12.	**They may need to take additional steps for the safety of the child in foster care, depending on the home, the area in which it is located, and the age and any cognitive and behavioral challenges of the child. For example, applicants may be required to child proof their home or place a fence to prevent the child from accessing nearby railroad tracks or another hazard.**			☐ **Yes** ☐ **No**			

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B.	**The agency will review the assurances agreement with the foster parents at initial licensing, when a child is placed in their care, and annually thereafter.**			☐ Yes ☐ No			
13. PRE-LICENSE TRAINING STANDARDS **A.**	**All applicants must complete at least 6 hours of pre-license training on care of the child.**			☐ Yes ☐ No			
B. **1.**	**Pre-license training topics must include:** **An overview of the child welfare system:** **a. Legal rights,**			☐ Yes ☐ No			

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	roles, responsibilities and expectations of foster parents; b. Agency purpose, policies, and services; and c. Courts, and applicable laws and regulations.						
2.	Information including trauma concepts and behavioral management, to provide for the needs of the child who is or may be placed in the home.			☐ Yes ☐ No			
14. EMERGENCY PLACEMENT STANDARDS A.	A child may be placed in a home			☐ Yes ☐ No			

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	on an emergency basis pending licensure for a maximum of 90 calendar days with a relative. The applicants must agree to complete the full assessment and approval process for a family foster home license within 90 calendar days. For emergency placements of American Indian and Alaska Native children, agencies should work closely with tribal and urban Indian organizations that have expertise in recruiting and licensing tribal family foster care homes.						

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B.	**The agency must complete the following prior to approving an emergency placement:**						
1.	**State and/or local criminal background check of applicants and any other household member who is an adult age 18 or older. To determine eligibility, the results of the check will be assessed using the criteria in 10. C., D., and E. above.**			☐ **Yes** ☐ **No**			
2.	**State, tribal, and/or local child abuse and neglect registry and adult protective services registry check for**			☐ **Yes** ☐ **No**			

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	information on applicants and any other household member who is an adult age 18 or older. To determine eligibility, the results of the check will be assessed using the criteria in 11. B. and C. above.						
3.	**For other states in which applicants and any other household member who is an adult age 18 and older have resided in the preceding five years, applicants and household members must attest that they are not on the child abuse and neglect registry or the adult protective services**			☐ **Yes** ☐ **No**			

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	registry. At that time, the agency will submit its request that the other states check their registries.						
4.	**Preliminary visual inspection to assess the safety of the home.**			☐ **Yes** ☐ **No**			
5.	**Preliminary assessment of the ability of the applicants to meet the needs of the child.**			☐ **Yes** ☐ **No**			
6.	**Discuss assurances agreement, as described in standard 12 above, with applicants and obtain their signatures on the agreement.**			☐ **Yes** ☐ **No**			

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C.	**If the home is not licensed within 90 calendar days, the child must be removed from the home, unless:**			☐ Yes ☐ No			
1.	**A direct placement of the child in the home is ordered by the court while the child is still in the custody of the child welfare agency.**			☐ Yes ☐ No			
2.	**The applicants file for and receive care and custody of the child directly from the court.**			☐ Yes ☐ No			
3.	**The agency grants an extension of up to 90 calendar days for applicants to complete licensure if it determines that removal of the child would be detrimental to the best interests of the child.**			☐ Yes ☐ No			

Ms. Sewell. It was our expectation, Congressman Kelly and I, and our hope that, after reviewing the model licensing standards, the States would modify their own standards to address any inappropriate barriers to licensing relatives caring for children or kinship caregivers whom the child welfare system is increasingly relying on, often as a result of the opioid crisis.

How will you encourage or how will HHS encourage these licensing standards?

Mr. Milner. Well, first of all, let me say that we have reviewed the NARA standards. I have personally reviewed the document that you have just entered into the evidence. We have also reviewed standards from other licensing bodies, in addition to State-specific and some Tribal-specific licensing standards as well.

We have put that information into our proposed standards in a Federal Register notice which, again, is currently going through clearance. We expect, and will strongly encourage, States, Tribes, and others, including the accrediting bodies, to respond to give us comments before we finalize those rules and regulations. That is going to be forthcoming quite soon.

Ms. Sewell. Sure. You know, regarding the 12-month limit on substance abuse treatment services and family-based residential treatment, what happens if a patient lapses, say, in the 14th month? I guess I am trying to get at incidences where people will actually relapse after the 12-month period. Clearly, while there is a 2-month gap, the reality is that that person still needs treatment.

Mr. Milner. Sure.

Ms. Sewell. So what would happen for those who lapse beyond the 12 months?

Mr. Milner. As far as Federal title IV-E funding is concerned, I am not aware of provisions where the funding for that service could go beyond 12 months. It is a very technical question, and I will go back and be absolutely certain about that.

Beyond that, you have hit on a concern and a challenge that I think many States are raising to us. While it is incredibly positive that we can now spend money up to 12 months for services that we previously could not do with very serious cases of substance abuse, particularly with the rise in opioid use right now --

Ms. Sewell. And the recurrence of that.

Mr. Milner. Yes, absolutely.

Ms. Sewell. I am just trying to get to the point of future access to treatment. And the reality is that maybe we should consider a longer period.

Thank you, Mr. Chairman, for letting me extend. And thank you, sir.

Chairman Smith. Thank you.

I now recognize Mr. Reichert from Washington State.

Mr. Reichert. Thank you, Mr. Chairman.

Glad to hear that you stopped by the Casey family in Seattle. I have done a lot of work with them.

I do have a question for you at the end of my 5 minutes, but I can't help myself; I have got to make a few comments first.

First of all, I would like to thank you so much for your service. I know that the young people in the audience today and those listening, looking at your record starting as a caseworker and continuing on all these years to help children, that takes compassion and dedication. I am a 33-year veteran of law enforcement. And also, just for the information of the students and the young people in the room, I am a survivor of domestic violence, the oldest of seven kids, and a runaway. And I think you will find that most of the people up here have a story to tell.

And so, when you look at us, we are people like you. We went through struggles and trials. And so I am assuming that out of all the hands that were raised in the audience, I am assuming all of you want to be Members of Congress. Raise your hand, please, who wants to be a Member of Congress. I don't see any hands, Mr. Chairman.

Chairman Smith. They may have higher expectations.

Mr. Reichert. How about President? Oh, there is one, okay. Thank you. Yeah, don't do it, somebody said.

I just wanted to share that with you because, you know, it is all real formal and everything, but we care about you, and we are here to try and figure out a way to help. Right?

Mr. Milner. Thank you.

Mr. Reichert. So I look at this, and some have mentioned the opioid problem. It is just devastating our country and our children. And, you know, the percentage of children entering foster care is due to, a lot of it, parental substance abuse and its dramatic increase. And, in fact, every 25 minutes a baby is born suffering from opioid withdrawal. Every 25 minutes a baby is born addicted to opioids, every 25 minutes. In Washington State, 5,700 children were placed into foster care in 2016, 34 percent of infants -- 34 percent of infants.

The passage of the Family First law gives us an awesome opportunity to bend this curve, and we can do that. So this is not about just children. It is not only children, but it is about drug and alcohol abuse. It is about human trafficking. It is about crime. It is about keeping families together and keeping children safe and healthy, keeping them in school then, right? If they have a loving home and a loving family, they get educated. They get jobs. They are successful. They have pride in their lives and their families. That is what this is about, and it is about the success of America.

And there is one agency in Seattle that I am particularly close with because I have two drug-addicted grandchildren who I was a foster grandparent and an adoptive grandparent. And they went through an organization called PICC, the Pediatric Interim Care Center, in Kent. And what they do is they provide specialized 24-hour care for drug-exposed and medically fragile newborns. They offer treatment that allows the baby to completely withdraw from drug dependency and transition, and they want to get them home safely without medication. They want to keep the families together. So they work with mom and dad if they are around and try to keep them together. If they don't, then they get adopted into families like my daughter's and her husband's and they become a blessing to all of us.

So how can an organization like PICC, how can we ensure and be sure that programs like PICC are eligible for prevention services funding provided by Family First?

Mr. Milner. They are eligible. Private agencies have long been a foundational part of the service delivery system in the child welfare system in our

country. Under Family First, the requirements to deliver services that are evidence-based will still be there for the private providers, but we are actively encouraging State child welfare agencies to work in strong collaboration with their partners in the private sector, the rest of the public sector, the faith-based community, as well as other organizations.

Mr. Reichert. What is the process? They have got to be evidence-based, but what is the process, real quick?

Mr. Milner. Typically, they would have some sort of contractual arrangement with the State child welfare agency to be a service provider there.

Mr. Reichert. And meet the evidence-based?

Mr. Milner. Yes.

Mr. Reichert. I yield back. Thank you. Thank you.

Mr. Milner. Thank you.

Chairman Smith. Thank you.

And next we have Ms. Chu from California.

Ms. Chu. Thank you.

Last night I went to the congressional foster care dinner that Karen Bass is the head of and heard very wonderful testimony from foster care children or former foster care children, who said how much Family First would change their lives and finally provide the resources available to keep families together versus letting more kids enter the foster care system. So I think this is certainly a step in the right direction.

But States have a lot of questions about the implementation of this, and that includes my home State of California and my county of Los Angeles, which is responsible for the largest child welfare system in the Nation and in 2017 oversaw nearly 35,000 children. It currently has a IV-E waiver, which has allowed them to provide innovative preventive services, including substance and mental health services to populations who are not title IV-E eligible, but they have also done a dramatic job to reduce the foster care population 23 percent between 2007 and 2010, and they have also reduced the number of children in group homes and other institutionalized settings by one-third.

So I think they have been trying to do the same kind of goals that are in Family First. And they have also provided home visiting services, aftercare networks, creative partnerships with other community agencies like job centers, and reduced the number of children entering care and increasing permanency.

I understand, Commissioner Milner, that you had a productive meeting with L.A. County about their program, and my first question would be whether you saw that they were making progress along these lines in a similar fashion to Family First?

And then my second question has to do with the timeline for implementation and whether there can be any kind of consideration for those who are on the title IV-E waiver programs, whether there can be guidance or technical assistance or any kind of other consideration for counties like Los Angeles to help them transition from their waiver to the implementation of the provisions of the Family First Act.

Mr. Milner. Let me say that thank you very much for raising that issue. It is a very important issue for me and for those of us in the Children's Bureau. Yes, I did have a very productive onsite visit with Bobby Cagle and his staff in L.A. County. I have also met with the board of supervisors for L.A. County to hear their concerns; last week, I spent a couple of days up in San Francisco visiting a community-based program; and I have made visits down to San Diego as well.

All of those programs have in common, I believe, a very strong commitment to moving their systems toward one that strengthens families, strengthens children, and prevents bad things from happening to children. L.A. County has done a tremendous amount of work there. The First 5 work, which is a home visiting program, is one that they are really quite proud of.

The loss of the flexibility of the title IV-E waiver dollars is going to be a big hit for the counties in California because the State office has pushed those flexible waiver dollars down to the counties, where they have used those dollars to create upfront primary prevention services for children and families, not just preventing them from coming into foster care but preventing them from being maltreated in the first place.

The transition to Family First means a lot of different things for them, including a loss of the flexibility. Even though they are able to use title IV-E dollars now for certain prevention services, Family First does not replace the entire flexibility that they have under the IV-E waivers right now, where they have a capped allocation, and they are using that money accordingly.

California has expressed great interest in some sort of a transitional authority to continue that, to help them make the transition in ways that they can be even more successful with Family First rather than at a certain point just having to give up the flexibility that they have had.

We would actually support that. And I believe that there is a strong need for us to do this in an orderly fashion in a way that allows States to plan as carefully and as thoughtfully as they can to move to the new system under Family First.

Ms. Chu. Thank you so much for that answer. I really appreciate it.

Chairman Smith. Thank you.

Now we move on to Mr. Wenstrup from Ohio.

Mr. Wenstrup. Thank you, Mr. Chairman.

Thank you, Mr. Milner, for being here today. Just in the scheme of the big picture, I just want to share that my wife and I just recently experienced the joy of adoption.

Mr. Milner. That is wonderful.

Mr. Wenstrup. It is wonderful. And we would like to see more of that take place. It is a beautiful thing.

And Family First presents a real opportunity to shift kind of the way we think about the role of Federal foster care dollars and how they can be more effectively spent. Our system in Ohio, in Cincinnati area especially, is very overcrowded. It is a real problem for the agencies. And we have this opportunity to provide alternatives for our youth, and I think that that is something that we all look forward to. We have been greatly affected by the opioid epidemic. As a matter of fact, that has been a huge driver of the need for an increase in our foster care system to be able to work.

But Ohio has held the title IV-E waiver since 1997, and so, across the State, we are anxiously awaiting a timeline of how we deal with this transition from the waiver to Family First. We really need some guidance on that, and the sooner, the better -- if we are going to be effective. We want some clarity on that if you can provide it, and is there technical assistance? I am following up on that question. But the sooner we can get a real timeline, it would be very, very helpful.

And then the other thing that I am concerned about is, what is the process for States to identify and get approved new practices that are not specifically preapproved? How can we innovate in the areas of making this whole system work better?

Mr. Milner. I was fortunate enough to spend some time with the child welfare leadership from Ohio last week. We had teams of 10 people from every State come here to Washington, which included not just the child welfare agency but the legal/judicial community and the prevention partners. And it was a pleasure to be able to spend some time at the Ohio table and also to hear some of their concerns.

The process of getting services introduced into the approvable pool is going to be an ongoing process, as well it should. We will come out with an initial list of programs that we will be reviewing, but Family First is inspiring a great deal of attention to building the evidence for programs out there so that we hope to expand the array of services over time. States can submit to us programs that they want us to consider.

Again, later this year, we will also again be issuing a Federal Register announcement that will describe that process for reviewing the criteria that we intend to use to review for programs that are reimbursable under the prevention funding stream and also provide guidance for States to submit those programs if they want us to take a look at those --

Mr. Wenstrup. So where are you in that stage right now? I mean, where --

Mr. Milner. I am sorry?

Mr. Wenstrup. Where are we as far as staging? You can submit an idea, an innovative idea right now. Do you have a particular form you fill out? Do you have to have documentation? I mean, I think that is what we are looking for, and then the timeframe of that.

Mr. Milner. We will contract for a clearinghouse that will be responsible for carrying out those activities of reviewing the programs, soliciting nominations or candidates for programs to be in that pool. The procurement is on the street at this point and we expect that contract to be issued by October 1.

As soon as we get the clearinghouse procedures in process, those procedures, we will be able to release and move forward with it. States could submit programs to us right now. Clearly, we don't have the ability at this moment

until we have the clearinghouse in place to actually conduct a review of those programs and start adding them to the bank. But we anticipate moving forward with that on October 1.

Mr. Wenstrup. And some of the ideas that people come forward with, are they going to be able to test the waters a little bit? In other words, you want to have evidence-based ideas, if you will, preferably. Are they going to be able to test the waters, try something on a small basis and then expand it if it is successful? Is that what we can look forward to?

Mr. Milner. I am not sure if I understand the question. Certainly, an evidence-based program could be implemented on a limited basis. If you want to do it in one of your counties and perhaps not statewide, there is nothing prohibiting you from doing that.

The statute is quite specific, however, that to be reimbursable under the prevention funding services stream, it must meet the criteria for evidence-based, either at promising, supported, or well-supported levels.

Our intent is to open the promising door as wide as we can open it, so that States can begin to use or continue to use services that they believe are effective in serving children and families while they build the evidence to get those services up to the higher rungs of the evidence ladder.

Mr. Wenstrup. Thank you. My time has expired.

Chairman Smith. Thank you.

I next recognize Mr. LaHood from Illinois.

Mr. LaHood. Thank you, Mr. Chairman.

And, Mr. Milner, I also want to recognize and thank you for your service and your lifelong commitment to helping young people to succeed and all the good work that you do.

And I also want to acknowledge the young people in the crowd here today. Thank you for being here. Your presence is important, and we are honored to have you here today as part of this hearing.

Prior to elected office, Mr. Milner, I spent a lot of time with the Big Brothers Big Sisters organization. I was a big brother myself in my hometown of Peoria,

Illinois, and saw the really good work that has gone on there. And, you know, many of our young people, through no fault of their own, are born into very difficult situations.

And from a public policy standpoint, trying to figure out what we can do to help many of these good organizations, I have also spent time and served on a board locally, the Center for Prevention of Abuse, that works with young people that are affected by abuse and also domestic violence. And I am happy that we are having this discussion here today, and let me get into a couple issues here.

I guess when we think about strengthening families and the implementation of the Family First Prevention Services Act and how we can make sure that this is the most efficient and effective program possible in this country, implementing a major reform in the current system comes with its challenges. And I want to commend your willingness to be here today and answer questions about this implementation of the legislation and to make this smooth transition for our State and the local stakeholders.

It is my understanding that HHS will provide a preapproved, quote, clearinghouse list of evidence-based practices that the States will be permitted to use.

Given that there are limited self -- sorry. Given that there are limited well-supported evidence-based programs that have been tailored for child welfare populations, there is a need for HHS to provide guidance on States conducting these program evaluations so that more evidence-based programs are established in the well-supported category and ultimately added to the clearinghouse list.

Can you talk a little bit about what is the process for States to identify and have approved other practices not specified on the preapproved list of the evidence-based programs?

Mr. Milner. Again, going back to Representative Wenstrup's question, we will come out with our final guidance on that later this fall, once the clearinghouse established and we have those procedures in place. I can't tell you precisely that they are going to fill out a form or we are going to respond in a certain period of time, but there will be a clearly defined process so that we can identify services that States and Tribes want to use.

As soon as we get the comments back on the criteria, the process, and the priorities for reviewing those services, we will be in a much better position to guide States on how they can raise or elevate their services for consideration.

Mr. LaHood. Additionally, Mr. Milner, is Federal reimbursement available for evaluation activities of time-limited services?

Mr. Milner. The only funding that I believe Family First allocates for that is for us to use the clearinghouse and the technical assistance. One million dollars, not a whole heck of a lot of money, was allocated for us to do that.

When we have the clearinghouse in place, it will offer that level of technical assistance, to the extent that the funding allows it to, on evaluation and implementation of those services within the States.

Mr. LaHood. Got you. Well, we look forward to working with you as a committee and wish you much success. Thank you.

Mr. Milner. Thank you so much.

Chairman Smith. Thanks. Next, I recognize Mr. Schweikert from Arizona.

Mr. Schweikert. Thank you, Mr. Chairman. Like Dr. Wenstrup, we have an adopted daughter. As a matter of fact, she is third generation adopted now in the family, so obviously we are doing something wrong. Come on. Can I walk you through, though, first I know antidotes aren't policy, but they give you a little bit of a window. Three years ago, my wife and I spent a summer getting certified to be foster parents. And we had, you know, folks from the State come as trainers. We had an agency. It was a trainer. It was very comprehensive, and sometimes the conversations were absolutely devastating, and heartbreaking. A couple of the most stressful evenings I ever had with my wife were the drive home when we had foster families that had been in fostering for 20 years and the roller coaster that their lives were.

We also heard repeatedly, particularly in a State like Arizona, there was a tremendous shortage of those parents, either those households that were ready to do short-term, long-term, older kids. So I guess I am asking you saying, okay, we have done a piece of legislation. There is all sorts of evidence base, so we have much better math and statistics. There is some resources with it. Where is the greatest fragility you see out there in our society? Is it a shortage of foster parents? Is it a shortage of good data? Is it a shortage of

resources to do intervention for substance abuse? If you had to give me one, two, and three, overall, what is really missing out there in the system today?

Mr. Milner. I think we need to focus squarely on resolving the reasons that children need to come into foster care to begin with. I think that if we don't focus our efforts on the primary prevention of child maltreatment, we are going to continue to chase our tails. We are going to continue to be scurrying around trying to find more money in State budgets, more caseworkers, more lawyers, more foster homes, and we are going to continue to raise children in the foster care system who don't have all the skills they need to become healthy, productive adults.

Mr. Schweikert. Okay. You are actually heading in the direction -- so child maltreatment --

Mr. Milner. Yes.

Mr. Schweikert. -- is that parents with substance abuse, is it households that have a mental health issue? I mean, and I am asking for some granularity on -- and I know this -- and I am not asking for antidotes, but I am asking, sir, for your perception.

Mr. Milner. I think it is all of the above. I think quite honestly, many families, if not all families, could be at risk of having involvement in the child welfare system with a slight twist of fate. The most successful programs that I am visiting out there I could name them: Live Well San Diego is one of those programs; the Center for Family Life in Brooklyn, New York. The list goes on. They provide services that strengthen families before they get into the ditch of child maltreatment and trauma, and can't get themselves out of that. It could be targeted to families that already have displayed some risk, but simply by strengthening families in communities and offer them a nonstigmatizing way to get the support they need would go a long way.

Mr. Schweikert. When we use language like strengthening families --

Mr. Milner. Yes.

Mr. Schweikert. -- give me an actual example of what the program in San Diego is actually doing.

Mr. Milner. Addressing the protective factors of families. We know --

Mr. Schweikert. No, no, no, no, no. I am asking you what are they actually doing? They are knocking on the door, are they demanding drug -- I mean, what are they actually doing that is so powerful that it reaches your top of your mind?

Mr. Milner. Over 300 partners have come together in San Diego, including the educational system, the housing system, the transportation system, the Chamber of Commerce, parks and recreation, transportation, and the child welfare system.

Mr. Schweikert. So they built a coalition.

Mr. Milner. Yes.

Mr. Schweikert. What are they actually doing?

Mr. Milner. They are promoting the notion of living well for the citizens of San Diego, regardless of what the particular entity is involved with. If it is the medical field, they address living well and in healthy ways in that domain.

Mr. Schweikert. -- for your help. Maybe I am just -- because I am, you know, done the foster care training, I have a household. I have these poor kids that are just living in hell. How was that system there making -- protecting those kids? What are they doing that is so unique that protects those children?

Mr. Milner. I think that they are doing a couple of things. I think they are trying to help those families get the concrete supports that they need before they get to the living hell part of their lives. And that is where primary prevention comes into play.

Mr. Schweikert. We will do some follow-up because I would love more to understand the tactical.

Mr. Milner. Sure.

Mr. Schweikert. Is it -- and Mr. Chairman, I know I am over time, and I may be an outlier here. I know we passionately want to keep families together, but I also passionately want to protect these kids.

Chairman Smith. Thank you. And we will begin a second round here as we do move forward. Let me touch a little bit on nonchild welfare issues. Family First is unique because the expectation is for most of the services and

interventions -- the expectation is for most of the services and interventions to come from sources outside of the foster care and adoption agency. Therefore, it is essential for the Children's Bureau to take the lead and set an example for how to coordinate and collaborate with other agencies. How is the Children's Bureau working with SAMHSA, HRSA, Medicaid, and other HHS agencies on the development of approved programs that meet evidence standards to provide substance abuse, mental health, and parenting programs under FFPSA.

Mr. Milner. We have begun the process of having discussions with all of those agencies. HRSA, around the home visiting, with SAMHSA, our policy folks are already in conversation with CMS because Medicaid is going to be a tremendous interface between the work that we do. We have to sort out issues with Medicaid around payment for evidence-based services, payments in the facilities, how our board payments would interface with those. We are in the process now of compiling as many of the issues that we are aware of that we know that we need to resolve. We are in the early phases of that, but we are absolutely committed to working in partnership with those other Federal agencies to make this a comprehensive implementation process. I am scurrying around from coast to coast encouraging States to work in strong partnership with their local partners for implementation, and it would be hypocritical of me not to be doing the same thing at the Federal level.

It is not just those obvious agencies that we think we need to have strong partnerships. We are meeting with other groups that will have a tremendous impact on implementation, such as the National Governors Association and the National Association of Counties. I spoke a couple weeks ago to the National Conference of State Legislators, and even this morning before I came here, I was in contact with our Head Start agency to try to find those interfaces, particularly in some of the very rural communities out there where an array of prevention services is going to be hard to come by.

So we are quite aware of that, and it is very high on our implementation priority list.

Chairman Smith. Thank you. Now, also, when will States know more about how to handle the billing situations, like substance abuse services where services are eligible for Medicaid reimbursement and Family First, and what is being done to reduce the potential for double-billing?

Mr. Milner. That is further into the implementation process than we are right now. Once we are able to issue our guidance on the prevention services

program, which will come, again, within the first quarter of Federal fiscal year 2019, we will be able to respond to those very technical questions.

Chairman Smith. Because I think you can appreciate that States might be a little reluctant to move forward, you know, knowing that they need to, but if there is concern that they may or may not be able to be reimbursed for that.

Mr. Milner. I do understand that. I don't think that the reimbursement procedures are going to be the criteria that States use to determine whether to go forward with the optional prevention services programs or not. I certainly hope it is not. I hope that they are thinking much more broadly about how they want to serve children and families, and understand that we are absolutely going to work with them to work out those very technical details that we are nowhere near being able to respond to right at this moment.

Chairman Smith. Okay. How are programs previously funded under various HHS grants, such as the regional partnership grants, pregnant and postpartum women, MIECHV home visiting, children affected by meth, how are they being consulted to provide input into this list of evidence-based programs?

Mr. Milner. We are taking advantage of the opportunity to look at the services that those programs have provided, particularly our regional partnership grants. I appreciate you bringing that up. That is one of our programs that we are absolutely proud of, particularly in the efforts to fight substance abuse issues within families. We believe that those programs give us a rich pool of possible interventions if the evidence base is there. If the evidence base is not there, they may also identify programs where we can focus efforts to begin building that evidence, because many of those programs have actually shown to be quite successful in getting to the desired outcomes.

Chairman Smith. Thank you. And now I will recognize Ranking Member Davis.

Mr. Davis. Thank you, again, Mr. Chairman. Commissioner, in your previous answer, you suggested that Health and Human Services would need to individually approve any intervention not in the clearinghouse. We had expected you would do that by approving the State plan that includes the intervention. Is that correct, or do you plan a different approval process?

Mr. Milner. Given the criteria that are set forth in the statute for an evidence-based program, we will have to review the actual program

itself. Simply putting it in a State plan will not give us the information we need to know if it meets the criteria in the statute.

Mr. Davis. Following up on your answer to the chairman on candidate for care, I appreciate that in your testimony, you clarified that HHS does not plan to define, and I quote, candidate for care on imminent risk beyond what is in the statute. Because the question is repeatedly asked in my State, I would like to know if other States are hearing the same question. Could you reaffirm that this means that HHS is not planning to issue a national definition of imminent risk, or candidate for care, and will instead rely on States to explain their State standard in their prevention plans?

Mr. Milner. It is not our intent, as I put in my written testimony, to define those concepts any further than the statute already defines them.

Mr. Davis. Does HHS plan to issue any guidance or parameters for States to use as they explain their eligibility criteria in their State prevention plans, and if so, when will those be issued?

Mr. Milner. We will be issuing guidance on the prevention services program later this year. We anticipate issuing that guidance within the first quarter of Federal fiscal year 2019, and hopefully, we will be able to address those questions satisfactorily in that program instruction.

Mr. Davis. Does the Children's Bureau intend to publish program guidance for States about drawing down the kinship navigator match before the provision becomes effective, and if so, when?

Mr. Milner. We will produce guidance on the kinship navigator program that should include -- I am getting -- that is getting a little bit more technical than I am prepared for, but the guidance that we issue on that should cover any kind of billing procedures. I can't imagine why it would not, but I am not able to -- I am not able to speak any more definitively than that.

Mr. Davis. Do you anticipate that a State would need to amend its IV-E plan in order to claim kinship navigator matching funds?

Mr. Milner. I don't know the answer to that question. We will have to get back with you on that.

Mr. Davis. Under State law, or by law, HHS is required to provide technical assistance and disseminate best practices for providing and evaluating the

evidence-based prevention services funded under Family First. Could you identify how this will take place?

Mr. Milner. We will be issuing guidance on the clearinghouse and that whole process in the first quarter of Federal fiscal year 2019, and, if I am understanding your question correctly, that should provide the information that States will need.

Mr. Davis. Thank you very much, and I yield back, Mr. Chairman.

Chairman Smith. Thank you. Thank you. Next, I recognize Mr. Reichert from Washington State.

Mr. Reichert. Thank you, Mr. Chairman. And I want to kind of drill down into one of the issues that I mentioned in my first question, and that is human trafficking. And all of us on this panel, as I said, want to help our youth.

Mr. Milner. Absolutely.

Mr. Reichert. And most of the young people who are out there on the streets involved in sort of this lifestyle have been victimized at home, sexually abused, mentally, emotionally, physically, and are driven to the streets and they are abused, victimized again. And then back in the day when I was working in the sheriff's office, they were victimized once again by a judicial system that really didn't understand that these young kids are victims, not criminals.

Today, we have been enlightened a little bit and discovered that really we need to help these young people involved in human trafficking. And the reason I know so much about this topic, you may or may not be aware of my background in law enforcement. I worked on a serial murder case for 19 years, called the Green River serial murder case. The person responsible for the murders in this case pled guilty to 49 murders. We think he killed 60 to 70 little girls and young women. I personally was at body sites of scores and scores and scores over those years.

So, Family First allows Federal funds for settings providing high quality residential care and supportive services to children and youth who have been found to be or at risk of becoming sex trafficking victims.

Mr. Milner. Yes.

Mr. Reichert. The July 9 program instruction indicates that ACF will not further define that setting. Does the Children's Bureau plan to issue any guidance about the kinds of settings?

Mr. Milner. About the kinds of settings?

Mr. Reichert. Yes, that this might entail.

Mr. Milner. I am not sure I am going to be able to answer the question completely on the types of settings. The law sets forth the criteria for qualified residential treatment program. The accreditation body would also add to any of those requirements there. To my knowledge, we do not have intent of issuing any further guidance around those particular settings, but I say that somewhat tentatively.

You are absolutely correct that we do not intend to define victims of sex trafficking, or at risk of sex trafficking, any further than it has already been defined in the law.

Mr. Reichert. Well, I just think we need to take another look at that and maybe you and I can have a discussion.

Mr. Milner. Surely.

Mr. Reichert. Since children in out-of-home care are already at increased risk of trafficking.

Mr. Milner. Yes.

Mr. Reichert. This is going to be important for States to have a clear understanding, so that they can use this placement setting appropriately.

Mr. Milner. I cannot agree with you more. I have had several conversations with States myself around their intent and how they would like to define the terms of at risk of sex trafficking, and I believe that States are coming at it from different places. But part of our plan also is to allow States that flexibility, so that they can craft a program that will best meet the needs of youth in their States.

I also just want to add, just for general interest, I visited one of those programs in your home State in Seattle a while back, and I also was fortunate enough to

be able to attend the ribbon cutting for a drop-in center there in Seattle designed for youth who are victims of sex trafficking, to have a place to go.

So I have seen firsthand in your State the value and the importance and talked to some of those youth myself about their experiences there, so we share that concern and commitment.

Mr. Reichert. I appreciate your answer. I yield back.

Chairman Smith. Thank you. I next recognize Ms. Chu from California.

Ms. Chu. Well, I have more questions from the State of California. In California, each county is responsible for administering its own child welfare program, and California is made up of 58 counties. As a result, the counties vary in capability and capacity and access to providers who can deliver prevention services. So Family First requires that the prevention component to the State's IV-E plan must describe the target population for the services or programs.

So my question is whether the State has to opt in for the Family First program, and do all counties and geographic locations have to provide the same level of prevention services, or can there be a targeting of those prevention services on a geographic basis versus having every county do every service?

Mr. Milner. Yes. It is my understanding that as you have said, the State has to take the option, but I do not have the understanding that every single county would have to provide the same level of service delivery. In the title IV-E waiver, which is admittedly a different program, there are four counties in California that are providing those services, so that is not a State-wide effort there. I see no reason why that could not be the same way in Family First, and frankly, would fully expect it to be that way. You have some very rural counties in California, as do the other members in their States, and the reality is, many of the prevention programs are going to be hard to come by in those very rural areas. I don't think we can have a reasonable expectation that there is going to be a uniform level of service delivery across counties.

Ms. Chu. My other question is about the quality residential treatment program, or QRTP. Those provisions in the Family First program have time limits that the States have to meet in order to be reimbursed for such a placement.

Now, right now, California takes more than 30 days to do an assessment as to whether a child should or should not be in one of these facilities in a group

home or a foster care home. I know that the Family First program is a step forward, because there is some States that don't do any assessment whatsoever, so there needs to be an assessment.

Mr. Milner. Sure.

Ms. Chu. But my question is, whether there is any flexibility on the 30 days in order for the State to be reimbursed, because it would seem to me that the best thing would be to have a good assessment, what if it is 31 days? What would be the situation with that?

Mr. Milner. The statute requires 30 days. I am not aware of any flexibility in the statute on that.

Ms. Chu. How about this situation: Would a State be reimbursed if at the 60-day court review, the court disproves the placement of the child?

Mr. Milner. I am not able to answer a question that is quite that technical, so we will have to respond to you in writing on that, I am sorry.

Ms. Chu. And how about if a child moves from one QRTP program to another, would a new 30-day assessment be required?

Mr. Milner. That is also a very technical question that I don't think I am prepared to answer for you today. We will get back with you on that.

Ms. Chu. Okay. I will submit those questions. Then I also wanted to ask about administrative costs. The requirement that 50 percent of the State's prevention services spending be related to services or programs does not make clear whether there can be claims for administrative services like training and evaluation. So can administrative reimbursement for such things be in this program?

Mr. Milner. We will also have to give you a written response on that. I can't say definitively what is included in the admin costs at this point.

Ms. Chu. Okay. I appreciate you getting back to me on that.

Mr. Milner. Thank you.

Chairman Smith. Thank you. Next is Mr. Wenstrup from Ohio.

Mr. Wenstrup. Thank you, just a quick follow-up question, if you will. Our State is one where the county administers the work.

Mr. Milner. Yes.

Mr. Wenstrup. So in these States like that, can the local areas, counties opt in or opt out, or if programs put in place, does it have to be statewide, or is there going to be that type of flexibility for the counties?

Mr. Milner. As I was saying to Representative Chu, I believe that States will have to work with their counties to determine where they are going to be able to offer some of the specific services. Whether there is a formal opt in or opt out, I wouldn't attempt to answer that for you at this point with any real confidence there. The State has to make the decision to be a part of the program, but then the State would have to work with its counties in order to determine how they were going to comply, particularly with the prevention services program. That is what I am primarily speaking about right now. The congregate care provisions would not be an optional thing for a State or a county to select from.

Mr. Wenstrup. I think we have to think about that because there may be initiatives that one or two counties really need, and the others don't.

Mr. Milner. Sure.

Mr. Wenstrup. And you don't want to waste money setting something up that another county doesn't need, but is needed somewhere else. So I hope that there is that type of flexibility that can take place within the State, so especially when they are being run by the county, you know, you don't want to make them do something they don't need.

Mr. Milner. Yes.

Mr. Wenstrup. And allow those that need something else be able to do it.

Mr. Milner. And that is entirely consistent with the vision that we have for child welfare in our country coming from the Children's Bureau right now. In addition to a strong commitment to moving towards a primary prevention focus of our work, we believe that those efforts have to happen at the county and community level. The best examples that I see of programs effectively serving and strengthening families out there are not necessarily happening on a State-wide level. They are happening in the communities where children and

families live. That is where they can get the services and supports that are available to them in most situations that are culturally appropriate for them and that are responsive enough for them to sustain progress once they have made that progress.

Mr. Wenstrup. Well, and I have seen some of the benefits that a local level. One of my counties just in addressing poverty, was part of a short-term trial called Rural Impact. The caseworker had authority to make changes. I meet a family with six kids, and I meet the parents and, you know, they are living in a one-room home. And he said, I can't take a third shift job, I have nowhere to sleep. So she gets them into a home with a couple bedrooms, and they go to work. The whole dynamic changes. There is that local level ability to fit what is needed case-by-case that I really hope we are driving towards so that we can really have a positive fact. And this is a situation where the person working with you, they are not just a signature on a piece of paper somewhere. They have been to your house.

Mr. Milner. Exactly.

Mr. Wenstrup. They understand what has taken place. Anyway, thank you. I yield back.

Chairman Smith. Thank you. Next, I recognize Mr. LaHood from Illinois.

Mr. LaHood. Thanks, Mr. Chairman. Commissioner Milner, I wanted to focus a little bit on criminal background checks, and I mentioned earlier, I was involved with the Big Brothers Big Sisters program, and I know when we were screening for Big Brothers and Big Sisters, I worked as 10 years as State and Federal prosecutor, so we would do the background check for that. And obviously it is important that we make sure we have the best people that are involved in the child welfare system.

I know, for instance, there is a clear standard set for foster parents and adoptive parents and the background check there. Can you talk a little bit about the proper oversight and enforcement for States, and particularly, for child care centers, and whether there is a national standard that has been established and how that implementation happens, not only for criminal background, but for maybe other professional misconduct or drug use and where we are at with the implementation of that?

Mr. Milner. With regard to background checks, the Federal statutes address the criminal background checks, not necessarily the other areas that you might

have some concerns about. We have long held a requirement that adults in a foster family home undergo a criminal background records check. Family First adds a requirement that staff, all staff of the congregate care facilities must now have that background check, which must include a check of relevant criminal databases. Other Federal legislation gets very specific on what would disqualify someone based on a background check. States do have some flexibilities in terms of making exceptions to those rules, but they are required to have very specific procedures in place if they want to do so.

I actually believe Family First is a giant step forward in terms of requiring the background checks in congregate care facilities. I should note that we have had a requirement in place for some time that requires that States address safety concerns with regard to staff in a much more general way. It has been a part of our programs where we have found that States have not, across the board, done all that well with compliance.

Under Family First, I believe we have a greater opportunity to enforce the more specific requirement through our review processes. The way that we would primarily review that from the Federal level is with our title IV-E eligibility reviews, where we would look at whether or not there was evidence that the criminal background checks had been conducted or not. We will be revising those procedures, those forms and that whole process to comport with Family First as we go into full implementation.

Mr. LaHood. And I guess thinking ahead with full implementation, so if there is a State that is deficient in terms of the standard and proper oversight --

Mr. Milner. Yes.

Mr. LaHood. -- or enforcement, what happens?

Mr. Milner. They are required to enter into a program improvement plan and make the correction. Typically, we are not able to withhold Federal funds until they have had an opportunity to correct whatever the problem is. So we work with the States through our regional offices to develop a process for making the corrective action. If they are not able to comply with their plan, then they would be subject to Federal withholding of funds.

Mr. LaHood. Okay. Thank you. Those are all my questions.

Chairman Smith. Thank you. I want to touch on another issue here, and then I will certainly go to Mr. Davis for some follow-up as well. Maintenance of

effort. We know that Family First was intended to supplement, not replace the State efforts.

Mr. Milner. Sure.

Chairman Smith. And so the need to calculate the maintenance of effort is certainly there. Is the Bureau going to provide guidance to States in terms of how they can calculate their maintenance of effort?

Mr. Milner. Yes, we will.

Chairman Smith. And when can the States expect those --

Mr. Milner. I would anticipate that that is going to be a part of our program instructions on the prevention program itself. The MOE is specific to the prevention services program, and the PI is where we would be able to cover that later this year when we issue that guidance.

Chairman Smith. Okay. And in terms of previous prevention expenditures, my understanding is that they are intended to mirror the services and populations that are allowable under Family First. Is that correct?

Mr. Milner. I am not sure that I can give you a definitive response on that.

Chairman Smith. Okay. If you could follow up on that.

Mr. Milner. Surely.

Chairman Smith. Maintenance of effort is not limited to just funds that were spent in child welfare prior to Family First because for nonwaiver State mental health, substance abuse and parenting were not funded under child welfare. Is that correct?

Mr. Milner. Correct.

Chairman Smith. And for waiver States that may have been spending on substance abuse, mental health, and parenting, how do you see them calculating their maintenance of effort?

Mr. Milner. We are going to have to give you something more specific on that. I am not immersed in the maintenance of effort part of that. It is far too

technical for me to be able to give you any hint of a satisfactory response, but we will give you something in writing on that.

Chairman Smith. Okay. Well, I think all the States would appreciate that and certainly there is --

Mr. Milner. Surely.

Chairman Smith. -- I know, a great deal of interest on that.

So with that, Mr. Davis, do you have any follow-up?

Mr. Davis. Thank you. Thank you, again, Mr. Chairman. And I also thank you again for holding this very important hearing.

It is my understanding that many kinship navigator programs have not been evaluated so that they can meet an evidence-based standard.

Mr. Milner. Yes.

Mr. Davis. What is HHS doing to support identification and development of additional evidence-based models for these important services?

Mr. Milner. I mentioned a little bit earlier, we fund a contract right now in collaboration with our Office of Planning, Research and Evaluation that is designed to build the evidence for a number of programs that are out there. Kinship navigator programs are a part of that effort.

In addition to that, we are looking to the programs that do exist, and we have asked for comment on that, particularly in the Federal Register announcement that we just put out the criteria for evidence-based practices.

In addition, we will be looking at the one program that we think might have an evidence base behind it to see if it comports with the criteria that are in Family First.

Mr. Davis. Congress provided appropriated funds so that every State could receive funding for kinship navigator programs now, as a bridge to the Family First funding. The deadline for States to tell HHS their planned use of these funds was last week.

Mr. Milner. Correct.

Mr. Davis. Can you tell us how many States applied and how HHS plans to reallocate any funds which were not claimed?

Mr. Milner. Forty-five States, two territories, and eight Tribes have indicated to us that they intend to apply for those funds. Since it is not every one of the States, there will be some balance that is left over, and we will have to determine how we are going to distribute that balance of funds across those who do apply.

Mr. Davis. And my last question is that obviously, home visiting is an evidence-based intervention, which has been demonstrated to improve outcomes for pregnant mothers, parenting mothers and fathers, and their children. In your work on the evidence clearinghouse, are you leveraging the MIECHV clearinghouse, especially to find interventions appropriate for pregnant and parenting foster youth?

Mr. Milner. I am unable to tell you specifically which clearinghouses we are looking at, but I can tell you that we are looking very broadly. We also recognize that the home visiting programs have shown a tremendous amount of effectiveness in that area, and we have every interest and every desire to make sure that they are accessible and available to States and Tribes under the title IV-E prevention services funding.

Mr. Davis. Thank you for being with us. Thank you, Mr. Chairman, for this very important hearing, and I yield back the balance of my time.

Chairman Smith. Thank you, Mr. Davis. And certainly thank you, Mr. Milner, for your participation here today. Please be advised that members will have 2 weeks to submit written questions to be answered later in writing. Those questions and your answers will be made part of the formal hearing record.

Now, I know that there were several questions asked today that you will need to follow up on. Can you say how long that -- how long it might take for you to be able to follow up on these questions that were posed earlier?

Mr. Milner. If we have the answers, we should be able to get those to you without much of a delay at all. I can't tell you that we have even formulated the answers to all of those questions, particularly when it gets to things like maintenance of effort and what is going to be included in that. We are still very much in the process of consulting with States and with Tribes.

As I mentioned, yesterday we had a call with States to hear their concerns and to get their input. Twenty-eight States participated in that. One of those calls is going on today. Three more will be taking place. We have two more listening sessions coming up in August in Atlanta and in Denver coming up in August. We have several sessions planned with the Tribes to hear their unique concerns around this. I don't want to shortcut that consultation process, and that very valuable input by making all of those decisions without giving States and Tribes full opportunity to share their concerns with us. So we may not have answers to all of those questions, and if we don't have answers, we will absolutely let you know that and respond when we do have the answers.

Chairman Smith. Certainly. And I think you can appreciate the desire by the States and Tribes to have the timely responses.

Mr. Milner. I do.

Chairman Smith. With that I want to say thank you again, and the subcommittee stands adjourned.

[Whereupon, at 11:40 a.m., the subcommittee was adjourned.]

MEMBER QUESTIONS FOR THE RECORD

House Committee on Ways and Means Subcommittee on Human Resources
Hearing on: "The Opioid Crisis: Implementation of the Family First Prevention Services Act (FFPSA)
July 24, 2018
HHS Witness: Associate Commissioner Jerry Milner
Hearing Questions

Questions asked at the hearing and Mr. Milner promised to get back to the Members.

Congressman Danny K. Davis

1) The requirement that 50 percent of interventions must meet the "well-supported" evidence standard only applies to the prevention services funding, not to the kinship navigator programs. The kinship navigator programs simply need to be "evidence-based," which means they meet the "promising" standard in the law. Is that your understanding of the law, as well?

Answer: Yes. This requirement only applies to title IV-E prevention programs.

2) Obviously, home visiting is an evidence-based intervention which has been demonstrated to improve outcomes for pregnant mothers, parenting mothers and fathers, and their children. In your work on the evidence clearinghouse, are you leveraging the MIECHV clearinghouse, especially to find interventions appropriate for pregnant and parenting foster youth?

Answer: We are engaging in conversations with our colleagues from across the Department to identify interventions to assess for inclusion in the clearinghouse. We published a notice for public comment in the *Federal Register* (83 FR 29122) soliciting comments on initial criteria and potential programs and services for inclusion in the clearinghouse, and we are now analyzing those responses.

Questions regarding the Kinship Navigator Match:

3) Does the Children's Bureau intend to publish program guidance for states about drawing down the kinship navigator match before the provision becomes effective? When?

Answer: Yes, we will provide these instructions by the end of the first quarter of FFY 2019.

   a) Do you anticipate that a state would need to amend its IV-E plan in order to claim kinship navigator matching funds?

Answer: We will address this issue in the official instructions and guidance we intend to issue by the end of the first quarter of FFY 2019.

4) You said you said HHS was currently reviewing one kinship navigator program model that may meet the evidence standard. When will that review be completed?

Answer: We are unable to provide a specific date at this time. We expect to issue a FRN during the first quarter of FFY 2019 that will describe the criteria for reviewing programs and services

to determine if they meet evidentiary requirements, and will include a preliminary list of the services that we intend to review first.

5) Congress provided appropriated funds so that every state could receive funding for kinship navigator programs now, as a bridge to the Family First funding. The deadline for states to tell HHS they planned to use those funds was last week. Can you tell us how many states applied, and how HHS plans to reallocate any funds which were not claimed?

Answer: We have received kinship navigator submissions from 46 states and the District of Columbia, two territories and eight tribes. The title IV-E agencies that applied are: Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, District of Columbia, Florida, Georgia, Hawaii, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, Wyoming and Puerto Rico and the Virgin Islands.

Eight title IV-E tribes submitted kinship navigator applications: Eastern Band of Cherokee Indians, Keweenaw Bay Indian Community, Navajo Nation, Pascua Yaqui Tribe, Penobscot Indian Nation, Port Gamble S'Klallam Tribe, Salt River Pima Maricopa Indian Community and Tolowa Dee-ni' Nation of Smith River.

The four states that did not apply for kinship navigator funding are: Delaware, Idaho, Maine and South Dakota. One tribe (Chickasaw Nation) did not apply for funding.

The funds for the jurisdictions that did not apply will be distributed by formula to other jurisdictions that requested additional funds if they became available.

<u>Technical Assistance</u>

6) In response to questions, you suggested that HHS plans to provide technical assistance and guidance specifically for states transitioning off waivers early next year. Is that correct? If so, what form will that guidance take, and what month will it be available? We would strongly encourage you to provide specific guidance as soon as possible.

Answer: We have been providing ongoing technical assistance to jurisdictions operating waiver demonstrations to assist them in successfully implementing and evaluating the interventions they have operated under the waiver demonstration authority. Technical assistance has been, and will continue to be, provided by both federal staff and our contracted technical assistance providers. As we move into the final year of waiver authority, we are working with jurisdictions to assist them in identifying practices, strategies and lessons learned in the implementation of their waiver demonstrations that we think will serve them well as they make the transition to the requirements and opportunities of FFPSA. Areas of discussion and technical assistance include the implementation and evaluation of evidence-based interventions designed to strengthen families and prevent foster care placements that may qualify for title IV-E prevention services funding, as well as strategies to reduce the use of congregate care and improve supports to kinship care

families. In addition, for states that have been operating under a capped allocation of title IV-E foster care funding, we are providing technical assistance to ensure that they are prepared to return to "traditional" title IV-E, claiming only for allowable costs on behalf of eligible children in allowable settings. The mode and timing of technical assistance varies, including our annual in-person waiver demonstration meeting, webinars, teleconferences, and site visits.

Congresswoman Jackie Walorski

1) Will States with a pending accreditation be allowed to provide reimbursable services? And can any IV-E funds be made available to assist providers in being accredited?

Answer: No, there is no flexibility in the statute to allow title IV-E foster care maintenance payments (FCMPs) for a child placed in a Qualified Residential Treatment Program with a pending accreditation (see 472(k)(4)(G) of the Act). Further, using title IV-E funding for QRTP facilities to become accredited does not comport with the proper and efficient administration of the title IV-E state plan.

Congressman David Reichert

1) Will HHS issue specific guidance to states about settings which qualify for reimbursement under the "sex trafficking" category, and if so, when?

Answer: As stated in testimony, we do not intend to define victims of sex trafficking, or at risk of sex trafficking, any further than it has already been defined in the law. The Children's Bureau issued guidance on this in Program Instruction ACYF-CB-PI-18-07 on July 9, 2018 and specified that title IV-E agencies have flexibility in determining which children are "found to be or are at at-risk of becoming" victims of sex trafficking (consistent with the definition of "victim of sex trafficking" noted in section 475(9) of the Act).

Congresswoman Judy Chu

1) What specific technical assistance does HHS plan to provide to states with IV-E waivers about transitioning from their waivers to Family First prevention funding?

Answer: We have been providing ongoing technical assistance to jurisdictions operating waiver demonstrations to assist them in successfully implementing and evaluating the interventions they have operated under the waiver demonstration authority. Technical assistance has been, and will continue to be, provided by both federal staff and our contracted technical assistance providers. As we move into the final year of waiver authority, we are working with jurisdictions to assist them in identifying practices, strategies, and lessons learned in the implementation of their waiver demonstrations that we think will serve them well as they make the transition to the requirements and opportunities of FFPSA. Areas of discussion and technical assistance include the implementation and evaluation of evidence-based interventions designed to strengthen families and prevent foster care placements that may qualify for title IV-E prevention services funding, as well as strategies to reduce the use of congregate care and improve supports to kinship care families. In addition, for states that have been operating under a capped allocation

of title IV-E foster care funding, we are providing technical assistance to ensure that they are prepared to return to "traditional" title IV-E, claiming only for allowable costs on behalf of eligible children in allowable settings. The mode and timing of technical assistance varies, including our annual in-person waiver demonstration meeting, webinars, teleconferences, and site visits.

2) Can a state be reimbursed for a QRTP placement if the court disproves it (up to the point of the court decision)?

Answer: We addressed this issue in ACYF-CB-PI-18-07. If a court disapproves a child's placement in a QRTP, the title IV-E agency may claim title IV-E FCMPs to transition a child from the QRTP to the next placement or permanent home for up to 30 days (section 472(k)(3)(B) of the Act). This would not affect title IV-E FCMPs for the time period before the court disapproval.

3) If a child previously assessed to need QRTP care is moved from one QRTP placement to another, does there need to be a new assessment?

Answer: If a child moves from one QRTP placement to a different QRTP placement, the agency must meet the statutory requirements for a new QRTP placement, including a 30 day assessment. Among other things, the assessment must determine what setting specified in section 472(k)(2) of the Act can meet the needs of the child if he/she cannot be placed with family members or in a foster family home.

4) When will the Secretary inform the states of the specific services and activities that are considered as state foster care prevention expenditures to enable a state to calculate its maintenance of effort, as required by 42 U.S.C. §671(e)(7)?

Answer: We will address this in future guidance that we anticipate providing in the first quarter of FFY 2019.

PUBLIC SUBMISSIONS FOR THE RECORD

Subcommittee on Human Resources, Committee on Ways and Means: Hearing on The Opioid Crisis: Implementation of the Family First Prevention Services Act (FFPSA)

Statement for the Record of Matthew E. Melmed, Executive Director, ZERO TO THREE

ZERO TO THREE
Early connections last a lifetime

Thank you, Mr. Chairman, Ranking Member Davis, and Members of the Subcommittee, for holding this hearing looking at the intersection of the great challenges many families face, particularly from substance abuse, and one of the most promising opportunities for changing their lives. The Family First Prevention Services Act (FFPSA) represents a chance to achieve something we strive for in our own work: transforming the child welfare system into a child wellbeing system. At ZERO TO THREE, we focus on families with infants and toddlers, the age group most likely to experience maltreatment and placement in foster care. My remarks are based on our experience in developing and implementing the Safe Babies Court Team™ (SBCT) approach, which works in courts and communities from Alaska to Florida to use the science of early childhood development and the impact of trauma to transform how they work with infants, toddlers, and families in the child welfare system.

Based on this experience, as you look at the implementation of FFPSA and the prevalence of substance abuse this new funding authority will help address*, my principal recommendation is this: ensure that comprehensive approaches encompassing the three service areas identified in FFPSA are included in evidence-based programs approved for funding.* Substance abuse is only one aspect in a range of complex family needs. All these needs must be considered in a comprehensive way for any effort to be successful, whether its preventing maltreatment or foster care placement, reunifying families, or reaching some other form of permanency. Transforming child welfare is not an easy task. It means more than simply increasing the availability of a few services. It means a cultural shift in working with families and requires a comprehensive approach with an organizing principle grounded in science that guides how each family is considered individually.

Founded more than 40 years ago, ZERO TO THREE is a national nonprofit organization whose mission is to ensure that all babies and toddlers have a strong start in life. We translate the science of early childhood development into useful knowledge and strategies for parents, practitioners, and policymakers. We work to ensure that babies and toddlers benefit from the family and community connections critical to their wellbeing and healthy development. Nowhere are these connections that are so essential to early brain development more important than for babies in the child welfare system. Over the last decade, we have worked around the country to bring the science of early brain development to local child welfare agencies, courts and the communities that surround them.

The Safe Babies Court Team (SBCT) approach is an evidence-based practice that uses this science to drive change at both the systems and practice levels for infants, toddlers, and families in the child welfare system. From the judge who leads the team, to every caseworker, attorney, and service provider, the teams transform the culture of working with families, the community systems that must come together to meet families' needs, and the lives of the children and families themselves.

What does this mean in real terms? Culture is changed as all professionals as well as the families themselves learn to make decisions within a framework of early childhood development and the impacts of trauma. A central tenet is valuing birth parents as individuals and in their important relationships with their children. Systems are changed as stakeholders come together to identify needed services, and particularly, to select appropriate evidence-based practices and make them more widely available and integrated within the community. At the family level, it means their needs are approached in a holistic way, starting with assessments of children *and* parents, and ensuring they receive evidence-based mental health, substance

abuse treatment, and parenting services as part of an array of supports and services that includes support to keep the child's early development on track. Although both parents and babies carry a heavy trauma burden as measured by Adverse Childhood Experiences (ACEs), SBCT's two-generation approach is showing great success in keeping families together. Auguring well for the feasibility of working with many families within the 12-month FFPSA limit, 84 percent of closed SBCT cases reach permanency within a year.[i] SBCT has reduced further maltreatment to levels surpassing what is acceptable under national standards: 0.7 percent of SBCT cases experience a recurrence of maltreatment compared with the national standard of 9.1 percent.[ii]

As the Subcommittee works with the Administration to implement FFPSA, I urge you to ensure that comprehensive approaches such as SBCT, which provide a science-based framework for changing child welfare policy and practice as well as evidence-based interventions, are included in the Clearinghouse in the programs and practices approved for states as they develop their plans. Funding for services such as substance abuse and mental health treatment as well as parenting support will greatly enhance the ability to work with families, many of whom are currently offered very few services. But using this funding authority effectively means having a coherent overall approach that ensures the structure is in place for assessing and addressing individual families' needs; providing guidance to communities that need assistance in selecting which evidence-based interventions to use; and avoiding situations where services are prescribed simply because funding is available, or where a less intensive service is provided because the overall framework is not in place to determine that a more intensive intervention is needed. FFPSA requires states to address some of these steps, such as assessing needs and developing case plans. But it would help to enable states and communities to easily access approaches that can provide those steps as part of a comprehensive and integrated whole.

Several other recommendations flow from SBCT and our experience in identifying evidence-based practices for our Court Teams and communities to draw on.[iii] First, while the Department of Health and Human Services (HHS) is contemplating a fairly short list of pre-approved interventions, addressing the needs of individual families calls for a broader range of interventions as well as the flexibility to add new ones as warranted by family needs, as I discuss later. The fact that states will be able to define their population "at imminent risk" also argues for a longer list to accommodate different levels of family complexity. The Clearinghouse also needs to ensure that interventions appropriate for different age groups and populations are included on the approved list, so that states do not exclude groups based on a lack of approved interventions. In addition, we encourage HHS in concert with the Clearinghouse, once established, to develop a research agenda to fill gaps in evidence-based interventions for particular groups and work with states to implement that agenda.

Infants and Toddlers are Particularly Vulnerable to Impacts of Maltreatment

We emphasize the inclusion of services for distinct age groups, because science tells us that infants and toddlers are the age group most vulnerable to maltreatment, and their rapid development requires responses tailored to their unique needs. They make up the largest age group entering foster care, accounting for a third of all placements. Infants (children under one year of age) alone now account for 18 percent of all foster care entries.[iv] Some part of this increase may be due to the explosion of opioid use in some areas of the country, although drugs such as meth are found in other areas, and alcohol—a known teratogen with well-documented detrimental impacts on development—is ever-present. From news reports, we know that some communities are overwhelmed by parental opioid use, and their reflexive response is to remove children from their parents' care. Such a separation is not necessarily the best way to help either young children or families. Separation from parents can be wrenching for babies who cannot understand what is happening to them. It may also be detrimental to the parents' ability to get their lives back on track. However, communities often lack capacity for an alternative response.

These encounters with the child welfare system occur during the most rapid period of human brain development. Babies' brains create more than one million new neural connections a second, laying the foundation for all learning that life will bring them. The architecture of the developing brain is shaped by a baby's experiences, whether positive or negative. These experiences occur in the context of close relationships with trusted adults, without which babies cannot thrive. So, it is not surprising that maltreatment can harm the development of vulnerable young brains or that building strong, trusting relationships may be a particular need if the cycle of stress, trauma, and unhealthy behaviors is to be broken. More than half of children under age two who come to the attention of the child welfare system are at high risk for neurological or development impairment.[v] Studies have found extremely high rates of attachment disturbances.[vi] [vii] Other longer-term effects include poor self-esteem and behavior control, deficits in language development and school success, and later in life, delinquency, substance abuse, and depression.[viii]

ZERO TO THREE's child welfare work began out of concern that infants and toddlers entering the child welfare system rarely receive care based on their developmental needs. Child welfare practices, such as multiple foster care placements, a lack of parental contact, and little attention to supporting early development can compound effects of maltreatment.[ix] A survey of state child welfare policies found that few states had policies or practices differentiated to address the unique needs and rapid development of infants and toddlers.[x] Moreover, states have a long way to go in understanding and meeting parents' needs to help them address their own issues and become successful parents to their infants and toddlers. Fewer than half of states had policies requiring that birth parents be offered services and supports to overcome their own past trauma, as well as mental health, substance abuse, and domestic violence issues.[xi] So, the child welfare system seems particularly ill-equipped to respond supportively to either the child's development or the parent's substance abuse and other problems.

Community Responses Must Address Families' Complex Trauma Histories

Our work around the country has built a picture of the complex needs of families with very young children who enter the child welfare system. Substance abuse is indeed prevalent in the families we serve—90 percent have some substance abuse involvement, and it is a reason for removal in 69 percent of foster care placements.[xii] However, I want to underscore that **the central issue for these families is *trauma*.** And I speak not only of the trauma that abuse or neglect, exposure to substance abuse, etc., brings to the children, but of the wrenching experiences many of their parents have carried with them since childhood. It is this trauma burden that is associated with their child's ultimate permanency outcome—remaining together as a birth family, placement with relatives, or adoption.[xiii] Congress was right to insist that the *interventions* funded under FFPSA be trauma-informed. I would go further and suggest that *the whole system of child welfare and court professionals, as well as other stakeholders*, must understand both the basics of early childhood development, the effects of trauma on that development, and the central role of recognizing and healing parents' past trauma in keeping families together or guiding them toward another outcome for the child.

To measure the trauma burden of SBCT birth parents, we looked at the number of Adverse Childhood Experiences (ACE)[xiv] in their backgrounds. Out of the ten experiences identified in the original ACE study, a score of four is the tipping point at which the likelihood of poor adult outcomes, such as heart disease, cancer, diabetes, mental health problems, or substance abuse, dramatically increase and continue to climb with each additional ACE. *With that scale in mind, a staggering 63 percent of parents in our study had four or more ACEs, and one in six parents had from eight to all ten ACEs.*[xv] Thus, it is not astonishing that so many parents had substance use problems. It would have been more astounding if they did not. The most common type of ACEs experienced by these parents in their own pasts were parental separation or divorce (80%), household substance abuse (64%), physical abuse (52%), and emotional neglect (51%).

Children who have not yet reached their third birthday may seem too young to have accumulated a trauma history, but that is not the case for infants and toddlers with whom the Court Teams work. *59 percent had an ACE score of 4 or higher.* Even at a very young age, the majority of babies had already reached the "tipping point" at which the odds of poor health and behavioral outcomes in adulthood had vastly increased. In addition to maltreatment, the most common adverse experiences fell under the "Household Dysfunction" category: parental separation or divorce (89%), household substance abuse (79%), and household mental illness (64%). 47 percent had a household member who was or had been incarcerated.

Safe Babies Court Teams: How a Comprehensive Approach Changes Communities and Changes Lives

Much as Congress enacted FFPSA to change the conditions that lead to foster care placement, the Safe Babies Court Team movement began in 2005 in response to family court judges' frustration with the cycle of abuse and neglect that played out in their court rooms and their determination to find a way to break it. ZERO TO THREE worked with a core group of judges and communities to bring the science of early childhood development to bear on both decision-making and interventions with families, growing an approach that could be tailored to community needs and meet communities where they are, whether resource-rich or lacking in evidence-based approaches and other services. I want to emphasize that SBCT is not a "specialty court," but rather an approach that can be applied in any court and community serving children and families in the child welfare system. SBCT is now being implemented or developed in more than 70 sites around the country. The approach has garnered widespread attention and support from the judges and communities that have adopted it. Interest in bringing the approach to more locations has grown significantly over the past four years. For example, Tennessee passed legislation establishing 10 Court Teams. The State of Maryland recently began a Court Team with IV-E waiver funding. Court Teams in Florida's statewide program have expanded from 5 original teams supported by the ZERO TO THREE Court Teams staff to 21 sites.

Each SBCT is led by a judge and/or a child welfare agency leader who recognizes both the impact of trauma on families and the importance of a child's first three years in avoiding the next generation of maltreatment. A key figure in program success is the community coordinator, who works with the judge to coordinate services and resources for the babies and families overseen by the court. Along with the families, the team is composed of key community stakeholders, all committed to restructuring the way the community responds to the needs of the babies and families. In addition to courts, attorneys, and child welfare professionals, stakeholders include providers of health care/Medicaid, mental health treatment, early care and education (particularly Early Head Start), early intervention, substance abuse treatment, domestic violence treatment, parenting education, housing and energy assistance, and more. SBCT originally focused on promoting stability, permanency and positive child development for infants and toddlers in foster care, but increasingly its powerful structure is being used for addressing needs as soon as children come to the attention of the child welfare system and helping support them in their own homes. We firmly believe that this approach, built on community collaboration among service providers outside of the child welfare system, has profound implications for supporting families before they reach that system.[xvi]

FFPSA Requirements: Administrative processes

Built into the SBCT approach are elements required under FFPSA for case management and state planning that include (1) case plans detailing a prevention plan with services to be provided and a description of how the state will monitor the children: *SBCT provides detailed case plans coupled with monthly court and staff oversight to ensure progress*; (2) assessments of parents' and children's needs, described below; (3) plans to implement and monitor services selected and use information from monitoring to refine and improve practices: *SBCT uses a data collection system across sites that allows all levels of management to monitor in*

real time and promotes Continuous Quality Improvement at the caseworker, site, and national program levels while also providing multisite evaluation data; (4) consultation with other agencies and coordination of services: *SBCT includes all service providers in the team, so consultation occurs frequently and all services are coordinated*; and (5) steps to support a child welfare workforce to deliver trauma-informed and evidence-based services: *SBCT provide training and support for professionals in the child welfare agency, court, and community stakeholders in early childhood development and trauma impacts*. The holistic SBCT approach means all services regardless of funding source are automatically coordinated, as FFPSA requires.

While I discuss some of the systems-level impacts below, I want to point out how the court team functions for *families*. In traditional child welfare practice, services are usually provided to families in isolation of each other in a kind of hub-and-spoke configuration where the caseworker is the hub and the service providers are the spokes, connected only to the hub, not each other. Now, think of the court team as the wheel rim, where everyone touching the family meets frequently, through monthly court hearings, family team meetings, stakeholder meetings, as well as regular e-mails and phone calls. One team member noted, "One thing I always notice—all the providers, our team, know each other really well and know our cases. It almost creates less work because we are always communicating with each other."[xvii]

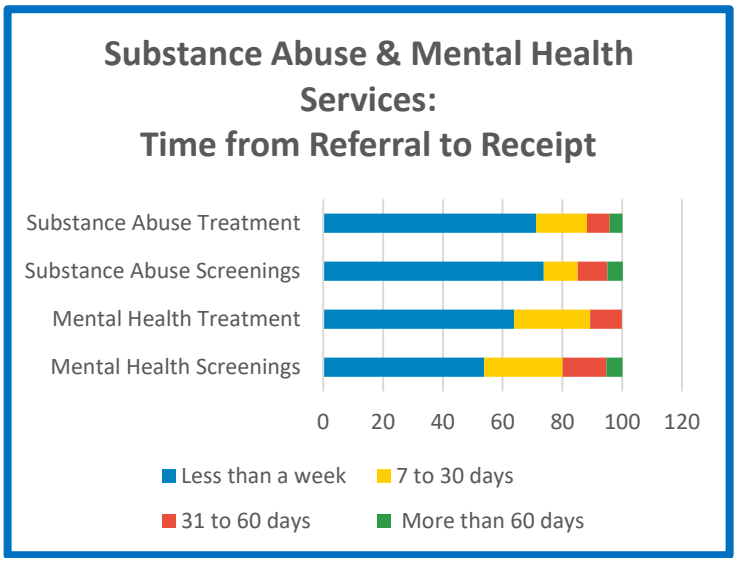
FFPSA Emphasis: Addressing Trauma within SBCT

FFPSA requires services and programs to be "provided under an organizational structure and treatment framework that involves understanding, recognizing, and responding to the effects of all types of trauma." SBCT is built around an understanding of trauma infused within the entire team and approach. Parents receive comprehensive medical and mental health assessments, including evaluation for their own childhood trauma, prenatal alcohol exposure, substance abuse, and domestic violence. Sites are required to have a Continuum of Behavioral Services, enabling the development of service plans that include supporting the parent-child relationship and increasing a parent's ability to provide emotional support, create structure, set limits, and help the child learn. Based on the assessment, clinicians provide recommendations to the team and the court on the types of evidence-based interventions needed by the family, including visit coaching, psychoeducational parent education, and Child-Parent Psychotherapy (CPP). In CPP, one of the few dyadic mental health interventions validated for infants and toddlers with their caregivers, the therapist helps the parent understand how their own early experiences may affect how they feel about and interact with their child.[xviii]

Parents also need mental health and substance abuse treatment services to help them address their underlying mental or emotional concerns, which the SBCT works effectively to obtain. Almost three quarters of parents who are screened and referred for substance abuse treatment begin services within a week of referral. (See Figure 1.)

Figure 1: SBCT Parents Experience Prompt Screening and Receipt

Of Substance Abuse and Mental Health Services[xix]

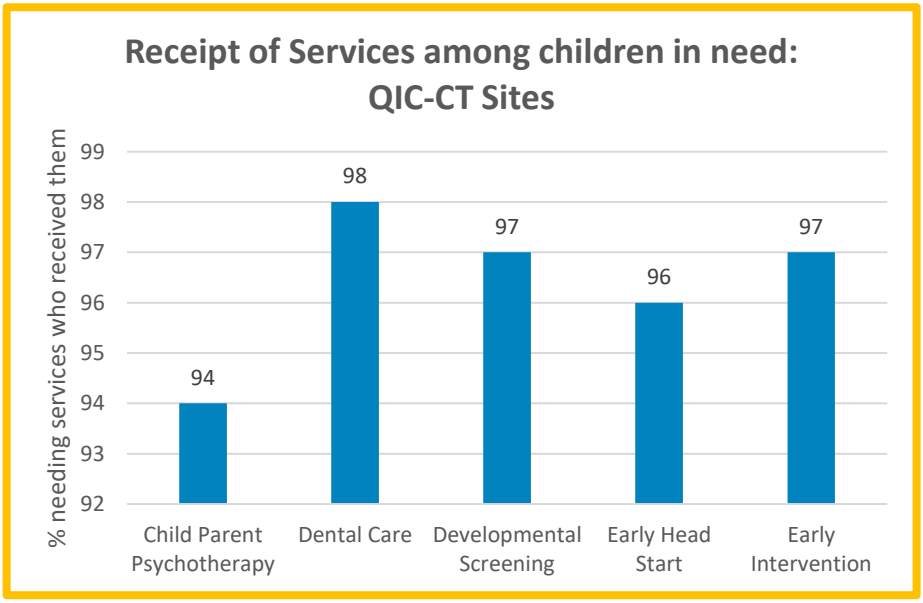


FFPSA Requirement, Coordination with other services: SBCT Assesses and Addresses Children's Needs
For young children who, because of experiences of adversity in their homes and communities, have dysregulated behaviors and emotions, we may think that these experiences have set these children on a negative lifelong path. Yet, research shows us that these experiences do not have to dictate a child's future; when negative early experiences occur concurrently with protective factors, there is an opportunity to promote resilience.[xx] Though involvement in the SBCT will not undo ACE experiences for young children, the SBCT approach provides concrete strategies that support resilience in young children and their families. An infant-Toddler court team uses their unique knowledge of their community to find local solutions and interventions that meet the developmental needs of infants and toddlers in foster care. While infant-early childhood mental health services are a key need for the children, so are services to support overall development. *As states and communities implement FFPSA, it is critical that their approaches to children's and families' needs begin with, but are not limited by, the services that can be funded through FFPSA.*

Based on the Ages & Stages Questionnaires (ASQ-3) completed with parents/caregivers of children aged 1 month to 5.5 years, about 70% of children have one or more developmental areas that need to be monitored or were below normal development. SBCT guidelines include ensuring that all children are screened within the first 3 months of becoming involved with the court team. Developmental screening was identified as a service need among more than 95% of children. After screening, early intervention (including occupational therapy, physical therapy, speech therapy, and early intervention education services) was identified among needed services for more than 40 percent of children. Other services needed by children included CPP (51%), dental care (25%), and Early Head Start (12%).[xxi]

SBCT is effective in obtaining needed services for these developmentally vulnerable babies. 97 percent of children identified for services such as developmental screening and early intervention receive them, while 94 percent of children needing Child Parent Psychotherapy (evidence-based mental health therapy for parents and children together) receive services—limited mostly by the lack of infant-early childhood mental health clinicians.[xxii] (See Figure 2.)

Figure 2: Services Support SBCT Children's Development[xxiii]



Systems Change: Ensuring Communities are Trauma-Informed and Focused on Evidence-Based Practice
A major reason for SBCT's effectiveness in obtaining needed services is the team's role at the community systems level. The team of large and diverse stakeholder groups meet monthly to discuss various topics at hand: early childhood court policies and procedures, case and system issues, and community resources. Some sites have workgroups to target specific issues. Stakeholders report being more informed on the needs of infants and toddlers; attachment and infant mental health; the impact of child maltreatment, trauma, and foster care placements; parents' individual trauma; and historical trauma influencing the community.

Two outcomes help promote FFPSA goals on trauma and evidence: (1) The increased focus on trauma has led the court teams to respond to the needs of birth parents in the context of traumatic stressors and their past histories of trauma; and (2) the court teams have worked to improve the availability of evidence-based practices (EBP) within the community. Judges are part of this focus on implementing EBPs, often inquiring about progress through such interventions during hearings. One example is their work to make Child-Parent Psychotherapy (CPP), the EBP of choice for many teams, more widely available. Several sites found the need for additional EBP providers, including the training of clinicians certified to provide CPP, was necessary to implement and sustain EBPs. The SBCT national staff offered certified training to expand capacity. Still, the lack of certified CPP clinicians continues to be a barrier to use of this practice that is a particularly effective intervention for babies and parents. As FFPSA is implemented, we urge consideration of allowing funds to be used to expand the presence of EBPs as with training clinical providers, rather than only paying for what is readily available. The ability of FFPSA funds to pay for mental health and other services will help communities sustain evidence-based practices, but this may depend on how reimbursement is structured. Some states do not cover dyadic treatment for families under Medicaid, and in many states, the reimbursement rate is so low that the Court Team cannot sustain the evidence-based practice.

Regarding the total number of evidence-based practices included in the FFPSA Clearinghouse, we recommend a strategy that gives states and communities a wide enough choice to ensure they can provide the most appropriate services for the families they serve. These choices will not always be obvious as a state is writing its state plan, but may become apparent as actual practice proceeds. For example, ZERO TO THREE identified

several evidence-based parenting skills curricula recommended for sites to use. However, when the sites found that many parents had intellectual disabilities hampering their ability to absorb parenting information in traditional formats, we identified and worked with them to implement Step-by-Step Parenting, an evidence-based approach developed for parents with this type of challenge. Such an experience makes a strong case for more flexibility for states and communities, rather than a short-list of options.

Another example of the court teams working at the systems level occurred in Iowa, where a parent overdosing on heroin in court brought the SBCT judge face to face with the opioid crisis. In seeking a solution to opioid-involved families—cases which the family drug court judge indicated he did not take—the SBCT judge discovered there was only one accessible MAT program in the area, a provider who was at odds with the human services agency. The SBCT community coordinator was able to bring the parties together and heal this breach, opening the door to treatment. But the work went further. As the only available MAT provider, this provider could not take all cases needing MAT and also provide behavioral therapy. An agreement was worked out so other providers did the behavioral therapy, freeing up the only MAT clinic in the area to work with more patients. This cooperation opened up more treatment services for all courts. As the judge noted, who would have thought that a court focusing on babies could have such a broad effect? *While HHS indicated in its request for comment on implementing the Clearinghouse that it would not consider access to services as an outcome, we note that outcomes cannot be achieved without systemic efforts to ensure access.*

Evidence of Effectiveness

The SBCT approach has undergone multiple evaluations. One evaluation was a quasi-experimental design using a subsample of infants and toddlers from the National Survey of Child and Adolescent Wellbeing (NSCAW) database for a mixed-method analysis of length of time to permanency and type of permanency outcome. In a current evaluation, the American Institutes for Research (AIR) is conducting a natural experiment that relies on the random assignment of families to judges that naturally occurs in three sites currently implementing SBCT. This study will compare cases in courts implementing SBCT to cases in regular dependency courts. It will answer questions about length of time in foster care, rate of exposure to reoccurring abuse or neglect, and level of family and child well-being.

Major outcomes identified in the first study:[xxiv]

- Court Teams children exit foster care faster regardless of the type of exit: the median exit for Court Teams children was about a year faster than the median in the control group.
- Court Teams cases experience a different pattern of exits from the foster care system: Reunification is the most common type of exit for Court Teams cases (38%) while adoption is the most prevalent for the comparison group (41%). Overall, Court Teams children were more likely to experience reunification, placement with a relative, or non-relative guardianship.
- Court Teams children reach permanency sooner, regardless of the type of exit, meaning that the difference in rates of adoption do not account for the overall difference in time to permanency.

Based on the first evaluation, the California Evidence-Based Clearinghouse for Child Welfare rated SBCT as Promising Research Evidence whose Child Welfare System Relevance Level is High.

Comparison of SBCT Outcomes with Federal Standards:

Safety outcomes—Recurrence of Maltreatment: The most recent evaluation of infants and toddlers in SBCT found that maltreatment recurrence within 12 months (CFSR 3, Safety outcome 2) among 251 children across sites using the SBCT approach was just 1.2 percent.[xxv] Since that evaluation, updated analysis of 430 cases at

SBCT sites between April 2015 (or date of site initiation up to 2016) to July 2018 ***have reduced the maltreatment recurrence within 12 months to 0.7 percent.***[xxvi] These findings compare to:

- National standard of the Children's Bureau for Safety Performance Area 2, recurrence of maltreatment during a 12-month period: **9.1**%[xxvii]
- Analysis of data that combined the second National Survey of Child and Adolescent Well-Being (NSCAW) and the National Child Abuse and Neglect Data System of cases with a median time of 12 months of children regardless of age, substantiation status, and placement out of home, found that 6.9% of all children had maltreatment recurrence, but among a subsample of caseworkers who were interviewed at follow up (because the case was still open or there had been contact with the CWS since closing the investigation), maltreatment recurrence was 24.1%.[xxviii]
- The latest data on child welfare outcomes based on 2014 reported a national median of 4.9% for recurrence of maltreatment among children of any age within a 6-month period.[xxix]

Permanency and Stability: Implications for FFPSA 12 Month Limit

The recent study found permanency outcomes that echoed the earlier evaluation and by far exceeded the federal standard. ***84 percent of children with closed cases reached permanency within a year, double the national standard expectations established by the Children's Bureau of 41 percent.*** Reaching success with such a caseload suggests that **a comprehensive approach can reach successful outcomes with families whose children might otherwise be placed in foster care within the 12-month limit established by FFPSA**. Moreover, this impressive outcome occurred in a caseload where parents had more risk factors than a nationally representative sample (NSCAW II) of children investigated for maltreatment: 90% of SBCT children with closed cases had one or both parents with substance use disorders, compared with 10% of primary caregivers in the national sample; close to two-thirds of the SBCT children had parents with mental health problems, compared with 15% in the national sample. Over half of the children had a parent who had been incarcerated. As with the earlier evaluation, reunification was the permanency outcome in a large proportion of cases, 49 percent. Adoption was more prevalent where parents had extremely high ACE scores (7-10 ACEs), but reunification was possible in 30 percent of those cases with high risk factors.[xxx]

Conclusion

We at ZERO TO THREE are heartened by the possibilities opened up by the enactment of FFPSA. At the same time, we urge that the implementation of this important new funding stream consider how best to maximize the effectiveness of services provided, the ability to transform culture and practice, and above all, to meet families' needs in a comprehensive manner that in the long run truly leads to healthier lives and thriving children. The experience of SBCT illustrates how comprehensive approaches provide a framework within which the needs of individual families are appropriately considered, services are integrated, and the community's ability to respond with the most appropriate evidence-based interventions is enhanced. We hope that in implementing FFPSA, the Congress and the Administration will work together in considering the myriad needs of families, what drives their long-term outcomes, and enable states and communities to build thoughtful systems of services to support family and child wellbeing.

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[i] Casanueva, C., Smith, K., Harris, S., Carr, C., & Burfeind, C. (2018). *Adverse childhood experiences, family risk factors, and child permanency outcomes of very young children involved in Safe Babies Court Team™ sites.* Prepared for ZERO TO THREE, Quality Improvement Center for Research-Based Infant-Toddler Court Teams.

[ii] Electronic correspondence with Cecilia Casanueva, Ph.D. (July 17, 2018). RTI International.

[iii] Quality Improvement Center for Infant-Toddler Court Teams (2015). *A review of evidence-based interventions for families served by infant-toddler court teams.* ZERO TO THREE. Available at http://www.qicct.org/sites/default/files/AReviewOfEvidenceBasedInterventions080615.pdf

[iv] U.S. Department of Health and Human Services, Administration for Children and Families. (2017). *The AFCARS report: Preliminary FY 2016 estimates as of Oct 20, 2017.* Retrieved at https://www.acf.hhs.gov/sites/default/files/cb/afcarsreport24.pdf

[v] Department of Health and Human Services, Administration for Children and Families, Office of Program Research and Evaluation (2007). *National Survey of Child and Adolescent Well-Being Research Brief No. 4: Infants and Toddlers in the Child Welfare System*. Washington, DC: Administration for Children and Families, Office of Program Research and Evaluation.

[vi] Jones Harden, B. (2007). *Infants in the Child Welfare System: A Developmental Framework for Policy and Practice.* Washington, DC: ZERO TO THREE.

[vii] Dante Chicchetti, Fred A. Rogosch, and Sheree L. Toth, "Fostering Secure Attachment in Infants in Maltreating Families through Preventive Interventions." *Development and Psychopathology* 18 (2006), 623-649.

[viiiviii] Cohen, J., Cole, P., & Szrom, J. (2011) *A call to action on behalf of maltreated infants and toddlers.* Washington, DC: ZERO TO THREE, American Humane Association, Center for the Study of Social Policy, Child Welfare League of America, and Children's Defense Fund.

[ix] Cohen, J., et al. *A call to action on behalf of maltreated infants and toddlers.*

[x] Jordan, E., Szrom, J., Colvard, J., Cooper, H., & DeVooght, K. (2013). *Changing the course for infants and toddlers: a survey of state child welfare policies and initiatives.* Washington, DC: ZERO TO THREE and Child Trends. https://www.zerotothree.org/resources/218-changing-the-course-for-infants-and-toddlers

[xi] ZERO TO THREE and Child Trends. (2013) *Understanding and meeting the needs of birth parents.* Retrieved from https://www.zerotothree.org/resources/1005-understanding-and-meeting-the-needs-of-birth-parents

[xii] Casanueva, C., Harris, S., Carr, C., Burfeind, C., & Smith, K. (2017). *Final Evaluation Report of the Quality Improvement Center for Research-Based Infant-Toddler Court Teams.* Research Triangle Park: RTI International.

[xiii] Casanueva, C., et al. *Adverse childhood experiences, family risk factors, and child permanency outcomes of very young children involved in Safe Babies Court Team™ sites.*

[xiv] In a major retrospective study of adults conducted at Kaiser Permanente in San Diego, investigators surveyed 17,000 members of the health maintenance organization on their exposure to ten adverse childhood experiences (ACE). Each factor was separately tallied and each study participant was given an ACE score of the number of separate ACE they reported experiencing as children. When the investigators correlated the number of ACEs with the patients' current medical status their findings confirmed that the more troubling the childhood, the greater the number and severity of medical and psychological conditions in adulthood. Four or more ACEs predicted significant adult health issues and early death.

[xv] Osofsky, J.D., Lewis, M.L., & Szrom, J. (2018). *The adverse experiences of very young children and their parents involved in infant-toddler court teams.* Washington, DC: Quality Improvement Center for Research-Based Infant-Toddler Court Teams. http://www.qicct.org/sites/default/files/ACES%20Policy%20Brief%20%20v4%20%28003%29.pdf

[xvi] Hudson, L. (2017). *A guide to implementing the Safe Babies Court Teams approach*. Washington, DC: ZERO TO THREE.

[xvii] Casanueva, C., et. al. *Final evaluation report of the Quality Improvement Center for Research-Based Infant-Toddler Court Teams.*

[xviii] ZERO TO THREE & the Quality Improvement Center for Research-Based Infant-Toddler Court Teams (2017). Flyer on *Child-Parent Psychotherapy (CPP).* Adapted with permission from Osofsky, J. (June 12, 2017), Child-Parent Psychotherapy. Personal communication. Accessed at http://www.qicct.org/evidence-based .

[xix] Casanueva, C., et. al. *Final evaluation report of the Quality Improvement Center for Research-Based Infant-Toddler Court Teams.*

[xx] Osofsky, J.D., et al. *The adverse experiences of very young children and their parents involved in infant-toddler court teams.*

[xxi] Casanueva, C., et. al. *Final evaluation report of the Quality Improvement Center for Research-Based Infant-Toddler Court Teams.*

[xxii] Casanueva, C., et. al. *Final evaluation report of the Quality Improvement Center for Research-Based Infant-Toddler Court Teams.*

[xxiii] Casanueva, C., et. al. *Final evaluation report of the Quality Improvement Center for Research-Based Infant-Toddler Court Teams.*

[xxiv] McCombs-Thornton, K. L., & Foster, E. M. (2012). The effect of the ZERO TO THREE Court Teams initiative on types of exits from the foster care system - A competing risks analysis. *Children and Youth Services Review, 34*(1), 169-178. doi: 10.1016/j.childyouth.2011.09.013.

[xxv] Casanueva, C., et. al. *Final evaluation report of the Quality Improvement Center for Research-Based Infant-Toddler Court Teams.*

[xxvi] Electronic correspondence with Cecilia Casanueva, Ph.D. (July 17, 2018). RTI International.

[xxvii] Administration for Children and Families. (2015). Statewide Data Indicators and National Standards for Child and Family Services Reviews. Washington, DC: Department of Health and Human Services, Administration for Children and Families.

[xxviii] Casanueva, C., Tueller, S., Dolan, M., Testa, M., Smith, K., & Day, O. (2015). Examining predictors of re-reports and recurrence of child maltreatment using two national data sources. *Children and Youth Services Review, 48*, 1-13. doi: 10.1016/j.childyouth.2014.10.006

[xxix] Administration for Children and Families. (2017). *Child Welfare Outcomes 2010-2014: Report to Congress.* Washington, DC.

[xxx] Casanueva, C., et al. *Adverse childhood experiences, family risk factors, and child permanency outcomes of very young children involved in Safe Babies Court Team™ sites.*

August 7, 2018

The Honorable Adrian Smith
Chairman, Subcommittee on Human Resources
Committee on Ways and Means
United States House of Representatives

The Honorable Danny Davis
Ranking Member, Subcommittee on Human Resources
Committee on Ways and Means
United States House of Representatives

Chairman Smith, Ranking Member Davis, and Members of the Subcommittee:

Thank you for providing an opportunity for Corporation for Supportive Housing (CSH) to provide written testimony for the record regarding the implementation of Family First Prevention Services Act of 2018 (FFPSA) and its potential impact on the opioid crisis.

What We Do

CSH is a national non-profit that works with communities across the country to create supportive housing – affordable housing connected to health, human services, and community supports – to help individuals and families thrive in their communities. Supportive housing is an innovative and proven solution to some of communities' toughest problems, successfully helping homeless adults and families achieve housing stability. Quality supportive housing is recognized by SAMHSA and the U.S. Department of Housing & Urban Development (HUD) as a best-practice for reducing chronic homelessness, which in turn leads to better outcomes for mental health and substance use disorders. Children receive the stability needed to reach their potential in school settings, parents receive the services needed to improve their own health and the health of their family, and ultimately, families are able to grow stronger together both during and after formal child welfare case involvement.

Our Experience Related to Substance Abuse

As the Subcommittee is aware, the opioid crisis has impacted every corner of the country, becoming a massive driver of homelessness and child welfare-involvement.

- A survey by the United States Conference of Mayors found that 68 percent of cities reported that substance abuse was the largest cause of homelessness for single adults. Substance abuse was also reported as one of the top three causes of family homelessness by 12 percent of cities.[1]
- In another study in New Haven, Connecticut, 25 percent of homeless people surveyed identified drug use as the primary reason for homelessness.[2]
- A study to determine the leading risk factors for homelessness among veterans indicated that substance abuse may have the highest impact on relative risk for homelessness in this population, even more so than bipolar disorder and schizophrenia.[3]

[1] http://www.ncdsv.org/images/USCM_Hunger-homelessness-Survey-in-America's-Cities_12%202008.pdf
[2] http://ps.psychiatryonline.org/doi/abs/10.1176/ps.43.2.166
[3] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3969139/

- A 2015 study of veterans initiating medication-administered treatment (MAT) screened each of these patients for risk of homelessness and found that the prevalence of homelessness in veterans with OUD is 10 times more than the general veteran population.[4]
- A recent study in Boston showed that overdose has surpassed HIV as the leading cause of death among homeless adults, and found that opioids are responsible for more than 80 percent of these deaths. Homeless adults, 25-44, were nine times more likely to die from an overdose than their counterparts who were stably housed.[5]

In December 2015, CSH released a paper on supportive housing as a component of a strategy to manage the heroin crisis for the chronically homeless. The National Center on Addiction and Substance Abuse at Columbia has demonstrated that supportive housing is an effective and cost-efficient intervention for homeless individuals struggling with addiction. They evaluated a program that offered supportive housing to individuals not willing to commit to abstinence. The program was successful in reducing use of shelters, jail and medical services. The reductions in crisis service use were associated with considerable savings, which offset the cost of the housing program.[6]

Our Experience with Child Welfare-Involved Families

CSH began its supportive housing efforts for child welfare-involved families through a small pilot program in 2007, which later blossomed into our signature program – Keeping Families Together (KFT). The mix and intensity of KFT supportive housing services are tailored to the unique needs of each member of the family unit and address the trauma that many of these families have experienced. Utilizing a unique approach and collaborative service structure, supportive housing helps keep families together.

The two-year evaluation of the pilot showed 90% families stably housed after 2 years, 61% of child welfare cases closed, 100% children eligible for reunification returned home to families from placement, and children attended 25 more days of school per year. The evaluation report also discusses the outcomes for parents substance use: "Many parents reported in the focus group that their greatest success and biggest challenge was maintaining their sobriety, although nearly all of the families who entered with a substance abuse problem were now clean and sober."[7] These early successes with the initial KFT pilot led to the ACYF Partnerships to Demonstrate the Effectiveness of Supportive Housing for Families in the Child Welfare System, with the Random Control Trial (RCT) evaluation scheduled for formal release January 2019.

Currently active in eight states, KFT provides access to affordable housing and essential supports that help every member of the family, this model is reuniting children with their parents, reducing unnecessary foster-care placements and lowering costs. Last year, New Jersey expanded their Keeping Families Together initiative, adding 215 units, as part of their statewide opioid plan.

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[4] https://www.researchgate.net/publication/294278000_Screening_for_homelessness_among_individuals_initiating_medication-assisted_treatment_for_opioid_use_disorder_in_the_Veterans_Health_Administration

[5] https://www.ncbi.nlm.nih.gov/pubmed/23318302

[6] http://www.csh.org/wp-content/uploads/2015/12/CSHPolicyBrief_SupportiveHousing_NYSOpioidEpidemic_12.8.15.pdf

[7] Keeping Families Together: An evaluation of the implementation and outcomes of a pilot supportive housing model for families involved in the child welfare system. Metis Associates. November 2010. http://www.metisassociates.com/publications/downloads/Metis_11-10_KFTReport.pdf

Our Concerns and Suggestions for FFPSA Implementation

As noted in our formal comment letter to ACF regarding the establishment of the FFPSA Clearinghouse, CSH appreciates that the underlying statute provides ACF with some flexibility with respect to random-controlled trials (RCT) required for supported and well-supported practices through the inclusion of the language "or, if not available, a study using a rigorous quasi-experimental research design." While there are many studies that highlight the positive outcomes and growing evidence for a number of key emergent interventions, the relatively emergent nature of key interventions in response to rapidly shifting child welfare issues and practices may limit the availably of long-term RCT studies. However, ensuring that the body of evidence points to the growing promise and efficacy of the intervention remains critical. One suggestion would be for ACF to bracket RCT and quasi-experimental methodologies together as the same rating; based on our experience, there are reasons why an RCT was flawed and the quasi-experimental group was a better comparison. Another suggestion would be to limit the weight of the RCT and quasi-experimental altogether; cities and counties that contain rural areas would be excluded from highly rated evaluation designs due to smaller populations than perhaps are required to create appropriately sized control groups. CSH encourages the Subcommittee to work with ACF to set reasonable requirements of studies that utilize quasi-experimental research designs in order to encourage innovation and to allow more robust evidence base for emerging practices.

CSH also urges ACF to acknowledge the multiple methodologies and multiple geographies, i.e. that some studies obtain different results (including conflicting results for favorable and unfavorable effects) depending on how evaluators cut the data or sub-divide the target population. Consider an intervention could show no favorable effect looking across all participants but demonstrate a favorable effect with a certain sub-set. For example, the evaluation of CSH's Social Innovation Fund awards saw no favorable results pooling the populations across sites, but found favorable results in two individual sites, when using two different methodologies. This approach would comply with the underlying statute's acknowledgement that the Clearinghouse should recognize "culturally specific, or location- or population-based adaptations of the practices." CSH would argue that supportive housing is both location- and population-based intervention; location-specific due to the variance in (1) housing market conditions (e.g. tight housing market like NYC that started with a 29 family pilot due to available housing), (2) the amount of families eligible for supportive housing, (3) the sophistication of the service providers, and (4) the underlying relationship and shared practices between local housing providers and child welfare agencies, and population-specific given our focus on those experiencing or at-risk of homelessness.

More broadly, CSH would also note that there does not seem to be any mention of the how ACF envisions further reviews of literature as new studies become available, how often these subsequent reviews would occur, and how much weight a new study may be given in upgrading or downgrading a program or services final rating in the Clearinghouse. For example, the Urban Institute is currently in the midst of their RCT evaluation for the Children's Bureau Demonstration for Supportive Housing for Child-Welfare Involved Families, but the study may not be complete in time for the initial review into the Clearinghouse. As such, we have no way of knowing how we could later provide additional evidence that might alter the rating of the program.

One suggestion would be for ACF to establish a standard practice to automatically review research and evaluations sponsored by ACF for inclusion into the Clearinghouse, and thus growing the body of work to support a program or service. We would also suggest ASPE research agenda be informed by strongly performing interventions in order to bolster the evidence for some of the most critical and effective interventions. Finally, CSH would point to the California Evidence Based Clearinghouse for Child Welfare and its broader ratings scale to also indicate

programs or services that do not presently meet their criteria. CSH believes a similar tactic should be utilized for this Clearinghouse to promote transparency and efficiency in the review process, while also pointing to areas of work that may benefit from further evidence.

CSH would also urge the Subcommittee to exercise its oversight authority to ensure that once the Clearinghouse is established, ACF provides a transparent protocol for submitting new research for consideration into the Clearinghouse.

If you have any questions or need additional input and information, please do not hesitate to contact me at deborah.desantis@csh.org or at 212-986-2966.

Sincerely,

Deborah De Santis
President & CEO
CSH

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FamiliesFirst Network of Lakeview
BAPTIST HEALTH CARE

1221 W. Lakeview Ave., Bldg. B
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Dear Ways and Means Committee,

On behlf of FamiliesFirst Network of Lakeview Center, the community based care lead agency for child welfare in the Floirda panhandle, I am writing to comment that while FFPSA has many positive characteristics that will advance the foster care system nationally, it will have unintended negative consequences for Florida.

Under the federal Title IV-E Waiver, Floirda has been on the forefront of child welfare reform for the over 10 years. FFPSA will radically change the funding environment within which Floirda has operated so successfully. This will result in an estimated $80 million loss in funding to the state, which will destabilize our foster care system..

It is my request and recommendation that in the interest of safety and stability for Florida's children the federal IV-E Waiver continue beyond 2019 for Florida to allow time for gradual implementation of FFPSA.

I am also Chair Emeritus of the Florida Coalition for Children board, and therefore their position on thi as well.

Thank you for consideration of my comments.

Sincerely,

Shawn Salamida

Florida Coalition for Children
411 E. College Ave.
Tallahassee, FL 32301
(850) 561-1102
www.FLChildren.org

July 19, 2018

Dear Congressman Curbelo,

I am writing on behalf of the Florida Coalition for Children (FCC) in support of a multi-year extension of the current Title IV-E waivers.

The mission of the Florida Coalition for Children is to advocate on behalf of Florida's abused, abandoned, neglected, and at-risk children, and to support the agencies and individuals who work on their behalf. Our mission also is to promote a system of child welfare that is fully resourced, well managed and fulfills the needs of vulnerable children.

With over 60 years of history in the state, FCC has grown and transformed alongside the child welfare system. In 2002, after the statewide implementation of a new community based child welfare system, FFC was restructured to advance an unprecedented partnership between child welfare service providers and the community based care lead agencies.

This partnership continued after Florida successfully secured a state-wide flexible funding waiver. Our members include every lead agency in the State of Florida and over 6o provider agencies.

Since 2006, Florida has operated its child welfare system under a series of waiver demonstration projects.

Florida's flexible funding demonstration includes the following components:

- Expanding the array of community based child welfare services and programs
- Implementing a wide variety of strategies to integrate child welfare with other health and human services programs
- Quality Parenting Initiatives
- Trauma-Informed Care

As a result of these efforts, Florida has accomplished the following positive outcomes for children and families:

- Decreased number of children in out- of- home care
- Increased adoptions, reunification, and relative placement

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Tallahassee, FL 32301
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www.FLChildren.org

- Improved child safety
- Expansion of child welfare services to address the unique needs of communities

FCC does not believe it is in the best interest of children and families to back away from the key interventions that have netted such positive results.

As you may know, all current IV-E waivers will expire on September 30, 2019. On the next day, the Family First Prevention Services Act (PFFSA) will go into effect.

We support FFPSA and want to see the new law successfully implemented.

However, we have concerns that the timeline included in FFPSA is too aggressive and would undermine the effective efforts that are already in place.

We believe it is possible to accomplish a smooth transition from the current child welfare system to FFPSA if Florida and the providers the state works with have the time to make the changeover.

FCC is also concerned about the effects of the opioid epidemic on Florida's child welfare system. Recent reports indicate that many opioid abusers have children who were placed in foster care because of their parent's addiction.

Given the strain that the opioid epidemic is placing on child welfare systems, now is NOT the time to pull back from successful interventions and services to vulnerable families.

Therefore, given the need to successfully transition to FFPSA, as well as the ongoing need to address the effects of the opioid epidemic, we support a multi-year extension of current IV-E waivers and hope that you will join our effort to pursue legislation to accomplish this goal.

Thank you,

Kurt Kelly
President & CEO
Florida Coalition for Children

Tuesday, July 24, 2018, House Ways and Means Subcommittee on Human Resources hearing on the opioid crisis: "Implementation of the Family First Prevention Services Act (FFPSA)

Chairman Smith, Ranking Member Davis, and members of the Subcommittee, my name is Karin Axner and I am a proud Ohioan attorney who works with families that, among other things, have been affected by the opioid crisis. I appreciate the opportunity to provide a statement about the Family First Prevention Services Act, which seeks to prevent children from entering foster care by allowing federal reimbursement for, among other things, substance use treatment.

We have, unfortunately, seen an increase in the number of people that are affected by the opioid crisis. This includes children whose parents have become addicted to opioids. In order to ensure that these children are safe, well cared for, and have the best possible future ahead of them, we sometimes need to find them new guardians.

I work throughout Northeast Ohio assisting families in juvenile court with custody matters, as well as working as a Guardian ad Litem (GAL) in Cuyahoga County. Many of the families I have helped in both my law practice and through my work as a GAL has been a result of a parent with substance abuse issues. In my law practice, I have assisted grandparents in obtaining custody of their grandchildren due to the parents' inability to care for their own children due to addiction issues. In my work as a GAL, the court has appointed me to determine what is in the best interest of children in similar situations.

One of the families I have worked with involved grandparents that were seeking custody of their grandchildren. Their daughter was incarcerated for drug offenses and the father of the children ended up in a rehab facility from an overdose. Through my work, the grandparents were granted guardianship of the children, where they are currently happy and thriving.

None of these parents chose addiction. For some, their issues started after they were prescribed opioids after a surgery. Every year, millions of patients prescribed opioids after a surgery transition to persistent opioid use, meaning they are still taking these medications three to six months after their operation. If we could provide surgery patients access to non-opioid alternatives, which are currently available, instead of opioids to treat post-surgical pain, we could take one important step to reducing the risk of opioid abuse. Unfortunately, current federal rules for Medicare limit patient access to non-opioid pain treatment after surgery. On behalf of the families I see and the children we all want to protect, I urge Congress to provide more access to non-opioid options.

Not only could such changes prevent addiction, I believe it could also save money. In the cases where a county must take custody of these children, taxpayers take on the financial burden to not only care for these children, but also compensation of the county prosecutors, the county social workers, and the courts to process the multitude of cases they see as a result of parents of minor children with addiction issues.

Thank you for your leadership in this subcommittee to focus on the effects borne by children in this opioid crisis. I urge you to use all the tools at your disposal to not only improve options for families impacted by the epidemic, but to prevent opioid addiction from happening in the first place.

Thank you.

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July 31, 2018

Chairman Smith
House Ways and Means Committee
Subcommittee on Human Services
1102 Longworth House Office Building
Washington, DC 20515

Ranking Member Davis
House Ways and Means Committee
Subcommittee on Human Resources
1102 Longworth House Office Building
Washington, DC 20515

RE: Subcommittee Hearing: "The Opioid Crisis: Implementation of the Family First Prevention Services Act (FFPSA)."

Chairman Smith and Ranking Member Davis:

Children's Home Society of America (CHSA) respectfully submits the following comments in response to the Committee's hearing on Tuesday, August 24 "The Opioid Crisis: Implementation of the Family First Prevention Services Act (FFPSA)." CHSA is the oldest network of child-welfare agencies in the United States serving tens of thousands of children and families each year with an array of services supported by federal financial participation. We appreciate the opportunity to comment on the Families First Prevention and Services Act and look forward to engaging with both Congress and HHS as this sweeping reform continues to unfold.

Defining Legislative Terminology

CHSA applauds HHS for considering the broadest definitions of various terminologies within the legislation and thereby extending tremendous flexibility to the states. In particular, CHSA has been concerned about how HHS might choose to define mental health services, substance abuse prevention and treatment services, and target populations as narrow definitions would prove harmful to many children and families.

Over the last several decades, our understanding of the mental health needs of children and adolescents has grown exponentially. Advances in neuroscience clearly demonstrate that the developing brain is negatively impacted when exposed to neglect, abuse, and trauma. For both children and adults, exposure to trauma often results in emotional and behavioral challenges including increased anxiety, depression, suicidality, substance abuse and other compromising behaviors. The relationship between these behaviors and the underlying mental health conditions

is complex and multifaceted, and interventions designed to respond to these challenges should not be unduly limited by a very narrow definition of what constitutes a mental health program.

Children and their families now defined as candidates under the FFPSA are clearly at greater risk of these mental health and behavioral challenges due to their exposure to trauma. We believe that this necessitates an array of mental health programs spanning a full spectrum of interventions. For this reason, CHSA supports HHS in adopting a broad definition of mental health programs, interventions, and services that are required to address the wide-ranging needs of this population without creating new, unhelpful silos and service categories.

For many of the same reasons noted above, CHSA also supports HHS's intent to allow the same level of latitude and flexibility to states as they define substance abuse prevention and treatment services. We cannot ignore the opioid epidemic facing our nation and the direct impact this is having on the health, safety, and well-being of children and youth. We should understand clearly the consequences of this epidemic concerning the growth in the numbers of children entering the children welfare system due to parental addiction. Responding to this crisis will require a two-generation strategy including prevention and educational opportunities targeting at-risk youth.

Accordingly, CHSA applauds the HHS's decision to allow the states maximum flexibility in defining substance abuse prevention and treatment services. CHSA believes that this will help to limit any unintended consequences of programmatic and funding silos, as addressing these issues requires collaboration and cross-agency participation. The opioid epidemic has touched diverse communities and populations across the country making it critical that substance abuse prevention and treatment services be defined accordingly.

Additionally, CHSA would like to offer the following thoughts on defining target populations with regard to evidence-based programs. CHSA hopes that HHS will look at an expanded population of children and families, similar to those in the child welfare system, representing the intersectionality of children and families with underlying characteristics that place them at greater risk of child welfare involvement.

When defining a target population for appropriate evidence-based interventions to include in the Clearinghouse, CHSA has encouraged HHS to look at a broad conceptualization of "similar" to reflect the complex needs and risks facing a wider population at greater risk of child welfare involvement. While more discreet and specific populations, such as those in the juvenile justice system, might easily constitute "similar," this would limit the inclusion of potentially robust interventions that are effective for populations with characteristics similar to those we are most familiar. HHS should look to other programs administered or funded through federal agencies to get a broader sense of the ecosystem where this population is overly represented due to poverty, homelessness, health and other characteristics. CHSA has cautioned HHS to maintain a broad lens with respect to target population when including evidenced-based interventions appropriate for the Clearinghouse.

Kinship Navigator Program

As stated by several Members during the hearing, CHSA shares concerns regarding the definitions, treatment, and implementation of the Kinship Navigator Programs. We offer the following comments in hopes that Congress will continue to monitor the implementation of this aspect of the legislation. Of greatest concern to CHSA thus far is the fact that HHS's guidance combined this program with foster care prevention services and programs in the Family First Prevention Services Act.

The Family First Prevention Services Act has specific provisions concerning Kinship Navigator Programs, which are separate from those for Foster Care Prevention Services and Programs. The recent federal register notice, however, combines the two categories of programs and services and imposes identical requirements on both, some of which are inconsistent with the federal law. The Clearinghouse of Evidence-Based Practices must recognize the Act's distinctions between Kinship Navigator Programs and prevention services and programs.

- Kinship Navigator Programs can serve a broad group of kinship families and are not limited to serving families with children who are candidates of foster care.
- Kinship Navigator Programs are not included in the Family First Act requirement that 50% of prevention programs meet the well-supported programs evidence-based standard.
- Federal reimbursement for evidence-based Kinship Navigator Programs becomes effective beginning October 1, 2018. This is different from the later (October 1, 2019) effective date for prevention programs and services for candidates of foster care.

IV-E Wavier Concerns

Finally, CHSA would like to applaud the Committee's concerns regarding the intersection between FFPSA and existing state IV-E waivers. As noted by several Members including the Chairman, this incongruence must be resolved before the October 2019 deadline or the states, and therefore their children and families, are at severe risk of losing critical services supporting their safety and well-being.

FFPSA's initial drafts would have allowed adequate time for states to make a more seamless transition between the programs operated via waivers and those that would qualify under the prevention and family preservation title of the law. However, given the law passed only a few months ago, the 2019 deadline will come about far too soon for many of these states to prepare for this transition and may, therefore, lead to the demise of successful programs based merely on a newly imposed deadline. We respectfully request that Congress work with both the public and private sector to develop options and possible solutions to this dilemma in a manner that does not jeopardize the intentions of the law.

CHSA would like to thank the Committee for this opportunity to submit comments and offers our network of agencies as a resource to Congress as this legislation, and its implementation, continues to unfold. Thank you for the opportunity to submit comments on this vitally important legislation.

Submitted by:

Brian Maness
Board Chair, Children's Home Society of America
President & CEO, Children's Home Society of North Carolina

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August 7, 2018

The Honorable Adrian Smith
Chairman
Committee on Ways and Means, Subcommittee on Human Resources
U.S. House of Representatives
Washington, D.C. 20515

The Honorable Danny Davis
Ranking Member
Committee on Ways and Means, Subcommittee on Human Resources
U.S. House of Representatives
Washington, D.C. 20515

Re: Hearing on the Opioid Crisis: Implementation of the Family First Prevention Services Act

Dear Chairman Smith and Ranking Member Davis,

On behalf of the community-based, social service organizations that are part of the Alliance for Strong Families and Communities' strategic action network (the Alliance), we write to thank you very much for holding the hearing on the "Opioid Crisis: Implementation of the Family First Prevention Services Act (FFPSA)" on July 24, 2018. The information conveyed was very helpful to Alliance member organizations that work across the country in partnership with local, state and federal governments to ensure that all children are protected from abuse and neglect.

As a representative of organizations that bring forward on-the-ground insights, and work at the nexus of people and public systems, the Alliance has a distinct vantage point to articulate both opportunities and challenges that come with the implementation of any major public policy, such as the FFPSA. Our members quickly encounter similar questions and concerns, also held by public agency leaders, that fulfill the functions of the child welfare system, that could thwart progress from moving in the direction envisioned by this new law. The Alliance network sees the potential in FFPSA to lay the foundation for a child and family well-being system that provides supports and services that build on families' strengths, helps them overcome adversity, and keeps families together. We are hopeful that Congress and the Administration can work together to quickly resolve issues so that FFPSA can be effectively implemented.

The focus of this hearing on the intersection between the opioid crisis and FFPSA is important. Because the opioid epidemic is fueling an increase in the number of children and families involved in the child welfare system, quick and effective implementation of

the FFPSA should be considered an important component of the federal government's response to the crisis. For example, Ohio's Public Children Services Association is projecting a 60 percent increase in its child welfare population by 2020, less than two years from now, due to the opioid crisis. This underscores the need for states to be equipped to move ahead to implement the FFPSA, which will provide substance abuse treatment, mental health treatment and parent skill-building.

There are some barriers that Congress and the Administration should work together to remove to facilitate smooth, quick, efficient and effective implementation of the FFPSA.

A. Financing Considerations

1) There is insufficient information related to major financing considerations, which is challenging community-based, nonprofit organizations in their efforts to plan and prepare for FFPSA implementation. Further, states do not have sufficient information about the new financing structure of Title IV-E from the Administration to make decisions required to meet the deadlines set in the law and Program Instruction (PI) dated July 9, 2018.

   For example, FFPSA creates a new category of child welfare providers, Qualified Residential Treatment Program (QRTP), that includes a detailed description of requirements for QRTPs. However, what is unknown is how the federal government will finance the services provided by QRTPs. The law could be interpreted as requiring Title IV-E reimbursement for all QRTP requirements. The PI issued on July 9 stated, "Foster care maintenance payments for a child in foster care may 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 the child, and reasonable travel to the child's home for visitation with family, or other caretakers and reasonable travel for the child to remain in the school in which the child is enrolled at the time of placement…In the case of child care institutions, such term must include the reasonable costs of administration and operation of such institutions as are necessarily required to provide the items described in the preceding sentences." Because QRTPs are also required to: provide trauma-informed treatment that meets clinical needs; have nursing and clinical staff working within the scope of their practice; and support family engagement and after care for six months, there remains a lack of clarity about what financing stream(s) will pay for the full complement of supports required of QRTPs.

2) There is a pending question about the application of the Medicaid Institution for Mental Disease (IMD) Exclusion to QRTPs. QRTPs with more than 16 beds could be classified by Medicaid as IMDs, and thereby make any child placed in that program ineligible for *all Medicaid-funded services* (including physical and dental care). Medicaid auditors can determine whether a program is an IMD based on the "character" of a program (size, staffing, clients, services), not how it defines itself or how the state defines it. IMD classification is based on this determination, not the funding source. QRTPs with over 16 beds, providing treatment, with clinical and nursing staff, and with over 50 percent of youth served having a mental health diagnosis, would fit the characteristics of an IMD.

   The only current exception to the IMD Rule for children under 21 are psychiatric hospitals, psychiatric wards of regular hospitals, and an "other as determined by the Secretary" category that currently only includes Psychiatric Residential Treatment Facilities (PRTFs – not every state licenses these programs). QRTPs were not intended to be PRTF levels of care requiring "medical necessity;" however the HHS secretary could similarly exempt QRTPs from the IMD Rule. The IMD Rule waiver process for programs was also implemented in an effort to combat the opioid crisis and allow larger programs to provide Substance Use Disorder services without being classified as IMDs; however, mental-health-only requests for IMD waivers are being denied by CMS and they are only approving Substance Use Disorder IMD.

3) Additional financing questions include: how costs of implementing evidence-based practices will be reimbursed; what will be reimbursable as administrative costs, such as building program and service delivery infrastructure for FFPSA implementation; what Medicaid will pay for versus what Title IV-E will reimburse; and whether or not proposed or pending TANF reforms will change the way states can apply those funds for FFPSA-related programs, such as home visiting programs.

   It is clear that there is insufficient information and direction from the Administration that answers the numerous questions both state agencies and child welfare providers have regarding the new financing structure of the federal contribution to child welfare systems nationwide. Not having the necessary information from the federal government about the new financing structure confounds sound decision making and planning in the field.

Questions for the record:

- *During the hearing, Acting Commissioner Milner stated that financing information related to the IV-E prevention program will be issued through a Program Instruction slated for distribution this fall. Is there an update on how quickly financing information related to Part 4 of the law can be provided?*
- *There are many questions on how Medicaid and IV-E will interact to pay for the health care services of children in the foster care system. How is the Administration for Children and Families working with the Centers for Medicare and Medicaid Services to drive cross-system functioning and financing?*
- *Will the Administration take action to ensure that QRTPs are not classified by Medicaid as IMDs?*

B. **Waiver Transition Support**

The current Federal Child Welfare Waiver Demonstration program expires on September 30, 2019. Many of the new uses for Title IV-E, as outlined in FFPSA, were derived from the successes and learnings of the frontrunning states that effectively implemented waivers. Unfortunately, the timeline for FFPSA implementation and the termination of the Waiver Demonstration program are not aligned, making it difficult for states to make a sound decision as to whether or not to take up the option of the two-year delay.

As written in FFPSA, any waiver state that does not implement Part IV of FFPSA by October 1, 2019, will lose the flexible, current use of Title IV-E per the authority of the waiver that is key to continuing the very types of prevention services that FFPSA is intended to support and expand. For example, there are states, like Indiana, that have been using IV-E funds to pay for prevention programs since its most recent waiver in 2012. At the same time, Indiana does not require that congregate settings be accredited in order to serve children in the foster care system. Under FFPSA, the newly defined QRTPs require accreditation, which means a state must make an assessment of the accredited QRTP capacity required to support the needs of children in the foster care system. Since the accreditation process can take twelve to 18 months or longer, there may be sufficient reason for a state like Indiana to decide the best decision is to delay implementation of Part IV of FFPSA. Doing so will result in Indiana, or any state, being unable to drawdown Title IV-E dollars for prevention services described in Part I of FFPSA for the entirety of the state's delay. A delayed implementation of FFPSA without a waiver extension means an abrupt halt to the provision of the very kind of prevention programs and services that FFPSA promises to make available.

Question for the record:
Would the Administration work to authorize a solution that will address the short-term need for a transition period for states with waivers so that no child or family is cutoff from programs and services that would help them achieve better outcomes and likely save public dollars?

C. **Technical Assistance Support**

As a network of nonprofit, community-based providers that are critical partners in implementing FFPSA, the Alliance has observed inconsistencies across states in the uptake of multi-sector, collaborative approaches to planning for FFPSA implementation. Some states have initiated a public-private approach that includes a diverse group of stakeholders for information sharing, system needs assessment, system designing, and strategic planning. While other states have not progressed to this necessary developmental stage. Even in states with well-intentioned collaborative efforts underway, the nature of implementing the most significant federal child welfare system transformation in decades, under a set of tight deadlines like those in FFPSA, is presenting a steady stream of adaptive and technical challenges that are difficult to resolve quickly and effectively.

Some Alliance members who work with programs sponsored by the Department of Housing and Urban Development (HUD) have experienced that agency's capacity for providing technical assistance in support of local continuums of care. In the case of housing, HUD provides technical assistance and supports for answering the tough questions about how to end homelessness, how to bring together multiple stakeholders, how to develop a community plan that delivers meaningful outcomes, etc. In our members' experience, this type of technical assistance is valuable to achieving successful deployment of federal financing.

The nation's public and private leaders charged with implementing FFPSA would benefit from a technical assistance center to help ease implementation and provide reliable information and expertise. It is a necessary investment for the success of implementing FFPSA and the sooner it is established the greater the opportunity will be for leveraging the FFPSA to its fullest potential and helping our country realize the vision of a system that helps to ensure child and family well-being.

Question for the record:
How can Congress better support the Administration to provide the necessary resources to deliver much needed technical assistance in support of FFPSA implementation?

The Alliance thanks you, again, for holding this important hearing and looks forward to working with Congress and the Administration to ensure successful implementation of FFPSA. Should you be interested in connecting with our office or members of the strategic action network, please contact Marlo Nash, senior vice president of public policy and mobilization, at mnash@alliance1.org or 202.429.0270.

Sincerely,

Marlo Nash
Senior Vice President, Public Policy and Mobilization

County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

425 Shatto Place, Los Angeles, California 90020
(213) 351-5602

BOBBY D. CAGLE
Director

BRANDON T. NICHOLS
Chief Deputy Director

July 23, 2018

Good afternoon Chairman Smith and Ranking Member Davis. Thank you for holding this important hearing on "The Opioid Crisis: Implementation of the Family First Prevention Services Act (FFPSA)".

I am Bobby Cagle, Director of the Los Angeles County Department of Children and Family Services (DCFS), and I'm pleased to have this opportunity to submit testimony on this important topic.

Los Angeles County, is the most populous county in the United States, with more than 10 million residents as of 2017 and a population that is larger than that of 41 individual U.S. states. The County also has approximately 30,000 youth in foster care.

I commend the Subcommittee for your attention to this national crisis. The opioid epidemic is raging unabatedly. The latest data from the Centers for Disease Control and Prevention estimates that drug addiction claims more lives than car crashes, homicides, or the Vietnam War.

The factors contributing to the opioid epidemic are diverse and far-ranging. They include over-prescribing by physicians, deep and persistent poverty, and the lack of effective addiction identification and treatment options.

The opioid epidemic is straining the social safety net at every level. And, as with every substance abuse epidemic from crack to methamphetamine to opioids, the crisis has deep implications for the child welfare system. In order to combat this crisis, states need time and flexibility and as many resources as possible. Now is not the time to curtail vital services and supports.

The Subcommittee deserves a great deal of credit for identifying the link between the opioid crisis and the need to provide federal resources for up-front prevention services to help keep families safely together.

For many years, Members of the Subcommittee and your staff have heard from states that federal funding for child welfare has been misaligned, with the majority of federal

dollars supporting the least desirable outcome: the removal of a child from their home and placed with strangers – a situation that is exacerbated by the current opioid crisis.

You have heard that the flexibility to use federal IV-E dollars to provide up-front abuse and neglect prevention services would better enable states and counties to keep children safely at home, as well as more effectively address the opioid crisis.
You've also heard from the child welfare professionals that an over-reliance on congregate care does not serve the best interests of most children in foster care.

As responsible stewards of the public trust, you acted on what you heard and through your efforts, FFPSA is now law.

For some states this action means that for the first time, they are able to access Federal IV-E dollars to support certain, as yet to be determined, prevention activities for children and youth at imminent risk of entering foster care.

For those states, this is a big step forward.

I understand why FFPSA has generated support from these states.

However, for other states and jurisdictions, the array of services permitted under FFPSA is more limited than what is currently being provided through a IV-E waiver.

States and counties are using their IV-E waiver to provide the following:

- Upstream prevention services that would prevent a child from being at imminent risk for entry into foster care regardless of the IV-E eligibility status of the child
- Robust kinship services and support
- Concrete services and support
- Coordination between child welfare systems and health delivery systems

These key services and supports are critical tools that waiver states are using to improve outcomes for vulnerable children and families, as well as providing the necessary flexibility to address the opioid epidemic.

In LA County, we are using the flexibility under our IV-E wavier to provide:

- Prevention and Aftercare services
- Family-Centered practice with the Core Practice Model
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- Concrete support
- Partnership with juvenile justice and mental health systems

This has resulted in:

- Decreased entries into foster care
- Fewer children in foster care
- Reduced time in out-of-home care
- Fewer children in residential care

In Los Angeles County, we do not want to retreat from these successful interventions that have contributed to such positive results.

The County understands that the Subcommittee is deeply invested in the successful implementation of FFPSA. Now that FFPSA is the law of the land, the County also has a clear stake in its ultimate success.

As you know, all IV-E waivers expire one day before the enactment date of FFPSA.

The County is concerned that this timeline is not conducive to a smooth transition for states and counties that are addressing the opioid epidemic through the flexibility provided under the IV-E waiver.

We believe that without a pathway from the waiver to the FFPSA, the implementation and success of FFPSA will be imperiled.

We do believe it is possible to accomplish the transition from the current child welfare systems to FFPSA if states and counties have the time to make the change-over.

Los Angeles County hopes that in the following months, we can work with the Subcommittee on legislation that will ensure the successful implementation of FFPSA.

Sincerely,

BOBBY D. CAGLE
Director

BDC:vm

August 6, 2018

WAYS AND MEANS
Human Resources Subcommittee Hearing on The Opioid Crisis: Implementation of the Family First Prevention Services ACT (FFPSA) Hearing for Tuesday, July 24, 2018 at 10:00 AM

RE: Statement for consideration to include submission for the printed record:

Dear Committee Members:

My name is Mary Kemper and I am President and CEO of the United Methodist Association of Health and Welfare Ministries, a national association of diverse human service ministries across the country. A flagship of the Association is the EAGLE Accreditation (www.eagle1.org) that was established in 1984 as a unique, voluntary, self-assessment, followed by rigorous peer review program for faith-based organizations committed to quality. It is the only faith-based accrediting body in the country.

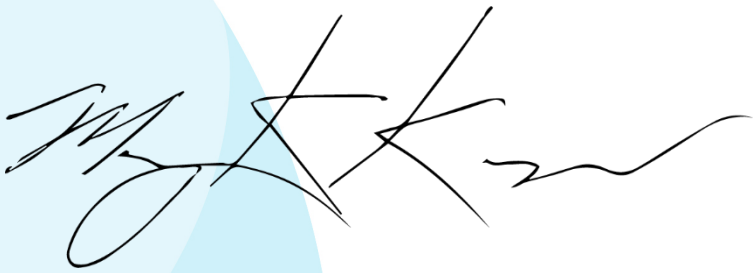
I am asking, on behalf of the EAGLE Accredited organizations serving families and communities of young people, that EAGLE Accreditation be considered as "an independent, not for profit organization specified in the statute" as described in 472(c)(4)(G)(iv) of this legislation.

The EAGLE Accreditation process includes robust principles centered around best practice in Governance, Leadership, Workforce Excellence, and Financial Management. A total of 16 children, youth, and family organizations adhere to these standards, are affirmed annually and are reviewed on site every four years. EAGLE Accredited organizations are represented throughout the country in Alabama, Arizona, Florida, Georgia, Illinois, Indiana, Iowa, Louisiana, Maryland, Ohio, and West Virginia.

We enjoy partnerships with Council on Accreditation, Joint Commission on Accreditation of Healthcare Organizations, Commission on Accreditation of Rehabilitation Facilities, and Continuing Care Retirement Community and offer complimenting standards as a path for the EAGLE Accreditation for these member organizations.

Please consider the request to include the EAGLE Accreditation as an option for accreditation in this legislation and as a part of the written record of this hearing.

Respectfully Submitted,



Mary Kemper, CEO
United Methodist Association of
Health and Welfare Ministries (UMA)
5285 Westview Drive
Bethesda, MD 21703
Telephone #301-556-1341
Fax # 301-291-7385

Comments submitted to: Administration for Children and Families, HHS.

Reference: 83 FR 29122, Decisions Related to the Development of a

Clearinghouse of Evidence-Based Practices in Accordance With the Family First Prevention Services Act of 2018.

From: Bernard R. Andrews III
Director, Never Too Late, Inc.
P.O. Box 181
Monticello, GA 31064

As I am sure you know, the FFPSA has everyone in many, if not most states, running around confused. Whereas the goals of this Act are noble and worthwhile pursuits, there are some serious flaws which, with correction, can allow the Act to be implemented with fidelity. First, the implementation period is short given the requirements that must be met by the various Family and Children Services divisions across the nation. Also, relative to timing, contradictions and confusion with dates and deadlines need to be rectified. Second, as evidenced by your solicitation for comments, the language of the Act needs more clarity and specificity.

When consideration is given to how the FFPSA impacts children, the lofty goals of the Act simply cannot be implemented in just two or three years. The Act should have the timeframes at least doubled. Providing more budgetary support will not necessarily shorten, at least appreciably, the ability of the states to fully comply with the prescribed deadlines. For example, in Georgia, there is a woeful shortage of foster families. Years will be required to increase this number to a point where my state can meet the increased demand for loving and caring foster family homes created by this Act. Throwing money at the issue will not just up and create suitable foster families.

Increasing the number of foster families while at the same time working through the logistics of dealing with the "baggage" and vetting process of many potential foster families, especially kinship placements, cannot be done in a couple of years. This is especially the case when care must be taken to ensure children are not forced into an environment which could be detrimental to their growth and development. Also, state legislation will no doubt need to be enacted to facilitate compliance. Such legislation may take two cycles of the Georgia Legislature.

Hard evidence and science that leads to clearly spelled out, peculiar to FFPSA, terms such as Targeted Outcome, Qualified Residential Treatment Program, Trauma Informed, etc. must be accomplished to help ensure proper implementation and compliance with the Act. Of course, gathering and vetting all of the studies to support the Act will take a period of time in excess of the deadlines for implementation as they currently stand.

The FFPSA is an act which can help foster children. However, it is clear the Act was written without the necessary background work having been done. Your solicitation for comments does show a willingness to help develop that background information albeit after the fact.

County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

425 Shatto Place, Los Angeles, California 90020
(213) 351-5602

BOBBY D. CAGLE
Director

BRANDON T. NICHOLS
Chief Deputy Director

July 23, 2018

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The Subcommittee deserves a great deal of credit for identifying the link between the opioid crisis and the need to provide federal resources for up-front prevention services to help keep families safely together.

For many years, Members of the Subcommittee and your staff have heard from states that federal funding for child welfare has been misaligned, with the majority of federal

dollars supporting the least desirable outcome: the removal of a child from their home and placed with strangers – a situation that is exacerbated by the current opioid crisis.

You have heard that the flexibility to use federal IV-E dollars to provide up-front abuse and neglect prevention services would better enable states and counties to keep children safely at home, as well as more effectively address the opioid crisis.
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As you know, all IV-E waivers expire one day before the enactment date of FFPSA.

The County is concerned that this timeline is not conducive to a smooth transition for states and counties that are addressing the opioid epidemic through the flexibility provided under the IV-E waiver.

We believe that without a pathway from the waiver to the FFPSA, the implementation and success of FFPSA will be imperiled.

We do believe it is possible to accomplish the transition from the current child welfare systems to FFPSA if states and counties have the time to make the change-over.

Los Angeles County hopes that in the following months, we can work with the Subcommittee on legislation that will ensure the successful implementation of FFPSA.

Sincerely,

BOBBY D. CAGLE
Director

BDC:vm

The Methodist Home

Alison E. Evans, President - CEO
304 Pierce Avenue • Post Office Box 2525 • Macon, Georgia 31203-2525
478-751-2800 • www.TheMethodistHome.org

Macon	Americus	Valdosta	Columbus	St. Marys	Waverly Hall
1872	*1994*	*1997*	*2002*	*2002*	*2008*

August 3, 2018

WAYS AND MEANS
Human Resources Subcommittee Hearing on The Opioid Crisis: Implementation of the Family First Prevention Services ACT (FFPSA) Hearing for Tuesday, July 24, 2018 at 10:00 AM

RE: Statement for consideration to include submission for the printed record:

Dear Committee Members:

It is the intent of leaders at The Methodist Home to ensure the EAGLE Accreditation is included as "an independent, not for profit organization specified in the statute as one of the acceptable accreditations" as defined in 472(c)(4)(G)(iv) of the Act.

The Methodist Home of the South Georgia Conference, located in Macon, Georgia, and in five other small towns throughout South Georgia, has been providers of children and family services since 1872. The Methodist Home is supported by over 600 churches delivering services to over 450 youth and families this year. These services include residential treatment, foster care, community counseling, intensive family visitation that includes family coaching of birth parents, early childhood education, and an accredited school.

The Methodist Home has been accredited by the EAGLE Accreditation Commission since 1986.

Educational Assessment Guidelines Leading toward Excellence (EAGLE) is the only faith-based accrediting body in the world. We are concurrently accredited by Council on Accreditation, additionally accredited by AdvancED for our school, Price Academy and additionally certified as a trauma informed care environment by the Sanctuary Institute. Subscribing to the highest levels of service delivery methods in all areas of the organization is the practice of The Methodist Home.

EAGLE Accreditation ensures we, as other faith based organizations, are compliant with principles that are not addressed by other accrediting bodies. Some examples include principles of Community Involvement, Social Accountability and Holistic Care.

Again, we would like to make sure there is consideration for the EAGLE Accreditation as "an independent, not for profit organization specified in the statute as one of the acceptable accreditations" as defined in 472(c)(4)(G)(iv) of the Act.

Thank you very much for the opportunity to make a submission for the record.

Sincerely,

Jill Myers
Executive Vice President
The Methodist Home
304 Pierce Avenue
Macon, Georgia 31204
478-751-2800
Fax#: 478-746-9332

Alison Evans
President/CEO
The Methodist Home
304 Pierce Avenue
Macon, Georgia 31204
478-751-2800
Fax#: 478-746-9332

Statement by

Sheila J. Poole

Acting Commissioner

New York State Office of Children and Family Services

Before the

Subcommittee on Human Resources

Committee on Ways and Means

United States House of Representatives

August 7, 2018

Chairman Smith, Ranking Member Davis and other distinguished members of the Subcommittee, I am Sheila J. Poole, the Acting Commissioner for the New York State Office of Children and Family Services (OCFS). Thank you for the opportunity to submit this written statement on behalf of OCFS about the important work, discussions and efforts that OCFS has undertaken toward implementation of the Family First Prevention Services Act (FFPSA) that was signed into law as part of the Bipartisan Budget Act of 2018 (P.L. 115-123) on February 9, 2018.

New York endorses the intent underlying FFPSA. We support many of the provisions of FFPSA that are designed to improve outcomes for vulnerable families, respond to the needs of children engaged in the child welfare system, and minimize placements in congregate care settings. We further wish to acknowledge the written statement dated July 24, 2018 that was submitted by Jerry Milner, Associate Commissioner of the Children's Bureau, Administration for Children and Families of the U.S. Department of Health and Human Services, particularly his recitation of the implementation challenges that states are facing under FFPSA. The implementation challenges that Commissioner Milner identified in his statement are all concerns and challenges we share in New York State. We highlight below a few of those implementation challenges and offer New York's perspective, focusing on those related to the provision of prevention services and limitations on congregate care.

Prevention Services

New York commends the emphasis FFPSA places on prevention services. Beginning in 2019 under FFPSA, states for the first time will be able to receive federal funds under Title IV-E of the Social Security Act (Title IV-E) to provide services. FFPSA expands access to Title IV-E funds for social services that will provide opportunities for children to remain in their homes with their parents or with kinship caregivers. The intent of FFPSA is to keep families together, avoid the need to place their child(ren) in foster care, and provide the supports necessary for families to continue to be successful. FFPSA now allows for the provision of certain prevention services to children and youth who are candidates for foster care. However, the limited scope of prevention services provided by FFPSA and the short 12- month time period for which funding is available for those services, presents significant challenges to states in achieving the spirit of the law.

Our experience in New York demonstrates the successes borne by investment in prevention services. New York has seen a significant reduction in foster care placements that is attributable to our robust prevention services funding scheme at the state level. New York State is a state-supervised, locally-administered child welfare system. Local departments of social services at the county and New York City level are responsible for providing a vast array of child welfare services. Prevention services are mandated to avoid initial foster care placements, enable more timely discharge from foster care, and prevent re-entry into care. New York State provides enhanced funding (62 cents on the dollar) to localities (which contribute 38 cents on the dollar) for

prevention services. As a result of New York's focus and investment on prevention services, New York State's foster care population has declined from more than 54,000 children in care in 1995 to around 16,000 children at the close of 2016. The number of children requiring congregate care placements has also decreased (7,399 children in 1995 to 2,822 children in 2016).

While the availability of partial federal reimbursement for some prevention services under FFPSA is welcomed and laudable, there are unfortunately a number of limitations in FFPSA that severely restrict the legislation's aim of averting foster care placements by focusing on prevention.

Under FFPSA, prevention services that are eligible for partial federal reimbursement are limited to mental health, substance abuse treatment, and in-home parent skill-based programs for children at imminent risk of entry into foster care, are in foster care and pregnant or parenting or the parents or kin caregivers of such children. In addition to the narrow focus on the types of services that are covered, those services must also be trauma-informed and promising, supported, or well-supported practices. Many existing or new prevention services will need to meet the newly created evidence based standards and as access to Title IV-E funds are through a reimbursement program, programs will not have access to sufficient start-up capital to build the capacity to meet those standards prior to service delivery. Additionally, out-of-home placements are caused by many other factors and consideration and flexibility should be afforded to

states to provide targeted prevention services. States and localities are best positioned to know what prevention services best meet the needs for children in their communities and what is needed to keep their vulnerable families together.

Moreover, and it bears reiterating, federal funding is limited to only 12 months under FFPSA. This time limit is too short for some services and the needs of families that place children at serious risk of foster care placement. Especially those services designed to address chronic illnesses such as substance use and mental health disorders. Children and youth in danger of being placed into foster care, desperately need their parents to receive comprehensive services for substance use, alcohol use, or mental health treatment. Some families may need longer lengths of service delivery to achieve the best outcomes. The most vulnerable families will likely face long waiting periods for service availability, due to the evidence based thresholds required under FFPSA, which will impact the number of qualifying programs available to these high-risk families. Once families can access FFPSA compliant programs, they should be able to continue receiving critical prevention services, especially when they are progressing well in their treatments, and if such treatment tailored to that family needs to go beyond 12 months for the most successful outcome. Also, under the maintenance of effort (MOE) provisions in FFPSA for a state like New York, state prevention expenditures must be equal to or greater than the expenditures for federal fiscal year 2014. The MOE provision unfairly penalizes states like New York that have invested significant non-federal resources for prevention services to reduce and prevent congregate care placements.

For these reasons, statutory amendments are recommended to more fully accomplish the legislative intent of Part I of FFPSA:

- Broaden the scope of prevention services eligible for states to use federal funds under Title IV-E beyond mental health, substance abuse prevention and treatment, and in-home parent skill-based programs, in order to make eligible a more inclusive range of evidence-based programs in domains such as child and family health outcomes, parent-child interactions, positive parenting strategies, child maltreatment, prevention, school readiness and educational outcomes, behavioral issues, and family self-sufficiency.

- Expand the eligible population for prevention services to include families, parents and children who are at high risk for future child welfare involvement and/or out-of-home care.

- Lengthen the time period during which eligible programs may serve a child and family in order to make eligible extended services where programs have demonstrated success over a period greater than twelve months (e.g., Healthy Families and substance abuse prevention programs).

- Count only federal dollars invested for prevention services toward the maintenance of effort requirement to maintain equity among those states that have invested significant resources for prevention services.

Limits on Congregate Care

New York shares the drafters' aim of reducing out-of-home placements for at-risk children and youth and where placement is necessary, for children to be placed in the least restrictive, most appropriate setting capable of meeting the child's needs and achieving the child's permanency goal. As previously noted, New York has significantly reduced its foster care population. However, the remaining children in care require various levels of congregate care to provide them with the appropriate services they need. Generally, they have serious and multiple needs, which often involve significant clinical, behavioral health and developmental needs. Many of the children in congregate care settings have had unsuccessful placements in lower levels of care.

FFPSA limits federal reimbursement beyond two weeks for children placed in congregate care settings. Under FFPSA, federal reimbursement is limited to certain categories of congregate care, one type being the newly-created Qualified Residential Treatment Program (QRTP). Among other things, in order to receive federal reimbursement, FFPSA establishes stringent QRTP requirements. For example, all foster children placed in a QRTP must have assessments by a non-affiliated, independent "qualified individual" assessor who is a trained professional or clinician 30 days following placement. The placement must also be assessed by the court within 60 days after placement. Failure to complete a timely 30-day assessment would result in the loss of Title IV-E funding for maintenance costs of the child for the duration of the placement. Tile IV-E funding would also be lost should the court not approve the placement in the QRTP.

These overly stringent QRTP requirements may have the unfortunate and unintended effect of harming some of our most vulnerable children. To avoid these negative consequences, statutory amendments are recommended to provide states with increased flexibility to determine the most appropriate placements for, and receive sufficient federal funding to provide necessary supports to the children in care.

- Authorize a child specific exception to the 30-day assessment requirement for children placed in a QRTP. We recommend exempting children from the 30-day assessment requirement who have had a recent clinical or medical assessment or probation report authorizing placement in other than a foster home, as well as such youth as sex trafficking victims and youth with other needs where placement in a foster home would be dangerous for the youth or others. Exempting certain children from the 30-day assessment requirement would avoid unnecessary reassessments, potential for conflicting opinions, and possible trauma to the child.

- Extend the time period of assessment to 60 days. We recommend extending the time period of assessment on the need for a QRTP placement from 30 days to 60 days. Such extension would eliminate the need for assessment for short-term placements, enable more thorough assessments, address issues with securing the required assessor, and enhance identification and participation by family and other interested persons.

- Amend who may be considered the "qualified individual" for purposes of conducting the 30-day assessment. We recommend applying the rule for the third-party reviewer that is federally allowed to be the service plan reviewer (42 USC §§675(5)(B), 675(6)). This individual could be a trained government or voluntary agency employee, but could not be responsible for the case management or delivery of services to the child or family. Expanding the definition would increase the pool of suitable assessors to conduct timely assessments.

- Eliminate the requirement of a court assessment within 60 days of a QRTP placement and instead allow the issue of appropriateness of continued placement in the congregate setting be part of the periodic permanency hearing. While we support the involvement of the courts, we are concerned about the strict 60-day timeframe that would be outside the control of child welfare agencies and submit that this requirement is an unnecessary imposition that adds additional costs and strains resources for New York's already busy family courts. The 60-day court assessment is further redundant of the requirement for an assessment by a qualified individual, which could potentially lead to conflicting opinions and possible trauma to the child being subjected to multiple assessments. For these and other reasons, we recommend amending the legislation to allow states flexibility on how periodic reviews of QRTP placements should be conducted, such as allowing the appropriateness of the placement to be part of the periodic permanency hearing.

In closing, we appreciate the opportunity to comment on this landmark federal legislation designed to help families stay together and improve outcomes for children and families in the child welfare system. New York remains committed to providing necessary critical prevention and treatment services to vulnerable children and families. We are available to further discuss our implementation efforts and challenges, and we also look forward to our continued collaboration with our federal partners in carrying out the provisions of FFPSA.

Comments for the Record
United States House of Representatives
Committee on Ways and Means
Human Resources Subcommittee
Hearing on The Opioid Crisis: Implementation of the
Family First Prevention Services Act (FFPSA)
Tuesday, July 24, 2018, 10:00 AM

By Michael G. Bindner
Center for Fiscal Equity

Chairman Smith and Ranking Member Davis, thank you for the opportunity to submit my comments on this topic. This hearing will review the Department of Health and Human Services' ongoing progress implementing recently enacted legislation to address family substance abuse issues, improve child well-being, support kin caregivers, and strengthen families. I submit these comments as past health research data manager, prevention community leader, and a current recovered abuser and Medicare patient. I will leave the progress report to the Agency witnesses and address the relevant items.

Family Substance Abuse Issues

Substance abuse can occur in families in a variety of ways. One of the parents, but not the other, could be using, either innocently because of bad pain management or intentionally. Another pattern can be both parents using as a couple. When Cannabis is used this way, it is less damaging once the kids are down for the night. That cannot be said of the grip of an opioid addiction, however acquired. Lastly, one or more of the children, usually teens, sometimes even younger children or grown children in the household may be the addict. Prevention and intervention are different in each case.

Accidental addiction can be prevented by better medical treatment. No one needs opioids past their follow-up appointment to an injury or surgery and that appointment should be as soon as possible, with no pain management following.

If addiction is surrendered to or mutual, then adult intervention strategies are necessary, including family services to either monitor the situation or remove the minor children. Likewise, addiction by teens or adult children demands intervention. These drugs are so lethal that waiting for the user to have enough may result in death.

Improve Child Well-being

From our example above, the best thing for children if only one parent is an addict is to get the addict out of the home, with or without treatment. Family services and criminal justice already know how to do that and, except for the shortage of treatment beds and temporary housing, there is already a system in place to help both addicted adults and children, especially if managed by the Drug Court system.

The current penal system could be replaced by mandatory treatment rather than incarceration, with extended stays and funded pre-release programs, but that costs money but is cheaper than jail or prison, unless you own stock in Corrections Corporation of America, who I am sure is paying attention to these proceedings.

If both parents are addicted, temporary placement is necessary for the children outside the home. However, this should not be an excuse to sell the home, let it lapse into foreclosure or permanently place the children in foster care or adoptive services.

Recovery is more likely if the government and family care agencies do not further aggravate conditions by kidnapping the children. Instead, families should be fostered as a unit – both children and parents once they are able and are past the point of needing to be with their kids to stay sober – because if that is their excuse, they won't do so.

Sobriety needs to be pursed for one's self, but it is still easier when the perception that someone else wants your kids is removed. Of course, if the parents are frequent relapsers, there may not be any way to keep the family together, but that should be the rare case for people who fall into opioid addiction through bad medicine.

Support Kin Caregivers

If one or both parents is an addict, often siblings or parents are called to serve as foster care providers or to help deal with the addict in early recovery. They don't have the option that sponsors do to walk away (carry the message, not the mess) and it is a hard role to take, especially if social services proves intrusive in establishing suitable guardianship.

As important is the provision of financial assistance to guardians. If there were a decent child tax credit that met the cost of living a middle class life style (which would require not punishing the poor for being poor), adequate funding would be no problem because the tax credit would come from the foster caregiver's job, although the parents who are addicted would fight to keep that money. It is still not an excuse to not pay it.

Another problem is that guardians become protective of the children and may not want to give them up to family members who may still be at risk. Managing that is the function of local family services agencies. It is a hard job. The Federal Government needs to provide the money to pay them more.

Strengthen Families

The best way to strengthen families is to help make them less susceptible to addiction by providing all concerned with good quality education and training, including payment to train or get remedial education if the system has failed so far.

While the system loves low wage labor, especially in nursing homes, reinstituting slavery through welfare programs should not be a societal goal. Eliminating poor people as a permanent source of cheap labor will prevent both drug sales and drug use. Ending the mass incarceration of African American males will strengthen their families as well, saving multiple generations at once. Whether Black Lives Matter or All Lives Matter, shutting down mass incarceration sends the message that this Act and these hearings are about more than public relations.

Prevention may also help prevent teen addiction if it offers a profitable way, such as paying students in danger of dropping out to attend school at enough of a wage, for them to not feel the need to sell drugs or be depressed enough to succumb to their use. This is not a cheap alternative; however it is cheaper than prison (unless you are paid to run the prison). The current regime has not expressed a willingness to spend the necessary resources to do what I suggest, as it is cheaper and more popular with its base to blame the poor for their poverty and addiction. At some point, that will no longer be acceptable. The Opioid Crisis may make that point sooner than later.

Thank you for the opportunity to address the committee. We are, of course, available for direct testimony or to answer questions by members and staff.

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Human Resources Subcommittee
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Tuesday, July 24, 2018, 10:00 AM

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