

at the public schools in Long County, Georgia before attending college and seminary training at Morehouse College of Atlanta, GA. Reverend Boyd also served his country courageously as a World War II veteran before he was honorably discharged.

Reverend Boyd began preaching on October 13, 1946 at Engineer Chapel—Schofield Barracks on the Island of Ohau, Hawaii. He has pastored at many churches in Georgia, including the Shiloh Missionary Baptist Church, the birthplace of the 1960s Albany Civil Rights Movement. Despite threats to his person, his family, his home and his church, he allowed a mass meeting to be held at Shiloh that organized local Civil Rights marches. Dr. Martin Luther King, Jr. addressed the overflowing crowds from the pulpit of Shiloh Missionary Baptist Church and now a trail of footprints originating in the front of the church leading to the Albany Bus Station commemorates the Albany Civil Rights marches.

Dr. George Washington Carver once said, "No individual has any right to come into the world and go out of it without leaving behind distinct and legitimate reasons for having passed through it." We are so blessed that the Reverend Horace Boyd passed this way and shared with us his legacy of service that will stand the test of time. Surely, the wealth of wisdom that Reverend Boyd has given to his listeners will forever resonate in their hearts and spirits.

Reverend Boyd has been repeatedly acknowledged for his outstanding achievements, service and public distinction. He served as Dean of the Albany Seminary Extension Center for 25 years, Commissioned Board Member of the Dougherty County Family and Children Services for 27 years and as a past Moderator of the Hopewell Missionary Baptist Association from 1961–1994. He has achieved numerous successes in his life, but none of this would have been possible without the grace of God and his loving wife of sixty years, Ms. Barbara Mae Riles Boyd, who was called Home to be with her Savior in 2010. They have two children, William and Dolores.

Mr. Speaker, my wife Vivian and I, along with the more than 730,000 people in the Second Congressional District of Georgia, would like to extend our deepest sympathies to Rev. Boyd's family, friends, and followers during this difficult time. May we all be consoled and comforted by an abiding faith and the Holy Spirit in the days, weeks and months ahead.

PERSONAL EXPLANATION

HON. PETER A. DeFAZIO

OF OREGON

IN THE HOUSE OF REPRESENTATIVES

Wednesday, July 6, 2016

Mr. DeFAZIO. Mr. Speaker, on July 5, 2016, I missed votes due to personal business in my district and was unable to be present and missed the following votes:

On Roll Call vote 343, I would have voted No.

On Roll Call vote 344, I would have voted No.

On Roll Call vote 345, I would have voted No.

On Roll Call vote 346, I would have voted No.

On Roll Call vote 347, I would have voted No.

On Roll Call vote 348, I would have voted No.

On Roll Call vote 349, I would have voted Aye.

On Roll Call vote 350, I would have voted Aye.

H.R. 5456

HON. VERN BUCHANAN

OF FLORIDA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, July 6, 2016

Mr. BUCHANAN. Mr. Speaker, I submit the following extraneous materials on H.R. 5456, the Family First Prevention Services Act of 2016:

ALLIANCE FOR STRONG FAMILIES
AND COMMUNITIES,
Washington, DC, June 14, 2016.

Hon. KEVIN BRADY, *Chair*,
House of Representatives,
Ways and Means Committee.

Hon. VERN BUCHANAN, *Chair*,
House of Representatives,
Human Resources Subcommittee.

Hon. ORRIN HATCH, *Chair*,
U.S. Senate,
Senate Finance Committee.

Hon. SANDER LEVIN, *Ranking Member*,
House of Representatives,
Ways and Means Committee,

Hon. LLOYD DOGGETT, *Ranking Member*,
House of Representatives,
Human Resources Subcommittee.

Hon. RON WYDEN, *Ranking Member*,
U.S. Senate,
Senate Finance Committee.

DEAR CHAIRMAN BRADY AND RANKING MEMBER LEVIN, CHAIRMAN BUCHANAN AND RANKING MEMBER DOGGETT, AND CHAIRMAN HATCH AND RANKING MEMBER WYDEN: The Alliance for Strong Families and Communities thanks you for your leadership and for introducing the Family First Prevention Services Act of 2016. The legislation promotes numerous policy priorities that are consistent with our network's guiding principles for improving child and family safety, permanency and well-being.

We appreciate efforts you have made to address past concerns and to include components that are informed by effective practices in states and localities, technology updates, and current research. These include:

Permitting the use of federal funds to pay for programs across the evidence-based spectrum, and to continue knowledge formation in what works;

Making Title IV-B funds available to states so that they may modernize their Interstate Compact on the Placement of Children (ICPC) services so that so that children may be more quickly and effectively placed in appropriate homes across state lines;

Supporting the National Commission to Eliminate Child Abuse and Neglect Fatalities' recommendation that a 21st Century Child Welfare system require states to develop a statewide plan to prevent child abuse and neglect fatalities;

Requiring the use of an age-appropriate, evidence-based, validated needs assessment to help determine a child's need for behavioral health support through a therapeutic residential treatment setting; and

Engaging families in a child's residentially-based trauma-informed behavioral health treatment to strengthen the likelihood of their success, including establishing a family and permanency team in the initial needs assessment and ongoing progress monitoring.

We are very pleased with the bipartisan, bicameral effort to address child welfare reforms, and specifically, the longstanding policy priority to expand Title IV-E for prevention so that children and parents/caregivers may have access to services and interventions that ensure child safety and build family stability.

While the Alliance enthusiastically supports the Family First Prevention Services Act of 2016, we do believe we have identified a significant technical misalignment within the definition of the Qualified Residential Treatment Program (QRTP) that, if addressed, would strengthen the bill, increase its effectiveness and mitigate against what we believe to be unintended consequences for children to whom we want to receive the right treatment, at the right time in the most appropriate setting. We fully support the requirement for a QRTP to use a trauma-informed treatment model, but are concerned about the rigid aspects of the language for QRTP staffing. The prescription of nursing and clinical staff being onsite during business hours is not consistent with Congress' desire to use evidence in its requirements on states and moves further away from a system that is child- and family-centered and community-based. We believe that QRTPs must abide by the fidelity elements of the approved, trauma-informed treatment model that they elect to use in accordance with the requirements in the bill and that the current language regarding staffing is inconsistent with the bill's treatment model requirement.

For example, if the fidelity elements of the selected treatment model require licensed or registered nurses to be onsite during business hours and available 24/7, then a QRTP must meet that requirement. Likewise, if fidelity to an approved model requires a different staffing composition and pattern, then the QRTP must meet that model's requirements and needs the flexibility to do so.

Therefore, rather than requiring the staff to be onsite during business hours, we recommend an amendment that aligns the treatment model requirement with the staffing requirement. The amendment would require staff to be onsite according to the trauma-informed treatment model being used by the QRTP. Our commonsense amendment acknowledges that high quality trauma-informed treatment models prescribe staffing patterns that are designed to achieve the outcomes proven by the program model. And, it strengthens the bill's effectiveness toward the greatest chance of success and normalcy for children provided in the most family-like settings possible.

The Alliance's wholehearted support of the Family First Prevention Services Act of 2016 is unqualified and not contingent upon inclusion of the recommended amendment but, if the bill is passed without this amendment we intend to work to build a coalition to change this aspect of the QRTP requirements prior to implementation of these provisions in Title II in 2019.

Thank you very much for your hard work. We look forward to working with you and encourage you to contact Marlo Nash, Senior Vice President of Public Policy and Mobilization with questions or to request additional information.

Sincerely,

SUSAN DREYFUS,
President and CEO.

AAP STATEMENT SUPPORTING THE FAMILY
FIRST PREVENTION SERVICES ACT

[6/13/2016 by Benard P. Dreyer, MD, FAAP,
president, American Academy of Pediatrics]
"The American Academy of Pediatrics
(AAP) commends House Ways and Means

Committee Chairman Kevin Brady (R-Tex) and Ranking Member Sander Levin (D-Mich) and Senate Finance Committee Chairman Orrin Hatch (R-Utah) and Ranking Member Ron Wyden (D-Ore) for releasing the Family First Prevention Services Act of 2016. A comprehensive bipartisan effort to improve how the child welfare system serves children and families in adversity. This bill represents a pivotal opportunity for a major federal policy shift that moves away from placing children in out-of-home care and toward keeping families together.

“Children in or at-risk for entering foster care are especially vulnerable, they are more likely to be exposed to trauma and often have complex medical needs. This bill not only recognizes the unique needs of children and families in adversity, but also makes great strides to meet them in a way that pediatricians can stand behind through evidence-based, prevention-focused approaches. The bill offers states much-needed federal funding to support mental health, substance abuse and in-home parenting skills programs for families of children at-risk of entering foster care. This policy rewards state efforts to preserve and strengthen families by providing federal funds to administer prevention programs in a way that is steeped in science.

“Children fare best when they are raised in families equipped to meet their needs. Congregate care, when necessary, should be of high-quality for the shortest possible duration and reserved for instances in which it is absolutely essential. The AAP supports the bill’s emphasis on ensuring that children are only placed in a non-family setting if they have a demonstrated need for the services available in that setting. The AAP also appreciates that congregate care facilities must be accredited and have licensed clinical and nursing staff to ensure they are capable of caring for vulnerable children and meeting their complex health needs.

“Fixing the shortcomings in our child welfare system will require continued investment across both state and federal governments. The Family First Prevention Services Act does just what its name says. It puts families first. This bill represents major, meaningful progress toward protecting children and supporting their families in creating safe and stable homes. Pediatricians look forward to continuing to walk alongside bipartisan members of Congress to advance the bill toward a vote as soon as possible.”

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The American Academy of Pediatrics is an organization of 64,000 primary care pediatricians, pediatric medical subspecialists and pediatric surgical specialists dedicated to the health, safety and well-being of infants, children, adolescents, and young adults. For more information visit www.aap.org and follow us on Twitter @AmerAcadPeds.

AMERICAN BAR ASSOCIATION,

June 20, 2016.

Subject: Family First Prevention Services Act of 2016

Hon. KEVIN BRADY,
*Chairman, Committee on Ways and Means,
House of Representatives.*

Hon. VERN BUCHANAN,
*Chairman, Human Resources Subcommittee,
Committee on Ways and Means, House of
Representatives.*

Hon. SANDY LEVIN,
*Ranking Member, Committee on Ways and
Means, House of Representatives.*

Hon. LLOYD DOGGETT,
*Ranking Member, Human Resources Sub-
committee, Committee on Ways and Means,
House of Representatives.*

DEAR REPRESENTATIVE: On behalf of the American Bar Association, with nearly

400,000 members, I write in support of H.R. 5456, the Family First Prevention Services Act of 2016. The ABA has consistently advocated for policies that address key services and support for families involved in the child welfare system. We support reform of the federal child welfare financing structure to end fiscal incentives when placing children in foster care at the expense of providing services that can keep children and families safely together, and we also advocate for the reduction of the use of congregate residential care settings as a long-term placement.

The Family First Prevention Services Act takes crucial steps toward achieving these goals. Allowing use of federal child welfare funds under Title IV-E of the Social Security Act for preventive investments will benefit children and families tremendously by providing opportunities for children to remain in their homes or with kin caregivers while needed supports and services are provided. Additionally, the legislation’s focus on ensuring that children entering foster care are placed in the least restrictive, most appropriate family-like setting supports children’s well-being immensely.

Additional provisions of the legislation significantly support vulnerable children and families, including:

Extended funding for Court Improvement Program (CIP) Grants. Courts play an essential role in ensuring safety and permanency for abused and neglected children, and CIP funds have had a great impact on the child welfare system, serving as a catalyst for essential judicial system reform.

Extended funding for Title IV-B of the Social Security Act, Subparts 1 and 2. The Stephanie Tubbs Jones Child Welfare Services Program and the Promoting Safe and Stable Families Program provide vital support to states’ efforts to protect and serve families, both by supporting immediate preventive services while children remain at home and funding reunification services so that children can be safely returned home in a timely manner. The legislation’s elimination of the time limit on reunification services under Title IV-B is a particularly important change, as it will not only allow families to benefit from services for longer periods of time, but will also make more families eligible for those services.

Identification of model licensing standards for relative foster family homes. Model licensing standards will help address barriers to licensure that relative caregivers face. Flexible standards will help ensure children are placed in safe and appropriate homes, while promoting the opportunity for more relatives and non-related caregivers to become foster parents.

Providing a 50% federal match for evidence-based Kinship Navigator programs. These programs have provided critical services and information to support kinship care providers as they navigate multiple, complex systems while caring for children.

Expanded access and other improvements to the John E. Chafee Foster Care Independence Program. All current and former youth in foster care have a right to quality education, and these provisions provide additional resources to help youth successfully transition to adulthood.

In addition, evaluations of existing high quality legal representation programs for parents, children and caregivers—including representation prior to the child’s removal—have shown that investment made in these services results in improved systemic functioning: more families receive individualized services, fewer children suffer the trauma of unnecessary removals, children removed from home return sooner and with fewer disruptions, and taxpayer dollars are saved.

We thank you for your leadership on this important legislation and we stand ready to

assist you with moving it forward. Should you have any questions or want additional information concerning our comments, please contact David Eppstein, Legislative Counsel, ABA Governmental Affairs Office or Robert Horowitz, Interim Director, ABA Center on Children and the Law.

Sincerely,

THOMAS M. SUSMAN.

AMERICAN PUBLIC
HUMAN SERVICES ASSOCIATION,
June 14, 2016.

Hon. KEVIN BRADY, *Chair, House of Representatives,
Ways and Means Committee.*

Hon. VERN BUCHANAN, *Chair, House of Rep-
resentatives,
Human Resources Subcommittee.*

Hon. ORRIN HATCH,
*Chair, U.S. Senate,
Senate Finance Committee.*

Hon. SANDER LEVIN,
*Ranking Member, House of Representatives,
Ways and Means Committee.*

Hon. LLOYD DOGGETT,
*Ranking Member, House of Representatives,
Human Resources Subcommittee.*

Hon. RON WYDEN,
*Ranking Member, U.S. Senate,
Senate Finance Committee.*

DEAR CHAIRMAN BRADY AND RANKING MEMBER LEVIN, CHAIRMAN BUCHANAN AND RANKING MEMBER DOGGETT, AND CHAIRMAN HATCH AND RANKING MEMBER WYDEN: The American Public Human Services Association (APHSA) and its affiliate, the National Association of Public Child Welfare Administrators (NAPCWA), on behalf of most of our state and local public child welfare administrators offer our support for the Family First Prevention Services Act of 2016 (H.R. 5456) and thank you for your leadership in introducing the bill. The legislation promotes a number of policy priorities our state and local members have identified as key to improving child and family well-being. These policies are part of APHSA’s Pathways Initiative, a broader framework for building a stronger, more sustainable human-services system. Under Pathways, we are working with our members to promote more integrated policies (illustrated in the bill’s alignment of federal funds across the Title IV-E and IV-B programs); invest in outcomes (through the new Title IV-E foster care prevention program that provides funding for agencies to intervene earlier with families and decrease the need for placement in out-of-home settings); partnering for collective impact (addressed in the reauthorized Regional Partnership Grants) and others.

Additionally, we appreciate the efforts you have made to address past concerns raised by our state and local public child welfare leaders. These include:

Permitting the use of federal funds to pay for programs across the evidence-based spectrum, to support promising practices and build knowledge about what works;

Making Title IV-B funds available to states so that they may modernize their Interstate Compact on the Placement of Children (ICPC) services so children may be more quickly and effectively placed in appropriate homes across state lines;

Expanding parental substance abuse treatment through foster care maintenance payments for children with parents in a licensed residential family-based treatment facility;

Supporting the National Commission to Eliminate Child Abuse and Neglect Fatalities recommendation for states to develop a statewide plan to prevent fatalities resulting from cases of child abuse and neglect;

Expanding the John H. Chafee Foster Care Independence Program for foster youth to age 23 and extending the educational training vouchers for youth to age 26; and

Other measures that guide out-of-home non-foster family placements, maintain services and programs for children and families, and incentivize permanency through adoption and guardianship placements.

We appreciate your bipartisan, bicameral effort to address child welfare reform, and specifically, the longstanding policy priority to expand Title IV-E for prevention so that children and parents/caregivers have access to services and interventions that maintain family stability. While the bill presents an unprecedented opportunity and many of our key leaders have shared their perspectives and concerns with Committee staff, some members will need to fully examine and understand the implications of each Title and section on their states and localities. We will continue to monitor and assess the impact of each Title and section to identify and share with you any unintended consequences. With Congress' support, we can help to ensure that all children and families can develop and live to their full potential.

Again, thank you very much for your hard work. We look forward to working with you and encourage you to contact Christina Crayton, Assistant Director, Policy and Government Affairs with questions or to request additional information.

Respectfully submitted,

TRACY WAREING EVANS,
Executive Director,
American Public
Human Services As-
sociation.

JULIE KROW,
President, *National*
Association of Public
Child Welfare Ad-
ministrators,
Deputy Executive Di-
rector, *Community*
Partnerships, *Colo-*
rado Department of
Human Services.

CHILDREN AND FAMILY FUTURES,
June 13, 2016.

Hon. KEVIN BRADY,
Chairman, Committee on Ways and Means,
House of Representatives.

Hon. ORRIN HATCH,
Chairman, Committee on Finance,
U.S. Senate.

Hon. VERN BUCHANAN,
Chairman, Human Resources Subcommittee,
Committee on Ways and Means, House of
Representatives.

Hon. SANDY LEVIN,
Ranking Member, Committee on Ways and
Means, House of Representatives.

Hon. RON WYDEN,
Ranking Member, Committee on Finance,
U.S. Senate.

Hon. LLOYD DOGGETT,
Ranking Member, Human Resources Sub-
committee, Committee on Ways and Means,
House of Representatives.

DEAR WAYS AND MEANS AND SENATE FINANCE COMMITTEE CHAIRMEN BRADY AND HATCH, RANKING MEMBERS LEVIN AND WYDEN AND HUMAN RESOURCES SUBCOMMITTEE CHAIRMAN BUCHANAN AND RANKING MEMBER DOGGETT: On behalf of Children and Family Futures, I am pleased to share our support for the Family First Prevention Services Act (H.R. 5456) introduced today by House Ways and Means Human Resources Subcommittee Chairman Vern Buchanan (R-FL) and joined by eleven other bi-partisan original co-sponsors.

Children and Family Futures, a national nonprofit organization based in Lake Forest, California, has more than 20 years of experience in improving outcomes for children at the intersection of child welfare and substance use disorder treatment agencies and

family courts. We recently had the opportunity to testify at Senate Finance and Senate Homeland Security and Governmental Affairs Hearings on the effects of opioids on our nation's child welfare agencies. As you may know, there are 8.3 million children—almost 11% of America's children—who live with a parent who is alcoholic or needs treatment for illicit drug abuse. About two-thirds of the children who enter the child welfare system are affected by parents with substance use disorders, and when we ask children and youth in foster care what they need the most, they often ask for substance abuse treatment for their parents so that their family can stay together. Quality substance abuse prevention and treatment is one of the cornerstones of a strong and effective child welfare system.

H.R. 5456 takes several critical steps to ensure that parents and children receive the full range of supportive services they need to heal and thrive. By allowing federal IV-E dollars to be used in a time-limited way for evidence-based prevention services, including mental health, substance abuse prevention and in-home skill-based programs, the proposed legislation provides an unprecedented opportunity for child welfare agencies to expand the services parents need to continue to care for their children safely without unnecessary foster care placements.

In addition, allowing states to draw down Title IV-E foster care maintenance payments on behalf of children who are placed in residential family treatment settings with a parent who is receiving treatment is another effective way to ensure that families can stay together while getting the services and supports they need to get back on their feet. For children whose parents struggle with alcohol and illicit drug abuse, the elimination of the time limit to allow family reunification services to be provided to any child in foster care and for up to 15 months after a child is reunited with his or her biological family will allow children of parents who are still in the very first stages of recovery to get the ongoing help they need to maintain both stability and sobriety.

CFF also strongly supports H.R. 5456's reauthorization of the Regional Partnership Grant program that provides funding to state and regional grantees seeking to provide evidence-based services to prevent child abuse and neglect related to substance abuse and revised grant requirements based on lessons learned from the most effective past grants. In addition to updating the program to specifically address the opioid and heroin epidemic, the proposal legislation leverages what has been learned to ensure that new foster care prevention funding provided under the bill is used effectively.

In addition to providing much-needed attention to prevention services for children and families who come to the attention of the child welfare system, the legislation's provisions to reduce the over-reliance on group care facilities are an equally important step in supporting children and keeping families together. The legislation's current approach to reducing unnecessary care while enhancing the protections and oversight for Qualified Residential Treatment Programs (QRTF) will ensure that young people who are struggling with their own substance use disorder or mental health issues have full access to clinically appropriate residential treatment options and that a continuum of quality services are available to help them transition back home to their families. Moreover, improving and expediting an effective assessment process and increasing judicial oversight of placement decisions on an ongoing basis also represent significant progress in connecting young people with the right services on a timely basis while also

maintaining positive family and community connections.

Untreated substance use disorders are among the most critical and devastating crises facing the nation's children and families. Thanks to the leadership and bipartisanship demonstrated by members of the House Ways and Means and Senate Finance Committees, H.R. 5456 offers a range of innovative solutions designed to keep children and families together and provide the services and supports they need to lead healthy and productive lives. We are deeply appreciative of your collective work on this bill and are confident that, if passed, it will continue to help thousands children and families, now and for years to come.

Sincerely,

NANCY K. YOUNG,
Ph.D., Director.
SIDNEY L. GARDNER,
M.P.A., President.

IN RECOGNITION OF ABBY
STEINER

HON. PATRICK J. TIBERI

OF OHIO

IN THE HOUSE OF REPRESENTATIVES

Wednesday, July 6, 2016

Mr. TIBERI. Mr. Speaker, I rise today to recognize Abby Steiner of Dublin Coffman High School for winning the Girls 100 and 200 Meter Dash in the Ohio High School Division I Track and Field State Championship.

An achievement such as this certainly deserves recognition. The Ohio High School Athletic Association has enabled talented teams and individuals to earn state titles since its founding in 1907. Throughout this time, the champions of OHSA state level competitions have represented the highest achieving and most talented athletes in Ohio. Each year these elite competitors join the ranks of those who embody Ohio's proud history of athletic success.

Abby's victory caps a tremendous season. This sort of achievement is earned only through many hours of practice, perspiration and hard work. She has set a new standard for future athletes to reach. Everyone at Dublin Coffman High School can be extremely proud of her performance.

On behalf of the citizens of Ohio's 12th Congressional District, I congratulate Abby Steiner on her state championships. I wish her continued success in both her athletic and academic endeavors.

HONORING THE CAREER OF SALLY
DENISE THORNBURG

HON. JUAN VARGAS

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, July 6, 2016

Mr. VARGAS. Mr. Speaker, I rise today to honor Sally Denise Thornburg who is set to retire after beginning her career in nursing in 1973. During her 43-year career, Denise served in many roles, including Charge Nurse, Clinical Manager of the medical floor and nursing in the Intensive Care Unit.

Sally Denise Thornburg joined El Centro Regional Medical Center (ECRMC) in 1973 after graduating from Imperial Valley College