

and comprehensive health coverage—but I don't think individuals who are covered through IHS or tribal medical care programs should be forced to forgo one insurance or the other.

Mr. Speaker, I reserve the balance of my time.

□ 1915

Mr. SMITH of Nebraska. Mr. Speaker, I yield 2 minutes to the gentleman from Michigan (Mr. MOOLENAAR), a member of the Science, Space, and Technology Committee, the Budget Committee, and the Agriculture Committee.

Mr. MOOLENAAR. Mr. Speaker, I thank Chairman BRADY of the House Committee on Ways and Means, Congressman PAULSEN, Congresswoman NOEM, and Congressman BLUMENAUER for cosponsoring this bipartisan legislation. I also thank the gentleman from Michigan (Mr. LEVIN) for his comments.

This legislation today before the House, H.R. 5452, will improve access to health savings accounts for Native Americans who choose to receive care at Indian Health Service facilities by ending an unnecessary penalty against them.

Currently, Native Americans are not allowed to contribute to their own health savings accounts for 3 months after receiving care at an Indian Health Service facility. These accounts can be a useful tool for families to cover the cost of deductibles, copayments, and coinsurance. However, current policy prevents this ability for Native Americans, and the 3-month waiting period limits their access to services that can help with treating high-risk health conditions.

This commonsense legislation eliminates the waiting period so Native Americans don't have to wait to save their hard-earned money to make their own healthcare choices and to receive treatment from Indian Health Service doctors. Today's legislation advances a bipartisan, patient-centered solution to an unfortunate, government-created problem. It will benefit all Native Americans who use HSAs, and I am glad that we can eliminate this unfair Federal penalty against them.

I thank my colleagues for their support of this legislation.

Mr. LEVIN. Mr. Speaker, let me just mention that Mr. BLUMENAUER wanted to be here but, because of the weather, he has just been unable to arrive. I think the majority may have the same problem.

I yield back the balance of my time.

Mr. SMITH of Nebraska. Mr. Speaker, I yield myself such time as I may consume.

I would add that Representative NOEM faced a similar situation with air travel and the weather.

Mr. Speaker, about 20 million Americans are covered by a high deductible health plan with an HSA. These options are an increasingly popular option, and it is a popular option that

many Native Americans would like to take advantage of. So let's come together and make sure that any current law practices that could dissuade tribal members from participation in an HSA-eligible plan would be reversed.

I urge my colleague to join me and support H.R. 5452.

I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Nebraska (Mr. SMITH) that the House suspend the rules and pass the bill, H.R. 5452, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

A motion to reconsider was laid on the table.

#### FAMILY FIRST PREVENTION SERVICES ACT OF 2016

Mr. BUCHANAN. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 5456) to amend parts B and E of title IV of the Social Security Act to invest in funding prevention and family services to help keep children safe and supported at home, to ensure that children in foster care are placed in the least restrictive, most family-like, and appropriate settings, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 5456

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,*

#### SECTION 1. SHORT TITLE.

*This Act may be cited as the "Family First Prevention Services Act of 2016".*

#### SEC. 2. TABLE OF CONTENTS.

*The table of contents for this Act is as follows:*

*Sec. 1. Short title.*

*Sec. 2. Table of contents.*

#### TITLE I—INVESTING IN PREVENTION AND FAMILY SERVICES

*Sec. 101. Purpose.*

*Subtitle A—Prevention Activities Under Title IV—E*

*Sec. 111. Foster care prevention services and programs.*

*Sec. 112. Foster care maintenance payments for children with parents in a licensed residential family-based treatment facility for substance abuse.*

*Sec. 113. Title IV—E payments for evidence-based kinship navigator programs.*

*Subtitle B—Enhanced Support Under Title IV—B*

*Sec. 121. Elimination of time limit for family reunification services while in foster care and permitting time-limited family reunification services when a child returns home from foster care.*

*Sec. 122. Reducing bureaucracy and unnecessary delays when placing children in homes across State lines.*

*Sec. 123. Enhancements to grants to improve well-being of families affected by substance abuse.*

*Subtitle C—Miscellaneous*

*Sec. 131. Reviewing and improving licensing standards for placement in a relative foster family home.*

*Sec. 132. Development of a statewide plan to prevent child abuse and neglect fatalities.*

*Sec. 133. Modernizing the title and purpose of title IV—E.*

*Sec. 134. Effective dates.*

#### TITLE II—ENSURING THE NECESSITY OF A PLACEMENT THAT IS NOT IN A FOSTER FAMILY HOME

*Sec. 201. Limitation on Federal financial participation for placements that are not in foster family homes.*

*Sec. 202. Assessment and documentation of the need for placement in a qualified residential treatment program.*

*Sec. 203. Protocols to prevent inappropriate diagnoses.*

*Sec. 204. Additional data and reports regarding children placed in a setting that is not a foster family home.*

*Sec. 205. Effective dates; application to waivers.*

#### TITLE III—CONTINUING SUPPORT FOR CHILD AND FAMILY SERVICES

*Sec. 301. Supporting and retaining foster families for children.*

*Sec. 302. Extension of child and family services programs.*

*Sec. 303. Improvements to the John H. Chafee Foster Care Independence Program and related provisions.*

#### TITLE IV—CONTINUING INCENTIVES TO STATES TO PROMOTE ADOPTION AND LEGAL GUARDIANSHIP

*Sec. 401. Reauthorizing adoption and legal guardianship incentive programs.*

#### TITLE V—TECHNICAL CORRECTIONS

*Sec. 501. Technical corrections to data exchange standards to improve program coordination.*

*Sec. 502. Technical corrections to State requirements to address the developmental needs of young children.*

#### TITLE VI—ENSURING STATES REINVEST SAVINGS RESULTING FROM INCREASE IN ADOPTION ASSISTANCE

*Sec. 601. Delay of adoption assistance phase-in.*

*Sec. 602. GAO study and report on State reinvestment of savings resulting from increase in adoption assistance.*

#### TITLE I—INVESTING IN PREVENTION AND FAMILY SERVICES

##### SEC. 101. PURPOSE.

*The purpose of this title is to enable States to use Federal funds available under parts B and E of title IV of the Social Security Act to provide enhanced support to children and families and prevent foster care placements through the provision of mental health and substance abuse prevention and treatment services, in-home parent skill-based programs, and kinship navigator services.*

##### Subtitle A—Prevention Activities Under Title IV—E

##### SEC. 111. FOSTER CARE PREVENTION SERVICES AND PROGRAMS.

*(a) STATE OPTION.—Section 471 of the Social Security Act (42 U.S.C. 671) is amended—*

*(1) in subsection (a)(1), by striking "and" and all that follows through the semicolon and inserting " , adoption assistance in accordance with section 473, and, at the option of the State, services or programs specified in subsection (e)(1) of this section for children who are candidates for foster care or who are pregnant or parenting foster youth and the parents or kin caregivers of the children, in accordance with the requirements of that subsection;" ; and*

*(2) by adding at the end the following:*

*"(e) PREVENTION AND FAMILY SERVICES AND PROGRAMS.—*

*"(1) IN GENERAL.—Subject to the succeeding provisions of this subsection, the Secretary may make a payment to a State for providing the following services or programs for a child described*

in paragraph (2) and the parents or kin caregivers of the child when the need of the child, such as a parent, or such a caregiver for the services or programs are directly related to the safety, permanence, or well-being of the child or to preventing the child from entering foster care:

“(A) MENTAL HEALTH AND SUBSTANCE ABUSE PREVENTION AND TREATMENT SERVICES.—Mental health and substance abuse prevention and treatment services provided by a qualified clinician for not more than a 12-month period that begins on any date described in paragraph (3) with respect to the child.

“(B) IN-HOME PARENT SKILL-BASED PROGRAMS.—In-home parent skill-based programs for not more than a 12-month period that begins on any date described in paragraph (3) with respect to the child and that include parenting skills training, parent education, and individual and family counseling.

“(2) CHILD DESCRIBED.—For purposes of paragraph (1), a child described in this paragraph is the following:

“(A) A child who is a candidate for foster care (as defined in section 475(13)) but can remain safely at home or in a kinship placement with receipt of services or programs specified in paragraph (1).

“(B) A child in foster care who is a pregnant or parenting foster youth.

“(3) DATE DESCRIBED.—For purposes of paragraph (1), the dates described in this paragraph are the following:

“(A) The date on which a child is identified in a prevention plan maintained under paragraph (4) as a child who is a candidate for foster care (as defined in section 475(13)).

“(B) The date on which a child is identified in a prevention plan maintained under paragraph (4) as a pregnant or parenting foster youth in need of services or programs specified in paragraph (1).

“(4) REQUIREMENTS RELATED TO PROVIDING SERVICES AND PROGRAMS.—Services and programs specified in paragraph (1) may be provided under this subsection only if specified in advance in the child’s prevention plan described in subparagraphs (A) and the requirements in subparagraphs (B) through (E) are met:

“(A) PREVENTION PLAN.—The State maintains a written prevention plan for the child that meets the following requirements (as applicable):

“(i) CANDIDATES.—In the case of a child who is a candidate for foster care described in paragraph (2)(A), the prevention plan shall—

“(I) identify the foster care prevention strategy for the child so that the child may remain safely at home, live temporarily with a kin caregiver until reunification can be safely achieved, or live permanently with a kin caregiver;

“(II) list the services or programs to be provided to or on behalf of the child to ensure the success of that prevention strategy; and

“(III) comply with such other requirements as the Secretary shall establish.

“(ii) PREGNANT OR PARENTING FOSTER YOUTH.—In the case of a child who is a pregnant or parenting foster youth described in paragraph (2)(B), the prevention plan shall—

“(I) be included in the child’s case plan required under section 475(1);

“(II) list the services or programs to be provided to or on behalf of the youth to ensure that the youth is prepared (in the case of a pregnant foster youth) or able (in the case of a parenting foster youth) to be a parent;

“(III) describe the foster care prevention strategy for any child born to the youth; and

“(IV) comply with such other requirements as the Secretary shall establish.

“(B) TRAUMA-INFORMED.—The services or programs to be provided to or on behalf of a child are provided under an organizational structure and treatment framework that involves understanding, recognizing, and responding to the effects of all types of trauma and in accordance with recognized principles of a trauma-informed approach and trauma-specific interventions to

address trauma’s consequences and facilitate healing.

“(C) ONLY SERVICES AND PROGRAMS PROVIDED IN ACCORDANCE WITH PROMISING, SUPPORTED, OR WELL-SUPPORTED PRACTICES PERMITTED.—

“(i) IN GENERAL.—Only State expenditures for services or programs specified in subparagraph (A) or (B) of paragraph (1) that are provided in accordance with practices that meet the requirements specified in clause (ii) of this subparagraph and that meet the requirements specified in clause (iii), (iv), or (v), respectively, for being a promising, supported, or well-supported practice, shall be eligible for a Federal matching payment under section 474(a)(6)(A).

“(ii) GENERAL PRACTICE REQUIREMENTS.—The general practice requirements specified in this clause are the following:

“(I) The practice has a book, manual, or other available writings that specify the components of the practice protocol and describe how to administer the practice.

“(II) There is no empirical basis suggesting that, compared to its likely benefits, the practice constitutes a risk of harm to those receiving it.

“(III) If multiple outcome studies have been conducted, the overall weight of evidence supports the benefits of the practice.

“(IV) Outcome measures are reliable and valid, and are administrated consistently and accurately across all those receiving the practice.

“(V) There is no case data suggesting a risk of harm that was probably caused by the treatment and that was severe or frequent.

“(iii) PROMISING PRACTICE.—A practice shall be considered to be a ‘promising practice’ if the practice is superior to an appropriate comparison practice using conventional standards of statistical significance (in terms of demonstrated meaningful improvements in validated measures of important child and parent outcomes, such as mental health, substance abuse, and child safety and well-being), as established by the results or outcomes of at least 1 study that—

“(I) was rated by an independent systematic review for the quality of the study design and execution and determined to be well-designed and well-executed; and

“(II) utilized some form of control (such as an untreated group, a placebo group, or a wait list study).

“(iv) SUPPORTED PRACTICE.—A practice shall be considered to be a ‘supported practice’ if—

“(I) the practice is superior to an appropriate comparison practice using conventional standards of statistical significance (in terms of demonstrated meaningful improvements in validated measures of important child and parent outcomes, such as mental health, substance abuse, and child safety and well-being), as established by the results or outcomes of at least 1 study that—

“(aa) was rated by an independent systematic review for the quality of the study design and execution and determined to be well-designed and well-executed;

“(bb) was a rigorous random-controlled trial (or, if not available, a study using a rigorous quasi-experimental research design); and

“(cc) was carried out in a usual care or practice setting; and

“(II) the study described in subclause (I) established that the practice has a sustained effect (when compared to a control group) for at least 6 months beyond the end of the treatment.

“(v) WELL-SUPPORTED PRACTICE.—A practice shall be considered to be a ‘well-supported practice’ if—

“(I) the practice is superior to an appropriate comparison practice using conventional standards of statistical significance (in terms of demonstrated meaningful improvements in validated measures of important child and parent outcomes, such as mental health, substance abuse, and child safety and well-being), as established by the results or outcomes of at least 2 studies that—

“(aa) were rated by an independent systematic review for the quality of the study design and execution and determined to be well-designed and well-executed;

“(bb) were rigorous random-controlled trials (or, if not available, studies using a rigorous quasi-experimental research design); and

“(cc) were carried out in a usual care or practice setting; and

“(II) at least 1 of the studies described in subclause (I) established that the practice has a sustained effect (when compared to a control group) for at least 1 year beyond the end of treatment.

“(D) GUIDANCE ON PRACTICES CRITERIA AND PRE-APPROVED SERVICES AND PROGRAMS.—

“(i) IN GENERAL.—Not later than October 1, 2018, the Secretary shall issue guidance to States regarding the practices criteria required for services or programs to satisfy the requirements of subparagraph (C). The guidance shall include a pre-approved list of services and programs that satisfy the requirements.

“(ii) UPDATES.—The Secretary shall issue updates to the guidance required by clause (i) as often as the Secretary determines necessary.

“(E) OUTCOME ASSESSMENT AND REPORTING.—The State shall collect and report to the Secretary the following information with respect to each child for whom, or on whose behalf mental health and substance abuse prevention and treatment services or in-home parent skill-based programs are provided during a 12-month period beginning on the date the child is determined by the State to be a child described in paragraph (2):

“(i) The specific services or programs provided and the total expenditures for each of the services or programs.

“(ii) The duration of the services or programs provided.

“(iii) In the case of a child described in paragraph (2)(A), the child’s placement status at the beginning, and at the end, of the 1-year period, respectively, and whether the child entered foster care within 2 years after being determined a candidate for foster care.

“(5) STATE PLAN COMPONENT.—

“(A) IN GENERAL.—A State electing to provide services or programs specified in paragraph (1) shall submit as part of the State plan required by subsection (a) a prevention services and programs plan component that meets the requirements of subparagraph (B).

“(B) PREVENTION SERVICES AND PROGRAMS PLAN COMPONENT.—In order to meet the requirements of this subparagraph, a prevention services and programs plan component, with respect to each 5-year period for which the plan component is in operation in the State, shall include the following:

“(i) How providing services and programs specified in paragraph (1) is expected to improve specific outcomes for children and families.

“(ii) How the State will monitor and oversee the safety of children who receive services and programs specified in paragraph (1), including through periodic risk assessments throughout the period in which the services and programs are provided on behalf of a child and reexamination of the prevention plan maintained for the child under paragraph (4) for the provision of the services or programs if the State determines the risk of the child entering foster care remains high despite the provision of the services or programs.

“(iii) With respect to the services and programs specified in subparagraphs (A) and (B) of paragraph (1), information on the specific promising, supported, or well-supported practices the State plans to use to provide the services or programs, including a description of—

“(I) the services or programs and whether the practices used are promising, supported, or well-supported;

“(II) how the State plans to implement the services or programs, including how implementation of the services or programs will be continuously monitored to ensure fidelity to the

practice model and to determine outcomes achieved and how information learned from the monitoring will be used to refine and improve practices;

“(II) how the State selected the services or programs;

“(IV) the target population for the services or programs; and

“(V) how each service or program provided will be evaluated through a well-designed and rigorous process, which may consist of an ongoing, cross-site evaluation approved by the Secretary.

“(iv) A description of the consultation that the State agencies responsible for administering the State plans under this part and part B engage in with other State agencies responsible for administering health programs, including mental health and substance abuse prevention and treatment services, and with other public and private agencies with experience in administering child and family services, including community-based organizations, in order to foster a continuum of care for children described in paragraph (2) and their parents or kin caregivers.

“(v) A description of how the State shall assess children and their parents or kin caregivers to determine eligibility for services or programs specified in paragraph (1).

“(vi) A description of how the services or programs specified in paragraph (1) that are provided for or on behalf of a child and the parents or kin caregivers of the child will be coordinated with other child and family services provided to the child and the parents or kin caregivers of the child under the State plan under part B.

“(vii) Descriptions of steps the State is taking to support and enhance a competent, skilled, and professional child welfare workforce to deliver trauma-informed and evidence-based services, including—

“(I) ensuring that staff is qualified to provide services or programs that are consistent with the promising, supported, or well-supported practice models selected; and

“(II) developing appropriate prevention plans, and conducting the risk assessments required under clause (ii).

“(viii) A description of how the State will provide training and support for caseworkers in assessing what children and their families need, connecting to the families served, knowing how to access and deliver the needed trauma-informed and evidence-based services, and overseeing and evaluating the continuing appropriateness of the services.

“(ix) A description of how caseload size and type for prevention caseworkers will be determined, managed, and overseen.

“(x) An assurance that the State will report to the Secretary such information and data as the Secretary may require with respect to the provision of services and programs specified in paragraph (1), including information and data necessary to determine the performance measures for the State under paragraph (6) and compliance with paragraph (7).

“(C) REIMBURSEMENT FOR SERVICES UNDER THE PREVENTION PLAN COMPONENT.—

“(i) LIMITATION.—Except as provided in subclause (ii), a State may not receive a Federal payment under this part for a given promising, supported, or well-supported practice unless (in accordance with subparagraph (B)(iii)(V)) the plan includes a well-designed and rigorous evaluation strategy for that practice.

“(ii) WAIVER OF LIMITATION.—The Secretary may waive the requirement for a well-designed and rigorous evaluation of any well-supported practice if the Secretary deems the evidence of the effectiveness of the practice to be compelling and the State meets the continuous quality improvement requirements included in subparagraph (B)(iii)(II) with regard to the practice.

“(6) PREVENTION SERVICES MEASURES.—

“(A) ESTABLISHMENT; ANNUAL UPDATES.—Beginning with fiscal year 2021, and annually

thereafter, the Secretary shall establish the following prevention services measures based on information and data reported by States that elect to provide services and programs specified in paragraph (1):

“(i) PERCENTAGE OF CANDIDATES FOR FOSTER CARE WHO DO NOT ENTER FOSTER CARE.—The percentage of candidates for foster care for whom, or on whose behalf, the services or programs are provided who do not enter foster care, including those placed with a kin caregiver outside of foster care, during the 12-month period in which the services or programs are provided and through the end of the succeeding 12-month-period.

“(ii) PER-CHILD SPENDING.—The total amount of expenditures made for mental health and substance abuse prevention and treatment services or in-home parent skill-based programs, respectively, for, or on behalf of, each child described in paragraph (2).

“(B) DATA.—The Secretary shall establish and annually update the prevention services measures—

“(i) based on the median State values of the information reported under each clause of subparagraph (A) for the 3 then most recent years; and

“(ii) taking into account State differences in the price levels of consumption goods and services using the most recent regional price parities published by the Bureau of Economic Analysis of the Department of Commerce or such other data as the Secretary determines appropriate.

“(C) PUBLICATION OF STATE PREVENTION SERVICES MEASURES.—The Secretary shall annually make available to the public the prevention services measures of each State.

“(7) MAINTENANCE OF EFFORT FOR STATE FOSTER CARE PREVENTION EXPENDITURES.—

“(A) IN GENERAL.—If a State elects to provide services and programs specified in paragraph (1) for a fiscal year, the State foster care prevention expenditures for the fiscal year shall not be less than the amount of the expenditures for fiscal year 2014.

“(B) STATE FOSTER CARE PREVENTION EXPENDITURES.—The term ‘State foster care prevention expenditures’ means the following:

“(i) TANF; IV–B; SSBG.—State expenditures for foster care prevention services and activities under the State program funded under part A (including from amounts made available by the Federal Government), under the State plan developed under part B (including any such amounts), or under the Social Services Block Grant Programs under subtitle A of title XX (including any such amounts).

“(ii) OTHER STATE PROGRAMS.—State expenditures for foster care prevention services and activities under any State program that is not described in clause (i) (other than any State expenditures for foster care prevention services and activities under the State program under this part (including under a waiver of the program)).

“(C) STATE EXPENDITURES.—The term ‘State expenditures’ means all State or local funds that are expended by the State or a local agency including State or local funds that are matched or reimbursed by the Federal Government and State or local funds that are not matched or reimbursed by the Federal Government.

“(D) DETERMINATION OF PREVENTION SERVICES AND ACTIVITIES.—The Secretary shall require each State that elects to provide services and programs specified in paragraph (1) to report the expenditures specified in subparagraph (B) for fiscal year 2014 and for such fiscal years thereafter as are necessary to determine whether the State is complying with the maintenance of effort requirement in subparagraph (A). The Secretary shall specify the specific services and activities under each program referred to in subparagraph (B) that are ‘prevention services and activities’ for purposes of the reports.

“(8) PROHIBITION AGAINST USE OF STATE FOSTER CARE PREVENTION EXPENDITURES AND FED-

ERAL IV-E PREVENTION FUNDS FOR MATCHING OR EXPENDITURE REQUIREMENT.—A State that elects to provide services and programs specified in paragraph (1) shall not use any State foster care prevention expenditures for a fiscal year for the State share of expenditures under section 474(a)(6) for a fiscal year.

“(9) ADMINISTRATIVE COSTS.—Expenditures described in section 474(a)(6)(B)—

“(A) shall not be eligible for payment under subparagraph (A), (B), or (E) of section 474(a)(3); and

“(B) shall be eligible for payment under section 474(a)(6)(B) without regard to whether the expenditures are incurred on behalf of a child who is, or is potentially, eligible for foster care maintenance payments under this part.

“(10) APPLICATION.—The provision of services or programs under this subsection to or on behalf of a child described in paragraph (2) shall not be considered to be receipt of aid or assistance under the State plan under this part for purposes of eligibility for any other program established under this Act.”

(b) DEFINITION.—Section 475 of such Act (42 U.S.C. 675) is amended by adding at the end the following:

“(13) The term ‘child who is a candidate for foster care’ means, a child who is identified in a prevention plan under section 471(e)(4)(A) as being at imminent risk of entering foster care (without regard to whether the child would be eligible for foster care maintenance payments under section 472 or is or would be eligible for adoption assistance or kinship guardianship assistance payments under section 473) but who can remain safely in the child’s home or in a kinship placement as long as services or programs specified in section 471(e)(1) that are necessary to prevent the entry of the child into foster care are provided. The term includes a child whose adoption or guardianship arrangement is at risk of a disruption or dissolution that would result in a foster care placement.”

(c) PAYMENTS UNDER TITLE IV–E.—Section 474(a) of such Act (42 U.S.C. 674(a)) is amended—

(1) in paragraph (5), by striking the period at the end and inserting “; plus”; and

(2) by adding at the end the following:

“(6) subject to section 471(e)—

“(A) for each quarter—

“(i) subject to clause (ii)—

“(I) beginning after September 30, 2019, and before October 1, 2025, an amount equal to 50 percent of the total amount expended during the quarter for the provision of services or programs specified in subparagraph (A) or (B) of section 471(e)(1) that are provided in accordance with promising, supported, or well-supported practices that meet the applicable criteria specified for the practices in section 471(e)(4)(C); and

“(II) beginning after September 30, 2025, an amount equal to the Federal medical assistance percentage (which shall be as defined in section 1905(b), in the case of a State other than the District of Columbia, or 70 percent, in the case of the District of Columbia) of the total amount expended during the quarter for the provision of services or programs specified in subparagraph (A) or (B) of section 471(e)(1) that are provided in accordance with promising, supported, or well-supported practices that meet the applicable criteria specified for the practices in section 471(e)(4)(C) (or, with respect to the payments made during the quarter under a cooperative agreement or contract entered into by the State and an Indian tribe, tribal organization, or tribal consortium for the administration or payment of funds under this part, an amount equal to the Federal medical assistance percentage that would apply under section 479B(d) (in this paragraph referred to as the ‘tribal FMAP’) if the Indian tribe, tribal organization, or tribal consortium made the payments under a program operated under that section, unless the tribal FMAP is less than the Federal medical assistance percentage that applies to the State); except that

“(ii) not less than 50 percent of the total amount payable to a State under clause (i) for a fiscal year shall be for the provision of services or programs specified in subparagraph (A) or (B) of section 471(e)(1) that are provided in accordance with well-supported practices; plus

“(B) for each quarter specified in subparagraph (A), an amount equal to the sum of the following proportions of the total amount expended during the quarter:

“(i) 50 percent of so much of the expenditures as are found necessary by the Secretary for the proper and efficient administration of the State plan for the provision of services or programs specified in section 471(e)(1), including expenditures for activities approved by the Secretary that promote the development of necessary processes and procedures to establish and implement the provision of the services and programs for individuals who are eligible for the services and programs and expenditures attributable to data collection and reporting; and

“(ii) 50 percent of so much of the expenditures with respect to the provision of services and programs specified in section 471(e)(1) as are for training of personnel employed or preparing for employment by the State agency or by the local agency administering the plan in the political subdivision and of the members of the staff of State-licensed or State-approved child welfare agencies providing services to children described in section 471(e)(2) and their parents or kin caregivers, including on how to determine who are individuals eligible for the services or programs, how to identify and provide appropriate services and programs, and how to oversee and evaluate the ongoing appropriateness of the services and programs.”

(d) **TECHNICAL ASSISTANCE AND BEST PRACTICES, CLEARINGHOUSE, AND DATA COLLECTION AND EVALUATIONS.**—Section 476 of such Act (42 U.S.C. 676) is amended by adding at the end the following:

“(d) **TECHNICAL ASSISTANCE AND BEST PRACTICES, CLEARINGHOUSE, DATA COLLECTION, AND EVALUATIONS RELATING TO PREVENTION SERVICES AND PROGRAMS.**—

“(1) **TECHNICAL ASSISTANCE AND BEST PRACTICES.**—The Secretary shall provide to States and, as applicable, to Indian tribes, tribal organizations, and tribal consortia, technical assistance regarding the provision of services and programs described in section 471(e)(1) and shall disseminate best practices with respect to the provision of the services and programs, including how to plan and implement a well-designed and rigorous evaluation of a promising, supported, or well-supported practice.

“(2) **CLEARINGHOUSE OF PROMISING, SUPPORTED, AND WELL-SUPPORTED PRACTICES.**—The Secretary shall, directly or through grants, contracts, or interagency agreements, evaluate research on the practices specified in clauses (iii), (iv), and (v), respectively, of section 471(e)(4)(C), and programs that meet the requirements described in section 427(a)(1), including culturally specific, or location- or population-based adaptations of the practices, to identify and establish a public clearinghouse of the practices that satisfy each category described by such clauses. In addition, the clearinghouse shall include information on the specific outcomes associated with each practice, including whether the practice has been shown to prevent child abuse and neglect and reduce the likelihood of foster care placement by supporting birth families and kinship families and improving targeted supports for pregnant and parenting youth and their children.

“(3) **DATA COLLECTION AND EVALUATIONS.**—The Secretary, directly or through grants, contracts, or interagency agreements, may collect data and conduct evaluations with respect to the provision of services and programs described in section 471(e)(1) for purposes of assessing the extent to which the provision of the services and programs—

“(A) reduces the likelihood of foster care placement;

“(B) increases use of kinship care arrangements; or

“(C) improves child well-being.

“(4) **REPORTS TO CONGRESS.**—

“(A) **IN GENERAL.**—The Secretary shall submit to the Committee on Finance of the Senate and the Committee on Ways and Means of the House of Representatives periodic reports based on the provision of services and programs described in section 471(e)(1) and the activities carried out under this subsection.

“(B) **PUBLIC AVAILABILITY.**—The Secretary shall make the reports to Congress submitted under this paragraph publicly available.

“(5) **APPROPRIATION.**—Out of any money in the Treasury of the United States not otherwise appropriated, there is appropriated to the Secretary \$1,000,000 for fiscal year 2016 and each fiscal year thereafter to carry out this subsection.”

(e) **APPLICATION TO PROGRAMS OPERATED BY INDIAN TRIBAL ORGANIZATIONS.**—

(1) **IN GENERAL.**—Section 479B of such Act (42 U.S.C. 679c) is amended—

(A) in subsection (e)(1)—

(i) in subparagraph (C)(i)—

(I) in subclause (II), by striking “and” after the semicolon;

(II) in subclause (III), by striking the period at the end and inserting “; and”; and

(III) by adding at the end the following:

“(IV) at the option of the tribe, organization, or consortium, services and programs specified in section 471(e)(1) to children described in section 471(e)(2) and their parents or kin caregivers, in accordance with section 471(e) and subparagraph (E).”; and

(ii) by adding at the end the following:

“(E) **PREVENTION SERVICES AND PROGRAMS FOR CHILDREN AND THEIR PARENTS AND KIN CAREGIVERS.**—

“(i) **IN GENERAL.**—In the case of a tribe, organization, or consortium that elects to provide services and programs specified in section 471(e)(1) to children described in section 471(e)(2) and their parents or kin caregivers under the plan, the Secretary shall specify the requirements applicable to the provision of the services and programs. The requirements shall, to the greatest extent practicable, be consistent with the requirements applicable to States under section 471(e) and shall permit the provision of the services and programs in the form of services and programs that are adapted to the culture and context of the tribal communities served.

“(ii) **PERFORMANCE MEASURES.**—The Secretary shall establish specific performance measures for each tribe, organization, or consortium that elects to provide services and programs specified in section 471(e)(1). The performance measures shall, to the greatest extent practicable, be consistent with the prevention services measures required for States under section 471(e)(6) but shall allow for consideration of factors unique to the provision of the services by tribes, organizations, or consortia.”; and

(B) in subsection (d)(1), by striking “and (5)” and inserting “(5), and (6)(A)”.

(2) **CONFORMING AMENDMENT.**—The heading for subsection (d) of section 479B of such Act (42 U.S.C. 679c) is amended by striking “FOR FOSTER CARE MAINTENANCE AND ADOPTION ASSISTANCE PAYMENTS”.

**SEC. 112. FOSTER CARE MAINTENANCE PAYMENTS FOR CHILDREN WITH PARENTS IN A LICENSED RESIDENTIAL FAMILY-BASED TREATMENT FACILITY FOR SUBSTANCE ABUSE.**

(a) **IN GENERAL.**—Section 472 of the Social Security Act (42 U.S.C. 672) is amended—

(1) in subsection (a)(2)(C), by striking “or” and inserting “, with a parent residing in a licensed residential family-based treatment facility, but only to the extent permitted under subsection (j), or in a”; and

(2) by adding at the end the following:

“(j) **CHILDREN PLACED WITH A PARENT RESIDING IN A LICENSED RESIDENTIAL FAMILY-BASED TREATMENT FACILITY FOR SUBSTANCE ABUSE.**—

“(1) **IN GENERAL.**—Notwithstanding the preceding provisions of this section, a child who is eligible for foster care maintenance payments under this section, or who would be eligible for the payments if the eligibility were determined without regard to paragraphs (1)(B) and (3) of subsection (a), shall be eligible for the payments for a period of not more than 12 months during which the child is placed with a parent who is in a licensed residential family-based treatment facility for substance abuse, but only if—

“(A) the recommendation for the placement is specified in the child’s case plan before the placement;

“(B) the treatment facility provides, as part of the treatment for substance abuse, parenting skills training, parent education, and individual and family counseling; and

“(C) the substance abuse treatment, parenting skills training, parent education, and individual and family counseling is provided under an organizational structure and treatment framework that involves understanding, recognizing, and responding to the effects of all types of trauma and in accordance with recognized principles of a trauma-informed approach and trauma-specific interventions to address the consequences of trauma and facilitate healing.

“(2) **APPLICATION.**—With respect to children for whom foster care maintenance payments are made under paragraph (1), only the children who satisfy the requirements of paragraphs (1)(B) and (3) of subsection (a) shall be considered to be children with respect to whom foster care maintenance payments are made under this section for purposes of subsection (h) or section 473(b)(3)(B).”

(b) **CONFORMING AMENDMENT.**—Section 474(a)(1) of such Act (42 U.S.C. 674(a)(1)) is amended by inserting “subject to section 472(j),” before “an amount equal to the Federal” the 1st place it appears.

**SEC. 113. TITLE IV-E PAYMENTS FOR EVIDENCE-BASED KINSHIP NAVIGATOR PROGRAMS.**

Section 474(a) of the Social Security Act (42 U.S.C. 674(a)), as amended by section 111(c), is amended—

(1) in paragraph (6), by striking the period at the end and inserting “; plus”; and

(2) by adding at the end the following:

“(7) an amount equal to 50 percent of the amounts expended by the State during the quarter as the Secretary determines are for kinship navigator programs that meet the requirements described in section 427(a)(1) and that the Secretary determines are operated in accordance with promising, supported, or well-supported practices that meet the applicable criteria specified for the practices in section 471(e)(4)(C), without regard to whether the expenditures are incurred on behalf of children who are, or are potentially, eligible for foster care maintenance payments under this part.”

**Subtitle B—Enhanced Support Under Title IV-B**

**SEC. 121. ELIMINATION OF TIME LIMIT FOR FAMILY REUNIFICATION SERVICES WHILE IN FOSTER CARE AND PERMITTING TIME-LIMITED FAMILY REUNIFICATION SERVICES WHEN A CHILD RETURNS HOME FROM FOSTER CARE.**

(a) **IN GENERAL.**—Section 431(a)(7) of the Social Security Act (42 U.S.C. 629a(a)(7)) is amended—

(1) in the paragraph heading, by striking “TIME-LIMITED FAMILY” and inserting “FAMILY”; and

(2) in subparagraph (A)—

(A) by striking “time-limited family” and inserting “family”; and

(B) by inserting “or a child who has been returned home” after “child care institution”; and

(C) by striking “, but only during the 15-month period that begins on the date that the child, pursuant to section 475(5)(F), is considered to have entered foster care” and inserting

“and to ensure the strength and stability of the reunification. In the case of a child who has been returned home, the services and activities shall only be provided during the 15-month period that begins on the date that the child returns home”.

(b) CONFORMING AMENDMENTS.—

(1) Section 430 of such Act (42 U.S.C. 629) is amended in the matter preceding paragraph (1), by striking “time-limited”.

(2) Subsections (a)(4), (a)(5)(A), and (b)(1) of section 432 of such Act (42 U.S.C. 629b) are amended by striking “time-limited” each place it appears.

**SEC. 122. REDUCING BUREAUCRACY AND UNNECESSARY DELAYS WHEN PLACING CHILDREN IN HOMES ACROSS STATE LINES.**

(a) STATE PLAN REQUIREMENT.—Section 471(a)(25) of the Social Security Act (42 U.S.C. 671(a)(25)) is amended—

(1) by striking “provide” and insert “provide”; and

(2) by inserting “, which, not later than October 1, 2026, shall include the use of an electronic interstate case-processing system” before the 1st semicolon.

(b) GRANTS FOR THE DEVELOPMENT OF AN ELECTRONIC INTERSTATE CASE-PROCESSING SYSTEM TO EXPEDITE THE INTERSTATE PLACEMENT OF CHILDREN IN FOSTER CARE OR GUARDIANSHIP, OR FOR ADOPTION.—Section 437 of such Act (42 U.S.C. 629g) is amended by adding at the end the following:

“(g) GRANTS FOR THE DEVELOPMENT OF AN ELECTRONIC INTERSTATE CASE-PROCESSING SYSTEM TO EXPEDITE THE INTERSTATE PLACEMENT OF CHILDREN IN FOSTER CARE OR GUARDIANSHIP, OR FOR ADOPTION.—

“(1) PURPOSE.—The purpose of this subsection is to facilitate the development of an electronic interstate case-processing system for the exchange of data and documents to expedite the placements of children in foster, guardianship, or adoptive homes across State lines.

“(2) APPLICATION REQUIREMENTS.—A State that desires a grant under this subsection shall submit to the Secretary an application containing the following:

“(A) A description of the goals and outcomes to be achieved during the period for which grant funds are sought, which goals and outcomes must result in—

“(i) reducing the time it takes for a child to be provided with a safe and appropriate permanent living arrangement across State lines;

“(ii) improving administrative processes and reducing costs in the foster care system; and

“(iii) the secure exchange of relevant case files and other necessary materials in real time, and timely communications and placement decisions regarding interstate placements of children.

“(B) A description of the activities to be funded in whole or in part with the grant funds, including the sequencing of the activities.

“(C) A description of the strategies for integrating programs and services for children who are placed across State lines.

“(D) Such other information as the Secretary may require.

“(3) GRANT AUTHORITY.—The Secretary may make a grant to a State that complies with paragraph (2).

“(4) USE OF FUNDS.—A State to which a grant is made under this subsection shall use the grant to support the State in connecting with the electronic interstate case-processing system described in paragraph (1).

“(5) EVALUATIONS.—Not later than 1 year after the final year in which grants are awarded under this subsection, the Secretary shall submit to the Congress, and make available to the general public by posting on a website, a report that contains the following information:

“(A) How using the electronic interstate case-processing system developed pursuant to paragraph (4) has changed the time it takes for children to be placed across State lines.

“(B) The number of cases subject to the Interstate Compact on the Placement of Children that were processed through the electronic interstate case-processing system, and the number of interstate child placement cases that were processed outside the electronic interstate case-processing system, by each State in each year.

“(C) The progress made by States in implementing the electronic interstate case-processing system.

“(D) How using the electronic interstate case-processing system has affected various metrics related to child safety and well-being, including the time it takes for children to be placed across State lines.

“(E) How using the electronic interstate case-processing system has affected administrative costs and caseworker time spent on placing children across State lines.

“(6) DATA INTEGRATION.—The Secretary, in consultation with the Secretariat for the Interstate Compact on the Placement of Children and the States, shall assess how the electronic interstate case-processing system developed pursuant to paragraph (4) could be used to better serve and protect children that come to the attention of the child welfare system, by—

“(A) connecting the system with other data systems (such as systems operated by State law enforcement and judicial agencies, systems operated by the Federal Bureau of Investigation for the purposes of the Innocence Lost National Initiative, and other systems);

“(B) simplifying and improving reporting related to paragraphs (34) and (35) of section 471(a) regarding children or youth who have been identified as being a sex trafficking victim or children missing from foster care; and

“(C) improving the ability of States to quickly comply with background check requirements of section 471(a)(20), including checks of child abuse and neglect registries as required by section 471(a)(20)(B).”.

(c) RESERVATION OF FUNDS TO IMPROVE THE INTERSTATE PLACEMENT OF CHILDREN.—Section 437(b) of such Act (42 U.S.C. 629g(b)) is amended by adding at the end the following:

“(4) IMPROVING THE INTERSTATE PLACEMENT OF CHILDREN.—The Secretary shall reserve \$5,000,000 of the amount made available for fiscal year 2017 for grants under subsection (g), and the amount so reserved shall remain available through fiscal year 2021.”.

**SEC. 123. ENHANCEMENTS TO GRANTS TO IMPROVE WELL-BEING OF FAMILIES AFFECTED BY SUBSTANCE ABUSE.**

Section 437(f) of the Social Security Act (42 U.S.C. 629g(f)) is amended—

(1) in the subsection heading, by striking “INCREASE THE WELL-BEING OF, AND TO IMPROVE THE PERMANENCY OUTCOMES FOR, CHILDREN AFFECTED BY” and inserting “IMPLEMENT IV-E PREVENTION SERVICES, AND IMPROVE THE WELL-BEING OF, AND IMPROVE PERMANENCY OUTCOMES FOR, CHILDREN AND FAMILIES AFFECTED BY HEROIN, OPIOIDS, AND OTHER”;

(2) by striking paragraph (2) and inserting the following:

“(2) REGIONAL PARTNERSHIP DEFINED.—In this subsection, the term ‘regional partnership’ means a collaborative agreement (which may be established on an interstate, State, or intrastate basis) entered into by the following:

“(A) MANDATORY PARTNERS FOR ALL PARTNERSHIP GRANTS.—

“(i) The State child welfare agency that is responsible for the administration of the State plan under this part and part E.

“(ii) The State agency responsible for administering the substance abuse prevention and treatment block grant provided under subpart II of part B of title XIX of the Public Health Service Act.

“(B) MANDATORY PARTNERS FOR PARTNERSHIP GRANTS PROPOSING TO SERVE CHILDREN IN OUT-OF-HOME PLACEMENTS.—If the partnership proposes to serve children in out-of-home placements, the Juvenile Court or Administrative Of-

fice of the Court that is most appropriate to oversee the administration of court programs in the region to address the population of families who come to the attention of the court due to child abuse or neglect.

“(C) OPTIONAL PARTNERS.—At the option of the partnership, any of the following:

“(i) An Indian tribe or tribal consortium.

“(ii) Nonprofit child welfare service providers.

“(iii) For-profit child welfare service providers.

“(iv) Community health service providers, including substance abuse treatment providers.

“(v) Community mental health providers.

“(vi) Local law enforcement agencies.

“(vii) School personnel.

“(viii) Tribal child welfare agencies (or a consortia of the agencies).

“(ix) Any other providers, agencies, personnel, officials, or entities that are related to the provision of child and family services under a State plan approved under this subpart.

“(D) EXCEPTION FOR REGIONAL PARTNERSHIPS WHERE THE LEAD APPLICANT IS AN INDIAN TRIBE OR TRIBAL CONSORTIA.—If an Indian tribe or tribal consortium enters into a regional partnership for purposes of this subsection, the Indian tribe or tribal consortium—

“(i) may (but is not required to) include the State child welfare agency as a partner in the collaborative agreement;

“(ii) may not enter into a collaborative agreement only with tribal child welfare agencies (or a consortium of the agencies); and

“(iii) if the condition described in paragraph (2)(B) applies, may include tribal court organizations in lieu of other judicial partners.”;

(3) in paragraph (3)—

(A) in subparagraph (A)—

(i) by striking “2012 through 2016” and inserting “2017 through 2021”; and

(ii) by striking “\$500,000 and not more than \$1,000,000” and inserting “\$250,000 and not more than \$1,000,000”;

(B) in subparagraph (B)—

(i) in the subparagraph heading, by inserting “; PLANNING” after “APPROVAL”;

(ii) in clause (i), by striking “clause (ii)” and inserting “clauses (ii) and (iii)”; and

(iii) by adding at the end the following:

“(iii) SUFFICIENT PLANNING.—A grant awarded under this subsection shall be disbursed in 2 phases: a planning phase (not to exceed 2 years); and an implementation phase. The total disbursement to a grantee for the planning phase may not exceed \$250,000, and may not exceed the total anticipated funding for the implementation phase.”; and

(C) by adding at the end the following:

“(D) LIMITATION ON PAYMENT FOR A FISCAL YEAR.—No payment shall be made under subparagraph (A) or (C) for a fiscal year until the Secretary determines that the eligible partnership has made sufficient progress in meeting the goals of the grant and that the members of the eligible partnership are coordinating to a reasonable degree with the other members of the eligible partnership.”;

(4) in paragraph (4)—

(A) in subparagraph (B)—

(i) in clause (i), by inserting “, parents, and families” after “children”;

(ii) in clause (ii), by striking “safety and permanence for such children; and” and inserting “safe, permanent caregiving relationships for the children;”;

(iii) in clause (iii), by striking “or” and inserting “increase reunification rates for children who have been placed in out of home care, or decrease”;

(iv) by redesignating clause (iii) as clause (v) and inserting after clause (ii) the following:

“(iii) improve the substance abuse treatment outcomes for parents including retention in treatment and successful completion of treatment;

“(iv) facilitate the implementation, delivery, and effectiveness of prevention services and programs under section 471(e); and”;

(B) in subparagraph (D), by striking “where appropriate,”; and

(C) by striking subparagraphs (E) and (F) and inserting the following:

“(E) A description of a plan for sustaining the services provided by or activities funded under the grant after the conclusion of the grant period, including through the use of prevention services and programs under section 471(e) and other funds provided to the State for child welfare and substance abuse prevention and treatment services.

“(F) Additional information needed by the Secretary to determine that the proposed activities and implementation will be consistent with research or evaluations showing which practices and approaches are most effective.”;

(5) in paragraph (5)(A), by striking “abuse treatment” and inserting “use disorder treatment including medication assisted treatment and in-home substance abuse disorder treatment and recovery”;

(6) in paragraph (7)—

(A) by striking “and” at the end of subparagraph (C); and

(B) by redesignating subparagraph (D) as subparagraph (E) and inserting after subparagraph (C) the following:

“(D) demonstrate a track record of successful collaboration among child welfare, substance abuse disorder treatment and mental health agencies; and”;

(7) in paragraph (8)—

(A) in subparagraph (A)—

(i) by striking “establish indicators that will be” and inserting “review indicators that are”;

(ii) by striking “in using funds made available under such grants to achieve the purpose of this subsection” and inserting “and establish a set of core indicators related to child safety, parental recovery, parenting capacity, and family well-being. In developing the core indicators, to the extent possible, indicators shall be made consistent with the outcome measures described in section 471(e)(6)”;

(B) in subparagraph (B)—

(i) in the matter preceding clause (i), by inserting “base the performance measures on lessons learned from prior rounds of regional partnership grants under this subsection, and” before “consult”; and

(ii) by striking clauses (iii) and (iv) and inserting the following:

“(iii) Other stakeholders or constituencies as determined by the Secretary.”;

(8) in paragraph (9)(A), by striking clause (i) and inserting the following:

“(i) SEMIANNUAL REPORTS.—Not later than September 30 of each fiscal year in which a recipient of a grant under this subsection is paid funds under the grant, and every 6 months thereafter, the grant recipient shall submit to the Secretary a report on the services provided and activities carried out during the reporting period, progress made in achieving the goals of the program, the number of children, adults, and families receiving services, and such additional information as the Secretary determines is necessary. The report due not later than September 30 of the last such fiscal year shall include, at a minimum, data on each of the performance indicators included in the evaluation of the regional partnership.”; and

(9) in paragraph (10), by striking “2012 through 2016” and inserting “2017 through 2021”.

#### Subtitle C—Miscellaneous

#### SEC. 131. REVIEWING AND IMPROVING LICENSING STANDARDS FOR PLACEMENT IN A RELATIVE FOSTER FAMILY HOME.

(a) IDENTIFICATION OF REPUTABLE MODEL LICENSING STANDARDS.—Not later than October 1, 2017, the Secretary of Health and Human Services shall identify reputable model licensing standards with respect to the licensing of foster family homes (as defined in section 472(c)(1) of the Social Security Act).

(b) STATE PLAN REQUIREMENT.—Section 471(a) of the Social Security Act (42 U.S.C. 671(a)) is amended—

(1) in paragraph (34)(B), by striking “and” after the semicolon;

(2) in paragraph (35)(B), by striking the period at the end and inserting a semicolon; and

(3) by adding at the end the following:

“(36) provides that, not later than April 1, 2018, the State shall submit to the Secretary information addressing—

“(A) whether the State licensing standards are in accord with model standards identified by the Secretary, and if not, the reason for the specific deviation and a description as to why having a standard that is reasonably in accord with the corresponding national model standards is not appropriate for the State;

“(B) whether the State has elected to waive standards established in 471(a)(10)(A) for relative foster family homes (pursuant to waiver authority provided by 471(a)(10)(D)), a description of which standards the State most commonly waives, and if the State has not elected to waive the standards, the reason for not waiving these standards;

“(C) if the State has elected to waive standards specified in subparagraph (B), how caseworkers are trained to use the waiver authority and whether the State has developed a process or provided tools to assist caseworkers in waiving nonsafety standards per the authority provided in 471(a)(10)(D) to quickly place children with relatives; and

“(D) a description of the steps the State is taking to improve caseworker training or the process, if any; and”.

#### SEC. 132. DEVELOPMENT OF A STATEWIDE PLAN TO PREVENT CHILD ABUSE AND NEGLECT FATALITIES.

Section 422(b)(19) of the Social Security Act (42 U.S.C. 622(b)(19)) is amended to read as follows:

“(19) document steps taken to track and prevent child maltreatment deaths by including—

“(A) a description of the steps the State is taking to compile complete and accurate information on the deaths required by Federal law to be reported by the State agency referred to in paragraph (1), including gathering relevant information on the deaths from the relevant organizations in the State including entities such as State vital statistics department, child death review teams, law enforcement agencies, offices of medical examiners or coroners; and

“(B) a description of the steps the state is taking to develop and implement of a comprehensive, statewide plan to prevent the fatalities that involves and engages relevant public and private agency partners, including those in public health, law enforcement, and the courts.”.

#### SEC. 133. MODERNIZING THE TITLE AND PURPOSE OF TITLE IV-E.

(a) PART HEADING.—The heading for part E of title IV of the Social Security Act (42 U.S.C. 670 et seq.) is amended to read as follows:

“PART E—FEDERAL PAYMENTS FOR FOSTER CARE, PREVENTION, AND PERMANENCY”.

(b) PURPOSE.—The 1st sentence of section 470 of such Act (42 U.S.C. 670) is amended—

(1) by striking “1995 and” and inserting “1995”;

(2) by inserting “kinship guardianship assistance, and prevention services or programs specified in section 471(e)(1),” after “needs,”; and

(3) by striking “(commencing with the fiscal year which begins October 1, 1980)”.

#### SEC. 134. EFFECTIVE DATES.

(a) EFFECTIVE DATES.—

(1) IN GENERAL.—Except as provided in paragraph (2), subject to subsection (b), the amendments made by this title shall take effect on October 1, 2016.

(2) EXCEPTIONS.—The amendments made by sections 131 and 133 shall take effect on the date of enactment of this Act.

(b) TRANSITION RULE.—

(1) IN GENERAL.—In the case of a State plan under part B or E of title IV of the Social Security Act which the Secretary of Health and Human Services determines requires State legislation (other than legislation appropriating funds) in order for the plan to meet the additional requirements imposed by the amendments made by this title, the State plan shall not be regarded as failing to comply with the requirements of such part solely on the basis of the failure of the plan to meet such additional requirements before the first day of the first calendar quarter beginning after the close of the first regular session of the State legislature that begins after the date of enactment of this Act. For purposes of the previous sentence, in the case of a State that has a 2-year legislative session, each year of the session shall be deemed to be a separate regular session of the State legislature.

(2) APPLICATION TO PROGRAMS OPERATED BY INDIAN TRIBAL ORGANIZATIONS.—In the case of an Indian tribe, tribal organization, or tribal consortium which the Secretary of Health and Human Services determines requires time to take action necessary to comply with the additional requirements imposed by the amendments made by this title (whether the tribe, organization, or tribal consortium has a plan under section 479B of the Social Security Act or a cooperative agreement or contract entered into with a State), the Secretary shall provide the tribe, organization, or tribal consortium with such additional time as the Secretary determines is necessary for the tribe, organization, or tribal consortium to take the action to comply with the additional requirements before being regarded as failing to comply with the requirements.

#### TITLE II—ENSURING THE NECESSITY OF A PLACEMENT THAT IS NOT IN A FOSTER FAMILY HOME

#### SEC. 201. LIMITATION ON FEDERAL FINANCIAL PARTICIPATION FOR PLACEMENTS THAT ARE NOT IN FOSTER FAMILY HOMES.

(a) LIMITATION ON FEDERAL FINANCIAL PARTICIPATION.—

(1) IN GENERAL.—Section 472 of the Social Security Act (42 U.S.C. 672), as amended by section 112, is amended—

(A) in subsection (a)(2)(C), by inserting “, but only to the extent permitted under subsection (k)” after “institution”; and

(B) by adding at the end the following:

“(k) LIMITATION ON FEDERAL FINANCIAL PARTICIPATION.—

“(1) IN GENERAL.—Beginning with the third week for which foster care maintenance payments are made under this section on behalf of a child placed in a child-care institution, no Federal payment shall be made to the State under section 474(a)(1) for amounts expended for foster care maintenance payments on behalf of the child unless—

“(A) the child is placed in a child-care institution that is a setting specified in paragraph (2) (or is placed in a licensed residential family-based treatment facility consistent with subsection (j)); and

“(B) in the case of a child placed in a qualified residential treatment program (as defined in paragraph (4)), the requirements specified in paragraph (3) and section 475A(c) are met.

“(2) SPECIFIED SETTINGS FOR PLACEMENT.—The settings for placement specified in this paragraph are the following:

“(A) A qualified residential treatment program (as defined in paragraph (4)).

“(B) A setting specializing in providing prenatal, post-partum, or parenting supports for youth.

“(C) In the case of a child who has attained 18 years of age, a supervised setting in which the child is living independently.

“(3) ASSESSMENT TO DETERMINE APPROPRIATENESS OF PLACEMENT IN A QUALIFIED RESIDENTIAL TREATMENT PROGRAM.—



“(A) DEADLINE FOR ASSESSMENT.—In the case of a child who is placed in a qualified residential treatment program, if the assessment required under section 475A(c)(1) is not completed within 30 days after the placement is made, no Federal payment shall be made to the State under section 474(a)(1) for any amounts expended for foster care maintenance payments on behalf of the child during the placement.

“(B) DEADLINE FOR TRANSITION OUT OF PLACEMENT.—If the assessment required under section 475A(c)(1) determines that the placement of a child in a qualified residential treatment program is not appropriate, a court disapproves such a placement under section 475A(c)(2), or a child who has been in an approved placement in a qualified residential treatment program is going to return home or be placed with a fit and willing relative, a legal guardian, or an adoptive parent, or in a foster family home, Federal payments shall be made to the State under section 474(a)(1) for amounts expended for foster care maintenance payments on behalf of the child while the child remains in the qualified residential treatment program only during the period necessary for the child to transition home or to such a placement. In no event shall a State receive Federal payments under section 474(a)(1) for amounts expended for foster care maintenance payments on behalf of a child who remains placed in a qualified residential treatment program after the end of the 30-day period that begins on the date a determination is made that the placement is no longer the recommended or approved placement for the child.

“(4) QUALIFIED RESIDENTIAL TREATMENT PROGRAM.—For purposes of this part, the term ‘qualified residential treatment program’ means a program that—

“(A) has a trauma-informed treatment model that is designed to address the needs, including clinical needs as appropriate, of children with serious emotional or behavioral disorders or disturbances and, with respect to a child, is able to implement the treatment identified for the child by the assessment of the child required under section 475A(c);

“(B) has registered or licensed nursing staff and other licensed clinical staff who—

“(i) provide care within the scope of their practice as defined by State law;

“(ii) are on-site during business hours; and

“(iii) are available 24 hours a day and 7 days a week;

“(C) to extent appropriate, and in accordance with the child’s best interests, facilitates participation of family members in the child’s treatment program;

“(D) facilitates outreach to the family members of the child, including siblings, documents how the outreach is made (including contact information), and maintains contact information for any known biological family and fictive kin of the child;

“(E) documents how family members are integrated into the treatment process for the child, including post-discharge, and how sibling connections are maintained;

“(F) provides discharge planning and family-based aftercare support for at least 6 months post-discharge; and

“(G) is licensed in accordance with section 471(a)(10) and is accredited by any of the following independent, not-for-profit organizations:

“(i) The Commission on Accreditation of Rehabilitation Facilities (CARF).

“(ii) The Joint Commission on Accreditation of Healthcare Organizations (JCAHO).

“(iii) The Council on Accreditation (COA).

“(iv) Any other independent, not-for-profit accrediting organization approved by the Secretary.”.

(2) CONFORMING AMENDMENT.—Section 474(a)(1) of the Social Security Act (42 U.S.C. 674(a)(1)), as amended by section 112(b), is amended by striking “section 472(j)” and inserting “subsections (j) and (k) of section 472”.

(b) DEFINITION OF FOSTER FAMILY HOME, CHILD-CARE INSTITUTION.—Section 472(c) of such Act (42 U.S.C. 672(c)(1)) is amended to read as follows:

“(c) DEFINITIONS.—For purposes of this part:

“(1) FOSTER FAMILY HOME.—

“(A) IN GENERAL.—The term ‘foster family home’ means the home of an individual or family—

“(i) that is licensed or approved by the State in which it is situated as a foster family home that meets the standards established for the licensing or approval; and

“(ii) in which a child in foster care has been placed in the care of an individual, who resides with the child and who has been licensed or approved by the State to be a foster parent—

“(I) that the State deems capable of adhering to the reasonable and prudent parent standard;

“(II) that provides 24-hour substitute care for children placed away from their parents or other caretakers; and

“(III) that provides the care for not more than 6 children in foster care.

“(B) STATE FLEXIBILITY.—The number of foster children that may be cared for in a home under subparagraph (A) may exceed the numerical limitation in subparagraph (A)(ii)(III), at the option of the State, for any of the following reasons:

“(i) To allow a parenting youth in foster care to remain with the child of the parenting youth.

“(ii) To allow siblings to remain together.

“(iii) To allow a child with an established meaningful relationship with the family to remain with the family.

“(iv) To allow a family with special training or skills to provide care to a child who has a severe disability.

“(C) RULE OF CONSTRUCTION.—Subparagraph (A) shall not be construed as prohibiting a foster parent from renting the home in which the parent cares for a foster child placed in the parent’s care.

“(2) CHILD-CARE INSTITUTION.—

“(A) IN GENERAL.—The term ‘child-care institution’ means a private child-care institution, or a public child-care institution which accommodates no more than 25 children, which is licensed by the State in which it is situated or has been approved by the agency of the State responsible for licensing or approval of institutions of this type as meeting the standards established for the licensing.

“(B) SUPERVISED SETTINGS.—In the case of a child who has attained 18 years of age, the term shall include a supervised setting in which the individual is living independently, in accordance with such conditions as the Secretary shall establish in regulations.

“(C) EXCLUSIONS.—The term shall not include detention facilities, forestry camps, training schools, or any other facility operated primarily for the detention of children who are determined to be delinquent.”.

(c) TRAINING FOR STATE JUDGES, ATTORNEYS, AND OTHER LEGAL PERSONNEL IN CHILD WELFARE CASES.—Section 438(b)(1) of such Act (42 U.S.C. 629h(b)(1)) is amended in the matter preceding subparagraph (A) by inserting “shall provide for the training of judges, attorneys, and other legal personnel in child welfare cases on Federal child welfare policies and payment limitations with respect to children in foster care who are placed in settings that are not a foster family home,” after “with respect to the child.”.

(d) ASSURANCE OF NONIMPACT ON JUVENILE JUSTICE SYSTEM.—

(1) STATE PLAN REQUIREMENT.—Section 471(a) of such Act (42 U.S.C. 671(a)), as amended by section 131, is further amended by adding at the end the following:

“(37) includes a certification that, in response to the limitation imposed under section 472(k) with respect to foster care maintenance payments made on behalf of any child who is placed in a setting that is not a foster family home, the

State will not enact or advance policies or practices that would result in a significant increase in the population of youth in the State’s juvenile justice system.”.

(2) GAO STUDY AND REPORT.—The Comptroller General of the United States shall evaluate the impact, if any, on State juvenile justice systems of the limitation imposed under section 472(k) of the Social Security Act (as added by section 201(a)(1)) on foster care maintenance payments made on behalf of any child who is placed in a setting that is not a foster family home, in accordance with the amendments made by subsections (a) and (b) of this section. In particular, the Comptroller General shall evaluate the extent to which children in foster care who also are subject to the juvenile justice system of the State are placed in a facility under the jurisdiction of the juvenile justice system and whether the lack of available congregate care placements under the jurisdiction of the child welfare systems is a contributing factor to that result. Not later than December 31, 2023, the Comptroller General shall submit to Congress a report on the results of the evaluation.

**SEC. 202. ASSESSMENT AND DOCUMENTATION OF THE NEED FOR PLACEMENT IN A QUALIFIED RESIDENTIAL TREATMENT PROGRAM.**

Section 475A of the Social Security Act (42 U.S.C. 675a) is amended by adding at the end the following:

“(c) ASSESSMENT, DOCUMENTATION, AND JUDICIAL DETERMINATION REQUIREMENTS FOR PLACEMENT IN A QUALIFIED RESIDENTIAL TREATMENT PROGRAM.—In the case of any child who is placed in a qualified residential treatment program (as defined in section 472(k)(4)), the following requirements shall apply for purposes of approving the case plan for the child and the case system review procedure for the child:

“(1)(A) Within 30 days of the start of each placement in such a setting, a qualified individual (as defined in subparagraph (D)) shall—

“(i) assess the strengths and needs of the child using an age-appropriate, evidence-based, validated, functional assessment tool approved by the Secretary;

“(ii) determine whether the needs of the child can be met with family members or through placement in a foster family home or, if not, which setting from among the settings specified in section 472(k)(2) would provide the most effective and appropriate level of care for the child in the least restrictive environment and be consistent with the short- and long-term goals for the child, as specified in the permanency plan for the child; and

“(iii) develop a list of child-specific short- and long-term mental and behavioral health goals.

“(B)(i) The State shall assemble a family and permanency team for the child in accordance with the requirements of clauses (ii) and (iii). The qualified individual conducting the assessment required under subparagraph (A) shall work in conjunction with the family of, and permanency team for, the child while conducting and making the assessment.

“(ii) The family and permanency team shall consist of all appropriate biological family members, relative, and fictive kin of the child, as well as, as appropriate, professionals who are a resource to the family of the child, such as teachers, medical or mental health providers who have treated the child, or clergy. In the case of a child who has attained age 14, the family and permanency team shall include the members of the permanency planning team for the child that are selected by the child in accordance with section 475(5)(C)(iv).

“(iii) The State shall document in the child’s case plan—

“(I) the reasonable and good faith effort of the State to identify and include all such individuals on the family of, and permanency team for, the child;

“(II) all contact information for members of the family and permanency team, as well as

contact information for other family members and fictive kin who are not part of the family and permanency team;

“(III) evidence that meetings of the family and permanency team, including meetings relating to the assessment required under subparagraph (A), are held at a time and place convenient for family;

“(IV) if reunification is the goal, evidence demonstrating that the parent from whom the child was removed provided input on the members of the family and permanency team;

“(V) evidence that the assessment required under subparagraph (A) is determined in conjunction with the family and permanency team; and

“(VI) the placement preferences of the family and permanency team relative to the assessment and, if the placement preferences of the family and permanency team and child are not the placement setting recommended by the qualified individual conducting the assessment under subparagraph (A), the reasons why the preferences of the team and of the child were not recommended.

“(C) In the case of a child who the qualified individual conducting the assessment under subparagraph (A) determines should not be placed in a foster family home, the qualified individual shall specify in writing the reasons why the needs of the child cannot be met by the family of the child or in a foster family home. A shortage or lack of foster family homes shall not be an acceptable reason for determining that a needs of the child cannot be met in a foster family home. The qualified individual also shall specify in writing why the recommended placement in a qualified residential treatment program is the setting that will provide the child with the most effective and appropriate level of care in the least restrictive environment and how that placement is consistent with the short- and long-term goals for the child, as specified in the permanency plan for the child.

“(D)(i) Subject to clause (ii), in this subsection, the term ‘qualified individual’ means a trained professional or licensed clinician who is not an employee of the State agency and who is not connected to, or affiliated with, any placement setting in which children are placed by the State.

“(ii) The Secretary may approve a request of a State to waive any requirement in clause (i) upon a submission by the State, in accordance with criteria established by the Secretary, that certifies that the trained professionals or licensed clinicians with responsibility for performing the assessments described in subparagraph (A) shall maintain objectivity with respect to determining the most effective and appropriate placement for a child.

“(2) Within 60 days of the start of each placement in a qualified residential treatment program, a family or juvenile court or another court (including a tribal court) of competent jurisdiction, or an administrative body appointed or approved by the court, independently, shall—

“(A) consider the assessment, determination, and documentation made by the qualified individual conducting the assessment under paragraph (1);

“(B) determine whether the needs of the child can be met through placement in a foster family home or, if not, whether placement of the child in a qualified residential treatment program provides the most effective and appropriate level of care for the child in the least restrictive environment and whether that placement is consistent with the short- and long-term goals for the child, as specified in the permanency plan for the child; and

“(C) approve or disapprove the placement.

“(3) The written documentation made under paragraph (1)(C) and documentation of the determination and approval or disapproval of the placement in a qualified residential treatment program by a court or administrative body under paragraph (2) shall be included in and made part of the case plan for the child.

“(4) As long as a child remains placed in a qualified residential treatment program, the State agency shall submit evidence at each status review and each permanency hearing held with respect to the child—

“(A) demonstrating that ongoing assessment of the strengths and needs of the child continues to support the determination that the needs of the child cannot be met through placement in a foster family home, that the placement in a qualified residential treatment program provides the most effective and appropriate level of care for the child in the least restrictive environment, and that the placement is consistent with the short- and long-term goals for the child, as specified in the permanency plan for the child;

“(B) documenting the specific treatment or service needs that will be met for the child in the placement and the length of time the child is expected to need the treatment or services; and

“(C) documenting the efforts made by the State agency to prepare the child to return home or to be placed with a fit and willing relative, a legal guardian, or an adoptive parent, or in a foster family home.

“(5) In the case of any child who is placed in a qualified residential treatment program for more than 12 consecutive months or 18 non-consecutive months (or, in the case of a child who has not attained age 13, for more than 6 consecutive or nonconsecutive months), the State agency shall submit to the Secretary—

“(A) the most recent versions of the evidence and documentation specified in paragraph (4); and

“(B) the signed approval of the head of the State agency for the continued placement of the child in that setting.”

#### SEC. 203. PROTOCOLS TO PREVENT INAPPROPRIATE DIAGNOSES.

(a) STATE PLAN REQUIREMENT.—Section 422(b)(15)(A) of the Social Security Act (42 U.S.C. 622(b)(15)(A)) is amended—

(1) in clause (vi), by striking “and” after the semicolon;

(2) by redesignating clause (vii) as clause (viii); and

(3) by inserting after clause (vi) the following:

“(vii) the procedures and protocols the State has established to ensure that children in foster care placements are not inappropriately diagnosed with mental illness, other emotional or behavioral disorders, medically fragile conditions, or developmental disabilities, and placed in settings that are not foster family homes as a result of the inappropriate diagnoses; and”

(b) EVALUATION.—Section 476 of such Act (42 U.S.C. 676), as amended by section 111(d), is further amended by adding at the end the following:

“(e) EVALUATION OF STATE PROCEDURES AND PROTOCOLS TO PREVENT INAPPROPRIATE DIAGNOSES OF MENTAL ILLNESS OR OTHER CONDITIONS.—The Secretary shall conduct an evaluation of the procedures and protocols established by States in accordance with the requirements of section 422(b)(15)(A)(vii). The evaluation shall analyze the extent to which States comply with and enforce the procedures and protocols and the effectiveness of various State procedures and protocols and shall identify best practices. Not later than January 1, 2019, the Secretary shall submit a report on the results of the evaluation to Congress.”

#### SEC. 204. ADDITIONAL DATA AND REPORTS REGARDING CHILDREN PLACED IN A SETTING THAT IS NOT A FOSTER FAMILY HOME.

Section 479A(a)(7)(A) of the Social Security Act (42 U.S.C. 679b(a)(7)(A)) is amended by striking clauses (i) through (vi) and inserting the following:

“(i) with respect to each such placement—

“(I) the type of the placement setting, including whether the placement is shelter care, a group home and if so, the range of the child population in the home, a residential treatment facility, a hospital or institution providing med-

ical, rehabilitative, or psychiatric care, a setting specializing in providing prenatal, post-partum or parenting supports, or some other kind of child-care institution and if so, what kind;

“(II) the number of children in the placement setting and the age, race, ethnicity, and gender of each of the children;

“(III) for each child in the placement setting, the length of the placement of the child in the setting, whether the placement of the child in the setting is the first placement of the child and if not, the number and type of previous placements of the child, and whether the child has special needs or another diagnosed mental or physical illness or condition; and

“(IV) the extent of any specialized education, treatment, counseling, or other services provided in the setting; and

“(ii) separately, the number and ages of children in the placements who have a permanency plan of another planned permanent living arrangement; and”

#### SEC. 205. EFFECTIVE DATES; APPLICATION TO WAIVERS.

(a) EFFECTIVE DATES.—

(1) IN GENERAL.—Subject to paragraph (2) and subsections (b) and (c), the amendments made by this title shall take effect on October 1, 2016.

(2) TRANSITION RULE.—In the case of a State plan under part B or E of title IV of the Social Security Act which the Secretary of Health and Human Services determines requires State legislation (other than legislation appropriating funds) in order for the plan to meet the additional requirements imposed by the amendments made by this title, the State plan shall not be regarded as failing to comply with the requirements of such part solely on the basis of the failure of the plan to meet the additional requirements before the first day of the first calendar quarter beginning after the close of the first regular session of the State legislature that begins after the date of enactment of this Act. For purposes of the previous sentence, in the case of a State that has a 2-year legislative session, each year of the session shall be deemed to be a separate regular session of the State legislature.

(b) LIMITATION ON FEDERAL FINANCIAL PARTICIPATION FOR PLACEMENTS THAT ARE NOT IN FOSTER FAMILY HOMES AND RELATED PROVISIONS.—The amendments made by sections 201(a), 201(b), 201(d), and 202 shall take effect on October 1, 2019.

(c) APPLICATION TO STATES WITH WAIVERS.—In the case of a State that, on the date of enactment of this Act, has in effect a waiver approved under section 1130 of the Social Security Act (42 U.S.C. 1320a-9), the amendments made by this title shall not apply with respect to the State before the expiration (determined without regard to any extensions) of the waiver to the extent the amendments are inconsistent with the terms of the waiver.

#### TITLE III—CONTINUING SUPPORT FOR CHILD AND FAMILY SERVICES

##### SEC. 301. SUPPORTING AND RETAINING FOSTER FAMILIES FOR CHILDREN.

(a) SUPPORTING AND RETAINING FOSTER PARENTS AS A FAMILY SUPPORT SERVICE.—Section 431(a)(2)(B) of the Social Security Act (42 U.S.C. 631(a)(2)(B)) is amended by redesignating clauses (ii) through (vi) as clauses (iv) through (vii), respectively, and inserting after clause (ii) the following:

“(iii) To support and retain foster families so they can provide quality family-based settings for children in foster care.”

(b) SUPPORT FOR FOSTER FAMILY HOMES.—Section 436 of such Act (42 U.S.C. 629f) is amended by adding at the end the following:

“(c) SUPPORT FOR FOSTER FAMILY HOMES.—Out of any money in the Treasury of the United States not otherwise appropriated, there are appropriated to the Secretary for fiscal year 2018, \$8,000,000 for the Secretary to make competitive grants to States, Indian tribes, or tribal consortia to support the recruitment and retention



of high-quality foster families to increase their capacity to place more children in family settings, focused on States, Indian tribes, or tribal consortia with the highest percentage of children in non-family settings. The amount appropriated under this subparagraph shall remain available through fiscal year 2022.”.

**SEC. 302. EXTENSION OF CHILD AND FAMILY SERVICES PROGRAMS.**

(a) **EXTENSION OF STEPHANIE TUBBS JONES CHILD WELFARE SERVICES PROGRAM.**—Section 425 of the Social Security Act (42 U.S.C. 625) is amended by striking “2012 through 2016” and inserting “2017 through 2021”.

(b) **EXTENSION OF PROMOTING SAFE AND STABLE FAMILIES PROGRAM AUTHORIZATIONS.**—

(1) **IN GENERAL.**—Section 436(a) of such Act (42 U.S.C. 629f(a)) is amended by striking all that follows “\$345,000,000” and inserting “for each of fiscal years 2017 through 2021.”.

(2) **DISCRETIONARY GRANTS.**—Section 437(a) of such Act (42 U.S.C. 629g(a)) is amended by striking “2012 through 2016” and inserting “2017 through 2021”.

(c) **EXTENSION OF FUNDING RESERVATIONS FOR MONTHLY CASEWORKER VISITS AND REGIONAL PARTNERSHIP GRANTS.**—Section 436(b) of such Act (42 U.S.C. 629f(b)) is amended—

(1) in paragraph (4)(A), by striking “2012 through 2016” and inserting “2017 through 2021”; and

(2) in paragraph (5), by striking “2012 through 2016” and inserting “2017 through 2021”.

(d) **REAUTHORIZATION OF FUNDING FOR STATE COURTS.**—

(1) **EXTENSION OF PROGRAM.**—Section 438(c)(1) of such Act (42 U.S.C. 629h(c)(1)) is amended by striking “2012 through 2016” and inserting “2017 through 2021”.

(2) **EXTENSION OF FEDERAL SHARE.**—Section 438(d) of such Act (42 U.S.C. 629h(d)) is amended by striking “2012 through 2016” and inserting “2017 through 2021”.

(e) **REPEAL OF EXPIRED PROVISIONS.**—Section 438(e) of such Act (42 U.S.C. 629h(e)) is repealed.

**SEC. 303. IMPROVEMENTS TO THE JOHN H. CHAFEE FOSTER CARE INDEPENDENCE PROGRAM AND RELATED PROVISIONS.**

(a) **AUTHORITY TO SERVE FORMER FOSTER YOUTH UP TO AGE 23.**—Section 477 of the Social Security Act (42 U.S.C. 677) is amended—

(1) in subsection (a)(5), by inserting “(or 23 years of age, in the case of a State with a certification under subsection (b)(3)(A)(ii) to provide assistance and services to youths who have aged out of foster care and have not attained such age, in accordance with such subsection)” after “21 years of age”;

(2) in subsection (b)(3)(A)—

(A) by inserting “(i)” before “A certification”;

(B) by striking “children who have left foster care” and all that follows through the period and inserting “youths who have aged out of foster care and have not attained 21 years of age.”; and

(C) by adding at the end the following:

“(ii) If the State has elected under section 475(8)(B) to extend eligibility for foster care to all children who have not attained 21 years of age, or if the Secretary determines that the State agency responsible for administering the State plans under this part and part B uses State funds or any other funds not provided under this part to provide services and assistance for youths who have aged out of foster care that are comparable to the services and assistance the youths would receive if the State had made such an election, the certification required under clause (i) may provide that the State will provide assistance and services to youths who have aged out of foster care and have not attained 23 years of age.”; and

(3) in subsection (b)(3)(B), by striking “children who have left foster care” and all that follows through the period and inserting “youths who have aged out of foster care and have not

attained 21 years of age (or 23 years of age, in the case of a State with a certification under subparagraph (A)(i) to provide assistance and services to youths who have aged out of foster care and have not attained such age, in accordance with subparagraph (A)(ii)).”.

(b) **AUTHORITY TO REDISTRIBUTE UNSPENT FUNDS.**—Section 477(d) of such Act (42 U.S.C. 677(d)) is amended—

(1) in paragraph (4), by inserting “or does not expend allocated funds within the time period specified under section 477(d)(3)” after “provided by the Secretary”; and

(2) by adding at the end the following:

“(5) **REDISTRIBUTION OF UNEXPENDED AMOUNTS.**—

“(A) **AVAILABILITY OF AMOUNTS.**—To the extent that amounts paid to States under this section in a fiscal year remain unexpended by the States at the end of the succeeding fiscal year, the Secretary may make the amounts available for redistribution in the 2nd succeeding fiscal year among the States that apply for additional funds under this section for that 2nd succeeding fiscal year.

“(B) **REDISTRIBUTION.**—

“(i) **IN GENERAL.**—The Secretary shall redistribute the amounts made available under subparagraph (A) for a fiscal year among eligible applicant States. In this subparagraph, the term ‘eligible applicant State’ means a State that has applied for additional funds for the fiscal year under subparagraph (A) if the Secretary determines that the State will use the funds for the purpose for which originally allotted under this section.

“(ii) **AMOUNT TO BE REDISTRIBUTED.**—The amount to be redistributed to each eligible applicant State shall be the amount so made available multiplied by the State foster care ratio, (as defined in subsection (c)(4), except that, in such subsection, ‘all eligible applicant States (as defined in subsection (d)(5)(B)(i))’ shall be substituted for ‘all States’).

“(iii) **TREATMENT OF REDISTRIBUTED AMOUNT.**—Any amount made available to a State under this paragraph shall be regarded as part of the allotment of the State under this section for the fiscal year in which the redistribution is made.

“(C) **TRIBES.**—For purposes of this paragraph, the term ‘State’ includes an Indian tribe, tribal organization, or tribal consortium that receives an allotment under this section.”.

(c) **EXPANDING AND CLARIFYING THE USE OF EDUCATION AND TRAINING VOUCHERS.**—

(1) **IN GENERAL.**—Section 477(i)(3) of such Act (42 U.S.C. 677(i)(3)) is amended—

(A) by striking “on the date” and all that follows through “23” and inserting “to remain eligible until they attain 26”; and

(B) by inserting “, but in no event may a youth participate in the program for more than 5 years (whether or not consecutive)” before the period.

(2) **CONFORMING AMENDMENT.**—Section 477(i)(1) of such Act (42 U.S.C. 677(i)(1)) is amended by inserting “who have attained 14 years of age” before the period.

(d) **OTHER IMPROVEMENTS.**—Section 477 of such Act (42 U.S.C. 677), as amended by subsections (a), (b), and (c), is amended—

(1) in the section heading, by striking “**INDEPENDENCE PROGRAM**” and inserting “**PROGRAM FOR SUCCESSFUL TRANSITION TO ADULTHOOD**”;

(2) in subsection (a)—

(A) in paragraph (1)—

(i) by striking “identify children who are likely to remain in foster care until 18 years of age and to help these children make the transition to self-sufficiency by providing services” and inserting “support all youth who have experienced foster care at age 14 or older in their transition to adulthood through transitional services”;

(ii) by inserting “and post-secondary education” after “high school diploma”; and

(iii) by striking “training in daily living skills, training in budgeting and financial manage-

ment skills” and inserting “training and opportunities to practice daily living skills (such as financial literacy training and driving instruction)”;

(B) in paragraph (2), by striking “who are likely to remain in foster care until 18 years of age receive the education, training, and services necessary to obtain employment” and inserting “who have experienced foster care at age 14 or older achieve meaningful, permanent connections with a caring adult”;

(C) in paragraph (3), by striking “who are likely to remain in foster care until 18 years of age prepare for and enter postsecondary training and education institutions” and inserting “who have experienced foster care at age 14 or older engage in age or developmentally appropriate activities, positive youth development, and experiential learning that reflects what their peers in intact families experience”; and

(D) by striking paragraph (4) and redesignating paragraphs (5) through (8) as paragraphs (4) through (7);

(3) in subsection (b)—

(A) in paragraph (2)(D), by striking “adolescents” and inserting “youth”; and

(B) in paragraph (3)—

(i) in subparagraph (D)—

(I) by inserting “including training on youth development” after “to provide training”; and

(II) by striking “adolescents preparing for independent living” and all that follows through the period and inserting “youth preparing for a successful transition to adulthood and making a permanent connection with a caring adult.”;

(ii) in subparagraph (H), by striking “adolescents” each place it appears and inserting “youth”; and

(iii) in subparagraph (K)—

(I) by striking “an adolescent” and inserting “a youth”; and

(II) by striking “the adolescent” each place it appears and inserting “the youth”; and

(4) in subsection (f), by striking paragraph (2) and inserting the following:

“(2) **REPORT TO CONGRESS.**—Not later than October 1, 2017, the Secretary shall submit to the Committee on Ways and Means of the House of Representatives and the Committee on Finance of the Senate a report on the National Youth in Transition Database and any other databases in which States report outcome measures relating to children in foster care and children who have aged out of foster care or left foster care for kinship guardianship or adoption. The report shall include the following:

“(A) A description of the reasons for entry into foster care and of the foster care experiences, such as length of stay, number of placement settings, case goal, and discharge reason of 17-year-olds who are surveyed by the National Youth in Transition Database and an analysis of the comparison of that description with the reasons for entry and foster care experiences of children of other ages who exit from foster care before attaining age 17.

“(B) A description of the characteristics of the individuals who report poor outcomes at ages 19 and 21 to the National Youth in Transition Database.

“(C) Benchmarks for determining what constitutes a poor outcome for youth who remain in or have exited from foster care and plans the Executive branch will take to incorporate these benchmarks in efforts to evaluate child welfare agency performance in providing services to children transitioning from foster care.

“(D) An analysis of the association between types of placement, number of overall placements, time spent in foster care, and other factors, and outcomes at ages 19 and 21.

“(E) An analysis of the differences in outcomes for children in and formerly in foster care at age 19 and 21 among States.”.

(e) **CLARIFYING DOCUMENTATION PROVIDED TO FOSTER YOUTH LEAVING FOSTER CARE.**—Section 475(5)(I) of such Act (42 U.S.C. 675(5)(I)) is

amended by inserting after “REAL ID Act of 2005” the following: “, and any official documentation necessary to prove that the child was previously in foster care”.

**TITLE IV—CONTINUING INCENTIVES TO STATES TO PROMOTE ADOPTION AND LEGAL GUARDIANSHIP**

**SEC. 401. REAUTHORIZING ADOPTION AND LEGAL GUARDIANSHIP INCENTIVE PROGRAMS.**

Section 473A of the Social Security Act (42 U.S.C. 673b) is amended—

(1) in subsection (b)(4), by striking “2013 through 2015” and inserting “2016 through 2020”;

(2) in subsection (h)(1)(D), by striking “2016” and inserting “2021”;

(3) in subsection (h)(2), by striking “2016” and inserting “2021”.

**TITLE V—TECHNICAL CORRECTIONS**

**SEC. 501. TECHNICAL CORRECTIONS TO DATA EXCHANGE STANDARDS TO IMPROVE PROGRAM COORDINATION.**

(a) IN GENERAL.—Section 440 of the Social Security Act (42 U.S.C. 629m) is amended to read as follows:

**“SEC. 440. DATA EXCHANGE STANDARDS FOR IMPROVED INTEROPERABILITY.**

“(a) DESIGNATION.—The Secretary shall, in consultation with an interagency work group established by the Office of Management and Budget and considering State government perspectives, by rule, designate data exchange standards to govern, under this part—

“(1) necessary categories of information that State agencies operating programs under State plans approved under this part are required under applicable Federal law to electronically exchange with another State agency; and

“(2) Federal reporting and data exchange required under applicable Federal law.

“(b) REQUIREMENTS.—The data exchange standards required by paragraph (1) shall, to the extent practicable—

“(1) incorporate a widely accepted, non-proprietary, searchable, computer-readable format, such as the eXtensible Markup Language;

“(2) contain interoperable standards developed and maintained by intergovernmental partnerships, such as the National Information Exchange Model;

“(3) incorporate interoperable standards developed and maintained by Federal entities with authority over contracting and financial assistance;

“(4) be consistent with and implement applicable accounting principles;

“(5) be implemented in a manner that is cost-effective and improves program efficiency and effectiveness; and

“(6) be capable of being continually upgraded as necessary.

“(c) RULE OF CONSTRUCTION.—Nothing in this subsection shall be construed to require a change to existing data exchange standards found to be effective and efficient.”.

(b) EFFECTIVE DATE.—Not later than the date that is 24 months after the date of the enactment of this section, the Secretary of Health and Human Services shall issue a proposed rule that—

(1) identifies federally required data exchanges, include specification and timing of exchanges to be standardized, and address the factors used in determining whether and when to standardize data exchanges; and

(2) specifies State implementation options and describes future milestones.

**SEC. 502. TECHNICAL CORRECTIONS TO STATE REQUIREMENT TO ADDRESS THE DEVELOPMENTAL NEEDS OF YOUNG CHILDREN.**

Section 422(b)(18) of the Social Security Act (42 U.S.C. 622(b)(18)) is amended by striking “such children” and inserting “all vulnerable children under 5 years of age”.

**TITLE VI—ENSURING STATES REINVEST SAVINGS RESULTING FROM INCREASE IN ADOPTION ASSISTANCE**

**SEC. 601. DELAY OF ADOPTION ASSISTANCE PHASE-IN.**

Section 473(e)(1) of the Social Security Act (42 U.S.C. 673(e)(1)) is amended—

(1) in subparagraph (A), by striking “fiscal year” each place it appears and inserting “period”; and

(2) in subparagraph (B)—

(A) in the matter preceding the table, by striking “fiscal year” and inserting “period”; and

(B) in the table—

(i) by striking “of fiscal year:” and inserting “of:”;

(ii) by striking “2010” and inserting “Fiscal year 2010”;

(iii) by striking “2011” and inserting “Fiscal year 2011”;

(iv) by striking “2012” and inserting “Fiscal year 2012”;

(v) by striking “2013” and inserting “Fiscal year 2013”;

(vi) by striking “2014” and inserting “Fiscal year 2014”;

(vii) by striking “2015” and inserting “Fiscal year 2015”;

(viii) by striking “2016” and inserting “October 1, 2015, through March 31, 2019”;

(ix) by striking “2017” and inserting “April 1, 2019, through March 31, 2020”;

(x) by striking “2018” and inserting “April 1, 2020,”.

**SEC. 602. GAO STUDY AND REPORT ON STATE RE-INVESTMENT OF SAVINGS RESULTING FROM INCREASE IN ADOPTION ASSISTANCE.**

(a) STUDY.—The Comptroller General of the United States shall study the extent to which States are complying with the requirements of section 473(a)(8) of the Social Security Act relating to the effects of phasing out the AFDC income eligibility requirements for adoption assistance payments under section 473 of the Social Security Act, as enacted by section 402 of the Fostering Connections to Success and Increasing Adoptions Act of 2008 (Public Law 110-351; 122 Stat. 3975) and amended by section 206 of the Preventing Sex Trafficking and Strengthening Families Act (Public Law 113-183; 128 Stat. 1919). In particular, the Comptroller General shall analyze the extent to which States are complying with the following requirements under section 473(a)(8)(D) of the Social Security Act:

(1) The requirement to spend an amount equal to the amount of the savings (if any) in State expenditures under part E of title IV of the Social Security Act resulting from phasing out the AFDC income eligibility requirements for adoption assistance payments under section 473 of such Act to provide to children of families any service that may be provided under part B or E of title IV of such Act.

(2) The requirement that a State shall spend not less than 30 percent of the amount of any savings described in subparagraph (A) on post-adoption services, post-guardianship services, and services to support and sustain positive permanent outcomes for children who otherwise might enter into foster care under the responsibility of the State, with at least 2/3 of the spending by the State to comply with the 30 percent requirement being spent on post-adoption and post-guardianship services.

(b) REPORT.—The Comptroller General of the United States shall submit to the Committee on Finance of the Senate, the Committee on Ways and Means of the House of Representatives, and the Secretary of Health and Human Services a report that contains the results of the study required by subsection (a), including recommendations to ensure compliance with laws referred to in subsection (a).

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from

Florida (Mr. BUCHANAN) and the gentleman from Michigan (Mr. LEVIN) each will control 20 minutes.

The Chair recognizes the gentleman from Florida.

GENERAL LEAVE

Mr. BUCHANAN. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days to revise and extend their remarks and to include any extraneous material on H.R. 5456, currently under consideration.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Florida?

There was no objection.

Mr. BUCHANAN. Mr. Speaker, I yield myself such time as I may consume.

The Nation is in the grips of an opioid and heroin epidemic, which, according to States, is responsible for recent spikes in the need for out-of-home foster care placement after more than a decade of decline.

Under current child welfare financing, when a family is struggling, the majority of Federal dollars are only available if the State removes a child from his or her biological and adoptive home and places that child in foster care.

Even though it is often less expensive and more effective to keep a child safely at home, Federal support for these types of prevention services are extremely limited. Children who are raised by the State in foster care face increased risks of substance abuse, homelessness, teen pregnancy, and other negative outcomes.

The Family First Prevention Services Act of 2016 will reverse the current trends by supporting early, evidence-based, cost-effective interventions to keep children safely at home. This will increase the likelihood of positive short-term and long-term outcomes for both children and their parents. Moreover, it will ensure that children who do not need foster care are appropriately placed with families whenever possible.

Preliminary estimates are that the cost of the up-front prevention services to strengthen families will be more than fully offset by both reducing inappropriate placements into group homes for foster children, as well as briefly delaying additional adoption assistance to allow for a comprehensive GAO review to be completed.

In May, the Human Resources Subcommittee heard about challenges and successes of those on the ground as they attempt to fight the opioid and heroin epidemic in their communities. Today, we will move forward to ensure more struggling families get the help they so vitally need.

This bill is a result of a bipartisan, bicameral effort. So I would like to thank Ranking Member LEVIN and our Senate Finance Committee colleagues, Chairman HATCH and Ranking Member WYDEN, for working so diligently on this effort.

This bill also incorporates bipartisan efforts by Congressman YOUNG and

Congressman DAVIS to improve the exchange of information across State lines to get foster children settled into homes more quickly.

I would like to thank my fellow committee members, the bipartisan group of original cosponsors, and those on the committee who have also joined to sponsor this important legislation.

Finally, I would like to recognize the overwhelming support we have received from the child welfare community who, I know, have been working on this issue for many, many years, some say as long as 30 years, in terms of the prevention care for our kids.

I include in the RECORD some of these more than 60 letters of support we have received so far on this bill.

CHILDREN'S HOME SOCIETY OF  
AMERICA,  
Chicago, IL, June 14, 2016.

Hon. KEVIN BRADY,  
Chairman, Committee on Ways and Means,  
House of Congress, Washington, DC.

Hon. SANDY LEVIN,  
Ranking Member, Committee on Ways and  
Means, House of Congress, Washington,  
DC.

DEAR CHAIRMAN BRADY AND RANKING MEMBER LEVIN: As a nationwide membership organization comprised of many of the most long standing and respected child and family organizations in the country, Children's Home Society of America is writing in support of your efforts to promote and improve outcomes for many of the hundreds of thousands of children and youth who come to the attention of the child welfare system each year, including children in foster care. Over the decades the House Ways and Means Committee, with bipartisan support, has taken significant steps forward on behalf of our most vulnerable children and the Family First Prevention Services Act of 2016 continues those efforts.

Allowing funds under Title IV-E of the Social Security Act, currently used primarily for out-of-home care for children, to be used for the first time for prevention services to help keep children at risk of placement in foster care safely at home with their parents or with kin is a significant move in the right direction. Kinship caregivers play a critical role in protecting children temporarily while their parents are not able to and also in ensuring new permanent families for children who cannot return home.

We strongly support the bill's recognition of the importance of quality services for these children, which are evidence-based and trauma-informed and the importance of accountability in tracking the provision of services and their benefits for children. States at different stages in reforming their systems will also have help training staff for the development and delivery of these new services and putting in place the infrastructure needed to administer and oversee their delivery and child outcomes.

The Family First Prevention Services Act over time also will take important steps to ensure children who need to enter foster care will be placed in the least restrictive setting appropriate to their needs, by targeting federal dollars only on smaller family-foster homes and on other care settings for children and youth with special treatment needs or those in special circumstances, such as

pregnant and parenting teens or older youth in independent living settings. A number of states already have undertaken special efforts to reduce the number of children in congregate care and to preserve group care settings for children with special treatment needs.

Children and society pay a high cost when the current systems fail to adequately address the needs of the children who come to the attention of our child welfare systems, nearly 80 percent of whom are victims of neglect. We believe that the specific changes proposed will go far in encouraging state and local child welfare systems, private providers, the courts and youth and families who have been involved in the system to work together to achieve significant change for children over the next decade.

We look forward to working with you to ensure these new child welfare finance reforms will truly benefit children who come to the attention of the child welfare system and to continue to explore additional improvements on their behalf to ensure they all have safe, permanent families. Thank you for your continuing leadership on behalf of these children.

Sincerely,

SHARON OSBORNE,  
Board Chair.

CHILDREN'S HOSPITAL OF  
WISCONSIN,  
Milwaukee, WI.

Hon. VERN BUCHANAN,  
Chairman, Human Resources Subcommittee,  
House Committee on Ways & Means, Wash-  
ington DC.

DEAR CHAIRMAN BUCHANAN: Children's Hospital of Wisconsin strongly supports the Family First Prevention Services Act of 2016 (H.R. 5456). We applaud your leadership on this important issue.

Children's Hospital of Wisconsin (Children's) is the region's only independent health care system dedicated solely to the health and well-being of children. We serve children from every county in the state and are recognized as one of the leading pediatric health care centers in the United States. In addition, Children's is the largest not-for-profit, community-based child and family serving agency in Wisconsin. Through our Community Services work, we provide a continuum of care to more than 15,000 children and families annually. This includes family preservation and support, child and family counseling, child welfare, child advocacy and protection, and foster care and adoption services.

We strongly support the Family First Prevention Services Act that would allow funds under Title IV-E of the Social Security Act to be used for the first time for evidence-based prevention services to help keep children at risk of placement in foster care safely at home with their parents or with kin. The legislation represents a significant and meaningful shift in child welfare policy by prioritizing up-front, evidence-based services to keep families together. We know from experience and empirical research that this is important for the healthy development of children.

The bill also makes significant advancements to integrate interventions and measures focused on child well-being into the child welfare system. Children's believes that prioritizing and providing accountability for child well-being, in addition to safety and permanency, is critical to achiev-

ing better outcomes for children and society and positioning children to thrive into adulthood.

Children's is committed to improving the health and well-being of children and families. We believe the Family First Prevention Services Act will enable the child welfare system to better serve our most vulnerable children and families.

Sincerely,

AMY HERBST,  
Vice President, Child Well-Being.

[From the American Academy of Pediatrics,  
June 13, 2016]

AAP STATEMENT SUPPORTING THE FAMILY  
FIRST PREVENTION SERVICES ACT  
(By Benard P. Dreyer, MD, FAAP)

"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 work alongside bipartisan members of Congress to advance the bill toward a vote as soon as possible."

CHILDREN AND FAMILY FUTURES,  
Lake Forest, CA, June 13, 2016.

Hon. KEVIN BRADY,  
Chairman, Committee on Ways and Means,  
House 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 (QRTP) 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.

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

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

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

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

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

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

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

DEAR CHAIRMAN BRADY AND RANKING MEMBER LEVIN, CHAIRMAN BUCHANAN AND RANK-

ING 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 at [mnash@alliancel.org](mailto:mnash@alliancel.org) with questions or to request additional information.

Sincerely,

SUSAN DREYFUS,  
*President and CEO.*

Mr. BUCHANAN. Mr. Speaker, I reserve the balance of my time.

Mr. LEVIN. Mr. Speaker, I yield myself such time as I may consume.

The bill before us today, the Family First Prevention Services Act, has a very simple goal: improve the lives of our most vulnerable children. We worked across the aisle on this legislation because we recognize the importance of ensuring that kids grow up in safe, loving, and stable homes.

I mentioned that we worked together on this. Mr. BUCHANAN, who is the chairman of our committee, others on the Republican side, and Mr. DOGGETT, Mr. DAVIS of Illinois, Ms. BASS, and others worked so hard on this, and I think it has improved this legislation.

Our foster care system provides an essential safe haven for abused and neglected children. However, when it comes to our system today, it is clear that Federal funding has been stacked against prevention efforts. That means our Federal dollars aren't being used to effectively help families and prevent child abuse and neglect in homes. In fact, less than 10 percent of dedicated child welfare funding goes toward prevention.

This bill is intended to make sure families receive the help they needed before a child goes into foster care, not after, as our current system largely functions. This bill would provide substance abuse treatment for parents, support efforts to improve parenting skills and expand access to mental health care.

The Children's Defense Fund, which tirelessly advocates for our most vulnerable children, offered its full support for this bill, and it is my privilege to quote the Children's Defense Fund under its so esteemed leader: "It takes historic and long overdue steps to direct Federal child welfare dollars to

improve outcomes for vulnerable children and families."

Simply put, this bill would help keep kids throughout our country safe and in their homes instead of placing them in a foster care system that we should use only when clearly necessary. It would be preferable if the bill's key provisions on prevention started sooner to help States facing immediate crises.

Furthermore, this legislation certainly does not address every problem facing our child welfare system, including the need to recruit more foster family homes; but, indeed, this bill is an important step forward in strengthening our Nation's child welfare system in the long-term. In fact, as we have seen, more than 50 organizations dedicated to advocating for vulnerable children have come out in support of this legislation, including, as mentioned, the Children's Defense Fund, the American Academy of Pediatrics, Prevent Child Abuse America, the American Psychological Association, Voice for Adoption, and the North American Council on Adoptable Children. This bill has also been endorsed by the national association representing State child welfare agency directors.

This legislation represents an effort to find important common ground in the House and also in the Senate with the leadership of Senators HATCH and WYDEN. We have more work to do. We have more work to do, indeed, to ensure our children have the opportunities and support they need to thrive, but this bill would take a very important step on that path.

So, once again, I would like to thank my colleagues on the Republican side and on the Democratic side. I would like to thank the staff on our side and, I am sure, the same has been true of the Republican side for all of their diligent and impassioned work on this important issue.

I reserve the balance of my time, and I ask unanimous consent that the balance of my time be governed and managed by the gentleman from Texas (Mr. DOGGETT).

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Michigan?

There was no objection.

Mr. BUCHANAN. Mr. Speaker, I reserve the balance of my time.

Mr. DOGGETT. Mr. Speaker, I yield myself 5 minutes.

Each day in America, as many as eight children die at the hands of those who are supposed to be caring for them. Three out of four of these children are under the age of three. Half of them will never reach their first birthday, and countless others of all ages will forever be scarred by abuse and by neglect.

The legislation that we consider tonight is all that remains of a comprehensive child safety bill offered by Senator RON WYDEN and offered by me here in the House last year. I salute his leadership then, and I accept his deci-

sion to settle for a small bit of what we sought to accomplish rather than no bit at all.

This year, Senator WYDEN put a fraction of our original bill into a proposal to which Senator ORRIN HATCH agreed, a bipartisan Family First draft proposal. Today's bill is a fraction of a fraction of our original initiative.

□ 1930

Despite the valiant efforts of many local groups and individuals across Texas, we have a child abuse crisis there. As The Dallas Morning News reported last month: "Staggering number of Texas children in imminent danger neglected by CPS"—Child Protective Services—"investigation shows."

And the same is true in one State after another. In short, the Republican answer in this bill is to do absolutely nothing with regard to child prevention services in additional resources now, to essentially do nothing about this crisis now, to continue neglecting the neglected this year, next year, and the year after that.

Adoption has proven one way that we can keep children out of the foster care system and in a loving family. I know this is not Mr. BUCHANAN's personal view, but the only way that House Republicans would agree for us to fund additional preventive services for these children to avoid child abuse—even though that takes 3 long, painful years of delay—is by our cutting about \$700 million from adoption.

The other source of funding is congregate or group care. I believe we do need a change in group care, but while agreeing, I note that in Texas last month there were over 60 foster care youth. The only place they could find to sleep was in the State offices of Child Protective Services, and one has to ask about this bill the question of where these children will go if those group facilities are no longer available.

This measure was approved on the same day that the Committee on Ways and Means approved barring over \$50 billion for additional tax breaks, and yet not another dime of additional resources to prevent child abuse this year. They demanded that there could be no resources going into child abuse unless it was paid for from other human resources, essentially robbing Peter to pay Paul.

One important aspect of the bill is the kinship provision, that assisting relatives who are willing to raise a child, keep them in a family home so they won't be bounced around from one place to another, that they get some support. I think it is a worthy approach, but it also shows how this House Republican proposal has slashed relief.

This year's bipartisan recommendation by Senators WYDEN and HATCH was estimated to cost \$1.7 billion for kinship. Today we have a mere 8 percent—8 percent—of what they recommended, hardly worthy of a celebration. The major focus of this bill is to provide a

Federal incentive for the States to invest in prevention and early intervention to ensure the safety of children. For too long we backloaded everything. We responded to abuse after it occurred instead of trying to prevent it at the beginning.

We offer assistance now through this bill eventually, and we should be focused on it. I agree fully with that focus. That is why I plan to vote, reluctantly, for this proposal. But this bill would give the States an incentive through what is called Title IV-E, where the Federal Government would put up 50 percent, 50 cents on the dollar that is expended, and the States would put up 50 cents.

The SPEAKER pro tempore. The time of the gentleman has expired.

Mr. DOGGETT. I yield myself an additional 30 seconds.

Unfortunately, this bill provides no immediate relief for children who are in danger right now. No additional funds for 3 years. In Texas, with the opioid crisis, and in other States, these children need help now. It has gotten so bad that Federal courts are beginning to declare these systems unconstitutional. We could have done better by these children. We have the capacity to do better. We have not had the will to do better in this Congress.

Mr. Speaker, I reserve the balance of my time.

Mr. BUCHANAN. Mr. Speaker, having no other speakers, I reserve the balance of my time.

Mr. DOGGETT. Mr. Speaker, I yield 5 minutes to the gentleman from Illinois (Mr. DANNY K. DAVIS), one of the members of our committee who has been a real advocate for children suffering from abuse.

Mr. DANNY K. DAVIS of Illinois. Mr. Speaker, I want to thank my colleague from Texas for yielding.

Child welfare advocates have used the adjectives "landmark," "historic," and "trailblazing" to describe this bill. I wholeheartedly agree with them. I am pleased to be a cosponsor of this legislation that begins a fundamental shift in Federal child welfare policy to preserving families rather than separating them.

I am deeply grateful to Ranking Member LEVIN, Chairman BRADY, Chairman BUCHANAN, Ranking Member WYDEN, and Chairman HATCH for including many provisions for which I have advocated, provisions that will substantially strengthen families in Chicago, in Illinois, and throughout the Nation. I am equally grateful to Ranking Member DOGGETT for his tireless efforts to secure additional resources for prevention.

My congressional district has the highest percentage of children living with grandparent caregivers in the Nation, followed closely by two other congressional districts in Illinois. We know that substance abuse and addiction underlie a substantial percentage of child welfare cases and separates families.

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

That is exactly what we are doing here today. The Family First Prevention Services Act invests in addressing key reasons that families struggle by providing evidence-based mental health, substance abuse, and parenting services to strengthen families so they can avoid the child welfare system. I am especially pleased that the bill includes my work to improve the effectiveness of child abuse and neglect prevention related to substance abuse by modernizing the Regional Partnership Grants.

Coupled with the prevention services, the extension of the Kinship Navigator program, the improved licensing standards to address barriers for relative caregivers, the extension of adoption and legal guardianship incentive payments, the new services for pregnant and parenting foster youth, the investment in electronic systems to improve interstate placement of youth, and the funding to support children in staying with their parents in residential treatment all promise to improve permanency and well-being for youth and kinship caregivers.

I want to thank the chairperson of my Child Welfare Task Force, Dr. Annetta Wilson, for sharing her expertise on how to improve policies to support children and families. I also want to thank Pam Rodriguez and George Williams with TASC in Chicago as well as Nancy Young with Children and Family Futures for sharing their expertise about what policies work to support parents affected by substance abuse so that we can strengthen families.

Finally, this is not a perfect bill, but it is a historic bill and a unique opportunity to strengthen families. I look forward to continuing to work with my colleagues to enact additional supports for kinship caregivers, enhance services for expectant and parenting foster youth, and to protect the Social Security benefits of foster youth.

I attended a high school graduation last Friday, and the young lady who got the biggest applause was one whose mother and grandmothers both had died within the last 3 years. She also has given birth to two children. But she graduated with honors, and it is the assistance and help that we give to these young people who really prove that we can have an effective welfare help system for young people who need the help.

Mr. BUCHANAN. Mr. Speaker, I reserve the balance of my time.

Mr. DOGGETT. Mr. Speaker, how much time do I have remaining?

The SPEAKER pro tempore. The gentleman from Texas has 5 minutes remaining.

Mr. DOGGETT. Mr. Speaker, I yield 3 minutes to the gentlewoman from California (Ms. BASS), who, though not a formal member of our committee, has

been a very active participant in our subcommittee and who chairs the Congressional Caucus on Foster Youth, among others.

Ms. BASS. Mr. Speaker, I rise today in support of H.R. 5456. I believe this is a very positive step forward to reforming the child welfare system in our country.

H.R. 5456 takes into account what has been learned from years of county and State efforts at reform in the form of waivers. We have learned a lot. We have learned that we can safely reduce the numbers of children in care by providing services up front, prevention services that, until now, could not be supported with Federal dollars unless the State or county had a waiver.

What do we know?

We know that the main reason why children are in foster care is because of child neglect, and the main reason for this is substance abuse and mental illness. For example, there are programs, such as SHIELDS for Families in Los Angeles, that have been able to reduce the number of children in care by providing substance abuse services for families for 12 months.

The problem with H.R. 5456, however, is that services would be cut off after 12 months, and one of the features of addiction is relapse.

So what happens to a family if the individual relapses on the 11th month? Will the children automatically be removed and placed into care?

I think during the implementation phase, we need to consider flexibility with cutting off services at the end of 12 months.

The same thing applies to mental health services. The Chafee Grant is another thing that is a positive feature of H.R. 5456. Chafee grants help young people transition to adulthood. I am pleased that H.R. 5456 includes my language to extend time to 23 years old for a young person to receive prevention services. What these services are are essentially services that help a young person transition to adulthood, such as housing, counseling, job training, et cetera. Chafee is also extended in H.R. 5456 to the age of 26 for educational grants.

I want to applaud my State of California, where reforms are underway. We have passed legislation in California that long recognizes the need for housing to transition young people out of care, but in California we have had the insight and foresight to understand that children 16 years old sometimes want to transition out of the foster care system. Unfortunately, H.R. 5456 eliminates funding for children who are 16 years old.

I am concerned that the bill might have some unintended consequences. I think we would all agree that it would be best to keep a child in a family setting when they are 16 years old. However, many young people wind up running away from foster homes. Unfortunately, they wind up suffering from abuse, again, in a foster home, and



they need to be transitioned into adulthood.

The SPEAKER pro tempore. The time of the gentlewoman has expired.

Mr. DOGGETT. Mr. Speaker, I yield an additional 15 seconds to the gentlewoman.

Ms. BASS. I am hoping H.R. 5456 will take into consideration unintended consequences and not contribute to homelessness amongst youth.

Mr. BUCHANAN. Mr. Speaker, I reserve the balance of my time.

Mr. DOGGETT. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, 4 years ago I authored and passed into law the Protect our Kids Act. It became law with the help of former Ways and Means Republican Chair Dave Camp, and it established a commission to eliminate child abuse and neglect fatalities. It is a mark of the progress—or the lack of progress that this year, when that commission came forward with its report, Republicans on our committee would not permit a hearing to accept the modest findings of the commission.

And so we have reached tonight. I was offered in the traditional Washington way an opportunity to put my name on this legislation. It has some meritorious provisions that eventually come into effect, but I could not do that and face my constituents in Texas saying that I had done something to address this crisis when I know, in fact, we are not doing what needs to be done to address this crisis.

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I advanced one of many alternatives to provide the dollars to deal with this crisis now. That was a proposal not for new taxes, but it was a proposal for tax compliance that would have fully funded the bipartisan agreement from the Senate.

But for the ideological commitment to oppose any new resources going to address child abuse, we would have those dollars. We wouldn't be taking the money out of good adoption programs. We wouldn't be delaying a response for 3 years. We would be doing something now to address the challenges that are out there for the children who face abuse and neglect today.

That is what should be happening. That is what today's bill fails to do, though it offers us the promise of eventual action to do what we should be doing right now.

And why wait three years to respond to this crisis? Because the Republican-controlled Ways and Means Committee that vulnerable children can receive federal relief only from money taken from other children or other portions of initiatives within the jurisdiction of the Human Resources Subcommittee. Republicans rejected the use of any additional resources to prevent child abuse, including a simple tax compliance measure that would require the filing of a 1099 for alimony payments to ensure that those payments were being reported as income, which federal law has long required. That modest requirement would have provided more than \$2 billion of resources, without raising a dime of taxes.

Because taking money from adoption and congregate care fails to fully fund even today's delayed response, Republicans must also today waive a Budget point of order, since this bill does not comply with their own Budget rules.

Finally, this bill makes wholly unjustified and discriminatory cuts to adoption assistance. The sole reason for these cuts is budgetary—that was apparently the easiest way to find funds instead of adding the necessary revenue. This bill is paid for, in part, by delaying funding for children under the age of 4 to be adopted out of foster care, for those children with special needs, physical or mental, who are the hardest to adopt. According to a law Congress passed in 2008, those adopting 2- and 3-year-olds, who would otherwise have been entering foster care, would have been eligible in October for modest federal assistance; infants and 1-year-olds would have been eligible next year. Now, that funding will be delayed 2½ years, to pay for new services, none of which become available until 2020. The only excuse given for taking almost \$700 million that otherwise would have supported adoptions is that some states are failing to reinvest in foster children the money that they save in foster care costs for each child who is adopted. There is no example of fraud or abuse, only the all too typical diversion by some states for other public services. Some states like Texas, which so regularly ignores the needs of its children, reinvested only a dime of every dollar of adoption savings in foster care. Others like Florida followed federal law and reinvested every dollar of their savings. This bill discriminates against Florida and similar states.

And what does this bill propose to do to crack down on this state diversion of savings from adoption? It asks for a government report. In 2014, Congress enacted provisions of the Preventing Sex Trafficking and Strengthening Families Act to prevent diversion. The Administration should enforce that Act. Requesting that the Government Accountability Office provide information already available from the U.S. Department of Health and Human Services adds nothing not already known. But if all we wanted was a report, we could get that report just by writing a letter to the GAO. Seeking another report represents cover for taking away resources that would otherwise have benefitted blameless infants and toddlers.

We have a serious problem that deserves a serious state-federal, bipartisan solution. I am not opposing today's bill, but it does far less than it could and should have. It is a true missed opportunity to help some of our most vulnerable Americans. Today's bill does something, someday. We ought to be responding fully and effectively this day.

Mr. Speaker, I yield back the balance of my time.

Mr. BUCHANAN. Mr. Speaker, I yield myself such time as I may consume.

Again, this is bipartisan, bicameral legislation. It takes important steps to keep more children safely at home and out of foster care.

Under the current law, most Federal funding for child welfare is directed toward reimbursing States after they place a child in foster care. This is the least desirable outcome.

This legislation turns this around by putting resources towards preventative

services to keep children safely with their parents or relatives. Most importantly, this bill will help ensure that more children grow up in a safe home surrounded by a stable family.

Strong families make for a strong community. I urge my colleagues to support the Family First Prevention Services Act.

Mr. Speaker, I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Florida (Mr. BUCHANAN) that the House suspend the rules and pass the bill, H.R. 5456, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

A motion to reconsider was laid on the table.

#### MESSAGE FROM THE SENATE

A message from the Senate by Ms. Curtis, one of its clerks, announced that the Senate has passed with an amendment in which the concurrence of the House is requested, a bill of the House of the following title:

H.R. 1777. An act to amend the Act of August 25, 1958, commonly known as the "Former Presidents Act of 1958", with respect to the monetary allowance payable to a former President, and for other purposes.

The message also announced that the Senate has passed a bill of the following title in which the concurrence of the House is requested:

S. 2736. An act to improve access to durable medical equipment for Medicare beneficiaries under the Medicare program, and for other purposes.

#### WORLD HARVEST CHURCH'S 15th ANNUAL HONOR OUR HEROES

(Mr. TOM PRICE of Georgia asked and was given permission to address the House for 1 minute.)

Mr. TOM PRICE of Georgia. Mr. Speaker, on behalf of Georgia's Sixth Congressional District, I rise today to recognize the amazing works of Roswell, Georgia's World Harvest Church and their 15th annual Honor Our Heroes event scheduled for July 3 of this year.

The World Harvest Church has made a truly meaningful difference in people's lives by going into communities and ministering to all, young and old, with messages of hope and demonstrating the true love of Jesus Christ.

Mr. Speaker, part of this service is their annual Honor Our Heroes event, which is a wonderful opportunity for our local community to honor our veterans whose selfless acts of heroism have helped maintain our most fundamental freedoms: life, liberty, and the pursuit of happiness.

The World Harvest Church also serves as headquarters for missionary