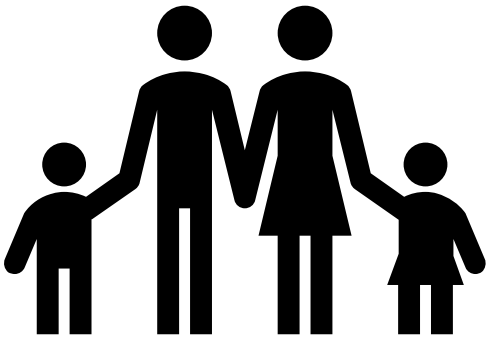
SAFE BABIES COURT TEAMS™ &

FAMILY FIRST PREVENTION SERVICES ACT



GO HAND-IN-HAND

A Toolkit for Judges and Stakeholders to Advocate with States

February 2019

ZERO TO THREE
Early connections last a lifetime

Contents of Toolkit:

- Overview of what judges and stakeholders should know
- Comparison of Family First provisions and SBCT
- Talking points for making the case for SBCT in Family First
- Essential provisions on prevention services in Family First

We welcome your feedback on what is most helpful in making the case to states on SBCT and Family First. We will be posting the toolkit's contents, along with other resources, on a special webpage on ZERO TO THREE's site https://bit.ly/2NrFKJQ.

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Safe Babies Court Team™ and Family FirstPrevention Services Act Go Hand-in-Hand

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Overview

Like the Safe Babies Court Team™ (SBCT), the Family First Prevention Services Act (Family First) grew from a recognition that a game-changer was needed for the child welfare system's approach to families tangled in it. As Family First opens uncapped entitlement funding for evidence-based services to prevent foster care placements, it potentially could transform child welfare practice for many children and families.

A Family First/SBCT interface clearly could be mutually beneficial: Family First's goal is to change outcomes for children and families by funding up front services to prevent disruptive and costly foster care placements. For infants and toddlers—who represent the largest cohort of children coming into care—SBCT could help reach that goal with an off-the-shelf science-based framework helping communities, courts, and child welfare agencies reorient policy and practice to address families' needs holistically *and earlier*. For its part, Family First brings potential sustainable funding for SBCT to expand its reach by increasingly applying the approach to working with families whose babies and toddlers remain at home or with relatives. In other words, Family First and SBCT could, and should, go hand-in-hand.

Many decisions must be made, and many steps taken before these two ideas—the ground-breaking federal statute and the science-in-action community solution—can join forces. ZERO TO THREE is working to get SBCT into the Title IV-E Prevention Services Clearinghouse (Clearinghouse)—the clearinghouse of evidence-based practices that is being developed by the federal Administration for Children and Families (ACF) within the Department of Health and Human Services (HHS) in accordance with Family First. States must include SBCT in their plans for ACF to feel pressure to include it in the programs reviewed by the Clearinghouse and subsequently approve it.

Judges and stakeholders committed to using SBCT to change how they support young children and families can play a big role in achieving those goals. You can make a powerful case for SBCT to states and national stakeholders with whom you have connections. While Family First implementation is extremely complicated, this toolkit will help you understand better how SBCT and Family First fit together and the steps you can take to get your state to embrace SBCT as part of its Family First plan.

Family FirstImplementation: It's Complicated

Family First goes into effect in Federal Fiscal Year (FFY) 2020, which begins on October 1, 2019. States must begin planning now, however, because activities to use these new funds must be written into their State IV-E (Child Welfare) plans and approved by ACF. But there are several complications.

Implementation timing for prevention is controlled by congregate care compliance: A state's use of prevention funds in Family First depends on compliance with the other important part of Family First, which reforms foster care placements and restricts the use of congregate care. States will have to adopt a process to accredit "qualified residential treatment programs." States may choose to delay implementation of this portion of Family First for up to two years, *but they would not be able to use prevention services funds until that time*. States have until September 2019 to decide whether to implement Family First in FFY 2020 or delay implementation to as late as FFY 2022.

Prevention services must meet evidence criteria, but further information is needed from ACF on how the Clearinghouse will function and which programs and services will be selected for review: The program instruction released by ACF on November 30, 2018[1] expands on the Title IV-E prevention program components. Although a number of states have Family First planning processes already underway, details around Family First implementation, including what programs and services will qualify, are extremely uncertain. Services under the new funding must be evidence-based and fall into three categories: substance abuse treatment, mental health treatment, and in-home parenting services.

[1] https://www.acf.hhs.gov/sites/default/files/cb/pi1811.pdf

We believe SBCT should qualify as a promising practice and that it clearly promotes strengthening of parental skills. We focus on supporting families whose babies and toddlers can safely remain at home. The team assesses families' strengths and needs and offers evidence-based interventions to meet those individual needs and strengthen their ability to support positive growth and development of their child. Our work is trauma informed and assists parents in "unpacking their trauma suitcases" so they can heal and support their own children. We use Adverse Childhood Experiences (ACEs) screening to assess family risk. Our goal is to wrap those families with support and build strong communities that have open access to services that families need to thrive.

Family First sets out three evidence-related tiers that services must meet: promising, supported, and well-supported. Moreover, Title IV-E prevention services must be provided under an organizational structure and treatment framework that recognizes the principles of a trauma-informed approach. By the time the prevention program is up and running, half of funds for services must meet the well-supported criteria. Clearly, what interventions can meet these standards is a critical question. ACF identified within the program instruction the first dozen services and programs for review under the Clearinghouse, with resulting findings and a handbook for standards anticipated for release in the spring of 2019. Many questions still remain about how additional programs will be selected for review or how broad the "promising practices" category will be. Some states are considering including programs outside the Clearinghouse in Family First amendments to state IV-E plans, especially those in the California Evidence-Based Clearinghouse for Child Welfare, which lists SBCT.

Two paths for SBCT to qualify for Family First funds:

- As a promising practice itself, especially under in-home parenting services. (The difference among tiers is the length of follow-up with the families in the studies.)

- Through administrative cost claiming: The Court Team infrastructure (Community Coordinator, case planning and monitoring, training, and data systems) could be covered through administrative funds, with individual evidence-based interventions (such as Child-Parent Psychotherapy) covered with services funds. Family First requires states to undertake activities in administering the program that include many embedded in the SBCT approach, including implementing and monitoring services; using monitoring information to refine and improve practices; performing assessments of parents' and children's needs; consulting and coordinating with other agencies; and steps to support a child welfare workforce with the competencies to deliver trauma-informed and evidence-based services.

Judges and stakeholders committed to using SBCT to change how they support early development and strengthen families can be key messengers to state administrators and planning groups. As a proven comprehensive approach that covers both evidence-based practices and administrative functions, SBCT could be an attractive addition to their planning. To make the case for SBCT, you should:

- Identify the Family First planning mechanism and major players in your state and learn the avenues for making the case for including SBCT. States are consulting a wide range of stakeholders, including judges, as they make their plans, so your input can influence the plans' shape.

- Find opportunities to speak at planning meetings; meet with state administrators and other stakeholders; write letters or statements about how SBCT is a good fit for Family First.

- Offer to host a site visit or make a presentation on SBCT and its results for planners (ZERO TO THREE will post a PowerPoint you can use on its website).

- Encourage state officials to urge ACF to ensure comprehensive approaches such as SBCT qualify for Family First funding.

- If you are part of a national group, encourage them also to make the case to ACF.

- Plan to be in this effort long-term. Family First implementation isn't going to happen overnight. Some states may not get to prevention services for several years. SBCT judges and stakeholders should get in the door now, stay in touch and become part of the process to keep working to build state support.

A NOTE AS YOU MAKE THE CASE: SBCT's original focus on babies and toddlers in foster care leads some people to mistakenly believe this is the only target population it serves. Please advocate strongly that the approach already works with children remaining at home, enabled by its strong community infrastructure.

Fueled by FAMILY FIRST, the Safe Babies Court Team™ Approach Can Help States Transform Child Welfare and the Lives of Infants, Toddlers, and Families

The Family First Prevention Services Act (Family First) offers an opportunity to transform how the child welfare system works with families by opening entitlement funds for key evidence-based services to prevent a child's removal from the home. The Safe Babies Court Team™ (SBCT) can help achieve that goal for infants and toddlers, the largest age group entering foster care, and their families. Transforming child welfare requires more than simply increasing the availability of a few services. It means a change in mindset about working with families. SBCT achieves this shift by using the science of early childhood development as its organizing principle to guide and reshape policy, practice, and ultimately, how each family is considered individually. This powerful community approach increasingly is being used to work with children and families *before* children are removed from the home and placed in foster care.

Effective outcomes for Family First will depend on how well families are served and their myriad needs met. States and communities will need to weave the evidence-based Family First services—substance use disorder treatment, mental health, and in-home parenting services—into an integrated approach. An evidence-based practice itself, SBCT encompasses the three Family First service areas within its comprehensive framework. SBCT uses the science of early childhood development to drive change at both systems and practice levels. From the judge who leads the team, to every caseworker, attorney, and service provider, the teams transform the culture of working with families, the community systems that must come together to meet families' needs, and the lives of the babies and families themselves.

As a complete approach, SBCT can help states satisfy Family First requirements for case management and state plan activities. It brings ready-made community organizing and change mechanisms, extensive training and technical assistance capacity, and built-in data collection, continuous quality improvement, and evaluation components.

Going Hand-in-Hand: Comparison of Family Firstand SBCT

FAMILY FIRST	SBCT
Evidence-Based Practices	
Requires states to use evidence-based practices for substance abuse treatment, mental health treatment, & in-home parenting services. States can be reimbursed for 12 months of services.	**We believe SBCT should qualify as a promising practice, especially under in-home parenting services.** We focus on supporting families whose babies and toddlers can safely remain at home. The team assesses families' strengths and needs and offers evidence-based interventions to meet those individual needs and strengthen their ability to support positive growth and development of their child. All our work is trauma informed and assists parents in "unpacking their trauma suitcases" so they can heal and support their own children. We use Adverse Childhood Experiences (ACEs) screening to assess family risk. In short, we ask parents "What Happened to you?" not "What did you do wrong?" We value parents and many of them have experienced significant trauma. A staggering 63% of parents had four or more ACEs; one in six had from eight to all ten ACEs. The children in our program reach permanency about a year faster than children in a subsample of infants and toddler form the NSCAW sample. Our goal is to wrap those families with support and build strong communities that have open access to services that families need to thrive. SBCT is listed in the California Evidence-Based Clearinghouse for Child Welfare.

	SBCT is a comprehensive evidence-based practice: • Quasi-experimental evaluation showing SBCT cases reach permanency about a year faster than children in a subsample of NSCAW. • 84% of SBCT cases reach permanency *within one year*, compared with the HHS standard of 41%. • Recurrence of maltreatment within 12 months occurs at a rate of only .7 %, compared with HHS standard of 9.1 %. Works with communities to: • Select evidence-based practices appropriate to families, particularly parenting curricula most attuned to needs of parents in the program. • Develop strategies to bring new practices to community or expand capacity of existing services, e.g., mental health services for caregivers & babies together. • Obtain prompt substance use disorder & mental health treatment services for parents.
Target Population	
Defines children served as those at imminent risk of entering foster care but who can remain safely at home or in a kinship placements as long as specified services provided.	Various sites work with both intact families & families with infants & toddlers in foster care (presumably those placements Family First intends to prevent). Proven successful at addressing needs of families with intense trauma histories.
Trauma-Informed Services	
Requires Family First services & programs to be "provided under an organizational structure & treatment framework that involves understanding, recognizing, & responding to the effects of all types of trauma."	Understanding of trauma infused within approach & team: • Training on understanding trauma, its impact on early childhood development & later adult health & behaviors, Protective Factors, building parental strengths. • Parents & children screened for Adverse Childhood Experiences (ACEs) to assess trauma burden; permanency outcomes analyzed using that lens. • Parents: comprehensive medical & mental health assessments, including evaluation for their own childhood trauma, prenatal alcohol exposure, substance use disorders, domestic violence. • Sites must have a Continuum of Behavioral Services.
Case Management Requirements	
Requires case plans detailing prevention plan with services to be provided & a description of how the state will monitor the children.	Coordinate to ensure case plans are comprehensive & appropriate for child and family; provide monthly court & staff oversight with the entire team to ensure progress; data dashboard enables real-time case oversight.
Activities Addressed in State Plans: ***Family First requires states IV-E plans to include description of activities related to Family First administration & oversight. SBCT includes these activities.***	
Requires plans to implement & monitor services selected & use information from monitoring to refine & improve practices	Created data collection system that allows all levels of management to monitor in real time; promotes Continuous Quality Improvement at the caseworker, site, & national program levels; provides multisite evaluation data.
*Requires a*ssessments of parents' & children's needs	Assessments include evaluations of parents' health & mental health as well as past trauma. Children receive developmental screening as well as health & oral health evaluations. SBCT is effective in obtaining needed services:

	• Parents receive prompt screening & receipt of substance abuse & mental health services, including dyadic services through Child-Parent Psychotherapy (CPP); • Children: 97% identified for developmental screening & early intervention receive them; 94% needing CPP receive services.
*Requires c*onsultation with other agencies & coordination of services	SBCT includes service providers, so consultation occurs frequently & routinely at both systems & family level. Holistic approach automatically coordinates all services regardless of funding source, as Family First, facilitating success in actually obtaining services
*Requires s*teps to support a child welfare workforce to deliver trauma-informed & evidence-based services	Provide training. support, & technical assistance for SBCT teams: • Training for community team on early childhood development, Infant-Early Childhood Mental Health, CPP, impacts of trauma, Substance Use Disorder, FASD, parent engagement, racial equity, and other topics; • Free on-line training modules (available Fall 2018); • Community of Practice for Judges/Community Coordinators; • Community Coordinator Academy; • Annual Cross-sites training conference; • Use of SBCT data collection system & CQI.

Talking Points

Safe Babies Court Team™ (SBCT) is perfectly positioned and aligned with the purposes of the Family First Prevention Services Act (Family First). Family First *could* help transform child welfare practice, *if* it is implemented within a coherent framework for driving change, building lasting community structures, and keeping family needs centered. SBCT provides such a framework in an evidence-based package focused on the children most vulnerable to maltreatment: infants and toddlers.

- ***SBCT is the complete package: a comprehensive framework*** grounded in the science of early childhood development and ***the infrastructure to deliver it***. The science guides us in how we serve individual babies and families. Individual interventions, including those identified in Family First, are planted within this framework so they are used most effectively. The Family First—required administrative elements—skilled caseworkers in the Community Coordinator, case management, monitoring, training and data systems—are built-in.

- Working under Family First, SBCT's ***powerful community structure would be focused on families whose babies and toddlers can safely remain at home***, as some SBCT already are doing. We successfully work with the very families, including relatives, whose children's entry into foster care Family First seeks to prevent.

- The Court Team brings ***systems level collaboration*** that helps communities embrace evidence-based practices and find community solutions to problems. Collaboration helps us ***tailor evidence-based services for individual families*** facing even the toughest challenges—with successful results.

- ***SBCT is a proven practice.*** 84% of cases reach permanency within a year, well within Family First's timeframe. The California Evidence-Based Clearinghouse for Child Welfare rated SBCT as **Promising Research Evidence** whose Child Welfare System Relevance Level is High.

- ***SBCT's two-layers of evidence allows dual avenues to Family First funding.*** SBCT itself could be funded as an evidence-based practice. But its infrastructure components potentially could be funded as administrative costs with individual evidence-based interventions funded as service costs.

Why focus on infants and toddlers? A window of vulnerability also offers opportunity.

- Infants and toddlers have the highest incidence of abuse or neglect. They are the largest age group coming into foster care, accounting for a third of placements, with infants alone accounting for 18%.
- Rapid brain development, forming 1 million new neural connections a second, makes children under age 3 the most vulnerable to the effects of maltreatment, potentially undermining the foundations for all later learning.
- More than half of children under age two seen by the child welfare system are at high risk for neurological or developmental impairment. Effects include attachment disturbances, poor self-esteem, behavior control, deficits in cognitive and language development, and later delinquency, substance abuse, and depression.
- But that rapid development also means that intervening early with mental health, parent support, and developmental services and supporting stable, caring relationships, can prevent or reduce negative effects.

What is a Safe Babies Court Team? *An SBCT is:*

- ***The Community:*** Judges provide leadership for the SBCT and the Community Coordinator provides both the child development lens and the glue for the team. But the team itself is the family, child welfare staff, and human services, medical, and educational providers from the community who come together at the systems and individual case level.
- ***Evidence-based interventions, front-loaded:*** The team assesses families' strengths and problems and offers evidence-based interventions to meet those individual needs, including the mental health services, substance use disorder treatment, and parenting support specified by Family First.
- ***Complete infrastructure:*** SBCT provides a Community Coordinator who supports the community in: delivering evidence-based services; developing detailed case plans and monthly case reviews; implementing a data collection system for monitoring in real time and Continuous Quality Improvement; and arranging training for professionals in the child welfare agency, court, and community on early childhood development and trauma. The Community Coordinator is the locus of an SBCT's built-in collaboration.
- ***Hands-on:*** The usual 3 to 6-month reviews don't work for rapidly developing young brains. We hold monthly hearings, staff consultations, and/or family team meetings. Service providers as well as families keep moving toward their goals. Team members communicate frequently.
- ***Trauma-informed:*** Everyone from judges to service providers is trained on the science of early development and the impacts of trauma on both babies and parents. Every SBCT develops a continuum of mental health services. We use Adverse Childhood Experiences (ACEs) screening to assess family risk. In short, we ask parents "What happened to you?" not "What did you do wrong?"
- ***A national community of problem-solvers:*** The community team solves problems from securing a individual family services, to training mental health clinicians in Child-Parent Psychotherapy. Through Communities of Practice, judges consult other judges and Community Coordinators share with peers across the country.

SBCT wraps services around families.

- **We value birth parents:** Many parents have experienced significant trauma: A staggering 63 percent of parents had four or more ACEs; one in six had from eight to all ten ACEs. We look behind presenting problems, but also successfully get substance use disorder and mental health treatment. Almost three quarters of parents screened and then referred for substance use disorder treatment begin services within a week of referral.
- **We support babies' development**: We screen for developmental issues, present in 70% of cases, and ensure babies and toddlers receive services such as early intervention and Child-Parent Psychotherapy.

SBCT is an evidence-based program with a strong track record of success:

- ***SBCT children reached permanency about a year faster*** than children in a subsample of infants and toddlers from the National Survey of Child and Adolescent Wellbeing (NSCAW). More were reunified or placed with relatives than in the NSCAW sample.
- ***Babies are well cared for:*** Maltreatment recurrence in closed cases since April 2015 is 0.7%--far below the national standard of 9.1%.
- ***SBCT babies find the stability and permanency they need to thrive:*** 84 percent of children with closed cases reached permanency within a year, double the national standard expectations established by the Children's Bureau of 41 percent and well within Family First's one-year time limit on services.

How does the Safe Babies Court Team focus on prevention?

- SBCT sites work with families at different points in the child welfare system, including families whose children remain at home. *Family First funding would expand these earlier services.* SBCT focused first on infants and toddlers in foster care, because foster care and caregiver changes can compound developmental impacts.
- The key: Each SBCT works successfully with families facing multiple and severe challenges, whose children often end up in foster care because they receive no support to address their needs. Is that not the population Family First is trying to reach? If communities look for an easier caseload, then exactly what are they preventing?
- Our goal is making SBCT's wrap-around services available to all families with infants and toddlers as they enter the child welfare system and ultimately, even before. The community structure we have built—mostly outside the child welfare system—will enable us to do that.

Family First Creates New Prevention Entitlement Funding in Title IV-E, which is renamed: "Part E—Federal Payments for Foster Care, Prevention, and Permanency"

States (and tribes who operate direct IV-E programs) will be able to use open-ended Title IV-E funds, formerly restricted to foster care maintenance payments, to provide services and programs to prevent placement of children into foster care.

- **Children and families eligible for services include:**
    - Children who are candidates for foster care, meaning those who are at imminent risk of foster care placement, but who can remain safely at home or in a kinship placement as long as specified services are provided. Includes children whose adoption or guardianship placement is at risk of disruption, potentially resulting in foster care placement. (HHS intends to leave the definition of this category to the states);
    - Parenting or pregnant youth in foster care;
    - Parents (biological or adoptive) and kin caregivers of these children.
    - Children do not have to meet the current IV-E income eligibility requirements to qualify (in other words, eligibility is de-linked from AFDC).
- **Placement in Residential Treatment Programs:**
    - States will also be able to use IV-E funds for foster care maintenance payments for a child in foster care placed with a parent in a licensed residential family-based substance use disorder treatment facility for up to 12 months. No income eligibility test.

- **Kinship Navigator Programs**
    - States can receive federal reimbursement for up to 50% of their expenditures to provide kinship navigator programs that meet certain evidence-based requirements. This federal support is available regardless of whether the children for whom the services are being accessed meet certain income eligibility requirements for Title IV-E foster care funding.
- **Timeline**:
    - Prevention provisions take effect October 1, 2019 (Federal Fiscal Year 2020), but states cannot use it until they implement the congregate care requirements, which can be delayed by up to two years.
    - On November 30, 2018, HHS issued guidance on Title IV-E prevention program requirements.[2]
- **Federal Match:**
    - Federal support starts out at 50 percent; on October 1, 2026, federal match will be the state's FMAP rate.
    - IV-E funds may be used for training and administrative costs, including data collection and reporting, at a 50 percent matching rate.
    - By October 1, 2019, when implementation begins, states will have to spend at least 50 percent of their expenditures on well-supported practices (strong evidence with outcomes lasting for at least a year).
- **Prevention services provided with these funds** must be evidence-based and fall in three categories, mental health treatment, substance abuse treatment, and in-home parent skill-based services. HHS plans to restrict approved services to these categories. Services must be "trauma informed."
    - The Act requires HHS to establish a clearinghouse of evidence-based programs (Clearinghouse) that meet one of three levels of evidence (promising, supported, or well-supported practices). The November 30, 2018 program instruction included a description of the initial practice criteria and a list of the first dozen services and programs selected for systematic review. Additional services and programs will be selected for review on a rolling basis.
    - The Clearinghouse is using the *Service or Program Eligibility and Prioritization Criteria* to identify services and programs for review. Additionally, the *Study Eligibility and Prioritization Criteria* will be used to identify and prioritize the review of studies of the selected services and programs.
    - The Clearinghouse is expected to provide a more detailed description of the revised initial criteria, procedures for systematic review, and definitions of key terminology in a handbook to be issued in April 2019.
    - Services in the three categories are eligible for reimbursement for not more than a 12-month period. However, children and families may receive services more than once if they are later identified as a candidate for foster care again.
- **Plans:**
    - Case Management:
        - For each child, the state must have a prevention plan that (1) identifies a planned strategy so the child can live safely at home or temporarily with a kin caregiver, or live permanently with a kin caregiver; and (2) services or programs to be provided.
        - Pregnant or parenting youth in foster care must have a plan with services or programs to ensure the youth is prepared to be a parent, and a strategy to prevent foster care placement for the baby.
    - State IV-E Plans: State child welfare plans will have to include a prevention services and programs plan component that details how the state will (1) monitor and oversee the safety of children who receive Title IV-E prevention services or programs, including through periodic risk assessments for each child

[2] https://www.acf.hhs.gov/sites/default/files/cb/pi1811.pdf

receiving them; (2) describe the services and programs the state intends to provide and whether they are promising, supported, or well-supported; (3) describe the outcomes the state intends to achieve; (4) discuss how the state will evaluate its provision of each prevention service or program offered; (5) describe how it will continuously monitor its provision of these prevention services and programs and use the information learned to refine and improve its practices; and (6) describe how child welfare workers will be trained and supported to effectively carry out Title IV-E prevention services and supports.

- **Maintenance of Effort:**
    - Requires states electing to provide prevention services with IV-E dollars to demonstrate maintenance of Effort (MOE) of state foster care prevention spending at FY2014 levels. Small states with less than 200,000 children in the 2014 census can choose to base MOE on FY2014, FY2015, or FY2016 expenditures.
        - This avoids states substituting the new IV-E funds for current state and local prevention dollars.
    - State foster care prevention expenditures include: (1) state or local expenditures for programs funded under TANF, Title IV-B and SSBG for foster care prevention services and activities, and (2) other state or local expenditures for foster care prevention services and activities whether federally matched or reimbursed or not. (Does not include state or local expenditures for foster care prevention services or activities under a federal waiver program.)
    - States are required to report these expenditures yearly to ensure compliance with the MOE. HHS will specify the prevention services and activities that should be counted under TANF, Title IV-B, SSBG, and other programs.
- **Limiting Congregate Care:**
    - In an effort to encourage placement of children into the least restrictive, most family-like settings appropriate to their needs, states cannot access the Title IV-E prevention dollars if a child is placed by an agency into a “child care institution,” beginning with the third week of that placement, with an exception for a few specific types of group placements:
        - A setting for prenatal, postpartum or parenting supports for teen moms.
        - A supervised setting for a child 18 or older. This allows states to continue to receive support for extended foster care, a key provision of Fostering Connections to Success and Increasing Adoptions Act that about half the states have opted into.
        - “High quality residential services” for youth who have been victims of trafficking or who are at risk of it. HHS will further regulate regarding the terms “high quality” and “at risk.”
        - A “qualified residential treatment program,” or QRTP.
    - States may still be reimbursed for the administrative expenditures related to a child’s case.
    - These requirements take effect in October 1, 2019; however, states may apply for up to a two-year delay in complying, which would preclude reimbursement for the front-end prevention services.
    - There is an exemption for pre- and post-adjudication juvenile facilities. However, there is also a requirement that the state not “enact or advance policies” that would increase the population of the juvenile justice system.
- **Performance Measures and Data Collection**
    - States will have to report on services provided and expenditures; program duration; and children’s foster care placement status.
    - Beginning in 2021, HHS will establish national prevention services measures based on foster care prevention data and per-child spending.