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Family First Prevention Services Act: Initial Implementation & Considerations

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Introduction

The Family First Prevention Services Act of 2018 (Family First Act) is important federal child welfare reform legislation that gives states opportunities – and federal funding in select areas – to:

- expand support for families before court involvement is needed,
- prioritize safe family-based settings for children and youth who enter foster care,
- ensure the quality of residential treatment for children and youth, and
- strengthen support to children and families through other avenues.

Several provisions of the Family First Act became effective October 1, 2021. State and local child welfare agencies, courts, and legal communities are at different stages of implementation and refinement of Family First Act approaches in their jurisdictions. While some states put these provisions into action soon after the Family First Act was passed by Congress and continue to finetune related policies and processes, others planned for an October 1 “launch” date. Other provisions were effective immediately after the Family First Act was passed.

Agencies have key roles in incorporating Family First Act priorities into state, territory, or tribal child welfare systems. Similarly, judicial officers, attorneys, and court systems are critical to successfully implementing the Act's provisions in legal proceedings and improving outcomes for children, youth, and families.

Legal Guide

As a tool for attorneys and judicial officers, the ABA Center on Children and the Law developed [*The Family First Prevention Service Act of 2018: A Guide for the Legal Community*](#) (Legal Guide). The [Legal Guide](#):

- highlights provisions that most directly affect legal practice.
- offers considerations for agency attorneys, children's attorneys, parents' attorneys, and judicial decision makers to inform their practice and responsibilities.
- includes references to key research that can support implementation of the law through attorney advocacy and judicial decision making in individual cases.

This article describes major elements of the Family First Act and provides implementation tips for attorneys and judicial officers. It is organized in the same way as the [Legal Guide](#) so readers can easily find related information there. Many other Center and partner-developed resources provide additional useful information.^[1] Legal practitioners and judicial decision makers can use this article as a starting point to inform their casework, then turn to the full [Legal Guide](#) for comprehensive information. Court Improvement Programs, in particular, can use these tools to frame trainings that the Family First Act requires them to provide on federal payment limitations on non-foster family home placements.^[2] The ABA also developed an [FFPSA Tool for Legal Community Engagement](#) designed to help state and county implementation teams understand legal implications of the Act and to navigate those issues in partnership with attorneys and judges. In addition to the written guidance in this article, the [Legal Guide](#), and the [Tool for Legal Community Engagement](#),

ABA Center on Children and the Law staff are available to help states and counties implement the Family First Act in coordination with legal community partners. We have begun to lead workshops at state and county levels across the country.

Before a Petition is Filed

Prevention Services

One foundational principle of the Family First Act is supporting and stabilizing families outside the dependency court system and limiting the need for children and youth to enter foster care. The Family First Act authorizes state access to federal Title IV-E funds for part of the cost of prevention services for mental health, substance use, and in-home parenting services. These services must meet Family First Act definitions of being evidence-based and trauma-informed and must be approved by the U.S. Department of Health and Human Services (HHS).[3] As of January 1, 2022, 41 of 70 services reviewed by HHS have been approved and can be offered as federally supported prevention services by states, territories, and tribes.[4]

Prevention services available through the Family First Act process are available for children who are “candidates for foster care,”[5] their parents and caregivers, and expectant and parenting youth in foster care.[6] Eligible groups can access services for up to 12 months at a time, though these 12-month periods (“episodes”) can be sequential.[7] States have a great deal of flexibility in defining which children are “candidates for foster care” with access to Family First prevention services.[8] Oregon and Washington, DC, have identified children of recent former foster youth as candidates for these services, with Oregon noting the “intergenerational link between being in foster care and the likelihood of having a child enter care.”[9] Several states, including Kansas, Maryland, and Utah, explicitly include youth involved in delinquency proceedings in their definitions of candidacy for Family First Act prevention services.[10]

Though these prevention services typically will be offered before court involvement, the legal and judicial community should know what is available in their local jurisdictions. As Executive branch leadership has noted, “judges, court administrators, and attorneys play critical roles in prevention activities outside the courtroom as part of systems improvement work at the state and local level.”^[11]

Key Considerations for the Legal Community

The Center’s [Legal Guide](#) offers several considerations for members of the legal community. In this first area, practitioners can use available federal funding for certain prevention services to inform legal advocacy and judicial decision making. For example:

- An *agency attorney* can advise caseworkers to fully use prevention services before considering removal in cases involving mental health, substance use, or parenting skills.
- An *attorney for a pregnant, expectant, or parenting youth in care* can gauge their client’s interest in prevention services and advocate accordingly.
- A *parent’s attorney* can advocate offering prevention services instead of removing a child from the parent’s care, including providing services for the parent, child, or kinship caregiver.
- *Judicial decision makers* can consider whether federally-supported (or other) prevention services were offered when deciding whether the agency made reasonable efforts to prevent removal.
- Any *stakeholder* can support implementation by understanding how the jurisdiction defines “candidate for foster care” and explore with

the agency how to ensure prevention services are accepted and provided voluntarily.

After a Petition is Filed

Family-based substance use setting

Recognizing the importance of keeping children with their parents when safe, the Family First Act provides access to federal Title IV-E maintenance payments for the costs of caring for a child living with a parent in a family-based residential substance use disorder treatment facility. These facilities must be licensed to provide substance use treatment for adults and must incorporate parenting skills training, parent education, and individual and family counseling into the treatment plan. Additionally, the child must officially be in the custody of the child welfare agency or state and “placed” in the treatment setting with the parent, even if the child does not leave the parent’s care.^[12]

This provision became effective on October 1, 2018. Since IV-E funding became available, states have been slow to use this placement option for children in care with their parents. These placements are ripe for increased advocacy and discussion with state child welfare agencies about how to leverage them. Decision makers will need to address the fact that these placements may also be supported by Medicaid or other funding dollars outside the dependency system. They will also need to address administrative complexities about how to bring a child into foster care and “place” them in a treatment setting without ever physically removing the child from the parent’s care.

Key Considerations for the Legal Community

- An *agency attorney* can explore with caseworkers and through independent research if this type of placement exists in the community^[13] and discuss this placement option with the child’s attorney and parent’s attorney.

- *A child's attorney* can consider how this treatment setting option – which is primarily available for infants and very young children – would serve their client's interests.
- *A parent's attorney* can ask agency counsel and the caseworker whether this type of residential placement could constitute compelling reasons not to seek termination of parental rights if the parent requires treatment for over 15 months while the child is considered “placed” in foster care.
- *Judicial decision makers* can ask about the timing (wait lists, standard treatment timelines) and availability of such settings in the community and why they are not being considered a viable alternative to foster care placement, in cases involving young children and parents with substance use disorder treatment needs.
- Any *stakeholder* can support this type of placement by collaborating with the child welfare agency, Department of Health, substance use disorder treatment providers, and families to create additional treatment settings if few exist in the jurisdiction.

Foster family home setting & kinship care

Building on years of research and child welfare best practices, the Family First Act emphasizes the value of the least-restrictive, family placement setting by defining a “foster family home” and prioritizing kinship foster homes.

The Family First Act expands on the preexisting federal definition of a foster family home to be one of an individual or family, state-licensed or approved by the applicable entity, that provides 24-hour care for the child, adheres to the reasonable and prudent parent standard,^[14] and cares for no more than six children in foster care. Exceptions to this maximum number of foster children in the home exist for a parenting youth, siblings, children with established

meaningful relationships with the caregiver, and children with severe disabilities.^[15]

To ensure quality, safe care of children in family foster homes, the Family First Act calls for national licensing standards. The resulting National Model Foster Family Home Licensing Standards^[16] apply to relative and nonrelative foster homes. States were required to review how their internal licensing standards compared to this model and explain any inconsistency.^[17] This provided an opportunity for states to update or amend their foster care licensing rules. For example, the New Mexico Children, Youth, and Families Department updated their rules on licensing foster care providers to facilitate licensing of family members of children entering foster care.^[18] Similarly, updated regulations on foster and adoptive home licensing that reflect the new federal model standards became effective in South Carolina in September 2021.^[19]

The Family First Act also values allowing children to remain in the care of relatives, family friends, or others with whom they already have a close relationship. To eliminate barriers to kin caregivers becoming licensed foster parents supported by the state or local agency, the Family First Act requires states to identify which nonsafety licensing standards for relative homes are commonly waived, describe any policy or tools for waivers, how caseworkers are trained to use the waiver authority, and any improvements underway to improve that training process.^[20] Additionally, the Family First Act encourages broader use of kinship navigator programs to support caregivers and children in their homes.^[21]

Key Considerations for the Legal Community

- *Agency attorneys* can consider whether the jurisdiction includes and engages “fictive kin” such as godparents, trusted teachers and coaches, and religious leaders in the definition of “relative” to be notified when a child is removed from their family.

- A *child's attorney* can advocate for the least-restrictive placement setting possible for their client, giving priority to kin placements – particularly any individuals identified by the child.
- A *parent's attorney* can ask the parent to identify potential kin placements and assess whether the parent communicates regularly with the resource family, whether or not the child is in a kinship care home.
- *Judicial decision makers* can consider how the placement setting meets the child's needs and explore what efforts have been made to identify, notify, and engage all adult relatives of the child.
- Any *stakeholder* can support continued effective implementation by joining the state or local agency's discussion about how to better recruit and retain foster family homes.

Group care

Related to the Family First Act's principle that children belong in family settings is a belief that some children and youth in foster care may best access supports or services in specialized group settings. Under the Act, federal funding for traditional group care is only available for two weeks after a child or youth enters foster care.[\[22\]](#)

Specialized Settings

Several specialized settings for which agencies can access IV-E reimbursement outlined in the Family First Act are already familiar to child welfare practitioners: settings providing prenatal, postpartum, or parenting supports for youth; supervised independent living settings for youth ages 18 and over; and high-quality residential care settings for youth who are victims or are at risk of becoming victims of sex trafficking.[\[23\]](#) The Act does not further define

these specialized settings, providing state agencies flexibility to shape and continue their eligible programs.

Qualified Residential Treatment Program

The fourth nonfamily home option for which Title IV-E funding is available is relevant if children and youth in care have therapeutic needs for “serious emotional or behavioral disorders or disturbances”^[24] requiring residential treatment. This treatment setting, called a Qualified Residential Treatment Program (QRTP), must be high-quality, closely monitored, time and need-limited, and open to participation of the child or youth’s family. The court’s role when a child or youth is receiving treatment at a QRTP is clearly outlined in the Family First Act.

As part of the Family First Act’s effort to minimize the unnecessary use of congregate care settings, requirements are extensive. To be considered a QRTP, a residential treatment setting must meet several conditions. Additionally, only a professional who meets the Act’s definition of a “qualified individual” can assess the child’s strengths and needs, set short- and long-term mental and behavioral health goals, and determine whether the least-restrictive level of care that can meet the child’s needs is a QRTP or other setting. Another critical element is involving a treatment team of family and nonrelative supports for the child, including parents, siblings, fictive kin, and other positive adult sources of support for the child. A child who is at least 14 years old can choose members of this treatment team. ^[25]

The Family First Act defines a clear timeline for a child or youth’s involvement with this residential treatment setting. The qualified individual must complete the assessment that recommends QRTP placement or a less-restrictive level of care within 30 days of the child or youth’s arrival at the QRTP.^[26] Within 60 days of that placement, 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...”^[27] must approve that placement for the agency to access Title IV-E funding. If the court approves this placement, the child welfare agency must submit evidence at each subsequent hearing that the

child or youth needs to remain in the setting and what the plan is to return the child to a family-based setting.[28]

States are taking different approaches to incorporating the QRTP setting into their child welfare systems and practices. For example, Colorado strives to have the independent assessment of a child or youth's needed level of care completed within 14 days of the point of referral, with a parallel goal of assessment completion *before* a child or youth is placed in a QRTP and no later than 10 days after the child or youth transitions to the QRTP (rather than the federal requirement of within 30 days).[29] Also in Colorado, youth involved in the juvenile justice system may be assessed for QRTP placement.[30] Colorado and other jurisdictions have offered detailed guidance to legal practitioners and decision makers by developing benchcards or more extensive guidance to support judges through the court reviews of QRTP placements.[31]

Because the QRTP provisions of the Family First Act envision a new category of residential placement with new quality control measures, child welfare systems will likely need to adapt their relevant practices and policies after initial implementation. For example, courts may refine their considerations of recommendations for QRTP placements and some agencies may continue to wrestle with aligning QRTP requirements with Medicaid-coverage rules so the services accessed by youth in and upon discharge from these settings are funded by Medicaid.[32] Given relevant Family First Act tracking requirements[33] and jurisdictions' interest in learning how recent changes affect their own systems, jurisdictions will likely monitor the frequency, duration, and impact of this group placement setting, including any related effect on changes to placement settings for youth involved in the juvenile justice system.

Key Considerations for the Legal Community

- *Agency attorneys* should be prepared to state why the QRTP is a needed placement for this child. For example:

- establish the credibility of the assessment;
 - determine whether the assessor will testify to explain the QRTP recommendation;
 - consider whether to call a representative from the QRTP to testify about the placement; and
 - offer evidence of the child's diagnosis, how it differs from prior diagnoses, and how it is consistent with criteria in the Diagnostic and Statistical Manual of Mental Disorders (DSM-V).
- A *child's attorney* can consider how a QRTP placement will impact the youth's education. Will the youth receive transportation to their school of origin? If no, does the QRTP setting include an educational program onsite? Will it be able to implement the youth's Individualized Education Program, 504 plan, or other specialized supports?
 - An *attorney for an expectant or parenting youth in foster care* can advocate placing the client in a specialized group setting or in a family-based setting where possible, based on the client's preferences.
 - A *parent's attorney* can ensure the parent was offered the chance to be part of the treatment team assembled by the agency as part of a QRTP placement and meetings were held at a convenient time and place. The attorney can also encourage the client to take an active role in this team.

- *Judicial decision makers* can develop standard procedures to evaluate residential placements for treatment needs and hearings while a child remains in a QRTP.
- Any *stakeholder* can invite individuals with personal experience in foster care to share perspectives about group home experiences in a context where they have support to prepare their ideas, share them safely, and can engage in ongoing reform.

Transition from Care

The Family First Act encourages child welfare professionals to consider how best to support children, youth, and families as they transition from the dependency system.

Reunification services

One area focuses on supporting parents and children both before and after the family is reunified. The Family First Act amends the timeline for reunification services available to a family funded by Title IV-B. Rather than being eligible for 15 months after the child enters foster care, federal support for these services is now available for the full period the child is in foster care and for up to 15 months after the child is reunified with family.^[34] Title IV-B is a smaller federal funding source than Title IV-E, and IV-B-funded reunification services are one piece of a larger set of permanency services available to families through referral by the child welfare agency. The scope of the services is often relevant to families moving toward or already experiencing reunification, as it includes counseling, substance use treatment, assistance to address domestic violence, peer mentoring, visitation, and transportation.

Older youth supports

Another area focuses on supports for transition-age youth. First, the Family First Act requires that individuals exiting foster care be provided documentation that they were in foster care.^[35] This proof can help youth

and young adults access benefits and services, including health care coverage under the Affordable Care Act.

Second, the Family First Act strengthens a program area available to older youth and young adults. The Act renames what is now called the John H. Chafee Foster Care Program for Successful Transition to Adulthood,^[36] and allows states to extend the ages of eligibility for related benefits. Rather than eligibility to former foster youth between ages 18 and 21, Chafee-related programs are now available to individuals between ages 14 and 23 in states and tribes that have extended the possible age in foster care to 21 (certain exceptions apply to states that have not formally extended the age).^[37]

A related expansion option under the Family First Act is the age of eligibility for the Education Training Voucher (ETV) program. Designed to support youth in foster care, youth who were adopted or entered kinship guardianship from foster care after turning 16, and youth who aged out of foster care, ETVs can include up to \$5,000 per year (amounts vary by state) to support the cost of attending a postsecondary education or vocational training program. The Family First Act expanded the ages of eligibility for ETVs from 16-23 to 14-26; youth are eligible for these vouchers for more than five years total.^[38]

These expansions and new requirements provide an opportunity for jurisdictions to examine what support they currently offer youth transitioning from foster care, identify gaps, and determine how to provide greater assistance. While the Family First Act does allow HHS to redistribute unspent Chafee funds across states, it did not authorize a greater influx of Chafee or ETV funding, posing a challenge to states who would like to expand ages of eligibility but are not certain how to fund that expansion. Despite the lack of any additional federal funding for that purpose, several states have extended eligibility for Chafee-related services to youth up to age 23, including Iowa, Oregon, and Vermont.^[39] And California, Minnesota, and Virginia are among the states that have expanded eligibility for ETVs to age 26.^[40]

Key Considerations for the Legal Community

- *Agency attorneys* can ensure reunification services begin promptly, continue during the child's time in foster care, and extend for up to 15 months after reunification is achieved.
- *A child's attorney* can inform clients about services, programs, and benefits for which they might be eligible, help the youth or young adult enroll in and receive all available supports, and ensure clients receive the necessary documentation upon exiting foster care.
- *A parent's attorney* can, when families would benefit from 15 months of postreunification services, advocate with the agency and court for the family to receive the support, whether before or after reunification.
- *Judicial decision makers* can meaningfully engage youth in legal hearings to learn what Chafee and other program services they are being offered, what other resources they want, their interests, and their plans for the future. Judicial officers can then enter relevant orders to help youth achieve those goals.
- Any *stakeholder* can advocate for extending Chafee services up to age 23 if the jurisdiction currently offers state or federally funded extended foster care or within the noted exception.

Next Steps

Effective dates of key Family First Act provisions are just the beginning to enhanced child welfare practice in your community; opportunities to refine approaches systemwide and in individual cases remain. Additionally, these provisions can serve as an opportunity to discuss longstanding child welfare reform topics, including family engagement, group home placements, kin caregiving, and transition age youth.

For ABA Center on Children and the Law support in training for the legal and judicial community, facilitated conversations with the child welfare agency, and other areas, contact Senior Attorney [Cristina Cooper](#). Readers may also contact Cristina with updates about state or local implementation of Family First Act-related policies and practices.

Cristina Ritchie Cooper is a Senior Attorney with the ABA Center on Children and the Law. She led the creation of a Legal Guide on effective implementation of the Family First Prevention Services Act for members of the legal community and provides training and technical assistance in that area. Cristina also leads the Center's Child Welfare and Immigration Project, supports juvenile court reform through her work on several other Center projects. Prior to joining the ABA, Cristina provided direct legal representation to children and young adults in the Bronx, NY, and Washington, DC.

Endnotes

[1] See, e.g., ABA Center on Children and the Law, *Tool for Engaging the Legal Community in Implementing the Family First Act* (2020), *Family First Prevention Services Act: Implementing the Provisions that Support Kinship Families* (with www.Grandfamilies.org) (2021), <https://familyfirstact.org>.

[2] See, Family First Prevention Services Act, Pub. L. No. 115- 123 (passed as part of the Bipartisan Budget Act of 2018) (2018) (Family First Act), Sec. 50741(c), codified at 42 U.S.C. § 629h(b)(1).

[3] See Family First Act, Sec. 50711(a)(2), codified at 42 U.S.C. § 671(e).

[4] The directory of reviewed services is available here: <https://preventionservices.abtsites.com/>.

[5] Family First Act, Sec. 50711(b), codified at 42 U.S.C. § 675(13). For additional information, including federal agency guidance on the “candidate for foster

care” definition, see the ABA Legal Guide, page 3 and Appendix B,

[6] Family First Act, Sec. 50711(a)(2), codified at 42 U.S.C. § 671(e).

[7] See Family First Act, Sec. 50711(a)(2); U.S. Department of Health and Human Services, Administration on Children, Youth and Families. ACYF-CB-PI-18-09, Sec. A.1.

[8] See U.S. Department of Health and Human Services, Administration on Children, Youth and Families. ACYF-CB-PI-18-09, Sec. (B)(2) (“We are not further defining the phrase ‘candidate for foster care’ as it appears in section 475(13) of the Act or further defining the term ‘imminent risk’ of entering foster care for the Title IV-E prevention program.”); see also Chapin Hall, *Key Considerations for Prevention Plan, Part II*, last updated 4/28/21.

[9] Oregon Department of Human Services, Oregon Title IV-E Prevention Plan, 2021, 12, 17; see also DC. Child and Family Services Agency, *Putting Families First in DC*, 2020, 8.

[10] See, e.g., Kansas Department for Children and Families. Kansas Prevention Plan: Five-Year Plan 2020-2024, 2020; Maryland Department of Human Services, Social Services Administration. Family First Prevention Services Act: Title IV-E Prevention Plan, 2020, 9; Utah Department of Human Services, Utah Title IV-E Prevention Program Five-Year Plan FFY 2020-2024, 2020, 27.

[11] U.S. Children’s Bureau “Information Memorandum: Reshaping Child Welfare in the United States to Focus on Strengthening Families through Primary Prevention of Child Maltreatment and Unnecessary Parent-Child Separation” at p. 5. ACYF-CB-IM-18-05. November 2018.

[12] See Family First Act Sec. 50712, codified at 42 U.S.C. § 672(j).

[13] See Volunteers of America and Annie E Casey Foundation. *Family-Based Residential Treatment Directory of Residential Substance Use Disorder Treatment Programs for Parents with Children*, 2019.

[14] See Preventing Sex Trafficking and Strengthening Families Act of 2014, Pub. L. No. 113-183, Sec. 111, codified at 42 U.S.C. §§ 671(a)(24), 675.

[15] See Family First Act, Sec. 5074(b), codified at 42 U.S.C. § 672(c)(1).

[16] See Administration for Children and Families, Department of Health and Human Services. ACYF-CB-IM-19-01: National Model Foster Family Home Licensing Standards, February 4, 2019. These standards are based on a 2008 [model](#) developed by the National Association for Regulatory Administration, ABA Center on Children and the Law, and Generations United.

[17] See Family First Act, Sec. 50731(b)(3), codified at 42 U.S.C. § 671(a)(36)(A).

[18] See “CYFD Unveils Foster Care Regulation Changes that Align with Federal Law,” January 31, 2020, <https://cyfd.org/news/news/cyfd-unveils-foster-care-regulation-changes-that-align-with-federal-law>

[19] See S.C. Code of Regulations R. 114-550.

[20] See Family First Act, Sec. 50731(b)(3), codified at 42 U.S.C. 671(a)(36).

[21] Many resources related to kinship provisions of the Family First Act are available here: <https://www.grandfamilies.org/Topics/Federal-Laws/Family-First-Resources>.

[22] See Family First Act, Sec. 50741(a), codified at 42 U.S.C. § 672(k)(1).

[23] See Family First Act, Sec. 50741(a), codified at 42 U.S.C. § 672(k)(2).

[24] Family First Act, Sec. 50741(a)(1)(B), codified at 42 U.S.C. § 672(k).

[25] For these and additional information on QRTP requirements, see the Center’s [Legal Guide](#), pp. 22-23 and the Family First Act, Secs. 50741, 50742, 50745, 50746, codified at 42 U.S.C. §§ 672(k), 675a(c), 671(a)(20).

[26] See Family First Act, Sec. 50742, codified at 42 U.S.C. § 675a(c)(1)(A).

[27] Family First Act, Sec. 50742, codified at 42 U.S.C. § 675a(c)(2).

[28] See Family First Act, Sec. 50742, codified at 42 U.S.C. § 675a(c)(4).

[29] See <https://co4kids.org/strengthening-families/family-first/placement-services/independent-assessment>.

[30] *Id.*

[31] See, e.g., [Colorado Family First Prevention Services Act: Qualified Residential Treatment Program Bench Card](#); [Utah QRTP Checklist for Judges](#); N.Y. Soc. Servs. § 393 (outlining court review of placement in a qualified residential treatment program); Supreme Court of Ohio, *Qualified Residential Treatment Program (QRTP) Level of Care Assessments: Toolkit for Judicial Use* (June 2021).

[32] See e.g., U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services, *Qualified Residential Treatment Program (QRTP) Reimbursement: Family First Prevention Services Act (FFPSA) Requirements Q & A* (October 19, 2021);

[33] See, e.g. Family First Act, Sec. 50741(d)(2) (requiring a GAO study on the impact of group care restrictions on state juvenile justice systems by the end of 2025).

[34] See Family First Act, Sec. 50721(a), codified at 42 U.S.C. § 629a(a)(7)(A).

[35] See Family First Act, Sec. 50753(e), codified at 42 U.S.C. § 675(5)(I).

[36] See Family First Act, Sec. 50753(d).

[37] See Family First Act, Sec. 50753(a).

[38] See Family First Act, Sec. 50753(a).

[39] See <https://dhs.iowa.gov/Child-Welfare/FamilyFirst/FAQ/General>; <https://www.oregon.gov/DHS/CHILDREN/FOSTERCARE/ILP/Pages/eligibility-services.aspx>; <https://dcf.vermont.gov/sites/dcf/files/FSD/Policies/160.pdf>; see also Brewsaugh, Katrina, Audrey Richardson & Annelise Loveless. “State Approaches to Extending Chafee Services to Age 23: Insights to Inform a Learning Agenda.” OPRE Report #2021-169. Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services, 2021..

[40] See <https://www.cdss.ca.gov/inforesources/foster-care/chafee-education-and-training-vouchers-program>; <https://mn.gov/dhs/people-we-serve/children-and-families/services/adolescent-services/programs-services/education-and-training-voucher.jsp>; <https://www.dss.virginia.gov/family/fc/etv.cgi>

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