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Senate Bill 100 (as introduced 2-3-21) Sponsor: Senator John Bizon, M.D.

Committee: Families, Seniors, and Veterans

Date Completed: 2-5-21

CONTENT

The bill would amend Public Act 116 of 1973, the child care licensing Act, to define "foster care".

Under the Act, in the case of a child in foster care who is placed in a qualified residential treatment program (see **BACKGROUND**), certain requirements apply. For example, within 30 days after the start of each placement in a qualified residential treatment program (QRTP), a qualified individual must assess the strengths and needs of the child, determine the most effective and appropriate setting for those needs to be met, and develop a list of child-specific mental and behavioral health goals.

Under the bill, "foster care" would mean 24-hour substitute care for a child placed away from his or her parent or guardian and for whom the Title IV-E Agency has placement and care responsibility. (The Children's Services Agency within the Department of Health and Human Services (DHHS) is Michigan's Title IV-E Agency.)

MCL 722.123a

BACKGROUND

Title IV-E of the Social Security Act authorizes the Federal Foster Care Program, which grants funds to eligible states to provide child welfare systems such as foster care services. In 2018, Congress enacted the Family First Prevention Services Act (FFPSA), which began granting funds on October 1, 2019, to eligible states to provide substance abuse, mental health, and other treatment services to prevent children from entering foster care. Eligible states can claim Federal reimbursement under Title IV-E for approved prevention services to keep candidates for foster care in their parents' or caregivers' homes. To claim Federal reimbursement, states must adopt prevention programs that meet certain criteria. In addition, states may claim Federal reimbursement for QRTPs if those programs meet certain criteria.

Public Acts 6 through 10 of 2020 amended the child care licensing Act and the juvenile code to adopt prevention programs considered eligible under the FFPSA. Among other things, the Acts defined "qualified residential treatment program" as a program within a child caring institution to which the following apply: 1) the program has a trauma-informed treatment model, evidenced by the inclusion of trauma awareness, knowledge, and skills into the program's culture, practices, and policies; 2) the program has registered or licensed nursing and other licensed clinical staff on-site or available 24 hours a day, seven days a week; 3) the program integrates families into treatment, including maintaining sibling connections;

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4) the program provides aftercare services for at least six months post discharge; 5) the program is accredited by an independent not-for-profit organization; and 6) the program does not include a detention facility, forestry camp, training school, or other facility operated primarily for detaining minor children who are determined to be delinquent.

Legislative Analyst: Tyler VanHuyse

FISCAL IMPACT

The bill would have no direct fiscal impact on the DHHS and no fiscal impact on local units of government. The DHHS has stated that the QRTP portion of the FFPSA will go into effect in Michigan on April 1, 2021, and if this bill is not enacted by that date, the State will lose Federal funding associated with FFPSA implementation. In order to implement the QRTP portion of the FFPSA, the State must amend its State plan under Title IV-E of the Social Security Act. There is a risk that, if the State has submitted and received approval for a Title IV-E state plan amendment and this bill has not yet been enacted, there could be a loss of some Federal funding, but it is uncertain as to the amount. The DHHS has stated that the State plan amendment will be submitted for approval in the coming weeks.

Fiscal Analyst: John Maxwell

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