Family First Prevention Services Act of 2018: Reforming Foster Care

Wednesday, August 7, 2019

Number of Children in Foster Care and Number of Children Entering Foster Care

Source: AFCARS

AFCARS Measure

- 2011
- 2014
- 2015
- 2016
- 2017
FAMILY FIRST PREVENTION SERVICES ACT OF 2018: REFORMING FOSTER CARE

Prevention Services

- In-Home Parenting Skills

Prevention Services

- Mental Health
- Substance Abuse

New Requirements for Congregate/Group Care

QRTP

- Trauma-Informed
- Accreditation
- Staffed by Registered or Licensed Nursing Staff
FAMILY FIRST PREVENTION SERVICES ACT OF 2018: REFORMING FOSTER CARE

Arkansas

AR H 1469 (Enacted)

Summary: Amends the definition of “foster home” to align with Family First. This includes adding the reasonable and prudent parenting standards to the definition and limiting a foster home to fewer than six.

Colorado

CO S 254 (Enacted 2018)

Requires the state department to perform an analysis and cost projections to determine the fiscal impact of the federal Family First Prevention Services Act (Family First). Child welfare allocation formulas must support the implementation of promising, supported, or well-supported practices as required by Family First. Each county must perform an analysis of available in-home, family-like and out-of-home placements by July 1, 2019. By July 1, 2020, the department must report to the Joint Budget Committee on county utilization rates of those placements and provide an analysis of projected federal reimbursement pursuant to Family First. Creates a child welfare services task force to analyze laws and rules to ensure alignment with Family First.

CO S 31 (Enacted)

Summary: Concerns the composition of the child welfare allocations committee; increases the number of members on the child welfare allocations committee who are appointed by county commissioners; decreases the number of members on the...
FAMILY FIRST PREVENTION SERVICES ACT OF 2018: REFORMING FOSTER CARE

- Tim Decker, Senior Fellow, The Annie E. Casey Foundation
- Jamie Hinsz, Human Services Policy Researcher, Oregon Legislature
- Representative Joan Ballweg, Wisconsin
Child Welfare Strategy Group
Transforming Foster Care: Opportunities
Created by the Family First Act
August 7, 2019

THE ANNIE E. CASEY FOUNDATION
Child welfare financing debate had been active since the 1980’s

Key concerns
- Lack of flexibility/prevention
- Few appropriate incentives
- Ineffective and unaccountable
- Administrative costs
- Underfunded

Proposed solutions
- Block grants
- Waivers
- Expand entitlement
- Incentives
The Family First Act was the result of growing belief and evidence that we can do better.

Growing belief and evidence that children do best when living safely with their family or with close friends or relatives; and the realization that far too many children are unnecessarily placed in non-family settings.

- History of success in states in reducing group placements.
- ACF report on children placed in group settings without therapeutic need.
"The creation of the title IV-E prevention program is an unprecedented step in recognizing the importance of working with children and families to prevent the need for foster care placement and the trauma of unnecessary parent-child separation. The Title IV-E prevention program is part of a much broader vision of strengthening families by preventing child maltreatment, unnecessary removal of children from their families, and homelessness among youth..."
State Requirements for Electing Title IV-E Prevention and Family Services and Programs (ACYF-CB-PI-18-09)

It provides an opportunity for states to re-think dramatically how they serve children and families and creates an impetus to focus attention on prevention and strengthening families as our primary goals rather than placing children in foster care as our main intervention. The Children’s Bureau strongly encourages all title IV-E agencies to take this opportunity to not only use the title IV-E prevention program to fund these very important services, but also to envision and advance a vastly improved way of serving children and families, one that focuses on strengthening their protective and nurturing capacities instead of separating them.”
The Family First Act takes a leap forward by...

- Investing in prevention of placement through family-based services.
- Ensuring the necessity of a placement that is not a family-based.
- Ensuring the quality of residential treatment.
- Modification to Chafee Foster Care Independence Program to be more developmentally appropriate.
- Improve state plans, and strengthen reporting and data collection requirements.
Family First Act offers opportunities for preventing the need to place children in foster care

- Opportunity for open-ended, federal reimbursement for services to prevent entry into foster care for all children at risk of foster care without eligibility requirements.


- Opportunity to reduce the use of group placements used inappropriately (group placements solely for lack of foster families won’t be reimbursable, nor will group placements that are non-therapeutic).
Family First Act offers opportunities for preventing the need to place children in foster care

- Opportunity to strengthen kin and foster family resources and improve quality of residential treatment.
- Opportunity to improve services for pregnant and parenting foster youth.
Family First Act does not explicitly address primary prevention, investigations, or casework.

- Primary prevention such as community-based services and supports offered to all families is not part of Family First legislation.

- In order to access Family First prevention funds, a child must be determined to be a candidate for foster care (secondary prevention, typically some level of imminent risk) and have a “prevention plan”.

- The work of child abuse hotlines and first responders such as child abuse/neglect investigators, assessment workers, and law enforcement is not impacted directly.

- The work of caseworkers handling prevention cases and foster care will be impacted both directly and indirectly.
“Candidate” for foster care has been defined*

§ Definition: A candidate for foster care is a child who is at serious risk of removal from home as evidenced by the State agency either pursuing his/her removal from the home or making reasonable efforts to prevent such removal.

§ Aftercare: A child who is reunified, adopted/placed with legal guardian or transferred to a relative may be considered a candidate if the services or supports provided to the family can be considered the State agency's reasonable efforts to prevent the child's removal from the home and re-entry into foster care.

*Social Security Act - section 471 (a)(15); Departmental Appeals Board Decision No. 1428
Who is a candidate for foster care?
--At imminent risk of placement?

§ Both criteria and a process for making that determination will have to be developed, approved by the ACF and implemented.

§ Key questions include:

Will we include criteria in addition to abuse or neglect? (e.g., child behavior or mental health, status offenders)?

Or will we keep the criteria narrow? (open child protection cases)
Eligible services and programs

Types of services

- Mental health services
- Substance abuse prevention and treatment
- In-home parent skill-based programs
- Kinship Navigator programs
- Residential parent-child substance abuse treatment programs
Eligible services and programs

Additional requirements or limitations

§ No more than 12 months (per candidate episode).
§ Meet certain evidence-based requirements - promising, supported, well-supported programs.
§ At least 50% of expenditures to be reimbursed must be for well-supported programs.
§ Must be trauma-informed.
Family First is one of the most profound prevention opportunities in decades!

- Open-ended and growing opportunity to match children and families with the services they need and improve outcomes.
- Builds evidence, capacity, and resources for the most effective programs.
- Multiplies the impact of state and local funding through a 50% federal match for evidence-based services to children and families, and in many cases the match will grow over time.
- Generates significant future cost avoidance opportunities in many areas of state and local budgets (e.g. foster care and adoption, juvenile justice, public assistance, education, corrections)
The evidence-based options currently approved provide only a starting point for future work!

**Prevention Services and Programs Mental Health**
- Parent-Child Interaction Therapy
- Trauma Focused-Cognitive Behavioral Therapy
- Multisystemic Therapy
- Functional Family Therapy

**Substance Abuse**
- Motivational Interviewing
- Multisystemic Therapy
- Families Facing the Future
- Methadone Maintenance Therapy
The evidence-based options currently approved provide only a starting point for future work.

**In-Home Parent Skill-Based**
- Nurse-Family Partnership
- Healthy Families America
- Parents as Teachers

**Kinship Navigator Programs (Not currently included)**
- Children’s Home Society of New Jersey Kinship Navigator Model
- Children’s Home Inc. Kinship Interdisciplinary Navigation Technologically-Advanced Model (KIN-Tech)
“I made a mistake and now I have to move!”

“I’ve completed the program, but they forgot about me a long time ago”
Ensuring the Necessity of a Placement that is Not a Foster Family Home

§ Beginning after 14 days of entry into foster care, federal reimbursement for foster care payments limited to children in:

- A foster family home
- A Qualified Residential Treatment Program (QRTP)
- A setting specializing in providing prenatal, post-partum or parenting supports for youth
- A supervised setting for youth ages 18+ who are living independently
- A setting providing high-quality residential care and supportive services to children who have been or at risk of being sex trafficking victims

§ States may still claim administrative expenses on otherwise eligible children not in eligible placement settings.
Ensuring the quality of residential treatment: QRTP Requirements

- Trauma-informed treatment model.
- Model is designed to meet the specific clinical needs of children as identified in the child’s assessment.
- Has registered or licensed nursing staff and other licensed clinical staff (on-site consistent with the treatment model, and available 24/7).
- Facilitates family participation in child’s treatment program, facilitates family outreach, and documents how the child’s family is integrated into child’s treatment (including post-discharge).
- Provides discharge planning and family-based aftercare supports for 6+ months post discharge.
- Licensed and accredited by CARF, JCAHO, COA or other bodies approved by HHS Secretary.
Will agencies meet QRTP criteria or just forego federal reimbursement?

 Criteria for Qualified Residential Treatment Programs (QRTPs) are meant to ensure quality residential treatment, and **discourage over-reliance on residential care and utilization of non-therapeutic group settings**.

 Risk of compliance vs. developmental focus - states with primarily teens in residential settings, with low FMAP* and low IV-E eligibility may choose to ignore the evidence on adolescent development and decide to continue current practices and not to claim any IV-E residential care funding.

*Federal Medical Assistance Percentage

How do agencies determine “right” criteria for needing residential level of care?

- Must be completed within 30 days of QRTP placement.
- Assessment by qualified individual, a trained professional or licensed clinician who is not a state employee or affiliated with any placement setting (may be waived).
- Tool must be age appropriate, evidence-based, validated, functional assessment (HHS to release guidance).
- Assessment must be conducted in conjunction with a family and permanency team meeting.
- If assessment does not support QRTP placement, states have 30 days to move child to an eligible placement or risk losing federal reimbursement.
How do agencies set up a process for ongoing utilization review of residential services?

- Court review within 60 days of QRTP placement.
- At every status and permanency hearing, the state must submit evidence:
  - Ongoing assessment confirms need for QRTP placement
  - Specific treatment needs that will be met
  - Length of time child is expected to need additional treatment
  - Efforts made to prepare child to transition to a family
- Child welfare director approval for children in QRTP placement for 12 consecutive/18 cumulative months (or for 6 months for children under 13).
- States will have to certify that efforts to meet federal funding limits on non-family settings will not increase juvenile justice population.
QRTP Requirements Timeline

- Child enters foster care
  - 14 days
  - 60 days
  - 6 months
  - 12 months
  - Discharge planning
  - Discharge from QRTP
  - 6 months

*Court must review decision again at every status and permanency hearing
Developmentally Appropriate Transition Supports for Older Youth

“When I came into care I was in shock. I was taken to the doctor, diagnosed with depression, prescribed medication and counseling. I just want all of you to know that I was sad, not sick.”

“I thought it was my fault, and everything that’s happened since then has reinforced this belief.”
For older youth, a re-definition of what’s required, focused on what youth need, not focused on their aging out (but no new funds are available)

- Services begin at age 14 and extension of care up to age 23, education and training vouchers to age 26, with overall 5 year limitation.

- Focus on:
  - preparing youth with training and opportunities to practice daily living skills,
  - helping youth achieve meaningful, permanent connections with a caring adult, and
  - helping youth engage in age or developmentally appropriate activities, positive youth development, and experiential learning that reflects what their peers in intact families experience.

- Training on youth development.

- States must analyze services compared to outcomes.
We won’t improve outcomes by getting better at what doesn’t work!

Transforming Foster Care

“The job isn’t quite what I expected it to be; I thought I would be helping people.”

Nothing ever changes until it becomes what it is!
How could this be an opportunity to work differently with families?

“I cannot lose my job and home because of all the services I have to participate in. Leaving my abusive husband and creating a safe home for me and my kids was a big step, but it wasn’t part of my service agreement. Everyone involved thinks I haven’t done anything and that this means I really don’t care about my kids or want them back.”
So much effort, the best of intentions, and we are where we are!

How did we get here?

Just a few of the reasons

Public perceptions, insufficient attention to values and science, and structural barriers:

§ Public perceptions of the challenges facing children, families as an agency-only responsibility (e.g. 1:360 and 9% reality, social-ecology research).

§ Transactional nature of the system inherently loses sight of children’s developmental needs, as they are removed from families and moved from one placement to another, and as we try to meet the needs of “victims”.

§ Insufficient and piece-meal prevention services.

History of reactive policy-making and implementation:

§ Insufficient understanding of the complexity of child protection, and improvement efforts typically focused on fixing “broken” child protection agencies.

§ The pendulum often swings radically from one approach to another based on single events, public perceptions, and philosophical extremes.
Family First Act modernizes and compels change in child welfare system culture and practice.

Changing our destination often means starting from a different place...

Philosophy/Culture $\times$ Practice $\times$ Quality = better outcomes, continuously improving, and sustained over time.

- Strong Organizations, Cross-System & Community Partnerships
- Evidence-Informed Policy & Practices, Build Workforce & System Capacity
- Exemplary Outcomes for Children & Families

Results
Family First Act modernizes the system to better meet the needs of children and families

- All children deserve the opportunity to grow up in safe, stable and secure families.
- Children and youth do best in a strong family and families do best in supportive communities.
- Children of all ages need close family relationships to develop and grow.
- Children and youth can grow up in their own homes, and families can be kept together, when caregivers have access to treatment and support services that improve their ability to safely care for their kids.
- Preventing child abuse and neglect requires broad public support for investing in children and youth and engaging local communities in services and programs for children and families.
Family First Act offers an opportunity to prevent entry into foster care and to prevent aging out of foster care

§ States will have to embrace new opportunities, not just comply with a myriad of new regulations. **This is a time to be innovative and entrepreneurial!**

§ Many policy and procedural decisions will need to be made, including administrative, legislative, and judicial. Some will need to be developed, others discarded.

§ Training to implement the changes will be extensive to get caseworkers, supervisors, and partners up to speed.

§ The necessity for training evaluators and conducting program evaluations will increase!
Challenges will require considerable planning **and training** to ensure quality and consistency.

- Who will be involved in planning and implementation and how will they be engaged? *The voices of youth, families, and communities are critical in the process!*
- How will these changes be aligned with, amplify, or undermine aspects of the system that are working well?
- How could this opportunity provide stepping stones to further reform in the system?
- What role could legislatures and the judiciary play in the process?

Challenges will require considerable planning and training to ensure quality and consistency.

- How do states determine “candidacy” for foster care?
- How do states figure out which preventive services are needed and match to the right clients?
- Will services be provided in-house? Or contracted? If it’s a clinical assessment, will all clients need clinical services?
- How do states evaluate the effectiveness of current preventive services to get them reimbursed?
Challenges will require considerable planning *and* training to ensure quality and consistency.

- Will states meet QRTP criteria or just forego federal reimbursement?
- How do agencies determine “right” criteria for needing residential level of care?
- How do agencies set up a process for ongoing utilization review of residential services?
- How will states go about developing and supporting relative/kin, foster home, and other placements as alternatives to residential care?
How do we recruit, develop, and better support those involved in foster parenting?

**TO ACHIEVE QUALITY, STABLE FOSTER PARENTING**

1. Support relationships between birth and foster families
2. Implement data-driven recruitment and retention practices
3. Engage foster parents in decision making
4. Provide timely access to trusted, dedicated staff and peer support for foster parents
5. Prioritize placements with family members
6. Ensure timely access to physical and mental health services

[www.fosteringCHAMPS.org](http://www.fosteringCHAMPS.org)
“If we’re not moving forward, we’re falling back; we will be swimming upstream everyday, until the day we turn the river.”
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REFORMING FOSTER CARE

Legislative Respondents:

- Jamie Hinsz, Human Services Policy Researcher, Oregon Legislature
- Representative Joan Ballweg, Wisconsin
Questions????

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