Family First Prevention Services Act: Impacts on Transition Age Youth

Logistics

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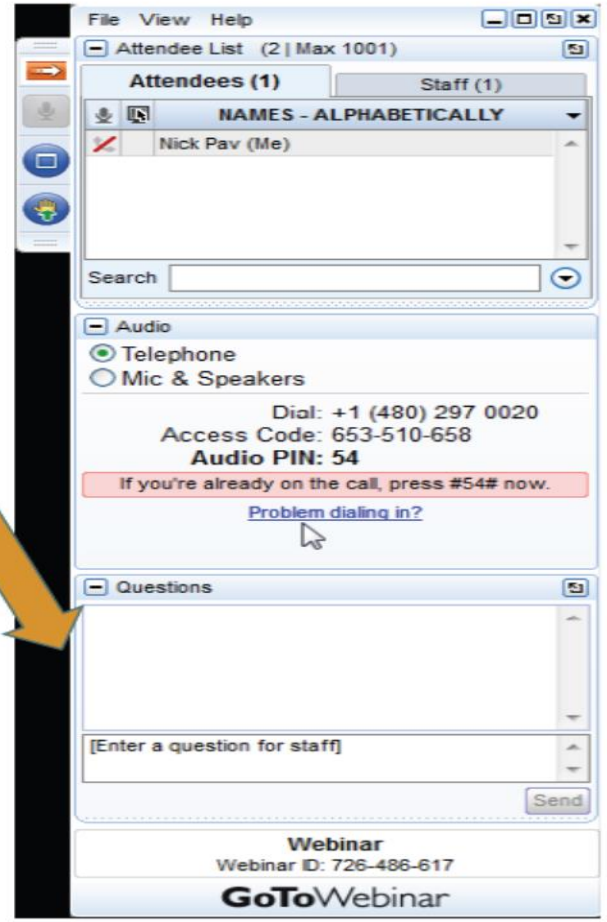

Today's Speakers

- **Sean Hughes**
  Social Change Partners, LLC
- **Brian Blalock**
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- **Jennifer Pokempner**
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- **Angie Schwartz**
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- **Cathy Senderling**
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Myths and Facts

The Appropriate Role of Congregate Care

Perception

- Child welfare systems frequently warehouse children in group homes unnecessarily.

Reality

- Congregate care programs serve the most vulnerable youth in the child welfare system. According to HHS, compared to their peers in foster care these youth are:
  - 3x as likely to have a mental health diagnosis
  - 6x as likely to have behavior problems
- Congregate care programs provide a structured and therapeutic environment to stabilize youth and treat mental and behavioral health conditions
- The average stay in group care nationally is just 8 months long

The Path to Congregate Care

Perception

- Children do not belong in group homes, they belong in families.

Reality

- Children generally don't just end up in congregate care: nationally, more than 3/4 of these youth have been in a prior family placement before arriving at the group home
- These family-based placements can fail if the families cannot provide the structure and therapeutic environment that children with high levels of trauma might need

The Programs Themselves

Perception

- Group homes recruit and profit off of children.

Reality

- Placement decisions for children in foster care are made by public agencies (counties) not group homes.
- STRTPs are the most expensive placements- public systems have no financial incentive to place children there
- STRTPs are non-profit organizations providing a range of services; most lose money on their group home programs due to the publicly-set rate system, meaning they have to raise funds from donors to make up the difference

Systems Are Already Transforming

- Systems across country have been steadily transforming to meet children's needs in family-like settings
- Reduced reliance on congregate care:
    - 37% decrease nationally between 2004-2013 (35% in CA)
    - National decreases in both aggregate use and proportional use
    - Progress uneven; range from increase of 70% (AL) to decrease of 78% (NJ)
    - Utilization rates also uneven; range from 4.4% (OR) to 34.1% (CO)

The Appropriate Role of Congregate Care

Perception

- Group homes are the most restrictive setting
- Congregate care is only appropriate for youth with high level mental health needs that meet medical necessity

Reality

- Within an appropriate continuum of care, group homes may not be the most restrictive setting. For example:
  - Some states use group homes as less restrictive and more therapeutic settings for youth in the juvenile justice system as an alternative to locked, criminal justice facilities.
  - Some states use group homes for high needs youth as part of a continuum of care that also includes more restrictive, locked facilities or more restrictive board/care facilities.
- Some states have created innovative transitional housing foster placements for 16-18 year olds. These placements may be ideal for youth who are not ready or able to be in a family setting but who may thrive in a more independent, dorm-like setting with appropriate supports.
  - These are among the most popular placements per youth advocates because they foster independent living.
- Group homes have also been used successfully for other high-risk youth, such as those who are survivors of sex trafficking, when no safe family options are available or as an alternative to locked criminal justice facilities.

Who Are Our Transition Aged Youth

Transition Aged Youth in Foster Care in the United States

Age distribution of transition-age youth in foster care between 2011 and 2015

	Total # of youth	16 yr olds	17 yr olds	18 yr olds	19 yr olds	20-21 yr olds
2011	133,179	32%	34%	26%	5%	3%
2012	125,211	32%	34%	25%	6%	4%
2013	121,681	31%	33%	24%	7%	4%
2014	116,867	32%	33%	24%	7%	4%
2015	113,829	34%	33%	26%	5%	2%

By Comparison:
Transition Aged Youth in Foster Care in California

Age Distribution of transition-age youth in foster care in CA between 2011 - 2018

Year	Total # Youth	16 yr old	17 yr old	18yr old	19 yr old	20 - 21 yr old
2011	11287	37%	39%	18%	4%	2%
2012	10694	35%	39%	20%	5%	2%
2013	12174	30%	32%	26%	11%	2%
2014	13685	24%	28%	22%	18%	9%
2015	14760	23%	24%	20%	17%	16%
2016	14210	22%	25%	19%	18%	16%
2017	13767	22%	24%	20%	17%	17%
2018	13332	22%	24%	20%	18%	16%

Transition Aged Youth in Foster Care in the United States

Of the 12,887 youth who were in care on their 18th birthday in FY 2014…[12]	US	
Number and percent that were still in care on their 19th birthday[13]	3,189	25%
Exit reasons for those that exited care before their 19th birthday		
Emancipation (often referred to as "aging out")	6,154	77%
Permanency[14]	1,416	18%
Other non-permanency situation[15]	422	5%
No information available on status as of 19th birthday	1,508	12%

Transition Aged Youth in Foster Care in the United States

Most recent placement setting for transition-age youth in foster care [8]	US	
	16–17 yr olds	18–21 yr olds
Group home or institution	40%	29%
Non-relative foster family	29%	29%
Relative foster family	13%	8%
Supervised independent living[9]	1%	22%
Trial home visit	10%	5%

California Statistics:
A Look at Transition Age Youth

- Nearly 1 in 4 transition aged youth are authorized for psychotropic medications. For population ages 0-15, the rate is 1 in 10.
- In 2013, 18% of youth ages 16-17 and 19% of youth ages 19-20 had an IEP, compared to 7% of children ages 0-15.
- Transition aged youth are more likely to have allegations and substantiations for sexual abuse than their younger counter parts.

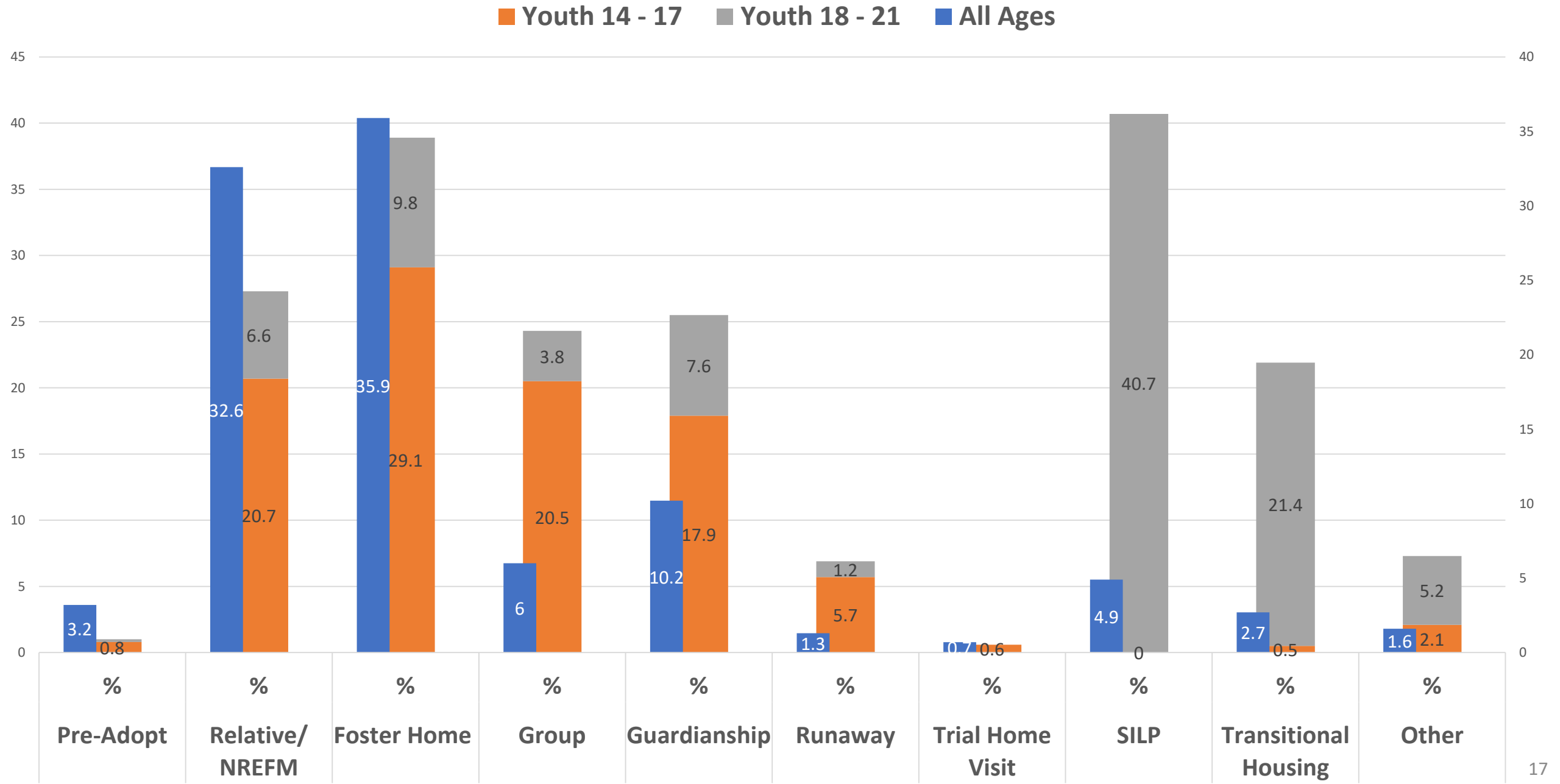
Children's Data Network Report (2015)

California Statistics, con't

- 8.9% of youth reported having employment when they initially enrolled in Individualized Transitional skills Program (ITSP) (compared to 22% of California youth ages 16-19 who report being employed)
- 16.8% of youth reported received some training to be work-ready prior to enrolling in ITSP
- 27.4% of youth reported having a resume prior to enrolling in the program

Transitioning to Adulthood: Assessing Life Skills Outcomes for Los Angeles County Foster Youth – 2017 ITSP Evaluation Report

Placements of Youth in California -- All Ages vs. TAY



National Look at the Use of Congregate Care in Child Welfare

Proportionately, children in congregate care comprised 18 percent of the foster care population in 2004 and 14 percent in 2013—a notable decrease.

Congregate care use is decreasing at a greater rate than the overall foster care population, which indicates states are making greater strides in reducing the number of children who spend time in a congregate care setting.

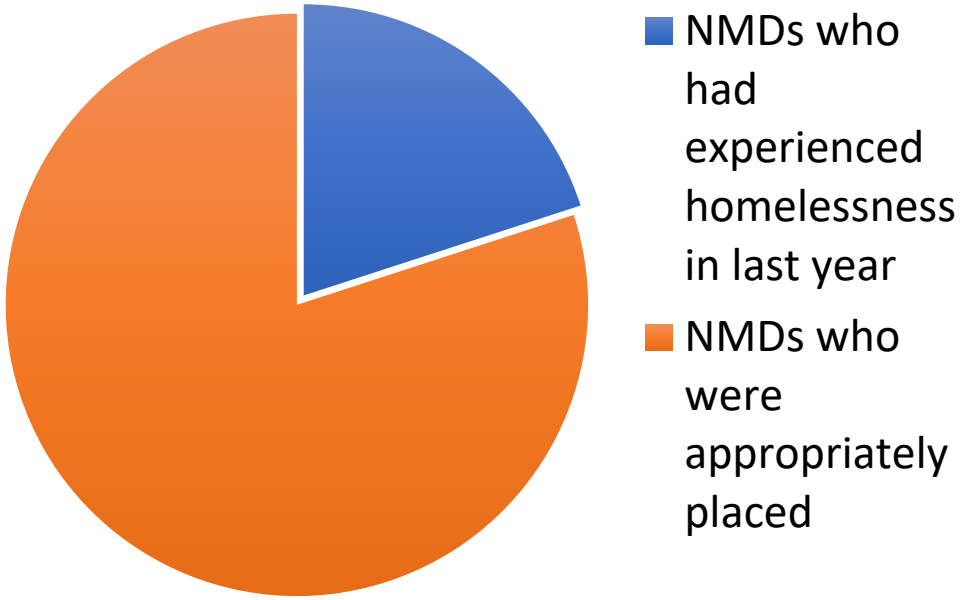
Of the approximately 51,000 children age 13 and older who entered foster care in 2008, about half (25,535) entered congregate care at some point.

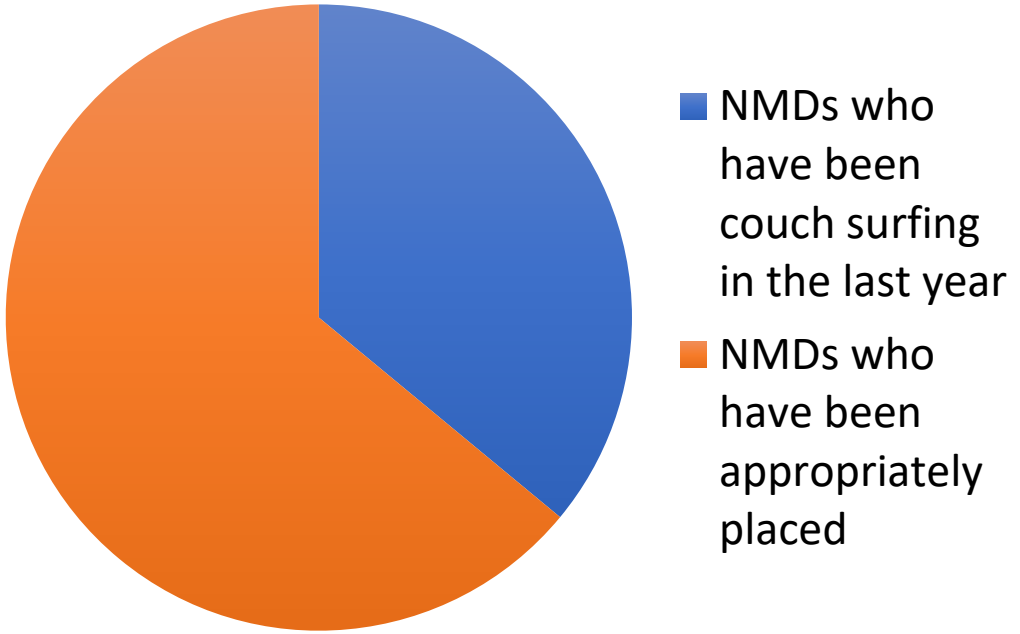
- Among those, more than 4 in 10 entered due to a child behavior problem and no other clinical or mental disability.
- About one-quarter (24 percent) entered a congregate care setting as their first placement.

National Look at the Use of Congregate Care, con't

- Overall, results indicate that children with DSM and child behavior problem indicators may experience a need for higher levels of care than other children in congregate care.
    - Children with a DSM diagnosis were more likely to have congregate care as a subsequent placement, be previously adopted, and have three or more placement moves compared to the other subgroups.
    - Children with a child behavior indicator were more likely to enter congregate care as their first placement, have only one or two placement moves, and exit to permanency. These children also were more likely to reenter care and be transferred to another agency, which may indicate a need for longer-term stabilization in an alternate setting

Alternatives to Congregate Care Critical to Meeting the Need – Especially for NMDs



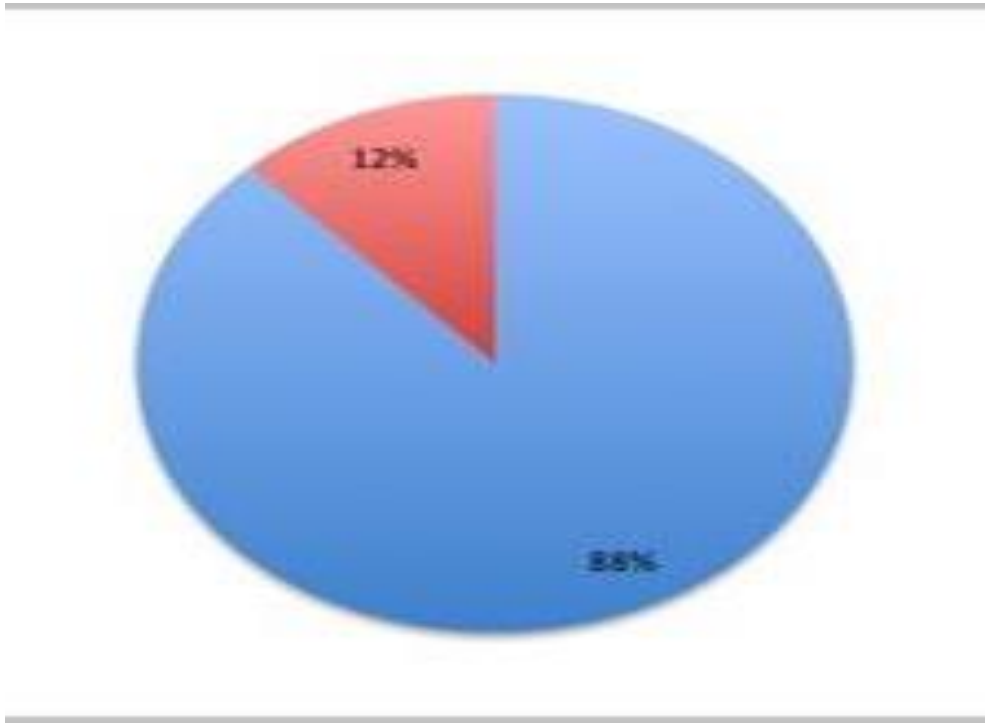


Having Appropriate Front Door Policies Critical to Meeting the Need of Older Youth

- TAY youth are more likely to be characterized as “runaways” and not receive appropriate interventions – including prevention services and entries to foster care.
  - This is especially true of older African-American youth
- Investigations and diversion are often done without youth input.
  - Appropriate question should be running away from what?
- Getting this wrong has dire consequences for both the youth and the system resulting in increased trauma and high TAY homelessness numbers
- Must not lose consideration of the well-being of the youth.

TAY Homeless and "Running Away" from Abuse

88% of Homeless Youth Report Experiencing Physical, Emotional and Sexual Abuse Prior to Becoming Homeless



Provisions of Family First that Impact TAY

Placements for TAY

Expectant and Parenting Youth

Reunification Opportunities

Chafee Independent Living Program

Placements for TAY

Valid Placement Settings Under Family First Prevention Services Act

- A licensed residential family-based treatment facility
- A qualified residential treatment program (QRTP)
- A setting specializing in providing prenatal, postnatal or parenting supports for youth.
- A supervised independent living setting for youth >18
- A setting providing high-quality residential care and supportive services to children who have been found to be, or are at risk of becoming, sex trafficking victims
- Kinship Foster Homes
- Non-Relative Foster Homes

Overview of Congregate Care Changes

With respect to congregate care, FFPSA primarily does the following:

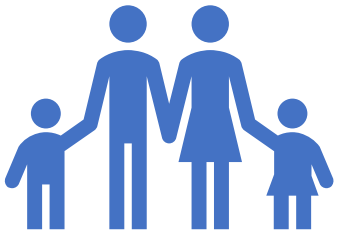
- Changes the list of valid placement types for federal payment “beginning with the third week for which foster care maintenance payments are made...”
- Creates a new placement type called a Qualified Residential Treatment Program (QRTP)
- Defines who QRTPs may serve and the types of services that they must offer to children and youth in care
- Places numerous requirements on the use of QRTPs for purposes of federal reimbursement
- Sets forth requirements on when and how children are to be assessed for placement in QRTPs, and who may do it

Closing the front door

- FFPSA cuts off federal IV-E funding after 2 weeks for children who are placed in congregate care programs, with four exceptions:
    - "Qualified residential treatment programs" (QRTPs)
    - Specialized settings for pregnant or parenting youth
    - Transitional housing programs for youth 18 and older
    - Programs providing support services to CSEC youth
- Limits the number of children that can be served in a "foster family home" to 6, unless the home:
    - Allows parenting youth in foster care to remain with their children
    - Allows siblings to live together
    - Allows a child with a meaningful relationship with the family to remain with the family
    - Allows a family with specialized skills to care for a child with a severe disability

Note: New restrictions on congregate care effective 10/1/19
(though states may apply for a 2-year delay)

QRTPs, Defined



A QRTP is a licensed program that:

- Has a trauma-informed treatment model designed to address the needs, including clinical needs as appropriate, of children with serious emotional or behavioral disorders or disturbances
- Is able to implement the treatment identified for the child pursuant to the child's assessment
- Has registered or licensed nursing staff and other licensed clinical staff who meet certain requirements (see slide 8)
- Facilitates participation of family in the child's treatment, to the extent appropriate and in the child's best interests

QRTP Program requirements

Program must have a trauma-informed treatment model designed to address the needs of “children with serious emotional or behavioral disorders or disturbances” (restrictive model- doesn’t account for children with behavioral challenges but without a specific diagnosis)

Registered or licensed nursing staff and clinical staff

Program must also:

Facilitate outreach to a child’s family and participation of the family in treatment	Provide post-discharge planning and support for at least 6 months	Be accredited through an approved accrediting organization

QRTP Nursing Requirement

QRTPs must have licensed or registered nursing staff and other licensed clinical staff who:

- Provide care within the scope of their practice as defined by state law;
- Are on-site in accordance with the QRTP's treatment model; and
- Are available 24 hours a day, 7 days a week

QRTP Accreditation

QRTPs must be accredited by:

- The Commission on Accreditation of Rehabilitation Facilities (CARF)
- The Joint Commission on Accreditation of Healthcare Organizations (JCAHO)
- The Council on Accreditation (COA) or
- Any other independent, not-for-profit accrediting organization approved by the Secretary of HHS

QRTP Payment Eligibility

For a QRTP placement to be eligible for federal maintenance payments:

1. An assessment by a "qualified individual" must be completed within 30 days after placement is made, or federal funding will be cut off
2. If an assessment finds that the placement is not appropriate, the court disapproves the placement, or a child is going to return home or move to a subsequent placement, federal funding will cut off 30 days after such finding, order or decision to move the child is made

QRTP Assessments – “Qualified Individual”

A “Qualified Individual” is defined as 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

HHS Secretary may waive any provision of this definition for a state that certifies that the trained professionals or licensed clinicians performing the assessments will maintain objectivity with respect to determining the most appropriate placement for a child

The Secretary is tasked with developing criteria for the waiver process

QRTP Assessments - Contents

Assessments must:

- Assess the strengths and needs of the child using an age-appropriate, evidence-based, validated, functional assessment tool approved by the HHS Secretary;
- 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 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 child's permanency plan; and
- Develop a list of child-specific short- and long-term mental and behavioral health goals

QRTP Assessments - Contents

If the qualified individual determines the child “should not be placed in a foster family home,” he or she shall specify in writing:

- The reasons why the needs of the child cannot be met by the family or in a foster family home
- Why the recommended placement in a QRTP is the setting that will provide the most effective and appropriate level of care in the least restrictive environment
- How the placement is consistent with the short- and long-term goals for the child, as specified in the permanency plan

QRTP Assessments – Child and Family Team

- States must assemble a “child and family permanency team” for each child
- The Qualified Individual must work with the team when doing the required assessment for the child
- The team must consist of:
  - All appropriate biological family members, relatives, and fictive kin of the child
  - As appropriate, professionals who are a resource to the family, such as teachers, medical or mental health providers who have treated the child, or clergy

QRTP Assessments Children over 14: Child and Family Permanency Teams

- Youth ages 14 and older should be consulted in the development of the case plan.
- The permanency planning team should include individuals that the youth identifies as important to them and considers family and kin.
- Youth ages 14 and older should be given the option to select up to 2 members of the permanency planning team:
  - Those members cannot be the foster parent or caseworker for the child
  - The state can reject an individual the child selects if there is good cause to believe the individual would not act in the best interests of the child,
  - One individual selected by the child may be designated to be the child's advisor related to the application of the reasonable and prudent parent standard.

Court Oversight of QRTP Placements

Within 60 days of the start of a QRTP placement, a family or juvenile court or other court of competent jurisdiction must:

- Consider the assessment, determination and documentation made by the qualified individual;
- 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 QRTP provides the most effective and appropriate level of care for the child in the least restrictive environment and whether the placement is consistent with the short- and long-term goals for the child; and
- Approve or disapprove the placement

Court Oversight of QRTP Placements

The agency must submit evidence at each status review and permanency hearing that:

- Demonstrates that ongoing assessment of the strengths and needs of the child continues to support the prior determination supporting placement in a QRTP
- Documents 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
- Documents efforts made by the agency to prepare the child to return home or be placed with a fit and willing relative, a legal guardian, an adoptive parent, or in a foster family home

QRTP Assessments – Case Plan

The child's case plan must document:

- Reasonable, good-faith effort to identify and include all such individuals on the permanency team for the child
- Contact information for the team, and for other family members and fictive kin not on the team
- Evidence that meetings of the team, including meetings related to the assessment, are held at a time and place convenient for family
- If reunification is the goal, evidence demonstrating that the parent from whom the child was removed provided input on the members of the team

QRTP Assessments – Case Plan, Cont.

The child's case plan must document:

- Evidence that the assessment is determined in conjunction with the family and permanency team
- "The placement preference of the family and permanency team relative to the assessment that recognizes children should be placed with their siblings unless there is a finding by the court that such placement is contrary to their best interest" and
- If the placement preferences of the family and permanency team and child are not the placement setting recommended by the qualified individual, the reasons why the placement preferences were not recommended

QRTP Assessments – Case Plan, Cont.

The child's case plan also must include:

- The written documentation made by the qualified individual as part of his or her assessment
- The approval or disapproval of the QRTP placement that is made by a court or administrative body

Federal Individual Placement Reporting

For placements that:

- For a child 13 or over, have lasted more than 12 consecutive months or 18 nonconsecutive months; or
- For a child under 13, have lasted more than 6 consecutive or nonconsecutive months

The state agency must submit to HHS:

- The most recent versions of the required evidence and documentation submitted to the court
- The signed approval of the head of the state agency for the continued placement of the child in that setting

QRTP Placements – Additional Notes

- A shortage or lack of foster family homes is not an acceptable reason for determining that the needs of the child cannot be met in a foster family home
- Training funding and data system funding may be drawn down even for otherwise non-federally-eligible QRTP placements

QRTP Placements – Additional Notes

Unclear how to reconcile the prohibition against federal payments “beginning with the third week” vs allowing up to 30 days to assess a QRTP placement’s appropriateness

The independent living option is limited to youth over age 18, so THP for youth under 18 no longer federally eligible

QRTP Placements – Additional Notes

- Placements for pregnant/parenting youth and youth at risk of becoming, or already subject to, CSEC are separately listed from QRTPs and not addressed in the bill
- 30-Day Assessment requirements only apply to children placed into QRTPs

CCR vs FFPSA

California's Approach

- $130 million in investments in foster parent recruitment and retention over past 3 years in single state
- Investments in the development of specialized foster homes to serve higher-needs youth

Family First

- $8 million, one-time investment to be distributed across 50 states to recruit and retain foster parents
- No efforts to develop specialized foster homes as an alternative placement for high-needs youth

Congregate Care: The Bottom Line

FFPSA redirects $641 million (nationally, over 10 years) in federal funding away from programs and services designed to support vulnerable children and youth in out-of-home care

Safely and effectively reducing the number of children and youth being served in congregate care requires a much more comprehensive approach than FFPSA provides

You can't assume all youth can be easily placed with relatives or foster parents:

- Children and youth in congregate care are 3x more likely to have a mental health diagnoses and 6x more likely to have behavioral challenges
- Almost 80% of the children and youth in congregate care have already been in a family-based placement prior to moving to the group home

Forcing these kids back into family-based care without the proper supports increases the likelihood that they will experience worse outcomes and/or cross over into other systems (juvenile justice, homelessness, etc.)

Investments must be made in foster parent recruitment and retention, the development of specialized "therapeutic" foster homes, increased access to community-based mental and behavioral health services, etc.

Extended Foster Care

Optional Prevention Services

Opens Title IV-E for specified services to be provided at state option:

- Mental health and substance abuse prevention and treatment services provided by a qualified clinician
- In-home parent skill-based programs that include parenting skills training, parent education and individual and family counseling

- Services can be given for up to 12 months to:
  - A child who is a candidate for foster care
  - A child in foster care who is pregnant or parenting
  - A parent or kin caregiver of the child

Older Youth and Foster Care Entries

Child Welfare systems have long recognized the problem with youth aging out from foster care to homelessness -- extended care is designed to help stop these exits to homelessness.

Child Welfare systems should also work collaboratively with other systems to take responsibility for older youth with child welfare involvement (but not necessarily in care) who age into unaccompanied homelessness at 18-24

How does Family First Act increase the **risk of unintentional entries into homelessness**

- The timing of prevention services for older youth
- In most states, extended foster care is only available to youth formally in foster care at 18

Possible solutions

- Policies for older youth entries that focus on youth voice and timing at 18 with reunification services post 18
- Policies that allow for entries into extended foster care after 18

How Prevention Services Could Support Youth 18 – 21: Re-Entry

Potential application of the law: Youth seeking re-entry into care could be considered "candidates for foster care" because they are at imminent risk of placement.

Potential opportunity: States could use IV-E for enumerated prevention services for up to 12 months for an individual seeking re-entry.

Opportunity to Support Youth Prior to Re-Entry

Could provide funds for services for a youth who is eligible to re-enter, has treatment needs, and is having challenges with the more traditional placement array and/or is unwilling or not ready to re-enter.

Funds could be used to provide mental health and substance abuse treatment and connect the young person to agency case management through a prevention plan.

This option of service delivery could allow the agency to connect youth who are hard to engage with the system, which could lead to full re-entry or allow for a better transition plan.

This could increase the funding available to serve youth with more complicated needs.

Risks in Using FFPSA to Support Youth Who Would Otherwise Re-Enter

1. **Limitations in Provision of Services.**

Youth with the most complicated needs would likely get more comprehensive services by re-entering foster care so they can have the option of a full array of placement and supports.

2. **Do not Want to Increase Barriers to Re-Entry.**

We see some states creating barriers to re-entry that impact the youth with the most complicated needs. We would not want use of these funds to enhance this risk by creating barriers to re-entry or ways to divert youth from a full service array. Delays may result in additional homelessness and consequently more trauma and exposure to the criminal justice system.

Expectant and Parenting Youth

How FFPSA Impacts Expectant and Parenting Youth

Application of the law: specialized settings for pregnant or parenting youth are exempted from the prohibition on the use of congregate care.

Potential opportunity: Revisit or reinvigorate efforts to ensure the placement array for expectant and parenting youth is varied and of high quality, including ensuring that the array includes family based settings.

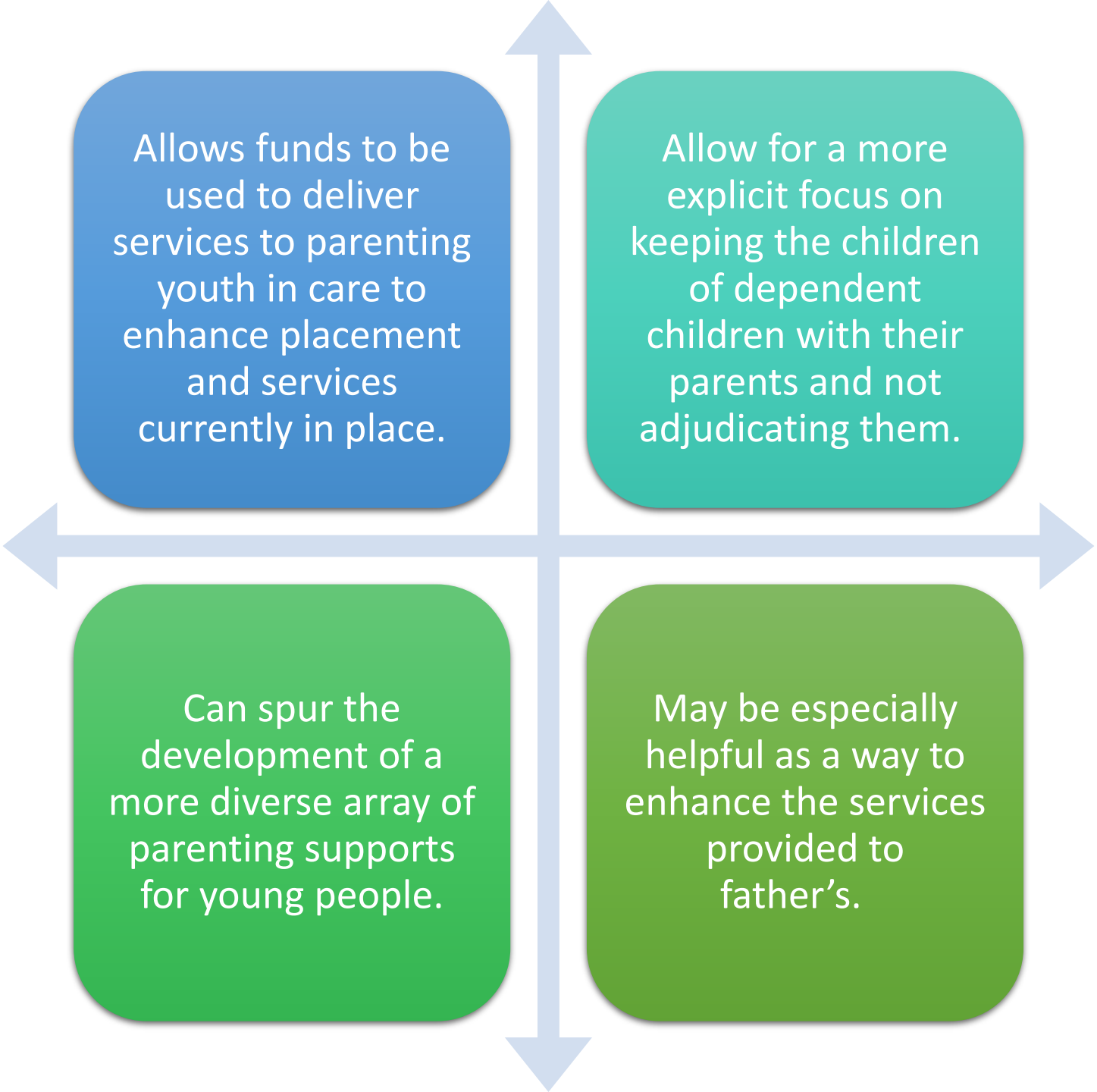
How FFPSA Impacts Expectant and Parenting Youth

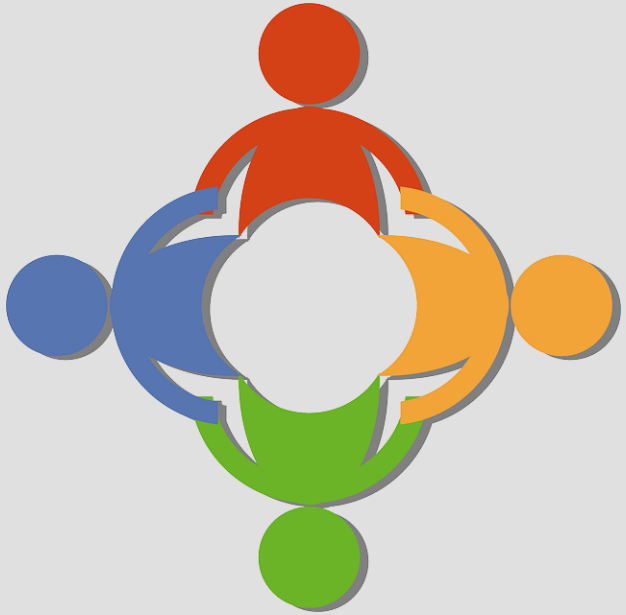
Application of the law: Time limited prevention services could be provided to dependent youth who are pregnant or parenting who are IN foster care.

Services that can be provided:

- Mental health and substance abuse prevention and treatment services provided by a qualified clinician
- In-home parent skill-based programs that include parenting skills training, parent education and individual and family counseling

Opportunities to Enhance the TAY Service Array for Expectant and Parenting Young People





Enhancing the Capacity to Provide Adolescent/Young Adult Specific Reunification Services

How FFPSA Could Enhance Reunification and Older Youth Permanency

Application of the law: IV-E funds can be used for prevention services for candidates for foster care.

Services include:

- Mental health and substance abuse prevention and treatment services provided by a qualified clinician
- In-home parent skill-based programs that include parenting skills training, parent education and individual and family counseling

Opportunities to Enhance Reunification and Older Youth Permanency

Most states have not developed extensive expertise in how to provide reunification services to families with older youth.

FFSPA provides an opportunity for states to enhance their capacity and expertise to provide reunification services to youth who are at risk of entering foster care as youth and young adults and would allow them to support families for longer periods of time to ensure stability.

Education and Training Vouchers and Chafee

Chafee Transition to Adulthood Services

Pre-Family First Law:

- Transition to adulthood services were provided to youth beginning at age 16.
- Aftercare services must be provided until age 21 for young people who aged out of foster care.

Family First:

- Transition to adulthood services begin at age 14.
- Aftercare services **can** be provided until age 23 for youth who aged out of foster care in states that extend foster care past age 18.
- Renames the program as the “Chafee Program for Successful Transition to Adulthood.”
- Reworks activities to be more broadly focused on “practicing” daily living activities (i.e., vs. “training” youth on certain activities).
- Codifies provisions for redistribution of unspent funds to states that apply for these funds.

Opportunities to Enhance the TAY Service Array

- States can begin serving youth at an earlier age.
- State will have the capacity to serve youth in aftercare for a longer period of time.
- States will be able to fill more service gaps.
- States can use changes in the law and the focus on practical and experiential learning as an opportunity to review and innovate around provision of Chafee services as part of an effective TAY service array.
- States may be able to receive increased funds for transition services that are unspent by other states.

Chafee Education and Training Vouchers

Pre-Family First Law: ETV provides up to $5000 towards the cost of attendance for post secondary programs:

For youth who were in foster care at age 16 or older, including youth who exited to adoption or guardianship.	Young people are eligible for ETV until age 21, or age 23 if they were enrolled in a post-secondary program at age 21.

Family First: ETV provides up to $5000 towards the cost of attendance for post secondary programs:

For youth who were in foster care at age 16 or older.	For youth who were adopted or entered guardianship arrangements at age 14 or older.	Young people are eligible for ETV until age 26.

Chafee Education and Training Vouchers

Potential Opportunities:

- Allow young people more time to complete—and fund—post secondary programs.
- Provide more funds to defray the cost of attendance.

Questions?