



NATIONAL ADVOCACY SUMMIT

*Investing in What It Takes:
A Full Continuum of Care*



★ April 18–20, 2016 ★ Hilton Garden Inn Washington, DC / U.S. Capitol ★

HOT TOPIC

Take The Next Step In Child Welfare Services Reform: Expand Intervention Services, Strengthen Reunification and Improve Residential Care through the Families First Act

ACTION

Support the draft legislation, the Families First Act, for its provisions that:

- **Expand Title IV-E Foster Care funding** to provide intervention services for children at risk of foster care;
- **Provide post-permanence funding** to help children that are reunified after foster care, are placed in kinship families or are adopted
- **Strengthen oversight and improve residential care and safely reduce congregate care** and increase recruitment for and support of family foster care and kinship care.

INFORMATION

As CWLA outlined last year in *Finance Reform & Child Welfare: A Balanced Approach*, reforming child welfare must address the need for an array of services that can assist the full spectrum of child and family needs across diverse populations including tribal communities. No family and no child can be forced to fit into a single model of service, and, in fact, different families will likely use different services at different times and in different measures.

In 2015 draft legislation, the Families First Act was released through the Senate Finance Committee. While CWLA's **full support** will have to await review of final legislative language, the draft proposal provides important improvements.

It would allow funding under Title IV-E of the Social Security Act, currently used primarily for out-of-home care for children (and adoption assistance), to be used for evidence-based program intervention services to prevent

foster care for children at risk of removal. It also seeks to provide some of these same evidenced-based services for children that are reunified with their families, placed into kinship care settings or are adopted, thus providing much needed support for post-permanency services.

Investing in a Continuum of Services that can Support Families

Across the nation there has been increased focus on substance use due to the trend of increased addictions to prescription drugs and heroin. The rate of infant removal (and placement into foster care) has gone up from 10.7 per 1000 to 11.4 per 1000 over a two-year period. The Administration has cited statistics that indicate that substance use contributed to 30 percent of foster care placements in 2014. Overall, caseloads increased from a national total of 400,000 to 415,000 between 2013 to 2014 (the most recent data).

The most frequently diagnosed health problems of children in out-of-home care are mental health conditions. Children most often enter out-of-home care because of abuse or neglect, experiences that place children at increased risk of emotional and behavioral challenges. Separation from family and the uncertainties of out-of-home care may further compromise children's emotional wellbeing. The primary caregiver of a child in care may also be dealing with their own mental health challenges. As noted in *CWLA Child Welfare Journal (2014) Vol. 93, NO 1, Mental Health Care of Families Affected By the Child Welfare System*, "Research has indicated that many maltreating parents do experience symptoms of depression, anxiety, posttraumatic stress disorder, and social isolation; others have endured domestic violence."

The Families First Act draft legislation provides federal child welfare reimbursement for some services for mental health, substance abuse prevention and in-home parent skill-based programs (including parent training and individual and family counseling). These services, while tied to the level of evidence and evaluated practice models required under IV-E will not be linked to the obsolete IV-E AFDC eligibility standard.

Reunification and Post-Permanency Funding and Services

Reunification is the first permanency option that state and local child welfare agencies consider for children entering care. It is also the most common permanency resolution for children leaving foster care. Reunification is the most challenging path. Reunification services include family preservation, parenting support, counseling, and substance use and domestic violence treatment.

The latest *HHS Child Welfare Outcomes Report*, (2010-13) showed that children re-entering foster care within 12 months of reunification with their families ranged from a low of 3 percent to as high as 28 percent in some states with the median being 15 percent.

The report stated, “A consistent finding... is that many states with a relatively high percentage of foster care reentries also had a relatively high percentage of children entering foster care who were adolescents (age 12 or older). The challenges that these older children present... with regard to meeting the reunification needs... may be quite different from those with younger children and their families.”

There are virtually no federal funds provided for post-reunification services. A small part of Title IV-B funds is targeted to this purpose, but states are restricted by a time limit. As a result, families that are reunified, families that adopt and long-term kinship families that need post-reunification, post-adoption and post-kinship services are not able to access them.

The *Families First draft legislation* allows states and tribes to provide specific services to children, parents and kin caregivers for 12 months. As long as the child or youth involved is a “candidate” for foster care and is identified by the state agency in a prevention plan as at imminent risk of entering or re-entering foster care they are eligible for the services.

Stronger Residential Care Services, Greater Recruitment and Support of Foster Families and Kinship Care

Much has been discussed in regard to the use of residential care for children in foster care. The CWLA National Blueprint affirms that all children have a right to nurturing and loving families and the family supports necessary to meet their need for safety, stability, and healthy development. Appropriate residential care is an important part of the continuum of care for children in foster care or kin placements, or who are adopted, and where other interventions are not appropriate to the child’s needs.

Limits on and investments in residential care should be driven by evidence-based therapies, practices, and research. If a foster child remains in residential care because an appropriate setting in the community does

not exist, then special attention and effort should be focused on creating more appropriate settings including recruiting, training and supporting more foster homes, adoptions and kinship placements.

The *Families First draft legislation* creates a definition for family foster care as well as a definition of a qualified residential treatment program or QRTP. A QRTP is a clinically-recognized treatment model, able to implement treatment identified by an assessment, has licensed staff, facilitates participation with family, documents how family members are integrated, provides discharge planning and aftercare support for at least 6 months, and is licensed and accredited.

The *Families First draft legislation* requires oversight and assessments after a child is placed in a QRTP. Oversight includes that within 30 days of a new placement a validated and evidence-based assessment is made, a determination of whether or not the child’s needs can be met with family members or in a family foster home and if not, which of the approved foster care placement settings would provide a more effective and appropriate level of care. Reviews will be conducted by the court within 60 days. After 6 months for a child under the age of 13, and after 12 months consecutive or 18 months non-consecutive for others, the state agency must submit documentation to HHS and notify the parents, kinship caregiver, or legal guardian that the child has a private right of action to the least restrictive environment.

For child welfare agencies to make this work will require a greater effort and commitment at the federal and state level at foster parent recruitment, on providing trauma-informed support for biological/kinship families, foster care families, and families for adoption. Meeting this goal of greater foster family and adoptive family recruitment, and enhanced post-placement supports must be realized to stabilize children in these family-based settings. In addition, we need to look to other health systems including Medicaid-funded strategies and services including the expanded use of therapeutic foster care through legislation such as the Family-based Foster Care Services Act, HR 835/S 429.

CONCLUSION

To effectively provide an array of child welfare services means filling the numerous gaps along the continuum. These gaps include a lack of intervention services as well as placement options for children that are placed in out-of-home care. The *Families First draft legislation* represents an important step towards addressing these shortfalls in intervention and post permanency services and provides better oversight of residential treatment services. Whatever action Congress takes however must be vigilant to assure greater efforts at foster care, kinship care and adoptive family recruitment so that no child falls through the gaps.



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