



# Children's Monitor

Monday, 24 JUNE 2019

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## JUNE: NATIONAL REUNIFICATION MONTH and PRIDE MONTH

### This Week:

*-Prevention Services Clearinghouse Ratings—*

*-Appropriations Update—*

*-Treatment Foster Care (TFC) Bill Introduced—*

*-Bills to Support the Implementation of Family First —*

*-CWLA submit AFCARS Comment—*

*-ICE raids to Target Immigrant Families—*

### Title IV-E Prevention Services Clearinghouse Ratings for the First 10 Programs and Services

On Thursday, June 20, the Administration for Children and Families (ACF) released the first ten Prevention Services Clearinghouse rated programs and services that received well-supported, supported, promising, or does not currently meet the criteria for the Title IV-E Prevention Services in accordance with the Family First Prevention Services Act.

These practices include mental health services, substance abuse prevention and treatment services, in-home parent skill-based programs, and kinship navigator programs. Five programs and services met the criteria for well-supported: Functional Family Therapy, Multisystemic Therapy, Nurse-Family Partnership, Parent Child Interaction Therapy, and Parents as Teachers. Only one program met the *supported* rating, Families Facing the Future, and only one service met the *promising* rating, Trauma-Focused Cognitive Behavioral Therapy. Three programs and services received the rating of *does not currently meet the criteria*, they are Children's Home Society of New Jersey Kinship Navigator Model, Kinship Interdisciplinary Navigation Technologically-Advanced Model (KIN-Tech), and the Multisystemic Therapy for Child Abuse and Neglect.

There are three programs/ services, Healthy Families America, Methadone Maintenance, and Motivational Interviewing that are still under review and expected to receive ratings soon.

For more information regarding the Title IV-E Prevention Services Clearinghouse, click [here](#) visit the website

## **Bipartisan Senate Treatment Foster Care Bill Introduced in Senate**

On Tuesday, June 18, Senator Tammy Baldwin (D-WS) and Senator Rob Portman (R-OH) reintroduced the *Treatment Family Care Services Act*.

Under Therapeutic Foster Care, foster parents –and increasing other care givers including relative care givers and parents—are given special training to address the needs of youths with major mental health challenges and children receive intensive in-home services to sustain them in the community. According to the Foster Family Treatment Association, TFC provides critical services to approximately 46,000 or 1-in-10 foster children across the country.

Funding can come through state Medicaid programs, but current law and guidance does not provide for a standard definition. The Treatment Family Care Services Act requires the Centers for Medicare & Medicaid Services and the Administration for Children and Families to provide states with clear guidance on federal TFC standards under the Medicaid program and other available federal funding streams.

A House version of the bill will be introduced with Congresswoman Rosa DeLauro (D-CT), Congressman Tom Cole (R-OK), and Congressperson Karen Bass (D-CA) leading the bipartisan companion legislation in the House of Representatives.

The Child Welfare League of America has endorsed the legislation which can be [found here](#).

## **Immigration Issues Boiling Again**

Immigration was heating up again last week from its slow boil to full steam on two fronts. The President created tremendous anxiety with the advocacy and certainly the immigration communities when he tweeted his desire for more raids and deportations. On Thursday, Senate Judiciary Committee Chairman Lindsey Graham (R-SC) was holding a hearing on his bill S 1494, the Secure and Protect Act of 2019.

Among other items the Graham bill would overrule the protections for immigrant children by superseding the court-dictated Flores agreement. The Flores agreement dating back to 1997, requires immigration officials to place detained children in the least restrictive setting possible and to release children to relatives or licensed programs willing to accept the children and to detain children for no more than 20 days.

The Graham bill would supersede the Flores agreement and state authority by preempting any state regulation or standards for facilities these children are detained in. The federal government, not the state law, would oversee health and safety standards. The Graham bill could never get through the House if it makes it out of the Senate, but the President's threats hold more immediate concern.

On Monday night the president tweeted that ICE agents are planning the removal of “millions” of undocumented aliens. But beyond that and some campaign rhetoric it is unclear who will be targeted and where in the country. By Tuesday ICE officials were not clear on what the President was thinking of when he announced the removal of millions. By the end of the week there were spreading reports that raids would begin on Sunday.

Advocates across the country, including CWLA, are concerned about the impact of any such raids and their long-term impact on child health and wellbeing. Children, including citizen children in many of these situations, who witness a parent’s arrest are more likely to suffer mental health and behavioral problems. There is also the impact of separation and isolation of these children.

### **Appropriations Update: White House Deal Still Pending**

After a joint meeting on Wednesday, June 19 congressional leaders and the White House were no closer to an overall budget deal than they have been over the last several months. Unlike previous meetings this White House meeting included the Democrats. After the meeting was adjourned there was no deal and no consensus by participants of what actually happened in the meeting.

The White House leadership led by the Secretary of Treasury Steve Mnuchin and acting Chief of Staff Mick Mulvaney seemed to have a different version of the negotiations than some of the congressional participants especially the Democrats. The Republicans said that Speaker Pelosi (D-CA) had agreed to a debt ceiling negotiation not tied to a deal on overall budget caps and spending, but Democratic staffers were denying that was ever agreed to or even said by Pelosi. The two White House officials were also complaining about the funding increase Democrats are seeking on the non-defense spending side.

Senator Richard Shelby (R-AL), Chairman of the Senate Appropriations Committee said he wasn’t clear what the next steps were. Senate Minority Leader Schumer (D-NY) told reporters that there had been an agreed to target for Senate spending negotiated by Shelby and his Democratic counterpart Senator Patrick Leahy (D-VT) but they had agreed to put that agreement aside at the request of the White House.

Secretary of Treasury Steve Mnuchin said that the Administration might settle for a one-year continuing resolution or “CR” that would be level funding while also raising the debt ceiling. However, to do that they would need an agreement by Democratic leaders—they don’t have one. Due to some programs that have various funding adjustments and increases for veterans’ programs a “level-funded” budget would cause cuts in some areas.

What all this means is we are a step closer to a potential government shut down and another potential crisis that would be a result of the failure to raise the debt ceiling.

As a backdrop the House finished action on their first minibus a package of four appropriations bills including the Labor-HHS-Education appropriations. The House then started on a second

minibus that includes five appropriations bills. H.R. 3055 includes the five appropriations for Commerce- Justice-Science, Agriculture-Rural Development-Food and Drug Administration, Interior- Environment, Military Construction-Veterans Affairs, Transportation-Housing. Work should be finished by this week and that would leave three last appropriations before the House completes their FY 2020 work.

The Senate still has not started work on any of the 12 bills with time running short.

### **Ways and Means Committee Passes New Tax Package, EITC & Child Care Expanded**

On Thursday, the House Ways and Means Committee passed a series of tax bills designed to expand current tax benefits for a number of low and middle income families and individuals. *The Economic Mobility Act of 2019*, among several provisions, expands the Earned Income Tax Credit (EITC) for childless workers; expands refundability of the child tax credit and extends the program to cover qualifying families in Puerto Rico. The child care tax credit is made fully refundable in 2019 and 2020.

The Child Care Quality and Access Act of 2019, sponsored by Congressman Danny Davis (D-IL), would add \$1 billion in child care funding. The mandatory funding portion of the Child Care and Development Block Grant (CCDBG) is found under the TANF law. It would increase from \$2.9 billion a year to \$3.9 billion in 2019 and 2020. The mandatory funding is allocated to states and requires a state match at a matching rate like the Medicaid program so the added federal funds should leverage an additional \$800 to 900 million in state matching funds.

Other bills considered deal with clarifying the tax status of legally married same sex couples, and to extend more than 30 expire tax breaks and credits. The legislation will eventually pass the House and be sent to the Senate where it is less clear which parts of the tax package they want and which they are willing to negotiate.

### **Every Child Deserves A Family Act**

On June 5, Representatives John Lewis (D-GA) and Jenniffer González-Colón (R-PR) introduced [HR 3114](#) – Every Child Deserves A Family Act and on June 13, Senator Kirsten Gillibrand (D-NY) introduced [S 1791](#), the Senate version. This legislation prohibits organizations receiving federal funding from discriminating against children and families and promotes safety, well-being, and permanency for LGBTQ children in foster care.

Discrimination in the placement of children and the recruitment of parents is not in the best interests of the child especially when there are too many children and youth in foster care who lack a stable and loving family that they deserve to be cared for and with. For older children, sibling groups, and those with special needs, the child welfare system must ensure the broadest pool of families for children by assessing applicants on the basis of their abilities to successfully parent a child and work with diverse family dynamics.

Click [here](#) to endorse the bipartisan 2019 Every Child Deserves a Family Act.

**Congressman Wenstrup Introduces Legislation Mirroring Senator Brown/Stabenow Family First Transition Support Act**

Members of Congress in both the Senate and the House are interested in providing states with additional resources and support to implement the Family First Prevention Services Act (Family First). The Family First Transition and Support Act, [S 1376](#), was introduced on May 8, 2019 in the Senate by Senators Sherrod Brown (D-OH), Debbie Stabenow (D-MI), Amy Klobuchar (D-MN), and Kristen Gillibrand (D-NY) and the identical bill [HR 2702](#) was introduced in the House on May 14, 2019 by Representatives Karen Bass (D-CA), Don Bacon (R-NE), Brenda Lawrence (D-MI), Debra Haaland (D-NM), and James Langevin (D-RI). On May 23, 2019, Representative Brad Wenstrup (R-OH) introduced [HR 3017](#), the Family First Transition and Assistance Act.

As introduced similarities between the Family First Transition and Support Act (FFTSA) and the Family First Transition and Assistance Act (FFTAA) both provides support for meeting the requirements of Family First and would do the following:

Family First Transition and Support Act	Family First Transition and Assistance Act
Delay the 50 percent well-supported prevention practices requirement, starting October 1, 2019 to 2026	Phase in the 50 percent well-supported prevention practices requirement <ul style="list-style-type: none"> <li>• 0 percent for FY 2020 to FY 2023,</li> <li>• 20% for FY 2024 and 2025,</li> <li>• 35% for FY 2026 and 2027, and</li> <li>• 50% by FY 2028</li> </ul>
Temporary additional funding for foster parent recruitment and increasing quality family and residential care settings <ul style="list-style-type: none"> <li>• \$75 million for each two years (FY2020 and FY2021) to support family foster care recruitment and retention, including and expanding therapeutic treatment foster care and other needed foster care services</li> </ul>	Additional funding to support for foster family homes and support to increase quality family and residential care settings <ul style="list-style-type: none"> <li>• \$20 million for each four years (FY2020 to FY2024) in competitive grants to support the recruitment and retention of high-quality foster families for states, territories and tribes with the highest percentage of children in non-family settings</li> </ul>

FFTSA would provide additional support and resources to states, territories, and tribes with noteworthy assistance includes:

Elimination of the “lookback” eligibility requirements for title IV-E foster care that would expand the federal funding coverage of children and youth placed in family foster care. FFTSA would also provide more funding and training for caseworker and workforce development for the next two years by \$30 million. Currently states and territories receive \$20 million to improve the quality of monthly caseworker visits with children in foster care and increased funding could be

*ACA= the Affordable Care Act, HHS=Department of Health and Human Services, BCA=Budget Control Act, CAPTA= Child Abuse Prevention and Treatment Act, CBO=Congressional Budget Office, CR=continuing resolution, DACA= Deferred Action for Childhood Arrivals, GAO= Government Accountability Office, FFA=Family First Prevention Services Act or Family First Act, JJDPA= Juvenile Justice and Delinquency Prevention Act, HELP=Senate Health, Education, Labor and Pensions Committee, MIECHV=Maternal, Infant and Early Childhood Home Visiting, SSBG= Social Services Block Grant, TANF=Temporary Assistance for Needy Families,*

used to support challenges in child welfare and increase permanency and stability for children in foster care and stabilize and adequately staff the child welfare workforce.

Another provision of FFTSA that is critical to the implementation of Family First is the additional funds for state-directed research for evaluation and identification of evidence-based prevention practices. \$15 million would be available for HHS to make competitive grants to states, territories, or tribes and \$5 million would be directed to HHS for identification and approval of programs and services that meet the eligibility of the Prevention Services Clearinghouse.

### **CWLA Submits Comments on AFCARS**

Last week, CWLA [submitted their comments](#) on the implementation of an Adoption and Foster Care Analysis and Reporting System (AFCARS) update. The Administration had frozen the 2016 final rule that updated AFCARS data requirements. In the interim they asked for additional comments and issued an updated notice of proposed rulemaking in mid-April. The revisions eliminated a number of new data elements regarding the Indian Child Welfare Act (ICWA), health care tracking of children and youth in care, almost all data on LGBTQ on parents, children and youth in the child welfare system and some of the education tracking data. CWLA emphasized the importance of revising the AFCARS data since it has not been updated since its inception in 1993. In our comments we said,

*“This new AFCARS data offers an opportunity to inform how policies enacted in recent years regarding foster care placements, human trafficking, health care status, ICWA and most importantly implementation of the Family First Prevention Services Act are changing the outcomes of families and children.”*

The comments did acknowledge some improvements due to what has been left over from the 2016 rule saying that including first time data on the Indian Child Welfare Act is long overdue. CWLA is also pleased with the inclusion of new data on adoption dissolutions but those new elements were mandated by Congress in 2014. CWLA, also highlighted the need for some of the elements that they had removed in the April announcement including greater information on health screenings of children and youth in foster care, the entire removal of the LGBTQ reporting requirements for youth and children and potential foster and adoptive parents and some of the education elements.

Much of the Administration for Children and Families (ACF) motivation, according to their revised notice of proposed rulemaking, was due to the cost. The ACF calculation indicates that the changes will total more than \$87 million in new costs with states absorbing half that cost. Whether that is significant considering no revisions for the past 25 years and perhaps decades into the future, CWLA urged HHS to

*“include in its coming budget request to Congress similar funding support as existed in the 1990s when implementation was offset with a 75 percent match in Title IV-E federal funding. That would mean that the projected total cost submitted in the April 19, NPRM of \$87 million, (with the states absorbing half the cost at \$43 million) would be reduced to \$21 million in state costs.”*

The AFCARS report include not just the annual statistics on the number of children in foster care and number of adoptions but various important other data including entries and exits, the breakout by age group for each of these categories, the placements situations, circumstances contributing to a child's removal and the ethnic, racial and tribal breakouts of the child population.

### **THE 2019 KIDS COUNT Data Book – How Does Your State Rank?**

The first KIDS COUNT Data Book was released in 1990 and there were 64 million children in the United States and today there are close to 74 million children. States are ranked based upon 16 indicators of child well-being that focuses on child health and education outcomes as well as risk and protective factors.

Some highlights of the report includes:

- Northeast states ranked at the top in overall rankings including New Hampshire and Massachusetts
- States in the South and Southwest ranked at the bottom of the overall rankings including Mississippi, Louisiana, and New Mexico
- Almost half of U.S. child population are kids of color compared to 1990 KIDS COUNT DATA
- More than a million youth in the U.S. are disconnected, not in school or working
- 18 percent of children live below the poverty line in the U.S. and data indicated that Black and American Indian children are more likely to grow up in poverty with 12 percent of children in the U.S. are living in deep poverty

Click [here](#) to see how your state ranks on the KIDS COUNT index.

### **SAMSHA Best Practices in Prescribing Antipsychotics**

On Wednesday, June 19, Substance Abuse and Mental Health Services Administration hosted a webinar on "Implementation of Models to Support Best Practice Prescribing Antipsychotics: SAMHSA Initiatives". Justine Larson, MD, MPH, MHS for the Substance Abuse and Mental Health Services Administration and Gloria Reeves, MD, University of Maryland School of

Medicine both presented on the current state of antipsychotic use in the United States and ways to prescribe medications to children in safer and more informed ways.

Dr. Larson cited that, in the 21st century the United States had a dramatic increase of antipsychotics prescribed to children and adolescents, and vulnerable groups such as children and youth in foster care. These children are prescribed at higher rates and are not prescribed in the safest and most effective ways. She said that these issues became apparent and that as a response the Child and Family Services Improvement and Innovation Act of 2011, created new mandates through Title IV-E. State child welfare agencies are to develop a plan for psychotropic medication oversight and are directed to increase the availability of therapies to address the trauma experienced by foster youth. By 2015, 45 states and the District of Columbia had employed at least one strategy to provide psychotropic medication oversight in foster youth. However, these programs varied and it was clear there needed to be a better approach to addressing the oversight issue.

In May 2018, SAMHSA held an Expert Meeting entitled “Strategies to Support Best Practice Prescribing of Antipsychotics in Children and Adolescents” to create a guidance document of strategies for Best Practice included Monitoring Programs for Antipsychotic Oversight, Supports for Best Practice Prescribing, and Delivery System Investments that focused on prior authorization of drug prescription. It also includes mandatory peer review and drug utilization reviews, such as looking closer at prescriptions for young children.

Best practice looks at sharing decision making tools for youth and family, to allow them to feel more empowered in making decisions about prescriptions, elective psychiatric consultation for the youth, and quality improvement for both of these practices so they enable the family and child to learn as much about treatment as possible. Delivery system investments include having trauma informed and evidence based system of care, public reporting and quality indicators of treatment, and care coordination between providers. Together, all of these practices create a comprehensive approach to keeping prescriptions of antipsychotics to a minimum and as safe as possible.

Dr. Reeves followed by proposing five ways prescribers should think about prescribing youth antipsychotic medication.

1. First, she advises that prescribers think about whether a medication is being used to treat a clinical diagnosis, such as anxiety or ADHD, or if it is being used to treat a target symptom, such as severe aggression. In both cases, there needs to be an ongoing assessment of the symptoms, which is different if there is only one symptom to be tracking.
2. Second, the importance of tracking both visible and invisible side effects of medication, along with short and long term side effects. Planning how to monitor invisible side effects can help and having a communication plan with both the prescriber and pharmacy about side effects and drug interaction issues are both important factors.



3. Third, assessing the benefits of the medication is important and includes having the child rate symptoms, tracking their functioning in multiple settings, and getting “observer” input from teachers, coaches, or anyone else who is in close contact with the child.
4. Fourth, tracking adherence to medication is important because not taking the medication can cause problems in tracking benefits and side effects. She says that adherence is a problem for almost all children at some point, whether they stop taking the medication because they don't like the side effects, the stigma that comes with taking medication, they think they feel better, or are worried about addiction. Dr. Reeves talks about reinforcing accurate reporting over “compliance”, using reminders, anticipating challenges, such as the child living in multiple homes, and considering if it is best to dose the medication while the child is at school.
5. Last, she discussed what she calls “missed opportunities”, problems that need an intervention other than medication, but contribute to the continuance of high dosages of medication. This could include trauma, learning disabilities, illness of a family member or friend, or substance abuse. These issues might not be discussed initially because of trust issues or because they are associated with stigma.

Dr. Reeves recommends avoiding “missed opportunities” by re-assessing the youth's problems periodically over the treatment time, seeking input from those close to the child, considering formal evaluation of the child, obtaining history regarding safety concerns, and using strengths and coping strategies to assess underlying concerns.

<b>UPCOMING CAPITOL HILL BRIEFINGS/EVENTS</b>
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- **Monday, June 24, 2019 from 2:00 pm to 3:00 pm.** Housing Alliance Legislative Briefing Call. Number (303) 248-0285; Code 2811137. Click [here](#) to Register.
- **Wednesday, June 26, 2019 from 1:00 pm to 2:00 pm.** CWLA Advocacy Conference Call. Number (857) 232-0156; Code: 488793.
- **4<sup>th</sup> of July Recess, Saturday, June 29—Sunday, July 7**
- **Wednesday, July 17, 2019 from 6:00 pm to 7:30 pm.** Native Youth Summer Networking Reception. **George Washington University, Marvin Center – Grand Ballroom (3<sup>rd</sup> Floor), 800 21<sup>st</sup> St NW, Washington, DC 20052.** Click [here](#) to Register.
- **Thursday, August 1, 2019 from 10:00 am to 2:00 pm.** The Promise of Adolescence: *Realizing Opportunity for All Youth Report Launch*. **Keck Center of the National Academies of Sciences, Engineering, and Medicine, 500 5<sup>th</sup> St NW, Room 100, Washington, DC.** Click [here](#) to Register.