



Family First Prevention Services Act: Judicial and Legal Practice Considerations

After a Petition is Filed: Child in Foster Care
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Housekeeping

• CLE credit information

 We welcome questions throughout session



Agenda

- 1. Introduction
- 2. Kinship Support
- 3. Foster Family Setting
- 4. Residential Treatment
- 5. Other Settings

Family First Act overview

Colorado implementation

Relevant considerations

Family First Prevention Services Act

Pub. L. 115–123 (part of Bipartisan Budget Act of 2018), enacted Feb. 9, 2018 Family First Act Intent

Reduce foster care entries through Reduce increased use of prevention services Prioritize placement in a foster family Prioritize home, preferably with kin Limit the use of group care settings Limit based on specific needs **Support** Support transitions out of foster care

Title IV-E Reimbursable Placement Options Review

Foster family home, including with kin

High quality residential setting with services for youth who have been or are at risk of being sex trafficking victims

Setting specializing in providing prenatal, post-partum or parenting supports for youth

Supervised setting for youth over 18 who are living independently

Qualified Residential Treatment Program (QRTP) Family residential substance abuse treatment

Non-QRTP congregate care setting up to two weeks

Colorado Care Continuum

In-Home	Family-Like Settings	Specialized Group Settings	Short-Term Stabilization	Treatment-Focused Settings
 Community-based, prevention-focused services aimed at keeping families together Services include mental health, substance abuse prevention and treatment, and parent skill-based 	 Kin (non-certified) Traditional foster homes Therapeutic foster homes Treatment foster homes 	 Supervised independent living settings Residential care and support services to survivors or those at risk of sex trafficking Settings providing prenatal, postpartum or parenting supports 	 Assessment and stabilization Respite, foster Respite, transitioning from facility 	 Qualified Residential Treatment Programs (QRTPs) Psychiatric Residential Treatment Facilities (PRTFs) Division of Youth Services facilities



Prioritizing Family-Based Care: Kinship Supports

Kinship Family Strengths: Children Thrive







^{*} See Children Thrive in Grandfamilies fact sheet, available at www.grandfamilies.org and www.gu.org

Family First Act: Key Kinship Provisions

- Prevention services first time federal option to use federal child welfare dollars to fund prevention services for children, kinship caregivers and parents
- Kinship navigator programs option to offer these programs and receive federal reimbursement up to 50%
- Improving Licensing Standards, incl. for Kin Placements required to report back to HHS on the licensing standards and use of waivers
- Group care federal reimbursement for specified group placements only, with an emphasis on including kin in treatment and permanency planning
- Improving Relative Placement Across State Lines states are required to develop an electronic case processing system to expedite placements across state lines

www.grandfamilies.org



Colorado "Kin" Definition

- "Kin" may be relative of the child, a person ascribed by the family as having a family-like relationship it the child, or a person who has a prior significant relationship wit the child. These relationships take into account cultural values and continuity of significant relationships with the child.
- ICWA Kin Caregiver as defined in 25 U.S.C. Sec. 1903 includes an "extended family member" as defined by the law or custom of the Indian child's tribe or, in the absence of such law or custom, is a person who has reached the age of 18 and who is the Indian child's grandparent, aunt or uncle, brother or sister, brother-in-law or sister-in-law, niece or nephew, first or second cousin, or stepparent.

Colorado Implementation



CDHS Kinship Task Force created to:

- Look at statute/rule changes necessary to reduce barrier to kin becoming certified
- Establish practices that better support kinship care
- Promote a chance in philosophy that better supports kinship care
- Ensure placement is made with the best interests of the child in mind

• Kinship Navigator:

- Will build a network of support that utilizes natural supports, existing public and private programs and services to meet the needs of kinship care providers
- Is being evaluated



The Family First Prevention Services Act of 2018 (Family First Act or Family First) significantly changes how the child welfare system is funded and operates. Prioritizing the importance of children living with families, Family First includes a number of provisions related to prevention services, foster care placement, and transition from care.

urpose

In 2019, the American Bar Association Center on Children and the Law surveyed over 500 legal professionals about what they needed to better understand and implement the Family First Act. Most respondents (84%) said they would like an overview of the Act and clearer information about how it affects legal practice.

This Family First legal guide seeks to meet that request. It is designed to help attorneys, judges, magistrates, and court personnel:

- understand how the Family First Act changes federal child welfare law;
- identify opportunities to use the Act in legal advocacy and judicial decision making; and
- support implementation in a way that best serves children and families.

Organization

The guide is organized chronologically following a family's potential involvement with the child welfare system. That chronology is grouped in three sections with additional provisions in a fourth section. Additional resources are included in four appendices.

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ABA Legal Guide

Purposes:

- 1. To understand how the Family First Act changes federal child welfare law;
- 2. To identify opportunities to use the Act in legal advocacy and judicial decision making; and
- 3. To support implementation in a way that best serves children and families.

https://www.americanbar.org/content/dam/aba/administrative/child_law/family-first-legal-guide.pdf



Selected Considerations for Legal Stakeholders

- Explore what efforts have been made to identify, notify, and engage all adult relatives. Have both parents' relatives been identified, notified, and engaged?
- If the child is placed with a kin caregiver who is not licensed as a foster home, determine why not.
- Implementation tip: Make sure you are familiar with the licensing requirements for all foster homes, as well as the foster parent licensure waiver practices for kinship caregivers in your jurisdiction.

Prioritizing Family-Based Care: Foster Family Homes



Foster Family Home Focus



Definition: Home of individual or family that:

- Is licensed or approved by the state
- Adheres to reasonable and prudent parenting standard
- Provides care to six or fewer children in foster care, with exceptions to allow:
 - Parenting youth to remain with their child
 - Keeping siblings together
 - Keep children with meaningful relationships with the family
 - Care for children with severe disabilities

Colorado Implementation



 Definition of foster home expanded to allow for 6 (rather than 4) children/youth in foster care

- Expansion of foster family home level of care:
 - Creating therapeutic foster home level
 - Expanding treatment foster home level



Selected Considerations for Legal Stakeholders

- Determine whether siblings are placed together in the foster family home. If not, has a safety reason been articulated that prevents it?
- Does the child/youth have a severe disability? If so, determine can this foster family home provide tailored services and support? Does it need needs additional supports and training to care for the child effectively? Advocate and or issue orders accordingly.
- Implementation tip: Join your state's discussion about how to improve recruitment and retention of foster family homes.

Prioritizing Family-Based Care: Reducing Congregate Care Settings & QRTPs

Qualified Residential Treatment Program

Trauma-informed treatment model, designed to meet specific clinical needs of youth with "serious emotional or behavioral disorders or disturbances"

Assessment by "qualified individual" an early required step

Numerous quality & safety assurances included

Family outreach & integration of family in treatment program is prioritized

Discharge planning & family-based aftercare supports to be provided for 6+ months after discharge

QRTP Assessment

- Determines appropriateness of placement and eligibility for federal Title
 IV-E reimbursement of such placement
- Assessment must be:
 - Completed within 30 days
 - By "qualified individual"
 - With tool that is age appropriate, evidence-based, validated, functional assessment (HHS will release guidance)
 - Conducted in conjunction with a family and permanency team (as defined)
- Assessment must recognize children should be placed with their siblings unless there is a **finding by the court** that such placement is contrary to their best interest

Assessment, cont.

- Child's case plan must include:
 - Evidence of family and permanency team meetings
 - Evidence that the assessment was determined in conjunction with the team
 - Placement preferences of the family and permanency team relative to the assessment. If those preferred placements not recommended by the assessment, the reasons why not.
- If QRTP is determined necessary, professional must document in writing why child's needs cannot be met in a family.
- → A shortage of foster family homes is not an acceptable reason for residential placement.

Court Review of QRTP Assessment

Within 60 days of QRTP placement:

- Court review to approve or disapprove of the placement
- Determine if placement is "most effective and appropriate level of care for the child in the least restrictive environment" consistent with the permanency plan
- Can child's needs be met in foster family home?

At every status & permanency hearing:

- Confirm that State has submitted evidence:
 - Ongoing assessment confirms need for QRTP
 - Specific treatment or service needs that will be met
 - Length of time child expected to need additional treatment
 - Efforts made to prepare child to transition to a family

QRTP Timeline

Child Enters Placement

Child can be placed in the least restrictive setting

30 Days

Assessment completed within 30 days of QRTP placement

60 Days

Court must review QRTP assessment & placement *

6 Months

State agency approval needed if child under 13

12 Months

State agency approval needed if child is 13+

Discharge from QRTP

Discharge planning with family required

6 Months+ after Discharge

Family-based aftercare services for at least 6 months after discharge

If assessment does not support QRTP, another 30 days to find appropriate level of placement under IV-E

*Court must review decision again at every status and permanency hearing

Additional Placement Checks & Balances

Protocols to prevent inappropriate diagnoses

- States must establish protocols ensuring children in foster care are not inappropriately diagnosed with
 - mental health conditions
 - other emotional or behavioral conditions
 - medically fragile conditions, or
 - developmental disabilities.
- Inappropriate diagnoses must not lead to inappropriate non-foster family home placements.

Reporting on population of youth in juvenile detention

- States must assure that they will not pursue policies or practices that will result in significant increase in number of youth involved in juvenile justice system because of new congregate care restrictions.
- Federal government to assess impact in report due 2025.

Current Colorado Placement Data

- As of 9/3/21:
 - 4,224 children/youth in OOH care
 (3,946 in DCW, 278 in DYS)
 - 590 children/youth in congregate care (339 in DCW, 251 in DYS)
 - 245 Total children/youth in RCCFs (210 in DCW, 35 in DYS)
- In 4/20, Colorado had:
 - 164 group center beds
 - 72 group home beds

Colorado Implementation:

Independent Assessments



- All regions have begun IA rollout
- 14-day timeline
- <30 Independent Assessments completed and reviewed
- 58% recommended residential; 42% recommended treatment in community
- 77% involved crossover/JJ youth
- 77% had GALs listed; 90% of those GALs were interviewed
- 31 Qualified Individuals trained by the Office of Behavioral Health

Colorado Implementation:

QRTP Hearing & Bench Card



- QRTP Bench Card and trainings
- Hearing within 60 days of QRTP, unless:
 - Child/youth/juvenile, GAL or any party objects to the placement (30 days) or
 - Child/youth/juvenile is placed in a QRTP, but IA does not recommend that level of care (30 days)
- Court order to include whether QRTP:
 - Provides the most effective and appropriate level of care for the child/juvenile/youth,
 - Is the least restrictive environment, &
 - o Is consistent with the permanency plan.
- 23 QRTP program applications submitted to CDHS as of 8/21; 230 QRTP beds envisioned

Colorado Implementation:

Juvenile Justice



- Family First Act applies to delinquency cases
- Youth involved in delinquency case will need to follow QRTP process for placement in non-family like settings
- Initial QRTP hearing may be done by the Administrative Review Division (ARD) if juvenile is committed to DYS and no longer under the jurisdiction of the court
- When a court commits a juvenile to DYS, it shall make a specific determination about whether the lack of available and appropriate congregate care placements is a contributing factor
- See <u>Family First Juvenile Justice System</u> <u>flowchart</u>



Selected Considerations for Legal Stakeholders

- What evidence should be provided for QRTP hearings?
- What does the discharge from QRTP plan look like? What services are needed to ensure the child's successful transition to a family-based setting?
- Implementation tip: Ensure a focus on children's school stability. What impact will QRTP or other congregate care placement have on those areas? How can adverse impacts be mitigated?

Prioritizing Family-Based Care: Other Settings





In addition to QRTPs, federal funding remains available for:

- Setting specializing in providing prenatal, postpartum, or parenting supports for youth;
- Supervised independent living setting for youth ages 18 and over;
- High-quality residential care setting for youth who are victims or at risk of becoming victims of sex trafficking; and
- Congregate setting for up to 2 weeks.

Family-Based Substance Use Treatment

- IV-E funds for child placed WITH parent in inpatient treatment setting
- Considered a foster care placement
- Must be trauma-informed
- Up to 12 months
- No income test



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Colorado Implementation



In progress, so keep an eye out....

- Specialized settings
 - Draft rules developed on eligibility criteria for youth victims of sex trafficking and for pregnant and parenting youth (https://co4kids.org/family-first-dashboard)

 CDHS exploring options related to substance use disorder treatment of parents



Selected Considerations for Legal Stakeholders

- Consider whether the most appropriate placement for each expectant or parenting youth is a group setting with relevant supports or a family-based setting.
- What other legal needs may a child who is a victim of sex trafficking have?
- Implementation tip: Invite individuals with personal experience in care to share perspectives about group home experiences in a context where they have support to prepare their ideas, share them safely, and can engage in ongoing reform efforts.

Learn More: Colorado

- https://co4kids.org/family-first/placementservices
- https://co4kids.org/judicial-and-legalcommunity
 - Includes QRTP Bench Card & trainings
 - Juvenile Justice System Flowchart (draft), including potential QRTP placement
- Talk to your local BPCT about local prep
- ♣ Independent Assessment-QRTP <u>Toolkit</u>: https://drive.google.com/drive/folders/1nwJHWHlkPhmdw4 <u>Ehzuqo-qUw6lk3dj5R</u>

Learn More: National

- ❖ ABA Center on Children and the Law resources
 - <u>Legal Guide</u>, <u>Tool for Engaging the Legal Community</u>, & <u>Kinship provision checklist</u>
- Kinship care <u>Family First resources</u> on https://www.grandfamilies.org/
- National Foster Youth & Alumni Policy Council, Priorities on Special Populations
- Children's Rights, Families Over Facilities: Ending the Use of Harmful and Unnecessary Institutions and Other Group Facilities in Child Welfare Systems
- Implementing the Family First Prevention Services Act: Nearly 200 pages of FAQs!

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