

EXPECTATIONS, LIMITATIONS, AND REALITY

How the Family First Prevention Services Act Invests in Prevention and Supports Families

EXPECTATION	<p>The federal government will let states claim IV-E reimbursement for services to prevent child maltreatment.</p>
CONSIDERATIONS & LIMITATIONS	<p>Prevention services are not IV-E reimbursable until a child becomes a “candidate for foster care,” the definition of which already exists in federal statute and is limited to children at “imminent risk” of foster care entry. Only children who would enter foster care if the service was not provided would be eligible.</p> <p>As such, states will not be able to claim federal IV-E reimbursement until well after maltreatment has occurred and been substantiated and a family is in a significant state of crisis.</p> <div data-bbox="133 961 1487 1654" style="text-align: center;"> <p>7.4 million children involved in referrals alleging maltreatment</p> <p>3.5 million children involved in referrals screened in for an investigation or assessment 19% of CPS investigations are substantiated 1,750 fatalities (national estimate)</p> <p>1.3 million children received services</p> <p>273,500 children entered foster care</p> <p>Limited number of youth who will be considered “candidates” and able to remain safely at home with support of an evidenced-based program</p> </div>
REALITY	<p>Family First allows states to claim IV-E reimbursement for services to prevent <i>entry into foster care</i> (not to prevent the maltreatment in the first instance). Federal reimbursement is further limited to the subset of children who are at the point of meeting the existing federal definition of “candidates for foster care.”</p>

<p>EXPECTATION</p>	<p>A broad range of prevention services will be eligible for IV-E reimbursement.</p>
<p>CONSIDERATIONS & LIMITATIONS</p>	<p>Only prevention services that meet one of the three federal standards for “evidence-based” (promising, supported, and well-supported) will be eligible for reimbursement. To meet these standards, programs must undergo a protracted evaluation phase and demonstrate effectiveness.</p> <p>Further, states are required to spend at least 50% of the total amount claimed for federal reimbursement for prevention services on “well-supported” programs—those with the highest level of evidence base.</p> <p>A recent survey of programs across the country found that there are only 28 mental health services, four substance abuse prevention and treatment services, four parenting skills training or education programs, and three individual family counseling programs that have been identified as “well-supported” practices.</p> <p>Not all of these programs are broadly available. For example, of the four well-supported programs for substance abuse prevention and treatment identified, only <i>one</i> is appropriate for adults.</p> <div data-bbox="321 932 1516 1780" data-label="Diagram"> </div>
<p>REALITY</p>	<p>The prevention services eligible for IV-E reimbursement will be limited in most states due to the evidence-based standards required by Family First and the lack of availability of programs that meet the highest standard of being a “well supported” practice.</p>

EXPECTATION The law provides sufficient support to help kinship families care for children while their parents receive IV-E funded prevention services.

CONSIDERATIONS & LIMITATIONS

In order for the parents to receive IV-E funded prevention services, the child must be kept *outside* of the foster care system.

This means that if children need to be placed with relatives to keep them safe while their parents receive services, the placement with relatives must happen outside of foster care.

Since the child is placed outside of foster care, the child and caregiver will not receive the resources and supports they would receive if the relative were licensed as a foster care placement. Further, the caregiver will not be trained and supported to care for a child recovering from trauma, abuse and neglect.




PREVENTION PATH: Using FFPSA to Divert Children to Kin Care Outside Foster Care

PLACEMENT PATH: Using FFPSA to Enable Kin to Meet Licensing Standards

Limited funding available to support kin caregiver (TANF)	<i>Funding?</i>	Full foster care funding
Prevention services targeted primarily at the bio parent/home of removal	<i>Who receives services?</i>	Reunification services offered to the parent. Youth receives legal and case management services
Prevention services offered limited to 12 months	<i>Duration of services?</i>	No limitation on amount of time for reunification services while child is in foster care + 15 months of post-reunification services
No requirement that the state make a legal permanent plan for the child. If legal permanency is obtained, no eligibility for Adoption Assistance or subsidized guardianship benefits	<i>Permanency options and funding for permanency?</i>	Child is either reunified or can remain with relative through adoption, guardianship, or as a Fit and Willing Relative—all options offer continued funding for kin families (AAP, KinGAP, or continued foster care funding)
No right to school of origin or funding, immediate enrollment, partial credits, etc.	<i>Education Rights?</i>	School of origin, partial credit, immediate enrollment—these rights attach to foster care
No independent living skill services offered through Chafee Independent Living Program (ILP) services or Education and Training Vouchers (ETV)	<i>ILP and ETV?</i>	Qualifies for ILP and ETV to assist with education, career development, financial budgeting skills, health, safety, housing, and permanency if youth meets age requirements (youth in care at 16+)

REALITY Family First will lead to more children being diverted from foster care to *informal care* with kin, thereby depriving children who have experienced abuse and neglect of supports and services that could help them recover and thrive.

EXPECTATION	The law provides access to residential care for children who need that level of support and treatment.
CONSIDERATIONS & LIMITATIONS	<p>Access to residential care is limited to “children with serious emotional or behavioral disorders or disturbances,” i.e. a specific mental health diagnosis found in the DSM.</p> <p>Many children who have experienced abuse and neglect—and who may benefit from the structure and therapy provided through a short-term residential treatment—exhibit behavioral symptoms without ever receiving a DSM diagnosis.</p> <p>This is especially true for “cross-over” or “dual status” youth who may have entered foster care through the juvenile justice system.</p>  <p>The diagram shows a stylized house with an orange roof and red walls. The roof is labeled "Residential Care". A green banner is placed across the front of the house, containing the text "NO FEDERAL REIMBURSEMENT WITHOUT SPECIFIC DIAGNOSIS". The house has a white door and two white windows.</p>
REALITY	FFPSA restricts access to congregate care for children whose behavioral challenges might be best supported by the temporary, stabilizing, and therapeutic structure of a residential treatment program if those children have not been diagnosed with “serious emotional or behavioral disorders or disturbances.”

<p>EXPECTATION</p>	<p>Children and youth in out-of-home care who are ineligible for congregate care under Family First can be properly served in a family home.</p>
<p>CONSIDERATIONS & LIMITATIONS</p>	<p>Evidence drawn from data about young people with intensive mental health and behavioral needs demonstrates that when they are placed in a family home without specialized training for their caregiver and enhanced support (i.e. therapeutic foster care) many of them experience adverse outcomes. Yet Family First does nothing to expand access to services to support community-based placements for children and youth with significant challenges who will be ineligible for congregate care.</p> <p>Forcing youth with high needs into family homes without the necessary level of support provided by specialized foster care runs the risk of failed placements and youth homelessness, incarceration, and/or victimization.</p>
<p>REALITY</p>	<p>Family First does not sufficiently invest in developing the capacity of family-based placements to support children and youth with higher levels of need.</p>



YOUTH IN CONGREGATE CARE ARE THREE TIMES MORE LIKELY THAN THEIR PEERS IN FOSTER CARE TO HAVE A MENTAL HEALTH PROBLEM AND SIX TIMES MORE LIKELY TO HAVE BEHAVIOR PROBLEMS.

MORE THAN 75% OF YOUTH CURRENTLY IN CONGREGATE CARE HAVE BEEN IN A FAMILY-BASED PLACEMENT PREVIOUSLY.