Tom Rawlings
Interim Division Director



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Division Priorities and Updates
Tammy Reed, Placement & Permanency Services Director



## **Background**

- On February 9, 2018, President Trump signed the Family First Prevention Services Act (Family First)
- The provisions are aimed at decreasing entries into foster care, ensuring children are placed in the most appropriate, family-like setting when foster care is necessary
- Strengthening other key child welfare legislation.



- Largest structural change to federal financing of child welfare in over 30 years.
- Allows for Title IV-E funds for certain prevention services offered to families where children are identified as at imminent risk of entering foster care unless the Division provides services. (candidates for foster care)





- Beginning October 1, 2019, states may elect to use Title IV-E funds for trauma-informed, evidence-based prevention services identified by HHS as promising, supported, or well-supported practice.
- Family First permits states to request up to a two-year delay in implementing these provisions but will not be able to receive the Title IV-E prevention funding until then.



## **Services**

- ✓ Mental Health
- ✓ Substance Abuse
- ✓ In Home Parenting
- □ IVE Time Frame -12 months
- ☐ Services now 15 months when child returns home
- **ACF** to issue guidance by October 1, 2018



## **Program and Practice Impacts**



### **Family First Requirement:**

## Keep Children in a family setting (family foster home/kin)

- Increased numbers of family foster homes will need to be recruited, trained and evaluated
- Defines foster family home as a home where a licensed foster parent resides with 6 or fewer foster children.(some flexibility)
- ACF to establish model licensing standards by October 1, 2018
- States will have to report by April 1, 2019 whether their licensing standards meet their standards



- States will be restricted in using Title IV-E foster care maintenance payments for children placed in a Child Caring Institution (CCI) to no more than two weeks per child, except under five specific circumstances:
  - A Qualified Residential Treatment Program (QRTP)
  - A setting specializing in providing prenatal, post-partum, or parenting supports for youth.
  - A supervised setting for youth ages 18 and older who are living independently.
  - A setting providing high-quality residential care and supportive services to children and youth who have been found to be, or are at risk of becoming, sex trafficking victims.
  - A licensed residential family-based treatment facility for substance abuse

As of July 16, 2018, there are **1428** youth placed in a CCI in the state of Georgia





## **QRTPS**

### QRTPs must be:

- Licensed and accredited
- Use trauma-informed treatment model
- Facilitate and document family involvement and outreach and how sibling connections are maintained
- Provide at least 6 months post-discharge family-based aftercare support.
- Have a registered or licensed nurse and other licensed clinical staff on site and available 24 hours a day, 7 days a week. They do not have to be employees of the QRTP.



## Family Reunification

- Elimination of the current 15 month time limit on use of IV-B funds for family reunification services for children in foster care.
- Allows access to 15 months of family reunification services for a child returning home, beginning on the day the child returns home



## Assessing the need for other than family foster care

- Within 30 days of a child's placement in a QRTP setting, a qualified individual must assess the child's strengths and needs. The assessment must be done using an age appropriate, evidenced based, validated, functional assessment tool.
- The goal of the assessment is to determine whether a child's needs can be met with family members, or in a foster family home, or in one of the other approved settings, consistent with the short and long term goals of the child and the permanency plan.
- Written documentation of the assessment decision is required.



## Court Oversight of QRTP Placements

- The court must review the completed assessment and decision within 60 days and approve or disapprove the QRTP placement.
- Ongoing placement assessment is required at every permanency hearing.



## **Safety Provisions**

Effective October 1, 2018 States must conduct criminal history and child abuse and neglect registry checks, including fingerprint-based checks, on any adult working in a child care institution, including group homes, residential treatment centers, shelters, or other congregate care settings.



## **Other Provisions**

- Must give assurances that state will not increase the DJJ population
- Must work to inform Judiciary of changes and requirements for Family First
- Must report on steps to compile complete and accurate information on maltreatment deaths

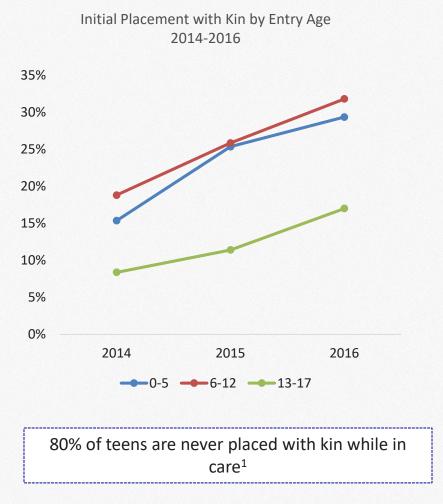
Why Kin?

Research confirms that kinship care has positive benefits for children



"Children initially placed in kinship care as compared to family foster care were more likely to reunify or exit to guardianship."

## While placement with kin has improved, there are opportunities for further growth, especially for teens



#### Older youth on family:

"I wanted to live with my uncle, but they won't move me even though he passed the background."

"It can be ok in foster care, better than in group homes because its like you're living a sort of normal life."

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## What's New

- Formal Role of the Kinship Coordinator
- Approving Kinship Foster Homes at a 120 Days



- Contracting out when appropriate for impact and home study evaluations
- Not waiting to place with Kin
- Kinship exception process/form

## Kinship Foster Care Practice Guidance

## Kinship Pathway

– Kinship caregivers are often ill-advised about what options to take, which can put a child's safety and financial well-being at risk. A key juncture for deciding where to place children in the temporary custody of the state requires transparency and full disclosure with all possible kinship caregivers. If a child enters the temporary custody of the Division the Kinship Pathway must be reviewed again with the kinship caregiver.

## Kinship Placement Exception

The Kinship Placement Exception process may be a very different experience than our old way of locating placements. The goal of Kinship Placement Exception is to situate locating and placing with kin as a central priority when a child first enters foster care and at any points going forward when the child needs a placement

## Kinship Foster Care Practice Guidance

### Approving Kin

- Staff must prioritize the assessment and approval of a kinship caregiver if the child already placed in the home or when kin is identified. Kinship Coordinators will ensure voluntary kinship cases are transferred to Resource Development to expediate the approval process for kin with children already living in their home. Good casework and supervision will reflect the assessment and approval of kinship foster homes within 120 days of a referral to Resource Development.
- If a kinship caregiver's home is found to be appropriate during completion of initial home safety assessment the child may be placed at that time.

Note: Placement of a child with known kin should not be delayed due to the foster home approval process. The kinship foster home approval process must be completed within 120 days. \*Pilots may contract with providers to complete timely home studies

## Kinship Foster Care Practice Guidance

## Training Kinship Caregivers

- Kinship caregivers will receive IMPACT Training in preparation to meet the needs of the child, to increase awareness and understanding of the needs of the child and to maintain and improve their caregiving skills over time.
  - Enrollment in impact should begin immediately
  - Contract for in-home training when deemed appropriate
  - Impact modifications for Kin are underway, to include web-based trainings

## Care Coordination Teams

For High Level & Complex Special Needs



## Licensed Clinical (LCSW, LPC) Team Priorities

- Oversight of Psychiatric Residential Treatment Facility (PRTF) Stays & Discharge Planning
- Oversight of MWO/SMWO Quality of Care & Step Down
- Oversight of Psychotropic Medications
- Coordination of Community Based Care for Children moving to Permanent Family Settings
- Long Term Planning for Youth with Developmental Disabilities and Chronic Mental Illness
- CSEC

## Masters Level Systems Team Priorities

- Coordination of shift from congregate to family based care
- Coordination with Dept of Community Health (DCH); Dept of Behavioral Health & Developmental Disabilities (DBHDD); Dept of Juvenile Justice (DJJ) and Amerigroup to increase Placement Options & Services for High End Children
- Recruitment, Monitoring & Development of Community Based Care Services
- Coordination of Care for Lower End Needs & Services

## Intensive Care Tips

Psychiatric Residential Treatment Facility (PRTF)

- Crisis Behavioral Line 1-800-715-4225
- This is intended to be a short term assessment unless the child is approved by Amerigroup for intense therapeutic services that result in long term support
- The search for placement must continue!!
- Keep the lines of communication open around discharge
- Referrals for a PRTF must be made by mental health providers because it is a hospital setting.

## Permanent Guardianship

## What Changed?

- NEW age at which a waiver is required
- FULL DISCLOSURE of all options must be documented
- MORE consideration for the family's input
- NEW consideration of legal issues in TPR

## What is the Same?

- Regional Waiver REMAINS a requirement (for children 0-11 years old)
- Assessment of reunification & adoption REMAINS a requirement
- Timeframes and Process for Waivers REMAINS the same

## Change in the age at which a waiver is

## required

- Waiver Requirement:
- 1) Children under the Age of 12
- Children in DHS Permanent Custody
- Why Increased recognition of the importance of pre-teen and teen involvement in permanency planning. Our vision of permanency matters!
- Waivers remain a requirement for ALL children in permanent custody, regardless of age.



# Requirement to conduct assessment of Reunification remains the same.

• <u>Why</u> –

The highest level of permanency for children in foster care is reunification with their parents. Even when permanency is secured through adoption or guardianship, children face additional emotional hurdles due to permanent separation from their parents. So we must ask ourselves if we have done everything we can to reunify children with their parents before turning to another permanency option.

## Conduct Reunification Assessment by addressing and reviewing the following:

- 1)Prognosis for reunification (Previous TPRs; Family history; Case Plan progress; Agency diligent efforts in providing reunification services)
- 2)What is the remaining timeframe for meeting the conditions for return/ mitigating safety issues and allowing for the safe return of the child/children home?



 Date of full disclosure review of all permanency options to caregiver (including the benefits and limitations of each) and caregiver response to information.

Why – We want to ensure that permanent caregivers understand adoption, guardianship, the pros and cons of each and are able to engage with us in creating the best permanency plan for the child.

# Requirement to conduct assessment of Adoption remains the same.

### Why –

Adoption is the highest level of legal permanency once reunification is ruled out. Adoption creates a legally binding parent-child relationship and ensures ongoing legal protection of the child from unresolved safety threats posed by the parents. BUT, adoption does not need to mean that the family cannot maintain appropriate connections for the child. A significant component of our engagement with the caretaker involves talking about what the future looks like for the child including both adoptive and birth family.

Date of discussion regarding openness and post adoption contact agreements with the caregiver and caregiver response to information.

3) Date of discussion with caregiver regarding realistic expectations of the birth parent making behavioral changes to regain custody and the caregiver plan to assure child safety in the future.

Why — Caregivers must understand the legal differences between adoption and guardianship regarding the birth parents' legal status. We must engage with the caregivers around their understanding of the severity of the unresolved safety concerns leading to adoption or guardianship. We must understand the caregivers vision of what may happen in the future that could change a guardianship arrangement and their ongoing responsibility to ensure child safety.

4) If the caregiver is a relative or fictive kin, their reasons for preferring guardianship, if any.

Why – The family is the expert on their family. Federal law allows for family preferences to be considered in permanency decisions. We want to engage with caregivers in exploring individual family dynamics, their history of caring for family members and keeping them safe and their relationships and boundaries with birth parents. In addition to caregivers, birth parents' and children's input should also be considered here.

5) Date the case was staffed for TPR with the SAAG and any legal barriers or concerns that were identified.

Why – Three appeals court cases have had an impact on TPR decisions at the county, SAAG and court levels in some judicial circuits. Successful legislative changes to the TPR statute were completed to address the concern. We must attempt to overcome any remaining challenges related to the standards to prove on going harm through continued relationships with the parents OR continued harm in foster care. Here we document our efforts and describe any unresolved challenges.

6) The permanency plan that is in the best interest of the child, including recommendations from the agency, child (as age appropriate) and caregiver.

Why – The assessment gathers information from a variety of perspectives however the overriding factor in the final permanency decision is what is in *the best interest of the child*. The conclusion of the permanency assessment requires us to synthesize all of the information and use it to determine what is best for the individual child.

## Submission of the Waiver Request Remains Largely the Same

- If based on reunification and permanency assessments it has been determined that reunification or adoption is not the most appropriate plan, a waiver request, including the permanency assessment detailing why guardianship is the most appropriate plan, should be submitted in accordance with policy. (Reference policy 10.22)
- Prior to submitting a guardianship waiver request, SHINES documentation and all supporting documents for the permanent guardianship waiver request are updated and uploaded.
- County Director and Supervisor review and approve appropriateness of Guardianship as
  the permanency plan and submit the waiver request via email to the appropriate DFCS
  region for review and approval 45 calendar days prior to requesting a legal change in the
  permanency plan to permanent guardianship.
- For children in the permanent custody of the Department the Regional Adoption
  Coordinator should be consulted prior to submitting a permanent guardianship waiver
  request.

## The Approval Process Remains the Same

- Acknowledge receipt of waiver request within 2 business days
- Review and process the waiver request within 7 business days of receipt if all supporting documentation has been provided.
- If additional information is needed that will cause a delay in processing the waiver, the county is notified within 3 business days of receipt of waiver request.
- The county submits additional information, as appropriate, within 5 days.
- Schedule a case staffing with county and regional staff and leadership, as appropriate, to gain additional information regarding the appropriateness of the waiver and / or to finalize a decision regarding appropriate permanency if the waiver is denied.
- Final determination on waiver approvals / denials remains with the Regional Director.



## **Thank You**

#iamtheblueprint