# The Pursuit of Permanency: The First 90 Days Strategies for Implementing Policy to Put Children's Relationships First

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#### Goals

Understand	Understand the underlying principles of CCR and FFPSA in eliminating the barriers to permanency resulting from congregate care placement
Refresh	Refresh on state and federal law and science that support prioritizing excellent parenting and avoiding congregate care settings
Discuss	Discuss effective practice and strategies for using CCR and FFPSA to advocate for prioritizing children's relationships



### State and federal policy framework for discussion: CCR and FFPSA



#### CCR: California Framework to Limit Number of Children in Non-Family Placements

- ♦ Beginning January 1, 2019, group care facilities must be licensed as Short-Term Residential Treatment Facilities (STRTPs).
- \* STRTPs may only accept children for placement who require short-term, specialized, intensive treatment and must have a plan of operations that details core services, treatment practices.
- ♦ Case plan for children in STRTPs must specify the need for treatment and include a plan for transition into a less-restrictive environment.
- ♦ STRTP placements longer than 6 months must be approved by the local agency's director or deputy director.

California Framework to Engage Youth and Families in Decision-Making

#### Child and Family Teaming

Module 2

The Child and Family Team Meeting: Preparation, Facilitation, and Follow-up



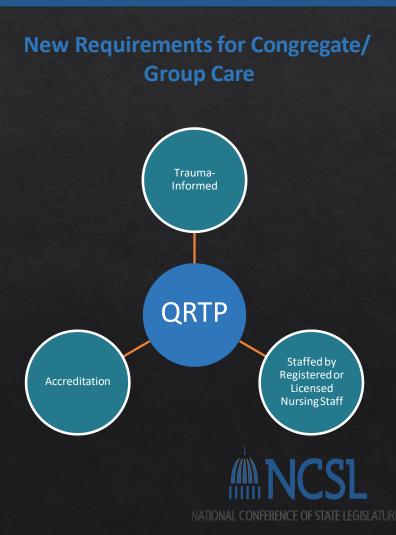
♦ Conversion of emergency shelters to 10 day Temporary Shelter Care Facilities

CCR: Efforts to Eliminate Use of Shelters



#### FAMILY FIRST PREVENTION SERVICES ACT OF 2018: REFORMING FOSTER CARE





#### **FFPSA** Federal Funding Restrictions on Congregate

- ♦ FFPSA amends title IV-E of the Social Security Act.
- ♦ When the law is implemented, child welfare agencies cannot use IV-E funds for group care after two weeks unless it falls w/in an exception. § 50741 of FFPSA.
- ♦ Exceptions include:
  - ♦ A Qualified Residential Treatment Program (QRTP).
  - ♦ A setting for youth who are pregnant or parenting or CSEC.
  - ♦ SIL settings for youth who are 18-21.

#### For California, What's Different 10/2021?

- Eligible Youth
- ♦ Staffing/Program Requirements
- ♦ Assessment Process/Timeline
- Court Oversight
- ♦ Aftercare



#### **QRTP** Requirements Timeline



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

## FFPSA Adds to Existing Federal Policy Framework that Support Relationships First



- ♦ Reasonable efforts to prevent placement and finalize the permanency plan. 42 U.S.C. § 671(a)(15); 45 C.F.R. § 1356.21(b)(2).
- Requirement to provide a safe and appropriate placement.
   42 U.S.C. § 675 (1); 42 U.S.C.A. § 675a (a)(2).
- Case planning requirement to place a child in the least restrictive, most family like placement. 42 U.S.C.A. § 675 (5).
- ♦ Limitations on use or APPLA. 42 U.S.C.A. § 675a (a)(2).
- ♦ Normalcy requirement to provide age and developmentally appropriate activities and opportunities.
   42 U.S.C.A. § 671 (1); 42 U.S.C.A. § 675a (a)(3).

- Sibling placement and visitation requirements. 42 U.S.C.A. § 671 (31).
- School stability requirements. 42 U.S.C.A. § 675 (1)(G).
- ♦ Youth engagement in case planning and court requirements. 42 U.S.C.A. § 675 (1)(B) & (5)(C).
- ♦ 14<sup>th</sup> Amendment guarantees related to conditions, protection from harm and right to treatment.
- ADA and Rehabilitation Act guarantees for the least restrictive, most integrative setting and prohibition on discrimination based on disability.

# Key Principles: This is a Fundamental Child Welfare Issue

- ♦ Placement and care in families is the most fundamental issue for children and youth because it is vital to all areas of safety, permanency, and well-being.
- Healthy childhood development depends on children and adolescents growing up in family settings where they can develop healthy, nurturing relationships.

#### Video

Key Principles: Family and Supportive Connections are Critical to Healthy Child and Adolescent Development

- Children and youth need the nurture and care of a parent or parent-like figure with whom they have a stable and long lasting relationship.
- This essential component for healthy development is impossible to provide in group care.

#### video

#### Social Science Support: No Evidence of Effectiveness

- ♦ There is almost no evidence that residential treatment is an effective treatment intervention.
- ♦ Any positive effects occur during short treatment stays and do not persist after transition out of residential treatment.
  - American Academy of Child and Adolescent Psychiatry (2010)
  - ♦ Magellan Report (2008)

- ♦ There is evidence that placement in residential treatment and group care causes harm. Stays in residential treatment and group care:
  - ⋄ can exacerbate maladaptive behaviors
  - ⋄ result in victimization and abuse
  - make youth vulnerable to harm both in the setting itself
     and after the youth transitions to another setting or out
     of care
    - ♦ GAO Report (2007)
    - ♦ American Journal of Orthopsychiatry (2014)
    - ♦ <u>Unsafe and Uneducated</u> (2018)

# Social Science Support: Evidence of Harm

#### Social Science/Research: Group Settings Often are Not Able to Meet a Youth's Multiple Needs

- Many settings are not able to provide or facilitate access to community based activities or education.
- Many settings are not able to meet a youth's special or unique needs:
  - ♦ Cognitive or physical disabilities
  - ♦ LGBTQ
  - ♦ Language
  - ♦ Trauma

Key Principles: Civil Rights Placement and care in a family setting is a civil rights issues and our approach and strategies must reflect this.

# Key Principles: Confronting our Own Biases

- We hold many biases that are barriers to our prioritization of this issue.
- ♦ These biases involve racism, classism, and ideas about professionalism that result in reliance on—or a default to—congregate care placements.
- ♦ Exposing and attacking these biases is an important part of advocacy for the most connected placement.

# Social Science/Research: Group Care is Often Not Used for Treatment

- ♦ Data from an ACF Study in 2015 showed that up to 41% of youth in group care had no clinical indicators.
- ♦ Of all the youth who entered foster care during the study year who were age 13 or older:
  - ♦ about half entered group care at some point.
  - ♦ 4 in 10 entered group care due to behavioral problems with no clinical issues.
  - ♦ 1 in 4 entered group care as their first placement.

A National Look at the Use of Congregate Care in Child Welfare

"In the past, admission to residential treatment was justified on the basis of community protection, child protection and benefits of residential treatment. However, none of these justifications have stood up to research scrutiny. In particular, youth who display seriously violent and aggressive behavior do not appear to improve in such settings, according to limited evidence."

♦ Mental Health, A Report of the U.S. Surgeon General, page 170 (1999)

### Is permanency being pursued for the youth in accordance with the law?



**Principle:** Children should grow up in families and ensuring family relationships is the first priority of the child welfare system.

Has the youth been engaged in decision making and in court?



♦ **Principle:** When youth are engaged in decision making and in court, better decisions are made and relationships are more likely to be highlighted and prioritized.

## What are the specific needs of child that require group care?



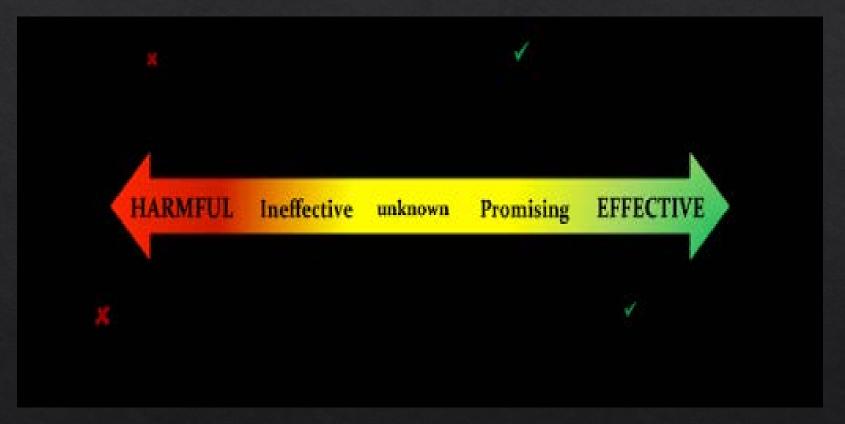
**Principle:** Placement in group care should only be because the child has specific treatment needs that can not be met in a family.

### Can identified treatment or special needs be met in a family setting?



\* **Principle:** If the child's needs can be met in a family based setting that is available or could be developed, group care is not appropriate. Before placement in group care can even be considered, less restrictive settings must be attempted.

## Does the proposed group care facility have the capacity to meet the specific treatment needs of the child?



▶ Principle: If placement in a group facility is due to treatment needs, the facility must have the capacity and expertise to meet the particular treatment needs of the child.

### Is the facility able to meet any identified special need of the child?



♦ **Principle:** For the facility to be appropriate, it must have the capacity to meet any of the child's special needs ((for example, related to language, sexual orientation, or disability)including the treatment need that is the rationale for placement.

## Does the proposed group care facility have a history of appropriately providing the treatment services the child needs?

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Principle: Youth should only be placed in facilities that are properly licensed and abide by applicable laws, regulations, and licensing requirements.

## How will the facility determine whether the services are effective in meeting the needs of the child?



♦ **Principle:** If placement is based on treatment needs, there must be clear and precise benchmarks and ways to measure progress.

## How often and through what process will the need for group care placement be reviewed?



♦ **Principle:** If a child is placed in group care, the time there should be short and related to specific treatment goals. Reviews of progress should be frequent and consider concrete and specific information

What is the plan for including the child's family, caregiver, and other important people in treatment and maintaining those relationships?



Principle: Maintaining a strong connection between the child, the family, and the community is integral to successful treatment and progress to a less restrictive setting.

## What is the plan for transitioning the child out of the facility to a family based setting?



♦ **Principle:** Any stay in group care should be short and closely related to treatment objectives. Planning for discharge must begin from day one and should include detailed plans to ensure that that the youth has the services and supports needed to flourish in a family based setting.

#### Resources

- \* Reducing Reliance on Non-Family Placements—A Judicial Tool (NACC and ABA2018), https://www.ncsc.org/~/media/Microsites/Files/Every%20Kid/Advocacy\_Guide\_for\_Attorneys.ashx
- \* Advocating for the Most Connected Placement: A Guide to Reducing the Use of Group Care (Youth Law Center 2019) <a href="https://ylc.org/wp-content/uploads/2019/05/Connected-Placements-Toolkit.pdf">https://ylc.org/wp-content/uploads/2019/05/Connected-Placements-Toolkit.pdf</a>
- ♦ Five Tips for Advocating for the Most Connected Placement (ABA 2019): <a href="https://www.americanbar.org/groups/litigation/committees/childrens-rights/practice/2019/five-tips-for-advocating-for-the-most-connected-placement/">https://www.americanbar.org/groups/litigation/committees/childrens-rights/practice/2019/five-tips-for-advocating-for-the-most-connected-placement/</a>
- ♦ Continuum of Care Reform: Improving Permanency Outcomes and Repairing Out Of Home Care (Judicial Council of California 2019) <a href="https://www.courts.ca.gov/documents/CCR-18-19-ebinder.pdf">https://www.courts.ca.gov/documents/CCR-18-19-ebinder.pdf</a>
- Closing the Extracurriculars Gap: Prioritizing Extracurricular Activities as a Key Intervention for Children and Youth in Foster Care and Juvenile Justice (Youth Law Center January 2019), <a href="https://ylc.org/wp-content/uploads/2019/01/YLC-Extracurriculars-Report-2019.pdf">https://ylc.org/wp-content/uploads/2019/01/YLC-Extracurriculars-Report-2019.pdf</a>

#### FFPSA Resources

- Leveraging the FFPSA for Older Youth: Three Part Series
  - ♦ Prevention Provisions: <a href="https://www.americanbar.org/groups/litigation/committees/childrens-rights/articles/2019/winter2019-leveraging-the-ffpsa-for-older-youth-prevention-provisions/">https://www.americanbar.org/groups/litigation/committees/childrens-rights/articles/2019/winter2019-leveraging-the-ffpsa-for-older-youth-prevention-provisions/</a>