Family First Policy Forum
August 4, 2019
Nashville, Tennessee
WELCOME!
NATIONAL CONFERENCE OF STATE LEGISLATURES

- Bipartisan, membership organization
  - Each of the 50 states and all territories
  - 7,383 state legislators
  - 30,000+ state legislative staff
- Research, education, technical assistance
- Mission:
  - Improve the quality & effectiveness of state legislatures
  - Promote policy innovation and communication among state legislatures
  - Ensure states have a strong, cohesive voice in the federal system
MEETING GOALS

Overview:

- Major provisions of the Family First Prevention Services Act.
- Potential benefits for children and family policies.
- Implementation issues.
- How to assess what states will need to do to meet the goals of Family First.
- Information exchange among your peers.
- Plans of action – goals, outcomes, timeline, partners

Participants will gain:

- Increased understanding of the major provisions of the Family First Prevention Services Act.
- Ways to use the new law to approach major reform of the child welfare system in their states.
- Greater awareness of Family First planning and implementation issues and strategies to address those issues in their states.
- New professional connections to support continued learning and engagement.
WHO’S IN THE ROOM?

- 30 Legislators
- 3 Legislative Staff
- 24 states
WHO’S IN THE ROOM

Party Affiliation
- Republican
- Democrat
- No Party

Chamber
- Senator
- Representative
How involved have you been to date in developing your state’s response to Family First?
23 responses

How would you characterize the collaboration or information exchange between your state’s legislature and child welfare agency regarding the Family First Prevention Services Act?
23 responses
SURVEY RESPONSES

What types of actions has your legislature taken related to Family First? (select all that apply)

- None: 6 (26.1%)
- Held work sessions: 4 (17.4%)
- Held committee hearings: 10 (43.5%)
- Proposed legislation: 0 (0%)
- Passed legislation: 11 (47.8%)
- Ongoing workgroup for implementation: 1 (4.3%)
- Not certain: 1 (4.3%)
- Unaware because we have a new governor: 1 (4.3%)

23 responses

Is your state taking the congregate care delay?

- Yes, we are delaying moving forward with the congregate care piece: 65.2%
- No, we are working on moving forward with the congregate care piece: 28.1%
- Don't know: 6.7%

23 responses
Has your state assessed the following:

- Number of available foster families
- Number of children in family foster care
- Numbers of children in congregate care
- Number of other child welfare related problems
SURVEY RESPONSES

Identify two goals that you hope to accomplish through your participation in the Family First preconference. Please be prepared to briefly discuss your two goals at the meeting.
23 responses

- Learn about the FFPSA & to learn about best practices for foster care.
- Understand other state implementation plans and gain overall understanding of timelines for implementation.
- Better understand creative use of prevention dollars, share and exchange information about out of state placement loopholes to FF.
- Connect with leaders in other states who champion these issues and find some legislative initiative to take away from the conference.
- Family First Compliance timetables.
- Learn more details about Family First. How to help State DCFS implement the program quickly.
  1. Limiting the use of congregate care insuring its only used when necessary.
  2. Ensuring the ability to claim for federal funding for congregate care.
- Learn more about the Family First Initiative.
- Learn more about what other states have successfully implemented.

What do you see as the major challenges (fiscal, capacity, etc.) your state will face implementing Family First?
23 responses

- At this moment, I would say prioritizing implementation (and foster care in general) & lack of awareness of the FFPSA.
- Impact on current local providers.
- Having appropriate providers. Being a QRTP is not enough – it has to be the right QRTP for the right kid. DHS and providers seem focused on accreditation only, and are having a difficult time moving beyond the “bed” concept to “appropriate services for right kid” concept which is what underlies FF.
- Getting infrastructure in place to serve families.
- Foster Family availability.
- Change in process. Case workers hesitation with this change.
- Funding
  - Change in provider business model - shortening length of stay in congregate care & fewer number of kids going into care.
  - Extending length of time and requirements with after care.
  - We must be QRTP compliant to our Qualified residential treatment program.
- As usual, funding is always a challenge but also the recruitment of foster families and the support they need.
OVERVIEW OF THE FAMILY FIRST PREVENTION SERVICES ACT

Presenter:
Anne Heiligenstein - Casey Family Programs

Moderator:
Nina Williams-Mbengue, NCSL
Changing the Child Welfare Paradigm:
The Family First Prevention Services Act
What do we know about children who grow up in foster care?

- 39.0% have at least one past-year mental health diagnosis
- 44.1% have had any substance abuse or dependence
- Less than half have a high school diploma (48.4%)
- 46.9% are currently employed
- 37.7% have been homeless since leaving foster care
- 9.9% of those who have had a child have had a child placed in foster care
- 68.0% of males and 40.5% of females have been arrested since leaving foster care

Source: Casey Family Programs Foster Youth Alumni Study
What do we know from the research and by listening to children and families?

• The goal in child welfare should be to ensure the safety, permanency and well-being of children and their families.

• To support child well-being, it is important to intervene as early as possible.

• Removing children from their families and homes creates emotional distress and trauma that should be avoided whenever possible.

• Many children can be better served by remaining safely at home.

• Federal funding hasn’t recognized this; for every $7 spent on foster care, only $1 is spent on helping to prevent children being removed from their own homes.
Several years of increase in foster care population nationwide; some states attribute this growth to the opioid crisis

Number of children in care (under age 18)

- 2005: Approximately 500,000
- 2017: 427,835
Across the country, more children are entering foster care than gaining permanent families and exiting the foster care system.

The goal is to have more children exiting care than entering.
Investing in Families: Prevention services
Family First Prevention Services Act

• The Family First Prevention Services Act was passed and signed into law on February 9, 2018.

• Culmination of years of discussion among key Congressional leaders who share a vision and are passionate about keeping children safely with their families.
  – Over 500 organizations supported this Act including:
    American Academy of Pediatrics, American Academy of Child and Adolescent Psychiatry, Children’s Hospital Association, National Council of Juvenile and Family Court Judges, and many more.
Goals of the Family First Act

Family First aims to:

• Elevate the availability and quality of prevention services for families whose children are at risk of entering foster care
• Encourage and support kinship care
• Decrease the use of unnecessary congregate care
• Improve the quality of care for children for whom congregate care is appropriate
• Reduce the number of child abuse and neglect fatalities

What does this new law mean for your state?
Major Components of the Family First Act

• **Prevention Services:** New option for states and tribes to receive 50% federal reimbursement for services to strengthen families and **prevent** unnecessary placement of children in foster care.

• **Improved Quality of Foster Care:** For those children who cannot remain safely at home, new federal policies to ensure appropriate placements.

• **Additional Funding and Provisions:** Support for child safety, permanency and well-being.
Services to prevent children being placed in foster care
Family First Act: federal funding for foster care prevention and treatment services

Provide new unlimited federal matching funds for evidence-based prevention and treatment services.

- **Who**: Children your state determines are at imminent risk of placement in foster care **AND** their parents or kinship caregivers and pregnant and parenting foster youth. **Unlike federal foster care reimbursement, there is no family income test.**

- **What**: Mental health and substance abuse treatment and intensive parenting skills building, including child and adult counseling.

- **How Long**: Services are allowable for up to 12 months, with **no limit** on how many times a child and family can receive prevention and treatment services if the child continues to be at risk of entry into foster care.
Families in your state would have greater access to these services:

- **Substance abuse** prevention and treatment for children and parents
- **Mental Health** services for children and parents
- **Intensive parent skill-building** programs
  - a) Parent Skills
  - b) Parent Education
  - c) Individual and family counseling
Why do most children come into foster care and will these services make a difference?

Consider Family First prevention areas...

- Parental Substance Abuse: 300,000 children, 43% of entries (~114,000)
- Mental Health: 250,000 children, 24% of entries (~64,000)
- Parenting: 200,000 children, 16% of entries (~43,000)
To qualify for federal reimbursement, prevention services must be proven effective

Family First invests in programs that are effective; prevention programs must be evidence based & trauma-informed:

- Services must meet one of three levels of evidence
  - Promising
  - Supported
  - Well-Supported
  - 50% of a state’s spending must be on well-supported

- There is a federal clearinghouse that lists eligible programs categorized by level of evidence
Federal prevention services clearinghouse

*Mental Health Treatment*
- Parent-Child Interaction Therapy – Well Supported
- Trauma Focused-Cognitive Behavioral Therapy - Promising
- Multisystemic Therapy – Well Supported
- Functional Family Therapy – Well Supported

*Substance Abuse Treatment*
- Motivational Interviewing – Still under review
- Multisystemic Therapy for Child Abuse and Neglect – Does not Meet
- Families Facing the Future - Supported
- Methadone Maintenance Therapy – Promising

*Parenting Intensive Skill Building*
- Nurse-Family Partnership – Well Supported
- Healthy Families America - Well Supported
- Parents as Teachers – Well Supported
Funding to support keeping families together during residential substance abuse treatment

- As of October 1, 2018, federal foster care payments can be made on behalf of a child in foster care who is placed with his or her parent in a licensed residential family-based treatment facility for up to 12 months with no income test.

- **This program is especially beneficial for mothers of Neonatal Abstinence Syndrome newborns.** Mothers who go into substance abuse treatment with their babies have higher rates of recovery and placement together strengthens bonding and attachment.

- This opportunity exists regardless of whether a state chooses to operate a prevention program through Family First.
How are the new prevention services funded?

Federal reimbursement rates for prevention activities are:

- Beginning October 1, 2019 through September 30, 2026, federal financial participation (FFP) is 50%.
- Beginning October 1, 2026, FFP will be the state’s federal Medicaid match rate or FMAP. The lowest FAMP rate is 50%.
  - For many states, those with higher than 50% FMAP, the prevention FFP will increase in 2026; for example, Oklahoma’s FMAP is almost 70%.

- States that opt to administer a prevention program also may claim 50% federal reimbursement for administrative costs (i.e. caseworkers) and training costs.
  - As with the prevention services, these costs are not related to the income eligibility of the child or their family.
How is foster care funded and why does it matter?

• Federal funds to help pay for foster care are based on family income eligibility and each state’s FMAP. Nationally, only about 38% of foster children are eligible for federal reimbursement.

• This means, on average, there is no federal match for 62% of the children in foster care.

• However, with no family income test for foster care prevention services, 100% of the families with children determined by your state to be at risk of imminent of placement into foster care would be eligible for federal reimbursement.
Improving the Quality of Foster Care
Appropriate placements in foster care

• Family First Act makes changes to what types of out-of-home placements would be eligible for federal reimbursement beginning October 1, 2019. The financial incentive is on family based-foster care.

• States have the option to delay this provision for 2 years until October 1, 2021. However, delays in implementation of these provisions requires a delay in when the state may access new federal prevention resources.
Ensuring Appropriate Placements in Foster Care

• Prioritizes placing children in the most family-like setting
• Consistent with research that shows children do best with families
• Acknowledges that for some children, therapeutic group care can be the most appropriate placement for a period of time
Federally reimbursable types of foster care

Federal match will continue for these placements:

• Facility for pregnant and parenting youth
• Supervised independent living for youth 18 years and older
• Specialized placements for youth who are victims of or at-risk of becoming victims of sex trafficking
• Foster Family Home with no more than 6 children in foster care, with some exceptions, such as sibling placement
• High quality and necessary congregate care - QRTP
Qualified Residential Treatment Program (QRTP)

In order to get federal reimbursement requires:

• Independent child assessment and reviewed every 6 months
• Trauma-informed treatment model
• Registered/licensed nurse or clinical staff consistent with treatment model
• Outreach and engagement of family in treatment plan
• Have a child discharge plan and provide at least 6 months of after care
• Licensed and accredited
• Over 60 day stay requires approval by court
SUMMARY
FAMILY FIRST PREVENTION SERVICES ACT
### Big Opportunities for Child Welfare

<table>
<thead>
<tr>
<th>Pre-2018 federal law</th>
<th>Family First</th>
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<tr>
<td>Most federal $$ for foster care</td>
<td>New federal $$ for prevention</td>
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<tr>
<td>Federal $$ for services only for the child</td>
<td>Prevention $$ for parents, child, kinship caregivers</td>
</tr>
<tr>
<td>Income test to qualify</td>
<td>No income test</td>
</tr>
<tr>
<td>$$ for children placed in group homes with little oversight</td>
<td>No $$ unless placements are quality settings and appropriate</td>
</tr>
<tr>
<td>No $$ for child placed with parent in residential treatment</td>
<td>12 months of federal $$ for such placements</td>
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OVERVIEW OF THE FAMILY FIRST PREVENTION SERVICES ACT

Burning Questions
FAMILY FIRST PREVENTION SERVICES ACT:
AN OPPORTUNITY FOR CHILD WELFARE REFORM

Presenters:

Dr. Jerry Milner, Children’s Bureau
David Kelly, Children’s Bureau
Christina Andino
Shrounda Selivanoff

Moderator: Margaret Wile - NCSL
Goals from Each Participant

Moderator: Jerard Brown, NCSL
STATE CAPITOL ROUNDTABLE

Presenters:

Representative Dee Morikawa (HI)
Representative David Meade (KY)
Senator John Bizon (MI)
Representative Mary Kunesh-Podein (MN)
Representative Sarah Stevens (NC)
delegate John Arch (NE)
Senator Begich (AK)

Moderators: Jerard Brown and Nina Williams-Mbengue, NCSL
Hawaii:

• Hawaii has postponed the start of Family First in reform of child welfare.
• Waiver ends 9/30/19.
• In the 2019 Legislative Session Senate Bill 1231, now known as Act 84, was passed to allow the Department of Human Services to establish a special fund in order to retain federal reimbursements for expenditures for child and spousal abuse prevention and intervention.
Hawaii

- Naomi’s Story:

  3 years ago I allowed a homeless father and 5 year old daughter to live with my family. Mother was incarcerated and in a Women’s Correctional Center on drug charges. A year later, father passes away due to complications from drug abuse. Mother wants child to stay with me, until she gets released, but half sister and maternal grandmother want to take her. Mother knows that if sister takes her, she would lose her child, and if grandmother takes her, she would move to another State and mom would not be able to see daughter for a long time. The court system recently awarded guardianship to me and I will eventually return her child when mom can prove that she is a capable parent.

  In this instance, returning child to family would not be beneficial, but foster care may have been worse. If we could strengthen the family system through drug prevention, this wouldn’t have happened.

  This is why I am excited about this new policy and I hope to leave with a better understanding so I can assist our State in it’s implementation.
Hawaii

Goals for Family First in reform of child welfare

- Goal 1 – Assessment of family and community needs – what we need to strengthen families.
- Goal 2 – Plan and organize partnerships and data gathering.
- Goal 3 – Establish a Statewide Prevention Plan by working out of silos and in collaboration with other organizations.
Kentucky’s Implementation of FFPSA

- Based on testimony from our Cabinet for Health & Family Services, Kentucky is leading the way on implementing the Family First Act.

- We began taking proactive steps legislatively to align with the law in our most recent legislative session, including with HB 158.

- Governor Bevin’s administration has partnered with us to make implementation a priority, so that Kentucky can access critical federal funds to improve the lives of our children.
Kentucky: Utilizing Family First to Improve Child Welfare

- Keeping children from entering state care by investing in prevention services
- Improving time frames for placements into loving homes
- Providing Kinship Support
- Programs aimed at helping foster youth “aging out” of the system
- Caseload reductions
Family First Policy Forum- Michigan

State Senator John Bizon, M.D.
19th District
I was elected to serve Michigan’s 19th Senate District in November 2018. I currently chair the Senate Families, Seniors, and Veterans Committee. In addition to my chairmanship, I serve as vice chair of the Health Policy and Human Services Committee and vice chair of the Appropriations Subcommittee on Community Health/Human Services.

I also serve as a member of the Appropriations Committee, the Appropriations Subcommittee on Capital Outlay and the Appropriations Subcommittee on Universities and Community Colleges.

Prior to joining the Senate, I served four years in the Michigan House of Representatives, representing the 62nd District. I am an otolaryngologist (ear, nose and throat doctor) who has been in medical practice for more than 40 years. I am also a military veteran who served in the U.S. Air Force, eventually obtaining the rank of lieutenant colonel.

I earned a bachelor’s degree from Michigan State University and a medical degree from Wayne State University School of Medicine. My residency took place at the U.S. Air Force Wilford Hall Medical Center in Texas.

My wife, Deborah, and I have been married for 45 years and together we have four adult children and six grandchildren. We reside in Battle Creek, Michigan.
Legislative Action - Michigan

Three Senate Bills (drafted) to align with the QRTP congregate care requirements of FFPSA.

• Adds a definition of Qualified Residential Treatment Program (QRTP) in the Child Care Organizations Act; and aligns the state definition of foster family home with the federal definition. (MCL 722.111)

• Amends the Juvenile Code to add QRTP requirements for an Assessment by a “Qualified Individual,” and specifies court oversight of QRTP placements.

• Expands the reasons why the department can get a variance of licensing rules to keep a child in a foster family home placement.
Michigan Goals for Child Welfare Reform

Family First Prevention Services Act will help Michigan transform its system to achieve three priority goals:

<table>
<thead>
<tr>
<th>Keep children safe in their own homes and communities</th>
<th>FFPSA will increase funds available to states for evidence-based prevention and early intervention services to support families and keep children safe.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ensure children in state custody are safe</td>
<td>FFPSA adds requirements to limit placements and improve programming in congregate care. The act adds supports for relatives to safely care for children and extends the use of family reunification services.</td>
</tr>
<tr>
<td>Achieve permanency for children as soon as possible</td>
<td>FFPSA expands use of funds for family reunification services enabling children to return home more quickly.</td>
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Family First Prevention Services Act (FFPSA)

October 2018
- Expanded supports for older youth
- Reunification Services Timeframe Extension

July 2019
- Kinship Support Program Implementation
- Regional Partnership Grant Application

Mid-2020
- Qualified Residential Treatment Programs (QRTP)

Late-2020
- IV-E Funding for Time-Limited Prevention Services

Other Provisions:
- Model Licensing Standards – reviewed. Those areas not aligned will be further considered for revisions in 2020.
- Interstate Compact and Placement of Children Across State Lines – Michigan plans to implement prior to 2027.
Thank You

I would like to thank Chardae Burton and Karla Ruest from the Michigan Department of Health and Human Services for the assistance with this presentation and the Michigan legislation.
Minnesota has elected to delay full implementation until July, 2021. Stakeholders are hard at work to be ready:

- The Minnesota Legislature approved numerous policy and budget provisions in 2019 to bring the state into federal compliance, including approving enhanced background studies for **ALL** adults working in children’s residential facilities, allowing for IVE reimbursement for children living with parents in a licensed substance disorder treatment facility, and investing $1.9 million in FY 2020-21 and $1.4 million in FY 2022-23 for infrastructure needed to implement FFPSA provisions.

- The Minnesota Department of Human Services (DHS), has begun systems changes and internal reporting changes to prepare for implementation.

- Stakeholders have recently formed a statewide Advisory Steering Committee with work groups to inform decision making and align disparate interests, co-chaired by state, county and tribal partners.
Minnesota: Goals for Family First Prevention Services Act in Minnesota

**Goal 1: Prevention** Reduced number of children going into out of home placement by providing culturally responsive prevention services that move intervention ‘up stream’ and support whole families.

**Goal 2: Disparities** Reduced disparities around length of time and frequency that African American, American Indian children spend in out of home placement.

**Goal 3: Improved Care** Improved quality and oversight of services for placement in residential treatment programs.

**Goal 4: Statewide Commitment** Strengthen partnership between stakeholders and develop common strategies and goals to reform system.
Minnesota: Challenges to Implementation

- Funding for non-federal match for prevention services
- Need for capacity building for providers of prevention services
- Stringent requirements for Qualified Residential Treatment Programs; need for capacity building and funding
- Finding culturally responsive prevention services that meet evidence based practice requirements
- Need for relationship building between stakeholders
North Carolina

• State Actions:
  • Per Family First, states can opt in to prevention services as early as October 2019 or delay up to October 2021. Like many other states, NC intends to delay implementation of prevention services up to October 2021.
    • This allows time to plan for the funding limitations to congregate care and development of the prevention services array to best meet the needs of children and families in NC.

  • Strategy also includes development of a fiscal plan to find ways to maximize our use of IV-E funding as we prepare for the funding limitations

  • Use an integrated approach for implementation of key components of Rylan’s Law alongside Family First- System Reform Plan: Regional Departments; Contracts/Corrective Action; Social Services Working Group; Regional Department.
North Carolina
State Actions Continued:

• Timeline:

  • June 2018 - Stakeholder Kickoff Meeting convened over 200 county and community partners and stakeholders to learn about Family First.

  • December 2018 - Developed teaming structure. This includes secretarial-level involvement including Department leadership; cross-divisional and multidisciplinary stakeholder involvement; and working groups to address specific administrative, programmatic and fiscal components of readiness and implementation;

  • March 2019 - On boarded Chapin Hall for readiness support; this is an 18-month partnership funded by the Duke Endowment. High-level timeline on next slide.
North Carolina DHHS Family First
Readiness Assessment, Planning and
Initial Implementation
Project Timeline: March 2019 – August 2020

Phase 1
March 2019 – July 2019
- Implement Family First readiness assessment and planning process
- Create action plans

Phase 2
August 2019 – March 2020
- Conducting data analysis and information gathering to inform the development of the Prevention Plan and the approach to congregate care reduction
- Implement and monitor action plans

Phase 3
April 2020 – August 2020
- Submit Prevention Plan
- Conduct initial implementation of the Prevention Plan and congregate care reduction strategy

Executive Leadership Team and Leadership Advisory Team monthly meetings AND Ongoing Prevention and Congregate Care Working Group meetings to implement and monitor action plan tasks
North Carolina Child Welfare Data

Number of available foster families: 8,280

Number of children in family foster care: 6,049

Number of children in congregate care: 1,179
North Carolina

Goals for Family First in reform of child welfare

• Goal 1 - Develop prevention programs that prevent children from entering into foster care by providing parents with support and resources.

• Goal 2 - Develop a continuum of care that supports children who do require out-of-home placement.

• Goal 3 - To engage and support counties, community stakeholders, and partners in the readiness and implementation process.

• Goal 4 - To align Family First with provisions in Rylan’s Law to strengthen child welfare in North Carolina.
Family First Prevention Services Act

Nebraska
State Senator John Arch
**Implementation Timeline:**

- Nebraska one of 12 states with goal of early implementation of FFPSA;  
- June 11, 2018: Nebraska Department of Health and Human Services hosts kickoff event with child welfare stakeholders, including providers, families, judges, advocates and others involved in the system;  
- June 2018: Eight working groups comprised of over 200 stakeholders are established to help provide input for implementation of the Act.  
- May 6, 2019: The Department issues a request for qualifications of potential providers of Title IV-E prevention services consistent with FFPSA;  
- August 2019: Goal of submitting Nebraska’s Five-Year Title IV-E Prevention Program Plan  
- September 2019: The Department will hold a series of town hall meetings across the state to raise awareness and answer questions;  
- October 1, 2019: Nebraska adopts the Family First Prevention Service Act.
STATE CAPITOL ROUNDTABLE

Goals of FFPSA

IV-E Funded Prevention Services
Quality Evidence-Based Services
Promote Family-Based Placements
Reduce Congregate Care Placements

<table>
<thead>
<tr>
<th>Statement</th>
<th>Details</th>
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<tbody>
<tr>
<td>The majority of children enter foster care due to neglect.</td>
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<tr>
<td>Annually approximately 45% of children who enter out-of-home care are ages 0-5.</td>
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<tr>
<td>Approximately 46% of children who enter out-of-home care ages 0-5 have at least one parent who was also a state ward.</td>
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<tr>
<td>50% or more of children who enter out-of-home care in Nebraska is due to parental substance use.</td>
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<tr>
<td>As of January 2019, approximately 60% of all children served are in out-of-home care and 40% are in-home.</td>
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</table>
The FFPSA will allow Nebraska to continue on its current path of shifting from intervention services to prevention services and meeting the needs of children and families in their own homes.

- From 2017-2019 the number of children in out of home care has been safely reduced by 15%;
- In January 2019, nearly 60% of children were in out of home care, as of July 28th that number has been reduced to 53.2%;
- Since 2014, the use of relative/kinship resource homes has increased 12%;
- DHHS is developing a new licensing model to provide on-line training for expedited licensing of relative/kinship homes;
- Placements in congregate care has decreased to a low of 5%;
- FFPSA prevention services complements Nebraska’s Performance Improvement Plan goal of enhancing and ensuring an array of appropriate and individualized services are available in every community across the state.

- In order to comply with the FFPSA, the Nebraska Legislature passed LB 460 with the emergency clause, making it effective upon the Governor’s signature May 30, 2019;
- Non-compliance could have resulted in a loss of $39 million in IV-E funding;
- Requires any person 18 years of age or older working in a residential child-caring agency to undergo a national criminal history record information check at least once every 5 years, including the submission of a complete set of fingerprints to the Nebraska State Patrol;
- Requires such person to also submit to at least once every 5 years background checks of data bases in the state where the individual resides and where the individual resided during the preceding 5 years, including: state criminal registries or repositories; state sex offender registries or repositories; and state-based child abuse and neglect registries and data bases;
- The individual shall pay the actual cost of the fingerprinting and national criminal history record information check, except the Department may pay all or part if funding is available;
- LR 233 – Interim study on the costs associated with fingerprinting services, the impact the costs and time associated with fingerprinting requirements will have on residential child-caring agencies and the availability of state or federal funds to alleviate such costs.
Alaska

- Developing a 5 year IV-E Prevention Program Plan and submit by 12/31/2019:
  - Service description and oversight
    - Rating for each service, promising, supported or well-supported
    - How the state expects to implement and monitor services
  - Description of how eligibility for the program/population to be served will be identified
  - Evaluation Strategy for the effectiveness for each service
  - Consultation and coordination with state and private agencies
    - Description of how prevention services will be coordinated with other services
  - Description of how child welfare workforce will be trained on the development of family prevention plans

Goals for Family First in reform of child welfare

- Leverage existing non-federal funding for services that are already being provided and use any reimbursement received on existing funding for qualifying prevention services to re-invest in more services
- Ensure a continuum of care for children, parents and caregivers receiving prevention services
- Coordination between prevention services and other services
<table>
<thead>
<tr>
<th>Prevention Services/Mental Health:</th>
<th>Substance Abuse:</th>
<th>In-Home Parent Skill-Based:</th>
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<td>Parent-Child Interaction Therapy</td>
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<td>Functional Family Therapy</td>
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**Alaska Discussion**

PRELIMINARY LIST OF ALLOWABLE SERVICES:
1. Go to assigned tables - see back of name badges.

2. Assign a scribe to capture responses to the assigned question in writing.

3. Assign a reporter to report back to larger group.

4. Spend 5 minutes going around the table to get a “burning question” from each person. DO NOT ANSWER THE QUESTION. Scribe to write each “burning question” on the flip chart.

7. Work on your table’s assigned question.

8. If you have time, work on your “burning questions.”

9. If you have time, work on one of the additional questions.
Table 1. What challenges will states with county administered child welfare programs face under Family First? What are some potential creative solutions to these problems?

Table 2. What strategies can states develop to recruit and keep more foster families?

Table 3. How can states work with service providers to change their treatment models away from residential/congregate care, and how will states fund such a change?

Table 4. How can states develop creative ways to fund and build up evidence-based prevention services that can be reimbursed through Title IV-E?

Table 5. How can states with tight budgets meet the congregate care requirements for QRTPs?

Additional Questions
• How can states develop an adequate workforce, especially in rural areas or cash-strapped states?
• How can states collaborate more effectively – child welfare, health/mental health, substance abuse, families, youth, faith communities, education – to ensure Family First meets its goals?
• How can states support relative caregivers and develop kinship navigator programs?
VIRGINIA AND OREGON: THREE BRANCH INSTITUTE
WORK ON FAMILY FIRST

Presenters:
Senator Sara Gelser (OR)
Carl E. Ayers, Virginia Department of Social Services
State of Oregon Family First Implementation Overview

Three branch Family First Implementation group convened in May of 2019, hosted by Senator Sara Gelser, Chair of the Senate Human Services Committee and staffed by Jamie Hinsz, Legislative Policy and Research Office

- Growing membership
- Regular meetings
- Hub for cross-agency communication
- Through LPRO Analyst, conducted prevention services inventory
- Workgroup drafted outline for 2019 QRTP Legislation
- Submitted collaborative comment to HHS
Includes ALL children in foster care (not just IV-E Youth)

Preserves an array of services for children in need of short term/crisis congregate care placement through limited ability to place for stabilization and assessment

Prohibits parties from waiving court hearing, even if all parties agree. A hearing must be held

Prohibits co-location of non-justice involved child welfare youth with justice involved youth, with some exceptions
Requires Department to report back to Legislature in September regarding:

- § Need for rate changes to support QRTP implementation
- § Capacity needs and development
- § Impact on juvenile justice placements, and correlated need for rate adjustments
- § Plan to minimize or eliminate out of state placements
Implement prevention pieces of bill, and further refine QRTP implementation. Issues to discuss include:

- Definition of “child at risk for foster care”
- Flexibility to use prevention partners
- Accountability for fidelity of implementation of evidence based services
- Further clarification of requirements for “qualified individual” in the event that a waiver is granted
- Ensuring out of state placements are included in QRTP placement requirements and are not an “off ramp” from congregate care placement requirements
- Codifying Family First requirements about longer term QRTP placements (12/18 months for older kids; 6 months for younger kids)
Even if programs are QRTP, are they providing the services evaluators and courts will approve for kids’ needs?

How do we develop appropriate capacity for kids’ needs to prepare them to get into a family foster home or reunification as soon as possible?
KEY PAIN POINTS

- Evidence based drug and alcohol treatment
- Services for non-adjudicated sexually maladaptive behavior
- Appropriate use of subacute and PRTF placements, including coordination with health care providers
- Services for adolescents
- Step down services/development of trained and supported therapeutic foster homes
What does after care look like? How do we implement in way that doesn’t just “check the box”?  
How do we ensure integrity of assessment tool and evaluator process? Difference between care/supervision tools and clinical tools for services?  
How do we ensure court gets all of the information to make informed decision?  
How do we move beyond thinking of foster care as “beds”?  
How do we start thinking of QRTP/treatment placement as temporary services that augment a foster placement, rather than as a substitute for foster care?
BIG QUESTIONS MOVING FORWARD

- Don’t all kids need support while they are in treatment? How do we fund/support foster parents for kids while they are in QRTP/treatment services?
- Should there be a minimum age for other than short term placement in congregate care?
- Most states are utilizing out of state placements. How do states ensure this is not used as an offramp due to capacity issues?
Permitted DHS Child Welfare Placements after July 1, 2020
- Family Foster Home
- QRTP (as defined in federal law)
- Developmental Disability Residential Facility (size is limited through Oregon statute; Oregon does not allow placement of individuals with ID/DD of any age in institutional placements)
- Program specifically provides prenatal, postnatal or parenting supports
- Independent Living Program (this is an expansion on the Federal law—we allow younger youth under 18 into this exception; most programs have fewer than 6)
CSEC Services

- PRTF placement, subacute psychiatric placement, or placement in a hospital for medically based services licensed and accredited by the state Medicaid agency to provide inpatient psychiatric treatment
- Drug and alcohol residential treatment program licensed or certified by the state of Oregon
- A shelter home or residential program that provides short term stabilization and assessment services
- Limited to 60 consecutive days or 90 cumulative days in any 12 month period
Placement of non-justice involved child welfare youth and justice involved youth in the same program unless:

- The placement is a QRTP

- The placement is a homeless, runaway or transitional living facility (placement is limited to 60 consecutive days or 90 cumulative days in any 12 month period)

- Placement in a non-QRTP/non-family foster care setting for more than 60 consecutive or 90 cumulative days in any 12 month period unless it is a placement for commercially sex exploited youth, drug and alcohol treatment, medically authorized psychiatric treatment, DD residential (regulated by other rules that limit size of home) or services for pregnant/parenting youth
DHS must move the court to approve a placement no more than 30 days after placement is made.

Court approval can be sought prior to placement.

In order to ease court process, motion can be made as soon as placement is identified but completed assessment can be added as a supplement once it is received.

DHS must provide completed assessment to court and all parties immediately upon receiving the completed assessment.

Waiving the hearing is not permitted, even if all parties agree on the placement.
- Resources: Oregon Family First Website: https://www.oregonlegislature.gov/gelser/Pages/Family-First.aspx
- Oregon 2019 SB 171: https://olis.leg.state.or.us/liz/2019R1/Measures/Overview/SB171
Family First Prevention Services Act and Implementation Updates

Carl Ayers
Director, VDSS Division of Family Services

Family First
FIRST
VIRGINIA

Virginia Department of Social Services
Family First

Prevention Services

Foster Care Changes

Other Programmatic Changes

Strategic Priorities:

Prevention Services

Family-Based Placements

Non Family-Based Placements

Evidence-Based Services

Resource and Financial Accountability
Our vision for Family First is to keep children safe, strengthen families and reduce the need for foster care whenever it is safe to do so.
Prevention and Family First

- PRIMARY Prevention
- SECONDARY Prevention
- TERTIARY Prevention
- The CHILD & FAMILY
  - Family First
- Family First
- Family First
IV-E
$210 million
50/50 match rate
(federal/state)

Children’s Services Act
$370 million
65/35 average match rate
(state/local)
● A child (and their caregivers) who is a candidate for foster care who can remain safely at home or in a kinship home and is identified as being at *imminent risk* of entering foster care

● A child in foster care who is pregnant or parenting

● A child whose adoption or guardianship arrangement is at risk of a disruption/dissolution and includes post-reunification services

*There is no income test for eligible children and families.*
IV-E Reimbursable Services

Mental Health Prevention and Treatment Services

Substance Abuse Prevention and Treatment Services

In-home Parent Skill-Based Programs

Trauma Informed and Evidence-Based Services
Well Supported (1):

- Improved outcome must be based on the results of at least 2 studies that used a random control or quasi-experimental trial.
- Carried out in a usual care or practice setting.
- Sustained effect for at least one year beyond the end of treatment.

Supported (2):

- Improved outcome must be based on the results of at least one study that used a random control or quasi-experimental trial.
- Carried out in a usual care of practice setting.
- Sustained effect for at least 6 months beyond the end of treatment.

Promising (3):

- Improved outcomes must be based on at least one study that uses some form of control group.
Initial Services Under Review

Mental Health Prevention Treatment Services
- Parent-Child Interaction Therapy
- Trauma-Focused Cognitive Behavioral Therapy
- Multisystemic Therapy
- Functional Family Therapy

Substance Abuse Prevention Treatment Services
- Motivational Interviewing
- Multisystemic Therapy
- Families Facing the Future
- Methadone Maintenance Therapy

In-Home Parent Skill-Based Programs
- Nurse-Family Partnership
- Healthy Families America
- Parents as Teachers
Release of Clearinghouse Handbook of Standards and Procedures
April 2019

May 2019
Release of Program and Service Ratings of the Initial 11 evidence-based services

Release of the next list of evidence-based services to be reviewed
Late Spring-Summer 2019
Foster Care Program Changes
We believe that children do best when raised in families.

After a two-week grace period, Family First limits Title IV-E Maintenance Payments to the following placements types:

- Family and kinship foster homes
- Placements for pregnant or parenting youth
- Supervised independent living for youth 18+
- Qualified Residential Treatment Programs (QRTP) for youth with treatment needs
- High quality residential placements and support services for victims of sex trafficking
- Family-based residential treatment facility for substance abuse (beginning October 2018)
Qualified Residential Treatment Program (QRTP)

- Accreditation
- Facilitates Outreach to the Family
- Trauma Informed Treatment Model
- Provides Family-Based Aftercare Support for at least 6 months
- Registered or Licensing Nursing and Clinical Staff
QRTP Collaborations

- DBHDS
- OCS
- VDSS Licensing
- VDSS Family Services
- DMAS
QRTP Requirements

- 30-day Assessment
- 60-day Court Review
- 12-month review by Commissioner

Reduce Congregate Care
Implementation
Public Law 115-123
DIVISION E—HEALTH AND HUMAN SERVICES EXTENDERS TITLE VII—FAMILY FIRST PREVENTION SERVICES ACT

Virginia Department of Social Services (IV-E Funding Entity)

Three Branch Leadership Team
(Judicial, Executive and Legislative Branches of Government)

Three Branch Home Team

Virginia Office of Children’s Services
(State Foster Care Funding Sources)

Finance
Prevention Services
Appropriate Foster Care Placements
Evidence-Based Services

A Collaborative Approach to Implementation:
The Three Branch Model
### Sample of Workgroup Accomplishments

<table>
<thead>
<tr>
<th>Prevention Services</th>
<th>Appropriate Foster Care Placements</th>
<th>Evidence-Based Services</th>
<th>Finance</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Recommendations on defining key terms</td>
<td>• Recommendations for QRTP Assessment</td>
<td>• Survey for EBS in Virginia</td>
<td>• Maintenance of Effort</td>
</tr>
<tr>
<td>• Continuum of Prevention Services</td>
<td>• Defining Key terms for QRTP qualifications</td>
<td>• Collaboration with DMAS, DBHDS and DJJ</td>
<td>• Budget Implications</td>
</tr>
<tr>
<td>• Feedback for Development of Federal Clearinghouse</td>
<td>• Feedback for Development of Federal Foster Home Model Licensing Standards</td>
<td>• Increased understanding of the Hexagon Tool</td>
<td>• Budget Proposal for General Assembly</td>
</tr>
</tbody>
</table>
Moving Forward
<table>
<thead>
<tr>
<th>Prevention Services Workgroup</th>
<th>Appropriate Foster Care Placements Workgroup</th>
<th>Evidence-Based Services Workgroup</th>
<th>Finance Workgroup</th>
</tr>
</thead>
</table>
| • Maximize and leverage CSA and Family First Funds (as well as other child serving agencies) to meet the diverse and complex needs of families | • Develop workflow recommendations for the judicial and Commissioner review requirements for a youth placed in a QRTP  
• Develop strategies to increase foster homes with an emphasis on kinship homes  
• Recommendation for key terms: High quality Residential Placements and support services for victims of sex trafficking | • Analyze Prevention Services Clearinghouse Ranking how these might effect Virginia’s implementation of Family First. | • Recommending a fiscal auditing tool and process |
System Transformation
Transformation Priorities

Strengthening families by establishing a mandated prevention program and supporting the expansion of our foster care services continuum to meet the individual needs of foster youth and their families.
We are all working together

Family First
State Collaborations

DBHDS
VDH
DMAS
OCS
DJJ
“P. Out of this appropriation, $851,000 the second year from the general fund is provided for training, consultation and technical support, and licensing costs associated with establishing evidence-based programming as identified in the federal Family First Prevention Services Act (FFPSA) Evidence-Based Programs Clearinghouse.”
FY20 Appropriations

Release of Clearinghouse

Initial release was scheduled for October 2019; Expected May 2019

Target Well-Supported Evidence Based Programs

Parent Child Interaction Therapy (PCIT) Motivational Interviewing Trauma Focused Cognitive Behavioral Therapy (TF-CBT)

Provide Training/Certification Opportunities

Supporting public and private providers
Overarching System Priorities

Family First

- Evaluation
- Workforce
- Technology
- Training
- Foster Care Services Continuum
Priority #1

Evaluation

- Internal Workforce/Expertise and External Partners
- Monitoring of EBS
- Data Collection and Analysis of Prevention Services
Priority #2

- Workforce
  - Prevention
  - Training
  - IV-E Financial Accountability
  - Foster Care LDSS
  - Public Affairs Support
Priority #3

Technology

- OASIS/Mobile App/CC
- IT Systems/Data Collection
- IV-E Financial Accountability/Tracking
Priority #4

Training

- Provider EBP Training
- LDSS Prevention Continuum/Family First/In-home Cultural Shift
Priority #5

Foster Care Services Continuum

- Diligent Recruitment/Training
- Professional Foster Parents/EBS TFC Model
- QRTPs
Thank you!

Carl Ayers
carl.e.ayers@dss.virginia.gov

familyfirst@dss.virginia.gov
Constituent Panel:
Christina Andino
Shrounda Selivanoff
ON THE GROUND: WHAT ARE STATES LEARNING SO FAR THAT LEGISLATORS CAN USE?

Presenters:

Kim Ricketts, Casey Family Programs

Bryan Samuels, Chapin Hall at the University of Chicago
NCSL Family First Policy Forum

Casey Family Programs – Strategies & Learnings from the Field
FFPSA – New, Exciting & Challenging Territory & Opportunity

• **Casey Family Programs (CFP)** – Creating learning opportunities for states to learn from each other. Providing in state educational opportunities.

• **NCSL** – creating learning opportunities for state legislators to learn from each other.

**Considerations:** How is your state agency and legislature learning and planning together? What models are other states using?
Vision versus Compliance
Where is your State?

- Vision – FFPSA is a lever for change. States with a clear and broader vision are experiencing more progress with implementation.
- Compliance – States focused on complying with the law/checking the box are struggling and stuck.

**Considerations:** What is the vision for child welfare in your state? Is your state just checking boxes?
Structure for Success – 3 Branch and More……

- 3 branch integrated governance structure and approach
- Department/Agency lead working with an consistent and active implementation work group
- What’s the more? – stakeholders, providers, constituents

Considerations: Examples of governance and engagement strategies and structures
Needs Assessment – Understanding Capacity & Gaps I

- Understanding agency infrastructure and human capital capacity and gaps
  - Training and coaching,
  - technology (data, financial claiming)
  - Fiscal impact

**Considerations:** What states have tools/models for assessments? Examples of legislation?
Needs Assessment – Understanding Capacity & Gaps II

• Understanding provider infrastructure and human capital capacity and gaps –
  – Changing provider business models to support QRTPs and development/expansion of continuum of care prioritizing kin and family settings
  – Technical assistance for training and coaching needs for provider workforce re: trauma informed care, evidence based practices, etc.
Who are we serving? Target Population

- Basic definition of candidacy.....
- That can perhaps be expanded over time once a full array of prevention services is developed

Considerations: Flexibility in where the definition of candidacy “lives” ......
Guidance/Communications with the Children’s Bureau

- Clearinghouse timing – evidence based, promising and well supported practices
- Motivational Interviewing
- Lack of kinship navigator programs that qualify for reimbursement
- Medicaid-funded EBPs and 50% well-supported

**Considerations:** Coordinated legislative/agency conversations with CB and federal legislators
Partnering for Children & Families – Just the Beginning of what’s possible

- New resources for preventing child abuse and neglect
- Resources to create/provide prevention for parents, relative/kinship and children
- Requirements for appropriate and quality placements – checks and balances
- Keeping children and parents together in residential treatment
On the Ground: What are States Learning So Far that Legislators Can Use?

Bryan Samuels, Executive Director of Chapin Hall
NCSL Family First Policy Forum
August 4, 2019
Bridging the gap between what we know and what we do

Chapin Hall at the University of Chicago is a research and policy center, focused on a mission of improving the well-being of children and youth, families, and their communities.

Chapin Hall provides public and private decision-makers with rigorous data analysis and achievable solutions to support them in improving the lives of society’s most vulnerable children, youth and families.
Inherent Risk
This rock climber engaged in the act of “free soloing” and it represents inherent risk.

Residual Risk
This climber is on the same route, but, is climbing with the aid of a rope and other protective gear; as such he is experiencing just a fraction of the risk.

Inherent risk is the risk that exists before any mitigating factors or controls have been put in place.

Residual risk is the portion of risk that remains after mitigating factors or controls have been put in place.

The basic risk that, if a person falls off a cliff they are likely to die (inherent), remains; but after putting on a harness, roping up, and securing himself to the cliff wall, this climber has reduced the total risk, so that only a small residual amount remains.
Opportunity to Reduce Placements in Out of Home Care By Addressing Needs of Parents

These categories are not mutually exclusive, so percentages will total more than 100%. 
Opportunity to Reconsider Short Placements

- Less than 1 Month: 9%
- 1-5 Months: 15%
- 6-11 Months: 19%
- 12-17 Months: 17%
- 18-23 Months: 13%
- 24-29 Months: 9%
- 30-35 Months: 6%
- 3-4 Years: 9%
- 5 Years or More: 4%
Opportunity to Reduce Reliance on Residential/Group Home Placements and Increase Relative Placements

- Foster Home: 37%
- Relative Care: 18%
- Residential Care: 12%
- Group Home: 21%
- Other: 6%
- Independent living: 3%
- Pre-Adoptive Home: 2%
“Life is inherently risky. There is only one big risk you should avoid at all costs, and that is the risk of doing nothing.”

Denis Waitley
Return Home within 12 Months vs. Re-entry into Care
Foster Care Entry Rate, 2017
Per 1000 that children under 18

Fatalities

Data from AFCARS; https://cwoutcomes.acf.hhs.gov/cwodatasite/childrenReports/index
Impact of Staff Turnover

Other Industry Rates

<table>
<thead>
<tr>
<th>Industry</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tech</td>
<td>13%</td>
</tr>
<tr>
<td>Retail</td>
<td>13%</td>
</tr>
<tr>
<td>Gov/Non-profit</td>
<td>11%</td>
</tr>
<tr>
<td>Bank/Insur</td>
<td>11%</td>
</tr>
<tr>
<td>Trans</td>
<td>10%</td>
</tr>
<tr>
<td>Health Care</td>
<td>9%</td>
</tr>
</tbody>
</table>

HEALTHY ORGANIZATIONS at Casey.org
**Inherent Risk**
This rock climber engaged in the act of “free soloing” and it represents inherent risk.

**Residual Risk**
This climber is on same route, but, is climbing with the aid of a rope and other protective gear; as such he is experiencing just a fraction of the risk.

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Andrew Watanabe, Chief Product Officer @ Whistic
**Chapin Hall Suite of Tools for Readiness Assessment, Planning & Implementation**

<table>
<thead>
<tr>
<th>Overall Assessment and Planning Guide</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Explains the <strong>overall approach to assessment and planning</strong> for Family First.</td>
</tr>
<tr>
<td>• Clarifies how the tools collectively support data-informed decision-making and a <strong>comprehensive implementation plan</strong>.</td>
</tr>
<tr>
<td>• Recommends a <strong>governance/implementation structure</strong> (new or leveraged) to conduct assessment, planning and readiness activities.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agency Readiness Assessments and Capture Tools</th>
</tr>
</thead>
<tbody>
<tr>
<td>• <strong>Leadership assessment and capture tool</strong> to articulate the transformation framework, identify partners, and determine sequencing.</td>
</tr>
<tr>
<td>• <strong>Provision assessment and action capture tool</strong> to assess readiness for implementation per provision and articulate action steps and responsible parties.</td>
</tr>
<tr>
<td>• <strong>Provider readiness assessment/survey</strong> to assess current EBP capacity, and readiness to implement prevention EBPs, group care, and other provisions.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other Facilitative Tools</th>
</tr>
</thead>
<tbody>
<tr>
<td>• <strong>Prevention plan theory of change template</strong> to articulate, document, and communicate the agency’s theory of change for the Five-Year Prevention Plan.</td>
</tr>
<tr>
<td>• <strong>Prevention Plan template</strong> to guide and structure the Five-Year Prevention Plan.</td>
</tr>
<tr>
<td>• <strong>Candidacy discussion graphic</strong> to provide context and prompt dialogue regarding the children who are at risk of foster care relative to those who could best benefit from a prevention EBP intervention.</td>
</tr>
<tr>
<td>• <strong>Work plan template</strong> to guide action steps towards implementation.</td>
</tr>
</tbody>
</table>
In child welfare, change is hard because people often underestimate the risk of current policies, and overestimate the risk of changing our policies.
## Assessing Risk and Developing Implementation Strategy

<table>
<thead>
<tr>
<th>Likelihood</th>
<th>Very Likely</th>
<th>Likely</th>
<th>Unlikely</th>
<th>Highly Unlikely</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Fatality</strong></td>
<td>High</td>
<td>High</td>
<td>High</td>
<td>Medium</td>
</tr>
<tr>
<td><strong>Major Injuries/Social &amp; Emotions Harm</strong></td>
<td>High</td>
<td>High</td>
<td>Medium</td>
<td>Medium</td>
</tr>
<tr>
<td><strong>Minor Injuries/Social &amp; Emotions Harm</strong></td>
<td>High</td>
<td>Medium</td>
<td>Medium</td>
<td>Low</td>
</tr>
<tr>
<td><strong>Negligible Harm</strong></td>
<td>Medium</td>
<td>Medium</td>
<td>Low</td>
<td>Low</td>
</tr>
</tbody>
</table>
Opportunity for Thoughtful Implementation of the Family First Prevention Act

1. **HYPOTHESISE** about all possibilities
   - PLAN how you will assess and test these

2. **GATHER INFORMATION**
   - genograms, eco-maps, body map chronology, scales, etc.

3. **TEST** evidence against hypotheses, signs of safety, etc.

4. **ANALYSE** and make judgements - needs and vulnerability matrix, Brearley, SGCS, Finklehor, signs of safety

5. **DECIDE PLAN**
   - highlight strengths and risks and link to plan outcomes

6. **REVIEW** goals and outcomes in the light of new information
Entries and Exits from Out of Home Care
2008-2017

Entries
Exits
ON THE GROUND: WHAT ARE STATES LEARNING SO FAR THAT LEGISLATORS CAN USE?

Q&A

Bryan Samuels, Chapin Hall at the University of Chicago
Kim Ricketts, Casey Family Programs
ACTION PLANNING

- Your Legislative Family First Action Plan is your individualized roadmap.
  - to help you identify your priorities and goals
  - establish steps and timelines
- Information gained through today’s sessions will inform your Action Plan.
- Allows NCSL to identify ways to support you in meeting your goals.
- NCSL staff will collect completed plans today and return them to you shortly after today’s meeting.
Key themes

Action plan goal

NCSL and Casey Family Programs help with challenges and potential solutions