



The Impact of FFPSA on Foster Care: How Can You Be Prepared?

By Jennifer Flowers, MBA

For years, professional caregivers across the country have called for far-reaching changes to the foster care system. The first groundswell began at the grassroots level. Now, the drive to deliver superior services to foster care recipients is reflected in federal legislation. The overarching guideline driving this new initiative by service providers and child welfare advocates is known as *normalcy*.

The Family First Prevention Services Act (FFPSA), a landmark law passed by Congress in February 2018, promotes the idea that children are best served when they are part of a family unit. Foster children who require more intensive care situations should be placed in the least restrictive environment. To comply with the new law, service agencies are required to provide extensive documentation and justification for this placement.

FFPSA is the first attempt to overhaul the foster care system in almost 40 years and it is shaking up the way providers are interacting with their foster care charges. Of course, normalcy means different things to different constituents, but it follows the rules of common sense. Its overarching goal is to ease the burden suffered by foster care recipients and try to give them the same experiences as children who attend school regularly and live within nuclear family units.



Current Trends: Normalcy and Family-Based Care

Many issues affect foster youth, including difficulty getting jobs, participating in sports and learning to drive. One aim of normalcy partly centers on crafting legislative initiatives to remove these barriers.



The push for normalcy in foster care first appeared several years ago and contends all children deserve to participate in activities they enjoy, create meaningful connections with peers and adults, and simply try to feel normal so they can thrive.

The definition of normalcy will vary from child to child based on each individual's past experiences, family or tribal connections, personal goals and more, therefore, it is difficult to prescribe a one-size-fits-all solution through legislation. But Congress has gotten the message and in the last five years attempted to nudge foster care providers in this direction.

On the federal level, the term first appears in the provisional section of the Strengthening Families Act of 2014, entitled *Supporting Normalcy for Children in Foster Care*. This section charges states with ensuring that foster youth participate in age-appropriate activities and requires the implementation of a "reasonable and prudent" parent standard so foster parents can make decisions that encourage "the emotional and developmental growth of the child, that a caregiver shall use when determining whether to allow a child in

foster care under the responsibility of the State to participate in extracurricular, enrichment, cultural and social activities."

Many people fondly recall milestones of growing up, including their first sleepover date, playing on an after-school sports team, taking their driver's test or working their first job. But as wards of the state, children in the foster care system have their lives dominated by a bureaucracy — one that is instituted with good intentions — but often ends up being restrictive. In order to have a sleepover, for example, some foster youth must have a social worker inspect the house beforehand and everyone attending must undergo a background check. Other activities may also require advance approval from a court, which places undue obstacles on letting kids be kids.

Everyday activities that many families take for granted are unavailable to foster care youth. The rules can impede their integration into society along with their ability to live independent lives once they age out of the system. One act currently before Congress, the Foster Youth Driving Act, attempts to clarify the goal of achieving normalcy and remove the barriers

that foster teenagers face when attempting to drive an automobile, including offering financial assistance. It is estimated that only about 3% of foster youth in Florida have obtained driver's licenses, for example, and Arizona forbids foster youth from entering into any contract, which precludes them from obtaining car insurance.ⁱ

"There is a need to clarify and specify that the normalcy provisions enacted under the Strengthening Families Act direct States to implement

the reasonable and prudent parent standard for foster parents to empower them to make decisions regarding the daily activities of children in their care," according to this bill. "These daily activities include the ability to drive a car and obtain a learner's permit and driver's license — appropriate goals for foster youth ages 14 and older (provided the youth is cognitively able to pursue this activity). The obtainment of a driver's license is a normal and healthy experience for foster youth in relation to their non-foster care peers."



The Future of Foster Care Under FFPSA

The far-reaching FFPSA seeks to avoid admitting children into the foster care system and keep them with their families. Failing that, the law emphasizes placing children in a community-based foster care setting versus congregate care, which represents concrete steps toward making normalcy a reality. But key to FFPSA's implementation will be overcoming challenges through education.

Under the Strengthening Families Act of 2014, states are required to provide training for caregivers, and the Department of Health and

Human Services must offer technical assistance to states on best practices in helping foster parents apply the standard.

The need to retain and recruit effective foster, adoptive and kinship caregivers is even greater under FFPSA, which the Children's Defense Fund

in Washington, D.C. calls a long-overdue historic reform that helps "keep children safely with their families and avoid the traumatic experience of entering foster care, emphasizes the

importance of children growing up in families and helps ensure children are placed in the least restrictive, most family-like setting appropriate to their special needs when foster care is needed."ⁱⁱ

The focus of FFPSA is twofold: to reduce the number of kids in foster care by providing funding for prevention services and to keep foster care charges who must be removed from their homes in family-like settings (foster care, kinship care) by limiting the use of congregate care or residential treatment facilities.

Despite the best efforts of government agencies to reduce the foster care population and to improve their lives, the federal Administration of Children and Families (ACF) found that while the number of children in foster care dropped from 463,792 in 2008 to 397,122 in 2012, the population rose more than 10% by 2017, when 442,995 children became enmeshed in foster care.^{iii, iv}

Moreover, in April 2019, the Annie E. Casey Foundation in Baltimore released the report *Keeping Kids in Families: Trends in U.S. Foster Care Placement*. The report compiled data

from all 50 states and the District of Columbia over a 10-year period to chart changes in foster care trends. From 2007 to 2017, the report determined the percentage of children and youth separated from their parents and placed in foster care and kinship care increased from 81% to 86%.^v

KEY CIRCUMSTANCES CAUSING CHILDREN TO ENTER FOSTER CARE IN 2017

In descending order:

- Neglect
- Parental Drug Abuse
- Caretaker Inability to Cope
- Physical Abuse
- Housing Insecurity
- Child Behavioral Problems
- Parental Incarceration
- Parental Alcohol Abuse
- Abandonment

Source: Children's Defense Fund

According to the Children's Defense Fund, "anecdotal evidence and expert opinion [link] this increase to the parallel rise in opioid addiction and overdoses."

Addressing the drug-dependency issue, FFPSA provides up to 12 months of substance abuse prevention treatment to at-risk parents (and children).^{vi, vii}

Clearly, these trends must be reversed, and FFPSA is designed to mitigate these new crises. At its core, the new law seeks to move the foster care system away from congregate care facilities, once called orphanages, and toward foster and kinship care, where children are supervised by family members in private homes.

Even those children with behavioral issues who require specialized foster care are being moved into the least restrictive, most family-like settings possible.

Beginning October 1, 2019, the use of Title IV-E funds after the first two weeks a child is in care will be restricted to approved care providers. This is where the greatest impact lies.



Performance Improvement and Reporting on Outcomes

FFPSA aims to reform and improve congregate care settings

by holding them to higher standards. So, to receive federal funds, service providers must employ evidence-based treatment systems and report on outcomes rather than outputs.

Outputs consist of quantifiable data points related to the numbers of people served, time in care and other common variables. Yet with detailed digital data available just a few clicks away, health and human service organizations are being held accountable for measuring service *outcomes*, which measure the impact agencies have on the lives of those in care or treatment, including knowledge transferred, behaviors changed, improved home-life stability and other revealing and quantifiable figures. This new development requires the collection and analysis of relevant statistics to discover trends and patterns. The key is to make improvements (or expand upon achievements) where necessary.

Beyond conforming with the FFPSA requirement, compiling performance indicators in a transparent, easy to understand manner will help service providers connect with clients, families and donors in a more meaningful and impactful way. This, in turn, allows them to be more competitive.



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In the nonprofit arena, the relationship with the state and federal governments, along with donors, has been forever transformed by technology and the unyielding desire for increased information. Providing detailed outcomes reports can also help nonprofits tell their stories and build their brands.



The Creation of Qualified Residential Treatment Programs

FFPSA also institutes what is perhaps one of the most far-reaching reforms in the history of foster care, which will likely surprise many service providers: it creates a new classification of trauma-informed group home, the Qualified Residential Treatment Program (QRTP), which must be licensed by the states to receive Title IV-E funds for up to 12 months.

This trauma-informed treatment model addresses the needs of children with “serious emotional or behavioral disorders or disturbances, and can implement the necessary treatment identified in the child’s assessment,” according to FFPSA.

Trauma-informed care “is an organizational structure and treatment framework that involves understanding, recognizing and responding to

the effects of all types of trauma,” including the reasons why children enter the system, according to the Trauma Informed Care Project in Des Moines, Iowa. “Trauma Informed Care also emphasizes physical, psychological and emotional safety for both consumers and providers, and helps survivors rebuild a sense of control and empowerment.”^{viii}

In addition, QRTPs must have “registered or licensed nursing staff and other licensed clinical staff who can provide care, who are on-site consistent with the treatment model, and available 24 hours and 7 days a week.”

QRTPs must also facilitate family or tribal participation in the child’s treatment program, if it is determined that this is in the child’s best interest. The statute also requires the documentation of family outreach and integration into this treatment, when possible. If it is determined that QRTP placement is appropriate for a child, the provider must justify “why the child’s needs cannot be met by her family or in a foster family [...] why a QRTP will provide the most effective and appropriate level of care and in the least restrictive environment, and how it is consistent with the short- and long-term goals of the child.”

The key provision, however, and the one that will undoubtedly catch many providers off guard, is the requirement that programs be “licensed and nationally accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF), the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), the Council of Accreditation” or other approved bodies that have yet to be identified.



The Accreditation Mandate

Because it generally takes these national accrediting bodies 12 to 18 months to

complete the rigorous approval process and the mandate begins on October 1, 2019 (unless a particular state seeks a waiver until no later than 2021), many service providers will be ineligible for Title IV-E reimbursements until the accreditation review is completed and the organization has been licensed by the state as a QRTP.

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The good news is that achieving accreditation affirms that child welfare, behavioral health and community service organizations meet or exceed professional-grade quality standards in service delivery. It also gives clients and other key stakeholders an appropriate tool for effectively evaluating service providers.

Organizations earning accreditation reach beyond minimum licensing standards and make a long-term commitment to strong governance, program consistency, outcome measurements and continuous improvement throughout their agencies.

In addition, accreditation requires organizations to undergo an objective review by an

independent accrediting body. The designation signifies that agencies effectively manage their resources and enhance the quality of life of the population served. Individuals and families increasingly regard the accreditation status of any agency as an important factor when considering where to seek services.

Earning national accreditation provides a framework for improving operations, measuring and reporting on outcomes, recruiting and supporting employees and delivering quality services — which help maintain your organization’s competitiveness in an ever-changing environment.

The downside is that time is tight and this often-overlooked provision in FFPSA may hinder the ability of service providers to continue assisting their populations at the level to which they are accustomed.

It should come as no surprise, however, that FFPSA’s requirements

for QTRPs overlap with the requirements of the major accrediting bodies. CARF International compiled a [graphic](#) that depicts several areas where their accreditation process aligns with the new law.

CARF standards state that an accredited program uses valid and reliable assessment tools and that assessments are conducted by qualified personnel. They also require that children, youth and families be involved in the design, implementation, delivery and ongoing evaluation of applicable services.

The agency identified key concepts in FFPSA and detailed how its standards concur with the new mandates, including encouraging family



involvement, accommodating time limitations built into the law and conforming to staffing requirements. In addition to providing provisions for aftercare follow ups, a major thrust of FFPSA, CARF ensures that the accredited organization “provides or arranges for documented, competency-based training to direct service personnel on trauma-informed practices.”



Speedbumps for Care Providers

Because so few congregate care or residential treatment providers are accredited, the accreditation bodies will have to play catch-up as they deal with a flood of applicants seeking to comply with FFPSA. For example, it is estimated that only 11% of statewide providers in Texas that contract with the Department of Family Protective Services to provide placements for children in custody have achieved accreditation. Though the accrediting bodies have added personnel and reviewers in anticipation of the applicant deluge, the sooner an agency applies for this designation, the better.^{ix}

QRTPs are also at the mercy of their state human services bureaucracies. For any period of time that states extend beyond October 1, 2019 to achieve compliance with the accreditation mandate, QRTPs will not be permitted to claim

prevention funds under Title IV-E. What’s worse is that only a dozen or so states have committed to the initial October 1, 2019 implementation date under FFPSA. Furthermore, states are required to develop a new QRTP licensing standard and designation and accredited providers do not automatically qualify for these new, often undetermined, licensing provisions.

Documentation and reporting requirements may also present a burden as service providers ramp up to conform to FFPSA’s provisions. For one thing, the law requires documentation of family engagement, including sibling contact. And, it mandates the creation of preventative written plans to keep children out of the foster care system. It also imposes many time constraints, like the requirement to provide six months of post-discharge support and provide family-based aftercare.

Throughout the nation’s history, quality foster, adoptive and kinship caregivers have been hard to find. FFPSA provides \$8 million in grant money through 2022 to help recruit effective foster families and will also reimburse up to 50% of a “state’s expenditures on kinship navigator programs that meet the evidence-based requirements of promising supported, or well-supported, practices.”

Yet despite Washington's good intentions, the need to train and retain qualified foster, adoptive and kinship caregivers will present a challenge for children's services providers.

In today's increasingly competitive environment, health and human services organizations often struggle to distinguish themselves. Providing high quality services is a given, but to establish your brand, you must *demonstrate* that you make a difference in the lives of those you serve.

Some critical factors that can help maintain your organization's competitive edge include earning national accreditation, reporting on service outcomes (not just outputs), and recruiting and maintaining a qualified, well-trained workforce.



Education Is the Solution

FFPSA merely provides a benchmark for delivering excellent care to the historically underserved, yet overregulated, foster care population. To effectively achieve an environment of normalcy that children who have experienced trauma deserve, human services providers and foster parents need to deploy better tools to help these children.

One way to raise the bar is by implementing a learning management system (LMS) to bring staff and foster parents up to speed regarding expectations, become familiar with industry best practices and stay abreast of cultural and legal changes. Relias, along with many other education and training entities in the human services field, provides an LMS tailored to foster, adoptive and kinship care providers so they

can access a library of courses and promote a culture of continuing education.

Another way to stay up to date is to hire expert and experienced consultants who are familiar

with FFPSA provisions. Moreover, as the law's requirements near their deadlines, state departments overseeing foster care providers are conducting information sessions, and various behavioral service

conferences are also hosting seminars and presentations designed to demystify FFPSA's provisions and ensure that accurate and timely information is available to interested parties.

The benefits of establishing a culture that promotes institutional education and improvement programs include staying on top of legislative changes, preparing for accreditation renewals and delivering the best possible care and services.

Conclusion

After years of maintaining the status quo in foster care, which led to an increase in young people entering the system, child welfare professionals clamored for change. Now, the federal government has provided legal guidance designed to improve the lives of caregivers and the people they serve.

Like turning a battleship, change will arrive over a period of time as providers implement and institute the new rules. Chief among the new practices include mandates to enhance the quality of data and reporting, along with the establishment of QRTPs — new entities that must be licensed by the states and undergo the rigorous national accreditation process.

In the long run, everyone involved with delivering foster care will benefit. Still, providers who stay current may keep up, but those who look ahead, prepare for upcoming changes and understand what these trends mean will remain competitive and thrive within the new system.

If you would like more information about the Relias LMS or our Foster, Adoptive and Kinship Care Library to help you remain competitive with the upcoming changes in foster care, please contact us to discuss your organization's specific needs.

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Jennifer Flowers, MBA, a nationally renowned expert in the accreditation arena and nonprofit governance, is the founder and CEO of Accreditation Guru, Inc. With 20+ years of experience in the field, Jennifer is exceptionally qualified to assist organizations to become nationally accredited. Jennifer's expertise also includes strategic planning, board of directors' education/development, quality improvement program design and risk management strategies. Prior to founding Accreditation Guru in 2009, she served as the Director of Accreditation Commission at the Council on Accreditation (COA).

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