MINUTES

Governor's Child Foster Care Advisory Commission

Date of Meeting: November 19, 2018

Time of Meeting: 9:00-1:30

Location: Oregon State Library, 250 Winter Street NE, Salem, Room 103

Member	Present
Timothy Colahan	Phone
Valerie Colas, Chair	Yes
Caroline Cruz	Phone
Robin Donart	Yes
Elliott Hinkle, Vice Chair	No
Alan Linhares	No
Charlie McNeely	No
Emily Reiman	No
Kari Rieck	Yes
Jessica Schmidt	Yes
Bill Wagner	Yes

Staff: Rosa Klein, Kali Scolnick, Katherine Bartlett

Overview & Logistics

- Parking Lot
    - If we veer off topic or if there are things that we need to review further, we will put them in the parking lot to review at the end of the meeting and talk about when the subject in the parking lot should be addressed.
- Commission Logistics
    - Alan Linhares will be taking over the management of the member's Google Drive.

ACTION ITEM: Review and approve minutes

- October 2018 Minutes
    - Move to approve minutes: Bill Wagner
    - Second: Robin Donart
    - All approved

Family First (FF) Implementation and Policy Work Group – See attachment A

Presenter: Jamie Hinsz, Analyst, Legislative Policy and Research Office, Senate Committee on Human Services

Presenter: Alex Trotter, Family First Coordinator, DHS, Office of Child Welfare Programs

Q: Regarding the Title IV-E program, is it only for kin it says? I guess there is a waiver to go to a congregate facility if that is the most appropriate place for a child.

A: The kinship program is only one of them. I think you are looking at the eligibility, those who are eligible to receive these prevention services under Title IV-E now. There are three bullets on the sheet. States are going to be able to identify children who are eligible for the prevention services. The intention of FF was that children who would go into foster care unless they received these services would automatically be eligible. Another group that will be eligible are children in FC who are pregnant or parenting – they have an automatic slide-in to these prevention services in all states. The third bullet it is parents or kin-care givers (grandparents or relative care givers) where these services are beneficial to that family in order to prevent that child's removal in placement to a congregate care facility or any type of placement.

For clarification, Title IV-E covers kids who are currently in foster care so this is additional eligibility. Any child who comes into care is able to access. It doesn't matter their placement type. This is additional parameters to authorize that funding.

Q: So it's additional money then?

A: It is an uncapped reimbursement. It isn't a block grant, it is an entitlement. These prevention services will be reimbursed in the same structure and way that children who are currently in foster care are reimbursed by this.

Q: So it is just an expansion of what was already being provided by Title IV-E?

A: Yes

Q: It says it has registered licensed nursing staff and clinical staff on-site "to the extent the program's treatment model requires?"

A: This goes back to the congregate care requirements that Title IV-E will reimburse for. So a trauma informed model (inaudible) and then you had a question about registered licensed nursing staff and clinical staff on-site to the extent the program's treatment model requires?

Q: I am curious about the "to the extent the program's treatment model requires." What is that?

A: Several congregate care settings all offer different models of treatment, so FF is basically requiring that if a child is placed in congregate care, it is because they need to receive this treatment that the program is offering. All treatment models have different staffing requirements, different administrator requirements so they will be looking at them each individually and seeing if the nursing staff fits that model.

Q: Is that going to be according to the licensing requirements of the different models?

A: They haven't gotten that detailed yet. This six-pager is just an outline that was created right after FF was passed. Now, HHS has to get into that nitty-gritty detail of the policy around it. For the QRTP provisions they will not be releasing that until the springtime.

Alex Trotter: I asked a similar question to Nadia in Region 10. She forwarded the question to the Children's Bureau, and I got a response back on Friday. It doesn't answer the whole question. She says: "We have not defined 'treatment model.' However, the phrase refers to the trauma informed treatment model that the QRTP uses. That treatment model must be designed to address the needs, including clinical needs of children with serious emotional or behavioural disorders." I also asked the question about nursing staff and (inaudible) they would actually be on-site: "Therefore, merely meeting nursing staff accessibility and accreditation standards does not address this requirement and a nurse may be available on call, 24-7." So, the nurse does not actually need to be on-site if they are on-call.

Q: I'm thinking about things like our therapeutic foster care programs. They may have clinical staff and on-call for that, but they don't (inaudible), they don't manage medications so if that requirement is going to apply to them or if that doesn't include them because they are not one of these congregate care facilities?

A: As long as you have a limit of 6 children and parents or providers actually live in the home/facility where the children reside, then they don't need the (inaudible) requirements for QRTP or one of the other qualifying standards. That question has come up for a lot of (BRS?) providers, so it is a little more flexible than we thought at first.

Q: Originally, I know that a lot of changes were made to the FF Act before it finally went through. I know that a big piece originally also had very specific definitions on therapeutic FC or treatment FC and accreditation to that. Is that still included in this version?

A: No. The accreditation and the conversation around treatment FC got absorbed into these QRTP provisions and the new definition of foster care and what a family foster home is. That conversation got pushed into this priority to keep kids with kin as much as possible. So, that if a child does have to be removed before being placed in a stranger foster home, looking at all available relative care givers that might be able to provide care. Then, supporting those relative care givers in any way possible in order to place a child with them instead of a stranger foster home or in a treatment foster home if that was the only bed available.

Q: For the kin foster care, is it DHS who chooses that member or if the parent chooses who the child is going with or if the child is already with the family member, would they still qualify for the prevention services?

A: Yes. All states get to choose how that is going to look and what candidates for these services would be.

Alex Trotter: Right now, we are in a situation of brainstorming what that could look like because the Children's Bureau has said we are going to give you the maximum flexibility as long as you stay within the statute.

Q: Can I just go back to my original question? Does that mean that there is no definition of "therapeutic foster care" currently and that there is no accreditation requirement for therapeutic foster care agencies?

A: That is correct. Therapeutic foster care is in the realm of family foster care. It is a great model and we want to encourage it and have people support it.

Q: Are we going to see changes in the juvenile dependency code or different places in our statutes?

A: Right now the group is going through the juvenile code and looking at what needs to be addressed and streamlining safety standards. Instead of just being focused on shaping up the statutes to be able to meet the requirements in order to draw down the Title IV-E funding. They are looking at it holistically and exactly what does FF want to do and what does FF envision? Then, how can we streamline and clean up the juvenile code in order to meet the intent of what FF is after instead of just making sure it is aligned with federal law. The sub-group who are looking at the statutes don't want to change them too much because when federal law changed you'd have to go back to your statutes and change them so there's not going to be a lot of statutory changes that we are looking at right now. Most of it is going to go in administrative rule and in the state plans that states have to submit in order to get the Title IV-E funding.

Q: One of the conversations that occurred that was pretty in depth, is looking at the difference between a relative placement and a foster placement. If you were a relative, and say you didn't believe in immunizations then you can't have the child. The conversations have gotten good at looking at what the difference are and a lot of those I

wasn't even aware of those different (rules/roles?) and what disqualifies a relative vs do we need different standards and those types of things?

Q: Under those federal requirements, do natural supports still fall into that? Currently you don't have to be blood related to be considered . . . so someone who is a significantly important person in the child's life is considered to be like a relative placement?

Alex Trotter: Answer inaudible

Q: I want to go back to the budget question that you started because I think that's one big piece that I am really pondering. Is there any sort of discussion around what does this look like from a macro perspective in terms of continuing to provide a standard level of care for the kids who are in care?

A: Regarding funding, there are different pieces happening at the same time. With Title IV-E, about 30+ states have a Title IV-E demonstration project waivers. That gives them flexibility for a capped part of Title IV-E. Those waivers are going to statutorily expire and that is one tool that the feds are using in order to make more room for this uncapped reimbursement. Originally when waivers started, this was one intention, they are basically like pilot programs. They decided that these prevention services have been shown to work through these demonstration projects, so let's make that the uncapped amount. The other push for FF is the opioid epidemic is driving a lot of children into foster homes. Instead, with FF funding, those families can receive that treatment and still keep their children at home. That is another shift in funding that you are going to see. Now with this limitation on congregate care settings, you are going to see less children going into congregate care because those funds will no longer be available to maintain that child in that placement. That was really to get after those inappropriate placements. Those families are now going to be receiving in-home services and prevention services, that child will no longer need to be in a congregate care facility unless they absolutely need that treatment which that facility offers. A lot of shifts going on not only in placements and services that families receive, but there is also going to be a huge funding shift that is going on at the same time.

Q: It sounds like the hypothesis is, kids are being removed because services aren't available to put the parents in a position where they can safely parent the child. That's what this program is supposed to address?

A: Close. These services are available but Title IV-E funding cannot be spent on them. Now, Title IV-E can. These services that are available are primarily funded through Medicaid. The purpose of FF is to augment the services.

Q: How is this money going to address the amount of foster care available whether it is congregate, non-relative, relative, and how do we get more case managers to make the whole thing really work?

A: I believe with the capacity issue, the legislation does not address that.

Q: So is Sara's (Senator Gelser's) committee working on more money for prevention case workers?

A: DHS has a policy option package that addresses staffing. That goes through a different committee, not the policy committee – it goes to Ways & Means. The chair of Senate Human Services is on the W&M Committee.

A: We have been looking at funding the Title IV-E waiver at the current level.

Q: Can you explain what hotel diversion is? (This was moved to the parking lot)

Peer Learning Session: Washington State Commission on Children in Foster Care

Justice Bobbe Bridge (retired), Co-Chair, Washington State Commission on Children in Foster Care

Q: How do you even decide who initially comes to present to the committee?

A: We are good about just being open and having a forum, which follows the mandate, for example, to educate the public and be educated by them.

Q: Does any of the leadership from the Commission then go observe on these variety of groups (other FC groups) so there is continuity of information?

A: We have.

Work Group Updates - See attachment B, C, and D

- Funding/Budget and amendment work group (5-7 minutes)
- Structure work group (5-7 minutes)

Public Testimony

Jessica Lloyd Rogers, President, Oregon Foster Parents Association – **See attachment E**

Marissa Johnson, Foster Homes of Healing – **See attachment F**

Review and Next steps

- At our January meeting we will have a focus on foster care parents and retention, recruitment and training. The March meeting will focus on foster youth.
- Rosa to check on whether or not the Secretary of State has done a follow-up to the Child Welfare audit.

Parking Lot

- Acuity and capacity issues
- Hotel diversion – Shannon Beiting
- What is the State doing in terms of assessing community preventers who are going to qualify (inaudible) in terms of evidence based requirement?

1:30 Adjourn