



PAFCAF Recommendations for Additional Foster Care & Related Services in South Carolina

Executive Summary

The Palmetto Association for Children & Families (PAFCAF) seeks to expand services that South Carolina providers can contract with DSS to accomplish. While this is not an exhaustive list, the Association sees this as a starting point and looks forward to partnering with DSS to further analyze options.

With the creation of Directors of Wellbeing, Permanency and Safety Management at DSS, we believe these options fit nicely into that framework, while taking into consideration the requirements and recommendations of the Michelle H. Settlement Agreement, the Family First Prevention Services Act (FFPSA) and the Child & Family Services Review (CFSR).

DSS' Placement Needs Assessment will impact these services and should shed light on which services are needed county by county. At this time, a date for completion of the Assessment is not available.

Recommended Services

Specialty Group Care: Based on DSS placement needs assessment, group homes could choose to specialize in one type of care.

- Pregnant & Parenting Teens
- Teen Girls or Teen Boys
- "Difficult to Place" Teens – high-level management, higher reimbursement rate would be expected
- Teens with more than X number of placements in six months
- High Risk for Drugs & Alcohol
- Sibling Care
- Family Care Centers for parents undergoing residential treatment for substance abuse (Epworth model); referenced in FFPSA
- Qualified Residential Treatment Programs as defined by FFPSA – details may be available in late April 2018. QRTP also allows for six month of aftercare support. See Appendix for details.
- Supervised independent living as defined by FFPSA
- Additional research needed to determine appropriate rate for each of these. That research could begin with Cost of Living analysis

Trafficking Victims

- Unique care; not the “traditional” foster child
- Assessment needs and multiple therapy options needed: Stockholm syndrome, drug/alcohol abuse, trauma, domestic violence, sexual abuse, physical abuse, etc.
- Risk of flight, risk of traffickers coming after girls
- PAFCAF watching child torture bill that would impact this
- Concern that AG’s office is in favor of placing victims in DJJ
- Who handles juvenile justice charges? Provider? DSS? AG’s office?
- Education concerns (typically cannot place in public school)
- Level 3 reimbursement rate recommended
- FFPSA will provide funds for this; can DSS utilize those funds for providers?
- FFPSA will also provide funds for “youth who are *at risk* of sex trafficking” – details may be available in April 2018.

Child Placing Agencies (CPAs)

- There are 12 Child Placing Agencies licensed to place non-therapeutic traditional foster care children only (approximately six agencies are active in placing) plus an additional eight Therapeutic Foster Care Child Placing Agencies that are enrolled to provide Rehabilitative Behavioral Health Services (RBHS) and provide placements for children who meet the eligibility for RBHS services, as well as non-therapeutic traditional foster care children.
- \$1.6 million (\$10 per day per home) was added to the FY2019 DSS budget request for placement of non-therapeutic traditional foster care youth. This funding is financially inadequate for supporting the work of the CPAs and we recommend a review of this funding. As of May 25, 2018, no solicitation for services has been issued for CPAs placing non-therapeutic traditional foster care children.
- We recommend a review of the daily rate for traditional (non-therapeutic) foster care children plus the \$10 admin fee paid to TFC providers to assess the efficacy of the rate given the services provided to support this important and growing segment of SCDSS’ population in care.
- We recommend a continuation of the daily Room and Board Rate for Level I Therapeutic Foster Care (\$48.49) for non-therapeutic children ages 0-6 and their siblings (Change Order #7) for the upcoming SCDSS Fixed Price Bid for Statewide Residential Services starting July 2018. This incentive rate supports DSS’ efforts in complying with several components of the Michelle H. lawsuit as it relates to required family and sibling placements.
- We recommend expanding the daily Room and Board Rate for Level I Therapeutic Foster Care (\$48.49) to include non-therapeutic children ages 7-12 and their siblings for the upcoming SCDSS Fixed Price Bid for Statewide Residential Services starting July 2018. This incentive rate supports DSS’ efforts in complying with several components of the Michelle H. lawsuit as it relates to required family and sibling placements.

Community-Based Services/Prevention

FFPSA focuses on funding mental health treatment, substance abuse treatment and prevention, parent skill building and individual and family counseling for families whose children are at “imminent risk of entering foster care.” All programs must be evidence-based and trauma-informed.

The current CBPS contract (contract is in its final year) with DSS and SAFY has just been changed to eliminate DSS staff who directly served this program. DSS will issue a new fixed-price bid that may expand services needed but details are not available yet.

Kinship Care

FFPSA will provide a 50-percent reimbursement for kinship navigator services. Details have not been made available as of May 2018. PAFCAF recommends a fixed-price bid by DSS for these services, to include supports similar to what is currently provided to foster families by private providers.

Aftercare Services

- Recommend a separate fixed-price bid for after-care services
- Six months of aftercare support
- Look at models in other states; scope of work
- Look at risk/liability for providers
- Could serve post-adoption families in addition to foster children returning to bio families

Assessment Centers

The Pendleton Place model has shown positive outcomes for children and families but is costing Pendleton Place approximately \$800,000 annually with no reimbursement from DSS. This model also overlaps with South Carolina’s system of Child Advocacy Centers. In order to be effective and efficient, reimbursement from the state would be necessary.

Visitation Centers

- Providing a safe & comfortable place for families & children to have supervised visitation; typically court-ordered but not necessarily related to foster care
- **Georgia** Using Promoting Safe and Stable Families Funding, Georgia has established a number of programs, including a *Time-Limited Reunification* program. Time-Limited Reunification services are provided to a child who is removed from home and placed in a foster care setting and to the parents or primary caregiver. These services are available only for 15 months from the date the child enters foster care. Time-limited reunification services facilitate the safe and timely reunification of the child with the family, when that is in the best interest of the child, and help sustain permanency. See links in appendix.
- **Florida** Visitation Center network: Video: <https://vimeo.com/141712239>; DCF does reimburse for visits.

- **Minnesota** family visitation centers: 73 total families served statewide in 2016; the centers expressed concern about lack of standards, training requirements and funding
- **Connecticut**: Part of Joint Juvenile Justice Strategic Plan for FY 2013 – FY 2016 (partnership between the Judicial Branch and the Department of Children and Families); Promote family visitation and participation in treatment planning and case conferences for children and youth in out-of-home settings by assisting with transportation, child care, and translation needs; Federal funding from Administration for Children and Families through Access and Visitation Grant
- **Tennessee**: one program in Chattanooga; funding is minimal fee/ability to pay (not sustainable)
- **North Carolina**: <http://www.fvcenter.org/>, Court-ordered visitations/exchanges; \$50 intake fee, \$70/hour for visits, \$35 for exchanges; Also offers counseling services; Insurance (including Medicaid) accepted

Background

On October 4, 2016, U.S. District Judge Richard M. Gergel granted final approval of a settlement agreement “that requires dramatic changes for South Carolina’s foster care system — which for years has been troubled by a shortage of foster homes, excessive caseworker caseloads, and a failure to provide basic health care to kids” (Children’s Rights). *Michelle H., et al. v. McMaster and Alford* includes requirements governing the care and treatment of the more than 4,000 children in foster care. The Co-monitors, staffed by the Center for the Study of Social Policy, oversee outcomes of the agreement and produce regular progress reports. The progress reports highlight the SC Department of Social Services’ (DSS) progress toward meeting settlement agreement requirements, including age restrictions for children in group care, overall percentage of foster children in group care and creation of a placement needs assessment.

South Carolina’s group homes were first impacted by *Michelle H* when the settlement agreement was signed and children ages six and younger were moved into foster homes. DSS then began the process of placing children ages seven to 12 in foster homes, which continues today. The result is a statewide system of established group homes who are seeing fewer placements but want to remain engaged and viable in the state’s new child welfare landscape. Business transformation is critical for their success.

The need for an array of services in South Carolina’s child welfare system can be illustrated by the original filing of *Michelle H*. On page 71 of *Michelle H*, VIII. Prayer for Relief, d., i., the Plaintiff Children request that:

- i. *Availability of Necessary Placements for Children. Defendants shall develop the minimally adequate 72 capacity and **array of placements** for meeting the placement needs of the Class, including foster homes and other appropriate placements.*

In addition, the Family First Prevention Services Act was passed on Feb. 9, 2018 and will go into effect Oct. 1, 2019. This act, known as FFPSA, will move federal funding toward foster homes and community-based services, with less funding available for residential care.

Data

Current number of children in out-of-home placements: approximately 4,600, as of 5/1/18

Approximately 600 youth could be placed in group care without using exceptions through the Michelle H Settlement Agreement (14%).

Prepared by the Palmetto Association for Children & Families, May 2018

APPENDICES

Michelle H Settlement Agreement

Michelle H Progress Report, September 2017

Michelle H Progress Chart, September 2017, PAFCAF

Michelle H Lawsuit

<http://www.childrensrights.org/wp-content/uploads/2015/01/MICHELLE-H-v-HALEY-2015-1-12.pdf>

Family First Prevent Services Act presentation by Marlo Nash, The Alliance for Strong Families & Communities, Feb. 28, 2018, PAFCAF Annual Conference

<http://pafcaf.org/sites/default/files/MarloNash.pptx>

First Focus, 2016 Fact Sheet, Qualified Residential Treatment Programs

<https://firstfocus.org/wp-content/uploads/2016/06/Family-First-Prevention-Services-Act-Fact-Sheet.pdf>

Components of a Qualified Residential Treatment Program:

1. Should have a trauma-informed treatment model designed to address the needs of children with emotional or behavioral disorders and be able to implement the treatment identified by the assessment
2. Has registered or licensed nursing staff and clinical staff who can provide care within scope of practice as defined by the state, are on site during business hours and available 24/7
3. Facilitates participation of family members in the child's treatment program (when in child's best interest)
4. Facilitates outreach to family members of the child
5. Documents how family members are integrated into the treatment process for the child
6. Provides discharge planning and family based after care support for 6 months after discharge
7. Licensed and accredited (there are specific orgs who can accredit)

Georgia's Promoting Safe and Stable Families Program (PSSF)

<https://dfcs.georgia.gov/promoting-safe-and-stable-families-program>

<https://www.pssfnet.com/>

<https://www.pssfnet.com/pages/?pssf-in-georgia#services>