



TO: The Honorable Members of the Senate Committee on Mental Health, Substance Abuse Prevention, Children and Families and the Assembly Committee on Children & Families

FROM: Kathy Markeland, Executive Director, & Emily Coddington, Associate Director

DATE: February 9, 2023

RE: **Family First Prevention and Services Act Informational Hearing**

Thank you for hosting a hearing regarding the implementation of the Family First Prevention and Services Act (herein Family First or FFPSA) in Wisconsin. As a statewide association that represents nearly 50 child and family serving agencies, our organization has been deeply involved in this work and our members are passionate about helping to move our system forward. WAFCA member services include family, group and individual counseling; substance use treatment; crisis intervention; outpatient mental health therapy; respite; foster care and adoption programs; group and residential care, among others. We offer this memo on behalf of our members to provide another perspective regarding FFPSA implementation in Wisconsin.

As you heard during the hearing, Family First legislation passed in 2018 with the goal of shifting our child welfare system to one focused on ensuring children and their families have the services and support they need to safely stay together. The federal government allowed states to delay implementation until 2021, which Wisconsin opted to do, and our state's Prevention Plan was just approved in October 2022.

The time between the federal legislation passing and the effective date of implementation in Wisconsin allowed us an opportunity to engage in valuable conversations, education, planning, and restructuring. While great work occurred during this time, some of the work was impacted by the global pandemic, effects of which we are still feeling today. In many ways, Family First implementation is still in its infancy, and we know there is still critical work ahead. The legislature can play a vital role in helping us do so by:

- 1) Increasing state funding for home visiting, providing Targeted Safety Support resources to counties, and investing in one new evidence-based practice.
- 2) Providing funding for DCF to engage in direct state investment in Qualified Residential Treatment Programs (QRTP) and intensive foster care.
- 3) Incentivizing careers in human services and supporting the work of our foster parents and kinship caregivers.

Increasing state funding for home visiting, providing Targeted Safety Support resources to counties and investing in one new evidence-based practice.

Family First fundamentally shifted the way states are able to draw down federal funds to support the child welfare system. Historically, Title IV-E funds could be used to help with the costs of foster care maintenance for eligible children, including those placed in group care settings (primarily group homes and residential care centers for children and youth); however, they could not be used for prevention services. Now, funds can be used for prevention services, so long as states are using a service approved by the [Title IV-E Prevention Services Clearinghouse](#) (Clearinghouse).

Unfortunately, there are very few prevention services approved by the Clearinghouse thus far, and most are difficult and very costly to lift statewide. In addition, the services identified as “supported” or “promising” require extensive evaluation, which substantially increases the expense associated with implementing the service. Home visiting exists in many parts of Wisconsin and is a well-supported service. Expanding this program to provide for statewide access could result in additional federal reimbursement and more importantly it could reduce the need for child welfare services. As noted in the hearing, state investment in Targeted Safety Support Funds (TSSF) would not be matchable, but those funds enable counties to innovate with community-based providers to shift the needle on child welfare system involvement – the ultimate goal of FFPSA. Wisconsin could also benefit from having at least one additional evidence-based practice, ideally targeted to families with older children with more intensive needs, which will require investment from the state.

Providing funding for DCF to engage in direct state investment in Qualified Residential Treatment Programs (QRTP) and intensive foster care.

Under FFPSA, the state is likely to lose federal reimbursement for placements in group care settings. While most licensed residential care providers and some group homes have become certified as QRTPs, not all children currently placed in these settings will have a clinical need to be there. As alluded to during the hearing, some children are placed in group care settings because we do not have enough home-like settings to care for adolescents. Additionally, our QRTPs also care for children under delinquency orders, who do not fall under FFPSA, and children from other states because of a facility’s area of specialization. Those children who do have a clinical need will require more 1:1 support, increasing the staff to child ratios and the cost of providing service. In addition, these facilities have new accreditation requirements, which are expensive, and most are pursuing other practice shifts to ensure they can demonstrate that they have a “trauma-informed treatment model” as required under Family First.

On top of these challenges associated with the QRTP model, the pandemic resulted in many agencies shifting from double-occupancy to single-occupancy bedrooms; some are choosing to keep this arrangement as part of their QRTP. The workforce has not rebounded for this sector either, which keeps census down as well. All of these factors drive up costs, which are passed on to county child welfare agencies through their payment of the daily rate. The state providing an ongoing investment to fund a portion of these services and ensure access to QRTPs will be crucial to their success and provide a little relief to our county partners. Such investment through the Department of Children and Families would begin to shift the funding paradigm to better reflect that QRTPs are a statewide resource that could be managed more efficiently through a statewide or regional funding model.

Similarly, WAFCA would recommend state investment in the expansion of Professional Foster Care, which provides for a full-time at-home caregiver to assist the child with their treatment program and help the family work towards reunification. This would allow for more children with complex needs to be served in home-like settings rather than in group care, and also responds to the need for 1:1 supervision and support often requested

for this population. This model has been operating in Milwaukee County since 2007 with positive results and can be replicated in counties across the state with relatively minimal ongoing financial support from the state.

Incentivizing careers in human services and supporting the work of our foster parents and kinship caregivers.

We understand that the shift in funding was the federal government’s attempt to emphasize prevention, followed by foster care placements, or placements in home-like settings, when children were unable to remain at home or with kin. While this is a philosophy we support, it does not align with the current reality of our state’s capacity to deliver services. Many of the prevention services approved by the Clearinghouse relate to mental health and substance use programs, which are administered by trained mental health providers. A February 2021 fact sheet produced by the Wisconsin Office of Children’s Mental Health noted that “[a]s of 2019, Wisconsin had an average of 490 individuals served by one mental health provider in a county, if the population were equally distributed across providers. Across the nation, the top state has a ratio of 290:1.”¹ In addition, according to Who Cares, the nation’s first public resource on foster care capacity, Wisconsin has lost foster home capacity since 2018.² These are two key resources Wisconsin needs to grow.

The legislature will play a key role in helping counties and private providers make the pivot to more preventative services, which will ultimately result in the state recouping more federal reimbursement. To increase the capacity of community-based service providers, we need to prioritize the state’s investment in promoting mental health and human services careers. Incentives for workers such as tax credits and student loan forgiveness, investing in education pathways, grant programs and professional development, like the legislature’s Qualified Treatment Trainee program, will help grow Wisconsin’s caregiving and mental health workforce.

An expansion of resources for foster and kinship caregivers to support more young people in home-like settings will also be needed. Wisconsin is placing children with relatives at relatively high rates, and it is imperative that we ensure those caregivers have the level of support needed to avoid disruption. Foster homes are also needed – especially for older youth and youth with disabilities – if we are going to achieve the goals of Family First. Ensuring our foster parent and kinship caregivers receive reimbursement commensurate with the care they are providing is critical to growing this resource. There was no increase provided to foster parents in the 2021-23 biennium and with inflation the value of the basic foster care rate has fallen even further behind. Providing cost of living increases will help support the valuable contributions of foster parents and kinship caregivers alike.

We believe the above investments will help Wisconsin live into the vision set forth by Family First and DCF’s child welfare transformation, which will ultimately result in better outcomes for children and families for years to come. What happens to us as children, affects us as adults, and as Representative Snyder indicated, much of what we experience in child welfare is cyclical in nature. Together we have the ability to disrupt the cycle and change trajectories for children and the families of the future. Thank you for holding this hearing to lift up issues related to child welfare and learn more about how you can help. We value your commitment to supporting the best interest of each and every child in Wisconsin and look forward to continuing to serve as a resource and a partner.

¹ Retrieved from <https://children.wi.gov/Documents/ResearchData/OCMH%202021%20Fact%20Sheet%20Addressing%20Shortages%20in%20the%20Mental%20Health%20Workforce.pdf> on January 30, 2023.

² Retrieved from <https://www.fostercarecapacity.com/data/total-licensed-foster-homes> on January 30, 2023.