



WAFCA Recommendations for the Speaker's Task Force on Foster Care October 25, 2017

Prior to the formation of the Speaker's Task Force on Foster Care, WAFCA advocated that Task Force efforts focus on prevention, earlier intervention and strategies for supporting parents.

Over the past several weeks, the Task Force has heard significant testimony on the value of investing in families sooner and how supporting parents through the CHIPS process either to reunification or termination of parental rights is the best way to move children to permanence more quickly.

Taking into account our member agencies' role in prevention services, mental health and substance use treatment, and out-of-home care and in light of the testimony before the Task Force, we recommend the following as priority items for legislative action:

Increase State Funding and Protect Federal Funding for Home Visiting. Through the 2017-19 Biennial Budget, the state newly allocated TANF dollars to help offset the loss of federal grant dollars for home visiting that were expiring. The Task Force should strongly support continued growth of our state commitment to spreading home visiting statewide and stabilizing funding of evidence-based programs that are delivering value to their communities today. In addition, the Task Force should advocate with our Wisconsin Congressional delegation to protect federal home visiting dollars which are at risk in the current federal appropriations process.

Invest in the Community Response Program. At a number of hearings, the Community Response Program (CRP) was featured as a voluntary alternative support for families without a substantiated abuse incident, but who could clearly benefit from the flexible supports available through CRP.

Support the County Caseload Study. As partners in the foster care system, our providers, both our licensed foster parents and our congregate care representatives, have experienced firsthand the negative impact of stretched and stressed county case managers. There is compelling evidence that case manager turnover significantly increases the length of a child's episode in out-of-home care.

Provide Legal Representation for Parents in CHIPS and TPR Cases. Over the course of the Task Force hearings, the issue of termination of parental rights emerged as an area of concern among foster parents, adoptive parents, the courts, and county human services directors. While the complexity of the issues surrounding the CHIPS and TPR processes are significant, we believe that there is a compelling case to fund the legal representation for parents in the interest of more efficient movement of cases through the system and better, timely outcomes for children. Over time this may also prove to be a cost savings measure.

Expand Post-Secondary Educational Support for Youth Aging Out of Care. To succeed, youth who age out of the system need an array of employment, education, housing, health and adult connections supports. While WAFCA has some additional recommendations for legislation to support these youth, we support efforts of members of the Task Force to fully fund in-state tuition for former foster youth pursuing higher education. The current federal vouchers do not go far enough. Full tuition coverage through degree completion would inspire more youth to pursue a degree and enable more to carry through to graduation.

Increase Opportunity for Adoption by Changing TPR Process and Releasing Children for Adoption.

Wisconsin Statute 48.426 requires the court to consider a number of factors prior to terminating parental rights, including: the likelihood of the child's adoption, the age and health of the child, and whether the child will be able to enter into a more stable and permanent family relationship as a result of termination. Testimony provided to the Task Force by Children's Hospital of Wisconsin, and reinforced by Wendy's Wonderful Kids, urged that when determining whether a child is likely to be adopted, the state should not be focusing on the child's characteristics but on the recruitment methods used by adults. This testimony is backed by rigorous research on children served by Wendy's Wonderful Kids who were up to three times more likely to be adopted than the control group, despite the fact that the children in both groups had similar demographic characteristics.

Establish Automatic Consent for Health and Mental Health Assessment and Services for Children Entering Care. When children are removed from their parents' home, they by definition have been through a traumatic experience. However, those who are responsible for their care are unable to consent for providers to perform mental health or developmental assessments to help determine care that is needed. These critical treatment services require parental consent which is difficult to obtain at the time of removal. Health assessments can be made without parental consent and are considered the standard of care for all patients. Mental health and developmental health assessments and treatment along with comprehensive dental exams should not require parental consent. A statutory change could allow parity in terms of mental health and developmental health assessments and treatment, as well as the ability for dental providers to conduct routine comprehensive dental examinations and release of appropriate information to foster parents.

Support Driver's Licensing for Foster Youth. Under current law, foster youth who are seeking to obtain their driver's license must rely on financing by their biological parents or obtain resources from the county to support their driver's education class, behind the wheel training, and insurance.

Foster parents may support youth through this process, but some foster parents are understandably concerned about the liability associated with sponsoring a new driver. Some states have enacted laws to support foster youth as they pursue licensure, including grants for driver's education and creating insurance mechanisms for youth to obtain their own coverage as minors.

The [Florida Keys to Independence](#) program is an example of a comprehensive program that addresses the financial and insurance barriers to driver's licensing for foster youth [[Florida CS/HB 977 \(passed April 2014\)](#)].

Permit Continuous Medicaid Eligibility for Former Foster Youth to Age 26. Under current federal law, youth who age out of the foster care system qualify for Medicaid health coverage until age 26. Annual renewal requirements can pose a challenge for this highly mobile population and youth may experience gaps in coverage and difficulty re-enrolling under their foster care status if their coverage lapses due to failure to process the annual renewal application.

Massachusetts is currently considering legislation ([HB 607](#)) that would empower their administration to seek federal permission to allow for automatic renewals for these youth. WAFCA's sister association in Massachusetts testified in support of this legislation in April 2017 ([Testimony](#) of Children's League of Massachusetts; [Section Summary](#) HB607).

Allow Foster Youth in Extended Care to Reside in DHS Facilities Licensed for Adults. When Wisconsin provided an option for youth with special needs to extend in foster care to age 21, the new provisions created a barrier to serving some of these youth with very complex needs in the most appropriate setting. A legislative change is needed to allow certain youth who are continuing under a CHIPS order beyond the age of 18 to be placed in settings licensed for adults. This will enable continued court oversight as these youth complete their high school education, while also providing the most appropriate care environment while they transition into adult services.

Initiate Regulatory Reforms to Expand and Improve the Continuum of Care. The Task Force received some testimony regarding the difficulties of finding appropriate placements for youth, particularly those with complex needs. WAFCA supports consideration of a few items to remove barriers to increasing out-of-home care options for these youth and to providing relief for their caregivers. While there is a workgroup of stakeholders actively seeking solutions to address some of these systems challenges, the Task Force offers a timely opportunity to initiate consideration of these regulatory issues:

- Reduce risk for out-of-home care providers by expanding application of existing liability protections for health care providers to include DCF licensed providers;
- Permit DCF to license certain facilities at a level of care to include locked options and video recording capability to promote quality treatment for youth with complex care needs who are currently placed out of state; and
- Clarify independent contractor status of respite homes to alleviate unemployment benefits risk.

WAFCA is a member association that works to improve the lives of families and children in Wisconsin.

Our member agencies provide a wide array of prevention and supportive services such as foster care, in-home support, counseling, and mental health treatment. WAFCA represents over 50 child and family serving agencies and leaders in the field and advocates for the more than 250,000 individuals and families that they serve each year.