



## **A Historic Opportunity to Reform the Child Welfare System: Youth & Alumni Priorities on Quality Residential Services**

February 2020

### **Introduction**

Meaningful engagement of young people with lived experience in foster care in child welfare efforts lead to better outcomes for children and youth served by the system. In addition to playing an integral role in the development and passage of the Family First Prevention Services Act (P.L. 115-123; hereafter “Family First”), young leaders from National Foster Care Youth & Alumni Policy Council have been involved in their communities and states in elevating priorities to improve child welfare policy and practice. Further, the Council wishes to elevate their policy priorities for consideration as child welfare leaders and stakeholders craft a vision for a 21st Century Child Welfare System.

In 2016, the Council released two priority statements on Congregate Care - one focused on improving services and one focused on reducing reliance. In these statements, “the term ‘congregate care’ is used to describe a long list of placement types to include shelters, specialized groups homes, and residential treatment facilities.” ([Reducing Reliance on Congregate Care: Our Priorities, April 2016](#) and [Improving Policies and Services in Congregate Care Settings: Our Priorities, April 2016](#)). Most often, congregate care facilities are staffed by individuals who work in shifts.

In the [Reducing Reliance priority](#), recommendations focused on two primary areas:

**A. States should make efforts to prevent disruptions and ensure placement in congregate care is appropriate** (including oversight, mediation to maintain placement, trauma informed services/training for families, and not allowing placement to be a punishment).

**B. Establishing lifelong connections should be a priority for children placed in congregate care settings** (including supporting family finding and strengthening connections, promoting relationships with other supportive adults and services that integrate children exiting congregate care into less restrictive settings).

In the [Improving Services priority](#), two main recommendations were elevated:

**A. Policies, oversight and staffing of congregate care operations must be improved.**

(including policies and oversight of restraints, improving LGBTQ policies - particularly for safety, well-being and permanence and disallowing anything but least restrictive levels upon entry).

**B. Congregate care settings must provide trauma-informed services** (including making education separate from treatment, oversight of medication, birth control and reproductive health, well-being planning that focuses on permanency and healthy relationships and access to work).

Under Family First, there are new requirements to ensure quality care under Quality Residential Treatment Programs (QRTP)<sup>1</sup> for youth who may need short-term treatment or interventions. These changes include independent assessment, trauma-informed models, requirements for medical staff, increased court oversight and after-care support, and engagement of family.

The Council recognizes these new requirements align with several recommendations from our past Congregate Care Priorities, and also present new opportunities to ensure young people who may need short-term interventions receive the best-quality care that promotes their well-being, safety, permanence and healing. We also know that young people should have access to quality residential services, whether it's under a QRTP model or another residential model- even for young people exempted from the QRTP requirements<sup>2</sup>.

**Foster care should guarantee that the child's life will be better no matter where they are or what type of intervention is needed.** These priorities are broken down based on the steps necessary to provide young people in foster care better outcomes in well-being and safety.

Within this statement, we've elevated 6 priority areas:

1. Ensure QRTPs are taking care of the needs of the "tough" kids, and not just those with the easiest to meet needs.
2. Ensure my entry into a QRTP intervention is fair and appropriate.
3. If it is determined a QRTP intervention is the best option, it should be within the young person's community. If it can't be, it is incumbent on child welfare professionals to ensure the young person has access to and is able to retain their community, family, and cultural connections.
4. Part of curbing the over-reliance of medication is to ensure informed consent and have an established and independent appeal process available to youth with a medication

---

<sup>1</sup> A Qualified Residential Treatment Program [QRTP] employs the newly created non-family setting treatment intervention model definition under Family First that is intended to try to ensure quality care for children. <https://www.childrensdefense.org/policy/policy-priorities/child-welfare/family-first/implementing-the-family-first-prevention-services-act/>

<sup>2</sup> Exceptions are provided for youth who are expectant or parenting, supervised independent living settings and young people who experience or are at risk of experiencing sex-trafficking. <https://www.childrensdefense.org/policy/policy-priorities/child-welfare/family-first/implementing-the-family-first-prevention-services-act/>

regimen (especially while the regimen is being considered regardless of whether the medication is over the counter or prescribed including off label use).

5. Systems should have standards and measures of well-being, and QRTP's should be held accountable to meet these standards in a young person's treatment plan.
6. Urgently address the vulnerabilities to sex-trafficking that are associated with placement in a QRTP .

**Priority #1: Ensure QRTPs are taking care of the needs of the “tough” kids, and not just those with the easiest to meet needs.**

The Council is concerned that programs will and are 'cherry-picking' kids to allow into their programs. We believe this may be an unintended consequence of programs working to develop an evidence based program, that demonstrates the effectiveness of their intervention, and have concerns that some youth (and particularly those with multiple challenges such as a mix of mental health, behavioral health, juvenile justice experience, and those placed on sex offender registries) are not and will not be included in any services and do not have programs made for them. We encourage the creation of interventions which incorporate more support assets and better practices for the kids with the most needs, and to ensure there is accountability in QRTPs which serve young people with complex needs.

Too many young people who are dually-adjudicated (a child welfare dependency case plus juvenile justice involvement) have experienced a facility where young people are taken care of by staff working shifts. In these facilities, access to school, phone, internet, family, siblings, friends, after school activities, employment, religious services etc. may be restricted based on the facilities rules. Those young people have been known to be excluded from services that would support them in finding permanency or their transition to adulthood, including participation in Independent Living Programs, Transitional Housing, or higher education and youth conference or leadership opportunities.

“While in a residential facility I was only allowed to talk to people on a list. One day someone not on the list called and I bolted with the phone, yelling into it what they needed to do to be on the list. That connection became my adoptive mom, but that situation could have easily have scared her away or prevented a connection in the first place.”

—Jessica, [Reducing Reliance on Congregate Care: Our Priorities, April 2016](#)

**Priority #2: Ensure my entry into a QRTP intervention is fair and appropriate.**

The Council applauds the Family First Act's specific language regarding assessment and intake into a QRTP intervention:

(1)(A) Within 30 days of the start of each placement in such a setting, a qualified individual (as defined in subparagraph (D)) shall— “(i) assess the strengths and needs of the child using an age-appropriate, evidence-based, validated, functional assessment

tool approved by the Secretary; “(ii) determine whether the needs of the child can be met with family members or through placement in a foster family home or, if not, which setting from among the settings specified in section 472(k)(2) would provide the most effective and appropriate level of care for the child in the least restrictive environment and be consistent with the short- and long-term goals for the child, as specified in the permanency plan for the child; and “(iii) develop a list of child-specific short- and long term mental and behavioral health goals. (Section 50742)

Too many youth in foster care cite instances where behaviors that they would identify as normal or indicative of trauma and a need for intervention are being used as reasoning to disrupt their placement or lead to placement in a more restrictive setting. Sometimes, youth report these behaviors being portrayed as worse than the reality of the situation, a single-focus on mal-behavior, or contrived allegations of criminal charges are used to coerce placement changes, over-medication, or other mal-treatment. Because of these facts young people placed into congregate care often find themselves facing tougher consequences or punishments for misbehavior. We must guard against this in the assessment and intake process for QRTP interventions.

Arms-length, independent assessments should be used to ensure the young person is provided appropriate treatment in the least restrictive family-like environment. Assessment should provide young people the opportunity to meaningfully participate to the extent possible, and provide their own point of view regarding the mental health, behavioral health or specialized needs expressed in the referral to QRTP prepared by caregivers and professionals. Ensure caregivers and child welfare professionals are educated about the importance of providing interventions in the least-restrictive and family-like setting possible.

**Priority #3: If it is determined a QRTP intervention is the best option, it should be within the young person’s community. If it can’t be, it is incumbent on child welfare professionals to ensure the young person has access to and is able to retain their community, family, and cultural connections.**

Young people cite over and over how removal from their community profoundly impacts all aspects of their lives, including a sense of normalcy, social capital, and overall well-being. We find justice in geography; the harm in moving a young person away from their community must be seriously weighed against the benefit that is available through the QRTP intervention (this is also supported by ACF Dec. 2019 Report to Congress<sup>3</sup>). Child welfare professionals should continue to assess the relationships a foster youth has with their immediate and extended biological and fictive kin family members and support relationships with family that are healthy for as long as youth remain in care ([Improving Social Capital for Foster Youth, October 2017](#)). Child welfare professionals should keep siblings together in foster care placements and

---

3

<https://www.cwla.org/wp-content/uploads/2019/08/Child-Welfare-System-Response-to-Sex-Trafficking-of-Children-Aug2019.pdf>

accessible to each other ([Improving Social Capital for Foster Youth, October 2017](#)) and if placement in a QRTP separates them, extraordinary efforts must be made to keep them connected.

“My mom wasn’t able to visit me because the facility I was in was hours away from our community. She couldn’t afford to take the whole day off work, as visiting hours were limited to business hours.”

- Anonymous, experienced foster care in Oklahoma

A residential treatment program in the state of Iowa that one of the Policy Council members was in had young people from Texas, California, Florida and even as far as the Virgin Islands, that were also placed in this program. This member observed the barriers young people experienced in trying to maintain their community, relationships, culture, and family bonds because of the distance that they were separated by.

**Priority #4: Part of curbing the over-reliance of medication is to ensure informed consent and have an established and independent appeal process available to youth with a medication regimen (especially while the regimen is being considered regardless of whether the medication is over the counter or prescribed including off label use).**

Over the past several years, Council members have elevated concerns regarding the overmedication of youth in foster care. The most concerning of these cases occur in congregate care settings, where young people may be alienated and have limited access to seek help from people outside the facility. Recent news reports highlight the use of over-the-counter medications to sedate young people and control behaviors. Council members have personally experienced forced-birth control in congregate care settings, as a matter of the facility’s regular policy (whether documented or not). Further, young people who express normal adolescent sexual behaviors (such as sending ‘dick pics’ over social media) are experiencing over-blown responses including drugs to control sexual behavior.

“When I was thirteen I was given 7 medications at one time and later came to find out two of those medications were found to be dangerous when used together and one of those medications was not even approved for use for anyone under the age of 18.”

— Former Foster Youth from Iowa

Young people must be educated and informed about their choices with medications and mental health treatment plans. ([Improving Youth Engagement and Access to Mental Health Services, April 2013](#)) Young people must be provided with youth-friendly information regarding the medications they receive. This information should include the purpose, burden, risk, side effects, and benefits of all options including not receiving treatment as well as the appropriate types and amounts of medications. If the young person does not want medication or does not

believe that is the right treatment there should be an independent appeal process to address the decision.

“Mental health professionals were talking to others involved with my case. There was a sense of violation and disempowerment. I knew that information I shared could be used against me.”

- Youth Voice from [Improving Youth Engagement and Access to Mental Health Services, April 2013](#)

Too often, medication is often offered as the ‘first fix’ when a young person exhibits issues due to trauma. The Council recommends approaches that incorporate the use of peer-based education, outreach services and alternatives above traditional medicated approaches. Finally, services should be offered more than once and provide opportunities for youth initiated services ([Improving Youth Engagement and Access to Mental Health Services, April 2013](#)), since many young people are not ready to disclose trauma at the point-in-time they enter foster care.

The Council urges caution when diagnosing young people - particularly when connected to receiving medication as part of a treatment plan. Members have seen instances where diagnoses have lifelong consequences on young people’s ability to thrive; we ask those charged with issuing diagnoses to thoroughly consider the potential future impacts and ensure, when diagnosis is necessary, that it will result in a young person receiving the support and treatment they need to heal. It is imperative that with medication, young people are guaranteed access to appropriate monitoring and wellness checks. The American Academy of Child & Adolescent Psychiatry provides recommended parameters particularly for atypical antipsychotic medications.<sup>4</sup> This monitoring is particularly important when the medication used has increased risks stemming from side effects, or that is outside of the scope of approval (including recommended age of individual receiving medication) from the Food and Drug Administration.

**Priority #5: Systems should have standards and measures of well-being, and QRTP’s should be held accountable to meet these standards in a young person’s treatment plan.**

The Council recognizes recent advances in improving well-being for children and youth in foster care. Success in achieving well-being is generally dependent on support from families, and so the Council recognizes the need for QRTPs to intentionally support a child’s well-being. QRTPs should support and measure youth-directed, strength-based progression outcomes for a young person’s well-being. These standards should include a measure of whether young people have the ability to do culturally, developmentally, and age appropriate activities. The Council believes this is critical to a young person’s well-being.

---

4

[https://www.aacap.org/App\\_Themes/AACAP/docs/practice\\_parameters/Atypical\\_Antipsychotic\\_Medications\\_Web.pdf](https://www.aacap.org/App_Themes/AACAP/docs/practice_parameters/Atypical_Antipsychotic_Medications_Web.pdf)

We urge the development of federal well-being benchmarks or standards and following the development; the accreditation process should require a QRTP demonstrate how their program will meet those standards.

**The Council reaffirms their previous recommendations outlined in the [2016 Improving Policies and Services in Congregate Care: Our Priorities](#) of:**

“Congregate care facilities should be required to provide a well-being plan in the case plan for all residents. The wellbeing plan should address all of the domains outlined by ACF: **cognitive functioning, physical health and development, behavioral and emotional functioning, and social functioning**. The plan should provide young people space to explore their individuality, and be affirming of culture, ethnic, sexual orientation and gender identity and expression (SOGIE), and religious identities. Outcomes should be monitored.”

In addition, the Council recommends well-being measurements include clear elements around building and maintaining healthy relationships - with a focus on ensuring:

...foster youth maintain and grow healthy relationships with their family (biological or foster) and to transition out of care successfully, with access to opportunities for personal, professional and educational growth. Healthy relationships aren't prioritized the same way in child welfare as permanency or safety. The Council wants to highlight the significance of these relationships, in hopes that service providers working with youth are intentional about helping them cultivate their social capital.” ([Improving Social Capital for Foster Youth, October 2017](#))

The Council also recommends that speech and language development is clearly included under the well-being measures.

This is not an exhaustive list of elements to include in well-being measures, but to serve as a starting point. The Council strongly recommends that young people with lived experience are meaningfully engaged in the design and development of official well-being measurements. The Council also recognizes the value of the well-being evaluation being reviewed by someone independent of the facility where a young person is located.

In developing these recommendations, the Council consulted two key resources<sup>5, 6</sup> that may be helpful to stakeholders developing a full well-being measurement tool.

---

<sup>5</sup> Kelly, C., Anthony, E. K., & Krysik, J. (2019). "How am I doing?" narratives of youth living in congregate care on their social-emotional well-being. *Children and Youth Services Review*, 103, 255–263.

<sup>6</sup> [2017 Global Report on Youth Well-Being](#)

**Priority #6: Urgently address the vulnerabilities to sex-trafficking that are associated with placement in a QRTP.**

The Council has identified several ways that placement in congregate care settings contributes to a young person's vulnerability to predators and sex trafficking. The advent of QRTPs presents an opportunity to concentrate efforts on removing features that contribute to vulnerability, including:

- **INSTABILITY.** Reduce the feeling of instability that comes with multiple moves. Strategies might include establishing a specific person to rely on, a place they belong, a place they are needed, and a way to remain self-sufficient with steady income that accounts for cost of living
- **LACK OF CONTROL.** Increase a youth's sense of control over their life. Not having control with a life full of instability will encourage a young person to do whatever they can to gain control or to survive, regardless of the consequences. Young people will seek opportunities to gain control, especially in highly regulated settings where even the smallest control is removed from them, like when to go to bed or when they can do homework. Increasing a youth's opportunities to take healthy control of their life may help reduce other control-seeking that may result in unhealthy risk. Taking control of life for and by themselves by allowing them to make the choice of where they go, who they talk to, how they get to provide for themselves and their own body. "We should be allowed to experience the same opportunities as our non-foster youth peers in the most normal, healthy and safest method possible." ([Improving Well-Being by Addressing Normalcy for Foster Youth, April 2013](#))
- **ADDRESSING PAST SEXUAL ABUSE.** The Council believes the incidents of past sexual abuse are drastically underrepresented in data. Many council members have personal and peer-adjacent experience with unreported sexual abuse, largely caused by entry into foster care or for another reason (eg. neglect or physical abuse) and not being asked about sexual abuse or only being asked once. Child welfare professionals must be able to properly identify sexual abuse warning signs and related trauma. Young people should receive education about sexual abuse, so that they can make decisions of who to report to and how to report incidents, and the system must become more open to intervention and treatment. Young people must also be supported in reducing their vulnerability by knowing their rights and ensuring that avenues to report are youth-friendly and accessible. ([Reducing Vulnerability of Foster Youth to Predators and Sex Trafficking Priority](#))

"The Council's poll indicates that foster youth [across gender/orientation] are more likely than not (66 percent) to have experienced sexual abuse or inappropriate sexual advances, and we believe estimates of sexual abuse is underreported for young people in foster care." ([Reducing Vulnerability of Foster Youth to Predators and Sex Trafficking Priority](#))

QRTP staff should be required to collaborate with those in the field of sex trafficking to ensure coordination of services and to develop capacity of both QRTP and sex trafficking interventions.

Survivors of sex trafficking who were formerly in care should inform policy and practice to interrupt the foster-care-to-sex-trafficking pipeline and further inform ways to reduce the vulnerability of foster youth. We recommend each state-level child welfare agency is equipped with a unit devoted to prevention of sex trafficking.

Young people housed in QRTPs should have more opportunity to report sex abuse, which might include facility visits, some of which should be surprise visits, check ins with workers, and QRTP-specific liaisons, and provide an opportunity for young people to disclose problems outside of earshot of facility staff. Finally, all staff of QRTPs should be required to undergo a national sex offender background check (instead of just state of residence sex offender background check).

---

**Council Members Who Developed this Document:** David Hall, Jacob Carmi, Jade Tillequots, and Brittney Barros.

**Staffed by:** Sam Martin, Crys O’Grady, April Curtis, Angel Petite, Celeste Bodner

### **About the Council**

The National Foster Care Youth & Alumni Policy Council convenes to provide federal stakeholders with relevant and timely information as policies and procedures are created that will affect children and families throughout the country. The Council represents a collective viewpoint of youth and alumni who have experienced the child welfare system first-hand.

The Council consists of members geographically distributed across the country, reflecting a broad range of diversity encompassing, but not limited to, ethnicity, location of residency, religion and gender, and child welfare experiences. The feedback contained in this document is based on a compilation and review of the Council’s priorities over the past six years. The original Council priorities are linked in the document, and have been developed by Council members through a process that includes polling of hundreds of peers currently and formerly in the foster care system, reflection on their own lived experiences, and consultation with the constituent organizations they are supported by (such as Youth Boards, FosterClub, and Foster Care Alumni of America Chapters).

For more information, or to view other Council priorities, visit [NationalPolicyCouncil.org](https://NationalPolicyCouncil.org).