



American Academy of Pediatrics Family First Advocacy Toolkit

For AAP members & chapters

March 2019

Last year, the *Family First Prevention Services Act* (Family First), became law. AAP fought hard for this bipartisan legislation, which transforms federal child welfare policy in two significant ways:

- 1) States can now use federal funds previously limited to paying for foster care to also prevent the need to place a child in foster care in the first place, so they can remain safely with their family.
- 2) New federal requirements ensure that children who do need foster care are with a family unless their needs require specialized care beyond what is available in a family setting.

Now that Family First is federal law, the AAP is focused on its success for children. That's where you come in.

Using this toolkit, AAP members and chapters can be an effective voice for vulnerable children in the child welfare system. **To maximize your collective impact, this toolkit will also provide you with everything you need to participate in the [Family First Day of Action](#) on Wednesday, May 1.**

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Family First Advocacy Day of Action

On May 1, 2019, AAP chapters and pediatrician advocates are encouraged to participate in a day of action on Family First. This will be an opportunity to weigh in with state legislators during [National Foster Care Month](#) about why the law matters for children's health, and how the state can take up the opportunity to use federal funds in this new and innovative way to better meet the needs of families in crisis.

This toolkit includes a [sample chapter email alert text](#), a [template email for state legislators](#), [sample social media messages](#), and [key messages](#) to help chapters and pediatrician advocates engage in a day of action. And of course, if May 1 is not strategically aligned with your specific state's legislative session timeline, you are welcome to customize this to best ensure your advocacy's effectiveness.

Sample Chapter Email Alert Text

Subject Line: **Chapter Name** Day of Action on Family First | Wednesday, May 1, 2019

Dear **Chapter Name** Member,

On Wednesday, May 1, AAP chapters and pediatricians across the country will be participating in a day of action urging their states to implement the *Family First Prevention Services Act* (Family First). Family First is a landmark bipartisan child welfare reform law championed by the AAP that helps keep families in crisis stay safely together. This effort also coincides with [National Foster Care Month](#).

Please add your voice to our efforts!

Help Vulnerable Families: Implement and Fund Family First

Starting in October of this year, states can use federal funds previously limited to foster care placements for evidence-based services as well. These include mental health, substance use disorder treatment, and parenting skills training. The law also creates important new standards to ensure that children in foster care are only placed in institutional settings when it is necessary for the treatment needs, and that those settings are of sufficient quality to help them heal.

Chapter Name and the American Academy of Pediatrics support Family First because it aligns policy with the evidence of what we know works. But for {state} to see this law's benefits, our state legislature must act.

HOW YOU CAN HELP

Please join us on Wednesday, May 1, 2019 by emailing or calling your legislators!

Here's how:

[Look up your legislators](#) | Simply input your address, click "Search by Address" and your state representative and senator will be listed. Click your legislators name to be directed to her/his email address and phone number.

[Email your state legislators](#) | Using the email provided from your search, email your state representative and senator using the email template below. Let them know you're a pediatrician and where you live, and share your story about how this law could make a difference for children in our state.

We thank you for taking the time to boost our advocacy day by making this call! Together, our voices can make a difference for children and families in **State Name**.

Sincerely,

Chapter Leader Names

Template Email for State Legislators

Please customize the highlighted portion of these comments

Dear **State Rep./State Sen. XX**:

As a **indicate your practice specialty and practice type** pediatrician practicing in **city, state**, I write to ask you to support the implementation of the *Family First Prevention Services Act* (P.L. 115-123), a landmark federal child welfare reform law that offers **State Name** a significant opportunity to better meet the needs of vulnerable children and families.

In 2017 [**the following state data points can be found here**], there were a total of **XX** children in foster care in **State Name**. **XX Percent** of the approximately **XX State Name** children who entered foster care that year did so in part as a result of parental substance abuse. A new federal law offers funding and flexibility to our state to update its approach as we address this crisis. **This approach would benefit my patients, including XX [include here a patient story about a family who would benefit from the services Family First will fund]**

In 2018, the U.S. Congress enacted the Family First Prevention Services Act, a landmark bipartisan child welfare reform law that will support interventions to keep families in crisis safely together. Starting in October of this year, the law will allow states to use federal funds previously limited to foster care placements for evidence-based services for children and their caregivers that can prevent the need for foster care, including mental health, substance use disorder treatment, and parenting skills training.

State Name legislators must affirmatively elect to begin using federal foster care funds for prevention services under Family First to realize these benefits. Our state will need to appropriate matching funds now to draw down these critical federal resources. As a **State Name** pediatrician, I urge you to implement and fund a prevention services program under Family First to support vulnerable children and families in crisis.

Sincerely,

/s/

Policy Background & State of Play

Family First will reform the U.S. child welfare system to improve the health and well-being of children. The law will promote keeping children safely with their families while receiving intensive family preservation services, instead of placing children in foster care. In addition, the law creates new standards to ensure that children only spend time in non-family or institutional settings, known as congregate care, when necessary to address their treatment needs.

The law will create these changes through two key policy reforms:

- 1) Allowing states to use open-ended federal funds previously restricted to foster care for evidence-based services that can safely prevent the need for foster care; and
- 2) Creating new federal requirements to ensure that when federal foster care funds pay for a placement in a setting that is not a family, known as congregate care, that it is appropriate for that child's needs and high-quality.

The AAP led advocacy efforts to pass the Family First Prevention Services Act in the 115th Congress and is now working to ensure the law's successful implementation nationwide. Significant state action is necessary to improve care for vulnerable children and families—and AAP chapters and members are vital to this effort.

State Action Necessary

Family First is a landmark reform of federal child welfare law that offers states major opportunities to better serve vulnerable children and families. **But without significant state action, children will not benefit from these policies.**

The law does not automatically roll out across every state; each state will need to actually request to implement a prevention services program under Family First and allocate state funds to match the federal funding they can use for this important purpose.

As pediatrician advocates, that's where you come in! Your advocacy will be critical to make the law work for children and families in your state, and your chapter can play a leading role.

Additional resources:

AAP [webinar recording](#) on Family First and opportunities for chapter advocacy

[PowerPoint Slides](#) on Family First and chapter advocacy opportunities

AAP's Key Messages

- **Family First aligns child welfare policy with the science of child health and development.** We've long known what works in helping families in crisis, but federal policy has not kept pace with the science. Family First fixes that by investing in prevention and improving care settings to better meet children's needs.
- **Prevention can keep families in crisis together.** Family First offers states the opportunity to use federal foster care funding in a new way: to provide evidence-based interventions, like mental health and substance use treatment, and in-home parenting skills-based training, that can help keep families in crisis safely together. This prevents the need for foster care and helps children thrive.
- **Children fare best in families.** Evidence overwhelmingly demonstrates that spending time in institutional settings is harmful to children's mental and physical health, and is associated with poorer educational outcomes and increased likelihood of involvement with the juvenile and criminal justice system

Supporting messages:

1. Family First will support efforts to address the opioid crisis and parental substance use:

- Parental substance use and the ongoing opioid crisis are having a major impact on the increasing numbers of children entering foster care around the country.
- Over one-third of children entering foster care do so at least in part as a result of parental substance abuse.
- Keeping families safely together while parents receive needed treatment for a substance use disorder (SUD) improves the likelihood that parents will recover. It also reduces the trauma children experience in entering foster care.
- Family First allows states to use federal foster care dollars to keep families safely together, by funding treatment options for parents when children are at imminent risk of entering foster care.
- Family First also allows states to use federal foster care dollars to place children with their parent or caregiver in trauma-informed treatment centers.
- Family First gives states resources to better address the child health impact of parental substance use, including the ongoing opioid crisis.

2. Child welfare policy should support families:

- Nearly three-quarters of children come into foster care as a result of neglect, not physical or sexual abuse.
- Over half of children who enter foster care return home to their family.
- While children who enter foster care have experienced significant trauma, removal from their family is itself an additional trauma that compounds that experience.
- Family First supports families in crisis, promoting resilience and healing to address the underlying reasons that children come into foster care in the first place.

- Family First also recognizes that children belong in families, and sets new limits on federal funding for institutional in foster care so that children are in families unless their needs are too great.

3. Transforming child welfare policy promotes child health:

- Family First fundamentally shifts child welfare policy to intervene earlier, before children enter foster care.
- Incorporating the best science on child trauma, development, and attachment, Family First offers states the tools to provide families in crisis the services they need to heal.
- The group care reforms in Family First recognize what research has long told us; children fare best in families, and those who are in institutions have poorer outcomes across the life span.
- Taken together, these reforms mean that federal policy will promote several evidence-based shifts from current practice that will promote child health: moving children who are in foster care but could be safely with their families with services to remain with their families; moving children who are in group homes but could be in family foster homes into family foster homes; and ensuring that those children who do need a level of care not available in a family setting to receive it in a high-quality residential setting with a therapeutic benefit that meets their needs.

Family First FAQs:

What is Family First?

Family First is a landmark child welfare reform law that will fundamentally transform child welfare policy. The law offers states significant new resources to use evidence-based programs to keep families safely together, to prevent the need for foster care. And the law creates new standards of appropriateness and quality for any foster care placement that is not with a family, so that children do not languish in low-quality group care.

When does the law take effect?

October 1, 2019 is the key date for most of the policies in Family First. That is the first day that states can begin using federal foster care funds for prevention services, and is also when the federal funds will start to include the new requirements around quality and appropriateness.

Is the law optional?

The prevention services are optional. The group care reforms are not. States do have the option to delay implementation of the group care reforms for up to two years. If they do, they also forgo their ability to participate in the law's prevention services opportunity

What do states have to do?

States need to prepare now to implement Family First. For prevention, they'll need to affirmatively opt-in for the opportunity to draw down federal funds in this new way to keep families safely together. They'll also need to allocate state matching funds for that work.

For group care reforms, Starting October 1, 2019, the law will allow for up to two weeks of federal funding for any foster care placement. After that, it will pay for placements only in the following settings:

- 1) Foster family homes;
- 2) Qualified Residential Treatment Programs (QRTP);
- 3) Settings for pregnant or parenting youth in foster care;
- 4) Independent living settings for youth ages 18 and older; and
- 5) Settings providing high-quality residential care and supportive services to children and youth who have been found to be, or are at risk of becoming, sex trafficking victims.

For that small but uniquely vulnerable population of children who have needs so significant they cannot be safely met in a family, Family First has created the QRTP model. This approach requires AAP-supported quality and appropriateness standards including licensure, accreditation, use of comprehensive assessments, trauma-informed treatment models, and the presence of appropriate nursing and clinical staff. These standards provide a minimal level of quality assurance necessary to ensure that children who need this level of acuity of care receive the services they need.

Why do these changes matter for children?

Family First offers the opportunity to address the root causes of why children come into foster care, and to help their families heal. Family First will also promote family placements for children in foster care rather than group homes. When children stay with their families, they are healthier physically and achieve more developmentally, attain higher education, and earn more income as adults than those who are placed in institutional settings like group homes.

What will states need to pay to access prevention services?

Starting October 1, 2019 states will need to provide a 50 percent match to access federal prevention services funding. Beginning October 1, 2026, states will need to provide the same matching rate they currently do for traditional foster care and their Medicaid program.

What can AAP chapters and members do?

One of the most effective actions you can take is to weigh in with your state legislators, explaining to them why these changes in child welfare policy will benefit the health of the children and families for whom you care and to encourage them to implement the program by allocating state matching funds.

Who is my state’s child welfare agency director, and how should I connect with them?

The Children’s Bureau maintains a list of state child welfare agency directors, which can be found [here](#). AAP chapters have close working relationships with many state programs and services, including those related to child welfare, so be sure to connect with your AAP chapter to coordinate your efforts.

State-Specific Data and Resources

See a snapshot of your state’s most recent foster care data here:

State	Total Children in Foster Care in FY 2017	Total Children Who Entered Foster Care in FY 2017 Entering Care	# of Children Who Entered Foster Care because of Parental Substance Abuse	% of Children Who Entered Foster Care because of Parental Substance Abuse
Alabama	5,492	4,050	1,898	47%
Alaska	2,744	1,318	879	67%
Arizona	15,033	9,990	2,970	30%
Arkansas	4,777	3,741	1,886	50%
California	49,186	27,552	3,221	12%
Colorado	5,138	5,011	2,270	45%
Connecticut	3,592	1,983	875	44%
Delaware	767	444	69	16%
DC	717	312	44	14%
Florida	24,501	16,720	8,271	49%
Georgia	13,125	7,756	3,121	40%
Hawaii	1,517	1,102	327	30%
Idaho	1,581	1,234	591	48%
Illinois	14,101	4,789	567	12%

Indiana	20,419	12,659	8,162	64%
Iowa	5,901	4,080	2,394	59%
Kansas	7,683	3,941	1,820	46%
Kentucky	8,058	5,919	2,087	35%
Louisiana	4,452	3,473	95	3%
Maine	1,582	816	502	62%
Maryland	3,737	2,322	675	29%
Massachusetts	10,858	6,030	1,712	28%
Michigan	11,696	6,651	2,465	37%
Minnesota	9,559	7,342	3,204	44%
Mississippi	5,282	3,159	1,543	49%
Missouri	12,379	6,706	3,417	51%
Montana	3,850	2,350	1,122	48%
Nebraska	3,986	2,601	1,013	39%
Nevada	4,391	3,317	450	14%
New Hampshire	1,466	900	7	1%
New Jersey	5,961	3,659	1,543	42%
New Mexico	2,647	1,861	828	44%
New York	16,780	8,585	2,055	24%
North Carolina	10,538	5,609	2,500	45%
North Dakota	1,460	1,068	459	43%
Ohio	14,911	11,669	3,742	32%
Oklahoma	9,312	5,093	2,738	54%
Oregon	7,855	4,091	2,426	59%
Pennsylvania	15,979	10,730	3,413	32%
Puerto Rico	2,460	367	53	14%
Rhode Island	1,838	1,236	416	34%
South Carolina	4,029	3,654	580	16%
South Dakota	1,601	1,158	625	54%
Tennessee	8,153	6,208	2,072	33%
Texas	31,955	19,594	13,261	68%
Utah	2,783	2,270	1,524	67%
Vermont	1,239	756	186	25%
Virginia	4,620	2,698	915	34%
Washington	10,729	5,836	2,438	42%
West Virginia	6,556	4,850	2,463	51%
Wisconsin	7,699	5,124	1,638	32%
Wyoming	1,087	1,129	512	45%

- AAP State Advocacy regularly updates a [Family First State Legislation Tracker](#), which provides timely information on Family First-related legislative activity in your state.
- Annie E. Casey Foundation has developed a [Family First Communications Toolkit](#), which provides guidance on how to articulate the law’s benefits for children and families.
- The Children’s Defense Fund has issued a [brief summary](#), [detailed summary](#), and implementation timeline for [Family First](#).
- ChildTrends has a [comprehensive report](#) that breaks down each state’s spending on child welfare services.

Social Media Messages

Below are sample social media messages you can share and customize to advocate for Family First implementation. We are using the hashtag #FamilyFirstAct. Please also use the state-specific data listed above to personalize your posts.

- As a pediatrician in {state}, I support implementation of Family First to help vulnerable children and families in crisis. #FamilyFirstAct
- As a pediatrician, I know children fare best in families. Family First focuses on keeping families together when possible so they can heal. #FamilyFirstAct
- Family First shifts the focus of the child welfare system to prevention. I urge {state} to implement Family First without delay. #FamilyFirstAct
- Family First is evidence-based policy that will help vulnerable children and families impacted by the opioid crisis. #FamilyFirstAct
- Family First addresses the root causes of why children come into foster care in the first place and works to keep children in families where they can thrive. #FamilyFirstAct
- As a pediatrician in {state}, I know Family First will help support families in crisis and promote resilience. We must implement Family First without delay. #FamilyFirstAct

Family First News Coverage

Below are recent news articles and segments covering Family First:

- Dallas Morning News, March 16, 2018, [Federal family first act could help vulnerable Texas kids – but only if the state quits dragging its feet](#)
- USA Today, May 5, 2018 [When Trump signed spending bill, he signed into law a huge overhaul of foster care](#)
- Reuters, February 9, 2018, [U.S. budget deal grants \\$1.5 billion for drug-affected babies, families](#)
- The Intercept, February 11, 2018, [While Everybody Slept, Congress Did Something Extraordinary for Vulnerable Children](#)
- Cincinnati Enquirer, January 2, 2019, [Drug-fueled wave of kids taken from homes peaks as Ohio plans children services reforms](#)
- 13 WIBW, February 12, 2019, [New bill aims to keep children with families and out of foster care](#)
- Tallahassee Democrat, March 1, 2019, [Opinion: Kids do better when families stay together](#)
- Des Moines Register, March 8, 2019, [Sunde: Family First Act aims to reduce children entering foster system](#)

Pediatrician Op-Eds on Family First

Below are op-eds that pediatricians have written in support of Family First implementation:

Op-Eds Supporting Family First Implementation

- The Dallas Morning News (5/4/18, Dallas, Texas): [“Texas must take advantage of federal funds to keep kids out of foster care”](#), by Dr. Valerie Borum Smith, member of the Texas Pediatric Society committee on Foster Care
- The Arizona Daily Star (9/18/19, Tucson, Arizona): [“Dr. Gretchen Hull: Bipartisan law helps keep kids out of foster care”](#), by Dr. Gretchen Hull, President of the AAP Arizona Chapter
- The Wichita Eagle (11/14/18): [“Family First will help kids, but Kansas must act”](#) by Dr. Pam Shaw, then-AAP Board Member

Op-ed Guidelines: Write to Your Local Newspaper

Please consider writing in your local newspaper about the impact of family first on children's health. Op-eds are an effective medium to communicate your opinion about a timely issue. Family First lends itself well to being used as a topic for an op-ed, as it allows AAP members like you to share how the law could benefit the children and families you serve. You can highlight the ways that prevention services can strengthen families, and the need for state action to realize the law's vision for your state

Op-eds are typically 500-600 words in length, though it is always important to check the individual publication for specific length requirements (most have guidelines listed on their websites).

Drafting your op-ed:

To get started, think of your answers to these questions: How will Family First improve children's health? Why do you support this law as a pediatrician? How can you illustrate these opportunities?

It is important to remember the two things that will make your op-ed most desirable to a newspaper: **your child health expertise/patient stories** as well as **state-specific information**. You will want to weave in both throughout your piece to make it unique to your voice and region.

The foundation of your piece should include key messages about how Family First could benefit children and families in your community. The AAP's key messages on Family First can be found [here](#) in the toolkit. To personalize your piece, below are a few prompts to get you started (please be sure to remove or alter any identifiable information about your patients when sharing stories in an op-ed to protect their privacy):

- Have you cared for children who ended up in foster care because of their parent's mental health or substance use disorder? How would services to address that condition and keep the family safely together help the child's health, development, and wellbeing?
- Have you cared for children whose parents were able to access treatment services they needed to address a mental health or substance use disorder? How did that help the child's health and development?
- Have you ever cared for children in institutional foster care settings such as group homes or residential treatment facilities? Was that an exemplary high-quality setting? Or one that would benefit from more rigorous standards?
- Incorporate state-specific data to illustrate the potential magnitude of the proposal. State-specific child welfare data can be found [here](#) in the toolkit.

Resources to guide you:

- [State data and information](#)
- [Key messages](#)
- [Policy background](#)

Submitting your op-ed:

Once you have initiated a draft op-ed, please contact AAP advocacy communications manager Devin Miller (dmiller@aap.org), who can provide any suggestions or feedback, answer any questions or provide assistance with pitching the piece.

Please note that many op-eds are considered "exclusive;" you can only submit your piece to one newspaper at a time. Should one publication decline to publish your piece, you can resubmit to another, but you should avoid sending your op-ed to several newspapers at once.

Share Your Story

The Academy is collecting stories from its members that illustrate how Family First can benefit children and families. Do you have a story about a patient or family who could benefit from Family First? If so and you are willing to share, please email the AAP Washington Office at kids1st@aap.org with "Family First" in the subject line.