



Steve Bullock, Governor

Sheila Hogan, Director

Families First Prevention Services Act - H.R.253 – signed February 9, 2018

This act amended parts of the Social Security Act to address the needs of children and families concerning child welfare-focused prevention services, foster care, guardianship, adoption, kinship care and wrap-around family services. The goal of these changes is to increase the number of children living safely at home and reduce the number of children in foster care.

Families First Transition ACT – H.R. 4980 - signed December 20, 2019

This act approved financial assistance to States, tribes, territories, counties, and cities in implementing the Family First Prevention Services Act, and for other purposes.

Montana’s outlook on the Families First Prevention Services Act (FFPSA) is that it provides an *opportunity* to significantly improve the State’s Child & Family Services Division’s efforts to address the critical needs of Families who have children *involved* in the child services system or who are at *risk* of system involvement. Families First follows a long tradition of legislation designed to ensure that children and teens grow up in a family. The law is the first major *modernization and overhaul* of the system in three decades and the proper implementation of all elements will take time. Prevention, intervention, education, and support will continue to be a part of the spectrum of deliverables that the State of Montana provides. These existing supports will be bolstered by a broader definition of *candidacy*, clear standards for *Qualified Residential Treatment Programs* (QRTP’s), and enhanced *trauma-based therapies*.

Prevention services, including in-home, skills-based training for parents; mental health care, including family therapy; and substance abuse and treatment programs, are important parts of the Families First Prevention Services Act. All states are developing detailed *Prevention Plans* that will be used to support activities aimed at avoiding the entrance of children into the foster care system. When it is determined that children need to enter foster care, the FFPSA specifically calls for them to be placed in the least restrictive, most family-like setting capable of meeting their individual needs. The law recognizes that treatment programs can provide short-term, customized therapeutic support while kids are living in families. Residential treatment may be needed for short-term stabilization, usually less than 90 days, with follow-up services when children return to their family. Federally reimbursed services are meant to *support and strengthen families, so children don’t enter care*. They are also meant to maintain child and family connections when children enter foster care or require short-term residential treatment and provide six months of aftercare when a child has transitioned home from either setting. The focus is on helping children and families live and grow together safely and successfully.

The Families First Prevention Services Act allows the use of Title IV-E funds for in-home parent skill-based programs and mental health services and substance abuse prevention and treatment services to prevent the placement of children and youth into the foster care system. Title IV-E funds can only be used in this capacity for 12 months for children who are *“candidates for foster care”* and for *pregnant or parenting foster youth*. The act further clarifies that children and youth under the guardianship of a kin caregiver are also eligible for these funds.

Eligible services must:

- Be described as part of a state’s plan, be outlined in a manual outlining the components of the service, and show a clear benefit

Eligible services must meet one of the following three thresholds:

- Promising Practice: Created from an independently reviewed study that uses a control group and shows statistically significant results
- Supported Practice: Uses a random-controlled trial or rigorous quasi-experimental design. Must have sustained success for at least six months after the end of treatment
- Well-supported treatment: Shows success beyond a year after treatment

The FFPSA focuses on improving the Interstate Placement of Children and Extending Substance Abuse Partnership Grants, and provides:

- Funding authority to support states in establishing an electronic interstate processing system for the placement of children into foster care, guardianship or adoption
- A \$5 million grant fund to improve interstate placement of children
- The extension of regional partnership grants for five years and allows the grants to be used on a statewide basis and for organizations that are not state agencies

The FFPSA specifies Model Licensing Standards for Kinship Care Homes and Preventing Child Maltreatment Deaths, so that states must demonstrate that they are in line with newly established national model licensing standards for relative foster family homes.

The FFPSA requires Tracking and Preventing efforts Child Maltreatment Deaths, in that, states must create a plan and fully document the steps taken to track and prevent child maltreatment deaths in their state.

The FFPSA provides a focus on family foster care, with major reforms to congregate, residential and group care, defining that:

- Federal law defines a reimbursement-eligible family foster home as having six or fewer children, and a reimbursement-eligible childcare institution as having 25 or fewer youth
- A limit of two weeks is placed on federal payments for placements that are not foster homes or qualified residential treatment programs, effect Oct. 1, 2019
- An exception to this rule is made under the following circumstances:
 - Juvenile justice system (states may not incarcerate more juveniles under this provision)
 - Prenatal, postpartum or parenting support for teen moms
 - A supervised setting for children 18 or older
 - High-quality residential activities for youth that have been victims of trafficking or are at risk of it
- For a setting to be designated as a qualified residential treatment program, it must meet the following qualifications:
 - Licensed by at least one of the following:
 - The Commission on Accreditation of Rehabilitation Facilities
 - Joint Commission on Accreditation of Healthcare Organizations
 - Council on Accreditation
 - Utilize a trauma-informed treatment model that includes service of clinical needs
 - Must be staffed by a registered or licensed nursing staff, who:
 - Provide care within the scope of their practice as defined by state law
 - Are on-site according to the treatment model
 - Are available 24 hours a day and seven days a week
 - Be inclusive of family members in the treatment process if possible and document the extent of their involvement
 - Offer at least six months of support after discharge
- Within 30 days of a youth being placed in a qualified residential treatment program, an age-appropriate and evidence-based review must be performed to determine if a qualified residential treatment program is the best fit for them
- The court must approve or disapprove the placement within 60 days and continue to demonstrate at each status review that the placement is beneficial to the youth
 - The state must also show that progress is being made in preparing a child to be placed with a family, in a foster family home or with an adoptive parent.
- After 12 consecutive months or 18 nonconsecutive months, the state must submit to the secretary of health and human services approval for continued placement from the head of the state child welfare agency
- States must develop a plan to prevent the enactment or advancement of policies or practices that would result in an increase in the population of youth in a state's juvenile justice system
 - States are also required to train judges and court staff on child welfare policies, including limitations on use of funding for children placed outside of a foster care family.
- By 2020 the Department of Health and Human Services will perform an assessment of best practices
- Starting Oct. 1, 2018, states are required to conduct criminal history and child abuse and neglect registry checks on any adults working in a childcare institution

The FFPSA provides for continuing support for child and family services, such that:

- A one-time, \$8 million competitive grant will be made available through 2022 to support the recruitment and retention of high-quality foster families
- States may use John H. Chafee Foster Care Independence Program funds for youth up to 23 years of age who have aged out of foster care if that state has extended federal Title IV-E funds to children up to age 23
- States may also extend education and training vouchers up to age 26, but for no more than five years total

The Fostering Connections to Success and Increasing Adoptions Act, signed in 2008, set the income test for federal adoption assistance payments to gradually expire by 2019. Teens were to be the first group to be exempt from the income test and this exemption would gradually extend to newborns. With the FFPSA this process is halted at 2-year-olds until 2024. The FFPSA will provide a one-time, \$8 million competitive grant will be made available through 2022 to support the recruitment and retention of high-quality foster families