MT Department of Health and Human Services and the Center for Children, Families and Workforce Development hosted a meeting to provide an overview of the new Family First Prevention Services Act (FFPSA) and to discuss how the legislation might work in Montana.

Jeff Folsom, Center for Children, Families, and Workforce Development provided an overview of the day’s agenda and logistics.

Governor Steve Bullock encouraged people to take advantage of the opportunities the new law brings for children and families in Montana. The Family First legislation will provide permanent funding for states to make a positive change in the foster care system.

MT DPHHS Director Sheila Hogan welcomed the meeting participants and looked forward to a productive meeting. While administrative rules for the law have not been finalized, the meeting provides an important step in the process to develop Montana’s state plan. Director Hogan provided the following statistics:

- 70 percent of children removed from the home because of parental substance abuse.
- Montana has the highest percentage of Kinship in the country
- 30 percent of foster care children are Native American

Dr. Peter Pecora from Casey Family Programs provided an overview of FFPSA

- The number of children in the foster care program has steadily risen since 2013.
- The majority of cases are a result of parental neglect and parental substance abuse.
- Foster care is the most expensive option and has poor long-term results for children
- 56 percent of the children in foster care in Montana, exit to reunite with their families

How FFPSA differs from previous law:

**Pre-2018 federal law** | **Family First**
---|---
Most federal $$ for foster care | New federal $$ for prevention
Services only for child | Prevention for parents, child, kinship caregivers
Income test to qualify | No income test
$$ for children placed in group unless quality without much oversight | No $$ unless placements in group homes settings and appropriate
No $$ for child with parent in Residential treatment | 12 months of federal $$ for such placements

**New Funding**

Allows States (and Tribes with direct federal Title IV-E agreements) to receive open-ended federal entitlement (Title IV-E) funding for evidence-based prevention services. Tribes that have an agreement with a state to operate the Title IV-E program may also be eligible to seek
reimbursement for the new services, depending upon the terms of their agreement and the state’s decision as to whether they choose to offer the prevention services in their state.

**Who is eligible for services?**

- Children at imminent risk of being placed in foster care,
- Pregnant and parenting youth in foster care, and
- Families and Kinship care givers.

States, not the federal government, define imminent risk of placement. Families who participate in FFPSA are limited to 12 months of continuous services but can come back for services again and again.

**New Funding for Prevention Activities**

- Mental health prevention and treatment services provided by a qualified clinician for up to 12 months.
- Substance abuse prevention and treatment services provided by a qualified clinician for up to 12 months.
- In-home parent skill-based programs that include parenting skills training, parent education and individual and family counseling for up to 12 months.

The new funding allows reimbursement of 50 percent of every dollar that’s spent. Children can have access to after-care for six months after they are leave foster care. In 2026, state will receive 65 percent reimbursement and tribes will receive 83 percent. 638 funds can be used to draw down money but HIS funds cannot be used.

Prevention programs must be promising, supported, or well-supported. States are required to submit a prevention plan. MT might want to address telehealth and internet therapy. States can start implementation as soon as Oct.1, 2019 but can have up to two years to delay implementation. All states must be implementing FFPSA by 2021.

**Federal reimbursement rates for prevention activities**

- Beginning October 1, 2019 through September 30, 2026, Federal Financial Participation (FFP) is 50%.
- Beginning October 1, 2026, FFP is the state’s FMAP (Medicaid) rate, Montana is 65.54% in 2018
- At least 50% of the spending in every fiscal year must be for well-supported practices.

**Qualified Residential Treatment Program (QRTP)**

- Has a trauma informed treatment model and a registered or licensed nursing and other licensed clinical staff onsite, consistent with the QRTP’s treatment model. Don’t have to have 24 hour nursing staff.
- Facilitates outreach and engagement of the child’s family in the child’s treatment plan.
- Provides discharge planning and family-based aftercare supports for at least 6 months.
- Is licensed by the state and accredited.

**Additional items to promote safety, permanency, and well-being**
• Kinship Navigators: Provides Title IV-E support for evidence-based kinship navigator programs at 50%, beginning October 1, 2018.
• Foster parent licensing standards: Requires HHS to identify model foster parent licensing standards. By April 1, 2019, states have to identify the licensing standards they implement, if state standards differ from the model standards, and why they differ.
• Requires the development of a statewide plan to track and prevent child abuse and neglect fatalities
• Provides $5 million in new grants to states to expand the development of the electronic system to expedite the interstate placement across state lines of children in foster care, guardianship or adoption.
• Requires states to use an electronic interstate case processing system by October 2027.

New FFPSA Policy to Ensure Appropriate Placements in Foster Care
Beginning October 1, 2019, after 2 weeks in care, Title IV-E federal support will support the following placements:
• Foster Family Home (defined) – no more than 6 children in foster care, with some exceptions
• Facility for pregnant and parenting youth
• Supervised independent living for youth 18 years and older
• Specialized placements for youth who are victims of or at-risk of becoming victims of sex trafficking
• Family-based residential treatment facility for substance abuse
• Qualified Residential Treatment Program (QRTP) – a clinically recognized treatment program – There are no time limits on how long a child or youth can be placed in a QRTP as long as the placement continues to meet his/her needs, as determined by their assessment.

SAMSHSA’s 6 Key Principles of a trauma-informed approach:

1. Staff and consumers feel safe
2. Trustworthiness and Transparency
3. Peer Support
4. Collaboration and Mutuality
5. Empowerment, Voice and Choice – ensuring children in foster care have a say in their treatment plan.
6. Cultural, Historical, and Gender Issues

Requirements for Therapeutic Residential Care (TRC)
• Multi-dimensional youth and family assessment which includes trauma-informed, strengths-based, and culturally competent care.
• Evidence-based treatment, reintegration planning and permanency planning. After-care support

By carefully pairing specific interventions with child needs, programs can more accurately select the children who should be placed in group homes and residential treatment centers, minimize the length of stay and increase the proportion of children “stepping down” quickly from group care to a permanent home.

FFPSA Tribal Issues Jack Thorpe and Melissa Clyde, Casey Family Programs
The development of the FFPSA included input from tribes. U.S. Department of Health and Human Services is required to specify the requirements and performance measures for a tribal prevention services program and must allow programs and services that are culturally adapted to the context of tribal communities served.

Some of the issues relating to Tribes have yet to be defined. Provisions that allow for flexibility in terms of the application of the FFPSA include the following:

- The DPHHS Secretary shall allow programs adapted to the tribal culture and community.
- Tribal standards must mirror state standards, but only "to the extent practicable".
- The Secretary may waive the strict requirement for a well-supported practice if there is evidence of the effectiveness of the practice to be compelling and the state/tribe has a plan for continually monitoring fidelity of the practice model, outcomes, and how this information will be used to refine and improve services.

The range of programs available to tribes will depend in part upon the HHS Secretary’s determination about how much flexibility these provisions provide in terms of developing alternative criteria for culturally adapted programs. Factors that contribute to the program’s approval include the longevity of the practice and its ability to be implemented by other tribes.

Twenty-three practices have been approved so far.

Challenges in building evidence for culture-based practices include:

- small sample sizes, difficulty in identifying appropriate comparison groups,
- ethics of conducting studies in communities with high needs, and
- methodology that is incompatible with cultural values, beliefs, mores, and traditions

Some solutions to the challenges include:

- Using programs developed elsewhere v. culturally adapted programs
- Using different research methods to document effectiveness include the practice-based evidence model which emphasizes local community knowledge

The term evidence-based refers to practice improvement. Evidence is science and math some tribal practices are hard to measure. Examples of alternative processes include: the SAMSHA National Registry of Evidence-Based Programs and Practices (NREPP) and Oregon Tribal Best Practices programs.

The Children’s Bureau must develop specific performance measures for tribes

- Must be consistent with states to extent practicable
- Must allow consideration of factors unique to the provision of services by tribes

Types of measures applicable to states include

- percentage of candidates for foster care that do not enter foster care and
- the cost per child of the services

States, not the federal government, determine the criteria for who is a candidate for foster care.

The goal is to strengthen families, keep families close to home. Melissa Clyde encouraged people to remember that most parents are doing the best they can with the information they have and at the age they are.

Other items

- Title IV B – 700 million nationally for prevention. Funds will be more flexible. Congressional goal to keep children with their families.
• The 5 year Technical Assistance grant ends in 2019 but there will likely be another RFP.

Foster Youth Alumni Panel
The panel of four young adults talked about their unique experiences in the foster care system and stressed the importance of children and youth being heard and their voices being a part of the individual treatment plan. Panel participants stated that there is a need for more guidance homes in MT communities and the importance of helping youth in the system get ready to be adults. Start a transition program at the age of 15. Don’t assume a relative is the best place for a youth in foster care. People in the Kinship program and staff in residence homes need more training. The panelists all felt that after-care will be important to help youth transition out of the program and into the next stage.

Director Hogan ended the meeting with a brief overview of Next Steps
• MT DPHHS will continue working with Casey Family Programs
• MT DPHHS will provide a list of workgroups and encourage people to join in and help the state map out how MT will implement FFPSA. MT DPHHS will post a Frequently Asked Questions for the public
• The University of Montana’s Center for Children, Families and Workforce Development will create a website to track implementation and provide regular progress updates