NOV. 2 FAMILY FIRST ACT ROUNDTABLE FEEDBACK

STAKEHOLDERS

IDEAS TO SOLICIT STAKEHOLDER INPUT

- DPHHS staff and other partners host meetings in communities with direct care providers, foster youth, families, foster care review
- Create an opportunity for youth and family to participate as stakeholders
- Send a survey or assessment to communities and providers to better understand what they need and to continue to provide the state with feedback
- Create work groups from around the state with representation from rural areas, urban areas, tribal areas, foster youth, families, private and public providers, and direct care staff
- Host virtual meetings/webinars
- Increase and improve communication to and from DPHHS with providers
- Engage community leaders as stakeholders

SUGGESTED ADDITIONAL WORKGROUPS

- Behavioral Health providers
- In-home support providers
- Foster youth
- Families
- Private providers
- Direct care staff

ADDITIONAL QUESTIONS ABOUT FFPSA

FUNDING

1. How can we develop a shared understanding of all federal, state, local, and private funding that goes into Montana children and family resiliency efforts? Need information such as: how funding flows, gaps/opportunities analysis, areas for collaboration, and fund mapping

2. How can we put together a budget proposal reflecting the new opportunities prior to the 2019 session to ensure increased funding at the state level?
3. Will reimbursement funds go to the program that spent the state funds, or do they go to a general fund or state special fund, or do they go to the programs the state funds were used for?
4. How FFPSA will interact with Medicaid funded services?
5. Can TANF funds be used with kinship placements? Does there need to be a state contribution?
6. Can TANF Maintenance of Effort funds be used to draw down prevention dollars?
7. How can we best draw down state MOE funds to access federal dollars with FFPSA?
8. Can Family Court or Drug Court Funds be used? How might they draw down on federal funds?
9. What prevention services in early childhood do not receive federal funding?

CONGREGATE CARE/GROUP CARE
1. What will the implications be for the numbers of children in group homes in Montana? Will fewer children enter group home care? If so, where will these children go if there is not an increase in the number of licensed foster families?
2. What will the continuum of care look like for congregate care?

LICENSURE
1. Is shelter care going to have to meet the same standards as therapeutic/residential setting? (i.e., access to a nurse, clinician, or staff? Using a trauma informed treatment model?) If so, will this change shelter care classification?
2. Can you provide more information about licensing with Quality Assurance Division?
3. Will the state licensure office provide all the criteria for provider agencies to stay in compliance in a timely manner?

EVIDENCE-BASED
1. What assessment process or tool will the state adopt for both initial eligibility and service renewal at the 12-month mark? Will there be a utilization review?
2. How can we manage the cost of keeping model fidelity of EBP’s, especially when they are for narrowly defined populations?
3. Does MIECHV count as an evidence-based service since it’s already federally funded?

PARTNERSHIP AND COLLABORATION
4. What kind of coordination is happening between child welfare and: McKinney-Vento Education, Foster Care Provisions under ESSA, Title I Family Engagement Requirements?
5. Could organizations like Boys & Girls Club or Big Brothers, Big Sisters take advantage of any of the funding from FFPSA? How could these types of organizations support families in light of FFPSA?
6. What kind of impact might the FFPSA have on family/drug courts?
7. Many parents do not engage when their youth is placed out of home. What steps are providers required to take to engage families? Who will help to require this engagement from the family?

OTHER QUESTIONS
1. Will there be a resource site for asking FFPSA related questions like these?
2. What would happen if the state refuses to participate in FFPSA altogether?
3. There is a lack of qualified mental health providers and money to pay them, how will we alleviate this?
4. What services will be provided in after-care?
5. How broadly can you define Kinship?
ADDITIONAL RESOURCES REQUESTED FROM DPHHS

- Cross-cultural training with tribes
- List of accepted evidence-based in-home supports
- List of what prevention services the state will mandate
- Services for urban Native Americans (e.g. off reservation providers)
- Clear definition of what is ‘imminent risk’
- Refer at-risk families from Child Neglect hotline to community-based programs
- Create a map of stakeholders that currently demonstrating the gaps that need to be covered and where new programs or extensions could be added across Montana

PARTICIPANTS INTERESTED IN SERVING IN WORKGROUPS

Of the 37 people who responded expressing interest in participating in Family First implementation workgroups:

- 4 were interested in participating in a tribal issues workgroup
- 19 were interested in participating in a congregate care/Qualified Residential Treatment Program Standards workgroup
- 27 were interested in participating in an evidence-based prevention services workgroup
- 2 people did not specify which workgroup they were interested in
- 13 expressed interest in more than one group