RESEARCH BRIEF: FFPSA

*The Administration for Children and Families defines a candidate as, “...a child for whom the State agency is either seeking a removal or fulfilling the statutory requirements to attempt to prevent removal from the home.”

Want more information about FFPSA? Check out our FFPSA website or contact our team at familyfirst@umontana.edu.

RESEARCH QUESTION:
WHAT ARE THE PROVISIONS REGARDING TRAUMA-INFORMED PRACTICES IN THE FAMILY FIRST ACT?

Under the Family First Prevention Services Act (FFPSA) title IV-E funds can be utilized for mental health and substance abuse prevention and treatment for candidates* for foster care and their families. These prevention and treatment options will need to be provided by a qualified clinician or in-home program for up to 12 months once a candidate has been identified. All services and programs provided on behalf of the candidate must be trauma-informed and a Clearinghouse will be created with approved programs and practices. Key sections from House Resolution 1892 - Bipartisan Budget Act of 2018 relevant to FFPRSA are highlighted below.

Sec. 50711 – State prevention plans for children who are candidates for foster care/pregnant or parenting foster youth:

The Family First Act gives federal matching funds to states that provide prevention services for a state-defined population of youth who are at risk of entering foster care (candidates for foster care). To receive funds, the state must develop a plan to implement a prevention services program and maintain a prevention services plan for each state-identified candidate for foster care. The prevention services and programs provided must use an

“...organizational structure and treatment framework that involves understanding, recognizing, and responding to the effects of all types of trauma and in accordance with recognized principles of a trauma-informed approach and trauma-specific interventions to address trauma’s consequences and facilitate healing.”

Currently, there is no additional federal guidance on standards regarding the definition of trauma, leaving states to develop this structure and framework for themselves.

Sec. 50711 – Child and family workforce development:

In addition to other requirements, the state must include in its 5-year prevention services plan a description of the steps the state is taking to support and enhance a competent, skilled, and professional child welfare workforce to deliver trauma-informed and evidence-based services.
The state must also include in the 5-year plan:

- A description of how the state will provide training and support for caseworkers in assessing what children and their families need, connecting to the families served, knowing how to access and deliver the needed trauma-informed and evidence-based services, and overseeing and evaluating the continuing appropriateness of the services.
- A description of how caseload size and type for prevention caseworkers will be determined, managed, and overseen.
- An assurance that the state will report to HHS that performance measures are in place to comply with the requirements to deliver trauma-informed and evidence-based services.

Sec. 50741 – Qualified Residential Treatment Programs

The Family First Act creates new standards for congregate care facilities in which foster care children are placed. These new standards, called Qualified Residential Treatment Programs (QRTPs), will be required to place children in congregate care (group home) settings. In addition to other requirements, QRTPs must have a “trauma-informed treatment model that is designed to address the needs, including clinical needs as appropriate, of children with serious emotional or behavioral disorders or disturbances and, with respect to a child, must be able to implement the treatment identified for the child by the assessment of the child require under section 475A(c)” of the Social Security Act (a child’s case plan assessment as defined by the Social Security Act).

Sec. 50712 – Residential Family-based Substance Abuse Treatment Facilities

Montana has the opportunity to receive federal matching funds to develop licensed family-based residential substance abuse treatment facilities. If the state chooses to pursue this option, then treatment facilities must include in their licensing requirements an organizational structure and treatment framework that is trauma-informed.