

## Family First Prevention Services Act and its



### Implication for State Legislators Opportunities- Challenges- Recommendations

The Family First Prevention Services Act was signed into law by President Donald Trump on February 9<sup>th</sup>, 2018, and rightly purports to be one of this Administration's most important successes.

FFPSA provides a tremendous opportunity to make substantial improvements in the outcomes of children and families in the child welfare system. Improvements, as FFPSA seeks to create, require shifts in long-held mindsets, a new vision of serving children and families, and a commitment to a different way of working with communities and the broader child welfare system. If states and tribes focus their efforts solely on meeting the technical requirements of the law, they may not achieve the goals of FFPSA.

Successful implementation must occur in communities and in collaboration with stakeholders that affect the lives of families in those communities every day, including the legal and judicial community, and public and private service providers. Communities know their residents' needs better than anyone and we should assist them in supporting their families.

By permitting, for the first time, states and tribes to use federal title IV-E funds to prevent children from entering foster care, FFPSA provides a pathway for the child welfare system to help some families to stay together rather than placing children in foster care.

This major shift from "child protection" to "primary prevention and early intervention" is possible through the funding mechanisms of FFPSA. States must now integrate this shift and its concepts in a realignment of practice, policy, and values at state and local levels. In some states, reforms may require legislative and/or regulatory changes.

#### Opportunities:

If states chose to "opt-in", new federal IV-E funds are available for the first time for prevention and early intervention services designed to stabilize families and may avoid need for youth to enter foster care.

In-home services to address mental health and counseling, substance abuse treatment and prevention, and evidence-based parenting skills and supports are available on a 50/50% federal/state match basis.

Savings due to the shift away from unnecessary group placements, shorter stays in care when in group placements, and fewer re-entries to non-family based care.

Unlimited access to family reunification services for children in foster care and 12-mos, (renewable) for reunification services once a child has returned home.

Challenges:

Understanding the law and “pressure” of change

State match required for expanding prevention services (50-50% now – 2026. FMAP rate 2026 and beyond)

Meeting standards for quality residential care/QRTPs.

Capacity of private providers.

Administrative burdens.

Recommendations:

Apply to HHS for technical assistance for implementation of FFPSA. (\$1M appropriated to HHS to provide technical assistance beginning now and each year forward.)

Apply to HHS for the \$8M in competitive grants to support recruitment and retention of high-quality families to place more children in foster family homes if they cannot remain in their own homes.

Inform state Medicaid entity of FFPSA and impending requirement to serve youth with high mental and behavioral health needs in family homes.

Inform local/district judges and State Administrator of the Courts offices about changes to federal policy and reimbursement for children placed in settings that are not foster family homes, emphasizing the focus on placements in family-homes.

Build active partnerships between lawmakers, courts, public agencies (i.e. Child Welfare, Medicaid, Mental/Behavioral Health, Public Health) and private child placing agencies who contract with the state to provide required services.