

Family First Prevention Services Act: An Overview

The Family First Prevention Services Act (FFPSA) changes the child welfare system by allowing states to use federal funds under Title IV of the Social Security Act to support families and prevent foster care placements. There are two main components of the act:

- 1) optional foster care prevention services and programs, and
- 2) required changes to congregate care.

Foster Care Prevention Services and Programs

FFPSA allows states the option to use existing Title IV-E funds for prevention services and programs to keep families together and prevent children from entering foster care.



Eligibility is not dependent on family income

SERVICES AND PROGRAMS



Mental health services



Substance abuse prevention and treatment services



In-home parenting programs

WHO IS ELIGIBLE?



Children who are candidates for foster care, but who can safely remain at home



Children in foster care who are pregnant or parenting



Parents or kin caregivers of the children

How does a state obtain funding for services or programs?

- State must maintain a *written* prevention plan for child and collect data on programs and services administered.
- Services or programs must be *trauma-informed*.
- Services or programs must be based on promising, supported, or well-supported practices.

Congregate Care

FFPSA limits foster care payments for group homes (NON-foster family placements) to 2 weeks. This was **REQUIRED** beginning October 1, 2019. However, states may choose to postpone the effective date for up to two years. Children will have to be placed in foster homes for all placements longer than 2 weeks UNLESS the child is placed in one of the following:

- A Qualified Residential Treatment Program (QRTP).
- A setting specializing in providing prenatal, postpartum, or parenting supports for youth.
- If a child is 18, a supervised setting in which child is living independently.

Qualified Residential Treatment Program (QRTP)

QRTPs must meet the following requirements:



Registered or licensed nursing and clinical staff onsite

Use a trauma-informed treatment model



Facilitates family outreach and participation



Documents family integration into the treatment process

Provides discharge planning and family-based supports for at least 6 months after discharge



Licensed and accredited by one of the following:

- The Commission on Accreditation of Rehabilitation Facilities
- The Joint Commission on Accreditation of Healthcare Organizations
- The Council on Accreditation
- Other nonprofit accrediting organization approved by the Secretary

IMPORTANT CONSIDERATIONS FOR GEORGIA

- If Georgia postpones effective date of congregate care changes, it must also delay requesting prevention funds for the same amount of time.
- States will define eligible “candidates” for preventive services. Gathering and analyzing data on Georgia’s current child welfare population may help the state determine how broadly to define candidates for purposes of FFPSA.
- Offering state funding to providers now to meet the requirements of evidence-based programs or QRTP may help providers make necessary transitions in time to comply with the law.
- The federal government will provide 50% of the funding for prevention services and programs until October 1, 2026. Beginning October 1, 2026, federal funding will equal the Federal Medical Assistance Percentage, which is currently 67.3% in Georgia.