

**HOUSE . . . . . No. 3221**

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**The Commonwealth of Massachusetts**

PRESENTED BY:

*Adrian C. Madaro*

*To the Honorable Senate and House of Representatives of the Commonwealth of Massachusetts in General Court assembled:*

The undersigned legislators and/or citizens respectfully petition for the adoption of the accompanying bill:

An Act preparing Massachusetts family first prevention services.

PETITION OF:

NAME:	DISTRICT/ADDRESS:
<i>Adrian C. Madaro</i>	<i>1st Suffolk</i>
<i>Kay Khan</i>	<i>11th Middlesex</i>
<i>Tricia Farley-Bouvier</i>	<i>3rd Berkshire</i>
<i>Jon Santiago</i>	<i>9th Suffolk</i>

**HOUSE . . . . . No. 3221**

By Mr. Madaro of Boston, a petition (accompanied by bill, House, No. 3221) of Adrian C. Madaro and others relative to funding opportunities offered by the federal Family First Prevention Services Act. Veterans and Federal Affairs.

**The Commonwealth of Massachusetts**

**In the One Hundred and Ninety-First General Court  
(2019-2020)**

An Act preparing Massachusetts family first prevention services.

*Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:*

1 Legislative Findings and Intent: The purposes of this act are to ensure that Massachusetts  
2 prepares to implement the requirements and funding opportunities offered by the federal Family  
3 First Prevention Services Act in order to ensure that:

4 the children of the Commonwealth receive the services they need to remain safely at  
5 home with their families whenever possible and to enter foster care only when it is not possible  
6 to keep them safely at home, consistent with the policy of the Commonwealth as set forth in  
7 MGL c. 119 §1

8 if children must be removed from their parents, that they be placed with kin whenever  
9 possible

10 if children cannot be placed with kin that they be placed in family foster care whenever  
11 possible and that they be placed in child care institutions only if, and only for so long as, their  
12 treatment needs require institutional care,

13 SECTION 1. Section 21 of Chapter 119 of the General Law, as appearing in the 2016  
14 Official Edition, is hereby amended by inserting after the definition of “Appropriate services,”  
15 the following definition:-, “Candidate for foster care”, a child who is identified in a prevention  
16 plan under section 2 of this chapter as being at imminent risk of entering foster care but who can  
17 remain safely in his or her home or in a kinship placement as long as services or programs that  
18 are necessary to prevent his or her entry into foster care are provided. The term includes a child  
19 whose adoption or guardianship arrangement is at risk of a disruption or dissolution that would  
20 result in a foster care placement.

21 SECTION 2. Section 21 of Chapter 119 of the General Law, as appearing in the 2016  
22 Official Edition, is hereby amended by inserting after the definition of “Child advocate”, the  
23 following definition:-, “Child care institution”, a private or public child care institution which  
24 accommodates no more than 25 children which is licensed by the Commonwealth, or has been  
25 approved by the Department of Early Education and Care, for the residential care of children in  
26 the custody of the Department of Children and Families.

27 SECTION 3. Section 21 of Chapter 119 of the General Law, as appearing in the 2016  
28 Official Edition, is hereby amended by inserting after the definition of “Department,” the  
29 following definitions: -, “Evidence-based Services”, services that have been approved by the  
30 Federal Department of Health and Human Services as meeting the evidence-based standards of  
31 “promising,” “supported” or “well-supported.” “Family and Permanency Team”, a team of  
32 people that the Department shall assemble to work with it during the assessment of the  
33 appropriateness of the child’s placement in a child-care institution. It shall consist of all  
34 appropriate biological family members, relative and fictive kin of the child as well as appropriate  
35 professionals who are a resource to the family of the child such as teachers, medical or mental

36 health providers who have treated the child, or clergy. In the case of a child who has attained the  
37 age of 14, the family and permanency team shall include the members of the permanency  
38 planning team that are selected by the child in accordance with 42 USC § 475 (5)(C) (iv).

39 SECTION 4. Section 21 of Chapter 119 of the General Law, as appearing in the 2016  
40 Official Edition, is hereby amended by inserting after the definition of “Family requiring  
41 assistance”, the following definition:-, “Fictive Kin”, persons who are not related to a child by  
42 blood, marriage, or adoption but have an established relationship with the child or his or her  
43 family.

44 SECTION 5. Section 21 of Chapter 119 of the General Law, as appearing in the 2016  
45 Official Edition, is hereby amended by inserting after the definition of “Habitually truant”, the  
46 following definition:-, “Licensed residential family-based treatment facility for substance abuse”,  
47 a facility for the treatment of substance abuse in which both the adult with the substance use  
48 disorder and his or her child or children reside, and which provides as part of the treatment for  
49 substance abuse, trauma-informed parenting skills training, parent education and family  
50 counseling. “Trauma informed” for purposes of this definition shall have the meaning provided  
51 in this section.

52 SECTION 6. Section 21 of Chapter 119 of the General Law, as appearing in the 2016  
53 Official Edition, is hereby amended by inserting after the definition of “parent”, the following  
54 definition:-, ”Prevention plan”, a written plan for the child that meets the following requirements  
55 (as applicable): in the case of a candidate for foster care: (i) identifies the foster care prevention  
56 strategy for the child so that the child may remain safely at home, live temporarily live with a kin  
57 caregiver until reunification can be safely achieved, or live permanently with a kin caregiver and

58 (ii) lists the services or programs to be provided to or on behalf of the child to ensure the success  
59 of that prevention strategy in the case of pregnant or parenting foster youth: (i) be included in the  
60 child’s case plan that is required under section 42 USC § 675, (ii) lists the services or programs  
61 to be provided to or on behalf of the youth to ensure that the youth is prepared (in the case of a  
62 pregnant foster youth) or able (in the case of a parenting foster youth) to be a parent and (iii)  
63 describes the foster care prevention strategy for any child born to the youth “Prevention Services  
64 and Programs”, Evidence based, trauma-informed mental health and substance abuse prevention  
65 and treatment services provided by a qualified clinician, and in-home parent skill-based  
66 programs including parenting skills training, parenting education and individual family  
67 counseling, all such services to be provided for not more than a 12-month period.

68 SECTION 7. Section 21 of Chapter 119 of the General Law, as appearing in the 2016  
69 Official Edition, is hereby amended by inserting after the definition of “Young adult” , the  
70 following definition:-, “Trauma-Informed”, provided under an organizational structure and  
71 treatment framework that involves understanding, recognizing, and responding to the effects of  
72 all types of trauma and in accordance with recognized principles of a trauma-informed approach  
73 and trauma-specific interventions to address trauma’s consequences and facilitate healing.

74 SECTION 8. Chapter 119 of the General Laws is hereby amended by inserting after  
75 section 21A, the following new section:

76 Section 21B. (a) (1) For each child who is a candidate for foster care as defined in  
77 section 21, the Department shall develop a written foster care prevention plan, as defined in  
78 Section 21, to ensure that the child may remain safely at home, temporarily with a kin caregiver  
79 until reunification can be safely achieved, or live permanently with kin. The Department shall

80 also identify and provide the evidence based, trauma-informed prevention services as defined in  
81 section 21 necessary to implement this prevention plan. (2) For each pregnant or parenting foster  
82 youth, the department shall develop a written prevention plan, as defined in Section 21, to ensure  
83 that the youth is prepared (in the case of a pregnant foster youth) or able (in the case of a  
84 parenting foster youth) and describe the prevention strategy for any child of such youth to be a  
85 parent. The Department shall identify and provide those evidence based, trauma-informed  
86 services necessary to implement this prevention plan. The written prevention plan as defined in  
87 Section 21 for all pregnant and parenting foster youth shall be included in the youth's case plan  
88 developed pursuant to 42 USC 675.

89 (b) (1) The Department and the Commonwealth's Family Resource Centers shall develop  
90 and provide trauma-informed evidence-based prevention services including mental health,  
91 substance abuse prevention and treatment services and parent skill-based programs, as defined in  
92 Section 21, in sufficient quantity and of sufficient quality and duration to ensure that all  
93 candidates for care and all pregnant and parenting foster youth have the services they require to  
94 meet the goals of their prevention plans. (2) In developing and providing the full range of  
95 preventive services, the Department shall consult and coordinate with other state programs  
96 responsible for administering health programs for families including the Department of Mental  
97 Health, the Department of Public Health, and its Bureau of Substance Abuse Services and with  
98 other public and private agencies with experience in administering child and family services  
99 including community based organizations and Family Resource Centers, in order to foster a  
100 continuum of care for children and their parents or kin caregivers.

101 (c) (1) When a child is removed from the home of his or her parents, the department shall  
102 place the child in a family foster home, with kin whenever possible, unless the treatment needs of

103 the child require that the child be placed in a child care institution. Upon the commencement of  
104 the child's third week of residence in a child care institution, the Department shall assess the  
105 child and the child care institution to ensure that the child has been placed in the least restrictive  
106 environment consistent with the short and long-term goals for the child as specified in the child's  
107 permanency plan. (2) The Department shall conduct its assessment in conjunction with a family  
108 permanency team which it shall assemble. The family permanency team shall consist of all  
109 appropriate biological family members, relative and fictive kin of the child as well as appropriate  
110 professionals who are a resource to the family of the child such as teachers, medical or mental  
111 health providers who have treated the child, or clergy. In the case of a child who has attained the  
112 age of 14, the family and permanency team shall include the members of the permanency  
113 planning team that are selected by the child in accordance with 475 (5)(C) (iv). (3) If the child  
114 care institution is not the least restrictive environment consistent with the short and long-term  
115 goals for the child as specified in the child's permanency plan, the Department shall immediately  
116 take steps to transfer the child to the least restrictive environment that is consistent with the  
117 child's goals and best interests. (4) The Department shall document in the child's case plan: (i)  
118 the reasonable and good faith effort of the Department to identify and include all the individuals  
119 described in paragraph (2) of this section on the child's family and permanency team; (ii) all  
120 contact information for members of the family and permanency team, as well as contact  
121 information for other family members and fictive kin who are not part of the family and  
122 permanency team; (iii) evidence that meetings of the family and permanency team, including  
123 meetings relating to the assessment required under subparagraph (2) of this section are held at a  
124 time and place convenient for family; (iv) if reunification is the goal, evidence demonstrating  
125 that the parent from whom the child was removed provided input on the members of the family

126 and permanency team; (v) evidence that the assessment required under subparagraph (1) is  
127 determined in conjunction with the family and permanency team; (vi) the placement preferences  
128 of the family and permanency team relative to the assessment that recognizes children should be  
129 placed with their siblings unless there is a finding by the court that such placement is contrary to  
130 their best interest; and (vii) if the placement preferences of the family and permanency team and  
131 child are not the placement setting recommended by department's assessment, the reasons why  
132 the preferences of the team and of the child were not recommended. (viii) In the case of a child  
133 who the department determines should not be placed in a foster family home, the department  
134 shall specify in writing the reasons why the needs of the child cannot be met by the family of the  
135 child or in a foster family home. A shortage or lack of foster family homes shall not be an  
136 acceptable reason for determining that the needs of the child cannot be met in a foster family  
137 home. The department shall specify in writing why the recommended placement in a child care  
138 institution is the setting that will provide the child with the most effective and appropriate level  
139 of care in the least restrictive environment and how that placement is consistent with the short-  
140 and long-term goals for the child, as specified in the permanency plan for the child. (5) The  
141 Commonwealth shall not enact policies or practices that result in a significant increase in the  
142 population of youth in the Commonwealth's juvenile justice system.

143 (d) (1) The Department may place a child in foster care with a parent who is residing in a  
144 licensed residential family-based treatment facility for substance abuse as defined in Section 21.

145 (2) Whenever possible, the recommendation for the placement shall be specified in the child's  
146 case plan before the placement

147 (e) Not later than April 1, 2021, the Department shall align its foster care licensing with  
148 reputable model licensing standards for the licensing of foster family homes. To the extent that



149 the Massachusetts standards deviate from the model standards, the Department’s Commissioner  
150 shall explain in detail how the Massachusetts standards better advance the goal of promoting and  
151 supporting kinship caregiving than do the model standards.

152 SECTION 9. There shall be established a “Task Force on Family First Act  
153 Implementation” to begin meeting within 60 days of enactment of this act. It shall be chaired by  
154 the House and Senate co-chairs of the Joint Committee on Children, Families and Persons with  
155 Disabilities. The purpose of this Committee shall be to inform and engage the Massachusetts  
156 legislature in the implementation of the Family First Prevention Services Act in Massachusetts.  
157 The co-chairs shall designate the members of the committee, and they may invite the  
158 Commissioners of the Department of Children and Families, Department of Mental Health,  
159 Department of Public Health and any other official within or outside of these agencies who is  
160 responsible for implementing the Family First Prevention Services Act to participate in meetings  
161 as needed in order to inform the committee’s members about progress in implementation, to  
162 answer questions, and to work collaboratively with the committee to implement the Family First  
163 Act as effectively as possible. The committee shall meet at least quarterly until at least  
164 December of 2023 unless the co-chairs terminate the committee at an earlier date.

165 SECTION 10. This act shall take effect 30 days after enactment.