



**KIDS ARE WAITING**  
Fix Foster Care Now

## Overview of Child Welfare Services in Montana

December 6, 2007

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Child welfare services in Montana are administered by Child and Family Services Division (CFSD) within the Montana Department of Public Health and Human Services. Recent events and initiatives of note are the federal CFSR in 2002 and resulting PIP, completed successfully in 2006, and a study of the child welfare system in the summer of 2006 by the legislative Children, Families, Health and Human Services Interim Committee. Both of these events have focused attention on child welfare in Montana.

Montana's PIP focused on four themes:

- Strengthening the use of Family Group Decision Making meetings and permanency planning meetings;
- A process to assess safety at initial assessment, foster care placement, reunification and case closure;
- A case recording system that assists social workers and supervisors in developing and documenting strategic decisions and involving families in decision-making;
- A systematic 6 month review of a minimum of 45 foster care cases and 30 in-home cases with a standardized review tool to assess progress in achieving identified goals.

The major trend in Montana child welfare appears to be the large percentage of children who enter the system because of parental use of alcohol or other drugs, particularly methamphetamine. Although overall meth use in Montana appears to be declining, a January 2007 report by the state Attorney General contains some sobering facts:

- 52 percent of the parents of children in out-of-home care have lost custody of their children due to meth-related abuse. Cost to the state: over \$12 million annually. In some counties, that percentage is as high as 80-90 percent.
- 50 percent of adult inmates in the state are incarcerated due to meth-related crimes. Cost to the state: between \$18,000 and \$29,000 a year per inmate.
- 20 percent of adults in treatment in Montana report meth as their primary drug of choice. Cost to the state: over \$10 million annually.

Children in foster care because of drugs have greater service needs than other foster children and tend to stay in care longer. In addition, children's exposure to meth and parental meth use has resulted in a larger number of special needs children eligible for adoption assistance. Thus, meth has contributed to higher costs in both foster care and adoption.



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The 2009 biennium budget for CFSD approved this year reflects a general fund increase of more than \$13.1 million over the 2007 biennium. According to the legislative analysis of the approved budget, much of this increase is attributable to the following changes in federal child welfare funding.

- Elimination of targeted case management in the Deficit Reduction Act (\$3.6 million);
- Elimination of federal IV-E administrative funding for unlicensed relative caregivers (\$172,000);
- Loss of certain Medicaid matching funds for therapeutic group homes (\$600,000);
- Adjustment in the FMAP (Medicaid) matching rate from 70.76 percent to 68.62 percent in FY 2008 and 68.40 percent in FY 2009, resulting in a loss of federal foster care and adoption assistance funding (\$850,000).

Like many other states, Montana struggles with workforce issues, including high caseloads, turnover and the like. The legislative analysis of the approved budget states that a CFSD workload analysis showed a need for an increase of 112.5 new FTEs to meet federal and state guidelines, a huge number for a sparsely populated state like Montana. In addition to replacing lost federal funding, \$1 million of the increase in general fund covered 15 new FTEs in FY 2006 and 20 new FTEs in FY 2007 in response to increasing caseloads. The legislature also provided funding for 2 FTEs to specialize in reunification and family preservation.

## **Discussion**

Any discussion of how federal financing reform would benefit Montana will probably have to involve, if not center around, the effects of parental use of methamphetamine. Although some funding under Title IV-B is now available on a competitive basis to address the problems faced by children whose parents use meth, that funding is not sufficient to cover all of the costs associated with this problem. Flexible child welfare funding would help Montana address the special needs of children removed from home because of parental meth use, help parents overcome their meth addictions to speed reunification, provide support to adoptive or guardianship parents who care for children who have been exposed to meth, pay for foster care for meth-exposed children who would otherwise be ineligible for IV-E funds, and pay for additional child welfare staff necessary to adequately respond to the state's meth problem.