

American Public Human Services Association  
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Arlington, VA 22209

The Honorable Ron Wyden  
Chair  
United States Senate Committee on Finance

The Honorable Mike Crapo  
Ranking Member  
United States Senate Committee on Finance

Subject: APHSA Response to the May 22<sup>nd</sup> Senate Finance Committee Hearing on "The Family First Prevention Services Act: Successes, Roadblocks, and Opportunities for Improvement"

June 5, 2024

Dear Chairman Wyden and Ranking Member Crapo,

The American Public Human Services Association (APHSA), the bipartisan membership association representing state and local human services agencies and the child welfare systems they administer, is pleased to submit this response to the Senate Finance Committee Hearing on "*The Family First Prevention Services Act: Successes, Roadblocks, and Opportunities for Improvement*," held on May 22, 2024. APHSA's response reflects feedback gathered through its affinity group of child welfare directors, the National Association of Public Child Welfare Administrators (NAPCWA), and other leaders and program experts within state and local human services agencies. We thank you for the opportunity to submit a statement for inclusion in the hearing record and commend the Committee for its continued focus on preventing child maltreatment and improving outcomes for children and families.

***Recognizing Both the Progress Achieved and the Long Road Ahead to Realize the Full Potential of the Family First Prevention Services Act***

Since passage of the Family First Prevention Services Act (FFPSA) in 2018, our nation has undergone a significant shift in our understanding and operationalizing of strategies to proactively support the well-being of families and reduce unnecessary and avoidable involvement in foster care. When child welfare is needed, progress has been made to prioritize keeping children together in kinship and family-like settings in the least restrictive and trauma-informed settings possible. Without question, the policies and mental models that FFPSA has set forward have contributed to an important evolution of our child welfare system that is still under way.

Yet, we know far more progress is needed and that our children and families demand we go further to realize the transformational potential that FFPSA set out to achieve. We urge Congress to use this moment as a call to action to recommit ourselves collectively to address challenges and leverage lessons learned in FFPSA implementation to construct a comprehensive prevention and well-being system that provides the tools needed for all families to thrive.

### ***Early Indicators Suggest that FFPSA is Having National Impact to Prevent Child Welfare Involvement and Reduce Reliance on Congregate Care for Children in Foster Care***

Nationwide, we have begun orienting our child welfare and upstream systems towards delivering evidence-based services and supports that proactively promote well-being and prevent trauma caused by unnecessary and avoidable family separation. Recent data suggest that this focus is beginning to translate to national impact. From 2018 to 2023, the total number of children entering foster care has declined from approximately 241,800 to less than 162,000 and the entry rate into foster care has been reduced from 3.27 to 2.22 children per 1000 children<sup>1</sup>.

We have also seen collective understanding translated into action so that children in care are supported in the least restrictive setting possible. Since passage of FFPSA, the total number and percentage of children in care living in a group home or institution has declined and the number of kinship placements has increased.<sup>2</sup> These trends build on shifts in child welfare involvement and placements that began the past two decades. With FFPSA available as an instrument to reinvest in interventions that help keep families together and support placements when needed that are in the best interest of children, we have the opportunity to greatly accelerate the pace of realignment in our child welfare system. FFPSA can be a springboard to advance this intent and the milestones we have seen to date should be celebrated and built upon.

### ***Despite These Successes, the Pace of Family First Implementation is Slower than the Urgent Needs of Families Demand and Structural Flaws Remain in the Design of our National Approach to Child Welfare Prevention***

FFPSA was heralded as a transformative shift in the child welfare landscape, aiming to prioritize prevention and support families before crises necessitate foster care placement. However, far too often our public systems still fall short of what our children and families need and deserve when they face adversity that puts them at risk of child welfare involvement. As it relates to FFPSA, these shortcomings stem from three types of issues:

1. Embedded in the design of FFPSA there remain unnecessary and cumbersome structures that impede efforts to spread and scale IV-E prevention services.
2. The scope of FFPSA remains too limited to comprehensively prevent all the root causes that drive child welfare involvement.
3. States and localities are still learning how to build and operationalize child welfare prevention systems and are doing so while experiencing significant resource and capacity gaps.

Below, we discuss specific issues that need to be addressed so that FFPSA reaches its potential for children and families.

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<sup>1</sup> Data based on 2018 AFCARS and preliminary 2023 AFCARS data as collected in the Feb 2024 Child and Family Services Review Data Profile Supplemental Context Data.

<sup>2</sup> Data based on comparison of 2018 and 2022 AFCARS reports.



Lack of Supports for Children with High Acuity Needs – While our nation has made important strides reducing the number of children in congregate care settings, we have failed to build out a continuum of care that offers a safe and appropriate alternative for children with complex behavioral health needs. Unmet behavioral health needs, particularly for older youth, remain a significant and avoidable driver of foster care entry that results in low rates of permanency and high reliance on residential care settings. Without needed capacity for providers and therapeutic foster homes able to offer trauma-informed care in the least restrictive settings, agencies face untenable circumstances of housing children in hotels and offices, or children in care falling into the juvenile justice system or running away. Challenges navigating the Institutions for Mental Diseases (IMD) rule and building out Qualified Residential Treatment Programs (QRTPs) remain a significant problem in many states. Community-based treatment and mental health services, such as mobile crisis response, through children's behavioral health systems is an important part of the solution to prevent foster care entry, but availability of such resources remains far too scarce. Overall lack of access to psychiatric services and appropriate residential care remains pervasive, especially in rural areas.

Slow Pace of IV-E Prevention Spending – While drawdown of IV-E prevention funding is increasing, as of FY 2022, annual cumulative expenditures were only \$127 million, with an average monthly caseload of 7,011 children served through Family First. A significant share of these expenditures is limited to a small number of states that have been able to navigate the complexities of Family First financing. As noted below, many of the challenges in spending stem from the underlying design of the legislation. While FFPSA drastically changed the way states can spend Title IV-E funds, the amount being spent on prevention is out of balance with the amount being spent on foster care. In FY 2022, states spent nearly \$9 billion on Title IV-E foster care maintenance – more than 70 times more than for Title IV-E prevention services.<sup>3</sup> Child welfare agencies continue to struggle with the slow pace of plan approval and amendments and lack of provider capacity in needed service areas. Additional financial support and technical assistance to build out the infrastructure to drastically increase claiming of IV-E prevention funds remains sorely needed.

Definitions of Candidacy Limit the Scope of Upstream Prevention through Family First – We know that evidence and common sense both dictate that we need to unlock prevention strategies before a family is on the front porch of the child welfare system. Delivering services through trusted community pathways that do not require a family to enter into the child protection system can lead to better long-term outcomes. When establishing definitions of candidacy, child welfare agencies must delicately balance using a threshold of “imminent risk of foster care entry” that allows them to intervene to prevent child abuse and neglect, while avoiding being so expansive that families unnecessarily fall under child welfare surveillance. The inability through FFPSA to serve families a

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<sup>3</sup> Title IV-E Program Expenditure and Caseload Data 2022 analysis <https://www.acf.hhs.gov/cb/report/programs-expenditure-caseload-data-2022>



step removed from imminent risk contributes to a prevention model that remains reactionary and limits the ability to narrow the front door of child welfare.

The Structure of the Family First Clearinghouse Limits the Ability of Child Welfare Agencies to Provide the Full Array of Prevention Services People Want and Need – The rigid and onerous structure of the IV-E Clearinghouse acts as a gatekeeper that too often precludes underserved communities from accessing funding for critically needed services. The bar that is set for programs to be reviewed and qualify as an evidence-based practice are particularly challenging to meet for smaller, marginalized populations, such as tribes, rural communities, and ethnic minorities. The challenge to generate research for culturally appropriate and adapted services for these communities that can conform to the IV-E Clearinghouse requirements is further compounded by the requirement that states use at least 50% of their prevention expenditures towards “well-supported” programs – the most rigorous standard to meet. The lack of evidence-based practices tailored to marginalized communities remains at odds with states efforts to tackle persistent disproportionality in child welfare.

The Scope of FFPSA Fails to Address the Link Between Poverty and Child Welfare Involvement – In a 2023 survey of child welfare administrators, there was agreement that child care, money, housing, transportation, food, and employment needs are frequently present in suspected maltreatment reports<sup>4</sup> In fact, nearly 85% of families investigated by child protective services have incomes below 200% of the federal poverty level (FPL). Poverty has and continues to play an unnecessary and avoidable role in many families’ child welfare involvement.<sup>5</sup> Ultimately, the adversity that families in poverty experience is driven by a confluence of factors that are both layered and interconnected, and a comprehensive prevention approach should reflect the range of economic, social, behavioral, mental, and physical supports that may be needed to help family stability. Yet despite the obvious need, Family First glaringly omits the provision of economic and concrete supports in the design of a comprehensive and effective prevention strategy. Our inability to alleviate the pressures of financial instability as a frequent contributor to the risk of child welfare involvement leaves a glaring hole in our FFPSA prevention model.

Multi-System Accountability Is Needed to Effectively Divert Children and Youth from the Foster Care System – In many parts of the United States, the child welfare system operates as the emergency response unit for families, triggering an intervention rooted in risk management when families are in a crisis. This emergency management mentality then leads to a persistently strained system that must over-function to compensate for the deficiencies in other child-serving systems, overwhelming resources, often resulting in multiple placements further impacting instability and trauma caused by removal and separation from family. A multi-system accountability approach is

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<sup>4</sup> See APHSA and Chapin Hall co-authored report *The Role of Economic and Concrete Supports in Child Maltreatment Prevention* <https://www.chapinhall.org/research/economic-concrete-supports-survey/>

<sup>5</sup> For a more comprehensive overview of the extensive research linking poverty and child welfare involvement, see Chapin Hall at the University of Chicago’s slide deck “Family and Child Well-Being System: Economic and Concrete Supports as a Core Component.”



essential to get ahead of this emergency response for children and families; one that involves coordination and shared responsibility across various systems that interact with children and families, including child care, child support, education, children’s behavioral health, health care, economic services, and juvenile justice. While Family First seeks to embed a prevention lens into the child welfare system, a broader cross-sector prevention framework is needed that captures the multiple system touchpoints families experience.

***Congress has the Opportunity to Build on the Early Progress Achieved through FFPSA to Create a More Effective and Impactful Child Welfare Prevention System***

The issues described above that we collectively face today are solvable. Congress can draw on the insights we have gained to strengthen and scale our investments through FFPSA to prevent child maltreatment, promote family preservation, and provide children in care trauma-informed supports in the setting they need. Below, APHSA summarizes several of the most urgent and impactful changes to FFPSA Congress can take to further these aims.

- Commission a Bipartisan Congressional Taskforce on Supporting the Needs of High Acuity Youth – While the reduction of children being placed in congregate care unnecessarily is a step forward, the collective failure of our systems to provide appropriate alternative settings for children with complex behavioral, mental, and/or developmental needs is a crisis that demands bold action. FFPSA and the child welfare system cannot solve this problem alone. Rather, a comprehensive solution must bring together leaders from other sectors, such as Medicaid, behavioral health, juvenile justice, housing, and disability, as well as individuals with lived experience to create shared solutions that address persistent capacity and service gaps. Congress can use its platform to bring stakeholders together to generate and act upon recommendations and address the policy gaps that have contributed to the crisis we are in.
- Create New Categories of Eligible IV-E Prevention Services – FFPSA opened the door for child welfare agencies to access IV-E funding for prevention activities in four areas – (1) evidence-based mental health programs; (2) substance abuse prevention and treatment; (3) in-home parent skill-based programs; and; (4) kinship navigator programs. While each represent important strategies, we know they do not collectively capture the full range of the most common risk factors for child welfare involvement and the type of supports that families tell us they need. In particular, inclusion of “economic and concrete supports” as a category of service would help child welfare agencies support eligible families when the material hardships they face are a contributing factor to family separation.<sup>6</sup> Additionally, the inclusion of “access and engagement services” would ensure that peer supports and service navigation could be available to families independent of being components within other evidence-based programs.

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<sup>6</sup> Chapin Hall at the University of Chicago has compiled volumes of research that reinforce the impact of economic and concrete supports in reducing child welfare involvement risk. Summaries of this information can be found at <https://www.chapinhall.org/project/a-key-connection-economic-stability-and-family-well-being/>



- Authorize Waivers for States to Offer IV-E Prevention Services Based on Eligibility for Evidence-Based Practices Regardless of Candidacy – The reality that families can only qualify for IV-E prevention funding once they meet a definition of imminent risk of child welfare involvement reflects the fact that our modus operandi is to still wait to invest in families until their challenges have festered into crises. This tertiary prevention strategy remains reactive to adversity that families experience, as opposed to proactively promoting their well-being at early signs of potential problems. Conversely, it also can result in a perverse incentive for states to broaden their definitions of candidacy in ways that expand child protection system surveillance in order to be able to access resources that families need to stay out of that system. Congress can move our prevention approach further upstream without widening the door to foster care by authorizing waivers for states to offer IV-E prevention services to families that are not just candidates for foster care, but to those that meet the eligibility criteria of the evidence-based practices and services on the Clearinghouse. In doing so, we can better serve families proactively that are a step removed from imminent risk and ensure they never need to come in or back into child welfare surveillance. The recently launched Opportunities for Prevention and Transformation Initiative (OPT-In) initiative<sup>7</sup> represents a promising approach that uses community pathways for such interventions that Congress could model after.
- Fully Fund the IV-E Clearinghouse – The success of the FFPSA model rests squarely on its ability to have an evidence-based Clearinghouse that generates evidence and makes available to child welfare agencies the most effective and impactful prevention services that reflect the challenges families at risk of child welfare involvement face. Yet, the pace of IV-E Clearinghouse reviews remains sluggish, with only one well-supported kinship navigator program available and very limited access to services that are adapted to be culturally appropriate for smaller population groups that experience disproportionality in the child welfare system, such as tribes. While fully funding the Clearinghouse alone will not solve all the gaps that exist in availability of evidence-based programs, it is a prerequisite to having a full and current array of programs.
- Create a Pathway for Piloting Emerging Evidence-Based Practices for Communities Lacking Existing Research that Conforms to Evidence Standards – So long as Clearinghouse review criteria rely on factors such as randomized control trials and quasi-experimental designs, high sample sizes, and administrative unit requirements, purveyors will struggle to generate eligible research for culturally, location-, or population-specific programs. For programs and services for priority groups that lack sufficient evidence to meet the academic rigor set forth in the Clearinghouse, Congress should allow states to

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<sup>7</sup> For additional information on the Doris Duke-funded OPT-In initiative, please see <https://www.dorisduke.org/news--insights/articles/doris-duke-foundation-launches-new-opt-in-for-families-initiative-to-refocus--the-child-welfare-system-on-prevention/>





obtain time-limited, provisional access to IV-E prevention funding for services should they meet an unmet need identified in these communities. Further, Congress should dedicate funding to support rigorous evaluation of effective prevention services, with priority for these emerging evidence-based practices to support their future consideration for permanent inclusion in the Clearinghouse.

- Exempt Services for Tribal Communities from Evidence Standards - Regardless of whether a tribal community directly administers a IV-E program or is under agreement with a state, they should be able to provide prevention services based on practice criteria that reflect their context and culture. The fact that tribes operating programs under agreement with a state cannot utilize this flexibility is an arbitrary and administrative distinction that makes little sense and for which Congress can and should fix. The same flexibility should be extended to Native Hawaiians, who similarly are disproportionately represented in child welfare and lack access to IV-E funding for evidence-based services that reflect their cultural practices and traditions.
- Remove the 50% Well-Supported IV-E Clearinghouse Requirement – While the use of programs deemed effective through rigorous research should be encouraged, the bar that has been set to meet the highest evidence threshold – well-supported – in the IV-E Clearinghouse is prohibitively high for some of the programs that community groups most in need of prevention services require. By mandating that states spend at least 50% of their prevention activities towards programs that meet this standard, it creates the unintended effect of redirecting focus from areas where need may be great but generation of evidence is still emerging. By eliminating the 50% spending requirement, Congress can help states more rapidly implement a wider range of evidence-based and promising practices, ensuring that families receive timely support on the issues they need help with most.
- Provide Enhanced Federal Financial Participation for Technology Investments that Support FFPSA Implementation – The Family First Transition Act (FFTA) provided \$500 million in much needed grants to help states build the infrastructure needed to set-up and navigate the complexities of FFPSA implementation. However, these funds are sunsetting just as many states are beginning to spread and scale their FFPSA programs. Child welfare agencies report confronting many challenges in updating their IT systems to support implementation and to be able to claim for FFPSA services. While for decades, federal funding has supported the development of child welfare information systems, Family First reflects the first time there has been large scale direction to build out an on-going prevention-focused component of such systems. This is a new space for jurisdictions that requires complex and different types of IT capabilities for data management and claiming. Congress can help support states at this important juncture by providing enhanced federal financial participation for these technology investments for a period of five years beyond FFTA.



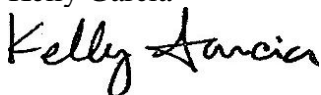
- Build Multi-System Accountability for Child Welfare Outcomes – Intuitively, we know that when a family enters the child welfare system, they do not do so with a blank slate. The cumulative effects of lifelong adverse experiences play into the circumstances that can result in child maltreatment and family separation. At countless steps in a person’s life, the many programs and services that influence how a family lives, learns, works, and plays can alleviate pressures and promote their well-being. Conversely, their failure to do so can elevate the risk of harm and long-term negative outcomes. One in three children in the United States will be reported to a child abuse hotline in their lives before they turn 18, with far higher rates for Black and Indigenous families. Yet, too often we hold the child welfare system solely accountable for outcomes that took shape many layers before a family came into contact with child welfare. FFPSA has and will continue to play a critical role in efforts to equip families with the supports they need to stay safe and well together. However, true transformation requires the many people-serving systems upstream of child welfare to take ownership of their role to prevent foster care involvement. This starts with Congress revisiting how these programs define and measure success in ways that recognize their role in child welfare prevention and extends to shifting federal policy and supporting state and local implementation of upstream programs in ways that build intentional linkages to forge a comprehensive, supportive, and effective prevention web.

### Conclusion

In the spirit of the Senate Finance hearing, APHSA and the human services agencies it represents recognize we must simultaneously lift up the successes, roadblocks, and opportunities for improvement in Family First with a sense of urgency and collective action. We believe that the solutions raised in this written record will move us forward in ways that keep families safely together, provide dignity and agency to children in care, and result in better outcomes for families, communities, and our country. We also know that we will strengthen our efforts by bringing the best ideas together from policymakers, people with lived experience, providers, researchers, other sector leaders, and additional voices to build an effective prevention and child well-being system.

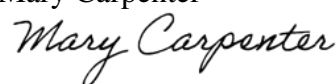
We are grateful for Congressional leadership on this matter of national importance. For additional questions or follow-up regarding APHSA’s statement, please contact Meg Dygert at [mdygert@aphsa.org](mailto:mdygert@aphsa.org).

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