

The Family First Prevention Services Act: Successes, Roadblocks, and Opportunities for Improvement

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Overview

The Family First Prevention Services Act (Family First), enacted in February 2018, fundamentally shifted how the federal government partners with states, territories, and tribes to strengthen families and help ensure the safety of children.

While Title IV-E funding still provides reimbursement to states, territories, and tribes for foster care, Family First allows access to additional Title IV-E funding for reimbursement for critical prevention and support services for families before a crisis occurs and before foster care is a consideration. Family First aims to safely allow children to remain at home with their parents, in lieu of foster care placement, by enabling and incentivizing child welfare agencies to provide the services families need. These services, which must meet an evidence-based standard, include:

- Mental health prevention and treatment services
- Substance abuse prevention and treatment services
- In-home parent skills training, including programs such as home visiting.

Family First also includes key provisions to limit unnecessary placement in group care settings, instead requiring that such placements demonstrate critical need. These settings must also be trauma-informed, ensure participation by family in the case plan, and offer after-care supports when a child leaves their group care setting.

While the increased funding for prevention and family strengthening measures has been supported across the child and family-serving sector, the limitations placed on what constitutes an evidence-based program have impeded implementation and access to many vital services. As a result, according to the most recent [data](#) from the federal government, just over 6,000 children are currently able to access FFPSA-funded programs and supports, which represents a small proportion of the estimated [400,000 children](#) in foster care at the end of FY2022.

Social Current, in our work supporting a network of more than 1,800 organizations, including many child- and family-serving nonprofit and community-based organizations, supports Family First as a policy that promotes prevention and more upstream resources to build the protective factors that can support families based on their needs. However, we believe that there are improvements that could make Family First result in more accessible and scalable impact, based on feedback from our network.

As Peter Bagley, executive director of North Carolina-based Children's Homes of Cleveland County notes: "Philosophically we agree wholeheartedly with the foundations of Family First and are hopeful that we will see the legislative and funding adjustments that will be required to actually get upstream of the issues and actually prevent families from imploding and exploding. This will require an investment mindset as it will not be quick or cheap to build the array of services that are needed, especially in our rural communities. It will require an investment in our workforce, in infrastructure, in private-public partnerships, and probably with start-up funding that allows for experimentation, innovation, and variety based on regional dynamics."

Specifically, we support improvements in criteria for the selection of evidence-based practices and organizations for inclusion in the Title IV-E Prevention Services Clearinghouse, that will expand the number of services available to families, the number of families who have access to these services, and the speed at which services can be scaled up nationally.

We support the following recommendations as identified by [Child Trends](#) and [Chapin Hall](#), two of our nation's top research organizations focusing on improving the child- and family-serving systems.

- Identify ways to fund, support and expand the field of evidence-based prevention programs, especially those that support equitable outcomes for populations at higher risk of child welfare system involvement, while still maintaining rigorous social science research standards. Leaders from Kentucky-based Home of the Innocents note: “The most significant challenge that the Home faced during the implementation of Family First was securing start-up funding to bring new evidence-based models to our agency. These costs were significant: over \$500,000 for Multisystemic Therapy (MST) and \$100,000 for Parent-Child Interaction Therapy (PCIT). While the Home was able to negotiate with the Department for Community-Based Services and Department for Medicaid Services to secure sustainable rates for these models, we would not have been able to bring them to our campus without grant funding.” Another example of a promising program that should be included in the field of evidence-based programs is [Family Resource Centers](#), community-based resource hubs where people and families can access formal and informal supports to promote their health and well-being. Family Resource Centers reflect and respond to the needs and interests of the communities in which they are based, offering a range of services supporting families.
- Promote greater equity for children of color (and especially Black and American Indian/Alaska Native youth) in the Clearinghouse's review standards. As noted by Amy Templeman, Social Current's senior director of child and family well-being: “Clearinghouse standards must identify and prioritize culturally specific interventions. To address race equity and justice, consider a broader range of programs, especially those designed and developed by and for communities of color and Tribal populations. The standards should also apply a race equity lens to the identification process and prioritize programs developed by and for communities of color.”
- Based on Chapin Hall's [analysis](#) of the relationship between economic and concrete supports and child maltreatment and child welfare involvement, recognize the importance of providing flexible funds for meeting families' concrete needs as an evidence-based practice that helps stabilize families and reduces child welfare system involvement. Identify ways to expand resources beyond child welfare systems to encompass the broad range of community-based organizations and child- and family-serving systems that will enable funding resources to not only move further upstream but to also offer more family-strengthening resources that support and impact families before they come to the attention of child protective services (CPS). What is evident is that achieving a more preventative system means moving away from the idea that it is solely the function of CPS to keep young people safe. Instead, CPS is one component in what should be a shared framework of responsibility and accountability for child and family safety and well-being. Public policies should emphasize prevention of harm and entry into the child welfare system through a public health approach that addresses the social determinants of health (SDoH).

The Case for Enhanced Family Strengthening and Prevention Policies

When the [Commission to Eliminate Child Abuse and Neglect Fatalities](#) released its report in March 2016, they outlined a vision for a 21st Century Child Welfare System predicated on a proactive public health approach that was framed by greater leadership and accountability, decisions grounded in better data and research, and multidisciplinary support for families.

To achieve this vision, we must shift from the nation's over-reliance on activating and deploying Child Protective Services (CPS) to address unmet family needs to a [family strengthening approach](#) that resources families and invests in upstream preventive resources that respond to the needs and challenges of families. The challenge we face in achieving this, though, is that our health and human service policy framework broadly is not oriented to preventing child welfare system involvement. Our child welfare system policies are reactive and more heavily weighted towards responding after a child has come to the attention of the system because of harm occurring or through a report from a mandatory reporter or hotline call.

In the past, our nation has invested much more in responding to harm, for example by placing a child in foster care, than in building protective factors and the capacity of parents before challenges become crises and harm occurs. Many states are still spending [too little](#) on prevention services, with 15 percent of overall spending to support parents and keep children safely in their homes, compared to 45 percent of spending on out-of-home placements. For the U.S. to truly move to a preventive approach, upstream resources must be rooted in a public health approach developed and operationalized at the community level and not be tied to intervention with the child welfare system to access them. This would entail communities identifying their specific needs, designing supports to meet those needs, and using funding streams, including Family First, Title IV-B and other federal funding, to resource families and solutions.

These efforts must occur within and beyond the child welfare system to encompass a broad range of stakeholders, including other systems aligned to support children and families, such as education, housing, health and behavioral health care, income support, law enforcement, and the judiciary. Efforts should also share in responsibility and accountability for preventing the activation and deployment of CPS and the use of foster care. Most critically, these conversations must center equity to address the years of systemic bias and racial disparities and take place with those with lived experience identifying and supporting implementation of the solutions.

It is also time to reframe the conversation around child welfare and acknowledge the impact of poverty on families. We must train those within the system to recognize and connect the dots between aspects of structural racism that are becoming familiar to the public – such as lack of access to quality housing – and the ways those experiences can hamper and impede safe, stable, and nurturing relationships. Child welfare systems must be incentivized to look deeper into economic challenges that reflect a lack of resources for families rather than simply labeling them as flawed families.

Ultimately, as we advocate for macroeconomic policies that resource families so that basic needs are met and there is a buffer for weathering economic shocks, such as unemployment, our advocacy must include the creation of a cross-sector shared responsibility and

accountability framework that ensures family challenges do not become child safety crises. Looking at the data around the positive impacts of economic support programs on our social service systems, we have both an opportunity and a mandate to realign the way we think about poverty, neglect, and family strengthening policies, and to rebuild our systems to bolster child and family well-being and better support families in need.